

Community Health Needs Assessment

2025-2027



Novant Health
Matthews 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 Matthews Medical Center (NHMMC) 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), Union County Health Department 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 1,000 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 NHMMC:

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 NHMMC'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 Matthews Medical Center, in partnership with Mecklenburg County Public Health, Union 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 Matthews 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 Matthews Medical Center (NHMMC) is a 157-bed hospital offering a wide range of emergency services, maternity care, surgery, cardiac and cancer services and a newly renovated maternity unit. Additionally, the hospital offers outpatient services and high-level diagnostic capabilities.

OUR DEFINED COMMUNITY

Primary and Secondary Service Areas

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

ZIP CODE	COUNTY
28105	Mecklenburg
28110	Union
28227	Mecklenburg
28079	Union
28104	Union
28173	Union
28270	Mecklenburg
28277	Mecklenburg
28112	Union
28212	Mecklenburg

Mecklenburg County contains seven municipalities including the city of Charlotte and the towns of Cornelius, Davidson, Huntersville, Matthews, Mint Hill and Pineville. In addition to Mecklenburg County, Union County ZIP codes also feature prominently in the Matthews Medical Center Primary Service Area (PSA). 51% of patients in the PSA reside in Mecklenburg County and 49% in Union County. **53% of patients in the Primary and Secondary Service Areas reside in Mecklenburg County and 43% in Union County. Thus, both counties will be the focus of demographic, health and social indicators.** The only other county included in the Secondary Service Area radius for NHMMC is Lancaster County, SC (4% of patients).

Demographic Characteristics: Mecklenburg & Union County

Union County has a population of 256,452 and Mecklenburg County has a population of 1,163,701, a significant share of the total North Carolina population of 10,835,491.

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

DEMOGRAPHIC	MECKLENBURG COUNTY	UNION COUNTY	NC	US
Population	1,163,701	256,452	10,835, 491	334, 914, 896
Median Age	35.6	39.9	39.4	39.2
% Ages 0-4	6.3	5.4	5.5	5.5
% Ages 5-17	16.2	19.9	16	16.2
% Ages 18-39	34.2	24.8	29.3	29.4
% Ages 40-64	30.9	36.1	31.6	31.2

DEMOGRAPHIC	MECKLENBURG COUNTY	UNION COUNTY	NC	US
% Ages 65 and older	12.4	13.8	17.7	17.7
% with a Disability	8.65	9.58	13.58	13.56
% Veterans	4.98	6.64	7.32	6.06
% of Householders living alone (all ages)	33.1	16.4	29.2	28.5
% of Householders living alone (65+)	27.63	20.71	26.33	25.72
Population change from 2010 to 2020	21.30	18.37	9.5	7.1
Projected % population change from 2020 to 2030	16.0	28.5	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.

Mecklenburg County

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.

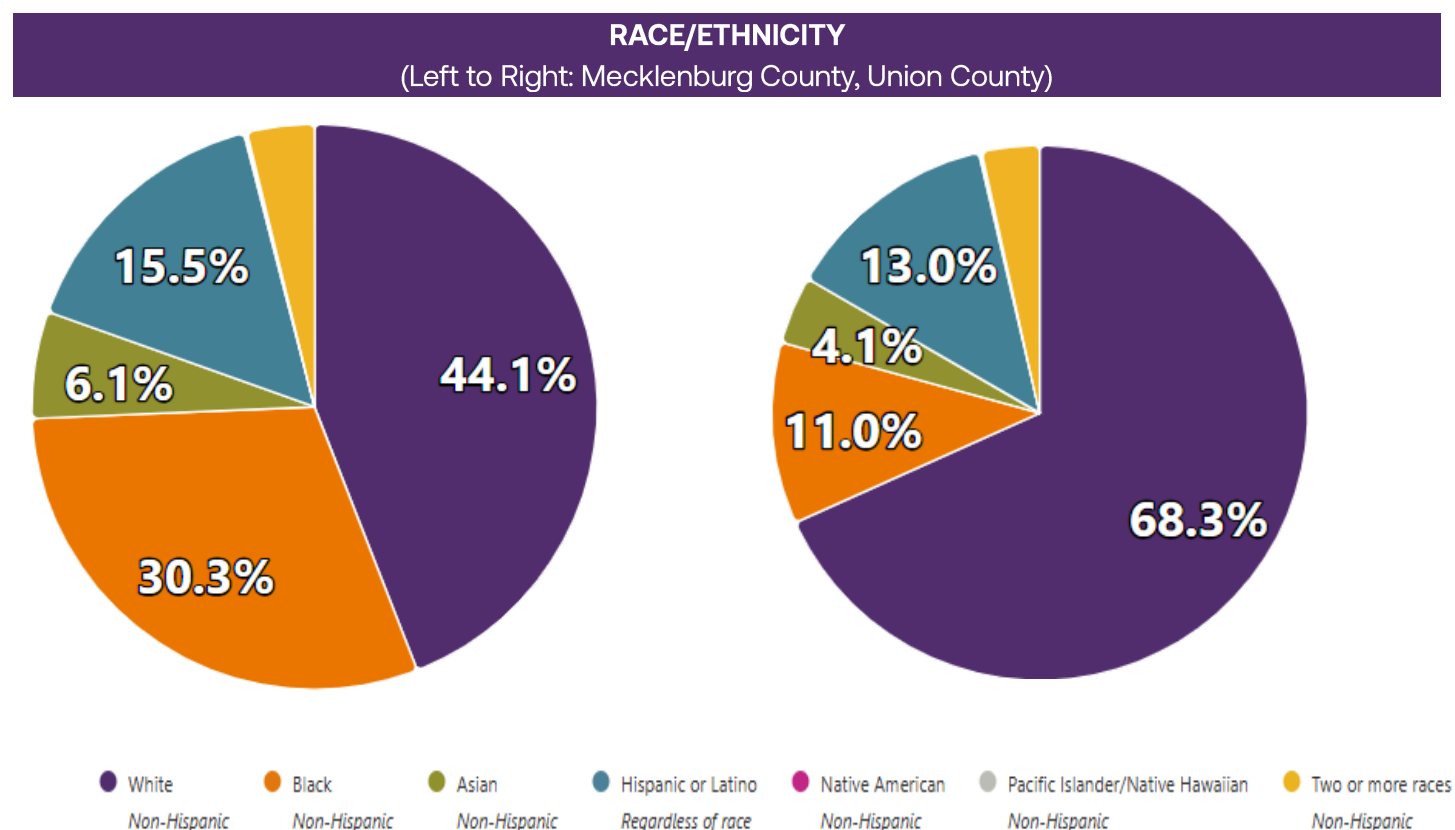
Union County

Union County has a population of 256,452, making it significantly smaller than neighboring Mecklenburg County. Despite its smaller size, Union County experienced an 18.37% population growth from 2010 to 2020 and is projected to grow by 28.5 % by 2030.

The median age in Union County is 39.9, which is older than Mecklenburg's 35.6 and closer to the North Carolina median. The age distribution in Union County is relatively balanced, though it leans slightly toward middle-aged adults. Union County has a lower percentage of households with individuals living alone: 16.4% of all households are single-person households, compared to 33.1% in Mecklenburg and 29.2% statewide. Among seniors (65+), 20.71% live alone. As this is lower than Mecklenburg's 27%, it suggests

