

# Community Health Needs Assessment

2025 - 2027



**Novant Health Rehabilitation Hospital**



Community Health Needs Assessment | 1

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# EXECUTIVE SUMMARY

## Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Rehabilitation Hospital (NHRH) is a comprehensive, data-driven evaluation of the health status and social needs of the Forsyth County community. Conducted in collaboration with the Central Carolina Community Collaborative (CCCC) including Forsyth County Department of Public Health, this assessment aligns with federal and state requirements and reflects a regionally coordinated approach to improving community health.

## Methodology Overview

The CHNA utilized a mixed-methods approach, incorporating:

- Primary data from over 190 community surveys collected through the Central Carolina Community Collaborative
- Secondary data from multiple credible regional and national sources
- Qualitative insights from focus groups
- Hospital data including emergency department and readmissions diagnosis codes

## Prioritized Health Needs

Following a comprehensive review of all data sources, the following significant health priority was identified as the 2025–2027 Health Priorities for NHRH: Access to Care and Chronic Disease Prevention.

This priority will guide strategic planning and community benefit initiatives over the next three years across all three facility locations, with a continued commitment to collaboration, measurable impact and improved health for all community members.

# INTRODUCTION

Novant Health Rehabilitation Hospital, in partnership with the Central Carolina Community Collaborative (CCCC) and Forsyth County Department of Public Health, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Rehabilitation Hospital 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 Rehabilitation Hospital (NHRH)**, an affiliate of Encompass Health, is an inpatient rehabilitation hospital. It uses an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more. Patients receive Three hours of therapy, five days per week, 24/7 nursing care, and frequent visits from physicians, including independent private practice physician visits.

## OUR DEFINED COMMUNITY

### Primary and Secondary Service Areas

The Primary Service Area for Novant Health Rehabilitation Hospital is defined by the ZIP codes that represent at least 75% of the hospital's in-patient population as outlined below:

ZIP CODE	COUNTY
27101	Forsyth
27103	Forsyth
27104	Forsyth
27105	Forsyth
27106	Forsyth
27107	Forsyth
27109	Forsyth
27127	Stokes

All ZIP codes in the Novant Health Rehabilitation Hospital Primary Service Area (PSA) are in Forsyth County. The Secondary Service Area includes multiple zip codes from Guilford County: 27406, 27405, 27284 and 27265.

**As most patients reside in Forsyth County, and it represents the highest population of potential individuals with less healthcare access, individuals with lower income, and minority individuals from shared primary service areas, Forsyth County will be the main focus of demographic, health and social indicators.**

### Demographic Characteristics: Forsyth County

Forsyth County has a population of 392,921, making it the fourth most populous county in the state and a significant share of the total North Carolina population of 10,835,491. The county includes several municipalities, with Winston-Salem serving as the largest, most populous city and the county seat.

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

YEAR	DEMOGRAPHIC	FORSYTH COUNTY	NC	US
2023	Population	392,921	10,835, 491	334, 914, 896
2023	Median age	37.8	39.4	39.2
2023	% Ages 0-4	5.7	5.5	5.5
2023	% Ages 5-17	16.7	16	16.2
YEAR	DEMOGRAPHIC	FORSYTH COUNTY	NC	US

2023	% Ages 18-39	29.6	29.3	29.4
2023	% Ages 40-64	30.8	31.6	31.2
2023	% Ages 65 and older	17.2	17.7	17.7
2023	% with a disability	11.43	13.58	13.56
2023	% Veterans	6.57	7.32	6.06
2023	% of Householders living alone (all ages)	32.2	29.2	28.5
2023	% of Householders living alone (65+)	30.34	26.33	25.72
2020	Population change from 2010 to 2020	9.1	9.5	7.1
2030	Projected % population change from 2020 to 2030	8.4	12.5	n/a

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

Forsyth County’s population of nearly 393,000 has grown by 9.1% over the past decade, slightly below the state rate but well above the national average. Growth is expected to continue, with an 8.4% projected increase by 2030, though again at a slower pace than North Carolina overall. The county’s median age (37.8 years) is younger than both state and national medians, reflecting a relatively balanced age distribution and a strong presence of working-age adults.

While Forsyth’s age profile is generally consistent with the state, the county shows slightly higher proportions of children and younger adults, suggesting continued demand for family health services, early childhood programs, and workforce development. At the same time, 17.2% of residents are 65 and older, highlighting the growing need for senior health and support services as the aging population expands.

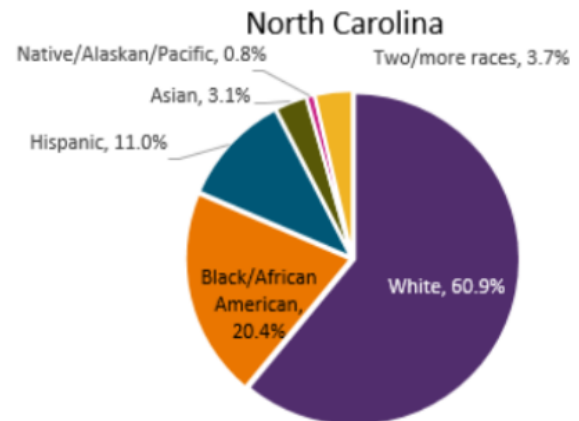
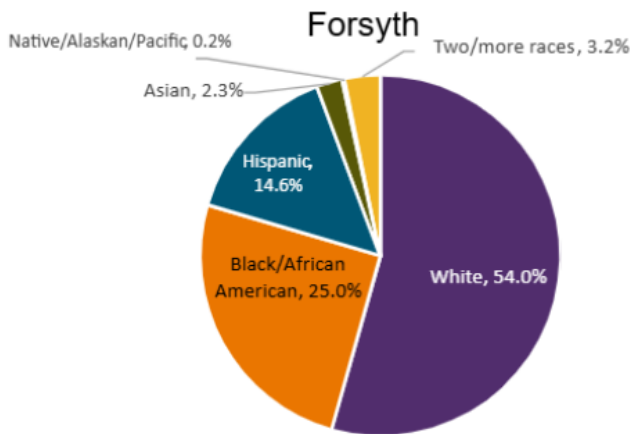
Forsyth also stands out for its higher share of residents living alone—32.2% overall and 30.3% among older adults, indicating potential risks for social isolation, mental health concerns and challenges in care coordination. The county reports lower disability and veteran rates than state averages, but the relatively high prevalence of single-person households, particularly among seniors, underscores the importance of strengthening community-based supports and social connection programs to promote well-being across age groups.

In comparison to North Carolina and the United States, Forsyth County has a lower proportion of non-Hispanic White residents. Non-Hispanic Black communities comprise 25% of the county and Hispanic/ Latino communities account for another 15%. This highlights the necessity for culturally and linguistically appropriate healthcare services that can address the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all.

