

# Community Health Implementation Plan

2025 - 2027



Novant Health New Hanover  
Regional Medical Center



# TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>INTRODUCTION.....</b>   | <b>3</b>  |
| Organizational Overview .....  | 3         |
| Mission.....   | 3         |
| <b>OUR DEFINED COMMUNITY.....</b>  | <b>4</b>  |
| Primary and Secondary Service Areas.....                                       | 4         |
| Demographic Characteristics.....   | 4         |
| Health Indicators .....  | 6         |
| Social Characteristics.....  | 8         |
| <b>PRIORITIZED HEALTH NEEDS .....</b>  | <b>9</b>  |
| County Prioritized Health Needs.....   | 10        |
| Facility Prioritization.....   | 10        |
| <b>ADDRESSING NEEDS .....</b>  | <b>11</b> |
| Health needs not selected and community resources to address health needs..... | 13        |
| <b>APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN.....</b>                   | <b>17</b> |
| <b>APPENDIX .....</b>  | <b>18</b> |
| Data Sources .....   | 18        |
| Community Health Assessment Steering Committee Members .....                   | 20        |

# INTRODUCTION

Novant Health New Hanover Medical Center, in partnership with New Hanover County Health and Human Services, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health New Hanover 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 New Hanover Medical Center (NHNHRMC)** is a teaching hospital, regional referral center and UNC School of Medicine branch campus. The hospital offers specialty medical and surgical care, which includes women's and children's, orthopedic, rehabilitation and psychiatric hospitals, and a level II trauma center. Novant Health New Hanover Orthopedic Hospital provides inpatient and outpatient imaging services and supports orthopedic services within New Hanover Medical Center. Novant Health New Hanover Medical Center has 823 beds.

# OUR DEFINED COMMUNITY

## Primary and Secondary Service Areas

The Primary Service Area for Novant Health New Hanover 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      |
|----------|-------------|
| 28412    | New Hanover |
| 28451    | Brunswick   |
| 28401    | New Hanover |
| 28405    | New Hanover |
| 28403    | New Hanover |
| 28411    | New Hanover |
| 28409    | New Hanover |
| 28443    | Pender      |
| 28461    | Brunswick   |
| 28457    | Pender      |
| 28540    | Onslow      |
| 28425    | Pender      |

There are 4 counties in the NHHNRC primary service area: New Hanover, Brunswick, Pender and Onslow. The secondary service area represents 95% of the hospital's inpatient population and covers a six-county radius, including Brunswick, Columbus, Duplin, New Hanover, Onslow and Pender. 63% of patients in the PSA reside in New Hanover County and 54% of patients in the primary and secondary area reside in New Hanover County. New Hanover County is also the leading home county of patients served by New Hanover Orthopedic Hospital, representing approximately 43% of patients served. **As most patients reside in New Hanover County and it represents the highest population of potential individuals with less healthcare access, individuals with lower income and minority individuals from the PSA, New Hanover will be the sole focus of demographic, health and social indicators.**

## Demographic Characteristics: New Hanover County

New Hanover County has a population of 238,852, a significant share of the total North Carolina population of 10,835,491.

| YEAR      | DEMOGRAPHIC                                     | NEW HANOVER COUNTY | NC         | US          |
|-----------|---|--------------------|------------|-------------|
| 2023      | Population                                      | 238,852            | 10,835,491 | 334,914,896 |
| 2023      | Median Age                                      | 41.3               | 39.4       | 39.2        |
| 2023      | % Ages 0-4                                      | 4.66               | 5.5        | 5.6         |
| 2023      | % Ages 5-17                                     | 12.97              | 16.3       | 16.22       |
| 2023      | % Ages 18-39                                    | 31.26              | 29.27      | 29.39       |
| 2023      | % Ages 40-64                                    | 31.68              | 31.62      | 31.21       |
| 2023      | % Ages 65 and older                             | 19.43              | 17.68      | 17.71       |
| 2023      | % with a Disability                             | 12.16              | 13.58      | 13.56       |
| 2023      | % Veterans                                      | 6.08               | 7.32       | 6.06        |
| 2019-2023 | % of Householders living alone (all ages)       | 33.5               | 29.2       | 28.8        |
| 2019-2023 | % of Householders living alone (65+)            | 29.68              | 26.33      | 25.72       |
| 2010-2020 | Population change from 2010 to 2020             | 11.37              | 9.48       | 7.13        |
| 2020-2030 | Projected % population change from 2020 to 2030 | 16.3               | 12.5       | n/a         |

