

NHRMC Community Health Needs Assessment



Overview

- Requirement of the Internal Revenue Service that all nonprofit hospitals complete a Community Health Needs Assessment every three years
- Because of technical issues with collaborating partners, to include two hurricanes, key staff changes, governmental realignment and finally, a pandemic, this CHNA is late being posted. The original due date was Sept. 30, 2019
- Hospitals are required to detail their response to primary health concerns through an Implementation Strategy. This strategy was approved on Sept. 10, 2019, by the Strategic Planning/Facilities Committee of the NHRMC Board of Trustees
- For this assessment, we partnered with the New Hanover County Health Department and UNCW School of Nursing
 - Focused more on Social Determinants of Health
 - Also included Northside Community Health Assessment

Who we serve

- NHRMC's overall service area includes seven counties in Southeastern North Carolina
 - The *primary service area*, which this assessment covers, are New Hanover, Brunswick and Pender counties
 - NHRMC typically claims 75% to 80% of hospital market share in this region
 - The *secondary service area* includes Columbus, Duplin, Bladen and Onslow counties
 - NHRMC share of hospital market business for all seven counties has topped 55%
- Since it opened in 1967, NHRMC has served all patients in need of services, regardless of race, gender, religion, sexual orientation, age, or ability to pay
- NHRMC provides services in almost every major clinical category with only limited exception (typically burn treatment and some highly specialized disease states, often for children). Clinical services include:
 - General medical
 - Cardiac
 - Orthopedic
 - Labor and Delivery/Women's
 - Pediatrics (including Peds ICU)
 - Neonatal ICU
 - Surgery (adult and pediatric)
 - Level II Trauma Center
 - Neurology and neurosurgery
 - Oncology
 - Behavioral health
 - Radiology
 - Nephrology
 - IP and OP rehabilitation
 - Emergency Medicine
 - Primary physician care
 - Specialty physician care
 - Five residency programs

Basis for this report

- For this report, we rely on other Community Health Needs Assessments
- Expected that hospitals not duplicate CHNAs already completed.
- This report includes information from these assessments:
 - [New Hanover County \(2019\)](#) – this report, as of Sept. 3, 2020, had not yet been officially accepted by the State of North Carolina. Linked here is a preliminary report. Once approved, the full report will be placed under this link/
 - The bulk of this report refers to the New Hanover County report, which is our home county agency and who we worked with to develop a report more focused on social and environmental causes of health issues
 - [Pender County \(2018\)](#)
 - [Brunswick County \(2019\)](#)
 - [Wilmington Northside Neighborhood \(2018\)](#)

Process and methods

New Hanover County – 436 residents completed a web-based survey, though some responses were collected in person and by mail. Most were completed before Hurricane Florence in 2018. Among the respondents were 72% female; 78% white; 52% employed; 42% college graduate; 97% English-speaking; 56% household income more than \$50,000. Some 85% were from six zip codes in Wilmington

Pender County – 199 residents interviewed in 27 randomly chosen block clusters over a three-day period in March 2018. Respondents were 56.5% female; 82% white; 23% college graduate; 38% household income more than \$50,000

Brunswick County – 183 residents completed a 55-question survey that was either mailed or administered in door-to-door surveys. Nine focus groups were held in conjunction with the survey. Respondents were 58% female; 86.5% white; 23.5% college graduate; 66% household income more than \$50,000

Northside Community Health Assessment - 200 responses through various methods, to include website, community forums, and paper forms. Average household income for neighborhood: \$26,427

Key sources for regional data

NHRMC has published a comprehensive collection of linked data through its “[Regional Health Status](#)” page on its web site (www.nhrmc.org)

COMMUNITY RESOURCES

- Free Mammogram Program
- Hands-Only CPR
- Community Health Needs Assessment
- Regional Health Status**
- Population Demographics
- Access
- Accidents
- Chronic Diseases
- Communicable Diseases
- Mental Health and Substance Abuse
- Health Needs Assessment
- Our Community Link
- Medication Disposal
- Mission Ready
- Our Community Link
- Smoking Cessation Classes
- Support Groups

Regional Health Status

Understanding Regional Health Status helps us to get a better picture of the communities we live in. This information is pulled from health assessments and publicly available reports, making information more accessible. Click the image below to view the interactive map for this region.