## RACE/ETHNICITY

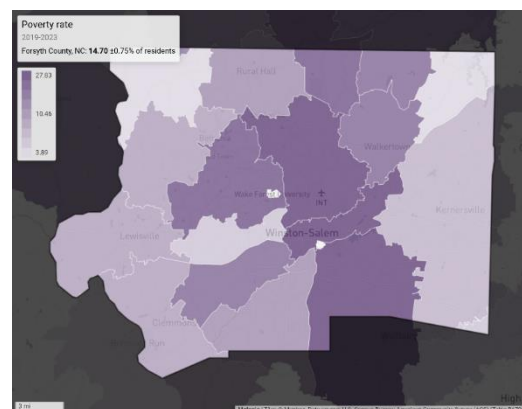
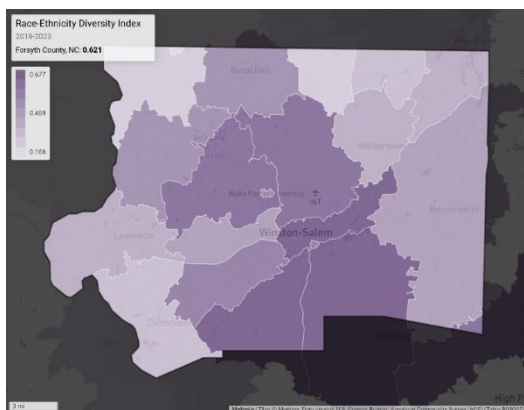
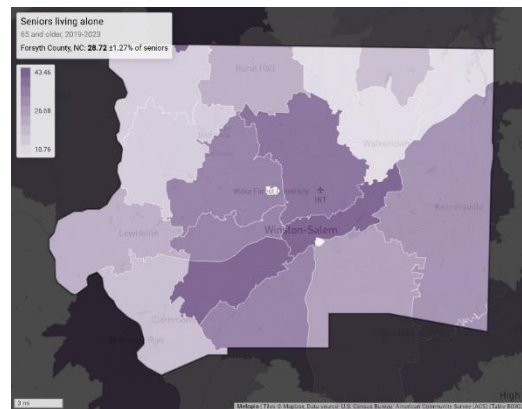
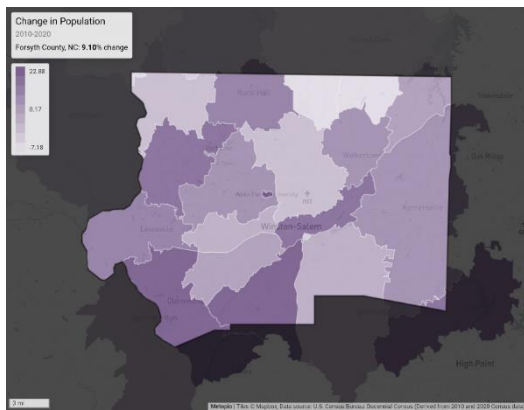
### FORSYTH COUNTY

### NORTH CAROLINA





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

Maps highlighting demographic trends are below. ZIP codes on the western edge of the county demonstrate the most rapid population growth, while areas centrally located within the county have the highest concentration of seniors living alone. ZIP codes in the southern and eastern sides of Winston-Salem demonstrate the greatest racial and ethnic diversity. Poverty rates are mixed throughout areas of the county but feature most prominently east of U.S. Highway 52.





AGE		EDUCATION ATTAINMENT											
<div>Population: 1,163,701</div> <div>Median Age: 37.8</div> <table><tr><td>% Ages 0-4</td><td>5.7 %</td></tr><tr><td>% Ages 5-17</td><td>16.7 %</td></tr><tr><td>% Ages 18-39</td><td>29.7 %</td></tr><tr><td>% Ages 40-64</td><td>30.8 %</td></tr><tr><td>% Ages 65 and older</td><td>17.2%</td></tr></table>		% Ages 0-4	5.7 %	% Ages 5-17	16.7 %	% Ages 18-39	29.7 %	% Ages 40-64	30.8 %	% Ages 65 and older	17.2%	<div><div><div><div><div>90.6%</div><div></div></div><div>North Carolina High school graduate or higher</div></div><div><div><div>92%</div><div></div></div><div>Forsyth High school graduate or higher</div></div><div><div><div>47%</div><div></div></div><div>North Carolina Bachelor's degree or higher</div></div><div><div><div>50.1%</div><div></div></div><div>Forsyth Bachelor's degree or higher</div></div></div></div>	
% Ages 0-4	5.7 %												
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% Ages 40-64	30.8 %												
% Ages 65 and older	17.2%												
POPULATION LIVING BELOW POVERTY LINE		EMPLOYMENT											
<div>15.2 percent of residents in families are living in poverty (below the federal poverty level):</div> <div>23.68% Children</div> <div>9.87% Seniors</div>		<div>Unemployment rate among residents that are 16 years of age or older.</div> <div>4.8% Forsyth County</div> <div>4.03% North Carolina</div> <div>4.31% United States</div>											
LIMITED ENGLISH HOUSEHOLDS (2019-2023)		HOUSEHOLD/FAMILY											
<div></div>	<div>3.1% Forsyth County</div> <div>2.5% North Carolina</div>	<div></div>	<div>8.2% Single-parent families</div> <div>30.3% Seniors living alone</div>										

Source: American Community Survey (ACS)

YEAR	TOPIC	FORSYTH COUNTY	NC	US
2023	Median household income	\$65,062	\$70,804	\$77,719
2023	Poverty rate	15.2	12.79	12.46
2023	Unemployment rate	4.8	4.03	4.31

2024	% of workforce employed in the industries with the lowest wages*	22.7	22.5	n/a
2024	Average weekly wage	\$1,361	\$1,504	n/a

\* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Sources from previous page: U.S. Census Bureau, American Community Survey 5-year estimates (2019-2023 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. The percentage of households with limited English proficiency in Forsyth County is 3.1%, higher than the North Carolina average of 2.5%. This indicates a need for language support services to ensure that non-English speaking residents receive adequate healthcare information and services. Implementing bilingual healthcare staff and translation services can enhance healthcare accessibility for any residents that do not speak English as their first language.

Compared to both North Carolina and the U.S., Forsyth County demonstrates lower median household incomes, higher poverty and unemployment rates and lower weekly wages. Demographic and household characteristics further reveal potential barriers to social connection and service access. Approximately 8% of families are single-parent households and nearly one-third of older adults live alone, conditions that can heighten risks of isolation and economic hardship.