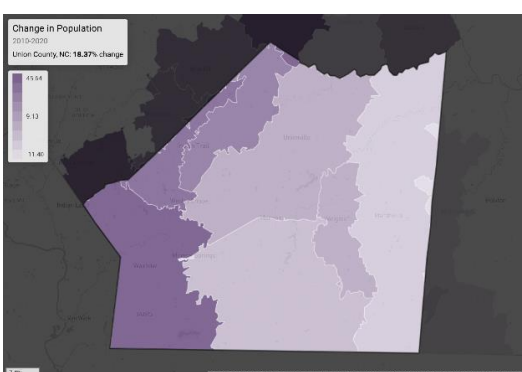
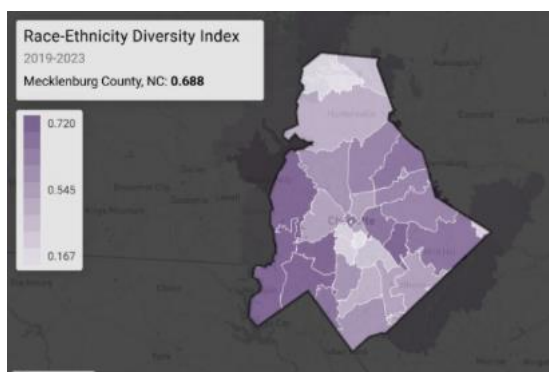
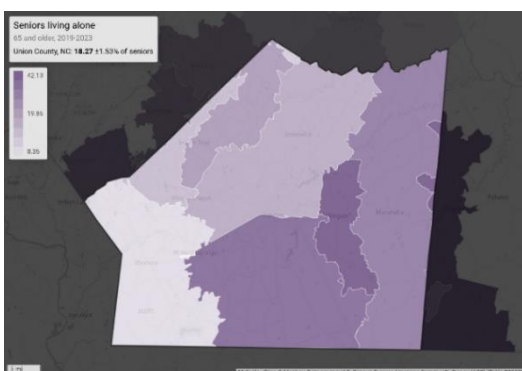
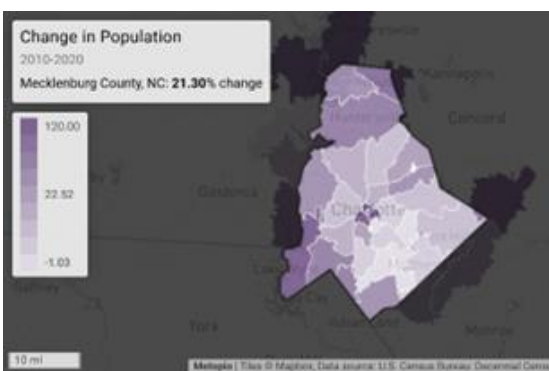
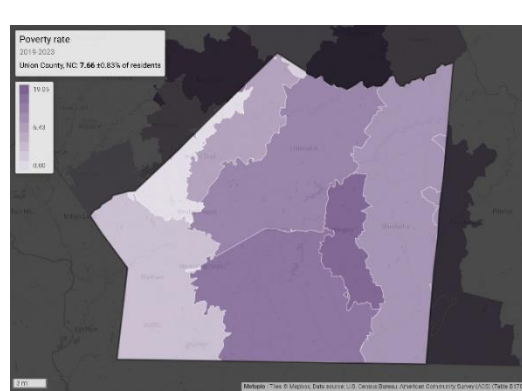
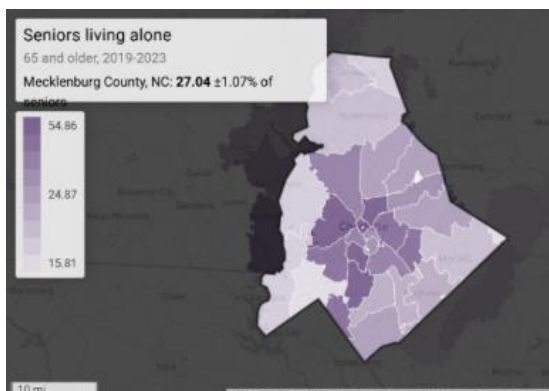
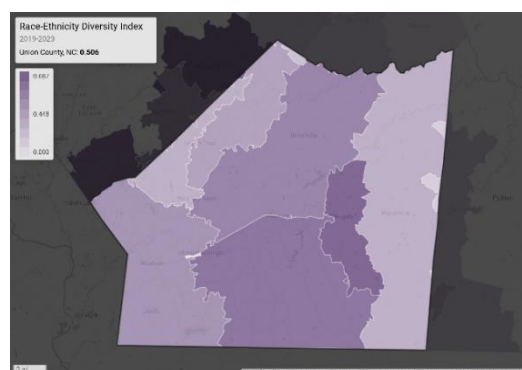
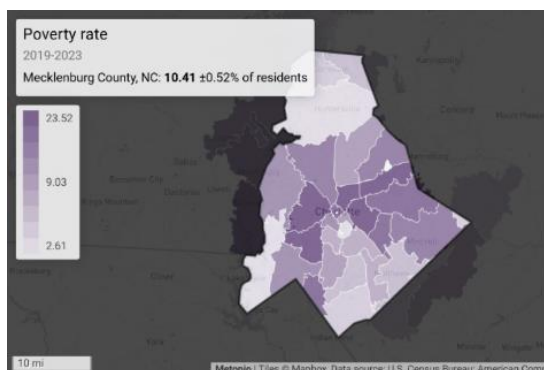
lower levels of social isolation among older adults. The disability rate in Union County is 9.58%, slightly higher than Mecklenburg County, but still below the North Carolina and national averages.

In comparison to North Carolina, Mecklenburg County has a lower proportion of non-Hispanic white residents, while Union County has a higher proportion. Non-Hispanic Black communities comprise 30% of Mecklenburg County and Hispanic or Latino communities account for another 15%. In Union County, non-Hispanic Black residents comprise 11% of the population and Hispanic or Latino communities account for another 13%. 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. 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.



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

Maps highlighting demographic trends are on the following page. Areas in the crescent ZIP codes – an arc shaped area above and around center city Charlotte – of Mecklenburg County and the central ZIP codes of Union County show the greatest racial and ethnic diversity, greatest poverty and largest percentages of seniors living alone. Areas on the northern and western edges of Mecklenburg County and the western edges of Union County have the most rapid change in population.



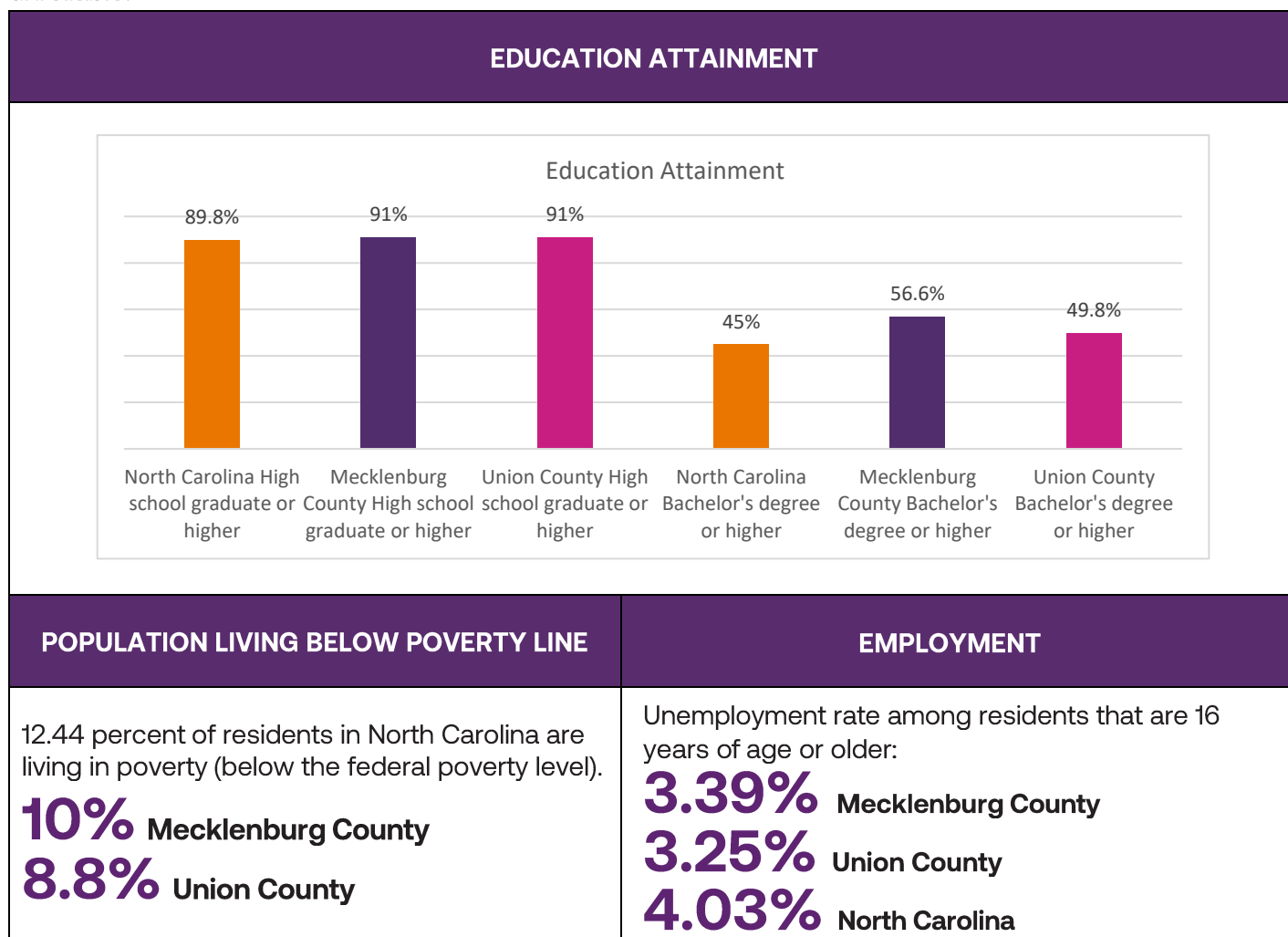
Source: U.S. Census Bureau, American Community Survey (ACS), Decennial Census (2010 & 2020), via Metopio



