Community Health Needs Assessment

Pitt County

2025

ECU HEALTH
Medical Center

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. Health ENC – a group of stakeholders who help find ways to collaborate and share resources to improve the health of the population in eastern North Carolina – served an integral role in making this comprehensive assessment possible. To provide focused guidance throughout the assessment process, Health ENC convened a smaller decision-making group, which will be referred to as the Health ENC Steering Committee throughout this CHNA. The Health ENC Steering Committee would like to extend its gratitude to all the focus groups participants, health leaders, and community members who provided information used in the development of this assessment.

The Health ENC Steering Committee

Name	Title	Organization
Lorrie Basnight	Executive Director	Eastern Area Health Education Center (AHEC)
Amanda Betts	Public Health Education Coordinator	Albemarle Regional Health Services (ARHS)
April Culver	Vice President, External Affairs	UNC Johnston Health
Caroline Doherty	Community Health Consultant	Roanoke Chowan Community Health Center (RCCHC)
Laura Ellis	Health Education	Halifax County Health Department
Sandra McMasters	Community Benefit Project Manager	Sentara Health
Claire Mills	Director	Eastern AHEC
Emmanuelle Quenum	Health Education Director	Greene County Department of Public Health (DPH)
Rose Ann Simmons	Director, Community Health Improvement	ECU Health
Michelle Wagner	Public Health Educator	Dare County Department of Health & Human Services (DHHS)

In addition to the Health ENC Steering Committee, the Pitt County 2025 CHNA was developed in partnership with the following individuals and representatives from the following organizations:

Pitt Partners for Health

Pitt Partners for Health (PPH) is a collaborative community coalition dedicated to improving the health and well-being of residents in Pitt County, North Carolina where ECU Health Medical Center serves as the administrative agency. The coalition's mission is "To improve the population health of Pitt County through coalition building and partnership" by addressing health disparities and enhancing the quality of life through comprehensive, evidence-based strategies that promote healthy lifestyles, prevent disease, and ensure access to healthcare services. Comprising a diverse group of stakeholders, including healthcare providers, community organizations, educators, and local government representatives, Pitt Partners for Health leverages the strengths of its members to address the most compelling health concerns in the county.

Pitt Partners for Health Steering Committee

Name	Organization
Alice Keene	Pitt County Cultural Arts and Recreation
Allison Swart	Pitt County Health Department
Amanda Sparling	Pitt County Health Department
Catherine Nelson	ECU Health Medical Center
Charmaine Reeder	ECU Health
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Kahla Hall	ECU Health Foundation
Karen Koch	Eastern AHEC
Kaye Rouse	Community Representative
Lydia Best	Community Representative
Mary Hall	ECU Health Medical Center
Qua'Tavia White	ECU Health
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Pitt Partners for Health CHNA Subgroup

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Rose Ann Simmons	ECU Health
Valarie Walker	Healthy Lives, Healthy Choices
Vicki Dougherty	ECU Health
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In addition, the Health ENC Steering Committee and Pitt County CHNA Leadership would like to thank Kathryn Dail, Director of Community Health Assessment at the NCDHHS Division of Public Health, for her valuable guidance throughout the development of this assessment, as well as Ascendient Healthcare Advisors for directing the CHNA process and producing this report.

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EXECUTIVE SUMMARY

ECU Health Medical Center

ECU Health Medical Center (formally Vidant Medical Center), one of four academic medical centers in North Carolina, is the flagship hospital for ECU Health and serves as the teaching hospital for the Brody School of Medicine at East Carolina University. ECU Health Medical Center is located in Greenville, NC and serves as a regional resource for all levels of health services and information. It is one of the largest facilities in the region, offering a wide range of primary, secondary, and tertiary care services. It includes a level I trauma center, a children's hospital, and specialized services in heart care, cancer treatment, and rehabilitation, among others. The center serves a diverse population across eastern North Carolina, including rural and underserved communities, ensuring that comprehensive medical care is available to those in need. Additionally, ECU Health Medical Center plays a crucial role in training future healthcare professionals through its clinical merger with the Brody School of Medicine at East Carolina University.

ECU Health Medical Center is one of nine hospitals that comprise ECU Health. ECU Health is a regional health system serving more than 1.4 million people in 29 counties throughout rural eastern North Carolina. Most of the counties served by ECU Health are ranked in the top 40 most economically distressed areas in the state with Pitt County being ranked a Tier 1 (67% of ECU Health's counties are classified as Tier 1 counties; 33% of the counties are classified as Tier 2 counties[1]). The system consists of ECU Health Medical Center, eight community hospitals, an ambulatory surgery center, wellness and rehabilitation facilities, home health agencies, and other independently operated health services. The mission of ECU Health is to improve the health and well-being of eastern North Carolina. The system's vision is to become a national model for rural health and wellness by creating a premier, trusted health care delivery and education system. Integral to the mission is the commitment to be responsive to the community's needs and to provide high quality, cost-effective health care services.

CHNA Overview

A Community Health Needs Assessment (CHNA) helps health leaders evaluate the health and wellness of the community they serve and identify gaps and challenges that should be addressed through new programs, services and policy changes. This report was developed as part of the Health ENC coalition's collaborative, regional 2024-2025 CHNA process. Health ENC – a group of stakeholders who help find ways to collaborate and share resources to improve the health of the population in eastern North Carolina – served an integral role in making this comprehensive assessment possible. The report adheres to North Carolina Local Health Department Accreditation standards, as well as Internal Revenue Service requirements for not-for-profit hospitals.

Vision Statement

Through collaboration between Pitt County Health Department, ECU Health Medical Center, and Pitt Partners for Health, the 2025 CHNA process aims to improve the population health of Pitt County through coalition building and partnership, addressing health disparities, and enhancing the quality of life through

[1] Source: North Carolina Department of Commerce (2024). County Distress Rankings (Tiers), retrieved from https://www.commerce.nc.gov/grants-incentives/county-distress-rankings-tiers

comprehensive, evidence-based strategies that promote healthy lifestyles, prevent disease, and ensure access to healthcare services.

Pitt County CHNA Leadership

Pitt County adopted a multi-sectoral approach to the leadership of the 2025 CHNA process, which included representatives from Pitt County Health Department, ECU Health Medical Center, and Pitt Partners for Health.

The 2025 CHNA process for Pitt County included a variety of different stakeholders who assisted with community engagement activities, provided feedback, and participated in the prioritization process. A summary of the partner organizations who participated in the process is below.

Type of Partner Organization	Number of Partners
Public Health Agency	1
Hospital/Health Care System(s)	1
Healthcare Provider(s)	2
Behavioral Healthcare Provider(s)	2
EMS Provider(s)	1
Community Organization(s)	6
Business(es)	1
Educational Institution(s)	2
Public/Private/Charter School System(s)	1
Government/Public Agencies	3

The Health ENC Steering Committee and Pitt County health leaders contracted with Ascendient Healthcare Advisors to coordinate the regional CHNA process, including primary and secondary data collection and analysis, relevant trainings for county partners, and development of the contents of this report.

Pitt County CHNA Process

The process formally began with a collaborative meeting of all participating counties in February 2024. This included discussions on secondary data and primary data collection methods, such as surveys and focus groups. Subsequent priority-setting meetings were held to determine upcoming priorities, culminating in the delivery of a final report.

Secondary (existing) data came from various public sources related to demographics, social determinants of health, environmental health, disease trends, behavioral health trends, and individual health behaviors. Data was evaluated using the Robert Wood Johnson Foundation's population health framework and

compared to state or national benchmarks to identify areas of concern. Top needs identified through secondary data included physical and behavioral health concerns, food insecurity, poverty, and limited access to transportation.

Primary (new) data was collected through focus groups and a web-based survey, gathering feedback from 582 people who live, work or receive healthcare in Pitt County. Primary data identified behavioral health (mental health), healthcare access and quality, and physical health and food access/security as top needs.

Pitt County representatives worked together to identify the priorities the county should focus on over the following three-year period, evaluating data based on scope, severity, ability to impact, health disparities, and community importance. The three priority health needs selected (in alphabetical order) are:

Pitt County also compiled a Health Resources Inventory, which describes a variety of resources available to help Pitt County residents meet their health and social needs.

Following completion of this report, health leaders throughout Pitt County will use its findings to collaborate with community organizations and local residents to develop effective health strategies, new implementation plans and interventions, and action plans to improve the communities they serve.

INTRODUCTION

Background

ECU Health Medical Center and the Pitt County Health Department with guidance from the Health ENC Steering Committee, local leaders, and community residents completed the assessment to document the greatest health needs. The CHNA process helps local leaders continuously evaluate how best to improve and promote the health of the community. It builds upon formal collaborations between the community partners to proactively identify and respond to the needs of Edgecombe County residents.

This report was created in compliance with Internal Revenue Service (IRS) requirements for not-for-profit hospitals to complete a CHNA every three years to maintain their tax exemption.[2] Specifically, the IRS requires that hospital facilities do the following:

- Define the community it serves;
- Assess the health needs of that community;
- Through the assessment process, take into account input received from people who represent the community's broad interests, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report and adopt an implementation strategy to meet the community health needs identified through the CHNA that is reviewed and adopted by the hospital facility's authorizing body; and
- Make the CHNA widely available to the public.

Process Overview

A significant amount of information has been reviewed during this planning process. Both existing (secondary) data and new (primary) data were collected directly from the community throughout this process. It is also important to note that, although unique to Pitt County, the sources and methodologies used to develop this report comply with the current NCLHDA and IRS requirements for health departments and not-for-profit hospital organizations.

The purpose of this study is to better understand, quantify, and articulate the health needs of Pitt County residents. Key objectives of this CHNA include:

- Identify the health needs of Pitt County residents;
- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges;

[2] Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2024). Internal Revenue Service. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

- Understand the challenges residents face when trying to maintain and/or improve their health;
- Understand where underserved populations turn for services needed to maintain and/or improve their health;
- Understand what is needed to help residents maintain and/or improve their health; and
- Prioritize the needs of the community and clarify/focus on the highest priorities.

There are twelve phases in the CHNA process, as shown in **Figure 1** below, beginning with pre-planning and assessing organizational capacity and ending with an evaluation of the process. Once the CHNA process is complete, county leaders must develop community health action plans to describe the specific activities they will implement to address the health and social needs identified in the CHNA.

Figure 1: The Community Health Assessment Process[3]

[3] Source: NCDHHS Division of Public Health (2024). *North Carolina Community Health Assessment Guidebook*. Accessed April 7th, 2025 from https://schs.dph.ncdhhs.gov/units/ldas/docs/chaguidebook/NC-CHA-GuidebookOnlineRev1.pdf

Report Structure

The outline below provides detailed information about each section of the report.

1) *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHNA, including study limitations.

2) *County Profile* – This chapter details the demographic (such as age, gender, and race) and socioeconomic data of Pitt County residents.

3) *Priority Health Need Areas* – This chapter describes each identified priority health need area for Pitt County and summarizes the new and existing data that support these prioritizations. This chapter also describes the impact of health disparities among various sub-groups in Pitt County.

4) *Health Resource Inventory* – This chapter documents existing health resources currently available to the Pitt County community.

5) *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss all of the data used during the development of this report in detail, including:

1) *State of the County Health Report* – Detailed information about actions taken to address the priority health needs identified in previous CHNAs are presented in **Appendix 1**.

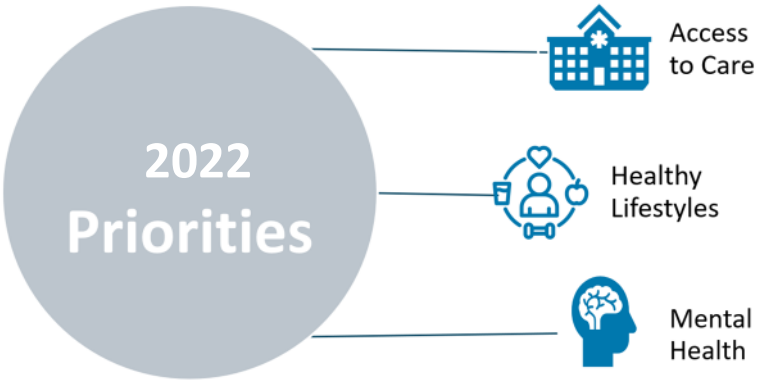
2) *Detailed Summary of Secondary Data Measures and Findings* – Existing data measures and findings used in the prioritization process are presented in **Appendices 2-3.**

3) *Detailed Summary of Primary Findings* – Summaries of new data findings from community member surveys as well as focus groups are presented in **Appendices 4-5.**

Evaluation of Prior CHNA Implementation Strategies

A CHNA is an ongoing process that begins with an evaluation of the previous CHNA. In 2022, Pitt County completed its previous assessment. Associated implementation strategies focused on three priority areas, as listed below:

Figure 2: ECU Health Medical Center 2022 Priority Need Areas



Below is a summary of the most recent CHNA implementation plan from FY 23 – FY 25 quarter 2.

Previous CHNA Priority: Access to Care

- Advance Care Planning
  - 6,140 individuals educated on advance care planning
  - 250 individuals completed an advance directive
- Cancer Screenings
  - 522 uninsured screenings (colonoscopy, low-dose CT, mammography, and prostate specific antigen)
  - 44 abnormal/suspicious findings referred to additional care
- Chronic Disease Prevention Screenings
  - 1,471 individuals screened (36 referred for urgent follow-up due to abnormal or suspicious results)
- School Health Program
  - 3,985 students secured care (medical, vision, or dental) due to referral from nurse
  - 93.7% success rate for helping students remain at school due to seeing the school nurse
- Pediatric Asthma
  - 1,048 children managed
- Injury Prevention
  - 6,861 safety items were distributed (gun locks, medication lock boxes, car seats, and bike helmets)
- Insurance Access
  - 3,571 patients gained insurance through Elevate
- Senior Services
  - 300 senior households receiving education monthly
  - Seniors saved ~$90,000 through Medicare Part D education and enrollment
- Women's Health
  - 341 participants in childbirth education classes
  - 153 participants in breastfeeding education classes
- Trauma Outreach
  - 422 stop the bleed kits distributed

    - 2,088 individuals trained (adults, children, and providers)
- Pitt Partners for Health / Healthy People Healthy Carolinas
    - Know It, Control It
        - Provided a Blood Pressure kiosk to increase access to 1,393 residents
        - Education series resulted in 50% of participants decreasing blood pressure

Previous CHNA Priority: Healthy Lifestyles (Chronic Disease Prevention)

- Medical Food Pantry
    - 1,296 vouchers redeemed
        - FY 23 574
        - FY 24 579
        - FY 25 227
    - 3,037 individuals served
- Pitt Partners for Health / Healthy People Healthy Carolinas
    - Coordinated approaches to Child Health (CATCH)
        - 22 of the 29 schools serving K-8 trained to implement CATCH PE
        - 464 K-8 students completing Catch My Breath program (vaping and tobacco prevention)
    - Penny Pinchers Healthy Grocery Store Tours
        - 179 participants
        - 91% $15 challenge success rate
    - Health Food Pantry (Taste Explores)
        - 499 participants at 6 events with 93% stating they liked it
    - Lifestyle Medicine
        - 342 individuals attended Cooking with a Doc sessions
        - 40 individuals with low SES awarded Exercise is Medicine scholarship
    - WalkWiseNC
        - Established 2 walking trails
        - 69 participants with 54% decreasing their BMI and 78% increasing activity level

Previous CHNA Priority: Mental/Behavioral Health

- Pitt Partners for Health
    - Distributed community-wide positive messaging
    - Maintained and updated Mental Health Resource Guide
    - Distributed Suicide Prevention magnets with 988 number
- Dementia Support through Senior Services
    - Provide monthly Dementia support group for family caregivers and provide education sessions across community
    - Host annual caregiver conference
- Firearm Safety

  - 2,707 gun locks distributed
  - 152 individuals trained in Counseling to Access to Letham Means (CALM) with 96% showing an increase in knowledge
- Mental Health / Mental Disorder Education
  - 165 individuals educated on Mental Health First Aid
  - 12 individuals received Applied Suicide Intervention Skills Training (ASIST)
- Substance Use Education and Prevention
  - 591 students participated in the Escape the Vape program with a 78% change in knowledge

Information about previous county-level Community Health Improvement efforts, as referenced in the NCLHDA State of the County Health (SOTCH) report, can be found in **Appendix 1**.

Summary Findings: Pitt County 2025 Priority Health Need Areas

To achieve the study objectives in the 2025 assessment, both new and existing data were collected and reviewed. New data included information from web-based surveys of adults (18+ years) and focus groups; various local organizations, community members, and health service providers within Pitt County participated. Existing data included information regarding demographics, health and healthcare resources, behavioral health, disease trends, and county rankings. The data collection and analysis process began in February 2024 and continued through July 2024.

Throughout Pitt County, significant variations in demographics and health needs exist within the county. At the same time, consistent needs are present across the whole county and serve as the basis for determining priority health needs at the county level. This document will discuss the priority health need areas for Pitt County, as well as how the severity of those needs might vary across subpopulations based on the information obtained and analyzed during this process.

Through the prioritization process, the Pitt County health leaders identified Pitt County's priority health need areas from a list of over 100 health indicators. Please note that the final priority needs were not ranked in any order of importance and county health leaders will engage in each of the priority need areas. After looking at all relevant data and feedback the focus areas identified for the 2025 CHNA are behavioral health; physical health and food access/security; healthcare access and quality, as seen in **Figure 3.**

Figure 3: Pitt County Health Priorities

Health, healthcare and associated community needs are very much interrelated, and often impact each other. Although this CHNA process considered these areas separately, their impact on each other was considered during prioritization and should be considered when planning for programs or services to address community needs.

Many health needs are also related to underlying societal and socioeconomic factors. Research has consistently shown that income, education, physical environment, and other such demographic and socioeconomic factors affect the health status of individuals and communities. This CHNA acknowledges that link and focuses on identifying and documenting the greatest health needs as they present themselves today. As plans are developed to address these needs, the goal is to work with other community organizations to address underlying factors that could drive long-term improvements to the county population's health.

For additional discussion of current priority needs and the data that supports those priorities, please see **Chapter 3**.

CHAPTER 1 | METHODOLOGY

Study Design

The process used to assess Pitt County's community needs, challenges, and opportunities included multiple steps. Both new and existing data were used throughout the study to paint a more complete picture of Pitt County's health needs. While the CHNA Stakeholders largely viewed the new and existing data equally, there were situations where one provided clearer evidence of community health need than the other. In these instances, the health needs identified were discussed based on the most appropriate data gathered. Data analysis, community feedback review, and stakeholder engagement were all used to identify key areas of need.

Specifically, the following data types were collected and analyzed:

New (Primary) Data

Public engagement and feedback were received through a web-based community member survey along with community focus groups and significant input and direction from the CHNA Stakeholders. The Health ENC Steering Committee worked together to develop the survey questions for the web-based survey, and county leaders were provided with a set of target numbers based on their county population's race, ethnicity and age distribution to encourage recruitment of a representative sample of the community. Community members were asked to identify the most significant health and social needs in their community, as well as asked questions about topics specific to Pitt County, including access to care; healthy lifestyle; maternal and infant health; physical health; substance use disorders; transportation and transit; and family, community, and social support. Focus group participants were asked a standard set of questions about health and social needs, in order to identify trends across various groups and to highlight areas of concern for specific populations. Through this process, input was gathered from numerous Pitt County residents and other stakeholders. This included web survey responses from over 550 community members and 12 focus groups that included community members and other people who live, work or receive healthcare in Pitt County.

For more information regarding specific questions asked as part of the focus groups and surveys, please refer to **Appendix 4.**

Existing (Secondary) Data

The primary source for existing data on Pitt County was the North Carolina Data Portal. This website is a joint effort by NCDHHS and the University of Missouri Center for Applied Research and Engagement Systems (CARES), which includes over 120 data indicators focused on demographics, health status and social determinants of health. In addition to information from the North Carolina Data Portal, a variety of other sources were leveraged in this assessment process, including:

- *County Health Rankings*, developed in partnership by Robert Wood Johnson Foundation (RWJF) and University of Wisconsin Population Health Institute

- *The Opportunity Atlas*, developed in partnership by the U.S. Census Bureau, Harvard University, and Brown University
- *Food Access Research Atlas*, published by the U.S. Food and Drug Administration
- *Social Vulnerability Index*, developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR)
- *Environmental Justice Index*, developed by the CDC and the ATSDR
- *American Community Survey*, as collected and published by the U.S. Census Bureau
- Previous Community Health Assessments from Pitt County.

For more information regarding data sources and data time periods, please refer to **Appendix 2**.

Comparisons

To understand the relevance of existing data collected throughout the process, each measure must be compared to a benchmark, goal, or similar geographic area. In other words, without being able to compare Pitt County to an outside measure, it would be impossible to determine how the county is performing. For this process, each data measure was compared to outside data as available, including the following:

- *County Health Rankings* Top Performers: This is a collaboration between the RWJF and the University of Wisconsin Population Health Institute that ranks counties across the nation by various health factors.
- State of North Carolina: The Health ENC Steering Committee determined that comparisons with the state of North Carolina were appropriate.

For all available data sources, state and national averages were compared. The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

When viewing the secondary data summary tables in this report, please note that the following color shadings have been included to identify how Pitt County compares to North Carolina and the national benchmark. If both statewide North Carolina and national data was available, North Carolina data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Pitt County Description
	Low	Represents measures in which Pitt County scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
	Medium	Represents measures in which Pitt County scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
	High	Represents measures in which Pitt County scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Please note that to categorize each metric in this manner and identify the priority level, the Pitt County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

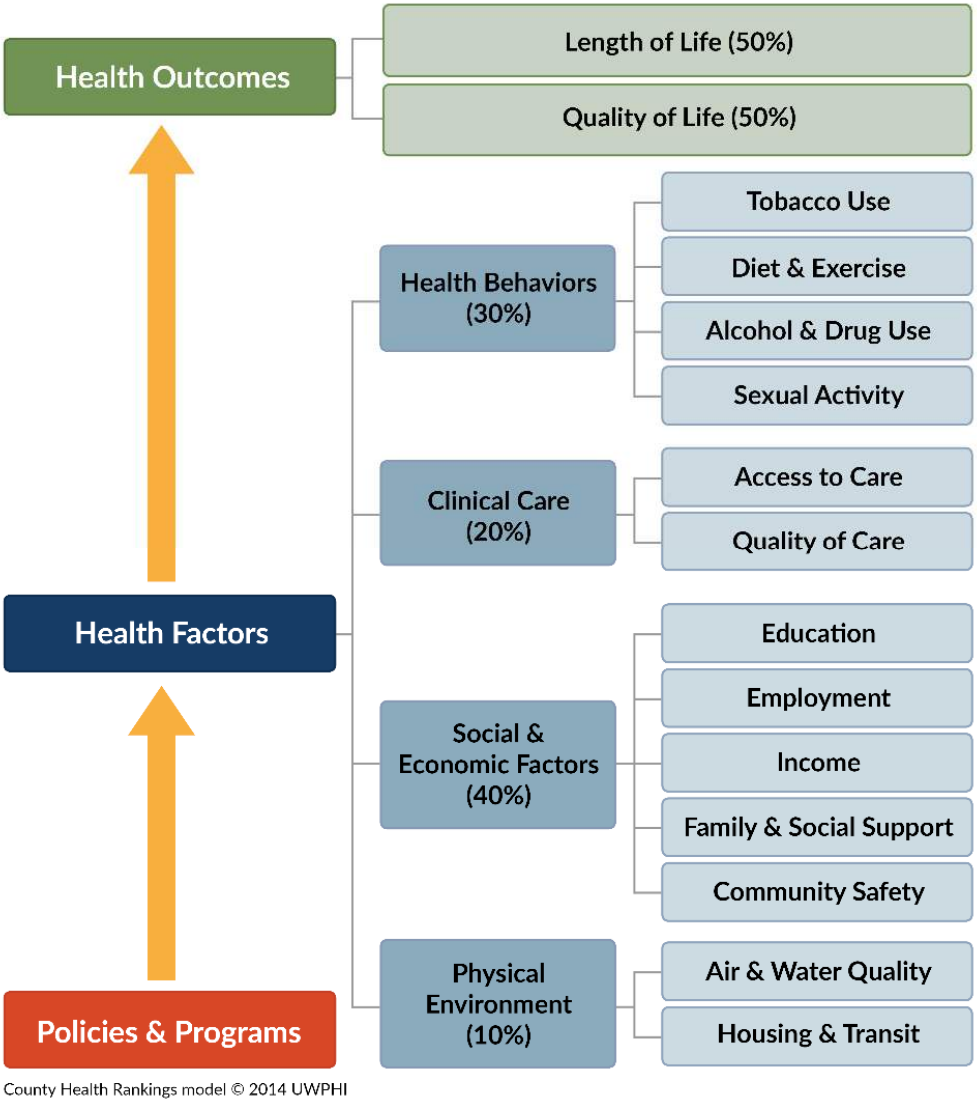
(Pitt Co Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level.

Population Health Framework

This assessment was developed in alignment with the RWJF population health framework, originally developed by the University of Wisconsin's Population Health Institute. Population health focuses on health status and outcomes among a specific group of people, and can be based on geographic location, health diagnoses or common health providers. The population health framework recognizes that the issues that affect health in a community are complex; there are many factors that have the potential to impact health outcomes, including both length and quality of life, within a population. Broadly, these factors include the clinical care available to community members, individual health behaviors, the physical environment, and the social and economic conditions in the community.

Using the population health framework as a guide for the CHNA process helps categorize many individual pieces of data in a way that connects the dots between health status and social drivers of health, in a way that helps local leaders better understand and address the health and well-being of the communities they serve. This understanding is critical in identifying potential interventions to address priority needs in the community, and to helping develop partnerships across sectors that can help drive these interventions forward. **Figure 4** below illustrates the broad categories and sub-categories within the population health framework.

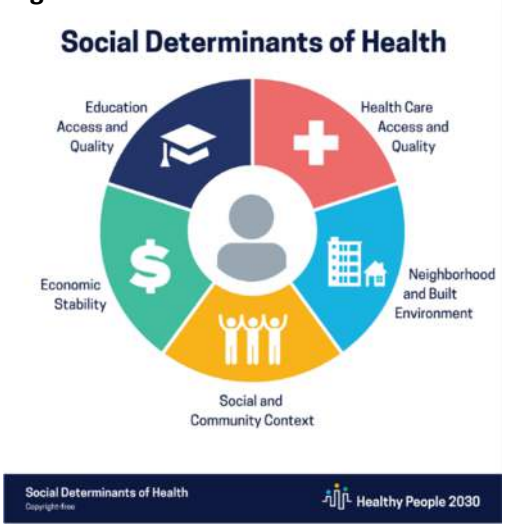
Figure 4: Population Health Framework[4]



[4] Source: University of Wisconsin Population Health Institute (2024). County Health Rankings & Roadmaps. www.countyhealthrankings.org.

Throughout the process, the Health ENC Steering Committee also considered *Healthy People 2030*'s "Social Determinants of Health and Health Equity." The CDC defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. These factors can include healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality, as outlined in **Figure 5**.

Figure 5: Social Determinants of Health[5]



Recognizing that SDoH have an impact on health disparities and inequities in the community was a key point Pitt County leaders considered throughout the CHNA process. **Figure 6** describes the way various social and economic conditions may affect health and well-being.

Figure 6: SDoH and Health Disparities[6]

[5] Source: CDC (2022). Social Determinants of Health at CDC. Accessed March 7th, 2024 via https://www.cdc.gov/about/sdoh/index.html

[6] Source: Kaiser Family Foundation (2024). Disparities in Health and Health Care: 5 Key Questions and Answers. Accessed December 30, 2024 via https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Prioritization Process Overview and Results

The process of identifying the priority health needs for the 2025 CHNA began with the collection and analysis of hundreds of new and existing data measures. In order to create more easily discussable categories, all individual data measures were then grouped into six categories and 20 corresponding focus areas based on "common themes" that correspond to the Population Health Model, as seen in **Figure 4**. These focus areas are detailed further in **Appendix 2.**

Since a large number of individual data measures were collected and analyzed to develop these 20 focus areas, it was not reasonable to make each of them a priority. Pitt County leadership considered which focus areas had data measures of high need or worsening performance, priorities from the primary data, and how possible it is for health departments or hospitals to impact the given need to help determine which health needs should be prioritized.

The Pitt County Health Department and Pitt Partners for Health CHNA Subgroup – evaluated and prioritized the health needs of Pitt County while considering the following factors:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Whether possible interventions would be possible and effective;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

The final priority areas chosen were not ranked in any particular order of importance, and each will be addressed by the health department and Pitt Partners for Health. The following focus areas (Behavioral Health; Healthcare Access & Quality; and Physical Health & Food Access/Security) were identified as Pitt County's top priority health needs to be addressed over the next three years, as seen in **Figure 7** below:

Figure 7: Pitt County Health Priorities

In additon to the above, the following community-based organizations had members participated in the Pitt Partners for Health voting process.

- Access East
- AMEXICAN
- Coastal Horizons
- Contentnea Health Center
- East Carolina University
- Eastern AHEC
- ECU Family Therapy Clinic
- ECU Health
- ECU Health Medical Center
- Food Bank of Central and Eastern North Carolina
- Greenville Police Department
- Healthy Lives, Healthy Choices
- Mid-East Commssion Area Agency on Aging
- Pitt County Cooperative Extension
- Pitt County Emergency Management
- Pitt County Health Department
- Pitt County Planning and Development

Study Limitations

Developing a CHNA is a long and time-consuming process. Because of this, more recent data may have been made available after the collection and analysis timeframe. Existing data typically become available between one and three years after the data is collected. This is a limitation, because the “staleness” of certain data may not depict current trends. For example, the U.S. Census Bureau’s American Community Survey is a valuable source of demographic information, however data for a particular year is not published until late the following year. This means 2022 data on community characteristics, such as languages spoken at home, did not become available until late fall 2023 To account for these limitations, new data were collected, including focus groups and web-based surveys. Another limitation of existing data is that, depending on the source, it may have limited demographic information, such as gender, age, race, and ethnicity.

Given the size of Pitt County in both population and geography, this study was limited in its ability to fully capture health disparities and health needs across racial and ethnic groups. Resource limitations meant that county leaders relied on convenience sampling to engage with the community via the web-based survey. This method of survey sampling may fail to capture a truly representative cross-section of the community, resulting in overrepresentation of some demographic groups and underrepresentation of others. This can lead to findings that don't accurately reflect the health needs and perspectives of the entire community, particularly those from underrepresented or marginalized groups. Efforts were made to include diverse community members in survey efforts. Roughly 61% of all respondents were White compared to 50% of the Pitt County population reported as being White. Another 27% of respondents were Black or African American compared to the county population reported as being 35%. Roughly 8% of respondents identified as Hispanic, which was similar to the reported county population level. Another 2% of respondents identified as Asian, which was also similar to the reported county level. Additionally,

the overall positive survey response rate increased the ability to assess health needs and disparities across community groups, including racial/ethnic minority groups.

In addition, there are existing gaps in information for some population groups. Many available datasets are not able to isolate historically underserved populations, including the uninsured, low-income persons, and/or certain minority groups. Due to this lack of available data, dedicated efforts were made to include underserved sub-segments of the greater population through the new data gathered throughout the CHNA process. For example, the Health ENC Steering Committee chose to focus on Spanish-speaking members of the community by providing a Spanish language version of the web-based community survey and facilitating a Spanish-language focus group. Additionally, multiple focus groups included participants from various non-profit organizations focused on providing assistance and resources to the underserved. Paper surveys were also distributed in an effort to reach as much of the community as possible. To increase future survey responses, local leaders should consider working directly with partner organizations in the community who can connect directly with populations who are hard to access through traditional outreach methods, including people with disabilities, the uninsured and people who are disengaged.

In the future, assessments should continue to make efforts to include other underserved communities whose needs are not specifically discussed here because of data and input limitations during this CHNA cycle. Of note, residents in the disabled, blind, deaf, and hard-of-hearing communities can be a focus of future new data collection methods. Using a primarily web-based survey collection method might have also impacted response rates of community members with no internet access or low technological literacy. Additionally, more input from both patients and providers of substance use disorder (SUD) services would also be helpful in future assessments.

Finally, parts of this assessment have relied on input from community members and key community health leaders through web-based surveys and focus groups. Since it would be unrealistic to gather input from every single member of the community, the community members that participated have offered their best expertise and understanding on behalf of the entire community. As such, the CHNA Leadership Team has assumed that participating community members accurately and completely represented their fellow residents.

CHAPTER 2 | COUNTY PROFILE

Geography

Pitt County is located in the Inner Coastal Plain region of North Carolina, characterized by the presence of low-lying areas, winding rivers, and rolling hills. It covers a total of 329 square miles, including 247 square miles of land and 82 square miles of water. Pitt is comprised of ten municipalities: City of Greenville, Town of Ayden, Town of Bethel, Town of Falkland, Town of Farmville, Town of Fountain, Town of Grifton, Town of Winterville, and Village of Simpson. Just over a quarter (27%) of Pitt County's population resides in rural areas.

Population

Population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies.

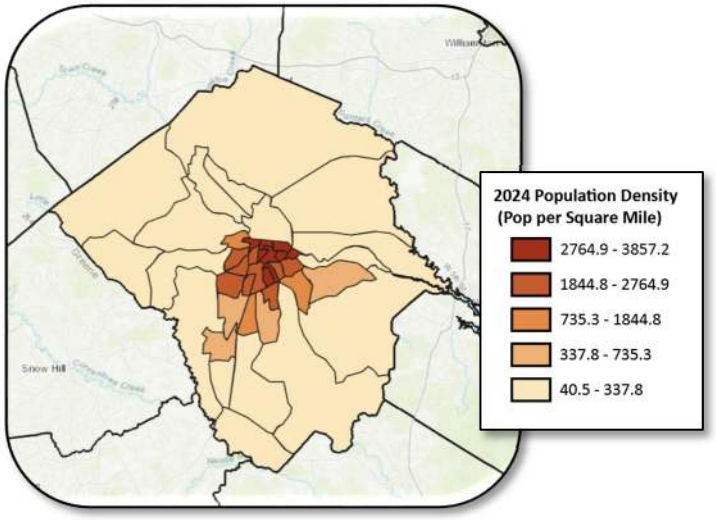
Pitt County has a population of 172,847, making up approximately 1.6% of North Carolina's total population

Table 1: Total Population, 2023[7]

	Pitt County	North Carolina	United States
Population	172,847	10,765,678	337,470,185

Pitt County has a population density of 266.8 persons per square mile – higher than the population density for North Carolina (214.7 persons per square mile). Greenville is the most densely populated area in the county.

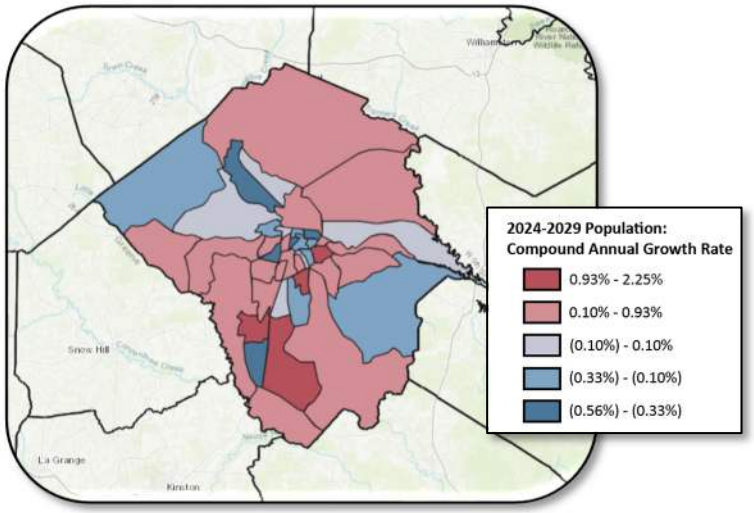
Figure 8: Pitt County Map: Population Density[7]



[7] Source: Esri. Throughout this report, maps and demographic estimates (unless otherwise noted) were developed using ArcGIS® software by Esri. ArcGIS® and ArcMap™ are the intellectual property of Esri and are used herein under license. Copyright © Esri. All rights reserved. For more information about Esri® software, please visit www.esri.com.

In total, the population of Pitt County is projected to grow 0.33% annually between 2024 and 2029. Areas in the central part of the county are experiencing greater growth.

Figure 9: Pitt County Map: Population Growth[7]



Age and Sex Distribution

Data on age and sex helps health providers understand who lives in the community and informs planning for needed health services. Pitt County has a distinctly younger population profile compared to state averages. While the percentage of children under 15 (17.8%) closely mirrors the state average (17.9%), the county has a significantly higher proportion of residents ages 15 to 44 (46.3% vs. state's 39.3%). The county has lower percentages of both middle-aged adults 45 to 64 (21.5% vs. state's 25.1%) and seniors 65 and older (14.4% vs. state's 17.7%). This suggests a relatively younger population, which may have implications for the types of healthcare services needed in the county.

Table 2: Age Distribution, 2023[7]

	Pitt County	North Carolina	United States
Percentage below 15	17.8%	17.9%	18.1%
Percentage between 15 and 44	46.3%	39.3%	39.5%
Percentage between 45 and 64	21.5%	25.1%	24.6%
Percentage 65 and older	14.4%	17.7%	17.8%

Like the state overall, Pitt County has a higher percentage of the population who is female. The proportion of females (53.0%) is higher than the state average (51.0%), with males comprising 47.0% of the population compared to the state's 49.0%.

Table 3: Sex Distribution, 2023[7]

	Pitt County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Female	91,542	53.0%	5,489,419	51.0%	170,118,720	50.4%
Male	81,305	47.0%	5,276,259	49.0%	167,351,465	49.6%

Race and Ethnicity

Data on race and ethnicity help us understand the need for healthcare services as well as cultural factors that can impact how care is delivered. Less than half of Pitt County residents (51.3%) identify as Non-Hispanic White, lower than the state (61.2%). Non-Hispanic Black residents comprise 35.5% of the population, notably higher than the state average of 20.4%. The county has smaller percentages of other racial groups compared to state averages: Asian residents (2.0% vs. state's 3.5%), American Indian and Alaska Native (AIAN) residents (0.4% vs. state's 1.2%). The Native Hawaiian and Pacific Islander (NHPI) proportion is equal to the state average. Some Other Race Alone constitutes 4.8% of the population (vs. state's 6.3%), while residents of Two or More Races represent 5.8% (vs. state's 7.2%). This data shows that Pitt County has a different racial composition than the state, with a lower level of overall racial diversity and a substantially larger Black population.

Table 4: Racial Distribution, 2023[7]

	Pitt County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Black (Non-Hispanic)	61,140	35.5%	2,199,488	20.4%	42,132,758	12.5%
White (Non-Hispanic)	88,677	51.3%	6,590,161	61.2%	204,562,590	60.6%
Asian	3,456	2.0%	379,374	3.5%	21,088,177	6.2%
AIAN	745	0.4%	133,820	1.2%	3,831,126	1.1%
NHPI	113	0.1%	9,214	0.1%	712,229	0.2%
Some Other Race Alone	8,375	4.8%	677, 338	6.3%	29,432,586	8.7%
Two or More Races	10,041	5.8%	776,283	7.2%	35,710,719	10.6%

By ethnicity, 8.1% of Pitt County's population is Hispanic. This is lower than the state proportion (11.4%).

Table 5: Ethnic Distribution, 2023[7]

	Pitt County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Non-Hispanic	158,839	91.9%	9,465,874	88.6%	271,934,049	80.6%
Hispanic	14,008	8.1%	1,299,804	11.4%	65,536,136	19.4%

The proportion of foreign-born individuals residing in Pitt County is 5.0%, lower than the state average (9.0%).

Table 6: Foreign Born Population, 2022[8]

	Pitt County	North Carolina	United States
Foreign Born	5.0%	9.0%	13.9%

The diversity of Pitt County is reflected in the languages that residents speak at home. According to the most recent American Community Survey (ACS), approximately 7.5% of Pitt County residents speak a language other than English at home, compared to around 12.7% of North Carolina residents. Less than 5% of county residents speak Spanish at home, suggesting a lower level of linguistic diversity and a predominance of English speakers.

Table 7: Language Spoken at Home, 2022[8]

	Pitt County	North Carolina	United States
English Only	92.5%	87.3%	78%
Spanish	5.0%	7.9%	13.3%
Indo-European Languages	0.8%	2.1%	3.8%
Asian and Pacific Islander Languages	1.1%	1.9%	3.6%
Other Languages	0.6%	0.8%	1.2%

Disability Status[9]

Data on disabilities helps us understand how to create fair and equal opportunities for everyone in the county. In addition, individuals with disabilities may require targeted services and outreach by health and other service providers. Pitt County's disability rate (7.5%) is notably lower than the state average of 13.3%.

Table 8: Disability Status, 2022[8]

	Pitt County	North Carolina	United States
Population with a Disability	7.5%	13.3%	12.9%

[8] Source: U.S. Census Bureau. "Selected Social Characteristics in the United States." *American Community Survey, ACS 5-Year and 1-Year Estimates Data Profiles, Table DP02*, 2022, https://data.census.gov. Accessed on April 1, 2024.

[9] Disability status is classified in the ACS according to yes/no responses to questions about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

Veteran Status

Military veterans often need special services and support, so it is important to collect data about them to be better able to meet their specific needs. The veteran population in Pitt County (6.3%) is lower than the state average of 7.8%.

Table 9: Veteran Status, 2022[8]

	Pitt County	North Carolina	United States
Veterans	6.3%	7.8%	6.2%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying health-related needs. The median household income in Pitt County ($47,521) is significantly lower than the state statistic of $64,316.

Table 10: Median Household Income, 2023[7]

	Pitt County	North Carolina	United States
Median Household Income	$47,521	$64,316	$72,603

In 2023, approximately 18% of Pitt County households were below the federal poverty level (FPL) – higher than the percentage at the state or national level. Poverty has a significant impact on health. Across the lifespan, people who live in impoverished communities have a higher risk of poor health outcomes, including mental illness, chronic diseases, higher mortality and lower life expectancy. Poverty is a concern across the lifespan; children who live in poverty are at risk for developmental delays, toxic stress and poor nutrition, and are likely to live in poverty as adults as well. Unmet social needs, including having low or no income, can also limit people's ability to access healthcare when they need it, or to provide for basic necessities needed to live healthy lives, such as safe housing or healthy food.

Table 11: Percent of Households Below the Federal Poverty Level, 2023[7]

	Pitt County	North Carolina	United States
Percent Below FPL	18.1%	10.1%	9.5%

Approximately one in five Pitt County households received Food Stamps/SNAP (Supplemental Nutrition Assistance Program) in 2022, significantly higher than the average of North Carolina (13.4%) and indicative of a higher level of food insecurity among county households.

