



Novant Health Huntersville Medical Center

Community Health Needs Assessment

Mecklenburg County

2013-2015

Approved by the Novant Health Southern Piedmont Region Board of Trustees on October 16, 2013



Dear Community Resident:

It is our pleasure to share with you the 2013-2015 Novant Health Huntersville Medical Center Community Health Needs Assessment. On behalf of the Novant Health Southern Piedmont Board of Trustees, Novant Health Huntersville Medical Center leadership, physician partners, and staff, we hope that you will find this information useful in planning and responding to the needs of our community.

This report contains data which was reported by the Mecklenburg County Health Department; we sincerely thank the Mecklenburg County Health Department and our various community partners and governmental agencies for their contributions to this report.

Novant Health exists to improve the health of communities, one person at a time. Along with our staff, physician partners, and volunteers, we are united by a promise to deliver the most remarkable patient experience, in every dimension, every time.

Responding to the health needs of our communities, especially to the most vulnerable among us, is central to the mission of Novant Health and other not-for-profit health care organizations. We strongly believe in our role as a good corporate citizen, which involves working with community agencies and organizations to make our communities better places to live and work. Novant Health 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 including maintaining an active community health outreach program, demonstrating superior outcomes for many health conditions as indicated by our state and national quality scores, and creating innovative programs (many are recognized nationally) that address important health issues.

We believe that the data contained in this report will help us and our community partners in our planning and implementation strategies so that we can continue to effectively respond to the health needs of our community.

On behalf of Novant Health Huntersville Medical Center, thank you for taking the time to read this report. Again, we do hope that you will find this information useful in planning and responding to the needs of our community.

Sincerely,

Tanya Blackmon, President
Novant Health Huntersville Medical Center

Harry Smith, President
Novant Health Presbyterian Medical Center &
Greater Charlotte Market

10030 Gilead Road | Huntersville, NC 28078 | 704-316-4000 | www.novanthealth.org

Table of Contents

I. Introduction	3
a. Organization Overview	3
b. Our Community	4
II. Assessment Process and Methodology	10
a. Collaborative Community Partners and Public Health Input	10
b. Process & Methods	10
c. Assessment Data Used	17
III. Prioritized Health Needs	18

I. Introduction

Novant Health Huntersville Medical Center, in collaboration with the Mecklenburg County Health Department, and other community partners established a community health needs assessment in 2010 to identify the most pressing health needs in our community. The assessment is designed to identify the health needs of the Novant Health Huntersville Medical Center service area.

a. Organization Overview

Novant Health is the parent company of Novant Health Huntersville Medical Center and is a not-for-profit integrated health system consisting of 15 hospitals and a medical group consisting of over 1,000 physicians in over 350 clinic locations. In addition, Novant Health consists of numerous outpatient surgery centers, medical plazas, rehabilitation programs, diagnostic imaging centers and community health outreach programs. Novant's 25,000+ employees and physician partners care for patients and communities in North Carolina, Virginia, and South Carolina.

Novant Health 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. Many of our programs and services are 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 Huntersville Medical Center is located in the Town of Huntersville, North Carolina, and opened in November 2004. The 60-bed facility provides a wide range of health services including Emergency care, Maternity care, Cardiovascular care, Cancer care, Orthopaedic care, Laboratory services, Radiology services, and Sleep services. The expert medical team delivers the care you need, close to home and ensures that you receive personalized attention and a remarkable experience at the hospital.

Novant Health Huntersville Medical Center also offers minimally-invasive surgical options with the DaVinci Robot and an array of support services for our patients. The hospital also features an on-site health library and pharmacy.

Awards & Recognition

Known for its outstanding quality care, the Novant Health Huntersville Medical Center was honored in 2008 by the American Nurses Credentialing Center which also honored Novant Presbyterian Medical Center, Novant Health Matthews Medical Center, and the Novant Health Charlotte Orthopedic Hospital with the prestigious Magnet designation. As the highest honor in nursing, only five percent of hospitals nationwide have earned Magnet designation for excellence in nursing care. For nurses and clinicians,

Magnet designation is the gold standard of care and represents an environment of autonomy, professional advancement, teamwork and collaboration among physicians, nurses and other clinicians. For patients and families, Magnet designation signifies high quality in care.

