

Edgecombe County

2019 Community Health Needs Assessment

Acknowledgements

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Executive Summary

Edgecombe County is pleased to present its 2019 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. This document serves as the 2019 CHNA for Vidant Edgecombe Hospital and the 2018 CHNA for Edgecombe County Health Department.

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.

Methods for Identifying Community Health Needs

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 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Feta & Infant Health
Occupational & Environmental Health
Substance Abuse
Transportation

Selected Priority Areas

Based on a complete review of the data and consideration of existing resources and programming in the county, the significant health priorities identified by the county are as follows:

- Chronic Disease Prevention and Management
- Health Equity
- Mental Health

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 plans.

Introduction

Edgecombe County is pleased to present the 2019 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 2019 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 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 – Heath 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

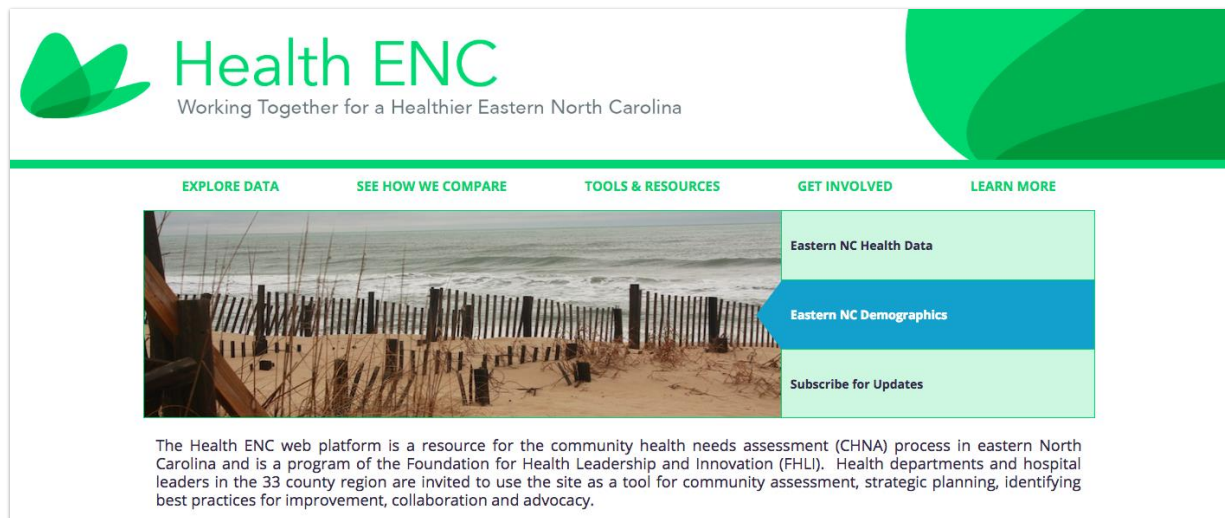
HealthENC.org

The [Health ENC](https://www.healthenc.org) 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](https://www.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](https://www.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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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 with a focus on access to care, education, and collaboration . This network's mission is to improve health and wellness outcomes for all Edgecombe County residents. The network's vision is an effective multi-agency network that is collaborating in the delivering care and reducing barriers based on exchanging and analyzing data, increasing efficiency, and sharing and generating resources. 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, changes since the last assessment, and identifies changes needed 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 2019 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 CHNA 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; (4) a period of data reporting and discussion among community partners; and (5) 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

www.vidanthealth.com

A hard copy will be available for review at Vidant Edgecombe Hospital upon request. All Edgecombe County Rural Health Network partners will also receive a hard copy. In addition, 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 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, the following health categories were selected as prioritized health needs:

- Chronic Disease Prevention and Management
- STDs/HIV
- Mental Health and Substance Abuse
- Access to Care

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 the Edgecombe County Health Department and Vidant Edgecombe Hospital websites. Community members were invited to submit feedback and questions to either organization. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

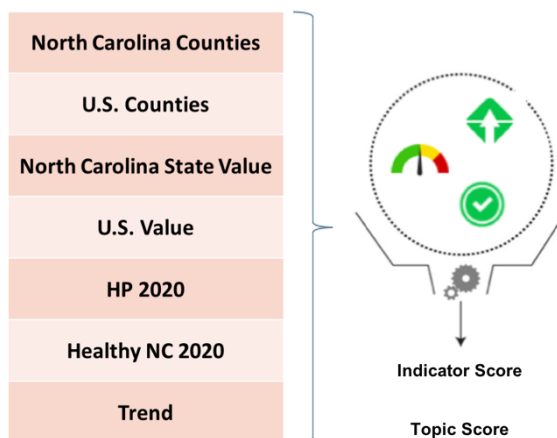
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, 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](http://www.healthenc.org)¹, 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.

Figure 2. Secondary Data Scoring

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



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/>.

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.

Health and Quality of Life Topic Areas

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

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

*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. Edgecombe County Health Department staff conducted surveys on home visits and distributed to beneficiaries in the Community Alternatives Program. The surveys were also placed in the lobbies of OIC Family Medical Centers, two health department locations and in the Edgecombe County Health Department 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

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Edgecombe County	389	37	426

*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

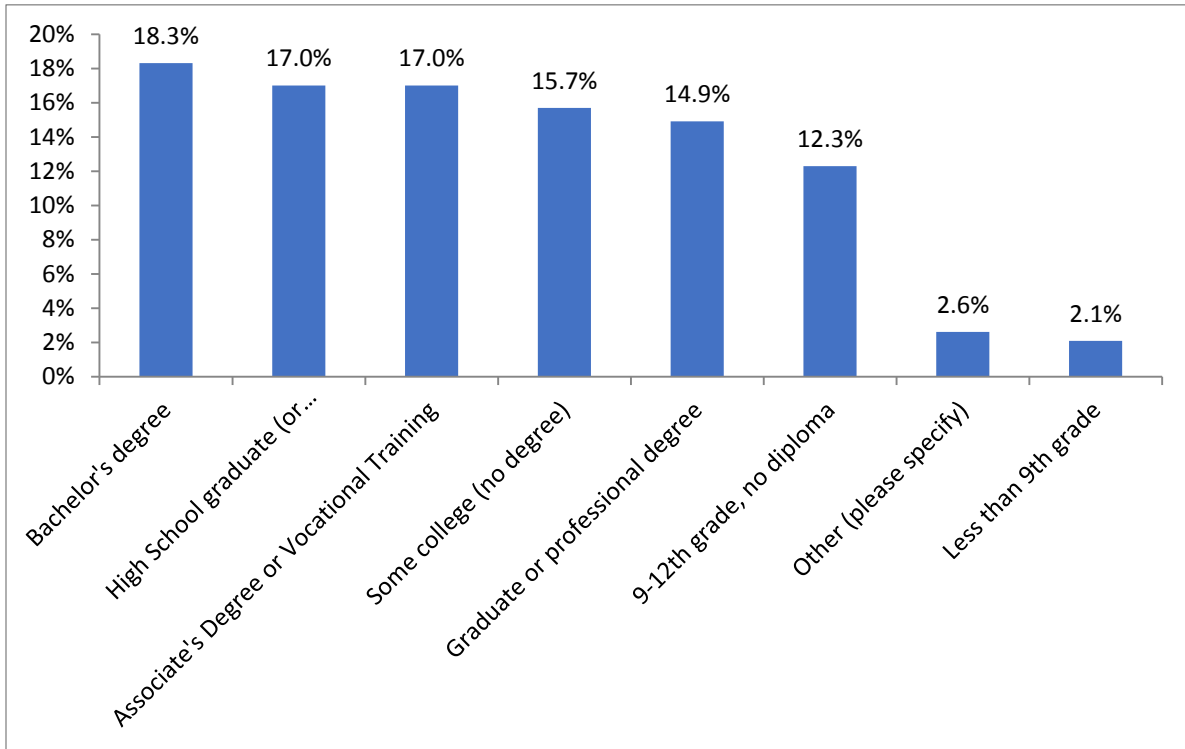
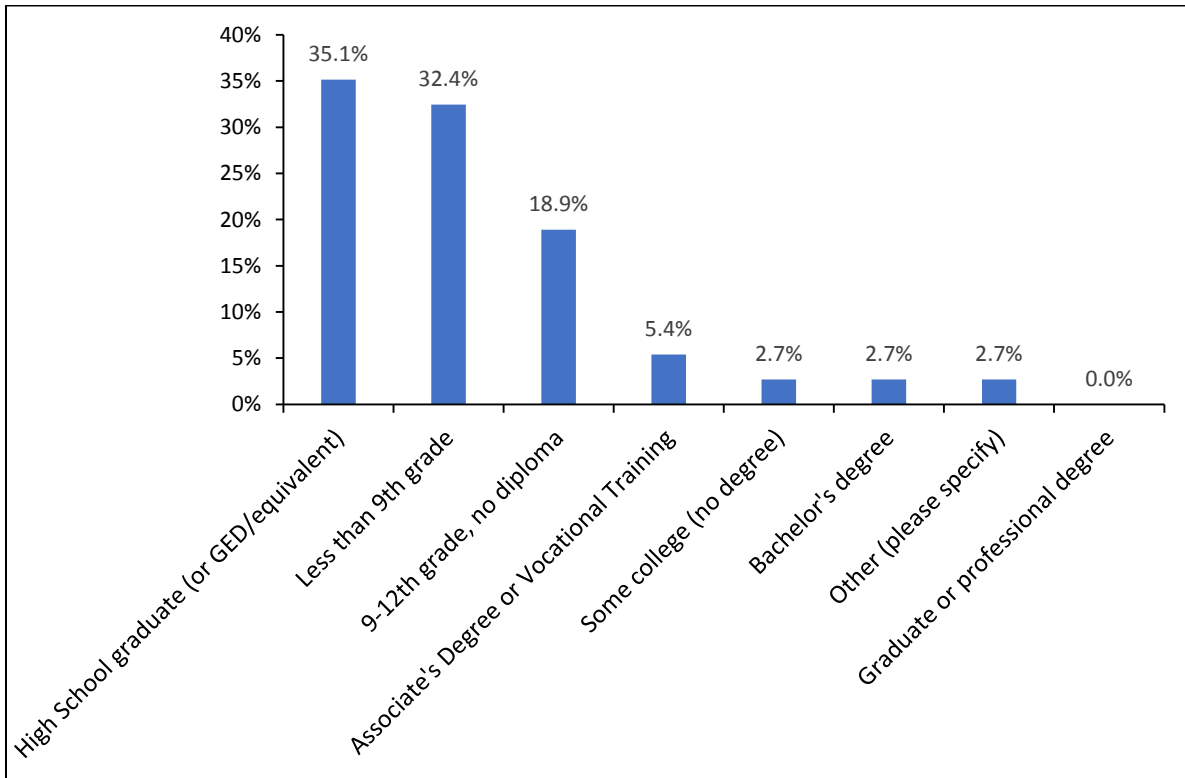


Figure 4. Education of Community Survey Respondents- Spanish



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 5. Employment Status of Community Survey Respondents-English

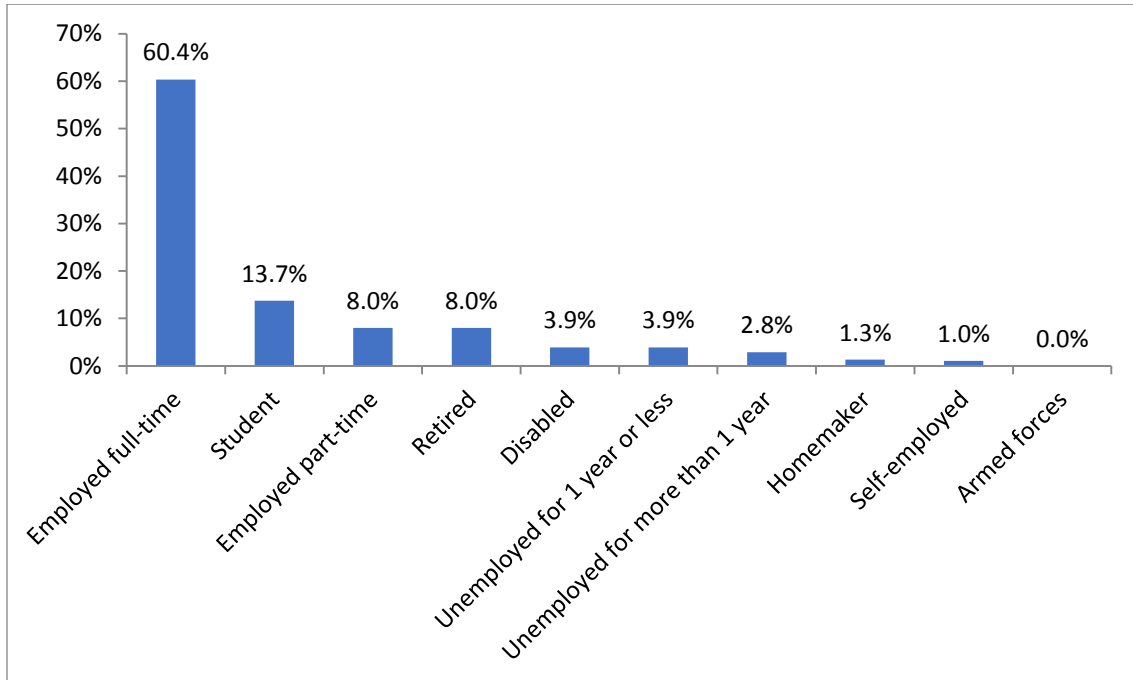


Figure 6. Employment Status of Community Survey Respondents - Spanish

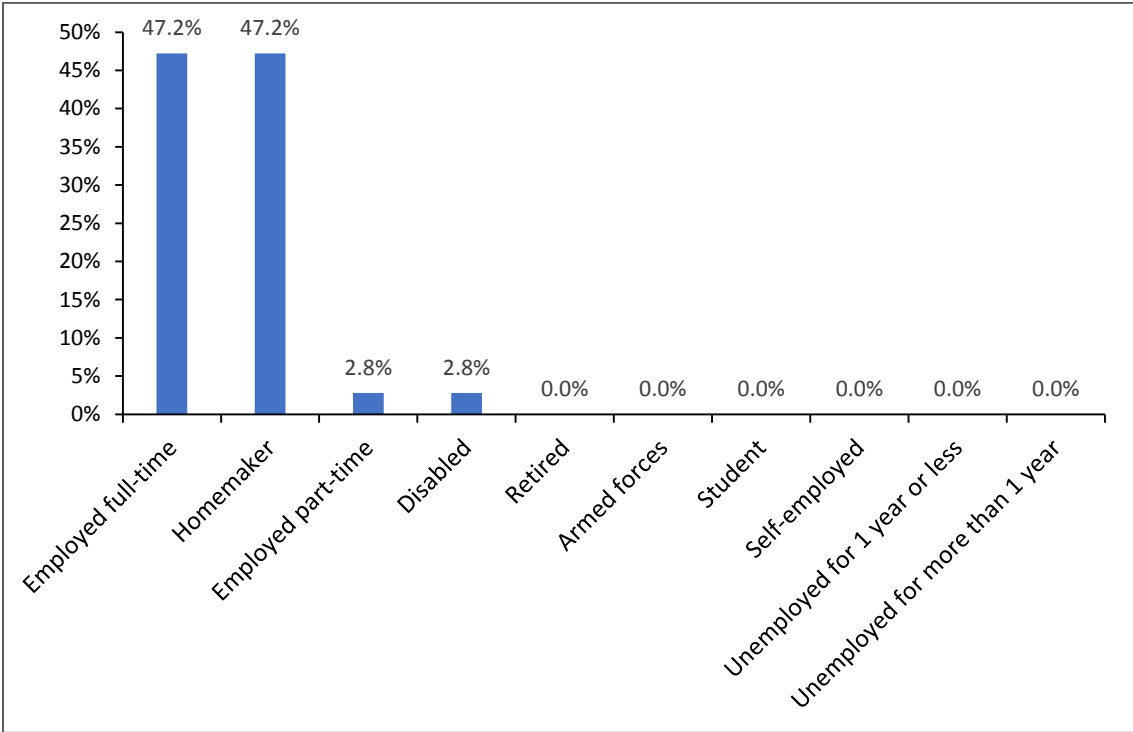


Figure 7 and 8 shows the health insurance coverage of community survey respondents. More than half of English survey respondents have health insurance provided by their employer (57.9%) and 77.1% of Spanish survey respondents have no health insurance of any kind.

Figure 7. Health Care Coverage of Community Survey Respondents - English

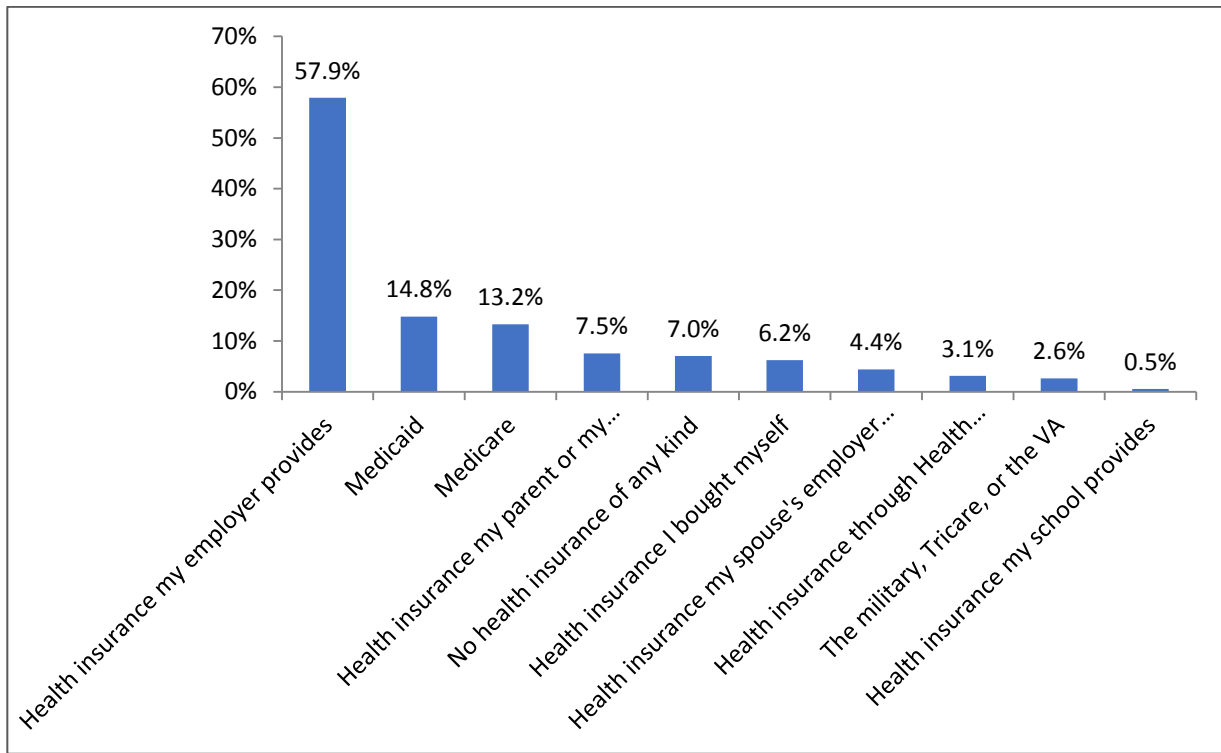
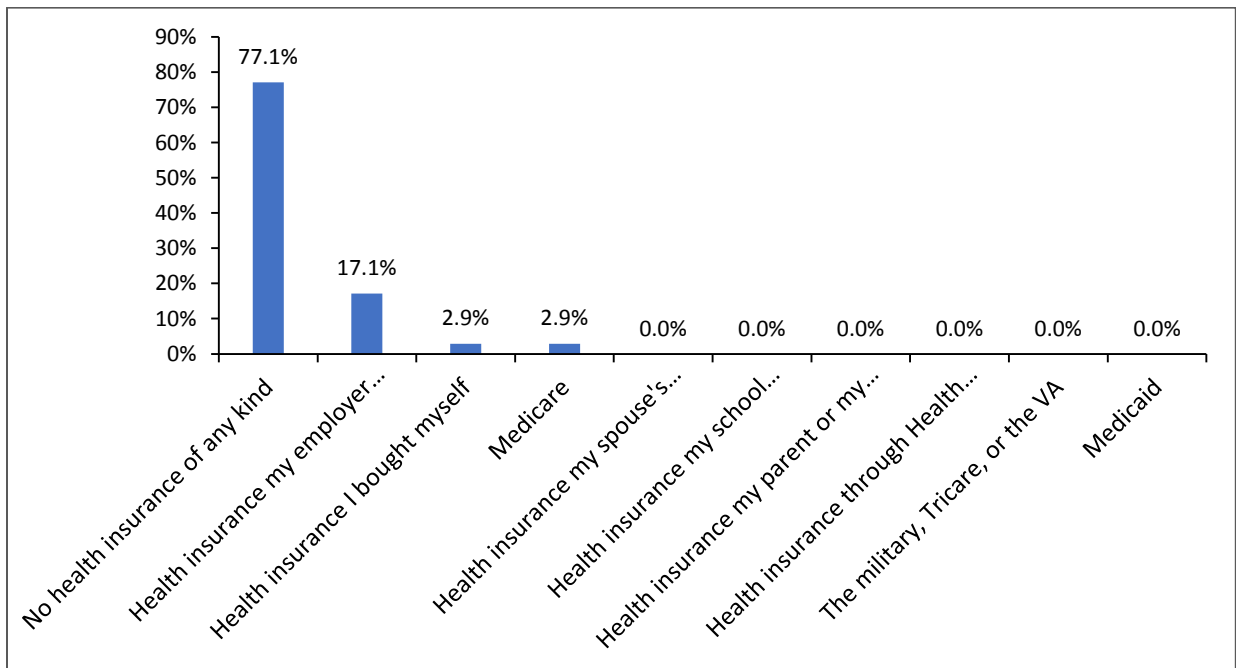


Figure 8. Health Care Coverage of Community Survey Respondents - Spanish



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 be 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 2019 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

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

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 [HealthENC.org](https://www.healthenc.org).

