Atrium Health
Wake Forest Baptist



2025

Lexington Medical Center

Lexington Medical Center
Community Health Needs Assessment

250 Hospital Drive
Lexington, NC 27292

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.

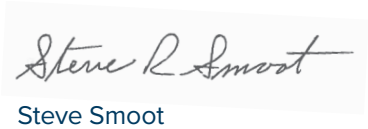
Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of a community. Here at Lexington Medical Center and across the communities we serve, we are working together with other health systems, health departments and community organizations, 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

Chad J. Brown DrPH, MBA/MHA, FACHE
President, South and West Areas
Advocate Health

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EXECUTIVE SUMMARY

Lexington Medical Center 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 Lexington Medical Center 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 838 respondents specifically from Davidson County.

Key Informants Interviews (primary data): Within the 2024 CHNA cycle, 18 key informant interviews were conducted by email with key leaders to identify the top social drivers of health and health conditions/behaviors in the community. These interviews were revisited and incorporated in the current CHNA cycle to build on previously identified insights.

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: Davidson County 2025 (secondary data): A compilation of data using county-level measures from a variety of national and state data sources.

In 2025, Lexington Medical Center 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, Lexington Medical Center evaluated the impact of the initiatives identified in its previous Community Health Implementation Strategy (CHIS).

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

- Access to Care
- Chronic Disease: Diabetes and Stroke

The 2025 CHNA was presented to the Lexington Medical Center Board, the authorizing body of the hospital. The board approved the report on 2.26.26.

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 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.

LEXINGTON MEDICAL CENTER

Atrium Health Wake Forest Baptist Lexington Medical Center has the resources of a nationally recognized academic medical center at its doorstep, enabling the facility to offer world-class health care here, close to home. Lexington Medical Center is a not-for-profit facility licensed with 94 acute care beds. The medical center's specialty services include orthopedic surgery, general surgery, ENT/head and neck surgery, stroke and cancer care. Our outpatient expertise includes digestive health services, a state-of-the-art rehabilitation department, a diagnostic imaging center and wound care center.

Cancer Care

Orthopedics

General Surgery

Physical Therapy

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 Davidson County. For the remainder of the report Atrium Health Wake Forest Baptist Lexington Medical Center will also be referenced as Lexington Medical Center.

Davidson County, North Carolina, located in the Piedmont region, features gently rolling hills and the ancient Uwharrie Mountains, with High Rock Lake and the Yadkin River adding scenic beauty and recreational opportunities. Its largest cities are Lexington, famous for its vinegar-based barbecue and Thomasville, known for its furniture-making heritage. The county's economy is driven by manufacturing, healthcare, retail, and tourism, supported by institutions like Davidson-Davie Community College. Davidson is also recognized for its business-friendly climate and rich history, including the first U.S. silver mine. Overall, it blends natural charm, cultural pride, and economic resilience.

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.

Note about the data:

- 1-year data is used where available for large counties (65,000+ residents) to provide the most recent and relevant data. This Davidson County report used 1-year data where available. Some stratification tables required a multi-year data set.
- Multi-year data is used for small counties (under 65,000 residents) to reduce short-term fluctuations and the margin of error.

Davidson County Data Estimates

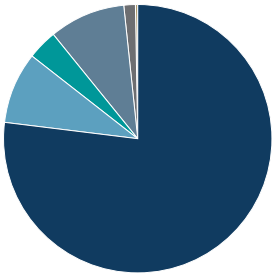
Population
174,804
The population increased approximately 3.7% between the 2010 and 2020 decennial census.