Several insights should be noted from the data on the following pages. The percentage of households with limited English proficiency in Mecklenburg County is higher compared to national 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 these residents. 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., both Union County and Mecklenburg County demonstrate higher median household incomes and lower poverty and employment rates. Mecklenburg residents have higher weekly wages than the North Carolina average, while Union County residents have lower wages. 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 Union County from a high in 2015. Both rates have been lower compared to the state and nation for a decade.

A lower percentage of the Mecklenburg and Union County workforce is employed in the four lowest paid industries compared to the state as a whole. The largest employment sector in Mecklenburg County is healthcare and social assistance (12% of the workforce) and in Union County it is manufacturing (16.8% of the workforce). Approximately 17% of the Mecklenburg County and 20% of the Union County workforce were 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.



LIMITED ENGLISH PROFICIENCY		MECKLENBURG COUNTY HOUSEHOLD/FAMILY	
	5.5% Meck County 2.1% Union County 2.5% North Carolina		6.12% Single-parent families 27.63% Seniors living alone

Sources: U.S. Census Bureau, American Community Survey (ACS), via Metopio; U.S. Department of Education, National Center for Education Statistics, via Metopio

YEAR	TOPICS	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	Median household income	\$ 84,593	\$ 98,215	\$ 70,804	\$ 77,719
2023	Poverty rate	10	8.80	12.79	12.46
2022/2023	Unemployment rate	3.39	3.25	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	19.3	21.1	22.5	n/a
2024	Average weekly wage	\$1,691	\$1,332	\$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)*.

Health Indicators: Mecklenburg & Union County

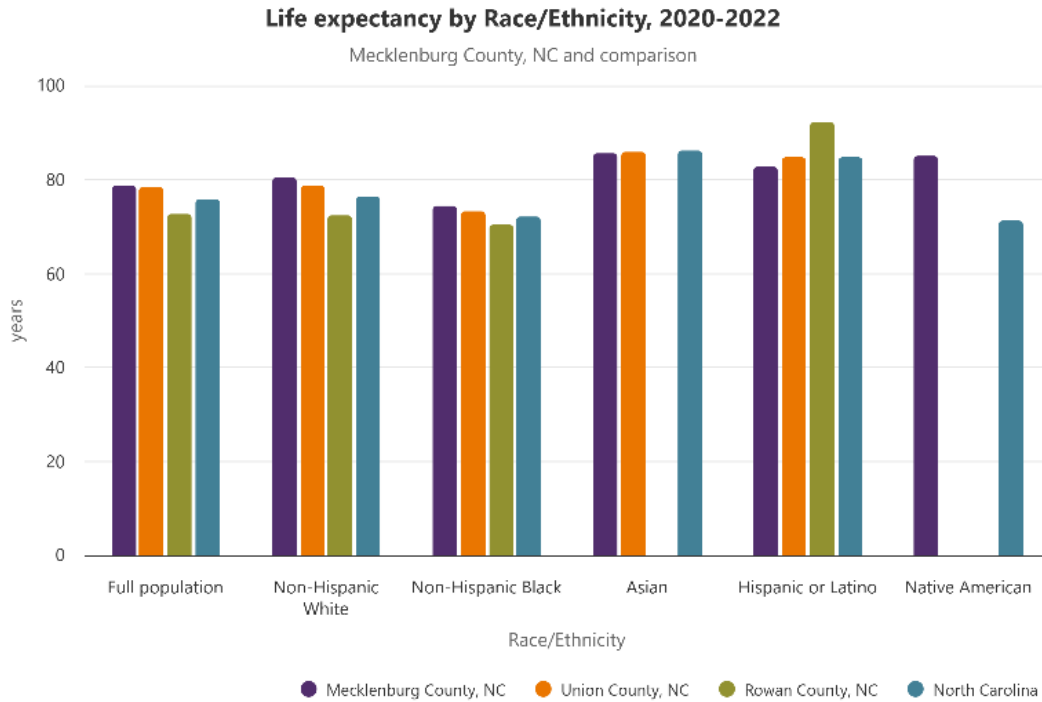
Mecklenburg and Union County's leading causes of death in 2019–2023 were cancer and heart disease. NHMMC will consider health indicators such as leading causes of death in population but will also consider the impact of root causes with an analysis of social drivers of health.

While mortality rates tend to be lower in Mecklenburg and Union County compared to North Carolina, mortality rates trend higher among African American non-Hispanic communities for almost all of the 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 and Union 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.

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	

LEADING CAUSES OF DEATH IN UNION COUNTY			
Rank	Cause of Death	Number	%
1	Cancer	1,755	19.9
2	Heart Disease	1,595	18.1
3	Alzheimer's disease	577	6.5
4	COVID-19	543	6.1
5	Cerebrovascular diseases	453	5.1
6	All Other Unintentional Injuries	413	4.7
7	Chronic Lower Respiratory Diseases	320	3.6
8	Kidney Diseases	214	2.4
9	Diabetes Mellitus	228	2.6
10	Pneumonia and Influenza	139	1.6
	Total Deaths – All Causes	8,835	100

Source: State Center for Health Statistics, North Carolina



Source: Centers for Disease Control and Prevention National Center for Health Statistics via Metopio

Chronic Disease

YEAR	TOPICS	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	Cancer mortality deaths per 100,000	117.8	140.4	151.1	141.8
2021	Cancer diagnoses	462.4	487.9	475.5	444.4
2025	Respondents most important health challenge: Cancer*	16.27	24.21	14.70	n/a
2022	Colorectal cancer screening- Percentage of adults	60.40	63.40	60.96	58.85
2022	Mammography use Percentage of females	80.30	73.50	78.6	76.38
2022	% of adults with obesity	34.1	31.1	33.9	33.2
2022	% of adults with diabetes	10.6	9.5	10.6	10.8
2022	% of adult residents reporting no physical activity	18.9	19.4	22.6	23.1
2025	Respondents who ate fruits/veg more than 5 days in the last week*	55.35	54.42	45.41	n/a

YEAR	TOPICS	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2024	Access to exercise opportunities	88.74	70.72	77.97	84.45
2022	Coronary heart disease	5.20	5.60	4.10	3.76
2022	Residents with high blood pressure	30.30	29.80	32.16	30.32
2021	Chronic kidney disease	2.8	2.7	3.1	2.9
2022	% of adults with obesity	34.1	31.1	33.9	33.2
2022	% of adults with diabetes	10.6	9.5	10.6	10.8
2023	Heart disease mortality	109.0	119.3	161.2	162.1
2023	Diabetes mortality	19.2	15.2	25.3	22.4
2023	Kidney disease mortality	12.6	18.7	15.7	13.1
2023	CLRD mortality rate	19.5	28.5	37.9	33.4
2022	Cigarette smoking rate (% of adults)	12.9	11.5	14.8	13.1
2023	Chlamydia diagnosis rate	890.09	401.49	616.00	n/a
2023	Gonorrhea diagnosis rate	397.94	116.03	246.58	n/a
2023	HIV diagnosis rate	28.3	6.7	15.5	n/a
2023	Syphilis diagnosis rate	66.61	14.86	35.95	n/a
2023	Medicare flu vaccination rate	54.00	50.00	50.00	46.25
2019-2023	COVID mortality	8.0	12.5	13.5	11.9
2019-2023	Pneumonia and Influenza mortality	8.2	12.3	13.1	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 and Union County present 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 counties also presents similar rates of health behaviors like smoking and not exercising.

