

# Community Health Needs Assessment

2025 – 2027



Novant Health Forsyth Medical Center  
(including Clemmons Medical Center and  
Kernersville 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 Forsyth Medical Center (NHFMC), is a comprehensive, data-driven evaluation of the health status and social needs of the Forsyth County community. Conducted in collaboration with the Central Carolina Community Collaborative (CCCC) including Forsyth County Department of Public Health, this assessment aligns with federal and state requirements and reflects a regionally coordinated approach to improving community health.

Forsyth Memorial Hospital, Inc. (DBA Novant Health Forsyth Medical Center (NHFMC)) has facilities in three locations that operate under a single state license:

1. Novant Health Forsyth Medical Center,
2. Novant Health Clemmons Medical Center, and
3. Novant Health Kernersville Medical Center

## Methodology Overview

The CHNA utilized a mixed-methods approach, incorporating:

- Primary data from over 190 community surveys collected through the Central Carolina Community Collaborative
- 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 NHFMC, NHCMC and NHKMC:

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 and transportation)

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



# INTRODUCTION

Novant Health Forsyth Medical Center (including Novant Health Clemmons Medical Center and Novant Health Kernersville Medical Center) in partnership with the Central Carolina Community Collaborative (CCCC) and Forsyth County Department of Public Health, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Forsyth 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 Forsyth Medical Center (NHFMC)** offers a full continuum of emergency, medical, surgical, rehabilitative and behavioral health services. Centers of excellence include the Rehabilitation Center, Maya Angelou Women's Health & Wellness Center, Heart & Vascular Institute, Derrick L. Davis Cancer Center, Stroke & Neurosciences Center, Orthopedic Center and Behavioral Health. The hospital has 879 beds.

**Novant Health Clemmons Medical Center (NHCMC)** offers emergency room, diagnostic imaging, laboratory, surgery and orthopedic services. NH Clemmons Medical Center was expanded to a 36 inpatient medical and surgical bed facility with an additional 6 observations in August 2017. This hospital has 36 beds.

**Novant Health Kernersville Medical Center (NHKMC)** is a community facility that offers emergency, surgery, cardiovascular, diagnostic and cancer services. This hospital has 63 beds.

## OUR DEFINED COMMUNITY

### Primary and Secondary Service Areas

Our defined community is the aggregate of Primary and Second Service Areas across the three Novant Health facilities. The Primary Service Area for Novant Health Forsyth Medical Center, Clemmons Medical Center and Kernersville Medical Centers are each defined by the ZIP codes that represent at least 75% of the hospital's inpatient population as outlined below:

FORSYTH MEDICAL CENTER	
ZIP CODE	COUNTY
27105	Forsyth
27107	Forsyth
27106	Forsyth
27127	Forsyth
27103	Forsyth
27104	Forsyth
27284	Forsyth
27012	Forsyth
27021	Stokes
27101	Forsyth
27295	Davidson
27030	Surry
27028	Davie
27055	Yadkin
27040	Forsyth
27023	Forsyth
27360	Davidson
27045	Forsyth
27006	Davie
27052	Stokes
27292	Davidson
27018	Yadkin

There are six counties in the Novant Health Forsyth Medical Center Primary Service Area (PSA): Forsyth, Stokes, Davidson, Surry, Davie and Yadkin. 72% of patients in the PSA reside in Forsyth County and 62% of patients in the Primary and Secondary Service Areas reside in Forsyth County. The Secondary Service Area covers a 17-county radius, including Forsyth, Stokes, Davidson, Surry, Davie, Yadkin, Guilford, Wilkes, Galax City, Rowan, Randolph, Rockingham, Carroll, Iredell, Patrick, Alleghany and Ashe.

CLEMMONS MEDICAL CENTER	
ZIP CODE	COUNTY
6,820	Forsyth
3,670	Davie
2,952	Forsyth
2,615	Forsyth
2,587	Davie
2,465	Forsyth
2,424	Forsyth
2,210	Forsyth
1,909	Yadkin
1,482	Forsyth
1,455	Forsyth
1,414	Davidson
1,196	Yadkin
1,171	Forsyth

There are four counties in the Novant Health Clemmons Medical Center Primary Service Area (PSA): Forsyth, Davidson, Davie and Yadkin. 69% of patients in the PSA reside in Forsyth County and 62% of patients in the Primary and Secondary Service Areas reside in Forsyth County. The Secondary Service Area covers an 8-county radius, including Forsyth, Stokes, Davidson, Surry, Yadkin, Guilford, Wilkes and Iredell.

KERNERSVILLE MEDICAL CENTER	
ZIP CODE	COUNTY
27284	Forsyth
27107	Forsyth
27265	Guilford
27105	Forsyth
27051	Forsyth
27052	Stokes
27101	Forsyth
27357	Guilford
27127	Forsyth
27310	Guilford
27235	Guilford

27009	Forsyth
27106	Forsyth
27410	Guilford
27406	Guilford
27021	Stokes

There are three counties in the Novant Health Kernersville Medical Center Primary Service Area (PSA): Forsyth, Guilford and Stokes. 78% of patients in the PSA reside in Forsyth County and 68% of patients in the Primary and Secondary Service Areas reside in Forsyth County. The Secondary Service Area covers a 5-county radius, including Forsyth, Stokes, Davidson, Guilford and Rockingham.

**As most patients across the three facilities reside in Forsyth County, and it represents the highest population of potential individuals with less healthcare access, individuals with lower income, and minority individuals from shared primary service areas, Forsyth County will be the main focus of demographic, health and social indicators.**

## Demographic Characteristics: Forsyth County

Forsyth County has a population of 392,921, making it the fourth most populous county in the state and a significant share of the total North Carolina population of 10,835,491. The county includes several municipalities, with Winston-Salem serving as the largest, most populous city and the county seat.

The chart below outlines key demographic factors in Forsyth County in comparison to North Carolina and the United States.

YEAR	DEMOGRAPHIC	FORSYTH COUNTY	NC	US
2023	Population	392,921	10,835, 491	334, 914, 896
2023	Median age	37.8	39.4	39.2
2023	% Ages 0-4	5.7	5.5	5.5
2023	% Ages 5-17	16.7	16	16.2
2023	% Ages 18-39	29.6	29.3	29.4
2023	% Ages 40-64	30.8	31.6	31.2
2023	% Ages 65 and older	17.2	17.7	17.7
2023	% with a disability	11.43	13.58	13.56
2023	% Veterans	6.57	7.32	6.06
2023	% of Householders living alone (all ages)	32.2	29.2	28.5
2023	% of Householders living alone (65+)	30.34	26.33	25.72
2020	Population change from 2010 to 2020	9.1	9.5	7.1
2030	Projected % population change from 2020 to 2030	8.4	12.5	n/a

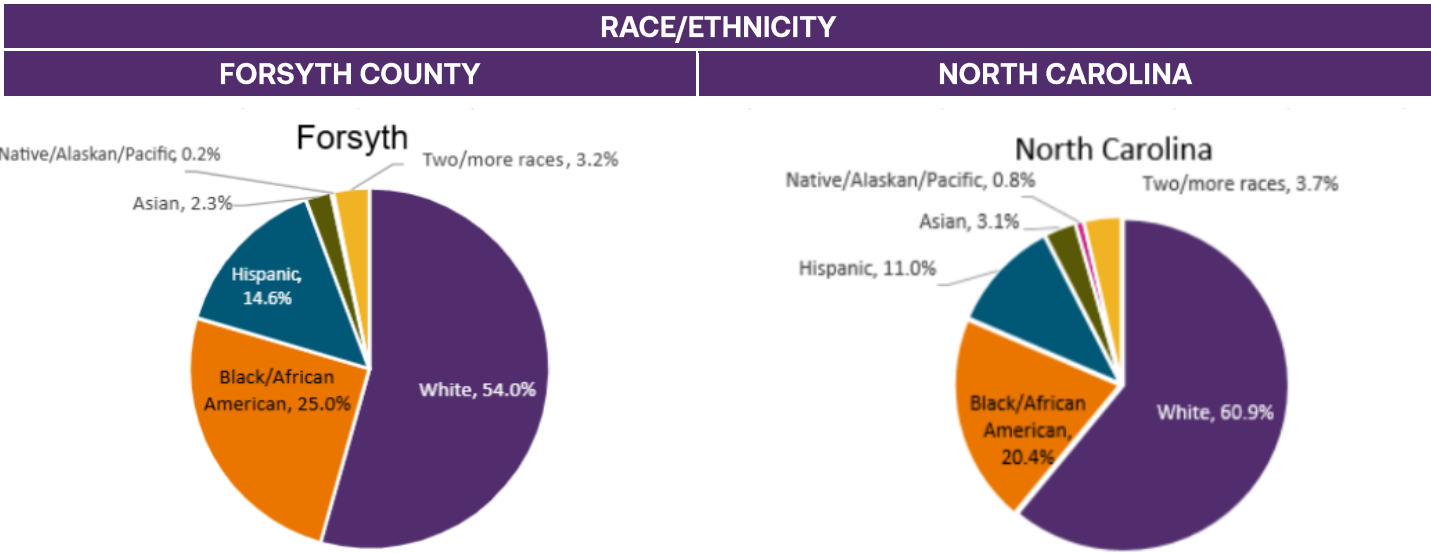
Sources for previous page: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023); Decennial Census (2010 & 2020), via Metopio.; North Carolina State Center for Health Statistics, NC Department of Health and Human Services; North Carolina Office of State Budget and Management.

