



## **Novant Health Thomasville Medical Center**

**Community Benefit Implementation Plan**

**Davidson County, North Carolina**

**2013-2015**

**Approved by the Novant Health Thomasville Medical Center Board of Directors on November 19, 2013**

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## **Introduction**

Novant Health Thomasville Medical Center, in partnership with the Davidson County Health Department and Wake Forest Baptist Health Lexington Medical Center 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. Thomasville 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.

### ***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. 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 Thomasville Medical Center**, a 146-bed community hospital, offers a full range of inpatient and outpatient services, birthing suites and an emergency department. Thomasville Medical Center specialty programs include The Triad Heartburn Treatment Center, The Total Joint Center, The Spine Center, Geriatric Behavioral Health, The Chest Pain Center and The Sleep Disorders Center. In 2012, Thomasville Medical Center had 4,649 inpatient discharges and 59,173 outpatient visits, including 36,153 visits to our emergency department.

### ***Our community***

Davidson County, Thomasville Medical Center's primary service area and defined community, includes 18 municipalities, including Thomasville, the most populated city, and Lexington, the County seat. Based on 2011 estimates, Davidson County had just fewer than 163,000 residents<sup>1</sup>, which is a 0.1% decline

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<sup>1</sup> U.S. Census Bureau (2013). State & County QuickFacts. <http://quickfacts.census.gov/qfd/states/37/37057.html>

since the 2000 U.S. Census. With the county covering a 553 square mile area, Davidson County averages 294.7 persons per square mile.

When compared to peer counties, Davidson County has a larger average population, but one that is slightly older than peers and the state. All of the peer counties, Craven, Harnett, Johnston and Randolph, have population ranges between 100,000 and 250,000 people; 16-28% of residents are living in poverty and 23-28% of the population are under the age of 18. Demographic data for Davidson County, as compared to peers, is outlined below<sup>2</sup>:

	Age		Gender		Race and Ethnicity		
	Percent Under 5	Percent Over 65	Female	Male	White	Non-White	Hispanic, Latino, any race
<b>Davidson County</b>	6.1	14.4	51.0	49.0	84.3	15.7	6.4
<b>Peer County Avg.</b>	7.4	12.5	50.7	49.3	74.5	25.5	10.1
<b>NC</b>	6.6	12.9	51.3	50.7	68.5	31.5	8.4

	2000			2010		
	Population	Population Density	Median Age	Population	Population Density	Median Age
<b>Davidson County</b>	147,246	266.7	37.1	162,878	293.8	40.3
<b>Peer County Avg.</b>	108,745	150.5	34.3	132,203	180.7	36.4
<b>NC</b>	8,046,813	165.2	35.3	9,535,483	191.9	37.4

Davidson County is more rural in nature. More than 17,600 housing units are renter occupied, as compared to 46,800 units that are owner occupied<sup>3</sup>. Household specifics include over 8,000 households headed by females, more than 4,400 by single females<sup>4</sup>. Additionally, over 1,800 grandparents are raising grandchildren.

<sup>2</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 15-20. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

<sup>3</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 43. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

<sup>4</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 33. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

According to the North Carolina Employment Security Commission, Davidson County has a current unemployment rate of 11.6 %, down from 12.9% in 2010, yet higher than the State average of 10.5%<sup>5</sup>. Additionally, Davidson County’s median family household income of \$44,249 is higher than the state’s 2011 median income of \$42,921<sup>6</sup>.

Two additional areas of importance for Davidson County are a growing number of older adults and the impact of social vulnerability. With a larger population of older adults, Davidson County hospitals and health assets will be facing increased demand, as older adults comprise a large portion of individuals with chronic disease. By 2030, almost 1 in 5 Davidson County residents will be over the age of 65, a 34% increase in this age group<sup>7</sup>. Additionally, social vulnerability, mapped using Flanagan’s Social Vulnerability Index (SVI) for Disaster Management, identified via census tract data, that the urban areas of Thomasville and Lexington have the greatest social vulnerability. The index defines vulnerability through “four domains: socioeconomic status, household composition and disability, minority status and language, and housing and transportation”<sup>8</sup>.