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

New Hanover County demographic trends illustrate a county in transition—marked by rapid growth, an aging population and shifting family dynamics. Community health strategies that emphasize preventive care, social connectedness and supportive environments will be important to sustaining community wellness amid continued demographic change.

**Population Growth and Community Planning** - New Hanover County’s population grew 11.4% from 2010–2020 and is projected to increase another 25.3% by 2030, more than twice the statewide rate. This rapid growth, coupled with the county’s coastal geography, will place increasing demands on housing, infrastructure and healthcare systems. Enhancing primary care and preventive health capacity, particularly in fast-growing or medically underserved areas, and fostering cross-sector collaboration among health, housing and transportation partners can help ensure sustainable and equitable growth.

**Aging Demographics and Social Isolation** - New Hanover County’s population is older than average, with a median age of 41.3 years and 19.4% of residents ages 65 and older. High rates of single-person households (33.5% overall and 29.7% among seniors) indicate elevated risk of social isolation, chronic disease and mental health concerns among older adults. Age-friendly initiatives—such as senior wellness programs, volunteer networks and mobility support—alongside home-based care, meal delivery and caregiver assistance can improve quality of life and promote aging in place.

**Disability and Veteran Health**- With 12.2% of residents living with a disability and 6.1% identifying as veterans, New Hanover County benefits from a population with strong service representation but also unique health needs. As both groups grow older, demand will increase for rehabilitation, mental health and long-term support services.

## Health Indicators: New Hanover County

| YEAR                      | HEALTH TOPIC  | NEW HANOVER COUNTY | NC     | US    |
|---------------------------|---|--------------------|--------|-------|
| 2020-2022                 | Life expectancy   | 77.6               | 75.9   | 77.6  |
| Chronic disease           |   |                    |        |       |
| 2022                      | % of adults with obesity                                    | 32.4               | 33.9   | 33.2  |
| 2022                      | % of adults with diabetes                                   | 9.1                | 10.6   | 10.8  |
| 2024                      | Access to exercise opportunities                            | 95.36              | 77.97  | 84.45 |
| 2022                      | Coronary heart disease                                      | 6.20               | 4.10   | 3.76  |
| 2022                      | Residents with high blood pressure                          | 30.00              | 32.16  | 30.32 |
| 2021                      | Chronic kidney disease                                      | 2.7                | 3.1    | 2.9   |
| 2023                      | Heart disease mortality                                     | 172.9              | 161.2  | 162.1 |
| 2023                      | Diabetes mortality  | 21.8               | 25.3   | 22.4  |
| 2023                      | Kidney disease mortality                                    | 17.6               | 15.7   | 13.1  |
| 2023                      | CLRD mortality rate   | 43.5               | 37.9   | 33.4  |
| 2022                      | Cigarette smoking rate (% of adults)                        | 12.5               | 14.8   | 13.1  |
| Infectious Diseases       |   |                    |        |       |
| 2023                      | Chlamydia diagnosis rate                                    | 493.36             | 616.00 | n/a   |
| 2023                      | Gonorrhea diagnosis rate                                    | 154.52             | 246.58 | n/a   |
| 2023                      | HIV diagnosis rate  | 13.60              | 15.5   | n/a   |
| 2023                      | Syphilis diagnosis rate                                     | 24.26              | 35.95  | n/a   |
| 2023                      | Medicare flu vaccination rate                               | 58.00              | 50.00  | 46.25 |
| 2023                      | COVID-19 mortality  | 16.3               | 13.5   | 11.9  |
| 2023                      | Pneumonia and influenza mortality                           | 11.7               | 12.2   | 10.9  |
| Cancer                    |   |                    |        |       |
| 2023                      | Cancer mortality<br><i>deaths per 100,000</i>               | 180.0              | 150.7  | 144.1 |
| 2017-2021                 | Cancer diagnoses  | 484.40             | 475.5  | 444.4 |
| 2022                      | Colorectal cancer screening-<br><i>Percentage of adults</i> | 64.50              | 60.96  | 58.85 |
| 2022                      | Mammography use<br><i>Percentage of females</i>             | 79.50              | 78.6   | 76.38 |
| Maternal and Child Health |   |                    |        |       |
| 2023                      | % Women of childbearing age (15-44)                         | 40.4               | 38.6   | 38.9  |
| 2023                      | Pregnancy rate  | 54.6               | 69.0   | n/a   |
| 2023                      | Teen pregnancy rate   | 17.5               | 20.8   | n/a   |