Gender
49.2% Male
50.8% Female

Median Age
42.4 years

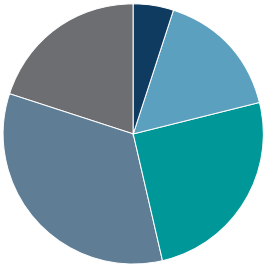
Race/Ethnicity

Non-Hispanic White	77.0%
Hispanic or Latino	8.6%
Two or more races	3.6%
NH Black	9.2%
Asian	1.5%
Native American	0.1%



Population by Age Group

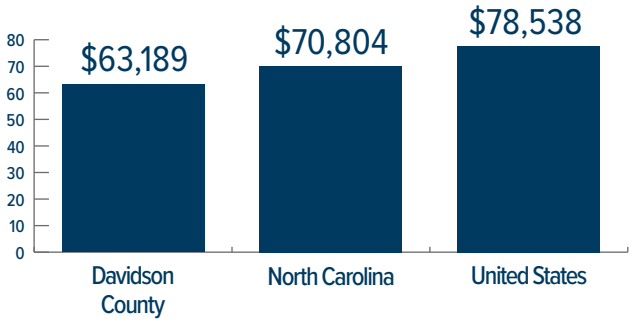
Infants 0-4	5.1%
Juveniles 5-17	16.3%
Young Adults 18-39	25.2%
Middle-Age 40-64	33.5%
Seniors 65+	20.0%



Primary language at Home, other than English

7.5% Spanish
1.4% Asian Languages

Median Household Income



Education

Individuals with a high school degree

89.0% Davidson County
90.6% North Carolina
89.8% United States

Individuals with a bachelor's degree or higher

22.9% Davidson County
36.8% North Carolina
36.2% United States

Population Living Below Poverty Level

15.1% Davidson County
13.2% North Carolina
12.4% United States

Household/Family

6.0% Single Parent Families
28.8% Seniors Living Alone

Employment

Unemployment rate

4.0% Davidson County
4.8% North Carolina
5.2% United States

Item to Note: At 14.8% Davidson County has a higher percentage of disabled residents compared to North Carolina at 13.6% and the United States at 13.5%. This highlights the need for specialized healthcare services and support programs for individuals with disabilities. Ensuring that these services are available and accessible is crucial for improving the quality of life for disabled residents and helping them to live independently.

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 Lexington Medical Center service area is lower than the state and national averages indicating a higher community resilience and availability of resources.

Childhood Opportunity Index

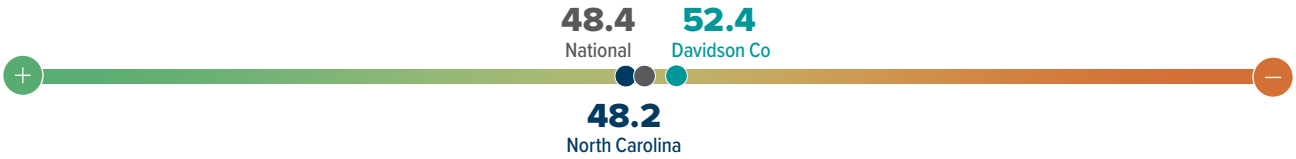
The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100). (Source: Metopio, Diversitydatakids.org, 2017–2021)

The Child Opportunity Index 3.0 for Davidson County, NC, shows a steady increase from 9 in 2013 to 21 in 2023. This upward trend is consistent with the broader state and national trends, indicating an overall improvement in child opportunity across the United States. The data highlights significant progress over the past decade, reflecting positive changes in various factors contributing to child well-being.

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)

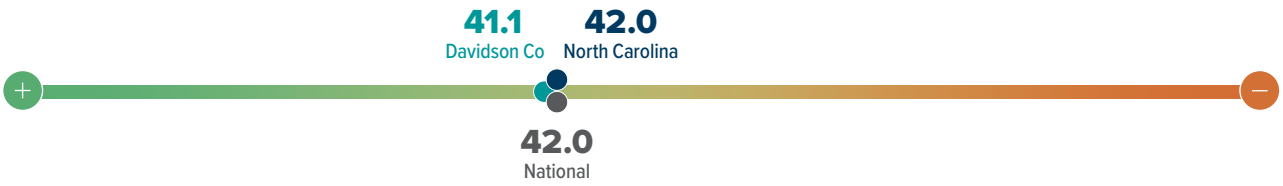
The Hardship Index for Davidson County, NC is 54.42, indicating a higher level of hardship compared to the national average of 48.44 and the state average of 48.21. This suggests that residents of Davidson County face greater economic and social challenges than those in the rest of the United States and North Carolina.



