



# The Economic Impact of North Carolina's Hospitals

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Prepared by

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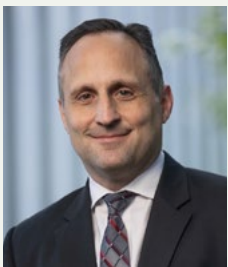
## A Note from the North Carolina Healthcare Association

North Carolina's health systems and hospitals are the backbone of both our healthcare delivery system and our state's economy. This report underscores the essential role they play — not only in providing high-quality, life-saving care, but in strengthening communities across the state.

In 2024 alone, hospitals and health systems supported more than **464,000 jobs** — nearly 7% of all employment in the state — and generated **\$52 billion** in economic impact. They invested **\$44 billion** in operations and workforce, contributed **\$2.8 billion** in state and local taxes, and provided more than **\$8.2 billion** in community benefits, including care for patients regardless of their ability to pay.

These numbers tell an important story, but they don't show the whole picture. Behind every statistic are dedicated professionals, innovative programs, and local partnerships working to improve health and expand access — especially in rural and underserved areas.

As policymakers consider the future of health care, this report offers a clear takeaway: hospitals are not only healthcare providers — they are economic engines and community anchors. Sustaining them is critical to ensuring a healthier, more prosperous North Carolina for generations to come.



Thank you,

**Josh Dobson**  
NCHA President and CEO

## The Economic Impact of North Carolina's Hospitals

### Introduction

This report, *The Economic Impact of North Carolina's Hospitals*, examines 133 hospital facilities across the state, representing more than 23,300 patient beds. North Carolina's healthcare systems range from large academic and university medical centers to smaller community hospitals that serve as vital local institutions. Together, these hospitals deliver a wide range of services, including acute care, rehabilitation, behavioral health, psychiatric care, and services for veterans. Many health systems also operate skilled nursing facilities, home healthcare programs, primary care and urgent care clinics, and freestanding emergency care facilities. Hospitals in North Carolina are operated as public or nonprofit organizations, as well as private companies.

Most health systems and hospitals in the state are members of the North Carolina Healthcare Association (NCHA). NCHA is a statewide advocacy organization that supports its members through leadership, education, and timely information, with a shared commitment to improving care for patients and communities (NCHA, 2026). Since 1918, NCHA has served as a trusted resource for health systems, hospitals, and stakeholders by providing insight on public health policy and advocating on behalf of its members to state and federal leaders (NCHA, 2026). NCHA promotes a future in which high-quality, equitable, and accessible health care is available to all North Carolinians.

Health care is one of the largest and most important industries in the United States. In 2024, national healthcare spending totaled \$5.3 trillion — about \$15,474 per person. Hospital care accounted for the largest share of this spending, representing 31 percent of total health expenditures, or \$4,792 per person. Overall, healthcare spending made up 18 percent of the nation's gross domestic product (CMS, 2025).

While hospitals' role in delivering care is widely recognized, their broader economic contributions to communities are less well understood. Beyond providing essential medical services, health systems and hospitals serve as powerful economic engines — employing a diverse workforce, supporting local businesses, and strengthening regional economies. NCHA commissioned this study to estimate the economic impacts and social contributions of health systems and hospitals across North Carolina and to inform public understanding as policymakers consider decisions that shape the future of health care in the state.

# North Carolina Hospitals By the Numbers

As presented in this report, in 2024<sup>1</sup> North Carolina health systems and hospitals:

- Spent approximately **\$44 billion** on staff and operating expenses. Forty-eight percent of this spending was on staff salaries and benefits for permanent employees and costs for contract workers. In addition to this, an additional **\$1.8 billion** was spent on construction of new healthcare facilities.
- Created **224,000 jobs** in North Carolina. The vast majority (216,000) were in hospitals. Health systems and hospitals were among the 10 largest employers in 95 of North Carolina's 100 counties and a top 3 employer in 49 counties (U.S. Bureau of Labor Statistics, 2024).
- Supported an **additional 240,000 jobs** in other industry sectors such as real estate, employment services, management services, restaurants, and food service. Altogether, **more than 464,000 jobs**, or 6.7% of all positions in the state, were supported by health system and hospital activities.
- Provided more than **\$8.24 billion** in community benefits, which included charity care, losses from Medicare and Medicaid, graduate medical education, donations, and services (HCRIS 2021–2024).
- **Paid \$2.8 billion in state and local taxes** to sustain crucial public services such as K–12 education, law enforcement, and social services. Although public hospitals pay less in sales-and-use taxes than private facilities, they still pay all employee taxes, such as Social Security, Medicare, and unemployment insurance, along with other forms of county and state taxation. In addition, health systems and hospitals pay state fees to offset costs for programs such as Medicaid. Each year, **\$165 million** of the annual assessments paid by health systems and hospitals are contributed to the State's General Fund.