The 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

Key stakeholders from Edgecombe County were convened on January 29, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique 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, Edgecombe County will work to develop action plans addressing these identified health priorities:

- Chronic Disease Prevention and Management
- Health Equity
- Mental Health

Overview of Edgecombe County

About Edgecombe County

Edgecombe County is located in northeastern North Carolina. Edgecombe County is located one hour east of Raleigh and a two-hour inland drive from the North Carolina beaches. The county maintains a firm agricultural base while supporting advanced manufacturing. Edgecombe County includes the towns of Tarboro, Conetoe, Leggett, Macclesfield, Pinetops, Princeville, Sharpsburg, Speed, Whitakers, and parts of Rocky Mount.

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 9. Total Population (U.S. Census Bureau)

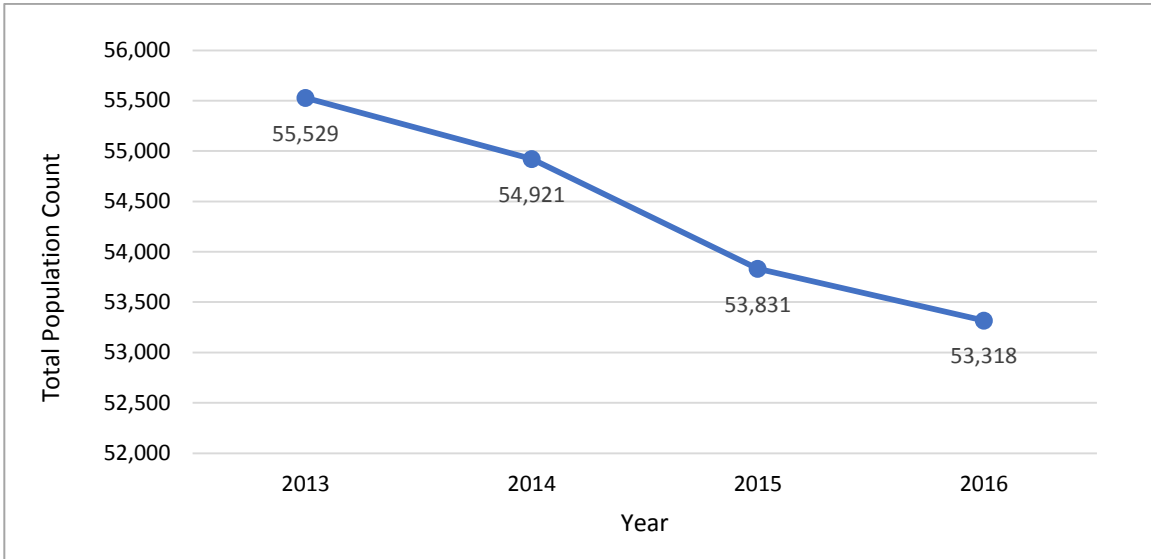
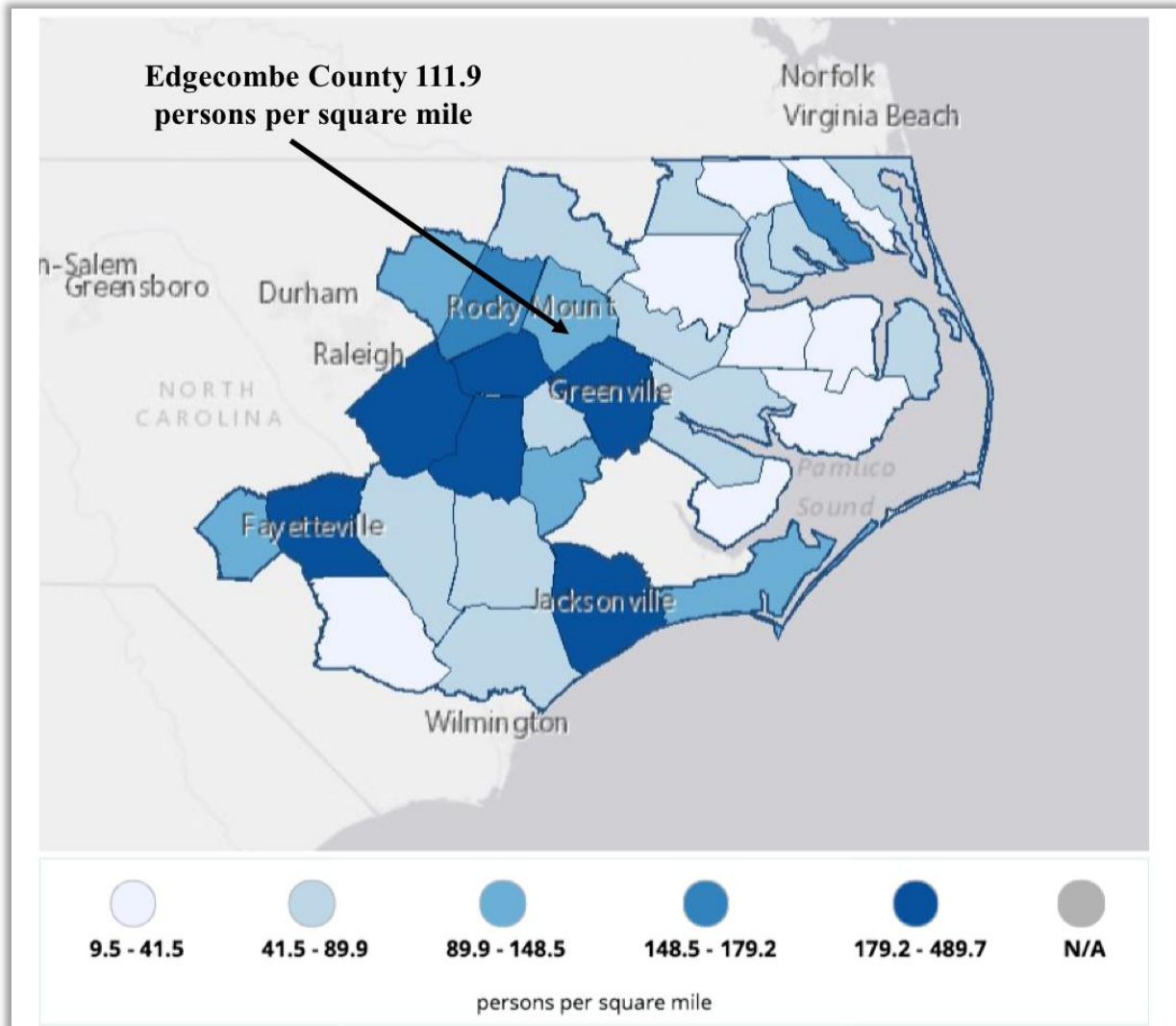


Figure 10 shows the population density of Edgecombe County compared to other counties in the Health ENC region. Edgecombe County has a population density of 111.9 persons per square mile.

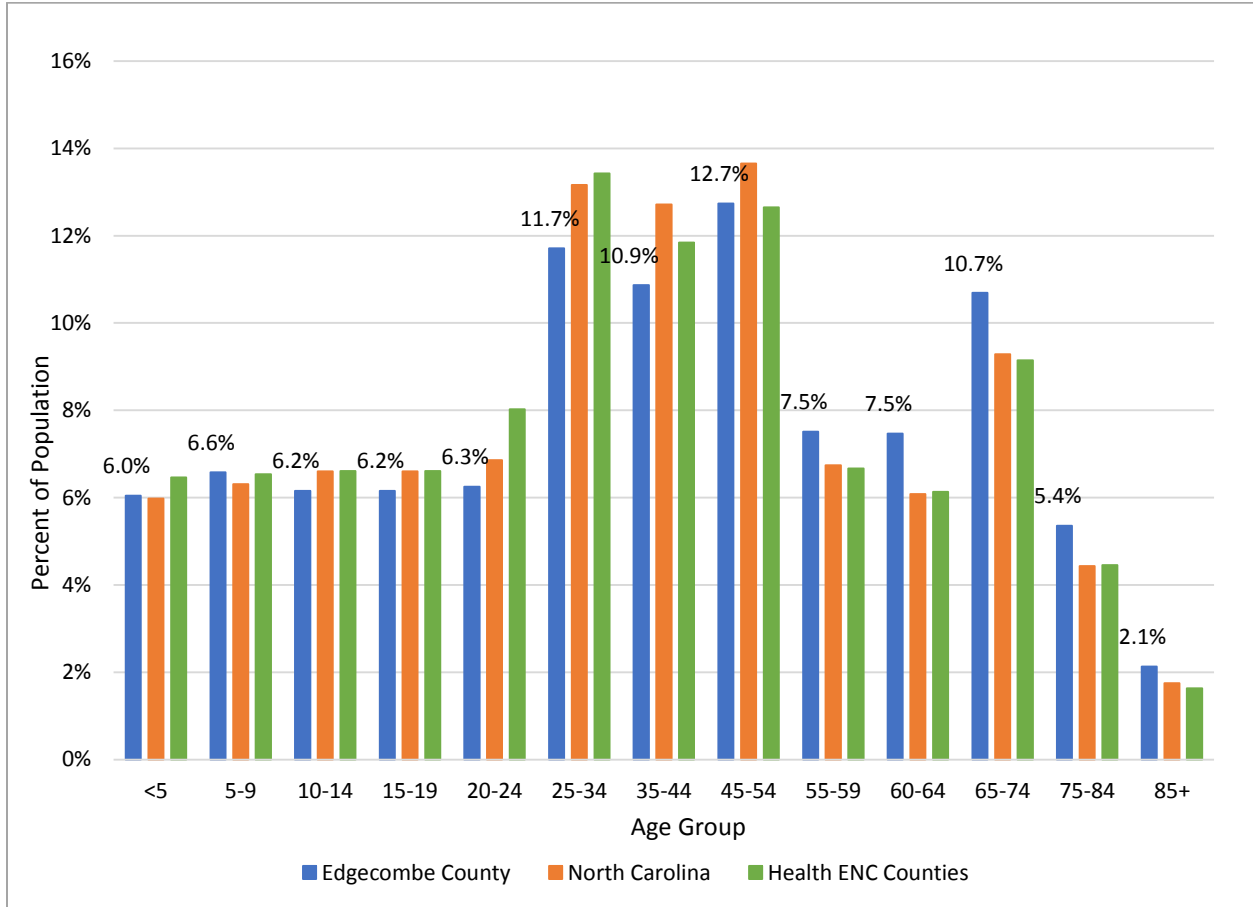
Figure 10. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

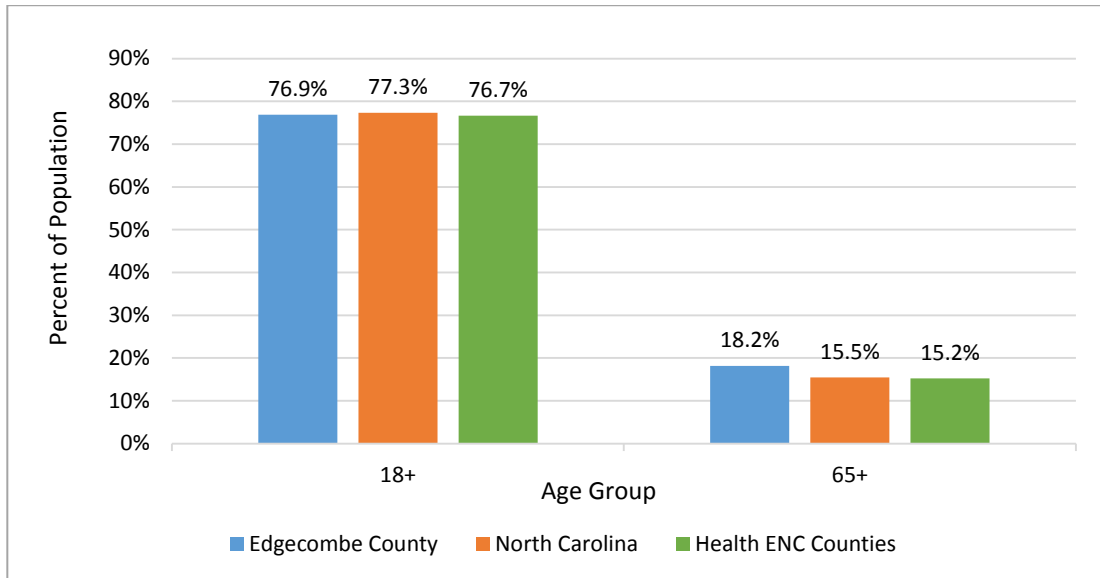
Overall, Edgecombe County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 11 shows the Edgecombe County population by age group. The 45-54 age group contains the highest percent of the population at 12.7%, while the 25-34 age group contains the next highest percent of the population at 11.7%.

Figure 11. Population by Age (U.S. Census Bureau, 2016)



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).

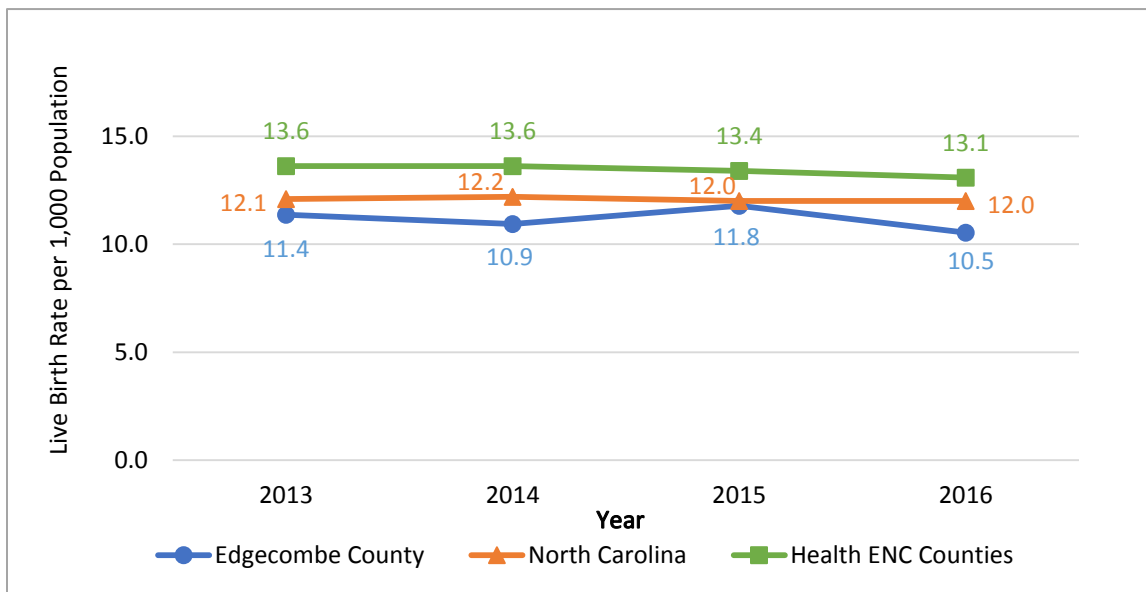
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Edgecombe County	46.3%	53.7%	74.9%	16.2%	78.6%	19.9%	38.9	43.0
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

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

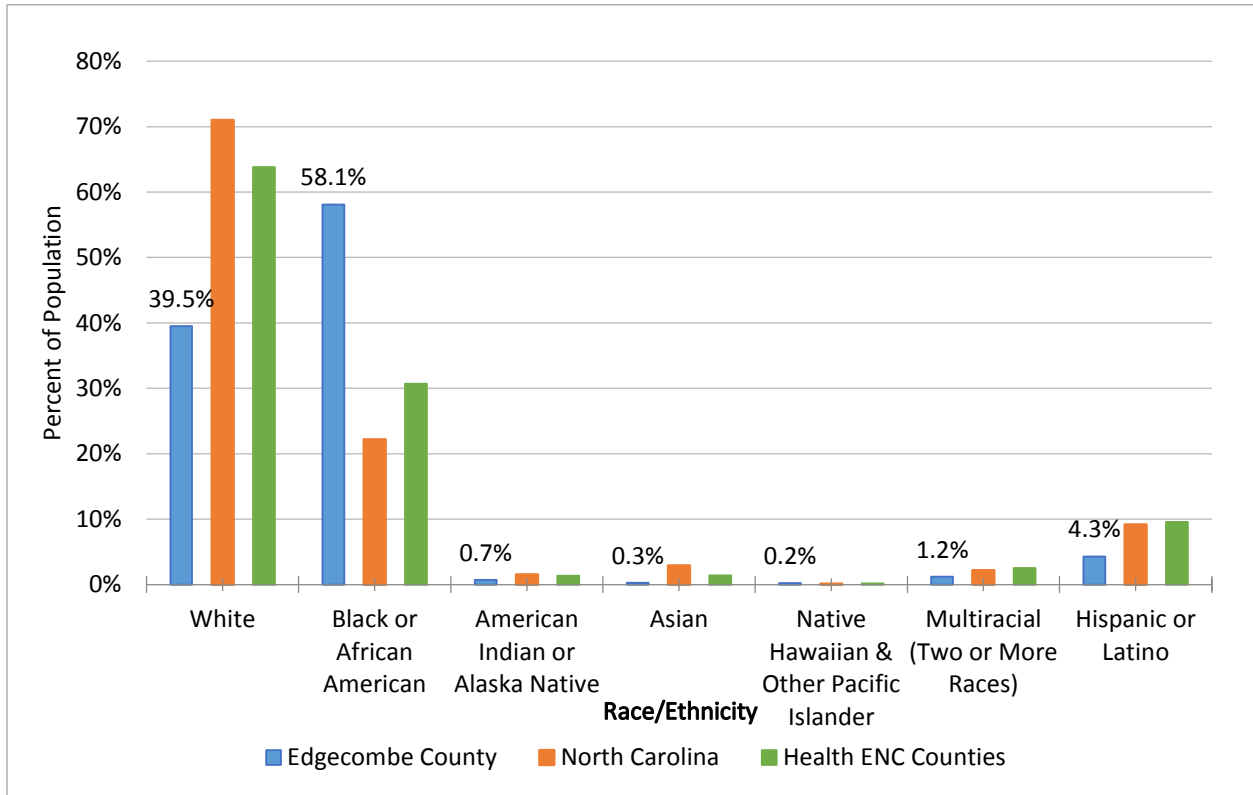
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income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

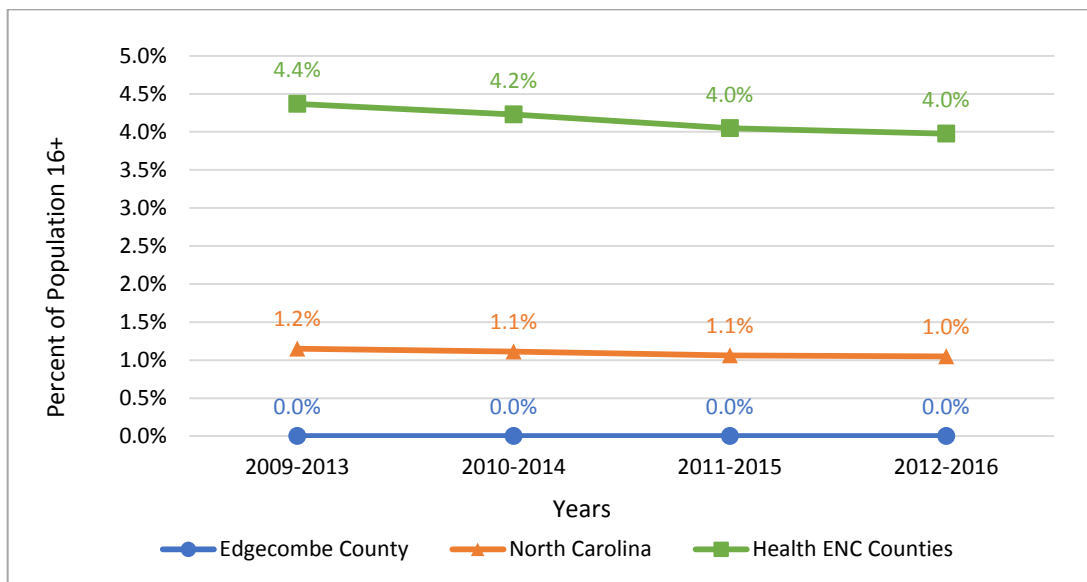
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

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)

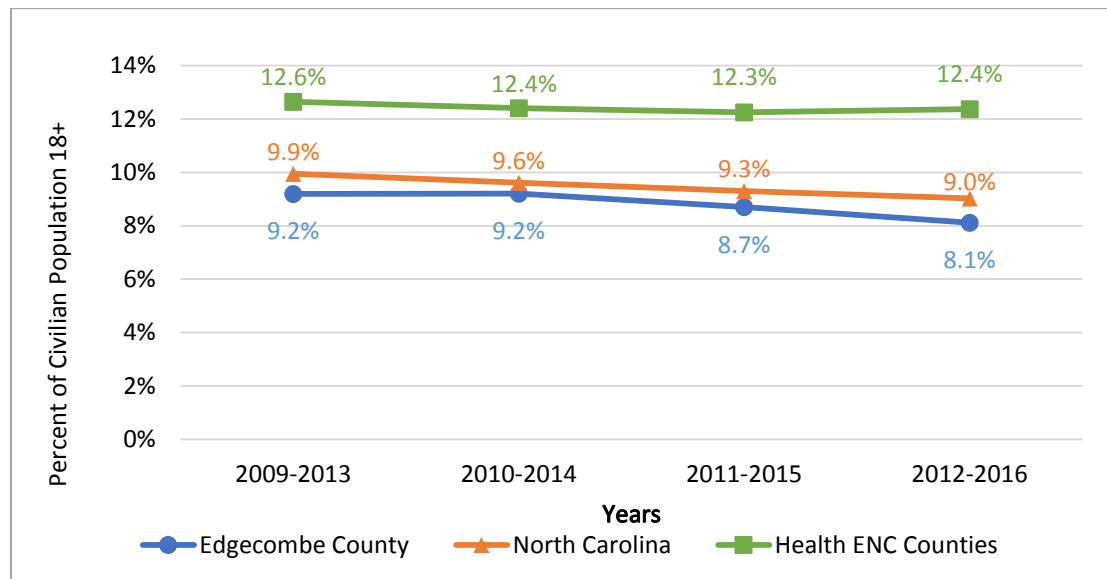


Veteran Population

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.

