



2025

Alleghany Health

Alleghany Health Community Health Needs Assessment

Letter from the Leader

At Advocate Health, which Atrium Health is a part of, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey, with everyone playing a part, from discovery to everyday moments.

This Community Health Needs Assessments (CHNA) is a roadmap for the future we are working toward, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of a community. Here at Alleghany Health and across the communities we serve, we are working together with other health systems, health departments and community organizations, engaging with our neighbors and analyzing local data, so we can provide the best possible care that extends beyond our hospital walls.

As we close another CHNA cycle, we are inspired by the profound difference we make each day – across our hospitals, clinics and communities. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is shaped by the communities we serve – and together, we are shaping healthier futures for all.

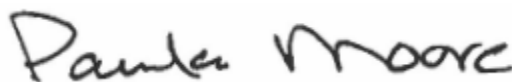
We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and wellbeing of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation but an invitation to keep it going. We welcome your feedback, ideas, or suggestions. At the end of this report, you will find an email where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your community.

Let's move forward - together - toward better health for all.



Steve Smoot
Division President/Southeast
Advocate Health



Paula Moore
Chief Administrative Officer
Alleghany Health

Table of Contents

I. Executive Summary.....	04
II. Description of Atrium Health Wake Forest Baptist and Alleghany Health.....	05
A. Atrium Health Wake Forest Baptist.....	05
B. Alleghany Health.....	05
III. 2025 Community Health Needs Assessment	06
A. Community Definition	06
B. How the CHNA was Conducted	09
C. Summary of CHNA Findings.....	12
IV. Prioritization of Health-Related Issues	20
A. Priority Setting Process.....	20
B. Health Needs Selected	20
C. Health Needs Not Selected.....	20
V. Approval of Community Health Needs Assessment.....	21
VI. Vehicle for Community Feedback.....	21
VII. Evaluation of Impact from Previous CHNA	22
VIII. Appendices	23
Appendix 1: 2025 Community Survey.....	23
Appendix 2: Community Resources Available for Significant Needs.....	23
Appendix 3: Sources	24

EXECUTIVE SUMMARY

Alleghany Health is an active member of the Central Carolina Community Collaborative. The collaborative includes health systems, health departments and numerous community organizations that work to align data sources and implement programs to impact the health and well-being of their communities. In 2025 the collaborative aligned data sets, survey execution and the report template design with the future goal of creating improvement plans together for a broader impact.

In the summer of 2025, ad hoc members of Alleghany Health met to review the community health assessment data, based on the following components:

Community Health Survey (primary data): An online survey was conducted from February 14 – April 28, 2025 where residents completed questions related to top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health. In this convenience sample, nearly 7,500 residents from the region completed the survey, including 551 respondents specifically from the Alleghany Health service area.

Metopio (secondary data): Advocate Health has a contract with Metopio, a robust digital platform that curates data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographics, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: <https://public.metopio.io>).

County Health Rankings and Roadmaps: Alleghany, Ashe, Wilkes, and Grayson (VA) Counties 2025 (secondary data): A program of the University of Wisconsin Population Health Institute provides a compilation of data using county-level measures from a variety of national and state data sources.

In 2025, Alleghany Health considered the following criteria in determining the health needs to prioritize:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- The health care system is adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issues to impact other health and social issues
- Ability to effectively address or impact health issues through collaboration

In addition, Alleghany Health evaluated the impact of the initiatives identified in its 2023-2025 Community Health Implementation Strategy (CHIS).

As a result, Alleghany Health prioritized the following significant health needs to address in our 2026-2028 implementation strategy:

- Access to Care
- Behavioral Health: Mental Health and Substance Use
- Chronic Disease and Prevention

The 2025 CHNA was presented to the Alleghany Health Board, the authorizing body of the hospital. The board approved the report on 2.17.26.

ATRIUM HEALTH WAKE FOREST BAPTIST

[Atrium Health Wake Forest Baptist](#) is a preeminent academic health system based in Winston-Salem, North Carolina, and is part of [Advocate Health](#), the third-largest nonprofit health system in the United States. Atrium Health Wake Forest Baptist's two main components are an integrated clinical system – anchored by Atrium Health Wake Forest Baptist Medical Center, an 885-bed tertiary-care hospital in Winston-Salem that includes [Atrium Health Levine Children's Brenner Children's Hospital](#), five community hospitals, more than 300 primary and specialty care locations and more than 2,700 physicians – and [Wake Forest University School of Medicine](#), the academic core of Advocate Health, and a recognized leader in experiential medical education and groundbreaking research, including [Wake Forest Innovations](#), a commercialization enterprise focused on advancing health care through new medical technologies and biomedical discovery. Atrium Health Wake Forest Baptist employs more than 22,000 teammates, part of Advocate Health's more than 160,000 teammates. Committed to redefining care for all, Atrium Health Wake Forest Baptist provides \$1.2 billion in community benefits. Follow us on [Facebook](#), [Instagram](#) and [X](#).

ALLEGHANY HEALTH

In today's rapidly changing healthcare environment, the new model for high quality, sustainable local healthcare delivery in rural communities, like Alleghany Health in Sparta, means collaboration among major medical centers and regional hospitals.

We are proud that our hospital is an affiliate of Atrium Health Wake Forest Baptist, a nationally prominent academic medical center, and Hugh Chatham Health, a regional acute care hospital with a network of exceptional physician clinics.

