Community Health Needs Assessment

2025 - 2027

Novant Health
Rowan Medical Center

N: NOVANT® HEALTH

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Rowan Medical Center (NHRMC) is a comprehensive, data-driven evaluation of the health status and social needs of the Rowan County community. Conducted in collaboration with the Central Carolina Community Collaborative (CCCC) and Rowan 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 1,100 community surveys collected through the CCCC
- 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 priorities were identified as the 2025–2027 Health Priorities for NHRMC:
1. Behavioral Health (Including mental health and substance use)
2. Chronic Disease Management and Prevention
3. Social Drivers of Health (with a focus on food, housing transportation)

These priorities will guide NHRMC'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 Rowan Medical Center, in partnership with Rowan County Public Health and the Central Carolina Community Collaborative, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Rowan 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 Rowan Medical Center (NHRMC) is a 266-bed hospital that provides a wide range of offerings such as emergency services, a maternity center and surgical services, including orthopedics, cancer care, cardiology, bariatrics, rehabilitation, behavioral health, neurology and other specialty care.

OUR DEFINED COMMUNITY

Primary and Secondary Service Areas

The Primary Service Area for Novant Health Rowan Medical Center is defined by the ZIP codes that represent at least 75% of the hospital's inpatient population as outlined below:

ZIP CODE	COUNTY
28144	Rowan
28146	Rowan
28147	Rowan

Rowan County is composed of ten municipalities, including the City of Salisbury and the towns of China Grove, Cleveland, East Spencer, Faith, Granite Quarry, Kannapolis (partially), Landis, Rockwell, and Spencer. The Primary Service Area (PSA) includes the City of Salisbury and surrounding towns such as Spencer, Rockwell, Cleveland, and China Grove. **All patients served within the PSA and Secondary Service Area (SSA) reside in Rowan County. As such, Rowan County will be the sole focus of demographic, health and social indicators.**

Demographic Characteristics: Rowan County

Rowan County has a population of 151,661, compared to the North Carolina population of 10,835,491. Rowan County is larger than the average NC (105,843) or US county (105,721). Rowan County includes Salisbury, the most populated city, and the County Seat.

YEAR	DEMOGRAPHICS	ROWAN COUNTY	NC	US
2023	Population	151,661	10,835, 491	334, 914, 896
2020	% Population change from 2010 to 2020	6.10	9.48	7.13
2030	Projected population change from 2020 to 2030	7.7	12.5	n/a
2023	Median age	41	39.4	39.2
2023	% Ages 0-4	5.4	5.5	5.5
2023	% Ages 5-17	16.2	16	16.2
2023	% Ages 18-39	27.5	29.3	29.4
2023	% Ages 40-64	32.8	31.6	31.2
2023	% Ages 65 and older	18.1	17.7	17.7
2023	% of Householders living alone (all ages)	26.8	29.2	28.5

YEAR	DEMOGRAPHICS	ROWAN COUNTY	NC	US
2023	% of Householders living alone (65+)	28.08	26.33	25.72
2023	% with a disability	14.9	13.6	13.6
2023	% Veterans	7	7.32	6.06
2023	High school graduation rate	90.87	90.57	89.78
2023	Higher degree graduation rate	36.56	46.87	44.99
2019-2023	% of residents with limited English proficiency	4.69	4.9	8.39
2017	Poor literacy and functionally illiterate	23.3	21.3	21.8

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

Rowan County is larger than the average NC or US county but has grown, and is projected to grow, at a slower rate compared to the state and the nation. Between **2010–2020, the population in** Rowan County grew by **6.1%,** slower than NC (**9.48%**) and the US (**7.13%**). Projections suggest Rowan County will see a 7.7% increase in population by 2030, again trailing the state's projected growth of 12.5%.

The county also skews slightly older, with a median age older than comparators and a slightly higher proportion of residents aged 65 or older Compared to the state and the nation, more seniors are living alone in Rowan County. 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. The county's older median age and higher percentage of seniors suggest a need for geriatric care, chronic disease management and senior services.

The population that is linguistically isolated by their limited English proficiency is smaller compared to NC and US. High school graduation rates are similar to NC and the US but a lower percentage of the Rowan County population holds a bachelor's degree or higher and a higher percentage have poor literacy or are considered functionally illiterate. Language support services ensure that non-English speaking residents receive adequate healthcare information and services, and health education materials across languages that use plain language, and visuals can help deliver important information in a clear and accessible fashion.

The percentage of disabled residents in Rowan County is higher than the state and national averages. The most commonly reported disabilities in Rowan County are ambulatory difficulties and cognitive difficulties, followed by independent living difficulties and hearing. This highlights the need for accessible healthcare facilities and services that aid individuals with disabilities, ensuring they receive appropriate medical care and support.
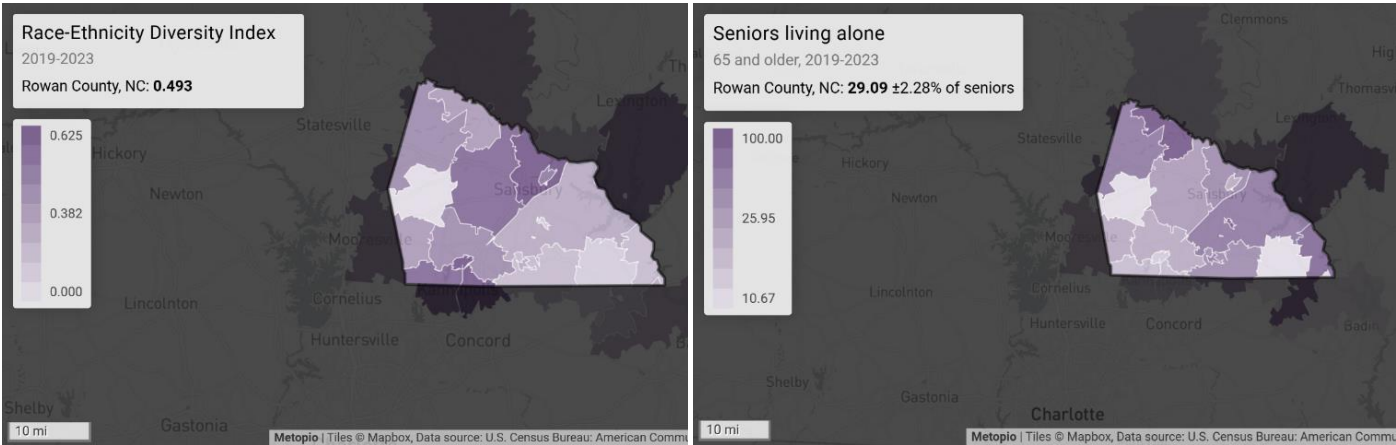
Culturally responsive health education, preventive care and community outreach programs can help in addressing the specific health needs of various populations, ensuring improved equitable healthcare and consistency in access and outcomes.

As seen in the chart below, in comparison to North Carolina, Rowan County has a lower proportion of non-Hispanic white residents. However, non-Hispanic Black communities comprise 15.5% of the county and Hispanic or Latino communities account for another 11.9%. This highlights the necessity for culturally and linguistically appropriate healthcare services that can support the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all.