Figure 16. Veteran Population (American Community Survey, 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.

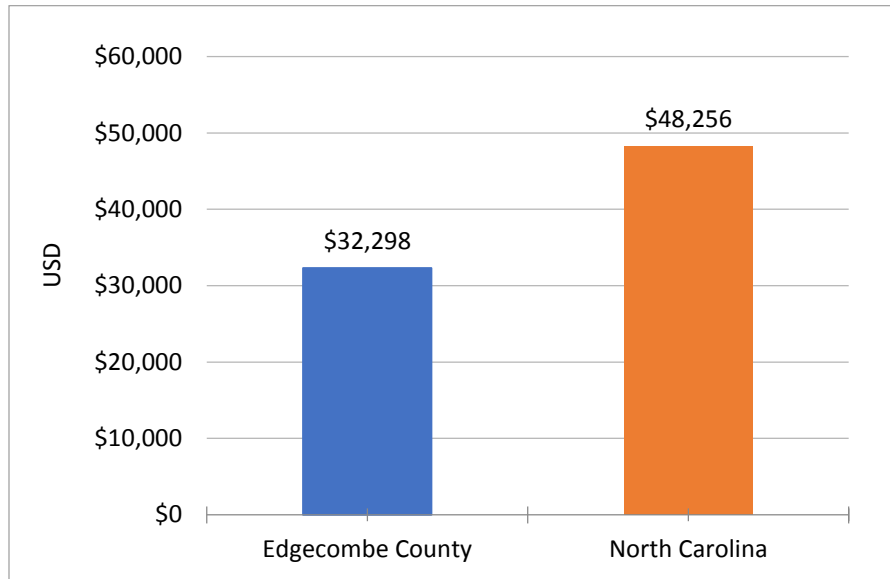
NC Department of Commerce Tier Designation

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

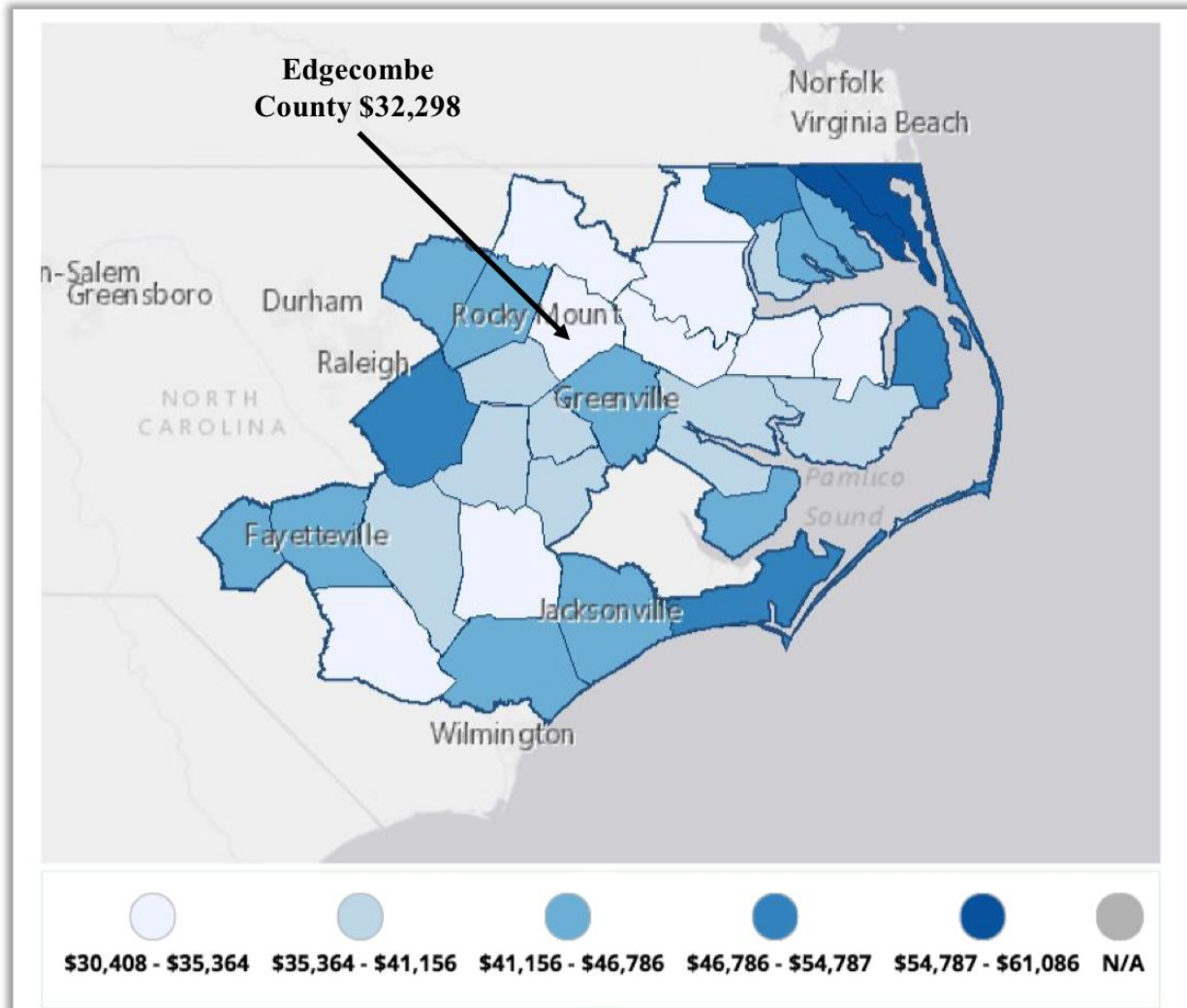
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 17 shows the median household income in Edgecombe County (\$32,298), which is lower than the median household income in North Carolina (\$48,256).

Figure 17. Median Household Income (American Community Survey, 2012-2016)



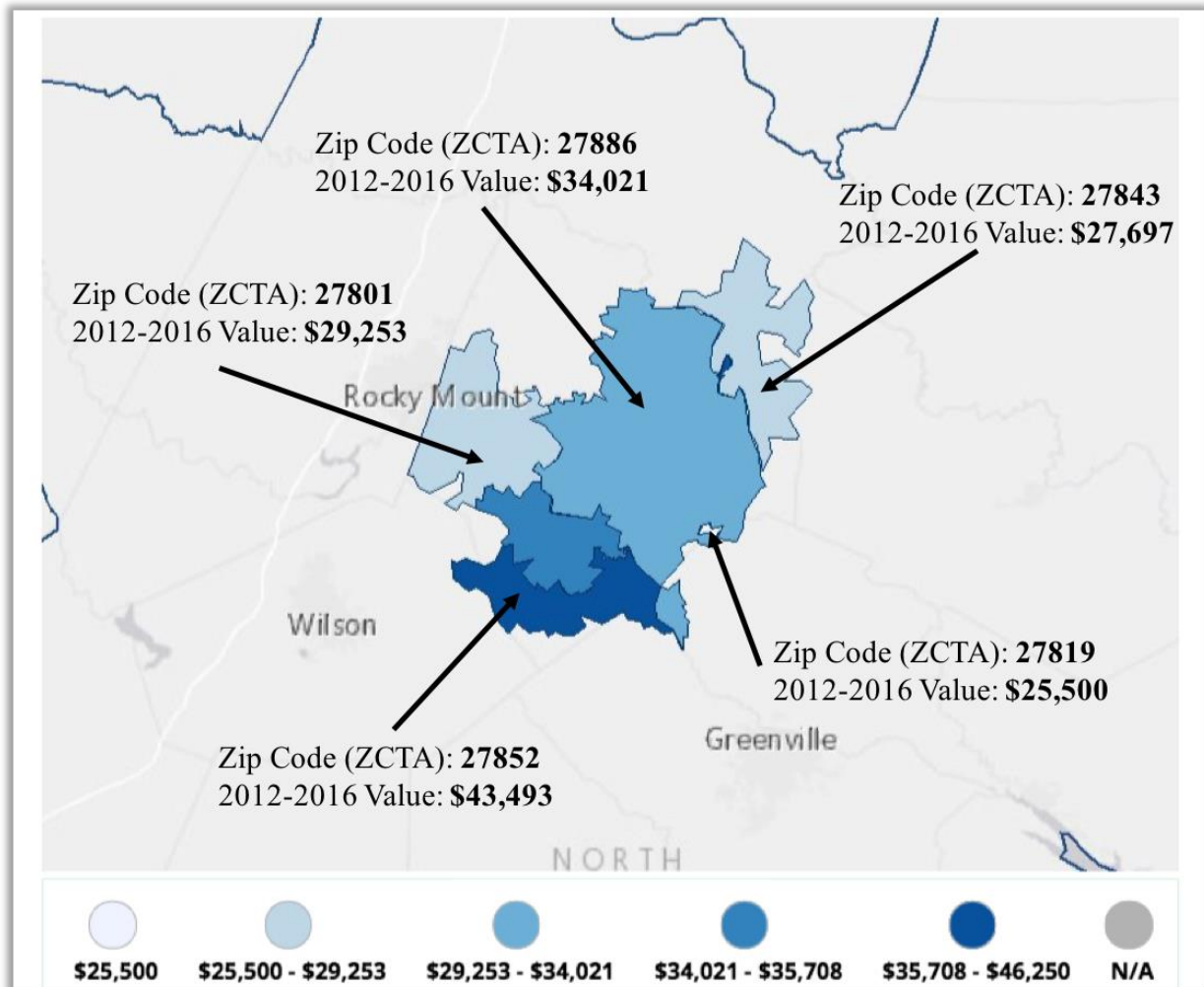
Compared to counties in the Health ENC region, Edgecombe County has a relatively low median household income. Bladen, Bertie, and Tyrrell are three counties with a lower median household income than Edgecombe County; the remaining 29 counties in the Health ENC region have a higher median household income (Figure 18).

Figure 18. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)



Within Edgecombe County, zip code 27189 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)

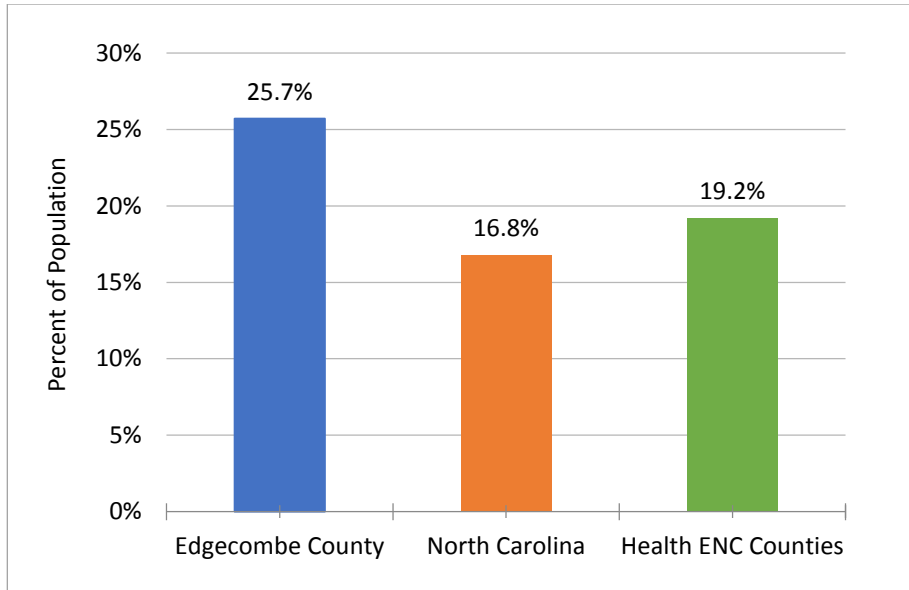


Poverty

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)

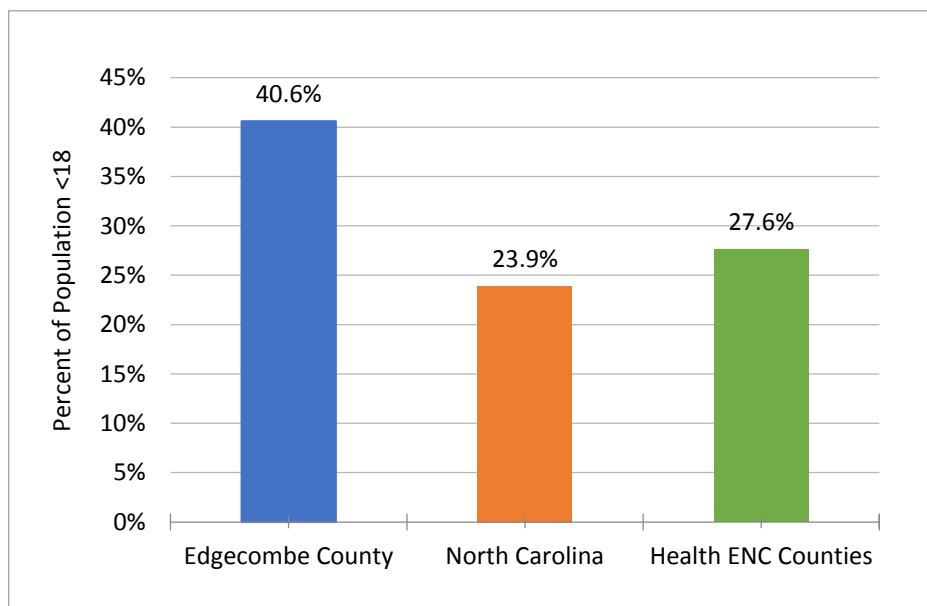
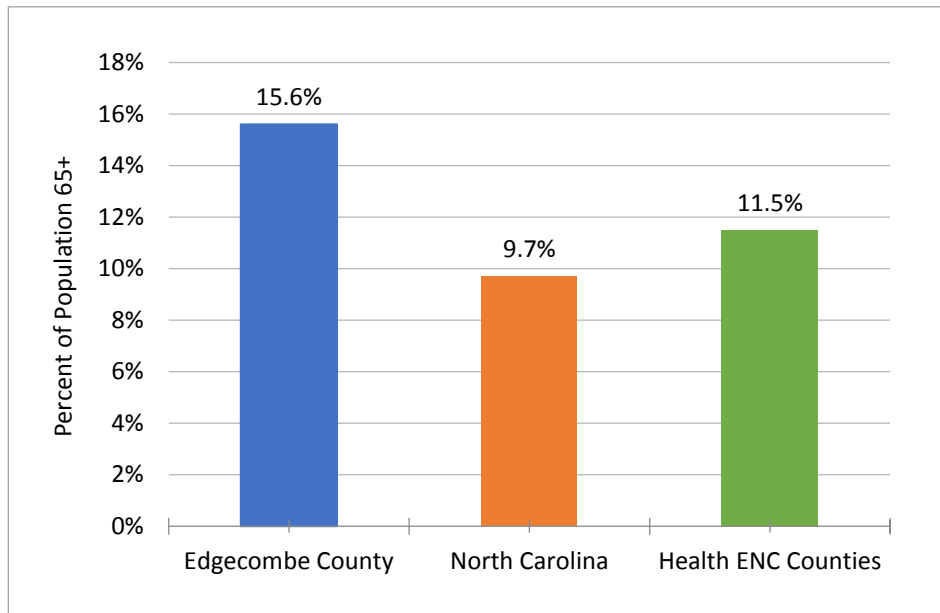
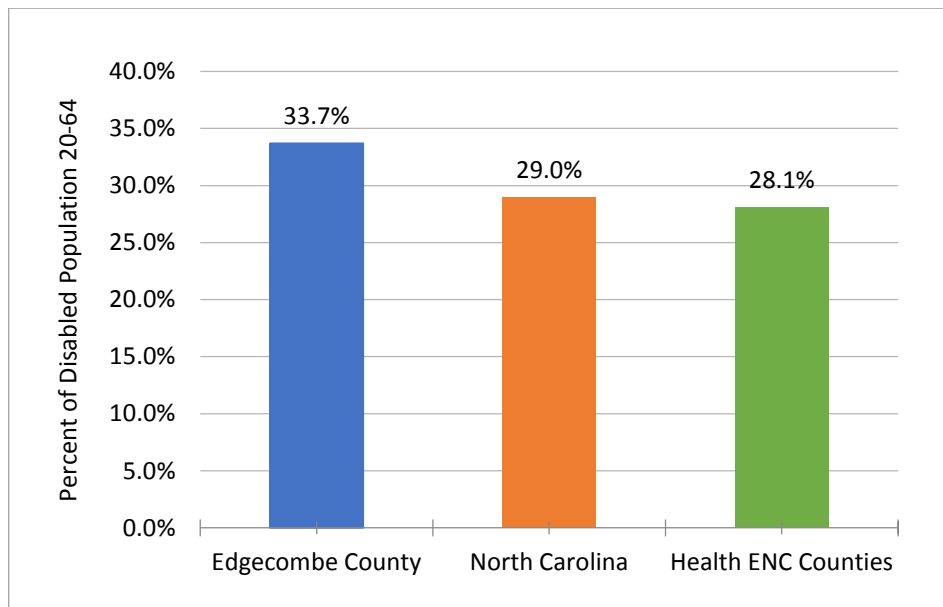


Figure 22. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 23, the percent of disabled people living in poverty in Edgemcombe County (33.7%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 23. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

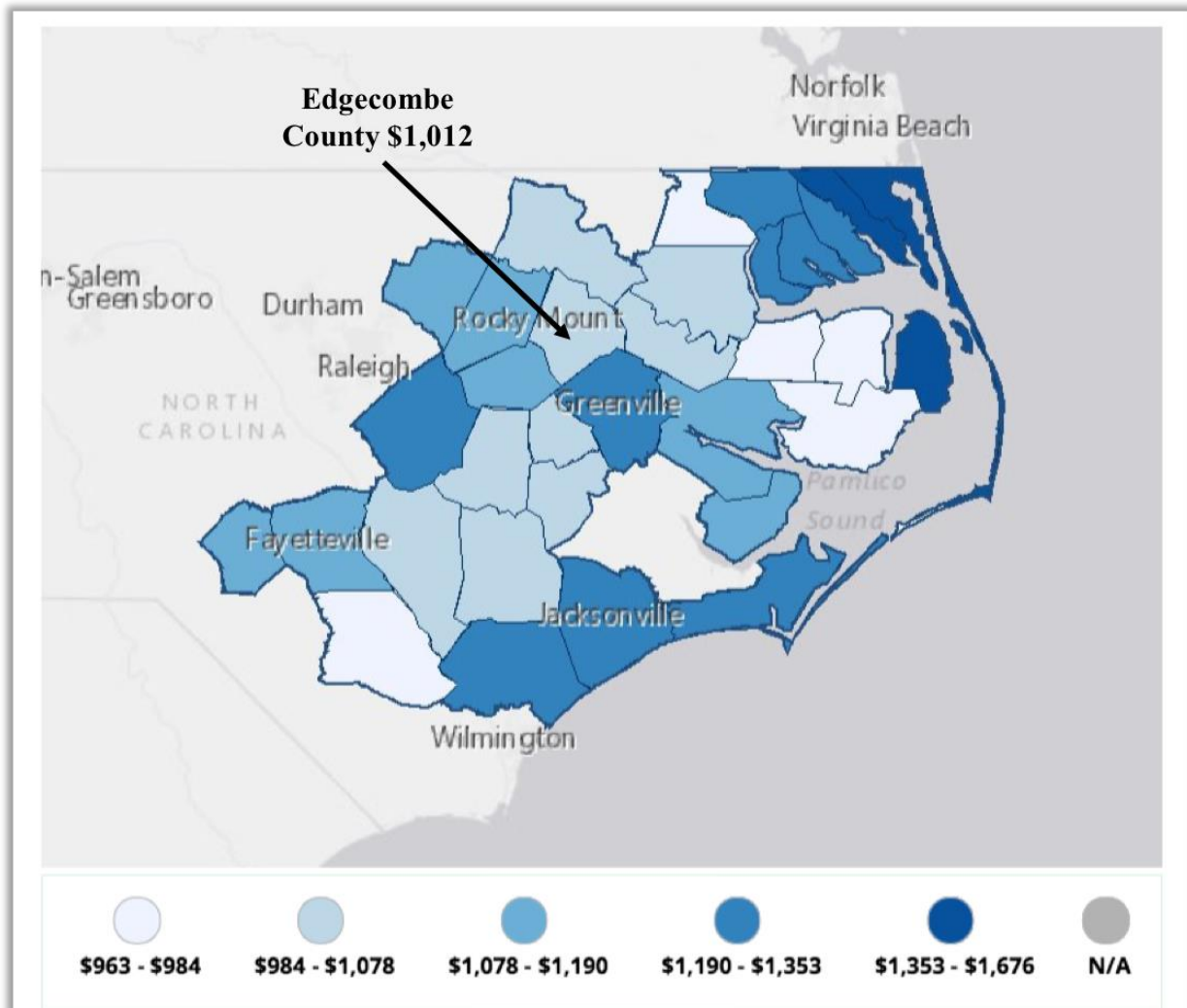


Housing

The average household size in Edgecombe County is 2.5 people per household, which is equal to the North Carolina value.

