Community Health Needs Assessment

Beaufort County

2025

ECU HEALTH
Beaufort Hospital
A CAMPUS OF 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 Health Johnston
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)

Beaufort County CHNA Leadership

In addition to the Health ENC Steering Committee, the Beaufort County CHNA was developed in partnership with representatives from Beaufort County Health Department (BCHD) and ECU Health Beaufort Hospital.

Name	Title	Organization
JaNell Octigan	Health Director	BCHD
Brittany Joseph	Human Services Planner IV	BCHD
Kelly Ange	Community Health Improvement Coordinator	ECU Health Beaufort Hospital, a campus of ECU Health Medical Center
Pam Shadle	Director of Marketing Development	ECU Health Beaufort Hospital, a campus of ECU Health Medical Center
Anna Parker	Public Health Educator II	BCHD
Tiffany Moore	BCHD Behavioral Health Task Force Coordinator	BCHD
Dennis Campbell	President	ECU Health Beaufort Hospital

Beaufort County CHNA Stakeholders

In addition to the organizations listed above, the Beaufort County CHNA was developed with input from additional representatives from local health providers, government officials, non-profit organizations, social service providers and community members.

Name	Title	Organization
Brian Alligood	County Manager	Beaufort County Government
ReAnne Mayo	Director of Community Outreach and Marketing	Agape Health Services
Stacy Drakeford	Director of Police and Fire Services	City of Washington
Lori Leggett	Director	Beaufort County Department of Social Services
Phil Rollinson	Chief of Police	City of Washington
Debbie Ainsworth	Pediatrician	Washington Pediatrics
Sue Tidd	Executive Director	Beaufort County United Way
Tameka Spruill	Community Health Worker	Cornerstone Community Based Programs
Evan Lewis	Attorney	BC360
Catherine Glover	Executive Director/President	Washington Beaufort County Chamber of Commerce
Lauren Nuriddin	Community Member	
Kristi Roberson	Parks and Recreation Director	City of Washington
Greg Smith		NC Works
Loretta Younger	Community Health Worker	HealthWon
Raleigh Younger	Community Health Worker	HealthWon
Jessica Staton	Provider	Board of Health Co-Chair
Marion Booth	Aurora Community Member/Small Business Owner	Healthy Eating Active Living
John Rebholz	Beaufort County Commissioner	Beaufort County Government
Patricia Satterthwaite	Community Health Worker	
Shirley Robinson	Chief Operations Officer	Cornerstone Community Based Program
Cindy Edwards	School Nurse	Beaufort County Schools
Chris Newkirk	Director	Beaufort County Emergency Services
Laura Jett	Regional Long Term Care Ombudsman	Mid-East Commission Area Agency on Aging
Tremaine Young	Director of Federal Programs and Student Support Services	Beaufort County Schools
Latrice Peele	Community Health Worker	
Vanessa Love	Executive Director	Eagles Wings

In addition, the Health ENC Steering Committee and Beaufort 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 Beaufort Hospital

ECU Health Beaufort Hospital, a campus of ECU Health Medical Center, is a not-for-profit, community hospital located in Washington, NC. The primary service area for ECU Health Beaufort Hospital and BCHD includes surrounding cities and towns, such as Washington, Aurora, Bath, Belhaven, Pantego, Chocowinity, and Washington Park. The hospital offers a broad range of inpatient and outpatient services including medical, surgical, intensive care, emergency, pediatrics, and women's services. In addition, there is a lab, diagnostic imaging services, and physical and respiratory therapy. ECU Health Beaufort Hospital – A Campus of ECU Health Medical Center also features the Marion L. Shepard Cancer Center, offering leading-edge chemotherapy and radiation therapy, among other cancer services.

ECU Health Beaufort 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 Beaufort 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 (an academic medical center), eight community hospitals, an ambulatory surgery center, wellness and rehabilitation facilities, home health agencies, and other independently operated health services. ECU Health is also affiliated with the Brody School of Medicine at East Carolina University. 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 the Health ENC Steering Committee, Beaufort County Health Department and ECU Health Beaufort Hospital, the CHNA process aspires to create a healthier eastern North Carolina where collaborative action, shared resources, and community engagement converge to eliminate health disparities and build resilient, connected communities that support wellbeing for generations to come.

[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

Beaufort County CHNA Leadership

Beaufort County opted for a bi-sectoral approach to the leadership of the 2024 CHNA process, which included representatives from Beaufort County Health Department (BCHD) and ECU Health Beaufort Hospital.

Name	Title	Organization
JaNell Octigan	Health Director	BCHD
Brittany Joseph	Human Services Planner IV	BCHD
Kelly Ange	Community Health Improvement Coordinator	ECU Health Beaufort Hospital
Pam Shadle	Director of Marketing Development	ECU Health Beaufort Hospital
Anna Parker	Public Health Educator II	BCHD
Tiffany Moore	BCHD Behavioral Health Task Force Coordinator	BCHD
Dennis Campbell	President	ECU Health Beaufort Hospital

Beaufort County CHNA Partnerships

The CHNA process for Beaufort 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	3
Hospital/Health Care System(s)	1
Healthcare Provider(s)	2
Behavioral Healthcare Provider(s)	2
EMS Provider(s)	1
Community Organizations	5
Business(es)	1
Public/Private/Charter School System(s)	1
Other: Government/Public Agencies	4

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

Beaufort 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, community safety, food access, and family/community support.

Primary (new) data was collected through two focus groups and a web-based survey, gathering feedback from 479 people who live, work or receive healthcare in Beaufort County. Primary data identified behavioral health (particularly substance use), employment and income, healthcare access, physical health (chronic diseases, cancer, obesity), and transportation as top needs.

Beaufort County representatives collaborated to identify four priority areas to focus on over the next three years, evaluating data based on scope, severity, ability to impact, health disparities, and community importance. ECU Health Beaufort Hospital has identified three priority needs, listed alphabetically: Access to Healthcare, Behavioral Health, and Chronic Health Conditions. In addition to these, the Beaufort County Health Department has designated Community and Social Support as a fourth priority area.

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

Following completion of this report, health leaders throughout Beaufort 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 Beaufort Hospital and the Beaufort 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 community partners to proactively identify and respond to the needs of Beaufort 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 Beaufort 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 Beaufort County residents. Key objectives of this CHNA include:

- Identify the health needs of Beaufort 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: Community Health Needs 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 Beaufort County residents.

3) *Priority Health Need Areas* – This chapter describes each identified priority health need area for Beaufort 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 Beaufort County.

4) *Health Resource Inventory* – This chapter documents existing health resources currently available to the Beaufort 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, Beaufort County completed its previous assessment. Associated implementation strategies focused on four priority areas, as listed below:

Figure 2: Beaufort County 2022 Priority Need Areas

Previous CHNA Priority: Chronic Disease

- **Free Health Screenings**: Offered by ECU Health Beaufort Hospital.
    - Biometric Screenings: height, weight, BMI, blood pressure, glucose, and cholesterol screens
        - FY 23 (Oct. 2022 - Sept. 2023): 565 Total Screenings
        - FY 24 (Oct.2023 – Sept. 2024) 548 Total Screenings
        - FY 25 (Oct. 2024- March 2025) 263 Total Screenings
- **Community Health Screenings and Education**: ECU Health Beaufort Hospital's community health improvement coordinator organizes and oversees health screenings, including body mass index, blood pressure, and blood cholesterol/sugar readings, followed by health coaching based on results in efforts to educate and improve overall community health and wellness. Metrics for this strategy show positive trends; health screenings increased from 358 in the fiscal year 2022 (FY22) to 565 in FY23. Screening trends stayed steady in FY24 with 548 total screenings.
- **Free Cancer Screening Clinics**: ECU Health Beaufort Hospital, in partnership with the Shepard Cancer Center Development Council, provided free cancer screenings for community members who are uninsured or underinsured.
    - In FY23 (Oct. 2022 - Sept. 2023) ECU Health Beaufort Hospital offered
        - 6 free breast cancer screening clinics, serving 49 individuals
        - 1 free clinical breast exam clinic, serving 18 individuals
        - 1 free skin cancer screening clinic, serving 26 individuals
        - 1 low-dose CT lung cancer screening, serving 7 individuals
    - In FY24 (Oct.2023 – Sept. 2024) ECU Health Beaufort Hospital offered
        - 4 free breast cancer screening clinics, serving 22 individuals
        - 1 free clinical breast exam clinic, serving 7 individuals
        - 1 free skin cancer screening clinic, serving 17 individuals
        - 1 free low-dose lung cancer screening clinic, serving 1 individual
        - 1 PSA prostate cancer screening clinic, serving 4 individuals
    - In FY25 (Oct. 2024- March 2025) ECU Health Beaufort Hospital has offered
        - 3 free breast cancer screening clinics, serving 19 Individuals

- **Stroke Certification Standards:** ECU Health Beaufort Hospital maintained the "Get With The Guidelines" stroke certification standards in fiscal years 2023-2025.
- **Educational Programs and Events:** ECU Health Beaufort Hospital provided free educational lunch and dinner events to educate the community about prevention and early detection of breast, colon, skin, and lung cancer in Beaufort and Hyde counties. ECU Health Beaufort Hospital provides a variety of health education, to include stroke education to local businesses, schools, churches and civic groups.
- **Community Benefit Grants Program:** ECU Health Beaufort Hospital, through support of the ECU Health Foundation provides funding through the Community Benefit Grant program to community partners that focus on Chronic Disease to include prevention and management, exercise and nutrition, and weight.
    - In 2023, ECU Health Beaufort Hospital awarded $34,000.00 to 8 community partners whose programs focus on Chronic Disease to include prevention and management, exercise and nutrition, and weight.
    - In 2024, ECU Health Beaufort Hospital awarded $36,500.00 to 7 community partners whose programs focus on Chronic Disease to include prevention and management, exercise and nutrition, and weight.

Previous CHNA Priority: Behavioral Health

- **Beaufort County 360 Behavioral Health Task Force:** ECU Health Beaufort Hospital's community health improvement coordinator serves as Co-Chair of the Beaufort County 360 Behavioral Health Task Force. The task force's mission is to address both immediate and long-term mental health and substance abuse issues in Beaufort County.
- **Community In Action**: In partnership with the Beaufort County Behavioral Health Task Force
    - ECU Health Beaufort Hospital partners with the Beaufort County Behavioral Health Task force to plan and coordinate quarterly Community In Action Events. Community in Action is an all-inclusive community engagement event created by the Behavioral Health Task Force to expand outreach efforts to the county's more rural areas. Events rotate quarterly throughout Beaufort County. The purpose of Community in Action is to bring everyone in the community together to promote wellness and provide information about behavioral health resources in the county as well as assistance for food insecurity and primary healthcare. ECU Health Beaufort Hospital's Community Health Improvement Coordinator served as the Co-Chair of the Behavioral Health Task force from 2022-2025.
        - This event is attended by about 150 individuals each time it is held.
- **Community Benefit Grants Program**: ECU Health Beaufort Hospital, with the support of the ECU Health Foundation, provides funding through the Community Benefit Grant program to community partners that focus on mental health and/or substance use disorder.
    - In 2023, ECU Health Beaufort Hospital awarded $3,000.00 to Beaufort County 360 Behavioral Health Task Force to assist with producing the podcast, Riverfront Talks: Substance Matters.
    - In 2024, ECU Health Beaufort Hospital awarded $11,500.00 to 4 community partners that focus on mental health and/or substance use disorder.

Previous CHNA Priority: Vulnerable Populations and Economy

- **NC MedAssist Free OTC Medication Giveaway:** Offered by ECU Health Beaufort Hospital.
    - An annual event hosted by ECU Health Beaufort Hospital in partnership with NC MedAssist. Citizens of Beaufort County can receive over-the-counter medications for free. Each year an estimated 500-600 individuals are served.
- **Community Benefit Grants Program:** ECU Health Beaufort Hospital, with the support of the ECU Health Foundation, provides funding through the Community Benefit Grant program to community partners that focus on Economy and Vulnerable Populations.
    - In 2023, ECU Health Beaufort Hospital awarded $ 51,200.00 to 11 community partners whose programs assisted vulnerable populations.
    - In 2024, ECU Health Beaufort Hospital awarded $243,800.00 to 13 community partners whose programs assisted vulnerable populations.

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: Beaufort 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 Beaufort County participated. Existing data included information regarding the 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 Beaufort 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 Beaufort 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 CHNA Stakeholders identified Beaufort 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, ECU Health Beaufort Hospital has identified three priority health needs, listed alphabetically: Access to Healthcare, Behavioral Health, and Chronic Health Conditions as seen in **Figure 3**.[4] In addition to these, the Beaufort County Health Department has designated Family, Community and Social Support as a fourth priority area.

[4] Note: All graphics in this image were licensed from Adobe Stock.

Figure 3: 2025 Priority Health Needs

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 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 Beaufort 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 Beaufort 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 two 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 of specific interest to county health leaders, including access to care, food security, housing and homelessness, mental health, physical health, and transportation and transit. 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. In total, the input was gathered from over 500 Beaufort County residents and other stakeholders. This included web survey responses from over 475 community members and two focus groups that included nearly 30 community members and other people who live, work or receive healthcare in Beaufort 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 Beaufort 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 Beaufort 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 Beaufort 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 Beaufort 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	Beaufort County Description
	Low	Represents measures in which Beaufort 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 Beaufort 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 Beaufort 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 Beaufort County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Beaufort 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[5]

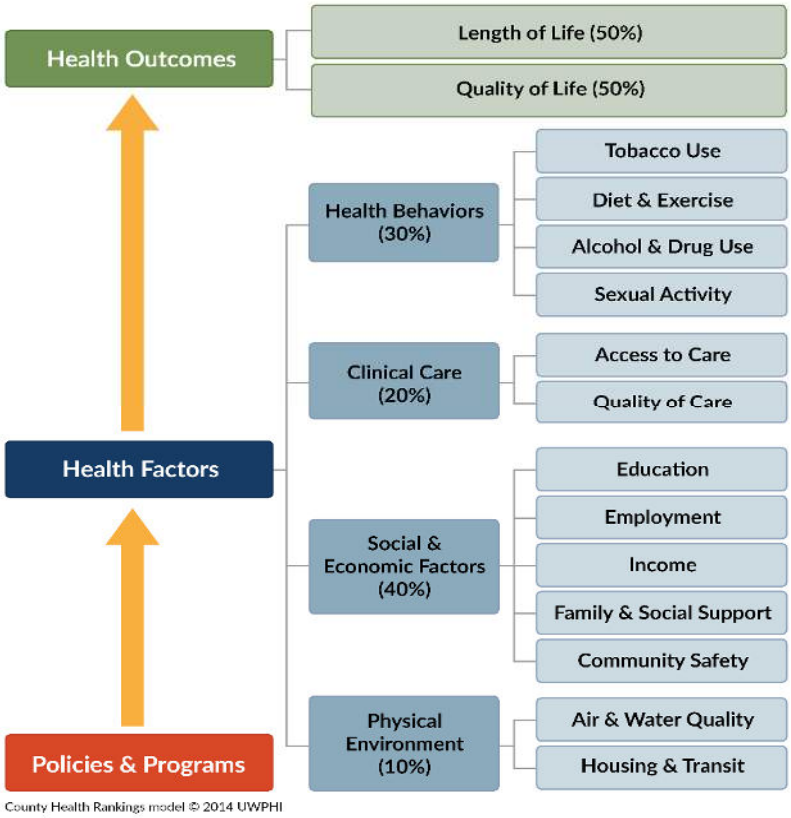
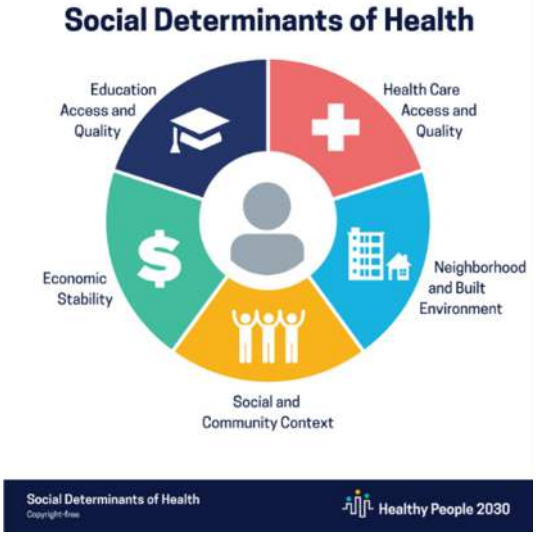


Figure 5: Social Determinants of Health



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.**[6]

Recognizing that SDoH have an impact on health disparities and inequities in the community was a key point Beaufort

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

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

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[7]

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 6**. 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. The Steering Committee 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 Steering Committee utilized the multi-voting technique to determine Beaufort County's priority need areas, while considering the following factors:

- Size and scope of the health need;

[7] 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/

- 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.

Fourteen priorities were identified, which were reduced to seven in the first round of voting. After the second round of voting, they were reduced to the final four priorities.

The final priority need areas were not ranked in any particular order of importance. The following focus areas (Access to Healthcare, Behavioral Health and Chronic Health Conditions) were identified as ECU Health Beaufort Hospital's top priority health needs to be addressed over the next three years, as seen in **Figure 7** below:

Figure 7: 2025 Priority Health Needs

The following organizations participated in the prioritization voting process:

- Agape Health Services
- Beaufort County 360
- HealthWon
- Beaufort County Behavioral Health Taskforce
- Beaufort County Department of Social Services
- Beaufort County Emergency Services
- Beaufort County Government
- Beaufort County Health Department
- Beaufort County Schools
- Beaufort County United Way
- Board of Health
- City of Washington
- Cornerstone Community Based Programs
- Eagles Wings
- ECU Health Beaufort Hospital
- Healthy Eating Active Living Collaborative
- Mid-East Commission Area Agency on Aging
- NC Works
- North Carolina Department of Environmental Quality
- Washington Beaufort County Chamber of Commerce
- Washington Pediatrics

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 Beaufort 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. While efforts were made to include diverse community members in survey efforts, roughly 55.3% of all respondents were White compared to 65% of the Beaufort County population reported as being White. Another 39.2% of respondents were Black or African American, exceeding the county population reported as being 23%. Only 3.1% of respondents identified as Hispanic, which is less than the reported county population level of 8%. Although survey respondents could choose from multiple race or ethnic categories, limited responses were received from these other groups. This made it difficult to assess health needs and disparities for other racial/ethnic minority groups in the community.

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. Despite the lack of available data, attempts 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. 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 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

Beaufort County is located in the Outer Coastal Plain region of North Carolina, characterized by the presence of large sounds, bays, and river mouths. It covers a total of 963 square miles, including 833 square miles of land and 130 square miles of water. Beaufort County is comprised of seven municipalities: Aurora, Bath, Belhaven, Chocowinity, Pantego, Washington, and Washington Park. Nearly two-thirds (63%) of Beaufort 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.

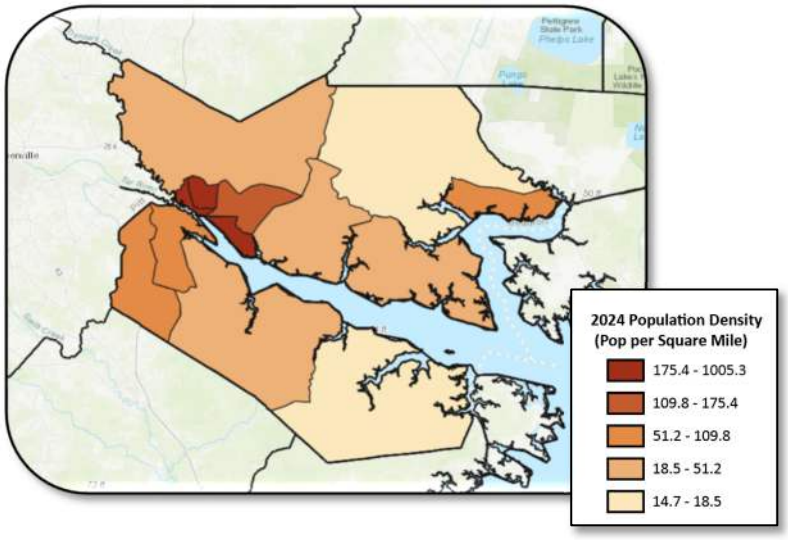
With a population of nearly 44,000, Beaufort makes up less than 1% of the state's population.

Table 1: Total Population, 2023[8]

	Beaufort County	North Carolina	United States
Population	43,912	10,765,678	337,470,185

Beaufort County has a population density of 53.1 persons per square mile – lower than the population density for North Carolina (214.7 persons per square mile). Washington is the most densely populated area in the county.

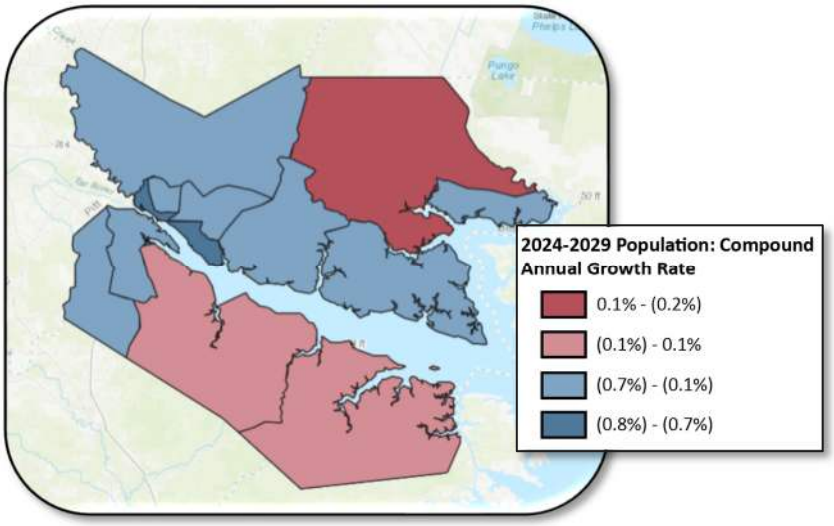
Figure 8: Beaufort County Map: Population Density[8]



[8] 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.

Beaufort County is anticipated to grow 0.38% annually between 2024 and 2029, however growth is not consistent across the county. The most significant decline is expected in the central part of the county.

Figure 9: Beaufort County Map: Population Growth[8]



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. The age distribution of Beaufort County skews older than that of the state and country, which means there may be an increasing demand for healthcare services to meet the specific needs of older adults, such as treatment for cancer or chronic illnesses.

Table 2: Age Distribution, 2023[8]

	Beaufort County	North Carolina	United States
Percentage below 15	15.9%	17.9%	18.1%
Percentage between 15 and 44	31.7%	39.3%	39.5%
Percentage between 45 and 64	26.8%	25.1%	24.6%
Percentage 65 and older	25.6%	17.7%	17.8%

Beaufort County's population distribution by sex is similar to that of the state of North Carolina.

Table 3: Sex Distribution, 2023[8]

	Beaufort County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Female	22,812	51.9%	5,489,419	51.0%	170,118,720	50.4%
Male	21,100	48.1%	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. Slightly higher than the state, 23.2% of Beaufort County residents identify as Black (Non-Hispanic). This proportion is nearly double that of the U.S. (12.5%). Additionally, the county has lower proportions of residents who identify as Asian, American Indian & Alaska Native (AIAN), and multiracial compared to the state and the U.S.

Table 4: Racial Distribution, 2023[8]

	Beaufort County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Black (Non-Hispanic)	10,198	23.2%	2,199,488	20.4%	42,132,758	12.5%
White (Non-Hispanic)	28,959	65.9%	6,590,161	61.2%	204,562,590	60.6%
Asian	181	0.4%	379,374	3.5%	21,088,177	6.2%
AIAN	173	0.4%	133,820	1.2%	3,831,126	1.1%
NHPI[9]	17	0.2%	9,214	0.1%	712,229	0.2%
Some Other Race Alone	2,474	5.6%	677, 338	6.3%	29,432,586	8.7%
Two or More Races	1,910	4.3%	776,283	7.2%	35,710,719	10.6%

By ethnicity, 8.2% of Beaufort County's population is Hispanic. This figure is slightly lower than that of the state (11.4%) and less than half than that of the U.S. (19.4%).

Table 5: Ethnic Distribution, 2023[8]

	Beaufort County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Non-Hispanic	40,300	91.8%	9,465,874	88.6%	271,934,049	80.6%
Hispanic	3,612	8.2%	1,299,804	11.4%	65,536,136	19.4%

The majority of Beaufort County's residents were born in the U.S.; just 4% of the population is foreign-born, compared to 9% of North Carolina residents.

Table 6: Foreign Born Population, 2022[9]

	Beaufort County	North Carolina	United States
Foreign Born	4%	9%	13.9%

[9] 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.

The diversity of Beaufort County is reflected in the languages that community members speak at home. According to the most recent American Community Survey (ACS), approximately 7% of Beaufort County residents speak a language other than English at home, compared to around 13% of North Carolina and 22% of U.S. residents. Just 6% of county residents speak Spanish at home, suggesting a strong predominance of English speakers.

Table 7: Language Spoken at Home, 2022[9]

	Beaufort County	North Carolina	United States
English Only	93.2%	87.3%	78%
Spanish	6.0%	7.9%	13.3%
Indo-European Languages	0.5%	2.1%	3.8%
Asian and Pacific Islander Languages	0.2%	1.9%	3.6%
Other Languages	0.0%	0.8%	1.2%

Overall, these data indicate that there is less racial, ethnic, and linguistic diversity in Beaufort County compared to broader state and national demographics.

Disability Status[10]

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. The percent of the population in Beaufort County with a disability (17.1%) skews higher than that of both the state and the U.S. This higher prevalence of disability in the county suggests a greater need for accessible healthcare services and support programs compared to North Carolina overall.

Table 8: Disability Status, 2022[9]

	Beaufort County	North Carolina	United States
Population with a Disability	17.1%	13.3%	12.9%

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. In Beaufort County, the percentage of the population (8.6%) that are veterans is slightly higher compared to both the state (7.8%) and the national (6.2%) averages.

[10] 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.

Table 9: Veteran Status, 2022[9]

	Beaufort County	North Carolina	United States
Veterans	8.6%	7.8%	6.2%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food access play a major role in identifying health-related needs. The median household income in Beaufort County is $53,044, lower than both the state and the country.

Table 10: Median Household Income, 2023[8]

	Beaufort County	North Carolina	United States
Median Household Income	$53,044	$64,316	$72,603

In 2023, one out of every six households in Beaufort County were living below the federal poverty level (FPL). 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[8]

	Beaufort County	North Carolina	United States
Percent Below FPL	16.4%	10.1%	9.5%

Similar to the percentage of households below the FPL, approximately a quarter of Beaufort County households received Food Stamps/SNAP (Supplemental Nutrition Assistance Program) in 2022. This rate is nearly ten percentage points higher than the state and national averages, suggesting that significantly more local households struggle to consistently access food.

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

	Beaufort County	North Carolina	United States
Number of Households Receiving Food Stamps/SNAP	4,753	575,860	16,072,733
Total Number of Households	19,236	4,299,266	129,870,928
Percentage of Households receiving Food Stamps/SNAP	24.7%	13.4%	12.4%

In Beaufort County, 68% of residents had earned less than a college degree—notably higher than both the state (58.1%) and the country (51.9%). This data indicates that while Beaufort County exceeds state averages in high school and some college attendance, it lags significantly in bachelor's and graduate degree completion, suggesting potential barriers to accessing or completing higher education.

Table 13: Educational Attainment, 2020[13,14]

	Beaufort County	North Carolina	United States
Less than 9th Grade	7.3%	6.0%	3.5%
Some High School/No Diploma	4.3%	5.5%	5.3%
High School Diploma	26.6%	21.2%	28.5%
GED/Alternative Credential	5.3%	4.3%	*[15]
Some College/No Diploma	24.5%	21.1%	14.6%
Associate's Degree	11.1%	9.9%	10.5%
Bachelor's Degree	12.5%	20.4%	23.4%
Graduate/ Professional Degree	8.2%	11.6%	14.2%

The total unemployment rate in Beaufort County (5.6%) is slightly higher than that of the state (5.1%) and the U.S. (3.9%). Notably, Beaufort County has higher rates of unemployed young adults ages 16-24 and adults ages 25 to 54 compared to the state or the U.S, indicating employment challenges among both younger and middle-aged adults.

[11] 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).

[12] 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.

[13] 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.

[14] 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.

[15] U.S. totals combine GED with High School Diploma

Table 14: Unemployment, 2022[16,17]

	Beaufort County	North Carolina	United States
Percentage unemployed ages 16 to 24	15.0%	12.4%	11.0%
Percentage unemployed ages 25 to 54	6.1%	4.7%	3.4%
Percentage unemployed ages 55 to 64	1.2%	3.3%	2.7%
Percentage unemployed ages 65 or more	1.8%	3.0%	2.9%
Total unemployment	5.6%	5.1%	3.9%

In Beaufort County, the age group most likely to be uninsured is adults aged 19-34. The uninsured rate for this age group is significantly higher than the U.S and the state of North Carolina. This data indicates that while Beaufort County performs similarly to the state overall in terms of insurance coverage, both young and middle-aged adults face challenges in accessing health insurance.

Table 15: Health Insurance Status, 2022[18]

	Beaufort County	North Carolina	United States
Percentage uninsured ages 18 or below	4.6%	5.2%	5.4%
Percentage uninsured ages 19 to 34	25.3%	15.5%	13.6%
Percentage uninsured ages 35 to 64	16.2%	12.5%	9.9%
Total % Uninsured	16.0%	15.0%	12.0%

[16]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.

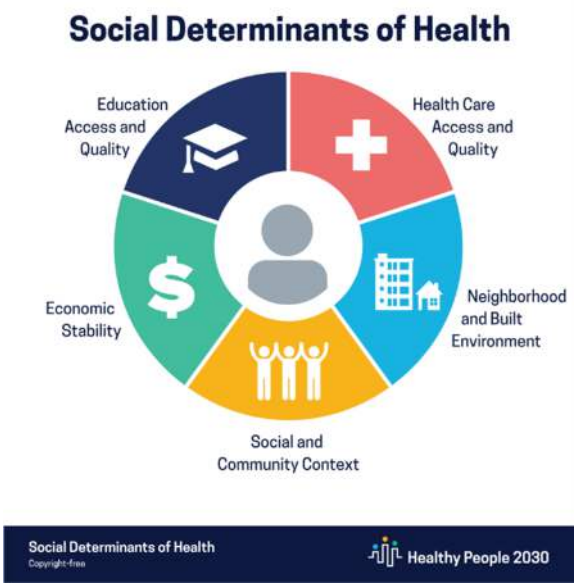
[17] Source (for United States): Federal Reserve Bank of Saint Louis. Federal Reserve Economic Data - FRED (March 2024). https://fred.stlouisfed.org/

[18] 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.

