

Community Health Needs Assessment

2025 - 2027



Novant Health
Thomasville Medical Center



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EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Thomasville Medical Center (NHTMC) is a comprehensive, data-driven evaluation of the health status and social needs of the Davidson County community. This assessment aligns with federal and state requirements and reflects a regionally coordinated approach to improving community health.

Methodology Overview

The CHNA utilized a mixed-methods approach, incorporating:

- Secondary data from multiple credible regional and national sources
- Primary data and qualitative insights from surveys and focus groups
- Hospital data including emergency department and readmissions diagnosis codes

Prioritized Health Needs

Following a comprehensive review of all data sources, the following significant health priorities were identified as the 2025–2027 Health Priorities for NHTMC:

1. Behavioral health including mental health and substance abuse
2. Chronic disease prevention and management
3. Social Drivers of Health (with a focus on food, housing and transportation)

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

INTRODUCTION

Novant Health 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
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	% with a disability	14.83	13.58	13.56
2023	% Veterans	7.01	7.32	6.06
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
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

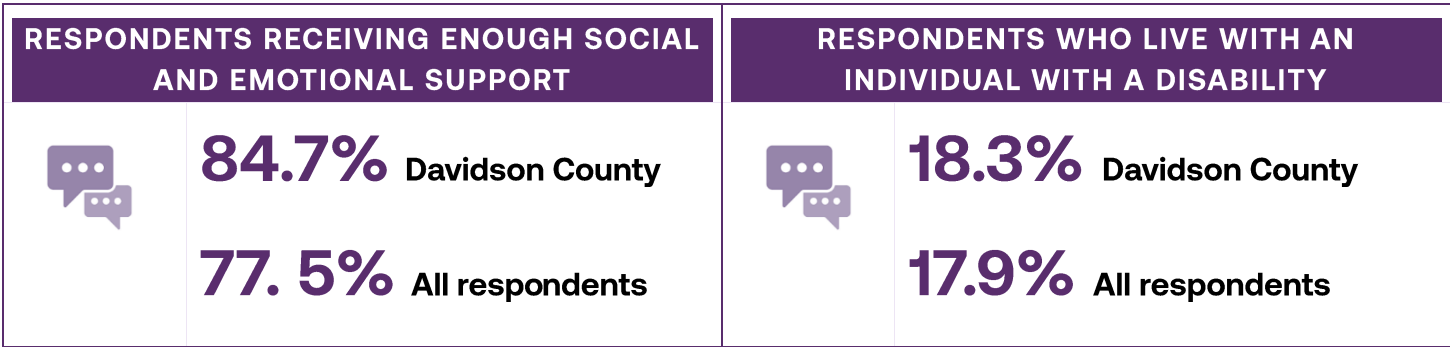
Sources: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023); Decennial Census (2010 & 2020), via Metopio.; North Carolina State Center for Health Statistics, NC Department of Health and Human Services; North Carolina Office of State Budget and Management.

Davidson County is home to approximately 174,804 residents, representing nearly two percent of North Carolina’s total population of over 10.8 million. Between 2010 and 2020, 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.

The median age of Davidson County is 42, approximately 3 years older than North Carolina and the U.S. median age. Residents aged 40-64 and seniors represent a higher proportion of the county’s population in comparison to North Carolina, and the U.S. Approximately 15% of Davidson County residents live with a disability, which is slightly higher than the state and national averages (13.6%). A chart outlining disability by type is available in the appendix of this report. Additionally, 7% of the population are veterans, aligning closely with state figures and exceeding the national average of 6%. A significant portion of Davidson County residents live alone, with 26% of households consisting of individuals of all ages living alone. Among those aged 65 and older, 28% live alone, higher than both the state (27%) and national (25%) averages.

The county’s demographic composition reveals several notable trends, highlighting the importance of planning for aging populations, addressing consistent, high-quality care for all and ensuring culturally and linguistically appropriate healthcare services across the county. Davidson County’s older median age and higher percentage of seniors suggest a need for geriatric care, chronic disease management and senior services. Higher rates of disability and veterans point to the importance of inclusive health programs and veteran outreach. Any householder living alone may face social isolation and those who also lack transportation may struggle to access food and other services. Seniors living alone remain a population with unique needs and challenges.

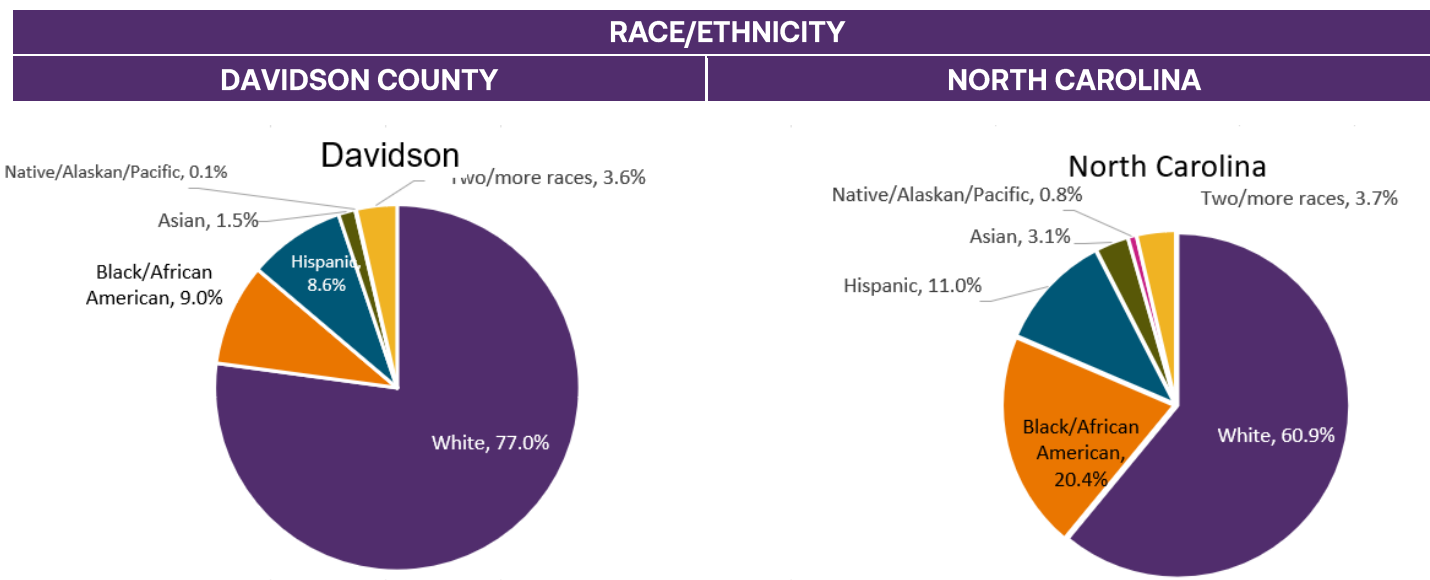
Culturally responsive health education, preventive care and community outreach programs can help in addressing the specific health needs of various populations, ensuring improved equitable healthcare and consistency in access and outcomes.



Source: CCC Survey, 2025

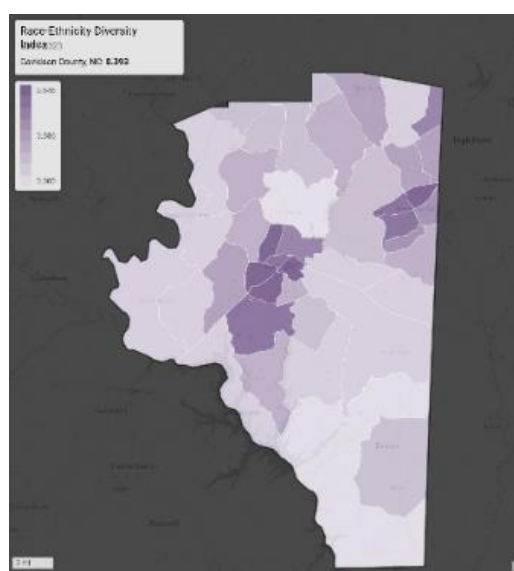
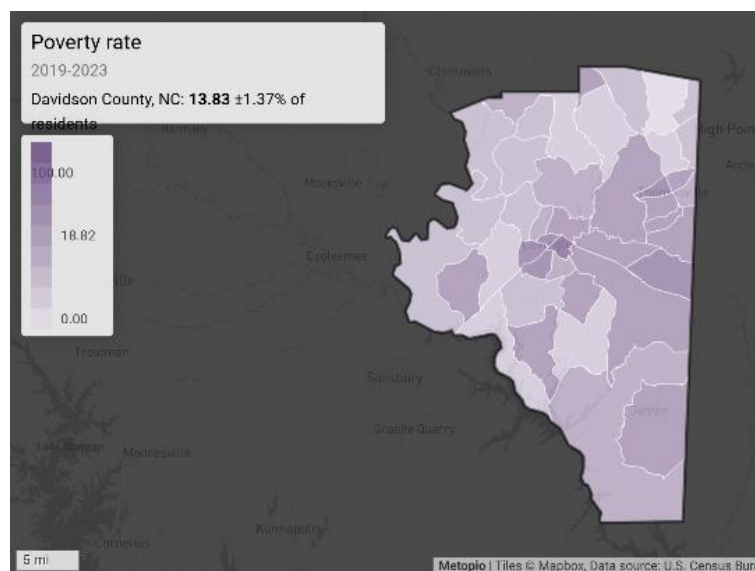
As seen on the charts on the following page, the majority of Davidson County’s population is non-Hispanic White residents (77.0%), followed by Black or African American (9.0%) and Hispanic or Latino (8.6%). Smaller groups include Asian (1.5%), Native/Alaskan/Pacific Islander (0.1%) and individuals of two or more

racess (3.6%). This highlights the necessity for culturally and linguistically appropriate healthcare services that can support the unique health needs faced by different groups.



