

# Community Health Needs Assessment

2025 - 2027



Novant Health Brunswick Medical  
Center



# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY.....</b>	<b>4</b>
Purpose of the Community Health Needs Assessment .....	4
Methodology Overview .....	4
Prioritized Needs .....	4
<b>INTRODUCTION .....</b>	<b>5</b>
Organizational Overview .....	5
Mission.....	5
<b>OUR DEFINED COMMUNITY .....</b>	<b>6</b>
Primary and Secondary Service Area .....	6
Demographic Characteristics.....	6
Health Indicators.....	10
Chronic and Infectious Diseases .....	12
Maternal and Child Health.....	13
Behavioral Health.....	15
Access to Care .....	19
Social Indicators.....	22
Housing.....	23
Food Security.....	24
Transportation.....	26
<b>ASSESSMENT PROCESS .....</b>	<b>28</b>
Community Health Needs Assessment Overview.....	28
Consideration of Input from Persons Representing Broad Community Interest.....	28
Collaborative Community Partners.....	29
Community Health Assessment Steering Committee .....	29
Ascendient Healthcare Advisors .....	30
Metopio.....	30
Solicitation .....	30
Data Collection and Analysis .....	31

Secondary Data.....	31
Primary Data .....	32
Community Health Opinion Survey.....	32
Key Leader Interviews.....	32
Limitations of the Assessment.....	32
<b>IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS.....</b>	<b>33</b>
Identified Significant Health Needs .....	33
Survey Findings.....	34
Key Leader Interview Feedback.....	35
Focus Group Feedback.....	37
Analysis and Prioritization .....	40
County Prioritized Health Needs.....	41
Facility Prioritization.....	41
Health Needs Not Selected and Community Resources Available for Needs.....	42
<b>APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT.....</b>	<b>43</b>
<b>COMMUNITY FEEDBACK .....</b>	<b>44</b>
<b>IMPACT EVALUATION OF THE 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT .....</b>	<b>45</b>
<b>APPENDIX .....</b>	<b>49</b>
Additional Data Tables and Charts.....	49
Data Sources.....	50
Community Health Assessment Steering Committee Members.....	52

# EXECUTIVE SUMMARY

## Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Brunswick Medical Center (NHBMC), is a comprehensive, data-driven evaluation of the health status and social needs of the Brunswick County community. Conducted in collaboration with Brunswick County Health Services and Doshier Memorial Hospital, this assessment aligns with federal and state requirements and reflects a regionally coordinated approach to improving community health.

## Methodology Overview

The CHNA utilized a mixed-methods approach, incorporating:

- Primary data from focus groups, key leader interviews and over 900 community health opinion surveys
- Secondary data from multiple credible regional, state and national sources
- Hospital data including emergency department and readmissions diagnosis codes

## Prioritized Health Needs

Following a comprehensive review of all data sources, the following significant health priorities were identified as the 2025–2027 Health Priorities for NHBMC,

1. Access to Care
2. Chronic Disease Management and Prevention
3. Social Drivers of Health (with a focus on food, housing and transportation)

These priorities will guide NHBMC'S strategic planning and community benefit initiatives over the next three years, with a continued commitment to collaboration, measurable impact and improved health for all community members.

# INTRODUCTION

Novant Health Brunswick Medical Center, in partnership with Brunswick County Health Services and Doshier Memorial Hospital, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Brunswick Medical Center will enhance the community's health by offering health and wellness programming, collaborative services and financial support to meet identified health needs.

## Organization Overview

Novant Health is an integrated network of more than 900 locations, including 19 hospitals, more than 750 physician clinics and urgent care centers, outpatient facilities and imaging and pharmacy services. This network supports a seamless and personalized healthcare experience for communities in North Carolina and South Carolina. Novant Health is nationally recognized for commitment to safety and quality for all patients and we serve as a catalyst for healthcare transformation through clinical trials, leading-edge research, innovative care delivery models and robust virtual care networks. The expertise and empathy of our 41,000 team members along with more than 8,600 independent and employed clinicians are at the heart of Our Cause as industry leaders caring for communities across the Carolinas.

## Mission

Novant Health exists to create a healthier future and bring remarkable experiences to life. We are committed to providing a remarkable experience for our patients, our team members and the communities we serve. We demonstrate this commitment to our communities through the four pillars of Our Cause:

- **Discover.** We consistently seek to innovate, courageously transform ourselves and find new ways to add value for our patients, communities and one another.
- **Empower.** We provide one another, our patients, families and communities with the resources and environment to create shared accountability and action.
- **Thrive.** We demonstrate empathy, safety and quality to help each other and our communities grow and succeed.
- **Together.** We work as a trusted team with our unique perspectives, life experiences and expertise to bring remarkable to life in every interaction.

**Novant Health Brunswick Medical Center (NHBMC)** is located in the southeastern corner of the state and provides maternity care, emergency services, surgery, outpatient diagnostic testing and other community healthcare programs. The hospital is continuing to grow to meet the needs of the communities served and has 74 beds.

# OUR DEFINED COMMUNITY

## Primary and Secondary Service Areas

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

ZIP CODE	COUNTY
28462	BRUNSWICK
28470	BRUNSWICK
28422	BRUNSWICK
28451	BRUNSWICK
28461	BRUNSWICK
28469	BRUNSWICK

As all patients served within Novant Health Brunswick Medical Center PSA and Secondary Service Area (SSA) reside in Brunswick County, Brunswick will be the sole focus of demographic, health and social indicators.

## Demographic Characteristics: Brunswick County

Brunswick County, North Carolina, is the sixth-largest county in the state by total area and encompasses 19 incorporated municipalities, including cities, towns and villages, with Bolivia serving as the county seat.

YEAR	DEMOGRAPHIC	BRUNSWICK COUNTY	NC	US
2024	Population	167,112	11,046,024	340,110,988
2019-2023	Median Age	56.1	39.1	38.7
2019-2023	% with a Disability	15.33	13.37	13.04
2019-2023	% Veterans	11.21	7.59	6.44
2019-2023	% of Householders living alone (all ages)	25.0	29.2	28.5
2019-2023	% of Householders living alone (65+)	18.06	26.3	25.7
2010-2020	Population change from 2010 to 2020	27.24	9.48	7.13
2020-2030	Projected % population change from 2020 to 2030	47.4	12.5	n/a

Sources: American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau. Via Metopio; American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau. <https://data.census.gov/> Derived from 2010 and 2020 Decennial Census Data. Via Metopio.; County/State Population Projections. NC Office of State Budget and Management.

<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-population-projections>; Program for the International Assessment of Adult Competencies (PIAAC), National Center for Education Statistics (NCES). Via Metopio. US Census Bureau, [Population and Housing Unit Estimates](#). 2024

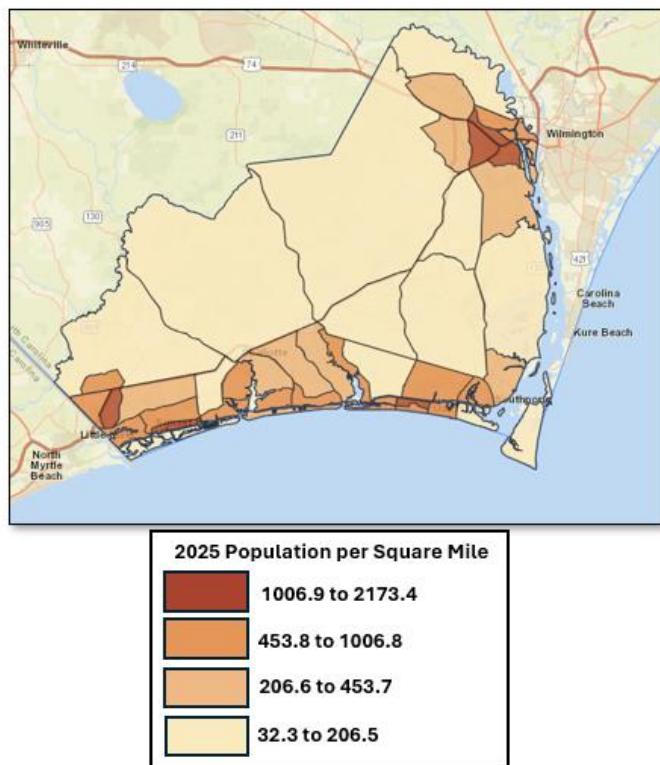
Brunswick County has a population of 167,112 with several distinctive characteristics compared to state and national averages. With a median age of 56.1 years, Brunswick County has a considerably older population

than both North Carolina (39.1 years) and the United States (38.7 years). The disability rate stands at 15.33%, slightly higher than state and national levels. Brunswick County also has a notably higher veteran population at 11.21%, compared to 7.59% statewide and 6.44% nationally.

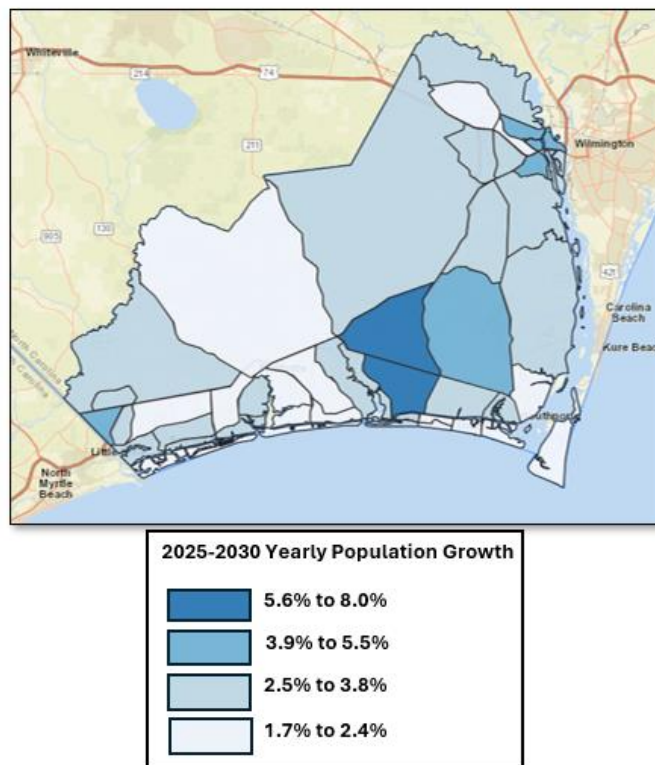
The county shows lower rates of residents living alone (25%) when compared to broader population trends (29.2% for North Carolina, 28.5% for the U.S.). Among those 65 and older, 18.06% live alone compared to 26.3% in North Carolina and 25.7% in the United States. Any householder living alone may face social isolation and those who also lack transportation may struggle to access food and other services. Seniors living alone remain a population with unique needs and challenges

These demographic patterns highlight the necessity for age-appropriate healthcare services, support systems for veterans and individuals with disabilities, and infrastructure planning that accommodates rapid population growth while serving an older resident base.

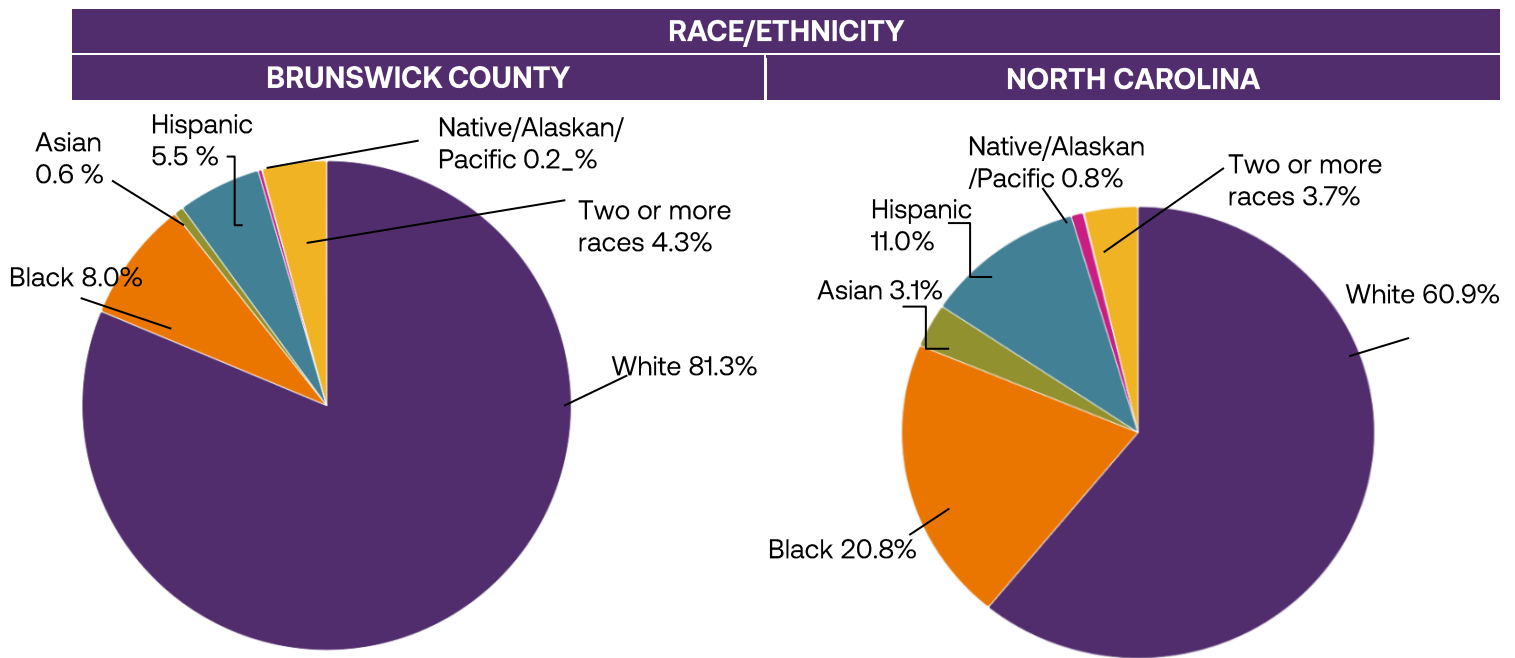
**Population Density, 2025, by Census Tract**



**Population Growth, 2025-2030, by Census Tract**



Brunswick County shows strong population growth patterns with higher density areas concentrated near the coast and lower density inland regions. Population density in 2025 ranges from 32.3 to 2173.4 people per square mile, with the highest concentrations along the coastal areas and near Wilmington. The county's projected yearly population growth from 2025 to 2030 varies significantly by census tract, with rates ranging from 1.7% to 8.0%. The highest growth rates (5.6% to 8.0% annually) are concentrated in coastal and central regions of the county. This growth trajectory indicates increasing demand for healthcare services and infrastructure that will require strategic planning from health and community partners.