Forsyth County’s population of nearly 393,000 has grown by 9.1% over the past decade, slightly below the state rate but well above the national average. Growth is expected to continue, with an 8.4% projected increase by 2030, though again at a slower pace than North Carolina overall. The county’s median age (37.8 years) is younger than both state and national medians, reflecting a relatively balanced age distribution and a strong presence of working-age adults.

While Forsyth’s age profile is generally consistent with the state, the county shows slightly higher proportions of children and younger adults, suggesting continued demand for family health services, early childhood programs, and workforce development. At the same time, 17.2% of residents are 65 and older, highlighting the growing need for senior health and support services as the aging population expands.

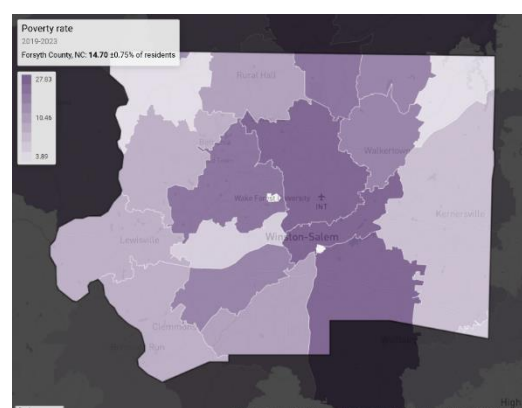
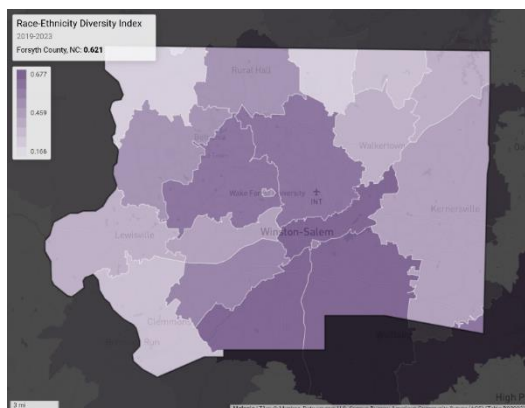
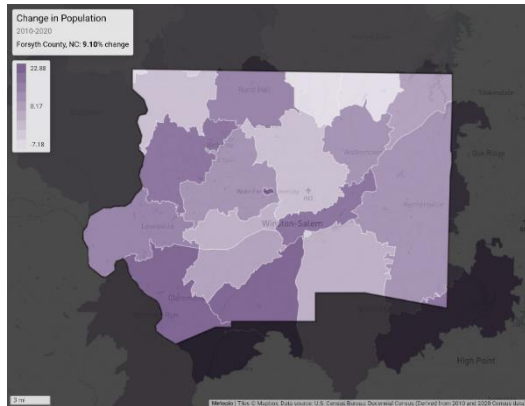
Forsyth also stands out for its higher share of residents living alone—32.2% overall and 30.3% among older adults—indicating potential risks for social isolation, mental health concerns and challenges in care coordination. The county reports lower disability and veteran rates than state averages, but the relatively high prevalence of single-person households, particularly among seniors, underscores the importance of strengthening community-based supports and social connection programs to promote well-being across age groups.

In comparison to North Carolina and the United States, Forsyth County has a lower proportion of non-Hispanic White residents. Non-Hispanic Black communities comprise 25% of the county and Hispanic/Latino communities account for another 15%. This highlights the necessity for culturally and linguistically appropriate healthcare services that can address the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all.





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

Maps highlighting demographic trends are below. ZIP codes on the western edge of the county demonstrate the most rapid population growth, while areas centrally located within the county have the highest concentration of seniors living alone. ZIP codes in the southern and eastern sides of Winston-Salem demonstrate the greatest racial and ethnic diversity. Poverty rates are mixed throughout areas of the county but feature most prominently east of U.S. Highway 52.



Source: American Community Survey (ACS)

AGE		EDUCATION ATTAINMENT	
<div>Population: 392,921</div> <div>Median Age: 37.8</div>		<div><div><div><div><div>90.6%</div><div></div></div><div>North Carolina High school graduate or higher</div></div><div><div><div>92%</div><div></div></div><div>Forsyth High school graduate or higher</div></div><div><div><div>47%</div><div></div></div><div>North Carolina Bachelor's degree or higher</div></div><div><div><div>50.1%</div><div></div></div><div>Forsyth Bachelor's degree or higher</div></div></div></div>	
% Ages 0-4	5.7 %		
% Ages 5-17	16.7 %		
% Ages 18-39	29.7 %		
% Ages 40-64	30.8 %		
% Ages 65 and older	17.2%		
POPULATION LIVING BELOW POVERTY LINE		EMPLOYMENT	
<div>15.2 percent of residents in families are living in poverty (below the federal poverty level):</div> <div>23.68% Children</div> <div>9.87% Seniors</div>		<div>Unemployment rate among residents that are 16 years of age or older.</div> <div>4.8% Forsyth County</div> <div>4.03% North Carolina</div> <div>4.31% United States</div>	
LIMITED ENGLISH HOUSEHOLDS (2019-2023)		HOUSEHOLD/FAMILY	
<div></div>	<div>3.1% Forsyth County</div> <div>2.5% North Carolina</div>	<div></div>	<div>8.2% Single-parent families</div> <div>30.3% Seniors living alone</div>

YEAR	TOPIC	FORSYTH COUNTY	NC	US
2023	Median household income	\$65,062	\$70,804	\$77,719
2023	Poverty rate	15.2	12.79	12.46
2023	Unemployment rate	4.8	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	22.7	22.5	n/a
2024	Average weekly wage	\$1,361	\$1,504	n/a

\* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Sources for previous page: U.S. Census Bureau, American Community Survey 5-year estimates (2019-2023 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 above. The percentage of households with limited English proficiency in Forsyth County is 3.1%, higher than the North Carolina average of 2.5%. This indicates 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., Forsyth County demonstrates lower median household incomes, higher poverty and unemployment rates and lower weekly wages. Demographic and household characteristics further reveal potential barriers to social connection and service access. Approximately 8% of families are single-parent households and nearly one-third of older adults live alone, conditions that can heighten risks of isolation and economic hardship.

## Health Indicators: Forsyth County

Forsyth County’s leading causes of death in 2019-2023 were cancer and heart disease. NHFMC, NHKMC and NHCMC will consider health indicators such as leading causes of death in the Forsyth County population but will also consider the impact of root causes with an analysis of social drivers of health.

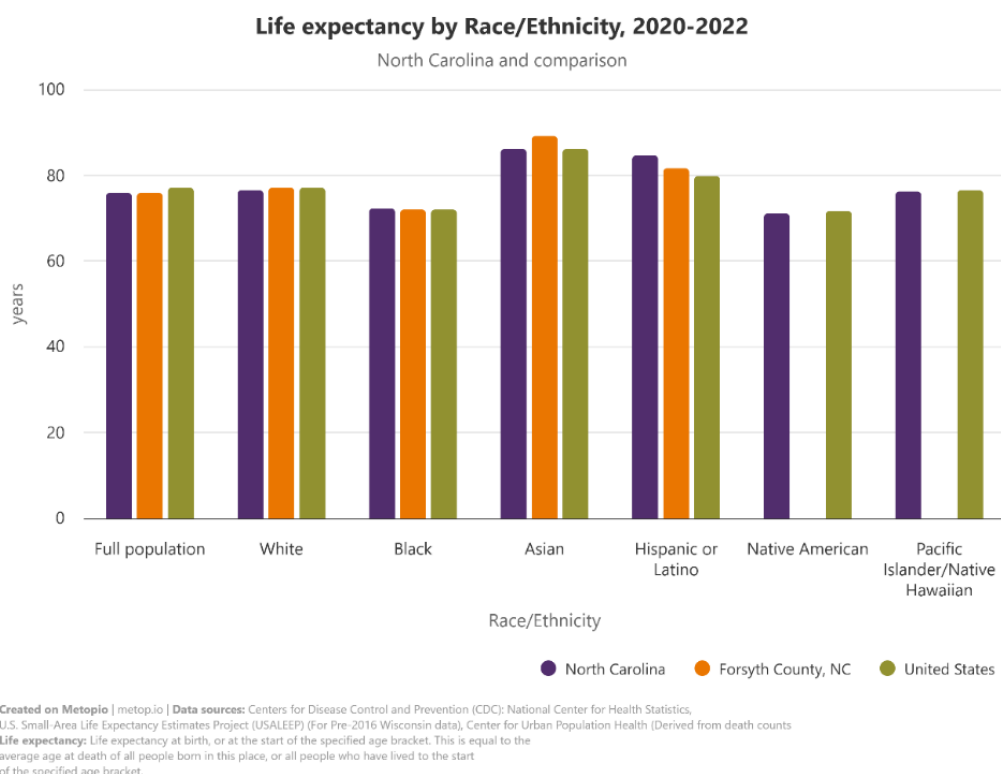
LEADING CAUSES OF DEATH IN FORSYTH COUNTY			
Rank	Cause of death	Number	%
1	Cancer	3,780	18.8%
2	Heart disease	3,528	17.5%
3	Unintentional injuries	1,271	6.3%
4	Stroke	1,047	5.2%
5	COVID-19	945	4.7%
6	Chronic lower respiratory disease	955	4.7%
7	Alzheimer's disease	873	4.3%
8	Diabetes	645	3.2
9	Kidney disease	443	2.2%
10	Septicemia	318	1.6%

Source: State Center for Health Statistics, North Carolina



Mortality rates trend higher among African American non-Hispanic communities in Forsyth County for many of the 16 leading causes of death. Rates are significantly higher compared to white non-Hispanic residents for homicide, kidney diseases, diabetes and prostate cancer.