Datausa.io is another great resource for county data.

[VISIT DATAUSA.IO](#)

NC Social Determinants of Health - Local Health Departments Region 8

The conditions in which people live, work, play, and worship are known as Social Determinants of Health. (Healthy People 2020) These conditions can have influence on a wide range of health and quality of life outcomes.

Social Determinants of Health

County: New Hanover	
Area in Square Miles	328.44
Total Population Estimate	216,430.00
Males	104,029.00
Females	112,401.00
Age 0 to 4	11,202.00
Age 5 to 9	11,597.00
Age 10 to 14	11,089.00

Key external web sites from this source:

- NC Social Determinants of Health – [Region 8 heat map](#)
- Data USA – [New Hanover County](#)
- County [Health Rankings](#)
- Seven [key health trends](#)
- Centers for Disease Control and Prevention – [NC data](#)
- US Census data for [New Hanover, Pender, Brunswick](#)
- CDC 500 [cities project](#)

How to find our CHNA

- Go to www.nhrmc.org
- Go to bottom of front page



Select Language

(910) 667-7000

2131 S. 17th Street
Wilmington, NC 28401

Frequently Used Phone
Numbers

Email Us

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For Patients & Visitors

For Healthcare Professionals

For Employees

For News Media

For Students

Join Us

Careers

Volunteering

Residency Programs

Physician Opportunities

Physician Quality Partners (PQP)

Who We Are

About Us

Mission Statement & Values

Quality

Commitment to Community

Community Health Needs
Assessment

Our Partners

NHRMC Foundation

NHRMC Physician Group

South East Area Health
Education Center (SEAHEC)

NHRMC does not discriminate - view our full policy.

Language Assistance Services:

Español | 繁體中文 | Tiếng Việt | 한국어 | Français | العربية | Hmoob | Русский | Tagalog | ગુજરાતી | བོད་སྐད་ | Deutsch | हिंदी | မြန်မာစာ | 日本語

Who we work with for input

NHRMC works with numerous nonprofits and their leaders who often share a similar mission of serving the community. In many cases, we serve on the board or even chair that effort. Here we list many key contacts, though this list cannot include all partners:

- Cape Fear Collective (board membership)
- Community Care of the Lower Cape Fear (board)
- New Hanover County Health Department
- Cape Fear HealthNet (board)
- NourishNC (board)
- Coastal Horizons (board)
- Tri-Hic Homeless Council (chair of board)
- New Hanover Resiliency Task Force (chair)
- Voyage – Prevention of Youth Violence (board)
- United Way (board)
- New Hanover County Schools
- UNC-Wilmington
 - [UNCW College of Health and Human Services](#)
- Cape Fear Communities in Schools (board)
- Harrelson Center (board)
- Good Shepherd (board)
- Salvation Army
- Coastal Disability Advocates
- YMCA
- YWCA
- Step Up Wilmington
- Smart Start of NH County
- Region 8 Health Departments
- Child Development Center (board)
- Cape Fear Habitat for Humanity
- Hope Recuperative Care
- Wilmington Area Rebuilding Ministry
- Food Bank of Eastern NC
- Cape Fear Food Council (board)
- Feast Down East (board)
- MedNorth Health Clinic (board)
- Carousel Center (board)
- Cape Fear Literacy Council (board)
- DREAMS of Wilmington
- Northside Health & Wellness (chair)
- Wilmington Chamber of Commerce
- LINC – prisoner re-entry (board)
- Access of Wilmington (board)
- The Tides - drug use mothers (board)
- Brunswick Wellness Coalition (board)

Committees/groups that provided input

In the past three years, NHRMC has either led or participated in a number of community initiatives that produced focus group discussions and suggestions on health care improvement, either in terms of medical treatment or regarding social issues that often are root causes of health issues.