## Health Indicators: Forsyth County

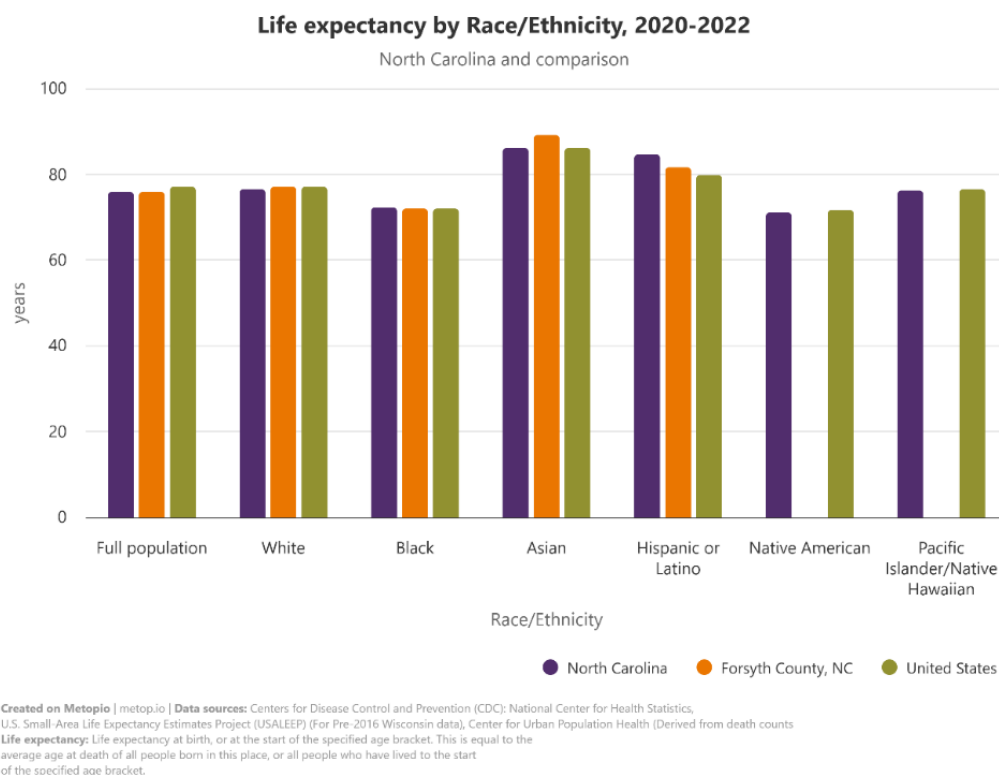
Forsyth County's leading causes of death in 2019-2023 were cancer and heart disease. NHRH will consider health indicators such as leading causes of death in the Forsyth County population but will also consider the impact of root causes with an analysis of social drivers of health.

LEADING CAUSES OF DEATH IN FORSYTH COUNTY			
Rank	Cause of death	Number	%
1	Cancer	3,780	18.8%
2	Heart disease	3,528	17.5%
3	Unintentional injuries	1,271	6.3%
4	Stroke	1,047	5.2%
5	COVID-19	945	4.7%
6	Chronic lower respiratory disease	955	4.7%
7	Alzheimer's disease	873	4.3%
8	Diabetes	645	3.2
9	Kidney disease	443	2.2%
10	Septicemia	318	1.6%

Source: State Center for Health Statistics, North Carolina

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

As shown by the chart below, life expectancy among Forsyth County residents also varies by race and ethnicity, with life expectancy being the lowest for non-Hispanic Black residents in counties across Novant Health's Triad Region.



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

## Chronic Disease

YEAR	CHRONIC DISEASES	FORSYTH COUNTY	NC	US
2020-2022	Life expectancy	75.8	75.9	77.1
1990-1992	Life expectancy	75.1	74.8	n/a
2022	% of adults with obesity	31.8	33.9	33.2
2022	% of adults with diabetes	10.6	10.6	10.8
2022	% of adults reporting no physical activity	22.0	22.6	23.1
2024	Access to exercise opportunities	80.84	77.97	84.45

2022	Coronary heart disease	5.70	4.10	3.76
YEAR	CHRONIC DISEASES	FORSYTH COUNTY	NC	US
2022	Residents with high blood pressure	32.5	32.16	30.32
2021	Chronic kidney disease	3.0	2.9	2.9
2023	Heart disease mortality	181.0	161.2	162.1
2023	Diabetes mortality	28.8	25.3	22.4
2023	Kidney disease mortality	22.1	15.7	13.1
2022	Cigarette smoking rate (% of adults)	14.5	13.2	12.1
2019-2023	CLRD mortality rate	59.0	37.9	33.4
Cancer				
2017-2021	Cancer diagnosis rate	469.3	475.5	444.4
2019-2023	Cancer incidence rate	489.2	481.5	n/a
2023	Cancer mortality rate	208.9	151.1	141.8
2022	Colorectal cancer screening - <i>Percentage of adults</i>	62.30	60.96	58.85
2022	Mammography use - <i>Percentage of adults</i>	82.60	78.6	76.38
Infectious Diseases				
2024	Chlamydia diagnosis rate	739.84	572.29	n/a
2024	Gonorrhea diagnosis rate	279.19	205.39	n/a
2024	HIV diagnosis rate	20.80	15.10	n/a
2024	Syphilis diagnosis rate	38.94	33.82	n/a
2023	Medicare flu vaccination rate	53.00	50.00	46.25
2023	COVID-19 mortality	40.8	46.3	n/a
2019-2023	Pneumonia and influenza mortality	17.6	12.2	10.9

**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.

Forsyth County residents experience overall health outcomes that align closely with state averages but lag behind national benchmarks in several areas. Life expectancy in the county (75.8 years) mirrors North Carolina’s average (75.9) yet remains more than a year below the national level (77.1). While chronic disease prevalence rates—such as obesity (31.8%), diabetes (10.6%), and physical inactivity (22%) are slightly lower than state and national figures, persistently high rates of hypertension (32.5%) and chronic kidney disease (3.0%) highlight ongoing risks for cardiovascular and renal complications.

Despite strong access to exercise opportunities (80.8%), lifestyle-related conditions continue to influence overall health, suggesting that community efforts should not only promote physical activity but also address social and environmental barriers to sustained healthy behaviors.

Forsyth County’s mortality patterns reveal disparities in several chronic disease categories. While heart disease and diabetes mortality rates (181.0 and 28.8 per 100,000) are slightly better than statewide rates, deaths related to kidney disease (22.1) and chronic lower respiratory disease (59.0) exceed North Carolina averages, pointing to preventable gaps in disease management and early intervention.

Cancer continues to be a leading concern, with both incidence (489.2) and mortality (208.9) rates higher than the state. Although screening participation—such as mammography (82.60%) and colorectal screening (63.30%)—exceed state and national averages, these outcomes suggest disparities in timely treatment and access to high-quality oncology care. In reviewing Novant Health patients, those who speak languages other than English have significant opportunity for colorectal screening gap closure. Hispanic/Latino patients and those with Medicaid or no health insurance have the most opportunity for A1c over 9 or untested gap closure. Expanding community-based screening outreach, chronic disease self-management education and care coordination for at-risk populations can help close these gaps and reduce premature mortality.

Forsyth County faces higher rates of sexually transmitted infections compared to state averages. Chlamydia (739.84 per 100,000), gonorrhea (279.19), HIV (21.0) and syphilis (39.94) all exceed North Carolina rates, underscoring the need for enhanced sexual health education, testing accessibility and prevention efforts. On a positive note, Forsyth’s flu vaccination rate among Medicare beneficiaries (53%) outperforms both state (50%) and national (46.3%) rates, and COVID-19 mortality rates remain slightly lower than statewide levels. Community health programming is building on this preventive health momentum by integrating vaccination campaigns and culturally responsive outreach to reduce disparities and promote long-term population health resilience.

## Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	FORSYTH COUNTY	NC	US
2023	% women of childbearing age (15-44)	39.2	38.6	38.9
2023	Pregnancy rate	20.34	8.87	8.79
2023	Teen pregnancy rate	68.7	69.0	n/a
2023	Low birth weight	9.9	9.4	n/a
2020-2022	Prenatal care in the first trimester - <i>Percentage of live births</i>	77.1	74.1	78.1
2024	Kindergarten immunizations	92.80	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.

Forsyth County shows positive trends in maternal and child health outcomes. Kindergarten immunization coverage is strong, with 92.80% of children immunized, nearly identical to the state average (92.83%). The county reports lower

teen pregnancy rate (68.7) compared to North Carolina's rates (69.0). Prenatal care in the first trimester is higher in Forsyth County (77.1%) compared to NC (74.1%), but lower than the US (78.1%), indicating a need for improved early maternal health access. While Forsyth County mothers are generally more likely to receive prenatal care in the first trimester than state counterparts, 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.

