

Novant Health Matthews Medical Center

Community Benefit Implementation Plan Mecklenburg and Union County, North Carolina 2022-2024

Approved by the Novant Health Southern Piedmont Region Board of Trustees on October 19, 2022

Table of Contents

Ι.	Introduction	3
	a. Organization overview	3
	b. Our community	4
11.	Prioritized health needs	
	Mecklenburg County	
	a. County prioritization	8
	Union County	0
	a. County prioritization	9
	Facility prioritization	10
III.	Addressing needs	10
IV.	Role of the board & administration	13
v .	Appendix: Steering Committees	14

I. Introduction

Novant Health Matthews Medical Center, in partnership with the Mecklenburg County Health Department, Union County Health Department, and other community partners conducted a community health needs assessment in 2022 to identify the most pressing health needs in our community. Novant Health Matthews Medical Center will enhance the community's health by offering health and wellness programming, clinical services and financial support in response to the specific health needs identified.

a) Organization Overview

Novant Health is an integrated network of hospitals, physician clinics, and outpatient facilities that delivers a seamless and convenient healthcare experience to communities in North Carolina, South Carolina, and Georgia. The Novant Health network consists of more than 1,800 physicians and over 35,000 team members who provide care at more than 800 locations, including 15 hospitals and hundreds of outpatient facilities and physician clinics. Diversity MBA Magazine ranked Novant Health first in the nation on its 2021 list of "Best Places for Women & Diverse Managers to Work." In 2021, Novant Health provided more than \$1.1 billion in community benefit, including financial assistance and services.

Mission

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

Our team members and physician partners strive every day to bring our mission, vision, and values to life. We demonstrate this commitment to our patients in many 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 socially responsible organization, working with community agencies and organizations to make our communities better places to live and work.

Novant Health Matthews Medical Center (NHMMC) is a 157-bed hospital offering a wide range of services in cardiovascular, surgery, maternity, cancer, hospice and palliative care, outpatient and high-level diagnostic capabilities.

b) Our Community

Primary and Secondary Service Areas

The Primary Service Area for Novant Health Matthews Medical Center is defined by the zip codes that represent at least 75% of the hospital's in-patient population as outlined below:

Zip Code	City	County
29707	Fort Mill	LANCASTER
28105	Matthews	MECKLENBURG
28227	Charlotte	MECKLENBURG
28277	Charlotte	MECKLENBURG
28270	Charlotte	MECKLENBURG
28212	Charlotte	MECKLENBURG
28226	Charlotte	MECKLENBURG
28215	Charlotte	MECKLENBURG
28079	Indian Trail	UNION
28110	Monroe	UNION
28104	Matthews	UNION
28173	Waxhaw	UNION
28112	Monroe	UNION

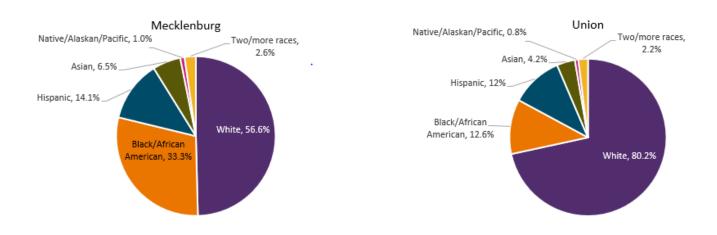
The Primary Service Area (PSA) includes Mecklenburg, Union and Lancaster Counties. 47% of patients in the PSA reside in Union County, and 50% of patients in the PSA reside in Mecklenburg County. 38% of patients overall reside in the Primary and Secondary Service Areas of Union County and 45.5% of patients overall reside in the Primary and Secondary Service Areas of Mecklenburg County.

Mecklenburg County represents the highest population of potentially underserved, low-income and minority individuals from the Primary Service Area, but demographic data is included below from Union and Mecklenburg Counties.

