COMMUNITY HEALTH NEEDS ASSESSMENT

BRUNSWICK COUNTY, NC

2025

www.brunswickcountync.gov/350/health-services

Dear Brunswick County Residents and Partners,

On behalf of Brunswick County Health Services, I am pleased to present our 2025 Community Health Assessment. This assessment is the result of months of work learning about the health of Brunswick County. This will provide guidance to our future work and partnering to improve opportunities for healthy living in every corner of the county. This assessment belongs to all of us, and we hope everyone will resolve individually and as a community to reach for better health and stronger resiliency to challenges that come our way.

This assessment includes residents' opinions and key insights about our health and well-being, and data from various sources about the health challenges facing our community. We've gathered important information about health risk factors, quality of life, access to healthcare, needs, and opportunities to live a healthy lifestyle.

With this assessment we will create a Community Health Improvement Plan (CHIP) that will be completed by Spring of 2026. Over the next few years, we will work to enhance our services, support local efforts, and partner across the county to improve opportunities for health for everyone.

Thank you to our partners in conducting this assessment: Brunswick Novant Medical Center and Dosher Memorial Hospital. Together we partnered to complete this work and to strengthen our alliance for a healthier Brunswick.

We look forward to working with the community to create a healthy Brunswick!

In Good Health,

David Howard

David Howard
Health Director
Brunswick County Health Services

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Publication Date: December 2025

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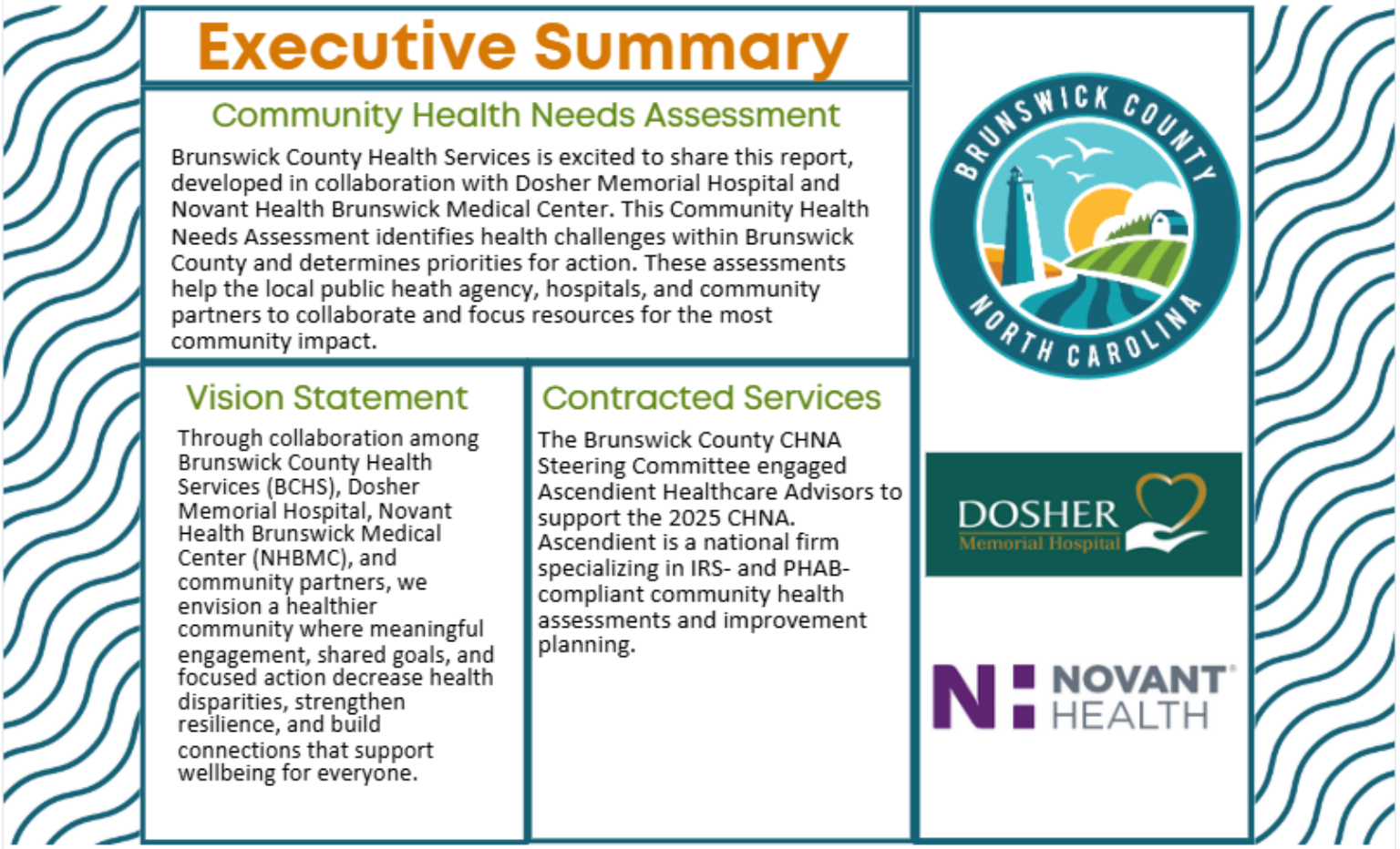


CHA Leadership

Brunswick County had leadership representation from a variety of healthcare organizations for its 2025 CHNA process including Brunswick County Health Services (BCHS), Dosher Memorial Hospital (Dosher), and Novant Health Brunswick Medical Center (NHBMC).

Table I.2: Brunswick County 2025 CHNA Steering Committee Members

Name	Title	Organization
David Howard	Health Director	Brunswick County Health Services
Rachel Crowder	Health Educator	Brunswick County Health Services
Diana Hills	Preparedness Coordinator	Brunswick County Health Services
Lizeth Alcantar	Health Educator	Brunswick County Health Services
Lynda Stanley	President & CEO	Dosher Memorial Hospital
Lesa Anderson	Quality Director	Dosher Memorial Hospital

Jill Ward	Chief Nursing Officer	Dosher Memorial Hospital
Victoria Bellamy	Community Engagement Manager	Novant Health Brunswick Medical Center
Laurie Griswell	Community Engagement Manager	Novant Health Brunswick Medical Center
Christy Spivey	Chief Nursing Officer	Novant Health Brunswick Medical Center

Partnerships/Collaborations

Types of Partnership Represented on the Advisory Committee	Number of Participants
Public Health Agency	1
Hospital/Health Care System(s)	2
Behavioral Healthcare Providers	4
Dental Health Providers	2
EMS Providers	1
Pharmacy/ Pharmacy Community Organization(s)	1
Community Organizations- advocacy, charitable, NGO	13
Businesses(s)- employers, not organizations	1
Educational Institution(s)- colleges, universities	1
Public/Private/Charter School System(s)	1
Media/Communication Outlet	1
Public Member(s)	2

Theoretical Framework/Model

The Brunswick County Community Health Assessment was guided by the Robert Wood Johnson Foundation's Population Health Model, which emphasizes that health outcomes are shaped not only by clinical care, but also by social, economic, environmental, and behavioral factors. Using this framework, we examined health through multiple lenses including health behaviors, clinical care access and quality, social and economic conditions, and the physical environment to better understand the root causes of health challenges in our community.

Collaborative Processes

From July to December 2025, Brunswick County Health Services, Dosher Memorial Hospital, Novant Health Brunswick Medical Center and partners worked together to complete the Brunswick County Community Health Needs Assessment (CHNA). The process was guided by Ascendient Healthcare Advisors, which acted as the consulting partner and provided facilitation and support to the Steering Committee at each stage of the assessment.

Key Findings

In our secondary data analysis, we reviewed and analyzed existing datasets to better understand our community's health needs. The data indicate challenges related to length and quality of life, including physical and mental health, as well as access to clinical care. The findings also highlight concerns related to substance use, the built and food environment, food security, and family and social support. Overall, secondary data reinforces many of the concerns identified through primary data collection.

Through our primary data collection, including the Community Health Opinion Survey, focus groups, and key leader interviews, we identified key barriers to accessing care, including transportation challenges, population growth pressures, and infrastructure limitations. After reviewing the secondary and primary data, we conducted an analysis of resources available in Brunswick County. Based on this analysis, we developed a Resource Inventory chapter that includes an interactive map to share these resources with the community and address identified needs.

Next Steps

The findings of the Community Health Assessment will guide the development of a comprehensive Community Health Improvement Plan (CHIP). Using the data collected and the priorities identified through community input and stakeholder engagement, Brunswick County will collaborate with partners to establish measurable goals, evidence-based strategies, and clear implementation timelines. Ongoing monitoring and evaluation will ensure accountability, track progress, and allow for adjustments as needed to improve health outcomes across the county.

Brunswick County, NC

2025 Community Health Needs Assessment

Brunswick CountyNC.gov/350/Health-Services

Priority 1: Behavioral Health

THE PRIORITY

Behavioral health emerged as one of Brunswick County's top health challenges across all data sources. This priority spans three interconnected areas: mental health conditions including depression and suicide, substance use including alcohol and drug addiction, and significant barriers preventing residents from getting the help and services they need when they need them.

THE NUMBERS

In Brunswick County...

- **Widespread Depression:** 1 in 4 residents have been diagnosed with depression

- **Provider Shortages:** Brunswick County has half the rate of mental health providers when compared to the state (159.5 vs. 318.9 per 100,000 residents)
- **Suicide Deaths:** The county consistently has higher suicide rates than state and national averages, impacting 19.5 per 100,000 residents.
- **Drug Overdose Deaths:** Drug overdose deaths are double the US rate 59.2 vs. 29.1 per 100,000 residents.

THE VOICES

Brunswick community members and leaders report...

- **Addiction as the #1 Health Concern:** 48% identified alcohol and drug addiction as a top health problem
- **Barriers to Care:** 1 in 6 survey respondents stated they have needed mental health care but couldn't get it

Residents unable to get care when they needed it reported 'cost' as the top reason

> *"Mental health is a huge area of concern. We have people that are already under duress with caregiving... other groups of older adults who have depression and anxiety, who have issues with addiction. They are lonely and isolated."* - Community Leader

For additional information about this priority, initiatives, and resources, please visit the Brunswick County Health and Wellness Portal:

Brunswick County, NC

2025 Community Health Needs Assessment

Brunswick CountyNC.gov/350/Health-Services

Priority 2: Healthcare Access and Barriers

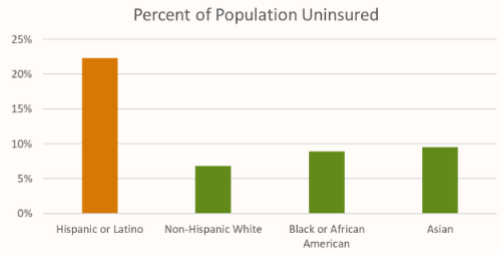
THE PRIORITY

Healthcare access and barriers emerged as one of Brunswick County's top health challenges across all data sources. This priority spans three interconnected areas: provider shortages creating long wait times for appointments, insurance and cost barriers preventing residents from affording care, and transportation challenges limiting physical access to services.

THE NUMBERS

In Brunswick County...

- **Provider Shortages:** Brunswick has less than two-thirds the rate of primary care doctors when compared to the state (68.8 vs. 108.9 per 100,000 residents)
- **Uninsured Disparities:** Hispanic/Latino residents face uninsured rates nearly 3 times higher than the county average (22.3% vs. 8.0%)



- **No Vehicle Access:** 2.3% of households have no motor vehicle, creating barriers to reaching healthcare services - particularly for residents in rural areas

THE VOICES

Brunswick community members report...

- **Access as Top Concern:** 62% of survey respondents reported access to care as the biggest limitation to health, including:
  - Cost (85%)
  - Insurance Coverage (55%)
  - Provider Availability (35%)
  - Transportation (26%)
- **Dental Care Gaps:** Nearly 1 in 4 residents (23%) needed dental care in the past year but couldn't afford it
- **Wait Times Crisis:** 6+ months wait times for primary care appointments reported across all focus groups

> *"I'd have to take three buses and a whole day off work just to get to the specialist my doctor referred me to." - Focus Group Participant*

For additional information about this priority, initiatives, and resources, please visit the Brunswick County Health and Wellness Portal:

Brunswick County, NC

2025 Community Health Needs Assessment

Brunswick CountyNC.gov/350/Health-Services

Priority 3: Determinants of Health

THE PRIORITY

Determinants of health emerged as one of Brunswick County's top health challenges across all data sources. This priority includes the basic conditions that affect health, such as limited walkability and safe places to be active, food deserts and growing fast food access, lack of public transportation, and money problems forcing hard choices between basic needs.

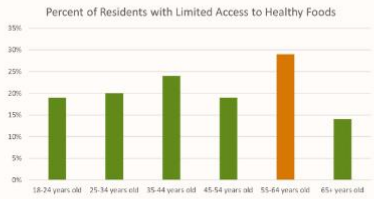
THE NUMBERS

In Brunswick County...

- **Economic Strain:** Nearly 1 in 4 households (23.5%) fall into the gap between poverty level and cost of living, earning too much to qualify for many assistance programs but still struggling to afford housing, food, healthcare, and other basics.
- **Physical Inactivity:** Nearly 1 in 5 adults (19.5%) report no physical activity in their free time.
- **Low Walkability:** Brunswick County's walkability score is 6 out of 20, well below the national average of 10.
- **Food Access Challenges:** Fast food restaurants are increasing while grocery stores remain less available and farther away, especially in rural areas.

THE VOICES

Brunswick community members report...

- **Food Access Concerns:** 19% of survey respondents say limited access to healthy foods is a top barrier to health - rising to 29% among residents aged 55-64.
- 

- **Transportation as Barrier to Everything:** All 8 community leaders identified transportation as a critical challenge affecting access to healthcare, food, jobs, and services

> *"Service workers not being able to [afford to] live near where they work... it becomes a case of, do I put gas in my car or food on my table?" - Community Leader*

For additional information about this priority, initiatives, and resources, please visit the Brunswick County Health and Wellness Portal:

Introduction

This Community Health Needs Assessment (CHNA) was a collaborative effort led by the county's largest public health and healthcare organizations, including Brunswick County Health Services, Dosher Memorial Hospital, and Novant Health Brunswick Medical Center. It employed a comprehensive, multi-step process to systematically evaluate the health needs, challenges, and opportunities facing Brunswick County residents. The assessment integrated both primary data collected specifically for this process and secondary data from existing reliable sources to develop a thorough understanding of community health status and factors influencing health outcomes.

The methodology was designed to examine findings across multiple data sources, ensuring that identified health needs were validated through both quantitative indicators and qualitative community perspectives. This approach allowed the assessment team to capture not only statistical trends but also the lived experiences and contextual factors that shape health in Brunswick County.

It is important to note that this assessment represents a point-in-time evaluation of health and factors influencing health in Brunswick County. Significant contextual factors are currently impacting the community and are expected to continue evolving in future years, including population growth, development, and federal, state, and local policy impacts. These dynamic conditions underscore the need for ongoing monitoring and adaptive health improvement strategies.

The following sections detail the data collection methodologies, analysis frameworks, and prioritization processes used to identify the most pressing health needs in Brunswick County.

Service Area Description

This CHNA focuses on 15 zip codes within Brunswick County, North Carolina, representing the geographic region where Brunswick County Health Services provides public health services and where Dosher Memorial Hospital and Novant Health Brunswick Medical Center deliver healthcare services to residents. A more detailed community profile is provided in **Chapter 2** of this CHNA.

Table I.1 Brunswick County Zip Codes

28451	28479
28401	28469
28461	28420
28462	28468
28467	28436
28470	28452
28422	28459
28465	

Regulatory & Accreditation Compliance

This CHNA was designed to meet the distinct regulatory requirements of each partner organization while maintaining a cohesive, comprehensive approach to community needs health assessment. As a collaborative effort involving health systems and a local health department, both healthcare and public health regulatory and accreditation requirements guided the 2025 CHNA's development. This report was produced to address these unique regulatory and accreditation requirements, reporting formats, and organizational priorities while maintaining consistent methodology and core findings across all three assessments.

Nonprofit Hospital Requirements for CHNA

IRS Section 501(r)3[1] requires nonprofit hospitals to complete a CHNA every three years. The CHNA must consider the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. More specifically, hospital facilities must take the steps listed in **Figure I.1** to ensure compliance with IRS Section 501(r)3.

Figure I.1: IRS CHNA Requirements

[1] IRS CHNA Requirements

Local Public Health Requirements for Community Health Assessment

The Public Health Accreditation Board (PHAB) Standards and Measures for Initial Accreditation, Version 2022[2], establish national practice standards for governmental public health departments, with Standard 1.1 specifically requiring completion of a community health assessment to assess the health of the population served. North Carolina local health departments must conduct a Community Health Assessment (CHA) at least once every four years through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1)[3], aligning data collection and analysis with state requirements established by the NC Division of Public Health. Both PHAB and NC DHHS requirements emphasize that assessments must:

- Inform priority setting, planning, program development, policy change, and coordination of resources,
- Ensure the assessment is available to public health system partners and community stakeholders,
- Engage diverse community perspectives,
- Utilize both primary and secondary data sources, and
- Align findings with established frameworks including Healthy North Carolina 2030, Foundational Public Health Services, and relevant CDC indicators.

CHNA Governance Structure

Steering Committee Composition and Role

A collaborative Steering Committee was established to guide the assessment process and ensure that the resulting CHNA met the distinct regulatory requirements of each partner organization while maintaining a cohesive, community-centered approach. The Steering Committee included representatives from Brunswick County Health Services, Dosher Memorial Hospital, and Novant Health Brunswick Medical Center.

Brunswick County Health Services (BCHS): BCHS is the local public health department serving Brunswick County and its residents. As the sole public health authority for the county, BCHS partners with the North Carolina Division of Public Health to deliver essential public health programs and services to the community. The department has maintained North Carolina Local Health Department Accreditation[4] since 2008, and receiving its most recent reaccreditation in 2023, demonstrating its commitment to meeting rigorous standards for public health practice.

Mission: To preserve, protect, and improve the health of the community. This mission is accomplished through the collection and dissemination of health information, education, and service programs aimed at the prevention of disease, protection of the environment, and improvement of the quality of life for residents.

[2] PHAB Standards and Measures, Version 2022
[3] SCHS: LDAS: Community Health Assessment
[4] https://nclhdaccreditation.unc.edu/research/accreditation-status-by-health-department/

Vision: To foster and promote optimal health and wellbeing for all individuals who live in Brunswick County, working toward the goal of becoming the healthiest county in North Carolina. **Core Values:** Accountability, integrity, respect, excellence, and collaboration. BCHS is committed to evidence-based practices, community partnerships, and equitable access to public health services for all county residents.

Dosher Memorial Hospital (Dosher): Dosher is a not-for-profit, public, community hospital located in Southport, North Carolina, serving Smithville Township and surrounding communities of Brunswick County. Originally opened in 1930 as Brunswick County Hospital, it was renamed in 1939 to honor founding physician Julius Arthur Dosher, MD. As the only independent critical access hospital in North Carolina, Dosher is overseen by a publicly elected Board of Trustees and is licensed for 25 acute care beds, focusing on outpatient surgeries and procedures. The hospital is accredited by DNV-GL Healthcare and has earned recognition as one of the nation's most respected community hospitals for delivering comprehensive, compassionate care to its community.

Mission: To provide our patients and our community with comprehensive, compassionate, and extraordinary care, for every person, every day.

Vision: To be the community's choice for healthcare.

Core Values: Patient-centered care, compassion, respect, integrity, teamwork, and excellence. Dosher places patients as the first priority, listens to understand their needs, strives to exceed expectations, treats all with dignity and respect, shows kindness to those served and to one another, operates with honesty and fairness, embraces diversity, and maintains dedication to quality-driven healthcare and fiscal responsibility.

Novant Health Brunswick Medical Center (NHBMC): NHBMC is part of Novant Health, an integrated network of hospitals, physician clinics, and outpatient facilities delivering healthcare services across North Carolina, South Carolina, and Georgia. Located on Highway 17 in Bolivia, North Carolina, Brunswick Medical Center has been serving the Brunswick County community since 1977, originally as Brunswick Community Hospital before joining Novant Health in 2006. The medical center provides state-of-the-art 24/7 emergency care, heart and vascular care, maternity services, and a comprehensive range of clinical services. As part of the Novant Health system comprising more than 1,800 physicians and over 35,000 team members across 800+ locations, NHBMC is committed to delivering remarkably excellent care to help patients live their healthiest lives.

Mission: To improve the health of our communities, one person at a time.

Vision: We, the Novant Health team, will deliver the most remarkable patient experience, in every dimension, every time.

Core Values: Compassion, diversity and inclusion, personal excellence, and teamwork. Novant Health is committed to providing remarkably excellent care, embracing belonging, respecting every person's unique life experience, maintaining patient safety as the top priority, and actively reaching out to improve the health of communities served, including assisting at-risk and disadvantaged populations through health education, screening, and financial assistance programs.

Table I.2: Brunswick County 2025 CHNA Steering Committee Members

Name	Title	Organization
David Howard	Health Director	Brunswick County Health Services
Rachel Crowder	Health Educator	Brunswick County Health Services
Diana Hills	Preparedness Coordinator	Brunswick County Health Services
Lizeth Alcantar	Health Educator	Brunswick County Health Services
Lynda Stanley	President & CEO	Dosher Memorial Hospital
Lesa Anderson	Quality Director	Dosher Memorial Hospital
Jill Ward	Chief Nursing Officer	Dosher Memorial Hospital
Victoria Bellamy	Community Engagement Manager	Novant Health Brunswick Medical Center
Laurie Griswell	Community Engagement Manager	Novant Health Brunswick Medical Center
Christy Spivey	Chief Nursing Officer	Novant Health Brunswick Medical Center

The Steering Committee served as the primary decision-making body for the assessment, with responsibilities including:

- Reviewing and approving assessment methodology and data collection tools
- Identifying key community stakeholders and facilitating connections for primary data collection
- Providing contextual interpretation of data findings
- Participating in the prioritization process to identify the most pressing health needs
- Reviewing and providing feedback on draft assessment reports
- Ensuring alignment of findings with organizational missions and community priorities

Community Engagement and Broader Coalition Involvement

While the Steering Committee provided strategic direction, the assessment process emphasized broad community engagement to ensure diverse perspectives were incorporated. A well-

established network of community organizations served as a key partner in reviewing secondary data findings, facilitating community participation in surveys, focus groups, and other data collection efforts, and in prioritization activities. This collaborative approach leveraged existing community relationships and trust to maximize participation and ensure that voices from across Brunswick County were heard throughout the assessment process. A full list of partners invited to participate in various stages of the 2025 CHNA process are included in **Appendix 6.**

Consultants

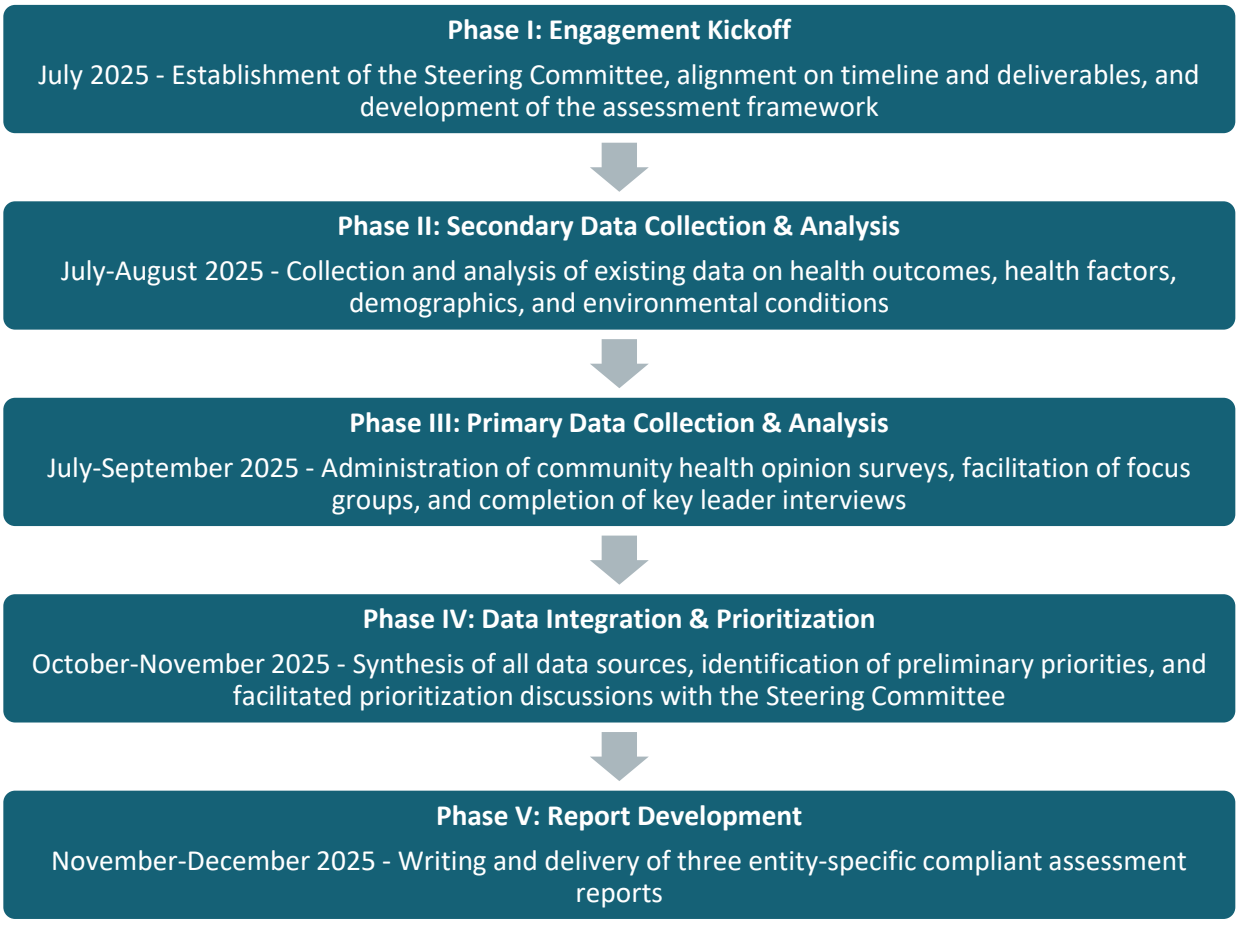
The Brunswick County CHNA Steering Committee engaged Ascendient Healthcare Advisors (Ascendient) to support the 2025 CHNA. Ascendient works with healthcare organizations and public health departments nationwide to complete IRS-compliant and Public Health Accreditation Board (PHAB) conforming community health needs assessments, improvement plans, and to establish progress tracking methods and mechanisms. The Ascendient team members involved in the development of this report included experienced planning professionals with expertise in community health assessment processes. To learn more about Ascendient, please visit their website at www.ascendient.com.

Chapter 1 | Methods

Assessment Timeline & Process Overview

The Brunswick County CHNA was conducted from July through December 2025 through a collaborative partnership among Brunswick County Health Services, Dosher Memorial Hospital, and Novant Health Brunswick Medical Center. Ascendient Healthcare Advisors served as the consulting partner, facilitating the assessment process and supporting the Steering Committee throughout all phases of the work. The assessment process included five phases, each building upon the previous to create a comprehensive understanding of community health needs, as outlined in **Figure 1.1.**

Figure 1.1: Phases of CHNA



Throughout the assessment process, the Steering Committee convened regularly to provide guidance on methodology, review findings, and ensure that the assessment remained responsive to local context and priorities. Monthly steering committee meetings and bi-weekly check-ins facilitated continuous collaboration and decision-making throughout the engagement.

Secondary Data Collection & Analysis

Data Sources and Variables

Secondary data collection drew from multiple sources to create a comprehensive baseline understanding of health status and factors influencing health in Brunswick County. Some of the key data sources referenced for this assessment are listed below. A more comprehensive list of secondary data sources can also be found in **Appendix 1** of this report.

- **North Carolina State Center for Health Statistics** (NC SCHS) - providing county-level data on health outcomes, utilization, and demographics
- **County Health Rankings & Roadmaps** - offering standardized comparative data on health factors and outcomes
- **Centers for Disease Control and Prevention** (CDC) - supplying national benchmarks and epidemiological data
- **U.S. Census Bureau and American Community Survey** - providing demographic and socioeconomic characteristics
- **Additional trusted sources** consistent with the North Carolina Community Health Assessment Guidebook

Analytical Framework

The secondary data analysis for the CHNA was grounded in the Robert Wood Johnson Foundation's County Health Rankings population health model[5], which distinguishes between lagging and leading health indicators and groups them into six broad categories as shown in **Figure 1.2**. Indicators considered for each of these six categories are further described below. The dark blue boxes are lagging indicators categories, the teal boxes are leading health indicators categories.

Figure 1.2: Indicator Categories for CHNA

[5] 2014 County Health Rankings Model

Lagging Indicators (Health Outcomes):

- **Length of Life:** Life expectancy, premature mortality, and years of potential life lost
- **Quality of Life:** Physical and mental health status, birth outcomes, and chronic disease prevalence

Leading Indicators (Health Factors):

- **Clinical Care:** Access to care, utilization patterns, quality of care, and preventive service delivery
- **Health Behaviors:** Exercise, nutrition, substance use, tobacco use, and sexual health
- **Physical Environment:** Built environment, food environment, environmental quality, housing conditions, and transportation infrastructure
- **Social and Economic Environment:** Education, employment, income, food security, family and social support, and community safety

Comparison Benchmarks

To contextualize Brunswick County's health status, data for the county were compared against multiple benchmarks and peer communities:

- **North Carolina state averages** to identify areas where the county performs better or worse than the overall state
- **National benchmarks** to provide broader context for health performance
- **Peer county comparisons** to understand performance relative to similar communities, with Henderson County and Chatham County selected as peer comparisons due to their geographic location in North Carolina and comparable demographic characteristics
- **Healthy People 2030 targets** where applicable, to assess progress toward national health objectives

Identification of Preliminary "High Need" Areas

Secondary data were analyzed to identify "high need" indicators using quantitative thresholds aligned with established public health benchmarks and developed by Ascendient after similar CHNA engagements with public health and healthcare clients nationwide. The following criteria were applied to identify preliminary "high need" indicators for Brunswick County based on secondary data comparison to North Carolina averages:

For rates: Performance at least 10% worse than the North Carolina state average

> *Rationale*: A 10% threshold for rates ensures that identified disparities represent meaningful differences that warrant attention and intervention. This threshold helps distinguish between minor statistical variations and substantive gaps in health outcomes or risk factors that could benefit from targeted community health efforts.

For percentages: Performance at least 5 percentage points worse than the North Carolina state average

> *Rationale:* For percentage-based measures, a 5-percentage point difference represents a practically significant disparity that can impact population health. This threshold accounts

for the different statistical properties of percentage measures compared to rates and ensures that identified needs reflect meaningful differences in community health status.

Indicators meeting these thresholds were flagged as "high need" areas requiring further investigation and potential prioritization via the Steering Committee. This approach helped ensure health issues and/or factors most contributing to poor health outcomes and/or associated with the greatest health disparities in Brunswick County were identified and considered in the prioritization process.

Health Equity Analysis

All secondary data analysis incorporated a health equity lens, examining variations in health outcomes and factors by demographic characteristics including race, ethnicity, age, gender, income, and geography where data were available. This analysis helped identify populations experiencing disproportionate health burdens and informed both the primary data collection strategy and the final prioritization of health needs.

Primary Data Collection & Analysis

Primary data collection strategies were designed to capture community perspectives, experiences, and priorities directly from Brunswick County residents and community leaders. The assessment employed multiple methodologies to ensure diverse voices were heard and to validate findings across different data collection approaches.

Between August 2025 and October 2025, across all three data collection strategies, over 1,000 community and key leaders participated and offered their input and insights about health and social issues impacting their communities. These data are summarized in the table below.

Table 1.1: Primary Data Inputs for 2025 CHNA Process

Data Collection Strategy	Total Number of Participants
Community Health Opinion Survey	972
Community Focus Groups	50
Key Leader Interviews	8

Community Health Opinion Survey

The Community Health Opinion Survey (CHOS) was developed collaboratively with the Steering Committee to gather quantitative data on community health perceptions, experiences, and needs. The survey was administered in both English and Spanish to ensure accessibility for Brunswick County's diverse population, with particular attention to engaging Hispanic or Latino residents.

Survey Administration and Distribution: The CHOS was primarily web-based through the Sogolytics platform, with paper versions available for community events and targeted outreach. The surveys were distributed through multiple channels including the existing partner

organization networks, faith communities, and local organizations. Officially launching in August 2025 and closing the first week of October 2025, the CHOS was open for responses for about five weeks. Real-time response tracking enabled targeted outreach to geographic areas with lower response rates.

Survey Content Areas: The Steering Committee and their partners selected survey questions focused on learning more about perceptions of the most significant health and social needs in Brunswick County, personal health status and health conditions, experience seeking and receiving healthcare services, perceived barriers to accessing healthcare and social services, and health information sources and health literacy. Demographic characteristics were also captured to allow for sub-group analysis, where appropriate.

Results: The CHOS yielded 972 responses from Brunswick County residents, providing robust quantitative data on community health priorities and experiences. Analysis of survey data included overall community trends as well as disaggregation by demographic characteristics to identify health equity concerns.

Community Focus Groups

Focus groups provided opportunities for in-depth qualitative exploration of health issues, barriers, and community assets. Each session was designed to gather rich contextual information about lived experiences and community perspectives on health priorities.

Focus Group Structure: A total of four in-person focus groups were conducted across Brunswick County with a total of 50 participants representing diverse demographics, life experiences, and geographic areas. These sessions were facilitated by Ascendient Healthcare Advisors team members with support from the Steering Committee in September 2025. Each group session lasted approximately one hour, and a consistent question guide was used across all groups to enable cross-group analysis.

Discussion Topics: During the focus groups, participants discussed the most pressing health and social needs affecting Brunswick County residents and barriers to accessing healthcare, healthy foods, and other resources. Participants also shared unique needs and concerns of specific population groups, talked about community strengths, assets, and resources and offered suggestions for improving community health and quality of life.

Focus group sessions were conducted in partnership with trusted community organizations to ensure participant comfort and maximize authentic sharing of experiences. All sessions were recorded (with participant consent), transcribed, and systematically analyzed to identify recurring themes and unique perspectives.

Key Leader Interviews

Individual interviews with key community leaders provided expert perspectives on health needs, service gaps, and opportunities for collaboration. These conversations offered insights from

professionals who work directly with vulnerable populations and understand systemic challenges affecting community health.

Interview Approach: Ascendient conducted eight one-on-one interviews with leaders representing diverse sectors such as healthcare and hospital leaders, public health and social service organizations, community-based organizations, faith-based and non-profit organizations and government leaders. All were done virtually using the Zoom platform and lasted roughly 60 minutes. They followed a semi-structured format allowing for both consistency and flexibility to explore emerging themes.

Interview transcripts were analyzed using thematic analysis methods to identify consistent patterns, priority concerns, and opportunities for intervention. Key leader perspectives were particularly valuable in understanding structural barriers, service gaps, and the experiences of populations who may be underrepresented in survey and focus group data.

Data Integration & Synthesis

Following completion of both secondary and primary data collection, findings were integrated to develop a comprehensive understanding of health needs, assets, and opportunities in Brunswick County. This integration process involved several key activities:

- **Cross-validation of findings:** Comparing quantitative secondary data with qualitative primary data to identify areas of convergence and divergence
- **Triangulation of data sources:** Assessing whether health needs were identified across multiple data collection methods (e.g., secondary data, surveys, focus groups, and interviews)
- **Geographic variation analysis:** Examining whether health needs varied across different areas of Brunswick County
- **Demographic disparity analysis:** Identifying populations experiencing disproportionate health burdens
- **Root cause exploration:** Understanding the social, economic, and environmental factors contributing to poor health outcomes

Preliminary priority areas were identified based on the strength and consistency of evidence across data sources. Health issues or factors that appeared in at least three of the four data sources (secondary data, CHOS, focus groups, and key leader interviews) were designated as potential priority areas warranting further consideration during the formal prioritization process.

Assessment Limitations

While this assessment employed well-rounded methodology and multiple data sources, several limitations should be acknowledged:

- **Point-in-time snapshot:** Data represents conditions at the time of collection and may not capture rapid changes or emerging trends.
- **Secondary data constraints:** Available secondary data may not always be disaggregated at the level needed to understand all disparities or may have time lags in reporting. Additionally,

CHNA metrics often suffer from inconsistent definitions and methodologies across different data sources, making meaningful comparisons challenging. These inconsistencies can manifest in differing age group categories, racial/ethnic classifications, or geographic boundaries, creating data gaps when trying to compare communities across different regions.

- **Survey self-selection:** Community Health Opinion Survey respondents self-selected to participate, which may introduce response bias despite broad distribution efforts.
- **Hard-to-reach populations:** Certain populations (e.g., undocumented residents, individuals experiencing homelessness, non-English speakers beyond Spanish) may be underrepresented despite targeted outreach efforts.
- **Qualitative data interpretation:** Focus group and interview findings represent perspectives of participants and may not be generalizable to all Brunswick County residents.
- **Resource constraints:** The scope of primary data collection was necessarily limited by time and budget, meaning some topics or populations may not have been explored as comprehensively as ideal.

Despite these limitations, the multi-method approach and integration of diverse data sources provide a robust foundation for understanding health needs and guiding community health improvement efforts in Brunswick County.

Prioritization Process

Prioritization Framework and Criteria

The Steering Committee participated in a structured prioritization process on November 4, 2025, to identify the most pressing health needs requiring focused attention and resources. The prioritization framework considered multiple dimensions of each potential priority area, which are described in **Figure 1.3**.

Figure 1.3: Considerations for Prioritization of Health Issues

Priority vs. Emerging Issues

During the prioritization discussions, the Steering Committee distinguished between priority health issues and emerging issues:

Priority Issues were defined as health conditions or factors currently performing significantly worse than state averages or having substantial documented impact on the community, requiring immediate attention and resource allocation.

Emerging Issues were defined as ***health conditions or factors influencing health that do not currently meet priority thresholds but show concerning trends, disproportionately affect specific subpopulations despite acceptable aggregate data, or represent external health threats that could significantly impact Brunswick County within the next 3-5 years. These issues warrant monitoring, early intervention consideration, and inclusion in long-term health improvement planning.***

This distinction allowed the Steering Committee to focus immediate efforts on the most pressing current needs while remaining attentive to evolving health challenges that may require proactive attention in future planning cycles. Emerging issues will be discussed at the end of **Chapter 3**.

Prioritization Meeting Process

Prior to the prioritization meeting, Steering Committee members received a comprehensive pre-read document summarizing all assessment findings and presenting preliminary priority areas with supporting data. During the November 4th meeting, the committee engaged in:

- **Review of integrated findings:** Discussion of data patterns, convergent findings, and areas requiring additional context
- **Structured prioritization discussion:** Facilitated conversation applying prioritization criteria to each potential priority area
- **Voting process:** Individual committee member input to identify consensus priority areas
- **Cross-cutting themes discussion:** Identification of factors affecting multiple priority areas and opportunities for integrated approaches

The prioritization process balanced data with community wisdom and organizational capacity, ensuring that selected priorities were both urgently needed and realistically addressable through coordinated community health improvement efforts.

Meeting attendees were asked to cast five votes each for the issues they believed to be the highest priority in the 2025 CHNA cycle. This was conducted using an anonymous poll that included response options organized by the topics in **Figure 1.4**. Meeting attendees then discussed the results of the poll and decided to keep the priority areas broader – focusing on the headings of the columns in Figure rather than narrowing to the sub-topics. A post-meeting survey was launched in follow-up to this meeting to allow additional stakeholders who were unable to attend the meeting to cast their votes for the top priorities in Brunswick County, as well. This survey closed on November 11 and final results were tallied.

Figure 1.4: List of Possible Priority Health Issues for 2025 CHNA Voting Process

Behavioral Health	Physical Health/ Chronic Disease	Healthcare Access Barriers	Determinants of Health
Mental Health (Depression/Anxiety)	Aging Population Health	Cost of Care	Built Environment
Suicide Rates	Heart Disease/ High Blood Pressure	Health Insurance Barriers	Food Environment
Alcohol Use	Cancer	Provider Ratios	Food Security
Substance Use	Diabetes	Poor Access to Specialty Care	Transportation (General)
Access to Behavioral Health Services	Weight Status/Obesity (Healthy Lifestyle)	Transportation to Appointments	Hidden Economic Disparities and Poverty

Prioritization Process Results

The outcome of the prioritization meeting and follow-up voting resulted in three primary priority health needs for Brunswick County in the 2025 CHNA cycle:

Figure 1.5: 2025 CHNA Priorities

The selected priority health issues were not ranked in order of importance by the Steering Committee; rather each were deemed equally important and will be addressed via the subsequent community health improvement planning process for Brunswick County.

Chronic disease represents a critical health challenge in Brunswick County that both impacts and is impacted by each of the three prioritized health areas identified in this assessment. Behavioral health conditions such as depression and anxiety can exacerbate chronic disease management

and outcomes, while the burden of chronic illness often contributes to declining mental health. Healthcare access barriers - including provider shortages, insurance coverage gaps, and transportation challenges - directly affect residents' ability to receive preventive care, ongoing disease management, and timely treatment for chronic conditions. Social determinants of health, including economic stability, food security, and built environment factors, fundamentally shape chronic disease risk and progression through their influence on health behaviors, access to healthy food, and opportunities for physical activity. Recognizing these interconnections, the hospital partners (Dosher Memorial Hospital and Novant Health Brunswick Medical Center) have identified chronic disease as a fourth priority health area for this CHNA cycle.

Chapter 3 of this report defines and describes each of the three primary priority health issues in more depth, referencing the integrated primary and secondary data gathered through the assessment process and used by the Steering Committee to select these as priorities for Brunswick County.

Chapter 2 | Community Profile

This chapter describes the people and places in Brunswick County, with a focus on understanding the community's health needs and the factors that influence residents' health and well-being.

Geographic Profile of Brunswick County

Brunswick County is the fastest-growing county in North Carolina, with more people living along the coast and fewer people living in inland regions. This rapid growth presents both opportunities and challenges for the community. As more residents move to the area, the demand for healthcare services, infrastructure, and community resources will continue to increase. Healthcare providers, local government, and community organizations will need to work together to ensure that services can keep pace with this growth and that new residents have access to the care and support they need.

Figure 2.1: Population Density, 2025, by Census Tract[6]

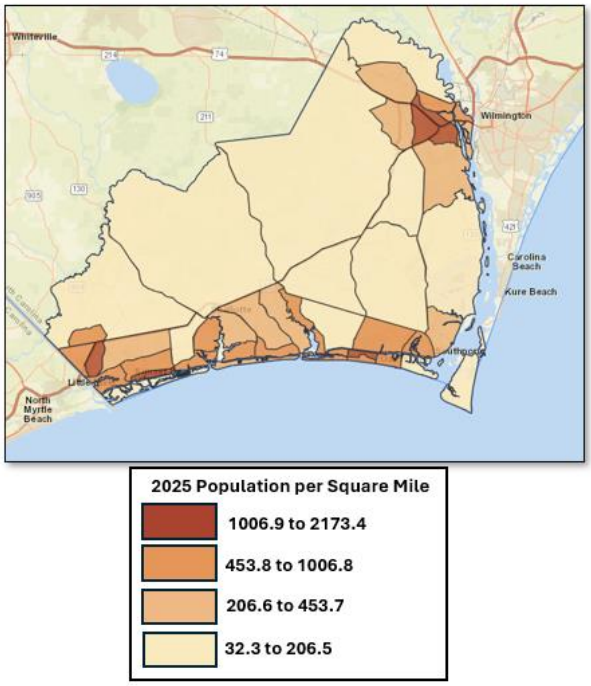
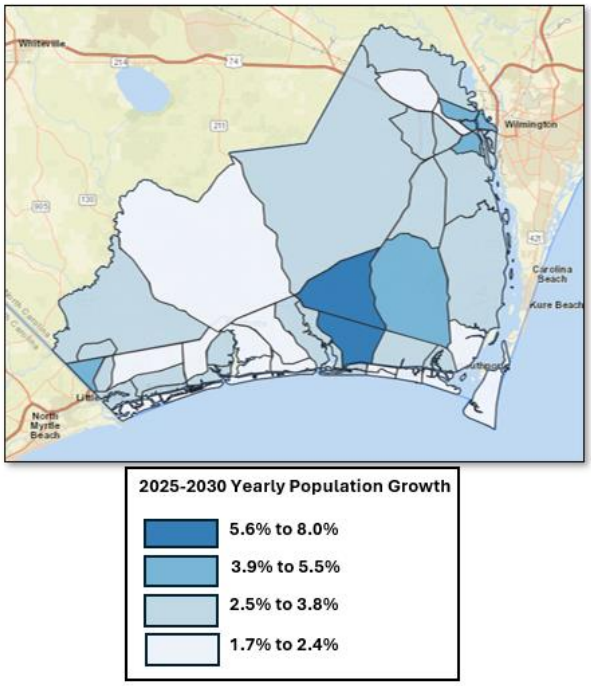


Figure 2.2: Population Growth, 2025-2030, by Census Tract[6]

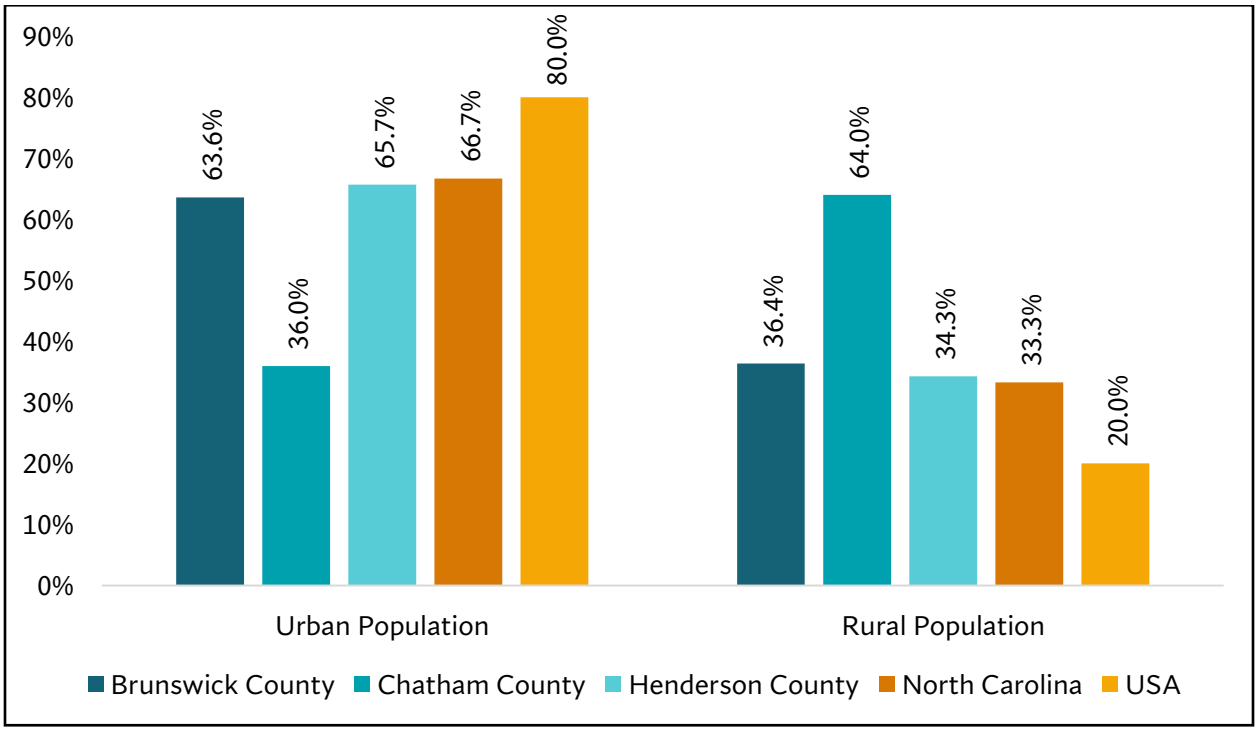


Urban/Rural Classification

Understanding the distribution of urban and rural populations is essential for community health planning. Geographic differences in population density directly affect healthcare access, transportation needs, and service delivery models, helping identify where innovative approaches may be needed to ensure equitable healthcare access.

[6] Esri Business Analyst, 2025.

Figure 2.3: Population by Geography, 2019-2023[7]



Brunswick County's geographic composition reveals a meaningful rural presence that exceeds both state and national patterns. While the county maintains a predominantly urban character, more than one-third of residents live in rural areas. This distribution suggests that the county has diverse community settings, from coastal urban areas to inland rural regions. The mix of urban and rural populations indicates that addressing community health needs may require varied approaches that account for different geographic contexts across the county.

Demographic Profile

A community's demographic characteristics provide essential context for understanding health needs and priorities. Age distribution influences the types of health services required, from pediatric care to geriatric support. Gender patterns can highlight specific health concerns that affect men and women differently. Race and ethnicity data reveal the cultural diversity within a community and point to the importance of culturally responsive approaches to addressing health needs. Together, these demographic indicators form a foundation for understanding who makes up the community and what factors may shape their health experiences.

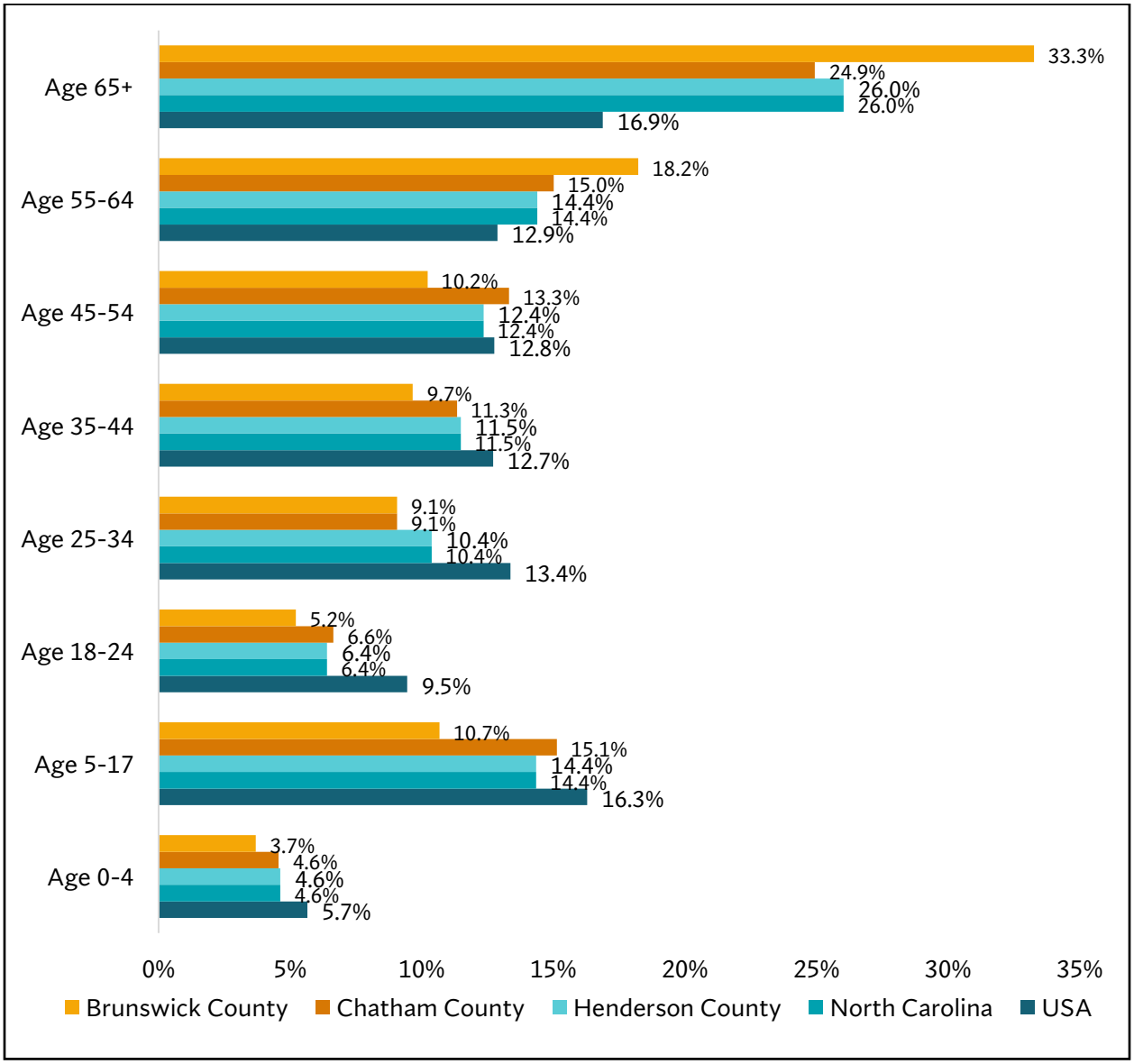
Age Distribution

Age distribution shapes community health needs across the lifespan. Communities with more older adults may experience higher rates of chronic conditions. These communities also need different support systems than communities with younger populations. Understanding age

[7] US Census Bureau, American Community Survey. 2019-23

demographics helps identify which stages of life are most represented in the community and what health considerations may be most relevant.

Figure 2.4: Population by Age, 2019-2023[7]

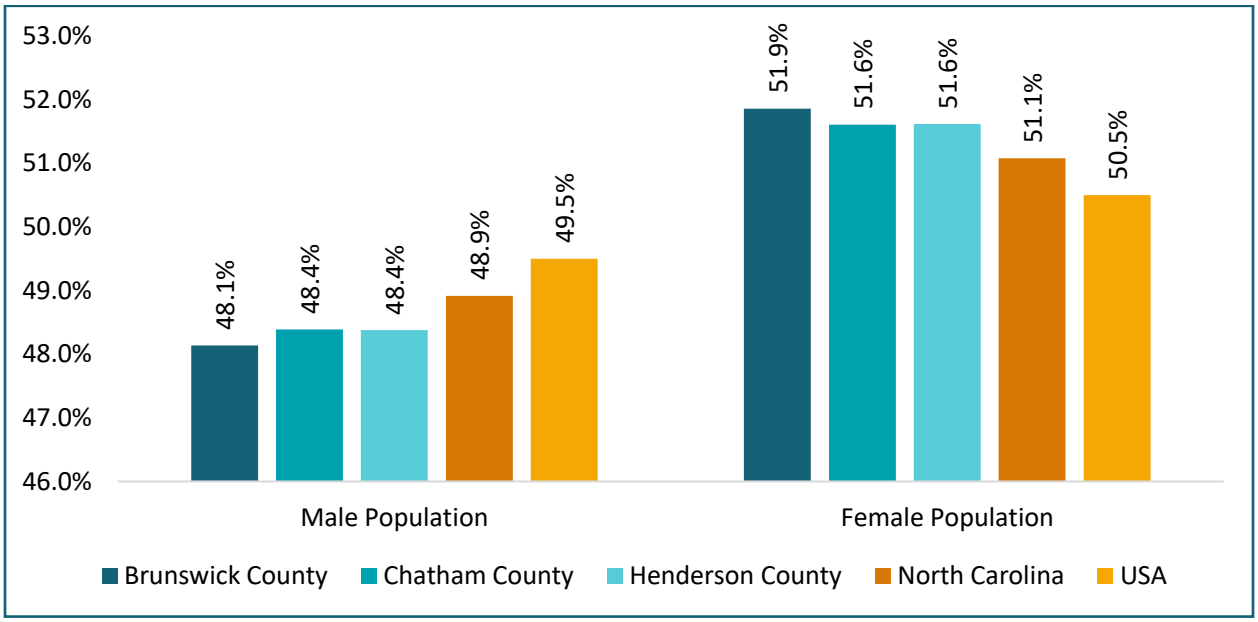


Brunswick County's age breakdown reveals a notably older population compared to state and national patterns. One-third of residents are aged 65 and older. The county shows lower representation across all younger age categories, including children, young adults, and working-age populations. This concentration in older age groups sets Brunswick County apart from broader demographic trends and suggests that the community's profile is influenced by residents in later life stages.

Sex Distribution

Sex distribution provides basic information about how many males and females live in a community. While most communities show relatively balanced distributions between males and females, variations can occur and may intersect with other demographic factors like age to influence community health patterns.

Figure 2.5: Population by Sex, 2019-2023[7]

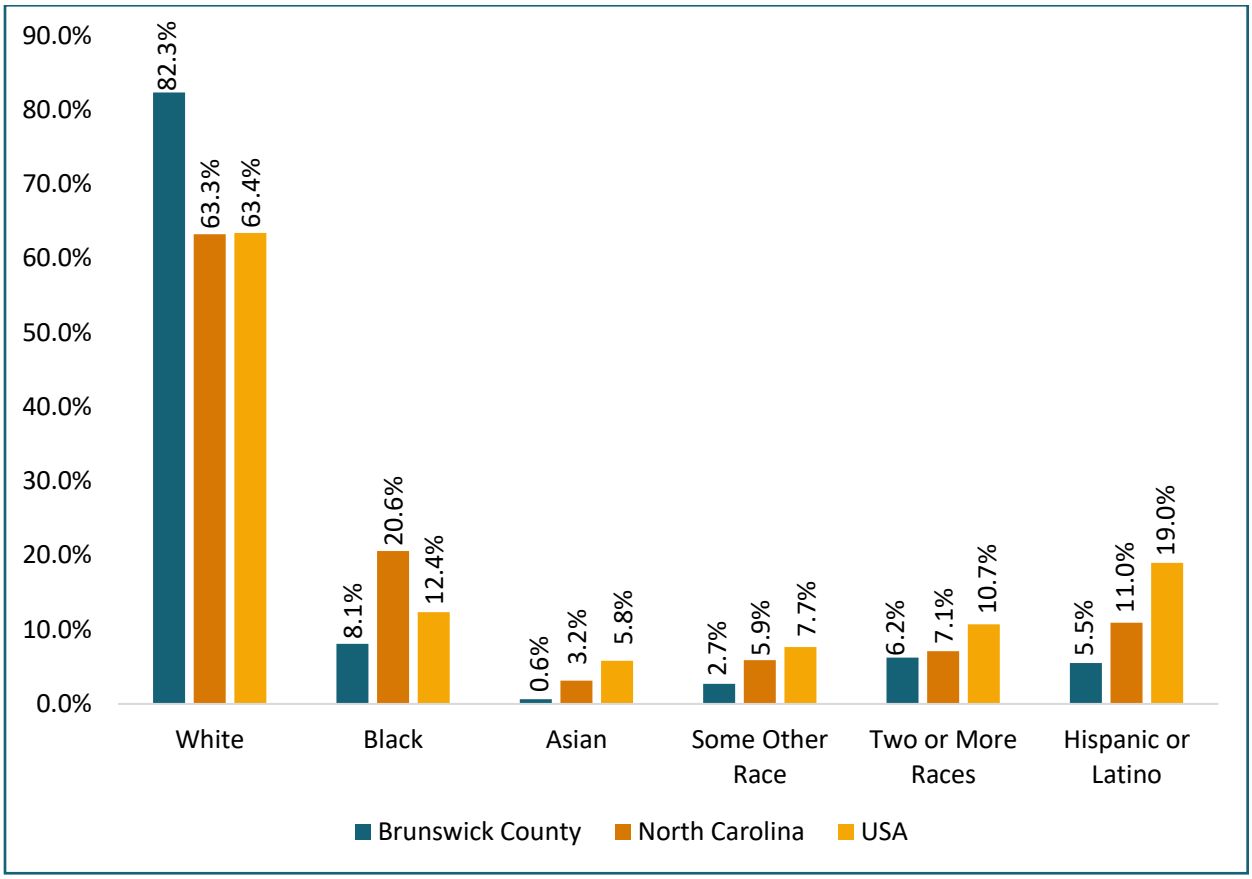


Brunswick County shows a sex distribution that is similar to state and national trends, where females represent just over half of the population. The distribution is consistent with common demographic patterns observed across most communities.

Race, Ethnicity, and Cultural Diversity

Understanding the racial and ethnic makeup of a community is critical to addressing health needs. Different populations may experience varying health problems, face barriers to care, and benefit from different approaches to wellness and prevention. Cultural diversity shapes how communities engage with health information, access services, and experience care. This demographic information helps identify which communities are present and provides context for understanding the full range of experiences within the county.

Figure 2.6: Population by Race and Ethnicity, 2019-2023[7]



Brunswick County shows less racial and ethnic diversity compared to state and national patterns, with White residents comprising more than 80% of the population. The county's Black population much lower than the state average, while Asian and Hispanic or Latino populations are notably smaller than state and national averages. Black and Hispanic or Latino residents together represent just over 10% of the county's population. This indicates that while the county is predominantly White, it does include communities of color whose experiences and needs contribute to the overall community health picture.

Social & Environmental Determinants of Health

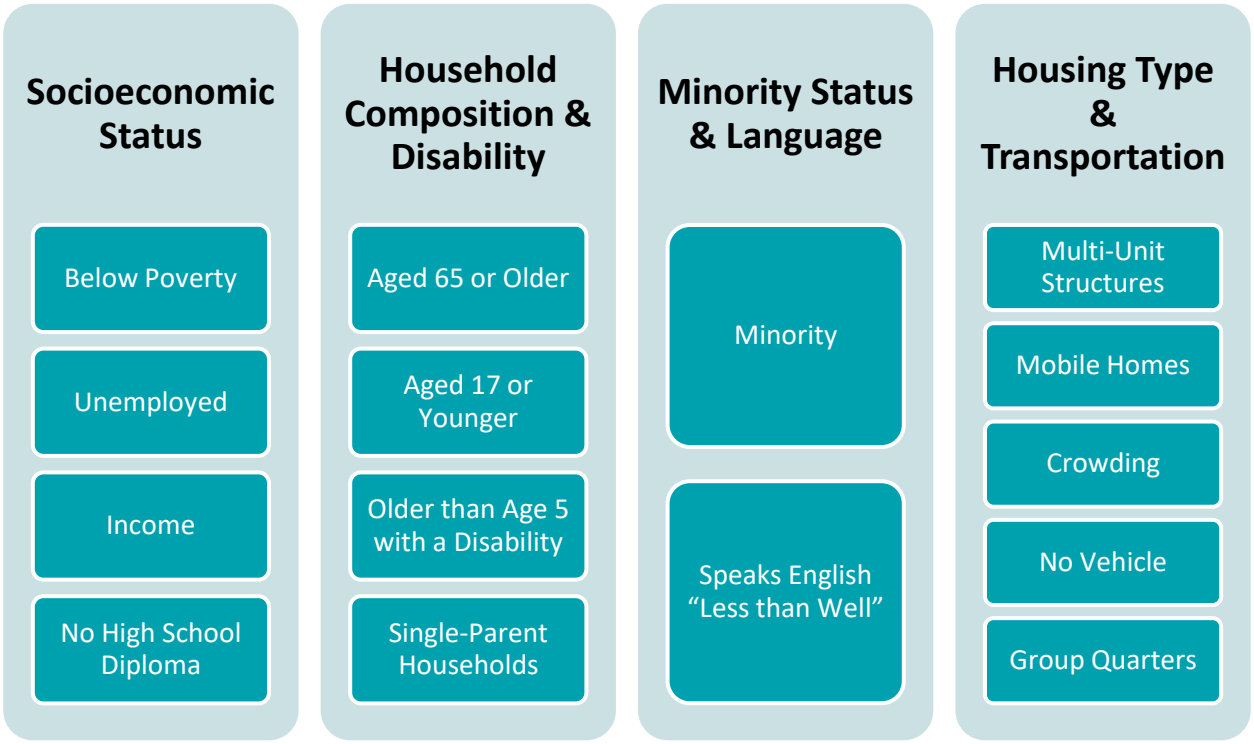
The conditions in which people live, work, and grow up play a crucial role in their overall health and wellbeing. These factors include access to good jobs, education, safe housing, healthy food, and transportation. When communities have these basic resources, residents are more likely to enjoy better health and longer lives.

Social Vulnerability Index

The Social Vulnerability Index (SVI) is a tool developed by the Centers for Disease Control and Prevention (CDC) that measures how vulnerable a community may be to external stresses on human health. The SVI uses a scale from 0 to 1, where higher scores indicate greater vulnerability. A score closer to 1 means a community faces more challenges related to factors like poverty, lack

of access to transportation, crowded housing, and language barriers that can affect health outcomes and the ability to prepare for and respond to hazardous events. Communities with higher SVI scores may require additional support and resources to address health needs.

Figure 2.7: Factors Contributing to SVI[8]



Brunswick County demonstrates notably low social vulnerability at the county level, with scores indicating less vulnerability compared to both state and national averages. The state score, comparing Brunswick County to other North Carolina counties, is 0.01. This means Brunswick County is among the least vulnerable counties in North Carolina. The national score, which compares Brunswick County to all other counties in the United States, is 0.23. This score means Brunswick County faces fewer cumulative social challenges than most other counties across the United States.