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

Maps highlighting demographic trends are below. ZIP codes within the town of Thomasville (27350) and Lexington (27295) demonstrate the greatest racial and ethnic diversity. Poverty rates are mixed throughout areas of the county.



Source: American Community Survey (ACS)

AGE		EDUCATION ATTAINMENT											
<div>Population: 174,804</div> <div>Median Age: 42.4</div> <table><tr><td>% Ages 0-4</td><td>5.1%</td></tr><tr><td>% Ages 5-17</td><td>16.3%</td></tr><tr><td>% Ages 18-39</td><td>25.2%</td></tr><tr><td>% Ages 40-64</td><td>33.5%</td></tr><tr><td>% Ages 65 and older</td><td>20%</td></tr></table>		% Ages 0-4	5.1%	% Ages 5-17	16.3%	% Ages 18-39	25.2%	% Ages 40-64	33.5%	% Ages 65 and older	20%	<div><div><div>89.0%</div><div></div></div><div><div>91%</div><div></div></div><div><div>45%</div><div></div></div><div><div>33.2%</div><div></div></div></div> <div><div>North Carolina high school graduate rate</div><div>Davidson County high school graduate rate</div><div>North Carolina higher degree rate</div><div>Davidson County higher degree rate</div></div>	
% Ages 0-4	5.1%												
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% Ages 40-64	33.5%												
% Ages 65 and older	20%												
POPULATION LIVING BELOW POVERTY LINE		UNEMPLOYMENT											
<div>15% of residents in families are living in poverty (below the federal poverty level):</div> <div><div>24.90%</div><div>Children*</div></div> <div><div>14.29%</div><div>Seniors</div></div> <div>*5-17 years</div>		<div>Unemployment rate among residents that are 16 years of age or older (2023):</div> <div><div>3.96%</div><div>Davidson County</div></div> <div><div>4.03%</div><div>North Carolina</div></div> <div><div>4.31%</div><div>United States</div></div>											
LIMITED ENGLISH PROFICIENCY		HOUSEHOLD/FAMILY											
<div><div></div><div></div></div>	<div><div>3.25%</div><div>Davidson County</div></div> <div><div>4.90%</div><div>North Carolina</div></div>	<div><div></div></div>	<div><div>6.02%</div><div>of single-parent families</div></div> <div><div>28.83%</div><div>of seniors living alone</div></div>										

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

YEAR	TOPIC	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 the industries with the lowest wages*	22.8	22.5	n/a
2024	Average weekly wage	\$1,147	\$1,504	n/a

* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Source: U.S. Census Bureau, American Community Survey (ACS), via Metopio; North Carolina Department of Commerce, Labor and Economic Analysis Division). *Quarterly Census of Employment and Wages (QCEW)*.

Several insights should be noted from the data above and on the previous page. The high school graduation rate in Davidson County is comparable to that of the state of North Carolina. However, the proportion of residents in Davidson County who hold a higher degree is significantly lower (33%) compared to North Carolina (45%). The population with limited English proficiency is lower compared to North Carolina and neighboring counties. Language support services ensure that non-English speaking residents receive adequate healthcare information and services, and health education materials across languages can help deliver important information in a clear and accessible fashion.

Compared to both North Carolina and the U.S., Davidson County demonstrates lower median household incomes, higher poverty rates and lower weekly wages. Almost 23% of the Davidson County workforce is employed in the four lowest paid industries. The largest employment sector in Davidson County is manufacturing (22.4% of the workforce), which pays a lower weekly wage compared to North Carolina's average. Approximately 21% of the 2024 county workforce was employed in retail trade or accommodation and food services, sectors that rarely provide benefits and rely on part-time hourly work which can be unpredictable and unreliable.

Approximately 6.02% of families are headed by single parents, a demographic often facing increased economic and resource pressures.

Health Indicators: Davidson County

Davidson County's leading causes of death in 2019-2023 were cancer and heart disease. NHTMC will consider health indicators, such as leading causes of death, as well as the impact of root causes with an analysis of social drivers of health.

LEADING CAUSES OF DEATH IN DAVIDSON COUNTY			
Rank	Cause of Death	Number	%
1	Cancer - all sites	2,096	19%
2	Diseases of the heart	2,019	18.3%
3	Other unintentional injuries	726	6.6%
4	Chronic lower respiratory diseases	672	6.1%

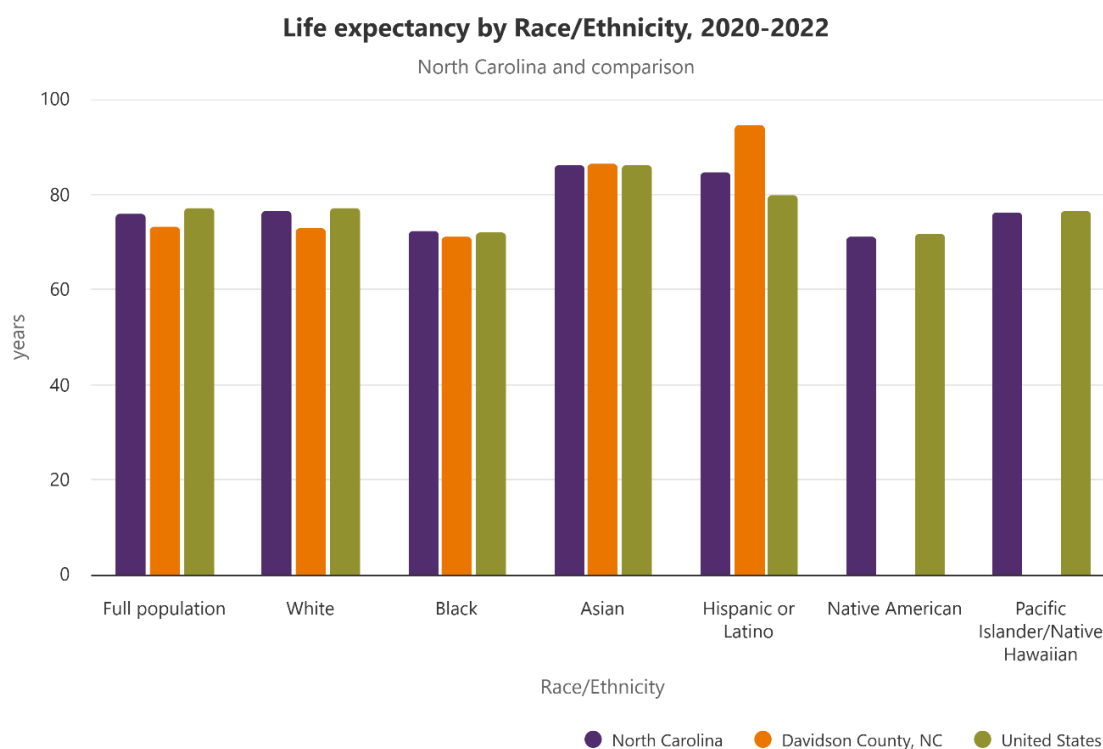
5	COVID-19	630	5.7%
6	Alzheimer's disease	533	4.8%
7	Cerebrovascular Disease	550	5%
8	Diabetes mellitus	374	3.4%
9	Unintentional Motor Vehicle Injuries	175	1.6%
10	Kidney Diseases	222	2%

Source: North Carolina State Center for Health Statistics

Over the past 30 years, life expectancy decreased by more than a year in Davidson County, from 75.7 years to 73.3 years, while life expectancy increased by one year across North Carolina. Life expectancy in Davidson County has dropped below the national and state averages.

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

As shown by the chart below, life expectancy among Davidson County residents also varies by race and ethnicity, with life expectancy being the lowest for Black residents and significantly higher life expectancy for Hispanic or Latino individuals, well above both the state and national averages.



