



Novant Health Kernersville 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 Kernersville Medical Center, in partnership with Novant Health Forsyth Medical Center, 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. The assessment is designed to identify the health needs of the most vulnerable populations in the community. Kernersville 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.

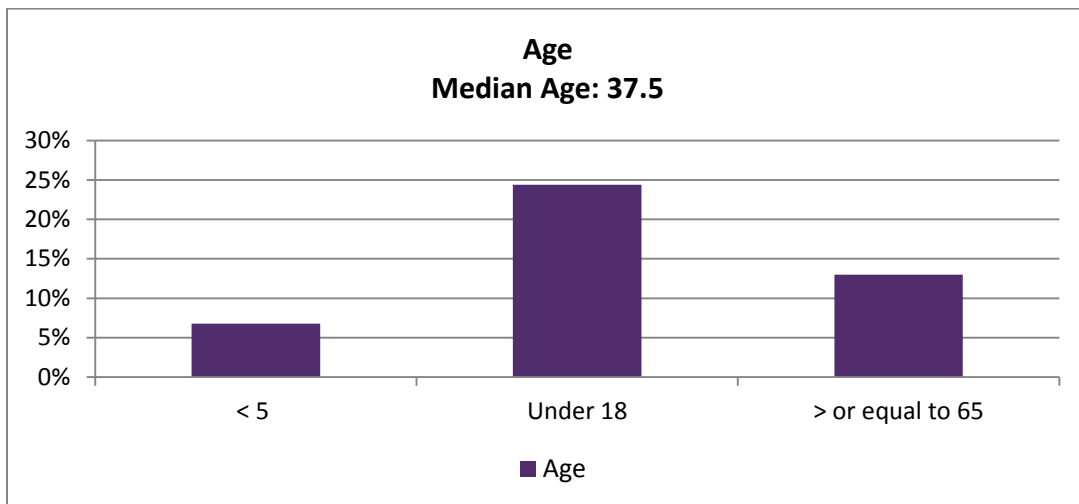
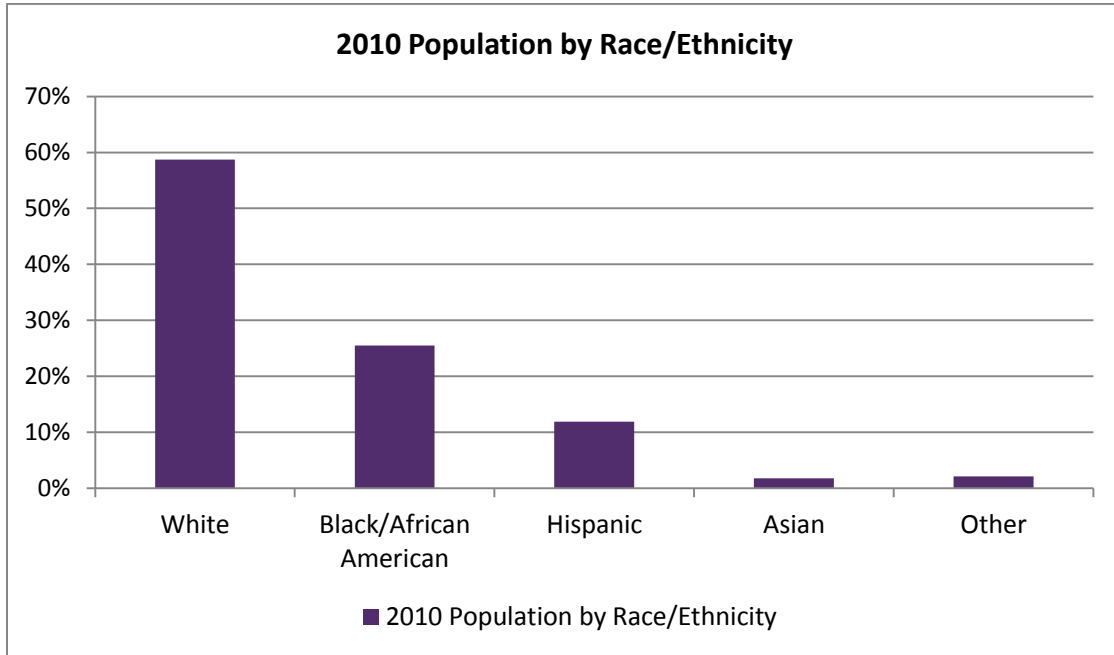
Novant Health Kernersville Medical Center, a department of Novant Health Forsyth Medical Center, is a 50-bed community hospital, providing a wide range of health services including surgery, emergency care, diagnostic testing, inpatient care and other medical services. In 2012, Kernersville Medical Center had 1,967 inpatient discharges and 24,539 outpatient visits, including 24,919 visits to the emergency department.