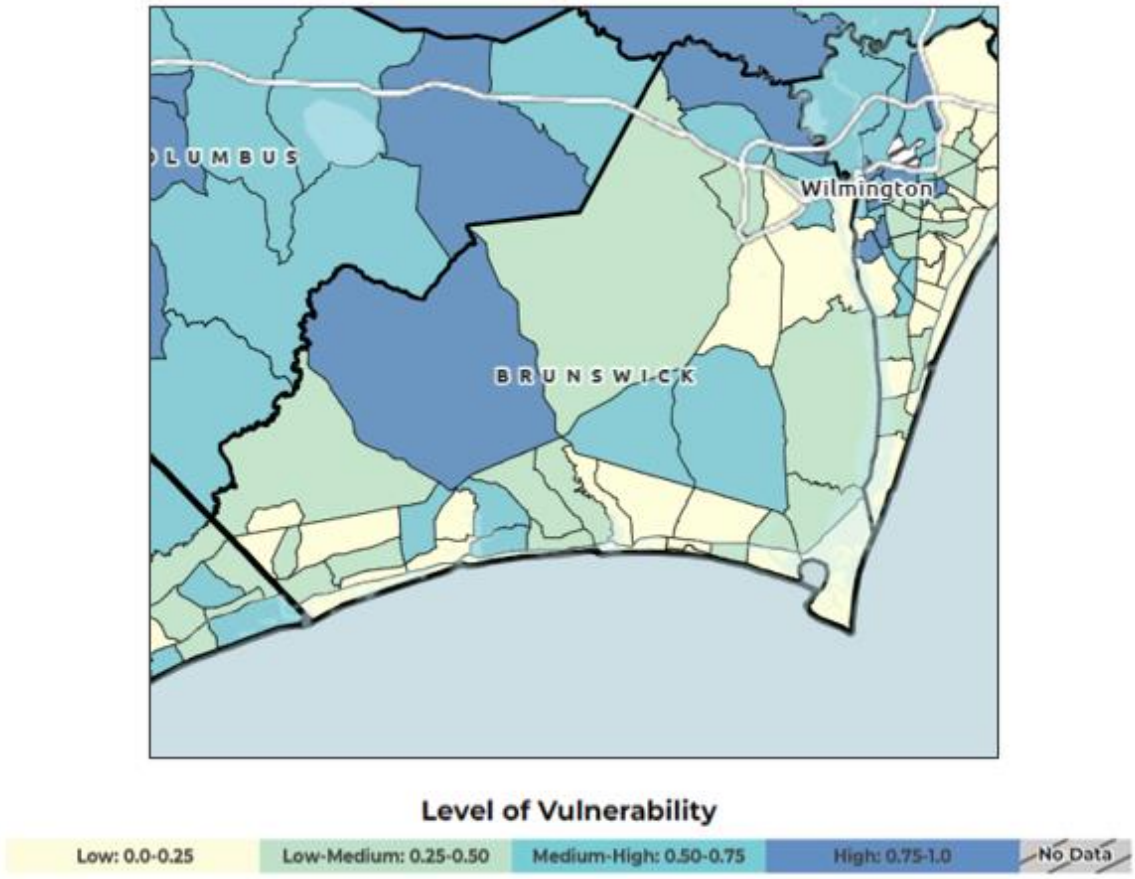
Table 2.1: SVI for Brunswick County, 2022[8]

	Statewide SVI Score	National SVI Score
Brunswick County	0.01	0.23

[8] Agency for Toxic Substances and Disease Registry, CDC, Social Vulnerability Index. https://www.atsdr.cdc.gov/place-health/php/svi/index.html

However, looking at vulnerability more closely shows differences within the county. Certain census tracts, particularly in the northwest region and northeast border with New Hanover and Pender counties, show higher vulnerability scores than the overall county average. This geographic difference indicates that while Brunswick County overall demonstrates strong resilience factors, some neighborhoods experience conditions that may affect their ability to respond to health challenges and emergencies more than others.

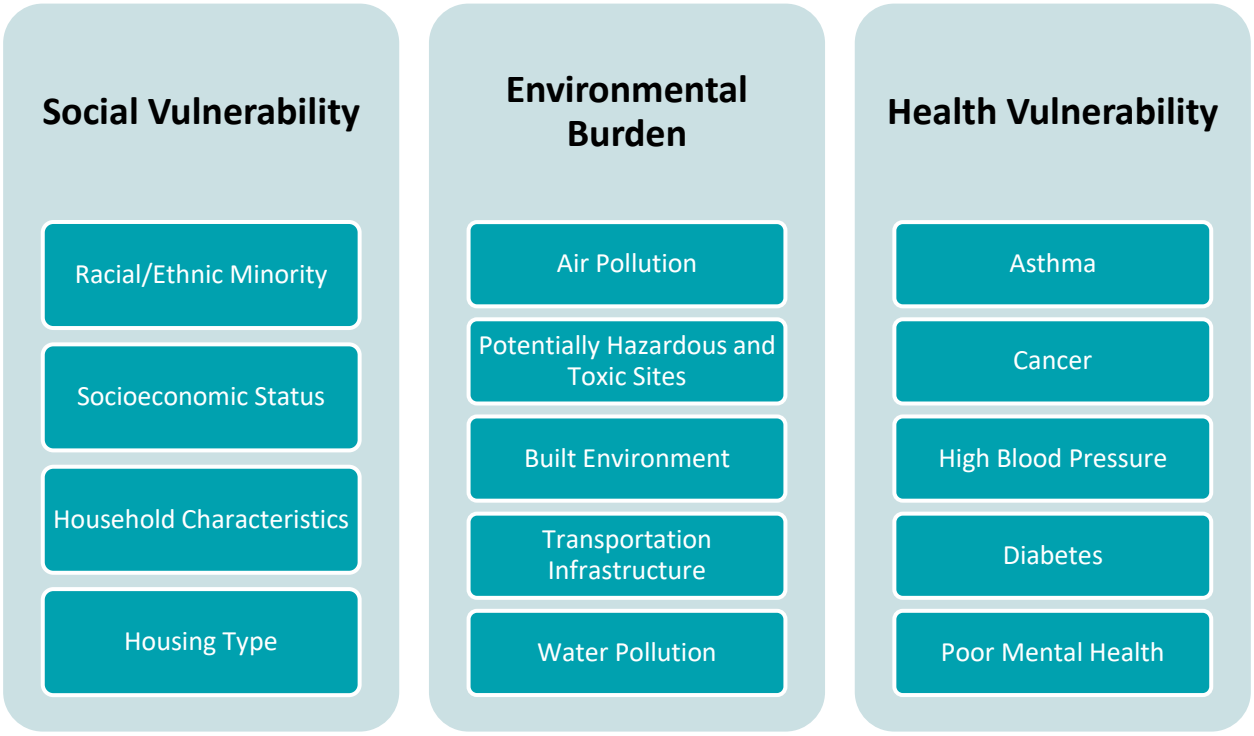
Figure 2.8: SVI, Census Tract Level, 2022[8]



Environmental Justice Index

The Environmental Justice Index (EJI) ranks the impact of environmental factors on health by examining pollution exposure, hazardous sites, and environmental conditions combined with social vulnerability factors. The EJI recognizes that environmental burdens often fall disproportionately on certain communities, and that the combination of environmental hazards with social vulnerabilities can create compounding health risks.

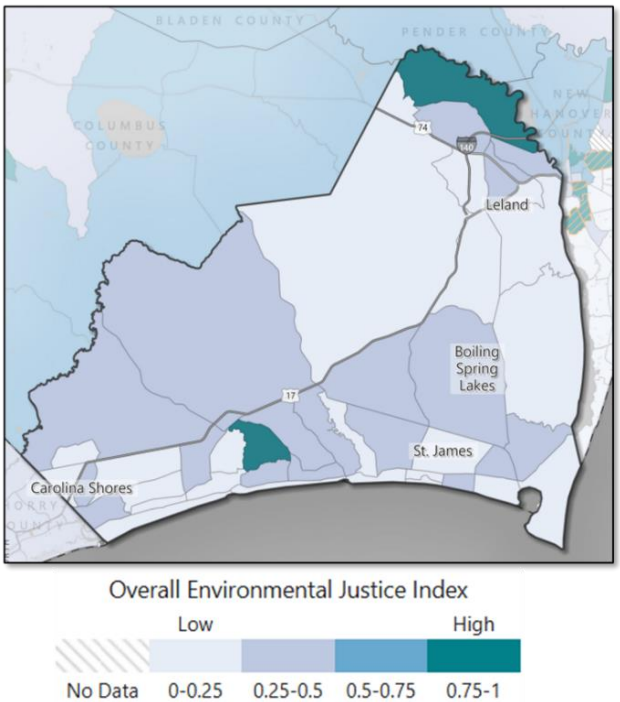
Figure 2.9: Factors Contributing to EJI[9]



The EJI uses percentile ranking to show the proportion of census tracts experiencing environmental burden relative to other census tracts in the United States. Scores range from 0 to 1, with higher scores (closer to 1) indicating communities that may experience more environmental justice concerns and greater cumulative impacts from environmental hazards and social determinants of health compared with other communities. Census tracts are considered highly burdened if EJI scores rank higher than 0.75.

Based on EJI data, most Brunswick County residents live in communities with relatively low environmental health risks. This is a significant community strength that supports overall population health. However, while the county's overall environmental profile is positive, there are two highly burdened census tracts (located in the northwestern part of the

Figure 2.10: EJI by Census Tract, 2022[9]



[9] CDC/ATSDR Environmental Justice Index (EJI) by County. https://www.atsdr.cdc.gov/place-health/php/eji/index.html

county near Leland and in the southwestern area near Carolina Shores) where residents face more concerning environmental justice challenges. These tracts rank as highly burdened due to multiple intersecting factors. Both areas have higher levels in many social vulnerability indicators, including residents with disabilities, mobile home housing, lack of high school diploma, poverty, and lack of health insurance. Additionally, both census tracts face challenges with lack of recreational parks and limited walkability in the built environment. One tract is further impacted by proximity to National Priority List sites and Risk Management Plan sites, indicating exposure to potentially hazardous facilities. Health vulnerability data reveals that both census tracts have elevated rates of asthma, heart disease, poor mental health, and diabetes compared to two-thirds of census tracts nationally. The combination of environmental burdens, social vulnerabilities, and pre-existing health conditions creates cumulative impacts that require targeted attention. Understanding where these specific environmental burdens exist helps target interventions and ensures that all residents, regardless of where they live, can enjoy healthy environmental conditions.

Economic Factors

Understanding the economic situation in a community is important for addressing health needs effectively. A family's income level, employment status, and access to resources can significantly impact their ability to maintain good health and receive medical care when needed.

Brunswick County demonstrates mixed economic indicators that reveal both strengths and challenges in the community's financial landscape. The county's poverty rate is lower than both state and national levels, suggesting relative economic stability for many residents. Though the overall poverty rate is lower compared to North Carolina and United States, there are areas within the county that have higher poverty rates than North Carolina and the US.

Income and Employment

Table 2.2: Poverty Indicators

	Brunswick County	Chatham County	Henderson County	North Carolina	United States
Population Below 100% Federal Poverty Level, 2023[10]	10.3%	8.4%	10.6%	12.8%	12.5%
Children Below 200% Federal Poverty Level, 2019-2023[7]	42.5%	37.9%	42.6%	40.4%	36.6%

Child poverty data suggests a more concerning story. More than two in five children in Brunswick County live in households with incomes below 200% of the federal poverty level (FPL). This is

[10] US Census Bureau, Small Area Income and Poverty Estimates. 2023.

higher than both state and national rates. This information indicates many families with children in Brunswick County struggle to make ends meet even if they earn above the official poverty line. The 200% FPL threshold is important because it represents the income level needed to afford basic necessities in most communities without financial hardship.

Table 2.3: Economic Indicators			
	Brunswick County	**North Carolina**	**United States**
Median Household Income, 2019-2023[7]	$76,797	$70,838	$77,719
Unemployment Rate, 2024[11]	4.6%	4.0%	4.4%
Income Inequality (GINI Index), 2019-2023[7,12]	0.45	0.48	0.48
Gender Pay Gap, 2018-2022[13]	0.86	0.84	0.82

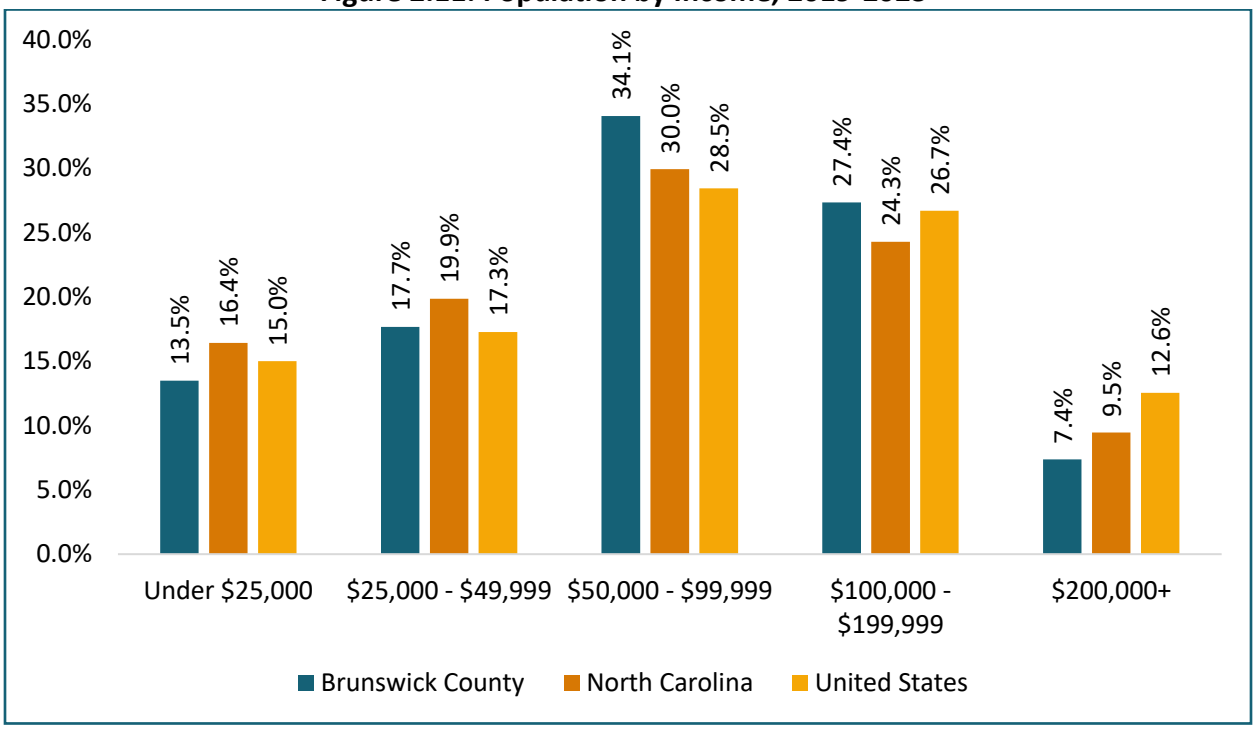
The county's median household income sits between the state and national averages, reflecting moderate earning capacity. However, the unemployment rate is slightly higher than the state average, suggesting that job availability or job market conditions may present challenges for some residents seeking work. The GINI Index[12] of 0.45 indicates that Brunswick County has slightly less income inequality than state and national levels, meaning income is somewhat more evenly distributed across households. The gender pay gap shows that women in Brunswick County earn 86 cents for every dollar earned by men, which is slightly better than the state but slightly worse than the national average.

[11] US Department of Labor, Bureau of Labor Statistics. 2024 - December.
[12] GINI index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.
[13] US Census Bureau, American Community Survey. 2018-2022.

Income Distribution

Brunswick County shows a broad distribution of household incomes with representation across income levels, indicating economic diversity within the community.

Figure 2.11: Population by Income, 2019-2023[7]



Many Brunswick County residents earn at least $50,000 per year. However, more than 30% of residents have an annual income below $50,000. This can make it hard to afford healthcare, housing, and other basic needs.

Family, Community, and Social Support

Family structure and social support systems play an important role in health outcomes and community wellbeing. Strong family and community networks can provide essential resources for managing health challenges, accessing care, and maintaining overall wellness.

Table 2.4: Family, Community, and Social Support Indicators			
	Brunswick County	**North Carolina**	**United States**
Children in Single-Parent Households, 2019-2023[7]	25.1%	27.0%	24.8%
Childcare Cost Burden, 2022-2023[14]	22.6%	25.1%	27.9%
Head Start Programs, Rate (Per 10,000 Children Under Age 5) (2024)[15]	4.1	9.5	11.4
Social Associations Rate (Per 100,000 Population) (2022)[16]	95.1	118.3	97.2
Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted) (2022)[17]	21.2%	22.7%	25.7%
Population Age 16-19 Not in School and Not Employed (2019-2023)[7]	7.8%	7.3%	6.8%

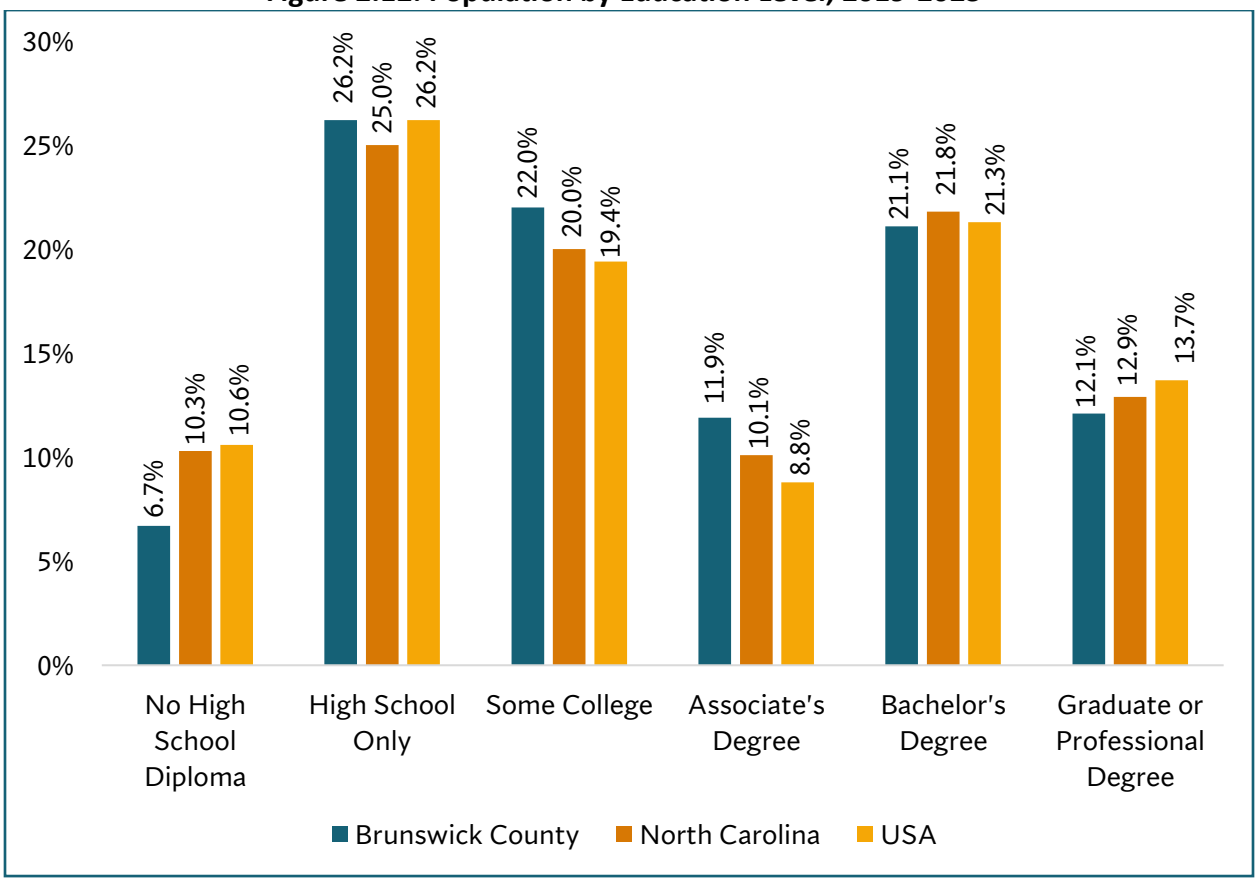
More than 25% of children in Brunswick County live in single-parent homes. Childcare costs appear to burden families less heavily in Brunswick County when compared with state and national averages. However, the county shows significantly lower Head Start program availability than North Carolina and the US overall. Lower rates of social associations and higher levels of adults lacking social and emotional support suggest opportunities for strengthening community connections. The county also has slightly higher rates of youth (16-19) not in school or employed compared to both state and national averages.

Education Level

Education plays a key role in health outcomes. People with more education tend to have better health, live longer, and have greater access to resources that support healthy living.

[14] United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings. 2023 & 2022.
[15] US Department of Health & Human Services, HRSA - Administration for Children and Families. 2024.
[16] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
[17] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Figure 2.12: Population by Education Level, 2019-2023[7]



Brunswick County adults have education levels generally comparable to state and national averages. Approximately one-third of residents have earned a bachelor's degree or higher, while about one-quarter have completed high school as their highest level of education.

Table 2.5: Education Indicators			
	Brunswick County	**North Carolina**	**United States**
School Segregation Index[18,19]	0.04	0.20	0.24
School Funding Adequacy[20,21]	$-327	$-2,391	$758

[18] National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023.
[19] The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.
[20] School Finance Indicators Database, SFID - School Finance Indicators Database. 2022
[21] Gap between Actual and Required Spending

Brunswick County students from different racial and ethnic backgrounds more evenly distributed across schools than the North Carolina and US averages. This integration can promote educational equity and better opportunities for all students. However, the school funding adequacy measure reveals a concerning gap. Brunswick County schools face a funding shortfall per pupil. This lack of funding is much smaller than the state's overall gap and contrasts with the national average where schools receive more funding than required. This funding gap may limit resources available for instruction, support services, and educational programs that can impact student achievement and long-term health outcomes.

Housing and Homelessness

Brunswick County demonstrates strong housing stability with high homeownership rates and lower housing cost burden compared to state averages. However, nearly one-third of occupied housing units experience one or more substandard conditions, a rate that exceeds state and national. The severely burdened household rate shows that a higher proportion of Brunswick County households face significant housing cost pressures compared to state averages, though the county performs better than national benchmarks. Housing insecurity[22] and utility service threats align closely with state and national patterns.

Table 2.6: Housing Indicators, 2019-2023

	Brunswick County	North Carolina	United States
Occupied Housing Units with One or More Substandard Conditions[7,23]	25.6%	27.9%	32.0%
Homeownership[7]	83.8%	66.4%	65.0%
Severely Burdened Households[7,24]	11.7%	11.9%	13.9%
Adults Age 18+ Having Housing Insecurity (Age-Adjusted)[25]	12.5%	14.2%	12.9%
Adults Age 18+ Having Utility Services Threat (Age-Adjusted)[25]	7.7%	8.9%	8.2%

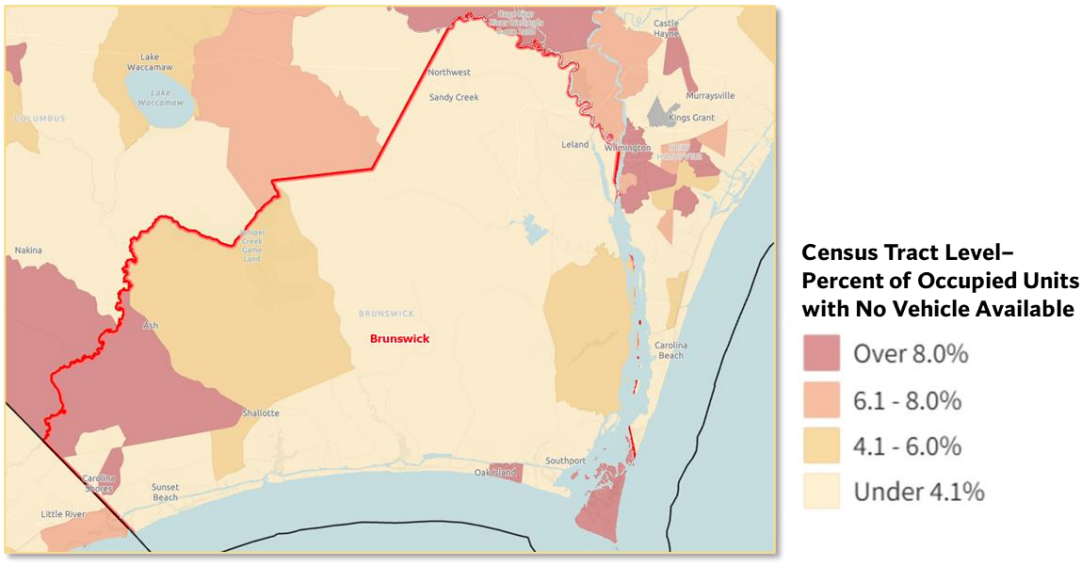
[22] Housing Insecurity is the state of not having stable or adequate living arrangements
[23] Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
[24] Percentage of the households where housing costs are 50% or more total household income
[25] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Transportation and Transit

Table 2.7: Transportation and Transit Indicators, 2019-2023[7]			
	Brunswick County	**North Carolina**	**United States**
Population Commuting More than 60 Minutes, Percent	6.6%	7.4%	4.3%
Population Using Public Transit for Commute to Work	0.9%	0.3%	0.1%
Households with No Motor Vehicle, Percent	2.3%	2.9%	3.8%

Brunswick County residents have strong vehicle access and reasonable commute times, but very limited public transportation options compared to state and national averages. More than 95% of households have access to at least one motor vehicle, better than the state average. Commute times align with state averages. The near absence of public transit infrastructure means less than one percent of residents use public transportation for work commutes. The map (figure x) shows differences in vehicle access across the county. Some areas have more households without vehicles, and there are some communities within Brunswick County – such as Bald Head Island – where vehicles are not allowed.[26] This transportation landscape suggests mobility considerations may be particularly relevant for healthcare access among residents who lack personal vehicles and who reside in the indicated census tracts.

Figure 2.13: Census Tract Level - Percent of Occupied Units with No Vehicle Available[7]



[26] Bald Head Island does not allow cars on the island. Residents use golf carts for transportation.

Safety

Community safety directly impacts health outcomes and quality of life. Injury prevention and reducing violence are important elements of a healthy community and living environment. Understanding safety patterns helps identify where strategies can be implemented to reduce preventable deaths and improve community wellbeing.

Table 2.8: Safety Indicators			
	Brunswick County	**North Carolina**	**United States**
Unintentional Injury (Accident) Crude Death Rate (Per 100,000 Population), 2019-2023[27,28]	81.2	73.4	63.3
Homicide Mortality Rate (Per 100,000 Population), 2019-2023[27]	5.2	8.3	7.1
Firearm Death Rate (Per 100,000 Population), 2019-2023[27]	14.8	16.1	13.8
Motor Vehicle Crash Death Rate (Per 100,000 Population), 2019-2023[27]	18.3	16.3	12.8
Juvenile Arrest Rate (Per 1,000 Juveniles), 2021[29]	16.1	15.9	13.9

Brunswick County demonstrates mixed safety outcomes. The county shows a lower homicide mortality rate compared to both state and national averages. However, unintentional injury deaths, motor vehicle crash deaths, and juvenile arrest rates all exceed state and national benchmarks. Firearm death rates fall between state and national levels, lower than North Carolina but higher than the United States overall. These indicators reveal specific opportunities where continued focus on public health and safety could enhance overall wellbeing.

Healthcare Access and Quality

Access to Care

Brunswick County shows lower provider rates across primary care, dental, and mental health services compared to state and national averages. These areas give health partners a chance to work together and try new ways of providing care to improve access for residents.

[27] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
[28] Unintentional Injury Deaths are any deaths due to accidental causes (such as motor vehicle accidents, poisoning, drowning)
[29] Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Accessed via County Health Rankings. 2021.

Table 2.9: Provider Ratios			
	Brunswick County	**North Carolina**	**United States**
Primary Care Physicians Rate (Per 100,000 Population), 2025[30]	68.8	108.9	118.0
Dentists Rate (Per 100,000 Population), 2024[31]	51.9	59.3	67.6
Mental Health Care Provider Rate (Per 100,000 Population), 2025[30]	159.5	318.9	325.6
Addiction/Substance Abuse Providers Rate (per 100,000 Population), 2025[30]	27.8	29.9	29.4

Insurance Coverage

Most people living in Brunswick County have health insurance coverage, especially children under age 19. Among adults under age 65, there are almost 12% who are uninsured which may be due to employment-related coverage gaps or affordability challenges.

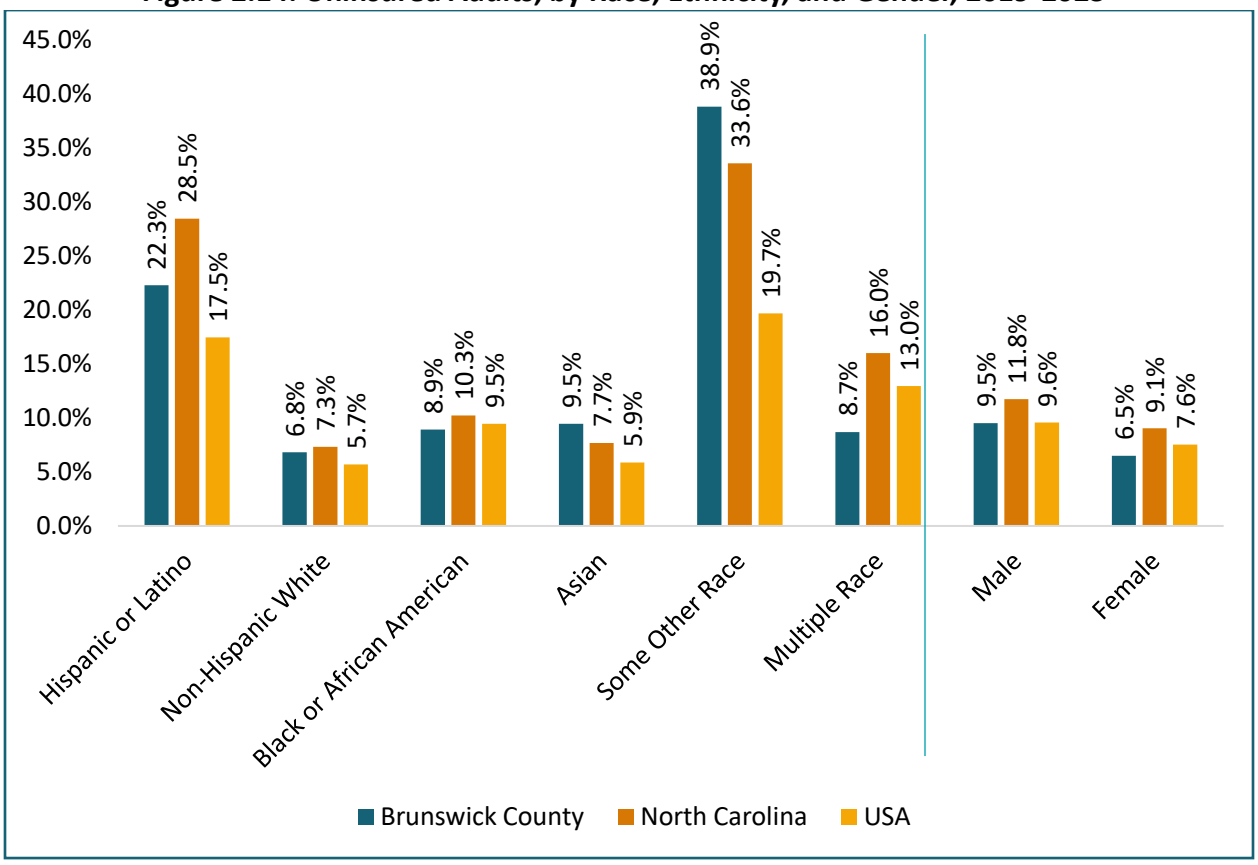
Table 2.10: Insurance Coverage, 2019-2023[7]			
	Brunswick County	**North Carolina**	**United States**
Uninsured Population	8.0%	10.4%	8.6%
Uninsured Adults (<65)	11.8%	13.5%	11.2%
Uninsured Children (<19)	4.6%	5.0%	5.1%

However, when looking at insurance coverage by race, ethnicity, and gender, large differences appear. Hispanic residents and those identifying as 'some other race' face substantially higher rates of being uninsured compared to other demographic groups. These disparities in insurance coverage mean that some community members may face greater barriers to accessing healthcare and may delay or avoid needed medical care due to lack of insurance.

[30] Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). July 2025.

[31] Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.

Figure 2.14: Uninsured Adults, by Race, Ethnicity, and Gender, 2019-2023[7]



Quality of Care

Brunswick County excels in preventive care quality measures like vaccination rates, cancer screening, and chronic disease management. These data demonstrate effective healthcare delivery systems and programs that can serve as models for addressing access challenges.

Table 2.11: Quality of Care Indicators			
	Brunswick County	**North Carolina**	**United States**
High Blood Pressure Management, 2021[32]	61.1%	61.0%	58.9%
Diabetes Management, 2019[33]	94.2%	90.5%	87.5%
Annual Flu Vaccine (18 years or older), 2021[34]	52.5%	46.2%	44.8%
COVID-19 Fully Vaccinated Adults, 2021[34]	76.1%	71.1%	72.7%
Cervical Cancer Screening, 2020[35]	85.1%	84.7%	82.8%
Colorectal Cancer Screening, 2022[25]	75.2%	65.6%	66.3%
Females Age 50-74 with Recent Mammogram, 2022[36]	79.0%	78.4%	76.0%

County Health Rankings

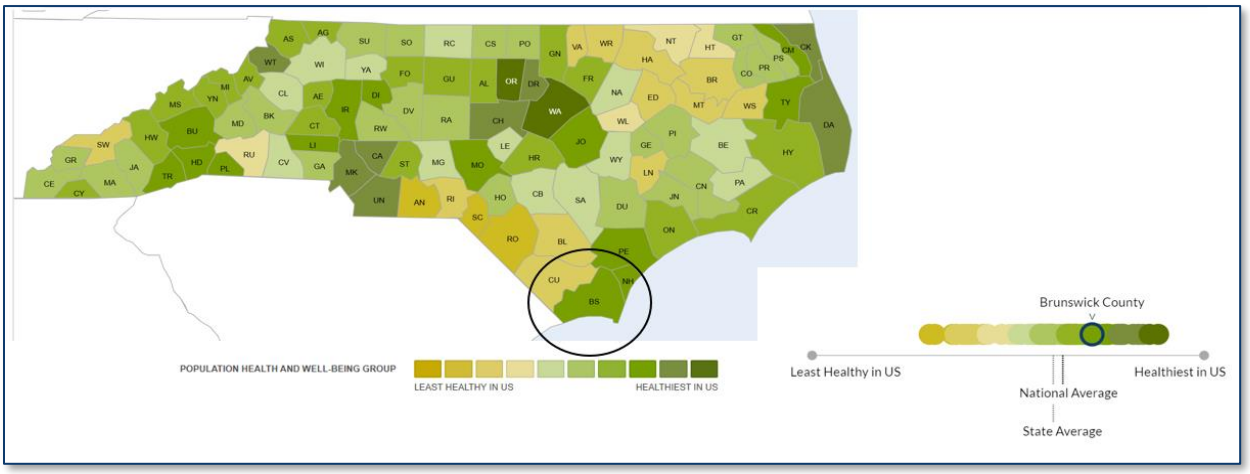
The County Health Rankings model uses standard measures of health outcomes and health factors to rank counties on a scale from the least healthy to healthiest in the nation. There are two rankings, one for health outcomes and one for health factors. The continuums are intended to demonstrate how an individual county fares relative to others in their respective state and the nation. For this CHNA, county health rankings for Brunswick County were reported and considered as part of the overall assessment process.

Population Health and Well-Being (Health Outcomes)

Figure 2.15 shows the Health Outcomes County Health Ranking map for North Carolina. As shown demonstrated in the map, Brunswick County ranks better than state and national averages for overall population health and well-being. This strong foundation positions the community well for continued health improvements while providing opportunities to support other counties with best practices.

[32] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
[33] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
[34] Centers for Disease Control and Prevention, CDC - FluVaxView. 2021.
[35] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
[36] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

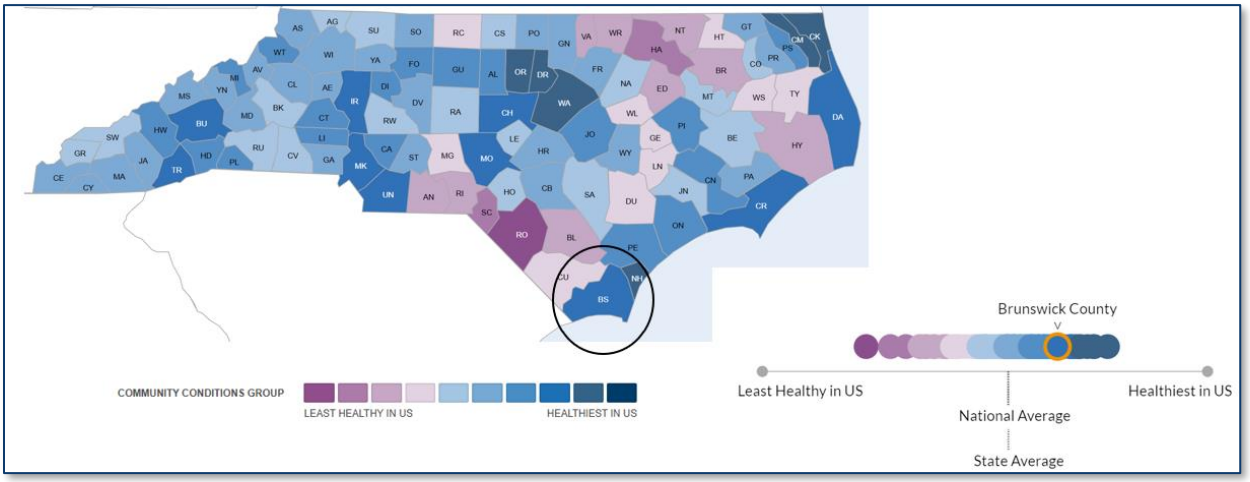
Figure 2.15: County Health Rankings – Population Health and Well-Being (Health Outcomes)[37]



Community Conditions Ratings (Health Factors)

Figure 2.16 shows the Health Factors County Health Ranking map for North Carolina. Brunswick County ranks higher than state and national averages for overall community conditions, indicating strong social and environmental factors supporting health. This favorable positioning provides an excellent platform for targeted interventions in identified high need areas while maintaining community strengths.

Figure 2.16: County Health Rankings – Community Conditions (Health Factors)[377]



Community Profile Summary

Brunswick County presents a complex portrait of a rapidly growing coastal community with substantial strengths and targeted opportunities for health improvement. The county demonstrates considerable assets that support population health, including strong housing

[37] Robert Wood Johnson Foundation, County Health Rankings (2025).

stability, favorable economic indicators, and County Health Rankings that position Brunswick County better than state and national averages for both health outcomes and health factors. The county benefits from solid educational foundations that create a strong platform for community wellbeing.

However, specific challenges require attention to ensure equitable health outcomes as the county continues to grow. These challenges include healthcare provider shortages across multiple specialties, food security concerns for children despite overall economic stability, transportation and housing quality issues that disproportionately affect vulnerable populations, safety concerns related to unintentional injuries and motor vehicle crashes, and insurance coverage disparities across demographic groups. The county's rapid growth trajectory, combined with its aging population and these identified gaps and challenges, presents a detailed view of a community with strong foundations alongside areas requiring continued attention.

Chapter 3 | Priority Health Need Areas

Introduction

Priority health needs were determined through a comprehensive analysis of secondary data, primary data collection including the community health opinion survey (CHOS), key leader interviews, and focus groups, followed by structured discussion and prioritization voting among Steering Committee members and community stakeholders.

The three priority health needs that emerged from this process were – **behavioral health, healthcare access and barriers, and determinants of health** with a healthcare system fourth priority of chronic disease and prevention. These health priorities represent interconnected challenges that affect residents across all demographics. These priorities reflect both the immediate health concerns facing Brunswick County residents and the underlying factors that shape health outcomes throughout the community.

Figure 3.1: Brunswick County's 2025 Priority Health Needs

The prioritization process was guided by four criteria: severity and intensity of health needs based on data; feasibility of evidence-based interventions; health disparities associated with each need; and community-identified importance. This process demonstrated consistent findings across data sources, with the same health challenges emerging repeatedly as the most significant threats to community wellbeing. The following pages provide detailed information and findings related to each priority area individually.

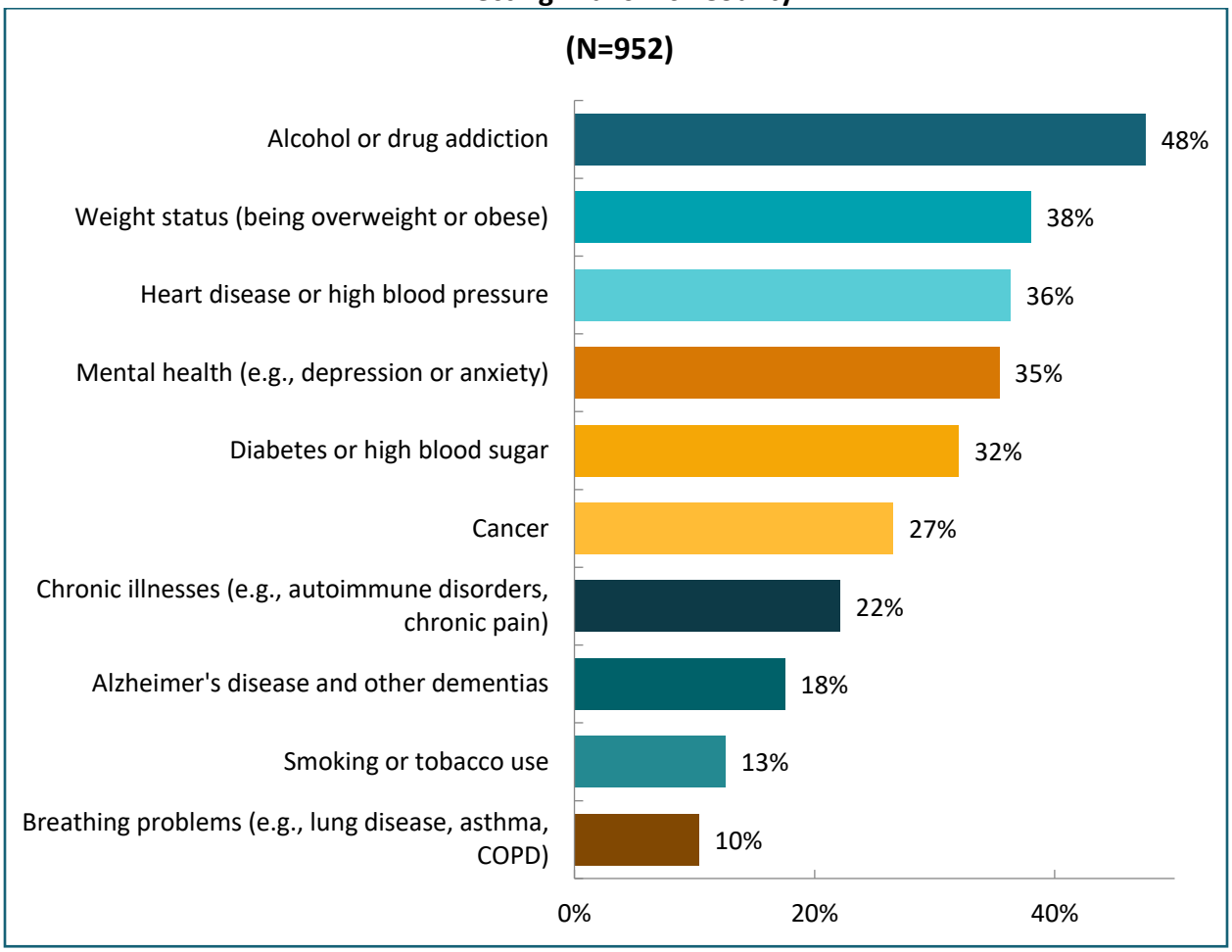
In addition to these three priority health needs, the hospital partners (Novant Health Brunswick Medical Center and Dosher Memorial Hospital) will prioritize chronic disease, particularly prevention of chronic disease. This focus on chronic disease prevention is interwoven throughout the three identified priorities. Behavioral health conditions often co-occur with chronic diseases such as diabetes, heart disease, and obesity, with each exacerbating the other and requiring integrated care approaches. Healthcare access and barriers directly impact residents' ability to receive preventive screenings, early interventions, and ongoing management necessary to

prevent or control chronic conditions. Determinants of health, including food access, walkability, transportation availability, and economic stability, create the foundational conditions that either support or hinder chronic disease prevention through their influence on nutrition, physical activity, stress levels, and healthcare utilization. By addressing chronic disease prevention alongside these three priorities, the hospital partners recognize that sustainable improvements in community health require coordinated attention to both the medical care system and the social and environmental conditions that shape health behaviors and outcomes.

Priority Area | Behavioral Health

Behavioral health emerged as a priority area across all data sources in this assessment, representing one of the most pressing health challenges facing Brunswick County residents. Community members identified both alcohol/drug addiction and mental health among the top five health problems affecting the county, with alcohol/drug addiction ranking as the single most important concern.

Figure 3.2: 2025 CHOS Results - Top Health Problems Identified by Survey Respondents Affecting Brunswick County



The prominence of behavioral health concerns in community perspectives aligns with objective data on mortality, morbidity, and healthcare utilization. The combination of mental health concerns and substance use disorders creates a complex crisis affecting individuals, families, and the community's healthcare infrastructure. Analysis of mortality data, community perspectives, and healthcare utilization patterns reveals both the severity of behavioral health challenges and significant gaps in available services and support.

Mental Health

Elevated Suicide Rates

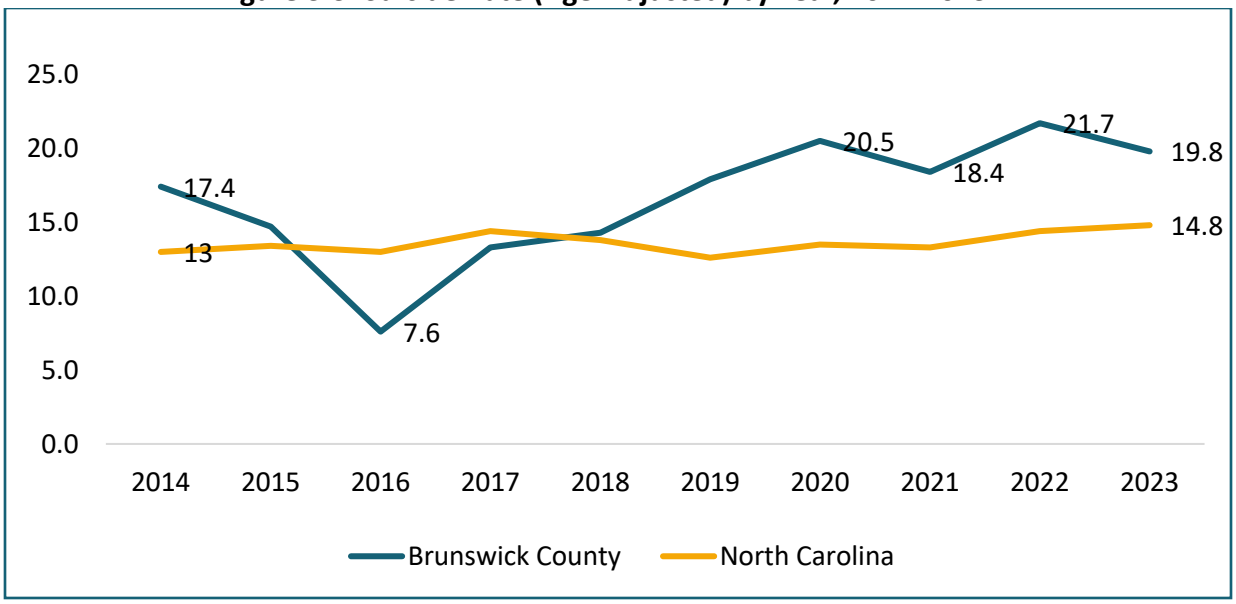
Brunswick County has a suicide rate that is nearly 27% higher than the North Carolina rate and about 35% higher than the national average. Among peer counties, Brunswick County's rate falls between Chatham County's lower rate and Henderson County's elevated rate, indicating a shared regional challenge with suicide prevention, particularly with Henderson County.

Table 3.1: Suicide Mortality

	Brunswick County	Chatham County	Henderson County	North Carolina	United States
Deaths by Suicide (Age Adjusted per 100,000 Population) 2019-2023[38]	19.5	12.8	20.9	13.7	14.5

The trend data also reveal a concerning pattern in which Brunswick County's suicide rate has remained high compared to state levels since 2014. Apart from one unusual year in 2016, suicide rates for Brunswick County have stayed above North Carolina's average.

Figure 3.3: Suicide Rate (Age-Adjusted) by Year, 2014-2023[388]



The ongoing high rates of suicide deaths represent preventable mortality and a major public health concern, especially for certain sub-groups within the Brunswick County community. When

[38] North Carolina Department of Health and Human Services, North Carolina State Center for Health Statistics. Data obtained from NC DHSS. Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics. 2023.

looking at suicide death rates by gender, there is a concerning difference between males and females. Death rates for suicide among males is nearly four times higher than females.

Table 3.2: Suicide Death Rates per 100,000 by Gender, 2019-2023[39]		
	Male Suicide Rate	**Female Suicide Rate**
Brunswick County	31.7	8.3
North Carolina	22.4	5.7
USA	23.3	6.0

Males account for more than three-quarters of suicide deaths in Brunswick County, with a death rate substantially higher than females. This gender disparity in suicide mortality aligns with patterns observed nationally and emphasizes the importance of gender-informed prevention strategies. Key leaders emphasized the severity of this issue throughout their interviews, with all eight identifying mental health as a major concern. One leader specifically noted: ***"There is a pretty significant suicide rate of older adult men in Brunswick County, specifically,"*** an observation supported by the mortality data showing elevated rates among males. The consistency between mortality data and observations from key leaders highlights the severity and community-wide recognition of suicide as a critical issue in Brunswick County.

Mental Health Burden and Depression

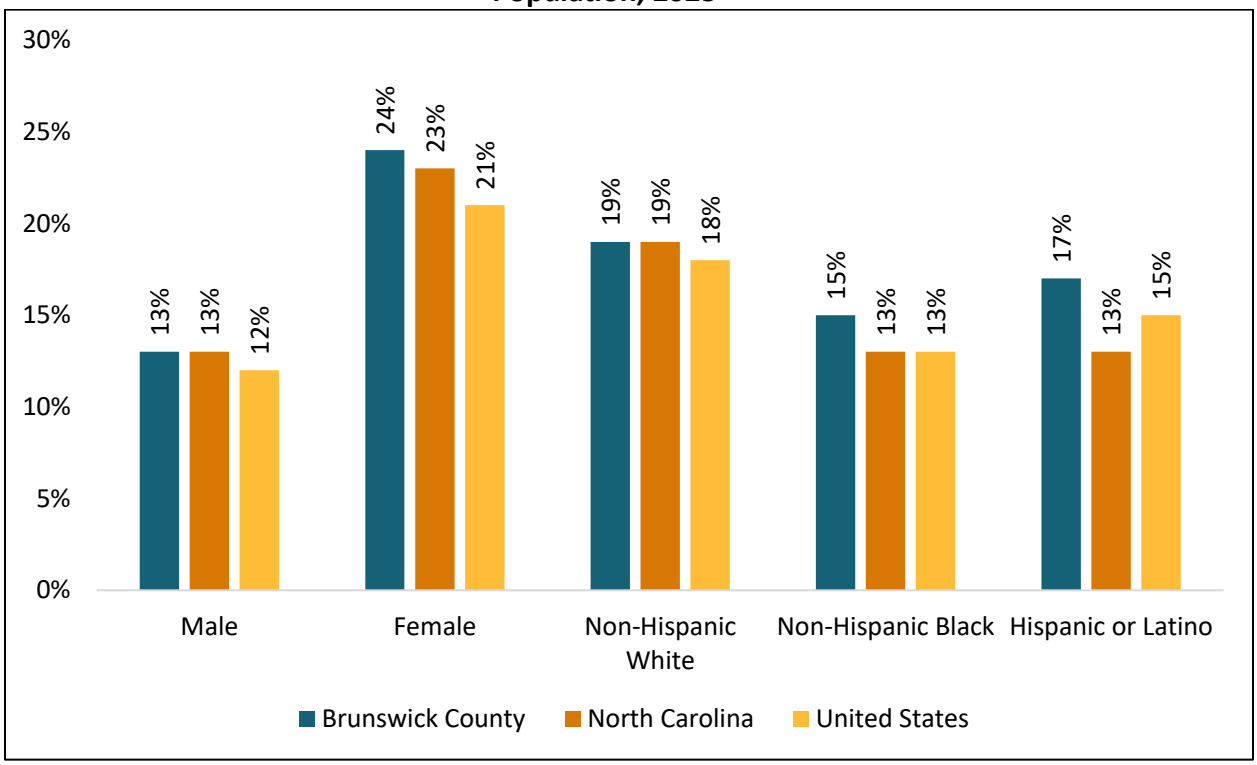
Nearly 25% of Brunswick County adults have been diagnosed with depression, signifying a large mental health burden across the community. The high occurrence of diagnosed depression, combined with residents reporting an average of five poor mental health days per month, reflects widespread psychological distress affecting quality of life and daily activity.

Table 3.3: Depression and Mental Health Indicators			
	Brunswick County	**North Carolina**	**United States**
Adults Ever Diagnosed with Depression (Age-Adjusted), 2022[25]	23.9%	23.1%	21.1%
Adults Age 18+ with Poor Mental Health (Age-Adjusted), 2022[25]	16.9%	16.5%	16.4%
Average Poor Mental Health Days per Month, 2017-2023[40]	5.0	5.0	5.2

[39] NC Department of Health and Human Services, 2025 County Health Data Book and CDC Wonder for National Statistic.
[40] University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.

Mental health challenges are particularly pronounced among older adults in Brunswick County. Among Medicare beneficiaries, depressive disorder occurrence meets or exceeds state and national rates across all gender, racial, and ethnic demographic groups shown in **Figure 3.4.**

Figure 3.4: Depressive Disorder Prevalence by Gender, Race, and Ethnicity Among Medicare Population, 2023[41,42]

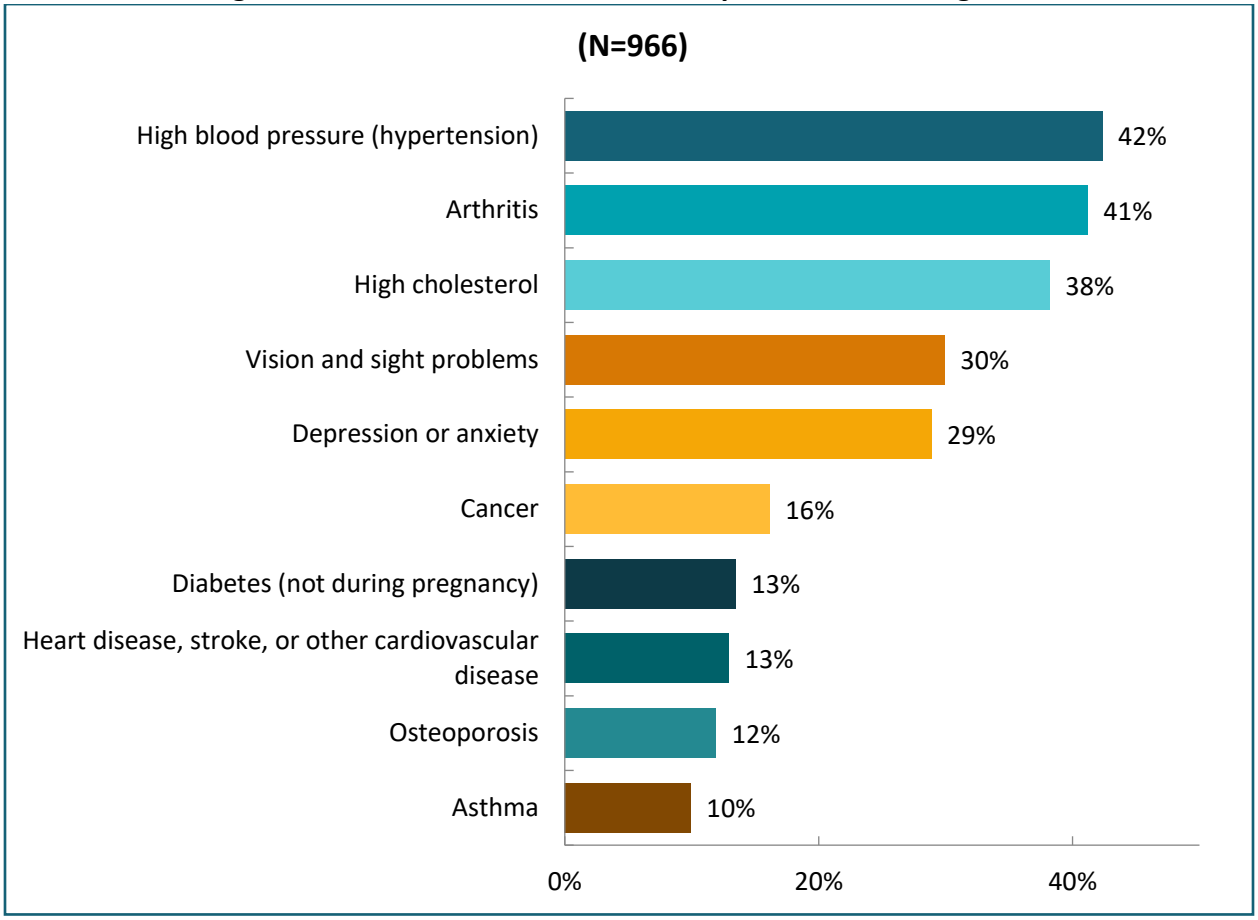


Female Medicare beneficiaries and Hispanic or Latino beneficiaries show particularly higher rates of depression, highlighting some key disparities among these subpopulations. These patterns suggest the importance of culturally appropriate and gender-informed approaches to mental health screening, treatment, and support services.

Community survey data reinforces the burden of mental health concerns across the broader population. Almost one in every three survey respondents reported having been diagnosed with depression or anxiety at some point in their lives. Mental health conditions were some of the most reported health issues impacting Brunswick County residents in the survey.

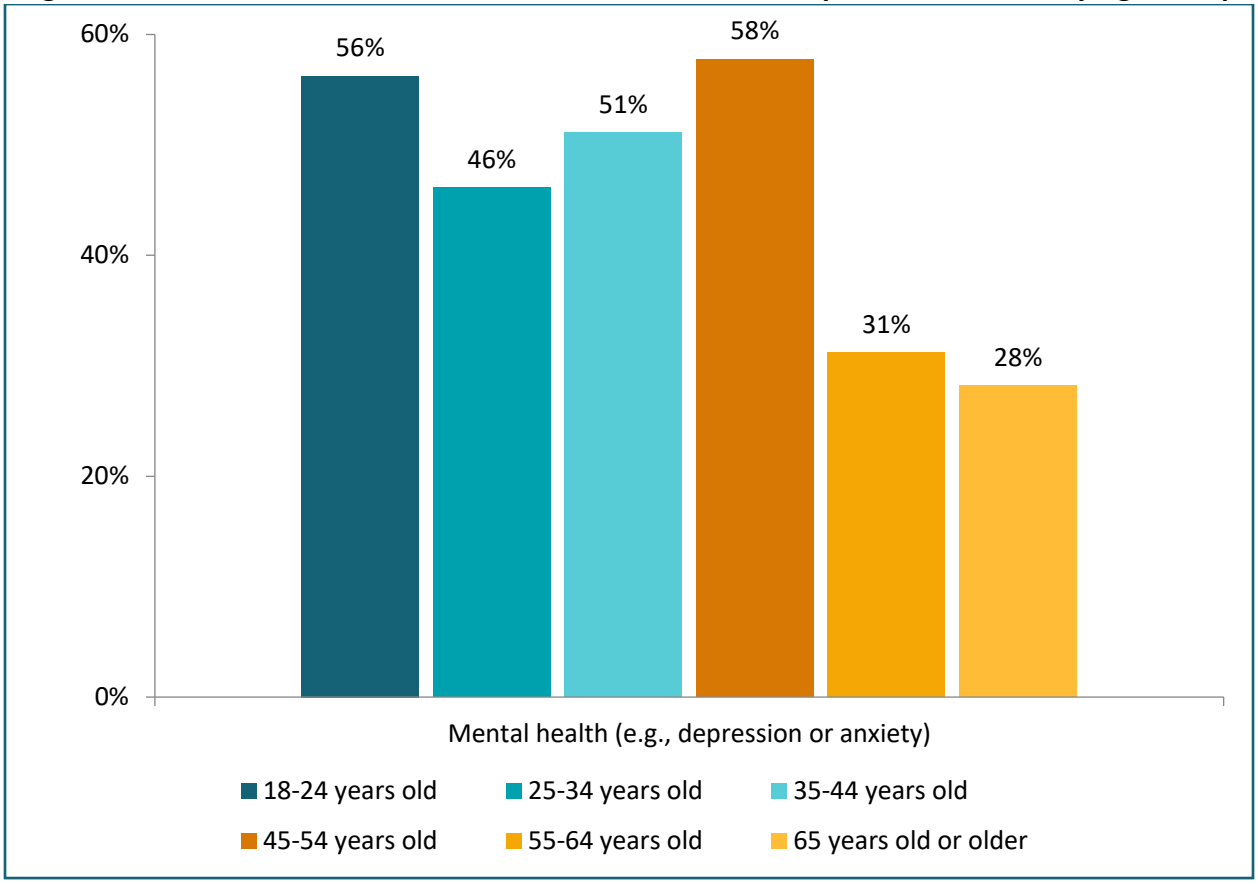
[41] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023. Retrieved from the NC Data Portal
[42] Medicare Population is 65 years or older

Figure 3.5: 2025 CHOS Results - Self-Reported Health Diagnoses



This high prevalence of self-reported mental health diagnoses aligns with secondary data on depression rates and demonstrates mental health challenges are widely experienced across Brunswick County. Beyond personal diagnoses, community members also identified mental health as a priority concern when considering the overall health of the county. Mental health was ranked as the fourth most important health problem affecting Brunswick County according to residents (see **Figure 3.1**).

Figure 3.6: 2025 CHOS Results - Mental Health Selected as Top Health Concern by Age Group



Residents age 54 or younger expressed significantly greater concern about mental health compared to older adults, revealing a generational divide in how mental health challenges are recognized and prioritized. This pattern suggests both evolving attitudes toward mental health and potentially increasing prevalence among younger populations.

Key leaders consistently identified mental health as a priority concern throughout their interviews. One leader described the scope of the challenge:

> ***"Mental health is a huge area of concern. We have people that are already under duress with caregiving... other groups of older adults who have depression and anxiety, who have issues with addiction. They are lonely and isolated."***

This observation connects mental health challenges to broader issues of social isolation and caregiver stress, particularly affecting older adults in the community.

Focus group participants from Brunswick County similarly identified mental health as a top health issue. Across all four focus group sessions, participants identified mental health, including depression, anxiety, and concerns about suicide, as key health issues impacting Brunswick County residents. One participant emphasized:

> ***"Mental health is just as important as physical health, but it's still stigmatized. We need to make it a priority in our community."***

This observation highlights recognition of mental health as a critical issue and the stigma that may prevent individuals from seeking care. The consistency of these findings across all data sources - secondary data showing elevated depression rates, community survey responses ranking mental health as a top concern, key leader observations, and focus group discussions - highlights the sizeable impact of mental health challenges in Brunswick County.

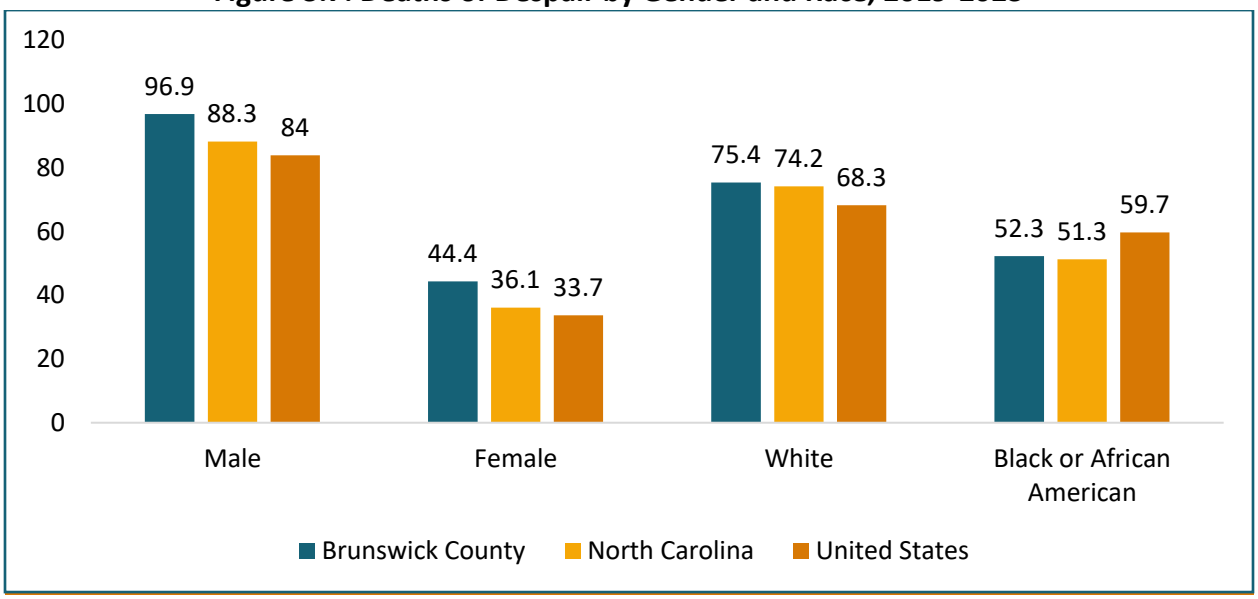
Deaths of Despair

Table 3.4: Deaths of Despair			
	Brunswick County	**North Carolina**	**United States**
Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population), 2019-2023[43]	69.5	61.6	58.5

Deaths of despair (a data point which includes suicide and drug or alcohol poisoning deaths) provides a way of understanding how mental health and substance use crises overlap. Brunswick County's rate of deaths of despair exceeds the state and national rates, representing another important source of preventable mortality.