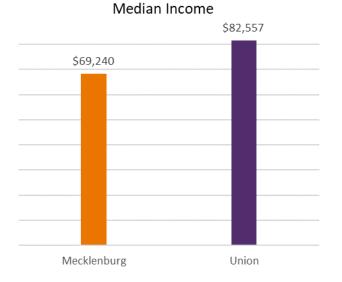
The Secondary Service Area covers a 7-county radius, including Anson, Cabarrus, Chesterfield, Lancaster, Mecklenburg, Union, and York Counties.

Mecklenburg & Union County Demographics

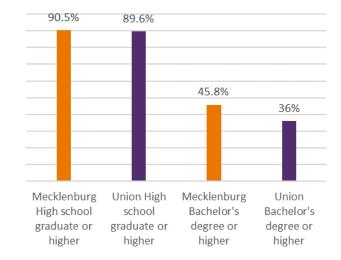
Union County has a population of 243,648 compared to the Mecklenburg County population of 1,122,276. North Carolina has a total population of 10,551,162.

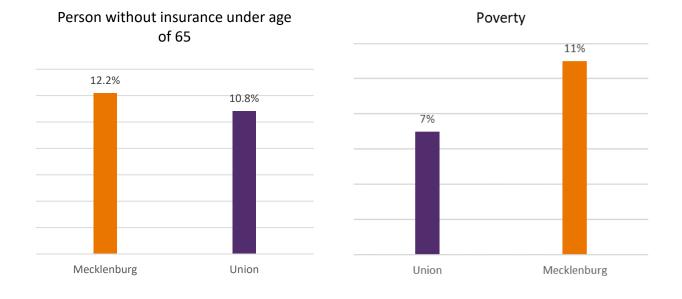


Race and Ethnicity



Education Attainment





Source for above graphs: US Census Bureau 2021

Demographics	Union	County	Mecklenb	urg County	North Carolina		
	Population	Percentage	Population	Percentage	Population	Percentage	
Persons Under 5 Years	13,397	5.7%	72,857	6.7%	605,299	5.8%	
Persons Under 18 Years	63,318	26.9%	257,739	23.5%	2,301,596	22.2%	
Person 65 Years & Over	29,768	12.6%	122,780	11.2%	1,688,354	16.3%	
Female Persons	119, 655	50.8%	568,717	51.9%	5,333,560	51.4%	

Sources: ACS North Carolina, ACS Mecklenburg County, ACS Union County

Length of Life	Top U.S. Performers	North Carolina	Union County	Mecklenburg County
Years of potential life lost before age 75 per 100,000 population (age-adjusted).	5,600	8,000	5,500	6,100
Clinical Care	Top U.S. Performers	North Carolina	Union County	Mecklenburg County
Ratio of population to primary care physicians	1,010:1	1,400:1	1,440:1	1,130:1
Ratio of population to dentists	1,210:1	1,710:1	3,400:1	1,430:1
Ratio of pop. to mental health providers	250:1	360:1	790:1	300:1
Physical Environmental	Top U.S. Performers	North Carolina	Union County	Mecklenburg County
Air Pollution – Particulate Matter (micrograms per cubic meter)	5.9	7.5	8.7	9.0
Percentage of households with overcrowding, high costs, lack of kitchen, or lack of plumbing	9%	15%	11%	16%

Sources: County Health Rankings Union County, County Health Rankings Mecklenburg County

Mecklenburg & Union County Population: Health Indicators

Mecklenburg and Union County leading causes of death in 2019 were cancer and heart disease. NHMMC will consider these health indicators but will also consider how to impact root causes with an analysis of social determinants of health, social risks, and social needs.

