

Community Health Implementation Plan

2025 - 2027



Novant Health
Thomasville Medical Center



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INTRODUCTION

Novant Health Thomasville Medical Center (NHTMC), in consultation with the Davidson County Health Department and the Central Carolina Community Collaborative (CCCC), conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Thomasville 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 Thomasville Medical Center (NHTMC) offers a full range of inpatient and outpatient services, birthing rooms and an emergency department. Thomasville Medical Center specialty programs include a heartburn treatment center, total joint center, spine center, geriatric behavioral health and sleep center. It has 146 beds.

OUR DEFINED COMMUNITY

Primary and Secondary Service Areas

The Primary Service Area for NHTMC is defined by the ZIP codes that represent approximately 75% of the hospital's inpatient population as outlined below:

ZIP CODE	COUNTY
27360	Davidson
27292	Davidson
27295	Davidson
27370	Randolph

There are two counties in the Novant Health Thomasville Medical Center Primary Service Area (PSA): Davidson and Randolph. 93% of patients in the PSA reside in Davidson County and 94% of patients in the Primary and Secondary Service Areas reside in Davidson County. **As most patients reside in Davidson County and it represents the highest population of potential individuals with less healthcare access, individuals with lower income and minority individuals from the PSA, Davidson County will be the sole focus of demographic, health and social indicators.**

The NHTMC Secondary Service Area covers a three-county radius, including Davidson, Forsyth and Guilford Counties.

Demographic Characteristics: Davidson County

YEAR	DEMOGRAPHIC	DAVIDSON COUNTY	NC	US
2023	Population	174,804	10,835,491	334,914,896
2020	Population change from 2010 to 2020	3.7	9.5	7.1
2030	Projected % Population change from 2020 to 2030	11.4	12.5	n/a
2023	Median age	42.4	39.4	39.2
2023	% Ages 0-4	5.1	5.5	5.5
2023	% Ages 5-17	16.3	16	16.2
2023	% Ages 18-39	25.2	29.3	29.4
2023	% Ages 40-64	33.5	31.6	31.2
2023	% Ages 65 and older	20	17.7	17.7
2023	% of Householders living alone (all ages)	26.45	29.16	28.50
2023	% of Householders living alone (65+)	28.3	27.1	25.7
2023	% with a Disability	14.83	13.58	13.56
2023	% Veterans	7.01	7.32	6.06

YEAR	DEMOGRAPHIC	DAVIDSON COUNTY	NC	US
2023	High school graduation rate	89.01	90.57	89.78
2023	Higher degree graduation rate	33.21	46.87	44.99
2023	% Of young children enrolled in preschool	45.29	41.03	48.45
2019-2023	% with limited English proficiency	3.25	5	8.4
2012-2017	Poor literacy and functionally illiterate	22.6	21.3	21.8

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 and Aging– Davidson County experienced a 3.7% increase in population and is projected to grow 11.4% between 2020 and 2030. Anticipated population growth requires proactive planning in healthcare, housing and social services. Disability prevalence (14.83%) is above state and national averages. It is important to maintain and strengthen partnerships with senior centers, veteran services and disability organizations to address social isolation, transportation access and assure quality care for all.

With its older demographic profile than the North Carolina average, Davidson County has a higher median age (42.4 vs. 39.4 in North Carolina and 39.2 nationally), a larger share of residents over 40 and more adults 65+). It also has a rate higher than the state and nation of seniors living alone. With this, there may be an especially rising demand for chronic disease management, fall prevention and aging-in-place support. Expanding access to home-based services, developing caregiver support programs and addressing social isolation and mobility barriers among seniors will be important.

Educational Attainment and Literacy Gaps — While high school graduation rates are solid (89%), the college degree rate (33.2%) lags well below the state (46.9%) and U.S. (45.0%) averages, and functional illiteracy (22.6%) exceeds both. There is an opportunity to prioritize health literacy and communication strategies that use plain language and visuals, partner with schools, libraries and adult education programs to integrate literacy and workforce readiness into health promotion and expand school-based programs to reinforce education-health linkages, such as nutrition, mental health and attendance support.

