

Community Health Needs Assessment

2025 - 2027



Novant Health New Hanover
Regional Medical Center



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EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health New Hanover Regional Medical Center (NHNHRMC), is a comprehensive, data-driven evaluation of the health status and social needs of the New Hanover County community. Conducted in collaboration with New Hanover County Health and Human Services, 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 and community conversations
- Secondary data from multiple credible regional 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 NHNHRMC,

1. Access to Care
2. Behavioral Health (including mental health and substance use)
3. Chronic Disease Management and Prevention
4. Social Drivers of Health (with a focus on food, housing and transportation)

These priorities will guide NHNHRMC'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 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 Regional 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 Regional 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 Regional Medical Center. The hospital has 823 beds.

OUR DEFINED COMMUNITY

Primary and Secondary Service Areas

The Primary Service Area for Novant Health New Hanover Regional 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	28.5
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.

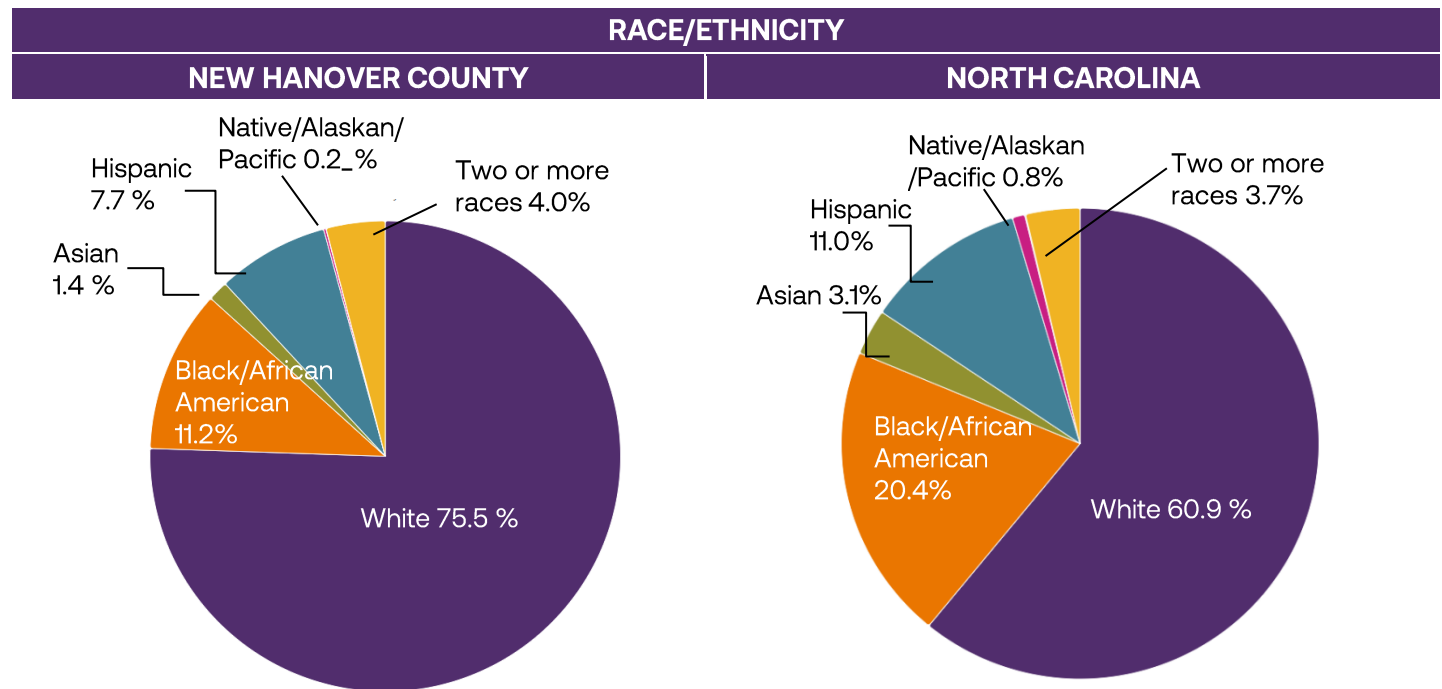
New Hanover County is experiencing notable demographic growth. Between 2010 and 2020, the county experienced a population increase of 11.37%, surpassing both the state growth rate of 9.48% and the national rate of 7.13%. Projections indicate continued growth, with an expected increase of 16.3% by 2030. The median age in New Hanover County is 41.3 years, which is higher than both the state (39.4 years) and national (39.2 years) medians. A high percentage of New Hanover individuals are living alone. Overall, 33.5% of households consist of single occupants. Among residents aged 65 and older, 29.68% live alone, indicating a potential need for outreach and support services for older adults.

The percentage of individuals with disabilities in New Hanover County is 12.16%, which is lower than both the North Carolina average (13.58%) and the national average (13.56%). The most commonly reported disabilities in New Hanover County are ambulatory difficulties and cognitive difficulties, followed by hearing difficulties and independent living difficulties (see chart in the appendix). This highlights the need for accessible healthcare facilities and services for individuals with disabilities, ensuring they receive appropriate medical care and support. Veterans comprise 6.08% of the county's population, a rate lower than the state average, but still representing an important demographic with unique service needs.

As seen in the chart below, in comparison to North Carolina, New Hanover County has a significantly higher proportion of non-Hispanic White residents (75.5%) than North Carolina overall. Black or African American residents make up a smaller share in New Hanover (11.2%) than in North Carolina overall (20.4%). The Hispanic/Latino population is also smaller in New Hanover (7.7%) as are Asian residents. The percentage of

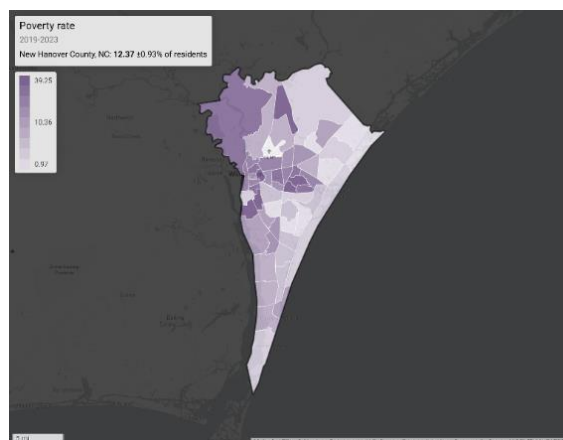
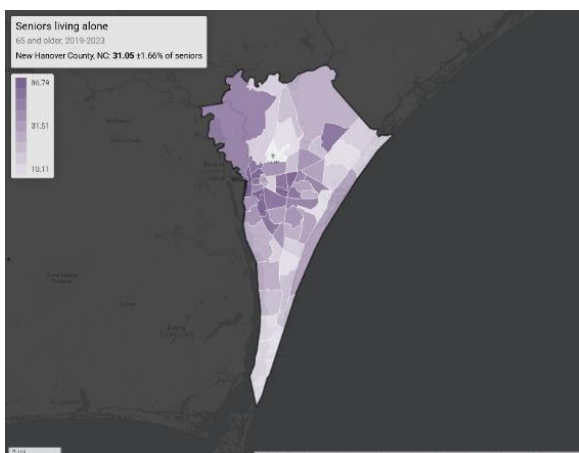
individuals identifying as two or more races is slightly higher in New Hanover (4.0%) than in North Carolina (3.1%).

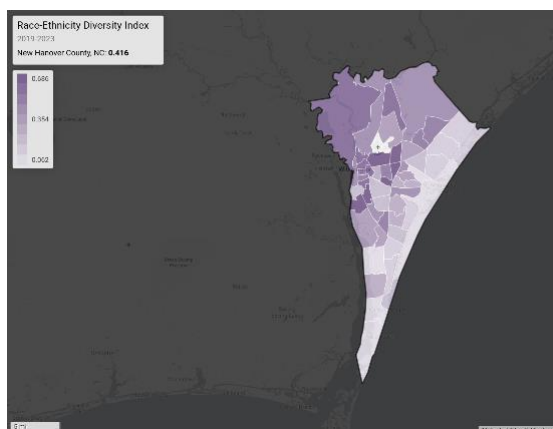
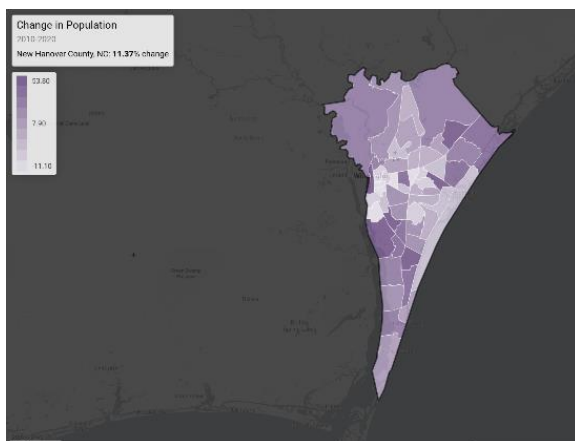
Racial and ethnic population diversity highlights the necessity for culturally and linguistically appropriate healthcare services that can support the unique health needs faced by different groups and healthcare strategies that promote consistent, high-quality care for all. Culturally responsive health 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.



