

Acknowledgements

The 2025 New Hanover County Community Health Needs Assessment (CHNA) was made possible through the dedicated collaboration of New Hanover County Health and Human Services and Novant Health New Hanover Regional Medical Center. This partnership reflects a shared commitment to advancing community health through data-driven insight, meaningful engagement, and collective action.

We extend our sincere appreciation to the members of the CNHA Steering Committee and the Stakeholder Group, whose time, expertise, and guidance were essential throughout this process. The Steering Committee provided leadership and oversight, coordinated data collection, guided community engagement, and reviewed findings to ensure the assessment accurately reflects the health needs and priorities of New Hanover County. The Stakeholder Group represented a broad cross-section of sectors, including public health, healthcare, education, housing, transportation, social services, environmental justice, and civic engagement. Their diverse perspectives strengthened both the accuracy of the findings and the relevance of the priorities identified.

Most importantly, we thank the residents of New Hanover County who participated in focus groups and community conversations. By sharing their lived experiences, challenges, and hopes for the future, residents grounded this assessment in the realities of daily life and helped ensure that community voice remained at the center of the CHNA process. Their input will continue to guide efforts to improve health, equity, and well-being across the county.

We also recognize Jessica Brooks, Nutritionist with New Hanover County Public Health, for designing the cover of the 2025 Community Health Needs Assessment. Her contribution reflects the creativity, talent, and engagement of our workforce and reinforces the collaborative spirit behind this assessment. Cover photography was sourced from the New Hanover County Flickr photo library and is used with permission.

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Message from the Health Director

On behalf of New Hanover County Health and Human Services, I am proud to share the 2025 Community Health Needs Assessment (CHNA). This report reflects the voices, experiences, and data that together tell the story of health in our community.

Every three years, our county undertakes this important process to understand not only where we are doing well, but also where challenges remain. This year's CHNA was made possible through the strong partnership between New Hanover County Health and Human Services and Novant Health New Hanover Regional Medical Center, along with the guidance of our Community Health Assessment Steering Committee and many local stakeholders.

Most importantly, this assessment is shaped by the people of New Hanover County. Through community conversations and focus groups, residents shared honest perspectives on what impacts their health and well-being every day. These stories, combined with health data, helped us identify the issues that matter most.

The CHNA highlights ten priority areas identified through the assessment process, and from these, three final priorities have emerged as the focus for our community in the coming years. These priorities will guide the development of our Community Health Improvement Plan (CHIP), which will lay out strategies for action in collaboration with partners and residents.

Health is not just about medical care, it is about where we live, learn, work, and play. It is about opportunity, safety, and connection. This report is not the end of the process, but the beginning of continued work together to make New Hanover County a healthier place for all.

Thank you to everyone who contributed your time, expertise, and voice to this assessment. Your partnership and participation are what make progress possible.

Sincerely,



Jonathan Campbell

New Hanover County Health Director

Executive Summary

Vision Statement

This Community Health Needs Assessment (CHNA) reflects a shared understanding of health in New Hanover County, one shaped by more than clinical care alone. Residents and community partners described health as deeply connected to everyday conditions such as access to affordable and timely healthcare, nutritious food, stable housing, reliable transportation, and opportunities for connection and support. This assessment brings together community experience and data to inform coordinated efforts that strengthen health and quality of life across the county.

CHA Leadership

The CHNA was coordinated by New Hanover County Public Health, a division of New Hanover County Health and Human Services. In this role, Public Health served as the convener and steward of the assessment process, supporting alignment with state and local public health requirements while creating space for broad participation and shared learning. Novant Health New Hanover Regional Medical Center partnered in the CHNA process as part of a shared commitment to collaborative community health planning.

Partnerships and Collaboration

The CHNA was developed through sustained collaboration across our community. A Steering Committee provided guidance throughout the process, and a larger Stakeholder Group representing public health, healthcare, behavioral health, education, business, community-based organizations, and residents participated in reviewing findings and prioritizing community health needs. Through this collaborative approach, partners contributed local knowledge, data, and lived experience that helped shape how community health challenges and opportunities were understood. Additional detail regarding partnership representation is provided elsewhere in this report.

Regional and Contract Services

The CHNA was conducted through local leadership and community partnership without the use of external consultants or contracted services. Data review, community engagement, facilitation, and prioritization activities were supported by New Hanover County Public Health in collaboration with local partners. This approach reinforced local ownership of the process and ensured that the assessment reflected community knowledge, relationships, and capacity.

Theoretical Framework

The CHNA was informed by a population health framework that recognizes health outcomes as the result of social, economic, and environmental conditions alongside access to healthcare. An equity-focused lens was applied throughout the process to ensure that patterns in data and themes raised through community engagement reflected differences in lived experience across neighborhoods and populations.

Collaborative Process

This assessment paired quantitative data with direct input from residents across New Hanover County. Community members participated in facilitated conversations and focus groups representing a wide range of perspectives, including older adults, youth, parents of young children, unhoused residents, Hispanic and Black community members, and LGBTQ+ residents. These conversations provided context and meaning to the data, helping partners better understand how health challenges are experienced day to day.

Findings from community engagement and data review were examined by a Steering Committee and a broader Stakeholder Group, which participated in a structured prioritization process. This approach allowed community perspective and evidence to inform one another, resulting in priorities that reflect both lived experience and measurable trends.

Key Findings

Across engagement activities and data sources, residents consistently described health as shaped by everyday circumstances. Many raised concerns about rising costs of living, challenges accessing affordable and timely healthcare, transportation barriers, and limited availability of nutritious food. Participants also emphasized the importance of feeling safe, welcomed, and connected, noting that social isolation and lack of support can negatively affect both mental and physical well-being.

While these experiences were shared across income levels, they were often more pronounced for households already facing instability. Community members highlighted the need for practical solutions that reduce barriers and make existing resources easier to navigate.

Health Priorities

Ten community health themes were identified through analysis of data and community input. These themes were reviewed and scored through a structured, stakeholder-driven process facilitated by New Hanover County Public Health, with participation from the Community Health Assessment Steering Committee and a broader Stakeholder Group representing multiple

sectors. Shared criteria considered the severity and scope of each issue, the feasibility of making progress, and the extent of existing efforts underway in the community.

Through this process, three priorities emerged as areas where coordinated action could have meaningful impact:

- Healthy food access and nutrition
- Healthcare access and quality
- Community connection

Behavioral health and substance use were also identified as significant community concerns and were carefully considered during prioritization. These issues were prioritized in the previous CHNA and have since been the focus of sustained investment, expanded services, and strengthened partnerships across the county. Stakeholders noted progress in system capacity and access, which influenced how these issues ranked relative to others in this assessment. This reflects ongoing work and demonstrated improvement, not diminished importance.

Next Steps

The CHNA informs the development of a Community Health Improvement Plan (CHIP), which outlines shared strategies, roles, and measures of progress developed with community partners. The CHIP serves as a coordinating framework that aligns existing initiatives and identifies opportunities for partners to contribute based on their missions, strengths, and resources.

Because this assessment was shaped through collaboration and community input, its next steps rely on continued partnership and shared accountability. Ongoing engagement with residents and organizations will help ensure strategies remain responsive, coordinated, and grounded in community priorities as implementation moves forward.

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Introduction

Purpose of the Community Health Needs Assessment

Every three years, North Carolina's local health departments conduct a Community Health Needs Assessment (CHNA). The CHNA is both a requirement for local health department accreditation and a community-wide planning tool that helps identify priorities, align resources, and inform the development of a Community Health Improvement Plan (CHIP).

Health is shaped by more than medical care alone. Where people live, learn, work, and connect influences their ability to live long and healthy lives. By combining data with the voices and lived experiences of residents, this assessment highlights community strengths alongside challenges and ensures that future planning is grounded in what matters most to the people of New Hanover County.

Why This Matters for New Hanover County

New Hanover County continues to grow and change, bringing new opportunities as well as emerging challenges. Understanding the drivers of health at the community level helps ensure that local strategies are responsive, equitable, and informed by both evidence and experience. This CHNA provides a foundation for identifying issues that can be addressed through shared effort and collaboration, while recognizing the assets already present in the community.

Building on Previous Assessments

This assessment builds on work completed in the 2022 Community Health Needs Assessment, which identified housing, behavioral health, and access to care as leading priorities. Since that time, New Hanover County and its partners have advanced initiatives to strengthen behavioral health coordination, expand housing stability efforts, and improve access to preventive and primary care services.

While progress has been made, community needs continue to evolve. This assessment reflects current conditions, incorporates new community input, and highlights areas where continued coordination and partnership are needed to support health and quality of life.

Alignment with Broader Planning Efforts

The Community Health Needs Assessment supports coordinated planning efforts at both the local and regional levels. Locally, the findings align with the New Hanover County Strategic Plan, which emphasizes community safety, well-being, and quality of life. The CHNA provides data

and community insight that inform policy development, program planning, and cross-sector collaboration across County departments and community partners.

The CHNA also fulfills requirements of the North Carolina Local Health Department Accreditation program, supporting accountability, consistency, and continuous improvement in public health practice. Through this process, New Hanover County Public Health serves as a convener of community voice and a steward of data, helping ensure that local priorities are identified collaboratively and addressed through shared action.

How to Use This Report

This Community Health Needs Assessment is designed to be used by a wide range of audiences, including residents, community organizations, healthcare providers, policymakers, and local leaders. Different readers may engage with the report in different ways, depending on their interests and roles.

Readers interested in understanding the community context and conditions that shape health in New Hanover County may begin with the About Our Community section, which describes key demographic, economic, and environmental factors. The Data Findings section that follows brings together what residents shared through community conversations with local, state, and national data to highlight patterns, disparities, and areas of concern.

The Health Priorities and Priority Identification and Selection sections explain how community input and data were used together to identify shared priorities for action. These sections are particularly useful for organizations and partners seeking to align their work with community-identified needs.

Appendices provide additional detail, including summaries of data sources, stakeholder participation, and prioritization methods, for readers who want more technical information or documentation.

Together, these sections are intended to support shared understanding and coordinated action. This report is not a plan by itself, but a foundation for collaboration that will inform the development of the Community Health Improvement Plan and guide collective efforts to improve health and quality of life in New Hanover County.

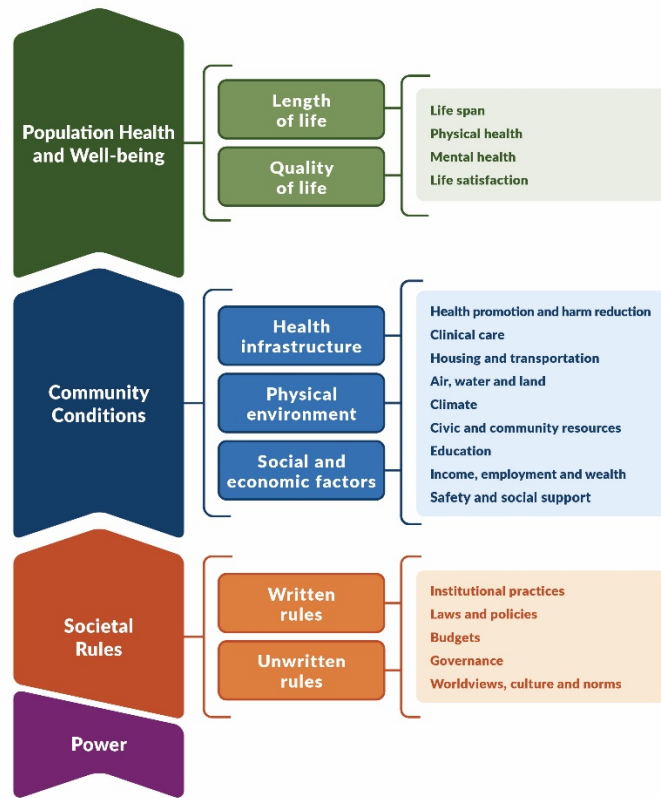
Process and Collaboration

Framework for the Assessment

The 2025 Community Health Needs Assessment was guided by two complementary frameworks: a population health model and the Wheel of Privilege and Power. Together, these frameworks provided a shared structure for organizing data, interpreting patterns, and centering community voice throughout the assessment process.

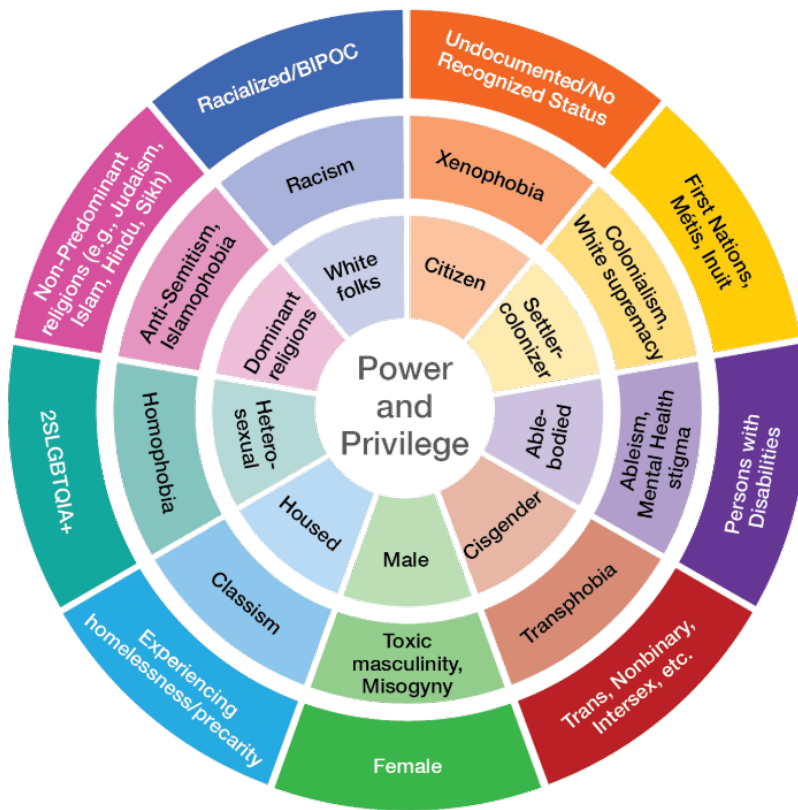
The population health model emphasizes that health is shaped by interconnected factors beyond medical care alone. These include health behaviors, access to clinical services, social and economic conditions, and the physical environment. Organizing information through this lens allowed the assessment to examine how broader community conditions influence outcomes such as length of life and quality of life, and to move beyond individual-level explanations for health.

The Wheel of Privilege and Power complemented this perspective by explicitly recognizing how systems of advantage and disadvantage affect access to opportunity and resources. The framework illustrates how social identities and structural factors interact to shape lived experience, including exposure to barriers related to race, income, housing stability, disability, gender identity, and other factors. Using this lens supported intentional inclusion of voices from equity-deserving populations and helped ensure that disparities identified in data were understood in the context of residents' lived experiences.



University of Wisconsin Population Health Institute Model of Health © 2025

Population Health Model illustrating how social, economic, environmental, and clinical factors collectively shape community health. Source: University of Wisconsin Population Health Institute



Wheel of Privilege and Power illustrating how social identities influence access, advantage, and systemic barriers within a community. Source: University of Guelph

How the Process Was Carried Out

The Community Health Needs Assessment followed a phased and collaborative approach that combined quantitative data review with broad community engagement. Secondary data included commonly used county, state, and national indicators related to health outcomes, behaviors, housing, transportation, environmental conditions, and economic factors. Primary data were collected through resident focus groups and community conversations, providing insight into daily experiences that may not be fully captured in available datasets. The major phases of the work included:

1. Reviewing local, state, and national health and demographic information (secondary data).
2. Hosting focus groups and community conversations to gather resident input (primary data).
3. Convening the Steering Committee to synthesize findings from both data and community input.

4. Identifying ten community health themes that consistently emerged across data sources and populations.
5. Engaging a broader stakeholder group to narrow the list to three final priorities using a prioritization matrix.

This approach ensured that measurable outcomes and lived experiences were considered together and that decisions about priorities were informed by data, community perspective, and feasibility. Throughout the process, New Hanover County Public Health served as a convener and facilitator, supporting transparency and collaboration rather than directing outcomes.

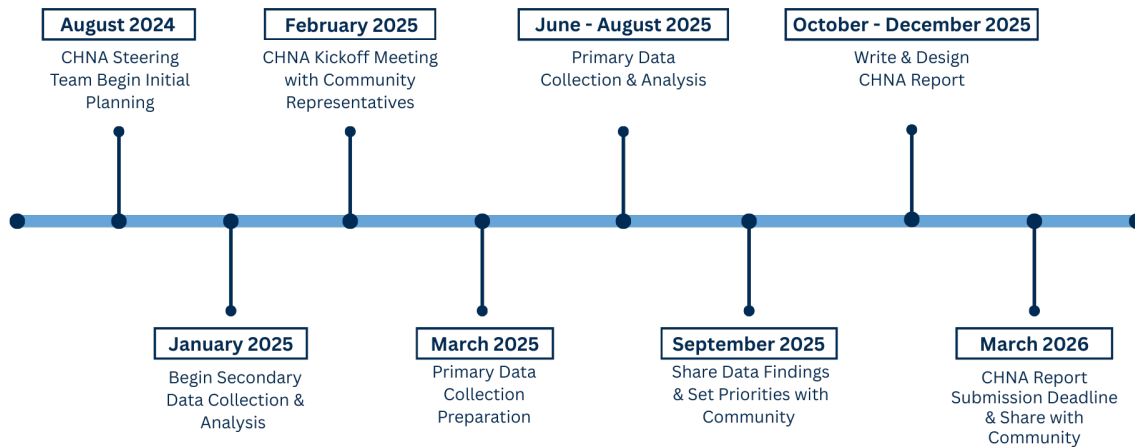
Timeline of the CHNA Process

The Community Health Needs Assessment was conducted between 2024 and late 2025 using a phased approach that supported planning, community engagement, analysis, prioritization, and reporting.

- August – October 2024: Initial planning, defining scope, and assigning roles
- January – May 2025: Gathering and analyzing secondary data
- February 2025: Stakeholder kickoff meeting
- March – April 2025: Planning for primary data collection
- May – August 2025: Hosting community conversations and focus groups
- September 2025: Completing analysis of primary data; stakeholder review of findings and prioritization
- October 2025 – November 2025: Drafting report, Steering Committee review, revisions, and leadership feedback
- Winter 2025 — Early 2026: Finalization, submission to NCDHHS, and public release of the CHNA

Throughout the process, findings were reviewed with community partners and stakeholders to ensure accuracy, transparency, and shared understanding.

Timeline



Key milestones moved the CHNA from planning and data collection through prioritization and reporting.

Partner Collaboration

New Hanover County Health and Human Services and Novant Health New Hanover Regional Medical Center partnered to lead the 2025 Community Health Needs Assessment. This collaboration combined local public health and regional healthcare perspectives. HHS coordinated community engagement, data collection, and facilitation. NHRMC contributed clinical and utilization data and helped connect public health findings to patient care realities. Together, the partners reviewed findings at key milestones and aligned the assessment with county priorities and accreditation standards.

Regional Collaboration and Shared Services

Novant Health NHRMC serves as the regional referral hospital for southeastern North Carolina, providing specialty and tertiary care for patients from surrounding counties. This regional role extends the reach of the assessment beyond New Hanover County, ensuring that findings reflect the interconnected health system in which residents receive care and strengthening alignment between public health, clinical services, and regional planning.

Community Partners

Additional partners from education, higher education, nonprofit organizations, transportation, environmental groups, faith-based groups, and civic organizations contributed data, shared perspectives, and assisted with interpretation. Their involvement ensured the assessment

reflects a broad view of health in New Hanover County. A list of participating organizations and their role is provided in Appendix A.

Community Engagement

Resident input anchored the assessment. Conversations and focus groups invited people to share what helps or hinders health, how they navigate services, and what would make the greatest difference. Engagement reached unhoused residents, older adults, Hispanic and Black residents, LGBTQ+ community members, parents with young children, and youth. This holistic approach ensured findings reflect diverse experiences and elevate voices from equity-deserving populations. Summaries of the Focus Groups and Community Conversations are included in Appendix B.

Steering Committee

The Steering Committee, composed of staff from New Hanover County Health and Human Services and Novant Health New Hanover Regional Medical Center, provided leadership and oversight for the Community Health Needs Assessment process. The committee established the assessment scope, ensured alignment with accreditation standards, and guided the overall approach to data collection, community engagement, and analysis. Steering Committee membership and organizational roles are listed in the table below.

Name	Organization / Role
Tufanna Bradley	NHC / Chief Human Services Officer
Jon Campbell	NHC / Health Director
Michelle McGrath	NHC / Assistant Health Director
Melissa Lombardi	NHC / Environmental Health Manager
Jocelyn Graham	NHC / School Health Manager
Carla Turner	NHC / Public Health Division Manager & Preparedness Coordinator
Jodi Walker	NHC / Clinical Therapy Manager
Kyle Hiltbrunn	NHC / Epidemiologist
Eugenia Johnson	NHC / Health Educator
Emma Cary	NHC / Health Educator
Paige Lundberg	NHC / Health Educator
Jamika Lynch	NHC / Health Educator
Fawn Rhodes	NHC / Equity Coordinator
Elizabeth Forte	Novant Health NHRMC / Manager of Community Health

At key milestones, the Steering Committee reviewed findings from both primary and secondary data sources, synthesized emerging themes, and confirmed the health areas advanced for broader community discussion. Through this structured review process, the committee identified ten health themes for countywide consideration, which informed the subsequent prioritization process and resulted in the three final community health priorities.

Stakeholder Group

A broader Stakeholder Group representing education, housing, transportation, business, environmental health, nonprofit, faith-based, and civic partners contributed to the Community Health Needs Assessment process. Stakeholders reviewed data, provided local context, and participated in a facilitated prioritization process using a structured scoring matrix to identify the final three community health priorities. Stakeholder Group membership and organizational affiliations are listed in the table below. Through their participation, stakeholders ensured that the assessment reflects both quantitative evidence and lived experience, strengthening the relevance, credibility, and community grounding of the findings.

Community Health Needs Assessment Stakeholder Group		
Community Care of the Lower Cape Fear	Trillium Health	Wilmington Chamber of Commerce
Cape Fear River Watch	American Red Cross	New Hanover County Health and Human Services
New Hanover County Strategy	Smart Start	Harrelson Center
Wave Transit	New Hanover County Senior Resource Center	Cape Fear Clinic
New Hanover County Veterans Affairs	YWCA Lower Cape Fear	UNCW College of Health and Human Services
City of Wilmington	NC Conservation Network	New Hanover County Schools – NC Pre-K
Coastal Horizons Center	Wilmington Downtown Inc.	New Hanover County Sheriff’s Office
Resiliency Task Force	New Hanover County Civic Engagement	WHQR Public Radio
Judicial System	NAACP	Good Shepherd Center
Kids Making It	New Hanover County Health and Human Services Board	Novant Health New Hanover Regional Medical Center
Wilmington Health	Cape Fear HealthNet	South East Area Health Education Center

Together, these frameworks, partnerships, and voices created a process that is inclusive, evidence-based, and focused on what matters most to the people of New Hanover County. The next section, About Our Community, provides local context for the health data and community stories that shaped this assessment.

About Our Community

Place and People

New Hanover County is a coastal community shaped by the Cape Fear River, the Atlantic Ocean, and the City of Wilmington at its center. Most residents live in Wilmington and nearby beach communities, while rural and island areas are home to smaller but steadily growing populations. About a quarter-million people call the county home, and based on U.S. Census data and state population projections, the population is expected to continue growing over the coming decades. Growth includes both young families drawn by employment and education opportunities and older adults seeking to age in place.

Geography plays an important role in daily life. For some residents, healthcare, schools, and employment are nearby; for others, distance, bridges, limited transit routes, or cost create barriers. These patterns influence how residents access services and help explain why access and transportation emerge repeatedly in community conversations.

Peer County Comparisons

To provide context for local conditions, New Hanover County is compared throughout this report with Brunswick, Buncombe, and Union Counties. These peer counties were selected based on similarities in population size, growth trends, and urban–suburban mix. Comparisons draw on publicly available state and federal data and are used to understand patterns and disparities rather than to rank communities.

Population and Demographics

Based on U.S. Census estimates and state projections, New Hanover County’s population is approximately 240,000 and is projected to grow by more than 60,000 residents over the next 25 years. The median age is just over 40 years, with nearly one in five residents under age 18 and a similar share age 65 and older. This balance creates simultaneous demand for childcare, education, healthcare services, and supports that allow older adults to remain healthy and independent.

Race and Ethnicity

According to Census estimates, approximately 77% of residents identify as White, 12% as Black or African American, 6% as Hispanic or Latino, and 5% as individuals identifying with other racial or ethnic groups. The county's diversity continues to grow, enriching community life while underscoring the importance of culturally responsive services, language access, and inclusive engagement.

New Hanover County's history includes periods in which Black communities experienced exclusion from political power, displacement, and loss of opportunity, with effects that continue to shape neighborhood conditions, trust, and health outcomes today. Understanding these historical influences provides important context for present-day disparities and the need for equity-informed approaches to improving health.

