Edgecombe County

2018 Community Health Needs Assessment
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Executive Summary

Edgecombe County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Edgecombe County.

Service Area

The service area for this report is defined as the geographical boundary of Edgecombe County, North Carolina. Edgecombe County is located inland from the coastal part of the state and covers an area of over 507 square miles, of which 505 square miles is land and 1.3 square miles is water.

Vision Statement

The Edgecombe County Community Health Needs Assessment Team is dedicated to improving the health and well-being of the residents of Edgecombe County.

Leadership

The 2018 Community Health Needs Assessment (CHNA) was conducted in a regional NC Community Health Needs Assessment process, spearheaded by Health ENC and Conduent HCI. The completion of the County assessment and priorities were compiled in partnership with the Edgecombe County Health Department, Vidant Edgecombe Hospital and members of the Edgecombe County Rural Health Network. Several other local community partners were involved in the completion of the 2018 CHNA.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edgecombe County Rural Health Network</td>
<td>Meredith Capps, Chair</td>
</tr>
<tr>
<td>Edgecombe County Health Department</td>
<td>Karen Lachapelle, Health Director</td>
</tr>
<tr>
<td>Vidant Edgecombe Hospital</td>
<td>Patrick Heins, President</td>
</tr>
<tr>
<td>Edgecombe County Sheriff’s Office</td>
<td>Sheriff Cleveland Atkinson, County Sheriff</td>
</tr>
<tr>
<td>Brody School of Medicine Department of Public Health at East Carolina University</td>
<td>Dr. Ronny Bell, Department Chair</td>
</tr>
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*Support of this document was also provided by many other entities. For a detailed list of those involved, see Appendix E.

Partnerships

<table>
<thead>
<tr>
<th>Partnerships</th>
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<td>Hospital/Health Care System</td>
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</tr>
<tr>
<td>Healthcare Provider</td>
<td>5</td>
</tr>
<tr>
<td>Behavioral Healthcare Providers</td>
<td>1</td>
</tr>
<tr>
<td>Dental Health Providers</td>
<td>2</td>
</tr>
<tr>
<td>Community Organization(s)—Advocacy, Charitable, NGO</td>
<td>2</td>
</tr>
<tr>
<td>Government Agency</td>
<td>4</td>
</tr>
<tr>
<td>Business(s)—Employers, not organizations</td>
<td>9</td>
</tr>
<tr>
<td>Educational Institution(s)—Colleges, Universities</td>
<td>1</td>
</tr>
<tr>
<td>Public School System</td>
<td>1</td>
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<tr>
<td>Media/Communication Outlet(s)</td>
<td>1</td>
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<tr>
<td>Public Member(s)</td>
<td>1</td>
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Regional/Contracted Services
The 2019 Edgecombe County CHNA was developed in collaboration with the Edgecombe County Health Department, Vidant Edgecombe Hospital, Vidant Health System, Health ENC and Conduent Healthy Communities Institute (HCI). Conduent HCI was involved in forming a regional CHNA process among 33 counties located in Eastern North Carolina, which included Edgecombe County.

Methods for Identifying Community Health Needs

Theoretical Framework and Model
The Social-Ecological Model was used to guide the development of the 2018 CHNA. The CHNA includes all levels of the model including: primary data through individual responses to the community survey, focus groups to promote relationship and community engagement and secondary data analyses to assess societal factors on health outcomes.

Collaborative Process Summary
Vidant Edgecombe Hospital and the Edgecombe County Health Department worked closely with Health ENC to provide the community with the needs assessment survey along with focus group opportunities targeting various populations. The survey was distributed using several different methods from April, 2018 to June, 2018. Four focus groups were held in June 2018 that helped provided additional data for the CHNA analysis. The results from the completed surveys and focus group data helped drive the CHNA team’s determination of priorities to address over the next three years.

Secondary Data
Secondary data used for this assessment were collected and analyzed from Conduent HCI’s community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Edgecombe County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data
The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Over 400 Edgecombe County residents contributed their input on the community’s health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.
Summary of Findings
The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Edgecombe County and are displayed in Table 1.

<table>
<thead>
<tr>
<th>Table 1. Significant Health Needs</th>
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<tbody>
<tr>
<td>Access to Health Services</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Economy</td>
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<tr>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health</td>
</tr>
<tr>
<td>Substance Abuse</td>
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<tr>
<td>Transportation</td>
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Selected Priority Areas
On January 29th, 2019, community partners and members of the Edgecombe County Rural Health Network met to discuss the results from the 2018 Community Health Needs Assessment for Edgecombe County. After reviewing the data and discussing health issues highlighted in the report, the following priority areas were chosen to be addressed for the next three years:

1. Chronic Disease Prevention/Management
2. Mental Health
3. Health Equity

Conclusion
This report describes the process and findings of a comprehensive health needs assessment for the residents of Edgecombe County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Edgecombe County. Following this process, Edgecombe County will outline how they plan to address the prioritized health needs in their implementation plan.
Introduction

Edgecombe County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Edgecombe County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Edgecombe County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Edgecombe County Community Health Needs Assessment was developed through a partnership between the Edgecombe County Health Department, Vidant Edgecombe Hospital, Health ENC and Conduent Healthy Communities Institute, with Vidant Health System serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to
address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU’s Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

**Member Organizations**

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

**Partner Organizations**
- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

**Hospitals and Health Systems**
- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

**Health Departments and Health Districts**
- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
• Cumberland County Health Department
• Dare County Department of Health and Human Services
• Duplin County Health Department
• Edgecombe County Health Department
• Franklin County Health Department
• Greene County Department of Public Health
• Halifax County Public Health System
• Hoke County Health Department
• Hyde County Health Department
• Johnston County Public Health Department
• Lenoir County Health Department
• Martin-Tyrrell-Washington District Health Department
• Nash County Health Department
• Onslow County Health Department
• Pamlico County Health Department
• Pitt County Health Department
• Sampson County Health Department
• Wayne County Health Department
• Wilson County Health Department

**Steering Committee**
Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

**Health ENC Program Manager**
- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

**Health ENC Steering Committee Members**
- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation
HealthENC.org

The Health ENC web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform
Consultants
Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI’s national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit https://www.conduent.com/community-population-health/. 

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Cara Woodard
**Edgecombe County Collaborative**

Local public health agencies in North Carolina (NC) are required to conduct a Comprehensive Community Health Needs Assessment (CHNA) at least once every four years. The CHNA is required of public health departments in the consolidated agreement between the NC Division of Public Health NC DPH) and the local public health agency. Furthermore, a CHNA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. §130A-34.1). As part of the US Affordable Care Act of 2011, non-profit hospitals are also now required to conduct a community health (needs) assessment at least every three years. Recognizing that duplicate assessment efforts are a poor use of community resources, LHDs and non-profit hospitals across the state are developing models for collaboratively conducting the community health assessment process. This document is the culmination of such a partnership between the Edgecombe County Health Department (ECHD), Edgecombe County Rural Health Network, Vidant Edgecombe Hospital (VEDG), Vidant Health system, Health ENC and Conduent HCI.

The Edgecombe County Rural Health Network is a collaborative network composed of representatives from multiple organizations within the county. This network’s mission is to improve health and wellness outcomes for all Edgecombe County residents. The network has identified 5 key areas which comprise their vision: collaboration in the delivery of care; reduction of barriers to health care; exchange of data to facilitate improvements; increased efficiencies; and the sharing and generating of resources to effectively improve health. This community partnership has been instrumental in leading health improvement efforts in Edgecombe County.

The community health needs assessment, which is both a process and a document, investigates and describes the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community. The process involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and professional and public opinion. The document is a summary of all the available evidence and serves as a resource until the next assessment. The completed CHNA serves as the basis for prioritizing the community’s health needs, and culminates in planning to meet those needs.

**Community Health Team Structure**

The Vidant Health system contracted with Conduent Healthy Communities Institute (HCI) through the Health ENC multi-county CHNA regional collaboration to assist in conducting the 2018 Community Health Needs Assessments for Vidant Health’s primary service counties, including Edgecombe County. The assessment process incorporated the guidance provided by Health ENC and Conduent Healthy Communities Institute (HCI). The assessment also adheres to the 2018 standards for community assessment stipulated by the NC Local Health Department Accreditation (NCLHDA) Program and The Internal Revenue Service (IRS) 2014 final ruling implementing requirements for tax-exempt hospitals under Section 501(r) of the Affordable Care Act (ACA).

The CHA coordinators from the ECHD, VEDG and Vidant Health worked with the consultant (Conduent Healthy Communities Institute) to develop the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic, health and environmental data; (2) a community input phase to receive input from community members utilizing a survey and small group discussions; (3) data synthesis and analysis phase; (3) a period of data reporting and discussion among
community partners; and (4) a prioritization and decision-making phase. Upon completion of this work the CHNA partners and the community will have the tools they need to develop plans and activities that will improve the health and well-being of the people living in Edgecombe County.

**Distribution**
An electronic copy of this report is available on:
HealthENC.org
www.edgecombecountync.gov.

The CHNA will also be distributed to the Edgecombe County Human Services Board, available as a hard copy in both Health Department locations in Tarboro and Rocky Mount and available at the local public library.
Evaluation of Progress Since Prior CHNA

The IRS requirements state that hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016 Community Health Needs Assessment, Chronic Disease Prevention and Management, Mental Health and Substance Use, HIV/STD’s and Access to Care were selected as prioritized health needs. As agreed upon in the priority setting session, Vidant Edgecombe Hospital would focus on Chronic Disease Prevention and Management, Mental Health and Substance Use and Access to Care, while the Edgecombe County Health Department would focus on HIV/STD’s. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2016 Edgecombe County Community Health Needs Assessment was made available to the public via www.edgecombecountync.gov, www.vidanthealth.com, the Edgecombe County Public Library and the Edgecombe County Health Department. Community members were invited to submit feedback via email or phone call to the local CHNA coordinators at both Edgecombe County Health Department and Vidant Edgecombe Hospital. Community members were invited to attend CHNA presentations throughout the county and the Edgecombe County Human Services Board meetings to provide feedback and public comment on the assessment. No comments had been received on the preceding CHNA at the time this report was written.
Methodology

Overview
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Edgecombe County.

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 150 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Edgecombe County’s status, including how Edgecombe County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI’s data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Edgecombe County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

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1 Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at http://www.healthenc.org/.
Health and Quality of Life Topic Areas

UPDATE CONTENT AS NEEDED: Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Family Planning*</th>
<th>Prevention &amp; Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Food Safety*</td>
<td>Public Safety</td>
</tr>
<tr>
<td>Children’s Health*</td>
<td>Heart Disease &amp; Stroke</td>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>Immunizations &amp; Infectious Diseases</td>
<td>Social Environment</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Disabilities*</td>
<td>Men’s Health</td>
<td>Teen &amp; Adolescent Health*</td>
</tr>
<tr>
<td>Economy</td>
<td>Mental Health &amp; Mental Disorders</td>
<td>Transportation</td>
</tr>
<tr>
<td>Education</td>
<td>Mortality Data</td>
<td>Vision*</td>
</tr>
<tr>
<td>Environment</td>
<td>Older Adults &amp; Aging</td>
<td>Wellness &amp; Lifestyle</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>Other Chronic Diseases</td>
<td>Women’s Health</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>Oral Health*</td>
<td></td>
</tr>
</tbody>
</table>

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.
Community Survey
Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution
The Community Survey was distributed within the Edgecombe County Public School System, placed on the Edgecombe County website, shared on the Vidant Edgecombe Hospital and Edgecombe County Rural Health Network’s Facebook pages, emailed out to all Edgecombe County Government and Vidant Edgecombe Hospital employees and distributed at health fairs. It was also taken out by staff on home visits and distributed to beneficiaries in our Community Alternatives Program. The surveys were also placed in the lobbies of the two health department locations and in the clinic waiting rooms.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 474 responses were collected from Edgecombe County residents, with a survey completion rate of 89.9%, resulting in 426 complete responses from Edgecombe County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

<table>
<thead>
<tr>
<th>Service Area</th>
<th>English Survey</th>
<th>Spanish Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health ENC Counties</td>
<td>15,917</td>
<td>441</td>
<td>16,358</td>
</tr>
<tr>
<td>Edgecombe County</td>
<td>389</td>
<td>37</td>
<td>426</td>
</tr>
</tbody>
</table>

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Edgecombe County, what their personal health challenges are, and what the most critical health needs are for Edgecombe County. The survey instrument is available in Appendix C.

Demographics of Survey Respondents
The following charts and graphs illustrate Edgecombe County demographics of the community survey respondents. English survey results and Spanish survey results are presented separately for comparison.

Among Edgecombe County survey participants, 60.5% of English survey respondents were under the age of 50, with the highest concentration of respondents (15.1 %) grouped into the 15-19 age group. While, 91.9% of Spanish survey respondents were under the age of 50, with the highest concentration of respondents (16.2%) grouped into the 25-29 age group.

The majority of respondents were female (71.2 % English, 80.6% Spanish). 49.2% of English survey respondents were white and 48.2% were African American/Black. Almost half of Spanish respondents...
were white and the other half selected ‘other race’. 91.2% of Spanish survey respondents identified as Mexican or Mexican American and 93.9% spoke English at home.

English survey respondents had varying degrees of education, with the highest share of respondents (18.3%) having a bachelor’s degree followed by high school graduates (17%) and associate’s degree or vocational training (Figure 3). 35.1% of Spanish survey respondents were high school graduates followed by those who had less than a 9th grade education (32.4%) (Figure 4). Of note, based on the age range of the Spanish respondents’ participants may currently be in high school which would explain the educational attainment differences.

Figure 3. Education of Community Survey Respondents - English
As shown in Figure 5, over half of English survey respondents were employed full-time (60.4%). The highest share of respondents (22.6 %) had household annual incomes between $50,000 and $74,999 before taxes. Figure 6 shows that just under half of Spanish survey respondents are employed full time and half are homemakers. The highest share of Spanish survey respondents (35.3%) reported household incomes between $15,000 an $24,999 before taxes.
Figure 7 and 8 shows the health insurance coverage of community survey respondents. More than half of English survey respondents have health insurance provided by their employer (57.9%) and 77.1% of Spanish survey respondents have no health insurance of any kind.