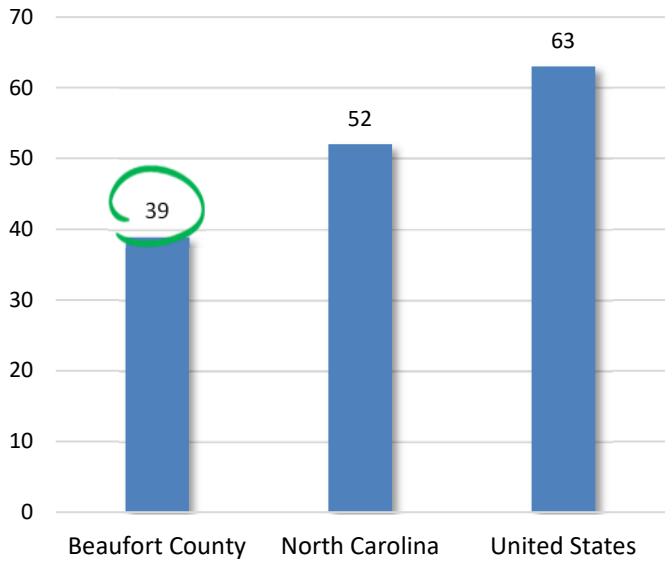
An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below. The CHNA Leadership Team also collected new data via focus groups and surveys to ensure that residents and key community health leaders could provide input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

<u>Disparities</u>

Recognizing the diversity of Beaufort 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.

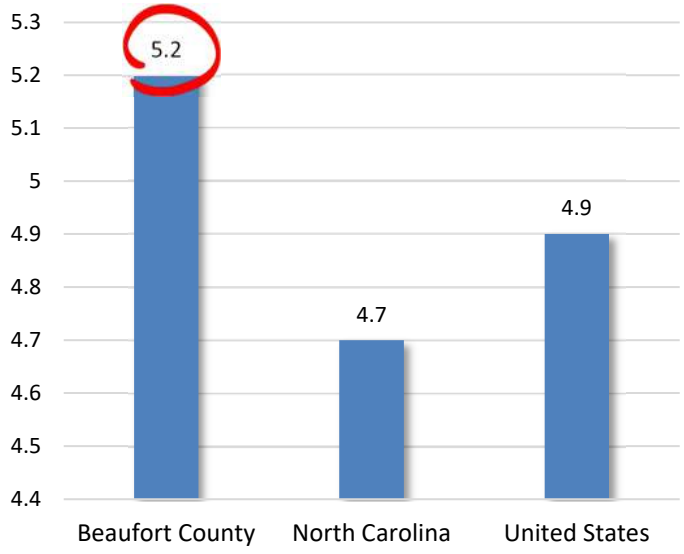
Residential segregation is measured by the index of dissimilarity, a demographic measure ranging from 0 to 100 that represents how evenly two demographic groups are distributed across a county's census tracts. Lower scores represent a higher level of integration between residents of different racial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

Figure 11: Residential Segregation[8]



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 in Beaufort County is notably higher than state and national figures.

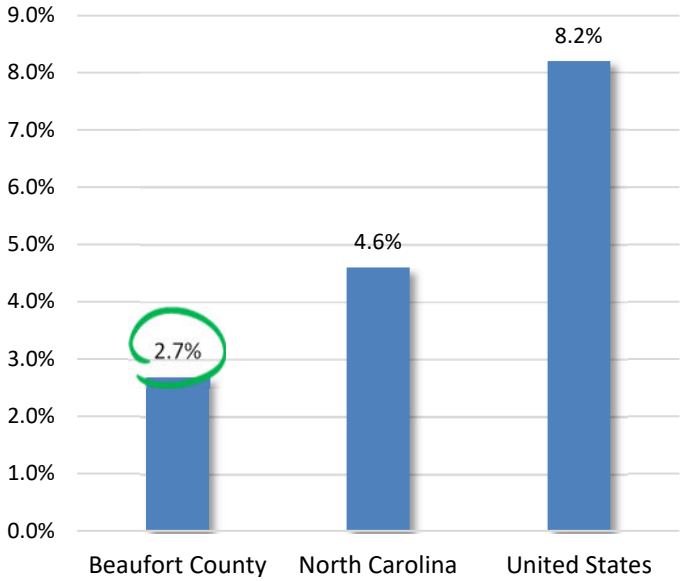
Figure 12: Income Inequality Ratio[8]



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. Fewer people are not fluent in English in Beaufort County compared to the state and country, as seen in **Figure 13**.

Figure 13: Percent of Population with Limited English Proficiency[9]



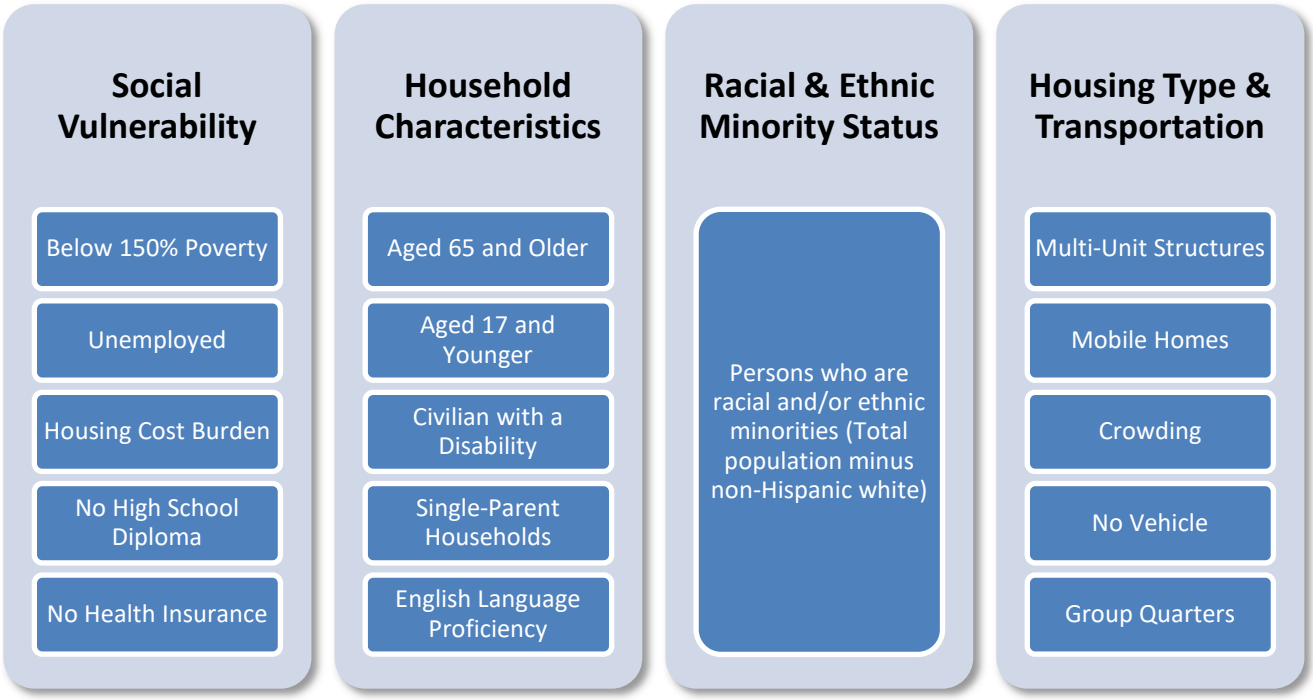
Social Vulnerability Index

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.[19] 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.

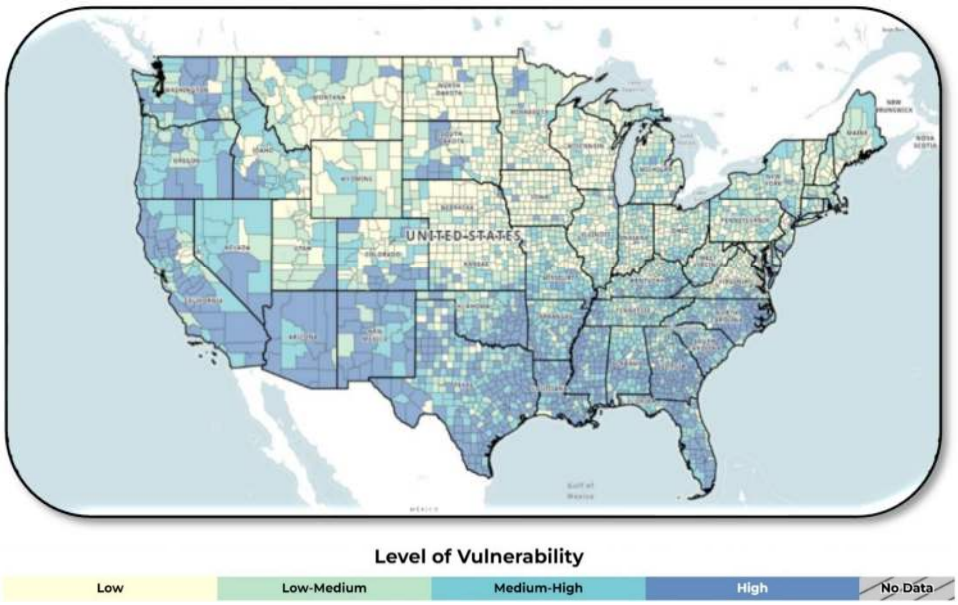
[19] CDC/ATSDR Social Vulnerability Index (SVI). Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Figure 14: SVI Variables



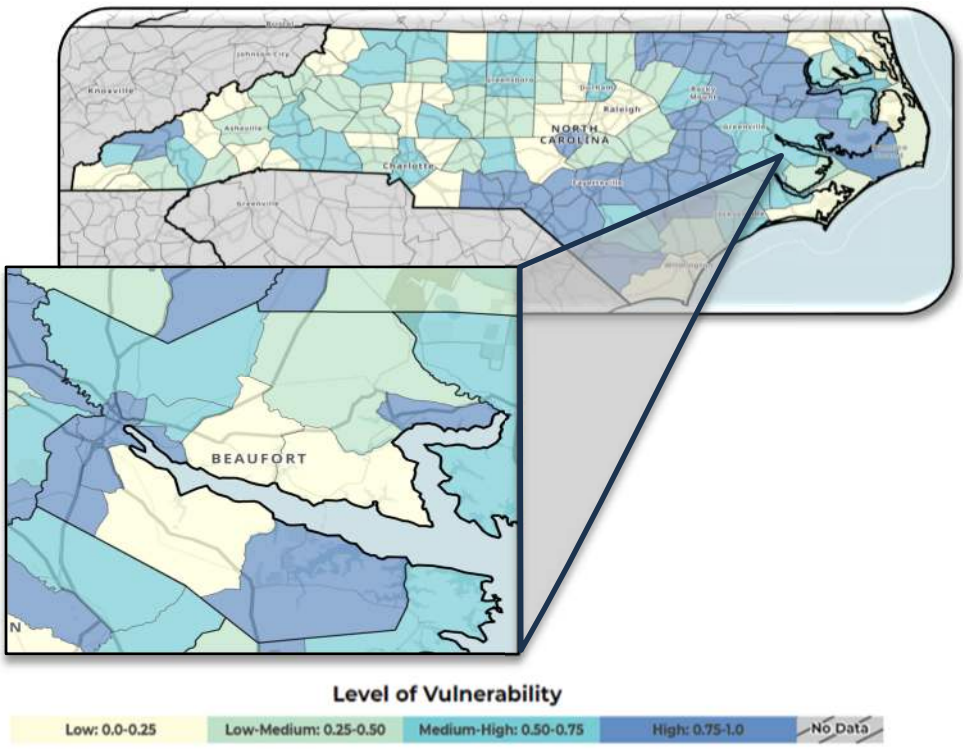
The United States SVI by county is shown in **Figure 15** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 15: United States SVI by County, 2022



The 2022 SVI scores for Beaufort 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. SVI scores represent a relative comparison to other counties and census tracts in North Carolina. The vulnerability of Beaufort County overall is higher than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.63.

Figure 16: Beaufort County SVI by Census Tract, 2022



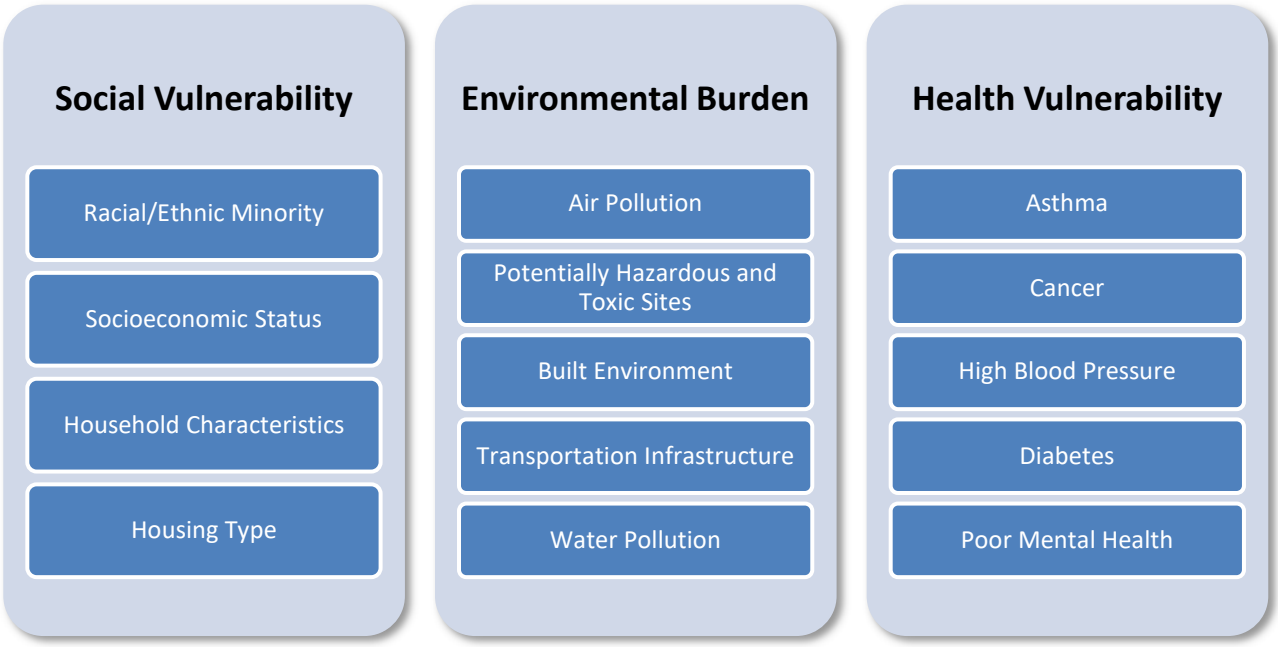
Environmental Justice Index

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.[20]

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 (EPA), the U.S. Mine Safety and Health Administration, and the CDC. 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.

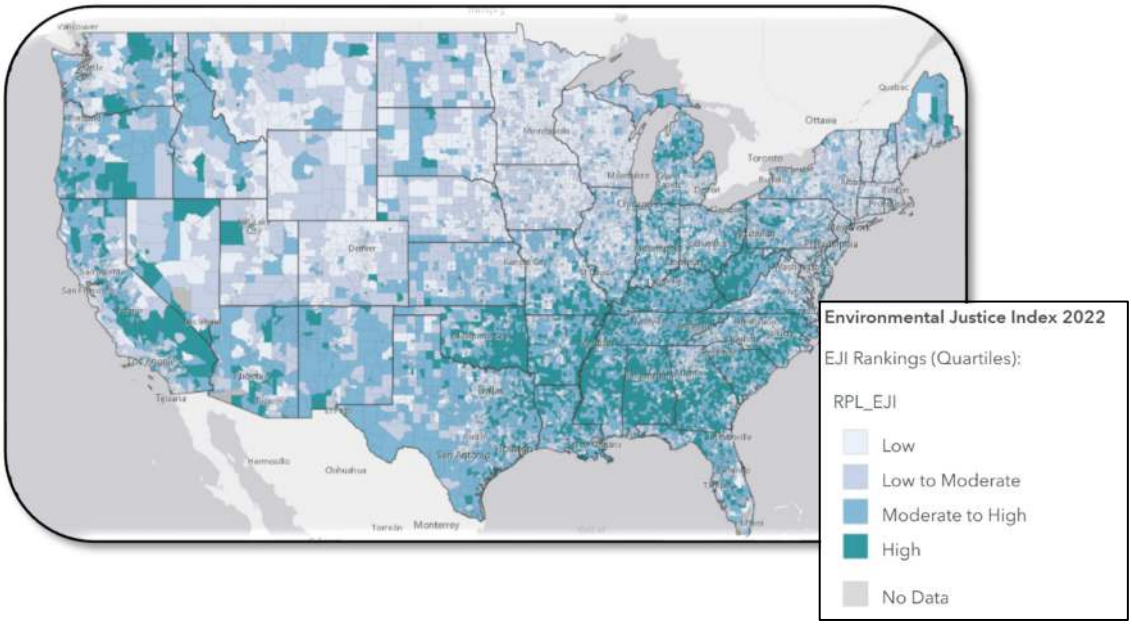
Figure 17: EJI Variables



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.

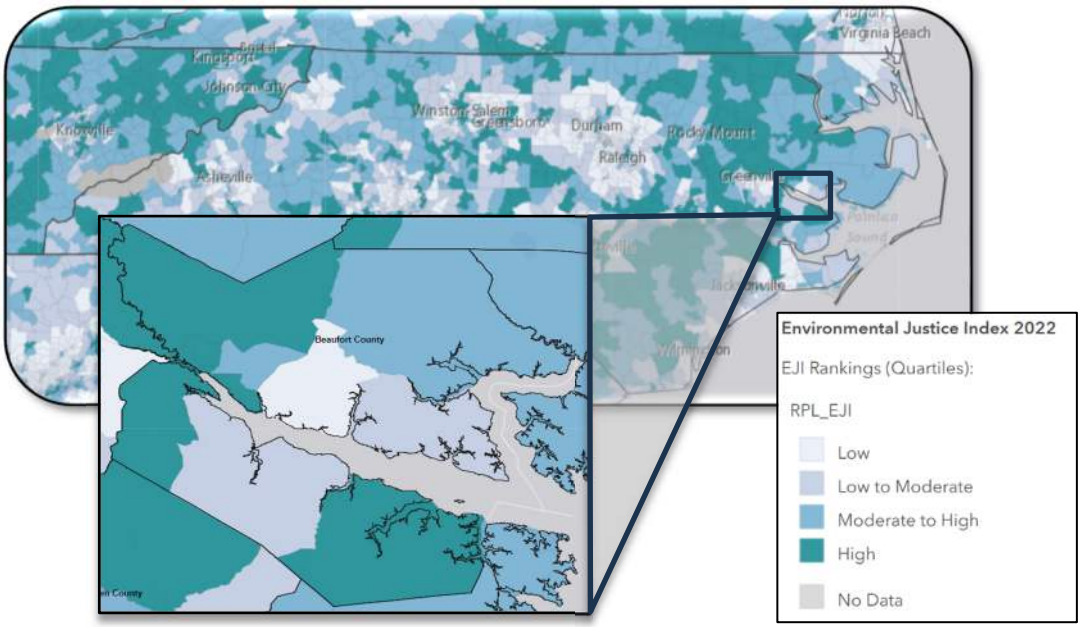
[20] U.S. Environmental Protection Agency (2024). Retrieved from https://www.epa.gov/environmentaljustice

Figure 18: United States EJI by Census Tract, 2022



The 2022 EJI scores for Beaufort 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 0.71.

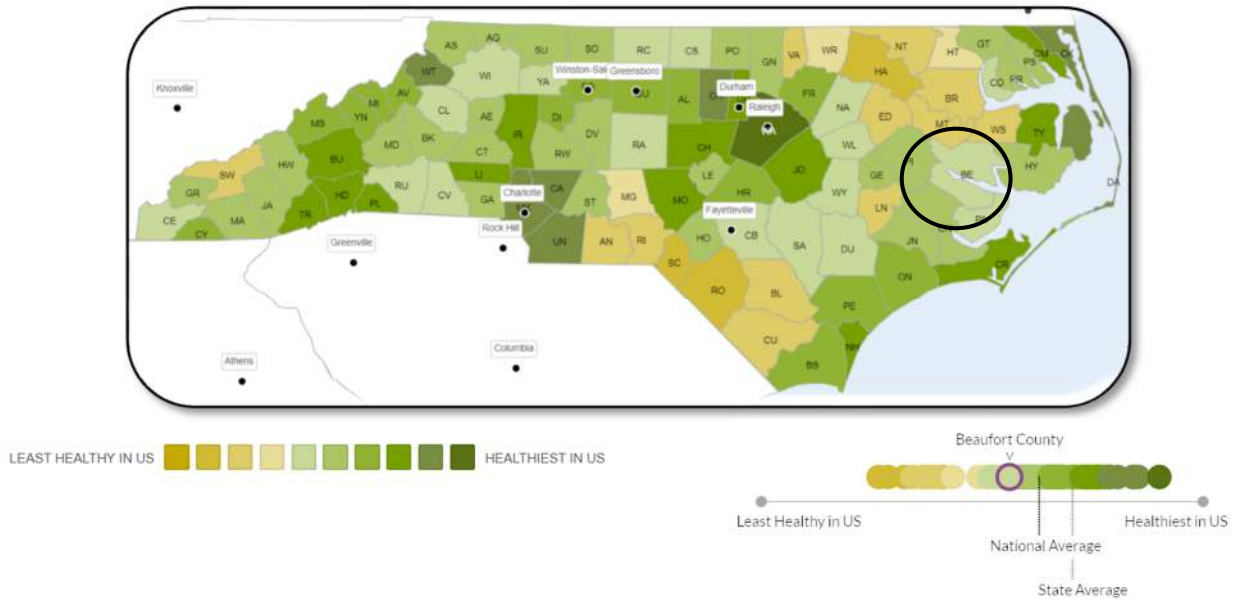
Figure 19: Beaufort County EJI by Census Tract, 2022



Health Outcome and Health Factor Rankings

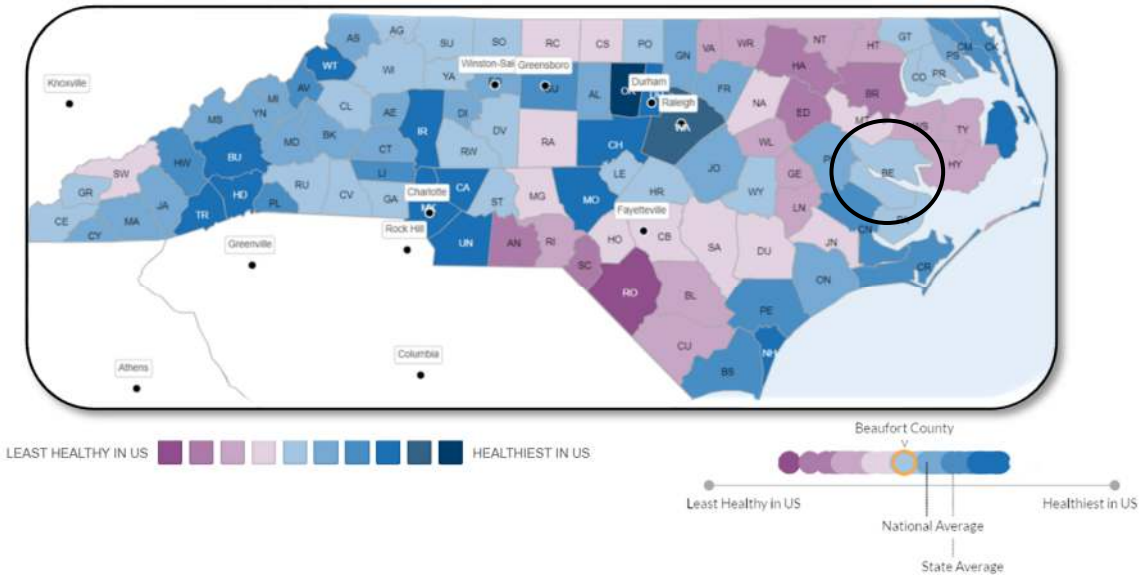
CHNA Stakeholders also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2024. The Health Outcomes measure looks at how long people in a community live and how physically and mentally healthy they are. These categories are discussed further in **Appendices 2** and **3**. Beaufort County 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[5]



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**. Similarly to the Health Outcome measure, Beaufort County falls behind the average for the country and the state.

Figure 21: State Health Factors Rating Map[5]



CHAPTER 3 | PRIORITY NEED AREAS

This chapter explores all community health priority areas in detail. While the health department has identified four priorities, the hospital has adopted three—Access to Care, Behavioral Health, and Chronic Health Conditions. 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**.

A multi-voting technique was employed to determine the priority areas. After thorough discussion, community stakeholders voted on their top choices and narrowed down the potential priorities from the fourteen areas originally identified to seven areas. After a second round of voting, these seven potential priorities were then reduced to the final four selected and detailed below.

As mentioned previously, these priority need areas are not listed in any hierarchical order of importance and all will be addressed by the Beaufort 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: ACCESS TO HEALTHCARE

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 Beaufort 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.[21] Access is a challenge even for those who are insured.[22]

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.[23] 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.[24] 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.[25] 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.[25]

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.[26] In addition, individuals with limited English proficiency (LEP) 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.[27] Both primary and secondary data resources analyzed for this report highlight the need for greater access to health services within Beaufort County.

Secondary Data Findings

Various factors contribute to healthcare access, not all of which were determined to be of high need for Beaufort County, as detailed in Appendix 3. Relative to the state of North Carolina and the U.S., Beaufort County demonstrated a high need on a number of access to care metrics, including the rates of dental care and primary care providers per 100,000 population, as displayed in the table below. These low rates, which were much lower than the state and nation, mean accessing care from these types of providers in

[21] 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.

[22] 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.

[23] 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 .

[24] 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 .

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

[26] 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.

[27] 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 community may be more challenging. In fact, the rate of dental providers per 100,000 population was almost 80% less than the state average.

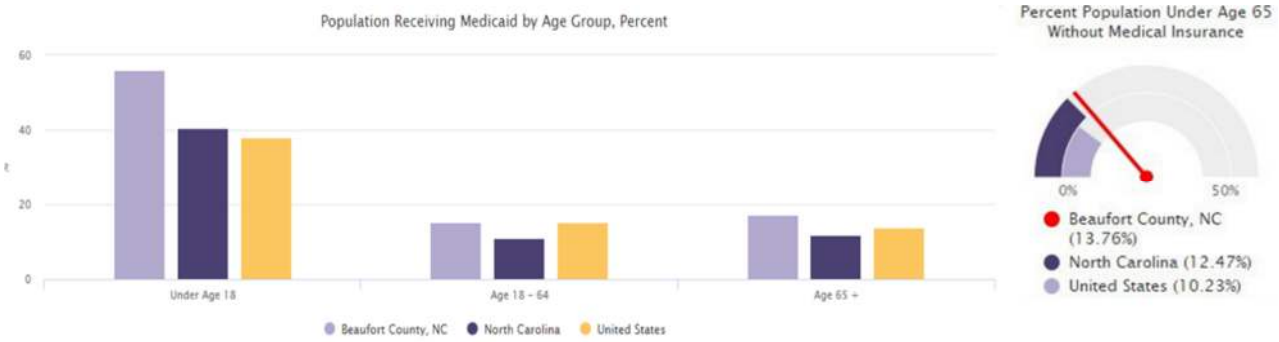
Nearly 45% of the population in Beaufort County lives in an area that has been federally designated as a Dental Care Health Professional Shortage Area (HPSA), confirming a shortage of dental health professionals exists in the community. This suggests that some residents may have difficulty caring for their oral health. In contrast, Beaufort County performs well on the rate of Federally Qualified Health Centers (FQHC) in the county per population, which is higher than the state or national rate.

Table 16: Access to Care Indicators

Indicator	Beaufort County	North Carolina	United States
Dental Providers (Rate per 100,000 Population)	6.7	31.5	39.1
Primary Care Providers (Rate per 100,000 Population)	69.4	101.1	112.4
Percentage of Population Living in an Area Affected by a Dental Care HPSA	44%	34%	18%
Percent of Insured Population Receiving Medicaid	27%	20%	22%
Rate of Federally Qualified Health Centers (Rate per 100,000 Population)	6.7	4.0	3.5

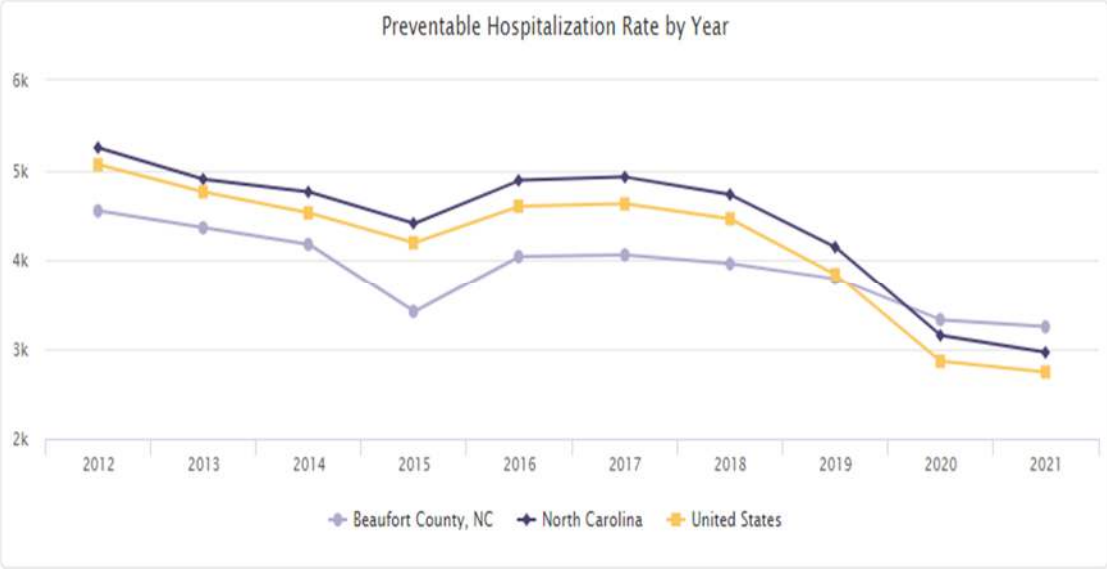
As identified in table above, a higher percentage of the insured population in Beaufort County receives Medicaid compared to the state or nation. In fact, across age groups, Beaufort County maintains a higher percentage of individuals receiving Medicaid compared to the state and nation, as demonstrated in **Figure 22** below. These differences are particularly pronounced for those under age 18. While Medicaid coverage can support access to care, gaps in access can persist, particularly for specific provider types. Additionally, these residents may face greater difficulty finding a provider that accepts Medicaid compared to private insurance. In addition, nearly 14% of the population under age 65 in the county is without any type of medical insurance, a higher percentage compared to the state and nation. This suggests additional barriers to accessing care may exist in the community.

Figure 22: Population Receiving Medicaid by Age Group and Under Age 65 Uninsured



Another access-related indicator of concern for Beaufort County was the number of preventable hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees. While there has been a general downward trend in preventable hospital stays, the rate in Beaufort County remains higher than state and national averages.

Figure 23: Preventable Hospital Stays



Even more concerning are the health disparities that exist for preventable hospital stays. The rates among Hispanic or Latino and Black or African American Medicare beneficiaries in Beaufort County were higher compared to non-Hispanic White Medicare beneficiaries, as displayed in the figure and table below. Hospitalizations for diagnoses that are usually treatable in ambulatory or outpatient settings suggests that residents of Beaufort County may experience difficulty accessing high-quality outpatient or primary care to prevent unneeded inpatient stays.