RACE/ETHNICITY	
ROWAN COUNTY	NORTH CAROLINA
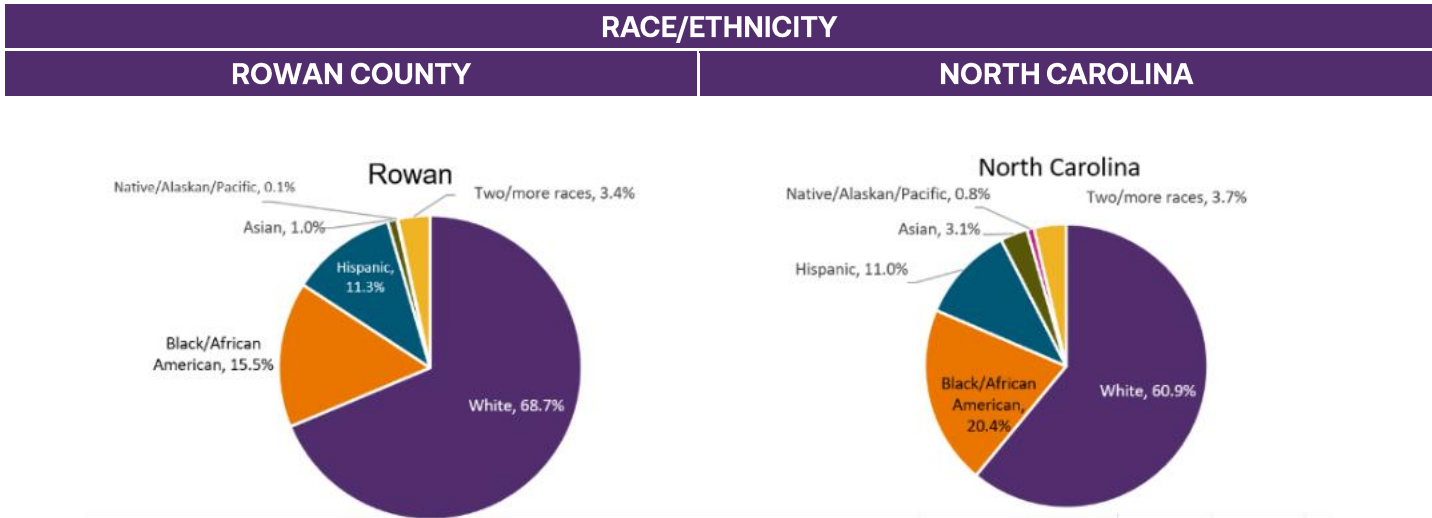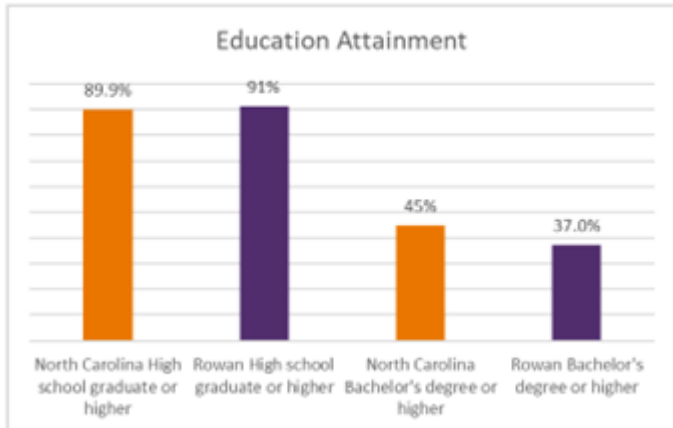
Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2019–2023), via Metopio.

As seen above, Rowan County has a mix of racial and ethnic groups. Compared to neighboring urban centers like Charlotte and Concord, which tend to have higher diversity scores, Rowan County represents a transitional zone—more diverse than rural counties, yet less so than metropolitan areas. The map's gradient of purple shades visually highlights this contrast, positioning Rowan County within a broader regional context of demographic change and cultural complexity. ZIP codes 28144, 28147 and 28083 appear as having the most racially and ethnically diverse populations in the county between 2019 and 2023. Rowan County's elderly are concentrated in 28144 (central Salisbury), 28146 (eastern Rowan County), and 28138 (Spencer).

Source: American Community Survey (ACS)

AGE	EDUCATION ATTAINMENT

Population:
151,661

Median Age: 41

% Ages 0-4	5.4%
% Ages 5-17	16.2%
% Ages 18-39	27.5%
% Ages 40-64	32.8%
% Ages 65 and older	18.1%

Education Attainment

89.9% North Carolina High school graduate or higher

91% Rowan High school graduate or higher

45% North Carolina Bachelor's degree or higher

37.0% Rowan Bachelor's degree or higher

POPULATION LIVING BELOW POVERTY LINE	EMPLOYMENT

15.23 percent of residents in families are living in poverty (below the federal poverty level).

20.94% Children*
10.95% Seniors

*Ages 5--17

Unemployment rate among residents that are 16 years of age or older:

5.11% Rowan County
4.03% North Carolina
4.31% United States

LIMITED ENGLISH PROFICIENCY	HOUSEHOLD/FAMILY

4.69% Rowan County
4.9% North Carolina

6.65% Single-parent families
28.08% Seniors living alone

YEAR	TOPIC	ROWAN COUNTY	NC	US
2023	Median household income	$65,904	$ 70,804	$ 77,719
2023	Poverty rate	15.23	12.79	12.46
2023	Unemployment rate	5.11	4.03	4.31
2024	% of workforce employed in the industries with the lowest wages*	23.6	22.5	n/a
2024	Average weekly wage	$1,138	$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:

Economic indicators play a critical role in shaping community health outcomes. The latest data for Rowan County reveals several key challenges that directly impact residents' well-being and access to resources. Compared to both North Carolina and the U.S., Rowan County demonstrates lower median household incomes, higher poverty and unemployment rates and lower weekly wages.

In 2023, Rowan County reported a median household income of $65,904, which is notably lower than both the North Carolina average ($70,804) and the national average ($77,719). This suggests limited financial capacity for many households, potentially affecting access to healthcare, nutritious food, and stable housing. Rowan County also experienced a higher unemployment rate of 5.11%, compared to 4.03% in North Carolina and 4.31% nationally.

North Carolina's poverty rate has historically been higher than the national average. Rowan's high rates of poverty (15.23 % of residents in families that are living below the Federal Poverty Level), particularly among children (20.94%), suggest that many residents may have to choose between healthcare and other vital needs, like food, shelter, utilities and transportation.

Approximately 24% of the 2024 Rowan County workforce were employed in Retail Trade and Accommodation and Food Services, sectors that rarely provide benefits and rely on part-time hourly work which can be unpredictable and unreliable. Social Drivers of Health (SDoH) stressors and their impact on health will be discussed in detail later in this report.

Health Indicators: Rowan County

Rowan County's leading causes of death in 2019-2023 were heart disease and cancer. NHRMC will not only consider health indicators such as leading causes of death for the Rowan County population but also consider how to impact root causes with an analysis of social determinants of health, social risks, and social needs.

As shown by the chart below, life expectancy among Rowan County residents varies by race and ethnicity, with life expectancy being the lowest for non-Hispanic Black residents, and highest for Hispanic/Latino residents. This trend is mirrored in counties across Novant Health's Charlotte Region.