Table 12: Households Receiving Food Stamps/SNAP, 2022[10,11]

	Pitt County	North Carolina	United States
Number of Households Receiving Food Stamps/SNAP	14,433	575,860	16,072,733
Total Number of Households	71,509	4,299,266	129,870,928
Percentage of Households receiving Food Stamps/SNAP	20.2%	13.4%	12.4%

Pitt County has lower rates of residents with less than a 9th grade education (3.6%) compared to the state's 6.0%. However, it has higher percentages of residents who started but did not complete high school (7.4% compared to the state's 5.5%). The county has slightly higher rates of associate's degrees (12.0% compared to state's 9.9%) and comparable rates of bachelor's degrees (20.3% vs. state's 20.4%) and graduate/professional degrees (11.7% vs. state's 11.6%).

Table 13: Educational Attainment, 2020[12,13]

	Pitt County	North Carolina	United States
Less than 9th Grade	3.6%	6.0%	3.5%
Some High School/No Diploma	7.4%	5.5%	5.3%
High School Diploma	19.9%	21.2%	28.5%
GED/Alternative Credential	4.3%	4.3%	*[14]
Some College/No Diploma	20.8%	21.1%	14.6%
Associate's Degree	12.0%	9.9%	10.5%
Bachelor's Degree	20.3%	20.4%	23.4%
Graduate/ Professional Degree	11.7%	11.6%	14.2%

Pitt County shows higher unemployment rates than state averages across all age groups, indicating substantial, widespread challenges in securing work. Youth unemployment (13.0%) is slightly higher than the state's 12.4%. Working-age adults (ages 25 to 54) face a 6.7% unemployment rate, notably higher than the state's 4.7%. The rate for ages 55 to 64 (4.6%) and seniors 65 and older (10.0%) are both significantly higher than state averages (3.3% and 3.0% respectively). The overall unemployment rate of 7.5% is higher than the state average of 5.1%.

[10] Source (for County): North Carolina Department of Health and Human Services. FNS Cases and Participants (March 2024). https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/fns-caseload-statistics-reports. Note: county household estimate is from Esri (2023).

[11] Source (for North Carolina and United States): U.S. Census Bureau. "Food Stamps/Supplemental Nutrition Assistance Program (SNAP)." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2201*, 2022, https://data.census.gov/table/ACSST1Y2022.S2201?q=s2201&g=010XX00US_040XX00US37&moe=false. Accessed on April 1, 2024.

[12] Source (for County and North Carolina): U.S. Census Bureau. "Educational Attainment for the Population 25 Years and Over." *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B15003*, 2020, https://data.census.gov/table/ACSDT5Y2020.B15003?q=b15003&g=040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

[13] Source (for United States): U.S. Census Bureau. "Educational Attainment in the United States: 2022." Table 1, All Races. https://www.census.gov/data/tables/2022/demo/educational-attainment/cps-detailed-tables.html.

[14] U.S. Totals combine GED with High School Diploma

Table 14: Unemployment, 2022[15,16]

	Pitt County	North Carolina	United States
Percentage unemployed ages 16 to 24	13.0%	12.4%	11.0%
Percentage unemployed ages 25 to 54	6.7%	4.7%	3.4%
Percentage unemployed ages 55 to 64	4.6%	3.3%	2.7%
Percentage unemployed ages 65 or more	10.0%	3.0%	2.9%
Total unemployment	7.5%	5.1%	3.9%

Pitt County's overall uninsured rate (10.1%) is lower than the state average (15.0%). The county shows better insurance coverage for children 18 and below (4.6%) compared to the state average (5.2%). However, young adults ages 19-34 have a higher uninsured rate (17.4%) than the state's 15.5%, while those aged 35-64 show a slightly lower uninsured rate (11.5%) compared to the state's 12.5%. This data suggests that while Pitt County performs better in insurance coverage overall and with certain demographics, middle-aged adults face challenges in accessing health insurance.

Table 15: Health Insurance Status, 2022[17]

	Pitt County	North Carolina	United States
Percentage uninsured ages 18 or below	4.6%	5.2%	5.4%
Percentage uninsured ages 19 to 34	17.4%	15.5%	13.6%
Percentage uninsured ages 35 to 64	11.5%	12.5%	9.9%
Total % Uninsured	10.1%	15.0%	12.0%

[15] Source (for County and North Carolina): U.S. Census Bureau. "Employment Status." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2301,* 2022, https://data.census.gov/table/ACSST5Y2022.S2301?q=S2301&g=040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

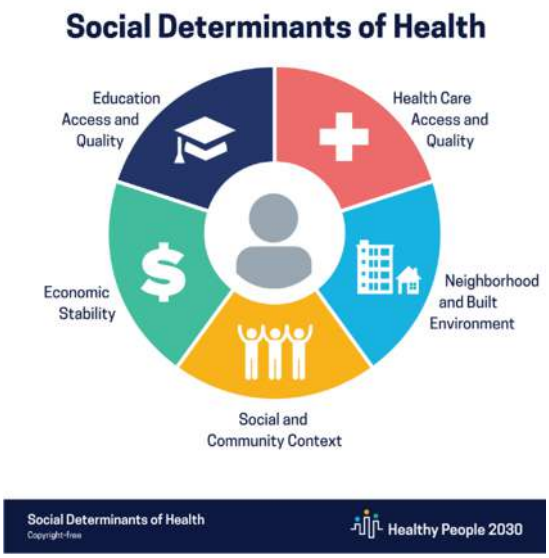
[16] Source (for United States): Federal Reserve Bank of Saint Louis. Federal Reserve Economic Data - FRED (March 2024). https://fred.stlouisfed.org/

[17] Source: U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2701,* 2022, https://data.census.gov/table/ACSST5Y2022.S2701?q=s2701&g=010XX00US_040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

Social Determinants of Health

In addition to the considerations noted above, there are many other factors that can positively or negatively influence a person's health. The CHNA Leadership Team recognizes this and believes that, to portray a complete picture of the county's health status, it first must address the factors that impact community health. The Centers for Disease Control and Prevention (CDC) defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. According to the CDC's "Social Determinants of Health" from its *Healthy People 2030* public health priorities initiative, factors contributing to an individual's health status can include the following: healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality.

Figure 10: Social Determinants of Health



As seen in **Figure 10**, many of the factors that contribute to health are hard to control or societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

It is widely acknowledged that people with lower income, social status and levels of education find it harder to access healthcare services compared to people in the community with more resources. This lack of access is a factor that contributes to poor health status. Further, people in communities with fewer resources may also experience high levels of stress, which also contributes to worse health outcomes, particularly related to mental or behavioral health.

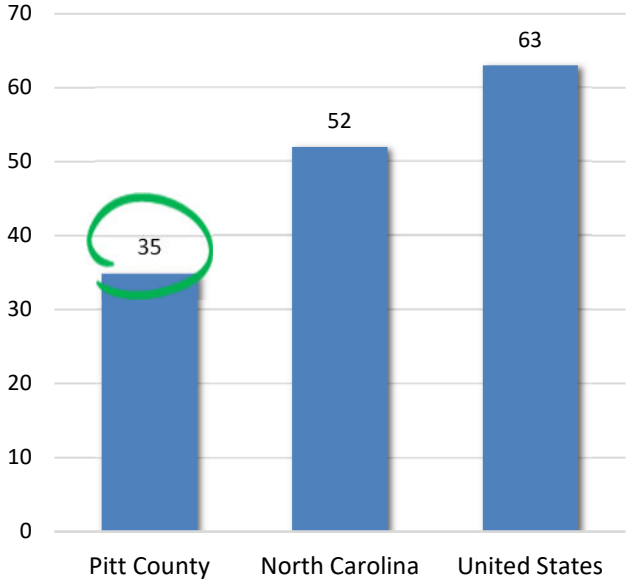
An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below. The CHNA Leadership Team also collected new data via focus groups and surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. This information will be presented in detail later in this report.

Disparities

Recognizing the diversity of Pitt County, as discussed above, the CHNA Stakeholders evaluated factors that may contribute to health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English language proficiency.

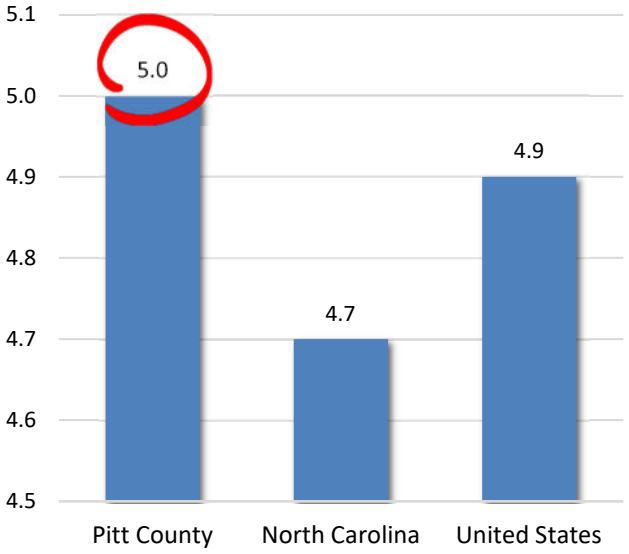
Residential segregation is measured by the index of dissimilarity, a demographic measure ranging from 0 to 100 that represents how evenly two demographic groups are distributed across a county's census tracts. Lower scores represent a higher level of integration. There is less residential segregation in Pitt compared to the state and country, as seen in **Figure 11:** Residential Segregation4.

Figure 11: Residential Segregation[4]



Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, sense of community, and social support. As seen in **Figure 12**, the income inequality ratio for Pitt is higher than North Carolina and the U.S.

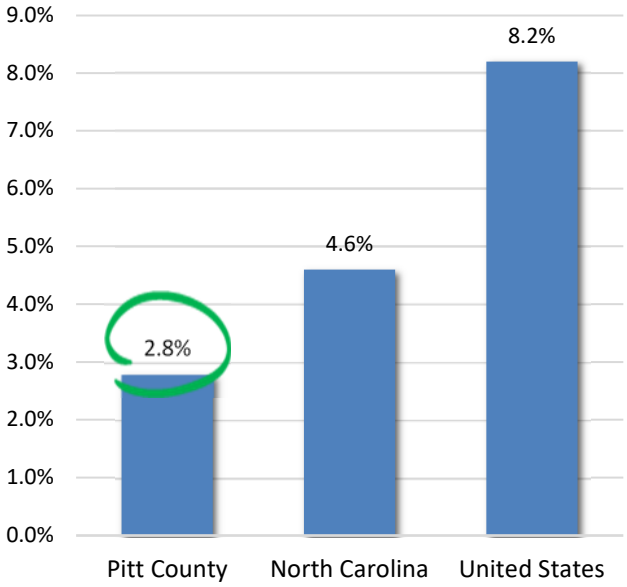
Figure 12: Income Inequality Ratio[4]



People with limited English proficiency (LEP) may face challenges accessing care and resources that fluent English speakers do not. Language barriers may make it hard to access transportation, medical, and social services as well as limit opportunities for education and employment. Importantly, LEP community members may not understand critical public health and safety notifications, such as safety-focused

communications during the COVID-19 pandemic. Significantly fewer people are not fluent in English in Pitt compared to the state and country, as seen in **Figure 13**.

Figure 13: Percent of Population with Limited English Proficiency[8]



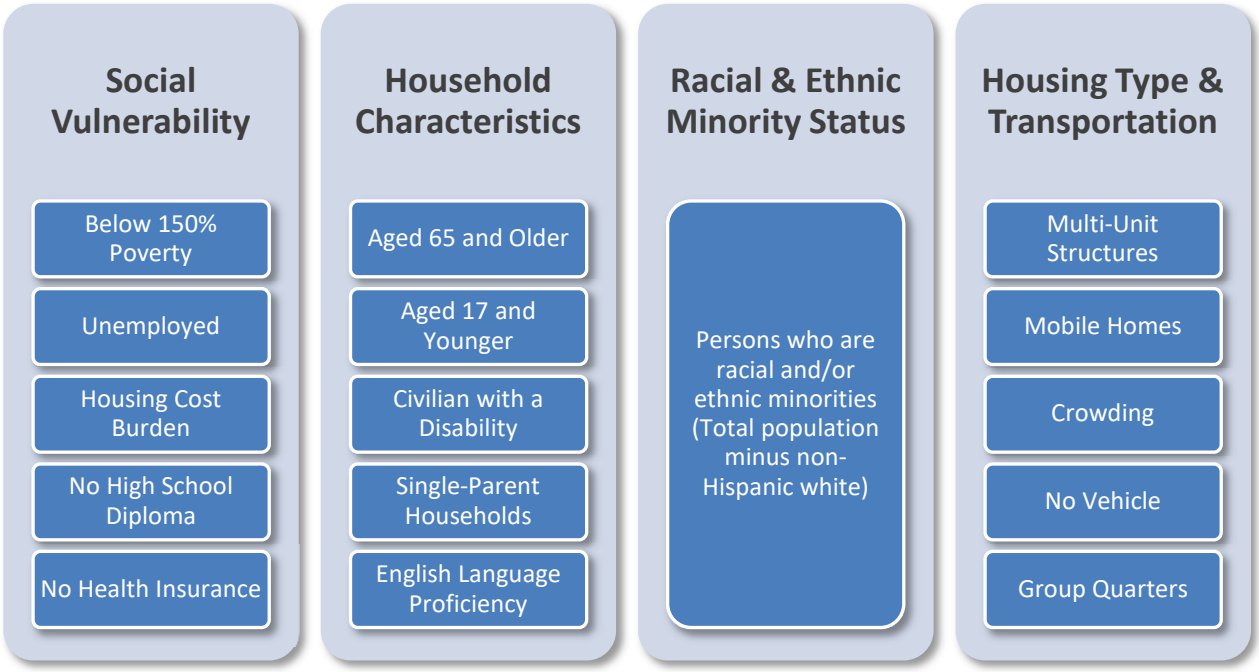
Social Vulnerability Index

One resource that can help show variation and disparities between geographic areas is the Social Vulnerability Index (SVI), which was developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to negative effects communities may experience due to external stresses that impact human health, like natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are at especially high risk during public health emergencies.

The SVI uses 16 U.S. Census variables to help local officials identify communities that may need support before, during, or after a public health emergency.[18] Communities with a higher SVI score are generally at a higher risk for poor health outcomes. Instead of relying on public health data alone, the SVI accounts for underlying economic and structural conditions that affect overall health, including SDoH. SVI scores are calculated at the census tract level and based on U.S. Census variables across four related themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. **Figure 14** outlines the variables used to calculate SVI scores.

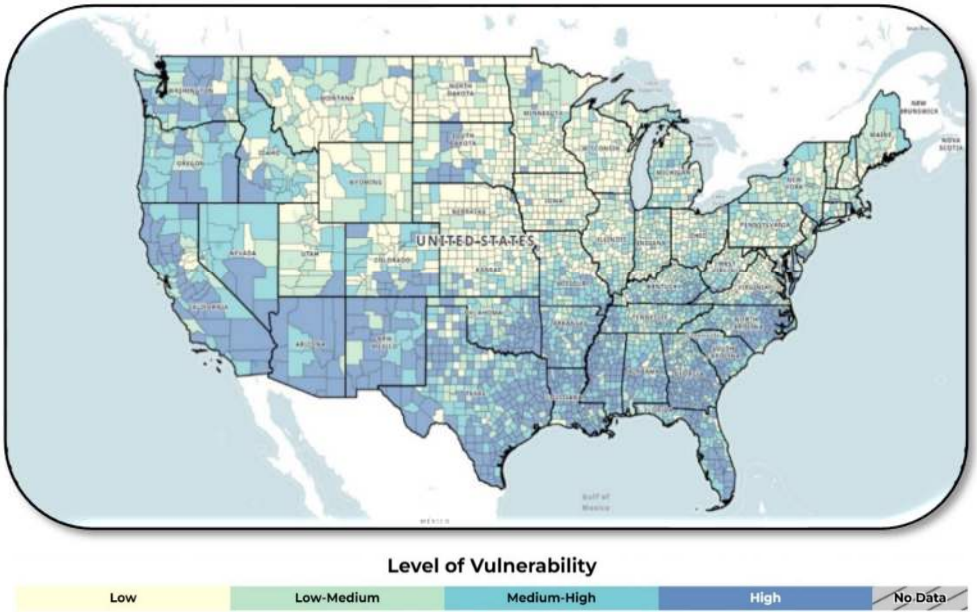
[18] Source: Centers for Disease Control and Prevention (2024). Social Vulnerability Index. https://www.atsdr.cdc.gov/place-health/php/svi/index.html

Figure 14: SVI Variables



The United States SVI by county is shown in **Figure 15** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 15: United States SVI by County, 2022



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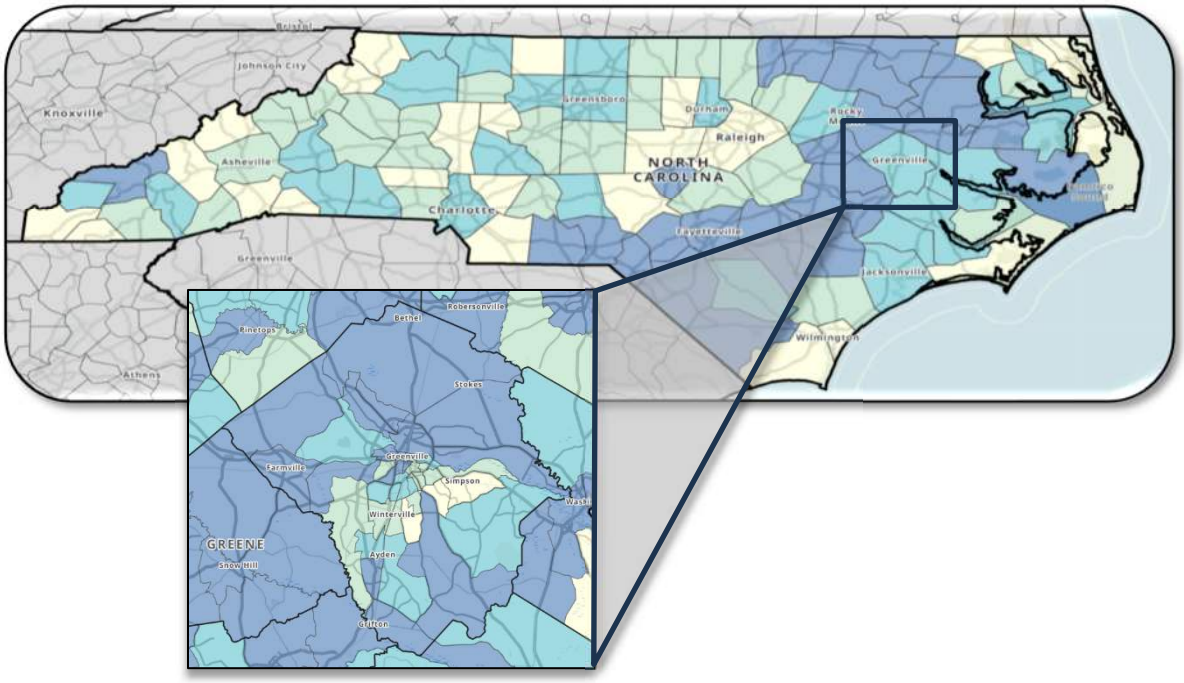
The 2022 SVI scores for Pitt County are shown in **Figure 16** below. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability), and these scores show a relative comparison with other counties

and census tracts in North Carolina. The vulnerability of Pitt County overall is higher than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.74.

Figure 16: Pitt County SVI by Census Tract, 2022



Environmental Justice Index

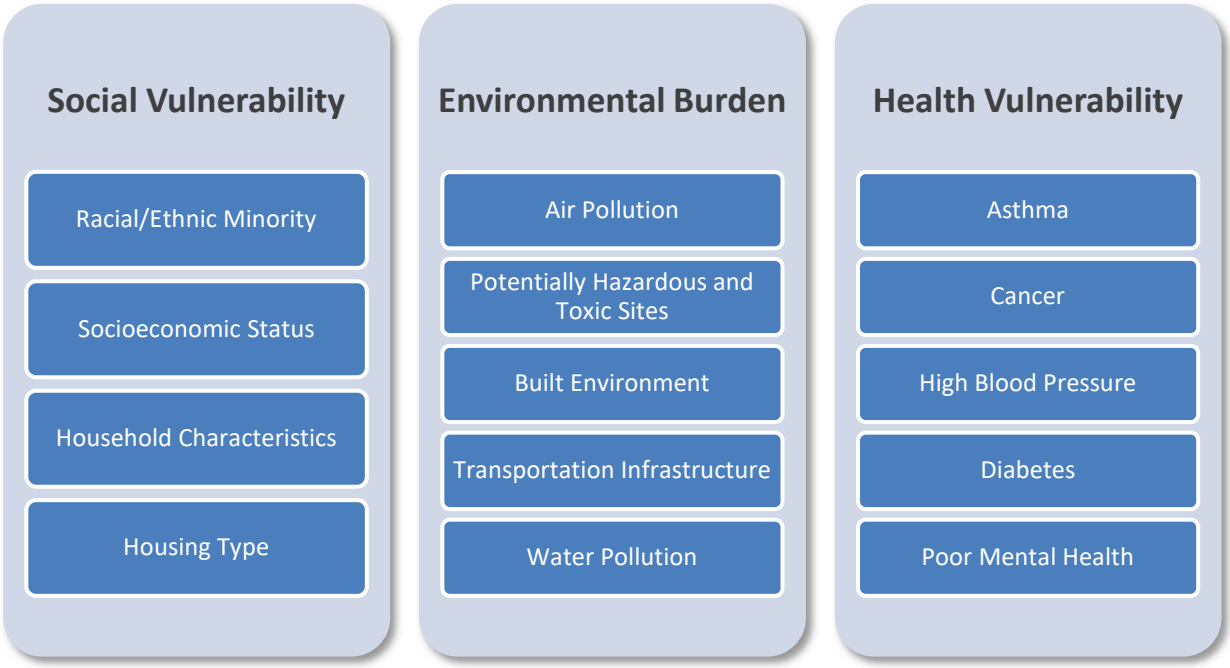
Environmental justice means the just treatment and meaningful involvement of all people, regardless of income, race, color, national origin, Tribal affiliation, or disability, in agency decision-making and other Federal activities that affect human health and the environment. It aims to protect everyone from disproportionate health and environmental risks, address cumulative impacts and systemic barriers, and provide equitable access to a healthy and sustainable environment for all activities and practices.[19]

The CDC/ATSDR Environmental Justice Index (EJI) is a database that ranks the impact of environmental injustice on health. It uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention. The Index scores environmental burden and injustice at the census tract level in the U.S. based on multiple social, environmental, and health factors.

Over time, communities with a higher EJI score are generally shown to experience more severe impacts from environmental burden than communities in other census tracts. **Figure 17** outlines the variables used to calculate EJI scores.

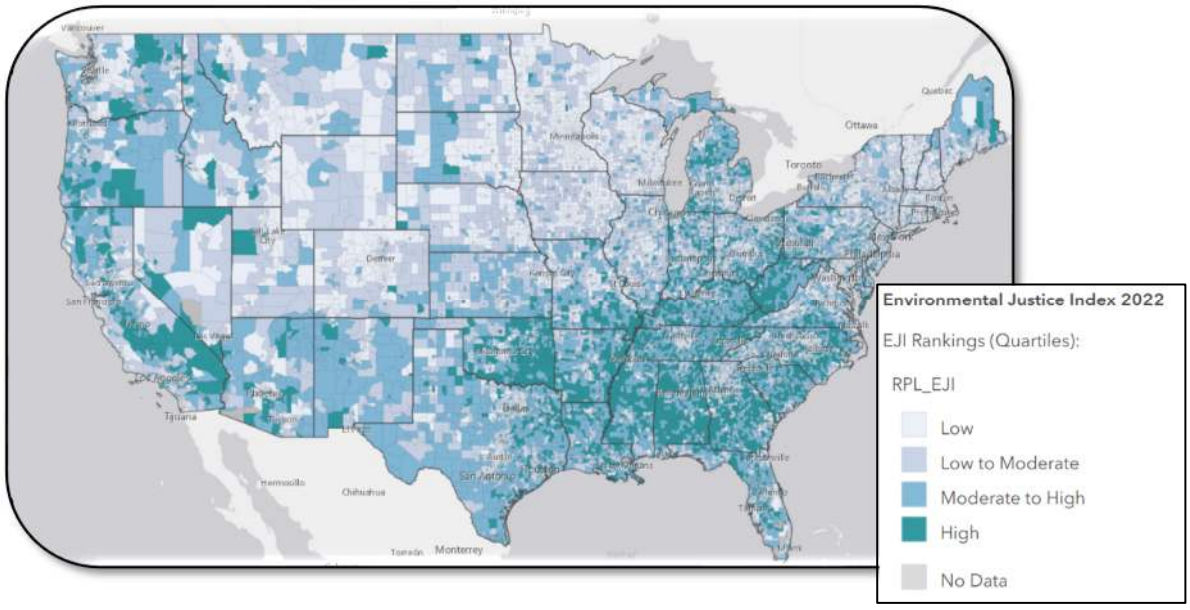
[19] Source: Centers for Disease Control and Prevention (2024). Environmental Justice Index. https://www.atsdr.cdc.gov/place-health/php/eji/index.html#cdc_generic_section_3-eji-tools-and-resources

Figure 17: EJI Variables



The United States EJI by county is shown in **Figure 18** below. As shown, a lot of variation exists across the country, and even within individual states.

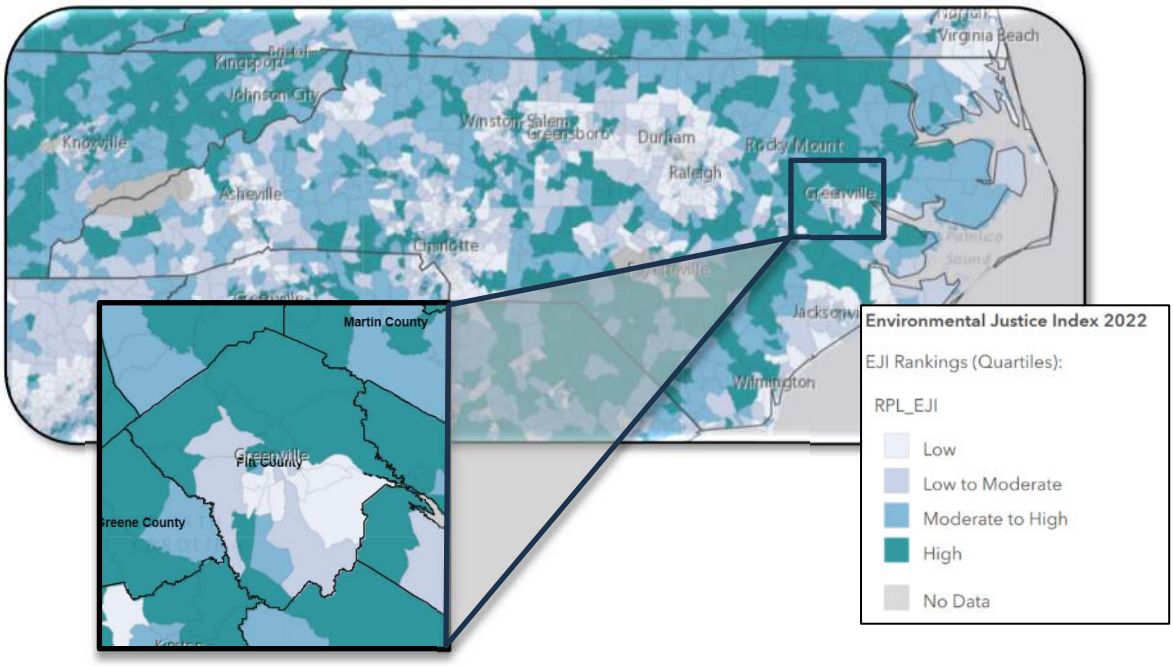
Figure 18: United States EJI by Census Tract, 2022



The 2022 EJI scores for Pitt County are shown in **Figure 19** below. EJI scores use percentile ranking which represents the proportion of census tracts that experience environmental burden relative to other census tracts in North Carolina. The index ranges from 0-1 with higher scores indicating more environmental

burden compared to other census tracts. Levels of environmental burden are variable across the county with the average being 0.51.

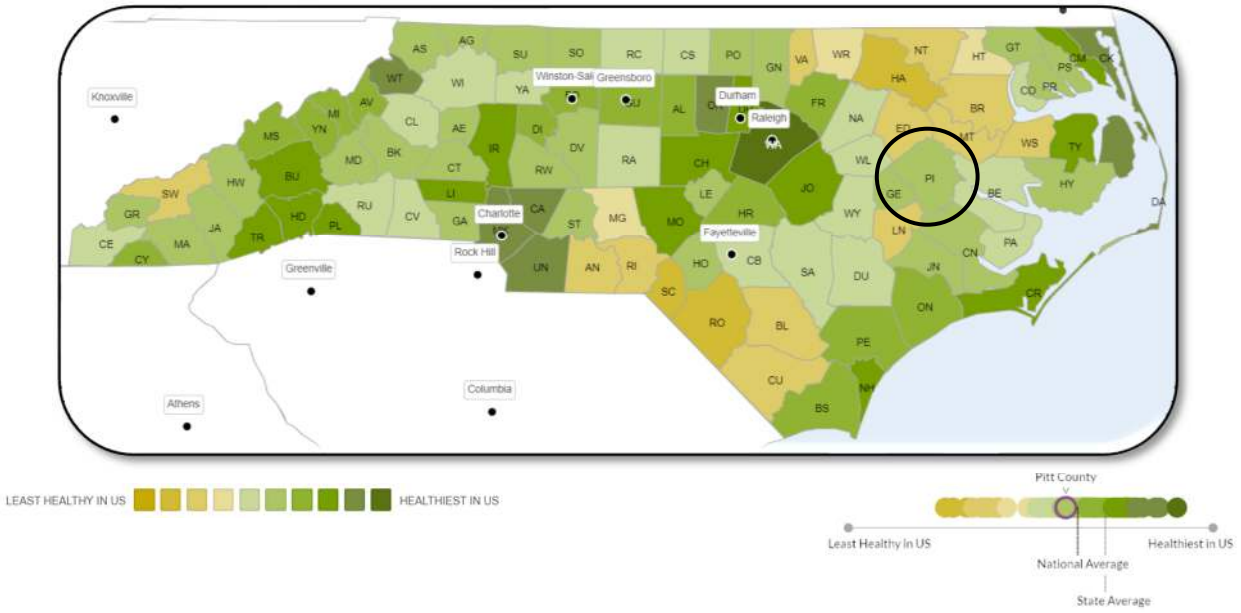
Figure 19: Pitt County EJI by Census Tract, 2022



Health Outcome and Health Factor Rankings

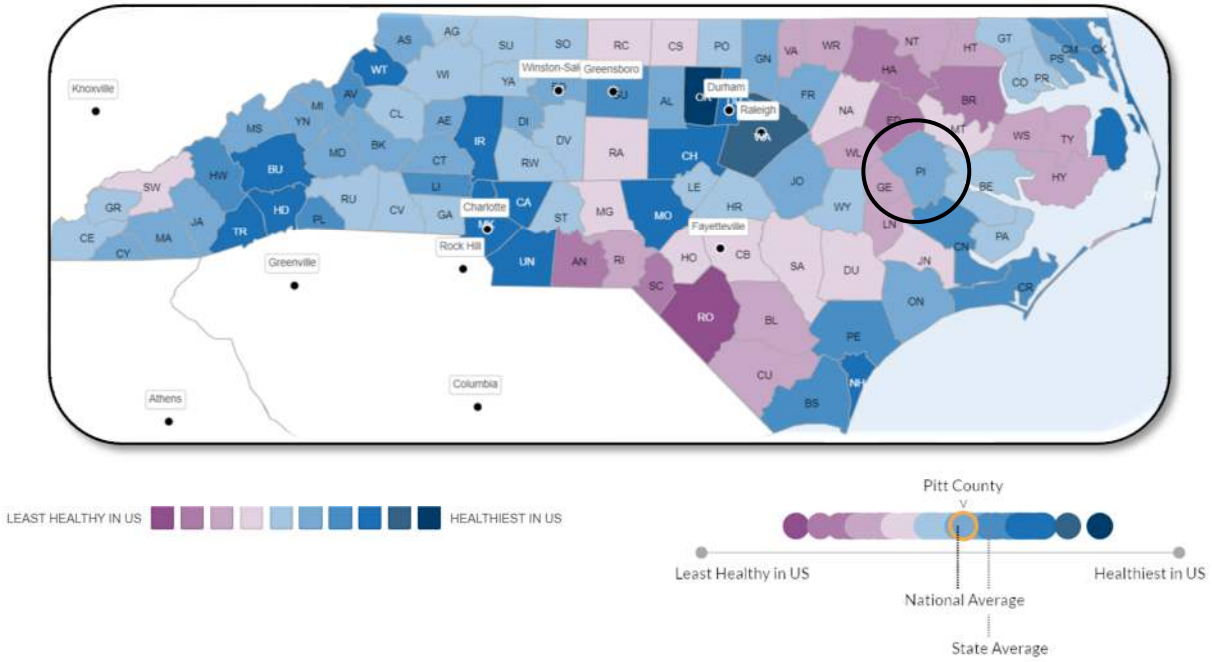
CHNA Stakeholders also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2024. The Health Outcomes measure looks at how long people in a community live and how physically and mentally healthy they are. These categories are discussed further in **Appendices 2** and **3**. Pitt is slightly behind the average for the country and the state, which means people there may be less healthy on average.

Figure 20: State Health Outcomes Rating Map[4]



The Health Factors measure looks at variables that affect people's health including health behaviors, clinical care, social & economic factors, and the physical environment they live in. More details about these indicators can be found in **Appendices 2** and **3**. Pitt County is on par with the national average and falls behind the state average for health factors.

Figure 21: State Health Factors Rating Map[4]



CHAPTER 3 | PRIORITY NEED AREAS

This chapter describes each of the three priority areas in more detail and discusses the data that supports each priority. The information in this section includes context and national perspective, secondary data findings, and primary data findings (including the community member survey and focus groups). As previously described in **Chapter 1: Methodology**, secondary data was primarily sourced using the North Carolina Data Portal. For additional descriptive information on data sources and methodology, please see **Appendix 2.**

Community leaders and representatives from various organizations gathered to participate in a prioritization meeting for the 2025 CHNA. Participants included representatives from Access East, AMEXICAN, Contentnea Health Center, East Carolina University, Eastern AHEC, ECU Family Therapy Clinic, ECU Health, ECU Health Medical Center, Food Bank of Central and Eastern North Carolina, Greenville Police Department, Healthy Lives, Healthy Choices, Mid-East Commission Area Agency on Aging, Pitt County Cooperative Extension, Pitt County Emergency Management, PCHD, and Pitt County Planning and Development.

In order to determine the priority areas, the Pitt County Health Department and the PPH CHNA subgroup first applied the PEARL method to compile a comprehensive list of the needs facing the community. Following the development of this list, the groups then employed the multi-voting technique, with each participant voting for their top choices. Through this process, which required two rounds of voting and ongoing discussion of whether the selected needs could be feasibly addressed, the groups identified the final priorities.

As mentioned previously, these priority needs areas are not listed in any hierarchical order of importance and all will be addressed by the Pitt County leaders in health improvement plans guided by this CHNA. As noted in Chapter 1, CHNA Stakeholders considered the following factors when determining the priority needs reported in this assessment:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Estimated feasability and effectiveness of possible interventions;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

PRIORITY NEED: BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE)

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[20] Mental health is defined as an emotional, psychological, and social state of well-being. Mental health impacts every stage of life and affects how one is able to handle their relationships, daily stressors, and health behaviors.[21] After evaluating data from a variety of sources including surveys and focus groups conducted throughout the assessment process, the CHNA Stakeholders identified mental health to be an area of urgent need within Pitt County.

Mental illnesses are common in the United States: in 2021, an estimated 57.8 million U.S. adults – nearly one in five – were living with a mental illness.[22] There is risk for developing a mental illness across the lifespan, with over one in five children and adults in the U.S. reported to have a mental illness, and nearly one in twenty-five adults currently coping with a serious mental illness (SMI) such as major depression, schizophrenia or bipolar disorder. [23]

Mental illness can occur due to multiple different factors, such as genetics, drug and/or alcohol usage, isolation, adverse childhood experiences, and chronic health conditions. Additionally, mental illness can act like other chronic health conditions, in that it can worsen or improve depending on the environment. Mental health services have evolved in the past five years, especially during the COVID-19 pandemic. However, accessing mental health care services can be challenging. According to the National Institute of Mental Health, less than half (47.2%) of adults with a common mental illness received any mental health services in 2021. Those who had an SMI were more likely (65.4%) to have received mental health services that same year.[24] While access to telehealth mental health services has increased, those living in rural areas may still find it difficult to access care. This is a particular concern among those who are low-income or experiencing homelessness, two groups at high risk for developing an acute or chronic mental health condition. As of 2023, over seven million people in the U.S. who reported having a mental illness lived in a rural area.[25]

Mental illness is a prevalent concern in North Carolina, with nearly 1.5 million adults reported to have a mental health condition in 2023. Additionally, that same year, 1 in 7 individuals who were identified as homeless also were living with an SMI. Access to mental health care in North Carolina is changing, however it is still unavailable to many. Specifically, over 452,000 individuals did not seek care in 2023, with 44.8% citing cost as the main reason. Additionally, those in live in North Carolina are seven times more likely to

[20] Source: American Medical Association (2022). *What is behavioral health?* Retrieved September 13th, 2023, from https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.

[21] Source: CDC. (2024). *About mental health.* Retrieved October 1, 2024, from: https://www.cdc.gov/mentalhealth/learn/index.htm

[22] Source: National Institute of Mental Health (2023). *Mental Illness*. Retrieved September 13th, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness.

[23] Source: CDC. (2024). Mental health. Retrieved October 1, 2024, from https://www.cdc.gov/mentalhealth/learn/index.htm

[24] Source: National Institute of Mental Health. (2023). Mental Illness. Retrieved October 1, 2024, from https://www.nimh.nih.gov/health/statistics/mental-illness

[25] RHI Hub. (2023). Rural mental health. Retrieved October 1, 2024 from: https://www.ruralhealthinfo.org/topics/mental-health

be pushed out-of-network for their behavioral health providers, than a primary care provider, furthering cost as a cause for stopping treatment. [26]

Access to services that address mental health and substance use is an ongoing challenge across the U.S. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2021, less than half (47.2%) of U.S. adults who reported having a mental illness utilized any type of mental health services, including inpatient, outpatient or telehealth services or prescription drug therapies. Demand for mental health services, particularly anxiety and depression treatment, remains high across the nation, while the prevalence of stress- and trauma-related disorders, along with substance use disorders, continues to grow. The American Psychological Association reports that the percentage of psychologists in the U.S. seeing more patients than they did before the pandemic increased from 15% in 2020 to 38% in 2021 to 43% in 2022. Further, 60% of psychologists reported having no openings for new patients and 38% maintained a waitlist for their services.

Secondary Data Findings

Secondary data collected through the CHNA process identified mental health as an area of concern for residents of Pitt County. In terms of local availability of behavioral health providers, Pitt County has a notably higher rate of mental health providers at 209.1 providers per 100,000 population compared to both North Carolina (155.7) and the United States (178.7). While Pitt County had a lower suicide rate (10.7 per 100,000) compared to both state (14.0) and national (14.5) averages, residents reported experiencing more poor mental health days per month (5.0) compared to both North Carolina (4.6) and national (4.9) averages, as shown in **Table 16**. Furthermore, the county's crude mortality rate for deaths of despair (57.0 per 100,000 population), while slightly lower than the state average (58.7), was higher than the national average (55.9).

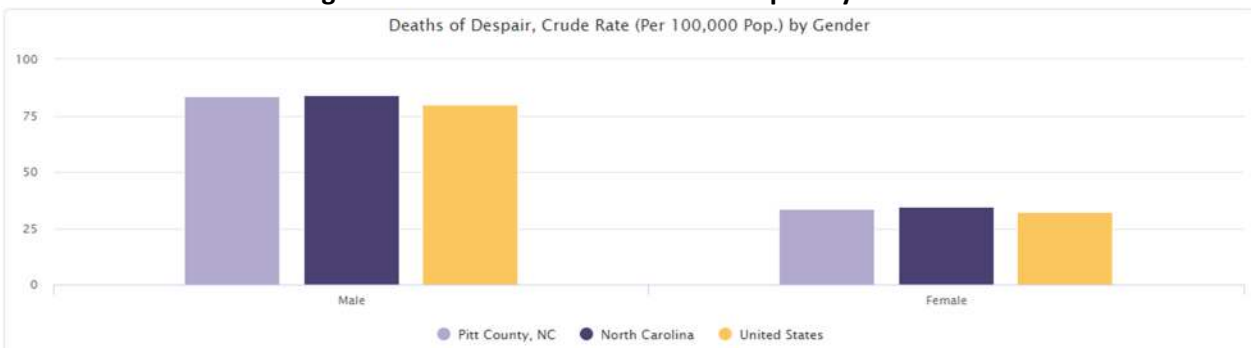
Table 16: Mental Health Indicators

Indicator	Pitt County	North Carolina	United States
Deaths of Despair (Crude Rate per 100,000 Population)	57.0	58.7	55.9
Suicide (Rate per 100,000 Population)	10.7	14.0	14.5
Average Number of Poor Mental Health Days (per Month)	5.0	4.6	4.9
Mental Health Providers (Rate per 100,000 Population)	209.1	155.7	178.7

There was also a gender disparity for deaths of despair, in which the mortality rate was significantly higher among men compared to women. The figure below highlights this gender disparity.

[26] Source: NAMI (2023). *Mental Health in North Carolina.* Retrieved October 10, 2024, from https://www.nami.org/wp-content/uploads/2023/07/NorthCarolinaStateFactSheet.pdf

Figure 22: Crude Rate of Deaths of Despair by Gender



In terms of substance use indicators, Pitt County had a lower excessive drinking and opioid use disorder emergency department utilization rate compared to state and national averages but a higher rate of deaths due to alcohol-involved vehicle crashes. Additionally, the opioid overdose death rate was significantly higher in Pitt County compared to the state rate. This includes both prescribed opioids and illicit opioids. These data suggest greater focus on alcohol and opioid use may help decrease these largely preventable deaths in the community. Notably, the county performs well in substance abuse provider availability with 45.2 providers per 100,000 population, significantly exceeding both state (25.0) and national (27.9) averages; however, the county's rate of buprenorphine providers is lower (14.4 per 100,000) compared to both state (15.2) and national (15.5) averages.