Some of them include:

- **Community Partners Coalition** – led by NHRMC/SEAHEC. Discussed opioid misuse, decreasing prescriptions, disposing of leftover opioids and better educating the community
- **Community Health Team with Coastal Carolinas Health Alliance** – CCHA is an 11-hospital consortium in Southeastern NC focused on contracting, quality improvements and partnerships on community health
- **Cape Fear Food Council** – Brings together key agencies distributing food to those in need to better coordinate resources and delivery
- **Northside Assessment** – led by NHRMC. Numerous community meetings, including multiple focus groups, were held to discuss 1) the needs of this historically underserved community and how to meet them; and 2) how to carry out an assessment survey of that community
- **Northside Co-Op Grocery Store** – led by NHRMC. As part of the discussions on benefitting the Northside, community members discussed the possibility of a grocery store within this long-time food desert
- **New Hanover Resiliency Task Force** – Led by NHRMC. Group with more than 700 members that discusses Adverse Childhood Experiences and the community causes that lead to them, with an effort on advocacy, education and creating trauma-informed schools and communities
- **Cape Fear Housing Coalition** – Lead speaker at community gathering to discussing housing proposals
- **Live Oak Bank/Cape Fear Collective** – Multiple community discussions were held to determine the leading gaps in health care and community services, which led to the creation of the Cape Fear Collective
- **NHRMC Health Equity Employee Resource Groups** – The newly created Health Equity Department created employee groups among African-Americans, Hispanic, LGBTQ, and those connected with mentally/physically disabled and behavioral health/substance abuse issues to provide forums for discussions on how to make improvements in the community

Demographics of primary service area

Population

The primary service area of NHRMC is the southeastern coast of North Carolina with a total population of **438,353** that has more than doubled since 1990 .

- New Hanover: 234,473 (grew by 15.7%)
- Brunswick: 142,820 (grew by 32.9%)
- Pender: 63,060 (grew by 15.7%)

Racial composition

The population is largely Caucasian in all three counties and largest minority is African American. The Latino population is growing, but the fastest growth is in Pender County.

- New Hanover
 - Caucasian: 82.2%
 - African American: 13.4%
 - Latino: 5.8%
- Brunswick
 - Caucasian: 86.5%
 - African American: 10.0%
 - Latino: 4.9%
- Pender County
 - Caucasian: 76.3%
 - African-American: 17.8%
 - Latino: 6.1%

Retirement Population (older than 65)

The statewide rate of population greater than 65 is 16.7%

- New Hanover: 18.4%
- Brunswick: 24.30%
- Pender: 18.6%

Education

New Hanover

- Graduate from high school or a higher level: 92.9%
- Receive a BS degree or higher: 39.3%
- Dropout rate: 1.32%
- 55.9% of students in public schools in 2017-2018 school year were enrolled in free or reduced price lunch programs.

Brunswick County

- Graduate from high school or a higher level: 90.4%
- Receive a BS degree or higher: 28.6%
- 2.2% percent drop out of school
- 58.5% received a free or reduced price lunch programs

Pender County

- Graduate from high school or a higher level: 87.5%
- Receive a BS degree or higher: 26.4%
- Dropout rate: 1.84%
- 52.2% receive free or reduced price lunch programs from 2014-2015

Economic characteristics

New Hanover County

- Workforce that relies on tourism, health care and social assistance, retail trade, hotels, food services and professional, scientific and technical services
- A byproduct of its climate and coastal location is EUE/Screen Gems Studios, though policy decisions at the state level has reduced the number of major motion pictures, television series and commercials
- Other large employers include PPD, General Electric, University of North Carolina at Wilmington and Verizon Wireless
- Median household income: \$52,716

Brunswick County

- Based on retail trade, healthcare and social assistance, hotels and food services, construction, entertainment and recreation.
- Its largest employer is also its largest hospital, Novant Health
- Median household income: \$54,406

Pender County

- Pender County's economic leaders are in health care and social assistance, retail trade, hotels and food services, manufacturing and real estate
- Median household income: \$52,989

Unemployment

By 2016, the counties' service economies were recovering from the economic downturn at the end of the century's first decade. All three primary service counties had unemployment rates less than half of what it had been in 2012.

