

Community Health Implementation Plan

2025 - 2027



Novant Health Pender
Medical Center



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INTRODUCTION

Novant Health Pender Medical Center, in consultation with the Pender County Public Health Department, conducted a health needs assessment in 2025 to identify the most pressing health needs in our community. Novant Health Pender 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 Pender Medical Center (Burgaw, NC) is a critical access hospital that provides emergency care, surgery and endoscopy, rehabilitation and imaging services. The hospital has 43 beds.

OUR DEFINED COMMUNITY

Primary and Secondary Service Areas

The Primary Service Area for NHPEMC is defined by the ZIP codes that represent approximately 75% of the hospital's inpatient population as outlined below:

ZIP CODE	COUNTY
28425	Pender
28457	Pender
28478	Pender
28466	Duplin
28435	Pender

There are two counties in the NHPEMC Primary Service Area. The Secondary Service Area represents 95% of the hospital's inpatient population and covers a four-county radius, including Brunswick, New Hanover, Onslow and Pender. 89% of patients in the Primary and 77% of patients in the Secondary Service Area reside in Pender County. As most patients reside in Pender County, and it represents the highest population of potential individuals with less healthcare access, individuals with lower income and minority individuals from the PSA, Pender County will be the focus of demographic, health and social indicators.

Demographic Characteristics: Pender County

Pender County has a population of 68,521, less than 1% of the total North Carolina population of 10,835,491. Pender County is a predominantly rural community, and the fifth largest county in North Carolina by geographic size. The chart below outlines key demographic factors in Pender County in comparison to North Carolina and the United States.

YEAR	DEMOGRAPHIC	PENDER COUNTY	NC	US
2023	Population	68,521	10,835,491	334, 914, 896
2023	Median Age	40.6	39.4	39.2
2023	% Ages 0-4	5.6	5.5	5.6
2023	% Ages 5-17	16.92	16.3	16.22
2023	% Ages 18-39	26.90	29.27	29.39
2023	% Ages 40-64	32.26	31.62	31.21
2023	% Ages 65 and older	18.36	17.68	17.71
2023	% with a Disability	13.37	13.58	13.56
2023	% Veterans	7.17	7.32	6.06
2019-2023	% of Householders living alone (all ages)	27.5	29.2	28.8
2019-2023	% of Householders living alone (65+)	27.9	26.33	25.72

2010-2020	Population change from 2010 to 2020	15.29	9.48	7.13
2020-2030	Projected % population change from 2020 to 2030	25.3	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.

YEAR	EDUCATION ATTAINMENT	PENDER COUNTY	NC	US
2023	High School graduation rate	90.53	89.75	89.39
2023	Higher degree graduation rate	41.12	44.79	43.78
2023	% of young children enrolled in preschool	41.82	40.43	45.57
2023	% with limited English proficiency	2.40	4.90	8.39
2012-2017	Poor literacy and functionally illiterate	20.4	21.3	21.8

Sources: U.S. Census Bureau. American Community Survey, via Metopio; U.S. Department of Education, National Center for Education Statistics, via Metopio

Key insights include:

Population Growth – Pender County’s population grew 15.3% (2010–2020) and is projected to grow 25.3% (2020–2030), far outpacing North Carolina and the U.S. While the expanding population can bring economic growth, new schools and healthcare services, limited existing housing, healthcare and transportation systems are not positioned to support additional volume. Rapid growth may increase inequities if resources don’t scale with population. Infrastructure and workforce planning (clinics, providers, schools) and preventative health programs should be prioritized to avoid long-term system overload. Local leaders should also anticipate rising demand for maternal/child health, chronic disease management and senior services.

Aging population: The Pender County median age is 40.6 (vs. North Carolina 39.4, U.S. 39.2). Adults 65+ make up 18% (higher than state or nation). Non-Hispanic Whites make up 74.3% of the population, compared to North Carolina 60.9% and U.S. 58.2%. Aging populations carry higher risk of chronic diseases, mobility limitations and healthcare costs. Considering healthcare access for age-friendly communities (transportation, housing, recreation) and services for an aging population will be increasingly important. There is also value in continuing transcultural competency support for providers as the population diversifies slowly.

Education and Literacy Mixed Picture: Pender Count’s high school graduation rate is slightly above state/nation (90.5%). However, 20.4% of adults have poor or functional illiteracy, only slightly better than North Carolina (21.3%). This means potential for effective school-based health interventions while underscoring the importance of integrating plain language health materials.