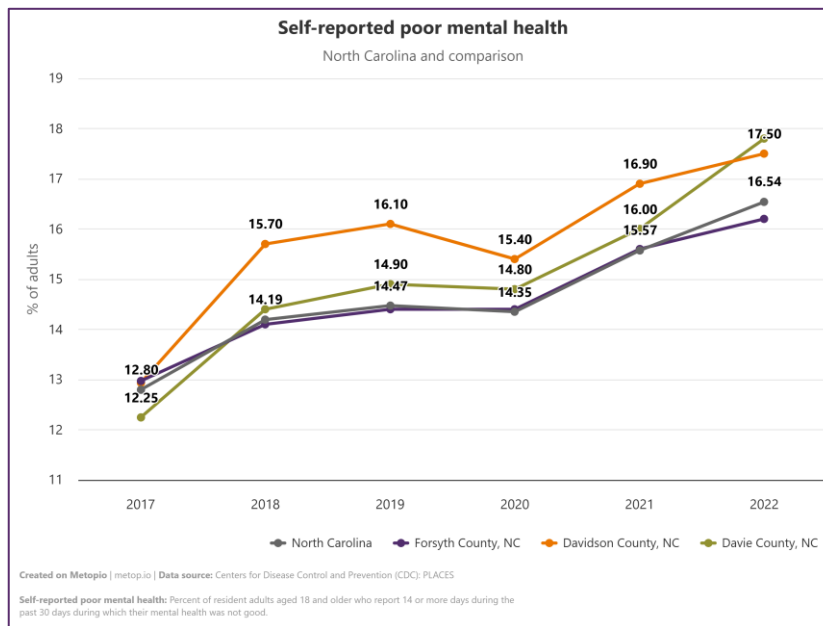
## Behavioral Health

YEAR	BEHAVIORAL HEALTH	FORSYTH COUNTY	NC	US
2023	Alcohol-related mortality	12.7	11.1	12.6
2023	% of overdose deaths due to illicit opioids	80.9	76.6	n/a
2023	Suicide mortality rates	13.2	14.3	14.1
2023	Rate of drug overdose deaths	40.0	41.0	n/a
2023	Rate of drug overdose ED visits	183.8	161.8	n/a

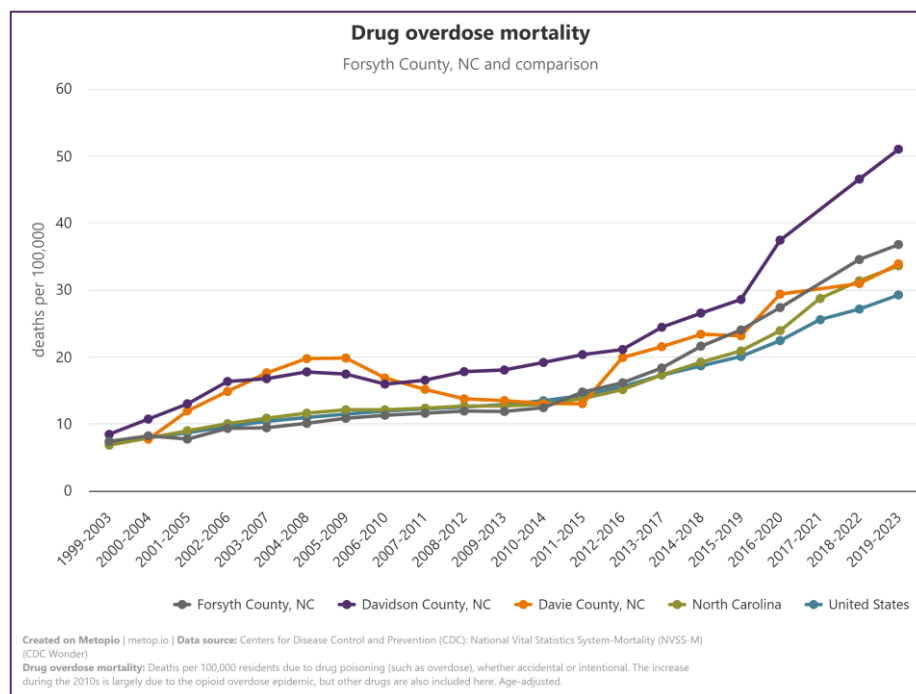
\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Sources: National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC), via Metopio; PLACES Project, Centers for Disease Control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

Behavioral health remains a significant concern in Forsyth County, with several indicators closely mirroring state and national trends. Alcohol-related mortality (12.7 per 100,000) exceeds both state (11.1) and national (12.6) rates, while suicide (13.2) and overdose death rates (40.0) are slightly lower than statewide averages. Forsyth County continues to experience a high burden of substance use. Emergency department visits for drug overdoses (80.9 per 100,000) exceed state levels, reflecting ongoing community impacts. Expanding integrated behavioral health care, peer recovery programs and community-based prevention initiatives can help reduce the toll of substance use and mental health challenges across the county.

The rate of self-reported poor mental health has increased across the state, nation and Novant Health's Triad region over the last several years. While the percentage of adults expressing poor mental health in Forsyth County has stayed on pace with the North Carolina average, it has been surpassed by rates in surrounding counties.



Since at least 2000, the rate of drug overdose deaths has increased steadily across the state and the nation. The Forsyth County rose above the North Carolina and U.S. rates in 2011 and has remained incrementally higher for most of the period since. Other counties within the Triad Region, including Davidson and Davie, have consistently demonstrated far higher rates of drug overdose mortality than the state or nation.



## Access to care

YEAR	HEALTHCARE ACCESS	FORSYTH COUNTY	NC	US
2023	% with Private Health Insurance	65.12	67.29	67.01
2023	% with Public Health Insurance	36.39	36.44	37.41
2023	% Uninsured	10.26	9.23	7.93
2023	Medicaid Coverage	20.45	19.12	21.31
2025	Respondents satisfied by insurance*	68.81	65.15	n/a
2025	Respondents satisfied with healthcare*	46.48	43.64	n/a
2025	Respondents who delayed care*	21.84	26.14	n/a
2025	Respondents who delayed care because of the cost*	41.72	42.39	n/a
2025	Respondents who needed but did not receive mental health treatment*	44.94	35.67	n/a
2025	Respondents with a primary care provider*	96.85	93.12	n/a
2025	Respondents with dental insurance*	86.14	83.67	n/a

\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix.