ALICE Index

ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percentage of working households that earn above the poverty line but still can't afford basic needs like housing, food, and childcare. The data presented is the percentage of households living below the ALICE threshold.

The data suggests that Davidson County has a similar proportion of households facing financial hardship than the state and the country.



How the CHNA Was Conducted

Purpose and Process

Every three years the CHNA serves as the foundation from which Lexington Medical Center 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. This 2025 cycle was conducted with the Central Carolina Community Collaborative.

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

Alleghany Health · Atrium Health · CaroMont Health · Hugh Chatham Health · Novant Health · Scotland Health Care System (Closer Care. Better by Far.)

Public Health

Cabarrus Health Alliance · Davidson County Health Department (Protecting, Caring, Serving Our County) · Davie County Health & Human Services · Forsyth County Department of Public Health (Promoting Health, Improving Lives) · Gaston County Public Health · Lincoln County North Carolina · Rowan County Public Health (Prevent. Promote. Protect. Be an original.) · Scotland County Health Department · Union County North Carolina · Wilkes Health

Community Organizations

DellaRe Consulting · UNC Gillings School of Global Public Health, North Carolina Institute for Public Health · United Way Davidson County · United Way of Lincoln County · United Way Rowan County United Way · Urban Institute Regional Data Trust

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 Davidson County community, a brief survey was distributed to residents from February to April 2025. It was promoted through social media, websites, local events, and community partners and offered in English, Spanish and Haitian Creole, with additional languages available upon request. 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 838 surveys in Davidson County. Convenience sampling was used for this survey, and participants were selected based on ease of access or availability. The data were then analyzed and compiled to understand the needs of the community.

Key Informant Interviews

To learn more specifics about the community needs, stakeholders and leaders who have broad knowledge of the health of the community were interviewed by email as part of this process. Participants were chosen because of their ability to identify the primary concerns of the populations with whom they work, as well as of the community overall and 18 participants completed the interviews. The interviews were conducted as part of the 2024 CHNA cycle and the data was incorporated as part of this 2025 cycle to ensure continuity in understanding the community's key health drivers.

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). 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 which were the languages supported by the survey. Respondents were also more likely to be insured, have a college education, be Caucasian and female. Through community collaboration and engagement our teams will be intentionally working with underrepresented populations to amplify the community voice in the implementation strategy phase of the work.

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 Davidson County are about the same as 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).

Before exploring the data on the specific health issues in the following sections, it is important to understand that a person's health is influenced by many factors beyond their control. It is not just about personal choice. In fact, nearly 70 percent of a community's health is shaped by things such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These social drivers of health include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

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 Davidson County are:

All Ages:

Cancer
Diseases of the heart
Other unintentional injuries

Ages 0-19:

Conditions in perinatal period
Motor vehicle injuries
Other unintentional injuries

(North Carolina County Health Data Book 2025)

Life Expectancy

The average life expectancy among residents:

- Davidson County: 73.3 years
- North Carolina: 75.9 years
- United States: 77.1 years
  (County Health Rankings & Roadmaps, Alleghany, North Carolina).

Overall, the service area has seen a decrease in life expectancy from 76.2 in 2015.