Leading Causes of Death in Mecklenburg County 2019				Leading Causes of Death in Union County 2019			
Rank	Cause	Number	%	Rank	Cause	Number	%
1	Cancer	1359	21.0	1	Cancer	368	23.7
2	Diseases of heart	1235	19.1	2	Diseases of heart	295	19.0
3	Cerebrovascular diseases	371	5.7	3	Alzheimer's disease	117	7.5
4	Alzheimer's disease	347	5.4	4	Cerebrovascular diseases	80	5.1
5	All other unintentional	322	5.0	5	Chronic lower respiratory	65	4.2
5	injuries	522	5.0		diseases		
6	Chronic lower respiratory	251	3.9	6	All other unintentional	61	3.9
	diseases				injuries		
7	Diabetes mellitus	214	3.3	7	Nephritis, nephrotic	42	2.7
					syndrome and nephrosis		
8	Nephritis, nephrotic	145	2.2	8	Diabetes mellitus	41	2.6
	syndrome and nephrosis						
9	Assault (homicide)	105	1.6	9	Septicemia	32	2.1
10	Motor vehicle injuries	98	1.5	10	Parkinson's disease	28	1.8
	All other causes (Residual)	2012	31.3		All other causes (Residual)	427	27.4
	Total Deaths All Causes	6459	100.		Total Deaths All Causes	1556	100.0
			0				

Sources: State Center for Health Statistics Union County, State Center for Health Statistics Mecklenburg County

II. Prioritized Health Needs

Mecklenburg County

Identified Significant Health Needs

The nine topic areas included in the 2017-18 CHA were selected by reviewing the data and validated using a survey tool that was administered to community leaders and representatives of key health agencies in the county. The survey included 15 health topics for consideration and asked respondents to rank the issues in order of importance. In 2022, the same top nine issues were identified as those included in the 2017 CHA and a new category informed by the data, was added. Emerging Health Issues characterizes the impact of emerging or re-emerging health conditions that pose major public threats, such as COVID-19. Health disparities and social determinants of health are not called out specifically as

health issues but rather incorporated within each. In alphabetical order, the 10 health issues are:

- 1. Access to care
- 2. Chronic disease prevention
- 3. Emerging health issues
- 4. Healthy environment
- 5. Healthy pregnancy
- 6. HIV and other STIs
- 7. Injury Prevention
- 8. Mental health
- 9. Substance use disorder
- 10. Violence prevention

a) County Prioritization

Consideration of these topic areas—and the data alongside community input--resulted in the following top four priority health issues for MCPH:

- 1. Mental Health
- 2. Access to Care
- 3. Chronic Disease
- 4. Violence Prevention

Union County

Identified Significant Health Needs

Select highlights from Annika Pfaender's analysis of the teen and adult survey responses are below:

Physical health/access to care:

- More than 70% of Union County respondents across the Teen and Adult surveys rated their physical health as good or excellent
- Adults were more likely than teens to have a medical and dental home:
 - 28% of teens respondents and 15% of adult respondents did not see a doctor on a regular basis
 - 27% of teen respondents and 36% of adult respondents did not see a dentist on a regular basis
- Across both surveys, the majority of respondents received health care services when they needed them
 - Teens were more likely to report a time when they needed to see a healthcare provider but did not
 - Adults were slightly more likely than teens to report a time when they needed prescription medication but did not get it

Mental health/substance use:

- Teens were more likely than adults to rate their mental health as poor or very poor
- Teens were more likely to rate their mental health as neither good nor bad compared to adults
- Both adults and teens felt that depression was the most critical mental health concern in Union County
- Anxiety and Alcohol Addiction were also leading mental health concerns among both teens and adults, with teens more likely to select anxiety and adults more likely to select alcohol addiction
- A higher proportion of adults identified opioid or drug addiction as an important mental health concern while higher proportions of teens chose sleep issues and suicide as important issues

Unhealthy behaviors:

- Poor eating habits and lack of exercise were the most frequently chosen unhealthy behaviors among adults, while stress and bullying were the leading unhealthy behaviors identified by teens
- Teens were more likely than adults to feel that domestic violence and instability at home were critical unhealthy behaviors in Union County
- Reported physical activity is similar across both surveys, with teens slightly more likely to report no exercise or on only one day a week
- The majority of teen and adult respondents eat between one and three servings of fruits and vegetables per day
- More than half of respondents across both surveys reported 3 or more hours per day of screen time
- Vape or E-cigarette products were the most common substance used among teen respondents and tobacco was the most common substance used among adult respondents
- Teens were more likely to report smoking marijuana compared to adults

The most frequent discussion topics from the 9 focus group sessions are listed below, in order of most frequently mentioned to least frequently mentioned:

- 1. Mental health
- 2. Affordable housing
- 3. Lack of public transportation
- 4. Community safety
- 5. Drug/substance use disorders
- 6. Chronic disease prevention and education
- 7. Better access to healthcare providers
- 8. High costs of healthcare
- 9. Healthy eating habits/nutrition
- 10. Language barriers
- 11. Food insecurities/deserts
- 12. More parks/sidewalks
- 13. Drinking water quality

a) County Prioritization

Union County prioritized health needs will be identified as the assessment process continues, and action plans from the UCHD will be developed to address each priority.

Facility Prioritization

In addition to the primary and secondary data, Novant Health Matthews Medical Center reviewed the top five diagnosis codes for inpatient and outpatient hospital emergency department visits.

Inpatient Diagnosis	Volume	Outpatient Diagnosis	Volume
COVID-19	641	Other Chest Pain	1677
Sepsis, unspecified organism	426	Covid -19	1424
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	323	Headache, unspecified	522
Non-ST elevation (NSTEMI) myocardial infarction	194	Dizziness and giddiness	492
Hypertensive heart disease with heart failure	178	Syncope and collapse	467

Novant Health Matthews Medical Center Emergency Department Top 5 Diagnoses July 2021-June 2022

The top 5 diagnoses from July 2021 to June 2022 were greatly impacted by the Covid-19 pandemic in the outpatient and inpatient settings. As a result of Covid-19 and encouraging virtual visits for patient safety, when possible, the inpatient diagnosis trend for adults was more serious diagnoses like heart and kidney failures. Outpatient trending diagnoses were severe symptoms and side effects of Covid-19.

Upon a comprehensive review of the primary and secondary data and NHMMC's ED top 5 diagnosis codes, the Novant Health Matthews Medical Center leadership team and Board of Trustees evaluated this information based on the scope, severity, health disparities associated with the need, and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following significant health priorities for Novant Health Matthews Medical Center:

- 1. Mental health
- 2. Access to care
- 3. Chronic disease
- 4. Violence prevention

III. Addressing needs

Novant Health Matthews Medical Center is committed to working to address each of its prioritized areas of need through resource allocation and support of the following programs and actions:

Priority	Program / Initiative:	Action:	Intended Outcome:
Need:			
Mental Health	Mental Health TIC/Resiliency Training/Screenings Investment	 Provide information and training to individuals in various sectors including nonprofit, faith, and education communities, to include our own teams Support aligned community organizations and events 	 Increase general mental health awareness, the impact of trauma, and provision of tools and/or skills to build resiliency Increase individual's ability to access resources, and the number of individuals connected to appropriate treatment and/or services
Access to Care	Education and Health Screenings Mobile Outreach Investment	 Host health education and screening events and facilitate referrals to care and/or resources Host childhood immunizations and health assessment events via mobile outreach program Support aligned community organizations and events 	 Increased number of community stakeholders connected to a primary medical home and appropriate care
Chronic Disease	Wellness Education Health Screenings/ Resources Investment	 Wellness Webinars and speaker's bureau program Host health and SDoH screenings Provide related referrals, assessment of resources and food insecurity support Support aligned community organizations and events 	 Increased access to health resources and screenings Increased awareness of health risks and prevention tools/methods
Violence Prevention	Education Public awareness Investment	 Wellness Webinars and speaker's bureau program Public safety and trauma programs with community partners Collaboration with community partners, board affiliations, and committees Support aligned community organizations and events 	 Increased awareness of violence prevention tools/methods and resources

Again, NHMMC will focus resource allocation on these prioritized needs based on careful consideration of estimated feasibility and effectiveness of possible interventions. While NHMMC will not prioritize the remaining significant health needs (listed above in Section II), it will support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are better aligned with their scope of service.