All of the following unemployment rates are from 2019:

- New Hanover: 3.6%
- Brunswick: 5.2%
- Pender: 3.9%

Medicaid and Poverty Rate

Despite unemployment recovery, numbers of those living in poverty increased from 2014 to 2018.

- New Hanover
 - Poverty Rate: 15.3%
 - Received Medicaid: 12.2%
- Brunswick
 - Poverty Rate: 10.5%
 - Received Medicaid: 14.7%
- Pender
 - Poverty Rate: 15.1%
 - Received Medicaid: 15%

Uninsured

Economic recovery and changes in national healthcare policy did reflect improvements in insurance status among the primary market area. The numbers below are the percentage of those under age 65 without health insurance.

- New Hanover: 11.7%
- Brunswick: 13.7%
- Pender: 12.8%

Primary Care Physician Access

Access to a primary care physician continued to be an issue, though that situation improved in Brunswick County.

- New Hanover: 10.3 physicians per 10,000 people (2018)
- Brunswick: 10.6 physicians per 10,000 (2018)
- Pender: 2.8 physicians per 10,000 people (2017)

Community Health Needs

Pender County: Leading causes of death

Cause of Death	Pender	Carteret	Franklin	North Carolina
Cancer	178.1	176.1	171.1	166.5
<i>Trachea, Bronchus & Lung</i>	54.1	50.9	51.4	47.5
<i>Colon, Rectum & Anus</i>	15.2	15.8	14.8	14
<i>Pancreas</i>	13.6	59	9.5	11
<i>Breast</i>	22	15.3	25.4	20.9
<i>Prostate</i>	26	19.4	19.9	20.1
Heart Disease	151.5	166.8	169	161.3
Stroke	53.3	35	40.3	43.1
Chronic Lower Respiratory Disease	45	40.1	46.8	45.6
All other unintentional injuries	32.5	43.1	28.7	31.9
Nephritis, nephrotic syndrome and nephrosis	22.1	14.1	15.8	16.4
Unintentional motor vehicle injuries	23.8	13	19.2	14.1
Suicide	19.3	17.6	15.3	12.9
Septicemia	17.5	9.8	14.2	13.1
Diabetes Mellitus	17	17	24.1	23

Pender County CHNA Top Priorities

Nutrition and Physical Activity

Fewer than a third of residents engage in vigorous exercise. The Healthy North Carolina 2020 target is 60.6%.



15% of Pender County is food insecure.

Close to 1/3 of adults in Pender are obese.



Community Voice:

- Issue ranked #2 in importance at the community forum.
- Lack of recreational activities was #4 concern in the Community Health Opinion Survey.



Mental Health and Substance Use Disorders

4x



Medication and drug overdose deaths nearly quadrupled from 2014 to 2016.



The suicide rate in Pender is more than 3 times the Healthy North Carolina 2020 target.

More than 1 in 5 residents have been diagnosed with anxiety or depression.



Community Voice:

- Alcohol, drug and medication abuse was the #1 community concern in the Community Health Opinion Survey (CHOS).
- Issue ranked #1 for importance at community forum.



Cancer Education and Prevention



Cancer is the leading cause of death in Pender County. The incidence of cancer is 467.4 per 100,000 population.



Disparity: African American residents' cancer mortality rate is 26% higher than white residents'.

Smoking

- 17% of adults in Pender smoke cigarettes.
- 16% are exposed to secondhand smoke.
- 11.5% of mothers smoke during pregnancy.
- Lung cancer has the highest mortality rate of all cancers in Pender.