Figure 7. Health Care Coverage of Community Survey Respondents - English
Overall, the community survey participant population was diverse varying in age, race, and education. However, the survey was a convenience sample survey, and thus the results may not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

**Focus Group Discussions**

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Edgecombe County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC’s 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.
Three focus group discussions were completed within Edgecombe County between June 25, 2018 – July 17, 2018 with a total of 34 individuals. Participants included African American and Hispanic/Latino community members. Table 4 shows the date, location, population type, and number of participants for each focus group.

### Table 4. List of Focus Group Discussions

<table>
<thead>
<tr>
<th>Date Conducted</th>
<th>Focus Group Location</th>
<th>Population Type</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/25/2018</td>
<td>Ribeyes Steakhouse Tarboro NC</td>
<td>African American/ Black Males</td>
<td>4</td>
</tr>
<tr>
<td>6/26/2018</td>
<td>Edgecombe County Human Services Building</td>
<td>Men</td>
<td>7</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>Migrant Camp Rocky Mount</td>
<td>Hispanic male migrant farm workers</td>
<td>16</td>
</tr>
<tr>
<td>7/17/2018</td>
<td>Vidant Edgecombe Hospital (Tarboro, NC)</td>
<td>African American/Black Females</td>
<td>7</td>
</tr>
</tbody>
</table>

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on [HealthNC.org](http://HealthNC.org).

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups alongside the responses from the community survey, the primary data collection process for Edgecombe County is rich with involvement by a representative cross section of the community.

**Data Considerations**

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.
The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

**Prioritization**

On January 29th, 2019, members of the Edgecombe County Health Department, Vidant Edgecombe Hospital and Edgecombe County Rural Health Network met to discuss the Community Health Needs Assessment. 19 individuals were present at the priority setting meeting. Assessment results were shared and a formal process was utilized to determine Edgecombe County’s community health priorities. Assessment data (primary and secondary) were shared with key stakeholders. Stakeholders reviewed the information, asked questions, and shared additional data from their respective organizations. Following a comprehensive review of all data provided, each participant was asked to identify key trends for further evaluation.

A list was developed which included 11 potential priorities for further discussion and consideration. The following criteria were used to evaluate the potential health priorities:

1. **Importance of Problem to Community**—What do the community members see as issues we should address?
2. **Seriousness of the Consequences** – What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community such as social or economic burdens?
3. **Addresses Disparities of Subgroups**—Do these priorities focus on closing the disparities gap among different groups?
4. **Seriousness of the Consequences** – What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community such as social or economic burdens?

**Prioritization Process**

Following additional discussion, participants were then guided through a nominal group technique (NGT) where decision-making could be finalized. The nominal group technique was utilized to assure everyone’s feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, some priorities were combined as appropriate to finalize the top health priorities for Edgecombe County. As a result of this process, ECHD and VEDG will work to develop action plans addressing the top community health issues.

**Overview of Edgecombe County**

**About Edgecombe County**
Edgecombe County is located in rural Eastern North Carolina and borders Nash, Wilson, Pitt, Martin and Halifax Counties. It is approximately one hour’s drive east of Raleigh and two hours inland of the state’s coastal beaches. The county is comprised of 10 municipalities with the town of Tarboro serving as the County Seat. The largest municipality in the county is the city of Rocky Mount, which is a city that is divided into two counties, Nash and Edgecombe.

According to the U.S. Census, as of 2016, Edgecombe County had a total of 745 businesses. In Edgecombe County, the majority of the economy is specialized in agriculture, forestry, fishing, hunting, manufacturing and transportation and warehousing. The largest industries in the county are manufacturing, healthcare and social assistance and retail trade. The highest paying industries are utilities, educational services and professional, scientific and tech services.

Since the previous CHNA conducted in 2016, the county has continued to experience unique challenges, including environmental disasters such as hurricanes, minor flooding and winter storms as well as increased incidence of chronic health conditions and communicable disease. Community members and partners have worked to address such issues and found positive outcomes. With the newly analyzed data from the 2018 CHNA, we will continue to address unmet needs and health priorities in the county.

**Demographic Profile**

The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Edgecombe County, North Carolina.

**Population**

According to the U.S. Census Bureau’s 2016 population estimates, Edgecombe County has a population of 53,318 (Figure 9). The population of Edgecombe County has decreased from 2013 to 2016.
Figure 10 shows the population density of Edgecombe County compared to other counties in the Health ENC region. Edgecombe County has a population density of 111.9 persons per square mile.

Figure 10. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)
Age and Gender

Overall, Edgecombe County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 11 shows the Edgecombe County population by age group. The 45-54 age group contains the highest percent of the population at 12.7%, while the 25-34 age group contains the next highest percent of the population at 11.7%.
People 65 years and older comprise 18.2% of the Edgecombe County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 12).

Figure 12. Population 18+ and 65+ (U.S. Census Bureau, 2016)

Males comprise 46.3% of the population, whereas females comprise 53.7% of the population (Table 5). The median age for males is 38.9 years, whereas the median age for females is 43.0 years. Both are slightly higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Percent of Total Population</th>
<th>Percent of Male Population</th>
<th>Percent of Female Population</th>
<th>Median Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>18+</td>
<td>65+</td>
</tr>
<tr>
<td>Edgecombe County</td>
<td>46.3%</td>
<td>53.7%</td>
<td>74.9%</td>
<td>16.2%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>48.6%</td>
<td>51.4%</td>
<td>76.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>49.2%</td>
<td>50.8%</td>
<td>75.8%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
Birth Rate
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 13 illustrates that the birth rate in Edgecombe County (10.5 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions, with the exception of a slight increase in Edgecombe County’s rate in 2015.

Figure 13. Birth Rate (North Carolina State Center for Health Statistics)

Race/Ethnicity
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 14 shows the racial and ethnic distribution of Edgecombe County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The White population accounts for 39.5% of the total population in Edgecombe County, with the Black or African American population accounting for 58.1% of the total population. Edgecombe County has a larger share of residents that identify as Black or African American (58.1%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The proportion of residents that identify as White is smaller in Edgecombe County (39.5%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). The Hispanic or Latino population comprises 4.3% of Edgecombe County.
Figure 14. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

<table>
<thead>
<tr>
<th>State Designated Tribal Statistical Area (SDTSA)</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coharie SDTSA</td>
<td>62,160</td>
</tr>
<tr>
<td>Eastern Cherokee Reservation</td>
<td>9,613</td>
</tr>
<tr>
<td>Haliwa-Saponi SDTSA</td>
<td>8,700</td>
</tr>
<tr>
<td>Lumbee SDTSA</td>
<td>502,113</td>
</tr>
<tr>
<td>Meherrin SDTSA</td>
<td>7,782</td>
</tr>
<tr>
<td>Occaneechi-Saponi SDTSA</td>
<td>8,938</td>
</tr>
<tr>
<td>Sappony SDTSA</td>
<td>2,614</td>
</tr>
<tr>
<td>Waccamaw Siouan SDTSA</td>
<td>2,283</td>
</tr>
</tbody>
</table>

Military Population

Figure 15 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Edgecombe County has no residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 15 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, zero percent of the population in Edgecombe County is in the military.

Figure 15. Population in Military / Armed Forces (American Community Survey)
Veteran Population
The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Edgecombe County has a veteran population of 8.1% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 16).

Figure 16 also shows that the veteran population of Edgecombe County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Socioeconomic Profile
Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

NC Department of Commerce Tier Designation
The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Edgecombe County has been assigned a Tier 1 designation for 2018.

Income
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 17 shows the median household income in Edgecombe County ($32,298), which is lower than the median household income in North Carolina ($48,256).
Compared to counties in the Health ENC region, Edgecombe County has a relatively low median household income. Bladen, Bertie, and Tyrrell are three counties with a lower median household income than Edgecombe County; the remaining 29 counties in the Health ENC region have a higher median household income (Figure 18).
Figure 18. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)

Edgecombe County $32,298
Within Edgecombe County, zip code 27881 has the lowest median household income ($25,500) while zip code 27881 has the highest median household income ($46,250) (Figure 19).

Figure 19. Median Household Income by Zip Code (American Community Survey, 2012-2016)

Poverty
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.
As seen in Figure 20, 25.7% percent of the population in Edgecombe County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

**Figure 20. People Living Below Poverty Level (American Community Survey, 2012-2016)**

The rate of both children and older adults living below the poverty level is also higher for Edgecombe County when compared to North Carolina and Health ENC counties (Figure 21 and Figure 22).

**Figure 21. Children Living Below Poverty Level (American Community Survey, 2012-2016)**
As shown in Figure 23, the percent of disabled people living in poverty in Edgecombe County (33.7%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

**Housing**
The average household size in Edgecombe County is 2.5 people per household, which is equal to the North Carolina value.
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 24 shows mortgaged owners median monthly household costs in the Health ENC region. In Edgecombe County, the median housing costs for homeowners with a mortgage is $1,012. This is lower than the North Carolina value of $1,243, and lower than 27 counties in the Health ENC region.

Figure 24. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 25 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Edgecombe County, 19% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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**Figure 25. Severe Housing Problems (County Health Rankings, 2010-2014)**

- **Edgecombe County**: 19.0%
- **North Carolina**: 16.6%
- **Health ENC Counties**: 17.7%
Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 26 shows the percent of households with children that participate in SNAP. The rate for Edgecombe County, 50.3%, is slightly lower than the state value of 52.6% and the Health ENC region value of 51.5%.

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Edgecombe County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Edgecombe County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27801, with an index value of 97.0, has the highest level of socioeconomic need within Edgecombe County. This is illustrated in Figure 27. Index values and the relative ranking of each zip code within Edgecombe County are provided in Table 7.
Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.
Educational Profile

Educational Attainment
Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor’s degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

Countywide, the percent of residents 25 or older with a high school degree or higher (77.4%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 28). Higher educational attainment in Edgecombe County is lower than the state value and the Health ENC region. In Edgecombe County, 10.4% of residents 25 and older have a bachelor’s degree or higher, in comparison to 19.9% in the Health ENC counties and 29.0% in North Carolina (Figure 28).

Figure 28. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)
In some areas of the county, including zip codes 27881 and 27843, the high school degree attainment rate is below 56% (Figure 29).

**Figure 29. People 25+ with a High School Degree or Higher by Zip Code**
(American Community Survey, 2012-2016)

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**High School Dropouts**

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community’s economic, social, and civic health.

Edgecombe County’s high school dropout rate, given as a percent of high school students in Figure 30, is 3.2% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Although Edgecombe County’s high school dropout rate is consistently higher than North Carolina’s and the Health ENC region’s rates, it has decreased over three time periods since 2014-2015.
High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Edgecombe County’s rate of high school suspension (32.0 suspensions per 100 students) is higher than North Carolina’s rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 31, while Edgecombe County’s values over time are higher than those in North Carolina and the Health ENC region, the county’s high school suspension rate is decreasing.
Figure 31. High School Suspension Rate (North Carolina Department of Public Instruction)

![Graph showing high school suspension rate per 100 students in Grades 9-13 from 2013-2014 to 2016-2017.]

- **Edgecombe County**
  - 2013-2014: 34.3
  - 2014-2015: 45.4
  - 2015-2016: 38.5
  - 2016-2017: 32.0

- **North Carolina**
  - 2013-2014: 26.5
  - 2014-2015: 27.2
  - 2015-2016: 28.8
  - 2016-2017: 25.5

- **Health ENC Counties**
  - 2013-2014: 19.5
  - 2014-2015: 19.5
  - 2015-2016: 19.6
  - 2016-2017: 18.2
Transportation Profile
Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.3% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Edgecombe County, with an estimated 0.6% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 32). In Edgecombe County, 83.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 33).

Figure 32. Mode of Commuting to Work (American Community Survey, 2012-2016)
Figure 33. Workers who Drive Alone to Work (American Community Survey, 2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>Percent of Working Population 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edgecombe County</td>
<td>83.1%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>81.1%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>81.4%</td>
</tr>
</tbody>
</table>
Crime and Safety

Violent Crime and Property Crime
Both violent crime and property crime are used as indicators of a community’s crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

The violent crime rate in Edgecombe County is 565.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 34). The property crime rate in Edgecombe County (2,688.6 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 35). As shown in Figure 34 and Figure 35, the violent crime rate in Edgecombe County has been relatively stable since 2014, whereas the property crime rate appears to be exhibiting a decrease.

Figure 34. Violent Crime Rate (North Carolina Department of Justice)
Figure 35. Property Crime Rate (North Carolina Department of Justice)

Property Crimes Per 100,000 Population

- Edgecombe County
- North Carolina

Year:
- 2013: 3556.3
- 2014: 3188
- 2015: 2954.1
- 2016: 2779.7

Property Crimes Per 100,000 Population:
- 2013: 3556.3
- 2014: 3188
- 2015: 2954.1
- 2016: 2779.7

North Carolina Department of Justice
Juvenile Crime
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 36 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Edgecombe County (0.8) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).
Figure 37 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the values in Edgecombe County are decreasing, the 2017 juvenile delinquent rate for Edgecombe County (28.6) is still higher than North Carolina (19.6) and the Health ENC region (22.8).

Figure 37. Juvenile Delinquent Rate (North Carolina Department of Public Safety)
Child Abuse
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 38 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Edgecombe County has decreased over the past three measurement periods. The 2017 child abuse rate in Edgecombe County (0.08 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 38. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)
**Incarceration**

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 39 shows the incarceration rate per 1,000 population. While the rate in Edgecombe County exhibited a decrease between 2014 and 2016, the rate increased in the most recent time period. The 2017 incarceration rate in Edgecombe County (444.5 per 1,000 population) is higher than North Carolina (276.7) and the Health ENC region (232.6).
Access to Healthcare, Insurance and Health Resources Information

Health Insurance
Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 40 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Edgecombe County, 88.0%, is slightly higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). 12% of the population in Edgecombe County is uninsured.
Figure 41 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Edgecombe County has a higher percent of people receiving Medicaid (31.9%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Edgecombe County, as compared to North Carolina and Health ENC counties.

![Figure 41. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)](image)

### Civic Activity

### Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 42 shows the voting age population, or percent of the population aged 18 years and older. Edgecombe County has a similar proportion of residents of voting age (76.9%) than North Carolina (77.3%) and Health ENC counties (76.7%).
Figure 42. Voting Age Population (American Community Survey, 2012-2016)

Percent of Population

- Edgecombe County: 76.9%
- North Carolina: 77.3%
- Health ENC Counties: 76.7%
Figure 43 shows the percent of registered voters who voted in the last presidential election. The rate in Edgecombe County was 63.2%, which is lower than the state value (67.7%) and slightly lower than the Health ENC counties (64.3%).