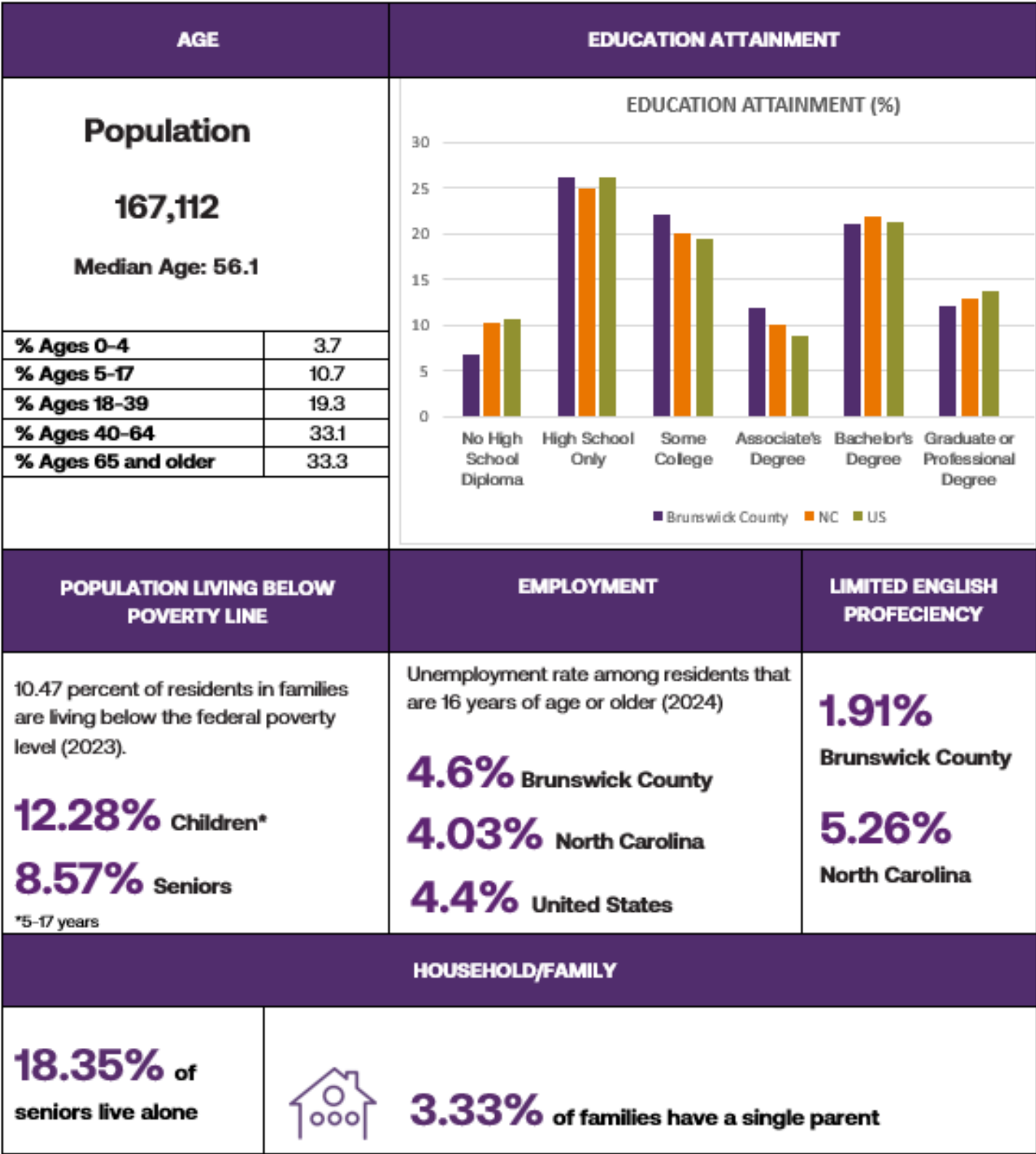


Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2019–2023), via Metopio.

As seen in the chart above, the racial and ethnic composition of Brunswick County differs significantly from that of North Carolina as a whole. In Brunswick County, the population is predominantly White, accounting for 81.3%, compared to 60.9% statewide. Black residents make up 8.0% in Brunswick County versus 20.8% in North Carolina. Hispanic representation is 5.5% in the county, about half the state average of 11.0%. Other groups, including Asian (0.6% vs. 3.1%) and Native/Alaskan/Pacific Islander (0.2% vs. 0.8%), also present in smaller proportions in Brunswick County than in North Carolina as a whole. People identifying with two or more races are slightly higher in Brunswick (4.3%) than the state (3.7%).

Racial and ethnic population diversity highlights the necessity for culturally and linguistically appropriate healthcare services that can support the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all. Culturally responsive health education, preventive care and community outreach programs can help in addressing the specific health needs of various populations, ensuring improved equitable healthcare and consistency in access and outcomes.

Several insights should be noted from the data on the following page. Educational attainment in Brunswick County reveals both strengths and gaps compared to state and national levels. The county has a lower rate of residents without a high school diploma (6.7%) compared to North Carolina (10.3%) and the United States (10.6%). High school graduation rates are comparable, with 26.2% holding a high school diploma versus 25.0% statewide and 26.2% nationally. Brunswick County shows comparable rates of advanced education to the full state, with 11.9% holding an associate's degree (versus 10.1% statewide) and 21.1% holding a bachelor's degree compared to 21.8% in North Carolina and 21.3% nationally. Graduate or professional degree attainment is also slightly lower at 12.1% versus 12.9% statewide and 13.7% nationally.



Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2019–2023), via Metopio. US Department of Labor, Bureau of Labor Statistics. 2024 – December.

Economic indicators demonstrate relative stability in Brunswick County. The median household income of \$76,797 is higher than the North Carolina average (\$70,838) but slightly below the U.S. median (\$77,719). The poverty rate of 10.47% is lower than both North Carolina (12.79%) and the United States (12.46%). The unemployment rate of 4.6% is slightly higher than the state's 4.03% and the national rate of 4.4%. Notably, 37.3% of the workforce is employed in accommodation and food services, retail trade, arts, entertainment and recreation, and agriculture sectors, significantly higher than the state average of 22.5%. The average weekly wage is \$1,142, lower than the state average of \$1,504.

These patterns underscore the importance of addressing educational advancement opportunities, supporting a workforce concentrated in service industries and ensuring that economic growth benefits all residents, particularly children in lower-income families.

YEAR	TOPIC	BRUNSWICK COUNTY	NC	US
2023	Median household income	\$76,797	\$70,838	\$ 77,719
2023	Poverty rate	10.47	12.79	12.46
2023	Unemployment rate	4.6	4.03	4.4
2024	% of workforce employed in the industries with the lowest wages*	37.3	22.5	n/a
2024	Average weekly wage	\$1,142	\$1,504	n/a

\* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Source: U.S. Census Bureau, American Community Survey (ACS), via Metopio; North Carolina Department of Commerce, Labor, and Economic Analysis Division). *Quarterly Census of Employment and Wages (QCEW)*.

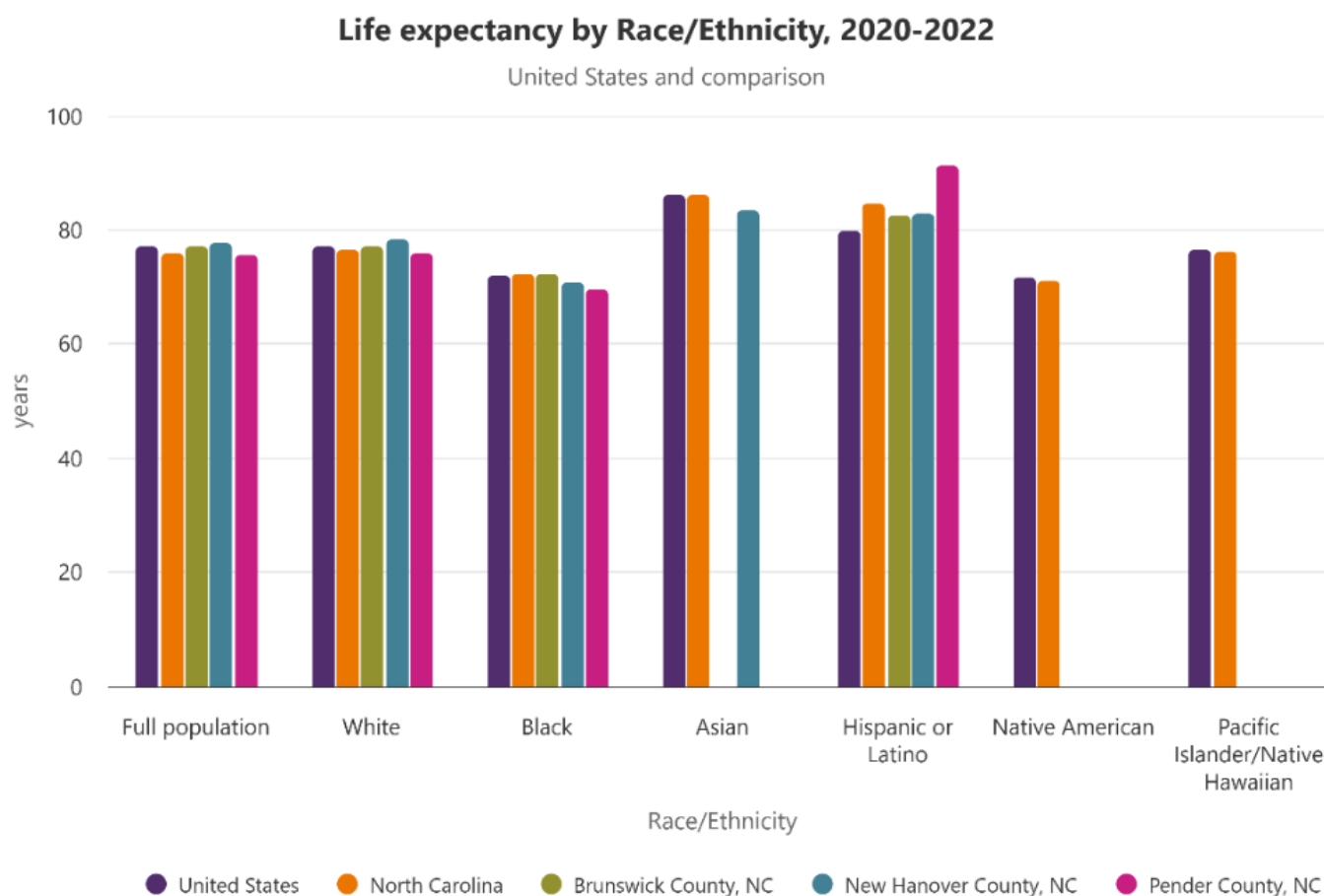
## Health Indicators: Brunswick County

Rank	Cause of death	Number (Per 100,000 population)
1	Cancer	149.6
2	Diseases of heart	145.9
3	Other Unintentional Injury	67.5
4	Cerebrovascular diseases	38.0
5	COVID-19	33.3
6	Chronic Lower Respiratory Diseases	30.0
7	Alzheimer's Disease	25.1
8	Diabetes Mellitus	22.3
9	Suicide	19.5
10	Unintentional Motor Vehicle Injuries	21.1

Source: 2019-2023- County Health Data Book, Division of Public Health N.C. Department of Health and Human Services

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

Life expectancy in the county stands at 77.1 years (2020–2022), slightly higher than the North Carolina average of 75.9 years but matching the national average of 77.1 years. As shown by the chart below, life expectancy among Brunswick County residents also varies by race and ethnicity, with life expectancy being the lowest for non-Hispanic Black residents in counties across Novant Health's Coastal Region. Life expectancy for non-Hispanic White and Hispanic/Latino residents are among the highest in the Coastal Region.



Created on Metopio | metop.io | Data sources: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (For Pre-2016 Wisconsin data), Center for Urban Population Health (Derived from death counts)  
**Life expectancy:** Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

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

## Chronic and Infectious Diseases

YEAR	HEALTH TOPIC	BRUNSWICK COUNTY	NC	US
2020-2022	Life expectancy	77.1	75.9	77.6
Chronic disease				
2022	% of adults with obesity	30.9	33.9	33.2
2022	% of adults with diabetes	9.2	10.6	10.8
2024	Access to exercise opportunities	77.0	78.0	84.45
2022	Coronary heart disease	5.80	4.10	3.76
2022	Residents with high blood pressure	31.3	32.16	30.32
2021	Chronic kidney disease	2.7	3.1	2.9
2023	Heart disease mortality	264.4	161.2	162.1
2023	Diabetes mortality	26.9	25.3	22.4
2023	Kidney disease mortality	13.8	15.7	13.1
2023	CLRD mortality rate	59.4	37.9	33.4
2022	Cigarette smoking rate (% of adults)	13.9	14.8	13.1
Infectious Diseases				
2023	Medicare flu vaccination rate	57.00	50.00	46.25
2023	COVID-19 mortality	23.8	13.5	11.9
2023	Pneumonia and influenza mortality	15.0	12.2	10.9
Cancer				
2019-2023	Cancer mortality <i>deaths per 100,000</i>	294.4	150.7	144.1
2017-2021	Cancer diagnoses	493.0	475.5	444.4
2022	Colorectal cancer screening- <i>Percentage of adults</i>	65.30	60.96	58.85
2022	Mammography use <i>Percentage of females</i>	79.0	78.6	76.38

Sources: North Carolina State Center for Health Statistics; U.S. Census Bureau, American Community Survey (2019–2023) and Decennial Census (2010 & 2020), via Metopio; North Carolina Office of State Budget and Management; Centers for Disease Control and Prevention, National Center for Health Statistics, United States Diabetes Surveillance System, Behavioral Risk Factor Surveillance System, PLACES Project and Mapping Medicare Disparities, via Metopio; County Health Rankings, University of Wisconsin Population Health Institute, via Metopio; National Cancer Institute, State Cancer Profiles, via Metopio; NC Department of Health and Human Services, HIV/STD/Hepatitis Surveillance Reports, via Metopio.

Brunswick County demonstrates a mixed profile of chronic disease indicators compared to state and national benchmarks. The prevalence of chronic conditions reveals several health challenges affecting a large share of Brunswick County residents. Adult obesity affects 30.9% of the population and hypertension affects 31.3% of Brunswick County residents, rates that are comparable to state and national averages. Heart disease mortality at 264.4 per 100,000 is substantially higher than both state (161.2) and national (162.1) rates. Chronic kidney disease affects 2.7% of the population, slightly lower than state (3.1%) and national (2.9%) rates, though kidney disease mortality at 13.8 per 100,000 is comparable to the national rate of 13.1.

Infectious disease and preventive care indicators reveal areas for improvement. The CLRD (chronic lower respiratory disease) mortality rate of 59.4 per 100,000 exceeds both state (37.9) and national (33.4) rates. COVID-19 mortality was 23.8 per 100,000, significantly higher than the state rate of 13.5 and national rate of 11.9. Pneumonia and influenza mortality at 15.0 per 100,000 exceeds both state (12.2) and national (10.9) rates.

Cancer represents a critical health burden in Brunswick County. Cancer mortality at 294.4 per 100,000 is substantially higher than state (150.7) and national (144.1) rates. The county reports 493.0 cancer diagnoses per 100,000 population (2017-2021), higher than the state rate of 475.5 and national rate of 446.7. Both colorectal cancer screening rates (65.30%) and mammography use (79.09%) show strong performance in the county, exceeding both state and national rates.

These patterns underscore the critical need for comprehensive chronic disease prevention and management strategies, particularly addressing elevated mortality rates for heart disease, respiratory conditions, and cancer in Brunswick County's aging population.

## Maternal and Child Health

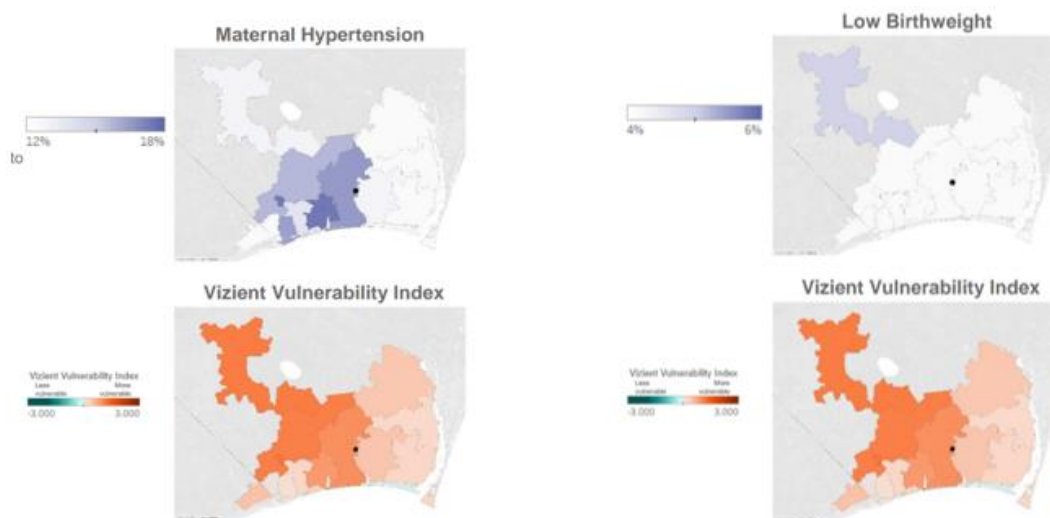
YEAR	MATERNAL AND CHILD HEALTH	BRUNSWICK COUNTY	NC	US
2023	Pregnancy rate	64.2	69.0	n/a
2023	Teen pregnancy rate	19.8	20.8	n/a
2020-2022	Low birth weight	9.2	9.4	8.5
2017-2023	Infant Mortality	7.0	7.0	5.6
2020-2022	Prenatal care in the first trimester <i>Percentage of live births</i>	75.1	74.1	78.1
2024	Kindergarten immunizations	92.93	92.83	n/a

Sources: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023), via Metopio; North Carolina State Center for Health Statistics, NC Department of Health and Human Services, via Metopio; Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) via Metopio; Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS–M); North Carolina Annual Immunization Report, NC Department of Health and Human Services, via Metopio; Maternal and Infant Health Data Dashboard, North Carolina Department of Health and Human Services.