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



Maps highlighting demographic trends below and on the following page show ZIP codes along the western edge of the county and within the city of Wilmington are the most racially and ethnically diverse; they also have the most intense rates of poverty and seniors living alone. Population growth is occurring rapidly throughout the county.





Source: American Community Survey (ACS), U.S. Census Bureau

AGE		EDUCATION ATTAINMENT																			
<div>Population: 238,852</div> <div>Median Age: 41.3</div> <table><tr><td>% Ages 0-4</td><td>4.66</td></tr><tr><td>% Ages 5-17</td><td>12.97</td></tr><tr><td>% Ages 18-39</td><td>31.26</td></tr><tr><td>% Ages 40-64</td><td>31.68</td></tr><tr><td>% Ages 65 and older</td><td>19.43</td></tr></table>		% Ages 0-4	4.66	% Ages 5-17	12.97	% Ages 18-39	31.26	% Ages 40-64	31.68	% Ages 65 and older	19.43	<div>2023 Education Attainment</div> <table><tr><td>North Carolina high school graduate rate</td><td>90.6%</td><td>New Hanover County high school graduate rate</td><td>93%</td></tr><tr><td>North Carolina higher degree rate</td><td>47%</td><td>New Hanover County higher degree rate</td><td>58.1%</td></tr></table>		North Carolina high school graduate rate	90.6%	New Hanover County high school graduate rate	93%	North Carolina higher degree rate	47%	New Hanover County higher degree rate	58.1%
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POPULATION LIVING BELOW POVERTY LINE		EMPLOYMENT																			
<div>12.02 percent of residents in families are living in poverty (below the federal poverty level).</div> <div>15.50% Children*</div> <div>11.79% Seniors</div> <div>*5-17 years</div>		<div>Unemployment rate among residents that are 16 years of age or older:</div> <div>3.76 % New Hanover County</div> <div>4.03% North Carolina</div> <div>4.31% United States</div>																			

LIMITED ENGLISH PROFECIENCY		HOUSEHOLD/FAMILY	
	3.53% New Hanover 4.90% North Carolina		5.75% Single-parent families 29.68% Seniors living alone

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

YEAR	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
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

* 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)*.

Several insights should be noted from the data above and on the previous page. New Hanover County demonstrates strong educational outcomes: 93% of residents are high school graduates, exceeding the North Carolina average of 90.6%. Additionally, 58.1% hold a higher degree (associate’s, bachelor’s, or graduate), compared to 47% statewide.

North Carolina's poverty rate has historically been higher than the national average. New Hanover County’s poverty rate decreased from a high in 2014 and fell below the state and nation in 2023. In 2023, 12.02% of New Hanover residents live below the federal poverty level, which was slightly lower than North Carolina’s rate (12.79%) and the national rate (12.46%). While the poverty rate is modestly better than state and national figures, it still indicates that a significant portion of the population faces economic hardship.

Despite the poverty rate, New Hanover County has strong household income levels and low unemployment. The unemployment rate in New Hanover County was 3.76% in 2023, outperforming both the state (4.03%) and national (4.31%) averages. This figure may be impacted by the older population, inferring a large number of retired residents. The median household income in New Hanover County was \$79,547, which is higher than both the North Carolina average (\$70,804) and the national average (\$77,719).

Health Indicators: New Hanover County

New Hanover County's leading causes of death in 2019-2023 were cancer and heart disease. NHHNHRMC will consider health indicators such as leading causes of death in the New Hanover County population but will also consider the impact of root causes with an analysis of social drivers of health.

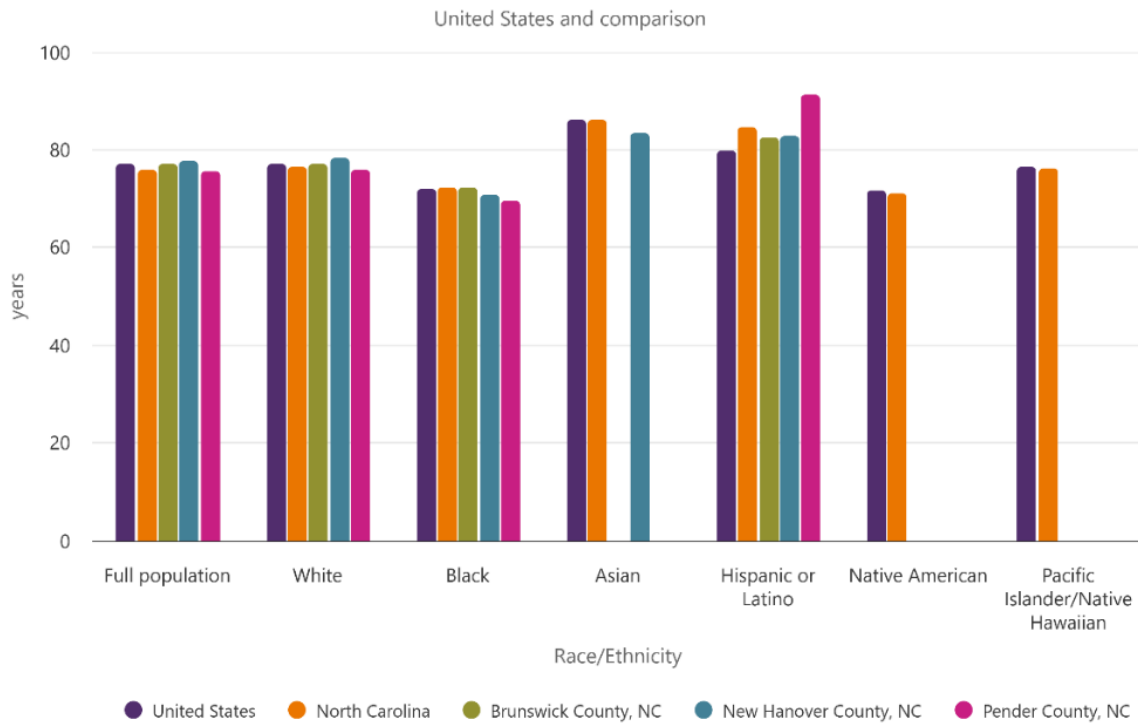
LEADING CAUSES OF DEATH IN NEW HANOVER COUNTY			
Rank	Cause of death	Number	%
1	Cancer - All Sites	2,290	19.73%
2	Diseases of the heart	1,979	17.05%
3	Other Unintentional injuries	741	6.39%
4	Cerebrovascular disease	730	6.29%
5	Chronic lower respiratory diseases	480	4.14%
6	COVID-19	453	3.90%
7	Alzheimer's disease	375	3.23%
8	Diabetes mellitus	258	2.22%
9	Nephritis, nephrotic syndrome, & nephrosis	224	1.93%
10	Septicemia	219	1.89%

Source: State Center for Health Statistics, North Carolina

Non-Hispanic Black residents in New Hanover County experience higher mortality rates for nearly all of the 16 leading causes of death. These differences are especially pronounced in homicide, diabetes, kidney disease, unintentional motor vehicle injuries and prostate cancer, where rates are significantly higher than those for White non-Hispanic residents.

As shown by the chart on the following page, life expectancy among New Hanover 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.

Life expectancy by Race/Ethnicity, 2020-2022



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 Disease

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

YEAR	HEALTH TOPIC	NEW HANOVER COUNTY	NC	US
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 <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- <i>Percentage of adults</i>	64.50	60.96	58.85
2022	Mammography use <i>Percentage of females</i>	79.50	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.