LEADING CAUSES OF DEATH IN ROWAN COUNTY IN 2019			
Rank	Cause of Death	Number	%
1	Diseases of heart	356	21.8
2	Cancer	346	21.2
3	Chronic lower respiratory diseases	95	5.8
4	All other unintentional injuries	84	5.1
5	Cerebrovascular diseases	72	4.4
6	Alzheimer's disease	62	3.8
7	Influenza and pneumonia	57	3.5
8	Diabetes mellitus	40	2.4
9	Nephritis, Nephrotic Syndrome and nephrosis	39	2.4
10	Chronic liver disease and cirrhosis	32	2
	All other causes (Residual)	451	27.6
	Total Deaths – All Causes	1,634	100.0

Source: NC State Center for Health Statistics

Life expectancy by Race/Ethnicity, 2020-2022

Mecklenburg County, NC and comparison
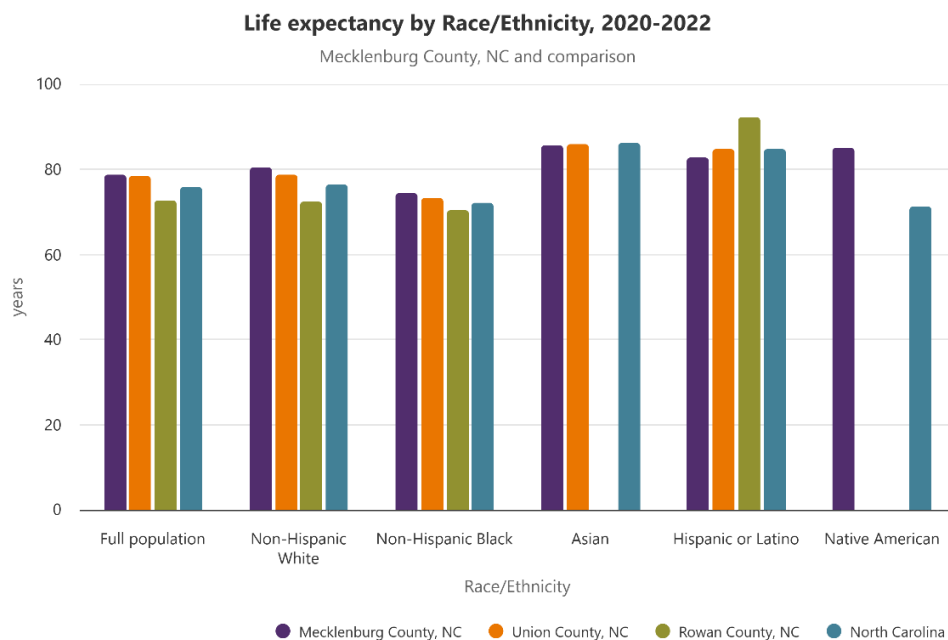
Created on Metopio | metop.io | **Data sources:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics,
U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI), University of Wisconsin Population Health Institute: County
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	ROWAN COUNTY	NC	US
2020-2022	Life expectancy	72.7	75.9	77.1
1990-1992	Life expectancy	75.3	74.8	n/a
2022	% of adults with obesity	33.9	33.9	33.2
2022	% of adults with diabetes	11.3	10.6	10.8
2022	% of adults reporting no physical activity	24.9	22.6	23.1
2024	Access to exercise opportunities	66.49	77.97	84.45
2022	Coronary Heart Disease	6.60	4.10	3.76
2022	Residents with high blood pressure	33.50	32.16	30.32
2021	Chronic Kidney Disease	3.0	3.1	2.9
2023	Heart Disease mortality	251.9	161.2	162.1
2023	Diabetes mortality	28.4	25.3	22.4
2023	Kidney Disease mortality	24.4	15.7	13.1
2022	Cigarette smoking rate (% of adults)	16.8	14.8	13.1
2023	CLRD mortality rate	71.9	37.9	33.4
Cancer				
2017-2021	Cancer diagnosis rate	485.1	475.5	444.4
2019-2023	Cancer incidence rate	484.2	481.5	n/a
2019-2023	Cancer mortality rate	218.7	150.7	144.1
2022	Colorectal Cancer screening – *Percentage of adults*	57.5	60.96	58.85
2022	Mammography use – *Percentage of adults*	75.5	78.6	76.38
Infectious Diseases				
2023	Chlamydia diagnosis rate	554.65	616.00	n/a
2023	Gonorrhea diagnosis rate	247.26	246.58	n/a
2023	HIV diagnosis rate	10.2	15.5	n/a
2023	Syphilis diagnosis rate	48.78	35.95	n/a
2023	Medicare Flu vaccination rate	45	50	46.25
2023	COVID-19 mortality	28.4	13.5	11.9
2019-2023	Pneumonia and Influenza mortality	29.2	12.8	11.6

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.

Compared to North Carolina and the U.S., Rowan County residents experience a higher burden of chronic disease and related risk factors. Rates of heart disease (251.9 per 100,000), diabetes (28.4), kidney disease (24.4) and chronic lower respiratory disease (71.9) mortality all exceed state averages. Underlying contributors such as obesity (33.9%), diabetes prevalence (11.3%) and high blood pressure (33.5%) are

slightly higher than state and national levels, indicating persistent chronic disease management challenges.

Health behaviors and environmental factors further compound chronic disease risk. The adult smoking rate (16.8%) and physical inactivity rate (24.9%) are both higher than North Carolina averages, while only 66% of residents have access to exercise opportunities—well below the statewide rate of 78%. These trends correspond with a decline in life expectancy, from 75.3 years in 1990–1992 to 72.7 years in 2020–2022, while life expectancy across North Carolina increased during the same period.

Preventive care utilization and infectious disease outcomes also reveal disparities. Cancer screening rates for colorectal (57.5%) and mammography (75.5%) fall below state and national benchmarks, while Rowan County's cancer diagnosis, incidence and mortality rates are all higher. Mortality related to COVID-19 (28.4 per 100,000) and pneumonia/influenza (29.2) is more than double statewide rates, and flu vaccination among Medicare beneficiaries (45%) lags behind state (50%) and national (46%) levels.

These patterns underscore the need for focused community health initiatives that promote preventive care, healthy behaviors and access to health-promoting resources. The attainment of the highest level of health and wellness for all communities necessitates an increased focus on preventive care and screening.

Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	ROWAN COUNTY	NC	US
2023	% Women of childbearing age (15–44)	36.5	38.6	38.9
2023	Teen (females 15-19) birth rate	20.28	8.72	8.48
2023	Pregnancy rate	65.6	69	n/a
2023	Teen pregnancy rate	24.1	20.8	n/a
2020-2022	Low birth weight	10	9.5	n/a
2020-2022	% Receiving prenatal care in the first trimester	73.0	74.1	78.1
2024	Kindergarten immunizations	89.57	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.

With Rowan County being home to a smaller population of women of childbearing age compared to other locations, the pregnancy rate is also lower. The teen pregnancy and birth rates in Rowan County surpass the North Carolina rate, as does the rate of low birth weights. Rowan County mothers are less likely to receive prenatal care in the first trimester than state or national counterparts and 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 Charlotte Region. Rowan County also has opportunities to bring the Kindergarten vaccination rate closer to the North Carolina average.