Created on Metopio | metopio.io | Data sources: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (For Pre-2016 Wisconsin data), Center for Urban Population Health (Derived from death counts)
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics, University of Wisconsin Population Health Institute, via Metopio

Chronic Disease

YEAR	CHRONIC DISEASE TOPIC	DAVIDSON COUNTY	NC	US
2020-2022	Life expectancy	73.3	75.9	77.1
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
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
2023	COVID-19 Mortality	15.4	13.5	11.9
2023	Pneumonia and Influenza Mortality	14.3	12.2	10.9

Sources: North Carolina State Center for Health Statistics; U.S. Census Bureau, American Community Survey (2019–2023) and Decennial Census (2010 & 2020), via Metopio; North Carolina Office of State Budget and Management; Centers for Disease Control and Prevention, National Center for Health Statistics, United States Diabetes Surveillance System, Behavioral Risk Factor Surveillance System, PLACES Project, and Mapping Medicare Disparities, via Metopio; County Health Rankings, University of Wisconsin Population Health Institute, via Metopio; National Cancer Institute, State Cancer Profiles, via Metopio; NC Department of Health and Human Services, HIV/STD/Hepatitis Surveillance Reports, via Metopio.

Davidson County residents struggle significantly with many aspects of chronic disease management and prevention:

- Mortality rates for heart disease, diabetes, kidney disease, chronic lower respiratory disease and cancer are all higher in Davidson County than in North Carolina and the U.S.
- Adults in Davidson County are more likely than the average North Carolinian to be obese and they are similarly likely to have diabetes.
- 23% of adults in Davidson County report getting no physical activity and Davidson County adults are less likely than most other comparators to have access to exercise opportunities.

- High blood pressure is similarly prevalent compared to the state and the nation; coronary heart disease rates are higher in Davidson County.
- Cigarette smoking is more common among Davidson County adults compared to other locations shown, which may inform why chronic lower respiratory disease mortality rates are much higher at the county level than statewide.
- Colorectal cancer screening rates and mammogram use rates are similar in Davidson County and North Carolina, but diagnosis rates, incidence rates and mortality rates for cancer are all higher compared to the state as a whole.
- Infection rates for sexually transmitted infections like chlamydia, gonorrhea and HIV are lower in Davidson County compared to North Carolina, while the syphilis diagnosis rate is higher.
- Pneumonia/Influenza and COVID mortality rates – vaccine preventable deaths – are higher than the state and nation.

Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	DAVIDSON COUNTY	NC	US
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
2024	Kindergarten immunizations	96.44	92.83	n/a

Sources: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023), via Metopio; North Carolina State Center for Health Statistics, NC Department of Health and Human Services, via Metopio; Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) via Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS–M); North Carolina Annual Immunization Report, NC Department of Health and Human Services, via Metopio; Maternal and Infant Health Data Dashboard, North Carolina Department of Health and Human Services.

Davidson County is home to a smaller population of women of childbearing age compared to North Carolina and the U.S., and the pregnancy rate is also lower. While pregnant women in Davidson County are more likely than the average North Carolinian woman to receive prenatal care in the first trimester, low birth weight is still a significant issue. The teen birth rate is also higher than North Carolina or U.S. averages. When Novant Health pregnancy encounter data is stratified by race and ethnicity, clinical gaps persist for prenatal and postpartum visit rates among Black/African American and Hispanic/Latino pregnant patients across the Triad region.

Behavioral Health

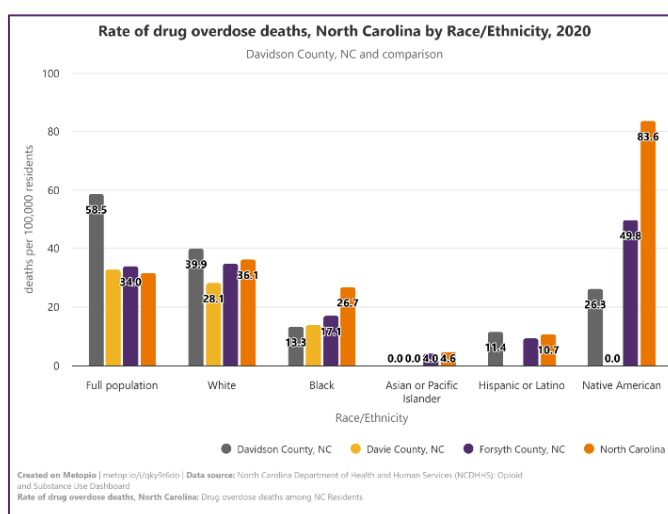
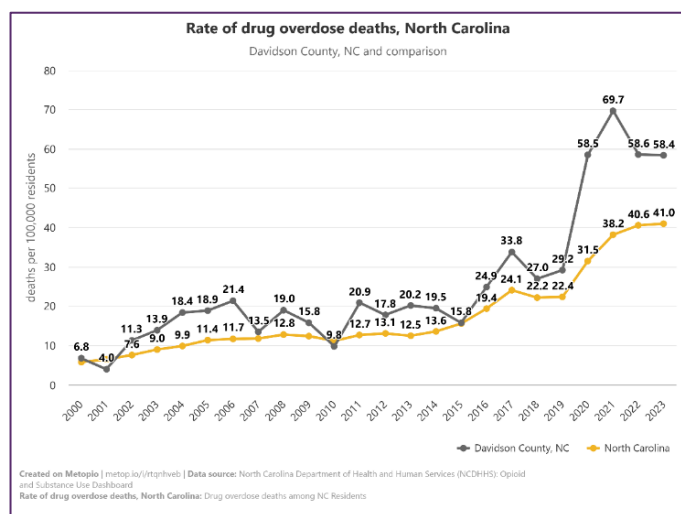
YEAR	BEHAVIORAL HEALTH	DAVIDSON COUNTY	NC	US
2019-2023	Alcohol-related mortality	12.6	11.1	12.6
2023	Suicide mortality rates	18.9	13.5	14.0

YEAR	BEHAVIORAL HEALTH	DAVIDSON COUNTY	NC	US
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

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

Behavioral health data includes mental health and substance use and generates the following key insights:

- Alcohol-related mortality in Davidson County is higher than the state and the same as the U.S.
- Depression is slightly more common among Davidson County residents: more than 22% of adults in all locations shown for comparison have depression. In Davidson County, nearly 33% of adults feel socially isolated.
- Compared to North Carolina and the U.S., Davidson County saw a higher rate of drug overdose deaths and higher rates of ED Visits. Nearly 80% of overdose deaths were due to illicit opioids (heroin and fentanyl).
- Since at least 2000, the rate of drug overdose deaths has increased steadily across the state and the nation. The Davidson County rate was higher than North Carolina for most of the past 20 years and rose significantly since 2020.
- The rate of drug overdose deaths varies significantly across different racial and ethnic groups statewide and in Davidson County. In North Carolina, the rate among the Native American population is significantly higher compared to other groups. In Davidson County, White non-Hispanic residents are more likely than other groups to die of a drug overdose.
-



Access to Care

YEAR	HEALTHCARE ACCESS	DAVIDSON COUNTY	NC	US
2023	% with Private Health Insurance	59.04	67.29	67.01
2023	% with Public Health Insurance	42.91	36.44	37.41
2023	% Uninsured	8.93	9.23	7.93
2023	Medicaid Coverage	23.75	19.12	21.31
2025	Respondents satisfied by insurance*	58.68	65.15	n/a
2025	Respondents satisfied with healthcare*	34.02	43.64	n/a
2025	Respondents who delayed care*	30.99	26.14	n/a
2025	Respondents who delayed care because of the cost*	43.30	42.39	n/a
2025	Respondents who needed but did not receive mental health treatment*	36.71	35.67	n/a
2025	Respondents with a primary care provider*	92.45	93.12	n/a
2025	Respondents with dental insurance*	80.79	83.67	n/a

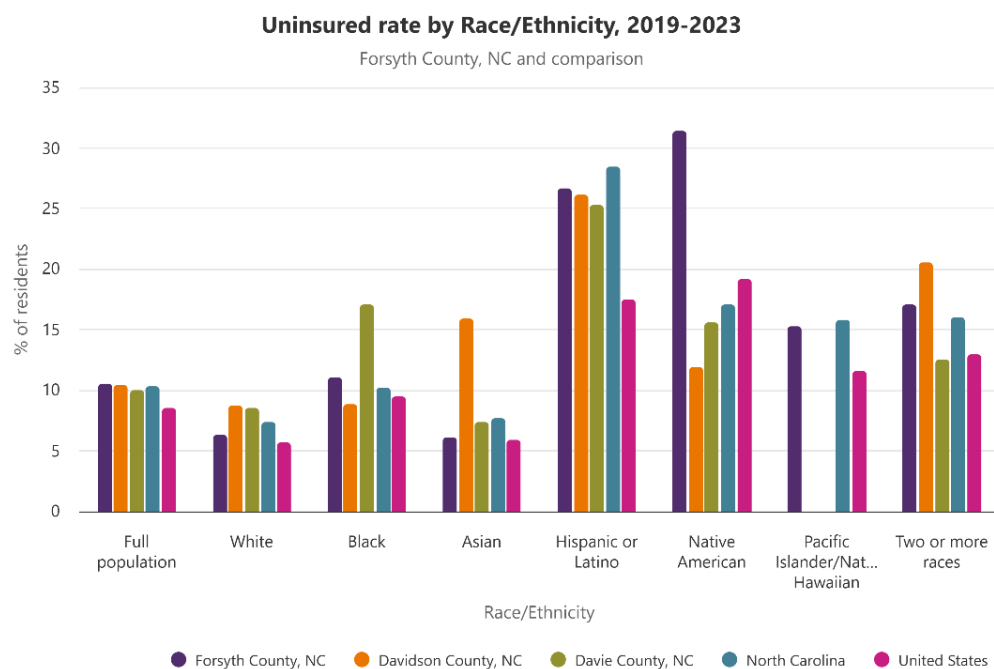
*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau, via Metopio; Central Carolina Community Collaborative (CCCC), Community Health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

Key insights related to access to care include:

- Compared to the state and the nation, Davidson County residents are much less likely to be insured via private health insurance and much more likely to be enrolled in public insurance programs like Medicaid and Medicare.
- Nearly 9% of Davidson County residents do not have health insurance, a rate higher than the U.S. but lower than North Carolina.
- Compared to results from North Carolina, survey respondents in Davidson County were less likely to be satisfied with their health insurance and with their healthcare. They were also less likely than their North Carolina comparators to have dental insurance.
- Approximately 31% of Davidson County survey respondents delayed care and among those, 43% did so because of the cost.
- Nearly 37% of Davidson County survey respondents needed, but did not receive, mental health treatment, higher than other North Carolina responses.