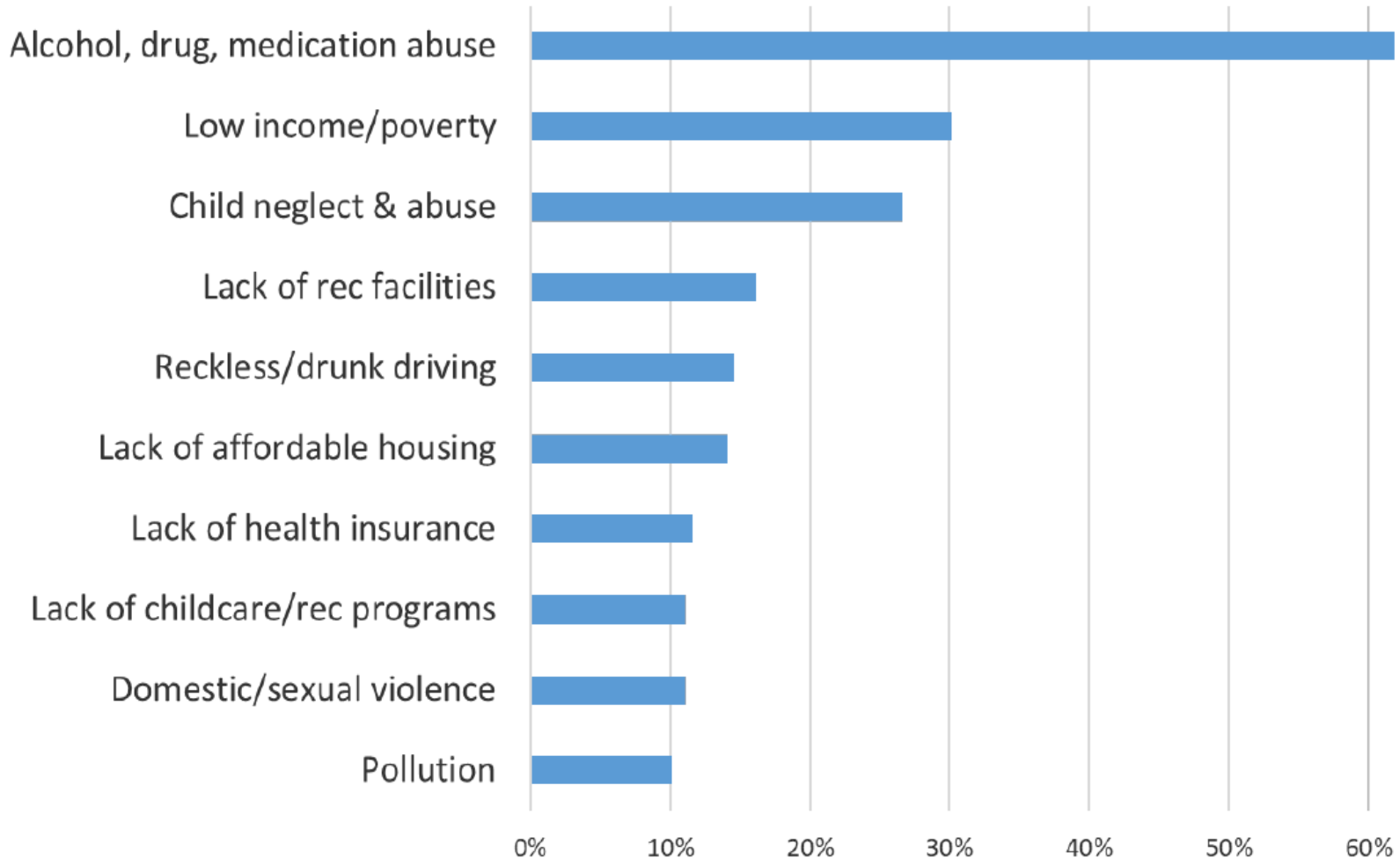
Community Voice:

- Chronic disease was the #3 most important issue at the community forum.