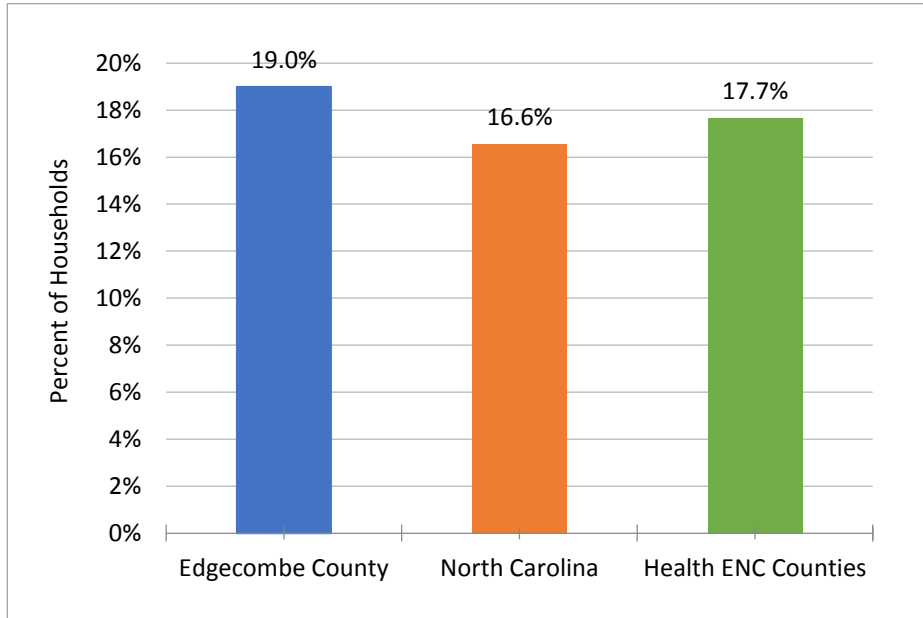
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 24 shows mortgaged owners median monthly household costs in the Health ENC region. In Edgecombe County, the median housing costs for homeowners with a mortgage is \$1,012. This is lower than the 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.

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

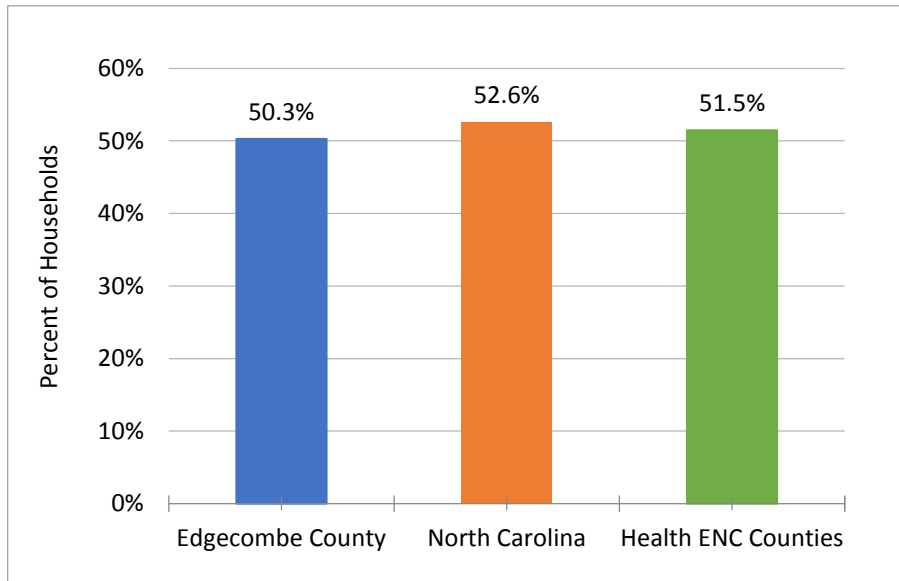


Food Insecurity

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%.

Figure 26. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Employment

According to North Carolina Commerce data from 2017, the top five largest employers in Edgecombe County are:

- QVC Rocky Mount Inc. : 1000+ employees
- City of Rocky Mount: 1000+ employees
- Edgecombe Tarboro Board of Education: 500-999 employees
- The Hillshire Brands Company: 500-999 employees
- Edgecombe County: 500-999 employees

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.

Figure 27. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

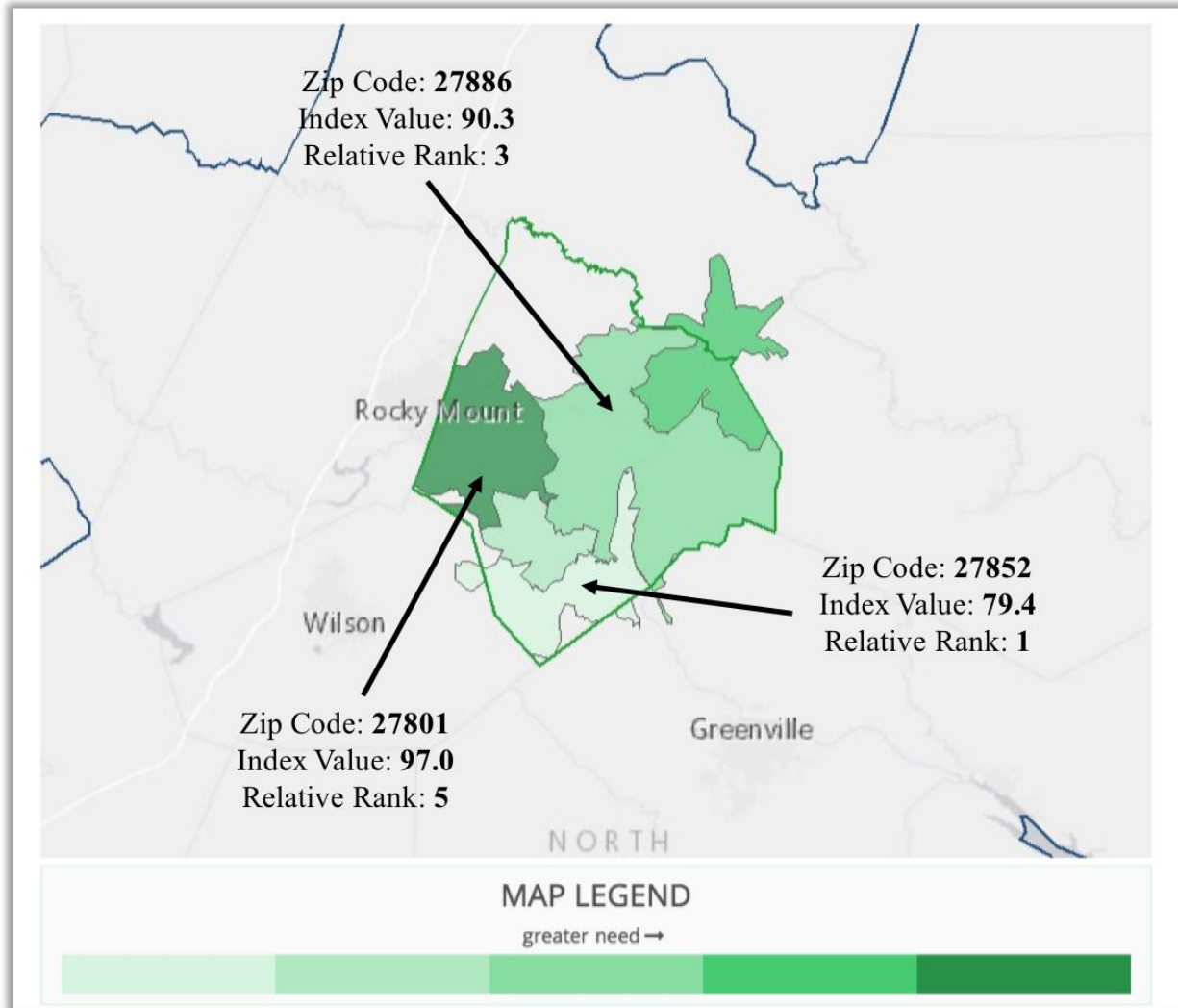


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27801	97.0	5
27843	94.6	4
27886	90.3	3
27864	88.9	2
27852	79.4	1

Source: <http://www.healthenc.org/socionneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

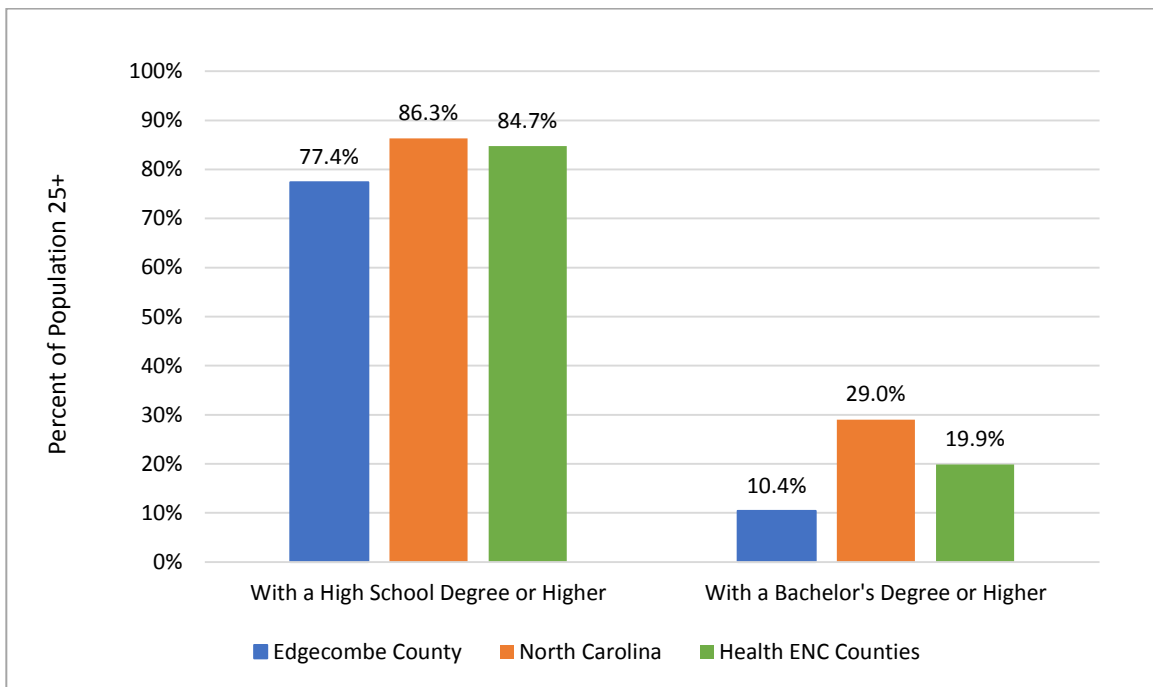
Educational Profile

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.

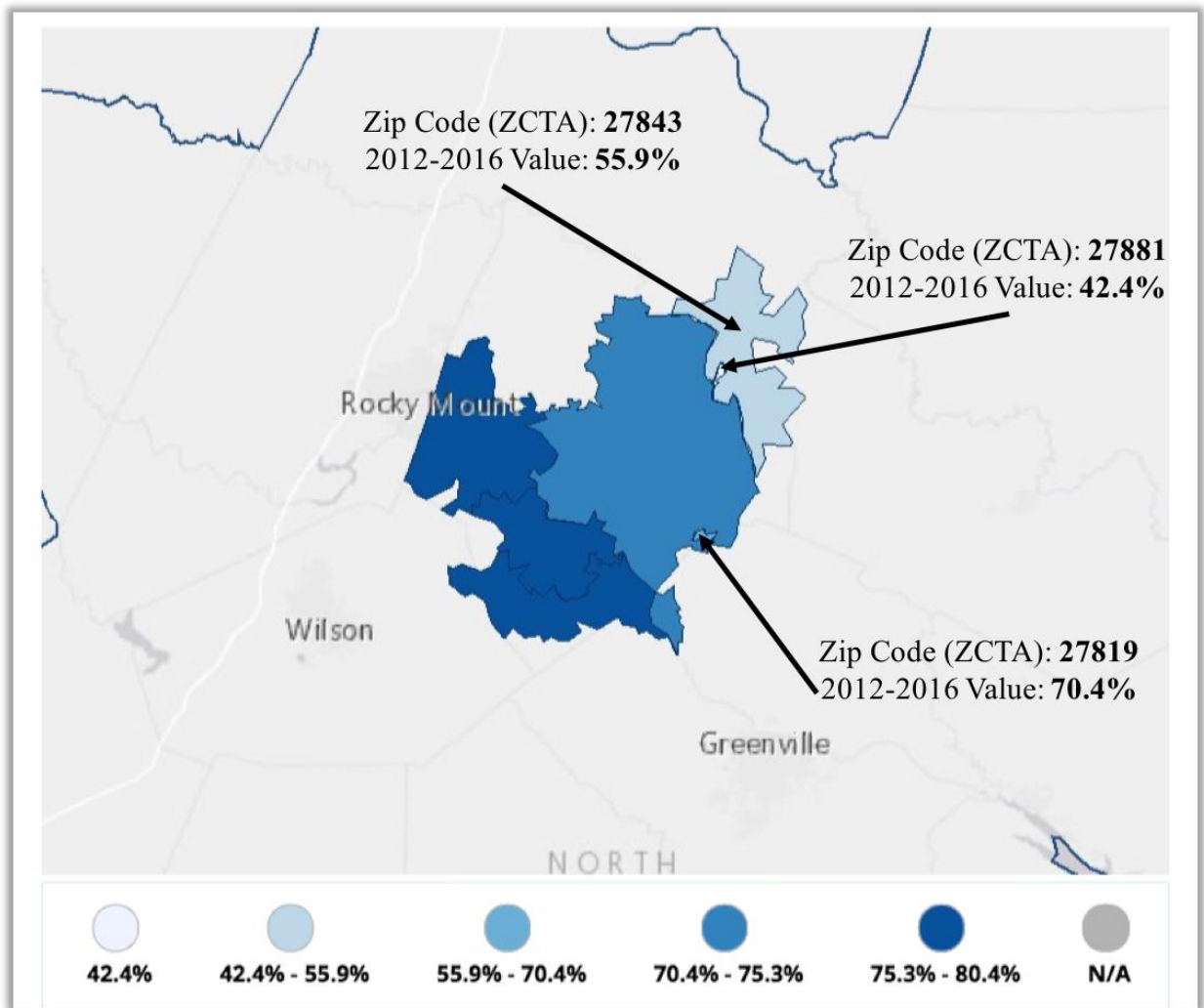
Countywide, the percent of residents 25 or older with a high school degree or higher (77.4%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 28). Higher educational attainment in Edgecombe County is lower than the state value and the Health ENC region. In Edgecombe County, 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)

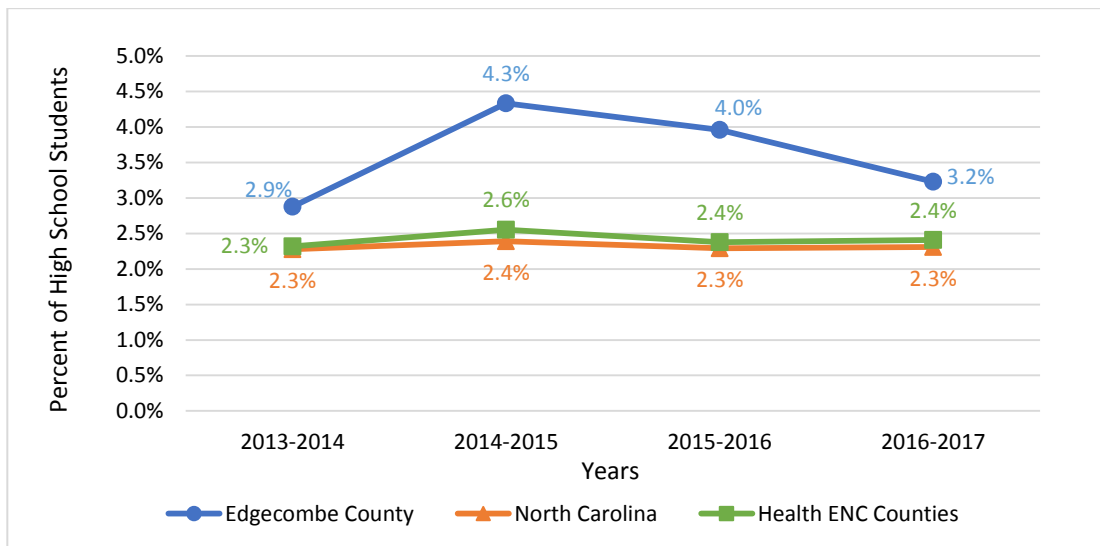


High School Dropouts

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.

Figure 30. High School Dropout Rate (North Carolina Department of Public Instruction)



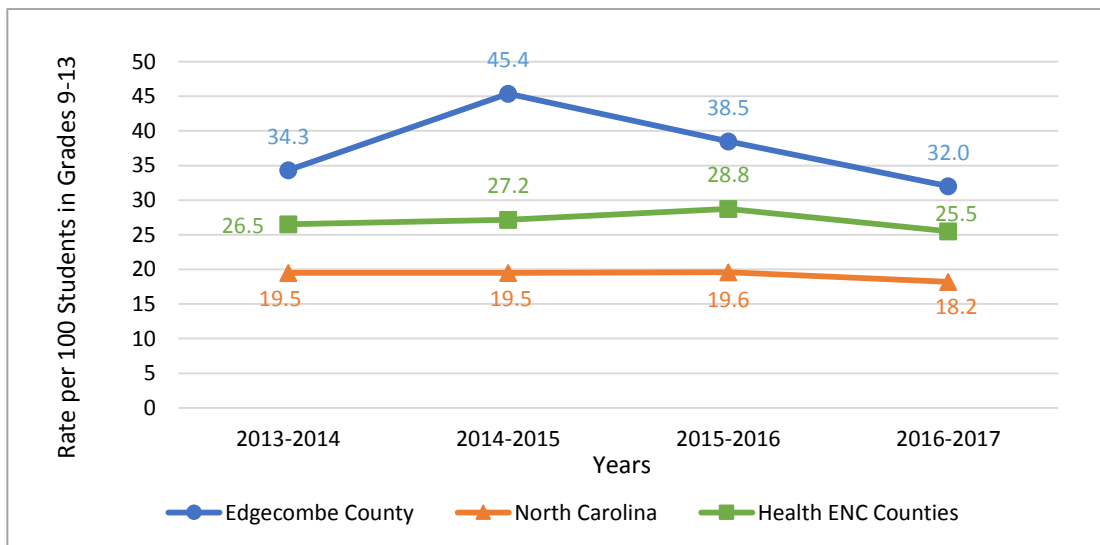
High School Suspension Rate

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)



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)

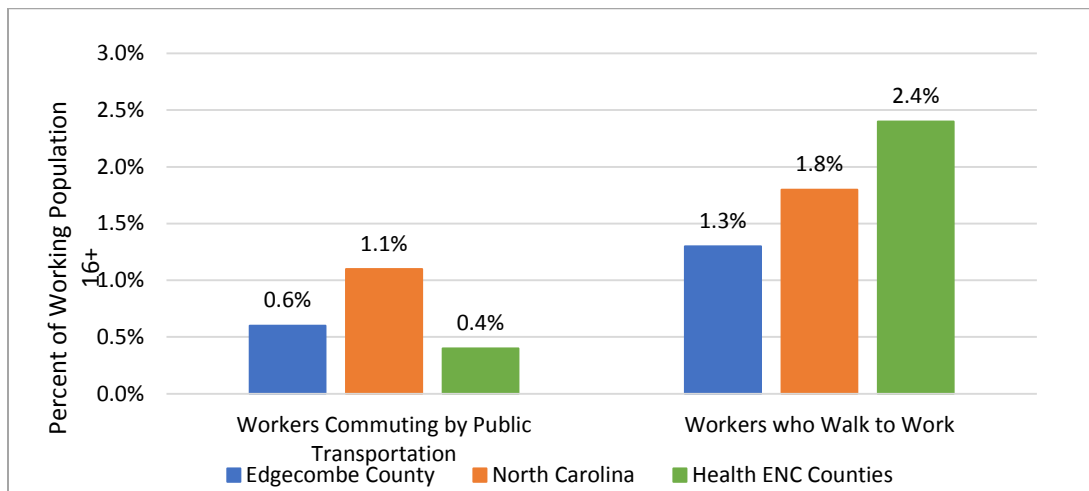
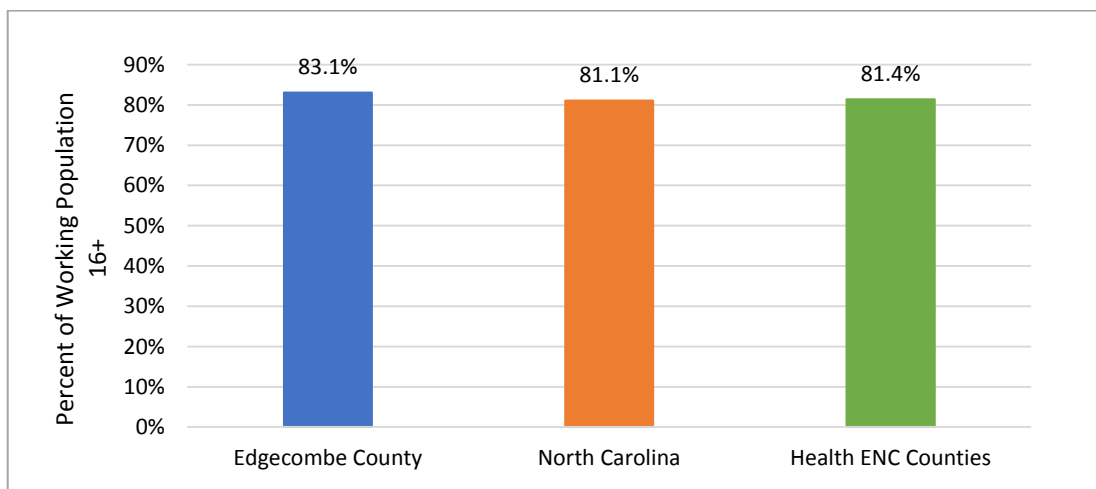


Figure 33. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



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)