Source: U.S. Census Bureau, American Community Survey

The uninsured rate in the United States is 7.93%, while nearly 10% of North Carolinians and nearly 9% of Davidson County residents do not have health insurance. The uninsured rate varies significantly across different racial and ethnic groups in Davidson County, North Carolina and the nation. Hispanic or Latino individuals have the highest uninsured rates in most areas, reaching up to 26% in Davidson County.



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

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

Social Indicators: Davidson County

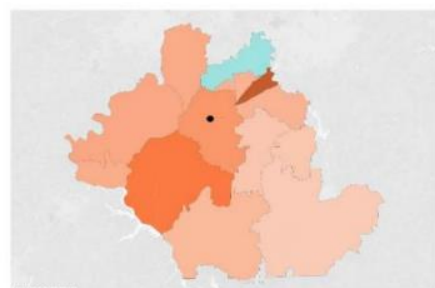
Social Drivers of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks. Including SDoH data ensures the CHNA captures the full picture of what affects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

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

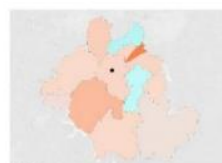
The Vizient Vulnerability Index (VVI) maps hospital patients home address by nine social needs domains. This tool aggregates domains into an overall Vizient Vulnerability Index score by ZIP code. It is helpful in identifying where to focus community-based efforts and how social needs and health outcomes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

Domains and Components: Novant Health Thomasville Medical Center

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



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



Economic Domain



Neighborhood Resources Domain



Social Domain



Education Domain



Housing Domain



Transportation Domain



Health Care Access Domain



Clean Environment Domain



Public Safety Domain

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



Food Deserts



Single Parents

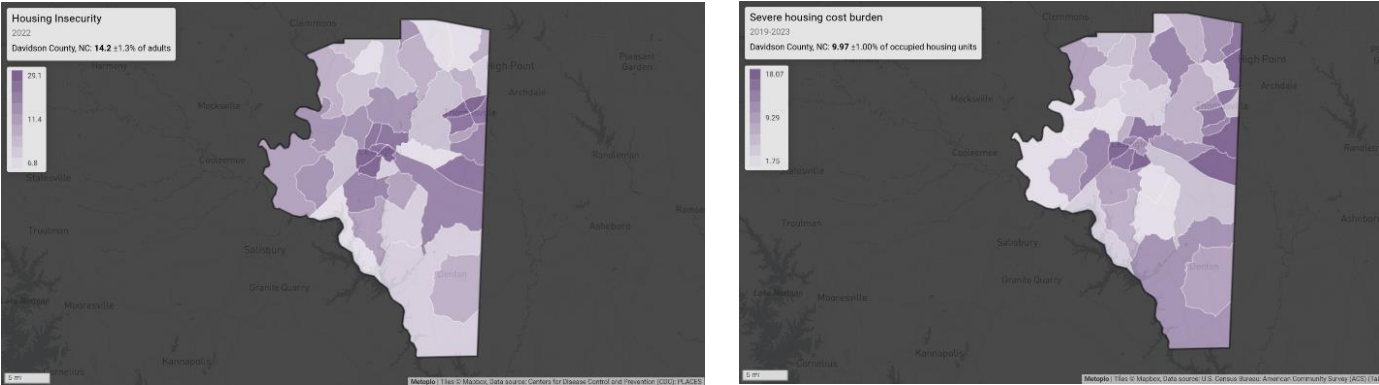
Across domains, ZIP codes 27260 and 272792 in Davidson County display the most consistent and intense vulnerabilities, although significant vulnerabilities persist throughout the county. Continued population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

YEAR	SOCIAL INDICATOR TOPIC	DAVIDSON COUNTY	NC	US
2019-2023	Median household income	\$63,189	\$70,804	\$77,719
2023	Poverty rate	15.06	12.79	12.46
2019-2023	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 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

* 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

North Carolina's poverty rate has historically been higher than the national average; Davidson County's poverty rate rose above the state rate in 2018 and has remained higher since.

The poverty rate tends to vary significantly across different racial and ethnic groups as well as age groups. In Davidson County, poverty rates among Native American and Hispanic/Latino populations are highest, followed closely by residents of multiple races and the Asian population (see chart in the appendix). Davidson County's children are more likely than any other age group to live below the federal poverty limit, with over 32% of children under 5 and almost 25% of children aged 5-17 living in poverty. With poverty rates higher than the national average, there is an ongoing need in Davidson County for focused interventions to address economic disparities.



Source: [Centers for Disease Control and Prevention \(CDC\)](#):PLACES

Housing cost burden refers to households, rented or owned, spending more than 30% of their income on housing costs like rent or a mortgage. 21.3% of housing units in Davidson County are considered cost burdened, lower than North Carolina or the U.S., indicating greater affordability of housing than state or national averages. This sentiment is mirrored by survey respondent feedback, where a higher percentage of Davidson County respondents feel housing is affordable than the group average.

Severe housing cost burden refers to households spending more than 50% of their income on housing, including both renters and owners. Cost burdened housing is associated with housing insecurity, defined as the inability to pay mortgage, rent or utility bills in the past 12 months. Housing insecurity in North Carolina is a significant issue, with rates varying across counties: in Davidson County, 14.2% of adults were estimated to be housing insecure in 2023, similar to the proportion estimated to be housing insecure statewide.

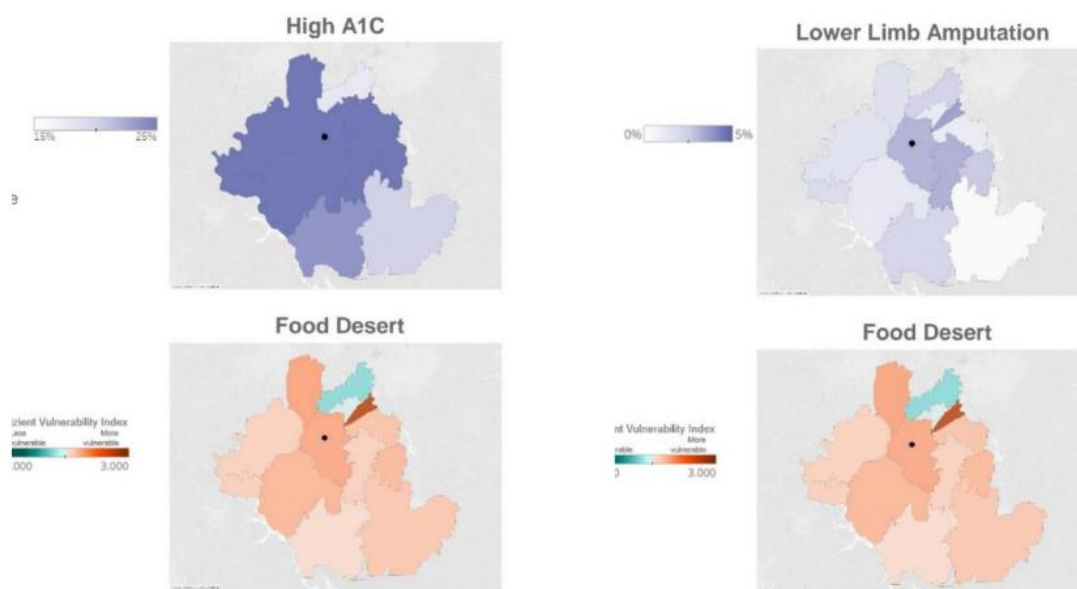
RESPONDENTS WHO THINK AFFORDABLE, HEALTHY FOOD IS THE MOST IMPORTANT COMMUNITY ISSUE		RESPONDENTS WHO THINK HOUSING IS AFFORDABLE	
	44.3% Davidson County		28.2% Davidson County
	43.8% All respondents		26.0% All respondents

Source: CCCC Survey, 2025

YEAR	FOOD INSECURITY	DAVIDSON COUNTY	NC	US
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

Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Map the Meal Gap, Feeding America, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio.

