Community Health Needs Assessment

2025 - 2027

Novant Health Pender Medical Center

NOVANT HEALTH

Approved by the Pender Memorial Hospital Board of Trustees on October 15, 2025.

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EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The 2025 Community Health Needs Assessment (CHNA) for Novant Health Pender Medical Center (NHPEMC) is a comprehensive, data-driven evaluation of the health status and social needs of the Pender County community. 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:

- Secondary data from multiple credible regional and national sources
- Primary data and qualitative insights from surveys, focus groups and key informant interviews
- 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 NHPEMC:

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

These priorities will guide NHPEMC'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 Pender Medical Center (NHPEMC), 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.

Members of the Pender County Health Department served as key informants for this CHNA and Ruth Glaser, President of Novant Health Pender Medical Center, is an ongoing member of the Pender County Health Department's Community Health Needs Assessment steering committee.

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 (NHPEMC) 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

YEAR	DEMOGRAPHIC	PENDER COUNTY	NORTH CAROLINA	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

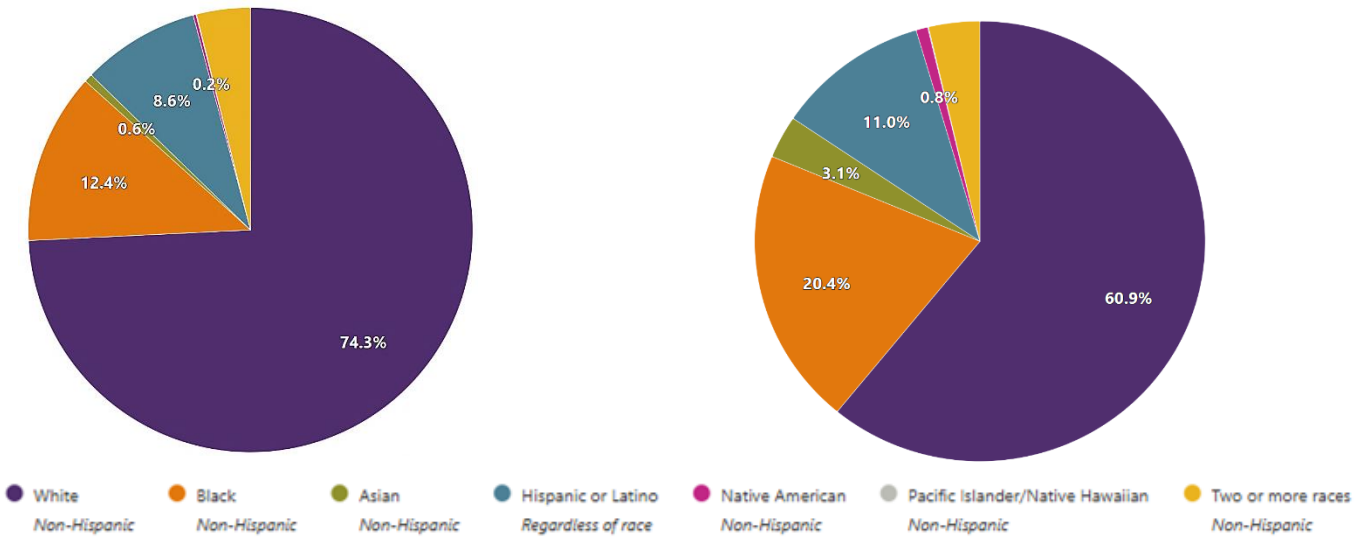
Sources**:** U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates (2019–2023); Decennial Census (2010 & 2020), via Metopio.; North Carolina State Center for Health Statistics, NC Department of Health and Human Services; North Carolina Office of State Budget and Management.

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.

Pender County is experiencing significant growth, with an estimated growth of 13.8% increase from 2020 to 2023 reported in the Pender County Department of Public Health's 2024 SOTCH, and a 15.29% growth rate reported through American Community Survey. The median age is 40.6, indicating an older population compared to state and national averages. Children under 18 make up 22.5% of the population, while adults aged 40 to 64 represent the largest age group at 32.26%. Older adults (65+) account for 18.36%, suggesting a growing need for senior services. County data show that 13.37% of residents have a disability, and 7.17% are veterans. About 27.5% of households consist of individuals living alone, with 27.9% of those aged 65 and older living alone.

Pender County's demographic patterns highlight the importance of planning for aging populations, addressing consistent, high-quality care for all and ensuring culturally and linguistically appropriate healthcare services across the county. The rural nature of Pender County results in issues with social isolation, transportation and access to health and services. Any householder living alone may face social isolation and those who also lack transportation may struggle to access food and other services. Seniors living alone remain a population with unique needs and challenges.

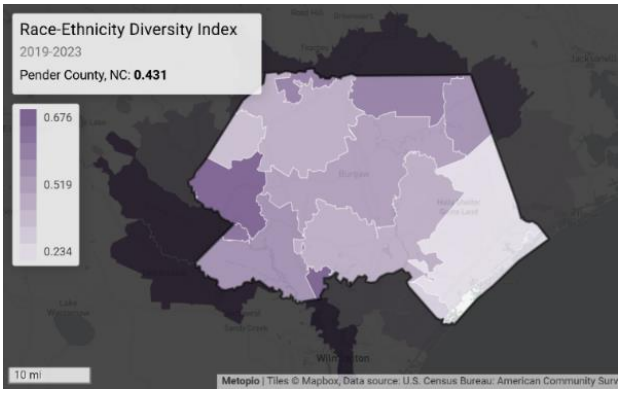
RACE/ETHNICITY	
PENDER COUNTY	**NORTH CAROLINA**

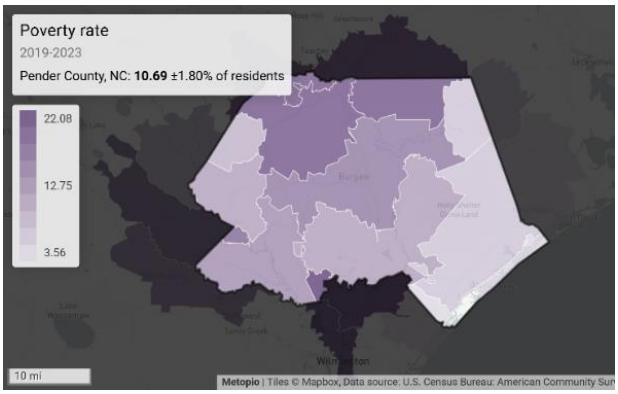


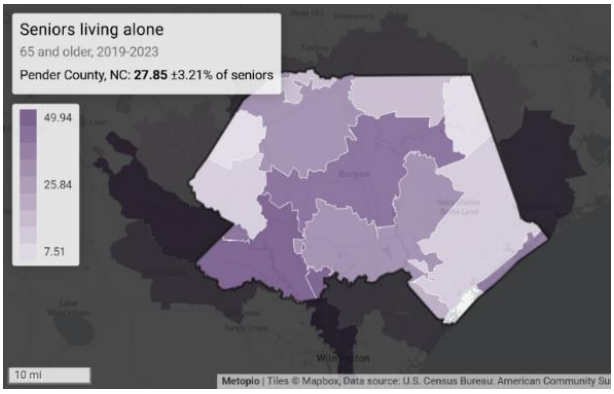
Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2019–2023), via Metopio.