Table 17: Substance Use Indicators

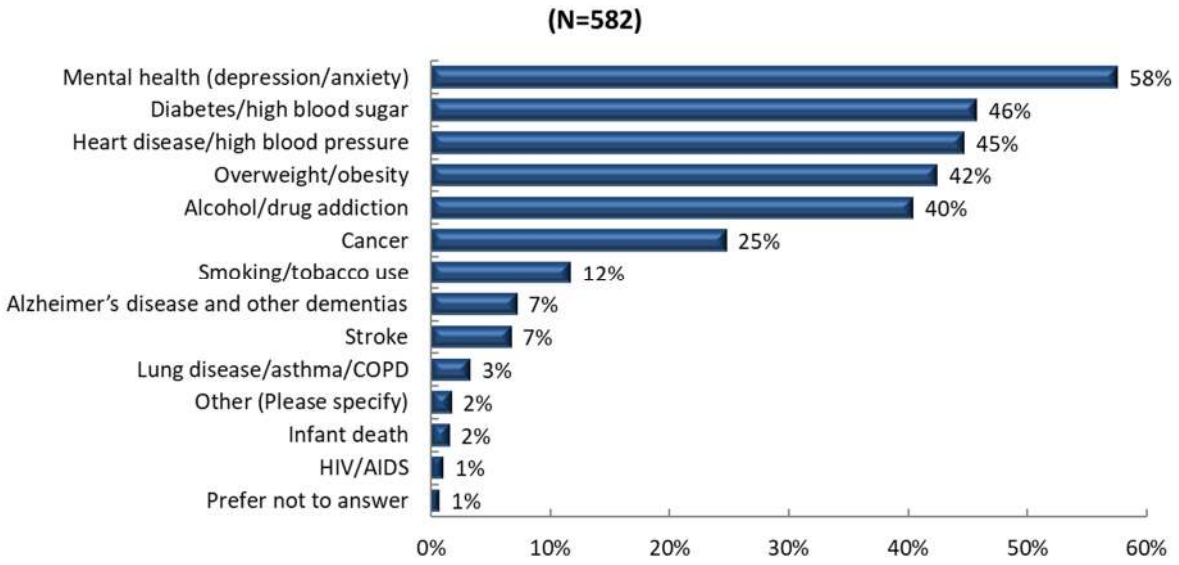
Indicator	Pitt County	North Carolina	United States
Percentage of Adults Reporting Excessive Drinking	16%	18%	18%
Opioid Use Disorder Emergency Department Utilization (Rate per 100,000 Beneficiaries)	31	43	41
Alcohol-Involved Crash Deaths, Annual (Rate per 100,000 Population)	3.8	2.9	2.3
Opioid Overdose Death Rate (Crude Rate per 100,000 Population)	28.0	25.1	N/A
Substance Abuse Providers (Rate per 100,000 Population)	45.2	25.0	27.9
Buprenorphine Providers (Rate per 100,000 Population)	14.4	15.2	15.5

For additional detail on secondary data findings, see **Appendix 3.**

Primary Data Findings – Community Member Web Survey

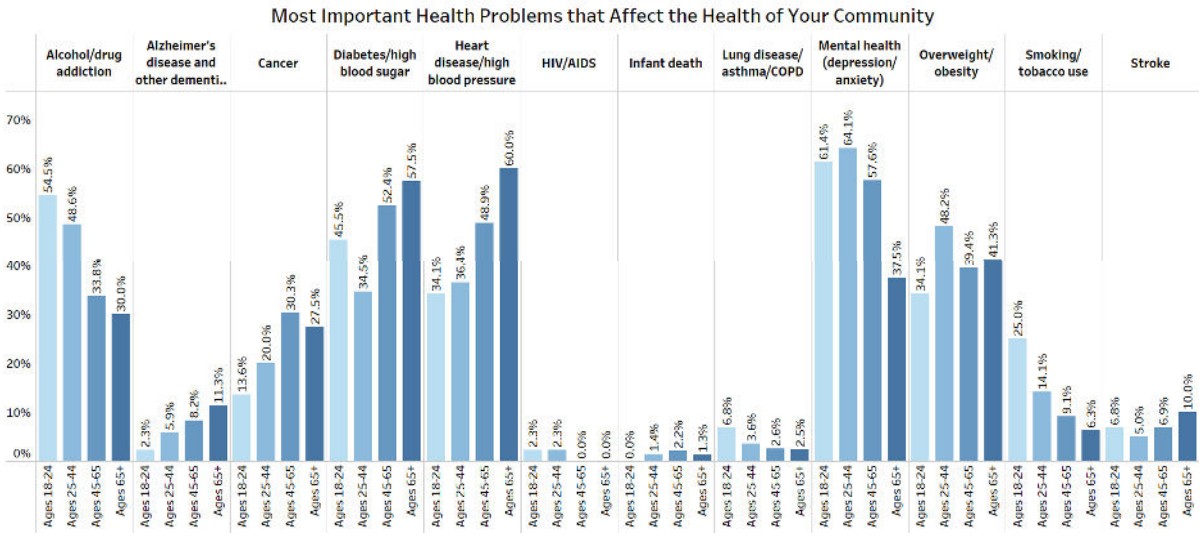
When asked about the most significant health problems impacting the health of the community, 58% of community survey respondents selected mental health, making it the highest ranked health concern as shown in **Figure 23** below. After considering survey data alongside secondary and focus group data, mental health was determined to be a significant local need by county leaders.

Figure 23: What are the three most important health problems that affect the health of your community? Please select up to three.



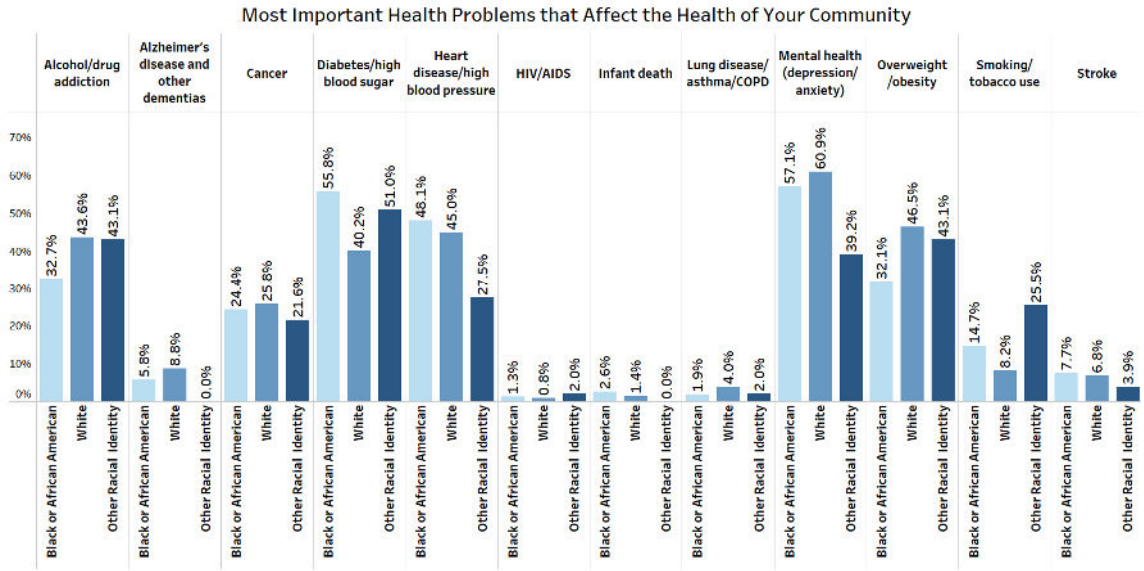
When these data were examined by age group, the age group that ranked mental health highest as a major health concern (64%) were those ages 25 to 44. While those ages 65 and older were least likely to rank mental health as a top concern, it was selected by over one-third (38%) of respondents in that age group.

Figure 24: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)



Responses also differed by race. The majority (61%) of White respondents selected mental health as a top health concern, compared to 57% of Black/African American respondents, and (29%) of respondents who Identify as "Other race."[27]

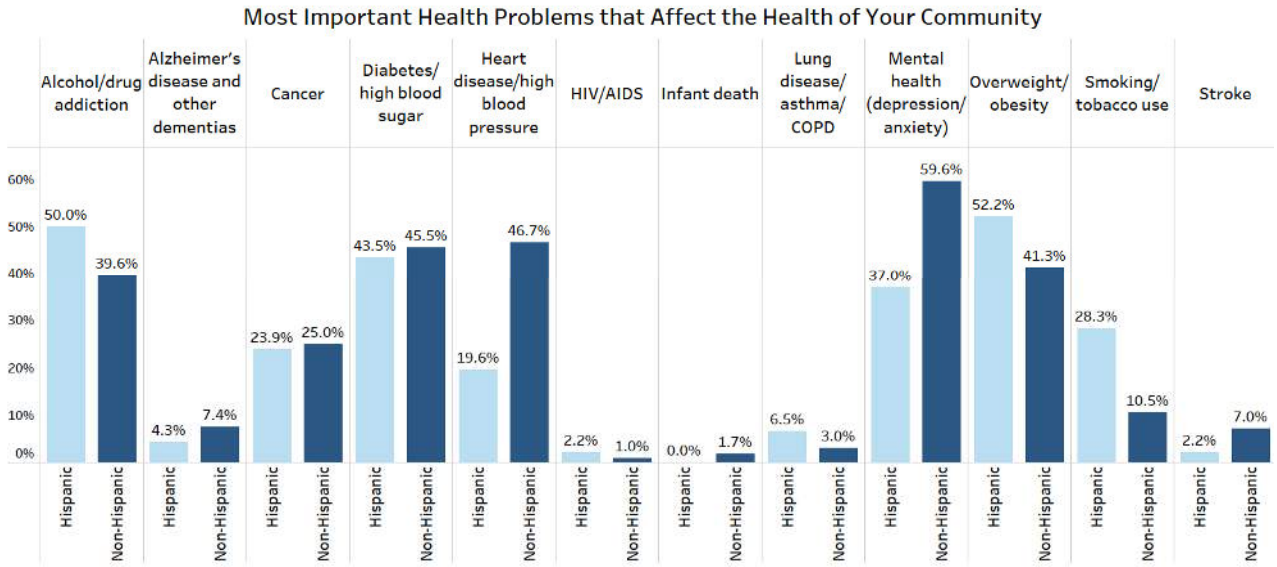
Figure 25: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)



Finally, over half (59%) of non-Hispanic/Latino respondents cited mental health as a concern, compared to 37% of Hispanic/Latino respondents.

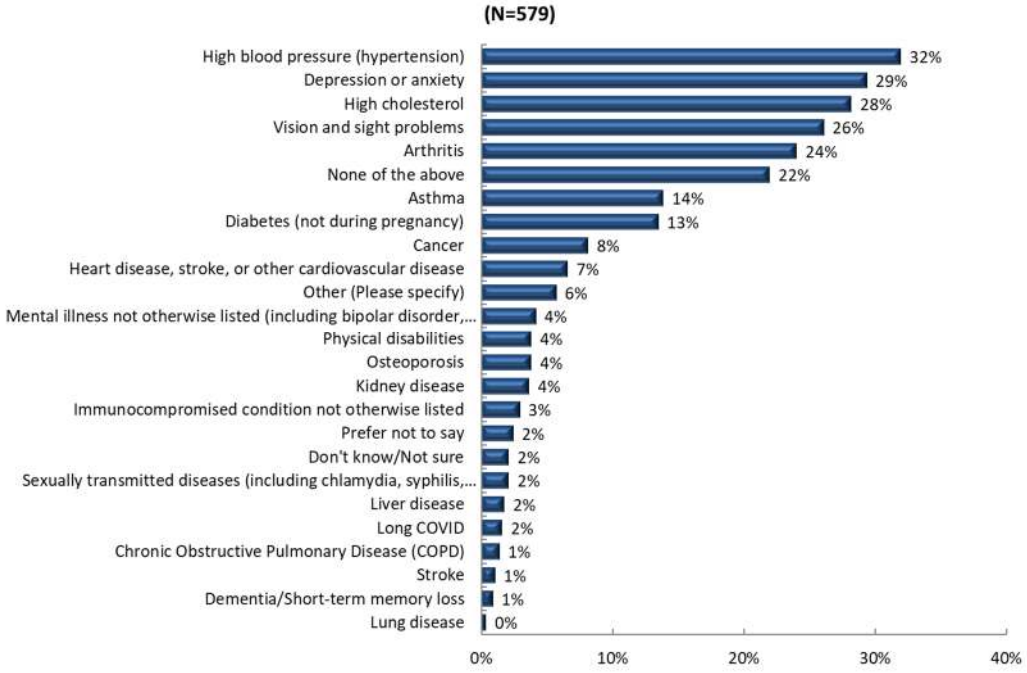
[27] Including those who identified as American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and/or those who selected more than one race or "other,"

Figure 26: What are the three most important health problems that affect the health of your community? Please select up to three. (by ethnicity)



Pitt County residents who responded to the web member survey were also asked to indicate whether they had been diagnosed with a chronic health condition by a healthcare provider, and to specify that condition. Nearly one-third (29%) of residents stated that they had been diagnosed with depression or anxiety.

Figure 27: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Mental health emerged as a critical concern across all demographics, with particular challenges noted for young people, the LGBTQ+ community, and minority populations. Access to mental health services was consistently described as inadequate, with long wait times for appointments and limited provider availability, especially for children and adolescents. Many groups highlighted the significant stigma surrounding mental health care, particularly within certain cultural communities, which prevents people from seeking help. Social isolation was identified as a growing mental health concern, especially among seniors who "don't know their neighbors" and young people affected by social media pressures. School-based professionals noted concerning trends in student mental health, including impacts on body image starting as early as 3rd grade. Economic stress, housing instability, and food insecurity were frequently cited as contributing to poor mental health outcomes, creating what several groups described as a cycle of stress and limited resources to address mental health needs.

Contributing factors to poor mental health in the community included social and environmental conditions that create chronic stress. Housing insecurity, including frequent moves and substandard living conditions, was identified as a significant stressor affecting families' mental wellbeing. Work-life balance challenges, particularly for parents struggling with demanding schedules and childcare needs, contribute to ongoing stress. Several groups noted how discrimination and cultural barriers create additional mental health burdens for minority communities. The lack of safe, welcoming community spaces and limited opportunities for social connection were cited as factors contributing to isolation and depression. Financial stress was repeatedly mentioned as a major contributor to poor mental health, particularly for those caught in the gap between qualifying for assistance and being able to afford care. Groups emphasized how the complexity of healthcare and social service systems creates additional stress and anxiety for those trying to access help, particularly for non-English speakers and those with limited technology skills.

For a more detailed description of focus group findings, see **Appendix 5**.

PRIORITY NEED: HEALTHCARE ACCESS AND QUALITY

Context and National Perspective

Access to care means patients are able to get high quality, affordable healthcare in a timely fashion to achieve the best possible health outcomes. It includes several components, including coverage (i.e. insurance), a physical location where care is provided, the ability to receive timely care, and enough providers in the workforce. The CHNA Stakeholders identified access to care as a high priority need for residents of Pitt County.

From a national perspective, according to Healthy People 2030, approximately one in ten people in the U.S. do not have health insurance, which means they are less likely to have a primary care provider or to

be able to afford the services or medications they need.[28] Access is a challenge even for those who are insured.[29]

The availability and distribution of health providers in the U.S. contributes to healthcare access challenges. According to the Association of American Medical Colleges (AAMC), there is estimated to be a shortage of 13,500 to 86,000 physicians in the U.S. by 2036, which will impact both primary and specialty care.[30] Access issues are anticipated to increase in coming years. Growing shortages of both nurses and doctors are being driven by several factors, including population growth, the aging U.S. population requiring higher levels of care, provider burnout (physical, mental and emotional exhaustion) made worse by the COVID-19 pandemic, and a lack of clinical training programs and faculty – particularly for nurses.[31] The aging of the current physician workforce is also driving anticipated personnel shortages. In North Carolina, 30.6% of actively practicing physicians were over the age of 60 in 2020.[32] Access is also impacted by the number of actively practicing physicians overall. In 2020, there were just 9,211 primary care physicians in North Carolina, with 27,650 physicians actively practicing overall.[33]

Within Access to care, Pitt County Health Department also recognized sexual health as a top priority. Sexually Transmitted Infection (STI) is a risk for anyone who has sex without a barrier protection. Left untreated, some STIs can be transmitted to sexual partners and unborn children. Both primary and secondary data resources were analyzed for this report. As in past Community Health Needs Assessment reports, primary data from the community opinion survey and the focus groups did not rank sexual health as an emergent issue. This contrasts greatly with secondary data, specifically Chlamydia rates. It was noted that sexual health is a very personal component of health. Social stigma and lack of education are recognized as barriers to utilization of prevention services, testing, and treatment.[34] This may be reflected in the discrepancy between primary and secondary data. Based on the review of both types of data, the Board of Health felt the need to include sexual health as a priority for the Pitt County Health Department.

The ability to access healthcare is not evenly distributed across groups in the population. Groups who may have trouble accessing care include the chronically ill and disabled (particularly those with mental health or substance use disorders), low-income or homeless individuals, people located in certain geographical areas (rural areas; tribal communities), members of the LGBTQIA+ community, and certain age groups – particularly the very young or the very old.[35] In addition, individuals with limited English proficiency (LEP)

[28] Source: U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (2023). *Healthy People 2030: Health Care Access and Quality*. Retrieved September 9th, 2024 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality.

[29] Source: Phillips, K.A., Marshall, D.A., Adler, L., Figueroa, J., Haeder, S.F., Hamad, R., Hernandez, I., Moucheraud, C., Nikpay, S. (2023). Ten health policy challenges for the next ten years. *Health Affairs Scholar*. Retrieved from: https://academic.oup.com/healthaffairsscholar/article/1/1/qxad010/7203673.

[30] Source: Association of American Medical Colleges (AAMC) (2024). *The complexities of physician supply and demand: Projections from 2021 to 2036*. Retrieved from: https://www.aamc.org/media/75236/download?attachment .

[31] Source: Association of American Medical Colleges (AAMC) (2024). *State of US Nursing Report 2024*. Retrieved, from https://www.incrediblehealth.com/wp-content/uploads/2024/03/2024-Incredible-Health-State-of-US-Nursing-Report.pdf .

[32] Source: AAMC (2021). *North Carolina physician workforce profile*. Retrieved September 9, 2024, from: https://www.aamc.org/media/58286/download.

[33] Source: AAMC (2021). *North Carolina physician workforce profile*. Retrieved September 9, 2024, from: https://www.aamc.org/media/58286/download

[34] Source: Lee ASD, Cody SL. The Stigma of Sexually Transmitted Infections. Nurs Clin North Am. 2020 Sep;55(3):295-305. doi: 10.1016/j.cnur.2020.05.002. Epub 2020 Jul 15. PMID: 32762851.

[35] Source: Joszt, L. (2018). 5 Vulnerable Populations in Healthcare. *American Journal of Managed Care*. Retrieved September 9, 2024 from https://www.ajmc.com/view/5-vulnerable-populations-in-healthcare.

face barriers to accessing care, experience lower quality care and have worse outcomes for health concerns. LEP is known to worsen health disparities and can make challenges related to other SDoH (access to housing, employment, etc.) worse.[36] Both primary and secondary data resources analyzed for this report highlight the need for greater access to health services within Pitt County.

Secondary Data Findings

Healthcare access and quality emerged as significant concerns for residents of Pitt County based on several key indicators. While the county shows some strengths in provider availability compared to state and national benchmarks, significant disparities and barriers to access persist.

When looking at the rates of healthcare providers practicing in the county, Pitt County demonstrates mixed performance across different specialties. The county has a significantly higher rate of primary care providers (195.0 per 100,000 population) compared to both North Carolina (101.1) and United States (112.4) averages, reflecting the presence of large hospital systems within the county. Similarly, the rate of dental providers (69.9 per 100,000) exceeds both state (31.5) and national (39.1) averages. However, despite these higher provider rates, 43% of the population lives in an area designated as a Dental Health Professional Shortage Area (HPSA), compared to 34% statewide and 18% nationally

Table 18: Access to Care Indicators

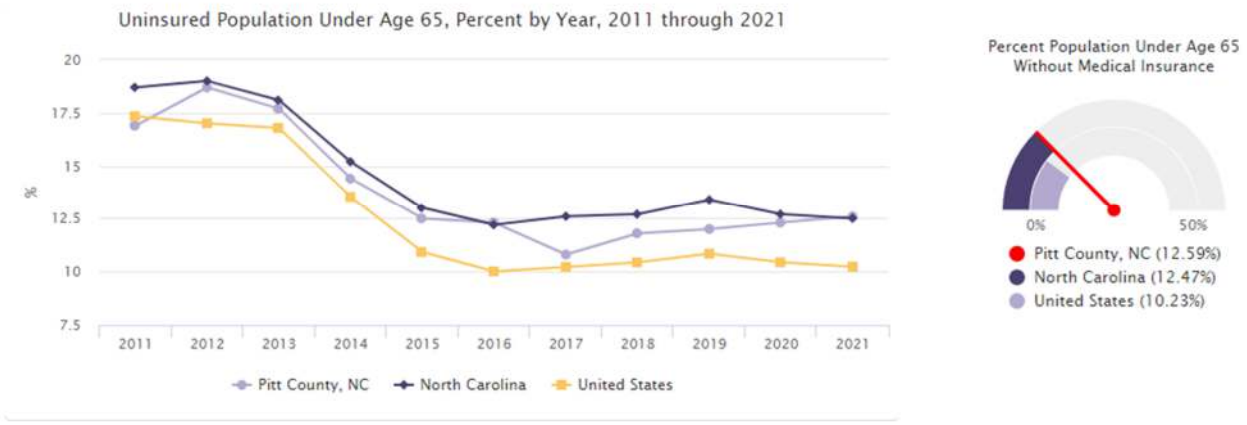
Indicator	Pitt County	North Carolina	United States
Dental Providers (Rate per 100,000 Population)	69.9	31.5	39.1
Primary Care Providers (Rate per 100,000 Population)	195.0	101.1	112.4
Percentage of Population Living in an Area Affected by a Dental Care HPSA	43%	34%	18%
Percent of Insured Population Receiving Medicaid	20%	20%	22%
Rate of Federally Qualified Health Centers (Rate per 100,000 Population)	0.6	4.0	3.5

Additionally, access to healthcare facilities shows geographic disparities within the county. As indicated in **Table 18** above, the rate of Federally Qualified Health Centers (0.6 per 100,000 population) is significantly lower than both state (4.0) and national (3.5) averages, potentially limiting access to care for underserved populations. This disparity is particularly concerning given the county's higher rates of poverty and unemployment.

[36] Source: Espinoza, J. and Derrington, S. (2021). How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? *AMA Journal of Ethics.* Retrieved from: https://journalofethics.ama-assn.org/article/how-should-clinicians-respond-language-barriers-exacerbate-health-inequity/2021-02.

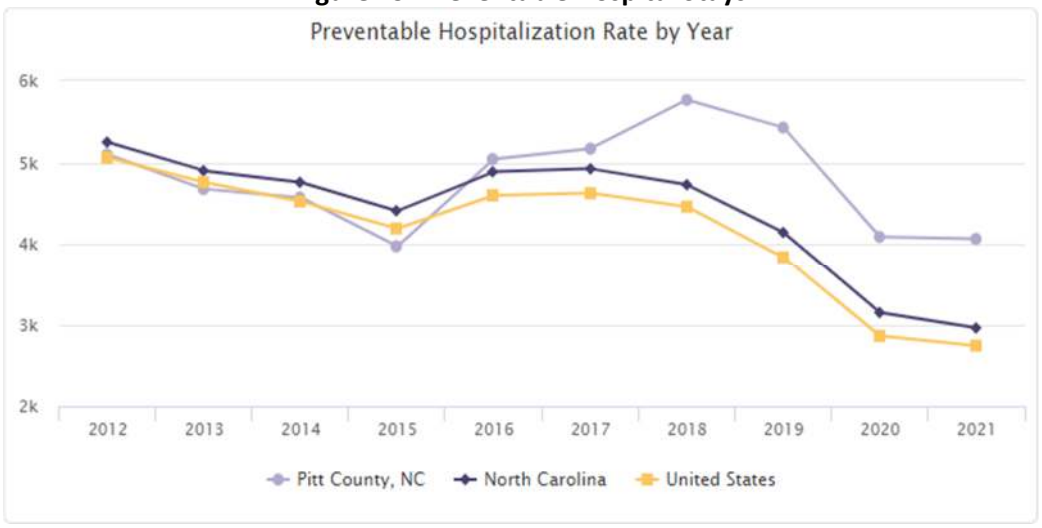
The trend in the uninsured population from 2011 to 2021 aligns with state patterns, but remains above national levels. Twenty percent of the insured population receives Medicaid, currently matching the state rate, but slightly below the national rate (22%).

Figure 28: Population Under Age 65 Uninsured



Another access-related indicator of concern for Pitt County was the number of preventable hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees. The rate of preventable hospitalizations (3,957 per 100,000 beneficiaries) is significantly higher than both state (2,957) and national (2,752) averages.

Figure 29: Preventable Hospital Stays



Even more concerning are the health disparities that exist for preventable hospital stays as shown in the table below. The rates among Hispanic residents are higher compared to other racial and ethnic groups, while Black or African American Medicare beneficiaries (2,074 per 100,000) show lower rates than White Medicare beneficiaries (3,100 per 100,000). These disparities suggest that there may be inequitable access to preventive care across different populations within the county.

Figure 30: Preventable Stays by Race/Ethnicity

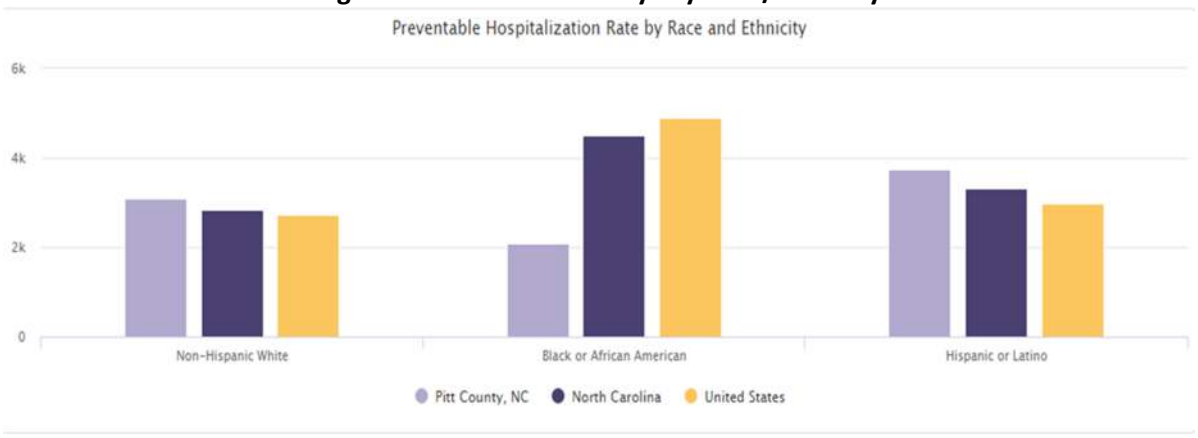


Table 19: Preventable Hospital Stays by Race/Ethnicity

Preventable Hospital Stays	Pitt County Rate
Preventable Hospital Stays per 100,000 Medicare Beneficiaries	3,957
Hispanic or Latino Medicare Beneficiaries	3,748
Black or African American Medicare Beneficiaries	2,074
White Medicare Beneficiaries	3,100

Access to care may not be equitable across all county populations, particularly those with socioeconomic or transportation-related challenges. A lack of access to reliable transportation or transit is a key barrier that can prevent someone from being able to see their provider and can influence their ability to thrive in other areas of their life as well (such as getting to school or work). Households in Pitt County had a higher proportion with no motor vehicle present compared to the state value, as displayed in the table below. This indicator suggests many residents may face transportation challenges.

Table 20: Transportation Indicators

Indicator	Pitt County	North Carolina	USA
Households with No Motor Vehicle, Percent	9.0%	5.4%	8.3%
Percent Population Using Public Transit for Commute to Work	0.8%	0.8%	3.8%

Healthy People 2030 notes that while many sexually transmitted infections are preventable. There are more than 20 million new cases in the United States annually, with rates increasing. Specifically, more

than 1.2 million people are living with HIV (human immunodeficiency virus.[37] The Pitt County HIV/AIDS Infection rate (rate per 100,000 population) is higher than North Carolina's rate at 26.8 compared to 15.4 respectively. Pitt County's rate for Chlamydia also exceeds North Carolina's rate at 1205.5 (Pitt County) compared to 608.5 (North Carolina).[38] This indicates an area of high need.

Table 21: Sexually Transmitted Infection Indicators

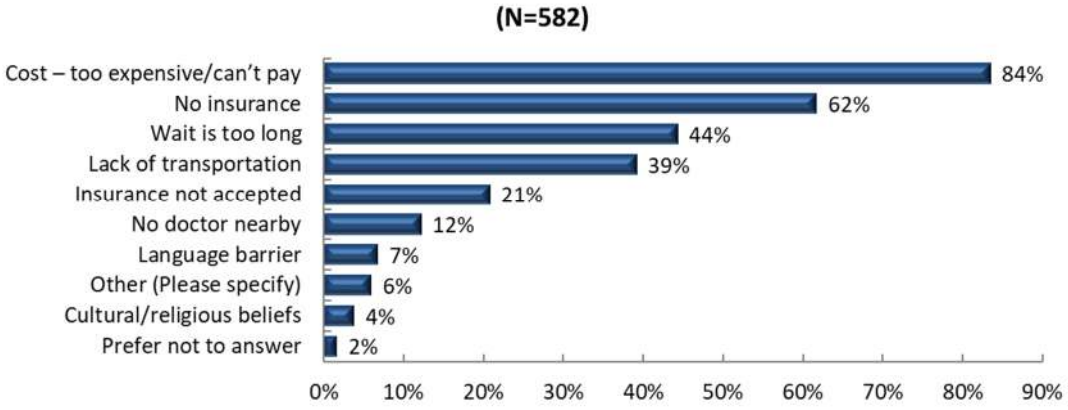
Indicator	Pitt County	North Carolina
HIV/AIDS Infections (Rate per 100,000 Population)	26.8	15.4
Chlamydia Infections (Rate per 100,000 Population)	1205.5	608.5

For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

Over 580 Pitt County residents responded to the web-based survey. Respondents identified several access to care needs in Pitt County. In the survey, community members were asked to identify the top barriers to receiving healthcare. Cost (84%), no insurance (62%), and long wait times (44%) were the three highest ranked reasons why people in the community are not getting care when they need it.

Figure 31: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



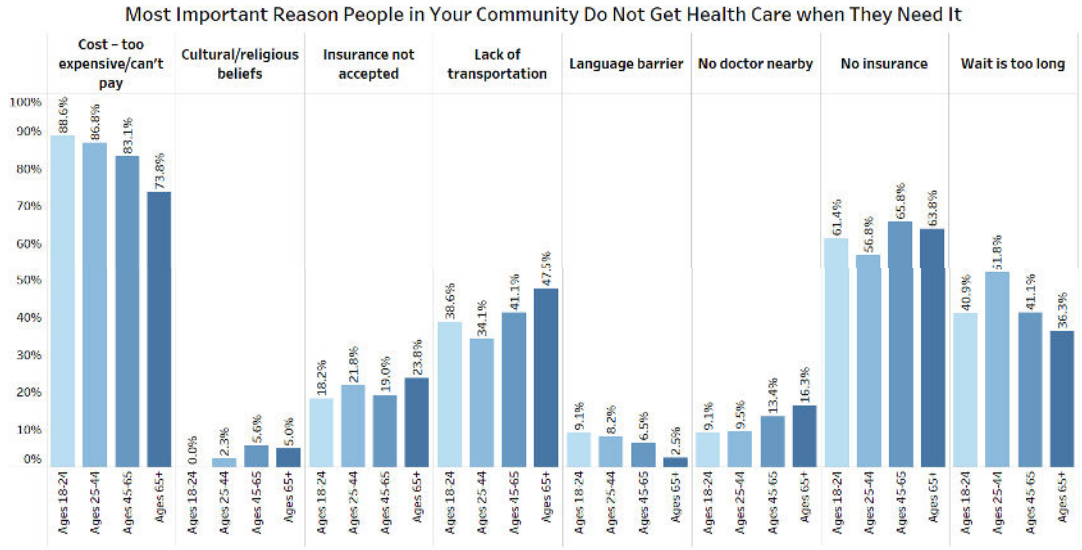
When these data were examined by age group, the age group that most frequently identified cost (89%) as a top barrier was those ages 18 to 24. The second ranked concern, lack of health insurance (66%) was

[37] Source: U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (2023). *Healthy People 2030: Sexually Transmitted Infections*. Retrieved February 24th, 2025, from: Sexually Transmitted Infections - Healthy People 2030 | odphp.health.gov.

[38] Source: NCD3: North Carolina Diseases Data Dashboard – Epidemiology; NC Data Portal 2023.

most commonly selected by those ages 45 to 65. All age groups ranked each barrier to care similarly, with no outliers in response.

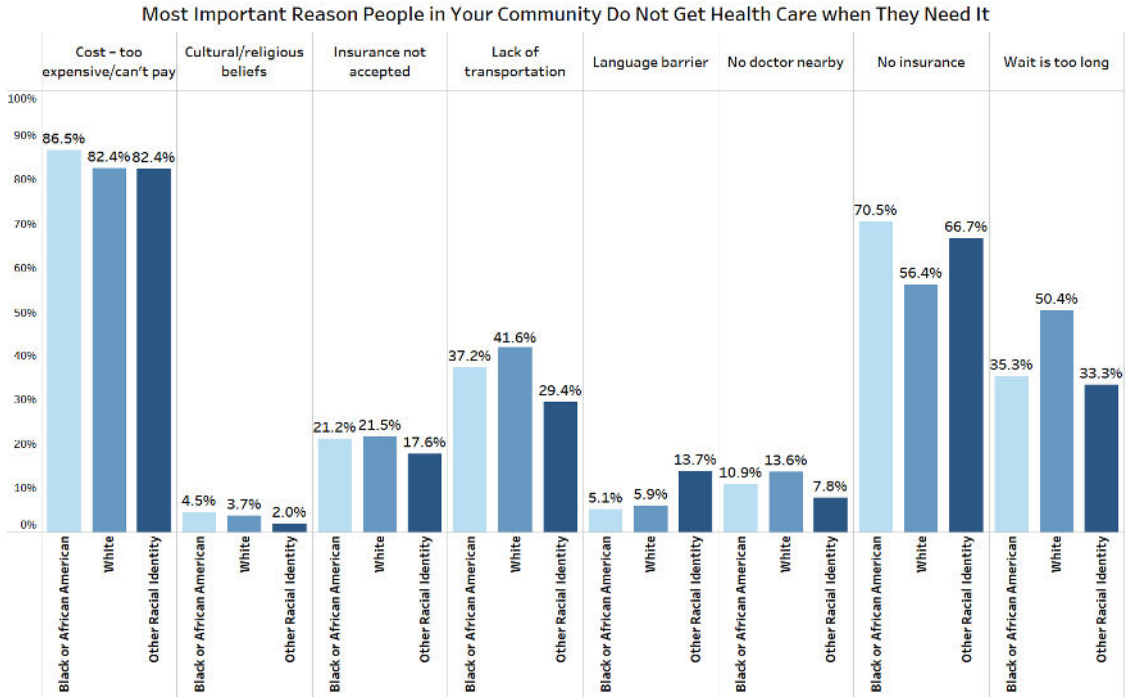
Figure 32: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by age)



Responses also slightly differed by race. Black/African American respondents most frequently (87%) cited cost of care as the top barrier to receiving healthcare, compared to 82% of White and "Other race" respondents.[39] Additionally, Black/African American respondents also were more likely to select no insurance as a barrier to care (71%), compared to White respondents (56%) and "Other race" respondents (67%).

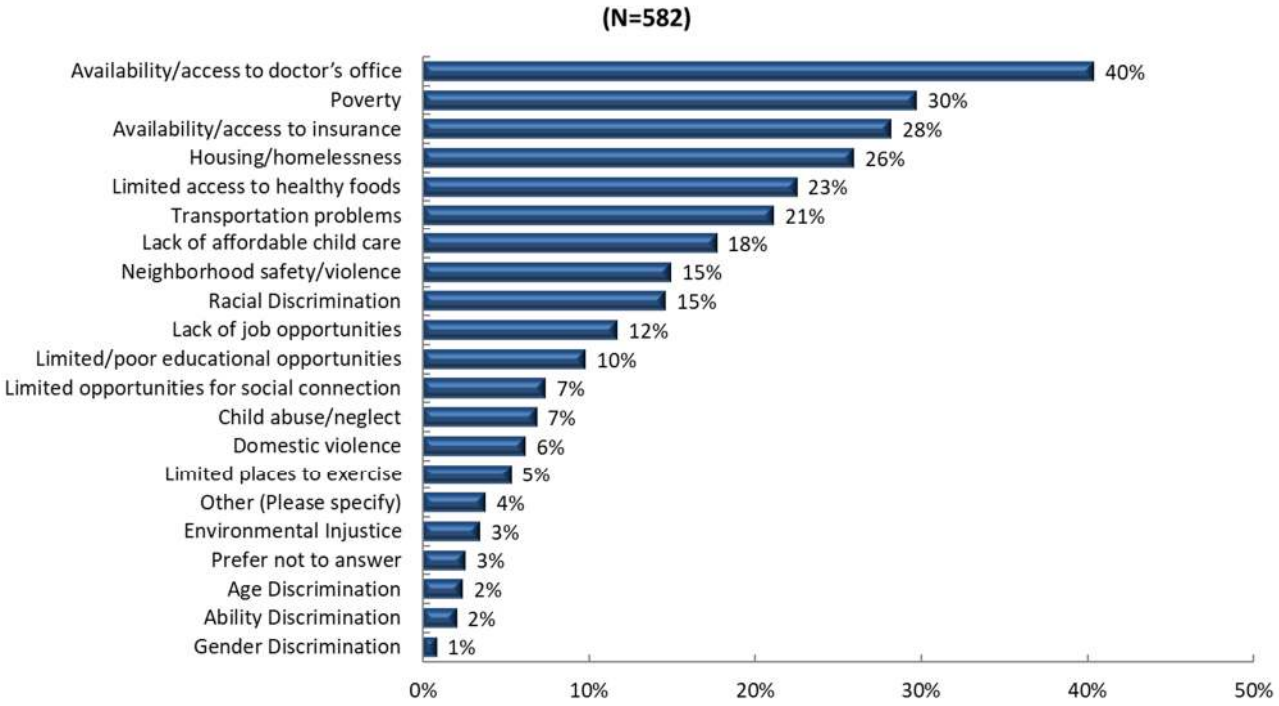
[39] Includes those who identified as American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and/or those who selected more than one race or "other,"

Figure 33: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)



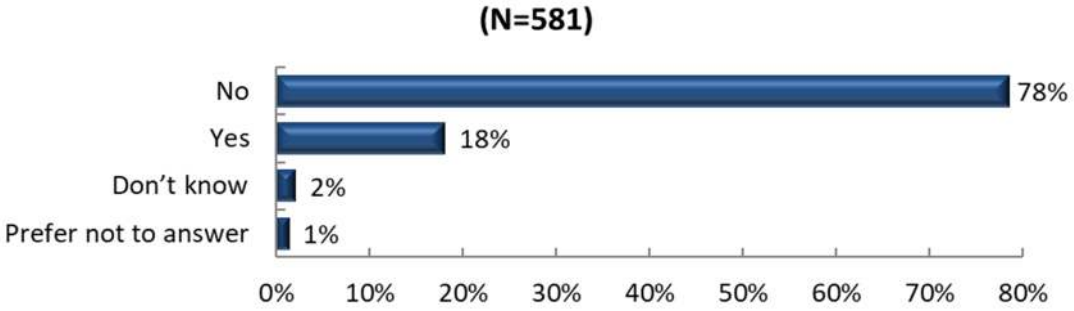
Community members were also asked to choose the three most important social and environmental problems impacting the health of their community. Nearly half (40%) of respondents indicated that availability and access to their providers was the top concern. Access to insurance coverage was the third highest ranked problem, noted by 28% of respondents.

Figure 34: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



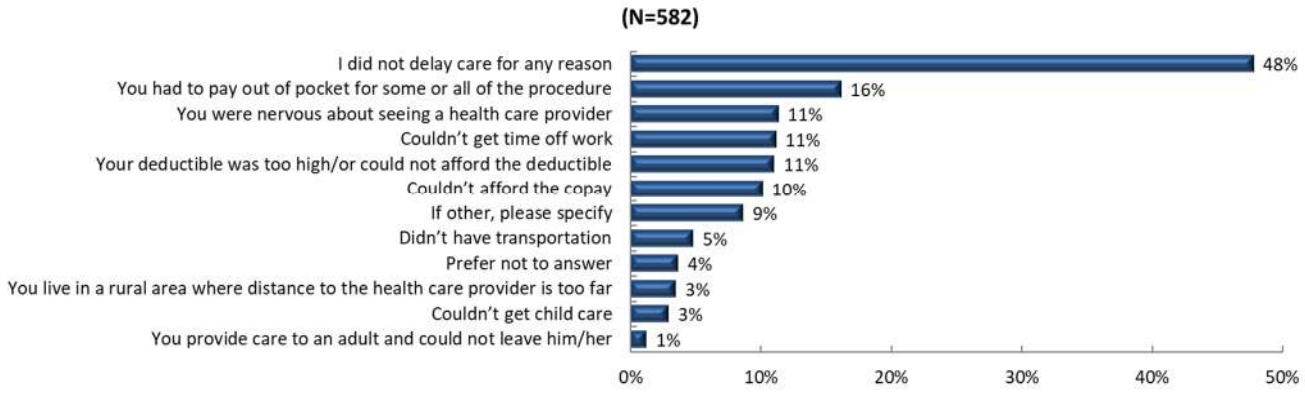
Pitt County community survey respondents were also asked if there was a time during the past 12 months that they were told by their healthcare provider that their insurance was not accepted. While most respondents (78%) indicated that this was not an issue, nearly one-fifth (18%) reported being told that their insurance was not accepted by their provider.

Figure 35: During the past 12 months, were you told by a health care provider or doctor's office that they did not accept your health care coverage?



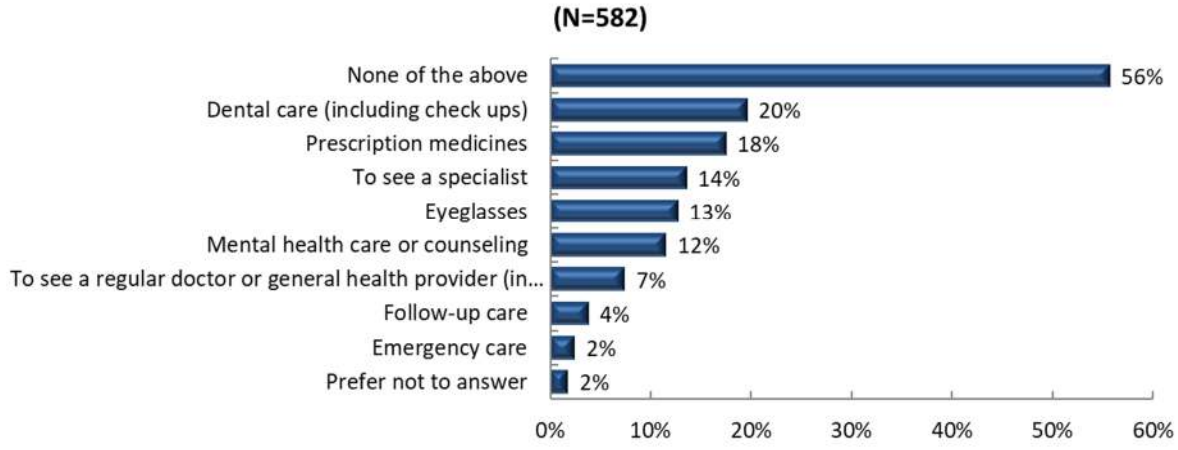
Respondents were also asked if they had delayed receiving medical care in the past 12 months. While nearly half (48%) of respondents indicated that they did not delay care for any reason, 16% cited having to pay out of pocket for their care. Additionally, nervousness about seeing a provider, inability to get time off work, and high deductible costs were tied, with each being selected by 11% of respondents. Finally, one in ten (10%) of respondents indicated that they could not afford their copay for a visit.