Between 2020 and 2022, life expectancy in New Hanover County rose from 75.9 years to 77.6 years, a notable improvement compared to North Carolina increase of one year. This upward trend reflects the county’s overall strong health outcomes and access to care. However, life expectancy among New Hanover residents varies by race and ethnicity, as noted on previous pages.

New Hanover County consistently performs better than both North Carolina and the United States in several key health indicators. Obesity and diabetes rates are slightly lower. A significant majority of residents (95.36%) have access to exercise opportunities and adults are less likely to report no physical activity. Rates of high blood pressure and chronic kidney disease are also lower in New Hanover County compared to state and national averages. However, mortality rates from heart disease, kidney disease, and chronic lower respiratory diseases (CLRD) are all higher in New Hanover County than the North Carolina average, and heart disease, kidney disease, diabetes, and cerebrovascular disease remain in the top ten causes of death New Hanover County from 2019–2023. The attainment of the highest level of health and wellness for all communities necessitates an increased focus on preventive care and screening.

In recent years, the county has been advancing in preventive care, with colorectal cancer screening rates at 64.5% and mammography use among women at 79.5%, both higher than state and national benchmarks. These efforts contribute to higher cancer diagnosis rates (484.4 per 100,000 people compared to 444.4 nationally), but the county still faces a cancer mortality rate higher than the North Carolina average.

Maternal and Child Health

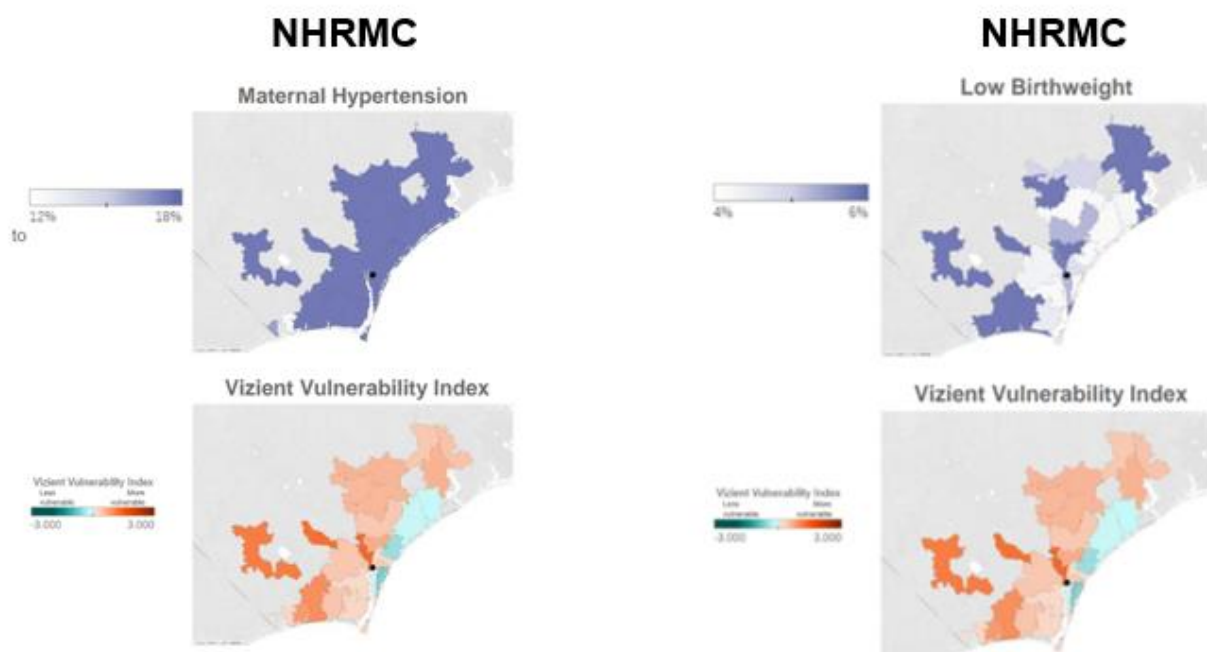
YEAR	MATERNAL AND CHILD HEALTH	NEW HANOVER COUNTY	NC	US
2023	% Women of childbearing age (15-44)	40.4	38.6	38.9
2023	Pregnancy rate	54.6	69.0	n/a
2023	Teen pregnancy rate	17.5	20.8	n/a
2020-2022	Low birth weight	8.8	9.4	8.5
2020-2022	Prenatal care in the first trimester <i>Percentage of live births</i>	70.6	74.1	78.1
2024	Kindergarten immunizations	92.86	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.

New Hanover County shows positive trends in maternal and child health outcomes. Kindergarten immunization coverage is strong, with 92.86% of children immunized, nearly identical to the state average (92.83%). The county reports lower teen pregnancy rate (17.5) compared to North Carolina’s rates (20.8). However, prenatal care in the first trimester is lower in New Hanover County (70.6%) compared to NC (74.1%) and the US (78.1%), indicating a need for improved early maternal health access. Almost 9% of live births in New Hanover County between 2020–2022 resulted in low birth weight.

New Hanover County mothers are less likely to receive prenatal care in the first trimester than state or national counterparts and when Novant Health pregnancy encounter data is stratified by race and ethnicity, clinical gaps persist for prenatal and postpartum visit rates among Black/African American and Hispanic/Latino pregnant patients across the Coastal Region.

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 on the following page, 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.



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.

Data 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

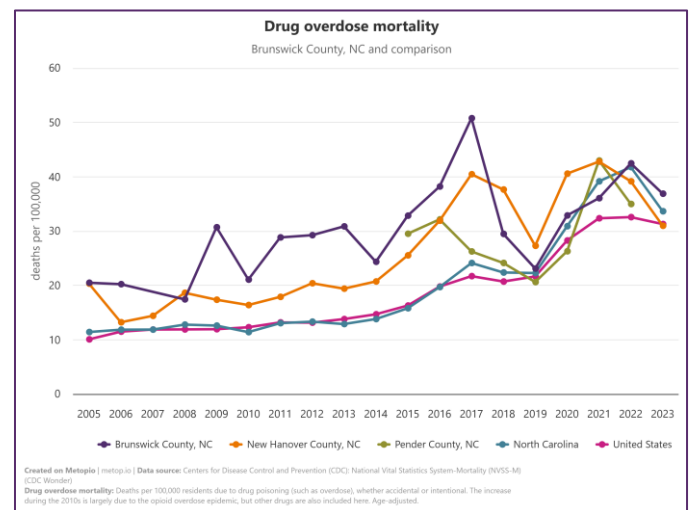
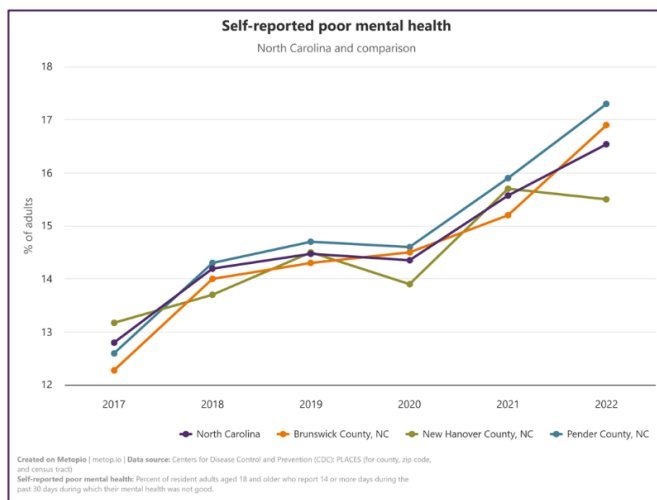
YEAR	BEHAVIORAL HEALTH	NEW HANOVER COUNTY	NC	US
2023	Alcohol-related mortality	19.7	11.1	12.6
2023	% of overdose deaths due to illicit opioids	77.1	76.6	n/a
2023	Suicide mortality rates	12.6	14.3	14.1
2023	Rate of drug overdose deaths	44.0	41.0	n/a
2023	Rate of drug overdose ED visits	79.1	161.8	n/a
2022	% of adults with depression	24.90	23.1	22.5

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 data includes mental health and substance use and generates the following key insights:

- New Hanover County reported **19.7 deaths per 100,000** population due to alcohol-related causes, **77% higher** than the state average (**11.1**) and **56% higher** than the national average (**12.6**).
- In 2023, **77.1%** of overdose deaths in New Hanover County were attributed to illicit opioids, slightly above the North Carolina average of **76.6%**. This high percentage reflects the ongoing severity of the opioid crisis in the region.
- Drug overdose deaths across the Coastal Region consistently exceeded the state average, rising sharply from 2005–2021 (see chart below). The county has a drug overdose death rate of **44.0 per 100,000**, exceeding the state rate of **41.0**.
- The suicide rate in New Hanover County was **12.6 per 100,000**, slightly below both the North Carolina (**14.3**) and U.S. (**14.1**) averages. Suicide is among the top five causes of death for youth ages 15 to 24 in North Carolina (NC DHHS Vital Statistics).
- An estimated 24.9% of adults in New Hanover County reported experiencing depression, compared to 23.1% in North Carolina and 22.5% nationally.
- Self-reported poor mental health has been increasing over time across the Coastal Region counties. (see chart below)

New Hanover County continues to face significant behavioral health challenges, with several indicators surpassing both state and national averages. These rates signal a need for stronger prevention and support.