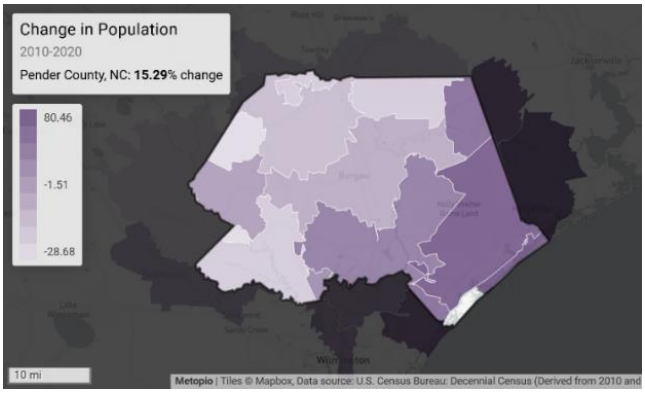
As seen on the charts on the previous page, Pender County has a higher proportion of non-Hispanic White residents (74.3%), followed by Black or African American (12.4%) and Hispanic or Latino (8.6%). Smaller groups include Asian (0.6%), Native/Alaskan/Pacific Islander (0.2%) and individuals of two or more races (4%). This 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.

Maps highlighting demographic trends are below. ZIP codes along the western and northern edges of the county are the most racially and ethnically diverse, while seniors living alone tend to reside more centrally within the county. The middle darker shaded areas suggest that Pender County has a relatively high proportion of older adults living independently compared to other regions. Population growth is occurring most rapidly on the eastern side of Pender County. The map shows some areas increasing rapidly while others are seeing steep declines. These differences suggest that development is concentrated in specific regions, with more rural areas experiencing stagnation or decline.









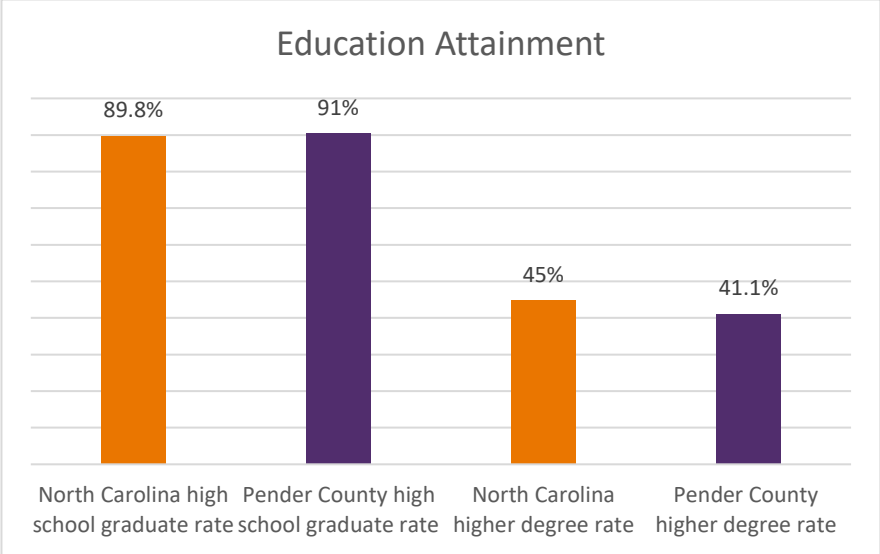
AGE

Population:
68,521

Median Age: 40.6

% Ages 0-4	5.6%
% Ages 5-17	16.92%
% Ages 18-39	26.90%
% Ages 40-64	32.26%
% Ages 65 and older	18.36%

EDUCATION ATTAINMENT



POPULATION LIVING BELOW POVERTY LINE

11.25% of residents in families are living in poverty (below the federal poverty level).

15.0% **Children**
9.10% **Seniors**

EMPLOYMENT

Unemployment rate among residents that are 16 years or age or older (2019-2023).

6.01% **Pender County**
4.83% **North Carolina**
5.20% **United States**

LIMITED ENGLISH PROFICIENCY

2.40%
Pender County
4.90%
North Carolina

HOUSEHOLD/FAMILY

7.22% **Single-parent families**
27.85% **Seniors living alone**

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

YEAR	TOPIC	PENDER	NC	US
2019-2023	Median household income	$76,838	$69,904	$78,538
2023	Poverty rate	11.25	12.79	12.46
2023	Unemployment rate	6.01	4.83	5.20
2024	% of workforce employed in the industries with the lowest wages*	34.1	22.5	n/a
2024	Average weekly wage	$1,084	$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. Pender County demonstrates strong educational attainment compared to state averages. Approximately 91% of residents have graduated high school, surpassing North Carolina's rate of 89.8%. However, 41.1% of residents hold a post-secondary degree, such as an associate or bachelor's degree or higher, lower than the state average of 45%.

Approximately 7% of families are headed by single parents, a demographic often facing increased economic and caregiving pressures. Poverty remains a significant issue, and 11.25% of families live below the federal poverty line. 2019-2023 unemployment data shows that Pender County's unemployment rate (6.01%) is higher than both North Carolina's statewide rate of 4.83% and the national average of 5.20%.

Health Indicators: Pender County

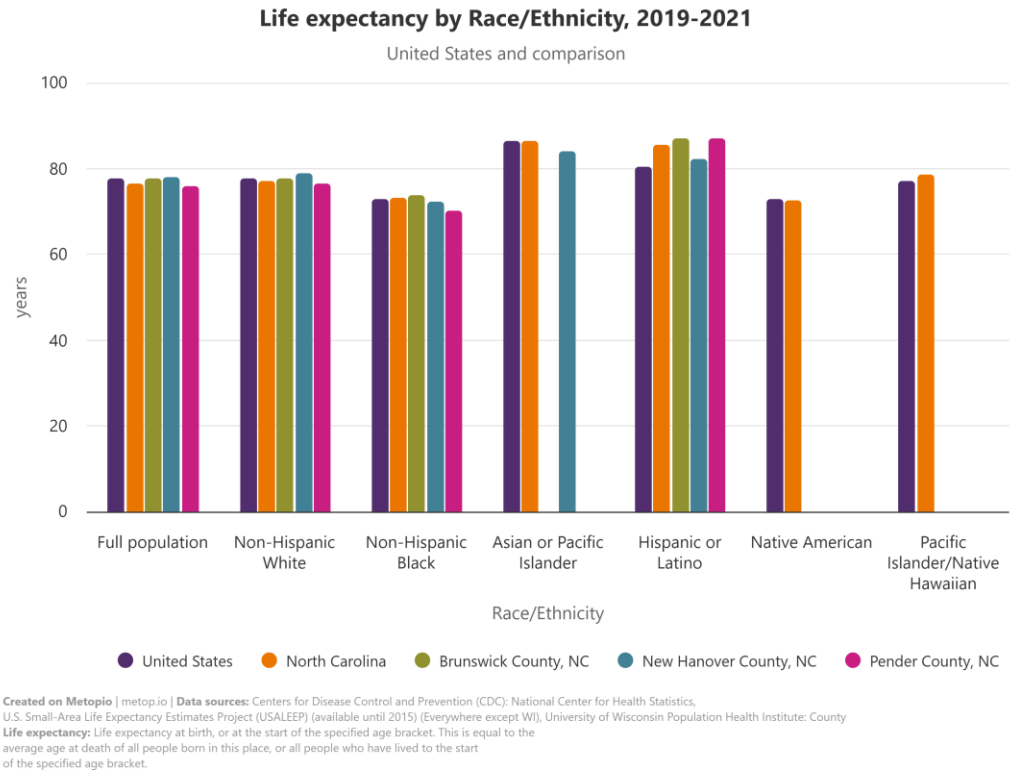
Pender County's leading causes of death in 2019-2023 were heart disease and cancer. NHPEMC will consider health indicators, such as leading causes of death, as well as the impact of root causes with an analysis of social drivers of health.

