

Community Health Implementation Plan

2025-2027



Novant Health
Matthews Medical Center



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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, Matthews, 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 and Union Counties

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.

| YEAR | DEMOGRAPHIC INDICATORS | MECKLENBURG COUNTY | UNION COUNTY | NC | US |
|------|------------------------|--------------------|--------------|------------|---------------|
| 2023 | Population | 1,163,701 | 256,452 | 10,835,491 | 334, 914, 896 |
| 2020 | Median Age | 35.6 | 39.9 | 39.4 | 39.2 |

| YEAR | DEMOGRAPHIC INDICATORS | MECKLENBURG COUNTY | UNION COUNTY | NC | US |
|-----------|---|--------------------|--------------|-------|-------|
| 2030 | % Ages 0-4 | 6.3 | 5.4 | 5.5 | 5.5 |
| 2023 | % Ages 5-17 | 16.2 | 19.9 | 16 | 16.2 |
| 2023 | % Ages 18-39 | 34.2 | 24.8 | 29.3 | 29.4 |
| 2023 | % Ages 40-64 | 30.9 | 36.1 | 31.6 | 31.2 |
| 2023 | % Ages 65 and older | 12.4 | 13.8 | 17.7 | 17.7 |
| 2023 | % with a Disability | 8.65 | 9.58 | 13.58 | 13.56 |
| 2023 | % Veterans | 4.98 | 6.64 | 7.32 | 6.06 |
| 2023 | % of Householders living alone (all ages) | 33.1 | 16.4 | 29.2 | 28.5 |
| 2023 | % of Householders living alone (65+) | 27.63 | 20.71 | 26.33 | 25.72 |
| 2023 | Population change from 2010 to 2020 | 21.30 | 18.37 | 9.5 | 7.1 |
| 2023 | Projected % population change from 2020 to 2030 | 16.0 | 28.5 | 12.5 | n/a |
| 2023 | High School graduation rate | 91.49 | 91.03 | 90.57 | 89.78 |
| 2023 | Higher degree graduation rate | 59.73 | 49.76 | 46.87 | 44.99 |
| 2023 | % of young children enrolled in preschool | 55.12 | 36.63 | 41.03 | 48.45 |
| 2023 | % with limited English proficiency | 9.81 | 5.88** | 4.9 | 8.39 |
| 2012-2017 | Poor literacy and functionally illiterate | 19.4 | 16.1 | 21.3 | 21.8 |

**5-year data rate for Union County. One-year rate unavailable. 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.

Key insights include:

Population Growth – Mecklenburg’s population grew more than twice the national rate from 2010–2020 (21.3% vs. 7.1%) and is projected to continue outpacing North Carolina through 2030. 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. This means the demand for health services, housing and infrastructure will outpace state and national trends and there should be plans to expand healthcare capacity and preventative services. The median age of Union County is similar to North Carolina and the U.S., with higher proportions of people aged 5-17 and 40-64 compared to other locations. Mecklenburg County has a lower median age than North Carolina, a larger share of residents under 40 and fewer adults 65+. With this there may be an especially rising demand for

maternal/child health, behavioral health and preventive education for younger adults. Investments in childhood focused services, maternal health engagement and behavioral health support will help sustain long-term outcomes.

Race/Ethnicity Demographics – 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%. Higher rates of limited English proficiency, especially in Mecklenburg County (9.81%), and cultural perspectives may exacerbate barriers to care access and health literacy and underscore the need for expanded language access, health education for all and community partnerships to reduce clinical care gaps.

Social Factors – Mecklenburg and Union County report fewer residents with disabilities than North Carolina or the U.S. and lower veteran representation, but Mecklenburg County has higher rates of householders living alone. This may elevate risks of social isolation, mental health concerns and limited support networks. Thoughtful community engagement initiatives and accessible mental health services are important.