Health Indicators: Davidson County

YEAR	HEALTH INDICATORS	DAVIDSON COUNTY	NC	US
2020-2022	Life expectancy	73.3	75.9	76.1
1990-1992	Life expectancy	75.7	74.8	n/a
2022	% of adults with Obesity	34.5	33.9	33.2
2022	% of adults with Diabetes	10.3	10.6	10.8
2022	% of adults reporting no physical activity	23.1	22.6	23.1
2024	Access to exercise opportunities	64.16	77.97	84.45
2022	Coronary Heart Disease	6.10	4.10	3.76
2022	Residents with High Blood Pressure	31.9	32.16	30.32

YEAR	HEALTH INDICATORS	DAVIDSON COUNTY	NC	US
2021	Chronic Kidney Disease	3.0	3.1	2.9
2023	Heart disease mortality	239.7	161.2	162.1
2023	Diabetes mortality	44.0	25.3	22.4
2023	Kidney disease mortality	27.5	15.7	13.1
2022	Cigarette smoking rate (% of adults)	17.4	14.8	13.1
2023	CLRD mortality rate	88.1	37.9	33.4
Cancer				
2017-2021	Cancer Diagnosis Rate	495.6	475.5	444.4
2019-2023	Cancer Mortality Rate	263.2	151.1	141.8
2022	Colorectal Cancer screening - <i>Percentage of adults</i>	59.70	60.96	58.85
2022	Mammography Use - <i>Percentage of adults</i>	77.00	78.6	76.38
Infectious Diseases				
2023	Chlamydia diagnosis rate	439.78	616.0	n/a
2023	Gonorrhea diagnosis rate	146.59	246.58	n/a
2023	HIV diagnosis rate	10.9	15.5	n/a
2023	Syphilis diagnosis rate	36.5	35.95	n/a
2023	Medicare Flu Vaccination Rate	46	50	46.25
2019-2023	COVID Mortality	15.4	13.5	11.9
2019-2023	Pneumonia and Influenza Mortality	14.3	12.2	10.9
Maternal and Child Health				
2023	% Women of Childbearing Age (15-44)	35.2	38.6	38.9
2023	Teen (females 15-19) Birth Rate	14.0	8.87	8.79
2023	Pregnancy Rate	63.0	69.0	n/a
2023	Teen Pregnancy Rate	17.5	20.8	n/a
2020-2022	Low birth weight	10.2	9.4	8.5
2020-2022	% Receiving prenatal care in the first trimester	78.4	74.1	78.1
2023	Kindergarten immunizations	96.44	92.83	n/a
Behavioral Health				
2023	Alcohol-related mortality	12.6	11.1	12.6
2023	Suicide mortality rates	18.2	13.5	14.0
2022	% of Adults with Depression	24.9	23.12	22.53
2022	% of Adults who feel socially isolated	32.8	30.97	n/a
2023	% of overdose deaths due to illicit opioids	79.4	76.6	n/a
2023	Rate of drug overdose deaths	58.4	41.0	n/a
2023	Rate of drug overdose ED visits	228.3	161.8	n/a
Healthcare Access				
2023	% with Private Health Insurance	59.04	67.29	67.01
2023	% with Public Health Insurance	42.91	36.44	37.41

YEAR	HEALTH INDICATORS	DAVIDSON COUNTY	NC	US
2023	% Uninsured	8.93	9.23	7.93
2023	Medicaid Coverage	23.75	19.12	21.31

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; Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) via Metopio; 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; Opioid and Substance Use Dashboard, NC Department of Health and Human Services. via Metopio.

Key insights include:

Access to Care – Davidson County residents rely more heavily on public insurance (42.9%) and Medicaid (23.8%) than state and national averages, while private coverage lags (59% vs. 67% in NC). This pattern reflects a population with greater financial or employment barriers to employer-based coverage, even as the uninsured rate (8.9%) is comparable to state levels. Continuing community-based access programs such as mobile clinics and resource navigation, particularly for low-income and rural residents, will be important.

Chronic Disease Prevention and Management – Chronic disease burden is a significant concern: heart disease, diabetes and kidney disease mortality rates in Davidson County far exceed state and national averages, and life expectancy (73.3 years) has declined since 1990–1992. High obesity (34.5%), smoking (17.4%) and limited access to exercise opportunities (64% vs. 78% in NC) compound these risks. Implementing integrated chronic disease management programs that combine nutrition counseling, physical activity promotion and smoking cessation can help reduce preventable mortality and extend healthy life expectancy.