Access to care

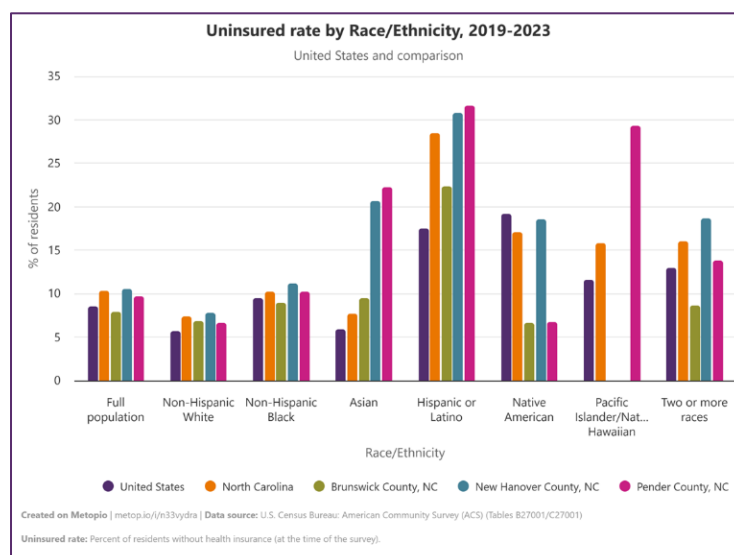
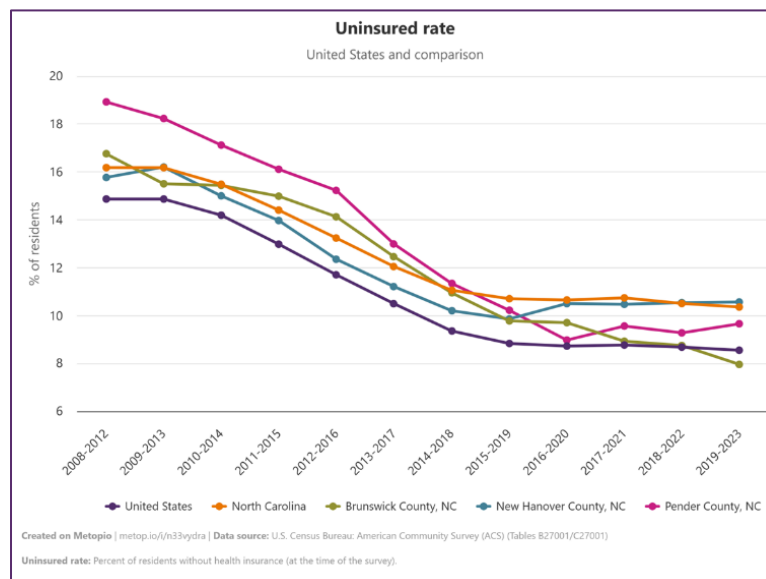
YEAR	HEALTHCARE ACCESS	NEW HANOVER COUNTY	NC	US
2023	% with private health insurance	71.37	67.29	67.01
2023	% with public health insurance	33.98	36.44	37.41
2023	% Uninsured	9.01	9.23	7.93
2023	Medicaid coverage	15.04	19.12	21.31

Sources: 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.

In 2023, approximately 9% of New Hanover County residents did not have health insurance. The uninsured rate varies significantly across different racial and ethnic groups in New Hanover County, North Carolina and the nation. Hispanic/Latino residents in New Hanover County have the highest uninsured rate among all racial and ethnic groups, mirroring national trends.

Key insights related to healthcare access include:

- A significantly higher proportion of New Hanover County residents (**71.37%**) were covered by private health insurance, surpassing both the state (**67.29%**) and national (**67.01%**) averages. This data might be indicative of a stronger reliance on employer-sponsored or individually purchased plans.
- **33.98%** of residents were enrolled in public insurance programs, lower than both NC (**36.44%**) and the US (**37.41%**). Medicaid coverage in New Hanover County was reported at 15.04% for the general population.
- Approximately 30% of minors in New Hanover County are covered by Medicaid benefits due to programs like WIC, CHIP, and M-CHIP ensuring broader coverage for children, especially in low-income families.



Social Indicators: New Hanover County

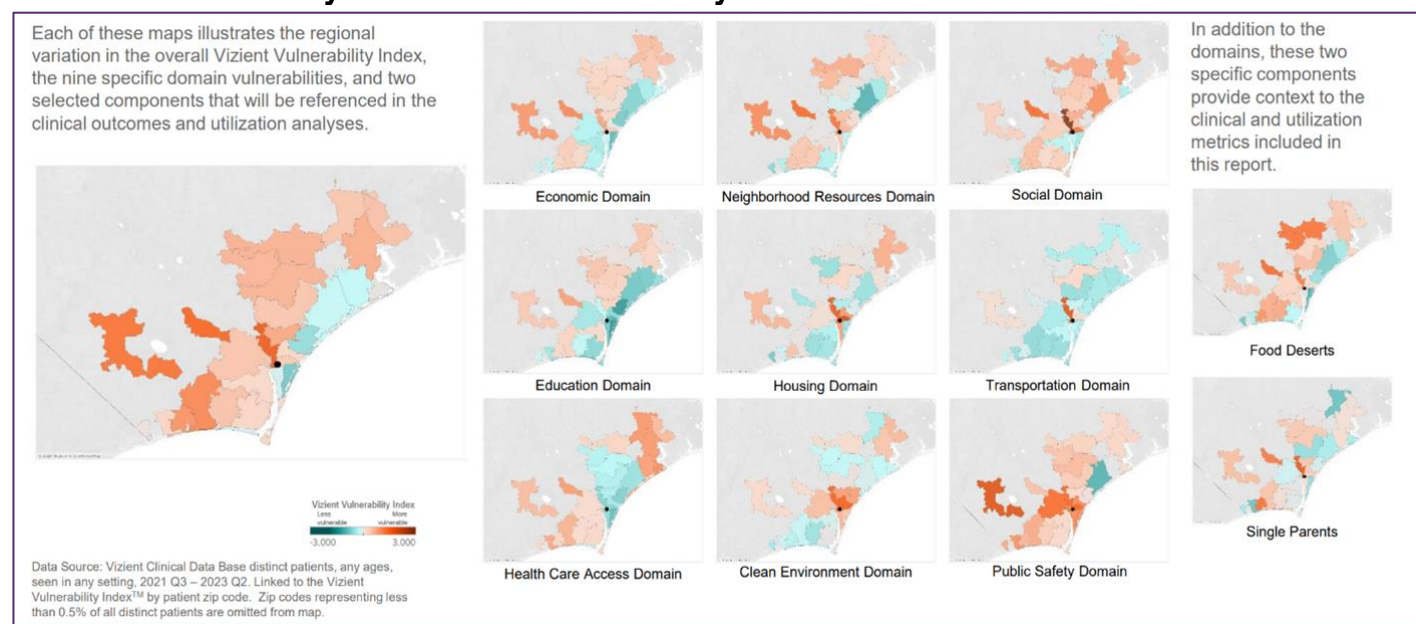
Social Drivers of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks. Including SDOH data ensures the CHNA captures the full picture of what affects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