Brunswick County demonstrates relatively positive maternal and child health indicators compared to state benchmarks. The teen pregnancy rate of 19.8 per 1,000 is below the state average of 20.8. Low birth weight affects 9.2% of births in the county, comparable to the state rate of 9.4% and slightly higher than the national rate of 8.5%. Infant mortality for the county and the state stands at 7.0 per 1,000 live births, higher than the national rate of 5.4, indicating a critical area requiring focused intervention. Prenatal care access shows strong performance, with 75.1% of mothers receiving care in the first trimester, slightly exceeding the state rate of 74.1% and approaching the national rate of 78.1%. These outcomes reflect both the strengths of prenatal care access in Brunswick County and the challenges posed by elevated infant mortality rates.

Maternal health outcomes are deeply influenced by the social and environmental conditions in which individuals live. The Vizient Vulnerability Index (VVI) offers a powerful lens to understand these conditions. By identifying neighborhoods with high vulnerability scores, healthcare systems and public health organizations can proactively address the root causes of maternal complications such as hypertension, preterm birth and postpartum morbidity. According to the VVI maps below, maternal hypertension and low birthweight are more common among patients from more vulnerable neighborhoods. Additionally, severe complications of delivery are more common among patients from neighborhoods with housing vulnerability.

The geographic variation shown in the VVI maps underscores the importance of targeted interventions in neighborhoods with higher vulnerability, where social and economic factors may compound maternal and infant health risks.



Maps indicate: Left: Maternal hypertension rates among pregnant patients (darker purple representing a higher percent of distinct patients). Right: low birthweight rates (darker purple representing a higher percent of distinct patients). Vizient Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability). Zip codes where fewer than 0.5% of all patients live are excluded.

Source: Vizient Clinical Data Base distinct patients seen in any setting 2021 Q3 – 2023 Q2 with any diagnosis indicating pregnancy. Left numerator cases with any diagnosis of maternal hypertension. Right numerator cases with birthweight < 2500g

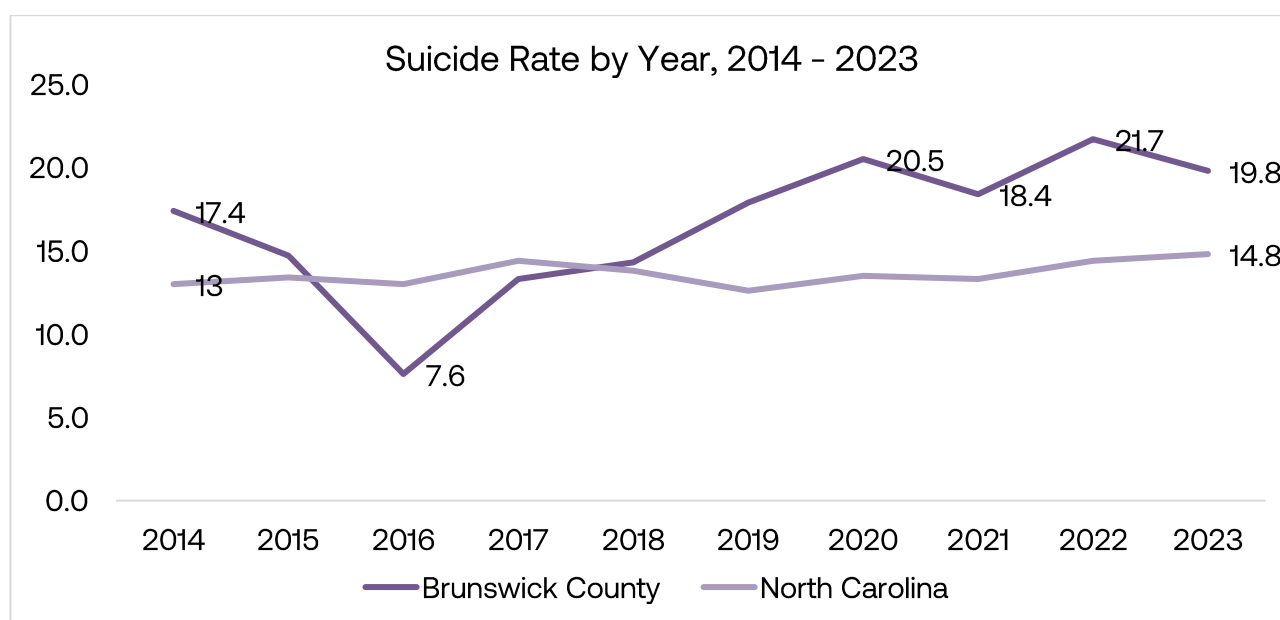
## Behavioral Health

YEAR	BEHAVIORAL HEALTH	BRUNSWICK COUNTY	NC	US
2023	Alcohol-related mortality	21.9	11.1	12.6
2023	% of overdose deaths due to illicit opioids	81.2	76.6	n/a
2023	Suicide mortality rates (crude rate)	18.3	15.4	n/a
2023	Rate of drug overdose deaths	59.2	41.0	n/a
2023	Rate of drug overdose ED visits	68.8	161.8	n/a
2022	% of adults with depression	23.9	23.1	22.5

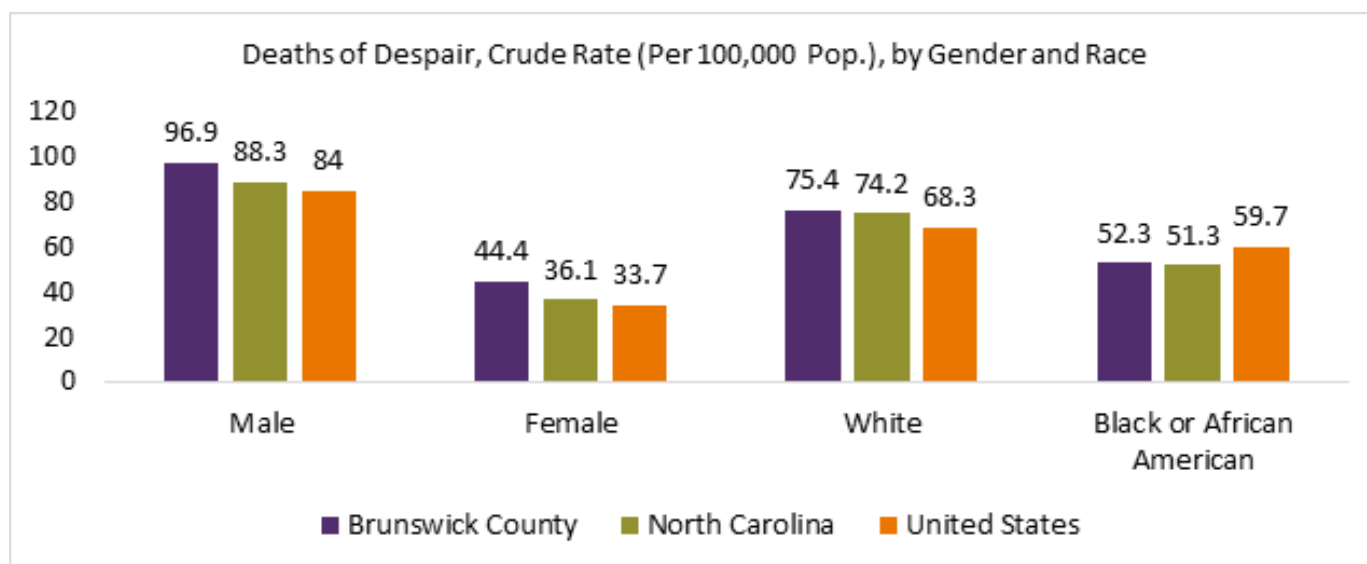
Sources: National Vital Statistics System-Mortality (NVSS-M), Centers for Disease Control and Prevention (CDC), via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio; Opioid and Substance Use Dashboard, NC Department of Health and Human Services. via Metopio.

Behavioral health encompasses both mental health conditions and substance use disorders, which often co-occur and deeply affect community wellbeing. Understanding the prevalence and patterns of these conditions helps identify where prevention, treatment and recovery support services are most needed.

Brunswick County faces significant behavioral health challenges, with several indicators surpassing both state and national averages. Alcohol-related mortality at 21.9 per 100,000 is nearly double the state rate of 11.1 and the national rate of 12.6. The percentage of overdose deaths due to illicit opioids stands at 81.2%, exceeding the state rate of 76.6%. Suicide mortality rates are elevated at 18.3 per 100,000, compared to 15.4 statewide. The rate of drug overdose deaths is 59.2 per 100,000, slightly above the state average of 42.1. Depression affects 23.9% of adults, comparable to state (23.1%) and national (22.5%) rates.



Source: North Carolina Department of Health and Human Services, North Carolina State Center for Health Statistics. Data obtained from NC DHSS. Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics. 2023



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Retrieved from NC Data Portal.

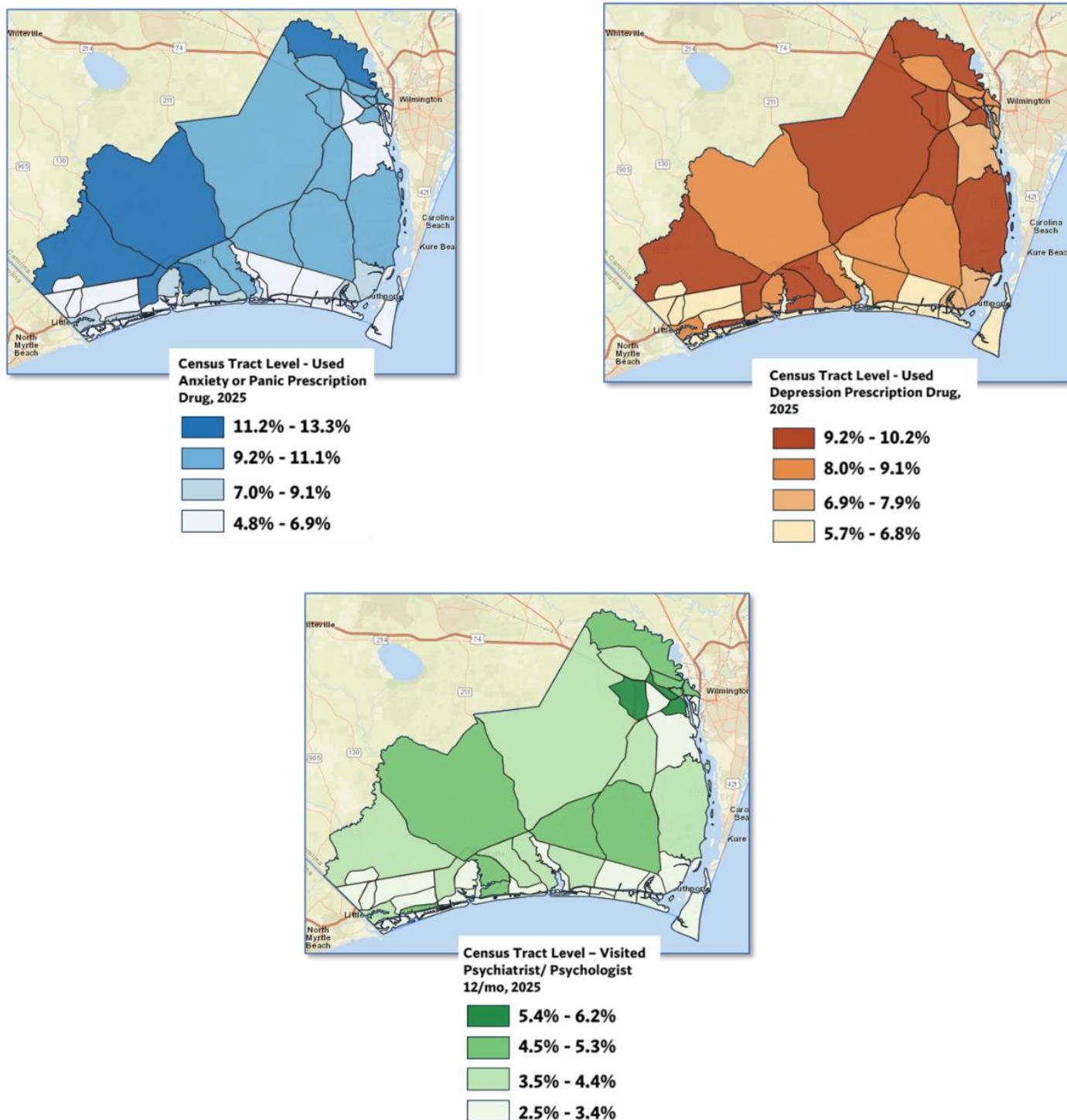
Longitudinal data reveals concerning trends in suicide rates. Brunswick County experienced a sharp increase in suicide rates beginning in 2016, rising from levels comparable to the state average to substantially higher rates. By 2023, the county's suicide rate remained persistently elevated. Deaths of despair, which include suicide and drug/alcohol poisoning deaths, show significant disparities across demographic groups. Males experience a crude rate of 96.9 per 100,000, substantially higher than the state rate of 75.4 and national rate of 74.2. Female rates are also elevated at 44.4 per 100,000 compared to 52.3 statewide. White residents show a death of despair rate of 88.3 per 100,000, exceeding both state (68.3) and national (59.7) rates.

YEAR	MENTAL HEALTH	BRUNSWICK COUNTY	NC	US
2022	Percentage of adults age 18+ with poor mental health (Age-Adjusted)	16.9	16.5	16.4
2022	Percentage of adults diagnosed with depression (Age-adjusted)	23.9	23.1	21.1
2017-2023	Average poor mental health days per month	5.0	5.0	5.2

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022; Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023; University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023; 2025 ESRI Business Analyst MRI - Simmons

Mental health indicators reveal critical areas. Brunswick County residents report an average of 5.0 poor mental health days per month, consistent with state and national averages. Self-reported poor mental health has increased steadily across all Coastal Region counties since 2017. Among adults ages 18 and older, 16.9% report poor mental health, slightly higher than state (16.5%) and national (16.4%) rates. Depression diagnosis rates among adults stand at 23.9%, exceeding both state (23.1%) and national (21.1%) levels.

**Figure: Geographic Distribution of Mental Healthcare Utilization, 2025 by Census Tract**

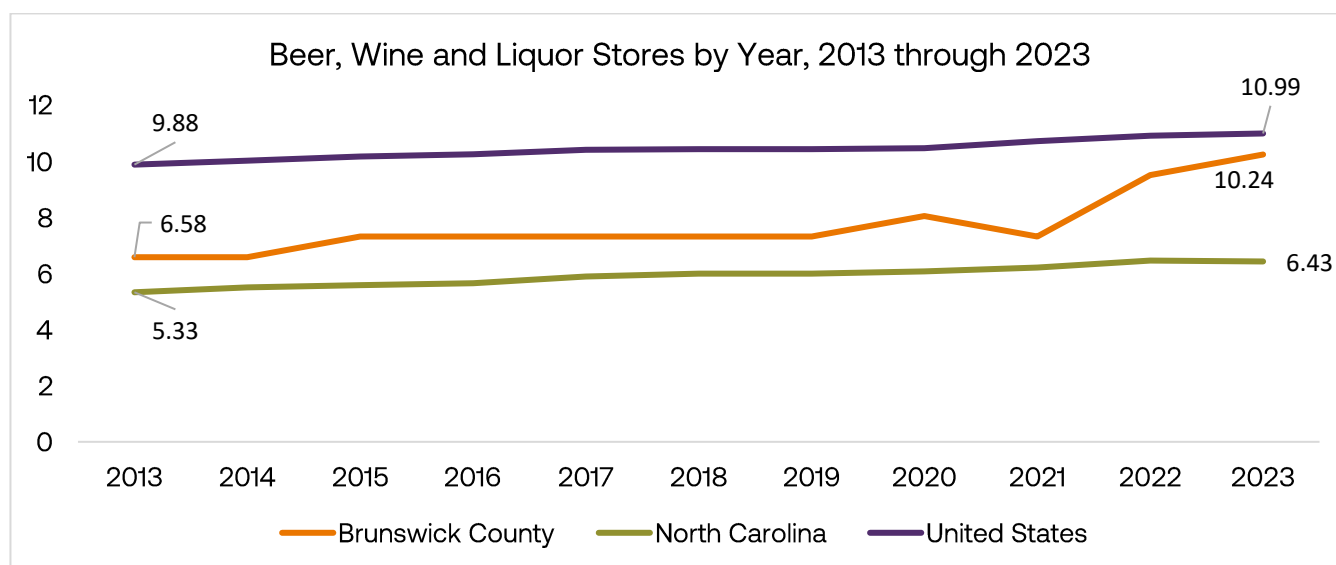


Use of anxiety or panic prescription drugs is reported by 8.1% of residents, slightly lower than state (8.7%) and national (8.4%) rates. Depression prescription drug use stands at 8.0%, comparable to the state rate of 7.9% but slightly higher than the national rate of 7.7%. However, only 3.8% of residents visited a psychiatrist or psychologist in the past 12 months, notably lower than state (4.5%), peer counties and national (5.0%) rates, suggesting potential barriers to accessing specialized mental health care.