![Voter Turnout in the Last Presidential Election](image)

**Findings**

**Secondary Data Scoring Results**

Table 8 shows the data scoring results for Edgecombe County by topic area. Topics with higher scores indicate greater need. Men’s Health is the poorest performing health topic for Edgecombe County, followed by Heart Disease & Stroke, Prevention & Safety, Public Safety, Economy and Maternal, Fetal & Infant Health.

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s Health</td>
<td>2.20</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>2.14</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>2.13</td>
</tr>
<tr>
<td>Public Safety</td>
<td>2.09</td>
</tr>
<tr>
<td>Economy</td>
<td>2.06</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>2.02</td>
</tr>
</tbody>
</table>

*See Appendix B for additional details on the indicators within each topic area*
Primary Data

Community Survey
Figure 44 shows the list of community issues that were ranked by residents as most affecting the quality of life in Edgecombe County. Low income and poverty was the most frequently selected issue and was ranked by 49.4% of survey respondents, followed by drugs/substance abuse (16.8%) and discrimination/racism (6.4%). The responses from both surveys was combined for the analysis of this question to help determine additional top quality of life needs in the community.

Figure 44. Top Quality of Life Issues, as Ranked by Survey Respondents

Figure 45 and 46 displays the level of agreement among Edgecombe County residents in response to nine statements about their community. More than half of English survey respondents agreed or strongly agreed that the county is a good place to grow old. While more than half of English survey respondents disagreed (43%) or strongly disagreed (27%) that the county has plenty of economic opportunity. Most Spanish survey respondents agreed or strongly agreed with eight of the nine statements and only 22% disagreed or strongly disagreed that the county has plenty of economic opportunity.
Figure 45. Level of Agreement Among Edgecombe County Residents in Response to Nine Statements about their Community - English

- It is easy to buy healthy foods in this County: 13% Strongly Disagree, 21% Disagree, 24% Neutral, 37% Agree, 6% Strongly Agree
- There are good parks and recreation facilities in this County: 12% Strongly Disagree, 22% Disagree, 23% Neutral, 37% Agree, 6% Strongly Agree
- There is affordable housing that meets my needs in this County: 8% Strongly Disagree, 20% Disagree, 31% Neutral, 37% Agree, 6% Strongly Agree
- There is plenty of help for people during times of need in this County: 11% Strongly Disagree, 24% Disagree, 32% Neutral, 29% Agree, 5% Strongly Agree
- This County is a safe place to live: 6% Strongly Disagree, 16% Disagree, 32% Neutral, 40% Agree, 6% Strongly Agree
- There is plenty of economic opportunity in this County: 27% Strongly Disagree, 43% Disagree, 21% Neutral, 8% Agree, 6% Strongly Agree
- This County is a good place to grow old: 5% Strongly Disagree, 16% Disagree, 22% Neutral, 43% Agree, 13% Strongly Agree
- This County is a good place to raise children: 5% Strongly Disagree, 21% Disagree, 28% Neutral, 37% Agree, 9% Strongly Agree
- There is good healthcare in my County: 6% Strongly Disagree, 17% Disagree, 31% Neutral, 40% Agree, 5% Strongly Agree

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Strongly Disagree Disagree Neutral Agree Strongly Agree

Figure 46. Level of Agreement Among Edgecombe County Residents in Response to Nine Statements about their Community – Spanish

- It is easy to buy healthy foods in this County: 0% Strongly Disagree, 11% Disagree, 30% Neutral, 49% Agree, 11% Strongly Agree
- There are good parks and recreation facilities in this County: 14% Strongly Disagree, 22% Disagree, 35% Neutral, 24% Agree, 5% Strongly Agree
- There is affordable housing that meets my needs in this County: 5% Strongly Disagree, 16% Disagree, 22% Neutral, 43% Agree, 14% Strongly Agree
- There is plenty of help for people during times of need in this County: 3% Strongly Disagree, 8% Disagree, 27% Neutral, 43% Agree, 19% Strongly Agree
- This County is a safe place to live: 3% Strongly Disagree, 0% Disagree, 41% Neutral, 30% Agree, 27% Strongly Agree
- There is plenty of economic opportunity in this County: 11% Strongly Disagree, 11% Disagree, 35% Neutral, 35% Agree, 8% Strongly Agree
- This County is a good place to grow old: 3% Strongly Disagree, 22% Disagree, 41% Neutral, 32% Agree, 8% Strongly Agree
- This County is a good place to raise children: 3% Strongly Disagree, 0% Disagree, 16% Neutral, 57% Agree, 24% Strongly Agree
- There is good healthcare in my County: 5% Strongly Disagree, 5% Disagree, 16% Neutral, 57% Agree, 16% Strongly Agree

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Strongly Disagree Disagree Neutral Agree Strongly Agree
Figure 47 and 48 shows the list of services that were ranked by residents as needing the most improvement in Edgecombe County. Higher paying employment was the most frequently selected services by both English and Spanish survey respondents.

Figure 47. Services Needing the Most Improvement, as Ranked by Survey Respondents - English
Figure 49 and 50 shows a list of health behaviors that were ranked by residents as topics that Edgecombe County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 21.4% of English survey respondents and 16.2% of Spanish survey respondents. 16.2% of Spanish survey respondents also selected going to the dentist for check-ups as a top issue the community needs more information about. Eating well and nutrition was also selected by respondents from both surveys as a top health behavior people need more information about.

Figure 49. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents - English
Focus Group Discussions

Table 9 shows the focus group results for Edgecombe County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 10 are included in the overall list of significant health needs.
### Table 9. Focus Group Results by Topic Area

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>19</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>18</td>
</tr>
<tr>
<td>Economy</td>
<td>11</td>
</tr>
<tr>
<td>Men’s Health</td>
<td>9</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>7</td>
</tr>
<tr>
<td>African American</td>
<td>7</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>7</td>
</tr>
</tbody>
</table>

### Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Edgecombe County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

#### Table 10. Criteria for Identifying the Top Needs from each Data Source

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Criteria for Top Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Data</td>
<td>Topics receiving highest data score</td>
</tr>
<tr>
<td>Community Survey</td>
<td>Community issues ranked by survey respondents as most affecting the quality of life*</td>
</tr>
<tr>
<td>Focus Group Discussions</td>
<td>Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health</td>
</tr>
</tbody>
</table>

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.
Figure 51 displays the top needs from each data source in the Venn diagram.

Across all three data sources, there is strong evidence of need to assess the topic area Economy. As seen in Figure 51, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

**Topic Areas Examined in This Report**
The five topic areas with the highest secondary data scores are explored in-depth in this report.

<table>
<thead>
<tr>
<th>Table 11. Topic Areas Examined In-Depth in this Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services*</td>
</tr>
<tr>
<td>Diabetes*</td>
</tr>
<tr>
<td>Economy*</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health*</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>
Transportation*

Findings related to topics that were ranked high in the community, but did not surface in the secondary data findings, are addressed in this report in the chapter Other Significant Health Needs. These additional topics include Exercise, Nutrition & Weight, Occupational & Environmental Health and Substance Abuse.

Navigation Within Each Topic
Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Edgecombe County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td>Yellow</td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td>Red</td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td>[chart showing non-significant change]</td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td>[chart showing significant change]</td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td>[equal sign]</td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Heart Disease & Stroke

Key Issues
- Heart Failure within the Medicare population is a top concern and is significantly increasing over time
- Stroke and Hypertension amongst the Medicare population are higher in Edgecombe County than in North Carolina and the U.S.
- The Medicare population is highly impacted within the Heart Disease & Stroke topic area

Secondary Data
The secondary data scoring results reveal Heart Disease & Stroke as the top need in Edgecombe County with a score of 2.14. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13. Heart Failure amongst the Medicare population is the highest scoring indicator with a score of 2.7. 17.9% of the Medicare population experience heart failure which is higher than in the state (12.5%) and U.S.(13.5) and there is a significant increase over time based on the time trend analysis. Stroke and Hypertension amongst the Medicare population are also high scoring indicators that are higher in Edgecombe County than in North Carolina and the U.S. The age-adjusted death rate due to Cerebrovascular Disease (Stroke) is 92.4 deaths per 100,000 population compared in Edgecombe County compared to 43.1 per 100,000 population in the state and 36.9 per 100,000 population in the U.S. There is some indication of an increasing trend for this indicator though it is not statistically significant at this time.

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Heart Failure: Medicare Population (2015) (percent)</td>
<td>17.9</td>
<td>12.5</td>
<td>13.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Stroke: Medicare Population (2015) (percent)</td>
<td>4.9</td>
<td>3.9</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Hyperlipidemia: Medicare Population</td>
<td>52.6</td>
<td>46.3</td>
<td>44.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension: Medicare Population (2015) (percent)</td>
<td>69.7</td>
<td>58</td>
<td>55</td>
<td></td>
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</tr>
<tr>
<td>Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/100,000 population)</td>
<td>198.7</td>
<td>161.3</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/100,000 population)</td>
<td>92.4</td>
<td>43.1</td>
<td>36.9</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area

**Primary Data**

41% of English survey participants reported being told by a health care professional that they had high blood pressure and 28% had been told they have high cholesterol. In the past 12 months, 57% had their cholesterol checked, 75% had their blood pressure checked and 8% had had a cardiovascular screening. 21% of Spanish survey participants reported being told by a health care professional that they had high blood pressure and 9% had been told they have high cholesterol. In the past 12 months, 33% had their cholesterol checked, 17% had their blood pressure checked and 8% had had a cardiovascular screening.

Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up seven times in the focus groups and was raised as a primary concern in the community. Multiple participants discussed hypertension as an issue and one participant raised congestive heart failure (CHF) as a top issue. Heart disease was discussed in context of unhealthy lifestyles and poor nutrition in the community. One participant felt that people delay seeking medical care for cultural reasons which causes heart conditions and other chronic diseases to get worse.

“We're not going to die until it's time for us to die, this is embedded into our culture.”
Highly Impacted Populations
Data scoring analysis identified the Medicare population in Edgecombe County as highly impacted within the Heart Disease & Stroke topic area. The African American/Black community was raised in the focused groups as a highly impacted group.
Prevention & Safety

Key Issues
- The age-adjusted death rate due to firearms is a top concern and significantly increasing over time
- The age-adjusted death rate due to unintentional injuries is a high scoring indicator and is significantly increasing over time
- Severe housing problems are higher in Edgecombe County than in North Carolina and the U.S.

Secondary Data
Prevention & Safety was identified as a top scoring area with a score of 2.13. Table 14 highlights indicators of concern. Topics within the Prevention & Safety topic area related to community safety includes housing issues as well as unintentional injuries and deaths.

Table 14. Data Scoring Results for Prevention & Safety

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.25</td>
<td>Severe Housing Problems (2010-2014) (percent)</td>
<td>19</td>
<td>16.6</td>
<td>18.8</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.05</td>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
<td>21.1</td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(2012-2016) (deaths/100,000 population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.18</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
<td>40.6</td>
<td>31.9</td>
<td>41.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.4</td>
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<tr>
<td></td>
<td>(2012-2016) (deaths/100,000 population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.85</td>
<td>Age-Adjusted Death Rate due to Firearms (2014-2016)</td>
<td>22.7</td>
<td>12.7</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.3</td>
</tr>
<tr>
<td></td>
<td>(deaths/100,000 population)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Data
According to survey results, Prevention & Safety (specifically, violent crime) was ranked fourth of the quality of life topics individuals in Edgecombe County felt most effected their lives (4.49%). Other topics related to Prevention and Safety were not ranked as top issues in the community, such as domestic violence and theft. However, 5.7% of English survey respondents and 5.4% of Spanish survey respondents selected more affordable or better housing as a service needing the most improvement. 41% of English survey respondents and 57% of Spanish survey respondents shared that they strongly agreed or agreed that Edgecombe County has affordable housing that meets their needs while, 46% of English survey respondents and 57% of Spanish survey respondents strongly agreed or agreed that Edgecombe County is a safe place to live. Focus group discussion did not reveal any needs or concerns related to safety more generally though this may have been related to the nature of the conversations.

Highly Impacted Populations
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Prevention & Safety topic area. No specific groups were identified in the primary data sources.
Economy

Key Issues
- 25.7% of Edgecombe County does not meet the Healthy North Carolina 2020 goal of 12.5% of people living below poverty level
- Families and children living below poverty level are a top concern for Edgecombe County
- The percentage of students eligible for the free lunch program is significantly increasing over time

Secondary Data
The topic Economy received a data score of 2.06. There are many poorly performing indicators related to the Economy and the highest scoring indicators are displayed in Table 15. 25.7% of people live below the poverty level in Edgecombe County which is higher than in the state and U.S. Edgecombe County does not meet the Healthy North Carolina 2020 goal of 12.5% of people living below poverty level. 91.5% of children in the county are eligible for the free school lunch program and this indicator is significantly increasing over time. The percentage of families living below the poverty level in Edgecombe County (21.5%) is significantly increasing over time.

Table 15. Data Scoring Results for Economy

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>People 65+ Living Below Poverty Level (2012-2016) (percent)</td>
<td>15.6</td>
<td>9.7</td>
<td>9.3</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.65</td>
<td>People Living Below Poverty Level (2012-2016) (percent)</td>
<td>25.7</td>
<td>16.8</td>
<td>15.1</td>
<td></td>
<td></td>
<td></td>
<td>12.5</td>
<td>-</td>
</tr>
<tr>
<td>2.25</td>
<td>Severe Housing Problems (2010-2014) (percent)</td>
<td>19</td>
<td>16.6</td>
<td>18.8</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.3</td>
<td>Children Living Below Poverty Level (2012-2016) (percent)</td>
<td>40.6</td>
<td>23.9</td>
<td>21.2</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.7</td>
<td>Students Eligible for the Free Lunch Program</td>
<td>91.5</td>
<td>52.6</td>
<td>42.6</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2.5</td>
<td>21.5 12.4 11</td>
<td>- -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>45.9 62.3 66.4</td>
<td>- -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area

**Primary Data**
Community survey participants were asked to rank the issue that most negatively impacts their community’s quality of life. Both poverty and the economy were the top issues identified in Edgecombe County that negatively impact quality of life, selected by 49.4% of survey participants. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first for both survey groups (31.9% English, 37.8% Spanish). Availability of employment also received high responses from both survey groups (13.9% English, 8.1% Spanish). Focus group participants shared their economic stressors: general stress related to not having enough income, not being able to afford gym memberships and needing more and better paying jobs in the community.