Education and Economic Context

American Community Survey data indicate that nearly 94% of adults age 25 and older have completed high school, and just over half hold a college degree. Educational attainment is supported by institutions such as the University of North Carolina Wilmington and Cape Fear Community College. At the same time, rising housing, childcare, transportation, and food costs place strain on many working households, highlighting the close connection between economic stability and health.

Veterans, Disability, and Language

Local Census and veterans' data indicate that veterans make up about 6% of the adult population. Approximately 12% of residents report a disability, most often related to mobility or difficulty with independent living. About 7% of residents speak a language other than English at home, and roughly 3% report speaking English less than very well. Clear communication and accessible services are essential to ensuring that all residents can navigate systems and supports.

Environment, Resilience, and Environmental Justice

Environmental conditions influence health and well-being across New Hanover County. Rivers, beaches, parks, and tree canopy support recreation and quality of life, while the coastal location also brings risks such as flooding, extreme heat, and storm impacts. Community concern related to PFAS contamination in drinking water, documented through state environmental monitoring and widely discussed across the region, has shaped local awareness of environmental health and reinforced the importance of safe water, transparency, and long-term environmental stewardship.

Environmental and social conditions often intersect. Neighborhoods experiencing higher poverty may also face greater exposure to flooding, fewer full-service grocery options, limited transportation, or reduced green space, compounding health risks and reinforcing the need for place-based and equity-focused solutions.

Community Assets

New Hanover County benefits from strong community assets, including a regional healthcare system anchored by Novant Health New Hanover Regional Medical Center, higher education institutions, a wide network of nonprofit and faith-based organizations, and valued public spaces such as libraries, parks, and beaches. These assets provide a foundation for addressing the priorities identified in this assessment and for supporting coordinated, cross-sector action to improve health and quality of life.



Scenes highlighting public spaces, infrastructure, and community landmarks that support health, connection, and well-being. Source: New Hanover County Flickr page.

Health At-A-Glance

Overall, available state and national health indicators suggest that most residents in New Hanover County report good health, with life expectancy averaging just under 78 years. About 14% of adults describe their health as fair or poor, and birth outcomes remain an area to monitor, with roughly 9% of babies born at low birth weight. Common chronic conditions reflect what many families experience day to day: approximately one-third of adults live with obesity, and about 9% have been diagnosed with diabetes.

Community Assets and Resource Infrastructure

New Hanover County has a strong foundation of community assets that support health, connection, and well-being across the county. These assets include a regional healthcare

system, higher education institutions, local government services, nonprofit and faith-based organizations, and public spaces such as libraries, parks, beaches, and community centers. Together, they provide essential points of access for care, information, and social support.

The county also benefits from shared resource infrastructure designed to help residents navigate available services. Tools such as *Help Right Here* and the county's online community resource mapping platform offer centralized, publicly accessible information on programs related to healthcare, housing, food assistance, behavioral health, transportation, and other supports. These platforms help connect residents, service providers, and partners, and support coordination across sectors.

At the same time, access to community assets is not evenly experienced. Residents described challenges related to awareness, language access, transportation, eligibility requirements, and digital access. Assets and services are often concentrated in higher-density areas, while residents in outlying neighborhoods, those without reliable transportation, or those with limited internet access may face greater difficulty locating or reaching available supports.

These assets and infrastructure were considered alongside community input and quantitative data throughout the assessment process. Understanding both the strengths of existing resources and the barriers to accessing them provides important context for interpreting the data findings and identifying opportunities for coordinated, place-based action to improve health and quality of life in New Hanover County.

Why Context Matters

Health is shaped by more than individual choices. Where people live, what they can afford, how they get around, and whether nearby places feel safe, welcoming, and supportive all influence daily decisions and long-term outcomes. Historical patterns, environmental conditions, and access to resources interact to shape opportunities for health in different parts of the county.

This portrait of place and people sets the stage for the Data Findings that follow. Together, the sections that follow describe not only what is happening in New Hanover County, but why it matters, who is most affected, and where coordinated action has the greatest potential to improve health and quality of life.

Additional detail on the data sources and indicators referenced in this section is provided in Appendix C.

Data Findings

Overview of Data Findings

This section brings together two types of information. Primary data come from community conversations and focus groups, where residents shared their experiences, priorities, and ideas. Secondary data draw from a range of local, state, and national sources commonly used in public health planning, including information on population health outcomes, chronic disease, health behaviors, housing stability, transportation access, environmental conditions, and economic indicators.

Together, these data sources were reviewed to identify patterns, trends, and disparities rather than to produce precise estimates for every condition. In some cases, available indicators rely on modeled, administrative, or survey-based data. These sources are useful for understanding population-level trends but may have limitations when applied to specific neighborhoods or individual experiences. Where appropriate, these limitations are noted, and findings are interpreted alongside community input and local context.

Using Data to Provide Context

Where helpful, New Hanover County data are compared with North Carolina and selected peer counties (Brunswick, Buncombe, and Union) to provide additional perspective. These comparisons are intended to illustrate relative patterns, highlight shared challenges, and identify areas of divergence, not to rank communities or assign performance judgments. Comparisons are used selectively and only when they add meaningful context to local conditions.

Integrating Community Voice and Data

Guided by a population health perspective and the Wheel of Privilege and Power, the Community Health Assessment Steering Committee reviewed both community voice and available data to identify themes that consistently shaped residents' health and quality of life. This approach ensured that data were not considered in isolation, but interpreted through the lens of lived experience, structural conditions, and access to opportunity.

A broader stakeholder group later used this information as part of the prioritization process described earlier in this report, helping ensure that selected priorities reflected both measurable outcomes and community-identified needs.

Understanding the Scope and Limits of the Data

Many indicators included in this assessment are drawn from commonly used administrative, survey-based, or modeled data sources. These data are valuable for identifying trends and patterns across populations but may not fully capture local variation or the full range of individual experiences. For this reason, findings throughout this report are interpreted alongside community input, lived experience, and local context to provide a more complete understanding of health and quality of life in New Hanover County.

A summary of the data sources reviewed for this assessment is provided in Appendix C.

Moving from Data to Themes

Review of community conversations, focus groups, and quantitative data revealed a set of health-related issues that consistently shaped residents' experiences and outcomes across the county. These issues emerged across multiple populations and data sources and reflect both what the data show and what residents described as affecting daily life.

Together, these findings informed the identification of ten community health themes. While three themes were ultimately selected as shared priorities through the prioritization process, all ten represent important and interconnected factors influencing health and quality of life in New Hanover County.

The ten community health themes identified through this assessment are:

- Healthy Food Access and Nutrition
- Healthcare Access and Quality
- Community Connection
- Behavioral and Mental Health
- Housing
- Transportation
- Access to Community Resources
- Workforce Development
- Natural Environment
- Built Environment

While three of these themes were ultimately selected as shared priorities through the prioritization process, all ten represent important and interconnected areas of need and opportunity within the community. Themes that did not rise to the top three remain relevant and are often closely linked to the selected priorities.

The pages that follow provide a closer look at each theme using a consistent format. For each theme, the report describes why the issue matters, what residents shared, what the data show, how it shows up locally, what helps, what gets in the way, and why it matters for daily life.

Behavioral & Mental Health

Why It Matters

Mental health touches nearly every part of daily life — how well students learn, how reliably adults can work, and how families manage stress and relationships. When mental health needs go unmet, the effects extend beyond individuals to schools, workplaces, and the broader community.

What We Heard

Residents spoke positively about the value of school-based mental health services, noting that having support available where children already spend their day helps reduce stigma and barriers to care. At the same time, parents and educators expressed concern about limited availability of school social workers and counselors, particularly as student needs have grown.

Families also described long wait times and difficulty accessing outpatient mental health services, especially for medication management. Several residents shared that even when counseling was available, finding timely appointments with prescribers was challenging. Across groups, residents emphasized that navigating the system — understanding where to go, how to obtain referrals, and how to coordinate care — remains a barrier.

What the Data Show

Based on commonly used population health surveys, New Hanover County residents report an average of 5.3 poor mental health days in the past 30 days, higher than peer counties and North Carolina overall. Suicide remains a leading cause of death among young adults, highlighting ongoing mental health needs within the community.

At the same time, provider availability indicators show that resident-to-provider ratios in some areas are stronger than the state benchmark, reflecting expanded service capacity and prior investment. Despite these gains, access to behavioral and mental health services remains uneven, particularly for youth, uninsured adults, and residents facing transportation, language, or scheduling barriers.

Poor Mental Health Days

Average number of poor mental health days in past 30 days



Source: County Health Rankings/ BRFSS, 2022

New Hanover County reports more poor mental health days than peer counties and North Carolina. Data are derived from self-reported survey responses (BRFSS) and are subject to sampling variability

Where It Shows Up Locally

School- and community-based programs that offer on-site counseling, crisis lines, mobile response, peer support, bilingual services, and partnerships connecting primary care, schools, and community organizations play an important role in improving access. When services are free or low-cost, offered outside traditional work or school hours, and located near transit or within neighborhoods, more residents are able to use them.

What Helps

Expanded school-based mental health services, mobile crisis response, peer support programs, bilingual and culturally responsive care, and partnerships that integrate behavioral health into primary care settings help reduce barriers and reach people earlier. Clear referral pathways and coordinated services across systems also make it easier for residents to move from crisis response to ongoing care.

What Gets in the Way

Long wait times, cost, transportation challenges, limited evening hours, and difficulty navigating insurance continue to make care hard to access. A lack of bilingual and affirming providers, combined with persistent stigma, prevents some residents from seeking help at all. These barriers are often compounded for youth, older adults, and residents already facing economic or social stressors.

Why It Matters for Daily Life

When mental health needs go unmet, the effects ripple through classrooms, workplaces, and households, affecting learning, job stability, relationships, and physical health. Although behavioral and mental health did not rise as a top priority in the 2025 prioritization process, this reflects progress from sustained investment and system strengthening, not diminished importance. Behavioral and mental health remain essential to overall health and quality of life and will continue to be addressed throughout the Community Health Improvement Plan.

Healthcare Access & Quality

Why It Matters

Being able to see a doctor, receive preventive care, and manage health conditions early helps people stay healthy and avoid medical crises. When care is hard to find, afford, or navigate, small health concerns can worsen over time, placing greater strain on individuals and families and increasing pressure on the healthcare system as a whole.

What We Heard

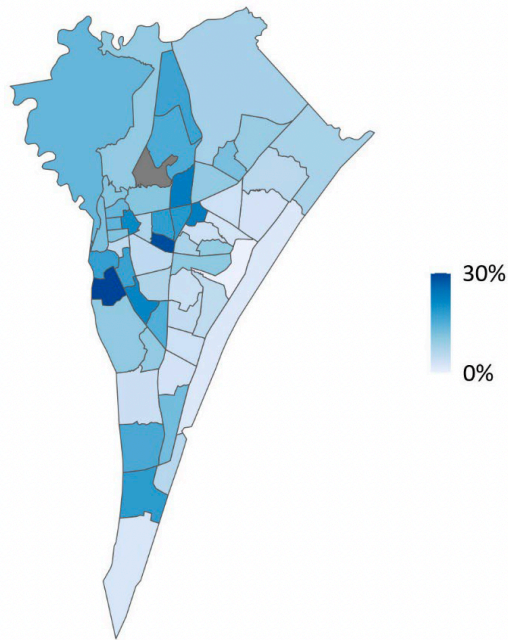
Residents described long wait times for appointments, crowded emergency departments, and difficulty finding providers who meet their needs. LGBTQ+ youth shared experiences of delayed or denied affirming care, while older adults described postponed visits due to specialty provider shortages. Even among residents with insurance, many said copays, deductibles, transportation challenges, and limited office hours made care difficult to use. Several residents expressed uncertainty about where to go for non-emergency needs and how to navigate insurance and referral requirements.

What the Data Show

Commonly used healthcare access indicators show that access remains uneven across New Hanover County. Measures such as resident-to-primary-care-provider ratios and neighborhood-level insurance coverage, drawn from sources like the American Community Survey, suggest that capacity and coverage vary widely across the county.

While provider capacity has expanded in recent years, these indicators also highlight an important limitation: insurance coverage alone does not guarantee timely or appropriate access to care. Appointment availability, cost-sharing, transportation, language access, and system navigation all influence whether residents are able to use services when they need them.

Percent of residents without insurance
ACS 5-year estimates (2019-2023)



Source: American Community Survey, 2019-2023

Uninsured rates vary widely across New Hanover County neighborhoods.

Where It Shows Up Locally

Barriers are most visible in neighborhoods with higher uninsured rates, limited public transit, and fewer nearby clinics. Youth and young adults, Spanish-speaking families, people with disabilities, and residents without reliable transportation report the greatest challenges accessing care when and where they need it. These patterns reflect residents' experiences of delayed care and difficulty establishing consistent relationships with primary or specialty providers.

What Helps

Community clinics, school-based and mobile services, same-day appointments, extended hours, telehealth options, care navigation support, and bilingual or culturally responsive providers make care easier to access and use. Clear referral pathways between primary care, behavioral health, and specialty care help reduce delays and improve continuity.

What Gets in the Way

Provider shortages, long wait times, cost, transportation challenges, and limited evening or weekend hours remain significant obstacles. Residents also described difficulty navigating insurance coverage, identifying appropriate points of care for non-emergency needs, and finding affirming or language-accessible services. These barriers often compound one another, particularly for residents already facing economic, linguistic, or mobility challenges.

Why It Matters for Daily Life

When care is delayed or skipped, health conditions can worsen, missed school and work increase, and families experience higher costs and stress. Improving healthcare access and quality helps residents address health concerns earlier, avoid unnecessary emergencies, and maintain stability in daily life.

Housing

Why It Matters

A safe, stable home is the foundation for health. Without stable housing, it becomes more difficult to maintain employment, manage medical conditions, and sustain daily routines such as storing medications or preparing healthy meals. Housing instability affects not only where people live, but also their physical health, mental well-being, and ability to remain connected to work, school, and community. In New Hanover County, access to affordable and stable housing plays a critical role in residents' ability to maintain health and long-term stability.

What We Heard

Residents experiencing homelessness emphasized that housing must come first before other needs can be addressed. Older adults shared concerns about the lack of affordable options to age in place, while families described stress related to rising rents and frequent moves. Many young adults expressed worry about being priced out of the community, and residents across income levels noted difficulty finding housing that is both affordable and located near work, schools, healthcare, and transit.

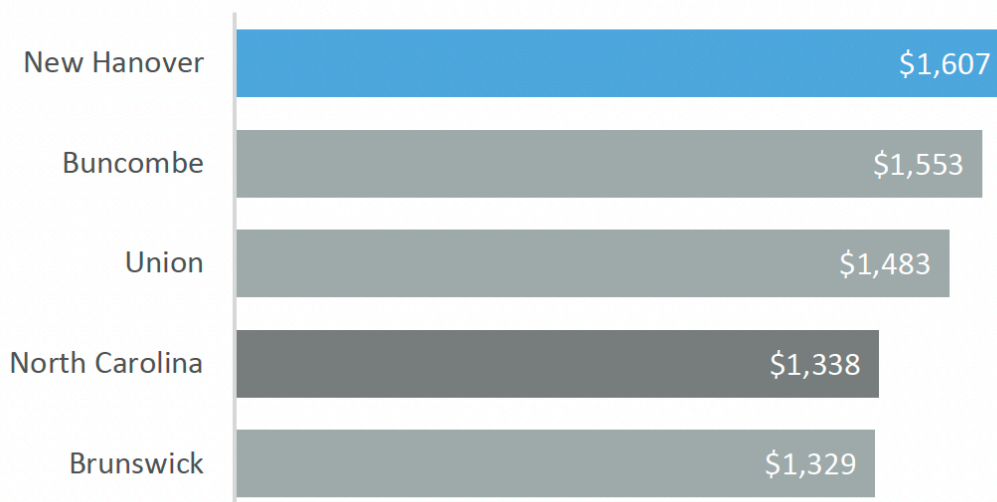
What the Data Show

Commonly used housing indicators show that affordability remains a significant challenge in New Hanover County. Based on American Community Survey estimates, about half of renters spend more than 35% of their income on housing, meeting the definition of being cost-

burdened. Median rent now exceeds \$1,600 per month, higher than peer counties and the state overall, while the supply of lower-cost rental units remains limited.

These indicators highlight affordability pressure but do not capture other important dimensions of housing stability, such as housing quality, availability of accessible units, crowding, or the stability of individual households. High housing costs are associated with more frequent moves, doubling up, or overcrowding, which can disrupt employment, schooling, and access to healthcare.

Median Rent



Source: American Community Survey, 2024

Median rent in New Hanover County is higher than peer counties and the state, reflecting increased affordability pressure for renters.

Where It Shows Up Locally

Housing pressure is greatest in high-rent corridors and neighborhoods with fewer lower-cost units. Households with children, single-income families, seniors on fixed incomes, and residents with disabilities face the steepest barriers to stability. These pressures are often compounded by transportation challenges, limited proximity to services, and competition for a small number of affordable units.

What Helps

Rental assistance, eviction prevention programs, and utility support help residents remain housed during periods of financial strain, while rapid rehousing and permanent supportive

housing play an important role for residents experiencing homelessness. Home repair and weatherization programs support seniors and low-income homeowners in maintaining safe living conditions, and partnerships that connect housing assistance with health and social services help address multiple needs at once.

What Gets in the Way

Rising rents, limited availability of affordable units, long waitlists, and up-front costs such as deposits and fees create significant barriers. Transportation challenges to view available units, credit or income screening requirements, and uncertainty about eligibility further limit access. Several residents reported difficulty knowing where to seek help or how to navigate housing assistance systems.

Why It Matters for Daily Life

When housing is unstable or unaffordable, families face constant tradeoffs — rent versus food, utilities versus healthcare. Frequent moves and housing insecurity increase stress, disrupt routines, and make it harder to maintain employment, education, and health. Improving housing stability supports healthier families, stronger neighborhoods, and greater opportunity for residents to remain connected to their community.

Transportation

Why It Matters

Getting to work, school, healthcare, and the grocery store depends on safe, reliable, and affordable transportation. When getting around is difficult or costly, everyday tasks take more time, limit opportunity, and add stress to daily life. In New Hanover County, transportation plays a critical role in whether residents can access jobs, education, healthcare, and community resources, particularly for those without a personal vehicle or with mobility limitations.

What We Heard

Residents asked for more bus routes, longer evening and weekend service, and fares families can afford. Seniors described losing independence when transit or paratransit services did not align with their schedules, while young people linked missed classes and job opportunities to gaps in service. Many residents also said walking or biking often feels unsafe, especially along busy roads without sidewalks, protected crossings, or bike infrastructure. Across groups, residents emphasized that transportation challenges affect not just convenience, but access to essential services.

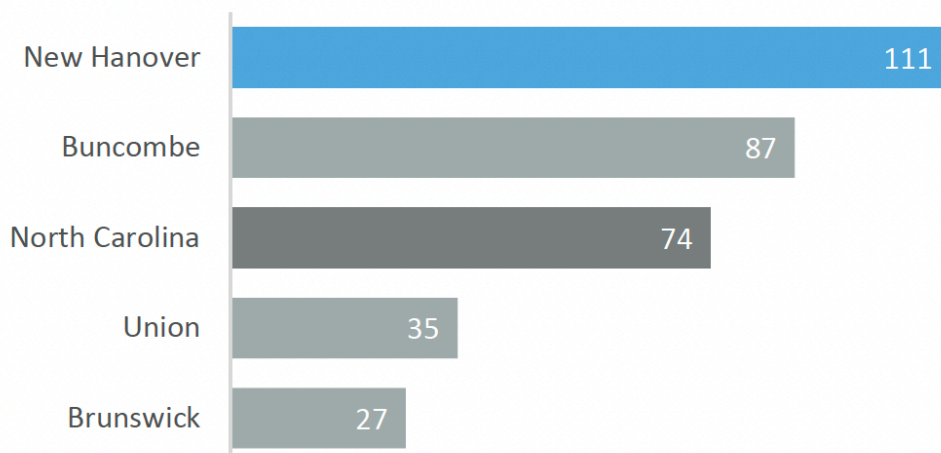
What the Data Show

Commonly used transportation indicators suggest that transportation barriers affect many households in New Hanover County. Based on American Community Survey estimates, about 6% of households do not have access to a vehicle, and measures of walkability vary widely, from more walkable beach and downtown areas to car-dependent neighborhoods elsewhere in the county.

Traffic data reported through County Health Rankings indicate that traffic volume on major roadways is higher in New Hanover County than in peer counties and the state. These indicators help illustrate patterns of roadway use and congestion, but they do not capture transit frequency, sidewalk coverage, affordability, safety perceptions, or the day-to-day experience of riders, pedestrians, or cyclists.

Traffic Volume

Average traffic volume per meter of major roadway



Source: County Health Rankings/ EJSOREEN, 2020

Average traffic volume on major roadways in New Hanover County is higher than peer counties and the state, affecting travel conditions for drivers, pedestrians, and cyclists.

Where It Shows Up Locally

Transportation challenges are greatest in neighborhoods with limited bus coverage or infrequent service, in areas with sidewalk gaps, and along busy corridors where crossing the street is difficult. Residents without a car, people with disabilities, seniors, and youth experience these gaps most acutely. Transportation barriers are often compounded by distance to services,

limited transit hours, and lack of safe routes connecting homes to schools, clinics, and shopping areas.

What Helps

Expanded WAVE Transit routes and hours, bus stops with shelters and lighting, sidewalk and crosswalk improvements, protected bike lanes, and safe routes near schools and clinics help improve access. Bike racks on buses, on-demand options, and clear trip-planning tools make transit easier to use. When transportation options are reliable, affordable, and aligned with daily schedules, residents are better able to meet basic needs and stay connected to work, school, and care.

What Gets in the Way

Limited evening and weekend service, long waits between buses, unsafe or missing sidewalks, high traffic speeds, and the cost of rides remain significant barriers. Some riders are unsure how to plan trips or transfer routes, and not all stops or vehicles are fully accessible for people using mobility devices. These barriers can turn short trips into major obstacles, particularly for residents already facing economic or health-related challenges.

Why It Matters for Daily Life

Without dependable transportation, it becomes harder to keep a job, attend school, make medical appointments, and stay socially connected. Improving transportation options, whether by bus, foot, bike, or car, gives residents a fair chance to meet daily needs and participate fully in community life. Transportation access supports health, independence, and opportunity across New Hanover County.

Access to Community Resources

Why It Matters

Finding help should be straightforward. When residents cannot easily locate or reach services such as childcare, legal aid, mental health support, food assistance, or housing, small challenges can grow into larger crises. Limited access to information and support increases stress for individuals and families and can delay help until problems become more difficult and costly to address.

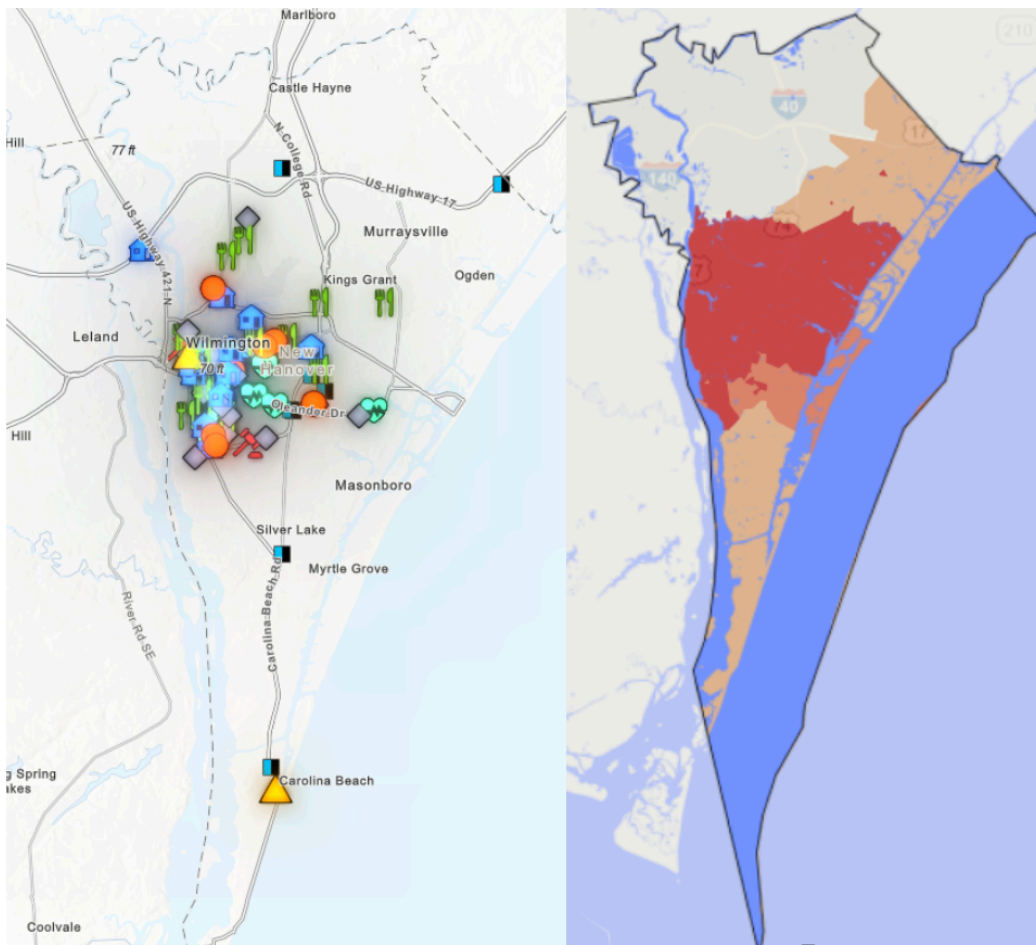
What We Heard

Residents often said they do not know where to start when seeking help. Many rely on word of mouth, local radio, or informal networks to learn about available programs. Residents asked for

a single, trusted place to find information, clearer eligibility rules, and more services available in Spanish. Several emphasized the need for community liaisons or navigators who can help explain options and guide people through application processes.