Emergency Services

The Emergency Department is staffed 24-hours a day by board-certified emergency physicians and registered nurses specifically trained in emergency medicine. They provide care using advanced equipment and patient monitoring systems to respond to any medical situation. Novant Health Huntersville Medical Center is certified as a primary stroke center and Cycle III chest pain center, offering rapid treatment and stabilization to patients experiencing stroke symptoms or chest pain.

b. Our Community

Primary and Secondary Service Areas

The Primary Service Area for Novant Health Huntersville Medical Center is defined by the zip codes that are representative of 75% to 85% of the hospital's in-patient population. The Primary Service Area includes the City of Charlotte and the Towns of Cornelius, and Huntersville which are all located in Mecklenburg County. The Secondary Service Area includes cities and towns beyond Mecklenburg County geographical boundaries.

Primary Service Area Zip Codes:

Zip Code	City	County
28031	Cornelius	Mecklenburg
28078	Huntersville	Mecklenburg
28269	Charlotte	Mecklenburg
28216	Charlotte	Mecklenburg

Secondary Service Area Zip Codes:

Zip Code	City	County
28036	Davidson	Mecklenburg
28115	Mooresville	Iredell
28164	Stanley	Gaston
28117	Mooresville	Iredell
28214	Charlotte	Mecklenburg
28027	Concord	Cabarrus
28262	Charlotte	Mecklenburg
28120	Mt Holly	Gaston
28080	Iron Station	Lincoln
28037	Denver	Lincoln

Population

Mecklenburg County is the center of the country’s fifth largest urban area with over seven million people living within a 100-mile radius. The county consists of a large urban center surrounded by smaller, more rural communities.

Mecklenburg County Population By Race & Ethnicity (2012)

	Mecklenburg County	North Carolina
Population Estimate	969,031	9,752,073
Persons Under 5 Years	7.3%	6.4%
Persons Under 18 Years	25.0%	23.4%
Person 65 Years & Over	9.4%	13.8%
Female Persons	51.7%	51.3%
White Alone	60.1%	71.9%
Black/African-American Alone	31.8%	22.0%
American Indian & Alaska Native Alone	80.0%	1.5%
Asian Alone	5.1%	2.5%
Native Hawaiian & Other Pacific Islander Alone	0.1%	0.1%
Two or More Races	2.2%	2.0%
Hispanic or Latino	12.5%	8.7%

Source: U.S. Census Bureau (2013).

- In the last decade Mecklenburg County grew by 224,174, a growth rate of 32.2%.
- African Americans saw the largest increase of 88,966 people.
- Whites saw the second largest population gain of 63,696.

- Asian population increased from 3.1% to 4.6% between 2000 and 2010, this is a percent change of 93.5%.
- Hispanic population grew by 67,073 to 12.2% of total population in 2010 from 6.5% in 2000.

Other Quick Facts:

- In 2008, 14,902 resident births and 5,013 deaths were recorded in Mecklenburg County.
- The total live birth rate of 17.0 births per 1,000 population is almost 3 times the total crude death rate of 5.7 deaths per 1,000 population.
- Charlotte-Mecklenburg Schools (CMS) is the 22nd largest school system in the country and the largest in the Carolinas.
- Almost 40% of Mecklenburg county residents age 25 years and older have at least a bachelor's degree compared to 26% of North Carolina residents.
- Charlotte is the 2nd largest financial center in the nation with more than \$2.3 trillion in assets.
- Persons per household (2006 – 2010): 2.48
 - Per capita monetary income in the past 12 months (2010 dollars): \$31,848 (2006 – 2010)
- Median household income (2006 – 2010): \$55,294
- Persons below poverty level, percent (2006-2010): 12.5%
- The percentage of minorities has increased in the last ten years. The percentage of Whites has decreased from 61% of the total population to just over 50%.
- The Hispanic/Latino population increased almost 150% from 44,871 in 2000 to 111,944 in 2010.
- The 2008 Mecklenburg population is fairly young with a median age of 35.3 years.
- Mecklenburg County population is expected to reach 1,097,084 by 2020.

Education

The greater Charlotte – Mecklenburg area is home to a number of public and private schools that provide K – 12 educational opportunities for students. Charlotte-Mecklenburg Schools (CMS) is a public school system that is located in the Charlotte, North Carolina. It provides academic instruction, rigor, and support each school day to more than 141,100 students in kindergarten through 12th grade.

