

# Community Health Needs Assessment

2025 - 2027



Novant Health Ballantyne  
Medical Center



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# EXECUTIVE SUMMARY

## Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Ballantyne Medical Center (NHBALMC) is a comprehensive, data-driven evaluation of the health status and social needs of the Mecklenburg County community. Conducted in collaboration with the Central Carolina Community Collaborative (CCCC) and Mecklenburg County Department of Public Health, this assessment aligns with federal and state requirements and reflects a regionally coordinated approach to improving community health.

## Methodology Overview

The CHNA utilized a mixed-methods approach, incorporating:

- Primary data from over 650 community surveys collected by Mecklenburg County Public Health
- More than 250 additional community surveys collected through the CCCC
- Secondary data from multiple credible regional and national sources
- Qualitative insights from focus groups
- Hospital data including emergency department and readmissions diagnosis codes

## Prioritized Health Needs

Following a comprehensive review of all data sources, the following significant health priorities were identified as the 2025–2027 Health Priorities for NHBALMC:

1. Access to Care
2. Behavioral Health (including mental health and substance use)
3. Chronic Disease Management and Prevention
4. Social Drivers of Health (with a focus on food, housing, education and transportation)

These priorities will guide NHBALMC's strategic planning and community benefit initiatives over the next three years, with a continued commitment to collaboration, measurable impact and improved health for all community members.

# INTRODUCTION

Novant Health Ballantyne Medical Center (NHBALMC), in partnership with Mecklenburg County Public Health and the Central Carolina Community Collaborative, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Ballantyne Medical Center will enhance the community's health by offering health and wellness programming, collaborative services and financial support to meet identified health needs.

## Organization Overview

Novant Health is an integrated network of more than 900 locations, including 19 hospitals, more than 750 physician clinics and urgent care centers, outpatient facilities and imaging and pharmacy services. This network supports a seamless and personalized healthcare experience for communities in North Carolina and South Carolina. Novant Health is nationally recognized for commitment to safety and quality for all patients and we serve as a catalyst for healthcare transformation through clinical trials, leading-edge research, innovative care delivery models and robust virtual care networks. The expertise and empathy of our 41,000 team members along with more than 8,600 independent and employed clinicians are at the heart of Our Cause as industry leaders caring for communities across the Carolinas.

## Mission

Novant Health exists to create a healthier future and bring remarkable experiences to life. We are committed to providing a remarkable experience for our patients, our team members and the communities we serve. We demonstrate this commitment to our communities through the four pillars of Our Cause:

- **Discover.** We consistently seek to innovate, courageously transform ourselves and find new ways to add value for our patients, communities and one another.
- **Empower.** We provide one another, our patients, families and communities with the resources and environment to create shared accountability and action.
- **Thrive.** We demonstrate empathy, safety and quality to help each other and our communities grow and succeed.
- **Together.** We work as a trusted team with our unique perspectives, life experiences and expertise to bring remarkable to life in every interaction.

**Novant Health Ballantyne Medical Center** is a 36-bed not-for-profit community hospital that opened in 2023. The hospital provides patients with convenient and neighborhood-like access to emergency and inpatient services, diagnostic and surgical care and maternity care, as well as a variety of specialty services including orthopedics and cancer.

## OUR DEFINED COMMUNITY

### Primary and Secondary Service Areas

The Primary Service Area for Novant Health Ballantyne Medical Center is defined by the ZIP codes that represent at least 75% of the hospital's inpatient population as outlined below:

ZIP CODE	COUNTY
29707	Lancaster
28277	Mecklenburg
28173	Union
28720	Lancaster
28273	Mecklenburg
28278	Mecklenburg
28226	Mecklenburg
28134	Mecklenburg

Mecklenburg County contains seven municipalities including the city of Charlotte and the towns of Cornelius, Davidson, Huntersville, Matthews, Mint Hill and Pineville. There are three counties in the Novant Health Ballantyne Medical Center Primary Service Area (PSA): Mecklenburg, Union and Lancaster, SC. 50% of patients in the PSA reside in Mecklenburg County and 49% of patients in the Primary and Secondary Service Areas reside in Mecklenburg County. **As most patients reside in Mecklenburg County and it represents the highest population of potential individuals with less healthcare access, individuals with lower income and minority individuals from the PSA, Mecklenburg County will be the sole focus of demographic, health and social indicators.** The Secondary Service Area covers a three-county radius, including York, Mecklenburg, and Union counties.

### Demographic Characteristics: Mecklenburg County

Mecklenburg County has a population of 1,163,701, a significant share of the total North Carolina population of 10,835,491.

The county includes six municipalities (Cornelius, Davidson, Huntersville, Matthews, Mint Hill and Pineville) along with the city of Charlotte. Nearly 80% of county residents live in Charlotte. The chart below outlines key demographic factors in Mecklenburg County in comparison to North Carolina and the United States.

DEMOGRAPHIC	MECKLENBURG COUNTY	NC	US
Population	1,163,701	10,835,491	334,914,896
Median Age	35.6	39.4	39.2
% Ages 0-4	6.3	5.5	5.5
% Ages 5-17	16.2	16	16.2

DEMOGRAPHIC	MECKLENBURG COUNTY	NC	US
% Ages 18-39	34.2	29.3	29.4
% Ages 40-64	30.9	31.6	31.2
% Ages 65 and older	12.4	17.7	17.7
% with a Disability	8.65	13.58	13.56
% Veterans	4.98	7.32	6.06
% of Householders living alone (all ages)	33.1	29.2	28.5
% of Householders living alone (65+)	27.63	26.33	25.72
Population change from 2010 to 2020	21.30	9.5	7.1
Projected % population change from 2020 to 2030	16.0	12.5	n/a

Sources: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023); Decennial Census (2010 & 2020), via Metopio.; North Carolina State Center for Health Statistics, NC Department of Health and Human Services; North Carolina Office of State Budget and Management.

With over 1.1 million people living in Mecklenburg, it is the second most populated county in North Carolina. Mecklenburg County is much larger than the average North Carolina or U.S. county. It has grown and is projected to grow, at a faster rate than the state and the nation. The county also skews younger than most in North Carolina, with a median age several years below the comparators and a higher proportion of residents in the 18-29 age group.

Compared to the state and the nation, more people are living alone in Mecklenburg County. Seniors are less likely to live alone (although more than 27% of senior households report living alone). Any householder living alone may face social isolation and those who also lack transportation may struggle to access food and other services. Seniors living alone remain a population with unique needs and challenges.

A lower percentage of residents report a disability compared to North Carolina and the U.S. The most commonly reported disabilities in the county are ambulatory difficulties and cognitive difficulties, followed by independent living difficulties and hearing difficulties. This highlights the need for accessible healthcare facilities and services that cater to individuals with disabilities, ensuring they receive appropriate medical care and support. A chart detailing disability by type is available in the appendix of this report.

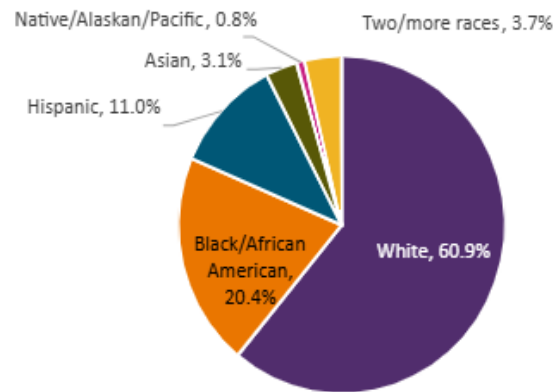
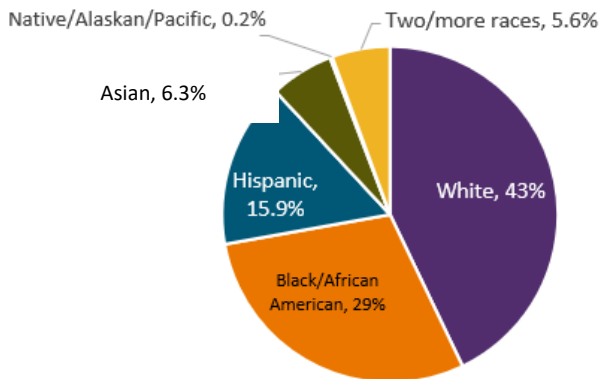
As seen in the chart on the following page, in comparison to North Carolina, Mecklenburg County has a lower proportion of non-Hispanic white residents. Non-Hispanic Black communities comprise 29% of the county and Hispanic or Latino communities account for another 15%. This highlights the necessity for culturally and linguistically appropriate healthcare services that can support the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all. Culturally responsive health education, preventive care and community outreach programs can help in addressing the specific health needs of various populations, ensuring improved equitable healthcare and consistency in access and outcomes.