What the Data Show

Available indicators suggest that access to community resources is uneven across New Hanover County. Information from local resource directories shows that many services are concentrated in higher-density areas, while fewer options are available in outlying neighborhoods. Data related to childcare costs, drawn from commonly used economic and household estimates, indicate that childcare expenses can approach a substantial share of household income, making it harder for families to afford other essentials.



Community resources are clustered in higher density areas, with fewer options in outlying neighborhoods. Source: NHC Community Resource Portal

These indicators help highlight patterns in service availability and cost, but they do not capture awareness, eligibility barriers, language access, administrative complexity, or the ease of

navigating services. As a result, data are best understood alongside community input about how residents actually experience access.

Where It Shows Up Locally

Service locations tend to cluster in higher-density Wilmington areas, with fewer options in more rural or outlying parts of the county. For residents without a car, with limited internet access, or who face language barriers, getting to services, or even finding accurate information about them, is more difficult. These gaps reinforce residents' experiences of delayed help and reliance on informal networks to navigate systems.

What Helps

A single, easy-to-use resource hub paired with bilingual outreach and community navigators can reduce confusion and improve access. Extended hours and services co-located in places families already visit, such as schools, libraries, clinics, faith centers, and transit stops, make it easier for residents to connect with support when they need it.

What Gets in the Way

Complex applications, unclear eligibility rules, limited language access, internet or device barriers, transportation challenges, and the need for childcare during appointments all limit access. Fees, copays, and required documentation can add up, discouraging residents from completing applications or returning for follow-up services.

Why It Matters for Daily Life

When residents can quickly find and use help, they are better able to stay housed, keep jobs, manage health needs, and remain connected to their community. Making resources easier to discover and simpler to use gives every neighbor a fair chance to stay stable and thrive.

Community Connection

Why It Matters

Feeling connected to neighbors, schools, places of worship, clubs, and community events builds trust and resilience. Strong social connections support mental health, safety, and recovery from hardship, while isolation and disconnection increase stress and negatively affect health. In New Hanover County, opportunities for connection play an important role in whether residents feel supported, safe, and included in community life.

What We Heard

Older adults described loneliness and fewer opportunities to connect socially, particularly outside traditional work hours. LGBTQ+ residents raised safety concerns and asked for more inclusive and affirming spaces. Many residents said they want activities that bring neighbors together across age, race, and neighborhood lines, as well as clearer and more consistent communication from local leaders about events and opportunities to get involved.

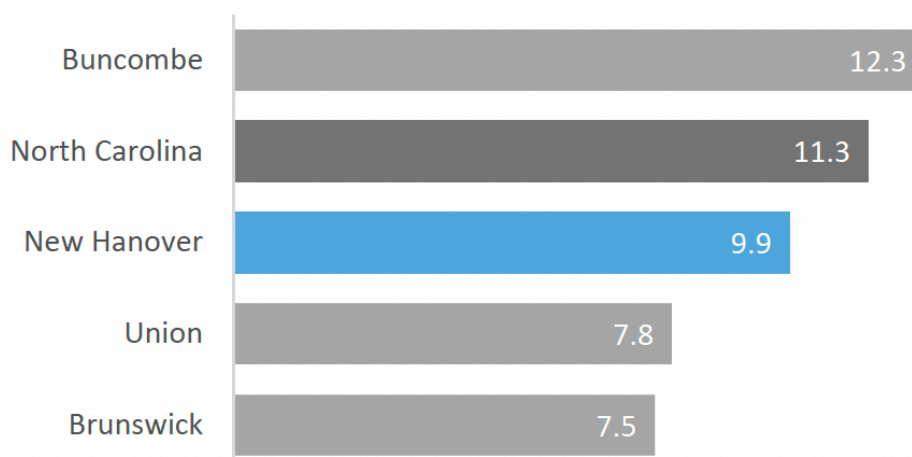
What the Data Show

Indicators commonly used to reflect social connection suggest room for improvement in New Hanover County. Data from County Health Rankings show that the number of social and membership associations per 10,000 residents is lower than the state average and Buncombe County. Broader public health research also links social isolation and loneliness, particularly among older adults, to increased risk of poor health outcomes.

These indicators help illustrate opportunities for connection but do not capture informal networks, the quality of relationships, or whether existing spaces feel welcoming and safe for different populations. As a result, data are best understood alongside residents' descriptions of belonging, safety, and inclusion.

Social Associations

Membership associations per 10,000 population



Source: County Health Rankings/ County Business Patterns, 2022

Social and membership associations per 10,000 residents in New Hanover County and selected peers.

Where It Shows Up Locally

Residents pointed to neighborhoods with fewer free gathering places, limited evening or weekend programming, and transportation barriers to events. Youth and newcomers said it can be difficult to “break in” without family ties or established social networks, and some groups noted a lack of spaces that feel welcoming and affirming.

What Helps

Low- or no-cost activities at libraries, parks, and schools; neighborhood events and festivals; mentorship and youth clubs; intergenerational programs; and inclusive community centers all help strengthen connection. Simple tools that make it easy to find what’s happening, such as text alerts or a centralized community events page, also lower barriers to participation.

What Gets in the Way

Cost, transportation, and program hours limit participation, as does inconsistent communication about events. Safety concerns and a shortage of spaces that are affirming for LGBTQ+ residents, immigrants, and people with disabilities further restrict opportunities for connection.

Why It Matters for Daily Life

Connection is more than social, it supports mental health, school success, and recovery from setbacks. When residents have welcoming places to gather and easy ways to get involved, communities are safer, healthier, and more resilient.

Healthy Food Access & Nutrition

Why It Matters

Eating well supports health across the lifespan, but access to healthy, affordable food is not evenly distributed. When nutritious food is hard to find or afford, families face higher stress, increased risk of chronic disease, and greater difficulty maintaining daily routines. In New Hanover County, food access is closely tied to income, transportation, and proximity to full-service grocery stores.

What We Heard

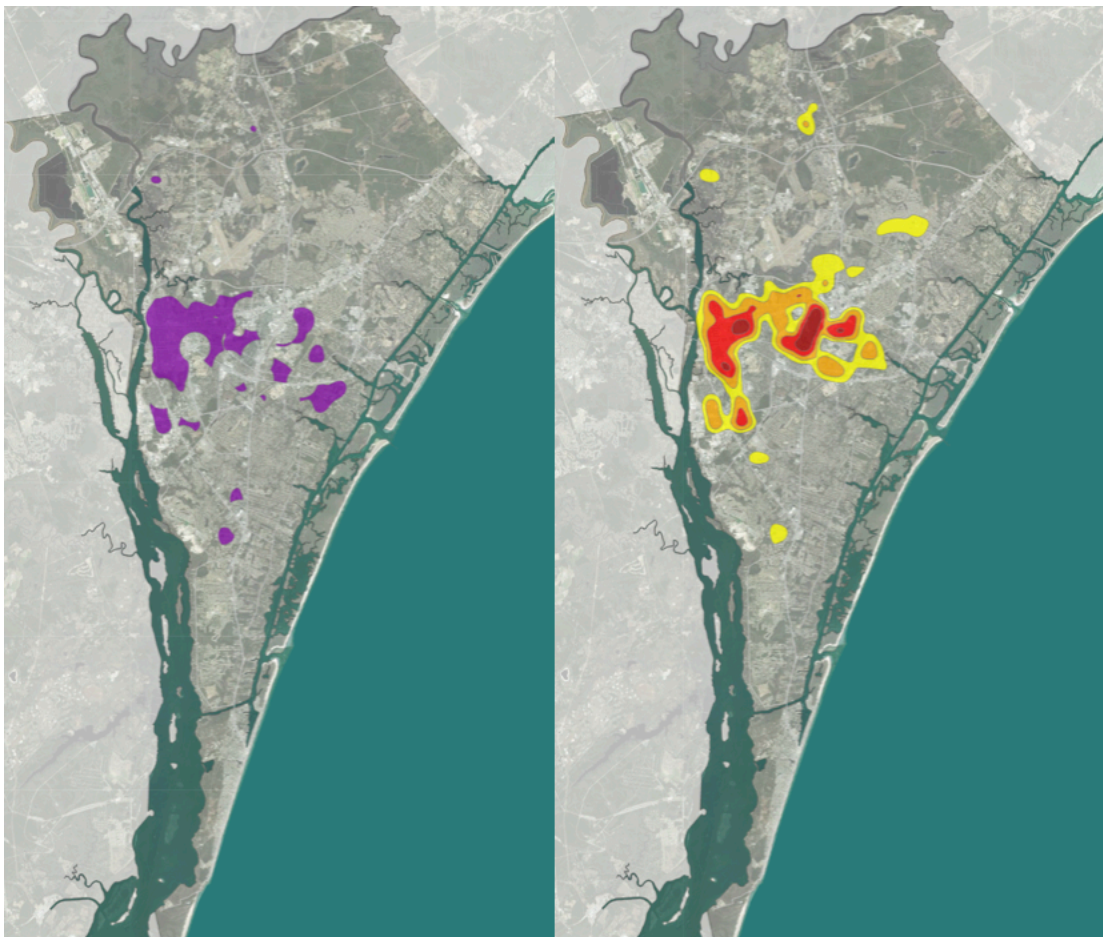
Some parents described “stretching meals” toward the end of the month, while seniors said fresh produce is often too far away or too expensive. Residents from several neighborhoods asked for more affordable options closer to home and clearer information about where to get

help. Across conversations, residents emphasized that transportation, cost, and awareness all shape whether healthy food is realistically accessible.

What the Data Show

Commonly used indicators show that New Hanover County includes pockets the U.S. Department of Agriculture classifies as having limited access to full-service grocery stores. These areas overlap with neighborhoods experiencing higher poverty, meaning residents often face both fewer nearby food options and less income to spend on food. Compared with peer counties, overall food access appears similar on average.

These indicators help identify geographic patterns of access but do not capture food affordability, store quality, cultural relevance, or whether residents can easily reach available options. In some areas, higher rates of households without a vehicle add another layer of difficulty in accessing groceries, even when stores exist within a broader service area.



USDA food deserts (purple) overlap with areas of higher poverty (yellow/red), highlighting neighborhoods with both high need and limited access to full-service groceries. Source: USDA

Where It Shows Up Locally

Food access challenges are most visible in neighborhoods without nearby full-service grocery stores and in areas where poverty rates are higher. The overlap of limited store access and economic strain highlights communities where families face the steepest barriers to obtaining healthy, affordable food on a regular basis.

What Helps

Food banks and pantries, mobile markets, school and summer meal programs, and WIC and EBT produce incentives are important local assets. Partners are also piloting delivery options, pop-up produce stands, and healthy corner store initiatives to bring fresh food closer to neighborhoods without nearby grocery stores.

What Gets in the Way

Transportation, store hours, and food prices remain major barriers. Many residents are also unsure which benefits they qualify for or how to enroll. Limited internet access and language barriers can make online ordering, benefit applications, and program enrollment more difficult for some families.

Why It Matters for Daily Life

When healthy food is hard to reach or afford, the effects extend beyond nutrition, impacting children's learning, adults' energy at work, chronic disease risk, and overall well-being. Reducing barriers to healthy food gives every neighbor a fair chance to be healthy and thrive.

Workforce Development

Why It Matters

A steady, good-paying job is one of the strongest foundations for health. When wages do not keep pace with the cost of living, or when training, childcare, or transportation barriers limit opportunity, families struggle to afford housing, food, and healthcare. Workforce access and advancement shape not only economic stability, but also long-term health and well-being.

What We Heard

Residents experiencing homelessness asked for job training and re-entry programs that lead to stable work. Youth wanted more trade and technical training options connected to real jobs. Black community members emphasized local hiring, clear advancement pathways, and fair

treatment in the workplace. Many parents shared that childcare availability and transportation make it difficult to start or keep a job, even when work is available.

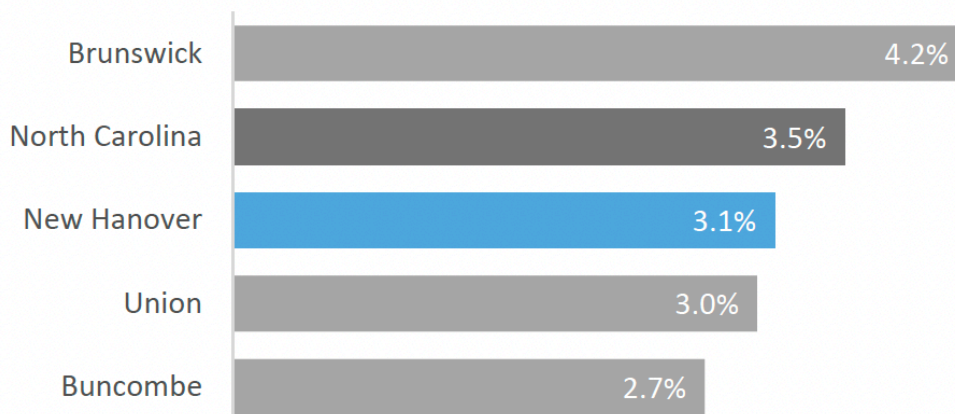
What the Data Show

Common labor market indicators show that New Hanover County’s unemployment rate is relatively low, about 3.1% based on Bureau of Labor Statistics data, suggesting strong job availability. At the same time, commonly used living wage estimates indicate that the hourly wage needed to cover basic expenses for a family exceeds entry-level wages in many sectors. Rising costs for housing, childcare, and transportation continue to outpace earnings for many workers.

These indicators highlight the gap between employment and economic security but do not capture job quality, schedule stability, access to benefits, or opportunities for advancement. Low unemployment can mask underemployment and financial strain among households working multiple jobs or earning wages that do not meet local costs of living.

Unemployment Rate

Percent of population age 16 and older, unemployed but seeking work



Source: County Health Rankings/ BLS LAUS, 2023

Despite a relatively low unemployment rate, many residents face gaps between wages and the cost of living.

Where It Shows Up Locally

The gap between wages and costs is sharpest for single-income families, young workers, and residents living in high-rent areas far from major job centers or transit. Workers changing

careers or returning from incarceration face additional barriers without targeted training, credentialing, and employer partnerships.

What Helps

Paid apprenticeships and credential programs linked to local employers, short and stackable certifications, job placement and coaching, and on-the-job training subsidies for small businesses help residents move into stable work. Affordable childcare near job hubs, reliable transit to major employment sites, and policies that support fair hiring and promotion improve access and advancement.

What Gets in the Way

Limited childcare slots and high costs, transportation gaps to job sites and training centers, low starting wages, unpredictable schedules, and complex application processes for training funds or benefits remain significant barriers. Some jobseekers also face background check requirements and a lack of recognized credentials that limit employment options.

Why It Matters for Daily Life

When residents can gain skills, reach jobs, and earn wages that cover basic needs, families are more stable, children do better in school, and health improves. Strengthening workforce pathways helps more neighbors share in the county's growth and supports long-term community resilience.

Natural Environment

Why It Matters

The natural environment shapes daily life in New Hanover County, from the quality of drinking water and air to access to shade, green space, and protection from storms. When environmental conditions are healthy, they support physical health, mental well-being, and a sense of security. When they are not, concerns about safety, displacement, and long-term exposure can affect households' stability and peace of mind.

What We Heard

Residents expressed strong pride in local beaches, rivers, and parks, alongside persistent concern about environmental risks. Many voiced worry about PFAS in drinking water, loss of tree canopy, and repeated storm impacts. Families described stress during hurricane seasons and anxiety about flooding near homes, schools, and workplaces, particularly in areas that have experienced repeated disruptions.

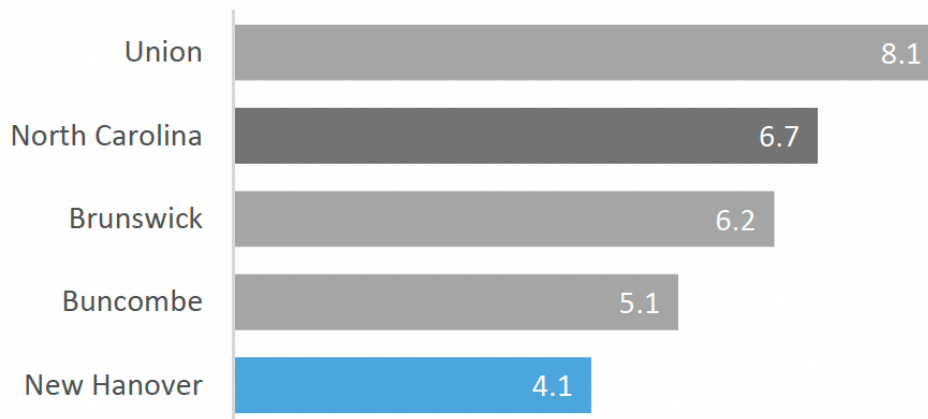
What the Data Show

Available environmental indicators reflect both strengths and ongoing challenges. Monitoring has identified PFAS in local water sources, with higher concentrations detected in some private wells in parts of the county. Tree canopy coverage in Wilmington remains below levels associated with optimal cooling benefits, increasing heat exposure in some urban neighborhoods.

Air quality indicators, such as fine particulate matter (PM2.5), compare favorably to peer counties and state averages, suggesting relatively good overall air quality. However, these measures do not capture localized heat exposure, flooding risk, or residents' concerns about water contamination. Environmental indicators are useful for identifying broad patterns but do not fully reflect household-level risk or lived experience.

PM2.5 Air Pollution

Micrograms per cubic meter of fine particulate matter, daily average



Source: County Health Rankings/ CDC, 2020

Average PM2.5 air pollution levels in New Hanover County are lower than peer counties and the state, based on available monitoring data.

Where It Shows Up Locally

Environmental concerns are most visible where private wells exceed advisory levels, where Chemours Consent Order eligibility applies, and in low-lying or highly developed corridors prone to flooding. Heat impacts are greatest in neighborhoods with limited tree cover and fewer parks, while residents in these areas report fewer cooling options during extreme weather.

What Helps

Ongoing PFAS treatment and filtration efforts, transparent public reporting, tree planting and canopy protection, and green infrastructure such as rain gardens and bioswales help reduce exposure and build resilience. Flood mitigation projects and clear, accessible guidance on water safety, storm preparedness, and cooling resources support household decision-making. Coordination among utilities, public health, and environmental partners strengthens monitoring and response.

What Gets in the Way

Infrastructure costs, slow remediation timelines, limited shade in built-up areas, and uneven access to information, especially when technical or not available in multiple languages, remain barriers. Some renters and private well users report uncertainty about testing options or filter eligibility. Repeated storm recovery strains household finances and disrupts work, school, and childcare.

Why It Matters for Daily Life

Cleaner water, more shade, and stronger flood protections translate into fewer health worries, safer neighborhoods, and less disruption after storms. Protecting the natural environment supports not only long-term public health but also residents' ability to feel safe, prepared, and rooted in their community.

Built Environment

Why It Matters

The design of streets, sidewalks, parks, and public spaces shapes how people move through their day and how safe and active they can be. When neighborhoods are walkable, well-lit, and connected, it is easier to reach school, work, transit, recreation, and daily services. A well-designed built environment supports physical activity, reduces injuries, and promotes independence for residents of all ages and abilities.

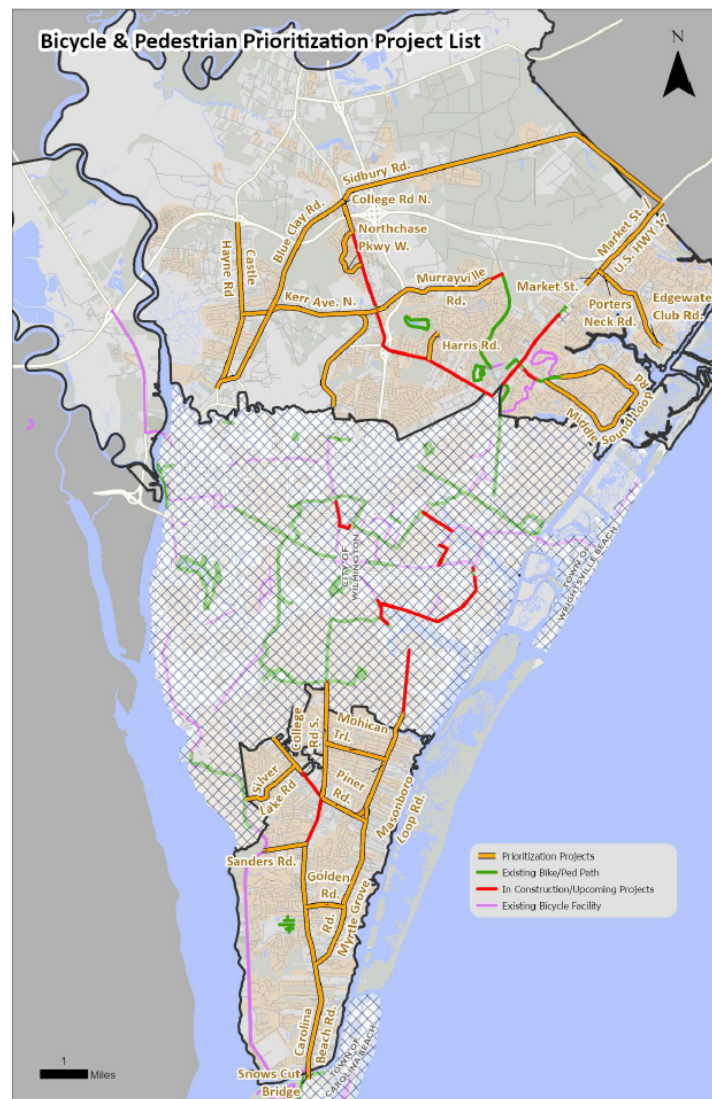
What We Heard

Residents asked for safer sidewalks, more clearly marked crossings, traffic calming on busy corridors, and affordable, welcoming public spaces. Black residents raised concerns about overdevelopment and its impacts on neighborhood character and safety. Older adults emphasized the importance of walkable communities to support aging in place, while parents worried about children navigating high-traffic streets without adequate crossings or sidewalks.

What the Data Show

Available indicators from commonly used public health and transportation data sources suggest that safety and access within the built environment remain uneven across New Hanover County. Measures such as pedestrian injury rates and proximity to parks indicate higher risk and lower access than the state average in some areas, while traffic volume on major roadways is among the highest compared with peer counties.

These indicators highlight patterns in roadway design, traffic exposure, and access to everyday recreation, but they do not capture sidewalk quality, lighting, shade, or residents' perceptions of safety. As a result, these data are interpreted alongside community input and local planning information to understand where infrastructure gaps most affect daily movement and safety.



Priority, existing, and in-progress bike and pedestrian routes across New Hanover County to improve safe walking and biking. Source: New Hanover County Planning & Land Use

Where It Shows Up Locally

Gaps are most visible along high-speed corridors with limited crossings and in neighborhoods with fewer sidewalks, streetlights, and parks. Areas farther from the urban core often have longer distances to recreation and transit. Residents without cars, people with disabilities, older adults, and children experience these gaps most acutely.

What Helps

Traffic calming measures, protected crossings, connected sidewalk and bike networks, Safe Routes to School, shade trees, lighting, and new or improved neighborhood parks all improve safety and access. Prioritized bicycle and pedestrian projects, especially those linking homes with schools, clinics, bus stops, and grocery stores, offer the greatest benefit for daily mobility and health.

What Gets in the Way

High vehicle speeds, incomplete sidewalk networks, limited crossings, scarce shade in warmer months, and uneven access to parks remain persistent challenges. Funding constraints and long construction timelines can slow progress, and some residents are unsure how to report hazards or request improvements.

Why It Matters for Daily Life

Well-designed streets and public spaces make it safer to walk, roll, and bike, connect residents to everyday needs, and support active living across the lifespan. Investments in the built environment reduce injuries, increase mobility, and strengthen neighborhood vitality, making daily life safer, healthier, and more connected for everyone.

Closing Note on Data Findings

Taken together, these ten community health themes bring together what the data show and what residents experience in daily life. They highlight where health outcomes are under strain, where community strengths are evident, and where barriers tend to compound for some neighbors more than others.

The findings point not only to individual challenges, but to shared conditions that shape opportunity, stability, and well-being across New Hanover County. In the next section, the report moves from understanding these patterns to examining what drives them and how community partners used this information to identify three countywide priorities for focused action.

Additional tables, trend charts, and supporting maps for each theme are provided in Appendix D.