In addition to our full complement of inpatient and outpatient hospital services, including a 24-hour physician-staffed emergency department, our partners bring access to outstanding providers, specialty services, "state-of-the-science" clinical equipment such as digital mammography right here in Sparta, North Carolina. Our specialty services are housed in a new medical office building on the Alleghany Health campus and include cardiology, ENT, gastroenterology, hematology/oncology, orthopedics, podiatry, pulmonary and sleep studies, general surgery and urology.

When you are looking for top-quality healthcare close to home, Alleghany Health is here for you.



Critical Access Hospital



Rural Health



Emergency Care

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the [Patient Protection and Affordable Care Act \(ACA\)](#), to demonstrate that a hospital is committed to promoting health.

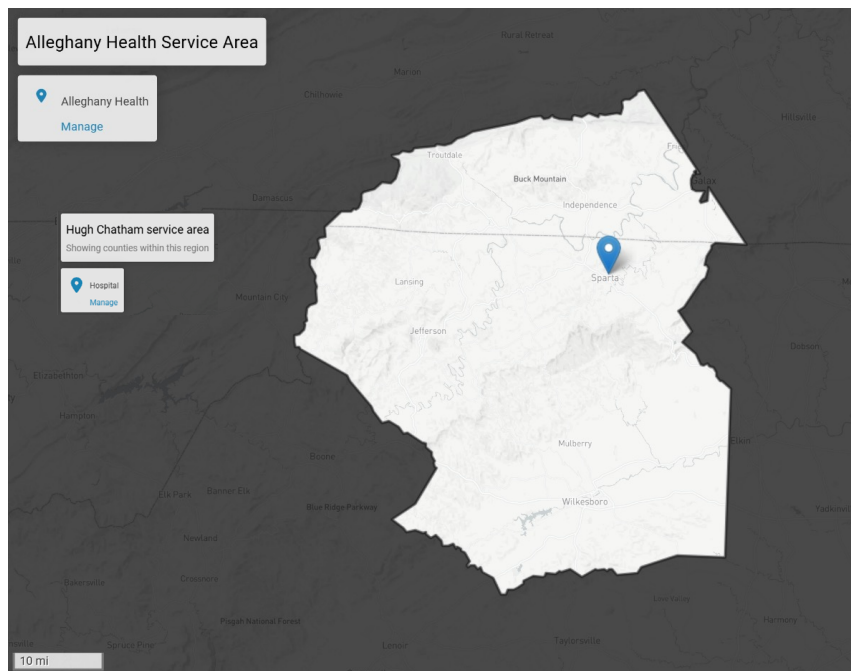
A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, "community" is defined as Alleghany, Ashe, Wilkes, and Grayson counties. Greater than 90% of the Alleghany Health inpatient population resides within these four counties.

As a Critical Access Hospital, Alleghany Health serves a geographic area that includes the towns and cities of Sparta, West Jefferson, North Wilkesboro, Wilkesboro, and Independence, VA, along with surrounding rural areas. Alleghany Health, located in Sparta, North Carolina, is characterized by its rolling hills, steep ridges, and scenic valleys. This terrain, part of the Blue Ridge Mountain range, contributes to both the beauty and isolation of the region. Alleghany Health's location in Sparta positions it as a vital healthcare provider for residents of Alleghany County and neighboring rural communities. Its geographic setting underscores the importance of accessible, high-quality care close to home.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.



Patient Service Area Data Estimates

Population

66,013

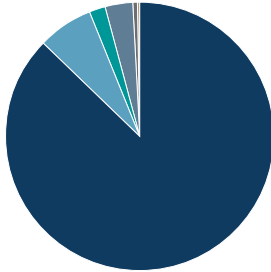
The population has decreased by 3.7% between the 2010 and 2020 decennial census.

Gender
49.6% Male
50.4% Female

Median Age
45.9

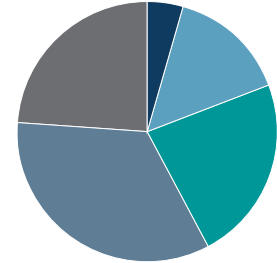
Race/Ethnicity

Non-Hispanic White 87.3%
Hispanic or Latino 6.9%
Two or more races 1.98%
NH Black 3.1%
Asian 0.6%
Native American 0.2%



Population by Age Group

Infants 0-4 4.5%
Juveniles 5-17 14.8%
Young Adults 18-39 22.8%
Middle-Age 40-64 33.9%
Seniors 65+ 23.6%



Primary language at Home, other than English

4.5% Spanish
0.4% Asian Languages



Education

Individuals with a high school degree



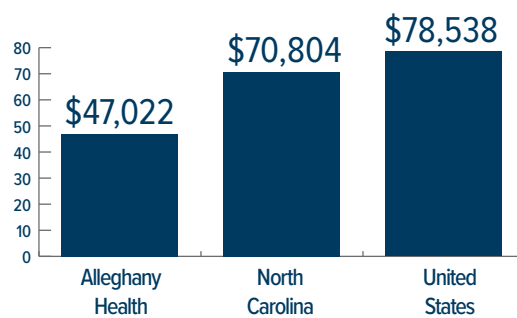
83.1% Alleghany Health PSA
90.6% North Carolina
89.8% United States