When a household has limited or uncertain access to enough nutritious and safe food for everyone, it is considered food insecure. After declining for almost a decade, food insecurity rates in Davidson County, North Carolina and the United States increased steadily after 2021. Food insecurity rates in Davidson County have been higher than both North Carolina and the U.S. since 2018. By 2023, the food insecurity rate in Davidson County had increased to 15.6%.



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

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

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

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

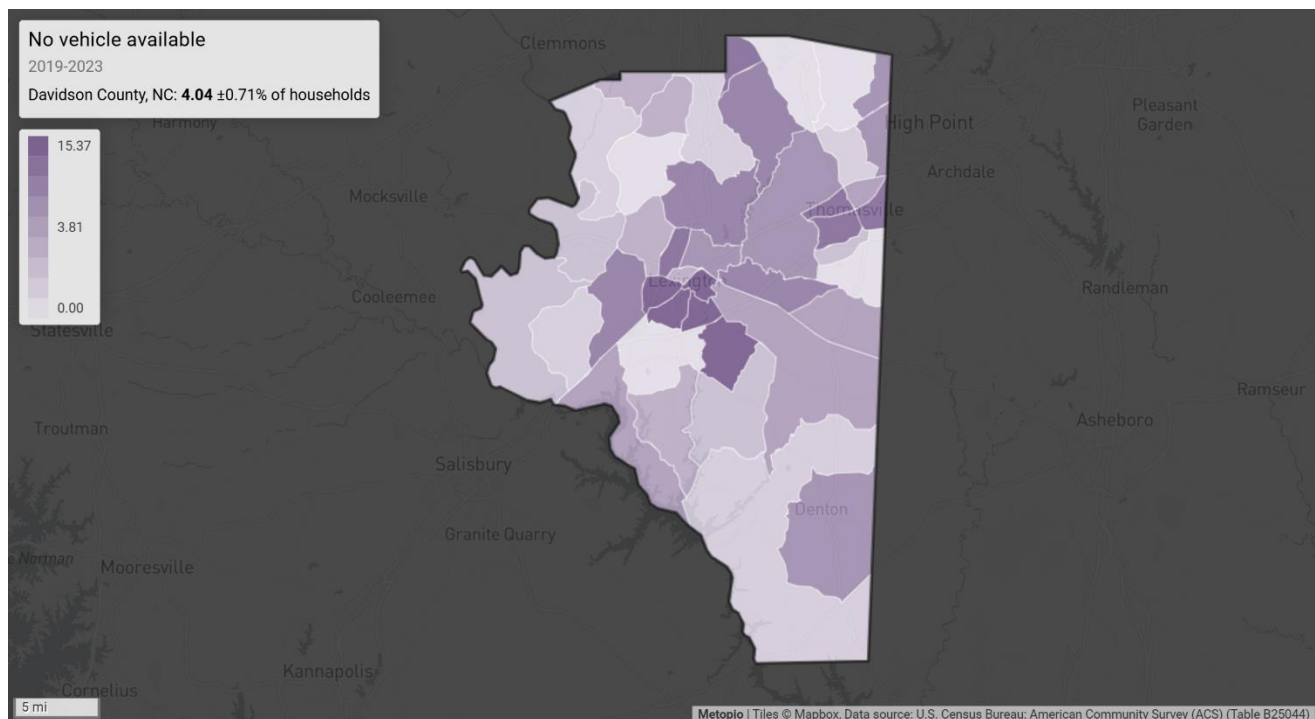
- **Low access:** At least 500 people or 33% of the population live more than one mile from a supermarket in an urban area, or more than 10 miles in a rural area.

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



YEAR	TRANSPORTATION	DAVIDSON COUNTY	NC	US
2023	Percent of adults who reported lack of transportation	9.0	9.0	n/a
2023	% of households with no vehicle access	5.28	5.48	8.44
2023	% of workers traveling outside the county or state for work	55.99	29.34	28.55

Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio. White House Council on Environmental Quality, Climate & Economic Justice Screening Tool (Version 2.0), via Metopio; Multi-Resolution Land Characteristics Consortium, U.S. Geological Survey via Metopio.

Lack of transportation is a significant issue in North Carolina, with 9.0% of residents reporting barriers. Vizient Vulnerability Index data indicates that patients from neighborhoods with less access to transportation are more likely to return to the ED within 30 days. As shown by the map below (with higher no vehicle access rates in darker purple), vehicle access is a challenge in areas throughout Davidson County.

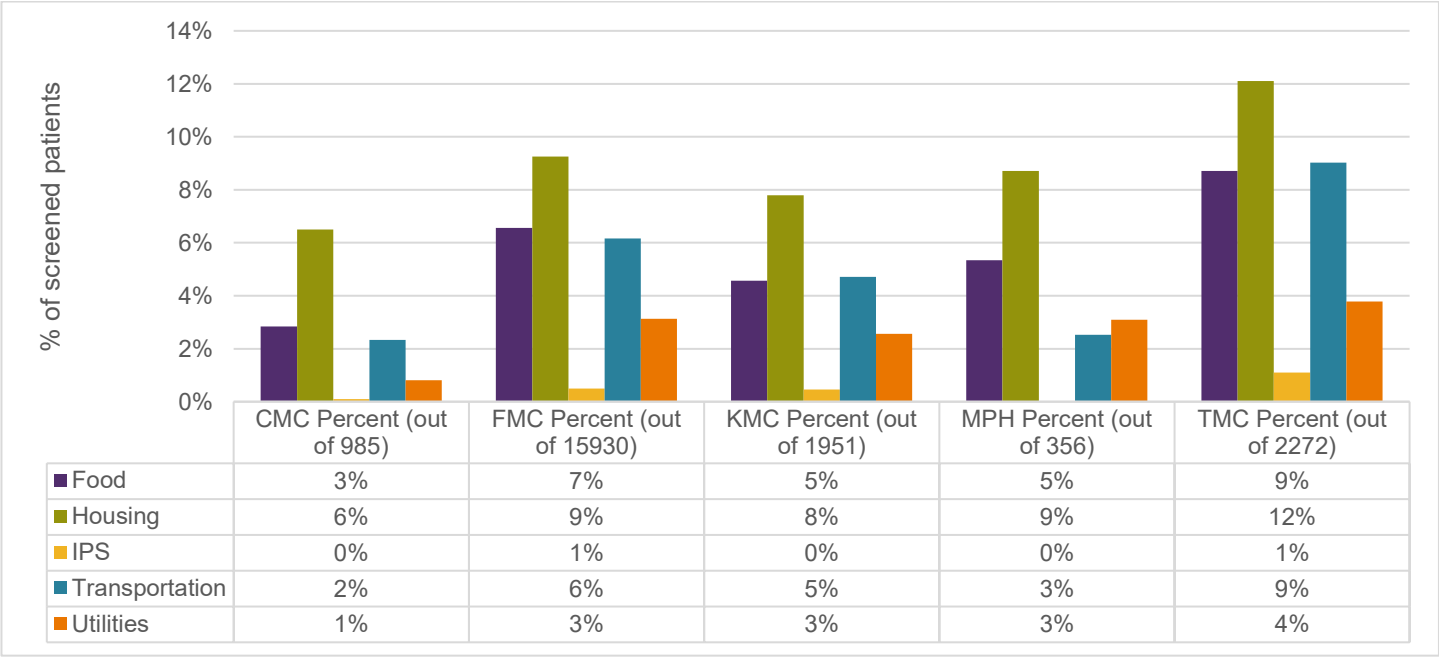


Source: [Centers for Disease Control and Prevention \(CDC\)](#):PLACES

WORKERS TRAVELING OUTSIDE THE COUNTY OR STATE FOR WORK		RESPONDENTS SATISFIED WITH PUBLIC TRANSPORTATION	
	56.0% Davidson County		16.0% Davidson County
	29.3% North Carolina		21.9% North Carolina

Transportation burden refers to the challenges individuals face in accessing reliable, affordable and efficient transportation. This can include long commute times, limited public transit options, high transportation costs relative to income and geographic isolation from employment centers, healthcare and other essential services. Large percentages of Davidson County residents are traveling outside of the county for work, which means reliance on vehicles is strong. However, transportation barriers are significant, with 9% of households reporting lack of transportation. Public transportation infrastructure is limited, and as such, satisfaction with public transportation is very low, with just 16% of survey respondents reporting satisfaction. Transportation challenges will limit residents’ opportunities to achieve positive health and employment outcomes.