Root Cause Analysis

Why Look at Root Causes

Numbers and stories tell us what is happening in a community, root causes help explain why. In New Hanover County, long waits for care, rising food and housing costs, or unsafe walking conditions do not occur in isolation. These challenges grow from underlying conditions — how services are distributed and when they are available, how much essential needs cost relative to wages, how people get to everyday places, how easy information is to find and use, and whether spaces feel welcoming and safe.

How We Looked Beneath the Surface

Using a population health perspective and the Wheel of Privilege and Power, the Community Health Assessment Steering Committee reviewed focus group notes, community conversation summaries, and quantitative data to identify patterns across issues and populations. Participants repeatedly asked “why” certain challenges persist and checked those patterns against local data and peer comparisons. This approach kept attention on systems, policies, and environments that influence health, rather than on individual choices or behaviors.

What Drives the Patterns We See

Across themes, a consistent picture emerged. Household costs, especially housing, childcare, food, and transportation, have increased faster than wages. As a result, many households are forced to make tradeoffs that delay care, limit healthy choices, or reduce participation in community life.

The way services are organized also shapes access. Many services remain clustered near central Wilmington and operate during standard business hours. This leaves outlying neighborhoods, shift workers, students, caregivers, and older adults with fewer practical options. Transportation and the design of places matter as well: gaps in sidewalks and crossings, high-speed corridors, and limited evening and weekend transit make it harder to reach clinics, grocery stores, parks, and jobs safely and on time.

Information can be another barrier. When eligibility rules are unclear, applications are complex, or language and internet access are limited, people are less likely to find and use available

supports. Workforce shortages, particularly for youth-friendly, bilingual, and affirming behavioral health providers, contribute to long wait times and fewer choices.

Finally, experiences of stigma or exclusion reduce the likelihood that people will seek care or join community activities. Environmental pressures, including extreme heat, flooding, loss of tree canopy, and concerns related to PFAS, add stress and cost for certain neighborhoods and compound existing challenges.

How This Shows up Locally

These drivers combine in everyday ways. A parent may skip counseling because the only available appointment is during work hours and the bus trip takes too long. A senior on a fixed income may rely on convenience stores because a full-service grocery is far away and food prices and transportation strain the budget. A young person may feel disconnected when there are few free places to gather nearby and limited transit to evening programs. None of these situations are about individual willpower. They reflect how local systems are organized and how easily people can navigate them.

Where We Can Make a Difference

The same analysis points to practical opportunities for change. Making help easy to find and use through a single trusted entry point online, by phone, and in print, can reduce confusion and speed access. Bringing services to places people already go, such as schools, libraries, faith centers, clinics, and transit hubs, and extending hours into evenings and weekends can remove barriers without requiring major new infrastructure.

Small but steady improvements to the everyday environment including connected sidewalks, safer crossings, shaded routes, and reliable transit links between homes, jobs, schools, groceries, and care, expand options and support health. Strengthening local training pipelines can help build a more bilingual, youth-friendly, and affirming workforce. Clear, ongoing communication about environmental conditions and available supports builds trust and helps households plan. Together, these approaches focus on changing conditions that shape health, rather than asking individuals to overcome barriers on their own.

Priority Identification and Selection

How Community Priorities Were Identified

The purpose of the priority identification process was to focus attention on the issues that residents and community partners believe most affect health and quality of life in New Hanover

County today. Rather than attempting to address every issue at once, the CHNA prioritization process helps the community identify a small number of areas where shared effort and coordination could make the greatest difference over the next several years.

Following completion of primary data collection (focus groups and community conversations) and review of local and state quantitative data, the CHNA Steering Committee identified ten community health themes. These themes reflected issues consistently raised across multiple data sources and population groups and captured both measured outcomes and lived experiences shared by residents.

Bringing Data and Community Voice Together

To ensure that final priorities reflected a broad community perspective, the ten identified themes were shared with a larger Stakeholder Group representing a wide range of sectors, including healthcare, education, housing, transportation, nonprofit organizations, faith-based partners, and civic groups. Participants reviewed standardized summaries for each theme that combined local quantitative indicators, resident perspectives drawn from focus groups and community conversations, and comparisons to similar counties where available.

This approach allowed stakeholders to consider not only what the data show, but how health-related challenges are experienced in daily life across different neighborhoods and populations. By examining data alongside lived experience, participants were able to identify patterns, contextualize disparities, and weigh how issues affect residents' ability to thrive.

New Hanover County Public Health facilitated this process to support consistency, transparency, and shared understanding, but did not direct outcomes. Priorities emerged from the collective input, discussion, and judgment of participants, reflecting a balance of evidence, community voice, and practical considerations for coordinated action.

How Priorities Were Evaluated

Stakeholders participated in a structured prioritization process designed to support consistency, transparency, and shared understanding. Each community health theme was evaluated using common criteria that considered:

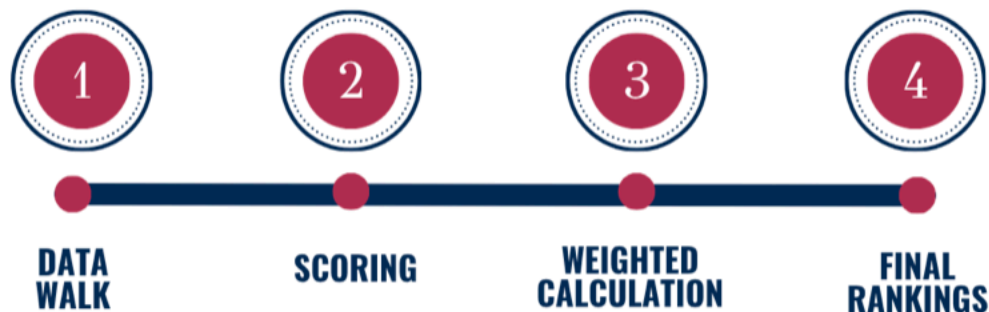
- how serious the issue is,
- how many people are affected,
- how realistic it is to make progress, and
- how much work is already underway.

In reviewing each theme, participants considered both quantitative indicators and qualitative input from community engagement. Stakeholders also discussed the strengths and limitations of available data, recognizing that some indicators provide insight into patterns and trends rather than precise county-level estimates. This discussion helped ensure that data were interpreted thoughtfully and in context.

Including existing efforts as part of the evaluation allowed participants to weigh both unmet needs and current momentum. This ensured that prioritization reflected not only where challenges remain, but also where focused attention could build on progress and lead to meaningful, near-term impact.

Individual input was combined to produce overall rankings for all ten themes. This process intentionally balanced urgency with opportunity, recognizing that sustainable improvement requires both demonstrated need and the capacity to respond through coordinated, cross-sector action.

Prioritization Process



Stakeholders reviewed both data and community input before scoring each priority area using weighted criteria.

Interpreting the Results

The prioritization results reflect an intentional and iterative approach to community health improvement. Several issues that have long been areas of concern in New Hanover County, including behavioral health and substance use, were again discussed, scored, and carefully considered. These issues were prioritized in the previous CHNA and have since been the focus of sustained investment, infrastructure development, and service expansion.

Stakeholders noted improvements in system capacity, access to services, and coordination of care. When considered alongside current data and community input, behavioral health and substance use did not rise to the same relative level of urgency in the 2025 prioritization process. This outcome reflects progress and system maturation rather than reduced importance. Mental health and substance use remain critical components of community well-being and continue to be addressed through ongoing initiatives and cross-cutting strategies.

At the same time, stakeholders expressed growing concern about issues affecting daily stability and quality of life, particularly in the context of rising costs, economic strain, and uncertainty related to food access and other basic needs. These pressures were evident across income levels and were especially pronounced for households already experiencing vulnerability.

Final Community Priorities

Based on this process, the highest-ranked priorities for New Hanover County were:

- Healthy Food Access and Nutrition
- Healthcare Access and Quality
- Community Connection

These priorities reflect themes consistently raised by residents throughout the CHNA process, including access, belonging, and practical solutions that help people navigate daily life. Focusing on these areas provides an opportunity to address multiple health outcomes at once while building on the county’s existing strengths and prior successes.

Details of the scoring methodology and results for all ten themes are provided in Appendix D.



The three final priorities are interconnected and collectively support the goal of improving health equity and quality of life in New Hanover County.

Next Steps

The 2025 Community Health Needs Assessment is a starting point. Its value comes from how the information is used by residents, community organizations, public agencies, healthcare providers, and other partners, to improve health and quality of life in New Hanover County.

Findings from this report will inform development of a Community Health Improvement Plan. The CHIP translates the three selected priorities into shared strategies, identifies potential roles for partners across sectors, and establishes ways to track progress over time. While New Hanover County Health and Human Services and Novant Health New Hanover Regional Medical Center convene and support this process, no single organization is responsible for solutions. Meaningful progress depends on collaboration and shared ownership.



The CHNA serves as the foundation for the Community Health Improvement Plan, which converts findings into collaborative strategies and measurable outcomes.

This assessment is part of a continuous improvement cycle. The CHNA identifies community needs and priorities. The CHIP builds on those findings to coordinate action. Implementation and evaluation help partners learn what is working, make adjustments as needed, and respond to changing conditions. This cycle supports ongoing learning rather than one-time planning.

Building on Collaboration

Improving health requires shared effort. New Hanover County Health and Human Services, in partnership with Novant Health New Hanover Regional Medical Center, will convene working groups for each priority area: Healthy Food Access and Nutrition, Healthcare Access and Quality, and Community Connection. Each group will include partners from multiple sectors, such as public health, healthcare, education, housing, transportation, community organizations, and residents with lived experience related to the topic.

From Assessment to Action

Each priority will move through the same set of steps, led by its workgroup and supported by HHS and Novant Health NHRMC:

1. **Convene and Charter** – Confirm the goal, decision-making approach, and roles. Add resident members with lived experience.
2. **Learn and Map** – Review local data and assets, map what already exists, and surface gaps and barriers (including cost, location, language, and hours).
3. **Co-Design Strategies** – Generate options with community input. Use simple guardrails to choose what to advance: clear benefit, feasibility, partner capacity, and ability to reach those most affected.
4. **Plan for Implementation** – Name leads and partners, outline resources, set short- and longer-term milestones, and define a small set of outcome indicators.
5. **Launch and Iterate** – Start with quick wins and pilots, learn from early results, and scale what works.
6. **Monitor and Report** – Share regular updates with the Stakeholders Group, partners, and the public through brief summaries and an online dashboard. Adjust strategies based on results and resident feedback.

This approach keeps the process transparent, collaborative, and flexible, while allowing each workgroup to develop strategies that fit community needs and partner capacity.

Sustaining Momentum

Community health changes over time. We will continue to share data, listen to residents, and adjust strategies as we learn. By focusing on Healthy Food Access and Nutrition, Healthcare Access and Quality, and Community Connection – and by working together – New Hanover County is building a practical path toward better health and quality of life for everyone.

Moving Forward Together

This Community Health Needs Assessment reflects the voices, experiences, and priorities shared by residents and community partners across New Hanover County. It is not a plan owned by any single organization, but a shared foundation for understanding current conditions and identifying where collective effort may have the greatest impact.

The findings in this report will inform development of a Community Health Improvement Plan, which will support collaboration, alignment, and shared measurement across sectors. Progress will depend on the continued involvement of public agencies, healthcare providers, nonprofit organizations, businesses, and residents — each contributing in ways that reflect their roles, resources, and missions.

As conditions change, the County and its partners will continue to listen, share data, and adapt strategies in response to community needs. Grounded in both lived experience and evidence, this assessment supports ongoing collaboration to strengthen health, equity, and quality of life for all who call New Hanover County home.

Appendix A – CHNA Stakeholder Group

This table summarizes organizations that participated in the CHNA Stakeholder Group and the perspectives they contributed during the assessment and prioritization process.

Organization	Role / Contribution
Trillium Health Resources	Provided insight on behavioral health resources and regional service gaps.
Cape Fear River Watch	Shared environmental and water quality perspectives, particularly PFAS concerns.
American Red Cross	Contributed expertise on community resilience, emergency preparedness, and disaster response.
Community Care of the Lower Cape Fear	Represented care coordination and health access for vulnerable populations.
New Hanover County HHS	Offered local public health perspectives and data interpretation; connected findings to county health programs.
New Hanover County Strategy	Linked CHNA priorities to County strategy planning and policy initiatives.
Smart Start	Provided expertise in early childhood health and development.
Harrelson Center	Represented nonprofit collaboration, housing, and community support services.
Wave Transit	Shared transportation access data and identified community mobility challenges.
New Hanover County Senior Resource Center	Highlighted older adult needs and senior service utilization trends.
Cape Fear Clinic	Provided clinical perspective linking health services to community needs.
YWCA Lower Cape Fear	Shared perspectives on equity, gender, and racial justice.
Wilmington Chamber of Commerce	Connected CHNA findings to workforce and healthcare education priorities.
City of Wilmington	Offered perspectives on urban planning, housing, and community partnerships.
NC Conservation Network	Addressed intersections of environment, health, and equity.
New Hanover County Schools	Contributed early childhood education and family support perspectives.
Coastal Horizons Center	Provided expertise in behavioral health and substance use services.
New Hanover County Veterans Affairs	Represented veteran health and access to care.

New Hanover County Sheriff's Office	Brought a law enforcement and community safety perspective.
Resiliency Task Force	Supported discussions on trauma-informed care and community recovery.
WHQR	Provided a public communications perspective on information sharing.
Judicial System	Contributed insights on the relationship between social determinants and the justice system.
NAACP	Represented community equity and advocacy for racial justice.
Good Shepherd Center	Provided housing and homelessness services perspective.
Kids Making It	Shared youth engagement and workforce development perspectives.
Health and Human Services Board	Shared multidisciplinary perspectives to ensure the CHNA reflected the needs and priorities of the community.
Wilmington Health	Provided perspectives on healthcare access, primary care, and coordination across clinical services.
Cape Fear HealthNet	Contributed insight on care coordination and access for uninsured and underinsured populations.
South East Area Health Education Center	Shared workforce development and healthcare education perspectives related to access to care.

Appendix B - Focus Group and Community Conversations Summaries

Appendix Purpose and Methods

This appendix documents qualitative input collected through focus groups and community conversations conducted as part of the 2025 New Hanover County Community Health Needs Assessment. These sessions were designed to elevate resident perspectives, particularly among populations whose lived experiences are not fully captured through quantitative indicators alone.

Participants represented a range of ages, identities, and life circumstances, including individuals experiencing housing instability, older adults, youth, parents with young children, Hispanic and Latino residents, Black residents, LGBTQ+ residents, and community members participating in open community conversations. Discussions explored how residents define health, the conditions that support or hinder well-being, and the issues that most directly affect daily life in New Hanover County.

Facilitated conversations followed semi-structured guides and emphasized voluntary participation, respectful dialogue, and confidentiality. Notes were reviewed and analyzed using a thematic synthesis approach to identify recurring patterns across groups. The summaries below reflect synthesized themes supported by selected, anonymized direct quotes. Quotes are included to illustrate lived experience and add context rather than to represent consensus or statistical prevalence. Qualitative findings were reviewed alongside quantitative data and informed the identification of ten community health themes and the prioritization process described in the main CHNA report.

Unhoused Focus Group at Good Shepherd Center

Date: June 16, 2025

Session Overview

Participants experiencing housing instability described health as inseparable from access to basic needs, safety, and stability. The conversation emphasized that homelessness creates cascading challenges across employment, transportation, healthcare access, and mental well-being. Participants explained that daily life is dominated by immediate survival needs — finding safe places to sleep, securing food, and navigating services, leaving little capacity to address preventive or ongoing health concerns. Health was consistently framed as something that becomes possible only when stability and dignity are present.

Key Themes Raised

Participants defined a healthy community as one that provides safety, clean environments, emotional support, and consistent access to services. Dignity and respect emerged as central themes. One participant stated, *“You can’t focus on your health when you’re just trying to survive day to day,”* while another added, *“Being treated like a person, not a problem, makes a difference.”* Trust in systems was identified as a critical determinant of engagement. Participants described prior experiences of being dismissed or cycled through programs without resolution, which reduced willingness to seek help. Health was also described as deeply connected to mental well-being; stress, trauma, and uncertainty were cited as constant factors that worsen physical conditions and complicate recovery.

Barriers Identified

Common barriers included lack of affordable housing, transportation challenges (particularly outside standard business hours), limited access to healthcare and legal assistance, and difficulty navigating fragmented systems. Participants described being referred between agencies with little coordination, noting, *“Everything is scattered — housing, doctors, help; it’s hard to know where to start.”* Participants also highlighted documentation requirements, long waitlists, and inconsistent eligibility criteria as obstacles that delay care. These barriers were described as reinforcing instability, making it difficult to maintain appointments, follow treatment plans, or pursue employment.

Assets and What Helps

Community organizations, libraries, faith-based groups, and Health and Human Services were identified as trusted access points. Participants emphasized the value of coordinated outreach, trusted messengers, and consistent presence from service providers. One participant shared, *“When the same people show up and know your name, it builds trust.”* Programs that reduce administrative burden, offer outreach-based services, or provide assistance with paperwork and navigation were viewed as especially helpful. Participants stressed that relationships, not just services, are what make systems usable.

Priority Concerns Identified by Participants

Participants identified affordable housing as the most urgent need, followed closely by transportation access and clearer, coordinated pathways to services. Safe spaces for youth and young adults experiencing housing instability were also highlighted. Overall, participants emphasized that improving stability and coordination across systems is essential to improving health and well-being for individuals experiencing homelessness.

Session Overview

Older adult participants discussed health through the lens of aging in place, independence, and long-standing connection to their community. Many participants had lived in the Castle Hayne area for decades and reflected on how growth, changing infrastructure, and evolving service delivery have affected their ability to remain active and engaged. Participants emphasized that health in later life is shaped not only by access to medical care, but by daily mobility, social interaction, and the ability to remain connected to familiar places and people.

Key Themes Raised

Health was consistently described as holistic, encompassing physical mobility, mental well-being, nutrition, and social connection. Participants emphasized prevention and routine as essential to maintaining independence, with one participant stating, *“If you take care of yourself earlier, aging doesn’t have to mean losing your independence.”* Social isolation emerged as a central concern. Several participants described loneliness as a serious health risk, noting that loss of driving ability or limited transportation can quickly reduce social engagement. One participant shared, *“When you stop driving, your world gets very small very fast.”* Maintaining purpose, structure, and connection was described as critical to both mental and physical health.

Barriers Identified

Transportation was identified as the most significant barrier affecting health. Participants explained that limited transportation options restrict access to healthcare, grocery stores, social activities, and senior services. Rising housing costs and limited affordable options for older adults were also cited, along with increased traffic that makes travel more stressful and less safe. Participants noted that information about services is often fragmented or difficult to find, stating, *“Even when help exists, many seniors don’t know about it or can’t get there.”*

Assets and What Helps

Senior Resource Centers, nutrition programs, and recreational activities were identified as critical assets that support both physical and social well-being. Participants emphasized that these programs reduce isolation and provide routine, noting, *“The nutrition site gives people a reason to get out of the house and see others.”* Informal neighbor networks and long-standing community relationships were also described as important sources of support.

Priority Concerns Identified by Participants

Participants identified transportation access, affordable housing options for older adults, clearer communication about available resources, and expanded opportunities for social engagement as the most urgent concerns affecting health and independence.

Older Adults Focus Group – Carolina Beach

Date: July 10, 2025

Session Overview

Participants discussed health and well-being within the context of living in a coastal community experiencing population growth and seasonal fluctuations. Older adults reflected on both the benefits of living in a beach community and the challenges created by increased development, tourism, and distance from services. Participants emphasized that maintaining health requires safe infrastructure, accessible services, and opportunities for social connection.

Key Themes Raised

Health was described as a balance of physical activity, mental well-being, and social engagement. Participants highlighted the importance of walkability, access to recreational spaces, and staying connected to others. One participant noted, *“Just having somewhere to go and see familiar faces helps keep you well.”* Mental health and social connection were repeatedly linked, with participants explaining that isolation can worsen physical conditions and reduce motivation to seek care.

Barriers Identified

Participants cited distance to healthcare services, limited transportation options, and housing affordability as major barriers. Infrastructure challenges, such as traffic, parking limitations, and pedestrian safety, were also raised. Several participants expressed concern about healthcare capacity, stating, *“It feels like the system is stretched too thin.”* These barriers were described as particularly challenging for older adults who no longer drive or have fixed incomes.

Assets and What Helps

The Senior Resource Center was consistently identified as a key asset that supports social connection and reduces isolation. Meals, activities, and opportunities to volunteer were viewed as especially beneficial. Participants emphasized the importance of having a consistent, welcoming space that fosters routine and belonging.

Priority Concerns Identified by Participants

Affordable housing, transportation access, healthcare availability, and infrastructure challenges related to growth were identified as priority issues affecting health and quality of life for older adults in Carolina Beach.

Older Adults Focus Group – Senior Resource Center

Date: July 11, 2025

Session Overview

Participants reflected on health, aging, and community connection in the context of New Hanover County. Many described strong ties to their community and emphasized the importance of remaining engaged, informed, and connected as they age. Participants noted that health is influenced by both personal choices and the broader environment in which they live.

Key Themes Raised

Health was described as physical, mental, and social well-being supported by access to healthy food, safe environments, and meaningful social interaction. Participants emphasized the role of community belonging, stating that neighborly support and inclusive spaces contribute significantly to well-being. One participant noted, *“Knowing people are looking out for each other makes a big difference.”*

Barriers Identified

Transportation challenges were again identified as a major barrier, particularly for accessing healthcare and social activities. Participants also cited rising cost of living, limited affordable housing options, and lack of sidewalks or pedestrian infrastructure in some areas. Difficulty navigating information about available services was raised, especially for individuals who rely on non-digital communication.

Assets and What Helps

Participants identified proximity to healthcare facilities, senior programming, and the Senior Resource Center itself as significant strengths. Word-of-mouth communication, newsletters, and in-person outreach were described as effective ways older adults learn about services. Participants emphasized that trusted, familiar sources of information are critical.

Priority Concerns Identified by Participants

Transportation access, affordable housing, improved pedestrian infrastructure, and clearer, more accessible communication about services were identified as the most pressing concerns affecting health and independence.

Session Overview

Participants from the Hispanic and Latino community discussed health and well-being through the lenses of equity, cultural responsiveness, and trust in systems. Conversations reflected a wide range of experiences across immigration status, language proficiency, employment, and family structure. Participants emphasized that health decisions are often shaped by factors beyond clinical care, including fear, economic stability, language access, and confidence that seeking services will not result in unintended consequences for themselves or their families. Participants described health as a collective and family-centered concept, noting that individual well-being is closely tied to the health and stability of children, elders, and extended family members. Accessing care was frequently described as a process that requires trust, clarity, and personal connection.

Key Themes Raised

A healthy community was described as one that ensures equitable access to healthcare, healthy food, safe housing, education, and employment, while also respecting language, culture, and family dynamics. Participants emphasized that cultural understanding and language access are foundational, not supplemental, to health services. One participant shared, *“It makes a difference when someone speaks your language and understands your culture.”* Trust emerged as a central theme. Participants explained that trust in providers and institutions determines whether services are accessed at all, particularly for preventive care and mental health. Several participants noted that personal relationships and familiar faces significantly increase comfort and willingness to seek help.

Mental health was discussed as an important but sensitive topic. Participants acknowledged growing awareness of mental health needs but noted persistent stigma, particularly across generations. Emotional stress related to work, finances, and uncertainty was described as common, even when not openly discussed.

Barriers Identified

Participants identified multiple barriers to accessing care, including lack of health insurance, limited availability of bilingual and bicultural providers, especially in mental health, and challenges navigating complex systems. Language barriers were described as extending beyond interpretation to include difficulty understanding forms, eligibility requirements, and follow-up instructions. Fear and uncertainty related to broader social conditions were repeatedly raised. One participant stated, *“Some people are afraid to even show up for help.”* This fear was described as discouraging engagement with healthcare, education, and social services, even

when needs are significant. Technology-based services were viewed as helpful for some but inadequate when language support or personal assistance was limited.

Assets and What Helps

Mobile clinics, Spanish-speaking staff, community health workers, and community-based events were identified as effective access points. Participants emphasized the importance of in-person interpretation and relationship-based care, noting, *“Technology can’t replace a real person when you’re dealing with health.”* Trusted community networks, faith-based organizations, and word-of-mouth communication were described as critical channels for sharing information and encouraging service use. Participants emphasized that services are most effective when they are visible, welcoming, and embedded within the community.

Priority Concerns Identified by Participants

Participants identified healthcare access, particularly affordable and culturally responsive care, as the most urgent priority. Additional concerns included safety, education, food access, and reducing language and system barriers that prevent families from accessing available resources. Overall, participants emphasized that strengthening trust, communication, and cultural responsiveness across systems is essential to improving health and well-being within the Hispanic and Latino community.

Session Overview

LGBTQ+ youth discussed health as deeply connected to safety, inclusion, and the ability to exist authentically across school, healthcare, family, and community settings. Participants described navigating multiple systems where acceptance and affirmation are inconsistent, emphasizing that experiences of discrimination, invisibility, or misunderstanding have direct impacts on mental health, self-esteem, and willingness to seek support. Youth framed health not only as access to services, but as feeling safe enough to engage in daily life without fear of judgment or harm. Participants highlighted that adolescence is already a period of vulnerability, and lack of affirmation can intensify stress, anxiety, and isolation.