Maternal and Child Health – While prenatal care access is strong (78.4% in first trimester), Davidson County faces a higher rate of low birthweight (10.2%) than state and national averages, suggesting persistent disparities in maternal health or prenatal conditions. Teen pregnancy (17.5 per 1,000) is lower than state levels and kindergarten immunization rates are high (96.4%), indicating effective pediatric outreach. Partnering with WIC, home visiting and perinatal care coordination programs to address risk factors linked to low birthweight and supporting maternal mental health could support enhanced outcomes for this group.

Behavioral Health – Behavioral health indicators show deep concern: suicide (18.2 per 100k) and drug overdose deaths (58.4 per 100k) far exceed state rates, with nearly one-third of adults are reporting social isolation. Depression prevalence (24.9%) also surpasses state and national averages, underscoring widespread unmet behavioral health needs. Expand community-based behavioral health integration (including leveraging new services in the NHTMC Center for Health and Wellness) will be important. Peer recovery programs and crisis intervention training for first responders, strengthening social connection and resilience-building initiatives for isolated or older adults and investing in opioid harm reduction strategies such as naloxone distribution can also support progress toward improved health.

Social Indicators: Davidson County

YEAR	SOCIAL INDICATORS	DAVIDSON COUNTY	NC	US
2023	Median household income	\$63,189	\$70,804	\$77,719
2023	Poverty rate	15.06	12.79	12.46
2023	Unemployment rate	3.96	4.03	4.31
2024	% of workforce employed in industries with the lowest wages*	22.8	22.5	n/a
2024	Average Weekly Wage	\$1,147	\$1,504	n/a
2023	% of Households on SNAP	13.37	12.60	12.22
2023	Food Insecurity	15.6	15.0	14.5
2023	Households in poverty not receiving food stamps	54.17	58.14	59.36
2023	% of cost burdened housing units	21.34	28.04	31.86
2023	% of severely cost burdened housing units	10.8	12.72	15.12
2022	Housing Insecurity	14.2	14.3	n/a
2023	Lack of transportation	9.0	9.0	n/a
2023	Households with no vehicle access	5.28	5.48	8.44
2023	Workers traveling outside the county or state for work	55.99	29.34	28.55

* 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.

Davidson County's social and economic conditions reveal interconnected challenges across housing, food access and transportation that directly influence residents' health and well-being:

Housing Affordability and Cost Burden - While housing cost burden (21.3%) and severe cost burden (10.8%) are below state and national averages; the county's lower median household income (\$63,189) suggests that many households remain economically fragile and vulnerable to housing instability. Addressing housing as a health issue through coordinated resource connection assistance, eviction prevention and healthy homes initiatives can strengthen both stability and living conditions.

Food and Transportation Access – Food insecurity (15.6%) exceeds state and national levels, with over half of households in poverty not receiving SNAP benefits—highlighting ongoing barriers to food access and program enrollment. Transportation access also shapes health equity in Davidson County: although only 5.3% of households lack a vehicle, 9% of residents report transportation barriers and more than half of workers commute outside the county for employment. These patterns point to the need for cross-sector approaches—expanding non-emergency medical transport, enhancing public transit connectivity and supporting mobile care services—to ensure all residents can reliably access healthcare, healthy foods and community resources.

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
- Chronic disease
- Employment opportunities & income
- Mental health (including suicide mortality)
- Physical activity opportunities
- Substance use (including alcohol, drugs and tobacco)
- Transportation

County Prioritized Health Needs

At the time of this report’s creation, Davidson County Public Health had not yet selected prioritized needs. Anticipated needs include behavioral 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 Thomasville 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 THOMASVILLE MEDICAL CENTER			
Inpatient Diagnosis	Volume	Emergency Room Diagnosis	Volume
Sepsis, unspecified organism	127	Chronic obstructive pulmonary disease with (acute) exacerbation	15
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	83	Weakness	10
Chronic obstructive pulmonary disease with (acute) exacerbation	80	Type 2 diabetes mellitus with hyperglycemia	9
Pneumonia, unspecified organism	68	Pneumonia, unspecified organism	9
Hypertensive heart disease with heart failure	56	Nausea with vomiting, unspecified	8

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

1. Behavioral health (including mental and health and substance use)
2. Chronic disease management and prevention
3. 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 Thomasville 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		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 Thomasville 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 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	2.3 Increase resource awareness and behavioral health literacy for individuals and	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.	

community health.	communities.	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.
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PRIORITY 2		
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 Thomasville 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 Davidson County Public Health, 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	3.4 Increase resource awareness and health literacy for all communities, particularly those most at	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

community health.	risk.	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.