- Over the past 30 years, life expectancy increased by more than three years in both counties, from 75.1 years to 78.8 years in Mecklenburg and from 75.3 years to 78.5 years in Union. It has increased by only one year in North Carolina.
- Adults in both counties are less likely to report getting no physical activity, with Mecklenburg less likely to report a lack of access to exercise opportunities and Union County more likely.

- Heart disease mortality and chronic lower respiratory disease (CLRD) mortality are all lower in Mecklenburg and Union County compared to North Carolina, whereas kidney disease mortality in Union County is higher than the state and Mecklenburg County.
- In terms of cancer diagnoses, Union County had a rate of 487.9 per 100,000 residents in 2021, which is higher than both the state, nation and Mecklenburg County. Community perception from the 2025 survey also aligns with these statistics; 24.21% of Union County respondents identified cancer as the most important health challenge.
- In Union County, mammography use among females is 73.5%, which falls below the state average of 78.6% and the national average of 77.38%, indicating a potential gap in breast cancer screening outreach.
- Mecklenburg County has a significantly higher rate of sexually transmitted infections than North Carolina and other region counties.
- Data from Novant Health safety and quality teams shows that 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 testing 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	UNION COUNTY	NC	US
2023	% Women of childbearing age (15-44)	44.3	37.9	38.6	38.9
2023	Pregnancy rate	76.7	60.8	69.0	n/a
2023	Teen pregnancy rate	24.4	11.1	20.8	n/a
2020-2022	Low birth weight	9.6	8.4	9.4	8.5
2020-2022	Prenatal care in the first trimester <i>Percentage of live births</i>	70.5	74.9	74.1	78.1
2023	Kindergarten immunizations	92.05	88.57	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 in Mecklenburg County surpasses the North Carolina rates, while the rate in Union County is half the North Carolina rate. Mecklenburg and Union County mothers are less likely to receive prenatal care in the first trimester than 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. While both counties have opportunities for Kindergarten vaccination, Union County in particular displays a gap to the state average.



Behavioral Health

YEAR	BEHAVIORAL HEALTH	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	Alcohol-related mortality	10.7	7.0	11.1	12.6
2023	% of overdose deaths due to illicit opioids	79.0	83.1	76.6	n/a
2023	Suicide mortality rates	10.9	10.1	14.3	14.1
2023	Rate of drug overdose deaths	30.3	25.3	41.0	n/a
2023	Rate of drug overdose ED visits	155.2	107.6	161.8	n/a
2022	% of Adults with depression	21.1	21.5	23.1	22.5
2025	Respondents negatively affected by substance use in the household*	3.48	2.47	6.98	n/a

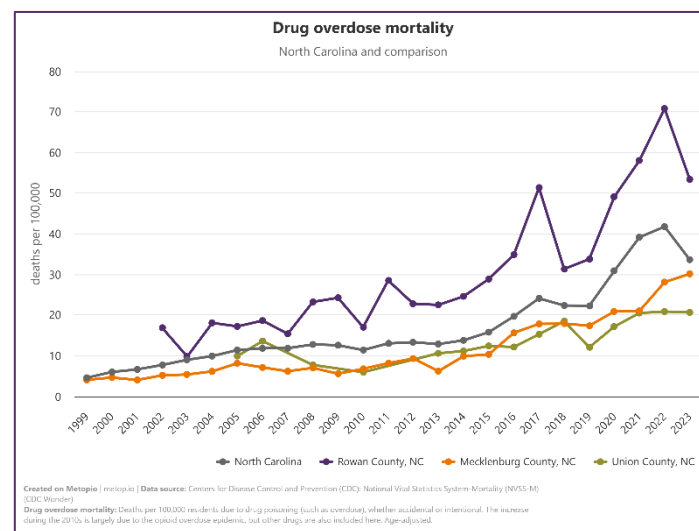
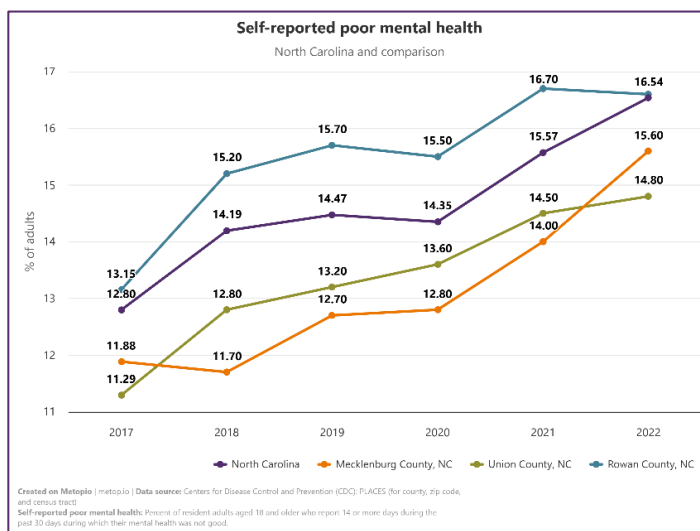
*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC), via Metopio; PLACES Project, Centers for Disease Control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

- Alcohol-related mortality is lower in Mecklenburg and Union 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 and Union County both saw a higher rate 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	
	24.8% Mecklenburg County 14.0% All respondents		3.5% Mecklenburg County 6.9% All respondents

Source: CCCC Survey, 2025



Since at least 2000, the rate of drug overdose deaths and self-reported poor mental health (see 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.

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

Access to care

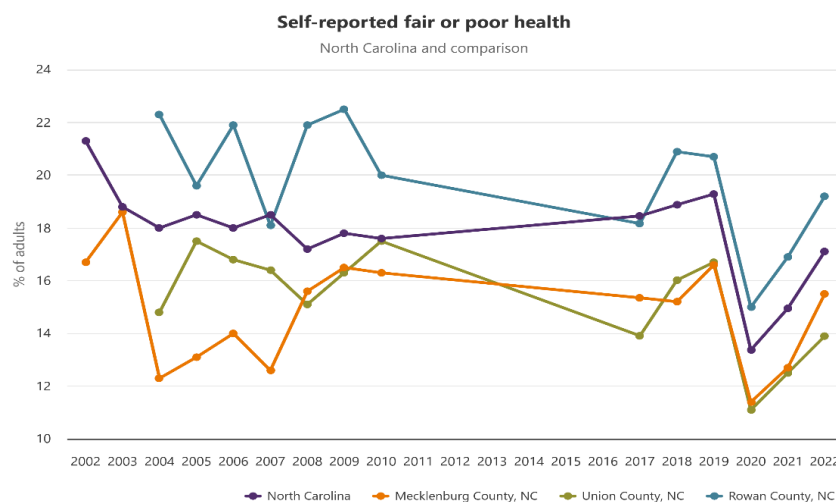
YEAR	HEALTHCARE ACCESS	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	% with private health insurance	70.42	74.86	67.29	67.01
2023	% with public health insurance	25.97	27.83	36.44	37.41
2023	% Uninsured	11.36	7.08	9.23	7.93
2023	Medicaid coverage	14.28	14.48	19.12	21.31
2025	Respondents satisfied by insurance*	70.6	70.38	65.15	n/a
2025	Respondents satisfied with healthcare*	43.62	53.49	43.64	n/a
2025	Respondents who delayed care*	23.50	20.91	26.14	n/a
2025	Respondents who delayed care because of the cost*	44.40	35.11	42.39	n/a

YEAR	HEALTHCARE ACCESS	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2025	Respondents who needed but did not receive mental health treatment*	26.97	33.39	35.67	n/a
2025	Respondents with a primary care provider*	94.10	97.06	93.12	n/a
2025	Respondents with dental insurance*	87.86	78.61	83.67	n/a

