Community Health Implementation Plan

2025 - 2027

Novant Health Forsyth Medical Center
(including Clemmons Medical Center and
Kernersville Medical Center)

NOVANT HEALTH

Approved by the Novant Health Triad Region Board of Trustees on October 23, 2025

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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, Randloph, 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 INDICATOR	FORSYTH COUNTY	NC	US
2023	Population	392,921	10,835,491	334,914,896
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
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	% of Householders living alone (all ages)	32.2	29.2	28.5
2023	% of Householders living alone (65+)	30.34	26.33	25.72
2023	% with a disability	11.43	13.58	13.56
2023	% Veterans	6.57	7.32	6.06
2023	High school graduation rate	91.67	90.57	89.78
2023	Higher degree graduation rate	50.06	46.87	44.99
2023	% of young children enrolled in preschool	31.41	41.03	48.45
2023	% with limited English proficiency	5.64	5.26	8.72

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.

Forsyth County's population of nearly 393,000 has grown by 9.1% over the past decade—slightly below the state average but higher than national growth. Growth is projected to continue at a moderate rate through 2030, with the county maintaining a relatively young median age of 37.8 years and a well-balanced population distribution. The county's growing diversity, reflected in 5.6% of residents with limited English proficiency, underscores the need for culturally and linguistically inclusive outreach and communication strategies.

Educational attainment in Forsyth County outpaces both state and national averages, with over 91% of residents holding a high school diploma and half having completed a higher degree. However, only about 31% of young children are enrolled in preschool—well below state and national rates—pointing to early childhood education as an area for focused improvement. Expanding access to quality early learning opportunities can strengthen long-term health and social outcomes, particularly in families with limited economic or language resources.

Social indicators reveal both community strengths and potential vulnerabilities. Forsyth has a lower disability rate than state and national levels and a robust veteran population (6.6%), but one in three households consists of individuals living alone, increasing risks for social isolation and related mental health concerns. Tailored community health programming—such as senior engagement initiatives, family support networks, and multilingual service access—can help address these disparities, fostering greater inclusion and health equity across all age and population groups.

Health Indicators: Forsyth County

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
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
Cancer				
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 - *Percentage of adults*	62.30	60.96	58.85

YEAR	CHRONIC DISEASES	FORSYTH COUNTY	NC	US
2022	Mammography use - *Percentage of adults*	82.60	78.6	76.38
Infectious Diseases				
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
Maternal and Child Health				
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 - *Percentage of live births*	77.1	74.1	78.1
2024	Kindergarten immunizations	92.80	92.83	n/a
Behavioral Health				
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
Healthcare Access				
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

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; 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, 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; 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 demonstrates moderate but persistent health access gaps that affect prevention and treatment outcomes across populations. About 10.3% of residents remain uninsured—higher than both state and national averages—limiting access to timely care and chronic disease management. While private

insurance coverage is slightly below the state average, public and Medicaid coverage remain stable, suggesting that many residents rely on safety-net programs. Expanding outreach through community-based clinics, mobile care and expanding financial assistance navigation could reduce barriers and improve continuity of care for uninsured and underinsured populations.

Chronic disease remains a key health concern in Forsyth County, with elevated mortality from heart disease (181.0 per 100,000), diabetes (28.8), and chronic lower respiratory disease (59.0)—all notably higher than state and national rates. Although adult obesity (31.8%) and diabetes prevalence (10.6%) align with state levels, the county experiences higher rates of hypertension and tobacco use. These patterns point to the need for integrated chronic disease prevention programs emphasizing nutrition, physical activity, smoking cessation and equitable access to preventive screenings, particularly among high-risk groups.

Maternal and child health outcomes reveal both progress and continued disparities. Prenatal care in the first trimester exceeds the state average, and immunization rates among kindergartners are high; however, Forsyth's low birthweight rate (9.9%) remains above state levels, and pregnancy rates are higher than both state and national norms. Strengthening maternal health education, perinatal outreach and wraparound services for women of childbearing age could improve outcomes, especially in medically underserved neighborhoods.