## RACE/ETHNICITY

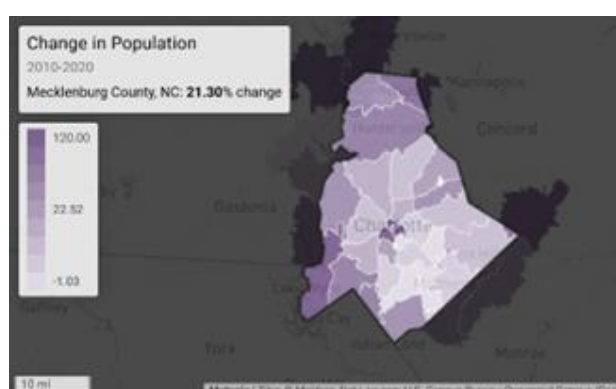
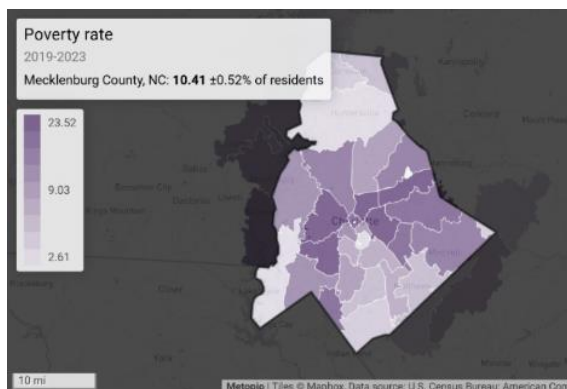
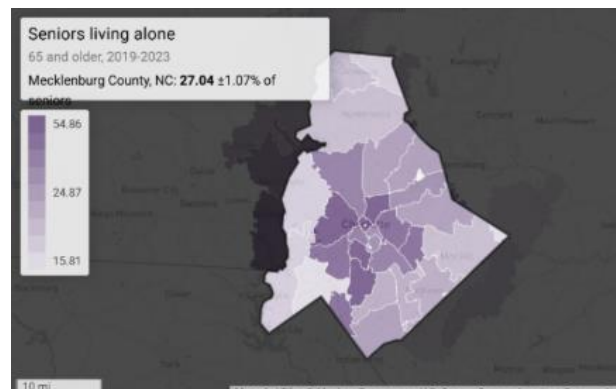
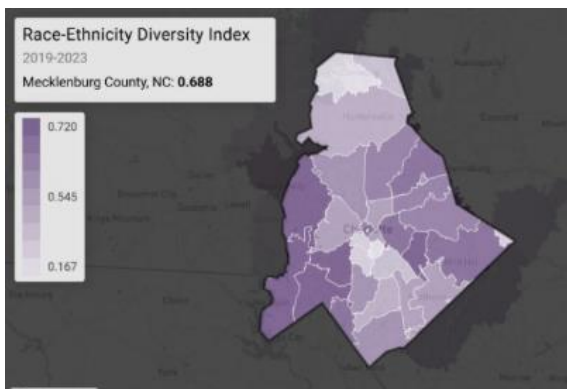
### MECKLENBURG COUNTY

### NC



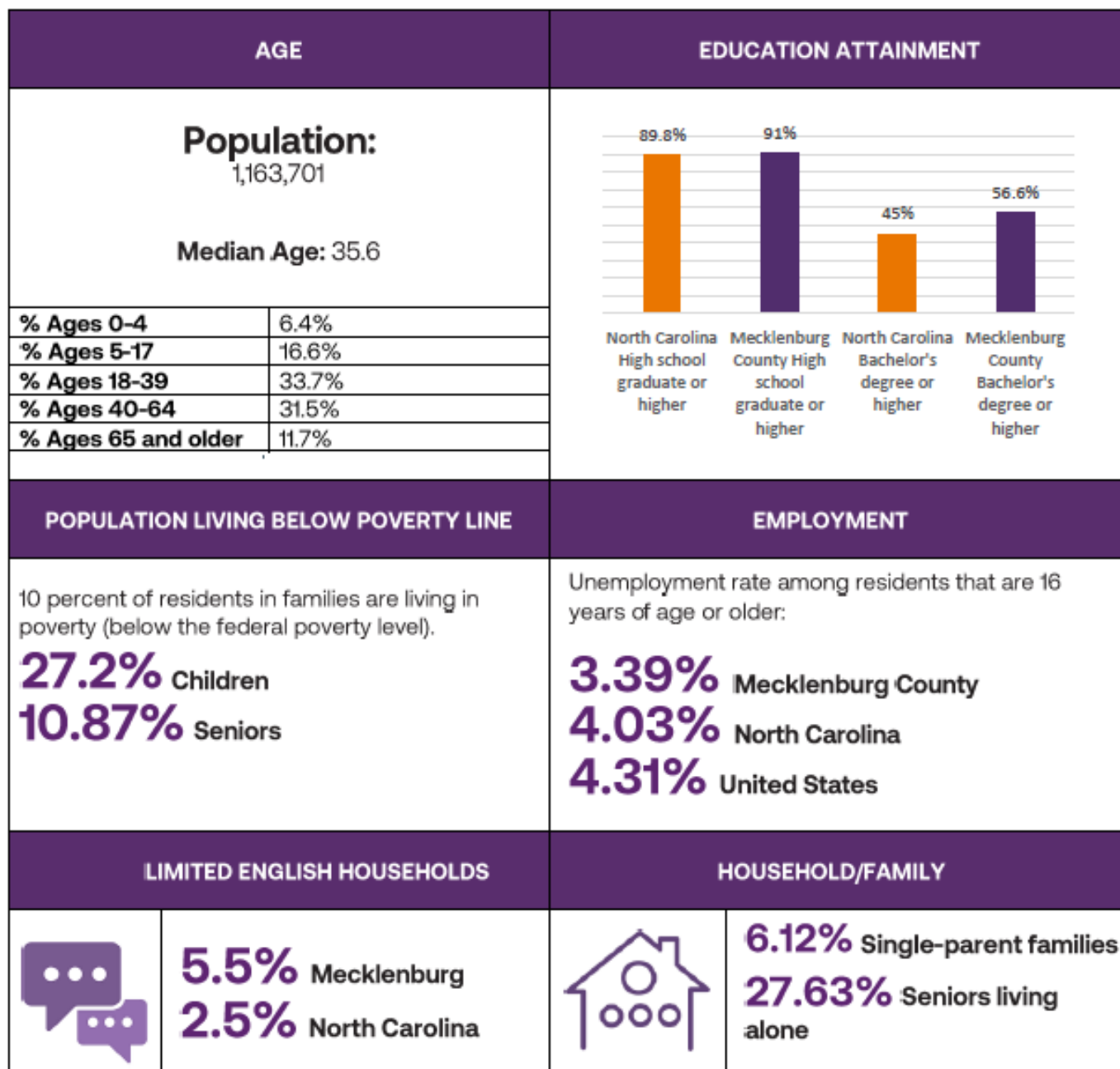
Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2019–2023), via Metopio.

Maps highlighting demographic trends are below. ZIP codes along the outer edges of the county are the most racially and ethnically diverse, while seniors living alone tend to reside centrally within the county. Population growth is occurring most rapidly on the northern and western edges of the county, as increased costs of living push residents further from city center.



Source: American Community Survey (ACS), U.S. Census Bureau





YEAR	TOPIC	MECKLENBURG COUNTY	NC	US
2023	Median household income	\$84,593	\$ 70,804	\$ 77,719
2023	Poverty rate	10.41	12.79	12.46
2022/2023	Unemployment rate	3.39	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	19.3	22.5	n/a
2024	Average weekly wage	\$1,691	\$1,504	n/a

\* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Source: U.S. Census Bureau, American Community Survey (ACS), via Metopio; North Carolina Department of Commerce, Labor and Economic Analysis Division). *Quarterly Census of Employment and Wages (QCEW)*.

Several insights should be noted from the data on the previous page. The percentage of households with limited English proficiency in Mecklenburg County is higher compared to state benchmarks, indicating a need for language support services to ensure that non-English speaking residents receive adequate healthcare information and services. Implementing bilingual healthcare staff and translation services can enhance healthcare accessibility for any residents that do not speak English as their first language.

Compared to both North Carolina and the U.S., Mecklenburg County demonstrates higher median household incomes, lower poverty and unemployment rates, higher weekly wages and a lower percentage of households receiving food assistance (SNAP). North Carolina's poverty rate has historically been higher than the national average. Mecklenburg County's poverty rate has fallen from a high in 2014 and has been lower compared to the state and nation for a decade.

A lower percentage of the Mecklenburg County workforce is employed in the four lowest paid industries compared to the state as whole. The largest employment sector in Mecklenburg County is health care and social assistance (12% of the workforce), which pays a higher weekly wage compared to North Carolina. Approximately 17% of the 2024 county workforce was employed in retail trade and accommodation and food services, sectors that rarely provide benefits and rely on part-time hourly work which can be unpredictable and unreliable.

## Health Indicators: Mecklenburg County

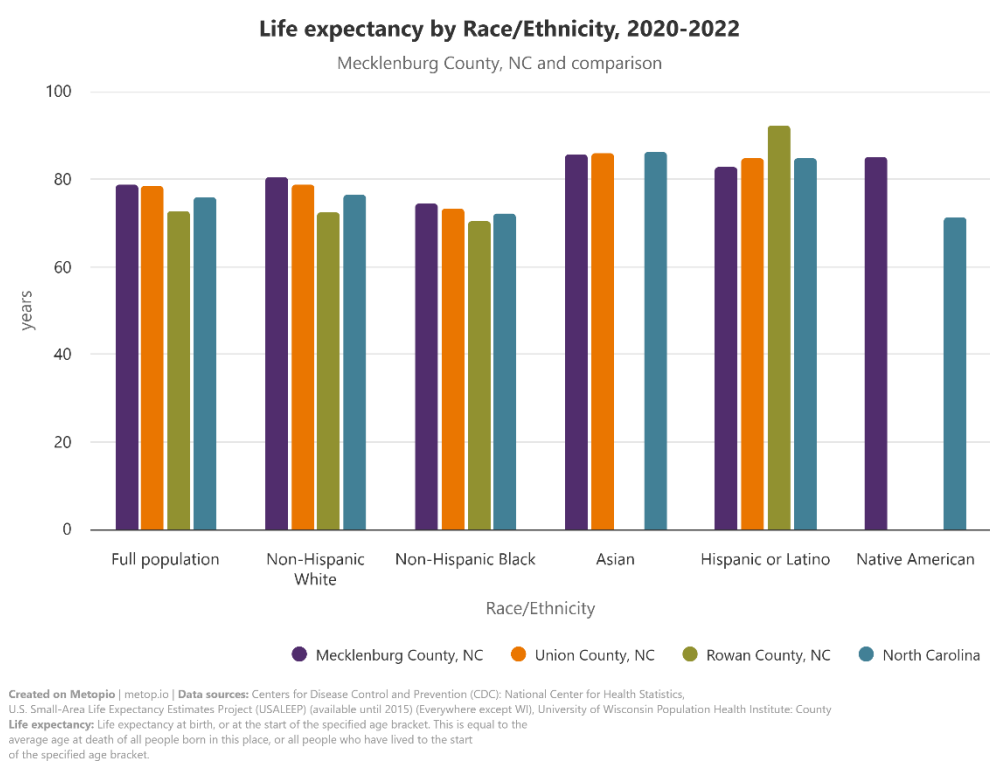
Mecklenburg County's leading causes of death in 2023 were cancer and heart disease. NHBALMC will consider health indicators such as leading causes of death in the Mecklenburg County population but will also consider the impact of root causes with an analysis of social drivers of health.