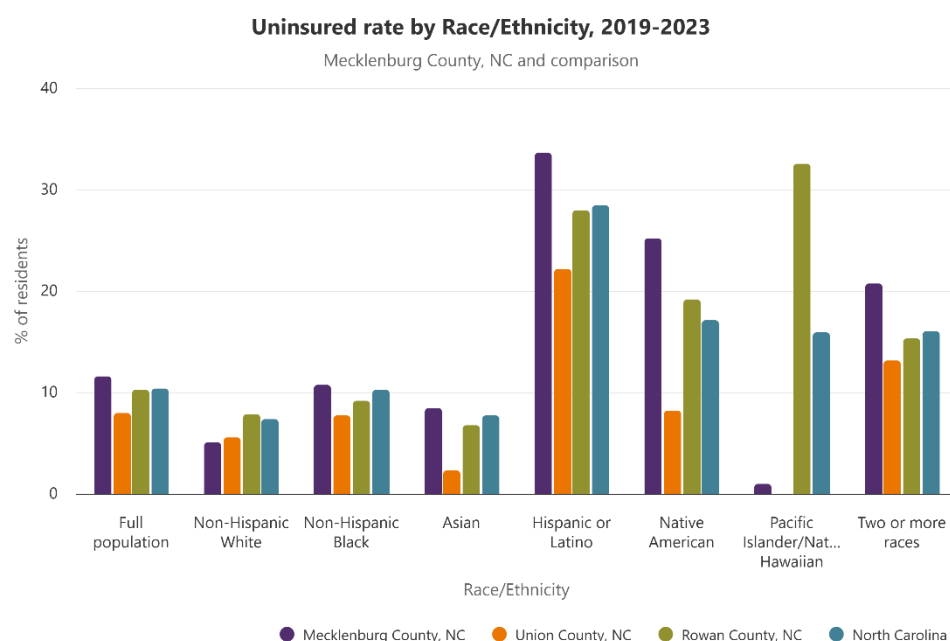
*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: American Community Survey (ACS) 2019–2023 5-Year Estimates, US Census Bureau, via Metopio; Central Carolina Community Collaborative(CCCC), Community Health Needs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

Key insights related to access to care include:

- Compared to the state and the nation, Mecklenburg and Union 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, far higher than Union County’s 7%.
- Compared to results from North Carolina, survey respondents in Mecklenburg County were more likely to be satisfied with their health insurance and less likely to have dental insurance. Satisfaction with their healthcare varied across counties.
- Almost a quarter of Mecklenburg County survey respondents and 21% of Union County respondents delayed care. Among those, between 35% and 44% did so because of the cost
- Between 27% and 33% of residents say they needed, but did not receive, mental health treatment across the two counties.
- 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.



Created on Metopio | metopio.io | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps), Centers for Disease Control and Prevention
Self-reported fair or poor health: Percent of resident adults aged 18 and older with self-reported fair or poor health status.



Created on Metopio | metopio.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).

The uninsured rate in the United States is 7.93%, while almost 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 both counties, 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 & Union County

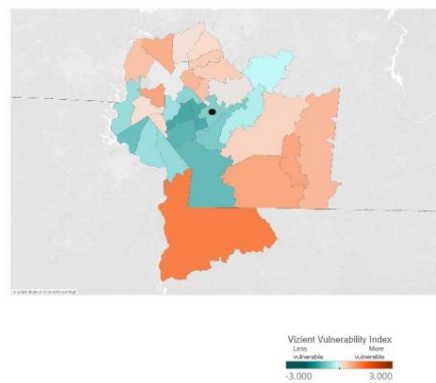
Social Drivers of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks. Including SDOH data ensures the CHNA captures the full picture of what affects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

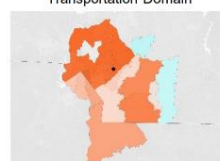
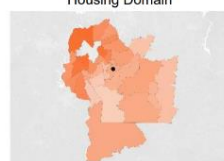
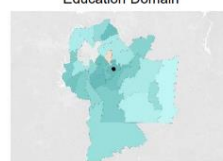
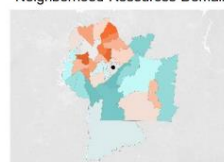
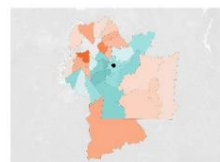
The Vizient Vulnerability Index (VVI) maps hospital patients home address by nine social needs domains. This tool aggregates domains into an overall Vizient Vulnerability Index score by ZIP code. It is helpful in identifying where to focus community-based efforts and how social needs and health outcomes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

Domains and Components: Novant Health Matthews Medical Center

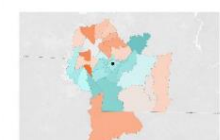
Each of these maps illustrates the regional variation in the overall Vizient Vulnerability Index, the nine specific domain vulnerabilities, and two selected components that will be referenced in the clinical outcomes and utilization analyses.



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.



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



Across domains, the ZIP codes displaying most consistent and intense vulnerabilities are 28216, 28217, 28227 in Mecklenburg County, 28112 in Union County and 29720 in Lancaster County, South Carolina. Rapid population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

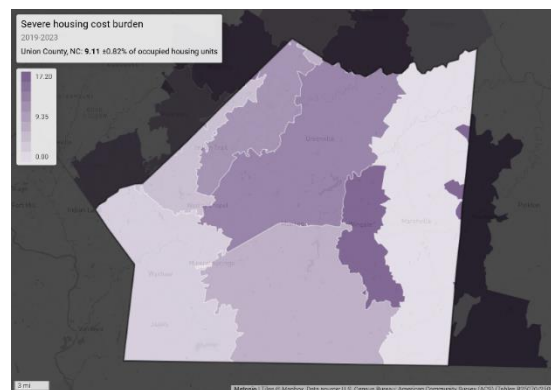
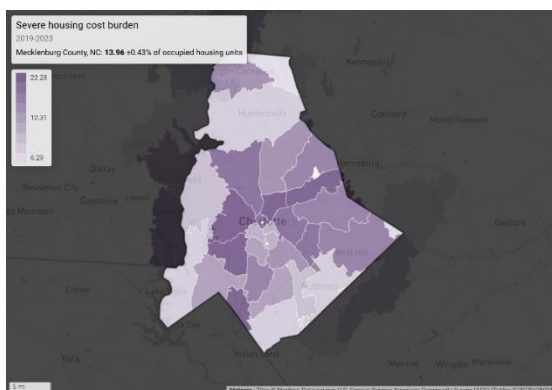
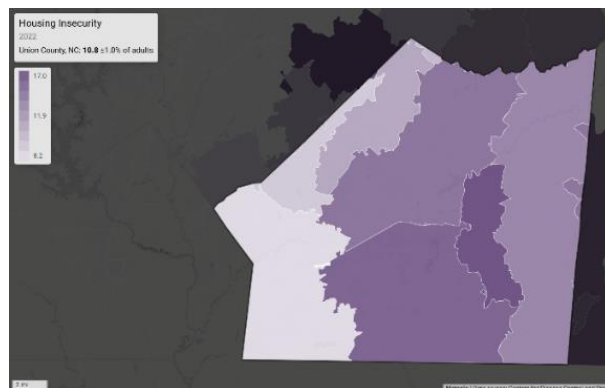
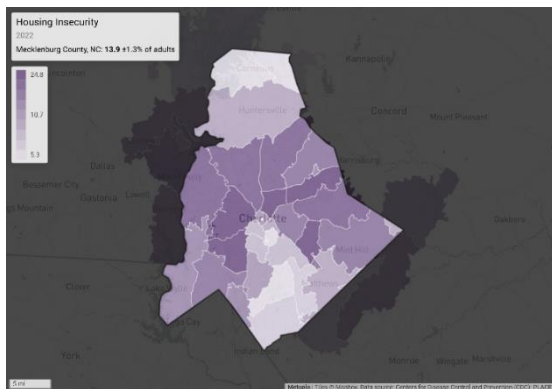
YEAR	SOCIAL INDICATOR TOPIC	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	Median household income	\$84,593	\$98,215	\$70,804	\$77,719
2023	Poverty rate	10	8.80	12.79	12.46
2022/2023	Unemployment rate	3.39	3.25	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	19.3	21.1	22.5	n/a
2024	Average weekly wage	\$1,691	\$1,332	\$1,504	n/a
2023	% of cost burdened housing units	33.66	25.37	28.04	31.86
2023	% of severely cost burdened housing units	15.92	11.99	12.72	15.12
2023	Housing insecurity	13.9	10.8	14.3	n/a
2025	Residents who think housing is affordable*	12.75	21.30	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.