Our community

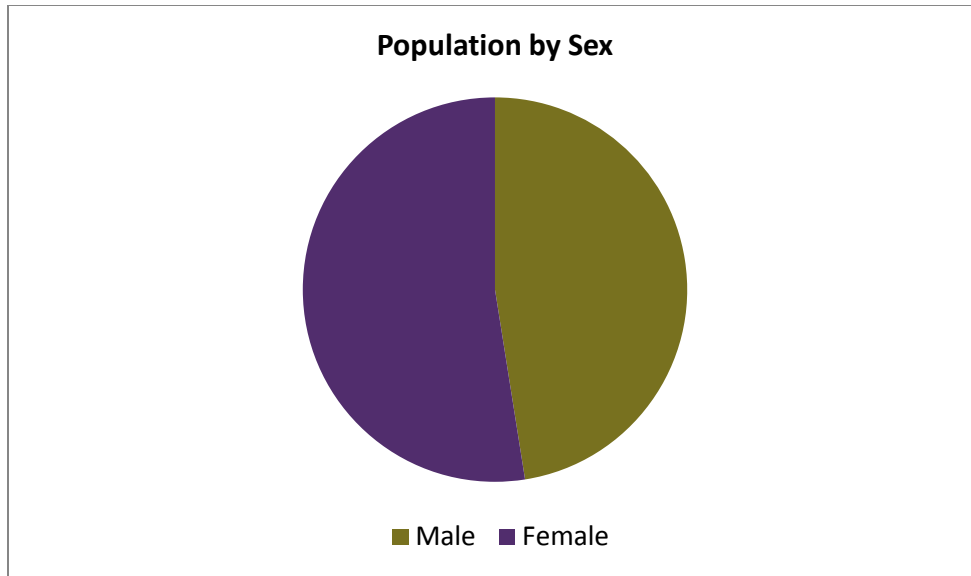
Forsyth County, Kernersville Medical Center's primary service area and defined community, includes the county seat of Winston-Salem. Based on 2011 estimates, Forsyth County remained the fourth largest county in the State of North Carolina with just fewer than 355,000 residents¹. Forsyth County's population grew 14.6% since the 2000 U.S. Census when there were 306,067 county residents. By 2010,

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

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:



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



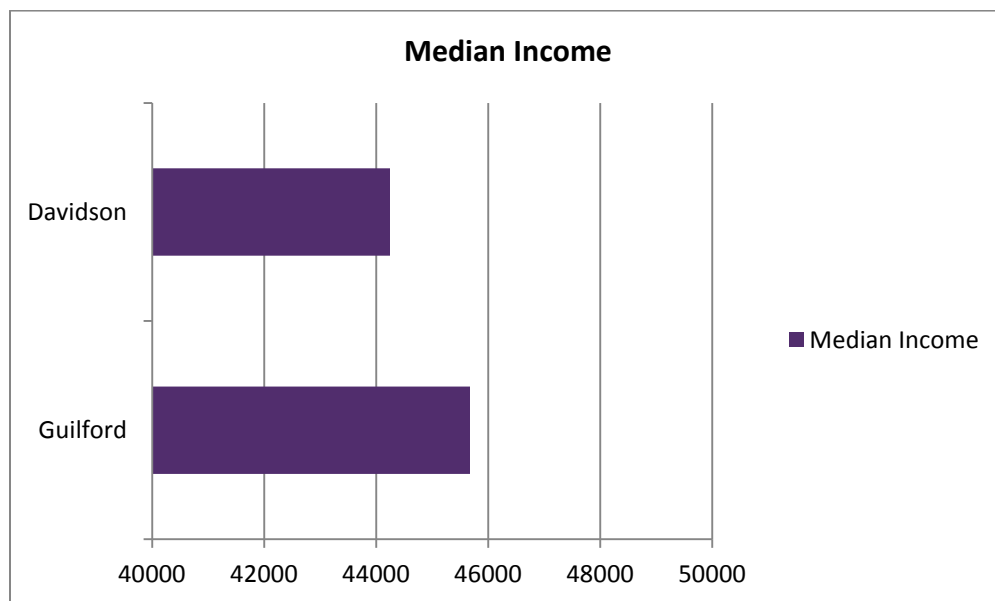
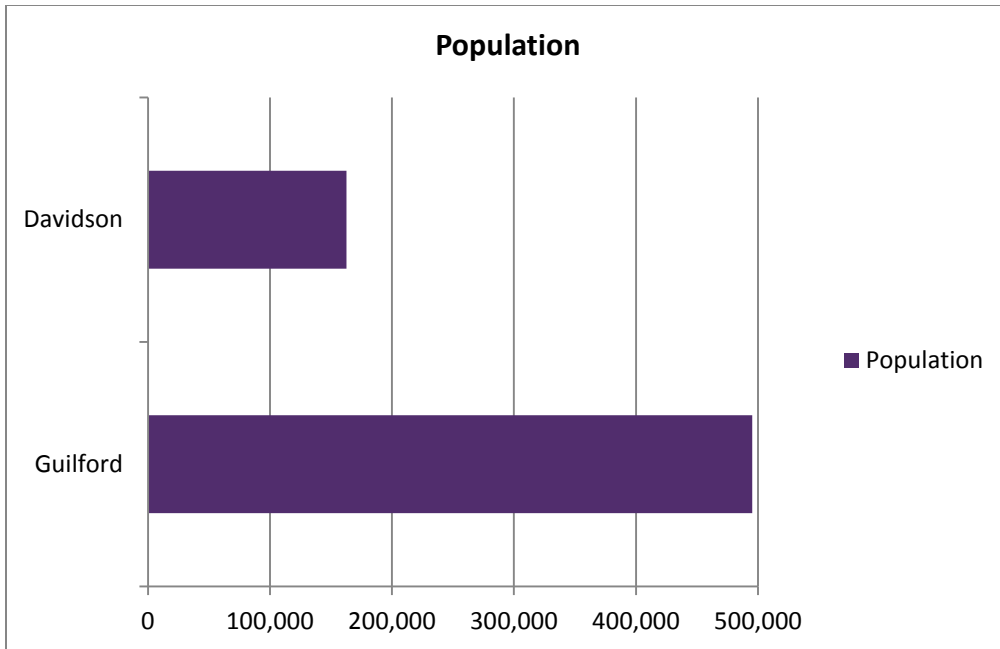
Income		% Population Living Below Poverty Line		Population Educational Attainment (≥ 25 yrs old)	
Median Family Household	\$55,075	Children (0-17)	22.8%	< HS diploma/GED	13.8%
		Adults (18-64)	12.9%	HS diploma/GED	28.2%
Median Non-Family Household	\$28,023	Seniors (65+)	7.1%	Bachelor's degree	20.7%
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

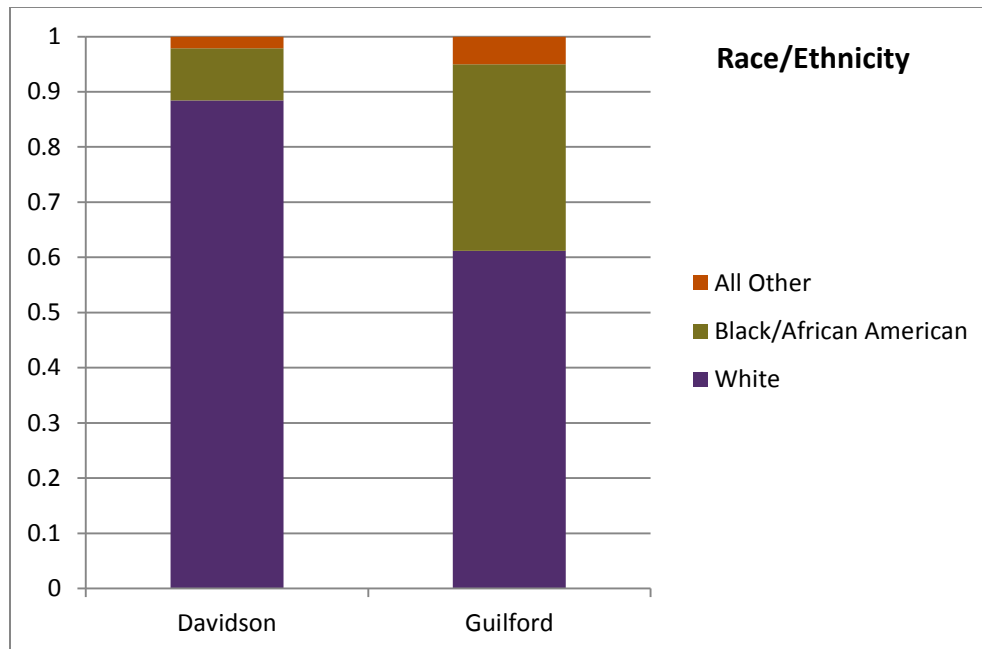
Forsyth County is more urban in nature, with only 9% of the population living in rural areas. Household specifics include over 21,000 households headed by females, 12,400 of those with children. Just fewer than 14,000 households have one resident age 65 or older and more than 50,900 housing units are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