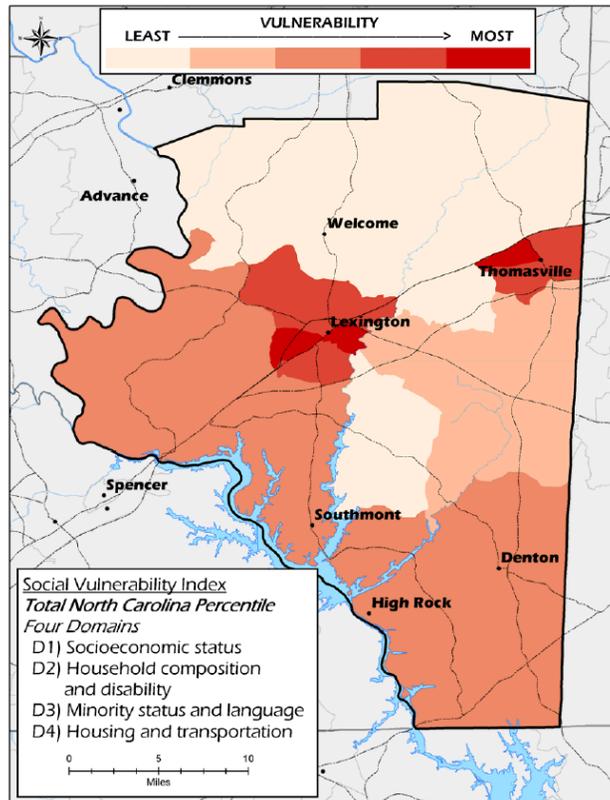
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<sup>5</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 41. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

<sup>6</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 38. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

<sup>7</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 21. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.

<sup>8</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 23-28. <http://dchdnc.com/Docs/HealthED/communityhealthassesmnets/2012%20Community%20Health%20Assessment.pdf>.



## **Assessment process and methodology**

Local Health Departments in North Carolina are required to conduct a comprehensive community health needs assessment to maintain local health department accreditation. The Davidson County Health Department (DCHD) collaborated with Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center (LMC) to meet the new Affordable Care Act/Internal Revenue Code Section 501(r) requirements. These agencies contracted with The North Carolina Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health in Chapel Hill to coordinate and lead the assessment process.

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

### ***Collaborative community partners and public health input***

The assessment process was initiated by the Davidson County Health Department (DCHD), community not-for-profits, Thomasville and Lexington City Schools, other city/county agencies and community members. Thomasville Medical Center and Lexington Medical Center 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 planning team members).

Additionally, hundreds of others were involved through the community health opinion survey, focus group discussions, stakeholder surveys, a priority setting exercise, and community action plan working teams (See Appendix B for a list of individuals who assisted with the assessment process). Staff from the NC Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health provided technical assistance by analyzing the collected data and helping monitor progress.

Participants involved in all aspects of the assessment represented the medically underserved, uninsured, low-income and minority populations. These individuals were identified through the community health opinion surveys, focus groups and other stakeholder discussions. In the opinion surveys, randomly selected participants were selected to accurately represent Davidson County; 6.2% identified themselves as African-American, whereas 2.9% identified themselves as Hispanic<sup>9</sup>. The focus groups provided additional insight into hard-to-reach populations, including Hispanics, teens, African-Americans, pregnant women, the uninsured, senior citizens, and those with a history of substance abuse. Additional community stakeholders were surveyed and interviewed to ensure access to under-represented populations; representatives included individuals from the Davidson County Health Department, Davidson County Senior Services, Davidson Medical Ministries, Family Services of Davidson County and Piedmont Behavioral Health. Each of these entities provide services to a diverse array of individuals, including the uninsured and minority populations, as well as those that are medically underserved.

### ***Process, methods and assessment data***

The Davidson County Health Department, along with the Davidson County Healthy Communities Coalition hosted the assessment activities. Input was solicited from a variety of leaders in city and county government, 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 three channels: 1) community health opinion surveys, 2) focus groups, and 3) stakeholder surveys. The following overviews are taken from the 2012 Davidson County Community Health Assessment report.