In Mecklenburg and Union County, the poverty rate tends to vary significantly across different racial and ethnic groups as well as age groups and geographic locations. Non-Hispanic Black (approximately 13% in Mecklenburg and 16% in Union) and Hispanic or Latino (18% in Mecklenburg and approximately 16% in Union) residents face the highest levels of poverty (see graph in the appendix), exceeding the state average and highlighting persistent economic gaps. Mecklenburg and Union County's children are more likely than any other age group to live below the federal poverty limit. While poverty may not be as pervasive in Mecklenburg and Union County compared to other locations, there is an ongoing need for focused interventions to address economic disparities across the geography, as featured in more detail in the social indicators section.

While poverty may not be as pervasive in Mecklenburg and Union Counties compared to other locations, there is an ongoing need for interventions to consistently address the economic needs across all populations. As evidenced by the maps on the following page, ZIP codes in the Crescent area of Mecklenburg County and the central section of Union County have the most intense housing and food insecurity challenges, indicating more intense financial challenges among residents in those areas.





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 and in Union County among mixed race 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.

YEAR	FOOD INSECURITY	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	% of households on SNAP	8.77	8.27	12.6	12.22
2023	Food insecurity	13.2	11.1	15.0	14.5
2023	Households in poverty not receiving food stamps	66.08	69.44	58.14	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.

RESPONDENTS WHO THINK AFFORDABLE, HEALTHY FOOD IS THE MOST IMPORTANT COMMUNITY ISSUE		RESPONDENTS WHO THINK HOUSING IS AFFORDABLE	
	39.2% Mecklenburg County 37.9% Union County 43.8% All respondents		12.75% Mecklenburg County 21.30% Union County 26.02% All respondents

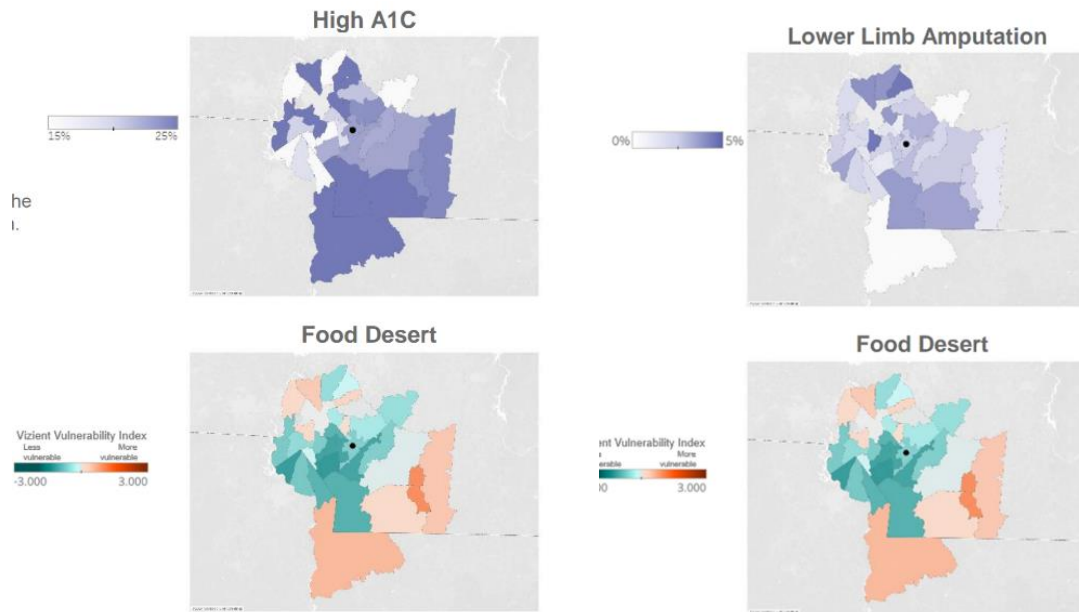
Source: CCCC Survey, 2025

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 across North Carolina and the United States increased steadily after 2021. Food insecurity rates in Mecklenburg and Union 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.

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: incidence of lower limb amputation (dark purple representing a higher percent of distinct patients or A1C>9 among NHMMC patients with diabetes (dark 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 NHMMC patients 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2

As evidenced in the maps on the previous, NHMMC patients who live in a food desert are more likely to have A1C over 9 and to have lower limb amputations. Patients from these same areas are also more likely to develop kidney disease and heart failure.

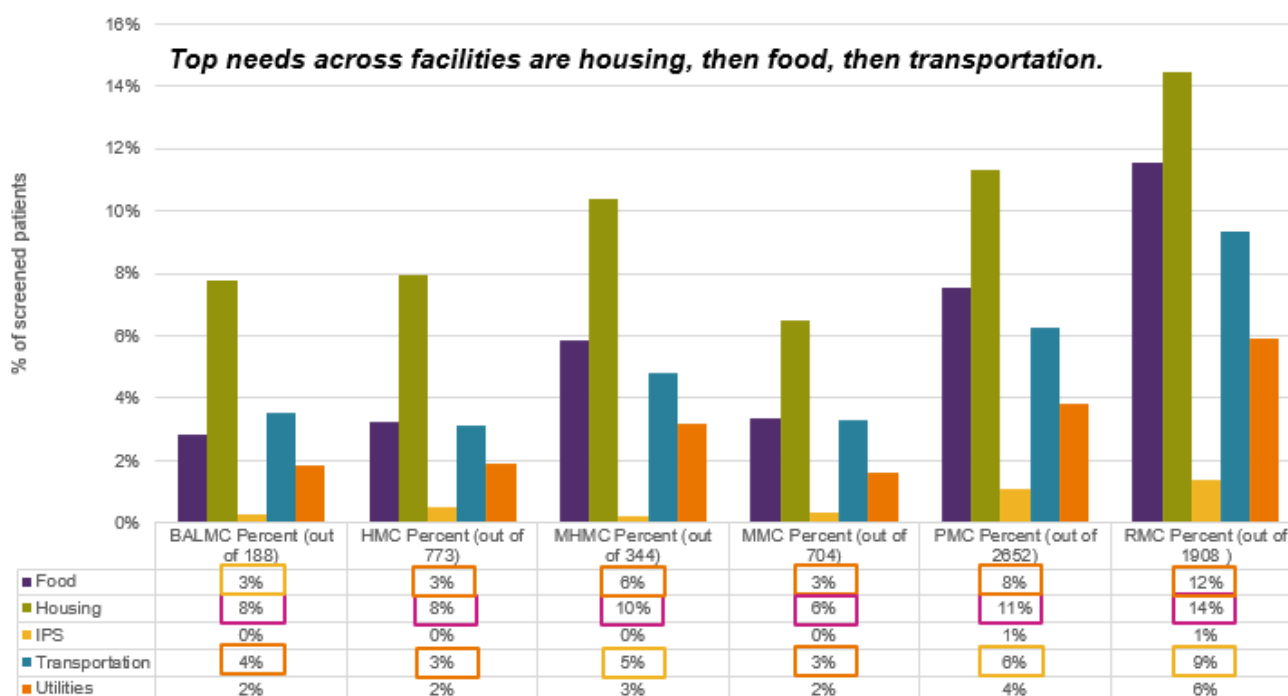
YEAR	TRANSPORTATION	MECKLENBURG COUNTY	UNION COUNTY	NC	US
2023	% of adults Percent of adults who reported lack of transportation	8.4	6.7	9.0	n/a
2023	% of households with no vehicle access	6.12	1.92	5.48	8.44
2025	% of residents satisfied with public transportation	24.52	12.33	21.95	n/a
2023	% of workers traveling outside the county or state for work	13.91	47.38	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 and 6.7% of Union 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 ED within 30 days.