Individuals with a bachelor's degree or higher



18.7% Alleghany Health PSA
36.8% North Carolina
36.2% United States

Median Household Income



Household/Family



4.1% Single Parent Families
22.2% Seniors Living Alone

Population Living Below Poverty Level

16.7% Alleghany Health PSA
13.2% North Carolina
12.4% United States

Employment

Unemployment rate

4.9% Alleghany Health PSA
4.8% North Carolina
5.2% United States



Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Social Drivers of Health can also cause **health differences** between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough—we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

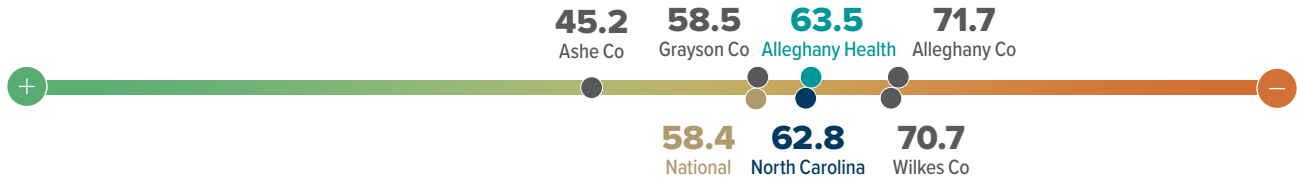
To better understand these factors and identify health inequities in a community, Advocate Health has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of four important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. This approach allows health improvement efforts to be focused where they are most needed.

Social Vulnerability Index (SVI)

The SVI shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status. Scores range from 0 (least vulnerable) to 100 (most vulnerable). (Source: Metopio, CDC, 2022)

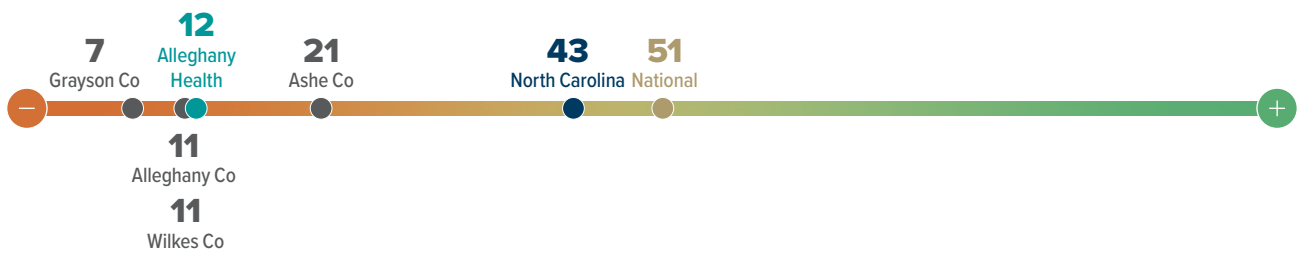
The SVI for the Allegheny Health service area is higher than the state and national averages, indicating a lower community resilience and availability of resources. The service area also has significant differences in the region with Allegheny at 71.7 and Ashe at 45.2.



Childhood Opportunity Index

The COI measures how well neighborhoods support children’s healthy growth. Scores range from Very Low (1–19) to Very High (80–100). (Source: Metopio, Diversitydatakids.org, 2017–2021)

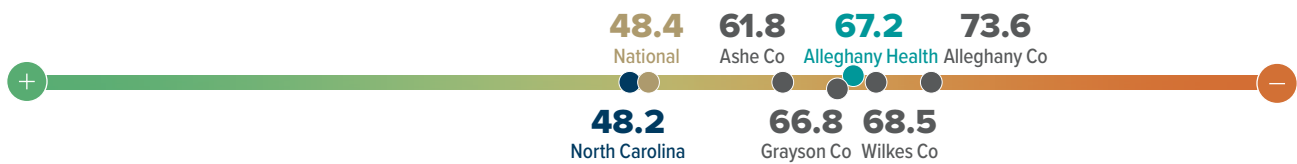
The COI for Allegheny Health service area is lower than the state and national average. The data suggests that children in the area face limited access to key resources that support healthy development, such as quality education, safe housing, and economic stability. Most of the service area would be considered Very Low on the COI range, with Grayson at 7.



Hardship Index

This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. (Source: Metopio, U.S. Census Bureau, ACS, 2018–2022)

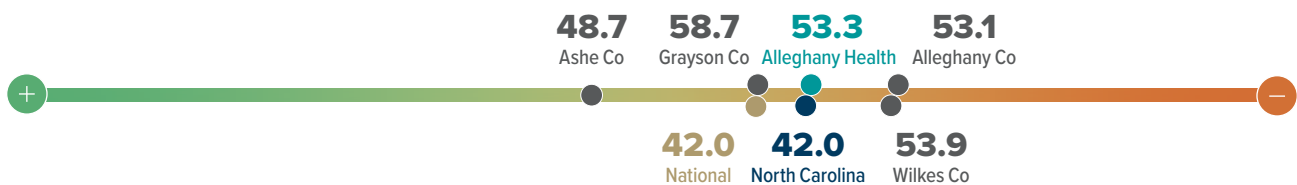
The Hardship Index reveals significant disparities within the Allegheny Health service, indicating a higher level of hardship compared to the state and national average. Allegheny County has a hardship index of 73.6, significantly higher index than the rest of the service area.