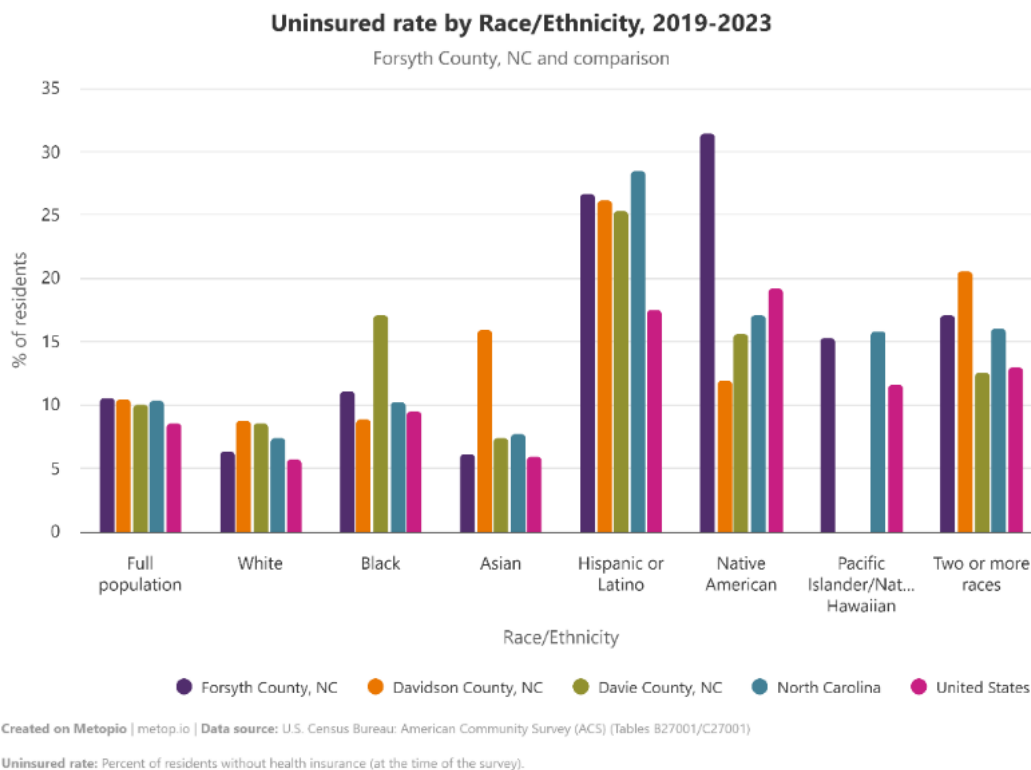
Sources: American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau, via Metopio; Central Carolina Community Collaborative(CCCC), Community Health Needs Survey, via Metopio.

Forsyth County demonstrates relatively strong healthcare access and satisfaction compared to state averages, yet notable gaps remain in affordability and mental health care. Nearly all respondents (96.9%) report having a primary care provider—higher than the state rate (93.1%)—and satisfaction with both health insurance (68.8%) and healthcare services (46.5%) surpasses North Carolina averages. Dental coverage is also more common in Forsyth (86.1% vs. 83.7%), suggesting generally strong engagement with preventive and primary care services. However, insurance coverage data show that Forsyth still trails national benchmarks, with a higher uninsured rate (10.3%) and slightly lower private insurance enrollment (65.1%).

Despite these strengths, affordability continues to limit access for many residents. Over one in five respondents (21.8%) delayed medical care, and more than 40% cited cost as the reason—mirroring state patterns. The most concerning disparity is in behavioral health access: nearly 45% of Forsyth respondents reported needing but not receiving mental health treatment, a rate far higher than the state average (35.7%). These findings highlight a need for expanded affordable mental health services, integration of behavioral health within primary care, and continued efforts to reduce financial barriers that prevent residents from seeking timely care.



The uninsured rate in the United States is 7.93%, while more than 10% of North Carolinians and 10.26% of Forsyth County residents do not have health insurance. As seen in the chart on the following page, the uninsured rate varies significantly across different racial and ethnic groups in Forsyth County, North Carolina and the nation. Hispanic or Latino individuals and Native Americans have the highest uninsured rates in most areas.



## Social Indicators: Forsyth 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.

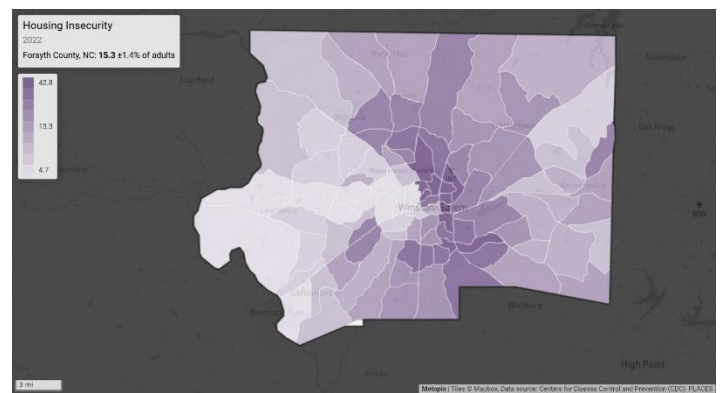
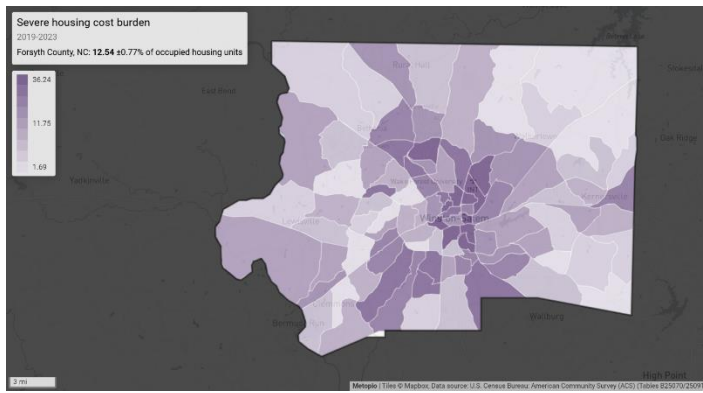
YEAR	SOCIAL INDICATOR TOPIC	FORSYTH COUNTY	NC	US
2023	Median household income	\$65,062	\$70,804	\$77,719
2023	Poverty rate	15.2	12.79	12.46
2023	Unemployment rate	4.8	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	22.7	22.5	n/a
2024	Average weekly wage	\$1,361	\$1,504	n/a
2023	% of cost burdened housing units	28.49	28.04	31.86
2023	% of severely cost burdened housing units	12.15	12.72	15.12
2022	Housing insecurity	15.3	14.3	n/a

\*NC value represents respondents across CCCC collaborative counties only. For a full list of participating counties, see the appendix. Source: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Quarterly Census of Employment and Wages (QCEW), NC Department of Commerce, Labor and Economic Analysis Division; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio.

North Carolina's poverty rate has historically been higher than the national average; Forsyth County's poverty rate is even higher and has been since 2011. In Forsyth, David and Davidson Counties, poverty rates are lowest among non-Hispanic white residents (between 8 and 11%). Native American (between 32 and 45%) and Hispanic or Latino (between 21 and 28%) residents face the highest levels (see graph in the appendix), often exceeding the state average and highlighting persistent economic gaps. Forsyth, Davie and Davidson County's children are more likely than any other age group to live below the federal poverty limit. With poverty most pervasive in Forsyth and Davidson Counties compared to other locations, there is an ongoing need for focused interventions to address economic disparities.

Forsyth County faces several notable economic and social challenges that influence community health and stability. Compared to both North Carolina and the United States, the county reports lower median household incomes, higher unemployment rates and lower average weekly wages. A greater proportion of households rely on food assistance (SNAP), and a slightly higher share of the local workforce is employed in the state's four lowest-paying industries, reflecting persistent economic vulnerability.

