

VIDANT EDGECOMBE  
HOSPITAL'S 2016  
COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

# Acknowledgments

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# Introduction

Local public health agencies in North Carolina (NC) are required to conduct a Comprehensive Community Health Assessment (CHA) at least once every four years. The CHA 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 CHA 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), Vidant Edgecombe Hospital (VEDG) and the Vidant Health system.

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

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

The Vidant Health system contracted with Sheila S. Pfaender, Public Health Consultant, to assist in conducting the 2016 Community Health Needs Assessments for Vidant Health's primary service counties, including Edgecombe County. The assessment process incorporated the guidance provided by the *Community Assessment Guidebook: North Carolina Community Health Assessment Process*, published by the NC Office of Healthy Carolinians/Health Education and the NC State Center for Health Statistics (December 2011). The assessment also adheres to the 2012 standards for community assessment stipulated by the NC Local Health Department Accreditation (NCLHDA) Program and The Internal Revenue Service (IRS) 2014 final ruling implementing requirements for tax-exempt hospitals under Section 501(r) of the Affordable Care Act (ACA).

The CHA coordinators from the ECHD, VEDG and Vidant Health worked with the consultant to develop a multi-phase plan for conducting the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic, health and environmental data; (2) a community input phase to receive input from community members utilizing a survey and small group discussions; (3) data synthesis and analysis phase; (3) a period of data reporting and discussion among community partners; and (4) a prioritization and decision-making phase. Upon completion of this work the CHA 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.

## Assessment Methodology

In order to learn about the specific factors affecting the health and quality of life for Edgecombe County residents, the consultant accessed numerous readily available secondary data sources, representing data from the local, state and national level. All secondary data sources are listed in Appendix A of this report. The author has made every effort to obtain the most current data available at the time the report was prepared.

It is instructive in any community health assessment to relate local county level data to similar data in other jurisdictions. Edgecombe County data is compared to “like” data describing the state of NC as a whole, as well as compared to data from ten counties that comprise the Vidant Health primary service area, referred to as the “Region.” Where Edgecombe County data is compared to this “Region,” the Regional data includes the compilation of data from Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Greene, Hertford, Hyde and Pitt Counties. In other cases, Edgecombe County data is compared to US-level data, or to Healthy People 2020 goals or other standardized measures. Where appropriate, trend data has been used to show changes in indicators over time, at least since the previous assessment three years ago, but as far back as comparable data is available. A summary of the secondary data and hospital utilization data indicators is included in Appendix B of this report.

In addition to the secondary data collection, ECHD, VEDG, and Vidant Health also reached out to Edgecombe County residents to gain a better understanding of their health status including health issues/diagnoses, preventative health activities, identified health needs, and barriers to health within the county. Feedback was obtained through a survey process, as well as small group discussions.

The survey questions were adapted from the survey questionnaire provided by the *Community Assessment Guidebook: North Carolina Community Health Assessment Process*, published by the NC Office of Healthy Carolinians/Health Education and the NC State Center for Health Statistics (December 2011). Surveys were provided in English and Spanish and distributed to residents using an online survey option and a paper survey option. The survey process was conducted over a 4 week period with 471 individuals participating in the survey process. The survey questions are included in Appendix C of this report.

In addition to the survey process, five small group discussions were held in various locations within Edgecombe County. Participants responded to 7 open-ended questions and shared their feedback. The small group open-ended discussion questions are also included in Appendix C of this report.

# Chapter One: Demographic Data

## General Population Characteristics

The following general population characteristics of Edgecombe County and its comparator counties were based on 2014 US Census data population estimates presented in Table 1.

- As outlined in the July 1, 2014 US Census data estimates, the population of Edgecombe County is estimated to be 54,933.
- The county has a higher proportion of females than males; it has the lowest proportion of males compared to the State, the Regional Average, and all other counties in the Vidant Region.
- The overall median age in Edgecombe County is 2.6 years older than NC average and 0.9 years younger than the Region.
- Approximately 23% of the county is under the age of 18 which is similar to NC and higher than the Region.
- Nearly 17% of the County population is over the age of 65, a higher proportion compared to the Region and NC.

County	Total Population						Under 18 Years		# 18-64 Years	% 18-64 Years	65 Years and Older	
	# Total	# Males	% Males	# Females	% Females	Median Age*	# Under 18 Years	% Under 18 Years			# Total	% Total
Edgecombe	54,933	25,498	46.4	29,435	53.6	40.8	12,719	23.2	32,906	59.9	9,308	16.9
Regional Total	458,613	221,596	48.3	237,017	51.7	41.7	100,240	21.9	287,278	n/a	71,095.0	15.5
State Total	9,943,964	4,844,593	50.8	5,099,371	53.5	38.2	2,287,549	23.0	6,193,053	62.3	1,463,362	14.7
State Average	99,440	48,446	n/a	50,994	n/a	n/a	22,875	23.0	61,931	n/a	14,634	n/a

**Table 1. General Demographic Characteristics**  
(2010 US Census data and 2014 Population estimates)

Note: Percentages by gender are calculated.

\*Metric for Regional Total Median Age calculated as the arithmetic mean of county values

Source: US Census Bureau, American Fact Finder, 2010 Census, Summary File DP-1, 2010 Demographic Profile Data, Profile of General Population and Housing Characteristics: 2010; 2014 Population Estimates: April 1, 2010 to July 1, 2014 (PEPAGESEX), <http://factfinder2.census.gov>.

## Minority Populations

Edgecombe County has a significantly larger proportion of African American residents, compared to the Region and NC as a whole. The county has a lower proportion of all other races or ethnicities, notably Hispanics.

- Whites composed 40.1% of the total population; the Regional comparable figure was 60.9% and the statewide figure was 71.5%.
- Blacks/African Americans composed 57.7% of the total population; the Regional comparable figure was 35.4% and the statewide figure was 22.1%.
- American Indians and Alaskan Natives composed 0.7% of the total population; the Regional comparable figure was 0.8% and the statewide figure was 1.6%.
- Asians, Native Hawaiians and Other Pacific Islanders composed 0.5% of the total population; the Regional comparable figure was 1.3% and the statewide figure was 2.8%.
- Hispanics/Latinos of any race composed 4.2% of the total population; the Regional comparable figure was 8% and the statewide figure was 9%.



## Population Growth

Edgecombe County's population growth is expected to shrink even as the State and Region grow at a slowing rate. Between 2000 and 2030, the county population is expected to decrease by 2.8% overall, while the Region increases by 20% and NC grows by 44%. (Table 2).

Decade	Edgecombe County	Regional Average	State of NC
2000-2010	1.7	14.6	15.6
2010-2020	-2.9	2.8	10.9
2020-2030	-1.7	1.8	9.8

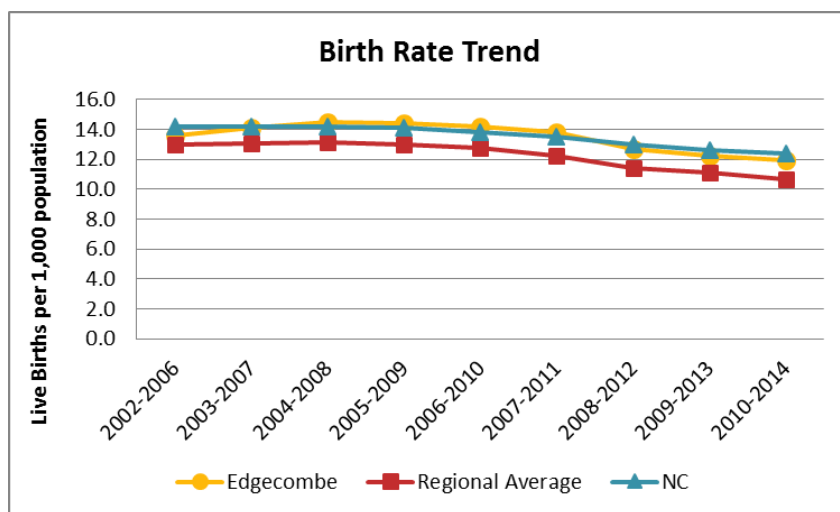
**Table 2. Population Growth in Overall Population, by Decade, 2000 through 2030**

Note: percentage change is calculated.

Source: Profile of General Demographic Characteristics: 2000 (DP-1), SF1, and Profile of General Population and Housing Characteristics: 2010 (DP-1). U.S. Census Bureau, American FactFinder: <http://factfinder2.census.gov>; Age, Race, and Sex Projections, Age Groups – Total, July 1, 2020 County Total Age Groups – Standard last updated October 7, 2015. North Carolina Office of State Budget and Management County/State Population Projections: [https://www.osbm.nc.gov/demog/countytotals\\_standardagegroups](https://www.osbm.nc.gov/demog/countytotals_standardagegroups)

## Birth Rate

- The Edgecombe County birth rate demonstrated an overall decline over the period presented below, with a similar trend seen in the Region and the state.
- Between 2007-2011 and 2010-2014 birth rates have decreased overall among all racial groups compared. A similar trend is seen across the Region and the state.
- The highest birth rate occurred among the Hispanic population.



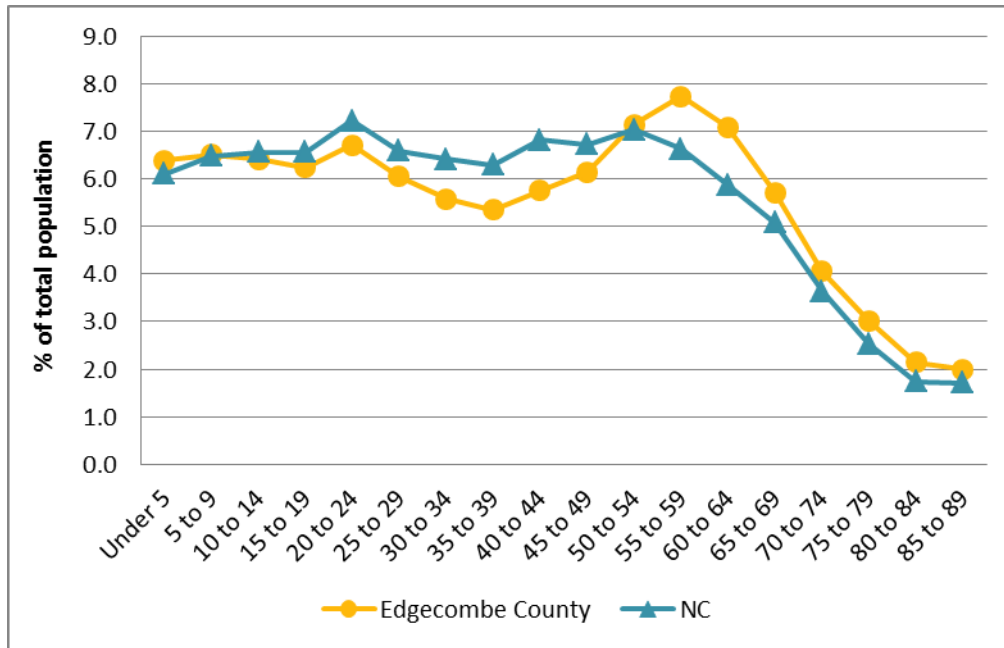
**Graph 1. Birth Rate Trend, Live Births per 1,000 Total Population (Nine 5-Year Aggregates, 2002-2006 through 2010-2014)**

Source: NC State Center for Health Statistics, Health Data, County Level Data, County Health Databooks 2008, 2009, 2010, 2011, 2012, 2013; 2014; <http://www.schs.state.nc.us/schs/data/databook/>.

## Age

The following information about the age (and gender) distribution of the Edgecombe County population was derived from the US Census Bureau 2014 Population Estimates.

According to 2014 estimates, Edgecombe County has lower proportions in most age categories of people under age 50 and higher proportions in most age categories of people over age 50, when compared to the state as a whole.



**Graph 2. Population Distribution by Age and Gender, Number and Percent (US Census July 1, 2014 Estimates)**

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010; <http://factfinder2.census.gov>.

## Elderly Population

Because the proportion of the Edgecombe County population age 65 and older is larger than the proportion of that age group statewide, it merits closer examination. The population segment age 65 and older often requires more and different health and social services than the rest of the population, and understanding how that population will change in coming years will be an important consideration in planning to meet future health and human service needs.

The following information regarding the elderly population in Edgecombe County was extracted from the 2000 and 2010 US Census figures and current projections for the years 2020 and 2030 from the NC Office of State Budget and Management.

- The proportion of every major age group in Edgecombe County age 65 and older will increase through the year 2030.
- In 2014 there were an estimated 9,308 persons age 65 and older in Edgecombe County, representing around 17% of the total population
- By 2030, with the total population predicted to decrease, 12,646 residents over the age of 65 will comprise 23.4% of the population.

## **Children and Families**

According to the U.S. Census Bureau figures for 2010-2014, there were 20,987 households in Edgecombe County. A household includes all the people who occupy a housing unit, which may be a single family, multiple families, one person living alone, or any other group of unrelated people who share a living space. A family household consists of a householder and one or more people living in the same household who are related by birth, marriage or adoption.

When examining the households in Edgecombe County, 26% of the households were family households with children under 18 years of age. Forty-four percent of the family households with children under 18 years were headed by a married couple as compared to 58% in the region, and 65% within the state. Forty-seven percent were headed by a female householder (no husband present) compared to 34% in the region and 27% in the state. Slightly less than 9% of these households were headed by a male householder (no wife present) compared to 8% in the region and 8% in the state. The head of household does have implications for the care of children as studies have shown that different genders approach health prevention and maintenance differently.

In addition to this data, a further examination of children and families revealed that 57% of the estimated 1,515 grandparents in Edgecombe County who live with their minor grandchildren are also financially responsible for their care. Grandparents are considered responsible for grandchildren if they are financially responsible for food, shelter, clothing, day care, etc. for any/all grandchildren. This data also has implications for care as the elderly population has its own unique health challenges. It is important to note that Edgecombe County's percentage of grandparents living with and financially responsible for their minor grandchildren is greater than the region (52%) and the state (48%).

## **Military Veterans**

A population group that sometimes needs special health services is military veterans. An analysis of the 2010-2014 population estimates demonstrated that Edgecombe County did not have the largest population of military veterans among the regional comparisons. Veterans composed 9.2% of Edgecombe County's overall adult civilian population in the period cited, which was consistent with the regional percentage of 11.2% and less than the state at 9.6%.

Edgecombe County does have a higher proportion of veterans in the 55-64 age group than any other county within the Region. It is also important to note that Edgecombe County has fewer veterans over the age of 65 (37%) than the Region (42%) and state (41%).

## **Foreign-Born Population**

The foreign-born population in a community is one that potentially does not speak English, and so is of concern to service providers. In NC, the greatest proportion of the increase in foreign-born persons is represented by immigrants of Hispanic origin; however, statewide there has also been an influx of foreign-born immigrants from Southeast Asia.

According to single five-year US Census Bureau estimates (2010-2014), there were 1,487 foreign-born residents residing in Edgecombe County in 2014. Approximately 35.2% entered the US between 2000 and 2009, while approximately 35.5% entered between 1990 and 1999.

## **Linguistic Isolation**

“Linguistic isolation”, reflected as an inability to communicate because of a lack of language skills, can be a barrier preventing foreign-born residents from accessing needed services. The US Census Bureau tracks linguistically isolated households according to the following definition:

*A linguistically isolated household is one in which no member 14 years and over (1) speaks only English, or (2) speaks a non-English language and speaks English "very well". In other words, all members 14 years old and over have at least some difficulty with English.*

Among the 835 households (4% of all households in Edgecombe County) that speak a language other than English, the most common language is Spanish (82.4%). Among the Spanish-speaking households, 35% would be considered “limited English speaking”. No other non-English speakers are considered linguistically isolated within Edgecombe County.

# Chapter Two: Socioeconomic Data

## Tier Designation

The NC Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns 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. The Tier system is incorporated into various state programs, including a system of tax credits (Article 3J Tax Credits) that encourage economic activity and business investment in less prosperous areas of NC. From 2011 – 2016, Edgecombe County has been assigned Tier 1 designation.