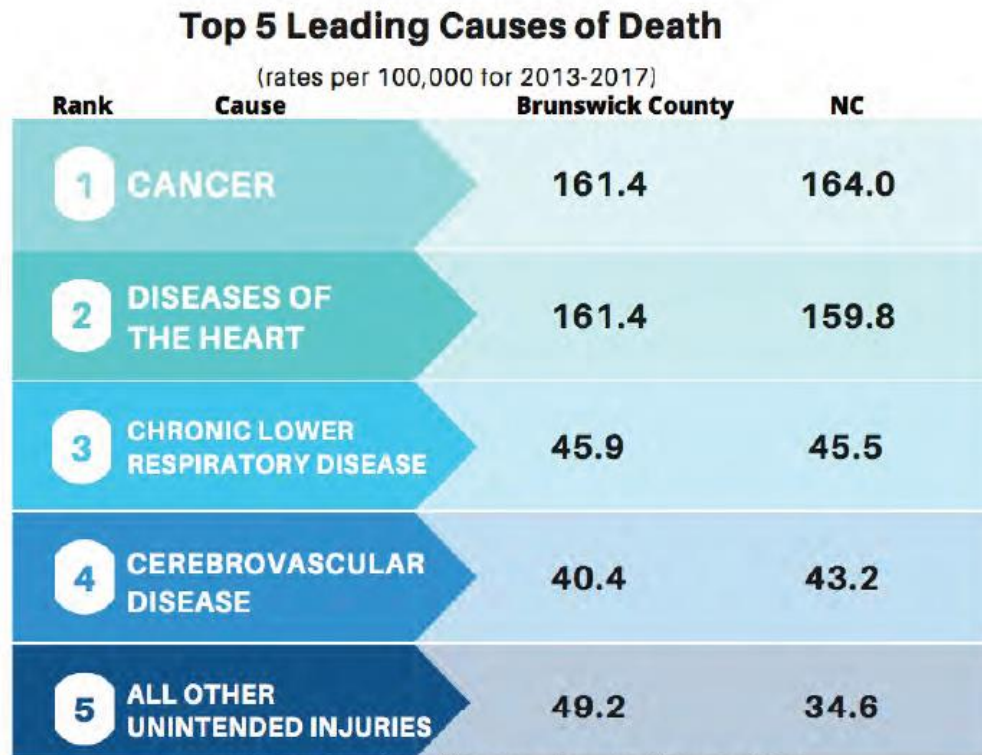


Pender County: Barriers to quality of life

Issues Affecting Quality of Life in Pender County



Brunswick County: Leading causes of death



Source: NC State Center for Health Statistics, County Health Data Book 2019.

As seen in the figure above, Brunswick County has higher rates of heart disease, chronic lower respiratory disease, and all other unintended injuries when compared to statewide rates. When compared to peer counties, Brunswick had higher death rates for heart disease, chronic lower respiratory disease, and all other unintended injuries.

Brunswick County: Community improvements

Areas Needing Improvement in Neighborhoods or Communities – Top Responses

In your opinion, which three areas need the most improvement in your neighborhood or community?
(select top three)

Given Answers	Count	% respondents (n=178)
Elder care options	47	26%
Higher paying employment	45	25%
Road maintenance	40	22%
Better/more recreational facilities (parks, trails, community centers)	38	21%
Transportation options	37	21%
More affordable health services	35	20%
Number of health care providers	29	16%
Road safety	29	16%
Availability of employment	25	14%
Better/more healthy food choices	22	12%

Brunswick County: Barriers to quality of life

Issues Most Negatively Affecting Quality of Life – Top Responses

In your opinion, which three issues most negatively affect the quality of life in Brunswick County?
(select top three)

Given Answers	Count	% respondents (n=174)
Alcohol, drugs, or medication misuse and abuse	94	54%
Lack of affordable housing	35	20%
Low income/poverty	34	20%
Lack of employment opportunities	32	18%
Unsafe driving	32	18%
Lack of transportation	27	16%
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	24	14%
Theft/petty crime	24	14%
Poor air/water/ land quality	22	13%
Traffic	20	11%
Lack of healthy food choices or affordable healthy food	19	11%