LEADING CAUSES OF DEATH IN MECKLENBURG COUNTY			
Rank	Cause of death	Number	%
1	Cancer	1,371	19.03%
2	Heart disease	1,269	17.61%
3	Unintentional injuries	640	8.8%
4	Stroke	408	5.66%
5	Alzheimer's disease	350	4.86%
6	Chronic lower respiratory disease	227	3.15%
7	Diabetes	223	3.10%
8	Kidney disease	147	2.04%
9	Suicide	126	1.75%
10	Chronic liver disease and cirrhosis	125	1.73%
	Total deaths for 2023: all causes	7205	

Source: State Center for Health Statistics, North Carolina

While mortality rates tend to be lower in Mecklenburg County compared to North Carolina, mortality rates trend higher among African American non-Hispanic communities for almost all of the 16 leading causes of death. Rates are significantly higher compared to white non-Hispanic residents for homicide, diabetes, kidney diseases, unintentional motor vehicle injuries, septicemia and prostate cancer.

As shown by the chart below, life expectancy among Mecklenburg County residents also varies by race and ethnicity, with life expectancy being the lowest for non-Hispanic Black residents in counties across Novant Health’s Charlotte Region.



Sources: Centers for Disease Control and Prevention, National Center for Health Statistics, University of Wisconsin Population Health Institute, via Metopio

## Chronic Disease

YEAR	CHRONIC DISEASE PREVENTION TOPIC	MECKLENBURG COUNTY	NC	US
2023	Cancer mortality <i>deaths per 100,000</i>	117.8	150.7	144.1
2021	Cancer diagnoses	462.4	475.5	444.4
2025	Respondents' most important health challenge: Cancer*	16.27	14.70	n/a
2022	Colorectal cancer screening- <i>Percentage of adults</i>	60.40	60.96	58.85
2022	Mammography use <i>Percentage of females</i>	80.30	78.6	76.38
2022	% of adults with obesity	34.1	33.9	33.2
2022	% of adults with diabetes	10.6	10.6	10.8
2022	% of adult residents reporting no physical activity	18.9	22.6	23.1
2025	Respondents who ate fruits/veg more than 5 days in the last week*	55.35	45.41	n/a
2024	Access to exercise opportunities	88.74	77.97	84.45
2022	Coronary heart disease	5.20	4.10	3.76
2022	Residents with high blood pressure	30.30	32.16	30.32
2021	Chronic kidney disease	2.8	3.1	2.9
2023	Heart disease mortality	109.0	161.2	162.1
2023	Diabetes mortality	19.2	25.3	22.4
2023	Kidney disease mortality	12.6	15.7	13.1
2023	CLRD mortality rate	19.5	37.9	33.4
2022	Cigarette smoking rate (% of adults)	12.9	13.2	12.1
2023	Chlamydia diagnosis rate	890.09	616.00	n/a
2023	Gonorrhea diagnosis rate	397.94	246.58	n/a
2023	HIV diagnosis rate	28.3	15.5	n/a
2023	Syphilis diagnosis rate	66.61	35.95	n/a

\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: North Carolina State Center for Health Statistics; U.S. Census Bureau, American Community Survey (2019–2023) and Decennial Census (2010 & 2020), via Metopio; North Carolina Office of State Budget and Management; Centers for Disease Control and Prevention, National Center for Health Statistics, United States Diabetes Surveillance System, Behavioral Risk Factor Surveillance System, PLACES Project and Mapping Medicare Disparities, via Metopio; County Health Rankings, University of Wisconsin Population Health Institute, via Metopio; National Cancer Institute, State Cancer Profiles, via Metopio; NC Department of Health and Human Services, HIV/STD/Hepatitis Surveillance Reports, via Metopio.

Compared to North Carolina and the U.S., Mecklenburg County presents similar rates of chronic conditions like heart disease, kidney disease and high blood pressure as well as similar rates of contributing conditions like diabetes and obesity. The county also presents similar rates of health behaviors like smoking and not exercising.

Other key insights include:

- Over the past 30 years, life expectancy increased by more than three years in Mecklenburg County, from 75.1 years to 78.8 years and increased by only one year in North Carolina.
- Adults in Mecklenburg County are less likely to report getting no physical activity and less likely to report a lack of access to exercise opportunities.
- Heart disease rates, high blood pressure prevalence and chronic kidney disease rates are similar in the county and the state.
- Heart disease mortality, diabetes mortality, kidney disease mortality and chronic lower respiratory disease (CLRD) mortality are all lower in Mecklenburg County compared to North Carolina.
- Mecklenburg County cancer diagnosis rates, incidence rates and mortality rates are all lower than North Carolina's.
- Colorectal cancer screening rates are similar in Mecklenburg and North Carolina and mammogram rates are higher in the county.
- Mecklenburg County has a significantly higher rate of sexually transmitted infections than North Carolina and other region counties. Mecklenburg County's syphilis and HIV rates are almost double the national average.
- All Charlotte region counties have lower rates of cholesterol screening than the North Carolina average.
- Mecklenburg County-based Novant Health patients with Medicaid, age 64 or lower, Hispanic/Latino and Asian have the greatest opportunity for increase for colorectal cancer screening, while Hispanic/Latino, Medicaid and uninsured patients under age 44 have the most opportunity for increasing opportunity for consistent management of A1C (patients with A1C greater than 9) and diabetes testing.

The attainment of the highest level of health and wellness for all communities necessitates an increased focus on preventive care and screening.

## Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	MECKLENBURG COUNTY	NC	US
2023	% Women of childbearing age (15-44)	44.3	38.6	38.9
2023	Pregnancy rate	76.7	69.0	n/a
2023	Teen pregnancy rate	24.4	20.8	n/a
2020-2022	Low birth weight	9.6	9.4	8.5
2020-2022	Prenatal care in the first trimester <i>Percentage of live births</i>	70.5	74.1	78.1
2023	Kindergarten immunizations	92.05	92.83	n/a

Sources: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023), via Metopio; North Carolina State Center for Health Statistics, NC Department of Health and Human Services, via Metopio; Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) via Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS–M); North Carolina Annual Immunization Report, NC Department of Health and Human Services, via Metopio; Maternal and Infant Health Data Dashboard, North Carolina Department of Health and Human Services.

With Mecklenburg County being home to a larger population of women of childbearing age compared to other locations, the pregnancy rate is also higher. The teen pregnancy rate in Mecklenburg County surpasses the North Carolina rates. Mecklenburg County mothers are less likely to receive prenatal care in the first trimester than state or national counterparts and when Novant Health pregnancy encounter data is stratified by race and ethnicity, clinical gaps persist for prenatal and postpartum visit rates among Black/African American and Hispanic/Latino pregnant patients across the Charlotte Region. Mecklenburg County also has opportunities to bring the Kindergarten vaccination rate closer to the North Carolina average.



## Behavioral Health

YEAR	BEHAVIORAL HEALTH	MECKLENBURG COUNTY	NC	US
2023	Alcohol-related mortality	10.7	11.1	12.6
2023	% of overdose deaths due to illicit opioids	79.0	76.6	n/a
2023	Suicide mortality rates	10.9	14.3	14.1
2023	Rate of drug overdose deaths	30.3	41.0	n/a
2023	Rate of drug overdose ED visits	155.2	161.8	n/a
2025	Respondents negatively affected by substance use in the household*	3.48	6.98	n/a
2022	% of adults with depression	21.1	23.1	22.5

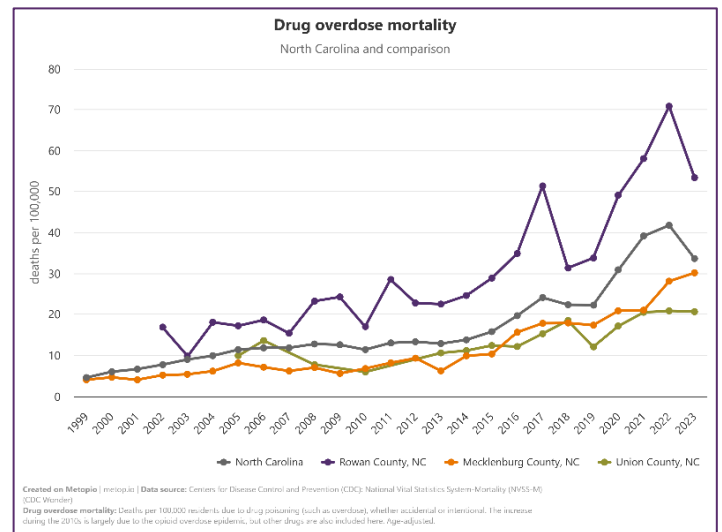
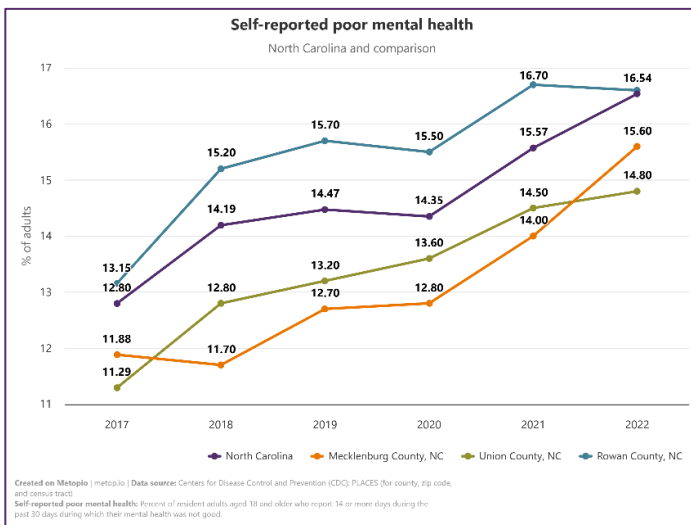
\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: National Vital Statistics System–Mortality (NVSS–M), Centers for Disease Control and Prevention (CDC), via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio; Opioid and Substance Use Dashboard, NC Department of Health and Human Services. via Metopio.