Mecklenburg County Education		
Primary & Secondary Education 2010		
Public Primary & Secondary Schools		No. of Schools
Elementary Schools		100
Middle Schools		36
High Schools		33
Alternative/Special		4
Public School Graduation Rate		73.5%
Per Pupil Expenditure		\$8,523
Private Schools		68
Charter Schools		11
Home Schools		3,300

Source: Mecklenburg County Community Health Assessment 2010

The greater Charlotte – Mecklenburg County area is served by a number of colleges and universities including:

- Central Piedmont Community College
- Johnson & Wales University
- Johnson C. Smith University
- Pfeiffer University
- Queens University
- University of North Carolina at Charlotte
- Wake Forest University (MBA Program)

Access To Care

According to the US Census in 2010, approximately 83% of Mecklenburg adult residents reported having some kind of health insurance including, prepaid plans such as HMOs, or government plans such as Medicare.

Per the 2010 Behavioral Risk Factor Surveillance System (BRFSS) 84% of Mecklenburg residents reported having a personal doctor and 13% reported not seeing a doctor because of cost.

As of 2010, there were about 27 doctors per 10,000 population and approximately 2,000 hospital beds in Mecklenburg County.

The Urban Institute and Kaiser Commission on Medicaid and the Uninsured have compiled state level insurance coverage estimates based on the Census Bureau's Current Population Survey for March 2008 and 2009. The March 2009 survey asked if respondents had any insurance in 2008, yielding a best case estimate of coverage and access levels for the previous year. The uninsured in this survey reflect those uninsured for the full year. These data reflect the two-year average of 2007 and 2008 Census data.

- Of note, 45% of adults under 133% FPL were uninsured. Many of these individuals (excluding the undocumented and legal immigrants in the country for less than 5 years) will become eligible for Medicaid in 2014.
- Only 50% of children are covered under an employer-based plan, with Medicaid and NC Health Choice providing coverage for 30% of North Carolina's children.

Social Determinants of Health

The World Health Organization (WHO) Commission on Social Determinants of Health concluded in 2008 that the social conditions in which people are born, live and work, are the single most important determinant of one's health status. Low-income neighborhoods may offer inadequate healthcare services, lower quality educational opportunities, fewer job opportunities and higher crime rates when compared to more mixed-income or high-income communities. These factors may contribute to continued poverty and the development of poor health outcomes.

Poverty Status

In 2010, 15% of all persons in Mecklenburg County lived in poverty compared to 18% across the state. Blacks or African Americans (24%), Asians (20%) and Hispanics (29%) were more than twice as likely to live in poverty as Whites (10%).

Median Household Income

The 2010 median household income for Mecklenburg County was \$52,188 compared to \$43,326 for North Carolina. The median household income was higher among Whites and Asians.

Unemployment Rate

The unemployment rate in Mecklenburg County has been steadily increasing since mid-2008. The average unemployment rate for 2009 was 10.7; in 2010 the unemployment rate was 12.8. Unemployment rates were twice as high among African Americans as Whites, Asians and Hispanics.

Uninsured

In Mecklenburg County, 17% of the residents are uninsured. Hispanics were almost three times more likely to be uninsured than Whites, African Americans or Asians.

Mecklenburg County Demographics					
Social Determinants of Health 2010					
	Total Population	White	Black	Asian	Hispanic
Poverty	15%	10%	24%	20%	29%
Median Household Income	\$52,188	\$63,934	\$36,413	\$53,482	\$39,876
Unemployment	13%	10%	20%	11%	12%
Uninsured	17%	14%	19%	17%	43%

Source: Mecklenburg County Community Health Assessment 2010

Vulnerable Populations

Groups that have not been well integrated into health care systems because of cultural, economic, geographic or health characteristics have been defined as vulnerable populations. These populations also may be at higher risk during disasters because of their vulnerability. Examples of vulnerable populations are persons with disabilities, impoverished, homeless, those persons with limited English proficiency, children aged 5 or younger, persons aged 65 or older and persons aged 85 or older.

Disabled: Persons who are disabled are limited in everyday life because of physical, emotional, and/or mental health issues.

Poverty: Poverty is the state of being poor: of not having enough money to take care of basic needs such as food, clothing, and housing. The Census Bureau reports annual poverty rates based on 100% Federal Poverty Level (FPL).

Uninsured: Persons who are uninsured have no type of private insurance (insurance through an employer or insurance that is purchased from a private company) or public insurance (Medicare, Medicaid, or other federal or state plans).