Behavioral Health

YEAR	Behavioral Health	ROWAN COUNTY	NC	US
2023	Alcohol-related mortality	21.8	11.1	12.6
2023	Suicide mortality rates	17.8	14.3	14.1
2022	% of Adults with depression	23.5	23.1	22.5
2022	% of adults who feel socially isolated	32.4	31.0	n/a
2023	% of overdose deaths due to illicit opioids	87.6	76.6	n/a
2023	Rate of drug overdose deaths	79.8	41.0	n/a
2023	Rate of drug overdose ED visits	238.7	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.

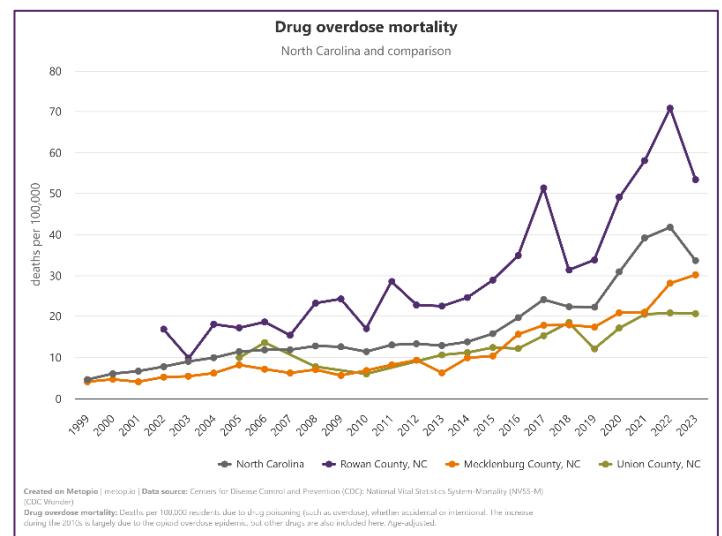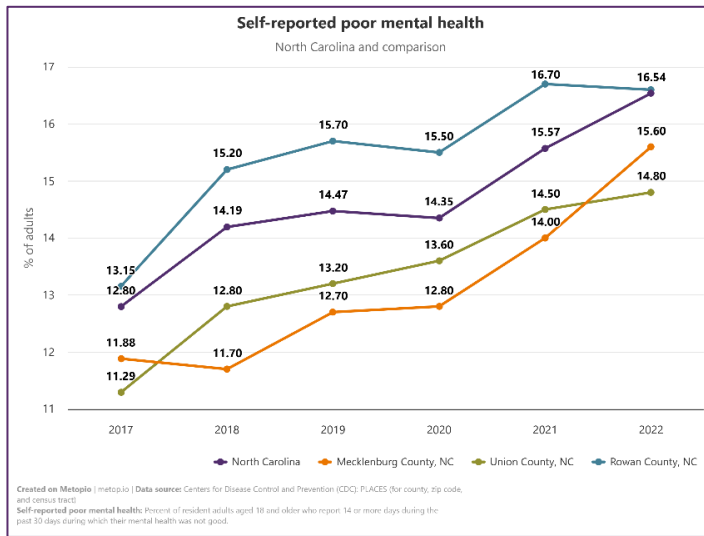Behavioral health indicators in Rowan County reveal significant community challenges that exceed both state and national levels. Alcohol-related mortality (21.8 per 100,000) is nearly double the state rate, and suicide deaths (17.8) are also elevated, reflecting the ongoing toll of mental health and substance use crises. Nearly one in four adults report experiencing depression, and 32.4% feel socially isolated, suggesting that mental health concerns are compounded by limited social support and community connection. The county's rate of drug overdose deaths (79.8 per 100,000) is almost twice the state average, with 87.6% involving illicit opioids, indicating a severe and persistent substance use epidemic. Expanded behavioral health programming will be critical to addressing these interrelated mental health and substance use challenges in Rowan County.

RESPONDENTS WHO DID NOT RECEIVE MENTAL HEALTH TREATMENT BECAUSE OF A LACK OF CULTURALLY COMPETENT PROVIDERS	RESPONDENTS NEGATIVELY IMPACTED BY SUBSTANCE USE IN THE HOUSEHOLD
11.4% Rowan County **14.0%** All respondents	**4.6%** Rowan County **6.9%** All respondents

Source: CCCC Survey, 2025

Self-reported poor mental health
North Carolina and comparison

Drug overdose mortality
North Carolina and comparison

Since at least 2000, the rate of drug overdose deaths and self-reported poor mental health (see charts above) has increased steadily across the state and the nation. The Rowan County drug overdose rate has been higher than North Carolina, and all other Charlotte Region Novant Health facilities, for the past 20 years but has risen continuously since measurement began.

Interestingly, the rate of self-reported poor mental health reduced in 2020, and again in 2022 in Rowan County. However, in all other years of measurement since 2017, poor mental health rates have increased. Since measurement began, rates of self-reported poor mental health have been higher than other Novant Health Charlotte Region counties and higher than the NC average. This suggests a need for resiliency and wellness education, mental health first aid and greater access to mental health providers.

Access to Care

YEAR	ACCESS TO CARE INDICATOR	ROWAN COUNTY	NC	US
2023	% with Private health insurance	63.20	67.29	67.01
2023	% with Public health insurance	41.94	36.44	37.41
2023	% Uninsured	10.24	10.36	8.55
2023	Medicaid coverage	23.18	18.46	20.68
2025	Respondents satisfied by insurance*	70.68	65.15	n/a
2025	Respondents satisfied with healthcare*	44.44	43.64	n/a
2025	Respondents who delayed care*	24.69	26.14	n/a
2025	Respondents who delayed care because of the cost*	39.72	42.39	n/a
2025	Respondents who needed but did not receive mental health treatment*	39.22	35.67	n/a
2025	Respondents with a primary care provider*	91.71	93.12	n/a
2025	Respondents with dental insurance*	72.84	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.

Access to care in Rowan County reflects both positive coverage levels and notable service gaps that impact health outcomes. While public insurance enrollment (41.9%) and Medicaid coverage (23.2%) exceed state and national averages—suggesting that many residents depend on publicly funded care—private insurance coverage remains lower than average. The uninsured rate (10.2%) aligns closely with the state but exceeds the national rate, indicating persistent affordability and accessibility barriers. Despite these challenges, satisfaction with insurance (70.7%) and healthcare services (44.4%) is slightly higher than statewide responses, highlighting relative confidence in local care quality among insured residents.

However, several indicators reveal unmet needs and system strain, particularly around affordability and mental health access. Nearly one in four residents reported delaying care, and almost 40% delayed care specifically due to cost—underscoring ongoing financial barriers even among the insured. Additionally, 39.2% of respondents reported needing but not receiving mental health treatment, suggesting shortages in behavioral health capacity and accessibility. While 91.7% of residents have a primary care provider, fewer have dental coverage. Expanding affordable care programs, behavioral health services and dental coverage options would help improve health across Rowan County.

According to the chart below, Rowan County residents have consistently self-reported higher rates of fair or poor health than North Carolina residents overall and higher rates than residents of other counties within Novant Health's Charlotte Region.