Brunswick County CHNA Top Priorities

Access to Health Care

Basic, affordable health care for all residents

HEALTH CARE PROVIDERS

Primary Care Providers
: **2,150**
residents

(compared to 1 provider per 1,420 residents in NC)

Mental Health Providers
: **1,210**
residents

(compared to 1 provider per 440 residents in NC)

Dentists
: **2,910**
residents

(compared to 1 provider per 1,800 residents in NC)



15% of Brunswick County residents have no health insurance.

(compared to 12% in NC)



Community Concern:

CHOS and focus group respondents noted **barriers to access** including:

- o High cost of health services
- o Unaffordable health insurance
- o Lack of knowledge of resources
- o Lack of transportation to health care



Substance Misuse

Prevention, early intervention, support and treatment for substance use disorders



The unintentional poisoning mortality rate in Brunswick County is 34.2%, **>2x** the statewide mortality rate of 16%.



20 point % increase in opioid related ED visits resulting in death from 2016 to 2017.

...this is **DOUBLE** peer counties and NC.

The drug overdose mortality rate in Brunswick County:

32%

...much higher than 19% in NC.



Community Concern:

- Drug misuse was the most selected for the biggest health concern in Brunswick on the Community Health Opinion Survey (CHOS).
- Substance misuse was the #1 choice for the area needing the most improvement.

Chronic Conditions

Prevention, treatment, and management of chronic diseases

7 of the top 10 causes of death are chronic diseases*

ALL CANCERS: 161.4
HEART DISEASE: 161.4
 UNINTENDED INJURIES: 49.2
LUNG DISEASE: 45.8
STROKE: 40.4
ALZHEIMER'S DISEASE: 24.8
DIABETES MELLITUS: 27.7
 MOTOR VEHICLE INJURIES: 18.0
KIDNEY DISEASE: 12.9
 PNEUMONIA & INFLUENZA: 11.7



Disparity in diabetes mortality rates among male (24.8) and females (12.6) & among White (17.1) and African American (25.1).

The adult obesity rate has remained at 29% since 2015.



Community Concern:

- CHOS respondents selected the most needed health screenings in Brunswick:
 - o 50.72% selected diabetes
 - o 50.7% selected cancer
 - o 46.4% selected blood pressure

*rates defined as # of deaths per 100,000 population.

New Hanover County: Leading causes of death

Leading causes of death in NHC, 2017

Rank	Cause	Number	% of Total Deaths	% of Total NC	
1	Cancer	438	22.7	21.7	↑
2	Diseases of heart	389	20.2	20.7	
3	Cerebrovascular diseases	179	9.3	5.9	↑
4	Chronic lower respiratory	95	4.9	5.6	
5	Unintentional injuries	80	4.2	3.9	↑
6	Alzheimer's disease	56	2.9	4.3	
7	Diabetes mellitus	45	2.3	3.1	
8	Nephritis, nephrosis	34	1.8	2.0	
9	Flu and pneumonia	33	1.7	2.4	
10	Septicemia	31	1.6	1.7	
Total - All Causes		1927			

New Hanover County: Health trends

Health Indicators	Compared to NC	Trend Direction*
Live Births	Lower	●
Teen Births	Lower	●
Repeat Teen Births	Higher	●
Infant / Child Deaths	Lower	●
CVD / HD / Diabetes	Lower	●
Stroke	Higher	●
Colorectal / Prostrate CA	Lower	●
Trachea, Bronchus, Lung CA	Higher	●
Breast CA	Higher	●
Unintentional Motor Vehicle Injury	Lower	●
Unintentional Injury Homicide Suicide	Higher	●
Primary Care Physicians Dentists Registered Nurses Physician Assistants	Higher	●

Top two health issues:

- Drug Misuse 36% (144)
- Chronic Disease 22% (89)