**Highly Impacted Populations**
Data scoring analysis identified families and children are groups highly impacted within the Economy topic area. No specific groups were identified in the primary data sources.
Public Safety

Key Issues
- Age-adjusted death rate due to firearms and homicide are top concerns for Edgecombe County and are significantly increasing over time
- Violent crime is a top area of concern in Edgecombe County and is higher than in North Carolina and in the U.S.

Secondary Data
Public Safety is another high scoring area, with a score of 2.09. Indicators of concern are displayed in Table 16. Top areas of concern are the age-adjusted death rate due to firearms (22.7 deaths per 100,000 population) and the age-adjusted death rate due to homicide (15.2 deaths per 100,000). For both of these indicators, the age-adjusted death rates in Edgecombe County are higher than in North Carolina and in the U.S. and the increase over time is statistically significant. Also, of concern is the violent crime rate which is 565.2 crimes per 100,000 population and higher than the state (374.9 crimes/100,000 population) and U.S. (386.3 crimes/100,000 population).

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.78</td>
<td>Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)</td>
<td>15.2</td>
<td>6.2</td>
<td>5.5</td>
<td>-</td>
<td>-</td>
<td>6.7</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>2.08</td>
<td>Violent Crime Rate (2016) (crimes/ 100,000 population)</td>
<td>565.2</td>
<td>374.9</td>
<td>386.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)</td>
<td>21.1</td>
<td>14.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Alcohol-Impaired Driving Deaths (2012-2016) (percent)</td>
<td>31.8</td>
<td>31.4</td>
<td>29.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.85</td>
<td>Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)</td>
<td>22.7</td>
<td>12.7</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>4.7</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.7</td>
<td></td>
<td>9.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Data
According to survey results, Public Safety was not a high-ranking quality of life topic individuals in Edgecombe County felt effected their lives. 2.8% selected theft as a top issue in the community. This may suggest that most survey participants are not adversely affected in the same way others in the community are by higher rates of crime. When asked about what health behaviors people in the community needed more information about, 6.4% of English survey respondents selected crime prevention compared to 0% in the Spanish survey. As previously summarized, many survey respondents felt that Edgecombe County is a safe place to live. Public Safety was not a health topic that came up during focus group discussions. This may be due to the direction of the conversations or could indicate a lack of awareness amongst the group about issues present in the community.

Highly Impacted Populations
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Public Safety topic area. No specific groups were identified in the primary data sources.
Maternal, Fetal & Infant Health

Key Issues
- Edgecombe County does not meet the Healthy People 2020 goals for babies born with low or very low birth weight
- The percent of preterm births in Edgecombe County is higher than in North Carolina and the U.S. overall

Secondary Data
From the secondary data scoring results, Maternal, Fetal & Infant Health was identified to be a top need in Edgecombe County with a score of 2.02. Specific indicators of concern are highlighted in Table 17. 12.5% of babies are born with a low birth rate and 2.5% are born with a very low birth rate in Edgecombe County, which is higher than the North Carolina and U.S. value. There is some indication for both indicators that there is an increasing trend over time, though this is not currently statistically significant. Edgecombe County does not meet the Healthy People 2020 goal of 1.4% of babies with very low birth weight and 7.8% born with low birth weight. The indicator for preterm births received a score of 2.18 and is 11.6% compared to 10.4% in North Carolina and 9.8% in the U.S. Edgecombe County does not meet the Healthy People 2020 goal of 9.4% preterm births.

Table 17. Data Scoring Results for Maternal, Fetal & Infant Health

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.43</td>
<td>Babies with Very Low Birth Weight (2012-2016) (percent)</td>
<td>2.5</td>
<td>1.7</td>
<td>1.4</td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td>1.4</td>
</tr>
<tr>
<td>2.43</td>
<td>Babies with Low Birth Weight (2012-2016) (percent)</td>
<td>12.5</td>
<td>9</td>
<td>8.1</td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td>7.8</td>
</tr>
<tr>
<td>2.18</td>
<td>Preterm Births (2016) (percent)</td>
<td>11.6</td>
<td>10.4</td>
<td>9.8</td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td><img src="Green" alt="Green" /></td>
<td>9.4</td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area

Primary Data
In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected 0% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen
pregnancy and pre/post-natal care was not raised as an issue in the community. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the third highest ranking service needing improvement in the community by English survey participants (9%) and ninth by Spanish survey respondents (5.4%). Preventing pregnancy/sexually transmitted diseases was selected by English survey respondents as the second highest ranking health behavior (11.6%) that people in the community need more information about and ninth by Spanish survey respondents (5.4%).

**Highly Impacted Populations**
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area. No specific groups were identified in the primary data sources.
Mortality
Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Edgecombe County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>Health ENC Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deaths</td>
<td>Rate*</td>
<td>Cause</td>
<td>Deaths</td>
</tr>
<tr>
<td>1</td>
<td>Heart Diseases</td>
<td>414</td>
<td>196.2</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>408</td>
<td>188.5</td>
<td>Heart Diseases</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular Diseases</td>
<td>208</td>
<td>97.8</td>
<td>Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>4</td>
<td>Accidental Injuries</td>
<td>100</td>
<td>60.3</td>
<td>Accidental Injuries</td>
</tr>
<tr>
<td>5</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>83</td>
<td>39.3</td>
<td>Cerebrovascular Diseases</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>62</td>
<td>28.9</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>7</td>
<td>Septicemia</td>
<td>57</td>
<td>27</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Kidney Diseases</td>
<td>39</td>
<td>18</td>
<td>Influenza and Pneumonia</td>
</tr>
<tr>
<td>9</td>
<td>Alzheimer’s Disease</td>
<td>37</td>
<td>17.5</td>
<td>Kidney Diseases</td>
</tr>
<tr>
<td>10</td>
<td>Influenza and Pneumonia</td>
<td>34</td>
<td>15.8</td>
<td>Septicemia</td>
</tr>
</tbody>
</table>

*Age-adjusted death rate per 100,000 population
Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight received a score of 1.84 and was the 15th most pressing health need in Edgecombe County. Top scoring related indicators include: Adults 20+ who are Obese (2.45), Workers who Walk to Work (2.40), Adults 20+ who are Sedentary (2.35), Food Environment Index (2.30), Food Insecurity Rate (2.30), Access to Exercise Opportunities (2.10) and Child Food Insecurity Rate (2.10).

Primary Data
Among community survey respondents, the highest percentage rated their health as good (44% English Survey, 54% Spanish) and fewer rated their health as very good (30% English, 14% Spanish). 52% of English survey respondents reported being told by a health professional that they were overweight and/or obese while 25% of Spanish respondents had been told the same. About the same percentage of Spanish respondents and English respondents were told that they have diabetes (17%, Spanish, 16% English).

Data from community survey showed that respondents to the Spanish survey reported more frequently that they did not engage in any physical activity or exercise during the week than the English respondents (38% English, 75% Spanish). Among individuals that do not exercise, Spanish respondents reported that they do not have time (37%) and their job is physical labor (26%) as the primary reasons for not exercising regularly. English respondents reported that they did not exercise because they were too tired (34%), they do not have time (31%) or they did not like to exercise (21%).

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for weight and nutrition in the community. One participant shared concerns with young children staying active and described the need to intervene early with influencing healthy habits. Suggestions included providing more affordable services or activities to help people stay physically active in the community. They shared that they struggled with not knowing how to eat healthy or finding healthy food choices when eating away from home. Despite possible cultural barriers, participants felt that Education about health and nutrition needed in the community.

Substance Abuse

Secondary Data
From the secondary data scoring results, the Substance Abuse received a score of 1.78 and was the 17th most pressing health need in Edgecombe County. Top related indicators include: Adults who Smoke (2.70), Alcohol-Impaired Driving Deaths (2.05) and Liquor Store Density (1.95).

Primary Data
Community survey participants ranked substance abuse (16.8%) as the second most important issue affecting quality of life in Edgecombe County. Additionally, 21.4% of English survey respondents and

“Community just doesn’t know or have the knowledge on how to be healthy. People are not health conscious. Ignorance plays a role. Some people don’t eat right because it’s what we’re used to. We need to learn about spices for flavoring instead of just using salt, pepper.”
16.2% of Spanish survey respondents reported wanting to learn more about substance abuse prevention.

13% of English survey participants reported currently using tobacco products and 3% of Spanish respondents reported any use. Of those who reported tobacco product use, most people reported that they would not know where to go for help if they wanted to quit.

Spanish and English survey participants reported having been exposed to secondhand smoke in the last year (69% Spanish, 57% English). Of those who indicated that they had been exposed to secondhand smoke, 43% of Spanish respondents were exposed at the workplace and 43% in ‘other’ locations than those listed but did not provide additional information. English participants selected ‘other’ locations (39%) and home (34%) as the places they were exposed to secondhand smoke. When examining the ‘other’ open-ended responses, most people listed other people’s homes and outside.

Most participants across both surveys reported zero incidences of having had 4/5 or more drinks on an occasion in the past 30 days (71% English, 75% Spanish). Reported illicit drug use amongst survey participants in the past 30 days was very low, the vast majority reporting no illegal drug use (96%, English, 100% Spanish). Of those who reported any illegal drug use (<5%) in the past 30 days, 100% reported marijuana use. 97% of Spanish respondents and 97% of English respondents reported no use of prescription drugs they did not have a prescription for.

Focus group discussions did not focus heavily on substance abuse, however, seven participants raised tobacco use, alcohol and substance use in general as issues in their community. One participant felt that poverty, mental health and substance use were interconnected issues in the community.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Men’s Health

Men’s health ranks as a top need in Edgecombe County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 2.20. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Edgecombe County is 34.1 deaths/100,000 males and the Prostate Cancer incidence rate is 129.8 cases / 100,000 males, both of which are higher than the state value and national value. Edgecombe County also fails to meet the Healthy People 2020 target of 79.5-year life expectancy for males.
Disparities by Age, Gender and Race/Ethnicity
Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Edgecombe County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Group(s) Disparately Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Living Below Poverty Level</td>
<td>6-11, &lt;6, Black or African American</td>
</tr>
<tr>
<td>Families Living Below Poverty Level</td>
<td>Black or African American</td>
</tr>
<tr>
<td>People 25+ with a Bachelor's Degree or Higher</td>
<td>25-34, Hispanic or Latino, Other</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Male, Hispanic or Latino, Other</td>
</tr>
<tr>
<td>Children Living Below Poverty Level</td>
<td>&lt;6, Black or African American</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>Asian, Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>Young Children Living Below Poverty Level</td>
<td>Black or African American</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>Black</td>
</tr>
<tr>
<td>All Cancer Incidence Rate</td>
<td>Male</td>
</tr>
</tbody>
</table>

*See HealthENC.org for indicator values for population subgroups

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities
Geographic disparities are identified using the SocioNeeds Index®. Zip code 27801, with an index value of 97.0, has the highest socioeconomic need within Edgecombe County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Edgecombe County zip codes and index values.
Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Edgecombe County. The assessment was further informed with input from Edgecombe County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Feta & Infant Health, Occupational & Environmental Health, Substance Abuse and Transportation. The prioritization process identified 3 focus areas: (1) Chronic Disease Prevention/Management (2) Mental Health and (3) Health Equity. Following this process, Edgecombe County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Leigh Saner, Coordinator of Health Services at the Edgecombe County Health Department; leighsaner@edgecombeco.com.
Appendix A. Impact Since Prior CHNA

As part of the 2016 Community Health Needs Assessment, Chronic Disease Prevention and Management, Mental Health and Substance Use, HIV/STD’s and Access to Care were selected as prioritized health needs. As agreed upon in the priority setting session, Vidant Edgecombe Hospital would focus on Chronic Disease Prevention and Management, Mental Health and Substance Use and Access to Care, while the Edgecombe County Health Department would focus on HIV/STD’s.

<table>
<thead>
<tr>
<th>Significant Health Need Identified in Preceding CHNA</th>
<th>Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy</th>
<th>Was Activity Implemented (Yes/No)</th>
<th>Results, Impact &amp; Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease Prevention and Management</td>
<td>Collaborate with local agencies and local industry to conduct community-based health screenings for heart disease, stroke, diabetes and cancer.</td>
<td>yes</td>
<td>Vidant Edgecombe Hospital worked with several community organizations to increase education and awareness of stroke signs and symptoms. Using the NC Stroke Association approved screening process, Vidant Edgecombe Hospital screened 189 people in 2018 which was a 100% increase from 2017. 2017 - Community Skin Cancer Screening using the American Academy of Dermatology SPOTme Skin Cancer Screening Program. 35 people screened, 11 needed follow up with one diagnosed with skin cancer. 2017 - Community Prostate Cancer Screening (Adult Men) using American Urological Association Guidelines. 18 men were screened with one abnormal screening. 2017 - Community Breast Cancer Screening using the U.S. preventative Services Task Force Guidelines. 12 people screened, 5 needed follow up. 2018 - Breast Cancer Screening using the U.S. Preventative services Guidelines. 8 recommended for follow up. 2018 - Community Skin Cancer Screening using the American Academy of Dermatology SPOTme Skin Cancer Screening Program. 51 people screened, 21 needed follow up. 2018 - Community Prostate Cancer Screening (Adult Men) using American Urological Association Guidelines. 21 men were screened with 5 abnormal screenings. 2019 - Vidant Edgecombe worked with UNC Kidney Center for offer a community screening in which 21 community members were...</td>
</tr>
<tr>
<td>Promotion of at least three nationally recognized health events such as breast cancer awareness, women’s heart health, stroke awareness and diabetes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2019- On going</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear Red Day for Women’s Heart Health Stroke Walk in May for Stroke Awareness Month Pink Power- for Breast Cancer Awareness. 2017- 150 participants 2018- 150 participants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| In conjunction with other community partners, sponsor Breast Cancer Awareness and prevention activities in October. Conduct Breast Cancer Screenings annually and participate in Vidant Health’s Annual Pink Power initiative.  |
|------------------|------------------|
| **2016-150 participants** 2017-150 participants 2018-60 participants |
| yes |
| Komen funding secured for 2016, 2017 and 2018 to provide mammograms and financial assistance to those in need. Lay health Advisory program still is in operation and provides education at community events annually. |