[43] Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Figure 3.7: Deaths of Despair by Gender and Race, 2019-2023[43]



Demographic patterns within deaths of despair reveal clear differences. Males experience more than twice the rate of females, while White residents face substantially higher rates compared to Black or African American residents. These patterns reflect complex connections of mental health challenges, substance use, access to lethal means, and help-seeking behaviors that may vary across demographic groups.

The elevated deaths of despair rate represent the most severe outcome of untreated or inadequately treated behavioral health conditions. These preventable deaths signal both the scale of behavioral health challenges in the community and the most critical gaps in prevention, early intervention, and treatment services for these challenges.

Substance Use Crisis

Drug Overdose Deaths

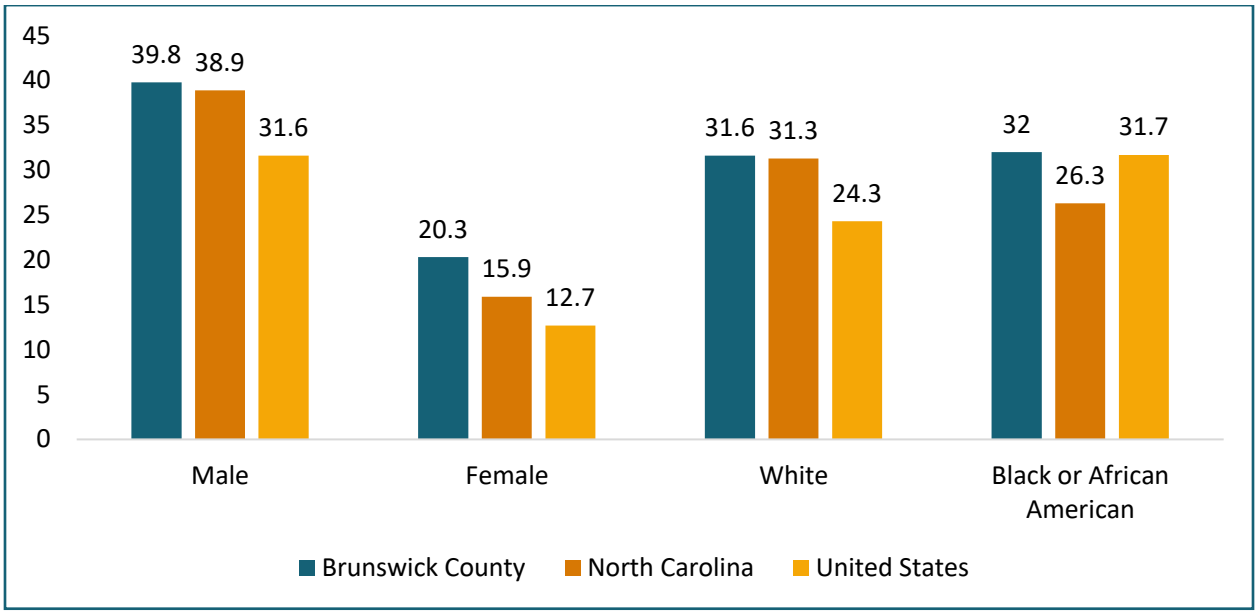
Brunswick County faces a severe substance use crisis, with the county's age-adjusted drug overdose death rate greatly exceeding both the North Carolina rate and the national average.

Table 3.5: Substance Use Mortality and Behavior Indicators

	Brunswick County	Chatham County	Henderson County	North Carolina	United States
Drug Overdose Death Age-Adjusted Rate (Per 100,000), 2023[38]	59.2	26.4	31.5	42.1	29.1
Opioid Crude Death Rate (Per 100,000), 2019-2023[43]	29.6	20.8	22.9	27.1	22.0

These elevated overdose death rates indicate substance use disorders are contributing to preventable deaths at alarming levels in Brunswick County, especially when considering how these rates compare at the national and state levels and with peer counties. Brunswick County's overdose death rate is higher than both peer counties, with rates more than double that of Chatham County. Opioids represent a major cause of this crisis, with Brunswick County's opioid death rate also higher than state, national, and peer county rates.

Figure 3.8: Opioid Overdose Mortality Rate (per 100,000) by Race and Gender, 2019-2023[44]

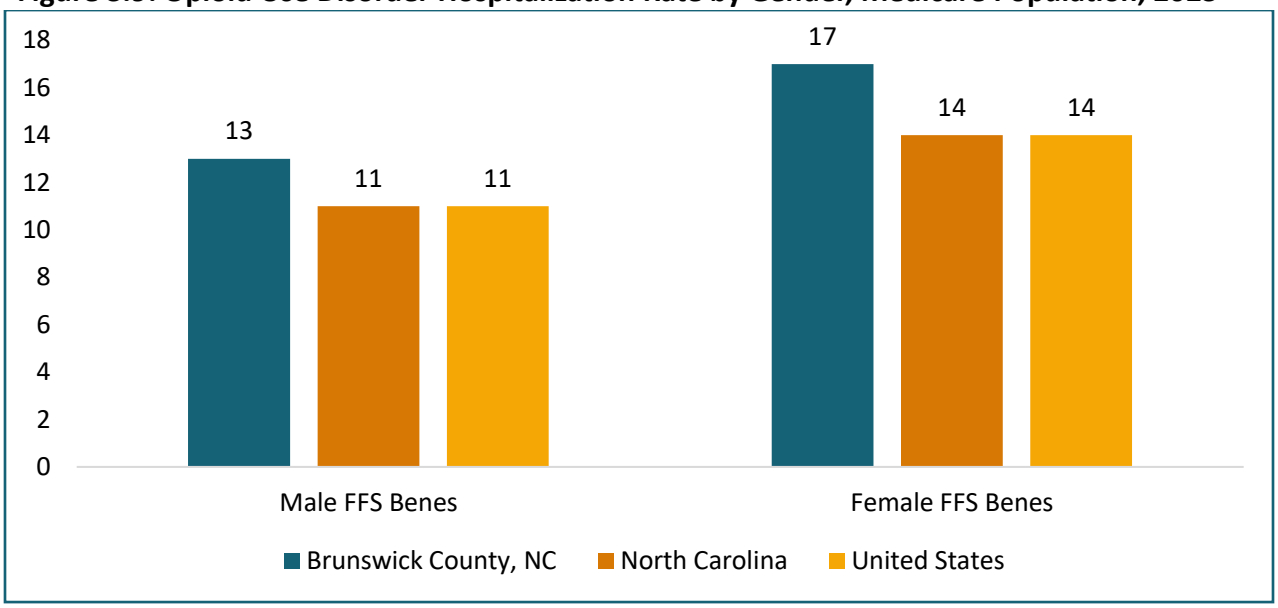


Demographic disparities in opioid-related overdose deaths reveal the differences in impact among subgroups in Brunswick County. Males experience opioid overdose deaths at nearly double the rate of females. Death rates due to opioids are elevated across both White and Black/African American populations in Brunswick County. These patterns highlight opportunities for targeted prevention and harm reduction interventions addressing specific risk factors and access barriers affecting different demographic groups.

The burden on the healthcare system from opioid use disorders extends beyond mortality. Brunswick County's opioid use disorder hospitalization rate among Medicare beneficiaries exceeds both state and national averages. These rates are particularly elevated among female Medicare beneficiaries. The elevated hospitalization rates in this demographic provide an example of how opioid-related conditions are impacting the local healthcare system.

[44] Demographic disparities in opioid-related overdose deaths reveal the differences in impact among subgroups in the Brunswick County.

Figure 3.9: Opioid Use Disorder Hospitalization Rate by Gender, Medicare Population, 2023[45]



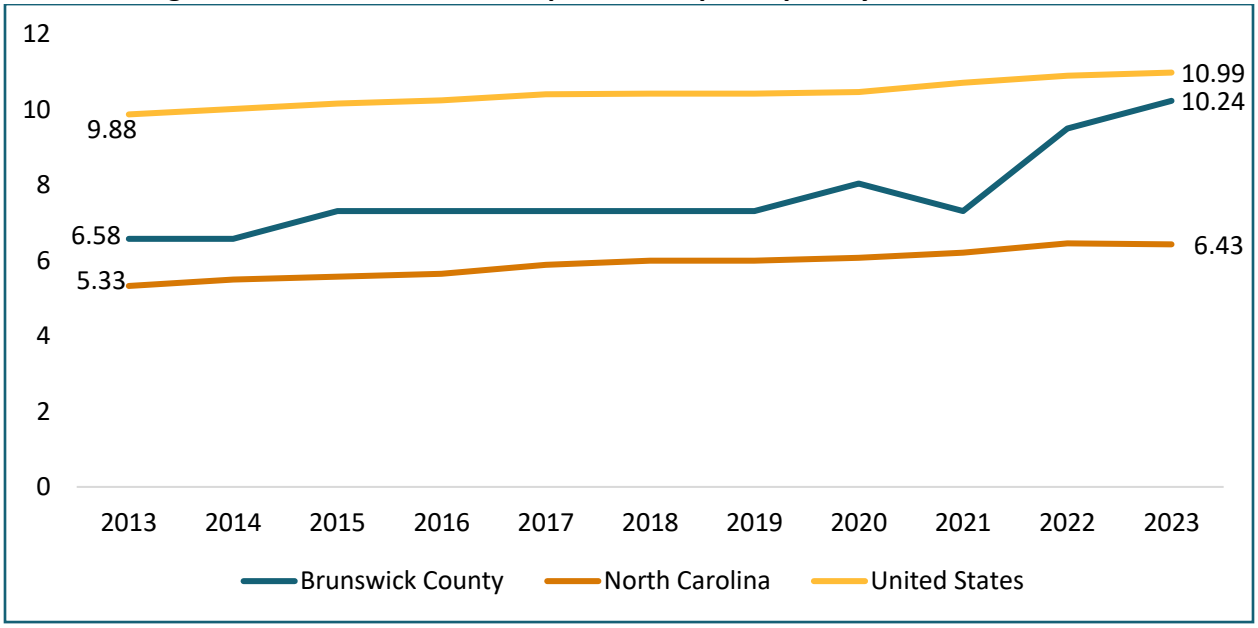
Alcohol Use

Table 3.6: Alcohol Use			
	Brunswick County	**North Carolina**	**United States**
Excessive Drinking in Past 30 Days, 2022[25]	19.2%	18.2%	18.0%

Excessive alcohol use represents another dimension of Brunswick County's documented substance use-related challenges. Nearly one in five residents reports excessive drinking in the past 30 days, a rate that exceeds state and national averages. This alcohol use behavior becomes more concerning when viewed alongside trends in alcohol availability in the region.

[45] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023. Population: Medicare Fee-For-Service (FFS). Retrieved from NC Data Portal

Figure 3.10: Beer, Wine and Liquor Stores per Capita by Year, 2013-2023[46]



Over the past decade, Brunswick County has experienced a big increase in alcohol outlet density. The rate of beer, wine, and liquor stores per capita rose sharply between 2021 and 2023 and has nearly doubled since 2013. The rapid expansion of alcohol retail outlets in a community already facing elevated rates of excessive drinking and ongoing population growth represents a risk factor that warrants ongoing attention in both community planning and future prevention initiatives.

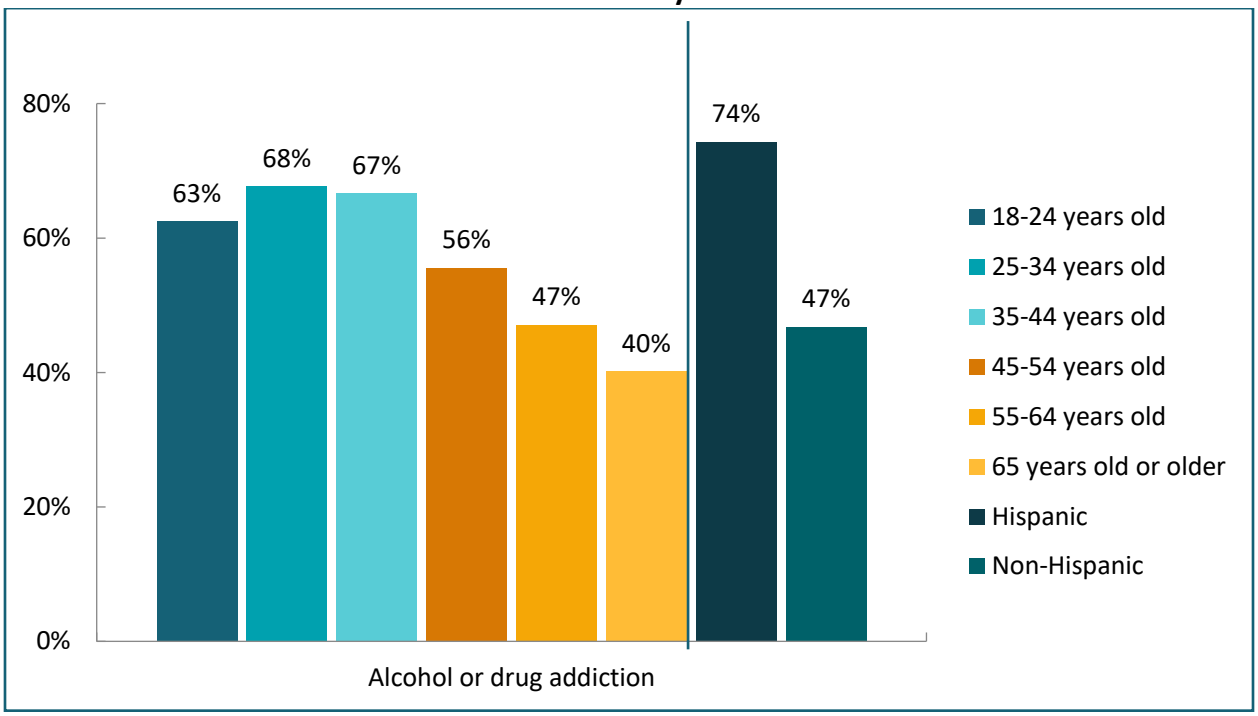
Focus group participants described alcohol as a pervasive issue that often goes unaddressed in the community. One participant noted: ***"A lot of folks drink, but it's not talked about enough. That's the elephant in the room and nobody talks about it."*** This individual's observation reflects the complexity of alcohol-related issues and the stigma or reluctance to address them openly in the community.

Community Perspectives on Substance Use

Community survey data (**Figure 3.1 above**) demonstrates the importance residents place on substance use as a health concern in Brunswick County. Alcohol and drug addiction emerged as the single most pressing health issue, identified by far more respondents than any other health problem. This community recognition of substance use as the top health priority is consistent with findings across other more scientific data sources.

[46] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023.

Figure 3.11: 2025 CHOS Results - Alcohol/Drug Addiction as Top Health Concern by Age and Ethnicity



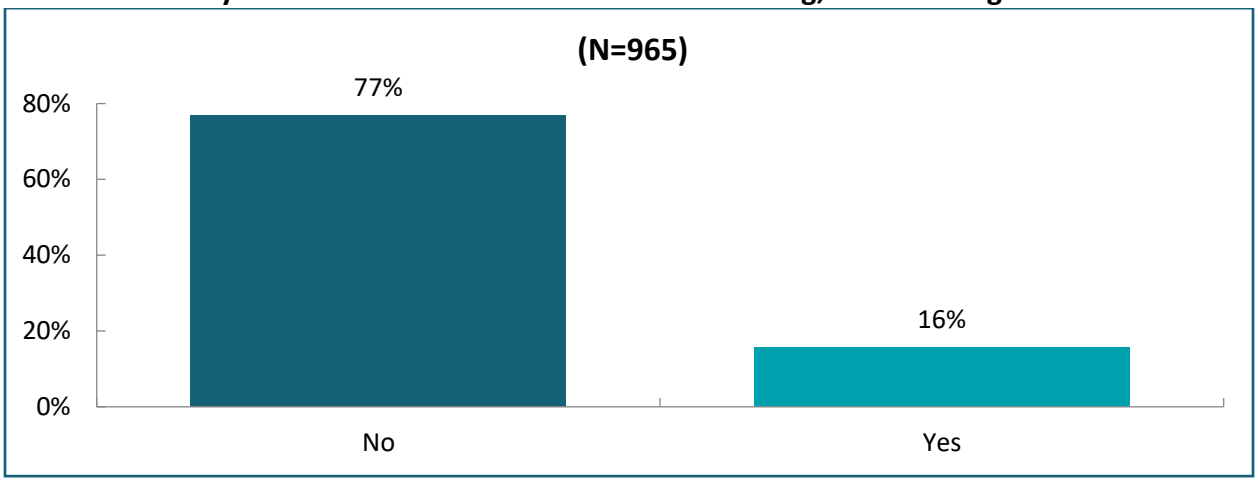
Concern about substance use varies across demographic groups. This highlights how different groups of people in Brunswick County may experience and view these challenges differently. Younger residents (aged 44 or younger) seem to express greater concern about substance use compared to older adults. Members of the Hispanic or Latino community identify alcohol and drug addiction as a priority at nearly 1.5 times the rate of non-Hispanic or Latino residents. The concern among Hispanic or Latino residents - with nearly 75% citing substance use as a top health problem - is a key example of disparities between demographic groups in experience and/or perception of behavioral health-related challenges.

Focus group discussions also supported the complex nature of substance use challenges in Brunswick County. Participants described substance use as ***"multifaceted across generations, communities, and substances,"*** noting concerns about illicit opioids, methamphetamines, alcohol, vaping, and tobacco use affecting residents of all ages. All eight key leaders interviewed identified substance use as a significant concern, with one noting: ***"Substance use. I'm pretty sure we still have higher than average substance misuse rates, overdose rates, alcoholism included in that."***

Barriers to Behavioral Health Care

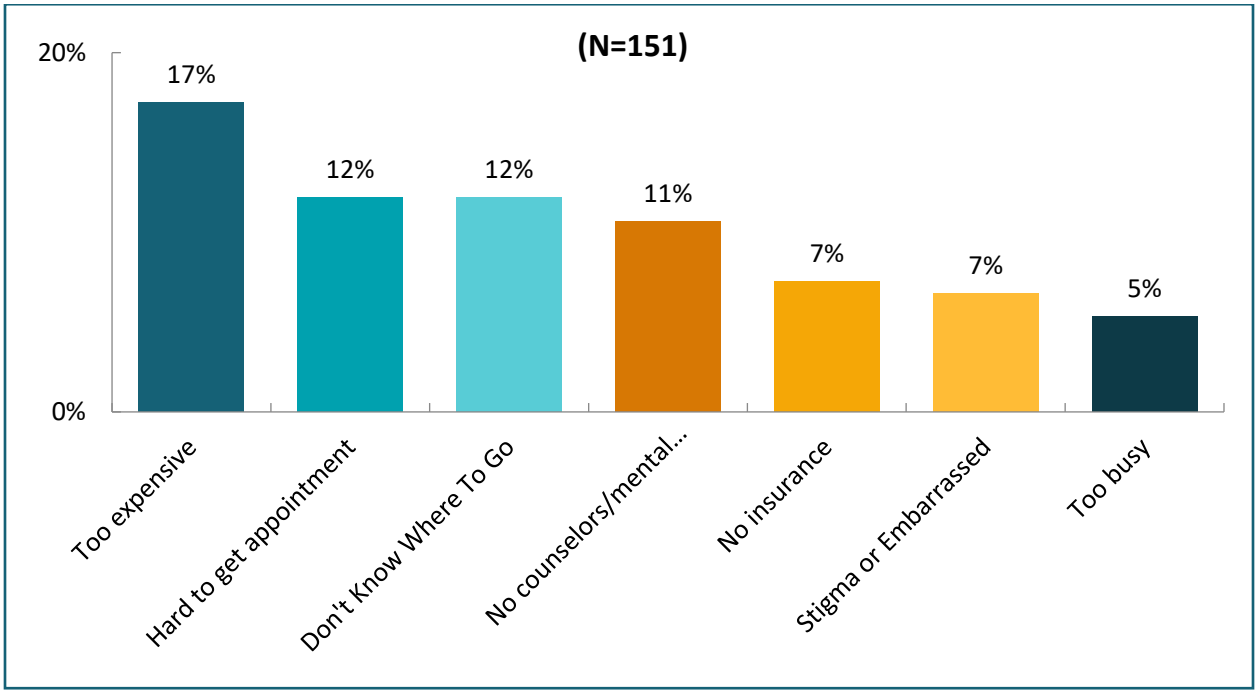
Considerable gaps exist between the prevalence of behavioral health challenges and residents' access to needed services. About one in six community survey respondents reported needing mental health care or counseling in the past year but not receiving it at that time.

Figure 3.12: 2025 CHOS Results – Responses to Question: "Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time?"



Among those who experienced this treatment gap, cost emerged as the primary barrier, followed by difficulty securing appointments and uncertainty about where to access services.

Figure 3.13: 2025CHOS Results – Self-Reported Barriers to Mental Health Care Among Those Who Needed But Did Not Receive Services



These barriers reflect financial challenges and structural limitations in the behavioral health service delivery system in Brunswick County. The prominence of appointment availability as a barrier suggests capacity constraints in the existing provider network, while uncertainty about where to seek care indicates gaps in community awareness, care coordination, and service navigation support.

Provider Availability and Access Challenges

The barriers community members report match existing data on how many providers are available in Brunswick County. The county faces major shortages across multiple types of behavioral health providers. This makes it even harder for residents to access timely and appropriate care.

Table 3.7: Provider Ratios, 2025[30]			
	Brunswick County	**North Carolina**	**United States**
Mental Health Care Provider Rate (Per 100,000 Population)	159.5	318.9	325.6
Addiction/Substance Abuse Providers Rate (per 100,000 Population)	27.8	29.9	29.4

Brunswick County's mental health care provider rate falls well below state and national averages, with approximately half the provider density found at the state level.

The service capacity challenges based on low provider availability and identified by community members were also confirmed by key leaders' observations about the behavioral health system. All eight key leaders interviewed described big shortages in mental health and substance use treatment services. One leader summarized the situation: ***"Mental health is just a space that we don't have any specialist or treatment. We have the emergency department."*** This reliance on emergency departments for behavioral health crises reflects both the absence of specialized services and the tendency for untreated conditions to reach crisis levels before intervention occurs.

Focus groups across all sessions identified mental health services as severely limited. One focus group participant summarized the situation candidly:

> ***"We have plenty of urgent care centers but try finding a primary care doctor who's accepting new patients. And mental health services? Forget about it."***

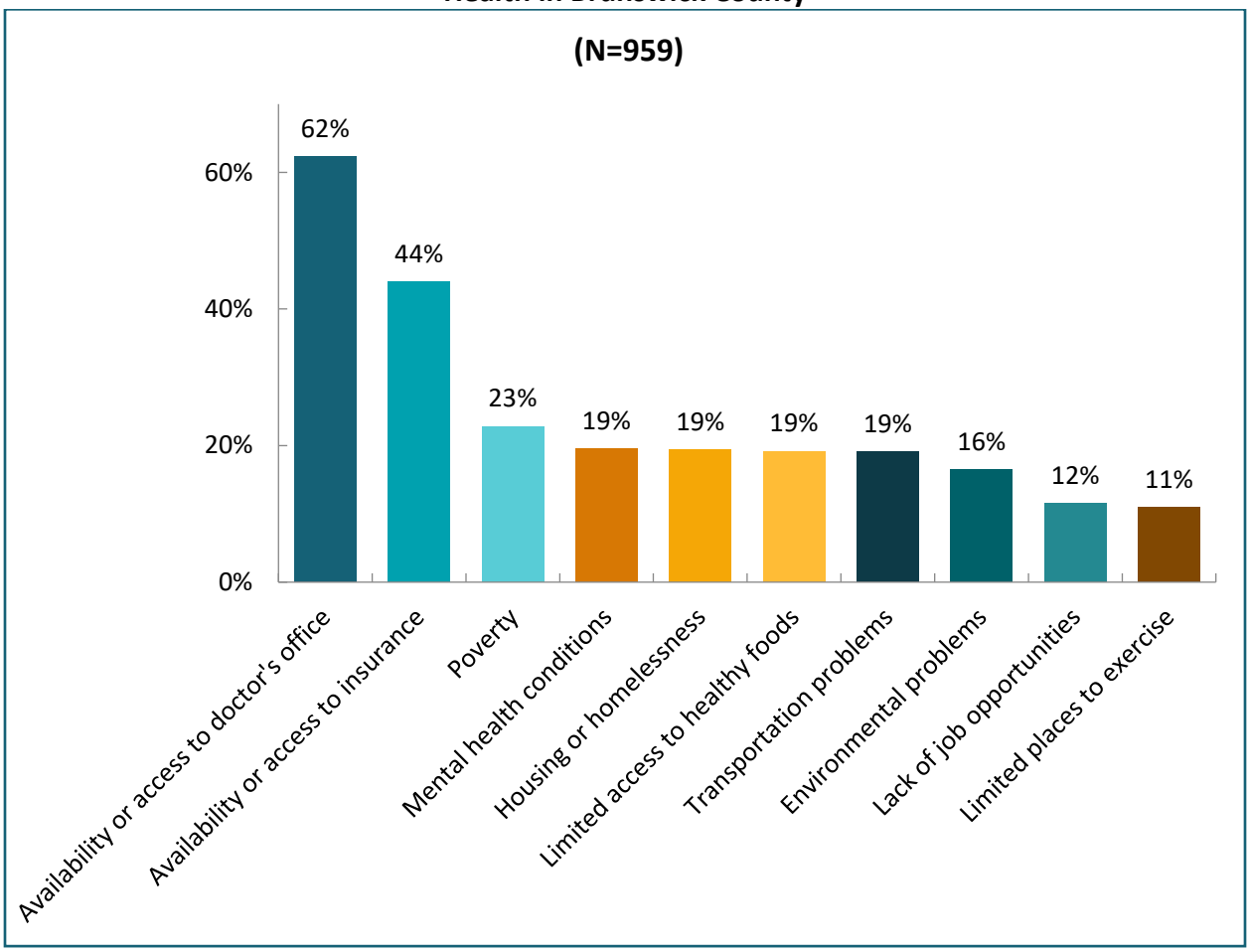
The consistent identification of service gaps across community members, key leaders, and focus group participants, combined with objective provider shortage data, emphasizes the systemic nature of barriers to behavioral health care in Brunswick County.

Summary
Behavioral health represents a critical priority for Brunswick County. This is characterized by elevated behavioral health-related death rates, a major behavioral health community burden, and significant gaps in available services. Suicide and drug overdose deaths reflect a severe crisis contributing to preventable deaths in the community. Depression affects a large portion of adults. These impacts particularly affect older adults, females, and Hispanic or Latino residents. Alcohol and drug addiction emerged as the single most important health concern among community members surveyed. The complex nature of substance use - spanning multiple substances and generations -combined with significant barriers preventing residents from accessing needed behavioral health care, emphasizes an urgent need for expanded behavioral health services and improved support systems throughout the community.

Priority Area | Healthcare Access and Barriers

Healthcare access and barriers emerged as a priority area across all data sources in this assessment, representing another critical challenge facing Brunswick County residents. When community members were asked to identify the most important factors in people's surroundings that limit how healthy people can be, healthcare access dominated the responses. Specifically. availability or access to doctor's offices and availability or access to insurance were ranked as the top two concerns by substantial margins.

Figure 3.14: 2025 CHOS Results - Top Factors Identified by Survey Respondents Affecting Health in Brunswick County



Healthcare access concerns among community members aligns with objective data on provider shortages, insurance coverage gaps, and transportation barriers. Access challenges create cascading effects that prevent residents from receiving timely preventive care, managing chronic conditions effectively, and addressing health concerns before they become severe. Analysis of provider capacity data, insurance coverage patterns, transportation infrastructure, and community experiences reveals the complicated nature of healthcare access barriers and their disproportionate impact on vulnerable populations.

Provider Shortages and Long Wait Times

Brunswick County faces major healthcare workforce shortages across multiple specialties. This creates fundamental barriers to accessing both primary and specialty care services. Provider-to-population ratios fall far below state and national benchmarks across key categories of healthcare professionals like primary care and dentists.

Table 3.8: Clinical Care Access Indicators			
	Brunswick County	**North Carolina**	**United States**
Primary Care Physicians Rate (Per 100,000 Population), 2025[30]	68.8	108.9	118.0
Dentists Rate (Per 100,000 Population), 2024[31]	51.9	59.3	67.6

Brunswick County's primary care physician rate represents less than two-thirds of the state rate and is much lower than the national rate. This shortage creates capacity issues that mean extended wait times and difficulty establishing care relationships with primary care providers. Dental care access in Brunswick County is similar, with the county's rate of dentists to patients being below both state and national benchmarks. As discussed in the previous section, mental health provider shortages are particularly severe, with the county's rate representing less than half the state and national rates (**Table 3.8**).

While this data provides context about healthcare resource availability in Brunswick County, it's important to note that these numbers do not fully account for residents accessing healthcare resources. Many Brunswick County residents access services in neighboring counties, particularly New Hanover and Horry counties, where large health systems and healthcare resources are available. Despite this, the lack of public transit and other transportation barriers makes accessing these services difficult for those who must seek services out of the county.

Healthcare workforce gaps translate directly into access problems experienced by residents. Focus group participants across all four sessions consistently reported wait times of six months to a year for primary care appointments. One participant from the Waccamaw focus group summarized the situation:

> ***"So, you can't get an appointment. If you get sick, you can't see a doctor. Unless you go to the urgent care."***

Another focus group participant echoed these concerns, noting challenges in getting a primary care appointment: ***"Fill out the piece of paper, bring it to us, and we'll call you in 6 months."***

Key leaders confirmed the severity of provider shortages from a systems perspective. Six of eight key leaders identified primary care shortages as unacceptable, with one stating, ***"I'm going to say access to care. Whenever I look at my primary care clinics, and it takes 4 to 6 months to get an appointment for a new patient, that's unacceptable."*** Specialty care presents even greater challenges, with seven of eight key leaders noting that patients must drive substantial distances for specialty care appointments.

Focus groups also identified specific specialty gaps affecting the community. One participant noted:

> ***"In some cases, they're not here. Like, there is not a cardiologist or a neurologist or a nephrologist ..."***

Multiple focus groups mentioned that most cancer patients require treatment outside the county, and one key leader described waiting six months for psychological assessments for children: ***"If I need a psychological assessment for a child, I have to wait 6 months to potentially schedule or get it done. Often, we'll have to pay out of pocket, so the county will pay itself for any assessments."*** These extensive wait-times and specialty care gaps force families to either delay needed services or bear significant financial and logistical burdens to access care outside the county.

Insurance Coverage Disparities

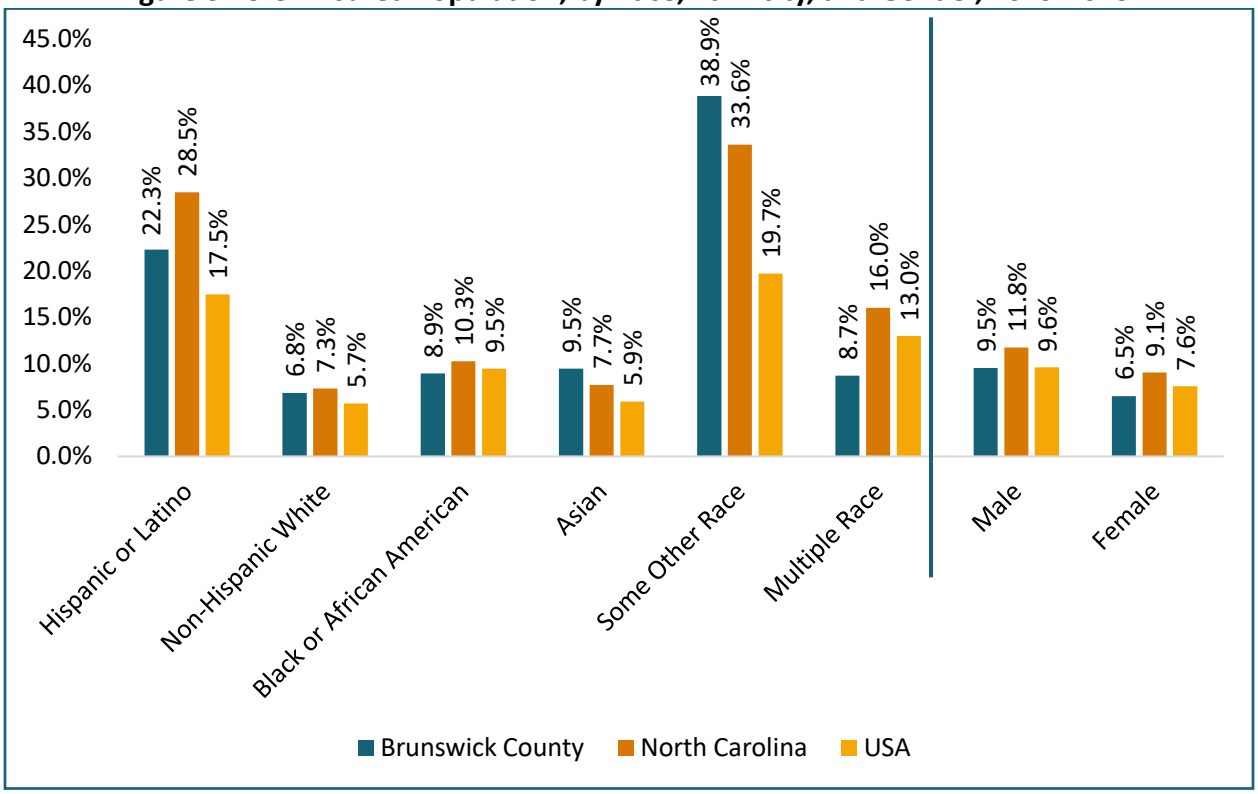
While Brunswick County residents overall have higher rates of health insurance coverage when compared with state and national averages, there are some coverage gaps which persist. Brunswick County's uninsured rates are generally lower than those in Chatham and Henderson counties across most age groups, though all three counties face similar challenges with adult coverage for people 65 years and younger. Insurance-related barriers can create financial obstacles that prevent residents from accessing needed healthcare services.

Table 3.9: Insurance Coverage, 2019-2023[7]

	Brunswick County	Chatham County	Henderson County	North Carolina	United States
Uninsured Population	8.0%	8.6%	12.2%	10.4%	8.6%
Uninsured Adults (<65)	11.8%	13.3%	16.3%	13.5%	11.2%
Uninsured Children (<19)	4.6%	6.1%	5.7%	5.0%	5.1%

Brunswick County's overall insurance coverage rates are better than state and national benchmarks, with lower uninsured rates across all age groups. Adults under age 65 experience higher uninsured rates than children. This may be due to employment-related coverage gaps or affordability challenges if they purchase insurance for themselves. The overall uninsured rates in Brunswick County, however, mask disparities by race and ethnicity that raise healthcare access equity concerns.

Figure 3.15 Uninsured Population, by Race, Ethnicity, and Gender, 2019-2023[7]



Hispanic or Latino residents face an uninsured rate nearly three times the overall county rate. Those identifying as "Some Other Race" experience an even more severe disparity, with nearly 40% lacking health insurance coverage. These gaps mean there are a lot of people in some demographic groups who may delay or avoid needed medical care entirely due to a lack of insurance coverage.

Beyond insurance coverage, provider acceptance of Medicaid was identified as another barrier for some Brunswick County residents. Focus group participants consistently reported limited provider participation in Medicaid, forcing beneficiaries to travel outside the county for services. One focus group participant described insurance acceptance disparities:

> ***"If they take the other insurance, [any] people with insurance, they should take [all] insurance. Yeah, it's always hard. They won't do it."***

Five of eight key leaders identified insurance coverage as a critical access factor, noting complexity in coverage types and limitations. One leader explained:

> ***"A lot of people think that Medicaid automatically covers... it does in certain services, but doesn't in others, and then you have a complication in dual eligible, which is... we have a large population of dual eligible because you've got retirement communities."***

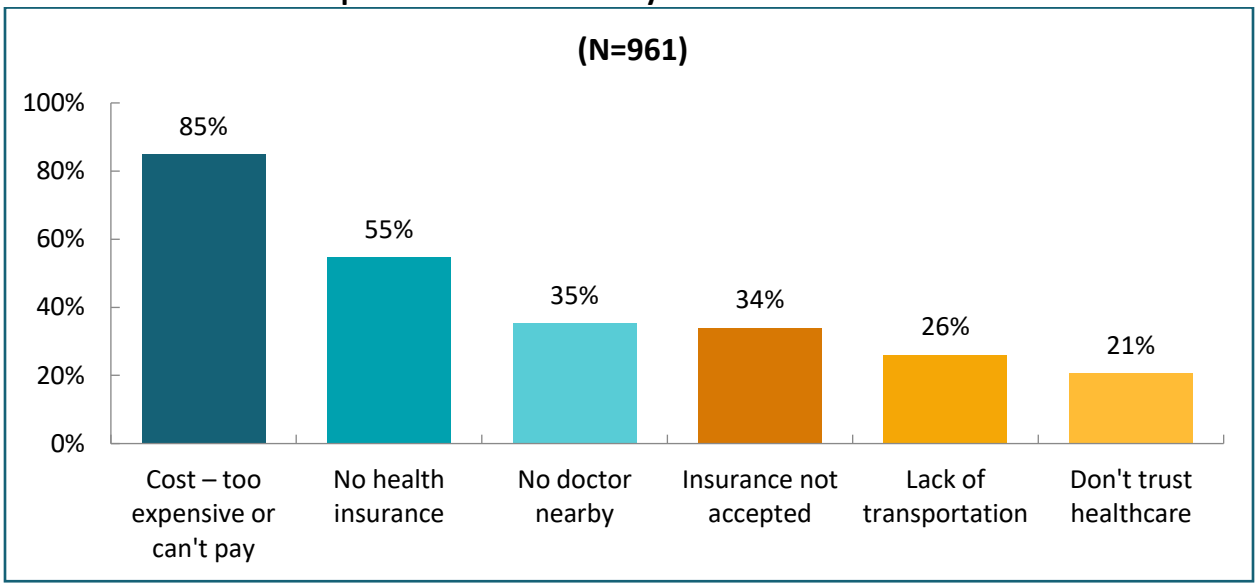
Gaps in insurance coverage and provider acceptance of different insurance types means having insurance does not necessarily translate to healthcare access. This is particularly true for Medicaid beneficiaries and those navigating complex dual-eligibility situations.

The importance of comprehensive insurance coverage became apparent when one focus group participant who receives care through the Veterans Affairs (VA) system emphasized they would not have survived without the comprehensive coverage offered by the VA. This observation highlights the life-saving difference that robust insurance coverage can make, contrasting sharply with the experiences of those navigating commercial insurance with high deductibles, limited networks, and high out-of-pocket costs that create barriers to accessing needed care.

Cost as an Overwhelming Barrier

Financial constraints emerged as the dominant barrier to healthcare access across all data sources in this assessment. Cost affects uninsured residents but also impacts those with insurance coverage that requires high deductibles or services not covered by their insurance plans.

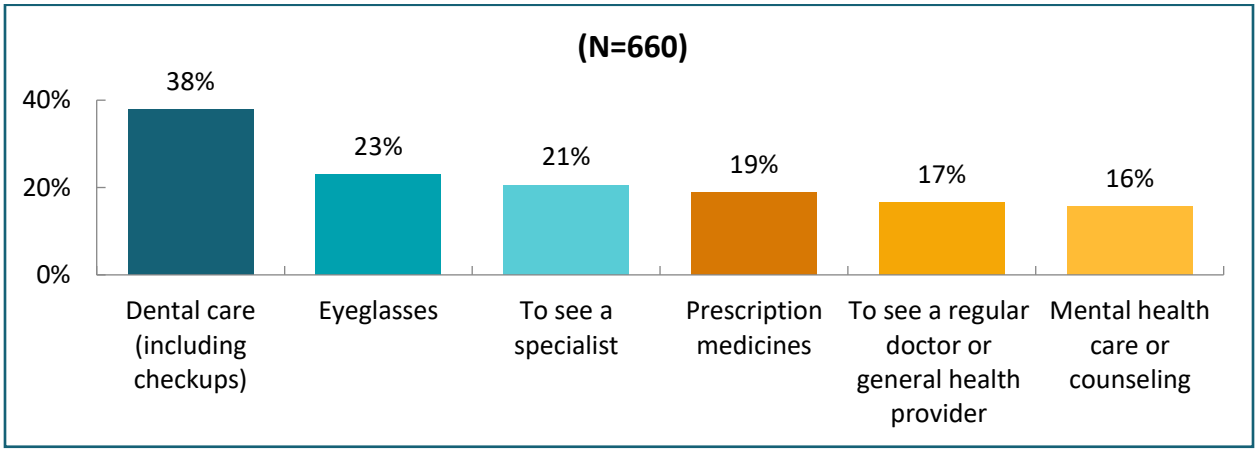
Figure 3.16: 2025 CHOS Results - Most Important Reasons Identified by Survey Respondents People in Brunswick County Do Not Get Healthcare



When asked about barriers to healthcare access, cost emerged as an overwhelming concern for survey participants, far exceeding all other barriers. Direct cost concerns and insurance-related barriers reflect both the impact on uninsured residents and the burden faced by those with insurance who still find healthcare unaffordable.

Cost barriers extend across the healthcare spectrum, affecting multiple types of services. When asked which services they needed but couldn't afford in the past year, community survey respondents most frequently identified dental care, followed by eyeglasses, specialist visits, prescription medicines, primary care, and mental health care or counseling.

Figure 3.17: 2025 CHOS Results – Self-Reported Healthcare Services Needed But Could Not Afford in Past Year



Nearly 25% of survey respondents reported needing dental care in the past year but being unable to access it. This pattern demonstrates that cost barriers create major obstacles to wellness by preventing access to preventive services and treatment for existing conditions.

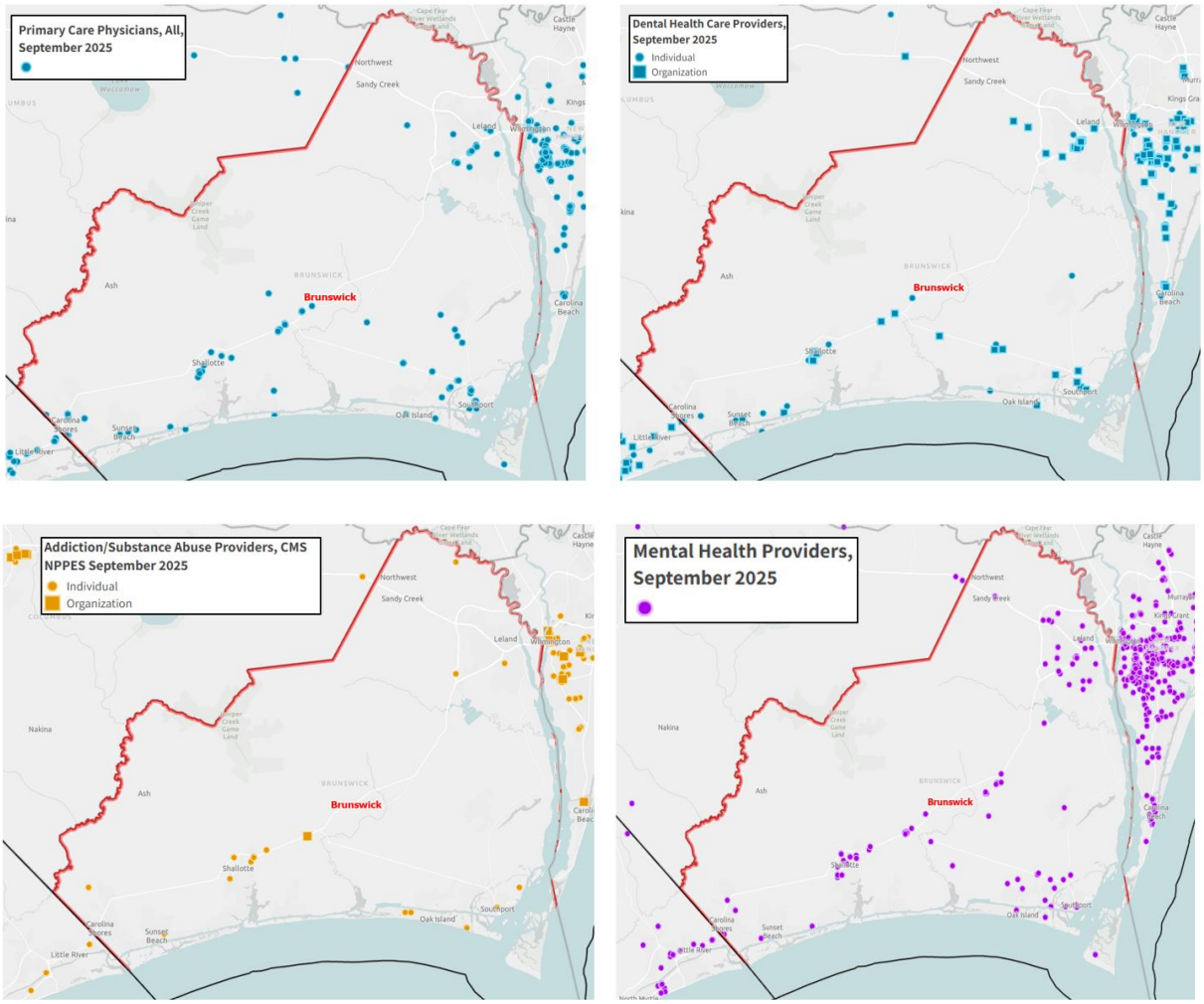
Focus group participants described the financial burden in personal terms, revealing the difficult choices and trade-offs residents face when managing healthcare costs. Participants in one focus group described paying a lot for supplemental insurance coverage that exceeds what they spend on healthcare services. This highlights how residents feel compelled to maintain expensive coverage due to the unpredictability of medical needs and the catastrophic costs that could result from being uninsured or underinsured, even when the premiums themselves create financial strain.

Nearly every focus group mentioned the working poor who ***"cannot take the time or have enough money for healthcare."*** These residents occupy a particularly challenging position in the healthcare access landscape, earning too much to qualify for Medicaid or other assistance programs but too little to afford comprehensive coverage or high cost-sharing arrangements. This population faces the dual burden of maintaining employment to access insurance while at the same time being unable to afford time away from work or the out-of-pocket costs associated with using their coverage. The economic pressure creates a cycle where individuals delay care to avoid costs, often resulting in more serious and expensive health problems down the line.

Physical Access Barriers

Geographic factors create physical barriers that prevent residents from reaching healthcare services even when providers are available and insurance coverage exists. As described in **Chapter 2**, Brunswick County's population is concentrated along the Atlantic coast with lower density in inland regions, and more than 30% of residents living in rural areas. The geographic distribution of healthcare providers reveals disparities in access across the county. Primary care physicians, dental providers, mental health providers, and addiction/substance abuse providers are concentrated along the coastal areas, leaving notably scattered coverage in inland and western portions of the county, as shown in the maps below in **Figure 3.18**.

Figure 3.18: Distribution of Providers, 2025[47]



These maps illustrate the concentration of healthcare resources in coastal communities, leaving rural inland areas with limited local access to care across all provider types. The rural population faces compounded access challenges due to both distance to services and the need to travel outside the county for specialty care. Three focus groups specifically identified areas like Ash and

[47] CMS National Plan and Provider Enumeration System, September 2025. Maps retrieved from the NC Data Portal

Waccamaw as ***"resource deserts"*** where residents must travel long distances to access healthcare services. One focus group described needing to travel to facilities in Myrtle Beach for hospital care and other services not available locally. Another participant from the same group stated:

> ***"I'm not saying that we need to take all the facilities out of Wilmington or Grand Strand… but we should be able to do some work here."***

One focus group confirmed these patterns, noting that most residents must travel outside the county for all types of medical care, from primary care to specialists. For residents in rural areas, these distances become particularly challenging, especially when combined with limited local provider options, the need for multiple visits for ongoing treatment, and lack of reliable transportation.

Transportation Challenges

Table 3.10: Transportation, 2019-2023[7]

	Brunswick County	North Carolina	United States
Households with No Motor Vehicle, Percent	2.3%	5.3%	8.3%

Transportation challenges compound geographic barriers. While most Brunswick County households have access to a personal vehicle, focus groups identified transportation as a critical barrier for those without reliable vehicles. One focus group participant said, ***"I'd have to take three buses and a whole day off work just to get to the specialist my doctor referred me to. It's just not possible for me."*** For residents without dependable transportation, the distance to healthcare services, whether locally or outside the county, becomes an obstacle that prevents accessing needed care.

Key leaders also confirmed discharge planning challenges related to geographic access and transportation: ***"We have challenges discharging patients... who don't have even a ride home, or even a safe place to go."*** The physical distance between where residents live and where healthcare services are located, combined with limited transportation options for those without personal vehicles, creates fundamental access barriers that affect both routine care and care transitions.

Populations Disproportionately Affected

Healthcare access barriers affect all residents to some degree, but certain populations face compounded challenges that create particularly acute obstacles to obtaining needed care.

Older Adults

Brunswick County is home to a large older population, with one-third of residents aged 65 and older (**Figure 2.4**). These members of the community face heightened healthcare access

challenges. Focus group participants across all four sessions emphasized concerns about seniors, including extended wait times for appointments, Medicare navigation complexities, and limited aging-in-place support. One key leader working with seniors described the scope of provider shortages affecting older adults:

> ***"Home care, assisted living, long-term placement, adult daycare and adult day health... You will be hard-pressed to find a neurologist, a psychiatrist, a geriatrician... good luck finding a provider."***

The combination of higher and sometimes more complex healthcare needs, transportation challenges, and system navigation complexities creates particular vulnerability for this population in accessing needed services.

Rural Residents

Rural residents, who make up more than one-third of Brunswick County's population, face compounded access barriers, including greater distances to healthcare facilities, fewer local providers, and limited transportation options. Focus group participants noted that walking is unsafe and that EMS response times are slow in rural areas. The geographic necessity to travel outside the county for most specialty care compounds other access barriers, particularly for residents without reliable transportation.

Hispanic or Latino and Limited English Proficiency Populations

Hispanic or Latino residents are more likely to be uninsured and encounter unique access barriers that compound healthcare access challenges. The Saint Brendan Catholic Church focus group, conducted with Spanish-speaking individuals, identified multiple barriers, including a lack of Spanish interpreters at healthcare facilities, discrimination experiences such as being ***"turned away or talked down to,"*** immigration status preventing insurance eligibility, work schedules conflicting with appointment availability, and fear of discrimination actively deterring care-seeking. Focus group participants explicitly stated that Hispanic residents are ***"having it worse"*** than other community members. The combination of language barriers, cultural factors, insurance gaps, and discrimination creates particularly acute obstacles for Limited English Proficiency populations that are already dealing with the general access challenges.

Summary
Healthcare access and barriers to care represent another critical priority for Brunswick County. This issue is characterized by provider shortages, insurance coverage gaps, and transportation challenges that prevent residents from obtaining needed care. Primary care physician and dental provider rates fall well below state and national benchmarks, while specialty care often requires travel outside the county and wait times extending months for available appointments. Insurance disparities particularly affect Hispanic or Latino residents, and the near absence of public transportation creates barriers for rural residents and those without personal vehicles. Cost emerged as an overwhelming barrier to care among community members. The complex nature of access challenges, spanning workforce shortages, financial obstacles, and geographic barriers, combined with their disproportionate impact on older adults, rural residents, and Hispanic or Latino populations, highlights the urgent need for comprehensive strategies to expand healthcare capacity and address systemic barriers that prevent residents from receiving timely, appropriate medical care.

Priority Area | Determinants of Health

Determinants of health emerged as a priority across all data sources in this assessment, representing fundamental conditions that shape residents' ability to achieve and maintain health. Community members were asked to identify the most important factors that limit how healthy people can be. Structural and environmental determinants like limited access to nutritious foods, healthcare access, poverty, and transportation problems were among the top factors (**Figure 3.14**).

The conditions in which people live, work, and age - including access to nutritious food, safe places to be physically active, reliable transportation, and economic stability - create the foundation for health. Analysis of built environment characteristics, food access patterns, transportation infrastructure, and economic indicators reveals the interconnected nature of these determinants and their impact, especially on rural residents, older adults, and economically vulnerable populations.

Built Environment and Infrastructure Challenges

Brunswick County's built environment creates significant barriers to physical activity and active transportation, which impacts chronic disease prevention and day-to-day living. The county's walkability is substantially below national averages. Most areas in Brunswick County are classified as having minimal infrastructure for safe walking and cycling. Low walkability creates a car-dependent environment.

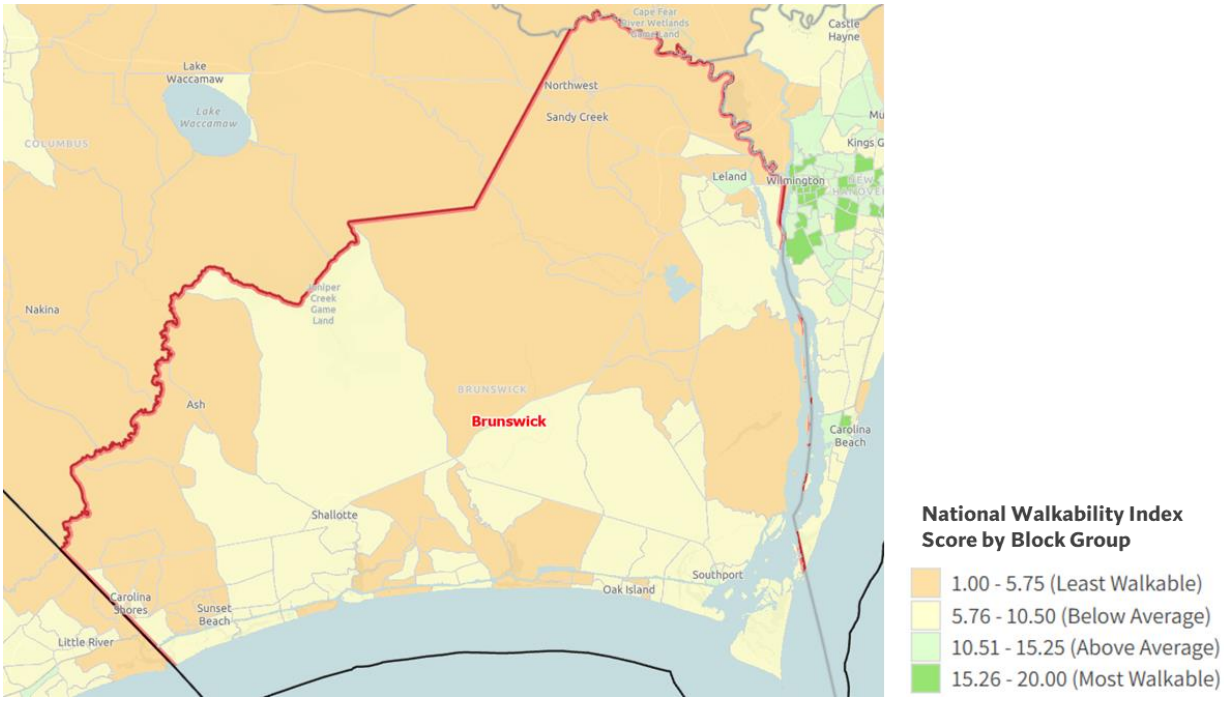
Table 3.11: Walkability Index, 2021[48]

	Brunswick County	North Carolina	United States
Walkability Index (Scale 1-20)	6	7	10

When considering walkability scores across the county, the map in **Figure 3.19** reveals geographic disparities. Only small coastal pockets achieve above-average walkability scores, while most of Brunswick county, particularly inland and rural areas, lacks basic pedestrian infrastructure.

[48] Environmental Protection Agency, EPA - Smart Location Database. 2021.

Figure 3.19: National Walkability Index Score by Block Group, Brunswick County[48]



These walkability limitations can create barriers to physical activity and contribute to higher rates of physical inactivity compared to state benchmarks. The county does have high rates of access to exercise opportunities for most residents through parks, recreational facilities, and other activity spaces. However, the lack of walkable neighborhoods and safe pedestrian infrastructure can limit residents' ability to integrate physical activity into daily routines.

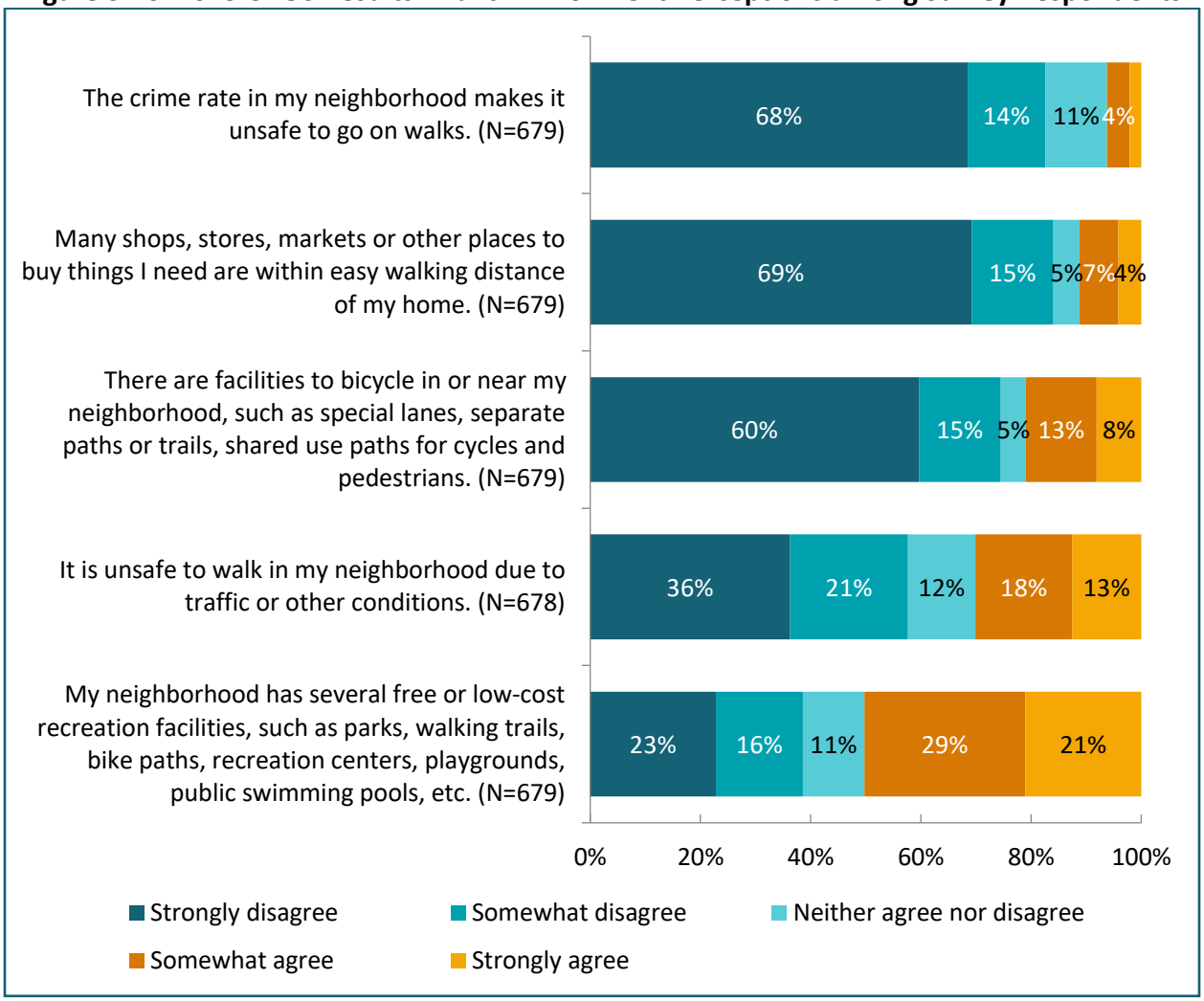
Table 3.12: Physical Activity Indicators

	Brunswick County	North Carolina	United States
Population with Access to Exercise Opportunities[49]	84.4%	73.0%	77.0%
Physical Inactivity (Adults Age 20+ with No Leisure Time Physical Activity)[17]	19.5%	15.1%	15.3%

Community perceptions of the built environment reveal mixed experiences across different aspects of walkability and safety.

[49] ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2023, 2022 & 2020

Figure 3.20: 2025 CHOS Results - Built Environment Perceptions among Survey Respondents



Most survey respondents reported shops and stores are not within walking distance of their homes, and bicycle infrastructure is largely absent - findings that align with low walkability scores. Most survey respondents felt crime does not pose a threat to neighborhood walkability, representing community safety as a perceived strength. However, views on traffic safety and recreation facility availability were more divided. While less than half of respondents expressed concern about traffic conditions, focus group participants across all four sessions emphasized traffic safety as a critical concern, particularly outside downtown areas where traffic volume has increased with population growth. One participant from a focus group explained the geographic disparity in walkability:

> ***"Downtown, Southport proper, has good walkability, but, like, where we are, you know, we are just far enough away... the state refuses to lower the speed limit."***

The same group noted that deteriorating infrastructure creates particular hazards for older adults: ***"there are a lot of broken sidewalks, and as people get older, that becomes a real issue for people."***

A key leader who had previously cycled regularly for exercise described how changing conditions have eliminated this activity:

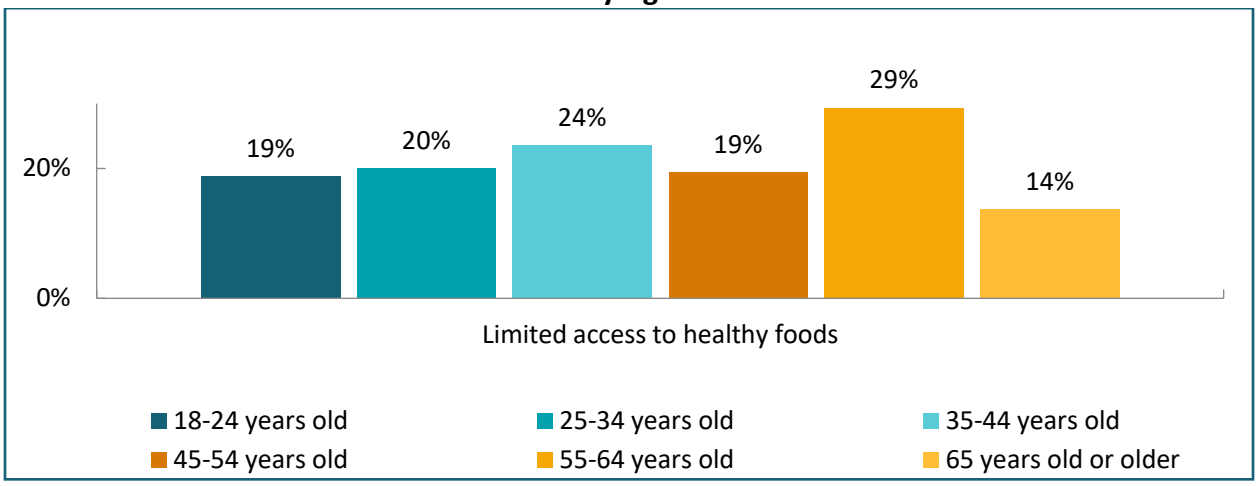
> ***"I used to ride my bicycle for exercise regularly, but now I can't go from my house very far... because the traffic has just increased so much that I don't feel safe on the roads."***

This observation describes a critical dynamic impacting Brunswick County. As the population continues to increase, so does traffic volume. This, coupled with the absence of protected pedestrian and cycling infrastructure, makes active transportation increasingly dangerous. These changes are forcing residents to rely exclusively on personal vehicles for transit and are reducing opportunities for physical activity in daily routines.