As shown by the chart below, life expectancy among Forsyth 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 Triad 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 DISEASES	FORSYTH COUNTY	NC	US
2020-2022	Life expectancy	75.8	75.9	77.1
1990-1992	Life expectancy	75.1	74.8	n/a
2022	% of adults with obesity	31.8	33.9	33.2
2022	% of adults with diabetes	10.6	10.6	10.8
2022	% of adults reporting no physical activity	22.0	22.6	23.1
2024	Access to exercise opportunities	80.84	77.97	84.45
2022	Coronary heart disease	5.70	4.10	3.76

YEAR	CHRONIC DISEASES	FORSYTH COUNTY	NC	US
2022	Residents with high blood pressure	32.5	32.16	30.32
2021	Chronic kidney disease	3.0	2.9	2.9
2023	Heart disease mortality	181.0	161.2	162.1
2023	Diabetes mortality	28.8	25.3	22.4
2023	Kidney disease mortality	22.1	15.7	13.1
2022	Cigarette smoking rate (% of adults)	14.5	13.2	12.1
2019-2023	CLRD mortality rate	59.0	37.9	33.4
<b>Cancer</b>				
2017-2021	Cancer diagnosis rate	469.3	475.5	444.4
2019-2023	Cancer incidence rate	489.2	481.5	n/a
2023	Cancer mortality rate	208.9	151.1	141.8
2022	Colorectal cancer screening - <i>Percentage of adults</i>	62.30	60.96	58.85
2022	Mammography use - <i>Percentage of adults</i>	82.60	78.6	76.38
<b>Infectious Diseases</b>				
2024	Chlamydia diagnosis rate	739.84	572.29	n/a
2024	Gonorrhea diagnosis rate	279.19	205.39	n/a
2024	HIV diagnosis rate	20.80	15.10	n/a
2024	Syphilis diagnosis rate	38.94	33.82	n/a
2023	Medicare flu vaccination rate	53.00	50.00	46.25
2023	COVID-19 mortality	40.8	46.3	n/a
2019-2023	Pneumonia and influenza mortality	17.6	12.2	10.9

**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.

Forsyth County residents experience overall health outcomes that align closely with state averages but lag behind national benchmarks in several areas. Life expectancy in the county (75.8 years) mirrors North Carolina’s average (75.9) yet remains more than a year below the national level (77.1). While chronic disease prevalence rates—such as obesity (31.8%), diabetes (10.6%), and physical inactivity (22%) are slightly lower than state and national figures, persistently high rates of hypertension (32.5%) and chronic kidney disease (3.0%) highlight ongoing risks for cardiovascular and renal complications.

Despite strong access to exercise opportunities (80.8%), lifestyle-related conditions continue to influence overall health, suggesting that community efforts should not only promote physical activity but also address social and environmental barriers to sustained healthy behaviors.

Forsyth County’s mortality patterns reveal disparities in several chronic disease categories. While heart disease and diabetes mortality rates (181.0 and 28.8 per 100,000) are slightly better than statewide rates, deaths related to kidney disease (22.1) and chronic lower respiratory disease (59.0) exceed North Carolina averages, pointing to preventable gaps in disease management and early intervention.

Cancer continues to be a leading concern, with both incidence (489.2) and mortality (208.9) rates higher than the state. Although screening participation—such as mammography (82.60%) and colorectal screening (63.30%)—exceed state and national averages, these outcomes suggest disparities in timely treatment and access to high-quality oncology care. In reviewing Novant Health patients, those who speak languages other than English have significant opportunity for colorectal screening gap closure. Hispanic/Latino patients and those with Medicaid or no health insurance have the most opportunity for A1c over 9 or untested gap closure. Expanding community-based screening outreach, chronic disease self-management education and care coordination for at-risk populations can help close these gaps and reduce premature mortality.

Forsyth County faces higher rates of sexually transmitted infections compared to state averages. Chlamydia (739.84 per 100,000), gonorrhea (279.19), HIV (21.0) and syphilis (39.94) all exceed North Carolina rates, underscoring the need for enhanced sexual health education, testing accessibility and prevention efforts. On a positive note, Forsyth’s flu vaccination rate among Medicare beneficiaries (53%) outperforms both state (50%) and national (46.3%) rates, and COVID-19 mortality rates remain slightly lower than statewide levels. Community health programming is building on this preventive health momentum by integrating vaccination campaigns and culturally responsive outreach to reduce disparities and promote long-term population health resilience.

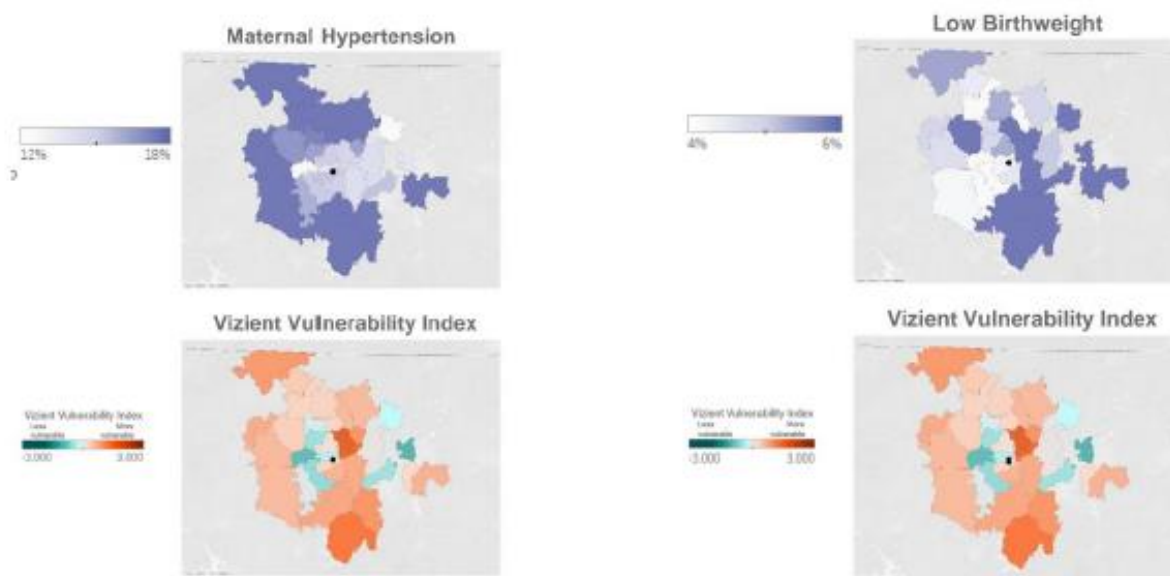
## Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	FORSYTH COUNTY	NC	US
2023	% women of childbearing age (15–44)	39.2	38.6	38.9
2023	Pregnancy rate	20.34	8.87	8.79
2023	Teen pregnancy rate	68.7	69.0	n/a
2023	Low birth weight	9.9	9.4	n/a
2020–2022	Prenatal care in the first trimester – <i>Percentage of live births</i>	77.1	74.1	78.1
2024	Kindergarten immunizations	92.80	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.

Forsyth County shows positive trends in maternal and child health outcomes. Kindergarten immunization coverage is strong, with 92.80% of children immunized, nearly identical to the state average (92.83%). The county reports lower teen pregnancy rate (68.7) compared to North Carolina's rates (69.0). Prenatal care in the first trimester is higher in Forsyth County (77.1%) compared to NC (74.1%), but lower than the US (78.1%), indicating a need for improved early maternal health access. While Forsyth County mothers are generally more likely to receive prenatal care in the first trimester than state counterparts, 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 Triad Region.

Maternal health outcomes are deeply influenced by the social and environmental conditions in which individuals live. The Vizient Vulnerability Index (VVI) offers a powerful lens to understand these conditions. By identifying neighborhoods with high vulnerability scores, healthcare systems and public health organizations can proactively address the root causes of maternal complications such as hypertension, preterm birth and postpartum morbidity. According to the VVI maps on the following page, maternal hypertension and low birthweight are more common among patients from more vulnerable neighborhoods. Additionally, severe complications of delivery are more common among patients from neighborhoods with housing vulnerability.



Maps indicate: Left: Maternal hypertension rates among pregnant patients (darker purple representing a higher percent of distinct patients). Right: low birthweight rates (darker purple representing a higher percent of distinct patients). Vizient Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability). Zip codes where fewer than 0.5% of all patients live are excluded.