Figure 24: Preventable Stays by Race/Ethnicity

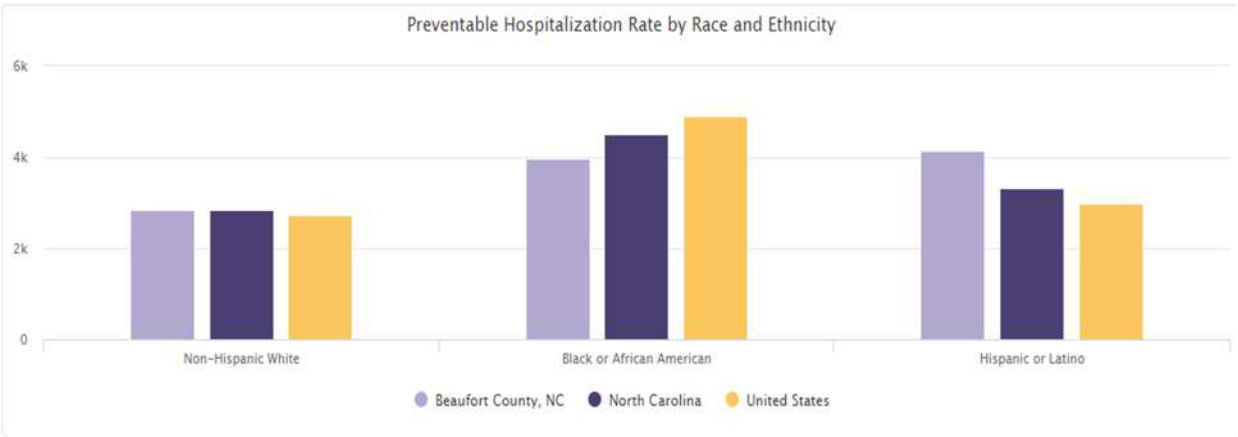


Table 17: Preventable Hospital Stays by Race/Ethnicity

Preventable Hospital Stays (per 100,000 Medicare Beneficiaries)	Beaufort County Rate
Preventable Hospital Stays	3,241
Hispanic or Latino Medicare Beneficiaries	4,138
Black or African American Medicare Beneficiaries	3,993
White Medicare Beneficiaries	2,865

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 Beaufort 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 18: Transportation Indicators

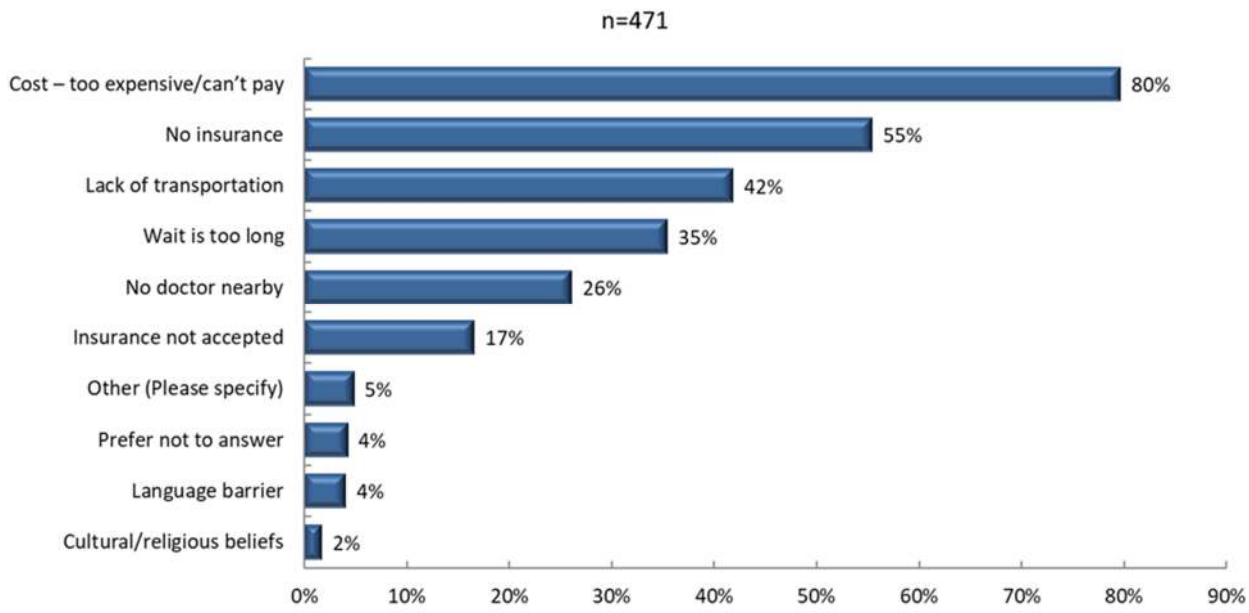
Indicator	Beaufort County	North Carolina	United States
Households with No Motor Vehicle, Percent	5.8%	5.4%	8.3%
Percent Population Using Public Transit for Commute to Work	0.1%	0.8%	3.8%

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

Primary Data Findings – Community Member Web Survey

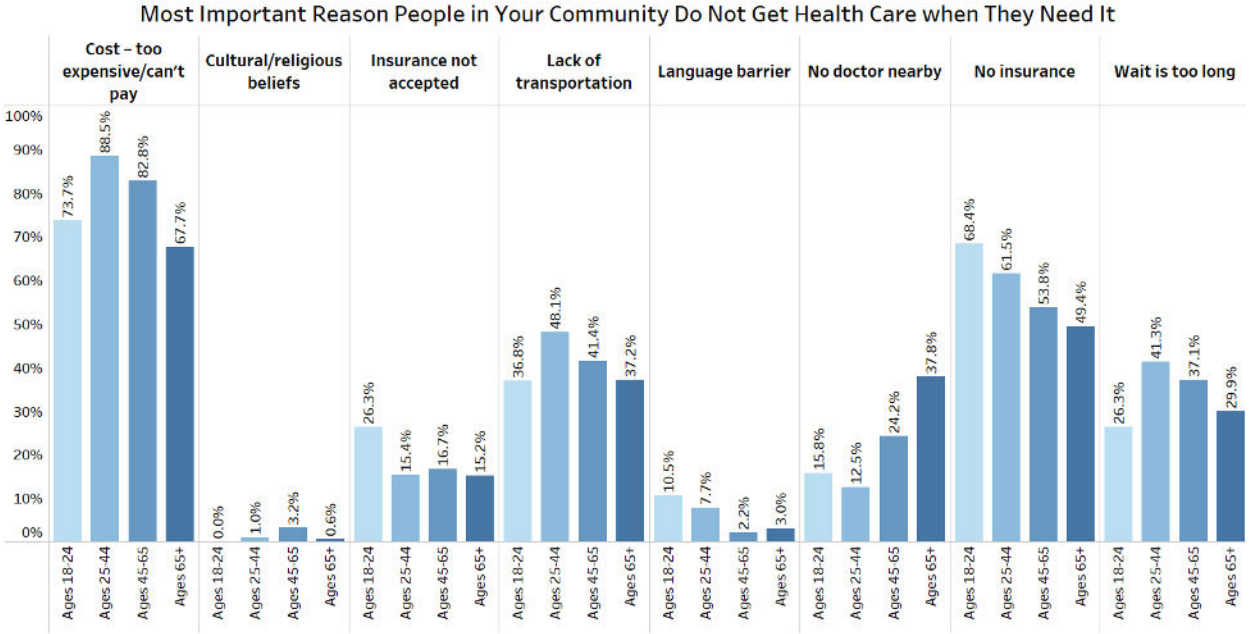
Nearly 480 Beaufort County residents responded to the web-based survey. Respondents identified several access to care needs in Beaufort County. In the survey, community members were asked to identify the top barriers to receiving healthcare. Cost (78%), no insurance (55%), and lack of transportation (41%) were the top three identified reasons why people in the community are not getting care when they need it. Another one-third of responses identified long wait times, and a quarter of responses indicated a lack of nearby doctors as the top barriers to care.

Figure 25: 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.



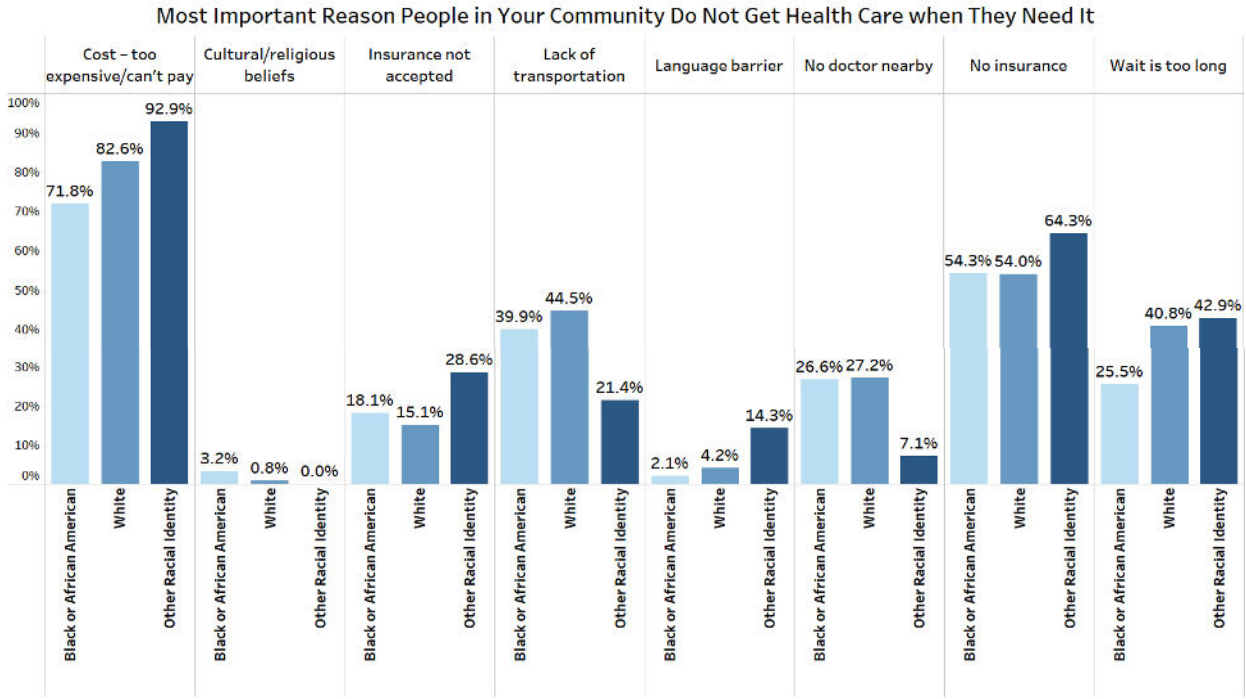
When these data were examined by age group, the age group that most frequently identified cost (89%) and lack of transportation (48%) as top barriers was those aged 25 to 44. Lack of insurance as a barrier was identified most frequently by younger respondents aged 18 to 24 compared to all other age groups.

Figure 26: 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)



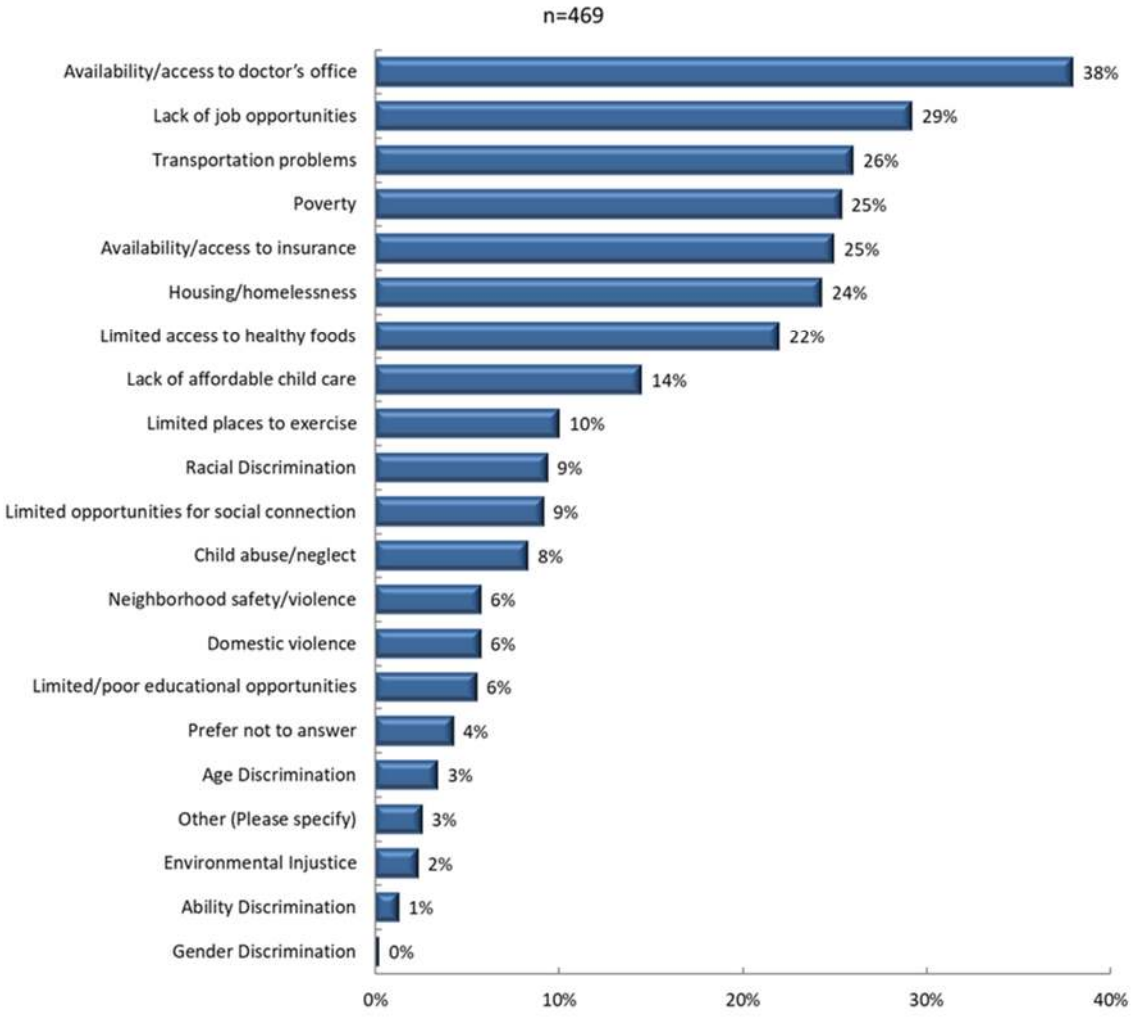
Responses also differed by race. Nearly 30% of respondents identifying with the "Other" race category, including those who identified as American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and/or those who selected more than one race or "other," noted insurance not being accepted as a top barrier to healthcare compared to 18% of respondents identifying as Black/African American and 15% of respondents identifying as White.

Figure 27: 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)



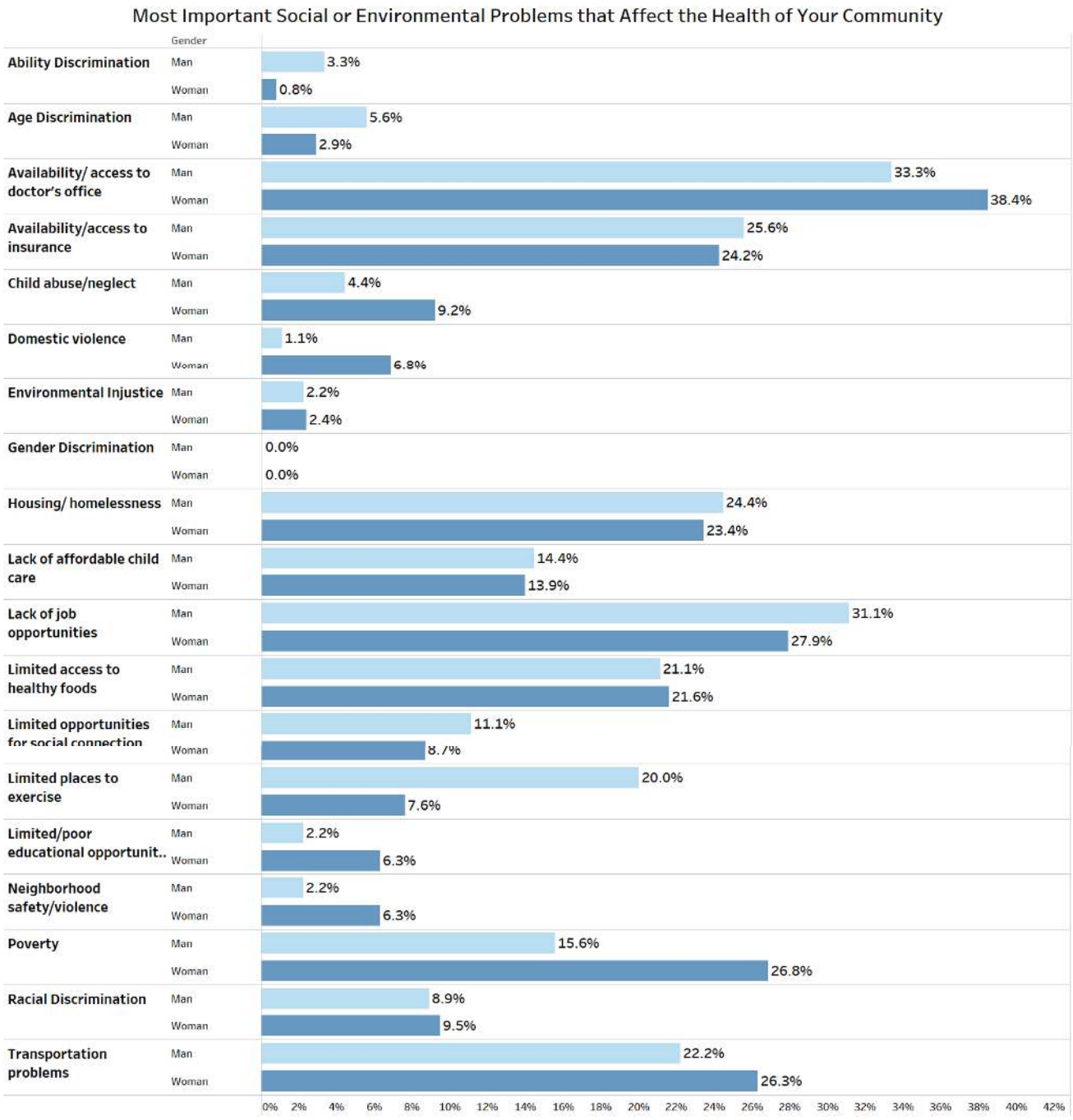
Community members were also asked to identify the most important social or environmental problems that affect the health of the community. As displayed in **Figure 28**, the most frequent problem identified was the availability or access to doctor's offices (37%), again highlighting access to care challenges within the community. Transportation (26%) was identified as the third most frequent social or environmental problem that affects the health of the community.

Figure 28: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



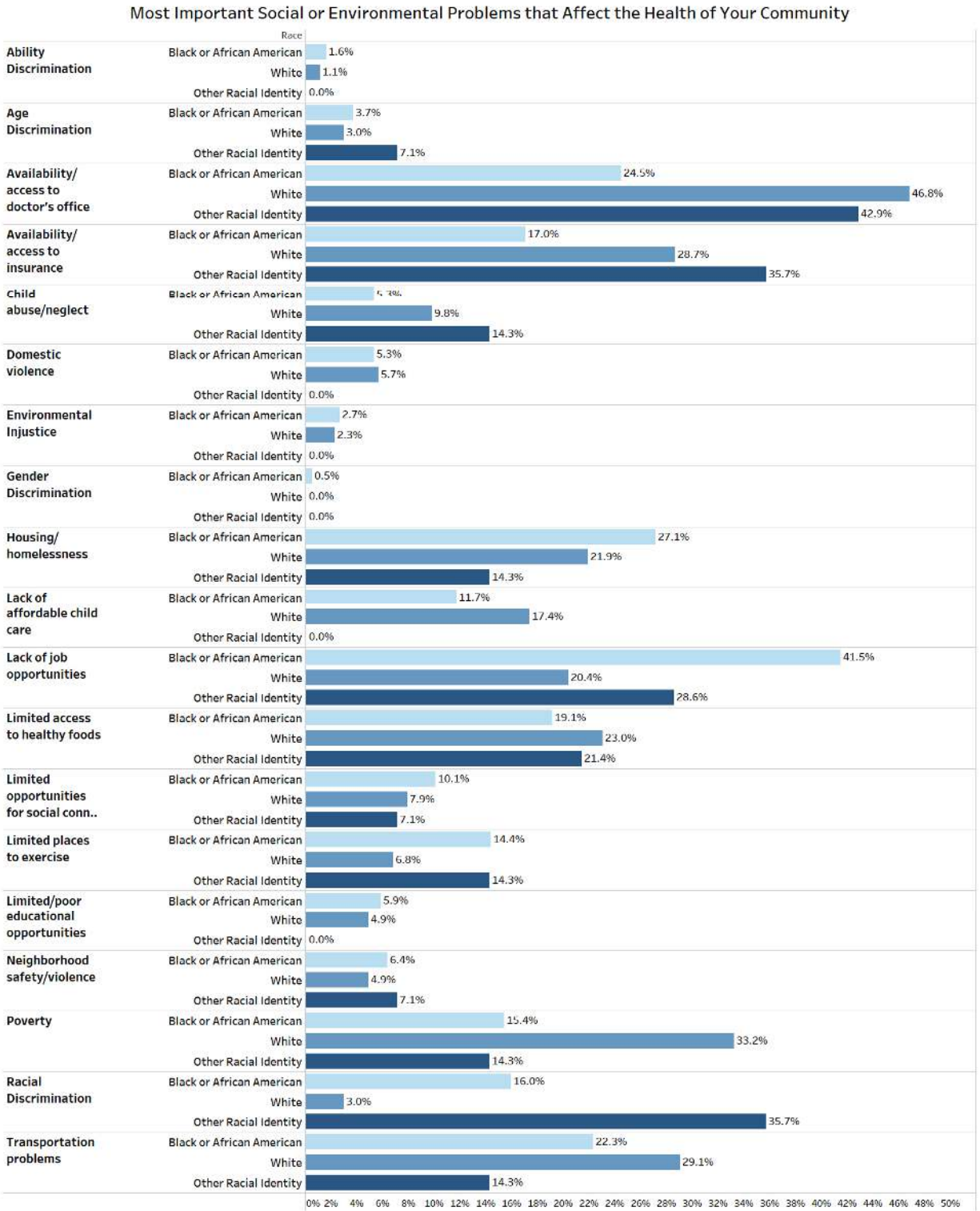
Notably, men and women differed in their responses. More women identified availability and access to doctor's offices as a top social and environmental problem (38% for women vs. 33% for men). Women were also more likely than men to identify transportation problems as an important social and environmental problem (26% compared to 22%).

Figure 29: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)



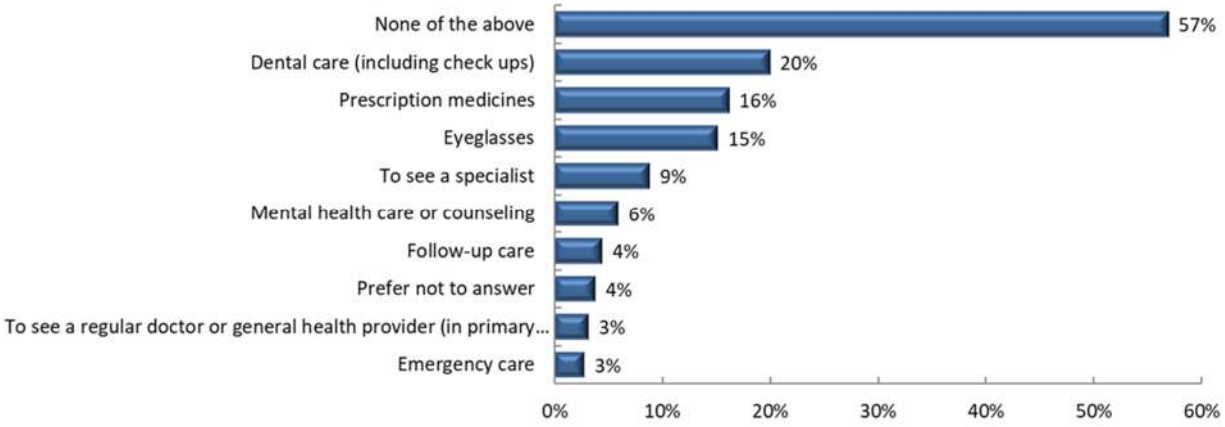
Responses also varied by race. Those identifying as White were more likely to cite availability of doctor's offices, availability or access to insurance, and transportation than all other races (White: 47%, 29%, 29%; Black or African American: 25%, 17%, 22%; All Other: 21%, 14%, 0%).

Figure 30: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)



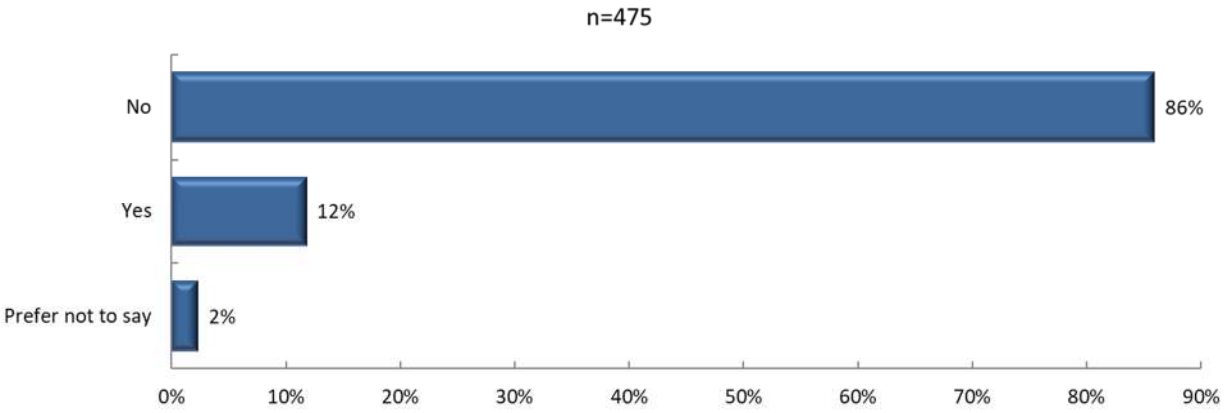
Beaufort County community survey respondents were also asked if there was a time during the past 12 months that they needed specific care and were unable to receive it due to affordability. As displayed in the figure below, one-fifth of respondents indicated affordability barriers prevented them from accessing dental care. The second highest response identified prescription medicine (16%) access was impacted due to lack of affordability, followed by eyeglasses (15%).

Figure 31: 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?



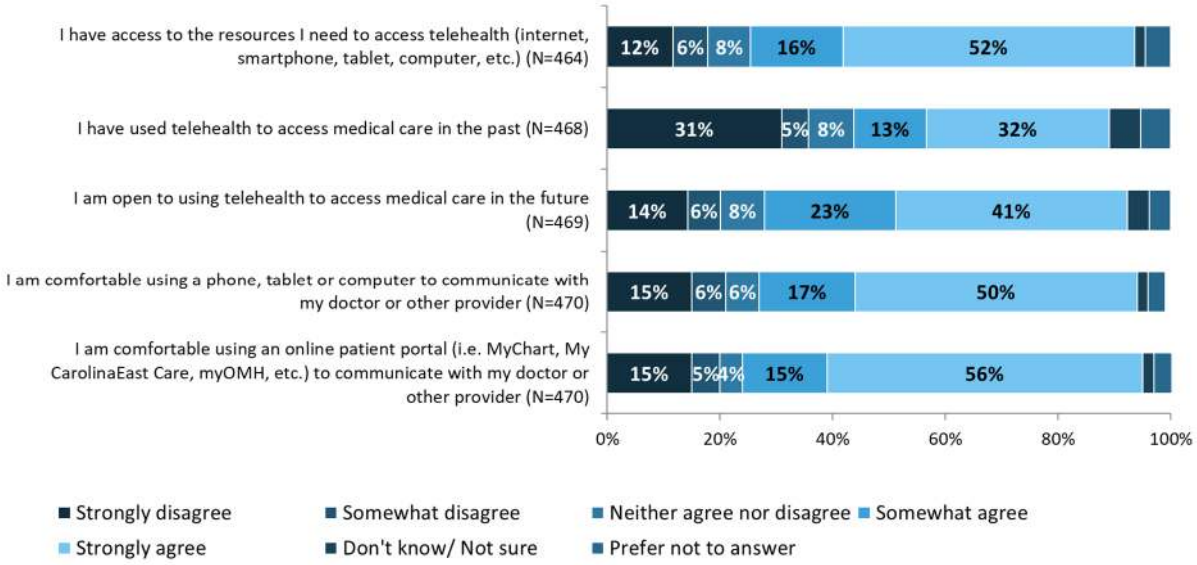
Respondents were asked if they have put off or neglected going to the doctor due to distance or transportation, to which 12% of respondents answered yes, further emphasizing that transportation can be a barrier for at least a portion of the community.

Figure 32: 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 33: 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

Similar to the secondary and other primary data findings described above, access to care concerns emerged during the focus groups conducted in Beaufort County. Participants discussed the high cost of care and challenges with insurance coverage. The costs of medication and co-pays were specifically noted. The lack of transportation creating a barrier to healthcare access was also highlighted among focus group participants. The lack of local providers and provider offices were described as some of the issues that keep residents in Beaufort County from living healthy lives.

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

PRIORITY NEED: BEHAVIORAL HEALTH

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[28] 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

[28] 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.

stressors, and health behaviors.[29] After evaluating data from a variety of sources including surveys and focus groups conducted throughout the assessment process, the CHNA Stakeholders identified behavioral health/mental health, including both mental health and substance use, to be an area of urgent need within Beaufort 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.[30] 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. [31]

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.[32] 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.[33]

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 be pushed out of network of their behavioral health providers, than a primary care provider, furthering cost as a cause for stopping treatment. [34]

Substance use disorders (SUDs) are one of the fastest rising categories of behavioral health disorders. According to the American Psychiatric Association, SUDs are a complex condition in which there is uncontrolled use of a substance (such as alcohol or drugs), despite harmful consequences.[35] SUDs often occur in conjunction with other mental illness. In 2023, 16 million (46.9%) young adults aged 18-25 reported having either a SUD or Acute Mental Illness (AMI) in the past year. In that same year, 17.1% (48.5

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

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

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

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

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

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

[35] Source: American Psychiatric Association (2024). *Addiction and Substance Use Disorders*. Retrieved January 16, 2024, from https://www.psychiatry.org/patients-families/addiction-substance-use-disorders.

million) of all U.S. adults were reported as having an SUD.[36] These trends have been increasing in recent years. According to the National Center for Drug Abuse Statistics, in 2018 (3.7%) of all adults aged 18 and older (9.2 million) had both an AMI and at least one SUD.[37] By 2021, this had increased to 13.5% of U.S. adults, with the highest incidence among Multiracial adults.