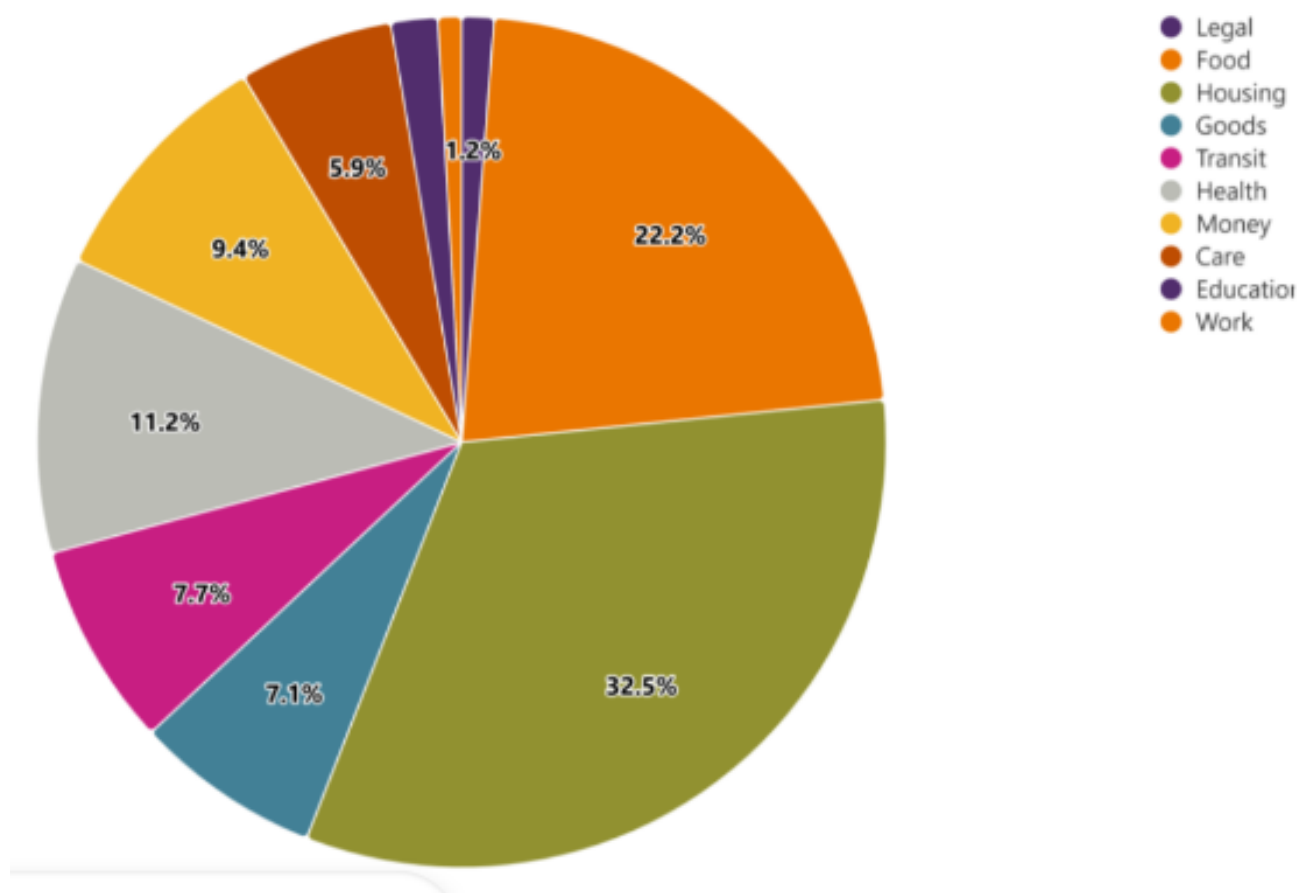
In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation and utilities. Results from 2024 social needs assessments are below. Like many facilities across the Triad Region, NHTMC patients’ top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



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

In order to address identified social needs, Novant Health partners with FindHelp, an online aggregator of free and reduced cost social resources. This platform is free to search, connect and refer to resources to any member of the community. FindHelp is broadly used by Novant Health team members to connect patients with social needs to resources. The Novant Health iteration of the FindHelp platform is called NH

MyCommunity (NovantHealth.org/MyCommunity). Search data by facility shows that the top FindHelp searches at Novant Health Thomasville Medical Center include housing, food and healthcare (medication, financial support, primary care).



*Legal goods, education and work categories each comprised less than 5% of searches. Source: FindHelp

ASSESSMENT PROCESS

Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) is a systematic, data-driven and collaborative process designed to better understand the health and social needs of the communities served by Novant Health. This assessment is a foundational step in understanding current health status and social drivers affecting residents and it guides the development of strategies to improve community health outcomes. Hospitals and local health departments across the region worked together to identify needs and share resources for compilation, analysis and implementation planning.

Consideration of Input from Persons Representing Broad Community Interest

The 2025 CHNA for Novant Health Thomasville Medical Center ensured broad engagement from community groups. Required stakeholder groups, including public health and individuals from, and community organizations serving, low-income, minority and medically underserved populations, were engaged throughout the process.

Novant Health Thomasville Medical Center partnered with Davidson County Public Health and the Central Carolina Community Collaborative (CCCC), which included participation from ten local public health agencies, seven hospital systems, United Way organizations and numerous academic and nonprofit partners. Novant Health also convened Community Voice Councils and collaborated with trusted community organizations to engage Black/African American residents, LGBTQ+ communities, individuals with disabilities and Spanish speaking residents.

Findings from surveys and focus groups were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. Surveys highlighted access to care, mental health, substance use, affordable housing, healthy food and employment as pressing concerns. Focus groups reinforced these themes, underscoring the need for access to care and interventions that address food, housing and transportation barriers. Hospital inpatient and emergency department data further demonstrated the burden of chronic disease and access to care. Throughout this process, no written comments were received on the prior CHNA.

Through a structured prioritization process, Novant Health Thomasville Medical Center leadership reviewed all inputs, considering scope, severity, health disparities and feasibility of intervention. Selected priorities reflect the direct input of community members, align with public health data and ensure accountability at the facility level for implementing strategies that address the most significant health needs in Davidson County.

Collaborative Community Partners

The 2025 CHNA for Novant Health Thomasville Medical Center was developed in partnership with the Central Carolina Community Collaborative (CCCC), including county health departments and members of Novant Health Community Voice Councils to reflect all populations, ensure data consistency and establish local relevance.

Planning for the 2025 CHNA began with joint meetings among public health departments, hospitals and community organizations to establish shared goals, timelines and tools. Secondary data was sourced from credible regional and national databases. Culturally appropriate, accessible community health surveys were developed and distributed across the county in both digital and paper formats. Novant Health Thomasville Medical Center also conducted qualitative research through focus groups to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by collaboration on shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

Central Carolina Community Collaborative (CCCC) and Metopio


The Central Carolina Community Collaborative (CCCC) launched in 2024 and is funded by the Duke Endowment. The aim of the collaborative is to amplify local community voice through the CHNA process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. The collaborative brings together diverse voices including health systems, public health departments, academic

institutions, United Way agencies and other community-based organizations to identify needs, share resources and implement meaningful solutions.

The CCCC includes:

- 10 local public health agencies
- 7 hospital systems
- 4 United Way agencies
- Several technical partners, including academic institutions, local experts and community-based organizations.



 Central Carolina Community Collaborative contracted with Metopio to provide an internet-based data resource. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic and community-level drivers of health like economic, housing, employment and environmental conditions. Along with guidance on the primary data, Metopio also provided robust secondary data for this CHNA report and interfaced with other Novant Health vendors, including FindHelp, to provide robust health and social needs data. (Metopio: <https://public.metopio.io>).

Solicitation

Community engagement was central to the CHNA process. In addition to input from organizational stakeholders, a survey tool was developed and distributed by CCCC members. The survey was available in both English and Spanish and open to all Davidson County residents aged 18 and older.

Community members were actively involved in planning and disseminating both surveys and the high volume of collective responses reflects strong community participation. Every effort was made to reach individuals representing the diverse interests of Davidson County, including medically underserved*, low-income and minority populations.

**As defined by section 501-R of IRS regulation, medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate*

medical care from the facility because of cost, transportation difficulties, stigma or other barriers. CHNAs and Implementation strategies must include members of medically underserved low-income and minority populations.

Data Collection and Analysis

This needs assessment collected and interpreted data from multiple sources, as outlined below.

Secondary Data

Metopio is a robust platform that offers curated data from public and proprietary sources. Along with guidance on the primary data, Metopio also provided robust secondary data for this CHNA report. All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data. Metopio's data aids in benchmarking and contextualizing the primary data findings, offering a comparative perspective that enhances the understanding of where the community stands in relation to broader regional or national trends. Secondary data aggregated through Metopio included but is not limited to:

- Demographics
- Health outcomes
- Social and economic conditions
- Built environment
- Health behaviors
- Clinical care

Metopio also was used to aggregate data from additional CCCC vendor partners, including FindHelp. FindHelp data was supplied across CCCC's geographic footprint to outline social resource search and connection trends.

Primary Data

Community survey responses were a critical source of primary data for this CHNA and are referenced several times in the data tables above. With guidance from Metopio, CCCC members developed a survey tool to gather opinions, behaviors and demographic information from a broad segment of the population. The survey was analyzed and aggregated by Metopio data experts. Stratified analyses were used to determine to what extent survey data and community issues varied across Davidson County residents. The survey aimed to identify barriers to optimal health and opportunities for improvement.