ALICE Index

ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percent of working households that earn above the poverty line but still can’t afford basic needs like housing, food, and child care.

The data suggests that the Allegheny Health service area has a higher proportion of households facing financial hardship than the state and the country.



How the CHNA Was Conducted

Purpose and Process

Every three years, Alleghany Health along with the Central Carolina Community Collaborative conducts a Community Health Needs Assessment (CHNA) across Central North Carolina. The CHNA serves as the foundation from which the hospitals and local health departments develop their respective community health improvement strategies. These findings are also intended to inform a broader audience – community health centers, government health agencies, public health departments, philanthropists, community-based organizations, and civic leaders - about the top health issues facing our community.

Partnership: The Central Carolina Community Collaborative

The Central Carolina Community Collaborative launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment 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. We bring 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:

Health Systems



Public Health



Community Organizations



Regional CHNA Approach: This Community Health Needs Assessment was strengthened by the use of shared data resources and collaborative platforms that enhanced both the depth and accessibility of our analysis. We are especially grateful for the Central Carolina Community Collaborative’s support in leveraging the **Atlas** site—a regional data-sharing hub that promotes transparency and cross-sector alignment. [CCCC Atlas](#)

Additionally, the **Metopio** platform played a critical role in visualizing complex health and demographic data, enabling stakeholders to explore trends, disparities, and community assets in an interactive and user-friendly format. These tools not only informed our findings but also empowered partners and residents to engage with data in meaningful ways, fostering a more informed and connected approach to community health improvement.

Data Sources, Collection and Analysis



Community Surveys

To engage the Alleghany Health community, a brief survey was distributed from February through April 2025 to residents and promoted via social media, websites, community partners and local events and engagement. The survey aimed to identify obstacles to ideal health and opportunities for improvement, resulting in nearly 7,500 surveys taken throughout the Central Carolina Community Collaborative footprint and 551 surveys locally. Convenience sampling was used for this survey, and participants were selected based on ease of access or availability. The data was then analyzed and compiled to understand the needs of the community.



County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive. *(County Health Rankings & Roadmaps, About Us, 2025)*



Secondary Data

Central Carolina Community Collaborative has a contract with Metopio to provide an internet-based data resource for their hospitals. 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. Data for each indicator is presented by race, ethnicity, and gender when the data is available *(Metopio: [https://public metopio.io](https://public.metopio.io))*. All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data.

Limitations of the Assessment

This report gives us a lot of helpful information about the health of people in the community. But it does not tell us everything. Some groups of people couldn't take part, like people without homes, people in jails, or people who don't speak English or Spanish, or Creole. Specifically, the survey respondents were more likely to be insured, to have a college education, to be Caucasian, and to be female than the general demographics of the counties served. These important demographic differences may have had a secondary effect of skewing other data such as access to care. Additionally, the surveys are based on self-reported data. It is generally expected that respondents tend to under-report health risk behaviors and to have a sense that their own health is better than that of the general population.

Also, even though the report talks about many health and social topics, it does not cover every sickness or health problem.

Summary of Findings

Overall Health Status

Overall, the health outcomes of Alleghany Health service area are slightly better than the average county in the state and the average county in the nation. (County Health Rankings and Roadmaps, 2025).

However, many disparities – or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021). Racism, both in systems and in personal interactions, is a key reason for these health inequities and the disparities in disease burden (CDC, 2024).

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Mortality

The leading causes of death in the Alleghany Health service area are:

All Ages:

Diseases of the heart

Cancer

Chronic lower respiratory diseases

Ages 0-19:

Suicide

Septicemia

Diseases of the heart

(North Carolina County Health Data Book 2025)

Note: These are the leading causes of death for Alleghany County only.

Life Expectancy

The average life expectancy among residents:

- Alleghany County: 77.3 years
- North Carolina: 75.9 years
- United States: 77.1 years

(County Health Rankings & Roadmaps, Alleghany, North Carolina).

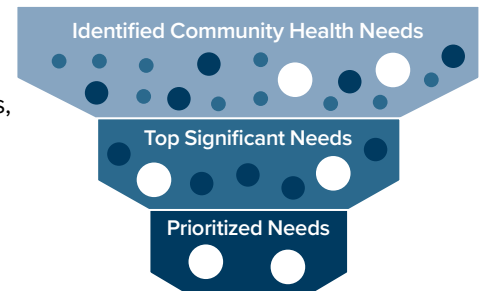
Identified Significant Needs

Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The health needs identified in this CHNA cover a variety of factors, including health outcomes, social drivers, and health behaviors, which are all closely connected.

Health outcomes are the measurable results of a community’s overall health, such as rates of chronic diseases, infant deaths, or life expectancy. These outcomes are greatly influenced by the **social drivers of health** like income, education, employment, and access to healthcare. These factors can either help or hurt a person’s ability to stay healthy. **Health behaviors**, like physical activity, diet, smoking, and substance use, also affect health outcomes. These behaviors are often shaped by the social environment, such as community norms, available resources, and socioeconomic status.

There are many health needs within a community, which can make it difficult to know where to focus efforts. This is why community input is so important during the CHNA process. It helps guide our organization and the broader community in prioritizing the most important issues to address. For a health need to be considered significant, it should reflect a pressing concern for the community, align with public health priorities, and be supported by data. Additionally, using secondary data helps identify the root causes of health disparities within the significant need, which allows us to develop targeted solutions to improve health outcomes.