| YEAR              | HEALTH TOPIC   | NEW HANOVER COUNTY | NC    | US    |
|-------------------|--|--------------------|-------|-------|
| 2020-2022         | Low birth weight   | 8.8                | 9.4   | 8.5   |
| 2020-2022         | Prenatal care in the first trimester<br><i>Percentage of live births</i> | 70.6               | 74.1  | 78.1  |
| 2024              | Kindergarten immunizations   | 92.86              | 92.83 | n/a   |
| Behavioral Health |  |                    |       |       |
| 2023              | Alcohol-related mortality  | 19.7               | 11.1  | 12.6  |
| 2023              | % of overdose deaths due to illicit opioids                              | 77.1               | 76.6  | n/a   |
| 2023              | Suicide mortality rates  | 12.6               | 14.3  | 14.1  |
| 2023              | Rate of drug overdose deaths   | 44.0               | 41.0  | n/a   |
| 2023              | Rate of drug overdose ED visits  | 79.1               | 161.8 | n/a   |
| 2022              | % of adults with depression  | 24.90              | 23.1  | 22.5  |
| Healthcare Access |  |                    |       |       |
| 2023              | % with private health insurance  | 71.37              | 67.29 | 67.01 |
| 2023              | % with public health insurance   | 33.98              | 36.44 | 37.41 |
| 2023              | % Uninsured  | 9.01               | 9.23  | 7.93  |
| 2023              | Medicaid coverage  | 15.04              | 19.12 | 21.31 |

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; 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, 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; 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.

Overall, New Hanover County’s health profile reflects strong coverage and preventive care capacity, yet persistent disparities in chronic disease and maternal health warrant focused outreach and equitable programming. A focus on prevention, early intervention, and integrated behavioral health services will help sustain the county’s positive health outcomes while addressing the needs of its growing and aging population.

**Access to Care** - New Hanover County demonstrates relatively strong healthcare coverage, with a higher share of residents holding private insurance (71.4%) compared to the state and nation. However, 9% remain uninsured, and public coverage (34%) is slightly lower than average, suggesting that some lower-income or part-time workers may still face access barriers. While the county’s life expectancy (77.6 years) matches the national average, disparities in preventive care persist—particularly in prenatal care and chronic disease mortality. Sustaining and expanding access through community-based clinics, mobile health units and



telehealth for uninsured or underinsured populations will be important, as will partnering with local employers, educational institutions and social service agencies to enhance insurance literacy and enrollment support. Ensuring continuity of care through care coordination, patient navigation and transportation assistance will help reduce gaps for populations struggling with access.

**Maternal and Infant Health** - New Hanover County shows encouraging trends in low birthweight (8.8%), which is below the state rate, and high childhood immunization (92.9%), reflecting strong pediatric engagement. However, only 70.6% of mothers receive prenatal care in the first trimester, trailing state and national averages. Enhancing maternal health outreach and prenatal education and Improving early pregnancy care access by expanding midwifery and community health worker services could help here.