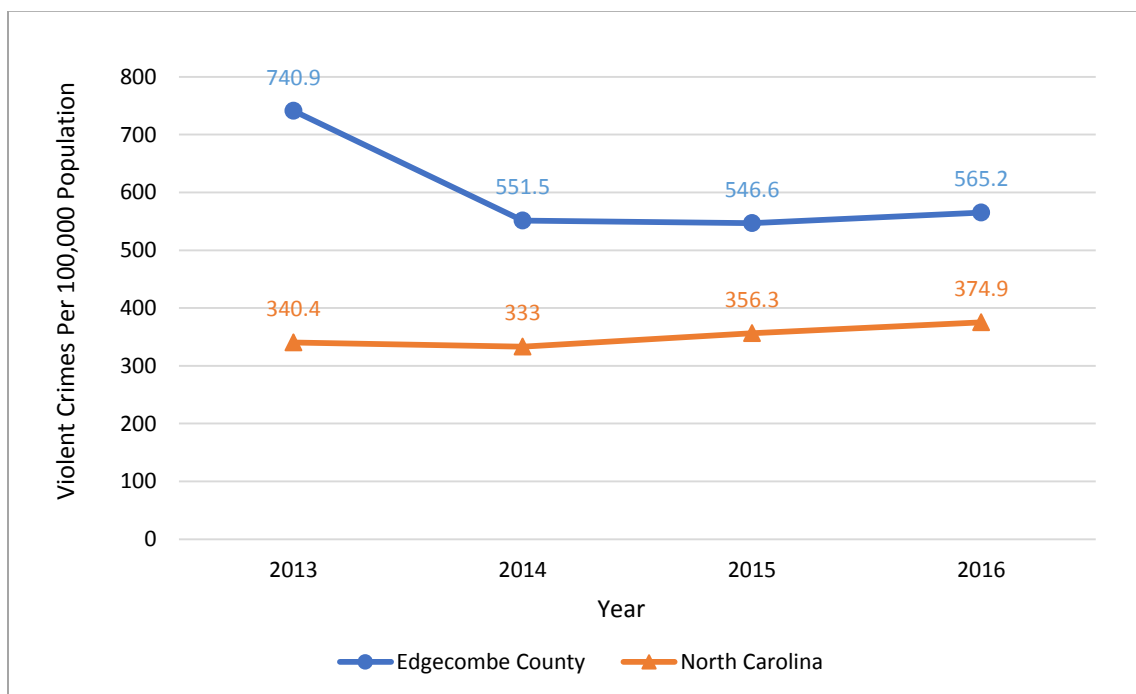
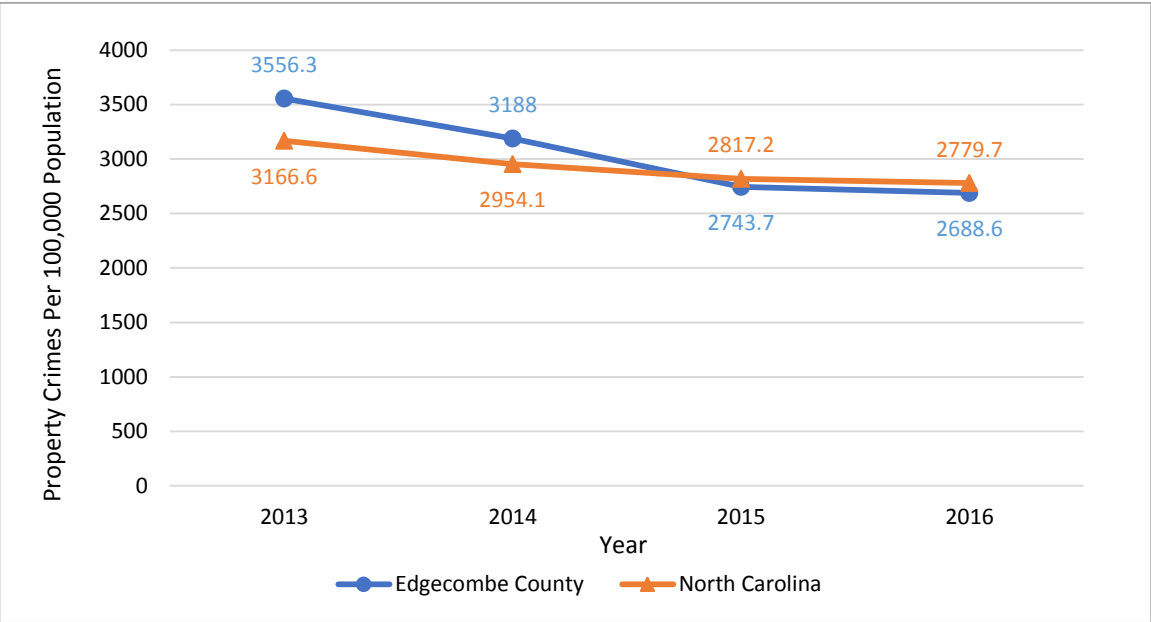


Figure 35. Property Crime Rate (North Carolina Department of Justice)



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 36. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

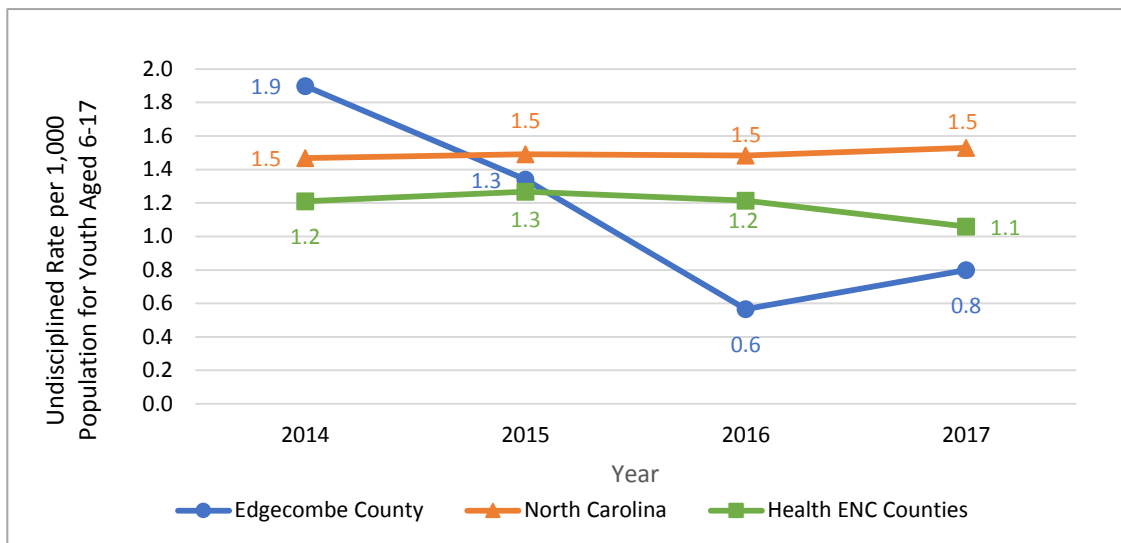
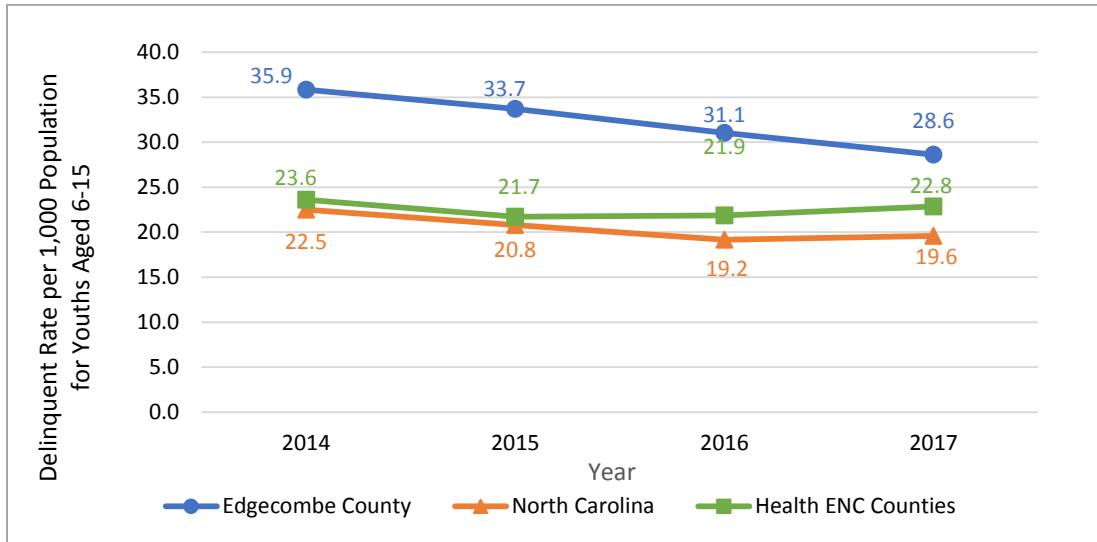


Figure 37 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the values in Edgecombe County are decreasing, the 2017 juvenile delinquent rate for Edgecombe County (28.6) is still higher than North Carolina (19.6) and the Health ENC region (22.8).

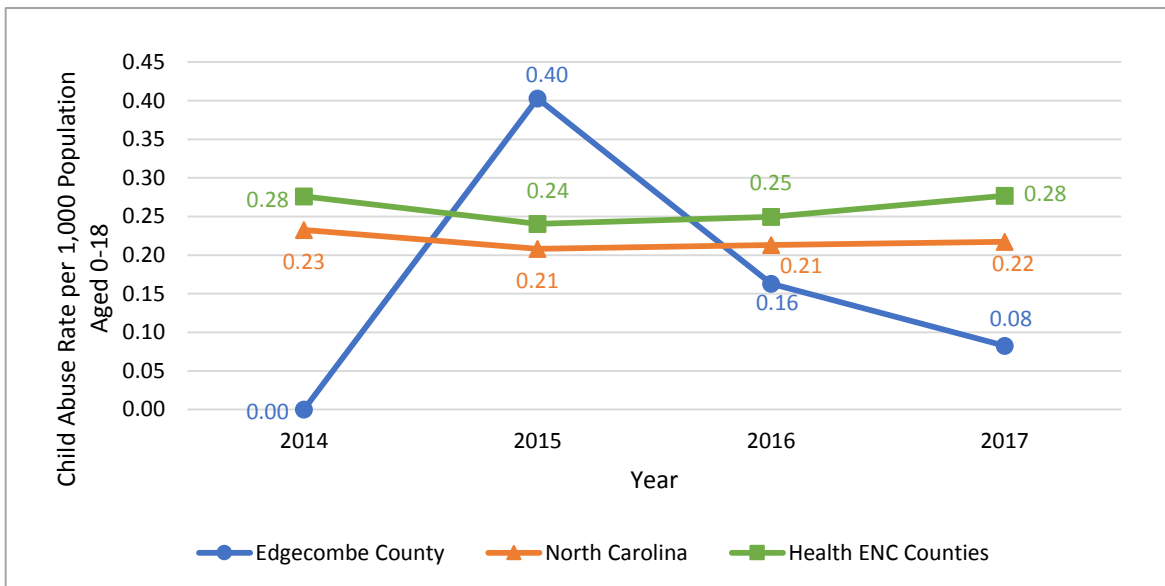
Figure 37. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



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)

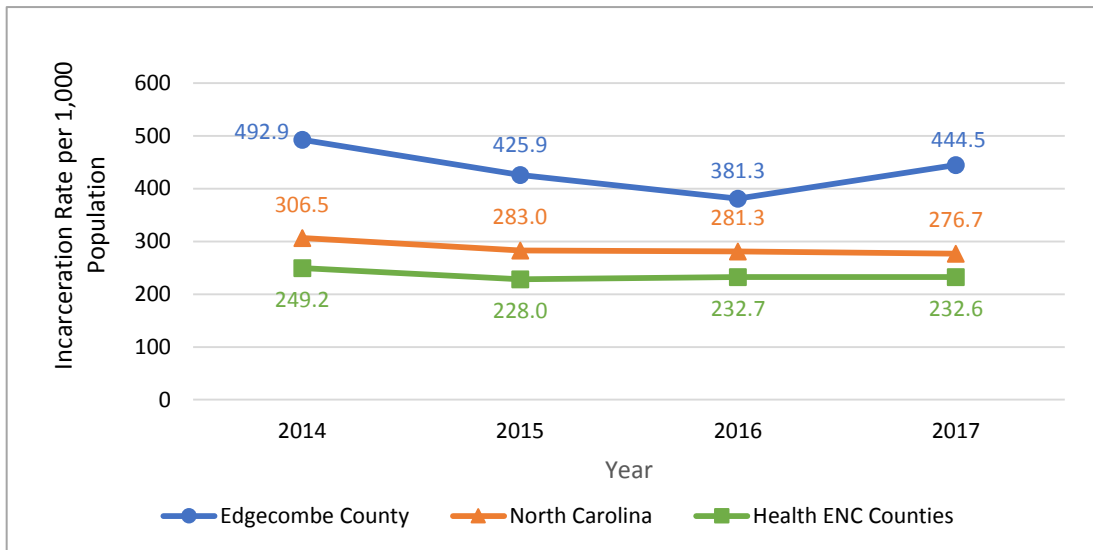


Incarceration

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).

Figure 39. Incarceration Rate (North Carolina Department of Public Safety)



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 40. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

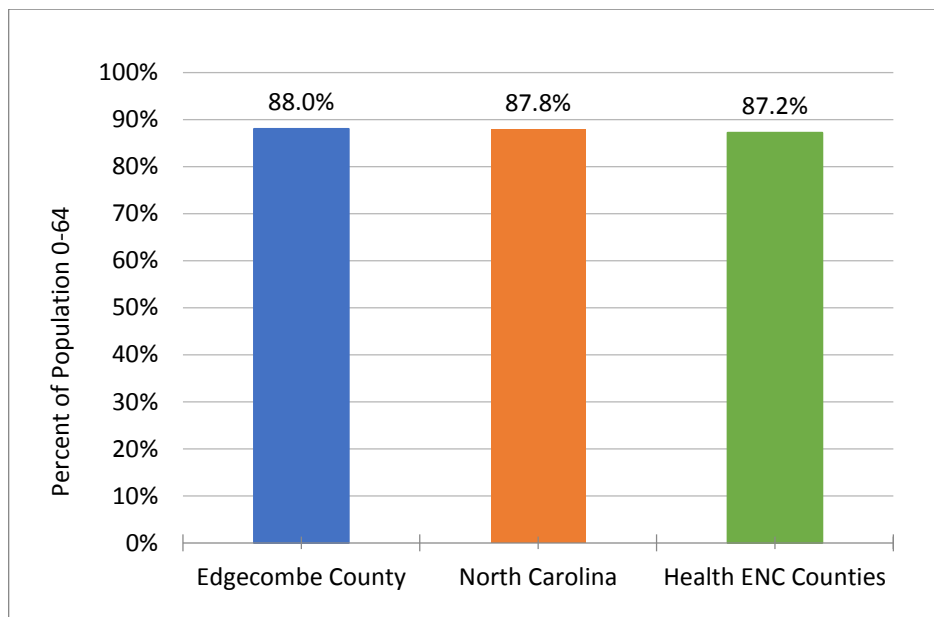
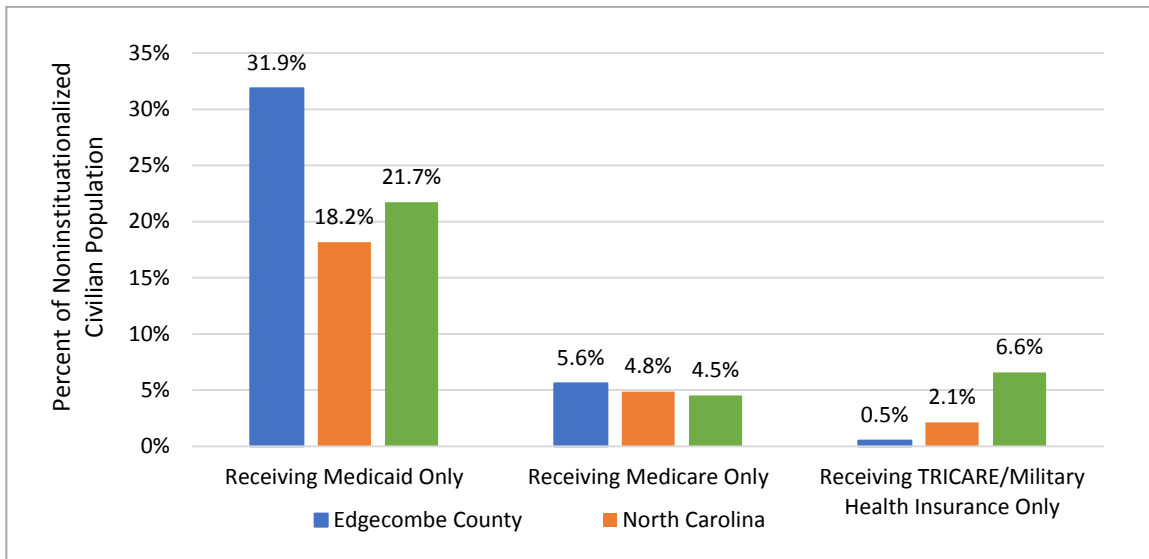


Figure 41 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Edgecombe County has a higher percent of people receiving Medicaid (31.9%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving 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)



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)

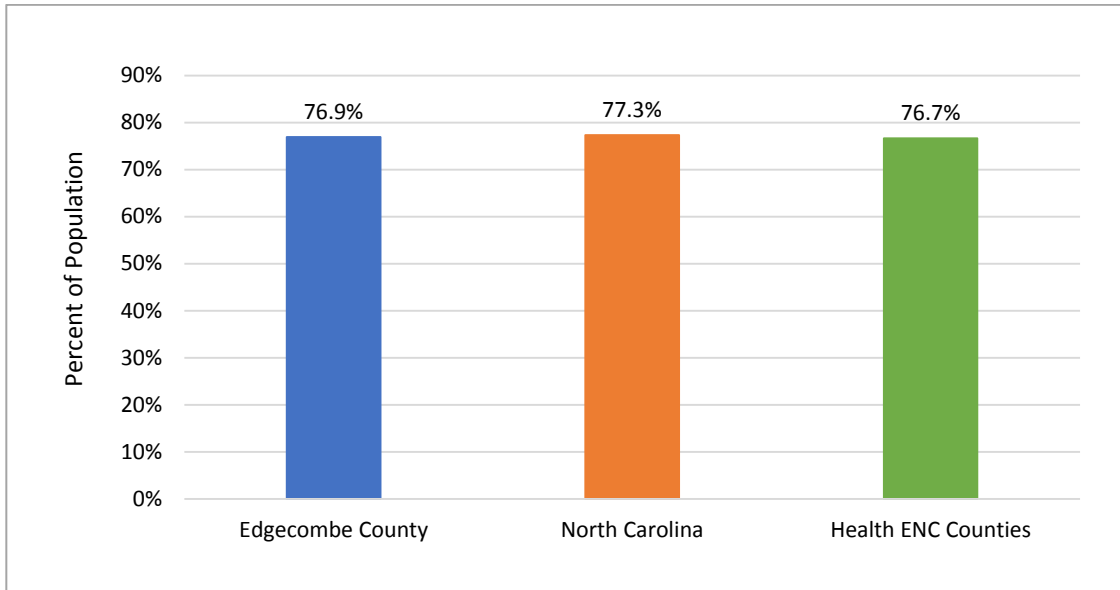
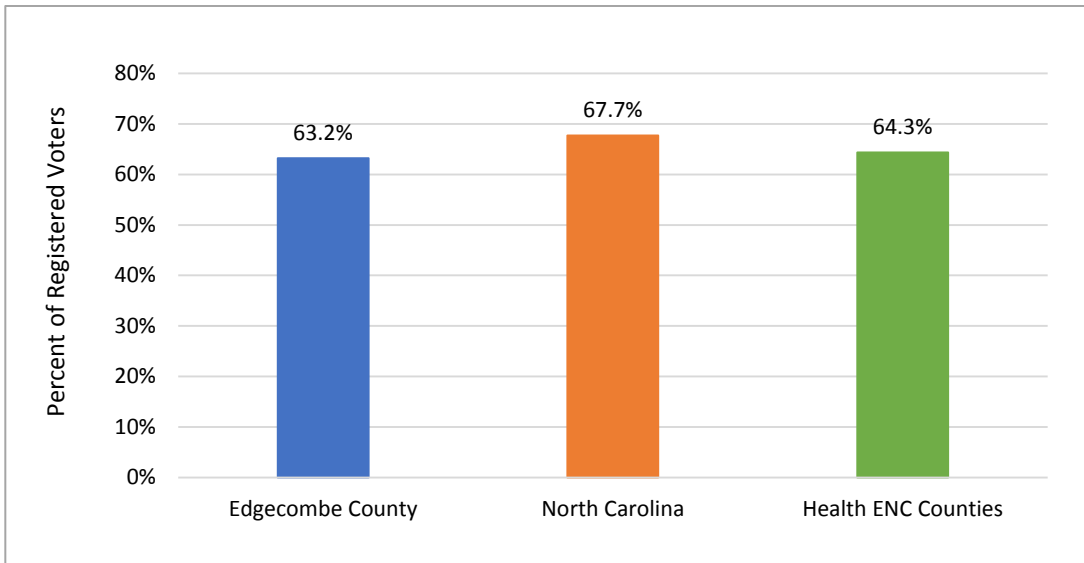


Figure 43 shows the percent of registered voters who voted in the last presidential election. The rate in Edgecombe County was 63.2%, which is lower than the state value (67.7%) and slightly lower than the Health ENC counties (64.3%).