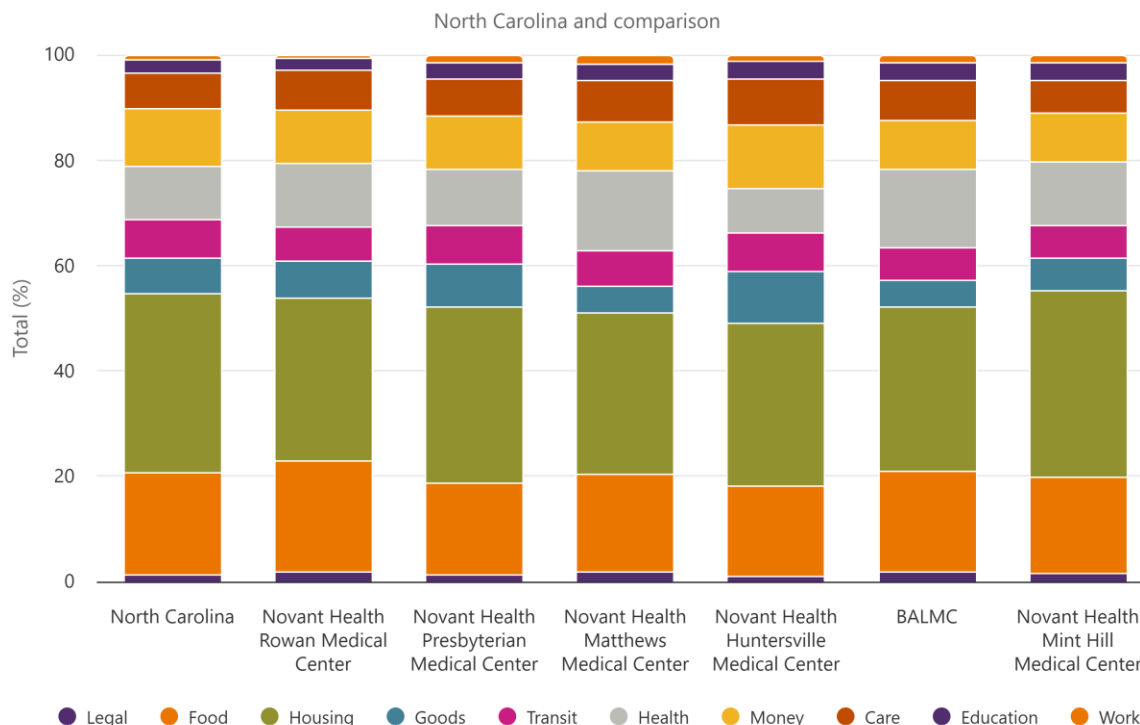
In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation and utilities. Results from 2024 social needs assessments are on the following page. Like many facilities across the Charlotte Region,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

In order to address identified social needs, Novant Health partners with FindHelp, an online aggregator of free and reduced 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). Search data by facility shows that the top FindHelp searches at Matthews 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 | metop.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 Matthews 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 Matthews 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 Matthews 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 Mint Hill 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 Mint Hill 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 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 Find Help. Find Help 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 and 790 from residents of Union 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 Matthews 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 Huntersville 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 Mint Hill 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 Mecklenburg County 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 790 Union County CCCC survey results, individuals across demographics identified the following top three health related challenges in the community: mental health issues (41.1%), obesity (36.25 %) and access to care (35.3%). The survey respondents identified the following most important community issues: affordable and safe housing (46.6%), access to affordable healthy food (34%) and issues related to aging (30.8%).

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

Union County has also not yet finalized their priority needs. Plans are underway for facility prioritization to be completed November 2025.

Facility Prioritization

In addition to the primary and secondary data, Novant Health Matthews 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 MATTHEWS MEDICAL CENTER			
INPATIENT DIAGNOSIS	VOLUME	EMERGENCY ROOM DIAGNOSIS	VOLUME
Sepsis, unspecified organism	448	Chest pain, unspecified	20
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	274	Other chest pain	19
Hypertensive heart disease with heart failure	155	Unspecified abdominal pain	13
Non-ST elevation (NSTEMI) myocardial infarction	135	Retention of urine, unspecified	12
Pneumonia, unspecified organism	117	Weakness	11

Upon a comprehensive review of the primary and secondary data, the Novant Health Matthews Medical Center leadership team and the Novant Health 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 Matthews Medical Center:

1. Access to care
2. Behavioral health (including mental 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 to Address Health Needs

NHMMC 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 NHMMC will not prioritize the remaining eleven 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 infectious disease, STD 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, NHMMC 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 Matthews Medical Center, there are various existing community assets available throughout the Union and Mecklenburg County communities 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
Health needs: <ul style="list-style-type: none"> • Access to care and medication • Chronic disease prevention and management • HIV & other STIs* • Healthy pregnancy • Infectious diseases* • Aging-related issues/services* • Injury Prevention* 	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 Community Shelter of Union County

	<p> 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 Matthews Free Medical Clinic 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 Children Research Teal Diva Community Health Services of Union County </p>
<p>Social Drivers of Health, including:</p> <ul style="list-style-type: none"> • Housing • Food • Childcare* • Education and employment • Transportation access • Violence prevention (including safety and crime)* • Disability* • Discrimination* • Healthy environment* • Youth Support* • Social Isolation* 	<p> Aida 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 Community Shelter of Union County Common Heart Inc Communities in Schools Crisis Assistance Ministry Dottie Rose Foundation Roof Above </p>

	Crittenton of NC 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
<ul style="list-style-type: none"> Behavioral Health (including mental health and substance use disorder) 	Charlotte Rescue Mission Community Health Services of Union County 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 Mitchell Bays Turner Pediatric KinderMourn Veteran's Bridge Home

*Significant needs not selected for prioritization

For a full list of community resources, visit www.novanthealth.org/mycommunity

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 Novant Health Matthews 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 Matthews 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. 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 Southern Piedmont Region Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Matthews Medical Center as the following: Mental Health, Access to Care, Chronic Disease and Violence Prevention.

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

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Mental Health	Mental Health TIC/Resiliency Training/Screenings Investment	<ul style="list-style-type: none"> • Provide information and training to individuals in various sectors including nonprofit, faith and education communities, to include our own teams • Support aligned community organizations and events 	<ul style="list-style-type: none"> • Increase general mental health awareness, the impact of trauma and provision of tools and/or skills to build resiliency • Increase individual's ability to access resources and the number of individuals connected to appropriate treatment and/or services
<p>Actual Outcome: During the last Community Health Needs Assessment (CHNA) cycle, Novant Health Matthews Medical Center (NHMMC) implemented a variety of initiatives to address mental health needs in the community. Targeted strategies were deployed, in conjunction with support for local events and organizations dedicated to raising mental health awareness. Educational resources and tools were provided to community members and their families, to promote mental health literacy and foster resilience. Simple screenings, such as the Mini Cognitive Test, were made available to help detect early signs of dementia, offering community members a proactive approach to maintaining cognitive health.</p> <p>NHMMC hosted at least two mental health events or educational programs annually, focusing on topics such as stress management and depression. These events reached more than 71 members of the Matthews community and were designed to be both informative and empowering, equipping participants with practical strategies for managing stress, understanding trauma and building personal resilience. NHMMC also strengthened partnerships with local organizations and invested more than \$5,000 in charitable contributions to support mental health initiatives, including programs led by organizations such as Girls on the Run.</p>			

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Access to Care	Education and Health Screenings	<ul style="list-style-type: none"> Host health education and screening events and facilitate referrals to care and/or resources 	<ul style="list-style-type: none"> Increased number of community stakeholders connected to a primary medical home and appropriate care
	Mobile Outreach	<ul style="list-style-type: none"> Host childhood immunizations and health assessment events via mobile outreach program 	
	Investment	<ul style="list-style-type: none"> Support aligned community organizations and events 	

Actual Outcome: During the most recent CHNA cycle, NHMMC expanded access to care through health education events, mobile outreach and strategic community partnerships. Outreach efforts in Matthews focused on education, screenings and referrals to improve access.

NHMMC hosted 38 health-focused events, reaching 1,275 residents with wellness education, screenings and consultations. Mobile units delivered childhood immunizations and assessments in underserved areas, while health fairs facilitated referrals to primary care and other essential services, helping more residents connect to a medical home.

Programs like Novant Health First Steps offered virtual and in-home nurse visits for eligible patients. The SafeRide service ensured safe transitions home for discharged patients, completing 1,097 rides in 2024. To address food insecurity, the Charlotte region hospitals began screening patients using Hunger Vital Signs questions. In response, emergency food boxes and meals were distributed throughout Charlotte Region facilities, serving 27 individuals in 2022 and more than 1,700 by 2024.

Through the NH MyCommunity platform, a free, searchable database of local resources, NHMMC facilitated connections to free and reduced cost services. The MyCommunity platform facilitated over 23,500 searches and more than 10,200 connections in the NHMMC Primary Service Area. The most common search terms reflected connections to services such as food access, housing, dental care, vision care, prescription assistance, medical care and utilities support.

NHMMC also invested more than \$80,600 in access-related initiatives and strengthened partnerships with organizations such as Matthews Free Medical Clinic, Bright Blessings, Council on Aging and Community Health Services of Union County.