#### Community health opinion survey<sup>10</sup>

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<sup>9</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 107. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

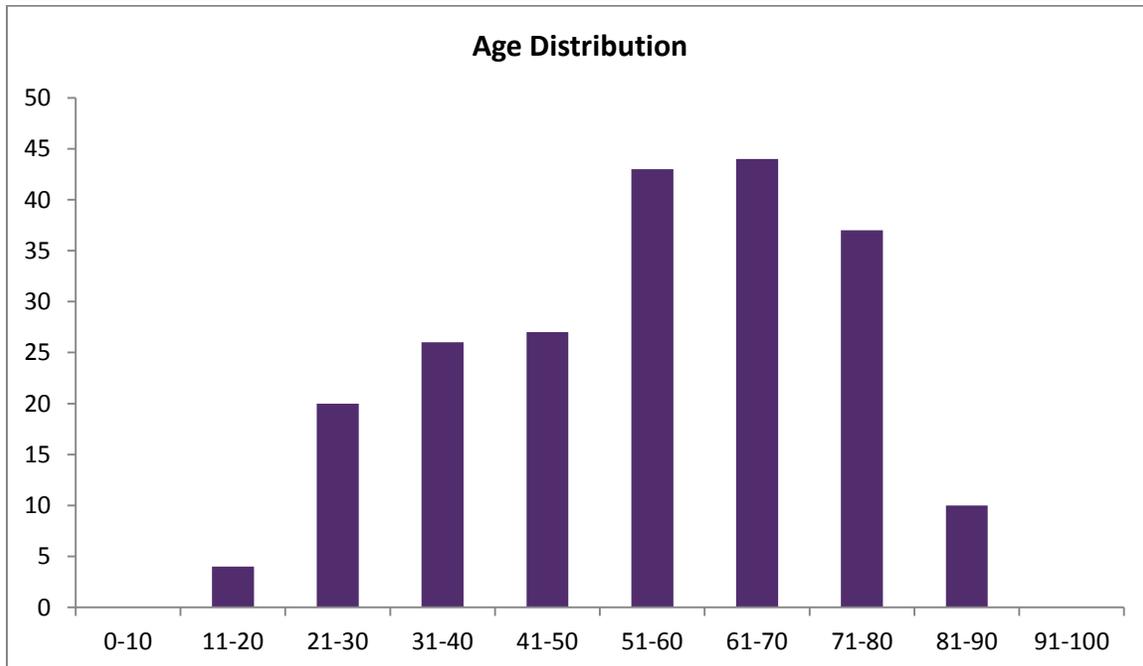
<sup>10</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 104-127. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

This survey was conducted over a three-day period from March 8-10, 2012. Trained interviewers administered the surveys to respondents at selected households throughout Davidson County. They randomly selected 210 residences to participate in the survey by using the Centers for Disease Control and Prevention (CDC) 30-7 sampling method. They conducted 209 surveys then sent to NCIPH for analysis. Surveys were created with input from community stakeholders and included questions on community issues, preventive care and health behaviors, mental health issues, environmental health issues, disaster preparedness, access to healthcare, and various personal and household demographics. Eighty-four individuals refused to be interviewed, and four encountered a language barrier preventing interview, for an overall response rate of 70.4%.

The UNC Center for Public Health Preparedness (UNC CPHP) facilitated administration of the survey, using a two-stage cluster sampling methodology developed by the CDC and World Health Organization (WHO). This methodology allowed for collected data to be generalizable to the Davidson County target population, based on population-based sampling weight from each census block.

Data was analyzed in SAS 9.2, with weighted frequencies and their 95% confidence intervals for each question in the survey. To avoid biased estimates, data analyses included a mathematical weight for probability of selection. Survey weights were calculated using methods described in the CDC's Community Assessment for Public Health Emergency Response (CASPER) toolkit.

Demographic data collected is illustrated below:



	Frequency - % (95% Confidence Interval)	Davidson County - % (2010 U.S. Census)
<b>Gender</b>		
Male	42.1 (35.4, 48.9)	49.0
Female	57.9 (51.1, 64.6)	51.0
<b>Race</b>		
White	87.1 (82.6, 91.7)	84.3
Black/African American	6.2 (2.9, 9.5)	8.9
Other	3.8 (1.2, 6.4)	5.1
Asian	1.9 (0.0, 3.8)	1.2
American Indian/Alaskan Native	1.4 (0.0, 3.0)	0.5
<b>Ethnicity</b>		
Hispanic/Latino	2.9 (0.6, 5.1)	6.4
Non-Hispanic/Latino	97.1 (94.9, 99.4)	82.0