**Figure 43. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



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 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Men's Health	2.20
Heart Disease & Stroke	2.14
Prevention & Safety	2.13
Public Safety	2.09
Economy	2.06
Maternal, Fetal & Infant Health	2.02

*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 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 response 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

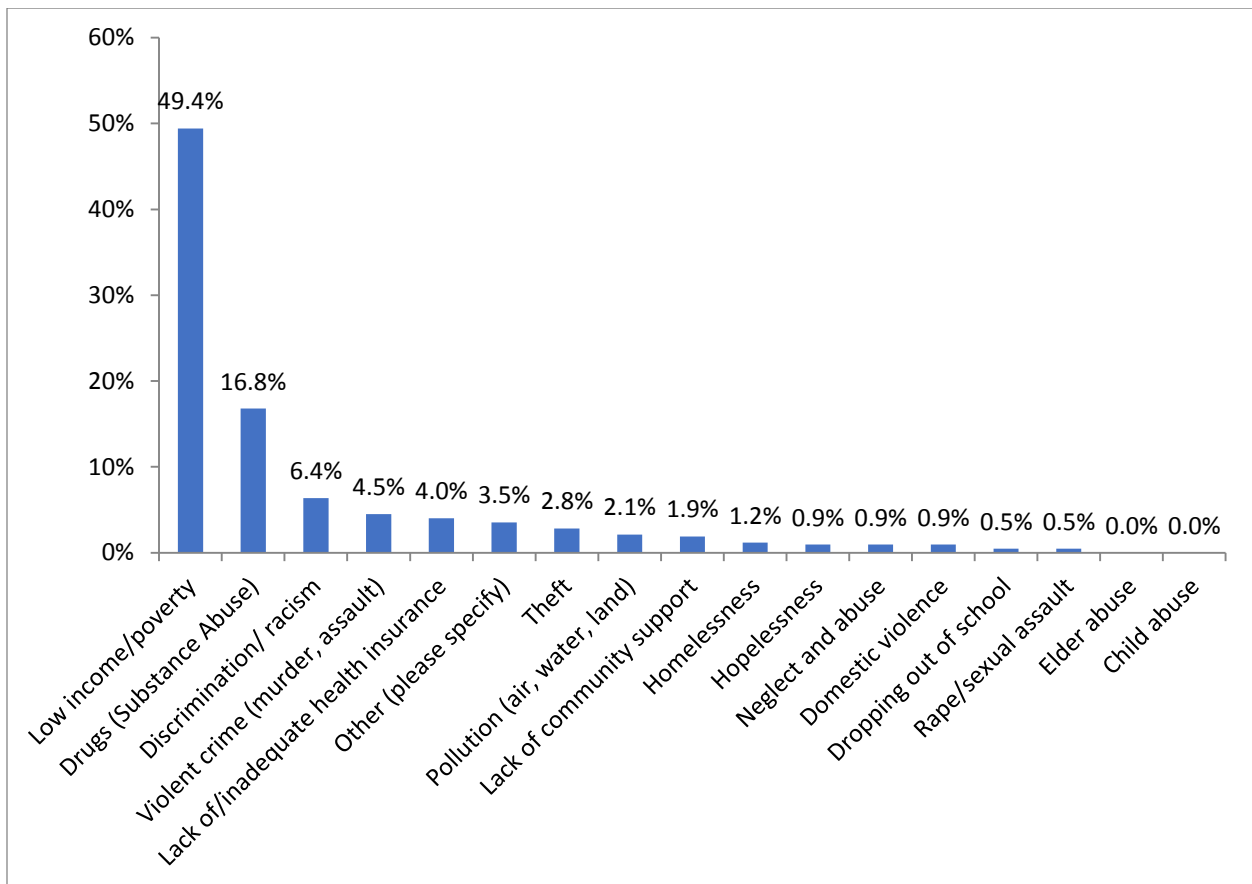


Figure 45 and 46 display the level of agreement among Edgecombe County residents in response to nine statements about their community. More than half of English survey respondents agreed or strongly agreed that the county is a good place to grow old. While more than half of English survey respondents 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

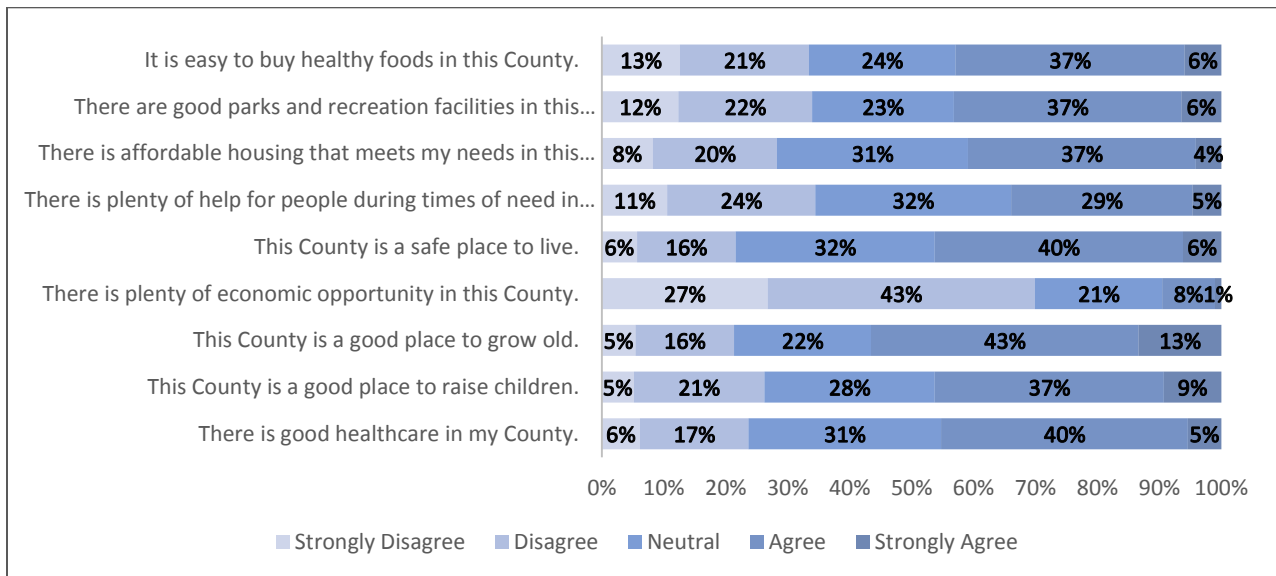
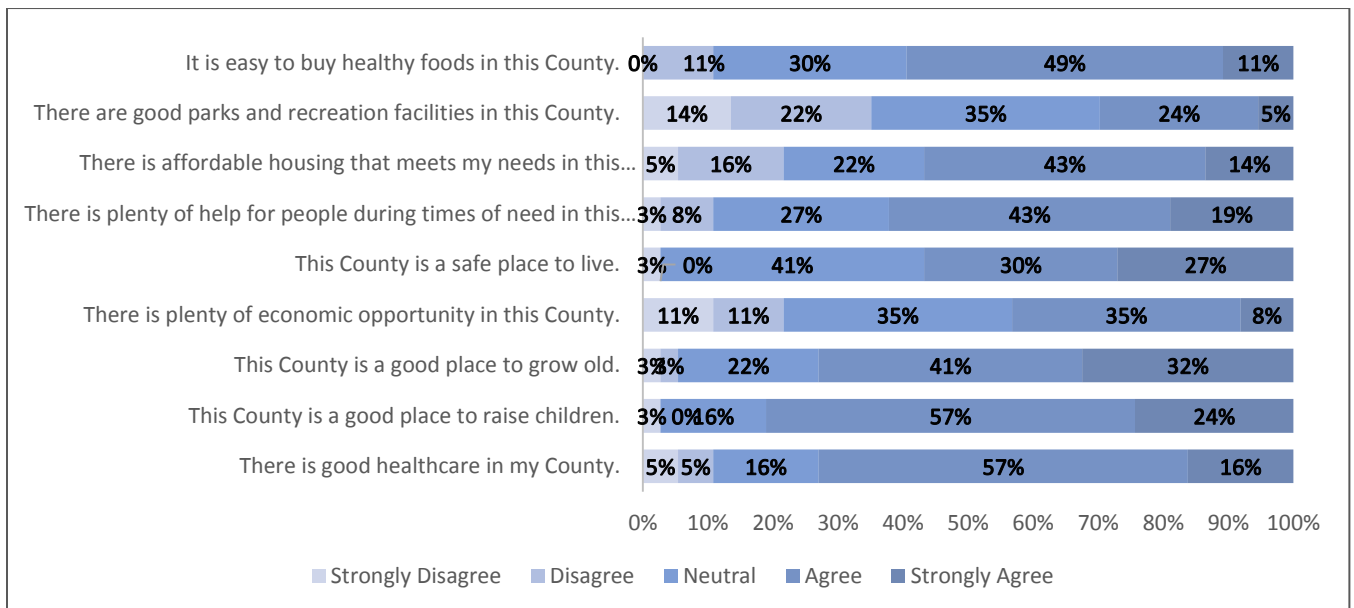


Figure 46. Level of Agreement Among Edgecombe County Residents in Response to Nine Statements about their Community – Spanish



Figures 47 and 48 show 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

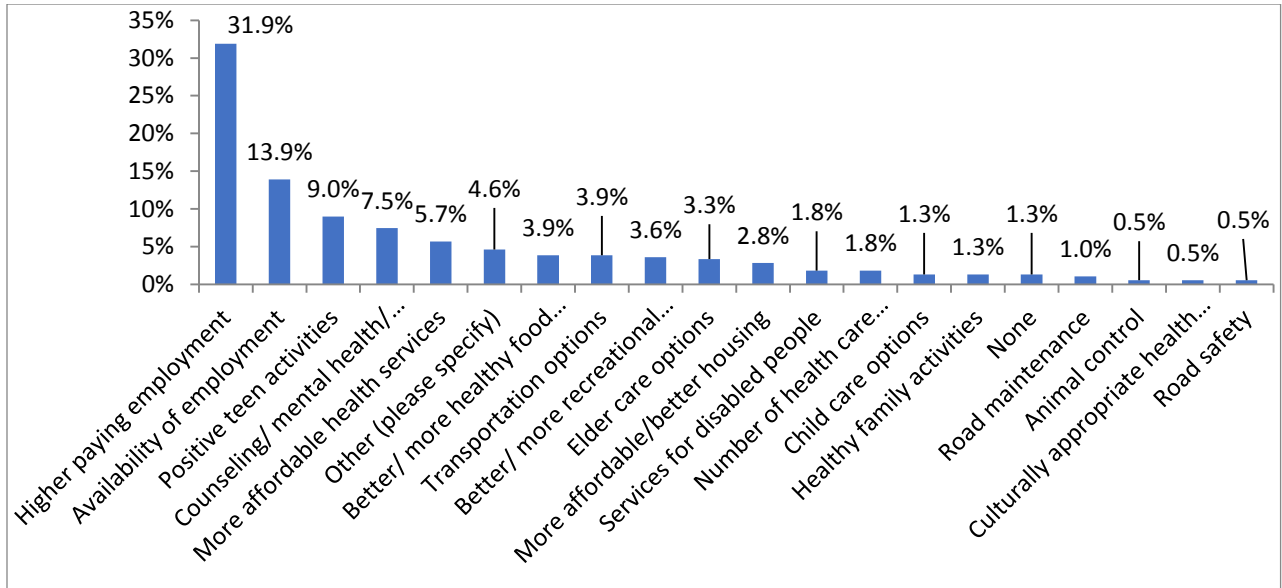
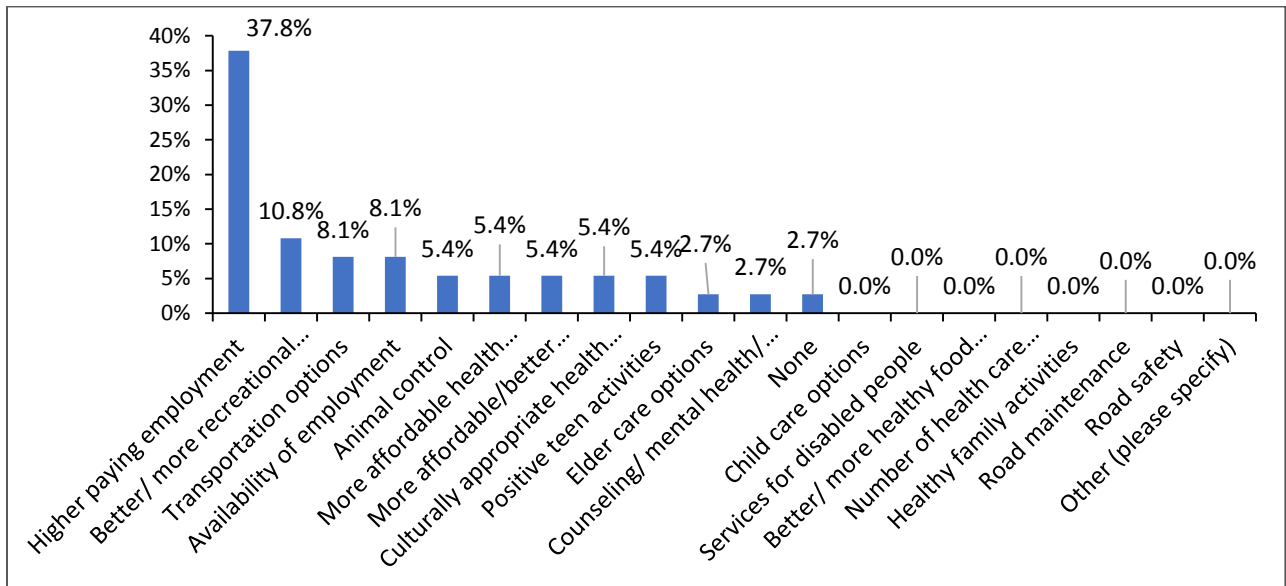


Figure 48. Services Needing the Most Improvement, as Ranked by Survey Respondents -Spanish



Figures 49 and 50 show 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

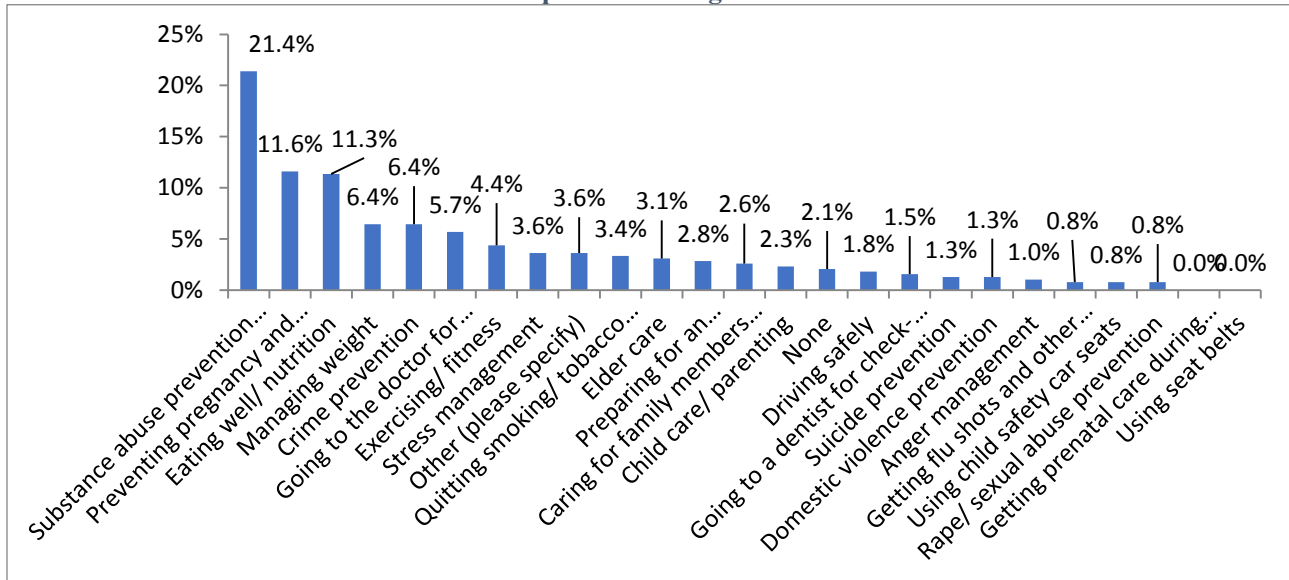
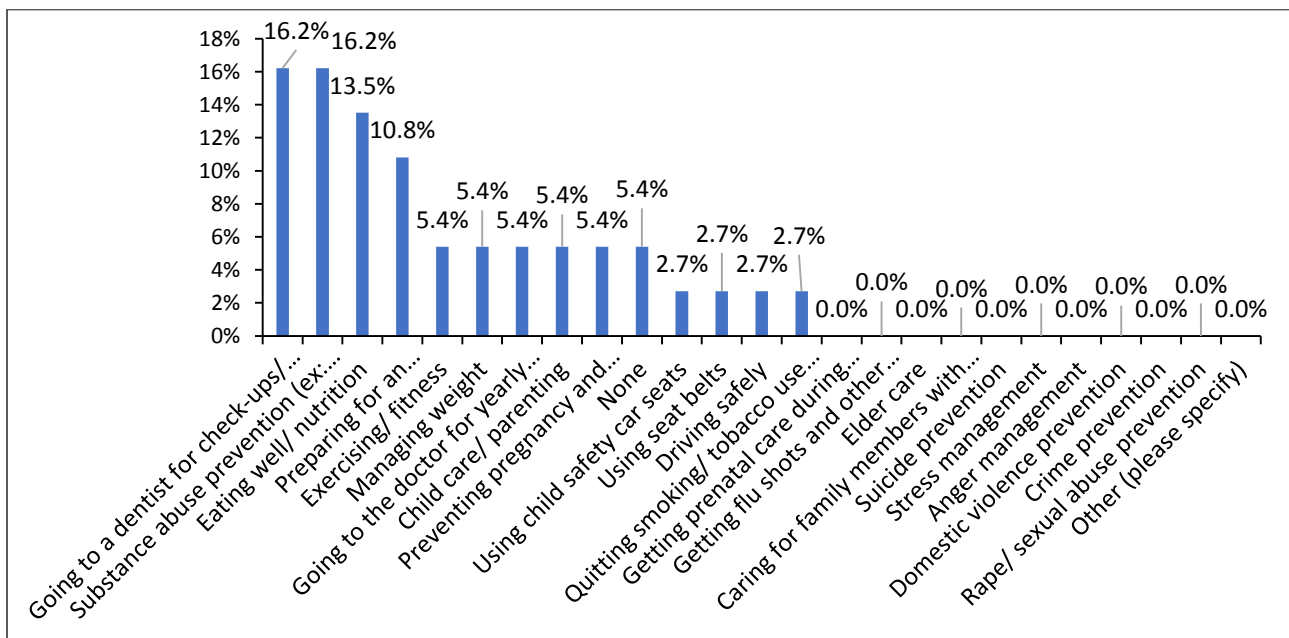


Figure 50. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents - Spanish



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

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	19
Access to Health Services	18
Economy	11
Men's Health	9
Heart Disease & Stroke	7
African American	7
Substance Abuse	7

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

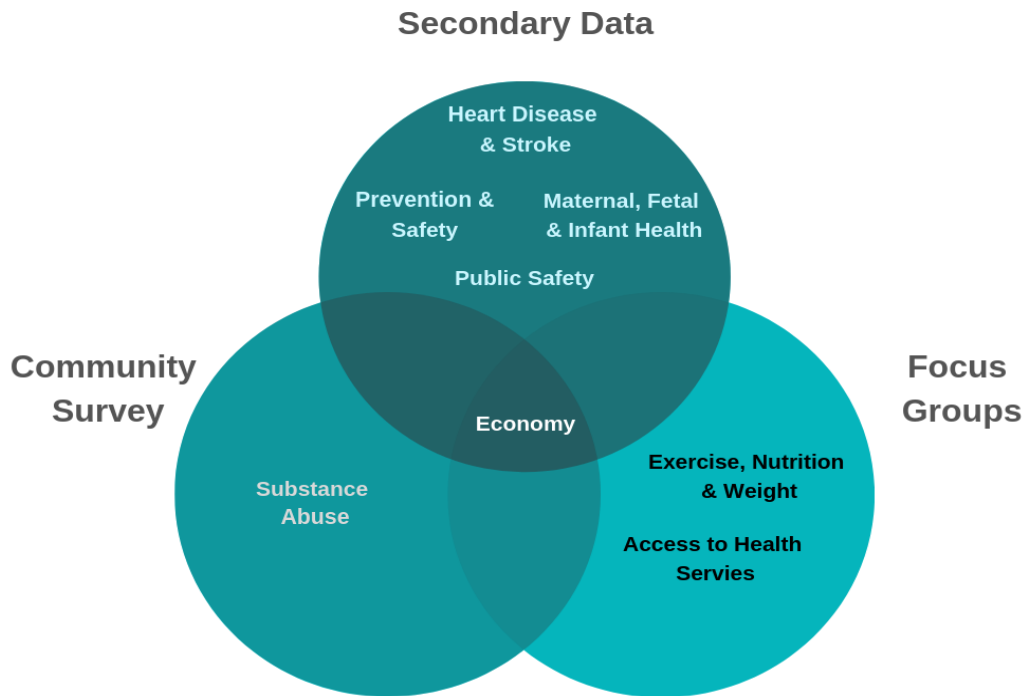
Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges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

*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.

Figure 51. Data Synthesis



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 11. Topic Areas Examined In-Depth in this Report

Access to Health Services*
Diabetes*
Economy*
Exercise, Nutrition & Weight
Maternal, Feta & Infant Health*
Occupational & Environmental Health
Substance Abuse
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 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

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 13. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Edgecombe County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Health y NC 2020	HP 2020
2.7	Heart Failure: Medicare Population (2015) (percent)	17.9	12.5	13.5				-	-
2	Ischemic Heart Disease: Medicare Population (2015) (percent)	26.6	24	26.5				-	-
2.5	Stroke: Medicare Population (2015) (percent)	4.9	3.9	4				-	-

2.1	Hyperlipidemia : Medicare Population (2015) (percent)	52.6	46.3	44.6				-	-
2.3	Hypertension: Medicare Population (2015) (percent)	69.7	58	55				-	-
2	Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/100,000 population)	198.7	161.3	-				161.5	-
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/100,000 population)	92.4	43.1	36.9				-	34.8

*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.

“We’re not going to die until it’s time for us to die. This is embedded into our culture.”

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.