1. Although 2021-2024 data were used, most data were from 2024. Results are presented using current, 2026 dollars.



## Purpose and Scope

NCHA engaged RTI International to provide a quantitative assessment of economic impacts for North Carolina as a whole and five subregions. This report describes and quantifies the jobs, wage income, total value added, and taxes that result from health system and hospital operations and the community benefits associated with reduced costs of care.

### 1. Report Methodology

RTI used IMPLAN, the leading input-output (I-O) modeled software in the United States, to conduct this analysis. I-O analysis is designed to assess the broader economic consequences of commercial activity, such as hospital operations. In this report, the economic impact analysis is structured as an economic benefits assessment of how the total annual expenditures of NCHA member health systems and hospitals ripple through North Carolina's economy. This spending generates wages for hospital employees and creates revenue, profits, and wages in the sectors that supply goods and services to health systems and hospitals. The analysis also captures associated employment impacts and increased household spending that result from activity across the hospital supply chain. RTI inputs hospital expenditure data into IMPLAN to estimate the total economic impact of NCHA health systems and hospitals.

RTI used data on hospitals from the 2021–2024 CMS Healthcare Cost Report Information System (HCRIS). HCRIS is a rich dataset that contains a wide variety of hospital-specific data points, including data on employment and payroll, operating expenditures, and capital expenditures. The model included four primary input variables:

- Operating expenditures for hospitals
- Employment at auxiliary facilities
- Capital expenditures
- Payroll

**Operating expenditures** consist of regularly incurred expenses necessary for day-to-day operations such as supplies, utilities, management services, and legal services. To calculate these expenditures, we took the HCRIS field “Total Operating Expenses” and

subtracted all salaries, employee benefits, and contract workers' expenses. The resulting value was modeling as intermediate expenditures in IMPLAN. In addition, we separated operating expenditures by public and private hospitals because public hospitals do not pay the same level of sales-and-use taxes as private facilities.

**Auxiliary Facilities** are facilities that are owned by NCHA-member health systems and hospitals but operate separately from the hospital itself. These facilities include the following:

- Offices of physicians
- Offices of other health practitioners
- Outpatient care centers
- Medical and diagnostic laboratories
- Home healthcare services
- Other ambulatory healthcare services
- Nursing and community care facilities

To model these operations, RTI pulled data from Dun & Bradstreet to identify businesses who were owned by hospitals and healthcare systems. Using this method, we identified 480 facilities. These records provided an estimated number of jobs associated with each facility. However, in 167 instances just one job was reported for the facility. This methodology underestimates the true employment for these facilities but provides a more accurate account of these businesses than previous methodology which spread hospital operations across these other types of facilities. This updated methodology attributes all reported hospital jobs to hospital activities and counts these independent businesses as additional jobs and economic activity.

**Capital expenditures** are long-term investments in durable medical equipment, construction of new buildings, and structural improvements to existing facilities. For this report, RTI used six different categories of capital from the HCRIS report:

- Land purchases
- Land improvements
- Construction of new facilities and fixtures
- Building improvements
- Fixed equipment
- Moveable equipment

A 4-year average of capital expenditures from 2021–2024 was created to represent a “typical” year’s capital expenditure by health systems and hospitals. Land purchases were adjusted to reflect the actual value of professional services associated with land sales such as realtor fees, inspections, and legal fees. For the 2026 analysis, construction impacts are treated separately from healthcare and hospital facility operations to clarify that, although funded by healthcare organizations, they are indirect to healthcare delivery.

**Payroll expenditures** include all wages, salaries, and benefits paid to hospital workers. In addition, hospitals also report expenses for contract workers. Contract workers’ expenses were included in payroll expenditures for modeling purposes.

To estimate missing data, RTI calculated per-bed operating costs for facilities in metropolitan, micropolitan, and non-metropolitan parts of North Carolina and used these per-bed costs to impute total spending on operating, capital, and payroll expenses for facilities that did not provide complete information.