The largest employment sector, Health Care and Social Assistance, employs 22.5% of Forsyth County's workforce and offers higher average weekly wages than the state overall. However, roughly 21% of residents work in Retail Trade or Accommodation and Food Services, sectors characterized by low wages, limited benefits, and unpredictable schedules. This concentration in lower-wage service industries contributes to financial instability and constrains access to consistent healthcare and housing.



Source: [Centers for Disease Control and Prevention \(CDC\):PLACES](https://www.cdc.gov/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. Almost 29% of housing units in Forsyth County are considered cost burdened, slightly higher than the overall North Carolina rate. This challenge is reinforced by survey respondents – only 28% of Forsyth County residents think housing is affordable. Cost burdened housing tends to be more common among non-white populations, with the highest rates in Forsyth County occurring among Black and Hispanic/Latino residents.

Severe housing cost burden refers to households spending more than 50% of their income on housing, including both renters and owners. Cost burdened housing is associated with housing insecurity, defined as the inability to pay mortgage, rent or utility bills in the past 12 months. Housing insecurity in North Carolina is a significant issue, with rates varying across counties: in Forsyth County, approximately 15% of adults were estimated to be housing insecure in 2022, a slightly higher rate than the North Carolina average. As evidenced by the maps above, while severe housing cost burden issues are scattered throughout the county, housing insecurity is most pervasive in eastern and southern part parts of Winston-Salem.

RESPONDENTS WHO THINK AFFORDABLE, HEALTHY FOOD IS THE MOST IMPORTANT COMMUNITY ISSUE	RESPONDENTS WHO THINK HOUSING IS AFFORDABLE
<div data-bbox="151 1472 240 1560"> </div> <div data-bbox="298 1457 670 1514"> <b>44.9%</b> Forsyth County         </div> <div data-bbox="298 1545 673 1602"> <b>43.8%</b> All respondents         </div>	<div data-bbox="852 1472 941 1560"> </div> <div data-bbox="995 1467 1369 1526"> <b>28.5%</b> Forsyth County         </div> <div data-bbox="995 1558 1403 1614"> <b>26.02%</b> All respondents         </div>

Source: CCCC Survey, 2025

YEAR	FOOD INSECURITY	FORSYTH COUNTY	NC	US
2023	% of Households on SNAP	12.88	12.60	12.22
2023	Food insecurity	15.4	15.0	14.5
2023	Households in poverty not receiving food stamps	52.47	58.14	59.36

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. In 2022, food insecurity rates in Forsyth County had surpassed rates in both North Carolina and the U.S. By 2023, the food insecurity rate in Davidson County had increased to 15.4%.

Among survey respondents, 45% of Forsyth County residents felt affordable, healthy food was the most important community issue – a higher rate compared to other CCCC survey geographies.

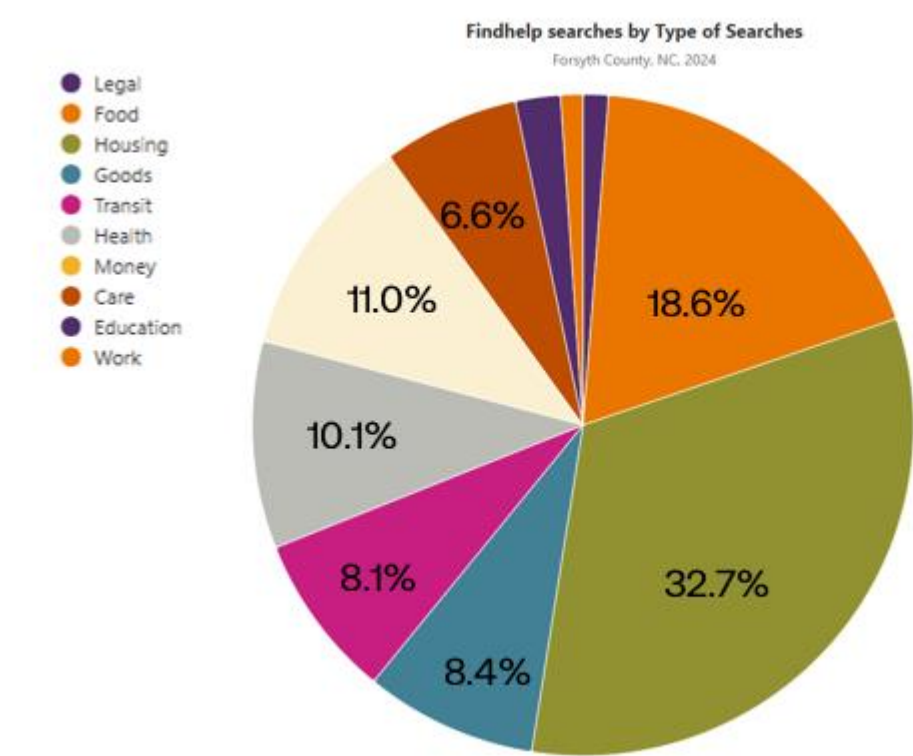
YEAR	TRANSPORTATION	FORSYTH COUNTY	NC	US
2023	Percent of adults who reported lack of transportation	9.5	9.0	n/a
2023	% of households with no vehicle access	5.68	5.33	8.32
2025	% of residents are satisfied with public transportation	24.52	21.95	n/a
2023	% of workers traveling outside the county or state for work	13.91	29.61	28.48

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

Transportation access in Forsyth County presents both strengths and challenges that influence residents' ability to reach employment, healthcare, and essential services. About 9.5% of adults report lacking reliable transportation—slightly higher than the state rate—while 5.7% of households have no vehicle access. Despite these barriers, only one in four residents express satisfaction with public transportation, suggesting limited system reach or reliability. Notably, fewer Forsyth residents commute outside the county for work compared to the state and national averages, indicating a more locally based workforce. Expanding affordable, efficient transportation options—particularly for households without vehicles—remains essential to improving equitable access to care and economic opportunity.

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](https://NovantHealth.org/MyCommunity)). Search data by facility shows that the top FindHelp searches at Forsyth County-

based facilities (NHFMC, NHCMC, NHKMC, NHMPH) include housing, food and healthcare (medication, financial support, primary care).



\*Legal, 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 Rehabilitation Hospital 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 Rehabilitation Hospital partnered with Forsyth County Public Health and participated as a member of the county’s Live Well Steering Committee, which guided assessment planning and improvement strategies. The

Central Carolina Community Collaborative (CCCC) further ensured participation from ten local public health agencies, seven hospital systems, United Way organizations and numerous academic and nonprofit partners. Novant Health also convened Community Voice Councils and collaborated with trusted community organizations to engage Black/African American residents, LGBTQ+ communities, individuals with disabilities and Spanish speaking residents. Forsyth County focus groups further engaged French-speaking residents, youth and seniors.

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

Through a structured prioritization process, Novant Health Rehabilitation Hospital 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 their shared service area.

## **Collaborative Community Partners**

The 2025 CHNA for Novant Health Rehabilitation Hospital 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 Rehabilitation Hospital also conducted qualitative research through focus groups to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by collaboration, shared data platforms, including the Atlas site and Metopio, which enhanced data visualization, transparency and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

## **Central Carolina Community Collaborative (CCCC) and Metopio**

The Central Carolina Community Collaborative (CCCC) launched in 2024 and is funded by the Duke Endowment. The aim of the collaborative is to amplify local community voice through the CHNA process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. The collaborative brings together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources and implement meaningful solutions.