Health Indicators: Mecklenburg and Union Counties

| YEAR | HEALTHY LIFESTYLES & CHRONIC DISEASES | 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 |
| 2020-2022 | Life expectancy | 78.8 | 78.5 | 75.9 | 77.6 |
| 1990-1992 | Life expectancy | 75.1 | 75.3 | 74.8 | n/a |
| 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 |
| 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 |

| YEAR | HEALTHY LIFESTYLES & CHRONIC DISEASES | MECKLENBURG COUNTY | UNION COUNTY | NC | US |
|---------------------------|---|--------------------|--------------|--------|-------|
| 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 |
| 2022 | Cigarette smoking rate (% of adults) | 12.9 | 11.5 | 14.8 | 13.1 |
| 2023 | CLRD mortality rate | 19.5 | 28.5 | 37.9 | 33.4 |
| Cancer | | | | | |
| 2021 | Cancer diagnosis rate | 462.4 | 487.9 | 475.5 | 444.4 |
| 2019-2023 | Cancer incidence rate | 477.7 | 499.5 | 481.5 | n/a |
| 2023 | Cancer mortality rate | 117.8 | 140.4 | 151.1 | 141.8 |
| 2022 | Colorectal cancer screening - <i>Percentage of adults</i> | 60.40 | 63.40 | 60.96 | 58.85 |
| 2022 | Mammography use - <i>Percentage of adults</i> | 80.30 | 73.50 | 78.6 | 76.38 |
| Infectious Diseases | | | | | |
| 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 |
| Maternal and Child Health | | | | | |
| 2023 | % Women of childbearing age (15-44) | 44.3 | 37.9 | 38.6 | 38.9 |
| 2023 | Teen (females 15-19) birth rate | 5.67 | 4.69 | 8.87 | 8.79 |
| 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 | % Receiving prenatal care in the first trimester | 70.5 | 74.9 | 74.1 | 78.1 |
| 2023 | Kindergarten immunizations | 92.05 | 88.57 | 92.83 | n/a |
| Behavioral Health | | | | | |
| 2023 | Alcohol-related mortality | 10.7 | 7.0 | 11.1 | 12.6 |
| 2023 | Suicide mortality rates | 10.9 | 10.1 | 14.3 | 14.1 |
| 2022 | % of Adults with depression | 21.1 | 21.5 | 23.1 | 22.5 |
| 2023 | % of overdose deaths due to illicit opioids | 79.0 | 83.1 | 76.6 | 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.

Key insights include:

Healthcare Access Gaps – Mecklenburg County residents are more likely to have private insurance but face a higher uninsured rate (11.36%) than state and national averages, with nearly half of those delaying care citing cost barriers. This points to the need for clear financial navigation services and strengthened safety-net care access for uninsured and underinsured residents. Union County residents, while not facing high uninsured rates, have lower access to exercise opportunities (70.7% vs. Mecklenburg’s 88.7%), suggesting geographic and infrastructure barriers to wellness.

Behavioral Health Needs – Suicide mortality in Union (10.1) and Mecklenburg (10.9) is below state and national averages, yet both counties face high prevalence of depression (21%). Mecklenburg and Union Counties continue to see a high share of overdose deaths linked to illicit opioids (79% and 83% respectively). Scaling up community-based mental health services remains a regional priority.

Maternal Health – Union County has fewer women of childbearing age (37.9% vs. Mecklenburg’s 44.3%) and lower pregnancy and teen pregnancy rates, yet maternal outcomes present challenges in both counties. Union County shows stronger prenatal care access (74.9% receiving first trimester care vs. Mecklenburg’s 70.5%), but both counties experience disparities by race and ethnicity. Mecklenburg’s higher rates of low birth weight (9.6%) and teen pregnancy (24.4% vs. Union’s 11.1%) highlight concentrated needs in maternal and infant health services, particularly among vulnerable populations. Access to prenatal care continues to have clinical gaps by race and ethnicity, with Black/African American and Latino/Hispanic pregnant patients having fewer prenatal care visits.

Chronic Disease and Lifestyle – Union County residents experience slightly higher heart disease mortality (119.3 vs. Mecklenburg’s 109.0) but lower diabetes mortality (15.2 vs. 19.2). Cancer mortality is higher in Union County (140.4) compared to Mecklenburg (117.8) and the state average, though both counties exceed national benchmarks. Union County reports lower obesity (31.1% vs. Mecklenburg’s 34.1%) and lower smoking (11.5% vs. 12.9%), alongside greater physical activity levels than state and national averages. Expanding chronic disease prevention through community nutrition programs, physical activity promotion and access to early detection and treatment remains essential.