## North Carolina Hospital Composition and Workforce

HCRIS contains information for 133 North Carolina hospitals. Approximately 67% of all hospitals are in metropolitan counties, and 50% of hospitals have between 50 and 199 beds (see Table 1).<sup>2</sup> The

average number of beds per hospital is 175. Hospitals in metropolitan and micropolitan counties tend to be larger, having an average of 197 and 184 beds, respectively, compared with an average of 58 beds for hospitals in nonmetropolitan counties.

**It takes people with a variety of skills to keep a hospital operational.** For every 1 physician in the hospital sector, there are 9.9 nurses; 4.1 office and administrative staff; 4.2 healthcare aides and assistants; 3.7 technologists, technicians, and emergency medical technicians (EMTs); 1.3 therapists; 1.3 management staff; 0.9 building and grounds staff; and 0.7 specialized care staff (U.S. Department of Labor, 2026).

In terms of employment, healthcare practitioners and technical occupations make up more than half of the total jobs in the hospital sector, followed by healthcare support occupations and office and administrative support occupations. Within this group, surgeons and physicians are the highest paid employees; they make approximately \$348,000 and \$235,000 a year, respectively. Hospitals also employ entry-level and lower-skilled workers for customer service, food service, healthcare support, office and administration, and grounds care (U.S. Department of Labor, 2026).

2. Metropolitan counties are defined by the U.S. Census Bureau as containing or adjacent to an urban area of at least 50,000 inhabitants. Micropolitan counties are those containing or adjacent to an urban area of at least 10,000 but less than 50,000 inhabitants. RTI designated counties not containing or adjacent to urban areas of the required population size as “nonmetropolitan” counties. A map of North Carolina county designations can be viewed here: [https://www2.census.gov/programs-surveys/metro-micro/reference-maps/2020/state-maps/37\\_NorthCarolina\\_2020.pdf](https://www2.census.gov/programs-surveys/metro-micro/reference-maps/2020/state-maps/37_NorthCarolina_2020.pdf)

**Table 1. Number of Hospitals by County Designation and Number of Beds**

Number of Beds	Nonmetropolitan	Micropolitan	Metropolitan	Total
0–49	9	2	25	36
50–199	9	19	39	67
200+	0	5	25	30
<b>Total</b>	<b>18</b>	<b>26</b>	<b>89</b>	<b>133</b>

Source: RTI International based on information from HCRIS and the U.S. Census Bureau.

**Table 2. Health System and Hospital Contributions to North Carolina’s Economy, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)
Direct	224,000	\$22,471	\$24,985
Indirect	126,000	\$8,747	\$13,262
Induced	114,000	\$6,968	\$13,897
<b>Total</b>	<b>464,000</b>	<b>\$38,186</b>	<b>\$52,144</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## Economic Contributions

IMPLAN provides three kinds of economic effects in the results:

**Direct effects:** These effects represent the economic activity occurring within health systems and hospitals in North Carolina. Examples include operating expenditures; payroll and benefits; and capital expenditures for property, facilities, and equipment.

**Indirect effects:** Also called supply chain effects, indirect effects capture the economic activity among businesses that supply goods and services to hospitals, businesses that supply those suppliers, and so forth.

**Induced effects:** Also referred to as household spending effects, induced effects result from employees whose wages are supported by health system and hospital expenditures, directly and indirectly, spending their wages in the local economy on food, transportation, housing, and other living expenses.

NCHA members’ annual operating expenditures, payroll, and capital investments produce these effects.

Three common measures of economic impact can be used to summarize the statewide economic effects of health systems and hospitals:

- **State GDP:** Provides an indicator of the labor, capital, and tax income generated from production activities. Also referred to as “value-added.” States use GDP to describe the overall size of specific industries and the economy as a whole.
- **Labor income:** Represents all forms of employee compensation, including wages and benefits.
- **Employment:** Consists of all full-time, part-time, and temporary positions. Jobs are reported as an annual average.

As depicted in Table 2 (above), the total economic impacts associated with health systems and hospitals were much greater than their initial spending. In 2024, health systems and hospitals spent approximately **\$44.4 billion on staff and operating expenses**. As this spending rippled through the economy, it generated additional jobs, wages, and value across numerous industries.

As noted above, gross domestic product (GDP) is the most common measure of the total value of final goods and services produced by an economy. RTI estimated that health system and hospital operations generated **\$52 billion in GDP impacts across North Carolina** — roughly 6% of the total value of goods and services produced by all industries in the state (IMPLAN, 2024). Industry sectors with the largest indirect and induced GDP impacts from health system and hospital spending were real estate, employment services, management

of companies, and banking. These impacts are shown in Table 3 (below).