Behavioral health data includes mental health and substance use and generates the following key insights:

- Approximately 27% of residents say they have needed, but did not receive, mental health treatment.
- Alcohol-related mortality is lower in Mecklenburg County compared to the state and the nation.
- Depression is only slightly less common in Mecklenburg County, but more than 20% of adults in all locations shown for comparison have depression. In North Carolina and Mecklenburg County, 31% of adults feel socially isolated.
- Compared to North Carolina, Mecklenburg County saw a lower rate of drug overdose deaths and ED visits and lower rates of overdoses due to illicit opioids (heroin and fentanyl).

RESPONDENTS WHO DID NOT RECEIVE MENTAL HEALTH TREATMENT BECAUSE OF A LACK OF CULTURALLY COMPETENT PROVIDERS		RESPONDENTS NEGATIVELY IMPACTED BY SUBSTANCE USE IN THE HOUSEHOLD	
	<b>24.8%</b> Mecklenburg County		<b>3.5%</b> Mecklenburg County
	<b>14.0%</b> All respondents		<b>6.9%</b> All respondents

Source: CCCC Survey, 2025



Since at least 2000, the rate of drug overdose deaths and self-reported poor mental health (see charts above) has increased steadily across the state and the nation. In alcohol-related mortality (includes deaths that are 100% attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis and others), mortality rates tend to be higher among the non-Hispanic white population compared to other communities.

The Mecklenburg County drug overdose rate has been lower than North Carolina for the past 20 years but has risen significantly since 2013. The rate of drug overdose deaths varies significantly across different racial and ethnic groups statewide and in Mecklenburg County. In North Carolina, the rate among the Native American population is significantly higher compared to other groups. In Mecklenburg County, White non-Hispanic residents are more likely than other groups to die of a drug overdose.



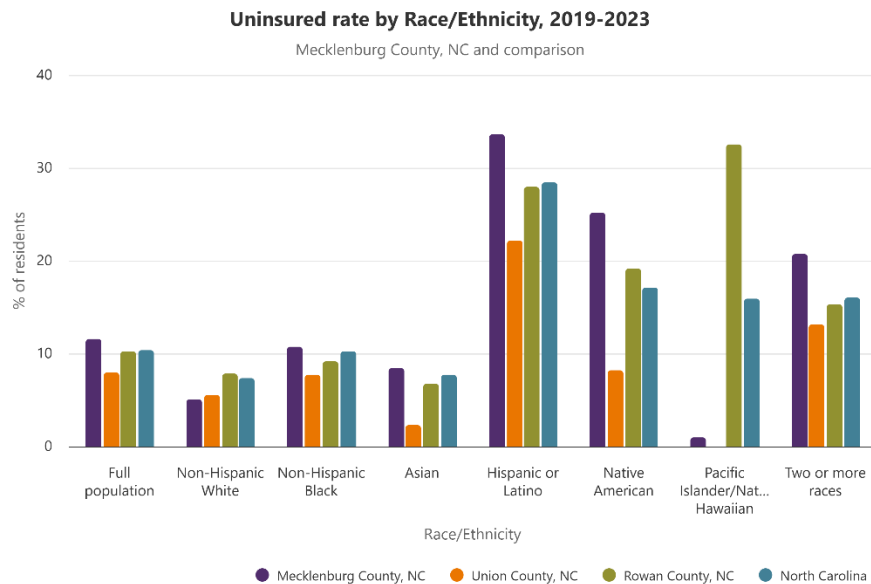
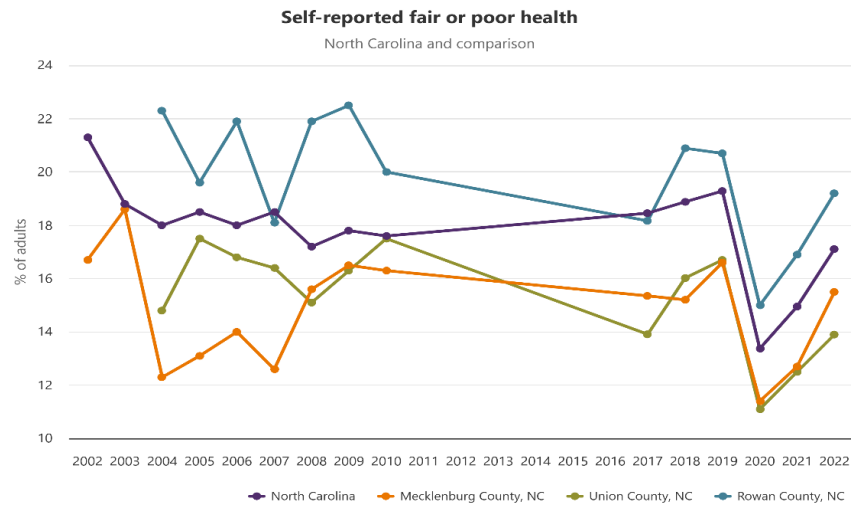
## Access to care

YEAR	HEALTHCARE ACCESS	MECKLENBURG COUNTY	NC	US
2023	% with private health insurance	70.42	67.29	67.01
2023	% with public health insurance	25.97	36.44	37.41
2023	% Uninsured	11.36	9.23	7.93
2023	Medicaid coverage	14.28	19.12	21.31
2025	Respondents satisfied by insurance	70.60	65.15	n/a
2025	Respondents satisfied with healthcare *	43.62	43.64	n/a
2025	Respondents who delayed care*	23.50	26.14	n/a
2025	Respondents who delayed care because of the cost*	44.40	42.39	n/a
2025	Respondents who needed but did not receive mental health treatment*	26.97	35.67	n/a
2025	Respondents with a primary care provider*	94.10	93.12	n/a
2025	Respondents with dental insurance*	87.86	83.67	n/a

\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau, via Metopio; Central Carolina Community Collaborative(CCCC), Community Health Needs Survey, via Metopio.

### Key insights related to access to care include:

- Compared to the state and the nation, Mecklenburg County residents are more likely to be insured via private health insurance and less likely to be enrolled in public insurance programs like Medicaid and Medicare.
- Mecklenburg County has the highest uninsured rate among the comparators: Nearly 12% of residents do not have health insurance.
- Compared to results from North Carolina, survey respondents in Mecklenburg County were more likely to be satisfied with their health insurance and similarly satisfied with their healthcare. They were slightly more likely than their North Carolina comparators to have dental insurance.
- Almost a quarter of Mecklenburg County survey respondents delayed care and among those, 44% did so because of the cost.
- According to the chart below, Mecklenburg County residents have consistently self-reported higher rates of fair or poor health than North Carolina residents overall and higher rates than residents of other counties within Novant Health's Charlotte Region.



The uninsured rate in the United States is 7.93%, while more than 10% of North Carolinians and 11% of Mecklenburg County residents do not have health insurance. The uninsured rate varies significantly across different racial and ethnic groups in Mecklenburg County, North Carolina and the nation. Hispanic or Latino individuals and Native Americans have the highest uninsured rates in most areas, reaching up to 33.67% in Mecklenburg County.

## Social Indicators: Mecklenburg County

Social Drivers of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks. Including SDOH data ensures the CHNA captures the full picture of what affects health.

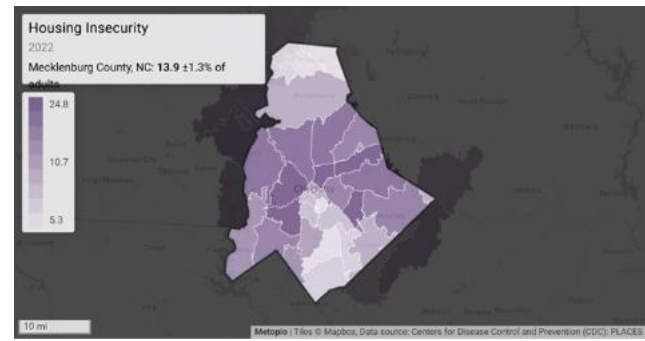
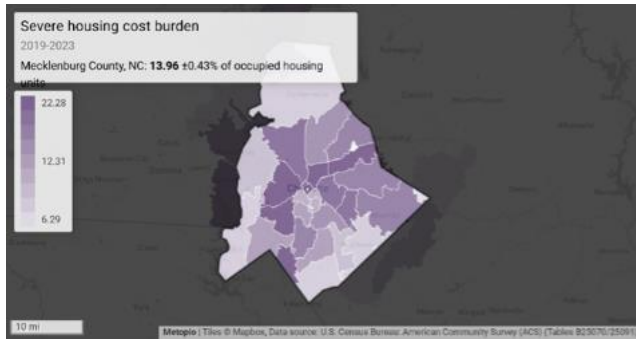
Health is influenced by much more than medical treatment. Factors like housing, education, income, transportation, food access and safe environments play a critical role in people's ability to live healthy lives. Many clinical gaps and chronic disease patterns are driven by upstream social and economic conditions. Understanding the differences in outcomes between populations and neighborhoods helps focus interventions on those most affected, ensuring improved health for all. Rapid population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

YEAR	SOCIAL INDICATOR TOPIC	MECKLENBURG COUNTY	NC	US
2023	Median household income	\$84,593	\$70,804	\$77,719
2023	Poverty rate	10.41	12.79	12.46
2022/2023	Unemployment rate	3.39	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	19.3	22.5	n/a
2024	Average weekly wage	\$1,691	\$1,504	n/a
2023	% of cost burdened housing units	33.66	28.04	31.86
2023	% of severely cost burdened housing units	15.92	12.72	15.12
2023	Housing insecurity	13.9	14.3	n/a
2025	Residents who think housing is affordable*	12.75	26.02	n/a

\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Source: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Quarterly Census of Employment and Wages (QCEW), NC Department of Commerce, Labor and Economic Analysis Division; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio.