<table>
<thead>
<tr>
<th>Sponsor Women’s Heart Truth event in February. Event will feature a luncheon with an informational and inspirational speaker, Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016- 160 Participants</strong> 2017- 160 Participants 2018-60 Participants</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
| **Screenings and Women's Heart Health Education** | **Accept and review applications through the Community Benefits Grants and Health Initiative program from qualified applicants that are addressing Chronic Disease Prevention and/or management. Provide support and/or funding to appropriate organizations.** | **Yes** | In 2016-2017 the Community Benefits Grants and Health Initiative program provided 9 organizations with funding in the total amount of $84,500.00 to address chronic disease prevention and management serving roughly 6,940 people.
In 2017-2018 the Community Benefits Grants and Health Initiative program provided 6 organizations with funding in the total amount of $82,500.00 to address chronic disease prevention and management serving roughly 3,650 people.
In 2018-2019 the Community Benefits Grants and Health Initiative program provided 9 organizations with funding in the total amount of $77,500.00 to address chronic disease prevention and management serving roughly 4,780 people. |
| **Mental Health and Substance Abuse** | **Provide on-site behavioral health services.** | **Yes** | On-site behavioral health services are being provided. |
| | **Continue providing placement assistance to patients with Involuntary Commitment orders.** | **Yes** | Vidant Edgecombe continues to provide placement assists to patients with involuntary commitment orders. |
| | **Host at least one mental health first aid training through collaboration with Eastpointe Human Services** | **No** | Mental health First Aid training was offered to Edgecombe county Rural Health network partners but clinics could not commit to the 2-day training. |
| | **Accept and review applications through the Community Benefits Grants and Health Initiative program from qualified applicants that are addressing mental health and substance misuse needs. Provide support and/or funding to appropriate organizations.** | **Yes** | In 2016-2017 the Community Benefits Grants and Health Initiative program provided 2 organizations with funding in the total amount of $5,500.00 to address Mental Health and Substance Misuse serving roughly 675 people.
In 2017-2018 the Community Benefits Grants and Health Initiative program provided 2 organizations with funding in the total amount of $9,000.00 to address Mental Health and Substance Misuse serving roughly 300 people.
In 2018-2019 the Community Benefits Grants and Health Initiative program provided 4 organizations with funding in the total amount of $21,500.00 to address Mental Health and Substance Misuse serving roughly 925 people. |
<p>| <strong>Access to Care</strong> | <strong>Continue commitment to providing quality health care.</strong> | <strong>Yes</strong> | |</p>
<table>
<thead>
<tr>
<th>to everyone who seeks our services.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to provide financial counselors who can assist with determining if patients qualify for Medicaid and in applying for other government-assisted programs.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| Continue to offer charity care to our patients who are unable to pay due to financial hardships. | Yes | 2016- $4,099,908  
2017- $4,383,647  
2018- Report not yet completed |
| Continue to work with Vidant Physician Recruitment Office to help recruit additional primary care physicians to the community. | Yes |  |
| Continue to lead the Edgecombe County Rural Health Network- a multi-disciplinary partnership of ten health and human service organizations in Edgecombe County. | Yes | Vidant Edgecombe Hospital continues to lead the Edgecombe County Rural Health Network. There are now 8 agencies who are network members as of 2019. Since 2016 a Project Manager has been hired to carry out the daily functions of the network and grant funding has been secured to continue the work of the Edgecombe County Rural Health Network. |
| Collaborate with Edgecombe County Health Department to provide education and outreach on services available at the health department. | Yes | Edgecombe County Health Department is part of the Edgecombe County Rural Health Network. Through the network Edgecombe County Health Department services are shared in the community. Vidant Edgecombe Hospital and Edgecombe County Health Department also collaborate to provide an HIV ED Testing Program. In addition, the Edgecombe County Barber Shop Project, a partnership between Edgecombe County African American Men and Vidant Edgecombe Hospital, |
| Accept and review applications through the Community Benefits Grants and Health Initiative program | Yes | In 2016-2017 the Community Benefits Grants and Health Initiative program provided 1 organization with funding in the total amount of $10,000.00 to address Access to Care serving roughly 650 people. |
from qualified applicants that are addressing Access to Care. Provide support and/or funding to appropriate organizations.

| from qualified applicants that are addressing Access to Care. Provide support and/or funding to appropriate organizations. | In 2017-2018 the Community Benefits Grants and Health Initiative program provided 2 organizations with funding in the total amount of $17,500.00 to address Access to Care serving roughly 1180 people. In 2018-2019 the Community Benefits Grants and Health Initiative program provided 1 organization with funding in the total amount of $7,000.00 to address Access to Care serving roughly 500 people. |
## Impact Since Prior CHNA Example: Diabetes

<table>
<thead>
<tr>
<th>Significant Health Need Identified in Preceding CHNA</th>
<th>Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy</th>
<th>Was Activity Implemented (Yes/No)</th>
<th>Results, Impact &amp; Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.</td>
<td>Yes</td>
<td>Seven Programs were held during FY16. 152 participants enrolled, 74% completed the program, total pounds lost of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program. Five programs were held during FY17. 82 participants enrolled, 61 participants completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.</td>
</tr>
<tr>
<td></td>
<td>Continue its partnership with the YMCA to provide prevention and maintenance education on diabetes.</td>
<td>Yes</td>
<td>During FY16, Hospital X provided community health programming in three Healthy Living Center Locations in partnership with the YMCA. These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people.</td>
</tr>
<tr>
<td></td>
<td>Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings</td>
<td>Yes</td>
<td>Hospital X participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results. Hospital X participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results. Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.</td>
</tr>
<tr>
<td></td>
<td>Provide care coordination services for pre-diabetic and diabetic patients in Primary Care offices. Care coordinators work with</td>
<td>Yes</td>
<td>Over 22 nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Hospital X as well as high-risk individuals within the populations we serve through shared</td>
</tr>
</tbody>
</table>
patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support.

savings contracts, including the Hospital Employee Health Plan. This model also supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.

There was a total of 1,255 people in Care Coordination for Diabetes:
- Average A1c levels dropped a rate of -.31
- Average Blood Pressure Diastolic levels went up a rate of 1.7
- Average Blood Pressure Systolic levels dropped a rate of -.74
- Average BMI levels dropped a rate of -.07

There were a total of 67 people in Care Coordination for Prediabetes.
- Average A1c levels went up a rate of .05
- Average Blood Pressure Diastolic levels dropped a rate of -1.41
- Average Blood Pressure Systolic levels dropped a rate of -1.6
- Average BMI levels went up a rate of .126
Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 52:

Comparison Score
For each indicator, Edgecombe County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53).

Indicator Score
Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53).

Topic Score
Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53). Indicators may be categorized into more than one topic area.

Figure 52. Secondary Data Scoring
- Quantitatively score all possible comparisons
- Summarize comparison scores for each indicator
- Summarize indicator scores by topic area

Figure 53. Score Range
Score Range
Better → Worse
0 1 2 3
Comparison Scores

Up to 7 comparison scores were used to assess the status of Edgecombe County. The possible comparisons are shown in Figure 54 and include a comparison of Edgecombe County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Edgecombe County is faring against a distribution of counties in North Carolina or the U.S. (Figure 55).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 56). The comparison score is determined by how Edgecombe County falls within these four groups or quartiles.

Comparison to North Carolina Value and U.S. Value

As shown in Figure 57, the diamond represents how Edgecombe County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 58, the circle represents how Edgecombe County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North
Carolina 2020. Healthy People 2020\(^2\) goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. Healthy North Carolina 2020\(^3\) objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor’s Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

**Trend Over Time**

As shown in Figure 59, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Edgecombe County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend’s direction and its statistical significance.

**Missing Values**

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator’s weighted average.

**Indicator Scoring**

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

**Topic Scoring**

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

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\(^2\) For more information on Healthy People 2020, see [https://www.healthypeople.gov/](https://www.healthypeople.gov/)

\(^3\) For more Information on Healthy North Carolina 2020, see: [https://publichealth.nc.gov/hnc2020/](https://publichealth.nc.gov/hnc2020/)
greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities
When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup’s value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.
Table 20 shows the Topic Scores for Edgecombe County, with higher scores indicating a higher need.

**Table 20. Topic Scores for Edgecombe County**

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men's Health</td>
<td>2.20</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>2.19</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>2.14</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>2.13</td>
</tr>
<tr>
<td>Public Safety</td>
<td>2.09</td>
</tr>
<tr>
<td>Economy</td>
<td>2.06</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>2.03</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>2.02</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.01</td>
</tr>
<tr>
<td>Education</td>
<td>1.98</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.96</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.88</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.87</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.86</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.84</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.78</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.78</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.77</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.71</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.66</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.66</td>
</tr>
<tr>
<td>Environment</td>
<td>1.65</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.63</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.60</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.50</td>
</tr>
</tbody>
</table>
Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Edgecombe County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

**Table 21. Indicator Scores by Topic Area**

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACCESS TO HEALTH SERVICES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.35</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>45</td>
<td>215.5</td>
<td>214.3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.15</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>43.1</td>
<td>102.5</td>
<td>81.2</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>35.1</td>
<td>70.6</td>
<td>75.5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.95</td>
<td>Dentist Rate</td>
<td>2016</td>
<td>dentists/ 100,000 population</td>
<td>24.4</td>
<td>54.7</td>
<td>67.4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.80</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>55.8</td>
<td>49</td>
<td>49.9</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.58</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>52</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.18</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>88</td>
<td>87.8</td>
<td>100</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.55</td>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 males</td>
<td>34.1</td>
<td>21.6</td>
<td>20.1</td>
<td>21.8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.50</td>
<td>Age-Adjusted Death Rate due to Pancreatic Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>15.1</td>
<td>10.8</td>
<td>10.9</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.50</td>
<td>Pancreatic Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>18.4</td>
<td>12</td>
<td>12.5</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.45</td>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 females</td>
<td>29.8</td>
<td>21.6</td>
<td>21.2</td>
<td>20.7</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.33</td>
<td>Cervical Cancer Incidence Rate</td>
<td>2008-2012</td>
<td>cases/ 100,000 females</td>
<td>10.2</td>
<td>7.1</td>
<td>7.7</td>
<td>7.3</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.30</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>16.6</td>
<td>14.1</td>
<td>14.8</td>
<td>14.5</td>
<td>10.1</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
<thead>
<tr>
<th>Score</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.73</td>
<td>Health Behaviors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>95</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>97</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Mortality Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>94</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>99</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.58</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>52</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.43</td>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>46</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Edgecombe County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.50</td>
<td>Adults 20+ with Diabetes</td>
<td>2014</td>
<td>percent</td>
<td>16.2</td>
<td>11.1</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>ECONOMY</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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**SCORE** | **EDUCATION** | **MEASUREMENT PERIOD** | **UNITS** | **EDGECOMBE COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE** |
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**SCORE** | **ENVIRONMENT** | **MEASUREMENT PERIOD** | **UNITS** | **EDGECOMBE COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE** |
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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### SCORE  OTHER CHRONIC DISEASES  MEASUREMENT PERIOD  UNITS  EDGECOMBE COUNTY  NORTH CAROLINA  U.S.  HP2020  HEALTHY NC 2020  HIGH DISPARITY*  SOURCE

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<td>29.1</td>
<td>30</td>
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<tr>
<td>0.73</td>
<td>Age-Adjusted Death Rate due to Alzheimer's Disease</td>
<td>2012-2016</td>
<td>deaths/100,000 population</td>
<td>16.5</td>
<td>31.9</td>
<td>26.6</td>
<td>18</td>
</tr>
<tr>
<td>0.65</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>70.7</td>
<td>67.9</td>
<td>63.1</td>
<td>20</td>
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</table>

### SCORE  PREVENTION & SAFETY  MEASUREMENT PERIOD  UNITS  EDGECOMBE COUNTY  NORTH CAROLINA  U.S.  HP2020  HEALTHY NC 2020  HIGH DISPARITY*  SOURCE

<table>
<thead>
<tr>
<th>Score</th>
<th>Age-Adjusted Death Rate due to Firearms</th>
<th>2014-2016</th>
<th>deaths/100,000 population</th>
<th>22.7</th>
<th>12.7</th>
<th>11</th>
<th>9.3</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.85</td>
<td>Severe Housing Problems</td>
<td>2010-2014</td>
<td>percent</td>
<td>19</td>
<td>16.6</td>
<td>18.8</td>
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<tr>
<td>2.25</td>
<td>Age-Adjusted Death Rate due to Unintentional Poisonings</td>
<td>2014-2016</td>
<td>deaths/100,000 population</td>
<td>17.7</td>
<td>15.1</td>
<td>15.4</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
### Public Safety

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<th>SCORE</th>
<th>PUBLIC SAFETY</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>2.85</td>
<td>Age-Adjusted Death Rate due to Firearms</td>
<td>2014-2016</td>
<td>deaths/ 100,000 population</td>
<td>22.7</td>
<td>12.7</td>
<td>11</td>
<td>9.3</td>
<td></td>
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<tr>
<td>2.78</td>
<td>Age-Adjusted Death Rate due to Homicide</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>15.2</td>
<td>6.2</td>
<td>5.5</td>
<td>5.5</td>
<td>6.7</td>
<td>18</td>
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<tr>
<td>2.08</td>
<td>Violent Crime Rate</td>
<td>2016</td>
<td>crimes/ 100,000 population</td>
<td>565.2</td>
<td>374.9</td>
<td>386.3</td>
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<tr>
<td>2.05</td>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>21.1</td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Alcohol-Impaired Driving Deaths</td>
<td>2012-2016</td>
<td>percent</td>
<td>31.8</td>
<td>31.4</td>
<td>29.3</td>
<td>4.7</td>
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<tr>
<td>1.60</td>
<td>Domestic Violence Deaths</td>
<td>2016</td>
<td>number</td>
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<td></td>
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<td></td>
<td>15</td>
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<tr>
<td>1.20</td>
<td>Property Crime Rate</td>
<td>2016</td>
<td>crimes/ 100,000 population</td>
<td>2688.6</td>
<td>2779.7</td>
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### Respiratory Diseases