Data Source: Vizient Clinical Data Base distinct patients seen in any setting 2021 Q3 – 2023 Q2 with any diagnosis indicating pregnancy. Left numerator cases with any diagnosis of maternal hypertension. Right numerator cases with birthweight < 2500g

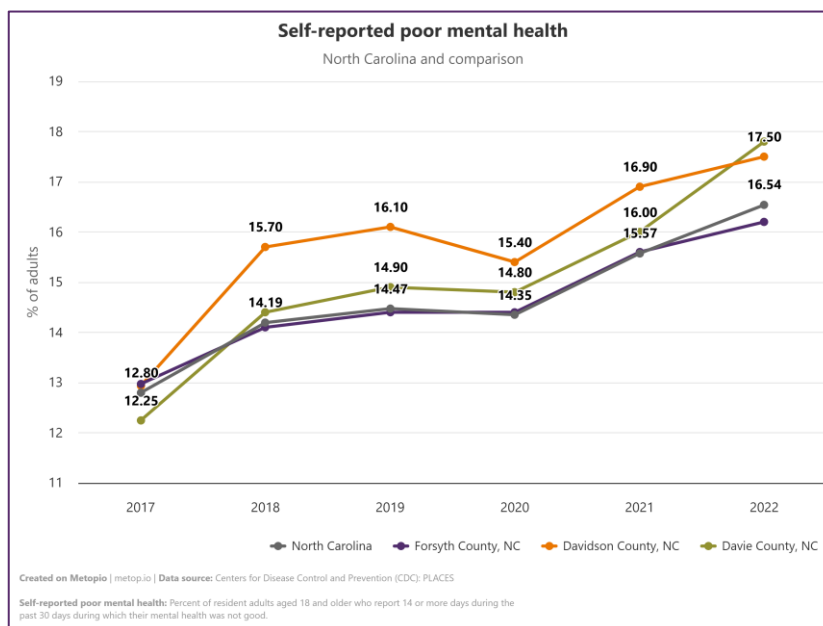
## Behavioral Health

YEAR	BEHAVIORAL HEALTH	FORSYTH COUNTY	NC	US
2023	Alcohol-related mortality	12.7	11.1	12.6
2023	% of overdose deaths due to illicit opioids	80.9	76.6	n/a
2023	Suicide mortality rates	13.2	14.3	14.1
2023	Rate of drug overdose deaths	40.0	41.0	n/a
2023	Rate of drug overdose ED visits	183.8	161.8	n/a

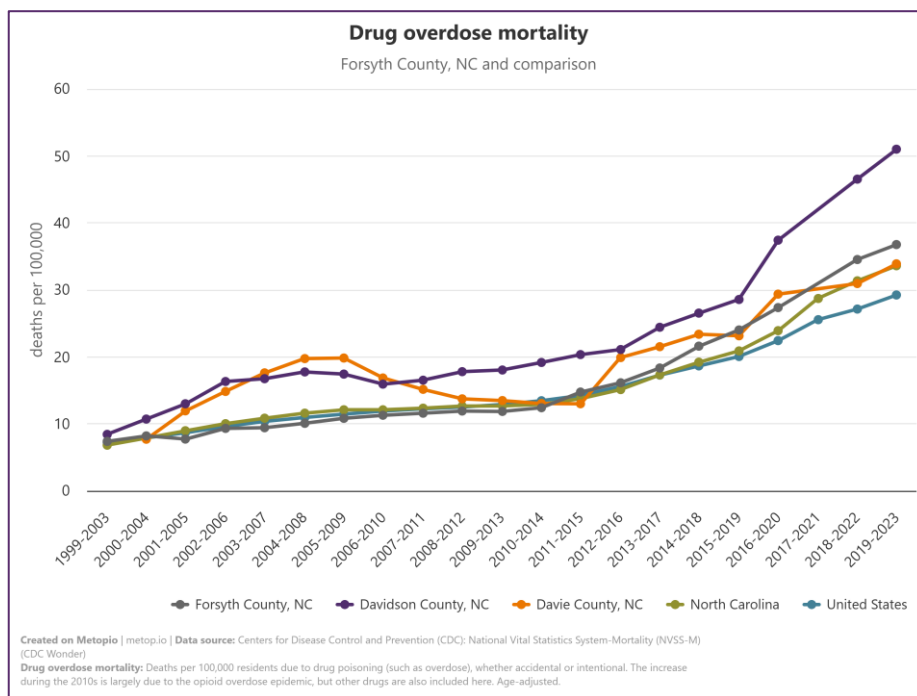
Sources: National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC), via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio; Opioid and Substance Use Dashboard, NC Department of Health and Human Services. via Metopio.

Behavioral health remains a significant concern in Forsyth County, with several indicators closely mirroring state and national trends. Alcohol-related mortality (12.7 per 100,000) exceeds both state (11.1) and national (12.6) rates, while suicide (13.2) and overdose death rates (40.0) are slightly lower than statewide averages. Forsyth County continues to experience a high burden of substance use. Emergency department visits for drug overdoses (183.8 per 100,000) exceed state levels, reflecting ongoing community impacts. Expanding integrated behavioral health care, peer recovery programs and community-based prevention initiatives can help reduce the toll of substance use and mental health challenges across the county.

The rate of self-reported poor mental health has increased across the state, nation and Novant Health's Triad region over the last several years. While the percentage of adults expressing poor mental health in Forsyth County has stayed on pace with the North Carolina average, it has been surpassed by rates in surrounding counties.



Since at least 2000, the rate of drug overdose deaths has increased steadily across the state and the nation. The Forsyth County rate rose above the North Carolina and U.S. rates in 2011 and has remained incrementally higher for most of the period since. Other counties within the Triad Region, including Davidson and Davie, have consistently demonstrated far higher rates of drug overdose mortality than the state or nation.



## Access to care

YEAR	HEALTHCARE ACCESS	FORSYTH COUNTY	NC	US
2023	% with Private Health Insurance	65.12	67.29	67.01
2023	% with Public Health Insurance	36.39	36.44	37.41
2023	% Uninsured	10.26	9.23	7.93
2023	Medicaid Coverage	20.45	19.12	21.31
2025	Respondents satisfied by insurance*	68.81	65.15	n/a
2025	Respondents satisfied with healthcare*	46.48	43.64	n/a
2025	Respondents who delayed care*	21.84	26.14	n/a



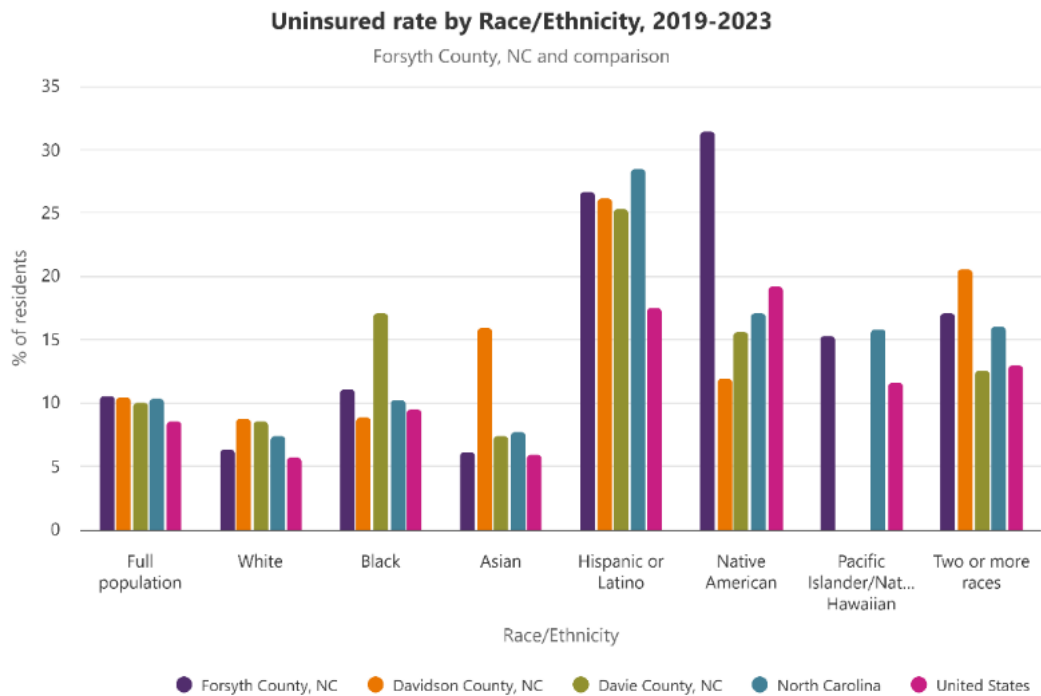
YEAR	HEALTHCARE ACCESS	FORSYTH COUNTY	NC	US
2025	Respondents who delayed care because of the cost*	41.72	42.39	n/a
2025	Respondents who needed but did not receive mental health treatment*	44.94	35.67	n/a
2025	Respondents with a primary care provider*	96.85	93.12	n/a
2025	Respondents with dental insurance*	86.14	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.

Forsyth County demonstrates relatively strong healthcare access and satisfaction compared to state averages, yet notable gaps remain in affordability and mental health care. Nearly all respondents (96.9%) report having a primary care provider—higher than the state rate (93.1%)—and satisfaction with both health insurance (68.8%) and healthcare services (46.5%) surpasses North Carolina averages. Dental coverage is also more common in Forsyth (86.1% vs. 83.7%), suggesting generally strong engagement with preventive and primary care services. However, insurance coverage data show that Forsyth still trails national benchmarks, with a higher uninsured rate (10.3%) and slightly lower private insurance enrollment (65.1%).

Despite these strengths, affordability continues to limit access for many residents. Over one in five respondents (21.8%) delayed medical care, and more than 40% cited cost as the reason—mirroring state patterns. The most concerning disparity is in behavioral health access: nearly 45% of Forsyth respondents reported needing but not receiving mental health treatment, a rate far higher than the state average (35.7%). These findings highlight a need for expanded affordable mental health services, integration of behavioral health within primary care, and continued efforts to reduce financial barriers that prevent residents from seeking timely care.

The uninsured rate in the United States is 7.93%, while more than 9.23% of North Carolinians and 10.26% of Forsyth County residents do not have health insurance. As seen in the chart on the following page, the uninsured rate varies significantly across different racial and ethnic groups in Forsyth County, North Carolina and the nation. Hispanic or Latino individuals and Native Americans have the highest uninsured rates in most areas.