Top Health Concerns in Patient Service Area

The following needs, listed below in alphabetical order, represent the significant health needs of the community based on the information gathered through the assessment process.

Areas of Opportunity Found Through the Assessment	
Access to Care	<ul style="list-style-type: none"> • Medical debt • Delayed Care • Preventable ED visit rate
Alcohol and Substance Use	<ul style="list-style-type: none"> • Alcohol-related mortality • Drug overdoses mortality • E-cigarette & smokeless tobacco use • Opioid-related, substance use, and alcohol use hospitalization rates and ED visit rates
Chronic Disease & Prevention	<ul style="list-style-type: none"> • Mortality rates higher than state and national rates for: <ul style="list-style-type: none"> • Alzheimer’s, cancer, chronic lower respiratory disease, COVID-19, diabetes, heart disease, and stroke • COVID-19 hospitalization rate & ED visit rate • Stroke, COPD, heart failure, & diabetes ED visit rates
Maternal & Child Health	<ul style="list-style-type: none"> • Infant mortality • Preterm births and Low birth weight • Post neonatal mortality • Teen pregnancy rate
Mental Health	<ul style="list-style-type: none"> • Unmet need of mental health care • Suicide mortality rate • Suicide leading cause of death in ages 0-19 • Mental health ED Visit rate • Suicide and self-injury ED visit rate • Behavioral health ED visit rate

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

Why is this important? Access to care means having the ability to obtain affordable, relevant health services and wellness programs that raise the quality of life for everyone. It includes local options for basic health care like screening and prevention services and having access to health care providers when urgent health care needs arise.

Significant Need Reasoning

Survey respondents in the Allegheny Health service area reported **lower satisfaction with healthcare** than those in North Carolina overall. This indicates a notable disparity in healthcare satisfaction.

Medical debt in the United States averages 5.0%, but this figure is significantly higher in North Carolina at 8.5%. The Allegheny Health Service Area reports the **highest medical debt at 10.4%**.

The data indicates that a significant portion of respondents delayed receiving care, with the highest rate observed in the Allegheny Health Service Area at 31.2%. North Carolina reported a slightly lower rate of 26.1%. This suggests a **notable regional disparity in healthcare access or patient behavior**.

Key Findings

- Allegheny Health service area has 25.3 Family medicine providers per capita (per 100,000 residents), falling below the state average of 30.8 and national average of 29.5.
- The uninsured rate for Allegheny Health is 11.5%, higher than the state and national averages.
- The preventable emergency department visit rate for Allegheny Health is 2,777.7 per 100,000 residents, which is higher than the North Carolina rate of 1,925.3.

Contributing Factors

Access to care is not equal for everyone because many people face barriers like lack of insurance, high costs, or limited coverage. Others live far from clinics or don't have reliable transportation. Long wait times, limited providers, and language challenges also make care harder for some people to get.

- Barriers & Challenges:
 - » Healthcare costs/insurance coverage
 - » Lack of transportation
 - » Provider availability
- Lack of transportation:
 - » Allegheny Health: 9.6%
 - » North Carolina: 9%

HIGHLIGHTED DISPARITIES



Uninsured Rates

11.5%	Full Population
18.6%	Hispanic or Latino
27.9%	Native American
49.4%	Pacific Islander/Native Hawaiian

Delayed Care

31.2%	Allegheny Health PSA
45.6%	Hispanic or Latino
61.0%	Asian
58.1%	Two or more races
66.4%	Other race

Primary Care Providers per capita (per 100,000 residents)

40.4	Allegheny Health PSA
83.9	North Carolina

Unintentional fall ED visit rate (per 100,000 residents)

3,462.3	Allegheny Health PSA
7,810.9	65 years+

Why is this important? Alcohol and substance use (including tobacco, illegal mood-altering drugs and misusing prescription drugs) contribute to preventable health issues and are linked to social and economic issues. Alcohol and substance use are also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

Significant Need Reasoning

Alcohol-related mortality rates vary significantly across different regions, with the **Allegheny Health Service Area experiencing the highest rate at 22.1 deaths per 100,000**. Nationally, the United States has an average rate of 12.8, while North Carolina's rate is slightly lower at 11.6.

The Allegheny Health service area has a high **drug overdose mortality rate of 28.6 deaths per 100,000**. While this rate is lower than the state average of 33.6 and the national average of 29.2, the data still highlights a significant impact of substance use in the area.

Key Findings

- Excessive drinking rates in the Allegheny Health Service are higher than both the state and national averages. Specifically, the area reports a rate of 20.1%, compared to North Carolina's 19.6% and the United States' 19.4%. This indicates a localized issue within the Allegheny Health Service Area that exceeds broader trends.
- Of survey respondents in Allegheny Health service area, 6.0% reported e-cigarettes use, compared to 5.1% in North Carolina.
- Allegheny Health service area has 3.6% of respondents who reported smokeless tobacco use, surpassing the rate of 1.3% in North Carolina.
- Hospitalization rates and emergency department visit rates for opioid-related concerns, substance use, and alcohol use for Allegheny Health are all higher than rates for North Carolina.

Contributing Factors

Treatment and support for drug and alcohol use are not easily accessible to all people, especially for populations that are experiencing low income or have limited resources within their community.