**Chronic Disease Prevention and Management** - Despite favorable lifestyle indicators—low smoking (12.5%), lower obesity (32.4%) and excellent access to exercise opportunities (95%)—New Hanover County continues to face elevated mortality from heart disease (172.9), chronic lower respiratory disease (43.5) and cancer (180.0) compared to state and national averages. These disparities may reflect underlying inequities in preventive screening or access to care. Strengthening chronic disease prevention initiatives that leverage the county’s strong fitness infrastructure, and expanding screening and early detection programs, can help enhance chronic disease management and prevention for all.

**Behavioral Health** - Behavioral health patterns in New Hanover County reveal complex dynamics: depression prevalence (24.9%) is higher than state and national rates, and alcohol-related mortality (19.7 per 100,000) is significantly above both. At the same time, suicide mortality (12.6) is slightly lower, and drug overdose rates (44.0) align closely with state levels, though emergency department visits are substantially lower—perhaps indicating limited crisis utilization or underreporting. Enhancing alcohol misuse prevention through community-based screening (SBIRT), and continuing to develop peer recovery, harm reduction and naloxone distribution programs to prevent overdose could assist with health outcomes in this area.

## Social Indicators: New Hanover County

| YEAR      | SOCIAL INDICATOR TOPIC  | NEW HANOVER COUNTY | NC        | US        |
|-----------|---|--------------------|-----------|-----------|
| 2023      | Median household income   | \$79,547           | \$ 70,804 | \$ 77,719 |
| 2023      | Poverty rate  | 12.02              | 12.79     | 12.46     |
| 2022/2023 | Unemployment rate   | 3.76               | 4.03      | 4.31      |
| 2024      | % of workforce employed in the industries with the lowest wages | 27.4               | 22.5      | n/a       |
| 2024      | Average weekly wage   | \$1,357            | \$1,504   | n/a       |
| 2023      | % of cost burdened housing units                                | 33.19              | 28.04     | 31.86     |
| 2023      | % of severely cost burdened housing units                       | 16.68              | 12.72     | 15.12     |
| 2023      | Housing insecurity  | 9.9                | 14.3      | n/a       |
| 2023      | % of households on SNAP   | 9.53               | 12.60     | 12.22     |
| 2023      | Food insecurity   | 14.6               | 15.0      | 14.5      |



| YEAR | SOCIAL INDICATOR TOPIC                                      | NEW HANOVER COUNTY | NC    | US    |
|------|---|--------------------|-------|-------|
| 2023 | Households in poverty not receiving food stamps             | 67.26              | 58.15 | 59.40 |
| 2023 | Percent of adults who reported lack of transportation       | 6.4                | 9.0   | n/a   |
| 2023 | % of households with no vehicle access                      | 5.07               | 5.48  | 8.44  |
| 2023 | % of workers traveling outside the county or state for work | 10.28              | 29.61 | 28.48 |

\* Accommodation and Food Services; Retail Trade; Arts Entertainment and Recreation; and Agriculture, Forestry, Fishing and Hunting. Sources: 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; Map the Meal Gap, Feeding America, 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

Key insights include:

**Housing Affordability and Cost Burden:** Despite higher median incomes, over 33% of New Hanover households are cost burdened and severe cost burden rates (16.7%) exceed state levels. This could be correlated to lower wages and higher unemployment rates, signaling that residents are making hard choices on where to spend their monthly income. Supporting housing stability and wraparound social services that mitigate health risks tied to unstable housing can improve New Hanover County residents' health.

**Food and Transportation Access:** Food insecurity affects 14.6% of residents, and more than two thirds of households in poverty are not receiving SNAP benefits, signaling underutilization of nutrition assistance. At the same time, transportation barriers persist: 6.4% of Pender County residents report lacking reliable transportation. Strengthening outreach for SNAP enrollment and food access programs and collaborating with transportation planners to improve mobility to and from healthcare and other essential services will support residents' overall health.