<table>
<thead>
<tr>
<th>SCORE</th>
<th>RESPIRATORY DISEASES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>1.90</td>
<td>Asthma: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>9</td>
<td>8.4</td>
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<tr>
<td>1.75</td>
<td>COPD: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>12.1</td>
<td>11.9</td>
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<td></td>
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<tr>
<td>1.65</td>
<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
<td>2014</td>
<td>hospitalizations/ 10,000 population</td>
<td>233</td>
<td>90.9</td>
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<td></td>
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<tr>
<td>1.50</td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>51.2</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
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<tr>
<td>1.43</td>
<td>Age-Adjusted Death Rate due to Influenza and Pneumonia</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>16.5</td>
<td>17.8</td>
<td>14.8</td>
<td>13.5</td>
<td></td>
<td></td>
<td>18</td>
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<tr>
<td>1.18</td>
<td>Tuberculosis Incidence Rate</td>
<td>2014</td>
<td>cases/ 100,000 population</td>
<td>1.8</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td>12</td>
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<tr>
<td>1.10</td>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>64.5</td>
<td>70</td>
<td>61.2</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>SOCIAL ENVIRONMENT</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>2.70</td>
<td>Median Household Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>32298</td>
<td>48256</td>
<td>55322</td>
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<td>6-11, &lt;6, Black or African American</td>
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<tr>
<td>2.65</td>
<td>People Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>25.7</td>
<td>16.8</td>
<td>15.1</td>
<td>12.5</td>
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<td>65-84, Hispanic or Latino, Other</td>
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<tr>
<td>2.50</td>
<td>People 25+ with a Bachelor’s Degree or Higher</td>
<td>2012-2016</td>
<td>percent</td>
<td>10.4</td>
<td>29</td>
<td>30.3</td>
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<td>25-34, Hispanic or Latino, Other</td>
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<tr>
<td>2.50</td>
<td>People 25+ with a High School Degree or Higher</td>
<td>2012-2016</td>
<td>percent</td>
<td>77.4</td>
<td>86.3</td>
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<td>2.40</td>
<td>Single-Parent Households</td>
<td>2012-2016</td>
<td>percent</td>
<td>58.6</td>
<td>35.7</td>
<td>33.6</td>
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<tr>
<td>2.40</td>
<td>Total Employment Change</td>
<td>2014-2015</td>
<td>percent</td>
<td>-1.3</td>
<td>3.1</td>
<td>2.5</td>
<td></td>
<td></td>
<td>22</td>
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<tr>
<td>2.30</td>
<td>Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>40.6</td>
<td>23.9</td>
<td>21.2</td>
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<td></td>
<td>&lt;6, Black or African American</td>
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<tr>
<td>2.20</td>
<td>Homeownership</td>
<td>2012-2016</td>
<td>percent</td>
<td>51</td>
<td>55.5</td>
<td>55.9</td>
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<tr>
<td>2.10</td>
<td>People 65+ Living Alone</td>
<td>2012-2016</td>
<td>percent</td>
<td>29.4</td>
<td>26.8</td>
<td>26.4</td>
<td></td>
<td></td>
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<tr>
<td>2.10</td>
<td>Per Capita Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>18009</td>
<td>26779</td>
<td>29829</td>
<td></td>
<td></td>
<td>American Indian or Alaska Native, Black or African American</td>
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<tr>
<td>2.10</td>
<td>Young Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>51.8</td>
<td>27.3</td>
<td>23.6</td>
<td></td>
<td></td>
<td>Black or African American</td>
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<tr>
<td>2.08</td>
<td>Median Housing Unit Value</td>
<td>2012-2016</td>
<td>dollars</td>
<td>82200</td>
<td>157100</td>
<td>184700</td>
<td></td>
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<tr>
<td>1.95</td>
<td>Female Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>54.4</td>
<td>57.4</td>
<td>58.3</td>
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<tr>
<td>1.95</td>
<td>Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>56.8</td>
<td>61.5</td>
<td>63.1</td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>1.78</td>
<td>Median Monthly Owner Costs for Households without a Mortgage</td>
<td>2012-2016</td>
<td>dollars</td>
<td>426</td>
<td>376</td>
<td>462</td>
<td></td>
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<tr>
<td>1.73</td>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>99</td>
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<tr>
<td>1.70</td>
<td>Voter Turnout: Presidential Election</td>
<td>2016</td>
<td>percent</td>
<td>63.2</td>
<td>67.7</td>
<td></td>
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<td></td>
<td>16</td>
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<tr>
<td>1.18</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>88</td>
<td>87.8</td>
<td>100</td>
<td>92</td>
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<td>19</td>
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<tr>
<td>1.15</td>
<td>Linguistic Isolation</td>
<td>2012-2016</td>
<td>percent</td>
<td>1.4</td>
<td>2.5</td>
<td>4.5</td>
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</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
**SCORE** | **SUBSTANCE ABUSE** | **MEASUREMENT PERIOD** | **UNITS** | **EDGECOMBE COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE**
---|---|---|---|---|---|---|---|---|---|---
2.70 | Adults who Smoke | 2016 | percent | 21.8 | 17.9 | 17 | 12 | 13 | 5 | 5
2.05 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 31.8 | 31.4 | 29.3 | 4.7 | 5 | 5
1.95 | Liquor Store Density | 2015 | stores/ 100,000 population | 9.2 | 5.8 | 10.5 | 22 | 5 | 5
1.80 | Death Rate due to Drug Poisoning | 2014-2016 | deaths/ 100,000 population | 17.2 | 16.2 | 16.9 | 5 | 5 | 5
1.73 | Health Behaviors Ranking | 2018 | ranking | 95 | 5 | 5 | 5 | 5 | 5
0.45 | Adults who Drink Excessively | 2016 | percent | 13 | 16.7 | 18 | 25.4 | 5 | 5

**SCORE** | **TRANSPORTATION** | **MEASUREMENT PERIOD** | **UNITS** | **EDGECOMBE COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE**
---|---|---|---|---|---|---|---|---|---|---
2.40 | Workers who Walk to Work | 2012-2016 | percent | 1.3 | 1.8 | 2.8 | 3.1 | 1 | 1
2.30 | Households without a Vehicle | 2012-2016 | percent | 11.7 | 6.3 | 9 | 1 | 1
2.10 | Workers who Drive Alone to Work | 2012-2016 | percent | 83.1 | 81.1 | 76.4 | Asian, Native Hawaiian or Other Pacific Islander | 1
1.80 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 4.1 | 23
1.80 | Workers Commuting by Public Transportation | 2012-2016 | percent | 0.6 | 1.1 | 5.1 | 5.5 | 1
1.00 | Mean Travel Time to Work | 2012-2016 | minutes | 21.8 | 24.1 | 26.1 | 1
1.00 | Solo Drivers with a Long Commute | 2012-2016 | percent | 26.3 | 31.3 | 34.7 | 5

**SCORE** | **WELLNESS & LIFESTYLE** | **MEASUREMENT PERIOD** | **UNITS** | **EDGECOMBE COUNTY** | **NORTH CAROLINA** | **U.S.** | **HP2020** | **HEALTHY NC 2020** | **HIGH DISPARITY*** | **SOURCE**
---|---|---|---|---|---|---|---|---|---|---

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
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<th>SCORE</th>
<th>WOMEN'S HEALTH</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>EDGECOMBE COUNTY</th>
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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>2.55</td>
<td>Self-Reported General Health Assessment: Poor or Fair</td>
<td>2016</td>
<td>percent</td>
<td>24.9</td>
<td>17.6</td>
<td>16</td>
<td>9.9</td>
<td>5</td>
<td>5</td>
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<tr>
<td>2.40</td>
<td>Poor Physical Health: Average Number of Days</td>
<td>2016</td>
<td>days</td>
<td>4.4</td>
<td>3.6</td>
<td>3.7</td>
<td>5</td>
<td>5</td>
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<tr>
<td>2.25</td>
<td>Insufficient Sleep</td>
<td>2016</td>
<td>percent</td>
<td>39.6</td>
<td>33.8</td>
<td>38</td>
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<tr>
<td>2.25</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>77.9</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>7</td>
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<td>Frequent Physical Distress</td>
<td>2016</td>
<td>percent</td>
<td>14.5</td>
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<td>2.05</td>
<td>Life Expectancy for Males</td>
<td>2014</td>
<td>years</td>
<td>71.9</td>
<td>75.4</td>
<td>76.7</td>
<td>79.5</td>
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<tr>
<td>1.73</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>97</td>
<td>2016-2014</td>
<td>deaths/ 100,000 females</td>
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<td>21.6</td>
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<tr>
<td>2.33</td>
<td>Cervical Cancer Incidence Rate</td>
<td>2008-2012</td>
<td>cases/ 100,000 females</td>
<td>10.2</td>
<td>7.1</td>
<td>7.7</td>
<td>7.3</td>
<td>8</td>
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</tr>
<tr>
<td>2.25</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>77.9</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>7</td>
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<tr>
<td>1.65</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>126.6</td>
<td>129.4</td>
<td>123.5</td>
<td>8</td>
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<td></td>
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<tr>
<td>1.60</td>
<td>Domestic Violence Deaths</td>
<td>2016</td>
<td>number</td>
<td>2</td>
<td>2016-2014</td>
<td>percent</td>
<td>70.7</td>
<td>67.9</td>
<td>63.1</td>
<td>20</td>
</tr>
<tr>
<td>0.65</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>70.7</td>
<td>67.9</td>
<td>63.1</td>
<td>20</td>
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<td></td>
</tr>
<tr>
<td>0.50</td>
<td>Ovarian Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>7.8</td>
<td>10.9</td>
<td>11.4</td>
<td>8</td>
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</tbody>
</table>

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Sources
Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

<table>
<thead>
<tr>
<th>Number Key</th>
<th>Source</th>
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<td>American Community Survey</td>
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<td>2</td>
<td>American Lung Association</td>
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<td>Centers for Disease Control and Prevention</td>
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<td>4</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>5</td>
<td>County Health Rankings</td>
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<td>6</td>
<td>Feeding America</td>
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<tr>
<td>7</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>8</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>9</td>
<td>National Center for Education Statistics</td>
</tr>
<tr>
<td>10</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
</tr>
<tr>
<td>11</td>
<td>North Carolina Department of Health and Human Services</td>
</tr>
<tr>
<td>12</td>
<td>North Carolina Department of Health and Human Services, Communicable Disease Branch</td>
</tr>
<tr>
<td>13</td>
<td>North Carolina Department of Justice</td>
</tr>
<tr>
<td>14</td>
<td>North Carolina Department of Public Instruction</td>
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<td>15</td>
<td>North Carolina Department of Public Safety</td>
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<td>16</td>
<td>North Carolina State Board of Elections</td>
</tr>
<tr>
<td>17</td>
<td>North Carolina State Center for Health Statistics</td>
</tr>
<tr>
<td>18</td>
<td>North Carolina State Center for Health Statistics, Vital Statistics</td>
</tr>
<tr>
<td>19</td>
<td>Small Area Health Insurance Estimates</td>
</tr>
<tr>
<td>20</td>
<td>The Dartmouth Atlas of Health Care</td>
</tr>
<tr>
<td>21</td>
<td>U.S. Bureau of Labor Statistics</td>
</tr>
<tr>
<td>22</td>
<td>U.S. Census - County Business Patterns</td>
</tr>
<tr>
<td>23</td>
<td>U.S. Department of Agriculture - Food Environment Atlas</td>
</tr>
<tr>
<td>24</td>
<td>U.S. Environmental Protection Agency</td>
</tr>
</tbody>
</table>
Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- English Survey
- Spanish Survey
- Focus Group Questions
Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

---

**Part 1: Quality of Life**

*First, tell us a little bit about yourself...*

1. **Where do you currently live?**

ZIP/Postal Code

---
2. What county do you live in?

- [ ] Beaufort
- [ ] Bertie
- [ ] Bladen
- [ ] Camden
- [ ] Carteret
- [ ] Chowan
- [ ] Cumberland
- [ ] Currituck
- [ ] Dare
- [ ] Duplin
- [ ] Edgecombe
- [ ] Franklin
- [ ] Gates
- [ ] Greene
- [ ] Halifax
- [ ] Hertford
- [ ] Hoke
- [ ] Hyde
- [ ] Johnston
- [ ] Lenoir
- [ ] Martin
- [ ] Nash
- [ ] Onslow
- [ ] Pamlico
- [ ] Pasquotank
- [ ] Pender
- [ ] Perquimans
- [ ] Pitt
- [ ] Sampson
- [ ] Tyrrell
- [ ] Washington
- [ ] Wayne
- [ ] Wilson

North Carolina County Map
3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is good healthcare in my County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in this County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? *(Please choose only one.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Number of Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pollution (air, water, land)</td>
<td>1</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>1</td>
</tr>
<tr>
<td>Low income/poverty</td>
<td>1</td>
</tr>
<tr>
<td>Homelessness</td>
<td>1</td>
</tr>
<tr>
<td>Lack of/inadequate health insurance</td>
<td>1</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>1</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>1</td>
</tr>
<tr>
<td>Discrimination/racism</td>
<td>1</td>
</tr>
<tr>
<td>Lack of community support</td>
<td>1</td>
</tr>
<tr>
<td>Drugs (Substance Abuse)</td>
<td>1</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>1</td>
</tr>
<tr>
<td>Violent crime (murder, assault)</td>
<td>1</td>
</tr>
<tr>
<td>Theft</td>
<td>1</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>1</td>
</tr>
<tr>
<td>Neglect and abuse</td>
<td>1</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>1</td>
</tr>
<tr>
<td>Child abuse</td>
<td>1</td>
</tr>
</tbody>
</table>
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- Animal control
- Child care options
- Elder care options
- Services for disabled people
- More affordable health services
- Better/ more healthy food choices
- More affordable/better housing
- Number of health care providers
- Culturally appropriate health services
- Counseling/ mental health/ support groups
- Better/ more recreational facilities (parks, trails, community centers)
- Healthy family activities
- Positive teen activities
- Transportation options
- Availability of employment
- Higher paying employment
- Road maintenance
- Road safety
- None