Health status

- 88% would like to improve their health
 - (Northside assessment: 96%)
- 70% wish to improve by changing unhealthy habits such as diet, exercise and smoking

Most needed health screening/education/information:
(respondents picked five from a list of 24 options)

- Mental Health (incl. depression/anxiety) 71%
- Cholesterol/BP/Diabetes/Stroke 53%
- Substance Misuse 48%
- Addiction Recovery 40%
- Cancer 37%
- Nutrition/Healthy Eating 28%
- HIV/STDs 25%
- Cognitive Disorders (i.e. Dementia/Alzh) 22%

Barriers to quality of life

Top five issues negatively impacting quality of life
(respondents picked three from a list of 25 options)

- Alcohol, drugs or medication misuse/abuse 64%
- Lack of affordable housing 33%
- Gang involvement 22%
- Homelessness 20%
- Low income/poverty 20%

(Top issues identified in 2015 survey: violent crimes; traffic congestion; drug/alcohol abuse)

Three questions on personal safety:

- Physically and emotionally safe in community 64%
- Violence in community is a concern 47%
- No emotional abuse by partner or ex 87%
- No physical abuse in last 12 months 96%

- Community is safe place to be physically active
 - 44% on Northside assessment disagree
 - 19% for overall assessment disagree

Social Determinants of Health



Overall, NH County ranks 28th on social/economic factors. Questions on food, housing, transportation, isolation and resilience

- No concern of running out of food 79%
- Has housing 80%
- Not worried about losing housing 85%
- Not impacted by lack of transportation 87%
- Able to get utilities when needed 93%
- Able to adapt to changes when occur 74%
- Able to bounce back after illness, injury, etc 80%

How are we trending?

SECONDARY DATA

The table below indicates **New Hanover County's rank** (out of 100 counties) trend, 2015-2019¹

Category	2015	2016	2017	2018	2019	
➤ Health Outcomes*	8	14	11	12	19	
○ Length of Life	8	13	12	12	24	
○ Quality of Life	12	24	12	16	17	
➤ Health Factors*	12	10	13	13	13	
○ Health Behaviors	14	12	23	22	20	
○ Clinical Care	3	7	4	5	6	
○ Social & Economic Factors	26	25	30	27	28	
○ Physical Environment	21	9	7	13	44	

***Health Outcomes** represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well.¹

***Health Factors** represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.¹

Access to care

New Hanover County: “Access to care” was not a focus of this survey, which instead probed more about Social Determinants of Health. This issue has been a given in recent cycles. With almost 12% uninsured – before the advent of COVID-19 – this continues to be an issue

Northside Wilmington Assessment: Some 59% said they had not gone to the doctor in past 2 months because of cost. Also, 10% said they don’t have a regular place of care and 11% use the emergency room for care

Brunswick County: Access to care emerged as one of the top three priorities, with 15% uninsured and the ratio of doctors to population one-third less than the state average

Pender County: Lack of Health Insurance ranked 7th among “Issues Affecting Quality of Life” in the county. Some 14.5% are uninsured, and the county has just 2.8 primary care physicians per 10,000 residents

What to do if you need care at NHRMC

NHRMC has a [financial aid policy](#) that ensures everyone can get the care they need. Those with a household income within 200% of federal poverty guidelines qualify, and those with other hardships may qualify for assistance.

Applications for assistance are available in [English](#) and [Spanish](#).

[Cape Fear HealthNet:](#) Helps low-income, uninsured residents in New Hanover, Brunswick and Pender counties qualify for free or low-cost care at various clinical sites in the three counties. HealthNet also assists in referrals to free specialty care. Phone: 910-399-2751

Contact us

If you have any questions or comment on the NHRMC Community Health Needs Assessment, please contact:

Scott Whisnant, Community Engagement Administrator: 910-667-8738

Or email at scott.Whisnant@nhrmc.org

There were no written comments related to the 2016 NHRMC Community Health Needs Assessment