There are multiple common forms of SUD, such as alcohol use, cocaine use, cannabis use, opioid use, and methamphetamine use disorders. An individual living with one SUD can also be coping with another at the same time, such as co-occurring use of alcohol and cannabis.[38] Treatment SUDs generally cannot follow a cookie-cutter approach, as each person receiving treatment will have different withdrawal and coping needs. Treatment is typically provided through various therapies, inpatient admissions, and forms of medication-assisted treatment such as methadone. Opioid overdoses are one of the most common types of deaths related to SUDs, and can be preventable and treatable if caught in time. Multiple efforts have been coordinated within the past two years to incorporate the storage of overdose reversing medications such as Naloxone in public facilities such as federal facilities, and over the counter, as was approved in 2023 by the FDA. This is critical, as in 2022, the number of opioid overdoses nationwide surpassed 81,051 – a 63% increase in overdoses since 2019.[39]

Substance use disorders have also had an impact in North Carolina. Over 36,000 overdose deaths occurred in the state between 2000 and 2022 – an average of more than 1,600 deaths each year.[40] Multiple programs have been developed in North Carolina to combat substance use disorder, notably surrounding opioid usage, which has led to an increase in access and usage of Medication Assisted Treatment (MAT) and methadone clinics within the state. Additionally, North Carolina launched the Opioid and Substance use action plan, which involved the development of multiple interventions, dashboards, and educational materials to help support counties and organizations with reducing not only overdose deaths, but the incidence of SUDs as well.

The pandemic impacted public mental health and well-being in many ways. Community members continue to grapple with the pandemic-related effects of isolation and loneliness, financial instability, long-term health impacts and grief, all of which are drivers for developing a substance use disorder. In addition, both drug overdose and suicide deaths have sharply increased over the past several years – often disproportionately impacting younger people and communities of color.[41]

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

[36] Source: SAMHSA (2024). *Highlights from the 2023 National Survey on Drug Use and Health*. Retrieved October 10th, 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.

[37] Source: National Center for Drug Abuse Statistics (2023). *Drug Abuse Statistics*. Retrieved January 8th, 2024, from https://drugabusestatistics.org/.

[38] Source: Cleveland Clinic. (2024). Substance Use Disorder (SUD). Retrieved October 1, 2024, from https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud

[39] Source: KFF. (2023). Saunders, H., Rudowitz, R. (2023). Will the availability of Over-The-Counter Narcan increase access? Retrieved October 1, 2024 from https://www.kff.org/policy-watch/will-availability-of-over-the-counter-narcan-increase-access/

[40] Source: NCDHHS. (2022). *Overdose epidemic.* Retrieved October 3, 2024 from: https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic#:~:text=Combating%20North%20Carolina's%20Opioid%20Crisis,is%20devastating%20families%20and%20communities.

[41] Source: Panchal, N., Saunders H., Rudowitz, R. and Cox, C. (2023). The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. Retrieved from https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use.

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 behavioral health as an area of concern for residents of Beaufort County. In fact, as displayed in the table below, multiple behavioral health indicators for Beaufort County were higher than the state and national averages, including the crude rates of suicide and deaths of despair.[42] The average number of poor mental health days per month reported by Beaufort County residents was also higher than those reported for the state and nation. Access to mental health care is another significant concern, with only 109.7 mental health providers per 100,000 population in the county, substantially lower than both North Carolina (155.7) and national (178.7) rates

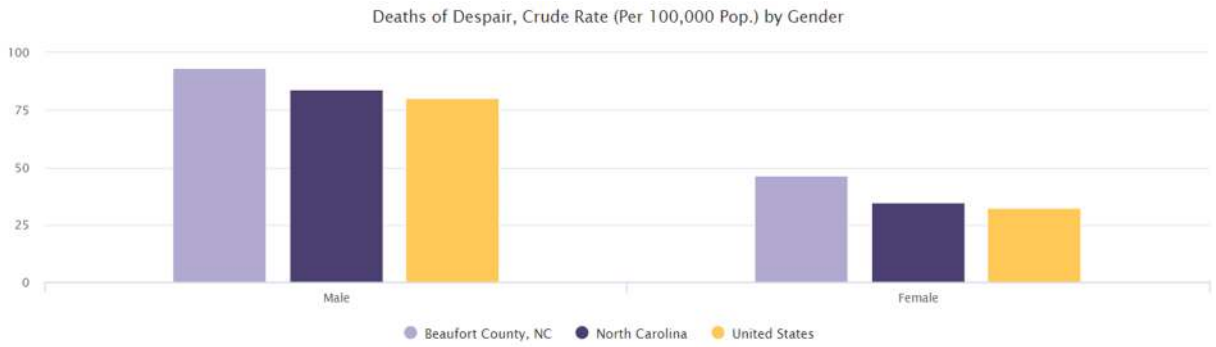
Table 19: Behavioral Health Indicators

Indicator	Beaufort County	North Carolina	United States
Deaths of Despair (Crude Rate per 100,000 Population)	69.2	58.7	55.9
Suicide (Crude Rate per 100,000 Population)	17.0	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)	109.7	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.

[42] Deaths of despair includes deaths by intentional self-harm (suicide), alcohol-related conditions and drug poisoning.

Figure 34: Crude Rate of Deaths of Despair by Gender



In terms of substance use disorder indicators, Beaufort 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 Beaufort 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 has more substance abuse providers (49.3 per 100,000 population) compared to state (25.0) and national (27.9) averages, and it maintains a higher rate of buprenorphine providers (25.5) compared to state (15.2) and national (15.5) averages.

Table 20: Substance Use Indicators

Indicator	Beaufort County	North Carolina	United States
Percentage of Adults Reporting Excessive Drinking	15%	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)	4.0	2.9	2.3
Opioid Overdose Death Rate (Crude Rate per 100,000 Population)	33.2	25.1	N/A
Substance Abuse Providers (Rate per 100,000 Population)	49.3	25.0	27.9
Buprenorphine Providers (Rate per 100,000 Population)	25.5	15.2	15.5

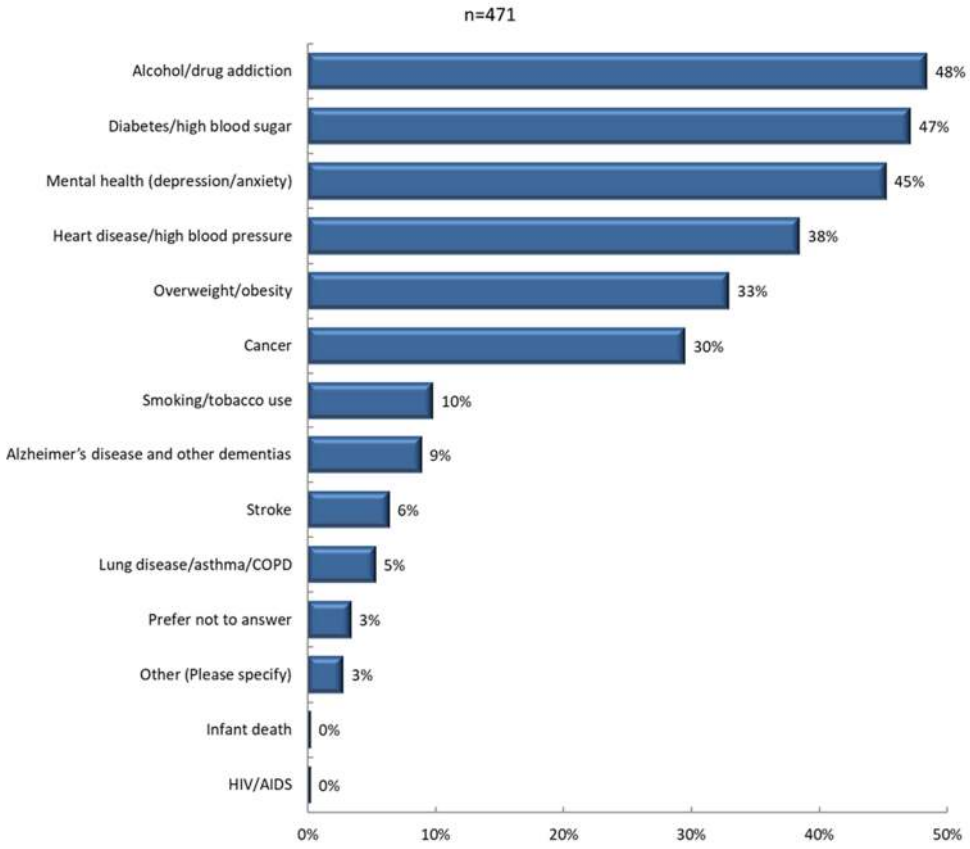
For additional detail on secondary data findings, see **Appendix 3.**

Primary Data Findings – Community Member Web Survey

Beaufort County residents highlighted different aspects behavioral health as areas of community concern on the web-based survey. When asked to identify the most important community health needs, 48% of

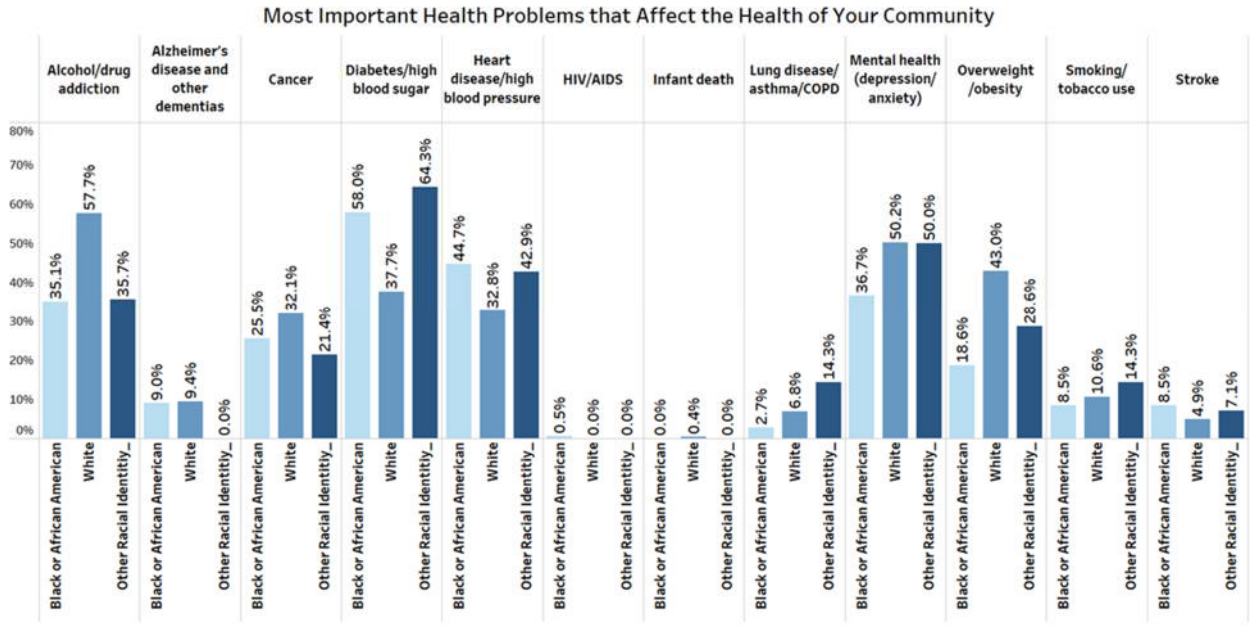
these respondents identified alcohol/drug addiction and 45% of respondents identified mental health (depression/anxiety). These were the most frequent and third most frequent of all community health needs identified, respectively.

Figure 35: What are the three most important health problems that affect the health of your community? Please select up to three.



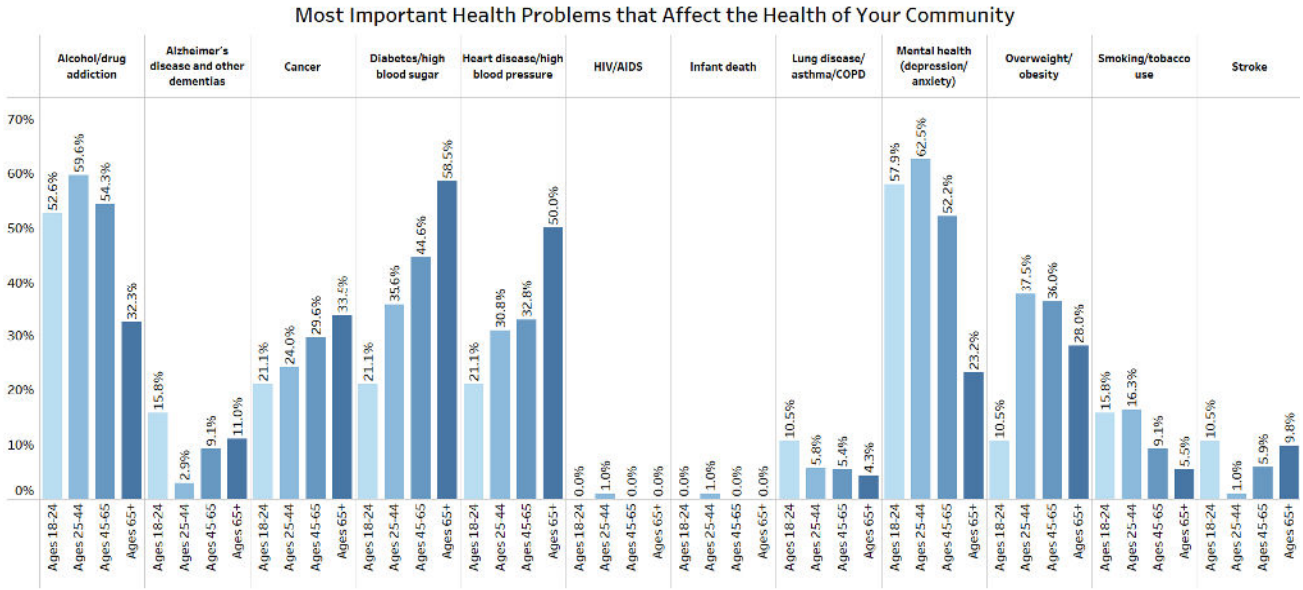
However, when these data were examined by the race of community member respondents, differences emerged. Alcohol/drug addiction had some of the most significant variation. Those who identified as White (58%) selected this as an important community health need more frequently than those who identified as Black or African American (35%) and all other races (36%), as displayed in **Figure 38** below. An equal proportion of respondents identifying as White and all other races selected mental health as a top community health need (50%), while a lower percentage of those identifying as Black or African Americans selected this as a top need (38%).

Figure 36: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)



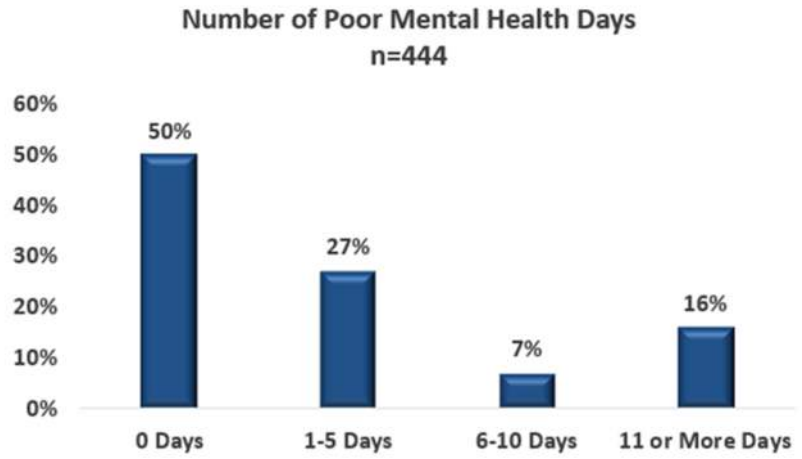
Similarly, there were differences in responses across age groups. Younger people identified alcohol/drug alcohol/drug addiction and mental health as more significant than older respondents. These perceived differences by demographic characteristics may be important in planning efforts to address behavioral health in the community.

Figure 37: What are the three most important health problems that affect the health of your community? Please select up to three (by age)



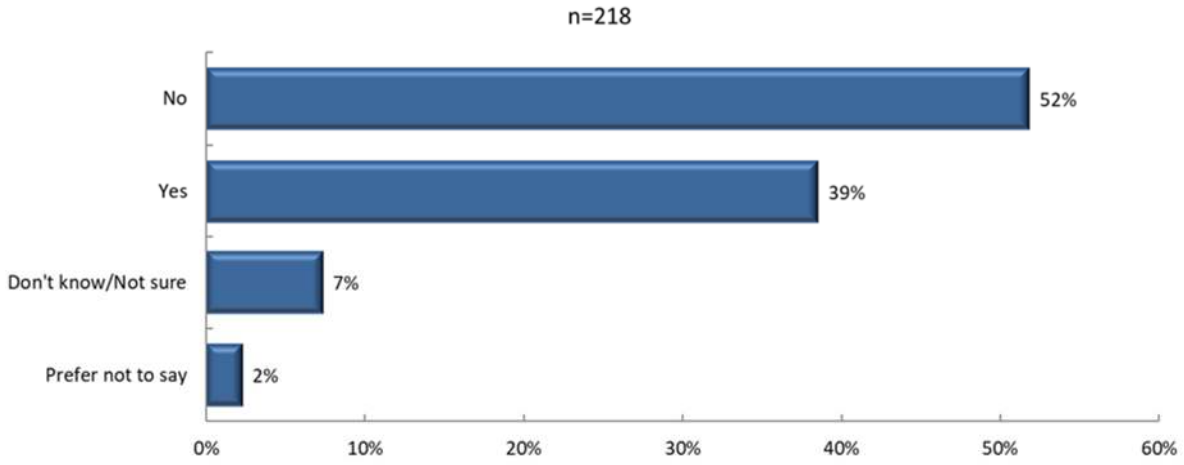
When respondents were asked about their own mental health, half of respondents indicated they had one or more poor mental health days in the past 30 days, with an average of five poor mental health days across all respondents.

Figure 38: Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?



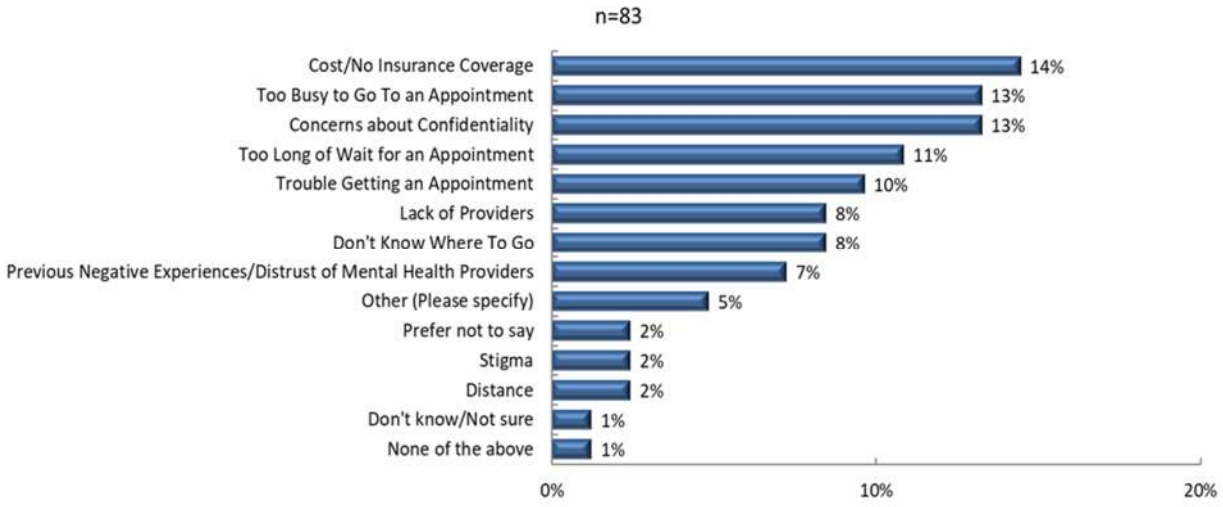
Community member respondents who indicated they experienced at least one poor mental health day a month were asked if there was a time in the past 12 months when they needed mental healthcare or counseling but did not get it at that time. Nearly 40% of these respondents answered yes.

Figure 39: Was there a time in the past 12 months when you needed mental healthcare or counseling, but did not get it at that time?



The top responses for why this group did not receive care included cost/no insurance (14%), concerns about confidentiality (13%), and too busy to go to an appointment (13%), suggesting accessibility and privacy concerns exist in the community impacting access to needed mental healthcare.

Figure 40: What was the MAIN reason you did not get mental health care or counseling?



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

Primary Data Findings – Focus Groups

In the focus groups conducted in Beaufort County, participants identified substance use issues as among the most serious health problems facing the community, specifically fentanyl overdoses.

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

PRIORITY NEED: CHRONIC HEALTH CONDITIONS

Context and National Perspective

As society has changed and people live longer, chronic health conditions have become more common than communicable diseases like typhoid and cholera. As defined by the World Health Organization (WHO), chronic diseases are those with a long duration, that are influenced by a combination of genetic, environmental, psychological, or behavioral factors.[43] Chronic health conditions are extremely common in the United States, with 6 in 10 Americans living with at least one chronic disease, such as diabetes, obesity, cancer, hypertension, or heart disease.[44]

Chronic diseases are the leading cause of death and disability in the United States.[431] According to the WHO, chronic health conditions kill 41 million people globally each year and are responsible for 7 in 10 deaths in the U.S. annually.[43] The number of individuals living with a chronic health condition is expected to increase as the U.S. population continues to age. The population over the age of 50 is expected to

[43] Source: World Health Organization (WHO) (2023). *Noncommunicable diseases*. Retrieved September 10th, 2024, from: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.
[44] Source: CDC (2024). *National Center for Chronic Disease Prevention and Health Promotion*. Retrieved September 10th, 2024, from: https://www.cdc.gov/chronic-disease/about/index.html .

increase by 61% to 221.1 million people by 2050.[45] Among those 221 million, nearly two-thirds (142.7 million people) are expected to have at least one chronic health condition, with approximately 15 million people living with multiple chronic health conditions.[45]

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells that can result in death if not treated. While the risk of dying from cancer has declined significantly over the past 30 years, it remains the second most common cause of death in the U.S. Incidence of new cancer cases has continued to rise, with 2 million new cases expected to be identified in 2024.[46] This trend is largely affected by the aging and growth of the population and by a rise in diagnoses of 6 of the 10 most common cancers—breast, prostate, endometrial, pancreatic, kidney, and melanoma. Some research has attributed this rise to the impact of the obesity epidemic. [46] Cigarette smoking is another significant risk factor for cancer, and is responsible for about 20% of all cancers and 30% of cancer deaths in the U.S. each year.[47]

The CDC recommends four ways to prevent chronic conditions and maintain good physical health. Recommended healthy behaviors include stopping or refraining from smoking, eating low-fat whole food diets, exercising moderately for at least 150 minutes a week, and limiting or refraining from consuming alcohol.[48] Annual physicals with a primary care provider are also necessary to help prevent or treat chronic health conditions. Yearly screenings can allow providers to identify any warning signs for developing conditions and enable patients to correct or develop healthy behaviors to avoid developing a physical health condition. A CDC study noted that one-third of visits to health centers in 2020 were for preventive care.[49] For those living with chronic conditions, the CDC recommends some general steps people can take to manage their diseases. These include taking medications as prescribed by a provider, self-monitoring symptoms as needed (such as conducting home blood sugar checks), and regularly seeing a provider for check-ups.

As the population in North Carolina and the individual counties continues to collectively age, the prevalence of chronic disease grows. In fact, eight out of the top 10 deaths in North Carolina are related to a chronic health condition,[50] accounting for at least two-thirds (50,000) of all annual deaths.[51] Additionally, the population of North Carolina is largely rural, which hinders access to clinical care for these conditions. Finding ways to utilize existing resources for helping community members learn about and manage their chronic health conditions is key for improving health outcomes in these areas.

[45] Source: Ansah, J.P. & Chiu, T.C., (2022). Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. *Frontiers in Public Health*. Retrieved September 10th, 2024, from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9881650/.

[46] Source: American Cancer Society (ACS) (2024). *ACS Fast & Figures 2024*. Retrieved September 10th, 2024, from https://www.cancer.org/research/acs-research-news/facts-and-figures-2024.html.

[47] ACS (2020). *Health Risks of Smoking Tobacco.* Retrieved September 10th , 2024 from https://www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html

[48] Source: CDC (2024). *Preventing chronic diseases: What you can do now*. Retrieved September 10th, 2024 from https://www.cdc.gov/chronic-disease/prevention/index.html

[49] Source: CDC (2022). *Characteristics of visits to health centers: United States, 2020*. Retrieved September 10th, 2024, from https://www.cdc.gov/nchs/products/databriefs/db438.htm.

[50] Source: CDC (2022). *North Carolina.* Retrieved October 3, 2024, from https://www.cdc.gov/nchs/pressroom/states/northcarolina/nc.htm

[51] Source: NCDHHS. (2023). *Chronic disease and injury.* Retrieved October 3, 2024, from https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury#:~:text=Chronic%20diseases%20and%20injuries%20are,of%20death%20in%20North%20Carolina.

Secondary Data Findings

Beaufort County performed worse on nearly all chronic disease indicators compared to state and national values. The percentages of adults with asthma, heart disease, hypertension, kidney disease, and stroke demonstrated high need in Beaufort County, as displayed below. Obesity among adults was also more than five percentage points higher among Beaufort County residents than the state as a whole.

Table 21: Chronic Disease-Related Indicators

Indicator	Beaufort County	North Carolina	United States
Adults (Age 18+) with Asthma	10.4%	9.8%	9.7%
Adults (Age 20+) with Diagnosed Diabetes	9.1%	9.0%	8.9%
Adults (Age 18+) Ever Diagnosed with Coronary Heart Disease	6.1%	5.5%	5.2%
Adults (Age 18+) with Hypertension	34.8%	32.1%	29.6%
Adults (Age 18+) with High Cholesterol	31.9%	31.4%	31.0%
Adults (Age 18+) with Kidney Disease	3.1%	2.9%	2.7%
Adults (Age 18+) Ever Having a Stroke	3.4%	3.1%	2.8%
Adults with BMI > 30.0 (Obese)	34.8%	29.7%	30.1%
Adults (Age 18+) with Poor Dental Health	14.4%	12.0%	13.9%
Percent Reporting Poor or Fair Health	17.5%	14.4%	-

The cancer incidence rate in Beaufort County was lower than the state and national rates. Cardiovascular disease hospitalization rates were slightly lower compared to the state rate, while stroke hospitalizations were slightly higher. Both exceed that national rate.

Table 22: Cancer Incidence and Cardiovascular Disease and Stroke Hospitalizations

Indicator	Beaufort County	North Carolina	United States
Cancer Incidence (Rate per 100,000 Population)	424.4	464.4	442.3
Emergency Room Visits (Rate per 1,000 Population)	590	563	535
Cardiovascular Disease Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	11.3	11.7	10.4
Ischemic Stroke Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	9.7	9.5	8.0

Beaufort County also underperformed relative to the state in a number of health behaviors that can impact physical health, as displayed in the table below. Beaufort County residents had higher rates of physical inactivity and smoking – both of which have been shown to increase the risk of various chronic health conditions. Compared to the state and nation, the county has a lower percentage of the population with access to exercise opportunities and a lower rate of recreation and fitness facility establishments per population. Food insecurity was also a concern for Beaufort County residents. The county performed worse on food environment measures, too, including a higher rate of fast-food restaurants per population compared to the state value and a lower rate of grocery stores per population.

Table 23: Health Behavior and Food Security Indicators

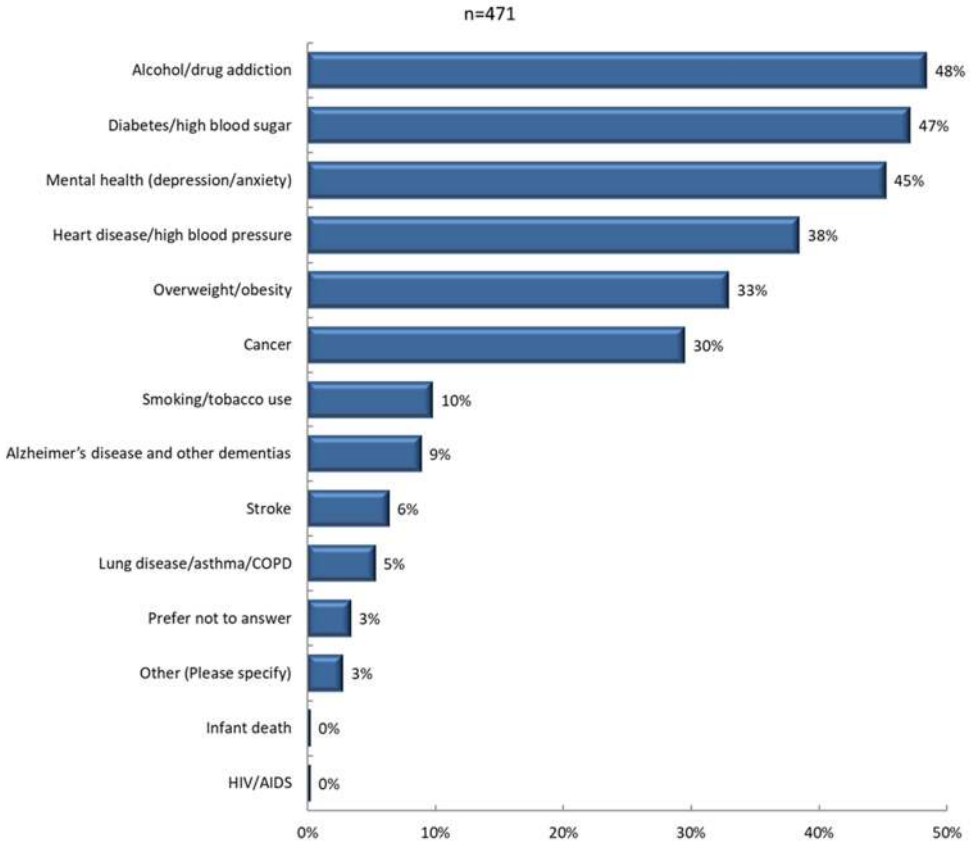
Indicator	Beaufort County	North Carolina	United States
% Adults Reporting Currently Smoking	18.7	15.0	-
% Physically Inactive	26.2	21.6	-
Recreation and Fitness Facility Establishments, (Rate per 100,000 Population)	11.2	13.1	14.7
Walkability Index Score	6	7	10
Percentage of Population with Access to Exercise Opportunities	63%	73%	84%
Food Insecurity Rate	13%	11%	10%
Child Food Insecurity Rate	20%	15%	13%
Percent Low Income Population with Low Food Access	22%	21%	19%
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	85.1	77.4	96.2
Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	15.7	18.7	23.4

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

Primary Data Findings – Community Member Web Survey

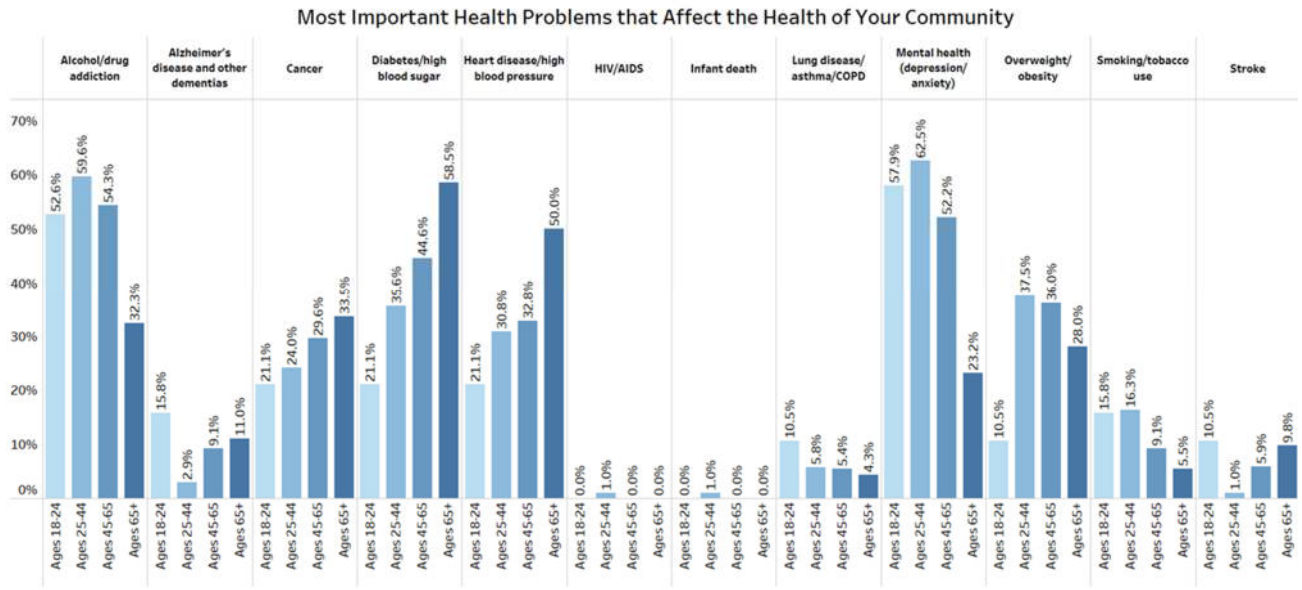
Beaufort County residents identified several chronic health conditions of concern in the community in the web survey. In fact, seven out of the top 10 most frequently identified community health needs were chronic health conditions with the top being diabetes/high blood sugar (46% of respondents), followed by heart disease/high blood pressure (38%). A third of respondents also identified overweight/obesity as an important community health problem.