LEADING CAUSES OF DEATH IN PENDER COUNTY			
Rank	**Cause of Death**	**Number**	**%**
1	Diseases of the heart	1,976	28%
2	Cancer - all sites	1,907	27%
3	Other unintentional injuries	555	8%
4	Chronic lower respiratory diseases	527	8%
5	Cerebrovascular disease	493	7%
6	COVID-19	480	7%
7	Alzheimer's disease	373	5%
8	Diabetes mellitus	327	5%

9	Nephritis, nephrotic syndrome, & nephrosis	161	2%
10	Chronic liver disease & cirrhosis	153	2%

Source: North Carolina State Center for Health Statistics

Life expectancy in Pender County is consistently lower than both the national and state averages for most racial and ethnic groups. Non-Hispanic Black residents' life expectancy in Pender County falls below their counterparts in all other racial and ethnic groups.



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

Chronic Disease

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

YEAR	CHRONIC DISEASE TOPIC	PENDER COUNTY	NC	US
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 - *Percentage of adults*	61.30	60.96	58.85
2022	Mammography use - *Percentage of females, aged 50-74*	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.

Pender County experiences significantly higher rates of chronic disease compared to both state and national averages. 2019-2023 data shows that Pender has higher cancer incidence (535.7 vs 481.5 North Carolina) and mortality rates (215.8 vs 150.7 North Carolina) compared to North Carolina averages. Additionally, 2023 data for Pender County reports notably higher mortality rates for diabetes, chronic lower respiratory disease (CLRD), and COVID-19 compared to both state and national averages. The attainment of the highest level of health and wellness for all communities necessitates an increased focus on preventive care and screening.

Maternal and Child Health

YEAR	MATERNAL AND CHILD HEALTH	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

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.

Pender County presents a mixed picture when it comes to maternal and child health outcomes. While some indicators reflect preferred performance, like a lower that state average teen pregnancy rate, others highlight areas where focused interventions could make a meaningful difference. Pender County has a lower teen pregnancy rate (12.0) than the state average (20.8), and a teen birth rate (8.5) which closely aligned with both state and national benchmarks. However, prenatal care initiation in the first trimester is 68.7%, lower than North Carolina (74.1%) and the U.S. (78.1%). 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.

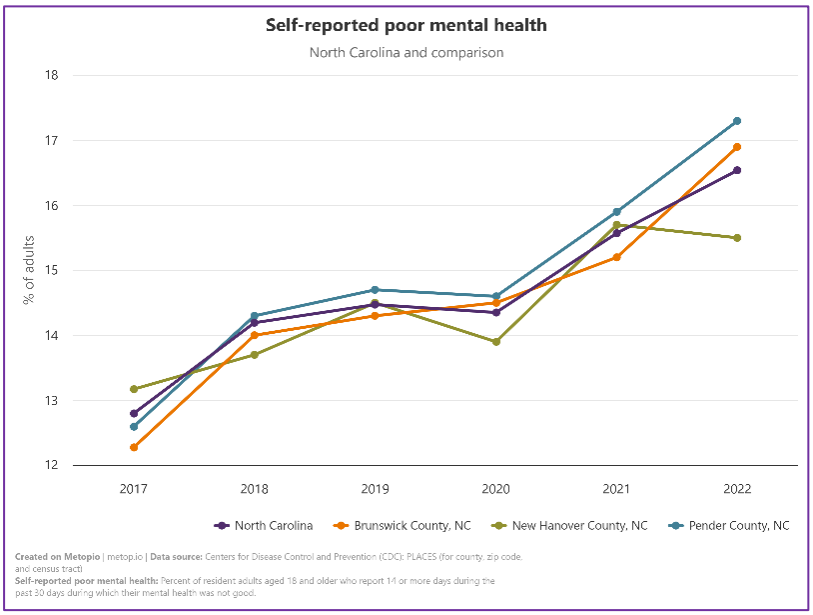
Behavioral Health

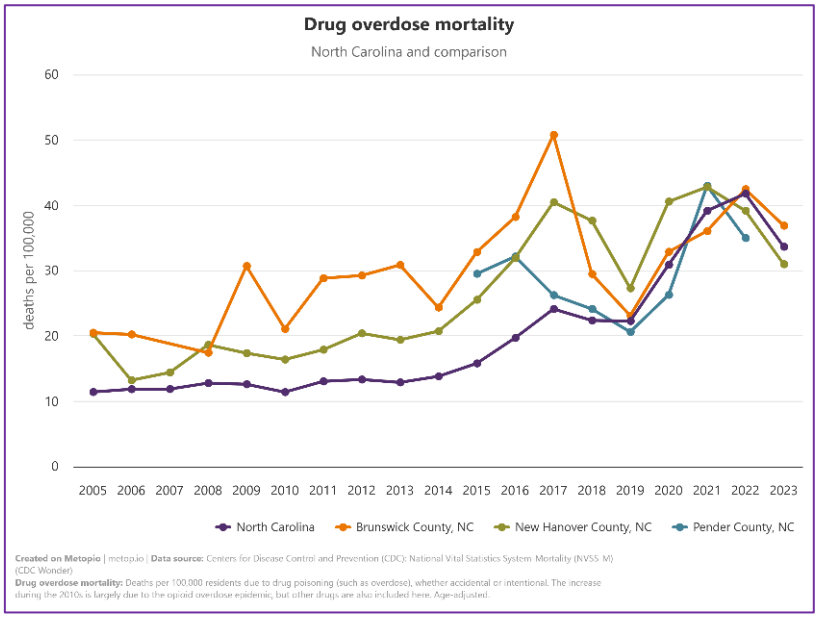
YEAR	BEHAVIORAL HEALTH	PENDER COUNTY	NC	US
2019-2023	Alcohol-related mortality	12.9	11.6	12.8
2023	Suicide mortality rates	16.3	13.5	14.0
2022	% of adults with depression	23.5	23.1	22.5
2022	% of adults who feel socially isolated	30.9	31.0	n/a
2023	% of overdose deaths due to illicit opioids	85.0	76.6	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

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, with the following key insights: 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. rates. 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 key local issues, with opioid-specific risks despite lower overall overdose rates.





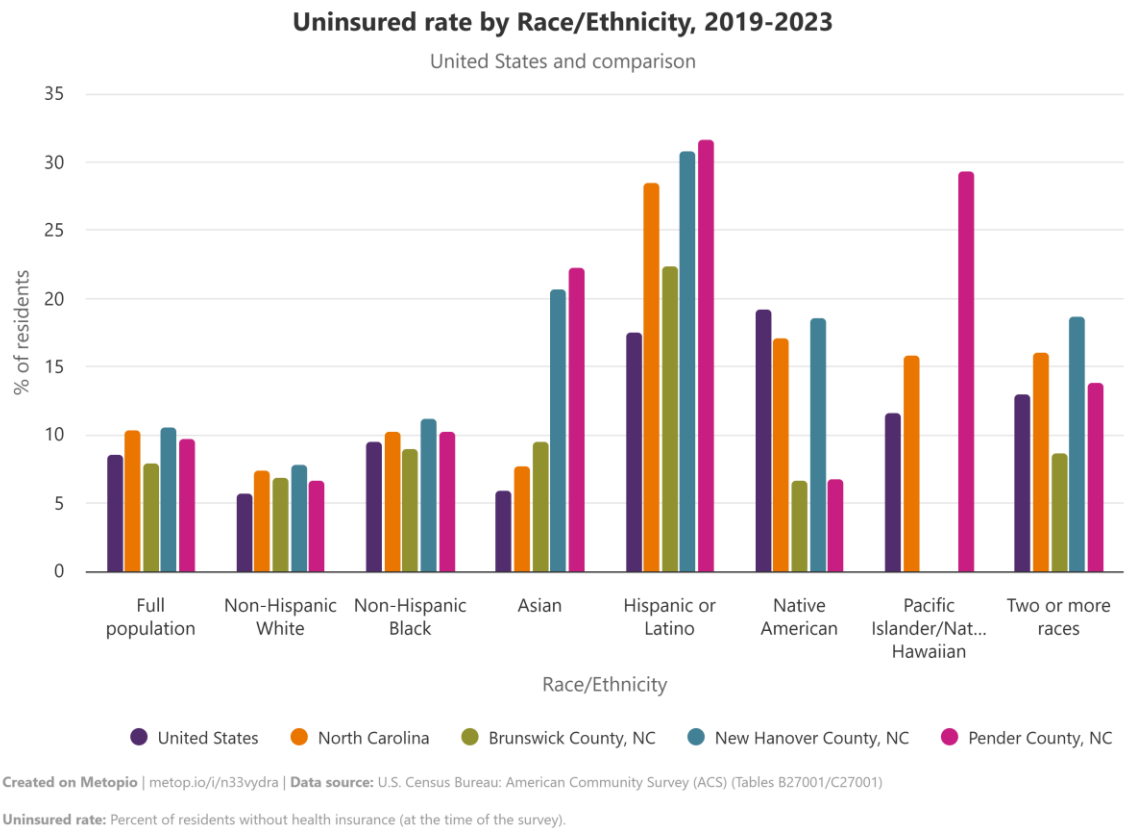
Since at least 2005, the rate of drug overdose deaths (see chart above) has increased steadily across the state. The Pender County rate fluctuated around the state rate on a yearly basis but has risen overall; in 2022, the county rate fell below North Carolina's.