## Income

While revenue indicators give us some idea of economic health from the community economic development standpoint, income measures tell us about the economic well-being of individuals in the community. Among the more useful income measures are personal income, family income, and household income. For comparison purposes, personal income is calculated on a per capita basis; family income and household income are viewed as a median value for a target population. The following are definitions of each of the three income categories:

- *Per capita personal income* is the income earned per person 15 years of age or older in the reference population.
- *Median household income* pertains to the incomes of all the people 15 years of age or older living in the same household (i.e., occupying the same housing unit) regardless of relationship. For example, two roommates sharing an apartment would be a household, but not a family.
- *Median family income* pertains to the income of all the people 15 years of age or older living in the same household who are related either through marriage or bloodline. For example, in the case of a married couple who rent out a room in their house to a non-relative, the household would include all three people, but the family would be just the couple.

In Edgecombe County, the 2014 Per capital personal income was \$17,652 which was \$7,956 below the state average. The 2014 Median household income was \$33,892 which is also below the state average by \$12,801. The 2014 Median family income was \$41,748 which is \$15,580 below the NC average. This figure has actually decreased since 2010.

Income levels in Edgecombe County and NC as a whole seem relatively stagnant over the past 5 years of Census estimates, fluctuating by only a few hundred dollars in either direction. This suggests that while the overall economy may have improved since the 2008 recession, wages have not increased.

## Employment

The following definitions will be useful in understanding the data in this section.

- *Labor force*: includes all persons over the age of 16 who, during the week, are employed, unemployed or in the armed services.
- *Unemployed*: civilians who are not currently employed but are available for work and have actively looked for a job within the four weeks prior to the date of analysis; also, laid-off civilians waiting to be called back to their jobs, as well as those who will be starting new jobs in the next 30 days.
- *Unemployment rate*: calculated by dividing the number of unemployed persons by the number of people in the civilian labor force.

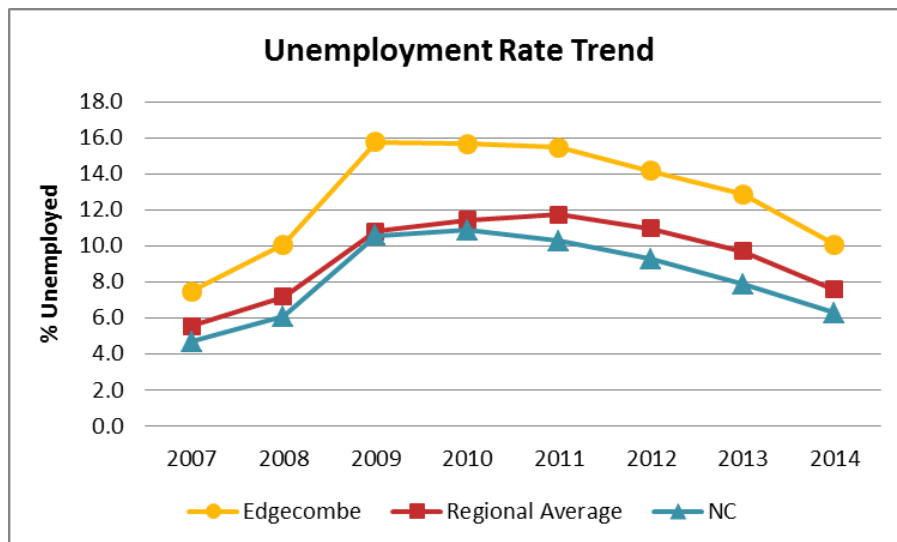
## Employment by Sector

The assessment compared the various categories of industry by sector in Edgecombe County to its Regional and state comparators for 2014, showing the number employed in each sector, the percentage of all employment that the number represents, and the average annual wage for people employed in each sector.

- The industry in Edgecombe County that employed the largest percentage of the workforce (15.4%) was Retail Trade. This sector earned an average of \$452 per week.
- Manufacturing accounted for the second largest percentage of the Edgecombe County workforce, at 15.3%, followed by Public Administration, at 13.0%.
- It is important to note that persons working in the Accommodation and Food Services and the Retail Trade sectors tend to lack employment benefits such as health insurance and retirement programs; many in these sectors work for a low-wage, on a part-time basis, and sometimes work multiple jobs. These are sectors whose relative poverty leaves them vulnerable to emotional stress and poor health outcomes.
- In the Region, the sector employing the largest percentage of the workforce (16.6%) was Health Care and Social Assistance, followed by Retail Trade (12.73%), Manufacturing (11.95%) and Educational Services (11.77%).
- Statewide, the sector employing the largest percentage of the workforce was Health Care & Social Assistance (14.29%), followed by Retail Trade (11.79%) and Manufacturing (11.06%).

## Unemployment

- ▶ According to 2014 data, a calculated annual average of 2,336 individuals were unemployed in Edgecombe County, calculating to an unemployment rate of 10.1. While an average unemployment rate was not available for 2015, the rate declined each month since July, though it was still higher in December 2015 (8.8) compared to the Region (7.3), the State (5.3), and the Nation (4.8).



**Graph 3. Annual Unemployment Rate Trend (2007-2014)**

Source: NC Employment Security Commission, Labor Market Information, Workforce Information, Employed, Unemployed and Unemployment Rates, Labor Force Statistics, Single Areas for All Years; <http://eslmi03.esc.state.nc.us/ThematicLAUS/clfasp/startCLFSAAY.asp>.

## Poverty

The poverty rate is the percent of the population (both individuals and families) whose money income (which includes job earnings, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below a federally established threshold; this is the “100%-level” figure.

- ▶ The overall poverty rate (describing the percentage of the total population below the Federally-defined 100% poverty level) in Edgecombe County was higher than the comparable state rate throughout the period reviewed.
- ▶ The poverty rate for children under 18 has increased each period and remains higher in Edgecombe County (42.3% in 2010-2014) compared to NC (25.0%) and the Region (35.7%).
- ▶ In 2014, an estimated 13,739 individuals, or one-quarter of the population, were living below the poverty level in Edgecombe County.
- ▶ The poverty rate in Edgecombe County and in NC increased in every period reviewed.

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014
Edgecombe	22.3	22.6	24.0	25.2	25.3
Regional Average	20.1	21.5	22.3	23.3	23.0
State of NC	15.5	16.1	16.8	17.5	17.6

**Table 3. Poverty Rate Trend  
(2006-2010 and 2007-2011 Five-Year Estimates)**

a - Log Into North Carolina (LINC) Database, Topic Group Employment and Income (Data Item 6094);

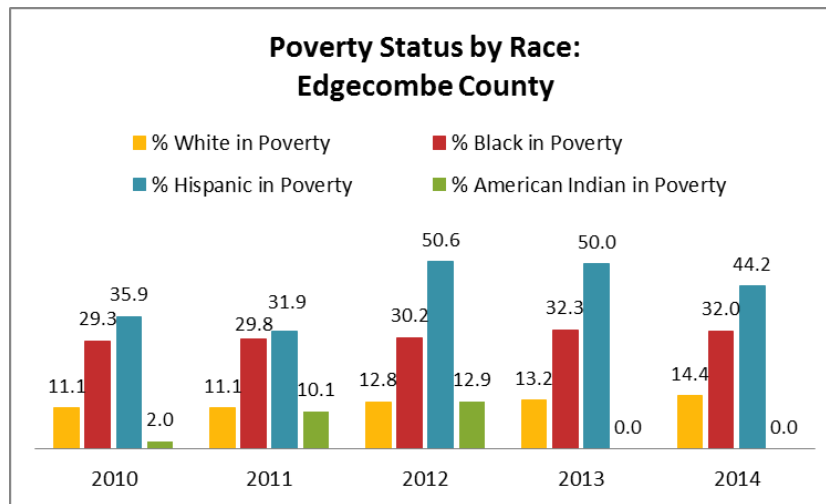
[http://data.osbm.state.nc.us/pls/linc/dyn\\_linc\\_main.show](http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show).

b - US Census Bureau, American Fact Finder, American Community Survey, 2010 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>.

c - US Census Bureau, American Fact Finder, American Community Survey, 2011 American Community Survey 5-Year Estimates, Data Profiles, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>.

## Poverty & Race

The poverty rate among Hispanics in Edgecombe County exceeded the comparable poverty rates for other groups throughout the period reviewed. Statewide, the highest poverty rate over most of the period cited occurred among Hispanics. African American residents also demonstrate high rates of poverty compared to white residents of both Edgecombe County and NC as a whole.



**Table 4. Persons in Poverty by Race  
(2000; 2006-2010 and 2007-2011 Five-Year Estimates)**

Source: US Census Bureau, American Fact Finder, ACS 5-Year Estimates, 2010 through 2014, Table S1701 Poverty Status in the Past 12 Months.  
<http://factfinder.census.gov/>

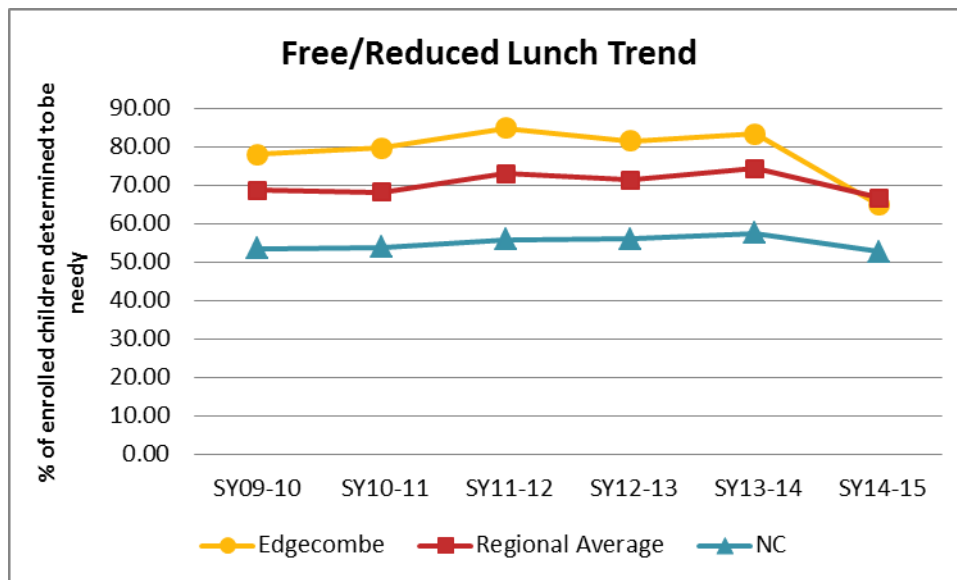
## Children Receiving Free or Reduced-price School Lunch

Data corroborate the impression that children, especially the very young, bear a disproportionate burden of poverty, and that their burden is increasing. One measure of poverty among children is the number and/or percent of school-age children who are eligible for and receive free or reduced-price school lunch.

Students have to be eligible to receive meals; not everyone who is eligible will choose to enroll in the program and receive meals. To be eligible for *free* lunch under the National School Lunch Act students must live in households earning at or below 130 percent of the Federal poverty guidelines. To be eligible for *reduced-price* lunch students must live in households earning at or below 185 percent of the Federal poverty guidelines.

The percentage of students in Edgecombe County enrolled for free or reduced-price school lunch has increased over time as shown in Table \_\_. In Edgecombe County, a higher percentage of students have been identified as “needy”, compared to the Region and the State. The recent decrease could be due to policy or procedural changes rather than a change in the number in need.





**Graph 4. Percent of Students Enrolled for Free or Reduced-Price School Lunch (SY2009-2010 through SY2014-15)**

Source: *Free and Reduced Student Data by Site, Public School Year-to-Date Data 2009-2010 [and other years as noted]*. Public Schools of North Carolina, Public Schools of North Carolina, Financial and Business Services: <http://www.ncpublicschools.org/fbs/resources/data/>

## Housing Costs

The estimated median monthly mortgage cost among Edgecombe County homeowners was \$1,009 in 2014. This cost is \$263 less than the NC median. The estimated median gross monthly rent among Edgecombe County renters has decreased slightly since 2010 and was \$649 in 2014. This figure is \$141 less than the NC median.

A closer examination of housing costs as related to percentage of monthly income reflects potential challenges individuals face with regard to balancing cost of housing with other expenditures. The percentage of Edgecombe County homeowners spending more than 30% of their monthly income on housing has decreased from 38% in 2010 to 36% in 2014 (compared to 31% in NC in 2014). The percentage of renters spending more than 30% of their income on housing has increased from 46% in 2011 to 48% in 2014 (compared to 46% in NC in 2014).

## Homelessness

Every January, the NC Coalition to End Homelessness conducts a point-in-time count of homeless individuals.

- ▶ In Edgecombe County, the number of homeless people has fluctuated, from a high of 167 in 2009 to a low of 54 in 2013.
- ▶ The majority of the homeless are adults (91 in 2015) but children in families are also among the homeless (37 children in 17 households in 2015).
- ▶ Veterans and the chronically homeless are two subpopulations to note. Over the period 2009 to 2015, a high of 10 veterans were counted in 2011 and a high of 8 chronically homeless individuals were included in the 2012 count.

## **Educational Achievement**

According to the US Census Bureau and the NC Public Schools data, a comparison of state and county data reveals that Edgecombe County has a higher population who highest attainment was a high school diploma (or equivalent) only (36.2% in 2014) as compared to the region (31.9%) and the state (26.9%). Edgecombe County has a lower population who had a bachelor's degree or higher (10.7 % in 2014) as compared to the region (16.4%) and the state (27.8%).

When comparing Edgecombe County to the NC average, the 2014-2015 4-year cohort high school graduation rate was lower in Edgecombe County Schools (81.5%) as compared to the region (83.5%) and the state (85.6%). High school graduation rates were lowest among the economically disadvantaged (Edgecombe 73.1%, region 78.6%, NC 79.6%).

## **Educational System**

The number of students enrolled in Edgecombe County schools has decreased overall, from a high of 7,733 in the 2006-2007 school year to 6,006 in 2014-15. Statewide, the number of enrolled students has increased each year from 2009-2010 to 2014-15.

The high school drop out rate has decreased overall since 2010-11 from 4.92 to 2.88, though it remains higher than in the Region (1.93) and the state (2.28) in 2013-14.

The high school reportable crime rate has increased. In SY 2013-14 the county rate of 20.41 was nearly double the Regional average of 11.96 and 65% higher than the state rate of 12.37.

## **Crime and Safety**

Two types of crime are generally examined to understand more about a county's crime and safety – violent and property crimes. Violent crimes include offenses of murder, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny, and motor vehicle theft. For the purposes of this assessment, data was examined by individual type and combined as an “index crime rate.”

The “index crime rate” is the rate of the sum of violent crime and property crime. Examining trends over time and comparing those to the state and region reveals the index crime rate in Edgecombe County was higher than the comparable NC average, as well as the Regional Average, in every year cited from 2001-2014.

In 2014 the Edgecombe County crime rate was the lowest it had been over the period shown: 3,739.4 crimes committed per 100,000 population.

The violent crime rate in Edgecombe County fluctuates widely, from a low of 495.7 in 2002 to a high of 890.4 in 2009. Recent years demonstrate a general decrease, though it remains higher (551.5) than the State (333.0) or the Region (315.5).

The Edgecombe County property crime rate has decreased from a high of 5,166.5 in 2006 to 3,188.0 in 2014, though it has been consistently higher than the Region (2,705.6 in 2014) and NC (2,954.1).

## **Juvenile Crime**

In reviewing data from the NC Department of Public Safety with a specific focus on crimes committed by juveniles (ages 6-17), the crimes are reported as “Complaints.” The term “Complaint” is defined as a formal allegation that a juvenile committed an offense, which will be reviewed by a counselor

who decides whether to approve or not approve the complaint. If approved, it will be heard in juvenile court. Complaints are divided into two categories: “Undisciplined” and “Delinquent.”

The term “Undisciplined” refers to disobedience beyond disciplinary control of parent/guardian (e.g., truancy, vagrancy, running away from home for more than 24 hours).

Between 2011 and 2014 the *number* and *rate* of complaints of **undisciplined** youth (ages 6-17) in Edgecombe County increased overall, to 17 and 1.90, respectively, in 2014

Over the same period the *number* and *rate* of complaints of **delinquent** youth in the county fluctuated to 266 and 35.86, respectively, in 2014.

“Delinquency” refers to acts committed by youths that would be crimes if committed by an adult.