Kernersville Medical Center has a secondary service area including Davidson and Guilford 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

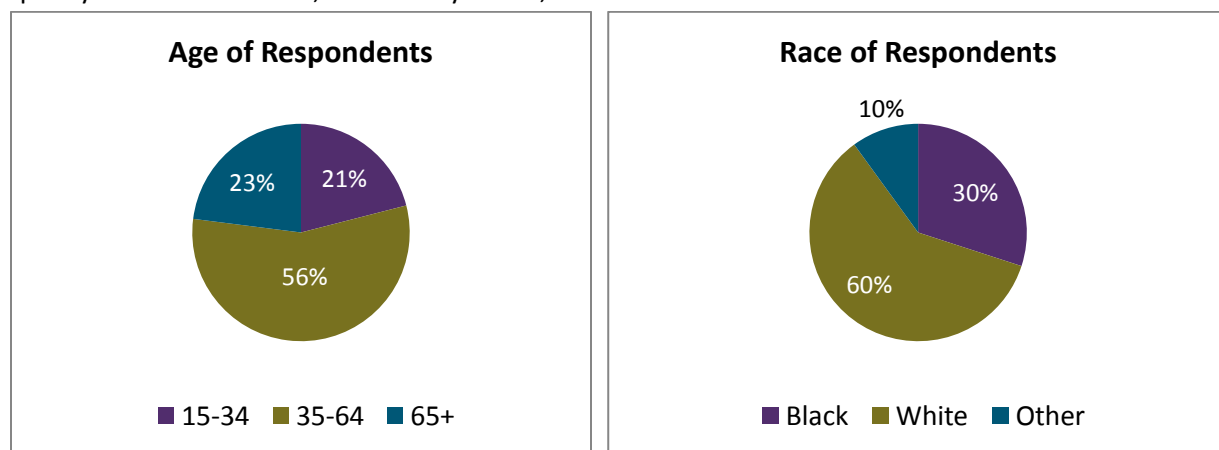
The Forsyth County Department of Public Health, along with the Forsyth County Healthy Community Coalition hosted the assessment activities. In FY 2011-2012, Novant Health and Wake Forest Baptist Health were invited to join in the process. Input was solicited from a variety of leaders from city and county 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

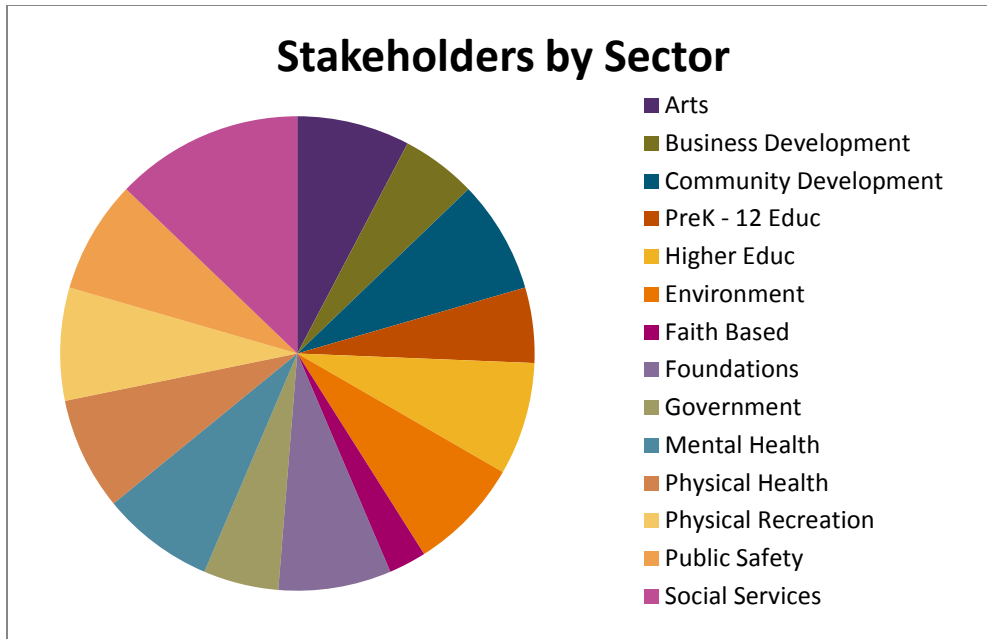
Additionally, participants were asked about their personal health, access to care and emergency preparedness. During and after the survey, participants were informed that the information collected from this survey was confidential, and neither their names nor their identities nor any personal identifiers 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