YEAR	SUBSTANCE USE	BRUNSWICK COUNTY	NC	US
2022	Percent of Population Reporting Excessive Drinking in Past 30 Days	19.2	18.2	18.0
2019-2023	Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population)	69.5	61.6	58.5
2019-2023	Opioid Crude Death Rate (Per 100,000 Population)	29.6	27.1	22.0
2022	Current Smokers	13.9	14.8	13.2

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022; Centers for Disease Control and Prevention, CDC – National Vital Statistics System. Accessed via CDC WONDER. 2019–2023; North Carolina Department of Health and Human Services, North Carolina State Center for Health Statistics. Data obtained from NC DHSS. Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics. 2023

Brunswick County demonstrates substance use patterns that exceed state and national benchmarks across multiple indicators. Excessive drinking affects 19.2% of the population, higher than both state (18.2%) and national (18.0%) rates. Opioid-related mortality is elevated at 29.6 per 100,000, surpassing both state (27.1) and national (22.0) rates. Current smoking rates at 19.9% align with state and national benchmarks.



Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023.

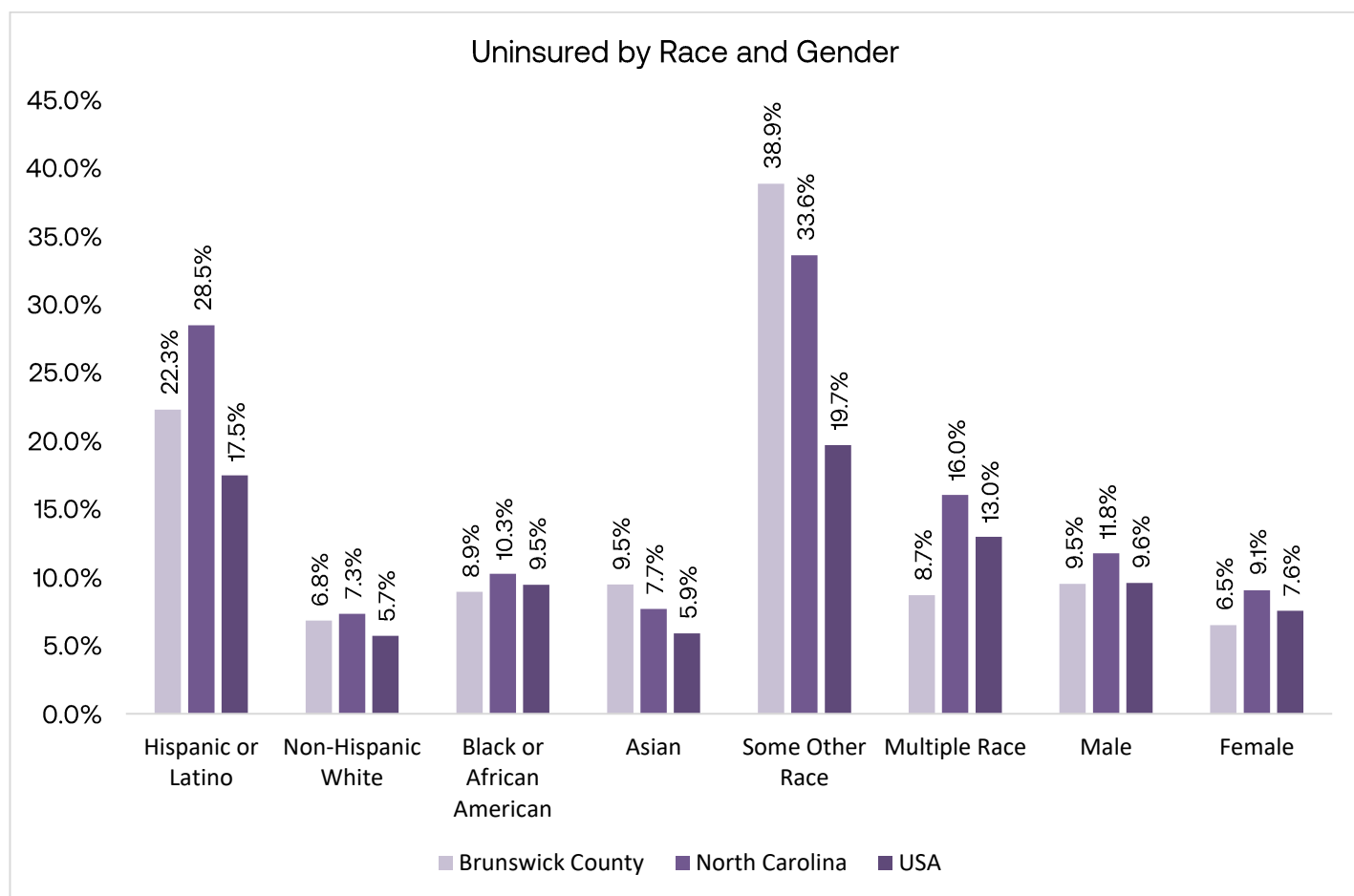
The availability of alcohol has increased substantially over the past decade. Beer, wine, and liquor stores per capita rose from 6.58 per 100,000 in 2013 to 10.24 per 100,000 in 2023, with particularly sharp increases since 2021. This rate now exceeds the state average of 6.43, potentially contributing to elevated rates of excessive drinking and alcohol-related mortality.

These trends underscore the growing and sustained nature of behavioral health crises affecting the community, with both mental health distress and substance-related deaths showing concerning trajectories. These indicators collectively signal a significant public health challenge, with the convergence of elevated excessive drinking, opioid deaths and deaths of despair suggesting that comprehensive, multi-faceted approaches addressing both substance use prevention and mental health support are needed to improve community health outcomes.

## Access to care

YEAR	HEALTHCARE ACCESS	BRUNSWICK COUNTY	NC	US
2023	% with private health insurance	69.40	67.29	67.01
2023	% with public health insurance	50.52	36.44	37.41
2023	% Uninsured	8.0	10.36	8.55
2023	Medicaid coverage	15.26	19.12	21.31

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



Source: US Census Bureau, American Community Survey. 2019-23

Longitudinal trends show that Brunswick County's uninsured rate has declined significantly over the past two decades. From 2006 to 2023, the county's uninsured rate dropped from approximately 17% to 8%, mirroring state and national patterns. In 2023, approximately 8% of Brunswick County residents did not have health insurance. The uninsured rate varies significantly across different racial and ethnic groups in Brunswick County, North Carolina and the nation. Hispanic/Latino residents in Brunswick County have the highest uninsured rate among all racial and ethnic groups, mirroring national trends.

YEAR	PROVIDER AVAILABILITY	BRUNSWICK COUNTY	NC	US
2025	Primary Care Physicians Rate (Per 100,000 Population)	68.8	108.9	118.0
2024	Dentists Rate (Per 100,000 Population)	51.9	59.3	67.6
2025	Mental health care provider rate (per 100,000 population)	159.5	318.9	325.6
2025	Addiction/substance abuse providers rate (per 100,000 population)	27.8	29.9	29.4

Sources: US Census Bureau, American Community Survey. 2019–23.; Centers for Medicare and Medicaid Services, CMS National Plan and Provider Enumeration System (NPPES). July 2025.; Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.

Brunswick County faces significant workforce shortages across multiple healthcare specialties. The primary care physician rate of 68.8 per 100,000 population falls substantially below both state (108.9) and national (118.0) benchmarks, representing a critical gap in foundational healthcare access. Dental provider availability at 51.9 per 100,000 is lower than state (59.3) and national (67.6) rates. Mental health care provider availability is markedly limited at 159.5 per 100,000, representing approximately half the state rate (318.9) and national rate (325.6). This shortage is particularly concerning given the elevated behavioral health needs identified earlier in this assessment. Addiction and substance abuse provider availability at 27.8 per 100,000 is comparable to peer counties but slightly below state (29.9) and national (29.4) averages.

YEAR	HEALTHCARE UTILIZATION	BRUNSWICK COUNTY	NC	US
2022	Recent dental care visits (18 years or older)	65.8	62.8	63.4
2022	Percentage of adults (18 years or older) with annual checkup	76.0	76.1	74.2
2022	Emergency room visit rate (per 100,000 population) (2022)	461.0	564.0	576.0

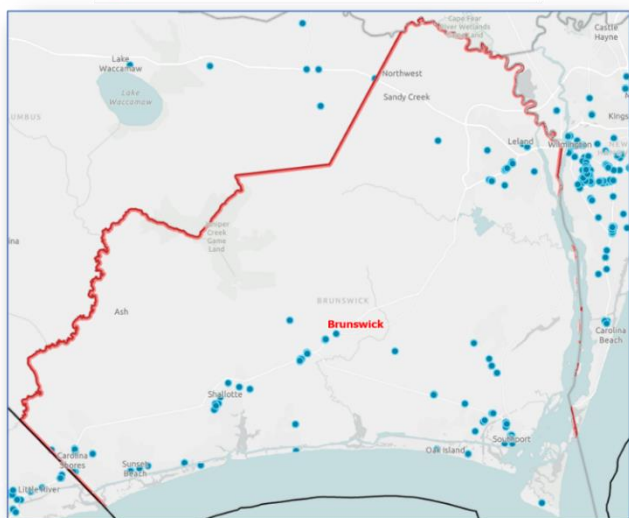
Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 ; Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File. 2022.

Despite provider shortages, Brunswick County residents demonstrate relatively positive healthcare utilization patterns. Recent dental care visits among adults 18 and older stand at 65.8%, slightly exceeding state (62.8%) and national (63.4%) rates. The percentage of adults with annual checkups is 76.0%, comparable to the state average of 76.1% and higher than the national rate of 74.2%. Emergency room visit rates are notably lower at

461.0 per 100,000 population compared to state (564.0) and national (576.0) rates, suggesting that residents who can access primary care are successfully using preventive services appropriately.

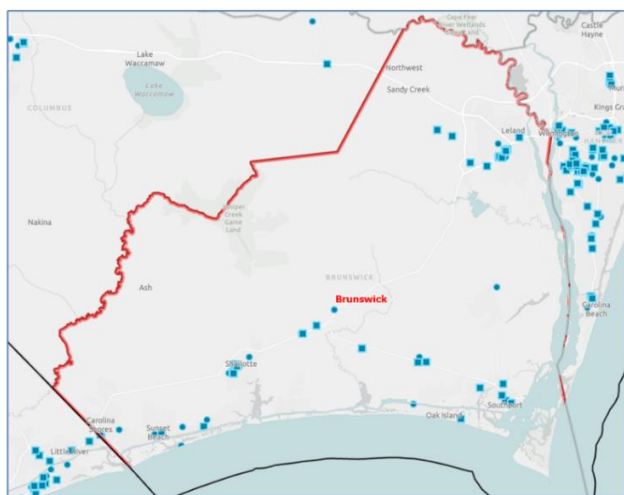
This positive utilization pattern despite identified provider shortages suggests that residents are successfully accessing care when available, highlighting the importance of addressing provider recruitment and retention to maintain and expand these health care-seeking behaviors.

**Primary Care Physicians, All, CMS NPPES  
September 2025**

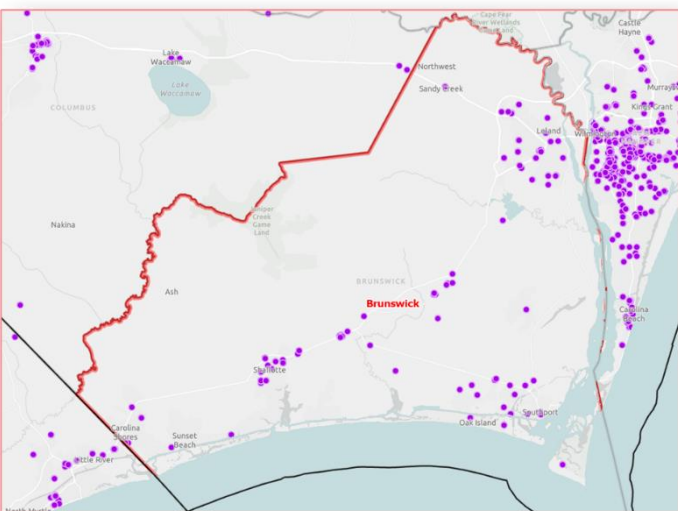


**Dental Health Care Providers, CMS NPPES  
September 2025**

● Individual  
■ Organization



**Mental Health Providers, CMS NPPES  
September 2025**



**Addiction/Substance Abuse Providers, CMS  
NPPES September 2025**

● Individual  
■ Organization



Geographic distribution of providers reveals additional disparities within the county. Census tract-level analysis shows that provider availability is concentrated in certain areas, with rural portions of the county facing shortages. These provider shortages suggest opportunities to explore collaborative approaches,

workforce development initiatives, recruitment efforts and innovative care delivery models to enhance access for residents.

## Social Indicators: Brunswick County

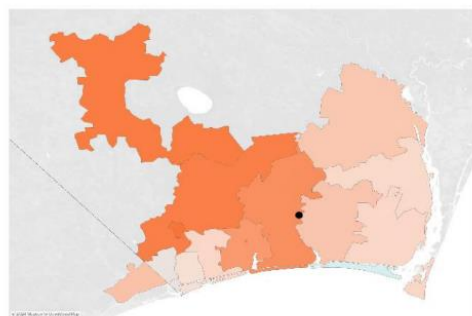
Social Drivers of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks. Including SDOH data ensures the CHNA captures the full picture of what affects health.

Health is influenced by much more than medical treatment. Factors like housing, education, income, transportation, food access and safe environments play a critical role in people's ability to live healthy lives. Many clinical gaps and chronic disease patterns are driven by upstream social and economic conditions. Understanding the differences in outcomes between populations and neighborhoods helps focus interventions on those most affected, ensuring improved health for all.

The Vizient Vulnerability Index (VVI) maps hospital patients home address by nine social needs domains. This tool aggregates domains into an overall Vizient Vulnerability Index score by ZIP code. It is helpful in identifying where to focus community-based efforts and how social needs and health outcomes connect.

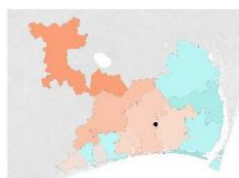
Across domains, ZIP codes, 28420 and 284722 in Brunswick County display the most consistent and intense vulnerabilities, but rapid population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

Each of these maps illustrates the regional variation in the overall Vizient Vulnerability Index, the nine specific domain vulnerabilities, and two selected components that will be referenced in the clinical outcomes and utilization analyses.

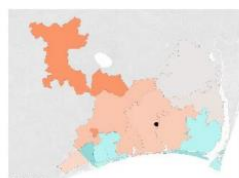


Vizient Vulnerability Index  
Less vulnerable  
More vulnerable  
-3,000 3,000

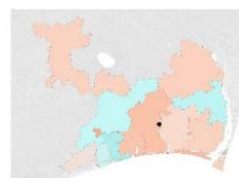
Data Source: Vizient Clinical Data Base distinct patients, any ages, seen in any setting, 2021 Q3 – 2023 Q2. Linked to the Vizient Vulnerability Index™ by patient zip code. Zip codes representing less than 0.5% of all distinct patients are omitted from map.