Key Themes Raised

Acceptance and affirmation emerged as foundational to health and well-being. Participants emphasized that mental health is strongly influenced by whether they feel safe expressing their identity. One youth shared, *“I don’t feel safe being myself in most public places.”* Another noted, *“It’s exhausting having to decide every day where you can be honest about who you are.”* Participants also discussed the importance of trusted adults — teachers, healthcare providers,

counselors, who demonstrate understanding and support. When affirmation is present, youth described feeling more resilient and more willing to seek help.

Barriers Identified

Barriers included discrimination, bullying, lack of affirming healthcare providers, and inconsistent responses from school systems. Participants described having to repeatedly explain or defend their identity in healthcare settings, noting, *“You have to explain yourself over and over, and it gets exhausting.”* Mental health services were described as difficult to access, particularly those that are LGBTQ+ affirming. Some participants also raised concerns about housing instability, family rejection, and economic stress, which further complicate health and safety.

Assets and What Helps

Support groups, mentors, and LGBTQ+ affirming organizations were identified as critical protective factors. Participants emphasized that spaces where they feel accepted reduce stress and improve mental health. One participant stated, *“The [LGBTQ+] center is one of the only places I can fully relax.”* Peer support and visible allyship were also described as important, particularly in schools and community programs.

Priority Concerns Identified by Participants

Participants identified access to affirming mental and physical healthcare, safer and more inclusive school environments, housing stability, and reduced discrimination as the most urgent concerns affecting health and well-being for LGBTQ+ youth.

Youth Focus Group

Date: August 5, 2025

Session Overview

Youth participants discussed health in relation to opportunity, environment, and support systems available to them as they transition toward adulthood. Participants emphasized that health is influenced by where they live, the quality of their schools, access to employment and transportation, and the availability of safe spaces to gather and connect. Youth described feeling the impact of economic pressure, academic stress, and uncertainty about the future, noting that these stressors often affect mental health as much as physical well-being.

Key Themes Raised

Health was described as a combination of physical, mental, emotional, and economic well-being. Participants emphasized that access to education, job opportunities, and supportive adults strongly influences long-term health outcomes. One youth stated, *“It’s hard to think*

about your health when you're worried about money or what comes next." Mental health emerged as a recurring theme, with youth describing stress related to school performance, social expectations, and future uncertainty. Participants also highlighted the importance of clean, safe environments and recreational spaces.

Barriers Identified

Barriers included limited access to mental health services, transportation challenges, lack of affordable housing options for young people, and difficulty finding employment opportunities that provide stability. Participants noted that transportation barriers often prevent them from accessing jobs, healthcare, or extracurricular activities. Some youth expressed frustration with navigating adult systems for the first time, describing confusion about how to access resources or ask for help.

Assets and What Helps

Youth-serving organizations, mentorship programs, after-school activities, and community spaces were identified as positive supports. Participants emphasized the value of adults who listen and provide guidance without judgment. Peer support and structured activities were described as helpful in reducing stress and promoting connection.

Priority Concerns Identified by Participants

Participants identified transportation access, employment opportunities, access to mental health services, affordable housing, and safe spaces for youth engagement as the most pressing concerns affecting health and future well-being.

Parents with Young Children Focus Group

Date: August 1, 2025

Session Overview

Parents with young children discussed health primarily through the lens of family stability, child development, and access to supportive systems. Participants emphasized that children's health is inseparable from the well-being of caregivers and the environments in which families live, work, and learn. Conversations highlighted the cumulative stress parents experience when navigating childcare, education, healthcare, and employment simultaneously. Participants described health as something that must be supported across multiple settings — home, school, healthcare, and community, and noted that gaps in any one area can quickly affect the entire family's well-being.

Key Themes Raised

Participants consistently emphasized nutrition, early childhood development, education, and safety as foundational to health. Many described healthy communities as those that provide safe neighborhoods, quality schools, accessible childcare, and opportunities for children to socialize and play. One parent shared, *“Kids need places to be kids and parents need support too.”* Mental health was raised both for children and caregivers. Parents described stress related to balancing work, caregiving responsibilities, and rising costs, noting that parental stress directly affects children’s emotional health. Participants also emphasized the importance of early identification and support for developmental and behavioral concerns.

Barriers Identified

Transportation challenges were cited as barriers to accessing healthcare appointments, childcare, and extracurricular activities. Participants also described difficulty navigating available resources, particularly when information is fragmented or only available online. Language barriers and limited culturally responsive services were raised by some families.

Several parents expressed concern about reduced school-based supports, including counseling and special education resources, noting that schools often serve as the first point of identification for children’s needs. One participant stated, *“When schools don’t have enough support, families feel it right away.”*

Assets and What Helps

Libraries, community centers, early childhood programs, and school-based communication channels were identified as trusted resources. Participants emphasized that schools, pediatric providers, and community organizations play a critical role in connecting families to services. Programs that are low-cost, family-friendly, and offered outside standard work hours were viewed as especially helpful.

Priority Concerns Identified by Participants

Participants identified transportation access, availability of affordable childcare, school-based mental health and developmental supports, and clearer communication about family resources as the most urgent concerns affecting children’s health and family well-being.

Session Overview

Participants discussed health through the lens of equity, opportunity, and systemic conditions affecting Black individuals and families in New Hanover County. Conversations emphasized that health outcomes are shaped by long-standing structural factors, including housing, education, transportation, and access to economic opportunity. Participants described health as a community-wide issue that extends beyond individual behaviors or medical care. Participants emphasized the importance of accountability, transparency, and meaningful community involvement in decisions that affect health and quality of life.

Key Themes Raised

A healthy community was described as one that meets basic needs, invests in youth, and ensures equitable access to resources. Participants emphasized that health cannot be separated from housing stability, education quality, and economic opportunity. One participant stated, *“You can’t talk about health without talking about opportunity.”* Youth well-being emerged as a central theme. Participants stressed the importance of safe spaces, mentorship, and educational supports, noting that young people’s experiences today shape long-term community health.

Barriers Identified

Participants identified transportation barriers, lack of affordable housing, and uneven access to healthcare and mental health services as significant challenges. Overdevelopment and environmental concerns were also raised, particularly in neighborhoods experiencing rapid change. Distrust in healthcare and public systems was discussed as a barrier rooted in historical and ongoing inequities. Participants noted that experiences of being unheard or excluded reduce engagement with services, stating that systems often feel reactive rather than supportive.

Assets and What Helps

Participants acknowledged progress in wellness initiatives and community programs, but emphasized the need for stronger coordination and sustained investment. Faith-based organizations, community leaders, and grassroots efforts were identified as trusted sources of support. Participants highlighted the importance of programs that are community-led and responsive to local needs.

Priority Concerns Identified by Participants

Participants identified youth investment, education equity, transportation access, affordable housing, and community-driven planning as the most pressing concerns affecting health and well-being in the Black community.

LGBTQ+ Focus Group

Date: September 2, 2025

Session Overview

Adult LGBTQ+ participants discussed health and well-being through the lenses of safety, belonging, and access to affirming systems. Participants represented a range of ages, identities, and life experiences, and emphasized that health is shaped not only by access to services, but by whether individuals feel respected, visible, and safe within their community. Conversations highlighted how daily experiences of acceptance, or lack thereof, directly influence mental health, social connection, and engagement with healthcare and other systems. Participants described navigating multiple environments including healthcare settings, workplaces, housing markets, and public spaces where inclusion is inconsistent. These experiences were described as cumulative, affecting stress levels, trust in institutions, and willingness to seek support.

Key Themes Raised

Participants described a healthy community as one where LGBTQ+ individuals can live openly without fear of discrimination, harassment, or exclusion. Acceptance and visibility were emphasized as foundational to health. One participant shared, *“Health isn’t just about seeing a doctor, it’s about feeling safe enough to show up as yourself.”* Mental health was discussed as a central concern, shaped by experiences of isolation, stigma, and minority stress. Participants emphasized that strong social connections and affirming environments are protective factors that improve resilience and overall well-being. Housing stability also emerged as an important theme, with participants noting that discrimination or lack of inclusive housing options can create instability that negatively affects health. Participants emphasized that belonging and community connection are essential components of health across the lifespan.

Barriers Identified

Participants identified discrimination and lack of affirming services as barriers to health. Many described difficulty finding healthcare providers who are knowledgeable and respectful of LGBTQ+ identities, stating that negative or dismissive experiences discourage future care-seeking. One participant noted, *“You never know if you’re going to be respected when you walk into a new provider’s office.”* Additional barriers included housing affordability, transportation challenges, and limited availability of LGBTQ+ specific resources outside of central areas.

Participants also described emotional fatigue from having to self-advocate or educate providers and service systems.

Assets and What Helps

LGBTQ+ centers, peer networks, affirming healthcare providers, and community-based organizations were identified as critical supports. Participants emphasized the importance of visible allyship and spaces explicitly designed to be inclusive. One participant shared, *“Having a place where you don’t have to explain yourself changes everything.”* Informal support networks, chosen family, and community events were also described as important sources of connection and mental health support. Participants emphasized that consistency and visibility of affirming services build trust over time.

Priority Concerns Identified by Participants

Participants identified access to affirming healthcare, particularly mental health services, as the most urgent priority. Additional concerns included housing affordability and stability, transportation access, expanded inclusive community spaces, and reducing discrimination across healthcare, housing, and public systems. Overall, participants emphasized that strengthening inclusion, visibility, and trust across systems is essential to improving health and well-being for LGBTQ+ adults in New Hanover County.

Community Conversation – Evening Session

Date: August 11, 2025

Session Overview

The evening Community Conversation provided an open forum for residents to share perspectives on health, quality of life, and access to resources in New Hanover County. Participants represented a range of ages, neighborhoods, and lived experiences, and discussion reflected broad community concerns shaped by daily interactions with housing, healthcare, transportation, and the cost of living. Participants emphasized that health is experienced collectively and influenced by how well systems function together. Participants described the conversation as an opportunity to validate shared challenges and to reflect on how individual experiences align with broader community conditions.

Key Themes Raised

Participants consistently described health as interconnected with housing stability, access to healthcare and mental health services, food security, transportation, and community connection. One participant summarized this perspective by stating, *“Everything is connected, when one thing breaks down, the rest follow.”* Mental health was raised repeatedly, particularly in relation to stress caused by rising costs, housing insecurity, and uncertainty about accessing

services. Participants emphasized that community well-being depends on both individual support and system-level coordination. Trust in institutions emerged as an underlying theme. Participants noted that when systems are difficult to navigate or feel unresponsive, people disengage, even when services are available.

Barriers Identified

Rising cost of living was identified as a significant barrier affecting housing, food access, and overall stability. Participants also described difficulty navigating complex systems, long wait times, and lack of clarity about eligibility for services. Transportation challenges were cited as limiting access to healthcare, employment, and food resources. Several participants expressed frustration with perceived fragmentation among service providers, noting that programs often operate in silos, making it difficult for residents to access coordinated support.

Assets and What Helps

Community organizations, clinics, food pantries, and outreach programs were identified as important assets. Participants emphasized that organizations offering wraparound or referral support are especially valuable. Collaboration among agencies and clear communication were described as critical to improving access and building trust.

Priority Concerns Identified by Participants

Participants identified affordable housing, access to mental health services, food access, transportation, and improved coordination among community resources as priority concerns affecting health and well-being.

Community Conversation – Afternoon Session

Date: August 14, 2025

Session Overview

The afternoon Community Conversation offered an additional opportunity for residents to discuss health and community conditions, with participation from individuals who may not have been able to attend evening sessions. Participants reflected on access to services, community connection, and the role of communication and transparency in shaping trust. Discussion emphasized that health outcomes are influenced by how clearly information is shared and how responsive systems are to community needs.

Key Themes Raised

Participants described health as influenced by housing stability, healthcare access, education, transportation, and social connection. Community connection was emphasized as both a protective factor and a gap, with participants noting that isolation and lack of awareness of

resources can worsen health outcomes. One participant shared, *“If people don’t know what’s available, it’s like it doesn’t exist.”* Early intervention and prevention were discussed as essential, particularly for families and individuals experiencing emerging challenges.

Barriers Identified

Participants cited language barriers, misinformation, stigma, and rising costs as obstacles to accessing care and services. Difficulty navigating systems and understanding eligibility requirements was also raised. Several participants expressed concern that information is often distributed digitally, which can exclude individuals without reliable internet access or digital literacy.

Assets and What Helps

Collaboration among organizations, trusted community messengers, and transparent communication from local leaders were identified as important assets. Participants emphasized the value of outreach that meets people where they are and uses multiple communication methods to share information.

Priority Concerns Identified by Participants

Participants identified community connection, housing stability, access to coordinated services, early intervention supports, and accountability in service delivery as priority concerns affecting community health.

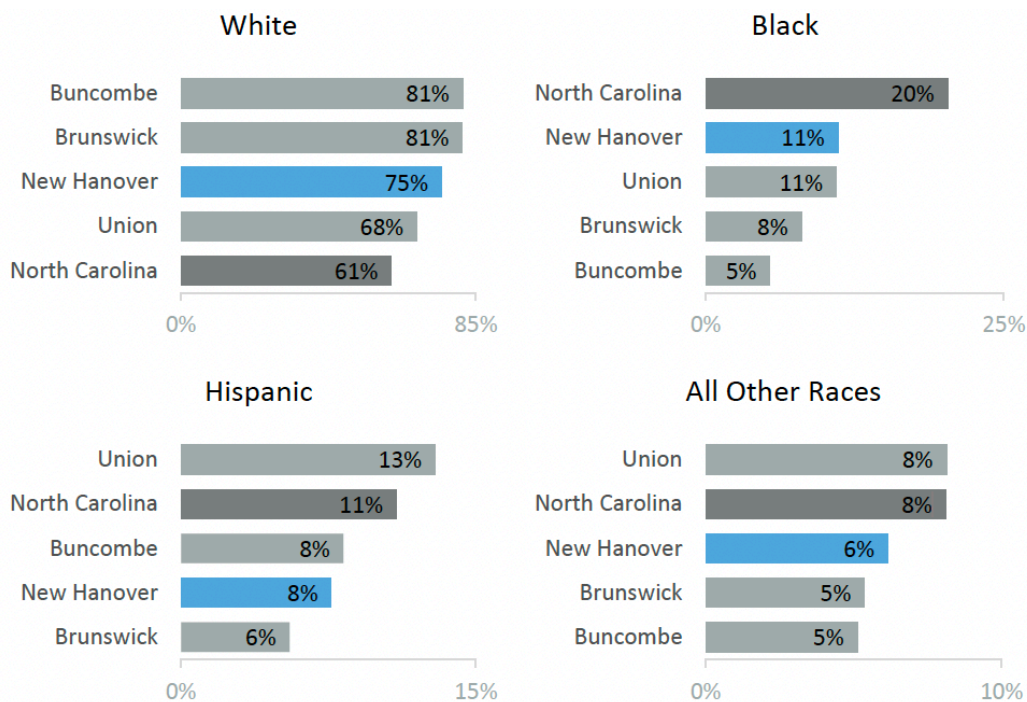
Appendix C - Community Datasets

Purpose of Appendix C

Appendix C provides a summary of the quantitative data sources used to inform the 2025 Community Health Needs Assessment. These datasets draw from widely used federal, state, and local sources and support the identification of population-level patterns related to demographics, health outcomes, access to services, environmental conditions, and social and economic factors.

The data presented in this appendix were used to complement community conversations and focus groups. As noted throughout the report, many indicators rely on survey-based, administrative, or modeled estimates and may not fully capture neighborhood-level variation or individual lived experience. For this reason, these datasets are provided for transparency and reference and are interpreted alongside community input and local context.

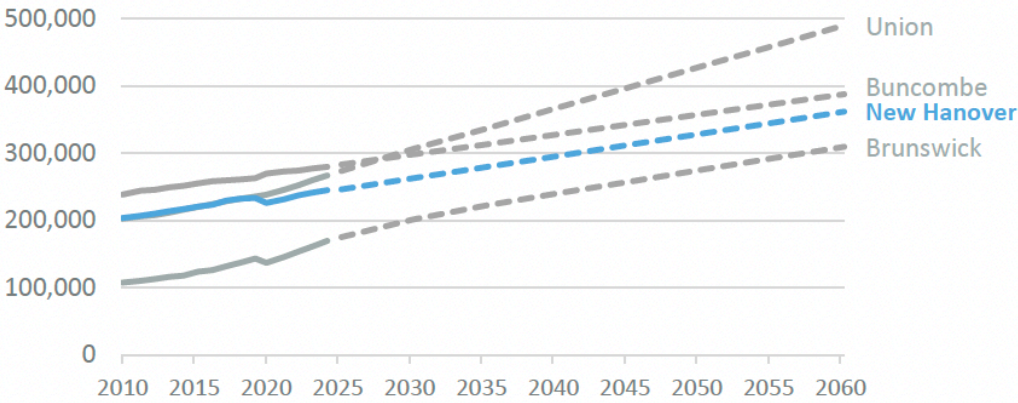
A. Population and Demographics



Source: American Community Survey, 2019-2023

New Hanover County's racial and ethnic composition compared with peer counties and the state. Estimates are based on American Community Survey 5-year data and may mask neighborhood-level variation or small population differences.

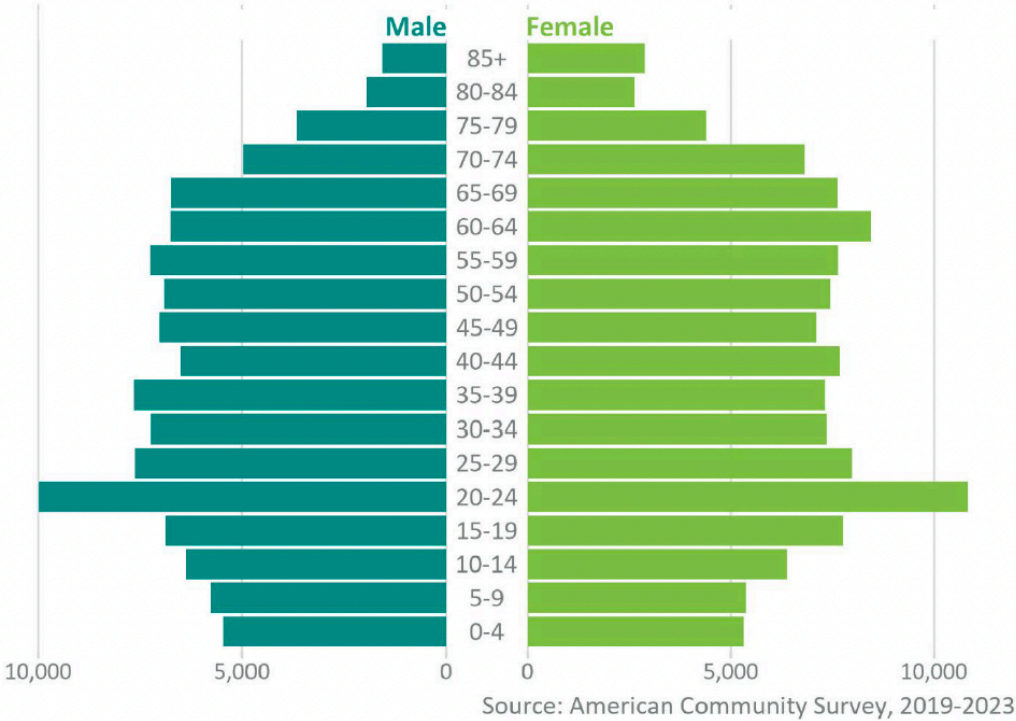
**Estimated (2010-2024) and Projected (2025-2060)
Population Growth**



Source: NC OSBM, 2024

New Hanover County is projected to continue growing over the coming decades relative to peer counties. Projections reflect modeling assumptions and are intended to be interpreted as directional rather than predictive at the neighborhood level.

New Hanover County Population by Gender and Age

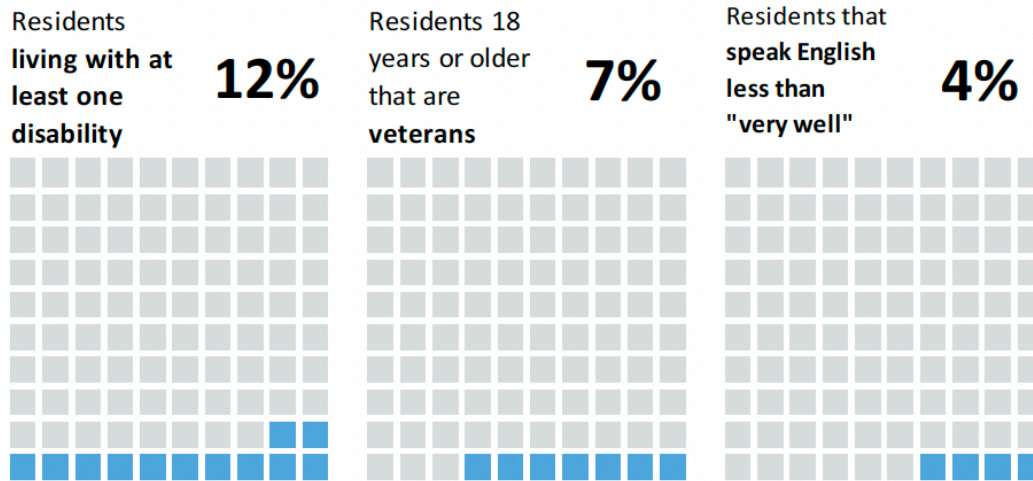


Source: American Community Survey, 2019-2023

New Hanover County’s age distribution reflects a sizable working-age and older adult population. Estimates are based on survey data and do not capture seasonal or short-term population changes.

Veterans, Disability Status, and English Proficiency

■ = 1%



Source: American Community Survey, 2019-2023

A notable share of New Hanover County residents report disabilities, veteran status, or limited English proficiency. Self-reported survey data may undercount functional needs or barriers experienced in daily life.

B. Health Outcomes and Behaviors

New Hanover County Top 10 Leading Causes of Death, 2019-2023

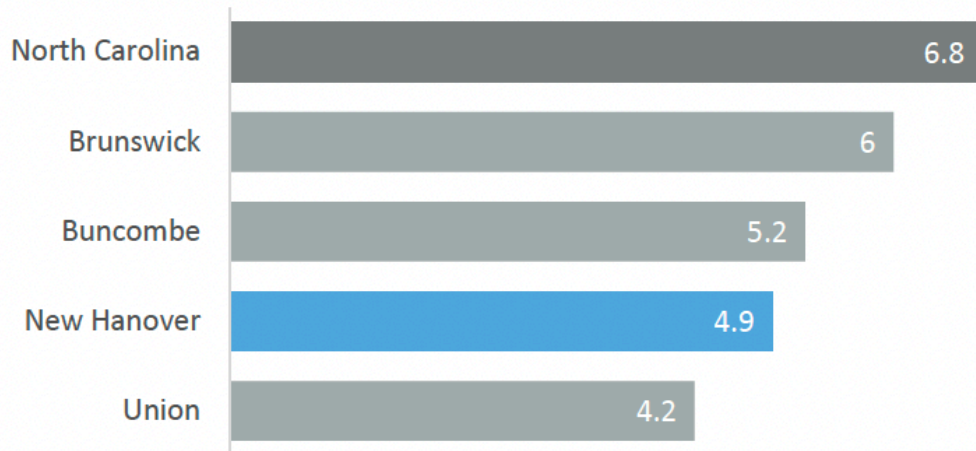
Rank	Cause of Death	Number	Rate
1	Cancer - All Sites	2,290	196.5
2	Diseases of the heart	1,979	169.8
3	Other Unintentional injuries	741	63.6
4	Cerebrovascular disease	730	62.6
5	Chronic lower respiratory diseases	480	41.2
6	COVID-19	453	38.9
7	Alzheimer's disease	375	32.2
8	Diabetes mellitus	258	22.1
9	Nephritis, nephrotic syndrome, & nephrosis	224	19.2
10	Septicemia	219	18.8

Source: NC SCHS, 2025 County Health Data Book

Cancer and heart disease remain the leading causes of death in New Hanover County. Cause-of-death classifications reflect death certificate reporting and may not capture underlying social or environmental contributors.

Infant Mortality Rate

Infant deaths per 1,000 live births, 2019-2023

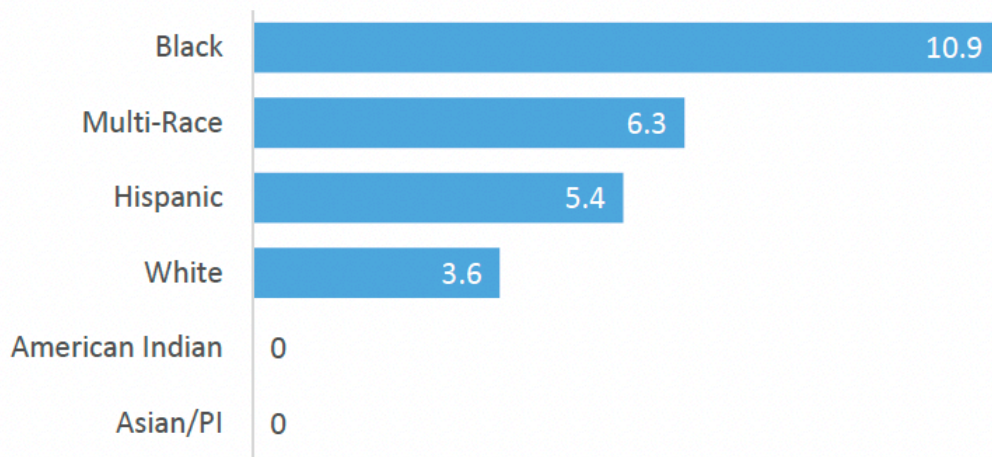


Source: NC SCHS, 2025

Infant mortality in New Hanover County is lower than the state average and comparable to peer counties based on multi-year averages. Rates are calculated from relatively small numbers and reflect aggregated outcomes rather than neighborhood-level variation.