Self-reported fair or poor health
North Carolina and comparison

Legend: North Carolina · Mecklenburg County, NC · Union County, NC · Rowan County, NC
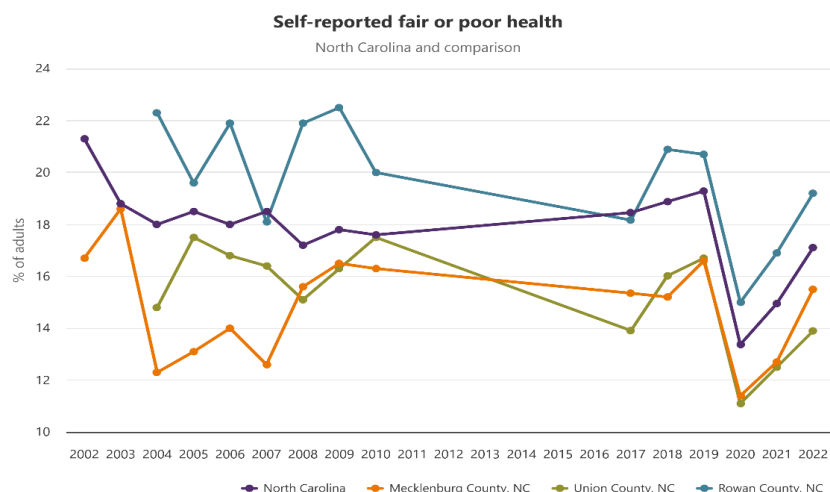
Created on Metopio | metop.io | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps), Centers for Disease Control and Prevention
Self-reported fair or poor health: Percent of resident adults aged 18 and older with self-reported fair or poor health status.

The uninsured rate in the United States is 7.93%, while more than 10% of North Carolinians and 10% of Rowan County residents do not have health insurance. The uninsured rate varies significantly across different racial and ethnic groups in Rowan County, North Carolina and the nation. Hispanic or Latino individuals and Pacific Islander/Native Hawaiian groups have the highest uninsured rates in Rowan County, reaching beyond 26%.

Uninsured rate by Race/Ethnicity, 2019-2023
Mecklenburg County, NC and comparison

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).
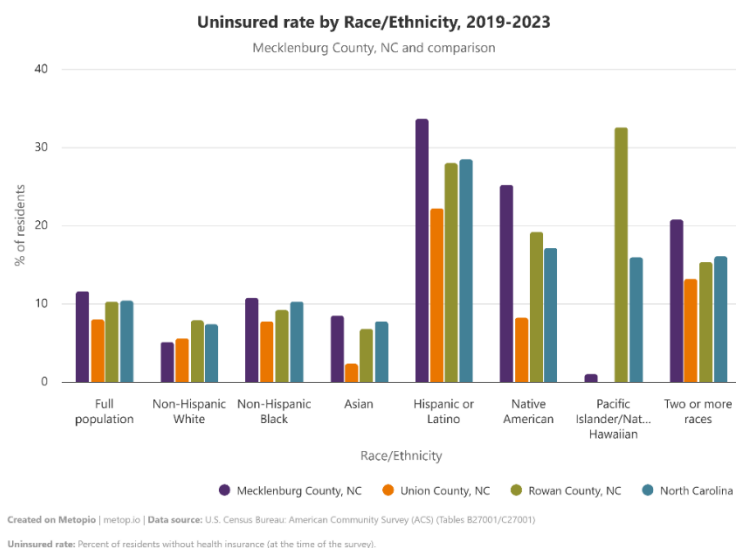
Social Indicators: Rowan County

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 Rowan 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.

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

Economic Domain · Neighborhood Resources Domain · Social Domain

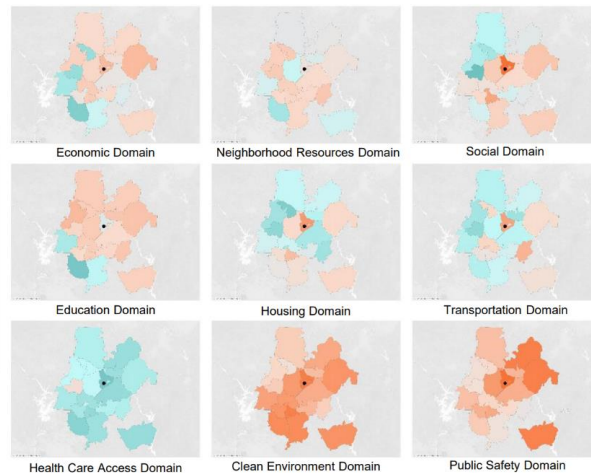Education Domain · Housing Domain · Transportation Domain

Health Care Access Domain · Clean Environment Domain · Public Safety Domain

Food Deserts

Single Parents

Vizient Vulnerability Index
Less vulnerable — More vulnerable
-3.000 — 3.000

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.

Across domains, 28023, 28082, 28082, 28144, and 27292 (Davidson Co.) and 28001 (Stanly County) are the zip codes displaying most consistent and intense vulnerabilities. These zip codes experience disproportionately high social risks when compared to their counterpart neighborhoods.

YEAR	SOCIAL DRIVERS OF HEALTH INDICATOR	ROWAN COUNTY	NC	US
2023	Median household income	$65,904	$ 70,804	$ 77,719
2023	Poverty rate	15.23	12.79	12.46
2023	Unemployment rate	5.11	4.03	4.31
YEAR	SOCIAL DRIVERS OF HEALTH INDICATOR	ROWAN COUNTY	NC	US
2024	% of workforce employed in the industries with the lowest wages*	23.6	22.5	n/a
2024	Average weekly wage	$1,138	$1,504	n/a
2023	% of cost burdened housing units	25.23	28.04	31.86
2023	% of severely cost burdened housing units	11.36	12.72	15.12
2022	Housing insecurity	16.6	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.

Economic stability remains a pressing concern in Rowan County, where median household income ($65,904) lags well behind both state ($70,804) and national ($77,719) levels. The county's poverty rate (15.23%) and unemployment rate (5.1%) exceed those of North Carolina and the U.S., and nearly one in four workers (23.6%) are employed in the lowest-wage industries. Average weekly wages ($1,138) are also substantially lower than the state average ($1,504), limiting residents' ability to afford essential needs such

as housing, food and transportation. These conditions underscore the ongoing economic vulnerability that affects overall community well-being and health outcomes.

The poverty rate tends to vary significantly across different racial and ethnic groups as well as age groups. In Rowan County, poverty rates are lowest among Asian (10.77%) and non-Hispanic white (10.93%) residents. Multiracial (26.94%) residents report higher rates, while non-Hispanic Black (27.95%) and Hispanic or Latino (30.92%) residents face the highest levels (see graph below), exceeding the state average and highlighting persistent economic gaps.

