VIDANT MEDICAL CENTER

Community Health Needs Assessment

2016

PITT COUNTY
NORTH CAROLINA

THIS DOCUMENT IS AN AMENDMENT TO THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT AND CONTAINS A SUMMARY OF NEW SECONDARY DATA AND AN IMPLEMENTATION PLAN PROGRESS REPORT.

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Acknowledgements

This document is an amendment to the 2015 *Pitt County Community Health Needs Assessment (CHNA)* for Vidant Medical Center and contains a summary of new secondary data and a progress report for the 2015 community health implementation plan. Our CHNA partners include the Pitt County Health Department, Pitt Partners for Health, and East Carolina University.

Sincere appreciation is extended to the PPH membership for their guidance and contributions to the 2015 CHNA. The Partnership is chaired by Colleen Coda, a community member and retired VMC Cancer Services nurse. The vice chair is Alice Keene, retired Director, Pitt County Community Schools and Recreation and current Special Projects Coordinator, Pitt County Planning Department / Community Schools and Recreation. Action Team leaders include Robin Tant (Physical Activity and Nutrition), Jennifer Smith (Injury Prevention), and Sandra Hickman (Chronic Disease). PPH membership is comprised of individuals from a variety of organizations and communities within Pitt County representing government, health care, the faith community, civic organizations and members of the general public. PPH serves a critical role in assuring that the community has input into the collection and review of health status data, as well as the selection of health priorities for the County. The priorities recommended by PPH were shared with the Pitt County Board of Health, the VMC Board of Trustees and the VMC Foundation. Each of these groups selected priority health areas for their respective organizations as outlined in this document.

PPH, VMC Community Health Programs, Pitt County Health Department and other partners express gratitude to the Pitt County Board of Health, VMC Board of Trustees and the VMC Foundation for receiving presentations regarding key finding of this assessment and for their recommendations and careful selection of priority health areas for Pitt County that will be addressed from 2015-2018.

A special thank you is also extended to a number of Pitt County individuals and groups who shared their knowledge, expertise, and creative ideas for improving health within the Pitt County community:

- Dr. John Morrow, Pitt County Public Health Director, Mr. Brian Floyd, President of VMC and Dr. Paul Cunningham, Dean of the Brody School of Medicine (BSOM) hosted a Key Leaders' listening session to solicit input on health issues and strategies to create a healthier community. Dr. Doyle Cummings from the Research Division of Family Medicine at the BSOM served as moderator of the Key Leaders' listening session. Forty – one (41) key leaders participated representing County Recreation, area churches, County Management, Vidant Health, United Way, AMEXCAN - Hispanic/Latino community, ECU – (SOM, Dental, Health and Human Performance, Public Health, College of Nursing), Eastern AHEC, Department of Social Services, City of Greenville, Family Violence, Pitt County Health Department, Greenville Community Shelter, Town of Ayden, Pitt County EMS, Pitt Community College, Access East, Council on Aging, Town of Bethel, Pitt County Planning and Pitt Partners for Health.

- Jo Morgan, retired Health Education Director with Pitt County Health Department kindly shared her expertise from over 30 years of conducting health assessments for the Pitt County community. PPH is grateful for her leadership and for her recommendations regarding the collection and analysis of data. Mrs. Morgan conducted listening sessions among nineteen (19) Pitt County groups/organizations that serve the people of Pitt County and that are familiar with the health status of the community. She also compiled and analyzed this data.

- Acknowledgement and appreciation are also extended to the 281 representatives of the following groups who participated in community listening sessions and provided feedback

concerning health issues they have identified among community members whom they serve as part of their profession or affiliation with these groups: Gold Path, Martin Pitt Partnership for Children, Homeless Shelter, Senior Fitness Group, Human Resource Managers, Community Care Plan, Safe Communities Coalition, Vidant Case Managers, Pitt County Schools Social Workers, Vidant Medical Center School Nurses, Grifton Emergency Medical Services, Pitt County Emergency Medical Services, Pitt County Health Department Outreach Team, AMEXCAN (Association of Mexicans in North Carolina), Greenville Youth Council, Winterville Youth Council , Total Christian Ministries Lay Health Advisors, Council on Aging, and the M.E.N.D. (Medically Enduring Neighborhood Dream) Project.

- Appreciation is extended to the community members who participated in community listening sessions at the following locations and provided feedback and recommendations for community health improvement: The Bethel Senior Center, Eastern Radiology Breast Clinic and The United Way's Expanded Learning Opportunity Group

Pitt County is known for its collaborative spirit and has a long history of partnering to share resources. Acknowledgement is given to the following individuals / organizations for their contributions and support of this process through data collection and analysis:

- The Department of Family Medicine, Brody School of Medicine at East Carolina University, under the direction of Dr. Doyle Cummings and with assistance from Alyssa Adams, collected and analyzed data from the 2015 online Community Health Opinion Survey which received feedback from 545 Pitt County community members.

- The Vidant Medical Center's Community Health Programs, under the direction of Mrs. Catherine Nelson, provided funding to support primary data collection and analysis through the online Community Health Opinion Survey and community listening sessions.

- Vidant Health Corporate Community Health Improvement (Mrs. Melissa Roupe) provided guidance and direction regarding CHNA requirements for not-for-profit hospitals.

- The Vidant Health Strategic Development staff provided statistical information and interpretation regarding emergency department use and hospital admissions.

- The Pitt County Health Department's Health Education Division (Amy Hattem, Jennifer Hardee, Kathy Sheppard and Terry Quinn) collected and analyzed data and contributed to the Health Resources section of this document and prepared the final 2015 CHNA document.

- The Pitt County Government's Planning Department compiled and analyzed data regarding populations within Pitt County and its municipalities.

Vidant Medical Center
2016 Community Health Needs Assessment

Executive Summary

Purpose

This document serves as the *2016 Pitt County Community Health Needs Assessment (CHNA)* for Vidant Medical Center. Our CHNA partners include the Pitt County Health Department, Pitt Partners for Health, and East Carolina University.

The purpose of this community health needs assessment is to examine the health status of the Pitt County community and to determine the health priorities that will be the focus for community health improvement over the next three years (2015-2018). The Pitt County Health Department (PCHD) and Vidant Medical Center (VMC), located in Pitt County, North Carolina, partnered to complete one assessment meeting the requirements of NC DHHS, the Local Health Department Accreditation Board, the Treasury Department and the federal Internal Revenue Service. The Pitt County CHNA team was comprised of the PCHD, VMC, Brody School of Medicine- Department of Family Medicine - Research Division, (BSOM) and Pitt Partners for Health (PPH). PPH members represent various townships, faith-based organizations, civic/not-for-profit agencies, as well as a number of health and human service organizations, therefore representing the broad interests of the community.

Socioeconomic Factors

Pitt County's population in 2010 was 168,148 and the estimated population in 2014 was 175,354 reflecting an increase of 4.3% from 2010 – 2014. Pitt County was ranked the 14th most populous county and the 27th fastest growing county in 2014. In 2013, females represented the majority (52.8%) of residents. In 2013, Caucasians comprised 61.1% of the County's population (compared to 71.7% for NC) and African Americans comprised 34.6% (compared to 22.0% for NC). Hispanics / Latinos represented 5.8% of Pitt County's population (compared to 8.9% for NC).

From 2009-2013, Pitt County's median age was 31.2 years. The overall age distribution was:
0-4 years (6.5%), 5-9 years (5.9%), 10-14 years (6.3%), 15-19 years (8.7%), 20-24 years (13.5%),
25-34 years (14%), 35-44 years (12.2%), 45-54 years (12.1%), 55-59 years (5.8%), 60-64 years (4.7%)
65-74 years (5.9%), 75-84 years (2.9%), 85+ years (1.5%).

Among Pitt County residents age 25 years or older, 85.8% received a high school diploma or a higher degree (2009-2013). Slightly over 28% of those age 25 or older hold a Bachelor or higher degree compared to 27.3% for all NC residents during this same period.

Pitt County's median income was $40,718.00 and the per capita income was $23,166 from 2009-2013. Over 24% (24.3%) of all Pitt County residents and approximately 28% of residents under age 18 have an income below poverty level. Just over 15% of Pitt County's total population utilized Food Stamps / SNAP benefits in 2013 and 15.7% were uninsured from 2009-2013.

The unemployment rate declined from 2010-2014 for both Pitt County and North Carolina. Pitt County's rate decreased by 61.9% and North Carolina's rate decreased by 78.68% during this period.

Mortality

From 2009-2013, heart disease was the leading age-adjusted death and cancer was the leading cause of death among all ages. Cancer was the leading cause of death among both males and females less than

75 years of age during this same period contributing to premature mortality (death before 75 years of age).

Top 10 Leading Causes of Pitt County Mortality by Rank

2009-2013 Total Population (Age-Adjusted)	2009-2013 Total Population (Unadjusted Age)	2009-2013 (Less than age 75)
1-Heart Disease	1-Cancer	1-Cancer
2-Cancer	2-Heart Disease	2-Heart Disease
3-Stroke	3-Cerebrovascular Diseases	3-All Other Unintentional injuries
4-Chronic Lower Respiratory Diseases	4-Chronic Lower Respiratory Diseases	4-Stroke
5-All Other Unintentional Injuries	5-All Other Unintentional Injuries	5-Diabetes
6-Alzheimer's Disease	6-Diabetes Mellitus	6-Unintentional Motor Vehicle Injuries
7-Diabetes	7-Alzheimer's Disease	7-Chronic Lower Respiratory Diseases
8-Kidney Disease	8-Kidney Disease	8-Suicide
9-Unintentional Motor Vehicle Injuries	9-Unintentional Motor Vehicle Injuries	9-Chronic Liver Disease and Cirrhosis
10-Pneumonia and Flu	10-Septicemia	10-Assault (homicide)

Morbidity and Mortality

Risk Factors for the Leading Causes of Death: High blood pressure, elevated cholesterol, diabetes, smoking, overweight / obesity and inadequate physical activity are all risk factors for many of the leading causes of death. Nearly 39% (38.9%) of eastern North Carolina adults report they have high blood pressure; 40.7% of adults report they have high cholesterol and 11.7% of adults report they have diabetes. In 2011, 68.4% of adults in eastern North Carolina adults reported they were overweight or obese as compared to 69.3% in 2013. Just over one in five adults (20.9%) report they are current smokers in eastern North Carolina, although data does reflect a decline in smoking among eastern North Carolinians from 23.9% in 2011 to 20.9% in 2013. Many policies have been put in place to support restrictions for smoking in public places such as bars and restaurants.

Cancer: From 2009-2013, lung and bronchus cancer was the leading cause of cancer mortality for both Pitt County and NC. Pitt County's female breast cancer rate of 24.5 per 100,000 population exceeded NC's rate of 21.7. Pitt County's prostate cancer rate of 28.6 per 100,000 population was also higher than NC's prostate cancer rate of 22.1 / 100,000 population.

Sexually Transmitted Diseases (STD): From 2011-2013, Pitt County was ranked as having the 9th highest rate of HIV disease in the State, an increase over the 2008-2010 ranking of 15th. Pitt County also had the seventh highest rate of AIDS in the State, an increase from the county's 9th ranking for 2008-2010. Pitt County's annual rate of gonorrhea in 2011 was twice as high as North Carolina's rate of gonorrhea; however, the number of cases decreased in the County by 42% in 2012. Pitt County's chlamydia rates were more than double that of North Carolina in 2010 and 2011. Chlamydia rates have fallen in the County since then but are still well above the State rate. Despite a decline in syphilis rates from 2012-2013, Pitt County's rate was nearly double North Carolina's in 2013.

Maternal and Infant / Child Health: Pitt County's 2013 total infant mortality rate of 9.9 per 1000 live births declined from the previous year but remained higher than NC's 2013 infant mortality rate of 7.0 per 1000 live births. Although Pitt County's non-Hispanic black infant mortality rate is consistently 2-3 times higher than the rate among non-Hispanic white infants, this rate declined from 19.2 per 1000 live births in 2012 to 10.2 per 1000 live births in 2013. Perinatal conditions, birth defects, prematurity and Sudden Unexplained Infant Death continues to be the leading causes of infant mortality in Pitt County. The vast majority (n=111) of all (n=158) child deaths that occurred from 2009-2013 were infant deaths (under age 1 year).

Injuries: From 2007-2009, there were 230 deaths due to injuries in Pitt County. The leading causes of these deaths among all ages were due to motor vehicle traffic, unintentional poisoning, falls, firearm assaults, firearm self-inflictions, unspecified unintentional deaths and other deaths. During this same period, there were 21,177 hospital emergency department visits related to related to unintentional falls, motor vehicle traffic, being struck unintentionally, unintentional overexertion, unintentional cutting/piercing and other injuries.

Diagnoses Requiring Hospitalization

Top 10 Inpatient Hospitalization Utilization by Principal Diagnosis, Vidant Medical Center, Pitt County, 2013

1-Cardiovascular and Circulatory Diseases	6-Respiratory Diseases
2-Pregnancy and Childbirth	7-Infectious and Parasitic Diseases
3-Digestive System Diseases	8-Endocrine, Metabolic and Nutrition Diseases
4-Other Diagnoses including Mental Disorders	9-Musculoskeletal System Diseases
5-Injuries and Poisoning	10-Genitourinary Diseases

Environmental Health

Air and Water Quality: According to Pitt County Environmental Health records and records provided by NCDENR's Northeastern Office, Pitt County's air quality has improved and there has been no air quality issues reported in Pitt County over the past three years. There has been no water quality issues reported in Pitt County over the past three years as well.

Emergency Preparedness

Pitt County is impacted regularly by weather events such as hurricanes and severe storms. There are many other disasters that have the potential to affect Pitt County including chemical accidents, disease outbreaks, or even bio- or agro-terrorism. Nearly 40% of Pitt County residents who responded to the 2015 Community Health Assessment Survey report having an emergency supply kit for their families containing 5-7 days of supplies.

Community Resources / Community Concerns

Despite Pitt County's numerous health resources, residents continue to report the need for assistance with access to affordable and timely health care services although they also view the existing resources as a huge asset. Among the numerous concerns voiced by community members, the need to address chronic disease, physical activity and nutrition, injuries as well as substance abuse (including tobacco), behavioral health and sexual health was shared.

Next Steps

From 2015-2018, each of the following groups will implement strategies and action plans that will address health categories as adopted by their respective boards.

Pitt Partners for Health has formed committees (action teams) that will address *access to care, chronic disease prevention and physical activity and nutrition*. **Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee** has also adopted these health categories and will align their community grants program to help support community initiatives that address these categories through

their community grants program during 2015-2018. **Vidant Medical Center** will develop Implementation Strategies for these same health categories as adopted by the VMC Board of Trustees.

Pitt County Health Department will develop action plans that address *maternal and child health, sexually transmitted diseases, and tobacco prevention and control as* selected by the Board of Health.

Vidant Medical Center
2016 Community Health Needs Assessment

Background and Purpose

Every three - four years local health departments within North Carolina conduct a community health needs assessment (CHNA) as required by the North Carolina Department of Health and Human Services (NC DHHS) and the North Carolina Local Health Department Accreditation Board. Not-for-profit hospitals are also required to conduct a CHNA every three years as legislated by the Patient Protection and Affordable Care Act of 2010. The Pitt County Health Department (PCHD) and Vidant Medical Center (VMC), located in Pitt County, North Carolina, partnered to complete one assessment meeting the requirements of NC DHHS, the Local Health Department Accreditation Board, the Treasury Department and the federal Internal Revenue Service. The purpose of this joint assessment is to examine the health status of the Pitt County community and to determine the health priorities that will be the focus for community health improvement over the next three years (2015-2018).

Team Composition

The Pitt County CHNA team was comprised of the PCHD, VMC, Brody School of Medicine- Department of Family Medicine - Research Division, (BSOM) and Pitt Partners for Health (PPH). PPH members represent various townships, faith-based organizations, civic/not-for-profit agencies, as well as a number of health and human service organizations, therefore representing the broad interests of the community. The composition of the group provides an opportunity for the formal health care service providers in Pitt County to network and jointly sponsor a number of initiatives with other organizations/individuals concerned with improving the health of the people of Pitt County.

Data Collection Process

The CHNA process requires the collection and analysis of both secondary data (leading causes of death and illness and available resources) and primary data (collected from community members regarding their health concerns). Members of the PPH Steering Committee met regularly throughout 2014 to identify the types and sources of the data to be collected and to determine the best methods to solicit input from the community as well as how best to select strategies for communicating this information to the various stakeholders. Collection and analysis of both secondary and primary data began in December 2014 and continued through June 2015.

The majority of the secondary data that were reviewed was compiled by the NC State Center for Health Statistics; however, other data sources include BSOM, VMC Strategic Development Department and other sources as referenced throughout this document. Demographic, educational, economic, and environmental data were reviewed as well to determine the potential for impact on health status within the County. Data regarding peer counties (counties that share common characteristics such as population size, percent of poverty, etc.) were also reviewed and compared to Pitt County. Pitt County data were also compared to data pertaining to North Carolina and the United States when possible. A review of data across several years was also conducted to determine trends in health status for Pitt County.

Members of the community richly contributed to this assessment through their feedback and suggestions for health improvement within Pitt County. In December 2014, the collection of primary data began with a Key Leaders' listening session hosted by VMC and the PCHD and facilitated by the BSOM. Over 40 community leaders from various Pitt County townships and organizations/agencies representing health, human services, law enforcement, city/county government, youth and older adults participated in this session and shared their concerns regarding the health status of Pitt County. Following this Key Leaders' session, twenty (20) additional community listening sessions were held from January 2015 – May 2015 and attended by 281 participants. The majority of these sessions were attended by social workers or nurses who serve low-income populations such as Medicaid recipients, children and families, older adults, uninsured or the homeless population. Sessions were also held with members of the Hispanic/Latino community, African-American lay health advisors, youth leaders and the business community. *(See the full report in the appendices)*

Primary data were also collected from January 2015 – March 2015 through an online community health opinion survey derived from the NC DHHS Division of Public Health's *Community Assessment Guidebook.* This survey was incorporated into an online survey tool (*Survey Monkey*) and the survey link was promoted to the community through Pitt County Health Department's website and through emails sent to various list serves as suggested by PPH members. A total of 545 community members completed the survey sharing their health concerns and offering suggestions for community health improvement. The survey results were compiled and analyzed by the BSOM. Results were also compared, as relevant, to the results of a telephone survey conducted during the previous Vidant Medical Center/Pitt County CHNA in 2012. *(See the full report in the appendices)*

Process of Selecting and Identifying Final Health Priorities

Key findings from the secondary and primary data collected were categorized to align with the "*Healthy NC 2020: A Better State of Health"* objectives and formally presented in May 2015 at a PPH monthly meeting. This meeting was widely promoted to the community by PPH members and an invitation was extended for additional community members and key leaders to attend and become involved in the prioritization process. Following the presentation, attendees were asked to select health categories they felt should be addressed over the next three years. Participants were asked to consider the primary and secondary data presented and to also consider the following three criteria when confirming their selection:

1) ***Magnitude of the Problem*** defined as the number of people affected by the problem,

2) ***Seriousness of the Problem*** defined as the degree of disability or premature death that occurs because of the problem as well as the potential economic and social burdens the problem poses to the community, and

3) ***Feasibility of a Successful Intervention*** defined as a scientifically feasible intervention and one that is acceptable to the community, is preventable, and contains resources that can address the problem.

The health priority categories selected were compiled during the meeting revealing that the top ones identified by attendees were physical activity and nutrition, access to care, chronic disease prevention and mental health. The outcome of this meeting was also shared with all PPH members through emails following the meeting. In addition, the presentations given at the meeting were emailed to members for

further review. Members were given one month to continue to review the data and to determine health categories they could commit to addressing over the next three years based upon the given criteria.

A second PPH meeting was held in June 2015 with the purpose of determining three categories on which this group will focus from 2015-2018. Members were given a brief summary of the data presented and the health categories they selected at the May 2015 meeting. Members were then given individual voting forms and asked to vote for no more than three categories where they could commit to work. The results were tallied at the meeting and it was determined that PPH will focus on the following three health categories and have formed committees to address these categories from 2015-2018:

- Access to Care
- Chronic Disease Prevention
- Physical Activity and Nutrition

Key findings from the CHNA were presented to the VMC Board of Trustees at their July 2015 Board meeting. This Board adopted the CHNA report, including the health priorities recommended to them by PPH. The Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee also received a presentation in August 2015 regarding key findings from the CHNA. They also adopted the same health priorities recommended by PPH. Key findings from the CHNA were presented to the Pitt County Board of Health at their July 2015 Board meeting. Board members decided not to duplicate the categories selected by PPH and VMC, but instead, to ensure that other areas of need will also be addressed. The Pitt County Board of Health voted to focus on the following health categories from 2015-2018:

- Maternal and Child Health
- Sexually Transmitted Diseases
- Tobacco Prevention and Control

Updated 2016 CHNA

The 2016 Pitt County Community Health Needs Assessment (CHNA) represents a collaborative effort between Vidant Medical Center, the Pitt County Health Department, and Pitt Partners for Health to assess the health status and needs of Pitt County. The 2016 assessment is an update to the 2015 Pitt County CHNA. This update was completed to align the Vidant Health hospitals and their associated CHNAs in preparation for an eastern NC regional CHNA initiative projected to be completed in 2019. The 2010 Affordable Care Act (ACA) requires all 501(c)(3), tax-exempt hospitals to conduct a community health needs assessment to determine the health needs in their communities every three years. In order to remain in compliance with these federal requirements, Vidant Medical Center is required to complete an assessment prior to 2019. Therefore, the decision was made to update the 2015 assessment at this time. The 2016 Pitt County CHNA includes primary data collected from community members in 2015. A decision was made not to request additional input from community members as their feedback had been received within the last year. The secondary data included in the CHNA has been updated (see addition in Appendix F) to include the most current data available, as of March 2016. Upon reviewing the primary and updated secondary data, the decision was made that Vidant Medical Center will focus on the following priorities for 2016-2019: 1)Access to Care, 2)Chronic Disease Prevention, and 3)Physical Activity and Nutrition. Committees will continue to implement the action plans developed for these priorities over the next three years.

County Overview

Pitt County has a land area of approximately 656 square miles. Located in the coastal plain, the County is in the heart of eastern North Carolina, approximately 90 miles east of the capital city of Raleigh, 75 miles west of the Atlantic Ocean, and 220 miles south of Washington, D. C. The Tar River runs through the center of the County.[1]

The land generally slopes toward the east and is level with low rolling hills in the west. The temperature ranges between an average daily high of 73 degrees to an average daily low of 50 degrees. The average annual precipitation is 47 inches of rainfall with only occasional accumulations of snowfall.[2]

Pitt County is a rapidly growing, well-diversified employment and service center for eastern North Carolina. As one of the fastest growing centers in the State, the population increased by 25.7% between 2000 and 2010 census reports. Pitt County ranks as the 14th most populated County in North Carolina[3] and the 27th fastest growing county in the State.[4]

Major non-manufacturing employers include Vidant Medical Center (Education and Health Services), East Carolina University (Education and Health Services), Pitt County Schools (Education), Pitt Community College (Education), Pitt County Government and City of Greenville (Government). Major manufacturing employers include NACCO Materials Handling Group (Lift Trucks), Patheon, Inc. (Pharmaceuticals), Alliance One International (Tobacco Processing), TRC, Incorporation (The Roberts Company) (Metal Fabrication), ASMO Greenville of North Carolina (Small Electric Motors) and DSM Dyneema, LLC (Chemicals).[5]

The Greenville Metropolitan Statistical Area (MSA), which encompasses all of Pitt County, was the fourth fastest growing MSA in the state during the 2000's. New and expanded industrial investments for 2014 included: Patheon (pharmaceuticals), Purilum (chemical manufacturing), Signature Seasonings (food processing), Super Shred (recycling) and SunEnergy1 (solar energy). These and other primary investments for 2014 totaled in excess of $175 million and will provide over 500 new jobs. Pitt County retains its position as the number one retail trade center in the central and northern areas of eastern North Carolina.[6]

Population

Pitt County's population in 2010 was 168,148 and the estimated population in 2014 was 175,354 reflecting an increase of 4.3% from 2010 – 2014.[7] From 2009-2013, females represented the majority (52.8%) of Pitt County residents.[8] There are ten municipalities within the County: Ayden, Bethel,

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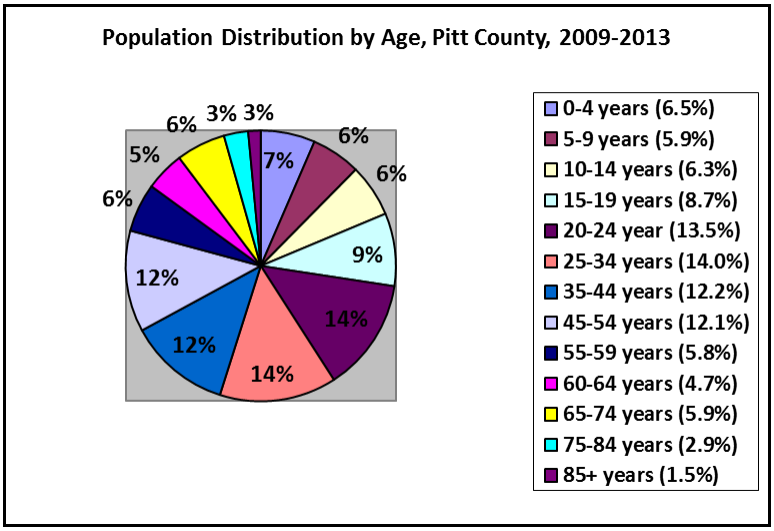
[1] Pitt County Government, Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[2] Pitt County Government, Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[3] Pitt County Government, Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services and The Office of State Budget and Management: http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates/demog/countygrowth_bysize_2014.html
[4] The Office of State Budget and Management: http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates/demog/countygrowth_bysize_2014.html
[5] Pitt County Government, Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[6] Pitt County Government, Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[7] State and County Quick Facts, United States Census Bureau, http://quickfacts.census.gov/qfd/states/37/37147.html
[8] State and County Quick Facts, United States Census Bureau, http://quickfacts.census.gov/qfd/states/37/37147.html

Falkland, Farmville Fountain, Greenville (most populated), Grifton, Grimesland, Simpson and Winterville.[9] See Appendices for a breakdown of the 2013 certified population for each municipality.

Age Distribution

From 2009-2013, Pitt County's median age was 31.2 years. The following chart illustrates the age distribution from 2009-2013: [10]



Race and Ethnicity

Pitt County's population breakdown in 2014 differed from that of N.C. According to population estimates for 2014 from the U.S. Census Bureau, the majority of Pitt County's population was comprised by whites alone (60.7%) as compared to (71.5 %) for N.C. Blacks or African Americans alone comprised (34.8%) of the County's population as compared to (22.1%) for N.C. Pitt County's Hispanic or Latino population was estimated at (5.9%) differing from NC's Hispanic or Latino population estimated at 9.0%.[11] The following chart illustrates the estimated breakdown of race and ethnicity in Pitt County for 2014:

Pitt County's Population Distribution by Race and Ethnicity (2014)

Location	White Alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Hispanic or Latino
Pitt County	60.7%	34.8%	0.5%	1.9%	0.1%	5.9%
North Carolina	71.5%	22.1%	1.6%	2.7%	0.1%	9.0%

[9] Pitt County Government Planning Department

[10] U.S. Census Bureau, 2009-2013, 5-Year American Community Survey
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[11] Pitt County QuickFacts from the U.S. Census, http://quickfacts.census.gov/qfd/states/37/37147.html

Education

The public school system (Pitt County Schools) is comprised of 37 schools including one Pre-K Education Center. Pitt County Schools operates 16 elementary schools (K-5), six (K-8) schools, seven middle schools (6-8), six high schools (9-12) and one early college high school (9-12). As of June 2015, the student enrollment was over 23,800 within Pitt County's public school system. [12]

Pitt County also is home to 16 private or parochial schools with an enrollment of 2,055. As of July 2015, there were 831 home schools located in Pitt County with a total enrollment of 1,338.[13]

Pitt Community College is the 7th largest of the fifty-eight (58) schools in the state's community college system and offers 48 associate degree programs, 68 certificate programs, 27 diploma programs, and 11 college transfer programs.[14] School enrollment for 2013-14 was 12,371 curriculum students and 12,000 continuing education students.[15]

East Carolina University is the third largest university in the State. Enrollment climbed to 28,289 during the 2015 fall semester, totaling the largest enrollment in the school's history.[16] The Brody School of Medicine at ECU offers a four year Medical Doctor degree as well as six PhD programs. The School of Dental Medicine opened in the fall of 2011. There are 99 undergraduate degree tracks and 104 graduate-level programs at ECU. ECU Colleges include Arts & Sciences, Business, Education, Fine Arts & Communication, Engineering and Technology, Human Ecology, Health and Human Performance, Allied Health Sciences, Nursing, and Honors.[17]

As of 2009-2013, 85.8% of Pitt County's residents, age 25 and older have achieved high school graduation or a higher degree as compared to 84.9% for NC residents. Also among Pitt County residents age 25 and older, 28.1% have achieved a bachelor's degree or higher as compared to 27.3% for NC residents.[18]

Economic Factors

Income and Poverty

From 2009-2013, Pitt County's median income was $40,718.00 and the per capita income was $23,166.[19] Over 24% (24.3%) of all Pitt County residents and approximately 28% of residents under age 18 years were reported as having an income below poverty level.[20] In comparison , despite Pitt County's resource-rich community, Pitt County's percent of all people living in poverty surpasses the following peer counties' and N.C.'s respective percentages of people living below the poverty level: Alamance (18.3%), Gaston (17.9%), Rowan (18.8%), Wayne (22.1%) and NC (17.5%).[21]

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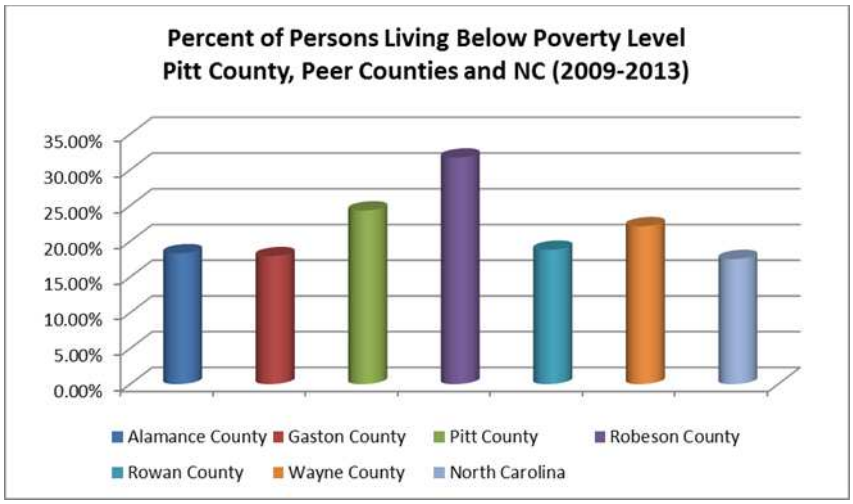
[12] Pitt County Schools, http://www.pitt.k12.nc.us/domain/5
[13] NC Department of Administration, Division of Non-Public Education, http://www.ncdnpe.org/documents/hhh240.pdf
[14] The Developmental Commission, http://locateincarolina.com/education/
[15] Pitt Community College Institutional Profile, http://www.pittcc.edu/experience-pcc/planning-and-research/reports/profile/PCCProfile2013-2014.pdf
[16] ECU News, http://www.ecu.edu/cs-admin/news/census15.cfm
[17] The Developmental Commission, http://locateincarolina.com/education/
[18] State and County Quick Facts, United States Census Bureau, http://quickfacts.census.gov/qfd/states/37/37147.html
[19] Pitt County QuickFacts from the U.S. Census, http://quickfacts.census.gov/qfd/states/37/37147.html
[20] Pitt County QuickFacts from the U.S. Census, http://quickfacts.census.gov/qfd/states/37/37147.html
[21] Pitt County QuickFacts from the U.S. Census, http://quickfacts.census.gov/qfd/states/37/37147.html



According to Feeding America, Pitt County's rate of food insecurity for the total population was 21.3% in 2013 compared to 18.3% for NC.[22] Just over 15% of Pitt County's total population utilized Food Stamps / SNAP (Supplemental Nutrition Assistance Program) benefits between 2009-2013.[23]

As of May 2015, over 4,500 Pitt County women and children received services from the Women, Infants and Children (WIC) Supplemental Food Program administered by the Pitt County Health Department. WIC is a federal program aimed at providing nutrition education and counseling, supplemental nutritious foods and breastfeeding education and support for qualified women and children from birth to age 5 years. In addition to having an identified health need, the WIC Program requires participants to meet income eligibility requirements. [24]

According to Pitt County Department of Social Services, 30,631 Pitt County individuals were enrolled in all Medicaid services as of December 2014. Pitt County Department of Social Services also reported that 2,051 children were enrolled in the NC Health Choice Program as of December 2014. The NC Health Choice program is a free or reduced cost health care program for children who do not qualify for Medicaid but meet other income eligibility criteria. This program helps to reduce the number of uninsured children in NC.[25]

Parents who meet eligibility criteria may also receive assistance from the Subsidized Child Care Programs to help pay a portion of their child care bill for children between the ages of 0-9 years. As of December 2014, there were 1,582 Pitt County children whose parents were receiving payment for child care and another 1,160 were on a waiting list to receive this service.[26]

[22] Feeding America, Map the Meal Gap 2015: http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2013/NC_AllCounties_CDs_MMG_2013.pdf
[23] U.S. Census American Community Survey Fact Finder
http://factfinder.census.gov/rest/dnldController/deliver?_ts=461453863285

[24] Pitt County Health Department WIC Reports.
[25] Pitt County Department of Social Services
[26] Pitt County Department of Social Services

Employment

According to the Pitt County Developmental Commission, Pitt County has a well-diversified employment and manufacturing base and no single industry or employer dominates the local economy. Fifteen manufacturing operations employ 100 or more workers with five employing 500 or more. The primary manufactured goods among these businesses include chemicals (pharmaceuticals), transportation equipment, machinery, and fabricated metals. Among non-manufacturing businesses, there are three major ones that employ 2500 or more employees.[27]

The unemployment rate steadily declined from 2010 – 2014 for both Pitt County and North Carolina. Pitt County's rate decreased by 61.9% and North Carolina's decreased by 78.68% during this period.[28] See the Unemployment Rates Table located in the Appendices for a comparison of Pitt County and NC from 2010-2014.

Homeownership

From 2009-2013, 54.4% of Pitt County residents owned a home compared to 66.4% of North Carolina residents. Over thirty-three percent (33.5%) of Pitt County's housing units are located within multi-unit structures compared to 17.2% of North Carolina homes. The median value of owner-occupied house units in Pitt County was $132,900 compared to $153,600 for North Carolina.

Agriculture

As of 2012, there were 391 farms in Pitt County comprising 171,821 acres of farm land. The average size of these farms was 439 acres. Since 2007, there has been a 10% decrease in the number of Pitt County farms; however, the average size of farms has increased by 11%. Among North Carolina counties in 2012, Pitt County was ranked as a top 10 producer of soybeans for beans (5th), cotton, all (5th),upland cotton(5th), wheat for grain, all (8th), and winter wheat for grain (8th).[29]

Transportation

Access to the area is provided by an east-west Interstate-quality freeway, a north-south four-lane highway, two railroads, and three commercial airports. An international airport is within a two hour drive and Interstate 95 is within 30 miles of Pitt County. Thirty motor freight carriers provide regular service to the area, with eight operating terminals within the County. Three major deep water ports – Wilmington, NC, Morehead City, NC, and Norfolk, VA are each within 120 miles of the area.[30]

The County has approximately 1,800 linear miles of public roads and highways currently maintained by the North Carolina Department of Transportation. [31]

The Pitt-Greenville Airport is an 872-acre municipal facility, owned jointly by the County and the City of Greenville and located adjacent to the Greenville Industrial Park in the northwest portion of Greenville.

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[27] Pitt County Developmental Commission, http://locateincarolina.com/major-employers/
[28] United States Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/bls/unemployment.htm
[29] 2012 Census of Agriculture County Profile
http://www.agcensus.usda.gov/Publications/2012/Online_Resources/County_Profiles/North_Carolina/cp37147.pdf
[30] Pitt County Government. Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[31] Pitt County Government. Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services

The Airport is a non-hub Regional (Commuter) Airport currently served by US Air Express, with round trips daily to its hub in Charlotte. In addition to airline activity, the Airport serves as the portal of entry for a myriad of corporate and business aircraft serving such clients as DSM Pharmaceuticals, Grady-White Boats, Weyerhaeuser, and NACCO Materials Handling Group. Other services utilizing the Airport include air ambulance and air freight companies. Daily rail service is provided to the County by CSX Transportation and Norfolk – Southern Railway, two of the nation's largest railroad systems. Interconnecting in Greenville, these systems allow for the transport of freight shipments to and from such cities as Atlanta, New Orleans, Miami, St. Louis, Chicago, Detroit, Philadelphia and Pittsburgh.[32]

The County is served by two public transit systems – one that is operated by the City of Greenville (Greenville Area Transit – GREAT) and one that is operated by the County (Pitt Area Transit System – PATS). The City of Greenville operates an urban bus system within its corporate limits. The County operates Pitt Area Transit as a department of County government with an appointed advisory board to oversee the operation of this department and general public transportation services. [33]

Crime / Intentional injuries

Pitt County's index crime rate, which is comprised of both violent and property crimes, decreased from 2009 – 2013. During this same period, Pitt County's peer counties (Alamance, Gaston, Robeson and Wayne) also experienced a decrease in index crime rates while peer county, Rowan County experienced an increase. The decrease experienced by Pitt County is reflected among all of the types of crimes within both violent and property categories as illustrated in the tables below: [34]

2009 – 2013 Pitt County Index Crime Rates (Rates per 100,000 Population)

Year	Index Crime Rates	Violent Crime Rates	Property Crime Rates
2009	5,509.7	627.9	4,881.8
2010	4,963.5	544.7	4,418.8
2011	4,166.2	502.0	3,664.2
2012	3,987.1	422.2	3,564.8
2013	3,915.7	467.9	3,447.8

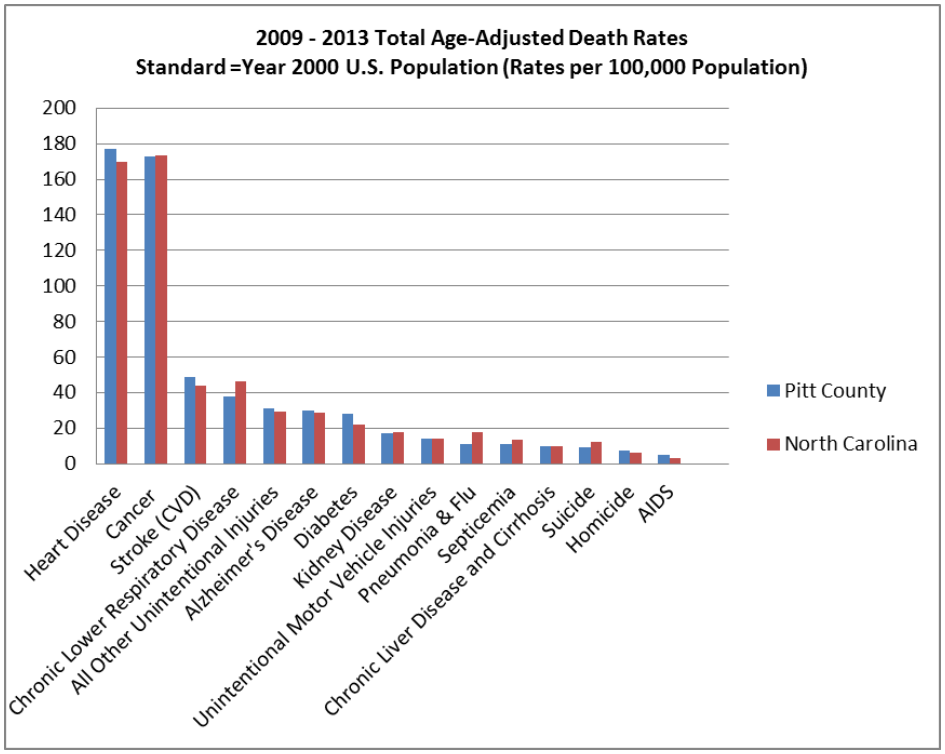
2009-2013 Pitt County Violent and Property Crime Rates by Crime Type (Rates per 100,000 Population)

Year	Violent Crime Rates				Property Crime Rates			
	Murder	Rape	Robbery	Assault	Burglary	Larceny	MVT	Arson
2009	8.4	21.3	173.2	425.0	1,667.8	3,031.1	182.9	22.5
2010	7.6	20.9	157.3	358.9	1,407.2	2,863.1	148.5	18.3
2011	6.5	23.7	147.0	324.8	1,091.2	2,443.8	129.2	13.0
2012	6.6	21.6	126.4	267.7	1,060.7	2,392.1	112.0	9.6
2013	6.5	19.5	131.7	310.2	1,030.3	2,298.7	118.7	9.5

[32] Pitt County Government. Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[33] Pitt County Government. Pitt County Profile, Pitt County 2014-2015 Budget Book, Financial Services
[34] NC Department of Justice, 2013 Annual Summary Report, http://crimereporting.ncdoj.gov/Reports.aspx

Leading Causes of Death (Age-Adjusted Rates)*

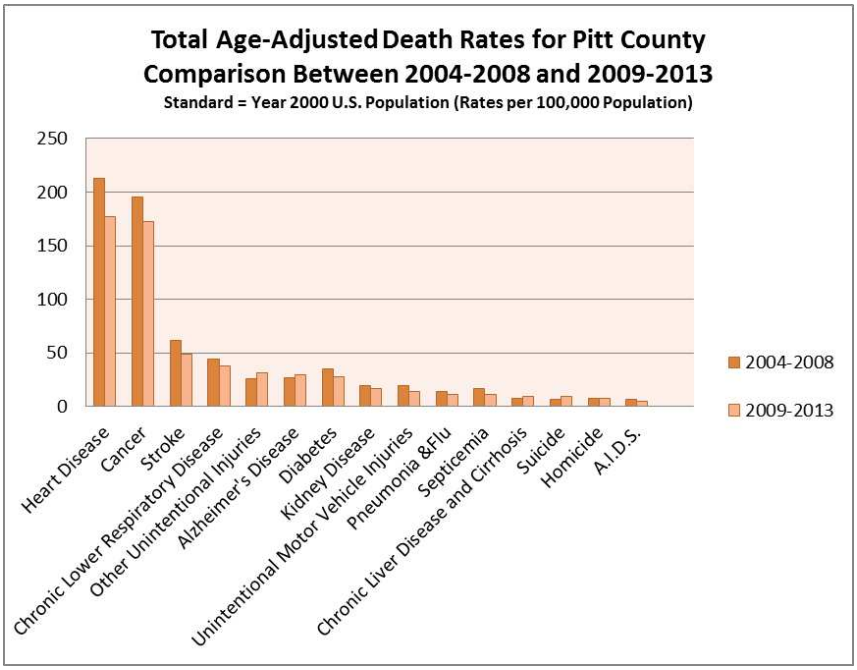
The use of age-adjusted rates* is a method of making fairer comparisons between groups with different age distributions. Between 2009-2013, Pitt County's leading causes of age-adjusted deaths were ranked as follows per 100,000 population: #1 = heart disease - (176.8), #2 = cancer - (172.5), #3 = stroke (48.6), #4 = chronic lower respiratory disease – (37.5), #5 = unintentional injuries (31.1), #6 = Alzheimer's Disease (29.9), #7 = diabetes – (28.2), #8 = kidney disease – (17.3), #9 = unintentional motor vehicle injuries (13.9), #10 = pneumonia and flu (11.2), #11 = septicemia (10.9), #12 = chronic liver disease and cirrhosis (9.7), #13 = suicide (9.1), #14 = homicide (7.3) and #15 = AIDS (5.1). When compared to North Carolina for this same period, Pitt County's age-adjusted death rate exceeded North Carolina's age-adjusted rates for nine (9) of the fifteen(15) leading causes of death. The exceptions were cancer, chronic lower respiratory disease, kidney disease, pneumonia/flu, septicemia, and suicide as North Carolina surpassed Pitt County for these leading causes of death.[35]



When comparing the 2004-2008 total age-adjusted death rates to 2009-2013 per 100,000 population, Pitt County has improved among 11 of the leading causes of death. The exceptions include: chronic liver disease and cirrhosis (increased from 7.7 during 2004-2008 to 9.7 during 2009-2013), Alzheimer's Disease (increased from 27.0 during 2004-2008 to 29.9 during 2009-2013), other unintentional injuries (increased from 25.7 during 2004-2008 to 31.1 during 2009-2013) and suicide (increased from 7.2 during 2004-2008 to 9.1 during 2009-2013). [36]

[35] 2009-2013 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[36] 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/



The following chart depicts the top five leading causes of death by gender and race. During 2009-2013, heart disease was the leading cause of death for both non-Hispanic white males and non-Hispanic white females followed by cancer. During this same period, cancer was the leading cause of death for both non-Hispanic African American males and non-Hispanic African American females followed by heart disease.[37] *Note: race cannot be compared to previous data sets due to a change in race categories.*

2009-2013 Pitt County Top Five Leading Causes of Death by Race Per 100,000 Population

	Pitt County 2009-2013 White (Non-Hispanic)		**Pitt County 2009-2013 African American (Non-Hispanic)**	
	Male	**Female**	**Male**	**Female**
1	Heart Disease (228.9)	Heart Disease (130.7)	Cancer (306.8)	Cancer (180.0)
2	Cancer (196.8)	Cancer (121.3)	Heart Disease (282.8)	Heart Disease (137.5)
3	Chronic Lower Respiratory Diseases (54.4)	Stroke (38.8)	Stroke (68.2)	Stroke (67.9)
4	All Other Unintentional Injuries (50.2)	Alzheimer's (35.2)	Diabetes (54.1)	Diabetes (52.3)
5	Stroke (42.0)	Chronic Lower Respiratory Diseases (34.9)	Kidney Disease (50.8)	Kidney Disease (30.3)

The following charts depict the top ten leading causes of death for 2009-2013 by rank and by gender and race. Deaths occurring prior to age 75 years are indicators for premature mortality since the life expectancy in Pitt County is 78.0 years (2011-2013)[38]. During 2009-2013, cancer was the leading cause of death and heart disease was the second leading cause of death for all ages (unadjusted) as well as for

[37] NC State Center for Health Statistics, Leading Causes of Death http://www.schs.state.nc.us/SCHS/data/lcd/lcd.cfm
[38] NC State Center for Health Statistics, Life Expectancy, http://www.schs.state.nc.us/data/lifexpectancy/

both white and nonwhite males and females < 75 years of age.[39] *Note: race cannot be compared to previous data sets due to a change in race categories.*

2009-2013 Pitt County Leading Causes of Death, Ages < 75 Years Compared to All Ages

	Ages < 75 Years		All Ages (unadjusted)
1	Cancer (99.5)	1	Cancer (151.0)
2	Heart Disease (71.6)	2	Heart Disease (150.1)
3	All Other Unintentional Injuries (18.8)	3	Cerebrovascular Diseases (40.2)
4	Cerebrovascular Diseases (14.9)	4	Chronic Lower Respiratory Diseases (30.4)
5	Diabetes Mellitus (14.6)	5	All Other Unintentional Injuries (27.6)
6	Unintentional Motor Vehicle Injuries (13.9)	6	Diabetes Mellitus (24.4)
7	Chronic Lower Respiratory Diseases (11.6)	7	Alzheimer's Disease (23.7)
8	Suicide (8.4)	8	Nephritis, Nephrotic syndrome and Nephrosis (14.4)
9	Chronic Liver Disease and Cirrhosis (8.2)	9	Unintentional Motor Vehicle Injuries (14.1)
10	Homicide (7.9)	10	Septicemia (9.2)

2009-2013 Pitt County Leading Causes of Death for White and Non White Males < 75 Years of Age

Note: race cannot be compared to previous data sets due to a change in race categories.

	White Males < 75		Non White Males < 75
1	Cancer (108.7)	1	Cancer (129.6)
2	Heart Disease (95.2)	2	Heart Disease (112.6)
3	All other unintentional injuries (29.8)	3	Cerebrovascular Diseases (26.2)
4	Suicide (21.2)	4	Diabetes Mellitus (24.1)
5	Unintentional Motor Vehicle Injuries (19.2)	5	Unintentional Motor Vehicle Injuries (21.2)
6	Chronic Lower Respiratory Diseases (14.3)	6	Homicide (19.8)
7	Chronic Liver Disease and Cirrhosis (12.7)	7	Conditions Originating in the Perinatal Period (16.3)
8	Cerebrovascular Diseases (11.8)	8	HIV Disease (15.6)
9	Diabetes Mellitus (11.4)	9	Nephritis, Nephrotic syndrome and Nephrosis (14.9)
10	Homicide (9.8)	9	All other unintentional injuries (14.9)

2009-2013 Pitt County Leading Causes of Death for White and Non White Males < 75 Years of Age

Note: race cannot be compared to previous data sets due to a change in race categories.

	White Females < 75		Non White Females < 75
1	Cancer (73.8)	1	Cancer (99.7)
2	Heart Disease (38.5)	2	Heart Disease (52.8)
3	All Other Unintentional Injuries (17.3)	3	Diabetes (23.4)
4	Chronic Lower Respiratory Diseases (14.1)	4	Cerebrovascular Disease (18.0)
5	Unintentional Motor Vehicle Injuries (10.2)	5	Conditions Originating in the Perinatal Period (15.0)
6	Cerebrovascular Disease (9.4)	6	Nephritis, Nephrotic Syndrome, and Nephrosis (10.8)
7	Diabetes Mellitus (6.7)	7	HIV Disease (8.4)
7	Suicide (4.3)	8	All Other Unintentional Injuries (8.4)
9	Pneumonia and Influenza (3.9)	9	Chronic Lower Respiratory Diseases (7.8)
9	Chronic Liver Disease and Cirrhosis (3.9)	10	Chronic Liver Disease and Cirrhosis (7.8)

[39] NC State Center for Health Statistics, Leading Causes of Death http://www.schs.state.nc.us/SCHS/data/lcd/lcd.cfm

Leading Causes of Age-Adjusted Death by Rank

Note: Due to a change in race categories, race cannot be compared to previous data sets for the leading causes of death as outlined throughout this assessment.

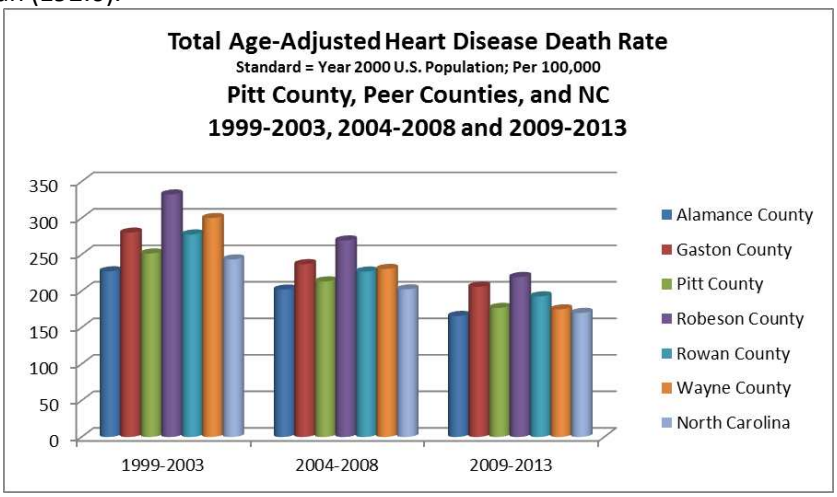
Heart Disease: 1st Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted heart disease death rates per 100,000 population:
1999-2003 (251.3), 2004-2008 (213.1), 2009-2013 (176.8)

Although the total age-adjusted heart disease death rate continues to steadily decline, heart disease remains as Pitt County's first (1st) leading cause of death among the total age-adjusted population. From 2009-2013, Pitt County's total age-adjusted heart disease death rate was 176.8 / 100,000 population demonstrating a 29.6 % decline since the 1999-2003 period. Pitt County's rate of death due to heart disease was highest among non-Hispanic African American males (282.8) followed by non-Hispanic white males (228.9), non-Hispanic African American females (137.5) and non-Hispanic white females (130.7) during 2009-2013.[40]

North Carolina's total age-adjusted heart disease death rates per 100,000 population:
1999-2003 (243.2), 2004-2008 (202.2), 2009-2013 (170.0)

In comparison, North Carolina's total age-adjusted heart disease death rate during 2009-2013 was 170.0 / 100,000 population, representing a 30% decline since the 1999-2003 period. During 2009-2013, Pitt County's total age-adjusted heart disease death rate of 176.8 / 100,000 population was higher than North Carolina's rate but lower than the rates of the following peer counties: Gaston (205.8), Robeson (219.2) and Rowan (192.6).[41]



[40] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[41] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

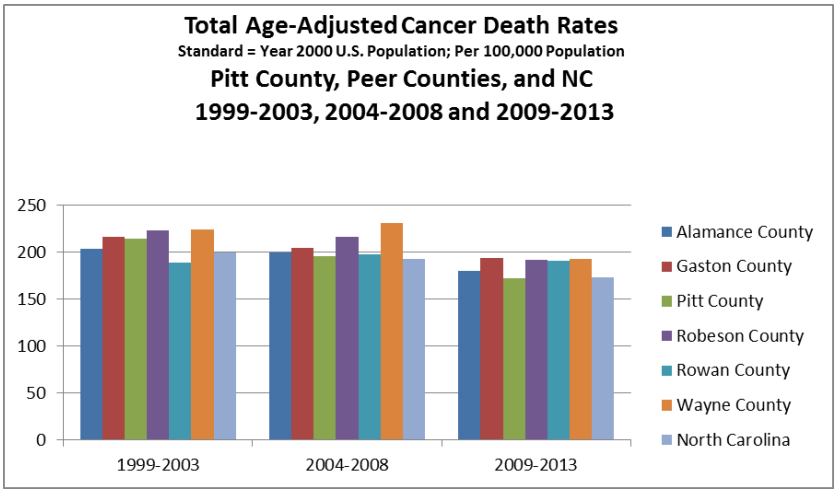
Cancer: 2nd Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted cancer death rates per 100,000 population: 1999-2003 (214.2), 2004-2008 (195.3), 2009-2013 (172.5)

From 2009-2013, cancer was the second (2nd) leading cause of death among Pitt County's total age-adjusted population. During this period, Pitt County's total age-adjusted cancer death rate was 172.5/ 100,000 population, representing a 19.5% decline since the 1999-2003 period. Pitt County's highest rate of total age-adjusted cancer deaths occurred among non-Hispanic African American males (306.8 / 100,000 population) followed by non-Hispanic white males (196.8), non-Hispanic African American females (180.0) and non-Hispanic white females (121.3) during 2009-2013.[42]

North Carolina's total age-adjusted stroke death rates per 100,000 population: 1999-2003 (199.7), 2004-2008 (192.5), 2009-2013 (173.3)

In comparison, North Carolina's total age-adjusted total cancer death rate for the 2009-2013 period was 173.3 / 100,000 population, declining 13.2% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted total cancer death rate of 172.5 / 100,000 population was lower than North Carolina's rate and lower than rates among all peer counties as follows: Alamance (180.0), Gaston (193.6), Robeson (191.9), Rowan (190.3) and Wayne (192.8).[43]



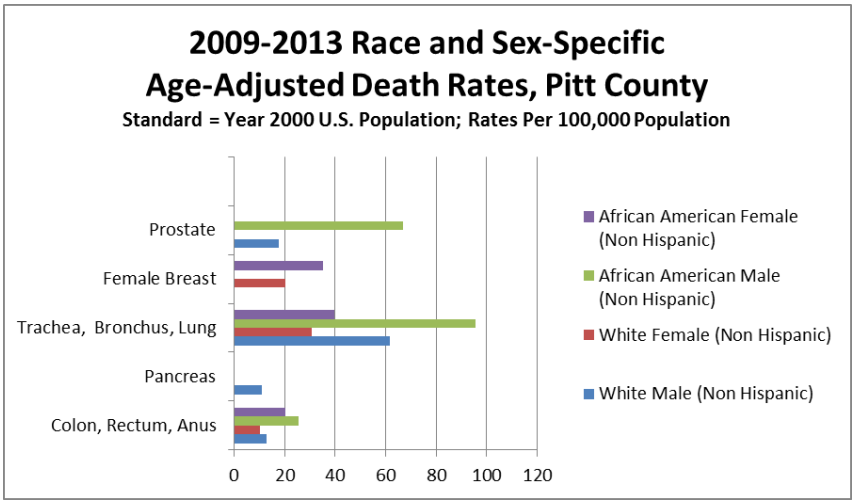
Source: NC Center for Health Statistics / NC Central Cancer Registry

The majority of cancer deaths occur at five sites: colon/rectum, pancreas, lung/bronchus, female breast and prostate. From 2009-2013, the African-American (non- Hispanic) male population demonstrated the highest death rate due to prostate, trachea/bronchus/lung, and colon/anal/rectum cancers. The graph below illustrates a review of the major cancer deaths by race and sex. Note: data were only available for white males for pancreatic cancer due to an insufficient number of reported deaths for all other races

[42] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[43] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

and gender. Other data that is not illustrated is not reported due to the type of cancer being gender-specific.[44].