Other (please specify)
PART 3: Health Information

Now we’d like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- Eating well/nutrition
- Using child safety car seats
- Substance abuse prevention (ex: drugs and alcohol)
- Exercising/fitness
- Using seat belts
- Suicide prevention
- Managing weight
- Driving safely
- Stress management
- Going to a dentist for check-ups/preventive care
- Quitting smoking/tobacco use prevention
- Anger management
- Going to the doctor for yearly check-ups and screenings
- Child care/parenting
- Domestic violence prevention
- Getting prenatal care during pregnancy
- Elder care
- Domestic violence prevention
- Getting flu shots and other vaccines
- Caring for family members with special needs/disabilities
- Rape/sexual abuse prevention
- Preparing for an emergency/disaster
- Preventing pregnancy and sexually transmitted disease (safe sex)
- Other (please specify)
7. Where do you get most of your health-related information? *(Please choose only one.)*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Friends and family</td>
<td>Internet</td>
</tr>
<tr>
<td></td>
<td>Doctor/nurse</td>
<td>My child’s school</td>
</tr>
<tr>
<td></td>
<td>Pharmacist</td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>Church</td>
<td>Health department</td>
</tr>
<tr>
<td></td>
<td>Employer</td>
<td>Help lines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Books/magazines</td>
</tr>
<tr>
<td></td>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence? *(Choose only one.)*
   - [ ] Yes
   - [ ] No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? *(Includes step-children, grandchildren, or other relatives.)* *(Choose only one.)*
   - [ ] Yes
   - [ ] No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? *(Check all that apply.)*
   - [ ] Dental hygiene
   - [ ] Nutrition
   - [ ] Eating disorders
   - [ ] Fitness/Exercise
   - [ ] Asthma
   - [ ] Diabetes management
   - [ ] Tobacco management
   - [ ] STDs (Sexually Transmitted Diseases) management
   - [ ] Sexual intercourse
   - [ ] Alcohol
   - [ ] Drug abuse
   - [ ] Reckless driving/speeding
   - [ ] Mental health issues
   - [ ] Suicide prevention
   - [ ] Other (please specify)
PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Don’t know/not sure

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression or anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (not during pregnancy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina/heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Which of the following preventive services have you had in the past 12 months? *(Check all that apply.)*

- [ ] Mammogram
- [ ] Prostate cancer screening
- [ ] Colon/rectal exam
- [ ] Blood sugar check
- [ ] Cholesterol check
- [ ] Hearing screening
- [ ] Bone density test
- [ ] Physical exam
- [ ] Pap smear
- [ ] Flu shot
- [ ] Blood pressure check
- [ ] Skin cancer screening
- [ ] Vision screening
- [ ] Cardiovascular screening
- [ ] Dental cleaning/X-rays
- [ ] None of the above

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. *(Choose only one.)*

- [ ] Within the past year (anytime less than 12 months ago)
- [ ] Within the past 2 years (more than 1 year but less than 2 years ago)
- [ ] Within the past 5 years (more than 2 years but less than 5 years ago)
- [ ] Don't know/not sure
- [ ] Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? *(Choose only one.)*

- [ ] Yes
- [ ] No
- [ ] Don’t know/not sure
17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? *(Choose only one.)*

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Don't know / not sure

*(if you responded 0, skip to question #20)*

19. During the past 30 days, which illegal drug did you use? *(Check all that apply.)*

- Marijuana
- Cocaine
- Heroin
- Other (please specify)
20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

☐ 0  ☐ 4  ☐ 8  ☐ 12  ☐ 16  ☐ 20  ☐ 24  ☐ 28
☐ 1  ☐ 5  ☐ 9  ☐ 13  ☐ 17  ☐ 21  ☐ 25  ☐ 29
☐ 2  ☐ 6  ☐ 10  ☐ 14  ☐ 18  ☐ 22  ☐ 26  ☐ 30
☐ 3  ☐ 7  ☐ 11  ☐ 15  ☐ 19  ☐ 23  ☐ 27

☐ Don’t know / not sure
21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐ Yes
☐ No (if No, skip to question #23)

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐ Yes
☐ No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

☐ Yes
☐ No (if No, skip to question #26)
☐ Don't know/not sure (if Don’t know/not sure, skip to question #26)

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?


25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

☐ YMCA
☐ Park
☐ Public Recreation Center
☐ Private Gym
☐ Other (please specify)

☐ Worksite/Employer
☐ School Facility/Grounds
☐ Home
☐ Place of Worship

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

☐ My job is physical or hard labor
☐ Exercise is not important to me.
☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
☐ I don't have enough time to exercise.
☐ I would need child care and I don't have it.
☐ I don't know how to find exercise partners.
☐ I don't like to exercise.
☐ It costs too much to exercise.
☐ There is no safe place to exercise.
☐ I would need transportation and I don't have it.
☐ I'm too tired to exercise.
☐ I'm physically disabled.
☐ I don't know
Other (please specify)
27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (One apple or 12 baby carrots equal one cup.)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (Choose only one.)

☐ Yes

☐ No  (if No, skip to question #30)

☐ Don’t know/not sure  (if Don’t know/not sure, skip to question #30)

29. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one.)

☐ Home

☐ Workplace

☐ Hospitals

☐ Restaurants

☐ School

☐ I am not exposed to secondhand smoke.

☐ Other (please specify)
30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) *(Choose only one.)*

☐ Yes

☐ No *(If No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? *(Choose only one.)*

☐ Quit Line NC

☐ Doctor

☐ Pharmacy

☐ Private counselor/therapist

☐ Other (please specify)

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? *(Choose only one.)*

☐ Yes, flu shot
☐ Yes, flu spray
☐ Yes, both
☐ No
☐ Don't know/not sure
Part 5: Access to Care/Family Health

33. Where do you go **most often** when you are sick? *(Choose only one.)*

- [ ] Doctor’s office
- [ ] Medical clinic
- [ ] Health department
- [ ] Urgent care center
- [ ] Hospital
- [ ] Other (please specify)

34. Do you have any of the following types of health insurance or health care coverage? *(Choose all that apply.)*

- [ ] Health insurance my employer provides
- [ ] Health insurance my spouse’s employer provides
- [ ] Health insurance my school provides
- [ ] Health insurance my parent or my parent’s employer provides
- [ ] Health insurance I bought myself
- [ ] Health insurance through Health Insurance Marketplace (Obamacare)
- [ ] The military, Tricare, or the VA
- [ ] Medicaid
- [ ] Medicare
- [ ] No health insurance of any kind
35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

☐ Yes
☐ No  (if No, skip to question #38)
☐ Don’t know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

☐ Dentist  ☐ Pediatrician  ☐ Urgent Care Center
☐ General practitioner  ☐ OB/GYN  ☐ Medical Clinic
☐ Eye care/ optometrist/ ophthalmologist  ☐ Health  ☐ Specialist
☐ Pharmacy/ prescriptions  ☐ Hospital
☐ Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

☐ No health insurance.
☐ Insurance didn’t cover what I/we needed.
☐ My/our share of the cost (deductible/co-pay) was too high.
☐ Doctor would not take my/our insurance or Medicaid.
☐ Hospital would not take my/our insurance.
☐ Pharmacy would not take my/our insurance or Medicaid.
☐ Dentist would not take my/our insurance or Medicaid.
☐ No way to get there.
☐ Didn’t know where to go.
☐ Couldn’t get an appointment.
☐ The wait was too long.
☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.
38. In what county are most of the medical providers you visit located? *(Choose only one.)*

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martin
- Moore
- Nash
- New
- Hanover
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- The State of Virginia
- Other (please specify)
39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? *(Choose only one.)*

- [ ] Yes
- [ ] No
- [ ] Don’t know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? *(Choose only one.)*

- [ ] Private counselor or therapist
- [ ] Support group (e.g., AA, Al-Anon)
- [ ] School counselor
- [ ] Other (please specify)
- [ ] Don't know
- [ ] Doctor
- [ ] Pastor/Minister/Clergy
Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? *(Choose only one.)*

- Yes, smoke detectors only
- Yes, both
- Don’t know/not sure
- Yes, carbon monoxide detectors only
- No

42. Does your family have a basic emergency supply kit? *(These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)*

- Yes
- No
- Don’t know/not sure

If yes, how many days do you have supplies for? *(Write number of days)*


43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one.)*

- Television
- Radio
- Internet
- Telephone (landline)
- Cell Phone
- Print media (ex: newspaper)
- Social networking site
- Neighbors
- Family
44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? *(Check only one.)*

- [ ] Yes *(if Yes, skip to question #46)*
- [ ] No
- [ ] Don’t know/not sure

45. What would be the main reason you might not evacuate if asked to do so? *(Check only one.)*

- [ ] Lack of transportation
- [ ] Lack of trust in public officials
- [ ] Concern about leaving property behind
- [ ] Concern about personal safety
- [ ] Concern about family safety
- [ ] Other (please specify)
Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- [ ] 15-19
- [ ] 20-24
- [ ] 25-29
- [ ] 30-34
- [ ] 35-39
- [ ] 40-44
- [ ] 45-49
- [ ] 50-54
- [ ] 55-59
- [ ] 60-64
- [ ] 65-69
- [ ] 70-74
- [ ] 75-79
- [ ] 80-84
- [ ] 85 or older

47. What is your gender? (Choose only one.)

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Gender non-conforming
- [ ] Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- [ ] I am not of Hispanic, Latino or Spanish origin
- [ ] Mexican, Mexican American, or Chicano
- [ ] Puerto Rican
- [ ] Cuban or Cuban American
- [ ] Other Hispanic or Latino (please specify)
49. What is your race? (Choose only one).

- [ ] White or Caucasian
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- [ ] Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- [ ] Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (Choose only one.)

- [ ] Yes
- [ ] No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (Choose only one.)

- [ ] Never married/single
- [ ] Married
- [ ] Unmarried partner
- [ ] Divorced
- [ ] Widowed
- [ ] Separated
Other (please specify)
52. Select the highest level of education you have achieved. *(Choose only one.)*

- [ ] Less than 9th grade
- [ ] 9-12th grade, no diploma
- [ ] High School graduate (or GED/equivalent)
- [ ] Associate’s Degree or Vocational Training
- [ ] Some college (no degree)
- [ ] Bachelor’s degree
- [ ] Graduate or professional degree
- [ ] Other (please specify)

53. What was your total household income last year, before taxes? *(Choose only one.)*

- [ ] Less than $10,000
- [ ] $10,000 to $14,999
- [ ] $15,000 to $24,999
- [ ] $25,000 to $34,999
- [ ] $35,000 to $49,999
- [ ] $50,000 to $74,999
- [ ] $75,000 to $99,999
- [ ] $100,000 or more

54. Enter the number of individuals in your household (including yourself).


55. What is your employment status? *(Check all that apply.)*

- [ ] Employed full-time
- [ ] Armed forces
- [ ] Employed part-time
- [ ] Disabled
- [ ] Retired
- [ ] Student
☐ Homemaker

☐ Self-employed

☐ Unemployed for 1 year or less

☐ Unemployed for more than 1 year
56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

☐ Yes
☐ No
☐ Don’t know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.
Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

3. ¿Dónde vive actualmente?

Código postal

...
4. ¿En qué condado vive?

<table>
<thead>
<tr>
<th></th>
<th>Beaufort</th>
<th>Franklin</th>
<th>Onslow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bertie</td>
<td>Gates</td>
<td>Pamlico</td>
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<tr>
<td></td>
<td>Bladen</td>
<td>Greene</td>
<td>Pasquotank</td>
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<td>Camden</td>
<td>Halifax</td>
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<td>Carteret</td>
<td>Hertford</td>
<td>Perquimans</td>
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<td>Chowan</td>
<td>Hoke</td>
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<td>Cumberland</td>
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<td>Currituck</td>
<td>Johnston</td>
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<td></td>
<td>Dare</td>
<td>Lenoir</td>
<td>Washington</td>
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<td></td>
<td>Duplin</td>
<td>Martin</td>
<td>Wayne</td>
</tr>
<tr>
<td></td>
<td>Edgecombe</td>
<td>Nash</td>
<td>Wilson</td>
</tr>
</tbody>
</table>

Mapa del condado de Carolina del Norte
3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

<table>
<thead>
<tr>
<th>Declaración</th>
<th>Muy en desacuerdo</th>
<th>En desacuerdo</th>
<th>Neutral</th>
<th>De acuerdo</th>
<th>Muy de acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay una buena atención médica en mi condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para criar niños.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para envejecer.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenas oportunidades económicas en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un lugar seguro para vivir.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay mucha ayuda para las personas durante los momentos de necesidad en este condado</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay viviendas accesibles que satisfacen mis necesidades en este condado</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenos parques e instalaciones de recreación en este condado</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Es fácil adquirir comidas saludables en este condado</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>
PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- Contaminación (aire, agua, tierra)
- Abandono de la escuela
- Bajos ingresos / pobreza
- Falta de hogar
- Falta de un seguro de salud adecuado
- Desesperación
- Otros (especificar)

- Discriminación / racismo
- Falta de apoyo de la comunidad
- Drogas (Abuso de sustancias)
- Descuido y abuso
- Maltrato a personas mayores
- Abuso infantil

- Violencia doméstica
- Delito violento (asesinato, asalto)
- Robo
- Violación / agresión sexual
5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- Control Animal
- Opciones de cuidado infantil
- Opciones de cuidado para ancianos
- Servicios para personas con discapacidad
- Servicios de salud más accesibles
- Mejores y más opciones de alimentos saludables
- Más accesibilidad / mejores vivienda
- Número de proveedores de atención médica
- Servicios de salud apropiados de acuerdo a su cultura
- Consejería / salud mental / grupos de apoyo
- Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- Actividades familiares saludables
- Actividades positivas para adolescentes
- Opciones de transporte
- Disponibilidad de empleo
- Empleos mejor pagados
- Mantenimiento de carreteras
- Carreteras seguras
- Ninguna
- Otros (especificar)
Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- Comer bien / nutrición
- Ejercicio
- Manejo del peso
- Ir a un dentista para chequeos / cuidado preventivo
- Ir al médico para chequeos y exámenes anuales
- Obtener cuidado prenatal durante el embarazo
- Recibir vacunas contra la gripe y otras vacunas
- Prepararse para una emergencia / desastre
- Usar asientos de seguridad para niños
- Usar cinturones de seguridad
- Conducir cuidadosamente
- Dejar de fumar / prevención del uso de tabaco
- Cuidado de niños / crianza
- Cuidado de ancianos
- Cuidado de miembros de familia con necesidades especiales o discapacidades
- Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- Prevención del suicidio
- Manejo del estrés
- Control de la ira/enojo
- Prevención de violencia doméstica
- Prevención del crimen
- Violación / prevención de abuso sexual
- Ninguna
Otros (especificar)
7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

☐ Amigos y familia
☐ La escuela de mi hijo
☐ Empleador
☐ Doctor / enfermera
☐ Hospital
☐ Líneas telefónicas
☐ Farmacéutico
☐ Departamento de salud
☐ Iglesia
☐ Libros / revistas
☐ Internet
☐ Otros (especificar)

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?