The rate of drug overdose deaths varies significantly across different racial and ethnic groups statewide and in Pender County. In North Carolina, the rate among the Native American population is significantly higher compared to other groups. In Pender County, non-Hispanic White residents are more likely than other groups to die of a drug overdose.

Access to Care

YEAR	INSURANCE ACCESS	PENDER COUNTY	NC	US
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

Source: American Community Survey (ACS) 2019-2023 5-Year Estimates, US Census Bureau, via Metopio



Source: U.S. Census Bureau, American Community Survey

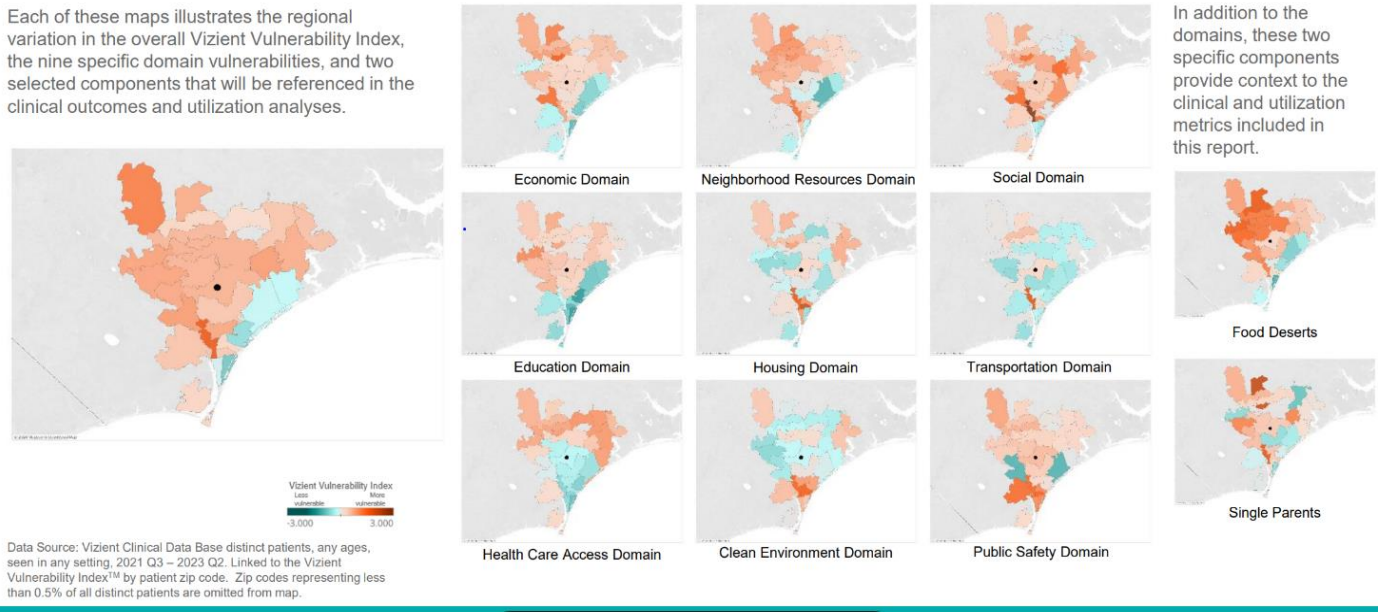
In 2023, Pender County had slightly better private health insurance coverage (69.74%) than both North Carolina (67.29%) and the U.S. (67.01%). Public insurance rates were similar across all three, while the uninsured rate in Pender (8.75%) was lower than the state but higher than the national average. Medicaid coverage in Pender (17.72%) lagged behind both state (19.12%) and national (21.31%) levels, suggesting room for improvement in outreach or eligibility access. The uninsured rate varies significantly across different racial and ethnic groups in Pender County, North Carolina and the nation. Hispanic or Latino individuals and Pacific Islander/Native Hawaiians have the highest uninsured rates in most areas, reaching above 30% in Pender County.

Social Indicators: Pender 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, significant vulnerabilities persist throughout Pender County. Rapid population growth and shifts in community demographics underscore the need to continuously evaluate place-based health and social needs.

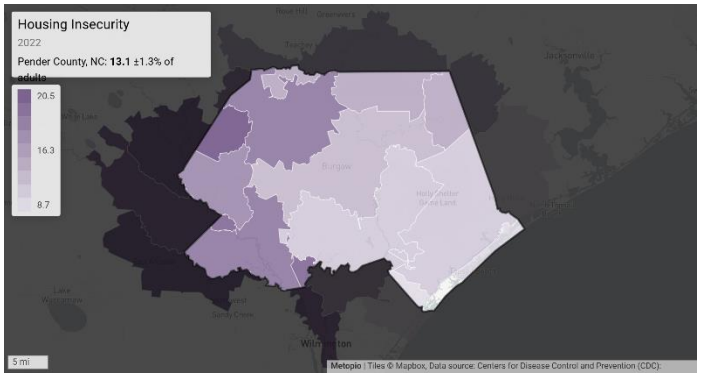
YEAR	SOCIAL INDICATOR TOPIC	PENDER COUNTY	NC	US
2019-2023	Median household income	$76,838	$69,904	$78,538
2023	Poverty rate	11.25	12.79	12.46
2019-2023	Unemployment rate	6.01	4.83	5.20

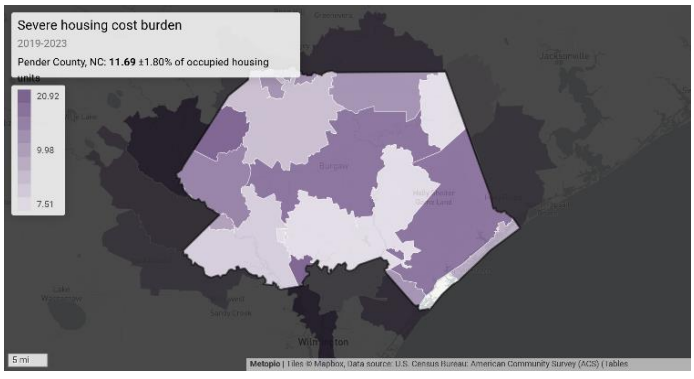
YEAR	SOCIAL INDICATOR TOPIC	PENDER COUNTY	NC	US
2024	% of workforce employed in industries with the lowest wages*	34.1	22.5	n/a
2024	Average weekly wage	$1,084	$1,504	n/a
2023	% of households on SNAP	11.44	12.6	12.22
2023	Food insecurity	13.8	15.0	14.5
2023	Households in poverty not receiving food stamps	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

North Carolina's poverty rate has historically been higher than the national average. Pender County's poverty rate has demonstrated significant variability but fell from a high in 2013 to a rate lower than North Carolina and the U.S. in the most recent three years.