Poverty rate by Race/Ethnicity, 2019-2023

North Carolina and comparison

Created on **Metopio** | metop.io | **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).
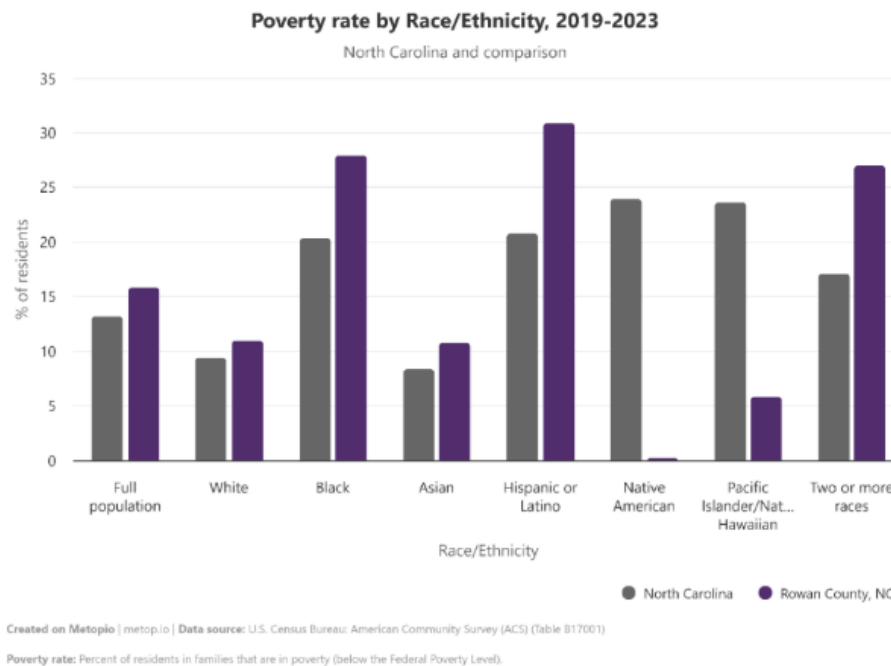
Housing cost burden refers to households, rented or owned, spending more than 30% of their income on housing costs like rent or a mortgage. Almost one in four housing units in Rowan County are considered cost burdened, a figure lower than North Carolina or the U.S. but still of note.

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 Rowan County, approximately 17% of adults were estimated to be housing insecure in 2022, a higher rate than the North Carolina average. This area of concern is underlined by survey responses, where only 25% of Rowan County residents think housing is affordable.

| RESPONDENTS WHO THINK AFFORDABLE, HEALTHY FOOD IS THE MOST IMPORTANT COMMUNITY ISSUE	RESPONDENTS WHO THINK HOUSING IS AFFORDABLE
39% Rowan County **43.8%** All respondents	**25.31%** Rowan County **26.02%** All respondents

Source: CCCC Survey, 2025

Food and housing insecurity represent major needs in Rowan County. Food insecurity (16.0%) remains above both state and national rates, and more than 16% of households rely on SNAP benefits, compared to 12.5% statewide. Economic strain may also impact early childhood development: only 39.8% of young children are enrolled in preschool, slightly below state and national averages, limiting early learning opportunities that influence long-term health and social outcomes.

YEAR	FOOD INSECURITY	ROWAN COUNTY	NC	US
2023	% of Households on SNAP	16.25	12.54	11.77
2023	Food insecurity	16.0	15.0	14.5
2023	Households in poverty not receiving food stamps	53.60	58.15	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. The impacts of food insecurity affect mental health, chronic disease and maternal and child health outcomes. For example, maps on the following page demonstrate that NHRMC patients who live in a food desert are more likely to have A1C over 9, and to have lower limb amputations. Patients from these same areas are also more likely to develop kidney disease and heart failure.
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.
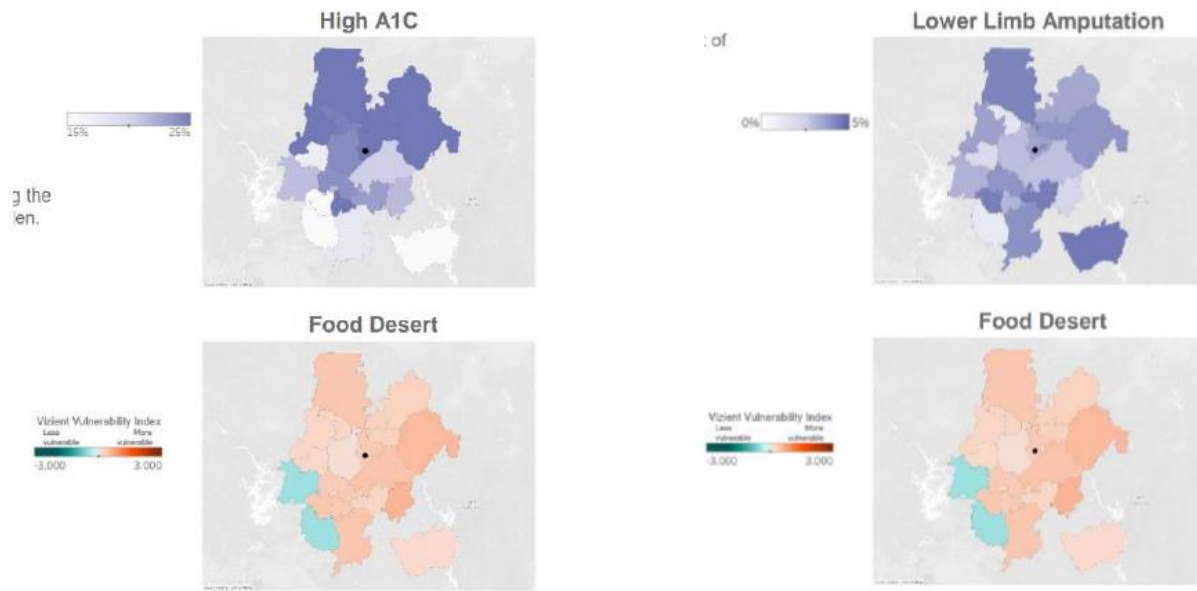
Maps indicate: In purple, A1C>9 among patients with diabetes (darker purple representing a higher percent of distinct patients). Maps indicate In purple, incidence of lower limb amputation (darker purple representing a higher percent of distinct patients). Vizient Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability). Zip codes where fewer than 0.5% of all patients live are excluded.

Data Source: Vizient Clinical Data Base distinct patients 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2
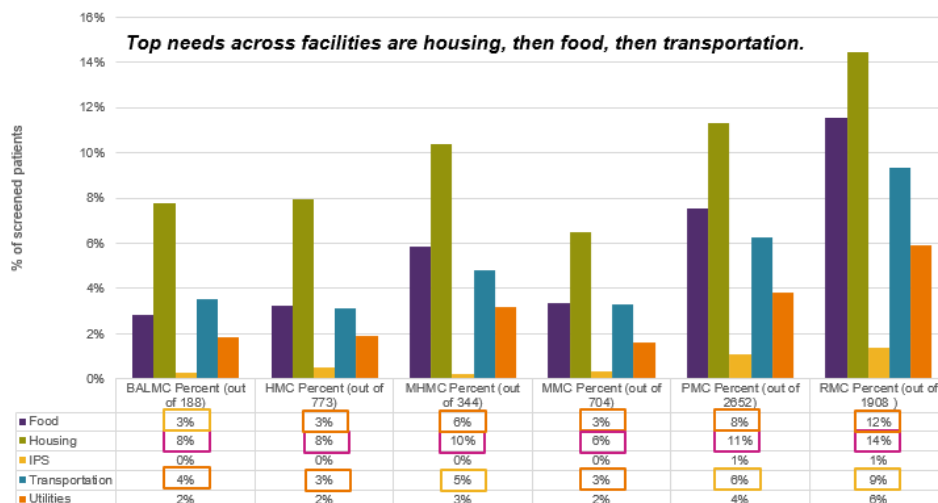
YEAR	TRANSPORTATION	ROWAN COUNTY	NC	US
2023	Lack of transportation	10.8	9.0	n/a
2023	Households with no vehicle access	5.97	5.33	8.32
2023	Workers traveling outside the county or state for work	39.05	27.29	25.26

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 and workforce patterns further highlight structural barriers to health. About 10.8% of Rowan County residents report transportation challenges, higher than the state average, and nearly 6% of households lack access to a vehicle, limiting access to healthcare, employment and education. Vizient Vulnerability Index data indicates that patients from neighborhoods with less access to transportation are more likely to return to the Emergency Department within 30 days.