Behavioral health continues to present urgent community challenges. Overdose-related emergency visits (183.8 per 100,000) and deaths linked to illicit opioids (80.9%) exceed state averages, indicating ongoing substance use disorder concerns. Suicide rates are slightly lower than the state, but alcohol-related mortality is rising, underscoring the need for comprehensive mental health and addiction services. Expanding behavioral health integration in primary care, crisis intervention and peer-support programming can help address these complex needs.

Social Indicators: Forsyth County

YEAR	SOCIAL INDICATORS	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 industries with the lowest wages*	22.7	22.5	n/a
2024	Average Weekly Wage	$1,361	$1,504	n/a
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
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
2023	Lack of transportation	9.5	9.0	n/a

YEAR	SOCIAL INDICATORS	FORSYTH COUNTY	NC	US
2023	Households with no vehicle access	5.68	5.33	8.32
2023	% of workers traveling outside the county or state for work	13.91	29.61	28.48

* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting.
Sources: 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; Map the Meal Gap, Feeding America, 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

Key insights include:

Forsyth County faces ongoing challenges related to economic stability and access to basic needs, which directly impact food security, housing, and transportation. Median household income ($65,062) remains well below state and national levels, while poverty (15.2%) and food insecurity (15.4%) are higher—indicating that many families struggle to afford nutritious food. Roughly one in eight households rely on SNAP benefits, yet more than half of those living in poverty do not receive food assistance, suggesting potential gaps in eligibility, awareness, or access. Addressing these disparities through expanded food outreach programs, mobile food markets, and partnerships with local nonprofits could help reduce hunger and improve nutrition in underserved neighborhoods.

Housing and transportation indicators further highlight barriers to stability and opportunity. Nearly 29% of households are cost burdened, spending more than 30% of income on housing, while another 12% face severe cost burden. Although rates are slightly better than national averages, housing insecurity still affects more than 15% of residents. Transportation remains a related concern—9.5% of adults report lacking reliable transportation and 5.7% of households have no vehicle access—limiting access to jobs, healthcare, and healthy food outlets. Strengthening affordable housing initiatives, expanding public transit options, and integrating housing and transportation assistance into community health programming would enhance residents' ability to achieve and maintain overall well-being.

PRIORITIZED 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

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)

ADDRESSING NEEDS

Novant Health remains committed to ensuring that all populations receive the care they need. Novant Health Forsyth Medical Center is committed to working to address the identified areas of need through resource allocation and support of the following programs and actions. By working together, we can create a healthier and more inclusive community for everyone.

PRIORITY 1	**ACCESS TO CARE**	
Priority Goal:	Enhance access to high-quality primary care, maternal and infant care, and medication for medically underserved* populations through community-based events, collaboration and investment.	
Resources and Collaboration:	Novant Health Forsyth Medical Center will invest personnel resources (subject matter experts and clinical staff), facility resources (mobile health units, supplies, education materials) and financial resources (charitable contributions and/or sponsorships). The facility will work in collaboration with Forsyth County Public Health, community-based organizations providing and expanding healthcare access and educational and research institutions training future healthcare professionals.	
Strategy:	**Desired outcome:**	**Program Action (Description):**
Enhance community-based access through outreach events and programs.	1.1 Increase number of medically underserved children receiving school-readiness vaccines.	1.1.1. Deliver Vaccine for Children (VFC) program childhood immunizations and health assessments via mobile and community health services outreach.
	1.2 Increase capacity of community partners to provide free and reduced cost healthcare access for medically underserved communities.	1.2.1 Collaborate with healthcare access focused nonprofits, expanding capabilities through non-cost use of Novant Health's mobile and community-based outreach.
		1.2.2. Participate in community-based events that encourage access to medication, support for pregnant patients and babies, and enhanced access to primary care.
Engage in meaningful nonprofit partnership through charitable investments and in-kind support.	1.3 Enhance community partner capability to increase number of community members connected to appropriate venues of care.	1.3.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events, increasing access to care for community members with access and outcome barriers.
		1.3.2. Provide technology, supply, and volunteer support, including subject matter experts, to nonprofit organizations, alleviating barriers with access to primary, pregnancy and specialty care for community members.