9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

☐ Sí
☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

☐ Sí
☐ No (Si su respuesta es No, salte a la pregunta numero 12)
11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? (Selezione todas las opciones que corresponden).

- [ ] Higiene dental
- [ ] Nutrición
- [ ] Trastornos de la alimentación
- [ ] Ejercicios
- [ ] Manejo del asma
- [ ] Manejo de la diabetes
- [ ] Tabaco
- [ ] ETS (enfermedades de transmisión sexual)
- [ ] Alcohol
- [ ] Relación sexual
- [ ] Abuso de drogas
- [ ] Manejo imprudente / exceso de velocidad
- [ ] Problemas de salud mental
- [ ] Prevención del suicidio

- [ ] Otros (especificar)
Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... *(Elija solo una)*.

- [ ] Excelente
- [ ] Muy buena
- [ ] Buena
- [ ] Justa
- [ ] Pobre
- [ ] No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

<table>
<thead>
<tr>
<th></th>
<th>Sí</th>
<th>No</th>
<th>No lo sé</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depresión o ansiedad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alta presión sanguínea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colesterol alto</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (no durante el embarazo)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sobrepeso / obesidad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina / enfermedad cardíaca</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cáncer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

<table>
<thead>
<tr>
<th>Servicio</th>
<th>Opción</th>
<th>Servicio</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mamografía</td>
<td></td>
<td>Prueba de densidad de los huesos</td>
<td></td>
</tr>
<tr>
<td>Examen de cáncer de próstata</td>
<td></td>
<td>Examen físico</td>
<td></td>
</tr>
<tr>
<td>Examen de colon / recto</td>
<td></td>
<td>Prueba de Papanicolaou</td>
<td></td>
</tr>
<tr>
<td>Control de azúcar en la sangre</td>
<td></td>
<td>Vacuna contra la gripe</td>
<td></td>
</tr>
<tr>
<td>Examen de Colesterol</td>
<td></td>
<td>Control de la presión arterial</td>
<td></td>
</tr>
<tr>
<td>Examen de audición (escucha)</td>
<td></td>
<td>Pruebas de cáncer de piel</td>
<td></td>
</tr>
</tbody>
</table>

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

<table>
<thead>
<tr>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>En el último año (en los últimos 12 meses)</td>
</tr>
<tr>
<td>Hace 2 (más de un año pero menos de dos años)</td>
</tr>
<tr>
<td>Hace más de 5 años (más de 2 años pero menos de 5 años)</td>
</tr>
<tr>
<td>No sé / no estoy seguro</td>
</tr>
<tr>
<td>Nunca</td>
</tr>
</tbody>
</table>

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

<table>
<thead>
<tr>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sí</td>
</tr>
</tbody>
</table>
☐ No
☐ No sé / no estoy seguro
17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

☐ 0  ☐ 4  ☐ 8  ☐ 12  ☐ 16  ☐ 20  ☐ 24  ☐ 28
☐ 1  ☐ 5  ☐ 9  ☐ 13  ☐ 17  ☐ 21  ☐ 25  ☐ 29
☐ 2  ☐ 6  ☐ 10  ☐ 14  ☐ 18  ☐ 22  ☐ 26  ☐ 30
☐ 3  ☐ 7  ☐ 11  ☐ 15  ☐ 19  ☐ 23  ☐ 27
☐ No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (Elija solo una).

☐ 0  ☐ 4  ☐ 8  ☐ 12  ☐ 16  ☐ 20  ☐ 24  ☐ 28
☐ 1  ☐ 5  ☐ 9  ☐ 13  ☐ 17  ☐ 21  ☐ 25  ☐ 29
☐ 2  ☐ 6  ☐ 10  ☐ 14  ☐ 18  ☐ 22  ☐ 26  ☐ 30
☐ 3  ☐ 7  ☐ 11  ☐ 15  ☐ 19  ☐ 23  ☐ 27
☐ No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta número 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (Marque todas las que corresponden).

☐ Mariguana
☐ Cocaína
20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐ 12  ☐ 13  ☐ 14  ☐ 15  ☐ 16  ☐ 17  ☐ 18  ☐ 19  ☐ 20  ☐ 21  ☐ 22  ☐ 23  ☐ 24  ☐ 25  ☐ 26  ☐ 27  ☐ 28  ☐ 29  ☐ 30  ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

☐ Sí  ☐ No  (Si su respuesta es No, salte a la pregunta numero 23)

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

☐ Sí  ☐ No
23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐ Sí

☐ No (Si su respuesta es No, salte a la pregunta número 26)

☐ No sé / no estoy seguro (Si su respuesta es No sé / no estoy seguro, salte a la pregunta número 26)

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?
25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *Marque todas las que corresponden*.

- [ ] YMCA
- [ ] Parque
- [ ] Centro de Recreación Pública
- [ ] Gimnasio privado
- [ ] Sitio de trabajo / Empleador
- [ ] Terrenos escolares / instalaciones
- [ ] Casa
- [ ] Iglesia
- [ ] Otros (especificar)

Como su respuesta fue *Sí* a la pregunta 23 (actividad física / ejercicio), salte a la pregunta número 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- [ ] Mi trabajo es trabajo físico o trabajo duro
- [ ] El ejercicio no es importante para mí.
- [ ] No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- [ ] No tengo suficiente tiempo para hacer ejercicio.
- [ ] Necesitaría cuidado de niños y no lo tengo.
- [ ] No sé cómo encontrar compañeros de ejercicio.
- [ ] No me gusta hacer ejercicio.
- [ ] Me cuesta mucho hacer ejercicio.
- [ ] No hay un lugar seguro para hacer ejercicio.
- [ ] Necesito transporte y no lo tengo.
Estoy demasiado cansado para hacer ejercicio.

Estoy físicamente deshabilitado.

No lo sé.

Otros (especificar)
27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (Elija solo una).

☐ Sí

☐ No (Si su respuesta es No, salte a la pregunta numero 30)

☐ No sé / no estoy seguro (Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)
30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (*Elija solo una*).

- [ ] Sí
- [ ] No  *(Si su respuesta es No, salte a la pregunta número 32)*

31. En caso afirmativo, ¿dónde iría en busca de ayuda si quisiera dejar de fumar? (*Elija solo una*).

- [ ] QUITLINE NC (ayuda por teléfono)
- [ ] Doctor
- [ ] Farmacia
- [ ] Consejero / terapeuta privado
- [ ] Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray “FluMist”? (*Elija solo una*).

- [ ] Sí, vacuna contra la gripe
- [ ] Sí, FluMist
□ Si ambos
□ No
□ No sé / no estoy seguro
33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- [ ] Oficina del doctor
- [ ] Departamento de salud
- [ ] Hospital
- [ ] Otros (especificar)

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- [ ] Seguro de salud que mi empleador proporciona
- [ ] Seguro de salud que proporciona el empleador de mi cónyuge
- [ ] Seguro de salud que mi escuela proporciona
- [ ] Seguro de salud que proporciona mi padre o el empleado de mis padres
- [ ] Seguro de salud que compré
- [ ] Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- [ ] Seguro Militar, Tricare o el VA
- [ ] Seguro de enfermedad
- [ ] Seguro médico del estado
- [ ] Sin plan de salud de ningún tipo
35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

☐ Sí

☐ No  (Si su respuesta es No, salte a la pregunta número 38)

☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

☐ Dentista

☐ Médico general

☐ Cuidado de los ojos / optometrista / oftalmólogo

☐ Farmacia / recetas médicas

☐ Pediatra

☐ Ginecologo

☐ Departamento de salud

☐ Hospital

☐ Centro de atención urgente

☐ Clínica Médica

☐ Especialista

☐ Otros (especificar)

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

☐ No tiene seguro medico

☐ El seguro no cubría lo que necesitaba
El costo del deducible del seguro era demasiado alto
El doctor no aceptaba el seguro ni el Medicaid.
El hospital no aceptaba el seguro.
La farmacia no aceptaba el seguro ni el Medicaid.
El dentista no aceptaba el seguro ni el Medicaid.
No tengo ninguna manera de llegar allí.
No sabía a dónde ir.
No pude conseguir una cita.
La espera fue demasiado larga.
El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.
38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (Elija solo uno)

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Martin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martín
- New
- Nash
- New
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pitt
- Moore
- Nash
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- El Estado de Virginia
- Otros (especificar)

Mapa del condado de Carolina del Norte
39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? *(Elija solo uno)*

- [ ] Sí
- [ ] No
- [ ] No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? *(Elija solo uno)*

- [ ] Consejero o terapeuta privado
- [ ] Grupo de apoyo
- [ ] Consejero de la escuela
- [ ] No sé
- [ ] Doctor
- [ ] Pastor o funcionario religioso
- [ ] Otros (especificar)

**PARTE 6: Preparación para emergencias**

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? *(Elija solo uno)*

- [ ] Sí, solo detectores de humo
- [ ] Si ambos
- [ ] No sé / no estoy seguro
- [ ] Sí, sólo detectores de monóxido de carbono
- [ ] No
42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

☐ Sí
☐ No
☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

☐ Televisión
☐ Radio
☐ Internet
☐ Línea de teléfono en casa
☐ Teléfono celular
☐ Medios impresos (periódico)
☐ Otros (especificar)

☐ Sitio de red social
☐ Vecinos
☐ Familia
☐ Mensaje de texto (sistema de alerta de emergencia)
☐ No sé / no estoy seguro

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

☐ Sí  (Si su respuesta es Sí, salte a la pregunta número 46)
No

No sé / no estoy seguro
45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? (Marque solo uno)

- Falta de transporte
- La falta de confianza en los funcionarios públicos
- Preocupación por dejar atrás la propiedad
- Preocupación por la seguridad personal
- Preocupación por la seguridad familiar
- Preocupación por dejar mascotas
- Preocupación por los atascos de tráfico y la imposibilidad de salir
- Problemas de salud (no se pudieron mover)
- No sé / no estoy seguro

Otro (especificar)
La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

☐ 15-19  ☐ 40-44  ☐ 65-69
☐ 20-24  ☐ 45-49  ☐ 70-74
☐ 25-29  ☐ 50-54  ☐ 75-79
☐ 30-34  ☐ 55-59  ☐ 80-84
☐ 35-39  ☐ 60-64  ☐ 85 o más

47. ¿Cuál es tu género? (Elija solo uno)

☐ Masculino
☐ Femenino
☐ Transgénero
☐ Género no conforme
☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

☐ No soy de origen hispano, latino o español
☐ Mexicano, mexicoamericano o chicano
☐ Puertorriqueño
☐ Cubano o cubano americano
☐ Otro - hispano o latino (por favor especifique)
49. ¿Cuál es su raza? (Elija solo uno)

- [ ] Blanco
- [ ] Negro o Afroamericano
- [ ] Indio Americano o nativo de Alaska
- [ ] Indio Asiático
- [ ] Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- [ ] Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- [ ] Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (Elija solo uno)

- [ ] Sí
- [ ] No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (Elija solo uno)

- [ ] Nunca casado / soltero
- [ ] Casado
- [ ] Pareja- soltera
- [ ] Divorciado
- [ ] Viudo
- [ ] Separado
Otros (especificar)
52. Seleccione el nivel más alto de educación que ha alcanzado. *(Elija solo uno)*

- [ ] Menos de 9no grado
- [ ] 9-12 grado, sin diploma
- [ ] Graduado de secundaria (o GED / equivalente)
- [ ] Grado Asociado o Formación Profesional
- [ ] Un poco de universidad (sin título)
- [ ] Licenciatura
- [ ] Licenciado o título profesional
- [ ] Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? *(Elija solo uno)*

- [ ] Menos de $10,000
- [ ] $10,000 a $14,999
- [ ] $15,000 a $24,999
- [ ] $25,000 a $34,999
- [ ] $35,000 a $49,999
- [ ] $50,000 a $74,999
- [ ] $75,000 a $99,999
- [ ] $100,000 o más

54. Ingrese el número de personas en su hogar (incluyéndose a usted)


55. ¿Cuál es su estado laboral? *(Selecione todas las opciones que corresponden).*

- [ ] Empleado de tiempo completo
- [ ] Empleado a tiempo parcial
- [ ] Retirado
- [ ] Discapacitado
- [ ] Fuerzas Armadas
- [ ] Estudiante
☐ Ama de casa
☐ Desempleado 1
☐ Desempleado por más de 1 año
☐ Trabajadores por cuenta propia año o menos año
56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

☐ Sí

☐ No

☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, síntase libre de decirnos a continuación.

¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.
Focus Group Questions

Participants' Resident County(ies):
Focus Group Name / Number:
Date Conducted:
Location:
Start Time:
End Time:
Number of Participants:
Population Type (if applicable):
Moderator Name:
Moderator Email:
Note Taker Name:
Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?
   Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?
   Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?
   Prompt: What could be done to make your community healthier? Additional services or changes to existing services?
6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?
   Prompt: Specific strengths related to healthcare?
   Prompt: Specific strengths to a healthy lifestyle?

6. If you had $100,000 to spend on a healthcare project in the county, how would you spend it?
Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.
Appendix D. Community Resources

The Edgecombe County Health Department regularly updates a comprehensive community resource guide that includes the following but is not limited to:

- Adoption
- AIDS
- Behavioral Health Services
- Child Care
- Counseling Services
- Disabled Citizens Services
- Education
- Emergency Services
- Environmental Health
- Financial Assistance
- Food
- Health Services
- Homebound Services
- Housing
- Job Services
- Legal Services
- Literacy Programs
- Pregnancy Services
- Professional Resources
- Senior Citizens Services
- Substance Use Services
- Support Groups
- Transportation
- Youth Development Services

This resource guide is disseminated to the community and can also be provided upon request.
Appendix E. Acknowledgements

The completion of the Edgecombe County 2018 Community Needs Health Assessment and priorities were compiled in partnership with the Edgecombe County Health Department, Vidant Edgecombe Hospital and members of the Edgecombe County Rural Health Network. Several local community partners were involved in the completion of the 2018 CHNA:

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