## PRIORITIZED HEALTH NEEDS

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
- Access to healthy food
- Affordable housing & homelessness
- Behavioral and mental health
- Chronic disease prevention and management (including diabetes, obesity and heart disease)
- Community Connection/ Social isolation
- Education, employment and workforce opportunities

- Emerging and re-emerging health issues/Infectious diseases
- Healthy environment
- Substance use
- Transportation
- Youth support

## County Prioritized Health Needs

New Hanover County Health and Human Services utilized a prioritization matrix method to prioritize areas where progress could be made and where the largest number of residents could benefit, while still accounting for the severity of negative outcomes. Participants were divided into 4 in-person groups and 1 online group. Each group independently rated each of the 10 priority areas on 4 criteria: severity, magnitude, feasibility, and current efforts. Each criterion was rated on a scale of 1-10, with 1 being the lowest and 10 being the highest. To determine the final scores, within each group, the ratings for each criterion were multiplied by the weight to achieve a weighted criterion score. These weighted criteria scores were added together to achieve a weighted score for each priority area by group. Finally, the group scores for each priority were averaged to achieve a final weighted priority score with a possible 10 point maximum.

The top 3 priority areas based on this methodology are:

- Healthy food access & nutrition
- Healthcare access & quality
- Community Connection

## Facility Prioritization

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

| NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER   |        |   |        |
|---|--------|---|--------|
| Inpatient Diagnosis   | Volume | Emergency Room Diagnosis  | Volume |
| Sepsis, unspecified organism  | 860    | Sepsis, unspecified organism  | 173    |
| Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD | 522    | Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD | 85     |
| Non-ST elevation (NSTEMI) myocardial infarction   | 415    | Acute Kidney Failure, unspecified   | 55     |
| Hypertensive heart disease with heart failure   | 395    | Hypertensive heart disease with heart failure   | 48     |
| Acute kidney failure, unspecified   | 304    | Chronic obstructive pulmonary disease with (acute) exacerbation                                   | 48     |

Upon a comprehensive review of the primary and secondary data, the Novant Health New Hanover Regional Medical Center leadership team and the Novant Health Coastal Region Board of Managers 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 New Hanover Regional Medical Center:

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

## ADDRESSING NEEDS

Novant Health New Hanover Medical Center is committed to working to address the identified areas of need through resource allocation and support of the following programs and actions:

| PRIORITY 1   |   | ACCESS TO CARE  |  |
|--|---|---|--|
| <b>Priority Goal:</b>  |   | Enhance access to high-quality primary care, maternal and infant care, and medication for medically underserved* populations through community-based events, collaboration and investment.  |  |
| <b>Resources and Collaboration:</b>                                  |   | <p>Novant Health New Hanover Medical Center will invest personnel resources (subject matter experts and clinical staff), facility resources (mobile health units, supplies, education materials) and financial resources (charitable contributions and/or sponsorships).</p> <p>The facility will work in collaboration with New Hanover County Public Health and community-based organizations providing and expanding healthcare access and educational and research institutions training future healthcare professionals.</p> |  |
| Strategy:  | Desired outcome:  | Program Action (Description):   |  |
| Enhance community-based access through outreach events and programs. | 1.1 Increase number of medically underserved children receiving school-readiness vaccines.  | 1.1.1. Deliver Vaccine for Children (VFC) program childhood immunizations and health assessments via mobile and community health services outreach.   |  |
|  | 1.2 Increase capacity of community partners to provide free and reduced cost healthcare access for medically underserved communities. | 1.2.1 Collaborate with healthcare access focused nonprofits, expanding capabilities through non-cost use of Novant Health's mobile and community-based outreach.  |  |
|  |   | 1.2.3. Participate in community-based events that encourage access to medication, support for pregnant patients and babies, and enhanced access to primary care.  |  |
| Engage in meaningful nonprofit partnership through charitable        | 1.3 Enhance community partner capability to increase number of community members  | 1.3.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events, increasing access to care for  |  |