Figure 36: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?



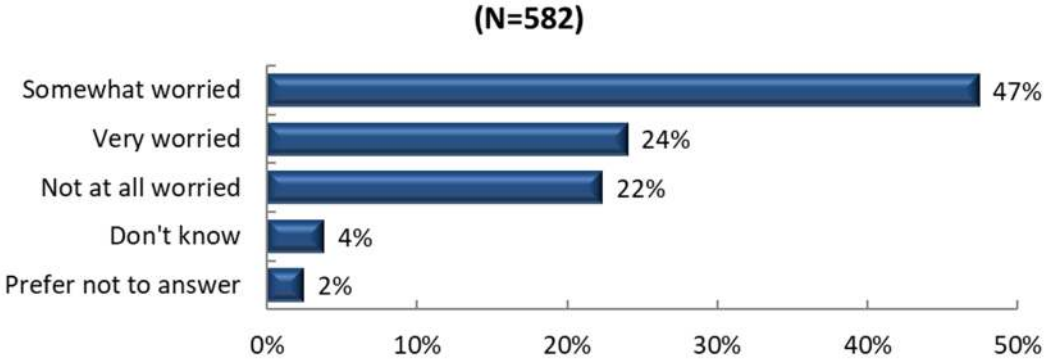
Pitt County community survey respondents were also asked if there was a time during the past 12 months that they needed specific medical care or health related items but were unable to access it due to the cost. While over half (56%) of respondents indicated that they did not have affordability concerns, one-fifth (20%) cited not receiving dental care, and 18% of respondents cited that they were unable to purchase their prescription medications due to cost.

Figure 37: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?



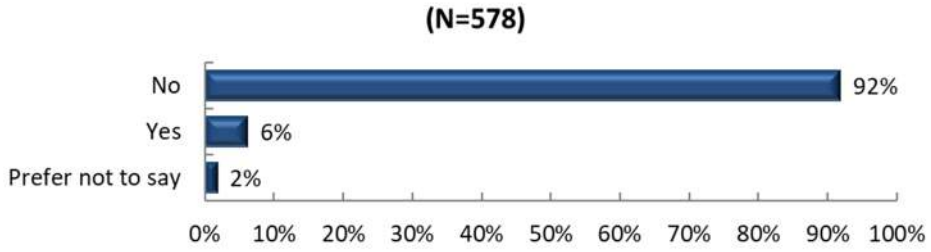
Respondents were also asked if they were worried about being able to afford an unexpected medical bill should they fall ill or become injured. As displayed in **Figure 38** below, 71% of respondents described being at least somewhat worried about a surprise medical bill, further supporting cost being the highest ranked barrier to care.

Figure 38: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?



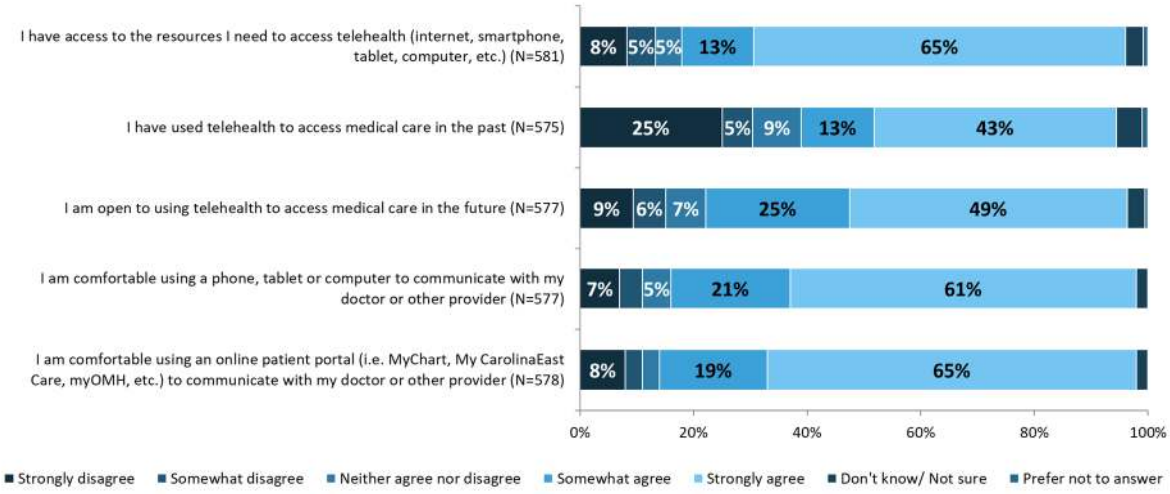
Respondents were asked if they have put off or neglected going to the doctor due to distance or transportation, to which 6% of respondents answered yes, further emphasizing that transportation can be a barrier for at least a portion of the community.

Figure 39: Do you put off or neglect going to the doctor because of distance or transportation



Respondents were also asked to agree or disagree with statements related to telehealth, including statements about having access to the necessary resources to use telehealth, past experience using telehealth, and comfort level in using technology or patient portals to communicate with health professionals. Nearly one in ten respondents strongly agreed to having access to the necessary resources, with similar percentages of respondents strongly agreeing to being comfortable using an online patient portal and strongly agreeing to being open to using telehealth to access medical care in the future.

Figure 40: How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer.



For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

The focus groups revealed multiple, intersecting barriers to healthcare access in Pitt County. Long wait times for appointments, particularly for specialty care and dental services, emerged as a universal concern. Provider availability was cited as a significant issue, with many practices not accepting new patients or specific insurance types, especially Medicaid. Cost barriers were prominent across groups, with participants noting high co-pays, deductibles, and out-of-pocket expenses that prevent care-seeking. Transportation emerged as a critical barrier, especially for rural residents, seniors, and those dependent on public transit. Language barriers significantly impact the Hispanic/Latino community's ability to access and navigate healthcare services. Cultural competency issues, including lack of provider diversity, implicit bias, and limited understanding of different cultural needs, were cited as affecting quality of care. Many groups noted that residents often avoid seeking care due to complex application processes, technology barriers, and fear or mistrust of the healthcare system.

Suggestions for improving healthcare access centered around several key strategies. Groups consistently recommended increasing the availability of mobile health services and establishing more satellite clinics in underserved areas, particularly north of the river and in smaller towns. Expanding the bilingual healthcare workforce and providing cultural competency training for providers were seen as crucial steps. Many groups advocated for simplified healthcare navigation systems and better coordination between providers and community organizations. Expanding public transportation services, particularly to medical facilities, was universally recommended. Several groups suggested implementing a hub model for healthcare services, where multiple services could be accessed in one location. The need for extended clinic hours, especially for working families, was frequently mentioned. Groups also emphasized the importance of improving health literacy through community education and outreach, while ensuring that health information is accessible to those with limited technology skills or English proficiency. Many

recommended leveraging existing community assets, particularly churches and schools, as access points for health services and information.

For a more detailed description of focus group findings, see **Appendix 5**.

PRIORITY NEED: PHYSICAL HEALTH AND FOOD ACCESS/SECURITY

Context and National Perspective

Physical health is the monitoring and maintenance of the human body. There are many factors involved in an individual's overall physical health status, such as disease prevention, timely access to primary and preventive healthcare, exercise, and maintaining a healthy diet. Living a healthy lifestyle is not a one size fits all approach, and many individuals choose to incorporate different healthy behaviors at different times, slowly building more and more healthy habits. The CDC recommends multiple healthy behaviors that can be integrated for healthier living, such as getting enough sleep, moving more and sitting less, limiting alcohol intake, and eating healthy food. Sleep needs can vary from person to person; however, the CDC recommends that an adult gets at least 7 hours of regular sleep. Another healthy behavior that can be incorporated is movement, starting at least 20 minutes a day with some light activity, such as walking or dancing. [40]

Another form of healthy living and disease prevention is taking a proactive role in preventative health care, which can often start with one's diet. According to experts, losing just 5-10 % of one's current weight can lower the risk for multiple chronic conditions such as diabetes, arthritis, cancer, and high blood pressure. When speaking with a primary doctor, or a nutritionist about creating a healthy diet, it is important to have some information prepared, such as food allergies, health goals, the types of medication taken, and any other health concerns that one may have. When considering a diet for weight loss, ensuring that the diet is both filling and matches a daily activity level is key. When implementing a new diet, there are a few recommendations for success. First, eating when hungry and stopping when full is key, and choosing to eat filling foods that one might enjoy, such as one's favorite vegetables, fruit, or lean protein. Secondly, seasoning the food with different herbs and spices, and reducing the amount of salt and sugar in a recipe if possible. Finally, drinking enough water throughout the day helps with digestion and other body functions.[41]

When considering healthy living in rural communities, research has shown that just one in four adults in rural areas are consistently performing at least four healthy behaviors.[42] Rural areas often have fewer or less diverse grocery stores, with many relying on smaller general stores, which may not always have fresh produce and meat. Additionally, these areas may also not have safe places to walk or exercise, such as sidewalks, recreation centers, or parks.

[40] Source: Centers for Disease Control and Prevention. (2023). *Taking care of your body.* Retrieved October 3, 2024 from: https://www.cdc.gov/howrightnow/taking-care/index.html

[41] Source: U.S. Department of Veterans Affairs. (2023). *Healthy living overview.* Retrieved October 10th, 2024 from https://www.prevention.va.gov/Healthy_Living/index.asp

[42] Source: CDC (n.d.) *Health behaviors in rural America.* Retrieved October 3, 2024 from https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-health-behaviors-in-rural-america.html#:~:text=People%20living%20in%20rural%20areas,and%20getting%20regular%20health%20screenings.

In North Carolina, over half (52%) of adults do not get at least two and a half hours of moderate exercise per week, and over 70% don't meet weekly muscle strengthening recommendations. However, 84% of adults eat at least one vegetable a day, and over 60% eat fruit at least once a day.[43] North Carolina's Department of Health and Human Services has implemented several workshops and classes that individuals can take to learn healthy habits, such as Living Healthy workshops. Additionally, several nonprofits have implemented programs to help individuals learn healthy behaviors, and North Carolina also has an extensive WIC program, as well as the NCCARE360 program, which seeks to connect individuals with all necessary resources for living a healthier life.

One in seven households (13.5%) reported experiencing food insecurity in 2023 – a 3.2% rise compared to the year prior. During the COVID-19 pandemic, many food and economic support programs were developed or expanded, which had a positive impact on levels of food insecurity. However, between 2021 and 2023, the number of individuals experiencing food insecurity rose from 13.5 million to 47.4 million, with the USDA citing the spike as a result from the rollback of these food support programs, including free school lunches and increased tax credits.[44]

As the number of people relying on these support programs continues to grow and the available funding declines, there is an increase in the economic and social burden. To help monitor food access and security, government agencies such as the USDA and national non-profits like Feeding America have been monitoring related SDoH, such as unemployment, median incomes, housing status, and disability status. However, the USDA also reports that these are not the only indicators of food insecurity, and that 66% of food insecure people earn above the federal poverty line (FPL), while 38% of families who earn below the FPL are food secure.[45]

Access to healthy food is key to maintaining physical and mental health, and a lack of access to food can also impact the social health of both adults and children. Children who do not receive enough food through the school day and miss meals may suffer with poor grades, inability to pay attention in class, and may become isolated due to not having the energy to connect with their classmates. Adults who frequently miss meals may not have the energy to go to work during some days, forcing them to stay home and miss out on potential income. Furthermore, adults who don't eat enough food can develop other medical conditions, such as hypoglycemia (low blood sugar), diabetes, heart conditions, and nutritional deficiencies. [46]

Like the U.S., one in seven individuals in North Carolina are food insecure as of 2024, with one in five children also not having enough access to food. [47] Additionally, 38% of households in North Carolina

[43] Source: Eat Smart Move More North Carolina. (2017). *The roles of nutrition and physical activity in Chronic Disease in North Carolina.* Retrieved October 23, 2024 from https://www.communityclinicalconnections.com/wp-content/themes/cccph/assets/downloads/2024/07/factsheets/Physical/CCCPHB_FactSheet_HealthyEating-0724.pdf

[44] Source: USDA (2024). *Household Food Security Report*. Retrieved September 12, 2024, from: https://www.ers.usda.gov/webdocs/publications/109896/err-337.pdf?v=6219.9

[45] Source: Feeding America (2024). *Map the Meal Gap 2024.* Retrieved September 16, 2024, from: https://www.feedingamerica.org/sites/default/files/2024-05/MMG%202024%20Executive%20Summary%20%281%29.pdf

[46] Source: National Institute on Minority Health and Health Disparities. (2024). *Food Accessibility, Insecurity, and Health Outcomes.* Retrieved September 16, 2024 from https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html#:~:text=Food%20insecurity%20and%20the%20lack,disorders%20and%20other%20chronic%20diseases%20.

[47] Source: Feeding American (2024). *Hunger in America: North Carolina.* Retrieved September 16, 2024, from: https://www.feedingamerica.org/hunger-in-america/north-carolina

enrolled in the Supplemental Nutrition Assistance Program (SNAP) have children living in the household.[48] To help combat food insecurity, the North Carolina Department of Health and Human Services releases an annual report titled the "State Action Plan for Nutrition Security". This plan seeks to further the reach of state nutrition and food support programs such as WIC (Women, Infants & Children) programs, connect those on Medicaid with food relief programs, and provide better lactation and breastfeeding support to cover.

Secondary Data Findings

Physical health and food access/security emerged as significant concerns for Pitt County, with the county performing worse than state and national benchmarks on multiple chronic disease indicators and showing concerning trends in food security and access to healthy food options.

Chronic disease prevalence in Pitt County exceeds state and national averages across several conditions. The percentage of adults with hypertension (35.9%) is notably higher than both state (32.1%) and national (29.6%) averages. Adults with obesity represent 38.8% of the population, significantly higher than state (29.7%) and national (30.1%) averages. The county also shows elevated rates of adults with coronary heart disease (5.8%) compared to state (5.5%) and national (5.2%) figures.

Table 22: Chronic Disease-Related Indicators

Indicator	Pitt County	North Carolina	United States
Adults (Age 18+) with Asthma	10.3%	9.8%	9.7%
Adults (Age 20+) with Diagnosed Diabetes	9.0%	9.0%	8.9%
Adults (Age 18+) Ever Diagnosed with Coronary Heart Disease	5.8%	5.5%	5.2%
Adults (Age 18+) with Hypertension	35.9%	32.1%	29.6%
Adults (Age 18+) with High Cholesterol	31.0%	31.4%	31.0%
Adults (Age 18+) with Kidney Disease	3.2%	2.9%	2.7%
Adults (Age 18+) Ever Having a Stroke	3.4%	3.1%	2.8%
Adults with BMI > 30.0 (Obese)	38.8%	29.7%	30.1%
Adults (Age 18+) with Poor Dental Health	13.2%	12.0%	13.9%
Percent Reporting Poor or Fair Health	16.6%	14.4%	-

Hospital utilization data reveals mixed data related to the management of chronic conditions. While the county's cardiovascular disease hospitalization rate (11.1 per 1,000 population) is slightly lower than the

[48] Source: Feeding American (2024). *Hunger in America: North Carolina.* Retrieved September 16, 2024, from: https://www.feedingamerica.org/hunger-in-america/north-carolina

state average (11.7), the ischemic stroke hospitalization rate (12.2 per 1,000) significantly exceeds both state (9.5) and national (8.0) averages. The emergency room visit rate (668 per 1,000) is substantially higher than state (563) and national (535) averages, suggesting potential gaps in preventive care and disease management. Cancer incidence in Pitt County (429.8 per 100,000 population) is lower than state (464.4) and national (442.3) averages.

Table 23: Cancer Incidence and Cardiovascular Disease and Stroke Hospitalizations

Indicator	Pitt County	North Carolina	United States
Cancer Incidence (Rate per 100,000 Population)	429.8	464.4	442.3
Emergency Room Visits (Rate per 1,000 Population)	668	563	535
Cardiovascular Disease Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	11.1	11.7	10.4
Ischemic Stroke Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	12.2	9.5	8.0

Physical activity and exercise access show concerning patterns. The percentage of physically inactive adults (24.3%) is higher than the state average (21.6%). While the county has a higher rate of recreation and fitness facilities (15.3 per 100,000) compared to state (13.1) and national (14.7) averages, only 73% of the population has access to exercise opportunities, matching the state average but falling below the national average (84%).

Food access and security indicators revealed higher than state and national average rates of food insecurity. Pitt County's food insecurity rate (13%) is slightly higher than the North Carolina (11%) and the United States (10%). However, the child food insecurity rate (21%) is significantly higher than the North Carolina average of (15%), and nearly double the national average of 13%. Furthermore, 20% of the low-income population experience low food access, comparable to state (21%) and national (19%) figures.

Table 24: Health Behavior and Food Security Indicators

Indicator	Pitt County	North Carolina	United States
Recreation and Fitness Facility Establishments, (Rate per 100,000 Population)	15.3	13.1	14.7
Walkability Index Score	7	7	10
% Physically Inactive	24.3	21.6	-
Percentage of Population with Access to Exercise Opportunities	73%	73%	84%
Food Insecurity Rate	13%	11%	10%
Child Food Insecurity Rate	21%	15%	13%
Percent Low Income Population with Low Food Access	20%	21%	19%
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	98.7	77.4	96.2
Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	14.7	18.7	23.4

The food environment in Pitt County presents additional challenges. The county has a higher rate of fast-food restaurants (98.7 per 100,000 population) compared to the state average (77.4), while having a lower rate of grocery stores (14.7 per 100,000) than both state (18.7) and national (23.4) averages. This imbalance may contribute to limited access to healthy food options for county residents.

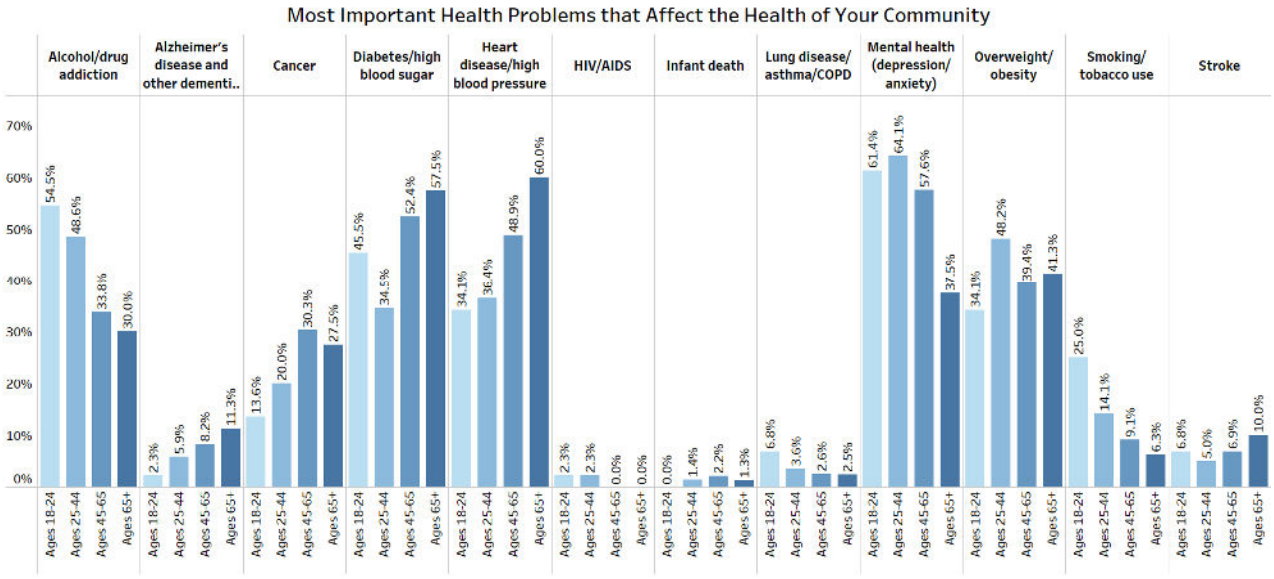
For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

Chronic health conditions were highlighted as a priority need by Pitt County residents. As indicated above in **Figure 23** above in the Mental Health section, chronic health conditions made up three of the top five health problems noted by respondents. Diabetes was identified as a top health problem by 46% of respondents, followed by 45% of respondents citing heart disease and high blood pressure as key concerns. Additionally, nearly half (42%) of respondents indicated that obesity was a top health problem in Pitt County.

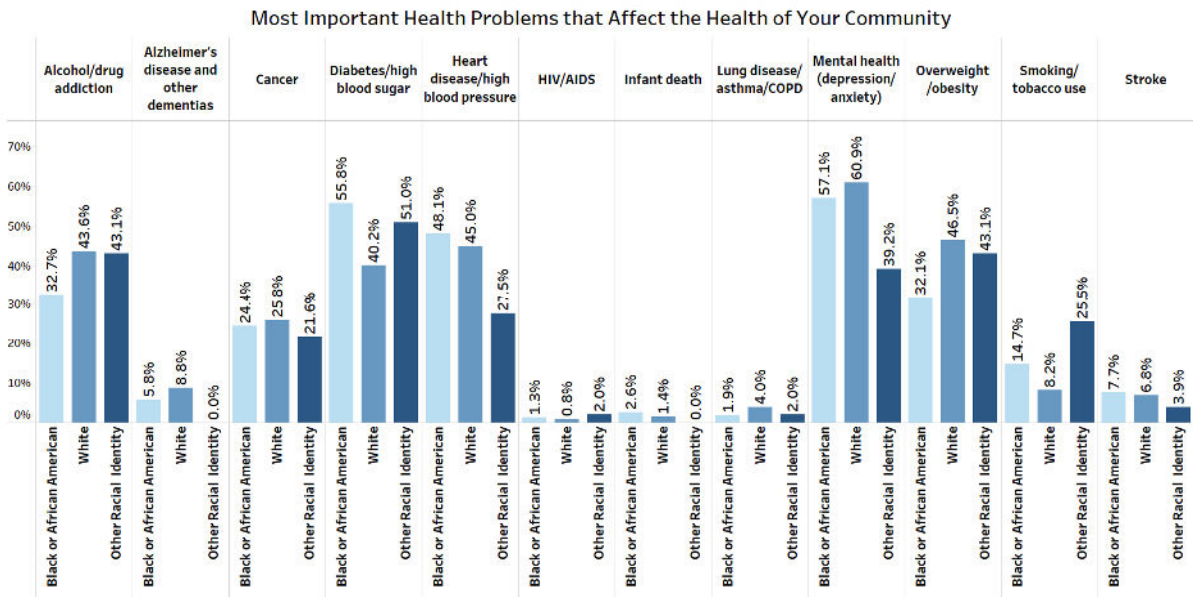
When reviewing the demographic data, it was identified that those over the age of 65 were most likely to indicate diabetes (58%), and heart disease (60%) as key health concerns.

Figure 41: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)



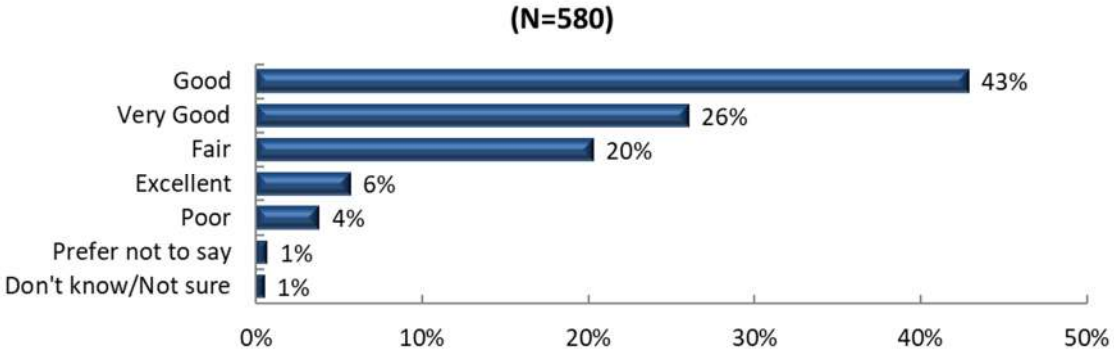
Furthermore, Black/African American Respondents most frequently cited diabetes (56%), and heart disease (48%) as top health problems.

Figure 42: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)



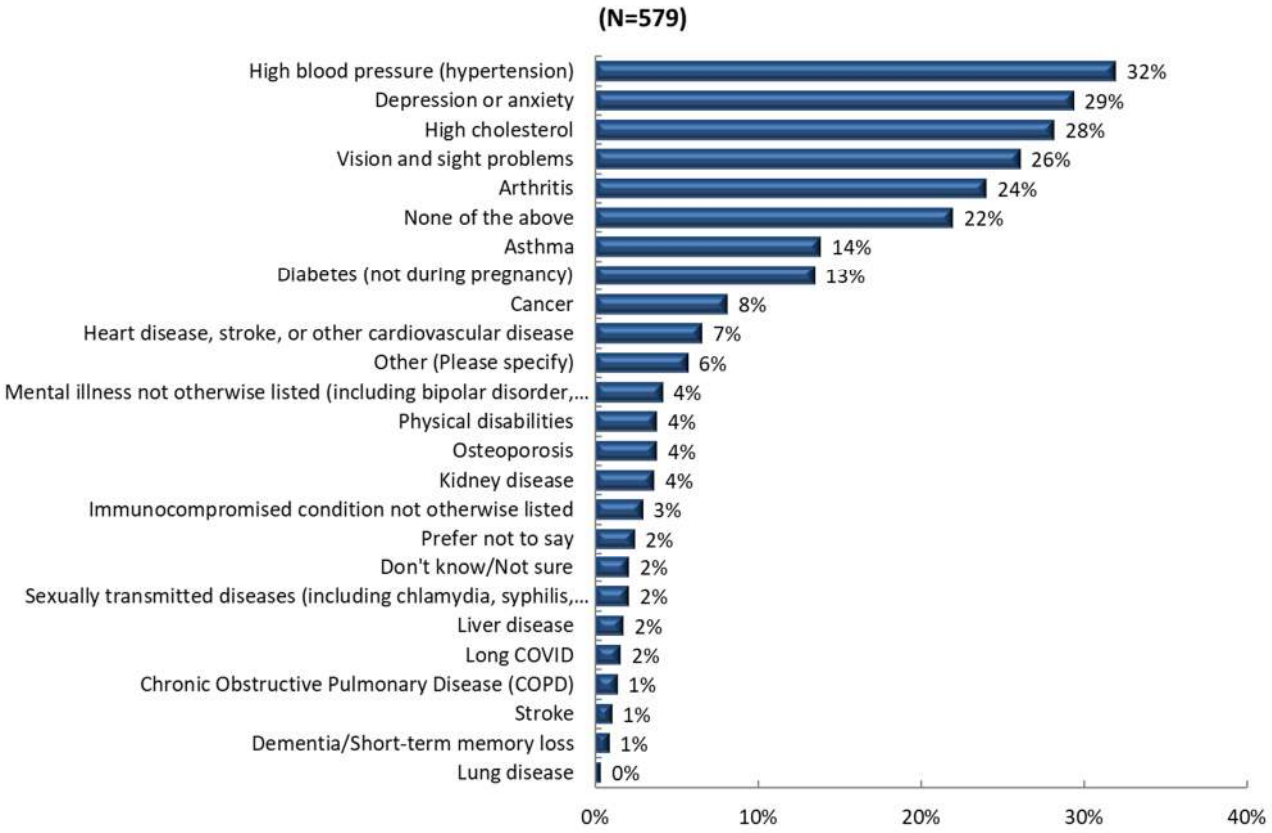
Physical health was also highlighted as a concern by Pitt County residents who responded to the community member web survey. Community members were initially asked to rate the condition of their physical health. While two-thirds (75%) of residents indicated that they were in at least good health, nearly one-quarter (24%) of residents ranked their health as "fair" or lower.

Figure 43: Considering your physical health overall, would you describe your health as…



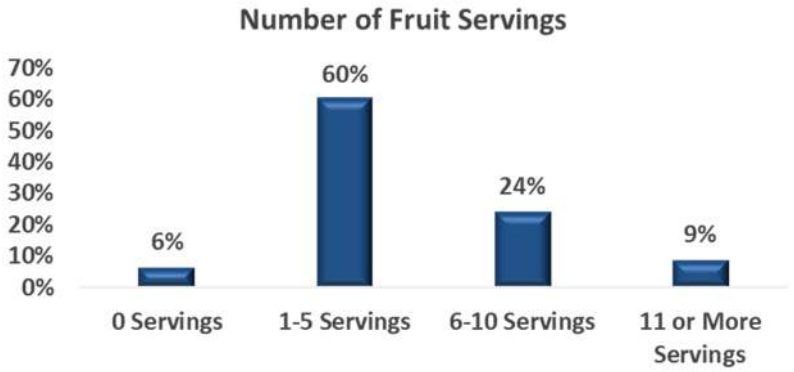
Furthermore, as indicated in **Figure 43** above in the Mental Health section, high blood pressure was the most commonly diagnosed chronic health condition among community members who took the survey, cited by one-third (32%) of respondents. Additionally, 28% of respondents indicated that they had been diagnosed with high cholesterol. Finally, 13% of respondents had been diagnosed with diabetes.

Figure 44: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



Community members were also asked about their diet, particularly food that they had eaten within the past week. First, residents were asked on average how many servings of fruit they had eaten in the past week. Results were largely positive, with 93% of respondents citing that they had eaten at least one serving of fruit within the past week, and over one-third (33%) of respondents having eaten at least six servings of fruit.

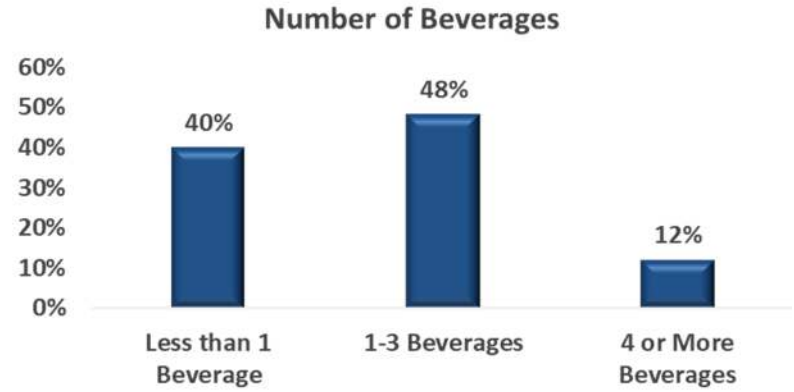
Figure 45: Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries) (N=575)



Community members were asked a similar question, this time regarding the number of vegetable servings. Vegetable consumption followed a similar trend as fruit, with nearly all (97%) of respondents stating that they had eaten at least one serving of vegetables in the past week, and nearly half (44%) reporting having at least six or more servings in that same time period.

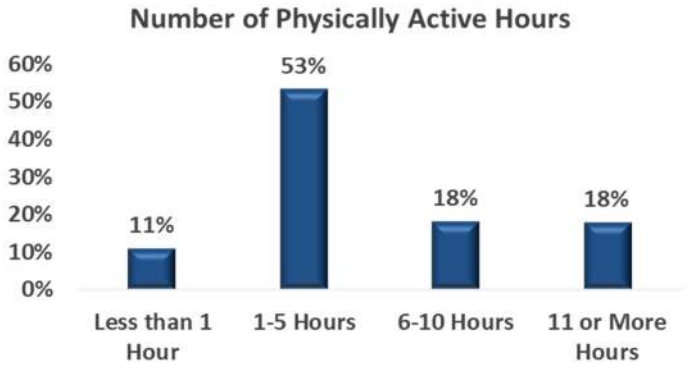
When asked about the number of sugar-sweetened beverages residents drank each day, just under half (40%) cited having less than one drink per day. However, 60% stated having at least one drink per day, with 12% describing drinking four or more sugary beverages on a daily basis.

Figure 46: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day? (N=575)



Community members who responded to the survey were also asked about their physical activity levels during the week. Residents were specifically asked about how many hours per week they had spent being physically active outside of their job in the last 30 days. Results from this question were also positive, with Nearly all (89%) respondents stating that they had spent at least one hour being physically active per week, and over one-third (36%) indicated being active at least six hours per week. However, one-tenth of residents stated that they were active for no more than an hour each week.

Figure 47: During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job?



For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Diabetes, hypertension, obesity, and heart disease were consistently identified as prevalent health challenges across all demographic groups. Food access and nutrition emerged as critical factors contributing to these conditions, with multiple groups highlighting how Pitt County has significant food deserts, particularly in areas north of the river and in smaller towns outside Greenville. The high cost of healthy foods compared to fast food was repeatedly cited as a barrier to good nutrition, with groups noting that "unhealthy food is cheaper." Work schedules and transportation barriers often lead families to choose convenient fast-food options over healthier alternatives. Several groups noted that Pitt County has one of the highest concentrations of fast-food restaurants per capita in the US, while access to fresh, affordable produce remains limited in many neighborhoods. Multiple groups emphasized how generational factors influence eating habits, with many residents having "grown up on country cooking" and lacking exposure to different, healthier food options. Food insecurity was identified as a significant issue, with many families having to choose between food and other necessities like medicine or rent.

Environmental and social factors contributing to chronic health conditions extended beyond food access. Limited opportunities for physical activity, particularly in areas lacking safe walking paths or parks, were cited as barriers to maintaining good health. The "rural nature of the community" often requires car dependency, reducing natural opportunities for physical activity. Economic factors play a crucial role, with many residents working multiple jobs or long hours, leaving limited time for meal preparation or exercise. Several groups noted that while the county has some strong assets like farmers' markets and community gardens, these resources aren't equally accessible to all residents. Cultural factors and limited nutrition education were also identified as barriers, with many residents lacking knowledge about healthy food preparation or the relationship between diet and chronic disease. School representatives noted that even school cafeteria food often doesn't model healthy eating habits. The groups emphasized how these various factors create a challenging environment for maintaining good health, particularly for low-income residents and those living in underserved areas of the county.

For a more detailed description of focus group findings, see **Appendix 5**.

CHAPTER 4 | HEALTH RESOURCE INVENTORY

NCLHDA requirements for local health departments and IRS requirements for nonprofit hospitals require the CHNA report to include a description of the resources available in a county to address the significant health needs identified in the assessment. This section includes information about local organizations in Pitt County that provide resources to address general community health needs, as well as the county's 2025 priority need areas: Behavioral Health: Mental Health, Healthcare Access & Quality, and Physical Health and Food Access/Security.

Category	Organization Name
County Resources Directories	• NC 211 (Health & Human Services Referrals) ○ 211 • NCCARE360

Healthcare Facilities	• Brody School of Medicine
	  ○ 252-744-1020
	• James D. Bernstein Community Health Center
	  ○ 252-695-6352
	• ECU Health Medical Center
	  ○ 252-847-4100
	• Physician's East
	  ○ 252-413-6202
	• ECU Health Lifestyle Medicine Clinic
	  ○ 252-847-9908
	• ECU Health Behavioral Health Hospital
	  ○ https://www.ecuhealthbehavioral.com/

Other Healthcare Services	**Family Planning**
	• Pitt County Health Department
	  ○ 252-902-2300
	• Planned Parenthood
	  ○ 1-800-230-7526
	
	Immunizations
	• International Travel Clinic - ECU
	  ○ 252-744-5751
	• Pitt County Health Department
	  ○ 252-902-2300
	
	Pregnancy Services
	• Carolina Pregnancy Center
	  ○ 252-757-0003
	• Children's Home Society of North Carolina

	○ 1-800-632-1400 • Pitt County Health Department ○ 252-902-2300 • National Safe Haven Alliance Crisis Hotline ○ 1-888-510-2229 (BABY) **Sexual Health, STD/HIV/AIDS** • Sex Addicts Anonymous ○ 1-713-869-4902 • Sexual Compulsive Anonymous ○ 1-800-977-4325 (HEAL) • ASHA STI Resource Center (all STDs) ○ 1-800-227-8922 • Gay Men's Health Crisis ○ 1-800-243-7692 • Gay, Lesbian, Bisexual, Transgender Hotline ○ 1-888-843-4564 • National CDC STD/HIV Hotline ○ 1-800-232-4636 • National LGBTQ Task Force ○ 202-393-5177 • National Health Information Center ○ Website: www.health.gov/nhic • Pitt County AIDS Service Organization (PiCASO) ○ 252-830-1660 • Pitt County Health Department ○ 252-902-2300 **Substance Abuse** • Al-Anon of Pitt County ○ 252-758-0787 • Narcotics Anonymous -- Down East area ○ 1-866-321-1631 • Substance Abuse and Mental Health Services Administration (Drug Abuse Helpline) ○ 1-800-662-4357 (HELP) **Suicide Prevention** • National Suicide Prevention Lifeline ○ 988 • Real Crisis Center ○ 252-758-HELP (4357)
Community Services	**Domestic Violence** • Center for Family Violence Prevention ○ 252-752-3811 or 252-758-4400 • National Domestic Violence Hotline

	○ 1-800-799-7233 (SAFE) **Sexual Assault / Rape Victims** • District Attorney's Office, Pitt County ○ 252-695-7250 • Sexual Assault Support Group ○ 252-758-4357 • National Sexual Assault Hotline ○ 1-800-656-4673 • Real Crisis Center ○ 252-758-4357 • Sheriff's Department-Victim's Services ○ 252-902-2665 • Greenville PD-Victim Advocacy Services ○ 252-329-4315 • Tedi Bear Children's Advocacy Center ○ 252-744-TEDI (8334) **Recreation** • Pitt County Cultural Arts and Recreation ○ 252-902-1975 ○ Pittcountync.gov
Priority Need: Behavioral Health (Mental Health)	• National Alliance on Mental Illness ○ 1-800-950-6264 (NAMI) • Mental Health America ○ 1-800-969-6642 • National Suicide Prevention Lifeline ○ 1-800-273-8255 or 988 • Trillium Health Resources ○ 1-877-685-2415 • IFS-Mobile Crisis ○ 252-439-0700 • See healthcare facilities
Priority Need: Healthcare Access & Quality	• Pitt County EMS ○ 252-902-3950 • Access East ○ 252-847-6809 • Pitt Area Transit ○ 252-329-4532 • See healthcare facilities
Priority Need: Physical Health and Food Access/Security	• ECU Health Medical Food Pantry (patient only) ○ 252-847-7541 • Food Bank of Central & Eastern North Carolina at Greenville

	○ 252-752-4996 • Pitt County Cooperative Extension ○ 252-902-1700 • Churches Outreach Network ○ 252-717-9600 • Pitt County Council on Aging ○ 252-752-1717 • Ripe for Revival ○ https://www.riperevivalmarket.com/ • See community services and healthcare facilities

CHAPTER 5 | NEXT STEPS

The findings from the Community Health Needs Assessment (CHNA) are instrumental in developing effective strategies to address the identified priority needs. The final steps in the CHNA process involve creating community-based health improvement strategies and making both the CHNA and Implementation Strategies publicly available.

Hospital leaders at ECU Health Medical Center will utilize the CHNA insights to formulate implementation strategies. They will collaborate with community partners to ensure that the priority needs are addressed efficiently and effectively. These strategies will include measurable objectives to track progress.

The final CHNA report and Implementation Strategies are available on our public website at https://www.ecuhealth.org/about-us/community/health-needs-assessment/. For further questions or more information, please contact Mary Hall, Senior Services Prevention Coordinator at ECU Health Medical Center, at MPHall@ecuhealth.org.

APPENDIX 1 | STATE OF THE COUNTY HEALTH REPORT

Results-Based Accountability Framework

To meet North Carolina accreditation requirements, LHDs are required to track progress on their implementation plans by publishing an annual State of the County Health Report (SOTCH). The SOTCH is guided by the Clear Impact Results-Based Accountability™[49] (RBA) Framework and demonstrates that the LHD is tracking priority issues identified in the community health (needs) assessment process, identifying emerging issues, and implementing any relevant new initiatives to address community concerns.

RBA provides a disciplined way of thinking about – and acting upon – complex social issues, with the goal of improving the lives of all members of the community. The framework is organized to recognize two distinct types of accountability: population and performance. Population accountability refers to the well-being of entire populations, and RBA recognizes that it is challenging, if not impossible, to hold individual organizations accountable for solving systemic problems. Conversely, performance accountability recognizes that individual organizations are accountable for the outcomes and impact of their programs, policies and practices as they relate to their client populations.

In the CHIP process, RBA asks three key questions: how much did we do, how well did we do it, and is anyone better off? To more effectively answer these questions, and develop measurable strategies to address community health concerns, North Carolina LHDs use a software called Clear Impact Scorecard to develop their SOTCH and track progress against their goals. Clear Impact Scorecard is performance management and reporting software used by non-profit and government agencies to efficiently and effectively explain the impact of their work. ECU Health Hospitals also adopted the RBA framework, leveraging the Clear Impact Scorecard to document and track their improvements efforts. The scorecard mirrors RBA and links results with indicators and programs with performance measures. Pitt County's most recent SOTCH is presented on the following pages.

[49] Clear Impact (2022). *Results-Based Accountability™: A Framework to Help Communities Get From Talk to Action.* Retrieved from: https://clearimpact.com/wp-content/uploads/2022/02/Clear-Impact-Results-Based-Accountability-Brochure-2022.pdf. Note: Clear Impact has exclusive and worldwide rights to use Results-Based Accountability™ (RBA), including all of proprietary and intellectual property rights represented by RBA. RBA intellectual property is free for use (with attribution) by government and nonprofit or voluntary sector organizations, as well as small consulting firms representing the interests of these organizations.