The poverty rate tends to vary significantly across different racial and ethnic groups. In Pender County, poverty rates among Pacific Islander/Native Hawaiian residents and Hispanic or Latino populations are higher than the rate among other groups.



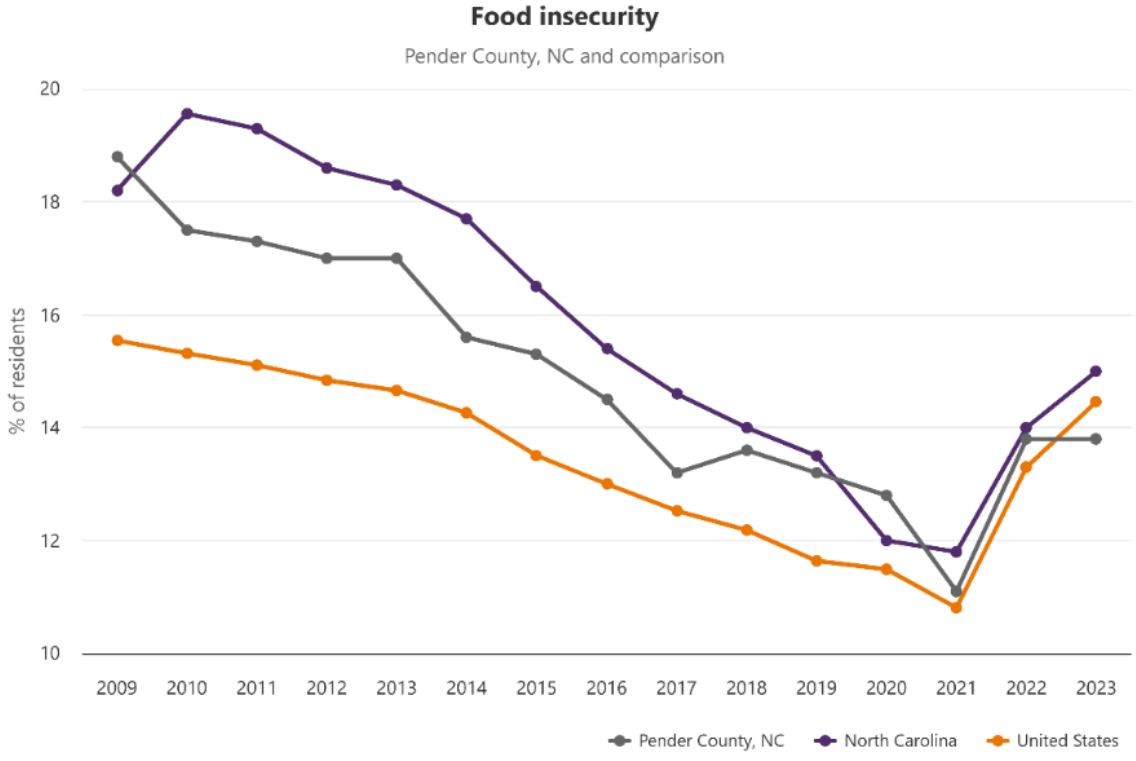


Source: Centers for Disease Control and Prevention (CDC):PLACES

Housing cost burden refers to households, rented or owned, spending more than 30% of their income on housing costs like rent or a mortgage.

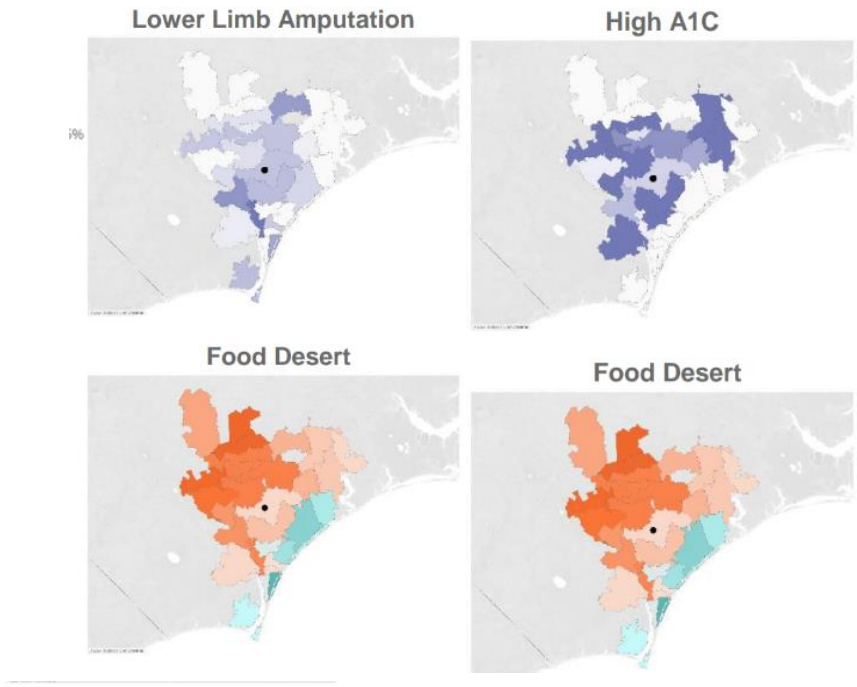
Severe housing cost burden refers to households spending more than 50% of their income on housing, including both renters and owners. Severe housing cost burden is associated with housing insecurity, defined as the inability to pay mortgage, rent or utility bills in the past 12 months. Housing insecurity in North Carolina is a significant issue, with rates varying across counties. In Pender County, approximately 13.1% of adults were estimated to be housing insecure in 2022, a higher rate than the North Carolina average. As evidenced by the maps above, while severe housing cost burden issues are scattered throughout the county, housing insecurity is most pervasive in the western edge of Pender County.

When a household has limited or uncertain access to enough nutritious and safe food for everyone, it is considered food insecure. After declining for almost a decade, food insecurity rates in Pender County, North Carolina and the United States increased steadily after 2021. Food insecurity rates in Pender County were lower than North Carolina but higher than the U.S. for most of the last 15 years.



Created on Metopio | metop.io/i/9tpxj2w4 | **Data source:** Feeding America: Map the Meal Gap

Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.



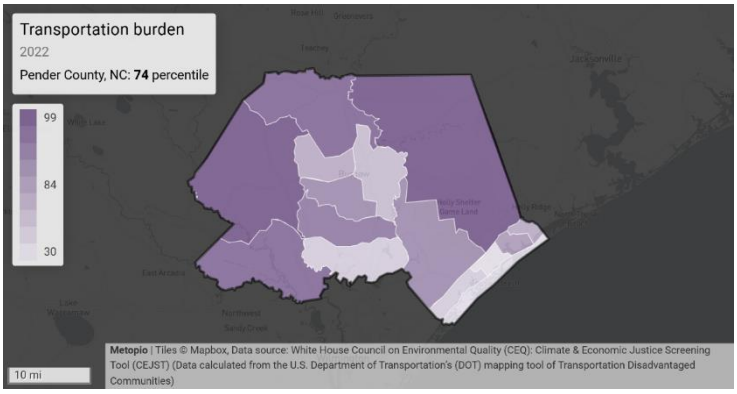
Maps indicate: In purple, A1C>9 among patients with diabetes (darker purple representing a higher percent of distinct patients). Maps indicate In purple, incidence of lower limb amputation (darker purple representing a higher percent of distinct patients). Vizient Vulnerability Index (turquoise representing 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 18 or older with any diagnosis of type 2 diabetes, seen in any setting 2021 Q3 – 2023 Q2

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.