“Rate” equals the number of events per 1,000 youth in the age group.

Additional information reflects that 29 Edgecombe County youth were sent to secure detention in 2011; 21 were sent in 2014.

## Domestic Violence

Data from the NC Council for Women indicates the number of domestic violence clients seen by local agencies decreased slightly in Edgecombe County, ranging from a high of 287 in 2009-10 to a low of 110 in 2014-15. The number of services provided (advocacy, counseling, legal help, transportation, etc.) decreased from 2,206 in 2007-08 to 763 in 2014-15.

The domestic violence shelter serving Edgecombe County was full on 24 days in FY2014-2015.

## Child Maltreatment

The responsibility for identifying and reporting cases of child abuse, neglect and exploitation falls to the child protective services program within a county’s department of social services. Generally speaking, such a unit will have sufficient staff to handle intake of all reports. However, an agency’s ability to investigate and monitor reported cases may vary from year to year, depending on the number of properly trained staff available to it; hence, follow-up on reports may vary independently of the number of reports.

Child welfare data from the NC Social Services Data Warehouse at UNC indicates the numbers of children subject to abuse, neglect, or abuse and neglect in Edgecombe County have fluctuated without pattern over the period cited. A decreasing proportion of reports are eventually substantiated. Neglect-only cases composed the most common type of child maltreatment. A high percentage of Edgecombe County reports are completed with a designation of “Services Not Recommended”: 75% in 2014-15 compared to a steady NC percentage of 36%. in 2014-15, 91% of the substantiated cases of abuse, neglect, or dependency (n=10) were African-American children [NC=30%]. 64% of the victims were male [NC=48%] and 64% were under the age of 5 [NC=52%]

# Chapter Three: Health Resources

## Health Insurance

The percent of uninsured in Edgecombe decreased overall in all age groups over the three years assessed, though there was a slight increase in uninsured minors in 2012. Compared to NC, and the Region, Edgecombe County tends to demonstrate lower percentages of uninsured residents in all age groups. The age group 0-18 tends to have a lower percentage of uninsured than the 19-64 age group, due partly at least to NC Health Choice.

## Medicaid Eligibility

According to data obtained from the NC Division of Medical Assistance, 30.2% of Edgecombe County residents were eligible for Medicaid in 2013, compared to 16.5% in NC and 19.6% in the Region. The total number of people in Edgecombe County eligible for Medicaid increased annually in most years from 2009 through 2013. The Medicaid programs with the largest proportion of eligibles in 2013 were Infants & Children (39%) and Medicaid Aid to Families with Dependent Children (AFDC) (26%). In each month of 2013, an average of 1,443 aged individuals were eligible for both Medicaid and Medicare, higher than the NC County average of 1,195 and a Regional average of 828.

## Health Care Practitioners

One way to judge the supply of health professionals in a jurisdiction is to calculate the ratio of the number of health care providers to the number of persons in the population of that jurisdiction. In NC, there is data on the ratio of active health professionals per 10,000 population calculated at the county level. This data was examined for Edgecombe County, the Region, the state of NC and the US for five key categories of health care professionals: physicians, primary care physicians, registered nurses, dentists and pharmacists. The period covered is through 2012.

- The health professional ratios in Edgecombe County for MDs, Primary Care, Dentists and Pharmacists were lower than the Region and state ratios.
- The Edgecombe County ratio for RNs was higher (57.41) than the region (53.15) but lower than the state (98.56) ratios.

It is important to note these ratios do not take into consideration medical practitioners in neighboring counties accessible to Edgecombe County residents.

## Vidant Edgecombe Hospital

Vidant Edgecombe Hospital (VEDG), formerly Heritage Hospital, is a full-service, 117-bed acute care facility where residents of Tarboro, Edgecombe county and surrounding communities receive a wide range of health services close to home.

VEDG exists for the community and has a proud history of active community involvement. The hospital is dedicated to professional, personal and compassionate medical treatment for our patients and their families. To meet the needs of smaller communities in Edgecombe and surrounding counties, services are also provided through Vidant Family Medicine-Pinetops.

More than 20 specialties are represented by VEDG's medical staff, assuring the people of Edgecombe county that most all of their health needs can be met locally. In addition to acute care, VEDG's services include rehabilitation, oncology and outpatient clinics.

Special programs at VEDG include

- Same Day Surgery Center
- Critical Care Unit
- Level III Intermediate Care Nursery
- Birthing Center
- Rehabilitation Services
- Outpatient Rehabilitation
- Cancer Center
- Hospitalist Physicians
- Pain Care
- Chronic Heart Failure Clinic
- 24-hour Emergency Department
- Orthopedics

## **Edgecombe County Health Department**

The mission of the Edgecombe County Health Department (ECHD) is to serve all citizens in the prevention of disease and injury through protection, promotion, and delivery of quality, cost-effective services for community, personal, and environmental health. The health department has locations in Tarboro and Rocky Mount. ECHD offers specific programs targeting the health needs of community members including:

- Chronic Disease Self Management Program (CDSMP) – This program is an extension of the former Diabetes Management program offered through ECHD. The purpose of the program is to increase awareness of the seriousness of chronic disease by promoting prevention and improving self-management skills. The CDSMP Program focuses on diabetes, prediabetes, high blood pressure, and heart disease. Education is a strong pillar in this program offering participants initial group education, nutrition, healthy eating, two diabetes self-management sessions and a blood pressure management class. Following completion of the group education program, participants are offered an incentive of twice weekly exercise sessions at the VEDG hospital gym or pool for 3 months at no cost. Additional services include one-to-one education, Eat Smart Move More Weigh Less program, and Freedom from Smoking.
- The Emergency Department HIV Testing Program – This program is a collaborative project between VEDG and the ECHD in which high risk patients using the emergency department are screened for HIV and Syphilis. There were 347 HIV and Syphilis tests performed through the Emergency Department Testing Program in 2014. In this unique partnership, Vidant Edgecombe Hospital collects patient samples and information and the Edgecombe County Health Department completes the testing process and is responsible for all patient follow up as well as data collection.

## **Health Services**

### **Dialysis**

There are three dialysis facilities with a total of 107 hemodialysis stations in Edgecombe County, located in Tarboro. No shifts are offered after 5pm.

### **Health Facilities**

There is one licensed ambulatory surgical center, one cardiac rehabilitation facility and one licensed nursing pool in the county, all located in Tarboro.

### **Mental Health Services**

There are 34 mental health facilities offering a range of services, including several supervised living arrangements, psychosocial rehabilitation, substance abuse treatment and vocational programs.

### **Home Health/Hospice**

Edgecombe County has 10 facilities providing home care services only, all located in either Tarboro or Rocky Mount. One facility, in Tarboro, offers home care, home care with hospice, and home health with hospice services. This provider was also accredited. One hospice facility is located in Tarboro and is accredited.

### **School Nurses**

After three years of a ratio above 1,000:1, in SY2012-13 the student-to-school-nurse ratio had dropped to 825:1. The recommended ratio is 750:1 and the state average is 1,177:1.

### **Long-Term Care Facilities**

The number of beds in NC-licensed long-term care facilities in Edgecombe County are:

- Adult Care Homes/Homes for the Aged (2 facilities): 256 beds
- Family Care Homes (7 facilities): 36 beds
- Nursing Homes/Homes for the Aged (3 facilities): 277 beds
  - One facility also had 56 adult care home beds.

All long-term care facilities in the county are located in either Tarboro or Rocky Mount.

Total = 625 beds, or 1 bed for every 15 persons age 65 and older in Edgecombe County (9,308 persons  $\geq$  65 in 2014)

## **Hospital Utilization – Emergency Department**

Vidant Health made available extensive utilization data, some of which will be examined in conjunction with health statistics in a later section of this report. Presented here are demographic summaries of the populations that were admitted to the emergency department in recent years. This data includes all individuals who received services within the Vidant Health system, who also had a home address located within Edgecombe County. This data does not include visitors to this area.

### **Hospital Utilization – Emergency Department - Gender and Age**

Emergency Department utilization by gender was generally consistent with the demographics of Edgecombe County. Females accounted for 57% of all ED discharges over the three year period

reviewed (54% of Edgecombe County population) and males accounted for 43% all ED discharges over the same period (46% of Edgecombe County population).

An analysis of Emergency Department utilization by age reflects that Adult (age 18-64) patients accounted for 61% of all ED visits. This figure is consistent with the proportion of persons in this age group in the overall Edgecombe County population, 60%. Pediatric (age 0-17) patients accounted for 20% of all ED visits. This figure is consistent with the proportion of persons in this age group in the overall Edgecombe County population, 23%. Senior (age 65+) patients accounted for 19% of all ED visits. This figure is consistent with the proportion of persons in this age group in the overall Edgecombe County population, 17%.

### **Hospital Utilization – Emergency Department - Racial and Ethnic Profile**

An analysis of Emergency Department utilization by race and ethnic profile shows that African-Americans accounted for 60% of all ED visits. This figure is consistent with the proportion of persons in this racial group in the overall Edgecombe County population (58%). Whites accounted for 36% of all ED discharges, which is consistent with the proportion of persons in this racial group in the overall Edgecombe County population (40%).

Hispanics accounted for 3% of all ED discharges over the same period, which is less than the overall proportion in Edgecombe County (4%). It is important to note that in US Census terms, persons of Hispanic/Latino ethnicity may also be of any race. The hospitals do tend to consider Hispanic ethnicity to be a separate racial category.

### **Hospital Utilization – Emergency Department - Payor Mix**

The most common payor groups, in descending order, were:

- Medicaid (30.7%)
- Medicare (26.2%)
- Self-Pay (18.6%)
- BCBS Managed Care (13.7%)

### **Hospital Utilization – Inpatient Admissions**

Hospital inpatient admissions were also reviewed for those individuals who experienced an inpatient admission within the Vidant Health system, who also had a home address located within Edgecombe County.

### **Hospital Utilization – Inpatient Admissions - Gender and Age**

Hospital utilization for inpatient admissions was examined by gender and revealed admissions were generally consistent with the population of the county as a whole. Females accounted for 57% of all IP discharges over the three-year period cited. Females compose 54% of the total Edgecombe County population. Males accounted for 43% of all IP discharges over the same period. Males compose 46% of the total Edgecombe County population.

An examination of hospital inpatient admissions by age revealed that minors under the age of 18 (“pediatric” patients) accounted for 12% of all IP discharges over the three-year period cited. This utilization rate is lower than the general population of this age group within the total Edgecombe County population (23%). Persons between the ages of 18 and 64 (“adult” patients) accounted for 49% of all IP discharges over the same period. This age group composes a total of 60% of the total Edgecombe County population and the assessment revealed their utilization was also lower than the representation within the county.

Persons age 65 and older (“geriatric” patients) accounted for an average of 39% of all IP discharges over the same three-year period. This age group composes only 17% of the total Edgecombe County population. It is important to note that the percentage of geriatric inpatient discharges was more than **twice** the percentage the persons aged 65 and older represent in the Edgecombe County community.

### **Hospital Utilization – Inpatient Admissions - Racial and Ethnic Profile**

Blacks accounted for 50% of all IP discharges over the three-year period cited which was lower than their overall representation (58%) of the total Edgecombe County population. Whites accounted for 46% of all inpatient discharges over the same period. This utilization rate is higher than their composition (40%) of the total Edgecombe County population.

Hispanics accounted for 2% of all IP discharges over the same period. Hispanics compose 4% of the total Edgecombe County population. It is important to note that in terms of the US Census, persons of Hispanic/Latino ethnicity may also be of any race. The hospitals tend to consider Hispanic ethnicity to be a separate racial category, which is the reason it is broken out in this assessment.

### **Hospital Utilization – Inpatient Admissions - Payor Mix**

The most common payor groups, in descending order, were:

- Medicare (46.1%)
- Medicaid (23.9%)
- BCBS Managed Care (12.1%)
- Self-Pay (5.4%)



# Chapter Four: Health Statistics

## Methodology

Routinely collected mortality and morbidity surveillance data and behavior survey data can be used to describe the health status of Edgecombe County residents. These data, which are readily available in the public domain, typically use standardized definitions, thus allowing comparisons among county, state and national figures. There is, however, some error associated with each of these data sources. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

## Understanding Health Statistics

### Age-adjustment

Mortality rates, or death rates, are often used as measures of the health status of a community. Many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because the risk of death inevitably increases with age; that is, as a population ages, its collective risk of death increases. Therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of “young” people, and others have a higher proportion of “old” people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by *age-adjusting* the data. Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing health data from one population or community to another and have been used in this report whenever available.

### Aggregate Data

Another convention typically used in the presentation of health statistics is *aggregate data*, which combines annual data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. It is particularly important to aggregate data for smaller jurisdictions like Edgecombe County. The calculation is performed by dividing the number of cases or deaths due to a particular disease over a period of years by the sum of the population size for each of the years in the same period.

### Incidence

Incidence is the population-based rate at which new cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000; sometimes the multiplier is a smaller number, such as 10,000.

Incidence rate is calculated according to the following formula:

$$(\text{number of new cases/population}) \times 100,000 = \text{new cases per 100,000 people}$$

The incidence rates for certain diseases, such as cancer, are simple to obtain, since data on newly discovered cases is routinely collected by the NC Central Cancer Registry. However, diagnoses of other conditions, such as diabetes or heart disease, are not normally reported to central data-collecting agencies, so accurate incidence data on these conditions is rare.

## **Mortality**

Mortality is calculated by dividing the number of deaths due to a specific disease in a given period by the population size in the same period. Like incidence, mortality is a rate, usually presented as number of deaths per 100,000 residents. Mortality rates are easier to obtain than incidence rates since the underlying (or primary) cause of death is routinely reported on death certificates. However, some error can be associated with cause-of-death classification, since it is sometimes difficult to choose a single underlying cause of death from potentially many co-occurring conditions.

Mortality rate by cause is calculated according to the following formula:

$$(\text{number of deaths due to a cause/population}) \times 100,000 = \text{deaths per 100,000 people}$$

## **Morbidity**

Morbidity as used in this report refers generally to the presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) in the population. Morbidity data usually is presented as a prevalence percentage, or a count, but not a rate.

## **Prevalence**

Prevalence, which describes the extent of a problem, refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a period. Prevalence expresses a proportion, not a rate. Prevalence is often estimated by consulting hospital records; for instance, hospital discharge records available from NC SCHS show the number of residents within a county who use hospital in-patient services for given diseases during a specific period. Typically, these data underestimate the true prevalence of the given disease in the population, since individuals who do not seek medical care or who are diagnosed outside of the hospital in-patient setting are not captured by the measure. Note also that decreasing hospital discharge rates do not necessarily indicate decreasing prevalence; rather they may be a result of a lack of access to hospital care.

## **Trends**

Data for multiple years is included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases, events or deaths per year (see below), the preferred method for reporting incidence and mortality data is long-term trends using the age-adjusted, multi-year aggregate format. Most trend data used in this report is of that type.

## **Small Numbers**

Year-to-year variance in small numbers of events can make dramatic differences in rates that can be misleading. For instance, an increase from two events one year to four the next could be statistically insignificant but result in a calculated rate increase of 100%. Aggregating annual counts over a five year period before calculating a rate is one method used to ameliorate the effect of small numbers.

Sometimes even aggregating data is not sufficient, so the NC State Center for Health Statistics recommends that all rates based on fewer than 20 events—whether covering an aggregate period or not—be considered “unstable”, and interpreted only with caution. In recent years, the NC SCHS has suppressed mortality rates based on fewer than 20 events in a five-year aggregate period. Other state entities that report health statistics may use their own minimum reporting thresholds. To be sure that unstable health data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period and on 10 or more events in a single year. Where exceptions occur, the narrative will highlight the potential instability of the rate being discussed.

## **Describing Difference and Change**

In describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a *percent* takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change.

For example, there may be a rate for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. Although the same, these simple numerical differences are not of the same significance in both instances. In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number in the comparison increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.)

## **Final Health Data Caveat**

Some data that is used in this report may have inherent limitations, due to sample size, or its age, for example, but is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

## **Health Rankings**

### **America’s Health Rankings**

Each year for more than 20 years, America’s Health Rankings™, a project of United Health Foundation, has tracked the health of the nation and provided a comprehensive perspective on how the nation—and each state—measures up. America’s Health Rankings is the longest running state-by-state analysis of health in the US.