In addition to the programs and services offered to the community through Novant Health Matthews Medical Center, there are various existing community assets available throughout the Mecklenburg and Union County community that have additional programs and resources tailored to meet all the identified health needs. The following is a list of valued community agencies that address those prioritized and non-prioritized needs:

Identified Significant Health Needs	Local Community Resources Addressing Needs
Access to care	Mecklenburg County:
Chronic disease prevention	Mecklenburg County Health Department, One
HIV & other STIs	Charlotte Health Alliance, Charlotte Community
Healthy pregnancy	Health Clinic, Care Ring, Center for Prevention
	Services, RAIN, CW Community Health Center,
	DeAngelo Williams Foundation, Carolina Breast
	Friends, Claire's Army, Colon Cancer Coalition,
	Healthy Charlotte Alliance, Heartbright, Hospitality
	House, Madelyn's Fund, MS Society, LLS, Zero End
	Prostate, Matthews Free Medical Clinic, Bright
	Blessings
	Union County:
	Community Health Services of Union County, Bright
	Blessings, Matthews Free Medical Clinic,
	Community Shelter of Union County
Emerging health issues (outbreaks of	Mecklenburg County:
infectious diseases that pose major public	Mecklenburg County Health Department, One
health threats, such as COVID-19 and	Charlotte Health Alliance
Monkey Pox)	
	Union County:
	Matthews Free Medical Clinic, Bright Blessings,
	Community Health Services of Union County, Union
	County Health Department
Healthy environment (including pollution,	
clean water, poverty, housing, and food	Heal Charlotte, Second Harvest, Loaves and Fishes,
access)	Catawba Riverkeepers, Catawba Lands
Violence prevention	Conservancy, Roof Above, Sustain Charlotte, Pat's
Injury prevention	Place, Shelter Health Services, Safe Alliance,
	Rebuilding Together, The Bulb, YWCA, Angels and
	Sparrows, Habitat for Humanity of Greater
	Matthews, Common Heart Food Pantry,

	Community Shelter of Union County
	Union County: Common Heart Food Pantry, Habitat for Humanity of Greater Matthews, Community Shelter of Union County
 Mental health Substance use disorder 	Mecklenburg County: Charlotte Rescue Mission, Crisis Assistance Ministry, Mental Health America, Living Waters, RAIN, Dilworth Center, Center for Prevention Services, Lake Norman Community Medical Clinic
	Union County: Matthews Free Medical Clinic, Community Health Services of Union County

IV. Role of the board and administration

The Novant Health Southern Piedmont Region Board of Trustees and Novant Health Matthews Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives focused on chronic disease, community health outreach, and access to care, leadership provides direction on actions and intended impact, and serves as the approving body for the community health needs assessment and community benefit implementation plan. Administrative leaders serve on the County assessment process teams, priority setting committee and action planning team and hospital board members participate and provide influence on the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education.

V. Appendix: Steering Committees

Steering Committee for Mecklenburg County CHA
Agency
Atrium Health
Mecklenburg County Public Health*
Novant Health
One Charlotte Health Alliance

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)
- For a full list of agencies involved in the CHA process, including those representing underserved, low-income, and minority populations, please see the MCPH 2022 CHA report.

Steering Committee for Union County CHA
Agency
Healthy Union Advisory Coalition
Union County Department of Public Health*
Novant Health
Atrium Health

- *Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)
- For a full list of agencies involved in the CHA process, including those representing underserved, low-income, and minority populations, please see the UCHD 2022 CHA report.