State of the County Health Report

HNC 2030 Scorecard: Pitt County

Community Health Assessment Reports

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Community Health Assessment 2021				

Maternal and Child Health

	Time Period	Current Actual Value	Current Trend	Baseline % Change
All babies in Pitt County are born healthy and thrive in caring and healthy homes and see their first birthday.				
NCDPH HNC2030 Infant mortality rate in North Carolina: Rate of Infant Deaths (Total) per 1,000 Live Births	2022	6.8	→ 1	-3% ↘
NCDPH HNC2030 Early Prenatal Care: % of Women in NC (Total) who receive prenatal care in the First Trimester of Pregnancy	2023	72.0%	↗ 1	-1% ↘
NCDPH HNC2030 Teen Birth Rate: Number of births in NC per 1,000 population (Total) to females aged 15-19	2023	14.8	↘ 8	-37% ↘
Pitt County Infant Mortality Rate	2021	10.6	↘ 1	-18% ↘
Pitt County Teen Birth Rank	2023	55	↗ 1	62% ↗
Women, Infants and Children Program (WIC)				
How well Percent of pregnant women enrolled in the WIC Program who receive WIC program services during the first trimester of pregnancy	2023	51%	↘ 1	6% ↗
How well Percent of women participating in WIC who initiate breastfeeding	2023	69%	↗ 2	28% ↗
How well Percent of infants participating in WIC who are breastfeeding at 6 weeks of age.	2023	50%	↗ 2	21% ↗
Cribs for Kids - Safe Sleep Education				
How much Participants who received infant safe sleep education through a group or individual training session.	2023	146	↘ 1	-48% ↘
How much Cribs distributed to participants.	2023	145	↘ 1	-51% ↘
Healthy Start/Baby Love Plus				
How much Preconception case management/care coordination services provided to unduplicated women.	2023	54	↗ 2	59% ↗
How much Number of pregnant women followed	2023	139	↗ 2	209% ↗
How much Number of interconceptional women followed	2023	46	↘ 2	-28% ↘
Youth Development/Adolescent Pregnancy Prevention Program				
How well Percent of participants who did not report a pregnancy	2023	100%	→ 1	0% →

How much	Number of Pitt County Schools Middle School Students Participating	2023	52	↗ 2	-29% ↘

Chronic Disease Prevention

All people in Pitt County have long and healthy lives.

		Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030	Life Expectancy (Total) in North Carolina: Average number of years of life remaining for people who have attained a given age.	2022	76.2	↗ 1	-2% ↘

Parks and Facilities of Pitt County Wayfinding App

		Time Period	Current Actual Value	Current Trend	Baseline % Change
How much	App downloads	Mar 2024	2	↘ 3	-94% ↘

MC Coordinated Approach to Child Health (CATCH)

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health PPH	Percentage of Pitt County K-8 Schools implementing CATCH PE	SY 23-24	85%	↗ 2	507% ↗
ECU Health PPH	Number of Pitt County students impacted by CATCH PE	SY 23-24	12,898	↗ 2	451% ↗
ECU Health PPH	Percentage of Pitt County K-8 Schools implementing the CATCH My Breath program	SY 23-24	52%	↗ 2	5070% ↗
ECU Health PPH	Number of Pitt County students impacted by the CATCH My Breath program	SY 23-24	345	↗ 1	190% ↗

MC Kids in Parks / TRACK Rx

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health PPH	Number of adventures completed at Pitt County TRACK Trails	2024	12	↘ 1	-67% ↘
ECU Health PPH	Total number of participants registering prescriptions on Pitt County TRACK Trails	HY2 2022	41	→ 10	0% →

MC Healthy Food Pantry

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health PPH	Number of participants trying healthy food samples	Q4 2024	142	↘ 1	373% ↗
ECU Health PPH	Percentage of participants who plan to use the sample healthy recipe in the future.	FY 2025	93%	↘ 1	55% ↗

Diabetes Self-Management Education and Support

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of people who begin the DSME program	2023	61	↘ 2	135% ↗
Number of people who complete the full DSME program	2023	29#	↘ 2	190% ↗
Average HgbA1c decrease of 0.5	2023	3.3%	↗ 3	94% ↗
Number of people who attend diabetes support groups	2023	262#	↗ 4	45% ↗

MC Penny Pinchers - Healthy Grocery Store Tours

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health PPH	Percentage of individuals successfully completing the $15 challenge	Q4 2024	83%	↘ 1	-8% ↘
ECU Health PPH	Number of program participants	Q4 2024	12	↘ 2	-14% ↘

Minority Diabetes Prevention Program-PCHD

		Time Period	Current Actual Value	Current Trend	Baseline % Change
Better off	Number of Participants Who Achieved (Minimum) 5% Weight Loss	2024	0	↘ 1	-100% ↘
How much	Number of individuals Screened - PCHD	2023	34	↘ 2	-3% ↘
How much	Number of Individuals Enrolled-PCHD	2024	8	↘ 2	-71% ↘
How well	Number of Individuals Who Complete MDPP -PCHD	2023	21	→ 1	-13% ↘

MDPP-ECU Family Medicine

		Time Period	Current Actual Value	Current Trend	Baseline % Change
How much	Number of Individuals Screened	2023	1,800	↗ 1	50% ↗
How well	Number of Individuals Enrolled	2024	20	↘ 2	-9% ↘
How well	Number of Participants Who Achieved (Minimum) 5% Weight Loss	2024	1	↘ 3	-50% ↘

Mental / Behavioral Health

Individuals living in Pitt County will have good mental health and well-being and access to culturally appropriate care.

		Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030	Adverse Childhood Experiences (ACEs): Percent of children in NC (Total) with 2 or more ACEs	2022	18.5%	↗ 3	-22% ↘
NCDPH HNC2030	Drug Overdose Death Rate in North Carolina: Drug Poisoning Deaths (Total) per 100,000 population	2022	42.1	↗ 4	205% ↗
NCDPH HNC2030	Suicide Rate (TOTAL) in North Carolina (per 100,000)	2022	14.4	↗ 1	11% ↗
ECU Health MC	Pitt County Suicide Mortality Rate (per 100,000) (age-adjusted)	2022	11.4	↗ 1	-26% ↘
ECU Health MC	Pitt County Drug Overdose Deaths (per 100,000) (age-adjusted)	2022	57.5	↗ 1	219% ↗

MC BRACE

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health MC	Percentage of participants with increased knowledge on trauma/resilience	–	–	–	–
ECU Health MC	Number of training participants	FY 2024	30	↗ 1	67% ↗

MC Substance Use Education and Prevention

		Time Period	Current Actual Value	Current Trend	Baseline % Change
ECU Health MC	Percentage of students with increased knowledge in substance use after vaping education	FY 2023	77.86%	→ 0	0% →
ECU Health MC	Number of students participating in vaping prevention programs	FY 2024	425	↘ 1	-28% ↘

SOTCH REPORTS

2022 SOTCH REPORT

Time Period	Current Actual Value	Current Trend	Baseline % Change

2023 SOTCH REPORT

Time Period	Current Actual Value	Current Trend	Baseline % Change

APPENDIX 2 | SECONDARY DATA METHODOLOGY AND SOURCES

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to SdoH.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for Pitt County, its performance on each data measure was compared to targets/benchmarks. If Pitt County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

Additionally, data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Table 25: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Primary Care Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.	Centers for Medicare and Medicaid Services (CMS) – National Plan and Provider Enumeration System (NPPES). Data accessed via the North Carolina Data Portal, June 2024.	2024
Mental Health Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health.	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Addiction/Substance Abuse Providers (per 100,000 population)	Number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (Dos), and other credentialed professionals with a Center for Medicare and Medicaid Services and a valid National Provider Identifier (NPI).	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Buprenorphine Providers (per 100,000 population)	Number of providers authorized to treat opioid dependency with buprenorphine. Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Qualified physicians are required to acquire and maintain certifications to legally dispense or prescribe opioid dependency medications.	US Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration. Data accessed via the North Carolina Data Portal, June 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
Dental Health Providers (per 100,000)	Number of oral health providers with a CMS National Provider Identifier (NPI). Providers included are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their prImary practice classification,74egardless of sub-specialty.	CMS – NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Health Professional Shortage Areas – Dental Care	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HSPA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	U.S. Census Bureau, American Community Survey (ACS). Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Federally Qualified Health Centers (FQHCs)	Number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.	U.S. DHHS, CMS, Provider of Services File. Data accessed via the North Carolina Data Portal, June 2024.	2023
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Uninsured Population (SAHIE)	Percentage of adults under age 65 without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. The lack of health insurance is considered a *key driver* of health status.	U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE). Data accessed via the North Carolina Data Portal, June 2024.	2022

Table 26: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	Federal Communications Commission (FCC) FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 100 MBPS or more and upload speeds of 20 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	FCC FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Households with No Computer	Percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet, or other portable wireless computer, and some other type of computer, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Households with No or Slow Internet	Percentage of households who either use dial-up as their only way of internet connection or have internet access but don't pay for the service, or have no internet access in their home, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Liquor Stores	Number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	secondary retail product (including gas stations and grocery stores).		
Adverse Childhood Experiences (ACEs)	Percentage of children in North Carolina (total) with two or more ACEs. ACEs are potentially traumatic events that occur in childhood (0-17 years), including experiencing violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as substance abuse problems, mental health problems, instability due to parental separation, and instability due to household members being in jail or prison. Other traumatic experiences that impact health and well-being may include not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination. ACEs can have lasting effects on health and well-being in childhood and life opportunities well into adulthood, for example, education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, teen pregnancy, suicide, and a range of chronic diseases including cancer, diabetes, and heart disease.	Clear Impact Healthy North Carolina (HNC) 2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table 27: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical inactivity (percent of adults that report no leisure time physical activity)	Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. The method for calculating Physical Inactivity changed. Data for Physical	Behavioral Risk Factor Surveillance System. Data accessed via Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Inactivity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Physical Inactivity is created using statistical modeling.	Health Rankings & Roadmaps, June 2024.	
Community Design – Walkability Index Score	The National Walkability Index (2021) is a nationwide index score developed by the Environmental Protection Agency (EPA) that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit from the Smart Location Database. The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more walkable the community is.	EPA – Smart Location Database. Data accessed via the North Carolina Data Portal, June 2024.	2021
Access to Exercise Opportunities	Percentage of individuals in the county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. The numerator is the 2020 total population living in census blocks with adequate access to at least one location for physical activity (adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area) and the denominator is the 2020 resident county population. This indicator is used in the 2024 County Health Rankings.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & U.S. Census Tigerline Files. Data accessed via the North Carolina Data Portal, June 2024.	2023
Recreation and Fitness Facility Access (per 100,000 population)	Number of establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming,	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	skating, or racquet sports. Access to recreation and fitness facilities encourages physical activity and other healthy behaviors.		
Sugar-Sweetened Beverage (SSB) Consumption Among Adults	Percentage of total adults reporting consumption of one or more SSBs per day.	Clear Impact. HNC2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table 28: Education

Measure	Description	Data Source	Most Recent Data Year(s)
Population with Limited English Proficiency	Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
High School Graduation Rate	Percentage of high school students who graduate within four years. The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another county, or pass away.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
No High School Diploma	Percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is linked to positive health outcomes.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Student Math Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level on the Math portion of state-specific standardized tests.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
Student Reading Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level	US Department of Education, EDFacts.	2020-2021

Measure	Description	Data Source	Most Recent Data Year(s)
	on the English Language Arts portion of state-specific standardized tests.	Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
School Funding Adequacy – Spending per Pupil	Actual spending per pupil among public school districts.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table 29: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate (percent of population age 16+ but unemployed)	Percentage of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Department of Labor, Bureau of Labor Statistics. Data accessed via the North Carolina Data Portal, June 2024.	2024
Average Annual Unemployment Rate, 2013-2023	Average yearly percentage across the given time period of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2024

Table 30: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Climate and Health – Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have 1% annual chance of coastal or riverine flooding.	Federal Emergency Management Agency (FEMA), National Flood Hazard Layer. Data accessed via the North Carolina Data Portal, June 2024.	2011
Air and Water Quality – Drinking Water Safety	Number of drinking water violations recorded in a two-year period. Health-based violations include incidents where either the amount of contaminant exceeded the maximum contaminant level (MCL) safety standard, or where water was not treated properly. In cases where a water system serves multiple counties and has a violation, each county served by the system is given a violation.	EPA. Data accessed via the North Carolina Data Portal, June 2024.	2023

Table 31: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Childcare Cost Burden	Childcare costs for a median-income household with two children as a percentage of household income. Data are included as part of the 2024 County Health Rankings.	The Living Wage Calculator, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2023
Young People Not in School and Not Working	Percentage of youth ages 16-19 who are not currently enrolled in school and who are not employed.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table 32: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity Rate	Estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Feeding America. Data accessed via the North Carolina Data Portal, June 2024.	2021
Food Insecure Children	Estimated percentage of the population under age 18 that experienced food insecurity at some	Feeding America. Data accessed via the North	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Carolina Data Portal, June 2024.	
Low-Income and Low Food Access	Percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.	U.S. Department of Agriculture (USDA), Economic Research Service, USDA – Food Access Research Atlas. 2019. Data accessed via the North Carolina Data Portal, June 2024.	2019
Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019
Food Environment – Fast Food Restaurants (per 100,000 population)	Number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022
Food Environment – Grocery Stores (per 100,000 population)	Number of grocery establishments per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods.		

Table 33: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Renter Costs – Average Gross Rent	Average gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent provides information on the monthly housing cost expenses for renters. When the data is used in conjunction with income data, the information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels, and to provide assistance to agencies in determining policies on fair rent.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing Cost Burden, Severe (50%)	Percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing & Urban Development (HUD)-Assisted Housing Units (per 10,000 households)	Number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).	U.S. Department of HUD. Data accessed via the North Carolina Data Portal, June 2024.	2017-2021
Substandard Housing, Severe	Percentage of owner- and renter-occupied housing units having at least one of the following conditions:	U.S. Census Bureau, ACS. Data accessed via the	2011-2015

Measure	Description	Data Source	Most Recent Data Year(s)
	1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.	North Carolina Data Portal, June 2024.	
Homeless Children and Youth	Number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.	US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020. Data accessed via the North Carolina Data Portal, June 2024.	2019-2020

Table 34: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Median Family Income	Median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members ages 15 and older.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-	U.S. Census Bureau, ACS. Data accessed via the	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	time, year-round workers, presented as "cents on the dollar." Data are acquired from the 2018-2022 ACS and are used in the 2024 County Health Rankings.	North Carolina Data Portal, June 2024.	
Population Below 100% Federal Poverty Level (FPL)	Percentage of population living in households with income below the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Population Below 200% FPL	Percentage of population living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Children Below 200% FPL	Percentage of children living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Population Receiving SNAP (SAIPE)	Average percentage of the population receiving SNAP benefits during the month of June during the most recent report year. The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food.	U.S. Census Bureau, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2021
Children Eligible for Free/Reduced Price Lunch	Percentage of public school students eligible for the free or reduced price lunch program in the latest report year. Free or reduced price lunches are served to qualifying students in families with income between 185 percent (free lunch) and or 130 percent (reduced price) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).	National Center for Education Statistics (NCES) – Common Core of Data. Data accessed via the North Carolina Data Portal, June 2024.	2022-2023

Table 35: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Premature Death (years of potential life lost before age 75 per 100,000 population age-adjusted)	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All of the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Life expectancy	Average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics – Mortality Files (2019-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021

Table 36: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Births with no or late prenatal care	Percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of	CDC – National Vital Statistics System (NVSS). CDC WONDER. CDC, Wide-Ranging Online	2017-2019

Measure	Description	Data Source	Most Recent Data Year(s)
	all who gave birth during the three-year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	Data for Epidemiologic Research. Data accessed via the North Carolina Data Portal, June 2024.	
Low birthweight (percent of live births with birthweight < 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of births in a county during the same time.	National Center for Health Statistics – Natality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2016-2022
Infant Mortality	Number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics – Mortality Files (2015-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2015-2021

Table 37: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor Mental Health Days	Average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data are included as part of the 2024 County Health Rankings.	CDC, Behavioral Risk Factor Surveillance System (BRFSS). Data accessed via the North Carolina Data Portal, June 2024.	2021
Deaths of Despair (Suicide and Drug/Alcohol Poisoning) (per 100,000 population)	Average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as “deaths of despair”, per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
Suicide (per 100,000 population)	Five-year average rate of death due to intentional self-harm (suicide) per 100,000 population from 2018 to 2022. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table 38: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor or fair health (percent of adults reporting fair or poor health age-adjusted)	Percentage of adults in a county who consider themselves to be in poor or fair health. This measure is based on responses to the BRFSS question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of respondents who rated their health "fair" or "poor." Poor or Fair Health is age-adjusted. Poor or Fair Health estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
Asthma Prevalence (Adult)	Percentage of adults ages 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Heart Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
High Blood Pressure (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
High Cholesterol (Adult)	Percentage of adults ages 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
Diabetes Prevalence (Adult)	Percentage of adults ages 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Kidney Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
Stroke (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Obesity	Percentage of adults ages 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their BMI was 30 or greater. BMI (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Poor Dental Health – Teeth Loss	Percentage of adults ages 18 and older who report having lost all of their natural teeth because of tooth decay or gum disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Cancer Incidence – All Sites (per 100,000 population)	Age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).	State Cancer Profiles. Data accessed via the North Carolina Data Portal, June 2024.	2016-2020
Emergency Room (ER) Visits (per 100,000 Medicare beneficiaries)	Rate of ER visits among Medicare beneficiaries age 65 and older (per 100,000 beneficiaries). This indicator is relevant because ER visits are “high	CMS – Geographic Variation Public Use File. Data accessed via the	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	intensity" services that can burden on both health care systems and patients. High rates of ER visits "may indicate poor care management, inadequate access to care or poor patient choices, resulting in ER visits that could be prevented".	North Carolina Data Portal, June 2024.	
Hospitalizations – Heart Disease (per 1,000 Medicare beneficiaries)	Hospitalization rate for coronary heart disease among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020
Hospitalizations – Stroke (per 1,000 Medicare beneficiaries)	Hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020

Table 39: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Seasonal Influenza Vaccine	Percentage of adults ages 18 and older who reported receiving an influenza vaccination in the past 12 months. These data are derived from responses to the 2019 BRFSS.	CDC – FluVaxView. Data accessed via the North Carolina Data Portal, June 2024.	2019
Hospitalizations – Preventable Conditions (per 100,000 Medicare beneficiaries)	Preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rate is presented per 100,000 beneficiaries.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021
Readmissions – All Cause (Medicare Population)	Rate of 30-day hospital readmissions among Medicare beneficiaries ages 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge.		

Table 40: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Incarceration Rate	Percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census as estimated by Opportunity Atlas data.	Opportunity Insights. Data accessed via the North Carolina Data Portal, June 2024.	2018
Juvenile Arrest Rate (per 1,000 juveniles)	Rate of delinquency cases per 1,000 juveniles. Data are acquired from the 2021 Easy Access to State and County Juvenile Court Case Counts (EZACO) and are used in the 2024 County Health Rankings.	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Data accessed via the North Carolina Data Portal, June 2024.	2021
Violent Crime (per 100,000 people)	Annual rate of reported violent crimes per 100,000 people during the three-year period of 2015-2017. Violent crime includes homicide, rape, robbery, and aggravated assault.	Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Data accessed via the North Carolina Data Portal, June 2024.	2015-2017
Mortality – Firearm (per 100,000 population)	Five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates for the time period of 2018 to 2022. This indicator is relevant because firearm deaths are preventable, and are a cause of premature death.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
Mortality – Poisoning (per 100,000 population)	Five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates for the time period of 2018 to 2022. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table 41: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Sexually transmitted infections (chlamydia rate per 100,000 population)	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
HIV Incidence (rate per 100,000 population)	Incidence rate of HIV infection or infection classified as state 3 (AIDS) per 100,000 population. Incidence refers to the number of confirmed diagnoses during a given time period, in this case is January 1st and December 31st of the latest reporting year.	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via the North Carolina Data Portal, June 2024.	2022
Teen Births (per 1,000 female population age 15-19)	Seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics – Natality files (2016-2022) and are used for the 2024 County Health Rankings.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2016-2022

Table 42: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive Drinking – Heavy Alcohol Consumption	Percentage of adults that self-report excessive drinking in the last 30 days. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.		
Mortality – Motor Vehicle Crash – Alcohol-Involved (annual rate per 100,000 population)	Crude rate of persons killed in motor vehicle crashes involving alcohol as an annual rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Motor vehicle crash deaths are preventable and are a leading cause of death among young persons.	U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Opioid Use Disorder (per 100,000 Medicare beneficiaries)	Rate of emergency department utilization for opioid use and opioid use disorder among the Medicare population. Figures are reported as age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because mental health and substance use is an indicator of poor health.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
Mortality – Opioid Overdose (per 100,000 population)	Five-year average rate of death due to opioid drug overdose per 100,000 population. Figures are reported as crude rates for the time period of 2018 to 2022. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table 43: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Adult smoking	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Adult Smoking estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table 44: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Households with No Motor Vehicle	Percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Commuter Travel Patterns – Public Transportation	Percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

APPENDIX 3 | SECONDARY DATA COMPARISONS

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Pitt County compares to North Carolina and the national benchmark. If both statewide North Carolina and national data was available, North Carolina data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Pitt County Description
	Low	Represents measures in which Pitt County scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
	Medium	Represents measures in which Pitt County scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
	High	Represents measures in which Pitt County scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see the methodology section of this report for more information on assigning need levels to the secondary data.

Please note that to categorize each metric in this manner and identify the priority level, the Pitt County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Pitt Co Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level

For example, for the % Limited Access to Healthy Foods metric, the following calculation was completed:

(8.5-7.5)/(7.5) x 100% = 13.3% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population with limited access to healthy foods in Pitt County is 13.3 percent worse (or, in this case, higher) than the percentage of the population with limited access to healthy foods in the state of North Carolina.

Detailed Focus Area Benchmarks

Table 45: Access to Care

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Primary Care Providers Ratio	112.4	101.1	195.0	2024	Low
Mental Health Providers Ratio	178.7	155.7	209.1	2024	Low
Addiction/Substance Abuse Providers Ratio	27.9	25.0	45.2	2024	Low
Buprenorphine Providers Ratio	15.5	15.2	14.4	2023	High
Dental Health Providers Ratio	39.1	31.5	69.9	2024	Low
% Living in Health Professional Shortage Areas (HPSAs) – Dental Care	17.8%	34.0%	43.1%	2018-2022	High
Federally Qualified Health Centers (FQHCs)	3.5	4.1	0.6	2023	High
% Receiving Medicaid	22.3%	20.2%	19.5%	2018-2022	Medium
% Uninsured	10.2%	12.5%	12.6%	2022	Medium

Table 46: Built Environment

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	93.8%	93.6%	92.8%	2023	Medium
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	91.2%	90.4%	90.1%	2023	Medium
Households with No Computer	6.1%	6.9%	7.8%	2018-2022	High

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Households with No or Slow Internet	11.7%	13.0%	14.5%	2018-2022	High
Liquor Stores	13.3	6.2	7.1	2022	High
Adverse Childhood Experiences (ACEs)	N/A	N/A	18.5%	2022	N/A

Table 47: Diet and Exercise

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Physically Inactive	N/A	21.6%	24.3%	2021	High
Walkability Index Score	10	7	7	2021	Medium
% with Access to Exercise Opportunities	84.1%	73.0%	73.0%	2023	Medium
Recreation and Fitness Facility Access	14.8	13.1	15.3	2022	Low
Sugar-Sweetened Beverage (SSB) Consumption	N/A	N/A	Suppressed	2022	N/A

Table 48: Education

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Limited English Proficiency	8.2%	4.6%	2.8%	2018-2022	Low
High School Graduation Rate	81.1%	87.6%	85.0%	2020-2021	Medium
% with No High School Diploma	10.9%	10.6%	9.8%	2018-2022	Low
Student Math Proficiency	63.9%	65.8%	65.6%	2020-2021	Medium
Student Reading Proficiency	60.1%	59.5%	57.3%	2020-2021	Medium
School Funding Adequacy	N/A	-$4,742	-$7,937	2021	High
School Funding Adequacy –	N/A	$10,655	$10,491	2021	Medium

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Spending per pupil					

Table 49: Employment

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Unemployment Rate	3.9%	3.7%	3.6%	2024	Medium
Average Annual Unemployment Rate, 2013-2023	3.6%	3.5%	3.9%	2024	High

Table 50: Environmental Quality

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Flood Vulnerability	6.5%	4.9%	5.8%	2011	High
Drinking Water Safety	16,107	194	0	2023	Low

Table 51: Family, Community and Social Support

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Children Cost Burden	28.8%	27.0%	34.0%	2023	High
% Young People Not in School or Working	6.9%	7.5%	3.3%	2018-2022	Low

Table 52: Food Security

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Food Insecure	10.3%	11.4%	13.1%	2021	High
% Food Insecure Children	13.3%	15.3%	20.9%	2021	High
% Low-Income and with Low Food Access	19.4%	21.3%	20.4%	2019	Medium
% Limited Access to Healthy Foods	N/A	7.5%	8.5%	2019	High
Fast Food Restaurants	96.2	77.4	98.7	2022	High
Grocery Stores	23.4	18.7	14.7	2022	High

Table 53: Housing and Homelessness

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Renter Costs – Average Gross Rent	$1,366	$1,090	$955	2018-2022	Low
% Severe Housing Cost Burden	14.1%	12.2%	15.8%	2018-2022	High
Assisted Housing Units	413.9	319.2	452.6	2017-2021	High
% Severe Substandard Housing	18.5%	16.1%	21.5%	2011-2015	High
% Homeless Children	2.8%	1.9%	0.9%	2019-2020	Low

Table 54: Income

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Median Family Income	$92,646	$82,890	$73,970	2018-2022	High
Gender Pay Gap	81.0%	83.0%	83.0%	2018-2022	Medium
% Living Below 100% FPL	12.5%	13.3%	20.0%	2022	High
% Living Below 200% FPL	28.8%	31.6%	39.9%	2018-2022	High
% Children Living Below 200% FPL	37.2%	41.1%	48.2%	2018-2022	High
% Receiving SNAP	12.4%	15.7%	22.0%	2021	High
Children Eligible for Free/Reduced Price Lunch	51.7%	50.8%	66.1%	2022-2023	High

Table 55: Length of Life

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Years of Potential Life Lost Rate	N/A	8,853	9,741	2019-2021	High
Premature Age-Adjusted Mortality	N/A	420	449	2019-2021	High
Life Expectancy	77.6	76.6	76.0	2019-2021	Medium

Table 56: Maternal and Infant Health

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Births with Late or No Prenatal Care	6.1%	6.9%	3.6%	2019	High
Low Birthweight	N/A	9.4%	11.5%	2016-2022	High
Infant Mortality Rate	5.7	7.0	11.0	2015-2021	High

Table 57: Mental Health

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Poor Mental Health Days	4.9	4.6	5.0	2021	High
Deaths of Despair Rate	55.9	58.7	57.0	2018-2022	Medium
Suicide Death Rate	14.5	14.0	10.7	2018-2022	Low

Table 58: Physical Health

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Poor or Fair Health	N/A	14.4%	16.6%	2021	High
% Adults with Asthma	9.7%	9.8%	10.3%	2022	High
% Adults with Heart Disease	5.2%	5.5%	5.8%	2022	High
% Adults with High Blood Pressure	29.6%	32.1%	35.9%	2021	High
% Adults with High Cholesterol	31.0%	31.4%	31.0%	2021	Medium
Diabetes Prevalence	8.9%	9.0%	9.0%	2021	Medium
% Adults with Kidney Disease	2.7%	2.9%	3.2%	2021	High
% Stroke	2.8%	3.1%	3.4%	2022	High
Obesity	30.1%	29.7%	38.8%	2021	High
% Teeth Loss	13.9%	12.0%	13.2%	2022	High
Cancer Incidence Rate	442.3	464.4	429.8	2016-2020	Low
Emergency Room Visits	535	563	668	2022	High

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Heart Disease Hospitalization Rate	10.4	11.7	11.1	2018-2020	Low
Stroke Hospitalization Rate	8.0	9.5	12.2	2018-2020	High

Table 59: Quality of Care

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Children/adults vaccinated annually against seasonal influenza	44.5%	45.6%	43.7%	2021	Medium
Preventable Hospital Rate	2,752	2,957	3,957	2021	High
Readmissions Rate	18.1%	17.6%	20.5%	2022	High

Table 60: Safety

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Incarceration Rate	1.3%	1.5%	1.8%	2018	High
Juvenile Arrest Rate	13.8	16.0	32.0	2021	High
Violent Crime	416.0	365.7	452.5	2015-2017	High
Firearm Death Rate	13.4	15.5	13.8	2018-2022	Low
Poisoning Death Rate	28.5	31.5	33.3	2018-2022	High

Table 61: Sexual Health

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
Chlamydia Rate	495.0	603.3	1,073.9	2021	High
HIV Incidence Rate	12.7	15.5	23.2	2022	High
Teen Births	16.6	18.2	14.7	2016-2022	Low

Table 62: Substance Use Disorders

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Excessive Drinking	18.1%	18.2%	15.9%	2021	Low
% Driving Deaths with Alcohol	2.3	2.9	3.8	2018-2022	High
Opioid Use Disorder Rate	41.0	43.0	31.0	2021	Low
Opioid Drug Overdose Deaths	N/A	25.1	28.0	2018-2022	High

Table 63: Tobacco Use

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Smokers	14.5%	15.0%	16.7%	2021	High

Table 64: Transportation Options and Transit

Measure	National Benchmark	North Carolina Benchmark	Pitt County Data	Most Recent Data Year	Pitt County Need
% Households with No Motor Vehicle	8.3%	5.4%	9.2%	2018-2022	High
% Public Transit	3.8%	0.8%	0.8%	2018-2022	Medium

APPENDIX 4 | PRIMARY DATA METHODOLOGY AND SOURCES

Primary data were collected through focus groups, which were conducted in-person, and a web-based Community Member survey.

Methodologies

The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

Focus Groups

The following twelve focus groups were conducted virtually or in person between May 14th and June 25th, 2024. These groups included representation from key leaders, non-profit partners, patients, and community members, with over 80 participants providing responses.

- Healthy Lives Healthy Choices
- GoldPath
- Pitt County School Nurses
- Martin Pitt Partnership for Children
- Pitt County Schools
- Pitt County Health Department
- Hope is Alive
- AMEXCAN (2 groups)
- Bethel Advocacy Center
- Heart 4 ENC (2 groups)

Input was gathered on the following topics:

- Community health concerns
- Social and environmental concerns that may impact health
- Access to care
- Other topics of concern for Pitt County

The majority (72.7%) of participants identified as female, and the group was split between White (40.9%) and Black or African American (36.4%) and non-Hispanic/Latino (56.8%). Participants represented a wide range of age groups.

The focus group discussion guide questions are below:

FACILITATOR INTRODUCTION:

"Thank you for being a part of today's focus group! My name is [NAME] and I'm here on behalf of [ORGANIZATION]. We are conducting a community health needs assessment to find out more about some of the health and social issues facing residents in [COUNTY NAME]. The results of this focus group will be used to help health leaders throughout [COUNTY NAME] develop programs and services to address some of the issues we'll be talking about today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. We would also like to ask you to fill out this demographic form, so we can understand a little bit more about who is participating in this focus group."

PARTICIPANT INTRODUCTIONS

1. Please tell us your first name, how long you've lived in [COUNTY NAME] and something you like about living here.

HEALTH AND WELLNESS

2. What are some of the issues that keep residents in [COUNTY NAME] from living healthy lives?
3. What are the most serious health problems facing people who live in [COUNTY NAME]?
    a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?
    b. Are there particular areas in the county that are more affected by these problems than others?
4. Thinking about the health problems you described, what do you think could be done to address these issues?

SOCIAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for people living in [COUNTY NAME]?
    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.

6. Thinking about the social and environmental issues you described, how do you think these issues could be addressed?

ACCESS TO CARE

7. What are some reasons people in [COUNTY NAME] do not get health care when they need it? How can these issues be addressed?

8. What do you think about the health-related services that are available in your community, including medical care, dental care and behavioral health care?

    a. Are there enough locations providing these types of care for people who need it?

    b. Can you find medical, dental or behavioral health care within a reasonable timeframe when you need it?

    c. Are your experiences with providers (doctors, dentists, nurses, therapists, emergency personnel, etc.) more positive or negative, and why?

SUGGESTIONS

9. What are some of the strengths or community assets in [COUNTY NAME] that can help residents live healthier lives?

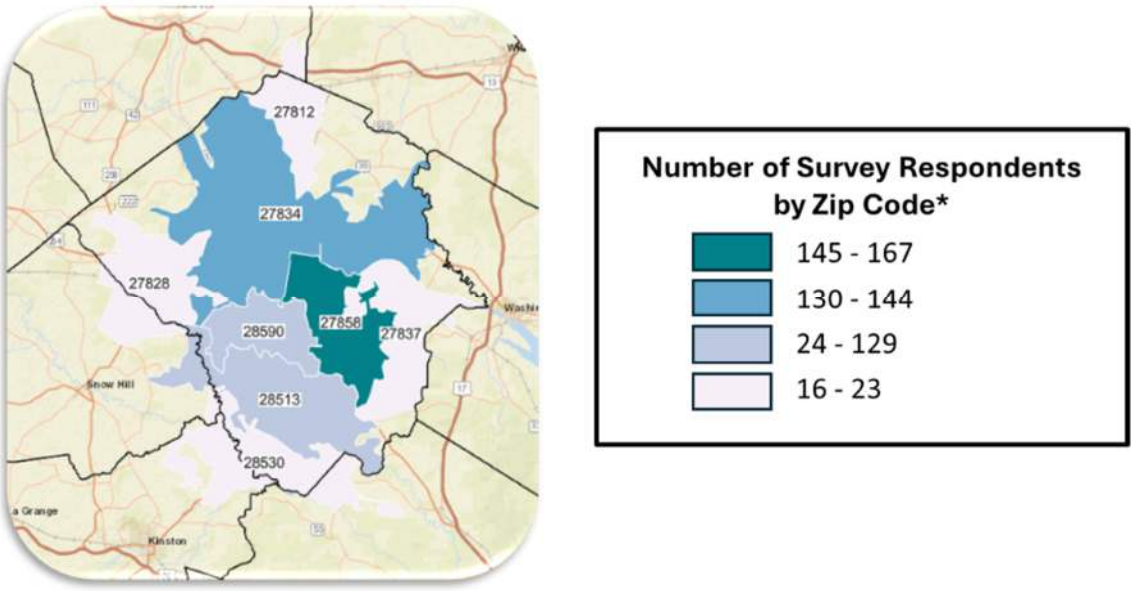
10. What do you think local health leaders should do to improve health and quality of life in [COUNTY NAME]? What do you want local health leaders to know?

11. What actions can local residents take to help improve the health of the community?

Community Member Web Survey

A total of 582 surveys were completed by individuals living, working or receiving healthcare in the Pitt County community. The survey was available in both English and Spanish, and approximately 2% were completed in Spanish. Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the county. The map below provides additional information on survey respondents' ZIP code of residence.

Figure 48: Respondent Zip Code of Residence[50]



In general, survey questions focused on:

- Community health problems and concerns
- Community social/environmental problems and concerns
- Specific topics of interest to Pitt County
    - Access to care
    - Healthy lifestyle
    - Maternal and infant health
    - Physical health
    - Substance use disorders
    - Transportation and transit
    - Family, community, and social support

The key findings from the Community Survey are detailed below:

- Mental health, diabetes/high blood sugar, and heart disease/high blood pressure were identified as the top 3 health problems affecting the community. Over 40% of respondents also identified weight issues and alcohol/drug addiction as significant health problems.
- Cost, not having insurance, and long wait times were the top three barriers to receiving health care identified by the community.
- Availability and access to doctor's offices, poverty, and availability/access to insurance were identified as the top three most important social or environmental problems that affect the health of the

[50] Zip codes with fewer than five respondents were not displayed for privacy reasons.

community. Over one quarter of respondents also identified housing/homelessness as a significant problem.

Information describing the respondents to the Community Member Survey are displayed below:

Figure 49: Respondents by Age Group

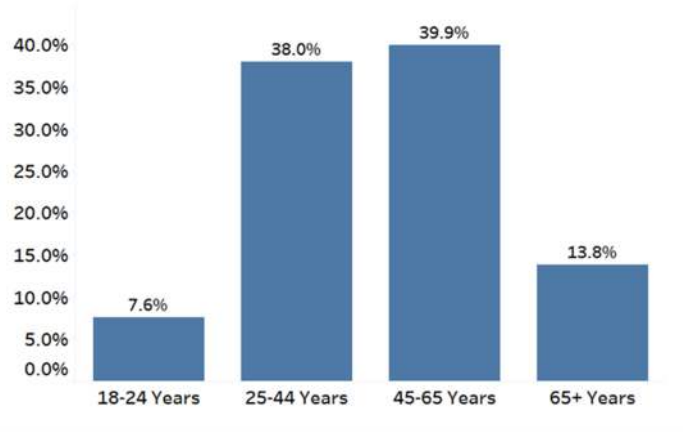


Figure 50: Respondents by Gender

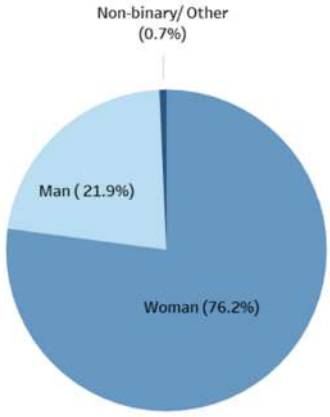


Figure 51: Respondents by Race

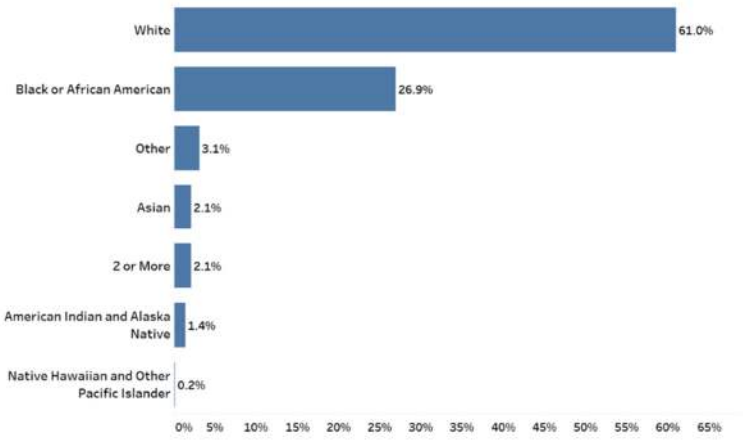
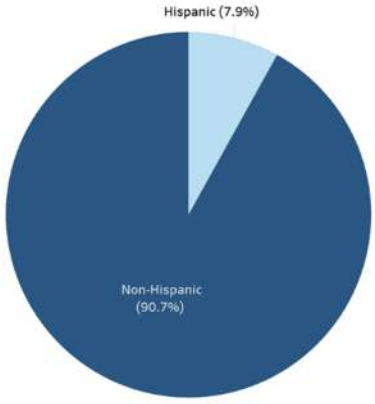


Figure 52: Respondents by Ethnicity



The questions administered via the Community Member Survey instrument are below. The survey instrument was also available in Spanish, and a copy of the Spanish language survey instrument is available on request.

Dear Community Member,

We invite you to participate in your county's Community Health Needs Survey.

Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in your county. This is not a research survey. It will take less than 10 minutes to complete.

Instructions: You must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated.

For questions about this survey, contact Ascendient Healthcare Advisors: emilymccallum@ascendient.com

Thank you for your time and participation!

Topic: Demographics

1. What is the zip code where you currently live? _____

2. What is your age group?

   □ 18-24
   □ 25-44
   □ 45-65
   □ 65+
   □ Don't know/ Not sure
   □ Prefer not to say

3. Which of the following best describes your gender? *Select all that apply:*

   □ Man
   □ Woman
   □ Non-binary, genderqueer, or gender nonconforming
   □ Additional gender category: _____
   □ Prefer not to say

4. How would you describe your race? *Select all that apply:*

   □ American Indian and Alaska Native
   □ Asian
   □ Black or African American
   □ Native Hawaiian and Other Pacific Islander
   □ White
   □ Other race: _____
   □ Don't know/Not sure
   □ Prefer not to say

5. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?[51]

   □ Yes
   □ No
   □ Don't know/Not sure
   □ Prefer not to say

6. What is the highest grade or year of school you completed?

   □ Less than 9th grade
   □ 9-12th grade, no diploma
   □ High school graduate (or GED/equivalent)
   □ Some college (no degree)
   □ Associate's degree or vocational training
   □ Bachelor's degree
   □ Graduate or professional degree
   □ Don't know/Not sure
   □ Prefer not to say

7. Which language is most often spoken in your home? *Select one:*

   □ English
   □ Spanish
   □ Other, please specify: _____
   □ Don't know/Not sure
   □ Prefer not to say

[51] The U.S. Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

8. For employment, are you currently...*Select all that apply:*

□ Employed full-time (40+ hours per week)
□ Employed part-time (under 40 hours per week)
□ Retired
□ Student
□ Armed forces/military
□ Self-employed
□ Homemaker
□ Temporarily unable to work due to illness or injury
□ Unemployed for less than one year
□ Unemployed for more than one year
□ Permanently unable to work
□ Prefer not to answer

9. Which category best describes your yearly household income before taxes? Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

□ Less than $15,000
□ $15,000 - $24,999
□ $25,000 - $34,999
□ $35,000 - $49,999
□ $50,000 - $74,999
□ $75,000 - $99,999
□ $100,000 - $149,999
□ $150,000 - $199,999
□ $200,000 or more
□ Prefer not to say

Topic: Community Health Opinion Questions

10. What are the **three** most important health problems that affect the health of your community? *Please select up to three:*

□ Alcohol/drug addiction
□ Alzheimer's disease and other dementias
□ Mental health (depression/anxiety)
□ Cancer
□ Diabetes/high blood sugar
□ Heart disease/high blood pressure
□ HIV/AIDS
□ Infant death
□ Lung disease/asthma/COPD
□ Stroke
□ Smoking/tobacco use
□ Overweight/obesity
□ Other (please specify): _____
□ Prefer not to answer

11. What are the **three** most important social or environmental problems that affect the health of your community? *Please select up to three:*

□ Availability/access to doctor's office
□ Availability/access to insurance
□ Child abuse/neglect
□ Age Discrimination
□ Ability Discrimination
□ Gender Discrimination
□ Racial Discrimination
□ Domestic violence
□ Housing/homelessness
□ Lack of affordable childcare
□ Lack of job opportunities
□ Limited access to healthy foods
□ Limited places to exercise
□ Neighborhood safety/violence
□ Limited opportunities for social connection
□ Poverty
□ Limited/poor educational opportunities
□ Transportation problems
□ Environmental injustice
□ Other (please specify): _____
□ Prefer not to answer

12. What are the **three** most important reasons people in your community do not get health care? *Please select up to three:*

□ Cost – too expensive/can't pay
□ Wait is too long
□ No health insurance
□ No doctor nearby
□ Lack of transportation
□ Insurance not accepted
□ Language barriers
□ Cultural/religious beliefs
□ Other (please specify): _____
□ Prefer not to answer

Topic: Access to Care

13. DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

□ Yes
□ No
□ Don't know
□ Prefer not to answer

14. Where do you USUALLY go when you are sick or need advice about your health? *Select all that apply:*

□ Doctor's office, clinic or health center
□ Urgent care or minute clinic
□ Hospital emergency room
□ Some other place [please specify]: _____
□ Don't go to one place most often
□ Don't know
□ Prefer not to answer

15. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? *Select all that apply:*

□ Didn't have transportation
□ You live in a rural area where distance to the health care provider is too far
□ You were nervous about seeing a health care provider
□ Couldn't get time off work
□ Couldn't get childcare
□ You provide care to an adult and could not leave him/her
□ Couldn't afford the copay
□ Your deductible was too high/could not afford the deductible
□ You had to pay out of pocket for some or all of the visit/procedure
□ I did not delay care for any reason
□ Other *(please specify)*:
□ Prefer not to answer

16. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? *Select all that apply:*

□ Prescription medicines
□ Mental health care or counseling
□ Emergency care
□ Dental care (including checkups)
□ Eyeglasses
□ To see a specialist
□ To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
□ Follow-up care
□ None of the above
□ Prefer not to answer

17. If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

□ Very worried
□ Somewhat worried
□ Not at all worried
□ Don't know
□ Prefer not to answer

18. How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer. 1 = Strongly disagree; 2 = somewhat disagree; 3 = neither agree nor disagree; 4 = somewhat agree; 5 = strongly agree

	1	2	3	4	5	Don't know	Prefer not to say
a. I have access to the resources I need to access telehealth (internet, smartphone, tablet, computer, etc.)	□	□	□	□	□	□	□
b. I have used telehealth to access care from my doctor or other provider in the past	□	□	□	□	□	□	□
c. I am open to using telehealth to access medical care in the future	□	□	□	□	□	□	□
d. I am comfortable using a phone, tablet or computer to communicate with my doctor or other provider	□	□	□	□	□	□	□
e. I am comfortable using an online patient portal (i.e. MyChart, My CarolinaEast Care, myOMH, etc.) to communicate with my doctor or other provider	□	□	□	□	□	□	□

Topic: Diet & Exercise

19. Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries.)