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



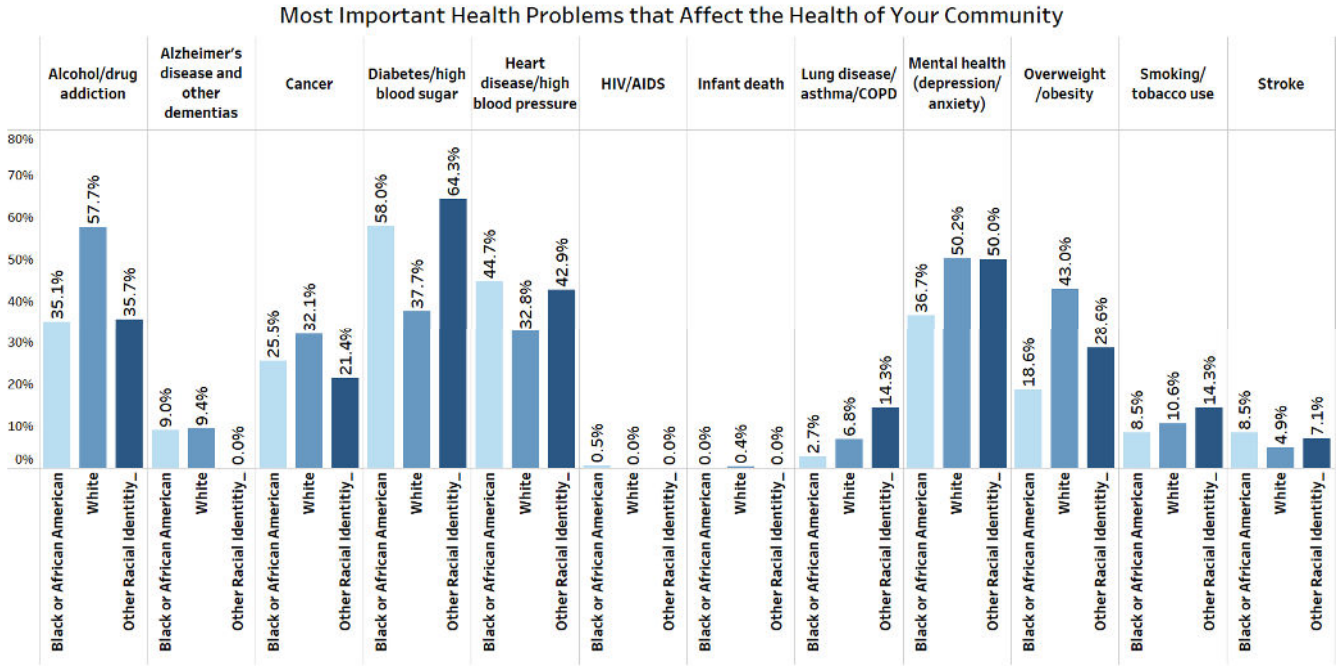
When these results were examined by various demographics of the respondents, responses varied. Older adults viewed diabetes and heart disease as more significant problems than younger respondents, as displayed in **Figure 42** below.

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



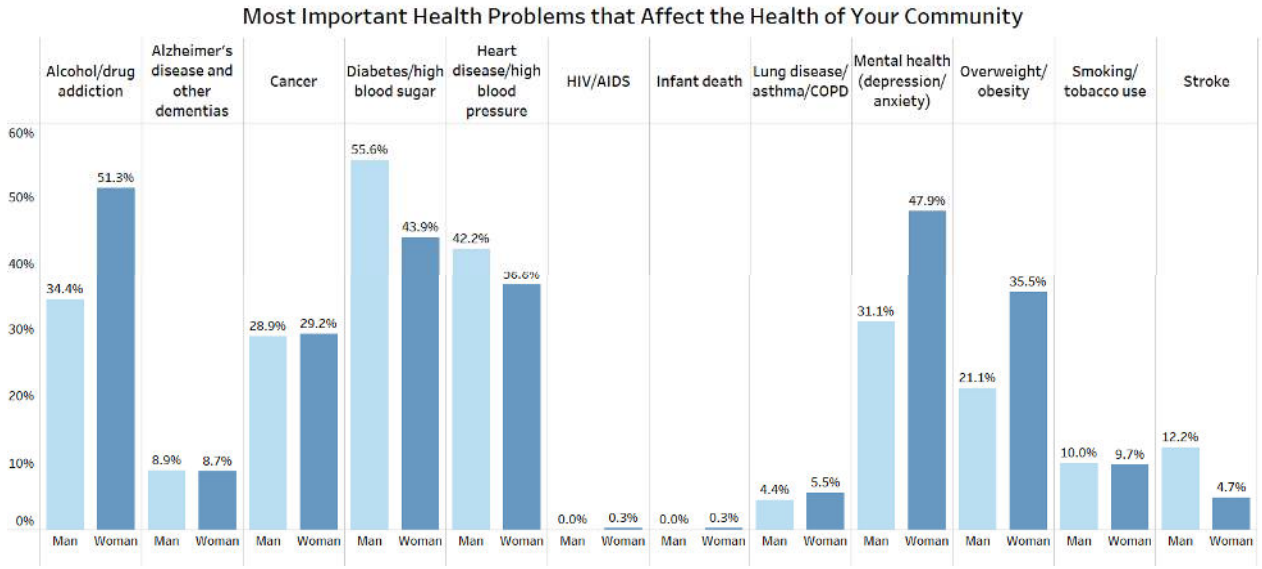
Respondents identifying as all other races and Black or African American identified diabetes/high blood sugar and heart disease/high blood pressure more frequently than respondents identifying as White.

Figure 43: What are the three most important health problems that affect the health of your community? Please select up to three (by race)



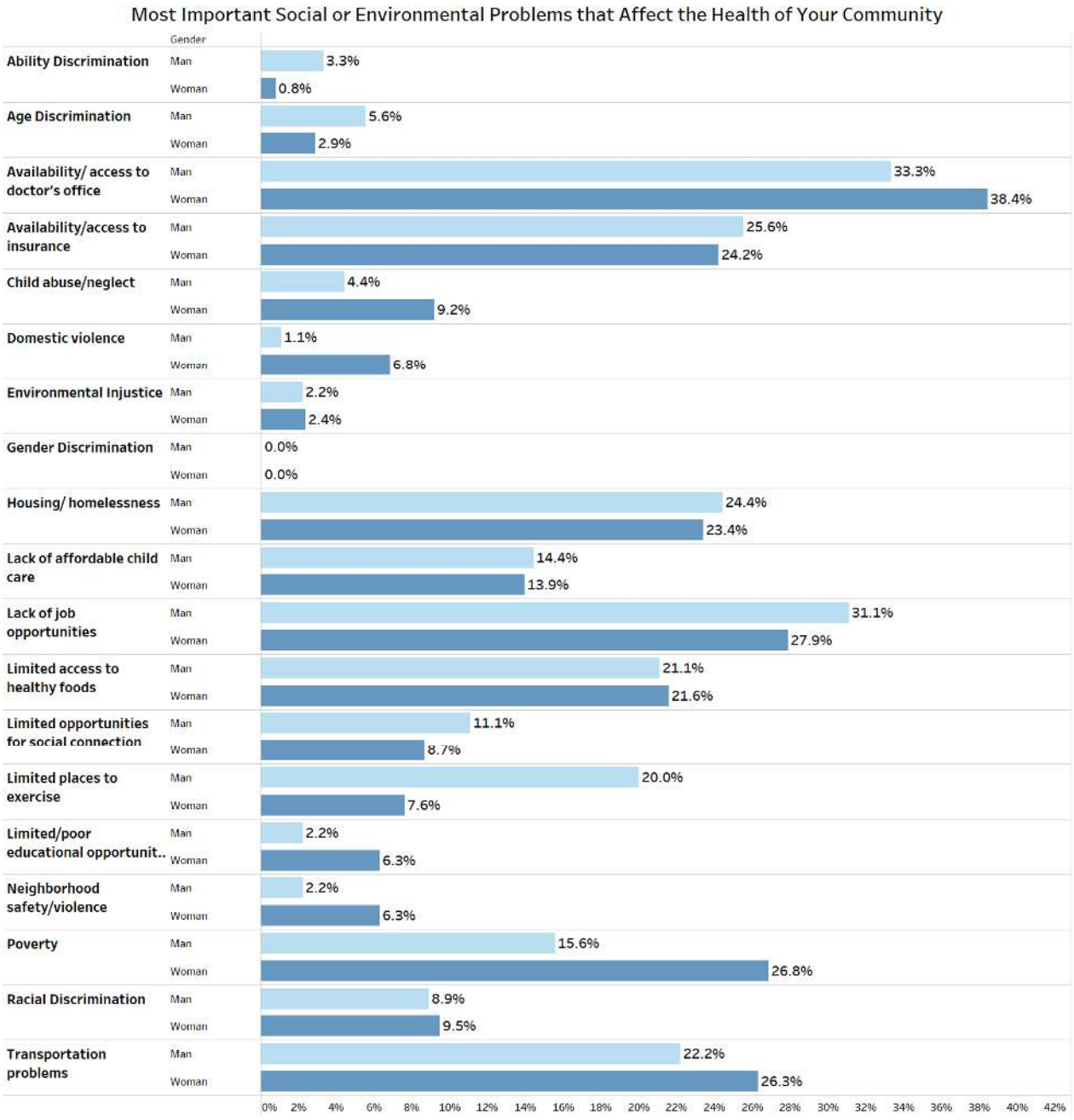
Men were also more likely to identify these as important community health problems than women. Considering these differences in targeted efforts to address specific community health indicators may be important.

Figure 44: What are the three most important health problems that affect the health of your community? Please select up to three (by gender)



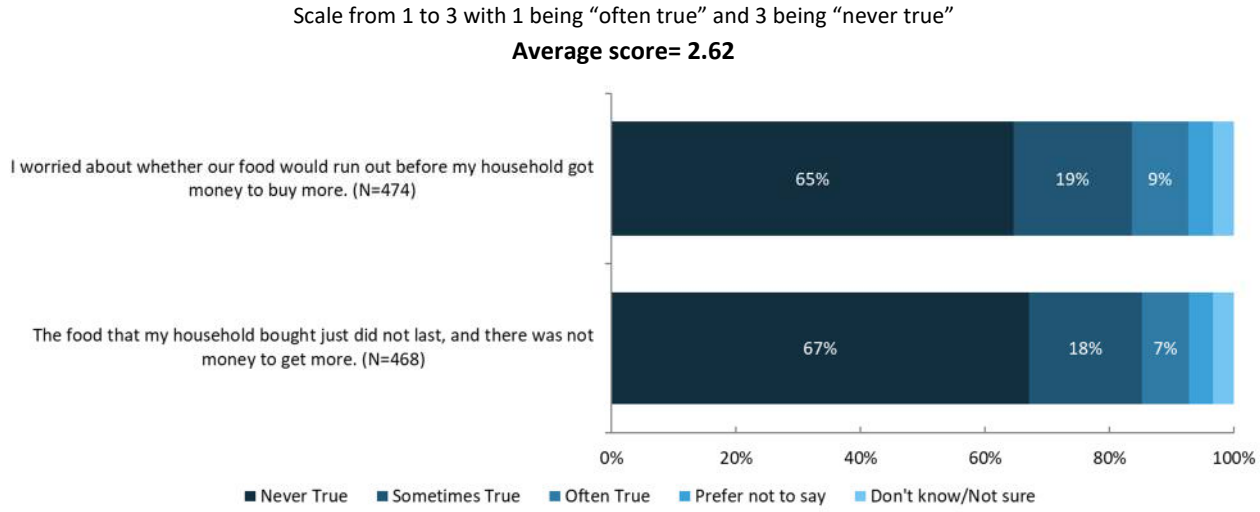
In terms of community perspectives on health behaviors and food security, one in five Beaufort County respondents viewed limited access to healthy foods as an important social or environmental problem in the community and one in ten the limited places to exercise. Men were more likely to view limited places to exercise as a top concern (20% compared to 7.6% for women).

Figure 45: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)



Beaufort County respondents were asked questions regarding their own experience with food security. Nearly 30% of respondents indicated they were worried about whether their food would run out before their household had money to buy more, highlighting food access issues exist for some residents in Beaufort County.

Figure 46: Please tell us how frequently the following statements were for you true in the past 12 months:



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

Primary Data Findings – Focus Groups

Similar to the secondary data and survey data discussed above, chronic health conditions also emerged as a concern in the focus groups. Beaufort County focus group participants identified diabetes, cancer, heart disease, and high blood pressure as among the most serious health problems in the community. Participants identified African American and Hispanic or Latino community members as those most affected by these problems. When asked what could be done to address these health issues, focus group participants emphasized education, particularly on food, as well as the high cost of healthy foods. The lack of free or affordable locations for safe walking and exercise were also noted as issues keeping residents in Beaufort County from living healthy lives.

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

PRIORITY NEED: FAMILY, COMMUNITY & SOCIAL SUPPORT

Context and National Perspective

Healthy People 2030 defines family, community, and social support as "people's relationships and interactions with family, friends, co-workers, and community members" and their subsequent health impact.[52] Addressing this need involves ensuring that neighborhoods are able to connect with each other socially and develop relationships with each other, families receive the economic and social resources they need to thrive, and the community has the overall resources it may need in order to ensure that each community member is able to live a healthy, safe life that aligns with positive health outcomes.

[52] Source: Office of Disease Prevention and Health Promotion. *Social and Community Context: Healthy People 2030.* Retrieved October 3, 2024 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context

Lack of social support can have a negative health impact on individuals, and can promote stress-inducing behaviors, which in turn can raise the risk for chronic and acute health conditions. Additionally, communities with low support levels are typically less healthy, and have higher rates of crime, further reducing positive health outcomes.[53]

There are many barriers to achieving healthy support in families and communities. Barriers to social support for families may be a lack of safety-net resources to help support them through a hard time, or they may live in an area where public and neighborhood events don't typically occur, and therefore have fewer opportunities to engage with their neighbors, especially if they are new to the area. For broader communities, barriers to support may include high crime rates, or a lack of public spaces where community members can meet for events such as parks, community centers, or local coffee shops.

In rural areas, community members and families may be closer knit as they are more reliant on each other for resources and activities. However, rural living can also have negative health impacts if the community does not have a strong sense of togetherness, or if an individual lives alone and is unable to engage with neighbors or other community members. NCDHHS community-based programs and social services in North Carolina are geared towards ensuring that families have the resources to be safe, happy, and healthy, with a particular focus on child neglect and abuse. Many community and social support programs are conducted either in the form of city and county festivals, fairs, social groups, and other events.

Secondary Data Findings

Secondary data evaluated through the CHNA process also led to the identification of family, community and social support related concerns in Beaufort County. Childcare costs take up a larger percentage of household income in the county compared to state and national averages, as displayed in the table below. Affordable childcare can increase the ability for parents to pursue education or paid work opportunities. The proportion of youths aged 16 to 19 not in school or employed in Beaufort County was also identified as a high need area.

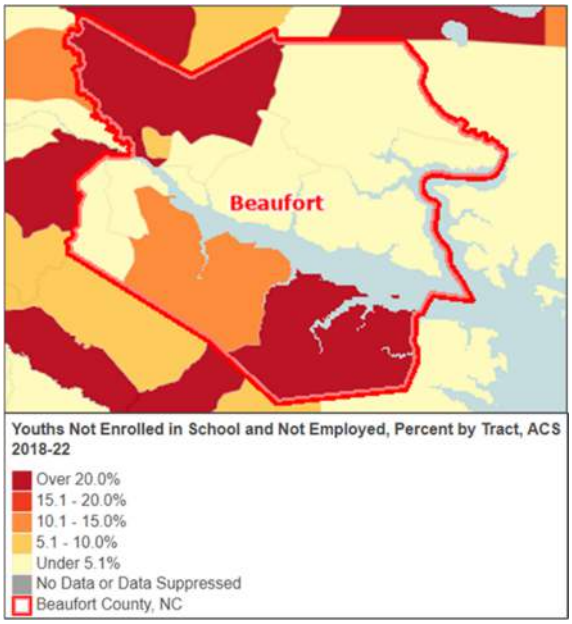
Table 24: Family, Community and Social Support Indicators

Indicator	Beaufort County	North Carolina	United States
Childcare Costs, Percentage of Household Income (Median-Income Family)	31%	27%	29%
Population Ages 16-19 Not in School and Not Employed, Percent	9%	7%	7%

When examined by census tract, some areas of the county face an even higher percentage of youths not in school or employed, as indicated in the figure below.

[53] Source: County Health Rankings. *Family and social support*. Retrieved October 3, 2024, from https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/family-and-social-support

Figure 47: Youths Not Enrolled in School and Not Employed by Census Tract



Other health factor indicators were also identified as high need for Beaufort County, ranging from education to safety to employment and housing, which can all impact individual and family unit well-being. The unemployment rate in Beaufort County, similar to state and national trends, was lower in 2023 compared to a decade prior; however, the rate in the county still exceeds that of the state and nation. Median family income is lower than the state and national average. Rates of juvenile delinquency cases and firearm death rates were elevated compared to state and national values. The county has a higher rate of U.S. Department of Housing and Urban Development (HUD) assisted units but lower average rent and homeless student rates.

Table 25: Other Health Factor Indicators

Indicator	Beaufort County	North Carolina	United States
Population Age 25+ with No High School Diploma, Percent	13%	11%	11%
Rate of Delinquency Cases (Rate per 1,000 Juveniles)	30.0	16.0	13.8
Firearm Death Rate (Crude Rate per 100,000 Population)	17.8	15.5	13.4
Employment - Unemployment Rate	4.0%	3.7%	3.9%
Median Family Income	$69,959	$82,890	$92,646
HUD-Assisted Units, Rate per 10,000 Housing Units	487.7	319.2	413.9

Severely Burdened Households, Percent*	13%	12%	14%
Homeless Students, Percent	1%	2%	3%
Average Gross Rent	$762	$1,090	$1,366

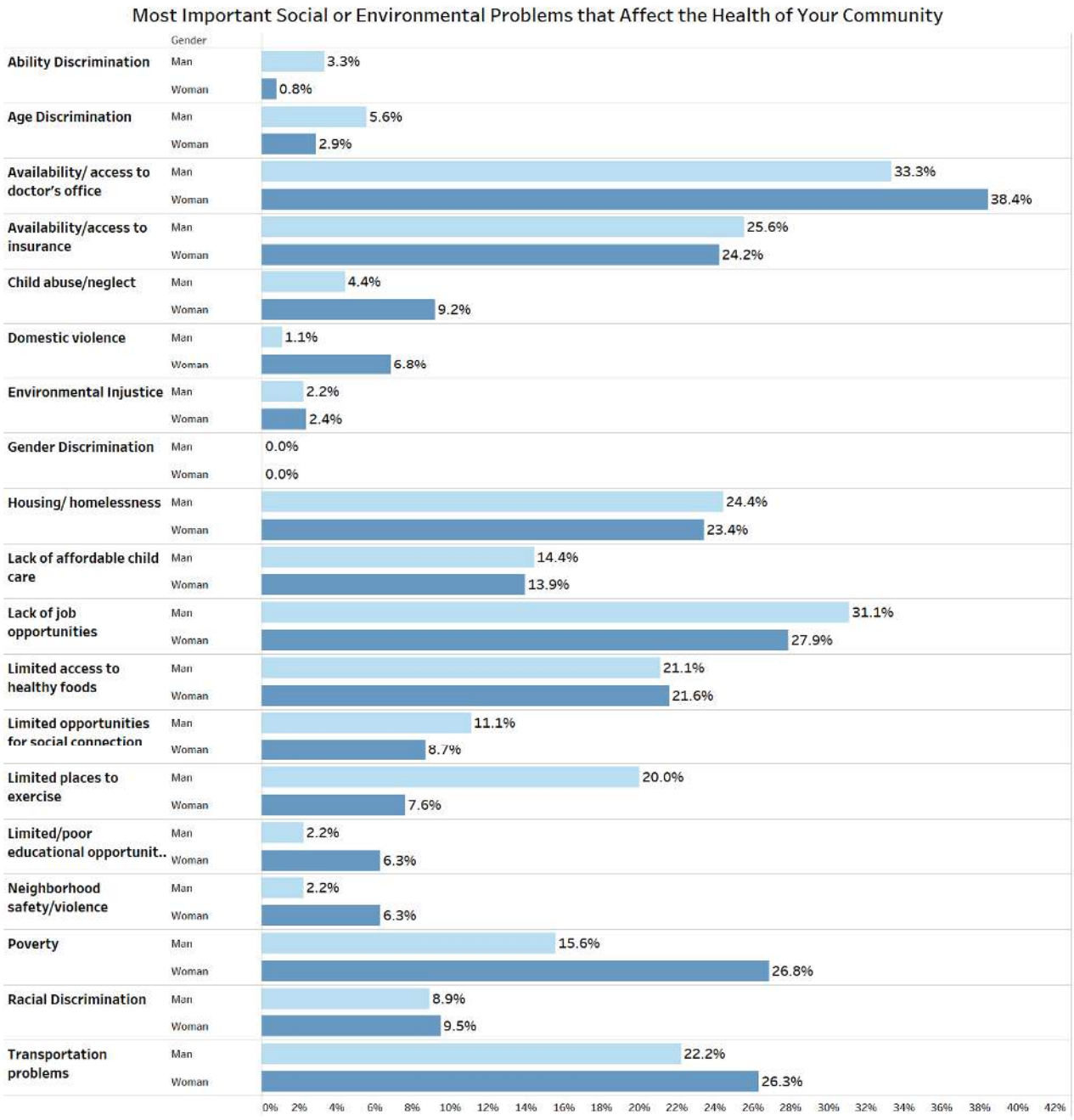
For additional detail on secondary data findings, see **Appendix 3.**

Primary Data Findings – Community Member Web Survey

Beaufort County survey respondents also highlighted family, community and social support challenges in the web survey. Nearly 30% of respondents viewed lack of job opportunities as an important social and environmental community concern, the second most frequent response for this question, as previously displayed in **Figure 28** in the Access to Healthcare section. A quarter of respondents also identified poverty and housing/homelessness. Other important social and environmental concerns included the lack of affordable childcare (14%) and racial discrimination (9%).

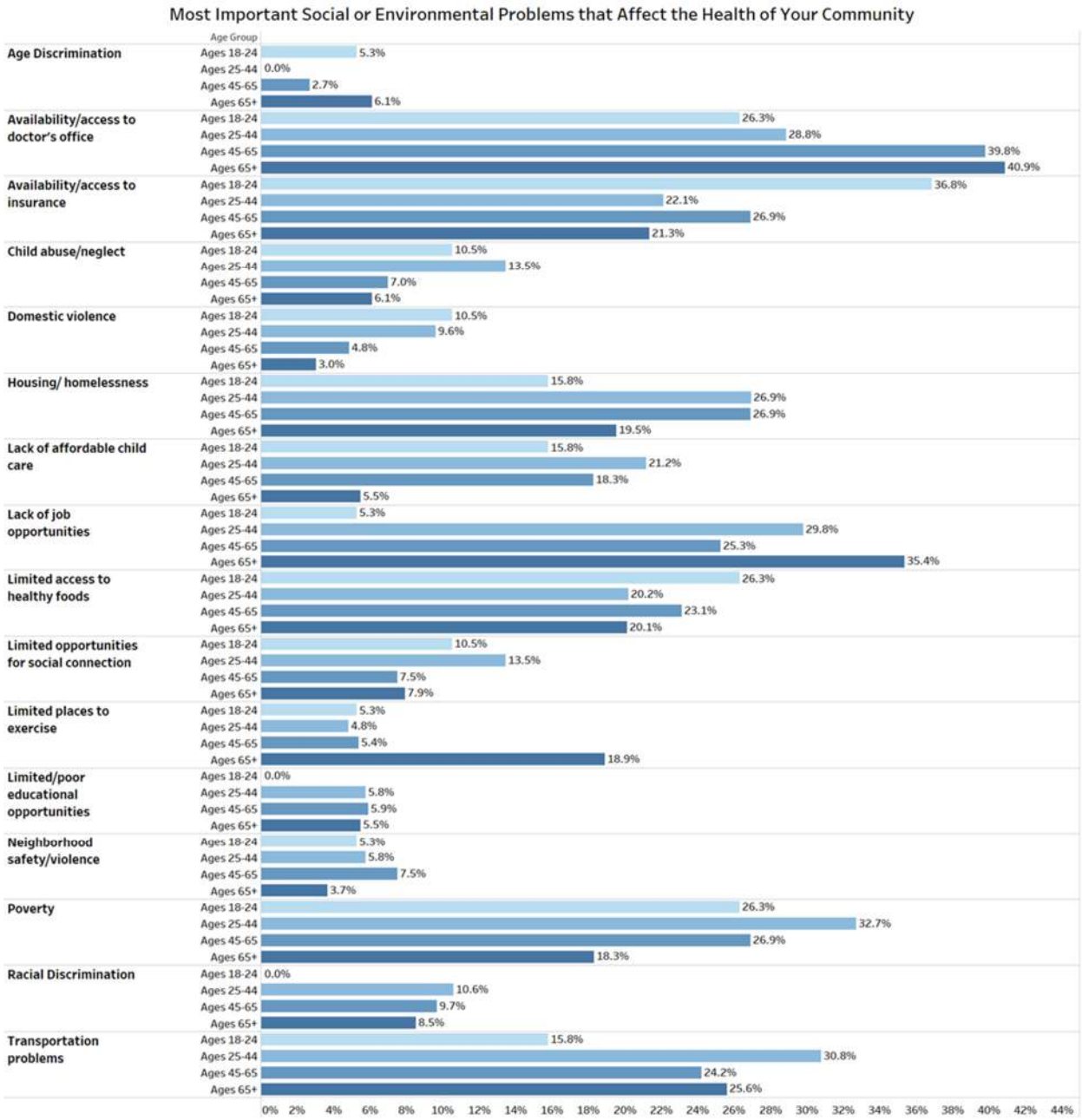
There were differing responses based on the demographic characteristics of the respondents. Women (27%) were more likely to view poverty as a concern compared to men (16%), while men were more likely to view the lack of job opportunities as a concern (32% for men; 28% for women).

Figure 48: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)



Older adults were also more likely to identify the lack of job opportunities as a top concern than younger respondents, as displayed in the figure below. Individuals in the 25 to 44 age group were more likely to identify poverty and the lack of affordable childcare compared to the other age groups.