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

Score	Indicator (Year) (Units)	Edgecombe County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Health y NC 2020	HP 2020
2.25	Severe Housing Problems (2010-2014) (percent)	19	16.6	18.8				-	-
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/100,000 population)	21.1	14.1	-		-		-	-
2.18	Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/100,000 population)	40.6	31.9	41.4		-		-	36.4
2.85	Age-Adjusted Death Rate	22.7	12.7	11				-	9.3

due to Firearms (2014-2016) (deaths/ 100,000 population)						
2.2	Age- Adjusted Death Rate due to Unintentional Poisonings (2014-2016) (deaths/ 100,000 population)	17.7	15.1	15.4		 9.9

**See [Appendix B](#) for full list of indicators included in each topic area*

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

Score	Indicator (Year) (Units)	Edgecombe County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	People 65+ Living Below Poverty Level (2012-2016) (percent)	15.6	9.7	9.3				-	-
2.65	People Living Below Poverty Level (2012-2016) (percent)	25.7	16.8	15.1				12.5	-
2.25	Severe Housing Problems (2010-2014) (percent)	19	16.6	18.8				-	-
2.3	Children Living Below Poverty Level (2012-2016) (percent)	40.6	23.9	21.2				-	-
2.7	Students Eligible for the Free Lunch Program (2015-2016) (percent)	91.5	52.6	42.6				-	-

2.5	Families Living Below Poverty Level (2012-2016) (percent)	21.5	12.4	11			
2.3	People Living 200% Above Poverty Level (2012-2016) (percent)	45.9	62.3	66.4			

*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 affects their community's quality of life. Both poverty and the economy were the top issues identified in Edgecombe County that negatively affect 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 16. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Edgecombe County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.78	Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)	15.2	6.2	5.5		-		6.7	5.5
2.08	Violent Crime Rate (2016) (crimes/ 100,000 population)	565.2	374.9	386.3		-		-	-
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	21.1	14.1	-		-		-	-
2.05	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	31.8	31.4	29.3				4.7	-
2.85	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	22.7	12.7	11	-			-	9.3

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

According to survey results, Public Safety was not a high-ranking quality of life topic individuals in Edgecombe County felt affected 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

Score	Indicator (Year) (Units)	Edgecombe County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.43	Babies with Very Low Birth Weight (2012-2016) (percent)	2.5	1.7	1.4				-	1.4
2.43	Babies with Low Birth Weight (2012-2016) (percent)	12.5	9	8.1				-	7.8
2.18	Preterm Births (2016) (percent)	11.6	10.4	9.8				-	9.4

*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%). English survey respondents selected preventing pregnancy/sexually transmitted diseases 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)

Rank	Edgecombe County			North Carolina			Health ENC Counties		
	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	414	196.2	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	408	188.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	208	97.8	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	100	60.3	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Chronic Lower Respiratory Diseases	83	39.3	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	62	28.9	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Septicemia	57	27	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Kidney Diseases	39	18	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Alzheimer's Disease	37	17.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Influenza and Pneumonia	34	15.8	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data

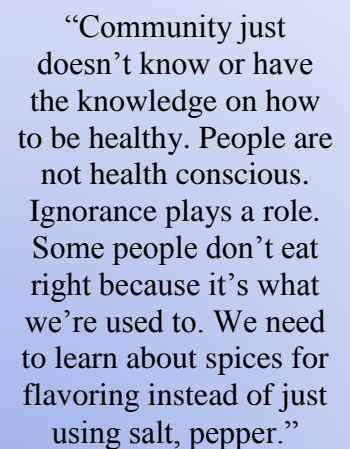
From the secondary data scoring results, the Exercise, Nutrition & Weight, received a score of 1.84 and was the 15th most pressing health need in Edgecombe County. Top scoring related indicators include Adults 20+ who are Obese (2.45), Workers who Walk to Work (2.40), Adults 20+ who are Sedentary (2.35), 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.



“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.”

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).

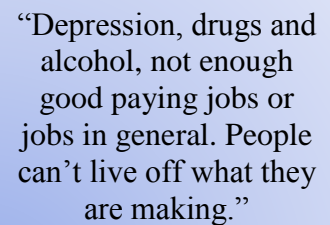
Primary Data

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 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 for which they had no prescription.



“Depression, drugs and alcohol, not enough good paying jobs or jobs in general. People can’t live off what they are making.”

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 years of life expectancy for males.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race, ethnicity, 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

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

*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:

- Chronic Disease Prevention and Management
- Health Equity
- Mental Health.

Following this process, Edgecombe County will outline how it plans to address these health needs in its overall county action / implementation plan. The action plans specific to the county will be reported by Edgecombe County Health Department in their Action Plan and those actions led by Vidant Edgecombe Hospital will be reported in their Implementation Strategy. Feedback on these reports will be incorporated into the next CHNA process.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Michele.cherry@vidanthealth.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.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
<p>Chronic disease Prevention and Management</p>	<p>Collaborate with local agencies and local industry to conduct community-based health screenings for heart disease, stroke, diabetes and cancer.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Vidant Edgecombe Hospital worked with 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, and 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, 3 received mammograms, 1 received additional imaging and recommended for a six month 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, one diagnosed with skin cancer.

			<ul style="list-style-type: none"> • 2018- Community Prostate Cancer screening (adult men) using American Urological Association Guidelines – 21 men were screened with 5 abnormal screenings. None were diagnosed. • 2019 – Community Skin Cancer Screening using the American Academy of Dermatology SPOTme Skin Cancer Screening Program – 43 people screened, 20 needing follow-up. (Final results were not known at the time of this report). • 2019- Vidant Edgecombe Hospital worked with UNC Kidney Center and offered a community screening in which 21 community members were screened. Of the 21 screened, 48% had diabetes and 38% had hypertension. One was recommended for follow-up. • 2019- prostate cancer, breast cancer, and other screenings are ongoing
	Promotion of at least three nationally recognized health events such as breast cancer awareness, women’s heart health, stroke awareness and diabetes.	Yes	<ul style="list-style-type: none"> • 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
	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. <ul style="list-style-type: none"> a. Continue the Breast Lay Health Advisor program to provide community education and 	Yes	<ul style="list-style-type: none"> • Komen funding secured for 2016, 2017 and 2018 to provide mammograms and financial assistance to those in need. • Lay health Advisor program is still in operation and provides education at community events annually.

	<p>outreach throughout the year</p> <p>b. Apply for grant funding to address breast cancer</p>		
	<p>Sponsor Women’s Heart Truth event in February. Event will feature a luncheon with an informational and inspirational speaker, Health screenings and women's heart health education.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • 2016- 160 Participants • 2017- 160 Participants • 2018-60 Participants
	<p>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.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • 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.
<p>Mental health and Substance Abuse</p>	<p>Provide on-site behavioral health services.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • On-site behavioral health services are being provided.
	<p>Continue providing placement assistance to patients with Involuntary Commitment orders.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Vidant Edgecombe continues to provide placement assistance to patients with involuntary commitment orders.
	<p>Host at least one mental health first aid training through collaboration with Eastpointe Human Services</p>	<p>No</p>	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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.
Access to Care	Continue commitment to providing quality health care to everyone who seeks our services.	Yes	
	Continue to provide financial counselors who can assist with determining if patients qualify for Medicaid and in applying for other government-assisted programs.	Yes	<ul style="list-style-type: none"> Vidant Edgecombe pays a percentage of the salary (to the Edgecombe County Department of Social Services) for an Edgecombe County Medicaid Worker to provide Medicaid enrollment assistance on-site at the hospital. Office space, equipment, and utilities are also provided.
	Continue to offer charity care to our patients who are unable to pay due to financial hardships.	Yes	<ul style="list-style-type: none"> 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	Yes	<ul style="list-style-type: none"> Vidant Edgecombe Hospital continues to lead the Edgecombe County Rural Health Network, which includes eight partner agencies. In 2016, a project manager was hired to oversee the daily functions of the network. In 2019, a benefits advocate (enrollment

	ten health and human service organizations in Edgecombe County.		specialist) was hired to provide primary care provider assistance to vulnerable patients in the emergency department by connecting patients with case managers at five Edgecombe County primary care clinics.
	Collaborate with Edgecombe County Health Department to provide education and outreach on services available at the health department.	Yes	<ul style="list-style-type: none"> 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 the 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, has been implemented in the community.
	Accept and review applications through the Community Benefits Grants and Health Initiative program from qualified applicants that are addressing Access to Care. Provide support and/or funding to appropriate organizations.	Yes	<ul style="list-style-type: none"> 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. 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.
HIV/STD's	Through Edgecombe County Health Department's Integrated Targeted Testing Sites (ITTS) Program: -Conduct high-risk testing for HIV	Yes	<ul style="list-style-type: none"> In the 2017-2018 Fiscal Year, the Health Department's HIV/STD coordinator conducted 291 high-risk tests for HIV within the Vidant Edgecombe Hospital emergency department. Vidant Edgecombe Hospital participates on the HIV/STD Taskforce led by the Edgecombe County Health Department and provides additional support as needed.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 50:

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 51).

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 51).

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 51). Indicators may be categorized into more than one topic area.

Figure 52. Secondary Data Scoring

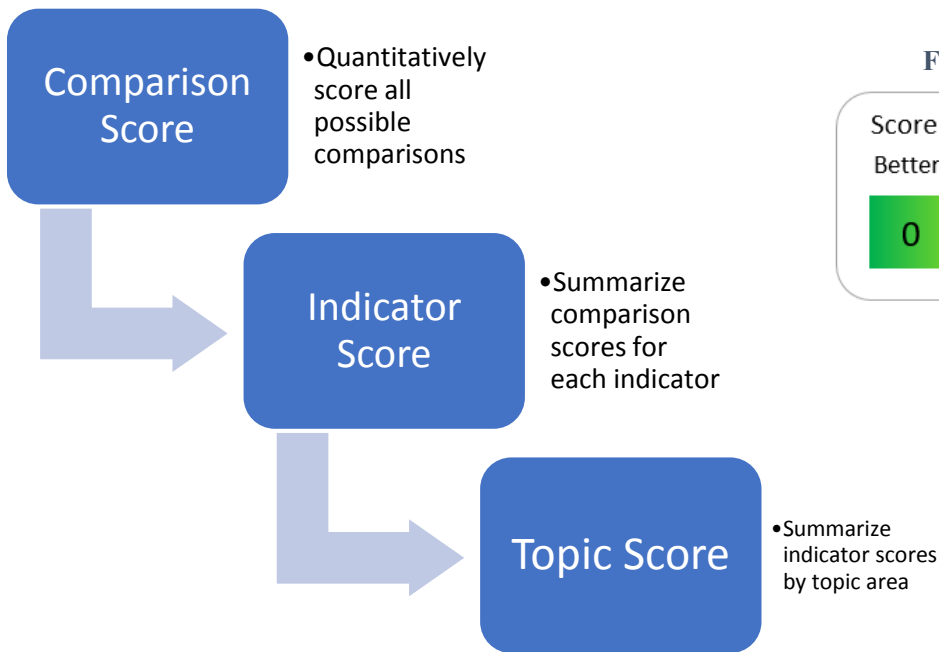
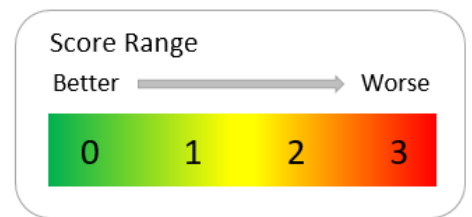


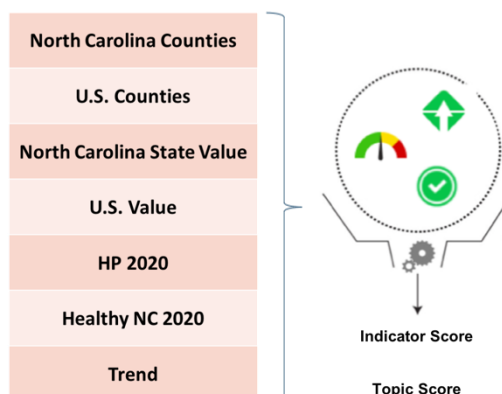
Figure 53. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Edgecombe County. The possible comparisons are shown in Figure 52 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.

Figure 54. Comparisons used in Secondary



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 53).

Figure 55. Compare to Distribution Indicator Gauge



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 54). The comparison score is determined by how Edgecombe County falls within these four groups or quartiles.

Figure 56. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 55, 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.

Figure 57. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 56, 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 2020² 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 2020³ 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.

Figure 58. Comparison to Target Value



Trend Over Time

As shown in Figure , 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.

Figure 59. Trend Over Time



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.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

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 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.

Topic Scoring Table

Table 20 shows the Topic Scores for Edgecombe County, with higher scores indicating a higher need.

Table 20. Topic Scores for Edgecombe County

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

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

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	45	215.5	214.3				5
2.15	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	43.1	102.5	81.2				5
2.00	Primary Care Provider Rate	2015	providers/ 100,000 population	35.1	70.6	75.5				5
1.95	Dentist Rate	2016	dentists/ 100,000 population	24.4	54.7	67.4				5
1.80	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	55.8	49	49.9				20
1.58	Clinical Care Ranking	2018	ranking	52						5
1.18	Persons with Health Insurance	2016	percent	88	87.8		100	92		19

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

2.30	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1	8
2.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	190.9	172	166.1	161.4		8
2.05	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.3	12.2	11.5			8
2.00	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	129.8	125	114.8		Black	8
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	126.6	129.4	123.5			8
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.2	50.7	44.7	45.5		8
1.25	Cancer: Medicare Population	2015	percent	7.6	7.7	7.8			4
1.10	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	439.7	457	443.6		Male	8
1.10	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.5	70	61.2			8
0.90	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	36.3	37.7	39.8	39.9		8
0.70	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6	7.7	7.8			8
0.65	Mammography Screening: Medicare Population	2014	percent	70.7	67.9	63.1			20
0.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.8	10.9	11.4			8
0.30	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.5	20.1	20.5			8

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	95						5
1.73	Morbidity Ranking	2018	ranking	97						5
1.73	Mortality Ranking	2018	ranking	94						5
1.73	Social and Economic Factors Ranking	2018	ranking	99						5
1.58	Clinical Care Ranking	2018	ranking	52						5
1.43	Physical Environment Ranking	2018	ranking	46						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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2.50	Adults 20+ with Diabetes	2014	percent	16.2	11.1	10			5
2.30	Diabetes: Medicare Population	2015	percent	37.3	28.4	26.5			4
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.9	23	21.1			18
1.15	Diabetic Monitoring: Medicare Population	2014	percent	89.2	88.8	85.2			20

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	12	5	5.4				1
2.70	Median Household Income	2012-2016	dollars	32298	48256	55322				1
2.70	Students Eligible for the Free Lunch Program	2015-2016	percent	91.5	52.6	42.6				9
2.65	People Living Below Poverty Level	2012-2016	percent	25.7	16.8	15.1		12.5	6-11, <6, Black or African American	1
2.50	Families Living Below Poverty Level	2012-2016	percent	21.5	12.4	11			Black or African American	1
2.40	Total Employment Change	2014-2015	percent	-1.3	3.1	2.5				22
2.30	Children Living Below Poverty Level	2012-2016	percent	40.6	23.9	21.2			<6, Black or African American	1
2.30	Food Insecurity Rate	2016	percent	25.3	15.4	12.9				6
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	15.6	9.7	9.3				1
2.30	People Living 200% Above Poverty Level	2012-2016	percent	45.9	62.3	66.4				1
2.25	Severe Housing Problems	2010-2014	percent	19	16.6	18.8				5
2.20	Homeownership	2012-2016	percent	51	55.5	55.9				1
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	33.7	29	27.6				1
2.10	Child Food Insecurity Rate	2016	percent	27.9	20.9	17.9				6
2.10	Per Capita Income	2012-2016	dollars	18009	26779	29829			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	7.1	3.7	3.7				21

2.10	Young Children Living Below Poverty Level	2012-2016	percent	51.8	27.3	23.6			Black or African American	1
2.08	Median Housing Unit Value	2012-2016	dollars	82200	157100	184700				1
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	57.4	58.3				1
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	56.8	61.5	63.1				1
1.95	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	47.1	49.4	47.3		36.1		1
1.78	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	426	376	462				1
1.73	Social and Economic Factors Ranking	2018	ranking	99						5
1.70	Households with Cash Public Assistance Income	2012-2016	percent	2.5	1.9	2.7				1
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.8						23
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23
1.08	Median Household Gross Rent	2012-2016	dollars	653	816	949				1
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1012	1243	1491				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	10.4	29	30.3			25-34, Hispanic or Latino, Other	1
2.50	People 25+ with a High School Degree or Higher	2012-2016	percent	77.4	86.3	87			65+, Male, Hispanic or Latino, Other	1
1.95	4th Grade Students Proficient in Math	2013-2014	percent	30.1	54.3					14
1.90	High School Graduation	2016-2017	percent	80.7	86.5		87	94.6		14
1.80	Student-to-Teacher Ratio	2015-2016	students/ teacher	16	15.6	17.7				9
1.73	4th Grade Students Proficient in Reading	2012-2013	percent	18.2						14
1.73	8th Grade Students Proficient in Math	2012-2013	percent	11.1						14
1.73	8th Grade Students Proficient in Reading	2012-2013	percent	19						14

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Drinking Water Violations	FY 2013-14	percent	35.6	4			5		5

2.30	Food Environment Index	2018		5.3	6.4	7.7				5
2.25	Severe Housing Problems	2010-2014	percent	19	16.6	18.8				5
2.10	Access to Exercise Opportunities	2018	percent	61.3	76.1	83.1				5
1.95	Liquor Store Density	2015	stores/ 100,000 population	9.2	5.8	10.5				22
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.1						23
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04						23
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.8						23
1.60	Recognized Carcinogens Released into Air	2016	pounds	10191						24
1.50	Children with Low Access to a Grocery Store	2015	percent	3.2						23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						23
1.43	Physical Environment Ranking	2018	ranking	46						5
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.35	Houses Built Prior to 1950	2012-2016	percent	14.4	9.1	18.2				1
1.28	Annual Particle Pollution	2011-2013		A						2
1.18	Annual Ozone Air Quality	2014-2016		A						2
1.10	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						23
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	EDGEcombe COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Asthma: Medicare Population	2015	percent	9	8.4	8.2				4
1.65	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	233	90.9					11
1.43	Physical Environment Ranking	2018	ranking	46						5

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Adults 20+ who are Obese	2014	percent	36.3	29.6	28	30.5			5
2.40	Workers who Walk to Work	2012-2016	percent	1.3	1.8	2.8	3.1			1
2.35	Adults 20+ who are Sedentary	2014	percent	31.1	24.3	23	32.6			5
2.30	Food Environment Index	2018		5.3	6.4	7.7				5
2.30	Food Insecurity Rate	2016	percent	25.3	15.4	12.9				6
2.10	Access to Exercise Opportunities	2018	percent	61.3	76.1	83.1				5
2.10	Child Food Insecurity Rate	2016	percent	27.9	20.9	17.9				6
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	4.1						23
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04						23
1.73	Health Behaviors Ranking	2018	ranking	95						5
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.8						23
1.50	Children with Low Access to a Grocery Store	2015	percent	3.2						23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						23
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.10	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						23
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Heart Failure: Medicare Population	2015	percent	17.9	12.5	13.5				4
2.50	Stroke: Medicare Population	2015	percent	4.9	3.9	4				4
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	92.4	43.1	36.9	34.8			18
2.30	Hypertension: Medicare Population	2015	percent	69.7	58	55				4
2.10	Hyperlipidemia: Medicare Population	2015	percent	52.6	46.3	44.6				4

2.00	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	198.7	161.3			161.5		18
2.00	Ischemic Heart Disease: Medicare Population	2015	percent	26.6	24	26.5				4
1.05	Atrial Fibrillation: Medicare Population	2015	percent	7	7.7	8.1				4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	16.6	10.8	8.7				10
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	354.5	194.4	145.8				12
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	7.3	2.2	2	3.3			18
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	932.1	572.4	497.3				12
2.00	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	30.3	16.1			22.2		12
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	18	7					12
1.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.5	17.8	14.8		13.5		18
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.8	2	3	1			12

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Low Birth Weight	2012-2016	percent	12.5	9	8.1	7.8			17
2.43	Babies with Very Low Birth Weight	2012-2016	percent	2.5	1.7	1.4	1.4			17
2.18	Preterm Births	2016	percent	11.6	10.4	9.8	9.4			17
1.55	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	10.3	7.2		6	6.3		18
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	24.5	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	34.1	21.6	20.1	21.8			8

2.05	Life Expectancy for Males	2014	years	71.9	75.4	76.7		79.5		7
2.00	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	129.8	125	114.8			Black	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.6	3.9	3.8		2.8		5
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	45	215.5	214.3				5
2.25	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.8	9.8	9.9				4
2.10	Frequent Mental Distress	2016	percent	14.7	12.3	15				5
1.35	Depression: Medicare Population	2015	percent	15.6	17.5	16.7				4
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16.5	31.9	26.6				18
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	8.8	12.9	13	10.2	8.3		18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.85	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	22.7	12.7	11	9.3			3
2.78	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	15.2	6.2	5.5	5.5	6.7		18
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	34.1	21.6	20.1	21.8			8
2.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	15.1	10.8	10.9				8
2.50	Premature Death	2014-2016	years/ 100,000 population	10880.8	7281.1	6658.1				5
2.45	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	29.8	21.6	21.2	20.7			8
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	92.4	43.1	36.9	34.8			18
2.30	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1		8
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	7.3	2.2	2	3.3			18
2.20	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	17.7	15.1	15.4		9.9		3

2.18	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	40.6	31.9	41.4	36.4		18
2.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	190.9	172	166.1	161.4		8
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.9	23	21.1			18
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.1	14.1				18
2.05	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.8	31.4	29.3		4.7	5
2.00	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	198.7	161.3			161.5	18
1.80	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	17.2	16.2	16.9			5
1.73	Mortality Ranking	2018	ranking	94					5
1.55	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	10.3	7.2		6	6.3	18
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.2	50.7	44.7	45.5		8
1.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.5	17.8	14.8		13.5	18
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16.5	31.9	26.6			18
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	8.8	12.9	13	10.2	8.3	18