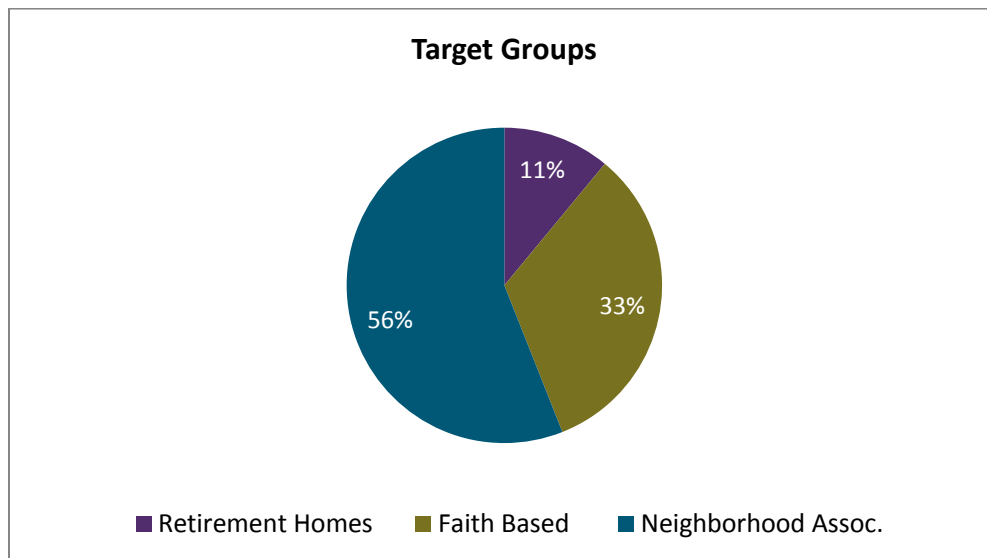
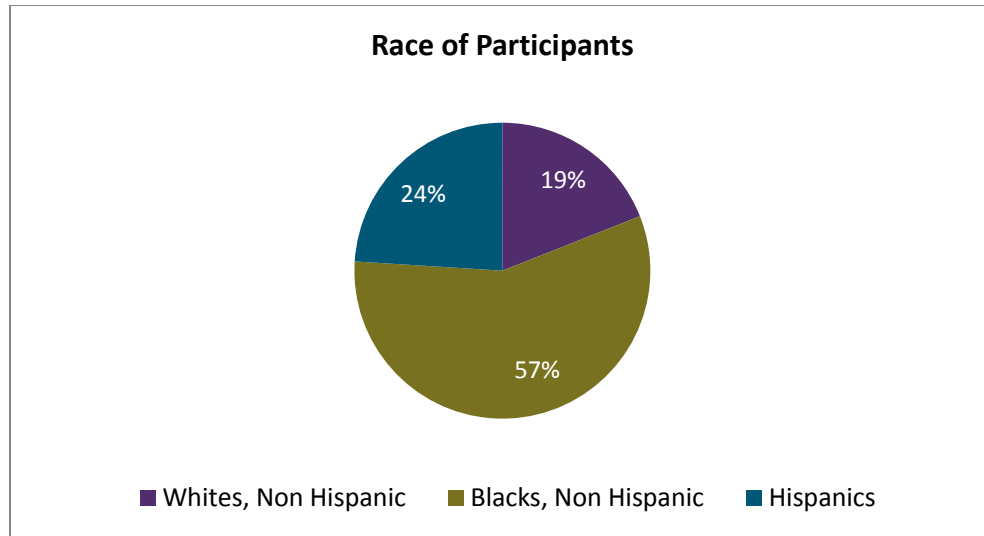
Additionally, they identified some of the community's greatest challenges:

- 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.