From participant responses, it was apparent that chronic health problems, alcohol abuse and economic issues are the most important concerns of Davidson County residents. Other key data points included:

- When asked to identify the five most important health problems in Davidson County, survey respondents identified 1) cancer, 2) diabetes, 3) heart disease, 4) aging problems, and 5) obesity/overweight.
- When asked to identify the five most important unhealthy behaviors, respondents identified 1) drug abuse, 2) alcohol abuse, 3) smoking/tobacco, 4) lack of exercise, and 5) poor eating habits.
- When asked to select the five most important community issues that have the biggest impact on quality of life, respondents identified 1) unemployment, 2) lack of health insurance, 3) low income/poverty, 4) affordable health services, and 5) school drop-out rates.

When collectively reviewing all the responses, residents identified the community's greatest health issues as chronic disease, drug and alcohol abuse, poor eating and exercise habits, and poverty/unemployment.

#### Focus groups<sup>11</sup>

To complement the quantitative data collected, qualitative data was gathered from 71 adults and 16 youths in six focus groups, conducted in April 2012. The goals were to give traditionally hard-to-reach populations an opportunity to share their health concerns, further explore areas of interest in which data were lacking or hard to interpret, and gain a more well-rounded understanding of health concerns in Davidson County.

<sup>11</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 127-143. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

Areas identified as gaps in the quantitative data sampling included African Americans, teens, Hispanics, pregnant women, those with a history of substance abuse, the uninsured, and senior citizens. See detailed demographics below:

Ethnicity	Group Type	Location	Gender	Age	Number of Participants
100% African American	AME Church	Thomasville	80% female 20% male	Mean age 30	35
80% Caucasian; 10% AA; 10% Hispanic	High school students	Thomasville City Schools	50% girls 50% boys	Mean age 16	16
100% Hispanic	Hispanic Women	Lexington	100% female	Mean age 30	6
100% Caucasian	Seniors Group	Lexington	50% female 50% male	Mean age 70	16
90% Caucasian; 10% African American	Substance Abuse Treatment	All areas of Davidson County	100% female	Mean age 30	10
50% Caucasian; 50% African American	Davidson Medical Ministries Clinic Clients	All areas of Davidson County	75% female 25% male	Mean age 50	4

Focus groups questions were intentionally broad. Questions explored important aspects of good health, community strengths and barriers to good health, including access to healthcare and information. Follow-up questions and prompts were tailored for each specific group. Areas explored in each group included:

- What a healthy individual and community looks like;
- Living and working in Davidson County;
- Health concerns;
- Davidson County strengths;
- Types of healthcare providers utilized by citizens;
- Barriers and access to healthcare;
- Sources of health information used; and
- Suggestions for improving the health of people residing in Davidson County.

For each of the identified areas, many positive comments were shared, along with concerns. Below are some general comments that were captured:

- *Individual health:* living in a community free of violence, taking care of one’s self, healthy eating,

well-balanced lifestyles, living longer lives, being productive, and feeling good.

- *Healthy communities*: access to healthcare, clean and safe community spaces, additional employment opportunities, collaboration and support during times of need (including medical coverage)
- *Living and Working in Davidson County*: good schools, clean/safe parks, presence of health clinics, and a feeling of cohesiveness. Some concerns included safety, lack of transportation to medical provider, and cost of medical care.
- *Health concerns*: drugs, alcoholism, tobacco/secondhand smoke, gangs, crime/violence, school drop-out, child abuse, bullying, treatment of/disregard for elderly, unhealthy eating habits, affordable services, unemployment, transportation, and lack of local business support.
- *Strengths*: local health department services, churches, treatment programs, cohesiveness around community needs, church network, support with needs (i.e. food, housing, etc.), community resources, and hardworking people.
- *Healthcare utilized by citizens*: emergency departments, Med Choice, health department, private doctors from the newspaper, Davidson Medical Ministries Clinic, Daymark Mental Health Services, and primary care doctor.
- *Barriers and access to care*: not qualifying for services, language barriers, transportation, demand increases wait times, concern for those at higher risk (i.e. elderly, low-income residents, uninsured, veterans, immigrants, etc.), choice between medication and food, and support for underinsured.
- *Sources of health information*: television/Dr. Oz, word of mouth, pamphlets, newspapers, posters in stores/offices, bulletin boards, social media, teachers, coaches, health fairs, and local health department.
- *Suggestions for improving health*: extended hours, private clinic payment plans, reduction in cost of care, cultural competency, co-locating services, development of libraries, health education posters, cost reduction in healthy food offerings, dental care, increase in minimum wage, and more health clubs/facilities at reasonable prices.