America's Health Rankings are based on several kinds of measures, including *determinants* (socioeconomic and behavioral factors and standards of care that underlie health and well-being) and *outcomes* (measures of morbidity, mortality, and other health conditions). Together the determinants and outcomes help calculate an overall rank.

According to the 2015 America's Health Rankings, North Carolina ranked 31<sup>st</sup> overall out of 50 states where 1<sup>st</sup> is considered best.

## County Health Rankings

Building on the work of *America's Health Rankings*, the Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute, undertook a project to develop health rankings for the counties in all 50 states. In this project, each state's counties are ranked according to health outcomes and the multiple health factors that determine a county's health. Each county receives a summary rank for its health outcomes and health factors and also for the four different types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment.

According to the 2015 County Health Rankings for NC, Edgecombe County was ranked:

- 87<sup>th</sup> overall out of 100 (where 1 is best) for health outcomes
- 87<sup>th</sup> in length of life
- 72<sup>th</sup> for quality of life
- 97<sup>th</sup> overall out of 100 for health factors
- 94<sup>th</sup> for health behaviors
- 46<sup>th</sup> for clinical care
- 99<sup>th</sup> for social and economic factors
- 91<sup>st</sup> for physical environment

It should be noted that the County Health Rankings serve a limited purpose, since the data on which they are based in some cases is very old and different parameters are measured in different time periods.

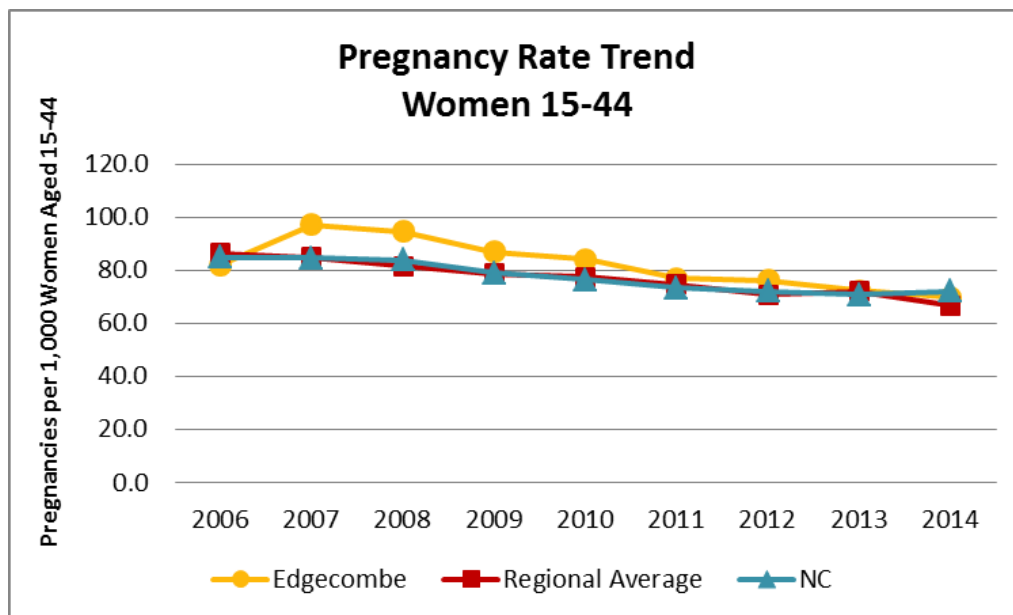
## Maternal and Infant Health

### Pregnancy

The following definitions and statistical conventions will be helpful in understanding the data on pregnancy:

- Reproductive age = 15-44
- Total pregnancies = live births + induced abortions + fetal death at 20+ weeks gestation
- Pregnancy rate = number of pregnancies per 1,000 women of reproductive age
- Fertility rate = number of live births per 1,000 women of reproductive age
- Abortion rate = number of induced abortions per 1,000 women of reproductive age
- Birth rate = number of live births per 1,000 *population* (*Note that in the birth rate calculation the denominator includes the entire population, both men and women, not just women of reproductive age.*) Since the birth rate is a measure of population growth, it was presented among the demographic data in Chapter One of this report.

The NC State Center for Health Statistics data indicates the total pregnancy rates for Edgecombe County, the region and the state have decreased overall since 2007. The 2014 pregnancy rate was 69.9 in Edgecombe County, compared to 66.8 in the Region and 72.1 in NC.



**Graph 5. 2006-2014 Pregnancy Rate Trend for Females 15-44.** Source: North Carolina State Center for Health Statistics (NC SCHS), 2008 [and other years as noted] County Health Data Books: <http://www.schs.state.nc.us/data/databook/>

Overall teen pregnancy rates in Edgecombe County have fallen significantly since 2008, though they remain higher than the Region or the state. The 2014 teen pregnancy rate was 50.6 in Edgecombe County, compared to 39.0 for the Region and 32.3 for the state.

- The *number* of teen (women aged 15-19) pregnancies in Edgecombe County has decreased overall from 207 in 2004 to 82 in 2014. The county demonstrates a higher number than the Regional average (which has demonstrated a steady decline from 106 in 2004 to 51 in 2014) but lower than the NC county average (103 in 2014).
- Between 2004 and 2014 there were 47 pregnancies among Edgecombe County adolescent girls (age 14 and younger). Numbers fluctuated from a low of 1 in 2010 to a high of 9 in 2004. In 2014, there were 4 pregnancies among this youngest age group and 13 Region-wide

Among Edgecombe County women age 15-44 the highest pregnancy rates appear to occur among Hispanics; rates among most racial groups have declined but the rate among African American women has changed little over the most recent three years.

Among Edgecombe County teens, the rates over time appear quite variable and are unstable for most groups, so have not been graphed. The rate is highest among African American teens and the Edgecombe county rates tend to be higher than both the Region and the State.

## **Pregnancy Risk Factors**

### **Smoking During Pregnancy**

The percentage of Edgecombe County women who smoked during pregnancy decreased between 2011 and 2014. When compared to Region and state data, the highest percentage of mothers who smoked while pregnant were in Edgecombe County in 2014.

### **Inadequate Prenatal Care**

The percentage of women receiving early prenatal care was lower in Edgecombe County, compared to the Region and the State for most of the period. The percentage of women receiving prenatal care in the first trimester has declined each year in Edgecombe County and NC and has increased slightly in the Region.

Among racial groups, a slightly higher proportion of white women got prenatal care in the first trimester (64.7%) compared to African American women (50.9%) and Hispanic women (51.5%) in 2014. The percentage of African American women receiving first trimester care has decreased each year since 2011.

### **Pre-Term, Low Weight and Very Low Weight Births**

In Edgecombe County from 2010-2014, the percentage of Pre-Term Births (babies born at less than 37 weeks) was 15.7%, compared to the Region at 13.4% and the state at 11.8%.

Low Weight Births (babies weighing less than or equal to 2500 grams or 5.5 pounds at birth) occurred in 12.3% of live births in Edgecombe County, compared to the Region (9.9%) and the state (9.0%). The rate of low weight births has declined slightly in Edgecombe County since 2004-2008. The highest rate of low weight births, although unstable, is among African American mothers (14.6%).

Very Low Weight Births (babies weighing less than or equal to 1500 grams or 3.3 pounds at birth) occurred in 2.3% of live births in Edgecombe County, compared to the Region (2.3%) and the state (1.7%). The rate has declined overall since 2002-2006 but continues to remain higher than the state. The highest rate of very low weight births, although unstable, is among African American mothers (2.6%).

### **Infant Mortality**

The total infant mortality rate in Edgecombe County has decreased overall from a high of 13.9 in 2004-2008 to 8.2 in 2010-2014. It should be noted that all rates are technically unstable and should be interpreted cautiously.

The Edgecombe County infant mortality rate has been consistently higher than the state (7.1 in 2010-2014) and the Regional (9.8 in 2010-2014) averages. According to the CDC, the 2013 infant mortality rate in NC was the 10th highest in the nation.

- ▶ The only stable minority infant mortality rates are among African Americans, who demonstrate a higher rate (9.7 in 2010-2014) compared to the overall infant mortality rate (8.2).
- ▶ The infant mortality rate among African Americans in the county is traditionally lower compared to the Region (13.3 in 2010-2014) and the state (12.9) and the Edgecombe County rate has declined since at least 2006-2010.

- ▶ When looking at the **number** of infant deaths, the majority of all infant deaths in Edgecombe County occurred among African Americans: 78% (21 of 27) in 2010-2014 compared to 43% in NC.

## Life Expectancy

Life expectancy is the average number of additional years that someone at a given age would be expected to live if he/she were to experience throughout life the age-specific death rates observed in a specified reference period. Life expectancies in terms of years of life remaining can be calculated for any age. Because life expectancy is an average, however, a particular person may well die many years before or many years after their "expected" survival, due to life experiences, environment, and personal genetic characteristics.

Life expectancy from birth is a frequently utilized and analyzed component of demographic data. It represents the average life span of a newborn and is considered an indicator of the overall health of a population or community.

Life expectancy rose rapidly in the twentieth century due to improvements in public health, nutrition and medicine, and continued progress in these areas can be expected to have further positive impact on life expectancy in the future. Decreases in life expectancy are also possible, influenced mostly by epidemic disease (e.g. plagues of history and AIDS in the modern era), and natural and man-made disasters. One of the most significant influences on life expectancy in populations is infant mortality, since life expectancy at birth is highly sensitive to the rate of death in the first few years of life.

The overall life expectancy in Edgecombe County is 75.2. When compared to the Regional Mean (77.7) and the state (78.3), Edgecombe County had the shortest life expectancies in all categories (Male, Female, White, Black/African American).

County	Overall	Sex		Race	
		Male	Female	White	African-American
Edgecombe	75.2	72.0	78.1	75.7	75.2
Regional Arithmetic Mean	77.7	75.0	80.3	78.4	76.5
State Total	78.3	75.8	80.7	78.9	75.9

**Table 5. 2012-2014 State-Level Life Expectancies by Age, Sex, Race and Race by Sex.** Source: North Carolina Center for Health Statistics, Life Expectancy - State & County Estimates: <http://www.schs.state.nc.us/data/lifexpectancy/>

## Mortality

### Leading Causes of Death

This section describes mortality for the 15 leading causes of death, as well as mortality due to five major site-specific cancers. The list of topics and the accompanying data was retrieved from the NC

SCHS County Health Databook. Unless otherwise noted, the numerical data are age-adjusted and represent five-year aggregate periods.

Table 6 compares the number of deaths and mortality rates for the 15 leading causes of death in Edgecombe County to the state. The causes of death are listed in descending order of rank in Edgecombe County. Differences between Edgecombe County and NC mortality rates are discussed below.

Age-Adjusted Rates (2010-2014)	Edgecombe County No. of Deaths	Edgecombe County Mortality Rate	Edgecombe Rate Difference from NC
1. Diseases of Heart	658	195.3	+17.7%
2. Cancer	667	191.2	+11.3%
3. Cerebrovascular Disease	300	90.4	+110.2%
4. Chronic Lower Respiratory Diseases	117	35.1	-23.7%
5. All Other Unintentional Injuries	96	32.7	+10.5%
6. Diabetes Mellitus	93	27.2	+23.1%
7. Septicemia	66	19.9	+53.1%
8. Pneumonia and Influenza	66	19.7	+11.9%
9. Nephritis, Nephrotic Syndrome, and Nephrosis	65	19.4	+14.1%
10. Alzheimer's disease	62	18.7	-36.0%
11. Chronic Liver Disease and Cirrhosis	57	17.3	+78.4%
12. Unintentional Motor Vehicle Injuries	41	14.4	+6.7%
13. Homicide	29	11.7	+105.3%
14. Suicide	25	8.8	-29.0%
15. Acquired Immune Deficiency Syndrome	24	8.3	+219.2%

**Table 6. 2010-2014 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B).** Source: North Carolina State Center for Health Statistics (NC SCHS), 2016 County Health Data Book website: <http://www.schs.state.nc.us/data/databook/>

Mortality rates for 12 of the 15 leading causes of death were higher in Edgecombe County compared to North Carolina rates.

Respondents to the Edgecombe County Community Health Survey reported having received the following LCD-related diagnoses at the percentage noted in parentheses:

Angina/heart disease (7.7%)  
 Cancer (9.2%)  
 Diabetes (18.3%)

Further examination of the leading causes of death by age reveal the top 3 causes of death in Edgecombe County



<b>Age Group</b>	<b>Rank</b>	<b>Cause of Death in Edgecombe County (2010-2014)</b>
00-19	1	Conditions originating in the perinatal period
	2	Motor vehicle injuries
	3	All other unintentional injuries
20-39	1	Homicide
	2	Diseases of the heart
	3	All other unintentional injuries
40-64	1	Cancer (all sites)
	2	Diseases of the heart
	3	Cerebrovascular disease
65-84	1	Cancer (all sites)
	2	Diseases of the heart
	3	Cerebrovascular disease
85+	1	Diseases of the heart
	2	Cerebrovascular disease
	3	Cancer (all sites)

**Table 7. 2010-2014 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population. Source:** North Carolina Center for Health Statistics (NC SCHS), 2016 County Health Data Book website: <http://www.schs.state.nc.us/data/databook/>

It is notable that homicide and heart disease are ranked among the leading causes of death in the 20-39 age group. It is also notable that cerebrovascular disease appears as a leading cause of death among the 40-64 and 65-84 age groups.

In North Carolina, the top three leading causes of death for the age groups are:

- Age 0-19: Conditions originating in the perinatal period; Congenital anomalies; Motor vehicle injuries
- Age 20-39: Other unintentional injuries; Motor vehicle injuries; Suicide
- Age 40-64: Cancer (all sites); Diseases of the heart; Other unintentional injuries
- Age 65-84: Cancer (all sites); Diseases of the heart; Chronic lower respiratory diseases
- Age 85+: Diseases of the heart; Cancer (all sites); Alzheimer's disease.

<b>Edgecombe County Rank by Descending Overall Age-Adjusted Rate (2010-2014)</b>	<b>Rate in 2002-2006</b>	<b>Rate in 2010-2014</b>	<b>% Change 2002-2006 to 2010-2014</b>
<b>1. Diseases of Heart</b>	275.6	195.3	<b>-29.1%</b>
<b>2. Cancer</b>	232.4	191.2	<b>-17.7%</b>
<b>3. Cerebrovascular Disease</b>	106.4	90.4	<b>-15.0%</b>
<b>4. Chronic Lower Respiratory Diseases</b>	44.8	35.1	<b>-21.7%</b>
<b>5. All Other Unintentional Injuries</b>	21.8	32.7	<b>+50.0%</b>
<b>6. Diabetes Mellitus</b>	31.2	27.2	<b>-12.8%</b>
<b>7. Septicemia</b>	16.9	19.9	<b>+17.8%</b>
<b>8. Pneumonia and Influenza</b>	18.8	19.7	<b>+4.8%</b>
<b>9. Nephritis, Nephrotic Syndrome, and Nephrosis</b>	26.3	19.4	<b>-26.2%</b>
<b>10. Alzheimer's disease</b>	24.5	18.7	<b>-23.7%</b>
<b>11. Chronic Liver Disease and Cirrhosis</b>	12.4	17.3	<b>+39.5%</b>
<b>12. Unintentional Motor Vehicle Injuries</b>	24.1	14.4	<b>-40.2%</b>
<b>13. Homicide</b>	13.7	11.7	<b>-14.6%</b>
<b>14. Suicide</b>	11.1	8.8	<b>-20.7%</b>
<b>15. Acquired Immune Deficiency Syndrome</b>	11.7	8.3	<b>-29.1%</b>

**Table 8. 2002-2014 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B).** Source: North Carolina State Center for Health Statistics (NC SCHS), 2016 County Health Data Book website: <http://www.schs.state.nc.us/data/databook/>

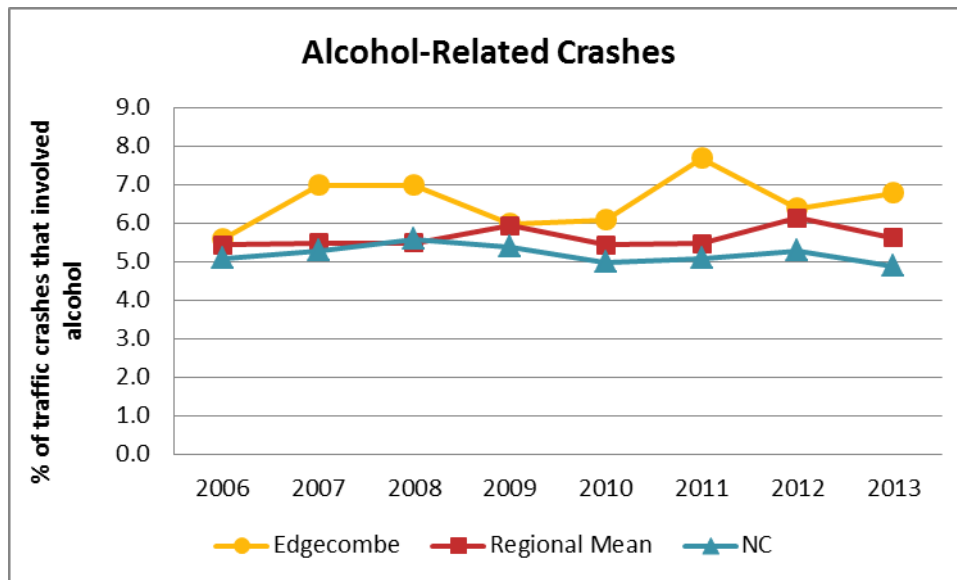
For every leading cause for which there are stable rates available for comparison in 2010-2014, the mortality rate among males is higher than the female mortality rate, except for kidney diseases.