Limited English Proficiency: The Census Bureau defines linguistic isolation as a household in which NO member 14 years old and over speaks only English or speaks a non-English language and speaks English "very well."

Homeless: Homeless in Mecklenburg County are divided into 3 categories: 1. US Dept. of Housing and Urban Development – an individual who lacks a fixed, regular, and adequate night-time residence; 2.

CMS McKinney-Vento (Homeless Assistance Act)-children who are homeless; 3. Community Other - Homeless jail inmates, hospital inpatients and the recently foreclosed and evicted.

Mecklenburg County Demographics		
Vulnerable Populations 2010		
	Estimated % of Population	Estimated # of Persons
Disabled	8.3%	76,329
Poverty	15.3%	140,703
Uninsured	17.0%	156,337
Limited English Proficiency	8.3%	76,329
Homeless	0.7%	6,800
Children Less Than 5 Years of Age	7.4%	68,052
Persons 65+ Years of Age	8.8%	80,927
Persons 85+ Years of Age	1.2%	11,036

Source: Mecklenburg County Community Health Assessment 2010

II. Assessment Process and Methodology

a. Collaborative Community Partners:

The Novant Health Huntersville Medical Center Community Health Needs Assessment 2013-2015 is based on the 2010 Mecklenburg County Health Department Community Health Needs Assessment and is a collaborative effort of Novant Health Huntersville Medical Center, Mecklenburg County Health Department, and other community partners as outlined below.

b. Process and Methods:

In Mecklenburg County, the development of the Community Health Needs Assessment is led by a steering committee from Mecklenburg Healthy Carolinians, whose members are listed below (the "Steering Committee").

Mecklenburg County Health Needs Assessment 2010 Steering Committee Members

LAST	FIRST	TITLE	ORGANIZATION
Gary	Black	Communications	Mecklenburg County Public Service & Information
Janine	Boudreau	Director of Community Impact	United Way of Central Carolinas
Dominique	Brown	Diversity Coordinator	Mecklenburg County Health Department
Kerry	Burch	Health Carolinians Coordinator	Mecklenburg County Health Department
Laura	Clark	Director of Research & Planning	Council for Children's Rights
Wendy	Hartley	Student Intern	UNC Charlotte
Rebecca	Kehrer	Client Empowerment Coordinator	Care Ring
Helen	Lipman	Management Coordinator	Mecklenburg County Community Support Services
Susan	Long-Marin	Epidemiology Manager	Mecklenburg County Health Department
Beth	Lopez	Program Manager	Community Care Partners of Greater Mecklenburg
Mark	Martin	Director of Operations for Community Partnerships	Novant Health
Kristin	Wade	Vice President	Carolinas HealthCare System
Dick	Winters	Built Environment, SRTS Coordinator	Mecklenburg County Health Department

Source: Mecklenburg County Community Health Assessment 2010

The Community Health Needs Assessment is implemented by the Healthy Carolinians Coordinator and the Mecklenburg County Health Department Epidemiology Program. The Mecklenburg County Health Department Epidemiology Program collects primary and secondary data from a variety of sources including formal reporting systems, vital records, NC-CATCH, NC DETECT, the State Center for Health Statistics, surveys, community reports and focus groups to assemble a picture of health issues and concerns for the county.

Among some of the questions and responses given, survey respondents were asked how much they agreed with the following statement, "By changing my behavior (for example: what I eat and drink, how much I exercise, if I smoke) I can improve my health." Almost 90% of survey respondents agreed with the statement while only about one percent disagreed. Over half of survey respondents stated that they think about ways to keep themselves healthy or improve their health several times a day. Most respondents (92%) are currently trying to change their behavior in order to improve their health. Eating or drinking healthier foods and being more active were the behaviors residents most frequently reported trying to change.

With guidance from the Steering Committee and based on the data, priority concerns are identified. These concerns are then presented to a community group which ranks them and makes recommendations. Prioritized areas and recommendations are used to develop, affirm or modify community action plans.

In 2010, the Steering Committee reviewed the eight priority focus areas from the 2006 Community Health Needs Assessment. Examination of the community data overview suggested that these focus areas remained of current concern and interest. However, the decision was made to divide the injury category into two separate categories: Injury Prevention and Violence Prevention. In addition, the environmental health category was renamed Healthy Environment so as to be more inclusive of aspects

beyond air and water quality like active transportation opportunities. Health disparities were considered prevalent among all categories and, therefore, were not categorized separately.