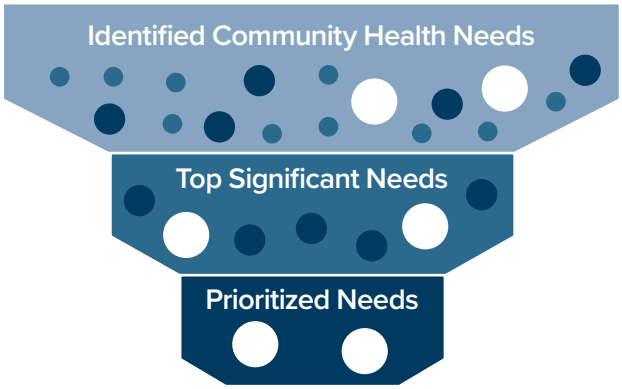
Identified Significant Needs

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 Davidson County

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	• Delayed care or did not get care • Medical debt
Alcohol and Substance Use	• Tobacco use and e-cigarettes • Drug overdose deaths • Drug overdose ED visits
Chronic Disease & Prevention	• Cancer and heart disease are leading causes of death • Diabetes deaths • Adult obesity and lack of exercise
Social Drivers of Health	• Food insecurity • Populations with families living in poverty
Mental Health	• Suicide mortality • Unmet mental health needs

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

Access to Care

SIGNIFICANT NEED

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

Those in Davidson County reported a lower satisfaction rate of 34% with healthcare. This indicates a significant variation compared to nearby county numbers as it relates to cost, access and availability of healthcare.

Secondary data shows a large gap in access to providers in Davidson County including primary care, dental, mental health and vision.

Key Findings

- Of adults surveyed, 31% reported that someone in their household delayed or did not receive needed health care in the past year.
- Medical debt in the United States averages 5.0%, with North Carolina experiencing a higher rate of 8.5%. Davidson County has an even higher medical debt rate of 11.3%.
- Family Medicine providers per capita (per 100,000 residents) – in Davidson County is 10.1 which is significantly lower than the state at 30.8.

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:
  - » Availability of services/providers
  - » Transportation
  - » People living in rural communities, with disabilities or language barriers
  - » Cost, Insurance
  - » Communication between healthcare services
- Lack of Primary care providers per capita
  - » Davidson County: 27.2%
  - » North Carolina: 83.9%
  - » United States: 90.8

HIGHLIGHTED DISPARITIES

Uninsured Rates	
Davidson County	8.9%
Hispanic or Latino	34.3%
Two or more races	26.5%

*(*providers per 100,000 residents)*

Preventable Hospital Stays*	
Davidson County	4,471
North Carolina	4,096

*(*per 100,000 Medicare beneficiaries)*

> Many primary care doctors are not accepting new patients. Then so many specialties are not local, travel is required no matter what.
>
> – Survey respondent, Davidson County

Alcohol and Substance Use

SIGNIFICANT NEED

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 has seen a general incline over the past two decades with a significant spike in 2021. However, the rate is gradually declining but still at a significant measure of 12.6 deaths per 100,000 people.

Secondary data shows Davidson County has a drug overdose rate of 58.4 (deaths per 100,000) people, a significantly higher rate than North Carolina at 41.

Key Findings

- Davidson County has a smoking rate of 17.4% compared to 14.8% in North Carolina and 13.1% in the United States. This indicates a significant public health concern in the county.
- Drug overdose deaths have significantly increased in the last 4 years from 29.2 deaths pers 100,000 to 58.4.
- The rate of overdose emergency department visits in North Carolina is 161.8 per 100,000 people. Davidson County has a notably higher rate of 228.3, indicating a significant local impact.

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:
  - » Increasing drug use
  - » Treatment options
  - » Availability and cost
  - » Mental Health
  - » Local drinking culture/social norms
  - » Increase of vaping

HIGHLIGHTED DISPARITIES

Rate of illicit opioid overdose deaths	
Davidson County	79.4%
North Carolina	76.6%

Drug overdose mortality*	
Davidson County	58.4
North Carolina	41.0

*(*deaths per 100,000 residents)*

Chronic Disease and Prevention

SIGNIFICANT NEED

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.