Health Indicators: Pender County

YEAR	CHRONIC DISEASE TOPIC	PENDER COUNTY	NC	US
2020-2022	Life expectancy	75.7	75.9	77.6
1990-1992	Life expectancy	75.2	74.8	n/a
2022	% of adults with obesity	31.3	33.9	33.2
2022	% of adults with diabetes	10.1	10.6	10.8
2022	% of adults reporting no physical activity	23.3	22.6	23.1
2024	Access to exercise opportunities	61.52	77.97	84.45
2022	Coronary heart disease	6.20	4.10	3.76
2022	Residents with high blood pressure	31.30	32.16	30.32
2021	Chronic kidney disease	2.8	3.1	2.9
2023	Heart disease mortality	227.7	161.2	162.1
2023	Diabetes mortality	33.6	25.3	22.4
2019-2023	Kidney disease mortality	24.8	15.7	13.1
2022	Cigarette smoking rate (% of adults)	16.5	14.8	13.1
2023	CLRD mortality rate	43.8	37.9	33.4
Cancer				
2017-2021	Cancer diagnosis rate	493.2	475.5	444.4
2019-2023	Cancer incidence rate	535.7	481.5	n/a
2019-2023	Cancer mortality rate	215.8	150.7	144.1
2022	Colorectal cancer screening - <i>Percentage of adults</i>	61.30	60.96	58.85
2022	Mammography use - <i>Percentage of females, aged 50-74</i>	78.70	78.60	76.38
Infectious Diseases				
2023	Chlamydia diagnosis rate	296.64	616.00	n/a
2023	Gonorrhea diagnosis rate	94.32	246.58	n/a
2023	HIV diagnosis rate	3.6	15.5	n/a
2023	Syphilis diagnosis rate	16.73	35.95	n/a
2023	Medicare flu vaccination rate	50.0	50.0	46.25
2023	COVID-19 mortality	19.0	13.5	11.9
2019-2023	Pneumonia and influenza mortality	18.5	12.8*	11.7*

*Pender rate is 2019-2023, US and NC rate is 2023 only. 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.

Maternal and Child Health				
YEAR	HEALTH TOPIC	PENDER COUNTY	NC	US
2023	% Women of childbearing age (15-44)	35.0	38.6	38.9
2023	Teen (females 15-19) birth rate	8.5	8.72	8.48
2023	Pregnancy rate	65.4	69.0	n/a
2023	Teen pregnancy rate	12.0	20.8	n/a
2020-2022	Low birth weight	8.4	9.4	8.5
2020-2022	% receiving prenatal care in the first trimester	68.7	74.1	78.1
2024	Kindergarten immunizations	92.9	92.8	n/a
Behavioral Health				
2019-2023	Alcohol-related mortality	12.9	11.6	12.8
2023	Suicide mortality rates	16.3	13.5	14.0
2022	% of adults with depression	23.5	23.1	22.5
2022	% of adults who feel socially isolated	30.9	31.0	n/a
2023	% of overdose deaths due to illicit opioids	85.0	76.6	n/a
2023	Rate of drug overdose deaths	29.2	41.0	n/a
2023	Rate of drug overdose ED visits	70.1	161.8	n/a
Healthcare Access				
2023	% with private health insurance	69.74	67.29	67.01
2023	% with public health insurance	37.35	36.44	37.41
2023	% Uninsured	8.75	9.23	7.93
2023	Medicaid coverage	17.72	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.

Key insights include:

Healthcare Access – High Delayed Care Despite Strong Coverage: Key informants and focus group participants identified significant barriers to accessing timely care, despite widespread insurance coverage. These include affordability challenges, long wait times, provider shortages, and limited-service availability.

Addressing these issues will require strengthening care navigation and patient advocacy programs, as well as investigating structural barriers such as provider distribution and travel distance to services

Chronic Disease Burden – Elevated Cancer and Heart Disease: Pender has higher cancer incidence (535.7 vs 481.5 North Carolina) and mortality (215.8 vs 150.7 North Carolina), as well as higher heart disease mortality (227.7 vs 161.2 North Carolina). This underscores the need to strengthen screening and early detection (colorectal and mammography screenings are already generally strong but may need outreach to underserved groups) and expand chronic disease management programs (hypertension, diabetes, obesity).