Health systems and hospitals directly sustained 224,000 jobs in North Carolina. Most of these jobs were at hospitals (209,000) and doctors' offices (6,900). **Hospital sector jobs had average wages and benefits of \$96,400 per year**, which was higher than the IMPLAN statewide average for all jobs of \$84,000. In addition, health system and hospital construction supports more than 9,000 jobs in the building trades.

Through indirect business-to-business spending and induced household spending, an additional 240,000 jobs in other industry sectors were supported. Industries with the largest impacts are depicted in Table 3; leading sectors included real estate, employment services, and restaurants and food service. Together, **more than 463,800 jobs, or 6.7% of all positions in the state, were supported by health system and hospital operations in 2024.**

**Table 3. Leading Employment and State GDP Impacts by Sector, 2024**

IMPLAN Sector	Description	Direct	Indirect	Induced	Total	Average Employee Compensation (2024)
<b>Top Employment Impacts</b>						
1	Hospitals	209,000	2,000	5,000	216,000	\$96,442
2	Other real estate	0	19,000	4,000	23,000	\$83,678
3	Employment services	0	15,000	2,000	17,000	\$68,859
4	Full-service restaurants	0	6,000	6,000	12,000	\$30,366
5	Offices of physicians	7,000	0	4,000	11,000	\$123,970
6	Management consulting services	0	4,000	1,000	5,000	\$126,382
7	All other food and drinking places	0	2,000	3,000	5,000	\$37,765
8	Couriers and messengers	0	4,000	1,000	5,000	\$51,328
9	Management of companies	0	3,000	1,000	4,000	\$171,508
10	Office administrative services	0	4,000	1,000	4,000	\$122,249
<b>Top State GDP Impacts</b>						
1	Hospitals	\$23,629	\$285	\$627	\$24,542	\$96,442
2	Owner-occupied dwellings	\$-	\$-	\$2,410	\$2,410	NA
3	Other real estate	\$-	\$1,807	\$356	\$2,163	\$83,678
4	Offices of physicians	\$798	\$91	\$461	\$1,351	\$123,970
5	Employment services	\$-	\$1,056	\$135	\$1,192	\$68,859
6	Monetary authorities	\$-	\$535	\$478	\$1,013	\$160,756
7	Management of companies	\$-	\$559	\$190	\$749	\$171,508
8	Legal services	\$-	\$504	\$143	\$647	\$121,183
9	Full-service restaurants	\$-	\$329	\$323	\$651	\$30,366
10	Insurance carriers, except direct life	\$-	\$299	\$217	\$516	\$22,831

Note: The statewide average employee compensation is \$83,943. NA: the owner-occupied dwellings sector is one created by IMPLAN to account for the value of home ownership. This sector has no employment. Values are expressed in current dollars. Source: RTI analysis of HCRIS data, IMPLAN data year 2024

## Community Benefits

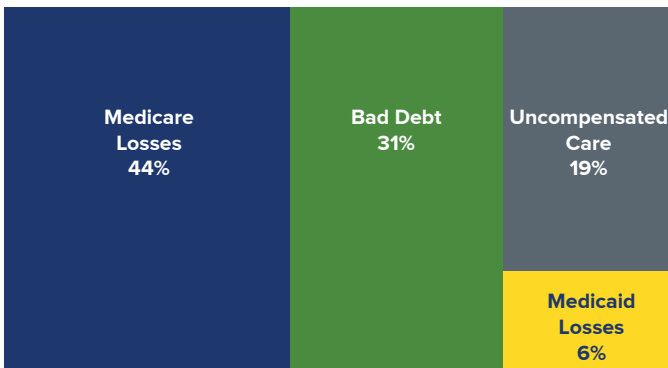
In 2024, North Carolina health systems and hospitals provided **\$8.5 billion of community benefits**.<sup>3</sup> Community benefits were from four major sources:

**Medicare losses:** Every hospital treats Medicare patients; most people aged 65 or older are covered by federal health insurance. Medicare losses reflect hospitals providing services to the Medicare population without getting full reimbursement.

**Uncompensated care:** This source comes from either free or discounted care for patients who qualify under the hospital's financial assistance policy.

**Bad debt:** Bad debt is compensation owed to the hospital accounts that remains unpaid after efforts to collect it are exhausted.