North Carolina's poverty rate has historically been higher than the national average. Mecklenburg County's poverty rate has fallen from a high in 2014 and has been lower compared to the state and nation for a decade.

The poverty rate tends to vary significantly across different racial and ethnic groups as well as age groups. In Mecklenburg County, poverty rates are lowest among non-Hispanic white (5.80%) and Asian (7.03%) residents. Native American (11.19%) and multiracial (12.47%) residents report higher rates, while non-Hispanic Black (13.77%) and Hispanic or Latino (18.22%) residents face the highest levels (see graph in the appendix), exceeding the state average and highlighting persistent economic gaps. Mecklenburg County's children are more likely than any other age group to live below the federal poverty limit. While poverty may not be pervasive in Mecklenburg County compared to other locations, there is an ongoing need for focused interventions to address economic disparities.



Source: [Centers for Disease Control and Prevention \(CDC\)](#):PLACES

Housing cost burden refers to households, rented or owned, spending more than 30% of their income on housing costs like rent or a mortgage. One third of housing units in Mecklenburg County are considered cost burdened, higher than North Carolina or the U.S. Cost burdened housing tends to be more common among non-white populations, with the highest rates in Mecklenburg County occurring among Black and Hispanic/Latino residents.

Severe housing cost burden refers to households spending more than 50% of their income on housing, including both renters and owners. Cost burdened housing is associated with housing insecurity, defined as the inability to pay mortgage, rent or utility bills in the past 12 months. Housing insecurity in North Carolina is a significant issue, with rates varying across counties: in Mecklenburg County, approximately 14% of adults were estimated to be housing insecure in 2022, a slightly lower rate than the North Carolina average. As evidenced by the maps above, while severe housing cost burden issues are scattered throughout the county, housing insecurity is most pervasive in the Crescent area of Mecklenburg County – an arc-shaped area above and around center city Charlotte.

RESPONDENTS WHO THINK AFFORDABLE, HEALTHY FOOD IS THE MOST IMPORTANT COMMUNITY ISSUE		RESPONDENTS WHO THINK HOUSING IS AFFORDABLE	
	<b>39.2%</b> Mecklenburg County		<b>12.75%</b> Mecklenburg County
	<b>43.8%</b> All respondents		<b>26.02%</b> All respondents

Source: CCCC Survey, 2025

YEAR	FOOD INSECURITY	MECKLENBURG COUNTY	NC	US
2023	% of households on SNAP	8.52	12.54	11.77
2023	Food insecurity	13.2	15.0	14.5
2023	Households in poverty not receiving food stamps	67.11	58.15	59.40

Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Map the Meal Gap, Feeding America, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio.

When a household has limited or uncertain access to enough nutritious and safe food for everyone, it is considered food insecure. After declining for almost a decade, food insecurity rates in Mecklenburg County, North Carolina and the United States increased steadily after 2021. Food insecurity rates in Mecklenburg County were lower than both North Carolina and the U.S. since 2018, but there are sharp geographic differences in food security rates throughout the county.

YEAR	TRANSPORTATION	MECKLENBURG COUNTY	NC	US
2023	Percent of adults who reported lack of transportation	8.4	9.0	n/a
2023	% of households with no vehicle access	6.12	5.48	8.44
2025	% of residents satisfied with public transportation	24.52	21.95	n/a
2023	% of workers traveling outside the county or state for work	13.91	29.61	28.48

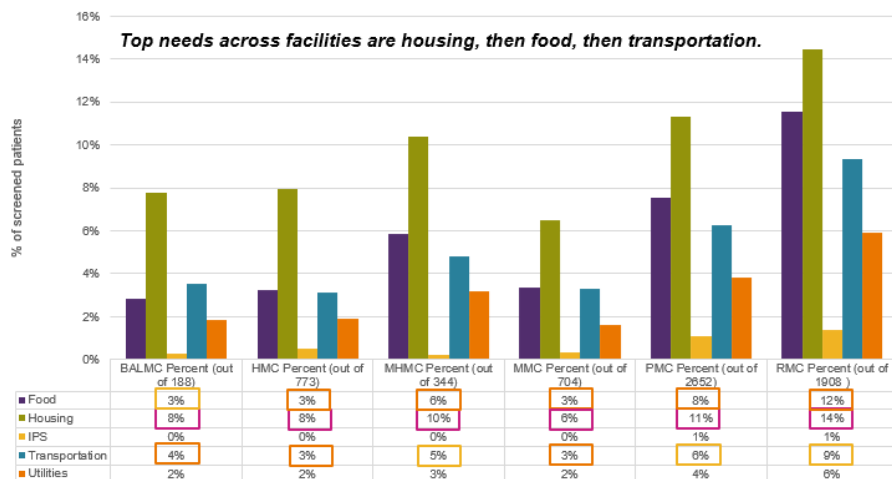
Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio. White House Council on Environmental Quality, Climate & Economic Justice Screening Tool (Version 2.0), via Metopio; Multi-Resolution Land Characteristics Consortium, U.S. Geological Survey via Metopio.

Lack of transportation is a significant issue in North Carolina, with 8.4% of Mecklenburg County adults reporting experiencing notable transportation challenges. Overall, North Carolina has an average rate of 9% of adults lacking transportation, indicating a widespread problem across the state. Vizient Vulnerability Index data indicates that patients from neighborhoods with less access to transportation are more likely to return to the Emergency Department within 30 days.

In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation and utilities. Results from 2024 social needs assessments are below. Like many facilities across the Charlotte Region, NHBALMC patients' top needs were housing, transportation and food.

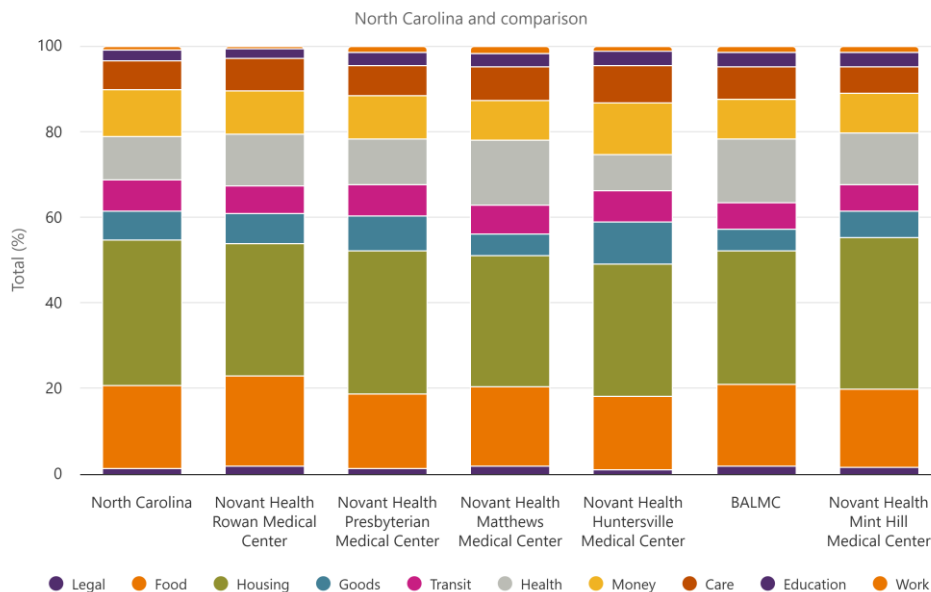
In order to address identified social needs, Novant Health partners with FindHelp, an online aggregator of free and reduced cost social resources. This platform is free to search, connect and refer to resources to

any member of the community. FindHelp is broadly used by Novant Health team members to connect patients with social needs to resources. The Novant Health iteration of the FindHelp platform is called NH MyCommunity ([NovantHealth.org/MyCommunity](https://NovantHealth.org/MyCommunity)). Search data by facility shows that the top FindHelp searches at Ballantyne Medical Center include housing, food and healthcare (medication, financial support, primary care). These same top three search categories are present among more than 963,000 searches throughout Novant Health’s Charlotte Region.



Source: EPIC-based social needs assessment, administered to admitted NH patient in 2024

#### Findhelp searches by Type of Searches, 2024



Created on Metopio | metopio.io | Data source: Findhelp

# ASSESSMENT PROCESS

## Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) is a systematic, data-driven and collaborative process designed to better understand the health and social needs of the communities served by Novant Health. This assessment is a foundational step in understanding current health status and social drivers affecting residents and it guides the development of strategies to improve community health outcomes. Hospitals and local health departments across the region worked together to identify needs and share resources for compilation, analysis and implementation planning.

### Consideration of Input from Persons Representing Broad Community Interest

The 2025 CHNA for Novant Health Ballantyne Medical Center ensured broad engagement from community groups. Required stakeholder groups, including public health and individuals from, and community organizations serving, low-income, minority and medically underserved populations, were engaged throughout the process.