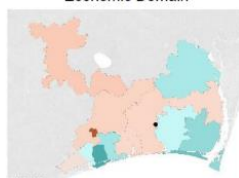
Economic Domain



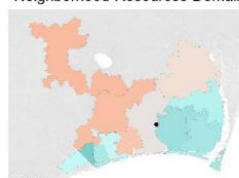
Neighborhood Resources Domain



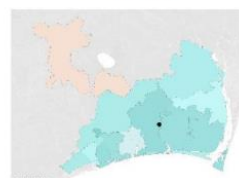
Social Domain



Education Domain



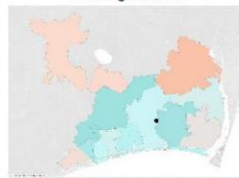
Housing Domain



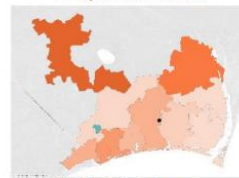
Transportation Domain



Health Care Access Domain

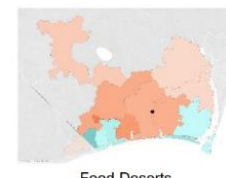


Clean Environment Domain

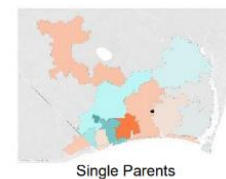


Public Safety Domain

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



Food Deserts



Single Parents

## Housing

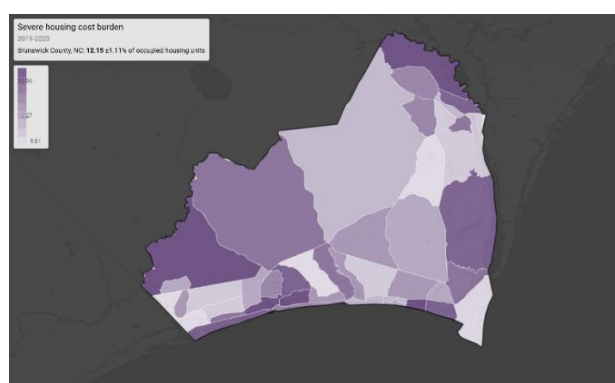
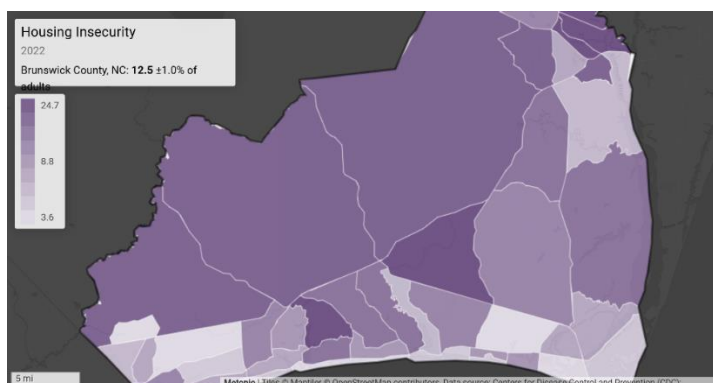
Housing cost burden refers to households, rented or owned, spending more than 30% of their income on housing costs like rent or a mortgage. Severe housing cost burden refers to households spending more than 50% of their income on housing, including both renters and owners. Cost burdened housing is associated with housing insecurity, defined as the inability to pay mortgage, rent or utility bills in the past 12 months.

YEAR	HOUSING	BRUNSWICK COUNTY	NC	US
2023	% of cost burdened housing units	24.99	28.04	31.86
2023	% of severely cost burdened housing units	13.49	12.72	15.12
2023	Housing insecurity	12.5	14.3	n/a

Source: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Quarterly Census of Employment and Wages (QCEW), NC Department of Commerce, Labor and Economic Analysis Division; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metop

Housing affordability represents a growing challenge despite the county's high homeownership rate. The percentage of cost-burdened housing units (those spending more than 30% of household income on housing) stands at 24.99%, lower than both state (28.04%) and national (31.86%) rates. However, severely cost-burdened households, represent 13.49% of the county, exceeding the state rate of 12.72% but remaining below the national rate of 15.12%. This indicates that while moderate housing cost burden is less prevalent than in other areas, a significant subset of residents faces extreme housing affordability challenges that can limit their ability to afford other basic necessities including healthcare, food and transportation.

Housing insecurity affects 12.5% of adults age 18 and older. This measure reflects the inability to pay mortgage, rent, or utility bills in the past 12 months, indicating financial vulnerability that can lead to housing instability. Utility service threats affect 7.7% of adults, lower than both state (8.9%) and national (8.2%) rates. However, these measures represent thousands of Brunswick County residents experiencing housing-related financial stress that can impact health through chronic stress, delayed healthcare seeking and reduced resources for other health-promoting activities.



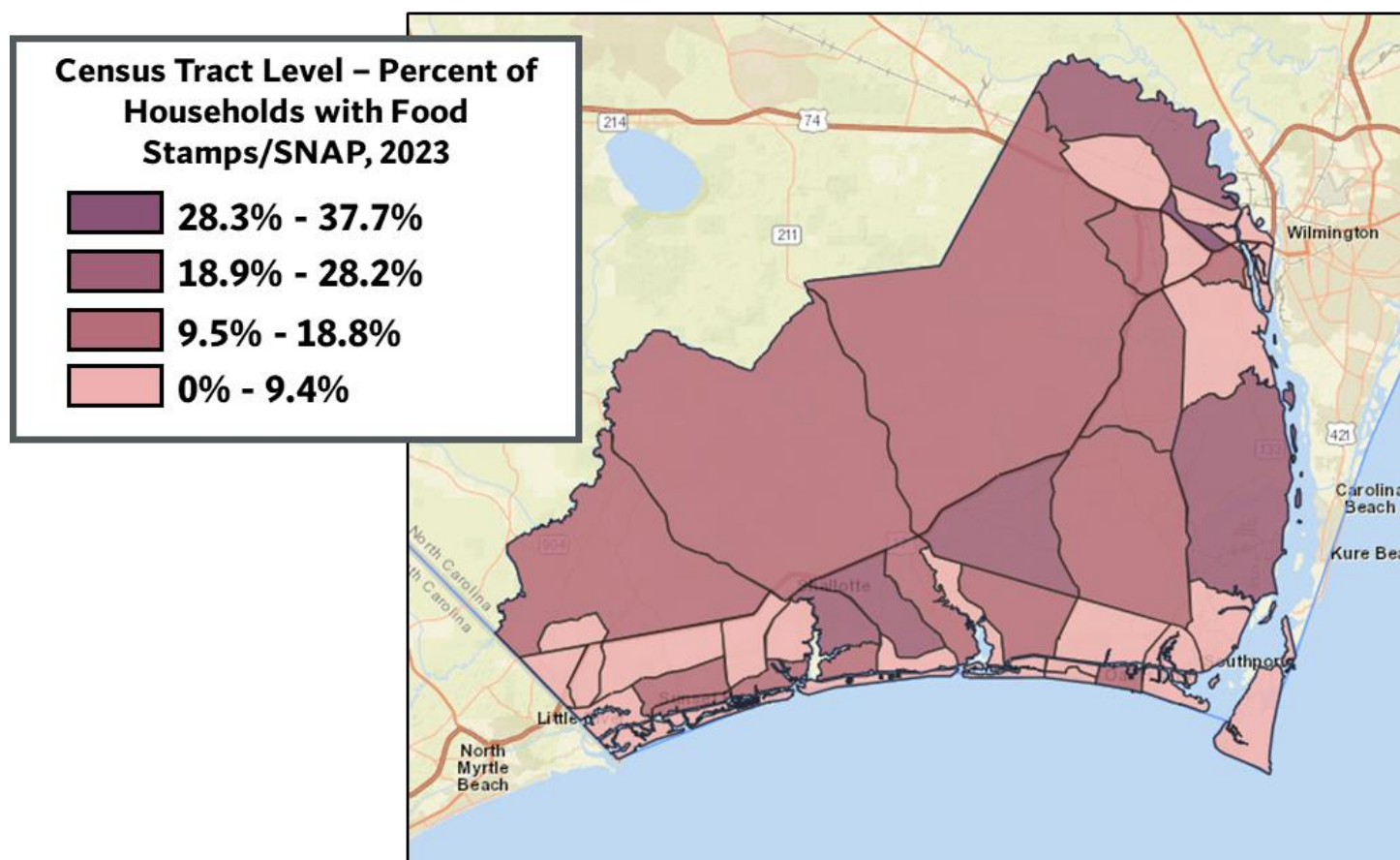
Source: Centers for Disease Control and Prevention (CDC); PLACES

## Food Security

YEAR	FOOD INSECURITY	BRUNSWICK COUNTY	NC	US
2023	% of households on SNAP	9.26	12.60	12.22
2023	Food insecurity	13.9	15.0	14.5
2023	Households in poverty not receiving food stamps	74.40	58.15	59.40

Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; Map the Meal Gap, Feeding America, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio.

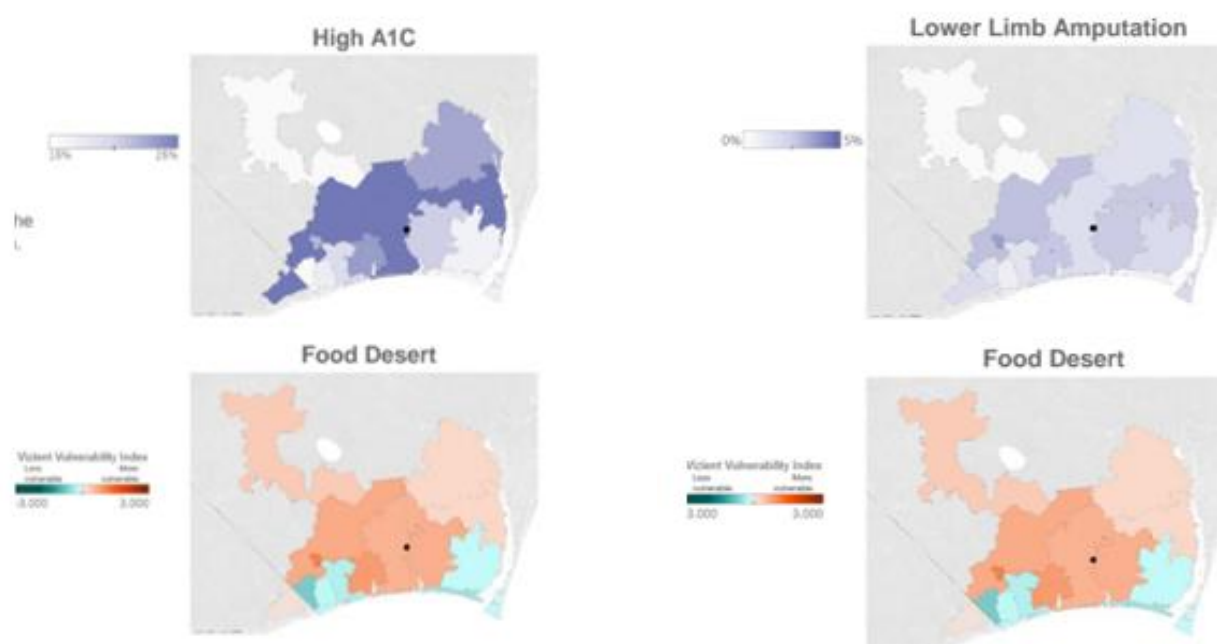
When a household has limited or uncertain access to enough nutritious and safe food for everyone, it is considered food insecure. In Brunswick County, 13.9% of households experience food insecurity, which is slightly below the state average (15.0%) and just below the national average (14.5%). Despite experiencing food insecurity, 74.40% of households in poverty in Brunswick County did not receive food stamps, significantly higher than both NC (58.15%) and the US (59.40%).



In order to meet the USDA definition of a food desert, a geographic area must meet two criteria:

- **Low-income:** A census tract with either a poverty rate of 20% or greater or a median family income that is 80% or less than the state or metropolitan area median family income.
- **Low access:** At least 500 people or 33% of the population live more than one mile from a supermarket in an urban area or more than 10 miles in a rural area.

NHBMC patients who live in a food desert are more likely to have A1C over 9 and to have lower limb amputations (see maps below). Patients from these same areas are also more likely to develop kidney disease and heart failure.



Data Source: Vizient Clinical Data Base distinct patients 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2

The maps above highlight the Vizient Clinical Data for individuals 18 or older with any diagnosis of type 2 diabetes:

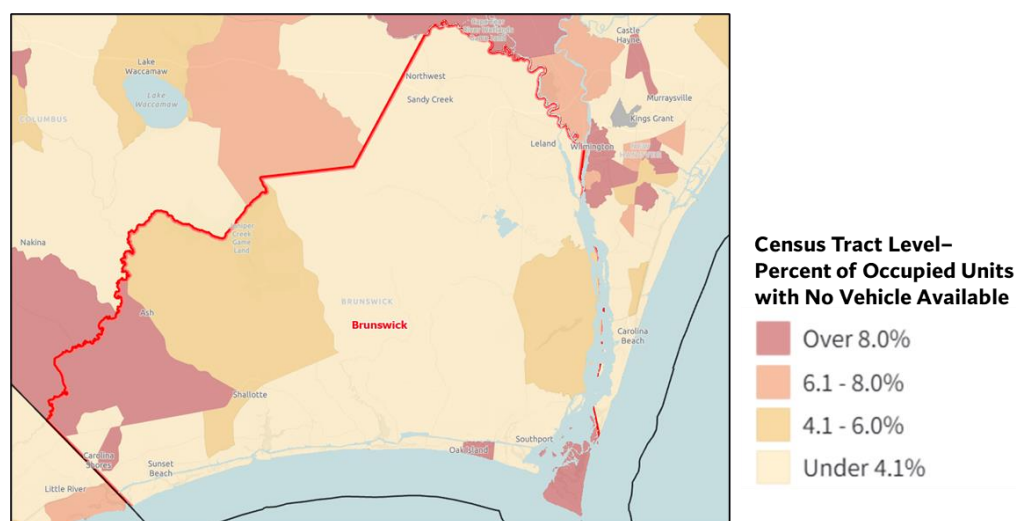
- The maps on the left indicate: In purple, A1C > 9 among patients with diabetes (darker purple representing a higher percentage of distinct patients). Vizion Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability).
- Maps on the right indicate purple, incidence of lower limb amputation (darker purple representing a higher percentage of distinct patients). Vizion Vulnerability Index (turquoise representing lower vulnerability and orange representing higher vulnerability).
- Zip codes where fewer than 0.5% of all patients live are excluded on both.

## Transportation

YEAR	TRANSPORTATION	BRUNSWICK COUNTY	NC	US
2023	Percent of adults who reported lack of transportation	7.6	9.0	n/a
2023	% of households with no vehicle access	3.31	5.48	8.44

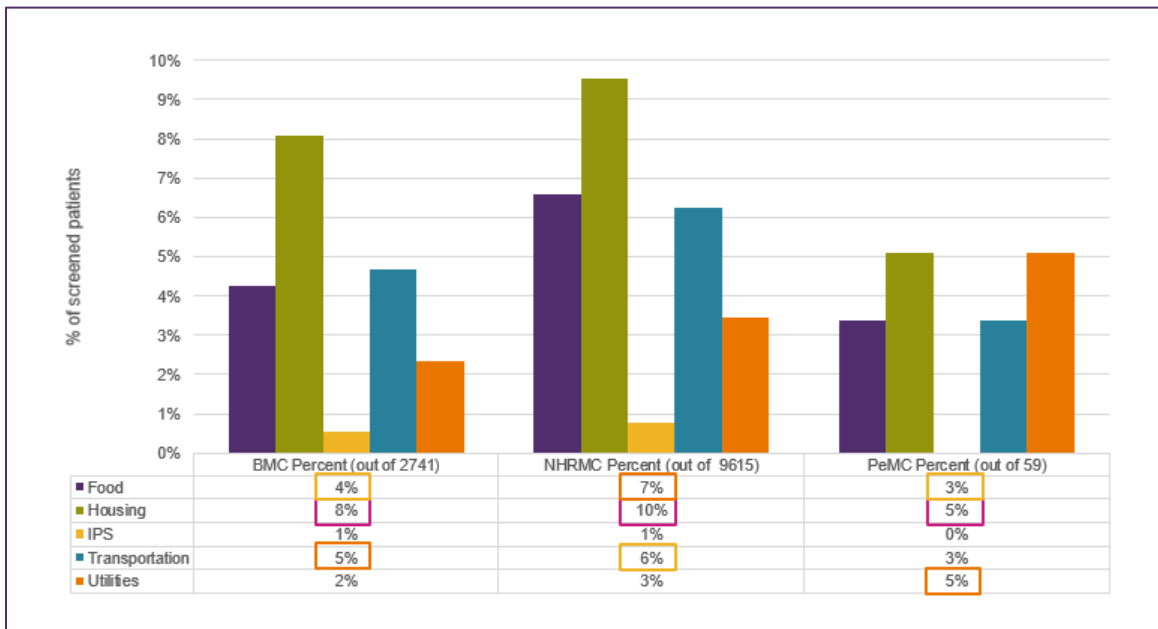
Sources: American Community Survey (ACS) 2019, 2023 5-Year Estimates, U.S. Census Bureau, via Metopio; PLACES Project, Centers for Disease Control and Prevention (CDC), via Metopio. White House Council on Environmental Quality, Climate & Economic Justice Screening Tool (Version 2.0), via Metopio; Multi-Resolution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

Lack of transportation is a significant issue in North Carolina, as 9% of adults lack transportation across the state. Brunswick County has better-than-average transportation access and lower commuting burdens compared to state and national trends. However, the Vizient Vulnerability Index data indicates that patients from neighborhoods with less access to transportation are more likely to return to the Emergency Department within 30 days.