New Hanover County Infant Mortality Rate

Infant deaths per 1,000 live births, 2019-2023

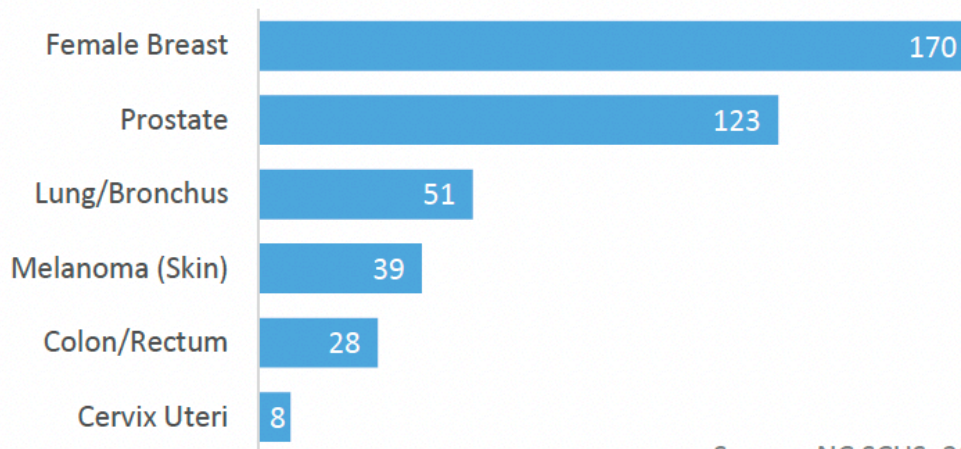


Source: NC SCHS, 2025

Infant mortality rates in New Hanover County vary substantially by race and ethnicity, reflecting persistent disparities in birth outcomes. Rates for smaller population groups are based on limited numbers and should be interpreted with caution.

New Hanover County Cancer Incidence Rate

New cases per 100,000 population, 2019-2023

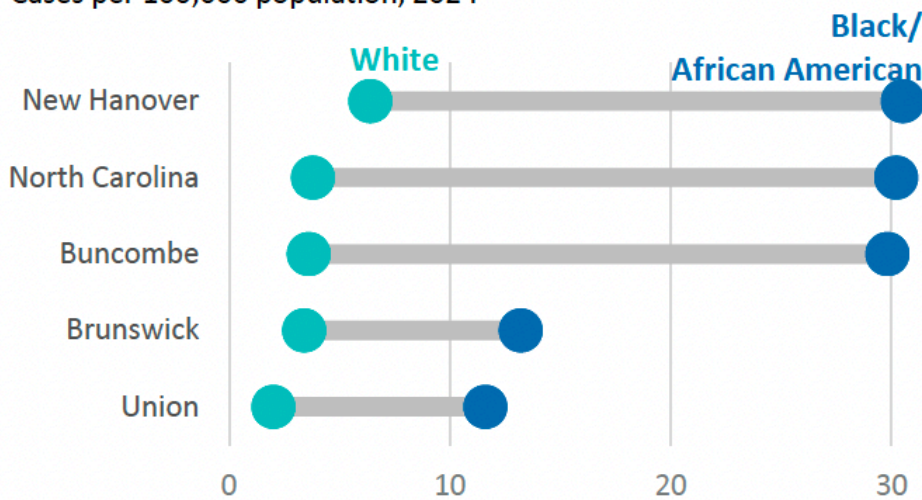


Source: NC SCHS, 2025

Cancer incidence in New Hanover County varies by cancer type, with the highest rates observed for female breast and prostate cancers. Rates reflect newly diagnosed cases averaged over multiple years and do not reflect differences in stage at diagnosis, access to screening, or survival outcomes.

Newly Diagnosed HIV Rate by Race

Cases per 100,000 population, 2024

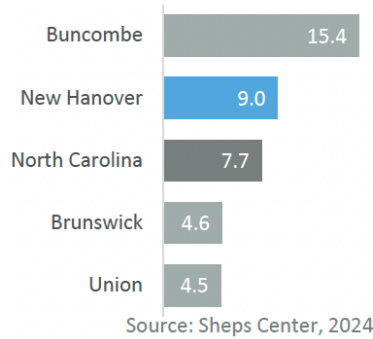


Source: NCDHHS NCD3, 2024

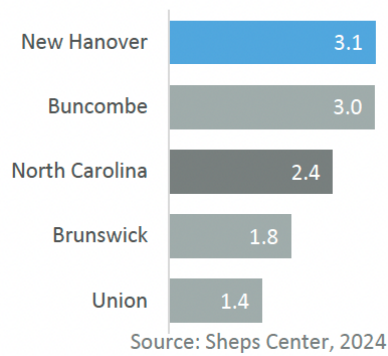
Newly diagnosed HIV rates vary substantially by race in New Hanover County and comparison counties. Rates reflect reported diagnoses per 100,000 population and may be influenced by testing access and surveillance practices.

C. Access to Healthcare and Services

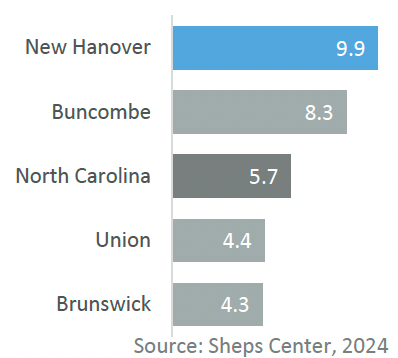
Primary care physicians per 10,000 population, 2024



Primary care physician assistants per 10,000 population, 2024

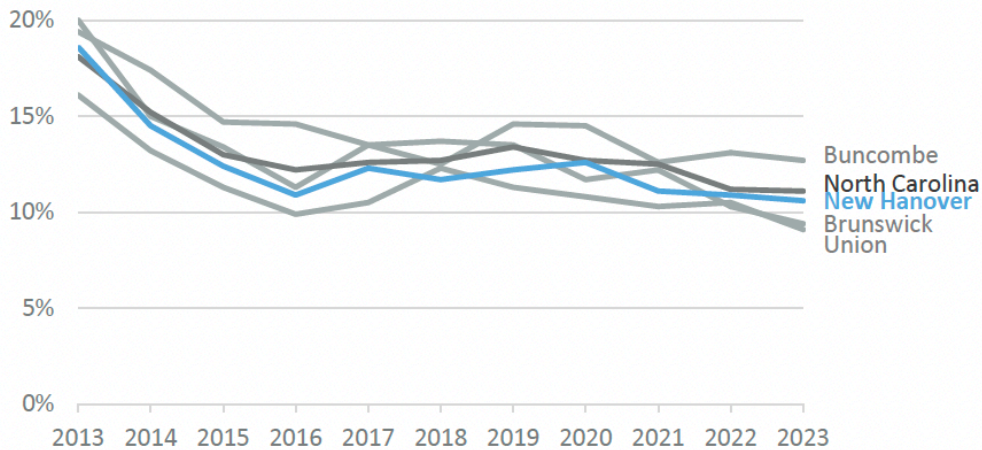


Nurse practitioners per 10,000 population, 2024



Primary care provider availability per 10,000 residents in New Hanover County and peer counties. Provider counts indicate workforce capacity but do not capture appointment availability, scope of practice, or access barriers.

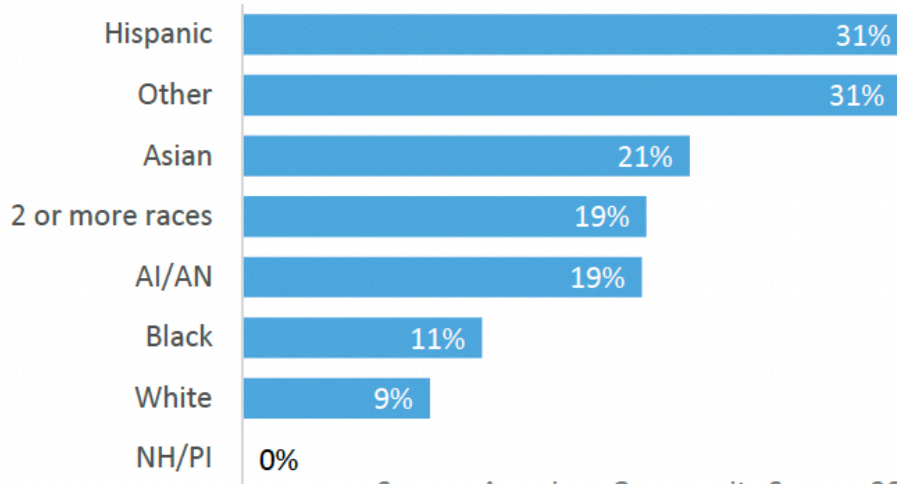
Percent of Residents Under 65 without Insurance



Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2023

Trends in the share of residents under age 65 without health insurance in New Hanover County and peer counties. Insurance coverage is one dimension of access and does not reflect cost-sharing, provider availability, or care utilization.

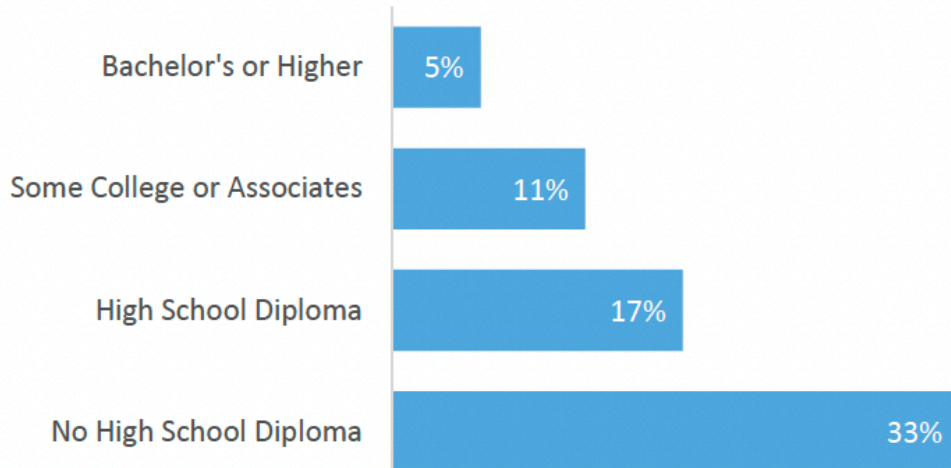
New Hanover County Residents who are Uninsured By race/ethnicity



Source: American Community Survey, 2019-2023

Uninsured rates differ markedly by race and ethnicity in New Hanover County, with Hispanic residents experiencing the highest uninsured share. Estimates are derived from pooled survey data and do not capture eligibility restrictions, part-year coverage, or access barriers beyond insurance status.

New Hanover County Residents who are Uninsured By highest level of education

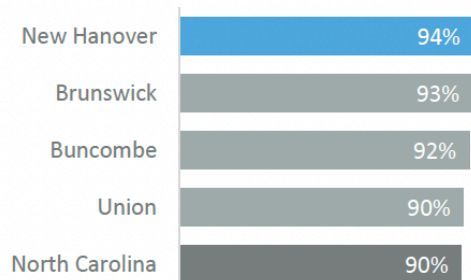


Source: American Community Survey, 2019-2023

Health insurance coverage varies by educational attainment in New Hanover County, with lower coverage among residents with less formal education. Estimates are derived from multi-year survey data and may mask variation by age, employment, or household circumstances.

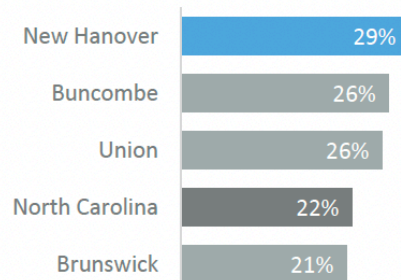
D. Education and Social Stressors

High school graduate or higher
Percent of residents age 25 and older with a high school diploma or equivalent



Source: American Community Survey, 2019-2023

Bachelor's degree or higher
Percent of residents age 25 and older with a bachelor's degree or higher

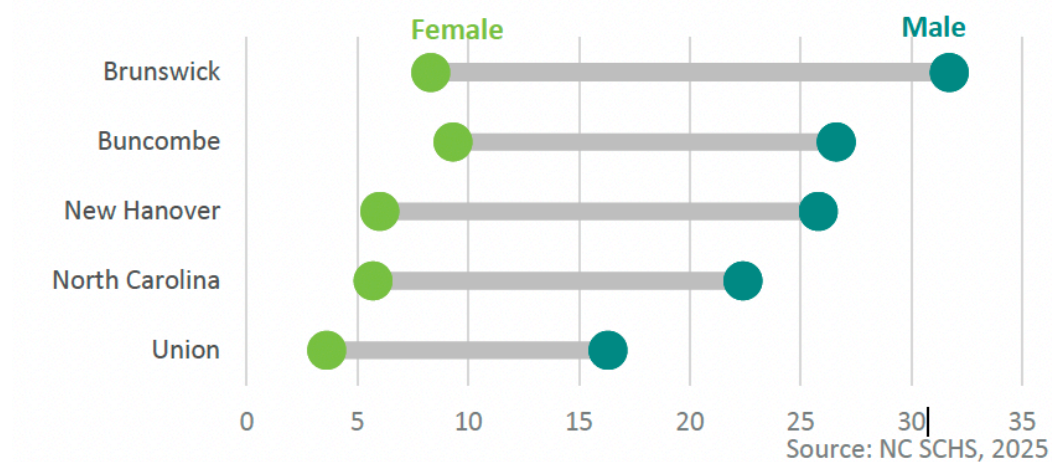


Source: American Community Survey, 2019-2023

While a high share of adults in New Hanover County have completed high school, a smaller proportion hold a bachelor's degree or higher, reflecting differences in workforce preparation and long-term economic opportunity. Percentages are based on multi-year survey estimates and may mask variation across neighborhoods or demographic subgroups..

Suicide Rate by Gender

Age-adjusted rate per 100,000 population, 2019-2023



Suicide rates are substantially higher among males than females across all jurisdictions shown, reflecting well-documented gender differences in suicide mortality. Rates are based on multi-year averages to improve stability and mask variation across neighborhoods or demographic subgroups.

E. Housing and Food Access

Low Income & Low Access to Grocery Stores
Percentage of the population that is low income and does not live close to a grocery store



Source: USDA ERS, 2019

This indicator highlights neighborhoods where financial constraints and geographic access barriers overlap, increasing the risk of food insecurity. Estimates are based on federal definitions of income and distance to stores and do not capture transportation options, food prices, or informal food access.

Appendix D - Priority Setting and Scoring Methodology

Purpose of Appendix D

Appendix D documents the methodology used to prioritize community health themes for the 2025 New Hanover County Community Health Needs Assessment. While the main body of the CHNA presents a high-level summary of the prioritization process and final priorities, this appendix provides detailed technical information to support transparency and review.

Overview of the Priority Ranking Process

Following the identification of ten community health themes through quantitative data review and community engagement, a structured priority-setting process was conducted with a broad Stakeholder Group. The process was designed to ensure consistency, shared understanding, and balanced consideration of community need and readiness for action. Stakeholders participated in facilitated scoring sessions and reviewed standardized materials for each theme. Individual scores were aggregated and weighted to produce final rankings across all ten themes.

Materials Reviewed During Prioritization

Each priority area was presented using a standardized one-page summary to ensure consistent information across themes. These summaries included:

- Key local quantitative indicators
- Qualitative insights from focus groups and community conversations
- Peer county comparisons
- Contextual notes related to disparities or population-specific impacts

Stakeholder Participation

The prioritization process included representation from local government, public health, healthcare, education, housing, transportation, nonprofit organizations, faith-based organizations, and community-based groups. Participants scored each priority area independently using shared criteria definitions and scoring tools. Five scoring groups were used to ensure diverse perspectives and reduce the influence of any single group on final rankings.

Scoring Criteria

Each priority area was evaluated using four criteria, with scores assigned on a scale of 1 (lowest) to 10 (highest):

- **Severity** – the seriousness of the issue for individuals and communities
- **Magnitude** – the number of people affected

- **Feasibility** – the likelihood that progress can be made within the CHNA cycle
- **Current Efforts** – the extent of existing investment, infrastructure, and momentum

Including “current efforts” allowed stakeholders to consider demonstrated progress and system capacity alongside unmet need.

Weighting Methodology

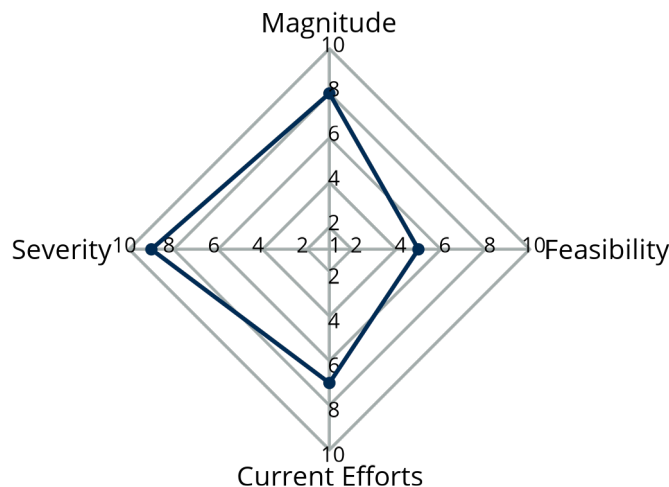
To balance urgency with achievability, weights were applied to each criterion prior to calculating final scores. Weighting emphasized feasibility and readiness for action while still accounting for the scale and seriousness of health challenges.

Criteria	Weight
Severity	30%
Magnitude	20%
Feasibility	40%
Current Efforts	10%

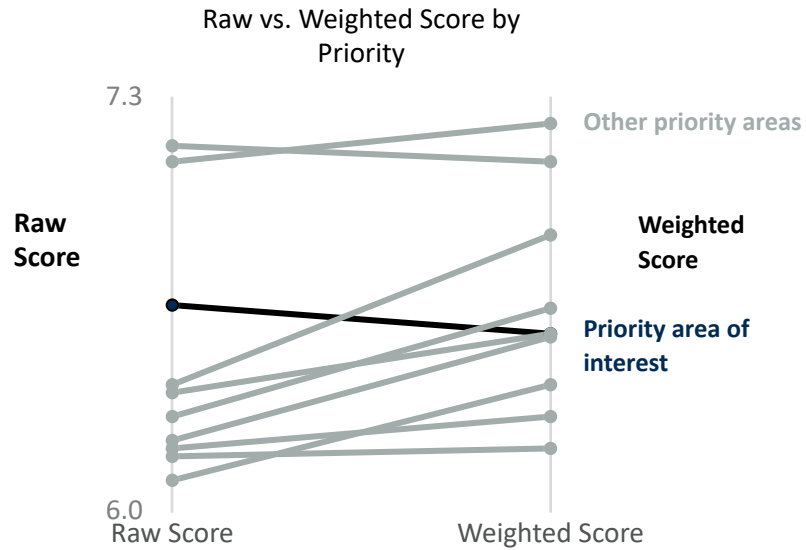
How to Read the Priority Scoring Charts

Each page in the following section presents one priority area and uses three chart types to illustrate how that priority performed across scoring criteria and how weighting influenced its final ranking. These charts are provided to support transparency and technical review. The charts should be interpreted together, as each highlights a different aspect of the prioritization process.

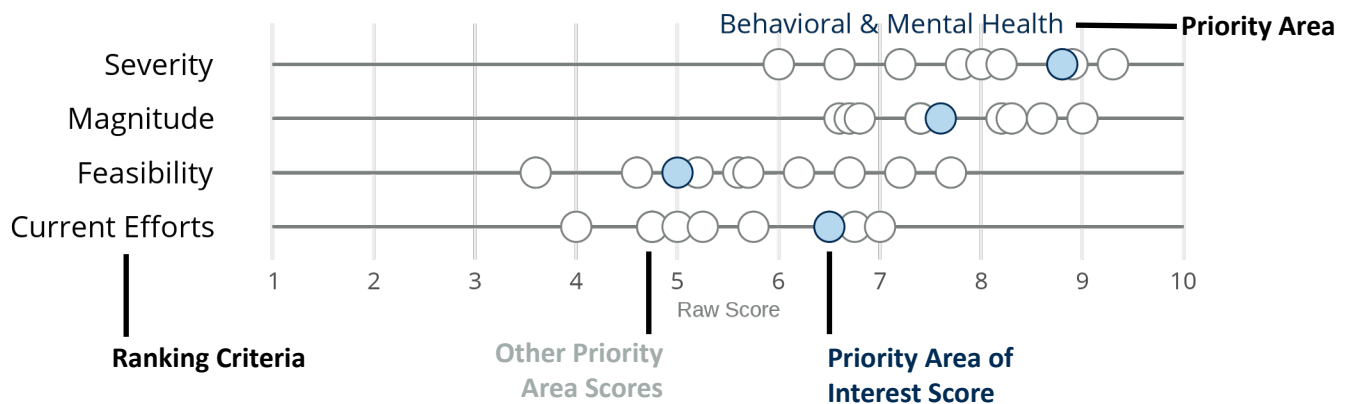
Radar Chart — Radar charts display how a priority area scored across the four criteria: severity, magnitude, feasibility, and current efforts. Each axis is scaled from 1 (lowest) at the center to 10 (highest) at the outer edge. The plotted shape shows the average raw score for each criterion. Points closer to the outer edge indicate higher ratings.



Slope Graph — Slope graphs illustrate the change between a priority area’s raw score (left) and weighted score (right). The priority area of interest is highlighted, while other priority areas are shown for comparison. Movement reflects the effect of weighting based on feasibility and current efforts and does not indicate reduced importance.



Dot Plot — Dot plots display individual criterion scores along a horizontal scale from 1 to 10. Highlighted points represent the priority area being examined, while lighter points represent other priority areas. Dot plots illustrate score distribution, consistency across criteria, and variation across stakeholder groups.



Score Aggregation and Ranking

Individual criterion scores were averaged across stakeholder groups to calculate raw scores for each priority area. Weighted scores were calculated by applying the assigned weights to each criterion. Final rankings were based on weighted scores. Differences between raw and weighted scores reflect strategic balancing of need and readiness and should not be interpreted as reduced importance of lower-ranked priorities.