The following chart illustrates projected new cases of cancer and deaths for selected sites for Pitt County and North Carolina for 2015. For both Pitt County and North Carolina, female breast cancer is projected to have the highest number of new cases in 2015 among the selected sites, whereas, lung/bronchus cancer is projected to have the highest number of deaths during this time period. [45]

Projected New Cancer Cases and Deaths for Selected Sites, Pitt County, 2015

Cancer Type	Projected New Cases			aths
	Pitt County	North Carolina	Pitt County	North Carolina
Total	841	57,624	288	20,302
Lung/ Bronchus	123	8,669	87	6,171
Female Breast	147	9,772	21	1,391
Prostate	113	7,998	13	987
Colon/ Rectum	67	4,633	23	1,642

[44] NC State Center for Health Statistics/ Central Cancer Registry http://www.schs.state.nc.us/schs/CCR/proj15co.pdf

[45] NC State Center for Health Statistics/ Central Cancer Registry http://www.schs.state.nc.us/schs/CCR/proj15co.pdf

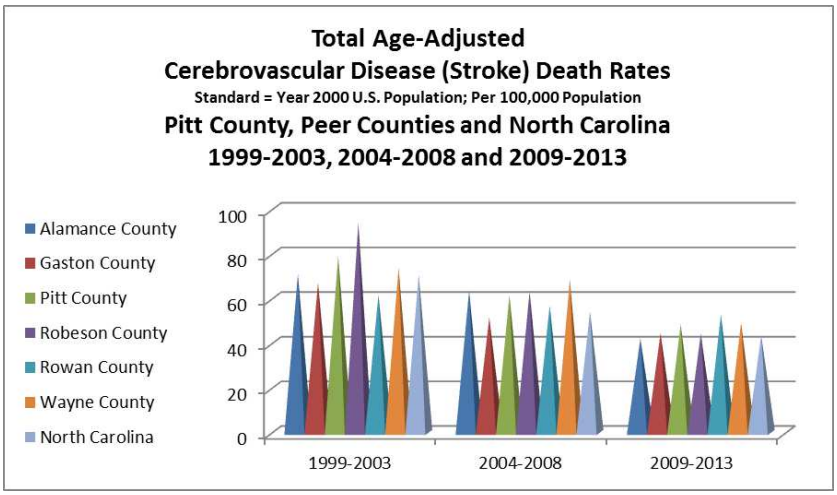
Cerebrovascular Disease (Stroke):
3rd Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted stroke death rates per 100,000 population:
1999-2003 (79.2), 2004-2008 (61.6), 2009-2013 (48.6)

From 2009-2013, cerebrovascular disease (stroke) was the third (3rd) leading cause of death among Pitt County's total age-adjusted population. During this period, Pitt County's total age-adjusted stroke death rate was 48.6 / 100,000 population, representing a 38.6% decline since 1999-2003. Pitt County's highest rate of stroke deaths occurred among non-Hispanic African American males (68.2 / 100,000 population) followed by non-Hispanic African American females (67.9), non-Hispanic white males (42.0) and non-Hispanic white females (38.8) during 2009-2013.[46]

North Carolina's total age-adjusted stroke death rates per 100,000 population:
1999-2003 (70.7), 2004-2008 (54.4), 2009-2013 (43.7)

In comparison, North Carolina's total age-adjusted stroke death rate for the 2009-2013 period was 43.7 / 100,000 population, declining 38.1% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted stroke death rate of 48.6 / 100,000 population was higher than North Carolina's rate and higher than rates among the following peer counties: Alamance County (42.2), Gaston (44.7), and Robeson (44.3).[47]



[46] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[47] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

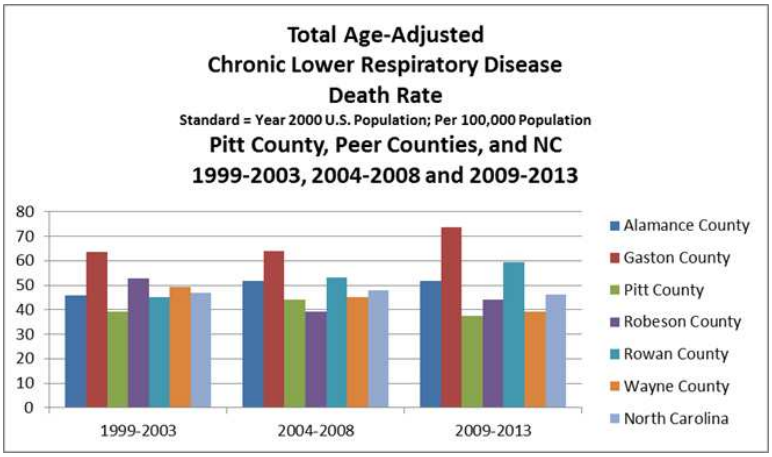
Chronic Lower Respiratory Disease:
4th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted chronic lower respiratory disease death rates per 100,000 population:
1999-2003 (39.1), 2004-2008 (44.0), 2009-2013 (37.5)

Chronic Lower Respiratory Disease, also known as COPD or Chronic Obstructive Pulmonary Disease was the 4th (fourth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted chronic lower respiratory disease death rate was 37.5 / 100,000 population, representing a 4.09% decline since 1999 despite a rise in the rate during 2004-2008. Pitt County's highest rate of age-adjusted chronic lower respiratory deaths occurred among non-Hispanic white males (54.4 / 100,000 population) followed by non-Hispanic African American males (46.3), non-Hispanic white females (34.9) and non-Hispanic African American females (18.2) during 2009-2013.[48]

North Carolina's total age-adjusted chronic lower respiratory disease death rates per 100,000 population:
1999-2003 (46.8), 2004-2008 (47.8), 2009-2013 (46.1)

In comparison, North Carolina's total age-adjusted chronic lower respiratory death rate during 2009-2013 was 46.1 / 100,000 population, declining only slightly (1.49%) since 1999 despite an increase in the rate during 2004-2008. During 2009-2013, Pitt County's total age-adjusted chronic lower respiratory disease death rate of 37.5 / 100,000 population was lower than North Carolina's rate and lower than all peer counties as follows: Alamance (51.7), Gaston County (73.5), Robeson County (44.2), Rowan County (59.5), and Wayne County (39.4).[49]



[48] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[49] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

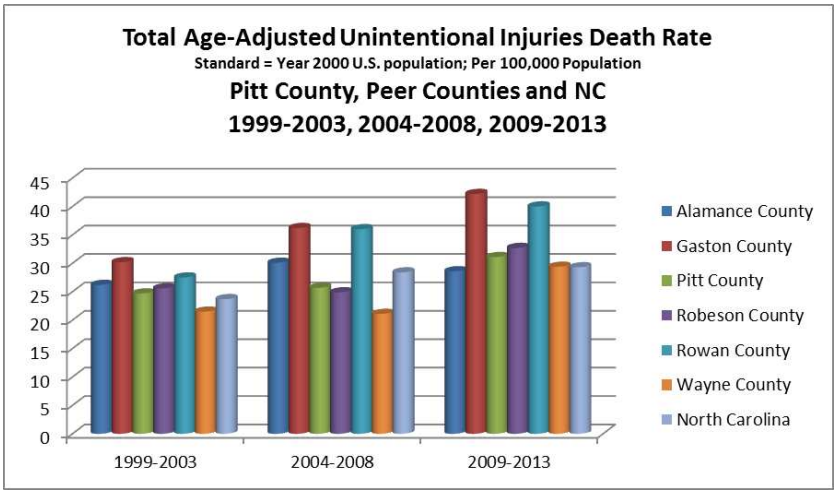
Unintentional Injuries: 5th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted unintentional injuries death rates per 100,000 population:
1999-2003 (24.7), 2004-2008 (25.7), 2009-2013 (31.1)

Unintentional injuries were the 5th (fifth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted unintentional injuries death rate was 31.1 / 100,000 population, representing a 25.9% increase since 1999-2003. Pitt County's highest rate of age-adjusted unintentional deaths occurred among non-Hispanic white males (50.2 / 100,000 population) followed by non-Hispanic white females (29.6), non-Hispanic African American males (28.0), and non-Hispanic African American females (15.5) during 2009-2013.[50]

North Carolina's total age-adjusted unintentional injuries death rates per 100,000 population:
1999-2003 (23.7), 2004-2008 (28.4), 2009-2013 (29.3)

In comparison, North Carolina's total age-adjusted unintentional injuries death rate during 2009-2013 was 29.3 / 100,000 population, rising by 23.6% since 1999. During 2009-2013, Pitt County's total age-adjusted unintentional injuries death rate of 31.1/ 100,000 population was higher than North Carolina's rate but lower than the rate of the following peer counties: Gaston (42.2), Robeson (32.7), and Rowan (40.0).[51] Note: See Appendices for a breakdown of Pitt County's leading causes of injury death, injury hospitalization and injury emergency department (ED) visits by age group.



[50] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[51] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

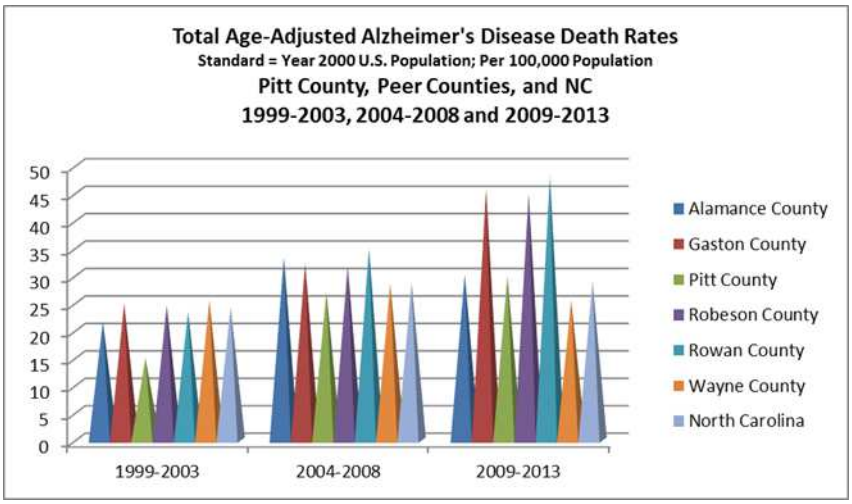
Alzheimer's Disease: 6th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted Alzheimer's Disease death rates per 100,000 population:
1999-2003 (14.9), 2004-2008 (27.0), 2009-2013 (29.9)

Alzheimer's Disease was the 6th (sixth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted Alzheimer's Disease death rate was 29.9 / 100,000 population, representing a 100.1% increase since 1999. Pitt County's highest rate of age-adjusted Alzheimer's Disease deaths occurred among non-Hispanic white females (35.2 / 100,000 population) followed by non-Hispanic white males (25.8), and non-Hispanic African American females (25.7) during 2009-2013. The numbers were too small to calculate a stable rate among non-Hispanic African American males during this same period.[52]

North Carolina's total age-adjusted Alzheimer's Disease death rates per 100,000 population:
1999-2003 (24.2), 2004-2008 (28.7), 2009-2013 (28.9)

In comparison, North Carolina's total age-adjusted Alzheimer's Disease death rate during 2009-2013 was 28.9 / 100,000 population, increasing by 19.4% since 1999. During 2009-2013, Pitt County's total age-adjusted Alzheimer's Disease death rate of 29.9/ 100,000 population exceeded North Carolina's rate but was lower than the rate of the following peer counties: Alamance (30.2), Gaston (45.8), Robeson (44.9), and Rowan (48.1).[53]



[52] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[53] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

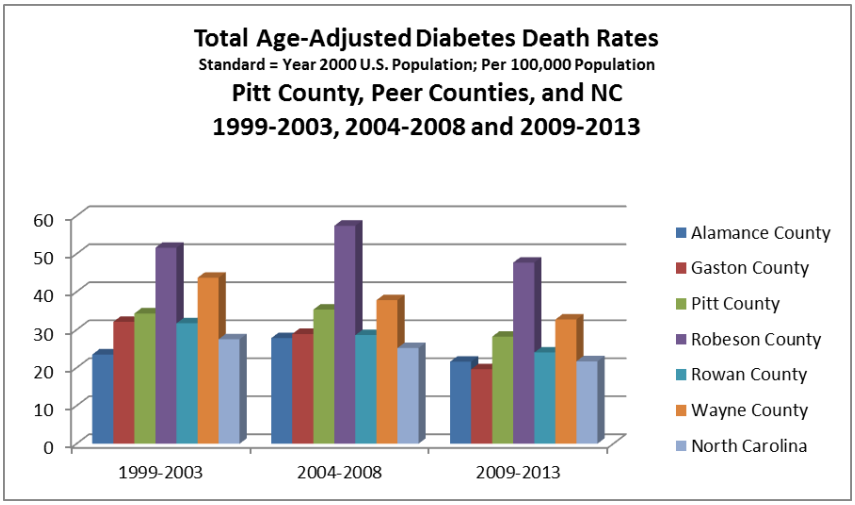
Diabetes: 7th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted diabetes death rates per 100,000 population:
1999-2003 (34.3), 2004-2008 (35.3), 2009-2013 (28.2)

Diabetes was the 7th (seventh) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted diabetes death rate was 28.2 / 100,000 population, representing a 17.8% decrease since 1999, despite a slight rise during the 2004-2008 period. Pitt County's highest rate of age-adjusted diabetes deaths occurred among non-Hispanic African American males (54.1 / 100,000 population) followed by non-Hispanic African American females (52.3), non-Hispanic white males (24.9), and non-Hispanic white females (13.3) during 2009-2013.[54]

North Carolina's total age-adjusted diabetes death rates per 100,000 population:
1999-2003 (27.5), 2004-2008 (25.2), 2009-2013 (21.7)

In comparison, North Carolina's total age-adjusted diabetes death rate during 2009-2013 was 21.7 / 100,000 population, declining by 21.09% since 1999. During 2009-2013, Pitt County's total age-adjusted diabetes death rate of 28.2/ 100,000 population was higher than North Carolina's rate and higher than the rate of the following peer counties: Alamance (21.6), Gaston (19.6), and Rowan (24.0).[55]



[54] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[55] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

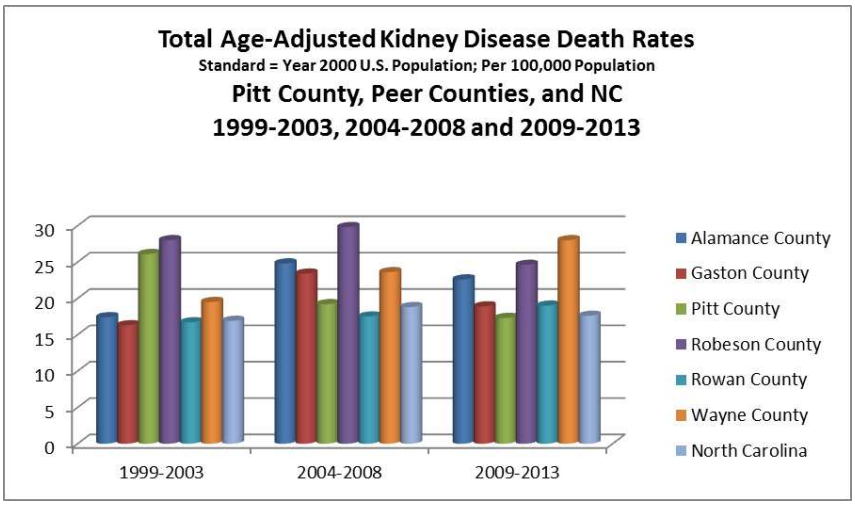
Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney Disease): 8th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted kidney disease death rates per 100,000 population:
1999-2003 (26.1), 2004-2008 (19.2), 2009-2013 (17.3)

Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney Disease) was the 8th (eighth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted kidney disease death rate was 17.3 / 100,000 population, representing a 33.7% decrease since the 1999-2003 period. Pitt County's highest rate of age-adjusted kidney disease deaths occurred among non-Hispanic African American males (50.8 / 100,000 population) followed by non-Hispanic African American females (30.3), non-Hispanic white males (11.3), and non-Hispanic white females (7.6) during 2009-2013.[56]

North Carolina's total age-adjusted kidney disease death rates per 100,000 population:
1999-2003 (16.9), 2004-2008 (18.8), 2009-2013 (17.6)

In comparison, North Carolina's total age-adjusted kidney disease death rate during 2009-2013 was 17.6 / 100,000 population, increasing by 11.24% between 2004-2008 and increasing by 4.1% since the 1999 -2003 period. During 2009-2013, Pitt County's total age-adjusted kidney disease death rate of 17.3 / 100,000 population was slightly lower than North Carolina's rate and lower than the rate of all peer counties as follows: Alamance (22.6), Gaston (18.9), Robeson (24.6), Rowan (24.0), and Wayne (28.0).[57]



[56] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[57] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

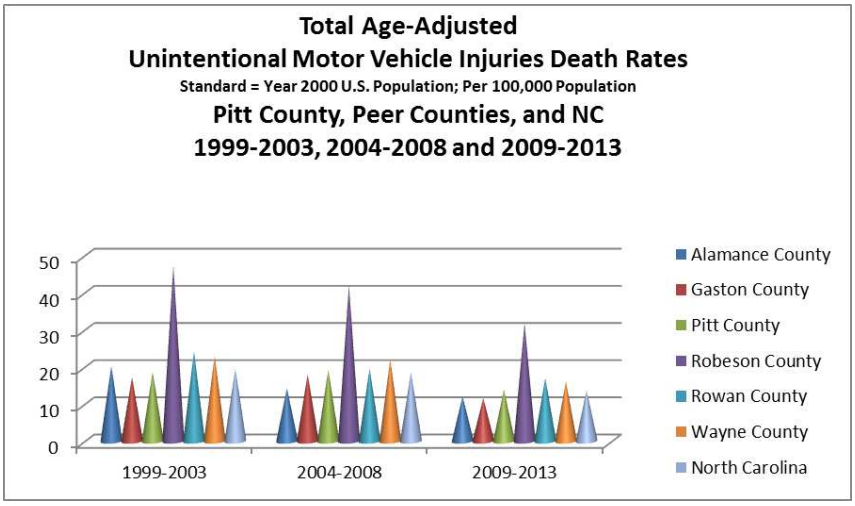
Unintentional Motor Vehicle Injuries:
9th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted unintentional motor vehicle injuries death rates per 100,000 population: 1999-2003 (18.7), 2004-2008 (19.3), 2009-2013 (13.9)

Unintentional Motor Vehicle Injuries was the 9th (ninth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted unintentional motor vehicle injuries death rate was 13.9 / 100,000 population, representing a 25.6% decrease since 1999-2003. Pitt County's highest rate of age-adjusted unintentional motor vehicle deaths occurred among non-Hispanic African American males (30.1 / 100,000 population) followed by non-Hispanic white males (17.6), and non-Hispanic white females (9.4) during 2009-2013. The numbers were too small to calculate a stable rate among non-Hispanic African American females during this same period.[58]

North Carolina's total age-adjusted unintentional motor vehicle injuries death rates per 100,000 population: 1999-2003 (19.5), 2004-2008 (18.6), 2009-2013 (13.7)

In comparison, North Carolina's total age-adjusted unintentional motor vehicle injuries death rate during 2009-2013 was 13.7 / 100,000 population, decreasing by 29.7% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted unintentional motor vehicle injuries death rate of 13.9 / 100,000 population was slightly higher than North Carolina's rate but was lower than the rate of the following peer counties: Robeson (31.8), Rowan (17.0) and Wayne (16.1).[59]



[58] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[59] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

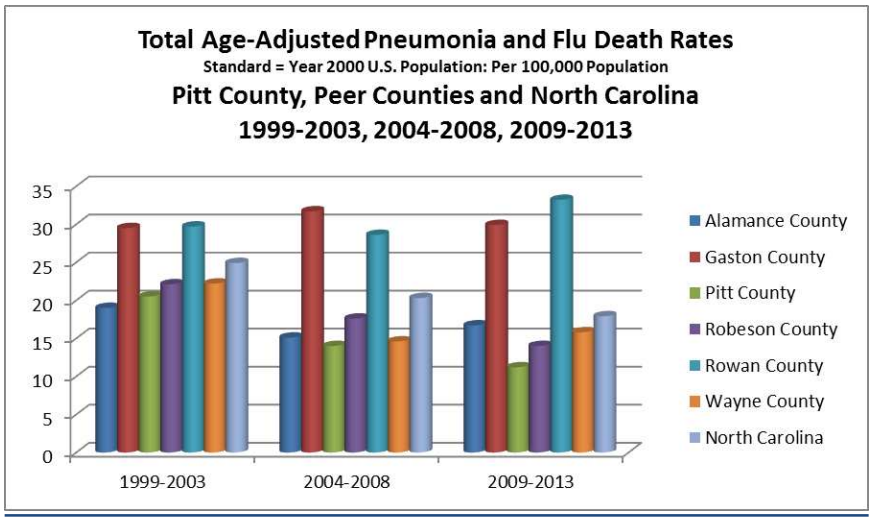
Pneumonia and Influenza (Flu): 10th Leading Cause of Pitt County's Age-Adjusted Deaths

Pitt County's total age-adjusted pneumonia and flu death rates per 100,000 population:
1999-2003 (20.5), 2004-2008 (14.0), 2009-2013 (11.2)

North Carolina's total age-adjusted pneumonia and flu death rates per 100,000 population:
1999-2003 (24.9), 2004-2008 (20.3), 2009-2013 (17.9)

From 2009-2013, pneumonia and influenza (flu) was the 10th (tenth) leading cause of Pitt County's total age-adjusted deaths[60] and the ninth leading cause of death for those 65 years and older.[61] During this period, Pitt County's total age-adjusted pneumonia and flu death rate was 11.2 / 100,000 population, representing a 45.4% decrease since 1999-2003. Pitt County's highest rate of age-adjusted pneumonia and flu deaths occurred among non-Hispanic white males (13.9 / 100,000 population) followed by non-Hispanic white females (11.3). The numbers were too small to calculate a stable rate among non-Hispanic African American males and non-Hispanic African American females during this same period.[62]

Influenza is a vaccine preventable disease. Starting in 2010, flu vaccines have been recommended by the CDC for all persons over the age of six months, but especially for those at high risk of complications from flu. According to the 2015 Pitt County Community Health Assessment Survey, 69.8% of respondents received the flu shot or flu spray.[63] Though this number has increased over the years, continuing to increase the number of residents in Pitt County who receive a flu vaccination would help to ensure our most vulnerable residents, including young children and older adults, are protected from developing complications due to influenza.[64]



[60] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/
[61] North Carolina Division of Public Health, State Center for Health Statistics. 2009-2013 Ten Leading Causes of Death by County of Residence and Age Group. Available at http://www.schs.state.nc.us/SCHS/data/databook.
[62] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/
[63] 2015 Pitt County Community Health Assessment Opinion Survey
[64] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

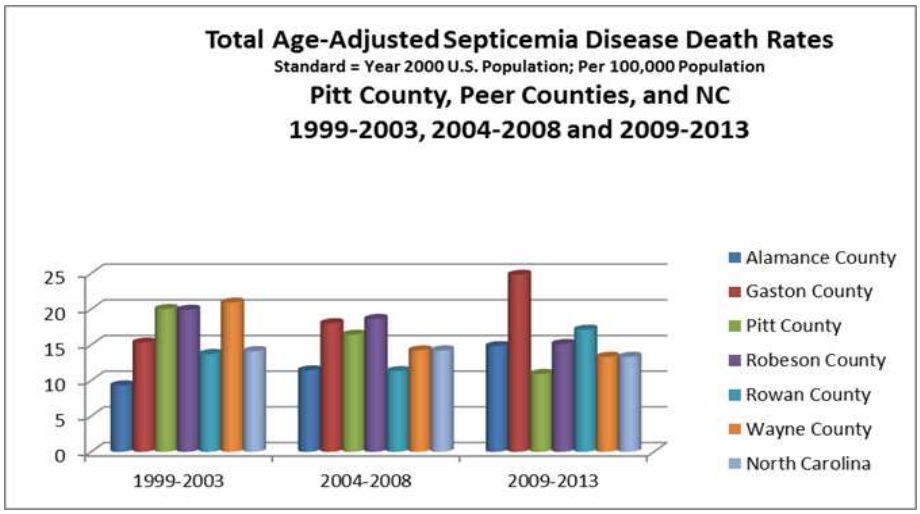
Septicemia: 11th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted septicemia death rates per 100,000 population:
1999-2003 (20.0), 2004-2008 (16.4), 2009-2013 (10.9)

Septicemia was the 11th (eleventh) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted septicemia death rate was 10.9 / 100,000 population, representing a 45.5% decrease since 1999-2003. Pitt County's highest rate of age-adjusted septicemia deaths occurred among non-Hispanic African American females (15.8) followed by non-Hispanic white males (11.2) during 2009-2013. The numbers were too small to calculate a stable rate among non-Hispanic white females and non-Hispanic African American males during this same period.[65]

North Carolina's total age-adjusted septicemia death rates per 100,000 population:
1999-2003 (14.1), 2004-2008 (14.2), 2009-2013 (13.3)

In comparison, North Carolina's total age-adjusted septicemia death rate during 2009-2013 was 13.3 / 100,000 population, decreasing by 6.0% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted septicemia death rate of 10.9/ 100,000 population was lower than North Carolina's rate and lower than the rate of all peer counties as follows: Alamance (14.8), Gaston (24.8), Robeson (15.1), Rowan (17.1), and Wayne (13.3).[66]



[65] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[66] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

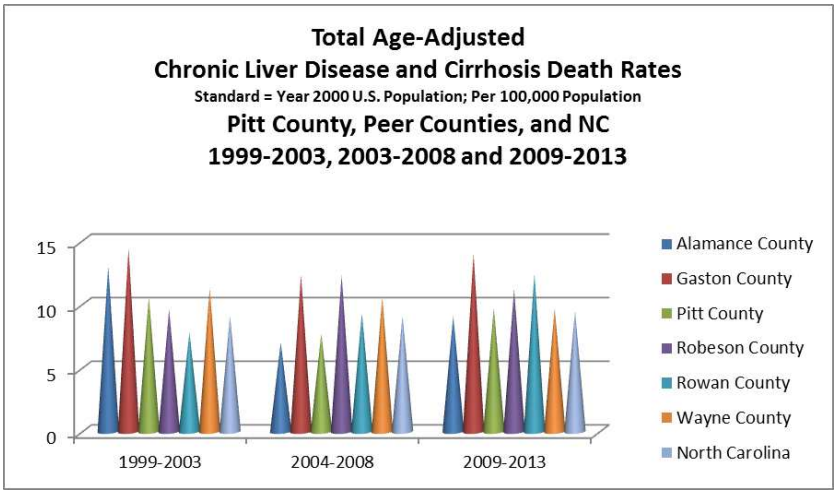
Chronic Liver Disease and Cirrhosis:
12th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted chronic liver disease and cirrhosis death rates per 100,000 population:
1999-2003 (10.6), 2004-2008 (7.7), 2009-2013 (9.7)

Chronic liver disease and cirrhosis was the 12th (twelfth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted chronic liver disease and cirrhosis death rate was 9.7 / 100,000 population, representing a 25.9% increase from 2004-2008 but a decline of 8.49% since 1999-2003. Pitt County's highest rate of age-adjusted chronic liver disease and cirrhosis deaths occurred among non-Hispanic white males (14.4 / 100,000 population) during 2009-2013. The numbers among all other races were too small to calculate a stable rate during this same period.[67]

North Carolina's total age-adjusted chronic liver disease and cirrhosis death rates per 100,000 population:
1999-2003 (9.1), 2004-2008 (9.1), 2009-2013 (9.5)

In comparison, North Carolina's total age-adjusted chronic liver disease and cirrhosis death rate during 2009-2013 was 9.5 / 100,000 population, increasing by 4.21% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted chronic liver disease and cirrhosis death rate of 9.7 / 100,000 population was slightly higher than North Carolina's rate but was lower than the rate of the following peer counties: Gaston (14.0), Robeson (11.2), Rowan (12.4) and tied with Wayne (9.7).[68]



[67] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[68] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

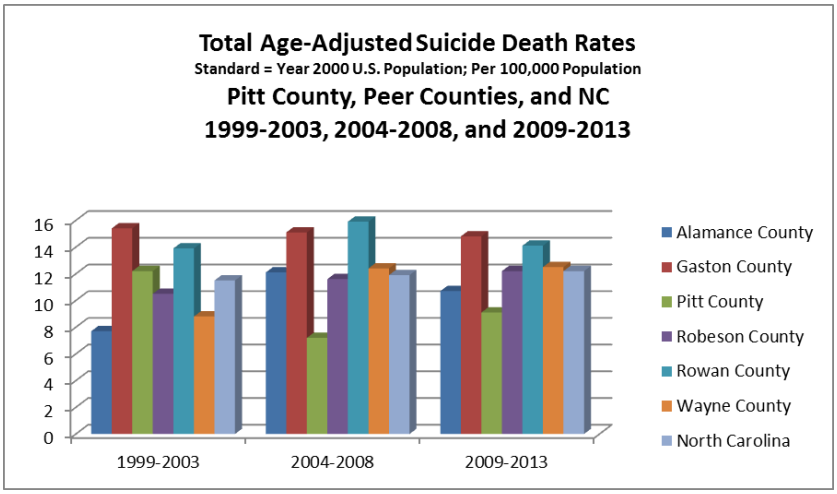
Suicide: 13th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted suicide death rates per 100,000 population:
1999-2003 (12.2), 2004-2008 (7.2), 2009-2013 (9.1)

Suicide was the 13th (thirteenth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted suicide death rate was 9.1 / 100,000 population, representing an increase of 26.3% increase since 2004-2008 but a 25.4% decline since 1999-2003. Pitt County's highest rate of age-adjusted suicide deaths occurred among non-Hispanic white males (24.3 / 100,000 population). Numbers were too small among non-Hispanic white females, non-Hispanic African American males and non-Hispanic African American females to calculate a stable rate.[69]

North Carolina's suicide death rates per 100,000 population:
1999-2003 (11.5), 2004-2008 (11.9), 2009-2013 (12.2)

In comparison, North Carolina's total age-adjusted suicide death rate during 2009-2013 was 12.2 / 100,000 population, increasing by 6.08% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted suicide death rate of 9.1 / 100,000 population was lower than North Carolina's rate and lower than the rates for all peer counties as follows: Alamance (10.7), Gaston (14.8), Robeson (12.2), and Wayne (12.5).[70]



[69] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[70] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

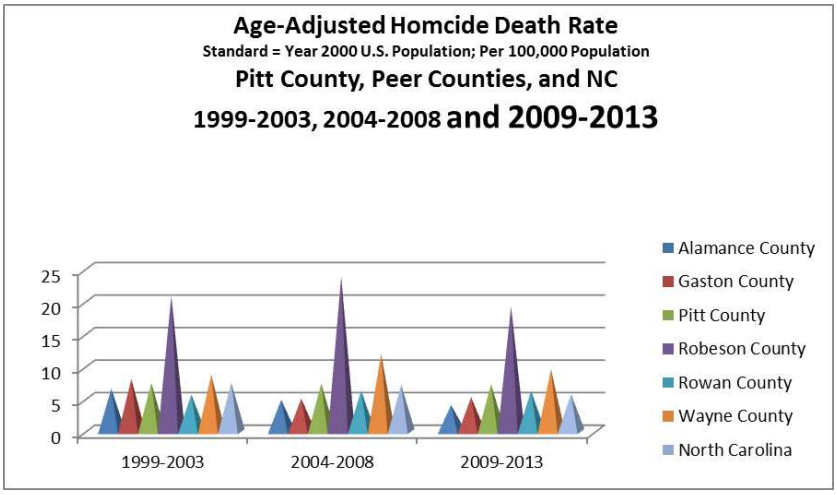
Homicide: 14th Leading Cause of Pitt County's Total Age-Adjusted Deaths

Pitt County's total age-adjusted homicide death rates per 100,000 population:
1999-2003 (7.5), 2004-2008 (7.4), 2009-2013 (7.3)

Homicide was the 14th (fourteenth) leading cause of death among Pitt County's total age-adjusted population from 2009-2013. During this period, Pitt County's total age-adjusted homicide death rate was 7.3 / 100,000 population, representing a slight decrease of 2.66% since 1999-2003. Pitt County's highest rate of age-adjusted homicide deaths occurred among non-Hispanic African American males (20.0 / 100,000 population) followed by non-Hispanic white males (8.4). Numbers were too small among non-Hispanic white females and non-Hispanic African American females to calculate a stable rate.[71]

North Carolina's homicide death rates per 100,000 population:
1999-2003 (7.5), 2004-2008 (7.2), 2009-2013 (5.8)

In comparison, North Carolina's total age-adjusted homicide death rate during 2009-2013 was 5.8 / 100,000 population, decreasing by 22.6% since 1999-2003. During 2009-2013, Pitt County's total age-adjusted homicide death rate of 7.3 / 100,000 population was higher than North Carolina's rate and higher than the rates for the following peer counties: Alamance (4.1), Gaston (5.3), and Rowan (6.3).[72]



[71] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

[72] 1999-2003, 2004-2008 and 2009-2013 NC Resident Race and Sex-Specific Age Adjusted Death Rates. North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/

AIDS: 15th Leading Cause of Pitt County's Total Age-Adjusted Deaths from 2009-2013

Information related to AIDS is presented later in this assessment.

Other Causes of Death

Infant Mortality

Infant Mortality is the death of an infant prior to his/her first birthday. Prematurity, birth before 37 weeks gestation, is a leading cause of infant mortality in Pitt County. Pitt County's total infant mortality rate in 2013 was 9.9 / 1000 live births as compared to North Carolina's total infant mortality rate of 7.3 / 1000 live births. Although Pitt County's 2013 total infant mortality rate was higher than North Carolina's total infant mortality rate, Pitt County's rate declined by 13.9% from 2012 to 2013. The rate also declined slightly between the 2008-2012 (11.2) period and the 2009-2013 (10.2) period based upon five year averages. [73]

Pitt County's 2013 total infant mortality rate declined. The 2012-2013 year was an unusual year for infant mortality statistics for Pitt County. Historically, the African American infant mortality rate is almost double the Caucasian rate. But this year, the non-Hispanic African American rate of 10.2 / 1000 live births was lower than the non-Hispanic white rate of 11.3 / 1000 live births. And, the Pitt County non-Hispanic African American rate declined from 19.2 / 1000 live births in 2012 to 10.2 / 1000 live births in 2013. In comparison, North Carolina's non-Hispanic African American infant mortality rate declined from 13.9 / 1000 live births in 2012 to 12.5 / 1000 live births in 2013. [74]

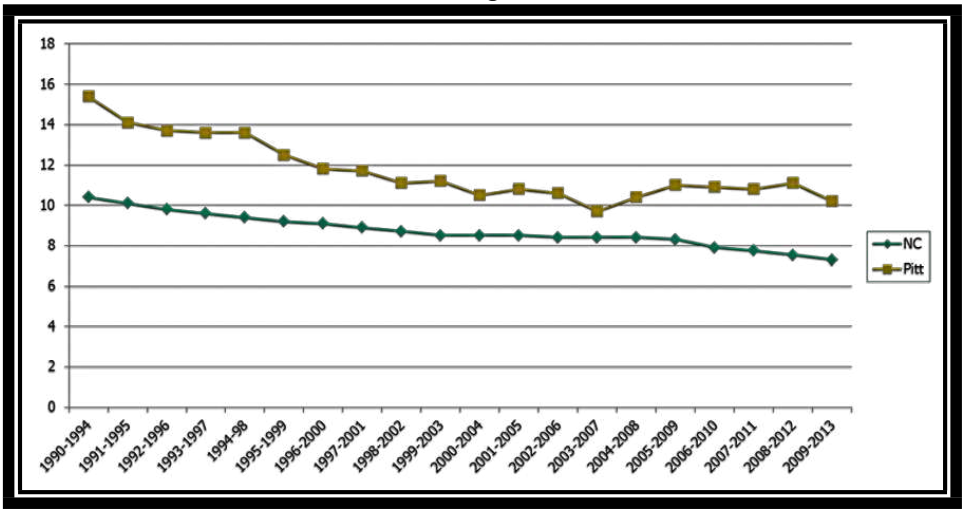
Other infant mortality death rate data for Pitt County from the Hispanic population and "Other" population also experienced declines from 2012-2013. The Pitt County Hispanic rate went from 4.2 / 1000 live births in 2012 to 3.7 / 1000 live births in 2013. Also, Pitt County's "Other" went from 6.7 / 1000 live births in 2012 to 5.0 in 2013. From the 1990-2013 period, Pitt County's total infant mortality rate declined by 48.7% as compared to North Carolina's decline of 21.2% during the same period based upon five-year averages.[75] The following graph depicts this decline.

[73] Infant Mortality Statistics / Vital Statistics, NC State Center for Health Statistics, NC Division of Public Health http://www.schs.state.nc.us/data/vital/ims/2013/

[74] Infant Mortality Statistics / Vital Statistics, NC State Center for Health Statistics, NC Division of Public Health http://www.schs.state.nc.us/data/vital/ims/2013/

[75] Infant Mortality Statistics / Vital Statistics, NC State Center for Health Statistics, NC Division of Public Health http://www.schs.state.nc.us/data/vital/ims/2013/

Total Infant Mortality Rates by Five-Year Averages 1990-2013



While Pitt County has seen improvements in infant mortality, low birth weight continues to be a factor affecting birth outcomes. From 2009-2013, 9.8% of Pitt County births were low weight as compared to 9.0% for North Carolina. For this same period, 13.7% of Pitt County's non-Hispanic African American births were low weight as compared to 13.9% for North Carolina. Among non-Hispanic white births, 7.5% were low weight in North Carolina and Pitt County during the 2009-2013 time period. [76]

The percentage of Pitt County mothers who smoke during pregnancy rose from 9.6% from 2005-2009 to 10.6% from 2011-2013. North Carolina's rate of mothers who smoke during pregnancy was also 10.6% for 2011-2013.[77]

From 2009-2013, 14.9% of Pitt County births (excluding first pregnancies) were defined as short interval (6 months or less from last delivery to conception) as compared to 12.6% for North Carolina. This presents an ongoing opportunity for family planning and interconception counseling. [78]

The percentage of first time mothers in Pitt County rose only slightly from 34.3% in 2012 to 34.5 in 2013. In comparison, North Carolina's rate of first time mothers remained almost the same at 33.9% in 2012 and 33.8% in 2013.[79]

[76] North Carolina Division of Public Health, State Center for Health Statistics, 2015 County Health Data Book, North Carolina Community Health Assessment Process, NC Resident Births 2009-2013: Number and Percent Low Birth Weight Births By Race. Available at: http://www.schs.state.nc.us/SCHS/data/databook

[77] North Carolina Division of Public Health, State Center for Health Statistics, 2015 County Health Data Book, North Carolina Community Health Assessment Process, NC Resident Births 2009-2013: Number of Births to Mothers Who Smoked Prenatally. Available at: http://www.schs.state.nc.us/SCHS/data/databook and North Carolina Division of Public Health, State Center for Health Statistics, Selected Vital Statistics for 2009 and 2005-2009 and 2011 and 2011-2013, Available at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

[78] North Carolina Division of Public Health, State Center for Health Statistics. 2015 County Health Data Book, North Carolina Community Health Assessment Process, 2009-2013 NC Live Births By County of Residence: Number With Interval From Last Delivery to Conception of Six Months or Less and Percent of All Birth Excluding 1st Pregnancies. Available at: http://www.schs.state.nc.us/SCHS/data/databook

The percentage of Pitt County births to unmarried mothers declined from 49% in 2012 to 48.9% in 2013. The percentage of births to unmarried mothers in Pitt County rose from 47.7% in the 2008-2012 period to 48.1% in the 2009-2013 period. In comparison, Pitt County's percentage of births to unmarried mothers remains higher than North Carolina's percentage of births to unmarried mothers at 41.4% in 2013 and 41.5% from 2009-2013. [80]

C-Sections among Pitt County residents increased from 29.1% in 2012 to 30.7% in 2013. There was also an increase of C-Sections among Pitt County residents from 29.2% in the 2008-2012 period to 29.2% during 2009-2013. In comparison, Pitt County's percent of C-Sections remained lower than North Carolina's percentage of 30.3% in 2013 and 30.9% from 2009-2013. [81]

Breastfeeding rates among women enrolled in WIC have continued to improve. Pitt County's percentage of women who initiate breastfeeding has increased slightly by 1.1% since 2005. Initiation rates were 46.2 during 2005-2007 and 46.8 from 2011-2013. North Carolina's rate of breastfeeding initiation among women enrolled in WIC increased by 11.9% during this same period.[82] Pitt County's percent of breastfeeding duration at six weeks after delivery improved from 26.1 during 2005-2007 to 30.3% during 2011-2013 signifying a 16.3% increase.[83] Breastfeeding duration rates at six months after delivery also improved by 38% from the 2004-2006 period to the 2011-2013 period.[84]

Child Deaths

Thirty-two (32) Pitt County children age less than 18 years died in 2013. Nearly forty-one percent (40.6%) were due to perinatal conditions. For the period 2009-2013, 2.3% of North Carolina's child deaths occurred among Pitt County children. During this period, thirty-nine percent (39%) of Pitt County child deaths were due to perinatal conditions, followed by illnesses (20.8%), birth defects (11.3%), all other (8.8%), homicide (5.06%), sudden infant death syndrome (3.79%). (See tables in appendices for numbers of all causes of Pitt County and NC child deaths). Over seventy percent (70.2%) of Pitt County's child deaths between 2009-2013 were among children less than age one. Over eleven percent (11.3%) was among children ages 1-4, (6.3%) were among children ages 5-9, (6.3%) were among children ages 10-14 and (5.69%) were among children age 15-17. [85]

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[79] North Carolina Division of Public Health, State Center for Health Statistics, Selected Vital Statistics for 2009 and 2005-2009 and 2013 and 2009-2013. Available at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

[80] North Carolina Division of Public Health, State Center for Health Statistics, Selected Vital Statistics for 2009 and 2005-2009 and 2013 and 2009-2013. Available at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

[81] North Carolina Division of Public Health, State Center for Health Statistics, Selected Vital Statistics for 2009 and 2005-2009 and 2013 and 2009-2013. Available at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

[82] FY16 Agreement Addenda Section III: WIC Deliverable #5 - Breastfeeding Promotion and Support
http://www.nutritionnc.com/wic/laResources/aa-1516/15PercentofWomenParticipatingInWICWhoInitiateBreastfeeding.pdf

[83] FY16 Agreement Addenda Section III: WIC Deliverable #5 - Breastfeeding Promotion and Support
http://www.nutritionnc.com/wic/laResources/aa-1516/16PercentInfantsBreastfeedingAt6-WeeksOfAge.pdf

[84] FY16 Agreement Addenda Section III: WIC Deliverable #5 - Breastfeeding Promotion and Support
http://www.nutritionnc.com/wic/laResources/aa-1516/17PercentInfantsBreastfeedingAt6-MonthsOfAge.pdf

[85] NC State Center for Health Statistics, 2013 Infant and Child Deaths in North Carolina,
http://www.schs.state.nc.us/data/vital/cd/2013/CFbyCO2013.pdf

Other Child Health Status Data

Child Lead Poisoning

During 2011, there were 1,684 Pitt County children ages 1 and 2 years who were tested for elevated lead levels. Two of these children had blood lead levels of 10-19 micrograms per deciliter (µg/dL). There were 2,228 tests conducted among children ages six months to six years during 2011 with one child confirmed to have blood lead levels of 10-19 micrograms per deciliter (µg/dL).[86]

Childhood Overweight/Obesity

From 2011 – 2012, childhood overweight and obesity rates declined among Pitt County's and N.C.'s overweight and obese children age 2-4 years. Pitt County's rate declined from 35.8 in 2011 to 28.9 in 2012. N.C's rate declined from 31.9 to 29.4 in 2012. During 2012, Pitt County's rate of overweight and obese children was higher than three peer counties as follows: Alamance (34.3), Rowan (28.1) and Wayne (27.2).[87]

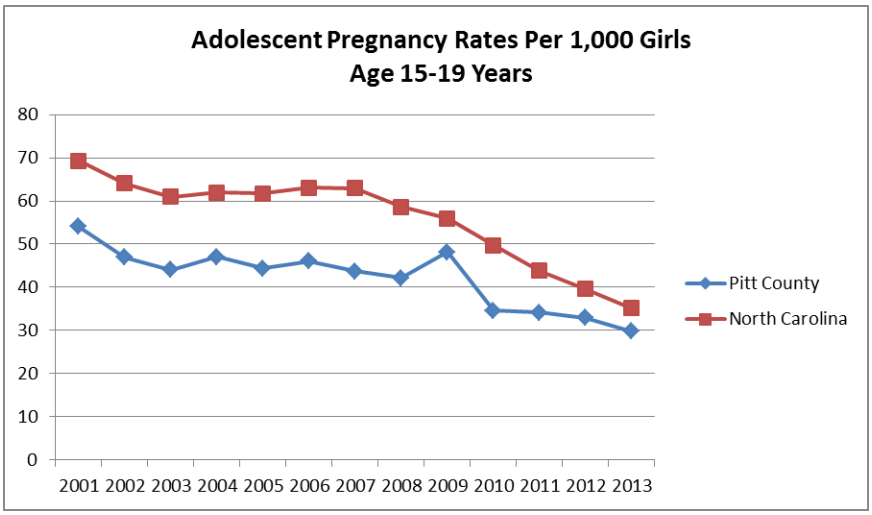
Adolescent Pregnancy

North Carolina's 2013 adolescent pregnancy rate of 35.2 per one thousand girls age 15-19 years demonstrates a steady decline over the past decade. Pitt County's adolescent pregnancy rate among this same group was 29.8 in 2013, indicating a decline. Pitt County's adolescent pregnancy rate among girls age 15-19 years has declined 44.9% since 2001. In 2013, Pitt County's adolescent pregnancy ranking was 65 out of 75 ranked North Carolina counties (1 being the highest rate and 75 the lowest). Note: All counties are not included in the rankings as rates based on small numbers (fewer than 20 cases) are unstable and not reported or included in the ranking). In 2009, 25% of Pitt County's adolescent pregnancies were repeat pregnancies compared to 28.4 in 2013. [88]

[86] NCDHHS, DPH, NC Childhood Blood Lead Surveillance Data by County, http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2011AnnualBloodLeadTbl.pdf

[87] NC Nutrition and Physical Activity Surveillance System (NC-PASS), 2011, 2012 NC-PASS Data, Obesity and Children Ages 2-4 Years, www.eatsmartmovemorenc.com

[88] NC DHHS, Division of Public Health, State Center for Health Statistics and Adolescent Pregnancy Prevention Campaign of NC (NC SHIFT), http://files.www.appcnc.org/data/map/northcarolina/2013_pregnancies_15-19_ranked.pdf



Other Health Status Data (Adult Obesity, Physical Activity and Smoking)

High blood pressure, elevated cholesterol, diabetes, smoking, overweight / obesity and inadequate physical activity are all risk factors for many of the leading causes of death. Though Pitt County specific data is not available, a review of 2013 data from eastern North Carolina shows that 38.9% of adults report they have high blood pressure; 40.7% of adults report they have high cholesterol and 11.7% of adults report they have diabetes. These percentages are very similar to North Carolina – 35.5%; 41% and 11.4% respectively. The percent of adults reporting they have high blood pressure and elevated cholesterol has increased slightly since 2011 for both eastern North Carolina and North Carolina.[89]

The percentage of adults reporting they are overweight or obese continues to climb each year. In 2011, 68.4% of adults in eastern North Carolina reported they were overweight or obese as compared to 69.3% in 2013. The trend holds true for North Carolinians as well. In 2011, 65.1% of NC adults reported they were overweight or obese as compared to 66.1% in 2013. Fewer than half of the adults in eastern North Carolina (45.9%) and North Carolina as a whole (48.1%) report they meet the aerobic activity recommendations. This means than more than half fail to meet this recommendation.[90] Pitt County has a number of parks and recreation opportunities within the county that provide access to physical activity opportunities. Pitt County is fortunate to have a joint use agreement that allows school facilities to be used by community members when not otherwise in use. Pitt County Community Schools and Recreation collaborated with Pitt County Planning Department to inventory recreation facilities within local municipalities. See the Appendices for a map of the parks within the Pitt County and location of schools.

Just over one in five adults (20.9%) report they are current smokers in eastern North Carolina. Similarly, 20.2% of North Carolinians report they are current smokers. Eastern North Carolina data does reflect a decline in smoking from 23.9% in 2011 to 20.9% in 2013. Many policies have been put in place to support restrictions for smoking in public places such as bars and restaurants. [91]

[89] NC State Center for Health Statistics, 2011 and 2013 Behavioral Risk Factor Survey, http://www.schs.state.nc.us/data/brfss/2013/
[90] NC State Center for Health Statistics, 2011 and 2013 Behavioral Risk Factor Survey, http://www.schs.state.nc.us/data/brfss/2013/
[91] NC State Center for Health Statistics, 2011 and 2013 Behavioral Risk Factor Survey, http://www.schs.state.nc.us/data/brfss/2013/

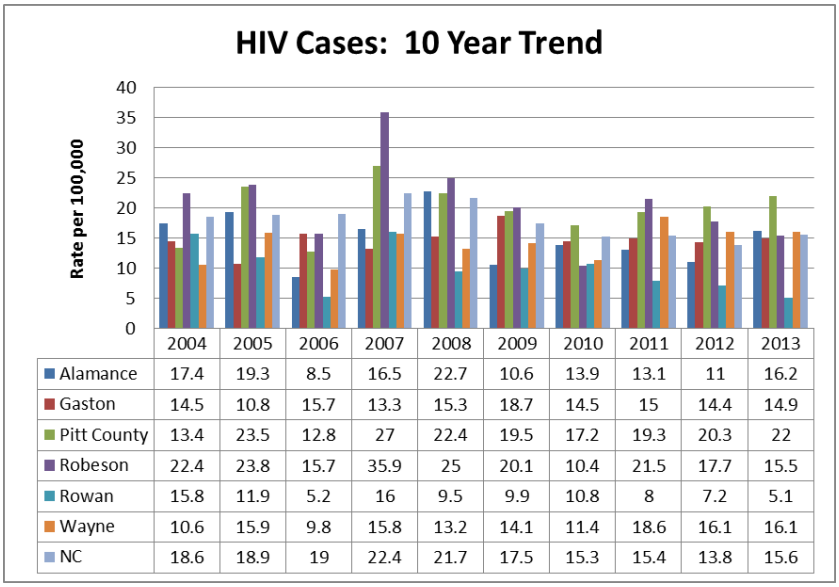
Communicable Disease

*HIV Disease**

Based upon the average rate of HIV disease for 2011-2013, Pitt County is ranked as having the 9th highest rate of HIV disease in the State, which is an increase over the 2008-2010 ranking of 15th.[92] The County's three-year average HIV rate is 20.5 per 100,000 population, which is above the State's three year average rate of 15.0 per 100,000 population. As of 12/31/2013, a cumulative total of 583 people with HIV infection were living in Pitt County, representing 2% of all cases in NC.[93]

For Eastern NC, 75% of the cases of HIV disease diagnosed in 2014 were among males. In addition, 68% of the total cases were in African Americans. The highest rate of HIV disease diagnosed in Eastern NC in 2013 for males was among 25-29 year olds (55.3 cases/100,000) and for females was among 35-39 year olds (16.6 cases/100,000). The most identified mode of exposure/transmission for males was men who have sex with men (MSM) at 41% and for females the group that had no identified risk reported was the highest at 12%.[94]

*HIV disease numbers are inflated as the interstate deduplication analysis was delayed and not conducted for 2013.[95]

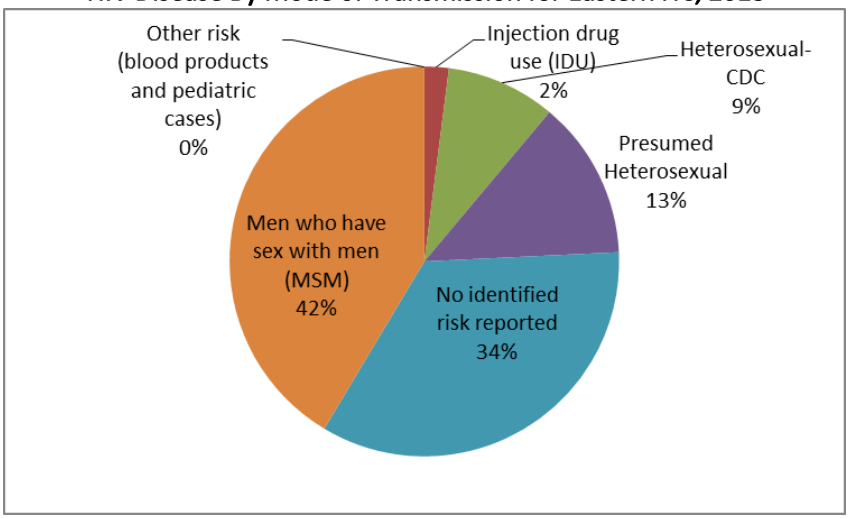


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alamance	17.4	19.3	8.5	16.5	22.7	10.6	13.9	13.1	11	16.2
Gaston	14.5	10.8	15.7	13.3	15.3	18.7	14.5	15	14.4	14.9
Pitt County	13.4	23.5	12.8	27	22.4	19.5	17.2	19.3	20.3	22
Robeson	22.4	23.8	15.7	35.9	25	20.1	10.4	21.5	17.7	15.5
Rowan	15.8	11.9	5.2	16	9.5	9.9	10.8	8	7.2	5.1
Wayne	10.6	15.9	9.8	15.8	13.2	14.1	11.4	18.6	16.1	16.1
NC	18.6	18.9	19	22.4	21.7	17.5	15.3	15.4	13.8	15.6

Source: North Carolina Division of Public Health, Communicable Disease Branch, HIV/STD Surveillance Report.

[92] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf
[93] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf
[94] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf
[95] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

HIV Disease By Mode of Transmission for Eastern NC, 2013



Source: North Carolina Division of Public Health, Communicable Disease Branch, 2013 HIV/STD Surveillance Report.

AIDS

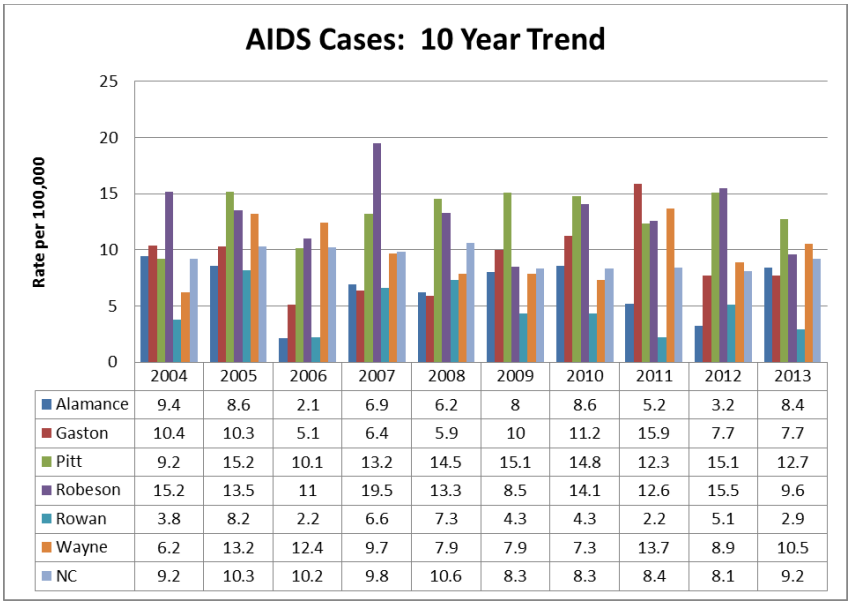
Based on the 2011-2013 average, Pitt County has the seventh highest rate of AIDS in the State[96], which is an increase from the county's 9th ranking for 2008-2010[97]. Even though the county's three-year average AIDS rate of 13.4 per 100,000 population is a decrease from the previous time frame, North Carolina's AIDS rate of 8.6 per 100,000 is also a decrease during the same time period[98]. As of 12/31/13, a cumulative total of 303 people with AIDS reside in Pitt County, representing 2.6% of all cases in NC. [99]

[96] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[97] NC Division of Public Health, Communicable Disease Branch. 2010 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[98] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[99] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alamance	9.4	8.6	2.1	6.9	6.2	8	8.6	5.2	3.2	8.4
Gaston	10.4	10.3	5.1	6.4	5.9	10	11.2	15.9	7.7	7.7
Pitt	9.2	15.2	10.1	13.2	14.5	15.1	14.8	12.3	15.1	12.7
Robeson	15.2	13.5	11	19.5	13.3	8.5	14.1	12.6	15.5	9.6
Rowan	3.8	8.2	2.2	6.6	7.3	4.3	4.3	2.2	5.1	2.9
Wayne	6.2	13.2	12.4	9.7	7.9	7.9	7.3	13.7	8.9	10.5
NC	9.2	10.3	10.2	9.8	10.6	8.3	8.3	8.4	8.1	9.2

Source: North Carolina Division of Public Health, Communicable Disease Branch, HIV/STD Surveillance Report.

Chlamydia

Chlamydia is a sexually transmitted disease (STD). Eastern North Carolina maintains the highest rates of Chlamydia across the state[100]. The rate of chlamydia among females in Eastern North Carolina is over 3.5 times higher than the rate for males[101]. In regards to age groups, the highest rates in Eastern NC are among 20-24 year olds, followed by 15-19 years, and 25-29.[102] African Americans in Eastern NC have rates of Chlamydia that are almost double that of the next highest race/ethnicity, American Indian/Alaskan Native.[103]

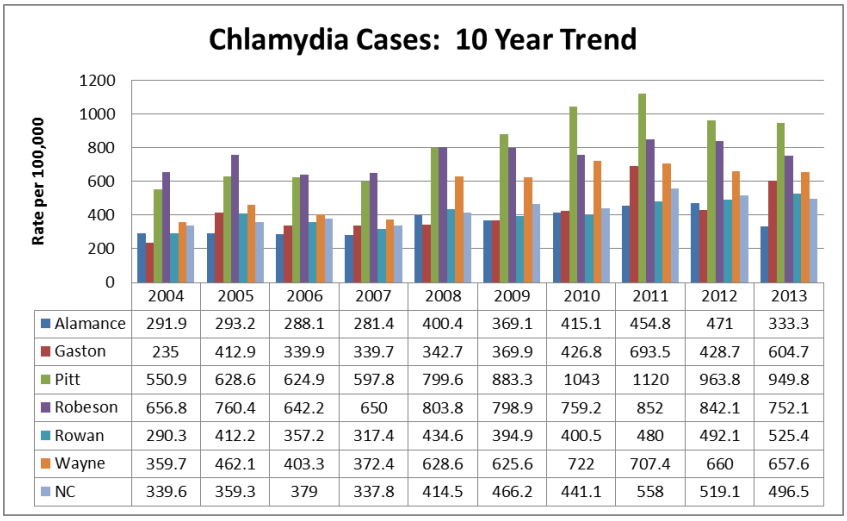
Pitt County had chlamydia rates that are more than double that of North Carolina in 2010 and 2011. Though rates in the county have fallen some since then, they are still well above the state rate. It is unclear why rates in Pitt County so far exceed the State rates. Many believe that an increase in awareness had led to an increase in tests performed and therefore an increase in the number of cases of disease.

[100] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[101] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

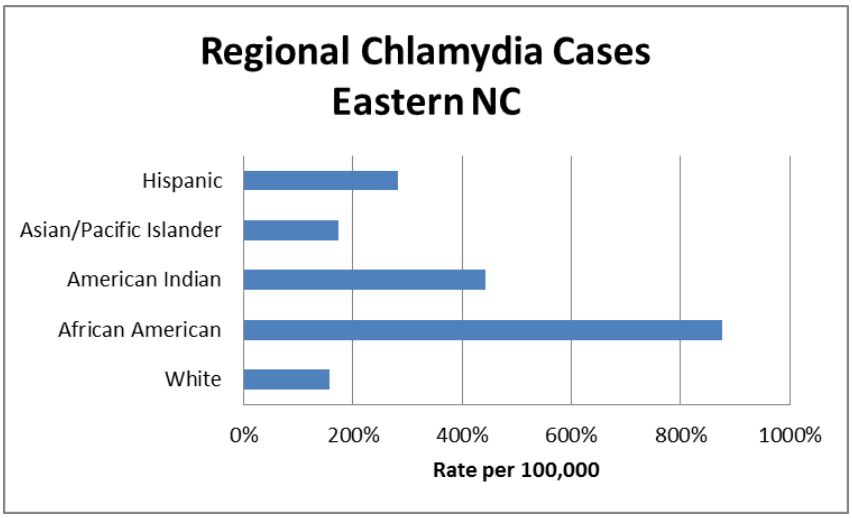
[102] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[103] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alamance	291.9	293.2	288.1	281.4	400.4	369.1	415.1	454.8	471	333.3
Gaston	235	412.9	339.9	339.7	342.7	369.9	426.8	693.5	428.7	604.7
Pitt	550.9	628.6	624.9	597.8	799.6	883.3	1043	1120	963.8	949.8
Robeson	656.8	760.4	642.2	650	803.8	798.9	759.2	852	842.1	752.1
Rowan	290.3	412.2	357.2	317.4	434.6	394.9	400.5	480	492.1	525.4
Wayne	359.7	462.1	403.3	372.4	628.6	625.6	722	707.4	660	657.6
NC	339.6	359.3	379	337.8	414.5	466.2	441.1	558	519.1	496.5

Source: North Carolina Division of Public Health, Communicable Disease Branch, HIV/STD Surveillance Report.