- Barriers & Challenges:
 - » Lack of culturally competent providers
 - » Cost of care
 - » Lack of awareness of services
 - » Stigma
 - » Concern for repercussions
 - » Lack of insurance

HIGHLIGHTED DISPARITIES

Alcohol-Related Mortality*	
Allegheny Health PSA	22.1
North Carolina	11.1
United States	12.8

Drug Overdose Mortality*	
Allegheny Health PSA	28.6
18-39 years	82.8
40-64 years	72.3



(*deaths per 100,000 residents)

Why is this important? Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease. [\(CDC, 2024\)](#)

Significant Need Reasoning

The United States has a high access to **exercise opportunities**, with a national average of 84.5%. However, North Carolina lags behind the national average, with a rate of 78.0%, and **Allegheny Health Service Area has the lowest access at 64.2%**. Secondary data shows that the Allegheny Health service area has **higher mortality rates than the state and national averages for Alzheimer’s, cancer, chronic lower respiratory disease, COVID-19, diabetes, heart disease, and stroke.**

Data on COVID-19, while not specifically a chronic disease, indicates a significant issue as the **COVID-19 hospitalization rate is 61.5 hospitalizations per 100,000** compared to 54.0 in North Carolina, and the COVID-19 emergency department visit rate is also higher than North Carolina’s at 731.0 per 100,000 compared to 464.5 in North Carolina.

Key Findings

- The obesity rate in the Allegheny Health Service Area is 36.0%, which is higher than both the state of North Carolina at 33.9% and the United States at 33.2%.
- The top three leading causes of death for Allegheny Health service area are heart disease, cancer, and chronic lower respiratory diseases. (County Health Rankings and Roadmaps, 2025)

Contributing Factors

Many chronic diseases can be prevented with healthy habits. But people with more money, education, and support tend to live longer and avoid these conditions. Without these resources, people often have worse health and shorter lives. For some, eating healthy or staying active is tough because of limited access to good food, busy schedules, or mental health struggles. Things like working multiple jobs or not having stable housing also make it harder to stay healthy. It’s important to understand that making healthy choices isn’t always easy – and it’s not equal for everyone.

- Barriers & Challenges:
 - » Lack of access to exercise opportunities
 - » Green space proximity
 - » Access to nutritional foods/food insecurity

HIGHLIGHTED DISPARITIES

Disease Mortality Rates <i>(Deaths per 100,000 residents)</i>	Allegheny Health PSA	North Carolina	United States	ED Visit Rates <i>(per 100,000 residents)</i>	Allegheny Health PSA	North Carolina
Alzheimer’s	63.9	35.4	30.0	COVID-19	731.0	464.5
Cancer	275.1	150.7	144.1	Stroke	154.8	89.7
Chronic Lower Respiratory Disease	103.7	37.9	33.4	COPD	551.1	434.4
COVID 19	31.8	13.5	11.9	Heart Failure	175.4	125.7
Diabetes	51.9	27.1	23.6	Diabetes	354.4	273.7
Heart Disease	320.6	161.2	162.1			
Stroke	84.0	47.6	39.0			

Why is this important? Maternal and child health focuses on the health and well-being of women during pregnancy, childbirth, and the postpartum period, as well as the health of infants and children. It encompasses access to quality prenatal care, safe delivery services, and early childhood health interventions to reduce disparities and improve long-term outcomes for families.

Significant Need Reasoning

Preterm births at 11.4% are higher in Allegheny Health service area than both the state and United States overall.

The **post-neonatal mortality rate** for the Allegheny Health service area is 3.1 deaths per 1,000 live births, higher than the state average of 2.3.

One of top 3 leading causes of death in Allegheny County for ages 0-19 is conditions originating in the perinatal period. (*County Health Rankings and Roadmaps, 2025*)

Key Findings

- The infant mortality rate in North Carolina is 6.7 deaths per 1,000 live births. While Allegheny Health’s infant mortality rate is lower than the state average at 6.4, it is higher than the national average of 5.5.
- There are 22.4 pregnancies per 1,000 female teens in the Allegheny Health service area, nearly double the teen pregnancy rate of 11.8 for North Carolina.
- Of live births in the Allegheny Health service area 1.6% have a very low birth weight, higher than the national average of 1.4%.

Contributing Factors

- Barriers & Challenges:
 - » Teen pregnancies
 - » Pre-term births
 - » Access to specialized care
 - » Health insurance/costs
- Preterm births:
 - » Allegheny Health Service Area: 11.8%
 - » North Carolina: 10.8%
 - » United States: 10.3%

HIGHLIGHTED DISPARITIES

	Low birth weight	Post neonatal mortality rate
Allegheny Health PSA	9.3%	3.1%
Non-Hispanic White	9.5%	3.0%
Non-Hispanic Black	13.4%	4.9%



Why is this important? Mental health includes our emotional, psychological, and social well-being. Mental health influences how we manage stress, build relationships, make decisions, and engage with all areas of our lives. Mental health is not just the absence of a mental health condition but also the ability to thrive. (CDC, 2025)

Significant Need Reasoning

Mental health providers per capita (per 100,000 residents) in the United States is 689.6, with North Carolina having a slightly lower rate of 632.3. The Allegheny Health Service Area has a significantly lower rate of 293.6, indicating a potential **shortage of mental health providers in the area.**

Suicide mortality in the Allegheny Health Service Area is **significantly higher than the state average** for North Carolina.