The census tract-level map reveals geographic variation in vehicle access across Brunswick County. While the county overall shows strong vehicle ownership at 97.7% of households, certain areas show higher concentrations of households without vehicles, with some census tracts exceeding 8.0%. These pockets of limited vehicle access are particularly challenging given the near-absence of public transit infrastructure, where less than one percent of residents use public transportation for work commutes.

In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation and utilities. Results from 2024 social needs assessments are below. Top needs at NHBMC were housing, followed by transportation and food.

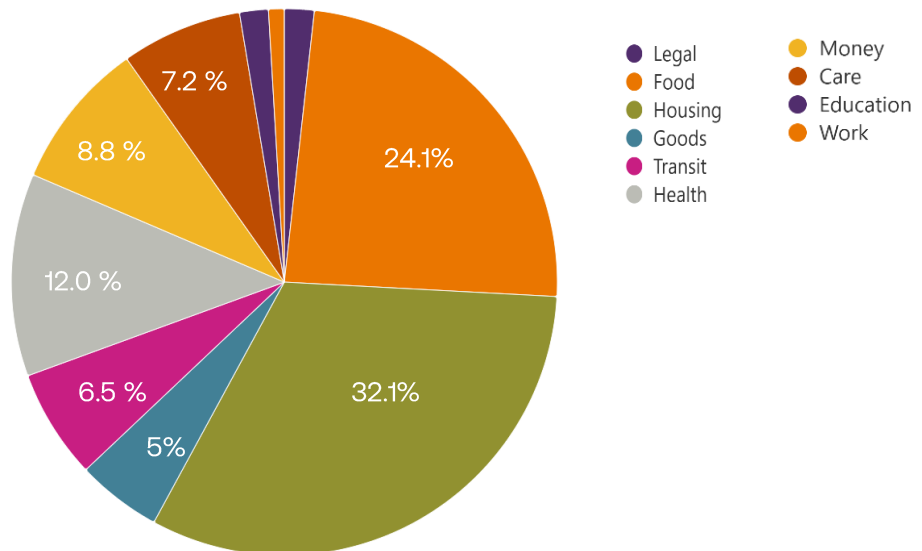


Source: EPIC-based social needs assessment, administered to admitted NH patient in 2024

In order to address identified social needs, Novant Health partners with FindHelp, an online aggregator of free and reduced cost social resources. This platform is free to search, connect and refer to resources to any member of the community. FindHelp is broadly used by Novant Health team members to connect patients with social needs to resources. The Novant Health iteration of the FindHelp platform is called NH MyCommunity ([NovantHealth.org/MyCommunity](https://NovantHealth.org/MyCommunity)). Search data by facility shows that the top FindHelp searches at Brunswick Medical Center include housing, food and healthcare access..

### Brunswick County Social Needs Resource Searches by Type FindHelp data - 2024

Brunswick County, NC, 2024



# ASSESSMENT PROCESS

## Community Health Needs Assessment Overview

The CHNA is a systematic, data-driven, and collaborative process designed to better understand the health and social needs of the communities served by Novant Health. This assessment is a foundational step in understanding current health status and social drivers affecting residents, and it guides the development of strategies to improve community health outcomes. Hospitals and local health departments across the region work together to identify needs and share resources for compilation, analysis and implementation planning. For a full timeline of the CHNA process steps, please see the appendix.

### Consideration of Input from Persons Representing Broad Community Interest

The 2025 CHNA for NHBMC ensured broad engagement from community groups. Required stakeholder groups, including public health and individuals from, and community organizations serving, low-income, minority and medically underserved populations, were engaged throughout the process.

NHBMC partnered with Brunswick County Health Services as a member of the county's Community Health Assessment Steering Committee, which guided assessment planning and improvement strategies. Novant Health also convened Community Voice Councils and collaborated with trusted community organizations to engage Black and African American residents, LGBTQ+ residents, individuals with disabilities and residents who speak Spanish.

Findings from surveys, focus groups, and key leader interviews were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. The Community Health Opinion Survey gathered 972 responses from Brunswick County residents, with surveys distributed in both English and Spanish to ensure broad accessibility. Four additional focus groups engaged approximately 50 participants, including representatives from medically underserved populations, community organizations, and residents with lived experience navigating health and social service systems. Eight key leader interviews provided in-depth perspectives from individuals with expertise in public health, healthcare delivery, social services, and community advocacy.

These findings highlighted access to care (including mental health services and chronic disease management), affordable housing, access to food, and transportation as pressing concerns across multiple data sources. Focus groups reinforced these themes, with participants emphasizing the need for improved access to care and targeted interventions that address interconnected barriers related to food security, housing stability, and transportation access. NHBMC inpatient and emergency department data further demonstrated the significant burden of chronic disease in the community. Throughout this process, no written comments were received on the prior CHNA.

Through a structured prioritization process, NHBMC leadership reviewed all inputs and considered scope, severity, health disparities and feasibility of interventions. Selected priorities reflect the direct input of community members, align with public health data and ensure accountability at the facility level for implementing strategies that address the most significant health needs in Brunswick County.

## **Collaborative Community Partners**

The 2025 CHNA for Novant Health Brunswick Medical Center was developed in partnership with Brunswick County Health Services and Doshier Memorial Hospital, Brunswick County community organizations and agencies, and members of Novant Health Community Voice Councils to reflect all populations, ensure data consistency and establish local relevance.

Planning for the 2025 CHNA included convening a Community Health Assessment Steering Committee composed of leaders from public health, hospitals, and community organizations to establish shared goals, timelines, and collaborative processes. The Steering Committee met five times between July and December 2025 to guide the assessment process, review findings, and participate in prioritization activities. Secondary data was sourced from credible regional and national databases, such as the U.S. Census Bureau, Centers for Disease Control and Prevention, County Health Rankings & Roadmaps, and North Carolina state data systems. NHBMC conducted primary data collection through focus groups, key leader interviews, and a community-wide health opinion survey to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by shared data platforms, including Metopio, which enhanced data visualization, transparency, and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

## **Community Health Assessment Steering Committee**

NHBMC partnered with Brunswick County Health Services and Doshier Memorial Hospital as lead organizations of the county's Community Health Assessment Steering Committee, which guided assessment planning and improvement strategies. The Steering Committee served as a critical governance body throughout the CHNA process, providing guidance, vetting analyses and findings and ensuring the assessment met the distinct needs of all participating entities. The committee met five times between July and December 2025 to review data, provide input on methodology and guide the prioritization of health needs identified through the assessment.

Throughout the assessment process, Steering Committee members served as a sounding board for process inputs and findings, facilitated community-wide participation in primary data collection, identified and engaged key leaders for interviews, offered feedback on CHNA process steps, provided access to relevant data sources and participated in the prioritization process. The committee reviewed secondary data findings in August 2025, primary data findings in October 2025 and participated in an integrated data review and prioritization process in November 2025 before reviewing draft CHNA reports in December 2025.

The Steering Committee also played an essential role in ensuring robust community engagement by identifying key populations of interest for focus groups, providing a list of key leaders for interviews, reviewing survey questions and focus group protocols and distributing the community health opinion survey to maximize participation across Brunswick County. A full list of steering committee members is available in the appendix.

## Ascendient Healthcare Advisors



Ascendient Healthcare Advisors served as the external consultant and facilitator for the Brunswick County Community Health Assessment. Ascendient is a national health and healthcare strategy firm with over 30 years of experience working with health, healthcare and public health organizations, specializing in community health needs assessments and improvement planning. Throughout the assessment process, Ascendient facilitated the collection and analysis of both secondary and primary data and worked closely with the Steering Committee to ensure all deliverables adhered to North Carolina Department of Health and Human Services requirements, IRS regulations, and Public Health Accreditation Board standards.

## Metopio



**Metopio**

Metopio is a robust platform that 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. Metopio provided robust secondary data for this CHNA report, and interfaced with other Novant Health vendors, including FindHelp, to provide robust health and social needs data. (Metopio: <https://public.metopio.io>).

## Solicitation

Community engagement was central to the CHNA process. Novant Health Brunswick Medical Center gathered input from organizational stakeholders via surveys, key leader interviews and focus groups, including those who serve medically underserved\*, low-income and minority populations.

Primary data collection included multiple methodologies to capture diverse community perspectives. Four focus groups were conducted between September 23-25, 2025, at locations including The Brunswick Center at Waccamaw, Southport Harper, Coastal Horizons and Saint Brendan Catholic Church, with one Spanish-language focus group facilitated by Brunswick County Health Services. Eight key leader interviews were conducted virtually between September 2 and October 2, 2025, with representatives from hospital systems, community health organizations, local public health, faith-based organizations, community nonprofits, healthy food access programs, senior services and mental health programs. The Community Health Opinion Survey was deployed from August 27 through October 6, 2025, available in both English and Spanish, and received approximately 972 responses from residents across all Brunswick County zip codes.

Novant Health also convened Community Voice Councils and collaborated with trusted community organizations to engage Black and African American residents, LGBTQ+ residents, individuals with disabilities and residents who speak Spanish. These focus groups, conducted by the Novant Health Office of Health Equity and Community Health team, ensured representation of populations experiencing health disparities and gathered perspectives on culturally responsive care, mental health access and stigma, social drivers of health and support needs for caregivers and youth.

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

## Data Collection and Analysis

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

### Secondary Data

Steering committee secondary data collection included the analysis of over 100 data indicators at the county level. Data were collected from numerous credible regional and national sources to provide a comprehensive picture of health outcomes, health behaviors, clinical care, social and economic environment and physical environment factors affecting Brunswick County residents. The secondary data methodology followed a three-step process: (1) compile and analyze individual data measures, (2) identify common themes and develop categories and focus areas modeled after the Robert Wood Johnson Foundation County Health Rankings methodology, and (3) identify preliminary priorities based on levels of demonstrated and/or expressed need. A full list of data sources can be found in the appendix. Additional data was sourced by Metopio, FindHelp, and the Vizient Vulnerability Index to provide insights for Brunswick Medical Center patients and Brunswick County residents as a whole.

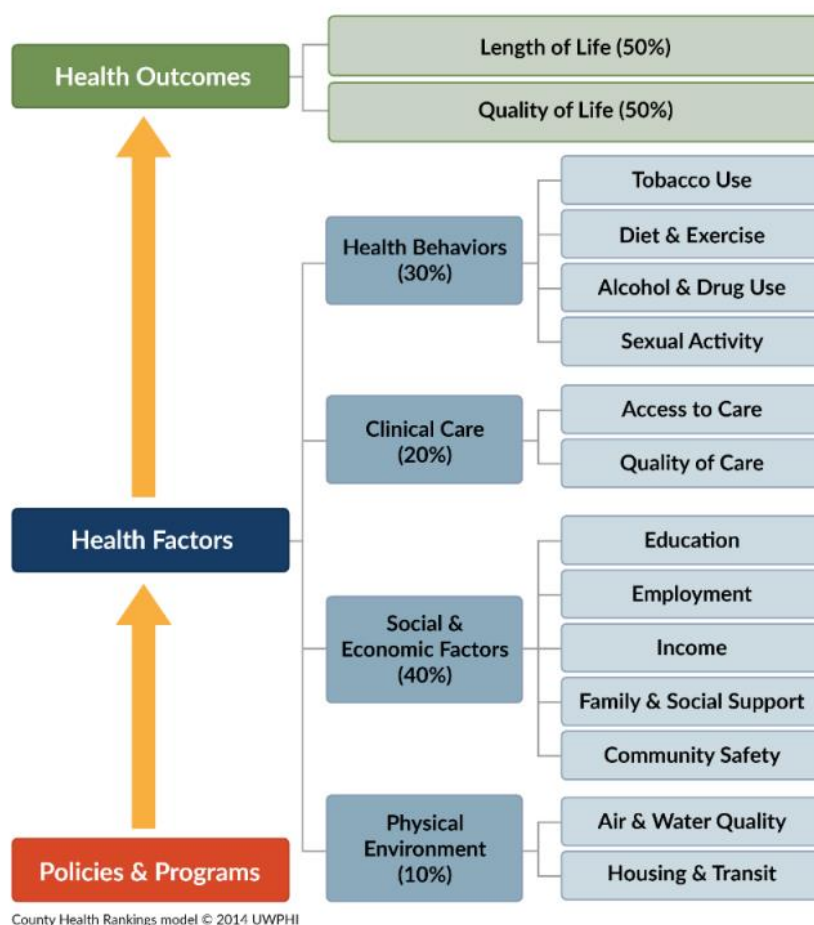


Figure: Population Health Framework, Modeled after the University of Wisconsin's County Health Rankings Methodology

## Primary Data

Primary data collection utilized a multi-method approach incorporating focus groups, key leader interviews, and a community health opinion survey to capture diverse perspectives and experiences from Brunswick County residents and stakeholders. Using a health equity lens, primary data collection efforts prioritized gathering input from residents of varying ages, income levels and race/ethnicities to ensure the needs of all populations were incorporated into the assessment. Discussion topics across all primary data collection methods included priority health and social/environmental needs in the community, healthcare access barriers, the needs and concerns of specific population cohorts and perceptions of community resources. Qualitative data from focus groups and interviews were analyzed using a systematic coding process to identify themes across broad categories including community health status, social drivers of health, healthcare access and barriers, community assets and solutions and quality of life factors.

### Community Health Opinion Survey

The Community Health Opinion Survey was developed and administered in collaboration with the Steering Committee from August 27 through October 6, 2025. The survey was available in both English and Spanish and distributed through web-based platforms as well as paper-based versions to allow for focused, on-the-ground community-based engagement strategies. Steering Committee members, the Brunswick Wellness Coalition and other community networks, faith communities and local organizations supported survey distribution to broaden reach across the service area. The survey received approximately 972 responses from residents across all Brunswick County zip codes. Survey questions focused on the most important health problems facing the community, barriers to accessing healthcare, social and environmental factors affecting health, mental and physical health conditions and behaviors, substance use, neighborhood conditions and exercise habits. Survey results were stratified by age, gender, race and ethnicity to better understand the experiences of different populations in the service area.

### Key Leader Interviews

A total of eight key leader interviews were conducted by Ascendient Healthcare Advisors between September 2 and October 2, 2025. All interviews were scheduled for 60 minutes and were conducted virtually. Leaders interviewed represented a variety of sectors and organizations throughout Brunswick County, including hospital systems, community health organizations, local public health leadership, faith-based organizations, community nonprofit leaders, healthy food access programs, senior services, and mental health programs. Interview questions, approved by the Steering Committee, were designed to further understand the issues impacting health and quality of life among Brunswick County residents and to better describe the dynamics driving significant areas of need to assist with priority setting and planning for the future. Interviews explored community concerns and health challenges, social and environmental factors, healthcare access and resources and solutions and recommendations for addressing identified needs.