Over 7,400 surveys were completed across the CCCC footprint, 839 from residents of Davidson County. Convenience sampling was used, selecting participants based on accessibility and availability. The survey was distributed from February through April 2025.

To ensure comprehensive feedback, collaborative members, including team members representing Novant Health Thomasville Medical Center, promoted the survey via social media, organizational websites, press releases and free community health events. Community partners and Community Health Workers serving low-income, minority and medically underserved populations also helped distribute the survey link, QR codes and paper copies. The standard CCCC survey was available in both English and Spanish.

Focus Groups

As part of the 2025 Community Health Needs Assessment, Novant Health's Office of Health Equity and Community Health conducted a series of focus groups from May through June 2025. These sessions were designed to ensure that all voices within the community were heard and to gain a deeper understanding of health needs across the broader Novant Health footprint.

Participants included members of Novant Health Community Voice Councils, a cross section of the community, including individuals and organizations serving medically underserved populations, such as the LGBTQ+, Black/African American and disability communities.

To ensure accessibility and convenience, all focus groups were held virtually. This format allowed for broader participation and increased access for improved engagement, helping to capture a wide range of perspectives and lived experiences.

Limitations of the Assessment

This report provides a large volume of helpful information about the health of people in the community; however, there may be limitations. For example, secondary data is often available on a delay, so for some measures the most recent data available is for 2019 to 2023. Data from 2020 and recent years should be considered within the context of the COVID-19 pandemic. Additionally, some groups of people could not take part in primary data collection, like individuals who are detained or people who speak other languages outside of English or Spanish. Also, even though the report discusses many health and social topics, it does not cover every sickness or health problem. Despite these limitations, the report serves as a valuable reference point for tracking social, economic and health indicators in Thomasville Medical Center's primary service area. It provides a foundation for informed decision-making and strategic planning aimed at improving community health outcomes.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Identified Significant Health Needs

After data was collected and analyzed from the primary and secondary data sources, CCCC and localized steering committee members determined the following identified needs from which the priority health needs would be selected:

- Access to healthcare
- Access to healthy food
- Affordable housing
- Chronic disease
- Employment opportunities & income
- Mental health (including suicide mortality)
- Physical activity opportunities
- Substance use (including alcohol, drugs and tobacco)
- Transportation

Survey findings

From the 839 CCCC survey collected from Davidson County residents, the top three health-related challenges identified in the community were: affordable and safe housing (47.7%), access to affordable healthy food (45.6%) and access to employment opportunities (28.2%). The top three most important community issues identified were: mental health concerns (50.7%), access to health care (40.8%) and substance use (including drug and alcohol use) (36.4%)."

Focus group

The overall process for data collection was designed to ensure the information reflected all communities served. As part of this effort, focus groups were conducted by Novant Health Office of Health Equity and Community Health team members. Community voice councils established to understand best practices in personalizing care were leveraged to gather additional data. Council members include patients, caregivers, community leaders and nonprofit partners who are members of, or focus on serving, these populations. Among Novant Health Community Voice Council focus groups, the following themes were identified:

- **Access to Healthcare Providers & Services**
 - Barriers to access such as long waitlists, insurance complications and the need to travel far for quality or culturally appropriate providers were consistently mentioned.
 - Difficulty in finding providers who are affirming, disability-aware or who have cultural congruence.
 - Transportation and affordability were cross-cutting barriers, especially in rural areas.
- **Culturally Responsive and Affirming Care**
 - A need for culturally aware providers to personalize and individualize care (readiness to care for all populations with compassion and respect). Participants often rely on word-of-mouth referrals or avoid care due to previous trauma. Focus groups identified the need to personalize care for all races/ethnicities, persons with disabilities and the LGBTQ+ community.
 - Mental health and primary care staff may lack appropriate training despite identifying as affirming or inclusive.
- **Mental Health: Access, Stigma and Resources**
 - Stigma remains a significant barrier to seeking care—particularly in Black and disability communities.
 - Desire for proactive, embedded or integrated care models in primary settings.
 - Shortage of mental health professionals with intersectional expertise.
- **Economic and Social Drivers of Health (SDoH)**
 - Across all groups, housing, income, food access and transportation deeply impacted health.
 - Participants described having to choose between healthcare and basic needs like food or utilities.
 - Disability participants coined the term “disability tax” to describe the cost burden of accessing care.
- **Support for Caregivers and Youth**
 - Need for respite programs, peer support and navigation help for caregivers of people with disabilities and for LGBTQ+ youth shifting from parental insurance.

- Holistic and Preventive Health Approaches**
 - As a result of systemic mistrust, Black/African American participants emphasized functional, nutritional and naturopathic medicine as complementary to traditional medical models.
 - LGBTQ+ and disability groups voiced a desire for preventative check-ins and better integration of services.

Analysis and Prioritization

County Prioritized Health Needs

At the time of this report’s creation, 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:

- Behavioral health including mental health and substance abuse
- Chronic disease prevention and management
- Social Drivers of Health (with a focus on food, housing and transportation)

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: <ul style="list-style-type: none"> • Access to healthcare* • Chronic disease 	American Cancer Society ARC of Davidson County Baby Café 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

<ul style="list-style-type: none"> • 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 NEEDS ASSESSMENT

The 2025 Novant Health Thomasville Medical Center Community Health Needs Assessment 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 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 Thomasville Medical Center Board of Trustees and Novant Health Thomasville Medical Center leadership are active participants in the community benefit process. Through strategic planning initiatives, leadership provides direction on actions and intended impact and serves as the approving body for the community health needs assessment and community health implementation plan. Administrative leaders serve on the county assessment planning team and hospital board members participate and provide influence on the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education.

COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders and organizations are encouraged to review the findings and share their feedback. Comments, suggestions and questions can be submitted by emailing Communitybenefit@novanthealth.org. Feedback will be reviewed and considered in future planning efforts.

This report can be viewed online at the Novant Health website via the following link:
<https://www.novanthealth.org/about/our-impact/community-health-needs/>

A paper copy of this report may also be requested by contacting Novant Health Community Benefit.

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

IMPACT EVALUATION OF THE 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Based on the previously reported health data from the 2022-2024 CHNA, the Novant Health Thomasville Medical Center Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Thomasville Medical Center as: chronic disease, mental health and substance use.

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

PRIORITY NEED	PROGRAM INITIATIVE/ ACTION	INTENDED OUTCOME
Chronic Disease	Diabetes Management	<ol style="list-style-type: none"> 1. Provide education, community resources available and diabetic screening opportunities in Davidson County as evidenced by hosting at least 2 diabetes events annually and distributing educational materials to at least 75 community members each calendar year. Educational events can include: nutrition talks, healthy cooking classes, information on symptoms, how to manage diabetes, etc. 2. Promote NHTMC Center for Health and Wellness (when completed) as location for free community education classes taught by NH experts held at least quarterly. 3. Explore possibilities of establishing a diabetes bridge clinic in Thomasville.
<p>Actual Outcomes: During the 2022–2024 CHNA cycle, NHTMC demonstrated a strong commitment to diabetes education, prevention and community support. What began as a goal to host at least two diabetes-focused events annually and reach 75 community members with educational materials has grown to impacting hundreds of individuals. At least 8 events were held through the Health Education Diabetes program, serving 360 community residents. Additionally, over 135 health events were held, covering a wide range of topics including blood pressure, breast cancer, CPR/First Aid, general wellness, heart health, stroke awareness and more. These health events reached more than 6,500 Thomasville residents. Team members also led various support groups, such as Baby Café for breastfeeding mothers, creating inclusive spaces for learning and connection. In addition, NHTMC actively participated in community health fairs and partnered with local organizations to provide screenings for blood pressure, hypertension and Remarkable You biometric assessments, helping residents better understand and manage their chronic disease.</p> <p>These efforts not only addressed diabetes but also laid the groundwork for holistic wellness across the community. The opening of the NHTMC Center for Health and Wellness in 2025 has further expanded access to free, expert-led education and deepened the commitment to accessible care, chronic disease management and prevention.</p> <p>Additionally, NHTMC provided over \$100,000 in community contributions and sponsorships to organizations such as the Arc of Davidson County, Salvation Army, Tom A Finch Community YMCA, Cancer Services of Davidson County and Davidson Medical Ministries Clinic.</p>		