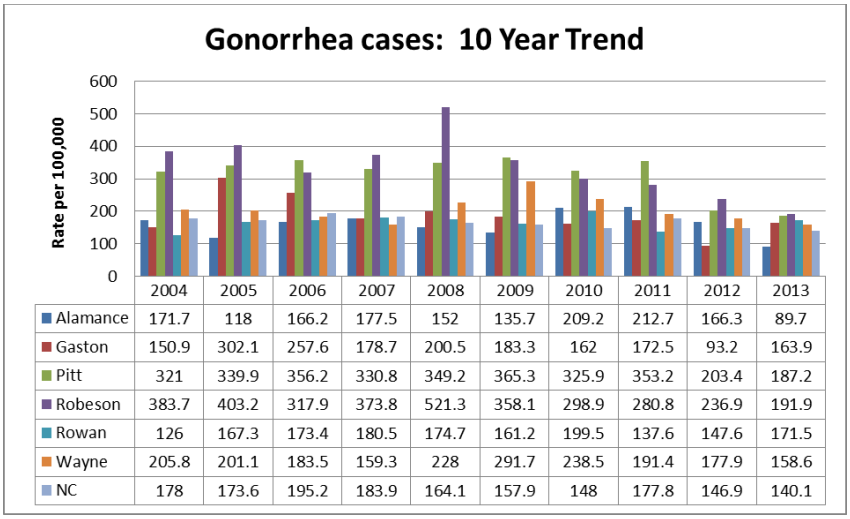
Source: North Carolina Division of Public Health, Communicable Disease Branch, 2013 HIV/STD Surveillance Report.

Gonorrhea

Pitt County's rate of gonorrhea, another STD, exceeds the state's rate as well. Pitt's annual rate in 2011 was twice as high as North Carolina's rate of gonorrhea. However, in 2012 the number of cases decreased in the county by 42% from the previous year. Once again, the highest rates of gonorrhea in the state are in the Eastern region, including Pitt County. In eastern NC, 57% of cases are among females and more than 50% of the cases are among African Americans.[104] In Eastern NC, the highest rates of infection occur in the 15-24 year old age groups. [105]

[104] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[105] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

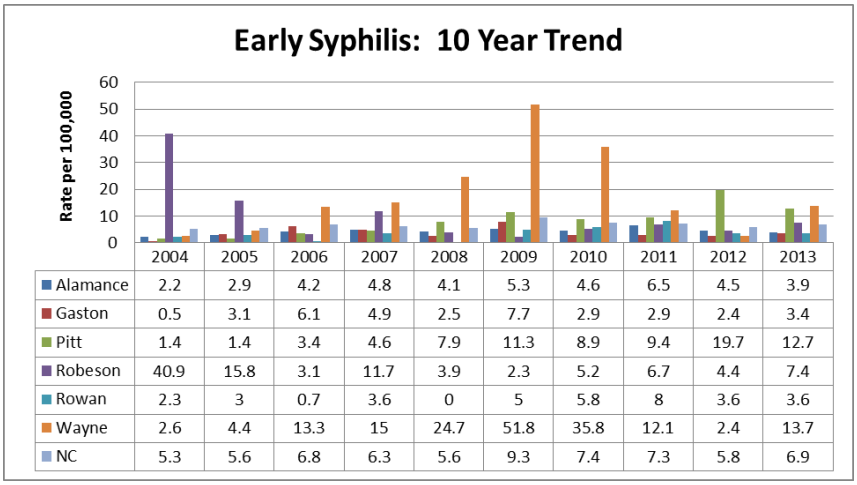


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alamance	171.7	118	166.2	177.5	152	135.7	209.2	212.7	166.3	89.7
Gaston	150.9	302.1	257.6	178.7	200.5	183.3	162	172.5	93.2	163.9
Pitt	321	339.9	356.2	330.8	349.2	365.3	325.9	353.2	203.4	187.2
Robeson	383.7	403.2	317.9	373.8	521.3	358.1	298.9	280.8	236.9	191.9
Rowan	126	167.3	173.4	180.5	174.7	161.2	199.5	137.6	147.6	171.5
Wayne	205.8	201.1	183.5	159.3	228	291.7	238.5	191.4	177.9	158.6
NC	178	173.6	195.2	183.9	164.1	157.9	148	177.8	146.9	140.1

Source: North Carolina Division of Public Health, Communicable Disease Branch, HIV/STD Surveillance Report.

Syphilis

In North Carolina, the Piedmont region has the highest rate of cases. In Eastern NC, the rate of cases among males (10.8 cases/100,000 population) is over four times higher than among females (2.6 cases/100,000 population).[106] As with other STDS, the highest rate is among African Americans. [107] Rates are highest among the 20-29 year old age group. [108]



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alamance	2.2	2.9	4.2	4.8	4.1	5.3	4.6	6.5	4.5	3.9
Gaston	0.5	3.1	6.1	4.9	2.5	7.7	2.9	2.9	2.4	3.4
Pitt	1.4	1.4	3.4	4.6	7.9	11.3	8.9	9.4	19.7	12.7
Robeson	40.9	15.8	3.1	11.7	3.9	2.3	5.2	6.7	4.4	7.4
Rowan	2.3	3	0.7	3.6	0	5	5.8	8	3.6	3.6
Wayne	2.6	4.4	13.3	15	24.7	51.8	35.8	12.1	2.4	13.7
NC	5.3	5.6	6.8	6.3	5.6	9.3	7.4	7.3	5.8	6.9

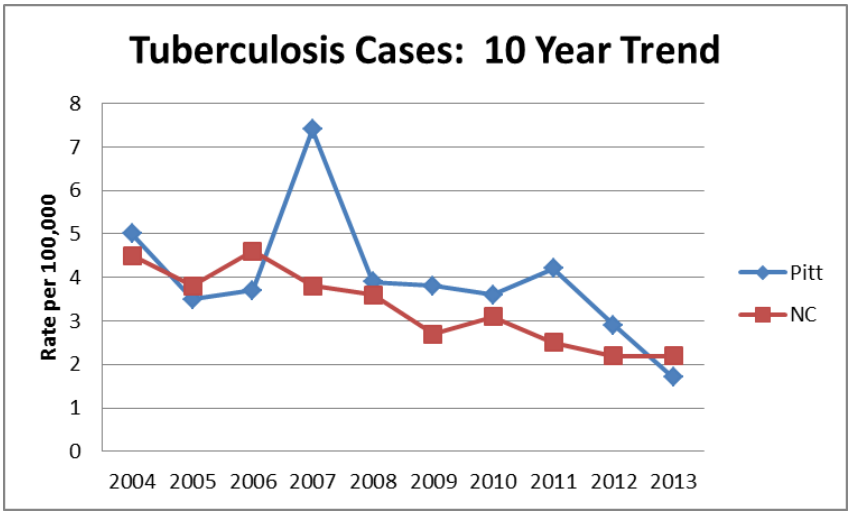
[106] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[107] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

[108] NC Division of Public Health, Communicable Disease Branch. 2013 HIV/STD Surveillance Report. Available at http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf

Tuberculosis (TB)

Though tuberculosis is thought to be a disease of the past, the prevention and control of this communicable disease continues to be a public health priority. With aggressive control measures including directly observed therapy, Pitt County and North Carolina have experienced decreases in the number of cases reported annually. Despite a sharp increase in 2007 and a slight rise in 2011, Pitt County has experienced a decrease in rates in other years and managed to drop below the state average in 2013.[109]



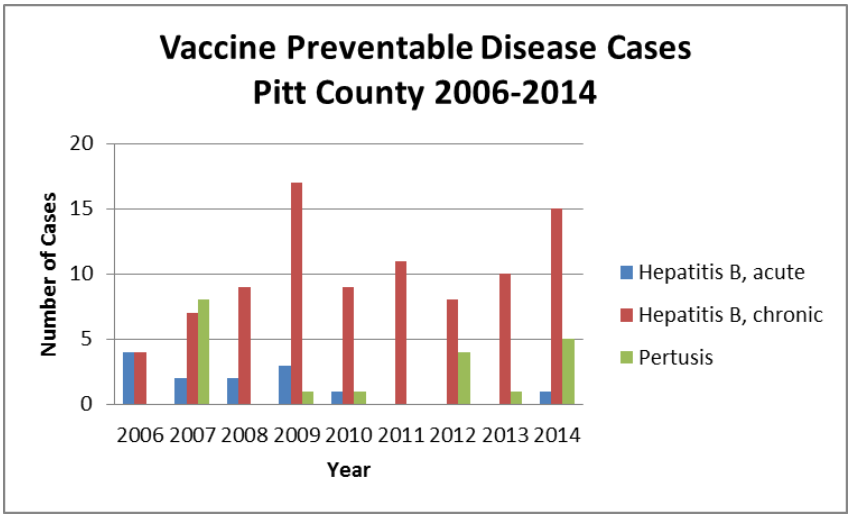
Source: North Carolina Division of Public Health, Communicable Disease Branch, Tuberculosis Statistics for NC.

Vaccine Preventable Diseases

By receiving the required vaccinations, children are protected against more than ten communicable diseases. These include measles, mumps, rubella, Hepatitis B, diphtheria, tetanus, pertussis (whooping cough), Hemophilus influenza B, polio, and varicella (chickenpox).

Outbreaks of pertussis and measles have become more common in recent years across the country. Due to communities of unvaccinated or under vaccinated individuals, these outbreaks can generate large numbers of unnecessary disease. Pitt County has not had an outbreak of pertussis since 2007. Since research has shown that pertussis immunity from vaccination wanes over time, children are now revaccinated prior to entering the 6th grade and adults are get the Tdap vaccine, which includes a pertussis booster, at their next tetanus vaccination. Influenza is a vaccine preventable disease as well. More detailed information on influenza in Pitt County can be found earlier in this report.

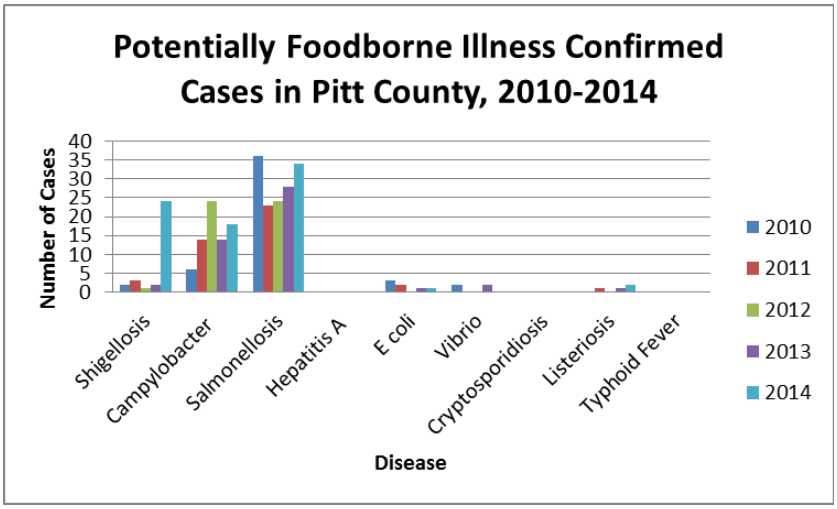
[109] North Carolina Division of Public Health, Communicable Disease Branch. 2005-2013 Tuberculosis Statistics for NC. Available at http://epi.publichealth.nc.gov/tb/data.html



Source: Pitt County Health Department, North Carolina Electronic Disease Surveillance System.

Foodborne Diseases

Large multistate outbreaks of foodborne illnesses have captured significant media attention over the years. Outbreaks of Listeria in ice cream (2015), Salmonella in chicken (2014), and E coli in ground beef (2014) have been in the news in recent years[110]. Pitt County has not reported a local foodborne outbreak since 2010, but regularly has sporadic, non-outbreak related cases of potential* foodborne illness every year. Salmonellosis and Campylobacter infections have become the most common reportable foodborne illness in Pitt County[111].



Source: Pitt County Health Department, North Carolina Electronic Surveillance System.

[110] Centers for Disease Control. Foodborne Outbreaks. List of Multistate Outbreaks. Available at www.cdc.gov/foodsafety/outbreaks/multistate-outbreaks/outbreaks-list.html.

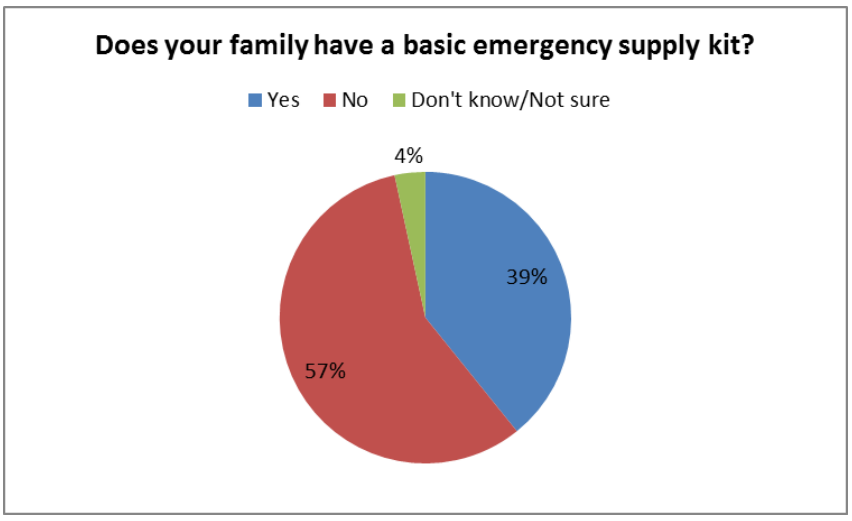
[111] Pitt County Health Department, North Carolina Electronic Disease Surveillance System. LHD Reported Case Counts CD. 2006-2013.

*For many diseases that can be transmitted by contaminated food (foodborne), transmission can also occur through other sources such as via contaminated water, infected wounds, or through contact with infected feces. Therefore, all reported cases of these diseases may not necessarily be foodborne in nature, but most likely are.

Emergency Preparedness

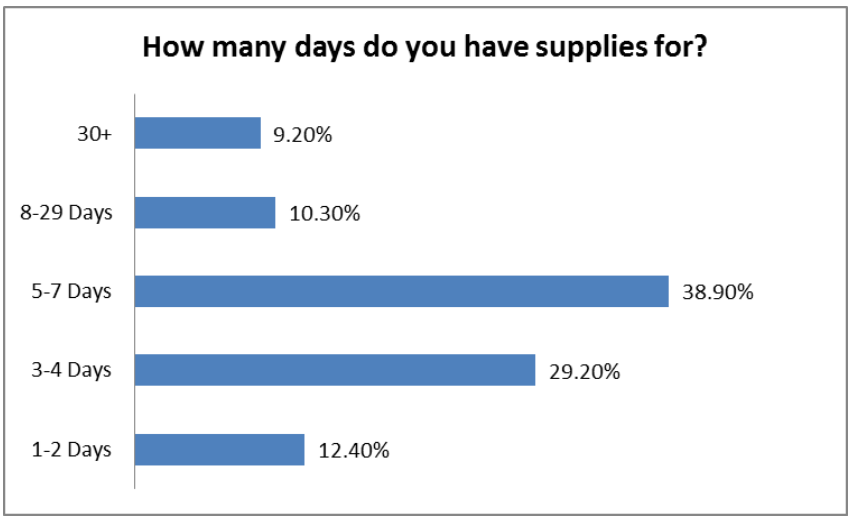
Pitt County is impacted regularly by weather events such as hurricanes and severe storms. There are many other disasters that have the potential to affect Pitt County including chemical accidents, disease outbreaks, or even bio- or agro-terrorism. Virtually all disasters have a large public health component where people lose access to services or are put at risk for injury or acute disease. Therefore, it is very important for Pitt County residents to prepare themselves for emergencies and disasters and for officials to understand the level of preparedness for the County.

Almost 40% (39.2%) of survey respondents reported having a basic emergency supply kit for their family. Of those with emergency supply kits, almost 40% (38.9%) report having a 5-7 days of supplies and almost 30% (29.2%) report having 3-4 days of supplies. [112]



Source: 2015 Pitt County Community Health Assessment Survey

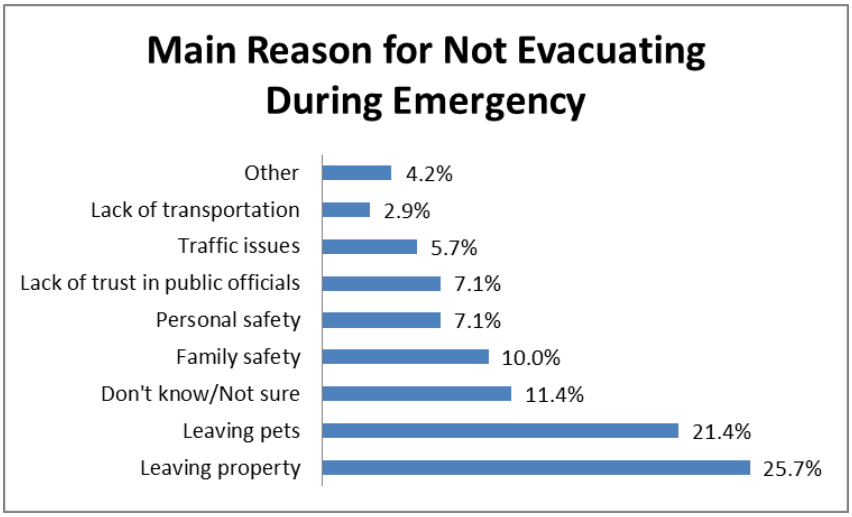
[112] 2015 Pitt County Community Health Assessment Survey



Source: 2015 Pitt County Community Health Assessment Survey

In a large-scale disaster or emergency, 41.1% of respondents report their information source would be the television, 19.9% report using the internet, and 15.7% report using text message such as an emergency alert system.[113]

If a mandatory evacuation for the neighborhood or community was ordered due to a large-scale disaster or emergency, the majority of respondents (86.2%) reported they would evacuate. Of those who stated they would not evacuate or were not sure, the most popular reasons for not evacuating were listed as concern about property (25.7%) and concern for pets (21.4%). [114]



Source: 2015 Pitt County Community Health Assessment Survey

All households are highly recommended to have both a working carbon monoxide detector and smoke detector. When asked on the 2015 Community Health Assessment survey, over half of respondents (55.8%) report that they have smoke detectors only. This is an increase from the 2011 survey in which

[113] 2015 Pitt County Community Health Assessment Survey
[114] 2015 Pitt County Community Health Assessment Survey

34% of respondents reported having a smoke detector only. In the 2015 survey, a little over 40% of respondents reported having both smoke and carbon monoxide detectors in their home. [115]

Environmental Health

Air Quality

The North Carolina Department of Environment and Natural Resources' (NCDENR) Division of Air Quality monitors ambient (outdoor) air quality throughout the State to protect the public from harmful ozone and fine particle pollutants. Two air quality monitors are located in Pitt County at the Agricultural Center and are read weekly by staff from the NCDENR Northeastern Office (located in Washington, NC). The Environmental Protection Agency's (EPA) Air Quality Index Color Code Guide is used to inform and alert the public of air quality issues related to these pollutants. Air pollution levels in the green category are satisfactory and pose little or no health effects. Air pollution levels in the yellow, orange, red, purple and maroon categories exceed the Environmental Protection Agency's standard and may pose health risks to some or all populations. [116] See Appendices for a chart defining these codes and health risks.

According to Pitt County Environmental Health records and records provided by NCDENR's Northeastern Office, there has been no air quality issues reported in Pitt County over the past three years. In fact, according to the North Carolina Department of Environment and Natural Resources, the State recorded the lowest annual ozone levels in 2013 since the monitoring of air quality began in the early 1970s. During 2013, statewide ozone levels exceeded the EPA's standard (0.075 ppm) on only one day. This is a vast improvement from previous years when the State exceeded this standard by an average of 22 days annually. Regarding fine particle pollutants, there are currently no counties with a 3-year average of the annual mean PM2.5 for each year above the annual standard and no counties with a 3-year average of the 98th percentile above the daily standard. Improvements in ozone levels are attributed to the continued implementation of various emissions control programs aimed at better air quality and better protection of public health.[117]

Air Quality and Asthma

In 2011, 12% of eastern N.C. adults had been told they had asthma as compared to 13.2% of N.C. adults. In 2013, the percentage for eastern NC increased to 13.1% and the percentage for NC remained unchanged. [118] According to the N.C. CHAMP Survey for 2009-2010, 1 in 5 (20.1%) of parents had been told their child had asthma. When compared to the State and other regions within N.C., eastern NC had the highest percentage of adults who had been told their child has asthma.[119] This data warrants great concern for the control of both outdoor and indoor pollutants. The reduction of mold, carbon monoxide, second-hand smoke and other pollutants play a critical role in improving respiratory and general health.

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[115] 2015 Pitt County Community Health Assessment Survey

[116] NC Department of Environment and Natural Resources, Division of Air Quality, http://daq.state.nc.us/ and The Environmental Protection Agency, http://www.epa.gov/iaq/index.html.

[117] NC Department of Environment and Natural Resources, Division of Air Quality, http://daq.state.nc.us/ and The Environmental Protection Agency, http://www.epa.gov/iaq/index.html.

[118] NC Center for Health Statistics, 2011 and 2013 Behavioral Risk Factor Surveillance Survey, http://www.schs.state.nc.us/data/brfss/survey.htm

[119] NC SCHS CHAMP survey 2009-2010. www.schs.state.nc.us/data/champ/survey.htm

Water Quality

There are 11 water treatment systems located within Pitt County. The majority of Pitt County's drinking water is obtained from the Neuse and Tar Rivers reducing reliance on underground aquifers. Several municipalities within Pitt County purchase water from Greenville Utilities that is provided by the Tar River.[120]

The Pitt County Health Department's Environmental Health Division maintains the quality and safety of water and water systems through inspections and permits. Since July 1, 2007, water related systems such as on-site sewage disposal, migrant camp waste water facilities, private drinking water supplies, public swimming pools and spa as well as abandoned well water systems are controlled by permits, inspections, and laboratory testing. According to Pitt County Environmental Health records, there have been no significant reports of events related to water quality in the past three years.[121]

Access to Care / Hospital Utilization

During 2009-2013, the US Census Bureau estimated that 15.7% of the total civilian noninstitutionalized population was uninsured. Twenty-seven (27%) of the population relied on public health insurance coverage. Over sixty percent (65.5%) of the population had private health insurance and 55% had private insurance alone indicating the need for assistance with obtaining health care services. The following charts indicate the utilization of Pitt County hospital services during 2013 as well as the top diagnoses that required emergency department visits and hospitalization during 2014.

Top 10 Vidant Medical Center Inpatient Hospitalization Utilization by Principal Diagnosis Pitt County, 2013[122]
1-Cardiovascular and Circulatory Diseases
2-Pregnancy and Childbirth
3-Digestive System Diseases
4-Other Diagnoses including Mental Disorders
5-Injuries and Poisoning
6-Respiratory Diseases
7-Infectious and Parasitic Diseases
8-Endocrine, Metabolic and Nutrition Diseases
9-Musculoskeletal System Diseases
10-Genitourinary Diseases

[120] Water Systems, Pitt County Developmental Commission, http://locateincarolina.com/utilities/water-systems/

[121] Pitt County Health Department, Environmental Health Division.

[122] NC State Center for Health Statistics, Diagnosis Requiring Hospitalization, 2015 County Health Data Book, http://www.schs.state.nc.us/data/databook/

Pitt County – FY 2014 Top Diagnosis for Vidant Medical Center Emergency Department Visits[123]	Pitt County – FY 2014 Top Diagnosis for Vidant Medical Center Emergency Department Visits Resulting in Admissions[124]
• Respiratory Infections	• Unspecified Septicemia
• Urinary Tract Infections	• Acute Kidney Failure, Unspecified
• Other Chest Pain	• Unspecified Cerebral Artery Occlusion with Cerebra
• Headache	• Subendo infract, Initial
• Chest Pain – unspecified	• Pneumonia, organism unspecified
• Unspecified Disorder of the Teeth and Supporting Structures	• Urinary Tract Infection, site not specified
• Lumbago	• Atrial Fibrillation
• Abdominal Pain, other specified site	• Obstructive Chronic Bronchitis With Exacerbation
• Acute Pharyngitis	• Acute Pancreatitis
• Pain in Limb	• Acute on Chronic Combined Systolic and Diastolic

Source: Vidant Medical Center Strategic Development Department

Health Care Resources

Pitt County relies on a number of health care resources to meet the health needs of the community. These resources include Vidant Medical Center, East Carolina University, East Carolina Heart Institute, Pitt County Health Department, James D. Bernstein Community Health Center and many private practice physicians and dentists. Many of these resources located in Pitt County also provide services to counties throughout eastern North Carolina. A 2014 Medical Directory can also be found at www.reflector.com.

Vidant Medical Center is the flagship of Vidant Health. Vidant Health is a regional health system serving 1.4 million people in 29 counties throughout eastern North Carolina. Vidant Health is made up of eight hospitals, physician practices home health, hospice, wellness centers and other health care services. Vidant Medical Center is affiliated with the Brody School of Medicine at East Carolina University.[125]

The mission of the Vidant Medical Center is "to enhance the quality of life for the people and communities we serve, touch and support." Vidant Medical Center is fully accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). Vidant Medical Center is a 909-bed academic medical center that offers the following specialized services:

- Behavioral Health Services (BHS) - Provides inpatient psychiatric treatment of acute mental illnesses for adults, older adults (Geriatric Psych), adults with medical issues (Psych - Med) and adults with intellectual disabilities (MI/MR). The four BHS units total 52-beds and provide safe, secure and structured environments.

[123] Vidant Medical Center Strategic Development Department
[124] Vidant Medical Center Strategic Development Department
[125] Vidant Medical Center Community Health Programs and Vidant Health Strategic Development, June 2015

- Cancer Care **-** Provides comprehensive cancer services through prevention, screening and early detection programs and services.

- James and Connie Maynard Children's Hospital at Vidant Medical Center - Tertiary care facility in eastern North Carolina designed especially for pediatric patients.

- Community Care Plan of Eastern Carolina (CCPEC) is one of the 15 regional networks within the state's Community Care Plan of North Carolina. The networks consist of primary care physicians and community organizations such as public health, social services and hospitals, which have voluntarily come together in a commitment to improve access to quality healthcare and to improve health outcomes for the Medicaid population.

- East Carolina Endoscopy Center **-** Offers endoscopic procedures to diagnose and treat gastrointestinal conditions.

- East Carolina Heart Institute at Vidant Medical Center - Offers diagnostic and interventional medical and surgical services. Surgeons here have pioneered minimally invasive surgical techniques, including robotic-assisted procedures.

- Gamma Knife® Center **-** Surgery without a knife for treating a range of conditions, including tumors that affect the brain.

- Vidant Cardiovascular and Pulmonary Rehabilitation is a multiphase, interdisciplinary program that involves the referring physician, the patient and the rehabilitation team. The program addresses education, dietary planning, exercise, stress management and psychosocial issues.

- Kidney Transplant Services **-** Surgeons, nephrologists, nurses, social workers and counselors oversee an active waiting list that yields roughly 70 transplants per year.

- Lifeline® **-** A personal emergency response system for your home that dispatches an ambulance, police or fire departments and calls family or neighbors if you need help.

- Minor Emergency Department **-** An extension of the Vidant Medical Center emergency department, Vidant Medical Center provides convenient, walk-in care for patients with injuries and illnesses that are not life-threatening.

- Orthopedic Services **-** Offers joint replacement, spine and sports medicine surgery plus rehabilitation for a variety of musculoskeletal injuries.

- Vidant Pain Management Center **-** Provides evaluation and treatment services for patients with chronic pain. A collaborative effort of Vidant Medical Center, East Carolina Pain Consultants and the Brody School of Medicine at East Carolina University.

- Pastoral Services **-** Facilitates and enhances the spiritual dimension of healing for patients, families and staff throughout the system.

- Vidant Primary Stroke Center **-** The only primary stroke center east of I-95, as certified by the Joint Commission. Provides prompt treatment, administering the clot busting drug tPA when appropriate, and regional education to help prevent stroke.

- Rehabilitation Center **-** The center has the distinction of being one of a few medical centers in North Carolina with 11 CARF accredited programs for children and adults. Offers a wide range of integrated acute rehabilitation services, a 75-bed inpatient rehab facility and multiple outpatient rehabilitation programs. Also home to the only clinic for amyotrophic lateral sclerosis (ALS) patients in eastern North Carolina.

- Robotic Surgery **-** Provides experts in robot-assisted surgeries.

- Neurosurgery at Vidant Medical Center-Perform more than 1,100 neurosurgical cases per year. Neurosurgery patients are cared for on the third floor of the medical center North Tower where we have an eight-bed intensive care unit and 28 beds dedicated to intermediate and general care.

- Vidant Sleep Center **-** Diagnoses and treats disorders that interfere with natural sleep in adult and pediatric patients.

- Vidant Surgicenter - An accredited, freestanding ambulatory surgery facility serving patients who need same-day or overnight surgical care.

- Trauma and Critical Care **-** The region's only Level 1 trauma center; includes emergency and critical care surgery, intensive care and rehabilitation services. Transports are provided by Vidant EastCare air and ground services.

- Vidant Home Health and Hospice **-** Provides health care for patients in the comfort of their homes as well as care and support for terminally ill patients and their families. Medicare-certified.

- Vidant Medical Group- a reputable and established multi-specialty physician group that provides superior care for the health and wellness needs of eastern North Carolina's patients. With more than 350 primary and specialty care providers in more than 70 locations, quality health care is never far from home.

- The Service League of Greenville Inpatient Hospice**-** Provides a home away from home, where patients and their families can be together as hospice staff work to stabilize a patient's symptoms while providing comfort and support.

- Weight Loss Surgery **-** Designated as a Bariatric Surgery Center of Excellence (BSCOE) by the Surgical Review Corporation (SRC) on behalf of the American Society for Metabolic and Bariatric Surgery (ASMBS). Offers gastric bypass, gastric sleeve, and gastric banding procedures along with promoting wellness programs for lifetime weight management.

- Women's Center **-** Provides birthing rooms, traditional labor and delivery services, breastfeeding support, post-partum follow-up and educational programs.

- Vidant Wound Healing Center **-** Provides specialized care, including hyperbaric oxygen therapy, for a variety of chronic wounds such as those caused by diabetes, infection and injury.

- Vidant Wellness Center **-** A 52,000-square foot, fully equipped wellness center. Provides a range of exercise, nutrition and weight loss activities and programs to promote healthy lifestyles in adults and children, as well as aftercare programs for patients transitioning from the hospital or

rehabilitation. Memberships are available to the community. More than 600 scholarships were awarded last year for memberships and programs. Also includes an outpatient nutrition clinic that provides medical nutrition therapy and weight management to adults and children and Optifast medical weight loss to adults.

In 1995, when Vidant Medical Center was an independent public hospital, executive and board leadership declared a new and significant commitment to community health. Moving outside the traditional boundaries of an acute care hospital, dedicated resources were charged with establishing partnerships, identifying health needs and initiating new programs to improve health status. The unique, innovative and targeted programs have reached thousands of individuals in a myriad of ways that would not have otherwise been possible. Combined with programs funded by hospital operations, programs supported through joint grant applications to major governmental and philanthropic agencies and other collaborative initiatives, Vidant Medical Center has demonstrated leadership in addressing health status in Pitt County and the region.

Community Health Programs is a service provided by Vidant Medical Center to help our community members achieve a healthier, brighter future. These programs draw on the expert resources of the medical center and community to improve health and quality of life in our county.

(1) School Health - providing 20 RN case managers to all public schools in the County;

(2) Pediatric Asthma - a community-based case management program that has reduced hospital and emergency department admissions by 68% and 41%, respectively;

(3) Pitt Partners for Health, Vidant Medical Center provides administrative support to Pitt Partners for Health, a Healthy Carolinians certified program with 200 members. The Task Force is comprised of representatives from throughout Pitt County who work collaboratively with other health care providers and community members to identify and address the priority health concerns for the County;

(4) Senior Services- enriching the lives of older adults through health promotion.

(5) Eastern Carolina Injury Prevention (ECIPP) - a 20-year program in conjunction with the Brody School of Medicine that is a key component of the PCMH Level I Trauma Center designation. ECIPP was instrumental in achieving the bicycle helmet law for children in NC, and over the past year has assisted Vidant Medical Center to significantly reduce falls with harm.

In addition to these established programs, Vidant Medical Center sponsors or partners in multiple offerings to provide health screenings and education for a variety of chronic medical conditions including hypertension, diabetes, heart disease, and cancer.

The Community Benefits and Health Initiatives Grants Program at Vidant Medical Center was established in 1998. The goals of the grants program are to provide financial and technical support to organizations for programs that promote chronic disease prevention and management, early detection of chronic illnesses, health education, and direct healthcare services.

Pitt County Health Department is one of 85 local health departments in North Carolina. Its mission is to protect, promote and assure the health of the people in Pitt County. The health department is responsible for assessing the health of the community by monitoring health status and diagnosing and investigating health problems and health hazards in the community; assuring that needed health

services are available in the community; enforcing laws and regulations that protect health and ensure safety; and advocating for policies that support the health of the public. The health department operates a variety of preventive health services in the area of women's and children's health and communicable disease control. Clinic services are available for maternal health, family planning, WIC (Women's, Infants and Children), immunizations, STDs and other communicable diseases. Case management and coordination services are available to support women and children such as child care coordination for children (CC4C), pregnancy care management, Family Nurse Partnership, childbirth education, breastfeeding promotion and child care health consultation. Environmental health services include: food, lodging, institutional and public swimming pool inspections; on-site sewage disposal program, private drinking water program, mosquito management; migrant camp inspections; and investigation of lead poisoning. [126]

East Carolina University (ECU) is known for preparing skilled health professionals. These individuals work in collaboration with private health care professionals and community leaders to meet the needs of the communities they serve. ECU prides itself in the colleges and schools (Brody School of Medicine, College of Allied Health Sciences, College of Health and Human Performance, College of Nursing, School of Dental Medicine) located just steps from Vidant Medical Center. ECU prepares students for careers in Medicine, Nursing, Biostatistics, Health Services and Information Management, Occupational Therapy, Physical Therapy, Rehabilitation, Public Health and Dental Medicine. Patient care is provided through ECU Physicians, Leo W. Jenkins Cancer Center, Student Health Services, located conveniently at the ECU main campus, and Vidant Medical Center. Research opportunities are also available in areas of Neuroscience, Robotic Surgery, Pulmonary-Critical Care and Sleep, Pediatric Healthy Weight, Microbiology and Immunology and Cardiovascular Sciences, just to mention a few. All of these available resources are also beneficial in providing a teaching and learning environment which is essential for improving the quality of care of the people in Pitt County.[127]

Brody School of Medicine at East Carolina University provides health care resources to serve the many insured, uninsured and underinsured individuals living in Pitt County as well as in neighboring communities throughout eastern North Carolina. Patient care is provided through a vast array of clinical disciplines ranging from primary care services to other medical specialties, along with various other wellness programs and services. [128]

East Carolina Heart Institute serves as a primary research, teaching, and treatment facility. The Institute provides a patient -centered approach for the treatment of patients of all ages through a state of the art outpatient center at East Carolina University; along with a 120 patient bed, Level I Trauma center Heart Hospital, with operating rooms for robotic surgery and 13 interventional labs at Vidant Medical Center.[129]

ECU School of Dental Medicine – The Dental School, located in Greenville, offers comprehensive dental services for children and adults. In addition, advanced care services such as root canals are also available. Emergency care is available during normal business hours and after hours. In the spring of

[126] Pitt County Health Department, Health Education Division, June 2015.

[127] East Carolina University, Division of Health Sciences-2015: http://www.ecu.edu/dhs/

[128] East Carolina University, Brody School of Medicine: http://www.ecu.edu/med/

[129] East Carolina Heart Institute-2015: http://www.eastcarolinaheartinstitute.com/

2015, orthodontic services were added. As of June 2015, new patients for all services were being accepted. There are no income requirements to utilize the services. Dental insurance is accepted. Fees for services are generally 40-50% less than average; however, multiple visits may be required to assess and treat dental issues as this is a training program.[130]

Pitt County dentists who accept Medicaid and Health Choice – Nineteen (19) private practice dentists accept Medicaid and Health Choice. The majority of dentists (14) are located in Greenville. One (1) provider is located in Winterville; three (3) in Farmville; and one (1) in Bethel. There does not appear to be any dentists in the southern portion of Pitt County who accept Medicaid/Health Choice. In addition to these private providers, the ECU School of Dental Medicine, the James D. Bernstein Community Health Center and the Pitt County Health Department Smile Safari clinic accept both Medicaid and Health Choice. [131] Pitt County Health Department also manages a mobile dental clinic, Smile Safari, to ensure that the dental needs of the uninsured or underinsured children are met. The clinic rotates throughout the Pitt County School system during the school year and is located at the Boys and Girls Club in Pitt County during the summer months.[132]

Urgent Care Facilities – As of June 2015, six (6) urgent care centers were located in Pitt County. All centers were located in the City of Greenville.[133]

Federally Qualified Health Centers/Community Health Centers – The James D. Bernstein Community Health Center located in north Greenville is a federally qualified health center operated by Greene County Health Care, Inc. The center provides medical and dental care to adults and children with minimal or no insurance on a sliding fee scale. An on-site pharmacy is also available offering medicines at a reduced cost to the clients. Often the Bernstein Center has a waiting list for services. However, Greene County Health Care operates a number of other clinics in Greene County that are available to Pitt County residents. Pitt County residents are also eligible to receive services on a sliding fee scale at the Kinston Community Health Center (252-522-9485) in Lenoir County and the Agape Community Health Center (252-522-9485) located in Beaufort and Martin counties.[134]

Free Clinics – Three clinics are available in Pitt County. The Greenville Community Shelter Clinic is operated by medical students and physicians from the Brody School of Medicine at ECU. The Pitt County Care Clinic located at Pitt County Health Department (formerly located in Grimesland) and the Oakmont Baptist Church Free Clinic located in Greenville relies on volunteers from the health care community and other community members. [135]

Licensed Pharmacies in Pitt County - Pharmacies are located in most of the municipal towns within the county: three in Ayden; one in Bethel; three in Farmville; twenty-eight (28) in Greenville; one in Grifton; and five in Winterville. There are four municipalities in Pitt County (Falkland, Fountain, Grimesland, and Simpson) without pharmacies.[136]

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[130] East Carolina University, School of Dental Medicine-2015: http://www.ecu.edu/dentistry/

[131] NC Division of Medical Assistance -June 2015: http://www.ncdhhs.gov/dma/dental/dentalprov.htm
[132] Pitt County Health Department, Health Education/Administrative Divisions
[133] Yellow Pages and verified by personal phone calls
[134] Source: phone calls to Kinston Community Health Center and Agape Community Health Center, February 2015
[135] Source: www.ncfreeclinics.org (June 2, 2015)
[136] North Carolina Board of Pharmacies, Pharmacy database search (data updates daily) search date: June 2015, http://www.ncbop.org/index.html

Providers of DME (Durable Medical Equipment)-There is one in Ayden, 2 in Farmville, and five in Greenville.[137]

Emergency Medical Services - Pitt County has an extensive Emergency Medical Services (EMS) system that consists of private, non-profit emergency paramedic units, municipal and local government sponsored paramedic services, private for profit non-emergency providers, and a hospital based specialty care transport program. This multitude of providers works in coordination to meet the variable needs and demands of both municipal and rural communities throughout the county on a daily basis. Pitt County is resource-rich in terms of number of stations, types and amounts of equipment, and a highly skilled workforce. Pitt County has numerous Paramedic-level staff, EMT Intermediate and Basic Staff and has numerous Advanced Life Support (ALS) vehicles, which provide the highest level of pre-hospital EMS care available in NC. EMS squads in Pitt County include: Ayden EMS, Bell Arthur EMS, Eastern Pines EMS, Falkland EMS, Farmville EMS, Fountain EMS, Grifton EMS, Pitt County EMS-Bethel Station, Pitt County EMS-Pactolus Station, and Winterville EMS. In addition, the City of Greenville maintains Greenville Fire and Rescue, the largest EMS provider in the county.[138]

Renal Dialysis Centers – Fresenius Medical Care operates three dialysis centers in Pitt County. Two centers are located in Greenville and one center is located in Ayden.[139]

Long Term Care Services- There are 6 licensed nursing homes in the county: one in Ayden; one in Farmville; and four in Greenville.[140] There are 9 licensed adult care homes in the county: one in Grifton; one in Winterville; and seven in Greenville. [141] There are 6 licensed hospice providers that serve people throughout the county: one in Ayden; one in Farmville; one in Winterville; and three in Greenville. There is one inpatient hospice facility in Greenville.[142] There are 44 licensed home care providers in the county that serve people throughout the county: one in Bethel; six in Winterville; and thirty-seven (37) in Greenville.[143]

Real Crisis Center provides confidential counseling assistance to Pitt County residents 24 hours a day. Services are provided by telephone, as walk-ins or through on-site crisis teams. Problems addressed by the center include: suicide, discrimination, mourning, pregnancy, marriage, domestic violence, loneliness, family issues, financial issues, school-related issues, depression, job problems, sexual assault, just to mention a few. Real crisis also has an info-line service which provides information on over 1,000 agencies and services available in Pitt County.[144]

Chiropractors – As of March 2015, there were 23 licensed chiropractors in Pitt County. The majority (16) were located in Greenville. However, there is one (1) in Ayden; two (2) in Winterville, one (1) in

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[137] North Carolina Board of Pharmacies, Pharmacy database search (data updates daily) search date: June 2015, http://www.ncbop.org/index.html

[138] Pitt County Government, Emergency Medical Services, April 2015.

[139] http://www.dialysisfinder.com/dialysis-centers/greenville/nc/100#.VW3C0GfbLug (June 2015)

[140] NC Department of Health and Human Services, Division of Health Service Regulation, Nursing Facility by County, As of June 2015, www.ncdhhs.gov/dhsr/data/nhlist_co.pdf.

[141] NC Department of Health and Human Services, Division of Health Service Regulation, Adult Care Homes/Homes for the Aged, As of June 2015, www.ncdhhs.gov/dhsr/data/ahlist.pdf.

[142] NC Department of Health and Human Services, Division of Health Service Regulation, Hospice Facilities, As of June 2015, www.ncdhhs.gov/dhsr/data/hoslist.pdf.

[143] NC Department of Health and Human Services, Division of Health Service Regulation, Home Care Only Facilities, As of June 2015, www.ncdhhs.gov/dhsr/data/hclist.pdf.

[144] Real Crisis Intervention, Search date: 10/26/2011, http://www.realcrisis.org/

Grimesland and three (3) in Farmville. There did not appear to be a licensed chiropractor in the northern portion of Pitt County. [145]

Martin/Pitt Partnership for Children, the local Smart Start agency, is committed to making meaningful and measurable investments in the quality of life for young children and families in education, health and support services. The Martin/Pitt Partnership for Children funds programs that aid in that commitment. The funded activities include:

- Child Care Health Consultants- Works with child care providers to promote effective health and safety practices in child care through technical assistance and training.
- Nurse Family Partnership- Offers support to first-time, at-risk moms through home visits and other supports throughout pregnancy until the child turns two-years old.
- Child Links- A resource and referral agency that provides free child care referrals to parents as well as offers training for child care providers and provides access to early childhood resources.
- Family and Community Resources- Offers early childhood information to parents and fosters awareness of the Smart Start initiative and the Martin/Pitt Partnership for Children.
- Parents as Teachers- Offers parenting support through positive parent-child interactions, home visits and child development information.
- Child Care Subsidy- Assists eligible families with child care through subsidies available at the Department of Social Services.
- QUEST- Works with child care facilities to promote quality child care.
- WAGES- offers salary supplements to early childhood staff who obtain higher education levels and remain in their current child care setting.
- Program Evaluation and Monitoring- Ensures MPPFC's accountability via an outcome-based evaluation and monitoring system.
- Parent-to-Parent- Offers one-on-one family support services to parents of children with special needs.

Child Care - In Pitt County, there are 138 child care facilities consisting of 93 child care centers and 45 family child care homes.[146] There are 3,467 children (birth to 4 years of age) and 957 children (ages 5-12 years) enrolled in licensed Pitt County child care. There are 611 child care employees in Pitt County. [147]

Pitt County Department of Social Services (DSS) is a multi-program, human services organization which is mandated by Federal and State Law to provide assistance and counseling to citizens of Pitt County who qualify for these services. Programs range from health care, food assistance and emergency assistance.

[145] http://ncchiroboard.com/service/public-information/ (June 2, 2015)
[146] NC Division of Child Development and Education, http://ncchildcaresearch.dhhs.state.nc.us/search.asp
[147] NCDHHS, Child Care Statistical Report, http://ncchildcare.dhhs.state.nc.us/general/Child_Care_Statistical_Report.asp

DSS strives to protect children and the elderly. Pitt County DSS provides the following services and programs: income maintenance; child support enforcement; emergency assistance; crisis intervention programs; food and nutrition services; Medicaid for adult, family and children, Medicaid transportation; work first family assistance and employment services; child and adult protective services; and prevention services. [148]

Health Care Providers

North Carolina Health Professionals Data System – 2013[149] Total and Primary Care Physicians – 2013

	Total Physicians	Total Primary Care	Family Practice	General Practice	Internal Medicine	OB/GYN	Pediatrics	Other Primary Care	Other Specialties	Federal
Pitt County	824	257	52	3	66	53	23	60	551	16
North Carolina	23,202	8,477	2,148	135	2,056	1,556	754	1,828	13,937	788

Other Health Care Professionals – 2013[150]

	Chiropractors	Occupational Therapists	Optometrists	Pharmacists	Physical Therapists	Physician Assistants	Podiatrists	Practicing Psychologists	Respiratory Therapists	
Pitt County	20	97	20	235	117	130	9	49	168	
North Carolina	1,617	2,892	1,127	10,026	5,403	4,606	285	2,134	3,970	

In addition, to the above listed health care professionals, there are additional health care professionals classified as assistants such as occupational therapy assistant, physical therapy assistant, etc.

While researching available local health care services and in response to community feedback provided during listening sessions and community survey completion, the need for increased mental health services was repeatedly apparent. During 2012-2013, Trillium (formerly East Carolina Behavioral Health) reported providing mental health services to 22,667 children and adults within eastern NC. Pitt County residents comprised 6,530 of this number. Over 75% of all individuals served by Trillium during this period received services related to mental illness. Other services provided were related to substance abuse and developmental disabilities. Fortunately, Trillium will be expanding services in the near future by building a residential treatment center within the Pitt County Government Complex. More information regarding Trillium's services can be found at http://www.ecbhlme.org/en/Who-We-Are/Strategic-Planning--Outcomes/_. More information regarding the need for mental health services can be found at by reviewing the Trillium's Mental Health Gap Analysis found at http://www.ecbhlme.org/PageFiles/416/Gaps_Needs/2014%20ECBH_Final_Gaps_Needs_Complete_04092015.pdf.[151]

[148] Pitt County Department of Social Services. Available at: http://www.pittcountync.gov/depts/dss/mission/- June 2015

[149] UNC Sheps Center for Health Services Research, http://www.shepscenter.unc.edu/wp-content/uploads/2015/05/2013-HPDS-DataBook.pdf

[150] UNC Sheps Center for Health Services Research, http://www.shepscenter.unc.edu/wp-content/uploads/2015/05/2013-HPDS-DataBook.pdf

[151] Trillium Mental Health Gap Analysis, http://www.ecbhlme.org/PageFiles/416/Gaps_Needs/2014%20ECBH_Final_Gaps_Needs_Complete_04092015.pdf

Community Concerns / Primary Data Review

An online Community Health Opinion survey was available to community members and was completed by 545 Pitt County residents. Among the survey questions, respondents were asked to self-report if they had been diagnosed by a health care professional as having a chronic disease. The top diagnoses identified by respondents were overweight/obesity, depression / anxiety and high blood pressure.

Respondents also shared that they feel Pitt County offers good health care, is a good place to raise children, and is a good place to grow old. Less than half of respondents feel that Pitt County provides help for people in times of need, offers plenty of economic opportunity and is a safe place to live.

Respondents reported issues such as low income / poverty and violent crime including murder and assault as factors that affect quality of life in Pitt County. Services needing the most improvement include higher paying employment, availability of employment and positive teen activities.

Eating well / nutrition, child care / parenting, managing weight, driving safely and substance abuse prevention (drugs/alcohol) were identified as areas where individuals need to learn more. Respondents expressed a personal interest in learning more about mental / behavioral health, cardiovascular disease / high blood pressure, diabetes, cancer and nutrition. When asked about their children's health education, respondents shared that their children need to learn more about nutrition, drug abuse, mental health issues, reckless driving / speeding and sexual health.

Access to care was identified as an area of concern. Health care cost, inability to get an appointment, inadequate insurance that does not cover needs, lengthy wait times to be seen and no health insurance were reported as barriers to care.

Between January 2015 – May 2015, key community leaders representing health and human services, hospital, emergency services, local businesses, aging, youth groups, local school system and the faith community participated in listening sessions. Feedback was provided by a total of 281 attendees regarding their opinions of Pitt County's health needs.

Participants identified major health problems in Pitt County as follows: Chronic Disease (Diabetes, Heart Disease / Stroke, High Blood Pressure, Cancer); Behavioral Health (Mental Health, Stress, Depression, Anxiety, Sleep Deprivation, Bipolar and Schizophrenia); Substance Abuse (Illegal Drugs, Misuse of Prescription Drugs, Alcohol); Access to Care (Cost, Lack of Access to Primary Care, Dental and Mental Health Services); Physical Activity / Nutrition (Obesity, Overweight, Inactivity, Unhealthy Eating, Malnutrition, Food Insecurity); Injury (Falls, Domestic Violence/Sexual Abuse, Traffic/Motor Vehicle, Bullying/Suicide).

Current assets in Pitt County identified to address these major health problems include: Health Facilities and Programs, Mental Health Facilities, Community and Faith Agencies, Recreational Facilities, Assistance Programs.

Current barriers identified to address the major health problems in Pitt County: Lack of accessibility to the health care system due to lack of health insurance, affordability of health care and prescription

drugs, lengthy wait times for appointments and services and lack of collaboration / coordination among community members and health care providers. Individuals' comprehension of disease and plan of treatment was also viewed as a barrier.

Suggested Key Steps to Improvement: Provision of additional health and mental health services in the community; improve the transportation system especially outside of the Greenville area; improve ways to reach people with health education messages; utilize patient advocates / navigators to increase use of online patient portals; generate more publicity regarding the use of call centers and triage to reduce emergency department visits; implement interventions that support shared responsibility between patients and health care providers; support health improvement within the local school system; create a parents' support network; improve planning and coordination among local leadership, state and federal legislators to address gaps in the health care system; continue to improve the built environment through support of parks, sidewalks, greenways and community gardens.

Process of Selecting and Identifying Final Health Priorities

Key findings from the collection of secondary and primary data, including the community's concerns were categorized to align with the "Healthy NC 2020: A Better State of Health" objectives and formally presented in May 2015 at a PPH monthly meeting. This meeting was widely promoted to the community by PPH members and an invitation was extended for additional community members and key leaders to attend and become involved in the prioritization process. Following the presentation, attendees were asked to select health categories they felt should be addressed over the next three years. Participants were asked to consider the primary and secondary data presented and to also consider the following three criteria when confirming their selection: 1) Magnitude of the Problem defined as the number of people affected by the problem, 2) Seriousness of the Problem defined as the degree of disability or premature death that occurs because of the problem as well as the potential economic and social burdens the problem poses to the community, and 3) Feasibility of a Successful Intervention defined as a scientifically feasible intervention and one that is acceptable to the community, is preventable, and contains resources that can address the problem.

The health priority categories selected were compiled during the meeting revealing that the top ones identified by attendees were physical activity and nutrition, access to care, chronic disease prevention and mental health. The outcome of this meeting was also shared with all PPH members through emails following the meeting. In addition, the presentations given at the meeting were emailed to members for further review. Members were given one month to continue to review the data and to determine health categories they could commit to addressing over the next three years based upon the given criteria.

A second PPH meeting was held in June 2015 with the purpose of determining three categories on which this group will focus from 2015-2018. Members were given a brief summary of the data presented and the health categories they selected at the May 2015 meeting. Members were then given individual voting forms and asked to vote for no more than three categories where they could commit to work. The results were tallied at the meeting and it was determined that PPH will focus on the following three health categories and have formed committees to address these categories from 2015-2018:

- Access to Care
- Chronic Disease Prevention
- Physical Activity and Nutrition

Key findings from the CHNA were presented to the VMC Board of Trustees at their July 2015 Board meeting. This Board adopted the CHNA report, including the health priorities recommended to them by PPH.

The Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee also received a presentation in August 2015 regarding key findings from the CHNA. They also adopted the same health priorities recommended by PPH.

Key findings from the CHNA were presented to the Pitt County Board of Health at their July 2015 Board meeting. Board members decided not to duplicate the categories selected by PPH and VMC, but instead, to ensure that other areas of need will also be addressed. The Pitt County Board of Health voted to focus on the following health categories from 2015-2018:

- Maternal and Child Health
- Sexually Transmitted Diseases
- Tobacco Prevention and Control

Next Steps

Pitt Partners for Health has formed committees (action teams) that will address the group's three selected priority health categories (*access to care, chronic disease prevention and physical activity and nutrition*). Committees will meet monthly and work to align strategies with evidence-based interventions. Members will also work to identify resources to help support intervention initiatives. Committee Chairs will report progress at the monthly PPH Steering Committee meetings and at the full membership monthly meetings.

Vidant Medical Center will develop Implementation Strategies for the health categories (*access to care, chronic disease prevention and physical activity and nutrition*) adopted by the VMC Board of Trustees. It will include strategies from both Pitt Partners for Health and departments at VMC that provide community health improvement services. The Implementation Strategies will be approved by the hospital's governing board. The annual State of the County Health Report (SOTCH) will document and communicate progress towards meeting these strategies.

Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee has aligned their community grants program with their adopted categories (*access to care, chronic disease prevention and physical activity and nutrition*) and will help to support community initiatives that address these areas through their community grants program during 2015-2018.

Pitt County Health Department will develop action plans for each of the categories *(maternal and child health, sexually transmitted diseases, and tobacco prevention and control)* selected by the Board of Health. Members of the Health Department's Practice Management Team, Communicable Disease Prevention Program, Health Promotion / Tobacco Prevention and Control Program, Women's and Children's Health Program, Pitt Infant Mortality Prevention Advisory Council and other staff designees will work collaboratively from October 2015 – March 2016 to develop action plans that are well aligned with the Agency's overall Strategic Plan adopted by the Board of Health in March 2015. The action plans

will be presented to the Board of Health for approval at their February 2016 Board meeting and will be submitted to NC DHHS by March 1, 2016.

Annual Updates:

As required by the NC DHHS and the Local Health Department Accreditation Board, annual State of the County Health (SOTCH) reports containing community health status updates will be compiled. These annual reports will also contain progress made with the Health Department's action plans as well as Vidant Medical Center's Implementation Strategy as required by the IRS. Updates regarding community initiatives supported by Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee will also be shared in these reports. The reports will be posted on the Health Department website and will be formally presented annually to Pitt Partners for Health, Vidant Medical Center, and the Pitt County Board of Health.

Appendices

Appendix A

-CHNA Membership Team Roster

-Additional Individuals Who Contributed to the CHNA

2015 Community Health Assessment Committee Membership

Member	Affiliation	Role
Alyssa Adams	East Carolina University, Brody School of Medicine, Department of Family Medicine, Research Division	Compiled /analyzed data from the online Community Health Opinion Survey. Developed codes aligned with listening session data collected from 4 community groups. Compared data to the last CHNA. Presented data and comparisons to PPH membership priorities selection meeting.
Melissa Adamson	United Way of Pitt	Provided input on CHNA process for gathering information and selecting priorities. Helped facilitate focus groups and CHNA Community Health Opinion Survey collection from community groups.
Kristen Brooks	Vidant Medical Center, Community Health Programs & Pitt Partners for Health (PPH) Coordinator	Coordinated PPH membership meetings for the purpose of reviewing health data and selecting priorities. Co-planned and co-coordinated the CHNA "kick off" Key Leaders' focus group. Led community listening sessions and served as note taker for additional sessions. Implemented and facilitated the online CHNA Community Health Opinion Survey.
Colleen Coda	PPH Chair / Community Member	Facilitated PPH monthly steering committee meetings which provided input to staff on the CHNA process. Facilitated PPH membership meetings where data was reviewed and priorities were selected.
Pastor Rodney Coles	PPH Member /Community Member / Faith Leader of Churches Outreach Network	Provided input on CHNA process for gathering data and priority selection.
Dr. Doyle Cummings	East Carolina University, Brody School of Medicine, Department of Family Medicine, Research Division	Participated in the identification of best processes for collection primary data. Facilitated the CHNA key leaders "kick off" listening session. Supervised the analysis of data collected from the online CHNA Community Health Opinion Survey. Co-presented this data to PPH members in preparation for priorities selection.
Kahla Hall	Vidant Medical Center Foundation	Provided input on CHNA process for gathering data and priority selection. Arranged for CHNA

		findings presentation to the Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee.
Mary Hall	PPH Steering Committee Member	Provided input on CHNA process for gathering data and priority selection. Served as note taker for key leaders listening session.
Amy Hattem	Pitt County Health Department Health Education Division	Compiled and analyzed secondary data. Served as note taker for listening sessions. Presented findings to PPH members, Board of Health and Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee. Prepared CHNA Key Findings document for Vidant Medical Center Board of Trustees. Edited and compiled the final CHNA document for submission to the community.
Amy Joslin	PPH Steering Committee / Community Member (Town of Fountain)	Provided input on CHNA process for gathering data and priority selection.
Alice Keene	Vice Chair, PPH & Pitt County Government Planning Dept, Recreation and Parks	Provided input on CHNA process for gathering data and priority selection. Completed an updated inventory of parks and other recreational opportunities within municipalities and schools within Pitt County. Assisted with the collection of survey feedback from community groups.
Sandra Hickman	PPH Steering Committee (Chair of the Chronic Disease Action Team) and Total Christian Ministries/ Healthy Lives, Healthy Choices Lay Health Advisor Program	Provided input on CHNA process for gathering data and priority selection. Organized and participated in listening session for lay health advisor program.
Jo Morgan	Retired, Pitt County Health Department / Community Member	Conducted community listening sessions and compiled/analyzed data. Revised codebook to categorize listening session participants' feedback. Presented primary data to PPH membership and led group discussion regarding priorities selection. Provided consultative services to Pitt County Health Department and Vidant Medical Center Community Health Programs regarding primary and secondary data collection.