□ Number of servings: _____

20. On average, how many servings of vegetables did you eat, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini.)

□ Number of servings: _____

21. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day?

□ Number of drinks: _____

22. During the past month, approximately how much time (in hours) per week were you physical active outside of your regular job?

    □ Number of hours: _____

23. When you are active, where do you engage in exercise or physical activities? *Select all that apply:*

    □ Beach
    □ Home
    □ Malls
    □ Neighborhood
    □ Private gym/pool
    □ Public recreation center
    □ Outdoor parks or trails
    □ Work
    □ Other (please specify): _____
    □ I don't exercise
    □ Don't know
    □ Prefer not to answer

Topic: Maternal and Infant Health

The following section asks questions about maternal and infant health in your county.

24. Have you given birth in the past year?

    □ Yes
    □ No
    □ Not applicable
    □ Prefer not to say

    [If you answered 'Yes' to Question 1, please proceed to Question 2. All other responses, please proceed to the next topic.]

25. Thinking back to your most recent pregnancy, did you need to travel outside the county you live in to find prenatal care or to give birth?

    □ Yes, I traveled less than 30 minutes
    □ Yes, I traveled more than 30 minutes
    □ No
    □ Don't know
    □ Prefer not to say

26. Thinking back to your most recent pregnancy, did you receive any prenatal care?

    □ Yes
    □ No
    □ Don't know
    □ Prefer not to say

[If you answered 'Yes' to Question 3, please proceed to Question 4. All other responses, please proceed to Question 5.]

27. During any of your prenatal care visits, did a healthcare provider do any of the following things:

	Yes	No	Don't Know	Prefer not to say
a. Talk to me about how much weight I should gain during pregnancy.	□	□	□	□
b. Talk to me about doing tests to screen for birth defects or diseases that run in my family.	□	□	□	□
c. Talk to me about what to do if I feel depressed or anxious during my pregnancy or after the baby is born.	□	□	□	□
d. Ask me if I planned to breastfeed my new baby.	□	□	□	□
e. Ask me if I planned to use birth control after my baby was born.	□	□	□	□
f. Ask me if I was taking any prescription medication.	□	□	□	□
g. Ask me if I smoked cigarettes or used any other tobacco products (vapes, smokeless tobacco).	□	□	□	□
h. Ask me if I was drinking alcohol.	□	□	□	□
i. Ask me if someone was hurting me emotionally or physically.	□	□	□	□
j. Ask me if I was using illegal drugs.	□	□	□	□
k. Ask me if I was using marijuana.	□	□	□	□
l. Ask me if I wanted to be tested for HIV**.**	□	□	□	□

28. Thinking about your most recent birth, was this infant born more than three weeks before your due date?

□ Yes
□ No
□ Don't know
□ Prefer not to say

29. Thinking about your most recent birth, was this infant ever breastfed?

□ Yes
□ No
□ Don't know
□ Prefer not to say

Topic: Physical Health

30. Considering your physical health overall, would you describe your health as…

□ Excellent
□ Very Good
□ Good
□ Fair
□ Poor
□ Don't know/Not sure
□ Prefer not to say

31. Within the past year (anytime less than one year ago), have you:

	Yes	No	Don't Know	Prefer not to say
a. Had a routine/annual physical or check-up?	□	□	□	□
b. Been to the dentist/dental hygienist?	□	□	□	□

32. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? *Select all that apply:*

□ Arthritis
□ Asthma
□ Cancer
□ Chronic Obstructive Pulmonary Disease (COPD)
□ Dementia/Short-term memory loss
□ Depression or anxiety
□ Diabetes (not during pregnancy)
□ Heart disease, stroke, or other cardiovascular disease
□ High blood pressure (hypertension)
□ High cholesterol
□ Immunocompromised condition not otherwise listed
□ Kidney disease
□ Liver disease
□ Long COVID
□ Lung disease
□ Osteoporosis
□ Physical disabilities
□ Mental illness not otherwise listed (including bipolar disorder, schizophrenia, borderline personality disorder, dissociative identity disorder)
□ Sexually transmitted diseases (including chlamydia, syphilis, gonorrhea and HIV)
□ Stroke
□ Vision and sight problems
□ Other *(please specify)*:
□ None of the above
□ Don't know/Not sure
□ Prefer not to say

33. What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? *Please select all that apply:*

□ I don't have a current health condition to manage
□ Health insurance to cover the care I need
□ Assistance finding a doctor
□ Assistance making and keeping appointments with my doctor(s)
□ Assistance understanding all the directions from my doctor(s)
□ Information to understand how to take my medication(s)
□ Assistance paying for my prescription(s)/medication(s) or medical equipment
□ Health care in my home
□ Coordination of my overall care among multiple health care providers
□ Access to healthy foods
□ Access to places to exercise safely
□ Transportation assistance
□ Financial assistance for co-pays, deductibles
□ Home modification assistance (for example, installing a wheelchair ramp or a handicapped-accessible shower)
□ Other *(please specify)*:
□ None
□ Don't know
□ Prefer not to say

Topic: Substance Use Disorders

34. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?

□ Number of drinks: _____

35. How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

□ Every Day
□ Some Days
□ Not at all
□ Don't know/not sure
□ Prefer not to say

36. In the past year, have you or a member of your household intentionally misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

□ Yes
□ No
□ Don't know/not sure
□ Prefer not to say

37. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:
□ A Great Deal
□ Somewhat
□ A Little
□ Not at All
□ Don't know/Not sure
□ Prefer not to say

Topic: Transportation and Transit

38. In a typical week, what kinds of transportation do you use the most? *Select all that apply:*

□ Car
□ Bus
□ Walk
□ Taxi, Uber, or Lyft
□ Ride with someone
□ Bike
□ Motorcycle
□ Paying for rides from family or friends
□ Other, please specify: _____
□ Prefer not to say

39. In the past 12 months has lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living? *Select all that apply:*

□ Yes, it has kept me from medical appointments or getting medications
□ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
□ No
□ Prefer not to say

40. Do you put off or neglect going to the doctor because of distance or transportation?

□ Yes
□ No
□ Don't know/not sure
□ Prefer not to say

Pitt County: Additional Topic

1. The following statements describe what your neighborhood might be like. Tell us how much you agree or disagree.
   1 = Strongly disagree; 2 = somewhat disagree; 3 = neither agree nor disagree; 4 = somewhat agree; 5 = strongly agree

	1	2	3	4	5	Don't know	Prefer not to say
a. People around here are willing to help their neighbors.	□	□	□	□	□	□	□
b. People in my neighborhood generally get along with each other.	□	□	□	□	□	□	□
c. People in my neighborhood can be trusted.	□	□	□	□	□	□	□
d. People in my neighborhood share the same values.	□	□	□	□	□	□	□
e. My neighborhood is noisy.	□	□	□	□	□	□	□
f. My neighborhood is clean.	□	□	□	□	□	□	□
g. People in my neighborhood take good care of their houses and apartments.	□	□	□	□	□	□	□
h. I'm always having trouble with my neighbors.	□	□	□	□	□	□	□
i. In my neighborhood, people watch out for each other.	□	□	□	□	□	□	□
j. My neighborhood is safe.	□	□	□	□	□	□	□
k. My neighborhood is a good place to grow old.	□	□	□	□	□	□	□

APPENDIX 5 | DETAILED PRIMARY DATA FINDINGS

Focus Groups

Key findings from the focus groups are summarized below.

Focus Group General Findings

Twelve focus groups were conducted in Pitt County to identify common health concerns and barriers to care. Across all 12 focus groups, several consistent challenges emerged regardless of the population served. Transportation barriers were universally cited as a major obstacle to healthcare access, particularly affecting rural areas, seniors, and those living outside of Greenville. Geographic disparities were frequently noted, with areas "north of the river" and smaller towns like Ayden, Grifton, and Farmville consistently identified as facing greater challenges in accessing resources. Mental health emerged as a critical concern across all age groups and demographics, with particular emphasis on access barriers, stigma, and inadequate services. Chronic diseases (especially diabetes, hypertension, and obesity) were cited by every group, often linked to food access issues and the high cost of healthy foods. Social determinants of health, particularly housing instability, poverty, and language barriers, were identified as fundamental challenges affecting health outcomes. Nearly every group highlighted how healthcare costs, insurance coverage gaps, and long wait times create barriers to care, with many noting that residents often make too much to qualify for assistance but too little to afford care.

Recommendations across groups consistently emphasized the need for more culturally competent and bilingual healthcare providers, improved public transportation systems, and better coordination between healthcare providers and community organizations. Multiple groups stressed the importance of churches and faith communities in health promotion efforts. There was strong consensus around the need for health leaders to engage directly with communities, understand lived experiences, and address systemic barriers rather than focusing on short-term solutions. Groups consistently recommended expanding mobile health services, improving health education efforts, and creating more accessible points of care in underserved areas. A common theme was the need to address generational cycles of poor health outcomes through education and early intervention, while also ensuring that health information and resources are accessible to those with limited technology skills or English proficiency. Every group emphasized the importance of making health information and services more accessible and user-friendly, with many suggesting that current systems are too complex and discourage people from seeking care.

Focus Group 1 Key Findings: Healthy Lives Healthy Choices

Healthy Lives Healthy Choices is a faith-based program that strives to impact the identification of risk factors, screening and treatment, education and reduction of disparities of diabetes and cardiovascular disease across Pitt County. The program is made up of lay health advisors within member churches who work to promote better health outcomes through practical education and support for behavior change.

The focus group, which took place on May 14th, 2024, included 10 individuals (9 females, 1 male), who were predominantly Black/African American and aged 50+. Many participants shared experiences spanning several decades in Pitt County, offering valuable historical perspective on community health changes. Key health issues included obesity, high blood pressure, diabetes, and undiagnosed mental

illnesses with associated stigma. The group particularly emphasized how chronic conditions affect multiple generations within families and the challenge of breaking unhealthy lifestyle patterns.

Social determinants of health that were discussed included housing problems, domestic violence, and racial/ethnic discrimination. The group provided detailed insights into how poverty and lack of health insurance create cascading effects on community health. Healthcare barriers included emergency department wait times, high costs, and limited access to preventive care. Recommendations focused on increasing prevention care access, basic health education, and leveraging existing community groups (particularly churches) for health promotion. The group emphasized the need for health leaders to review community feedback and avoid working in silos, while also stressing the importance of personal accountability in health improvement efforts.

Focus Group 2 Key Findings: GoldPath

GoldPath is a community health program providing specialized programs, services, and amenities for adults ages 55 and older. The program focuses on addressing the unique health and social needs of the older adult population in Pitt County. This focus group was held on May 16th, 2024.

The focus group included 7 older adults (4 females, 3 males), predominantly aged 65+ with diverse racial backgrounds including White, Black/African American, and some preferring not to specify. Participants appreciated the county's seasons, peaceful atmosphere, and cost of living, but expressed concerns about increasing isolation in the community. Key health concerns included heart disease, diabetes, cancer, and substance abuse, with the group noting these issues affect all races and socioeconomic levels but hit certain communities harder.

Social and environmental challenges centered around loneliness, lack of community connection ("don't know neighbors"), and environmental concerns like air quality and mold in housing. The group highlighted how "north of the river" communities face particular challenges with fewer resources. Healthcare barriers included delayed appointments, lack of patient advocates, and inconsistency in providers seen. Recommendations emphasized improving transportation options for seniors, implementing universal healthcare, and making communities more walkable. The group stressed the importance of self-advocacy and practical solutions like cooking at home for better health control, while also noting the need for more patient advocates to help navigate the healthcare system.

Focus Group 3 Key Findings: Pitt County School Nurses

This focus group featured healthcare professionals embedded within the school system, providing direct health services, health education, and coordination of care for students within Pitt County Schools. It was held on May 20th, 2024.

The focus group included 10 females, predominantly White, ages 30-64, bringing perspectives from their daily interactions with students and families across different school settings. Key health concerns included diabetes, mental illness, asthma, and increasing vaping/substance use among youth. The group highlighted particularly concerning trends in social media impacts on body image starting as early as 3rd grade, noting how these issues affect student health and wellbeing. They emphasized the complex intersection of physical health, mental health, and academic performance.

Social challenges included housing instability (with students living in hotels or house sharing arrangements) and parents struggling with generational cycles of poverty. The group provided detailed insights into how these social factors directly impact student health and academic outcomes. Healthcare barriers included limited Medicaid acceptance, particularly for vision care (with only one provider in county accepting Medicaid), and parents unable to take time off work for appointments. Recommendations included increasing student support staff (nurses, counselors) and helping parents break negative generational cycles. The group emphasized the critical need for health leaders to experience firsthand what citizens are going through, noting that many parents are repeating cycles they were taught, and suggesting that effective intervention requires understanding these generational patterns.

Focus Group 4 Key Findings: Martin Pitt Partnership for Children

Martin Pitt Partnership for Children is dedicated to making meaningful and measurable investments in young children to enable them to achieve their fullest potential, focusing on early childhood development and family support services. This focus group took place on May 29th, 2024.

The focus group included 8 females with direct experience in early childhood issues. Their discussion highlighted how community health issues directly impact young children and families. Key health concerns included nutrition access, the impact of busy work/life schedules on family health choices, and increasing behavioral health needs among young children. The group particularly emphasized challenges facing new graduates, mothers, and those new to the community, noting how these transitions can affect both health access and outcomes.

Social and environmental challenges included stigma around asking for help, inadequate transportation infrastructure (including poor bus schedules and lack of covered waiting areas), and limited job opportunities that provide sufficient income for family health needs. Healthcare barriers centered around affordability, with particular emphasis on how income levels can be too high to qualify for assistance but too low to afford care. Recommendations included improving public transportation infrastructure, increasing childcare availability, and addressing provider staffing ratios. The group emphasized the need for health leaders to engage directly with small business owners and the childcare community to better understand and address family health needs.

Focus Group 5 Key Findings: AMEXCAN – Staff

AMEXCAN is a nonprofit that works to advance the interests of Mexican and Latino communities in NC through advocacy, education, and promotion of culture and leadership development. AMEXCAN focuses on building leadership capacity within the Latino community while preserving cultural heritage and advancing social justice. As the staff arm of AMEXCAN, this group represents professionals working directly with the Mexican and Latino communities in North Carolina. Their perspective combines both service provider and community member insights. This focus group was held on June 12th, 2024.

The focus group included 7 staff members (5 females, 2 males), who were predominantly Hispanic/Latino, representing various age groups (18-49). Staff members brought unique insights from their work with community members, highlighting both systematic barriers and day-to-day challenges faced by the Latino population. Key health issues included chronic diseases like diabetes and obesity, with food deserts and

high costs of healthy foods identified as contributing factors. The group emphasized how areas outside of Greenville, particularly smaller towns, face greater challenges in accessing resources.

Social and environmental challenges included generational factors affecting health behaviors, environmental impacts from factories and farms, and bullying in schools. The group noted particular concerns about the cost-to-revenue ratio of healthcare and the impact on marginalized communities. Recommendations focused heavily on cultural competency, including increasing bilingual workforce, reducing language barriers, and incentivizing healthcare providers to better engage with minority communities. The group advocated for expanding county budgets to assist smaller towns and increasing diversity in city and town government. They emphasized the need for health education that goes beyond pamphlets and ensures true understanding within the community.

Focus Group 6 Key Findings: Pitt County Schools Social Workers and Counselors

This group featured school based professionals providing mental health support, crisis intervention, and social services coordination for students and families within the Pitt County School system, and was held on June 10th, 2024.

The group included 4 women (3 Black/African American, 1 White), representing frontline professionals working directly with students and families. Drawing from their direct work with students, they provided unique insights into how health challenges affect educational outcomes. Key health concerns included poor nutrition, dental needs, and limited mental health access for children. The group emphasized a particularly concerning trend of housing instability forcing students to change schools frequently, disrupting both their education and healthcare continuity. The group noted that many families face difficult choices between addressing health needs and maintaining housing stability.

Social and environmental challenges included domestic violence, inadequate housing conditions (mold, unlivable conditions), and neighborhood safety issues that directly impact schools. The group highlighted how these issues create cascading effects on student wellbeing and academic performance. Healthcare barriers included clinics not accepting new patients, emergency department wait times, and parents sometimes avoiding seeking care due to fears of CPS involvement. Recommendations emphasized increasing mobile wellness checks, developing voluntary mental health support for children, and improving transportation systems. The group stressed the importance of removing stigma around the term "Social Worker" and creating safe environments for children to discuss problems.

Focus Group 7 Key Findings: Maternal Child Health Staff at Pitt County Health Department (PCHD)

This group featured public health professionals working within the county health department, specifically focused on maternal and child health services and programs to support family health outcomes in Pitt County. It took place on June 10th, 2024.

Participants were primarily MCH staff members. They valued the county's resources and convenient geographic location while highlighting systemic healthcare challenges. Key health concerns included mental health (particularly undiagnosed conditions), substance abuse/stress, and chronic diseases like hypertension and diabetes. The group provided specific insights into how these issues disproportionately affect various populations, including people of color (particularly with hypertension/diabetes), young

people (mental health), LGBTQIA+ individuals (mental health/substance abuse), and youth engaged in smoking/vaping behaviors.

Social and environmental challenges included affordable housing access, poverty, transportation barriers, seasonal gaps in school-aged activities/programs, and food insecurity. The group emphasized how these social determinants directly impact health outcomes in the community. They highlighted specific healthcare barriers including wait lists with provider offices, stigma around seeking care, lack of trust in the medical community, and insurance difficulties. The group noted that even with Medicaid expansion, planning for increased access has been inadequate. Recommendations focused on improving clinic systems, building trust through provider visibility in the community, enhancing health literacy efforts, and increasing community partnerships. They emphasized the need for health leaders to actively engage with the community beyond election cycles and to volunteer in agencies to understand actual community needs.

Focus Group 8 Key Findings: Hope is Alive

Hope is Alive is a community support organization with strong connections to recovery services, working to address substance use and mental health needs while providing broader community support services in Pitt County.

The focus group on June 12th included 9 males and several females, with significant representation from White and American Indian/Alaska Native communities, and primarily Hispanic/Latino ethnicity. Many participants were relatively new to the area, ranging from 2-28 months of residency. Key health concerns included lack of affordable dental and vision care, with particular emphasis on barriers facing low-income individuals, immigrants, and those in recovery. The group provided unique insights into challenges facing Native American community members, noting the closest tribal healthcare was 4 hours away and highlighting how traditional free healthcare access for tribal members is unavailable locally.

Social and environmental challenges included transportation barriers, lack of crosswalks in certain areas, and significant disparities between lower and upper classes. The group emphasized how technology barriers and complex application processes often discourage people from seeking care, noting that "people tend to give up because of the technology challenge." Recommendations focused on simplifying healthcare access processes, improving city walkability, and making health information more accessible to those who aren't tech-savvy. The group stressed the importance of advocating for community needs and the value of sharing information rather than "gatekeeping" resources.

Focus Group 9 Key Findings: Bethel Advocacy Center

Bethel Advocacy Center is an outreach extension serving the Bethel Township area of Pitt County, providing daily advocacy services for local residents. The center acts as a crucial bridge between community members and available resources, with particular focus on addressing rural community needs.

The focus group on June 17th included 10 individuals (8 females, 2 males), predominantly Black/African American and non-Hispanic/Latino. Their discussion brought forward perspectives ranging from lifelong residents to newer community members, with some having lived in the area for over 70 years. Key health issues included diabetes, mental health challenges, and hypertension, with particular emphasis on how

these conditions affect elderly residents and young people differently. The group provided detailed insights into how poverty and access issues create barriers to maintaining good health.

Social and environmental challenges centered around unemployment, housing issues, poverty, and technology barriers particularly affecting elderly residents. The group highlighted how cultural norms, especially among men, create barriers to seeking care, and discussed how poverty forces difficult choices between necessities like rent and medicine. Recommendations emphasized expanding church involvement in health initiatives ("Power of the church"), improving health education through practical approaches like cooking classes, and addressing stigma around seeking help. The group advocated for a "one tree at a time" approach to solving community problems, suggesting that tackling issues systematically rather than trying to address everything at once would be more effective.

Focus Group 10 Key Findings: AMEXCAN – Latino Community

This focus group took place on June 18th, 2024, and included 3 females and 3 males, primarily Hispanic/Latino, with participants noting long-term residency in Pitt County ranging from 14 to 30 years. Participants highlighted significant health concerns within the Latino community, including language barriers preventing access to medical care, lack of health insurance coverage, and extended wait times for appointments. The group emphasized how work obligations often take precedence over health needs, creating a cycle of delayed care. Mental health needs and chronic conditions like diabetes and hypertension were identified as serious concerns.

Social and environmental challenges included discrimination in schools and healthcare settings, limited access to specialists, and concerns about provider cultural sensitivity. The group identified specific barriers for undocumented individuals seeking healthcare and noted many community members are unaware of available resources like free preventive services. Recommendations focused on systemic changes: improving clinic systems to better serve the Hispanic community, increasing bilingual staff, ensuring healthcare access regardless of documentation status, and developing sustained awareness campaigns rather than one-time initiatives. The group emphasized the need for health leaders to understand that the Latino community faces unique challenges in accessing care and advocated for better outreach and communication strategies.

Focus Group 11-12 Key Findings: Heart 4 ENC

Heart for ENC is a faith-driven nonprofit organization based in Eastern North Carolina that partners with local nonprofit and faith-based groups to empower community transformation. Their mission is to equip these organizations through capacity-building resources, training, and services like grant writing, all while fostering connections and demonstrating the love of Christ.

Two focus groups were held on June 25th, 2024.

Group 1 included 9 individuals (7 females, 2 males), with diverse age ranges (18-74) and ethnic backgrounds, including both Hispanic/Latino and non-Hispanic participants. The group valued the community's giving nature and collaborative spirit among nonprofits. Key health concerns included mental health, diabetes, cardiovascular disease, and obesity, with particular impacts noted for minorities, those with lower socioeconomic status, and LGBTQ+ individuals. The group provided specific insights into how health challenges vary between Greenville and smaller surrounding towns.

Social and environmental challenges included food deserts, transportation barriers, and lack of awareness about available resources. The group noted that some residents make slightly too much to qualify for assistance but still struggle to afford care, creating a healthcare access gap. Recommendations included improving public transportation scheduling for smaller towns, increasing bilingual staff, and enhancing community awareness of resources through more effective outreach methods. The group emphasized the need for mobile health clinics and better prevention efforts to address mental health needs, while also stressing the importance of considering marginalized communities' specific needs.

Group 2 included 11 individuals (6 females, 5 males), predominantly non-Hispanic and representing age ranges from 18-74 years. This diverse group brought perspectives from various sectors of the community, emphasizing both urban and rural health challenges. Key health concerns included mental health, chronic diseases, interpersonal violence, and substance use disorders. The group provided detailed insights into how these issues particularly impact specific populations: young African American males (ages 15-32), children, women, LGBTQIA+ individuals, and those with language barriers.

Social and environmental challenges included food insecurity, gender-based violence, rising cost of living, and significant disparities in healthcare experiences. The group highlighted how certain areas, particularly north of the river and urban housing developments, face concentrated challenges. Healthcare barriers included long wait times, implicit bias in healthcare, and lack of cultural sensitivity. Recommendations focused on developing trauma-informed communities, implementing racial equity education, and creating better systems for healthcare access. The group emphasized the importance of meeting community members "where they are" and ensuring that healthcare providers reflect and understand the communities they serve.

Community Member Web Survey

Charts detailing key findings from the Community Member Survey are displayed below:

Topic: Additional Demographic Information

Figure 53: What is the highest grade or year of school you completed?

(N=582)

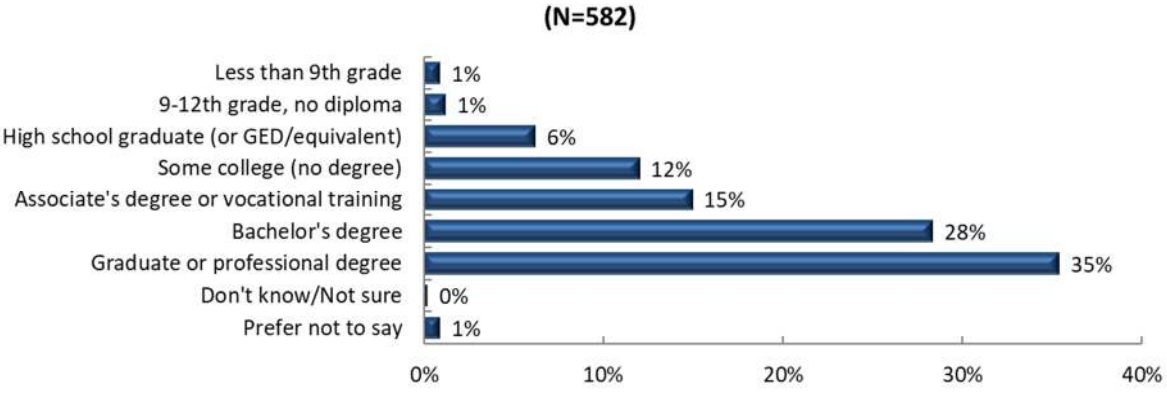
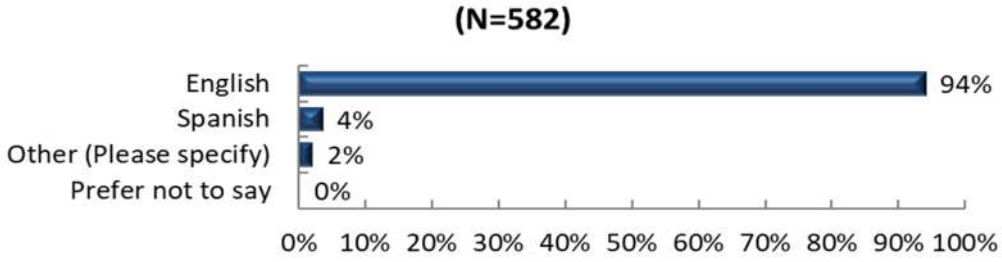


Figure 54: Which language is most often spoken in your home? (Choose one)



Other (please specify):

- "American Sign Language"
- "Arabic" (4 responses)
- "Gujarati"
- "Hindi"
- "Korean"
- "Pertion"
- "Portuguese"
- "Telugu"
- "Ukraine"

Figure 55: For employment, are you currently... (Select all that apply.)

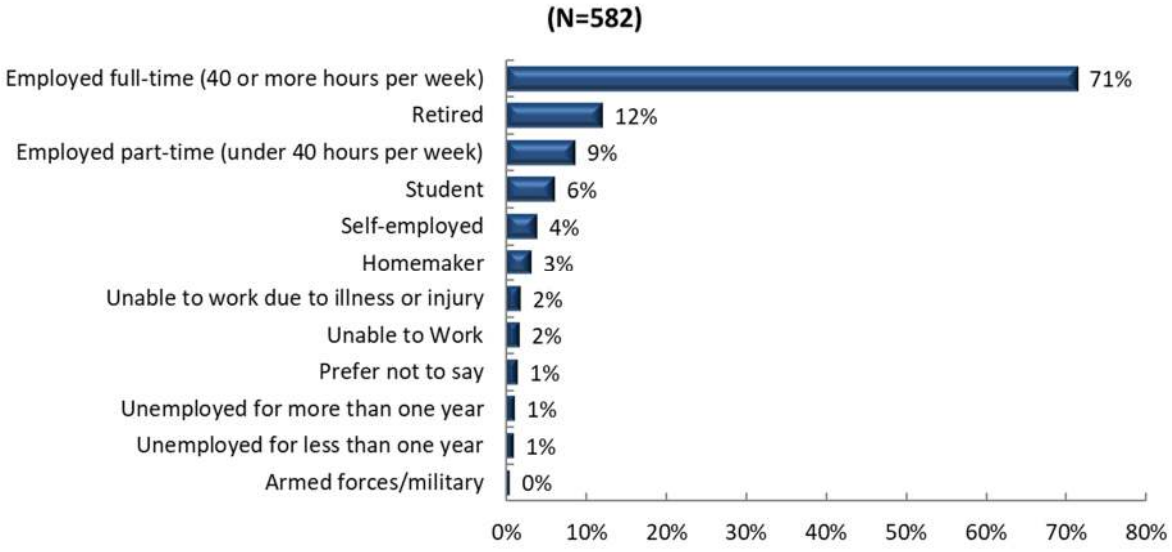
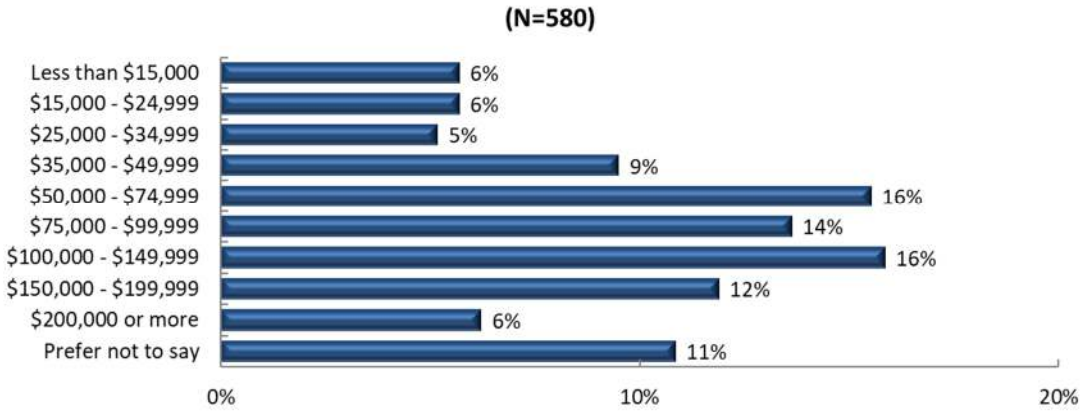
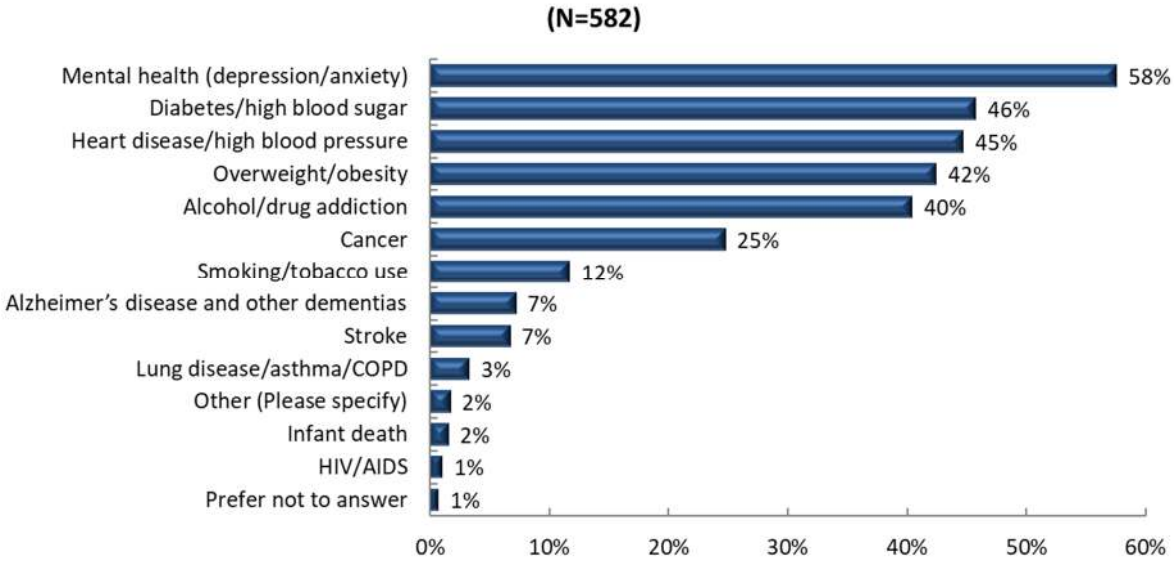


Figure 56: Which category best describes your yearly household income before taxes?[52]



Topic: Health Conditions, Social Determinants of Health, and Barriers to Care

Figure 57: What are the three most important health problems that affect the health of your community? Please select up to three.



Other (please specify):

- "Adverse childhood experiences"
- "Chrohn's"
- "COVID"
- "Dental problems"
- "Enfermedades de veneria"
- "Minority Stress from anti-LGBTQ bias"
- "Polarization/Isolation"
- "Sickle cell disease & other blood related"

[52] Participants were asked to include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

Figure 58: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)

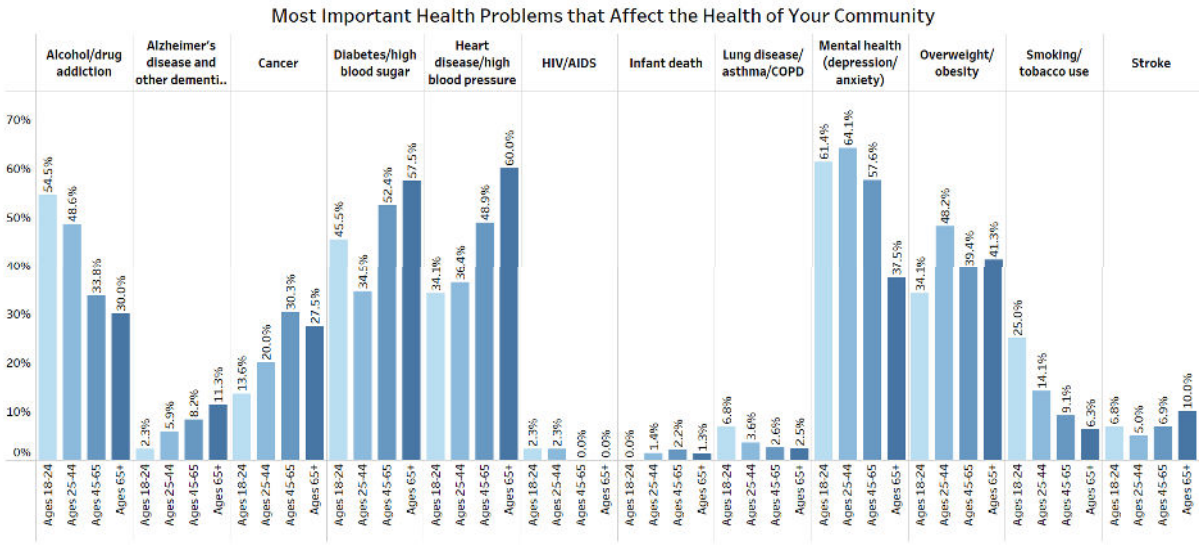


Figure 59: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)

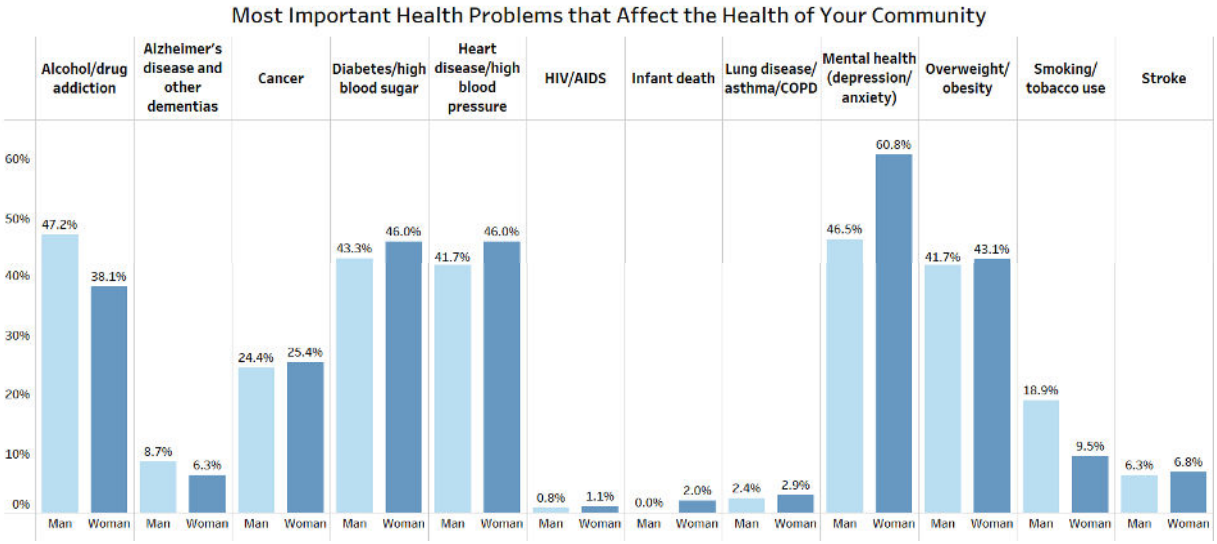


Figure 60: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)

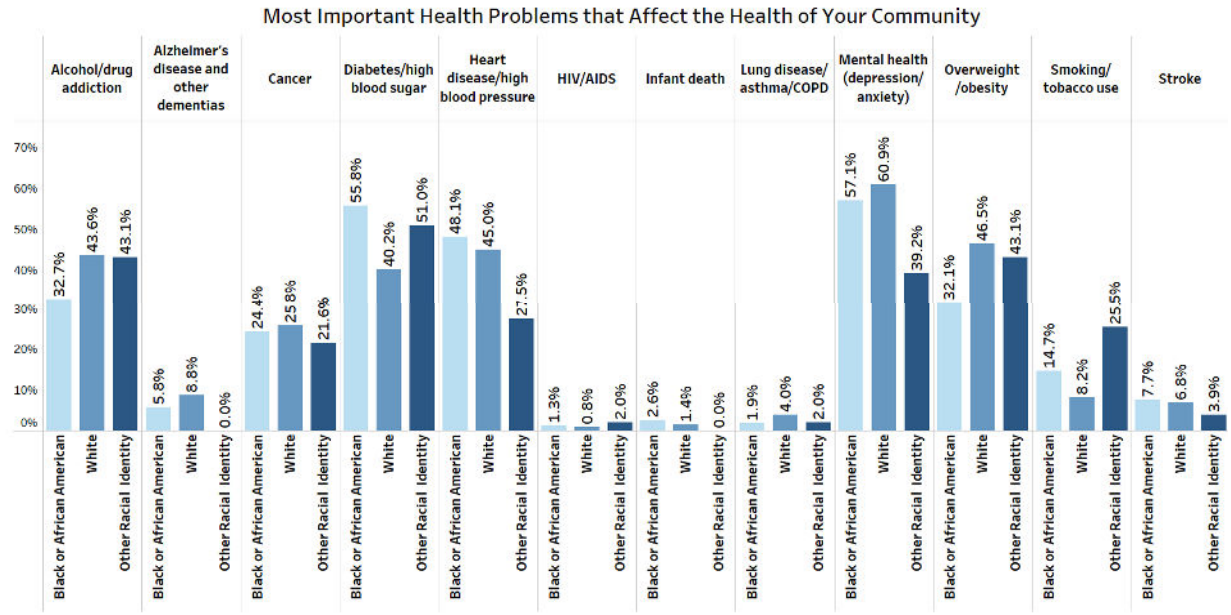


Figure 61: What are the three most important health problems that affect the health of your community? Please select up to three. (by ethnicity)

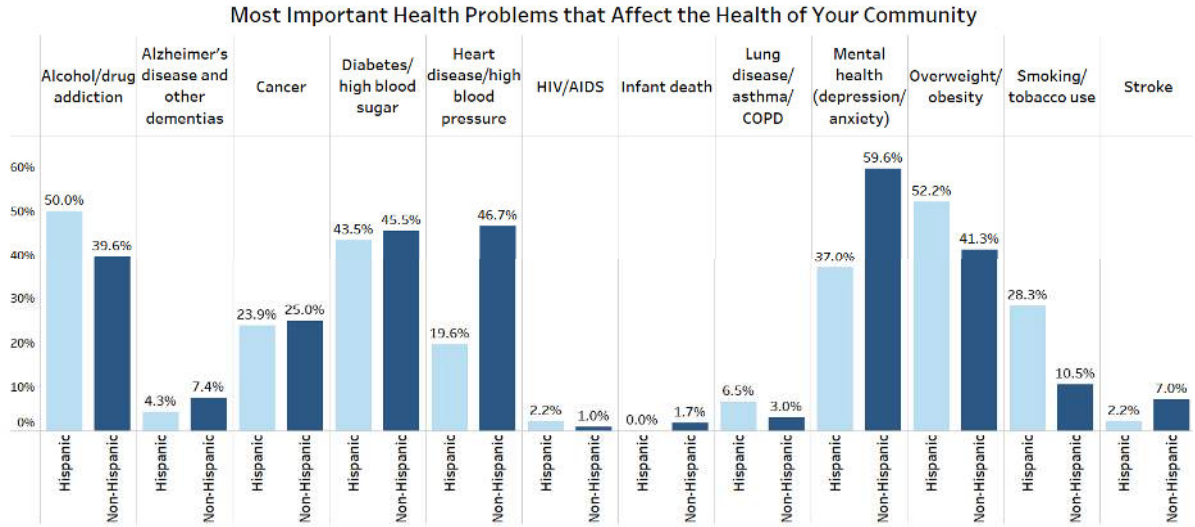
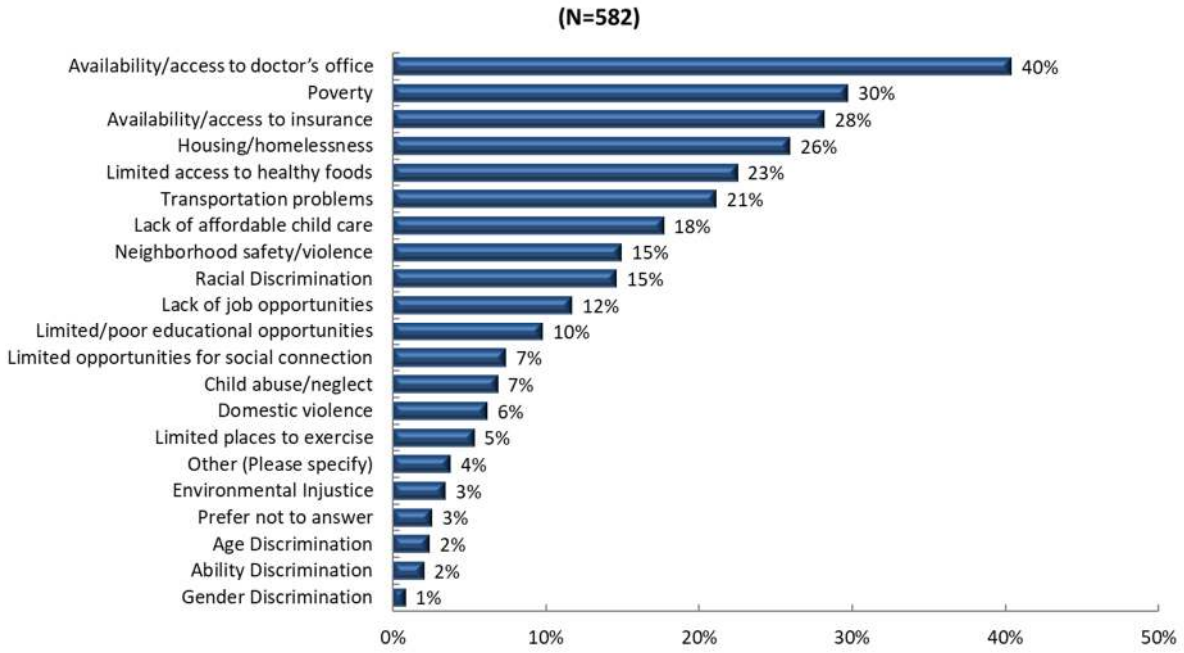


Figure 62: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



Other (please specify):

- "Access to mental health care"
- "Education on use of appropriate services/facilities."
- "Food literacy- what is food, what is healthy food"
- "Greenville has plenty of options; however, we live in Beaufort County several months or of the year and medical facilities and emergency services on the south side of Pamlico River are concerning."
- "High price of health care"
- "Lack of Education about health"
- "lack of in-home resources due to rural location"
- "Lack of places to exercise for no charge or minimum charge"
- "lack of sidewalks and safe roads for non car users"
- "Limited ability to get around community safely - bike lanes, side walks, greenways -"
- "limited opportunities for mental health support"
- "Medicare pays for ED but not Urgent care"
- "Mentality of waiting until condition is really bad"
- "Need better information/education"
- "Not the cause of health problems"
- "providers do not listen to problems listed by patient"
- "The mayor and other leaders, including the school system of the community aren't doing their jobs"
- "Time! appointment wait. Can take upto six months to get a appointment to doctor."
- "Too much talk and not enough action when it comes to making improvements. The rich get richer and care for the underserved is not true CARE! Well known money bags doing stuff to get attention but folks still living on the streets!"