Because diabetes ranks as the 4<sup>th</sup> Leading Cause of Death among African Americans in Edgecombe County but ranks 10<sup>th</sup> among whites, it may be illustrative to examine hospital discharges for diabetes (ICD-9 Code 250xx). These data, from VEDG only, are presented in the section of this presentation that considers diabetes as a major factor of morbidity.

## Morbidity

### Vehicular and Alcohol-Related Motor Vehicle Crashes

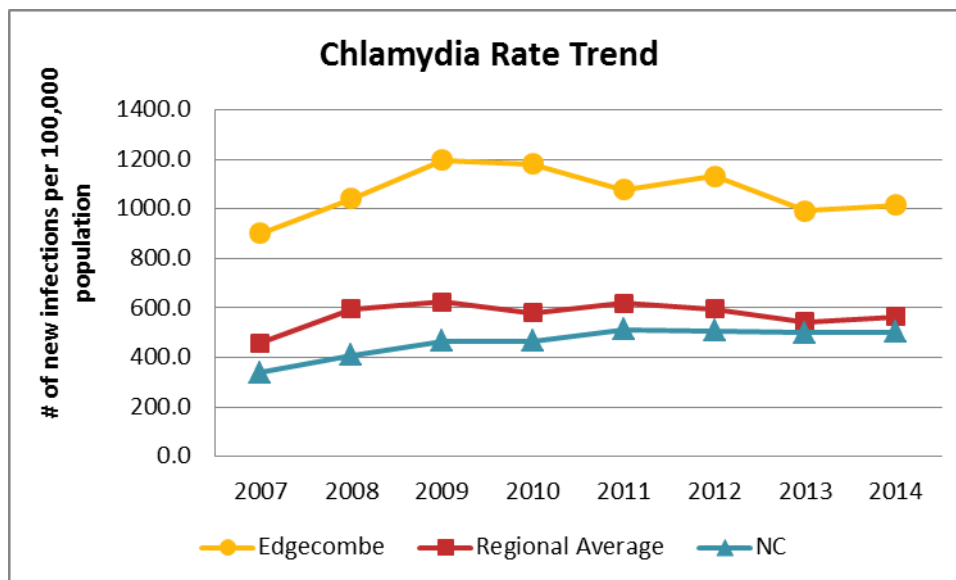
According to the NC Highway Safety Research Center, over the period from 2006 through 2013 an annual average of 6.6% of all traffic crashes in Edgecombe County were alcohol-related. Statewide, the comparable figure was 5.2% while it was 6% across the Region.



**Graph 6. Alcohol Related Traffic Crashes 2006-2013.** Source: North Carolina Alcohol Facts. Highway Safety Research Center at the University of North Carolina at Chapel Hill: <http://www.hsrrc.unc.edu/ncaf/crashes.cfm>

## Sexually Transmitted Infections – Chlamydia

The chlamydia infection rate in Edgecombe County is variable, though it has been approximately double the state rate for the entire period shown. In 2014, there were 557 new cases of chlamydia in Edgecombe County, calculating to a rate of 1,014 compared to 501.9 statewide. Of the 15-24 year olds who were tested for chlamydia in 2011, 11.6% tested positive, compared to 10.9% in NC.



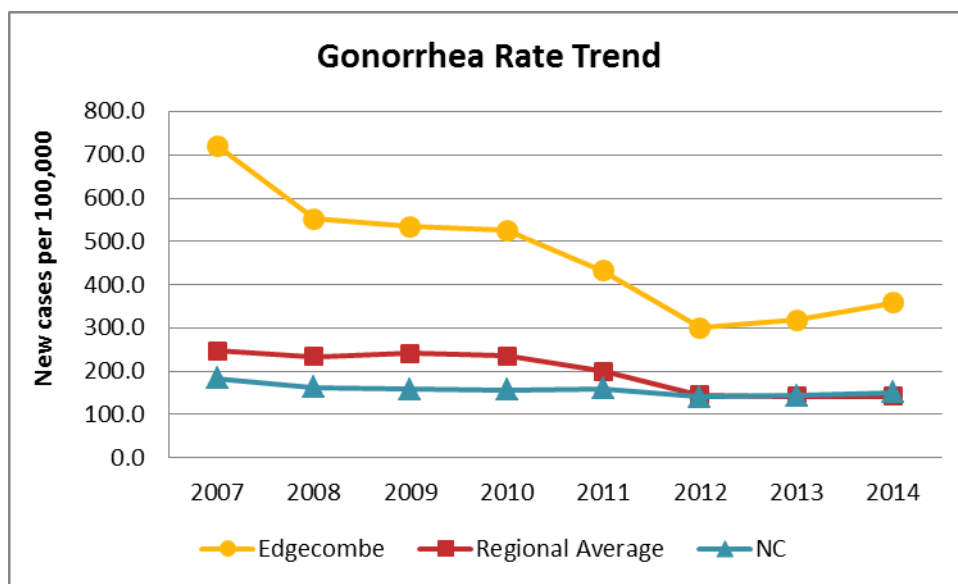
**Graph 7. North Carolina Newly Diagnosed Chlamydia Rates by County of Diagnosis and Year of Diagnosis, 2010-2014** Source: 2014 North Carolina HIV/STD Surveillance Report.

## Sexually Transmitted Infections – Gonorrhea

The gonorrhea infection rate in Edgecombe County, which had fallen steadily, has increased recently and was higher than both the state and the Region throughout the period cited.

In 2014, there were 197 new cases of gonorrhea in Edgecombe County, calculating to a rate of 358.6, more than double the state rate of 150.4.

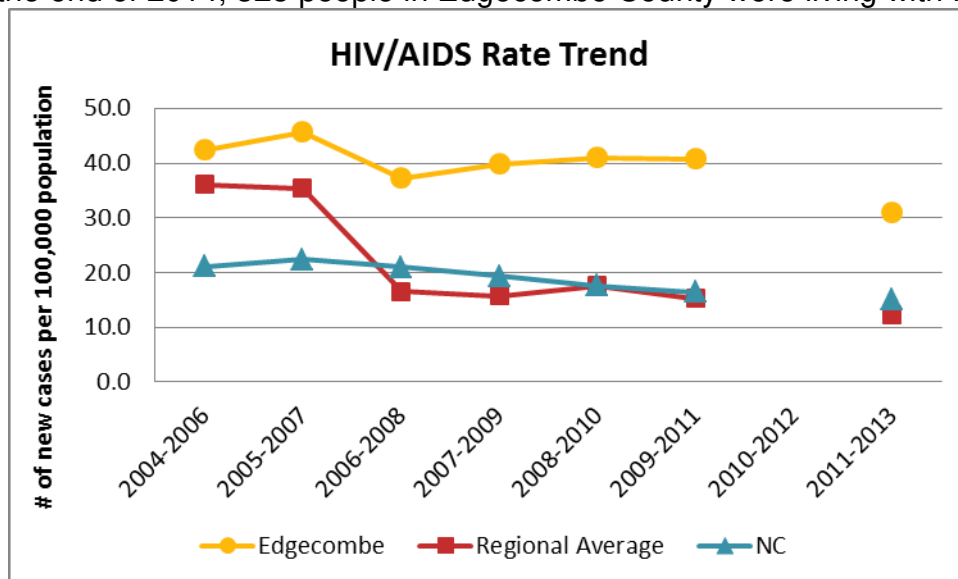
The gonorrhea rate was highest among African Americans in 2006-2010 (the last year for which stratified data is available): 930.8 compared to 596.4 overall.



**Graph 8. N.C. Newly Diagnosed Gonorrhea Rates by County of Diagnosis and Year of Diagnosis 2010-2014.** Source: 2014 HIV/STD Surveillance Report. Communicable Disease

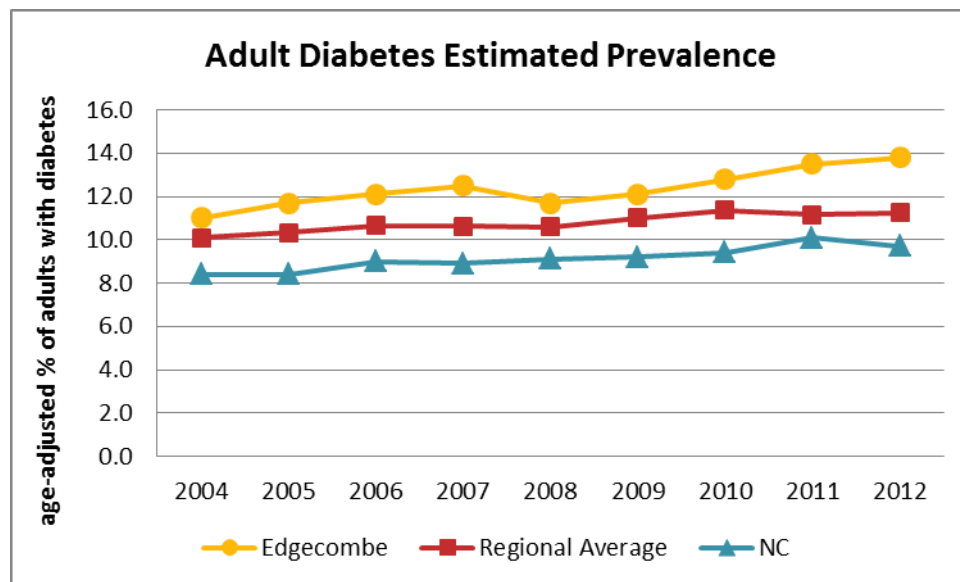
## Sexually Transmitted Infections – HIV/AIDs

Although the numbers are too low to yield stable rates, the rate of newly diagnosed HIV infections in Edgecombe County (an average of 28.9 between 2012-2014) was double the comparable state rate (13.4) and was higher in Edgecombe County than any other county in the state. When numbers are aggregated over three-year periods to stabilize them, the Edgecombe County rates are still consistently and significantly higher compared to NC and the Region, despite a recent decrease. At the end of 2014, 328 people in Edgecombe County were living with HIV.



## Adult Diabetes

The average prevalence of diabetes among Edgecombe County adults has increased each year since 2008 and was higher than the state and the Region for the entire period examined. Over the 9-year period presented, the Edgecombe County average was 12.4%, compared to 10.8% Region-wide and 9.1% across the state. It is also interesting to note that approximately 18% of respondents to the Edgecombe County Community Health Survey reported having received a diagnosis of diabetes.



**Graph 10. County-Level Data, Diagnosed Diabetes Prevalences, North Carolina, 2004 through 2012.** Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System: <http://www.cdc.gov/diabetes/data/index.html>

Because the prevalence of diabetes in Edgecombe County appears to be increasing, it may be illustrative to examine hospital discharges among Edgecombe County residents for diabetes (ICD-9 Code 250xx). The data which was examined was from VEDG only.

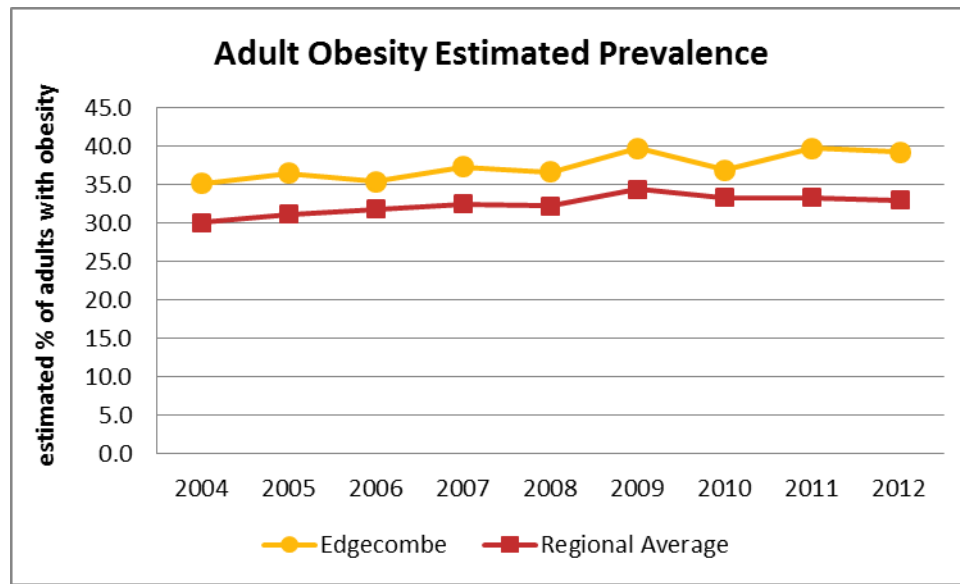
The data analysis revealed the number and percentage of ED discharges under this code for blacks was **two to three times** the comparable figures for whites; the number and percentage of IP discharges among blacks was **twice** the comparable percentage among whites. The percentages of ED discharges among Edgecombe County residents under this code for both females and males were static, but the percentage for females was slightly higher each year. On the other hand, the percentage of IP discharges among females was significantly lower than the comparable percentage among males in every year.

## Obesity in Adults

The average prevalence of obesity in Edgecombe County was 37.4% in the period from 2004 through 2012, compared to 32.4 in the Region (State data is not available).

The Edgecombe County percentage was higher than the Region for the entire period presented and increased slightly overall. It is also interesting to note that approximately 52% of respondents

to the Edgecombe County Community Health Survey reported having received a diagnosis of overweight or obesity.



**Graph 11. Obesity Prevalence 2004-2012.** Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System: <http://www.cdc.gov/diabetes/data/index.html>

### Obesity in Children (Ages 2-4)

There is limited data on the prevalence of childhood obesity in Edgecombe County. Data is collected for three age groups (2-4, 5-11, 12-18), but the only one yielding stable rates in the county was the 2-4 year old group. The data is also not particularly current. The data available covers only children seen in health department WIC and child health clinics and certain other facilities and programs.

According to this NC-NPASS data, in 2010 an annual average of 12.9% of the participating children in Edgecombe County age 2-4 were deemed “overweight”, and an additional 14.1% were deemed “obese” (total = 27%). Statewide, 16.1% were overweight and 15.6% were obese, for a total of 31.7%. Across the Region, an average of 16% were overweight and another 16.8% were considered obese, for a total of 32.8%

### Asthma

The Edgecombe County rate of hospital discharges with a primary diagnosis of asthma was **more than double** the state rate (233.0 vs. 90.9 in 2014), and has decreased slightly over time (from 251.1 in 2010). Among children aged 0-14, the hospital discharge rate has decreased from being more than 167% higher than the state in 2010 (443.8 vs. 166.0) to being 43% higher than the state in 2014 (207.5 vs. 144.6).

Because, according to NC SCHS, the hospital discharge rate for asthma in Edgecombe County has long been higher than the comparable state rate, it may be illustrative to examine hospital discharges among Edgecombe County residents for asthma (ICD-9 Code 493xx). The data examined were from VEDG only.