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

## Social Indicators: Forsyth 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.

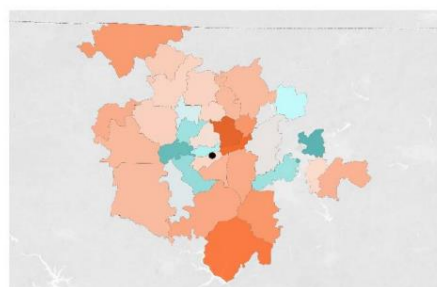
Health is influenced by much more than medical treatment. Factors like housing, education, income, transportation, food access and safe environments play a critical role in people's ability to live healthy lives. Many clinical gaps and chronic disease patterns are driven by upstream social and economic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

The Vizient Vulnerability Index (VVI) maps hospital patients home address by nine social needs domains. This tool aggregates domains into an overall Vizient Vulnerability Index score by ZIP code. It is helpful in identifying where to focus community-based efforts and how social needs and health outcomes connect.



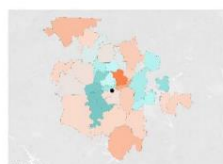
## Domains and Components: Novant Health Forsyth Medical Center

Each of these maps illustrates the regional variation in the overall Vizient Vulnerability Index, the nine specific domain vulnerabilities, and two selected components that will be referenced in the clinical outcomes and utilization analyses.

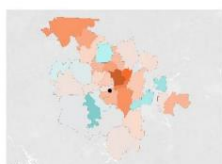


Vizient Vulnerability Index  
Low vulnerability High vulnerability  
-3,000 3,000

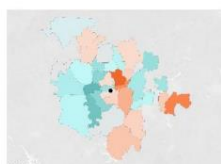
Data Source: Vizient Clinical Data Base distinct patients, any ages, seen in any setting, 2021 Q3 – 2023 Q2. Linked to the Vizient Vulnerability Index™ by patient zip code. Zip codes representing less than 0.5% of all distinct patients are omitted from map.



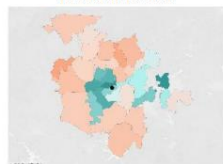
Economic Domain



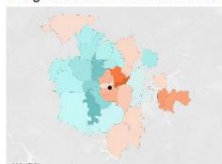
Neighborhood Resources Domain



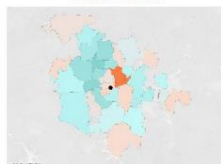
Social Domain



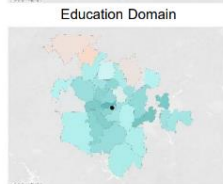
Education Domain



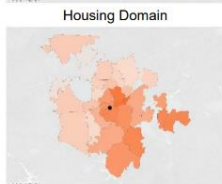
Housing Domain



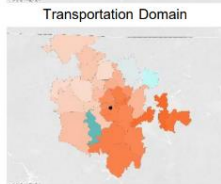
Transportation Domain



Health Care Access Domain

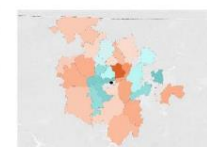


Clean Environment Domain



Public Safety Domain

In addition to the domains, these two specific components provide context to the clinical and utilization metrics included in this report.



Food Deserts



Single Parents

Across domains, ZIP codes 27107 and 27105 in Forsyth County display the most consistent and intense vulnerabilities, although significant vulnerabilities persist throughout the Triad Region. Rapid population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

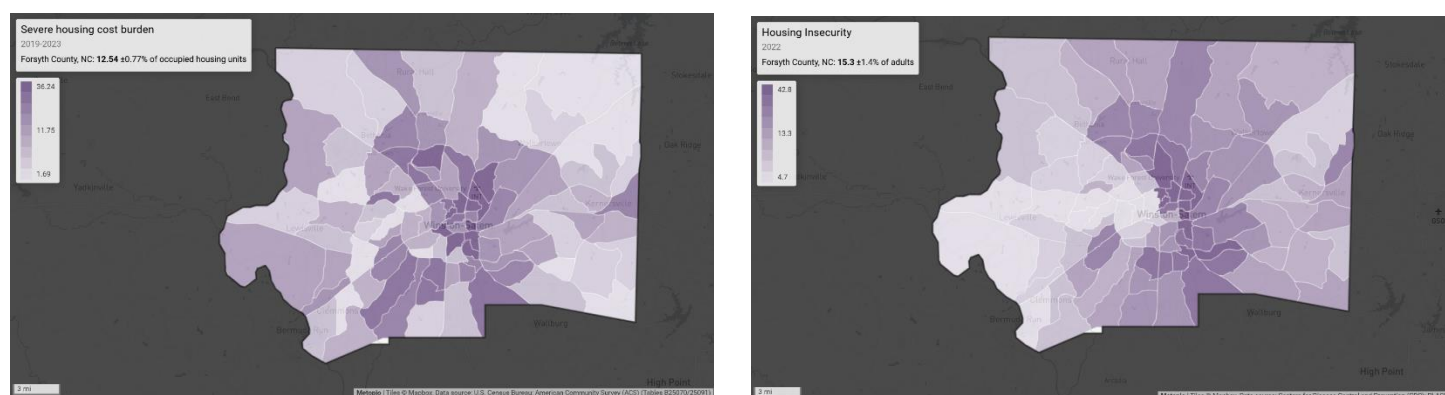
YEAR	SOCIAL INDICATOR TOPIC	FORSYTH COUNTY	NC	US
2023	Median household income	\$65,062	\$70,804	\$77,719
2023	Poverty rate	15.2	12.79	12.46
2023	Unemployment rate	4.8	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	22.7	22.5	n/a
2024	Average weekly wage	\$1,361	\$1,504	n/a
2023	% of cost burdened housing units	28.49	28.04	31.86
2023	% of severely cost burdened housing units	12.15	12.72	15.12
2022	Housing insecurity	15.3	14.3	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; Forsyth County's poverty rate is even higher and has been since 2011. In Forsyth, Davie and Davidson Counties, poverty rates are lowest among non-Hispanic white residents (between 8 and 11%). Native American (between 32 and 45%) and Hispanic or Latino (between 21 and 28%) residents face the highest levels (see graph in the appendix), often exceeding the state average and highlighting persistent economic gaps. Forsyth, Davie and Davidson County's children are more likely than any other age group to live below the federal poverty limit. With poverty most pervasive in Forsyth and Davidson Counties compared to other locations, there is an ongoing need for focused interventions to address economic disparities.

Forsyth County faces several notable economic and social challenges that influence community health and stability. Compared to both North Carolina and the United States, the county reports lower median household incomes, higher unemployment rates and lower average weekly wages. A greater proportion of households rely on food assistance (SNAP), and a slightly higher share of the local workforce is employed in the state's four lowest-paying industries, reflecting persistent economic vulnerability.

The largest employment sector, Health Care and Social Assistance, employs 22.5% of Forsyth County's workforce and offers higher average weekly wages than the state overall. However, roughly 21% of residents work in Retail Trade or Accommodation and Food Services, sectors characterized by low wages, limited benefits, and unpredictable schedules. This concentration in lower-wage service industries contributes to financial instability and constrains access to consistent healthcare and housing.



Source: [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/places/); 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. Almost 29% of housing units in Forsyth County are considered cost burdened, slightly higher than the overall North Carolina rate. This challenge is reinforced by survey respondents – only 28% of Forsyth County residents think housing is affordable. Cost burdened housing tends to be more common among non-white populations, with the highest rates in Forsyth 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 Forsyth County, approximately 15% of adults were estimated to be housing insecure in 2022, a slightly higher 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 eastern and southern parts of Winston-Salem.



Source: CCCC Survey, 2025

YEAR	FOOD INSECURITY	FORSYTH COUNTY	NC	US
2023	% of Households on SNAP	12.88	12.60	12.22
2023	Food insecurity	15.4	15.0	14.5
2023	Households in poverty not receiving food stamps	52.47	58.14	59.36

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.

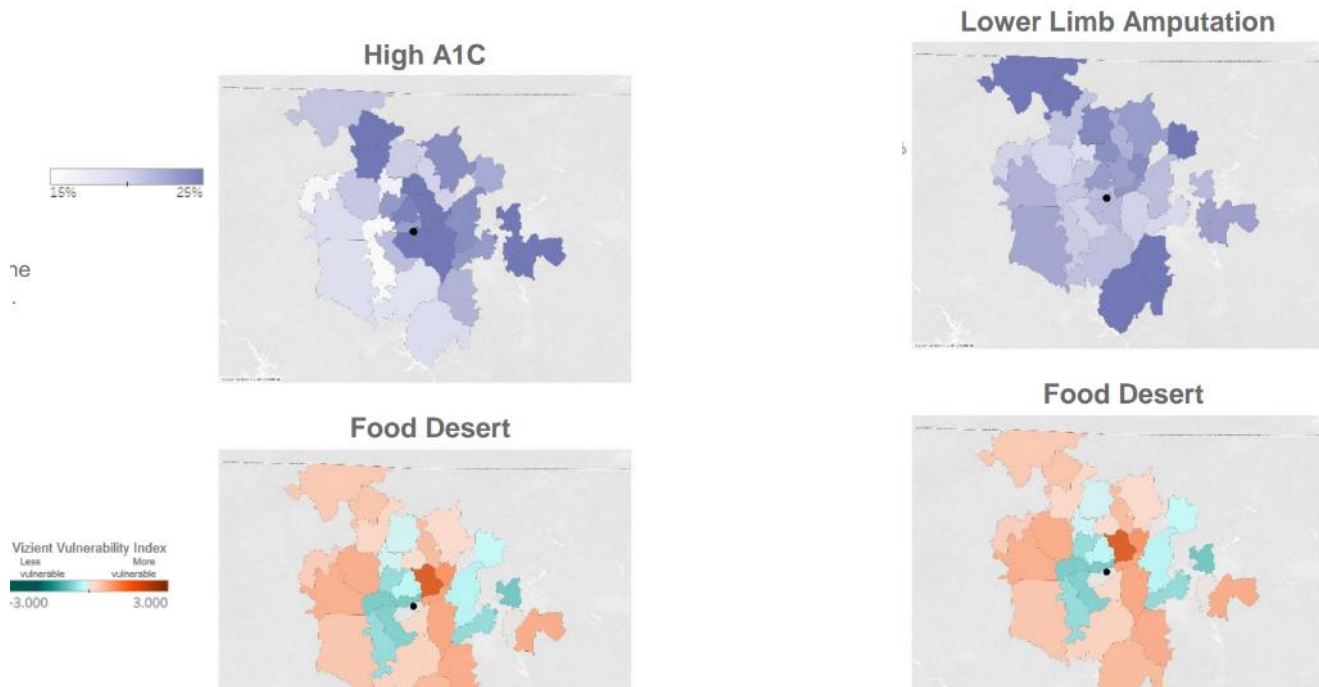
When a household has limited or uncertain access to enough nutritious and safe food for everyone, it is considered food insecure. After declining for almost a decade, food insecurity rates in Davidson County, North Carolina and the United States increased steadily after 2021. In 2022, food insecurity rates in Forsyth County had surpassed rates in both North Carolina and the U.S. By 2023, the food insecurity rate in Davidson County had increased to 15.4%.