Food Environment and Access to Nutritious Food

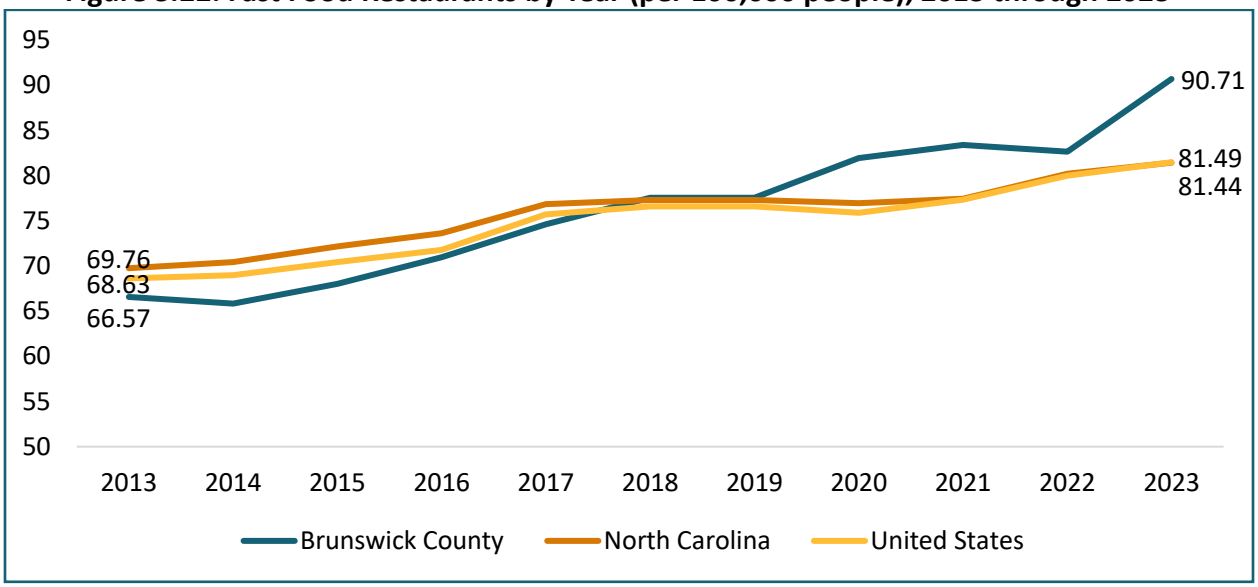
The food environment in Brunswick County presents an ironic situation. Residents in this community live in an agricultural region capable of producing fresh food yet face barriers accessing nutritious options while fast food availability continues to expand. Nearly 20% of community survey respondents identified limited access to nutritious foods among the top factors limiting residents' ability to be healthy. This concern resonated especially strongly among older adults.

Figure 3.21: 2025 CHOS Results - Limited Access to Healthy Foods as a Factor Limiting Health, by Age



The county's food environment has shifted dramatically over the past decade. Fast food restaurant density has risen sharply, surpassing both state and national rates, while access to grocery stores with fresh produce remains limited. This is even more of a problem for those living in rural inland areas of Brunswick County, according to focus group participants.

Figure 3.22: Fast Food Restaurants by Year (per 100,000 people), 2013 through 2023[50]



The number of fast-food establishments has grown at a faster rate in Brunswick County than North Carolina or the US overall between 2013 and 2023. More fast food restaurants in areas with lower access to grocery stores and the fresh food options available there mean less nutritious fast-food options are easier to access than more nutritious foods found at grocery stores. Focus

[50] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023. Retrieved from NC Data Portal

groups across all four sessions identified food deserts as a critical challenge, with three groups specifically naming Ash and Waccamaw as areas where residents must travel significant distances to reach stores with fresh fruits and vegetables. One focus group participant described the situation clearly:

"The closest grocery store with fresh produce is three bus rides away. Most people just end up buying what's available at the corner store."

A key leader working with older adults described the scope of the problem:

"I think that we lack nutritious options for food. There are large food deserts throughout Brunswick County where you might find a dollar store…and some kind of gas station… but without a grocery store."

The same leader continued: ***"If you ride up and down 17, you'll see tons of…fast food, but there's no push toward anything healthy."***

The geographic challenges in food access are made worse by transportation barriers, creating bigger challenges for getting healthier foods for residents without personal vehicles. Focus group participants described neighbors regularly requesting rides to grocery stores: ***"there are people that are next door all the time. 'Hey, can somebody give me a ride to the store so I can get something to eat?' I mean, all the time."*** For homebound older adults, the challenge intensifies.

One key leader explained:

"Well, those folks that are homebound, they have additional challenges... you could have $100,000 in the bank, but if you can't get to the grocery store... you don't have the resources."

Food Insecurity and Economic Access to Nutrition

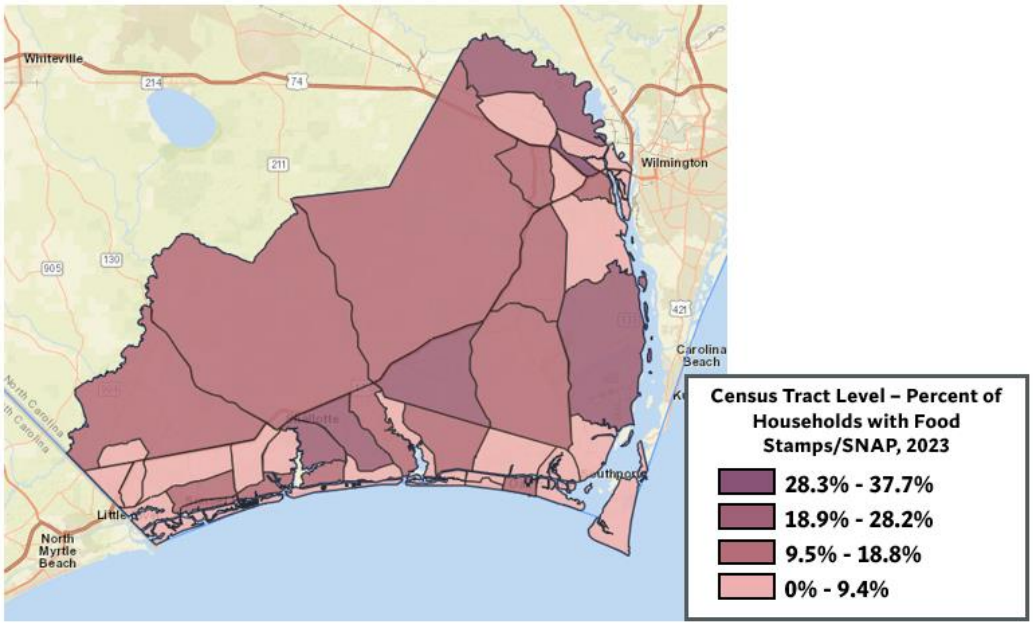
Food insecurity affects many Brunswick County residents, especially children. Patterns in assistance program utilization and children's food insecurity suggest economic pressures affecting families' ability to consistently access adequate nutrition.

Table 3.13: Food Insecurity and Economic Access Indicators			
	Brunswick County	**North Carolina**	**United States**
Adults 18+ Having Food Insecurity (Crude), 2022[25]	13.5%	14.1%	12.9%
Food Insecure Children, 2022[25]	18.0%	19.8%	18.0%
Households Receiving Food Stamp/SNAP, 2019-2023[7]	9.5%	12.5%	11.8%

Adult food insecurity rates indicate that about one in seven adults experience challenges with having regular access to food. Child food insecurity matches the national rate but remains below the state average, suggesting that while children face food access challenges in Brunswick County, these pressures are comparable to broader national patterns rather than a more serious local crisis.

The lower SNAP participation rate in Brunswick County compared to state and national averages may reflect several possibilities. First, the county's somewhat higher median income reduces program eligibility. There may also be potential gaps in awareness about available food assistance programs and/or barriers to application and enrollment processes. Since food insecurity rates remain elevated despite lower formal assistance utilization, it is an important pattern to watch over time. it may suggest a potential unmet need among households experiencing food access challenges but not receiving supplemental nutrition benefits.

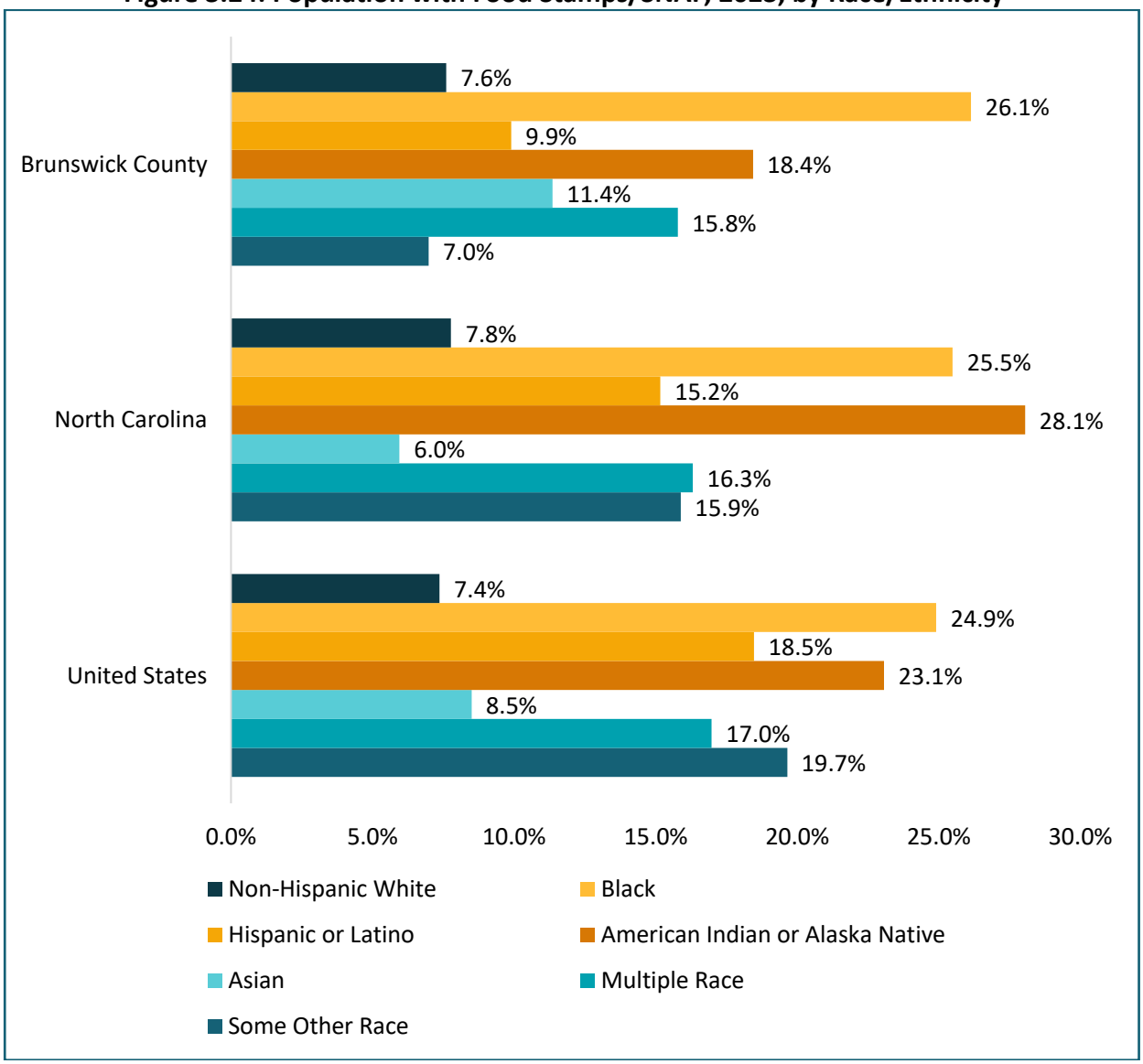
Figure 3.23: Census Tract - Percent of Households with Food Stamps/SNAP, 2023[7]



The geographic distribution of SNAP participation reveals concentrated economic need in specific census tracts, with certain areas showing substantially higher rates of food assistance utilization than Brunswick County's overall average. These patterns correspond with focus group descriptions of geographic disparities, with participants describing divisions between coastal and inland areas, and between different sides of Highway 17.

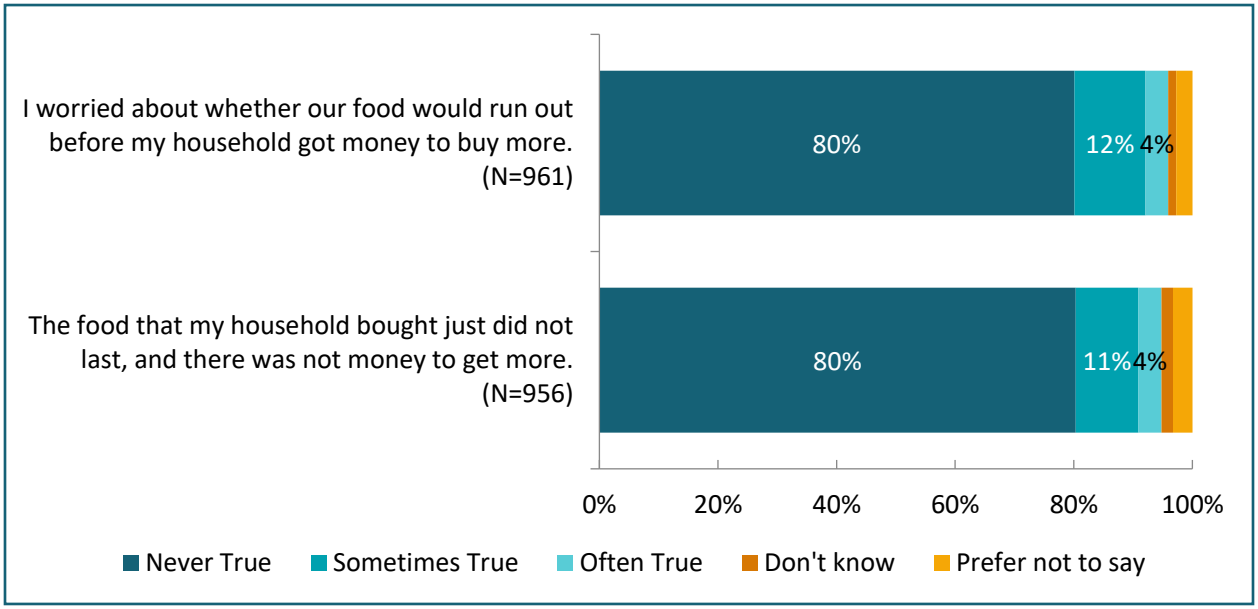
Racial and ethnic disparities in SNAP participation reflect further inequities in food access. Hispanic or Latino residents, Black or African American residents, and those identifying as American Indian or Alaska Native show higher rates of food assistance utilization compared to non-Hispanic White residents.

Figure 3.24: Population with Food Stamps/SNAP, 2023, by Race/Ethnicity[7]



While most community survey respondents had consistent access to food, a meaningful minority reported food insecurity. About one in eight respondents said they at least sometimes worried that their supply of food would run out before having money to buy more. A similar group of respondents described situations where purchased food did not last until they could afford more.

Figure 3.25: 2025 CHOS – Self-Reported Food Security



Five of eight key leaders interviewed emphasized the need for improving access to food and nutrition. One leader articulated the foundational importance: ***"The ability to provide good, nutritious, healthy food... That impacts everyone. There's no one who's not going to benefit from that."*** Another leader working with seniors identified poor nutrition access as the root cause of multiple health challenges:

> ***"The biggest health concern is access to nutritious food. Because that's the foundation to all of the secondary illnesses that come along after not having access to good nutrition."***

Despite these challenges, community strengths exist. The same key leader described partnerships that bring fresh produce to senior centers: ***"We have a partnership with... a local organization that coordinates with local growers who, in their prime time, they'll come to centers and they'll have fresh fruit and fresh produce to sell."*** However, these programs face limitations in both season and reach. Many operate only during growing seasons and require residents to know about the centers and have transportation to access them. The seasonal and access-dependent nature of such programs means they address immediate needs without fully resolving systemic food access barriers.

Transportation as a Foundational Determinant of Health

Transportation emerged as what one key leader called ***"a massive issue"*** that affects virtually every other aspect of health and wellbeing in Brunswick County. All eight key leaders identified transportation as a critical challenge and focus group participants across all four sessions described transportation as the single most significant barrier preventing access to healthcare, food, employment, and social connection.

Public transportation infrastructure remains extremely limited in Brunswick County. Vehicle ownership rates are relatively high (**Table 3.14**), and commute times align with state averages. However, the lack of public transit options means that residents without personal vehicles face significant mobility constraints.

Table 3.14: Transportation and Transit Indicators, 2019-2023[7]

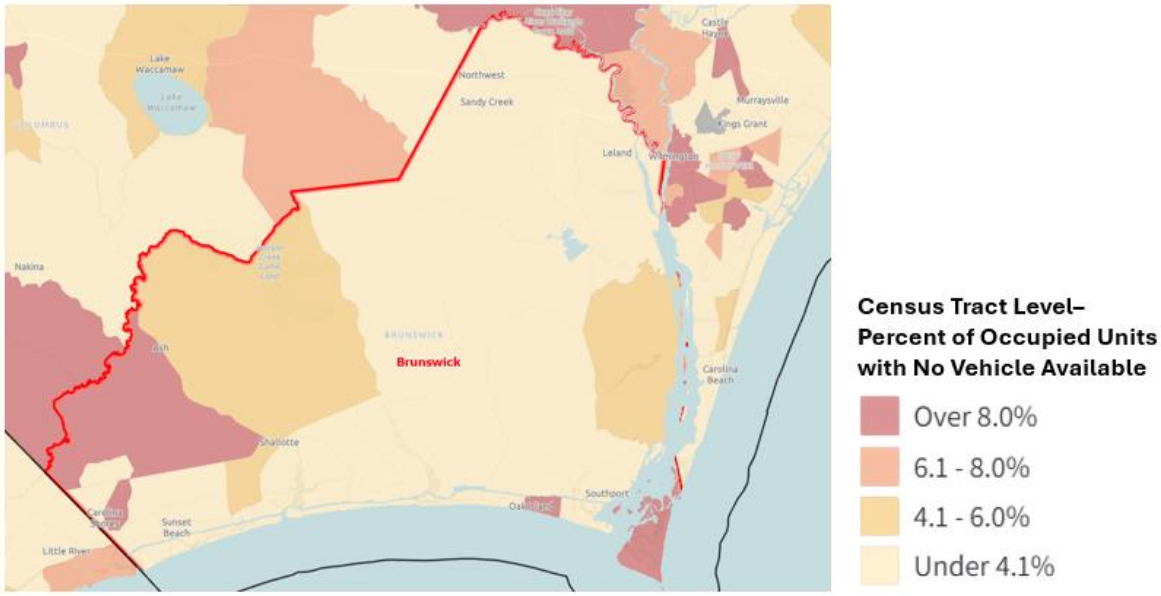
	Brunswick County	North Carolina	United States
Population Commuting More than 60 Minutes, Percent	6.6%	6.6%	8.7%
Population Using Public Transit for Commute to Work	0.9%	0.7%	3.5%

The extremely low public transit access reflects the limited scope of available services rather than resident preference. A key leader explained: ***"Lack of transportation. We do have a public transit system, but it's fairly limited."*** Another key leader described how transportation challenges affect every aspect of service access for those without vehicles:

> ***"Service workers not being able to live near where they work... it becomes a case of, do I put gas in my car or food on my table?"***

Census tract-level data on vehicle access reveal geographic variation, with some areas showing higher concentrations of households without cars. The map identifies specific areas where transportation interventions could have the greatest impact.

Figure 3.26: Census Tract Level – Percent of Occupied Units with No Vehicle Available[7,26]



Even for those with Medicaid coverage that should include transportation benefits, the system proves unreliable. One key leader described the practical failure: ***"People who have Medicaid, and Medicaid will pay for transportation to medical appointments, but the drivers that they're hiring for it are not reliable... they're a no-show, sometimes that specialist will say, 'I can't see you.'"***

A key leader working with a food pantry described witnessing these transportation challenges daily: ***"We see that all the time. We get huge requests for gas, cars, or 'hey, can we get help fixing a vehicle?'"*** The same leader shared an example of one client who walks approximately six miles monthly to access the food pantry and carry supplies home -a solution that requires physical capability many residents may lack. This recognition led the organization to create mobile pantries to bridge the access gap for those unable to travel to fixed service locations.

Geographic spread compounds transportation challenges. One key leader explained: ***"Brunswick County is the complete opposite of that. It is so spread out and so big... there's not this great concentration of services."*** The county spans approximately 800 square miles with services distributed across widely separated communities. For those without personal vehicles or the ability to drive, distances become barriers to accessing healthcare, nutritious food, employment, and social support.

Economic Pressures and Hidden Disparities

Brunswick County presents a complex economic picture, one that hides economic challenges of some populations when looking at countywide poverty statistics. The overall poverty rate for Brunswick County is better than state and national averages and is comparable to peer counties Chatham and Henderson. Beneath the surface, however, substantial economic vulnerability

exists, affecting residents' capacity to afford healthcare, nutritious food, safe housing, and other basic needs and health-supporting resources.

Table 3.15: Poverty and Economic Hardship Indicators					
	Brunswick County	**Chatham County**	**Henderson County**	**North Carolina**	**United States**
Population Below 100% Federal Poverty Level (Annual), 2023[10]	10.3%	8.4%	10.6%	12.8%	12.5%
Children Below 200% Federal Poverty Level, 2019-2023[7]	42.5%	37.9%	42.6%	40.4%	36.6%

The overall poverty rate shows about one in ten residents in Brunswick County live below the federal poverty level. However, data relating to child poverty tells a more concerning story. More than two in five children live in households earning below 200% of the federal poverty level, a threshold representing the income needed to afford basic necessities without hardship. This elevated rate exceeds both state and national levels, indicating that many families with children in Brunswick County face ongoing economic stress despite household incomes above the official poverty line.

Table 3.16: Income and Employment Indicators			
	Brunswick County	**North Carolina**	**United States**
Median Household Income, 2019-2023[7]	$76,797	$70,838	$77,719
ALICE Households, 2023[51]	23.5%	42.0%	-
Unemployment Rate, 2024[11]	4.6%	4.0%	4.4%
Income Inequality (GINI Index), 2019-2023[7]	0.45	0.48	0.48
Gender Pay Gap, 2018-2022[13]	0.86	0.84	0.82

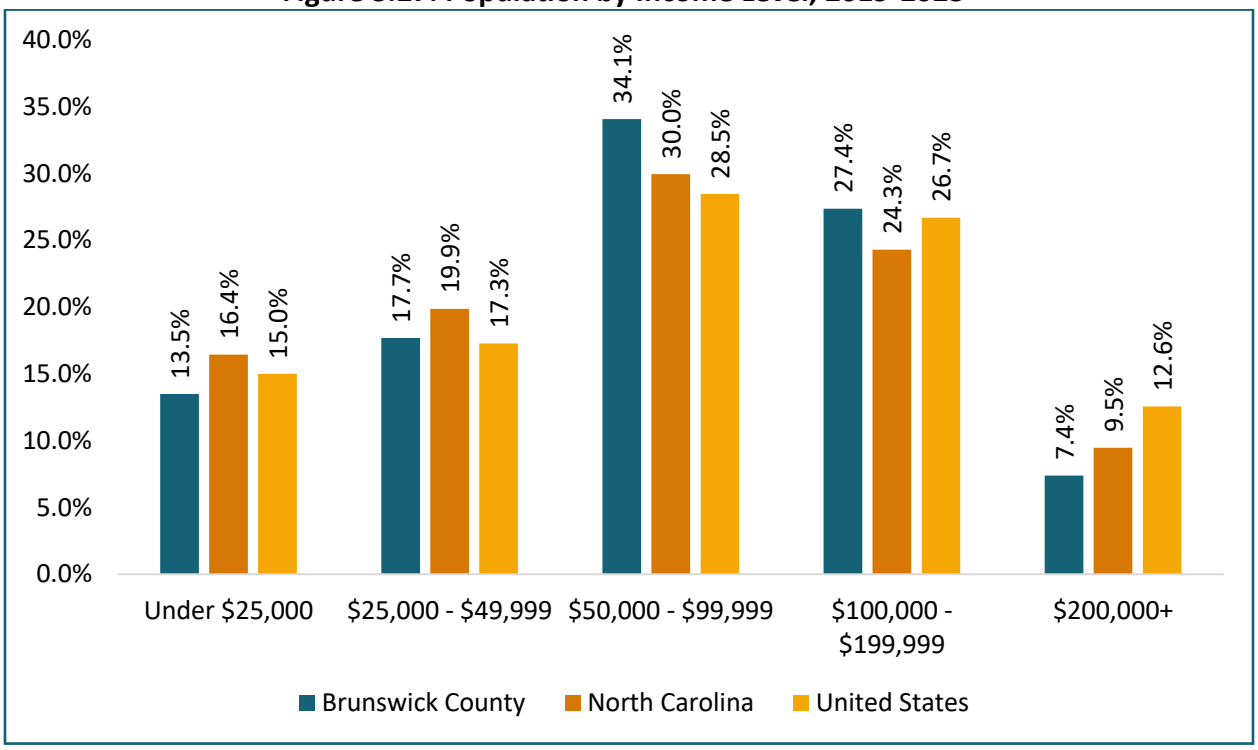
As discussed in Chapter 2, economic stability is an important determinant of health outcomes in Brunswick County. Income distribution patterns, while more equitable than broader comparisons, still influence residents' capacity to afford basic needs like healthcare services, nutritious food, and safe housing. Gender-based wage disparities further compound health access challenges,

[51] United for Alice 2025 Report. Retrieved from: https://www.unitedforalice.org/meet-alice

particularly for women who may face greater difficulties affording preventive care and managing chronic conditions. These economic factors collectively shape the community's ability to achieve and maintain optimal health.

Economic diversity in Brunswick County becomes apparent when looking at income distribution. While many households earn middle and upper-middle incomes, about one-third of residents struggle with lower incomes that constrain access to basic needs.

Figure 3.27: Population by Income Level, 2019-2023[7]



The concept of ALICE households (Asset Limited, Income Constrained, Employed) captures the economic reality facing many working families in Brunswick County. These households earn above the poverty line but struggle to afford basic necessities, like housing, food, childcare, transportation, and healthcare. Nearly every focus group raised concerns about what participants termed *"the working poor",* residents who maintain employment but cannot afford the time or resources for healthy behaviors and healthcare. All eight key leaders identified housing affordability as a critical challenge. One leader explained:

> ***"Housing has gotten very expensive, even [for] the paraprofessional crew, teachers, firefighters, EMTs. You've got to have a strong two-income household just to try to reach for buying housing."***

This dynamic creates a vulnerable population of working families for whom their income disqualifies them from assistance programs, yet they don't make enough money to meet the actual cost of living in the county.

Geographic economic disparities create what one key leader described as ***"almost a tale of two cities... You have more affluent folks moving into the beach areas and the new, higher-end communities. But then you still have the working poor, the uninsured... separated out by the coast versus the western parts of the county."*** Multiple focus groups identified this divide, describing communities north of Highway 17 and "on the other side of the tracks" as having substantially fewer resources and facing greater economic challenges than coastal areas.

The economic pressures manifest in health-compromising trade-offs. A focus group participant described choosing between prescriptions and utilities:

"I have to choose between filling my prescriptions and paying my electric bill some months. That's not a choice anyone should have to make."

These harsh choices illustrate how economic constraints force residents to prioritize immediate survival needs over preventive health measures and chronic disease management.

Summary

Determinants of health represent a critical priority for Brunswick County, characterized by interconnected challenges in built environment infrastructure, food access, transportation availability, and economic stability. These factors fundamentally shape residents' capacity to achieve and maintain health. Limited walkability constrains opportunities for physical activity and active transportation, while the food environment increasingly favors fast food establishments over grocery stores with fresh produce, creating food deserts especially in rural inland communities. The lack of public transportation infrastructure creates barriers for residents without personal vehicles, affecting access to healthcare, food, employment, and social connection. Economic pressures affect working families whose incomes fall above poverty thresholds but below what's required to afford housing, transportation, and other basic needs. These determinants, combined with their disproportionate impact on rural residents, older adults, and economically vulnerable populations, highlights the urgent need for coordinated infrastructure investments, food system improvements, transportation solutions, and economic support strategies that address the foundational conditions necessary for community health.

Emerging Health Issues

Emerging health issues are health conditions, diseases, or factors impacting health that are gaining importance in the Brunswick County service area and for which the potential health risks are either newly identified or poorly understood. Though these issues did not meet the threshold for priority status within the 2025 CHNA, they did warrant being addressed within the report due to potential future health significance for Brunswick County. Some emerging health issues may not be currently monitored or covered by existing regulations; however, they do pose a potential or known risk to human and/or environmental health. By identifying emerging health issues, the Steering Committee can monitor and consider early interventions or opportunities to maintain awareness of evolving public health impacts that may require future prioritization and allocation of resources.

Emerging Health Issue | Rapid Population Growth

Brunswick County is the fastest-growing county in North Carolina, with a current estimated population of 167,112 and an annual growth rate of 3.09%. Population density concentrates along coastal areas, while inland regions remain more sparsely populated. This expansion creates mounting pressure on healthcare infrastructure, roads, emergency services, and community resources across the county.

Community concerns about growth emerged consistently across all data sources. Focus group participants expressed worry that infrastructure cannot keep pace with development, describing dangerous highways, gridlocked evacuation routes, and overwhelmed medical facilities. One key leader noted standard planning models for aging populations ***"will not be valid here"*** given Brunswick County's trajectory as a retirement destination. They further emphasized that if population growth continues at current rates, the county must focus resources specifically on serving older adults.

The tension surrounding growth centers not on expansion itself, but on the pace and pattern of development. Focus group participants explained they are ***"not against growth but against growth that is not controlled or regulated."*** Residents expressed frustration that development prioritizes luxury housing and commercial properties over essential services. One participant observed that new construction rarely includes grocery stores, healthcare facilities, or affordable housing. A key leader highlighted rapid growth particularly strains the workforce supporting retiree populations, noting ***"even though we may be a retirement community, you need [working age} people to support those people"*** in businesses and services. Yet, these essential workers struggle to find housing they can afford in Brunswick County.

Residents also expressed concern about rapid development proceeding without adequate consideration of climate and environmental risks. One participant described how new construction alters drainage patterns and evacuation routes, while another noted the lack of community education about emergency procedures for residents living near industrial facilities. Multiple participants suggested that Brunswick County could learn from other coastal communities that have developed comprehensive climate adaptation plans.

Emerging Health Issue | Environmental Factors

Environmental Contamination

Brunswick County faces environmental challenges that warrant attention. Community leaders identified environmental justice concerns concentrated in northern Brunswick County, particularly in the Navassa and Riegelwood areas. One leader described legacy contamination from decades of industrial activity, explaining that groundwater pollution extends 50 feet deep in some locations, preventing redevelopment and leaving communities feeling at a loss due to circumstances beyond their control. These environmental burdens fall disproportionately on economically disadvantaged communities, compounding existing health disparities.

Water quality concerns emerged as another environmental health issue requiring ongoing attention. While Brunswick County currently reports no drinking water violations in official data, both key leaders and focus group participants raised concerns about long-term contamination in the Cape Fear River from PFAS (per- and polyfluoroalkyl substances, also known as "forever chemicals"). One community leader emphasized that contamination from industrial discharge has affected ***"pretty much everybody on the Cape Fear River"*** extending from Fayetteville through Brunswick County. This contamination has persisted for 25 years despite ongoing lawsuits, with little meaningful change. Focus group participants expressed particular concern about PFAS given its presence in multiple sources and the uncertainty about long-term health impacts. One participant noted unusual cancer patterns in the community, stating, ***"we had a lot of weirdo cancers,"*** though the connection to environmental contamination remains unclear. The intersection of water quality concerns with drinking water safety represents an area where continued monitoring and community communication will be important for protecting public health.

Climate Change and Natural Disaster Preparedness

Climate-related concerns emerged prominently in focus group discussions, centering on flooding and emergency preparedness. Participants in focus groups described a recent storm that caused major flooding in the area. They emphasized the need for comprehensive climate resiliency planning, including improved evacuation infrastructure, clearer emergency communication, and public education about living near both the nuclear facility and what participants identified as the nation's largest ammunition depot.

This same focus group stressed that flooding represents more than an infrastructure problem; it affects daily life, health, and safety. The combination of inadequate evacuation routes (particularly for rural residents), aging road infrastructure, and increasingly severe weather events create compounding risks for residents. As one participant summarized the challenge:

> ***"We need a resiliency plan that addresses both immediate flooding hazards and long-term climate adaptation."***

Summary

Both rapid population growth and environmental challenges represent areas where proactive planning could prevent future health crises. The themes emerging from community input emphasize the interconnected nature of these concerns, uncontrolled development exacerbates both infrastructure strain and environmental vulnerability, while climate events magnify the consequences of inadequate planning. Addressing these emerging issues will require coordination across healthcare systems, county government, developers, and environmental agencies to ensure that Brunswick County's growth trajectory supports rather than undermines community health and safety.

Chapter 4 | Resource Inventory

Brunswick County Health and Wellness Portal

Overview: The Brunswick County Health and Wellness Portal is an interactive GIS mapping platform that provides searchable, location-based information about health services, wellness programs, recreational facilities, and trails throughout Brunswick County. The portal is maintained by Brunswick County Health Services and serves as a centralized resource for residents seeking health and wellness services.

To access the portal, please scan the QR code provided on this page or click the URL provided.

Website:
https://experience.arcgis.com/experience/748f2dec14f44d4dbbe1117857cc2939/page/Welcome

Resources Related to Priority Areas

Healthcare Access and Barriers

The **Health and Wellness Resources** section includes an interactive map with filterable categories of healthcare services:

- **Clinical Services** - Healthcare facilities and medical providers mapped throughout the county
- **Medication Drop Boxes** - Locations for safe medication disposal
- **Community Centers** - Facilities that may offer health programming and services
- **Fresh Food Markets** - Access points for nutritious food options

The mapping feature allows users to identify services by location, addressing geographic barriers to healthcare access. Each resource listing includes contact information and addresses.

Behavioral Health

The portal includes dedicated categories for behavioral health resources:

- **Mental Health** - Mental health service providers and programs mapped across the county
- **Substance Use Disorder** - Treatment and support services for substance use disorders
- **Wellness** - General wellness programs and services that support mental and emotional health

Examples of specific resources available on the portal include telehealth services, family workshops, and various health education programs.

Social Determinants of Health

The portal addresses multiple social determinants through various resource categories:

- **Assistance Programs** - Programs providing support with basic needs and social services
- **Fresh Food Markets** - Food access resources addressing nutrition security
- **Parks and Recreation** - Over 30 mapped parks and recreational facilities promoting physical activity and community connection, including Oak Island parks, boat launches, and community spaces
- **Water and Land Trails** - Extensive trail systems for physical activity, including both on-road bike routes and designated trail networks

The **Parks and Recreation** and **Water and Land Trails** sections support physical activity opportunities and community engagement throughout the county.

Chapter 5 | Next Steps

This assessment's results will inform the Steering Committee's work to create targeted approaches addressing Brunswick County's identified health priorities: **behavioral health, healthcare access and barriers, and determinants of health**. Additionally, hospital partners will concentrate efforts on **chronic disease prevention**.

Using these findings as a foundation, the Steering Committee will design coordinated strategies and action plans tailored to the county's unique needs. Dedicated workgroups will form around each priority area to establish specific, measurable goals and interventions. These efforts will address interconnected factors impacting residents' health, including transportation challenges, insurance barriers, and healthcare provider availability, all recognized as key contributors to health disparities throughout the county.

The robust community engagement that shaped this assessment will continue as partners move forward. Drawing on input from residents, organizations, and stakeholders who contributed their perspectives, the Steering Committee will develop practical strategies featuring concrete, trackable objectives. Progress toward enhancing community health outcomes will be monitored and assessed throughout the three-year implementation cycle.

Appendix 1 | Secondary Data Methodology and Sources

Methodology

Identifying High Need Health Indicators

This analysis identified high-need health areas in Brunswick County by comparing local health indicators to North Carolina state benchmarks using standardized quantitative thresholds. Secondary data were compiled from Sparkmap, the North Carolina Data Portal, North Carolina Division of Health and Human Services, the County Health Rankings & Roadmaps dataset and other publicly available sources. The secondary data analysis assessed over 100 health indicators across five domains: Health Outcomes (mortality, morbidity, quality of life), Clinical Care (access and quality), Health Behaviors (diet, exercise, substance use, sexual health), Physical Environment (air quality, housing, transportation), and Social and Economic Factors (education, employment, income, family support, safety). Brunswick County indicators were compared to the North Carolina state average (primary benchmark for high-need determination), Chatham County and Henderson County (peer comparisons), and the United States national average (contextual reference).

An indicator was flagged as "high need" when Brunswick County performed worse than the North Carolina state average according to three quantitative thresholds based on data type:

1. For rate-based indicators (per 100,000 population), such as mortality rates, provider ratios, and service availability rates, the threshold was set at ≥10% worse than the North Carolina average. This threshold was selected through simulation analysis testing 10%, 15%, 20%, and 25% thresholds, evaluating the number of indicators flagged at each level, and assessing thematic coherence with known health priorities. The 10% threshold provided an optimal balance between comprehensiveness and focus, capturing meaningful disparities while filtering statistical noise.
2. For percentage-based indicators, such as disease prevalence and population characteristics, the threshold was ≥5 percentage points worse than the North Carolina average, providing clear population impact assessment through absolute percentage point differences.
3. For absolute number indicators, such as average poor mental health days or life expectancy years, the threshold was ≥5 units worse than North Carolina, capturing clinically or practically significant differences.

Limitations

Several limitations should be considered when interpreting secondary data findings. First, this analysis represents a point-in-time assessment and does not capture trends over time or trajectory of improvement or decline. Second, high-need designation is based solely on comparison to North Carolina averages; areas performing well relative to the state may still have room for improvement when compared to national benchmarks or evidence-based best practices.

This methodology provides a systematic, transparent approach to prioritizing health improvement efforts in Brunswick County. High-need indicators represent areas where Brunswick County demonstrates statistically and practically significant disparities compared to the state average, warranting targeted attention in strategic planning and resource allocation. The standardized thresholds enable consistent, objective identification of priority areas while the comparative benchmarking provides context for understanding Brunswick County's performance relative to peer counties and broader populations.

Data Indicators and Sources

Table A1.1: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Uninsured Population	Percent of population without health insurance	US Census Bureau, American Community Survey	2019-23
Uninsured Adults (<65)	Percent of adults under 65 without health insurance	US Census Bureau, American Community Survey	2019-23
Uninsured Children (<19)	Percent of children under 19 without health insurance	US Census Bureau, American Community Survey	2019-23
Primary Care Physicians Rate	Number of primary care physicians per 100,000 population	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	July 2025
Dentists Rate	Number of dentists per 100,000 population	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	2024
Mental Health Care Provider Rate	Number of mental health providers per 100,000 population	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	July 2025
Addiction/Substance Abuse Providers Rate	Number of addiction/substance abuse providers per 100,000 population	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)	July 2025

Table A1.2: Birth Outcomes

Measure	Description	Data Source	Most Recent Data Year(s)
Low Birthweight	Percent of births with low birthweight	University of Wisconsin Population Health Institute, County Health Rankings	2017-2023
Infant Mortality Rate	Infant deaths per 1,000 live births	University of Wisconsin Population Health Institute, County Health Rankings	2017-2023

Table A1.3: Built Environment / Food Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Households with Computer	Percent of households without a computer	US Census Bureau, American Community Survey	2019-23
Liquor Store Establishments Rate	Liquor store establishments (*Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.)* rate per 100,000 population. This indicator excludes establishments which sell alcohol as a secondary retail product (including gas stations and grocery stores).	US Census Bureau, County Business Patterns. Additional data analysis by CARES	2023
Grocery Stores/Supermarkets Rate	Grocery stores/supermarkets establishments rate per 100,000 population	US Census Bureau, County Business Patterns. Additional data analysis by CARES	2023
SNAP-Authorized Food Stores	SNAP-authorized food stores rate per 100,000 population	US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES	2025

Table A1.4: Education

Measure	Description	Data Source	Most Recent Data Year(s)
Educational Attainment/Education Level	The distribution of the highest level of education achieved for persons over 25 years old, and is an estimated average for the period from 2019 to 2023.	US Census Bureau, American Community Survey	2019-23
School Segregation Index	The extent to which students within different race and Hispanic ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and Hispanic ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings.	2022-23
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database, SFID - School Finance Indicators Database.	2022

Table A1.5: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate	Unemployment rate	US Department of Labor, Bureau of Labor Statistics	2024 - December

Table A1.6: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution	Particulate Matter 2.5 - Average daily ambient particulate matter	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network	2019
Drinking Water Violations	Number of drinking water violations	US Environmental Protection Agency	2023

Table A1.7: Exercise / Physical Activity

Measure	Description	Data Source	Most Recent Data Year(s)
Walkability Index	The National Walkability Index (2021) is a nationwide index score developed by EPA that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit. The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more walkable the community is.	Environmental Protection Agency, EPA - Smart Location Database	2021
Population with Access to Exercise Opportunities	The percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings	2023, 2022 & 2020
Physical Inactivity	Percent of adults age 20+ with no leisure time physical activity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2021

Table A1.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Children in Single-Parent Households	The percentage of children who live in households where only one parent is present.	US Census Bureau, American Community Survey	2019-23
Childcare Cost Burden	This indicator reports the childcare costs for a median-income household with two children as a percentage of household income.	United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings	2023 & 2022
Head Start Programs Rate	Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5.	US Department of Health & Human Services, HRSA - Administration for Children and Families	2024
Social Associations Establishments Rate	Social associations establishments rate per 100,000 population	US Census Bureau, County Business Patterns. Additional data analysis by CARES	2022
Adults with Lack of Social and Emotional Support	Percent of adults age 18+ having lack of social and emotional support (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Population Age 16-19 Not in School and Not Employed	Percent of population age 16-19 not in school and not employed (disconnected youth)	US Census Bureau, American Community Survey	2019-23

Table A1.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity (Adults)	The estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Feeding America	2023
Food Insecure Children	The estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year.	Feeding America	2023
Children Eligible for Free or Reduced Lunch	Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).	National Center for Education Statistics, NCES - Common Core of Data	2022-23
Households Receiving Food Stamps/SNAP	Percent of households receiving food stamps/SNAP (Supplemental Nutrition Assistance Program)	US Census Bureau, American Community Survey	2019-23

Table A1.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Severe Housing Problems	The percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%.	US Census Bureau, American Community Survey	2019-23
Homeownership Rate	Percent of households that are owner-occupied	US Census Bureau, American Community Survey	2019-23
Severe Housing Cost Burden	Percent of households where housing costs are 50%+ of total household income	US Census Bureau, American Community Survey	2019-23
Housing Insecurity	Percent of adults age 18+ having housing insecurity (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Utility Services Threat	Percent of adults age 18+ having utility services threat (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A1.11: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Median Household Income	Median household income - This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.	US Census Bureau, American Community Survey	2019-23
Population Below 100% Federal Poverty Level	Percent of population below 100% federal poverty level (annual)	US Census Bureau, Small Area Income and Poverty Estimates	2023
Children Below 200% Federal Poverty Level	Percent of children below 200% federal poverty level	US Census Bureau, American Community Survey	2019-23
ALICE Households	Percent of ALICE (Asset Limited, Income Constrained, Employed) households	ALICE Threshold, 2023; ACS, 2023	2023
Income Inequality (GINI Index)	Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.	US Census Bureau, American Community Survey	2019-23
Gender Pay Gap	Gender pay gap (ratio of women's to men's median earnings)	US Census Bureau, American Community Survey	2018-22

Table A1.12: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Life Expectancy at Birth	Average life expectancy at birth	University of Wisconsin Population Health Institute, County Health Rankings	2020-2022
Years of Potential Life Lost Before Age 75	Years of potential life lost before age 75 per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings	2020-2022

Table A1.13: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Mental Health Days per Month	The average number of self-reported mentally unhealthy days in past 30 days among adults	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.	2022
Deaths by Suicide	Suicide death rate (crude rate per 100,000 population)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-23
Adults with Poor Mental Health	The percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Adults Ever Diagnosed with Depression	Percent of adults ever diagnosed with depression (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Depressive Disorder Prevalence (Medicare)	Depressive disorder prevalence among Medicare population	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2023
Used Depression Prescription Drug	Percent who used depression prescription drug	ESRI Business Analyst MRI - Simmons	2025
Used Anxiety or Panic Prescription Drug	Percent who used anxiety/panic prescription drug	ESRI Business Analyst MRI - Simmons	2025

Visited Psychiatrist/ Psychologist	Percent who visited psychiatrist/psychologist in last 12 months	ESRI Business Analyst MRI - Simmons	2025

Table A1.14: Mortality (Leading Causes of Death)

Measure	Description	Data Source	Most Recent Data Year(s)
Cancer Mortality	Cancer mortality crude rate (per 100,000 population)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Heart Disease Mortality	All heart disease mortality (per 100,000 population)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Cerebrovascular Disease Mortality	Cerebrovascular disease (stroke) mortality rate (per 100,000 population)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Pneumonia and Influenza Mortality	Pneumonia and Influenza mortality rate (per 100,000 population)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Chronic Liver Disease and Cirrhosis Mortality	Chronic Liver Disease and Cirrhosis Mortality rate (per 100,000 population)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Unintentional Injury Mortality	Deaths from unintentional injuries/accidents (excluding motor vehicle related injuries)	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Motor Vehicle Crash Deaths	Deaths from motor vehicle crashes	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
COVID-19 Mortality	Deaths from COVID-19	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023

Diabetes Mortality	Deaths from diabetes	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Nephritis (Kidney Disease) Mortality	Deaths from kidney disease	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023
Acute Myocardial Infarction Mortality	Deaths from heart attacks	County Health Data Book, Division of Public Health. N.C. Department of Health and Human Services	2019-2023

Table A1.15: Physical Health / Chronic Conditions

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Physical Health Days per Month	Average number of poor physical health days per month	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings	2022
Adults Reporting Poor or Fair Health	Percent of adults reporting poor or fair health (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Diabetes Prevalence (Adults)	Percent of adults with diagnosed diabetes (age-adjusted)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2021
Heart Disease Prevalence (Adults)	Percent of adults with heart disease (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
High Blood Pressure Prevalence (Adults)	Percent of adults with high blood pressure (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
High Cholesterol Prevalence (Adults)	Percent of adults with high cholesterol (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Cancer Incidence Rate (All Sites)	Cancer incidence rate per 100,000 population	NC Central Cancer Registry	2019-23
Cancer Incidence - Breast	Breast cancer incidence rate	NC Central Cancer Registry	2019-23
Cancer Incidence - Cervical	Cervical cancer incidence rate	NC Central Cancer Registry	2019-23

Cancer Incidence - Colon and Rectum	Colon/rectum cancer incidence rate	NC Central Cancer Registry	2019-23
Cancer Incidence - Lung/Bronchus	Lung/bronchus cancer incidence rate	NC Central Cancer Registry	2019-23
Cancer Incidence - Melanoma (Skin)	Melanoma skin cancer incidence rate	NC Central Cancer Registry	2019-23
Cancer Incidence - Prostate	Prostate cancer incidence rate	NC Central Cancer Registry	2019-23
Arthritis Prevalence	Percent of adults with arthritis (crude)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Insufficient Sleep	Percent of adults with insufficient sleep (crude)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A1.16: Quality of Care / Prevention

Measure	Description	Data Source	Most Recent Data Year(s)
High Blood Pressure Management	Percent of adults age 18+ with hypertension who take medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Diabetes Management	Hemoglobin A1c test for Medicare enrollees (65+) with diabetes	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2019
Annual Flu Vaccine	Percent of adults 18+ with annual flu vaccine	Centers for Disease Control and Prevention, CDC - FluVaxView	2021
COVID-19 Fully Vaccinated Adults	Percent of adults fully vaccinated for COVID-19	Centers for Disease Control and Prevention, CDC - FluVaxView	2021
Cervical Cancer Screening	Percent of females 21-65 with cervical cancer screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2020
Colorectal Cancer Screening	Percent of adults 45-75 with colorectal cancer screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Recent Mammogram	Percent of females 50-74 with recent mammogram (age-adjusted)	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2022

Table A1.17: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Homicide Mortality Rate	Homicide mortality rate per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Firearm Death Rate	Firearm death rate per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Juvenile Arrest Rate	Juvenile arrest rate per 1,000 juveniles	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Accessed via County Health Rankings	2021

Table A1.18: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Adult HIV Prevalence	Adult HIV prevalence rate per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
Chlamydia Incidence	Chlamydia incidence rate per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2023
Gonorrhea Incidence	Gonorrhea incidence rate per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2023
Teen Birth Rate	Teen births rate per 1,000 female population age 15-19	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings	2017-2023

Table A1.19: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive Drinking	Percent of population reporting excessive drinking in past 30 days	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Deaths of Despair	Deaths of despair (suicide + drug/alcohol poisoning) crude death rate per 100,000	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Drug Overdose Death Rate	Drug overdose death rate (all substances) per 100,000	North Carolina Department of Health and Human Services, North Carolina State Center for Health Statistics. Data obtained from NC DHSS. Analysis of Vital Statistics records is provided by the North Carolina State Center for Health Statistics. 2023	2023
Opioid Crude Death Rate	Opioid crude death rate per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Opioid Dispensing Rate	Opioid dispensing rate per 100 persons	Centers for Disease Control and Prevention (CDC)	2022

Table A1.20: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Current Smokers	Percent of adults who are current smokers (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A1.21: Transportation and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Population Commuting More than 60 Minutes	Percent of population commuting more than 60 minutes	US Census Bureau, American Community Survey	2019-23
Population Using Public Transit for Commute to Work	Percent of population using public transit for commute to work	US Census Bureau, American Community Survey	2019-23
Households with No Motor Vehicle	Percent of households with no motor vehicle	US Census Bureau, American Community Survey	2019-23

Table A1.22: Utilization of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Recent Dental Care Visits	Percent of adults 18+ with recent dental visits	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Adults with Annual Checkup	Percent of adults 18+ with annual checkup	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal / Dartmouth Atlas of Health Care	2022 / 2019
Emergency Room Visit Rate	Emergency room visit rate per 100,000 population	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File	2022

Appendix 2 | Secondary Data

Table A2.1: Access to Care

Indicator	Brunswick County	North Carolina	USA	High Need
Uninsured Population	8.0%	10.4%	8.6%	No
Uninsured Adults (<65)	11.8%	13.5%	11.2%	No
Uninsured Children (<19)	4.6%	5.0%	5.1%	No
Primary Care Physicians Rate (Per 100,000 Population)	68.8	108.9	118.0	**Yes**
Dentists Rate (Per 100,000 Population)	51.9	59.3	67.6	**Yes**
Mental Health Care Provider Rate (Per 100,000 Population)	159.5	318.9	325.6	**Yes**
Addiction/Substance Abuse Providers Rate (per 100,000 Population)	27.8	29.9	29.4	No

Table A2.2: Birth Outcomes

Indicator	Brunswick County	North Carolina	USA	High Need
Low Birthweight (Percent of Births)	8.5%	9.4%	8.4%	No
Infant Mortality (Rate per 1,000 Live Births)	7.0	7.0	5.6	No

Table A2.3: Built Environment / Food Environment

Indicator	Brunswick County	North Carolina	USA	High Need
Households without Computer	3.3%	6.4	11.0	No
Liquor Store Establishments Rate (Per 100,000 Population)	10.2	5.9%	5.2%	**Yes**
Grocery Stores/Supermarkets Rate (Per 100,000 Population)	17.6	19.2	19.0	No
SNAP-Authorized Food Stores (Rate per 100,000 Population)	9.6	8.9	7.9	No

Table A2.4: Education

Indicator	Brunswick County	North Carolina	USA	High Need
School Segregation Index	0.04	0.20	0.24	No
School Funding Adequacy	$-327	$-2,391	$758	No
Educational Attainment - No High School Diploma	6.7%	10.3%	10.6%	No
Educational Attainment - High School Only	26.2%	25.0%	26.2%	-
Educational Attainment - Some College	22.0%	20.0%	19.4%	-
Educational Attainment - Associate's Degree	11.9%	10.1%	8.8%	-
Educational Attainment - Bachelor's Degree	21.1%	22.3%	21.3%	-
Educational Attainment - Graduate or Professional Degree	12.1%	12.9%	13.7%	-

Table A2.5: Employment

Indicator	Brunswick County	North Carolina	USA	High Need
Unemployment Rate	4.6%	4.0%	4.4%	No

Table A2.6: Environmental Quality

Indicator	Brunswick County	North Carolina	USA	High Need
Air Pollution	6.2	7.35	9.19	No
Drinking Water Violations	0	194	16107	No

Table A2.7: Exercise / Physical Activity

Indicator	Brunswick County	North Carolina	USA	High Need
Walkability Index	6	7	10	No
Population with Access to Exercise Opportunities	77.0%	78.0%	84.4%	No
Physical Inactivity (Adults Age 20+ with No Leisure Time Physical Activity)	15.3%	18.3%	19.5%	No

Table A2.8: Family, Community, and Social Support

Indicator	Brunswick County	North Carolina	USA	High Need
Children in Single-Parent Households	25.1%	27.0%	24.8%	No
Childcare Cost Burden	22.6%	25.1%	27.9%	No
Head Start Programs Rate (Per 10,000 Children Under Age 5)	4.1	9.5	11.4	**Yes**
Social Associations-Establishments Rate (Per 100,000 Population)	95.1	118.3	97.2	**Yes**
Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted)	21.2%	22.7%	25.7%	No
Population Age 16-19 Not in School and Not Employed, Percent	7.8%	7.3%	6.8%	No

Table A2.9: Food Security

Indicator	Brunswick County	North Carolina	USA	High Need
Adults 18+ Having Food Insecurity (Crude)	13.5%	14.1%	12.9%	No
Food Insecure Children	18.0%	19.8%	18.0%	No
Children Eligible for Free or Reduced Lunch	88.5%*	59.0%	53.5%	No
Households Receiving Food Stamp/SNAP	9.5%	12.5%	11.8%	No

*All children in Brunswick County are eligible for free school lunch

Table A2.10: Housing and Homelessness

Indicator	Brunswick County	North Carolina	USA	High Need
Occupied Housing Units with One or More Substandard Conditions	25.6%	27.9%	32.0%	No
Homeownership	83.8%	66.4%	65.0%	No
Severely Burdened Households	11.7%	11.9%	13.9%	No
Adults Age 18+ Having Housing Insecurity (Age-Adjusted)	12.5%	14.2%	12.9%	No
Adults Age 18+ Having Utility Services Threat (Age-Adjusted)	7.7%	8.9%	8.2%	No

Table A2.11: Income

Indicator	Brunswick County	North Carolina	USA	High Need
Median Household Income	$76,797	$70,838	$77,719	No
Population Below 100% Federal Poverty Level (Annual)	10.3%	12.8%	12.5%	No
Children Below 200% Federal Poverty Level	42.5%	40.4%	36.6%	No
ALICE Households	23.5%	42.0%	-	No
Income Inequality (GINI Index)	0.45	0.48	0.48	No
Gender Pay Gap	0.86	0.84	0.82	No

Table A2.12: Length of Life

Indicator	Brunswick County	North Carolina	USA	High Need
Life Expectancy at Birth	77.1	75.9	77.2	No
Years of Potential Life Lost Before Age 75 (per 100,000 population)	10,048	9,441	8,367	**Yes**

Table A2.13: Mental Health

Indicator	Brunswick County	North Carolina	USA	High Need
Average Poor Mental Health Days per Month	5.0	5.0	5.2	No
Deaths by Suicide (Crude Rate per 100,000 Population)	18.3	15.4	14.5	**Yes**
Adults Age 18+ with Poor Mental Health (Age-Adjusted)	16.9%	16.5%	16.4%	No
Adults Every Diagnosed with Depression (Age-Adjusted)	23.9%	23.1%	21.1%	No
Used Anxiety or Panic Prescription Drug	8.1%	9.7%	8.4%	No
Used Depression Prescription Drug	8.0%	8.8%	7.7%	No
Visited Psychiatrist/Psychologist Doctor last 12 months	3.8%	5.2%	5.0%	No
Depressive Disorder Prevalence - Male FFS Beneficiaries	13.0%	13.0%	12.0%	No

Depressive Disorder Prevalence - Female FFS Beneficiaries	24.0%	23.0%	21.0%	No
Depressive Disorder Prevalence - Non-Hispanic White	19.0%	19.0%	18.0%	No
Depressive Disorder Prevalence - Non-Hispanic Black	15.0%	13.0%	13.0%	No
Depressive Disorder Prevalence - Hispanic or Latino	17.0%	13.0%	15.0%	No

Table A2.14: Mortality/Leading Causes of Death

Indicator	Brunswick County	North Carolina	USA	High Need
Cancer Mortality (Rate per 100,000)	149.6	152.9	-	No
Heart Disease Mortality (Rate per 100,000)	145.9	165.2	-	No
Cerebrovascular Disease Mortality (Rate per 100,000)	38.0	46.6	-	No
Pneumonia and Influenza Mortality (Rate per 100,000)	9.9	13.1	-	No
Chronic Liver Disease and Cirrhosis Mortality (Rate per 100,000)	12.8	13.3	-	No
Unintentional Injury Mortality (Rate per 100,000)	67.5	57.4	-	**Yes**
Motor Vehicle Crash Deaths (Rate per 100,000)	21.1	16.4	-	**Yes**
COVID-19 Mortality (Rate per 100,000)	33.3	46.3	-	No
Diabetes Mortality (Rate per 100,000)	22.3	27.5	-	No
Nephritis (Kidney Disease) Mortality (Rate per 100,000)	9.6	16.8	-	No
Acute Myocardial Infarction Mortality (Rate per 100,000)	18.1	25.5	-	No

Table A2.15: Physical Health / Chronic Conditions

Indicator	Brunswick County	North Carolina	USA	High Need
Average Poor Physical Health Days per Month	3.7	4.1	3.9	No
Adults Reporting Poor or Fair Health (Age Adjusted)	14.8%	17.1%	17.0%	No
Diabetes Prevalence (Adults) (Age-Adjusted)	7.7%	9.0%	8.9%	No
Heart Disease Prevalence (Adults) (Age-Adjusted)	5.8%	5.9%	5.7%	No
High Blood Pressure Prevalence (Adults) (Age-Adjusted)	31.3%	32.1%	29.6%	No
Insufficient Sleep (Crude)	33.9%	34.3%	36.0%	No
Percentage of Adults with Arthritis (Crude)	34.8%	26.7%	26.6%	**Yes**
Cancer Incidence Rate - All Cancers (Per 100,000 Population)	483.0	481.5	-	No
Cancer Incidence Rate - Colon/Rectum (Per 100,000 Population)	35.7	34.7	-	No
Cancer Incidence Rate - Lung/Bronchus (Per 100,000 Population)	54.2	58.6	-	No
Cancer Incidence Rate - Melanoma (Skin) (Per 100,000 Population)	38.7	28.5	-	**Yes**
Cancer Incidence Rate - Female Breast (Per 100,000 Population)	171.3	174.6	-	No
Cancer Incidence Rate - Cervix Uteri (Per 100,000 Population)	5.5	6.9	-	No
Cancer Incidence Rate - Prostate (Per 100,000 Population)	102.6	128.2	-	No

Table A2.16: Quality of Care / Prevention

Indicator	Brunswick County	North Carolina	USA	High Need
High Blood Pressure Management	61.1%	61.0%	58.9%	No
Diabetes Management	94.2%	90.5%	87.5%	No
Annual Flu Vaccine (18 years or older)	52.5%	46.2%	44.8%	No
COVID-19 Fully Vaccinated Adults	76.1%	71.1%	72.7%	No
Cervical Cancer Screening (among females 21-65 years of age)	85.1%	84.7%	82.8%	No
Colorectal Cancer Screening (among adults age 45-75 years of age)	75.2%	65.6%	66.3%	No
Females Age 50-74 with Recent Mammogram (Age-Adjusted)	79.0%	78.4%	76.0%	No

Table A2.17: Safety

Indicator	Brunswick County	North Carolina	USA	High Need
Homicide Mortality Rate (Per 100,000 Population)	5.2	8.3	7.1	No
Firearm Death Rate (Per 100,000 Population)	14.8	16.1	13.8	No
Juvenile Arrest Rate (Per 1,000 Juveniles)	16.1	15.9	13.9	No

Table A2.18: Sexual Health

Indicator	Brunswick County	North Carolina	USA	High Need
Adult HIV Prevalence (rate per 100,000 Population)	150.4	385.0	385.0	No
Chlamydia Incidence (rate per 100,000 Population)	282.6	607.9	492.2	No
Gonorrhea Incidence (rate per 100,000 Population)	88.8	243.2	179.0	No
Teen Births (rate per 1,000 Female Population Age 15-19)	20.9	17.2	15.5	**Yes**

Table A2.19: Substance Use

Indicator	Brunswick County	North Carolina	USA	High Need
Percent of Population Reporting Excessive Drinking in Past 30 Days	19.2%	18.2%	18.0%	No
Deaths of Despair (Suicide + Drug/Alcohol Poisoning) Crude Death Rate (Per 100,000 Population)	69.5	61.6	58.5	**Yes**
Drug Overdose Death Rate (Per 100,000 Population)	59.2	42.1	29.1	No
Opioid Crude Death Rate (Per 100,000 Population)	29.6	27.1	22.0	No
Opioid Dispensing Rate (per 100 persons)	36.2	52.1	39.5	No

Table A2.20 Tobacco Use

Indicator	Brunswick County	North Carolina	USA	High Need
Current Smokers	13.9%	14.8%	13.2%	No

Table A2.21 Transportation and Transit

Indicator	Brunswick County	North Carolina	USA	High Need
Population Commuting More than 60 Minutes, Percent	6.6%	6.6%	8.7%	No
Population Using Public Transit for Commute to Work	0.9%	0.7%	3.5%	No
Households with No Motor Vehicle, Percent	2.3%	5.3%	8.3%	No

Table A2.22 Utilization of Care

Indicator	Brunswick County	North Carolina	USA	High Need
Recent Dental Care Visits (18 years or older)	65.8%	62.8%	63.4%	No
Percentage of Adults (18 years or older) with Annual Checkup	76.0%	76.1%	74.2%	No
Emergency Room Visit Rate (Per 100,000 Population)	461.0	564.0	576.0	No

Appendix 3 | Summary of Data Findings

The figure below includes a summary of potential priority need areas, as identified by the primary and secondary data analysis process. Rows were highlighted in red if the topic was identified as a potential high need area by 3 out of the 4 data sources reviewed (focus groups, key leader interviews, community health opinion survey, and secondary data).

Potential Priority Area	Focus Groups	Key Leader Interviews	Community Health Opinion Survey	Secondary Data
Length of Life				✓
Quality of Life: Birth Outcomes				
Quality of Life: Mental Health	✓	✓	✓	✓
Quality of Life: Physical Health		✓	✓	✓
Clinical Care: Access to/Utilization of Care	✓	✓	✓	✓
Clinical Care: Quality of Care	✓		✓	
Health Behaviors: Exercise	✓			
Health Behaviors: Sexual Health				
Health Behaviors: Substance Use Disorders	✓		✓	✓
Health Behaviors: Tobacco Use	✓			
Physical Environment: Built & Food Environment	✓	✓	✓	✓
Physical Environment: Environmental Quality	✓	✓		
Physical Environment: Housing & Homelessness	✓	✓		
Physical Environment: Transportation & Transit	✓	✓	✓	
Social and Economic: Education				
Social and Economic: Employment/Income	✓	✓	✓	
Social and Economic: Food Security	✓	✓		✓
Social and Economic: Safety				✓
Social and Economic: Family, Community, & Social Support				✓

Appendix 4 | Primary Data Methodology and Sources

This CHNA's development incorporated primary data collection via multiple methods: focus group discussions, key leader interviews, web-based key leader and community health opinion surveys. An overview of the processes, tools, analytic methods used to determine key findings, and brief key findings from each data source are provided in this Appendix. More detailed findings from each primary data source are provided in Appendix 5.

Community Health Opinion Survey (CHOS)

Overview

A total of 978 residents accessed the community survey and provided answers. Survey participants had to be 18 years of age or older and live in one of the Brunswick County's geographic area zip codes. The survey was available in English and Spanish. It was administered using an online survey platform; Steering Committee members also distributed paper copies of the survey to specific target populations throughout the region.

In general, survey questions focused on community health problems and concerns, community social/ environmental problems and concerns, access and barriers to healthcare, and physical health, mental health, and substance use topics.

Figure A4.1 CHOS Survey Respondents Zip Code

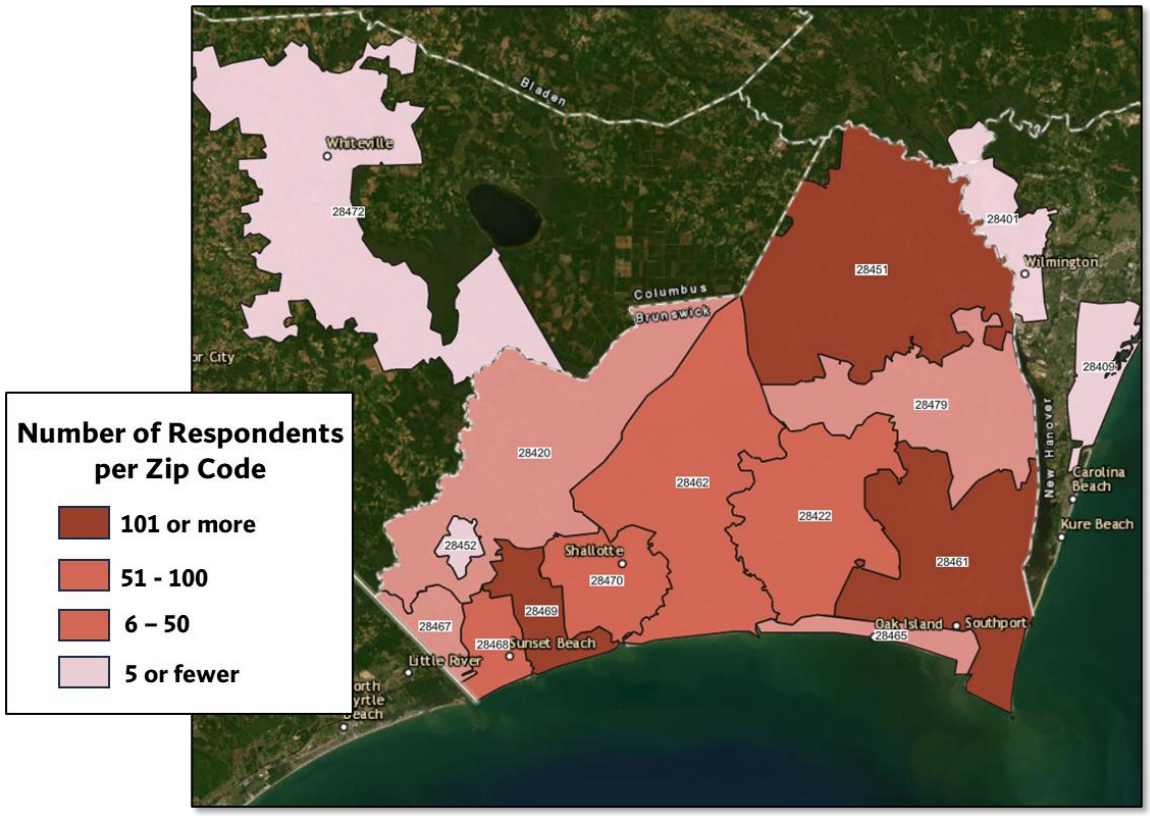


Figure A5.1 shows the number of survey respondents by zip code. The zip codes with the most participation were 28451, 28461, and 28469. Additional demographic data about CHOS respondents is described in the figures that follow.