The number and percentage of ED discharges under this code for blacks were approximately **three times** the comparable figures for whites; the number and percentage of IP discharges among blacks was lower than the comparable figures among whites in two of the three years cited.

Because, according to NC SCHS, the hospital discharge rate for asthma among children in Edgecombe County has long been higher than the comparable state rate, it may be illustrative to examine hospital discharges among Edgecombe County residents for asthma (ICD-9 Code 493xx) by age. The data examined were from VEDG only.

The percentage of ED discharges for children age 14 and younger averaged 40% of all ED discharges under this code; the comparable percentage for *all* remaining age groups averaged 60%. The number and percentage of IP discharges among children age 14 and younger were significantly lower than the comparable figures for all remaining age groups.

## **Mental Health**

Between 2006 and 2014, the number of Edgecombe County residents served by the Area Mental Health Program *increased* overall by 81%, much of that increase occurring between 2012 and 2014, when utilization jumped from 1,866 to 2,617 to 3,877. Over the same 9-year period the number of Edgecombe County residents served by State Psychiatric Hospitals *decreased* by 91%. In 2014, 27 persons were served. During the same 9-year period, a total of 328 Edgecombe County residents were served by NC State Alcohol and Drug Abuse Treatment Centers (ADATCs), with the number varying from year to year.

The LME/MCO serving Edgecombe County is Eastpointe, located in Beulaville (in Duplin County). Eastpointe also serves the following counties: Bladen, Columbus, Duplin, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson.

Eastpointe's call center provides access information, assessment, crisis care and referrals to providers 24 hours a day, 365 days a year. They "manage a network of licensed practitioners and comprehensive, independent, and specialty provider agencies who offer a variety of services designed to meet consumer needs." Source:

<http://www.eastpointe.net/aboutus/Eastpointe%20Brochure%20Eng%2002222016.pdf>

It is interesting to note that approximately 32% of Edgecombe County Community Survey respondents reported having received a diagnosis of depression or anxiety.

ED discharges related to all Mental, Behavioral and Neurological Disorder diagnoses composed approximately 1% of all ED discharges over the three-year period cited; IP discharges for mental health diagnoses composed approximately 0.5% of all IP discharges. These diagnoses (ICD-9 290-319xx) include psychotic and non-psychotic disorders, and conditions associated with alcohol and drug abuse.

## **Edgecombe County Populations At-Risk for Poor Health Outcomes**

Primary and Secondary data gathered identifies the following groups as at-risk or populations with health disparities:

- The uninsured and under-insured
- Persons living in poverty
- Minorities
- Males, who generally have poorer health outcomes than females
- Persons with poor access to transportation, because travel may be necessary to reach certain healthcare providers
- The elderly, because healthcare services may not be sufficient to accommodate their needs as their population grows
- Pregnant women and the children they carry, since rates of prenatal care appear to be decreasing; frequency of smoking during pregnancy is significantly higher in county than statewide.



# Chapter Five: Community Watch List

After Secondary data was compiled, a watch list of noteworthy Health Problems was developed. The following items were identified as health problems in Edgecombe County:

- Cancer - especially prostate cancer and breast cancer, and particularly among African Americans; cancer screening activities may be inadequate
- Stroke – the county mortality rate has long been higher than NC rate and has been increasing lately
- Septicemia – the county mortality rate is higher than the NC rate and has been increasing
- Liver disease – county mortality rate is higher than NC rate and has been climbing for the past five years
- Diabetes – prevalence is increasing, and African Americans suffer disproportionate mortality
- Non-motor vehicle unintentional injuries (including poisonings, which in turn include drug overdoses) – mortality rate is higher than NC rate and climbing
- Chlamydia and gonorrhea infections – incidence rates have long been higher than comparable NC rates
- Asthma – prevalence in county higher than in state and region

# Chapter Six: Community Feedback

## Community Survey Methodology

Edgecombe County Health Department (ECHD), VEDG and the Vidant Health system partnered to create a community survey designed to receive feedback from community members regarding health. The survey questions were adapted from the survey questionnaire provided by the *Community Assessment Guidebook: North Carolina Community Health Assessment Process*, published by the NC Office of Healthy Carolinians/Health Education and the NC State Center for Health Statistics (December 2011). The survey was implemented online and in paper copies and in English and Spanish. A total of 471 community members responded to the survey. The survey questions were designed to obtain feedback regarding health issues within the community, as well as to better understanding health behaviors and issues experienced by survey participants and their family members. The survey responses have been incorporated throughout this document.

## Community Small Group Discussions Methodology

In addition to the survey questionnaire, The Edgecombe County Department of Public Health partnered with VEDG Hospital and the community to assemble and complete Community Small Group Discussions. Community Health Assessment coordinators served as Group Moderators and completed 4 small group discussions throughout Edgecombe County.

## Community Feedback Results

Key Feedback Received from all Community Feedback (survey and small group discussions):

- Participants valued a strong sense of community as a valued benefit of living in Edgecombe County.
- The economy and lack of employment were consistently identified as primary concerns among participants.
- Participants identified the need for more community health education related to eating healthy and substance abuse.
- Participants were asked to respond to a confidential survey question about their current medical diagnoses; responses revealed the 3 most common diagnoses among both genders, whites and African Americans are: high blood pressure, high cholesterol, and overweight/obesity.
- The uninsured, underinsured, and individuals who cannot afford services were consistently identified as groups not receiving necessary healthcare.
- Substance Abuse and Mental Health related concerns were frequently identified as health problems within Edgecombe County.

# Chapter Seven: Issue Prioritization

In June of 2016, members of the Edgecombe County Rural Health Network met to discuss the Community Health Needs Assessment. Assessment results were shared and a formal process was utilized to determine Edgecombe County's community health priorities.

Assessment data (primary and secondary) were shared with key stakeholders. Stakeholders reviewed the information, asked questions, and shared additional data from their respective organizations. Following a comprehensive review of all data provided, each participant was asked to identify key trends for further evaluation. A list was developed which included 12 potential priorities for further discussion and consideration.

The following criteria were used to evaluate the potential health priorities:

1. **The Magnitude of the Problem** – How many persons does the problem affect?
2. **Seriousness of the Consequences** – What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community such as social or economic burdens?
3. **Feasibility of Correcting the Problem** – Is the problem amenable to interventions? Is the problem preventable? Is the community concerned about the problem? Is the intervention feasible scientifically as well as acceptable to the community?

## Prioritization Process

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

## Edgecombe County Health Priorities for 2016-2019

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

# Appendices

## **Appendix A: Secondary Data Sources**

Sheila S. Pfaender, Public Health Consultant, accessed data from the following sources to obtain and analyze secondary data:

- 2014 North Carolina HIV/STD Surveillance Report
- 2015 County Health Rankings & Roadmaps.County Health Rankings and Roadmaps website.
- America's Health Rankings: <http://www.americashealthrankings.org/>
- Authorized Medicaid and Health Choice Enrollment Reports
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System & National Diabetes Surveillance System
- Child Welfare, Reports of Abuse and Neglect section
- Dialysis Facility Compare, <http://www.Medicare.gov/Dialysis/Include/DataSection/Questions>
- Duncan, D.F., Kum, H.C., Flair, K.A., and Stewart, C.J. (2013). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina. Special data request, March 2011. Also available online through the University of North Carolina at Chapel Hill Jordan Institute for Families website at <http://ssw.unc.edu/ma/>. Footnotes: Last updated September 2014.
- KIDS COUNT Data Center, a Project of the Annie E. Casey Foundation website: <http://datacenter.kidscount.org/>
- Highway Safety Research Center at the University of North Carolina at Chapel Hill
- National Center for Health Statistics
- North Carolina Administrative Office of the Courts (AOC)
- North Carolina Coalition to End Homelessness
- North Carolina Department of Administration, Council for Women
- North Carolina Department of Commerce
- North Carolina Department of Health and Human Services
- North Carolina Department of Justice, State Bureau of Investigation
- North Carolina Department of Public Instruction, Data and Statistics
- North Carolina Department of Public Safety, Juvenile Justice
- North Carolina Department of Revenue
- North Carolina Division of Motor Vehicles (DMV)
- North Carolina Electronic Disease Surveillance System (NC EDSS)
- North Carolina Employment Security Commission
- North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS)
- North Carolina Office of State Budget and Management
- North Carolina State Center for Health Statistics (NC SCHS)
- North Carolina Vital Statistics
- Public Schools of North Carolina
- Sheps Center for Health Services Research, North Carolina Health Professions Data System: <http://www.shepscenter.unc.edu/hp/publications.htm>
- State Laboratory of Public Health (SLPH). The SLPH provides testing for the Infertility Prevention Project (IPP), which includes testing for chlamydia.
- U.S. Census Bureau, American FactFinder
- Vidant Health Hospital Utilization Data

## **Appendix B: Secondary Data and Hospital Utilization Data Indicators**

## 2016 CHNA Process Secondary Data Indicators

TOPIC	NOTES
<b><i>Demographic Data</i></b>	
Population by Sex, Age	Counts and percentages
Population by Race, Ethnicity	Counts and percentages
Population Growth Trend	Percent growth by decade; projected to 2030
Birth Rate Trend	Birth rate over several years
Population by Age Group	Point-in-time profile of proportion of population by age group
Elderly Population Growth Trend	Population age 65 and older, by 10-year age groups
Family Composition	Grandparents responsible for grandchildren; single-parent families
Military Veterans	By age group
Household Language	Reveals proportion not facile in English
Foreign Born Population	Date of entry of foreign-born population, by decade
Voting Trend	Registered voters and voter turnout per election
Urban and Rural Population	Number and proportion in both groups over time
School Enrollment Trend	Number enrolled plotted over time
Educational Attainment	Proportion HS and College graduates; SAT scores; End of grade test results
Educational Investment	Federal, state and local investment, by school district
High School Drop Out Trend	By school district
High School Graduation Rate	By school district
High School Graduation Rate by Race	Stratification offered where valid
<b><i>Socioeconomic Data</i></b>	
Income	Per capita, median family and median household income
Poverty	100% level, overall and stratified by age group (i.e., adult and child) and race
Housing Cost	Median monthly cost for mortgage and for rent, multiple time periods
Housing Cost	Percent spending more than 30% of household income on housing
Homeless Population Trend	Point-in-time counts, by age group and military status
Free and Reduced Lunch Trend	Percent students eligible OR receiving F&R, by several school years
Sector Employment	Point-in-time proportional employment by sector; average weekly wage by sector



Unemployment Rate Trend	Annual unemployment rate, plotted for at least 10 years
County Tier Designation	From NC Department of Commerce
County Revenue Indicators	Receipts, gross and sales tax-related
Crime Trend (Homicide and Index)	Rate, over time for several years
Crime Trend (Violent)	Rate, over time for several years
Crime Trend (Property)	Rate, over time for several years
Juvenile Crime	Rates of undisciplined and delinquent youth
High School Reportable Crimes	Counts and rates
	Number of complaints; types of perpetrators, by percent
Sexual Assault	Number of complaints
Domestic Violence	Number of reports and substantiated cases
Child Abuse	Number of reports and substantiated cases
Adult Abuse	
<b><i>Health Data</i></b>	
America's Health Rankings	Ranking of NC among 50 states
County Health Rankings	Ranking of target county among 100 NC counties
Pregnancy Trend (Ages 15-44)	Counts and rates reported over time
Pregnancy Rate by Race (Ages 15-44)	For most recently reported period only
Abortion Trend (Ages 15-44)	Counts and rates reported over time
Pregnancy Trend (Ages 15-19)	Counts and rates reported over time
Pregnancy by Race (Ages 15-19)	For most recently reported period only
Abortion Trend (Ages 15-19)	Counts and rates reported over time
	Proportion of births to mothers who smoked when pregnant; plotted over time
Prenatal Smoking Trend	Proportion of births to mothers who got prenatal care in first three months of pregnancy; plotted over time
Prenatal Care Trend	Where stratification is valid
Prenatal Care Trend by Race	Proportion of births at less than 5.5 pounds
Low Birth Weight Trend	Proportion of births at less than 3.3 pounds
Very Low Birth Weight Trend	Death rate among infants under the age of one year
Infant Mortality Trend	Where stratification is valid
Infant Mortality by Race	Years of expected life for individual born in a defined period
Life Expectancy	Tracks mortality rates for 15 Leading Causes of Death
Cause of Death	Mortality rate for top three causes of death, by major age groups
Death by Age Group	
Heart Disease Mortality Trend	
Heart Disease Mortality by Race	Where stratification is valid
Total Cancer Mortality Trend	
Total Cancer Mortality by Race	Where stratification is valid
Total Cancer Incidence Trend	New cases per defined time periods
	For four major site-specific cancers: lung, breast, prostate and colorectal
Cancer Mortality by Site	

Cancer Incidence by Site	New cases per defined time periods for four major site-specific cancers sited above
Lung Cancer Mortality Trend	
Lung Cancer Mortality by Race	Where stratification is valid
Lung Cancer Incidence Trend	New cases per defined time periods
Breast Cancer Mortality Trend	
Breast Cancer Mortality by Race	Where stratification is valid
Breast Cancer Incidence Trend	New cases per defined time periods
Prostate Cancer Mortality Trend	
Prostate Cancer Mortality by Race	Where stratification is valid
Prostate Cancer Incidence Trend	New cases per defined time periods
Colorectal Cancer Mortality Trend	
Colorectal Cancer Mortality by Race	Where stratification is valid
Colorectal Cancer Incidence Trend	New cases per defined time periods
CLRD Mortality Trend	
CLRD Mortality by Race	Where stratification is valid
Stroke Mortality Trend	
Stroke Mortality by Race	Where stratification is valid
Other Injury Mortality Trend	
Other Injury Mortality by Race	Where stratification is valid
Alzheimer's Mortality Trend	
Alzheimer's Mortality by Race	Where stratification is valid
Diabetes Mortality Trend	
Diabetes Mortality by Race	Where stratification is valid
Pneumonia and Influenza Mortality Trend	
Pneumonia and Influenza Mortality by Race	Where stratification is valid
Unintentional Motor Vehicle Injury (UMVI) Mortality Trend	
Unintentional Motor Vehicle Injury (UMVI) Mortality by Race	Where stratification is valid
Suicide Mortality Trend	
Suicide Mortality by Race	Where stratification is valid
Kidney Disease Mortality Trend	
Kidney Disease Mortality by Race	Where stratification is valid
Septicemia Mortality Trend	
Septicemia Mortality by Race	Where stratification is valid
Liver Disease Mortality Trend	
Liver Disease Mortality by Race	Where stratification is valid
Homicide Mortality Trend	
Homicide Mortality by Race	Where stratification is valid
AIDS Mortality Trend	
AIDS Mortality by Race	Where stratification is valid
Adult Diabetes Prevalence Trend	
Child Obesity Prevalence (2-4 years)	
Injury Mortality - Unintentional Falls	Number of unintentional fatal falls, by age group

Motor Vehicle (MV) Crashes, Alcohol, Trend	Number of percent of crashed related to alcohol, plotted over time
Motor Vehicle (MV) Crashes, Alcohol, Detail	Number and percent of crashes by type (e.g., fatal, non-fatal, property only) related to alcohol
Injury Mortality - Poisoning	Number of cases and rates
Chlamydia Infection Rate Trend	New cases identified annually, plotted over time
Gonorrhea Infection Rate Trend	Counts by causative organism or disease; must be obtained from local health department
HIV Incidence Trend	For state-defined list of health conditions
Communicable Disease	Stratified by age group (i.e., adults and children)
Inpatient Hospitalization Rate Trend	Number using the service, plotted over several years
Dental Service Utilization by Medicaid Recipients	Number using the service, plotted over several years
Area Mental Health Program Utilization Trend	Number using the service, plotted over several years
Alcohol and Drug Treatment Center Utilization Trend	Number using the service, plotted over several years
Psychiatric Hospital Utilization Trend	
<b>Health Resource Data</b>	
Health Professional Ratios	Number of providers per 100,000 population for MDs, Primary Care MDs, RNs, Dentists, and Pharmacists
Health Professionals by Type	Number of active providers in major categories of health care specialties
Health Insurance Coverage Estimates	Percent uninsured, by age group
Trend	By Department of Social Services Program Areas
Medicaid Eligibles Trend	Counts of beds, by type of facility (e.g., nursing homes, homes for the aged, family care homes, etc.)
Long-Term Care Facilities	Counts of providers, by category (e.g., home health, hospice, etc.)
Home Health Providers	Nurse to student ratio
School Nurses	List; counts of beds and loose description (list) of major services
Hospitals	Census of dialysis centers, ambulatory surgery centers, urgent care centers, cardiac rehab centers, etc.
Other Health Care Facilities	

## Hospital Utilization Data Fields

Hospital Code (to identify specific Vidant Hospital – ie. VMC, VEDG, etc)

Encounter # (to serve as unique identifier)

Admit FY

Discharge FY

LOS

Gender

Race/Ethnic Group

Age

Age Group (Pediatric, Adult, Geriatric)

County

City

Numerical Zip Code

Payor Category

DRG Code / DRG Description

ICD9 Diagnosis Code / ICD9 Diagnosis Description

ICD9 Procedure Code / ICD9 Procedure Description

## **Appendix C: Primary Data Survey and Small Group Discussion Questions**

## 2016 Edgecombe County Community Health Survey (English)

Welcome to My Survey

**Thank you for participating in our survey. Your feedback is important.**

## 2016 Edgecombe County Community Health Survey (English)

\* Do you live in Edgecombe County?