## Limitations of the Assessment

This report provides a large volume of helpful information about the health of people in the community; however, there may be limitations. Secondary data is often available on a delay, so for some measures the most recent data available is from 2019 to 2023. Data from 2020 and more recent years should be

considered within the context of the COVID-19 pandemic, which significantly impacted health behaviors, healthcare utilization and social conditions during that period.

Primary data collection faced several constraints that may affect the comprehensiveness of community representation. Some groups of people did not take part in primary data collection, including individuals who are detained, institutionalized or people who speak languages other than English or Spanish. The Community Health Opinion Survey had underrepresentation among certain demographic groups, particularly young adults aged 18–24 and male respondents across several age categories. Survey respondents were predominantly White (81.4%), older adults (over 50% aged 55 or older), and female (69.0%), which may not fully capture the perspectives of younger residents, men and racial/ethnic minority populations proportionate to their presence in Brunswick County. Additionally, the vast majority of survey respondents (95.7%) speak English at home, which may limit insights from non-English speaking communities despite the availability of the survey in Spanish.

The assessment does not cover every health condition or social issue affecting Brunswick County residents. Resource and time constraints necessitated prioritization of certain health issues over others. Focus groups and key leader interviews, while providing valuable qualitative insights, represent the perspectives of a limited number of participants and may not capture all community viewpoints.

Despite these limitations, the report serves as a valuable reference point for tracking social, economic, and health indicators in Novant Health Brunswick Medical Center's primary service area. It provides a foundation for informed decision-making and strategic planning aimed at improving community health outcomes.

## IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

### Identified significant health needs

The identification of significant health needs followed a systematic, multi-phase approach integrating both secondary and primary data sources. This comprehensive methodology ensured that preliminary priorities were grounded in quantitative evidence, validated by community input, and aligned with established public health frameworks.

To systematically identify "high need" areas, Brunswick County data were compared against peer county, state and national benchmarks aligned with established standards from Healthy People 2030, County Health Rankings, CDC Reports and NACCHO guidelines. Quantitative variation from state and national benchmarks and prioritization criteria including health impact (mortality contribution, morbidity burden, and population reach), modifiability (availability of evidence-based interventions, local capacity and cost-effectiveness) and healthy equity considerations (disproportionate impact on medically underserved groups, structural factors, intergenerational effects and social drivers of health) were used in identification of needs. Primary data from focus groups, key leader interviews, and the community health opinion survey were integrated with secondary data findings to validate and refine preliminary priorities.

After data was collected and analyzed from the primary and secondary data sources, Novant Health and localized steering committee members determined the following identified needs from which the priority health needs would be selected:

- Access to healthcare and quality of healthcare
- Behavioral Health (mental health and substance use)
- Chronic disease prevention and management/ Physical health (including diabetes, obesity and heart disease)
- Income/ employment and workforce opportunities
- Built environment
- Food environment
- Food security
- Transportation

## Survey Findings

The Community Health Opinion Survey was released on August 27, 2025 and closed on October 6, 2025 with 972 responses from residents across Brunswick County. Among the Community Health Opinion Survey respondents, the following themes were identified:

- **Mental Health**

- Nearly one-third of respondents reported being diagnosed with depression or anxiety, making mental health conditions among the most commonly reported health issues
- About one in six respondents needed mental healthcare or counseling in the past year but did not receive it at that time
- Cost emerged as the primary barrier to accessing mental health services, followed by difficulty securing appointments and uncertainty about where to access services
- Mental health conditions were identified as a significant factor limiting community health, particularly among younger residents

- **Physical Health**

- Chronic conditions showed high prevalence, with hypertension, arthritis and high cholesterol, each affecting over one-third of respondents
- Diabetes and heart disease were reported as major health concerns alongside cancer
- The prevalence of these conditions reflects the complexity of health management needs in the community

- **Access to/Utilization of Care**

- Cost and lack of health insurance emerged as the dominant barriers preventing residents from accessing healthcare services, with 85% citing cost as too expensive
- Healthcare system infrastructure challenges included absence of nearby doctors and insurance acceptance issues
- Financial constraints extended beyond medical appointments to dental care, vision care, specialist visits, prescription medications and mental health counseling
- Nearly one-quarter of respondents needed dental care in the past year but were unable to access it
- Transportation access was cited by 26% as a barrier to accessing healthcare

- **Quality of Care**

- Respondents prioritized expanding healthcare capacity and community-level health programming as top strategies for improving county health

- The emphasis on more appointments for healthcare services and local health programs reflects desire for both increased access to clinical care and upstream prevention efforts
- About one-third of respondents utilized telehealth services over the past year, suggesting growing acceptance of remote healthcare delivery
- **Substance Use Disorders**
  - Alcohol and drug addiction was identified as the single most important health problem facing Brunswick County by survey respondents
  - A substantial portion of the community reported that substance use disorders have negatively impacted their lives either personally or through someone close to them, with 43% reporting some degree of negative impact
  - Younger and middle-aged respondents were significantly more likely to report that substance use disorders have greatly affected their lives, with nearly two-fifths of those aged 18-34 indicating substantial impacts
  - Only 4% of households reported misuse of prescription drugs in the past year
- **Built & Food Environment**
  - Limited access to healthy foods was identified by 19% of respondents as one of the most important factors limiting community health
  - Better walkability was suggested by 12% as a strategy to improve county health
  - Respondents prioritized healthy living by individuals as an important strategy for community wellness
- **Transportation & Transit**
  - Lack of transportation was cited by 26% of respondents as one of the three most important reasons people do not get healthcare
  - Better transportation to health services was identified by 24% as a key strategy to make Brunswick County healthier
  - Transportation problems were recognized by 19% as one of the most important environmental factors limiting health
- **Employment/Income**
  - Poverty was identified by 23% of respondents as one of the three most important factors in people's surroundings that limit health
  - Lack of job opportunities was cited by 11% as a significant barrier to community health
  - Survey respondents represented diverse income levels, with representation across the economic spectrum though more representation from middle- and higher-income brackets
  - Economic concerns varied by demographic group, with "Other" race respondents and younger adults placing higher emphasis on economic barriers

## Key Leader Interview Feedback

Eight key leader interviews were conducted between September 2nd and October 2nd, 2025 with leaders representing hospital systems, community health organizations, public health, nonprofit organizations, faith communities, food access programs, senior services and mental health programs throughout Brunswick County. The purpose of these interviews was to further understand the issues impacting health and quality of life among Brunswick County residents, and to better describe the dynamics driving significant areas of need to assist with priority setting and planning for the future. Among the key leader interviews, the following themes were identified:

- **Mental Health**
  - Mental and behavioral health emerged as a critical concern across all interviews, with severe shortages of mental health providers for all age groups
  - Residents experience barriers including stigma, lack of awareness of available services and insufficient crisis response capacity
  - Mental health challenges are compounded by social isolation, caregiver stress and limited support systems
- **Physical Health**
  - Chronic diseases including diabetes and heart disease represent the most significant health concerns affecting the population
  - Limited access to specialty care and preventive services contributes to disease progression and complications
  - Aging population requires expanded geriatric services and chronic disease management programs
- **Access to/Utilization of Care**
  - Primary care appointment waits of four to six months create significant barriers to timely healthcare access
  - Specialist services require travel of 2.5 hours or more, with particularly severe shortages in neurology and other specialties
  - Insurance complexity, medication costs and system navigation challenges create barriers at multiple entry points to care
  - Geographic access disparities span 800 square miles with minimal transit infrastructure
- **Substance Use Disorders**
  - Substance use affects multiple generations and requires expanded treatment capacity, particularly for Medicaid-covered services
  - Limited local treatment options necessitate out-of-area placements and create barriers to recovery
  - Prevention and treatment initiatives are needed to address deaths of despair and related health outcomes
- **Built & Food Environment**
  - Rapid development outpaces infrastructure capacity, creating concerns about roads, emergency services and healthcare facilities
  - Built environment lacks safe pedestrian and bicycle infrastructure, limiting physical activity opportunities
  - Food environment challenges include limited grocery store access and insufficient awareness of food assistance resources
- **Environmental Quality**
  - Environmental contamination disproportionately impacts economically disadvantaged communities, particularly in northern Brunswick County areas like Navassa and Riegelwood
  - Growth-related environmental concerns include deforestation contributing to flooding and inadequate drainage systems
- **Housing & Homelessness**

- Housing affordability crisis affects service workers, teachers, firefighters, EMTs and other essential personnel who cannot afford to live near their workplaces
- Poor housing quality including mold and structural issues creates health risks
- Working families face impossible choices between housing and other basic needs like food and transportation
- **Transportation & Transit**
  - Transportation emerged as a fundamental barrier affecting access to healthcare, food, employment and all essential services across the 800-square-mile service area
  - Medicaid transportation services are unreliable, rideshare services are unavailable in rural areas and roads lack safe walking or biking infrastructure
  - Service workers cannot afford to live where they work, creating daily transportation challenges and economic strain
- **Employment/Income**
  - Geographic economic disparities create a "tale of two cities" with affluent coastal communities and struggling working-poor populations
  - Service workers, teachers and essential personnel are priced out of communities where they work
  - Hidden economic challenges affect working families who appear stable but struggle with basic needs
- **Food Security**
  - Food insecurity creates cascading health impacts when families must choose between housing, transportation and food
  - Despite strong coordinated food security networks and food pantry systems, access and awareness remain challenges
  - Nutritious food access is fundamental to health improvement but remains inadequate for many residents

## Focus Group Feedback

A total of four focus groups were conducted in-person between September 23rd and September 30th, 2025 with approximately 50 community members from Brunswick County. Focus groups were held with seniors at The Brunswick Center at Waccamaw, community members at Southport Harper Library, individuals receiving substance use treatment at Coastal Horizons, and Spanish speaking individuals at Saint Brendan the Navigator Catholic Church. Discussion topics included priority health and social/environmental needs in the community, healthcare access limitations, the needs and concerns of specific populations and perceptions of community resources. Among the focus groups, the following themes were identified:

- **Mental Health**
  - Severe shortage of mental health providers across all age groups, with children requiring out-of-county or out-of-state services due to local service gaps
  - Limited mental health services and psychiatry access throughout the county
  - Inadequate mental health crisis response capacity and need for law enforcement de-escalation training
  - Mental health emerged as a prevalent health issue affecting community members across all focus groups

- **Access to/Utilization of Care**
  - Participants across all four focus groups described severe barriers to medical care with primary care appointment waits extending six months to a year
  - Specialists are often unavailable locally, requiring residents to travel to Wilmington or Myrtle Beach for care
  - Participants voiced concerns that healthcare infrastructure is not expanding with population growth
  - Primary care physician availability is insufficient to meet community needs, particularly for lower-income residents
  - Insurance coverage gaps for certain medications and out-of-area services, with complexity of navigating different insurance types creating confusion
- **Quality of Care**
  - Participants reported mixed experiences with hospital care quality and coordination, with some feeling diagnoses were delayed or facilities failed to communicate effectively
  - Lack of electronic health record integration between Doshier and Novant systems is creating care coordination challenges
  - Concerns about the quality of available skilled nursing facilities
  - Participants noted concerns about primary care physician burnout given patient demand
- **Exercise**
  - Beach communities were described as active and physically engaged, with participants identifying exercise and healthy eating as health improvements
  - Geographic access disparities: paying for beach parking now excludes local residents from recreational spaces previously used freely for walking and exercise
  - Built environment restricts physical activity opportunities, with neighborhood design making walking unsafe
- **Substance Use Disorders**
  - Substance use is multifaceted across generations, communities and substances, including illicit opioids, methamphetamines, alcohol, vaping and tobacco
  - Limited substance use disorder treatment options, especially Medicaid-covered inpatient facilities, with participants describing treatment as a critical, life-saving resource
  - Wound care needs related to contaminated substances causing tissue damage
  - Probation compliance challenges due to limited drug testing locations creating barriers to recovery program participation
- **Tobacco Use**
  - Substance use discussions included tobacco as one of the substances affecting multiple generations in the community
  - Tobacco use mentioned alongside vaping as part of the multifaceted substance use challenges
- **Built & Food Environment**
  - Isolated and rural areas are without accessible healthy food, compounded by transportation barriers
  - Food deserts require considerable travel to access grocery stores, with limited healthy food options locally
  - Grocery stores experiencing shortages of fresh produce
  - Rapid development outpaces infrastructure capacity, creating concerns about roads, emergency services and healthcare facilities

- Built environment lacks safe pedestrian and bicycle infrastructure, limiting physical activity opportunities
- **Environmental Quality**
  - Environmental hazards and emergency preparedness impacts all people, with mentions of hurricanes, flooding, environmental contaminants and deforestation
  - Participants described concerns about flooding, limited evacuation routes and proximity to nuclear plant and ammunition depot
  - Road safety infrastructure lacking shoulders, experiencing speeding and congested during peak tourist season
- **Housing & Homelessness**
  - Participants reported significant affordable housing shortages and concerns about housing quality, including mold issues
  - People experiencing homelessness reported having "no resources to get anything" with regional shelter at capacity
  - County reluctant to establish local shelter, with only warming shelters available rather than year-round housing
  - Participants questioned why commercial development prioritized over social services
- **Transportation & Transit**
  - Transportation emerged as the single most critical barrier preventing access to healthcare, food and employment across all demographics
  - Medicaid transportation is reported as unreliable with frequent cancellations; rideshare is unavailable in rural areas
  - Roads are not safe to walk or bike and there are few transportation resources available to all areas
  - Rural areas and roads are not safe for travel without a vehicle
  - Many participants rely heavily on family members for rides, with license suspensions limiting mobility
- **Employment/Income**
  - Participants voice concerns about the affordability of all services and resources, particularly housing, transportation and healthcare
  - Nearly every focus group mentioned working, low-income individuals who cannot take the time or have enough money for healthy behaviors and healthcare
  - Economic and income disparities were identified as significant health disparities in the community
  - Limited job opportunities beyond manual labor
  - Hispanic/immigrant populations report employment and economic instability
- **Food Security**
  - Several focus groups discussed the many community resources for food and nutrition, and the need to better understand resources and how to utilize those resources
  - Insufficient awareness of food bank/food pantry locations
  - Participants identified active food assistance programs including The Lord's Pantry and First Baptist Shallotte as community assets

Novant Health Office of Health Equity and Community Health team members conducted three additional focus groups. Community voice councils established to understand best practices in personalizing care were leveraged to gather this additional data. Council members include patients, caregivers, community leaders and nonprofit partners who are members of, or focus on serving, various minority, low-income and

medically underserved populations. The overall process for data collection was designed to ensure the information reflected all communities served. Among Novant Health Community Voice Council focus groups, the following themes were identified:

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

## Analysis and Prioritization

Following completion of the comprehensive data collection and analysis phase, Novant Health Brunswick Medical Center, in partnership with Brunswick County Health Services and the Community Health Needs Assessment Steering Committee, engaged in a systematic prioritization process to identify the most critical health needs requiring focused intervention over the 2025–2027 planning period. This process ensured that selected priorities reflected both data-driven evidence and direct community input. A structured approach was used to facilitate thorough deliberation and consensus-building among all stakeholders.

## County Prioritized Health Needs

On November 4, 2025, the Steering Committee and community partners convened to review the integrated findings and conduct the initial prioritization. During this stakeholder meeting, participants were presented with a comprehensive overview of the CHNA findings and preliminary priority areas with an aim to narrow priorities based on the severity and intensity of need, possibility and effectiveness of interventions, level of importance community places on the need and associated health disparities.

Through this collaborative stakeholder input process, priority health needs reflecting both data-driven evidence and community input from Steering Committee members and other stakeholders throughout Brunswick County were identified. Following the November 4 prioritization meeting, a follow-up survey was distributed to Steering Committee members and community partners to finalize the selection of the top three priority health needs. This two-stage approach ensured thorough deliberation and consensus-building among all stakeholders, including leadership from NHBMC.

The three priority health needs selected for the 2025 CHNA include:

1. Behavioral Health (including mental health and substance use disorder)
2. Determinants of Health (including infrastructure, transportation, food security, and economic disparities)
3. Healthcare Access Barriers (including provider ratios, insurance barriers, and physical access barriers)

The priority health needs selected through this process were not ranked in order of importance; rather, each will be addressed over the next three years by the Community Health Assessment Steering Committee and community partners. Selected priorities reflect the direct input of community members, align with public health data and ensure accountability at the facility level for implementing strategies that address the most significant health needs in Brunswick County.