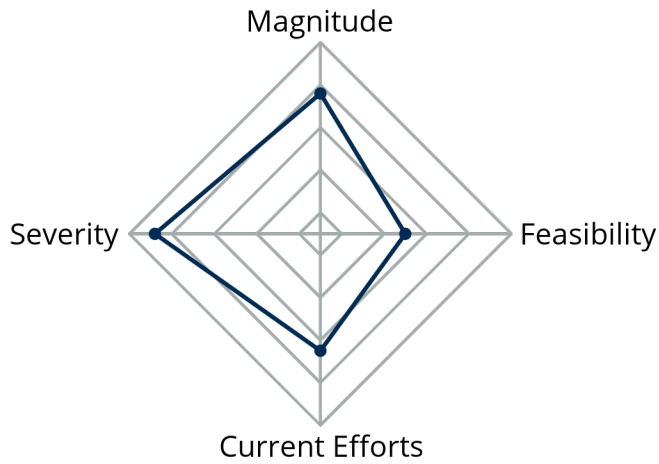
Priority Area	Raw Score	Weighted Score
Healthy Food Access & Nutrition	7.1	7.2
Healthcare Access & Quality	7.2	7.1
Community Connection	6.4	6.9
Access to Community Resources	6.3	6.6
Behavioral & Mental Health	6.7	6.6
Workforce Development	6.4	6.6
Built Environment	6.2	6.6
Transportation	6.1	6.4
Natural Environment	6.2	6.3
Housing	6.2	6.2

Final Priority Rankings

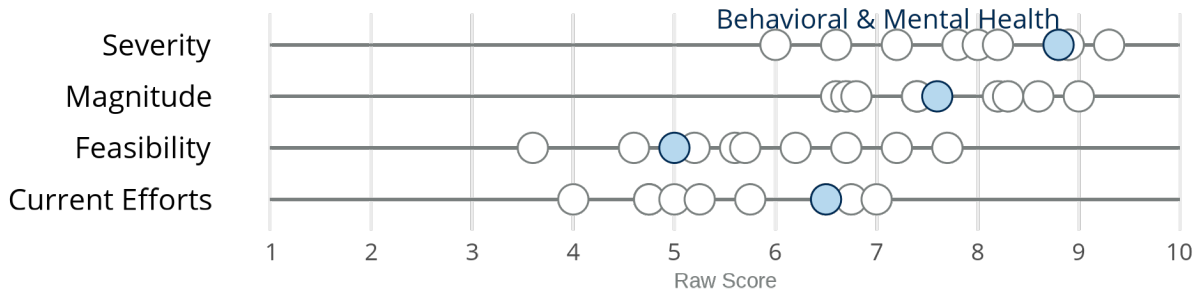
Based on weighted scores, the highest-ranked priorities for New Hanover County were:

- Healthy Food Access and Nutrition
- Healthcare Access and Quality
- Community Connection

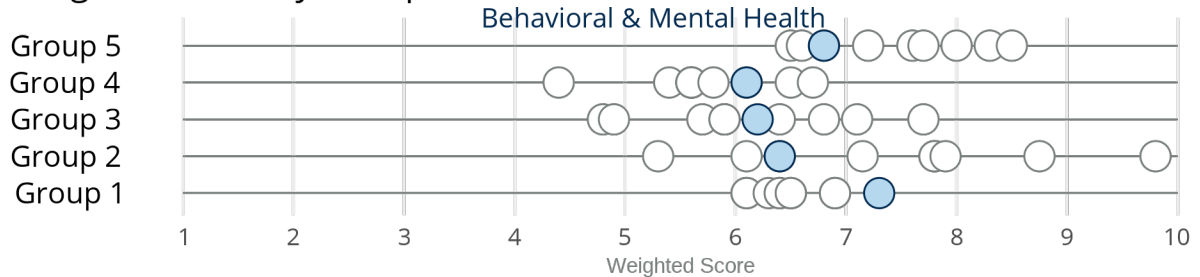
Behavioral & Mental Health Scoring Summary



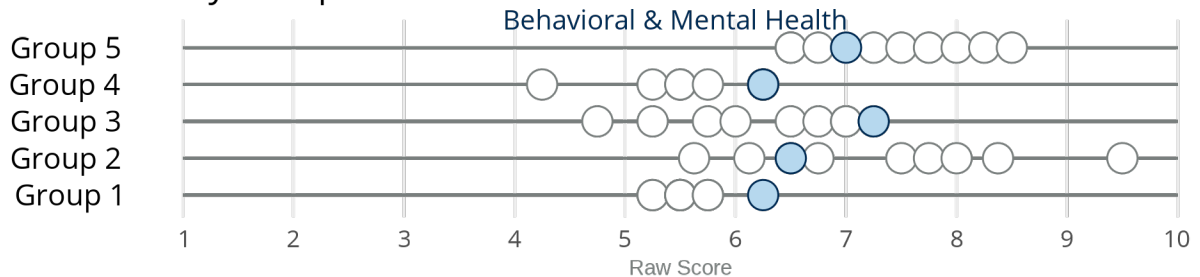
Raw Score by Priority and Criteria



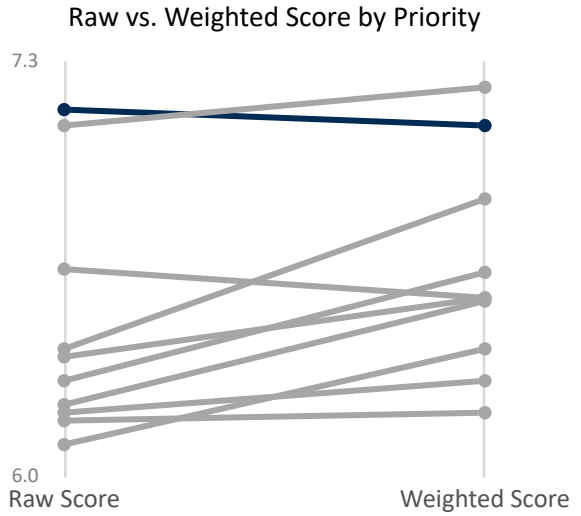
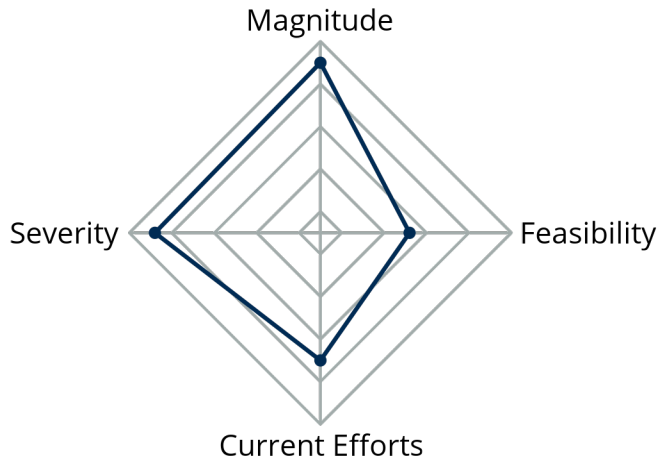
Weighted Score by Group



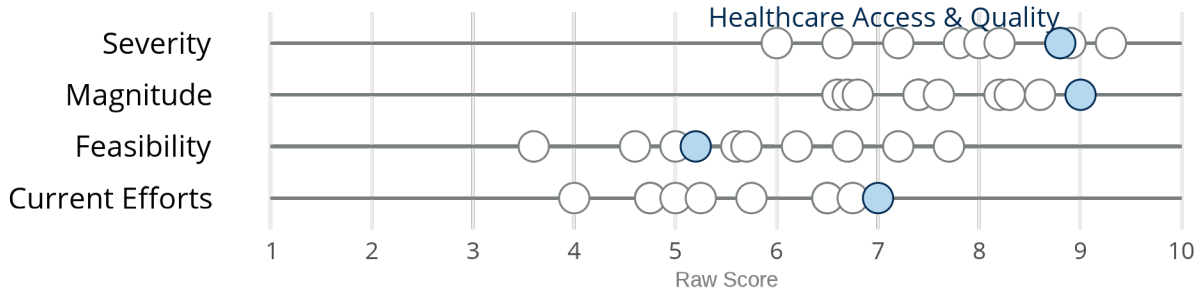
Raw Score by Group



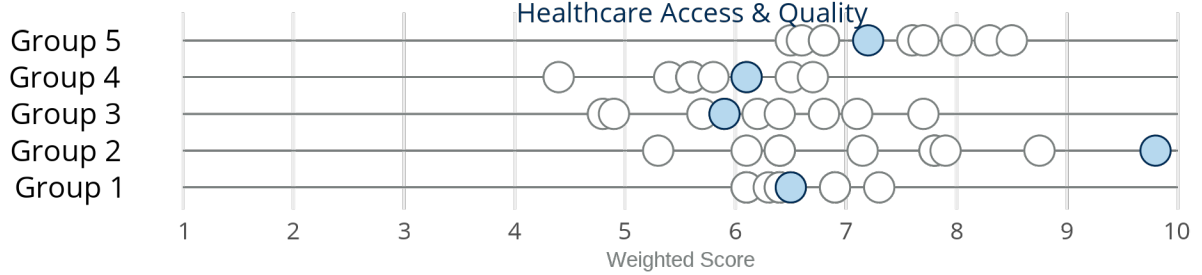
Healthcare Access & Quality Scoring Summary



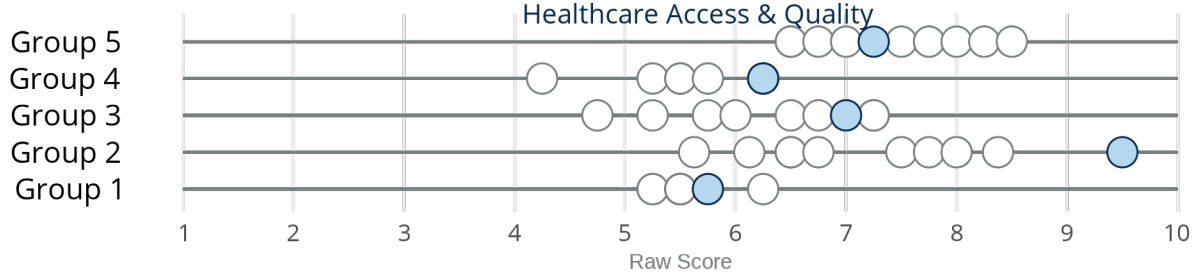
Raw Score by Priority and Criteria



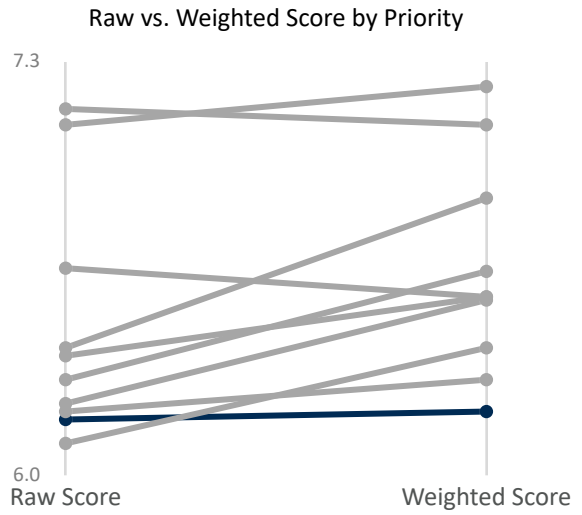
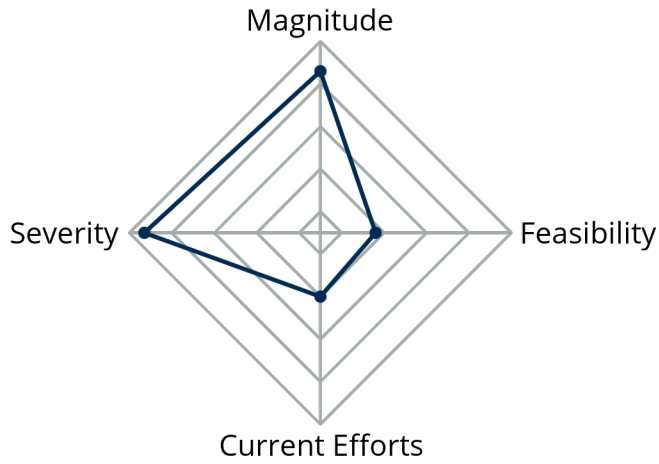
Weighted Score by Group



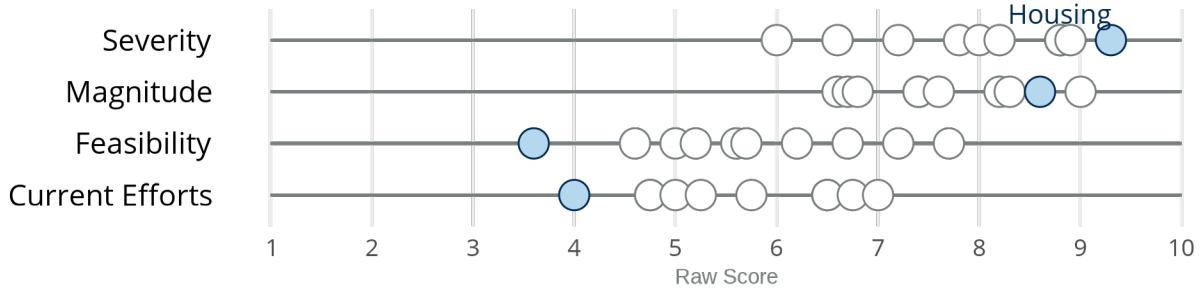
Raw Score by Group



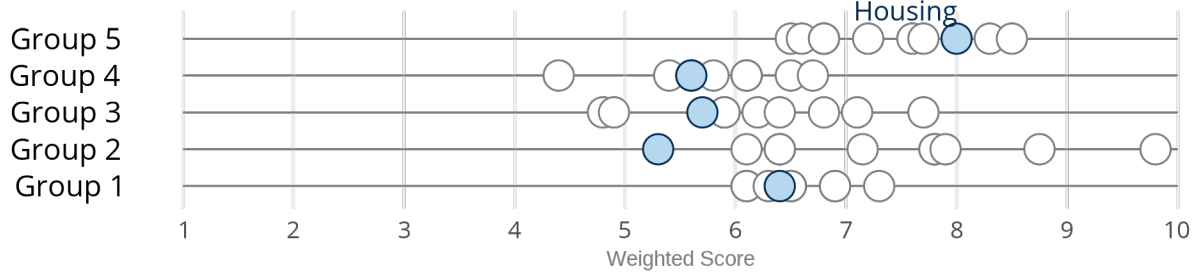
Housing Scoring Summary



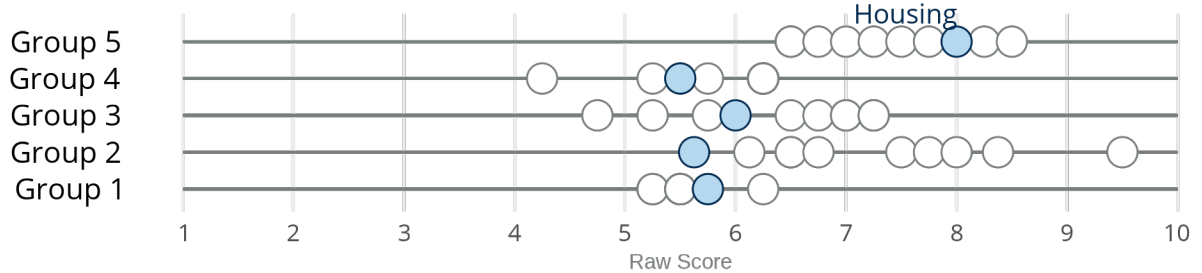
Raw Score by Priority and Criteria



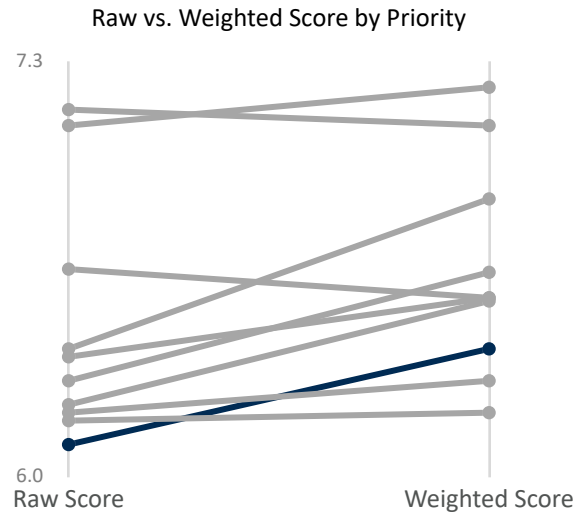
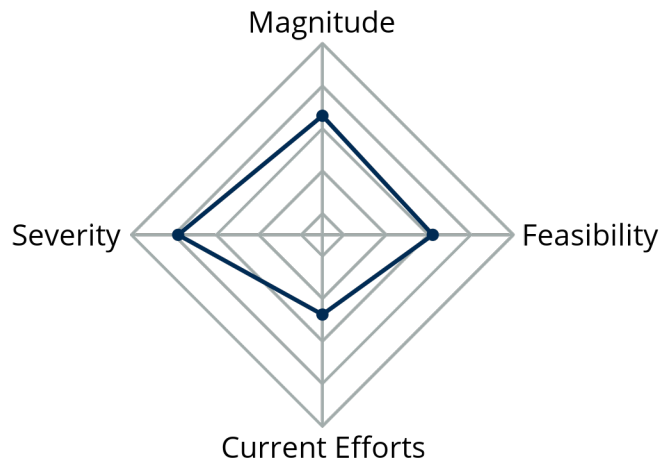
Weighted Score by Group



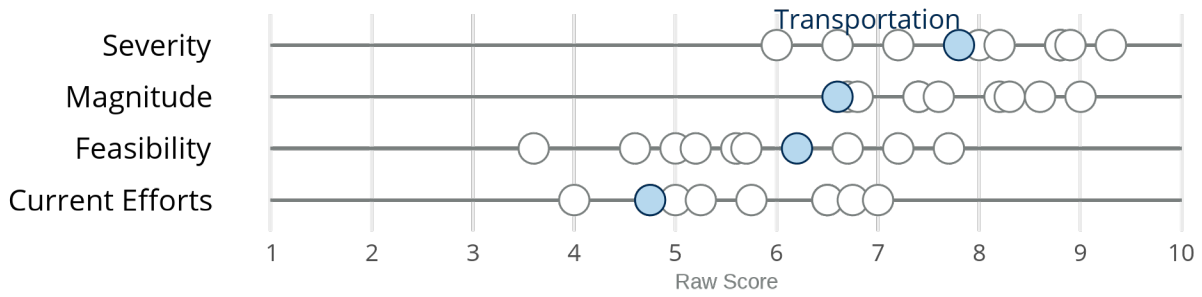
Raw Score by Group



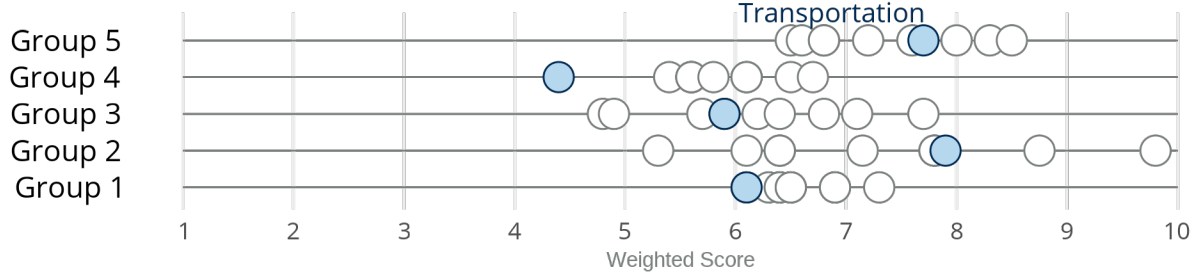
Transportation Scoring Summary



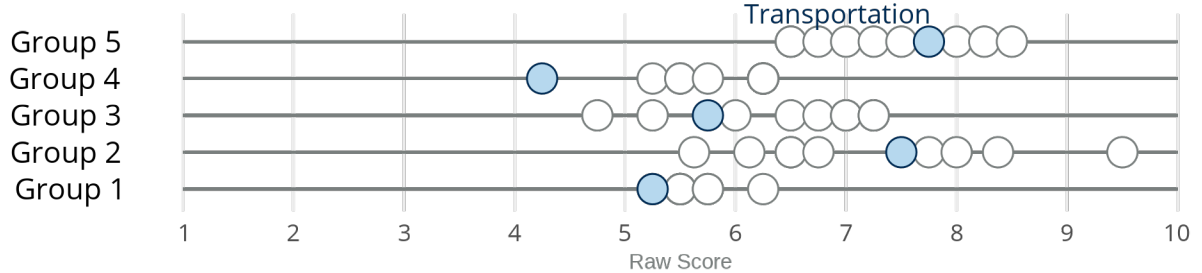
Raw Score by Priority and Criteria



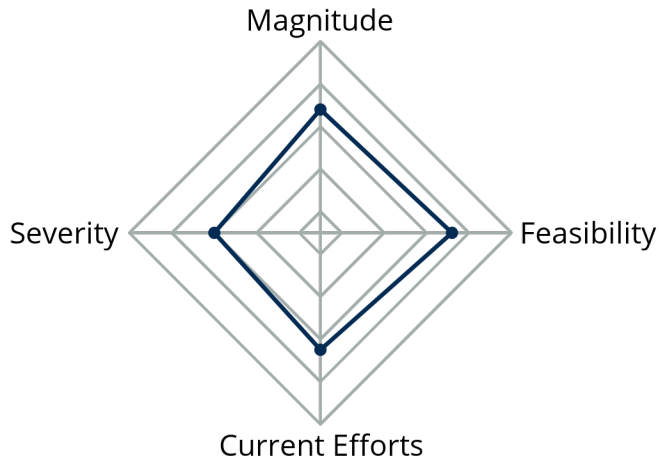
Weighted Score by Group



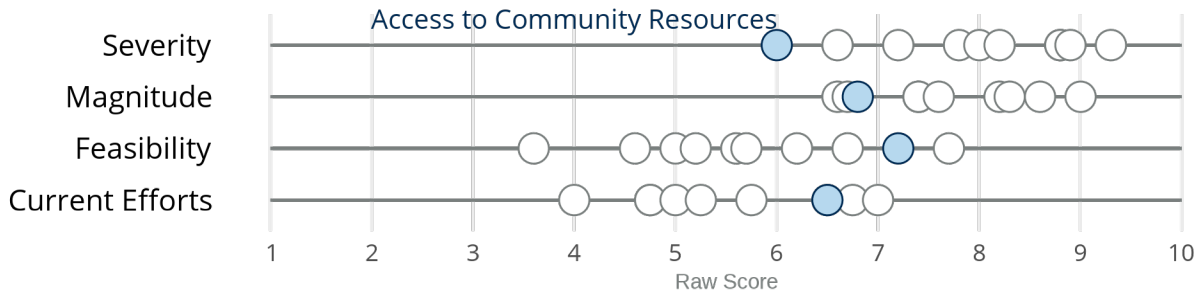
Raw Score by Group



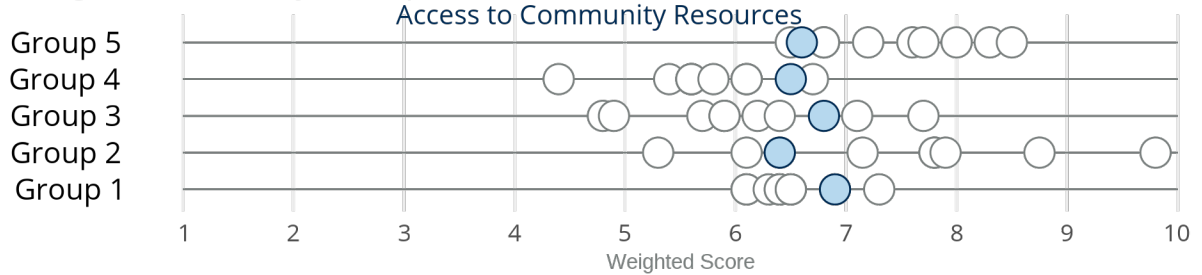
Access to Community Resources Scoring Summary



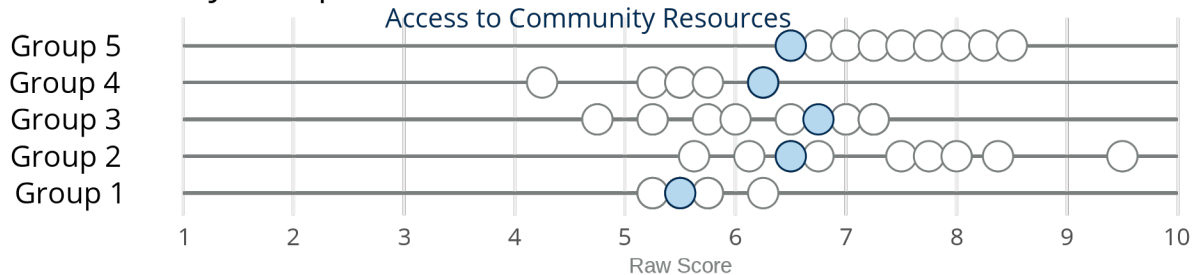
Raw Score by Priority and Criteria



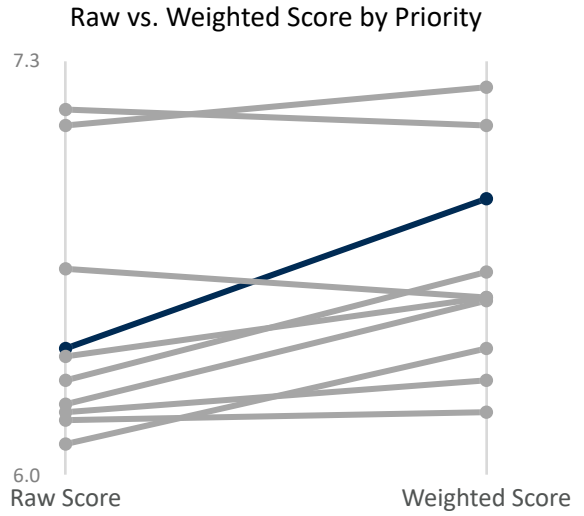
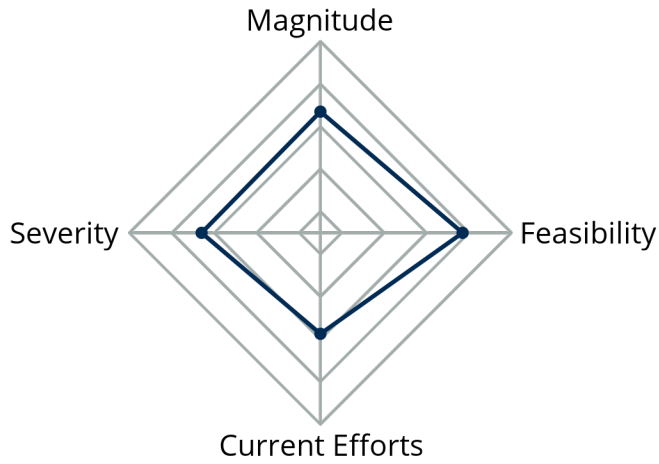
Weighted Score by Group