Novant Health Ballantyne Medical Center partnered with Mecklenburg County Public Health and participated as a member of the county's Live Well Steering Committee, which guided assessment planning and improvement strategies. The Central Carolina Community Collaborative (CCCC) further ensured participation from ten local public health agencies, seven hospital systems, United Way organizations and numerous academic and nonprofit partners. Novant Health also convened Community Voice Councils and collaborated with trusted community organizations to engage Black/African American residents, LGBTQ+ communities, individuals with disabilities and Spanish speaking residents. Mecklenburg County focus groups further engaged French-speaking residents, youth and seniors.

Findings from surveys and focus groups were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. Surveys highlighted access to care, mental health, affordable housing, healthy food and childcare as pressing concerns. Focus groups reinforced these themes, underscoring the need for access to care and interventions that address food, housing and transportation barriers. Hospital inpatient and emergency department data further demonstrated the burden of chronic disease and behavioral health needs. Throughout this process, no written comments were received on the prior CHNA.

Through a structured prioritization process, Novant Health Ballantyne Medical Center leadership reviewed all inputs, considering scope, severity, health disparities and feasibility of intervention. Selected priorities reflect the direct input of community members, align with public health data and ensure accountability at the facility level for implementing strategies that address the most significant health needs in Mecklenburg County.

### Collaborative Community Partners

The 2025 CHNA for Novant Health Ballantyne Medical Center was developed in partnership with the Central Carolina Community Collaborative (CCCC), Mecklenburg County Health Department (MCHD) and members



of Novant Health Community Voice Councils to reflect all populations, ensure data consistency and establish local relevance.

Planning for the 2025 CHNA began with joint meetings among public health departments, hospitals and community organizations to establish shared goals, timelines and tools. Secondary data was sourced from credible regional and national databases. Culturally appropriate, accessible community health surveys were developed and distributed across the county in both digital and paper formats. Novant Health Ballantyne Medical Center also conducted qualitative research through focus groups to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by collaboration, shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

### **Mecklenburg County Live Well Steering Committee**

Novant Health is proud to serve as a steering committee member in Mecklenburg County Department of Public Health's Live Well Initiative. The Live Well Steering Committee works in partnership with the Mecklenburg County Public Health Department to address health inequities and ensure all Mecklenburg County residents have the opportunity to improve overall quality of life. The steering committee serves in an advisory role in community health assessment planning, improvement decisions, activities, implementation and evaluation.

### **Central Carolina Community Collaborative (CCCC) and Metopio**

The Central Carolina Community Collaborative (CCCC) launched in 2024 and is funded by the Duke Endowment. The aim of the collaborative is to amplify local community voice through the CHNA process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. The collaborative brings together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources and implement meaningful solutions.

The CCCC includes:

- 10 local public health agencies
- 7 hospital systems
- 4 United Way agencies
- Several technical partners, including academic institutions, local experts and community-based organizations

#### Health Systems



#### Public Health



#### Community Organizations



Central Carolina Community Collaborative contracted with Metopio to provide an internet-based data resource. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic and community-level drivers of health like economic, housing, employment and environmental conditions. Along with guidance on the primary data, Metopio also provided robust secondary data for this CHNA report and interfaced with other Novant Health vendors, including FindHelp, to provide robust health and social needs data. (Metopio: <https://public.metopio.io>).

## Solicitation

Community engagement was central to the CHNA process. In addition to input from organizational stakeholders, a survey tool was developed and distributed by CCCC members. The survey was available in both English and Spanish and open to all Mecklenburg County residents aged 18 and older. Additionally, a Community Prioritization Survey was developed by Mecklenburg County Department of Public Health for distribution to community members and partners by Live Well members.

Community members were actively involved in planning and disseminating both surveys and the high volume of collective responses reflects strong community participation. Every effort was made to reach individuals representing the diverse interests of Mecklenburg County, including medically underserved\*, low-income and minority populations.

*\*As defined by section 501-R of IRS regulation, medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma or other barriers. CHNAs and Implementation strategies must include members of medically underserved, low-income and minority populations.*

## Data Collection and Analysis

This needs assessment collected and interpreted data from multiple sources, as outlined below.

### Secondary Data

Metopio is a robust platform that offers curated data from public and proprietary sources. Along with guidance on the primary data, Metopio also provided robust secondary data for this CHNA report. All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data. Metopio's data aids in benchmarking and contextualizing the primary data findings, offering a comparative perspective that enhances the understanding of where the community stands in relation to broader regional or national trends. Secondary data aggregated through Metopio included but not limited to:

- Demographics
- Health outcomes
- Social and economic conditions
- Built environment
- Health behaviors
- Clinical care

Metopio also was used to aggregate data from additional CCCC vendor partners, including FindHelp. FindHelp data was supplied across CCCC's geographic footprint to outline social resource search and connection trends.

### Primary Data

Community survey responses were a critical source of primary data for this CHNA and are referenced several times in the data tables above. With guidance from Metopio, CCCC members developed a survey tool to gather opinions, behaviors and demographic information from a broad segment of the population. The survey was analyzed and aggregated by Metopio data experts. Stratified analyses were used to determine to what extent survey data and community issues varied across Mecklenburg County residents. The survey aimed to identify barriers to optimal health and opportunities for improvement.

Over 7,400 surveys were completed across the CCCC footprint, 274 from residents of Mecklenburg County. Convenience sampling was used, selecting participants based on accessibility and availability. The survey was distributed from February through April 2025.

To ensure comprehensive feedback, collaborative members, including team members representing Novant Health Ballantyne Medical Center, promoted the survey via social media, organizational websites, press releases and free community health events. Community partners serving low-income, minority and medically underserved populations also helped distribute the survey link, QR codes and paper copies. The standard CCCC survey was available in both English and Spanish.

Additionally, Mecklenburg County Public Health and the Live Well Meck Steering Committee, which included Novant Health leaders, worked together to distribute a survey specifically to Mecklenburg County residents and nonprofit partners. This Community Health Prioritization Survey was distributed through July and August 2025 via email, postcard and QR code. The survey was available in English and Spanish. 654 survey responses were received. Steering committee members serving or representing the interests of minority, low income and medically underserved populations distributed to their clients, including Cabarrus Rowan Community Health Centers, a federally qualified health center providing care to uninsured individuals; Camino, a bilingual and multicultural health center that provides integrated care to underinsured and uninsured populations and Leading on Opportunity, a consortium using strategy, policy and data to improve upward mobility for all Charlotte residents. Novant Health distributed surveys via Community Health Services and Community Health Worker teams.

## **Focus Groups**

As part of the 2025 Community Health Needs Assessment, Novant Health Ballantyne Medical Center conducted a series of focus groups from May through June 2025. These sessions were designed to ensure that all voices within the community were heard and to gain a deeper understanding of health needs across the broader Novant Health footprint.

Participants included members of Novant Health Community Voice Councils, a cross section of the community, including individuals and organizations serving medically underserved populations, such as the LGBTQ+, Black/African American and disability communities.

To ensure accessibility and convenience, all focus groups were held virtually. This format allowed for broader participation and increased access for improved engagement, helping to capture a wide range of perspectives and lived experiences.

Additionally, Mecklenburg County Department of Public Health engaged Common Good Data to conduct a series of focus groups, using a culturally and linguistically responsive approach. Participants were recruited in partnership with trusted community organizations to ensure comprehensive representation and all individuals received \$50 gift card incentives in appreciation of their time and insights. Prior to each session, participants provided informed consent, with materials translated into Spanish and French as appropriate and interpretation services available as needed. Focus groups included youth, French speakers, Spanish speakers, Spanish-speaking promotores and seniors.

Two of the groups conducted online (Men and Asian/Asian American) were not included in these analyses due to concerns over data collection quality. An additional two to five focus groups are anticipated in 2025, after the approval of this report. Brief thematic analyses of both sets of focus groups, identified shared and unique perspectives are included in this report.

## **Limitations of the Assessment**

This report provides a large volume of helpful information about the health of people in the community; however, there may be limitations. For example, secondary data is often available on a delay, so for some measures the most recent data available is for 2019 to 2023. Data from 2020 and recent years should be considered within the context of the COVID-19 pandemic. Additionally, some groups of people could not take part in primary data collection, like individuals who are detained or people who speak other languages outside of English or Spanish. Also, even though the report discusses many health and social topics, it does

not cover every sickness or health problem. Despite these limitations, the report serves as a valuable reference point for tracking social, economic and health indicators in Ballantyne Medical Center's primary service area. It provides a foundation for informed decision-making and strategic planning aimed at improving community health outcomes.

## IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

### Identified Significant Health Needs

After data was collected and analyzed from the primary and secondary data sources, CCCC and localized steering committee members determined the following identified needs from which the priority health needs would be selected:

- Access to healthcare
- Access to healthy food
- Affordable housing & homelessness
- Aging-related issues/services
- Childcare
- Chronic disease prevention and management (including heart disease, diabetes and obesity)
- Disability
- Discrimination
- Education, employment and workforce opportunities
- Emerging and re-emerging health issues/Infectious diseases
- Healthy environment
- HIV and STD prevention
- Injury prevention
- Maternal and child health
- Mental health
- Safety/violence prevention
- Social isolation
- Substance use
- Transportation to essential health and human services
- Youth support

### Survey Findings

From the 274 CCCC survey results, individuals across demographics identified the following top three health related challenges in the community: mental health issues (58%), access to care (46%) and access to affordable medication (42%). The survey respondents identified the following most important community issues: affordable and safe housing (72%), access to affordable healthy food (40%) and access to affordable childcare (40%).

From the Live Well Mecklenburg County survey, respondents identified the top three health issues they felt were most important to address in their community: access to care (55%), mental health (54%) and access to healthy food (46%). When asked to identify the top three focus areas they felt were most important to improve quality of life in their community, respondents identified affordable housing and homelessness (76%), education (45%) and employment (41%).