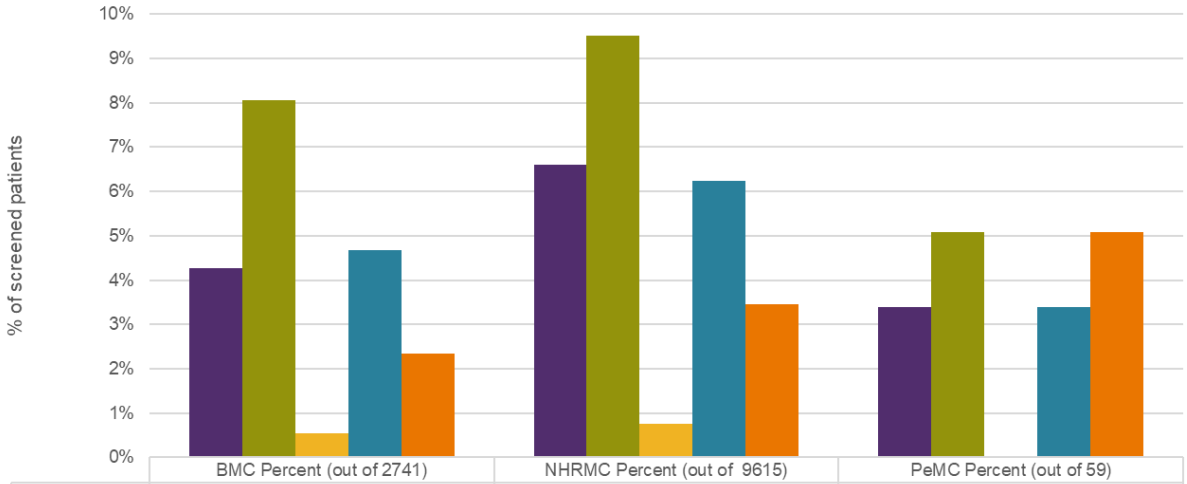
NHPEMC patients who live in a food desert are more likely to have A1C over 9%, and to have lower limb amputations (see maps above). Patients from these same areas are also more likely to develop kidney disease and heart failure.



Lack of transportation is a significant issue in North Carolina, where an average rate of 9% of adults reporting experiencing notable transportation challenges. Although less than 3% of Pender County households have no vehicle access, transportation is a well-known issue in rural areas of the state. Vizient Vulnerability Index data indicates that patients from neighborhoods with less access to transportation are more likely to return to the ED within 30 days.

Transportation burden refers to the challenges individuals face in accessing reliable, affordable and efficient transportation. This can include long commute times, limited public transit options, high transportation costs relative to income and geographic isolation from employment centers, healthcare and other essential services. In 2022, Pender County ranked in the 74th percentile nationally for transportation burden, according to data from the White House Council on Environmental Quality's Climate & Economic Justice Screening Tool. This means that residents in Pender County experience a higher transportation burden than 74% of counties across the United States.

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. NHPEMC patients' top needs were housing and utilities, followed by food and transportation.

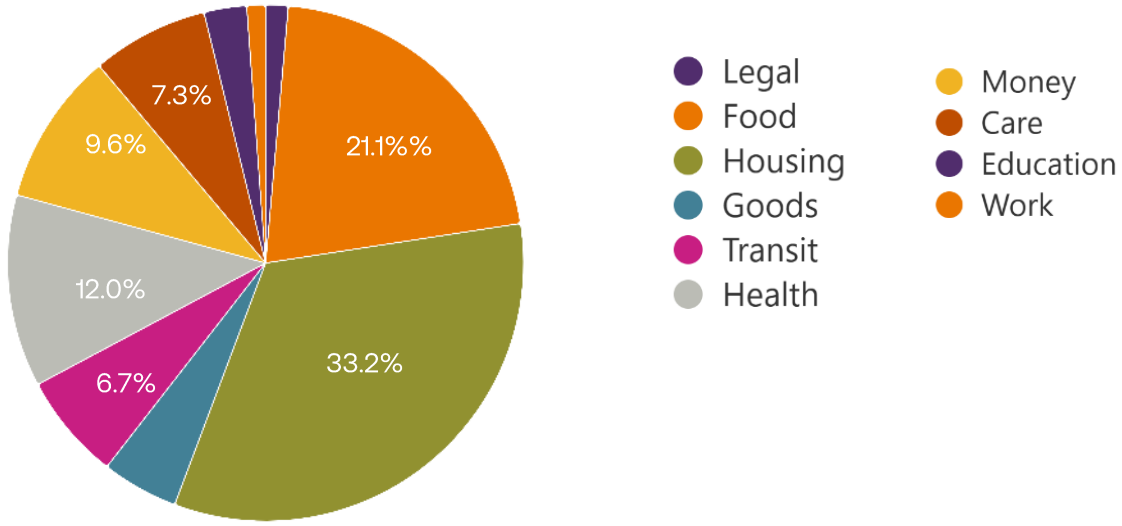


	BMC Percent (out of 2741)	NHRMC Percent (out of 9615)	PeMC Percent (out of 59)
Food	4%	7%	3%
Housing	8%	10%	5%
IPS	1%	1%	0%
Transportation	5%	6%	3%
Utilities	2%	3%	5%

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

Novant Health team members use FindHelp to connect patients with social needs to local resources. The platform is free to use and available to any member of the community. The Novant Health iteration of the FindHelp platform is called NH MyCommunity (NovantHealth.org/MyCommunity). Facility-specific search data indicates top needs at NHPEMC are housing, food and healthcare (medication, financial support and primary care).

Pender Medical Center Social Needs Resource Searches by Type, 2024



*Legal goods, 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 NHPEMC 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.

NHPEMC partnered with Pender County Public Health and participated 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 numerous 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, key informant interviews were held with public health representatives and individuals from, and community organizations serving, low-income and minority populations and medically underserved populations.

Findings from surveys, key informant interviews and focus groups were synthesized alongside secondary data and hospital utilization data to inform prioritized needs. These findings highlighted access to care, including mental health, 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 Pender 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, NHPEMC 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 Pender County.

Collaborative Community Partners

The 2025 CHNA for Novant Health Pender Medical Center was developed in partnership with the Pender County Health Department, and members of Novant Health Community Voice Councils and Pender Memorial Hospital Board 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. Culturally appropriate, accessible community health surveys were developed and distributed across the county in the 2022 Pender County CHNA process in both digital and paper formats. Novant Health Pender Medical Center also conducted qualitative research in 2025 through focus groups and key informant interviews 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.

Pender County Community Health Assessment Steering Committee

The Novant Health Pender Medical Center 2025 Community Health Needs Assessment (CHNA) was led by NHPEMC. Pender County Health Department was invited to collaborate as part of the Novant Health Pender Medical Center process. Ruth Glaser, President of Novant Health Pender Medical Center, also participated as part of the Pender County Health Department steering committee for county's 2022 assessment, which was completed in March 2023.

Metopio

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).

Solicitation

Community engagement was central to the CHNA process. Novant Health Pender Medical Center gathered input from organizational stakeholders via key informant interviews and focus groups. Additionally, primary data from the 2022 Community Health Opinion Survey (CHOS) was used to inform this CHNA process. The 2022 Novant Health Pender Medical Center Community Health Needs Assessment solicited input from persons who represent broad interests, with emphasis on the western part of the county comprising the Primary and Secondary Service Area. Input was gathered through broad distribution of the survey including outreach through organizations and community groups 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

The Novant Health Pender Medical Center CHNA includes intentional primary data collection through key informant interviews and focus groups. Since the Pender County Health Department operates on a different timeline than the hospital, this CHNA references findings from the 2022 Community Health Needs Survey, which collected 163 responses.