#### Community stakeholder survey<sup>12</sup>

In addition to the community survey and focus groups, Davidson County team members surveyed community leaders. These leaders represented agencies in key sectors of the community, such as board members, agency presidents, upper management, and elected officials. The survey asked leaders to explain the services their agencies or organizations provide, the ways county residents hear about their services, the barriers residents face in accessing their services, and methods used to eliminate or decrease any barriers. Respondents then described the county's general strengths and challenges, greatest health concerns, and possible cause of and solutions to these shortcomings. Forty-five people, of 75 invited, completed the survey.

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<sup>12</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 144-149. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

Below is a summary of the results:

- When asked about barriers to access, respondents identified: transportation, ability to pay for services, lack of knowledge about services, illiteracy, wait time for services, and lack of local medical providers. Additionally, they identified charity care, extended service hours, availability of PART, translation services, easier access, and online services as options to meet the community's need.
- When asked to identify services that were needed in Davidson County, respondents mentioned more parks and recreation, mental health services, substance abuse treatment, transportation, urgent care facilities, after-school programs, geriatric services, dental care, extended hours and low cost healthcare services.
- Numerous strengths were identified, including: Davidson County Community College, medical care facilities, citizens, strong governmental services, low tax rate, focus on family and care for individuals with needs, quality of life, diversity, work force, and level of collaboration among agencies. Respondents also identified challenges, including: unemployment, aging population, workforce education, transportation, equal care throughout the county, lack of engaged parents due to substance abuse, lack of primary care unit, Thomasville/Lexington collaborative, need for single school system and reduction in funding for programs serving the unemployed.
- The most important health behaviors affecting residents were obesity and tobacco use. Other behaviors included: ability to pay, dental hygiene, substance abuse, lack of knowledge about preventive care, mental health, poor eating habits, lack of activity, lack of extended physician hours, use of emergency department, and risky sexual behaviors, to name a few.

Along with the outlined primary data, secondary data was collected from other sources and reviewed. Health data was gathered and analyzed from the following sources<sup>13</sup>:

- North Carolina State Center for Health Statistics
- Health Stats for North Carolina
- County Health Data Books
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vital Statistics
- Cancer Registry
- National Center for Health Statistics
- Log Into North Carolina (LINC)
- North Carolina Department of Medical Assistance
- Health Indicator Warehouse
- North Carolina Action for Children
- Kids Count Data Center
- UNC Cecil G. Sheps Center for Health Services Research

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<sup>13</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 13. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

## **Prioritized health needs**

### ***Community prioritization***<sup>14</sup>

Community health forums were held to provide county residents the opportunity to share their opinions and inform the community health assessment priority selection process. Four forums were conducted over a two week period, geographically dispersed throughout the county: 1) the Davidson County Governmental Building, 2) the Thomasville Public Library, 3) the Denton Public Library, and 4) the North Davidson Public Library in Welcome. The forums were advertised in local papers, fliers, via email and participants were recruited by Davidson County Healthy Communities Coalition members.

To prioritize the needs, the ten most prominent issues were discussed. The participants were invited to take part in a facilitated discussion, answering the following questions:

- 1) Which statistics were most surprising?
- 2) Which issue appeared most important?
- 3) How well did findings correspond with personal experience and day-to-day observations?
- 4) What resources in the community are addressing any of these issues?
- 5) What strategies would better address any of these issues?