Among survey respondents, 45% of Forsyth County residents felt affordable, healthy food was the most important community issue – a higher rate compared to other CCCC survey geographies.

In order to meet the USDA definition of a food desert, a geographic area must meet two criteria:

- Low-income:** A census tract with either a poverty rate of 20% or greater, or a median family income that is 80% or less than the state or metropolitan area median family income.

- **Low access:** At least 500 people or 33% of the population live more than one mile from a supermarket in an urban area, or more than 10 miles in a rural area.



Maps indicate: In purple, A1C>9 among patients with diabetes (darker purple representing a higher percent of distinct patients). Maps indicate In purple, incidence of lower limb amputation (darker purple representing a higher percent of distinct patients). Vizient Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability). Zip codes where fewer than 0.5% of all patients live are excluded.

Data Source: Vizient Clinical Data Base distinct patients 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2

NHFMC patients who live in a food desert are more likely to have A1C over 9, and to have lower limb amputations (see maps above). Patients from these same areas are also more likely to develop kidney disease and heart failure.

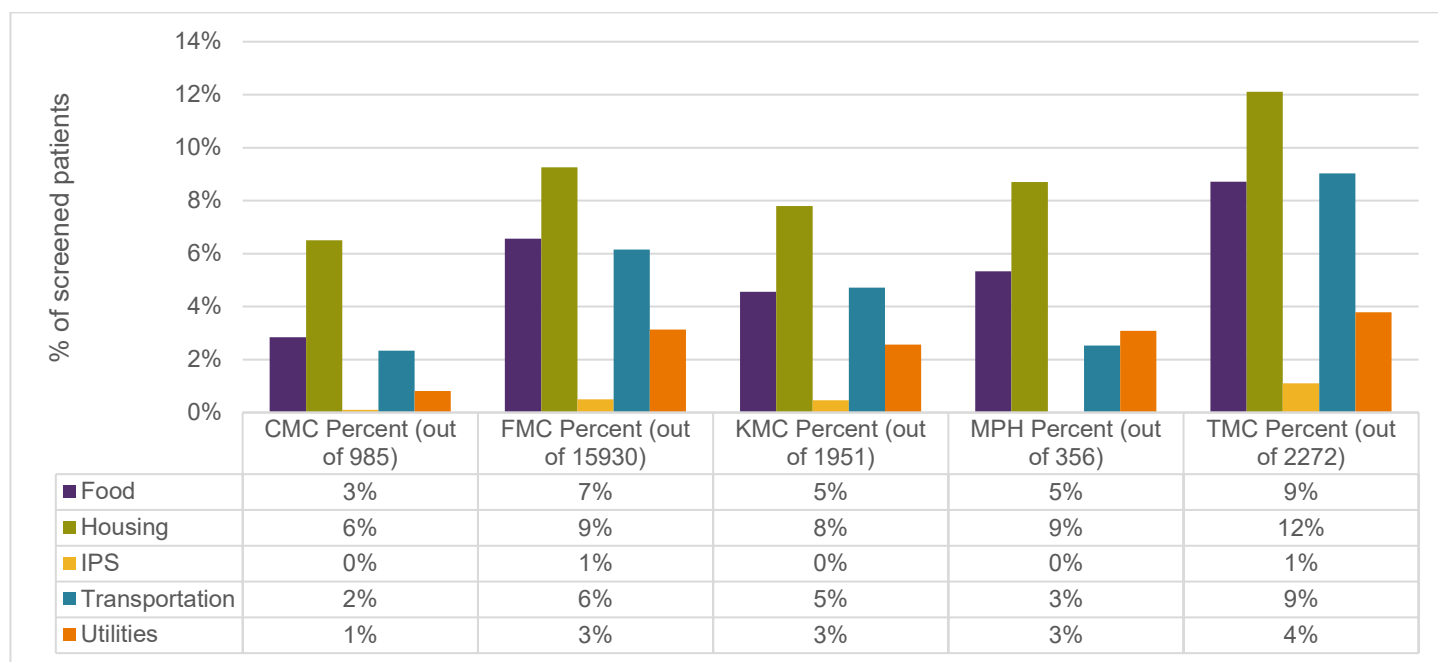
YEAR	TRANSPORTATION	FORSYTH COUNTY	NC	US
2023	Percent of adults who reported lack of transportation	9.5	9.0	n/a
2023	% of households with no vehicle access	5.68	5.33	8.32
2025	% of residents are satisfied with public transportation	24.52	21.95	n/a
2023	% of workers traveling outside the county or state 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.

Transportation access in Forsyth County presents both strengths and challenges that influence residents' ability to reach employment, healthcare, and essential services. About 9.5% of adults report lacking reliable

transportation—slightly higher than the state rate—while 5.7% of households have no vehicle access. Despite these barriers, only one in four residents express satisfaction with public transportation, suggesting limited system reach or reliability. Notably, fewer Forsyth residents commute outside the county for work compared to the state and national averages, indicating a more locally based workforce. Expanding affordable, efficient transportation options—particularly for households without vehicles—remains essential to improving equitable access to care and economic opportunity.

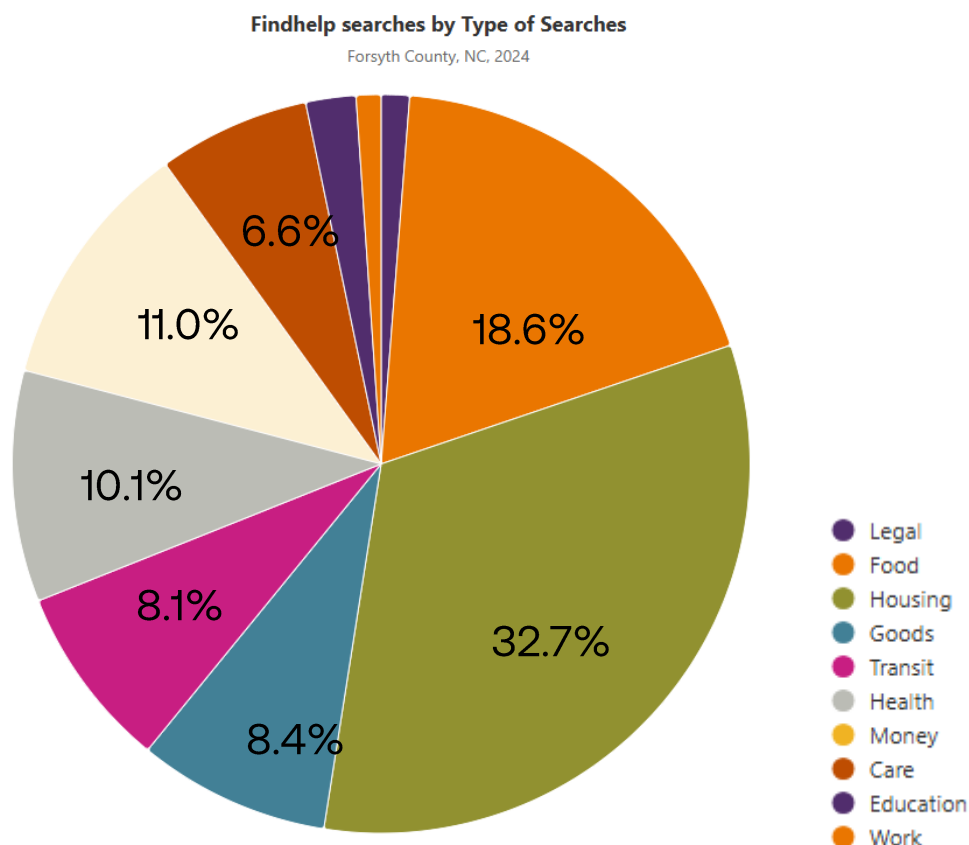
In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation, and utilities. Results from 2024 social needs assessments are below. Like many facilities across the Triad Region, NHFMC, NHCMC and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



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

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 Forsyth County-based facilities (NHFMC, NHCMC, NHKMC, NHMPH) include housing, food and healthcare (medication, financial support, primary care).