Maternal Health: Prenatal care initiation in the first trimester is 68.7%, lower than North Carolina (74.1%) and the U.S. (78.1%). To mitigate potential risks for maternal and child health outcomes, maternal health education and prenatal care outreach should be expanded.

Behavioral Health – Suicide and Alcohol Mortality Higher, Mixed Substance Use Trends: Suicide mortality is 16.3 (higher than North Carolina 13.5 and U.S. 14.0). Alcohol-related mortality (12.9) is slightly higher than North Carolina and the U.S.. Overdose deaths are lower (29.2 vs 41.0 North Carolina), but opioid involvement is higher (85% vs 76.6% North Carolina). This data points to suicide prevention and alcohol misuse as local priorities, with opioid-specific risks despite lower overall overdose rates. Expanded suicide prevention initiatives (crisis hotlines, mental health first aid training, school-based supports), enhanced alcohol use disorder programs and community education, and opioid harm reduction initiatives could be helpful.

Social Indicators: Pender County

YEAR	SOCIAL INDICATOR TOPIC	PENDER COUNTY	NC	US
2019-2023	Median household income	\$76,838	\$69,904	\$78,538
2023	Poverty rate	11.25	12.79	12.46
2019-2023	Unemployment rate	6.01	4.83	5.20
2024	% of workforce employed in industries with the lowest wages*	34.1	22.5	n/a
2024	Average weekly wage	\$1,084	\$1,504	n/a
2023	% of Households on SNAP	11.44	12.6	12.22
2023	Food insecurity	13.8	15.0	14.5
2023	Households in poverty not receiving food stamps	57.44	58.14	59.36
2023	% of cost burdened housing units	28.79	28.04	31.86
2023	% of severely cost burdened housing units	12.10	12.72	15.12
2022	Housing insecurity	13.1	14.3	n/a
2022	Lack of transportation	8.3	9.0	n/a
2023	Households with no vehicle access	2.70	5.48	8.44
2023	Workers traveling outside the county or state for work	56.16	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 28% of Pender households are cost burdened and severe cost burden rates (12.1%) mirror 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 Pender County residents' health.

Food and Transportation Access: Food insecurity affects 13% of residents, and more than half of households in poverty are not receiving SNAP benefits, signaling underutilization of nutrition assistance. At the same time, transportation barriers persist: 8.3% 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, the Pender County Community Health Needs Assessment Steering Committee determined the following identified needs from which the priority health needs would be selected:

- Access to healthcare
- Access to healthy food
- Affordable housing
- Chronic disease
- Education
- Employment & income
- Infectious disease
- Mental health
- Physical activity opportunities
- Population growth
- Reproductive health
- Substance use
- Transportation
- Water quality

County Prioritized Health Needs

Following a community prioritization meeting on January 31, 2023, the Pender County Community Health Needs Assessment Steering Committee selected the following prioritized needs for their 2022 Community

Health Assessment:

- Access to care
- Heart health
- Substance use

Pender County Health Department will be completing its next Community Health Assessment with an estimated completion time of March 2027.

Facility Prioritization

In addition to the primary and secondary data, Novant Health Pender 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. In an effort to avoid any potential patient identification due to low counts, specific volume information is omitted.

INPATIENT DIAGNOSIS	EMERGENCY ROOM DIAGNOSIS
Chronic obstructive pulmonary disease	Other chest pain
Hypo-osmolality and hyponatremia	Nausea with vomiting, unspecified
Acute kidney failure, unspecified	Weakness
Sepsis, unspecified organism	Essential (primary) hypertension
Hypertensive heart and CKD with heart failure and stage 1 through stage 4 CKD, or unspecified CKD	Localized edema

Upon a comprehensive review of the primary and secondary data from Pender County’s most recent CHNA process, and additional primary and secondary data collected in 2025, the Novant Health Pender Medical Center leadership team and Board of Trustees evaluated this information based on the scope, severity, clinical care 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 Pender Medical Center:

1. Access to care
2. Social drivers of health (including specific focus on food, housing and transportation)

ADDRESSING NEEDS

Novant Health Pender 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
Priority Goal:	Enhance access to high-quality primary care, maternal and infant care, and medication for medically underserved* populations through community-based events, collaboration and investment.
Resources and	Novant Health Pender Medical Center will invest personnel resources (subject matter experts and clinical staff), facility resources (mobile health units, supplies,