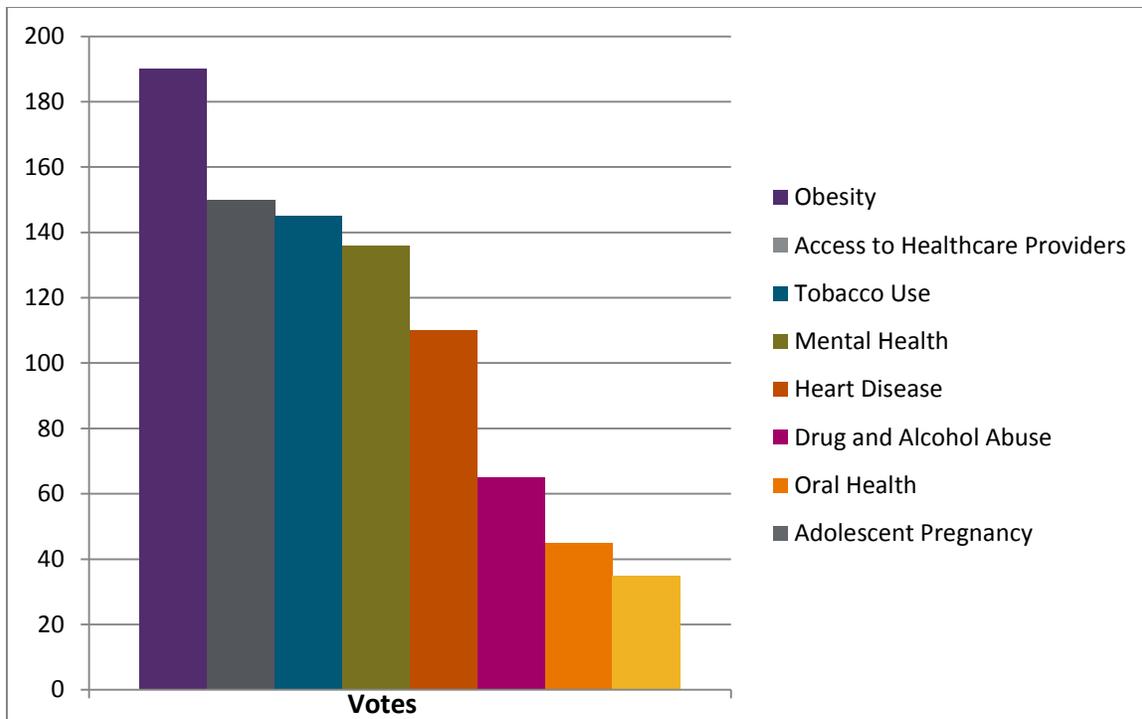
Based on extensive collection and analysis of public health-related primary and secondary data, ten health-related issues were identified as important and meriting additional discussion:

- 1) Heart disease
- 2) Obesity
- 3) Tobacco use
- 4) Drug and alcohol abuse
- 5) Mental health/suicide
- 6) Oral health
- 7) Infant mortality
- 8) Adolescent pregnancy
- 9) Injury and poisoning
- 10) Access to healthcare providers

After discussions, facilitators asked participants to prioritize the issues that emerged through a structured voting process. The figure below shows their rankings:

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<sup>14</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 150-159. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.



**Facility prioritization**

In addition to the community rankings, Thomasville Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency room visits in 2012.

	Diagnosis	Volume
<b>Inpatient</b>	Obstructive chronic bronchitis	132
	Septicemia	114
	Bacterial pneumonia	89
	Pneumonia	80
	Cerebral arterial occlusion	73
<b>Outpatient</b>		
<b>Outpatient</b>	Bronchitis	1,236
	Sprain lumbar region	841
	Acute pharyngitis	712
	Urinary tract infection	635
	Otitis media (inflammation of middle ear)	623

These eight priorities were then collectively reviewed by the Thomasville Medical Center Board of Directors and leadership team. The team was asked to evaluate each documented need for where it intersects with the organizations mission, commitments and key strengths. From here, each team further prioritized the needs, agreeing on our top seven significant health priorities:

1. Diabetes
2. Obesity
3. Heart disease

4. Infant mortality
5. Adolescent pregnancy
6. Access to care
7. Mental health

***Addressing needs***

Thomasville 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 education
- SeniorLink walking club
- BMI screening

**Heart Disease:**

- Community education
- Women's Heart Center risk assessments

**Infant Mortality:**

- Community education on healthy pregnancy, prepared childbirth, breastfeeding basics
- Outreach to area schools and Hispanic clinics
- Financial support for March of Dimes

**Adolescent Pregnancy:**

- Partnership with Family Services of Davidson
- Teens as Leaders program

**Access to Care:**

- SeniorLink
- Blood pressure equipment at area YMCAs
- Site for Davidson Medical Ministries
- Community screenings and education programs

**Mental Health:**

- Community screenings and education programs.