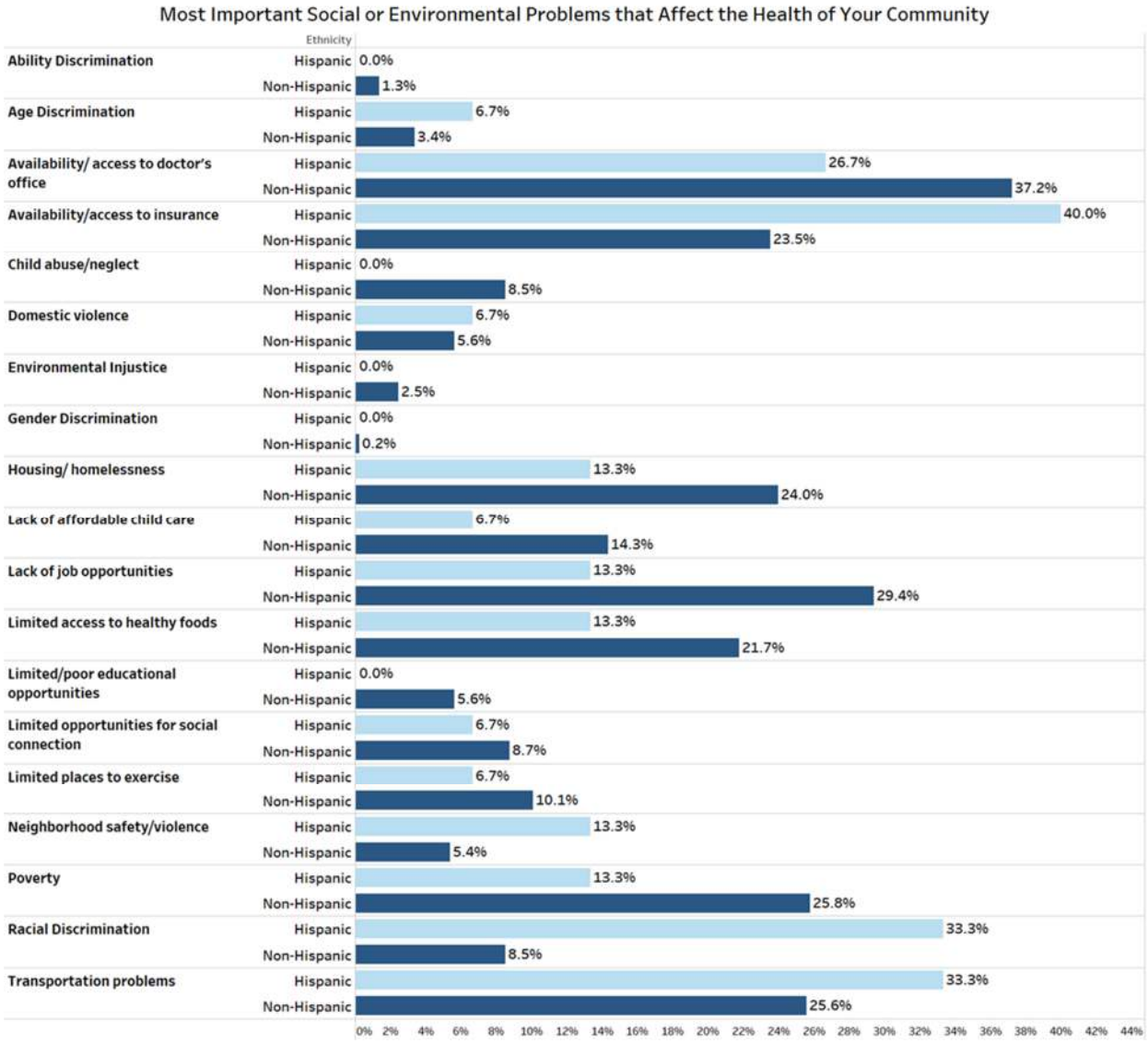
Figure 49: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age)



Respondents identifying as Hispanic (33%) were more likely than those identifying as non-Hispanic (9%) to indicate racial discrimination was a top social and environmental concern, as demonstrated in the figure below. Hispanic community members also more frequently selected neighborhood safety and violence

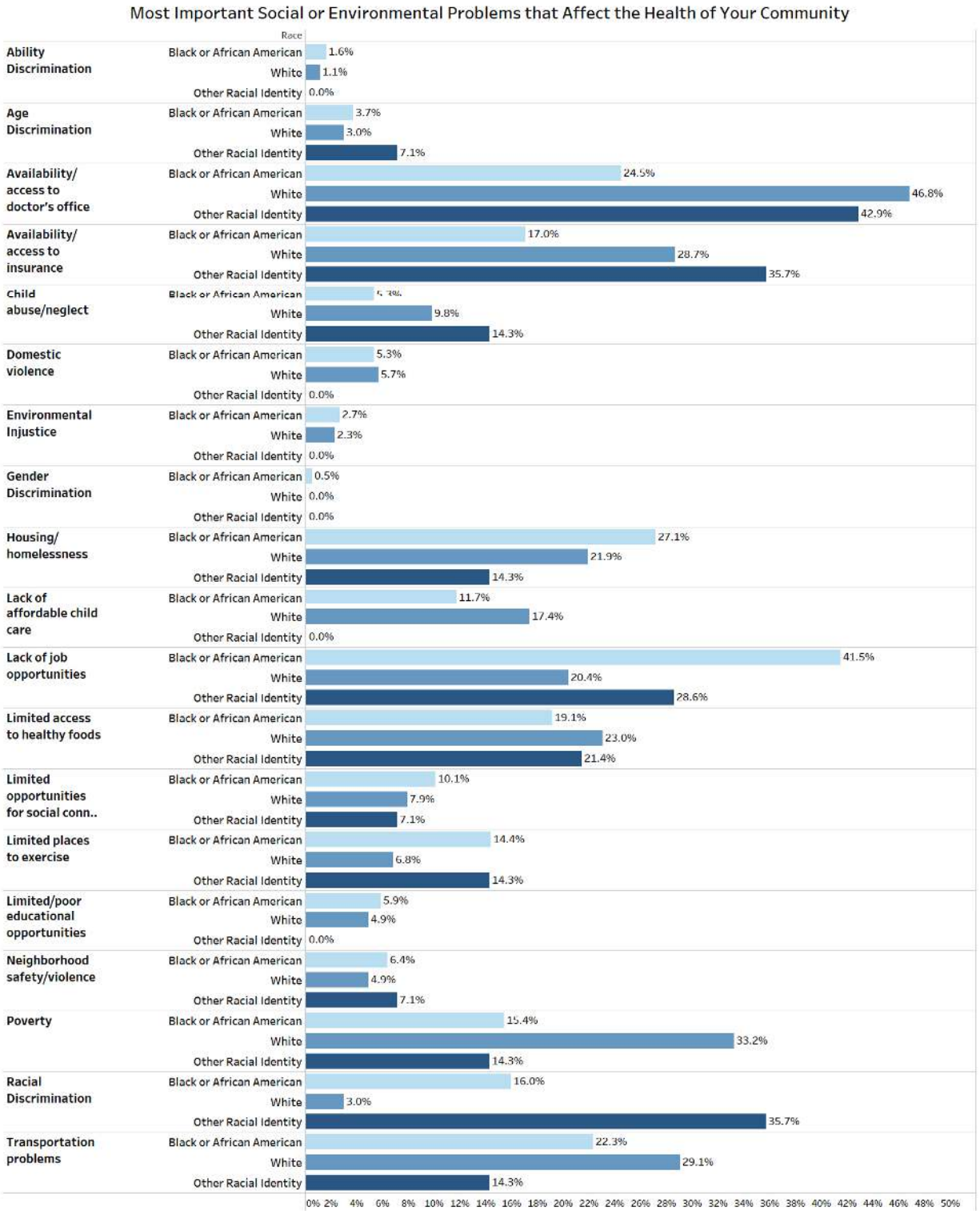
(13%) than non-Hispanics (5%), while non-Hispanic respondents more frequently selected lack of job opportunities and housing/homelessness (30% and 24%) as social and environmental concerns than those who identify as Hispanic (13% each).

Figure 50: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by ethnicity)



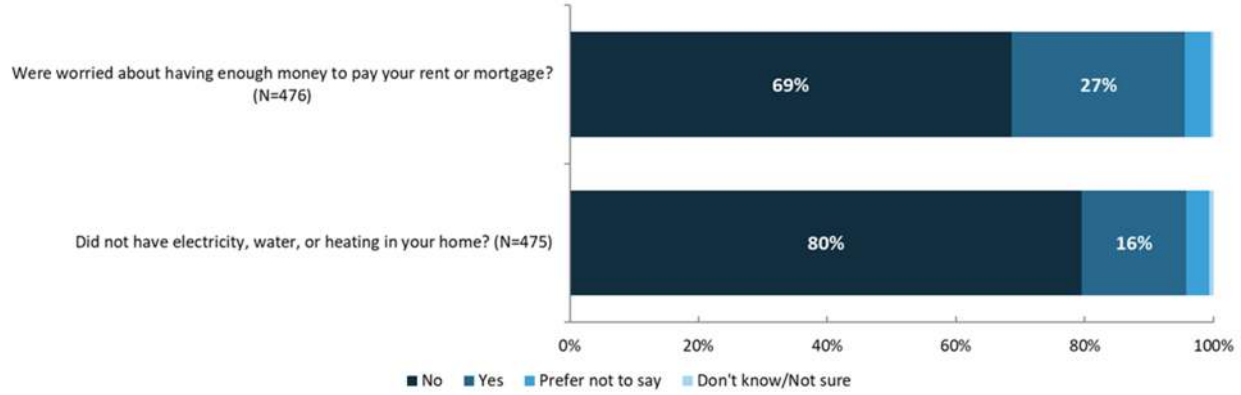
Variations also occurred by race. Respondents identifying as Black or African American (42%) were more likely than those identifying as White (20%) or all other (14%) to view the lack of job opportunities as a concern. Additionally, they were more likely to view housing/homelessness as a concern (27% for Black or African American; 22% for White; 14% for Other). In contrast, respondents identifying as White were more likely to view poverty as a concern than the other races (33% for White; 15% for Black or African American; 0% for Other).

Figure 51: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)



Community member respondents were asked about their own experiences in terms of housing and homelessness. Of respondents, more than one in four indicated there were times they were worried about having enough money to pay their rent or mortgage in the past 12 months. Sixteen percent of respondents indicated there were times in this period they did not have electricity, water, or heating in their home.

Figure 52: In the past 12 months, were there times when you:



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

Primary Data Findings – Focus Groups

Several issues impacting family, community and social support were highlighted in the focus groups conducted in Beaufort County, as well. Participants discussed the cost of living and the lack of well-paying jobs as issues that keep residents from living healthy lives, as well as the need for resources to address affordable housing and homelessness. Focus group participants also discussed that social security is not enough for residents to retire, especially for those who work in agriculture in the community. Participants discussed the existing community partnerships as being a strength in Beaufort County. Additionally, participants indicated that many resources are available, but there is a need to educate residents about these resources and how to use them.

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 Beaufort County that provide resources to address general community health needs, as well as the county's 2025 priority need areas.

Category	Organization Name
County Resource Directories	• NC 211 • NCCARE360 • 988
Healthcare Facilities	• ECU Health Beaufort Hospital • ECU Health Physician Group Practices • Beaufort County Health Department • Agape Health Services • Washington Pediatrics • Urgent Care Down East • Dream Primary Care Services • Cornerstone Family Medicine
Home-Based Health Services	• ECU Home Health • Gentiva • Home Life Care • CenterWell Home Health • Rivertrace • Ridgewood • Clara Manor • Meals on Wheels
Other Healthcare Services	• Carolina Pregnancy Center • PORT • ClearPoint • Passages Counseling Services • DREAM Provider Care Services, Inc • Pamlico Counseling • Integrated Family Services • Lifequest • Beaufort County Development Center

Community Services	• Grace Martin Harwell Senior Center • Salvation Army • Mother of Mercy • Eagles Wings • Food Bank of the Albemarle • Cornerstone Community Based Programs • BeaufortCounty360 • Washington Housing Authority • Mid-East Regional Housing Authority • Opendoor Women's Shelter • Zion Men's Shelter • Ruth's House • Beaufort County United Way • American Red Cross • B.A.T.S. • Goodwill • Ripe for Revival • Beaufort Hyde Partnership for Children • NC Cooperative Extension • Boys and Girls Club • Literacy Volunteers of Beaufort County • The Blind Center

Priority Need: Behavioral Health (Mental Health & Substance Use)	• Agape Health Services
	  ○ 120 W MLK Jr Drive, Washington, NC 27889
	  ○ 252-940-0602
	• Beaufort County Health Department
	  ○ 1436 Highland Drive, Washington, NC 27889
	  ○ 252-946-1902
	• PORT Health
	  ○ 1379 Cowell Farm Rd, Washington, NC 27889
	  ○ 252-975-8852
	• ClearPoint
	  ○ 417 Bridge St, Washington, NC 27889
	  ○ 833-781-6474
	• Passages Counseling Services
	  ○ 131 N Market St, Washington, NC 27889
	  ○ 252-975-3111
	• DREAM Provider Care Services
	  ○ 216 W Stewart Pkwy, Washington, NC 27889
	  ○ 252-946-0585
	• Pamlico Counseling
	  ○ 408 E 11th St, Washington, NC 27889
	  ○ 252-975-2027

	• 988

Priority Need: Access to Healthcare	• B.A.T.S.-Beaufort Area Transit
	  ○ 1537 W 5th St, Washington, NC 27889
	  ○ 252-946-5778
	• Agape Health Services
	  ○ 120 W MLK Jr Dr, Washington, NC 27889
	  ○ 252-940-0602
	• Beaufort County Health Department
	  ○ 1436 Highland Dr, Washington, NC 27889
	  ○ 252-946-1902
	• ECU Health Physician Group Practices
	  ○ Call Center: 1-855-698-4326
	• Washington Pediatrics
	  ○ 1208 Brown St, Washington, NC 27889
	  ○ 252-946-4134
	• Carolina East Medical Associates
	  ○ 1201 Carolina Ave, Washington, NC 27889
	  ○ 252-975-1111
	• Urgent Care Down East
	  ○ 853 Washington Square Mall, Washington, NC 27889
	  ○ 252-623-2000
	• Cornerstone Family Medicine
	  ○ 326 N Market St, Washington, NC 27889
	  ○ 252-802-4520

Priority Need: Chronic Health Conditions	• Agape Health Services
	  ○ 120 W MLK Jr Dr, Washington, NC 27889
	  ○ 252-940-0602
	• Beaufort County Health Department
	  ○ 1436 Highland Dr, Washington, NC 27889
	  ○ 252-946-1902
	• ECU Health Physician Group Practices
	  ○ Call Center: 1-855-698-4326

Priority Need: Family, Community & Social Support	• Grace Howell Martin Senior Center
	  ○ 310 W Main St, Washington, NC 27889
	  ○ 252-975-9368
	• Wilkinson Center
	  ○ 144 W Main St, Belhaven, NC 27810
	  ○ 252-943-7463
	• Salvation Army
	  ○ 112 E 7th St, Washington, NC 27889
	  ○ 252-946-5373
	• Mother of Mercy

- 112 W 9th St, Washington, NC 27889
- 252-495-8255

- Eagles Wings
  - 932 W 3rd St, Washington, NC 27889
  - 252-975-1138
- Food Bank of the Albemarle – Mobile Food Pantries
  - Pantego Mobile Food Pantry
    - 1st Wednesday of every month
    - Start – End Time: 11am-1pm
    - Where: Old Beaufort County High School
    - Adress: 150 Swamp Rd, Pantego, 27860
  - Bath Mobile Food Pantry
    - 1st Saturday every month
    - State – End Time: 10am-noon
    - Address: 35 Delia Wallace Rd, Bath, NC
  - First Church of Christ Mobile Food Pantry
    - 2nd Saturday every month
    - Start – End Time: 11am-12:30pm
    - Where: 1st Church of Christ Manna Ministries
    - Address: N Brown St & 520 E 10th St Washington 27889
  - Eagles Wings Snowden Mobile Food Pantry
    - 3rd Saturday every month
    - Start – End Time: 9:30am-10:30am
    - Where: Snowden Elementary
    - Address: 693 7th St, Aurora, NC 27806
  - Eagles Wings Haw Branch Mobile Food Pantry
    - 3rd Saturday every month
    - Start – End Time: 11:45am-12:25pm
    - Where: Church of Christ
    - Address: 1501 Mile (or Haw Branch) Rd, Chocowinity, NC 27817
- Cornerstone Community Based Programs
  - 1918 W 5th St, Washington, NC 27889
  - 252-946-6109
- Beaufort County 360
  - 1436 Highland Dr, Washington, NC 27889
- Open Door Community Center
  - 1240 Cowell Farm Rd, Washington, NC 27889
  - 252-623-2150
- Zion Men's Shelter
  - 14 W MLK Jr Dr, Washington, NC 27889
  - 252-975-1978
- Ruth's House
  - 252-940-0007
- Beaufort County United Way
  - PO Box 1963, Washington, NC 27889

	○ 252-975-6209 • American Red Cross ○ 135 N Market St, Washington, NC 27889 ○ 252-946-4110 • Beaufort County Development Center ○ 1534 W 5th St, Washington, NC 27889 ○ 252-946-0151 • Meals on Wheels ○ Mid-East Commission Area Agency on Aging ○ 1502 N Market St Ste A, Washington, NC 27889 ○ 252-974-1835 • NC 211 ○ 211 or 1-888-892-1162 • 988

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 Beaufort will utilize the CHNA insights to formulate implementation strategies. They will collaborate with community partners to ensure that 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 Kelly Ange, Coordinator, Community Health Improvement at ECU Health Beaufort, at kelly.ange@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 (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.[41]

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. Beaufort County's most recent SOTCH is presented on the following pages.

[41] 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

HNC2030 Scorecard: Beaufort County (2021-2024)

(BEAUFORT COUNTY PUBLIC HEALTH

The health priorities identified in the 2021 Beaufort County Community Health Needs Assessment are:

- Chronic Disease
- Mental Health
- Economy
- Vulnerable Populations

These items were identified by Beaufort County community members and stakeholders as the top four areas to focus on to improve the community. Additionally, subsections were added by the attendees to specify areas that seemed to have an increased need for prioritization. You will find each subsections next to each priority.

Beaufort County's State of the County Health Report (SOTCH) was developed utilizing the results-based accountability (RBA) framework. RBA uses a data-driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems. RBA starts with the end goal in mind and works to create strategies that will help move towards that goal.

The following resources were used and/or reviewed to develop the SOTCH:

- 2021 Community Health Assessment
- Healthy North Carolina 2030
- Healthy North Carolina 2030 Scorecard
- North Carolina State Health Improvement Plan

Chronic Disease: Prevention and Management

	Time Period	Current Actual Value	Current Trend	Baseline % Change
2021CHIP **All Beaufort County community members live in a cancer-free community**				
FHLI-NC HNC2030 Excessive Drinking: Percent of adults (Total) Reporting Binge or Heavy Drinking in North Carolina	2021	16.7%	↗ 1	14% ↗
FHLI-NC HNC2030 Percent of Adults Using Tobacco in North Carolina (Total)	2022	21.6%	↗ 1	-10% ↘
FHLI-NC HNC2030 Percent of High School Youth Using Tobacco in North Carolina (Total)	2019	27.3%	↘ 1	-1% ↘
FHLI-NC HNC2030 Percent of Middle School Youth Using Tobacco in North Carolina (Total)	2019	10.4%	↘ 2	-10% ↘
Incidence Rates per 100,000 People of All Cancer Types of Beaufort County	2020	422.6	↘ 1	-10% ↘
Cancer Mortality Rates of Beaufort County	2020	160.9	↘ 2	-15% ↘

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Community Cancer Screenings				
Breast Cancer Screening- Clinical Breast Exams	2023	18	→ 1	-63% ↘
Breast Cancer Screening- Mammogram Clinic	2023	7	↘ 1	-36% ↘
Skin Cancer Screenings	2023	18	↘ 2	-69% ↘

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Breast and Cervical Cancer Prevention				
Number of clients enrolled	2023	37	↗ 1	6% ↗
Chronic Disease: Exercise, Nutrition and Weight				
Beaufort County residents live in a society that supports healthy lifestyles and healthy communities				
Sugar Sweetened Beverage (SSB) Consumption Among Adults in NC: % of Adults (Total) reporting consumption of one or more sugar-sweetened beverages (SSBs) per day.	2022	36.8%	↗ 1	12% ↗
Primary Care Clinicians: Number of NC counties with a (full-time equivalent) "primary care workforce" to "county population" ratio of 1:1,500	2017	62:1	→ 0	0% →
Prevalence of Diabetes in Beaufort County	2020	11%	↘ 2	-15% ↘
Prevalence of Adult Obesity in Beaufort County	2020	39%	↗ 4	19% ↗
Diabetes Prevention Program				
Total Number Screened	Aug 2022	30	↗ 1	-3% ↘
Total Prevent T2 Participants	2022	21	↘ 1	163% ↗
Diabetes Self-Management Education				
DSMES Eligible	Aug 2022	4	↗ 2	0% →
DSMES New Clients	Jun 2022	1	↘ 1	0% →
Average A1c decrease amongst participants	2022	1.1	↘ 1	-8% ↘
Average A1c Before and After DSMES Services	2022	0	→ 0	0% →
Mental Health: Education, Prevention and Treatment				
All Beaufort County residents live in a community free of mental health illness.				
Emergency Room Visits for Mental Health Conditions	2021	2,458	↗ 1	-5% ↘
Adverse Childhood Experiences (ACEs): Percent of children in NC (Total) with 2 or more ACEs	2022	18.5%	↗ 3	-22% ↘
9-8-8 Suicide and Crisis Hotline				
Number of Calls Suicide and Crisis Lifeline Received from NC	Dec 2022	5,422	↗ 1	-6% ↘
Average speed of answer in state calls NC	Dec 2022	20s	↗ 1	-9% ↘
BCHD Behavioral Health and Telepsychiatry services				
Total Behavioral Health Appointments	Mar 2024	102	↗ 1	410% ↗
Total Follow Up Behavioral Health Appointments	Mar 2024	102	↗ 1	920% ↗

		Time Period	Current Actual Value	Current Trend	Baseline % Change
Mental Health	Total New Behavioral Health Appointments	Mar 2024	0	↘ 2	-90% ↘

Mental Health: Substance Misuse

All Beaufort County residents have equitable access to substance use disorder assistance and harm reduction and injury prevention services.		Time Period	Current Actual Value	Current Trend	Baseline % Change
Mental Health	Rate of Drug Overdose Deaths per 100,000 People in Beaufort County	2021	38	↗ 2	65% ↗
Mental Health	Rate of Drug Overdose ED Visits per 100,000 Residents of Beaufort County	2022	249	↗ 3	63% ↗
Tip x P	Percent of Overdose Deaths Caused by Illicit Opioids	2021	88%	↗ 1	54% ↗

Prevention Point Program		Time Period	Current Actual Value	Current Trend	Baseline % Change
Healthy Beginnings	New Enrolled Participants	Mar 2024	2	→ 1	100% ↗
Better Off	Harm Reduction Resources Distributed	Feb 2022	4	→ 0	0% →
Better Off	Number of Overdose Reversals Reported Using BCHD Obtained Narcan	Mar 2024	0	→ 3	0% →
Healthy Beginnings	Syringe Distribution	Jun 2022	1	→ 0	0% →

Medication Assisted Treatment Program		Time Period	Current Actual Value	Current Trend	Baseline % Change
Healthy Beginnings	Number of MAT Clients Enrolled	–	–	–	–
Healthy Beginnings	Number of narcan distributed	2022	114	→ 0	0% →

Vulnerable Populations: Minority Populations, Low Income and Aging

Vulnerable populations in Beaufort County will have equitable access to healthcare resources in the community.		Time Period	Current Actual Value	Current Trend	Baseline % Change
	Demographics of Beaufort County	2020	0.0%	→ 0	0% →
HEALTH EQUITY	Incarceration Rate (Total) per 100,000 population aged 13 and older in North Carolina prisons	2022	182.0	↗ 2	-27% ↘
HEALTH EQUITY	Infant mortality rate in North Carolina: Rate of Infant Deaths (Total) per 1,000 Live Births	2022	6.8	→ 1	-3% ↘
HEALTH EQUITY	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% ↘

Healthy Beginnings		Time Period	Current Actual Value	Current Trend	Baseline % Change
Healthy Beginnings	Number of mothers enrolled	–	–	–	–

Care Management for High Risk Pregnancies		Time Period	Current Actual Value	Current Trend	Baseline % Change
	Average number of women served in CMHRP (monthly)	2023	73	↘ 1	-3% ↘

Integrated Targeted Testing Services	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of individuals tested for HIV	2023	93	↗ 2	94% ↗
Number of individuals tested for Hepatitis C through ITTS	2023	52	↘ 1	33% ↗
Number of Clients Tested for Syphilis	2023	68	↘ 1	45% ↗

Economy

All Beaufort County residents have sustainable employment and is free of poverty.	Time Period	Current Actual Value	Current Trend	Baseline % Change
Unemployment (Total): Percent of population in NC aged 16 and older who are unemployed but seeking work	2022	5.1%	↘ 8	-51% ↘
Poverty Rate Beaufort County	2020	18%	↘ 1	0% →
Number of Prime-Age Labor Force Participation Rate in Beaufort County	2020	83%	→ 0	0% →
Number of Prime-Age Labor Force Participation Rate in North Carolina	2020	82%	→ 0	0% →
Unemployment Rate in Beaufort County	2022	3%	↗ 1	3% ↗

Economy: Education

Education	Time Period	Current Actual Value	Current Trend	Baseline % Change
Educational Attainment of Beaufort County	2020	0	→ 0	0% →

Economy: Food insecurity

All Beaufort County residents live in a community free of food insecurity.	Time Period	Current Actual Value	Current Trend	Baseline % Change
Households Receiving Food Stamps/SNAP in Beaufort County	2020	14%	→ 0	0% →
Households Receiving Food Stamps/SNAP in North Carolina	2020	12%	→ 0	0% →

Economy: Affordable and Substandard Housing

All Beaufort Coutny residents live in housing that is safe and affordable.	Time Period	Current Actual Value	Current Trend	Baseline % Change
Average Median Household Income In Beaufort County	2022	$54,041	↗ 1	20% ↗
Average Median Household Income in North Carolina	2021	$60,516	↗ 1	11% ↗
Vacant Housing Units in Beaufort County	2027	4,804	↘ 1	1% ↗
Average Gross Rent in Beaufort County	2020	$775	→ 0	0% →
Total Housing Units in Beaufort County	2022	24,057	↘ 2	-3% ↘

SOTCH REPORTS

2022 State of the County Health Report	Time Period	Current Actual Value	Current Trend	Baseline % Change

2023 State of the County Health 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 Beaufort County, its performance on each data measure was compared to targets/benchmarks. If Beaufort 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

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 26: 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
Dental Health Providers (per 100,000)	Number of oral health providers with a CMS National Provider Identifier	CMS – NPPES. Data accessed via the North	2024

Measure	Description	Data Source	Most Recent Data Year(s)
	(NPI). Providers included are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty.	Carolina Data Portal, June 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 27: 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 secondary retail product (including gas stations and grocery stores).	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)
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 28: 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 Inactivity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In	Behavioral Risk Factor Surveillance System. Data accessed via Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings & Roadmaps, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	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.		
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, skating, or racquet sports. Access to recreation and fitness facilities encourages physical activity and other healthy behaviors.	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)
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 29: 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 on the English Language Arts portion of state-specific standardized tests.	US Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021

Measure	Description	Data Source	Most Recent Data Year(s)
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 30: 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 31: 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	2011

Measure	Description	Data Source	Most Recent Data Year(s)
		Carolina Data Portal, June 2024.	
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 32: 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 33: 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 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

Measure	Description	Data Source	Most Recent Data Year(s)
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. Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods.	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022

Table 34: 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: 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	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2011-2015

Measure	Description	Data Source	Most Recent Data Year(s)
	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.		
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 35: 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-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.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
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,	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	healthy food, and other necessities that contribute to poor health status.		
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 36: 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.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health	2019-2021

Measure	Description	Data Source	Most Recent Data Year(s)
	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.	Rankings & Roadmaps, June 2024.	
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 37: 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 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.	CDC – National Vital Statistics System (NVSS). CDC WONDER. CDC, Wide-Ranging Online Data for Epidemiologic Research. Data accessed via the North Carolina Data Portal, June 2024.	2017-2019
Low birthweight (percent of live births with	Percentage of live births where the infant weighed less than 2,500 grams	National Center for Health Statistics –	2016-2022

Measure	Description	Data Source	Most Recent Data Year(s)
birthweight < 2500 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.	Natality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	
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 38: 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
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 39: 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
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

Measure	Description	Data Source	Most Recent Data Year(s)
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 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".	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022
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	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North	2018-2020

Measure	Description	Data Source	Most Recent Data Year(s)
	ages 65 and older for hospital stays occurring between 2018 and 2020.	Carolina Data Portal, June 2024.	

Table 40: 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 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.	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Table 41: 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
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 42: 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 43: 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 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	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	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
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 44: 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 45: 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 Beaufort 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	Beaufort County Description
	Low	Represents measures in which Beaufort 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 Beaufort 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 Beaufort 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 Beaufort County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Beaufort 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:

(9.2-7.5)/(7.5) x 100% = 22.7% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population with limited access to healthy foods in Beaufort County is 22.7 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 46: Access to Care

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Primary Care Providers Rate	112.4	101.1	69.4	2024	High
Mental Health Providers Rate	178.7	155.7	109.7	2024	High
Addiction/ Substance Abuse Providers Rate	27.9	25.0	49.3	2024	Low
Buprenorphine Providers Rate	15.5	15.2	25.5	2023	Low
Dental Health Providers Rate	39.1	31.5	6.7	2024	High
% Living in Health Professional Shortage Areas (HPSAs) – Dental Care	17.8%	34.0%	44.0%	2018-2022	High
Federally Qualified Health Centers (FQHCs)	3.5	4.1	6.7	2023	Low
% Receiving Medicaid	22.3%	20.2%	27.2%	2018-2022	High
% Uninsured	10.2%	12.5%	13.8%	2022	High

Table 47: Built Environment

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	93.8%	93.6%	83.8%	2023	High
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	91.2%	90.4%	54.8%	2023	High
Households with No Computer	6.1%	6.9%	11.1%	2018-2022	High
Households with No or Slow Internet	11.7%	13.0%	19.0%	2018-2022	High

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Liquor Stores	13.3	6.2	13.4	2022	High
Adverse Childhood Experiences (ACEs)	N/A	N/A	18.5%	2022	N/A

Table 48: Diet and Exercise

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Physically Inactive	N/A	21.6%	26.2%	2021	High
Walkability Index Score	10	7	6	2021	High
% with Access to Exercise Opportunities	84.1%	73.0%	63.0%	2023	High
Recreation and Fitness Facility Access	14.8	13.1	11.2	2022	High
Sugar-Sweetened Beverage (SSB) Consumption	N/A	N/A	36.8%	2022	N/A

Table 49: Education

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Limited English Proficiency	8.2%	4.6%	2.7%	2018-2022	Low
High School Graduation Rate	81.1%	87.6%	86.0%	2020-2021	Medium
% with No High School Diploma	10.9%	10.6%	13.2%	2018-2022	High
Student Math Proficiency	63.9%	65.8%	62.7%	2020-2021	Medium
Student Reading Proficiency	60.1%	59.5%	55.4%	2020-2021	Low
School Funding Adequacy	N/A	-$4,742	-$9,039	2021	High
School Funding Adequacy – Spending per pupil	N/A	$10,655	$11,796	2021	Low

Table 50: Employment

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Unemployment Rate	3.9%	3.7%	4.0%	2024	High
Average Annual Unemployment Rate, 2013-2023	3.6%	3.5%	4.0%	2024	High

Table 51: Environmental Quality

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Flood Vulnerability	6.5%	4.9%	35.0%	2011	High
Drinking Water Safety	16,107	194	0	2023	Low

Table 52: Family, Community and Social Support

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Childcare Cost Burden	28.8%	27.0%	31.0%	2023	High
% Young People Not in School or Working	6.9%	7.5%	9.0%	2018-2022	High

Table 53: Food Security

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Food Insecure	10.3%	11.4%	13.2%	2021	High
% Food Insecure Children	13.3%	15.3%	19.9%	2021	High
% Low-Income and with Low Food Access	19.4%	21.3%	22.0%	2019	Medium
% Limited Access to Healthy Foods	N/A	7.5%	9.2%	2019	High
Fast Food Restaurants	96.2	77.4	85.1	2022	High
Grocery Stores	23.4	18.7	15.7	2022	High

Table 54: Housing and Homelessness

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Renter Costs – Average Gross Rent	$1,366	$1,090	$762	2018-2022	Low
% Severe Housing Cost Burden	14.1%	12.2%	12.6%	2018-2022	Medium
Assisted Housing Units	413.9	319.2	487.7	2017-2021	High
% Severe Substandard Housing	18.5%	16.1%	14.8%	2011-2015	Low
% Homeless Children	2.8%	1.9%	1.0%	2019-2020	Low

Table 55: Income

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Median Family Income	$92,646	$82,890	$69,959	2018-2022	High
Gender Pay Gap	81.0%	83.0%	78.0%	2018-2022	High
% Living Below 100% FPL	12.5%	13.3%	17.1%	2022	High
% Living Below 200% FPL	28.8%	31.6%	36.8%	2018-2022	High
% Children Living Below 200% FPL	37.2%	41.1%	52.3%	2018-2022	High
% Receiving SNAP	12.4%	15.7%	21.8%	2021	High
Children Eligible for Free/Reduced Price Lunch	51.7%	50.8%	96.5%	2022-2023	High

Table 56: Length of Life

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Years of Potential Life Lost Rate	N/A	8,853	11,041	2019-2021	High
Premature Age-Adjusted Mortality	N/A	420	483	2019-2021	High
Life Expectancy	77.6	76.6	75.1	2019-2021	Medium

Table 57: Maternal and Infant Health

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Births with Late or No Prenatal Care	6.1%	6.9%	Suppressed	2019	N/A
Low Birthweight	N/A	9.4%	10.7%	2016-2022	High
Infant Mortality Rate	5.7	7.0	11.0	2015-2021	High

Table 58: Mental Health

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Poor Mental Health Days	4.9	4.6	5.0	2021	High
Deaths of Despair Rate	55.9	58.7	69.2	2018-2022	High
Suicide Death Rate	14.5	14.0	17.0	2018-2022	High

Table 59: Physical Health

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Poor or Fair Health	N/A	14.4%	17.5%	2021	High
% Adults with Asthma	9.7%	9.8%	10.4%	2022	High
% Adults with Heart Disease	5.2%	5.5%	6.1%	2022	High
% Adults with High Blood Pressure	29.6%	32.1%	34.8%	2021	High
% Adults with High Cholesterol	31.0%	31.4%	31.9%	2021	Medium
Diabetes Prevalence	8.9%	9.0%	9.1%	2021	Medium
% Adults with Kidney Disease	2.7%	2.9%	3.1%	2021	High
% Stroke	2.8%	3.1%	3.4%	2022	High
Obesity	30.1%	29.7%	34.8%	2021	High
% Teeth Loss	13.9%	12.0%	14.4%	2022	High
Cancer Incidence Rate	442.3	464.4	424.4	2016-2020	Low
Emergency Room Visits	535	563	590	2022	Medium

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Heart Disease Hospitalization Rate	10.4	11.7	11.3	2018-2020	Medium
Stroke Hospitalization Rate	8.0	9.5	9.7	2018-2020	Medium

Table 60: Quality of Care

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Children/adults vaccinated annually against seasonal influenza	44.5%	45.6%	48.7%	2021	Low
Preventable Hospital Rate	2,752	2,957	3,227	2021	High
Readmissions Rate	18.1%	17.6%	19.0%	2022	High

Table 61: Safety

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Incarceration Rate	1.3%	1.5%	1.4%	2018	Low
Juvenile Arrest Rate	13.8	16.0	30.0	2021	High
Violent Crime	416.0	365.7	319.4	2015-2017	Low
Firearm Death Rate	13.4	15.5	17.8	2018-2022	High
Poisoning Death Rate	28.5	31.5	37.8	2018-2022	High

Table 62: Sexual Health

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
Chlamydia Rate	495.0	603.3	649.9	2021	High
HIV Incidence Rate	12.7	15.5	13.0	2022	Low
Teen Births	16.6	18.2	24.2	2016-2022	High

Table 63: Substance Use Disorders

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Excessive Drinking	18.1%	18.2%	14.8%	2021	Low
% Driving Deaths with Alcohol	2.3	2.9	4.0	2018-2022	High
Opioid Use Disorder Rate	41.0	43.0	31.0	2021	Low
Opioid Drug Overdose Deaths	N/A	25.1	33.2	2018-2022	High

Table 64: Tobacco Use

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Smokers	14.5%	15.0%	18.7%	2021	High

Table 65: Transportation Options and Transit

Measure	National Benchmark	North Carolina Benchmark	Beaufort County Data	Most Recent Data Year	Beaufort County Need
% Households with No Motor Vehicle	8.3%	5.4%	5.8%	2018-2022	High
% Public Transit	3.8%	0.8%	0.1%	2018-2022	High

APPENDIX 4 | PRIMARY DATA METHODOLOGY AND SOURCES

Primary data were collected through two in-person focus groups 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

Beaufort County conducted two in-person focus groups on April 10th, 2024. These groups, which were assigned by the geographic location of participants, included 28 community members that provided feedback on health and social needs as well as their experiences living, working or receiving healthcare in Beaufort County. Both groups took place at Cornerstone Family Worship Center.