As part of the 2025 CHNA primary data collection, key informant interviews were conducted in collaboration with various community stakeholders, including the Pender County Health Department and other local leaders. Additionally, focus groups were held with members of the Community Voice Councils and the Pender Memorial Hospital Board of Trustees. Lists of participants can be found in the appendix.

Key Informant Interviews

Key informant interviews were conducted to gain qualitative insights into the health needs and service gaps within the community. Thirty-six key informants were invited to participate in structured interviews. Of the 36 invited, 18 interviews were successfully scheduled and conducted online. Key informants represented a broad range of sectors, ensuring a comprehensive understanding of community health from multiple perspectives. A list of key informant interviewees can be found in the appendix.

These interviews offered valuable perspectives that complemented quantitative data sources and helped shape the priorities and strategies outlined in this CHNA.

Focus Groups

As part of the 2025 CHNA, Novant Health Pender 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 and organizations serving low-income, minority and medically underserved populations, such as the LGBTQ+, Black/African American and disability communities. One additional focus group was conducted with the Pender Memorial Hospital Board of Trustees in July 2025.

To ensure accessibility and convenience, all focus groups were held virtually. This format allowed for broader participation and increased accessibility for improved engagement, helping to capture a wide range of perspectives and experiences. Brief thematic analyses of focus groups identified shared and unique perspectives are included in this report.

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 Pender 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, 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

Survey findings

Primary data from the 2022 Community Health Opinion Survey (CHOS) was used to inform the 2025 CHNA process. The survey was conducted by NHPEMC between July and mid-September 2022, with data collection and analysis performed by Kulik Strategic Advisers, Inc. (dba KSA). The CHOS questionnaire included 32 required questions, supplemented by 17 optional questions and concluded with an open-ended comment box for additional feedback. A total of 163 residents participated in the survey. Based on the survey responses, the most significant health needs identified for NHPEMC's 2022–2024 CHNA cycle were:

- Access to healthcare
- Mental health
- Chronic disease
- Dental health
- Elder care options
- Family planning
- Pregnancy and infant wellness

Focus group and key informant 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 and Community Engagement 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, these 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 races/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.

A focus group conducted with members of the hospital board provided valuable insights into the healthcare landscape of Pender County. Participants discussed key challenges, community strengths and opportunities for improvement across several domains.

- **Access to Healthcare & Chronic Diseases**
  - Concern over barriers to accessing primary and subspecialty care, particularly in rural areas such as the western side of Pender County.
  - A recognized need for dialysis services.
  - Long waitlists and limited provider availability were cited as major obstacles.
  - Additionally, insurance coverage remains inconsistent across providers, further limiting access.
  - Despite these challenges, several community strengths were highlighted.
- **Social Drivers of Health**
  - Transportation emerged as a significant barrier, with many patients unable to travel to Wilmington for appointments.
  - Food insecurity was another major concern, affecting both children and adults. Children are particularly at risk when school is not in session, often missing meals.
  - Housing insecurity was discussed in depth, with board members noting the lack of shelter beds for individuals experiencing homelessness or respite-related challenges.
- **Mental Health**
  - Mental health needs were described as widespread and urgent, affecting all age groups.
  - Severe shortage of mental health professionals was a cited critical gap in the local health care.

Insights from Pender County key informant interviews and focus groups in 2025 were conducted with a diverse group of stakeholders representing healthcare, public health, social services, and community-based organizations serving Pender County residents. These individuals provided valuable perspectives on the most pressing health issues facing the community, barriers to care and opportunities for collaboration and improvement. The insights below reflect recurring themes and concerns shared by local stakeholders, healthcare providers and community leaders.

- **Access to Healthcare Providers & Services**
  - Informants consistently cited limited access to healthcare services, especially in the western parts of the county. Transportation barriers, including long travel distances and limited public transit options, were identified as major obstacles to care. Many residents rely on emergency services (911) for non-emergency transportation, placing additional strain on first responders.
  - There is a shortage of healthcare providers, particularly specialists such as prenatal, dental and cancer care professionals. Telehealth has not fully bridged this gap due to spotty internet access in rural areas. Additionally, the lack of 24/7 pharmacy access, urgent care facilities and affordable medications and supplies further limits care options.
  - Dental care shortages are acute in the western region, and prenatal care access remains low due to provider shortages, transportation issues and lack of awareness.
  - Financial barriers, including the high cost of food, medications, and childcare compound access issues.
  - Informants also noted low health literacy and limited engagement in health programs, with many residents unaware of available resources or unable to commit to multi-week interventions.

- **Health Challenges**
  - Chronic diseases are prevalent, with diabetes, hypertension, obesity, heart disease, COPD, asthma, dementia and Alzheimer's frequently mentioned. Informants mentioned patient non-compliance with care plans and challenges in chronic disease management.
  - Immunization gaps were noted among children in transitional living situations, including foster care and military families.
  - The uninsured status of many residents continues to prevent access to essential care.

- **Economic and Social Drivers of Health (SDoH)**
  - Informants emphasized the impact of food insecurity, driven by the high cost and instability of access to healthy food. Housing insecurity, including unaffordable housing, overcrowding, poor quality and frequent relocations were also major concerns.
  - Transportation barriers were repeatedly mentioned, with some residents traveling over two hours across the county for care. The elderly population is especially affected, often relying on unreliable transportation or emergency services.
  - Poor cell signal in rural areas further limits access to telehealth and digital health resources.

- **Mental Health & Substance Use**
  - Mental health concerns—including depression, anxiety and suicide ideation—are affecting both youth and older adults. However, local mental health services are limited, and access remains a challenge.
  - Substance use issues are growing, with high infection rates from needle use, and increasing alcohol and tobacco use, particularly among younger populations. Informants noted a lack of local addiction treatment and recovery programs, leaving many without support.

- **Key informants also identified several opportunities to improve health outcomes:**
  - Improving access and resources to improve prenatal and delivery care.
  - Expanding public transportation to reduce travel barriers.
  - Increasing funding for fresh produce, recreational services and community gardens through partnerships with local farmers and organizations.
  - Improved partnership to enhance service coordination and outreach.

Analysis and Prioritization

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 Pender Memorial Hospital 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)

Health Needs Not Selected and Community Resources Available for 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
Health needs: • Access to healthcare • Chronic disease* • Infectious disease* • Reproductive health*	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
• Social Drivers of Health (including affordable housing, healthy food, education and employment*, physical activity opportunities*, transportation access and water quality*) • Population growth*	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
• Behavioral Health (including mental health and substance use)*	Coastal Horizons June 10-Roots to Recovery Safe Haven

For a full list of community resources, visit NovantHealth.org/MyCommunity

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 Novant Health Pender Medical Center Community Health Needs Assessment has been reviewed and approved by the leadership of the 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 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 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 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 CHNA. Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions and questions can be submitted by clicking the link below. Feedback will be reviewed and considered in future planning efforts.

If you experience any issues with the link to our feedback form or have any questions, please email us at: Communitybenefit@novanthealth.org.

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 CHNA, the Novant Health Pender Memorial Hospital Board of Trustees did a collective review of community feedback and prioritization and determined the top health priorities for Novant Health Pender Medical Center as: mental health and substance use, social drivers of health (transportation) and chronic disease.