|  |  |  |
|--|--|--|
| investments and in-kind support.   | connected to appropriate venues of care.   | community members with access and outcome barriers.  |
|  |  | 1.3.2. Provide technology, supply, and volunteer support, including subject matter experts, to nonprofit organizations, alleviating barriers with access to primary, pregnancy and specialty care for community members. |
| Provide evidence-based education and resource connections to enhance community health. | 1.4 Increase resource awareness and health literacy for individuals with barriers to care. | 1.4.1. Host health education and screening events and facilitate referrals to care and/or resources.   |
|  |  | 1.4.2. Provide education within communities on access to care, maternal care, healthy lifestyle recommendations, medication takeback events and other health topics.   |
|  | 1.5 Enhance health outcomes for all patient groups in support of quality and safety aims.  | 1.4.3. Support Novant Health provider and team member education on access to care resources and how to enhance health outcomes for all.  |

*\*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.*

| PRIORITY 2   |  | BEHAVIORAL HEALTH   |  |
|--|--|---|--|
| Priority Goal:   |  | Improve access to mental health and substance use education, resources and treatment through community-based outreach, collaboration and investment.  |  |
| Resources and Collaboration:   |  | <p>Novant Health New Hanover Medical Center will invest personnel resources (subject matter experts, clinical staff and resource connection staff), facility resources (resource connection technology) and financial resources (charitable contributions and/or sponsorships).</p> <p>The facility will work in collaboration with community-based organizations providing and expanding behavioral health awareness and access.</p> |  |
| Strategy:  | Desired outcome:   | Program Action (Description):   |  |
| Enhance community awareness and access through outreach events and programs. | 2.1 Increase capacity of community partners to provide affordable, inclusive behavioral support. | 2.1.1. Participate in community-focused events that encourage medication takeback, behavioral health advocacy, stigma reduction and resource awareness.   |  |

|  |  |  |
|--|--|--|
| Engage in meaningful nonprofit partnership through charitable investments and in-kind support. | 2.2 Enhance community partner capability to increase chronic disease awareness and reduce incidence rates. | 2.2.1. Provide charitable contributions and sponsorships in support of community-based organizations and events enhancing access to and awareness of behavioral health.                          |
|  |  | 2.2.2. Provide technology, materials and volunteer support, including subject matter experts, to nonprofit organizations enhancing access to and awareness of behavioral health.                 |
| Provide evidence-based education and resource connections to enhance community health.         | 2.3 Increase resource awareness and behavioral health literacy for individuals and communities.            | 2.3.1. Provide verbal and printed education on topics including mental health first aid, postpartum depression, caregiver support and substance use disorders in accessible community locations. |
|  |  | 2.3.2 Provide peer support and navigation assistance to individuals with mental health or substance use disorders and utilize FindHelp platform to support resource connections.                 |

| PRIORITY 3   |  | CHRONIC DISEASE MANAGEMENT AND PREVENTION   |
|--|--|---|
| Priority Goal:   | Enhance awareness of chronic disease risks, prevention and management tools, through community-based events, collaboration and investment to reduce chronic disease prevalence.  |   |
| Resources and Collaboration:   | <p>Novant Health New Hanover Medical Center will invest personnel resources (subject matter experts and clinical staff), facility resources (mobile health units, supplies, education materials) and financial resources (charitable contributions and/or sponsorships).</p> <p>The facility will work in collaboration with New Hanover County Public Health, community-based organizations providing and expanding healthcare access and educational and research institutions training current and future healthcare professionals.</p> |   |
| Strategy:  | Desired outcome:   | Program Action (Description):   |
| Enhance community-based awareness, management and prevention through outreach events and programs. | 3.1 Increase number of community members aware of their chronic disease risk factors.  | 3.1.1. Deliver free and reduced cost Remarkable You biometric, mammography and colorectal cancer screenings through mobile and community health services outreach.                |
|  | 3.2 Increase capacity of community partners to enhance community and clinical awareness of chronic disease management and prevention.  | 3.2.1. Collaborate with chronic disease focused nonprofits to expand clinical expertise, healthy lifestyle changes and access to treatment for medically underserved populations. |
|  |  | 3.2.2. Participate in community-based events that encourage increased awareness and provide resources addressing chronic disease.   |