\*Legal, education and work categories each comprised less than 5% of searches.  
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 Forsyth Medical Center (including NHCMC and NHKMC) 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 Forsyth Medical Center partnered with Forsyth County Public Health and the Central Carolina Community Collaborative, 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.

Findings from surveys and focus groups were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. Surveys highlighted access to care, chronic disease, 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. Throughout this process, no written comments were received on the prior CHNA.

Through a structured prioritization process, Novant Health Forsyth, Clemmons, and Kernersville 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 their shared service area.

## **Collaborative Community Partners**

The 2025 CHNA for Novant Health Forsyth Medical Center (including NHCMC and NHKMC) was developed in partnership with the Central Carolina Community Collaborative (CCCC), including county health departments 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 Forsyth 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.

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

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 Forsyth County residents aged 18 and older.

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 Forsyth 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 Forsyth 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, 192 from residents of Forsyth 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 Forsyth Medical Center, promoted the survey via social media, organizational websites, press releases and free community health events. Community partners and Community Health Workers 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.

## Focus Groups

As part of the 2025 Community Health Needs Assessment, Novant Health Forsyth 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.

## 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 Forsyth 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/food insecurity
- Affordable childcare
- Affordable housing & homelessness
- Chronic disease prevention and management
- Employment opportunities
- HIV and STD prevention
- Maternal and child health
- Mental health

- Safety/violence prevention
- Substance use
- Transportation

## Survey findings

From the 192 CCCC survey results collected in Forsyth County, individuals across demographics identified the following top three health related challenges in the community: mental health issues (54%), access to affordable medication (39.4%) and obesity (36.3%) The survey respondents identified the following most important community issues: affordable and safe housing (55.4%), access to affordable healthy food (44.3%) and access to affordable childcare (37%).

From the 59 CCCC survey respondents in Davie County, individuals across demographics identified the following top three health related challenges in the community: mental health issues (50.7%), access to healthcare (40.8%) and obesity (32.5%) The survey respondents identified the following most important community issues: affordable and safe housing (47.7%), access to affordable healthy food (45.6%) and access to affordable childcare (29.6%).

## 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.

## Analysis and Prioritization

### County Prioritized Health Needs

At the time of this report’s creation, Forsyth County Public Health had not yet selected prioritized needs. Anticipated needs include maternal and infant health and chronic disease and will be selected at the end of 2025.

### Facility Prioritization

In addition to the primary and secondary data, Novant Health Forsyth 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 FORSYTH, CLEMMONS, AND KERNERSVILLE MEDICAL CENTERS			
Inpatient Diagnosis	Volume	Emergency Room Diagnosis	Volume
Sepsis, unspecified organism	274	Unspecified injury of head, initial encounter	67
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified chronic kidney disease	173	Chronic obstructive pulmonary disease with (acute) exacerbation	64
Chronic obstructive pulmonary disease with (acute) exacerbation	99	Dyspnea, unspecified	54
Hypertensive heart disease with heart failure	96	Weakness	47
Acute kidney failure, unspecified	77	Other chest pain	46

Upon a comprehensive review of the primary and secondary data, the Novant Health Forsyth, Clemmons and Kernersville Medical Center leadership team and Novant Health Triad 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 Forsyth Medical Center (including NHCMC and NHKMC):

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 and transportation)

## Health Needs Not Selected and Community Resources to Address Health Needs

NHFMC, NHCMC and NHKMC 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 the facilities will not prioritize the remaining five significant health needs, it will continue to raise awareness, support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are aligned with their scope of service:

- Education and outreach to address HIV and STD prevention will be incorporated into broader access to care initiatives led by Novant Health or community resources. Initiatives to address maternal and child health are incorporated within Novant Health’s access to care priority.
- Employment opportunities, affordable childcare and safety/violence prevention are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHFMC, NHCMC and NHKMC recognize these issues are broader than clinical needs and did not identify these as priorities so it could focus efforts on the top issues selected.

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 NHFMC, NHCMC and NHKMC, there are various existing community assets available throughout the Forsyth County community that have additional programs and resources tailored to meet all the identified health needs.

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

IDENTIFIED HEALTH NEED	LOCAL COMMUNITY RESOURCES ADDRESSING NEED
Chronic Disease	Abbott Nutrition American Cancer Society American Heart Association Atrium-WF Cancer Comprehensive Center Colon Cancer Coalition Forsyth County Department of Public Health The Lions Club YMCA of Northwest NC

<p>Access to Care including:</p> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Maternal and child care*</li> <li>• Medication access</li> </ul>	<p>Novant Health Atrium Health Second Harvest Food Bank NC Med Assist Hands of Hope Medical Clinic (Yadkin County) Care Management for at Risk Children (CMARC) Care Management for High Risk Pregnancies Forsyth County Infant Mortality Reduction Coalition Nurse Family Partnership Special Supplemental Nutrition Program for Women, Infants, and Children Healthy Forsyth Collaborative ImprintsCares March of Dimes Newborns in Need Outreach Alliance Parenting PATH PowerUp Smart Start Smart Start of Davie County Stokes Partnership for Children Forsyth County Department of Public Health</p>
<p>Behavioral Health (mental health and drug overdose)</p>	<p>Mental Health Association Project HOPE Project Healthy Minds THRIVE Young Adult Group Daymark Recovery Services American Foundation for Suicide Prevention Forsyth Regional Opioid &amp; Substance Use Team (FROST) Department of Public Health Stokes County Opioid Prevention Effort (SCOPE) Forsyth Regional Opioid &amp; Substance Use Team</p>
<p>Safety/violence*</p>	<p>Community Intervention and Safety Services Eliza's Helping Hands, Inc. National Safe Kids Family Service of Forsyth County Forsyth County Community Watch Eddie Eagle GunSafe Program Triad Restorative Justice</p>
<p>SDoH including: Access to healthy food/food insecurity Affordable housing &amp; homelessness Healthy environment*</p>	<p>Bethesda Center For The Homeless Inc City with Dwellings Davidson Medical Ministries Family Services</p>

Transportation Childcare* Employment*	Goodwill Industries Hispanic League Boston Thurmond United Samaritan Ministries Second Harvest Food Bank Shepherd's Center WS Rescue Mission Bridges to Hope Crisis Control Solutions for Independence Legal Aid Healthcare Navigator Consortium The Dwelling Sunnyside Ministry The Shalom Project Una Bendicion/A Blessing Children's Center Eliza's Helping Hands, Inc. Childcare Resource Center Partners Piedmont Triad Regional Council
HIV and STD prevention*	Forsyth County Department of Public Health's POSSE Health Program Positive Wellness Alliance Twin City Harm Reduction The Neil Group

\*Significant health needs not selected for prioritization

For a full list of community resources, visit [www.novanthealth.org/mycommunity](http://www.novanthealth.org/mycommunity)

## APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 NH Forsyth Medical Center Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Triad Region Board of Trustees on October 23, 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 Triad Region Board of Trustees and Novant Health Forsyth 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.

**No written comments were received from the 2022-2024 CHNA and implementation strategy.**

## IMPACT EVALUATION OF THE 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Based on the previously reported health data from the 2022-2024 Community Health Needs Assessment, the Novant Health Triad Region Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Forsyth Medical Center as the following: access to care and resources, maternal and infant health and chronic disease.

The specific commitments, objectives, measurements, and successes for Novant Health Forsyth Medical Center addressing their 2022-2024 priorities are described in the table below.

PRIORITY NEED	PROGRAM/ INITIATIVE	ACTION	INTENDED OUTCOME
Access to care and resources	Increase access to healthy foods	Enhance partnership with Second Harvest Food bank, Farm to Table organizations, launch food pharmacy, food pack program in primary care, healthy food packs after discharge.	Increased number of referrals and community members connected to appropriate care
	Increase access to affordable medication		Access to tools/skills to build resiliency and access to
	Increase access to education	Partnership with NC Med Assist (funding and mobile cruiser), Meds to Beds Walgreens program	resources/services within the community
	Improve access to quality and affordable healthcare	Funding for educational	



	<p>Increase access to safe housing</p>	<p>programs in birth to 5, college to career readiness and workforce development programs; bridges to healthcare.</p> <p>Financial navigator for mobile patients to sign up for health insurance (\$25K), increase trust in healthcare across community. Show up and represent the needs of the community – conduct focus groups and listen to what the community needs/wants.</p> <p>Provide funding for safe, affordable housing, referrals through CHWs in MyCommunity.</p>	
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**Actual Outcome:** Improving access to care and essential resources was a central focus of the recent Community Health Needs Assessment (CHNA) cycle. Through strategic partnerships and community-driven programs, Novant Health and its collaborators made meaningful progress in addressing barriers to health and well-being.

To address social drivers of health (SDoH), Novant Health Forsyth Medical Center (NHFMC) promoted the use of the MyCommunity platform, which enabled Community Health Workers (CHWs) and other teams to make referrals to health and social services, including free and reduced-cost programs. Within the health and housing categories alone, the platform supported over 3,000 searches and facilitated more than 1,800 connections within the NHFMC Primary Service Area. Across all categories (including food, care, transit, education, work and others, there were over 14,100 searches and almost 4,500 connections. The most common search terms reflected needs for services such as food pantry, temporary shelter and prescription assistance.

An additional financial navigator was added to help mobile patients enroll in health insurance and connect with needed resources through partnership with Healthcare Access. The SafeRide service supported safe transitions home for discharged patients, completing 4,264 rides in 2024 from NHFMC, Novant Health Kernersville Medical Center (NHKMC), and Novant Health Clemmons Medical Center (NHCMC).