Figure A4.2: Respondents by Gender Identity

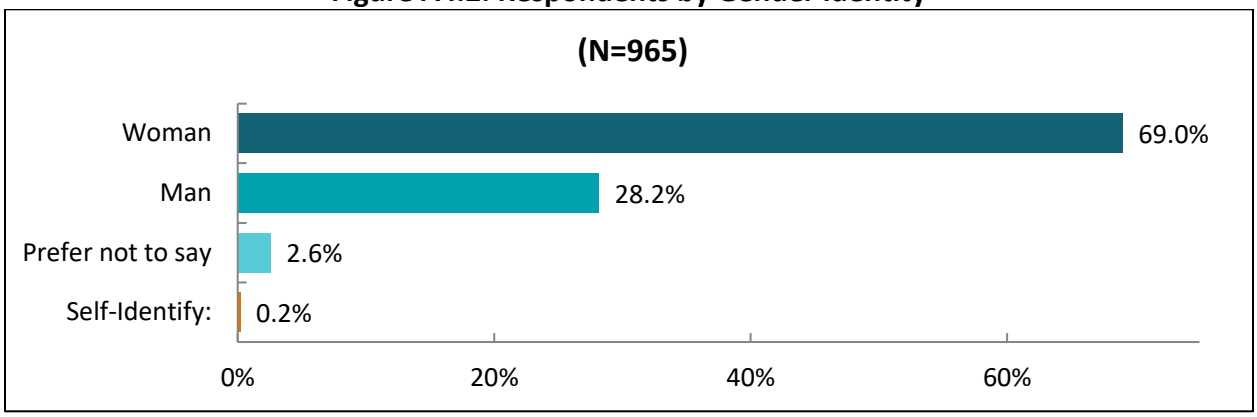


Figure A4.3: Respondents by Age

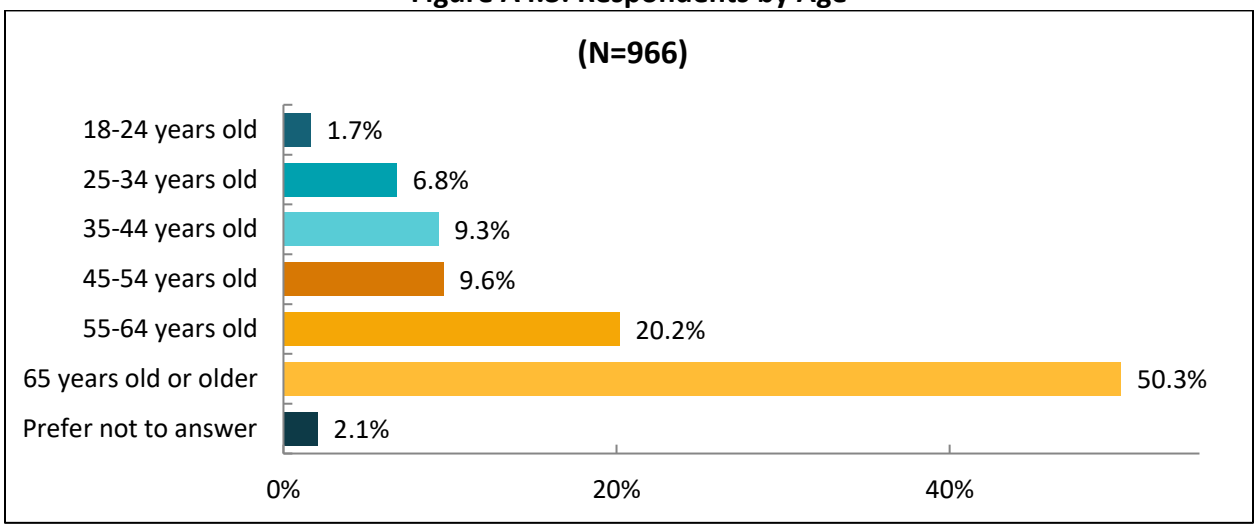
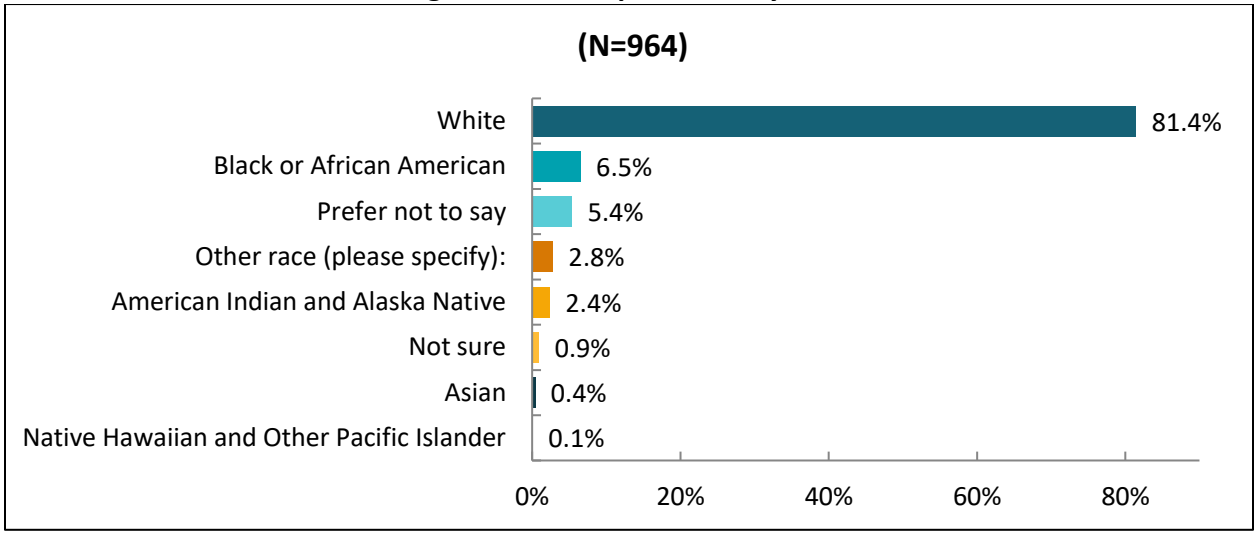


Figure A4.4: Respondents by Race



Summary of Key Findings from Community Health Opinion Survey

The key findings from the Community Health Opinion Survey are detailed below:

Healthcare Access and Affordability Remain Critical Barriers · Cost, lack of insurance, and financial constraints are the top barriers preventing residents from accessing healthcare services.

Substance Use and Chronic Disease Management Are Top Community Health Concerns · Alcohol and drug addiction is the most important health problem, while chronic conditions show high prevalence.

Brunswick County Residents Are Active, Engaged, and Prepared · Most residents demonstrate positive health behaviors and strong community preparedness for emergencies.

Brunswick County Community Health Opinion Survey

Brunswick County Community Health Survey

Dear Neighbor,

Please take our community health survey. Your answers will help Brunswick County, North Carolina learn what our community needs to be healthier.

Your answers are private—no one will know who filled out the survey.

This survey is for people 18 and older who live or receive healthcare in Brunswick County, NC.

The survey takes about 15 minutes to complete. If you have questions, please email chelseysaari@ascendient.com. Ascendient Healthcare Advisors is helping us with this survey.

Thank you!

---

1. We are only surveying adults 18 and older. Are you 18 years old or older? *(Select one option)*

☐ Yes

☐ No

2. What is the zip code where you currently live? *(Select one option)*

☐ 28451	☐ 28422	☐ 28436
☐ 28401	☐ 28465	☐ 28452
☐ 28461	☐ 28479	☐ 28459
☐ 28462	☐ 28469	☐ Other (Please specify)_____
☐ 28467	☐ 28420	
☐ 28470	☐ 28468	

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3. What are the 3 most important factors in people's surroundings that limit how healthy people can be? *(Please select at most 3 options.)*

- ☐ Availability or access to doctor's office
- ☐ Availability or access to insurance
- ☐ Child abuse or neglect
- ☐ Discrimination
- ☐ Domestic violence
- ☐ Environmental problems (e.g., climate change or air pollution)
- ☐ Housing or homelessness
- ☐ Lack of affordable childcare
- ☐ Lack of job opportunities
- ☐ Limited access to healthy foods
- ☐ Limited opportunities for social connection
- ☐ Limited or poor educational opportunities
- ☐ Limited places to exercise
- ☐ Mental health conditions
- ☐ Neighborhood safety or violence
- ☐ Poverty
- ☐ Transportation problems
- ☐ Other (Please specify)

  _____
- ☐ Prefer not to say

4. What are the 3 most important health problems that affect the health of Brunswick County? *(Please select at most 3 options.)*

- ☐ Alcohol or drug addiction
- ☐ Alzheimer's disease and other dementias
- ☐ Breathing problems (e.g., lung disease, asthma, COPD)
- ☐ Cancer
- ☐ Chronic illnesses (e.g., autoimmune disorders, chronic pain)
- ☐ Diabetes or high blood sugar
- ☐ Heart disease or high blood pressure
- ☐ HIV/AIDS
- ☐ Mental health (e.g., depression or anxiety)
- ☐ Smoking or tobacco use
- ☐ Stroke
- ☐ Weight status (being overweight or obese)
- ☐ Other (Please specify)

  _____
- ☐ Prefer not to say

5. What are the 3 most important reasons people in Brunswick County do not get health care? *(Please select at most 3 options.)*

- ☐ Cost – too expensive or can't pay
- ☐ Cultural or religious beliefs
- ☐ Don't see it as valuable
- ☐ Don't trust healthcare
- ☐ Insurance not accepted
- ☐ Lack of transportation
- ☐ Language barriers
- ☐ No doctor nearby
- ☐ No health insurance
- ☐ Other (Please specify) _____
- ☐ Prefer not to say

6. What are 2 things that would help make Brunswick County healthier? *(Please select at most 2 options.)*

- ☐ Being better informed
- ☐ Better transportation to health services
- ☐ Better walkability
- ☐ Focus on fixing unequal health outcomes
- ☐ Listening to the community more
- ☐ More appointments for healthcare services
- ☐ More healthy living by people/individuals
- ☐ More local health programs and resources
- ☐ Working together more as a community
- ☐ Other (Please specify) _____
- ☐ None of these

Topic: Access to Care

7. People may delay getting medical care for various reasons. In the PAST 12 MONTHS, which of the following barriers have you faced when trying to access healthcare services? *(Select all that apply)*

- ☐ Cost of services
- ☐ Couldn't get childcare
- ☐ Couldn't get time off work
- ☐ Cultural or religious reasons
- ☐ Did not have time to go
- ☐ Didn't have transportation
- ☐ Fear of discrimination or stigma
- ☐ Lack of Health Insurance
- ☐ Language barriers
- ☐ Past bad healthcare experiences
- ☐ You do not know where to find care
- ☐ You were nervous
- ☐ I did not delay care for any reason
- ☐ Other (Please specify) _____
- ☐ Prefer not to say

8. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? *(Select all that apply)*

- ☐ Dental care (including checkups)
- ☐ Emergency care
- ☐ Eyeglasses
- ☐ Follow-up care
- ☐ Mental health care or counseling
- ☐ Prescription medicines
- ☐ To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
- ☐ To see a specialist
- ☐ Other (Please specify) _____
- ☐ Prefer not to say

9. DURING THE PAST 12 MONTHS, did you need dental care but couldn't get it?
(Select one option)

☐ Yes

☐ No, I got the care I needed

☐ I did not need dental care in the last 12 months

☐ Prefer not to say

10. DURING THE PAST 12 MONTHS, how many times did you use telehealth to access medical care? Telehealth means connecting virtually with a medical provider using a smartphone, tablet, or computer. *(Select one option)*

☐ None

☐ 1-3 times

☐ 4-6 times

☐ 7 or more

☐ Prefer not to say

11. Thinking about the area you live in, how much do you agree or disagree with the following statements?

(a) Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

(b) There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

(c) My neighborhood has several free or low-cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

(d) It is unsafe to walk in my neighborhood due to traffic or other conditions.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

(e) The crime rate in my neighborhood makes it unsafe to go on walks.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

Topic: Exercise

12. DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? *(Select one option)*

- ☐ 0 hours
- ☐ Less than 1 hour
- ☐ 1 - 2 hours
- ☐ 3 - 4 hours
- ☐ 5 - 6 hours
- ☐ More than 6 hours
- ☐ Prefer not to say

13. When you are active, where do you engage in exercise or physical activities? *(Select all that apply)*

- ☐ Beach
- ☐ Golf course
- ☐ Gym or pool (including YMCA)
- ☐ Home
- ☐ Malls
- ☐ Neighborhood
- ☐ Outdoor parks or trails
- ☐ Public recreation center
- ☐ Senior center
- ☐ Work
- ☐ Yard work or gardening
- ☐ I don't exercise
- ☐ Not sure
- ☐ Other (Please say more)

  _____
- ☐ None of the above
- ☐ Prefer not to say

Topic: Health Communication and Essential Resources

14. How often do you have difficulty understanding written health information or information your health care provider gives you? *(Select one option)*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Prefer not to say

15. IN THE PAST YEAR, did you have any of the following assistance needs NOT met? *(Select all that apply)*

- ☐ Access and safety modifications to your home (ex. ramp, handrail)
- ☐ Clothing for yourself and your family
- ☐ Critical house repairs
- ☐ Food for yourself and your family
- ☐ Household goods (furniture, a stove or refrigerator)
- ☐ Medical or adaptive equipment not covered by Medicaid or private insurance
- ☐ Transportation services
- ☐ I have family/friends that can assist me
- ☐ Don't know
- ☐ Prefer not to say
- ☐ None of the above

Topic: Housing

16. IN THE PAST 12 MONTHS, were there times when you…

(a) Were worried about having enough money to pay your rent or mortgage?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(b) Did not have electricity, water, or heating in your home?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

17. Please indicate how often each of the following statements was true for you during the PAST 12 MONTHS.

(a) I worried about whether our food would run out before my household got money to buy more.

☐ Never True ☐ Sometimes True ☐ Often True ☐ Don't know ☐ Prefer not to say

(b) The food that my household bought just did not last, and there was not money to get more.

☐ Never True ☐ Sometimes True ☐ Often True ☐ Don't know ☐ Prefer not to say

18. Thinking about your current living situation, do you feel you have access to resources to address housing issues such as missing or non-working smoke detectors/carbon dioxide detectors, inadequate heating or cooling, mold/mildew, storm or flood damage, broken ovens or stoves, water leaks, or other necessary home repairs? *(Select one option)*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

Topic: Maternal Health

19. In the PAST 12 MONTHS have you been pregnant? *(Select one option)*

☐ Yes

☐ No

☐ Not applicable to me

☐ Prefer not to say

---

20. During any of your prenatal care visits, did a healthcare provider do any of the following things? *(Answer only if Q#19 is Yes)*

(a) Talk to me about how much weight I should gain during pregnancy

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(b) Talk to me about doing tests to screen for birth defects or diseases that run in my family

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(c) Talk to me about what to do if I feel depressed or anxious during my pregnancy or after the baby is born

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(d) Ask me if I planned to breastfeed my new baby

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(e) Ask me if I planned to use birth control after my baby was born

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(f) Ask me if I was taking any prescription medication

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(g) Ask me if I smoked cigarettes or used any other tobacco products (vapes, smokeless tobacco)

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(h) Ask me if I was drinking alcohol

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(i) Ask me if someone was hurting me emotionally or physically

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(j) Ask me if I was using illegal drugs

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(k) Ask me if I was using marijuana

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

(l) Ask me if I wanted to be tested for HIV

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

Topic: Mental Health

21. Was there a time in the PAST 12 MONTHS when you needed mental healthcare or counseling, but did not get it at that time? *(Select one option)*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

22. What was the MAIN reason you did not get mental healthcare or counseling?
(Answer only if Q#21 is Yes)

☐ Bad experience before

☐ Don't Know Where To Go

☐ Hard to get appointment

☐ No child care

☐ No counselors/mental health providers available

☐ No insurance

☐ No way to get there

☐ Office hours did not work for schedule

☐ Stigma or Embarrassed

☐ Too busy

☐ Too expensive

☐ Too far away

☐ Wait for an appointment too long

☐ Worried about privacy

☐ Prefer not to say

☐ Not sure

☐ Other (Please specify)
_____

Topic: Sexual Health

23. Where do you think most young people in your county are receiving education about sexual health? *(Select one option)*

- ☐ Family
- ☐ Friends
- ☐ Healthcare Professionals
- ☐ Magazines
- ☐ School (sex education classes)
- ☐ The internet
- ☐ TV shows and movies
- ☐ They do not receive education about sexual health
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Other (Please specify) _____

Topic: Physical Health

24. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? *(Select all that apply)*

- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Dementia/Short-term memory loss
- ☐ Depression or anxiety
- ☐ Diabetes (not during pregnancy)
- ☐ Heart disease, stroke, or other cardiovascular disease
- ☐ High blood pressure (hypertension)
- ☐ High cholesterol
- ☐ Immunocompromised condition not otherwise listed
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Long COVID
- ☐ Lung disease
- ☐ Mental illness not otherwise listed (including bipolar disorder, schizophrenia, borderline personality disorder, dissociative identity disorder)
- ☐ Osteoporosis
- ☐ Physical disabilities
- ☐ Sexually transmitted diseases (including chlamydia, syphilis, gonorrhea and HIV)
- ☐ Stroke
- ☐ Vision and sight problems
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Other (Please specify)

  _____
- ☐ None of the above

25. What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? *(Select all that apply)*

☐ I don't have a current health condition to manage

☐ Health insurance to cover the care I need

☐ Assistance finding a doctor

☐ Assistance making and keeping appointments with my doctor(s)

☐ Assistance understanding all the directions from my doctor(s)

☐ Information to understand how to take my medication(s)

☐ Assistance paying for my prescription(s)/medication(s) or medical equipment

☐ Health care in my home

☐ Coordination of my overall care among multiple health care providers

☐ Access to healthy foods

☐ Access to places to exercise safely

☐ Transportation assistance

☐ Financial assistance for co-pays, deductibles

☐ Home modification assistance (for example, installing a wheelchair ramp or a handicapped-accessible shower)

☐ Don't know

☐ Prefer not to say

☐ Other (Please specify) _____

☐ None of the above

Topic: Substance and Tobacco Use

26. IN THE PAST YEAR, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)? *(Select one option)*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

27. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? *(Select one option)*

☐ Not at all

☐ A little

☐ Somewhat

☐ A great deal

☐ Not Sure

☐ Prefer not to say

28. Do you currently use any of the following tobacco or nicotine products? *(Select all that apply)*

☐ Cigarettes

☐ Cigars

☐ Hookah

☐ Pipes

☐ Smokeless tobacco (chew, dip, snuff, snus)

☐ Vape/Electronic cigarettes (e-cigarettes) (JUUL, Stig, Puff Bars, Blue, etc.)

☐ I don't use any tobacco products

☐ Other (Please specify)

_____

☐ Prefer not to say

Topic: Emergency Preparedness

29. Does your family have a communication plan, a basic supply kit in preparation for a disaster or emergency? *(Select one option)*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

Topic: Demographic Information

30. What is your age group? *(Select one option)*

☐ 18-24 years old

☐ 25-34 years old

☐ 35-44 years old

☐ 45-54 years old

☐ 55-64 years old

☐ 65 years old or older

☐ Prefer not to answer

31. Which of the following best describes your gender? *(Select one option)*

☐ Man

☐ Woman

☐ Prefer not to say

☐ Self-Identify: _____

32. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country? *(Select one option)*

Tip: The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

☐ Yes

☐ No

☐ Not sure

☐ Prefer not to say

33. How would you describe your race? *(Select one option)*

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ White
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other race (please specify): _____

34. Which language is most often spoken in your home? *(Select one option)*

- ☐ English
- ☐ Spanish
- ☐ Not sure
- ☐ Prefer not to say
- ☐ Other (Please specify) _____

35. For employment, are you currently... *(Select all that apply)*

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Student
- ☐ Armed forces/military
- ☐ Self-employed
- ☐ Homemaker
- ☐ Unable to work due to illness or injury
- ☐ Unemployed for less than one year
- ☐ Unemployed for more than one year
- ☐ Unable to Work
- ☐ Prefer not to say

36. Which category best describes your yearly household income before taxes? *(Select one option)*

Tip: Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

- ☐ Less than $15,000 - ☐ $15,000 - $24,999
- ☐ $25,000 - $34,999 - ☐ $35,000 - $49,999
- ☐ $50,000 - $74,999 - ☐ $75,000 - $99,999
- ☐ $100,000 - $149,999 - ☐ $150,000 - $199,999
- ☐ $200,000 or more - ☐ Prefer not to say

Thank you for completing this survey!

Your participation helps Brunswick County understand the health needs of our community.

Focus Groups

Overview

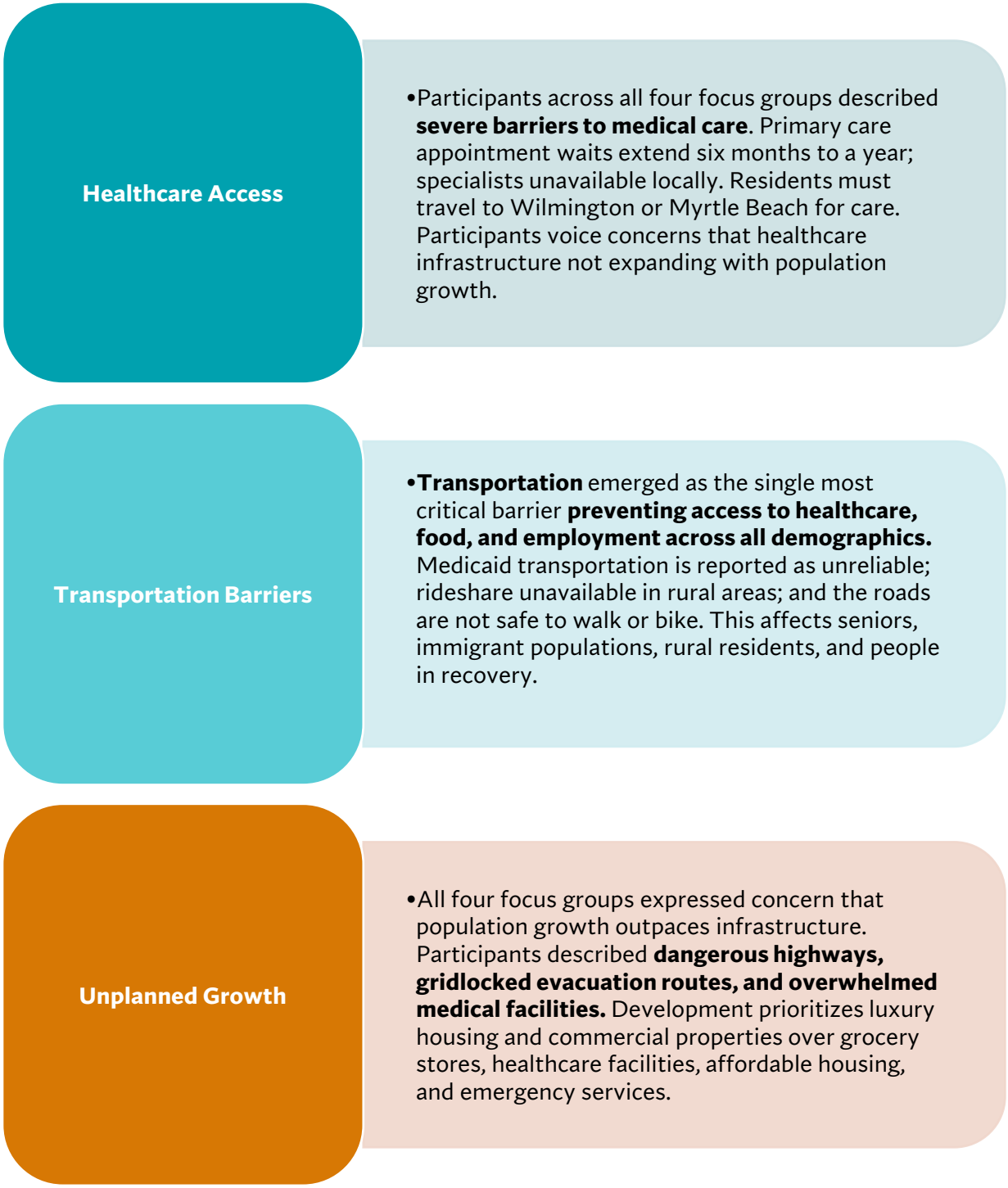
The following four focus groups were conducted in person between September 23rd and September 30th, 2025. These groups included representation from community members, seniors, individuals receiving substance use treatment, and Spanish speaking individuals – with approximately 50 participants providing responses.

Date	Participants and Location of Focus Group
September 23	The Brunswick Center at Waccamaw - Seniors
September 23	Southport Harper Library – Community Members
September 24	Coastal Horizons – Individuals Receiving Substance Use Treatment
September 30	Saint Brendan the Navigator Catholic Church – Spanish Speaking Individuals

Summary of Key Findings from Focus Groups

Key findings from the CHA focus groups are highlighted in the figure below. More detailed findings can be found in Appendix 5.

Figure A4.5: Key Takeaways from Focus Groups



Focus Group Discussion Guide Script and Questions

The discussion guide used to guide semi-structured conversations with each focus group is provided below.

Brunswick 2025 CHA
Focus Group Discussion Guide

Facilitator Name	
Date	
Time	
Location	
Population(s) Represented	
Number of Participants	

Section	Lead Speaker	Core Questions and Probes
Welcome		• Welcome participants to the focus group on behalf of Brunswick County Health Services. • Introduce [co-]facilitator[s].
Participant Introductions		• Welcome • Please tell us your first name, how long you've lived in the community, and something you like about living here.
Health and Wellness		• What are some of the issues that keep residents from living healthy lives? • What are some of the most serious health problems facing people who live in the community? • What do you think could be done to better address these issues and health problems within your community?
Health and Wellness – Disparities/ Inequities		• Thinking about the issues and health problems we've discussed so far, how do you think different groups of people are affected by those issues/problems? • Do you have a sense of who is most affected by these issues/health problems within the community? • Are there certain places (geographic areas) within your community where these issues/health problems seem

Page **1** of **3**

Section	Lead Speaker	Core Questions and Probes
		to present more of an issue when compared with others?
Social & Env Determinants of Health		• We know that factors within communities, things like [*access to health insurance, violence and safety, housing access and quality, homelessness, poverty, employment, access to healthy food, discrimination, educational opportunities and others*] can impact health and quality of life. ○ What types of factors do you think are most impacting quality of life for people living in the area? • What do you think could be done to address some of these issues within your community?

Access to Care		• Access to healthcare is a concern for some residents in the area. What are some of the reasons people do not seek or receive healthcare when they need it?
		• What do you think health leaders within the community could be doing to improve access to healthcare for people living in your neighborhood?
		• When you think about your community and the healthcare services available in this county/area, do you think there are enough medical, dental, and behavioral health services nearby?
		  ○ In your opinion, are there enough health services/facilities available to meet community need near where you live, work or spend most of your time?
		  ○ Can you find medical, dental, and/or behavioral healthcare services within a reasonable timeframe when you need it?
		• We'd like to hear about your experiences with providers in the area.
		  ○ When you think about times you've interacted with providers like doctors, dentists, nurses, therapists, emergency personnel or others, would you say it was generally more positive or negative?
		  ○ Can you give us some examples as to why your experience was positive or negative?

Section	Lead Speaker	Core Questions and Probes

Suggestions/ Closing		• There are a lot of resources available in the area. What do you see as some of the greatest strengths or assets that you or others in your community can access to help you live a healthier life?
		• If you could speak directly to a local health leader, what would you tell them should or could be done in the community to make it a better place to live?
		  ○ What would improve your quality of life?
		  ○ What would you want local health leaders to know?
		• Given what we've discussed today, what do you think residents in your community – you, your neighbors, local leaders – could do to help improve the health of your community?

Conclusion		• Thank participants for their time and participation. • Ask if there are other thoughts or questions that were raised for participants during the discussion. [i.e., *was there anything we did not ask about or discuss that you think is important to share with health leaders in the community?*]

Key Leader Interviews

Overview

Between September 2nd, 2025 and October 2nd, 2025, eight key leader interviews were conducted with individuals representing organizations across the Service Area to gain perspective on the health and well-being of residents. Participants provided insights into various aspects of healthcare and community life and represented the following types of local organizations:

- Hospital Systems
- Community Health Leaders
- Local Public Health Leaders
- Faith Leaders
- Community Nonprofit Leaders

Summary of Key Findings from Key Leader Interviews

Some of the key findings from the key leader interviews conducted for the CHA process included the following:

Social Determinants as the Foundation

- **Housing affordability, transportation deserts, and food insecurity** create cascading failures across all health systems. Residents face impossible **"housing or food"** choices, while service workers are **priced out of communities** where they work. These barriers must be addressed as **prerequisites to healthcare** access—no intervention succeeds when people lack stable housing, reliable transportation, or adequate nutrition.

Multi-Dimensional Access Crisis

- Access barriers are layered and compounding: 4-6 month primary care waits, severe mental health provider shortages, 2.5-hour travel for specialists, and 800 square miles with minimal transit. Beyond **provider gaps**, residents struggle with **system navigation, awareness of services, insurance coverage limitations, and medication costs**—creating barriers at every entry point to care.

Inequality & Hidden Vulnerability

- Aggregate data masks reality—the county appears healthy while severe pockets suffer. A stark geographic divide separates affluent coastal retirees from struggling rural communities. Hidden populations including **working poor, isolated seniors, and undocumented families** remain unreached. **County-wide planning must consider vulnerable groups** requiring census tract-level intervention to identify and serve effectively.

Key Leader Interview Questions

A copy of the data collection instrument used to guide semi-structured key leader interviews for the CHA process is provided below.

Brunswick NC 2025 CHNA
Key Leader Interview Guide

Facilitator Name	
Date	
Time	
Participant Name	
Participant Organization	

FACILITATOR INTRODUCTION:

"Thank you for participating in our interview today! My name is [NAME] and I represent Ascendient Healthcare Advisors, a consulting firm working with Brunswick County Health Services. We are conducting a community health needs assessment to find out more about the health and social issues facing residents in the Brunswick County area, the ways those needs are currently being addressed, and where there might be opportunities to address them more effectively. We are speaking to a variety of different community leaders and organizations through this process, and the results of these interviews will help health leaders throughout the service area develop programs and services to address some of these challenges. We expect this interview to take 45 to 60 minutes, and we are so appreciative of your time today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. Can I answer any questions for you before we begin the interview?"

INTRODUCTION

1. Can you please tell me a little bit about your role and the organization you work for? Is your work focused on specific populations or geographic areas of Brunswick County?

HEALTH AND WELLNESS

2. What are some of the most significant problems or concerns in the community you serve?
    a. Which populations are most impacted by these concerns?
    b. How have these concerns changed over the past three years (have they gotten better, worse or stayed the same?)

3. I'd like you to think more specifically about health conditions impacting the community you serve. What are the most serious health problems facing people who live in Brunswick County?

    a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?

    b. Are there particular areas in the community that are more affected by these problems than others?

    c. What resources are currently available to address these issues?

4. Thinking about the health problems you just described, what programs, interventions or strategies could be implemented to address these issues in the future?

SOCIAL & ENVIRONMENTAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for members of the community you serve?

    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.

    b. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?

    c. Are there particular areas in the community that are more affected by these problems than others?

    d. What resources are currently available to address these issues?

6. Thinking about the social and environmental issues you described, what programs, interventions or strategies could be implemented to address these issues in the future?

ACCESS TO CARE

7. What are some of the barriers that prevent people in Brunswick County from getting healthcare when they need it?

a. What suggestions do you have for addressing these barriers?

8. What are your perceptions of the health-related services that are available in Brunswick County, including medical care, dental care and behavioral healthcare?

    a. Are there enough locations providing these types of care for people who need it?

    b. Do you think community members can find medical, dental or behavioral healthcare within a reasonable timeframe when they need it?

SUGGESTIONS FOR COMMUNITY IMPROVEMENTS

9. What are some of the strengths or community assets in Brunswick County that can help residents live healthier lives?

10. What do you think local health leaders should do to improve health and quality of life in Brunswick County? What do you want local health leaders to know?

CONCLUSION

11. Are there any other thoughts you'd like to share before we conclude?

Appendix 5 | Detailed Primary Data Findings

Community Health Opinion Survey (CHOS) Results

Charts detailing findings from the CHOS are displayed below:

Topic: Demographics

Figure A5.1: How old are you?

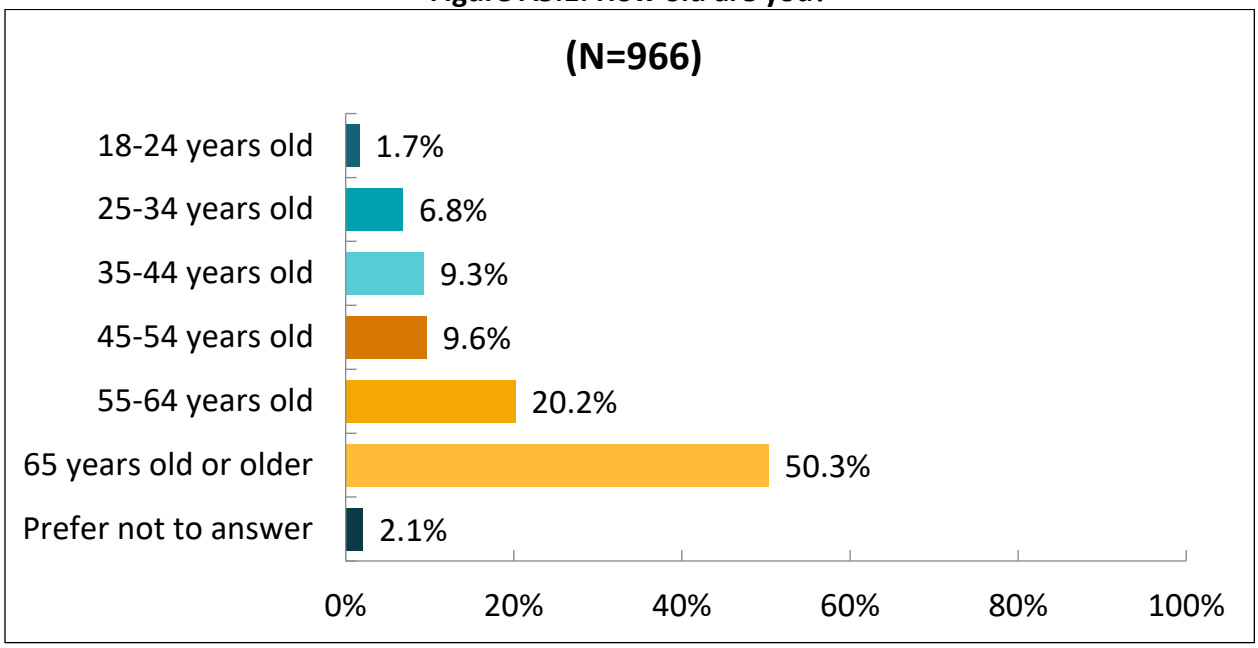


Figure A5.2: Which of the following best describes your gender? (Choose one):

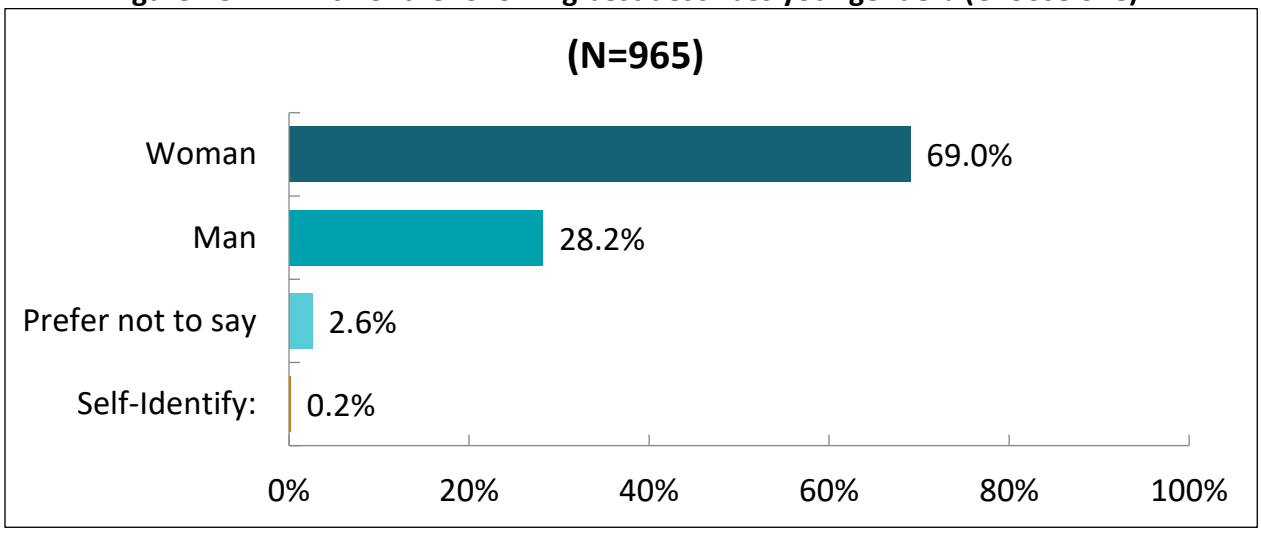


Figure A5.3: How would you describe your race? (Choose one):

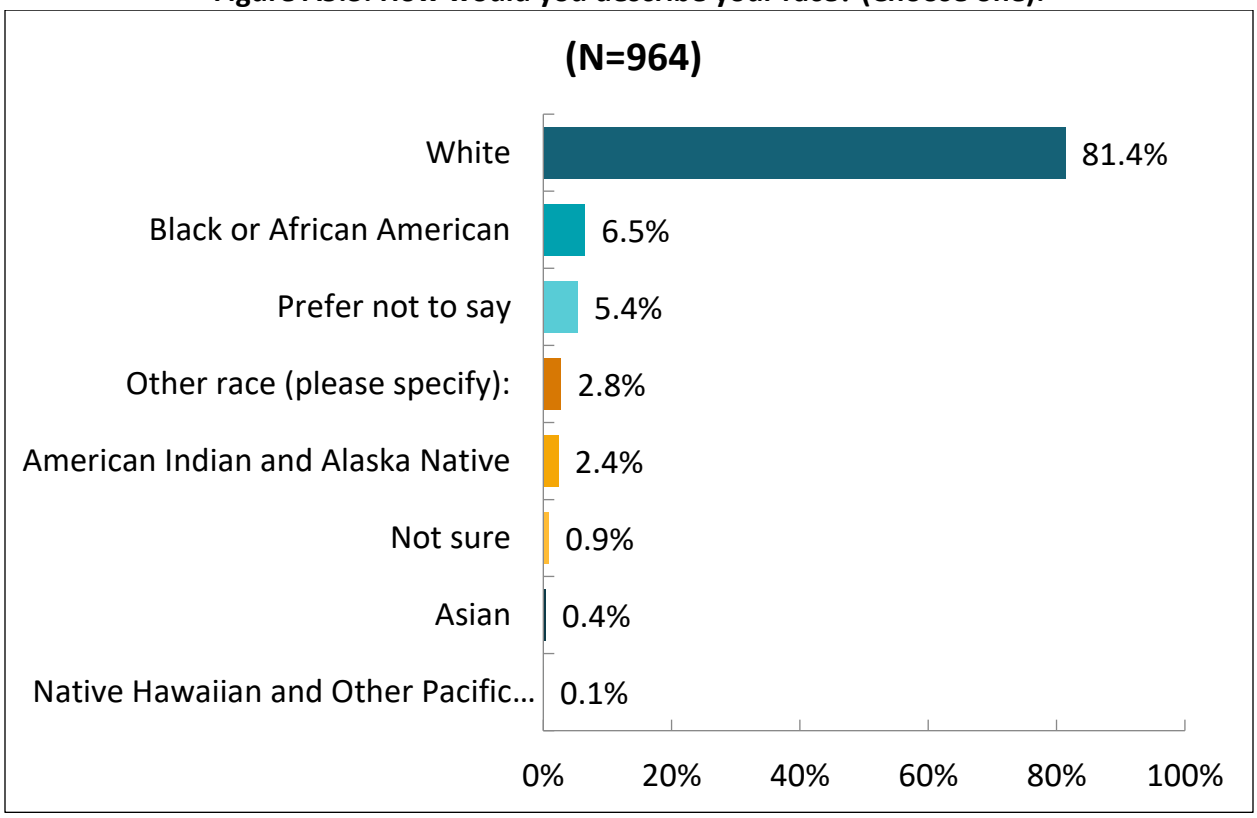


Figure A5.4: Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?

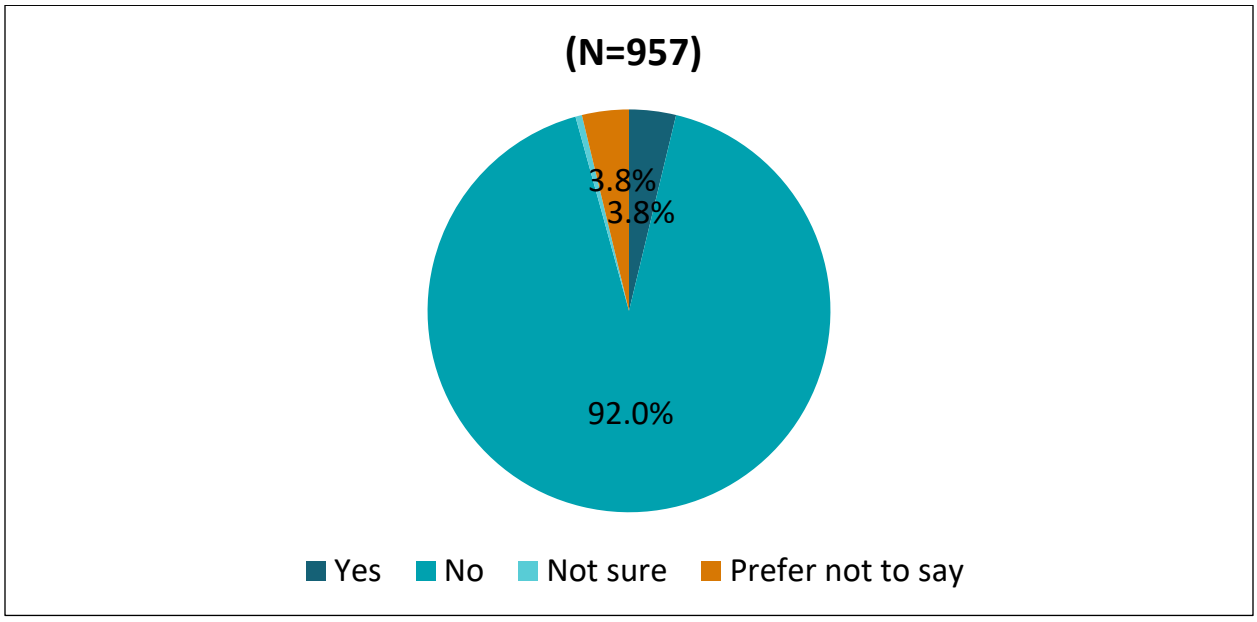


Figure A5.5: Which language is most often spoken in your home? (Choose one):

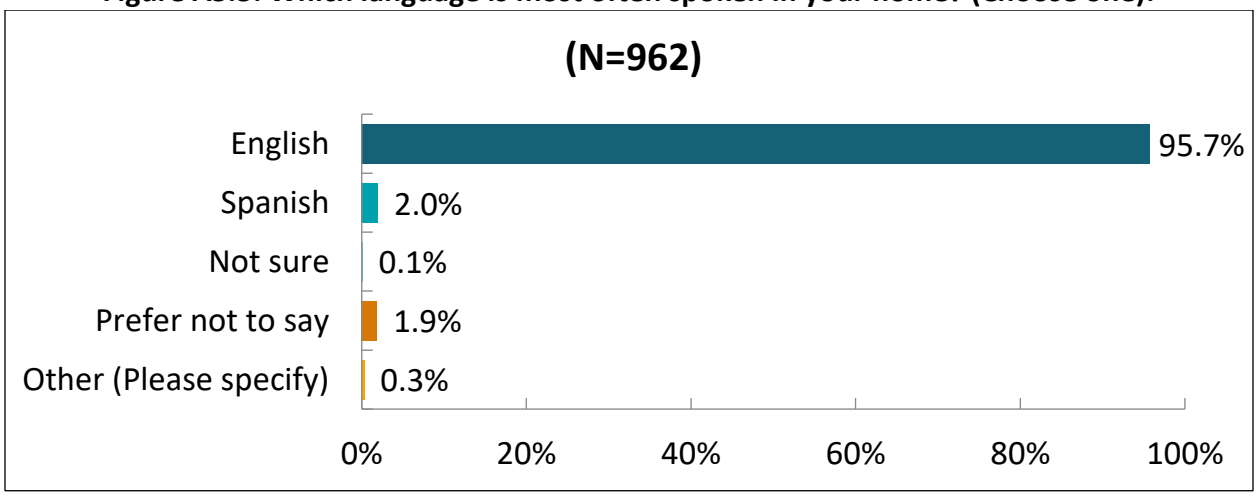


Figure A5.6: For employment, are you currently... (Select all that apply):

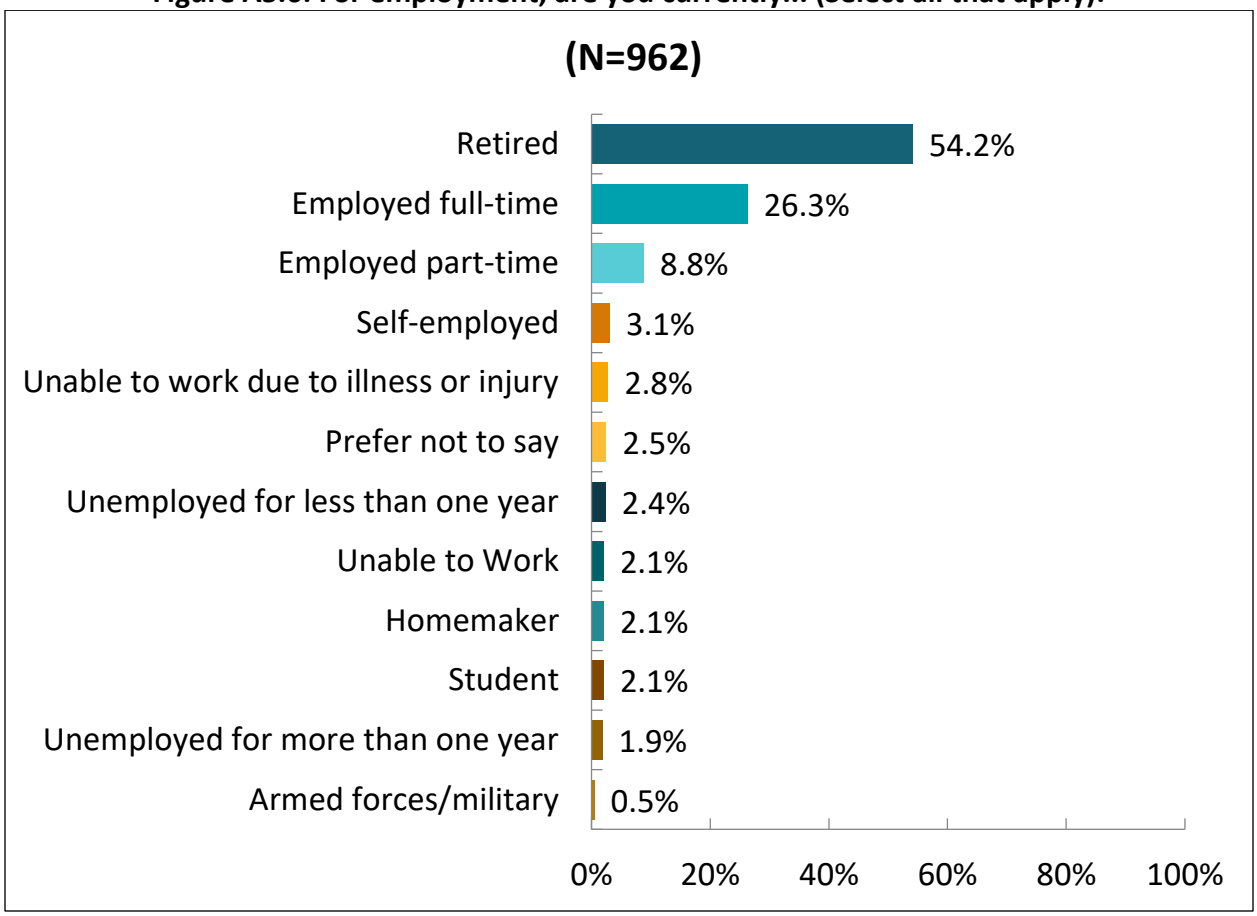
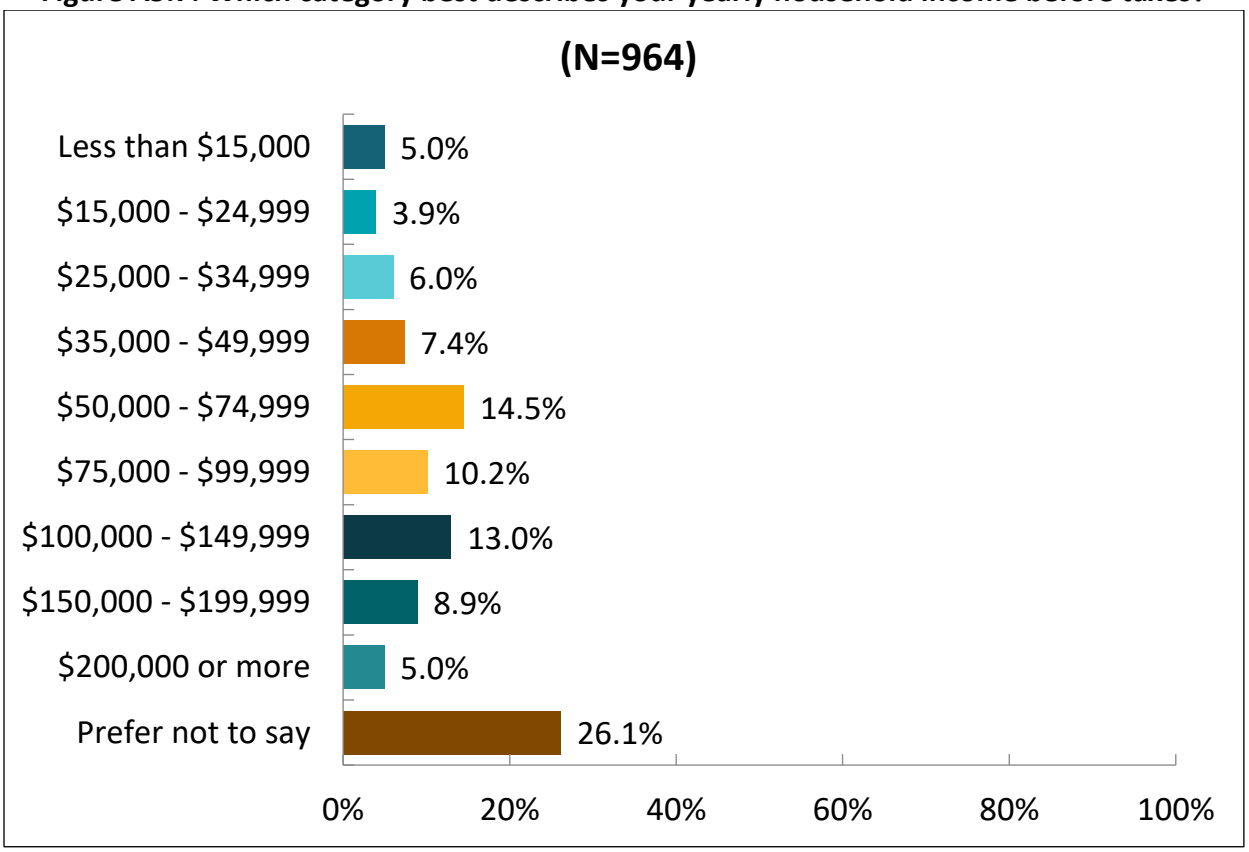


Figure A5.7: Which category best describes your yearly household income before taxes?



Topic: Community Health Opinions

Figure A5.8: What are the 3 most important factors in people's surroundings that limit how healthy people can be?

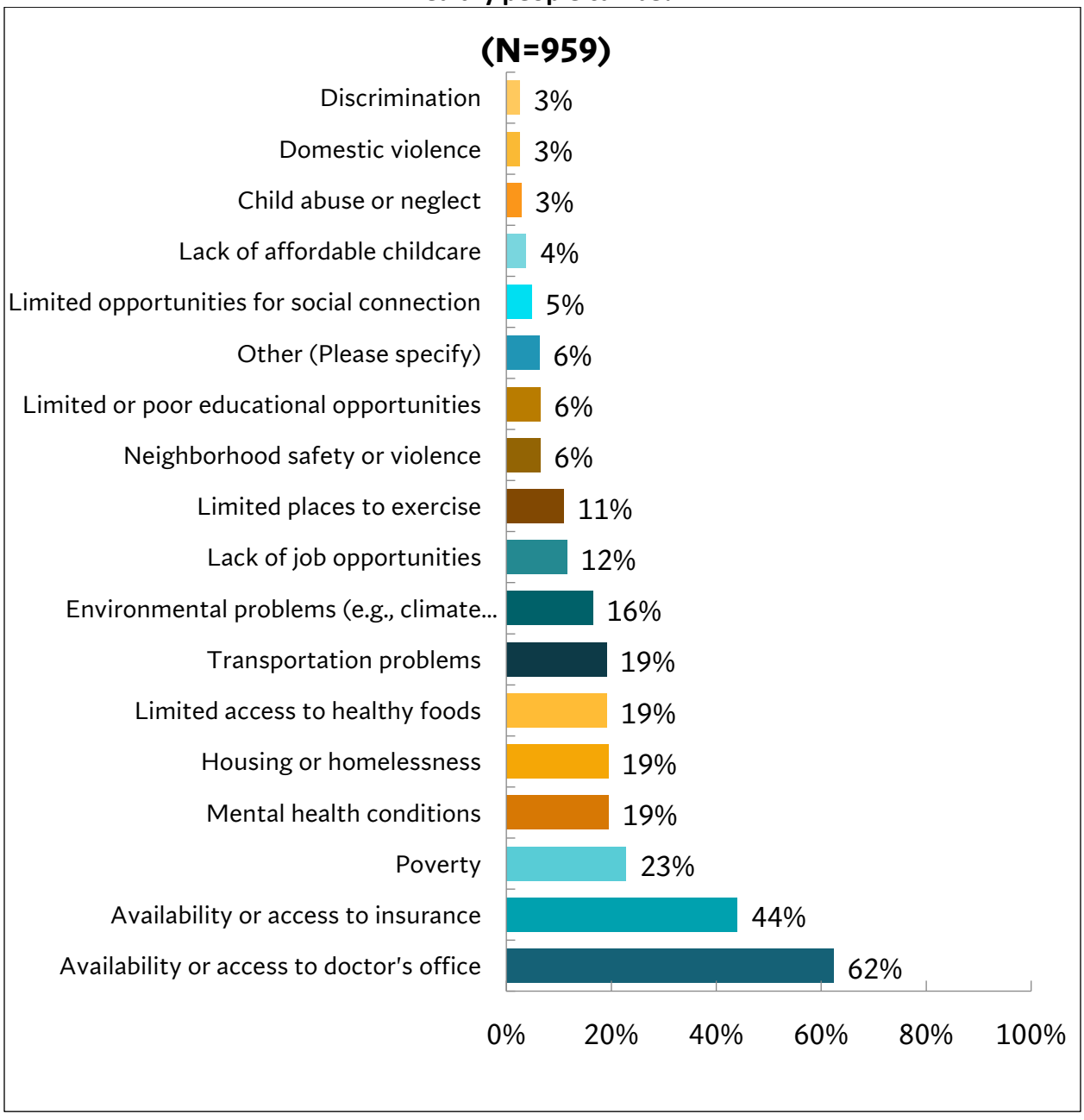


Figure A5.9: What are the 3 most important factors in people's surroundings that limit how healthy people can be? (By Age)

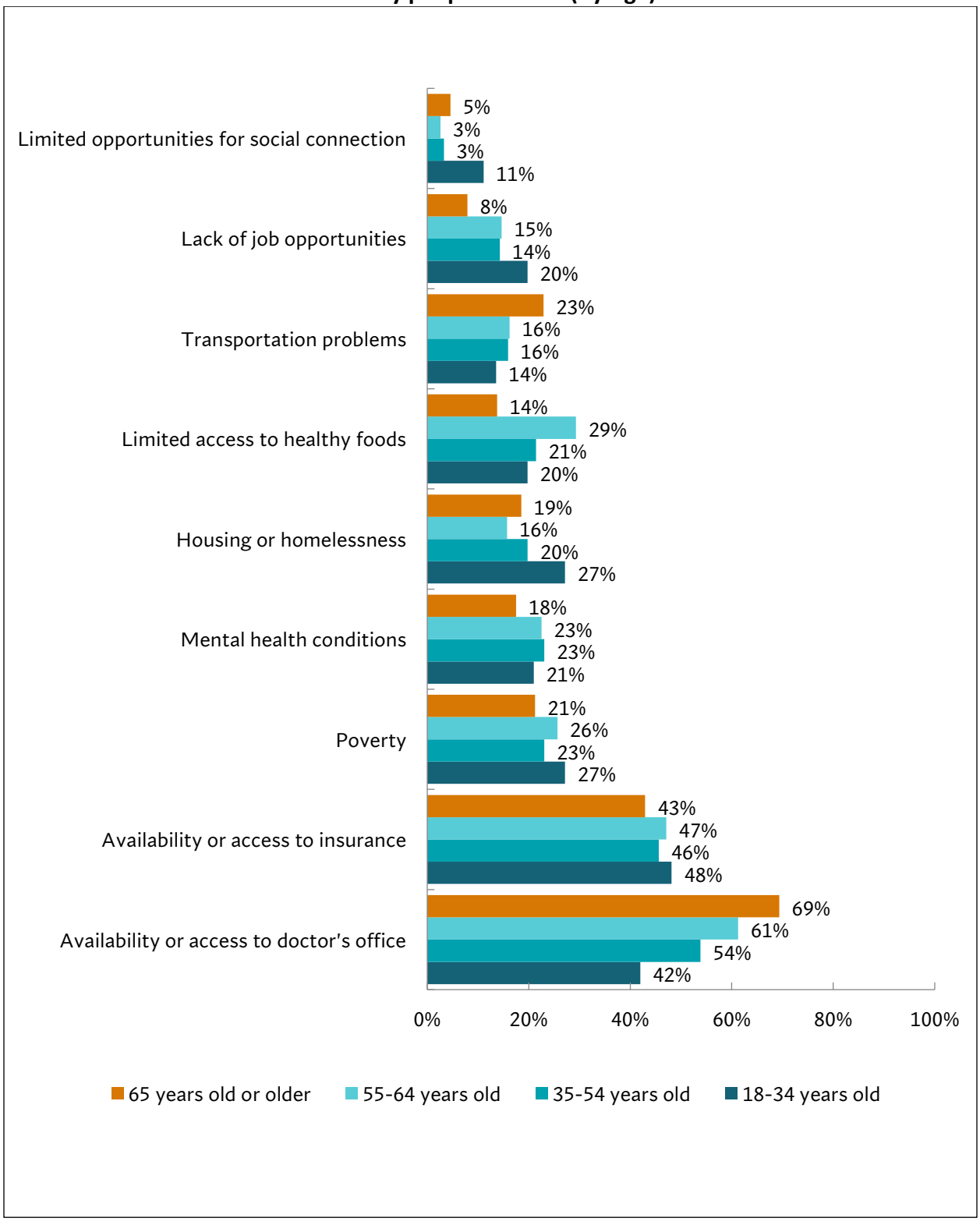


Figure A5.10: What are the 3 most important factors in people's surroundings that limit how healthy people can be? (By Gender)

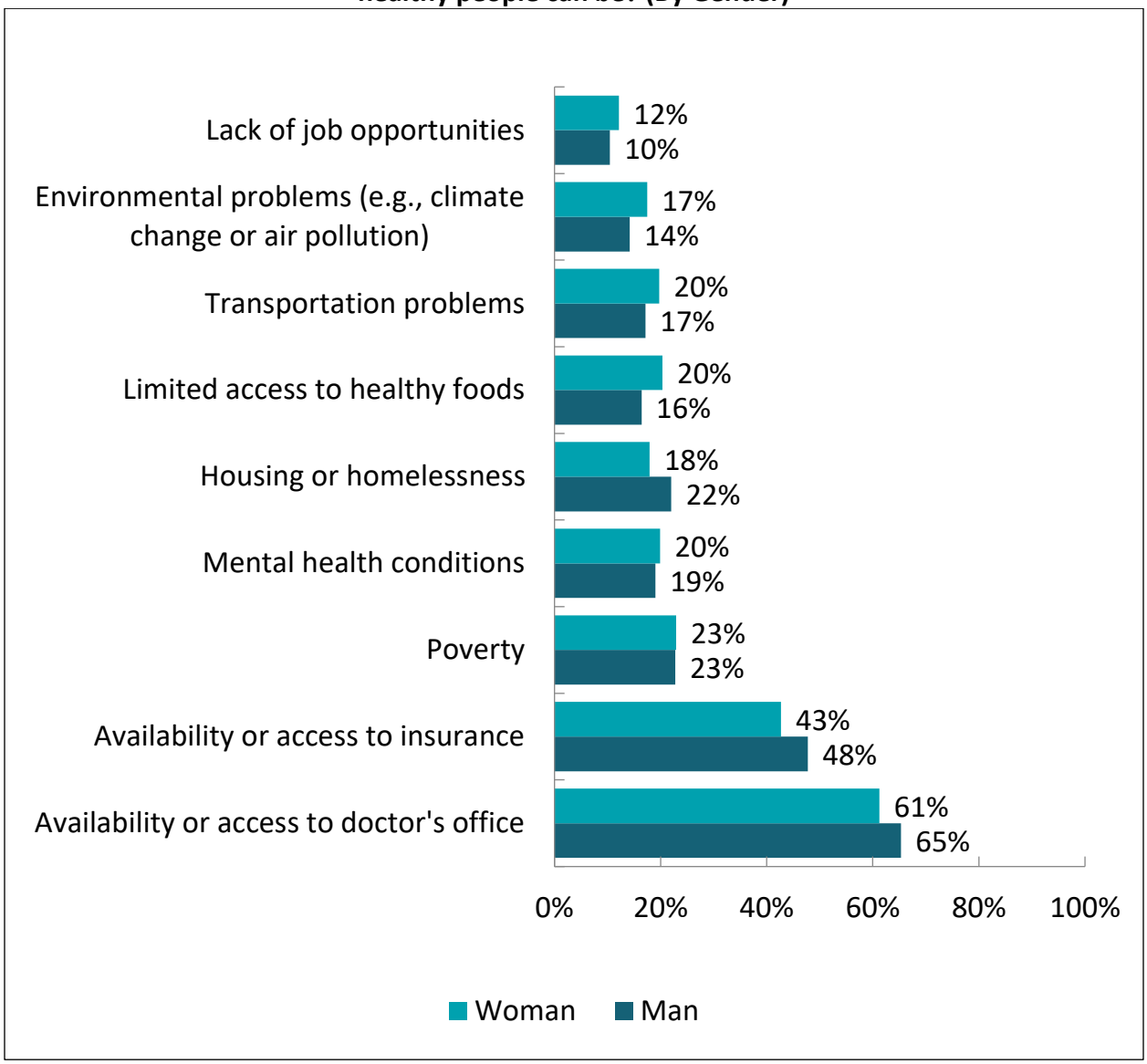


Figure A5.11: What are the 3 most important factors in people's surroundings that limit how healthy people can be? (By Race)

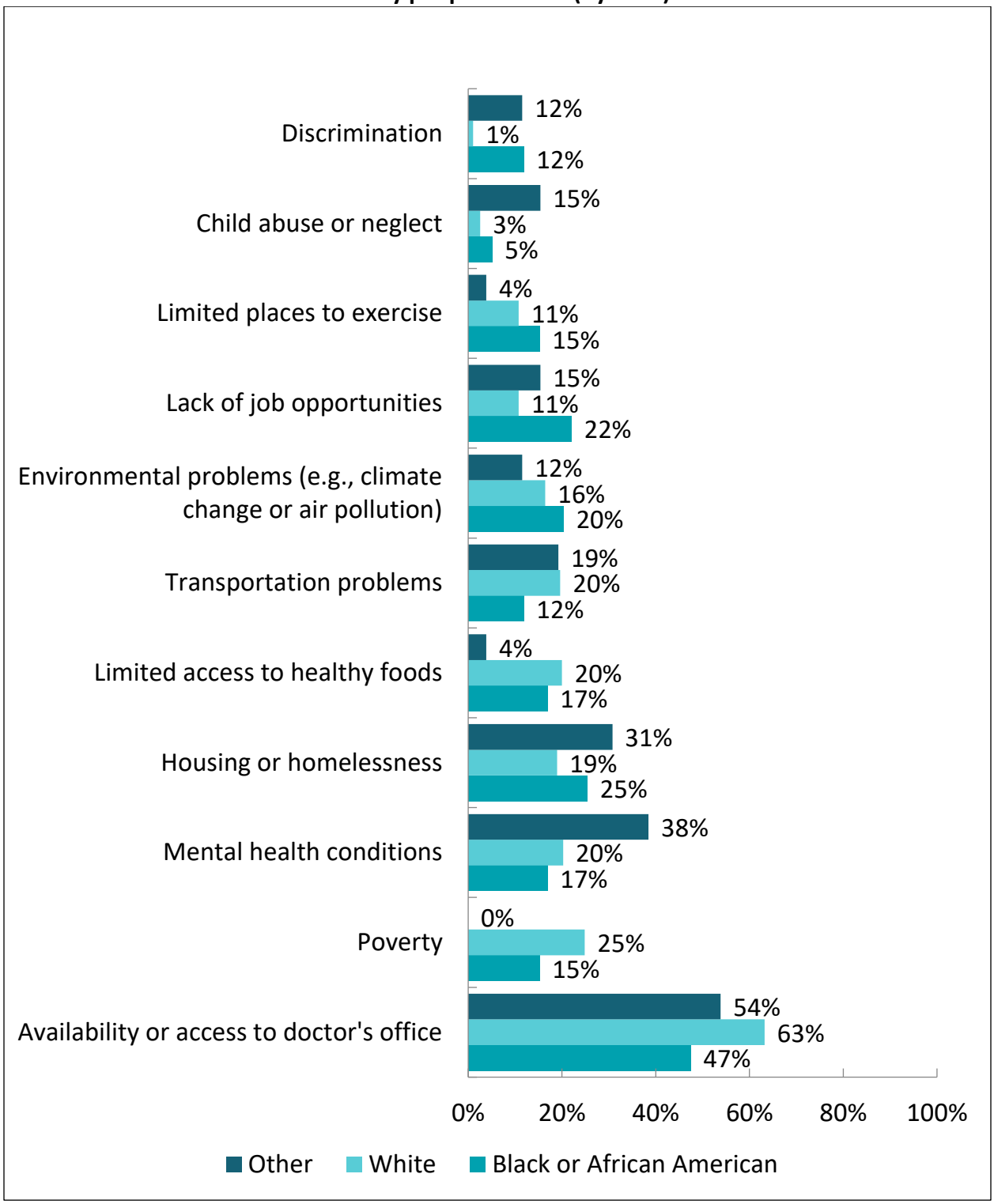


Figure A5.12: What are the 3 most important factors in people's surroundings that limit how healthy people can be? (By Ethnicity)

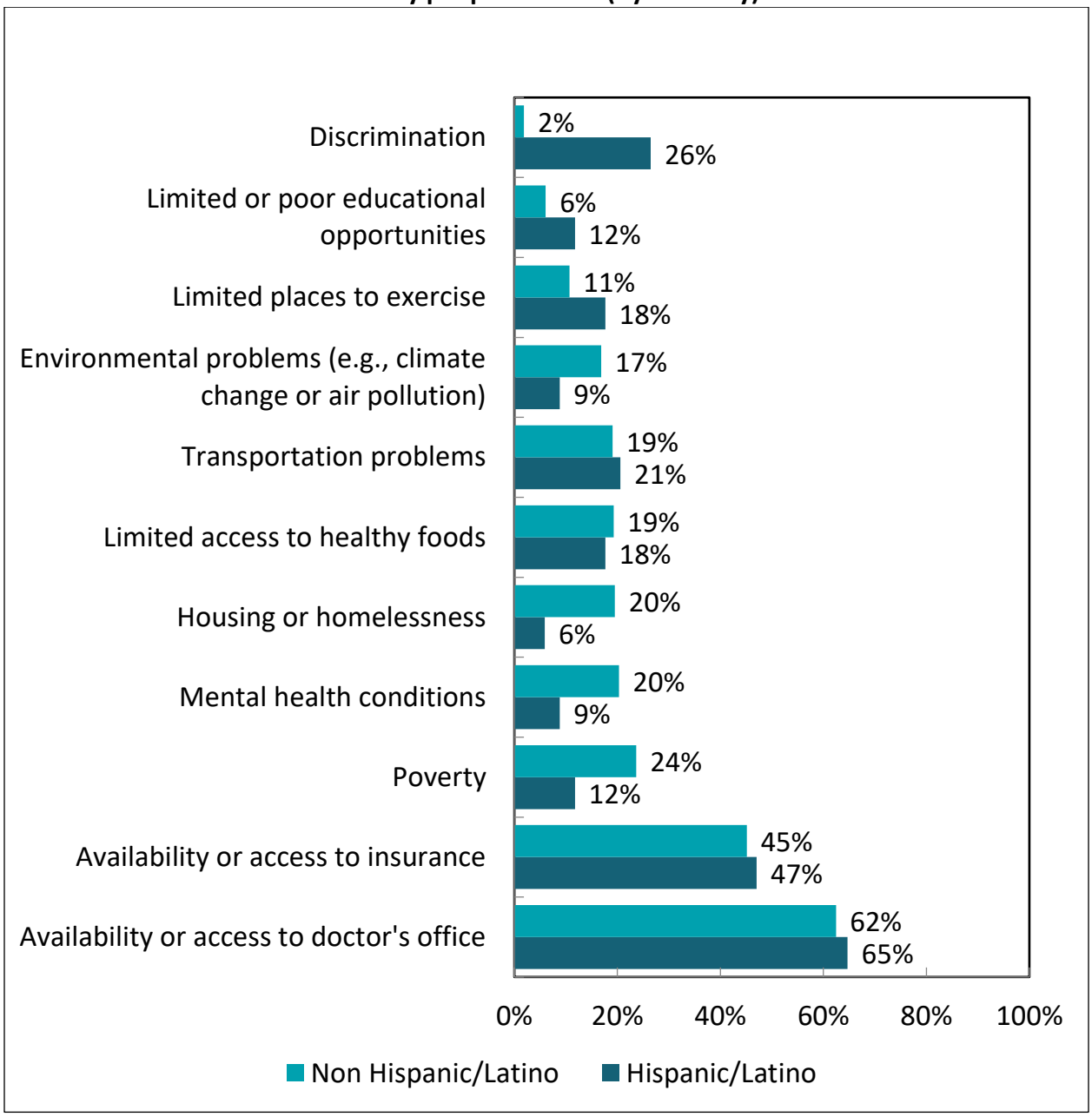


Figure A5.13 What are the 3 most important health problems that affect the health of Brunswick County?