Significant Need Reasoning

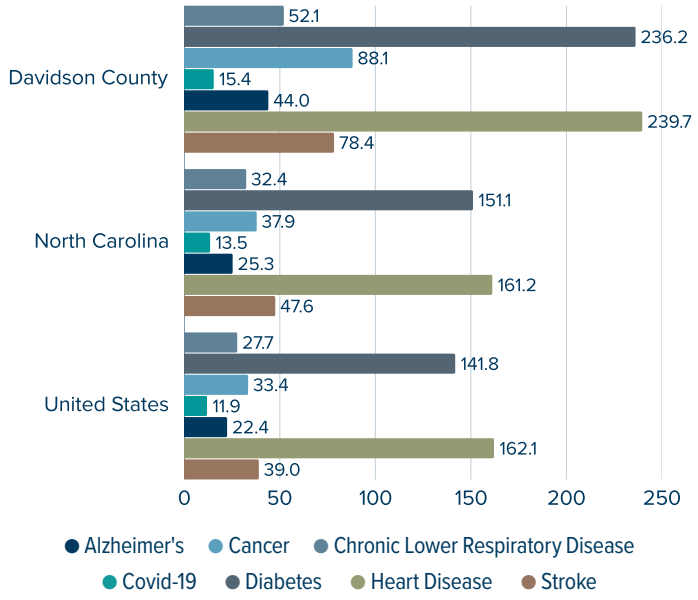
Access to exercise opportunities in the United States is relatively high at 84.45%. However, North Carolina lags the national average with 78% and Davidson County has an even lower access rate of 64.3%.

Secondary data shows that Davidson County has notably higher rates of heart disease deaths, Covid 19 deaths and stroke deaths particularly among the non-Hispanic white population.

Key Findings

- Within the top three leading causes of death two are chronic diseases: heart disease and cancer.
- Cancer deaths per 100,000 residents have significantly increased in the last 4 years after steady declines in the last 20 years. The rate has increased from 175.7 to 263.2.

Disease Mortality*



Contributing Factors

Many chronic diseases can be prevented with healthy habits. 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.

- Adult Obesity
  - » Davidson County: 34.5%
  - » North Carolina: 33.9%
- Food Insecurity (Households with limited or uncertain access to adequate food)
  - » Davidson County: 15.6%
    - ◦ Non-Hispanic Black residents: 26%
    - ◦ Hispanic or Latino residents: 23%
  - » North Carolina: 15.0%
- Adults With No Exercise:
  - » Davidson County: 23.1%
  - » North Carolina: 22.6%

HIGHLIGHTED DISPARITIES

Heart Disease Mortality*

239.7 Davidson County
187.3 Non-Hispanic White
280.63 Non-Hispanic Black

Diabetes Mortality*

44.0 Davidson County
56.2 Non Hispanic Black

*(*per 100,000 residents)*

Social Drivers of Health

SIGNIFICANT NEED

Why is this important? Economic stability and reliable transportation enable access to medical care, nutritious food, safe housing and employment – all of which directly influence physical and mental well-being. Without these resources, individuals often delay care, experience higher rates of chronic illness, and face greater health disparities. Together they shape the foundation for equitable and sustainable health outcomes.

Significant Need Reasoning

Economic stability, including food insecurity rates, vary significantly. In Davidson County, non-Hispanic Black individuals experience the highest rate at 26% followed by Hispanic or Latino individuals at 23% compared to statewide at 15%.

Secondary data shows that the high school graduation rate among Hispanic or Latino residents is 64.6% compared to 89.8% as a full population.

Key Findings

- The rate of poor literacy and functional illiteracy in Davidson County is 22.6%, which is higher than the national average of 21.8% and North Carolina's average of 21.3%. This indicates a significant literacy challenge in this specific region.
- The percentage of households receiving food stamps (SNAP) in Davidson County is 13.4%, which is higher than the state average of 12.6% and the national average of 12.2%. This indicates a greater need for food assistance in the region.