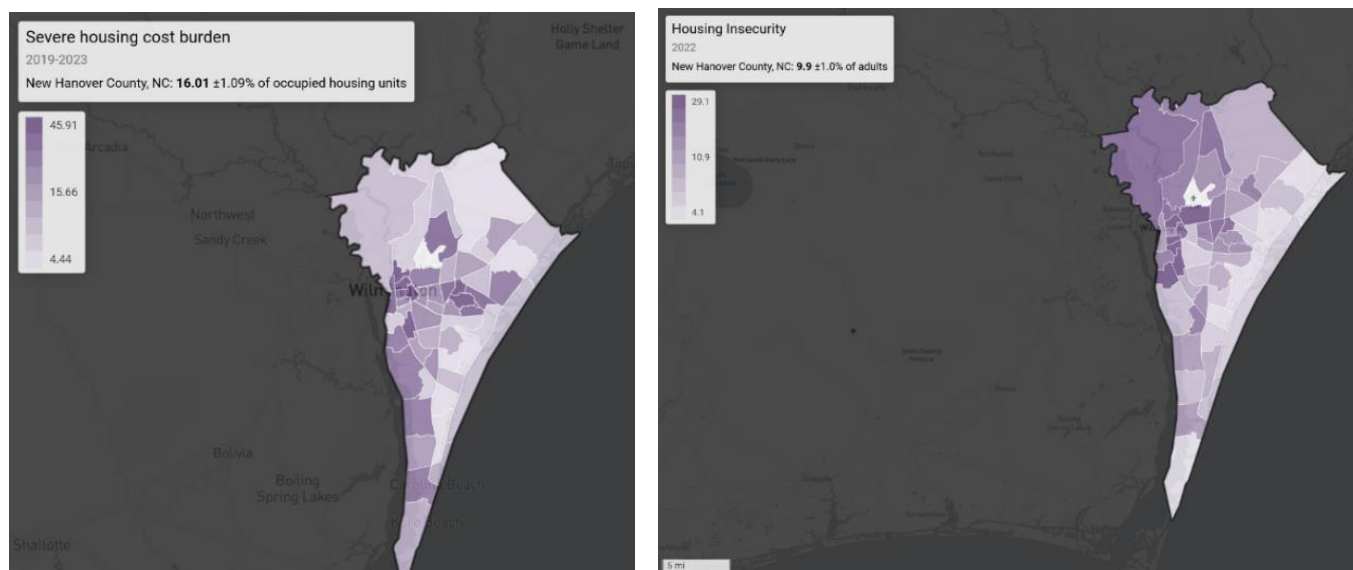
Health is influenced by much more than medical treatment. Factors like housing, education, income, transportation, food access and safe environments play a critical role in people's ability to live healthy lives. Many clinical gaps and chronic disease patterns are driven by upstream social and economic 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 28401 in New Hanover 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.

The Vizient Vulnerability Index: New Hanover County





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

YEAR	HOUSING	NEW HANOVER COUNTY	NC	US
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

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 Metopio

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. In 2023, New Hanover County faced notable challenges in housing affordability, with rates of cost burden and severe cost burden exceeding both state and national averages.

- 33.19% of housing units in New Hanover County were considered cost burdened, higher than North Carolina (28.04%) and the national average (31.86%).
- 16.68% of units were severely cost burdened, above both NC (12.72%) and the US (15.12%).

As evidenced by the maps above, several ZIP codes on the inland part of the county face much higher levels of housing stress – correlations between unstable housing and poor health outcomes should prioritize a focus on potential interventions in these areas.

YEAR	FOOD INSECURITY	NEW HANOVER COUNTY	NC	US
2023	% of households on SNAP	9.53	12.60	12.22
2023	Food insecurity	14.6	15.0	14.5
2023	Households in poverty not receiving food stamps	67.26	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 New Hanover County, 14.6% of households experience food insecurity, which is slightly below the state average (15.0%) and just above the national average (14.5%). Despite experiencing food insecurity, 67.26% of households in poverty in New Hanover County did not receive food stamps, significantly higher than both NC (58.15%) and the US (59.40%).

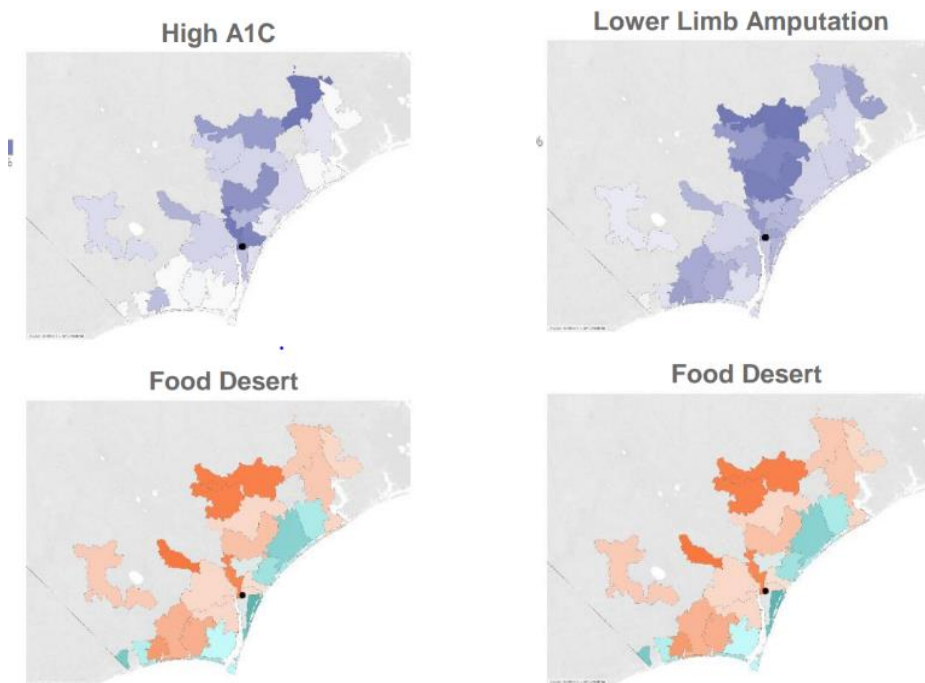
In order to meet the USDA definition of a food desert, a geographic area must meet two criteria:

- **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.

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

The maps on the next page 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). Vizient 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). 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 on both.



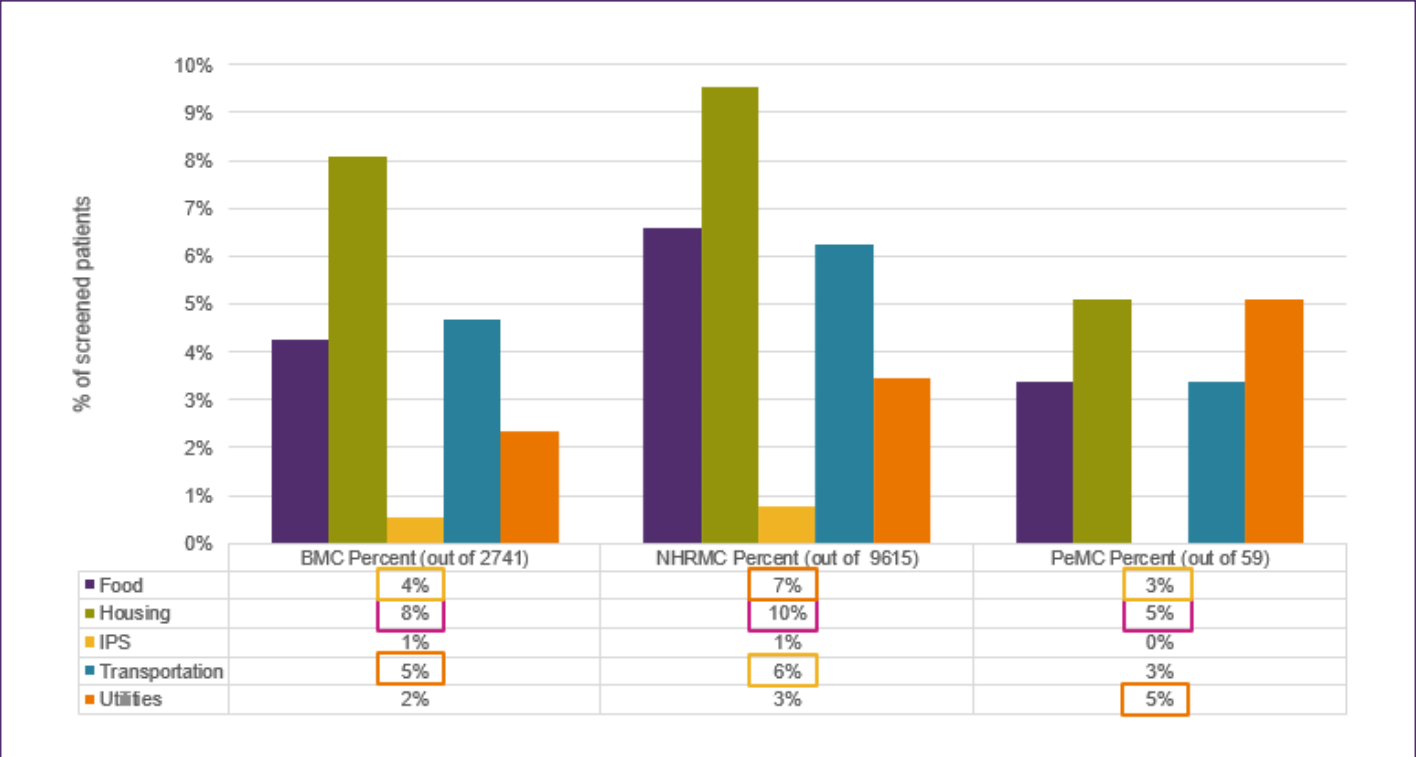
Data Source: Vizient Clinical Data Base distinct patients 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2