On October 27, 2010, ninety-one individuals representing a variety of community agencies and groups attended a Community Health Needs Assessment priority setting meeting. Participants were asked to review data specific to the nine priority areas and rank them using certain criteria. In addition, Mecklenburg County residents were encouraged to participate in an online/paper survey to gauge community beliefs and attitudes towards health as well as prioritize the nine focus areas.

Participants of the Community Health Needs Assessment priority setting meeting were randomly assigned into 16 groups to prioritize the nine focus areas. Random assignments allowed members to share their diverse knowledge, experience and challenges in addressing each priority area. Prior to the ranking process, the Mecklenburg County Health Department Epidemiology Program Manager provided a PowerPoint presentation to briefly summarize data from each focus area.

Participants were also provided with copies of the 2009 State of the County Health Report as well as data summary sheets for each priority area to facilitate group discussion. After discussion, each group member ranked priority areas with a score of one to ten for 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.

Ranking results from participants were entered into an Epi-Info database by Mecklenburg County Health Department Epidemiology Program staff members during priority setting exercise and final scorings were presented to attendees at the close of the prioritization exercise.

Several attendees arrived after the start of the priority setting exercise. While priority rankings were included for all participants, due to time constraints, data from this group was entered and analyzed after the Community Health Needs Assessment priority setting meeting. Inclusion of these scores provided one slight shift in priority rankings, Access to Care dropped from the first priority to the second.

Information obtained from the United Way of Central Carolinas Community Needs Assessment (2011), U.S. Census Bureau Population Data (2010), and Charlotte Mecklenburg Schools was used to supplement or corroborate the data contained in the Mecklenburg County Health Department Community Health Needs Assessment 2010.

The Novant Health Huntersville Medical Center Community Health Needs Assessment primarily utilized extensive existing data from the Mecklenburg County Health Department Community Health Needs Assessment 2010, U.S. Census Bureau Population Data (2010), and the United Way of Central Carolinas Community Needs Assessment (2011). Other sources of data that were utilized are listed below.

Mecklenburg County Community Health Needs Assessment Priority Setting Meeting Representatives

LAST	FIRST	TITLE	ORGANIZATION
Carolyn	Allison	Executive Consultant	YouFirst Health Solutions
Roxie	Barkley	Community Health Ambassador	Faith AME
Ashley	Beatty	Admissions Coordinator	Florence Crittenton Services
Tony	Beatty	Program Administrator	Area Mental Health
Gary	Black	Health Communications Specialist	Meck. Co. Public Health & Information Services
Janine	Boudreau	Dir. Of Community Impact	United Way of Central Carolinas
Laura	Clark	Director of Research & Planning	Council For Children's Rights
Bill	Cody	Dean	Queens University School of Nursing
April	Cook	Executive Director	Lake Norman Free Clinic
Janet	Crook, MD	Family Practitioner	Hospice & Palliative Care-Charlotte Region
Luis	Cruz	Program Manager (HIV)	Meck. Co. Health Dept.
Kate	Cullen	Student	Winthrop University
Chloe	Darden	Home Healthcare Giver	BCY HealthCare
Barb	Dasilva	VP-Clinical Care Management	Carolinas Healthcare System
Andy	Fair	Public Information Officer	Meck. Co. Public Health & Information Services
Linda	Flanagan	Community Services Manager (HIV/STD)	Meck. Co. Health Dept. (STD's)
Susan	Furtney	Executive Director	Care Ring
Jennifer	Gardner	Assistant Director	Carolinas Healthcare System
Suzy	Garvey	Resident	Mecklenburg County Community Member
Jacqueline	Glenn	Director of Nursing	Meck. Co. Health Dept.
Karina	Gonzalez	Program Coordinator	Meck. Co. Health Dept.
Beverly	Grindstaff	Clinic Director	Care Ring
Wendy	Hartley	Resident	Mecklenburg County Community Member
Lee	Henderson	Senior Program Manager	Smart Start
Briza	Hernandez	Researcher	Elizabeth Family Practice/Meck. Area Partnership For Primary Care Research
Lorraine	Houser	Senior Health Manager	Meck. Co. Health Dept.
Nancy	Hudson	Executive Director	Charlotte Community Health Clinic
Toan	Huynh, MD	Director for Trauma Research	Carolinas Healthcare System
David	Jacobs, MD	Professor of Surgery	Carolinas Healthcare System
Julie	Jackman	Worksite Wellness Program Coordinator	Meck. Co. Health Dept.
Deb	Kacklik	Director of Arts, Health, Physical Education & PreK-12 Curriculum Support Programs	Charlotte Mecklenburg Schools
Nancy	Lagenfeld	Coordinated School Health Specialist	Charlotte Mecklenburg Schools
Emma	Leon	Hispanic Health	Meck. Co. Health Dept.
Johnathan	Levin	Manager - Health Promotions	Meck. Co. Health Dept.