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

PRIORITY NEED	PROGRAM INITIATIVE	ACTION	INTENDED OUTCOME
Mental Health and Substance Use	Mental Health First Aid Opioid Stewardship Task Force Outpatient Peer Support Program Psychiatric Residency Program Screening, Brief Intervention and Referral to Treatment in Primary Care (SBIRT using PHQ-9 or Patient Health Questionnaire – 9 questions)	Provide information and train individuals from various sectors including the nonprofit, faith community and our own team members 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 Implementation of outpatient peer support program in partnership with Behavioral Health Institute leaders and Emergency Services Establishment of psychiatric residency program in partnership with UNC School of Medicine Utilize Community Care Cruiser in Pender County to engage with residents for primary care and screening for substance use disorder	Awareness of ways to access resources and increased number of individuals connected to appropriate treatment and services within the community 50 Individuals trained in Mental Health First Aid Community based teams (Home Health, Community Paramedics, CHWs, and other outreach workers) trained on use of Narcan Increase in number of patients treated for opioid use disorder in the acute and ambulatory settings Reduction in adverse drug events related to opioids Reduction in readmission for those with mental health diagnosis recently discharged from hospital Increased provider base for psychiatric care in our region Increase rate of

			depression screenings for adults and children at Pender Medical Center and Novant Pender primary care offices

Actual outcome: Novant Health Pender Medical Center prioritized mental health in the 2022-2024 CHNA cycle through focused outreach, education and strategic community partnerships. The hospital supported events and initiatives aimed at increasing mental health awareness and building resilience among Pender County residents.

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 enhanced frontline response capabilities and strengthened overdose prevention efforts. NHPEMC also provided access to Certified Peer Support Specialist (CPSS). CPSS is a mental health professional who uses their own lived experience with a mental health or substance use condition, combined with formal training, to help others in their recovery journey. Through partnership with Coastal Horizons, a CPSS is supporting the needs of Pender Medical Center emergency department and surrounding Pender County areas.

A major advancement was the launch of a Psychiatric Residency Program in partnership with the UNC School of Medicine. This program increased the number of community members treated for opioid use disorder across both acute and ambulatory care settings, addressing a critical gap in psychiatric care.

Educational resources were distributed to individuals and families to promote understanding of mental health challenges, trauma and recovery strategies. Additionally, planning conversations began in 2024 for Community Care Cruiser utilization in partnership with Black River Health Services and the Rural Residency Program. The program launched in 2025.

To promote safe medication practices, NHPEMC 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 community health

In addition to these efforts, NHPEMC hosted and participated in multiple community health events and collaborated with organizations like NAMI and Coastal Horizons on community-based mental health education.

PRIORITY NEED	PROGRAM INITIATIVE	ACTION	INTENDED OUTCOME
Social Determinant of Health: Transportation	Ride Health Program Social responsibility/ Charitable contributions SDOH Screening	Support community organizations and events aligned with this work through capacity building and charitable contributions	Decrease number of Pender County residents missing appointments due to transportation barriers

		Creation of continuing education opportunities for team members regarding social determinants of health in our health system and our community Train staff and implement social determinant of health screening at Pender primary care offices	Increase contributions to Pender County service providers offering transportation to residents
Actual outcome: Transportation was identified as a critical barrier to healthcare access in Pender County. In response, NHPEMC launched several initiatives to improve access. The SafeRide program offers no-cost transportation to patients leaving Pender Medical Center and/or returning for follow up appointments who identify as transportation insecure. Prior to SafeRide implementation in May 2024, Coastal facilities including Pender used the Circulation vendor to support patient transportation to and from care. NHPEMC also prioritized screening for SDoH. Staff at Pender primary care offices were trained to conduct SDoH screenings, enabling early identification of transportation and other social needs barriers and timely referrals to support services. Seventeen Pender Memorial Hospital team members took specialized online learning modules in SDoH and FindHelp resource connection in 2023 and 2024. To address food insecurity, NHPEMC implemented the Hunger Vital Signs screening during appointments. In 2022, 14 individuals in the Coastal Region received emergency food packs; by 2024, that number grew to 1,200. In 2024, Pender Medical Center began screening admitted patients for five social needs: housing, food, utilities, transportation and interpersonal violence. Results of the screening, which captured the social needs of 59 patients, are featured earlier in this report.			

PRIORITY NEED	PROGRAM INITIATIVE	ACTION	INTENDED OUTCOME
Chronic Disease	Wellness Education Health screenings Rural residency program	Host screenings and provide related referrals, and assessment of resources via Community Care Cruiser Support community organizations and events aligned with this work Establishment of a rural residency program in partnership with Black River Health Services	Increased number of community stakeholders connected to a primary medical home and appropriate care Decrease emergency department use for those connected to health screening events and mobile health 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: NHPEMC led a comprehensive outreach initiative to address the growing burden of chronic diseases, particularly hypertension and diabetes. Educational topics included stroke, heart health and fall prevention. NHPEMC also implemented the Diabetes Empowerment Education Program (DEEP). Over the cycle, 19 community health events were held including blood drives, fall prevention and balance screenings, stroke education, DEEP classes and health fairs. Combined, these events served 5,096 residents, significantly expanding outreach and care.

To enhance early detection, NHPEMC deployed the Community Care Cruiser for mobile clinics and events, including Remarkable You biometric screenings. These no-cost screenings, available to individuals aged 18 and older, included checks for blood pressure, cholesterol, BMI, glucose, A1C and triglycerides. At least 10 events were conducted, directly serving 218 residents, helping identify health risks and connect individuals to ongoing care.

To address provider shortages and improve long-term outcomes, NHPEMC partnered with Black River Health Services to establish a Rural Residency Program. The inaugural class is now providing hands-on care and increasing access to primary care in medically underserved areas. This partnership lays the foundation for sustainable improvements in chronic disease management.

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

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

Pender County Department of Public Health. (2022). *Community Health Assessment*. Retrieved from https://www.pendercountync.gov/DocumentCenter/View/189/Community-Health-Assessments-CHA---2022-PDF

Pender County Department of Public Health. (2024). *State of the County Health Report (SOTCH)*. Retrieved from pendercountync.gov/DocumentCenter/View/4385/2024-State-of-the-County-Health-Report

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.

Key Informant Interview Participants

As part of this CHNA process, key informant interviews were conducted to gain a deeper understanding of community needs. NHPEMC contacted a list of 36 partners and organizations to schedule meetings. 18 out of 36 identified key informant interviews were completed between June and August 2025:

KEY INFORMANT INTERVIEWEE	ORGANIZATION
Carolyn Moser	Pender County Health Department
Shirley Steele	Pender County Health Department
Dawn Ellis	Share the Table
Wes Davis	Pender Adult Services
Sandy Harris	Pender Christian Services
Velva Jenkins	Lower Cape Fear YWCA
Judith Bullard	Woodbury Wellness
Rakhee Patel	Coastal Horizons
Mark Seitz	N.C. Cooperative Extension
Meagan Jones	Novant Health Pender Medical Center
Ruth Glaser	Novant Health Pender Medical Center
Dr. Bailey Minish	Black River Health Services
Lee Ann Amann	Black River Health Services
Leslie Smiley	Cape Fear Healthnet
Tommy Taylor	United Way of the Cape Fear Region
Savanah Standifer	YMCA of Southeastern NC
Andrew Justice	Novant Health Pender Medical Center
Sara Davis	Novant Health Pender Medical Center

Focus Group participants

As part of the CHNA process, four focus groups were conducted with members of Novant Health Community Voice Councils. These councils represent a cross-section of the community, including individuals and organizations serving low-income and medically underserved populations such as the LGBTQ+, Black/African American, and disability communities. An additional focus group was held with the Pender Memorial Hospital Board of Trustees. To maintain the anonymity of community members represented in the councils, a list of council members is not provided. However, a list of board members is included below.

We extend our sincere gratitude to all Community Voice Council members, key informant interviewees and the Pender Memorial Hospital Board of Trustees for their time, insights, and commitment to improving community health. Your contributions were invaluable to this CHNA process and will help guide meaningful action in the years ahead.

PENDER MEMORIAL HOSPITAL BOARD OF TRUSTEES
Hiram Williams
Dr. Brian Collins
Brett Keeler
Denise Houghton
Myra McDuffie
Tim Baker
David Williams
Lisa Dollbaum
Jackie Newton

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.