		Researched community health resources and updated health resources list.
Dr. John Morrow	Pitt County Health Department Pitt County Health Director	Provided input on CHNA process for gathering data and priority selection. Presented data to PPH membership and led meeting to determine final PPH priorities. Co-presented CHNA key findings to Vidant Medical Center Board of Trustees and to the Vidant Medical Center Foundation's Community Benefit and Health Initiatives Committee leading to priority selections among these groups. Made edits to the final CHNA document.
Catherine Nelson	Vidant Medical Center Community Health Programs	Provided input on CHNA process for gathering data and priority selection. Supervised the CHNA process for Vidant Medical Center. Co-presented CHNA key findings to Vidant Medical Center Board of Trustees. Secured funding for the collection of primary data collection through community listening sessions. Secured funding to support the analysis of the online CHNA Community Health Opinion Survey. Coordinated with other Vidant Medical Center staff to gather additional data.
Jennifer Smith	PPH Steering Committee (Chair of PPH Injury Prevention Action Team)	Provided input on CHNA process for gathering data and priority selection.
Robin Tant	PPH Steering Committee (Chair of PPH Nutrition and Physical Activity Action Team)	Provided input on CHNA process for gathering data and priority selection.

Additional Individuals Who Contributed to the 2015 Assessment

Individual	Affiliation	Role
Marion Carson	Vidant Medical Center	Edited Vidant Medical Center health resources list.
Jennifer Hardee	Pitt County Health Department Health Education Division (Women's and Children's Health)	Collected, analyzed and compiled secondary data on women's and children's issues and wrote these sections for the CHNA document.
Daniel House	Vidant Medical Center Cancer Services	Assisted PPH Coordinator with arranging listening session opportunities and collecting survey information from the community.
Vashti Kittrell	Pitt County Health Department Health Education Division (Adolescent Pregnancy Prevention)	Served as a note taker for community listening sessions.
Terri Joyner	Vidant Medical Center School Health Program Manager	Assisted PPH Coordinator with posting the online Community Health Opinion Survey link and notifying Pitt County Schools employees of this survey and the opportunity to provide feedback.
Kayla Manning	Pitt County Health Department Health Education and Personal Health Divisions (Child Care Health Consulting and CC4C-Care Coordination for Children)	Helped identify health resources for Pitt County children.
Joan Mansfield	Pitt County Health Department Nutrition Division (Diabetes Self-Management Program)	Assisted PPH Coordinator with arranging listening session opportunities and collecting survey information from the community.
Melissa Roupe	Vidant Health Corporate Community Health Improvement	Provided input on the CHNA process for gathering data and priority selection. Provided direction and guidance regarding CHNA requirements for not-for-profit hospitals. Edited the final CHNA document.
Kathy Sheppard	Pitt County Health Department Health Education Division (Emergency Preparedness)	Collected and compiled secondary data on emergency preparedness and communicable disease issues and wrote these sections for the final CHNA document. Researched and contributed health resources updates--. Served as a note taker for listening sessions.
Jeff Shovelin	Vidant Health Strategic Development	Compiled Vidant Medical Center emergency department data and shared results with representatives of the CHNA committee.
Allison Swart	Pitt County Health Department, Health Education Division (Health Promotion / Employee Wellness)	Served as a note taker for community listening sessions.

Terry Quinn	Pitt County Health Department Health Education Division (Child Care Health Consulting)	Identified health resources for Pitt County children.
Eli Johnson	Pitt County Government Planning Department	Compiled population data for Pitt County and its municipalities.
Eric Vitale	East Carolina University Student Intern with Pitt County Government Planning Department	Developed charts containing priority health areas based on the NC 2020 Health Objectives which were used by the PPH membership to vote and select priority health areas for 2015-2018.

Appendix B

-2015 Community Listening Sessions Summary

-Listening Sessions Code Book

-Additional Listening Session Data

Listening Sessions

Twenty (20) listening sessions were held between December 2014 and May 2015. There were a total of 281 participants. Over 40 key leaders participated in a session in early December 2014 hosted by Vidant Health and Pitt County Health Department. Leaders from multiple organizations/agencies participated in this session representing health, human services, law enforcement, city/county government, youth and older adults. Additional listening sessions were held to identify the needs of populations that may not be represented in the online survey that was available from January through March 2015. A majority of the session participants were social workers or nurses who served low-income populations such as Medicaid recipients, children and families, older adults, uninsured or the homeless population. Sessions were also held with members of the Hispanic/Latino community, African-American lay health advisors, youth leaders and the business community.

Below is a list of the sessions held and the number of participants for each session.

- Pitt County Key Leaders (41)
- Gold Path (14)
- Martin Pitt Partnership for Children (22)
- Homeless Shelter (1)
- Senior Fitness Group (31)
- Human Resource Managers (3)
- Community Care Plan (18)
- Safe Communities Coalition (17)
- Vidant Case Managers (3)
- Pitt County Schools Social Workers (14)
- Vidant Medical Center School Nurses (19)
- Grifton Emergency Medical Services (10)
- Pitt County Emergency Medical Services (3)
- Pitt County Health Department Outreach Team (21)
- AMEXCAN (16)
- Greenville Youth Council (10)
- Winterville Youth Council (18)
- Total Christian Ministries Lay Health Advisors (11)
- Council on Aging (8)
- Mend Project (1)

A Quality of Life Survey was available for completion. A total of 137 surveys were completed by a variety of the session participants. The survey asked participants to rate the quality of life in Pitt County based on various aspects of community life. The table below illustrates the results of the survey. Participants rated Pitt County's health care quality very high, but were less positive about economic opportunity and safety.

Quality of Life
Listening Sessions

Indicator	Average N=137	Percent who agree or strongly agree
Good healthcare	3.89	74%
Good place to raise children	3.64	65%
Good place to grow old	3.45	55%
Help for people in time of need	3.49	53%
Plenty of economic opportunity	3.34	47%
Safe place to live	3.21	45%
Clean Air	3.93	73%
Clean Water	3.96	79%

For the remaining portion of the sessions, participants were asked to respond to four questions.

1) What are the major health problems/concerns in our community?*
2) What are the current assets within our community to address these problems/concerns?
3) What are the barriers within our community that may impede progress toward addressing these problems/concerns?
4) What should be our key next steps to addressing these problems/concerns?

*Each participant was asked to vote on the top three health problems/concerns they felt were most important to the population(s) they served.

Method of Analysis

Detailed notes were taken by at least one person and often two people at each listening session. The notes were then transcribed for each session and a thorough review of each session was conducted. Emergent themes were then identified for each of the four questions asked during each session. A code book was developed and used to independently code the transcribed reports. See Appendix for code book. Frequencies (counts) for each code/theme were tabulated. The themes with the highest counts were listed as issues of greatest importance for each of the four questions.

Health Problems: There were 11 different categories/themes identified. The following health problems/concerns were identified most often.

- Chronic Illness/Disease
- Behavioral Health
- Substance Abuse
- Access To Care
- Obesity/Nutrition/Physical Activity
- Injury

Diabetes, heart disease and stroke, hypertension and cancer were identified by participants as being the most prevalent chronic diseases for Pitt County residents. Other chronic diseases such as Alzheimer's disease, chronic pain, chronic obstructive pulmonary disease and asthma were also mentioned, though with much less frequency.

Depression, anxiety, and stress, as well as, the diagnosis of bipolar and schizophrenia were the major concerns that emerged for behavioral health. Teens also identified sleep deprivation as a concern. Substance abuse was identified as both abuse/misuse of prescription drugs, as well as use of illegal substances. Teen group participants identified tobacco and alcohol as concerns in addition to substance abuse.

Access to Care most often included the concern for the cost of health care including prescription medication. Other issues for this area that were expressed frequently included access to primary care, dental care and mental health, as well as lack of coordination/communication between providers. Participants noted that appointment openings for many providers were not available for several months. A theme that emerged in 2015 that has not been identified with large frequencies in previous community health assessments was the issue of health education/health literacy and health care utilization. While it has long been recognized that people are not always compliant with medical direction, the issues of non-compliance and inappropriate health care utilization were tied frequently to the lack of knowledge or understanding (comprehension) of the disease(s) for which they were being treated and/or the difficulty in navigating the health care system. Also discussed was the difficulty for people to see the perceived health benefit of their actions when those benefits were not immediate. These issues were identified throughout the system of care – medical visits, EMS transport, hospital stay, hospital discharge, home and subsequent medical visits. Other issues that were identified included language barriers, service hours and transportation.

Obesity, nutrition and physical activity were identified as leading health concerns by listening session participants. By far, the most frequently mentioned issue for all categories was obesity. Obesity was strongly correlated with the other chronic conditions previously identified. Malnutrition/inadequate nutrition and unhealthy eating were also identified. Malnutrition and food insecurity were issues of concern for the older adult population. Inactivity and access to places for activity was also identified as contributors to poor health.

Finally, injury was identified as a health problem/concern. Falls was the most frequently identified injury risk. Other areas identified for injury were violence-related (domestic and bullying). Surprisingly, traffic injuries were not as frequently identified by group participants.

The following table summarizes the top concerns identified for each listening session.

Priority Health Concerns by Group

Agency Organization Group	Chronic Illness	Behavioral Health	Substance Abuse	Access To Care	Education/ System Utilization	Obesity/ Nutrition/ Physical Activity	Injuries
Key Leaders		X			X		
Safe Communities	X	X				X	
Total Christian Ministries	X					X	
Community Care Plan	X	X					
PCHD Outreach	X	X	X				
AMEXCAN	X					X	
Council on Aging	X	X				X	X
Senior Exercise Group	X					X	
Gold Path	X						
Grifton EMS			X		X	X	
Pitt County EMS	X		X		X		
Project MEND	X						
Vidant Case Managers	X	X					
School Social Workers		X	X	X			
School Nurses	X	X		X			
Human Resource Managers	X	X					
Greenville Youth Council		X	X			X	
Winterville Youth Council		X	X			X	
Martin Pitt Partnership for Children				X			
Greenville Community Shelter	X	X	X				

Current Assets: When asked about the current assets in Pitt County to address the health problems/concerns identified, participants repeatedly identified health facilities such as Vidant Medical

Center, Brody School of Medicine, Dental School, Pitt County Health Department, James D. Bernstein Community Health Center, East Carolina Behavioral Health, Vidant Behavioral Health, PORT, Mobile Crisis Unit and all of the programs associated with these agencies/institutions. Programs such as the School Nurse Program, Triple P Parenting, Community Care Plan, various clinics and health screening availability were identified. Participants recognized that Pitt County has a number of private providers as well for both physical and mental health issues.

Participants also identified a number of community agencies such as Council on Aging, Boys and Girls Club, Real Crisis, Intergenerational Center, Greenville Community Shelter, Pitt Resource Connection and various other groups or organizations that are devoted to specific health problems. Faith organizations and the resources they offer to support basic needs of food, clothing and shelter were recognized as assets, as well as the specific health programs that various churches provide for their congregations and surrounding communities.

Recreational facilities were frequently identified as an asset, though participants also identified that there were not enough of these facilities throughout the rural areas of Pitt County.
Participants recognized the support provided to organizations by the various foundations within Pitt County with specific mention of the Vidant Medical Center Foundation which funds a number of health promotion activities and services within Pitt County.
Other assets mentioned were East Carolina University, Pitt Community College, a diverse culture, school resources, city/county agencies, transportation within the Greenville City limits and the availability of several types of media.

Current Barriers: While the variety and type of health care facilities was identified as an asset, the health care system was also identified as a barrier to addressing health problems/concerns. Within this broad category, issues such as the lack of accessibility due to lack of health insurance, affordability of health care and prescription medications, lengthy waiting times for appointments and lack of follow-up and coordination by health care providers were all seen as playing a key role in impeding progress. Several participants expressed concern over the availability of mental health resources for the indigent/uninsured populations.

Likewise, the individual was seen as part of the issue when discussing why more progress in some of the priority health concerns had not been made. As discussed earlier, the focus of discussion was on the individual's comprehension of the disease and the plan of treatment. Participants commented a number of times that often the individual had a difficult time understanding the relationship (benefit) of specific actions they were asked to take and health improvement, particularly when results were not immediate. Within this same area of focus, group participants also discussed individual apathy, lack of motivation to engage in a healthier lifestyle, lack of individual responsibility and thus non-compliance. Duly noted was the recognition that individual choice is still a large determinant of health behavior.
Financial barriers were also identified to include not only poverty and unemployment, but also the high cost of health care and the loss of funded programs in the past several years. Participants also discussed the stress on the current health and human service systems to meet the increased demand for service as a result of the economic downturn that all communities have been experiencing for the past several years. One example given was the waiting list for the Meals on Wheels Program. More than 200 people are on the waiting list for Pitt County. Due to budget cuts and the threat of even more cuts, no additional people are being served.

Finally, lack of collaboration and coordination among community members and health care providers was identified as needing improvement. Other areas identified included time, access to food, language differences, changes to the family structure, substance abuse, transportation, social stigma and reliance on electronic devises for communication/information.

Key Steps: Participants were asked to identify key next steps that need to be communicated to leadership in order to begin addressing some of the issues identified. The need to provide additional health and mental health services in the community was frequently mentioned. Suggestions included more clinics located in various parts of the county, substance abuse programs with a focus on long-term care, alternate hours of clinic operation, reassessment of available services such as EMS and the use of the emergency room, increase the number of qualified interpreters and more providers accepting Medicaid. Also suggested was using more of the student population to staff medical clinics as part of their community service.

The improvement of the transportation system was a key concept mentioned with regard to expansion of services. The transportation system currently is not readily available within the areas outside Greenville. In addition where transit service is available, the routes for both the Pitt Area Transit and the Greenville Bus system (GREAT) are long with infrequent stops to various health and social service programs.

Another frequently mentioned area for improvement was the need to improve communication and relationships with patients regarding health behaviors and disease, utilization of health care (health care consumerism) and health insurance and the need to better educate/engage community leaders, health care providers, the general public and local officials about the available services. Participants expressed the need for more effective ways to reach people. Some examples included the use of fotonovelas and improved use of local media and social media. “Testimonials” from people who have overcome specific barriers to improving their health were also reported as being effective in reaching people. Innovation zones that target specific needs in specific geographic areas were also identified as a key strategy for improvement. Other suggestions included the use of patient advocates/navigators and increase the use of online patient portals. It was also suggested that more publicity should be available on the use of call centers and triage to decrease the use of the emergency department. Pharmacists were also listed as key members of the health care team and as such should be more involved and utilized by patients for understanding their medications and health conditions. Several providers supported the concept of designing interventions that have more of a shared responsibility between the patient and the provider. One specific idea that was suggested as needing further assessment was the implementation of Mobile Integrated Health Care or para-medicine. Along these lines, it was suggested to expand the Falls Prevention Program currently being piloted by Pitt County EMS and the Council on Aging. This program allows EMS providers to refer patients at risk for falls to an occupational therapist for an evaluation.. Following assessment of the individual and their home environment, recommendations for reducing the risk of falls are made and implemented where feasible.

Participants also discussed their frustration and the frustration of their colleagues regarding the lack of knowledge and availability of all of the health care resources. It was suggested that a monthly publication be made available to the provider community that highlights various resources. This resource should be attractive and unique in order to encourage providers to read the content.

Schools were also identified as an area of focus for health improvement. The concept of reaching children now so that as adults they will make better and informed decisions was repeated a number of

times. Suggestions were to increase/support a) healthy food choices, b) physical education classes, c) school nurses, social workers and counselors, and d) educational programs related to mental health and addiction in the schools. Youth participants spoke about the need to use people who have overcome issues to address student bodies in small groups rather than large assemblies so that more meaningful dialogue could take place among students. Students expressed interest in better understanding mental health issues such as depression, anxiety and personality and developmental differences in order to prevent/address issues such as bullying. Youth participants suggested more parent awareness and education for peer pressure and more clubs that deal with specific issues in order to serve as "support groups". Youth participants also discussed the need to build a stronger relationship between adults and youth that will lead to more trust and freedom. Building relationships will enable people to determine the WHY behind the behavior, rather than exclusively focus on the punishment. As it relates to improving the health of children, a few groups suggested creating a network of parents that could serve to support other parents. This approach would help to close the gap in knowledge that is being attributed to weak extended families. With the loss of extended families, participants felt that basic knowledge and skills for parenting have been lost.

Improved planning and coordination were mentioned as well. Local leadership should meet with state and federal legislators to discuss gaps in the system, particularly for those who are uninsured or under-insured. These state and federal legislators should visit (shadow) the staff working every day to close these gaps for a more clear understanding of the issues. References were made to increasing engagement with community leaders and faith-based organizations. Suggestions to continue to improve the built environment were mentioned as well. This suggestion was to continue to support the greenways, parks and sidewalk construction, as well as community gardens and utilize the media to more effectively communicate the meaningful connection these facilities have to health improvement. Additionally, participants suggested that leadership from small communities should be more involved and engaged in health improvement issues. Likewise, health care leadership should be more involved in the culture and activities of smaller populations within the county such as the Hispanic/Latino community.

*CODEBOOK: 2015-CHA listening sessions

H01	Chronic_ill	Anytime participants mention chronic illnesses, such as: stroke, asthma, cancer, hypertension, DM, Alzheimer's disease, allergies, kidney disease, obesity, heart disease, chronic pain
H02	Subst_abuse	Anytime participants mention the use of tobacco, drugs or alcohol as a major health problem for the community
H03	Phy_act/nut	When participants mention exercise, physical activity, lack of physical activity, or lack of adequate nutrition as a major health issue for Pitt County
H04	Built_env	When participants mention the lack of recreational activities, sidewalks, green spaces or lack of sense of community as a major concern leading to health problems in Pitt County
H05	Infect_dis	Anytime participants mention infectious diseases as a health issue for the community
H06	Access_care	Anytime participants mention the lack of accessibility to health care, transportation, health insurance or follow-up by a physician or other health

		care providers, lack of available services in languages other than English, long waiting times as reasons leading to major health problems for the community
H07	Parent/fam	When participants comment on the lack of parenting skills, dysfunctional family settings as a major concern leading to health problems in Pitt County
H08	Behav_health	When participants mention behavioral health issues: depression, anxiety, stress, sleep deprivation as major health concerns for community members in Pitt County
H09	Care_dent/prim	When participants mention the lack of dental or primary care services as a health concern for the community
H10	Financial	Anytime participants mention financial burdens, unemployment or housing concerns as factors leading to their health problems
H11	Education	Anytime participants mention education including lack of education, not understanding the health problem/condition or inappropriate utilization of health care, as well as lifestyle education as contributing factors to health problems
A01	Asset_HF	Anytime participants make mention of health facilities (Health Department, Hospitals, Brody School of Medicine, Dental school, local clinics or mobile health services, Nursing school, home health) or programs sponsored by these facilities as an asset for the community
A02	Asset_U	Anytime East Carolina University (other than its health care training programs) or another college located in Pitt County is mentioned as an asset for the community
A03	Asset_members	Anytime participants mention the community or its members (families, parents or other positive peer influences) as the driving workforce in the community
A04	Asset_faith	Anytime the participants mention faith-based organizations, including the programs they offer as an asset to the community
A05	Asset_REC	Anytime participants mention recreational facilities, PE classes, gyms, walking trails or other facilities which allow for recreational activities (such as the Boys and Girls Club)
A06	Asset_assist	Anytime participants mention, health-related assistance programs or food-related assistance programs, community services (law enforcement, interpreters
A07	Asset_financ	Whenever participants mention financial assistance programs, such as sliding scale fees, payment plans, insurance coverage
A08	Asset_commagen	Anytime participants mention community agencies, organizations or businesses as an asset for the community of Pitt County. Example: United Way

A09	Asset_HR	Anytime participants mention health resources which serve to provide health services, benefits or support to the community such as Foundations
A10	Asset_culture	Anytime participants mention something related to ethnicity, language or population diversity within the community as aspect that is beneficial to the community
A11	Asset_CCagen	Anytime participants mention city or county agencies as current positive assets which serve to address the health problems the community may have
A12	Asset_MH	Anytime participants mention mental health facilities as an asset for addressing the health problems within the community
A13	Asset_school	Whenever participants mention school resources or school faculty/staff as an asset for addressing the health problems in Pitt County. School Nurses are captured under A01 since they are hospital staff
A14	Asset_transport	Anytime participants mention any means of transportation as an asset for addressing the health problems in Pitt County
B01	Bar_financ	Whenever participants mention lack of financial resources as a barrier to health, such as issues related to money, loss of funded programs, unemployment, poverty, housing concerns
B02	Bar_time	Anytime participants mention the lack of time for a healthy lifestyle,
B03	Bar_food	Anytime participants mention lack of available healthy food choices (food deserts), unhealthy foods or fast foods, cheap foods, soft drinks, vending machines as a barrier to health
B04	Bar_lang	Anytime participants mention language as a barrier to health care or other services, such as health illiteracy, lack of available information in Spanish, lack of interpreters or issues regarding culture or diversity as a barrier to having good quality health
B05	Bar_family	Anytime participants mention family issues, such as dysfunctional families, family chaos, lack of parenting skills, absent families or lack of family dynamics as barriers to health
B06	Bar_hcare	Whenever participants mention lack of accessibility to health care, lack of health insurance, lack of health care resources, lack of affordable health care, lack of follow-up care by health care providers, lack of adequate training of health professionals or difficulty in navigating the health system, lengthy appointments or long waiting times, or lack of trust in health care providers as barriers to adequate health care
B07	Bar_subst	Anytime participants mention substance abuse (alcohol, smoking, marijuana) or drug addictions as a barrier to health
B08	Bar_transport	Anytime participants mention the lack of transportation(personal or public) as a barrier to good health

B09	Bar_patient	Anytime participants mention apathy, a lack of motivation to make lifestyle changes, lack of patient responsibility in taking action for their health (compliance with medications or follow-up visits to health care providers), cultural beliefs or lack of education/comprehension or lack of perceived benefit which may lead to non-compliance or inaction.
B10	Bar_collab	Anytime participants mention the lack of adequate communication and collaboration among community members and their health care providers, no sense of community, lack of consistency among providers or the need for more coordination among community members as barriers to health
B11	Bar_MH	Whenever participants mention the lack of mental health resources as a barrier to health
B12	Bar_teen	Whenever participants mention peer pressure, competitiveness in sports related activities, pressure to succeed, time management, school pressures, teen rebellion or social acceptability as barriers to a healthy lifestyle
B13	Bar_resources	Whenever participants mention lack of available community resources [educational opportunities, recreational opportunities, availability of basic resources (water, electricity, gas), improved built environment, lack of staff, lack of daycares, safety issues]
N01	Next_plan	Anytime participants mention the need for a more comprehensive plan, coordination of plans, the need for a clear vision, prioritization of activities or the need to make changes, the need to prepare adults for the workforce, enforcement of laws as a means for improving the health conditions of the community
N02	Next_commleaders	Anytime participants mention the need for more public participation and collaboration in community events, the need for interaction with fellow neighbors, and develop community leaders
N03	Next_coordin	Whenever the participants mention the need to assess the available services in order to reduce their duplication, improve coordination and availability of community resources or the need for more partnerships
N04	Next_faith	Whenever the participants mention the need to get the faith-based organizations more involved in community projects, or build coalitions with these institutions in order to improve community collaboration
N05	Next_school	Whenever participants mention the need to provide additional school resources, such as healthy food choices, PE classes, nurses, educational programs related to addictions, or the use of staff/faculty for improving the health conditions of the community
N06	Next_health	Anytime participants comment on the need to provide additional health services to the community, such as clinics, health clinics with alternative hours of operation, improvement of health clinics in schools, reassessment of available services (ER, EMS), or qualified interpreters as the resources needed to improve the health in Pitt County

N07	Next_transport	Whenever the participants mention the need to improve public transportation services throughout city and neighboring towns throughout Pitt County
N08	Next_family	Anytime participants mention the need to get parents more involved in their children's activities, parent involvement in community programs, educational opportunities for parents
N09	Next_agencies	Anytime participants mention the need to improve services provided by city, county or state agencies
N10	Next_educate/ communication	Whenever the participants mention the need to better educate the community leaders, general public and local officials about the available services, how to utilize services or the urgency to promote health among the community, in other words, advocate for the general health needs of the community as the means for improving health
N11	Next_media	Whenever participants mention the need to involve media as a means for improving health in the community
N12	Next_teens	Whenever participants mention the need to provide more opportunities or resources for teens (ex. Programs, health foods)
N13	Next_resources	Anytime participants mention the need to improve or provide additional resources (sidewalks, parks, farmers markets), motivational tools to become physically active, employment opportunities, direction for obtaining financial stability

Additional Listening Session Data Collected by PPH Members

Listening Session Data was obtained at four Pitt County locations: The Bethel Senior Center, Eastern Radiology Breast Clinic, and the United Way's Expanded Learning Opportunity Group meeting.

Each group was asked four questions:

1. What do you think is the ***major health problem*** in Pitt County?
2. What are the current ***assets*** in Pitt County to address these major health problems?
3. What are the current ***barriers*** to addressing the major health problems in Pitt County?

4. What do you think are the ***key steps to improving health*** of the people in Pitt County?

Overall Results

1. Overall, the top four concerns voiced were:
    - Chronic Illness (cancer, heart disease/high blood pressure, diabetes, obesity)
    - Access to care (coordination of services, preventative service availability)
    - Nutrition (hunger, poor nutrition)
    - Behavioral Health (mental health, resource availability, dementia)

2. Top Pitt County Assets mentioned were:
    - Recreation facilities and opportunities
    - City and County agencies
    - Community agencies
    - Health facilities

3. Top Barriers to addressing problems:
    - Health Care related (hours of services, cost, access)
    - Patient related (education, motivation, time)
    - Collaboration between services
    - Financial concerns

4. Key steps to improving health:
    - Educated and engaged citizens
    - Community Leaders (trust, buy-in, spokes persons)
    - Health Care (access, screenings)
    - Transport (bus stops and covered bus shelters)

Bethel Senior Center

Results from the Bethel Senior Center reflect participant age.

1. Respondents cited chronic illness and cognitive impairment as health problems most often.
2. Community assets mentioned were: the Bethel Senior Center and Food Bank, the Pitt County Council on Aging, and community exercise programs.
3. Barriers mentioned were transportation, access to doctors and food close by, and lack of governmental leadership/support.
4. Two ideas for improving health were access to better health care, and education about available resources.

Eastern Radiology Breast Clinic

1. Respondents cited chronic illness, dental care and behavioral health as problems.
2. Community assets mentioned were the Pitt County Health Department, and community health centers.
3. Barriers mentioned all revolved around health care: Costs, access, and services available.
1. Ideas for improving health included: resolving cost and access barriers and education on services available.

United Way

1. Respondents cited access to care, nutrition, substance abuse, behavioral health and lack of sidewalks/bike lanes as problems.
2. Community assets mentioned were: Vidant Medical Center, the Pitt Parks and Recreation Department, East Carolina University, and community agencies.
3. Barriers mentioned were lack of collaboration between agencies, lack of communication and stereotypes, and community members that were not involved, and did not take advantage of resources available.
2. Ideas for improving health included better bus stops, identifying and utilization of community leaders, and educating the population.

Freedom Family Foundation Clients

1. Respondents cited concerns with obesity, nutrition, and exercise as health problems most often. Lack of access to preventative care was also mentioned.

2. Community assets mentioned most often were the Health Department, Greenville Parks and Recreation facilities, and various places to exercise.

3. Barriers mentioned were: Cost, motivation, time and food availability.

3. Ideas for improving health included: Education about services available, and for people to be more proactive about getting health information and monitoring their diet.

Appendix C

Online Community Health Opinion Survey

Pitt County Community Health Assessment Internet (Survey Monkey) Survey

Contents

An internet survey was conducted in the fall and spring of 2014-15, with a total of 545 respondents.

As part of this analysis, the top most frequent Internet Provider (IP) Addresses were examined: 184 respondents were from within 'Pitt County Schools', 42 from the 'North Carolina Research and Education Network' and 29 were from within 'Vidant Hospital'. The rest of the IP addresses were unique or were from cellular/mobile services.

When available, results from the 2011 Pitt County assessment are included in this report for comparison purposes only. No direct conclusions should be drawn between years due to difference in respondent demographics and survey delivery methods. *See Appendix A for the 2015 survey instrument and Appendix B for complete 2015 survey results*

Demographics of Respondents:

Approximately 77% of the respondents were white and 17% were African-American. Nearly 3% identified themselves as Hispanic. Sixty-one percent (61%) of respondents were age 49 or less, and an additional 33% were age 50-64. The remaining six percent of were age 65+. (Table 2)

Table 1. Q44 what is your race?

Q44_Race	Number	Percent
White	418	76.7%
Black or African American	90	16.5%
(blank)	17	3.1%

Asian Indian	3	0.6%
Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino	3	0.6%
American Indian or Alaska Native	1	0.2%
Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro	0	0.0%
Other		
Portuguese	1	0.2%
More Than One Race	9	1.7%
Latino	1	0.2%
Human	2	0.4%
Respondents	545	100.0%

Table 2. Q41 Age Grouped

Q40_Age	Number	Percent
15 - 29	96	17.6%
30 - 49	234	42.9%
50 - 64	179	32.8%
65+	30	5.5%
(blank)	6	1.1%
Grand Total	545	100.0%

Eighty (80%) of respondents were female. The majority of respondents were well educated with 72% reporting a bachelor's degree or higher, and an additional 23% with some college or an associate's degree/vocational training.

Table 3. Q41 Are you Male or Female?

Q41_Gender	Number	Percent
Female	437	80.2%
Male	100	18.3%
(blank)	8	1.5%
Respondents	545	100.0%

Table 4. Q48 what is the highest level of school, college or vocational training that you have finished?

Q48_Education	Number	Percent
1. 9-12th grade, no diploma	1	0.2%
2. High school graduate (or GED/ equivalent)	26	4.8%
3. Associate's Degree or Vocational Training	50	9.2%
4. Some college (no degree)	72	13.2%
5. Bachelor's degree	188	34.5%
6. Graduate or professional degree	196	36.0%
Other:	4	0.7%
1 year towards master, 3 yr. Diploma in foreign country		

& A.S in US, currently in college (4th year), Ed.S		
(blank)	8	1.5%
Respondents	545	100.0%

Seventy-eight percent (78.3%) of respondents were employed full time in some capacity, 10% were employed part-time. Only one respondent reported being unemployed, and an additional 8% were equally divided between students (4%) and retired (4%). (*Table 5*)

Nineteen percent (19%) of respondents reported household incomes of less than $35,000, and 65% percent of respondents reported household incomes above $50,000. (*Table 6*)

Table 5. Q51 what is your employment status?

Q51_EMP	Number	Percent	Grouped
Armed forces	1	0.2%	.4%
Armed forces / Student	1	0.2%	
Disabled	6	1.1%	1.1%
Employed full-time	410	75.2%	78.3%
Employed full-time / Homemaker	1	0.2%	
Employed full-time / Part-time	9	1.7%	
Employed full-time / Part-time / Student	1	0.2%	
Employed full-time / Retired	1	0.2%	
Employed full-time / Self-employed	2	0.4%	
Employed full-time / Student	2	0.4%	
Employed full-time / Unemployed<1year	1	0.2%	
Employed part-time	38	7.0%	9.9%
Employed part-time / Homemaker	1	0.2%	
Employed part-time / Retired	4	0.7%	
Employed Part-time / Student	10	1.8%	
Employed Part-time / Unemployed<1year	1	0.2%	
Homemaker	1	0.2%	0.2%
Retired	22	4.0%	4.4%
Retired / Disabled	1	0.2%	
Retired / Disabled / Student	1	0.2%	
Self-employed	1	0.2%	0.2%
Student	22	4.0%	4.0%
Unemployed for more than 1 year	1	0.2%	0.2%
(blank)	7	1.3%	1.3%
Respondents	545	100.0%	100.0%

Table 6. Q49 what was your total household income last year, before taxes?

Q49_HouseHoldIncome	Number	Percent	Grouped

Less than $10,000	22	4.0%	19.3%
$10,000 to $14,999	12	2.2%	
$15,000 to $24,999	21	3.9%	
$25,000 to $34,999	45	8.3%	
$35,000 to $49,999	81	14.9%	14.9%
$50,000 to $74,999	128	23.5%	40.3%
$75,000 to $99,999	87	16.0%	
$100,000 or more	122	22.4%	
(blank)	27	5.0%	5.0%
Respondents	545	100.0%	100.0%

When compared to the 2011 phone survey, broad generalizations would include that the current survey is less racially balanced, with younger, highly educated and employed respondents, with higher household incomes. Table 7 compares the demographic highlights from the two years:

Table 7. Demographic Comparison between 2011 and 2015 surveys

	2015	2011
Survey Method	Internet	Telephone
Number of Responses	545	352
Race: White	76.7%	57.7%
Race: African-American	16.5%	34.4%
Gender: Female	80.2%	75.0%
Education: Bachelors or Above	71.5%	42.6%
Employment: Full-time	79.4%	32.5%
Employment: Retired	4.1%	36.1%
Income above $50,000	65.0%	36.9%

Quality of Life in Pitt County

On a scale of one to five (1= Strongly Disagree, 5= Strongly Agree) respondents were asked to rate the quality of life in Pitt County. "Good Healthcare" received the highest approval rating, with safety, and economic opportunity the least favorable. (Table 8) Results from the 2011 telephone assessment are presented for comparison purposes.

Although the 2011 survey was conducted by telephone, and the demographic reached was broader, the average rating and rank order of the items remained consistent.

Table 8 Q1-6 Pitt County Quality of Life Indicators:

Indicators	2015 Agree/Strongly Agree	2015 Average Answer (scale 1-5)	2011 Average Answer (scale 1-5)
1. Good healthcare	79.8%	4.0	4.1
2. Good place to raise children	64.7%	3.6	3.8
3. Good place to grow old	55.0%	3.5	3.8
4. Plenty of economic opportunity	39.7%	3.1	3.1

5. Safe place to live	37.3%	3.1	3.3
6. Help for people in time of need	43.9%	3.3	3.6

(Scale: 1= Strongly Disagree, 5= Strongly Agree)

Question seven asked for the "one issue that most affects the quality of life in Pitt County." Respondents selected "low income/poverty" (52%) and "violent crime (murder, assault)" (20%) most frequently. (Table 9) Sixty-seven responses were typed in. The top categories were grouped as concerns regarding:

- Safety/Crime/Gangs (n=12)
- Citizens that were: unproductive/ lazy/ self-entitled/ irresponsible/ disrespectful (n=12)
- Jobs/Resources (n=6)
- Schools/Education/Literacy (n=6)

When asked what they believe to be the one services needing the most improvement in *their* community respondents chose answers relating to: "employment" (25.4%) and "parks / teen / family activities" (25.1%) the most often. (Table 10) When respondents chose to type an answer, the two most often mentioned themes were: 'schools/education' and 'sidewalks/bike lanes.'

Table 9. Q7 which one issue most affects the quality of life in Pitt County:

Q7_Issue	Number	Percent
Low income/poverty	250	51.9%
Violent crime (murder, assault)	94	19.5%
Theft	22	4.6%
Dropping out of school	22	4.6%
Discrimination/ racism	18	3.7%
Neglect and abuse	12	2.5%
Lack of/ inadequate health insurance	12	2.5%
Lack of community support	12	2.5%
Hopelessness	10	2.1%
Domestic Violence	9	1.9%
Homelessness	8	1.7%
None	7	1.5%
Child abuse	2	0.4%
Rape/sexual assault	2	0.4%
Pollution (air, water, land)	1	0.2%
Elder abuse	1	0.2%
Respondents	482	100.0%

Table 10. Q8 which one of the following services needs the most improvement in your neighborhood or community:

Q8_Service_Improve	Number	Percent
Higher paying employment	75	13.9%
Availability of employment	62	11.5%
Positive teen activities	60	11.2%
Better/ more recreational facilities	39	7.2%

(parks, trails, community centers)		
Road maintenance	38	7.1%
Healthy family activities	36	6.7%
Other:	32	5.9%
Counseling/ mental health/ support groups	32	5.9%
Better/ more healthy food choices	31	5.8%
More affordable/better housing	26	4.8%
More affordable health services	26	4.8%
Elder care options	20	3.7%
Transportation options	14	2.6%
Services for disabled people	11	2.0%
Road safety	11	2.0%
None	7	1.3%
Animal control	7	1.3%
Child care options	5	0.9%
Culturally appropriate health services	4	0.7%
Number of health care providers	2	0.4%
Respondents	538	100.0%

Health Behavior and Health Information Needs

Survey questions 9-13 asked about health behaviors and health information needs. When asked what the "which one health behavior do people in your own community need more information about," the top five answers picked were:

1. Eating well/ nutrition 15.7%
2. Child care/ parenting 10.2%
3. Managing weight 9.4%
4. Driving safely 8.3%
5. Substance abuse prevention (ex: drugs and alcohol) 7.0%

Table 11. Q9. In your opinion, which one health behavior do people in your own community need more information about?

Q9_InfoNeed	Number	Percent
Eating well/ nutrition	85	15.7%
Child care/ parenting	55	10.2%
Managing weight	51	9.4%
Driving safely	45	8.3%
Substance abuse prevention (ex: drugs and alcohol)	38	7.0%
Crime prevention	36	6.7%
Stress management	35	6.5%
Exercising/ fitness	35	6.5%
Preventing pregnancy and sexually transmitted disease (safe sex)	25	4.6%
Elder care	22	4.1%
Other:	20	3.7%

Going to the doctor for yearly check-ups and screenings	15	2.8%
Caring for family members with special needs/ disabilities	14	2.6%
Quitting smoking/ tobacco use prevention	13	2.4%
Anger management	11	2.0%
None	11	2.0%
Going to a dentist for check-ups/ preventive care	10	1.8%
Getting prenatal care during pregnancy	6	1.1%
Preparing for an emergency/disaster	5	0.9%
Domestic violence prevention	3	0.6%
Rape/ sexual abuse prevention	3	0.6%
Using child safety seats	1	0.2%
Getting flu shots and other vaccines	1	0.2%
Suicide prevention	1	0.2%
Respondents	541	100.0%

The majority of survey respondents stated their main source of health-related information was either from 'doctors/nurses' (44%) from the 'internet' (31%) or from 'family & friends' (8.6%). (Table 12) 'Other' choices that respondents typed in were categorized as "multiple sources," "school" or "classes" and "work" and "television."

Question eleven allowed respondents to type in answers for "health topics / diseases" they would like to know more about. All answers were categorized and grouped for analysis. 'Mental' and 'behavioral health' issues topped the list, and were recorded by 13.5% of respondents. Included in this category were answers such as "depression," "anxiety," "mental health," and "stress." The second most frequent category was 'cardiovascular disease/ high blood pressure' (13.3%). 'Diabetes' was third, selected by 9.8% of respondents. Full details are presented in Table 12, and the verbatim responses are included in appendix B.

Table 12. Q10. Where do *you get most of your health-related information? Please choose only one*

Q10_HealthInfo_Where	Number	Percent
Doctor/nurse	240	44.4%
Internet	168	31.1%
Friends and family	47	8.7%
Other:	25	4.6%
Books/magazines	24	4.4%
Health department	19	3.5%
Hospital	10	1.9%
Pharmacist	2	0.4%
Church	2	0.4%
My child's school	2	0.4%
Help lines	1	0.2%
Respondents	540	100.0%

Table 13. Q11. What health topic(s)/ disease(s) would you like to learn more about?

Q11 Text Responses Categorized	Number	Percent
Mental / Behavioral	99	13.5%
Cardiovascular Disease/ High Blood Pressure	98	13.3%
Diabetes	72	9.8%
Cancer	71	9.6%
Nutrition/ Food	62	8.4%
Weight/ Weight Loss/ Obesity	58	7.9%
Disease Specific	50	6.8%
Infectious Disease/ Immunization	46	6.3%
Prevention/ Promotion/ Wellness	30	4.1%
Aging / Dementia/ Alzheimer's	26	3.5%
Exercise/ Fitness	25	3.4%
Other	16	2.2%
Elder Care/ Aging	16	2.2%
Disparities/ Access	12	1.6%
Drugs/ Addiction	10	1.4%
Asthma	9	1.2%
Insurance/ Costs	8	1.1%
Allergies	7	1.0%
Arthritis	6	0.8%
Pregnancy Related	5	0.7%
Holistic/ Natural	4	0.5%
Environment	3	0.4%
Dental	3	0.4%
Total Health Topics Picked	736	100.0%

Thirty-two percent of respondents reported being a 'caretaker' for children / young adults. These respondents were asked about health topics they felt were important for the children they were responsible for: "Nutrition" was the number one choice (19.4%), followed by "drug abuse" (11.2%) and "mental health issues" (9.4%). (Table 15)

Table 14. Q12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives.)

Q12_CaretakerKids	Number	Percent
1. Yes	174	32.2%
2. No	366	67.8%
Respondents	540	100.0%

Table 15. Q13. Which of the following health topics do you think your child/children need(s) information about?

Q13_Health_Info_For_Kids	Number	Percent
Nutrition	95	19.4%
Drug Abuse	55	11.2%
Mental health issues	46	9.4%
Reckless driving/speeding	41	8.4%

Sexual intercourse	41	8.4%
Alcohol	37	7.6%
Dental hygiene	37	7.6%
STDs	34	6.9%
Tobacco	28	5.7%
Suicide prevention	23	4.7%
Eating Disorders	21	4.3%
Asthma management	13	2.7%
Diabetes management	6	1.2%
none	3	0.6%
bullying/cyber bulling	3	0.6%
OTHER:	7	1.4%
Abuse		
ADHD		
All health topic will be discussed as appropriate.		
All of the topics are needed		
fitness and time management		
My child is very health aware. But maybe vapor cigarettes.		
Personal safety		
Total Health Topics Picked	490	100.0%

Health and Illness

Survey questions 14-17 allowed respondents to report about their physical and mental health. Overall, the majority of respondents reported "very good" or "good" health. (81.4%) Table 16. Q14. Would you say that, in general, your health is:Table 16 presents the breakdown by category. Next, respondents were asked to select all the health conditions that they had been diagnosed with by a health professional. (Table 17) The top four were:

1. Overweight/Obesity (40.0%)
2. Depression/anxiety (29.1%)
3. High Blood Pressure (28.3%)
4. High Cholesterol (25.0%)

The majority of participants selected one or two problems (52%) and another 25% did not enter any health problems. (Table 18). When number of health problems was crossed to ratings of health, a positive correlation was seen: As the number of health problems reported increased, the self-rating of physical and mental health declined. (Pearson's chi-square p<.000).

Table 16. Q14. Would you say that, in general, your health is:

Q14_MyHealth	Number	Percent
1. Excellent	44	8.2%
2. Very good	227	42.4%
3. Good	209	39.0%
4. Fair	54	10.1%
5. Poor	2	0.4%

Respondents	536	100.0%

Table 17. Q15. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

Q15_My_Health_Problems	Number	2015 Percent (N=540)	2011 Percent
Overweight/Obesity	216	40.0%	26%
Depression/anxiety	157	29.1%	24%
High Blood Pressure	153	28.3%	47%
High Cholesterol	135	25.0%	37%
Asthma	70	13.0%	3.1%
Cancer	43	8.0%	
Diabetes	35	6.5%	18%
Osteoporosis	31	5.7%	
Angina/Heart Disease	24	4.4%	15%
Total Health Problems picked	864	n/a	

Table 18. Count of health problems per participant

Count of Problems	Number	Percent
0	136	25.2%
1	156	28.9%
2	123	22.8%
3	71	13.1%
4	29	5.4%
5	17	3.1%
6	8	1.5%
Respondents	540	100.0%

Nearly 15% of respondents reported "being sad or worried," and 27.7% of respondents reported "physical pain" or "health problems" which kept them from normal activities (Table 19, Table 20)

Table 19. Q16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

Q16_sad	Number	Percent
1. Yes	79	14.7
2. No	442	82.5%
3. Don't Know/ Not Sure	15	2.8%
Respondents	536	100.0%

Table 20. Q17. . In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

Q17_pain	Number	Percent
1. Yes	148	27.7%
2. No	385	72.0%
3. Don't Know/ Not Sure	2	0.4%

Respondents	535	100.0%

Healthy Behaviors: Physical Activity, Nutrition, Smoking…..

Questions 18-27 collected information on 'healthy behaviors' such as exercise, diet, smoking and getting a flu vaccine.

Physical Activity

The 2008 Physical Activity Guidelines for Americans Summary recommends that "all adults should avoid inactivity," and that for "substantial" benefit adults should do at least 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of both types of exercise. (Office of Disease Prevention and Health Promotion, 2015) By these guidelines, the survey estimate of respondents meeting this recommendation would only be 26.6%: (those respondents who exercise at least five times a week.) The actual percentage might be higher, but without information on exercise intensity by survey respondents, it is hard to estimate.

Sixty-eight percent of respondents reported getting at least thirty minutes of exercise each week. Of those who exercise: 54.2% reported exercising 3-4 times a week, and an additional 26.6% report exercising 5 or more times a week. (Table 22). 'Lack of motivation' (4.4%) was the most frequent answer typed in by respondents.

The top five reported locations for exercising were:

1. Home 41.0%
2. Private gym 26.2%
3. Park 12.2%
4. Public Recreation Center 7.7%
5. Neighborhood / Outside 6.1%

Top reasons for NOT exercising were as follows:

1. I don't have enough time to exercise. 31.0%
2. I don't like to exercise. 12.9%
3. I don't know. 8.1%
4. I would need child care and I don't have it. 7.4%
5. It costs too much to exercise. 7.4%

Table 21. Q18. 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?

Q18_exercise	Number	Percent
1. Yes	362	67.5%
2. No	172	32.1%
3. Don't Know/ Not Sure	2	0.4%
Respondents	545	100.0%

Table 22. Q19. How many times do you exercise or engage in physical activity during a normal week?

Q18_exercise_times	Number	Percent

1 to 2	68	19.2%
3 to 4	192	54.2%
5 to 6	76	21.5%
7	18	5.1%
Respondents	354	100%

Table 23 Q19. Where do you exercise?

Q20_Exercise_Where	Number	Percent
Home	222	41.0%
Private gym	142	26.2%
Park	66	12.2%
Public Recreation Center	42	7.7%
YMCA	2	0.4%
Other Location		
Neighborhood / Outside	33	6.1%
Work	12	2.2%
Public Track / Court / School	6	1.1%
Other	3	0.6%
Mall / Stores	3	0.6%
Golf Course	3	0.6%
Home	3	0.6%
Church	3	0.6%
Medical Class / Physical Therapy	2	0.4%
Total Locations	542	100.0%

Nutrition

The second section on health collected data on weekly dietary intake of vegetables, fruit, and 100% fruit juice. The U.S. Department of Health and Human Services "Dietary Guidelines for Americans 2010" document recommends 2½ servings of per day of fruit, vegetables, and 100% fruit juice (17.5 servings per week) to reduce the risk of chronic disease, and assist in weight control. (Dietary Guidelines for Americans 2010, p. 35)[1] In the current surveyed population, 31.5% of respondents report getting 16 or more servings/week. (Table 24)

Table 24. Q22 Weekly Intake of all Fruit, Vegetables and 100% fruit Juice

Q22_Total_Weekly_Intake_Fruits_Veg	Number	Percent
0 to 5 a week	83	15.7%
6 to 10 a week	126	23.8%
11 to 15 a week	154	29.1%
16 to 20 a week	97	18.3%
21 or more a week	70	13.2%
Respondents	530	100.0%

Smoking and Secondhand Smoke

Six percent of respondents reported being current smokers, but 36.2% reported exposure to secondhand smoke. The most frequent areas reported for exposure to secondhand smoke were: ‘Home,” and typed in

answers categorized as ‘public spaces/outside,’ and ‘around family.’ Of those respondents who smoked, 39.4% said they’d go to a “doctor” if they wanted to quit, 18% “did not know.” (Table 28. Q26)

Table 25. Q25 Do you currently smoke? (Include regular smoking in social settings.)

Q25_CurrentSmoker	Number	Percent
1. Yes	34	6.4%
2. No	495	93.6%
Respondents	529	100.0%

Table 26. Q23 Have you been exposed to secondhand smoke in the past year?

Q23_SecondHand_Smoke	Number	2015 Percent	2011 Percent
1. Yes	192	36.2%	42%
2. No	327	61.7%	58%
3. Don't Know/ Not Sure	11	2.1%	
Respondents	530	100.0%	100.0% N=146

Table 27. Q24. If yes, where do you think you are exposed to secondhand smoke most often?

Q24_SecondHand_smoke_where	Number	2015 Percent	2011 Percent
Home	59	25.7%	45%
Hospitals	2	0.9%	1%
I am not exposed to secondhand smoke.	36	15.7%	n/a
Restaurants	15	6.5%	9%
School	15	6.5%	5%
Workplace	17	7.4%	8%
Other			
Public Spaces - Outside	25	10.9%	
Around Family	19	8.3%	
Stores / Store Entrance	17	7.4%	
Around Friends	7	3.0%	n/a
Car	7	3.0%	
Bar / Private Club	5	2.2%	
Social Events	4	1.7%	
I smoke	2	0.9%	
Respondents	230	100.0%	

Table 28. Q26 If yes, where would you go for help if you wanted to quit?

Q26_WhereToQuit	Number	Percent
Doctor	13	39.4%
I don’t know	6	18.2%

Private counselor/therapist	4	12.1%
Not applicable; I don't want to quit	4	12.1%
Quit Line NC	2	6.1%
Other		
ECU PASS Clinic	1	3%
Have tried several times.	1	3%
Not been smoking long enough to need help quitting	1	3%
I can quit on my own	1	3%
Respondents	33	100.0%

Flu Shot and Medical Visits

Seventy (69.8%) percent (69.8%) of respondents reported getting a flu shot 'during the last 12 months,' and 76% report they go to a 'doctor's office' most often when they are sick. Other respondents go to 'urgent care' (15.3%) and three persons reported 'hospital. (
Table *30*)

Table 29. Q27 an influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?

Q27_FluVaccine	Number	Percent
1. Yes, flu shot	368	69.2%
2. Yes, flu spray	3	0.6%
3. No	160	30.1%
Don't know / Not sure	1	0.2%
Respondents	532	100.0%

Table 30. Q28 where do you go most often when you are sick?

Q28_WhereGo_Sick	Number	2015 Percent	2011 Percent
Doctor's office	403	75.9%	75%
Urgent Care Center	81	15.3%	4%
Medical Clinic	22	4.1%	n/a
Health department	4	0.8%	2%
Hospital	3	0.6%	11%
Other			8%
Home / Self_Care	12	2.3%	
NaturalPath Doctor, County Health Department, Pharmacy, Depends,am retired healthcare worker, Employee health clinic, Healthwise	6	1.2%	n/a
Respondents	531	100.0%	100%

Insurance, and Access to Care

Only two respondents stated that they did not have health insurance. The 'State Employee Health Plan' was the most often cited (43.8%) followed by 'Blue Cross Blue Shield of North Carolina' (38%).

Twelve percent of respondents (n=63) stated they had had problems accessing care. These respondents reported 'general practitioners' (31.3%), 'specialists' (26.6%), and 'dentists' (21.9%) as problem areas. (Table 33) The top five 'problems' experienced were:

1. My/our share of the cost (deductible/co-pay) was too high (20.0%)
2. Couldn't get an appointment. (20.0%)
3. Insurance didn't cover what I/we needed. (16.9%)
4. No health insurance. (13.8%)
5. The wait was too long. (9.2%)

Table 31. Q29 what is your primary health insurance plan? (This is the plan which pays the medical bills first or pays most of the medical bills).

Q29_Insurance	Number	Percent
The State Employee Health Plan	234	43.8%
Blue Cross and Blue Shield of North Carolina	203	38.0%
Other private health insurance plan purchased from employer or workplace	63	11.8%
Medicare	21	3.9%
The military, Tricare, CHAMPUS, or the VA	3	0.6%
Other (government plan)	3	0.6%
No health plan of any kind	2	0.4%
Don't Know/ Not Sure	2	0.4%
Medicaid or Carolina ACCESS or Health Choice 55	2	0.4%
Other private health insurance plan purchased directly from an insurance company	1	0.2%
Respondents	534	100.0%

Table 32. Q30 In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

Q30_Problem_Getting_AccessToCare	Number	2015 Percent	2011 Percent
1. Yes	63	11.9%	11%
2. No	465	87.6%	89%
Don't know/ Not sure	3	0.6%	
Respondents	531	100.0%	100% N=11

Table 33. Q31 what type of provider or facility did you or your family member have trouble getting health care from?

Q31_AccessProblem	Number	2015 Percent	2011 Percent
General practitioner	20	31.3%	51%
Specialist (please specify)	17	26.6%	14%
Surgeon; mental health, medical clinic, substance abuse treatment, Several different ones, Psychiatry, Physical Therapy, Pain Clinic, Orthopedic, Dermatologist, Orthopedic , Nutritionist, Neurologist, Mental Health Care for daughter, Mental Health, Dermatologist Gastroenterologist and Hepatologist, Earth, Nose and Throat, Earth, Nose and Throat,			n/a
Dentist	14	21.9%	24%
Urgent Care Center	4	6.3%	
Pharmacy/ prescriptions	2	3.1%	
Eye care/ optometrist/ ophthalmologist	2	3.1%	n/a
OB/GYN	2	3.1%	
Pediatrician	1	1.6%	
Hospital	1	1.6%	16%
Medical Clinic	1	1.6%	n/a
Health Department	n/a		11%
Respondents	64	100.0%	N=37*

*Respondents allowed to choose more than one answer: Percents sum to more than 100%

Table 34. Q32. Which of these problems prevented you or your family member from getting the necessary health care

Q32_Access_Problem_Why	Number	2015 Percent	2011 Percent
My/our share of the cost (deductible/co-pay) was too high	26	20.0%	16%
Couldn't get an appointment.	26	20.0%	11%
Insurance didn't cover what I/we needed.	22	16.9%	11%
No health insurance.	18	13.8%	54%
The wait was too long.	12	9.2%	
Doctor would not take my/our insurance or Medicaid.	5	3.8%	
Didn't know where to go.	5	3.8%	
Dentist would not take my/our insurance or Medicaid.	3	2.3%	
No way to get there.	3	2.3%	
Hospital would not take my/our insurance.	1	0.8%	
Pharmacy would not take my/our insurance or Medicaid	0	0.0%	n/a
Other:	9	6.9%	
No dental insurance, Had to advocate for myself and insist on a referral to a specialist, Outstanding bill, Pharmacy did not have the prescribed medication, Practice changed to an Affiliate, problems seeing MD, Still waiting for medical records to transfer from a specialist; have pain clinic review records, get an appointment, NAVIGATING the system! Been 6 months for my daughter, The doctor's bedside manner was terrible and he wouldn't focus on the problem I was experiencing.			

Respondents	130	100.0%	

Mental Health Service Providers

Survey participants were asked who they would refer a friend or family member to for counseling. The top three choices were: 'Doctor' (38%), 'private counselor/therapist (32.2%), and 'minister/religious official (10.5%). An additional 8.6% reported they 'did not know.'

Table 35. Q33 If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to?

Q33_MentalHealth_whereSend	Number	2015 Percent	2011 Percent
Doctor	202	38.0%	35.9%
Private counselor or therapist	166	31.2%	27.3%
Minister/religious official	56	10.5%	15.5%
Don't know	46	8.6%	10.9%
Support group (e.g., AA. Al-Anon)	32	6.0%	3.7%
School counselor	9	1.7%	.6%
Other:	21	3.9%	6.0%
Treatment Center, Support group, church ministry or MD, Student - School Counselor/ Adult - Private counselor, School nurse, PORT Services, Mental health clinic, Me, local mental health server, Insurance to see if the policy covers mental health, I would tell them not to, Friend, Family , Friend/family , ECU PASS Clinic, ECBH consultant, Depends on the situation, Depends on the situation, Church, God, Call 211			n/a
Respondents	532	100.0%	100.0% (N=348

Household Safety and Disaster Preparedness

Over 95% of respondents reported they had smoke detectors. Of those, 40.7% stated they had both smoke detectors and carbon monoxide detectors. In contrast, only 39.2% reported having a 'basic emergency supply kit.' Most respondents with emergency supply kits seemed well supplied. The American Red Cross suggests a three day supply for evacuation type situations, and a two week supply for staying at home. (The American Red Cross, 2015) Almost eighty-eight percent (87.6%) had at least a 3-4 day supply or greater, a sub-set of which (9.2%) had at least a thirty day supply. (Table 38)

Table 36. Q34 Does your household have working smoke and carbon monoxide detectors?

Q34_SmokeCO2	Number	2015 Percent	2011 Percent
1. Yes, both	205	40.7%	52%
2. Yes, smoke detectors only	281	55.8%	34%
3. Yes, carbon monoxide detectors only	10	2.0%	1%

Don't know/ Not sure	8	1.6%	n/a
Respondents	504	100.0%	

Table 37. Q35 Does your family have a basic emergency supply kit?

Q35_EmergencyKit	Number	Percent
1. Yes	209	39.2%
2. No	306	57.4%
Don't know/Not sure	18	3.4%
Respondents	533	100.0%

Table 38. Q36 if yes, how many days do you have supplies for?

Q36_Days_Supply	Number	Percent
1-2 Days	23	12.4%
3-4 Days	54	29.2%
5-7 Days	72	38.9%
8-29 Days	19	10.3%
30+	17	9.2%
Respondents	185	100.0%

When asked how they would get information from authorities in a disaster type situation, the top three answers were: Television (41.1%), internet (19.9%), and text message (emergency alert system) (15.7%).

Almost fourteen percent of the survey participants stated they were unsure about, or would not evacuate. (Table 40) When asked why, respondents most often stated they had concerns over their 'property' (25.7%), 'pets' (21.4%), and 'personal' / 'family safety' (17.1%).

Table 39. Q37 what would be your main way of getting information from authorities in a large-scale disaster or emergency?

Q37_InfoSource_InDisaster	Number	Percent
Television	215	41.1%
Internet	104	19.9%
Text message (emergency alert system)	82	15.7%
Radio	50	9.6%
Social networking site	30	5.7%
Don't know/ Not sure	26	5.0%
Neighbors	5	1.0%
Print media (ex: newspaper)	3	0.6%
Other		
First Responder	3	0.6%
cell phone	4	0.8%
Work	1	0.2%
Respondents	523	100.0%

Table 40. Q38 If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

Q38_Evacuate	Number	Percent
1. Yes	461	86.2%
2. No	18	3.4%
Don't know/Not sure	56	10.5%
Respondents	535	100.0%

Table 41. Q39 what would be the main reason you might not evacuate if asked to do so?

Q39_Why_Not_Evacuate	Number	Percent
Concern about leaving property behind	18	25.7%
Concern about leaving pets	15	21.4%
Don't know/ Not sure	8	11.4%
Concern about family safety	7	10.0%
Concern about personal safety	5	7.1%
Lack of trust in public officials	5	7.1%
Concern about traffic jams and inability to get out	4	5.7%
Lack of transportation	2	2.9%
Other		
Depends on situation	2	1.4%
Job/Helping	3	2.1%
Ask Family what to do	1	0.7%
Respondents	70	100.0%

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2015 Community Health Opinion Survey

We are conducting a survey of our county to learn more about the health and quality of life in Pitt County. The Pitt County Health Department, Vidant Medical Center and Pitt Partners for Health will use the results of this survey to help address the major health and community issues in our county. You must be a Pitt County resident to complete this survey. Thank you for your participation in this survey!

Strongly Disagree Disagree Neutral Agree Strongly Agree

1. How do you feel about this statement, “There is good healthcare in Pitt County”?
2. How do you feel about this statement, “Pitt County is a good place to raise children”?
3. How do you feel about this statement, “Pitt County is a good place to grow old”?
4. How do you feel about this statement, “There is plenty of economic opportunity in Pitt County”?
5. How do you feel about this statement, “Pitt County is a safe place to live”?
6. How do you feel about this statement, "There is plenty of help for people during times of need in Pitt County"?