*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 3		
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:	Novant Health Thomasville 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

NHTMC 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 NHTMC will not prioritize the remaining three 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 better aligned with their scope of service:

- Access to care can be incorporated into chronic disease, mental health and SDoH initiatives led by Novant Health or community resources.
- Employment and income and physical activity are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHTMC 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.

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 Thomasville Medical Center, there are various existing community assets available throughout the Davidson County community that have additional programs and resources tailored to meet all the identified health needs.

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

IDENTIFIED SIGNIFICANT HEALTH NEEDS	LOCAL COMMUNITY RESOURCES ADDRESSING NEEDS
Health needs: • Access to healthcare* • Chronic disease	American Cancer Society ARC of Davidson County BabyCafe USA Cancer Services of Davidson County Carolina SeniorCare PACE Davidson County First Hope Ministries (Formerly Crisis Ministry of Davidson County) Davidson Medical Ministries Davidson County Health Department Davidson County Health Department WIC program DragonFly House EasterSeals UCP Epilepsy Association of NC - Davidson County Hospice of Davidson County Life Center of Davidson County Lions Club of Thomasville NC 211 Piedmont Health Services and Sickle Cell Agency Red Shield Youth Center of Davidson County Special Olympics of Davidson County
Social Drivers of Health, including	Baptist Children's Homes of NC

• affordable housing • healthy food • employment and income* • physical activity opportunities* • transportation access	Community In Schools of Lexington, Davidson County Community In Schools of Thomasville Congregate Meals through Davidson County Senior Services Cooperative Community Ministry Davidson County Parks and Recreation Davidson County Senior Services Resource Line Davidson County Social Services, FNS, SNAP Davidson County United Way Davidson County Local Food Network Davidson Davie Community College Fairgrove Family Resource Center Habitat for Humanity Lexington, NC Area Home Solutions of Davidson County Meals on Wheels Open Hands of Davidson County
Behavioral Health (including mental health and substance use)	Atrium Health Wake Forest Baptist Behavioral Health CareNet Counseling Davidson County Medical Ministries Davidson County Transitional Services Daymark Recovery Services DragonFly House Eleanor Health Family Services of Davidson County National Alliance on Mental Illness (NAMI) Family Support Group – Lexington Novant Health Thomasville Medical Center Behavioral Health Path of Hope, Inc RHA Health Services Sandhills Center Thomasville Treatment Associates Thomasville Partners in Prevention TwinCity Harm Reduction

*Significant health needs not selected for prioritization.

For a full list of community resources, visit NovantHealth.org/MyCommunity

APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN

The 2025 Novant Health Thomasville Medical Center Community Health Implementation Plan (CHIP) has been reviewed and approved by the leadership of the Novant Health Thomasville Medical Center Board of Trustees on October 21, 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 Thomasville Medical Center Board of Trustees and Novant Health Thomasville 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

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

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

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:

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

Davidson County CHNA Stakeholders

DC CONNECT AGENCIES
Alpha Pregnancy Support
The Arc of Davidson County
Atrium Wake Forest Baptist
Cancer Services of Davidson County
Centers for Prevention Services
City of Lexington
City of Thomasville
Cooperative Community Ministry
Davidson County
Davidson County First Hope Ministries
Davidson County Health Department
Davidson County Transportation System
Davidson Medical Ministries
Daymark Recovery Services
Everybody Has a Story Ministry
Fairgrove Family Resource Center
Family Services of Davidson County
Goodwill
Greater Vision Outreach Ministry
Habitat for Humanity
Hope Pregnancy Center
Home Solutions of Davidson County
Hospice of Davidson County
Kintegra Health
Lexington Area Chamber of Commerce
Lexington Fire Department
North Carolina Department of Insurance
Novant Health
National Alliance on Mental Health
Pastor's Pantry
Path of Hope
Partners
Positive Wellness alliance
RHA Health Services
The Salvation Army
Sisters of Hope Inc.
Smart Start Davidson County
South Davidson Family Resource Center
The Workshop of Davidson
Swirl Ministries

Thomasville Chamber of Commerce United Way of Davidson County
VITA

The agencies listed above and members that serve on the Davidson County Board of Health serve as the collective that helps determine the county’s priorities and guides the CHIP process.

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).