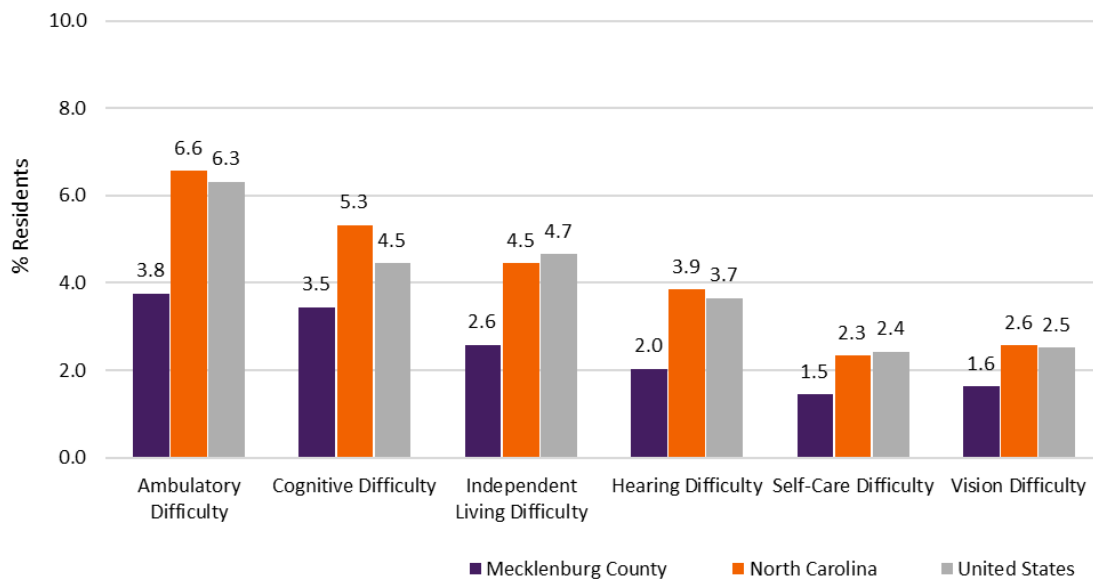
PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Chronic Disease	Wellness education Health screenings/ resources Investment	<ul style="list-style-type: none"> Wellness Webinars and speaker's bureau program Host health and SDoH screenings Provide related referrals, assessment of resources and food insecurity support Support aligned community organizations and events 	<ul style="list-style-type: none"> Increased access to health resources and screenings Increased awareness of health risks and prevention tools/methods
<p>Actual Outcome: NHMMC implemented a comprehensive outreach initiative to expand access to health screenings, wellness education and referrals to essential resources. Over the last CHNA cycle, NHMMC hosted more than 200 community events, reaching 17,622 Matthews residents. Educational programming focused on heart disease prevention, body fat measurement, blood pressure screening, weight management and health coaching. The Community Health Services team delivered care through mobile clinics and events, including Remarkable You screenings. This no-cost program, available to individuals age 18 and older, included checks for blood pressure, cholesterol and pre-diabetes indicators such as BMI, waist circumference, glucose, A1C and triglycerides. These screenings empowered participants to “know their numbers,” helping prevent serious health issues and improve access to care.</p> <p>To support individuals living with chronic conditions, NHMMC also offered specialized support groups and wellness programs, including Parkinson's support group/ exercise classes for people with Parkinson's disease and their caregivers that provides a safe and supportive environment for individuals facing similar challenges to connect, share experiences, learn from each other, and develop coping mechanisms. First Step/Health Coaching to teach community members "SMART" goals about lifestyle, fitness, and nutrition. Diabetes Support Group at the Levine Senior Center.</p> <p>These programs helped participants build knowledge and skills to manage chronic conditions and improve overall well-being. NHMMC also offered Heartsaver CPR/AED courses, equipping individuals with essential life-saving skills.</p> <p>In addition to direct services, NHMMC invested more than \$20,000 in community contributions and sponsorships to support organizations focused on chronic disease prevention and management, including Teal Diva and Common Heart Inc.</p>			

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Violence Prevention	Education Public awareness Investment	<ul style="list-style-type: none"> Wellness Webinars and speaker's bureau program Public safety and trauma programs with community partners Collaboration with community partners, board affiliations and committees Support aligned community organizations and events 	<ul style="list-style-type: none"> Increased awareness of violence prevention tools/methods and resources
<p>Actual Outcome: NHMMC launched a comprehensive outreach initiative focused on violence prevention and emergency preparedness. Community members participated in programs addressing injury prevention, anti-bullying education, trauma awareness and emergency response training. A key initiative was the Stop the Bleed training, which taught participants how to identify and control life-threatening bleeding.</p> <p>Beyond education and training, NHMMC provided in-kind services to expand the reach of violence prevention efforts. More than \$8,000 was invested in community contributions and sponsorships supporting organizations such as the Center for Prevention Services.</p>			

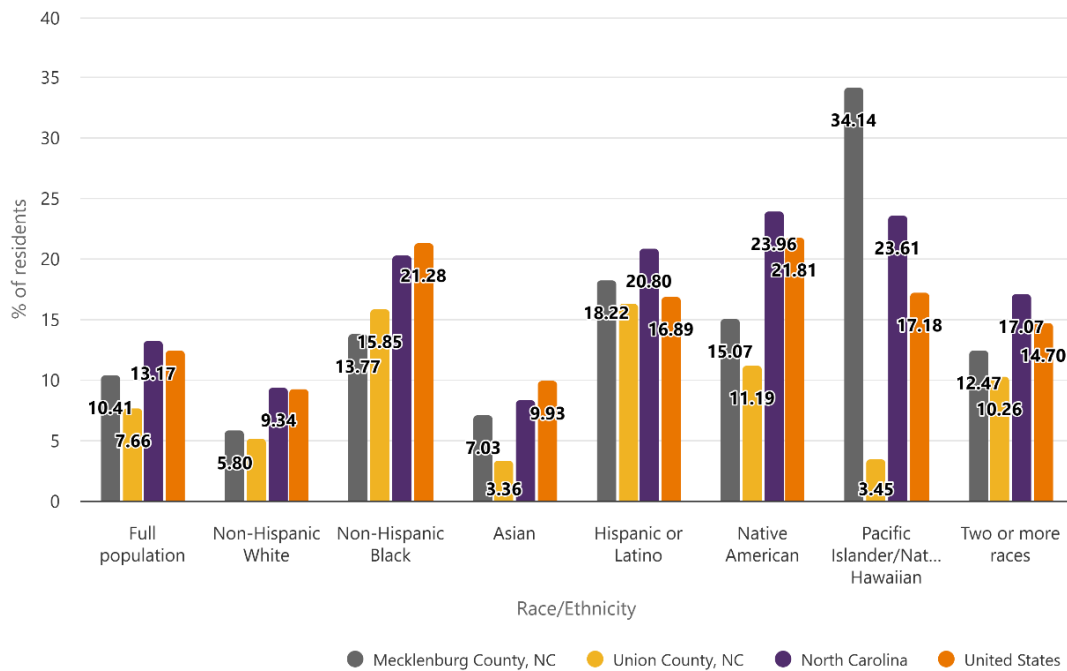
APPENDIX

Additional Data Tables and Charts

Disability by Type, 2019-2023



Poverty rate by Race/Ethnicity, 2019-2023



Created on Metopio | metopio.io/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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U.S. Census Bureau. (2024). *Decennial Census (2010 & 2020)*. Retrieved via Metopio.

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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]

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>

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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.

Community Health Needs Assessment Steering Committees

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

The Healthy Union Advisory Coalition was created in the fall of 2020. The coalition helps to ensure that the community continues to work on the priority areas identified in the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) on an ongoing basis and to identify and/or support additional priority areas as they arise.

AGENCY
Atrium Health
Center for Prevention
Common Heart
Community Shelter of Union County
Council on Aging
Daymark Recovery Services
HealthQuest
Impact Carolina
McLeod Addictive Disease Center
Novant Health
OptOut
Partner's Health Management
South Piedmont Community College
Turning Point
Union County Department of Public Health*
Union County Human Services
Union County Cooperative Extension

Union County Emergency Management
Union County Environmental Health
Union County Planning and Zoning
Union West Regional Library
United Way
Well Care
Wingate University

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).