Judy	Lewis	Executive Director	Metrolina Provider Network
Helen	Lipman	Management Coordinator	Mecklenburg County Community Support Services
JoAnn	MacDonald	Immediate Past Co-President	Mecklenburg Medical Alliance & Endowment
Marilyn	Marks	Program Manager	Society of St. Andrews

LAST	FIRST	TITLE	ORGANIZATION
Mark	Martin	Director of Operations For Community Partnerships	Novant Health
Lovemore	Masakadza	Tobacco Control Coordinator	Meck. Co. Health Dept.
Lola	Massad	Division Director of Community & Recreation Center Services	Meck. Co. Parks & Recreation
Wendy	Mateo	Office Manager	Bethesda Health Center
Christopher	Matthews	Prevention Specialist	Anuvia
Mary	McGovern	Executive Administrator	Women's Impact Fund
Mona	McGruder	Clinical Manager	Meck. Co. Health Dept.
Barbara	McNinch	Health Promoter	Meck. Co. Health Dept.
Antonia	Mead	Professor	Johnson C. Smith University
Connie	Mele	Director	Area Mental Health
Allison	Mignery	Physical Activity & Nutrition Supervisor	Meck. Co. Health Dept.
Wanda	Mobley	Community Health Ambassador	Greater Myers Chapel Pentecostal Fellowship Ministries
Jane	Myer	Executive Director	Smart Start
Kay	Newsome	Manager - Health Promotions	Ada Jenkins Center
Van Nhi	Nguyen	Senior Housing Counseling Program Coordinator	Boat People SOS
Clayton	Owens	Foundation Assistant Vice President	Carolinas Healthcare System
Trena	Palmer	Executive Director	Charlotte Mecklenburg Senior Centers
Emily	Perry	Regional Consultant	Office of Healthy Carolinians
Elizabeth	Peterson-Vita, MD	Clinical Director	Area Mental Health
Shannon	Powers-Jones	Student	University of Alabama
Heidi	Pruess	Environmental Policy Administrator	Meck. Co. Land Use & Environmental Services Agency
Sherena	Readous	Student	Walden University
Maria	Rees	Director-Division of Community Services	Meck. Co. Health Dept.
Kelly	Reeves, RN	Asthma Manager	Meck. Co. Health Dept.
Malisha	Ross	Multi Systemic Therapist	Another Level Counseling & Consultation Services
Susan	Royster	Associate Executive Director	NC MedAssist

LAST	FIRST	TITLE	ORGANIZATION
Libby	Safrit	Executive Director	Teen Health Connection
Kaaren	Sailer, MD	Medical Director	Care Ring
Bob	Schafermeyer, MD	Medical Director	Carolinas Center for Injury Prevention
Anita	Schambach	Network Director	Community Care Partners of Greater Mecklenburg
Carolyn	Scruggs	Executive Director	Mecklenburg Medical Society
Michelle	Seekings	Operations Manager	Community Alternatives of NC
Karen	Simon	Director of Inmate Programs	Mecklenburg County Sheriff's Office
Cheri	Singleton	Clinical Manager	Meck. Co. Health Dept.
Reggie	Singleton	Director-Males Place	Meck. Co. Health Dept.
Michael	Sowyak	Executive Director	Shelter Health
Teresa	Starr	Board Member	Matthews Free Medical Clinic
Linda	Sullivan	Staff Development School of Health	Meck. Co. Health Dept.
Hazel	Tapp, MD	Associate Research Director	Elizabeth Family Practice
Deborah	Terrell	Assistant Professor	Johnson C. Smith University
Michael	Thompson	Professor	UNC Charlotte
Patrick	Vaca	Community Relations/Service Excellence Coordinator.	CMC Randolph
Shannon	Vandiver	Impact Manager	Junior League of Charlotte
John	Wall	Resident	Mecklenburg County Community Member
Ashley	Ward	Student	UNC Charlotte
Deborah	Warren	President/CEO	Carolina RAIN
Janice	Williams	Director	Carolinas Center for Injury Prevention
Dick	Winters	Safe Routes Coordinator	Meck. Co. Health Dept.
Tamara	Withers-Thompson	Clinic Director	Charlotte Community Health Clinic
Nicole	Wolfe	Senior Director	Hospice & Palliative Care-Charlotte Region
Gayla	Woody	Director	Centralina Area Agency on Aging