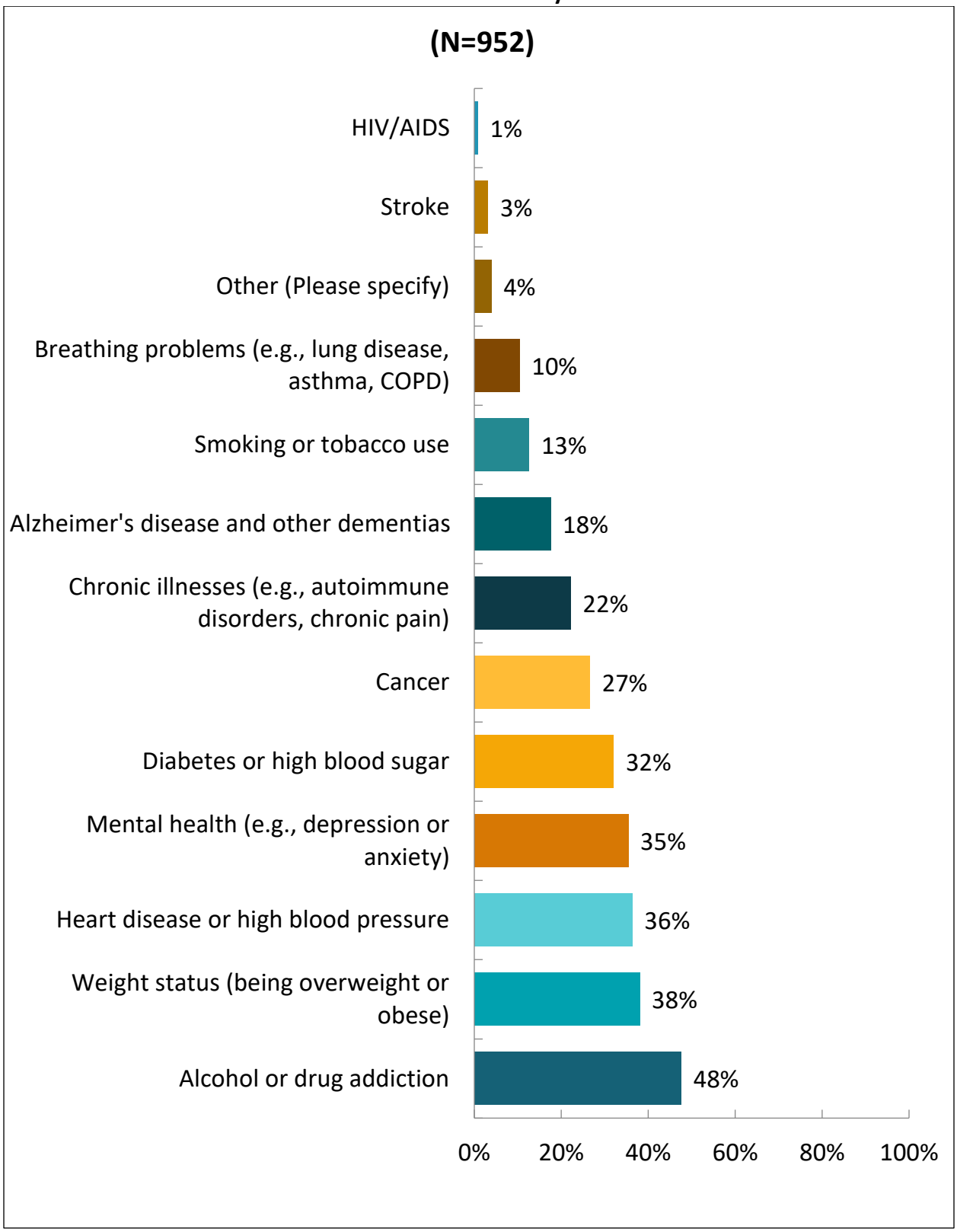


Figure A5.14 What are the 3 most important health problems that affect the health of Brunswick County? (By Age)

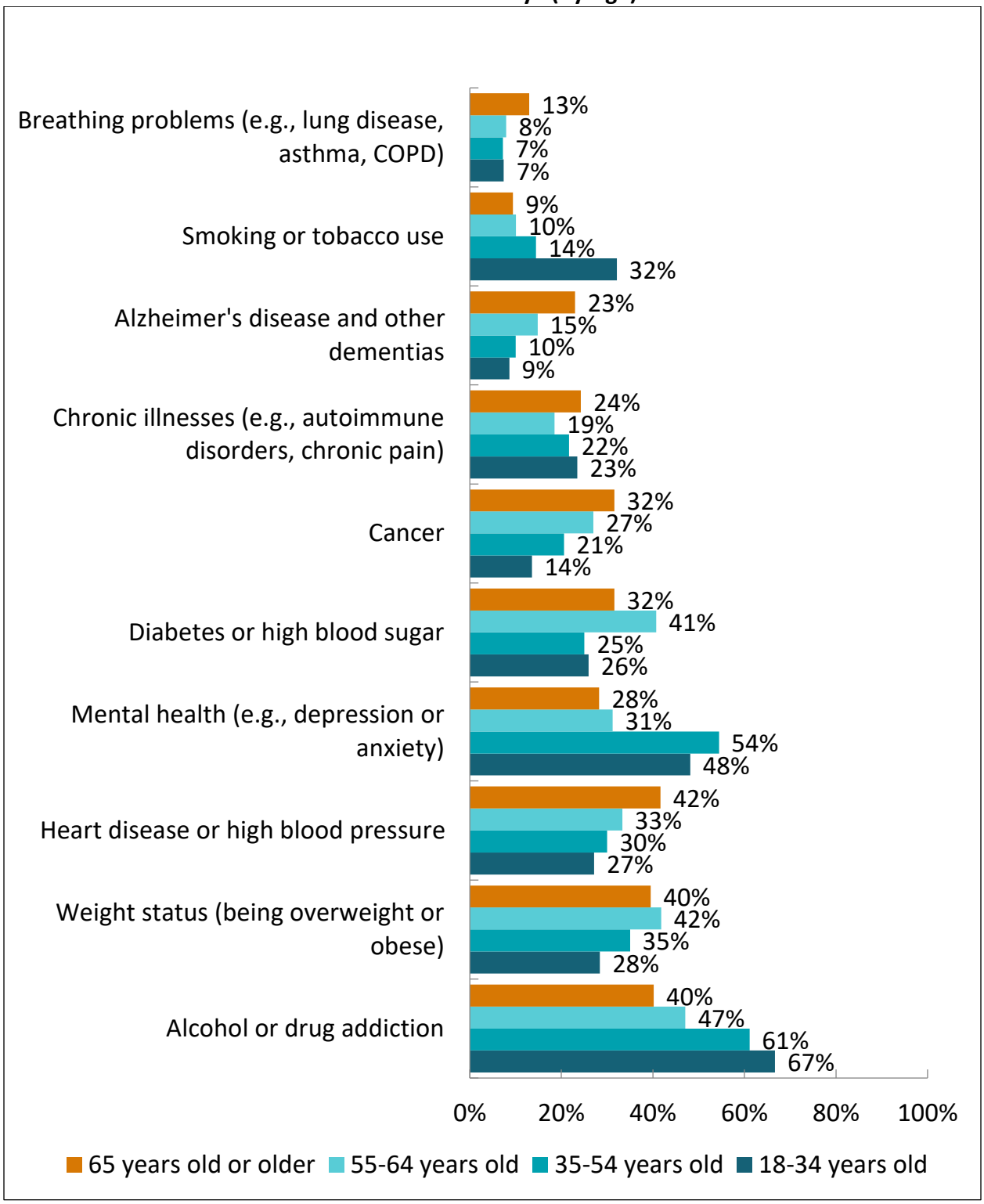


Figure A5.15 What are the 3 most important health problems that affect the health of Brunswick County? (By Gender)

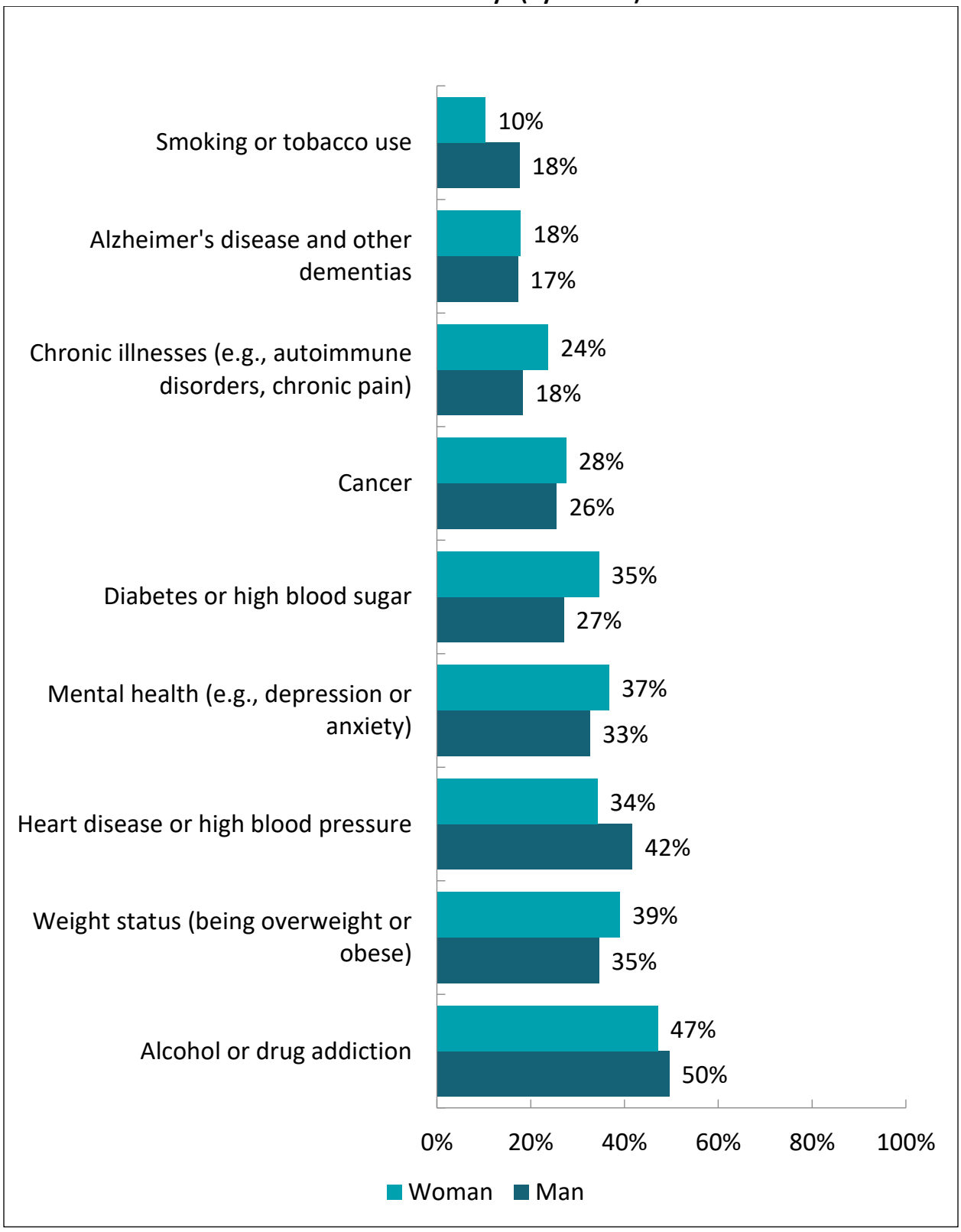


Figure A5.16: What are the 3 most important health problems that affect the health of Brunswick County? (By Race)

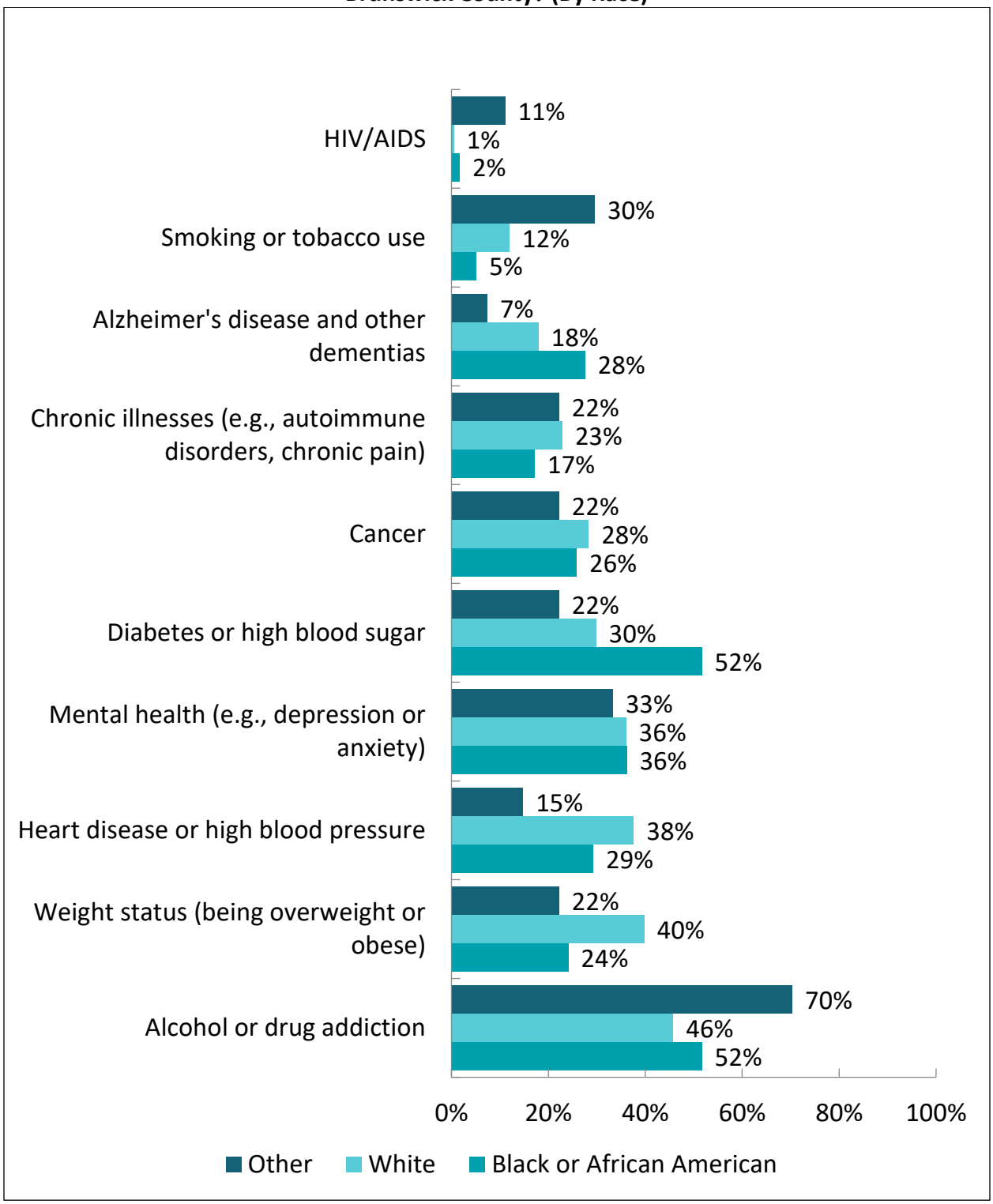


Figure A5.17: What are the 3 most important health problems that affect the health of Brunswick County? (By Ethnicity)

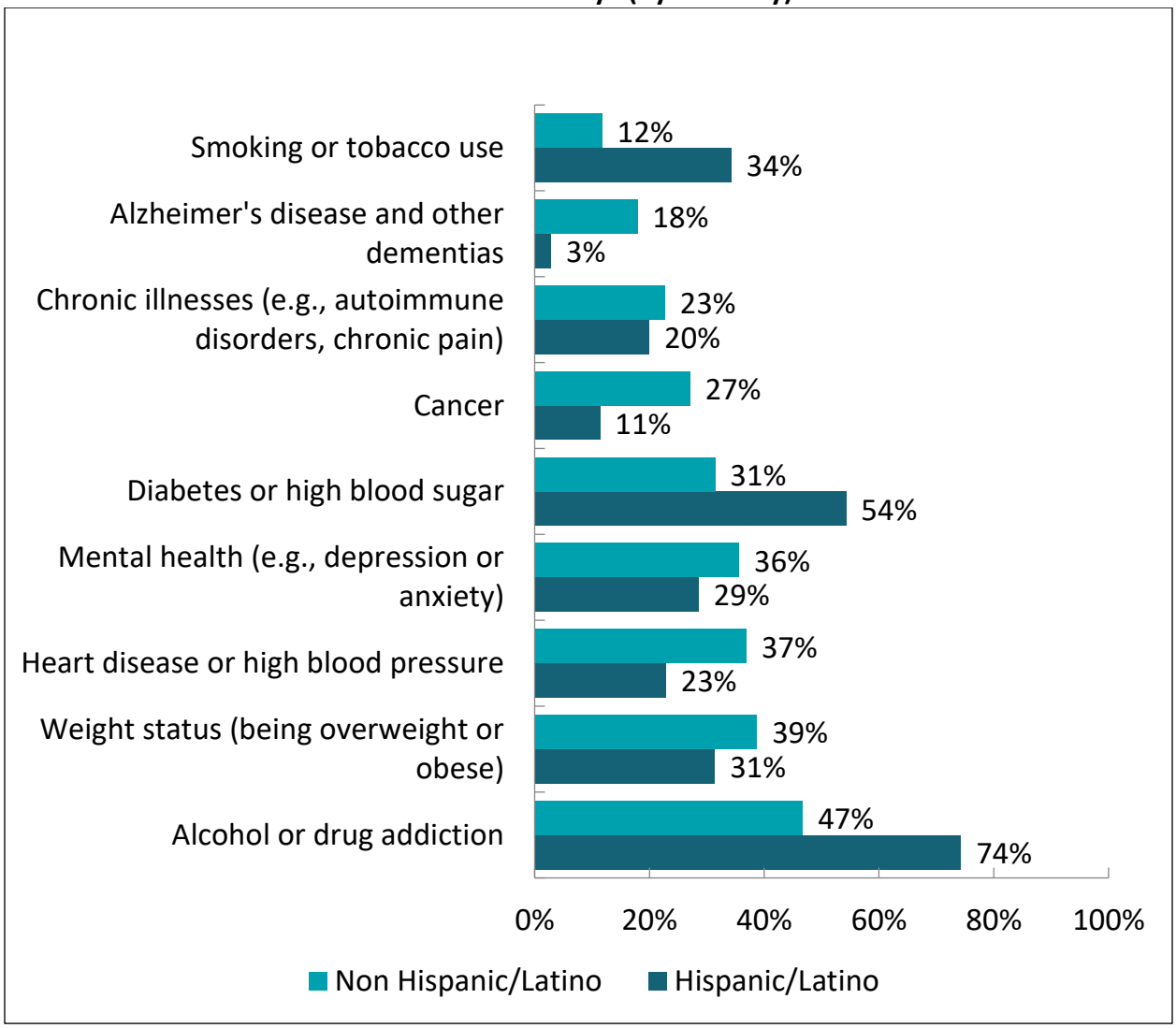


Figure A5.18 What are the 3 most important reasons people in Brunswick County do not get health care?

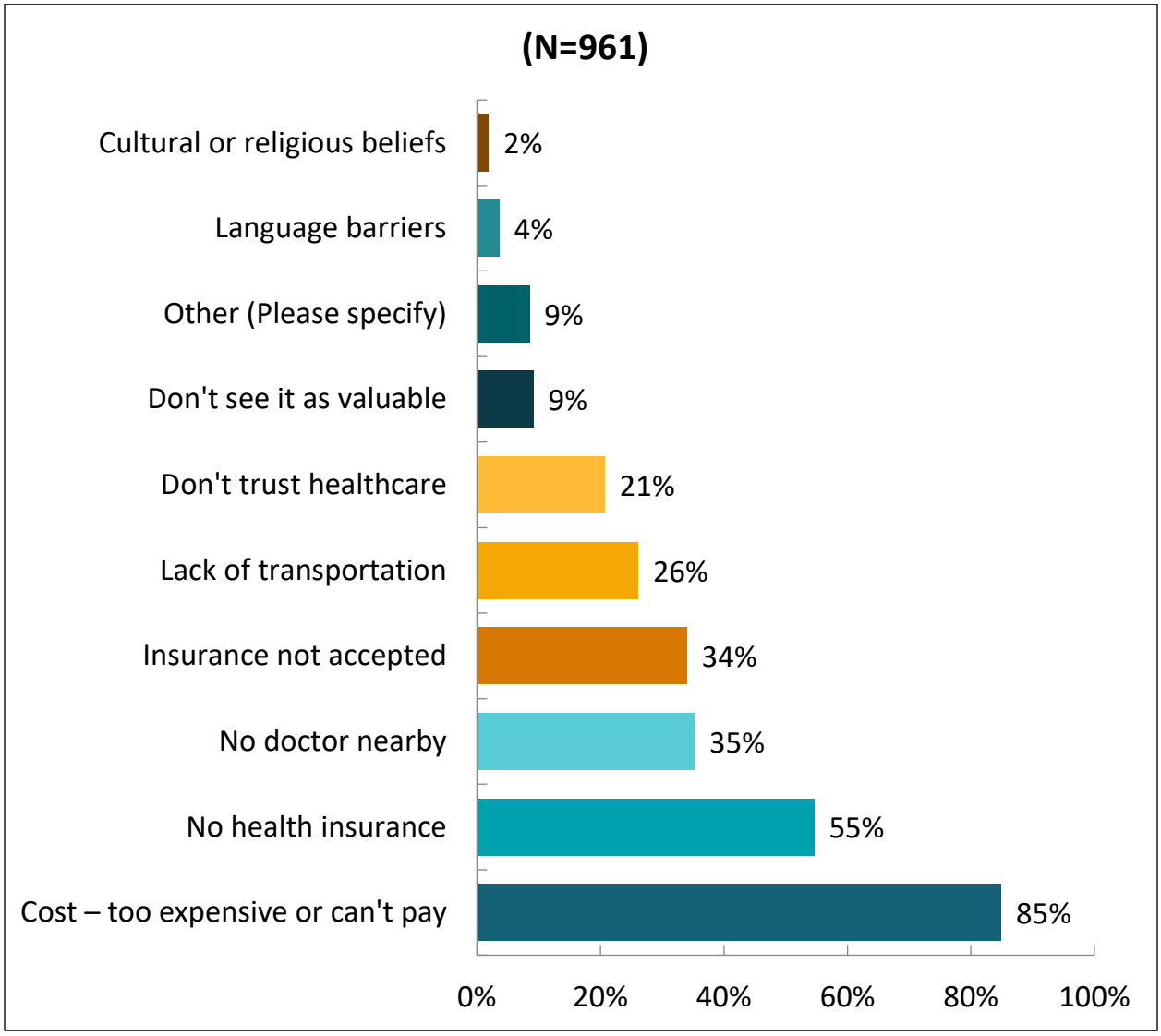


Figure A5.19: What are the 3 most important reasons people in Brunswick County do not get health care? (By Age)

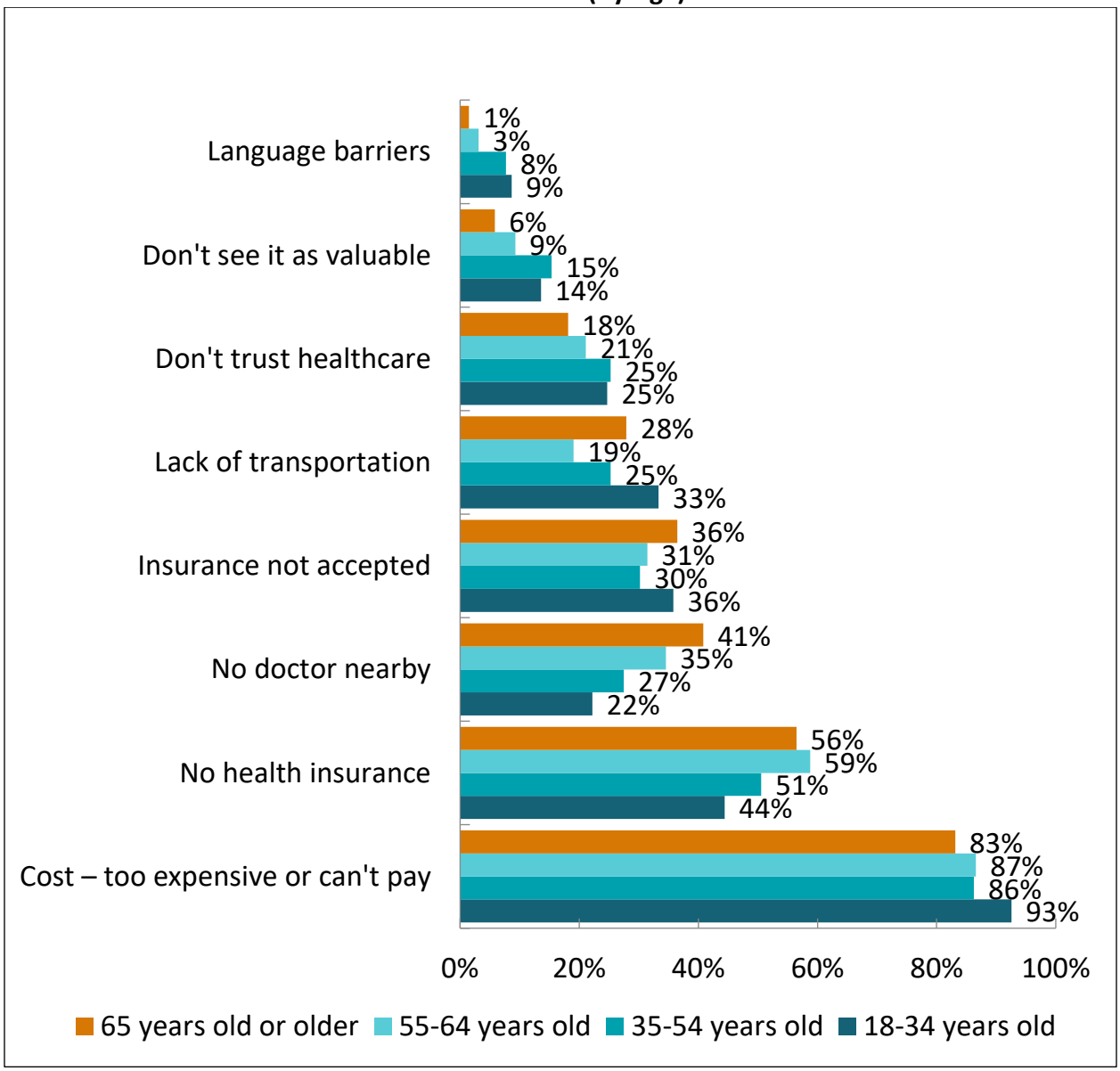


Figure A5.20: What are the 3 most important reasons people in Brunswick County do not get health care? (By Gender)

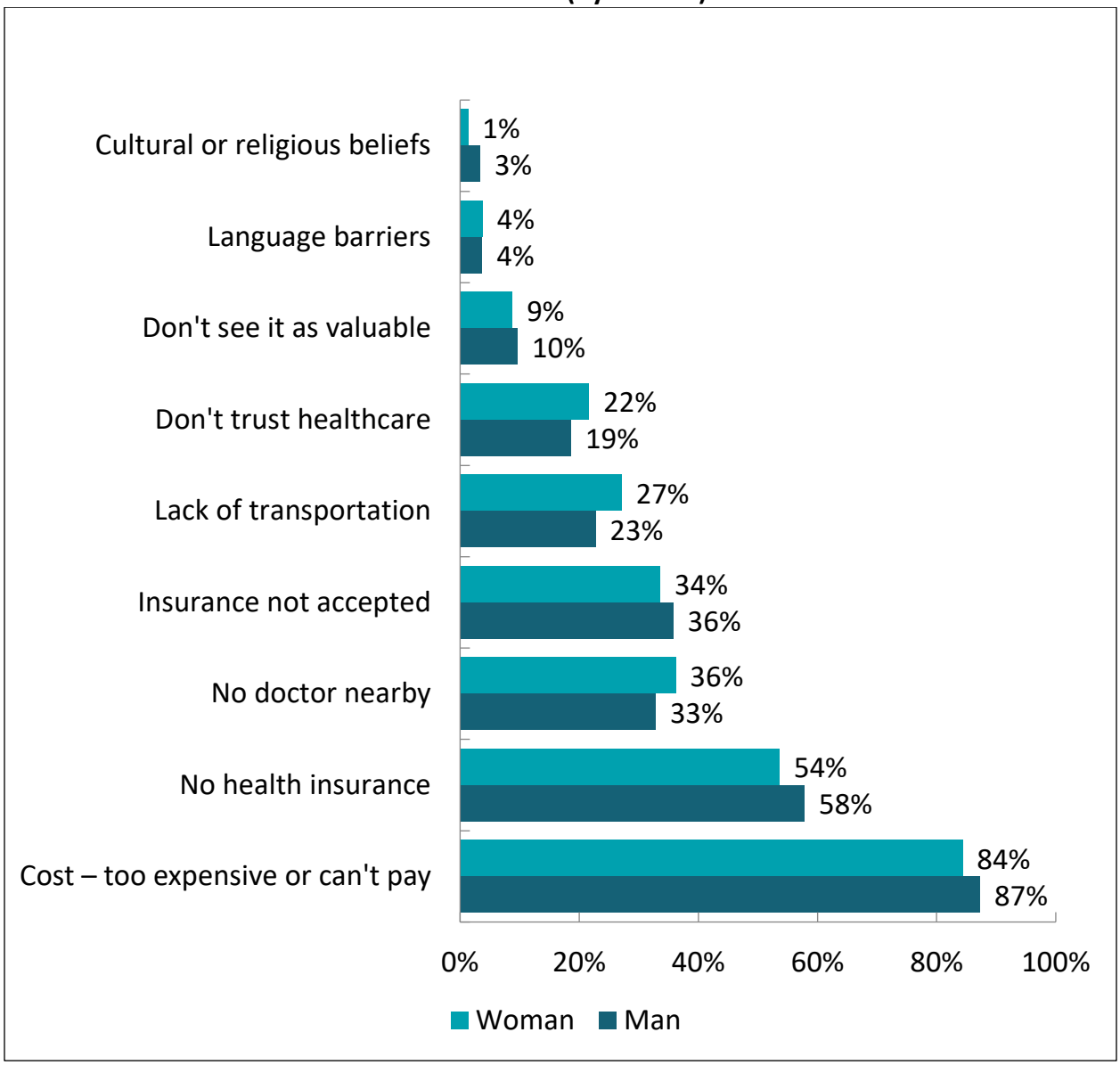


Figure A5.21: What are the 3 most important reasons people in Brunswick County do not get health care? (By Race)

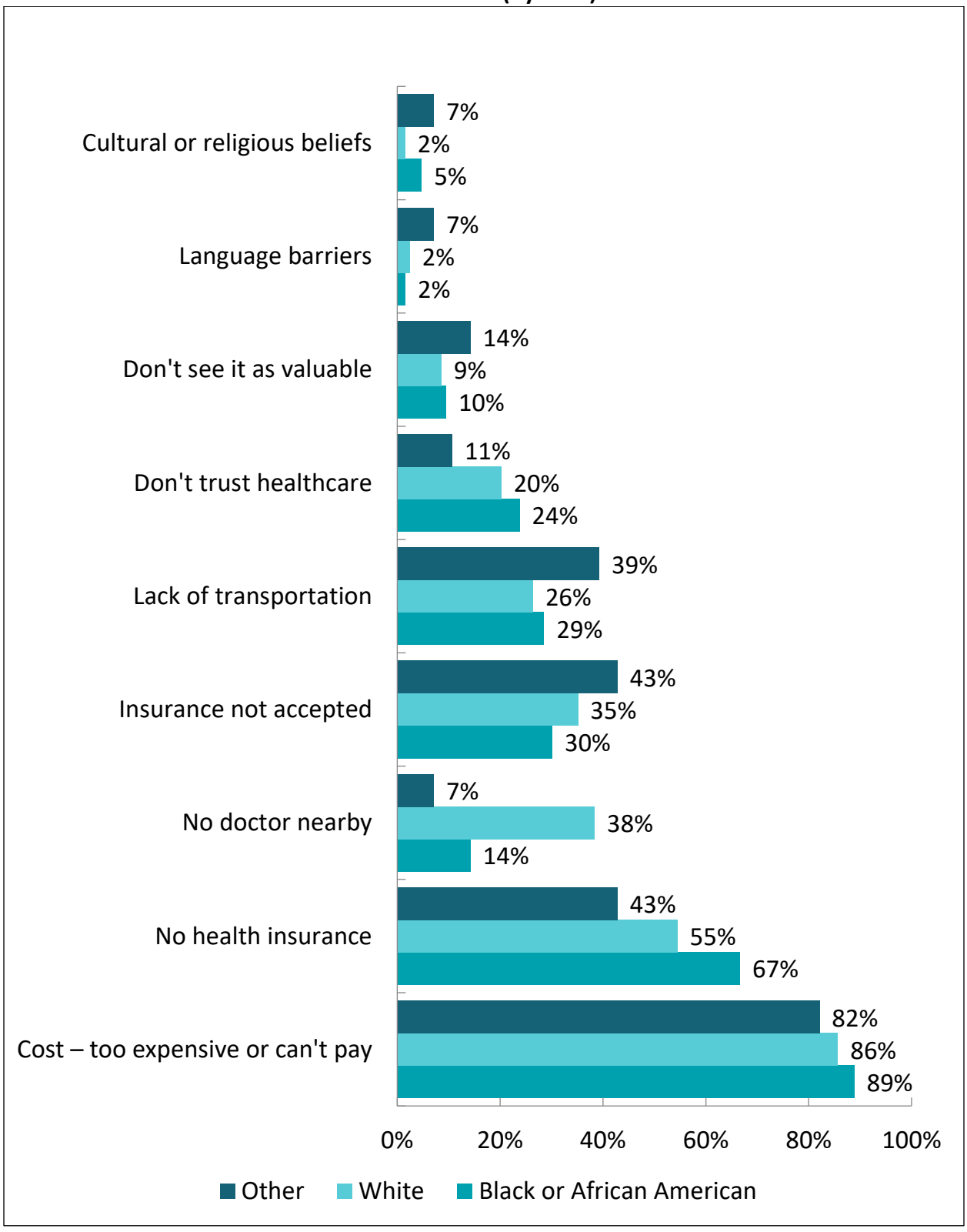


Figure A5.22: What are the 3 most important reasons people in Brunswick County do not get health care? (By Ethnicity)

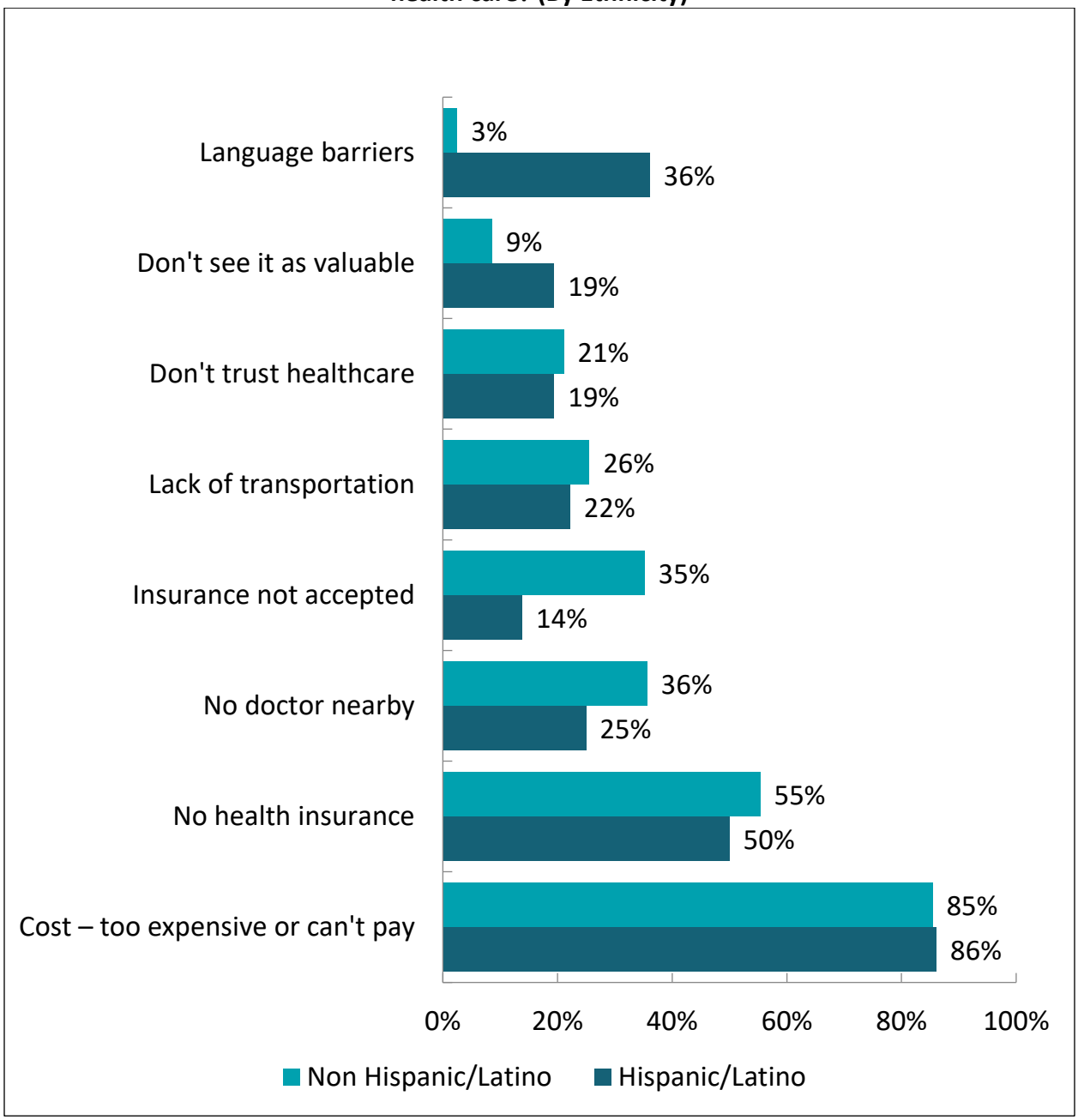
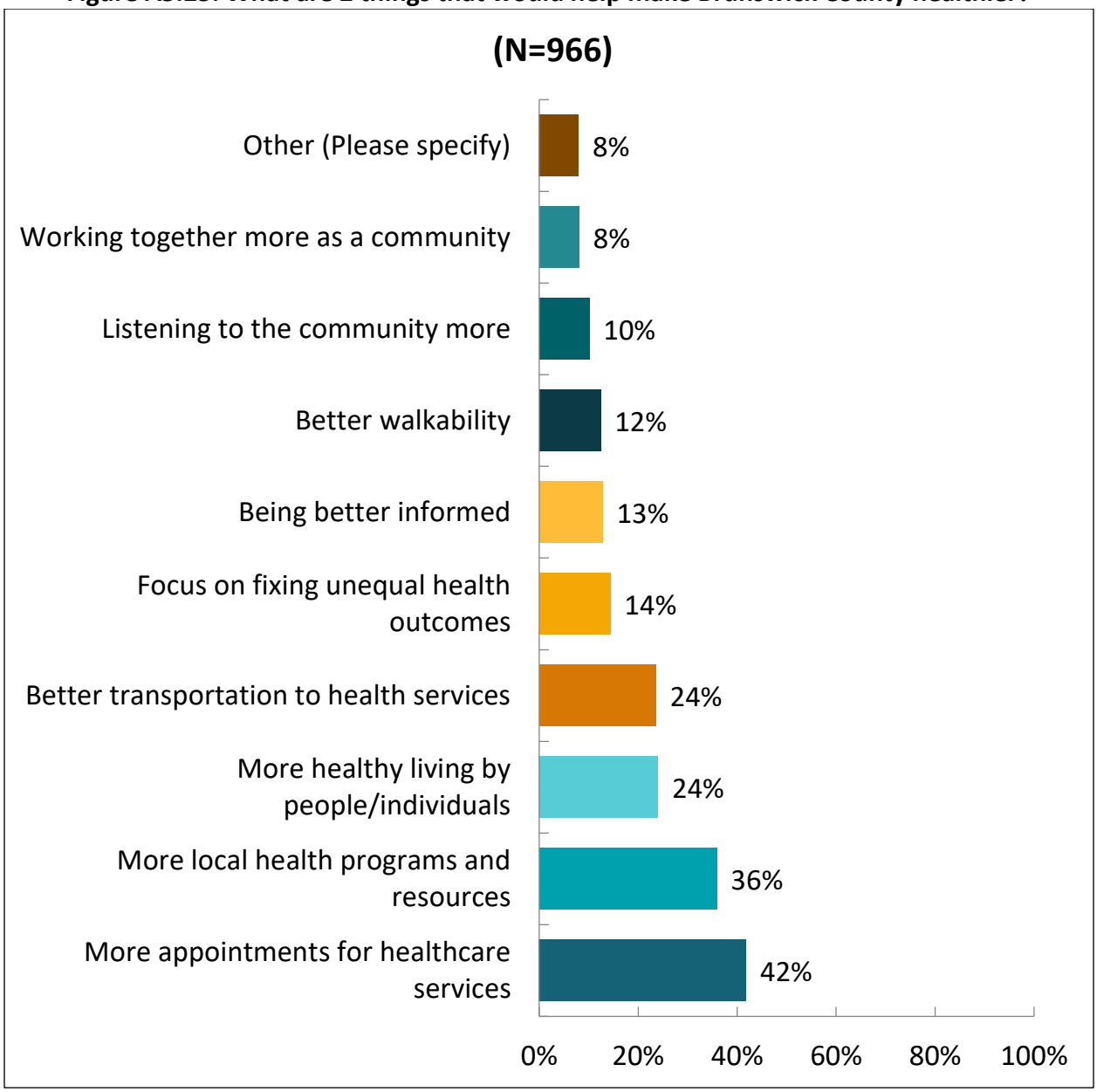


Figure A5.23: What are 2 things that would help make Brunswick County healthier?



Topic: Access to Care

Figure A5.24: People may delay getting medical care for various reasons. In the PAST 12 MONTHS, which of the following barriers have you faced when trying to access healthcare services?

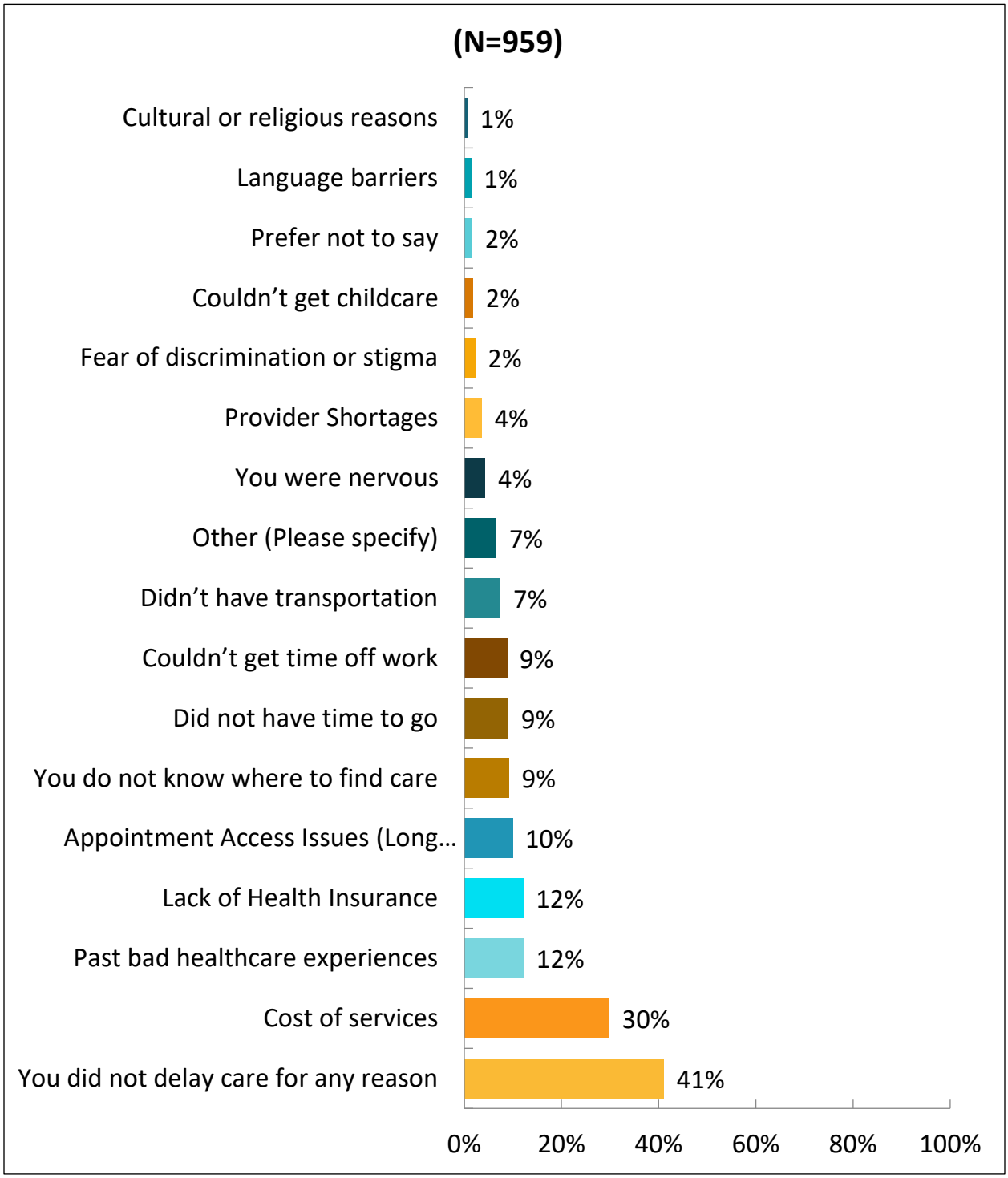


Figure A5.25: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (Select all that apply):

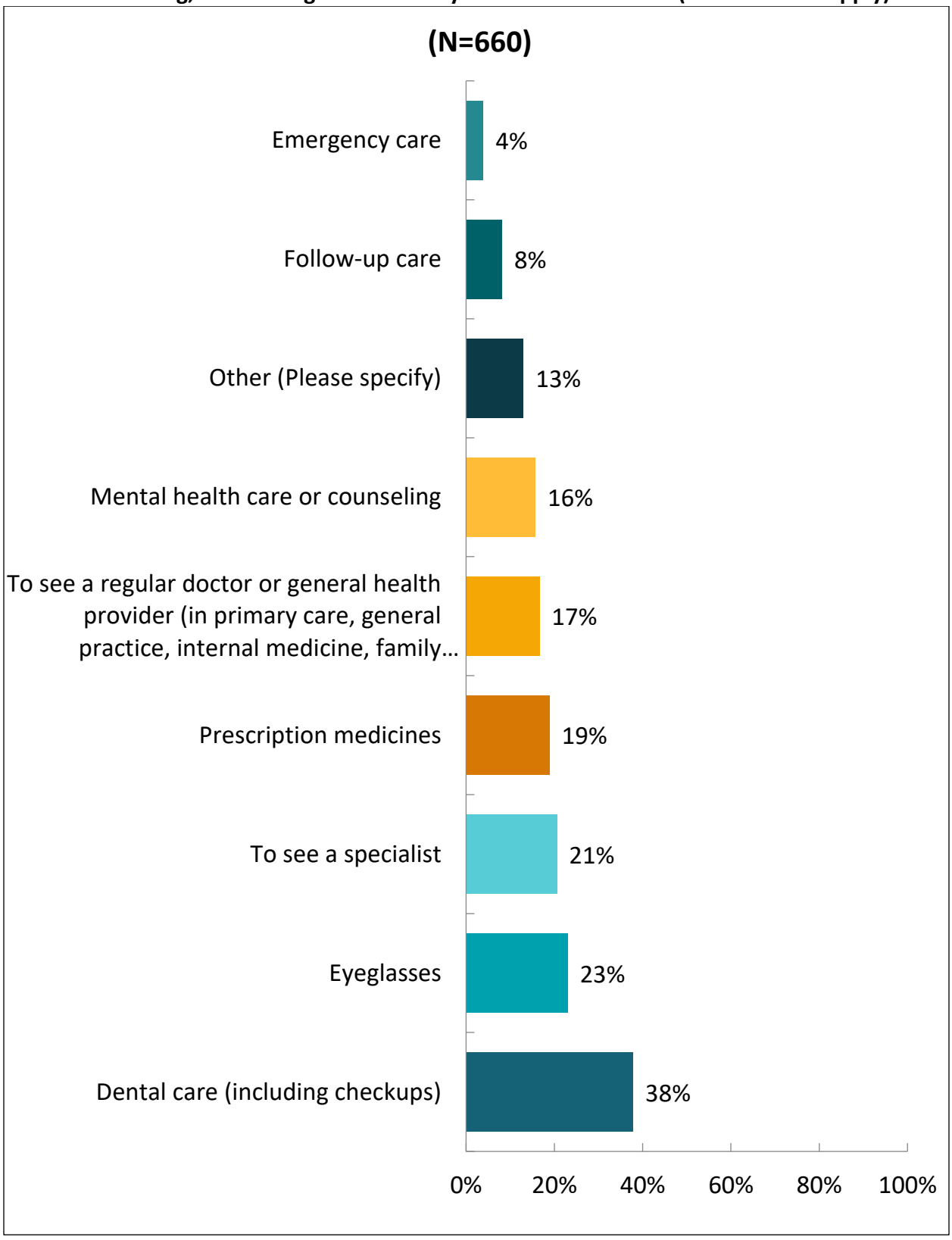


Figure A5.26 DURING THE PAST 12 MONTHS, did you need dental care but couldn't get it?

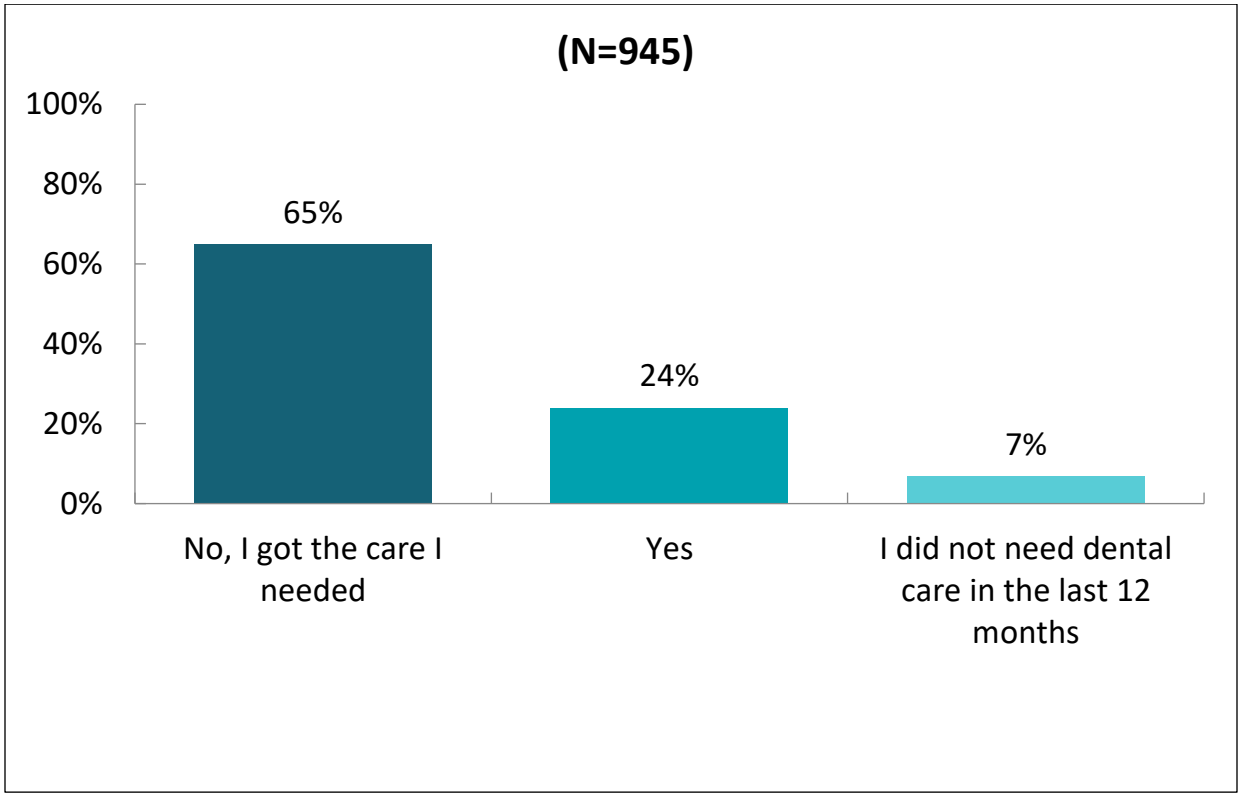
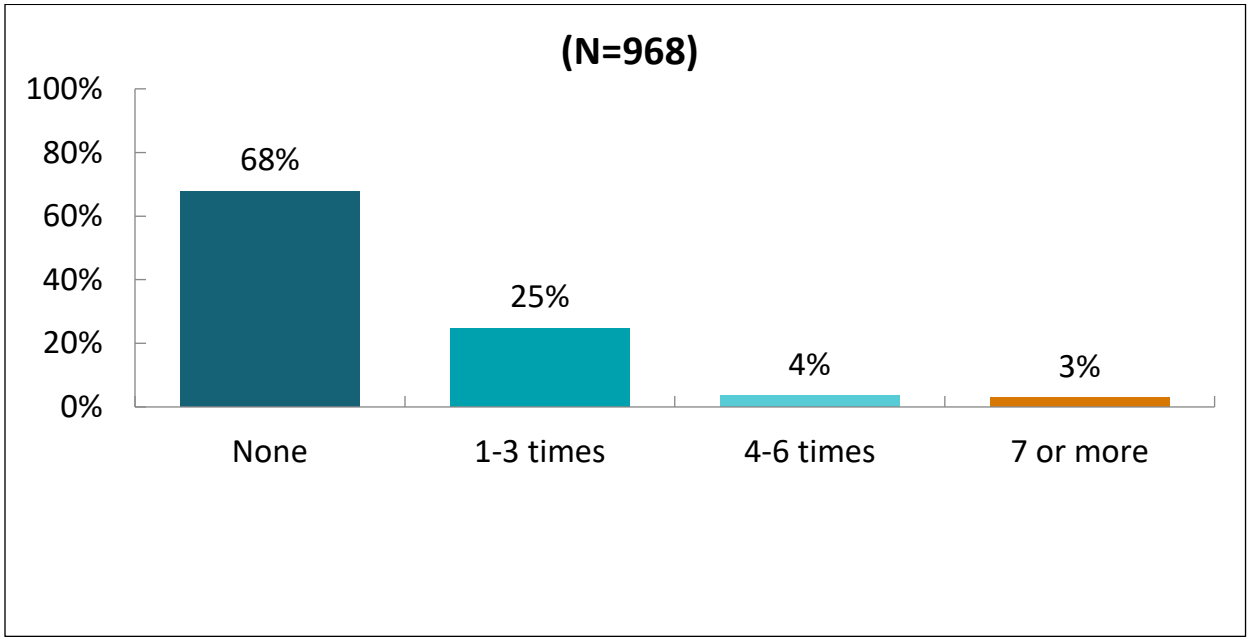


Figure A5.27: DURING THE PAST 12 MONTHS, how many times did you use telehealth to access medical care?



Topic: Health Outcomes

Figure A5.28: Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time?