The CCCC includes:

- 10 local public health agencies
- 7 hospital systems

- 4 United Way agencies
- Several technical partners, including academic institutions, local experts and community-based organizations

#### Health Systems



#### Public Health



#### Community Organizations



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

## Solicitation

Community engagement was central to the CHNA process. In addition to input from organizational stakeholders, a survey tool was developed and distributed by CCCC members. The survey was available in both English and Spanish and open to all Forsyth 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 Forsyth County, including medically underserved\*, low-income and minority populations.

*\*As defined by section 501-R of IRS regulation, medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma or other barriers. CHNAs and Implementation strategies must include members of medically underserved, low-income and minority populations.*

## Data Collection and Analysis

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

## Secondary Data

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

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

Metopio also was used to aggregate data from additional CCCC vendor partners, including 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 Forsyth 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, 192 from residents of Forsyth 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 Rehabilitation Hospital, 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 Rehabilitation Hospital 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 Rehabilitation Hospital'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/food insecurity
- Affordable childcare
- Affordable housing & homelessness
- Chronic disease prevention and management
- Employment opportunities
- HIV and STD prevention
- Maternal and child health
- Mental health
- Safety/violence prevention
- Substance use
- Transportation

## Survey Findings

From the 192 CCCC survey results collected in Forsyth County, individuals across demographics identified the following top three health related challenges in the community: mental health issues (54%), access to affordable medication (39.4%) and obesity (36.3%) The survey respondents identified the following most important community issues: affordable and safe housing (55.4%), access to affordable healthy food (44.3%) and access to affordable childcare (37%).

## Focus Group Findings

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

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

- LGBTQ+ and disability groups voiced a desire for preventative check-ins and better integration of services.

## Analysis and Prioritization

### County Prioritized Health Needs

At the time of this report's creation, Forsyth County Public Health had not yet selected prioritized needs. Anticipated needs include maternal and infant health and chronic disease and will be selected at the end of 2025.

### Facility Prioritization

In addition to the primary and secondary data, Novant Health Rehabilitation Hospital leadership reviewed the top five orthopedic services provided for hospital visits from January 1 – December 30, 2024. This data indicated that many of the top services provided are correlated with stroke recovery.

NOVANT HEALTH REHABILITATION HOSPITAL	
Service/Diagnosis	Volume
Stroke	489
Neurological conditions	266
Brain dysfunction, non-traumatic	164
Orthopedic - other	141
Hip fracture	88

Upon a comprehensive review of the primary and secondary data, the Novant Health Rehabilitation Hospital leadership team and Novant Health Triad Region Board of Trustees evaluated this information based on the scope, severity, clinical gaps associated with the need, and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following significant health priority for Novant Health Rehabilitation Hospital: access to care and chronic disease prevention.

### Health Needs Not Selected and Community Resources Available for Need

Novant Health Rehabilitation Hospital will focus resource allocation on the prioritized needs based on careful consideration of estimated feasibility and effectiveness of possible interventions. Other needs that were identified as significant are listed below. While the facilities will not prioritize the remaining ten significant health needs, it will continue to raise awareness, support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are aligned with their scope of service:

- Education and outreach to address HIV and STD prevention, behavioral health, medication access and maternal and infant health will be incorporated into other Triad Region initiatives led by Novant Health or community resources with dedicated service lines to address those needs.
- Employment opportunities, food, housing, transportation, affordable childcare and safety/violence prevention are quality of life factors. While committed to improving the health of individuals throughout their lifespan,

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

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

IDENTIFIED HEALTH NEED	LOCAL COMMUNITY RESOURCES ADDRESSING NEED
Chronic Disease	Abbott Nutrition American Cancer Society American Heart Association Atrium-WF Cancer Comprehensive Center Colon Cancer Coalition Forsyth County Department of Public Health The Lions Club YMCA of Northwest NC
Access to Care including: <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Maternal and childcare*</li> <li>• Medication access*</li> </ul>	Novant Health Atrium Health Second Harvest Food Bank NC Med Assist Hands of Hope Medical Clinic (Yadkin County) Care Management for at Risk Children (CMARC) Care Management for High Risk Pregnancies Forsyth County Infant Mortality Reduction Coalition Nurse Family Partnership Special Supplemental Nutrition Program for Women, Infants, and Children Healthy Forsyth Collaborative ImprintsCares March of Dimes Newborns in Need Outreach Alliance Parenting PATH PowerUp Smart Start Smart Start of Davie County Stokes Partnership for Children Forsyth County Department of Public Health

Behavioral Health (mental health and drug overdose) *	Mental Health Association Project HOPE Project Healthy Minds THRIVE Young Adult Group Daymark Recovery Services American Foundation for Suicide Prevention Forsyth Regional Opioid & Substance Use Team (FROST) Department of Public Health Stokes County Opioid Prevention Effort (SCOPE) Forsyth Regional Opioid & Substance Use Team
Safety/violence*	Community Intervention and Safety Services Eliza's Helping Hands, Inc. National Safe Kids Family Service of Forsyth County Forsyth County Community Watch Eddie Eagle GunSafe Program Triad Restorative Justice
SDoH including: Access to healthy food/food insecurity* Affordable housing & homelessness* Transportation* Childcare* Employment*	Bethesda Center For The Homeless Inc City with Dwellings Davidson Medical Ministries Family Services Goodwill Industries Hispanic League Boston Thurmond United Samaritan Ministries Second Harvest Food Bank Shepherd's Center WS Rescue Mission Bridges to Hope Crisis Control Solutions for Independence Legal Aid Healthcare Navigator Consortium The Dwelling Sunnyside Ministry The Shalom Project Una Bendicion/A Blessing Children's Center Eliza's Helping Hands, Inc. Childcare Resource Center Partners Piedmont Triad Regional Council
HIV and STD prevention*	Forsyth County Department of Public Health's POSSE Health Program

	Positive Wellness Alliance Twin City Harm Reduction The Neil Group
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\*Significant health needs not selected for prioritization  
For a full list of community resources, visit [www.novanthealth.org/mycommunity](http://www.novanthealth.org/mycommunity)

## APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 NH Rehabilitation Hospital Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Triad Region Board of Trustees on October 23, 2025, in accordance with state and federal guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders and residents. The 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 Triad Region Board of Trustees and Novant Health Rehabilitation Hospital administration are active participants in the community benefit process. Through strategic planning initiatives, leadership provides direction on actions and intended impact and serves as the approving body for the community health needs assessment and community health implementation plan. Administrative leaders serve on the County assessment planning team and hospital board members participate and provide influence on the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education.

## COMMUNITY FEEDBACK

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

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

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

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

## IMPACT EVALUATION OF THE 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Based on the previously reported health data from the 2022-2024 Community Health Needs Assessment, the Novant Health Triad Region Board of Trustees did a collective review of community feedback and prioritization and

determined the top health priorities for Novant Health Rehabilitation Hospital as the following: access to care and resources, maternal and infant health and chronic disease.