Allegheny Health has a **mental health emergency department visit rate** of 1,040.2 visits per 100,000 residents, compared to 901.6 in North Carolina.

Key Findings

- Of survey respondents in the Allegheny Health service area, 40.5% reported needing but not receiving mental health treatment. This percentage is higher than North Carolina's rate of 35.7%, indicating an unmet need in the service area.
- 19.4% of adults in the Allegheny Health service area self-reported poor mental health, compared to 16.5% in North Carolina and 17.4% in United States.
- The suicide and self-injury emergency department visit rate in Allegheny Health service area is 105.5 visits per 100,000 residents, higher than the North Carolina rate of 70.8

Contributing Factors

- Barriers & Challenges
 - » Cost of care/lack of insurance coverage
 - » Privacy concern
 - » Lack of awareness of services
 - » Stigma
 - » Availability of providers

HIGHLIGHTED DISPARITIES

Mental Health ED Visits*

1,040.2	Allegheny Health PSA
1,038.4	North Carolina
2,642.2	United States

Survey respondents who needed but did not receive mental health treatment

40.5%	Allegheny Health PSA
42.7%	Two or more races
45.9%	Non-Hispanic Black
100%	Asian

Top leading cause of death in Allegheny County

All ages: heart disease
0-19: Suicide

Suicide and self-injury ED Visits*

105.5	Allegheny Health PSA
218.6	5-17 years
178.1	18-39 years



*visits per 100,000 residents

AREAS TO WATCH

We are closely monitoring emerging data indicators that may signal rising community concerns. While these issues have not yet reached priority status, continued tracking will help determine whether they warrant deeper analysis or targeted intervention in future assessments.



While 85.4% of survey respondents for the Alleghany Health service area reported feeling safe, the **rate of violent deaths** in the Alleghany Health service area is 26.3 per 100,000 residents. This rate is higher than the state average of 25.5. The data also shows that the Alleghany Health service area has a higher rate for the following age groups: 35-44 years, 45-64 years, and 65 and older.



16.9% of residents in the Alleghany Health service area experienced **food insecurity**. North Carolina and the United States have slightly lower rates, at 15.0% and 14.5% respectively.



Disaster preparedness was asked for the first time in the survey and discovered that about 22% of the service area *does not feel prepared at all or not very prepared* for a disaster.



As these reports are finalized, the region is experiencing an outbreak of measles. Ongoing surveillance will focus on disease spread and trends in vaccination uptake.

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

In August 2025, an ad hoc group of leaders from Alleghany Health prioritized significant needs based on the criteria below.



Using these criteria, Alleghany Health prioritized these significant health needs to address in the 2026-2028 implementation strategy:



Access to Care



**Behavioral Health:
mental health and substance use**



**Chronic Disease and
Prevention**

HEALTH NEEDS NOT SELECTED

Maternal and Child Health

Maternal and Child Health remains a significant concern in the Alleghany Health Service Area, with indicators such as prenatal care access, infant mortality, and maternal health disparities highlighting ongoing challenges. Despite its importance, this area was not selected as a top priority for the current CHNA cycle due to the presence of other pressing health needs that align more closely with available resources and community readiness. However, Alleghany Health remains committed to supporting regional efforts and partnerships that address maternal and child health through collaborative initiatives.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Allegheny Health Board, the authorizing body of the hospital. The board approved the report on 2.17.26.

VEHICLE FOR 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 using the email below. Feedback will be reviewed and considered in future planning efforts.

Please send an email to us at: CHNA@advocatehealth.org

This report can be viewed online at Atrium Health Wake Forest Baptist's Community Health Needs Assessment Report webpage via the following link:

[Needs Assessments and Implementation Reports | Atrium Health Wake Forest Baptist](#)

A copy of this report may also be requested by contacting the hospital's Community Health Department.



EVALUATION OF IMPACT FROM PREVIOUS CHNA

Priority 1: Access to Care

- Alleghany Health has placed a large focus on the expansion of the ambulatory service line offerings; to promote health and wellness and provide access to high quality healthcare in a setting other than the emergency department. Allowing patients to receive appropriate care in the appropriate location. Ensuring our service line offerings align with the chronic diseases that affect the service area supported. Specialty services of Cardiology, Hematology/Oncology, and Pulmonology continue to remain a focus for the patients we serve.
- Additional service lines offered by Alleghany Health include:
 - » Urgent Care expansion of hours; providing over 5,000 Urgent Care visits annually. Allowing patients an additional option for care to be received.
 - » General Surgery services provide over 1,000 clinic visits annually with supporting surgical intervention, allowing patients to receive services “close to home”.
 - » The Podiatry service line provides over 2,200 clinic visits annually, with surgical intervention as needed.
- Alleghany Health has placed a large focus on the availability of patient portal access for the patients we serve. This focus has resulted in 49.3% of the patients we serve gaining access to their EHR (Electronic Health Record), allowing 24/7 communication with their provider.

Priority 2: Access to Preventive Care

- Alleghany Health continues to increase access to service line offerings that support the health and wellbeing of the community members we serve, through the lifespan:
 - » Providing over 37,000 patient visits across Family Medicine, Internal Medicine, Specialty, and Urgent Care service lines
 - » Placing focus on Annual Wellness Visits, Medicare Wellness, and Well Child Check preventative care
- Alleghany Health placed a large focus on transitioning from 2D to 3D Mammography, providing the “gold standard” for mammography services for patients served.
- Alleghany Health, in partnership with Blue Ridge Energy, provided over 300 athletic screenings to rising 5th through 11th graders, providing an EKG for all students who have never received one, to provide a baseline for all student athletes.