PRIORITY NEED	PROGRAM INITIATIVE/ ACTION	INTENDED OUTCOME
Substance Misuse	Increase awareness of substance misuse treatment options for all populations, and focus on outreach to pregnant females with substance misuse disorder	<ol style="list-style-type: none"> 1. Explore opportunities to partner with Ob-Gyn providers at Women's Center of Lexington to expand initiative with Eleanor Health for pregnant moms identified with a substance misuse disorder. 2. Increase awareness of medication drop box in hospital lobby as evidenced by data reports from hospital pharmacy regarding weight of medication collected and dates of collection disposal. 3. Upon opening of NHTMC Center for Health and Wellness, promote opportunity and benefits to community of local treatment option. 4. Partner with Eleanor Health and Davidson County Health Department to educate pregnant moms seen at CityLake Ob-Gyn/delivering at NHTMC and identified with a substance misuse disorder about the opportunity of being referred for medically assisted treatment, therapy and support for up to one (1) year post- delivery evidenced by a monthly data report from Women's Unit manager reporting healthy birth outcomes of those patients identified as enrolled in the treatment program and quarterly data reported from CityLake OB regarding number of patients 10 physicians wrote referrals for to Eleanor Health.
<p>Actual Outcomes: To address the growing issue of substance use, NHTMC increased community awareness and distributed educational materials. As part of its ongoing efforts to promote safe, convenient and responsible disposal of prescription drugs, NHTMC has a medication drop box in the hospital lobby. During Medication Take Back Days, NHTMC distributed at least 17 lock boxes, alcohol storage devices and 25 Rx disposal kits. This initiative helps educate the public about the potential for medication misuse and allows community members to safely and securely dispose of unused or expired medications, including those containing controlled substances. This CHNA cycle, more than 200 pounds of medication was collected.</p> <p>NHTMC also created and distributed "Know Where to Turn for Help" flyers to raise awareness of local resources available for individuals in crisis. These educational materials were shared at health fairs, local churches, and community organizations. Team members also participated in community health education events, reaching 196 residents of Thomasville County.</p>		

Through a strategic partnership with Eleanor Health and the Davidson County Health Department, NHTM worked to improve maternal and infant health outcomes by supporting pregnant individuals with substance use disorders. By educating patients seen at CityLake Ob-Gyn about the availability of medically assisted treatment (MAT), therapy, and providing postnatal support for up to one year, the initiative seeks to reduce the risks associated with untreated substance misuse during and after pregnancy.

The Novant Health Wellness & Education Thomasville facility in Thomasville which opened on July 22, 2025, includes on-site Behavioral Health services.

PRIORITY NEED	PROGRAM INITIATIVE/ ACTION	INTENDED OUTCOME
Mental Health	Increase awareness of mental health resources available to all community members with a focus on services for seniors	<p>1. Design and distribute an educational flier outlining mental health resources available to community. NHTMC will partner with the Life Center of Davidson and Davidson County Senior Services to raise aware of services available to seniors (55+) seeking help for themselves or others evidenced by increased monthly usage data supplied by Life Center. Partnership will also include responsibility of NHTMC to review resource lists (Caregivers of DC website community directory resource) at least twice annually and provide updates to Life Center and Davidson County Senior Services with accurate up-to-date resources.</p> <p>2. Promote available mental health resources to NHTMC ConnectionLink members at least twice annually as evidenced by copy of newsletters and distribution list provided with date of email/ mailing and program flier and attendance list.</p> <p>3. Develop and distribute at least 100 fliers to community members annually outlining mental health resources for seniors in county and state to raise awareness as evidenced by number of fliers distributed at community events.</p>
Actual Outcomes: To address the growing need for mental health awareness in Davidson County, NHTMC partnered with local organizations and actively participated in various community events. Mental health resources were regularly promoted to members of NHTMC's ConnectionLink program, and a series		

of community-based educational sessions were held. These sessions covered topics such as advance directives, behavioral and mental health, stress management, depression, self-help strategies and spiritual care.

Through 27 community events, NHTMC reached 1,246 Thomasville County residents and provided a dedicated support group for seniors.

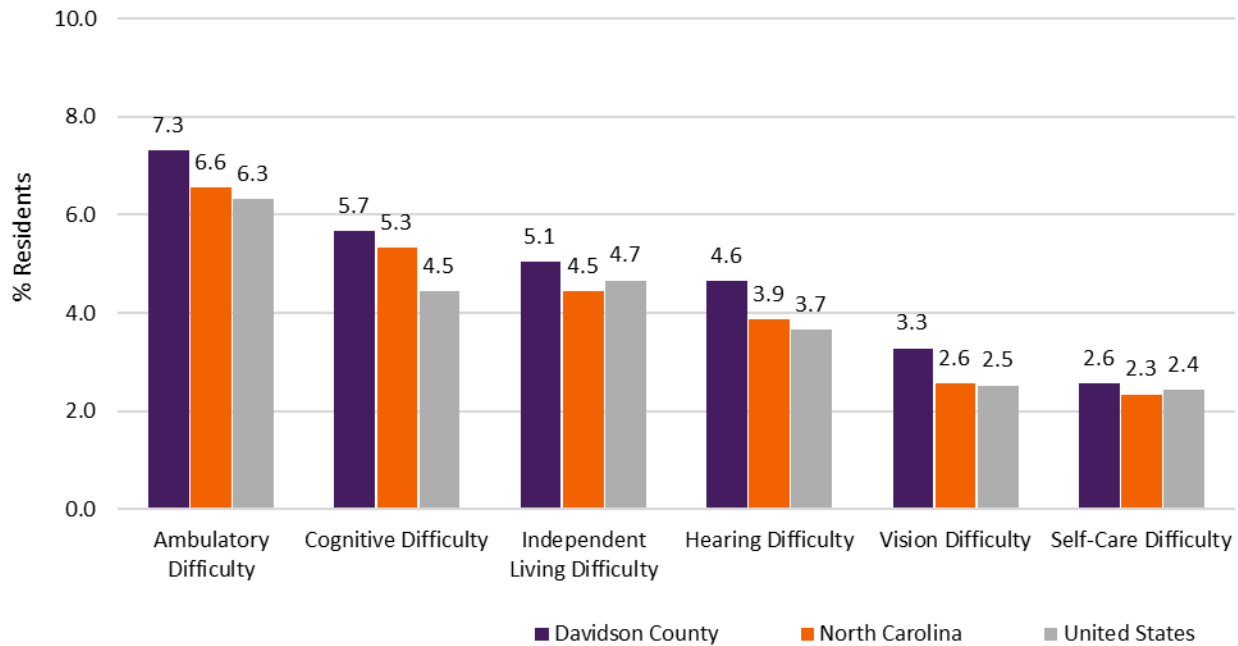
Additionally, NHTMC collaborated with Thomasville Partners in Prevention (formerly Davidson County Stop Prescription Abuse Now or DCSPAN) to enhance public knowledge and improve coordination of mental health services across the region

NHTMC contributed over \$72,000 in community sponsorships and donations to organizations such as Home Solutions of Davidson County, the Tom A. Finch Community YMCA and United Way of Davidson County.

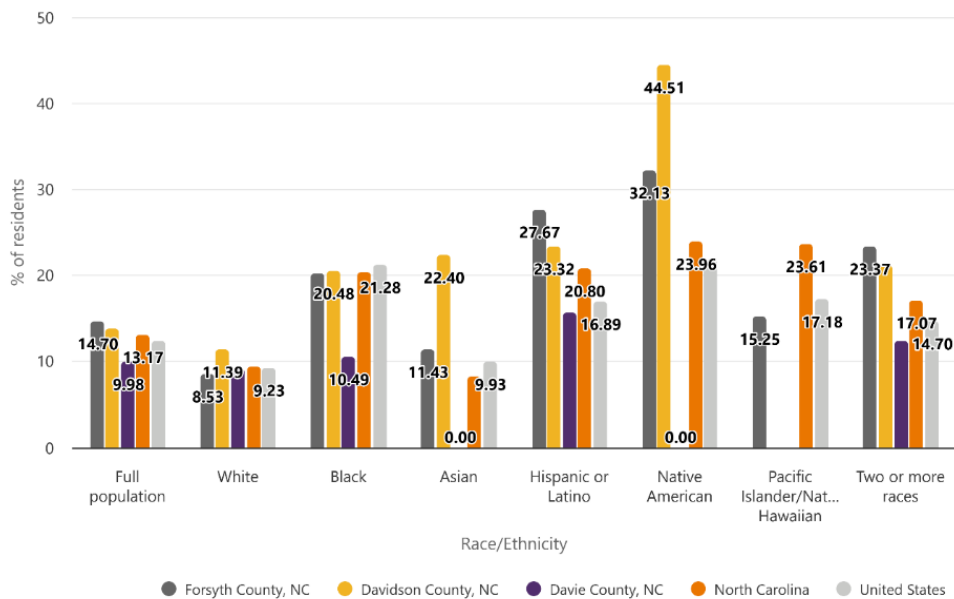
APPENDIX

Additional Data Tables and Charts

Disability by Type, 2019-2023



Poverty rate by Race/Ethnicity, 2019-2023



Created on Metopio | metopio.io/xmgg2g4t | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Data Sources

The following is a list of sources used during the CHNA process. Many of the datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Centers for Disease Control and Prevention. (2024). *PLACES Project*. Retrieved via Metopio.

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

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Multi-Resolution Land Characteristics Consortium. (n.d.). *National Land Cover Database (NLCD)*. U.S. Geological Survey. Retrieved via Metopio: <https://www.mrlc.gov/> [www.mrlc.gov]

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.

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).