Collaboration:	<p>education materials) and financial resources (charitable contributions and/or sponsorships).</p> <p>The facility will work in collaboration with Pender County Public Health, Black River Health Services Inc., 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 non-profits, expanding capabilities through non-cost use of Novant Health's mobile and community-based outreach.
		1.2.1 Collaborate with healthcare access focused non-profits, expanding capabilities through non-cost use of Novant Health's mobile and community-based outreach.
Engage in meaningful non-profit partnership through charitable investments and in-kind support.	1.3 Enhance community partner capability to increase number of community members connected to appropriate venues of care.	1.3.1. Provide charitable contributions and sponsorships in support of aligned community non-profit organizations and events, increasing access to care for community members with access and outcome barriers.
		1.3.2. Provide technology, supply, and volunteer support, including subject matter experts, to non-profit 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.
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**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		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 Pender 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 Pender County Public Health, 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 non-profit 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 non-profit 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 non-profit 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

NHPEMC 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 NHPEMC will not prioritize the remaining significant health needs, it will support and collaborate with community partners as appropriate for the purpose of improving outcomes for identified needs that are better aligned with their scope of service:

- Education and outreach to address infectious disease, mental health and substance use, reproductive health and chronic disease can be incorporated into broader access to care initiatives led by Novant Health or community resources. Similarly, education can be incorporated into broader Social Drivers of Health programming.
- Employment, physical activity, population growth and water quality are quality of life factors. While committed to improving the health of individuals throughout their lifespan, NHPEMC 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 Pender Medical Center, there are various existing community assets available throughout the Pender 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
<p>Health needs:</p> <ul style="list-style-type: none"> • Access to healthcare • Chronic disease* • Infectious disease* • Reproductive health* 	<p>Pender County Health Department Black River Health Services Mt. Calvary Center for Leadership Development NC Catholic Charities Pender Adult Services Lower Cape Fear Life Care CommWell Health Goshen Medical</p>
<ul style="list-style-type: none"> • Social Drivers of Health (including affordable housing, healthy food, education and employment*, physical activity opportunities*, transportation access and water quality*) • Population growth* 	<p>Pender County Schools WIC Feast Down East Harrelson Center Pender Adult Services Pender County Christian Services Pender County DSS Pender County Parks and Recreation Cape Fear Habitat for Humanity Share the Table The 4Cs Food Pantry St. Joseph's Food Pantry Willard Outreach Pender County Cooperative Extension</p>

<ul style="list-style-type: none">Behavioral Health (including mental health and substance use)*	Coastal Horizons June 10-Roots to Recovery Safe Haven
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For a full list of community resources, visit NovantHealth.org/MyCommunity

APPROVAL OF COMMUNITY HEALTH IMPLEMENTATION PLAN

The 2025 NH Pender Medical Center Community Health Implementation Plan (CHIP) has been reviewed and approved by the leadership of Pender Memorial Hospital Board of Trustees on October 15, 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 Pender Memorial Hospital Board of Trustees and Novant Health Pender 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.

The following data sources were accessed through the portal:

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]

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

National Center for Education Statistics. (n.d.). *NAAL performance levels*. U.S. Department of Education, Institute of Education Sciences. Retrieved from https://nces.ed.gov/NAAL/perf_levels.asp

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 \[screening-tools.com\]](#)

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>

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Steering Committee Members

The Community Health Assessment Steering Committee was last convened by Pender County Public Health for the 2022 CHNA and includes over 20 representatives from organizations such as health systems and plans, academic institutes, community nonprofits and county offices:

AGENCY
Pender County Health Department (PCHD)* and Health & Human Services (HHS)
North Carolina Institute for Public Health, UNC Gillings School of Global Public Health
Pender County Schools
Novant Health Pender Medical Center**
Surf City Town Manager
PCHD Advisory Board of Health**
WIC**
Pender County GIS
Pender County Christian Services**
Pender County ITS
Pender County Planning
Burgaw Police Department
Pender County DSS**
Pender County Jail
Pender County Sheriff's Office
Veterans Services
Pender County Finance
Coastal Horizons**
Pender Adult Services, Inc**
Pender County Tourism
NC Cooperative Extension
Emergency Management
Pender County Parks and Recreation
Pender County Manager's Office
Pender County DSS

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

** Members of limited healthcare access, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations
For a full list of agencies involved in the CHA process, please see the Pender County CHA Report at <https://www.pendercountync.gov/243/Community-Health-Assessments-CHA>.