Additionally, 39% of workers commute outside the county for employment, a rate far higher than North Carolina's 27%, reflecting limited local job opportunities and contributing to economic leakage and time strain for working families. Together, these indicators point to the need for strategies that strengthen the local economy, expand access to affordable housing and reliable transportation and address the social conditions that shape gaps in health outcomes across the Rowan County community.

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 Charlotte Region, NHRMC patients' top needs were housing, food and transportation.

Top needs across facilities are housing, then food, then transportation.

	BALMC Percent (out of 188)	HMC Percent (out of 773)	MHMC Percent (out of 344)	MMC Percent (out of 704)	PMC Percent (out of 2652)	RMC Percent (out of 1908)
Food	3%	3%	6%	3%	8%	12%
Housing	8%	8%	10%	6%	11%	14%
IPS	0%	0%	0%	0%	1%	1%
Transportation	4%	3%	5%	3%	6%	9%
Utilities	2%	2%	3%	2%	4%	6%

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 Rowan Medical Center include housing, food, financial support and healthcare (medication, financial support, primary care). These top search categories are part of more than 963,000 searches throughout Novant Health's Charlotte Region.

Findhelp searches by Type of Searches, 2024
North Carolina and comparison

Legend: Legal, Food, Housing, Goods, Transit, Health, Money, Care, Education, Work
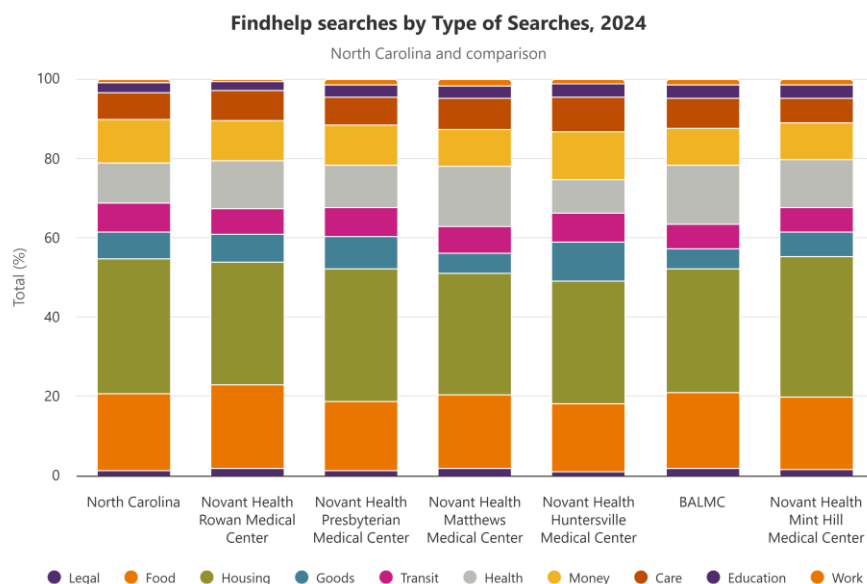
Created on Metopio | metop.io | Data source: Findhelp

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 Rowan Medical Center ensured broad engagement from community groups. Required stakeholder groups, including public health and individuals from and community organizations serving low-income and minority populations and medically underserved populations, were engaged throughout the process.

Novant Health Rowan Medical Center partnered with the Rowan County Public Health and participated as a member of the county's Community Health Assessment 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. Rowan 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 and medication, 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 and emergency department 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, the Novant Health Rowan 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 Rowan County.

Collaborative Community Partners

The 2025 CHNA for Novant Health Rowan Medical Center was developed in partnership with the Central Carolina Community Collaborative (CCCC), Rowan County Health Department (MCHD) 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 Rowan 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, 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.

Rowan County Health Assessment Steering Committee

Novant Health is proud to serve as a member in Rowan County Department of Public Health's Community Health Assessment Steering Committee. This committee works in partnership with the Rowan County Public Health Department to address health inequities and ensure all Rowan County residents have the opportunity to improve overall quality of life for all. The steering committee serves in an advisory role in community health assessment planning, improvement decisions, activities, implementation and evaluation.

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 Rowan County residents aged 18 and older. Additionally, a Community Prioritization Survey was developed by Rowan County Department of Public Health for distribution to community members and partners by Live Well members.

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 Rowan 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 Find Help. Find Help 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. 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 Rowan 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, 1,095 were completed by residents of Rowan 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 Rowan Medical Center, promoted the survey via social media, organizational websites, promoted the survey via social media organizational websites, press releases and free community health events. Community partners 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 Rowan Medical Center 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 Rowan 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, the Central Carolina Community Collaborative (CCCC), NHRMC, and Healthy Rowan steering committee members determined the following focus areas from which the priority health needs would be selected:

- Access to primary care
- Access to dental care
- Access to affordable and healthy food
- Access to physical activity
- Aging related issues
- Chronic disease prevention and management
- Education
- Employment and workforce opportunities
- Environmental issues

- Housing (affordability and accessibility)
- Mental health
- Substance use
- Transportation to essential health and human services
- Safety/crime

Survey Findings

From the 1,100 CCCC survey results, individuals across demographics identified the following top three health related challenges in the community: mental health issues (40.50%), access to care (33.90%) and access to affordable medication (35.80%). The survey respondents identified the following most important community issues: affordable and safe housing (51.70%), access to affordable healthy food (38.20%) and safety or crime (38.20%).

Focus Group Feedback

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.

- o Disability participants coined the term "disability tax" to describe the cost burden of accessing care.
- **Support for Caregivers and Youth**
  - o 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**
  - o As a result of systemic mistrust, Black/African American participants emphasized functional, nutritional and naturopathic medicine as complementary to traditional medical models.
  - o LGBTQ+ and disability groups voiced a desire for preventative check-ins and better integration of services.

Analysis and Prioritization

County Prioritized Health Needs

On July 22, 2025, the Steering Committee, Healthy Rowan Coalition and local leaders decided on the following priority health areas:
- Behavioral Health (encompassing both mental health and substance use)
- Housing
- Healthy Lifestyles

Healthy Lifestyles will be defined by promoting behaviors and environments that support overall well-being and chronic diseases prevention. This includes improving access to preventive healthcare services, increasing opportunities for physical activity, and ensuring availability and affordability of nutritious food.