Source: Mecklenburg County Community Health Assessment 2010

Representatives with special knowledge/expertise in public health:

- Kerry Burch, MPH, Healthy Carolinians Coordinator, Mecklenburg County Health Department. Healthy Carolinians seeks to engage, promote, encourage, and support collaboration to address identified health priorities to improve the well-being of Mecklenburg County residents.
- Rebecca Kehrer, Client Empowerment Coordinator, Care Ring. Care Ring advocates improving access to healthcare and seeks to provide low-cost medical care through three programs: the community clinic, Physicians Reach Out and Nurse-Family Partnership.
- Helen Lipman, Management Coordinator, Mecklenburg County Community Support Services. Mecklenburg County Community Support Services offers assistance to domestic victims, offenders and child witnesses as well as displaced homemakers, veterans, homeless individuals and individuals living in targeted neighborhoods.
- Susan Long-Marin, Epidemiology Manager, Mecklenburg County Health Department. Epidemiologists at the Mecklenburg County Health Department conduct studies of the distribution and determinants of health-related states or events (including disease), and apply information from the studies to the control of diseases and other health problems. Various methods are used to implement epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to study determinants.
- Mark Martin, Community Partnerships Director, Novant Health. Special knowledge/expertise in Community Benefit, health administration, public health, and community outreach.
- Kristin Wade, Vice President, Carolinas Healthcare System. Special knowledge/expertise in community based clinics that meet the needs of underserved populations in their neighborhoods.
- Dick Winters, Mecklenburg County Health Department. Special knowledge /expertise in health and environment issues.

Representative or leader of medically underserved, low-income and minority populations and populations with chronic disease needs:

Rebecca Kehrer, Client Empowerment Coordinator at Care Ring, provided representative input for the Mecklenburg County CHNA for the medically underserved, low-income and minority populations, and populations with chronic disease needs. Care Ring is a non-profit organization that advocates improving access to healthcare. Care Ring's mission is to provide low-cost medical care through three programs: the community clinic, Physicians Reach Out and Nurse-Family Partnership.

c. Assessment Data Used

Governmental Data:

- U.S. Census Bureau Population Data (2010)
- American Community Survey
- Mecklenburg County Health Department Community Health Needs Assessment Data (2010)
- Charlotte Mecklenburg Schools Data (2010)

Public/Private Research Data:

- Care Ring Website (2012)
- United Way of Central Carolinas Community Needs Assessment (2011)

Internally Conducted Research:

- Novant Health/Novant Health Huntersville Medical Center (2012)
Emergency Department Utilization Data (2012)
Geographically Defined Primary Service & Secondary Service Areas

Novant Health Huntersville Medical Center Emergency Department Top 10 Causes For Hospitalization (2012)

DIAGNOSIS RELATED GROUP (DRG) (2012)	CASES
Septicemia	333
Pneumonia, organism	103
Acute kidney failure	102
Cerebral artery occlusion, unspecified with cerebral infarction	85
Urinary tract infection	77
Atrial fibrillation	74
Other pulmonary embolism and infarction	69
Acute pancreatitis	66
Obstructive chronic bronchitis with (acute) exacerbation	66
Acute and chronic respiratory failure	65

III. Prioritized Health Needs

The prioritized health needs of the community are as follows:

1. Chronic Disease & Disability Prevention
2. Access to Care
3. Healthy Environment
4. Substance Abuse Prevention
5. Violence Prevention
6. Injury Prevention
7. Mental Health
8. Responsible Sexual Behavior
9. Maternal, Child and Infant Health

The top prioritized health needs of the community were collectively reviewed by the Novant Health Southern Piedmont Board of Trustees. The Board evaluated each documented need and its intersection with the organization's vision, commitments, and key strengths. Subsequently, the Board further prioritized the health needs agreeing upon the top three health priorities:

1. Diabetes
2. Obesity
3. Access To Care

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

1. Diabetes: Blood glucose screenings; diabetes education
2. Obesity: School student obesity education
3. Access To Care: Community education events and activities