7. In your opinion, which one issue most affects the quality of life in Pitt County? (Please choose only one.) If there is a community problem that you consider the most important and it is not on this list, please write it in the text box below.

1. Pollution (air, water, land)
2. Dropping out of school
3. Low income/poverty
4. Homelessness
5. Lack of/ inadequate health insurance
6. Discrimination/ racism
7. Hopelessness
8. Lack of community support
9. Neglect and abuse
10. Elder abuse
11. Child abuse
12. Domestic Violence
13. Violent crime (murder, assault)
14. Theft
15. Rape/sexual assault
16. None
17. Other (please specify)

8. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.) If there is a service that you think needs improvement that is not on this list, please write it in the text box below.

1. Animal control
2. Child care options
3. Elder care options
4. Services for disabled people
5. More affordable health services
6. Better/ more healthy food choices
7. More affordable/better housing
8. Number of health care providers
9. Culturally appropriate health services
10. Better/ more recreational facilities (parks, trails, community centers)
11. Healthy family activities
12. Positive teen activities
13. Transportation options
14. Counseling/ mental health/ support groups
15. Availability of employment
16. Higher paying employment
17. Road maintenance
18. Road safety
19. None
20. Other (please specify)

9. In your opinion, which one health behavior do people in your own community need more information about?

1. Eating well/ nutrition
2. Exercising/ fitness
3. Managing weight
4. Going to a dentist for check-ups/ preventive care
5. Going to the doctor for yearly check-ups and screenings
6. Getting prenatal care during pregnancy
7. Getting flu shots and other vaccines
8. Preparing for an emergency/disaster
9. Driving safely
10. Using child safety seats
11. Using seat belts
12. Quitting smoking/ tobacco use prevention
13. Child care/ parenting
14. Caring for family members with special needs/ disabilities
15. Elder care
16. Preventing pregnancy and sexually transmitted disease (safe sex)
17. Substance abuse prevention (ex: drugs and alcohol)
18. Suicide prevention
19. Stress management
20. Domestic violence prevention
21. Crime prevention
22. Rape/ sexual abuse prevention
23. Anger management
24. None
25. Other (please specify)

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

1. Friends and family
2. Hospital
3. Doctor/nurse
4. Health department
5. Pharmacist
6. Help lines
7. Church
8. Books/magazines
9. Internet
10. My child's school
11. Other (please specify)

11. What health topic(s)/ disease(s) would you like to learn more about?
1. Write in Choice 1
2. Write in Choice 2
3. Write in Choice 3

12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives.)
1. Yes
2. No (Please skip to Question #14)

13. Which of the following health topics do you think your child/children need(s) more information about?

1. Dental hygiene
2. Tobacco
3. Drug Abuse
4. Nutrition
5. Reckless driving/ speeding
6. STDs
7. Eating Disorders
8. Sexual intercourse
9. Asthma management
10. Alcohol
11. Suicide prevention
12. Mental health issues
13. Diabetes management
14. Other (please specify)

14. Would you say that, in general, your health is?
Excellent Very good Good Fair Poor don't know/Not sure

15. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Pick all that apply) Yes No DK/Not Sure

1. Asthma
2. Depression or anxiety
3. High blood pressure
4. High cholesterol
5. High cholesterol
6. Diabetes (not during pregnancy)
7. Osteoporosis
8. Overweight/Obesity
9. Angina/ heart disease
10. Cancer

16. in the past 30 days, have there been any days when feeling sad or worried
Kept you from going about your normal business?

1. Yes
2. No
3. DK/Not Sure

17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

1. Yes
2. No
3. DK/Not Sure

18. 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?

1. Yes
2. No (Skip to Question # 21)
3. Don't Know/Not Sure

19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? [Text response]

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

1. YMCA
2. Private gym
3. Park
4. Home
5. Public Recreation Center
6. Other (please specify)

21. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? Check all that apply.

1. My job is physical or hard labor.
2. Exercise is not important to me.
3. I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
4. I don't have enough time to exercise.
5. I would need child care and I don't have it.
6. I don't know how to find exercise partners.
7. I don't like to exercise.
8. It costs too much to exercise.
9. There is no safe place to exercise.
10. I'm too tired to exercise.
11. I'm physically disabled.
12. I don't know.
13. Other (please specify)

22. Not counting lettuce salad or potato products (baked or fried potatoes), think about how often you eat fruits and vegetables in an average week. How many cups per week of fruits and vegetables would you say you eat? (One apple or 12 baby carrots equal one cup.) If you do not eat fruits or vegetables, please put a 0 in the space provided.

1. Number of cups of fruit
2. Number of cups of vegetables
3. Number of cups of 100% fruit juice

23. Have you been exposed to secondhand smoke in the past year?

1. Yes
2. No (Skip to Question #25)
3. DK/Not Sure

24. If yes, where do you think you are exposed to secondhand smoke most often?

1. Home
2. School
3. Workplace
4. Hospitals
5. Restaurants
6. I am not exposed to secondhand smoke.
7. Other (please specify)

25. Do you currently smoke? (Include regular smoking in social settings.)

1. Yes
2. No (If no, skip to question #27)

26. If yes, where would you go for help if you wanted to quit?

1. Quit Line NC
2. Doctor
3. Church
4. Pharmacy
5. Private counselor/therapist
6. Health Department
7. I don't know
8. Not applicable; I don't want to quit
9. Other (please specify)

27. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?

1. Yes, flu shot
2. Yes, flu spray
3. No
4. Don't know / Not sure

28. Where do you go most often when you are sick?

1. Doctor's office
2. Medical Clinic
3. Health department
4. Urgent Care Center
5. Hospital
6. Other (please specify)

29. What is your primary health insurance plan? (This is the plan which pays the medical bills first or pays most of the medical bills). Please choose only one.
[Note: The State Employee Health Plan is also called the "North Carolina Teacher's and Employee Health Plan." Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

1. The State Employee Health Plan
2. Blue Cross and Blue Shield of North Carolina
3. Other private health insurance plan purchased from employer or workplace
4. Other private health insurance plan purchased directly from an insurance company
5. Medicare
6. Medicaid or Carolina ACCESS or Health Choice 55
7. The military, Tricare, CHAMPUS, or the VA
8. The Indian Health Service
9. Other (government plan)
10. No health plan of any kind
11. DK/Not Sure

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

1. Yes
2. No (Skip to question #33)
3. Don't know/ Not sure

31. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you tried to see but we do not have listed here, please write it in.

1. Dentist
2. General practitioner
3. Eye care/ optometrist/ ophthalmologist
4. Pharmacy/ prescriptions
5. Pediatrician
6. OB/GYN
7. Health department
8. Hospital
9. Urgent Care Center
10. Medical Clinic
11. Specialist (please specify)

32. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have written here, please write it in.

1. No health insurance.
2. Insurance didn't cover what I/we needed.
3. My/our share of the cost (deductible/co-pay) was too high.
4. Doctor would not take my/our insurance or Medicaid.
5. Hospital would not take my/our insurance.
6. Pharmacy would not take my/our insurance or Medicaid.
7. Dentist would not take my/our insurance or Medicaid.
8. No way to get there.
9. Didn't know where to go.
10. Couldn't get an appointment.
11. The wait was too long.
12. Other (please specify)

33. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to?

1. Private counselor or therapist
2. Doctor
3. Support group (e.g., AA. Al-Anon)
4. Minister/religious official
5. School counselor
6. Don't know
7. Other (please specify)

34. Does your household have working smoke and carbon monoxide detectors?

1. Yes, smoke detectors only
2. Yes, carbon monoxide detectors only
3. Yes, both
4. No
5. Don't know/ Not sure

35. 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.)

1. Yes
2. No (Skip to question 37)
3. DK/Not Sure (Skip to question 37)

36. If yes, how many days do you have supplies for?
[Text response]

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

1. Television 2. Radio 3. Internet 4. Print media (ex: newspaper) 5. Social networking site 6. Neighbors 7. Text message (emergency alert system) 8. Don't know/ Not sure	9. Other (please specify)

10. 38. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
11. Yes (skip to question #40)
12. No (go to question #39)
13. Don't know/ Not sure (go to question #39)

39. What would be the main reason you might not evacuate if asked to do so?

1. Lack of transportation
2. Lack of trust in public officials
3. Concern about leaving property behind
4. Concern about personal safety
5. Concern about family safety
6. Concern about leaving pets
7. Concern about traffic jams and inability to get out
8. Health problems (could not be moved)
9. Don't know/ Not sure
10. Other (please specify)

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

1. 15 - 19
2. 20 - 24
3. 25 - 29
4. 30 - 34
5. 35 - 39
6. 40 - 44
7. 45 - 49
8. 50 - 54
9. 55 - 59
10. 60 - 64
11. 65 - 69
12. 70 - 74
13. 75 - 79
14. 80 - 84
15. 85 or older

41. Are you Male or Female?

1. Male Female

42. Are you of Hispanic, Latino, or Spanish origin?

1. Yes No (If no, skip to #44)

43. If you answered yes to Question 42, are you:

1. Mexican, Mexican American, or Chicano
2. Puerto Rican
3. Cuban
4. Other Hispanic or Latino (please specify)

44. What is your race?

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian Indian
5. Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino
6. Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro
7. Other (please specify)

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

1. Yes
2. No

46. If you answered yes to Question #45, what other language do you speak?

[Text response]

47. What is your marital status?

1. Never Married/Single
2. Married
3. Divorced
4. Widowed
5. Unmarried partner
6. Separated
7. Other (please specify)

48. What is the highest level of school, college or vocational training that you have finished?
1. Less than 9th grade
2. 9-12th grade, no diploma
3. High school graduate (or GED/ equivalent)
4. Associate's Degree or Vocational Training
5. Some college (no degree)
6. Bachelor's degree
7. Graduate or professional degree
8. Other (please specify)

49. What was your total household income last year, before taxes?

1. Less than $10,000
2. $10,000 to $14,999
3. $15,000 to $24,999
4. $25,000 to $34,999
5. $35,000 to $49,999
6. $50,000 to $74,999
7. $75,000 to $99,999
8. $100,000 or more

50. How many people does this income support?
[Text response]

51. What is your employment status? Check all that apply.

1. Employed full-time
2. Employed part-time
3. Retired
4. Armed forces
5. Disabled
6. Student
7. Homemaker
8. Self-employed
9. Unemployed for more than 1 year
10. Unemployed for 1 year or less
11. 52. Do you have access to the Internet?
12. Yes
13. No

53. What is your zip code? (Write only the first 5 digits.)
[Text response]

2015 Survey Results Tables

Indicators	Agree/ Strongly Agree	Average Answer (scale 1-5)
Good healthcare	79.8%	4.0
Good place to raise children	64.7%	3.6
Good place to grow old	55.0%	3.5
Plenty of economic opportunity	39.7%	3.1
Safe place to live	37.3%	3.1
Help for people in time of need	43.9%	3.3

1= Strongly Disagree, 5= Strongly Agree

Q1_GoodHlthCare	Number	Percent
1. Strongly Agree	118	21.7%
2. Agree	317	58.2%
3. Neutral	85	15.6%
4. Disagree	21	3.9%
5. Strongly Disagree	4	0.7%
Grand Total	545	100.0%

Q2_GoodRaiseKids	Number	Percent
1. Strongly Agree	67	12.3%
2. Agree	285	52.4%
3. Neutral	120	22.1%
4. Disagree	63	11.6%
5. Strongly Disagree	9	1.7%
Grand Total	544	100.0%

Q3_GoodGrowOld	Number	Percent
1. Strongly Agree	62	11.5%
2. Agree	235	43.5%
3. Neutral	151	28.0%
4. Disagree	74	13.7%
5. Strongly Disagree	18	3.3%
Grand Total	540	100.0%

Q4_EcoOpp	Number	Percent
1. Strongly Agree	17	3.1%
2. Agree	198	36.6%
3. Neutral	167	30.9%
4. Disagree	129	23.8%
5. Strongly Disagree	30	5.5%
Grand Total	541	100.0%

Q5_Safe	Number	Percent
1. Strongly Agree	16	3.0%
2. Agree	186	34.4%
3. Neutral	202	37.3%
4. Disagree	105	19.4%
5. Strongly Disagree	32	5.9%
Grand Total	541	100.0%

Q6_HelpAvailabe	Number	Percent
1. Strongly Agree	26	4.8%
2. Agree	213	39.2%
3. Neutral	192	35.3%
4. Disagree	99	18.2%
5. Strongly Disagree	14	2.6%
Grand Total	544	100.0%

Q7_Issue	Number	Percent
Low income/poverty	250	51.9%
Violent crime (murder, assault)	94	19.5%
Theft	22	4.6%
Dropping out of school	22	4.6%
Discrimination/racism	18	3.7%
Neglect and abuse	12	2.5%
Lack of/ inadequate health insurance	12	2.5%
Lack of community support	12	2.5%
Hopelessness	10	2.1%
Domestic Violence	9	1.9%
Homelessness	8	1.7%
None	7	1.5%
Child abuse	2	0.4%
Rape/sexual assault	2	0.4%
Pollution (air, water, land)	1	0.2%
Elder abuse	1	0.2%
Grand Total	482	100.0%

Q7a_Other_Grp	Q7a_Other	Total
Unproductive/ Lazy/ Entitleme	Laziness and entitlement	1
	environment that discourages working for something "when you c	1
	Over use of public funds for able bodied adults.	1
	An abundance of citizens that live off the system that are capable	1
	Lack of responsible citizens	1
	as in most, too much government support and too many people w	1
	Lazy people who want free everything	1
	cultural laziness	1
	Unraised children that turn into unproductive adults	1
	intelligence	1
	A culture of dependency	1
	irresponsible parents	1
Saftey/Crime/Gangs	All crime	2
	Gangs/drug selling in good neighborhoods	1
	Gang/Violence	1
	Safety/Crime in general	1
	Break ins, petty thefts, home invasions	1
	Gangs and gang violence	1
	Crime and Gangs	1
	overall crime	1
	gang activity	1
	all crime--not just those single types	1
	Violent crime and theft	1
	Gang affiliation	1
Jobs/Resources	Limited things for youth 12-21 and adults to do other than fast foo	1
	Poor economy and difficulty improving economic status	1
	overcrowding, not enough support for the amount of people	1
	Lack of resources	1
	Lack of job opportunity for low skill /manufacturing workers	1
	lack of services being bought to the communities - outside the offi	1
Schools/Education/Literacy	pretty crummy public schools	1
	support for schools	1
	Quality of education "our people can not read"!	1
	Lack of education importance	1
	Illiteracy and complacency	1
	lack of parental support in children's education	1
Race/Diversity/Religion	Open dialogue between racial groups	1
	Christianity	1
	respect for others	1
	Disconnect, almost feels like two separate cities.	1
	Lack of respect for diversity	1
Health Care: Rural/Elder/Scho	STIs	1
	Lack of Rural Health Care	1
	Each school needs a nurse. Kids don't have consistency with the	1
	lack of elder care	1
Family Structure/Support	break down of the family structure.	1
	Lack of family support for children (due to broken families, low ed	1
	breakdown of the family unit	
	family environment	
Mental Health Services	Streamlining of psychological services in primary care	1
	Need more mental health support for autistic population	1

	Lack of Mental Health Services	1
	mental health services	1
Unwed Mothers&Parents/Tee	Teenage/young unwed mothers	1
	Unwed Mothers/Parents	1
	Teen pregnancy	1
	Teen pregnancy and single parenthood	1
Hunger/Healthy Food	Lack of healthy food options	1
	hunger	1
Things to do	Lack of entertainment for families/people not in college!	1
	Lack of cultural outlets	1
Drugs/Substance Abuse	drugs and substance abuse	1
	availability of illegal drugs	1
Housing	Affordable Middle Class Housing	1
Taxes	Pitt County homeowners taxes are ridiculously high.City/County g	1
Transportation	lack of adequate public transportation	1
Other	pretty much alo if it	1
	I'm not sure	1
Grand Total		67

Q8_Service_Improve	Number	Percent
Higher paying employment	75	13.9%
Availability of employment	62	11.5%
Positive teen activities	60	11.2%
Better/ more recreational facilities (parks, trails, community centers)	39	7.2%
Road maintenance	38	7.1%
Healthy family activities	36	6.7%
Other:	32	5.9%
Counseling/ mental health/ support groups	32	5.9%
Better/ more healthy food choices	31	5.8%
More affordable/better housing	26	4.8%
More affordable health services	26	4.8%
Elder care options	20	3.7%
Transportation options	14	2.6%
Services for disabled people	11	2.0%
Road safety	11	2.0%
None	7	1.3%
Animal control	7	1.3%
Child care options	5	0.9%
Culturally appropriate health services	4	0.7%
Number of health care providers	2	0.4%
Grand Total	538	100.0%

Q8a_other_Recode	Q8a_other	Total
Schools / Education / School	after school care for young children	1
	In-home programs to help/show parents what to do to prepare children for kindergarten and further schooling	1
	lack of health supervision in our schools. Not a school nurse in every school to look out for our children.	1
	Money for teachers and classrooms	1
	School age intervention for mp kids at risk	1
	Schools / Education	1
Sidewalks/ Bike Lanes	Bike lanes	1
	pedestrian friendly community features	1
	Pedestrians and bicycle safety- need more sidewalks and the ability to walk in our community	1
	safe places to walk.. sidewalks	1
	Sidewalks to encourage walking and biking.	1
	The addition of bicycle lanes on roads.	1
Mental Health / Disabilities / Social Service	a working, functional mental health system	1
	DSS family services and investigation	1
	more day programs for recovering drug addicts and abusers	1
	Supervised apartments for adults with disabilities	1
Arts / Kids / Parks	Arts venue	1
	Indoor Activities for kids	1
	more child friendly activities and establishments, this is not just a college town	1
	More parks/facilities/activities/community centers north of the river	1
Crime / Saftey/ Enforce Law	accountability for rental properties	1
	Better crime control	1
	Improved safety (specifically related to gang activity)	1
	More law enforcement	1
Health Care	diversified health care places in the local towns	1
	health care services that are more accessible at the time of need	1
	Rural Healthcare	1
Costs	Cost of Water in Bethel	1
	Help for working who make "too much" to be helped by social services	1
Church Outreach	Out Reach from the Churches	1
Grand Total		30

Q9_InfoNeed	Number	Percent
Eating well/ nutrition	85	15.7%
Child care/ parenting	55	10.2%
Managing weight	51	9.4%
Driving safely	45	8.3%
Substance abuse prevention (ex: drugs and alcohol)	38	7.0%
Crime prevention	36	6.7%
Stress management	35	6.5%
Exercising/ fitness	35	6.5%
Preventing pregnancy and sexually transmitted disease (safe sex)	25	4.6%
Elder care	22	4.1%
Other:	20	3.7%
Going to the doctor for yearly check-ups and screenings	15	2.8%
Caring for family members with special needs/ disabilities	14	2.6%
Quitting smoking/ tobacco use prevention	13	2.4%
Anger management	11	2.0%
None	11	2.0%
Going to a dentist for check-ups/ preventive care	10	1.8%
Getting prenatal care during pregnancy	6	1.1%
Preparing for an emergency/disaster	5	0.9%
Domestic violence prevention	3	0.6%
Rape/ sexual abuse prevention	3	0.6%
Using child safety seats	1	0.2%
Getting flu shots and other vaccines	1	0.2%
Suicide prevention	1	0.2%
Grand Total	541	100.0%

Q9a_Other_GRP	Q9a_Other	Total
Mental Health	Mental Health	2
	mental health issues	1
Parenting	responsible parenting	1
Preventive	Living healthy lifestyle and what that entails	1
	Overall preventative care	1
	Plenty of information is available, but people don't use it.	1
Productive /Engaged Citizen	being an engaged citizen that feels comfortable asking for any of the above	1
	How to raise productive law-abiding citizens.	1
Services Are Available	Assistance with all the items listed is already available in Pitt County, help is a phone call away.	1
	We have the information, people just won't use it!	1
Other	All are needed	1
	contraception	1
	Diabetes/hypertension	1
	Distracted driving	1
	Education and job readiness	1
	Family involvement	1
	Financial Management	1
	Our community is pretty self sufficient but crime from outside always a worry.	1
	what is considered animal neglect/abuse	1
Grand Total		20

Q10_HealthInfo_Where	Number	Percent
Doctor/nurse	240	44.4%
Internet	168	31.1%
Friends and family	47	8.7%
Other:	25	4.6%
Books/magazines	24	4.4%
Health department	19	3.5%
Hospital	10	1.9%
My child's school	2	0.4%
Pharmacist	2	0.4%
Church	2	0.4%
Help lines	1	0.2%
Grand Total	540	100.0%

er_grp	Q10a_other	
Media	News media (which is definitely not the same as "books, magazines." I can't believe you didn't list this option, which would be a very common answer.	1
	Media	1
Multiple	multiple sources- internet, books, magazines, doctors, pharmacists	1
	variety of sources	1
	School and Reading	1
	Am retired RN.Ex-co-workers,TV,N.paper	1
	all of the above	1
	former nurse, who keeps up via all forms of media	1
Schools/ Classes	School	4
	East Carolina University	3
	Attending East Carolina University	1
	Class	1
	health classes	1
Television	television	1
	TV advertisements	1
	TV	1
Work	My professional journals	1
	WORK	1
	Occupation	1
Other	I am a registered nurse. Research for answers.	1
Grand Total		25

Q11 Text Responses Categorized	Count	Percent
Mental / Behavioral	99	13.5%
Cardiovascular Disease/ High Blood Pressure	98	13.3%
Diabetes	72	9.8%
Cancer	71	9.6%
Nutrition/ Food	62	8.4%
Weight/ Weight Loss/ Obesity	58	7.9%
Disease Specific	50	6.8%
Infectious Disease/ Immunization	46	6.3%
Prevention/ Promotion/ Wellness	30	4.1%
Aging / Dementia/ Alzheimer's	26	3.5%
Exercise/ Fitness	25	3.4%
Other	16	2.2%
Elder Care/ Aging	16	2.2%
Disparities/ Access	12	1.6%
Drugs/ Addiction	10	1.4%
Asthma	9	1.2%
Insurance/ Costs	8	1.1%
Allergies	7	1.0%
Arthritis	6	0.8%
Pregnancy Related	5	0.7%
Holistic/ Natural	4	0.5%
Environment	3	0.4%
Dental	3	0.4%
Grand Total	736	100.0%

Q11a_LearnAbt		
Mental / Behavioral	Mental Health	10
	depression	9
	Anxiety	8
	Stress management	7
	ADHD	7
	Autism	4
	Stress	3
	Suicide	3
	Mental Health Issues	3
	ptsd	3
	mental diseases	3
	Sleep disorders	2
	anger management	2
	Sleep habits	2
	Mental health disorders	2
	sleep	2
	traumatic brain injury	2
	Attention Deficit in Adults	1
	Stress Management as it relates to all compon	1
	Depression/Suicide	1
	Fatigue	1

	mental illnesses	1
	managing stress	1
	Dealing with Physically Ill Mental Health Patien	1
	Mental	1
	Stress Health	1

Mental / Behavioral	adhd in children	1
	Effects of stress	1
	anxiety disorders	1
	mental well-being	1
	Mental Health and Dementia	1
	Quality of Life	1
	Mental Health diseases	1
	anger management in regards to domestic abu	1
	complementary therapies for stress manageme	1
	eating disorders	1
	bipolar	1
	Balancing Work and Private Life	1
	childhood mental health	1
	stress relief/management	1
	Mental Illness	1
	mental illness for young people	1
	Anxiety/Depression	1
	mental health resources	1
Cardiovascular Disease/ High Blood Pressure	heart disease	35
	High blood pressure	11
	Hypertension	7
	heart	6
	heart health	3
	COPD	3
	high cholesterol	3
	BLOOD PRESSURE	3
	heart attack	2
	Stroke	2
	Congestive Heart Failure	1
	Heart problems	1
	CV disease	1
	Dangers of High Blood Pressure	1
	high blood	1
	Cardiovascular Disease	1
	HUYPERLIPEDEMIA	1
	Cardiovascular disease in women	1
	heart health/fitness	1
	serious hypertension	1
	heart related issues	1
	cardiac	1
	high blood press	1
	chf	1
	cardiac disease	1
	Heart disease prevention/early detection	1
	Coronary artery disease	1

	heart disease/hypertension	1
	cholesterol	1
	STROKE PREVENTION	1
	strokes	1
	Heart disease in women	1
	heart disease prevention	1

Diabetes	Diabetes	63
	diabeties	2
	Diabetes or how not to get it	1
	blood sugar	1
	Diabates	1
	diebeties	1
	Type 1 diabetes	1
	Diabetes how to control blood sugar levels and	1
	Diabetes Management	1
Cancer	CANCER	44
	Breast Cancer	7
	Cancer Prevention	5
	Colon cancer	2
	breastfeeding cancer	1
	Cancers	1
	After Cancer care	1
	Lung cancer	1
	brain tumors	1
	Childhood cancers	1
	lung cancer in women	1
	Prostate Cancer	1
	Ovarian cancer	1
	Cancer prevention and treatment	1
	skin cancer	1
	Cancer reoccurance/prevention	1
	Cancer Screening	1
Nutrition/ Food	Nutrition	20
	eating healthy	2
	healthy food choices	2
	diet	2
	healthy eating	2
	vision resources for low income	1
	meal prep	1
	Healthy Food choices for people in Poverty	1
	dieting after weight loss surgery to lose nore	1
	nutrition for toddlers	1
	Clean Eating	1
	Healthy Eating/Nutrition	1
	eating well	1
	Local food	1
	food allergies	1
	chronic disease and connection to food supply	1
	food health	1
	pros and cons of gluten free	1

	food toxins	1
	vitamins which are needed daily	1
	Gluten Intolerance	1
	cooking a balanced meal on a budget	1
	GMOs and effects on our health	1
	Hormones in food	1
	good nutrition for eating out	1
	Malnutrition in children	1
	green foods	1
	Nutrician	1
	healthy cooking	1
	Nutrition as it affects overall health conditiona	1
	Healthy Cooking Seminars	1
	potassium	1
	healthy diet	1
	Raw Dieting	1
	Chemicals and additives in food and the effect	1

Nutrition/ Food	Vitamin D Deficiency in African Americans	1
	Healthy Eating and affording to buy the food	1
	dietary influences on health in general	1
	healthy eating options	1
Weight/ Weight Loss/ Obesity	Obesity	25
	weight loss	7
	Weight Management	7
	Managing Weight	3
	childhood obesity	3
	Weight Control	1
	Quick Tips for weight loss	1
	diet/weight management	1
	obesisty	1
	Weight	1
	Weight loss for older adults	1
	weight control without some diet I can't keep up	1
	Healthy Weight Loss	1
	maintaining a healthy weight	1
	obesity and weight management in young child	1
	WEIGHT MANGEMENT	1
	child obesity	1
	obesity and how to manage	1
Disease Specific	lupus	3
	PCOS	2
	Osteoporosis	2
	Celiac Disease	2
	sickle cell	2
	Women's Health	2
	CADASIL	1
	Osteoporois	1
	Migraines	1
	Cyclic Vomiting Syndrome	1
	Policystic ovaries	1
	cystic fibrosis	1

	Autism	1
	digestive diseases	1
	Neuropathy	1
	dyslaxia	1
	PCOD	1
	Eye diseases/disorders	1
	RSV	1
	Falls	1
	spinal chord injury	1
	fibroids	1
	auto immune disease	1
	Fibromyalgia	1
	Migrains	1
	GENETIC DISORDERS	1
	osteoarthitis	1
	Inflammation effects on health	1
	auto immune disorders	1
	Inflammatory bowel disease	1
	back issues (herniated disk)	1
	Inflammatory conditions	1
	Rheumatoid Arthritis	1
	juvenile leukemia	1
	seizures	1
	thyroid issues	1
	SMA	1
	Achard Thiers syndrome	1
	Thyroid	1

Disease Specific	Liver disease	1
	LOWER BACK PAIN	1
	kidney disease	1
	liver damage	1
Infectious Disease/ Immunization	AIDS	4
	STDs	4
	hpv	3
	hiv/aids	3
	HIV	3
	Flu	2
	Ebola	2
	infectious diseases	2
	STI prevention	1
	Safe Sex	1
	TB	1
	HPS	1
	Alloimmunization	1
	gornarrhea/chlamydia	1
	STI's/STD's	1
	immunizations	1
	Paracoccidioidomycosis	1
	INFECTIONS	1
	STD prevention	1

	teaching your children about STD's	1
	STD's	1
	Teen unprotected sex	1
	STI/Birth Control information classes for both m	1
	H V I	1
	syphillis	1
	mumps	1
	Communicable diseases for children	1
	need for vaccinations	1
	Vaccinations	1
	lyme disease	1
	measles	1
Prevention/Promotion/	Preventative health care	2
	preventing/delaying dementia	1
	Unintended pregnancy prevention	1
	promoting healthy behaviors for teens	1
	Early Childhood Health	1
	Disease Prevention	1
	funding health care at the prevention stage - i.e	1
	preventive health procedures	1
	General Exercise and Nutrition Accountability	1
	safety	1
	General healthy care	1
	ways to talk to my children so their health is bet	1
	healthy lifestyle	1
	preventing cancer	1
	healthy lifestyles/prevention	1
	prevention	1
	healthy living	1
	promoting healthy behaviors for parents and ad	1
	healthy weight	1
	quitting smoking /making affordable	1
	Open sharing of prevalance of Chronic Disease	1
	Sexual assault prevention	1
	parenting skills	1
	warning symptoms/when to see a doctor	1
	Prevent Blood Clots	1

Prevention/Promotion/	Wellness	1
	Wellness programs	1
	chronic disease prevention	1
	Preventative screenings	1
Aging / Dementia/ Alzheimer's	dementia	7
	Aging	4
	Alzheimer's	4
	Aging Well	1
	Altzheimers	1
	Dimensia	1
	alzheimer prevention	1
	Bone care	1
	Alzheimers	1
	Demetia	1

	ageing healthy	1
	Dymentia	1
	alzheimers disease	1
	Alzheimer's disease	1
Exercise/ Fitness	Exercise	9
	fitness	5
	Physical Activity	1
	Exercise & Fitness education in community sett	1
	Stretching and weights class at senior center	1
	Exercise and disease prevention	1
	health benefits of exercise	1
	Exercise for All Ages	1
	physical fitness	1
	Exercise for over 40 working people	1
	Yoga for senior center	1
	Exercising	1
	Exercising/ fitness	1
Other	Crime Prevention	2
	Hereditary sensory and motor neuropathy	1
	non emergency medical care	1
	Mandatory health check ups from university or i	1
	Child/Infant CPR/First Aid	1
	child care	1
	childhood illnesses	1
	How to be a strong advocate for yourself when	1
	chronic diseases	1
	medications and side effects	1
	Chronic Illness	1
	Options for our Adults with Disabilities after Hig	1
	Why EC departments in schools are getting lar	1
	antibiotics	1
	Diseases more threatening to Eastern North C	1
Elder Care/ Aging	elderly care	2
	menopause	2
	Menapause	2
	Palliative care	1
	Eldercare	1
	womens health over 30-40	1
	Heahty Aging	1
	mens health over 40	1
	Hot flashes	1
	post-menopausal health	1
	elder care	1
	Elderly health care	1
	Menopase	1
Disparities/ Access	Health in All Policies	1
	racial and ethnic health disparity trend improve	1

Disparities/ Access	nutrition resources for low income	1
	Affordable Healthy Eating	1
	health disparities in neighborhoods, in general	1
	community health outreach	1

	hispanic health	1
	Engaging faith based setting in health initiative	1
	poverty	1
	getting to appointments when i do not have tra	1
	Access to healthy foods for poor population	1
	health disparities	1
Drugs/ Addiction	Substance Abuse	4
	Teen alcohol use	1
	Tobacco Use Prevention	1
	Teen smoking	1
	Drug abuse	1
	alcohol abuse	1
	addiction	1
Asthma	Asthma	9
Insurance/ Costs	what there Medicaid will and will not pay for	1
	Social Security	1
	Obama Care	1
	insurance	1
	Understanding Insurance	1
	Medicare	1
	How to "comparasion" shop for health care	1
	Medications/need cheaper	1
Allergies	Allergies	5
	Allergy control	1
	allergies/asthma	1
Arthritis	Arthritis	6
Pregnancy Related	Prenatal Care	2
	Pregnancy in Overweight Women	1
	Family Planning	1
	Preconceptual Health	1
Holistic/ Natural	natural cures	1
	Natural Care/Cures	1
	Holistic healthcare	1
	Mindfulness class anywhere	1
Environment	environment and health	1
	How environment effects health	1
	environmental hazards	1
Dental	Dangers of bad oral health	1
	Oral Hygiene	1
	dental resources for low income	1
Grand Total		736

Q12_CaretakerKids	Number	Percent
1. Yes	174	32.2%
2. No	366	67.8%
Grand Total	540	100.0%

Q13_Health_Info_For_Kids	Number	Percent
Nutrition	95	19.4%
Drug Abuse	55	11.2%
Mental health issues	46	9.4%
Reckless driving/speeding	41	8.4%
Sexual intercourse	41	8.4%
Alcohol	37	7.6%
Dental hygiene	37	7.6%
STDs	34	6.9%
Tobacco	28	5.7%
Suicide prevention	23	4.7%
Eating Disorders	21	4.3%
Asthma management	13	2.7%
Diabetes management	6	1.2%
none	3	0.6%
bullying/cyber bulling	3	0.6%
OTHER:	7	1.4%
Abuse		
ADHD		
All health topic will be discussed as appropriate.		
All of the topics are needed		
fitness and time management		
My child is very health aware. But maybe vapor cigarettes. She was surprised to hear on NPR recently that they contain formaldehyde.		
Personal safety		
Grand Total	490	100.0%

Q14_MyHealth	Number	Percent
1. Excellent	44	8.2%
2. Very good	227	42.4%
3. Good	209	39.0%
4. Fair	54	10.1%
5. Poor	2	0.4%
Grand Total	536	100.0%

Q15_MyProblems	Number	Percent
0	136	25.2%
1	156	28.9%
2	123	22.8%
3	71	13.1%
4	29	5.4%
5	17	3.1%
6	8	1.5%
Grand Total	540	100.0%

Q15_My_Health_Problems	Number	Percent (N=540)
Overweight/Obesity	216	40.0%
Depression/anxiety	157	29.1%
High Blood Pressure	153	28.3%
High Cholesterol	135	25.0%
Asthma	70	13.0%
Cancer	43	8.0%
Diabetes	35	6.5%
Osteoporosis	31	5.7%
Angina/Heart Disease	24	4.4%
Grand Total	864	

Q16_sad	Number	Percent
1. Yes	79	14.7%
2. No	442	82.5%
3. Don't Know/ Not Sure	15	2.8%
Grand Total	536	100.0%

Q17_pain	Number	Percent
1. Yes	148	27.7%
2. No	385	72.0%
3. Don't Know/ Not Sure	2	0.4%
Grand Total	535	100.0%

Q18_exercise	Number	Percent
1. Yes	362	67.5%
2. No	172	32.1%
3. Don't Know/ Not Sure	2	0.4%
Grand Total	536	100.0%

Q19_exercise_times_Grp	Number	Percent	
1	9	2.5%	
1.5	7	2.0%	
2	52	14.7%	19.2%

2.5	19	5.4%		
3	107	30.2%		
3.5	18	5.1%		
4	48	13.6%	54.2%	1 to 2
4.5	13	3.7%		
5	41	11.6%		
5.5	8	2.3%		3 to 4
6	14	4.0%	21.5%	
6.5	1	0.3%		
7	17	4.8%	5.1%	
Grand Total	354	100.0%		5 to 6

7+

Q20_Exercise_Where	Number	Percent
Home	222	41.0%
Private gym	142	26.2%
Park	66	12.2%
Public Recreation Center	42	7.7%
YMCA	2	0.4%
Other Location		
Neighborhood / Outside	33	6.1%
Work	12	2.2%
Public Track / Court / School	6	1.1%
Other	3	0.6%
Mall / Stores	3	0.6%
Golf Course	3	0.6%
Home	3	0.6%
Church	3	0.6%
Medical Class / Physical Therapy	2	0.4%
Total Locations	542	100.0%

Q21_Why_I_Don't_Exercise	Number	Percent
I don’t have enough time to exercise.	84	31.0%
I don’t like to exercise.	35	12.9%
I don’t know.	22	8.1%
I would need child care and I don’t have it.	20	7.4%
It costs too much to exercise.	20	7.4%
I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.	18	6.6%
My job is physical or hard labor.	16	5.9%
I don’t know how to find exercise partners.	14	5.2%
There is no safe place to exercise.	12	4.4%
Exercise is not important to me.	2	0.7%
I’m physically disabled.	2	0.7%
Other:		

Motiviation	12	4.4%
Pain / Injury / Health	9	3.3%
Weather	2	0.7%
Relocation / Break	2	0.7%
Don't know how	1	0.4%
Total Responses	271	100.0%

Q22_Total_Weekly_Intake_Fruits_Veg	Number	Percent
0-7	121	23.9%
8-14	215	42.5%
15-21	123	24.3%
22-28	38	7.5%
29+	9	1.8%
Grand Total	506	100.0%

Q23_SecondHand_Smoke	Number	Percent
1. Yes	192	36.2%
2. No	327	61.7%
3. Don't Know/ Not Sure	11	2.1%
Grand Total	530	100.0%

Q24_SecondHand_smoke_where	Number	Percent
Home	59	25.7%
Hospitals	2	0.9%
I am not exposed to secondhand smoke.	36	15.7%
Restaurants	15	6.5%
School	15	6.5%
Workplace	17	7.4%
Other:		
Public Spaces - Outside	25	10.9%
Around Family	19	8.3%
Stores / Store Entrance	17	7.4%
Around Friends	7	3.0%
Car	7	3.0%
Bar / Private Club	5	2.2%
Social Events	4	1.7%
I smoke	2	0.9%
Grand Total	230	100.0%

Q25_CurrentSmoker	Number	Percent
1. Yes	34	6.4%
2. No	495	93.6%
Grand Total	529	100.0%

Q26_WhereToQuit	Number	Percent
Doctor	21	35.0%
I don't know	11	18.3%
Not applicable; I don't want to quit	13	21.7%
Pharmacy	1	1.7%
Private counselor/therapist	5	8.3%
Quit Line NC	4	6.7%
Other:		
ECU PASS Clinic	1	1.7%
Have tried several times.	1	1.7%
Not been smoking long enough to need help quitting	1	1.7%
I can quit on my own	1	1.7%
Grand Total	60	100.0%

Q27_FluVaccine	Number	Percent
1. Yes, flu shot	368	69.2%
2. Yes, flu spray	3	0.6%
3. No	160	30.1%
Don't know / Not sure	1	0.2%
Grand Total	532	100.0%

Q28_WhereGo_Sick	Number	Percent	
Doctor's office	403	73.9%	
Urgent Care Center	81	14.9%	
Medical Clinic	22	4.0%	
(blank)	14	2.6%	
Health department	4	0.7%	
Hospital	3	0.6%	
Other:			
Home / Self_Care	12	2.2%	
NaturalPath Doctor	1	0.2%	
County Health Department	1	0.2%	0.4%
Pharmacy	1	0.2%	
Depends,am retired RN	1	0.2%	0.4%
Employee health clinic	1	0.2%	
Healthwise	1	0.2%	
Grand Total	545	100.0%	

Q29_Insurance	Number	Percent
The State Employee Health Plan	234	43.8%
Blue Cross and Blue Shield of North Carolina	203	38.0%

Other private health insurance plan purchased from employer or workplace	63	11.8%
Medicare	21	3.9%
The military, Tricare, CHAMPUS, or the VA	3	0.6%
Other (government plan)	3	0.6%
No health plan of any kind	2	0.4%
Don't Know/ Not Sure	2	0.4%
Medicaid or Carolina ACCESS or Health Choice 55	2	0.4%
Other private health insurance plan purchased directly from an insurance company	1	0.2%
Grand Total	534	100.0%

Q30_Problem_Getting_AccessToCare	Number	Percent
1. Yes	63	11.9%
2. No	465	87.6%
Don't know/ Not sure	3	0.6%
Grand Total	531	100.0%

Q31_AccessProblem	Number	Percent
General practitioner	20	31.3%
Specialist (please specify)	17	26.6%
Dentist	14	21.9%
Urgent Care Center	4	6.3%
Pharmacy/ prescriptions	2	3.1%
Eye care/ optometrist/ ophthalmologist	2	3.1%
OB/GYN	2	3.1%
Pediatrician	1	1.6%
Hospital	1	1.6%
Medical Clinic	1	1.6%
Grand Total	64	100.0%

Q31_AccessProblem	Number	Percent
General practitioner	20	31.3%
Specialist (please specify)	17	26.6%
Urologist		
Surgeon; mental health, medical clinic		
substance abuse treatment		
Several different ones		
Psychiatry		
Physical Therepy		
Pain Clinic		
Orthopedic, Dermatologist		
Orthopedic		
Nutritionist		
Neurologist		
Mental Health Care for daughter		
Mental Health		
Gastroenterologist and Hepatologist		
Earth, Nose and Throat		
Earth, Nose and Throat		
Dermatologist		
Dentist	14	21.9%
Urgent Care Center	4	6.3%
Pharmacy/ prescriptions	2	3.1%
Eye care/ optometrist/ ophthalmologist	2	3.1%
OB/GYN	2	3.1%
Pediatrician	1	1.6%
Hospital	1	1.6%
Medical Clinic	1	1.6%
Grand Total	64	100.0%

Q32_Access_Problem_Why	Number	Percent
My/our share of the cost (deductible/co-pay) was too hi	26	20.0%
Couldn’t get an appointment.	26	20.0%
Insurance didn’t cover what I/we needed.	22	16.9%
No health insurance.	18	13.8%
The wait was too long.	12	9.2%
Doctor would not take my/our insurance or Medicaid.	5	3.8%
Didn’t know where to go.	5	3.8%
Dentist would not take my/our insurance or Medicaid.	3	2.3%
No way to get there.	3	2.3%
Hospital would not take my/our insurance.	1	0.8%
Pharmacy would not take my/our insurance or Medicaid	0	0.0%
Other:	9	6.9%
No dental insurance		
Had to advocate for myself and insist on a referral to a specialist		
Outstanding bill		
Pharmacy did not have the prescribed medication		
Practice changed to an Affiliate,problems seeing MD		
Still waiting for medical records to transfer from a specialist; have pain clinic review records, get an appointment, NAVIGATING the system! Been 6 months for my daughter		
The doctor's bedside manner was terrible and he wouldn't focus on the problem I was experiencing.		
Grand Total	130	100.0%

Q33_MentalHealth_whereSend	Number	Percent
Doctor	202	38.0%
Don't know	46	8.6%
Minister/religious official	56	10.5%
Private counselor or therapist	166	31.2%
School counselor	9	1.7%
Support group (e.g., AA. Al-Anon)	32	6.0%
Other:	21	3.9%
Treatment Center		
Support group, church ministry or MD		
Student - School Counselor/ Adult - Private counselor		
School nurse		
PORT Services		
Mental health clinic		
Me		
local mental health server		
Insurance to see if the policy covers mental health		
I would tell them not to		
Friend		
Family		
Friend/family		
ECU PASS Clinic		
ECBH consultant		
Depends on the situation		
Depends on the situation		
Chruch		
God		
Call 211		
Grand Total	532	100.0%

Q34_SmokeCO2	Number	Percent
1. Yes, both	205	40.7%
2. Yes, smoke detectors only	281	55.8%
3. Yes, carbon monoxide detectors only	10	2.0%
Don't know/ Not sure	8	1.6%
Grand Total	504	100.0%

Q35_EmergencyKit	Number	Percent
1. Yes	209	39.2%
2. No	306	57.4%
Don't know/Not sure	18	3.4%
Grand Total	533	100.0%

Q36_Days_Supply	Number	Percent
1-2 Days	23	12.4%
3-4 Days	54	29.2%
5-7 Days	72	38.9%
8-29 Days	19	10.3%
30+	17	9.2%
Grand Total	185	100.0%

Q37_InfoSource_InDisaster	Number	Percent
Television	215	41.1%
Internet	104	19.9%
Text message (emergency alert system)	82	15.7%
Radio	50	9.6%
Social networking site	30	5.7%
Don't know/ Not sure	26	5.0%
Neighbors	5	1.0%
Print media (ex: newspaper)	3	0.6%
Other:		
First Responder	3	0.6%
cell phone	4	0.8%
Work	1	0.2%
Grand Total	523	100.0%

Q38_Evacuate	Number	Percent
1. Yes	461	86.2%
2. No	18	3.4%
Don't know/Not sure	56	10.5%
Grand Total	535	100.0%

Q39_Why_Not_Evacuate	Number	Percent
Don't know/ Not sure	31	21.8%
Concern about leaving property behind	30	21.1%
Concern about leaving pets	25	17.6%
Concern about family safety	19	13.4%
Concern about personal safety	12	8.5%
Concern about traffic jams and inability to get out	8	5.6%
Lack of trust in public officials	7	4.9%
Lack of transportation	3	2.1%
Health problems (could not be moved)	1	0.7%
Other:		
Depends on situation	2	1.4%
Job/Helping	3	2.1%
Ask Family what to do	1	0.7%
Grand Total	142	100.0%

Q22a_Fruit_group	Number	Percent
0 to 7 a week	408	79.8%
8 to 14 a week	85	16.6%
15 to 21 a week	15	2.9%
22 or more a week	3	0.6%
Grand Total	511	100.0%

Q22b_Veg_group	Number	Percent
0 to 7 a week	346	68.2%
8 to 14 a week	133	26.2%
15 to 21 a week	22	4.3%
22 or more a week	6	1.2%
Grand Total	507	100.0%

Q22c_Juice_group	Number	Percent
0 to 7 a week	478	97.0%
8 to 14 a week	11	2.2%
15 to 21 a week	3	0.6%
22 or more a week	1	0.2%
Grand Total	493	100.0%

Q22_Total_Intake_grouped	Number	Percent
0 to 5 a week	83	15.7%
6 to 10 a week	126	23.8%
11 to 15 a week	154	29.1%
16 to 20 a week	97	18.3%
21 or more a week	70	13.2%
Grand Total	530	100.0%

Q23_SecondHand_Smoke	Number	Percent
1. Yes	192	36.2%
2. No	327	61.7%
3. Don't Know/ Not Sure	11	2.1%
Grand Total	530	100.0%

Q24_SecondHand_smoke_where	Number	Percent
Home	59	25.7%
Hospitals	2	0.9%
I am not exposed to secondhand smoke.	36	15.7%
Restaurants	15	6.5%
School	15	6.5%
Workplace	17	7.4%
Other:		
Public Spaces - Outside	25	10.9%
Around Family	19	8.3%
Stores / Store Entrance	17	7.4%
Around Friends	7	3.0%
Car	7	3.0%
Bar / Private Club	5	2.2%
Social Events	4	1.7%
I smoke	2	0.9%
Grand Total	230	100.0%

Q25_CurrentSmoker	Number	Percent
1. Yes	34	6.4%
2. No	495	93.6%
Grand Total	529	100.0%

Q26_WhereToQuit	Number	Percent
Doctor	21	35.0%
I don’t know	11	18.3%
Not applicable; I don’t want to quit	13	21.7%
Pharmacy	1	1.7%
Private counselor/therapist	5	8.3%
Quit Line NC	4	6.7%
Other:		
ECU PASS Clinic	1	1.7%
Have tried several times.	1	1.7%
Not been smoking long enough to need help quitting	1	1.7%
I can quit on my own	1	1.7%
Recently quit 7 months ago but use e-cigarette	1	1.7%
Grand Total	60	100.0%

Q27_FluVaccine	Number	Percent
1. Yes, flu shot	368	69.2%
2. Yes, flu spray	3	0.6%
3. No	160	30.1%
Don’t know / Not sure	1	0.2%
Grand Total	532	100.0%

Q28_WhereGo_Sick	Number	Percent
Doctor's office	403	75.9%
Urgent Care Center	81	15.3%

Medical Clinic	22	4.1%	
Health department	4	0.8%	
Hospital	3	0.6%	
Other:			
Home / Self_Care	12	2.3%	
NaturalPath Doctor	1	0.2%	
County Health Department	1	0.2%	0.4%
Pharmacy	1	0.2%	
Depends,am retired RN	1	0.2%	0.4%
Employee health clinic	1	0.2%	
Healthwise	1	0.2%	
Grand Total	531	100.0%	

Q29_Insurance	Number	Percent
The State Employee Health Plan	234	43.8%
Blue Cross and Blue Shield of North Carolina	203	38.0%
Other private health insurance plan purchased from employer or workplace	63	11.8%
Medicare	21	3.9%
The military, Tricare, CHAMPUS, or the VA	3	0.6%
Other (government plan)	3	0.6%
No health plan of any kind	2	0.4%
Don't Know/ Not Sure	2	0.4%
Medicaid or Carolina ACCESS or Health Choice 55	2	0.4%
Other private health insurance plan purchased directly from an insurance company	1	0.2%
Grand Total	534	100.0%

Q30_Problem_Getting_AccessToCare	Number	Percent
1. Yes	63	11.9%
2. No	465	87.6%
Don’t know/ Not sure	3	0.6%
Grand Total	531	100.0%

Q31_AccessProblem	Number	Percent
General practitioner	20	31.3%
Specialist (please specify)	17	26.6%
Dentist	14	21.9%
Urgent Care Center	4	6.3%
Pharmacy/ prescriptions	2	3.1%
Eye care/ optometrist/ ophthalmologist	2	3.1%
OB/GYN	2	3.1%
Pediatrician	1	1.6%
Hospital	1	1.6%
Medical Clinic	1	1.6%
Grand Total	64	100.0%

Q31_AccessProblem	Number	Percent
General practitioner	20	31.3%
Specialist (please specify)	17	26.6%
Urologist		
Surgeon; mental health, medical clinic		
substance abuse treatment		
Several different ones		
Psychiatry		
Physical Therepy		
Pain Clinic		
Orthopedic, Dermatologist		
Orthopedic		
Nutritionist		
Neurologist		
Mental Health Care for daughter		
Mental Health		
Gastroenterologist and Hepatologist		
Earth, Nose and Throat		
Earth, Nose and Throat		
Dermatologist		
Dentist	14	21.9%
Urgent Care Center	4	6.3%
Pharmacy/ prescriptions	2	3.1%
Eye care/ optometrist/ ophthalmologist	2	3.1%
OB/GYN	2	3.1%
Pediatrician	1	1.6%
Hospital	1	1.6%
Medical Clinic	1	1.6%
Grand Total	64	100.0%

Q32_Access_Problem_Why	Number	Percent
My/our share of the cost (deductible/co-pay) was too high.	26	20.0%
Couldn't get an appointment.	26	20.0%
Insurance didn't cover what I/we needed.	22	16.9%
No health insurance.	18	13.8%
The wait was too long.	12	9.2%
Doctor would not take my/our insurance or Medicaid.	5	3.8%
Didn't know where to go.	5	3.8%
Dentist would not take my/our insurance or Medicaid.	3	2.3%
No way to get there.	3	2.3%
Hospital would not take my/our insurance.	1	0.8%
Pharmacy would not take my/our insurance or Medicaid.	0	0.0%
Other:	9	6.9%
No dental insurance		
Had to advocate for myself and insist on a referral to a specialist		
Outstanding bill		
Pharmacy did not have the prescribed medication		
Practice changed to an Affiliate,problems seeing MD		
Still waiting for medical records to transfer from a specialist; have pain clinic review records, get an appointment, NAVIGATING the system! Been 6 months for my daughter		
The doctor's bedside manner was terrible and he wouldn't focus on the problem I was experiencing.		
Grand Total	130	100.0%

Q33_MentalHealth_whereSend	Number	Percent
Doctor	202	38.0%
Don't know	46	8.6%
Minister/religious official	56	10.5%
Private counselor or therapist	166	31.2%
School counselor	9	1.7%
Support group (e.g., AA. Al-Anon)	32	6.0%
Other:	21	3.9%
Treatment Center		
Support group, church ministry or MD		
Student - School Counselor/ Adult - Private counselor		
School nurse		
PORT Services		
Mental health clinic		
Me		
local mental health server		
Insurance to see if the policy covers mental health		
I would tell them not to		
Friend		
Family		
Friend/family		
ECU PASS Clinic		
ECBH consultant		
Depends on the situation		

Depends on the situation		
Chruch		
God		
Call 211		
Grand Total	532	100.0%

Q34_SmokeCO2	Number	Percent
1. Yes, both	205	40.7%
2. Yes, smoke detectors only	281	55.8%
3. Yes, carbon monoxide detectors only	10	2.0%
Don't know/ Not sure	8	1.6%
Grand Total	504	100.0%

Q35_EmergencyKit	Number	Percent
1. Yes	209	39.2%
2. No	306	57.4%
Don't know/Not sure	18	3.4%
Grand Total	533	100.0%

Q36_Days_Supply	Number	Percent
1-2 Days	23	12.4%
3-4 Days	54	29.2%
5-7 Days	72	38.9%
8-29 Days	19	10.3%
30+	17	9.2%
Grand Total	185	100.0%

Q37_InfoSource_InDisaster	Number	Percent
Television	215	41.1%
Internet	104	19.9%
Text message (emergency alert system)	82	15.7%
Radio	50	9.6%
Social networking site	30	5.7%
Don't know/ Not sure	26	5.0%
Neighbors	5	1.0%
Print media (ex: newspaper)	3	0.6%
Other:		
First Responder	3	0.6%
cell phone	4	0.8%
Work	1	0.2%
Grand Total	523	100.0%

Q38_Evacuate	Number	Percent
1. Yes	461	86.2%
2. No	18	3.4%
Don't know/Not sure	56	10.5%
Grand Total	535	100.0%

Q39_Why_Not_Evacuate	Number	Percent
Concern about family safety	7	10.0%
Concern about leaving pets	15	21.4%
Concern about leaving property behind	18	25.7%
Concern about personal safety	5	7.1%
Concern about traffic jams and inability to get out	4	5.7%
Don't know/ Not sure	8	11.4%
Lack of transportation	2	2.9%
Lack of trust in public officials	5	7.1%
Other:		
Depends on situation	2	2.9%
Job/Helping	3	4.3%
Ask Family what to do	1	1.4%
Grand Total	70	100.0%

Q40_Age	Number	Percent	
15 - 19	1	0.2%	
20 - 24	54	10.0%	
25 - 29	41	7.6%	
30 - 34	61	11.3%	
35 - 39	55	10.2%	
40 - 44	58	10.8%	
45 - 49	60	11.1%	61.2%
50 - 54	73	13.5%	
55 - 59	62	11.5%	
60 - 64	44	8.2%	33.2%
65 - 69	20	3.7%	
70 - 74	6	1.1%	
75 - 79	2	0.4%	
85 or older	2	0.4%	5.6%
Grand Total	539	100.0%	

Q41_Gender	Number	Percent
Female	437	81.4%
Male	100	18.6%
Grand Total	537	100.0%

Q44_race	Number	Percent
White	418	76.7%
Black or African American	90	16.5%
(blank)	17	3.1%
Asian Indian	3	0.6%
Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino	3	0.6%
American Indian or Alaska Native	1	0.2%
Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro	0	0.0%
Other:		0.0%
Portuguese	1	0.2%
More Than One Race	9	1.7%
Latino	1	0.2%
Human	2	0.4%
Grand Total	545	100.0%

Q42_Hispanic	Number	Percent
No	521	97.4%
Yes:	14	2.6%
Central american	1	
Colombian	1	
Hispanic	1	
Mexican, Mexican American, or Chicano	6	
Puerto Rican	2	
Spanish	2	
Other	1	
Grand Total	535	100.0%

Q45_SecondLanguage	Number	Percent
1. Yes	30	5.6%
2. No	505	94.4%
Grand Total	535	100.0%

Q46_SecondLanguage_Define	Number	Percent
Spanish	6	30.0%
Hindi	3	15.0%
French	3	15.0%
Country	1	5.0%
Kriolu di Kabu Verde.	1	5.0%
chinese	1	5.0%
Arabic	1	5.0%
Scandinavian	1	5.0%
American Sign Language	1	5.0%
German,French	1	5.0%
German	1	5.0%
Grand Total	20	100.0%

Q47_MaritalStatus	Number	Percent
Divorced	54	9.9%
Married	346	63.5%
Never Married/Single	101	18.5%
Separated	10	1.8%
Unmarried partner	8	1.5%
Widowed	9	1.7%
(blank)	14	2.6%
Other: Engaged	3	0.6%
Grand Total	545	100.0%

Q48_Education	Number	Percent	
1. 9-12th grade, no diploma	1	0.2%	
2. High school graduate (or GED/ equivalent)	26	4.8%	
3. Associate's Degree or Vocational Training	50	9.3%	
4. Some college (no degree)	72	13.4%	22.7%
5. Bachelor's degree	188	35.0%	
6. Graduate or professional degree	196	36.5%	71.5%
Other:	4	0.7%	
1 year towards a master			
3 yr.Diploma in foreign country & A.S in US			
currently in college (4th year)			
Ed.S			
Grand Total	537	100.0%	

Q49_HouseHoldIncome	Number	Percent	
Less than $10,000	22	4.2%	
$10,000 to $14,999	12	2.3%	19.3%
$15,000 to $24,999	21	4.1%	
$25,000 to $34,999	45	8.7%	
$35,000 to $49,999	81	15.6%	
$50,000 to $74,999	128	24.7%	
$75,000 to $99,999	87	16.8%	40.3%
$100,000 or more	122	23.6%	
Grand Total	518	100.0%	

Q50_householdSize	Number	Percent
0	1	0.2%
1	93	18.3%
1.5	1	0.2%
2	160	31.5%
2.5	1	0.2%
3	106	20.9%
4	101	19.9%
5	37	7.3%
6	7	1.4%
7	1	0.2%
Grand Total	508	100.0%

Q51_EMP	Number	Percent	
Armed forces	1	0.2%	
Armed forces / Student	1	0.2%	
Disabled	6	1.1%	
Employed full-time	410	76.2%	
Employed full-time / Homemaker	1	0.2%	
Employed full-time / Part-time	9	1.7%	
Employed full-time / Part-time / Student	1	0.2%	
Employed full-time / Retired	1	0.2%	
Employed full-time / Self-employed	2	0.4%	
Employed full-time / Student	2	0.4%	
Employed full-time / Unemployed<1year	1	0.2%	79.4%
Employed part-time	38	7.1%	
Employed part-time / Homemaker	1	0.2%	
Employed part-time / Retired	4	0.7%	
Employed Part-time / Student	10	1.9%	
Employed Part-time / Unemployed<1year	1	0.2%	10.0%
Homemaker	1	0.2%	
Retired	22	4.1%	
Retired / Disabled	1	0.2%	
Retired / Disabled / Student	1	0.2%	
Self-employed	1	0.2%	
Student	22	4.1%	
Unemployed for more than 1 year	1	0.2%	
Grand Total	538	100.0%	

Q53_zip	Total
27858	196
27834	115
28590	87
28513	22
27828	19
27837	16
27889	11
27812	11
28530	9
27884	4
27829	3
27811	3
27886	3
27888	2
28269	2
27808	2
27893	2
27301	1
28501	1
28834	1
27871	1
28504	1
27107	1
27822	1
27833	1
57858	1
27546	1
28502	1
27835	1
27606	1
27892	1
28580	1
27529	1
28645	1
27836	1
28958	1
28358	1
27801	1
28411	1
Grand Total	529

Appendix D

-Tools for Health Priorities Selection

PPH "Commitment to Action and Implementation" for 2015-2018

Directions:

-You (PPH Member) can commit to work on up to 3 of the Health Priorities outlined below, by placing a (√) next to 3 of the priorities.