## Focus Group Feedback

The overall process for data collection was designed to ensure the information reflected all communities served. As part of this effort, focus groups were conducted by Novant Health Office of Health Equity and Community Health team members. Community voice councils established to understand best practices in personalizing care were leveraged to gather additional data. Council members include patients, caregivers, community leaders and nonprofit partners who are members of, or focus on serving, these populations. Among Novant Health Community Voice Council focus groups, the following themes were identified:

- **Access to Healthcare Providers & Services**
  - Barriers to access such as long waitlists, insurance complications and the need to travel far for quality or culturally appropriate providers were consistently mentioned.
  - Difficulty in finding providers who are affirming, disability-aware or who have cultural congruence.
  - Transportation and affordability were cross-cutting barriers, especially in rural areas.
- **Culturally Responsive and Affirming Care**
  - A need for culturally aware providers to personalize and individualize care (readiness to care for all populations with compassion and respect). Participants often rely on word-of-mouth referrals or avoid care due to previous trauma. Focus groups identified the need to personalize care for all race/ethnicities, persons with disabilities and the LGBTQ+ community.
  - Mental health and primary care staff may lack appropriate training despite identifying as affirming or inclusive.
- **Mental Health: Access, Stigma and Resources**
  - Stigma remains a significant barrier to seeking care—particularly in Black and disability communities.
  - Desire for proactive, embedded, or integrated care models in primary settings.
  - Shortage of mental health professionals with intersectional expertise.
- **Economic and Social Drivers of Health (SDoH)**
  - Across all groups, housing, income, food access and transportation deeply impacted health.
  - Participants described having to choose between healthcare and basic needs like food or utilities.
  - Disability participants coined the term “disability tax” to describe the cost burden of accessing care.
- **Support for Caregivers and Youth**
  - Need for respite programs, peer support and navigation help for caregivers of people with disabilities and for LGBTQ+ youth shifting from parental insurance.
- **Holistic and Preventive Health Approaches**
  - As a result of systemic mistrust, Black/African American participants emphasized functional, nutritional and naturopathic medicine as complementary to traditional medical models.



- LGBTQ+ and disability groups voiced a desire for preventative check-ins and better integration of services.

Cross-cutting themes from focus groups conducted by Mecklenburg County Department of Public Health and Common Good Data are referenced below:

### Cross-Cutting Themes Table

Key Themes	Youth / Young Adults	Seniors	Spanish Speakers 1	Spanish Speakers 2	French Speakers
Access to Affordable, Timely, and Respectful Health Care	Described delays in care, dismissal by providers, affordability issues	Long wait times, high costs, difficulty finding services for seniors	Barriers due to lack of insurance and documentation	Delays in care due to cost or exclusion, immigration context	Fear of medical bills, delays in emergency care
Language and Communication Barriers	Confusion with terminology, lack of guidance	Perceived communication and rushed appointments	Limited interpreters, fear of misunderstanding	Interpreter issues, lack of culturally relevant communication	Language barrier, lack of trusted interpreters
Unmet Mental/Dental Health Needs	Growing need, limited access to youth and young-adult friendly care	Isolation, mental health care needs unmet	Unmet needs, stigma, lack of Spanish-speaking providers	Trauma, limited access to services	
Discrimination and Exclusion	Felt unheard and judged in clinical settings	Ageism and feeling overlooked by providers	Discrimination based on immigration status	Language and cultural barriers.	Felt invisible and disrespected
Difficulties Navigating the Health System	Difficulty navigating systems independently	Insurance complexity and technology barriers - paper	Unclear eligibility and fear of system	Confusion around documentation and access	Complex insurance, rigid appointment systems
Culturally Responsive, Community-Based Care	Desire for care relevant to youth experiences	Preference for familiar, local, respectful care	Support for promotores, trusted spaces	Need for education, trusted organizations	Call for community-led health education
Social Determinants of Health	Concerns about violence, housing, and education	Transportation challenges, food insecurity	Housing, safety, and food as core issues	Stress tied to housing, work, legal status	Nutrition, housing, and employment needs

Source: Mecklenburg County Department of Public Health, August 2025

## Analysis and Prioritization

### County Prioritized Health Needs

At the time of this report's creation, Mecklenburg County Public Health had not yet selected prioritized needs. Anticipated needs include:

- Access to care
- Food Security
- Mental health

### Facility Prioritization

In addition to the primary and secondary data, Novant Health Ballantyne Medical Center leadership reviewed the top five diagnosis codes for inpatient readmissions and hospital emergency room returned visits from August 2024-July 2025 among patients with government insurance or no health insurance.



NOVANT HEALTH BALLANTYNE MEDICAL CENTER			
Inpatient Diagnosis	Volume	Emergency Room Diagnosis	Volume
Sepsis, unspecified organism	183	Weakness	7
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	59	Chest pain, unspecified	5
Pneumonia, unspecified organism	45	Nausea with vomiting, unspecified	5
Hypo-osmolality and hyponatremia	38	Hypo-osmolality and hyponatremia	5
COVID-19	35	Other chest pain	4

Upon a comprehensive review of the primary and secondary data, the Novant Health Ballantyne Medical Center leadership team and Southern Piedmont Region Board of Trustees evaluated this information based on the scope, severity, clinical gaps 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 Ballantyne Medical Center:

1. Access to care
2. Behavioral health (including mental and health and substance use)
3. Chronic disease management and prevention
4. Social Drivers of Health (including specific focus on food, housing, education and transportation)

## Health Needs Not Selected and Community Resources Available for Needs

NHBALMC will focus resource allocation on the prioritized needs based on careful consideration of estimated feasibility and effectiveness of possible interventions. Other needs that were identified as significant are listed below. While NHBALMC will not prioritize the remaining eleven significant health needs, it will raise awareness, 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:

- Education and outreach to address infectious disease, STD/STI prevention and injury prevention will be incorporated into broader access to care initiatives led by Novant Health or community resources.
- Aging-related issues, childcare, healthy environment, youth support and social isolation are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHBALMC recognizes these issues are broader than clinical needs and did not identify these as priorities so it could focus efforts on the top issues selected.
- Addressing disability and discrimination is embedded throughout Novant Health programming, as Novant Health remains committed to ensuring that all populations receive the care they need.

In the table below, significant needs not selected for prioritization are marked with an asterisk. In addition to the programs and services offered to the community through Novant Health Ballantyne Medical Center, there are various existing community assets available throughout the Mecklenburg County community that have additional programs and resources tailored to meet all the identified health needs.

While not all-encompassing, the following is a list of several valued community agencies that address those prioritized and non-prioritized needs:

Identified Significant Health Needs	Local Community Resources Addressing Needs
<p>Health needs:</p> <ul style="list-style-type: none"> <li>• Access to care and medication</li> <li>• Chronic disease prevention and management</li> <li>• HIV &amp; other STIs*</li> <li>• Healthy pregnancy</li> <li>• Infectious diseases*</li> <li>• Aging-related issues/services*</li> <li>• Injury Prevention*</li> </ul>	<p>Age-Friendly Mecklenburg  Alzheimer's Association  American Heart Association  American Diabetes Association  American Lung Association  Bee Mighty  Breakthrough T1D  Bright Blessings  Blood Cancer United  Charlotte Community Health Clinic  Care Ring  Cook Community Clinic  Charlotte Speech and Hearing  Compare Foods  Charlotte Mecklenburg Schools  CW Williams Community Health Center  DeAngelo Williams Foundation  Colon Cancer Coalition  Go Jen Go Foundation  Isabella Santos Foundation  Latin American Coalition  Levine Senior Center  Lions Services  March of Dimes  Mecklenburg County Health Department  Mecklenburg County Parks and Recreation  National African American Male Wellness Agency  NC Med Assist  Nothing Pink Inc  RAIN  Parkinsons Foundation  Ronald McDonald House  Shepherd's Center  St. Jude's Childres Research  Teal Diva</p>

<p>Social Drivers of Health, including:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Food</li> <li>• Childcare*</li> <li>• Education and employment</li> <li>• Transportation access</li> <li>• Violence prevention (including safety and crime) *</li> <li>• Disability*</li> <li>• Discrimination*</li> <li>• Healthy environment*</li> <li>• Youth Support*</li> <li>• Social Isolation*</li> </ul>	<p>Ada Jenkins  Augustine Literacy Project - Charlotte  Heal Charlotte  Second Harvest Metrolina  Nourish Up  Goodwill Industries  Caterpillar Ministries  Charlotte Bilingual Preschool  Charlotte Center for Legal Advocacy  Charlotte Mecklenburg Libraries  Classroom Central  Communities in Schools  Crisis Assistance Ministry  Dottie Rose Foundation  Roof Above  Crittenton of NC  Latin American Coalition  Leading on Opportunity  NC DHHS Disability Services  Muggsy Bogues Foundation  Shepherd's Center  Supportive Housing Communities  The Charlotte Post Foundation  Uptown Farmers Market  Shelter Health Services  Safe Alliance  Rebuilding Together  The Bulb  YWCA  Angels and Sparrows  Habitat for Humanity  Senior Citizens Nutrition Support</p>
<p>Behavioral Health (including mental health and substance use disorder)</p>	<p>Charlotte Rescue Mission  Crisis Assistance Ministry  Mental Health America  Living Waters  RAIN  Dilworth Center  Center for Prevention Services  Cook Community Clinic  Blue Magic Mental  Queen City Harm Reduction  Safe Alliance  Steve Smith Family Foundation</p>

	Mitchell Bays Turner Pediatric KinderMourn Veterans Bridge Home
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\*Significant needs not selected for prioritization

For a full list of community resources, visit [NovantHealth.org/MyCommunity](https://NovantHealth.org/MyCommunity)

## APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 Novant Health Ballantyne Medical Center Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Southern Piedmont Region Board of Trustees on October 16, 2025, in accordance with state and federal guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders and residents. The hospital facility affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation and community health improvement initiatives.