Priority 3: Prescription Drug Abuse.

- Alleghany Health’s utilization of the Prescription Drug Monitoring Program (PDMP) has increased by 25% across the system from 2024 to 2025, allowing providers who are prescribing to monitor drug use patterns, identify patients at risk of drug abuse or overdose, inform providers about patients’ prescription histories, and prevent drug diversion and fraud. This supports our initiative to reduce prescription drug misuse.
- Alleghany Health continues to coordinate mental health care with Daymark Recovery Services within our Emergency Department. This support is imperative for the patients we serve, to ensure patients receive the mental health care and support they deserve.
- Alleghany Health’s collaboration with the Alleghany Wellness Coalition has provided visibility of services provided across multiple agencies throughout Alleghany County, while supporting community events and informational sessions.
- Alleghany Health in collaboration with AppHealthCare has provided 24/7 access to Narcan at the entrance to Alleghany Health’s Emergency Room. A total of 275 doses of Narcan have been removed from the Narcan vending machine since installation. This partnership was initiated to support drug overdose reversal, for the patients served within the service area.

APPENDICES

Appendix 1: Central Carolina Community Collaborative Survey

To view the Alleghany Health Community Health Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, visit: <https://cccc.metop.io/community-health-reports-and-plans>

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, please visit please visit the Atrium Health Community Resource Hub: <https://www.atriumhealthcommunityresourcehub.org>

Access to Care/Chronic Disease and Prevention

Organization	Website	Contact
Alleghany Health	www.alleghanyhealth.org	(336) 372-5511
Hugh Chatham Health	www.hughchatham.org	(336-527-7000
Atrium Health Wake Forest Baptist/Wilkes Medical Center	www.wakehealth.edu	336-651-8100
AppHealthCare	https://apphealthcare.com	336-372-5641

Alcohol & Substance Use

Organization	Website	Contact
Daymark Recovery Services-Alleghany Center	https://daymarkrecovery.org	336-786-4075
QuitlineNC	https://quitlinenc.dph.ncdhhs.gov	1-800-QUIT-NOW

Maternal & Infant Health

Organization	Website	Contact
Hugh Chatham Health	https://hughchatham.org	336-527-7000
Atrium Health Wake Forest Baptist Wilkes Medical Center	https://atriumhealth.org	336-651-8100
Alleghany County Social Services	https://alleghanycounty-nc.gov	336-372-2411
AppHealthCare	https://apphealthcare.com	336-372-5641

Mental Health, Suicide Prevention

Organization	Website	Contact
Daymark Recovery Services-Alleghany Center	https://daymarkrecovery.org	336-372-4095
988 Suicide and Crisis Lifeline	https://988lifeline.org	Call or Text 988
Alleghany County Social Services	https://alleghanycounty-nc.gov	336-372-2411

Appendix 3: Sources

American Community Survey (ACS), 2019-2023. Retrieved from <https://www.census.gov/programs-surveys/acs/>

Area Health Resources Files (AHRF), 2023. Retrieved from <https://data.hrsa.gov/topics/health-workforce/ahrf>

Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from <https://www.cdc.gov/brfss/>

Central Carolina Community Collaborative (CCCC) Community Health Needs Survey

County Health Rankings, 2024. Retrieved from <https://www.countyhealthrankings.org/>

Debt in America, Urban Institute, 2025. Retrieved from <https://datacatalog.urban.org/dataset/debt-america-2025>

Map the Meal Gap, Feeding America, 2023. Retrieved from <https://www.feedingamerica.org/research/map-the-meal-gap>

Maternal and Child Health Bureau (MCHB), 2020-2022. Retrieved from <https://mchb.hrsa.gov/>

Motor Vehicle Traffic Injury Data, 2019-2023. Retrieved from <https://injuryfreenc.dph.ncdhhs.gov/>

National Provider Identifier Files (NPI), 2025. Retrieved from <https://npiregistry.cms.hhs.gov/>

National Substance Use and Mental Health Services Survey (N-SUMHSS), 2024. Retrieved from <https://www.samhsa.gov/data/>

National Vital Statistics System-Mortality (NVSS-M), 2019-2023. Retrieved from <https://www.cdc.gov/nchs/nvss/deaths.htm>

National Vital Statistics System-Nativity (NVSS-N), 2023. Retrieved from <https://www.cdc.gov/nchs/nvss/births.htm>

North Carolina All Payer Claims Dataset, 2020-2024. Retrieved from North Carolina Hospital Association

North Carolina Reported Pregnancies, 2023. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

North Carolina State Center for Health Statistics County Health Data Books. 2023, Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/BirthIndicators-CHDB25/NorthCarolina.pdf>

North Carolina Violent Death Reporting System (NC-VDRS), 2019-2023. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>

North Carolina Vital Statistics, Volume 1: Population, Births, Deaths, Marriages, Divorces, 2018-2022. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

PLACES, 2022. Retrieved from <https://www.cdc.gov/places/>



Thank You

Phone

336.372-5511

Online

www.alleghanyhealth.org

Address

233 Doctors St.
Sparta, NC 28675