- ☐ Yes - What town do you live in? (please choose "Next")
- ☐ No - We appreciate your time but need to ask that you do not complete the survey (please choose "Next")

## 2016 Edgecombe County Community Health Survey (English)

\* If you answered "Yes," what town do you live

## 2016 Edgecombe County Community Health Survey (English)

### Part 1: Quality of Life Statements

**Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 6 statements**

\* Q1. How do you feel about this statement, "There is good healthcare in Edgecombe County"?  
Consider the cost and quality, number of options, and availability of healthcare in the

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

☐☐☐☐☐

\* Q2: How do you feel about this statement, “Edgecombe County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Q3. How do you feel about this statement, “Edgecombe County is a good place to grow old”? Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Q4. How do you feel about this statement, “There is plenty of economic opportunity in County”? Consider the number and quality of jobs, job training/higher education opportunities, and

Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Q5. How do you feel about this statement, “Edgecombe County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Q6. How do you feel about this statement, “There is plenty of help for people during times of in Edgecombe County”? Consider social support in this county: neighbors, support groups, faith

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2016 Edgecombe County Community Health Survey (English)

### Part 2: Community Improvement

**Q7: 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.**

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

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

## 2016 Edgecombe County Community Health Survey (English)

\* Q8. a) In your opinion, which one of the following services needs the most improvement in neighborhood or community? (Please choose only one.)

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



## 2016 Edgecombe County Community Health Survey (English)

Q8. b) If your answer to Q8. a) is "number of health care providers," what kind?

- |  |  |
|--|--|
| <input type="checkbox"/> Addictionology (alcohol and drug abuse)       | <input type="checkbox"/> Endocrinology (glands)                            |
| <input type="checkbox"/> Rheumatologist (arthritis)                    | <input type="checkbox"/> Cardiac, Cardiovascular (heart and blood vessels) |
| <input type="checkbox"/> Urology (bladder, prostate, urinary)          | <input type="checkbox"/> Hypertension (high blood pressure)                |
| <input type="checkbox"/> Hematology (blood vessels)                    | <input type="checkbox"/> Maxillofacial (jaws, mouth and face)              |
| <input type="checkbox"/> Orthopedic (bones, joints, muscles and spine) | <input type="checkbox"/> Nephrology (kidneys)                              |
| <input type="checkbox"/> Oncology (cancer and malignant diseases)      | <input type="checkbox"/> Pulmonology (lungs / respiration)                 |
| <input type="checkbox"/> Thoracic (chest)                              | <input type="checkbox"/> Psychiatry (mental health)                        |
| <input type="checkbox"/> Obstetrics (childbirth / pregnancy)           | <input type="checkbox"/> Neurology (nervous system)                        |
| <input type="checkbox"/> Pediatric (children)                          | <input type="checkbox"/> Neonatology (newborn / infants)                   |
| <input type="checkbox"/> Proctology (colon and rectal)                 | <input type="checkbox"/> Rinology (nose)                                   |
| <input type="checkbox"/> Gastroenterologist (digestive system)         | <input type="checkbox"/> Bariatric (obesity)                               |
| <input type="checkbox"/> Otology (ear)                                 | <input type="checkbox"/> Dermatology (skin)                                |
| <input type="checkbox"/> Otolaryngology (ear, nose, throat)            | <input type="checkbox"/> Laryngology (throat)                              |
| <input type="checkbox"/> Geriatrics (elders)                           | <input type="checkbox"/> Radiology (x-ray / imaging)                       |
| <input type="checkbox"/> Gynecology (female reproductive)              |  |

## 2016 Edgecombe County Community Health Survey (English)

### Part 3: Health Information

\* Q9. In your opinion, which one health behavior do people in your own community need more about? (Please suggest only one.)

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

\* Q10. Where do you get most of your health-related (Please choose only one.)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Friends and family     | <input type="radio"/> Internet          | <input type="radio"/> Help lines      |
| <input type="radio"/> Doctor/nurse           | <input type="radio"/> My child's school | <input type="radio"/> Books/magazines |
| <input type="radio"/> Pharmacist             | <input type="radio"/> Hospital          |                                       |
| <input type="radio"/> Church                 | <input type="radio"/> Health department |                                       |
| <input type="radio"/> Other (please specify) |   |                                       |

Q11. What health topic(s) / disease(s) would you like to learn more about?

\* Q12. Which of the following health topics do you think your child/children need(s) more information (Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Dental hygiene         | <input type="checkbox"/> Reckless driving/speeding | <input type="checkbox"/> Alcohol              |
| <input type="checkbox"/> Nutrition              | <input type="checkbox"/> Eating Disorders          | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Tobacco                | <input type="checkbox"/> Asthma management         | <input type="checkbox"/> Suicide prevention   |
| <input type="checkbox"/> STDs                   | <input type="checkbox"/> Diabetes management       |   |
| <input type="checkbox"/> Drug Abuse             | <input type="checkbox"/> Sexual intercourse        |   |
| <input type="checkbox"/> Other (please specify) |  |   |

## 2016 Edgecombe County Community Health Survey (English)

### Part 4: Personal Health

\* Q13. Would you say that, in general, your health is...

- |                                 |                            |   |
|---------------------------------|----------------------------|---|
| <input type="radio"/> Excellent | <input type="radio"/> Good | <input type="radio"/> Poor                |
| <input type="radio"/> Very good | <input type="radio"/> Fair | <input type="radio"/> Don't know/Not sure |

\* Q14. Have you ever been told by a doctor, nurse, or other health professional that you have any of following health conditions? (DK= Don't know/ Not

	Yes	No	DK
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (not during	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina/heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Q15. Which of the following preventive procedures have you had in the past 12

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mammogram (if woman)               | <input type="checkbox"/> Bone density test     | <input type="checkbox"/> Vision screening         |
| <input type="checkbox"/> Prostate cancer screening (if man) | <input type="checkbox"/> Physical exam         | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam                  | <input type="checkbox"/> Pap smear (if woman)  | <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 screening              | <input type="checkbox"/> Blood pressure check  |   |
| <input type="checkbox"/> Hearing screening                  | <input type="checkbox"/> Skin cancer screening |   |

\* Q16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

Yes

☐

No

☐

Don't know/Not sure

☐

Q17. 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?

Yes

☐

No (skip to question #20)

☐

Don't know/Not sure

☐

## 2016 Edgecombe County Community Health Survey (English)

Q18. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? (Write number)

Q19. Where do you go to exercise or engage in physical activity? Check all that apply.

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> YMCA/Wellness Center   | <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Park                   | <input type="checkbox"/> Private gym              |                               |
| <input type="checkbox"/> Other (please specify) |   |                               |

Q20. 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 | <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'm too tired to exercise          |
| <input type="checkbox"/> I would need child care and I don't have it                        | <input type="checkbox"/> I'm physically disabled            |
| <input type="checkbox"/> I don't know how to find exercise partners                         | <input type="checkbox"/> I don't know                       |
| <input type="checkbox"/> Other (please specify)   |   |

Q21. How many times each week do you eat a meal outside the home (restaurants, fast food, sporting event, etc.)?

- |  |  |   |
|--|--|---|
| <input type="radio"/> 2-3 times each day | <input type="radio"/> 1-2 times per week | <input type="radio"/> 2-3 times per month |
| <input type="radio"/> once each day      | <input type="radio"/> 3-5 times per week | <input type="radio"/> rarely/never        |

\* Q22. In the previous 12 months, were you ever worried about whether your family's food would run before you got money to buy

- ☐ Yes ☐ No

\* Q23. Have you been exposed to secondhand smoke in the past year?

- ☐ Yes ☐ No (Skip to question #25) ☐ Don't know/Not sure (Skip to question

\* Q24. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one place)

- ☐ Home ☐ Hospitals ☐ School  
☐ Workplace ☐ Restaurants ☐ I am not exposed to second hand  
☐ Other (please specify)

\* Q25. Do you currently smoke? (Include regular smoking in social settings.)

- ☐ Yes ☐ No (If no, skip to question #27)

## 2016 Edgecombe County Community Health Survey (English)

\* Q26. If yes, where would you go for help if you wanted to

- ☐ Quit Line NC ☐ Pharmacy ☐ I don't know  
☐ Doctor ☐ Private counselor/therapist ☐ Not applicable; I don't want to quit  
☐ Church ☐ Health Department  
☐ Other (please specify)

\* Q27. Have you had a flu vaccine in the past year?

- ☐ Yes ☐ No ☐ Don't know/not sure

## 2016 Edgecombe County Community Health Survey (English)

### Part 5: Access to Care/Family Health

\* Q28. Where do you go most often when you are sick? (Choose only one please.)

- ☐ Doctor's office                      ☐ Hospital                      ☐ Urgent Care Center
- ☐ Health department                      ☐ Medical Clinic
- ☐ Other (please specify)

\* Q29. Do you currently have any of the following forms of health insurance or health care  
Please choose all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Health insurance my employer                                | <input type="checkbox"/> Health insurance through Health Insurance Marketplace |
| <input type="checkbox"/> Health insurance my spouse's employer                       | <input type="checkbox"/>   |
| <input type="checkbox"/> Health insurance my school                                  | <input type="checkbox"/> Medicaid  |
| <input type="checkbox"/> Health insurance my parent or my parent's employer provides | <input type="checkbox"/> Veteran's Administration                              |
| <input type="checkbox"/> Health insurance I bought                                   | <input type="checkbox"/> No health insurance plan of any                       |
| <input type="checkbox"/> Other (please specify)                                      |  |

\* Q30. In the past 12 months, did you have a problem getting the health care you needed for you or for a family member from any type of health care provider, dentist, pharmacy, or other

- ☐ Yes                      ☐ No (Skip to question #33)                      ☐ Don't know/Not sure

Q31. a) Since you said "yes," what type of provider or facility did you or your family member have getting health care from? You can choose as many of these as you need to.

- |   |   |
|---|---|
| <input type="checkbox"/> Dentis                 | <input type="checkbox"/> Health           |
| <input type="checkbox"/> General                | <input type="checkbox"/> Hospita          |
| <input type="checkbox"/> Eye care/ optometrist/ | <input type="checkbox"/> Urgent Care      |
| <input type="checkbox"/> Pharmacy/              | <input type="checkbox"/> Medical          |
| <input type="checkbox"/> Pediatricia            | <input type="checkbox"/> Specialist (What |
| <input type="checkbox"/> OB/GY                  |   |
| <input type="checkbox"/> Other (please specify) |   |

Q31. b) If your answered "Specialist" in Q31. a) please provide what type of specialist(s)

- |  |  |
|--|--|
| <input type="checkbox"/> Addictionology (alcohol and drug abuse)       | <input type="checkbox"/> Endocrinology (glands)                            |
| <input type="checkbox"/> Rheumatologist (arthritis)                    | <input type="checkbox"/> Cardiac, Cardiovascular (heart and blood vessels) |
| <input type="checkbox"/> Urology (bladder, prostate, urinary)          | <input type="checkbox"/> Hypertension (high blood pressure)                |
| <input type="checkbox"/> Hematology (blood vessels)                    | <input type="checkbox"/> Maxillofacial (jaws, mouth and face)              |
| <input type="checkbox"/> Orthopedic (bones, joints, muscles and spine) | <input type="checkbox"/> Nephrology (kidneys)                              |
| <input type="checkbox"/> Oncology (cancer and malignant diseases)      | <input type="checkbox"/> Pulmonology (lungs / respiration)                 |
| <input type="checkbox"/> Thoracic (chest)                              | <input type="checkbox"/> Psychiatry (mental health)                        |
| <input type="checkbox"/> Obstetrics (childbirth / pregnancy)           | <input type="checkbox"/> Neurology (nervous system)                        |
| <input type="checkbox"/> Pediatric (children)                          | <input type="checkbox"/> Neonatology (newborn / infants)                   |
| <input type="checkbox"/> Proctology (colon and rectal)                 | <input type="checkbox"/> Rinology (nose)                                   |
| <input type="checkbox"/> Gastroenterologist (digestive system)         | <input type="checkbox"/> Bariatric (obesity)                               |
| <input type="checkbox"/> Otology (ear)                                 | <input type="checkbox"/> Dermatology (skin)                                |
| <input type="checkbox"/> Otolaryngology (ear, nose, throat)            | <input type="checkbox"/> Laryngology (throat)                              |
| <input type="checkbox"/> Geriatrics (elders)                           | <input type="checkbox"/> Radiology (x-ray / imaging)                       |
| <input type="checkbox"/> Gynecology (female reproductive               |  |



\* Q32. Which of these problems prevented you or your family member from getting the necessary care? You can choose as many of these as you need to.

- |   |   |
|---|---|
| <input type="checkbox"/> No health  | <input type="checkbox"/> Dentist would not take my/our insurance or |
| <input type="checkbox"/> Insurance didn't cover what I/we                           | <input type="checkbox"/> No way to get                              |
| <input type="checkbox"/> My/our share of the cost (deductible/co-pay) was too high. | <input type="checkbox"/> Medical office not open when               |
| <input type="checkbox"/>  | <input type="checkbox"/> Didn't know where to                       |
| <input type="checkbox"/> Hospital would not take my/our                             | <input type="checkbox"/> Couldn't get an                            |
| <input type="checkbox"/> Pharmacy would not take my/our insurance or Medicaid.      | <input type="checkbox"/> The wait was too                           |
| <input type="checkbox"/> Other (please specify)                                     |   |

\* Q33. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse who is the first person you would tell them to talk

- |  |                              |  |
|--|------------------------------|--|
| <input type="radio"/> Private counselor or         | <input type="radio"/> School | <input type="radio"/> Doctor             |
| <input type="radio"/> Support group (e.g., AA, Al- | <input type="radio"/> Don't  | <input type="radio"/> Minister/religious |
| <input type="radio"/> Other (please specify)       |                              |  |

## 2016 Edgecombe County Community Health Survey (English)

### Part 6: Emergency Preparedness

\* Q34. Does your household have working smoke and carbon monoxide detectors? (Mark only one.)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Yes, smoke detectors | <input type="radio"/> No                                  | <input type="radio"/> Don't know/ Not |
| <input type="radio"/> Yes,                 | <input type="radio"/> Yes, carbon monoxide detectors only |                                       |

\* Q35. 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.)

- |                           |  |   |
|---------------------------|--|---|
| <input type="radio"/> Yes | <input type="radio"/> No (Skip to question | <input type="radio"/> Don't know/Not sure (Skip to question 37) |
|---------------------------|--|---|

## 2016 Edgecombe County Community Health Survey (English)

\* Q36. If yes, how many days do you have supplies for? (Write number of days)

Q37. What would be your main way of getting information from authorities in a large-scale disaster or

- |  |   |   |
|--|---|---|
| <input type="radio"/> Televisio              | <input type="radio"/> Text message (emergency alert | <input type="radio"/> Neighbors           |
| <input type="radio"/> Internet               | <input type="radio"/> Radio                         | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> Social networking site | <input type="radio"/> Print media (ex: (newspaper)  |   |
| <input type="radio"/> Other (please specify) |   |   |

\* Q38. If public authorities announced a mandatory evacuation from your neighborhood or community due a large-scale disaster or emergency, would you evacuate?