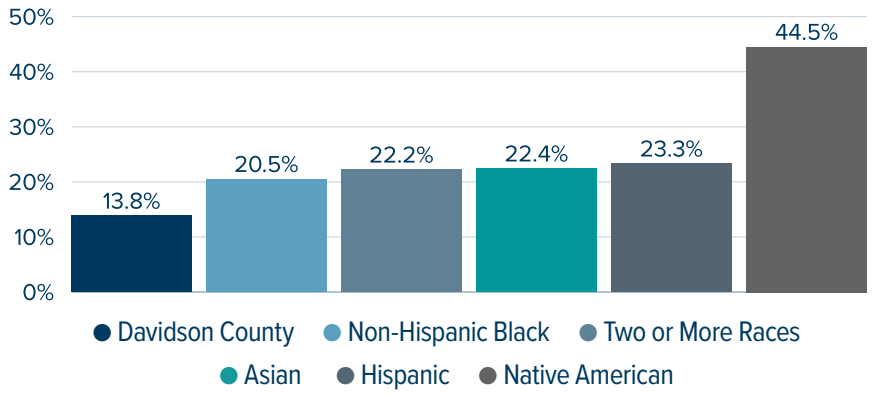
Contributing Factors

Having a job and access to a steady paycheck is connected to many benefits, as listed above. Transportation and Internet access is complicated as it ties back to resources including poverty, income and community infrastructure. While resources now become so focused on the Internet this becomes a significant gap in the community.

- Barriers & Challenges:
  - » Infrastructure deficiencies
  - » Low population density
  - » Funding challenges
  - » Program fragmentation among federal, state, and local services
  - » Not enough attention to the issue
  - » Lack of community support

HIGHLIGHTED DISPARITIES

People living in poverty (5 year average to see stratification)



Davidson County

9% Lack of Transportation

92.6% Internet Access

> If people within the community are in survival mode, access to healthcare will not be a priority.
>
> – Community Member, Survey Response

Mental Health

SIGNIFICANT NEED

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, mental conditions and suicide were ranked as a top health condition or behavior by survey respondents.

Secondary data shows the county and state as having significantly fewer or non-existent mental health treatment facilities.

Key Findings

- In the service area, 36.7% of respondents reported that they did not receive the mental health care needed. Asian respondents had the highest rate at 100% and Hispanic or Latino respondents at 48.9%.
- The percentage of adults that reported poor mental health in Davidson County is 17.5 compared to North Carolina's at 16.5 and the United States at 17.4. This has significantly increased by over 4.5 percentage points in all three areas since 2017.
- Davidson County has far fewer mental health providers per capita (261.3) than the state (632.3) and the U.S. (689.6), which may lead to less access to mental health services for community members.

Contributing Factors

Many things affect a person's mental health - like genetics, stress, sleep, diet, trauma, and economic challenges. Since these factors vary for everyone, each person's experience with mental health is unique. While there are programs and services that support mental health and build resilience and recovery, not everyone has the same access to them.

- Barriers & Challenges
  - » Coping skills
  - » Access/transportation to treatment
  - » Social isolation
  - » Lack of youth therapy
  - » Stigma of embarrassment
  - » Not understanding services
  - » Long waits, availability of services
  - » Lack of providers
  - » Cost of services
  - » Underlying substance use
  - » Accountability taking medication

HIGHLIGHTED DISPARITIES

Suicide Mortality*

18.9 Davidson County
15.7 North Carolina
14.0 United States

*(*per 100,000 residents)*

Depression (adults)

24.9% Davidson County
23.1% North Carolina
22.5% United States

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.

The motor vehicle injury hospitalization rate in Davidson County is 86.2 (per 100,000 people). Significantly higher than the state average of 68.5. This indicates a concerning trend in Davidson County, suggesting a need for targeted interventions to improve road safety and reduce motor vehicle injuries.