## Facility Prioritization

In addition to the primary and secondary data, Novant Health Brunswick Medical Center leadership reviewed the top five diagnosis codes for inpatient readmissions and hospital emergency room returned visits from August 2024-July 2025 among patients with government insurance or no health insurance.

Upon a comprehensive review of the primary and secondary data, the Novant Health Brunswick Medical Center leadership team and the Novant Health Brunswick Medical Center Board of Directors evaluated this information based on the scope, severity, clinical gaps associated with the need and the estimated feasibility and effectiveness of possible interventions. Through this thorough evaluation, the team agreed on the following significant health priorities for Novant Health Brunswick Medical Center:

1. Access to care
2. Chronic disease management and prevention
3. Social Drivers of Health (including specific focus on food, housing and transportation)

Novant Health Brunswick Medical Center			
Inpatient Diagnosis	Volume	Emergency Room Diagnosis	Volume
Sepsis, unspecified organism	292	Urinary tract infection, site not specified	17
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	117	Chronic obstructive pulmonary disease with (acute) exacerbation	15
Pneumonia, unspecified organism	104	Weakness	11
Acute kidney failure, unspecified	84	Unspecified abdominal pain	9
Urinary tract infection, site not specified	75	Essential (primary) hypertension	8

## Health needs not selected and community resources to address health needs

NHBMC will allocate resources to prioritized health needs after careful consideration of the feasibility and potential effectiveness of proposed interventions. Other significant needs that were identified but not prioritized will remain important. NHBMC will continue to raise awareness, provide support, and collaborate with community partners as appropriate to improve outcomes for these needs when they align with the organization's scope of services.

- **Behavioral health (including mental health and substance use)** education and outreach efforts will be incorporated into broader access to care initiatives led by Novant Health or community resources.
- **Built environment, income/employment and workforce opportunities** are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHBMC recognizes these issues are broader than clinical needs and did not identify these as priorities so it could focus efforts on the top issues selected.

In the table below, significant needs not selected for prioritization are marked with an asterisk. In addition to the programs and services offered to the community through Novant Health Brunswick Medical Center, there are various existing community assets available throughout the Brunswick County community that have additional programs and resources tailored to meet all the identified health needs. While not all-encompassing, the following is a list of several valued community agencies that address those prioritized and non-prioritized needs:

IDENTIFIED SIGNIFICANT HEALTH NEEDS	LOCAL COMMUNITY RESOURCES ADDRESSING NEEDS
Health needs: <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Chronic disease prevention and management</li> <li>• Physical Health</li> </ul>	Brunswick Wellness Coalition Brunswick County Health Department Cape Fear Healthnet New Hope Clinic YMCA of Southeastern North Carolina East Carolina University School of Dental Medicine- Brunswick County

Health needs: <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Physical Health/ Chronic disease prevention and management</li> </ul>	Brunswick County Schools, School Health Advisory Committee Brunswick County Communities in Schools Brunswick County Cooperative Extension Brunswick Senior Resources Cedar Grove Community Health Association Lower Cape Fear LifeCare
Social Drivers of Health, including: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Food</li> <li>• Transportation access</li> <li>• Built environment*</li> <li>• Income/ employment and workforce opportunities*</li> </ul>	Brunswick Habitat for Humanity Food: listed are a few, lots of locations Brunswick Family Assistance Brunswick Island Baptist Church Countywide CDC First Baptist Church of Leland Harvest Fellowship Church Inspirational House of Praise Matthew's Ministry Ocean View United Methodist Church South Brunswick Interchurch Council (Food Pantry) Brunswick County Schools Brunswick Community College NCWorks Career Center Brunswick Family Assistance Brunswick Social Services Brunswick County Literacy Council Brunswick County Public Libraries Brunswick Transit Brunswick County Schools Shally Shuttle Town of Shallotte
Behavioral Health (including mental health and substance use disorder) *	Brunswick County Sheriff's Office Christian Recovery Centers Coastal Horizons Carolina Dunes Behavioral Health Coastal Southeastern United Care Hope Harbor Home

\*Significant needs not selected for prioritization. For a full list of community resources, visit [NovantHealth.org/MyCommunity](https://NovantHealth.org/MyCommunity)

## APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 Novant Health Brunswick Medical Center Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Novant Health Brunswick Medical Center Board of Directors on December 3, 2025, in accordance with state and federal guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders and residents. The hospital facility affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation and community health improvement initiatives.

The Novant Health Brunswick Medical Center Board of Directors and Novant Health Brunswick Medical Center administration are active participants in the community benefit process. Through strategic planning initiatives, leadership provides direction on actions and intended impact and serves as the approving body for the community health needs assessment and community health implementation plan. Administrative leaders serve on the county assessment planning team and hospital board members participate and provide influence on the community benefit plans. All members are actively involved in the priority setting discussion and outreach planning process. Additionally, community benefit reports are provided to the board and facility leadership teams throughout the calendar year for ongoing education.

## COMMUNITY FEEDBACK

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

This report can be viewed online at the Novant Health website via the following link:

<https://www.novanthealth.org/about/our-impact/community-health-needs/>

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

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

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

Based on the previously reported health data from the 2022-2024 Community Health Needs Assessment, the Novant Health Brunswick Medical Center Board of Directors did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Brunswick Medical Center as the following: Mental Health, Access to Care and Social Drivers of Health: Food Insecurity.

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

PRIORITY NEED	PROGRAM INITIATIVE /	ACTION	INTENDED OUTCOME
<b>Mental Health</b>	Resiliency Training and Screenings	Provide information and train individuals from various sectors including the nonprofit, faith community and our own team members	Awareness of Mental Health, impact of trauma and provision of tools/skills to build resiliency
	Mental Health First Aid		Awareness of ways to access resources and increased number of individuals connected to appropriate treatment and services within the community
	Opioid Stewardship Task Force	Support community organizations and events aligned with this work such as Brunswick Resiliency Task Force	50 Individuals trained in Mental Health First Aid
	Brunswick County School Crisis Support Program	Alignment of health system regarding treatment of those with Opioid Use Disorder to include education on stigma reduction, monitoring metrics related to use of opioids, and development of pathways for treatment with community partners in partnership with Brunswick County Substance Use Disorder Commission	Community based teams (Home Health, Community Paramedics, CHWs, and other outreach workers) trained on use of Narcan
	Psychiatric Residency Program		Increase in number of patients treated for opioid use disorder in the acute and ambulatory settings
		Provision of telehealth crisis management services for children in Brunswick County Schools	Reduction in admission to Brunswick Medical Center of school age children for acute psychiatric crisis
		Establishment of psychiatric residency program in partnership with UNC School of Medicine	Increased provider base for psychiatric care in our region

**Actual Outcome:** Novant Health Brunswick Medical Center prioritized mental health during the 2022–2024 Community Health Needs Assessment (CHNA) cycle through focused outreach, education and strategic community partnerships. The hospital supported events and initiatives designed to raise mental health awareness and foster resilience among county residents.

In the Coastal region, the Outpatient Peer Support Program expanded access to support services by training community-based teams, including Home Health, Community Paramedics, Community Health Workers

(CHWs) and other outreach personnel, in the use of Narcan. This initiative strengthened frontline response capabilities and enhanced overdose prevention efforts.

Additionally, the School-Based Telepsychiatry Crisis Support Program provided telehealth crisis intervention services including behavioral health safety assessments, individualized safety planning with families and school staff, and case management for community mental health linkage. The program also helped expedite inpatient referrals and increase access to short-term bridge therapy to reduce gaps in outpatient care and ensure continuity of care.

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Chronic disease: focus on hypertension & diabetes	Health Screenings	Host screenings and provide related referrals, and assessment of resources via Community Care Cruiser	Increased number of Brunswick County community members connected to a primary medical home and appropriate care
	Faith Health Network	Support community organizations and events aligned with this work	Decrease emergency department use for those connected to health screening events and mobile health
	Diabetes Empowerment Education Program (DEEP)	Leverage relationships within Novant Faith Health Network to utilize faith communities as venues for education as well as a voice for the community	Improve health outcomes for those connected to Community Engagement team as it relates to A1c, BMI, and Blood Pressure
		Provide no cost diabetes education throughout community taught by peers within the community	Provide 10 DEEP Classes within Brunswick County
<p><b>Actual outcome:</b> To address barriers to care, NHBMC implemented initiatives aimed at expanding access to primary care, preventive services and health resources. Through wellness education and health screenings, community members were connected to medical homes, enabling earlier intervention and continuous care. The Novant Health Community Health Services team, along with other community-facing teams, utilized the Community Care Cruiser to provide mobile clinics at community events and local organizations.</p> <p>These screening programs, including Remarkable You biometric screenings, identified individuals at risk for chronic conditions and facilitated connections to primary medical homes, promoting continuity of care. As a result, more than 181 Brunswick County residents aged 18 and older received no-cost screenings. These included checks for blood pressure, cholesterol, BMI, glucose, A1C and triglycerides.</p> <p>Additionally, 33 community health events were held across the NHBMC service area and surrounding regions. These events included blood drives, fall prevention and balance screenings, stroke education, community-based classes and weight management education.</p> <p>At least nine six-week series of Diabetes Education Empowerment Program (DEEP) classes were successfully offered in Brunswick County. These evidence-based sessions provided residents with practical tools and knowledge to better manage diabetes and improve overall health outcomes. Through this initiative, a total of 111 Brunswick County residents were served, demonstrating a strong commitment to community health education and chronic disease management.</p>			

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Food Insecurity	Education	Support community organizations and events aligned with this work through capacity building and charitable contributions	Expansion of food insecurity screening and food box distribution to 3 acute care facilities and 15 ambulatory care practices
	Novant Health Food Pharmacy	Further expansion of Novant Health Food Pharmacy throughout health system	75% completion rate of Food Insecurity CEU
	Social Responsibility	Secure sustainable funding for Novant Health Food Pharmacy through public and private sector partners as well as NHRMC Foundation	Equitable funding towards community-based organizations supporting food insecurity and working to eradicate food deserts in our community
		Creation of continuing education opportunities for team members regarding definition and face of food insecurity in our health system and our community	

**Actual outcome:** To address social drivers of health (SDoH), NHBMC promoted the use of the MyCommunity platform, which enabled team members to facilitate referrals to primary care and other health services, including free and reduced-cost food support. Within the health category alone, the platform supported over 1,450 searches and facilitated more than 160 connections within the NHBMC Primary Service Area. Connections were made to food pantries, food delivery services and SNAP and WIC application support.

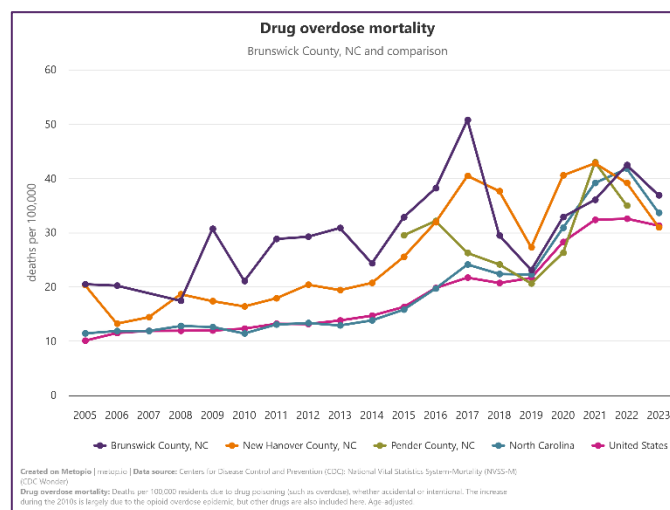
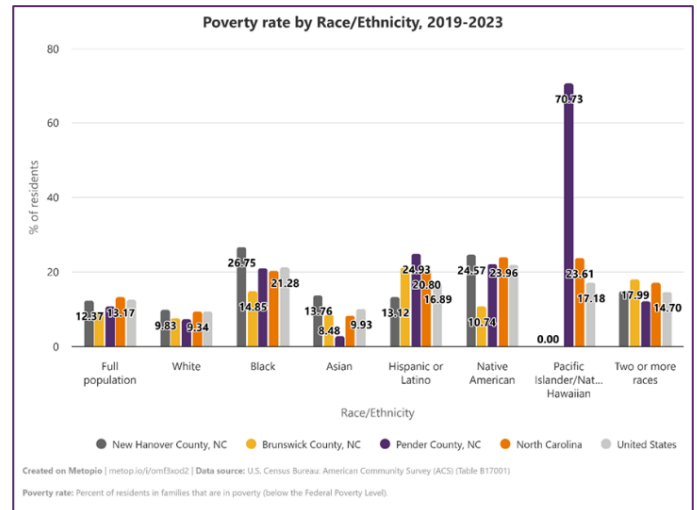
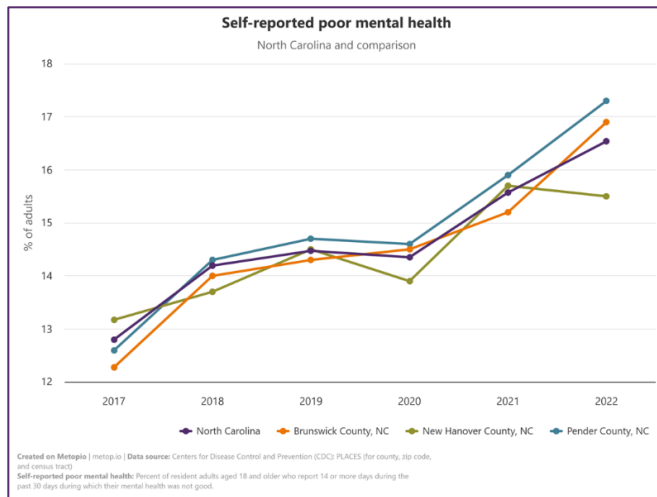
The expansion of the Novant Health Food Pharmacy initiative has become a transformative force in addressing food insecurity across our communities. In the Coastal Region, the program is in 3 acute care facilities, including NHBMC and fifteen ambulatory care practices, and expanding to a third facility this year. This program helps ensure that patients experiencing food insecurity are screened and provided with nutritious food boxes tailored to their specific health needs.

In 2022, 14 individuals in the Coastal Region received emergency food packs. By 2024, that number had grown to 1,200. Also in 2024, NHBMC began screening admitted patients for five key social needs: housing, food, utilities, transportation and interpersonal violence. The results of these screenings, which captured the social needs of 9,621 patients, are highlighted earlier in this report.

To further address food insecurity and other social determinants of health (SDoH), staff at NHBMC primary care offices were trained to conduct SDoH screenings. This training enables early identification of needs and barriers, allowing for timely referrals to support services. In 2023 and 2024, NHBMC team members completed specialized online learning modules focused on SDoH and the FindHelp resource connection platform.

# APPENDIX

## Additional Data Tables and Chart



## Data Sources

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

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## Community Health Assessment Steering Committee

CHNA Leadership Team
Agencies Represented:
Brunswick County Health Services
Dosher Memorial Hospital
Novant Health Brunswick Medical Center

Brunswick County CHA Stakeholders
Agencies Represented:
Alzheimer's Association, Eastern NC
Brunswick Community College
Brunswick County
Brunswick County Cooperative Extension
Brunswick County EMS
Brunswick County Environmental Health
Brunswick County Government*
Brunswick County Health Services*
Brunswick County Parks & Rec
Brunswick County Schools*
Brunswick County Sheriff Office
Brunswick County Social Services*
Brunswick County Veterans Services*
Brunswick Family Assistance
Brunswick Senior Resources Inc.
Brunswick Smart Start
Brunswick Transit System, Inc.
Cape Fear Health Net
Cedar Grove Community Center
Christian Recovery Centers Inc.
Clergy Community-SUA Commission
Coastal Horizons
CommWell Health
Dosher Memorial Hospital
Lord's Food Pantry by SBIC
Mt. Calvary AME
NAACP Brunswick County
New Hope Clinic

Novant Health Brunswick Medical Center
Partners in Community
Southeastern Integrated Care
Southport Oak Island Interchurch Fellowship
Trillium Health Resources
United Methodist Church Oak Island

\*Representative of a state, local, tribal, or regional governmental public health department (or equivalent department or agency)