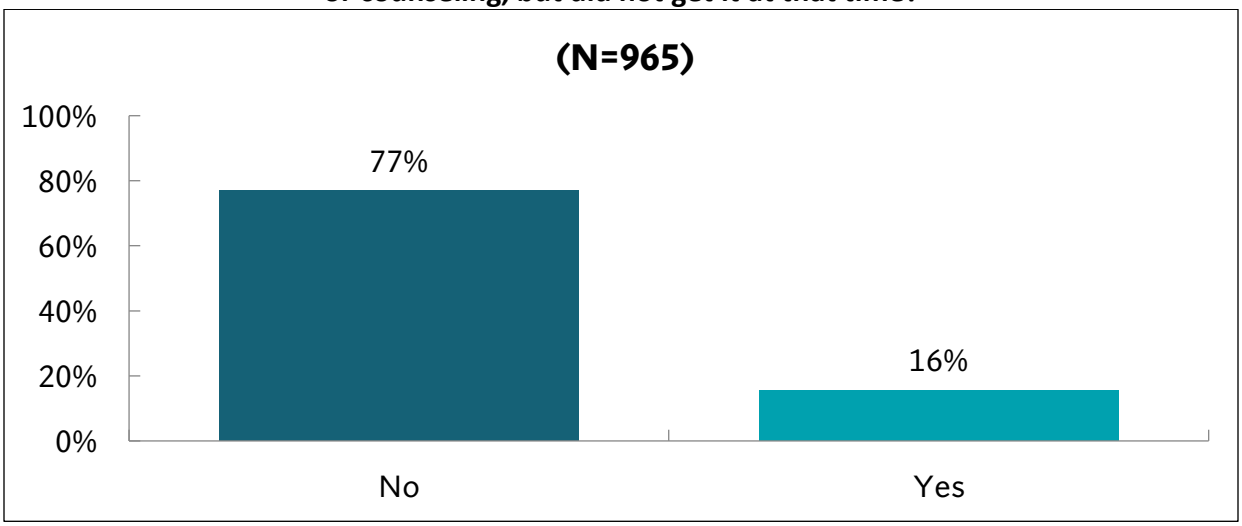


Figure A5.29: [If "yes" to the previous question] What was the MAIN reason you did not get mental health care or counseling? (Top Answers Displayed)

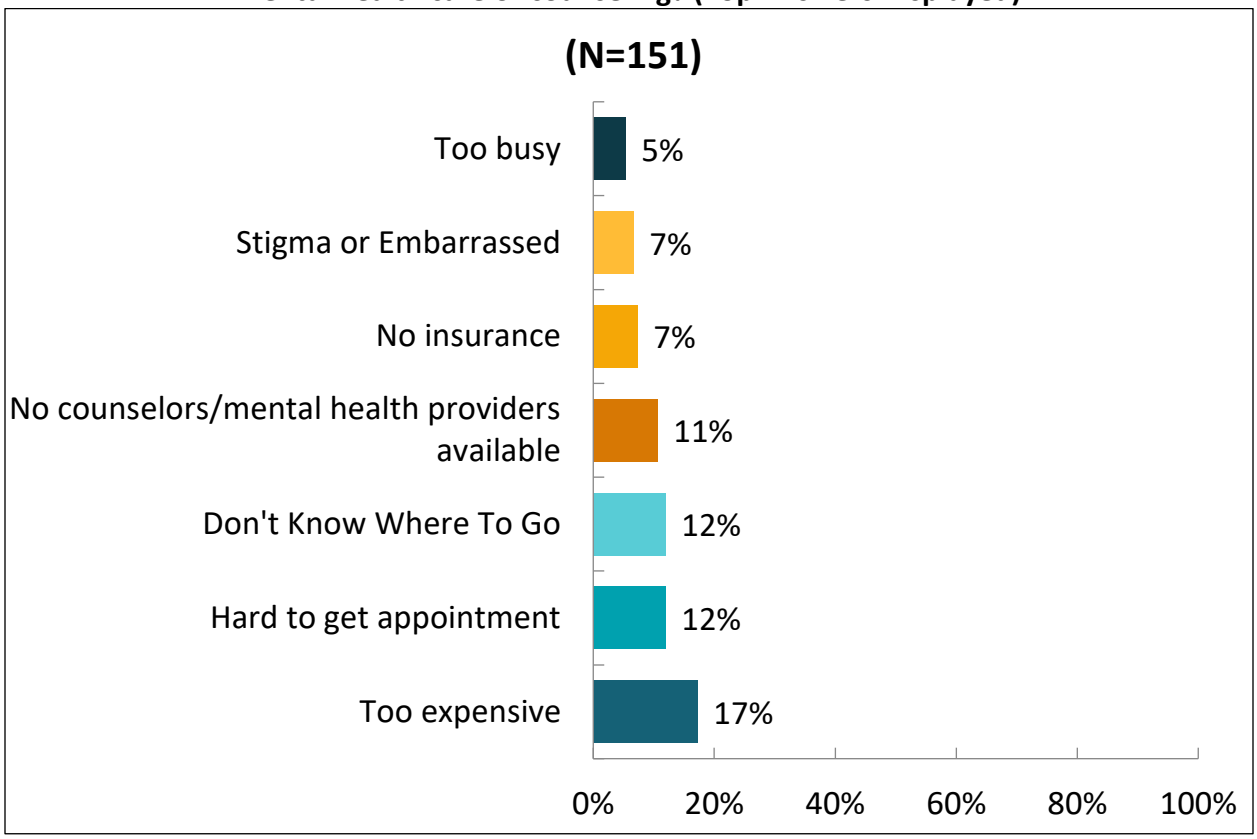


Figure A5.30: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

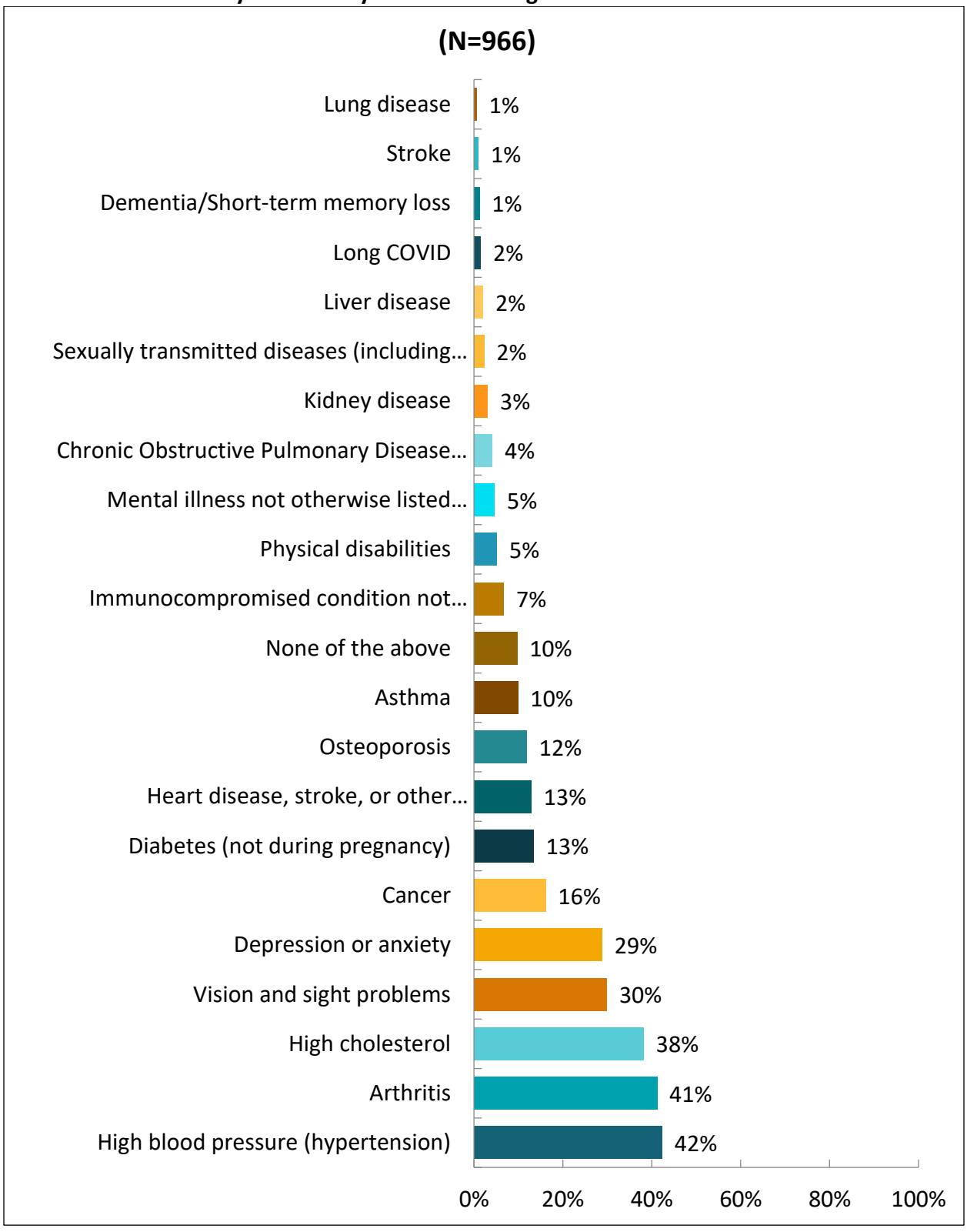
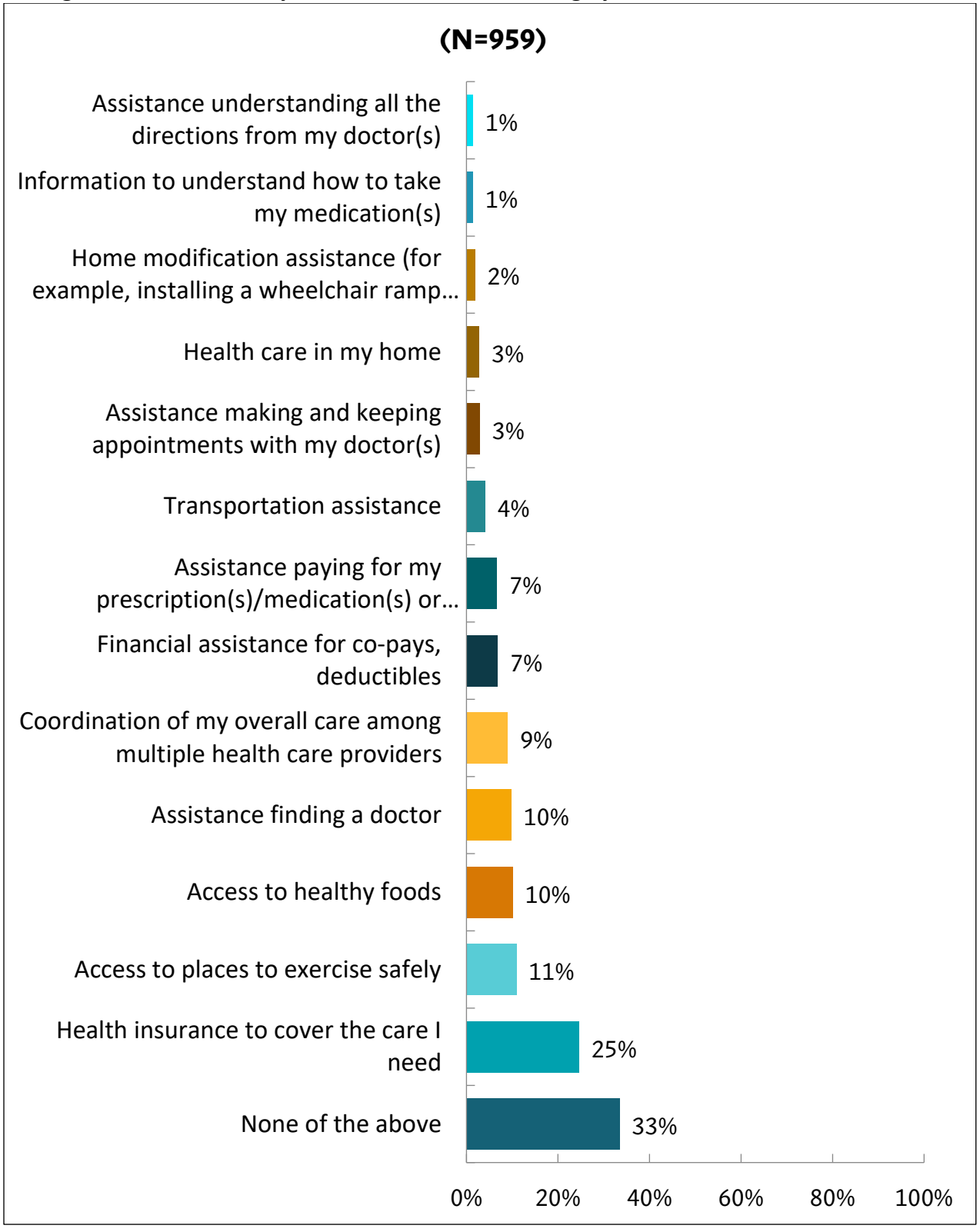


Figure A5.31: What do you need to be able to manage your current health conditions?



Topic: Health Factors

Figure A5.32: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job?

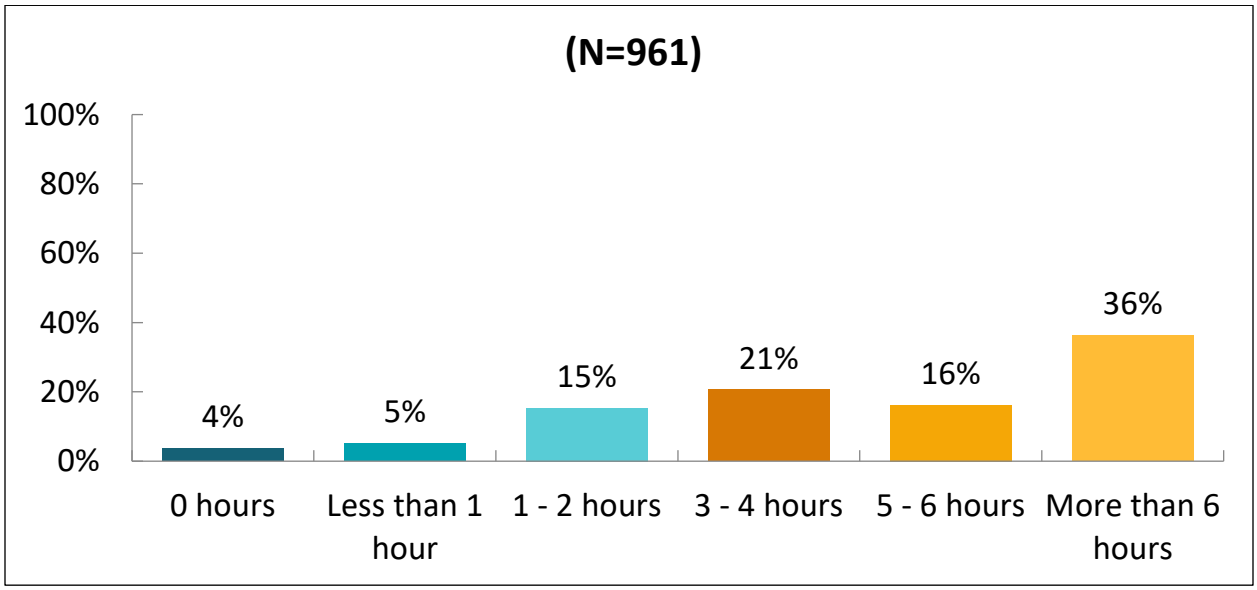


Figure A5.33: When you are active, where do you engage in exercise or physical activities? (Top Answers):

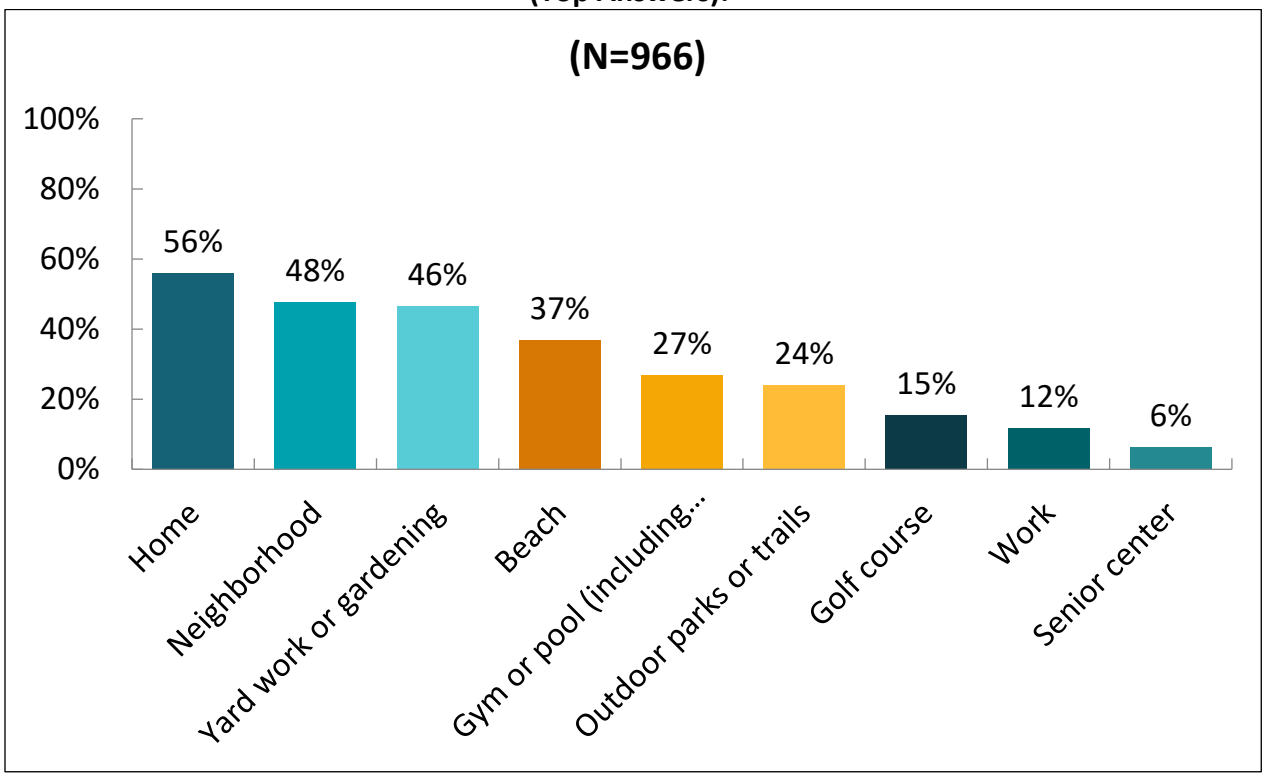


Figure A5.34: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? (By Age)

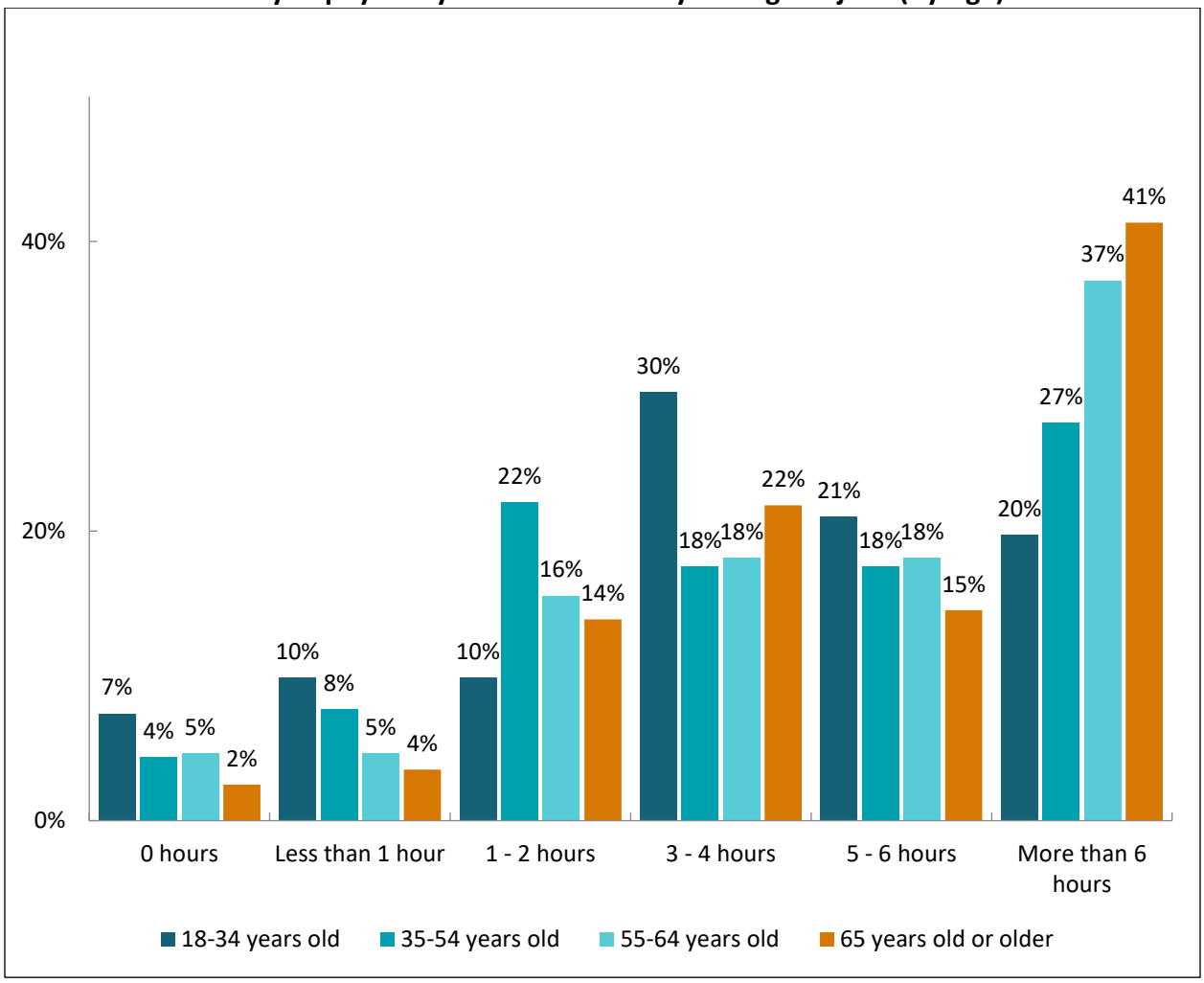


Figure A5.35: When you are active, where do you engage in exercise or physical activities? (Top Answers, By Age):

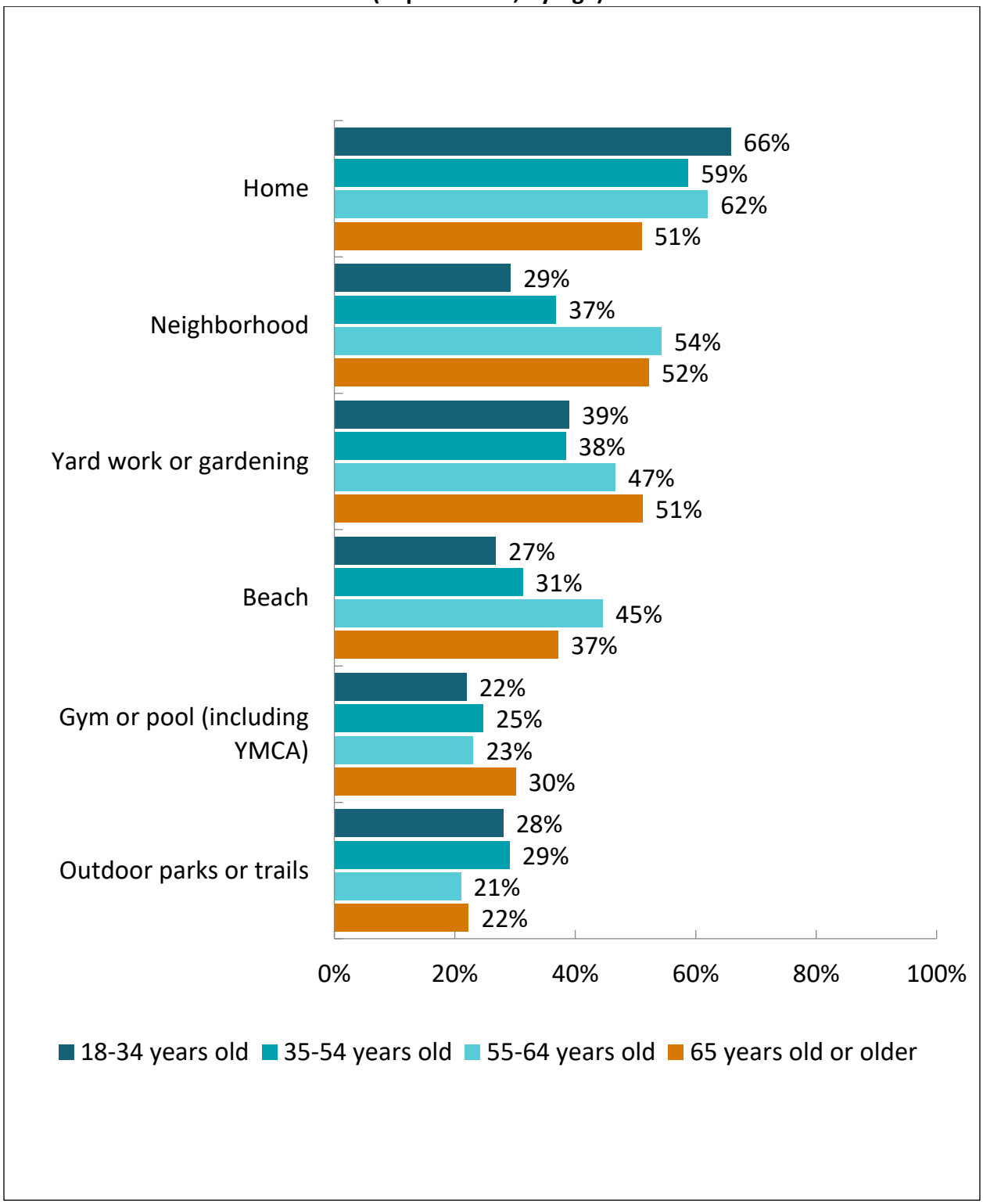


Figure A5.36: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? (By Gender)

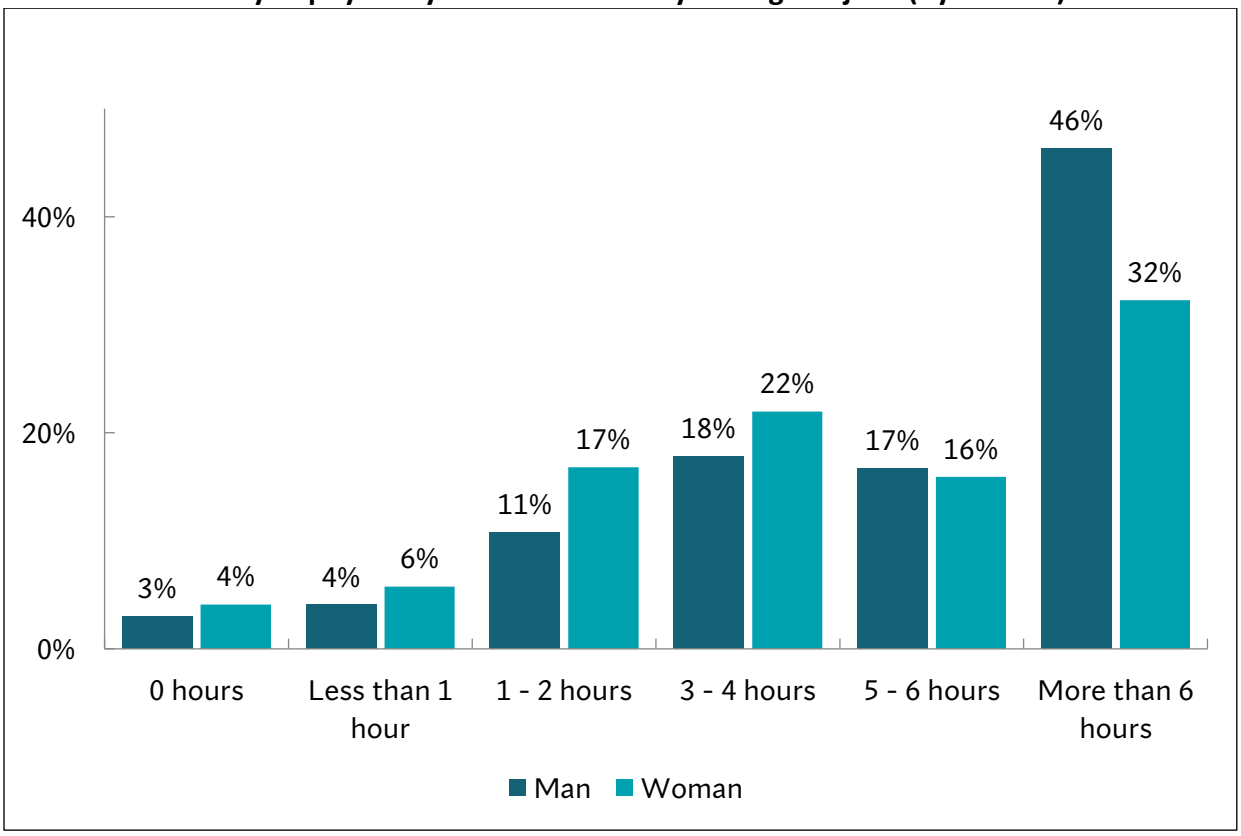


Figure A5.37: When you are active, where do you engage in exercise or physical activities? (Top Answers, By Gender):

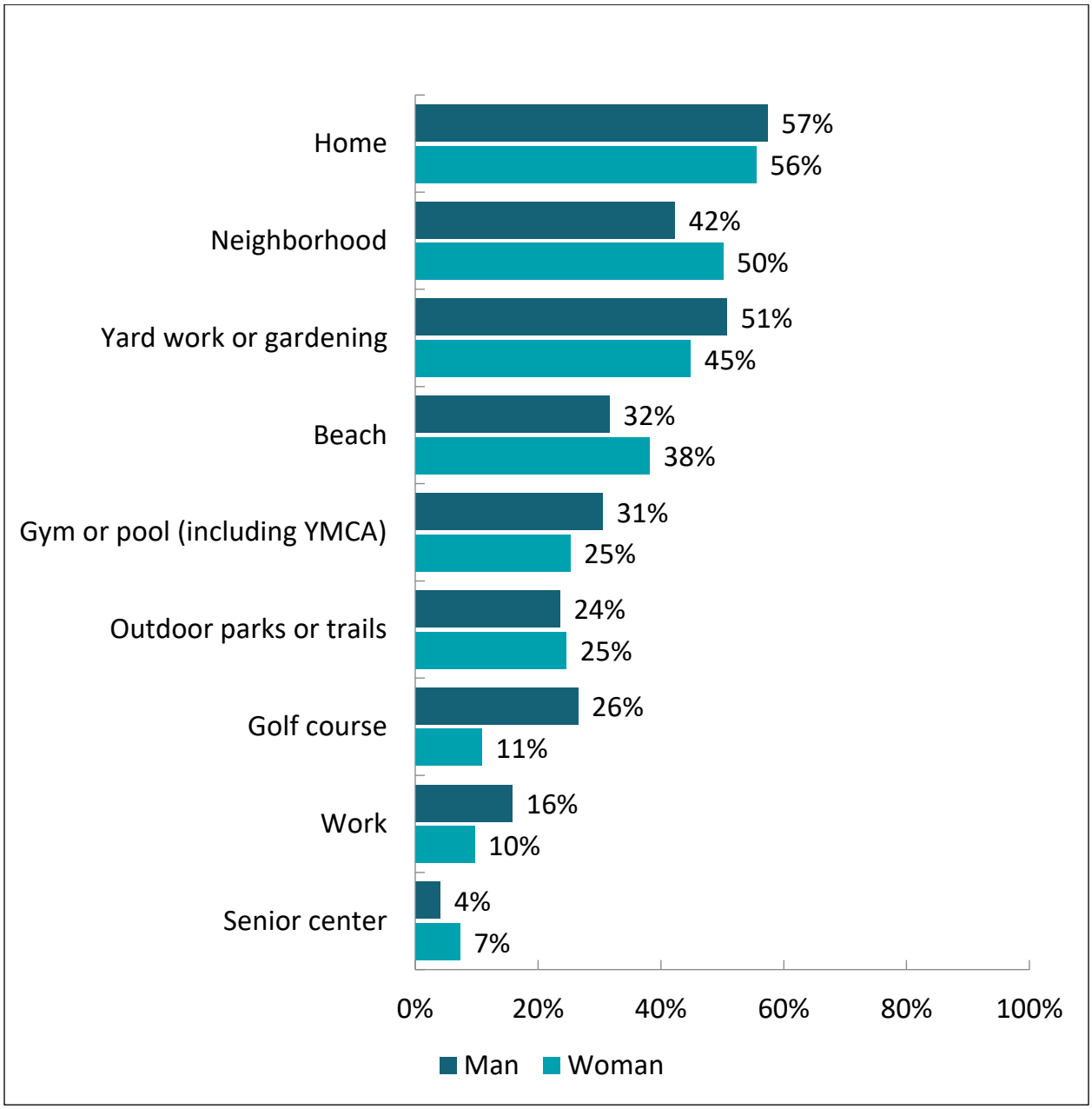


Figure A5.38: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? (By Race)

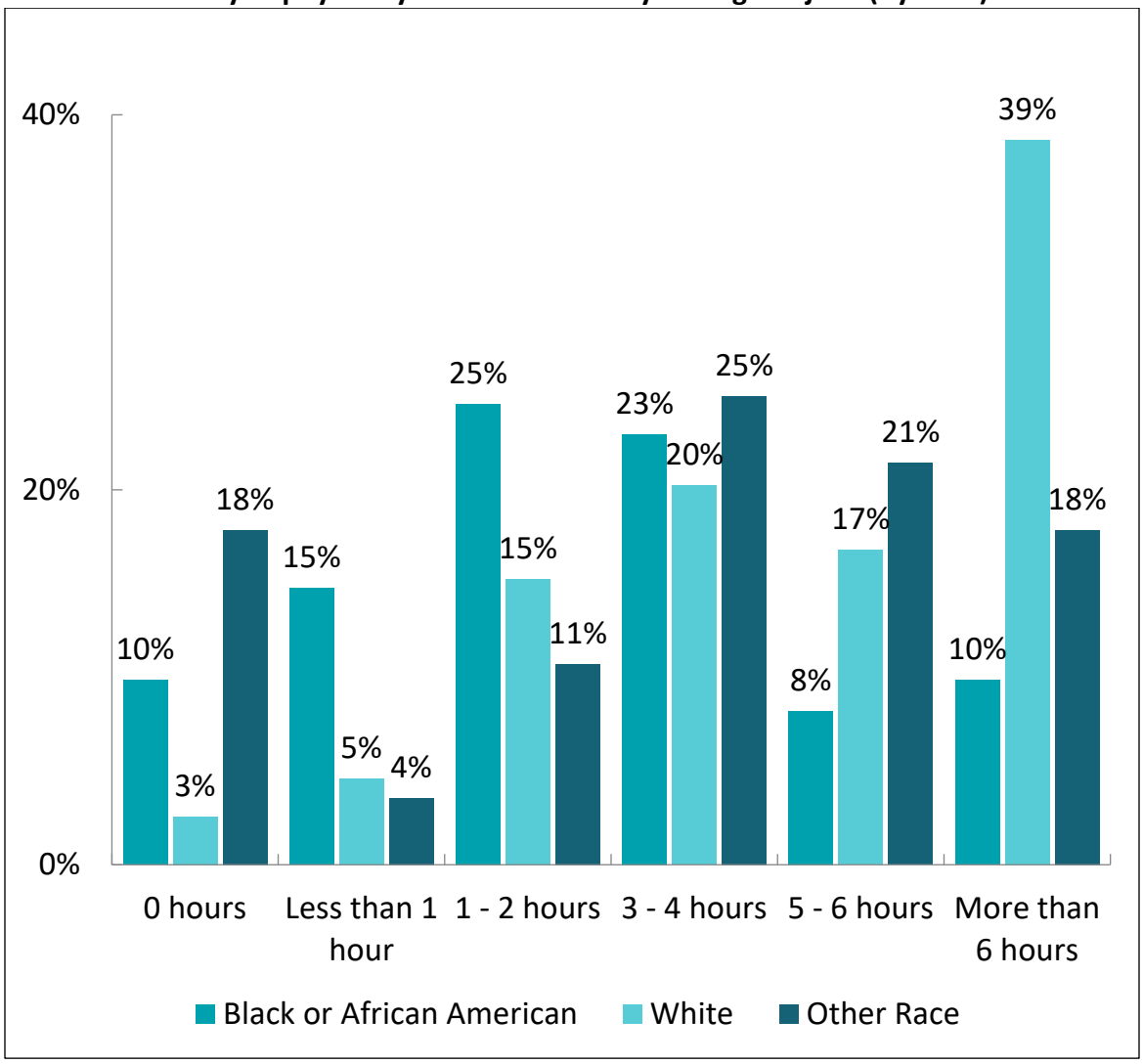


Figure A5.39: When you are active, where do you engage in exercise or physical activities? (Top Answers, By Race):

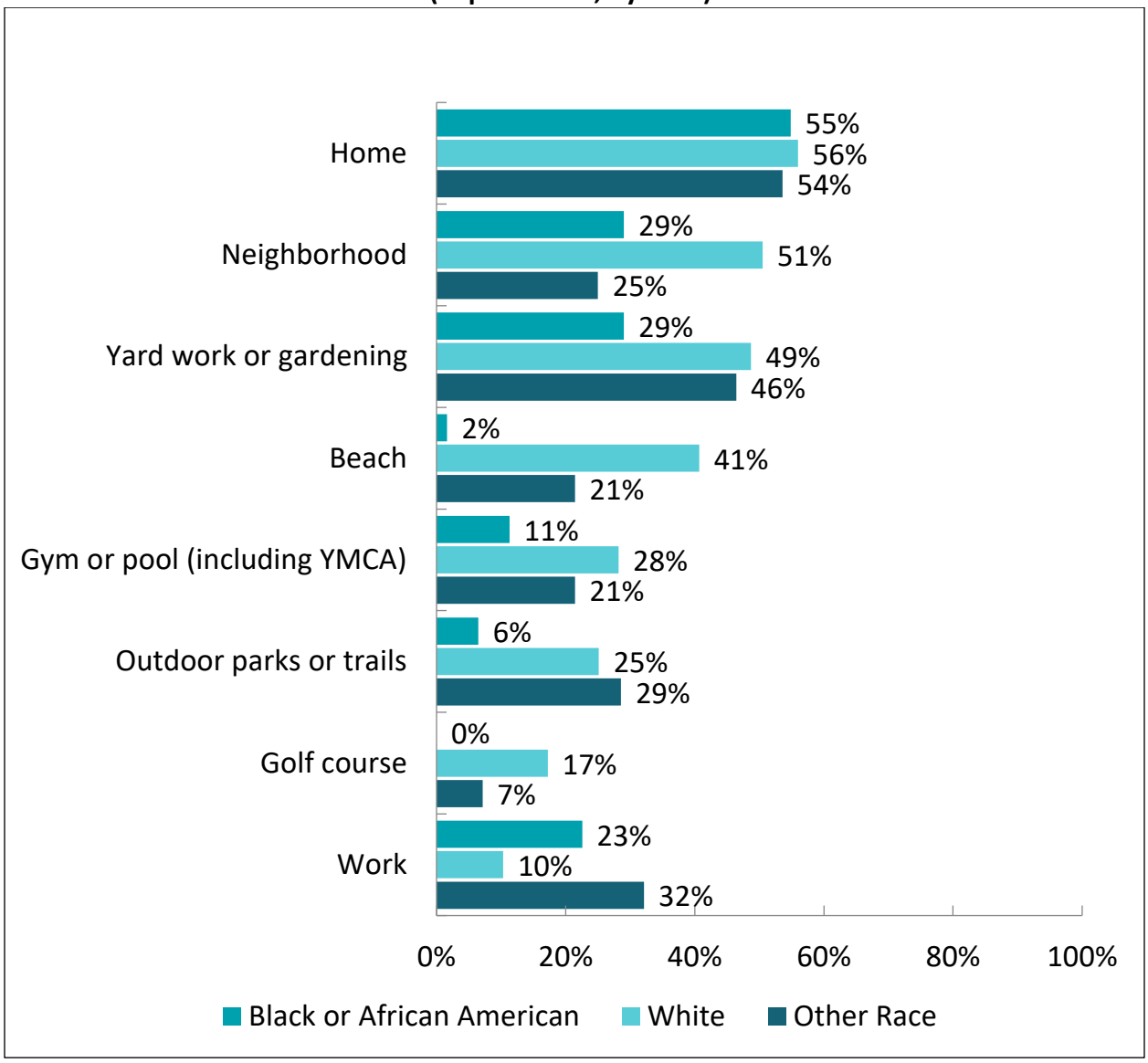


Figure A5.40: DURING THE PAST MONTH, approximately how much time (in hours) per week were you physically active outside of your regular job? (By Ethnicity)

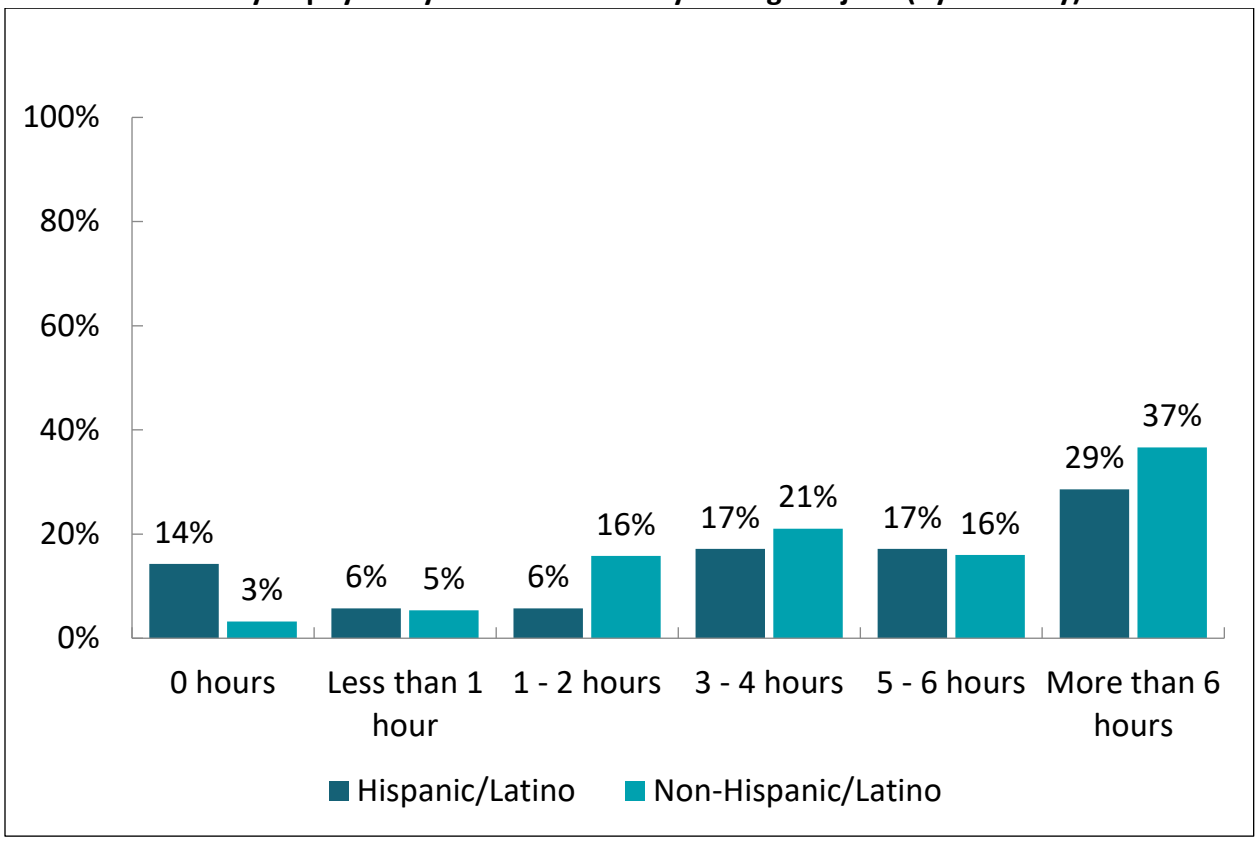


Figure A5.41: When you are active, where do you engage in exercise or physical activities? (Top Answers, By Ethnicity):

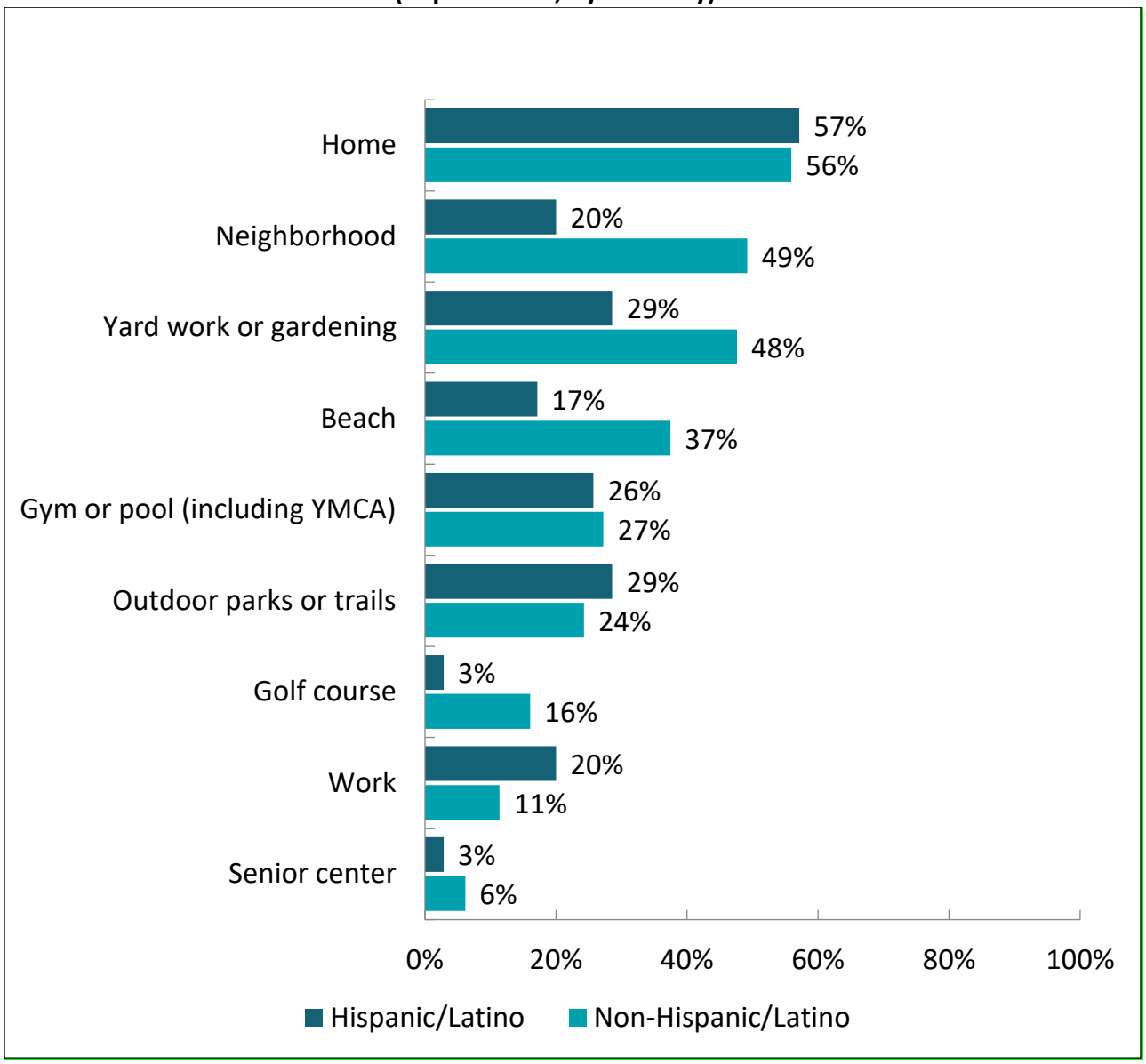


Figure A5.42: IN THE PAST YEAR, have you or a member of your household misused any form of prescription drugs?

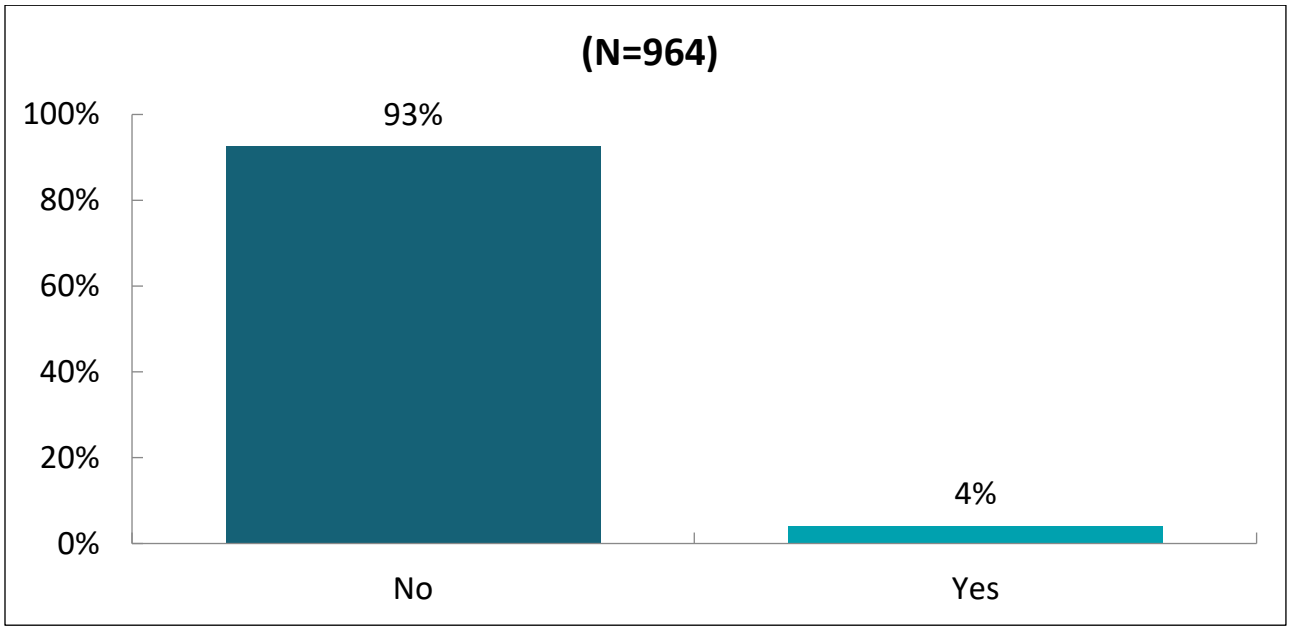


Figure A5.43: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs?

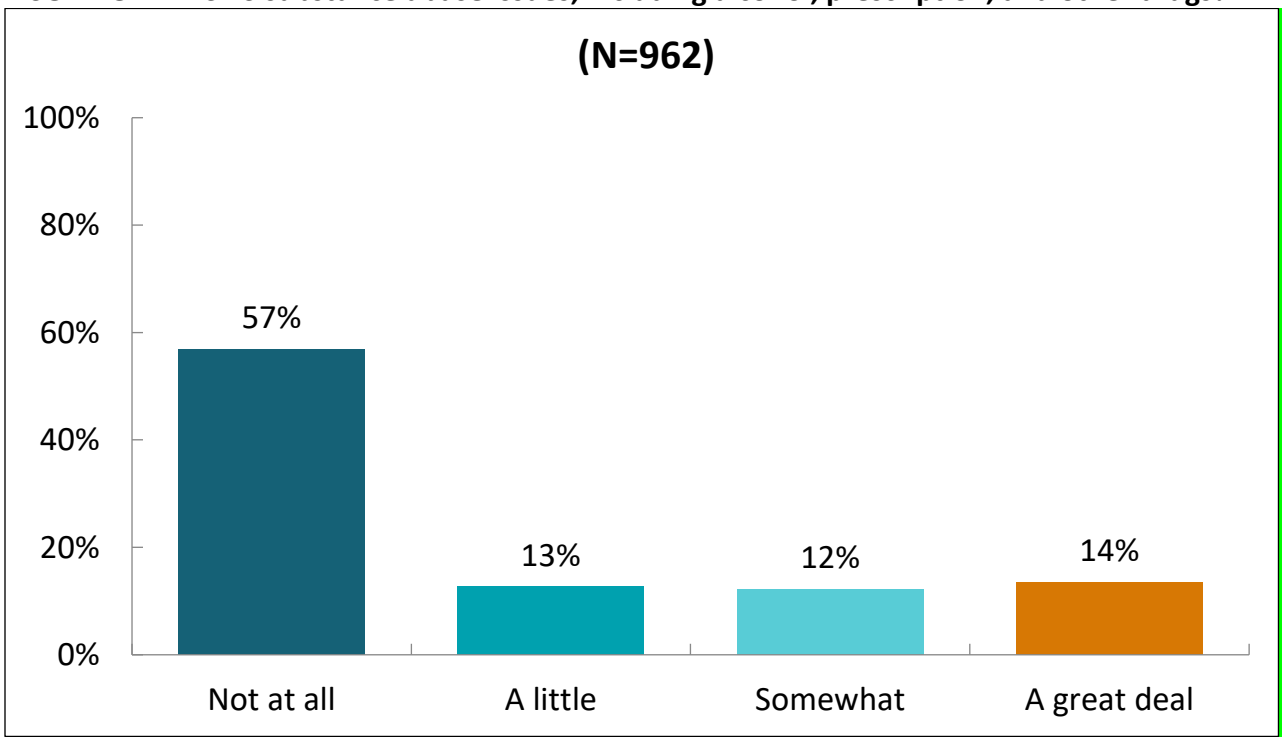


Figure A5.44: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? (By Age)

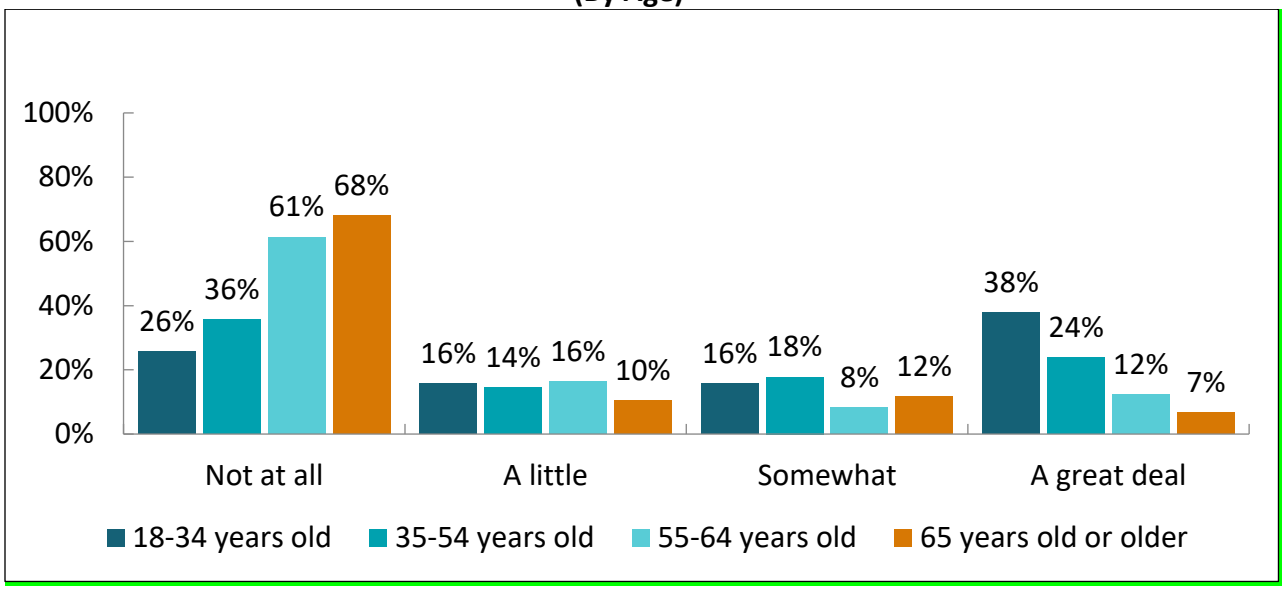


Figure A5.45: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? (By Gender)

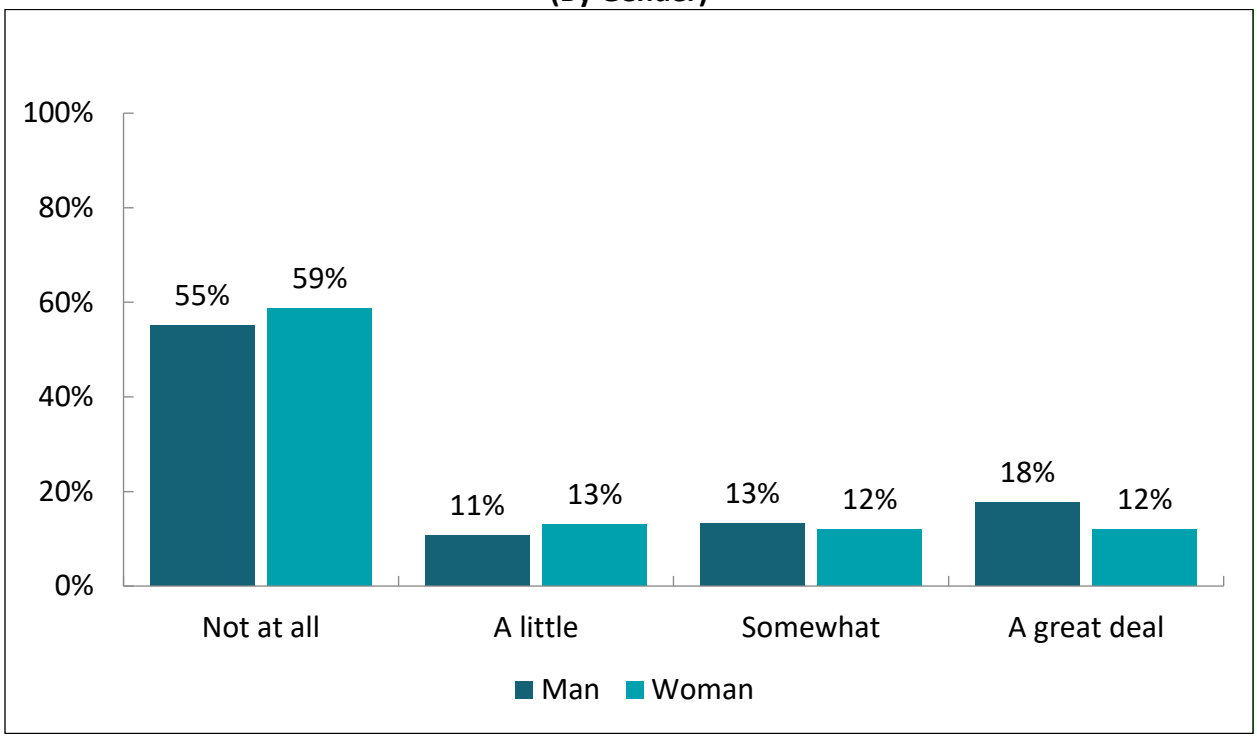


Figure A5.46: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? (By Race)

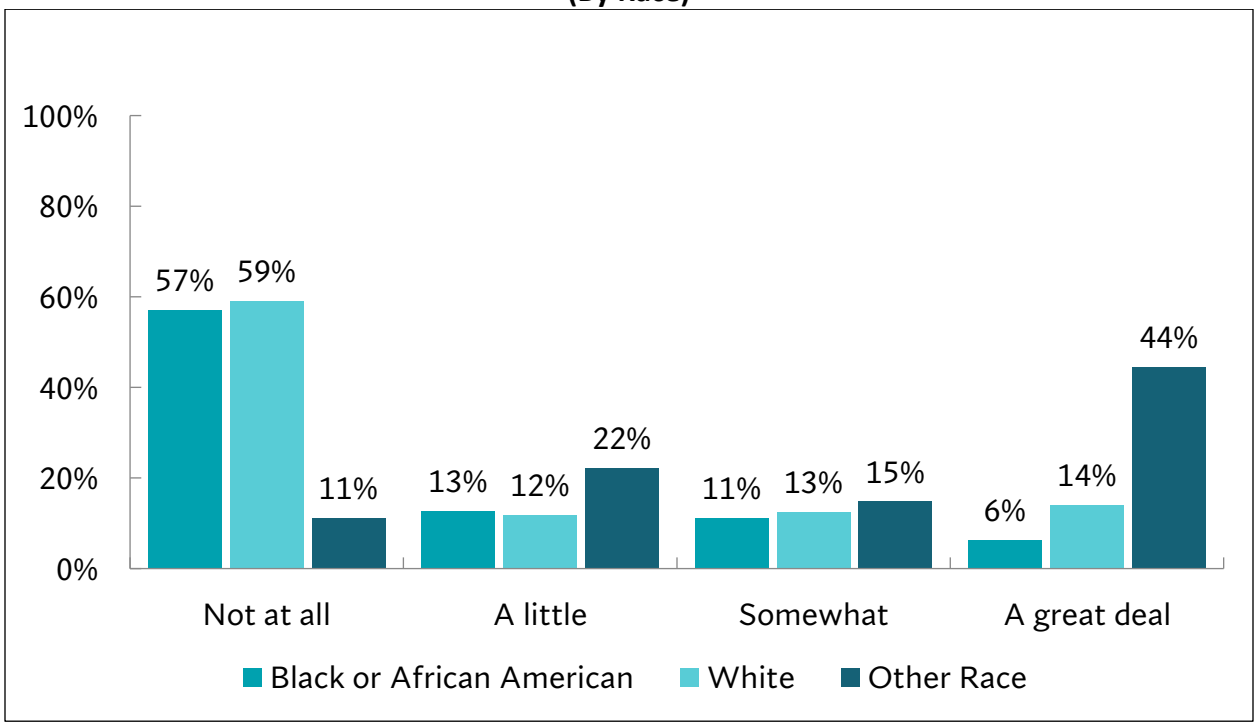


Figure A5.47: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs? (By Ethnicity)

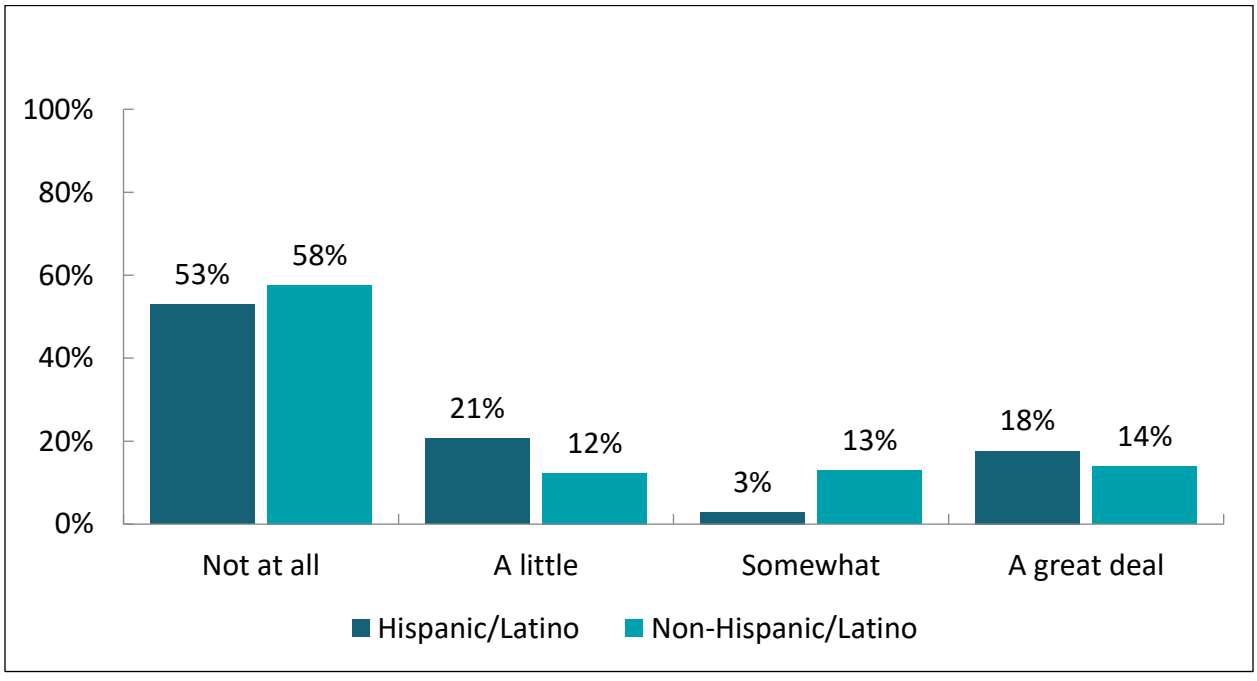


Figure A5.48: Among respondents who were pregnant within the last 12 months, during any of your prenatal care visits, did a healthcare provider do any of the following things?