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 Beaufort County

The majority (78.6%) of participants identified as female, and the group was predominantly Black or African American (78.6%) and non-Hispanic/Latino (87.5%). Participants represented a wide range of ages, with half of the group between the ages of 40 and 64.

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?

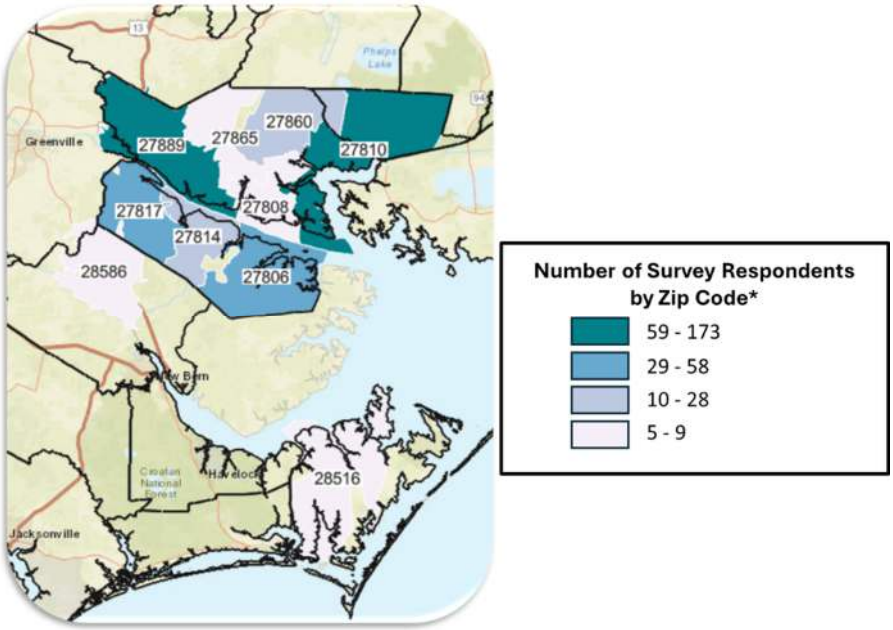
10. What do you think local health leaders should do to improve health and quality of life in [COUNTY NAME]? What do you want local health leaders to know?

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

Community Member Web Survey

A total of 479 surveys were completed by individuals living, working or receiving healthcare in the Beaufort County community. The survey was available in both English and Spanish, and approximately 1% 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 53: Respondent Zip Code of Residence[54]



In general, survey questions focused on:

- Community health problems and concerns
- Community social/environmental problems and concerns
- Specific topics of interest to Beaufort County:
    - Access to care
    - Food security
    - Housing and homelessness
    - Mental health
    - Physical health
    - Transportation and transit

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

The key findings from the Community Survey are detailed below:

- Community members identified alcohol/drug addiction, diabetes/high blood sugar, and mental health (depression/anxiety) as the top health problems affecting their community.
- Cost, lack of insurance, and lack of transportation were identified as the top 3 barriers to receiving health care.
- The top 3 social/environmental needs identified by the community were availability/access to doctor's offices, lack of job opportunities, and transportation problems.

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

Figure 54: Respondents by Age Group

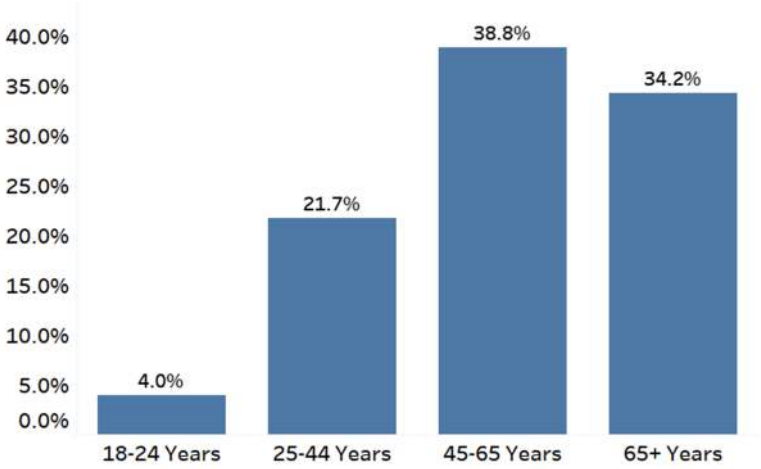


Figure 55: Respondents by Gender

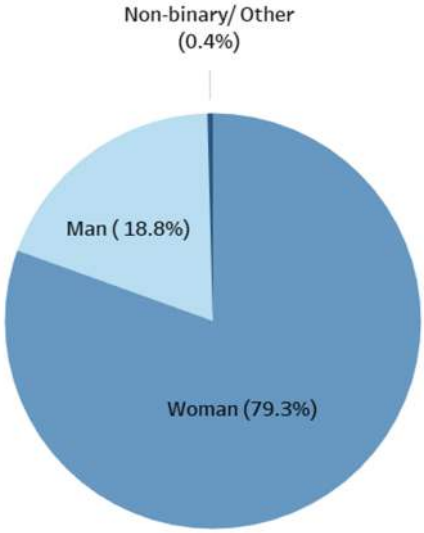


Figure 56: Respondents by Race

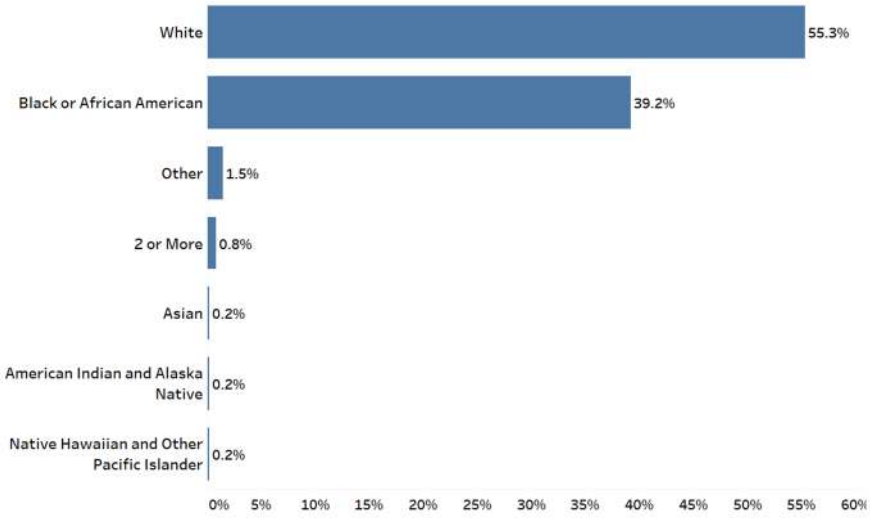
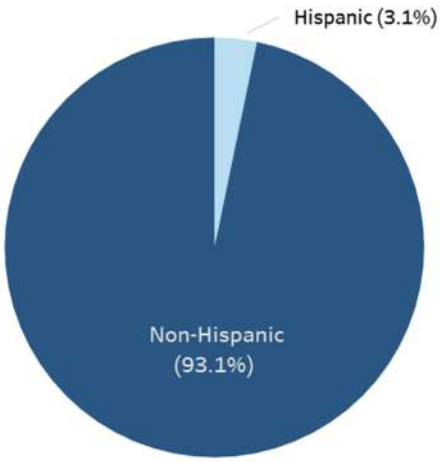


Figure 57: Respondents by Ethnicity



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?[55]

   □ 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

[55] 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 regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
□ To see a specialist
□ 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: Food Security

19. Please tell me whether the following statement(s) was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:
    1 = Often true; 2 = Sometimes true; 3 = Never true

	1	2	3	Don't Know	Prefer not to say
a. I worried about whether our food would run out before my household got money to buy more.	□	□	□	□	□
b. The food that my household bought just did not last, and there was not money to get more.	□	□	□	□	□

20. In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?

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

21. In the past 12 months, have you gotten fresh fruits and vegetables from any of the following sources? Select all that apply.

    □ Corner Store, Convenience Store or Gas Station
    □ Farmer's Market or Permanent Farm Stand
    □ Food Bank, Pantry
    □ Homegrown or home garden
    □ Church, or Community Organization
    □ Grocery Store or a Superstore Such as Wal-Mart
    □ Don't know/Not sure
    □ Prefer not to say

Topic: Housing and Homelessness

22. In the past 12 months, were there times when you:

	Yes	No	Don't Know	Prefer not to say
a. Were worried about having enough money to pay your rent or mortgage?	□	□	□	□
b. Did not have electricity, water, or heating in your home?	□	□	□	□

23. In the PAST THREE YEARS, were there times when you:

	Yes	No	Don't Know	Prefer not to say
a. Had to live with a friend or relative because of a housing emergency, even if this was only temporary?	□	□	□	□
b. Were evicted or displaced from your home?	□	□	□	□
c. Were living on the street, in a car, or in a temporary shelter?	□	□	□	□

24. Think about the place where you live. Do you have problems with any of the following? *Select all that apply:*

□ Bug infestation
□ Mold
□ Lead paint or pipes
□ Inadequate heat
□ Inadequate cooling (air conditioning)
□ Holes in the floor
□ Oven or stove not working
□ No or not working smoke detector
□ Water leaks
□ None of the above
□ Prefer not to say

Topic: Mental Health

25. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

□ Number of days: _____

26. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

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

27. If you answered 'Yes' to the previous question, what was the MAIN reason you did not get mental health care or counseling?

□ Cost/No insurance coverage
□ Distance
□ Don't know where to go
□ Concerns about confidentiality
□ Inconvenient office hours
□ Lack of childcare
□ Lack of providers
□ Lack of transportation
□ Previous negative experiences/Distrust of mental health providers
□ Stigma
□ Too busy to go to an appointment
□ Too long of wait for an appointment
□ Trouble getting an appointment
□ Other *(please specify)*: _____
□ None of the above
□ Don't know/Not sure
□ Prefer not to say

28. Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

□ Yes
□ No
□ Prefer not to say

Topic: Physical Health

29. 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

30. 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?	□	□	□	□

31. 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

32. 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: Transportation and Transit

33. 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

34. 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

35. 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

APPENDIX 5 | DETAILED PRIMARY DATA FINDINGS

Focus Groups

Key findings from the two focus groups are summarized below.

Beaufort County conducted two focus groups consisting of 28 community members which were held at Cornerstone Family Worship Center on April 10th, 2024.

The focus group participants identified employment and income, food access and security, healthcare access and quality, housing and homelessness, physical health (including diabetes, cancer, heart disease, and high blood pressure), substance use (particularly fentanyl overdoses), and transportation and transit as the main health issues and social or environmental barriers to health among Beaufort County residents. Further, participants identified cost as a driving factor for these social and environmental issues, particularly the cost of healthcare, healthy food options, and housing.

The focus groups had multiple suggestions for lessening the burden of some of these social/environmental factors. Education, specifically around food and health literacy, was suggested by several participants. The groups also noted the importance of going out to the community and meeting residents where they are to address health problems and social and environmental barriers to accessing available resources. As one participant noted: "*You have to build trust in communities in anything you do.*" Lastly, the groups suggested utilizing existing infrastructure for reaching community members such as churches, local TV stations, health fairs, and libraries.

Community Member Web Survey

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

Topic: Additional Demographic Information

Figure 58: What is the highest grade or year of school you completed?

n=478

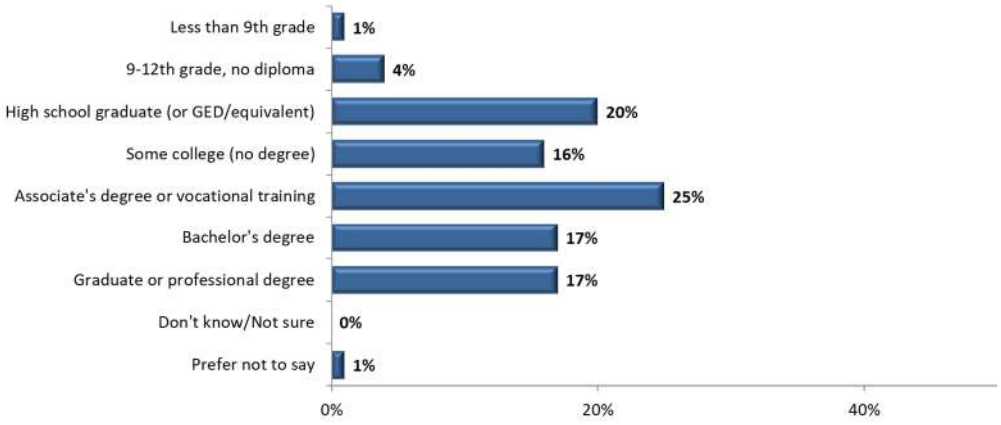


Figure 59: Which language is most often spoken in your home? (Choose one)

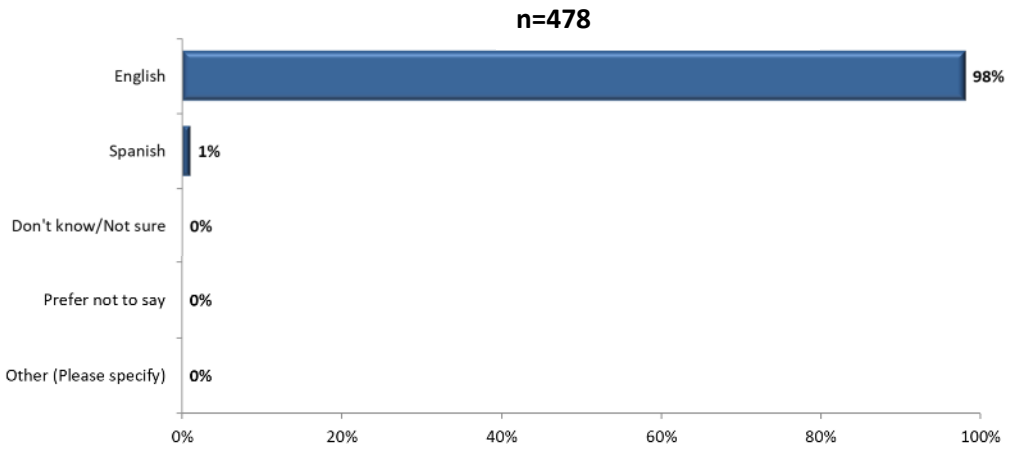


Figure 60: For employment, are you currently... (Select all that apply.)

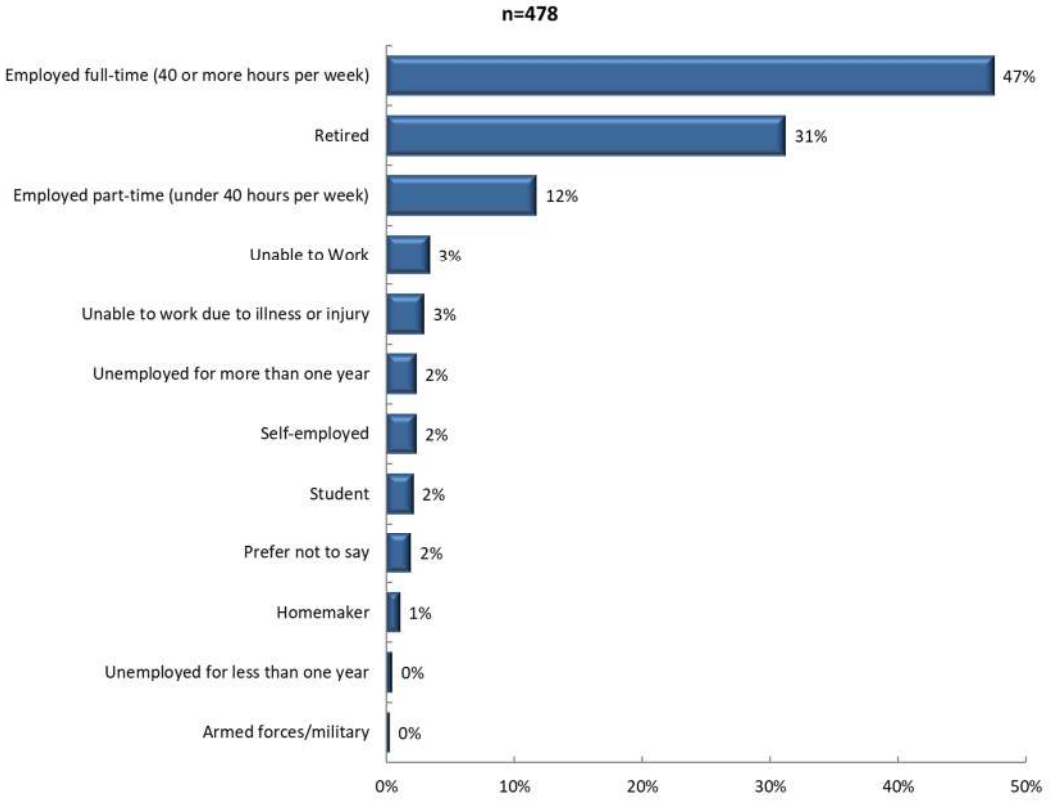
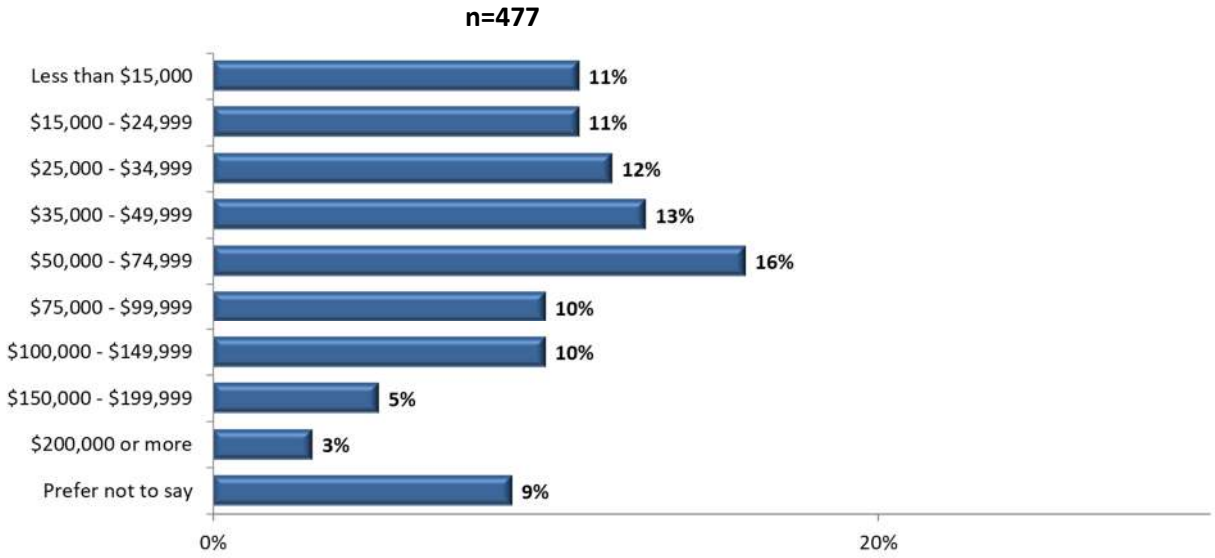


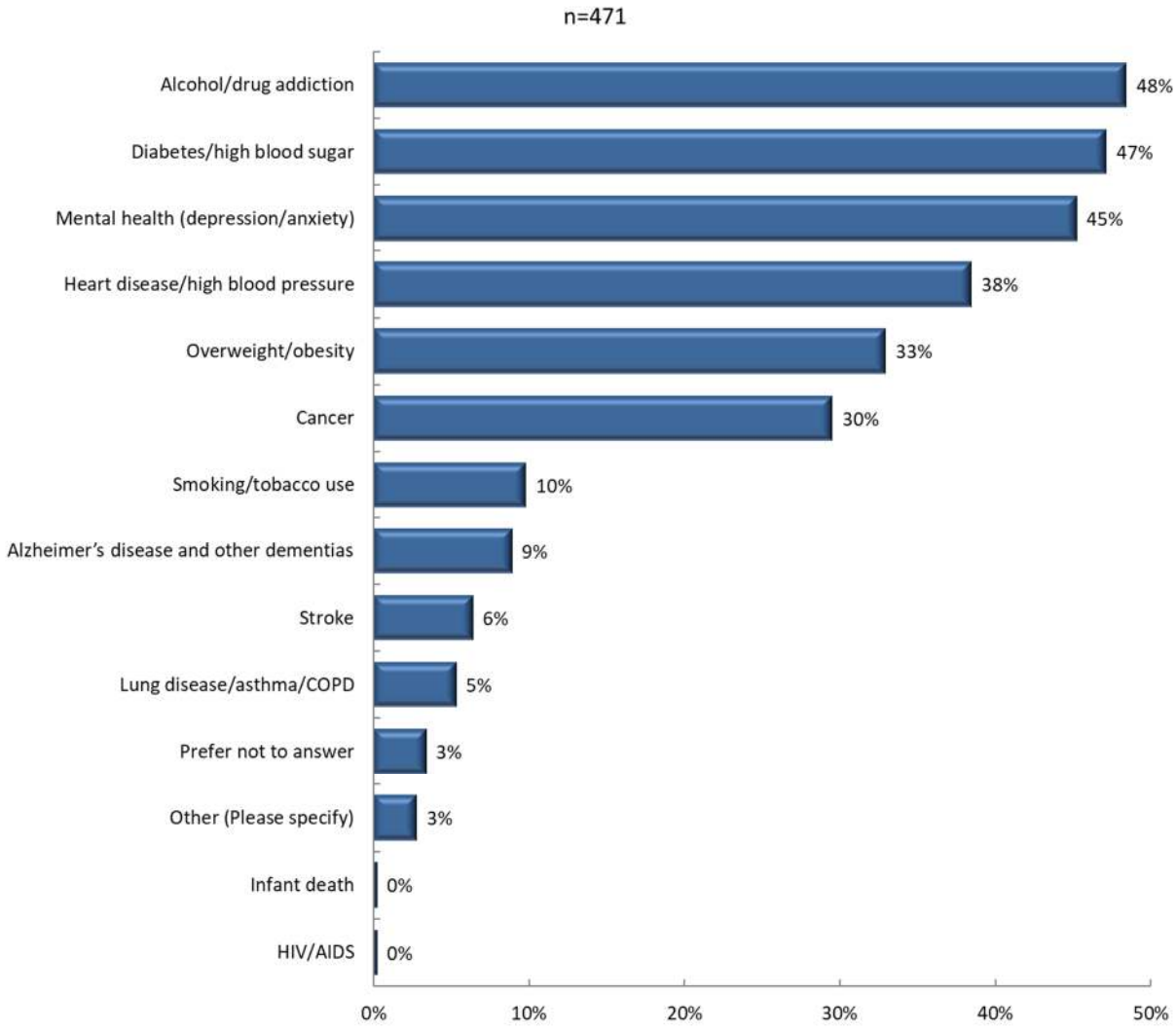
Figure 61: Which category best describes your yearly household income before taxes?

Respondents 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.



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

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



Other (please specify):

- "ADHD, Slight Asthma"
- "Dental for kids on Medicaid"
- "Illegal drugs"
- "Mental Health, Cancer, diabetes, heart health issues"
- "Nerve pain"
- "Not making enough money to live."
- "Opioids"
- "PTSD"

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

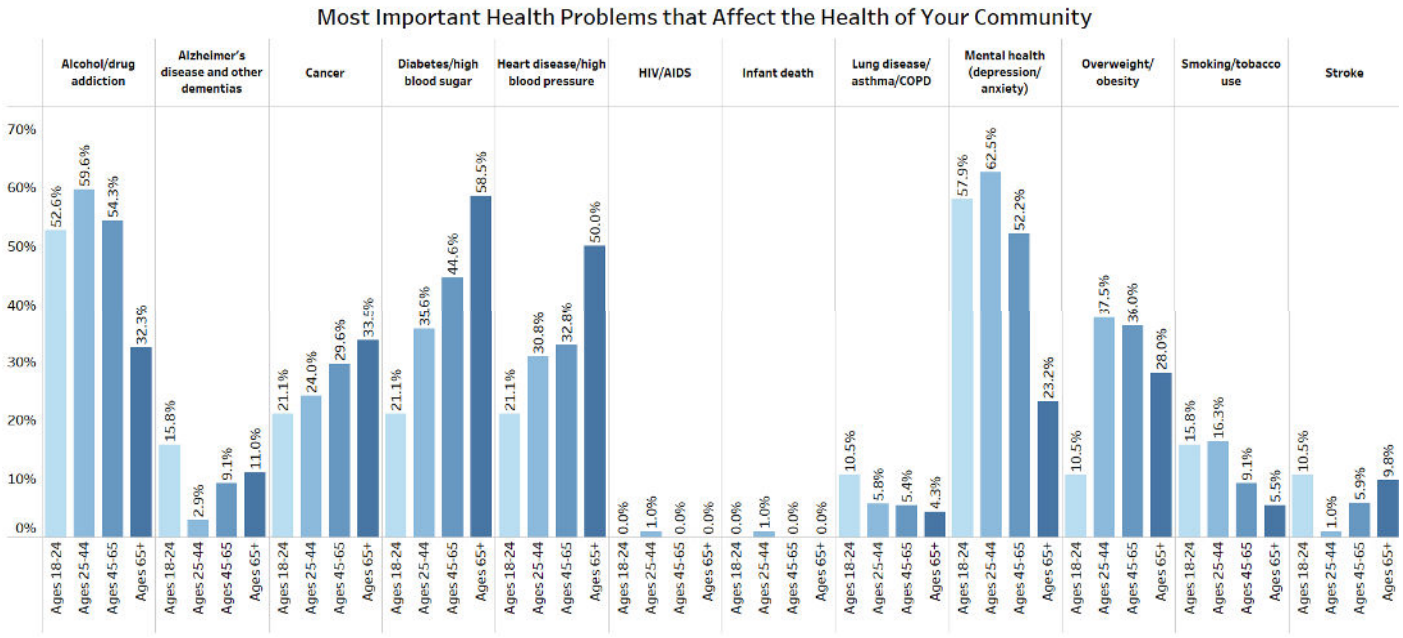


Figure 64: What are the three most important health problems that affect the health of your community? Please select up to three (by gender)

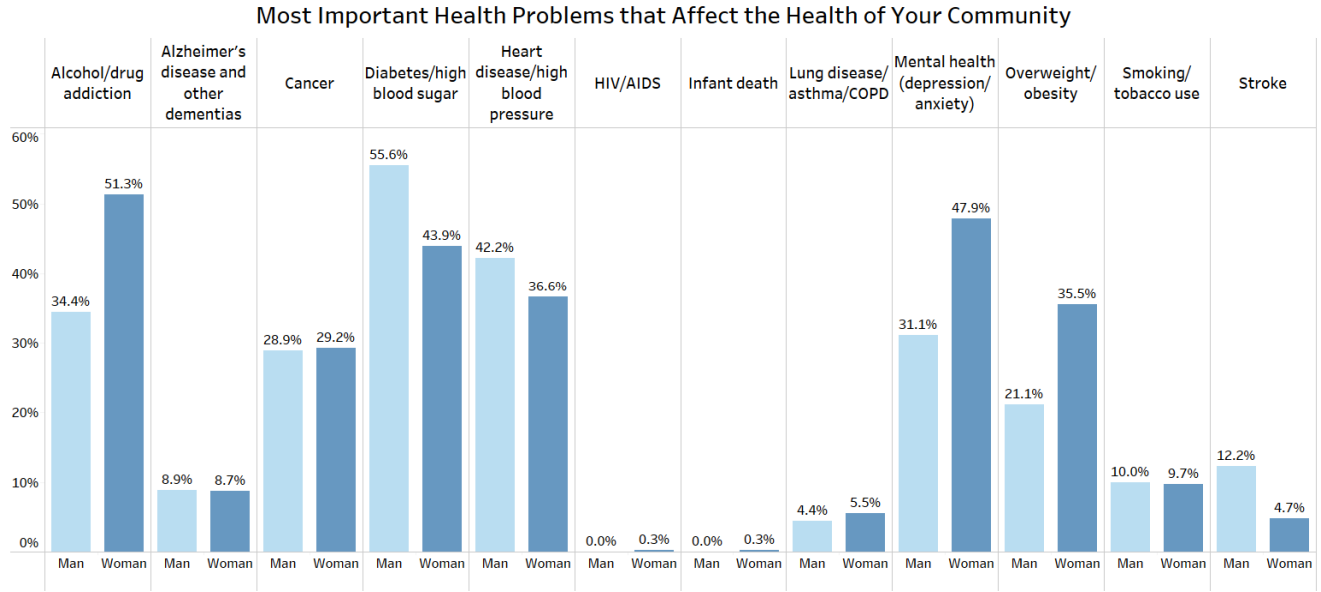


Figure 65: What are the three most important health problems that affect the health of your community? Please select up to three (by race)