YEAR	TRANSPORTATION	NEW HANOVER COUNTY	NC	US
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

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. New Hanover County appears to have better-than-average transportation access and lower commuting burdens compared to state and national trends. However, 6.4% of adults lack transportation – this still represents a vulnerable group that may benefit from expanded transportation programs, or initiatives. 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.

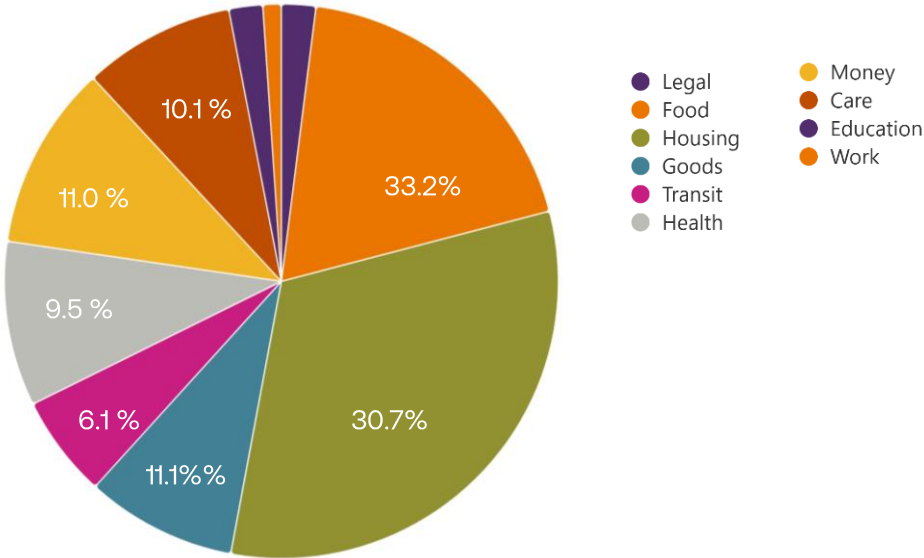
In 2024, Novant Health team members began assessing all admitted patients for social needs security in five domains: food, housing, interpersonal safety, transportation and utilities. Results from 2024 social needs assessments are below. Top needs at NHHHRMC were housing, followed by food and transportation. NHHHRMC had the highest rate of social needs positivity across the region



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). Search data by facility shows that the top FindHelp searches at New Hanover Regional Medical Center include housing, food transportation or utilities

New Hanover County Social Needs Resource Searches by Type FindHelp data - 2024



*Legal, education and work categories each comprised less than 5% of searches.
Source: FindHelp

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.

Consideration of Input from Persons Representing Broad Community Interest

The 2025 CHNA for NHHNHRMC 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.

NHHNHRMC partnered with New Hanover County Health and Human Services as a member of the county's Community Health Assessment Steering Committee, which guided assessment planning and improvement strategies. The Community Health Assessment Steering Committee also includes academic and nonprofit partners. 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. Additionally, community conversations were held with public health representatives and individuals from, and community organizations serving low-income, minority and medically underserved populations.

Findings from focus groups and community conversations were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. These findings highlighted access to care (including mental health and chronic disease), affordable housing, access to food and transportation as pressing concerns. Focus groups reinforced these themes, underscoring the need for access to care and interventions that address food, housing and transportation barriers. Novant Health New Hanover Regional Medical Center inpatient and emergency department data further demonstrated the burden of chronic disease. Throughout this process, no written comments were received on the prior CHNA.

Through a structured prioritization process, NHHNHRMC 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 New Hanover County.

Collaborative community partners

The 2025 CHNA for Novant Health New Hanover Regional Medical Center was developed in partnership with New Hanover County Health and Human Services, 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 meetings with leaders from the public health department, hospitals, and community organizations to establish shared goals, timelines and tools. Secondary data was sourced from credible regional and national databases. Novant Health New Hanover Regional Medical Center also conducted qualitative research in 2025 through focus groups and community conversations 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

NHNHRMC was proud to partner with New Hanover County Health and Human Services as a member of the county's Community Health Assessment Steering Committee, which guided assessment planning and improvement strategies. A full list of steering committee members is available in the appendix.

Metopio



The Metopio platform offers robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic and community-level drivers of health like economic, housing, employment and environmental conditions. Along with guidance on the primary data, Metopio also 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](https://public.metopio.io)).

Solicitation

Community engagement was central to the CHNA process. Novant Health New Hanover Regional Medical Center gathered input from organizational stakeholders via focus groups. Additionally, primary data from New Hanover County Health and Human Services was used to inform this CHNA process. Input was gathered through focus groups and organized community conversations across the county, including those who serve medically underserved*, low-income and minority populations.

**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

Metopio is a robust platform that offers curated data from public and proprietary sources. Along with guidance on the primary data, Metopio also provided robust secondary data for this CHNA report. All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and the U.S. Metopio's data aids in benchmarking and contextualizing the primary data findings, offering a comparative perspective that enhances the understanding of where the community stands in relation to broader regional or national trends. Secondary data aggregated through Metopio includes, but is not limited to:

- Demographics
- Health outcomes
- Social and economic conditions
- Built environment
- Health behaviors
- Clinical care

Metopio was also used to aggregate data from additional vendor partners, including FindHelp. FindHelp data was supplied across the North Carolina geographic footprint to outline social resource search and connection trends.

Primary Data

New Hanover County Health and Human Services hosted two Community conversations at two local libraries in New Hanover County. The community conversations fostered open dialogue and collective problem-solving around health challenges. The community conversations were held on August 11 and August 14, 2025.

New Hanover County Health and Human Services also conducted a series of focus groups to gain deeper insight into the lived experiences, perceptions, and priorities of community members. A total of 9 focus groups were held with the following population groups throughout the summer of 2025:

- Hispanic/Latino Community:
 - July 11, 2025
 - July 16, 2025
- Older Adults:
 - Castle Hayne on July 2, 2025
 - Carolina Beach on July 10, 2025
 - New Hanover County Senior Center on July 11, 2025
- Parents with Young Children on August 1, 2025
- Unhoused: at Good Sheperd on June 16, 2025
- Youth LGBTQ+: on July 18, 2025

- Youth: on August 5, 2025

Additionally, Novant Health New Hanover Regional Medical Center conducted a series of focus groups from May through June 2025. These sessions were designed to ensure that all voices within the community were heard and to gain a deeper understanding of health needs across the broader Novant Health footprint.

Participants included members of Novant Health Community Voice Councils, a cross section of the community, including individuals representing, and organizations serving, medically underserved populations, such as the LGBTQ+, Black/African American and disability communities.

To ensure accessibility and convenience, all focus groups were held virtually. This format allowed for broader participation and increased access for improved engagement, helping to capture a wide range of perspectives and lived experiences.