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

PRIORITY NEED	PROGRAM/ INITIATIVE	ACTION	INTENDED OUTCOME
Access to care and resources	Increase access to healthy foods	Enhance partnership with Second Harvest Food bank, Farm to Table organizations, launch food pharmacy, food pack program in primary care, healthy food packs after discharge.	Increased number of referrals and community members connected to appropriate care
	Increase access to affordable medication		
	Increase access to education	Partnership with NC Med Assist (funding and mobile cruiser), Meds to Beds Walgreens program	Access to tools/skills to build resiliency and access to resources/services within the community
	Improve access to quality and affordable healthcare	Funding for educational programs in birth to 5, college to career readiness and workforce development programs; bridges to healthcare.	
	Increase access to safe housing	Financial navigator for mobile patients to sign up for health insurance (\$25K), increase trust in healthcare across community. Show up and represent the needs of the community – conduct focus groups and listen to what the community needs/wants.	
		Provide funding for safe, affordable housing, referrals through CHWs in MyCommunity.	

PRIORITY NEED	PROGRAM/ INITIATIVE	ACTION	INTENDED OUTCOME
Chronic Disease	Remarkable You screenings (A1C, Cholesterol, BMI, Blood Pressure) and educational programs to provide early detection of chronic disease and connection to a system of care in priority areas, especially 27101, 27103, 27105 and senior citizens	Chronic disease management in partnership with community organizations such as YMCA, faith community, etc.  Support for senior citizens in the community to manage healthcare needs, health insurance access, partnership with senior services, house calls program (APPs in patient homes), compassionate AI project with referrals to patient based on scores	Increase number of patients accessing screenings and connection to care  Establish relationships with community partners to improve physical activity of community  Opportunities to fund care connections team to provide support and navigation of resources, insurance, etc.
	Targeted support for senior citizens	Provide mental health first aid training to community organizations and faith congregations. Invest in and support programs that provide access to mental health for youth and adults to reduce stigma and quality support. Support expansion of Forsyth County mental health coalition.	Serving community members through cancer screening events, breast cancer education and screening
	Mental health and substance misuse		

**Actual Outcome:** From 2022-2024, NHRH made meaningful strides in advancing our Community Health Needs Assessment (CHNA) priorities by engaging with surrounding organizations, colleges and hosting impactful events, fostering education, wellness and support. NHRH outreach extended into the heart of the community through events such as Monster Mash & Goblin Hop and the annual Triad Heart Walk.

Through the dedicated involvement of NHRH staff, stroke survivors received education and encouragement through support groups. Participants were empowered with knowledge and tools to support their recovery and long-term wellness. This engagement reflects our commitment to providing compassionate, informed care beyond the clinical setting, helping individuals navigate their healing journey with confidence and support.

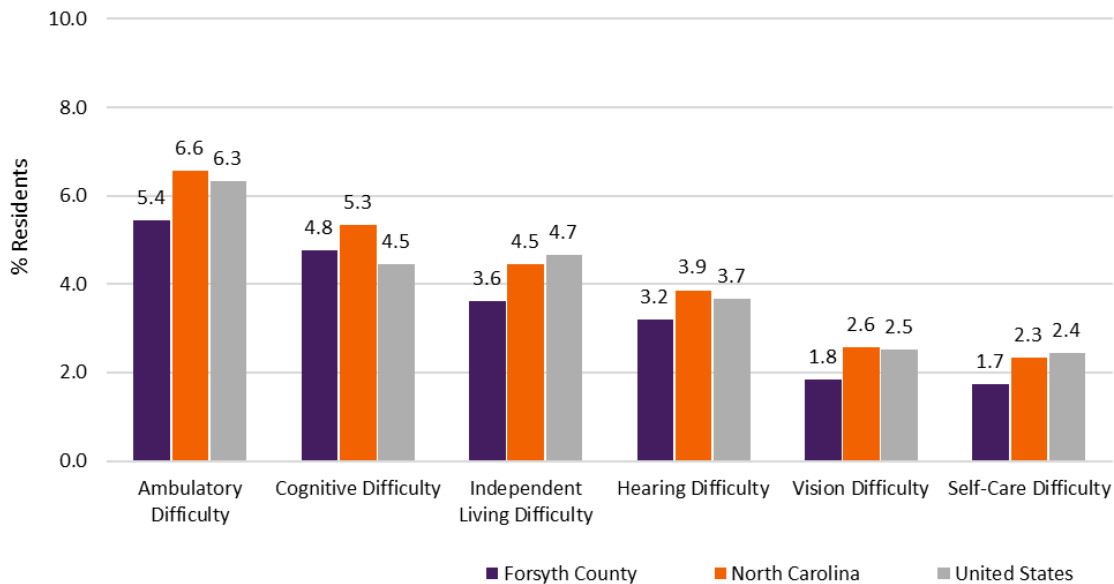
Additionally, NHRH held 9 blood drives in partnership with the American Red Cross and 1 healthy food drive. NHRH also has a strong partnership with the American Heart Association in addressing barriers to health and well-being by providing in-kind support of staff time and charitable contributions.



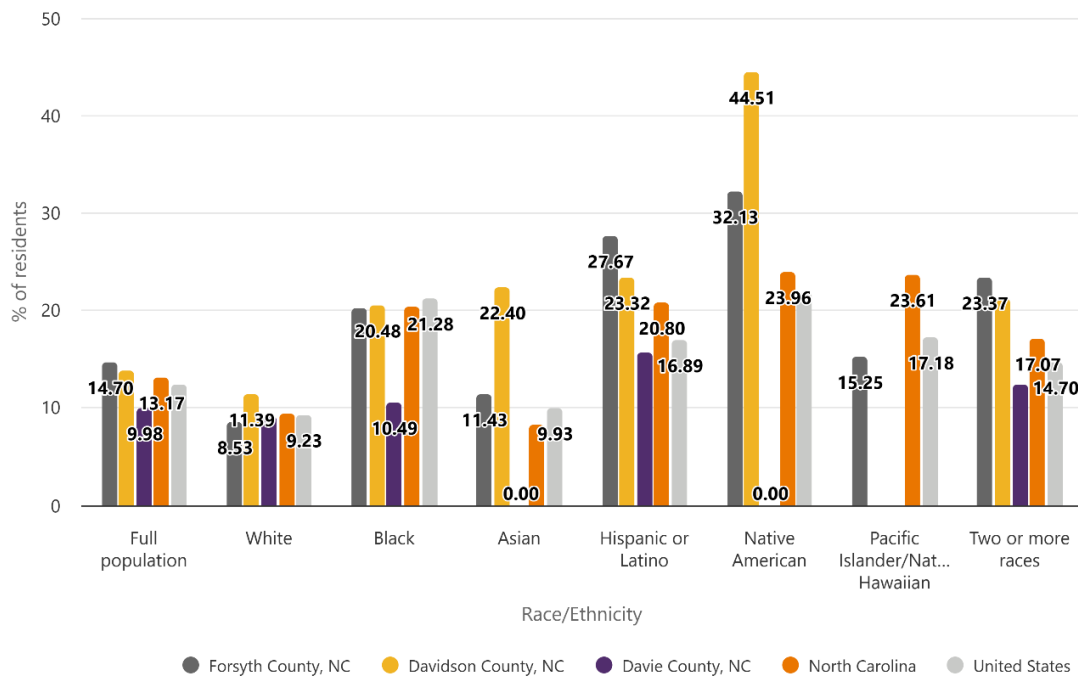
## APPENDIX

### Additional Data Tables and Charts

Disability by Type, 2019-2023



Poverty rate by Race/Ethnicity, 2019-2023



Created on Metopio | metopio.io/xmagg2g4t | 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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## 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)