|  |   |  |
|--|---|--|
| Engage in meaningful nonprofit partnership through charitable investments and in-kind support. | 3.3 Enhance community partner capability to reduce chronic disease prevalence.                            | 3.3.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events addressing chronic disease.                            |
|  |   | 3.3.2. Provide technology, supplies and volunteer support, including subject matter experts, to nonprofit organizations aiding community members with access and outcome barriers. |
| Provide evidence-based education and resource connections to enhance community health.         | 3.4 Increase resource awareness and health literacy for all communities, particularly those most at risk. | 3.4.1. Provide education during screening events and facilitate connections to care and resources.   |
|  |   | 3.4.2. Provide education within communities on diabetes prevention, hypertension, cancer and healthy lifestyle recommendations,  |
|  | 3.5 Enhance health outcomes for all patient groups in support of safety and quality aims.                 | 3.5.1 Collaborate with Novant Health providers and team members on chronic disease care and resources to enhance health outcomes for all.  |

| PRIORITY 4   |  | SOCIAL DRIVERS OF HEALTH  |  |
|--|--|---|--|
| Priority Goal:   | Assess and address social drivers of health, particularly housing, transportation and food security among medically underserved patients and communities.  |   |  |
| Resources and Collaboration:   | <p>Novant Health New Hanover Medical Center will invest personnel resources (volunteers, subject matter experts and resource connection staff), facility resources (resource connection technology) and financial resources (charitable contributions and/or sponsorships).</p> <p>The facility will work in collaboration with community-based organizations addressing social needs and educational and research institutions training future social work professionals.</p> |   |  |
| Strategy:  | Desired outcome:   | Program Action (Description):   |  |
| Engage in meaningful nonprofit partnership through charitable investments and in-kind support. | 2.1 Enhance community partner capability to address social needs, especially among medically underserved populations.  | 2.1.1. Provide charitable contributions and sponsorships in support of aligned community nonprofit organizations and events addressing social needs for medically underserved individuals and groups. |  |
|  |  | 2.1.2. Provide technology, supplies, and volunteer support, including subject matter experts, to nonprofit organizations aiding community members with social risks.                                  |  |



|  |   |   |
|--|---|---|
| Provide evidence-based education and resource connections to address social needs. | 2.2 Increase social needs resource awareness in all communities, particularly those most at risk. | 2.2.1. Provide education and resource connections for communities and individuals related to access to housing, education, transportation, food and other social resources. |
|  | 2.3 Provide resource connections to medically underserved patients with social needs.             | 2.3.1 Provide food, transportation and other support for medically underserved patients with urgent social needs.   |

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

NHNHRMC will focus resource allocation on the prioritized needs based on careful consideration of estimated feasibility and effectiveness of possible interventions. Other needs that were identified as significant are listed below. While NHNHRMC will not prioritize the remaining five significant health needs, it will continue to raise awareness, support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are aligned with their scope of service:

- Education and outreach to address infectious disease will be incorporated into broader access to care initiatives led by Novant Health or community resources.
- Education, employment and workforce opportunities, healthy environment, youth support and social isolation are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHNHRMC 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 New Hanover Regional Medical Center, there are various existing community assets available throughout the New Hanover 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>• Emerging and re-emerging health issues/Infectious diseases*</li> </ul> | New Hanover County Health and Human Services<br>Cape Fear HealthNet<br>Med North Health Center<br>Cape Fear Clinic<br>Planned Parenthood<br>American Cancer Society<br>YMCA of Southeastern North Carolina |
| Social Drivers of Health, including: <ul style="list-style-type: none"> <li>• Housing</li> </ul>   | American Red Cross<br>City of Wilmington   |