Provide evidence-based education and resource connections to enhance community health.	1.4 Increase resource awareness and health literacy for individuals with barriers to care.	1.4.1. Host health education and screening events and facilitate referrals to care and/or resources.
		1.4.2. Provide education within communities on access to care, maternal care, healthy lifestyle recommendations, and other health topics.
	1.5 Enhance health outcomes for all patient groups in support of quality and safety aims.	1.5.1. Support Novant Health provider and team member education on access to care resources and how to enhance health outcomes for all.

*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.

PRIORITY 2	**BEHAVIORAL HEALTH**	
Priority Goal:	Improve access to mental health and substance use education, resources and treatment through community-based outreach, collaboration and investment.	
Resources and Collaboration:	Novant Health Forsyth Medical Center will invest personnel resources (subject matter experts, clinical staff and resource connection staff), facility resources (resource connection technology) and financial resources (charitable contributions and/or sponsorships). The facility will work in collaboration with community-based organizations providing and expanding behavioral health awareness and access.	
Strategy:	**Desired outcome:**	**Program Action (Description):**
Enhance community awareness and access through outreach events and programs.	2.1 Increase capacity of community partners to provide affordable, inclusive behavioral support.	2.1.1. Participate in community-focused events that encourage medication takeback, behavioral health advocacy, stigma reduction and resource awareness.
Engage in meaningful nonprofit partnership through charitable investments and in-kind support.	2.2 Enhance community partner capability to increase chronic disease awareness and reduce incidence rates.	2.2.1. Provide charitable contributions and sponsorships in support of community-based organizations and events enhancing access to and awareness of behavioral health.
		2.2.2. Provide technology, materials and volunteer support, including subject matter experts, to nonprofit organizations enhancing access to and awareness of behavioral health.

Provide evidence-based education and resource connections to enhance community health.	2.3 Increase resource awareness and behavioral health literacy for individuals and communities.	2.3.1. Provide verbal and printed education on topics including mental health first aid, postpartum depression, caregiver support and substance use disorders in accessible community locations.
		2.3.2 Provide peer support and navigation assistance to individuals with mental health or substance use disorders and utilize FindHelp platform to support resource connections.

PRIORITY 3	**CHRONIC DISEASE MANAGEMENT AND PREVENTION**	
Priority Goal:	Enhance awareness of chronic disease risks, prevention and management tools, through community-based events, collaboration and investment to reduce chronic disease prevalence.	
Resources and Collaboration:	Novant Health Forsyth Medical Center will invest personnel resources (subject matter experts and clinical staff), facility resources (mobile health units, supplies, education materials) and financial resources (charitable contributions and/or sponsorships). The facility will work in collaboration with community-based organizations providing and expanding healthcare access and educational and research institutions training current and future healthcare professionals.	
Strategy:	**Desired outcome:**	**Program Action (Description):**
Enhance community-based awareness, management and prevention through outreach events and programs.	3.1 Increase number of community members aware of their chronic disease risk factors.	3.1.1. Deliver free and reduced cost Remarkable You biometric, mammography and colorectal cancer screenings through mobile and community health services outreach.
	3.2 Increase capacity of community partners to enhance community and clinical awareness of chronic disease management and prevention.	3.2.1. Collaborate with chronic disease focused nonprofits to expand clinical expertise, healthy lifestyle changes and access to treatment for medically underserved populations.
		3.2.2. Participate in community-based events that encourage increased awareness and provide resources addressing chronic disease.
Engage in meaningful nonprofit partnership through charitable investments and in-kind support.	3.3 Enhance community partner capability to reduce chronic disease prevalence.	3.3.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events addressing chronic disease.
		3.3.2. Provide technology, supplies and volunteer support, including subject matter experts, to nonprofit organizations aiding community members with access and outcome barriers.