## Appendix A: Primary and secondary working group members<sup>15</sup>

Individual name	Organization
<b>Assessment planning team</b>	
Dorothy Cilenti	NCIPH
Tavie Flanagan	NCIPH
John Graham	NCIPH
Jen Hames	Davidson County Health Department
Jennifer Houlihan	Wake Forest Baptist Health
Kathie Johnson	Novant Health Thomasville Medical Center
Laura Kennedy	Novant Health Thomasville Medical Center
Layton Long	Davidson County Health Department
Andrea McDonald	Novant Health Forsyth Medical Center
Erin O'Quinn	NCIPH
Matt Simon	NCIPH
Steve Snelgrove	Wake Forest Baptist Health Lexington Medical Center
John Wallace	NCIPH
Jane Wilder	Novant Health Thomasville Medical Center

<sup>15</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 166. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

## Appendix B: Participant list for CNHA process<sup>16</sup>

Davidson County Healthy Communities Coalition Steering Committee	
Angela Kimsey	Senior Center manger, Davidson County Senior Services
Angela Mauck	Nurse Educator, Novant Health Thomasville Medical Center
Billy Freeman	Project Director, Lexington YMCA
Bruce Davis	Director, Lexington City Recreation
Charles Parnell	Director, Davidson County Recreation
Dale Moorefield	Director, Davidson County Social Services
Darren Cecil	Interim Health Director, Davidson County Health Department
Don Truell	County Commissioner
Dr. Amy Suttle	Pediatrician, Thomasville Pediatric Clinic
Dr. Fred Mock	Superintendent, Davidson County Schools
Ellen Welborn	Foundation Director, Wake Forest Baptist Health Lexington Medical Center
Gene Klump	Executive Director, Lexington YMCA
Jarrold Dunbar	Outreach & Operations, Thomasville YMCA
Jeannie Leonard	FCS Agent, Davidson County Cooperative Extension
Jen Hames	Health Education Supervisor, Davidson County Health Department
Keith Raulston	Board of Health
LaShay Avery	Community Relations, Pidemont Behavior Health
Layton Long	Health Director, Davidson County Health Department
Linda Leonard	Director, Smart Start
Mary Jane Akerman	Wellness Coordinator, Thomasville City Schools
Mary Lou Collett	Nursing Director, Davidson County Health Department
Orla Kelly-Rajan	Nurse, Wake Forest Baptist Health Lexington Medical Center
Rick Kriesky	Superintendent, Lexington City Schools
Robert Hyatt	County Manager, Davidson County Health Department
Rose McDaniel	Davidson County Community College
Sandy Motley	Executive Director, Davidson Medical Ministries Clinic
Scott Leonard	County Planner, Davidson County Planning Department
Sherry Brannon	Center Mangement Specialist, Smart Start
Thessia Everhart-Roberts	Director, Davidson County Senior Services
Tommy Hodges	Director, Thomasville YMCA
Vickie McKiver	Directo, Thomasville City Recreation
Zeb Hanner	Assistant County Manager, Davidson County Government

<sup>16</sup> Davidson County Health Department (2012). Davidson County 2012 Community Health Assessment, 167. <http://dchdnc.com/Docs/HealthED/communityhealthassessmnets/2012%20Community%20Health%20Assessment.pdf>.

<b>Community health forum representation</b>
<b>May 21, 2012: North Davidson Public Library</b>
Wake Forest Baptist Health Lexington Medical Center
Medical Providers
Davidson County Health Department
Davidson Medical Ministries Center
Piedmont Behavioral Health
5 community residents
<b>May 23, 2012: Thomasville Public Library</b>
Wake Forest Baptist Health Lexington Medical Center
Novant Health Thomasville Medical Center
J. Smith Young YMCA
Tom A. Finch Community YMCA
<b>May 30, 2012: Commissioners Meeting Room, Lexington</b>
Davidson Medical Ministries Center
Piedmont Behavioral Health
Wake Forest Baptist Health Lexington Medical Center
4 community residents
Parent
Medical Provider
Hospice of Davidson County
Yadkin Star Baptist Church member
<b>May 31, 2012: South Davidson Public Library, Denton</b>
Wake Forest Baptist Health Lexington Medical Center
Lexington Wound Care Center
Davidson County Government
Davidson Medical Ministries Center
NC Cooperative Extension
Piedmont Behavioral Health