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	EDGEcombe COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	25.5	19	18.1				4
2.70	Heart Failure: Medicare Population	2015	percent	17.9	12.5	13.5				4
2.50	Stroke: Medicare Population	2015	percent	4.9	3.9	4				4
2.30	Diabetes: Medicare Population	2015	percent	37.3	28.4	26.5				4
2.30	Hypertension: Medicare Population	2015	percent	69.7	58	55				4
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	15.6	9.7	9.3				1
2.25	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.8	9.8	9.9				4
2.10	Hyperlipidemia: Medicare Population	2015	percent	52.6	46.3	44.6				4
2.10	People 65+ Living Alone	2012-2016	percent	29.4	26.8	26.4				1
2.00	Ischemic Heart Disease: Medicare Population	2015	percent	26.6	24	26.5				4

1.90	Asthma: Medicare Population	2015	percent	9	8.4	8.2				4
1.75	COPD: Medicare Population	2015	percent	12.1	11.9	11.2				4
1.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	29.1	29.1	30				4
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						23
1.35	Depression: Medicare Population	2015	percent	15.6	17.5	16.7				4
1.25	Cancer: Medicare Population	2015	percent	7.6	7.7	7.8				4
1.25	Osteoporosis: Medicare Population	2015	percent	5.2	5.4	6				4
1.15	Diabetic Monitoring: Medicare Population	2014	percent	89.2	88.8	85.2				20
1.05	Atrial Fibrillation: Medicare Population	2015	percent	7	7.7	8.1				4
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	16.5	31.9	26.6				18
0.65	Mammography Screening: Medicare Population	2014	percent	70.7	67.9	63.1				20

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	25.5	19	18.1				4
1.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	29.1	29.1	30				4
1.25	Osteoporosis: Medicare Population	2015	percent	5.2	5.4	6				4

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.85	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	22.7	12.7	11	9.3			3
2.25	Severe Housing Problems	2010-2014	percent	19	16.6	18.8				5
2.20	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	17.7	15.1	15.4		9.9		3
2.18	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	40.6	31.9	41.4	36.4			18
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.1	14.1					18
1.80	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	17.2	16.2	16.9				5
1.60	Domestic Violence Deaths	2016	number	2						15

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.85	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	22.7	12.7	11	9.3			3
2.78	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	15.2	6.2	5.5	5.5	6.7		18
2.08	Violent Crime Rate	2016	crimes/ 100,000 population	565.2	374.9	386.3				13
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.1	14.1					18
2.05	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.8	31.4	29.3		4.7		5
1.60	Domestic Violence Deaths	2016	number	2						15
1.20	Property Crime Rate	2016	crimes/ 100,000 population	2688.6	2779.7					13

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Asthma: Medicare Population	2015	percent	9	8.4	8.2				4
1.75	COPD: Medicare Population	2015	percent	12.1	11.9	11.2				4
1.65	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	233	90.9					11
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	51.2	50.7	44.7	45.5			8
1.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.5	17.8	14.8		13.5		18
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.8	2	3	1			12
1.10	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.5	70	61.2				8

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Median Household Income	2012-2016	dollars	32298	48256	55322				1
2.65	People Living Below Poverty Level	2012-2016	percent	25.7	16.8	15.1		12.5	6-11, <6, Black or African American	1

2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	10.4	29	30.3	25-34, Hispanic or Latino, Other	1
2.50	People 25+ with a High School Degree or Higher	2012-2016	percent	77.4	86.3	87	65+, Male, Hispanic or Latino, Other	1
2.40	Single-Parent Households	2012-2016	percent	58.6	35.7	33.6		1
2.40	Total Employment Change	2014-2015	percent	-1.3	3.1	2.5		22
2.30	Children Living Below Poverty Level	2012-2016	percent	40.6	23.9	21.2	<6, Black or African American	1
2.20	Homeownership	2012-2016	percent	51	55.5	55.9		1
2.10	People 65+ Living Alone	2012-2016	percent	29.4	26.8	26.4		1
2.10	Per Capita Income	2012-2016	dollars	18009	26779	29829	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.10	Young Children Living Below Poverty Level	2012-2016	percent	51.8	27.3	23.6	Black or African American	1
2.08	Median Housing Unit Value	2012-2016	dollars	82200	157100	184700		1
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	57.4	58.3		1
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	56.8	61.5	63.1		1
1.78	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	426	376	462		1
1.73	Social and Economic Factors Ranking	2018	ranking	99				5
1.70	Voter Turnout: Presidential Election	2016	percent	63.2	67.7			16
1.18	Persons with Health Insurance	2016	percent	88	87.8	100	92	19
1.15	Linguistic Isolation	2012-2016	percent	1.4	2.5	4.5		1
1.08	Median Household Gross Rent	2012-2016	dollars	653	816	949		1
1.00	Mean Travel Time to Work	2012-2016	minutes	21.8	24.1	26.1		1
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1012	1243	1491		1
0.80	Social Associations	2015	membership associations/ 10,000 population	12.7	11.5	9.3		5

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
2.05	Alcohol-Impaired Driving Deaths	2012-2016	percent	31.8	31.4	29.3		4.7		5
1.95	Liquor Store Density	2015	stores/ 100,000 population	9.2	5.8	10.5				22
1.80	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	17.2	16.2	16.9				5
1.73	Health Behaviors Ranking	2018	ranking	95						5
0.45	Adults who Drink Excessively	2016	percent	13	16.7	18	25.4			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
2.30	Households without a Vehicle	2012-2016	percent	11.7	6.3	9				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
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	24.9	17.6	16		9.9		5
2.40	Poor Physical Health: Average Number of Days	2016	days	4.4	3.6	3.7				5
2.25	Insufficient Sleep	2016	percent	39.6	33.8	38				5
2.25	Life Expectancy for Females	2014	years	77.9	80.2	81.5		79.5		7
2.10	Frequent Physical Distress	2016	percent	14.5	11.3	15				5
2.05	Life Expectancy for Males	2014	years	71.9	75.4	76.7		79.5		7
1.73	Morbidity Ranking	2018	ranking	97						5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	EDGECOMBE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	29.8	21.6	21.2	20.7			8
2.33	Cervical Cancer Incidence Rate	2008-2012	cases/ 100,000 females	10.2	7.1	7.7	7.3			8
2.25	Life Expectancy for Females	2014	years	77.9	80.2	81.5		79.5		7
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	126.6	129.4	123.5				8
1.60	Domestic Violence Deaths	2016	number	2						15
0.65	Mammography Screening: Medicare Population	2014	percent	70.7	67.9	63.1				20
0.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.8	10.9	11.4				8

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 22. Indicator Sources and Corresponding Number Keys

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

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](#)

English Survey

Eastern North Carolina Community Health Survey 2018

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...

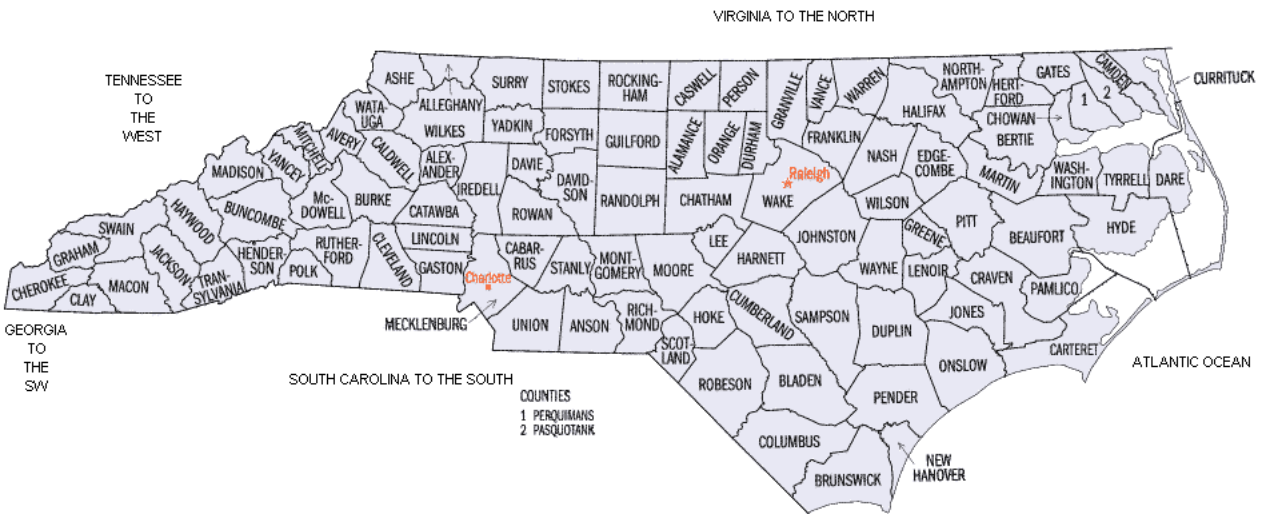
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> 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.

Statements	Strongly Strongly Disagree	Disagree	Neutral	Agree
There is good healthcare in my County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

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

PART 3: Health Information

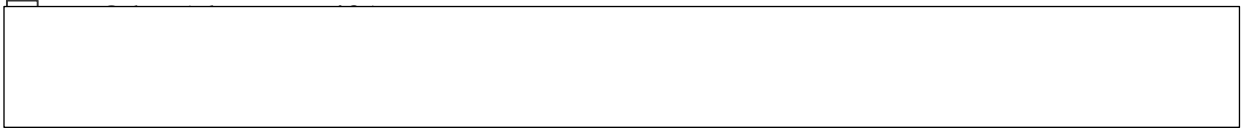
Now we'd like to hear more about where you get health information...

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Going to the doctor
for yearly check-ups and
screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual abuse
prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

7. Where do you get most of your health-related information? (Please choose only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |



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.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Diabetes management | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Reckless driving/speeding |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> STDs (Sexually Transmitted Diseases) | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> Sexual intercourse | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Asthma management | <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> 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?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

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?

- | | | | | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | <input type="checkbox"/> 12 | <input type="checkbox"/> 15 | <input type="checkbox"/> 18 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 16 | <input type="checkbox"/> 19 | <input type="checkbox"/> 22 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 | <input type="checkbox"/> 14 | <input type="checkbox"/> 17 | <input type="checkbox"/> 20 | <input type="checkbox"/> 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 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

(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.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

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.

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> I don't know |

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).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> 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.)

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> 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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Eye care/ optometrist/
ophthalmologist | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | | |

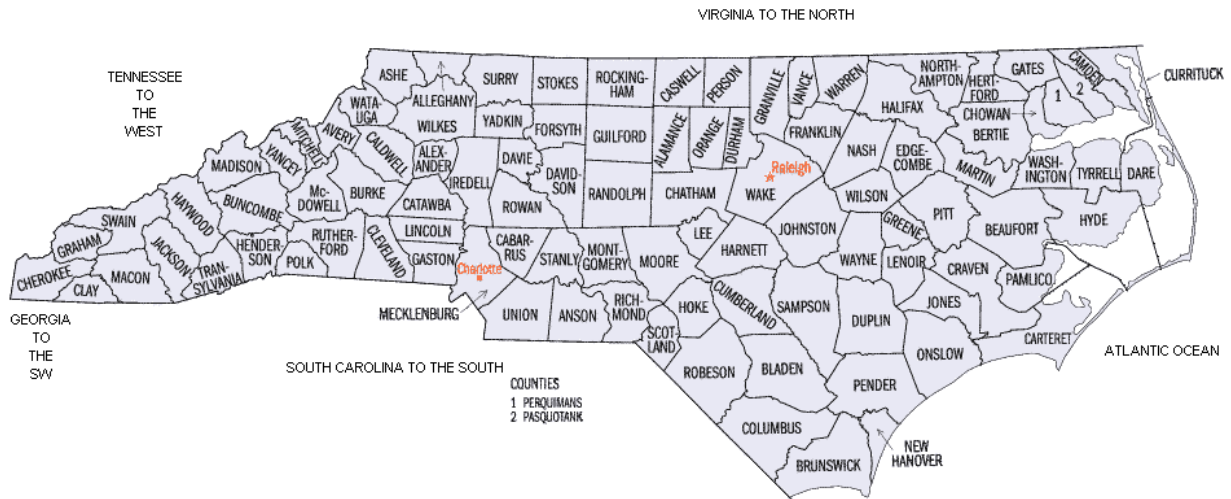
37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

- 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.)

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | <input type="checkbox"/> Hanover | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | <input type="checkbox"/> Northampton | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Washington |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> | <input type="checkbox"/> The State of |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Pitt | |
| <input type="checkbox"/> Other (please specify) | | | |

North Carolina County Map



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.)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

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.)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |
| <input type="checkbox"/> Other (please specify) | |

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.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Concern about leaving pets |
| <input type="checkbox"/> Lack of trust in public officials | <input type="checkbox"/> Concern about traffic jams and inability to get out |
| <input type="checkbox"/> Concern about leaving property behind | <input type="checkbox"/> Health problems (could not be moved) |
| <input type="checkbox"/> Concern about personal safety | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Concern about family safety | |
| <input type="checkbox"/> 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.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 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.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$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.)

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed for 1 year or less |
| <input type="checkbox"/> Armed forces | <input type="checkbox"/> Unemployed for more than 1 year |
| <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Student | |

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.

Spanish Survey

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, cuéntenos un poco sobre usted:

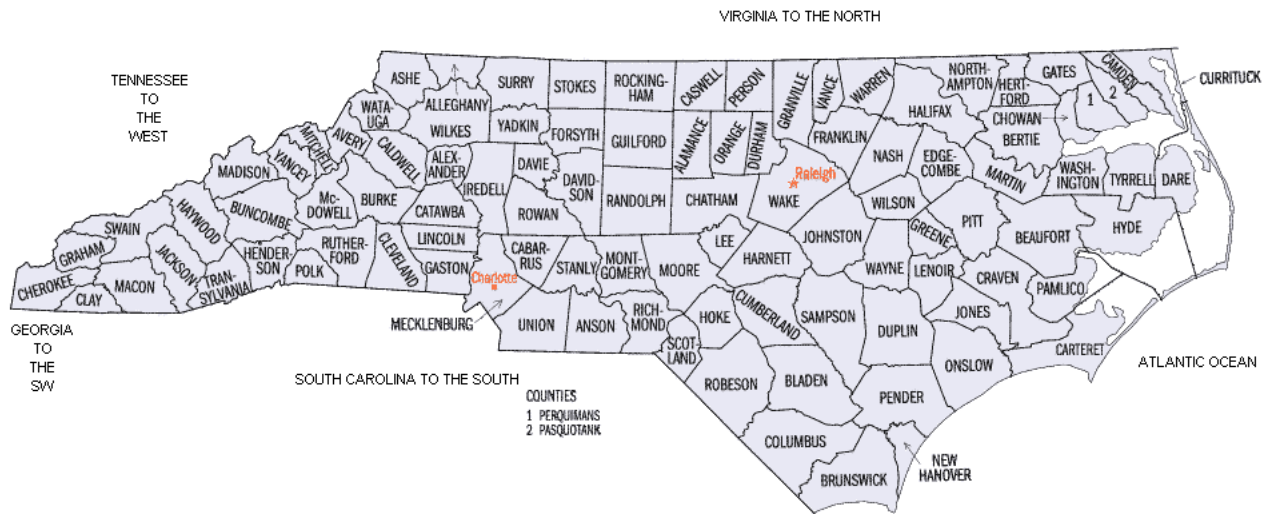
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

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.

Declaración	Muy en Muy de desacuerdo	En desacuerdo	Neutral	De acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a personas
mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para adolescentes |
| cuidado infantil | médica | <input type="checkbox"/> Opciones de |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | transporte |
| cuidado para ancianos | apropiados de acuerdo a su | <input type="checkbox"/> Disponibilidad de |
| <input type="checkbox"/> Servicios para | cultura | empleo |
| personas con discapacidad | <input type="checkbox"/> Consejería / salud | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | mental / grupos de apoyo | pagados |
| más accesibles | <input type="checkbox"/> Mejores y más | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | instalaciones recreativas | carreteras |
| opciones de alimentos | (parques, senderos, centros | <input type="checkbox"/> Carreteras seguras |
| saludables | comunitarios) | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | <input type="checkbox"/> Actividades | |
| mejores vivienda | familiares saludables | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> de transmisión sexual
(sexo seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista para
chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para una
emergencia / desastre | <input type="checkbox"/> Prevención del
embarazo y enfermedades | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| <input type="checkbox"/> Otros (especificar) | | <input type="checkbox"/> Ninguna |

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|--|--|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi hijo | <input type="checkbox"/> Empleador |
| <input type="checkbox"/> Doctor / enfermera | <input type="checkbox"/> Hospital | <input type="checkbox"/> Líneas telefónicas de ayuda |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Iglesia | | |
| <input type="checkbox"/> Internet | | |
| <input type="checkbox"/> 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?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo imprudente |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | / exceso de velocidad |
| alimentación | <input type="checkbox"/> ETS (enfermedades | <input type="checkbox"/> Problemas de salud |
| <input type="checkbox"/> Ejercicios | de transmisión sexual) | mental |
| <input type="checkbox"/> Manejo del asma | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

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?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|---|---|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de densidad | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer de próstata | <input type="checkbox"/> de los huesos | <input type="checkbox"/> Evaluación cardiovascular (el corazón) |
| <input type="checkbox"/> Examen de colon / recto | <input type="checkbox"/> Examen físico | <input type="checkbox"/> Limpieza dental / radiografías |
| <input type="checkbox"/> Prueba de Papanicolaou | <input type="checkbox"/> Vacuna contra la gripe | <input type="checkbox"/> Ninguna de las anteriores |
| <input type="checkbox"/> Control de azúcar en la sangre | <input type="checkbox"/> Control de la presión arterial | |
| <input type="checkbox"/> Examen de Colesterol | <input type="checkbox"/> Pruebas de cáncer de piel | |

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).

- En el último año (en los últimos 12 meses)
- Hace 2 (más de un año pero menos de dos años)
- Hace más de 5 años (más de 2 años pero menos de 5 años)
- No sé / no estoy seguro
- Nunca

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).

- Sí
- 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?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- No sé / no estoy seguro

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

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

- Marihuana
- Cocaína
- Heroína
- Otros (especificar)

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).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- 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 numero 26)*
- No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 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).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 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.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |
| <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. | <input type="checkbox"/> Necesito transporte y no lo tengo. |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> Estoy demasiado cansado para hacer ejercicio. |
| | <input type="checkbox"/> Estoy físicamente deshabilitado. |
| | <input type="checkbox"/> No lo sé. |

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 numero 32)*

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

- | | |
|---|---|
| <input type="checkbox"/> QUITLINE NC (ayuda por teléfono) | <input type="checkbox"/> Departamento de salud |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> No lo sé |
| <input type="checkbox"/> Farmacia | <input type="checkbox"/> No aplica; No quiero renunciar |
| <input type="checkbox"/> Consejero / terapeuta privado | |
| <input type="checkbox"/> 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

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> 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 empleador 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 numero 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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención urgente |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Cuidado de los ojos / optometrista / oftalmólogo | <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Farmacia / recetas médicas | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | | |

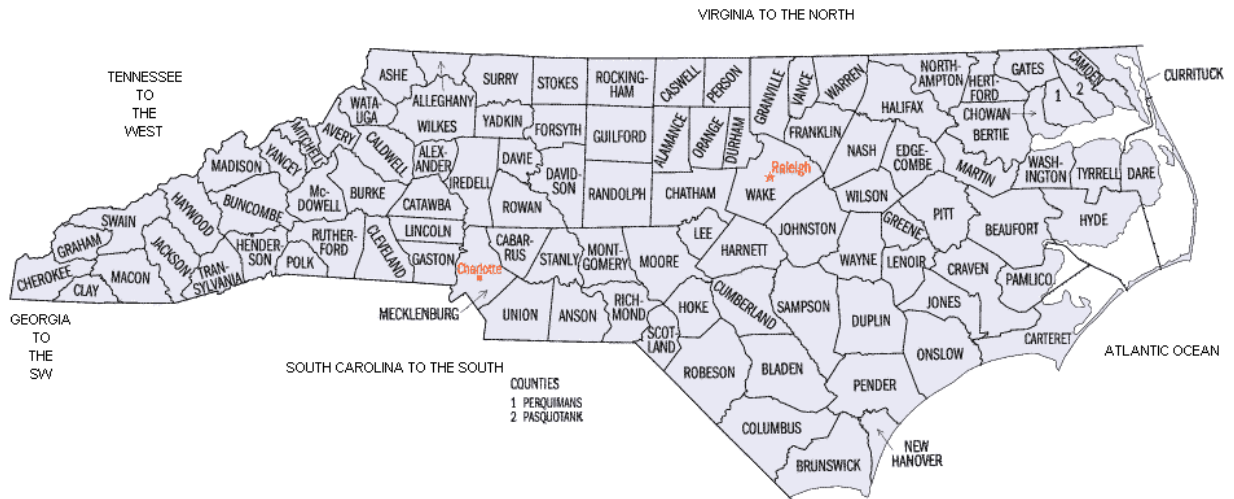
37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- 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)

- | | | | |
|--|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | <input type="checkbox"/> Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | <input type="checkbox"/> Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> El Estado de |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

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 numero 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)**

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No sé / no estoy seguro |

PARTE 7: Preguntas demográficas

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)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 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, mexicanoamericano 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)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Fuerzas Armadas | <input type="checkbox"/> Trabajadores por cuenta propia |
| <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Discapacitado | <input type="checkbox"/> Desempleado 1 año o menos |
| <input type="checkbox"/> Retirado | <input type="checkbox"/> Estudiante | <input type="checkbox"/> Desempleado por más de 1 año |
| | <input type="checkbox"/> Ama de casa | |

56. ¿Tiene acceso al internet es 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, siéntase 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.