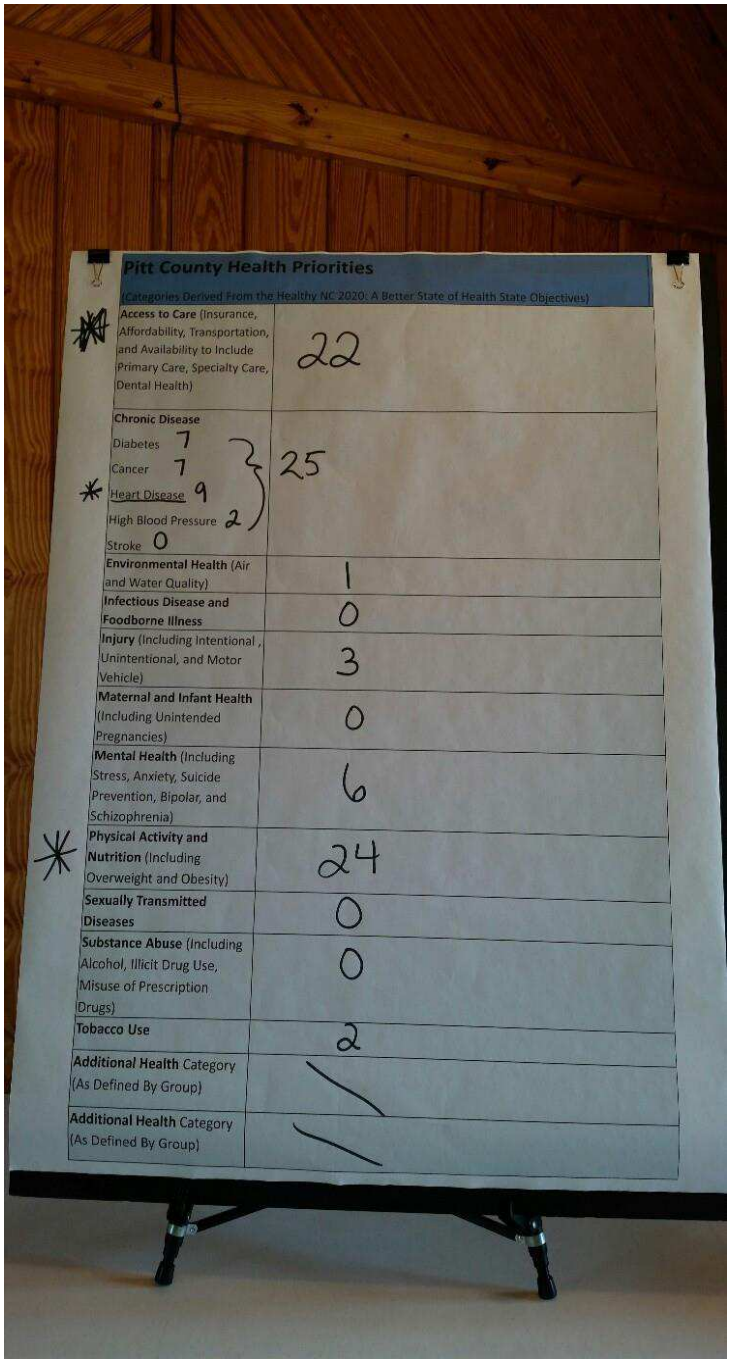
-If you commit to work on 2 priorities, place 2 checks beside the priority you are most committed to and 1 check by your second choice.

- If you commit to work on 1 priority, place 3 checks in the column next to that one priority.

Note: When committing to priorities, consider Magnitude and Seriousness of the Problem as well as Feasibility of a Successful Intervention.

Pitt County Health Priorities *Categories Derived from the Healthy NC 2020: A Better State of Health State Objectives	**√ below**
***1-Access to Care** (Insurance, Affordability, Transportation and Availability to Include Primary Care, Specialty Care, Dental Health)	
***2-Chronic Disease –"Diabetes"**	
***3-Chronic Disease –"Cancer"**	
***4-Chronic Disease – "Heart Disease"**	
***5-Chronic Disease –"High Blood Pressure"**	
***6-Chronic Disease – "Stroke"**	
***7-Environmental Health** (Air and Water Quality)	
***8-Infectious Disease and Foodborne Illness**	
***9-Injury** (Including Intentional, Unintentional and Motor Vehicle)	
***10-Maternal and Infant Health** (Including Unintended Pregnancies)	
***11-Mental Health** (Including Stress, Anxiety, Suicide Prevention, Bipolar, Schizophrenia)	
***12-Physical Activity and Nutrition** (Including Overweight and Obesity)	
***13-Sexually Transmitted Diseases**	
***14-Substance Abuse** (Including Alcohol, Illicit Drug Use, Misuse of Prescription Drugs)	
***15-Tobacco Use**	

Pitt Partners for Health
Health Priority Voting and Selection for Membership Focus 2015-2018



Action Teams were revised based upon memberships voting and commitment to focus on the following three (3) health priority areas from 2015-2018:

- Access to Care
- Chronic Disease Prevention
- Physical Activity and Nutrition

A special thank you is extended to Pitt County Planning Department for the creation of this Health Priorities voting chart.

Appendix E

Additional Charts and Graphs

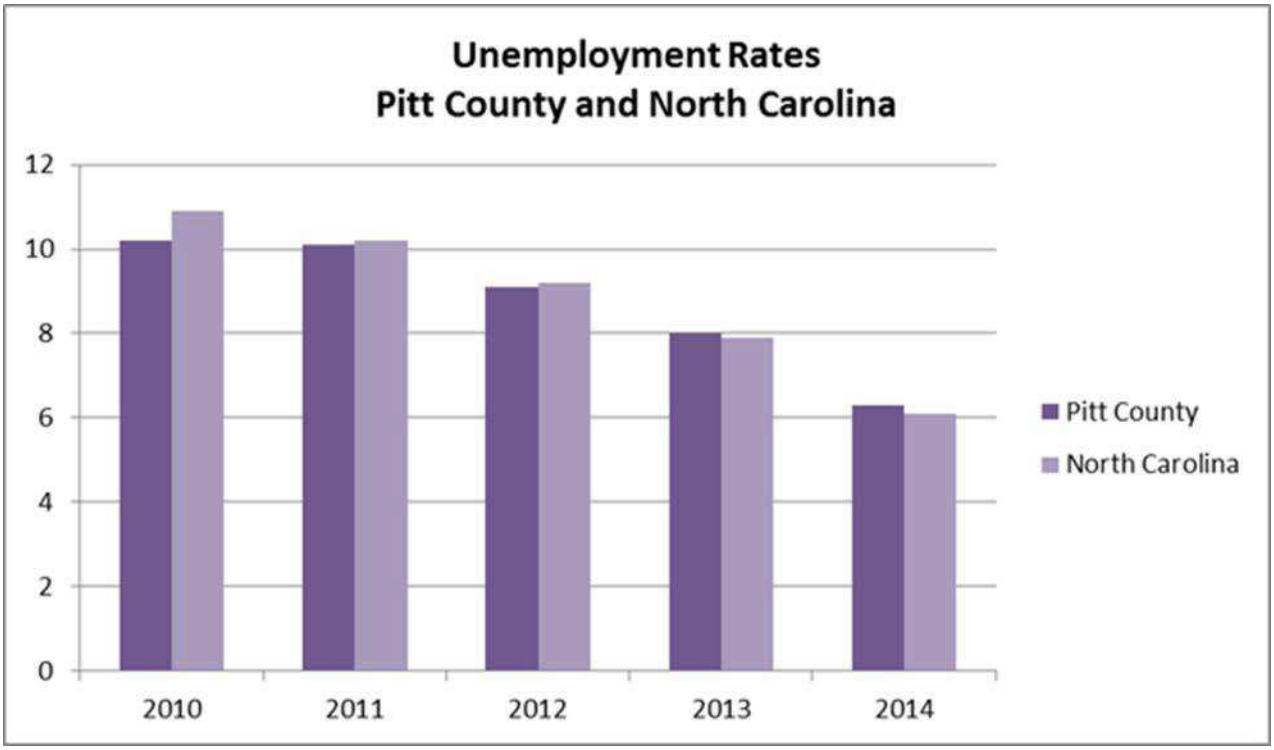
The table below demonstrates populations within each municipality based on 2013 estimates.

Table 1: Municipal Population, Pitt County (2013 American Community Survey)

Municipality	Corporate Limits 2015 (Square Miles)	Population Within Corporate Limits (2013 Estimates)	Extra Territorial Jurisdiction (ETJ 2015 Square Miles)	Number of Structures within Extra Territorial Jurisdiction	Planning Jurisdiction Population Estimate*
Ayden	3.81	5,014	12.90	666	1,493
Bethel	1.05	1,587	7.03	148	332
Falkland	0.23	97	4.42	152	341
Farmville	3.06	4,716	10.00	337	755
Fountain	0.92	433	6.82	196	439
Greenville	35.62	87,241	30.95	5,513	12,355
Grifton	1.98	2,470	15.07	1,115	2,499
Grimesland	0.14	446	4.08	353	791
Simpson	0.37	418	4.33	1,394	3,124
Winterville	4.61	9,447	6.16	549	1,230
Subtotal	**51.77**	**111,869**	**101.76**	**10,423**	**23,358**
Pitt County		**173,879**			★★ **38,652**

*ETJ Population estimates are based on number of structures within each ETJ multiplied by 0.90 (2010 U.S. Census occupancy rate) multiplied by 2.49 (2013 American Community Survey Persons Per Household).

★★Estimated population within Pitt County Planning Jurisdiction calculated as total population minus populations within municipal corporate limits at ETJs.



United States Department of Labor, Bureau of Labor Statistics
http://www.bls.gov/bls/unemployment.htm

The following three charts illustrate the leading causes of injury death, injury hospitalizations and injury emergency department (ED) visits by age group during 2007-2009*. **Latest available county data.*

Leading Causes of Injury Death by Age Group, Pitt County (2007-2009)

All age groups	Ages: 0-14	Ages: 15-34	Ages: 35-64
MVT*, unintentional Poisoning, unintentional, fall Firearm (Assault) Firearm (self-inflicted) Unspecified, unintentional *MVT – Motor Vehicle Trauma	MVT* Unspecified, assault; Poisoning	MVT*, unintentional Firearm (assault) Poisoning (unintentional) Firearm (self-inflicted) Fall (unintentional)	MVT* (unintentional) Poisoning (Unintentional) Firearm (self-inflicted) Firearm (assault) Suffocation (self-inflicted)

Source: NC Department of Health and Human Services
http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData (July 2015)

Leading Causes of Injury Hospitalization by Age Group, Pitt County (2007-2009)

All age groups	Ages: 0-14	Ages: 15-34	Ages: 35-64
Fall (unintentional) MVT (unintentional) Poisoning (self-inflicted) Poisoning (unintentional) Unspecified (unintentional)	Fall (unintentional) MVT (unintentional) Poisoning (unintentional) Natural/Environ (unintentional) Fire/burn (unintentional)	Poisoning (self-inflicted) MVT (unintentional) Fall (unintentional) Poisoning (unintentional) Cut/pierce (self-inflicted)	Fall (unintentional) MVT (unintentional) Poisoning (self-inflicted) Poisoning (unintentional) Poisoning (undetermined) MVT (unintentional)

Source: NC Department of Health and Human Services
http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData (July 2015)

Leading Causes of Injury ED Visits by Age Group, Pitt County (2007-2009)

All age groups	Ages: 0-14	Ages: 15-34	Ages: 35-64
Fall (unintentional) MVT (unintentional) Struck (unintentional) Overexertion (unintentional) Cut/pierce (Unintentional)	Fall (unintentional) Struck (unintentional) MVT (unintentional) Other spec/class (unintentional)	MVT (unintentional) Fall (unintentional) Struck (unintentional) Overexertion (unintentional) Cut/pierce (Unintentional)	Fall (unintentional) MVT (unintentional) Overexertion (unintentional) Struck (unintentional) Cut/pierce (Unintentional)

Source: NC Department of Health and Human Services
http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData (July 2015)

Number of Infant and Child Deaths in Pitt County

Period/Year Pitt County	Total	Birth Defects	Perinatal Conditions	SIDS	Illnesses	Motor Vehicle	Drowning	Poisoning	Suffocation / Choking / Strangulation	Other Unintentional	Homicide	Suicide	All Other
2009-2013	158	18	63	6	33	7	4	0	3	1	8	1	14
2013	32	4	13	0	7	1	0	0	1	0	2	0	4

Source: State Center for Health Statistics, http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

Number of Infant and Child Deaths in North Carolina

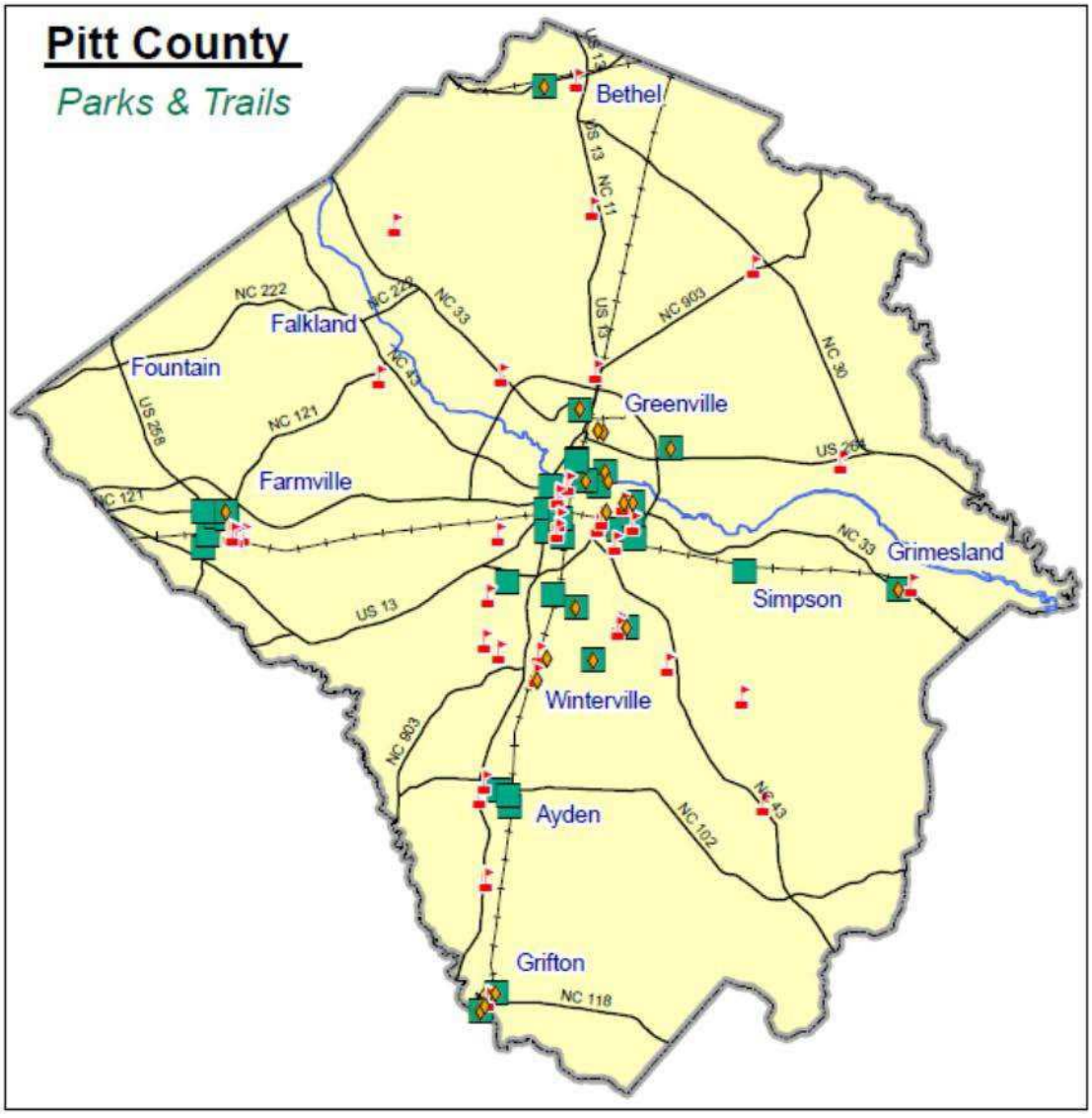
Period/Year North Carolina	Total	Birth Defects	Perinatal Conditions	SIDS	Illnesses	Motor Vehicle	Drowning	Poisoning	Suffocation / Choking / Strangulation	Other Unintentional	Homicide	Suicide	All Other
2009-2013	6,740	989	2,330	252	1,344	507	137	62	140	153	207	150	469
2013	1,292	164	474	23	267	87	23	9	34	31	39	34	107

Source: State Center for Health Statistics, http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm

Air Quality Index Codes

7Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good (Green)	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk
Moderate (Yellow)	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups (Orange)	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy (Red)	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy (Purple)	201 to 300	Health warnings of emergency conditions. The entire population is more likely to be affected.
Hazardous (Maroon)	301 to 500	Health alert: everyone may experience more serious health effects

Source: Air Quality Index (AQI) Basics found at:
http://cfpub.epa.gov/airnow/index.cfm?action=aqibasics.aqi


Pitt County
Parks & Trails
Bethel
Falkland
Fountain
Greenville
Farmville
Grimesland
Simpson
Winterville
Ayden
Grifton
US 13
NC 11
NC 222
NC 33
NC 903
NC 30
US 258
NC 121
NC 102
NC 43
NC 118
Legend
Parks in Pitt County
Trails
School Playgrounds / Athletic Facilities
Major Roads
Rail
Tar River
County Boundary
1 in = 4.5 miles
0 2.25 4.5 9 Miles
February 2012
N
Map Produced By:
Pitt County Planning Department
T:\GIS\Special_Projects\HealthDepartment\pittcountyparksandtrails.mxd

Appendix F
Community Health Implementation Plan Progress Report-FY2015

The IRS and Treasury Department's final regulations of the Affordable Care Act adopted in December 2014 "require that the CHNA report include an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s)". Since this assessment is an update to the 2015 Pitt County CHNA, progress towards action plans are reported below.

Health Priority Category: Access to Care

- VMC and Pitt Partners for Health are working with leaders in local disparate communities to strengthen opportunities that will improve access to care for its residents;
- Vidant Medical Center Foundation has notified recipients of grant funds for initiatives that align with the most recent CHNA;
- Benefit Advocates continue to link uninsured residents to health resources through the health care marketplace and free clinics;
- Faith Health Ambassadors are coordinating congregational health screenings in two pilot churches;
- Pitt County EMS and VMC have submitted a grant proposal to fund a Community Paramedic Program pilot;
- VMC continues discussions with Pitt County Schools regarding a School Based Health Center; and
- VMC Senior Services enrolled numerous older adults in affordable prescription medication plans.

Health Priority Category: Chronic Disease Prevention

- Vidant Cancer Care has initiated the "80% by 2018" initiative and participating in the NC Colorectal Cancer Roundtable Work Group;
- VMC coordinated "The Heart Truth" event in February for the community-650 participants; and
- VMC and Pitt Partners for Health have conducted Stroke and Chronic Disease screenings and health education in schools, churches, and other community based organizations.

Health Priority Category: Nutrition and Physical Activity

- VMC supported the Kids in Parks initiative and is securing funding for expansion to other sites in Pitt County;
- VMC and Pitt Partners for Health coordinated "Cooking Matters at the Store" grocery store tours to educate residents on how to prepare meals on a budget;
- VMC initiated "Learn Healthy America" in Pitt County Schools;
- Promoted healthy eating in the hospital cafeteria and cafes through educational displays, health information about foods served in cafeteria daily, and cost structuring to make the healthy choice the less expensive choice; and
- Provided ongoing community health improvement programming through existing programs including the School Health and Pediatric Asthma Case Management Programs, Senior Services, Pitt Partners for Health/Community Health, and the Eastern Carolina Injury Prevention Program

Appendix G

2016 Pitt County Summary of Secondary and Hospital Data

2016 Pitt County Community Health Needs Assessment

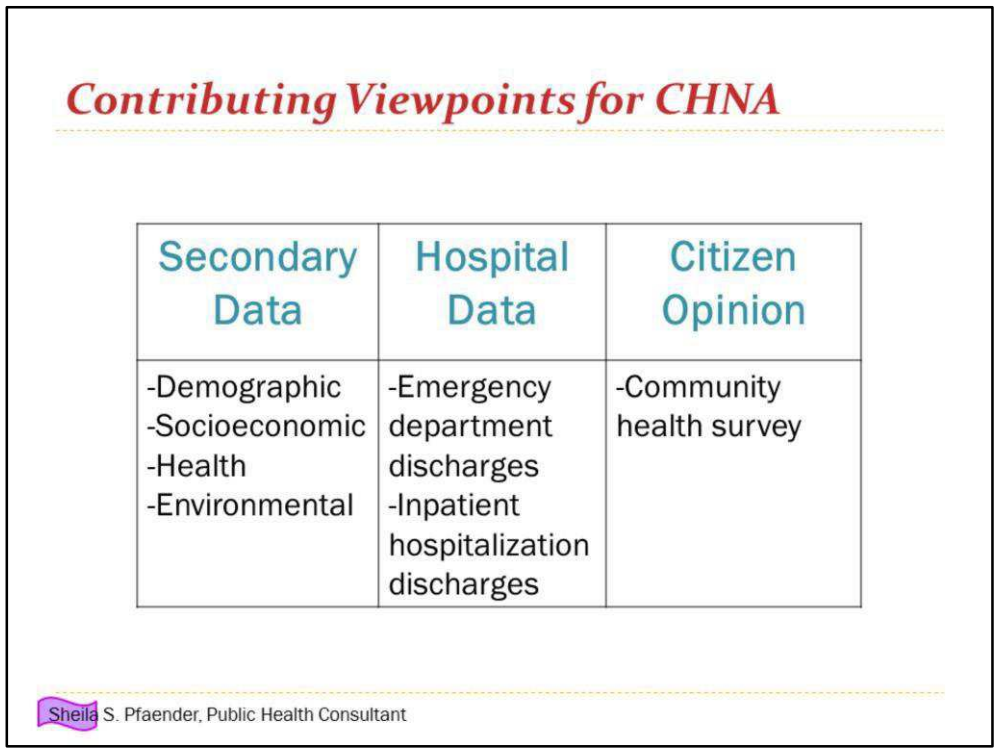
Summary of Secondary Data and Hospital Data

May 27, 2016
Sheila S. Pfaender, Public Health Consultant

Purpose of the Community Health Needs Assessment

- Describe the health status of the community.
- Create a report that will serve as a resource for Vidant Health Hospitals, the Pitt County Health Department, and other community organizations.
- Provide direction for the planning of disease prevention and health promotion services and activities.

Sheila S. Pfaender, Public Health Consultant

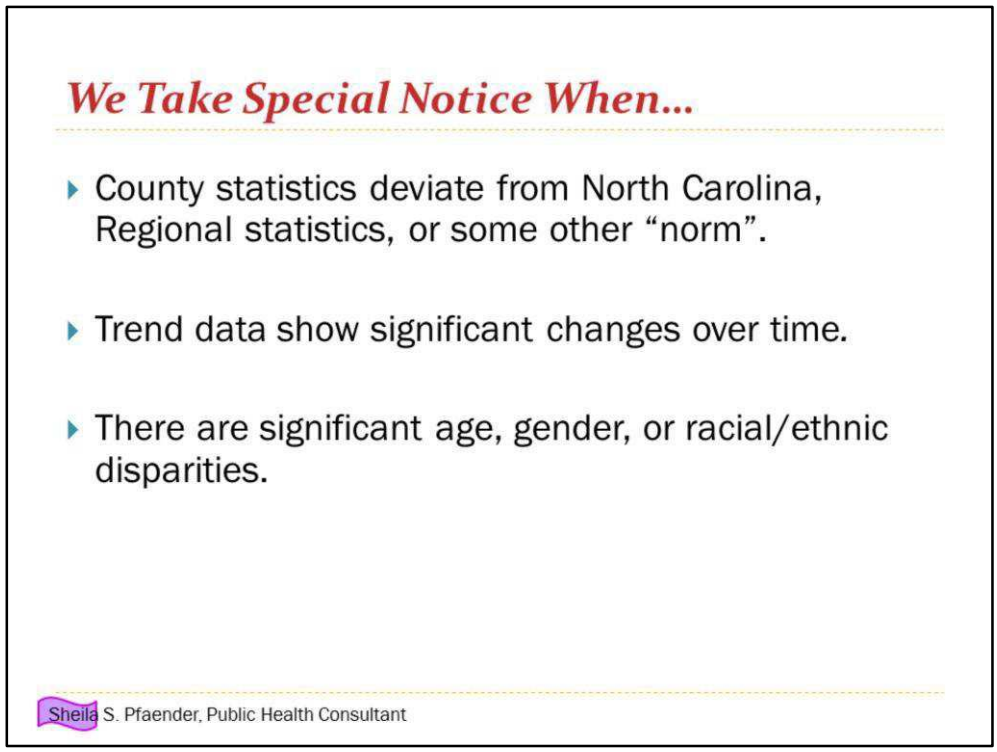


The 10 counties participating in this CHNA project are Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Greene, Hertford, Hyde and Pitt. All secondary data is available in the VIDANT CHNA Data Workbook.

Some environmental data has been collected and is available in the Data Workbook. However, due to a recent re-design of the website for the State Department of Environmental Quality (April-May 2016) some of the data that would normally be included in the CHNA process was not available. Because the data was incomplete, no environmental data is included in this presentation.

Hospital data was collected from eight hospitals across the study region: Vidant Beaufort, Vidant Bertie, Vidant Chowan, Vidant Duplin, Vidant Edgecombe, Vidant Medical Center, Vidant Roanoke Chowan, and The Outer Banks Hospital.

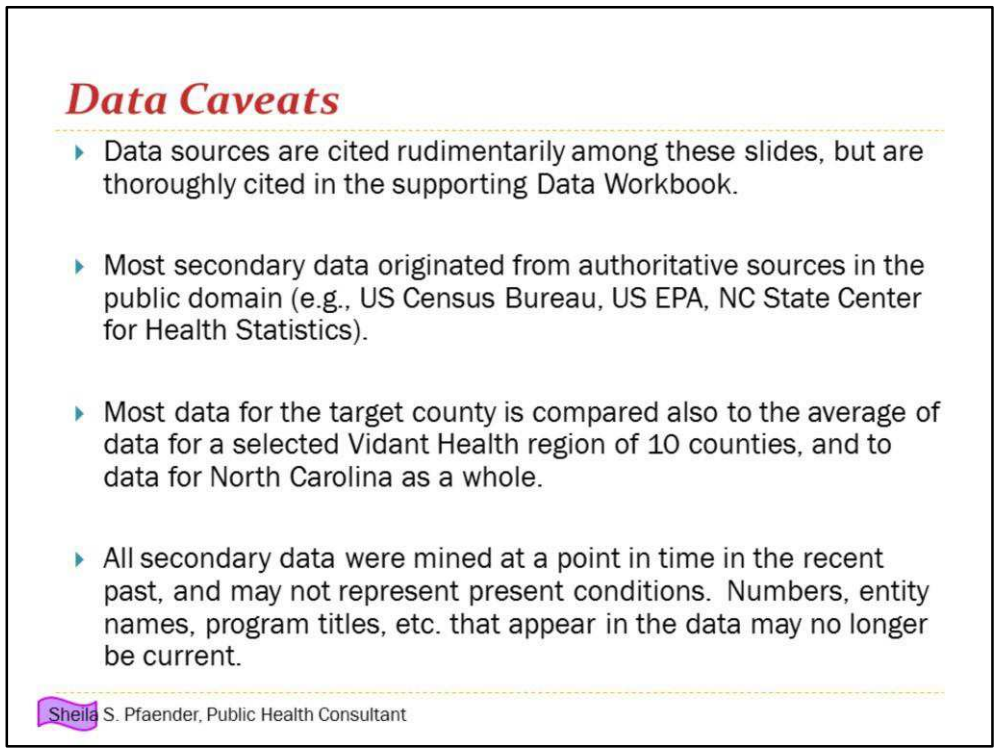
Note that while the inclusion of citizen input is an important element of a CHNA, Pitt County did not conduct a 2016 Community Health Survey, opting instead to invoke a previously conducted survey. For that reason, no 2016 survey data is summarized in this presentation.



The ten counties included in the VIDANT Regional statistics are: Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Greene, Hertford, Hyde and Pitt. Most frequently, a Regional Mean is used as the comparator but a Regional Total may be utilized in some instances.

Definitions and Symbols

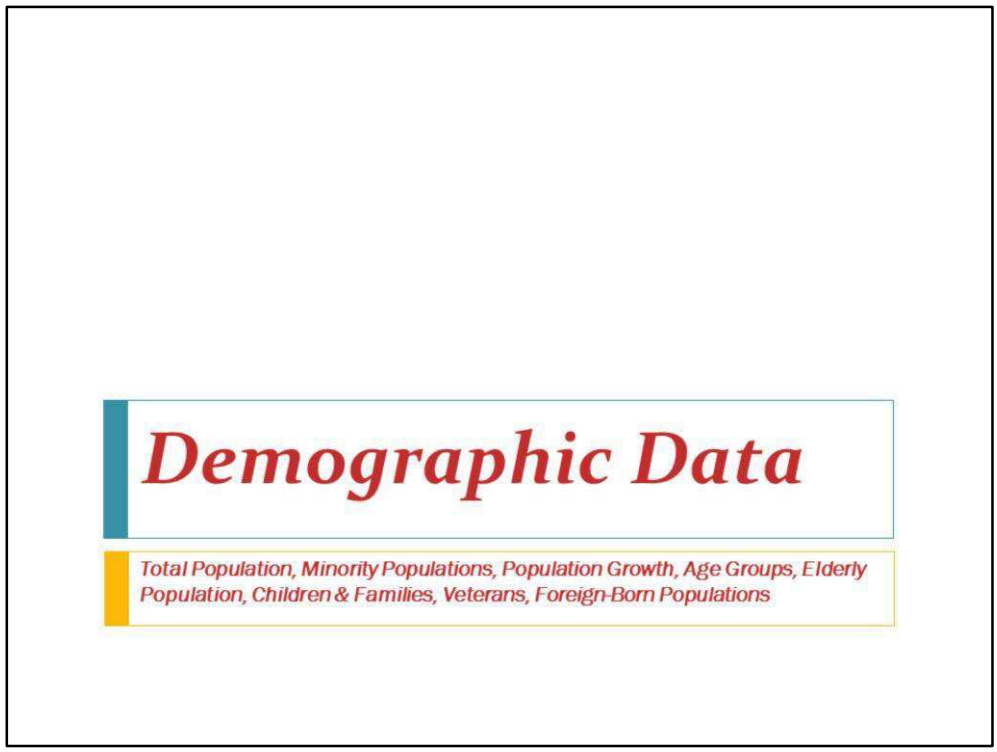
- Arrows
  - Arrow up (▲) indicates an increase.
  - Arrow down (▼) indicates a decrease.
- Color
  - Red indicates a "worse than" or negative difference
  - Green indicates a "better than" or positive difference
  - Blue indicates a likely unstable rate or difference based on a small number of events; figures in blue should be used with great caution.
- Bold Type
  - Indicates the higher value of a pair, or the highest value among several.



This presentation is intended to provide an accessible summary of the relevant data for a particular county. The full details of each secondary data metric discussed are available in the VIDANT CHNA Data Workbook, including trend data, source references with URLs, formulas used in calculations, data for other counties included in the VIDANT project, and other data points not discussed in this document.

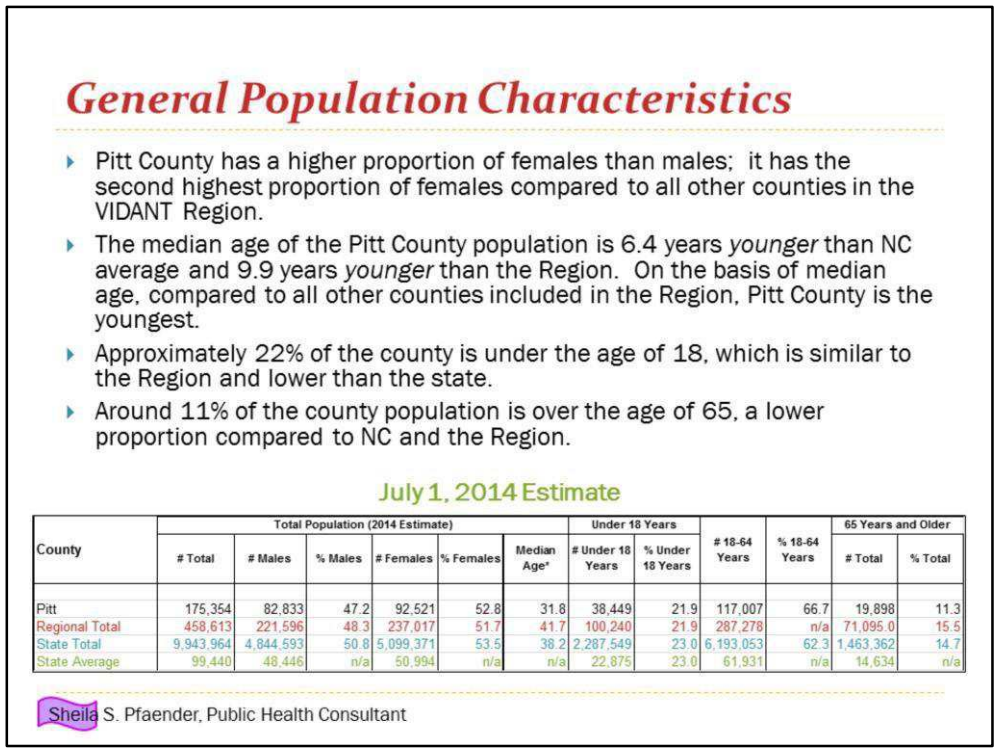
The full range of data parameters with Pitt County highlighted in charts and graphs is available in the Pitt County CHNA Data Workbook. The analysis provided in the following slides is based on that document.

By protocol, county-level hospital data summarized in this presentation included only those hospitals for which there were 30 or more discharges of target county patients in FY2013 through FY2015. Occasionally, hospital data is presented only for the participating hospital serving the largest number of patients from the target county. County-specific data from all participating hospitals is recorded in each county-level CHNA Hospital Data Summary Worksheet.



Unless otherwise stated in the notes section, the source for demographic data is the US Census Bureau, primarily its American Community Survey estimates from 2014 and earlier.

The analysis that follows pulls out the highlights and trends of the full range of data that was collected for this project. Please investigate the Pitt County CHNA Data Workbook for more charts, graphs and data points than are discussed or displayed in the following report.



General Population Characteristics

- Pitt County has a higher proportion of females than males; it has the second highest proportion of females compared to all other counties in the VIDANT Region.
- The median age of the Pitt County population is 6.4 years *younger* than NC average and 9.9 years *younger* than the Region. On the basis of median age, compared to all other counties included in the Region, Pitt County is the youngest.
- Approximately 22% of the county is under the age of 18, which is similar to the Region and lower than the state.
- Around 11% of the county population is over the age of 65, a lower proportion compared to NC and the Region.

July 1, 2014 Estimate

County	Total Population (2014 Estimate)						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
Pitt	175,354	82,833	47.2	92,521	52.8	31.8	38,449	21.9	117,007	66.7	19,898	11.3
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

Sheila S. Pfaender, Public Health Consultant

University students living in on- or off-campus housing are counted by the US Census Bureau at the residence where they spend most of their time. So the presence of East Carolina University in Pitt County likely influences the characteristics of the county and will figure into many statistics from the US Census Bureau that are cited in this report.

As of the fall of 2015, the enrollment of East Carolina University was 28,289, which accounts for around 16% of the total population.

Minority Populations

- Pitt County has a larger proportion of African American residents, compared to NC as a whole.
- Compared to the Region, Pitt County has a higher proportion of Asians; 68% of all the Asians in the Vidant Region live in Pitt County.
- The county has lower proportions of Hispanic and American Indian residents compared to the State and the Region.

Population Distribution by Race/Ethnicity
July 1, 2014 Estimate

Location	Percent of Overall Population					
	White	Black	American Indians	Asian	Multiple Races	Hispanic
Pitt County	60.7	34.8	0.5	2.0	1.9	5.9
Regional Total	60.9	35.4	0.8	1.3	1.6	8.0
State of NC	71.5	22.1	1.6	2.8	2.1	9.0

Sheila S. Pfaender, Public Health Consultant

Population Growth

- Pitt County's population growth is predicted to slow by 2030.
- Between 2000 and 2030, the county population is expected to increase by 41% overall, while the Region increases by 20% and NC grows by 44% (see Data Workbook).

Percent Population Growth

Decade	Pitt County	Regional Average	State of NC
2000-2010	20.4	14.6	15.6
2010-2020	6.9	2.8	10.9
2020-2030	4.9	1.8	9.8

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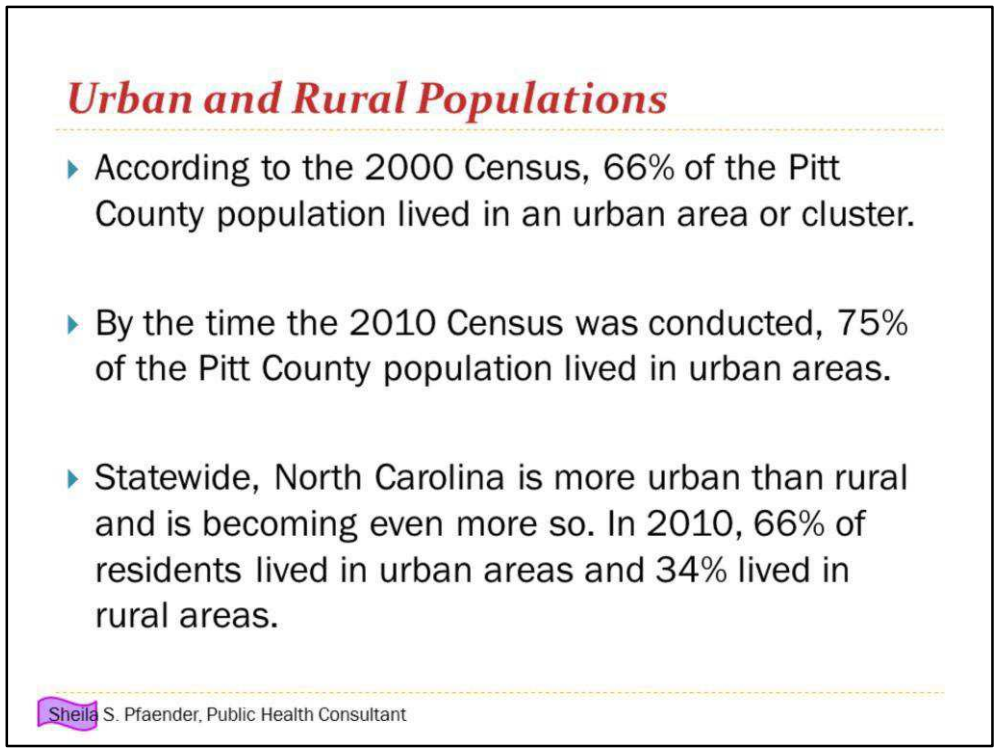
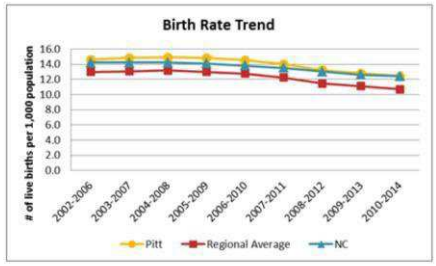
Source: NC Office of State Budget and Management

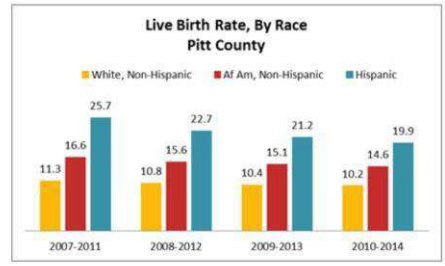


Definitions:
Urban = all territory, population and housing units within urbanized areas (50,000 or more people) or urban clusters (2,500 to 50,000 people). Rural = all territory, population and housing units located outside urbanized areas or urban clusters.

Birth Rate

- The Pitt County birth rate demonstrated an overall decline over the period presented below, with a similar trend seen in the Region and the State.
- Birth rates have decreased overall among all the racial groups available for comparison.
- Between 2007-2011 and 2010-2014, the highest birth rate in Pitt County occurred among Hispanics. A similar trend is seen across the Region and the state.





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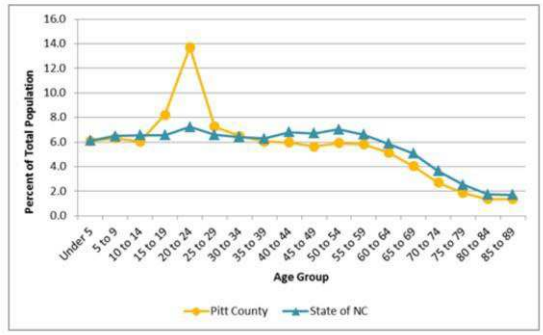
Source: NC Center for Health Statistics

Population Age Distribution

- According to 2014 estimates, compared to NC as a whole Pitt County has higher proportions of people between the ages of 15 and 30 and lower proportions of every other age group.



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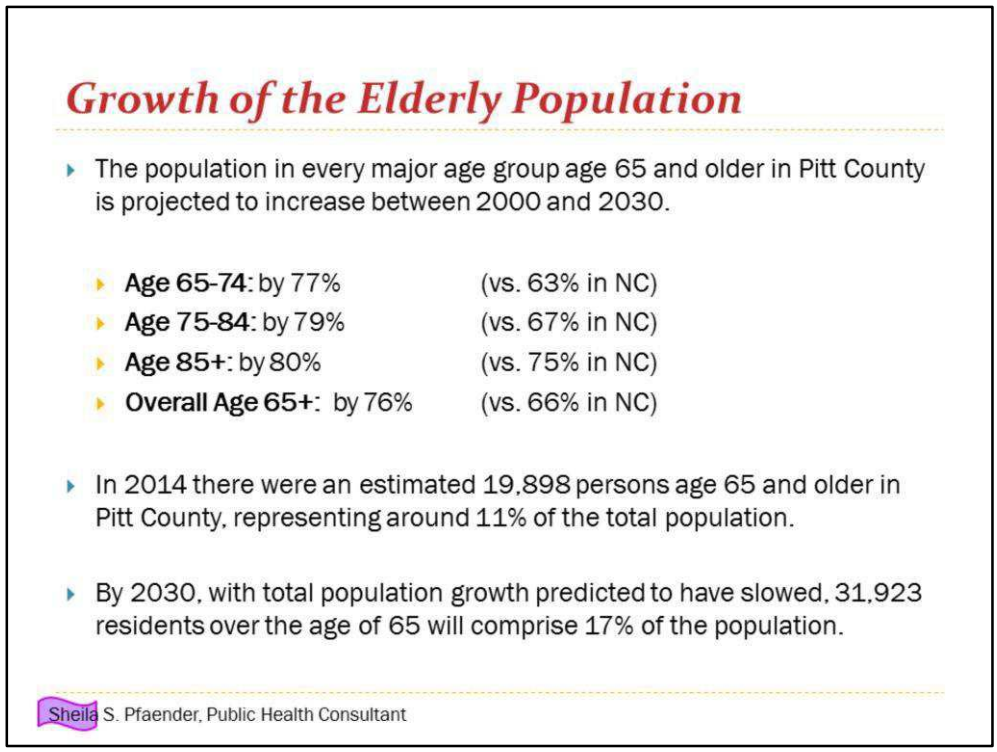
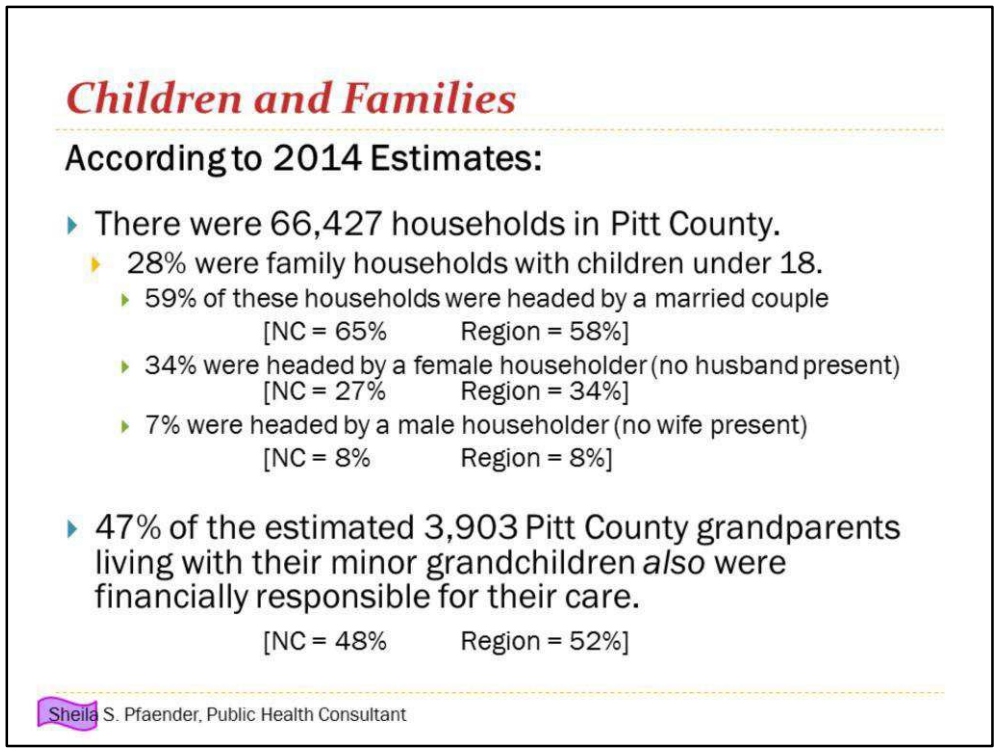
Students at East Carolina University likely account for most of the large proportion of younger residents. Without this group, the age distribution pattern in Pitt County would be very similar to the pattern statewide.



Source for projected estimates: NC Office of State Budget and Management.

The graphs presented in the Data Workbook can be helpful in visualizing the predicted changes in the elderly population and include graphs for the Region and the State.



Source: US Census Bureau figures for 2010-2014

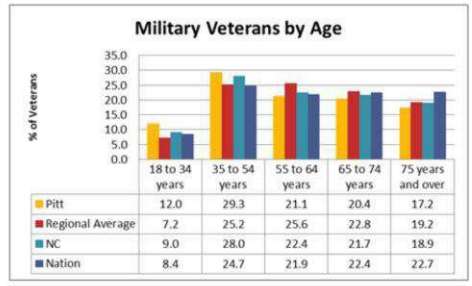
A household includes all the people who occupy a housing unit, which may be a single family, multiple families, one person living alone, or any other group of unrelated people who share a living space.

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.

Grandparents are considered responsible for grandchildren if they are financially responsible for food, shelter, clothing, day care, etc. for any/all grandchildren.

Military Veterans

- 7.0% of the Pitt County civilian population is composed of military veterans [NC = 9.6 Region = 11.2%] (See Data Workbook)
- Veterans aged 65 and older comprise 38% of the veteran population [NC = 41% Region = 42%]
- Pitt County has a higher proportion of veterans in the youngest two age groups than any other jurisdiction presented.



	18 to 34 years	35 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Pitt	12.0	29.3	21.1	20.4	17.2
Regional Average	7.2	25.2	25.6	22.8	19.2
NC	9.0	28.0	22.4	21.7	18.9
Nation	8.4	24.7	21.9	22.4	22.7

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Foreign-Born Population

- According to 2014 Estimates, 10,289 individuals living in Pitt County were born outside the US.
  - 31.5% entered the US between 2000 and 2009
  - 25.5% entered between 1990 and 1999.
- Among the 5,266 households (8% of all households in Pitt County) that speak a language other than English, the most common language is Spanish (64%).
  - Among the Spanish-speaking households, 28% would be considered "limited English speaking".
  - Among the Indo-European language speaking households, 16% are limited English speaking.
  - 22% of the Asian and Pacific Island language speaking households are limited English speaking.

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Socioeconomic Data

Income, Employment, Unemployment, Poverty, Children and Families, Housing, Educational Attainment, Crime and Safety

County Economics

- Pitt County is designated as Tier 2, meaning it is not among the 40 "most distressed" counties, based on unemployment rates, median household income, population growth, and property taxes. It is in the middle of three tier designations.
- Compared to the average county in NC as well as the VIDANT Region, Pitt County historically has higher gross collections and higher total taxable sales. Total taxable sales increased in each of the past 6 fiscal years; the gross collections total seems more variable.

County	2014-2015	
	Gross Collections*	Taxable Sales**
Pitt	96,301,772	2,021,702,242
Regional Total	233,271,072	4,892,702,095
Regional Arithmetic Mean	23,327,107	489,270,209
State Total	7,186,066,406	120,304,939,287
NC County Average	71,860,664	1,203,049,393

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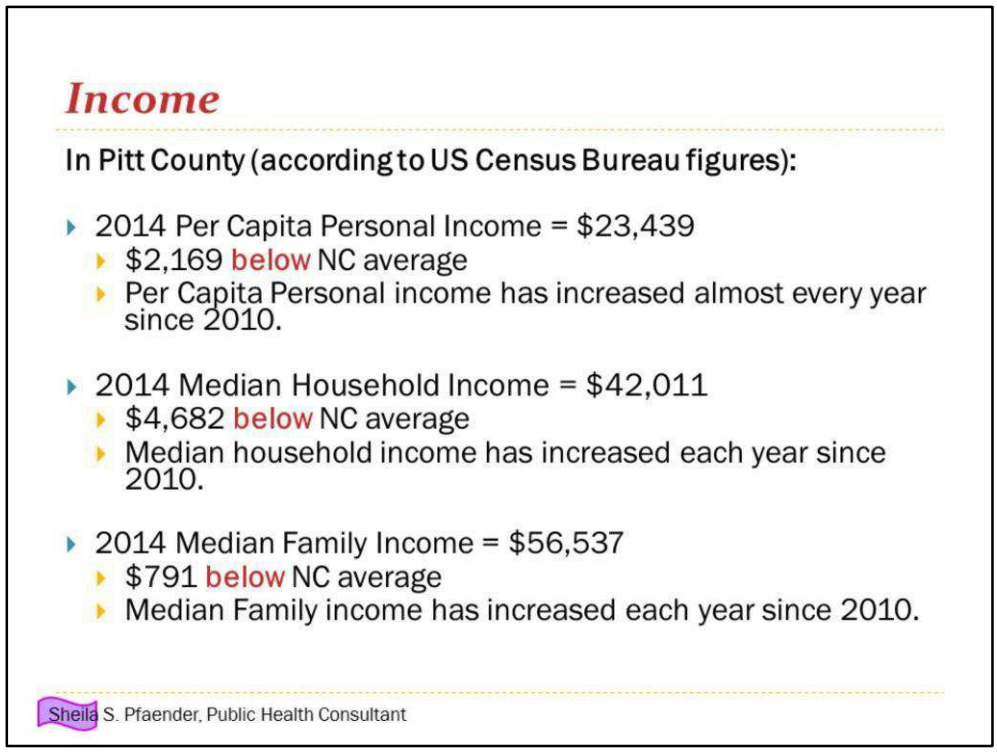
Source: NC Department of Commerce and NC Department of Revenue.



As large as the difference is between Pitt County incomes and State averages, other counties in the VIDANT region demonstrate even larger deficits: both Hertford and Bertie counties have lower incomes in all three categories.

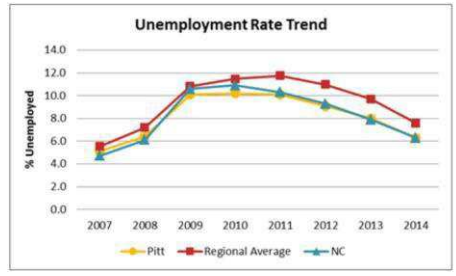
> *Household:* all people in a housing unit sharing living arrangements; may or may not be related
>
> *Family:* householder and people living in household related by birth, marriage or adoption.
>
> *All families are also households; not all households are families.*

Source: NC Employment Security Commission

The Retail Trade sector traditionally provides few benefits and among the lowest wages.

Annual Unemployment Rate

- According to 2014 data, a calculated annual average of 5,432 individuals were unemployed in Pitt County, calculating to an unemployment rate of 6.3.
- While an average unemployment rate was not available for 2015, the rate increased to a high point of 7.0 in July 2015 before decreasing to 5.6 by December 2015, when it was lower compared to the Region (7.3) and higher than the State (5.3) and the Nation (4.8).



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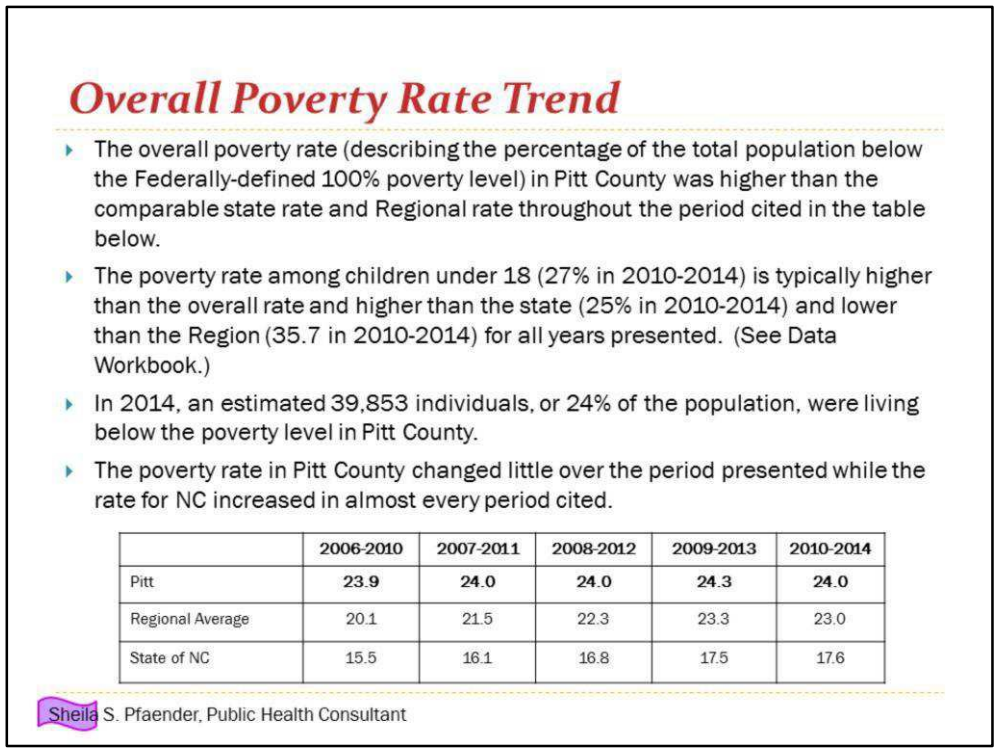
Source: NC Department of Commerce

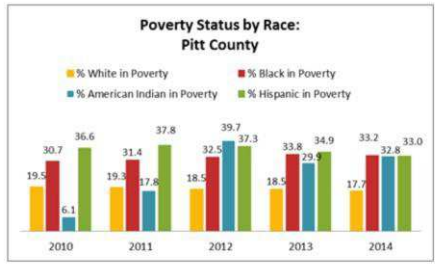


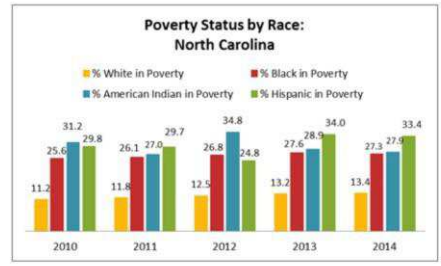
According to the US Census Bureau, maximum (the dollar amount change based on the number of related children under 18 in the family unit) poverty thresholds for 2014 were as follows:

One person under 65: $12,071
One person over 65: $11,354
Two people under 65: $16,317
Two people over 65: $16,256
Family unit of 3: $19,073
Family unit of 4: $24,817
Family unit of 5: $29,447
Family unit of 6: $34,004
Family unit of 7: $39,214
Family unit of 8: $43,970
Family unit of 9 or more: $52,685

Poverty and Race

- While the poverty rates among minority groups fluctuated in Pitt County, they were higher than the rate among white residents in every period cited below.
- Black and Hispanic residents demonstrated the highest rates of poverty in the county for most years presented.





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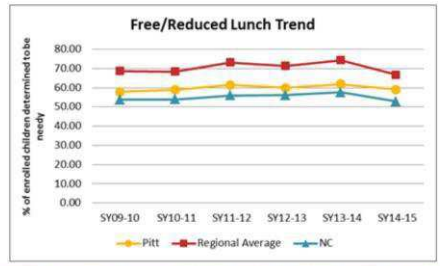
Source: US Census Bureau

Free and Reduced-Price Lunch

- Another measure of poverty, particularly among families with children, is the rate of participation on the free and reduced-price lunch programs in the public school system.
- In Pitt County, a higher percentage of students have been identified as "needy", compared to the State, and the percentage has not demonstrated much change over time.
- For the 2014-15 school year, approximately 60% of Pitt County students were identified as needy, compared to 67% in the Region and 53% across the state.



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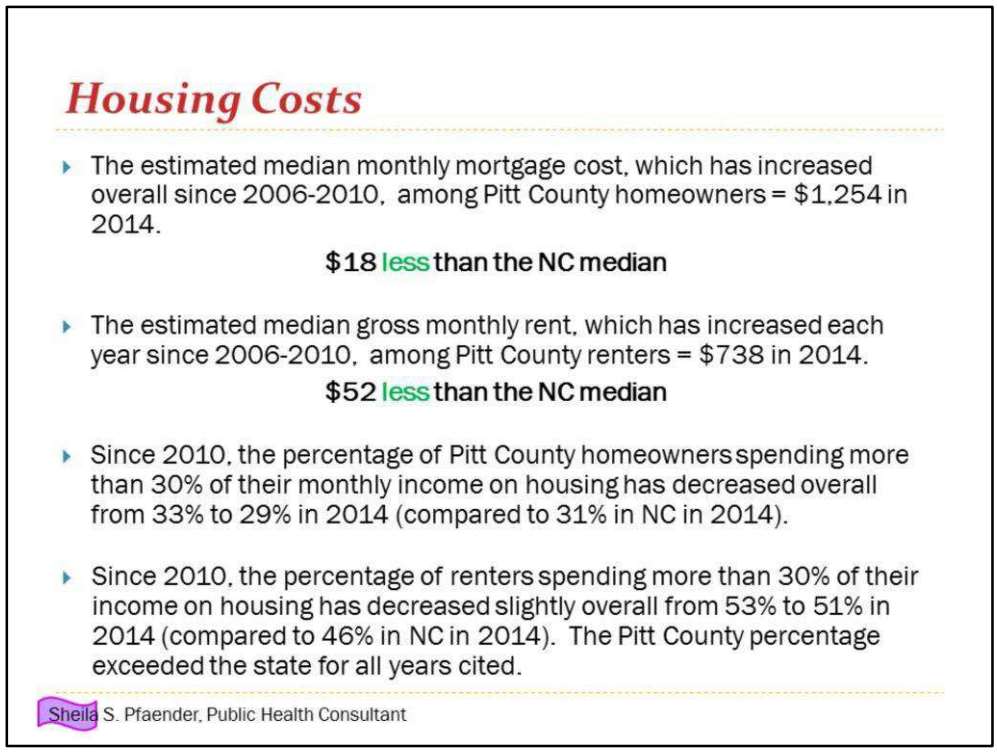
According to this document: http://childnutrition.ncpublicschools.gov/information-resources/eligibility/sp40highlights.pdf

The guideline to quality for "free" lunch is at or below 130 percent of the Federal poverty guidelines.
The guideline to qualify for "reduced-price" is between 130 and at or below 185 percent of the Federal poverty guidelines.