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. For example, 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 recent years should be considered within the context of the COVID-19 pandemic. Additionally, some groups of people could not take part in primary data collection, like individuals who are detained or people who speak other languages outside of English or Spanish. Also, even though the report discusses many health and social topics, it does not cover every sickness or health problem. Despite these limitations, the report serves as a valuable reference point for tracking social, economic and health indicators in Novant Health New Hanover Regional 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

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

Focus group feedback

The overall process for data collection was designed to ensure the information reflected all communities served. As part of this effort, focus groups were conducted by Novant Health Office of Health Equity and Community Health team members. Community voice councils established to understand best practices in personalizing care were leveraged to gather 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. 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. Focus groups identified the 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.

In addition to focus groups conducted by Novant Health, New Hanover County Health and Human Services conducted focus groups to gain deeper insight into the lived experiences, perceptions and priorities of community members. They identified the following themes:

- **Behavioral & Mental Health**

- Parents reported reduced mental health support in schools, leaving both students and teachers struggling. Youth emphasized the need for free, accessible mental healthcare and providers trained to understand all populations.
- Hispanic/Latino community members shared challenges finding bilingual therapists and overcoming cultural stigma around seeking help.

- **Health Care Access & Quality**

- A common theme expressed was the quality of medical care and the overwhelming volume of patients.
- Youth LGBTQ+ participants described significant barriers in access to health care and experiencing double standards in treatment. Participants noted an overall need for LGBTQ+ affirming care.

- **Housing**

- Participants in the unhoused focus group identified affordable housing as the single most important issue to address.
- Older adults described over-development and the absence of adequate housing options for seniors.
- Several focus groups voiced the need to support the unhoused community.

- **Transportation**

- Participants expressed the need for expanded public transportation routes and evening hours.
- Older adults emphasized the need for expanded senior transportation options.
- Community members voiced concern that lack of reliable transportation increases housing and employment instability.

- **Access to Community Resources**

- Many residents reported not knowing what resources exist or how to access them.
- The Hispanic/Latino community expressed the need for resource fairs and Spanish translation.
- Participants shared methods of effective communication include radio, word of mouth and newsletters.

- **Community Connection**

- Older adults in Castle Hayne highlighted loneliness and the need for inclusion in planning community resources.
- LGBTQ+ participants reported only feeling safe when with trusted friends, mentors and community.
- Participants stressed that unity and collaboration are essential to community wellness.
- Participants discussed the need for more trust to be built with elected officials.

- **Healthy Food Access & Nutrition**

- Community conversation participants identified the loss of the Northside Grocery Store as a major concern.

- Older adults shared that meals from the Senior Resource Center provide both nutrition and social connection.
- Youth requested more affordable, healthy food options with cooking programs for students.
- **Workforce Development**
 - Unhoused participants expressed a desire for more businesses to provide employment and job training.
 - Youth focus group participants requested more access to trade programs and mentorship opportunities.
 - Community members emphasized that local hiring would stimulate the economy and support equity.
 - LGBTQ+ and Black youth noted lacking access to employment opportunities.
- **Natural Environment**
 - Several participants called for access to clean water specifically mentioning the impacts of PFAs contamination.
 - Community members raised concerns about loss of green space.
- **Built Environment**
 - Older adults requested more sidewalks and safer walkability.
 - Community members identified overdevelopment, constant construction, and traffic safety as major issues.
 - Parents with young children requested safer neighborhoods and more kid-friendly environments.
 - Youth and young adults emphasized the need for safe and affordable community spaces.

Community Conversation Feedback

Community Conversation #1 occurred on August 11, 2025, at Northeast Library and generated the following insights:

- The discussion centered around community health and wellness, highlighting the importance of access to resources, healthcare and social services. Participants expressed concerns about barriers to achieving a healthy community, including limited access to legal representation, affordable housing, transportation and food security. They emphasized the need for better coordination of resources and communication within the community, particularly for marginalized groups.
- Key points included the importance of mental health services, the need for affordable and quality housing and the role of community organizations in providing support. Participants shared examples of successful initiatives, such as free clinics and food pantries, but noted that these efforts often feel like temporary solutions rather than sustainable changes.
- The conversation also touched on the significance of building trust within the community, particularly with government organizations, and the necessity of including diverse voices in discussions about community needs. Participants suggested that a centralized resource hub could help connect individuals with the services they need, improving overall access to information and support.
- In conclusion, the group identified several priorities for action, including enhancing mental health services, improving transportation options and fostering collaboration among community organizations to create a more integrated approach to health and wellness. The session ended with a call for continued dialogue and engagement to address these critical issues.

Community Conversation #2 occurred on August 14, 2025, at Pine Valley Library and generated the following insights:

- The session was a community gathering aimed at discussing health and wellness in New Hanover County, emphasizing the importance of diverse perspectives. Participants were encouraged to introduce themselves and share their thoughts on various aspects of health, including physical and mental health, access to food, housing, transportation, and social determinants of health.
- Key themes emerged during the discussion, such as the high cost of healthcare, accessibility issues and the importance of community resources. Participants highlighted barriers to health, including language barriers, misinformation and stigma surrounding mental health. The conversation also touched on the need for collaboration among community members and organizations to address these challenges effectively.
- Several suggestions were made for improving community health, including increasing visibility and accountability of elected officials, enhancing access to information about available resources and fostering community connections. Participants expressed a desire for more equitable services and proactive measures to address health disparities.
- The session concluded with a focus on actionable steps, such as advocating for community needs, promoting education and exploring alternative pathways to success beyond traditional college routes. Overall, the gathering aimed to collect valuable insights to inform future health initiatives and improve the well-being of the community.

Analysis and Prioritization

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)

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"> • Access to care • Chronic disease prevention and management • Emerging and re-emerging health issues/Infectious diseases* 	New Hanover County Health and Human Services Cape Fear HealthNet Med North Health Center Cape Fear Clinic Planned Parenthood American Cancer Society YMCA of Southeastern North Carolina
Social Drivers of Health, including: <ul style="list-style-type: none"> • Housing • Food • Education and employment* • Transportation access • Healthy environment* • Youth Support* • Social Isolation* 	American Red Cross City of Wilmington New Hanover County Cape Fear Housing Coalition Step Up Wilmington Cape Fear Collective Genesis Block Wilmington Chamber of Commerce Vigilant Hope Latino Alliance Good Shepherd Center Wilmington Area Rebuilding Ministry Habitat for Humanity Harrelson Center Cape Fear Homeless Continuum of Care Smart Start of New Hanover County Salvation Army Cape Fear Eden Village University of North Carolina at Wilmington Cape Fear Community College Communities in Schools of New Hanover County Southeast Area Health Education Center Wilmington Police Department New Hanover County Sheriff's Office NourishNC Feast Down East LINC

<ul style="list-style-type: none"> Behavioral Health (including mental health and substance use disorder) 	New Hanover County Health and Human Services Trillium Health Resources Coastal Horizons Port Health Physician Alliance for Mental Health National Alliance on Mental Illness (NAMI) Wilmington RHA Behavioral Health Integrated Family Services Healing Place North Carolina Harm Coalition
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*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 NEEDS ASSESSMENT

The 2025 Novant Health New Hanover Regional Medical Center Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the 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 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 Coastal Region Board of Managers and Novant Health New Hanover Regional 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. 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 Coastal Region Board of Managers did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health New Hanover Regional Medical Center as the following: mental health and substance use, access to care and food security.

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

PRIORITY NEED	PROGRAM INITIATIVE /	ACTION	INTENDED OUTCOME
Mental Health	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	Partner with Novant Health BRGs and Organizational Resiliency team and align on goals of organization and community	100 Individuals trained in Mental Health First Aid
	Outpatient Peer Support Program	Support community organizations and events aligned with this work such as NH Resiliency Task Force	Community based teams (Home Health, Community Paramedics, CHWs, and other outreach workers) trained on use of Narcan
	Psychiatric Residency Program	Alignment of 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	Increase in number of patients treated for opioid use disorder in the acute and ambulatory settings
			Reduction in adverse drug events related to opioids

		<p>Implementation of outpatient peer support program in partnership with Behavioral Health Institute leaders and Emergency Services</p> <p>Establishment of psychiatric residency program in partnership with UNC School of Medicine</p>	<p>Reduction in readmission for those with mental health diagnosis recently discharged from hospital</p> <p>Increased provider base for psychiatric care in our region</p>
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Actual Outcome: New Hanover Regional Medical Center (NHNHRMC) 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 New Hanover County residents.

Over the course of the cycle, at least 15 mental health-focused events served 1,714 residents. These events included educational sessions on behavioral health, mental health, stress management, depression and a series of support groups.