Figure 63: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age)

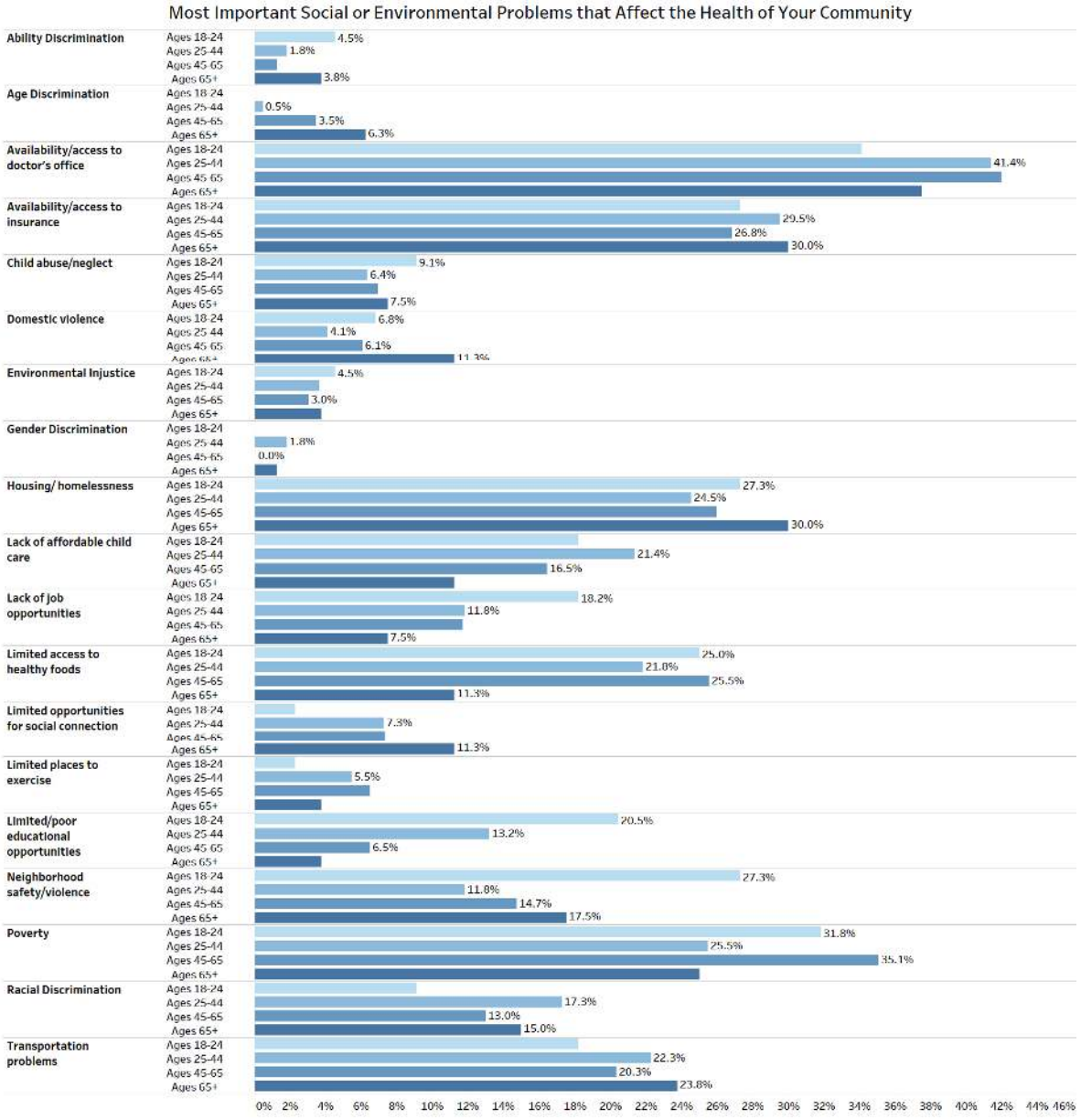


Figure 64: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)

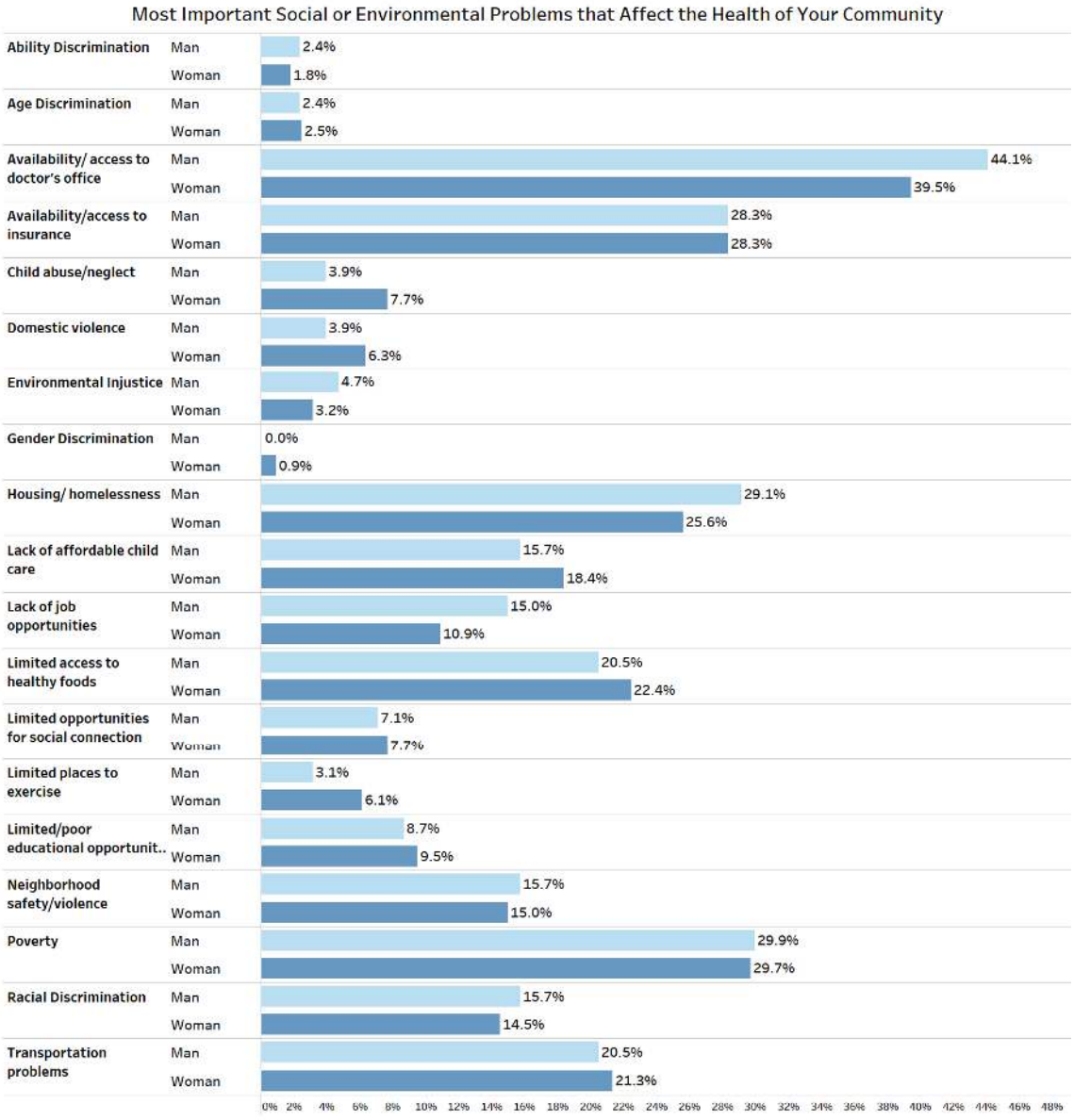


Figure 65: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)

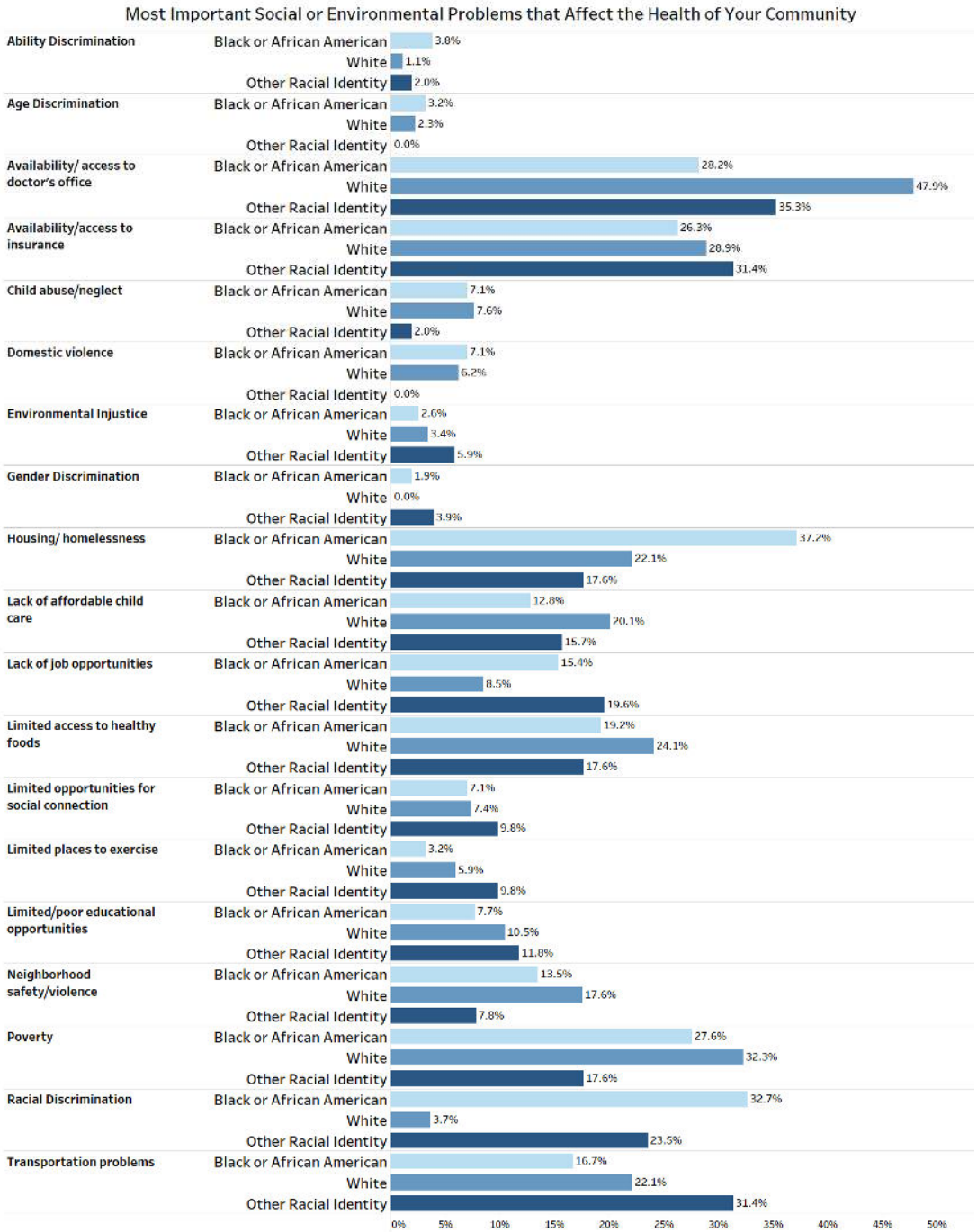


Figure 66: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by ethnicity)

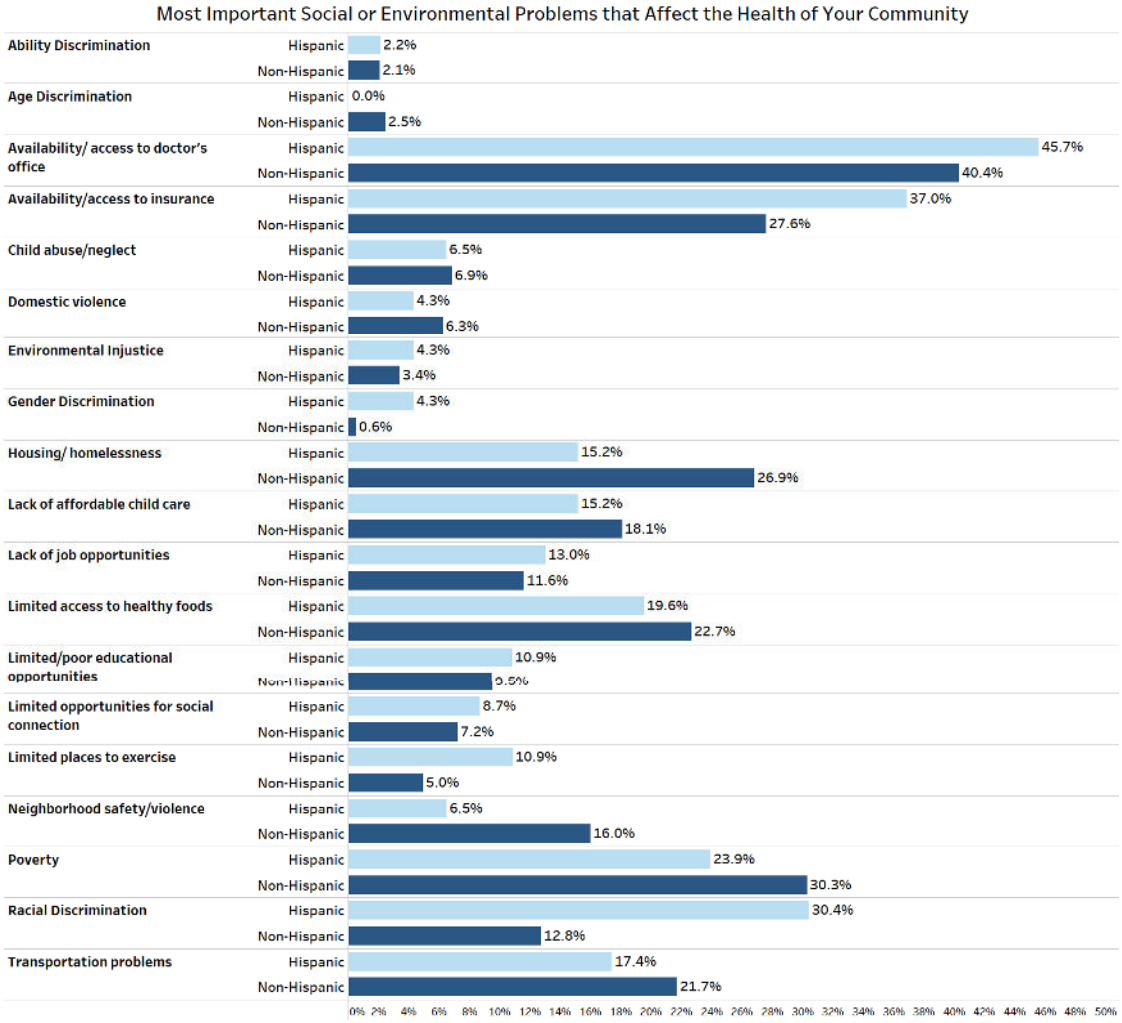
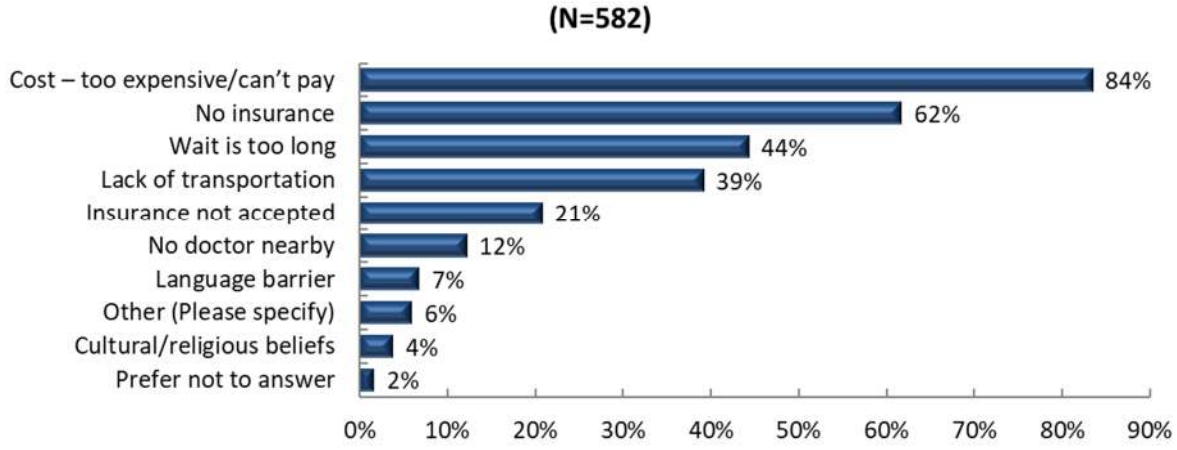


Figure 67: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



Other (please specify):

- "1- Provider not accepting new patients; inability to schedule in a timely fashion 2- unable to speak to a human when calling to schedule;"
- "Appointments gets cancel"
- "Can not trust doctors"
- "Can't take time off work"
- "Cost of living"
- "Could be by choice"
- "Doctors retiring or moving to other locations; therefore not establishing connection relationship with best PCP. Having to wait long before being assigned to new PCP."
- "Education/understanding the need"
- "Fixed income"
- "General distrust in medical science"
- "Homophobia and lack of understanding from physicians"
- "Hours are not condusive"
- "Ignorance"
- "Insurance decides care options and what applies to deductible"
- "Insurance not covering meds"
- "Knowledge, lack of preventive care"
- "Lack of affirming care"
- "Lack of education"
- "Lack of Education about health"
- "Lack of education regarding available resources"
- "Lack of priorities"
- "No appointment availably and some doctors are not accepting new patients."
- "Not enough qualified doctors to chose from that take insurance like with mental health, counseling, physical therapy"
- "People dont trust arrogrant Hospitalist"
- "Prioritize job"
- "Professionals untrustworthy; negate BIPOC's narrarives"
- "Providers do not listen to problems listed"
- "They are not educated on being healthy"
- "Time around work or child care schedules"
- "Too many hoops to jump through to get what you really need (ex. the need to have a referral for a specific issues. This also leads to extra cost.)"
- "Wait list to see providers is months out"

Figure 68: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by age)

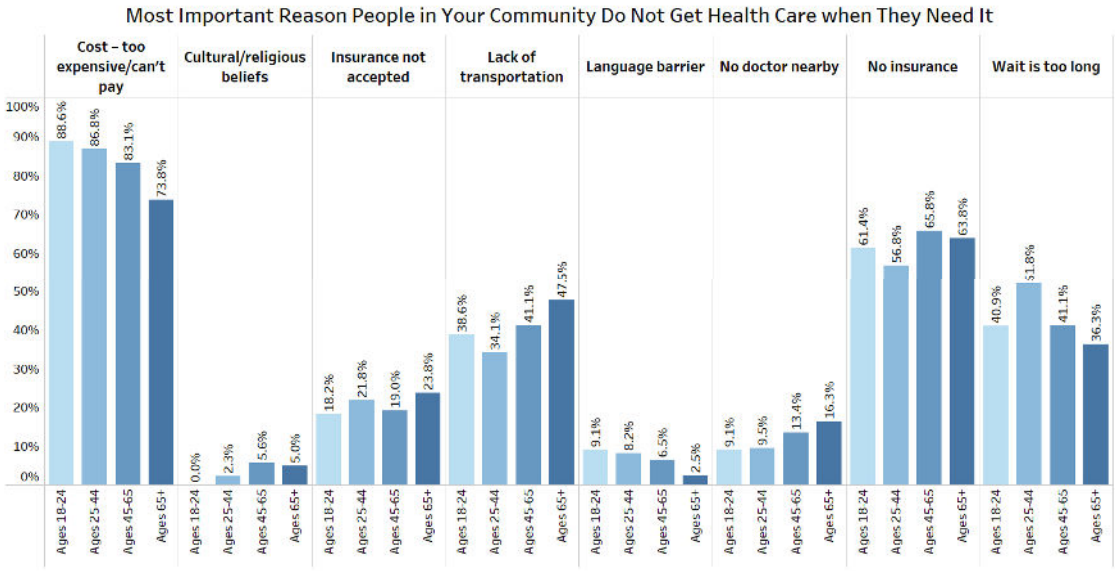


Figure 69: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by gender)

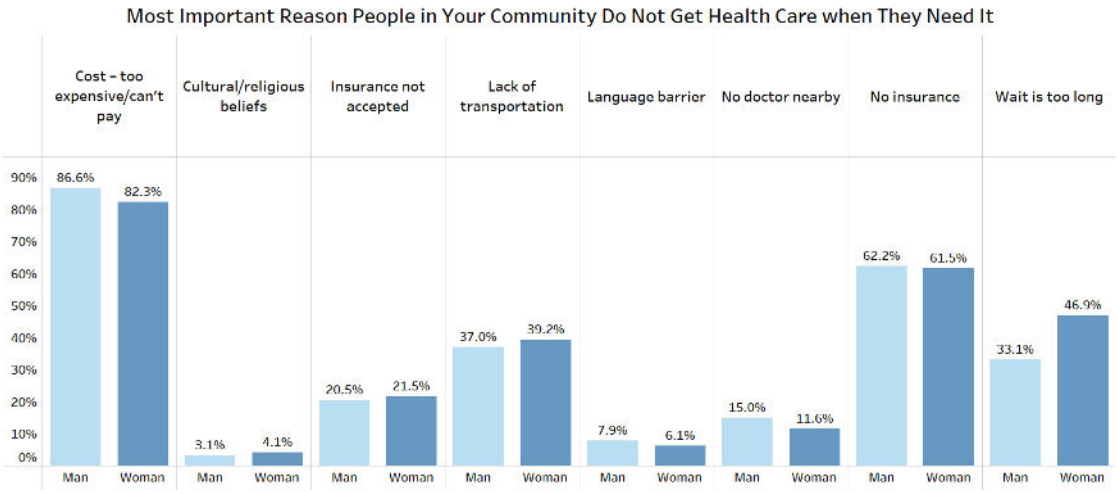


Figure 70: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)

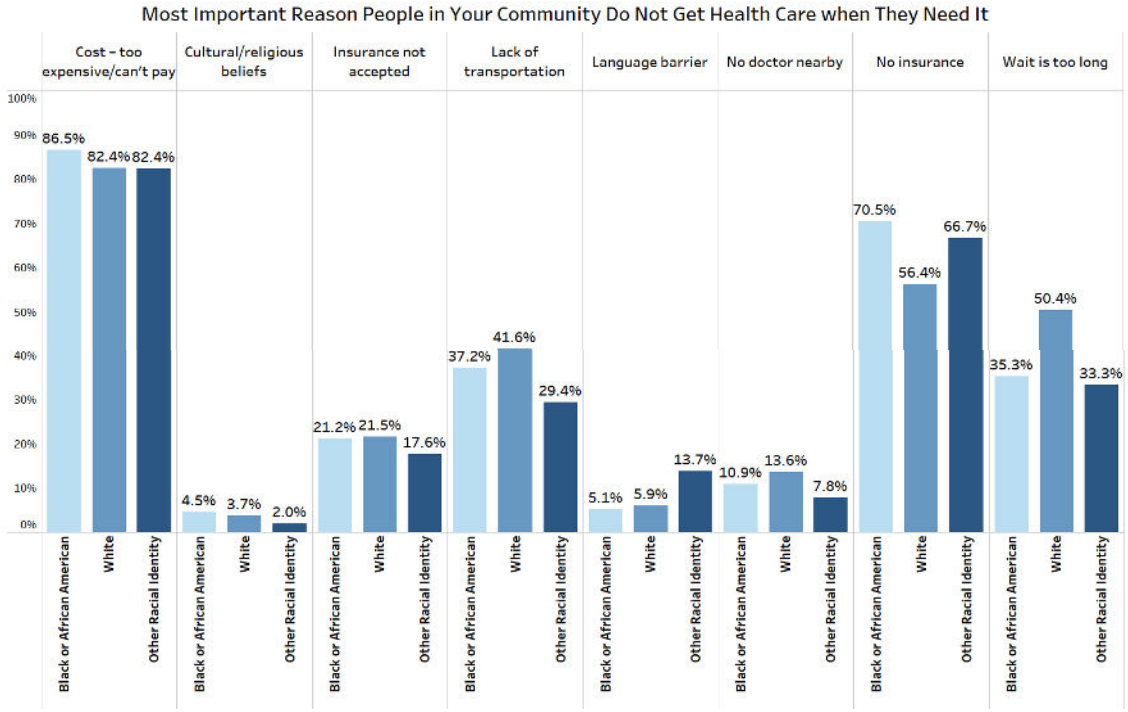
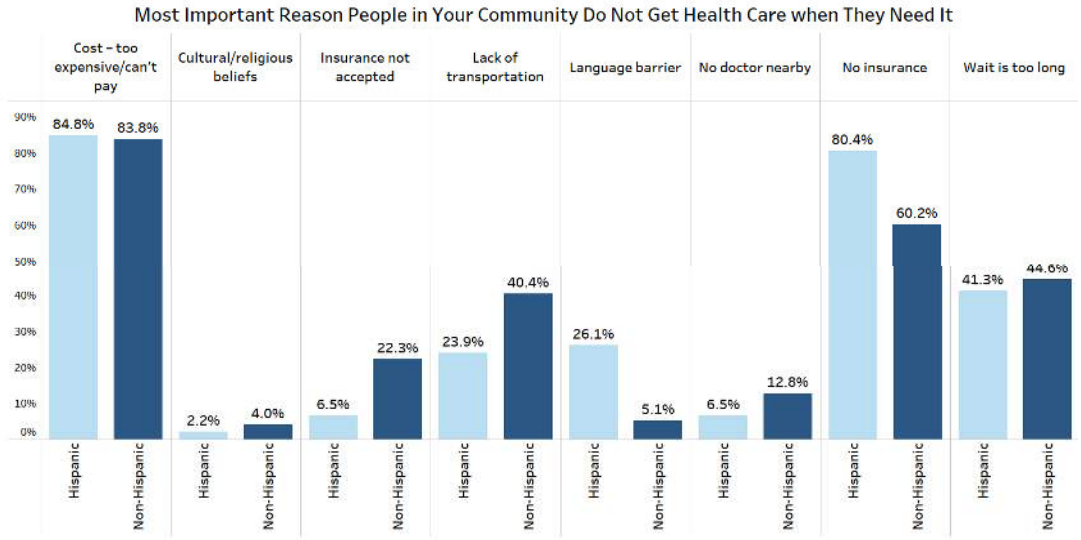


Figure 71: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by ethnicity)



Access to Care

Figure 72: DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

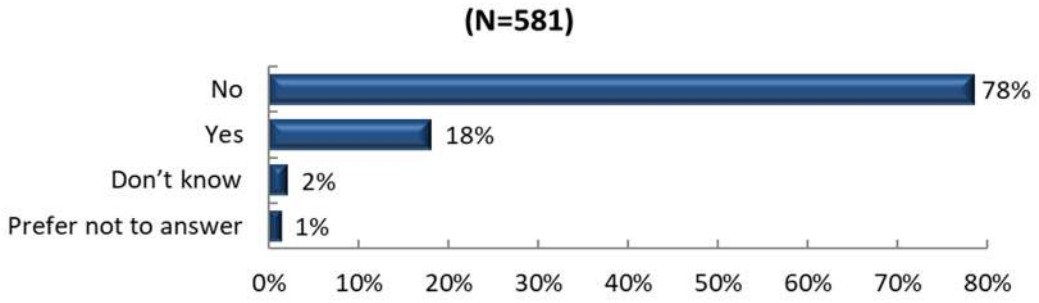
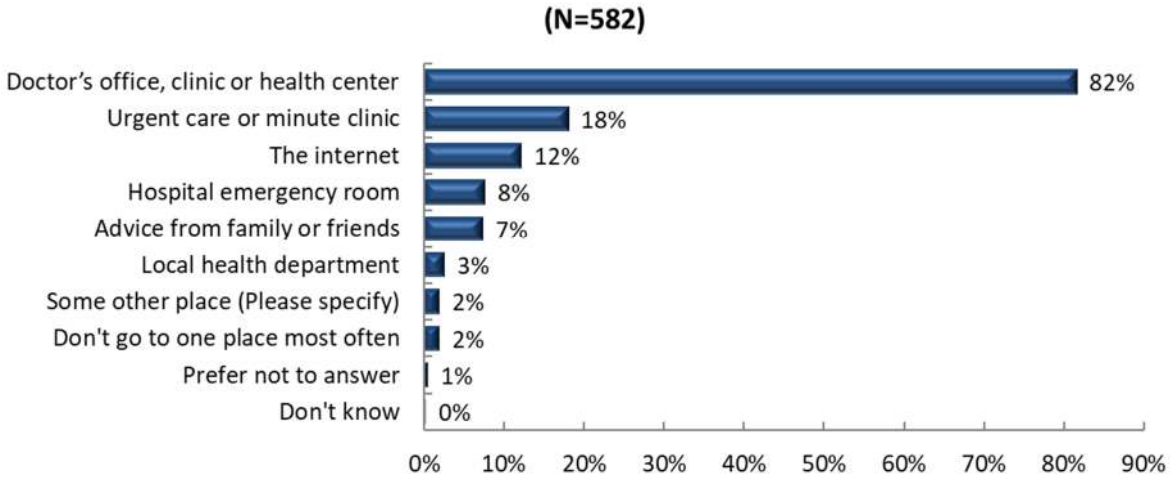


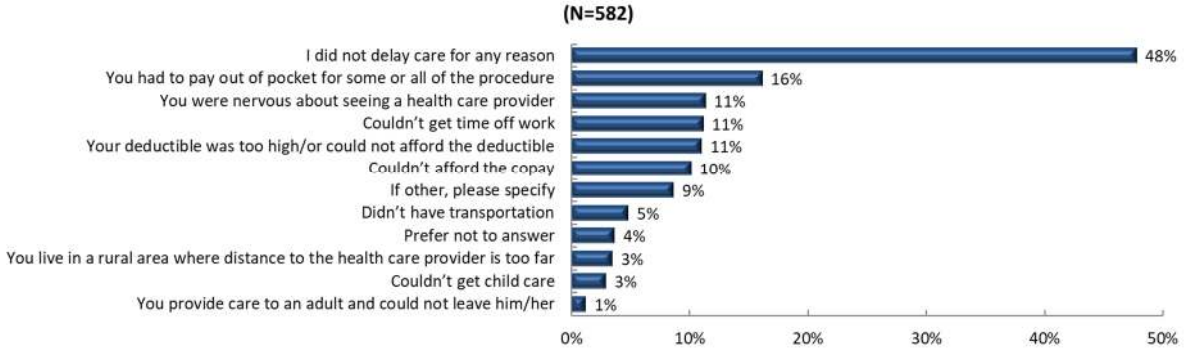
Figure 73: Where do you USUALLY go when you are sick or need advice about your health?



Other (please specify):

- "Contact [redacted]"
- "Homeopathic practitioner"
- "I do remedies at home with the materials God put here."
- "I'm a nurse and family members are advanced healthcare providers"
- "In tent"
- "internet"
- "Online Telehealth clinic" / "Telehealth" / "virtual care" (4 responses)
- "VA"

Figure 74: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?



Other (please specify):

- "Appointments dates booked out"
- "Availability of getting an appointment with doctor/no appointments available"
- "Backed up provider schedules"
- "Busy life schedule with school and work"
- "Can't get an appointment"
- "Can't afford the bill that come after the visit"
- "Could not schedule an appointment for several months due to availability"
- "couldn't afford/get adult daycare"
- "Couldn't get appt"
- "Delayed care due to lack of trust in local health care. ECU Health has gotten so bad with their services inprefer to wait and gonoutvof town if possible. Will do anything to avoid the emergencies area. Staff are rude, doctors not good. Really sad"
- "Did not trust going to emergency room"
- "Didn't want to take off of work"
- "Didn't think the issue was severe enough to need medical attention"
- "Difficulty scheduling timely appointments"
- "Distrust healthcare providers"
- "Doctor is busy"
- "ED wait too long"
- "Every time something came up I had to cancel my eye appointment. I'm 6 years overdue for an eye exam and glasses."
- "Had a balance to pay before being seen"
- "Had to wait for an appointment doctor was booked way out for visit"
- "Hard to navigate it all"
- "Homophobia and lack of understanding physicians"
- "I can't find appointments"
- "I eventually got care but ha to prioritize the order I did it in"
- "Inability to schedule appt in a timely manner"
- "Inconvenient and difficult to schedule appointments"
- "Job change uninsured for a period of tim"
- "lack of dental coverage with Medicare"
- "Lack of qualified sign language interpreters and the dr's office refuses to pay for them"
- "Lack of trust in PCP and confidentiality of practice"
- "long wait to get established with provider"
- "No appointment available"
- "no appointments for months"
- "no availability of appointments for new patients"
- "No dental insurance"
- "No one seems to KNOW why my issues exist and only treat symptoms which is TEMPORARY!"
- "No PCP and they are not actively advocating for new patients."
- "Not able to get a timely appointment locally"
- "Primary doctors not taking new patients"
- "Provider availability"

- "Scheduling conflict with provider availability"
- "Several months wait to get in to see a doctor"
- "Stigmas against my chronic illnesses"
- "Taking the time to focus on myself"
- "Too exhausting. Wait to see if it got better on its own."
- "Too long wait in ED (approx 9-12 hrs)"
- "Waited for normal office hours instead of going somewhere urgent over weekend"
- "Worried about what it would cost if they found more things wrong."
- "Worried that they may take me out of work"
- "Yes because I don't have insurance"

Figure 75: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

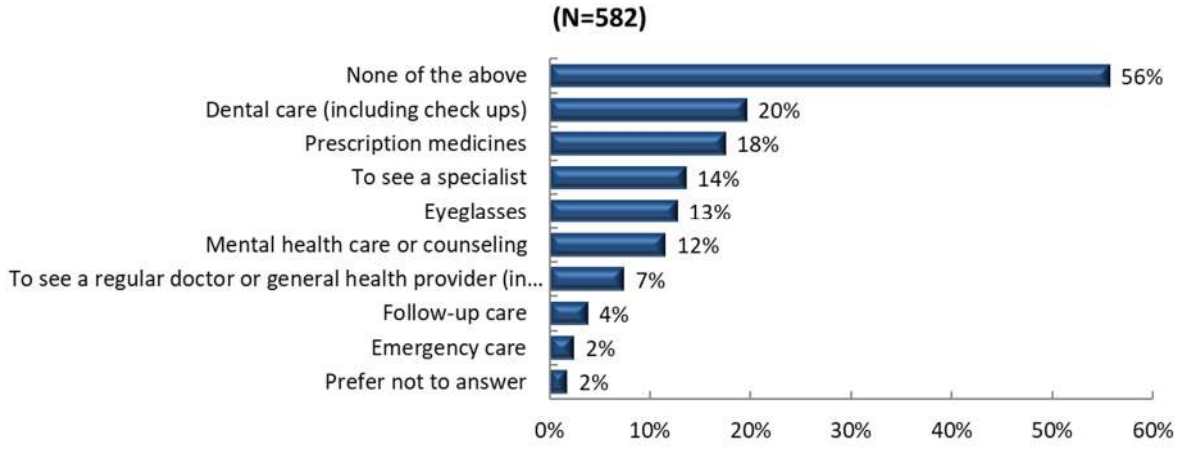


Figure 76: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

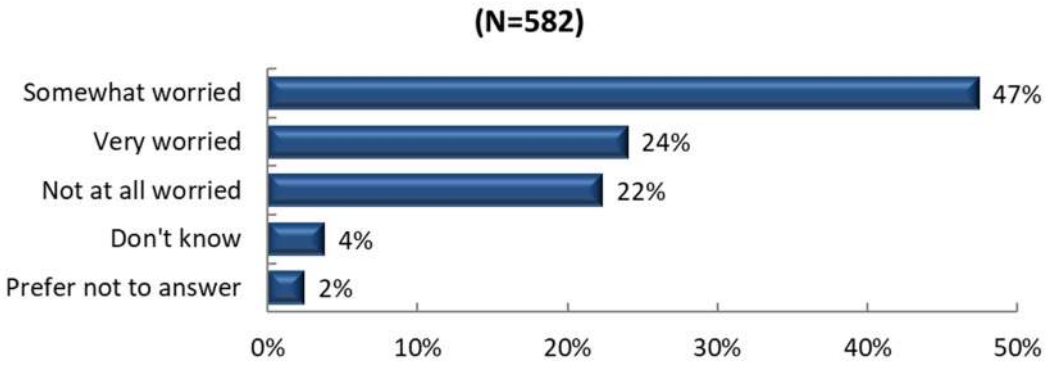
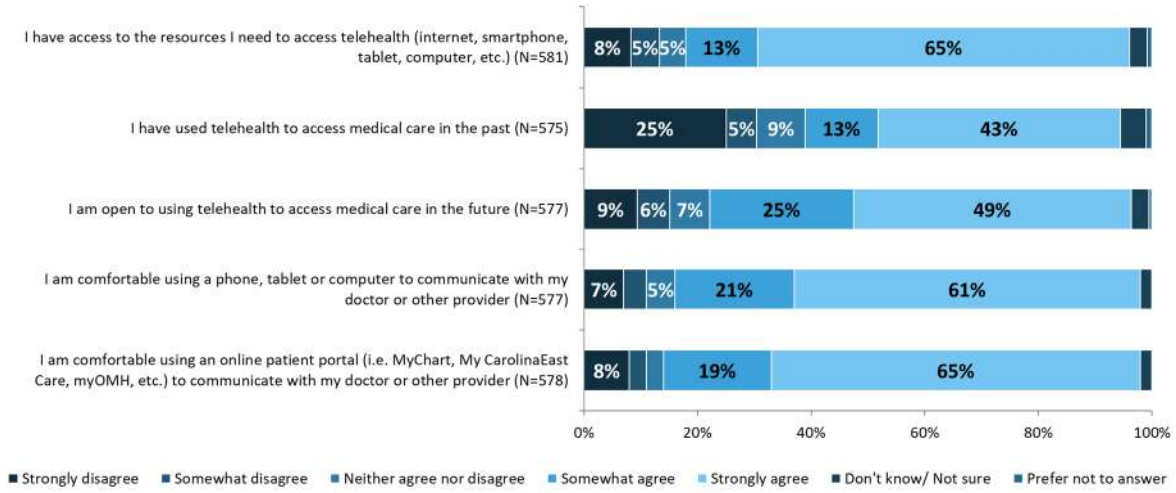


Figure 77: How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer.