Source: US Census Bureau

Homelessness

- Every January the NC Coalition to End Homelessness conducts a point-in-time count of homeless individuals.
- In Pitt County, the number of homeless people has fluctuated, from a high of 116 in 2009 to a low of 88 in 2015.
- The majority of the homeless are adults (71 in 2015) but children in families are also among the homeless: 10 children in 7 households in 2015. In 2013, a high of 21 children in 13 households were counted.
- Veterans and the chronically homeless are two subpopulations to note. Between 2009 to 2015, a high of 12 veterans were counted in 2012; 10 were counted in 2015. A high of 12 chronically homeless individuals were included in the 2010 count; 3 were counted in 2015.

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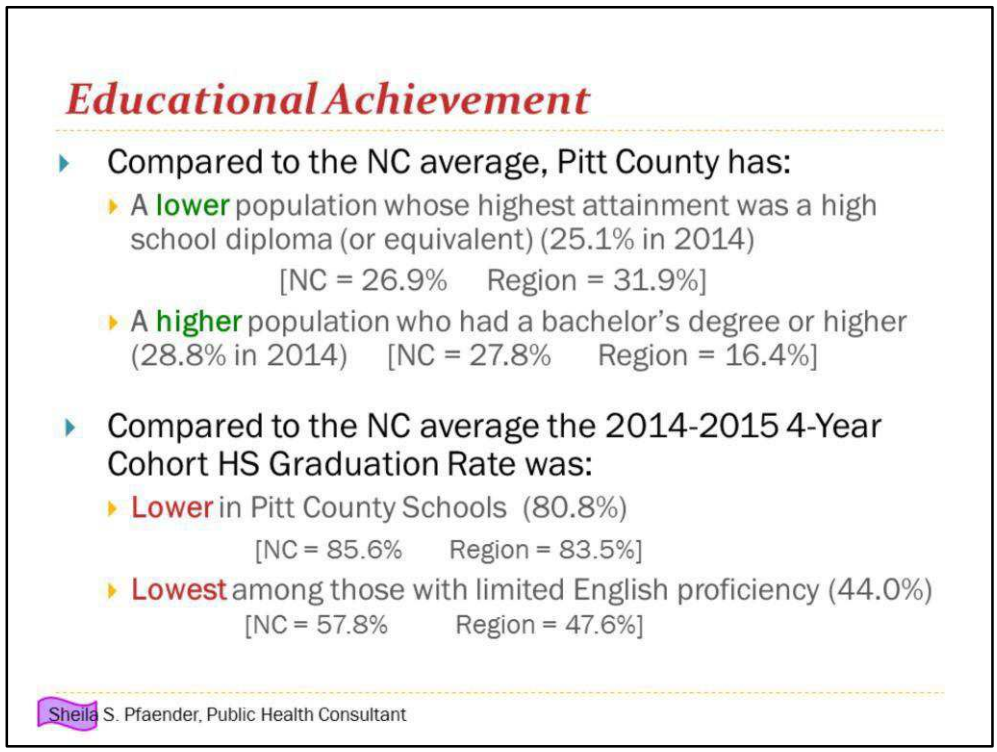

Source: US Census Bureau and NC Public Schools

Educational System

- The number of students enrolled in Pitt County schools fluctuates by a few hundred students each year. In the 2014-15 school year 24,398 students were enrolled in public schools.
- The high school drop out rate has decreased each year since SY2009-10, from 4.87 to 2.13 in SY2014-15, and was higher than in the state and the region for much of the period cited.
- The high school reportable crime rate in Pitt County seems variable and has decreased recently, from 13.5 in 2012-2013 to 10.02 in 2013-2014.

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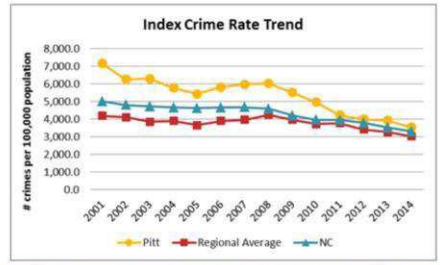
Crime and Safety: Index Crime

- The "index crime rate" is the rate of the sum of violent crime and property crime. The majority of crimes committed are property crimes.
- The index crime rate in Pitt County was higher than the comparable NC average, as well as the Regional Average, in every year cited.
- In 2013 the Pitt County crime rate was the lowest it had been over the period shown: 3,529.2 crimes committed per 100,000 population. [NC = 3,287.2 Region = 3,021.5]
- The violent crime rate in Pitt County has decreased from a high of 741.2 in 2006 to a low of 419.7 in 2014 and was consistently higher than the State and the Region.
- The Pitt County property crime rate follows a similar trend as the index crime rate: it has been consistently higher than the State and the Region but has declined overall. The 2014 property crime rate was 3,109.5 in Pitt County compared 2,705.6 for the Region and 2,954.1 in NC.



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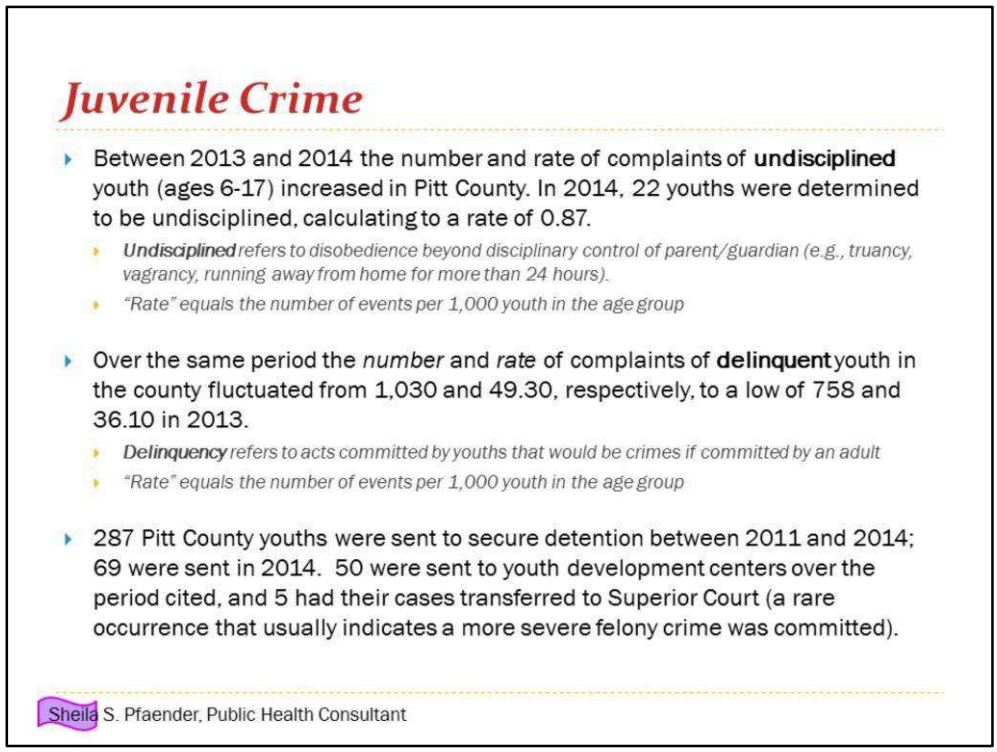
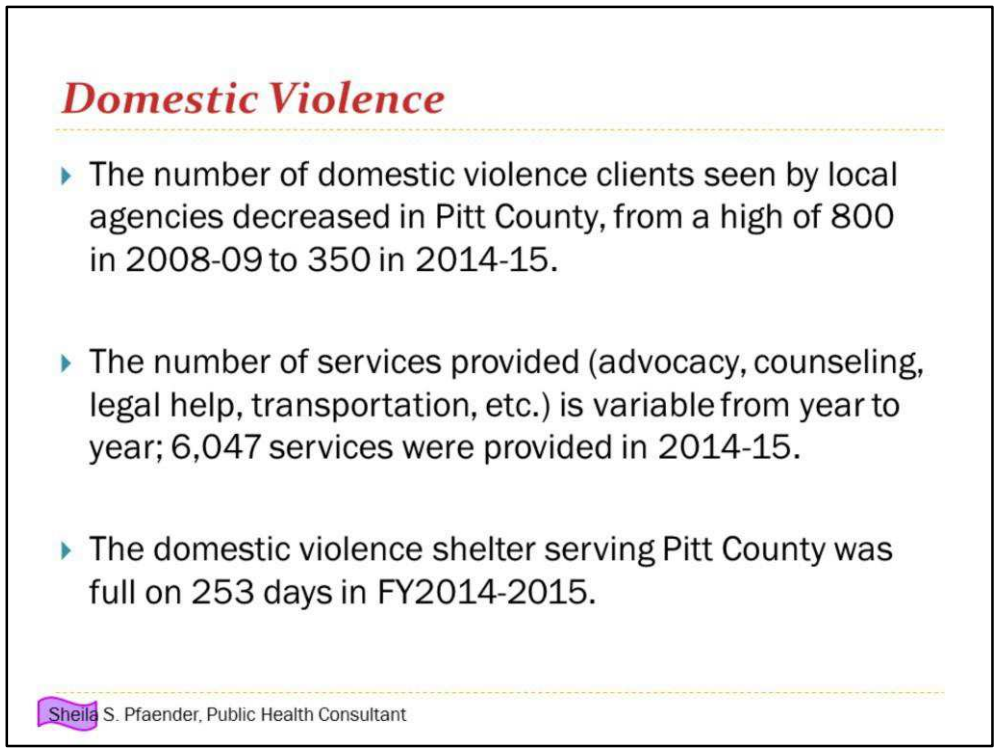
Source: NC Department of Justice, State Bureau of Investigation

See the Pitt County CHNA Data Workbook for details on violent and property crime.

Violent crime includes the offenses of murder, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny, and motor vehicle theft.



Source: NC Department of Public Safety



Source: NC Council for Women

The Data Workbook contains additional data regarding Sexual Assault in Pitt County, but does not include trend data and the point-in-time data numbers are small.

Child Maltreatment

- The number of children subject to abuse, neglect, or abuse and neglect in Pitt County has increased significantly since 2010-11.
- Neglect-only cases composed the most common type of child maltreatment; in 2014-15 95% of the substantiated cases involved neglect only.
- In Pitt County in 2014-15, 62% of the substantiated cases of neglect, or dependency (n=78) were African American children [NC=30%]. 50% of the victims were male [NC=48%] and 51% were under the age of 5 [NC=53%] (see Data Workbook).

Category	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Total No. of Findings of Abuse, Neglect, Dependency	929	938	796	856	789	755	978	880	892	1138	991
No. Substantiated[1] Findings of Abuse and Neglect	0	2	15	1	2	5	5	0	5	9	2
No. Substantiated Findings of Abuse	9	4	8	7	3	9	8	8	7	12	3
No. Substantiated Findings of Neglect	239	206	94	70	63	41	30	37	49	96	118
Services Needed	0	0	38	37	68	43	79	83	39	42	48
Services Recommended	0	0	36	10	24	12	28	22	15	15	16
No. Unsubstantiated Findings	679	721	251	225	201	174	141	131	229	305	237
Services Not Recommended	4	1	314	405	361	420	634	550	523	608	538

[1] A "substantiated" report of child abuse, neglect or exploitation indicates that the investigation supports a conclusion that the subject children was/were abused, neglected, or exploited.

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Source: Child Welfare data from the NC Social Services Data Warehouse at UNC

Health Resources

Health Insurance, Enrollment in Public Programs, Healthcare Practitioners, Facilities

Health Insurance

- The percent of uninsured adults (19-64) in Pitt County fluctuated but increased slightly overall over the period shown.
- Compared to the NC and the VIDANT Region, Pitt 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.

Percent of Population Without Health Insurance, by Age Group

Location	2011			2012			2013		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Pitt County	7.2	20.4	16.9	7.3	22.7	18.7	6.0	21.7	17.7
Regional Average	8.7	24.6	20.2	8.8	25.2	20.7	8.1	24.3	19.9
State of NC	7.9	23.0	18.7	7.9	23.4	19.0	6.9	22.5	18.1

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Medicaid Eligibility

- 15.4% of Pitt County residents were eligible for Medicaid in 2013, compared to 16.5% in NC and 19.6% in the Region (see Data Workbook).
- The total number of people in Pitt County eligible for Medicaid increased each year between 2009 and 2012.
- The Medicaid programs with the largest proportion of eligibles in 2013 were Infants & Children (43%), Disabled (25%) and AFDC (17%).
- In each month of 2013, an average of 2,132 aged individuals were eligible for both Medicaid and Medicare, much higher than the NC County average of 1,195 and a Regional average of 828 (see Data Workbook).

Pitt County Medicaid-Eligibles by Program Area (as of December each year)

Year	Number of Eligibles											
	Aged	Blind	Disabled	AFDC*	Foster Care	Pregnant Women	Infants & Children	Medicaid CHIP	Medicare Catastrophic	Refugees & Aliens	BCC**	Total Eligibles
2009	2,086	34	5,784	5,607	58	396	9,140	543	685	4	3	24,340
2010	2,032	35	6,009	5,133	63	381	9,954	524	761	2	3	24,897
2011	2,059	34	6,147	5,105	57	430	11,234	587	733	2	2	26,390
2012	2,126	39	6,363	4,790	43	438	12,401	616	832	2	2	27,652
2013	2,126	40	6,471	4,413	55	348	11,269	585	860	17	5	26,189

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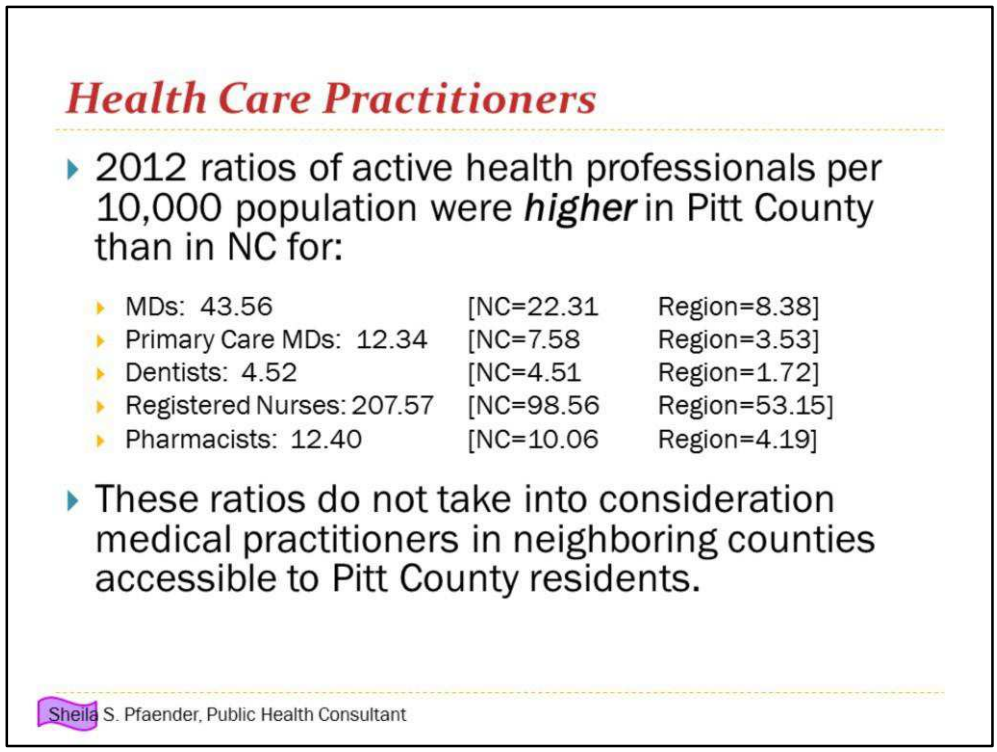
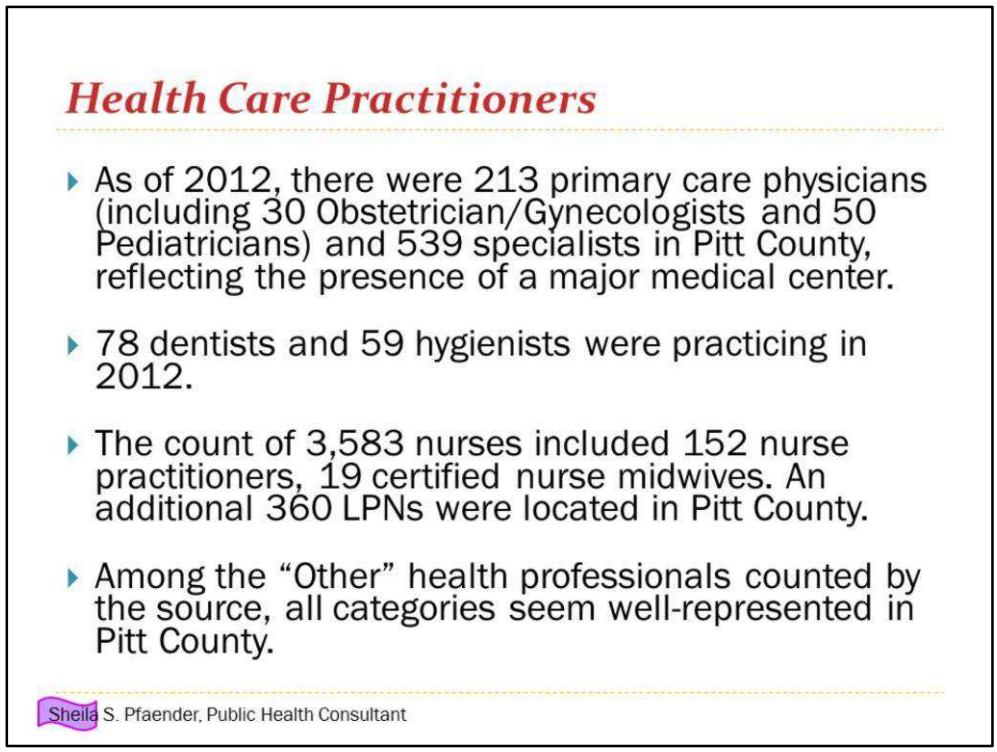
Source: NC Division of Medical Assistance



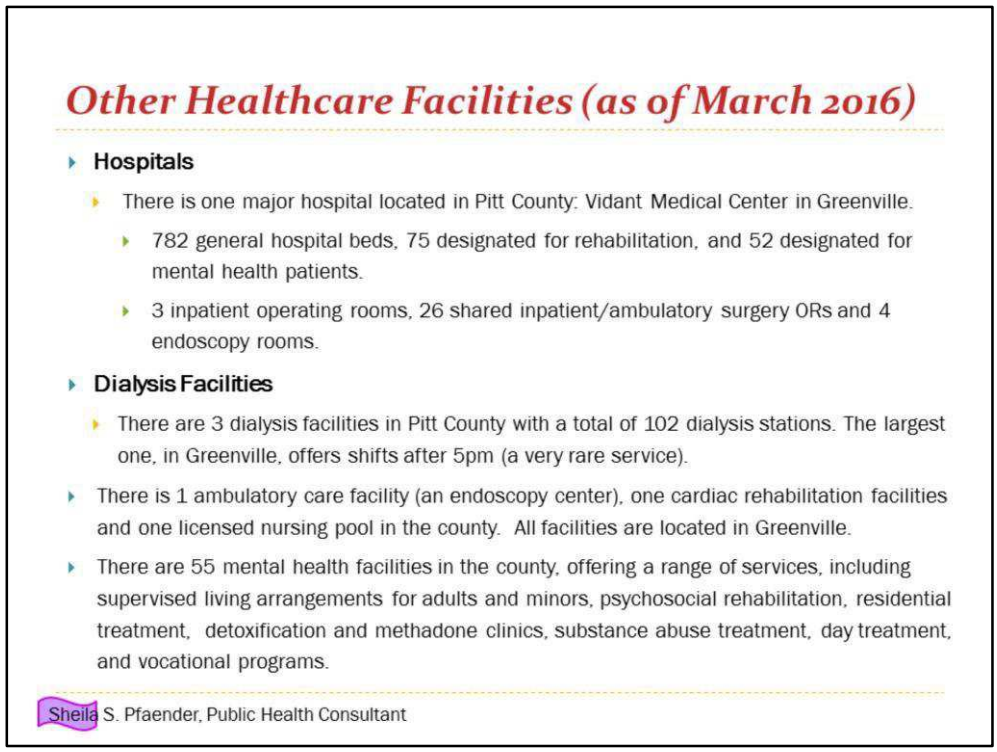
Source: from the Sheps Center for Health Services Research



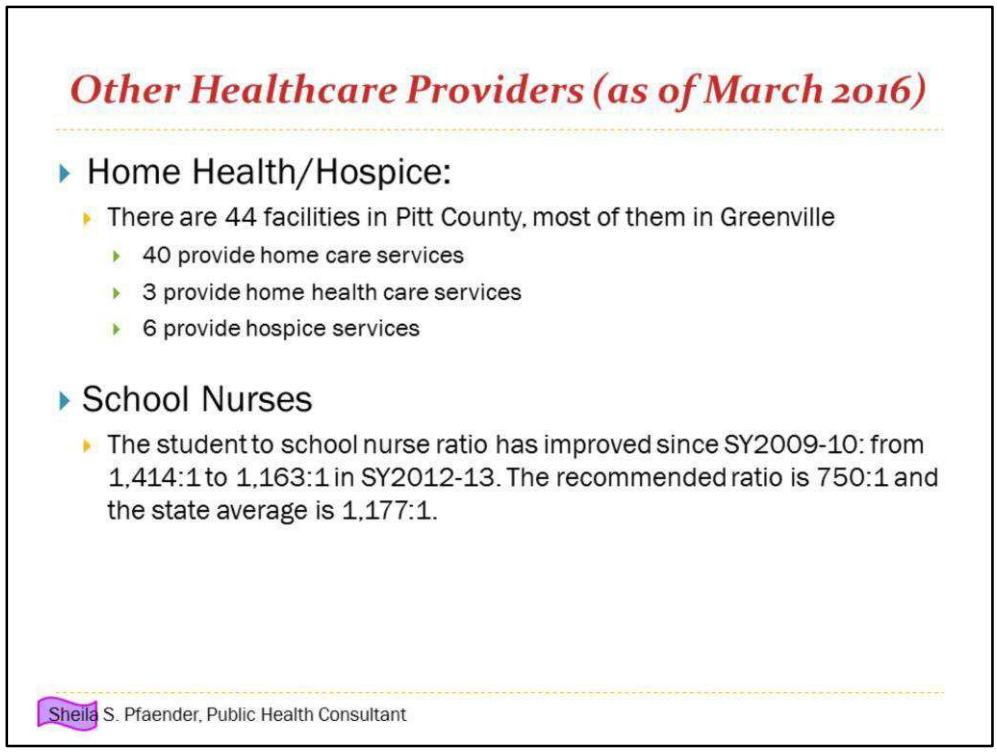
Source: from the Sheps Center for Health Services Research

Foot care is of importance to individuals with diabetes, who tend to have poor peripheral circulation and can suffer dire consequences from foot injuries and foot-related issues.

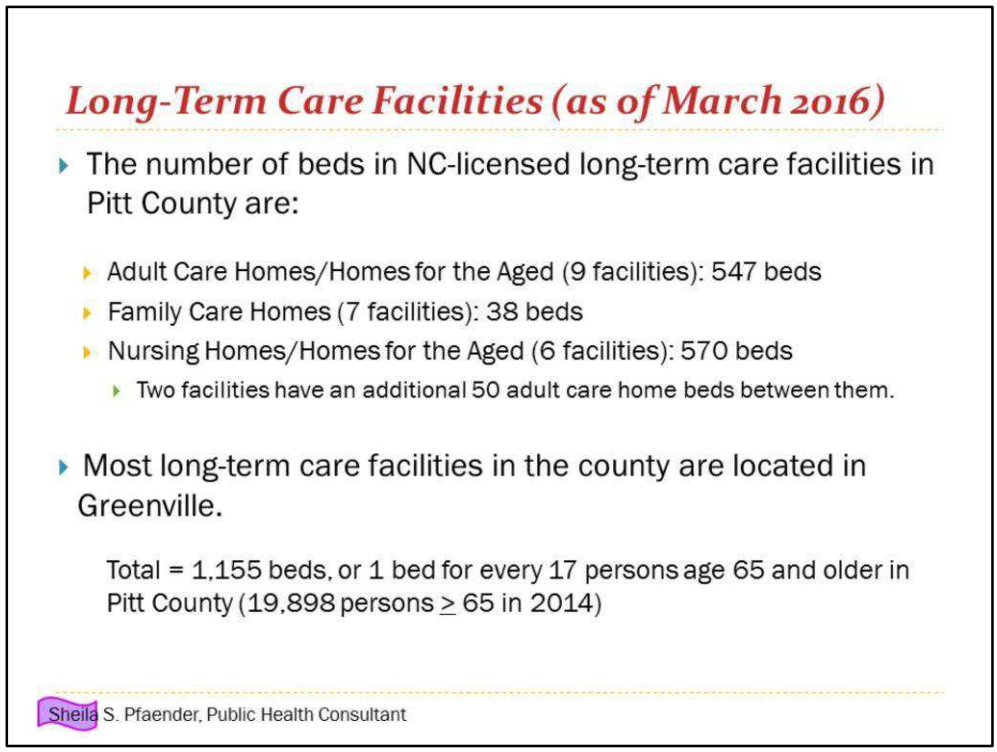
See the Data Workbook for more details on the kinds of practitioners in Pitt County.



Source: NC Division of Health Services Regulation



Source: NC Division of Health Services Regulation



Source: NC Division of Health Services Regulation

Hospital Utilization Summary: Emergency Department

- Overall gender and age-group profile of ED utilization at the eight VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

ED Discharges by Gender and Age Group

Fiscal Year	No. by Gender		No. by Age Group			Total No. Discharges
	Females	Males	< 18	18-64	≥ 65	
2013	47,758	34,099	15,650	55,014	11,195	81,859
2014	47,866	34,046	15,620	54,866	11,428	81,914
2015	45,546	32,440	15,958	50,669	11,360	77,987
Total	141,170	100,585	47,228	160,549	33,983	241,790

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The hospitals qualifying for inclusion in the table on the basis of 30 or more ED discharges per year are: VBEA, VBER, VCHO, VDUP, VEDG, VMC, VROA and TOBH.

Females accounted for 58% of all ED discharges over the three-year period cited. Females compose 53% of the total Pitt County population

Males accounted for 42% of all ED discharges over the same period. Males compose 47% of the total Pitt County population.

Minors under the age of 18 (“pediatric” patients) accounted for 20% of all ED discharges over the three-year period cited. This age group composes a total of 22% of the total Pitt County population.

Persons between the ages of 18 and 64 (“adult” patients) accounted for 66% of all ED discharges over the same period. This age group composes a total of 67% of the total Pitt County population.

Persons age 65 and older (“geriatric” patients) accounted for 14% of all ED discharges over the same three-year period. This age group composes a total of 11% of the total Pitt County population.

Hospital Utilization Summary: Emergency Department

- Overall racial and ethnic profile of ED utilization at the eight VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

ED Discharges by Race/Ethnicity

Fiscal Year	No. by Racial/Ethnic Group (Excluding "Blank")							Total No. Discharges
	Am. Indian Alaskan	Asian	Black	Hispanic	Other	Unknown	White	
2013	94	201	47,910	2,836	746	76	29,996	81,859
2014	90	180	48,400	2,891	838	56	29,457	81,914
2015	115	181	47,005	2,801	761	56	27,059	77,987
Total	299	562	143,315	8,528	2,345	188	86,512	241,790

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more ED discharges per year are: VBEA, VBER, VCHO, VDUP, VEDG, VMC, VROA and TOBH.

Blacks accounted for 59% of all ED discharges over the three-year period cited. Blacks compose 35% of the total Pitt County population. The proportion of blacks utilizing the ED is 1.7 times their proportional representation in the county population.

Whites accounted for 36% of all ED discharges over the same period. Whites compose 61% of the total Pitt County population.

Hispanics accounted for 4% of all ED discharges over the same period. Hispanics compose 6% of the total Pitt County population. (Keep in mind that In US Census terms, persons of Hispanic/Latino ethnicity may also be of any race. The hospitals tend to consider Hispanic ethnicity to be a separate racial category.)

Hospital Utilization Summary: Emergency Department

- Overall payor profile of ED utilization at the eight VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

ED Discharges by Payor Group

Fiscal Year	No. by Payor Group (Excluding the payor group "Other")											Total No. Discharges
	Champus Tricare	Com-al	M-aid	M-care	Mgd. Care BCBS	Mgd. Care M-aid	Mgd. Care M-care	Mgd. Care Other	Mgd. Care VH Medcost	Self-Pay	Work Comp	
2013	914	654	23,451	17,281	10,828	881	786	3,067	2,218	20,639	648	81,859
2014	801	451	23,946	16,896	12,034	830	1,629	2,818	2,006	19,373	647	81,914
2015	757	478	23,988	15,705	11,503	775	2,132	2,881	1,794	16,923	458	77,987
Total	2,472	1,583	71,385	49,882	34,365	2,486	4,547	8,766	6,018	56,935	1,753	241,790
Group % of Total	1.0%	0.7%	29.5%	20.6%	14.2%	1.0%	1.9%	3.6%	2.5%	23.5%	0.7%	99.2% ("Other" = 0.6%)

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more ED discharges per year are: VBEA, VBER, VCHO, VDUP, VEDG, VMC, VROA and TOBH.

Abbreviations: Com-al = Commercial
M-aid = Medicaid
M-care = Medicare
Mgd. Care BCBS = Managed Care, Blue Cross/Blue Shield
Mgd. Care M-aid = Medicaid Managed Care
Mgd. Care M-care = Medicare Managed Care
Mgd. Care Other = Other Managed Care programs not cited elsewhere
Mgd. Care VH Medcost = Vidant Health Medcost Managed Care
Work Comp = Worker's Compensation

The most common payor groups, in descending order, were:
Medicaid (29.5%)
Self Pay (23.5%)
Medicare (20.6%)
BCBS Managed Care (14.2%)

Hospital Utilization Summary: Inpatient Hospitalizations

- Overall gender and age-group profile of IP utilization at the five VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

IP Discharges by Gender and Age Group

Fiscal Year	No. by Gender		No. by Age Group			Total No. Discharges
	Females	Males	< 18	18-64	≥ 65	
2013	10,886	7,802	2,915	9,877	5,897	18,689
2014	10,319	7,164	2,742	9,435	5,306	17,483
2015	9,383	6,769	2,436	8,554	5,162	16,152
Total	30,588	21,735	8,093	27,866	16,365	52,324

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more IP discharges per year are: VBEA, VDUP, VEDG, VMC and VROA.

Females accounted for 58% of all IP discharges over the three-year period cited. Females compose 53% of the total Pitt County population

Males accounted for 42% of all IP discharges over the same period. Males compose 47% of the total Pitt County population.

Minors under the age of 18 (“pediatric” patients) accounted for 15% of all IP discharges over the three-year period cited. This age group composes a total of 22% of the total Pitt County population.

Persons between the ages of 18 and 64 (“adult” patients) accounted for 53% of all IP discharges over the same period. This age group composes a total of 67% of the total Pitt County population.

Persons age 65 and older (“geriatric” patients) accounted for 31% of all IP discharges over the same three-year period. This age group composes a total of 11% of the total Pitt County population. Note that the percentage of IP discharges attributable to persons age 65 and older is almost three times their representation in the overall population of the county.

Hospital Utilization Summary: Inpatient Hospitalizations

- Overall racial and ethnic profile of IP utilization at the five VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

IP Discharges by Race/Ethnicity

Fiscal Year	No. by Racial/Ethnic Group							Total No. Discharges
	Am. Indian Alaskan	Asian	Black	Hispanic	Other	Unknown	White	
2013	25	102	8,297	628	181	27	9,429	18,689
2014	31	99	7,708	578	149	11	8,907	17,483
2015	30	82	7,149	491	159	13	8,226	16,152
Total	86	283	23,154	1,697	489	51	26,562	52,324

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more IP discharges per year are: VBEA, VDUP, VEDG, VMC and VROA.

Blacks accounted for 44% of all IP discharges over the three-year period cited. Blacks compose 35% of the total Pitt County population. The proportion of blacks with IP discharges is higher than their proportional representation in the county population.

Whites accounted for 51% of all IP discharges over the same period. Whites compose 61% of the total Pitt County population.

Hispanics accounted for 3% of all IP discharges over the same period. Hispanics compose 6% of the total Pitt County population. (Keep in mind that In US Census terms, persons of Hispanic/Latino ethnicity may also be of any race. The hospitals tend to consider Hispanic ethnicity to be a separate racial category.)

Hospital Utilization Summary: Inpatient Hospitalizations

- Overall payor profile of IP utilization at the five VIDANT hospitals in the study region seeing 30 or more Pitt County patients over three years.

IP Discharges by Payor Group

Fiscal Year	No. by Payor Group (Excluding the payor group "Other")											Total No. Discharges
	Champus Tricare	Com-al	M-aid	M-care	Mgd. Care BCBS	Mgd. Care M-aid	Mgd. Care M-care	Mgd. Care Other	Mgd. Care VH Medcost	Self-Pay	Work Comp	
2013	116	89	4,379	7,642	2,970	359	348	648	642	1,299	43	18,689
2014	108	48	4,015	6,548	3,130	297	714	569	644	1,202	59	17,483
2015	96	61	3,472	5,986	2,921	320	884	630	514	1,061	45	16,152
Total	320	198	11,866	20,176	9,021	976	1,946	1,847	1,800	3,562	147	52,324
Group % of Total	0.6%	0.4%	22.7%	38.6%	17.2%	1.9%	3.7%	3.5%	3.4%	6.8%	0.3%	99.1% ("Other" = 0.9%)

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more IP discharges per year are: VBEA, VDUP, VEDG, VMC and VROA.

Abbreviations: Com-al = Commercial
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Mgd. Care M-care = Medicare Managed Care
Mgd. Care Other = Other Managed Care programs not cited elsewhere
Mgd. Care VH Medcost = Vidant Health Medcost Managed Care
Work Comp = Worker's Compensation

The most common payor groups, in descending order, were:
Medicare (38.6%)
Medicaid (22.7%)
BCBS Managed Care (17.2%)
Self Pay (6.8%)

Health Statistics

Health Rankings

Health Rankings

- According to *America's Health Rankings* (2015)
  - NC ranked 31st overall out of 50 (where 1 is "best")
- According to *County Health Rankings* (2015) for NC, Pitt County was ranked:
  - 39th overall out of 100 (where 1 is best) for ***health outcomes***
    - 17th in length of life
    - 27th for quality of life
  - 44th overall out of 100 for ***health factors***
    - 7th for health behaviors
    - 50th for clinical care
    - 5th for social and economic factors
    - 38th for physical environment

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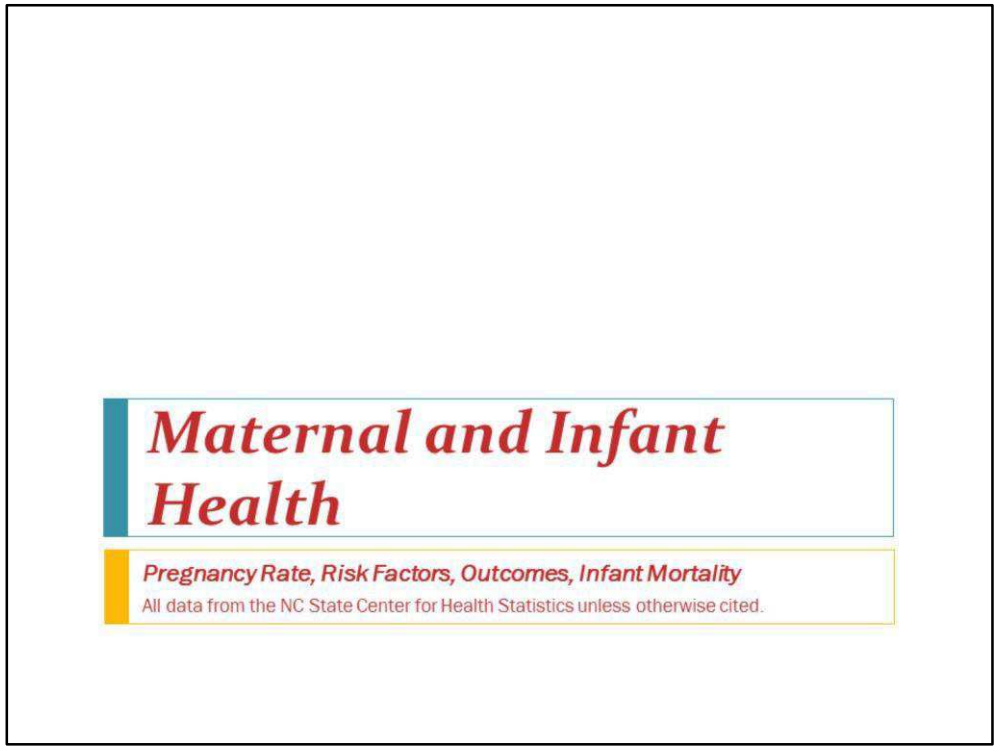


A note about **point-in-time data**:

Sometimes individual high or low data points are highlighted, but most times the focus is on current (usually 2010-2014) statistics.

A note about **trends:**

For the sake of presenting a "big picture" analysis, trends are discussed in one of two ways: (1) as an overall *degree* of change calculated from the value of the start- and end-points of the time period presented, or (2) an overall *directional* change based on the slope of a regression line developed by Excel from all the individual data points in the defined period. Sometimes the summary invokes both a degree and direction of change. Trend analysis usually does not include increases or decreases in numbers or rates in individual years within time periods discussed. Please view the data in the Data Workbook for the nuances of year-to-year changes.

A note about **unstable rates**:

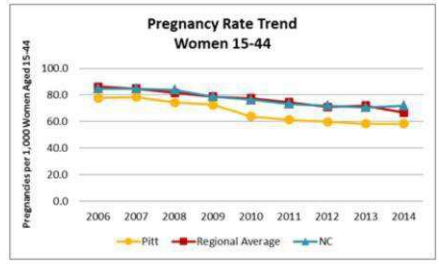
The State Center for Health Statistics has established thresholds below which they either suppress (do not publish) calculated rates or flag the presented rates as "unstable" or based on a low number of cases or events. For most parameters, that number is 20; for others, the threshold is 10. Unstable rates should be interpreted with caution.

We have endeavored, wherever possible, to provide those unstable rates with a special designation (**bold** text in the Data Workbook). If data points suddenly disappear from a graph, it is because the rates became unstable.

Pregnancy Rate: Women 15-44

Pregnancies per 1,000 Women Age 15-44

- Total pregnancy rates have decreased in almost every period since 2006 and have remained lower than NC and the Regional average.
- Total pregnancy rates in the VIDANT Region and NC have fallen overall since 2007.
- The 2014 pregnancy rate was 58.4 in Pitt County, compared to 66.8 in the Region and 72.1 in NC.



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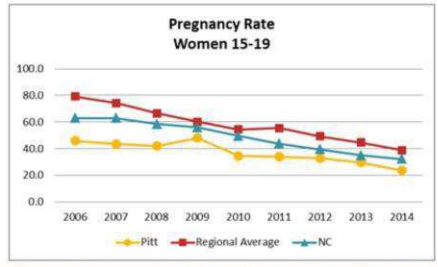
Pregnancy Rate: Women 15-19

Pregnancies per 1,000 women Age 15-19 (Teens)

- Teen pregnancy rates in Pitt County have decreased since 2009, and they remain lower than the Region or the state.
- The 2014 teen pregnancy rate was 23.9 in Pitt County, compared to 39.0 for the Region and 32.3 for the state.



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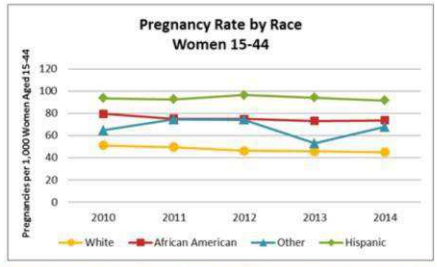
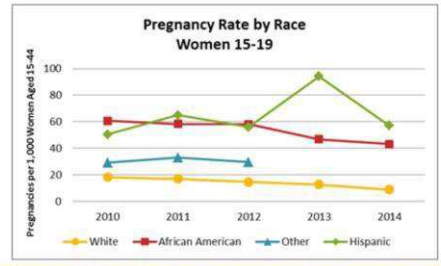
Pregnancy Rate: By Race/Ethnicity

- Among Pitt County women age 15-44 the highest pregnancy rates appear to occur among Hispanics and African Americans. In 2014 the rate among African American women was 73.7 compared to 91.6 among Hispanic women.
- Among Pitt County teens, the rate was highest among Hispanic teens in the most recent two periods: 57.0 in 2014 compared to 43.2 among African American women.





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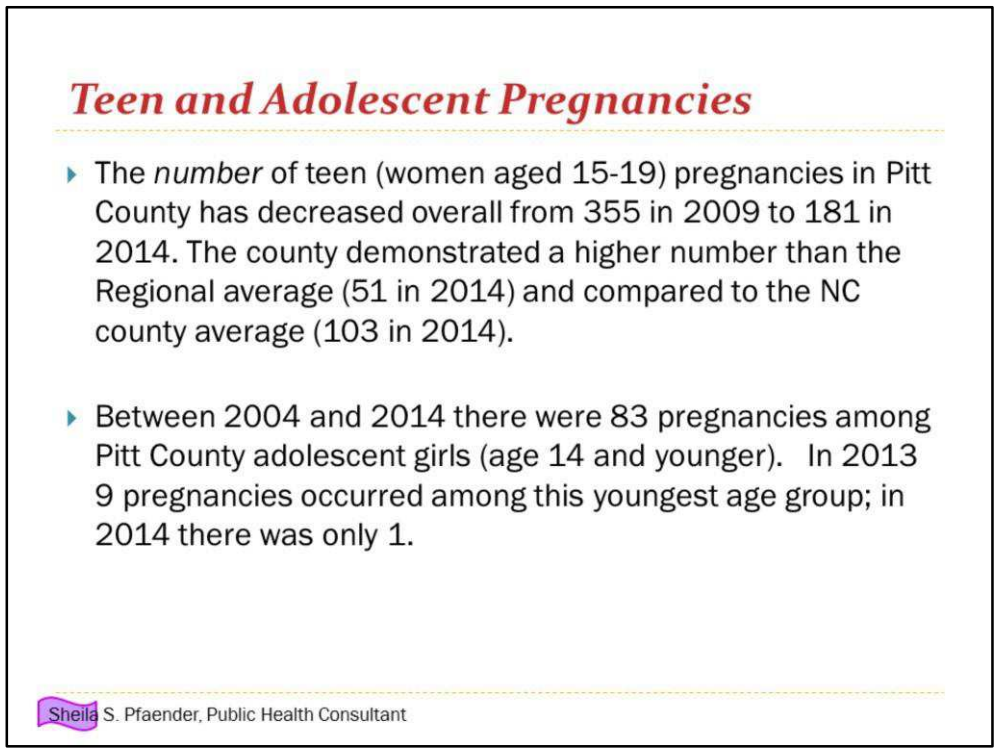
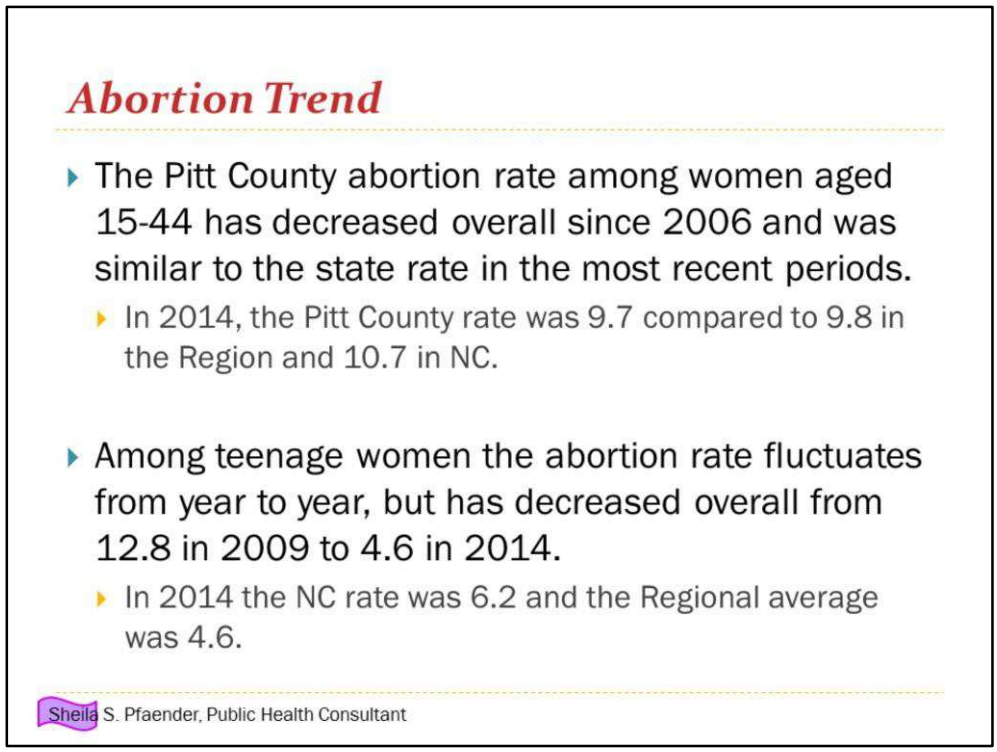


See Data Workbook



See Data Workbook

Pregnancy Risk Factors: Smoking During Pregnancy

- The percentage of Pitt County women who smoked during pregnancy did not change much over the four years presented; the Regional average percentage was also relatively stable.
- Among comparators, the highest percentages of mothers who smoked while pregnant were in Pitt County in 2013 and 2014.

Location	Percent of Births to Mothers Who Smoked While Pregnant			
	2011	2012	2013	2014
Pitt County	10.1	10.1	11.6	10.2
Regional Average	7.7	7.7	7.6	7.9
State of NC	10.9	10.6	10.3	9.8

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Pregnancy Risk Factors: Inadequate Prenatal Care

- The percentage of women receiving early prenatal care was significantly higher in Pitt County, compared to the State.
- The percentage of women receiving prenatal care in the first trimester has declined overall in Pitt County and NC, and has increased slightly in the Region.
- Among racial groups, a higher proportion of white women get prenatal care in the first trimester (86%) compared to African American women (70%), Hispanic (79%) and women of Other races (79%) in 2014. (See Data Workbook)

County	Percent of Pregnancies Receiving Prenatal Care in 1st Trimester			
	2011	2012	2013	2014
Pitt County	83.3	82.9	77.8	78.4
Regional Average	70.5	67.0	70.0	71.4
State of NC	71.2	71.3	70.3	68.2

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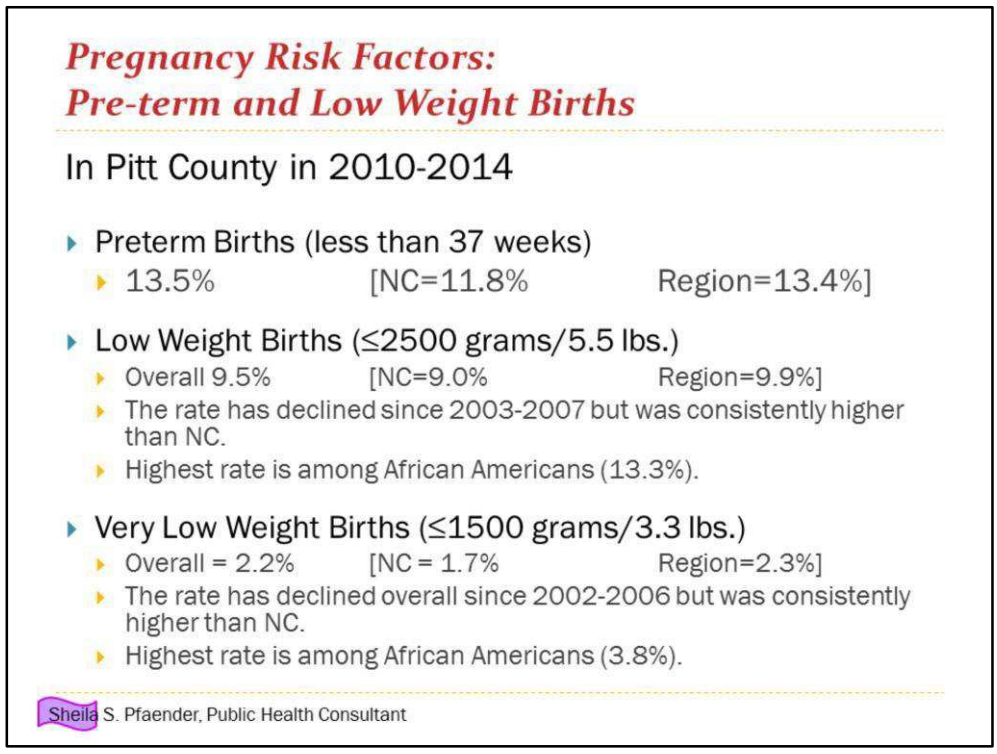


See Data Workbook

Pregnancy Outcomes: Hospital Discharges for Newborns and Neonates with Conditions Originating in the Perinatal Period

- According to data from the five VIDANT Region hospitals seeing 30 or more Pitt County inpatients over three years, the number of discharges associated with newborns or neonates with some kind of problem originating in the perinatal period was small but totaled 39% of all newborns over the period cited. Note that 98% of all IP discharges occur at VMC, which also likely attracts the majority of high-risk pregnancies in the region.

Year	Number of Hospital Discharges by DRG (Diagnosis Related Group) Diagnosis					
	Total Newborns	Extreme Immaturity or Respiratory Distress	Prematurity with Major Problems	Prematurity without Major Problems	Full-Term Neonate with Major Problems	Neonate with Other Significant Problems
2013	2,083	41	40	115	129	494
2014	2,121	40	43	95	127	529
2015	1,918	51	19	76	117	496
Total	6,122	132	102	286	373	1,519

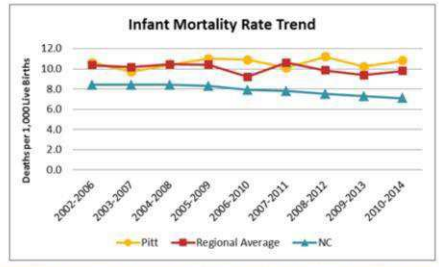
Sheila S. Pfaender, Public Health Consultant

Hospital data with Emergency Department Discharges, Inpatient Hospitalizations, and Outpatient Surgeries is summarized in the Pitt County CHNA Hospital Data Summary Worksheet.

The hospitals qualifying for inclusion in the table on the basis of 30 or more IP discharges per year are: VBEA, VDUP, VEDG, VMC and VROA.

Pregnancy Outcomes: Infant Mortality

- The total infant mortality rate in Pitt County fluctuates some on a year to year basis but has changed very little overall since 2002-2006. The rate was 10.6 in 2002-2006 and was 10.8 in 2010-2014.
- The Pitt County infant mortality rate has been consistently higher than the state, which has shown a steady decrease, and the Region.
  [NC = 7.1 Region = 9.8]
- Note that according to the CDC the 2013 infant mortality rate in NC was the 10th highest in the nation.



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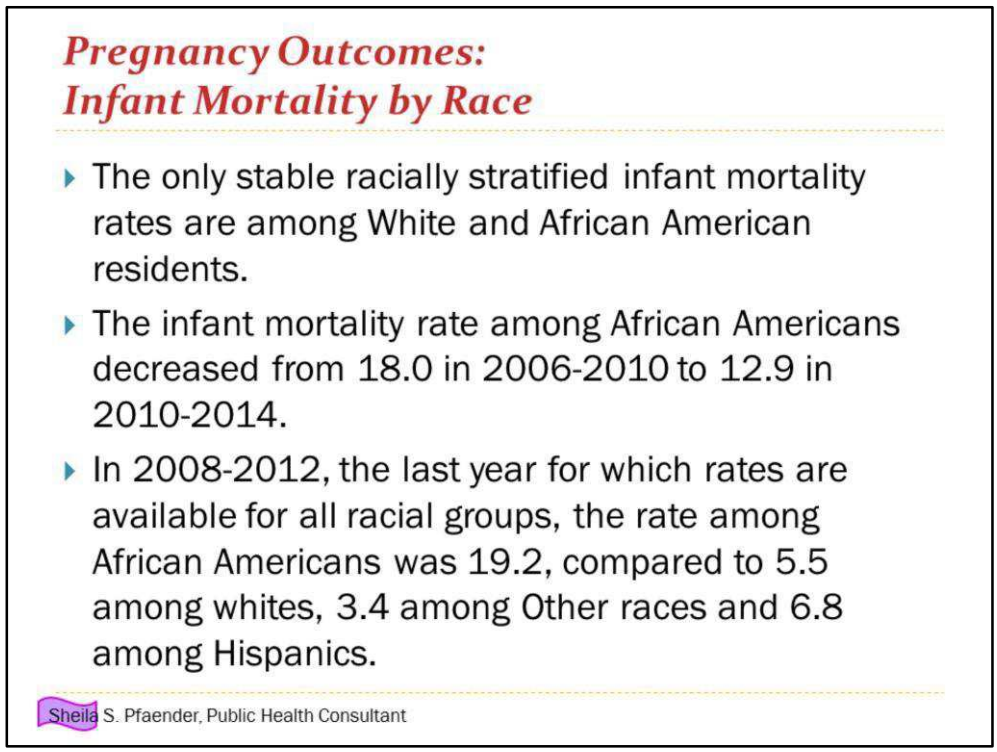
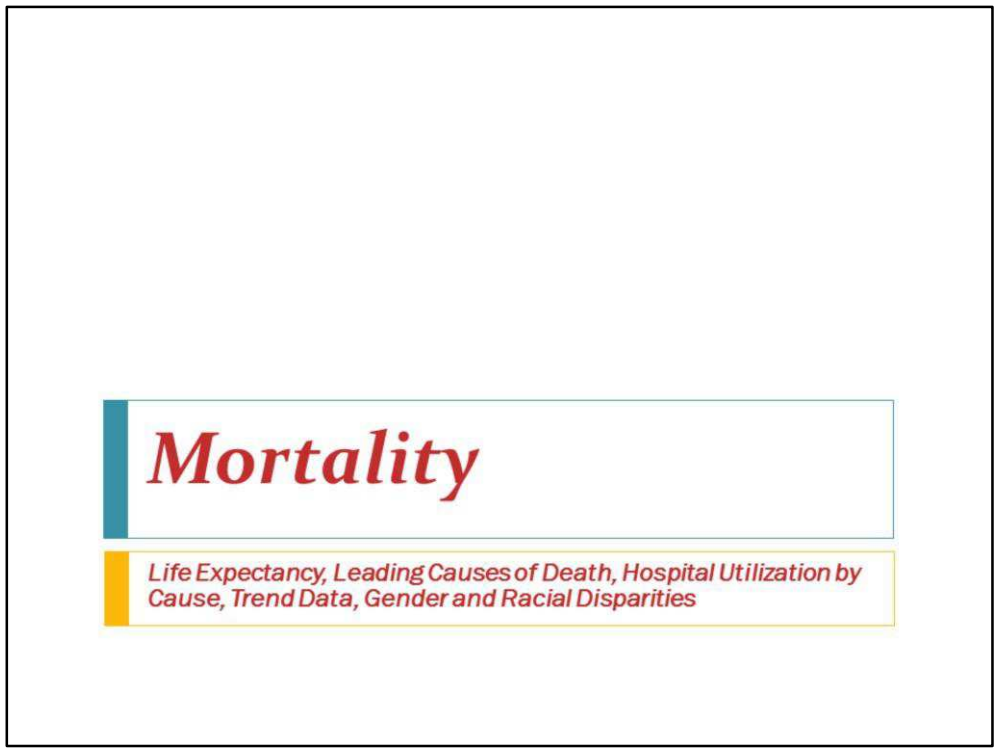


See Data Workbook



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Life Expectancy

Life Expectancy for persons born in 2012-2014

- Among comparators, Pitt County life expectancy is similar to the State and is shortest among Males and longest among Females.

County	Overall	Sex		Race	
		Male	Female	White	African-American
Pitt	78.2	75.2	80.8	79.6	75.4
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

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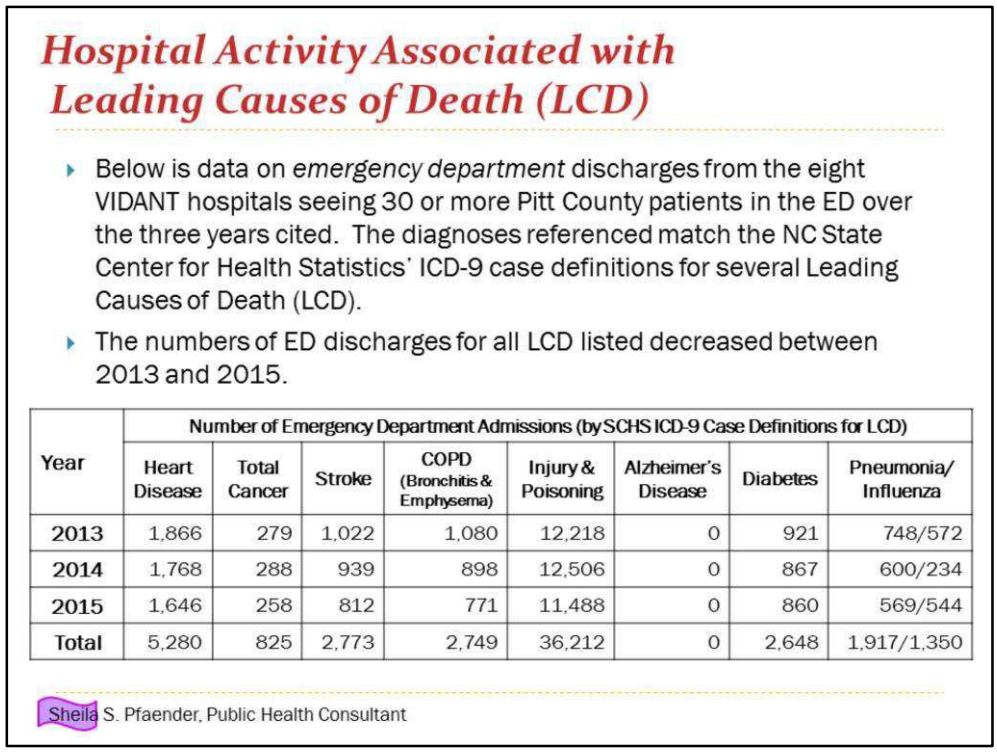
Leading Causes of Death: Overall

Age-Adjusted Rates (2010-2014)	Pitt County No. of Deaths	Pitt County Mortality Rate	Pitt Rate Difference from NC
1. Diseases of the Heart	1,271	172.1	+3.7%
2. Cancer	1,300	170.4	-0.8%
3. Cerebrovascular Disease	340	46.9	+9.1%
4. Chronic Lower Respiratory Diseases	273	38.6	-16.1%
5. All Other Unintentional Injuries	233	30.7	+3.7%
6. Alzheimer's Disease	205	29.9	+2.4%
7. Diabetes Mellitus	208	27.5	+24.4%
8. Nephritis, Nephrotic Syndrome, and Nephrosis	104	14.1	-17.1%
9. Unintentional Motor Vehicle Injuries	112	13.1	-3.0%
10. Septicemia	90	12.3	-5.4%
11. Pneumonia and Influenza	75	10.6	-39.8%
12. Suicide	87	10.4	-16.1%
13. Chronic Liver Disease and Cirrhosis	73	9.0	-7.2%
14. Homicide	56	6.4	+12.3%
15. Acquired Immune Deficiency Syndrome	37	4.5	+73.1%

Sheila S. Pfaender, Public Health Consultant

Mortality rates for 7 of the 15 leading causes of death were higher in Pitt County compared to North Carolina rates. Mortality rates for only three LCDs – diabetes, homicide and AIDS – were *significantly* higher than the state rates. For the State rates, please see the Data Workbook.