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.

The Community Paramedics Program provides non-emergency care directly in the community, aiming to reduce emergency department visits, improve treatment management and connect patients with social services.

NHNHRMC also offered access to Certified Peer Support Specialists (CPSS), mental health professionals who use their own lived experience with mental health or substance use conditions, combined with formal training, to support others in their recovery journey. A CPSS is available to support patients in the NHNHRMC emergency department and surrounding areas.

A major advancement during this cycle was the launch of a Psychiatric Residency Program in partnership with the UNC School of Medicine. This program increased the number of individuals treated for opioid use disorders across both acute and ambulatory care settings, helping to address a critical gap in psychiatric care.

To promote safe medication practices, NHNHRMC participated in the MedSafe Medication Takeback Program, which safely collects and disposes of unused, expired or unwanted medications, including controlled substances. This initiative helps reduce risks in homes with children or older adults and supports substance use prevention, environmental safety and overall community health. Educational handouts on

medication safety and sharps disposal were distributed during Medication Takeback Days, resulting in the collection of more than 460 pounds of medication.

In addition to these efforts, NHHNHRMC provided more than \$85,000 in charitable support to organizations addressing mental health priorities, including the Carousel Center, Coastal Horizons, Healing Place of New Hanover County Inc., and National Alliance on Mental Health (NAMI).

PRIORITY NEED	PROGRAM / INITIATIVE	ACTION	INTENDED OUTCOME
Access to Care	Wellness Education	Host screenings and provide related referrals, assessment of resources	Increased number of community stakeholders connected to a primary medical home and appropriate care
	Health Screenings	Host health assessment events	
	Interpreter Services	Support community organizations and events aligned with this work	Decrease emergency department use for those connected to health screening events and mobile health
	Michael Jordan Family Medicine Clinics	Engage interpreter services for additional training and translation services offered at all facilities within health system	
		Establishment of two-family medicine clinics	Improve health outcomes for those connected to Community Engagement team as it relates to A1c, BMI, and Blood Pressure
			Increased availability of primary care in areas of most need

Actual outcome: To address barriers to care, NHHNHRMC 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, deployed the Community Care Cruiser to provide mobile clinics at community events and local organizations.

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 1,200 New Hanover County residents aged 18 and older received no-cost screenings. These included checks for blood pressure, cholesterol, BMI, glucose, A1C and triglycerides.

Additionally, 81 community health events were held across the NHNHRMC service area and surrounding regions. These events included blood drives, fall prevention and balance screenings, stroke education, community-based classes and violence prevention education. Collectively, these efforts reached over 15,000 residents, significantly expanding outreach and access to care.

The launch of Jordan Family Medicine Clinics further expanded primary care availability in medically underserved areas, directly improving access where it was needed most. These clinics offer comprehensive and culturally competent care, significantly increasing access to preventive and ongoing medical services for families who previously faced barriers.

To address social drivers of health (SDoH), NHNHRMC 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 social service programs. Within the health category alone, the platform supported over 13,700 searches and facilitated more than 5,400 connections within the NHNHRMC Primary Service Area. The most common search terms reflect needs for services such as dental and vision care, medication assistance, medical supplies, substance use counseling and insurance connections.

The SafeRide service supported safe transitions home for discharged patients, completing 399 rides in 2024.

NHNHRMC also strengthened partnerships with local organizations to expand reach and sustainability through strategic community investments. More than **\$300,000** in charitable support was contributed to organizations addressing the access to care priority area, including Cape Fear HealthNet, the Harrelson Center, LINC, 100 Black Men of Coastal Carolina and Lower Cape Fear Hospice.

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: 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 NHNHRMC and fifteen ambulatory care practices. This program helps ensure that patients experiencing food insecurity are screened and provided with nutritious food boxes tailored to their specific health needs.

To further address food insecurity and other social determinants of health (SDoH), staff at New Hanover 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, NHNHRMC team members completed specialized online learning modules focused on SDoH and the FindHelp resource connection platform.

In 2022, 14 individuals in the Coastal Region received emergency food packs. By 2024, that number had grown to 1,200. Also in 2024, NHNHRMC 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.

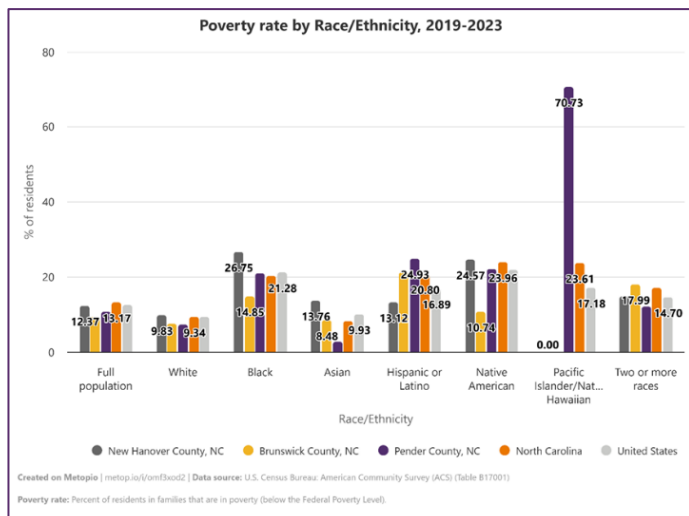
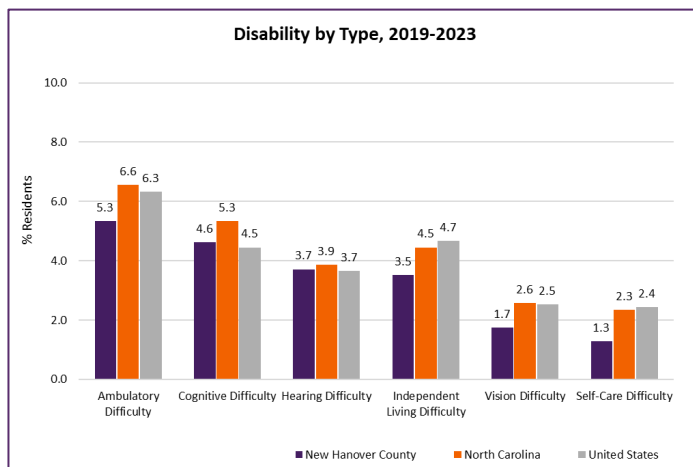
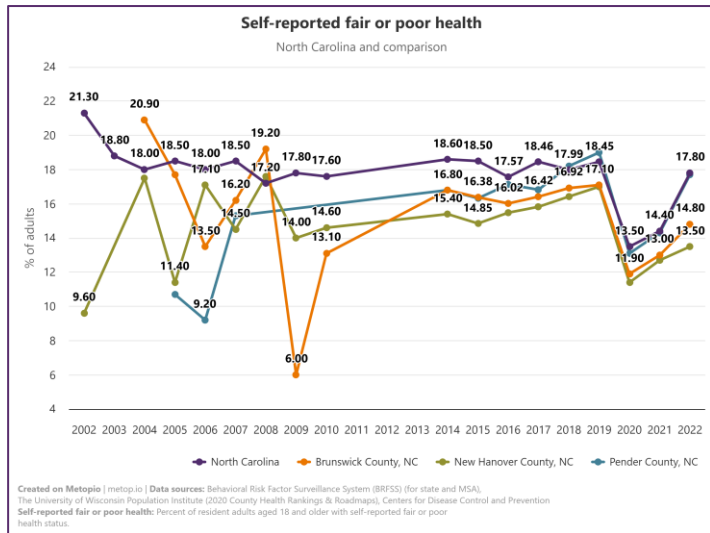
NHNHRMC promoted the use of the MyCommunity platform, which enabled team members to facilitate referrals to primary care and other health services, including free and reduced-cost food support. Within the health category alone, the platform supported over 19,700 searches and facilitated more than 5,570

connections within the NHNHRMC Primary Service Area. Connections were made to food pantries, food delivery services and SNAP and WIC application support.

Novant Health has supported local organizations and events that expand the reach and effectiveness of food security initiatives. In 2024, NHNHRMC contributed more than \$80,000 in charitable support to organizations addressing food security, including Feast Down East, Food Banck of CENC, Good Shepherd Center, NourishNC, Share the Table and Northside Food Co-op.

APPENDIX

Additional Data Tables and Charts



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

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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]

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]

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

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)