- |  |   |   |
|--|---|---|
| <input type="radio"/> Yes (Skip to question #40) | <input type="radio"/> No (go to question #39) | <input type="radio"/> Don't know/Not sure (go to question |
|--|---|---|

## 2016 Edgecombe County Community Health Survey (English)

\* Q39. What would be the main reason you might not evacuate if asked to do so? Check only one.)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Lack of                               | <input type="radio"/> Concern about traffic jams and inability to get out | <input type="radio"/> Concern about personal |
| <input type="radio"/> Concern about leaving property behind | <input type="radio"/> Health problems (could not be moved)                | <input type="radio"/> Concern about leaving  |
| <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/> Don't know/ Not        |
| <input type="radio"/> Other (please describe)               |   |  |

## 2016 Edgecombe County Community Health Survey (English)

### Part 7: Demographic Questions

Q40. How old are you? (Mark age category.)

- |                               |                               |                                   |
|-------------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> 15 - 19 | <input type="radio"/> 40 - 44 | <input type="radio"/> 65 - 69     |
| <input type="radio"/> 20 - 24 | <input type="radio"/> 45 - 49 | <input type="radio"/> 70 - 74     |
| <input type="radio"/> 25 - 29 | <input type="radio"/> 50 - 54 | <input type="radio"/> 75 - 79     |
| <input type="radio"/> 30 - 34 | <input type="radio"/> 55 - 59 | <input type="radio"/> 80 - 84     |
| <input type="radio"/> 35 - 39 | <input type="radio"/> 60 - 64 | <input type="radio"/> 85 or older |

Q41. Are you Male or Female?

- ☐ Male ☐ Female

Q42 .a) Are you Hispanic, Latino, or Spanish origin?

- ☐ Yes ☐ No (If no, skip to #43)

## 2016 Edgecombe County Community Health Survey (English)

Q42. b) If yes, are you?

- ☐ Mexican, Mexican American, or  
Puerto Rican ☐ Cuban

Other Hispanic or Latino ( please specify)

Q43. What is your race? (Please check all that apply.) (If other, please write in the person's race.)

- ☐ White
- ☐ Black or African
- ☐ American Indian or Alaska Native (List tribe(s) including
- ☐ Asian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and
- ☐ Pacific Islander including Native Hawaiian, Samoan, Guamanian/
- ☐ Other race not listed above (please write in race)

Q44. a) Do you speak a language other than English at home?

- ☐ Yes ☐ No (If no, skip to #45)

## 2016 Edgecombe County Community Health Survey (English)

Q44. b) If yes, what language do you speak at home?

Q45. What is your marital status?

- ☐ Never Married/Single ☐ Unmarried partner ☐ Widowed
- ☐ Married ☐ Divorced ☐ Separated

Other (please specify)

Q46. What is the highest level of school, college or vocational training that you have finished? (Mark only one.)

- |   |   |
|---|---|
| <input type="radio"/> Less than 9th grade                       | <input type="radio"/> Some college (no degree)        |
| <input type="radio"/> 9 - 12th grade, no diploma                | <input type="radio"/> Bachelor's degree               |
| <input type="radio"/> High school graduate (or GED/ equivalent) | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> Associate's Degree or Vocational          |   |
| <input type="radio"/> Other (please specify)                    |   |

Q47. What was your total household income last year, before taxes? Please select which category you fall into.

- |                                   |                                   |                                    |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> Less than   | <input type="radio"/> \$25,000 to | <input type="radio"/> \$75,000 to  |
| <input type="radio"/> \$10,000 to | <input type="radio"/> \$35,000 to | <input type="radio"/> \$100,000 or |
| <input type="radio"/> \$15,000 to | <input type="radio"/> \$50,000 to |                                    |

Q48. How many people does this income support?

(Note: If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

Q49. What is your employment status? (please check all that apply)

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

Q50. Do you have access to the Internet?

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know/Not sure |
|---------------------------|--------------------------|---|

## **Primary Data – Small Group Discussion 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?
4. What keeps people in your community from being healthy?  
Prompt: What challenges do you face that keep you from being healthy?
5. What could be done to solve these problems?  
Prompt: What could be done to make your community healthier?
6. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?  
Prompt: Is there any group not receiving enough health care? (If, so why?)
7. What are the strengths related to health in your community?  
Prompt: Specific strengths to healthcare?  
Prompt: Specific strengths to a healthy lifestyle?

## **Appendix D: Evaluation of 2013 Vidant Edgecombe Implementation Plan**

# 2013 Implementation Plan Evaluation

## **Priority: Chronic Disease Prevention and Management**

***Goal: To improve outcomes and quality of life for adults with chronic illness (i.e. diabetes, heart disease, cancer, asthma)***

### **Strategies:**

- **Collaborate with local agencies and local industry to conduct community-based health screenings for heart disease, stroke, diabetes and cancer.** – Vidant Edgecombe continues to collaborate with multiple community agencies, including Edgecombe County Health Department, Vidant Multi-Specialty Clinic, and area churches to provide community-based health screenings. Vidant Edgecombe Hospital offers free community health screenings where BMI, blood pressure, blood sugar, cholesterol, and triglyceride checks are performed. Following the screenings, participants receive health coaching and follow up if their values are abnormal.
- **Promote at least three nationally recognized health events such as breast cancer awareness, women's heart health, stroke awareness and diabetes.** - Vidant Edgecombe has held and continues to offer annual events for breast cancer awareness, women's heart health and stroke awareness.
- **In conjunction with other community partners, sponsor Breast Cancer Awareness and Prevention activities in October. Conduct breast cancer screenings at an annual health fair hosted at Vidant Edgecombe Hospital. Participate in Vidant Health's annual Pink Power initiative.**
  - **Continue the Breast Lay Health Advisor program to provide community education and outreach throughout the year.** – This program continues to serve the surrounding community.
  - **Expand the Lay Health Advisor program to provide lay navigation to all cancer patients.** – This program was not implemented as originally planned. The program was revised and implemented as a Peer Connect program. The Peer Connect program utilizes cancer survivors who function as lay health advisors. These individuals have been trained to provide motivational interviewing. The advisors work 1:1 with cancer patients to provide a variety of services and support.
  - **Apply for grant funding to address breast cancer.** – Vidant Edgecombe has applied and received several breast cancer grants specifically related to screening, treatment and survivorship.
- **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.** – Vidant Edgecombe has sponsored this event on an annual basis with significant participation by community members.
- **Continue existing and establish new support groups for individuals with chronic illness.**
  - **Continue to support Bosom Buddies cancer support group for women.** – Vidant Edgecombe is pleased to offer this support group for women with cancer diagnoses. The monthly support group did experience some challenges over the past three years with low participation rates. Vidant Edgecombe restructured the program and is experiencing positive feedback and increased participation rates



following the program restructure process.

- **Continue to offer Look Good Feel Better to female cancer survivors.** – This program continues to be offered on a monthly basis.
- **Continue the Lotus Survivor support group to provide Edgecombe County breast cancer patients and/or survivors with opportunities to strengthen recovery.** – This program continues with the monthly support group meetings and an annual walk to support programs for cancer survivors in the local community.
- **Implement at least one other chronic disease support group.** – Vidant Edgecombe has established a successful stroke support group which meets monthly.
- **Provide support and/or funding to the following programs through the Community Benefits Grants & Health Initiatives program:**
  - **The Sweet Relief Program with Crossworks, Inc. for diabetes self-management** – Vidant Edgecombe awarded a total of \$10,000 in Community Benefits grant funding over a 2 year period to support this program. In 2016, Crosswalks, Inc. dissolved and therefore, this program is no longer offered in the community.
  - **The East Carolina University Brody School of Medicine's program to improve respiratory health among high risk children with asthma in Edgecombe County** – Vidant Edgecombe provided \$9,965 in grant funds for this program in the 2013 grant funding cycle.
  - **Chronic Disease Self-Management program with the Edgecombe County Health Department through the Vidant Health Community Benefits Grants Initiative,**
    - i. **Continue to provide the Chronic Disease Self-Management program with in-kind use of the gym and pool** – Vidant Edgecombe provides access to the hospital's gym and pool at no cost to the health department or program participants for the fitness component of this program.
    - ii. **Provide support for diabetes nurse at Edgecombe County Health department** – Vidant Edgecombe Hospital continues to support this position in our local health department through our Community Benefit Grants program.
  - **Diabetes Testing Supplies program with Tar River Mission Clinic** – Vidant Edgecombe provided a total of \$30,000 in grant funds over a three year period to support this program
  - **Other qualified program applicants focusing on chronic disease prevention** – Vidant Edgecombe has awarded OIC with \$6,000 in grant funds for their 2016-2017 chronic disease management Healthy Foods for Diabetics program

## **Priority: Access to Care**

***Goal: To improve access to health care especially for the uninsured / underinsured patient population.***

### **Strategies:**

- **Continue commitment to providing quality health care to everyone who seeks our services.** – Vidant Edgecombe continues to collaborate with local clinics including FQHCs to provide care and follow-up care for patients.
- **Continue to provide financial counselors who can assist with determining if patients qualify for Medicaid and in applying for other government-assisted programs.** – Vidant Edgecombe continues to provide financial counselors.
- **Continue to offer charity care to our patients who are unable to pay due to financial hardships.** – Vidant Edgecombe continues to offer charity care. Awarded a total of \$39,069,958 in charity care. (Fiscal years ending 2014 – \$12,494,353, 2015 – \$13,195,681, 2016 – \$13,379,924)
- **Continue to work with Vidant Physician Recruitment office to help recruit additional primary care physicians to the community.** - Vidant Edgecombe Hospital continues to support recruitment efforts. The hospital has also assisted one of the FQHCs in securing a physician by serving as a liaison between Carolina Family Health Centers, Inc. and Vidant Medical Group.
- **Assist Vidant Medical Group and local primary care practices as they work towards implementing the patient-centered medical home model of care which will provide greater access to needed services, better quality of care, greater focus on prevention, as well as early identification and management of health problems.** – Vidant Edgecombe continues to make progress with this strategy with more progress expected in the coming years.
- **Continue to work with the Edgecombe County Stakeholders to identify and address gaps and barriers of access to care for the uninsured and underinsured residents of Edgecombe County. Collaborate with the health committee of the Twin Counties Visioning effort to address health care concerns in the community.** - The Edgecombe County Stakeholders are now the Edgecombe County Rural Health Network consisting of 10 organizations (Vidant Edgecombe Hospital, three FQHCs, health department, two mental health organizations, Medicaid case management agency, faith-based organization, and a regional university medical school), with a goal to improve health outcomes for all Edgecombe County Residents. Vidant Edgecombe Hospital serves as the lead agency and has received almost \$200,000 in grant funding with \$900,000 grant application pending on behalf of the Network.
- **Develop and implement a committee of Federally Qualified Health Care Centers to focus on access to care for uninsured and underinsured residents.** - The Edgecombe County Rural Health Network hosts a Clinical Workgroup consisting of CEOs of the FQHCs, hospital, health department, and mental health LME.
  - **Focus on educating the community about availability of services for the uninsured and underinsured.** - More progress expected at the Rural Health Network transitions from planning to development and implementation.
- **Establish memoranda of agreement for services for the hospital and each FQHC in the county.** – This work is partially complete. More progress expected. An MOA has been signed with the Edgecombe County Rural Health Network which includes all

three FQHCs and the hospital (among other members).

- **Collaborate with the Edgecombe County Health Department to provide education and outreach on services available to the community.** - The hospital collaborated with the health department on multiple events. Examples include, Latino Health Fair, Blue Ribbon Kidz Day, Stroke Screening, HIV/STD Taskforce, Teen pregnancy prevention.
- **Accept and review applications through the Community Benefits Grants & Health Initiative program from qualified applicants that are addressing access to care. Provide support and/or funding to appropriate organizations.** - Awarded CareNet Counseling East \$6,500 in grant funds for access to mental health care.
- Completed. Awarded Mental Health America of the Tar River Region \$4,000 in grant funds for getting WRAP to the Masses program.

## **Priority: Physical Activity and Nutrition**

***Goal: To educate adults and children on the benefits of physical activity and nutrition and provide resources, therefore improving general wellness.***

### **Strategies:**

- **Participate in at least two community events/health fairs and offer at least one of the following screenings depending upon the event – blood pressure, blood sugar and body mass index. Provide educational information about nutrition and physical activity.** - Participated in multiple events annually i.e. health department, churches, businesses, other non-profits.
- **Sponsor at least one community event that targets children's health and specifically promotes health eating and physical activity for children.** - Held an annual event, Blue Ribbon Kidz Day, which focused on child health, parenting, and community resources.
- **Sponsor at least one community event that targets the Hispanic/Latino community and offer at least one of the following screenings depending upon the event – blood pressure, blood sugar and body mass index. Provide educational information about nutrition and physical activity –** Vidant Edgecombe conducted two Latino community health fairs
- **Promote healthy eating and educate visitors on making healthy choices by providing calorie and other nutritional information at the point of service in the hospital cafeteria. This includes snack and vending machines. We will continue to offer discounted rates on the healthy foods served in our hospital cafeteria.** - All food products, including cafeteria, catered meals and vending machines, have nutrition information posted for consumers.
- **Provide support and/or funding for the following programs through the Community Benefits Grants & Health Initiative Program:**
  - **Triple Play Physical Activity Program with the Boys & Girls Club of Nash/Edgecombe Counties through the Vidant Health Community Benefits Grants & Health Initiatives program,** - Awarded a total of \$25,000 in grant funds.
  - **Fitness is Child's play physical education program at G. W. Bulluck Elementary School,** - Awarded \$5,000 in grant funds.

- **The Expanded Food and Nutrition Program through the NC Cooperative Extension – Edgecombe County office,** - Awarded a total of \$15,000 in grant funds.
- **Town of Tarboro FIT Club exercise and nutrition program,** - Awarded \$1,650 in grant funds.
- **Change Initiative with Conetoe Chapel Missionary Baptist Church** - Awarded a total of \$65,000 in grant funds.
  - **Provide in-kind support to help expand community garden program to other churches in Edgecombe and Nash counties** – Vidant Edgecombe Hospital's Manager of Grants & Special Projects provided assistance with program development and management.
  - **Assist with grant writing efforts for sustainable outreach,** - Assisted with documentation of program needs and assets to prepare for state, federal, and other private foundation grant applications.
- **Other qualified program applicants focusing on physical activity and nutrition.**
  - Awarded \$5,000 in grant funds to Living Waters Ministries of Pinetops for faithful steps program.
  - Awarded \$19,000 in grant funds to Rocky Mount Family YMCA for Silver Sneakers Program.
  - Awarded \$9,000 in grant funds to St. Luke Total Community Outreach Ministry for Community Health & Wellness Initiative.
  - Awarded \$6,000 in grant funds to NECPS for Healthy Huskies.
  - Awarded \$5,000 in grant funds to beGlobal for Healthy Living Tour program.
  - Awarded \$5,000 in grant funds to Down East Partnership for Children for Healthy Families program.
  - Awarded \$4,500 in grant funds to Community Enrichment Organization for FUN program.

## **Priority Health Need Not Addressed by Implementation Plan:**

One community health need identified by the community health needs assessment is not specifically addressed in the hospital's implementation plan. However, Vidant Edgecombe will work collaboratively with the Edgecombe County Health Department to address the following priority:

### **HIV/AIDS, STDs, Teen Pregnancy**

- The Edgecombe County Health Department will take the lead on HIV/AIDS, STDs, and teen pregnancy. The Edgecombe County Health Department has a grant-funded project to provide HIV testing to community residents. Vidant Edgecombe Hospital will collaborate with the Edgecombe County Health Department on this grant by collecting blood samples for HIV testing of patients in the emergency department. This service will be offered to patients meeting the established high risk behavior criteria and patients will have the option to opt out. – This program is still ongoing
- The Edgecombe County Health Department has ongoing programs addressing HIV/AIDS, STDs and teen pregnancy. Vidant Edgecombe Hospital will provide support as needed. -

Vidant Edgecombe staff participates on the HIV/STD Taskforce and Project Reach (teen pregnancy prevention).