**Medicaid losses:** Medicaid is a joint federal-state program that provides health coverage to certain categories of needy individuals, including people with disabilities and low incomes. Medicaid losses reflect hospitals providing services to the Medicaid population without getting full reimbursement.



Source: NCHA, 2026.



## Taxes and Fees

Each year, North Carolina’s health systems and hospitals generate **\$2.8 billion in state and local tax revenue** through their operations, workforce, and suppliers. In addition, hospitals make significant contributions through intergovernmental transfers and assessments to fund essential Medicaid services and programs. These contributions reduce the need for the State to raise taxes on North Carolinians to cover these costs.

The Medicaid program is jointly funded by the federal government and states. North Carolina hospitals finance a portion of North Carolina’s share of funding for the North Carolina Medicaid program. As a component of these contributions, North Carolina hospitals pay a portion of the per-member per-month (capitation) payment rate to managed care organizations contracted with the state for health benefits and additional services provided to North Carolina’s Medicaid beneficiaries. Hospitals finance increased hospital rates to offset the Medicaid shortfall as payment rates are below the cost of delivering care.

North Carolina hospitals finance the nonfederal share of the Medicaid graduate medical education

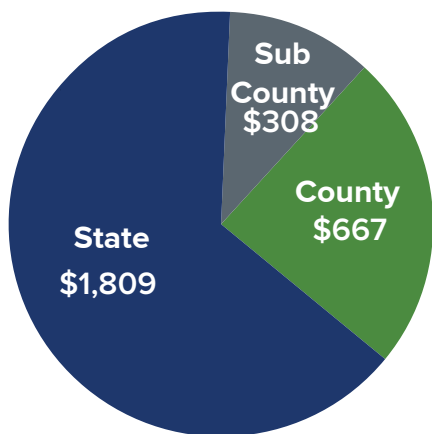
(GME) payments available to teaching hospitals that operate a Medicare-approved GME program. **Hospitals also contribute \$165 million annually to the State’s General Fund.** Since 2022, North Carolina hospitals have provided funding each year toward postpartum Medicaid coverage for eligible mothers.

Furthermore, since 2024, North Carolina health systems and hospitals have contributed funding towards home- and community-based services that provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than in institutions or other isolated settings.

In 2023, North Carolina passed landmark legislation to expand Medicaid coverage for people ages 19 through 64 with incomes up to 138% of the federal poverty line. North Carolina hospitals cover the state’s share of Medicaid expansion costs, with no additional cost to the state. More than 725,000 North Carolinians have gained access to affordable health care through Medicaid expansion as of April 2026.

Although these fees and assessments are not traditional taxes, they are another mechanism through which North Carolina reallocates health system and hospital resources to fund public health programs.

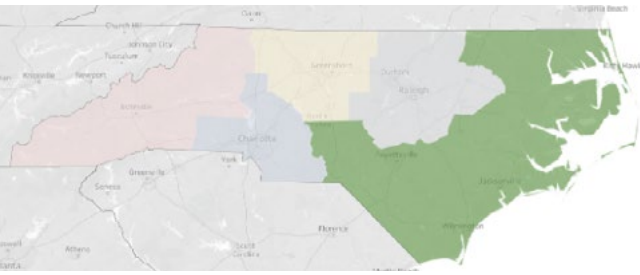
### North Carolina’s Hospitals Generate \$2.8 Billion in State and Local Tax Revenue



Source: RTI based on IMPLAN analysis, 2026

By the Numbers: 2025 Hospital Contributions towards NC Medicaid	
Program	Annual (\$Millions)
State’s General Fund	\$165
Medicaid Fee-for-Service and Managed Care	\$707
Graduate Medical Education	\$77
Postpartum	\$19
Home and community-based services	\$151
State’s cost of expansion coverage	\$517
<b>Total Assessments</b>	<b>\$1,636</b>

Source: NCHA, 2026



# Economic Impact Summary for North Carolina’s Eastern Region Hospitals

The Eastern Region stretches from Moore County eastward to the Outer Banks. In accordance with its comparatively large geographic area, this region contains the largest number of hospitals in North Carolina with 34 total health systems or hospitals. As depicted in Table 4, more than 78,000 people in the region are either directly employed in the health sector or supported by this industry.