The Novant Health Southern Piedmont Region Board of Trustees and Novant Health Ballantyne Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives, leadership provides direction on actions and intended impact and serves as the approving body for the community health needs assessment and community health implementation plan. Administrative leaders serve on the county assessment 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.

## COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders and organizations are encouraged to review the findings and share their feedback. Comments, suggestions and questions can be submitted by emailing [Communitybenefit@novanthealth.org](mailto:Communitybenefit@novanthealth.org). Feedback will be reviewed and considered in future planning efforts.

This report can be viewed online at the Novant Health website via the following link:  
<https://www.novanthealth.org/about/our-impact/community-health-needs/>

A paper copy of this report may also be requested by contacting Novant Health Community Benefit.

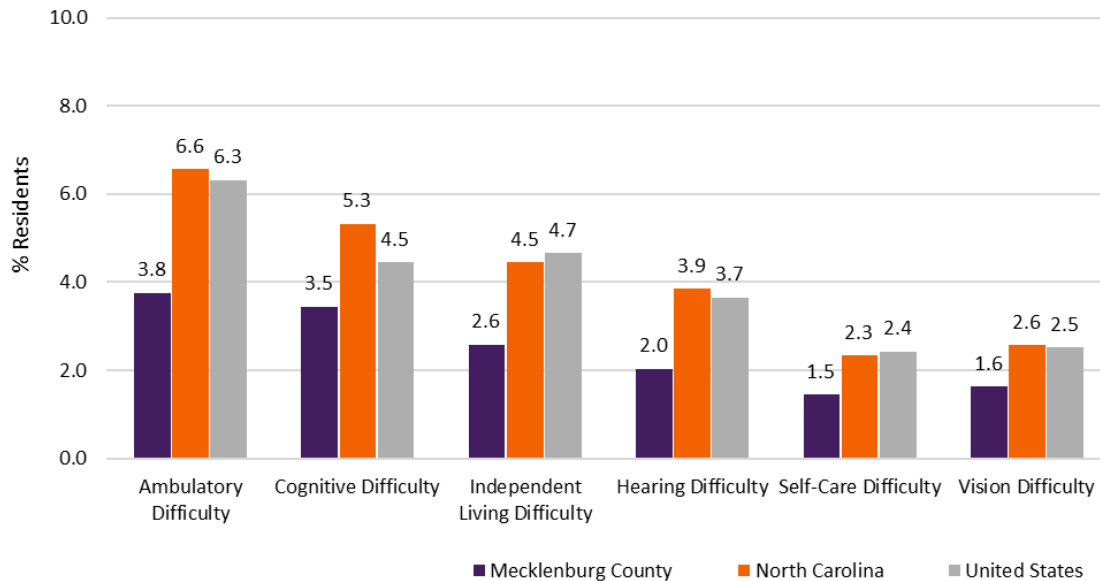
## Evaluation of Impact from Previous CHNA

Novant Health Ballantyne Medical Center opened in 2023 and is completing its inaugural Community Health Needs Assessment (CHNA) for the 2025–2027 cycle. As this is the facility’s first CHNA, there is no prior implementation strategy or impact report to evaluate. Future CHNAs will include an evaluation of progress made toward addressing the priority health needs identified in this assessment.

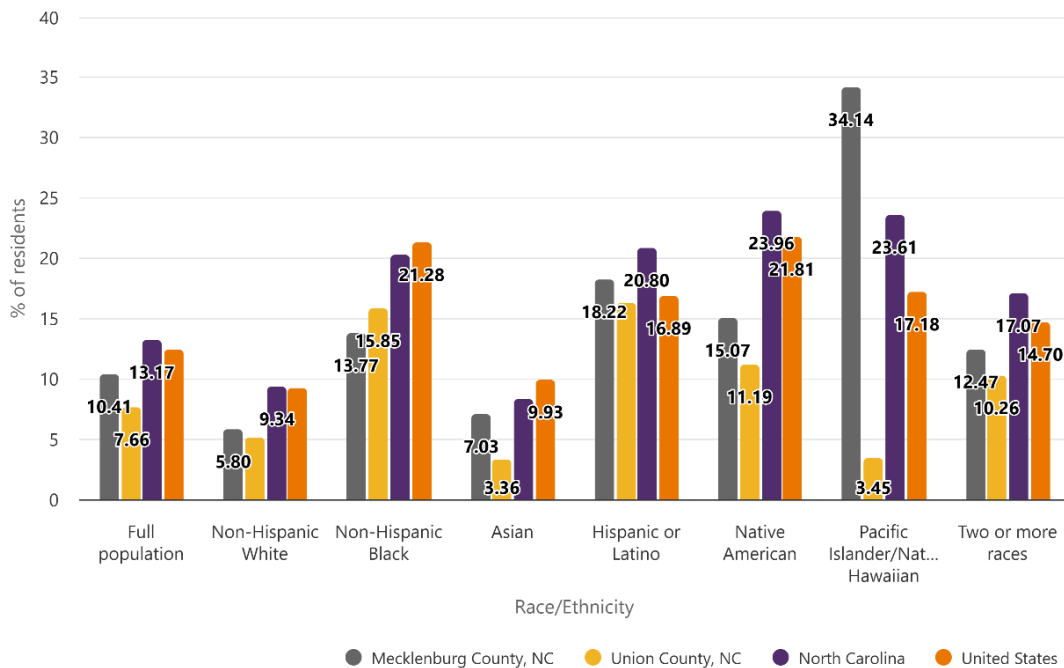
# APPENDIX

## Additional Data Tables and Charts

**Disability by Type, 2019-2023**



**Poverty rate by Race/Ethnicity, 2019-2023**



Created on Metopio | metopio.io/i/g7fft9g1 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

## Data Sources

The following is a list of sources used during the CHNA process. Many of the datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Centers for Disease Control and Prevention. (2024). *PLACES Project*. Retrieved via Metopio.

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North Carolina Department of Health and Human Services. (2025). *Opioid and Substance Use Dashboard*. Retrieved via Metopio.

North Carolina Office of State Budget and Management. (2025). Retrieved via Metopio.

University of Wisconsin Population Health Institute. (2025). *County Health Rankings*. Retrieved via Metopio.

U.S. Census Bureau. (2024). *American Community Survey (ACS) 5-Year Estimates (2019–2023)*. Retrieved from <https://www.census.gov/data/developers/data-sets/acs-5year.html>

U.S. Census Bureau. (2024). *Decennial Census (2010 & 2020)*. Retrieved via Metopio.

White House Council on Environmental Quality. (2024). *Climate & Economic Justice Screening Tool (Version 2.0)*. Retrieved from archival sources via Metopio: <https://screening-tools.com/climate-economic-justice-screening-tool> [[screening-tools.com](https://screening-tools.com/)]

Multi-Resolution Land Characteristics Consortium. (n.d.). *National Land Cover Database (NLCD)*. U.S. Geological Survey. Retrieved via Metopio: <https://www.mrlc.gov/> [[www.mrlc.gov](https://www.mrlc.gov/)]

In addition to sources accessed through Metopio, the following sources were used:

North Carolina Department of Commerce, Labor and Economic Analysis Division. (2025). *Quarterly Census of Employment and Wages (QCEW)*. Retrieved from <https://d4.nccommerce.com/QCEWSelection.aspx>

North Carolina Department of Health and Human Services. (2025). *Maternal and Infant Health Data Dashboard*. Retrieved from <https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard>

North Carolina State Center for Health Statistics. (2025). Retrieved from [NCDHHS: DPH: NC SCHS: Statistics and Reports: 2025 County Health Data Book](#)

Mecklenburg County Public Health. (2023). *Community Health Assessment*. Mecklenburg County Government. Retrieved from <https://mecknc.widencollective.com/portals/chhatnip/CommunityHealthAssessment>

Mecklenburg County Public Health. (2023). *Community Health Improvement Plan*. Mecklenburg County Government. Retrieved from [Portals - Community Health Assessment](#)

Mecklenburg County Public Health. (2023). *State of the County Health Report (SOTCH)*. Retrieved from <https://mecknc.widencollective.com/portals/chhatnip/CommunityHealthAssessment>

Vizient, Inc. (2025). *Clinical Data Base*. Retrieved from <https://www.vizientinc.com/what-we-do/operations-and-quality/clinical-data-base>

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## Community Health Needs Assessment Steering Committee

The Live Well Steering Committee is convened by Mecklenburg County Public Health and includes over 20 representatives from organizations such as health systems and plans, academic institutes, community nonprofits and county offices.

AGENCY
Mecklenburg County Public Health*
Atrium Health
Alliance Health Plan
Cabarrus Rowan Community Health Centers**
Camino**
Leading on Opportunity**
Northeastern University
Novant Health
UNC Charlotte
YMCA Charlotte

## Central Carolina Community Collaborative

The Central Carolina Community Collaborative brings together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources and implement meaningful solutions.

CENTRAL CAROLINA COMMUNITY COLLABORATIVE	
Agency	County
Alleghany Health	Alleghany
Anson County Health Department*	Anson
Atrium Health	Various
Cabarrus County Health Department*	Cabarrus
CaroMont Health	Various
Davidson County Health Department*	Davidson
Davie County Health Department*	Davie
Della Rae Consulting	Various
Forsyth County Health Department*	Forsyth
Gaston County Health Department*	Gaston
Hugh Chatham Health	Various
Iredell County Health Department*	Iredell
Novant Health	Various
Rowan County Health Department*	Rowan
Scotland Health	Various
Scotland County Health Department*	Scotland
Stanly County Health Department*	Stanly
UNC Charlotte Urban Institute	Various
UNC Gillings School of Public Health	Various
Union County Health Department*	Union
United Way -Lincoln	Lincoln
United Way-Davidson, Davie	Davidson, Davie
United Way-Rowan	Rowan
Wilkes County Health Department*	Wilkes

\*Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)

\*\* Members of medically underserved, low-income and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations, as required by Internal Revenue Code section 501(r).