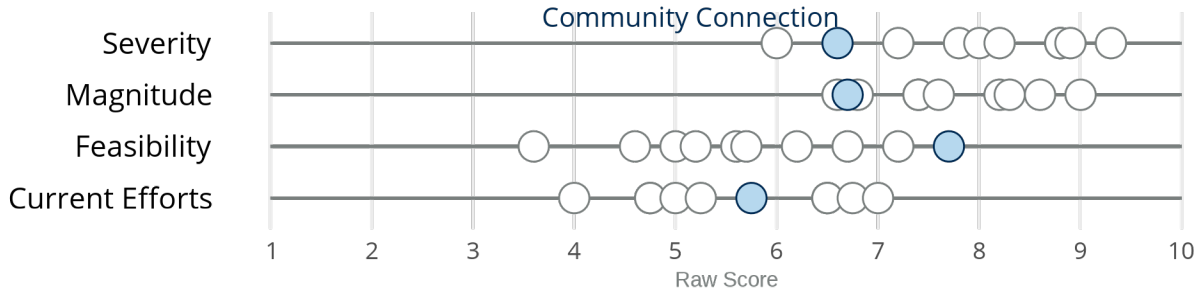
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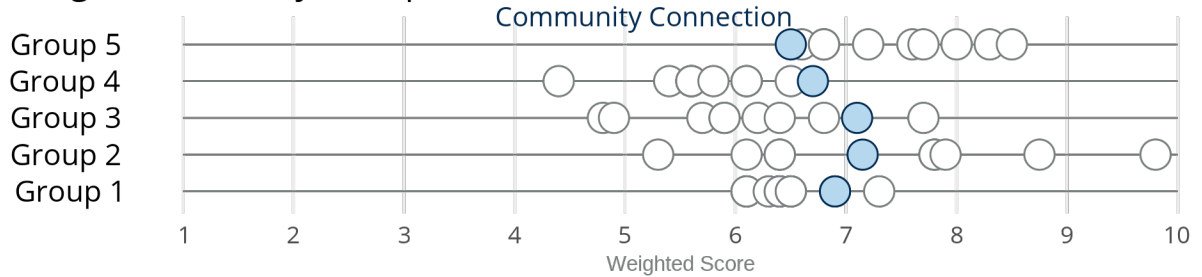
Community Connection Scoring Summary



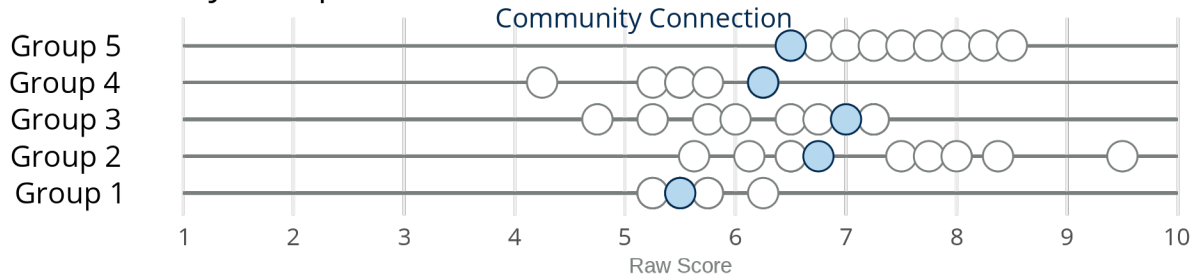
Raw Score by Priority and Criteria



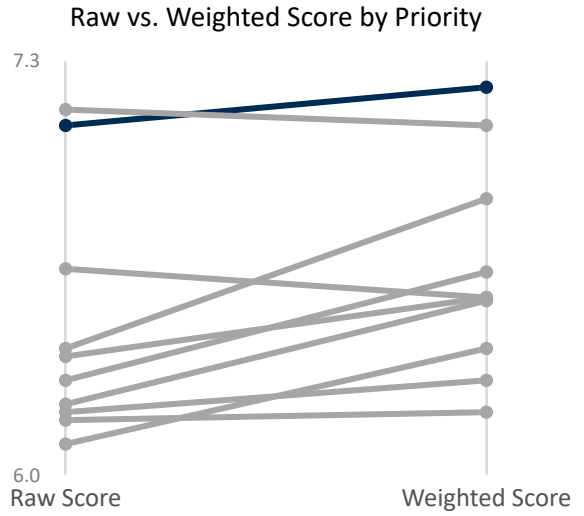
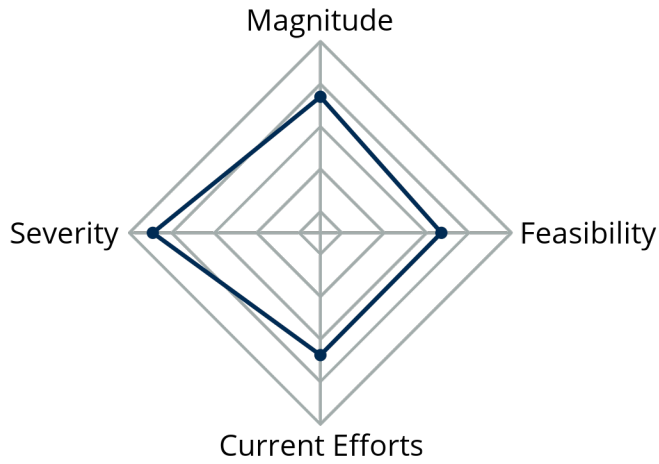
Weighted Score by Group



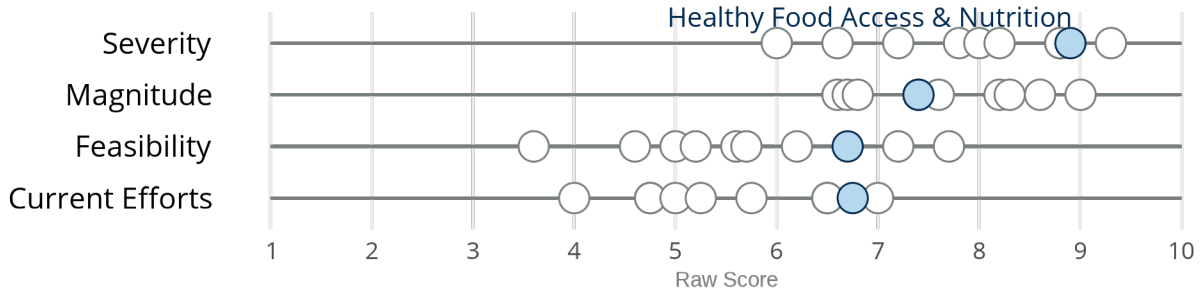
Raw Score by Group



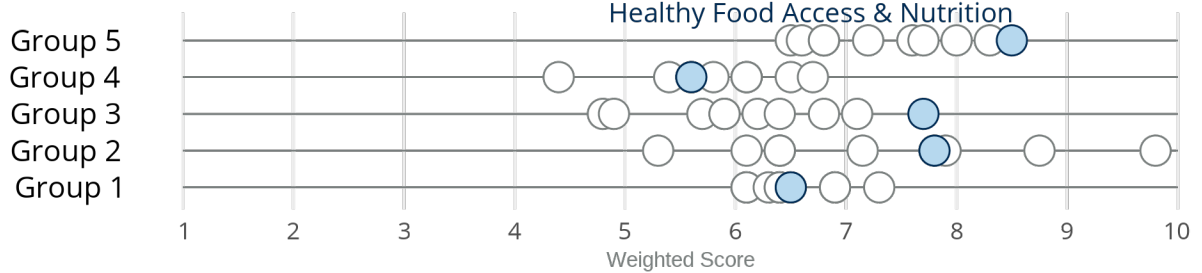
Healthy Food Access & Nutrition Scoring Summary



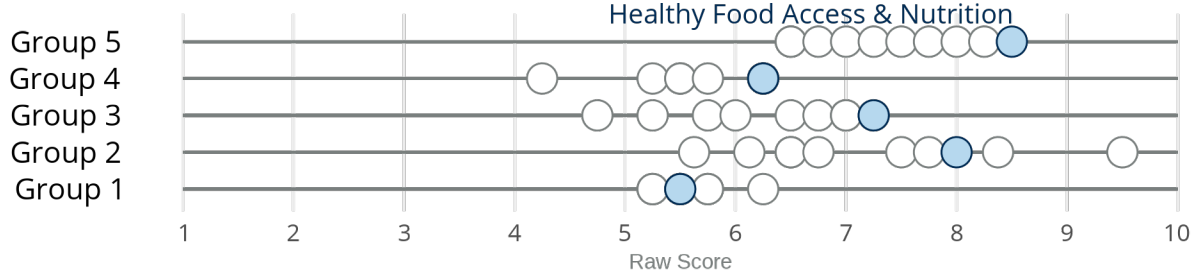
Raw Score by Priority and Criteria



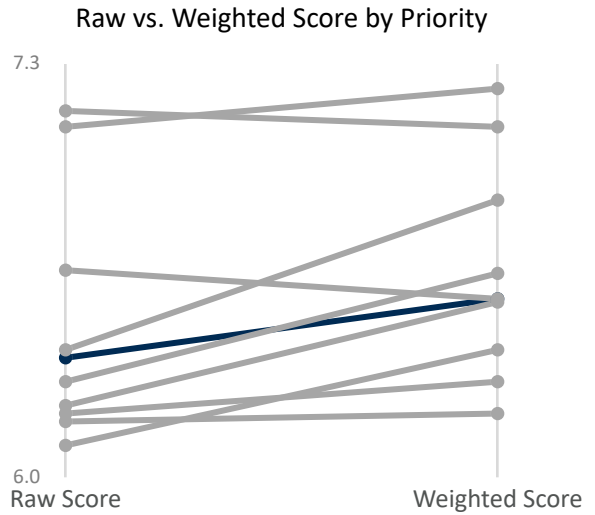
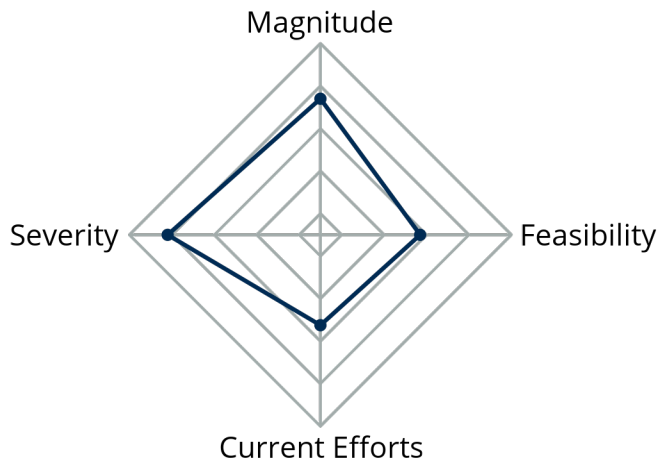
Weighted Score by Group



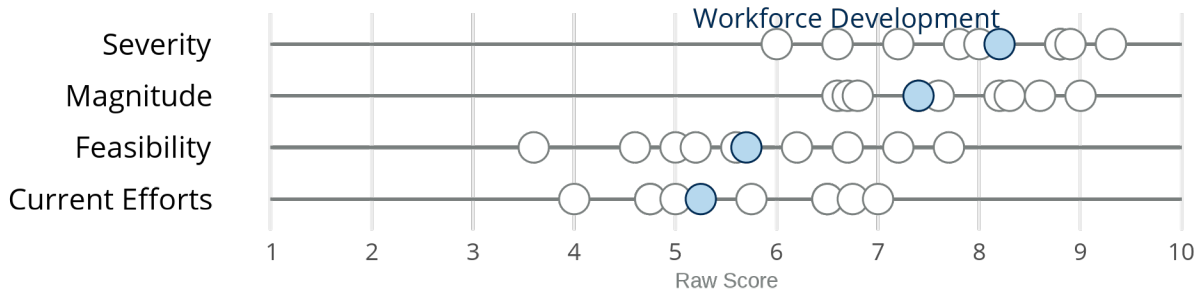
Raw Score by Group



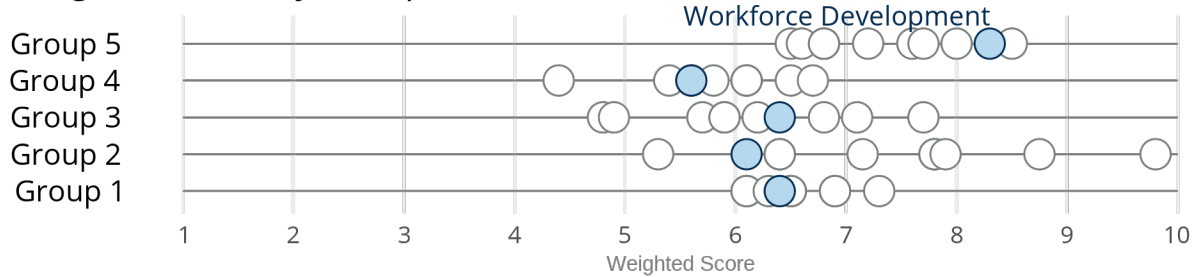
Workforce Development Scoring Summary



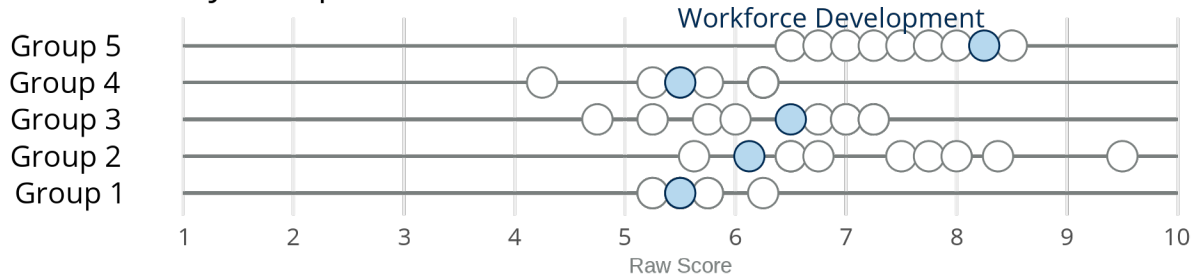
Raw Score by Priority and Criteria



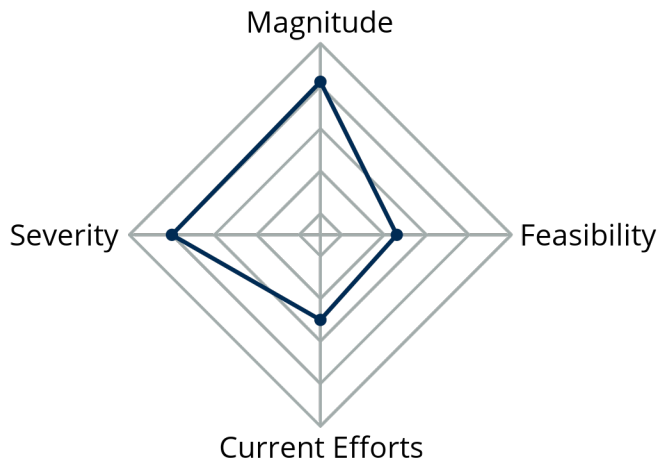
Weighted Score by Group



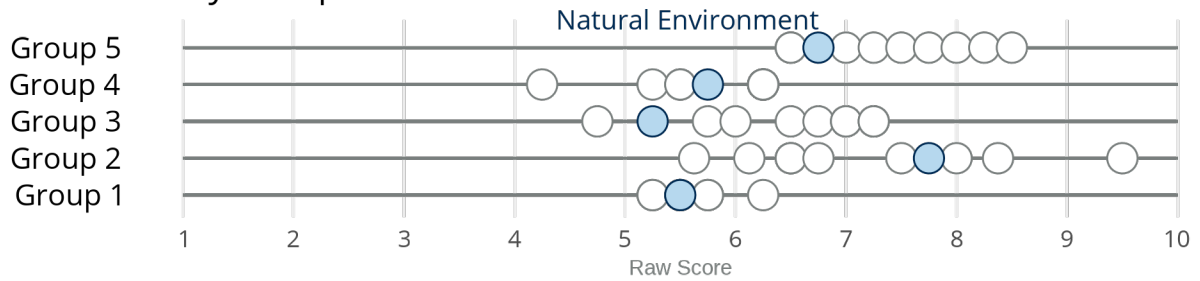
Raw Score by Group



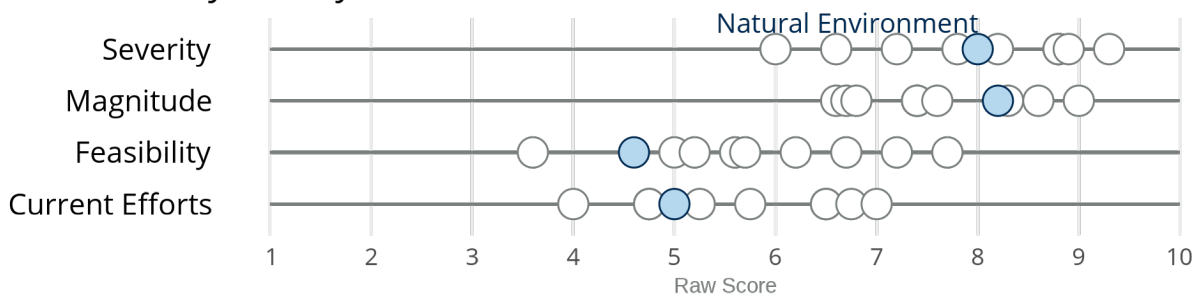
Natural Environment Scoring Summary



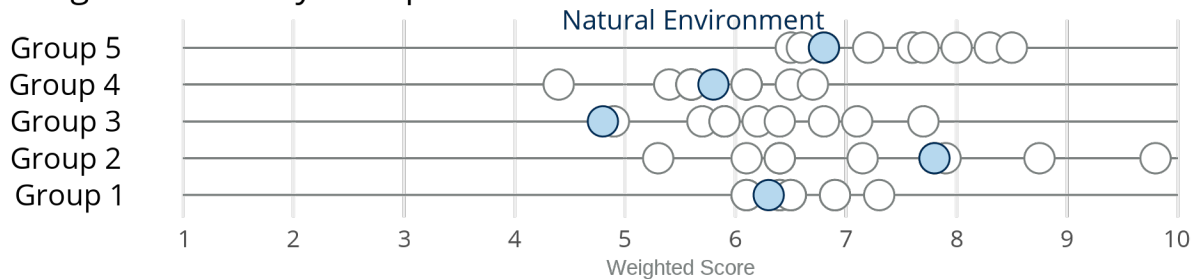
Raw Score by Group



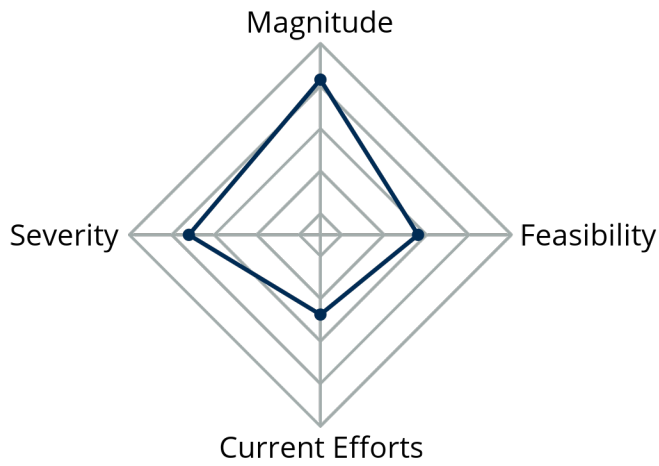
Raw Score by Priority and Criteria



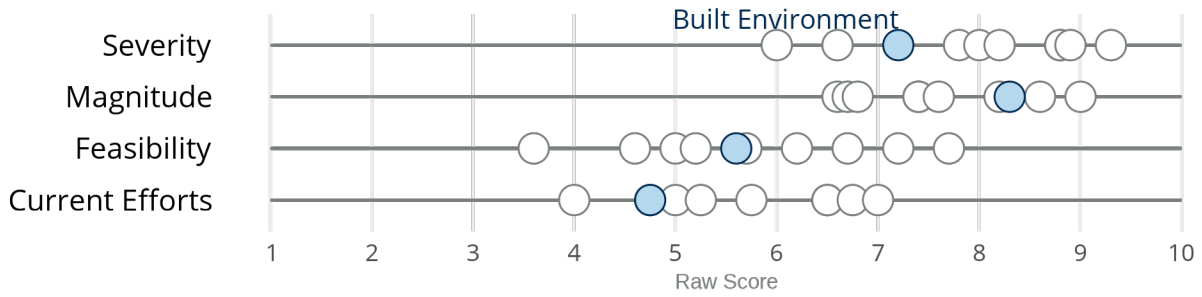
Weighted Score by Group



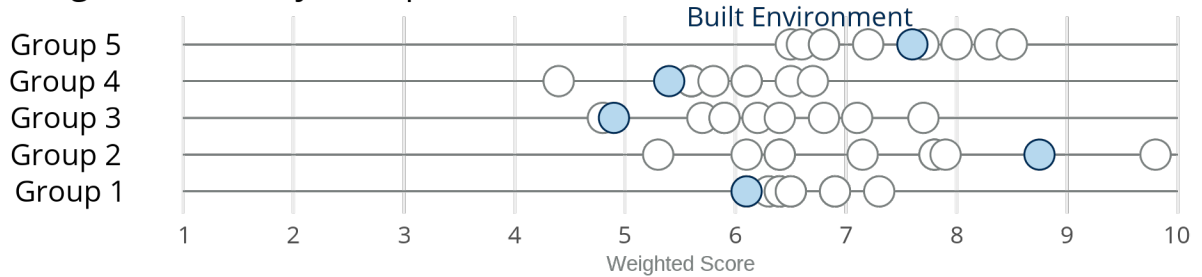
Built Environment Scoring Summary



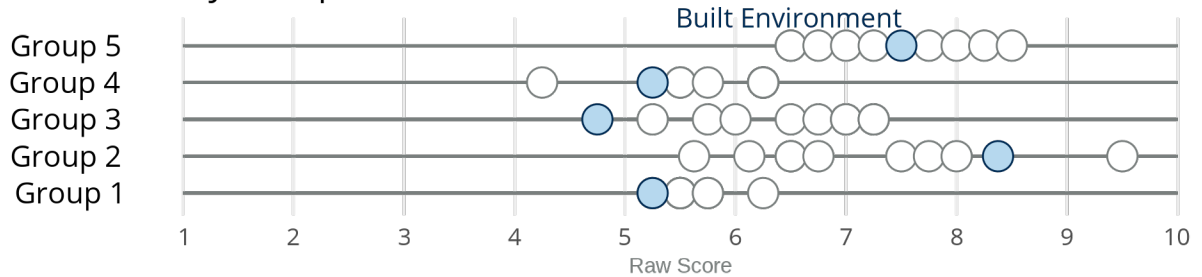
Raw Score by Priority and Criteria



Weighted Score by Group



Raw Score by Group



Definitions

The following definitions were provided to stakeholders to support consistent scoring across groups.

Access to Community Resources – Community resources include supports such as childcare, legal aid, recreation, and education programs. It is important because strong resource networks reduce barriers and help individuals and families thrive.

Behavioral & Mental Health – Behavioral health includes mental health, substance use, and crisis support. It is important because untreated behavioral health conditions affect quality of life, educational outcomes, employment, and overall community well-being.

Built Environment – The built environment refers to human-made infrastructure such as roads, housing, sidewalks, and recreational spaces. It is important because the design and safety of these spaces influence physical activity, injury risk, and quality of daily life.

Community Connection – Community connection refers to social bonds, trust, and a sense of belonging within neighborhoods. It is important because isolation and lack of inclusion negatively impact mental health, safety, and resilience.

Current Efforts – Are there existing efforts to improve these issues? (1 – there is no work currently being done on this issue in the county, 10 – there is a significant amount of work being done on this issue)

Feasibility – How easily can this issue be addressed? Is it realistic for agencies and community partners in New Hanover County to make an impact in the next 3 years? (1 – not easily feasible to address, 10 – easy to impact and address)

Healthcare Access & Quality – Health care access and quality refers to the availability of timely, affordable, and effective medical services. It is important because barriers to care lead to worse health outcomes, preventable hospital visits, and inequities across the community.

Healthy Food Access & Nutrition – Healthy food access and nutrition focus on affordable, available, and culturally appropriate food choices. It is important because nutrition directly affects growth, development, chronic disease prevention, and overall health.

Housing – Housing includes safe, stable, and affordable living conditions for individuals and families. It is important because housing instability and homelessness contribute to stress, chronic illness, and poor physical and mental health.

Magnitude – How many people does this issue affect? (1 – few people are affected, 10 – many people are affected)

Natural Environment – The natural environment includes air, water, green spaces, and ecosystems. It is important because environmental quality shapes health outcomes, from safe drinking water to opportunities for physical activity.

Severity – How severe are the effects on those affected by the issue? (1 – low severity, 10 – high severity)

Transportation – Transportation encompasses reliable, affordable options for moving between home, work, school, health care, and community services. It is important because limited transportation prevents access to essential resources and opportunities.

Workforce Development – Workforce development includes job opportunities, training, and pathways to living wages. It is important because stable employment supports financial security, reduces poverty, and creates healthier communities.