Facility Prioritization

In addition to the primary and secondary data, Novant Health Rowan 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 ROWAN MEDICAL CENTER			
Inpatient Diagnosis	Volume	Emergency Room Diagnosis	Volume
Sepsis, unspecified organism	602	Other chest pain	57
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	372	Unspecified abdominal pain	36
Paroxysmal atrial fibrillation	318	Dyspnea, unspecified	35
Non-ST elevation (NSTEMI) myocardial infarction	285	Chest pain, unspecified	31
Nonrheumatic aortic (valve) stenosis	259	Unspecified injury of head, initial encounter	28

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

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

Health Needs Not Selected and Community Resources to Address Health Needs

NHRMC 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 NHRMC will not prioritize the remaining eight significant health needs, it will 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 primary care will be incorporated within chronic disease prevention and behavioral health initiatives led by Novant Health or community resources.
- Dental care is outside of the services provided by Novant Health and is best addressed by community experts.
- Aging-related issues, access to physical activity, education, environmental issues, employment and safety/crime are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHRMC 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 Rowan Medical Center, there are various existing community assets available throughout the Rowan 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
Mental health and substance use	Capstone Recovery Rowan County Health Department Daymark Recovery Rowan Center Rowan Helping Ministries Rowan County United Way
SDoH Including: • Employment/workforce opportunities*	Community Care Clinic of Rowan County Meals on Wheels Rowan Rowan-Cabarrus YMCA

• Affordable/healthy food • Physical activity* • Aging related issues* • Environmental issues* • Education* • Housing • Transportation	Rowan County Health Department Rowan-Salisbury School System Rowan-Salisbury Farmers Market Rowan-Salisbury Runners Club Rufty-Holmes Senior Center Rowan Helping Ministries Salisbury-Rowan Senior Games Girls on the Runof the Greater Piedmont City of Salisbury Parks and Rec Rowan County Parks and Rec Salisbury-Rowan Runners Club Rowan-Cabarrus Community College Livingstone College Catawba College Rowan Economic Development Commission Terrie Hess Child Advocacy Center Main Street Mission Family Crisis Council Second Harvest Food Bank – Rowan Smart Start Rowan Communities in Schools Crosby Scholars Nazareth Children's Home Rowan Literacy Council
Safety/crime*	Salisbury Police Department Rowan County Sheriff Department Prevent Child Abuse Rowan Family Crisis Council Terrie Hess Child Advocacy Center
Access to primary care* Access to dental care* Chronic disease prevention and management	Community Care Clinic of Rowan County Life Choices Rowan Helping Ministries Rowan-Cabarrus Community Health Centers Rowan County Health Department Vaya Health

*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 Rowan Medical Center Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Rowan Medical Center Board of Directors on October 22,

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 Rowan Medical Center Board of Directors and Novant Health Rowan Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives, leadership provides direction on actions and intended impact and serves as the approving body for the community health needs assessment and community 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 clicking the link below or scanning the QR code. Feedback will be reviewed and considered in future planning efforts.

If you experience any issues with the link to our feedback form or have any questions, please email us at: Communitybenefit@novanthealth.org

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 Rowan Medical Center Board of Directors did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Rowan Medical Center as the following: mental health, substance use and chronic disease.

The specific commitments, objectives, measurements, and successes for Novant Health Rowan Medical Center addressing their 2022-2024 priorities are described in the tables on the following pages:

Priority Need:	Program:	Action:	Intended Outcome:
Mental Health	Mental Health education and awareness	Provide basic mental health education to individuals from various community sectors

Host Community Resiliency Model training | Create awareness and educate community members from all sectors the impact of trauma and mental health conditions and provide tools to build resiliency.

Create awareness among the community on ways to access resources for treatment and services within Rowan and the surrounding communities. |

Actual Outcomes: Through outreach and community engagement, Novant Health and its partners worked to reduce stigma, promote healing and empower residents with tools to manage mental health challenges.

During the past CHNA cycle, a series of 18 educational events reached 1,921 residents, offering basic mental health education across various sectors of the community. These sessions focused on the impact of trauma, stress management, depression and the importance of building resiliency. By equipping individuals with practical strategies and knowledge, the initiative fostered a more informed and supportive environment for mental wellness.

Additionally, the MyCommunity platform facilitated over 3,400 searches and more than 1,800 connections to free and reduced cost resources for health, mental health, food, housing and other needs in the NHRMC Primary Service Area.

Priority Need:	Program:	Action:	Intended Outcome:
Substance Use	Substance Use Education, Recovery, and Prevention	Provide information and educate individuals of local and regional resources for substance use and behavioral health referrals	Decrease repeat overdoses by providing resources needed.

Increase number of individuals connected to appropriate treatment and services in the community. |

Actual Outcomes: During this past CHNA Cycle, various events were held, serving 75 residents with vital information on local and regional behavioral health and substance use services. These events provided education on available treatment options, referral pathways and tools for navigating recovery.

NHRMC participated in the NC MedAssist's Over-the-Counter Medication Program that provided necessary medications families in need.

Additionally, NHRMC provided more than $135,000 in charitable contributions to the following organizations to address priorities of mental health and substance use: Rufty-Homes Senior Center, Rowan Helping Ministries and Rowan County United Way.

Priority Need:	Program:	Action:	Intended Outcome:
Chronic Disease Management and Prevention	Wellness and Education Screenings	Work with community partners to provide the community with free health education and subject matter expertise around Healthy Lifestyle Behaviors. Host free community screenings that assess an individual's BP, BMI, and diabetes factors. Provide referrals and resources after the screening.	Increase awareness of chronic disease management and prevention. Increase number of community members connected to appropriate care.

Actual Outcomes: Over the course of the cycle, 43 events were hosted, serving 5,247 residents with vital health education and screenings. These events focused on chronic disease prevention and management, offering assessments for blood pressure, BMI and diabetes risk factors. Participants received personalized referrals and resources to help them connect with appropriate care and begin or continue their wellness journey.

Educational programming covered a wide range of topics, including breast cancer, diabetes, general wellness, heart health, nutrition and weight management, newborn and infant care, pediatrics and adolescent health, women's health and senior care. In-kind donations supported cancer screenings, nutrition education, and basic health needs, while efforts to address social drivers of health, such as food security, ensured a more holistic approach to community wellness.

Additionally, NHRMC provided more than $95,000 in charitable contributions to the following organizations to address this priority: YMCA of Rowan County, The Pedal Factory Inc., Livingstone College, Community Care Clinic, and Main Street Mission

APPENDIX

Data Sources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In addition to sources accessed through Metopio, the following sources were used:

North Carolina Department of Commerce, Labor and Economic Analysis Division. (2025). *Quarterly Census of Employment and Wages (QCEW)*. Retrieved from https://d4.nccommerce.com/QCEWSelection.aspx

North Carolina Department of Health and Human Services. (2025). *Maternal and Infant Health Data Dashboard*. Retrieved from https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard

North Carolina State Center for Health Statistics. (2025). Retrieved from NCDHHS: DPH: NC SCHS: Statistics and Reports: 2025 County Health Data Book

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

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

Steering Committee Members

Rowan County CHA Steering Committee Represented Agencies
Rowan County Public Health Department*
Rowan County United Way**
Youth Substance Use Prevention
Cabarrus-Rowan Community Health Centers**
Vaya Health
Rowan-Salisbury School Systems
Daymark Recovery Services
Rowan Economic Development Council
Terrie Hess Child Advocacy Center
Town of China Grove
City of Salisbury
Salisbury Police Department Homeless Liaison
Salisbury Post
Rowan County Chamber of Commerce
Meals on Wheels Rowan**
Salisbury-Rowan NAACP
Partners in Learning

*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).

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)