Table 4. Health System and Hospital Contributions to North Carolina’s Eastern Region, 2024				
Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	42,578	\$4,312	\$4,764	\$24.4
Indirect	18,819	\$921	\$1,406	\$32.7
Induced	16,739	\$806	\$1,739	\$73.2
<b>Total</b>	<b>78,136</b>	<b>\$6,038</b>	<b>\$7,908</b>	<b>\$130.3</b>

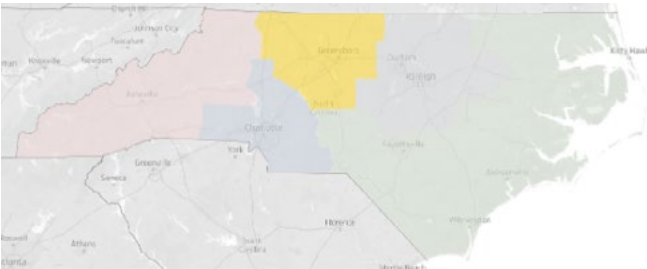
Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## Eastern Region Counties with a Health System/Hospital as a Top 3 Employer

- |                                                                                                 |                                                                               |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <i>Carteret County (Carteret Health Care)</i>                                                   | <i>Moore County (FirstHealth Moore Regional Hospital)</i>                     |
| <i>Chowan County (ECU Health)</i>                                                               | <i>New Hanover County (Novant Health New Hanover Regional Medical Center)</i> |
| <i>Craven County (Carolina East Health System)</i>                                              | <i>Pasquotank County (Sentara Albemarle Medical Center)</i>                   |
| <i>Cumberland County (Cape Fear Valley Health System)</i>                                       | <i>Pitt County (ECU Health)</i>                                               |
| <i>Dare County (ECU Health)</i>                                                                 | <i>Richmond County (FirstHealth Moore Regional Hospital)</i>                  |
| <i>Halifax County (ECU Health)</i>                                                              | <i>Robeson County (UNC Health Southeastern)</i>                               |
| <i>Hertford County (ECU Health)</i>                                                             | <i>Scotland County (Scotland Health Care System)</i>                          |
| <i>Jones County (Carolina East Health System)</i>                                               | <i>Wayne County (UNC Health Wayne)</i>                                        |
| <i>Lenoir County (State of NC Department of Health &amp; Human Services, UNC Health Lenoir)</i> |                                                                               |

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2024.

In addition, the following counties have health systems or hospitals as a top 10 employer of county residents: Beaufort County, Bertie County, Bladen County, Brunswick County, Cumberland County, Duplin County, Gates County, Hoke County, Montgomery County, Northampton County, Onslow County, Pender County, Pitt County, Robeson County, and Sampson County. The average hospital employment compensation, which consists of wages, salaries, and benefits, is \$78,074.



# Economic Impact Summary for North Carolina’s Central Region Hospitals

North Carolina’s Central Region reaches from Surry County to Caswell County and contains the communities of Greensboro, Winston-Salem, and High Point. This region has a total of 17 different health systems or hospitals. Health systems and hospitals supported more than 85,000 jobs in 2024 and provided workers with \$6.5 billion in salaries, wages, and benefits (Table 5).

Table 5. Health System and Hospital Contributions to North Carolina’s Central Region, 2024				
Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	40,489	\$4,013	\$4,075	\$6.6
Indirect	22,656	\$1,408	\$2,105	\$47.7
Induced	21,870	\$1,269	\$2,477	\$94.3
<b>Total</b>	<b>85,015</b>	<b>\$6,690</b>	<b>\$8,657</b>	<b>\$148.6</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## Central Region Counties with a Health System/Hospital as a Top 3 Employer

*Alamance County (Cone Health Alamance Regional Medical Center)*

*Randolph County (Randolph Health, American Healthcare Systems)*

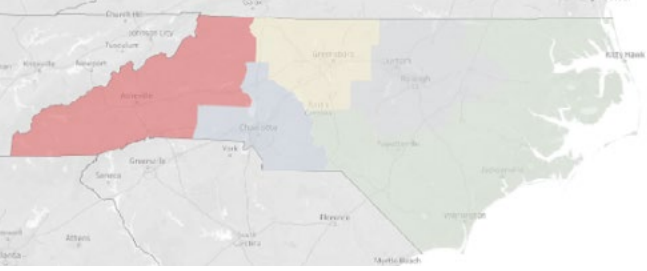
*Forsyth County (Novant Health Forsyth Medical Center, Atrium Health Wake Forest Baptist)*

*Surry County (Northern Regional Hospital)*

*Guilford County (Cone Health)*

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2024.