Provide evidence-based education and resource connections to enhance community health.	3.4 Increase resource awareness and health literacy for all communities, particularly those most at risk.	3.4.1. Provide education during screening events and facilitate connections to care and resources.
		3.4.2. Provide education within communities on diabetes prevention, hypertension, cancer and healthy lifestyle recommendations,
	3.5 Enhance health outcomes for all patient groups in support of safety and quality aims.	3.5.1 Collaborate with Novant Health providers and team members on chronic disease care and resources to enhance health outcomes for all.

PRIORITY 4	**SOCIAL DRIVERS OF HEALTH**	
Priority Goal:	Assess and address social drivers of health, particularly housing, transportation and food security among medically underserved patients and communities.	
Resources and Collaboration:	Novant Health Forsyth Medical Center will invest personnel resources (volunteers, subject matter experts and resource connection staff), facility resources (resource connection technology) and financial resources (charitable contributions and/or sponsorships). The facility will work in collaboration with community-based organizations addressing social needs and educational and research institutions training future social work professionals.	
Strategy:	**Desired outcome:**	**Program Action (Description):**
Engage in meaningful nonprofit partnership through charitable investments and in-kind support.	4.1 Enhance community partner capability to address social needs, especially among medically underserved populations.	4.1.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events addressing social needs for medically underserved individuals and groups.
		4.1.2. Provide technology, supplies, and volunteer support, including subject matter experts, to nonprofit organizations aiding community members with social risks.
Provide evidence-based education and resource connections to address social needs.	4.2 Increase social needs resource awareness in all communities, particularly those most at risk.	4.2.1. Provide education and resource connections for communities and individuals on access to housing, education, transportation, food, and other social resources.
	4.3 Provide resource connections to medically underserved patients with social needs.	4.3.1 Provide food, transportation, and other support for medically underserved patients with urgent social needs.

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 is 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
Access to Care including: • Primary Care • Maternal and child care* Medication access	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
Behavioral Health (mental health and drug overdose)	Mental Health Association Project HOPE Project Healthy Minds THRIVE Young Adult Group Daymark Recovery Services American Foundation for Suicide Prevention Forsyth Regional Opioid & Substance Use Team (FROST) Department of Public Health Stokes County Opioid Prevention Effort (SCOPE Forsyth Regional Opioid & Substance Use Team
Safety/violence*	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
SDoH including: Access to healthy food/food insecurity Affordable housing & homelessness Transportation Childcare* Employment*	Bethesda Center For The Homeless Inc City with Dwellings Davidson Medical Ministries Family Services 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

APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN

The 2025 Novant Health Forsyth Medical Center Community Health Implementation Plan (CHIP) has been reviewed and approved by the leadership of the Novant Health 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 department 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 benefit 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.

APPENDIX

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.

Centers for Disease Control and Prevention. (2025). *National Vital Statistics System-Mortality (NVSS-M)*. Retrieved via Metopio

Centers for Medicare & Medicaid Services. (2017). *Accountable Health Communities Health-Related Social Needs Screening Tool*. Retrieved via Metopio

Feeding America. (2025). *Map the Meal Gap Methodology*. Retrieved via Metopio

Health Resources & Services Administration. (2025). *Maternal and Child Health Bureau*. Retrieved via Metopio.

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]

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

North Carolina Department of Health and Human Services. (2025). *HIV/STD/Hepatitis Surveillance Reports*. Retrieved via Metopio.

North Carolina Department of Health and Human Services. (2025). *North Carolina Annual Immunization Report*. Retrieved via Metopio.

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

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

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

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

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

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

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

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)