Infant mortality disparities are significant among the service area with 7.0 (infant deaths per 1,000) for the full population but 8.9 for Non-Hispanic Black patients, 9.1 For Hispanic or Latino patients, 24.4 for Native American patients and 19.8 for two or more races patients.

Disaster preparedness was asked for the first time in the survey and it was discovered that just over 28% 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 Lexington Medical Center prioritized significant needs based on the criteria below.

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

Significant Health Needs Selected

Using these criteria, Lexington Medical Center prioritized the significant health needs to address in the 2025-2027 implementation strategy:

Access to Care

Chronic Disease: Diabetes and Stroke

HEALTH NEEDS NOT SELECTED

Alcohol & Substance Use

While this remains a significant concern in the community, this cycle will focus on other critical issues identified. Partnerships with local agencies that specialize in this work will also be prioritized. Lexington Medical Center, however, is committed to supporting this work through access to care and will continue to expand the Naloxone distribution work.

Social Drivers of Health

This is a larger systemic issue that requires a community-wide, collective response. Lexington Medical Center will support efforts within the community as needed, especially in housing, transportation and food insecurity efforts. Additionally, providers will refer to community resources for identified needs of individual patients in our healthcare facilities.

Mental Health

At Lexington Medical Center, we address these conditions every day through our clinical services, including screenings and education. We are focused on strong referral networks and partnering with agencies for education and support. We recognize the need for more providers and facilities focused on mental health and continue to advocate for these services.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Lexington Medical Center Board, the authorizing body of the hospital. The board approved the report on 2.26.26.

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

*Note: Because this report is a back-to-back cycle to align with the Central Carolina Community Collaborative, the numbers are for ten months as of October 2025.

Priority 1: Access to Care: Naloxone Distribution

The distribution of Narcan Home Kits at Lexington Medical Center began during the summer of 2025. From July to October, 7 kits were dispensed in the Emergency Department.

Priority 2: Chronic Disease: Heart Disease and Stroke

Through the stroke program, 244 individuals received education and screenings for hypertension.

APPENDICES

Appendix 1: Central Carolina Community Collaborative Survey

To view the Lexington Medical Center Community Health Assessment report, which includes members of the collaborative, along with the full survey, 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	Address	Contact
Lexington Medical Center	250 Hospital Drive, Lexington, NC, 27292	336-248-5161
Thomasville Medical Center	207 Old Lexington Road, Thomasville, NC, 27360	336-472-2000
Kintegra Family Medicine	420 North Salisbury Street, Lexington, NC 27292	336-243-7475

Economic Stability/Social Drivers of Health

Organization	Website	Contact
DC Connect Inc.	302 West 2nd Street, Lexington, NC, 27292	336-243-3222
Pastor's Pantry	307 North State Street, Lexington, NC, 27292	336-249-8824
The Salvation Army of Davidson County	314 West 9th Avenue, Lexington, NC, 27292	336-481-7324

Alcohol and Substance Use

Organization	Website	Contact
Daymark Recovery Services	1104-A South Main Street, Lexington, NC, 27292	336-242-2450
Davidson County Health Department	915 Greensboro Street, Lexington, NC 27292	336-242-2300
Partners Behavioral Health Management		888-235-4673

Mental Health, Suicide Prevention

Organization	Website	Contact
CareNet Counseling	403 South Hawthorne Road, Winston-Salem, NC, 27103	336-716-0800
Family Services of Davidson County	1303 Greensboro Street Extension, Lexington, NC, 27295	336-249-0237
Partners Behavioral Health Management		888-235-4673

Appendix 3: Sources

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Area Health Resources Files (AHRF), 2022, 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/

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Opioid and Substance Use Dashboard, 2020, 2023. Retrieved from https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data

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

Youth Risk Behavior Surveillance System (YRBSS), 2023. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/

Atrium Health
Wake Forest Baptist

Thank You

Phone

336-248-5161

Online

www.wakehealth.edu

Address

250 Hospital Drive
Lexington, NC 27292