In addition, the following counties have health systems or hospitals as a top 10 employer of county residents: Davidson County, Davie County, Rockingham County, and Stokes County. The average hospital employment compensation, which consists of wages, salaries, and benefits, is \$97,796.



# Economic Impact Summary for North Carolina's Western Region Hospitals

North Carolina's Western Region begins at the Tennessee/North Carolina border and includes the 25 most western counties in the state. This region has 25 different health systems or hospitals. Health systems and hospitals pay more than \$90 million in county and local taxes each year along with employing more than 44,000 people, as shown in Table 6.

Table 6. Health System and Hospital Contributions to North Carolina's Western Region, 2024				
Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	22,565	\$1,968	\$2,321	\$23.4
Indirect	12,142	\$613	\$907	\$24.3
Induced	9,521	\$492	\$985	\$44.3
<b>Total</b>	<b>44,228</b>	<b>\$3,073</b>	<b>\$4,214</b>	<b>\$92.0</b>

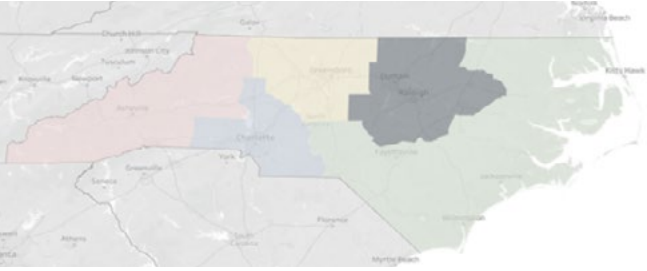
Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## Western Region Counties with a Health System/Hospital as a Top 3 Employer

- Ashe County (Ashe Memorial Hospital)*
- Buncombe County (Mission Health)*
- Burke County (UNC Health Blue Ridge, State of NC Department of Health & Human Services)*
- Caldwell County (UNC Health Caldwell)*
- Catawba County (Catawba Valley Medical Center)*
- Cherokee County (Erlanger Western Carolina Hospital)*
- Haywood County (Haywood Regional Medical Center, a Duke LifePoint Hospital)*
- Henderson County (UNC Health Pardee)*
- Jackson County (Harris Regional Hospital, a Duke LifePoint Hospital)*
- Mitchell County (Mission Health, Blue Ridge Regional Hospital)*
- Watauga County (UNC Health Appalachian)*

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2024.

In addition, the following counties have health systems or hospitals as a top 10 employer of county residents: Alleghany County, Macon County, Polk County, Transylvania County, and Wilkes County. The average hospital employment compensation, which consists of wages, salaries, and benefits, is \$98,143.



# Economic Impact Summary for North Carolina's North Central Region Hospitals

The North Central (Triangle) Region of North Carolina contains Duke University and the University of North Carolina at Chapel Hill that serve as community institutions and medical training facilities. The region includes 26 health systems or hospitals. The North Central Region has the highest levels of economic contributions by health systems and hospitals in the state. As presented in Table 7, health systems and hospitals generate and sustain more than 127,000 jobs in the region and provide \$16 billion of services and goods.

Table 7. Health System and Hospital Contributions to North Carolina's North Central Region, 2024				
Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	60,129	\$6,482	\$7,588	\$66.3
Indirect	34,976	\$2,722	\$4,156	\$86.3
Induced	32,451	\$2,152	\$4,263	\$158.4
<b>Total</b>	<b>127,555</b>	<b>\$11,357</b>	<b>\$16,008</b>	<b>\$311.0</b>

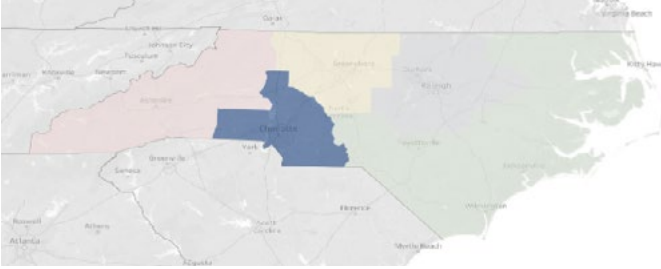
Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## North Central Region Counties with a Health System/Hospital as a Top 3 Employer

- Chatham County (UNC Health Chatham)*
- Durham County (Duke Health)*
- Granville County (Granville Health System, State of NC Department of Health and Human Services)*
- Johnston County (UNC Health Johnston)*
- Nash County (UNC Health Nash)*
- Orange County (UNC Health)*
- Wake County (WakeMed Health and Hospitals)*

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2024.