Social Indicators: Mecklenburg & Union Counties

| YEAR | Living, Working and Earning | MECKLENBURG COUNTY | UNION COUNTY | NC | US |
|------|--|--------------------|--------------|----------|----------|
| 2023 | Median household Income | \$84,593 | \$98,215 | \$70,804 | \$77,719 |
| 2023 | Poverty rate | 10 | 8.8 | 12.79 | 12.46 |
| 2023 | Unemployment rate | 3.39 | 3.25 | 4.03 | 4.31 |
| 2024 | % of workforce employed in 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 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 |
| 2023 | % of cost burdened housing units | 33.66 | 25.57 | 28.04 | 31.86 |
| 2023 | % of severely cost burdened housing units | 15.92 | 11.99 | 12.72 | 15.12 |
| 2022 | Housing insecurity | 13.9 | 10.8 | 14.3 | n/a |
| 2023 | % 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 |
| 2023 | % of workers traveling outside the county or state for work | 13.91 | 47.38 | 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; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio; Map the Meal Gap, Feeding America, 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.

Housing Affordability and Cost Burden – While Union County households enjoy higher median incomes (\$98,215 vs. Mecklenburg’s \$84,593) and lower poverty (8.8% vs. 10%), housing affordability remains a challenge in both counties. Over 33% of Mecklenburg County households are cost burdened compared to 25% in Union County, with severe cost burden also higher in Mecklenburg (16% vs. 12%). Supporting housing stability and wraparound social services that mitigate health risks tied to unstable housing can improve Mecklenburg County residents’ health.

Food and Transportation Access – Union’s County’s food insecurity rate (11.1%) is lower than

Mecklenburg's (13.2%) and the state average, yet both counties show underutilization of nutrition support programs: nearly 69% of Union households in poverty and 66% in Mecklenburg are not receiving SNAP benefits, signaling underutilization of nutrition assistance. At the same time, transportation barriers exist across both counties, though they present differently. Union has fewer households without a vehicle (1.92% vs. Mecklenburg's 6.12%), but nearly half of Union's workforce (47.38%) commutes outside the county or state for work, indicating long travel times and reliance on regional infrastructure. Mecklenburg County residents report higher transportation barriers overall, including 8.4% lacking reliable transportation and very low satisfaction with public transit. Strengthening outreach for SNAP enrollment and food access programs and collaborating with transportation planners to improve mobility to and from healthcare and other essential services will support residents' overall health.

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
- Affordable housing & homelessness
- Aging-related issues/services
- Childcare
- Chronic disease prevention and management (including diabetes, obesity and heart disease)
- 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

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 and health and substance use)
3. Chronic disease management and prevention
4. Social Drivers of Health (including specific focus on food, housing, education and transportation)

ADDRESSING NEEDS

Novant Health remains committed to ensuring that all populations receive the care they need. Novant Health Matthews 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: | | <p>Novant Health Matthews 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).</p> <p>The facility will work in collaboration with county public health departments community-based organizations providing and expanding healthcare access and educational and research institutions training future healthcare professionals.</p> | |
| 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. | |

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|--|---|---|
| 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: | <p>Novant Health Matthews 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).</p> <p>The facility will work in collaboration with community-based organizations providing and expanding behavioral health awareness and access.</p> | |
| 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: | <p>Novant Health Matthews 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).</p> <p>The facility will work in collaboration with county public health departments, community-based organizations providing and expanding healthcare access and educational and research institutions training current and future healthcare professionals.</p> | |
| 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, food security and education among medically underserved patients and communities. | |
| Resources and Collaboration: | <p>Novant Health Matthews 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).</p> <p>The facility will work in collaboration with community-based organizations addressing social needs and educational and research institutions training future social work professionals.</p> | |
| 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

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 • Obesity* • Chronic disease prevention and management • HIV & other STIs* • Healthy pregnancy • Infectious diseases* • Aging-related issues/services* | Age-Friendly Mecklenburg Alzheimer's Association American Heart Association American Diabetes Association American Lung Association Bee Mighty Breakthrough T1D Bright Blessings Blood Cancer United |

| | |
|--|--|
| <ul style="list-style-type: none"> • Injury Prevention* | Charlotte Community Health Clinic Care Ring Community Shelter of Union County 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 |
| Social Drivers of Health, including: <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* | 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 |

| | |
|--|---|
| <ul style="list-style-type: none"> • Social Isolation* | Common Heart Inc Communities in Schools Crisis Assistance Ministry Dottie Rose Foundation Roof Above 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 are marked with an asterisk

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

APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN

The 2025 Novant Health Matthews Medical Center Community Health Implementation Plan (CHIP) 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 benefit implementation plan. Administrative leaders serve on the county assessment planning teams 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](#)

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

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

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

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

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 Implementation 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).