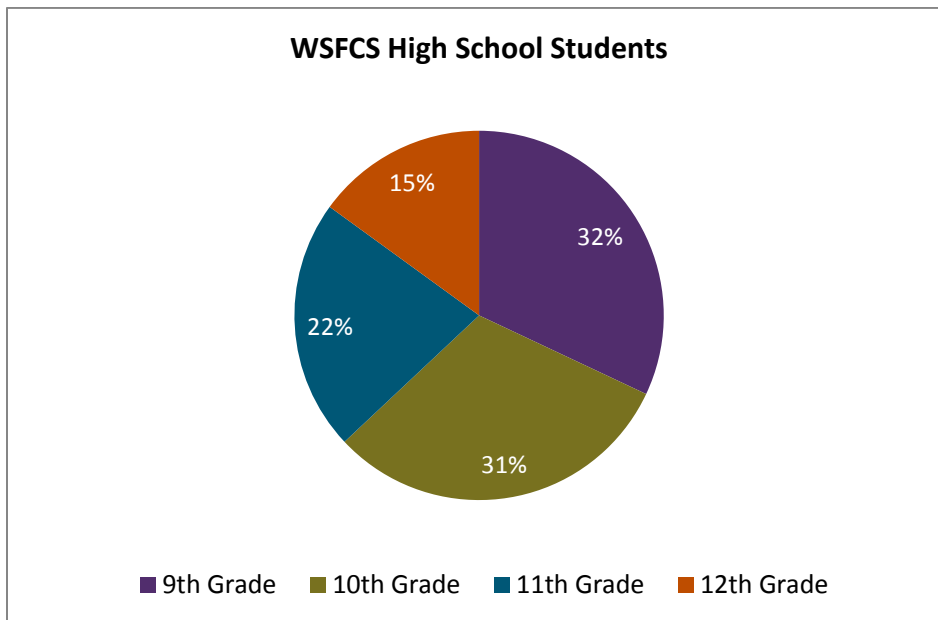
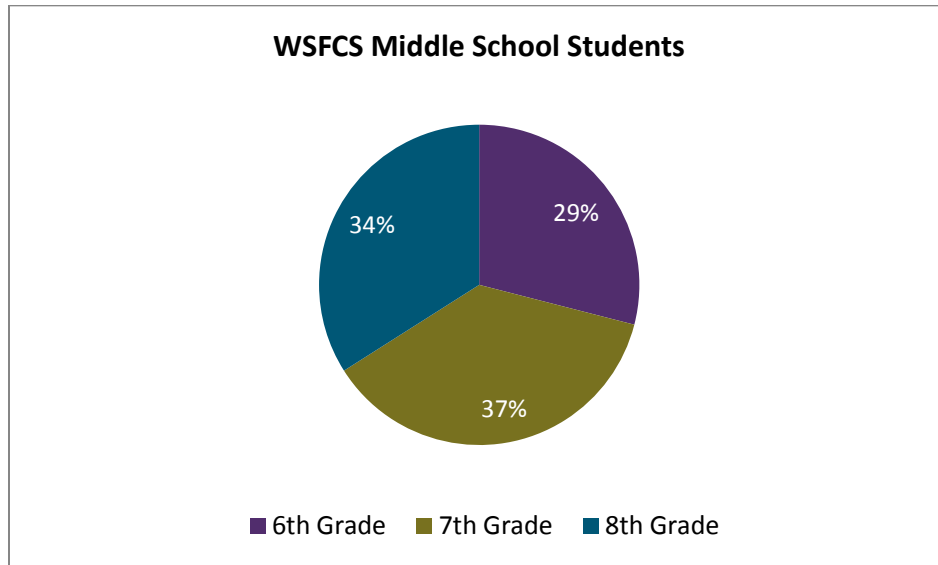
Concerns included:

- *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

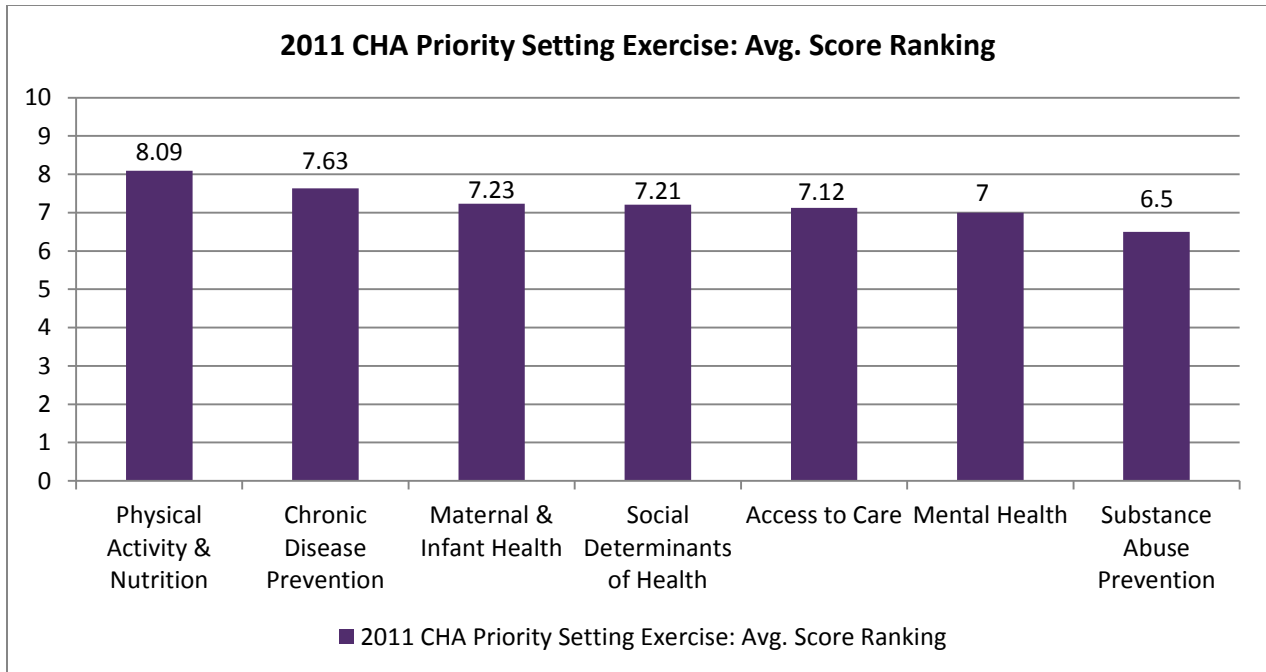
The primary and secondary data outlined above, identified key issues within the community, including:

- 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, Kernersville Medical Center reviewed three supplementary reports with prioritized health concerns - the *Forsyth Futures 2012 Health Making Progress Report*,⁸ The Robert Wood Johnson Foundation and University of Wisconsin Health Rankings⁹ and the Guilford County Health Needs Assessment¹⁰.

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.”¹¹ In their *2012 Making Progress Report: Physical & Mental Health*, Forsyth Futures identified two additional issues that Kernersville Medical Center evaluated as part of their assessment. These issues included:

1. Mental Health, 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 3,579¹².

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 Guilford County Department of Public Health (2013). Guilford County Health Needs Assessment. Requested.

¹¹ Forsyth Futures (2012). <http://www.forsythfutures.org/about-forsyth-futures/about-us.html>

¹² 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, Kernersville 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.

Finally, Kernersville Medical Center reviewed the prioritized needs for Guilford County. Through their process utilizing the Hanlon Prioritization methodology and connecting that with prioritized community concerns, the top five needs were identified:

1. Chronic Disease
2. Healthy Pregnancy
3. Sexually Transmitted Infections
4. Access to Clinical Care
5. Poverty & Unemployment

After reviewing all data, Kernersville 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. 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 three health priorities:

1. Diabetes
2. Obesity
3. Other Chronic Disease

Addressing needs

Kernersville 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 screening

Other Chronic Disease:

- Community education
- Cardiac risk assessment clinics
- Mobile mammography.

Appendix A: Primary and secondary working group members¹³

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

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

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 process¹⁴

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

¹⁴ 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

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