Rated on a scale from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree"

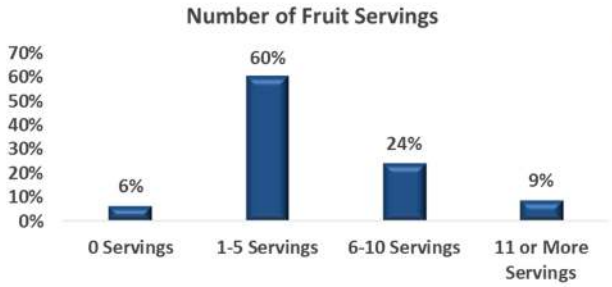
Average Score = 4.07



Topic: Healthy Lifestyle (Diet and Exercise)

Figure 78: Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries)

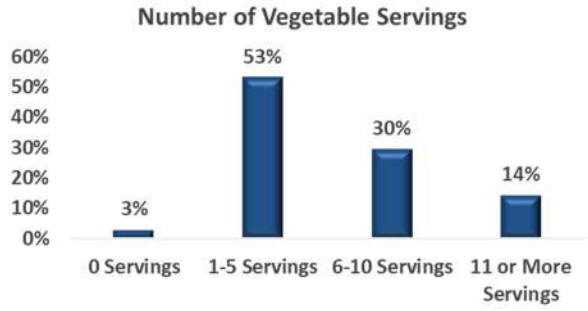
(N=575)



Measure	Value
Mean (Standard Deviation)	5 (5)
Median	4
Mode	3
Minimum-Maximum	0-41

Figure 79: Think about the food you ate during the past week. On average, how many servings of vegetables did you eat, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini)

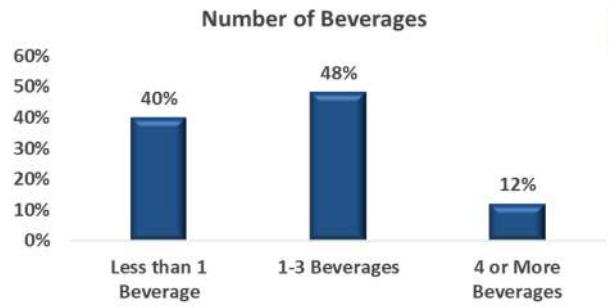
(N=575)



Measure	Value
Mean (Standard Deviation)	6 (5)
Median	5
Mode	5
Minimum-Maximum	0-35

Figure 80: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day?

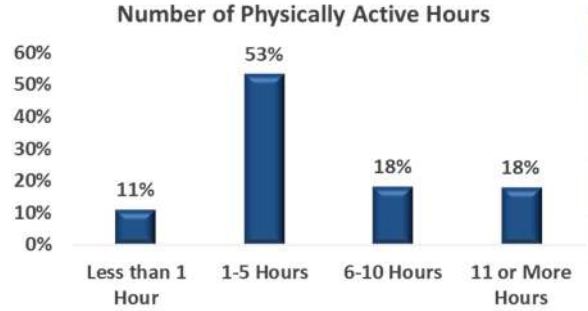
(N=575)



Measure	Value
Mean (Standard Deviation)	2 (3)
Median	1
Mode	0
Minimum-Maximum	0-24

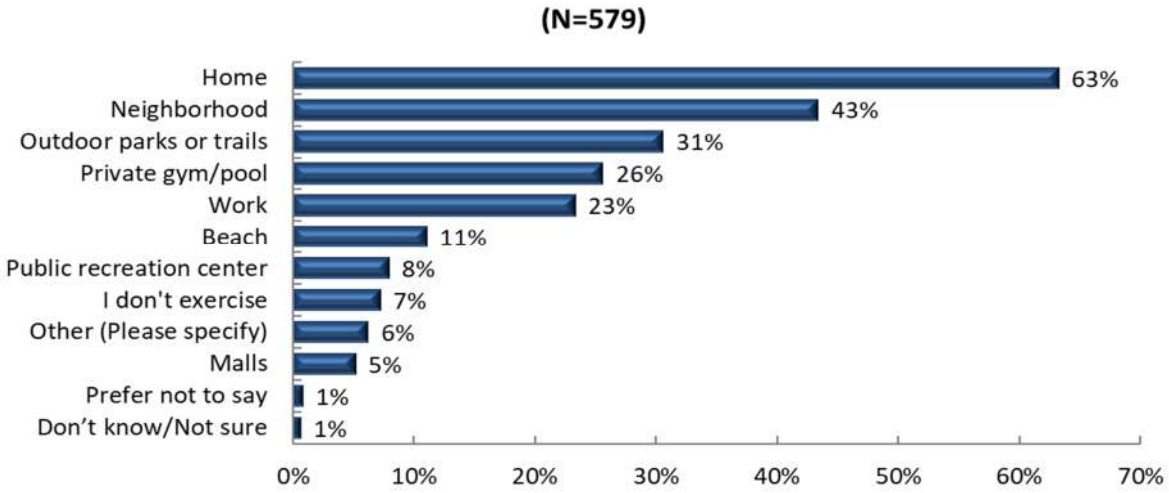
Figure 81: During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job?

(N=575)



Measure	Value
Mean (Standard Deviation)	8 (12)
Median	4
Mode	2
Minimum-Maximum	0-100

Figure 82: When you are active, where do you engage in exercise or physical activities? (Select all that apply.)

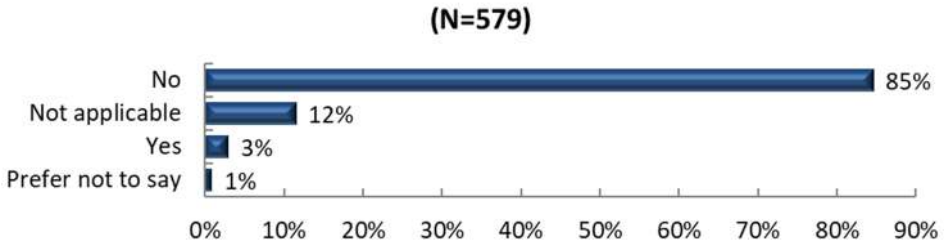


Other (please specify):

- "attending medical appointments"
- "Ball fields as coach"
- "CHURCH" (3 responses)
- "church walk trail"
- "Church when volunteering"
- "County roads"
- "Creek"
- "Doing yard work around the house" / "Gardening" / "Yardwork" (5 responses)
- "ECU Health"
- "Gym" (3 responses)
- "I am disabled and exercise is hard for me"
- "I am in a wheelchair and can't exercise."
- "Local dojo"
- "Local Golf Club"
- "My farm and yard"
- "Run on the road"
- "Run, bike, walking"
- "Schools when not in session"
- "Track or grocery store"
- "University gym"
- "Walking"
- "Water aerobics"
- "yardwork/property maintenance"
- "Yoga studio"

Topic: Maternal and Infant Health

Figure 83: Have you given birth in the past year?



Note: only participants who indicated that they gave birth in the past year were asked the remaining questions in this section

Figure 84: Thinking back to your most recent pregnancy, did you need to travel outside of Pitt county to find prenatal care or to give birth?

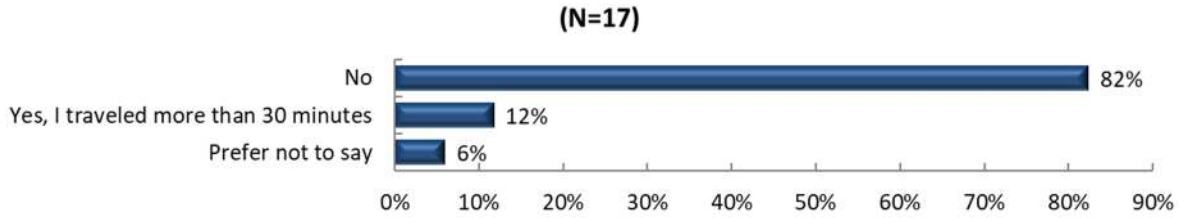


Figure 85: Thinking back to your most recent pregnancy, did you receive any prenatal care?

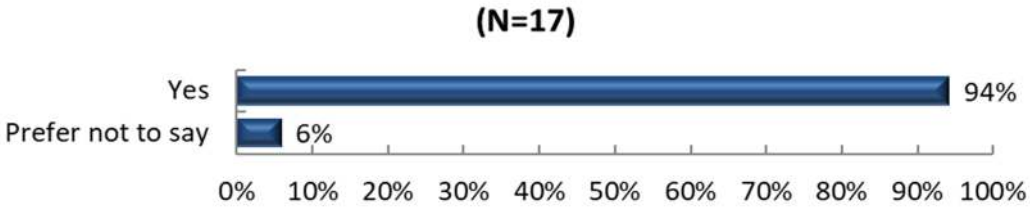


Figure 86: During any of your prenatal care visits, did a healthcare provider do any of the following things?

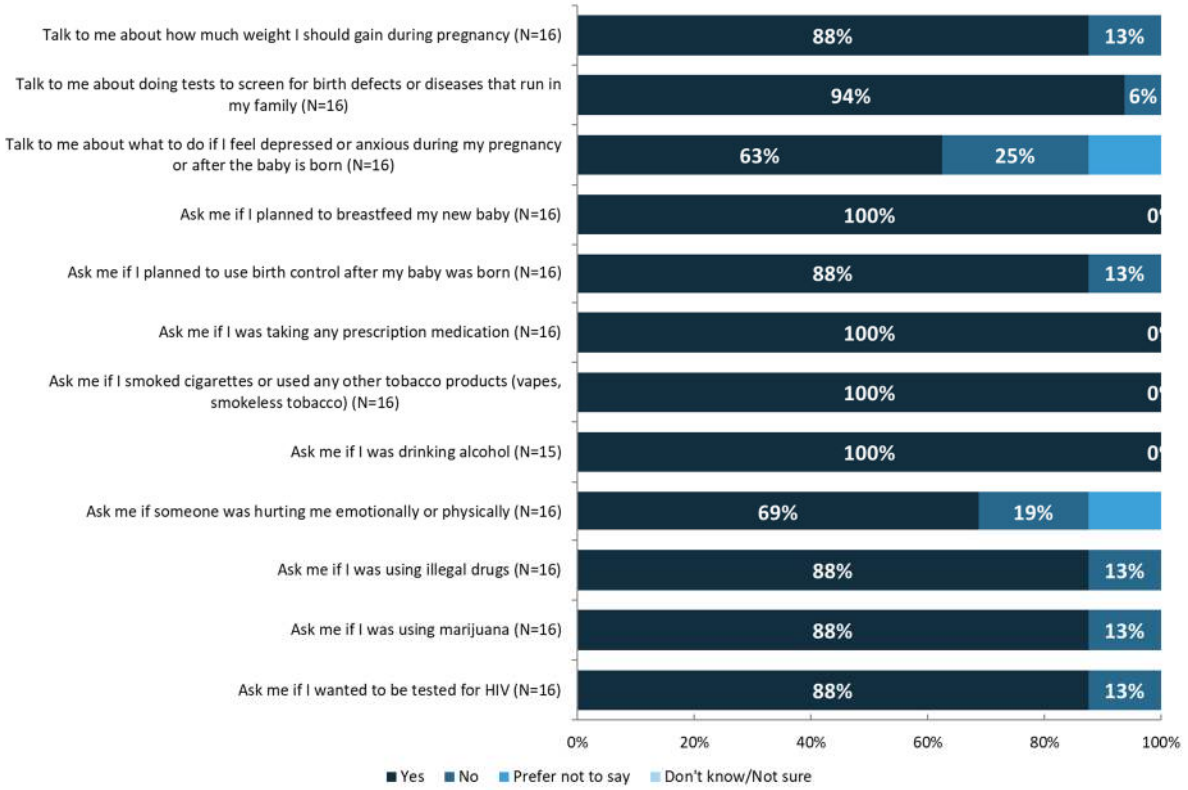


Figure 87: Thinking about your most recent birth, was this infant born more than three weeks before your due date?

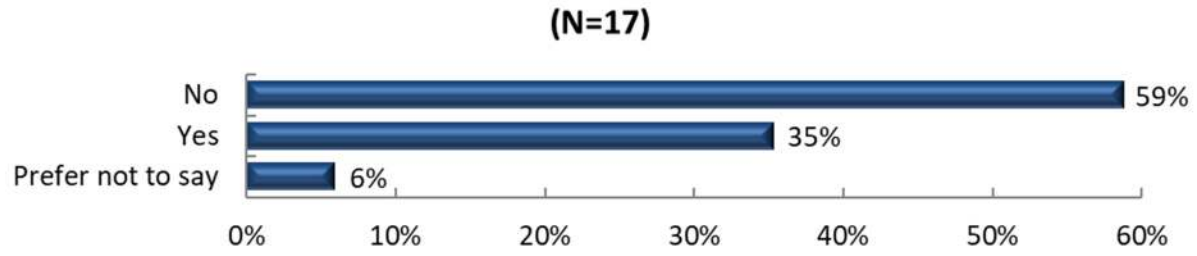
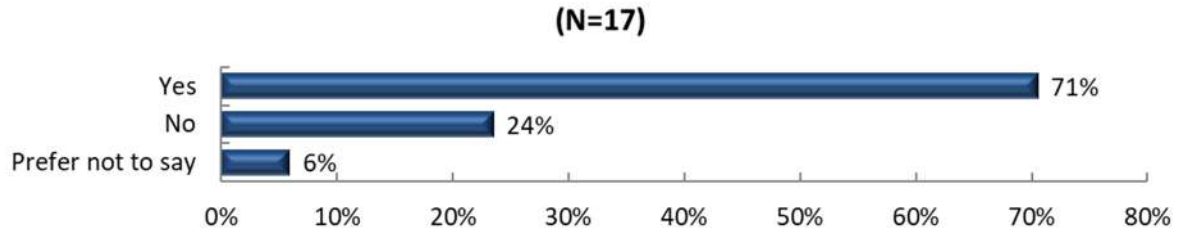


Figure 88: Thinking about your most recent birth, was this infant ever breastfed?



Topic: Physical Health

Figure 89: Considering your physical health overall, would you describe your health as…

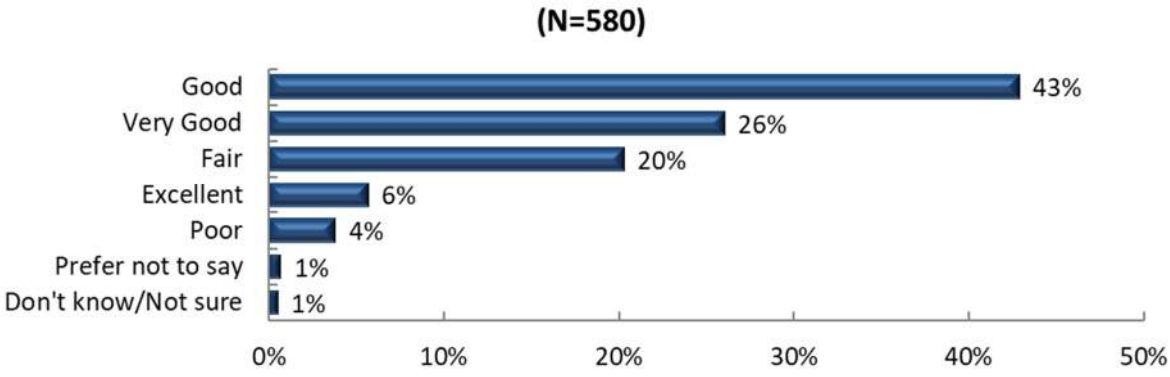


Figure 90: Within the past year (anytime less than one year ago), have you:

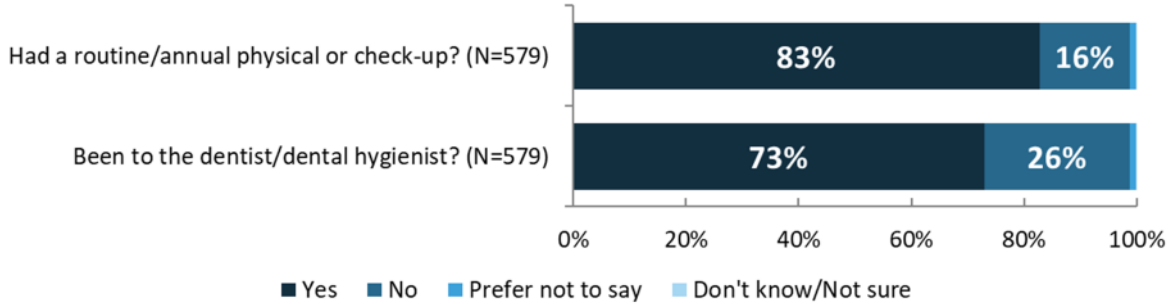
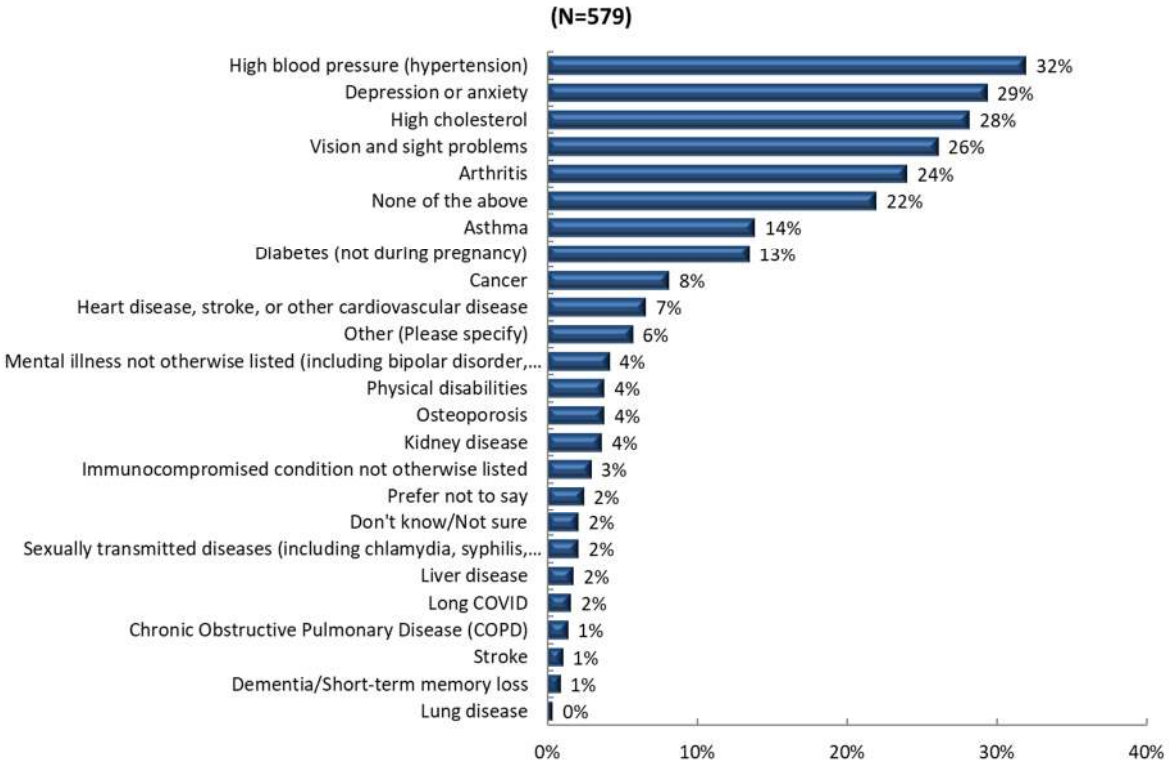


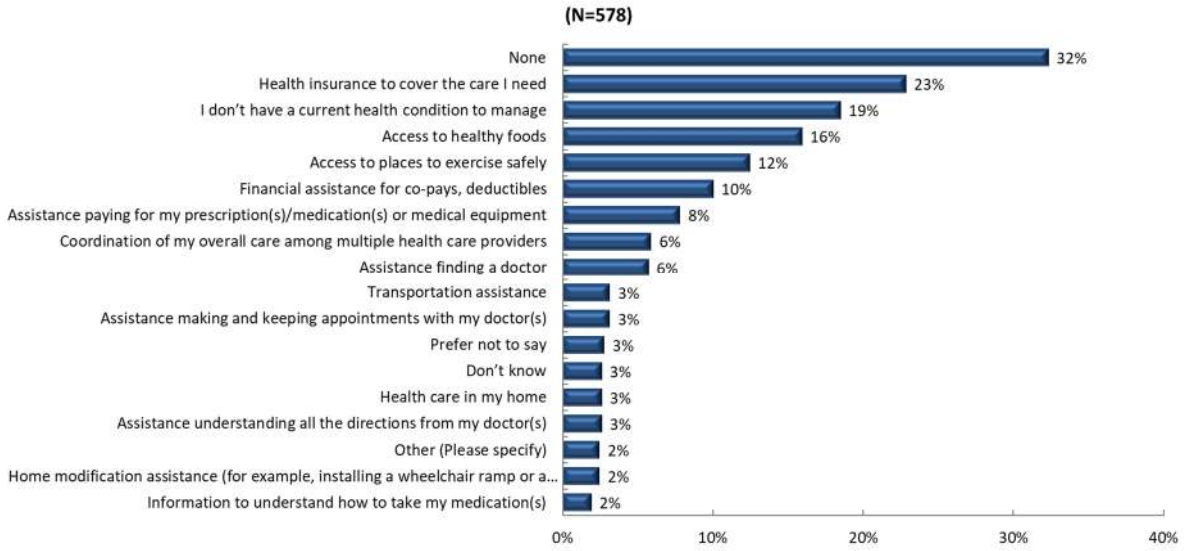
Figure 91: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



Other (please specify):

- "ADD, OCD"
- "ADD/ADHD"
- "ADHD, Sleep Apnea"
- "Anemia"
- "Autoimmune disease"
- "Epilepsy"
- "fibromyalgia"
- "GERD"
- "Hashimotos"
- "Hashimoto's, Tuberous Sclerosis, Osteopenia"
- "Hearing problems"
- "Heart murmurs"
- "Hepatitis C"
- "Lupus" (2 responses)
- "Lupus, anemia"
- "Lymphedema"
- "Migraine HA"
- "Migraines"
- "Obese"
- "pCOS"
- "Postural Orthostatic Tachycardia Syndrome"
- "Preeclampsia"
- "Sciatica and emphysema"
- "Seizure disorder"
- "Sickle cell trait"
- "Sleep Apnea"
- "Sleep apnea, irregular heartbeat"
- "Spinal stenosis"
- "Tachycardia, migraine, perimenopause symptoms, back/pelvis problems, allergies"
- "Thyroid issues"
- "Tics disorder"
- "Undiagnosed illness"

Figure 92: What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? (Select all that apply.)

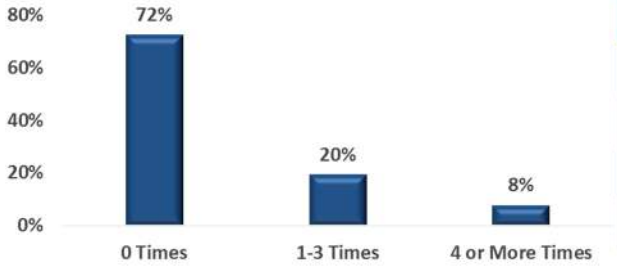


Other (please specify):

- "Assistance railing on my front porch"
- "Better work / life balance"
- "Childcare"
- "For insurance companies to stop counter acting prescriptions from my PCP."
- "Good knowledgeable doctor"
- "Help with weight loss"
- "Medication savings - education to sign up on line; wait for MD to write LMN for prescription due to cost"
- "Mental health provider in Ayden (counseling)"
- "More providers that are able to see patients within a reasonable time-frame when needed."
- "Safe places to ride my bicycle-it is hard to believe that there are absolutely zero protected bike lanes in this small city and so few unprotected bike lanes that just disappear at every intersection where they are needed the most"
- "Time"
- "Time can be an issue. With the demands of working full time in order to meet everyday demands, it does not allow for one to prioritize their health."
- "Weekly PT for lymphedema; no time or coverage for that much"

Topic: Substance Use Disorders

Figure 93: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?



Measure	Value
Mean (Standard Deviation)	1 (3)
Median	0
Mode	0
Minimum-Maximum	0-30

Figure 94: How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

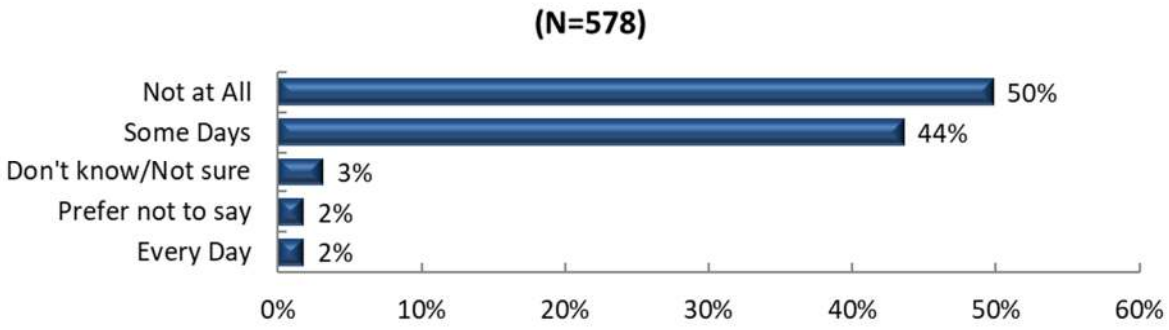


Figure 95: In the past year, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

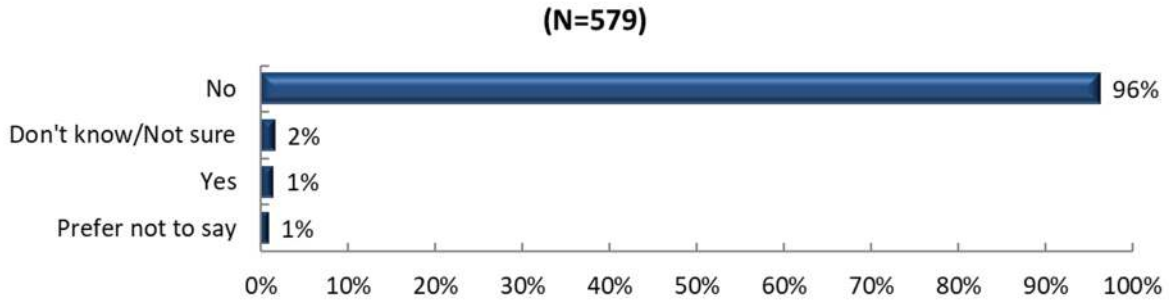
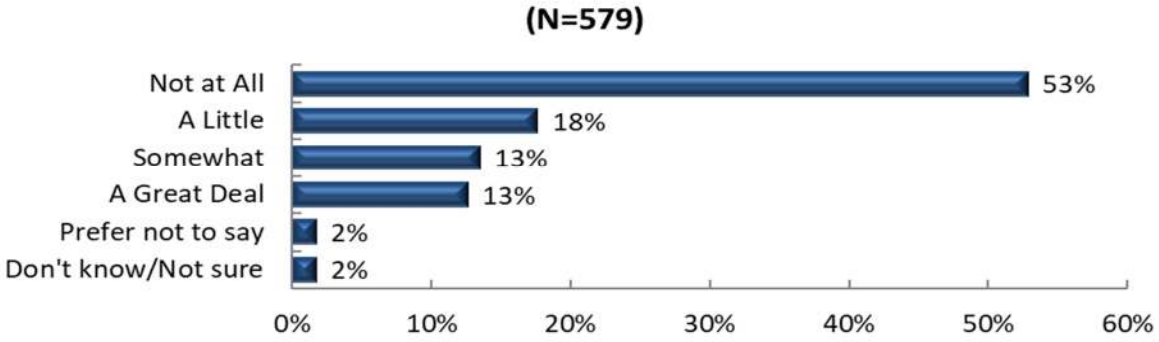
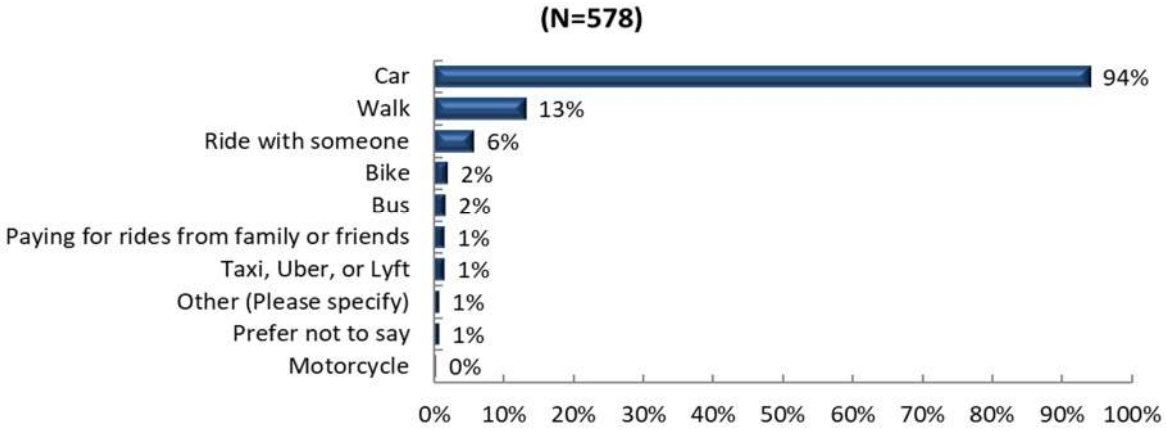


Figure 96: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs?



Topic: Transportation and Transit

Figure 97: In a typical week, what kinds of transportation do you use the most? (Select all that apply.)



Other (please specify):

- "Company car"
- "Family member"
- "Medical transport"

Figure 98: In the past 12 months has lack of transportation kept you from medical appointments, meetings, work, or getting things for daily living? Select all that apply:

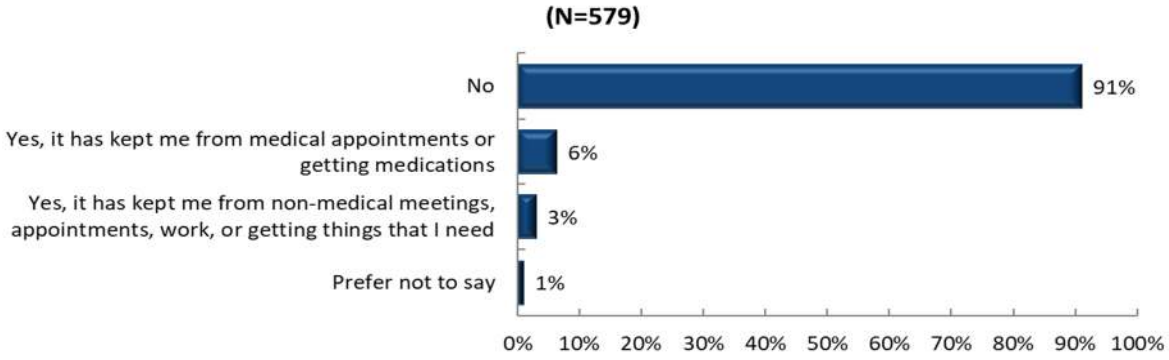
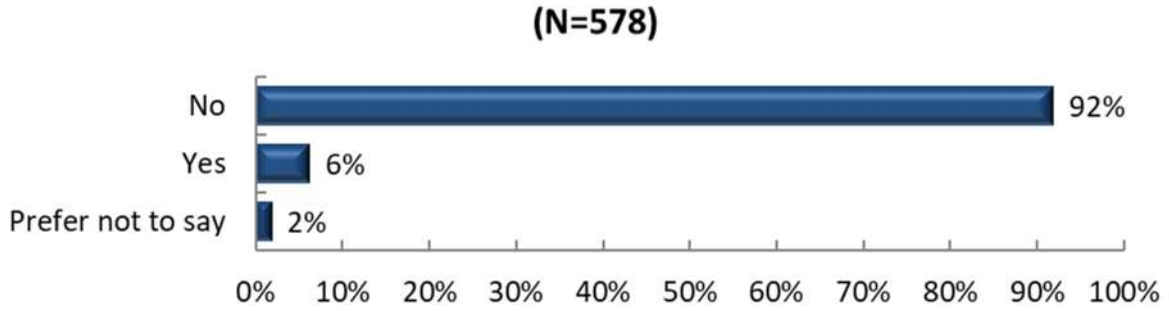


Figure 99: Do you put off or neglect going to the doctor because of distance or transportation?

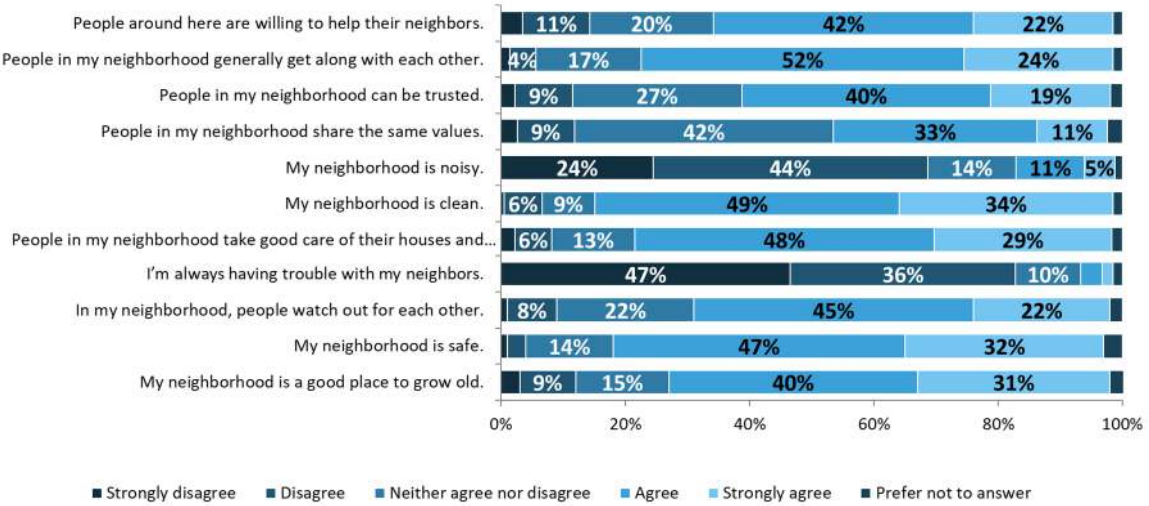


Topic: Family, Community, and Social Support

Figure 100: The following statements describe what your neighborhood might be like. Tell us how much you agree or disagree. (N=577)

Rated on a scale from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree"

Average Score: 3.51



APPENDIX 6 | SUMMARY OF DATA FINDINGS ACROSS SOURCES

Primary and Secondary data findings are summarized in full by the table below.[53]

Priority Area	Secondary Data	Community Survey	Focus Groups
Behavioral Health: Mental Health		✓	✓
Behavioral Health: Substance Use	✓		
Built Environment	✓		
Community Safety	✓		
Diet & Exercise			
Education			
Employment & Income	✓	✓	✓
Environmental Quality	✓		
Family, Community & Social Support	✓		
Food Access & Security	✓		✓
Healthcare: Access & Quality	✓	✓	✓
Health Equity & Literacy			
Housing & Homelessness			
Length of Life	✓		
Maternal & Infant Health	✓		
Physical Health (Chronic Diseases, Cancer, Obesity)	✓	✓	✓
Sexual Health	✓		
Tobacco Use	✓		
Transportation & Transit	✓		✓

[53] Survey results captured here reflect major findings from the Community Health Opinion Survey questions. Red boxes indicate categories identified as high need consistently across data sources.

APPENDIX 7 | EMERGENCY ROOM AND INPATIENT DATA

Leading Causes of Causes of Emergency Department Visits

Note: Data reflects emergency department visits from ECU Health hospitals only and may not represent visits to other healthcare facilities in the region.

Top 5 Diagnoses for ED Visits for Pitt County Residents FY 2022			Top 5 Diagnoses for ED Visits for Pitt County Residents FY 2023			Top 5 Diagnoses for ED Visits for Pitt County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	COVID-19	3,232	1	Abdominal and pelvic pain	2,991	1	abdominal and pelvic pain	3,141
2	Pain in throat and/or chest	2,493	2	Pain in throat and chest	2,869	2	Pain in throat and chest	3,112
3	Abdominal and pelvic Pain	2,236	3	Acute upper respiratory infection	1,860	3	Nausea and vomiting	1,625
4	Acute upper respiratory infections	1,562	4	Acute pharyngitis	1,552	4	Acute upper respiratory infection	1,619
5	Back pain	1,531	5	Back pain	1,403	5	Back pain	1,503

Top 5 Diagnoses for ED Visits for EMC FY 2022			Top 5 Diagnoses for ED Visits for EMC FY 2023			Top 5 Diagnoses for ED Visits for EMC FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	COVID-19	4,363	1	Abdominal and pelvic pain	4,234	1	Abdominal and pelvic pain	4,487
2	Pain in throat and chest	3,428	2	Pain in throat and chest	3,961	2	Pain in throat and chest	4,245
3	Abdominal and pelvic pain	3,176	3	Acute upper respiratory infection	2,754	3	Nausea and vomiting	2,306
4	Acute upper respiratory infection	2,227	4	Acute pharyngitis	1,996	4	Acute upper respiratory infection	2,278
5	Back pain	2,023	5	Nausea and vomiting	1,965	5	Back pain	1,990

Leading Causes of Avoidable Emergency Department Visits

Note: Data reflects emergency department visits from ECU Health hospitals only and may not represent visits to other healthcare facilities in the region.

Top 5 Diagnoses for Avoidable ED Visits for Pitt County Residents FY 2022			Top 5 Diagnoses for Avoidable ED Visits for Pitt County Residents FY 2023			Top 5 Diagnoses for Avoidable ED Visits for Pitt County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Acute upper respiratory infection	1,562	1	Acute upper respiratory infection	1,860	1	Acute upper respiratory infection	1,619
2	Other joint disorders	1,265	2	Acute pharyngitis	1,552	2	Nausea and vomiting	1,591
3	Nausea and vomiting	1,100	3	Nausea and vomiting	1,334	3	Other joint disorders	1,418
4	*Patient Left Before Receiving Care	979	4	Other joint disorders	1,330	4	Other soft tissue disorders	1,134
5	Other soft tissue disorders	844	5	*Patient Left Before Receiving Care	1,171	5	Influenza	1,113

Top 5 Diagnoses for Avoidable ED Visits for EMC FY 2022			Top 5 Diagnoses for Avoidable ED Visits for EMC FY 2023			Top 5 Diagnoses for Avoidable ED Visits for EMC FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Acute upper respiratory infection	2,226	1	Acute upper respiratory infection	2,754	1	Acute upper respiratory infection	2,278
2	Nausea and vomiting	1,575	2	Acute pharyngitis	1,996	2	Nausea and vomiting	2,261
3	Other joint disorders	1,557	3	Nausea and vomiting	1,890	3	Other joint disorders	1,797
4	*Patient Left Before Receiving Care	1,333	4	Other joint disorders	1,677	4	Influenza	1,570
5	Other soft tissue disorders	1,168	5	*Patient Left Before Receiving Care	1,597	5	Other soft tissue disorders	1,496

Leading Causes of Emergency Department Visits Leading to Admission

Note: Data reflects emergency department visits from ECU Health hospitals only and may not represent visits to other healthcare facilities in the region.

Top 5 Diagnoses for ED Visits Resulting in Admission for Pitt County Residents FY 2022			Top 5 Diagnoses for ED Visits Resulting in Admission for Pitt County Residents FY 2023			Top 5 Diagnoses for ED Visits Resulting in Admission for Pitt County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	908	1	Sepsis	991	1	Sepsis	1,048
2	COVID-19	512	2	Hypertensive heart and chronic kidney disease	459	2	Hypertensive heart and chronic kidney disease	552
3	Hypertensive heart and chronic kidney disease	462	3	Type 2 diabetes mellitus	370	3	Type 2 diabetes mellitus	391
4	Type 2 diabetes mellitus	405	4	Ischemic stroke	345	4	Ischemic stroke	370
5	Ischemic stroke	355	5	Hypertensive heart disease	247	5	Acute myocardial infarction / heart attack	273

Top 5 Diagnoses for ED Visits Resulting in Admission for EMC FY 2022			Top 5 Diagnoses for ED Visits Resulting in Admission for EMC FY 2023			Top 5 Diagnoses for ED Visits Resulting in Admission for EMC FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	1,473	1	Sepsis	1,515	1	Sepsis	1,662
2	COVID-19	770	2	Hypertensive heart and chronic kidney disease	763	2	Hypertensive heart and chronic kidney disease	923
3	Hypertensive heart and chronic kidney disease	739	3	Ischemic stroke	663	3	Ischemic stroke	715
4	Ischemic stroke	639	4	Type 2 diabetes mellitus	600	4	Type 2 diabetes mellitus	640
5	Type 2 diabetes mellitus	625	5	Acute myocardial infarction / heart attack	479	5	Acute myocardial infarction / heart attack	556

Leading Causes of Admission

Note: Data reflects emergency department visits from ECU Health hospitals only and may not represent visits to other healthcare facilities in the region.

Top 5 Diagnoses for Admission for Pitt County Residents FY 2022			Top 5 Diagnoses for Admission for Pitt County Residents FY 2023			Top 5 Diagnoses for Admission for Pitt County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Liveborn Infant	2,037	1	Liveborn Infant	1,960	1	Liveborn Infant	2,062
2	Sepsis	929	2	Sepsis	1,017	2	Sepsis	1,080
3	Hypertensive Heart and Chronic Kidney Disease	516	3	Hypertensive Heart and Chronic Kidney Disease	535	3	Hypertensive Heart and Chronic Kidney Disease	599
4	COVID-19	507	4	Type 2 Diabetes Mellitus	426	4	Type 2 Diabetes Mellitus	488
5	Type 2 Diabetes Mellitus	458	5	Pregnancy, Childbirth, or Puerperium Complication	384	5	Pregnancy, Childbirth, or Puerperium Complication	473

Top 5 Diagnoses for Admission for EMC FY 2022			Top 5 Diagnoses for Admission for EMC FY 2023			Top 5 Diagnoses for Admission for EMC FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Liveborn Infant	3,881	1	Liveborn Infant	3,952	1	Liveborn Infant	4,247
2	Sepsis	1,926	2	Sepsis	2,075	2	Sepsis	2,234
3	Acute Myocardial infarction / Heart Attack	1,268	3	Acute Myocardial infarction / Heart Attack	1,160	3	Hypertensive Heart and Chronic Kidney Disease	1,227
4	Hypertensive Heart and Chronic Kidney Disease	1,007	4	Hypertensive Heart and Chronic Kidney Disease	1,069	4	Acute Myocardial infarction / Heart Attack	1,161
5	COVID-19	855	5	Type 2 Diabetes Mellitus	846	5	Type 2 Diabetes Mellitus	936

Top 5 Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits

Leading Causes of Injury Death 2017-2021 Pitt County			Leading Causes of Injury Hospitalization 2017-2021 Pitt County			Leading Causes of Injury ED Visits 2017-2021 Pitt County		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	241	1	Fall – Unintentional	1,941	1	Fall – Unintentional	17,958
2	MVT – Unintentional	127	2	MVT – Unintentional	696	2	No Mechanism or Intent Recorded	13,412
3	Fall – Unintentional	109	3	Poisoning – Unintentional	590	3	MVT – Unintentional	12,967
4	Firearm – Self-inflicted	59	4	Poisoning – Self-inflicted	326	4	Unspecified – Unintentional	10,847
5	Firearm - Assault	48	5	Unspecified - Unintentional	154	5	Struct By/Against - Unintentional	6,165

Source: N.C. Injury & Violence Prevention Branch
https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/pdf/Top5TablesByCounty2017-2021_Final.pdf