For ED and IP hospital discharges relative to these 15 leading causes of death, please see the Pitt County CHNA Hospital Data Summary Worksheet. ICD 9 codes have been grouped into "Case Definitions" that match the leading causes of death.



The hospitals qualifying for inclusion in the table on the basis of 30 or more ED discharges per year are: VBEA, VBER, VCHO, VDUP, VEDG, VMC, VROA and TOBH.

The ICD-9 Code Categories referenced are as follows:

Heart disease
Rheumatic heart disease (390-398xx)
Hypertensive heart disease (402xx)
All other heart disease (404-429xx)

Total cancer
All neoplasms (140-239xx)

Stroke
Cerebrovascular disease (430-438xx)

COPD
Bronchitis and emphysema (490-496xx)

Injury and poisoning
All injuries and poisonings (800-999.99)

Alzheimer's disease
Alzheimer's dementia (331.0)

Diabetes
Diabetes (250xx)

Pneumonia and Influenza
Pneumonia (480-486xx)
Influenza 9487-488xx)

Hospital Activity Associated with Leading Causes of Death (LCD)

- Below is data on *inpatient hospitalization* discharges from the five VIDANT hospitals seeing 30 or more Pitt County inpatients over the three years cited. The diagnoses referenced match the NC State Center for Health Statistics' ICD-9 case definitions for several Leading Causes of Death. Note that a DRG Code instead is used for septicemia.
- The number of IP discharges for all LCD listed *except* septicemia decreased between in 2013 than in 2015. The increase in septicemia discharges between 2013 and 2015 was over 60%.

Year	Number of Inpatient Hospitalization Discharges (by SCHS ICD-9 Case Definitions for LCD)							
	Heart Disease	Total Cancer	Stroke	COPD (Bronchitis & Emphysema)	Alzheimer's Disease	Injury & Poisoning	Diabetes	Septicemia
2013	1,850	526	538	233	0	1,395	449	614
2014	1,671	564	464	196	0	1,246	407	793
2015	1,549	493	485	154	0	1,226	398	989
Total	5,070	1,583	1,487	583	0	3,867	1,254	2,396

Sheila S. Pfaender, Public Health Consultant

The hospitals qualifying for inclusion in the table on the basis of 30 or more IP discharges per year are: VBEA, VDUP, VEDG, VMC and VROA.

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All neoplasms (140-239xx)

Stroke
Cerebrovascular disease (430-438xx)

COPD
Bronchitis and emphysema (490-496xx)

Injury and poisoning
All injuries and poisonings (800-999.99)

Alzheimer's disease
Alzheimer's dementia (331.0)

Diabetes
Diabetes (250xx)

Septicemia
Septicemia (870-872)

Leading Causes of Death: Gender Comparison

Pitt County Rank by Descending Overall Age-Adjusted Rate (2010-2014)	Rank Among Males	Rank Among Females	% Male Rate Difference from Females
1. Diseases of the Heart	1	2	+76.1%
2. Cancer	2	1	+64.2%
3. Cerebrovascular Disease	4	3	+5.1%
4. Chronic Lower Respiratory Diseases	3	5	+65.9%
5. All Other Unintentional Injuries	5	6	+58.5%
6. Alzheimer's Disease	7	4	-24.0%
7. Diabetes Mellitus	6	7	+29.8%
8. Nephritis, Nephrotic Syndrome, and Nephrosis	11	8	+64.6%
9. Unintentional Motor Vehicle Injuries	10	10	+126.5%
10. Septicemia	8	11	+140.0%
11. Pneumonia and Influenza	12	9	+51.1%
12. Suicide	9	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	13	12	+89.1%
14. Homicide	14	n/a	n/a
15. Acquired Immune Deficiency Syndrome	15	n/a	n/a

Sheila S. Pfaender, Public Health Consultant

Among the 12 leading causes for which there are stable rates available for comparison in 2010-2014, the mortality rate among males is higher than the female mortality rate for all of them, except Alzheimer's Disease.

Please see the Data Workbook for further discussion of gender disparities including: numbers and rates for the county, the VIDANT Region and the State; graphs and trend data.

Leading Causes of Death: Race Comparison

Pitt County Rank by Descending Overall Age-Adjusted Rate (2010-2014)	Rank Among White Non-Hispanic	Rank Among Black non-Hispanic	% Blacks Rate Difference from Whites
1. Diseases of the Heart	1	2	+15.4%
2. Cancer	2	1	+14.1%
3. Cerebrovascular Disease	5	3	+85.5%
4. Chronic Lower Respiratory Diseases	3	7	-37.4%
5. All Other Unintentional Injuries	4	9	-54.3%
6. Alzheimer's Disease	6	6	-9.3%
7. Diabetes Mellitus	7	4	+139.9%
8. Nephritis, Nephrotic Syndrome, and Nephrosis	13	5	+258.0%
9. Unintentional Motor Vehicle Injuries	9	10	+25.4%
10. Septicemia	11	8	+80.2%
11. Pneumonia and Influenza	10	n/a	n/a
12. Suicide	8	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	12	13	-11.6%
14. Homicide	14	12	+97.7%
15. Acquired Immune Deficiency Syndrome	n/a	11	n/a

Sheila S. Pfaender, Public Health Consultant

Among the 12 leading causes of death for which there are stable rates available for comparison in 2010-2014 and the mortality rate among African Americans is higher for 8 of them: Heart Disease, Cancer, Cerebrovascular Disease, Diabetes, Kidney Diseases, Unintentional Motor Vehicle Injuries, Septicemia and Homicide.

Please see the Data Workbook for further discussion of racial disparities including: numbers and rates for the county, the VIDANT Region and the State; graphs and trend data.

Leading Causes of Death – By Age

Age Group	Rank	Cause of Death in Pitt County (2010-2014)
00-19	1 2 3	Conditions originating in the perinatal period Congenital anomalies (birth defects) Motor vehicle injuries Other Unintentional injuries
20-39	1 2 3	Other Unintentional injuries Motor vehicle injuries Homicide
40-64	1 2 3	Cancer (all sites) Diseases of the heart Other Unintentional injuries
65-84	1 2 3	Cancer (all sites) Diseases of the heart Chronic lower respiratory diseases
85+	1 2 3	Diseases of the heart Cancer (all sites) Cerebrovascular disease

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It is notable that homicide is ranked among the leading causes of death in the 20-39 age group.

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

Overall Mortality Rate Trends, 2002-2006 to 2010-2014

Pitt County Rank by Descending Overall Age-Adjusted Rate (2010-2014)	Rate in 2002-2006	Rate in 2010-2014	% Change 2002-2006 to 2010-2014
1. Diseases of the Heart	228.1	172.1	-24.6%
2. Cancer	206.3	170.4	-17.4%
3. Cerebrovascular Disease	70.0	46.9	-33.0%
4. Chronic Lower Respiratory Diseases	42.0	38.6	-8.1%
5. All Other Unintentional Injuries	25.9	30.7	+18.5
6. Alzheimer's Disease	20.7	29.9	+44.4%
7. Diabetes Mellitus	35.2	27.5	-21.9%
8. Nephritis, Nephrotic Syndrome, and Nephrosis	21.5	14.1	-34.4%
9. Unintentional Motor Vehicle Injuries	19.6	13.1	-33.2%
10. Septicemia	17.4	12.3	-29.3%
11. Pneumonia and Influenza	13.7	10.6	-22.6%
12. Suicide	10.5	10.4	-<1%
13. Chronic Liver Disease and Cirrhosis	9.1	9.0	-1.1%
14. Homicide	7.3	6.4	-12.3%
15. Acquired Immune Deficiency Syndrome	9.0	4.5	-50.0%

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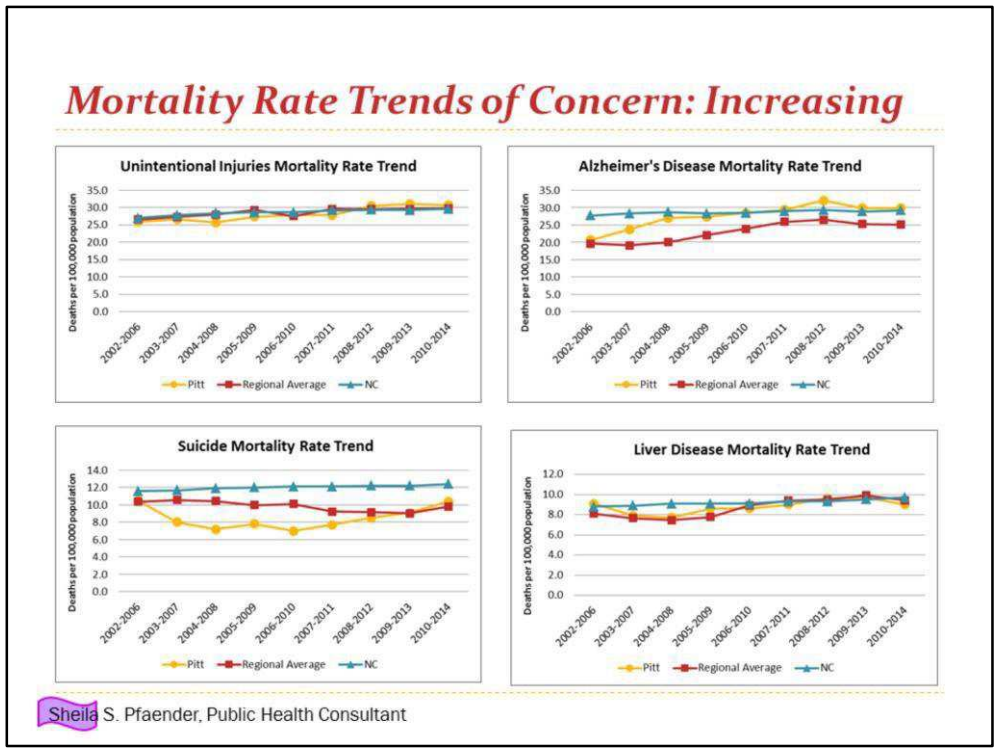
Note that while many leading causes of death have demonstrated a decrease over time in Pitt County, mortality rates for the following causes of death are HIGHER THAN THE STATE in 2010-2014:

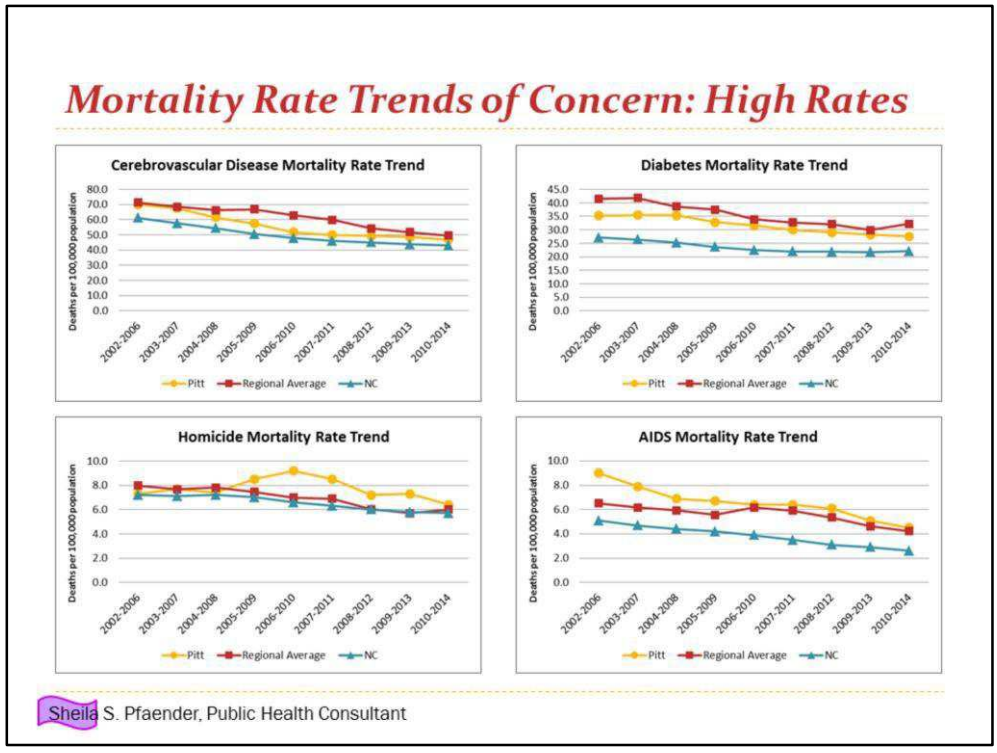
Heart disease
Cerebrovascular disease
Other Unintentional Injuries
Alzheimer's disease
Diabetes
Homicide
AIDS

Please see the Data Workbook for further discussion of mortality trends including: numbers and rates for the county, the VIDANT Region and the State, as well as graphs.



These causes of death have been pulled out for special notice because trend data suggests that rates are increasing.

Site-specific cancer mortality rate trends are discussed later in this presentation.



These causes of death have been pulled out for special notice because, although they may have demonstrated a decrease over time, they are also higher compared to the state.

Site-specific cancer mortality rate trends are discussed later in this presentation.

Trends and Racial Disparities in Hospital Discharges for Heart Disease

- Although the heart disease mortality rate in Pitt County appears to be decreasing over time, the current county mortality rate is higher than the NC rate, and high among males and African Americans. It may be illustrative to examine hospital discharges among Pitt County residents for heart disease (ICD-9 Codes 390-398xx; 402xx; and 404-429xx). The data below is from VMC only.
- The number of ED discharges under these codes for both blacks and whites decreased between 2013 and 2015.
- The number of IP discharges under this code also decreased for both blacks and whites.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Black	White	Total	Black	White	Total
2013	923	927	1,879	853	971	1,854
2014	881	901	1,811	767	893	1,689
2015	794	844	1,671	677	846	1,550
Total	2,598	2,672	5,361	2,297	2,710	5,093

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Trends in Gender Disparities in Hospital Discharges for Heart Disease

- These data for ICD-9 Codes 390-398xx; 402xx; and 404-429xx are from VMC only.
- The number of ED discharges under this code for both females and males in Pitt County decreased between 2013 and 2015.
- Over the same period the number of IP discharges under these codes also decreased among both females and males.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Female	Male	Total	Female	Male	Total
2013	932	945	1,879	873	980	997
2014	890	921	1,811	797	892	911
2015	821	850	1,671	735	815	844
Total	2,643	2,716	5,361	2,405	2,687	2,752

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Trends in Racial Disparities in Hospital Discharges for Cerebrovascular Disease

- Although the stroke mortality rate in Pitt County appears to be decreasing over time, the current county rate is higher than the NC rate, and is high among African Americans. It may be illustrative to examine hospital discharges among Pitt County residents for cerebrovascular disease (ICD-9 Codes 430-438xx). These data are from VMC only.
- The number of ED discharges each year was significantly higher for whites than blacks; a similar pattern was noted among IP discharges.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Black	White	Total	Black	White	Total
2013	237	278	526	224	298	531
2014	220	264	495	185	266	461
2015	233	288	534	199	272	482
Total	690	830	1,555	608	836	1,474

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Trends in Gender Disparities in Hospital Discharges for Cerebrovascular Disease

- These data for ICD-9 Codes 430-438xx are from VMC only.
- The numbers of ED and IP discharges under these codes among females was higher than the comparable figure among males in each year cited. The ED discharge figures for females and males changed little between 2013 and 2015.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Female	Male	Total	Female	Male	Total
2013	284	242	526	276	255	531
2014	284	211	495	252	209	461
2015	291	243	534	251	231	482
Total	859	696	1,555	779	695	1,474

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Trends in Racial Disparities in Hospital Discharges for Injuries and Poisoning

- Because the other unintentional injury mortality rate in Pitt County currently is higher than the NC rate and appears to be increasing, it may be illustrative to examine hospital discharges among Pitt County residents for all injuries and poisoning (ICD-9 Codes 800-999xx). These data are from VMC only. Note that this ICD-9 code category includes injuries incurred in motor vehicle crashes, which are accounted for separately in the NC SCHS system of LCDs.
- The total number of ED discharges for blacks represented 51% of all ED discharges under these codes. The total number of IP discharges for blacks represented 38% of all IP discharges under these codes.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Black	White	Total	Black	White	Total
2013	5,877	5,277	11,794	535	823	1,398
2014	6,175	5,278	12,154	441	769	1,254
2015	5,765	4,752	11,155	488	710	1,228
Total	17,817	15,307	35,103	1,464	2,302	3,880

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Trends in Gender Disparities in Hospital Discharges for Injuries and Poisoning

- These data for ICD-9 Codes 800-999xx) are from VMC only.
- The total number of ED and IP discharges among Pitt County residents under these codes were surprisingly similar for both males and females, given that the mortality rates among males for both motor vehicle and non-motor vehicle injuries are significantly higher than the comparable rates among females.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Female	Male	Total	Female	Male	Total
2013	5,777	6,017	11,794	728	670	1,398
2014	5,891	6,262	12,154	614	640	1,254
2015	5,654	5,501	11,155	585	643	1,228
Total	17,322	17,780	35,103	1,927	1,953	3,880

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Trends in Racial Disparities in Hospital Discharges for Diabetes

- Although the diabetes mortality rate in Pitt County appears to be decreasing, the current county diabetes mortality rate is higher than the NC rate, and is higher among males and African Americans. It may be illustrative to examine hospital discharges among Pitt County residents for diabetes (ICD-9 Code 250xx). These data are from VMC only.
- The total numbers of ED and IP discharges for blacks represented 71% and 68%, respectively, of all discharges under this code in the period cited.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Black	White	Total	Black	White	Total
2013	635	246	905	300	133	444
2014	595	215	840	277	116	404
2015	613	198	843	263	112	394
Total	1,843	659	2,588	840	361	1,242

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Trends in Gender Disparities in Hospital Discharges for Diabetes

- These data for ICD-9 Code 250xx are from VMC only.
- The total number of discharges for males represented 54% of all ED discharges and 59% of all IP discharges under this code over the period cited.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Female	Male	Total	Female	Male	Total
2013	427	478	905	183	261	444
2014	383	457	840	172	232	404
2015	383	460	843	150	244	394
Total	1,193	1,395	2,588	505	737	1,242

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Trends in Racial Disparities in Hospital Discharges for Septicemia

- Although the septicemia mortality rate in Pitt County appears to be decreasing and is currently below the NC rate, it remains high among males and African Americans. It may be illustrative to examine hospital discharges among Pitt County residents for septicemia (DRG Codes 870-872). These data are from VMC only, and represent inpatient discharge data only.
- The total number of IP discharges under these codes increased annually over the period cited; the figures for blacks, whites, females and males each increased annually.
- Over the period cited there were more discharges among whites than among blacks, and among females than among males.

Fiscal Year	No. IP Discharges				
	Black	White	Female	Male	Total
2013	268	324	337	271	608
2014	322	437	423	359	782
2015	406	538	522	451	973
Total	996	1,299	1,282	1,081	2,363

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Gender and Racial Disparities in Mortality Rate Trend Changes, 2002-2006 to 2010-2014

Pitt County Rank by Descending Overall Age-Adjusted Rate (2010-2014)	% change between 2002-2006 and 2010-2014					
	Males	Females	White Males	White Females	African American Males	African American Females
1. Diseases of the Heart	-22.8%	-27.5%	-25.1%	-30.0%	-13.2%	-7.6%
2. Cancer	-16.5%	-19.3%	-14.2%	-20.9%	-17.5%	-1.5%
3. Cerebrovascular Disease	-30.8%	-35.5%	-26.6%	-42.5%	-24.6%	-15.3%
4. Chronic Lower Respiratory Diseases	-16.0%	-2.0%	-15.5%	-10.4%	-7.8%	-2.2%
5. All Other Unintentional Injuries	+16.4%	+34.4%	+33.9%	+57.7%	-5.5%	n/a
6. Alzheimer's Disease	+62.8%	+38.4%	+56.2%	+23.0%	n/a	+26.6%
7. Diabetes Mellitus	-23.2%	-21.2%	-26.6%	-15.0%	-13.0%	-32.8%
8. Nephritis, Nephrotic Syndrome, and Nephrosis	-20.0%	-44.3%	-24.2%	▼	-31.8%	-18.6%
9. Unintentional Motor Vehicle Injuries	-39.2%	-25.2%	-46.4%	-34.1%	32.9%	n/a
10. Septicemia	+17.1%	-55.6%	-<1%	-45.2%	▲	▼
11. Pneumonia and Influenza	-29.5%	-15.9%	-21.3%	-15.0%	n/a	n/a
12. Suicide	+11.7%	n/a	+23.6%	n/a	n/a	n/a
13. Chronic Liver Disease and Cirrhosis	+13.1%	-16.9%	+40.2%	n/a	n/a	n/a
14. Homicide	+6.5%	n/a	+82.2%	n/a	-50.2%	n/a
15. Acquired Immune Deficiency Syndrome	-53.7%	n/a	n/a	n/a	▼	n/a

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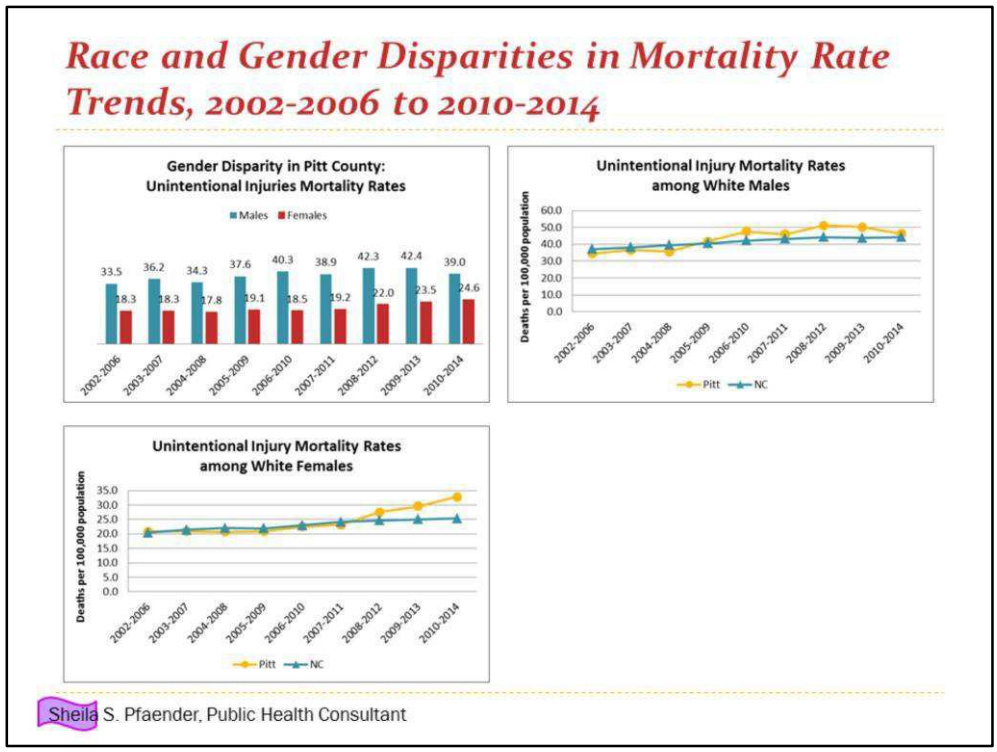
If the majority of rates are unstable/suppressed, there is a "n/a".
If a rate has declined to the point where is has become unstable/suppressed, there is a down arrow.

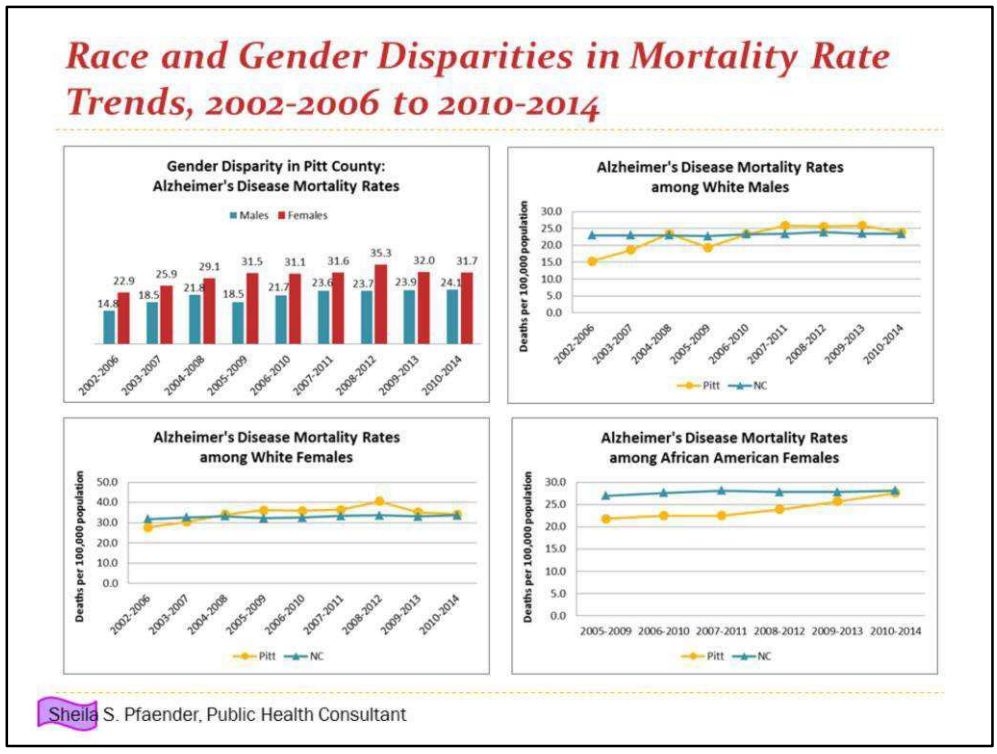
Graphs clarifying the increasing rates are available on the following slides.

This overall trend analysis considers only the beginning and end data points; it does not include increases or decreases in numbers or rates in individual years over the time period discussed. Please view the data in the Data Workbook for the nuances of year-to-year changes. There the discussion of each leading cause of death includes the bar graphs upon which this data is based; they provide a clear visual representation of disparities between male and female rates.



These trends have been pulled out for special notice because the rates are increasing. Note that the Homicide mortality rates were unstable/suppressed in 2005-2009 through 2007-2011 and so do not appear on the trend line.

For the full details of mortality rates stratified by race and gender, with numbers and unstable rates presented, please see the Data Workbook.



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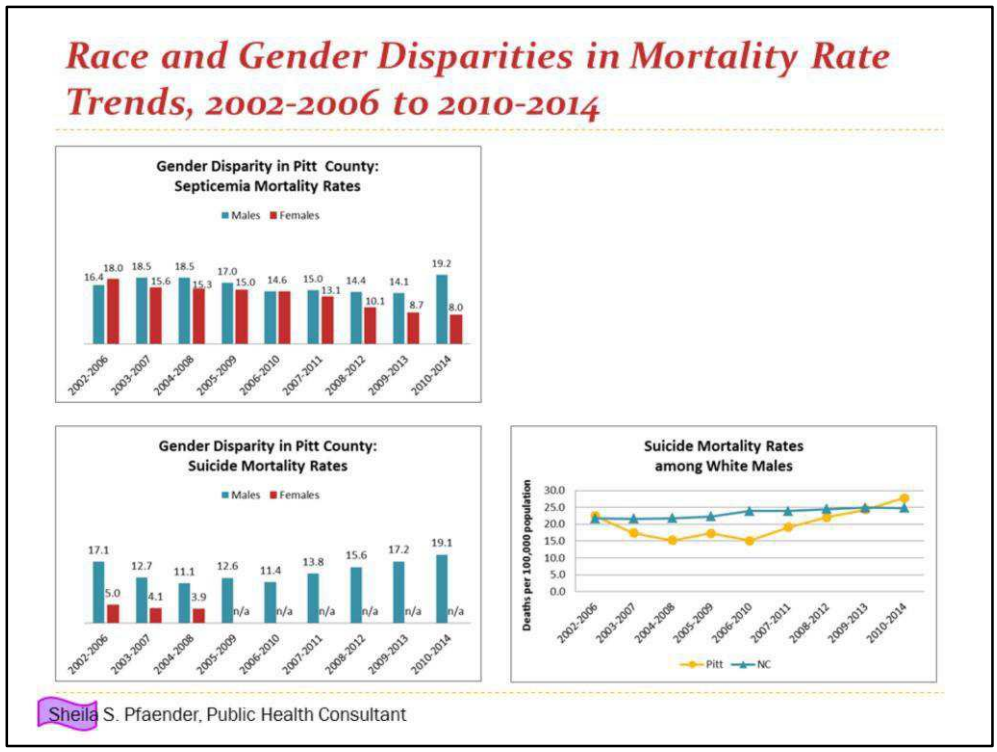

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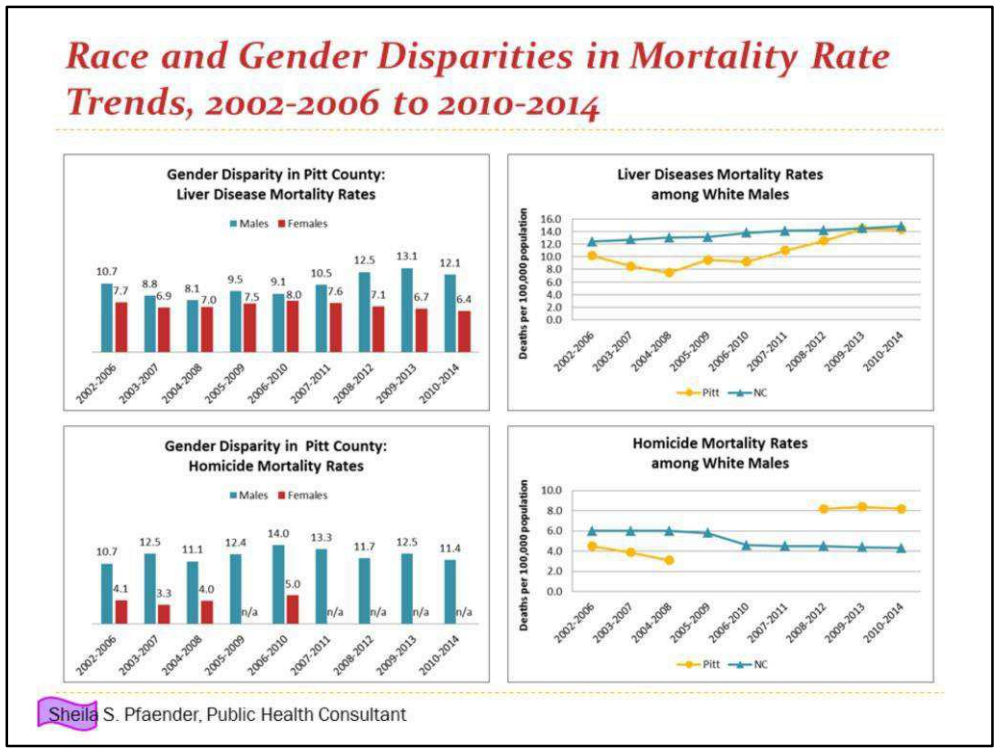

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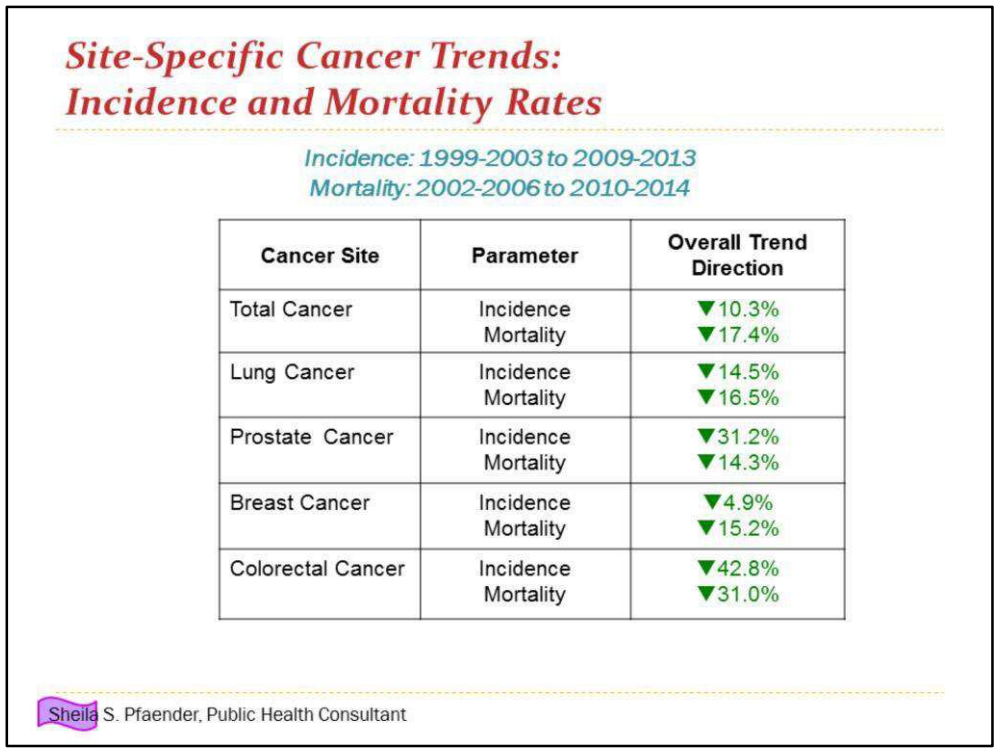
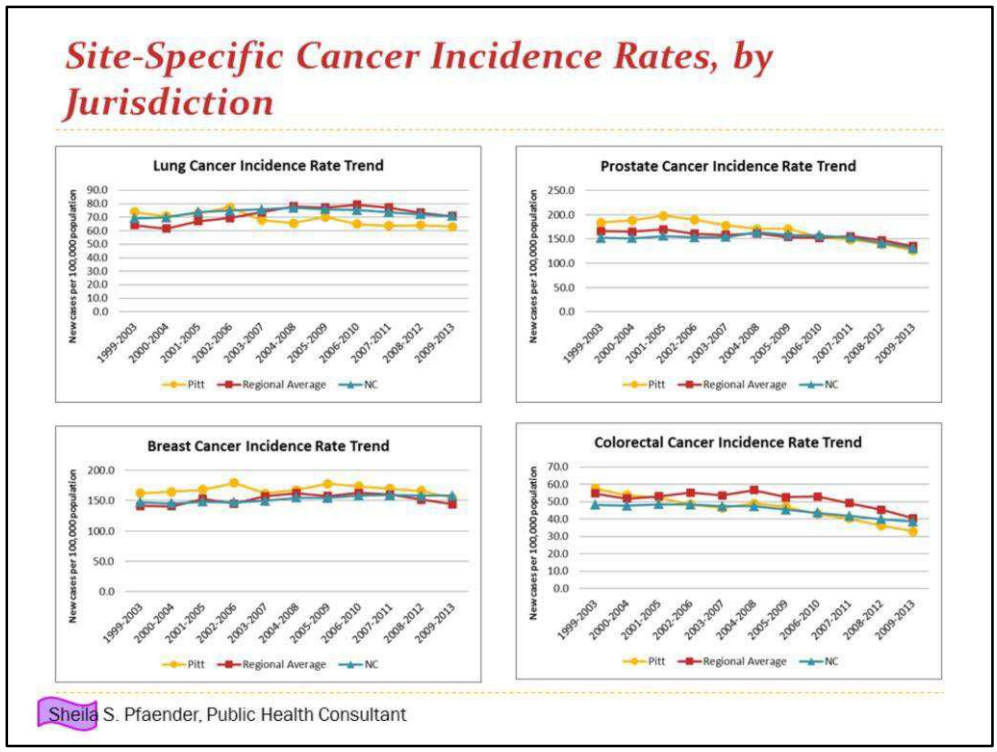


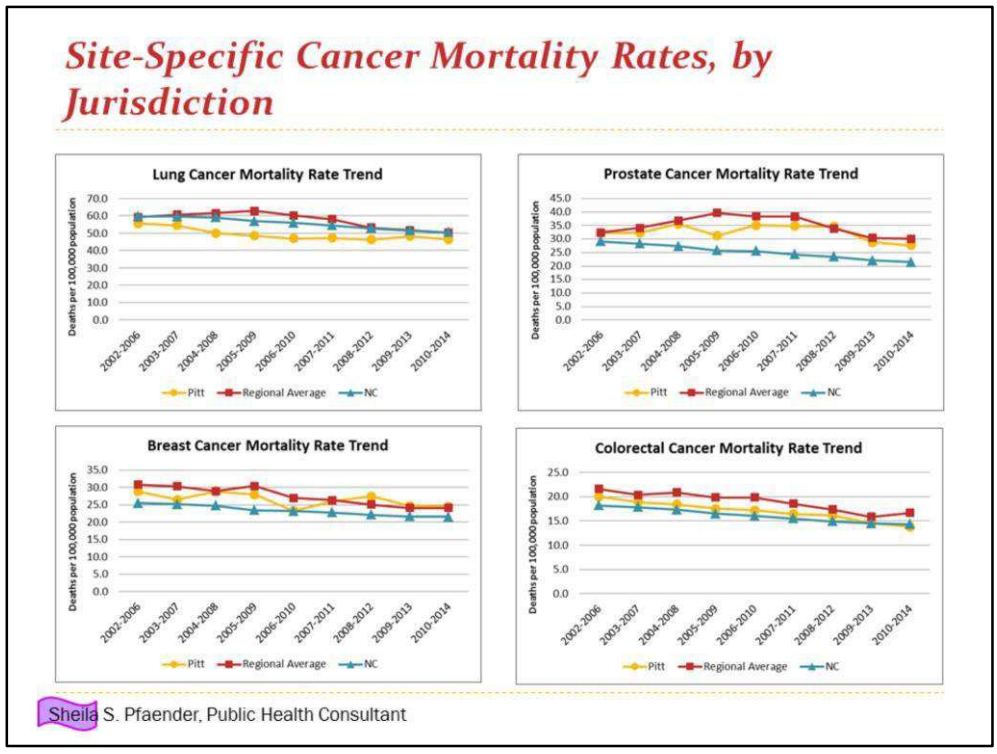
This is the entire population, not stratified.
Note that county-level race- or gender-stratified incidence data is not available at the source.

All incidence and mortality rates for total cancer and the four major site-specific cancers in Pitt County decreased overall over the periods cited.



These data represent the entire population in the county and are not stratified. Race- or gender-stratified incidence data is not available at the county level at the source.

Compared to the state, cancer **incidence** rates are lower in Pitt County in 2009-2013 for all site-specific cancers discussed in this presentation.

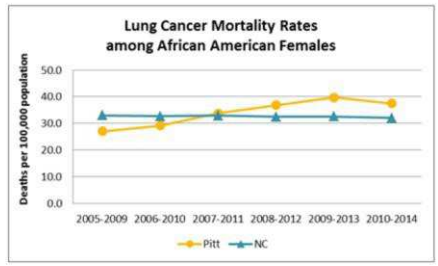


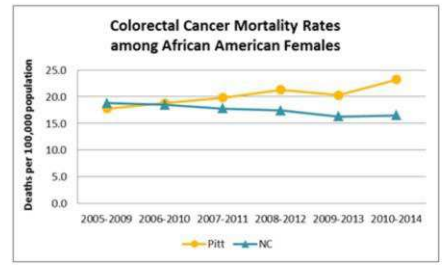
Note that despite decreases, when compared to the state, cancer **mortality** rates remain **higher** in Pitt County in 2010-2014 for the following site-specific cancers.

Prostate Cancer (27.6 compared to 21.4)
Breast Cancer (24.5 compared to 21.6)

Race and Gender Disparities in Site-Specific Cancer Mortality Rates

Pitt County Rank by Descending Overall Age-Adjusted Rate (2010-2014)	% change from 2002-2006 to 2010-2014					
	Males	Females	White Males	White Females	African American Males	African American Females
1. Lung Cancer	-19.7%	-10.8%	-21.0%	-19.1%	-17.2%	+38.9%
2. Prostate Cancer	-14.3%	n/a	-27.6%	n/a	-12.8%	n/a
3. Breast Cancer	n/a	-15.2%	n/a	-16.1%	n/a	-16.5%
4. Colorectal Cancer	-41.8%	-21.6%	-40.7%	-19.5%	▼	+30.3%





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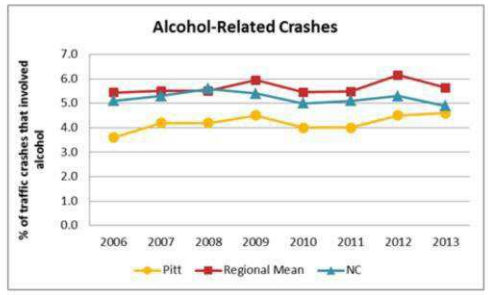
If the majority of rates are unstable/suppressed, there is a “n/a”.
If a rate has declined to the point where is has become unstable/suppressed recently, there is a down arrow.

Morbidity

Sexually Transmitted Infections, Diabetes, Obesity, Mental Health

Vehicular Injury
Alcohol-Related Motor Vehicle Crashes

- According to the NC Highway Safety Research Center, over the period from 2006 through 2013 an annual average of 4.2% of all traffic crashes in Pitt County were alcohol-related. Statewide the comparable figure was 5.2% and it was 6.0% across the VIDANT Region.



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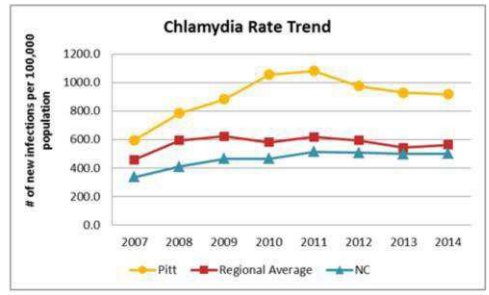
Sexually Transmitted Infections: Chlamydia

- The chlamydia infection rate in Pitt County has decreased in recent periods but remains significantly higher than comparable state and Regional rates.
- In 2014, there were 1,611 new cases of chlamydia in Pitt County, calculating to a rate of 918.7 compared to 501.9 statewide.
- Of the 15-24 year olds who were tested for chlamydia in 2011, 12.8% tested positive, compared to 10.9% in NC.



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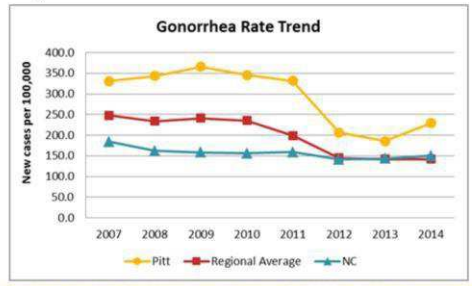
Source: NC Division of Public Health, Communicable Disease Branch

Sexually Transmitted Infections: Gonorrhea

- The gonorrhea infection rate in Pitt County, which had fallen, has increased recently and was higher than both the state and the Region for all periods shown.
- In 2014, there were 402 new cases of gonorrhea in Pitt County, calculating to a rate of 229.3, compared to 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): 867.5 compared to 343.4 overall (see Data Workbook).



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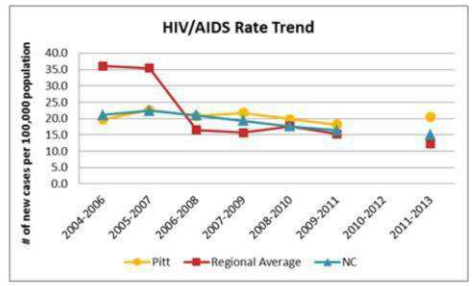
Sexually Transmitted Infections: HIV/AIDS

- The rate of newly diagnosed HIV infections in Pitt County (an average of 20.7 between 2012-2014) was higher than the comparable state rate (13.4). Pitt County ranked 7th out of 100 counties for HIV infection rates.
- When numbers are aggregated over three-year periods, the Pitt County rates have remained fairly steady and higher than the comparable state and regional rates since 2007-2009.
- 596 people in Pitt County were living with HIV as of the end of 2014.



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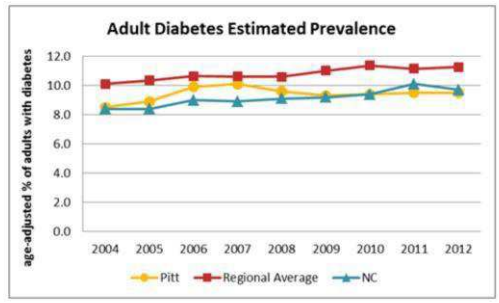
The data is unavailable at any level for 2010-2012.

Adult Diabetes

- The average prevalence of diabetes among Pitt County adults has increased slightly overall and was higher than the state until the most recent two periods.
- Over the 9-year period presented, the Pitt County average was 9.4%, compared to 10.8% Region-wide and 9.1% across the state.



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Source: CDC, based on BRFSS results

Trends in Racial Disparities in Hospital Discharges for Diabetes

- Because the prevalence of diabetes in Pitt County appears to have increased, it may be illustrative to examine hospital discharges among Pitt County residents for diabetes (ICD-9 Code 250xx). This data has been discussed in a previous slide.

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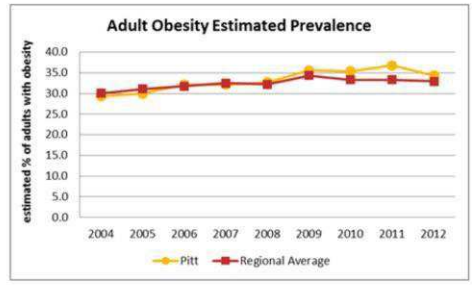
Adult Obesity

- The average prevalence of obesity in Pitt County was 33.1% in the period from 2004 through 2012, compared to 32.4% in the Region. [State data is not available].
- The Pitt County percentage was similar to the Region for much of the period presented and increased overall.



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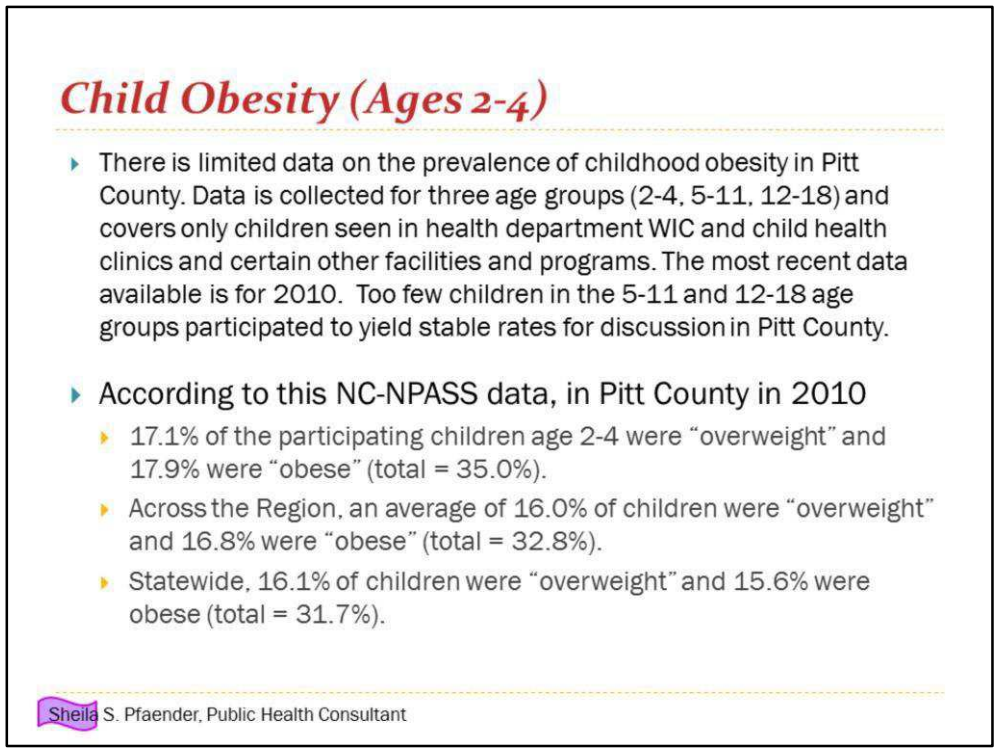
Source: CDC, based on BRFSS results

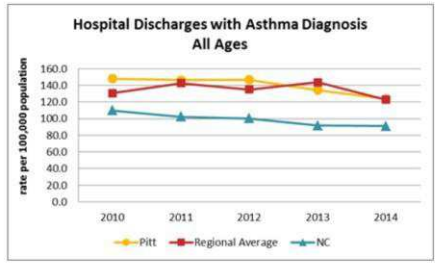
Obesity = a BMI over 30.

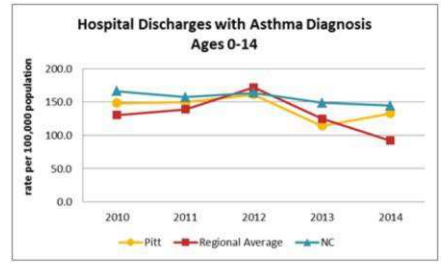


Source: NC NPASS (Nutritional and Physical Activity Surveillance System)

Asthma

- The Pitt County rate of hospital discharges with a primary diagnosis of asthma was higher than the state rate (123.7 vs. 90.9 in 2014), and has decreased over time (from 148.1 in 2010).
- Among children aged 0-14, the hospital discharge rate has decreased from a high of 160.9 in 2012 to 132.9 in 2014, which is lower than the state rate of 144.6.





Sheila S. Pfaender, Public Health Consultant

Trends and Racial Disparities in Hospital Discharges for Asthma

- Because, according to NC SCHS, the hospital discharge rate for asthma in Pitt County has long been higher than the comparable state rate, it may be illustrative to examine local hospital discharges among Pitt County residents for asthma (ICD-9 Code 493xx). These data are from VMC only.
- The total number of ED discharges under this code for blacks was approximately 4.4 times the comparable figures for whites; the total number of IP discharges among blacks was approximately 1.5 times the comparable figures among whites.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Black	White	Total	Black	White	Total
2013	1,212	257	1,524	148	85	242
2014	1,161	263	1,479	120	76	204
2015	1,057	266	1,381	107	94	204
Total	3,430	786	4,384	375	255	650

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Trends and Age Disparities in Hospital Discharges for Asthma

- Because, according to NC SCHS, the hospital discharge rate for asthma among children in Pitt County occasionally has been higher than the comparable state rate, it may be illustrative to examine local hospital discharges among Pitt County residents for asthma (ICD-9 Code 493xx), stratified by age. These data are from VMC only.
- The percentage of ED discharges for children age 14 and younger represented 34% of all ED discharges under this code; the comparable percentage for *all* remaining age groups was 66%. The total number and percentage of IP discharges among children age 14 and younger were significantly lower than the comparable figures for all remaining age groups.

Fiscal Year	No. ED Discharges			No. IP Discharges		
	Age 0-14	Age > 14	Total	Age 0-14	Age > 14	Total
2013	499	1,025	1,524	41	201	242
2014	557	922	1,479	43	161	204
2015	436	945	1,381	30	174	204
Total	1,492	2,892	4,384	114	536	650

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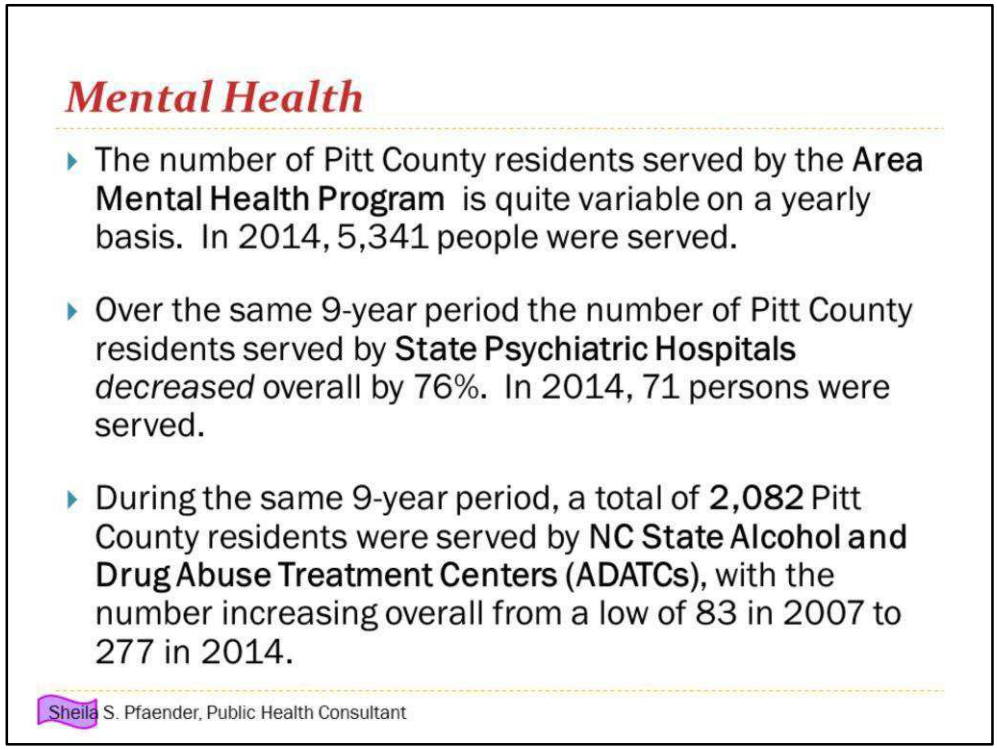
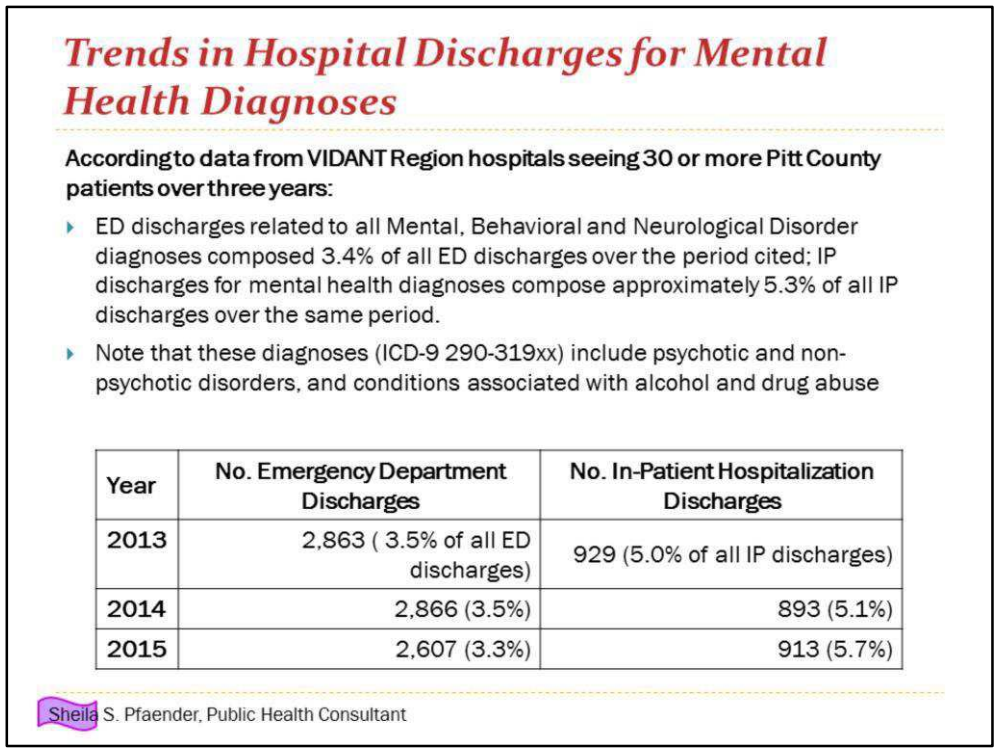


Source: NC Office of State Budget and Management

The LME/MCO serving Pitt County is Trillium Health Resources, located in Greenville (in Pitt County). Trillium also serves the following counties: Brunswick, Carteret, New Hanover, Onslow, Pender, Beaufort, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Tyrrell, Washington.

Trillium is a consolidation of East Carolina Behavioral Health and CoastalCare.

Trillium partners "with agencies and licensed therapists in our Provider Network to offer services and supports to people in need in or near their own communities. We ensure the delivery of the right services, in the right amount, at the right time. We also work collaboratively with local non-profits, other governmental agencies, medical providers, and hospitals to create a holistic system of total patient care that recognizes all needs of an individual." http://www.trilliumhealthresources.org/en/About-Us/



The emergency department discharge data comes from the following hospitals: VBEA, VBER, VCHO, VDUP, VEDG, VMC, VROA and TOBH.

The inpatient hospitalization discharge data comes from the following hospitals: VBEA, VDUP, VEDG, VMC and VROA.

Pitt County Health Problem "Watch List"

- Heart disease – although the county mortality rate for heart disease has decreased over time, it is currently higher than the NC rate, and is high among males and African Americans.
- Cerebrovascular disease – although the county mortality rate for stroke has decreased, the current mortality rate is higher than the NC rate and is high among African Americans.
- Injuries and poisoning – the county mortality rate for all other unintentional injuries is higher than the NC rate and is increasing; the county rate is particularly high among males.
- Diabetes – the county diabetes mortality rate has decreased over time, but the current county rate is higher than the NC rate and is high among males and especially among African Americans.
- Septicemia – the county mortality rate for septicemia has decreased over time and currently is below the NC rate, but is high among males and African Americans; both ED and IP hospital discharges for septicemia have increased significantly in each of the past three years.
- Mental health – ED discharges associated with mental health diagnoses represent over 3% of all ED discharges; similarly, IP discharges for the same diagnoses represent over 5% of all IP discharges.

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Populations "At Risk" for Poor Health Outcomes in Pitt County

- 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 the frequencies of pre-term births and low-weight births in Pitt County exceed NC averages, and the county infant mortality rate is higher than the NC rate and may be rising; and 39% of Pitt County neonates are born with some kind of problem. These outcomes are occurring despite high rates of early prenatal care.

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