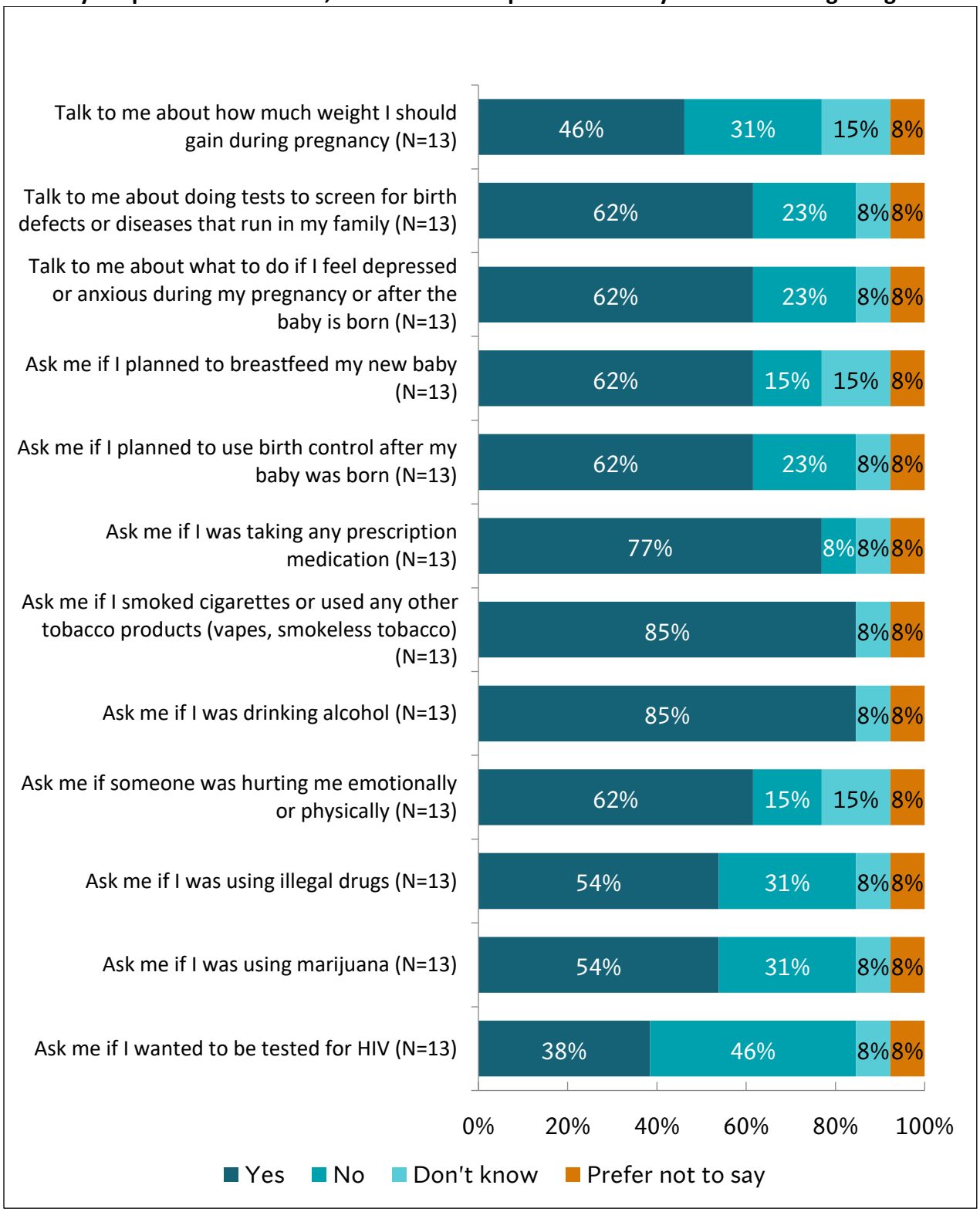


Figure A5.49 Where do you think most young people in your county are receiving education about sexual health? (Choose one)

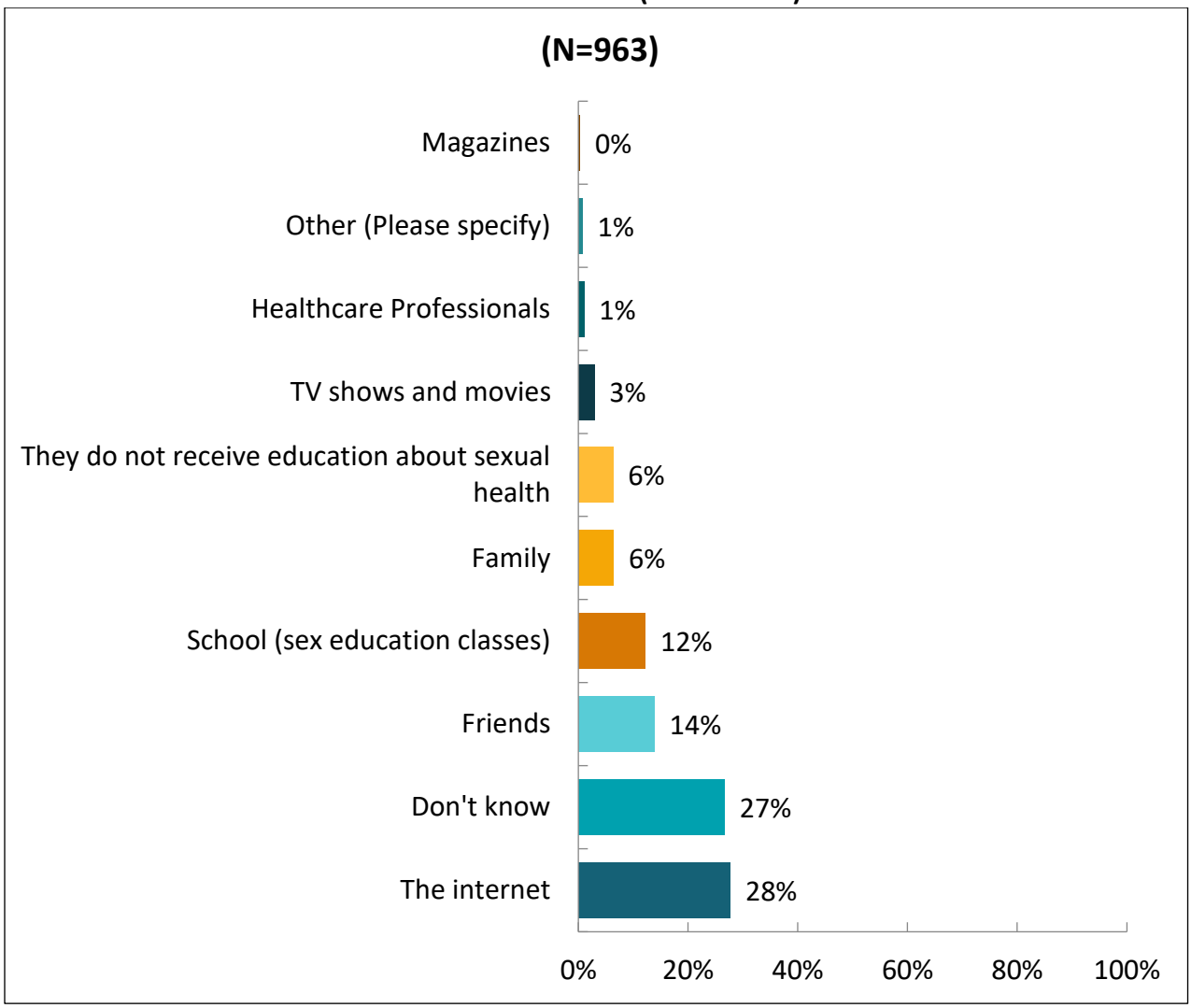
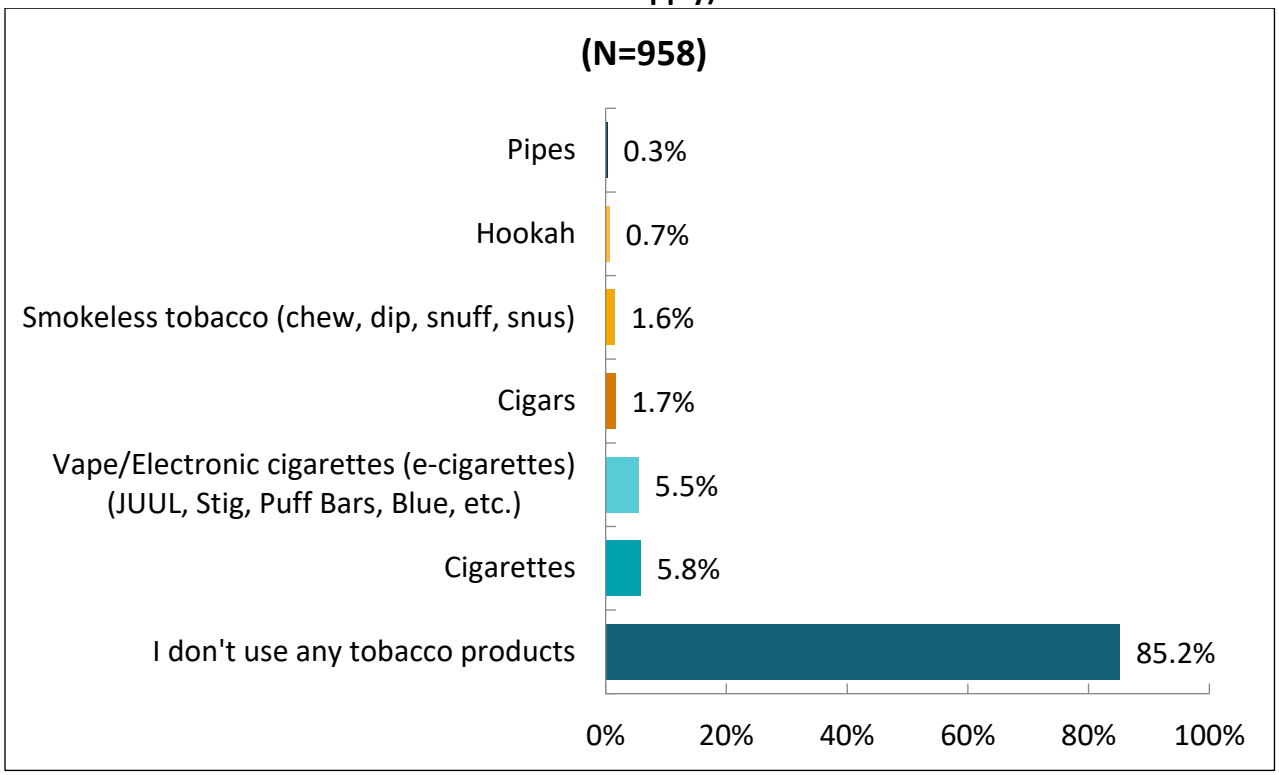


Figure A5.50 Do you currently use any of the following tobacco or nicotine products? (Select all that apply):



Topic: Social Determinants

Figure A5.51: Thinking about the area you live in, how much do you agree or disagree with the following statements?

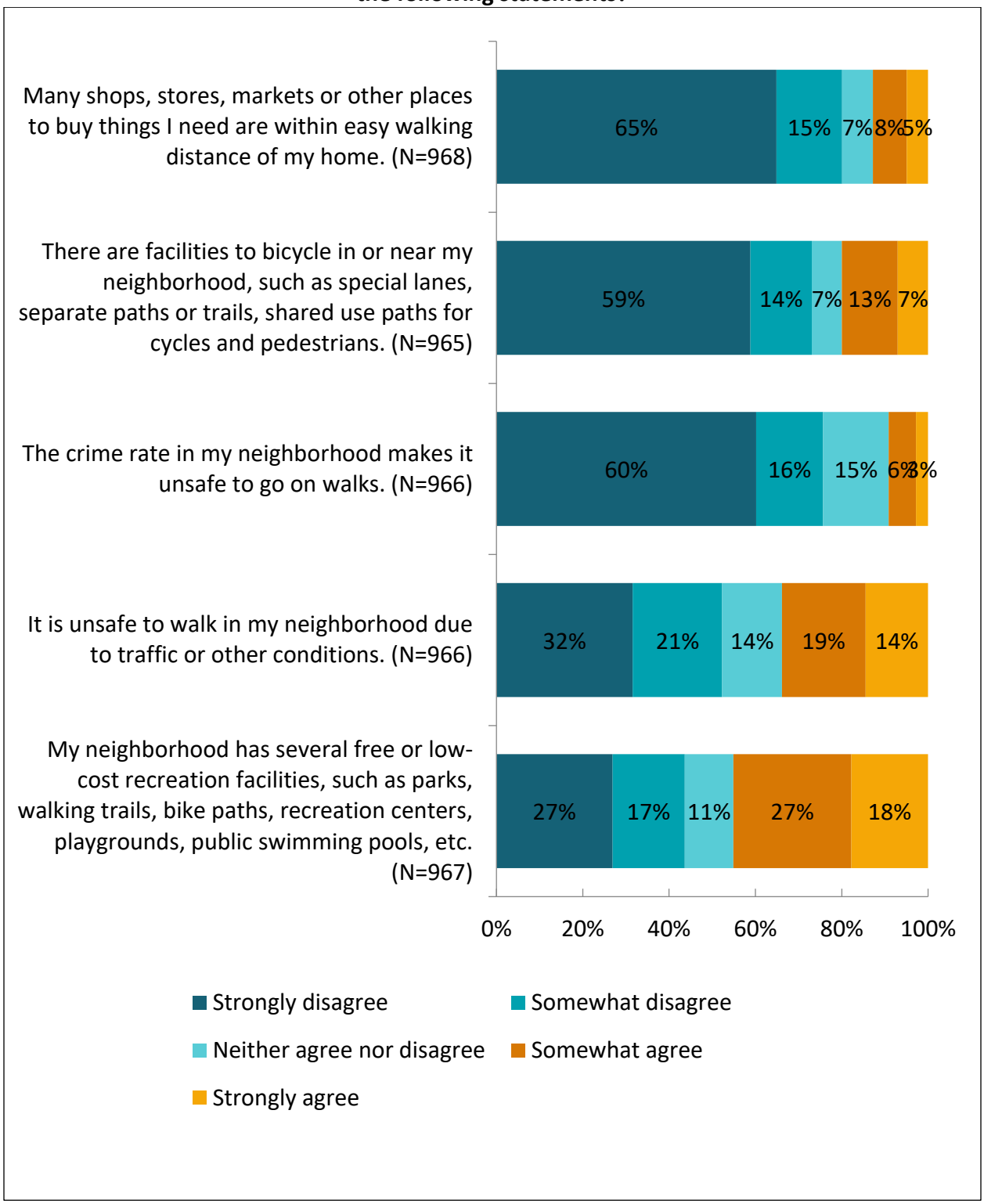


Figure A5.52: IN THE PAST 12 MONTHS, were there times when you...

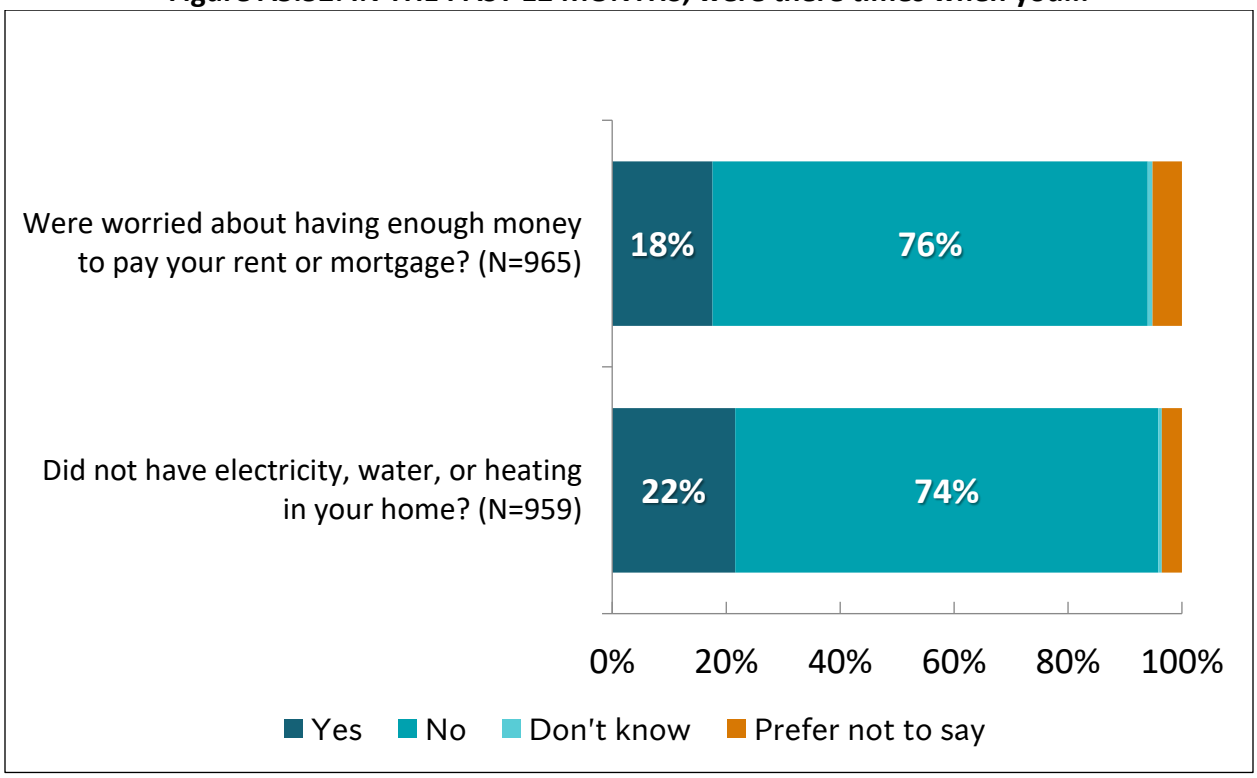


Figure A5.53: Thinking about your current living situation, do you feel you have access to resources to address housing issues?

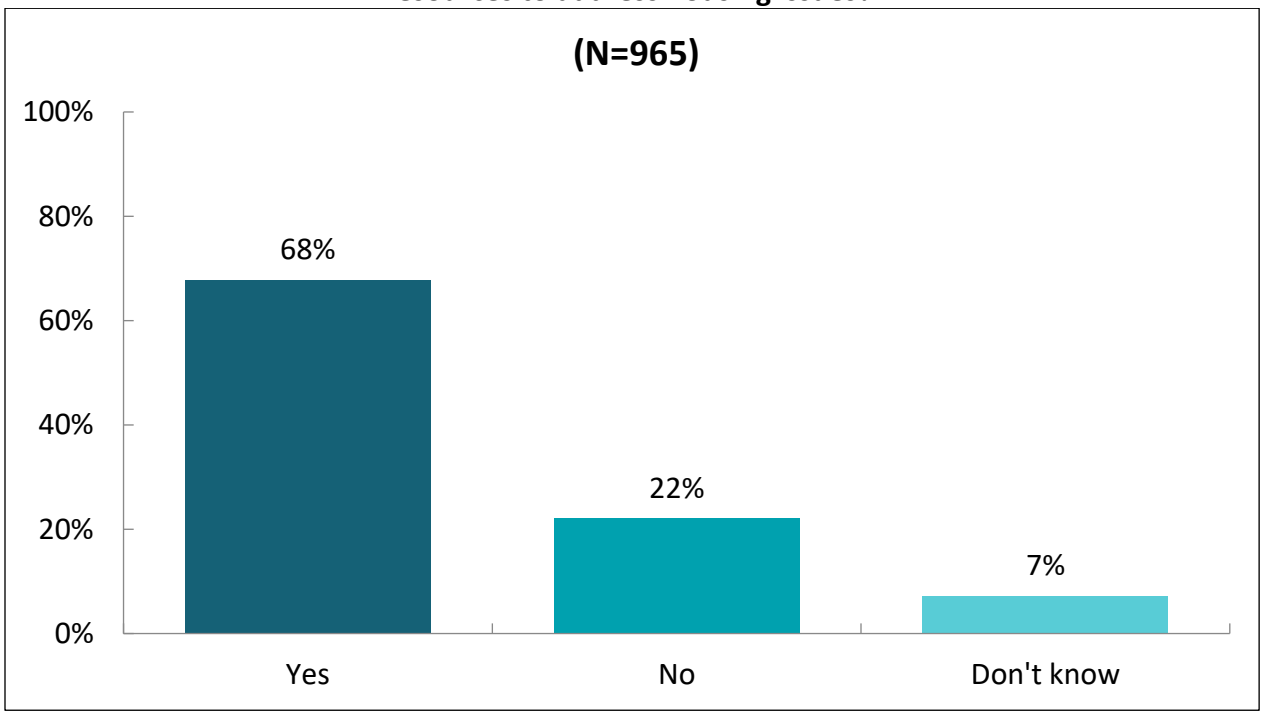


Figure A5.54: Please indicate how often each of the following statements was true for you during the PAST 12 MONTHS.

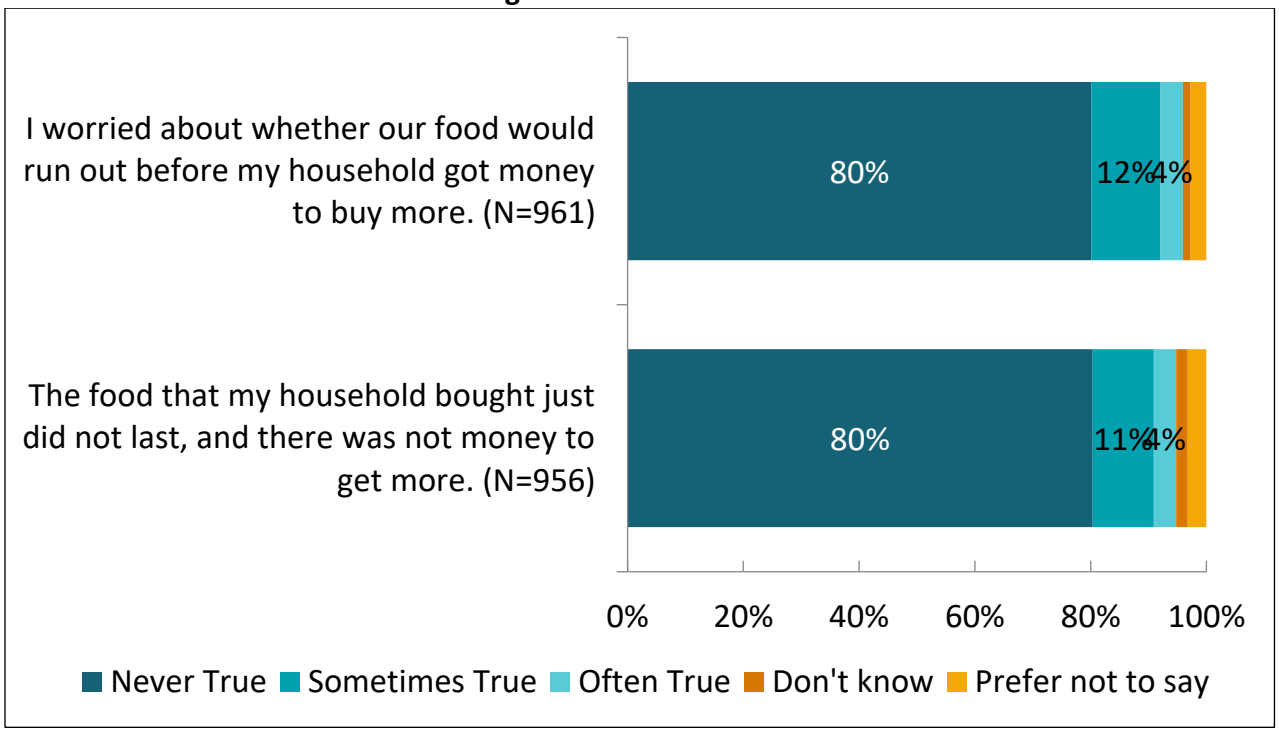


Figure A5.55: How often do you have difficulty understanding written health information or information your health care provider gives you?

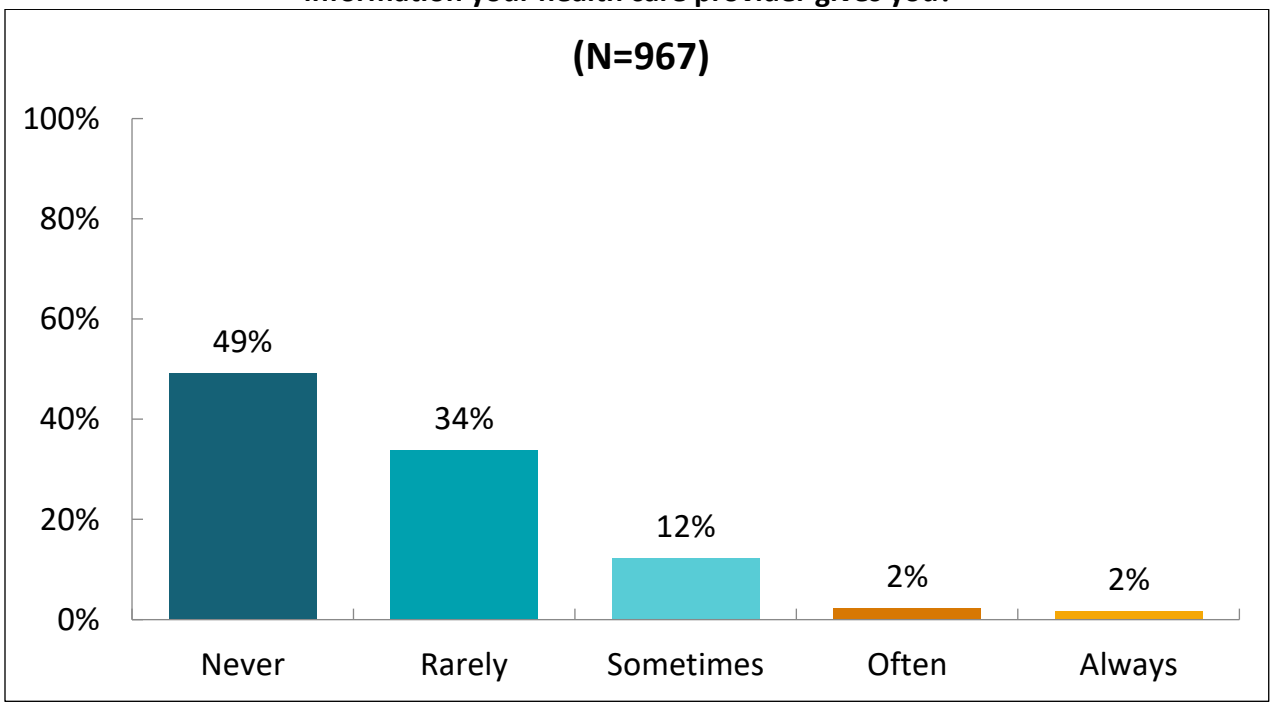


Figure A5.56: Does your family have a communication plan, a basic supply kit in preparation for a disaster or emergency?

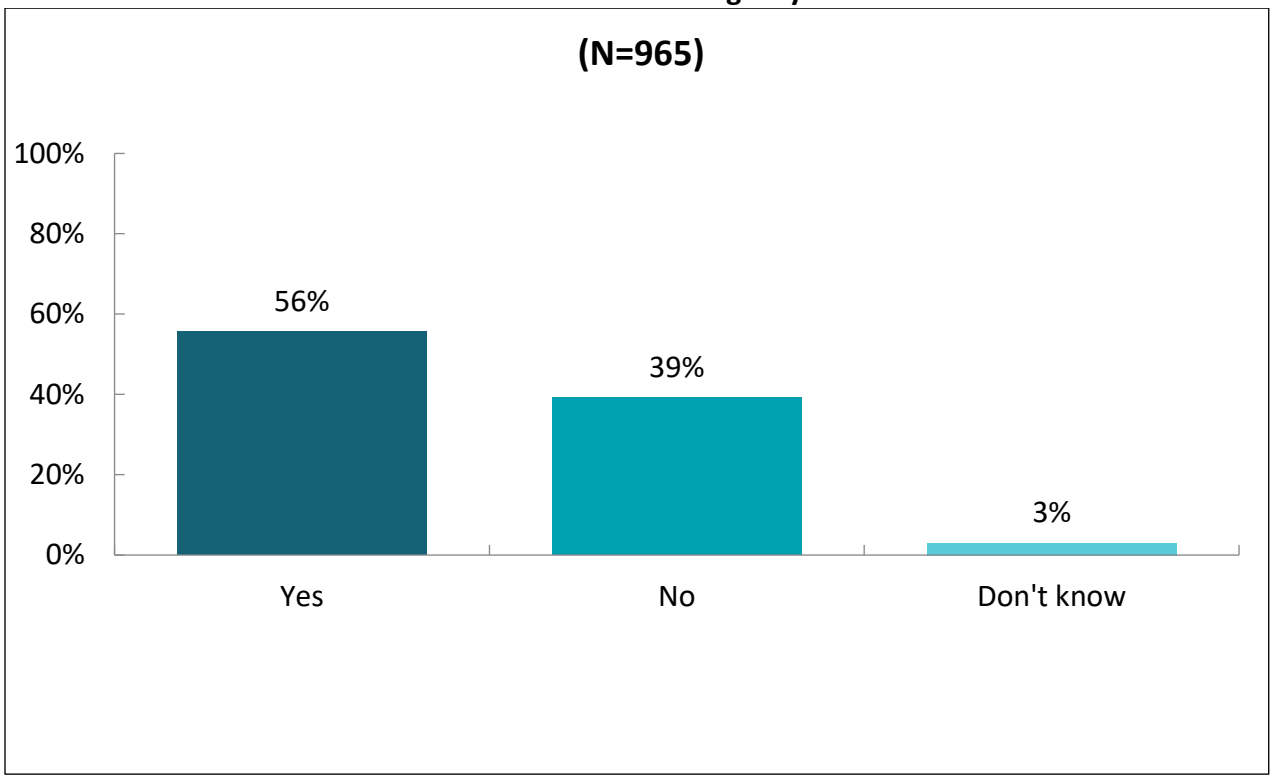
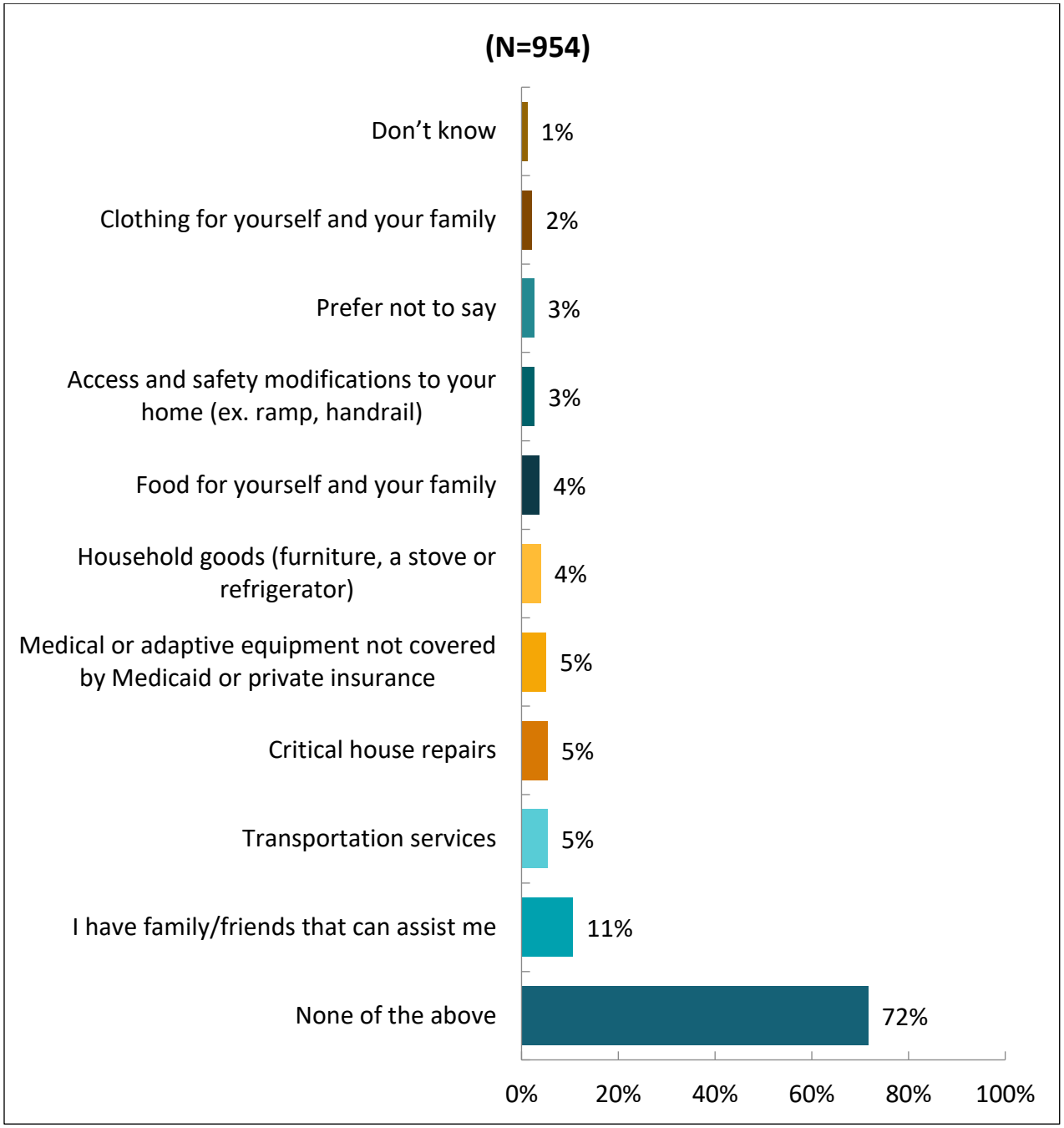


Figure A5.57: IN THE PAST YEAR, did you have any of the following assistance needs NOT met?



Focus Groups

The Brunswick Center at Waccamaw

High-Level Findings from the Waccamaw Focus Group		
Healthcare Access Barriers *Participants described needing to travel to Wilmington or Myrtle Beach for care, with long wait times for appointments, difficulty finding providers accepting new patients or Medicaid, and limited availability of specialists (particularly neurologists).*	***Infrastructure Strain from Rapid Growth*** *Participants report that the area feels overwhelmed by development and associated strains on infrastructure. Highway 17 traffic was described as dangerous, and participants expressed concerns about deforestation contributing to flooding.*	***Mental Health Services & Community Support Gaps*** *Participants identified challenges accessing mental health providers and support groups, with some noting stigma as a barrier and confusion about where to find services. The community center was consistently highlighted as an important and valued source of social support.*

Community Strengths and Assets

- The community center serves as a vital hub for health and social connection, with participants describing it as "the most positive thing we've ever thrown through" and crediting it with providing essential fellowship and support
- Participants value the quiet, rural character of the area, noting that neighbors get along well and the country setting offers a sense of home and belonging
- Fitness programming at the community center supports active aging, with daily fitness classes helping residents maintain physical health, though participants expressed interest in expanding offerings like yoga
- Strong interest in community growth and engagement despite space limitations, with participants identifying opportunities to enhance the center's capacity to serve more residents and activities
- Residents demonstrate resilience and adaptability in the face of healthcare and infrastructure challenges, actively seeking solutions and voicing needs to improve conditions for their community

Health Concerns and Challenges

- Mental health services are insufficient, with shortages of both providers and support groups, plus stigma preventing some from seeking help and confusion about where to find services
- Some participants raised concerns about hospital care quality and coordination, sharing experiences where they felt diagnoses were delayed or facilities failed to communicate effectively
- Emergency preparedness gaps worry residents, particularly regarding Highway 17 evacuation routes, EMS response times, and disaster readiness
- Food access and affordability present challenges, though participants noted this is a widespread concern affecting many residents

Social Determinants of Health

- Rapid development strains community infrastructure, with participants reporting concerns about deforestation contributing to flooding, inadequate drainage maintenance, and growth outpacing the county's capacity to support it
- Transportation infrastructure limits access and safety, with Highway 17 described as dangerous due to speed and traffic volume, and no public transit available for medical appointments or essential trips
- The built environment restricts physical activity opportunities, as new beach parking fees prevent residents from accessing spaces they previously used freely for walking and exercise, and neighborhood design makes walking unsafe
- Participants shared direct feedback about feeling disconnected from county decision-making, describing their area as treated separately from the rest of Brunswick County and noting that elected officials primarily engage during campaign seasons

Healthcare Access and Barriers

- Geographic barriers require significant travel for care, with participants needing to go to Wilmington or Myrtle Beach for many healthcare services, including some specialty and emergency care
- Primary care capacity is strained, with long wait times for appointments, many providers not accepting new patients, and participants describing situations where they cannot see a doctor when sick unless they use urgent care
- Specialty care is particularly difficult to access locally, with participants noting severe shortages of neurologists and other specialists, requiring travel outside the area
- Insurance acceptance limits provider options, as participants reported that many healthcare facilities do not accept Medicaid or have stopped taking additional Medicaid patients
- Transportation to medical appointments presents challenges, especially given the distance to care and lack of public transit, with participants expressing interest in services similar to the systems available elsewhere in the county

Priority Recommendations

- Expand local healthcare capacity, particularly specialty services, with participants noting available property near Novant and the need to reduce travel to Wilmington or Myrtle Beach for care
- Increase mental health providers and support groups, with attention to reducing stigma and improving awareness of available services
- Enhance community center space and programming, as participants identified capacity constraints and interest in expanded fitness offerings like yoga
- Develop transportation options for medical appointments, similar to CARTS services available in other parts of the county
- Improve emergency preparedness education and infrastructure, including evacuation route awareness, alert system registration, and addressing Highway 17 safety and drainage concerns

Southport Harper Library

High-Level Findings from the Southport Group		
Healthcare Access Barrier *Participants described critical shortages of primary care physicians and specialists, with long wait times forcing travel to Wilmington. Dosher Hospital lacks specialty and emergency care capacity. Gaps in assisted living, mental health services, and pediatric care were consistently highlighted.*	***Social Determinants & Growth Without Infrastructure*** *Participants noted rapid growth outpacing infrastructure, creating food deserts, limited walkability, traffic issues, and affordable housing shortages. Residents "on the other side of the tracks" face acute access barriers. Participants advocated for controlled growth with adequate planning.*	***Emergency Preparedness & Climate Resilience Gaps*** *Participants expressed concerns about flooding, limited evacuation routes, and proximity to the nuclear plant and ammunition depot.. Participants emphasized needs for a climate resilience plan, alternative evacuation methods, and better emergency preparedness education.*

Community Strengths and Assets

- Close-knit beach community feel appreciated by residents, with everyone described as friendly and neighborhoods providing strong social connections
- Active, physically engaged population with flat terrain enabling walking, biking, and outdoor activities year-round
- Dosher Hospital serves as the last community-owned hospital in North Carolina, providing local emergency care
- Good senior centers offering exercise programming and social activities
- Pleasant climate and beach access supporting healthy lifestyle and seafood availability
- Growing urgent care access with new triage systems to direct patients appropriately
- Robust community activities and social events consistently available, including music and recreational facilities like pickleball
- Community members helping neighbors during emergencies, such as sharing water and resources

Health Concerns and Challenges

- Aging population creates increased demand for services, with participants identifying critical gaps in assisted living, rehabilitation, and memory care facilities for residents with dementia, Alzheimer's, and traumatic brain injuries
- Limited mental health services and psychiatry access throughout the county
- Drug-related health issues including overdoses and increasing methamphetamine use reported by participants
- Participants noted concerns about cancer rates with limited local treatment options requiring travel for care
- Participants expressed concerns about the quality of available skilled nursing facilities
- Concerns about primary care physician burnout given patient demand
- Healthcare coverage and insurance navigation challenges, particularly for Medicare-eligible seniors

Social Determinants of Health

- Participants reported significant affordable housing shortages and concerns about housing quality
- Food deserts requiring considerable travel to access grocery stores, with limited healthy food options locally
- Limited walkability and transportation barriers preventing access to food, healthcare, and services, particularly for residents "on the other side of the tracks"
- Participants described rapid population growth outpacing infrastructure development, with developers meeting only minimum requirements, creating traffic congestion and inadequate evacuation routes with safety concerns
- Geographic inequities with certain areas (Green Swamp Road, between Highway 211 and 17) lacking basic services
- Concerns about education quality and school safety varying by location within the county
- Participants expressed concerns about flooding, limited evacuation routes, and proximity to the nuclear plant and ammunition depot, with the PC8 storm that isolated Southport highlighting vulnerabilities

Healthcare Access and Barriers

- Participants described needing to travel to Wilmington or beyond for specialist care, with no local cardiologists, neurologists, or endocrinologists, and long appointment wait times with limited new patient acceptance at local primary care practices
- Dosher Hospital not equipped for specialty emergency care, requiring patient transfers during critical situations
- Participants reported difficulty navigating healthcare coverage and insurance, particularly Medicare complexity
- Lack of electronic health record integration between Dosher and Novant systems creating care coordination challenges
- Limited urgent care hours forcing reliance on emergency departments for after-hours needs

- Participants expressed concerns about Dosher's primary care registration processes and accessibility
- Geographic barriers requiring residents to leave the county for cancer treatment and other specialty services
- Uncertainty among residents about where to seek care for different medical needs

Priority Recommendations

- Participants prioritized universal healthcare coverage and improved navigation of the healthcare system, particularly for Medicare recipients
- Expand local specialty care services, particularly cardiology, neurology, and mental health providers to reduce travel burden
- Develop additional assisted living, rehabilitation, and memory care facilities appropriate for the aging population
- Participants called for controlled, regulated growth with adequate infrastructure planning, citing Cary as a model
- Create and implement a climate resilience plan addressing flooding and evacuation route vulnerabilities
- Improve food access by strategically locating grocery stores where residents can reach them, addressing food deserts
- Enhance emergency preparedness through alternative evacuation methods (including waterways) and community education about nuclear plant safety
- Standardize electronic health records across healthcare systems to improve care coordination
- Participants recommended proactive community education about healthcare policy impacts and hospital capabilities

Coastal Horizon Focus Group

High-Level Findings from the Coastal Horizon Focus Group		
Substance Use and Recovery Services *Participants described substance use disorder treatment as a critical resource, and reported limited Medicaid-covered care. Transportation barriers and license suspensions prevent consistent participation in recovery programs. The group suggested expanding drug court access.*	***Transportation*** *Transportation emerged as a pervasive barrier to healthcare and community resources. Participants reported unreliable Medicaid transportation with frequent cancellations. Ride-sharing services are unavailable in rural areas, and many rely heavily on family members for transportation.*	***Mental and Behavioral Health Services*** *Participants identified severe provider shortages across all age groups. The group reported children must travel out of state for services, and insurance creating additional barriers. Participants called for mental health crisis response teams to support law enforcement. Positive feedback included strong peer support workers and holistic care approaches.*

Community Strengths and Assets

- Holistic healthcare approaches from local health systems who address both physical and mental health needs
- Strong peer support worker presence serving individuals in recovery
- Senior center offering free meals, classes, pool, and weight machines serving as a central community resource
- Active food assistance programs including The Lord's Pantry and First Baptist Shallotte
- Frequent mutual support meetings for recovery with sessions available multiple times daily
- Quality primary care access through facilities like Novant, Dosher, and the FQHC
- Emergency notification systems through television providing timely disaster information
- Appreciation for Brunswick County's community engagement efforts and willingness to facilitate difficult conversations

Health Concerns and Challenges

- Severe shortage of mental health providers across all age groups, with children requiring out-of-county services and some requiring out-of-state placement due to local service gaps
- Limited substance use disorder treatment options, especially Medicaid-covered inpatient facilities, with participants describing treatment as a critical, life-saving resource
- Wound care needs related to contaminated substances causing tissue damage
- Specialists, dental care, and pain management services difficult to access or afford
- Insufficient resources for autism and special needs children, including lack of respite care and specialized support services
- Inadequate mental health crisis response capacity and law enforcement de-escalation training
- Probation compliance challenges due to limited drug testing locations creating barriers to recovery program participation

Social Determinants of Health

- Transportation infrastructure inadequate with unreliable Medicaid services, unavailable ride-sharing in rural areas, and license suspensions limiting mobility
- Housing affordability and quality concerns, including mold issues, with homelessness present despite no local shelter and limited clothing resources
- Food access challenges with grocery stores experiencing shortages of fresh produce and insufficient awareness of food bank locations
- Road safety infrastructure lacking shoulders, experiencing speeding, and congested during peak tourist season
- Infrastructure unable to support rapid population growth
- School system challenges including teacher and bus driver shortages affecting students with special needs
- Limited job opportunities beyond manual labor
- Lack of community awareness about available resources, with residents relying on informal networks rather than county information systems

Healthcare Access and Barriers

- Primary care physician availability insufficient to meet community needs, particularly for lower-income residents, with extended wait times
- Geographic barriers with specialists concentrated in Wilmington requiring travel from rural areas
- Transportation barriers (detailed in Social Determinants above) compound access challenges, with many relying heavily on family members for rides
- Insurance coverage gaps for certain medications and out-of-area services, with complexity of navigating different insurance types creating confusion
- Population growth outpacing healthcare infrastructure capacity

Priority Recommendations

- Expand mental health services across all age groups with focus on early intervention for children
- Increase primary care physician capacity to meet growing population needs
- Improve transportation reliability including Medicaid services and alternative options for rural areas
- Expand Medicaid-covered inpatient substance use treatment facilities
- Develop mental health crisis response teams and law enforcement de-escalation training
- Establish local homeless shelter to address identified gap
- Expand and simplify drug court program participation
- Increase respite care and specialized services for families with special needs children
- Implement community health fairs providing vaccinations, screenings, wound care, and harm reduction supplies
- Strengthen resource awareness through improved county information systems and navigation support
- Address housing affordability and quality concerns
- Expand partnerships between healthcare systems and educational institutions for workforce development

St. Brendan Church Focus Group

High-Level Findings from the St. Brendan Church Focus Group

Healthcare Access Barriers	***Immigration Status and Systemic Barriers***	***Healthcare Quality and Experience Concerns***
Participants reported significant provider shortages across the county, with insufficient doctors and dentists to meet community needs. The group described appointment wait times as problematic, with some unable to schedule appointments at all due to practices not accepting new patients. The majority indicated they primarily utilize local FQHC services.	*Participants described legal status, lack of insurance, and language as substancial barriers to resources. Participants emphasized that blue-collar work schedules prevent advance appointment planning for services, with many living paycheck to paycheck and unable to afford time off. Fear of discrimination emerged as a significant deterrent to seeking care or services.*	*Participants reported negative experiences with healthcare providers, including feeling discriminated against or talked down to. Participants expressed limited awareness of mental health services and indicated cultural stigma and lack of knowledge would prevent utilization even if services were available.*

Community Strengths and Assets

- Strong community engagement and mutual support networks among residents
- Catholic churches serving as trusted community spaces and health resource hubs
- Mobile health services visiting community locations to improve access
- Local FQHCs recognized as accessible resource offering flexible payment options
- Interest and willingness among residents to learn about emergency preparedness and available resources

Health Concerns and Challenges

- Chronic diseases including diabetes, high blood pressure, and high cholesterol identified as primary health issues
- Stress reported as significant health concern affecting the community
- Limited knowledge about available healthcare resources and organizations offering language support services

- Lack of emergency preparedness planning, with most residents unfamiliar with evacuation routes or shelter locations
- Mental health services underutilized due to cultural stigma, limited awareness, and language barriers
- Population growth outpacing expansion of medical and dental resources in the area
- Geographic disparities in resource availability across different areas of the county

Social Determinants of Health

- Legal status creates cascading barriers to health insurance eligibility and healthcare access options, compounded by economic constraints with residents living paycheck to paycheck and unable to afford time off work for medical appointments
- Employment conditions in blue-collar jobs prevent advance appointment scheduling and limit flexibility for healthcare visits
- Language barriers affect communication with healthcare providers and limit access to interpretation services
- High healthcare costs deter care-seeking, particularly for uninsured residents
- Fear of discrimination and past negative experiences create reluctance to seek healthcare services
- Limited educational opportunities about available community resources and support services
- Geographic isolation in certain areas with limited access to medical, dental, and essential services

Healthcare Access and Barriers

- Insufficient number of doctors and dentists to meet community needs, with extended appointment wait times and some medical and dental offices not accepting new patients
- Participants reported traveling outside the county for certain medical and dental services, with the Ash/Waccamaw area identified as particularly underserved
- The intersection of legal status, economic constraints, work schedules, language barriers, and healthcare costs creates compounding barriers that prevent residents from accessing needed care
- Limited awareness about which organizations provide language support and translation services
- Payment plan options limited to select providers, though participants identified local FQHCs as a resource

Priority Recommendations

- Expand educational outreach to inform Hispanic community members about available healthcare resources and organizations offering interpreter services
- Increase mobile health service visits to underserved areas, particularly utilizing trusted community locations like churches
- Develop more programs offering flexible payment plans and assistance for residents without health insurance

- Explore private health insurance options for individuals who may not qualify for public programs due to legal status
- Recruit additional medical and dental providers to address workforce shortages
- Improve availability of Spanish-speaking staff and interpretation services at healthcare facilities
- Provide emergency preparedness education including information about evacuation routes and shelter locations
- Address geographic resource gaps by expanding services in underserved areas of the county

Key Leader Interviews

Healthcare Access and Barriers

Community leaders across Brunswick County identified multiple interconnected barriers preventing residents from accessing essential healthcare services. **Mental and behavioral** health services emerged as the most severe gap, with every stakeholder interviewed identifying this as a critical crisis affecting all age groups. Leaders report a lack of local mental health specialists or treatment facilities, forcing residents to rely on telepsychiatry in emergency departments. Stakeholders described youth with behavioral health needs experiencing extended emergency room boarding with nowhere appropriate for discharge, while families face lengthy waits for psychological assessments. Community leaders noted high suicide rates among older adult men and the prevalence of depression, anxiety, and substance use disorders throughout the community underscoring the urgency of this gap.

Transportation emerged as a pervasive obstacle affecting all healthcare access. Stakeholders described the county's large geographic size, combined with minimal public transit infrastructure, creating significant challenges for residents without reliable vehicles. Leaders report that Medicaid transportation services, while available, have be difficult to access and have had issues with reliability that have resulted in missed appointments. Community members shared that transportation barriers directly cause medication rationing when residents cannot reach pharmacies, and prevent safe hospital discharges when patients have no ride home. Stakeholders noted the massive nature of this barrier manifests in constant requests for gas cards and vehicle repair assistance from organizations serving low-income residents.

Provider shortages create lengthy wait times across multiple care categories, according to community leaders. Stakeholders described primary care appointments for new patients requiring extended waiting periods that they explicitly characterized as unacceptable. Leaders report the county's insufficient physician-to-population ratio leaves many residents unable to access basic primary care despite demand. Stakeholders noted specialist shortages prove even more severe, with residents requiring long-distance travel to access neurologists, gastroenterologists, pulmonologists, geriatricians, and other specialists. Community leaders described some specialty care requiring travel of several hours to Duke or other distant facilities, while certain procedures necessitate bypassing local hospitals entirely for facilities in Wilmington or Myrtle Beach. Stakeholders emphasized elder care services including adult daycare, respite care, assisted living, and geriatric specialists remain critically scarce despite the county's large and growing senior population.

Insurance and coverage complexity presents additional significant barriers, according to leaders interviewed. Stakeholders noted that having insurance coverage does not guarantee comprehensive access, as many plans exclude critical services including dental and mental health care. Community leaders described Medicare recipients facing substantial coverage gaps, while Medicaid acceptance remains limited among local providers. Stakeholders reported the complexity of navigating different insurance types creates confusion about coverage options, with some providers accepting certain plans but not others. Leaders noted insurance denials

delay necessary care even when physicians determine treatments essential. For uninsured and underinsured residents, stakeholders described emergency departments becoming the default primary care setting despite prohibitive costs, while the county's single free clinic remains overwhelmed and insufficient for demand.

System navigation complexity compounds other access barriers, according to community leaders. Stakeholders described low health literacy preventing residents from understanding basic preventive health practices and hereditary disease risks. Leaders reported that many residents remain unaware that services exist, or face barriers to utilizing services once identified. Community members noted the complexity of enrollment processes, particularly for Medicaid programs, deter eligible residents from accessing benefits. Stakeholders emphasized that stigma surrounding certain services, particularly mental health and social services, prevents some populations from seeking available help. Leaders described these navigation challenges particularly affecting vulnerable populations including immigrant communities facing language barriers and cultural competency gaps in healthcare delivery, despite available interpretation services.

Social Determinants of Health

The social conditions in Brunswick County profoundly impact residents' health outcomes, according to community leaders interviewed. **Housing** emerged as a critical concern, with stakeholders describing multiple dimensions of crisis. Leaders report service workers, teachers, firefighters, and other essential employees being systematically priced out of housing near their workplaces, forcing impossible choices between housing and food expenses. Community members described seniors living in cars as the fastest-rising homeless population, while others noted hidden homelessness including families couch surfing and multiple households sharing unsafe conditions. Stakeholders emphasized that much of the affordable housing stock remains damaged from hurricanes years after the storms, with unrepaired mold and structural issues directly exacerbating respiratory conditions like asthma. Leaders noted that even when affordable housing exists, poor location far from services and employment creates additional transportation and access problems rather than solving challenges.

Transportation infrastructure deficits pervade the county, with leaders describing minimal public transit across a geographically large area. Stakeholders consistently emphasized that car ownership has become essential for survival yet remains unaffordable for many low-income residents. Community leaders noted the transportation barrier affects access to healthcare, employment, food, and all essential services. Leaders reported observing clients face daily decisions between purchasing gas to reach work or food to feed their families. Stakeholders described some residents walking significant distances to access food pantries and services on a regular basis. The absence of a meaningful public transportation system, according to leaders, represents a foundational barrier that compounds all other social determinants.

Geographic disparities create what stakeholders characterize as a "tale of two cities" within Brunswick County. Leaders consistently identified Highway 17 as a clear dividing line, with affluent coastal communities south of the highway contrasting sharply with rural, impoverished

areas to the north. Stakeholders specifically named communities including Navassa, Riegelwood, Ash, and Supply as experiencing concentrated poverty and limited infrastructure. Community leaders described northern areas facing environmental justice issues, food deserts with only dollar stores for groceries, and geographic isolation across vast distances that eliminate walkability. Leaders emphasized that aggregate county-wide data masks these severe pockets of vulnerability, with the county appearing healthy in statistics while specific communities experience severe deprivation. Stakeholders noted that each township maintains its own distinct culture and needs, requiring hyper-local rather than county-wide approaches to effectively address disparities.

Environmental contamination affects northern Brunswick communities disproportionately, according to leaders interviewed. Stakeholders described decades of water contamination affecting the entire Cape Fear River region, with community members reporting exponential increases in kidney stones and urinary problems. Leaders noted one healthcare provider explicitly advised a patient not to drink tap water due to quality concerns. Community members described legacy industrial pollution so severe and deep that it prevents property development in affected areas. Stakeholders emphasized these environmental hazards compound poverty and geographic isolation to create particularly severe health impacts in already vulnerable communities. Leaders reported ongoing hurricane damage from storms years past, with housing mold and structural issues creating persistent environmental health hazards that low-income residents cannot afford to remediate.

Food insecurity and food deserts affect numerous communities, according to stakeholders, particularly in rural areas lacking transportation. Leaders described the northern county corridor between towns having only Dollar General stores, with no access to fresh, healthy foods. Community members noted the cost differential between processed and fresh foods creates additional barriers, making healthy eating a luxury many cannot afford. Stakeholders emphasized the connection between food insecurity and diabetes prevalence, identifying poor nutrition access as a foundation for chronic disease development. Leaders described residents in food deserts relying heavily on gas stations and convenience stores offering primarily processed foods, directly contributing to poor health outcomes.

Economic instability pervades communities, with stakeholders describing limited employment opportunities forcing residents into survival mode. Leaders noted wages remain inadequate even for full-time workers, with working families holding multiple jobs yet struggling to afford basic necessities. Community members described the ‘working poor’ population, sometimes called ALICE (Asset-Limited, Income-Constrained, Employed), earning insufficient income to meet rapidly rising expenses despite employment. Stakeholders emphasized this workforce supports the county's retirement economy through service industry jobs yet faces systematic displacement as housing costs outpace wage growth. Leaders described service workers being pushed further from employment centers, creating long commutes that increase costs while reducing time available for family and self-care.

Rapid population growth strains all existing systems, according to leaders interviewed. Stakeholders described massive projected population increases occurring currently, with visible impacts on traffic, infrastructure, and service capacity. Community leaders noted commute times have doubled for familiar routes as growth overwhelms road infrastructure. Stakeholders emphasized infrastructure development lags population growth significantly, with roads, schools, and childcare capacity unable to keep pace with demand. Leaders described the pace of change itself creating community-wide stress that affects residents' capacity for self-care and healthy behaviors. Stakeholders noted demographic shifts favor wealthy retirees moving to coastal gated communities while displacing longtime residents and essential workers, widening economic divides and creating tension between established and new populations.

Health Conditions and Concerns

Mental health emerged as the predominant health crisis across Brunswick County, affecting all age groups according to every stakeholder interviewed. Community leaders consistently identified mental and behavioral health as the most critical concern when asked about significant problems. Stakeholders described elevated suicide rates among older adult men, depression and anxiety affecting seniors under caregiving stress, and mental health as the single most critical barrier for children in the child welfare system. Leaders noted the COVID-19 pandemic worsened these conditions by disrupting social connections and increasing isolation across all age groups.

Chronic diseases disproportionately burden county residents, according to community leaders. Stakeholders consistently identified diabetes, heart disease, hypertension, and COPD as the most prevalent conditions seen across healthcare settings. Leaders described diabetes as dominating prescription assistance programs and emphasized the connection between diabetes prevalence and food affordability. Community members noted these chronic conditions frequently occur together as comorbid diseases requiring long-term management. Stakeholders linked chronic disease patterns directly to social determinants including food access, barriers to physical activity, and housing conditions that exacerbate respiratory illnesses.

Substance use disorders present complex challenges throughout the county, according to leaders interviewed. Community members noted higher than average rates of substance misuse, overdose incidents, and alcoholism. Leaders emphasized a hidden crisis of prescription medication overuse and alcohol use among seniors that community described as "the elephant in the room nobody talks about," suggesting actual prevalence exceeds visible manifestations due to stigma. Stakeholders noted substance use often masks underlying mental health conditions requiring comprehensive treatment. Leaders also described higher than average tobacco use rates contributing to respiratory disease burden, with widespread smoking observed throughout the community linking to the high prevalence of COPD and lung diseases.

Health disparities affect multiple populations across geographic and demographic lines, according to community leaders. Stakeholders consistently noted that minority communities, particularly Black and African American residents, experience demonstrably higher rates of chronic diseases compared to white residents. Community members described northern rural areas experiencing higher disease rates, worse service access, and environmental justice issues

including decades of water contamination. Leaders reported residents experiencing exponential increases in kidney stones and urinary problems related to water quality. Stakeholders emphasized that aggregated county-wide health data masks these severe disparities, with the county appearing healthy in overall statistics while specific populations experience concentrated poor health outcomes.

Aging-related conditions increasingly affect the county's large senior population, according to stakeholders. Community members described increases in Alzheimer's disease and dementia cases requiring extensive caregiver support, along with high orthopedic needs related to the aging demographic. Leaders emphasized that the demographic shift toward older populations brings greater overall health needs, straining existing healthcare capacity even for affluent retirees with insurance coverage.

Vulnerable Populations

Several populations in Brunswick county face disproportionate health challenges requiring targeted interventions.

Older Adults: Comprising of a large and growing proportion of the county population, older adults face severe caregiver support deficits when illness or cognitive impairment occurs. Isolated retiree couples without a nearby family become overwhelmed quickly, yet the county lacks adult daycare, respite care, and geriatric specialists. High suicide rates among older men, underutilization of available benefits, and social isolation compound health risks. Many are homebound regardless of wealth, unable to access groceries or healthcare without reliable transportation.

Low-Income Working Families (Working Poor/ALICE): Asset-Limited, Income-Constrained, Employed (ALICE) families earn wages insufficient to meet rising expenses. With minimum wage at $7.25, service industry workers, teachers, firefighters, and construction crews face "housing or food" impossible choices. Two-income households struggle to afford down payments while rent increases outpace wages. These families are displaced further from jobs, increasing commuting costs, yet don't qualify for assistance programs despite inability to afford basic necessities. The workforce supporting the retiree economy is being systematically priced out.

Rural Residents (Northern Brunswick County): Communities north of Highway 17—including Navassa, Riegelwood, Ash, and Supply—face environmental justice issues from legacy industrial pollution and concentrated generational poverty. Food deserts leave residents with only Dollar Generals between towns, while geographic isolation across 800 square miles eliminates walkability. Affordable housing in these areas is often mold-damaged from hurricanes and far from services. Migrant farmworker families and multi-generational poverty households lack infrastructure, facing the poorest roads, schools, and healthcare access.

Hispanic/Latino & Immigrant Populations: This growing population includes families with larger household sizes and both documented and undocumented residents. In a county that is 81% white, significant cultural and language barriers limit access to care, compounded by

acknowledged lack of cultural competency in healthcare delivery. Hundreds of undocumented children rely on the health department for primary care, ineligible for Medicaid. Tensions with established communities and concentration in specific geographic areas create additional barriers to reaching this underserved population.

Uninsured and Underinsured Residents: Without adequate insurance coverage, residents use emergency departments as primary care despite prohibitive costs. The county's single free clinic is overwhelmed and insufficient for demand, while urgent care facilities charge hefty fees. Medication costs force choices between prescriptions and food. Medicare coverage gaps exclude dental and mental health services. Even with Medicaid expansion, limited providers accept Medicaid, and work requirements threaten to eliminate coverage for thousands already struggling with transportation to meet mandated job search hours.

People Experiencing Homelessness & Housing Instability: Hidden homelessness includes seniors living in cars, families couch surfing, and multiple households in unsafe conditions. The fastest-rising homelessness affects older adults being priced out of housing, yet county government denies the problem exists, providing no official support. Many live in post-hurricane damaged housing with black mold and structural issues, exacerbating asthma and respiratory conditions. No shelters or transitional housing existed until recently, leaving vulnerable populations without safety net options during crises.

Children & Youth with Special Needs: This population includes foster children, undocumented children, and those with developmental disabilities or mental health conditions. Six-month waits for psychological assessments delay critical interventions, while some children require out-of-state placement due to local service gaps. The health department serves as primary care for hundreds of undocumented children ineligible for other services. Mental health needs represent the most critical barrier for youth, with inadequate school-based supports and limited community resources for complex needs.

Minority Communities: Black and African American residents experience demonstrably higher rates of chronic diseases—diabetes, heart disease, and hypertension—compared to white residents. In a predominantly white county with limited minority leadership representation, unconscious bias in healthcare delivery creates barriers to equitable care. Cultural competency gaps prevent effective outreach and treatment. Data shows clear disparities, yet intentional targeted efforts are needed to include minority voices in health planning and ensure culturally appropriate interventions reach those most affected.

Resources and Strengths

Despite significant challenges, Brunswick County maintains important assets supporting community health, according to stakeholders interviewed. **Volunteer culture and civic engagement** represent a key strength, with leaders describing extensive volunteer networks providing meal delivery, administrative support, and clinic operations. Community members emphasized genuine passion for helping others manifesting in both volunteer time and financial donations, particularly from affluent retirees. Stakeholders noted trusted community leaders and

unofficial champions in neighborhoods could mobilize residents if properly engaged, with people responding to invitations from leaders they trust rather than institutions.

Cross-sector collaboration and partnerships emerged as a critical asset, according to leaders interviewed. Stakeholders described the Brunswick Wellness Coalition bringing multiple sectors together for coordination and learning. Community members noted hospitals partnering with free clinics and community organizations rather than operating in isolation. Leaders emphasized faith communities coordinate service delivery schedules, while innovative co-location strategies place health services at food pantries and substance use programs. Stakeholders described Agricultural Extension partnering with food pantries to provide nutrition education alongside distribution, addressing multiple needs simultaneously.

Coordinated food security networks provide essential support throughout the county, with leaders describing extensive collection systems benefiting multiple pantries. Community members noted hospital-led food drives, faith-based distribution, federal commodity programs for seniors, and community gardens supplementing access. Stakeholders emphasized organizations support each other rather than compete, with mobile pantries bridging transportation gaps by bringing food to isolated populations.

Strong county government leadership and investment distinguish Brunswick from peer counties, according to leaders with multi-county experience. Stakeholders described county government providing more financial resources through direct county dollars than other jurisdictions. Community members noted unprecedented engagement from county leadership with regular proactive check-ins that leaders characterized as unique in their careers. Stakeholders emphasized significant county investment in emergency management systems, resulting in what leaders called one of the most recognized programs with community paramedics integrated into regular operations.

Healthcare and social service infrastructure includes essential resources despite capacity constraints. Stakeholders noted hospital systems, a volunteer-driven free clinic providing medical, dental, and pharmacy services, and six senior centers offering comprehensive wellness programs. Leaders emphasized the health department provides crucial services regardless of payment ability, while emerging mobile health programs target high-poverty areas and telehealth shows promise for expanding access.

Appendix 6 | Full List of CHNA Committee Members

Name	Organization
Brooke Vallely	Alzheimer's Association, Eastern NC
Elsa Armijos	Brunswick Co Schools
Marilyn Graham	Brunswick Community College
Robbie Hall	Brunswick County
Avery Ashley	Brunswick County Cooperative Extension
Billy Howard	Brunswick County EMS
Lyle Johnston	Brunswick County EMS
Danny Thornton	Brunswick County Environmental Health
Amber Merklinger	Brunswick County Government
Cherie Browning	Brunswick County Health Services
Maureen Hubbard	Brunswick County Health Services
Lizeth Alcantar	Brunswick County Health Services
Aaron Perkins	Brunswick County Parks & Rec
Dale Cole	Brunswick County Schools
Kim Spaulding	Brunswick County Schools
Brian Chism	Brunswick County Sheriff Office
Anita Hartsell	Brunswick County Veterans Services
Kyle Abrams	Brunswick Family Assistance
Courtney Bledsoe	Brunswick Senior Resources
Yvette Gosline	Brunswick Senior Resources
Holley Joyce	Brunswick Senior Resources Inc.
Krista Campana	Brunswick Smart Start
Yvonne Hatcher	Brunswick Transit System, Inc.
Leslie Smiley	Cape Fear Health Net
Perita Price	Cedar Grove Community Center
Ashley Kidwell	Christian Recovery Center Inc.
Dwane Richardson	Christian Recovery Center Inc.
Josh Torbich	Christian Recovery Centers Inc.
Tyler Smith	Christian Recovery Centers Inc.
Father Bill Eberle	Clergy Community-SUA Commission
Jeremy Seamon	Coastal Horizons
Kristina Clemmons	Coastal Horizons
Deeanna Hale-Holland	Coastal Horizons
Marlee Hyatt	Coastal Horizons
Teresa Dubose	Coastal Horizons
Tamara Dunn	CommWell Health
Christopher Vann	CommWell Health
Ilene Evans	Dosher Memorial Hospital
Mike Claxton	Lord's Food Pantry/ SBIC
Michelyn Alston	Mt. Calvary AME
Carl Parker	NAACP Brunswick County

Name	Organization
Sheila Roberts	New Hope Clinic
Christy Spivey	Novant Health Brunswick Medical Center
Kenya Hardee	Partners in Community
Anthony Grimaldi	Southeastern Integrated Care
Diane Hennessey	Southport Oak Island Interchurch Fellowship
Cecelia Peers	Trillium Health Resources
Dena Hamilton	Trillium Health Resources
Janice Youngs	United Methodist Church Oak Island