|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Food</li> <li>• Education and employment</li> <li>• Transportation access</li> <li>• Healthy environment*</li> <li>• Youth Support*</li> <li>• Social Isolation*</li> </ul> | <p>New Hanover County<br/>Cape Fear Housing Coalition<br/>Step Up Wilmington<br/>Cape Fear Collective<br/>Genesis Block<br/>Wilmington Chamber of Commerce<br/>Vigilant Hope<br/>Latino Alliance<br/>Good Shepherd Center<br/>Wilmington Area Rebuilding Ministry<br/>Habitat for Humanity<br/>Harrelson Center<br/>Cape Fear Homeless Continuum of Care<br/>Smart Start of New Hanover County<br/>Salvation Army Cape Fear<br/>Eden Village<br/>University of North Carolina at Wilmington<br/>Cape Fear Community College<br/>Communities in Schools of New Hanover County<br/>Southeast Area Health Education Center<br/>Wilmington Police Department<br/>New Hanover County Sheriff's Office<br/>NourishNC<br/>Feast Down East<br/>LINC</p> |
| <ul style="list-style-type: none"> <li>• Behavioral Health (including mental health and substance use disorder)</li> </ul>   | <p>New Hanover County Health and Human Services<br/>Trillium Health Resources<br/>Coastal Horizons<br/>Port Health<br/>Physician Alliance for Mental Health<br/>National Alliance on Mental Illness (NAMI)<br/>Wilmington<br/>RHA Behavioral Health<br/>Integrated Family Services<br/>Healing Place<br/>North Carolina Harm Coalition</p>  |

\*Significant needs not selected for prioritization

For a full list of community resources, visit [NovantHealth.org/MyCommunity](https://www.novanthealth.org/MyCommunity)

# APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN

The 2025 NH New Hanover Medical Center Community Health Implementation Plan (CHIP) has been reviewed and approved by the leadership of Novant Health Coastal Region Board of Managers on October 28, 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 department affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation, and community health improvement initiatives.

The Novant Health Coastal Region Board of Managers and Novant Health New Hanover 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 benefit 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.

# APPENDIX

## Data Sources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Community Health Assessment Steering Committee Members

| New Hanover County CHA Stakeholders           |
|---|
| Agencies Represented:                         |
| New Hanover County Health and Human Services* |
| Med North Health                              |
| Latino Alliance                               |
| NHC Senior Resource Center                    |
| Carousel Center                               |
| Cape Fear HealthNet                           |
| NHC Emergency Management                      |
| NHC Veteran Services                          |
| Food Bank of CENC @ Wilmington                |
| Wilmington Treatment Center                   |
| Wilmington Health                             |
| Wilmington City Council                       |
| Coastal Carolinas Health Alliance             |
| Cape Fear Collective                          |
| Liberty Healthcare                            |
| Coastal Horizons Center                       |
| Trillium Health Resources                     |
| New Hanover Disaster Coalition                |
| YMCA of Southeastern NC                       |
| Wilmington Police Department                  |
| Leading Into New Communities, Inc.            |
| Voyage of Wilmington                          |
| New Hanover Community Endowment               |
| Cape Fear Coalition                           |
| The Harrelson Center                          |
| City of Wilmington                            |
| Cape Fear Clinic                              |
| NHC Schools                                   |
| Good Shepherd Center                          |
| Smart Start of New Hanover County             |
| Wilmington Chamber of Commerce                |
| University of North Carolina Wilmington       |
| Community Relations Advisory Committee        |

|   |
|---|
| Communities in Schools of Cape Fear           |
| NC Cooperative Extension                      |
| Town of Carolina Beach                        |
| Wave Transit                                  |
| NHRMC -Southeast Area Health Education Center |
| Centro Hispano                                |
| NourishNC                                     |
| NHC Resiliency Task Force                     |
| United Way of the Cape Fear Area              |
| YWCA of the Lower Cape Fear                   |
| Housing Authority of the City of Wilmington   |
| Coastal Carolinas Health Alliance             |

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