In addition, the following counties have health systems or hospitals as a top 10 employer of county residents: Edgecombe County, Harnett County, and Wilson County. The average hospital employment compensation, which consists of wages, salaries, and benefits, is \$73,246.



# Economic Impact Summary for North Carolina's Southwest Region Hospitals

Health systems and hospitals in the Southwest Region of North Carolina serve the largest population in the state. The region spans from Cleveland to Anson County and shares a border with South Carolina. The region includes 32 different health systems or hospitals. More than 107,000 jobs are created or supported by health systems and hospitals in the Southwest Region (Table 8).

Table 8. Health System and Hospital Contributions to North Carolina's Southwest Region, 2024				
Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	58,013	\$5,697	\$6,237	\$39.3
Indirect	25,462	\$2,073	\$3,172	\$62.8
Induced	23,783	\$1,655	\$3,251	\$119.3
<b>Total</b>	<b>107,257</b>	<b>\$9,425</b>	<b>\$12,660</b>	<b>\$221.3</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

## Southwest Region Counties with a Health System/Hospital as a Top 3 Employer

*Cabarrus County (Atrium Health)*  
*Cleveland County (Atrium Health)*  
*Gaston County (CaroMont Health)*  
*Iredell County (Iredell Health System)*

*Lincoln County (Atrium Health)*  
*Mecklenburg County (Atrium Health)*  
*Rowan County (Veterans Administration)*  
*Stanly County (Atrium Health)*

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2024.

In addition, the following counties have health systems or hospitals as a top 10 employer of county residents: Anson County and Union County. The average hospital employment compensation, which consists of wages, salaries, and benefits, is \$77,717.

## Sources

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## Appendix A: Construction Impacts

**Table A1. Health System and Hospital Construction Contributions to North Carolina's Economy, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	State Taxes (\$Millions)
Direct	9,207	\$662	\$795	\$26.9
Indirect	1,435	\$111	\$181	\$11.6
Induced	2,620	\$165	\$328	\$18.3
<b>Total</b>	<b>13,263</b>	<b>\$939</b>	<b>\$1,305</b>	<b>\$56.8</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

**Table A2. Health System and Hospital Construction Contributions to North Carolina's Eastern Region, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	1,662	\$86.4	\$103.2	\$2.8
Indirect	219	\$12.0	\$20.2	\$0.8
Induced	320	\$15.4	\$33.2	\$1.40
<b>Total</b>	<b>2,201</b>	<b>\$113.8</b>	<b>\$156.6</b>	<b>\$4.9</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

**Table A3. Health System and Hospital Construction Contributions to North Carolina's Central Region, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	1,399	\$89.2	\$104.8	\$2.2
Indirect	227	\$15.7	\$25.0	\$0.8
Induced	425	\$24.7	\$48.1	\$1.8
<b>Total</b>	<b>2,050</b>	<b>\$129.6</b>	<b>\$177.9</b>	<b>\$4.8</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

**Table A4. Health System and Hospital Construction Contributions to North Carolina's Western Region, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	710	\$36.6	\$43.8	\$1.2
Indirect	103	\$5.9	\$9.6	\$0.4
Induced	158	\$8.1	\$16.3	\$0.7
<b>Total</b>	<b>971</b>	<b>\$50.6</b>	<b>\$69.7</b>	<b>\$2.3</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

**Table A5. Health System and Hospital Construction Contributions to North Carolina's North Central Region, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	2,365	\$191.1	\$232.3	\$2.5
Indirect	361	\$30.9	\$51.0	\$1.7
Induced	775	\$51.4	\$101.8	\$3.8
<b>Total</b>	<b>3,501</b>	<b>\$273.3</b>	<b>\$385.1</b>	<b>\$7.9</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.

**Table A4. Health System and Hospital Construction Contributions to North Carolina's Southwest Region, 2024**

Type of Impact	Employment (Thousands)	Labor Income (\$Millions)	State GDP (Value Added) (\$Millions)	County and Local Taxes (\$Millions)
Direct	3,071	\$259.5	\$311.1	\$3.7
Indirect	526	\$46.8	\$75.8	\$2.3
Induced	943	\$65.6	\$128.8	\$4.7
<b>Total</b>	<b>4,540</b>	<b>\$371.9</b>	<b>\$515.7</b>	<b>\$10.7</b>

Source: RTI International analysis of HCRIS data; IMPLAN data year 2024. Values are expressed in current dollars.