To address food insecurity, NHFMC launched a Food Pharmacy and Healthy Food Pack Program, providing nutritious options to patients in primary care settings and after hospital discharge. In 2022, 475 individuals received emergency food boxes and meals in one of the Triad region facilities, 1,733 in 2023 and 2,158 in 2024.

Through strategic partnerships and community engagement, the Triad hospitals provided more than \$4.6 million in charitable support to organizations working to improve access to care and combat food insecurity. Key partners included Second Harvest Food Bank, American Heart Association, Crisis Control Ministry, Cancer Services Inc., The Hispanic League, MedAssist, The Shepherd's Center, SECU Family House and YMCA of Northwest North Carolina.

PRIORITY NEED	PROGRAM/ INITIATIVE	ACTION	INTENDED OUTCOME
Maternal and infant health	Improved health	<p>Support for new moms and children from birth to 5 years old through targeted wraparound services including lactation support, home visits and other various services.</p> <p>Increase awareness of infant mortality and support of organizations promoting resources for expectant mothers and children.</p>	Increased number of healthy pregnancies and healthy babies

**Actual Outcome:** In response to the critical need for improved maternal and infant health outcomes in Forsyth County, families were provided with access to a wide range of supportive programs and classes. Forsyth County's maternal and infant health initiative served over 18,000 individuals, offering access to vital programs such as health education, breastfeeding support through Baby Café, infant CPR, newborn care, pregnancy yoga, women's health classes and support groups for nursing mothers.

Additionally, the Family Connects program supported new mothers and children from birth to age five. This program provided targeted wraparound services, including lactation support, home visits and access to vital community resources. The initiative worked to raise awareness about infant mortality and amplify the efforts to support expectant mothers and young children.

Through strategic partnerships and community engagement efforts, NHFMC provided more than \$500,000 in charitable support to organizations addressing maternal and infant health priorities including March of Dimes, Kaleideum, Imprints Cares, The Parenting Path and YWCA High Point.

PRIORITY NEED	PROGRAM/ INITIATIVE	ACTION	INTENDED OUTCOME
Chronic Disease	Remarkable You screenings (A1C, Cholesterol, BMI, Blood Pressure) and educational programs to provide early detection of chronic disease and connection to a system of care in priority areas, especially 27101, 27103, 27105 and senior citizens  Targeted support for senior citizens  Mental health and substance misuse	Chronic disease management in partnership with community organizations such as YMCA, faith community, etc.  Support for senior citizens in the community to manage healthcare needs, health insurance access, partnership with senior services, house calls program (APPs in patient homes), compassionate AI project with referrals to patient based on scores  Provide mental health first aid training to community organizations and faith congregations. Invest in and support programs that provide access to mental health for youth and adults to reduce stigma and quality support. Support expansion of Forsyth County mental health coalition.	Increase number of patients accessing screenings and connection to care  Establish relationships with community partners to improve physical activity of community  Opportunities to fund care connections team to provide support and navigation of resources, insurance, etc.  Serving community members through cancer screening events, breast cancer education and screening

**Actual Outcome:** During the previous Community Health Needs Assessment (CHNA) cycle, significant progress was made in addressing chronic disease across Forsyth County. The initiative focused on early detection, improved access to care and community-based support, particularly in high-need ZIP codes such as 27101, 27103, and 27105, and among senior citizens.

The Novant Health Community Health Services team, along with other community-facing teams, deployed the Community Care Cruiser to deliver mobile clinics at community events and local organizations. Screening programs, including Remarkable You biometric screenings, helped identify individuals at risk for chronic conditions and connected them to primary medical homes, promoting continuity of care. Adults aged 18 and older received no-cost screenings for blood pressure, cholesterol, BMI, glucose, A1C and triglycerides. These screenings were paired with educational resources to promote early intervention. Over 200 screening events were held during the cycle, serving more than 4,568 Forsyth County residents.

Mental health and substance use disorder were also addressed through Mental Health First Aid training. Cancer screening events and breast cancer education initiatives further extended the reach of preventive care, helping to improve early detection and outcomes for at-risk populations.

An additional 261 community events, health fairs and support groups served more than 17,184 residents across the county. Health education topics included blood pressure, diabetes, senior fall prevention, cancer education (breast, lung, GI, GYN and other types), heart health, kidney care, stroke prevention,

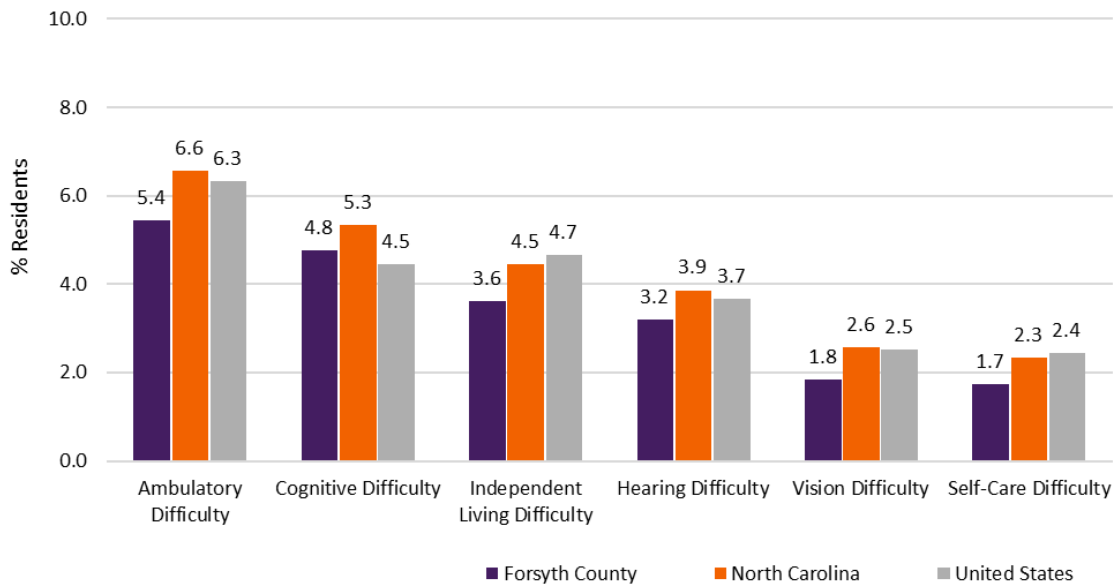
nutrition, weight management, rehabilitation, orthopedics and women's health. These events also provided in-kind medical care and opportunities for residents to engage directly with health educators.

NHFMC provided more than \$300,000 in charitable support to organizations addressing chronic disease management and prevention including American Heart Association, Go Far, Saddle Up for Sickle, YWCA of Winston Salem, Cancer Services Inc., Down Syndrome Association and the Colon Cancer Coalition.

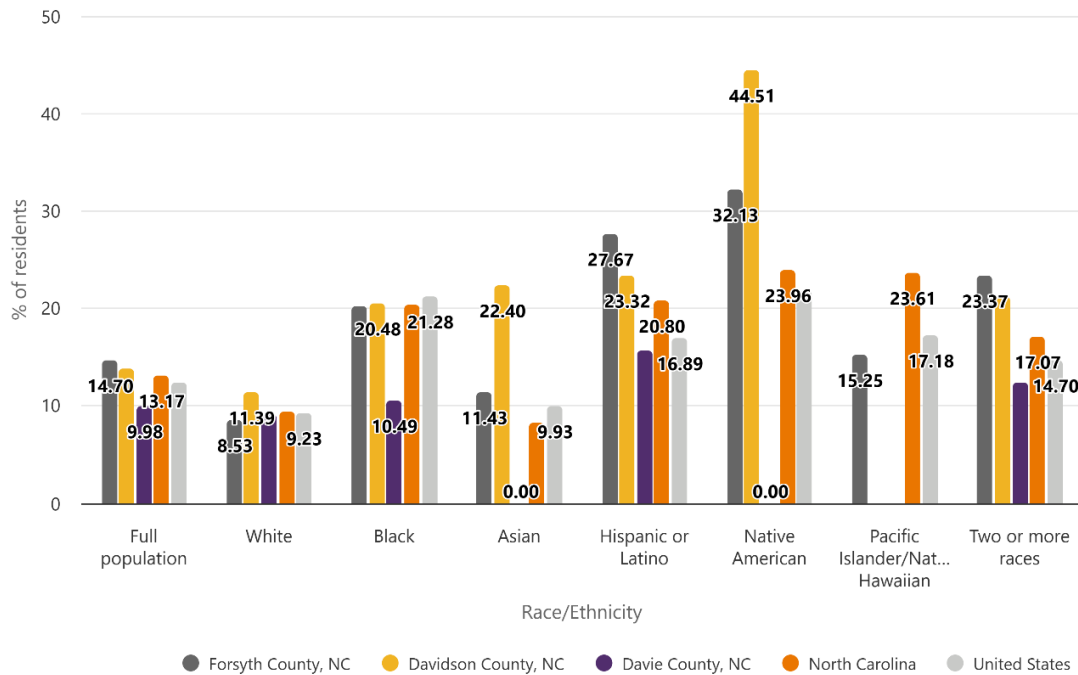
# APPENDIX

## Additional Data Tables and Charts

**Disability by Type, 2019-2023**



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



Created on Metopio | metopio.io/xmagg2g4t | 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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Feeding America. (2025). *Map the Meal Gap Methodology*. Retrieved via Metopio

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National Cancer Institute. (2025). *State Cancer Profiles*. Retrieved via Metopio.

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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](#)

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

*A special thank you to Annika Pfaender, who was an instrumental help in sourcing secondary data for this CHNA.*



## 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)