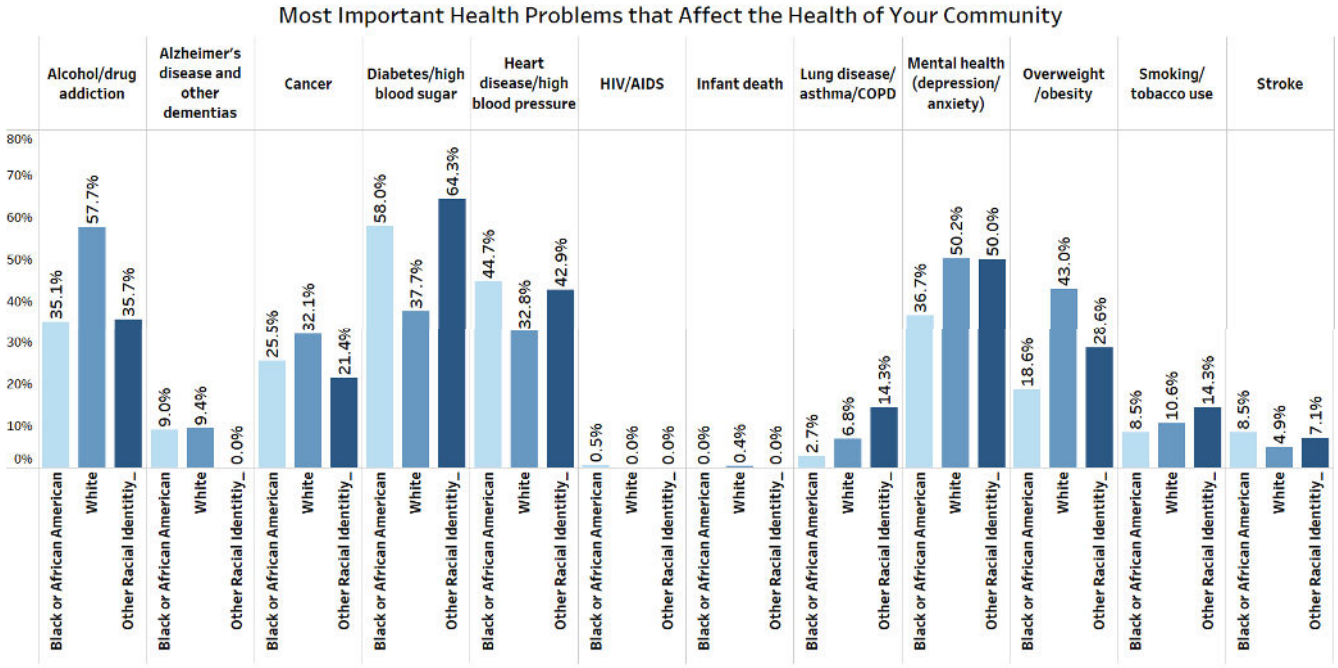


Figure 66: What are the three most important health problems that affect the health of your community? Please select up to three (by ethnicity)

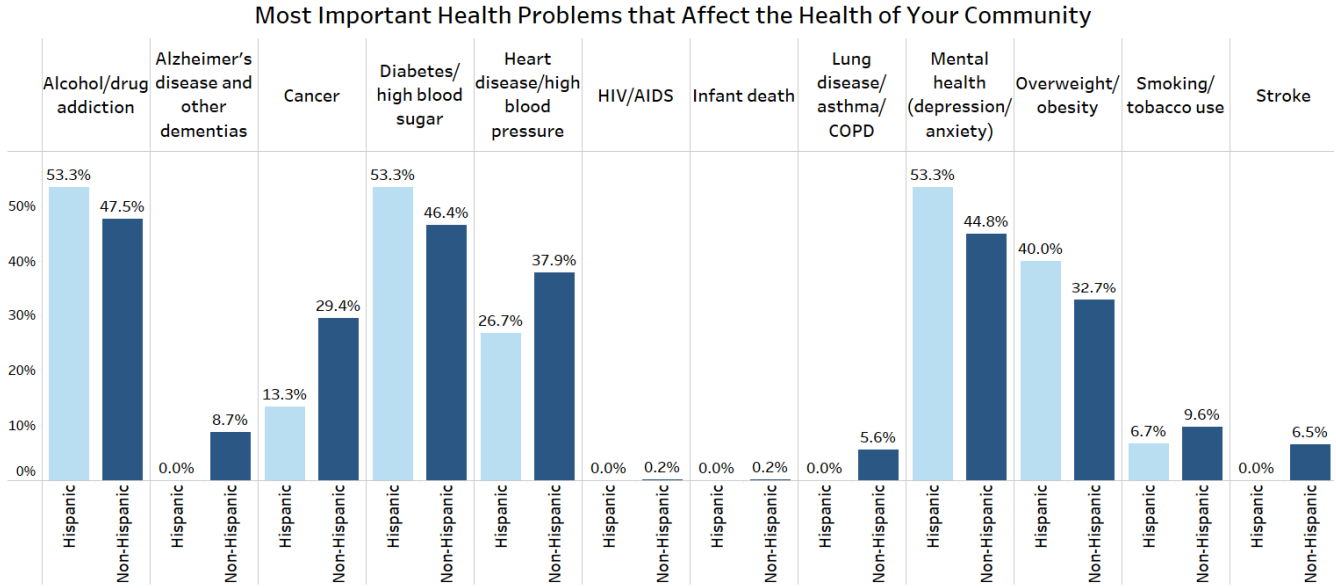
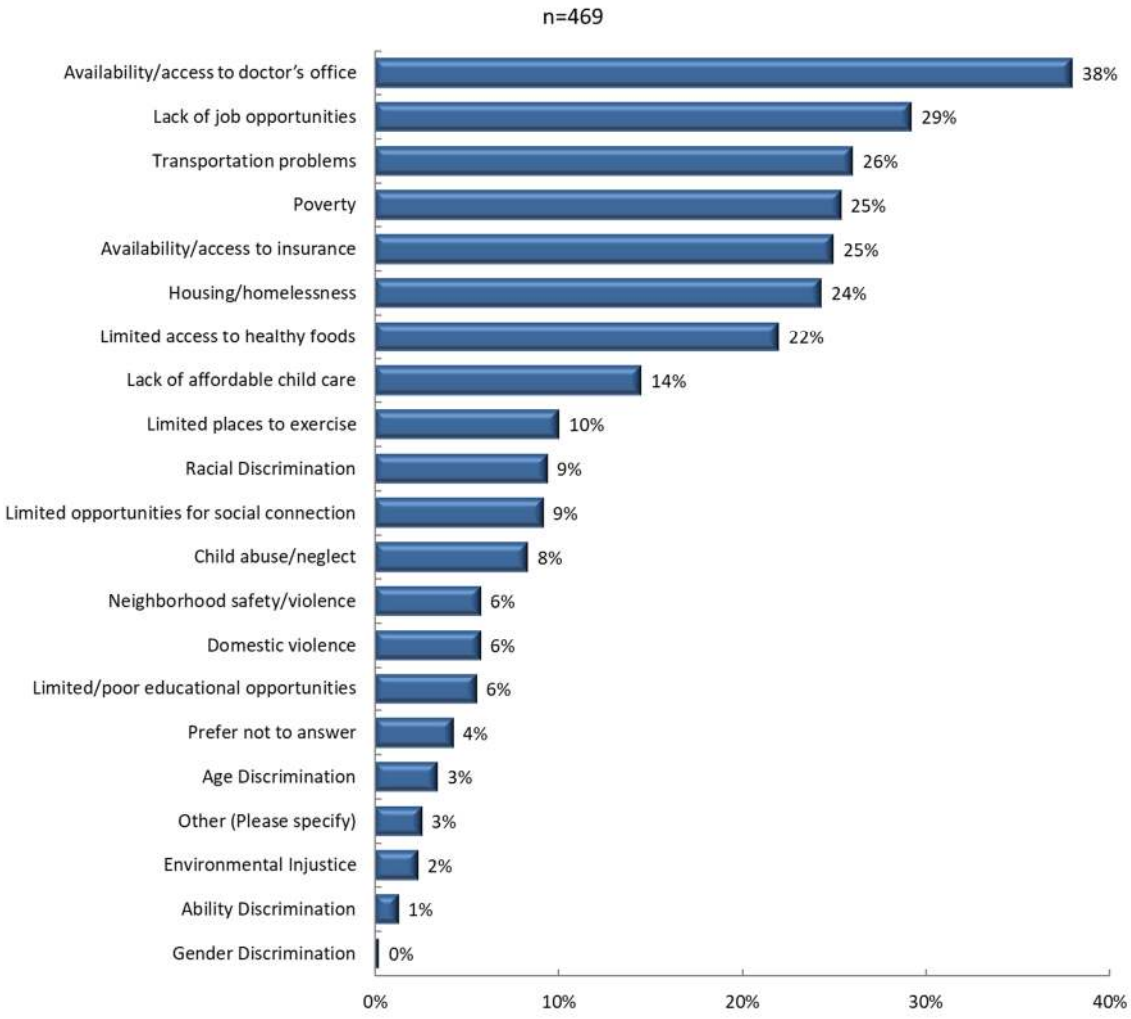


Figure 67: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



Other (Please specify):

- "Access to urgent mental health care for adolescents"
- "All items listed are important. Environmental injustices??"
- "Internet"
- "Jobs and careers don't pay enough money to survive."
- "Lack of affordable housing"
- "Lack of mental health resources"
- "Language Access"
- "People do not want to work, therefore no insurance"
- "Work, disabled"

Figure 68: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age category)

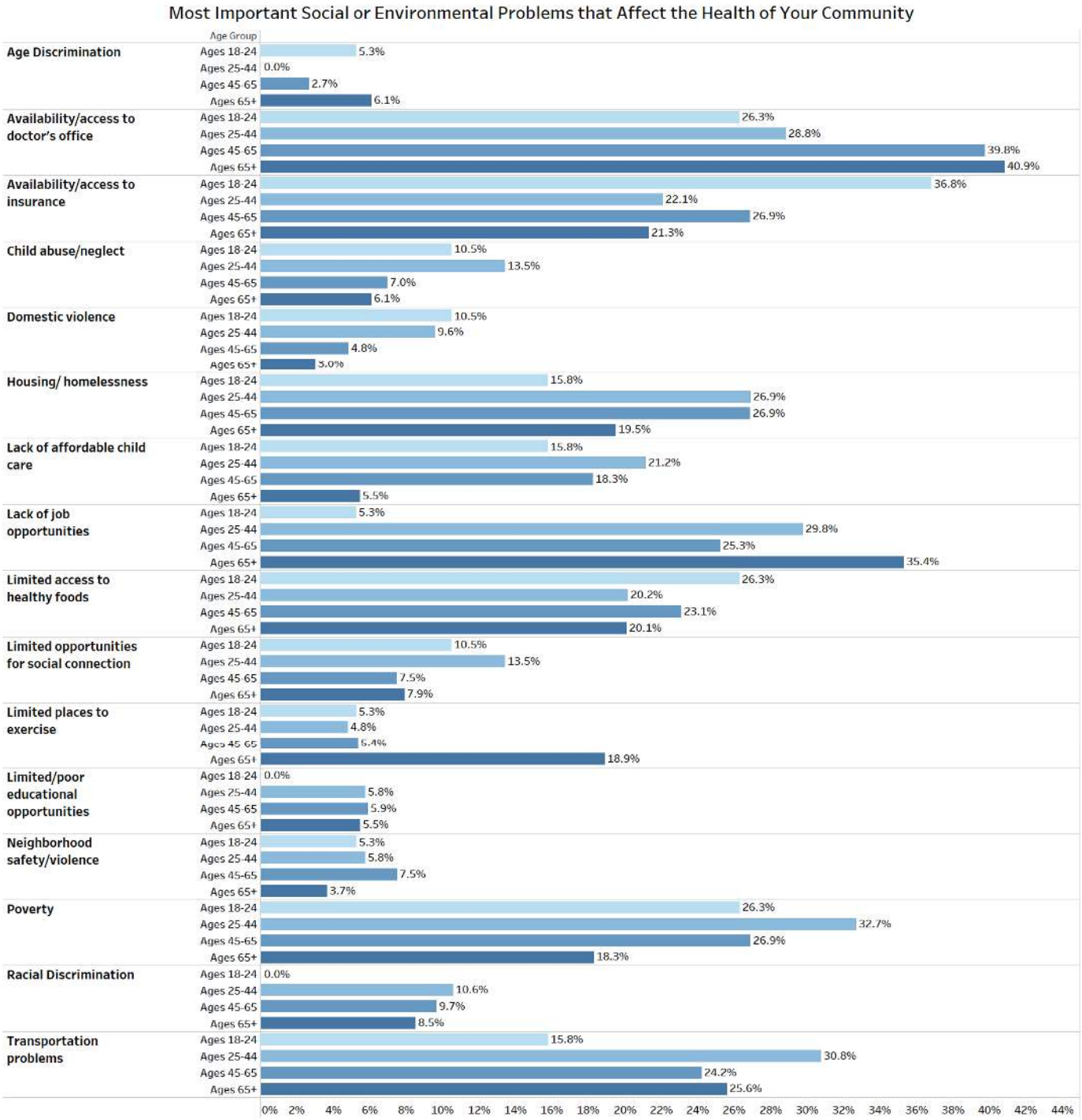


Figure 69: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)

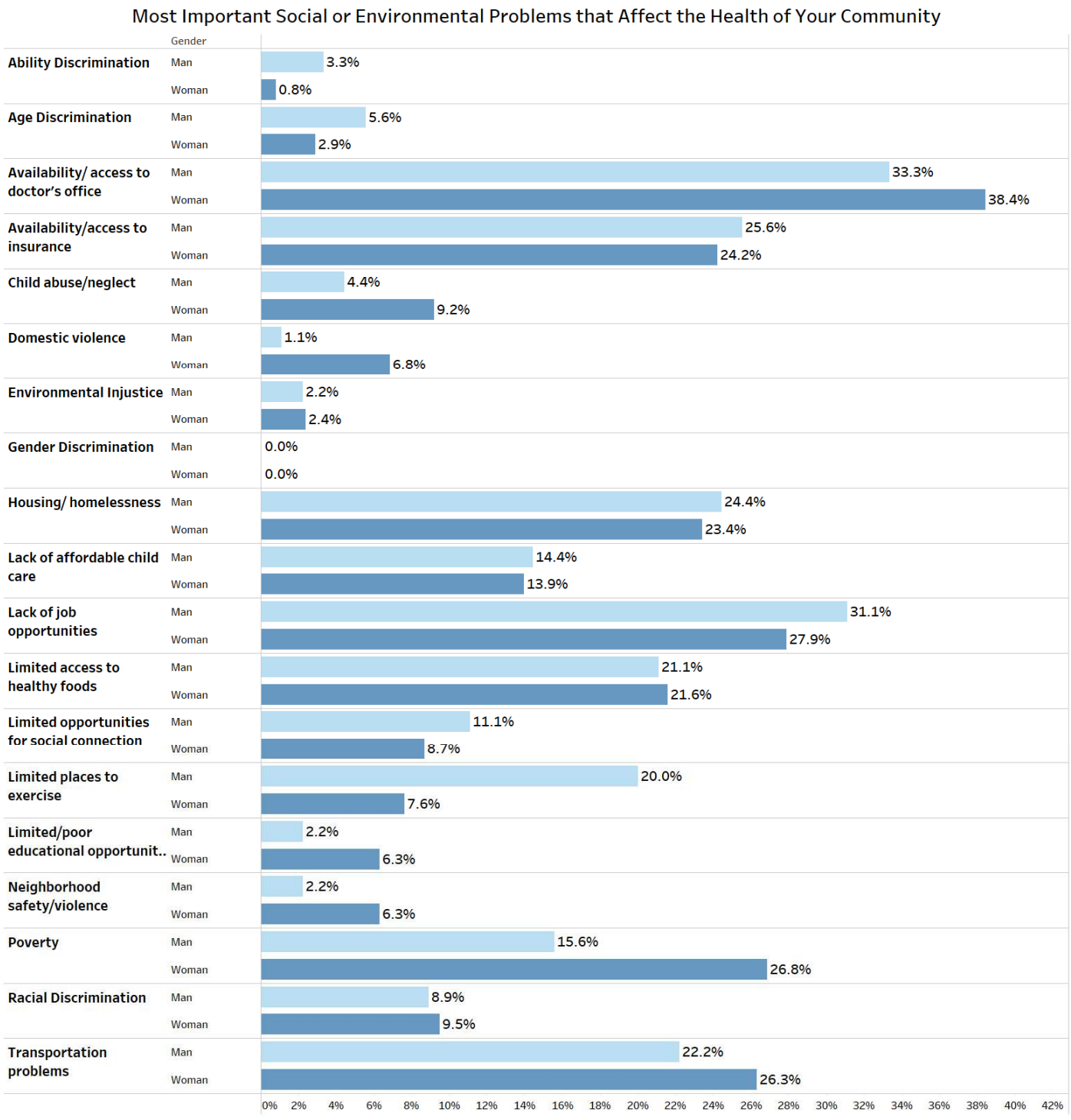


Figure 70: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)

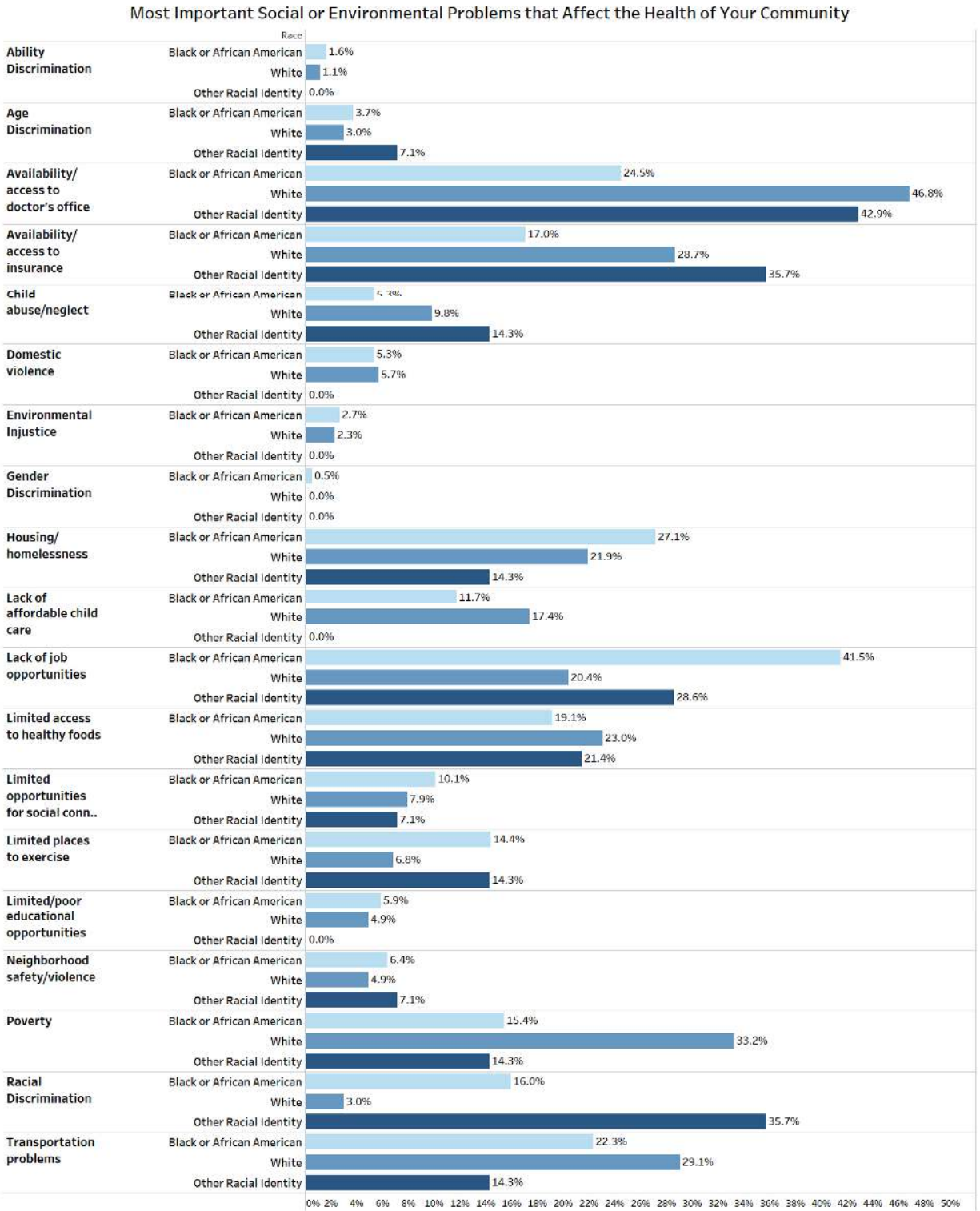


Figure 71: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by ethnicity)

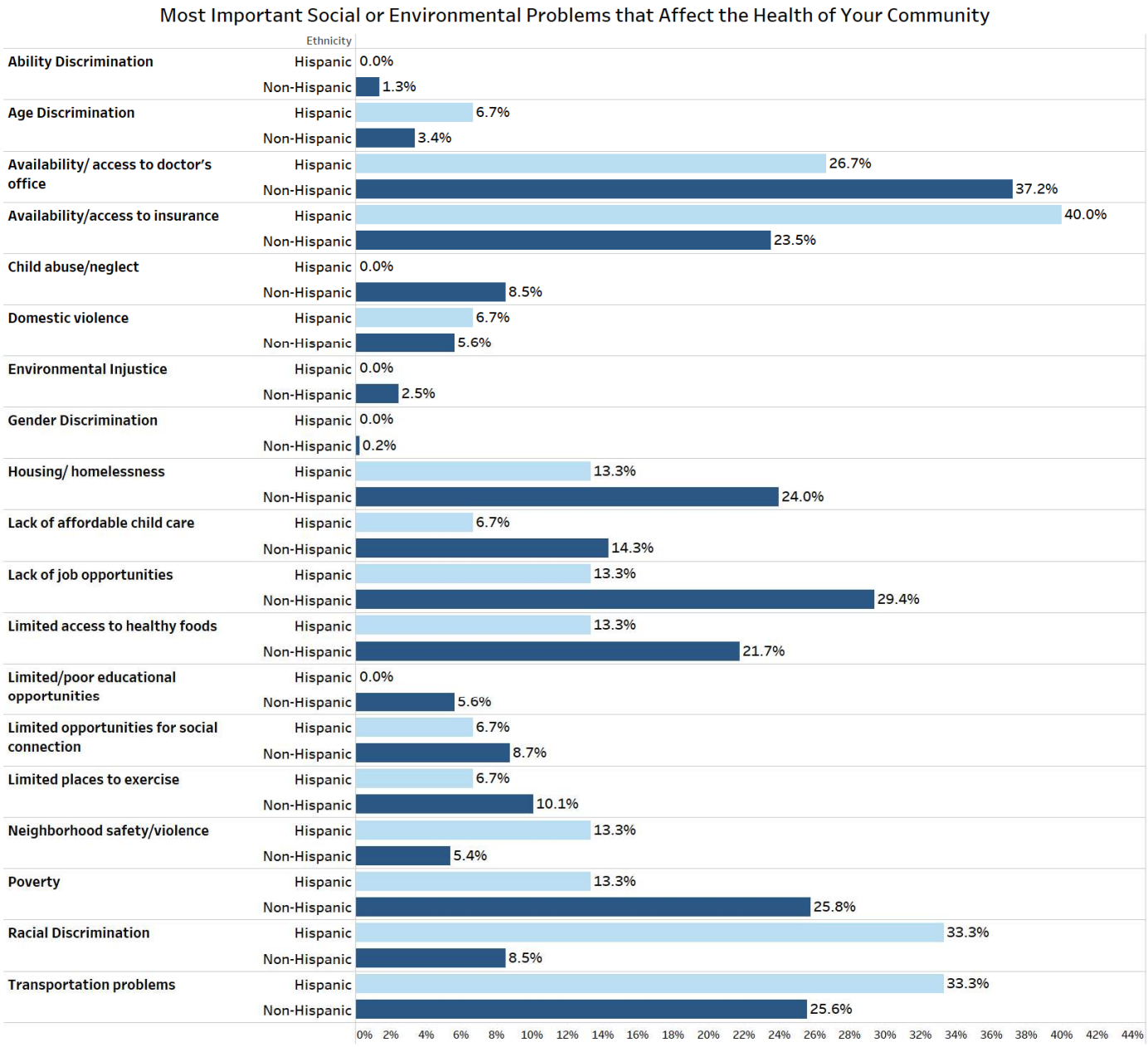
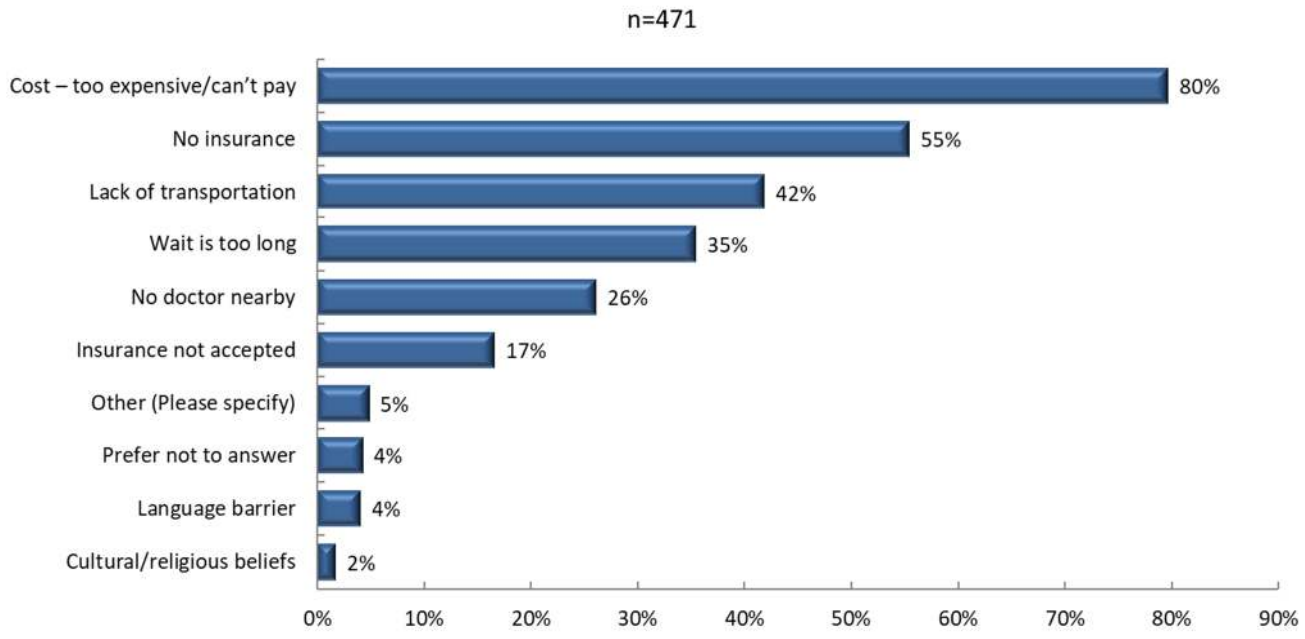


Figure 72: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



Other (please specify):

- "Choose not to go"
- "Distrust in medical system", "Lack of trust in the medical field", "Lack of trust in medical community"
- "Ignorance"
- "Ignorance or lack of understanding needs"
- "Lack of education" (2 Responses)
- "Lack of providers accepting new patients"
- "Mental health barriers"
- "No health clinic"
- "No hospital" (2 Responses)
- "People prefer not to buy health insurance"
- "[People] don't care . High drug population"
- "Service"
- "Some have vehicles but lack gas with high cost of survival needs"
- "They do not care"
- "Unable to get appointment"
- "Waiting for a referral that never gets completed despite multiple inquiries. "

Figure 73: 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)

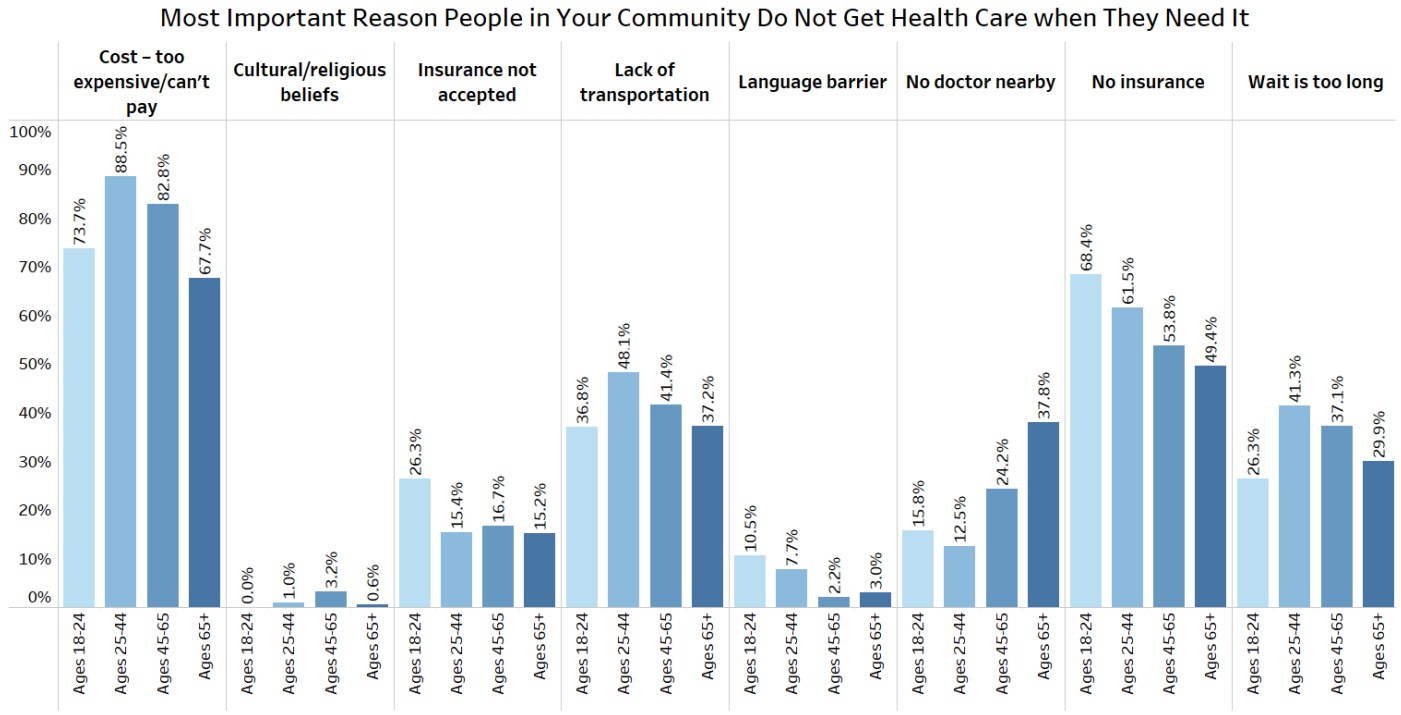


Figure 74: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by gender)

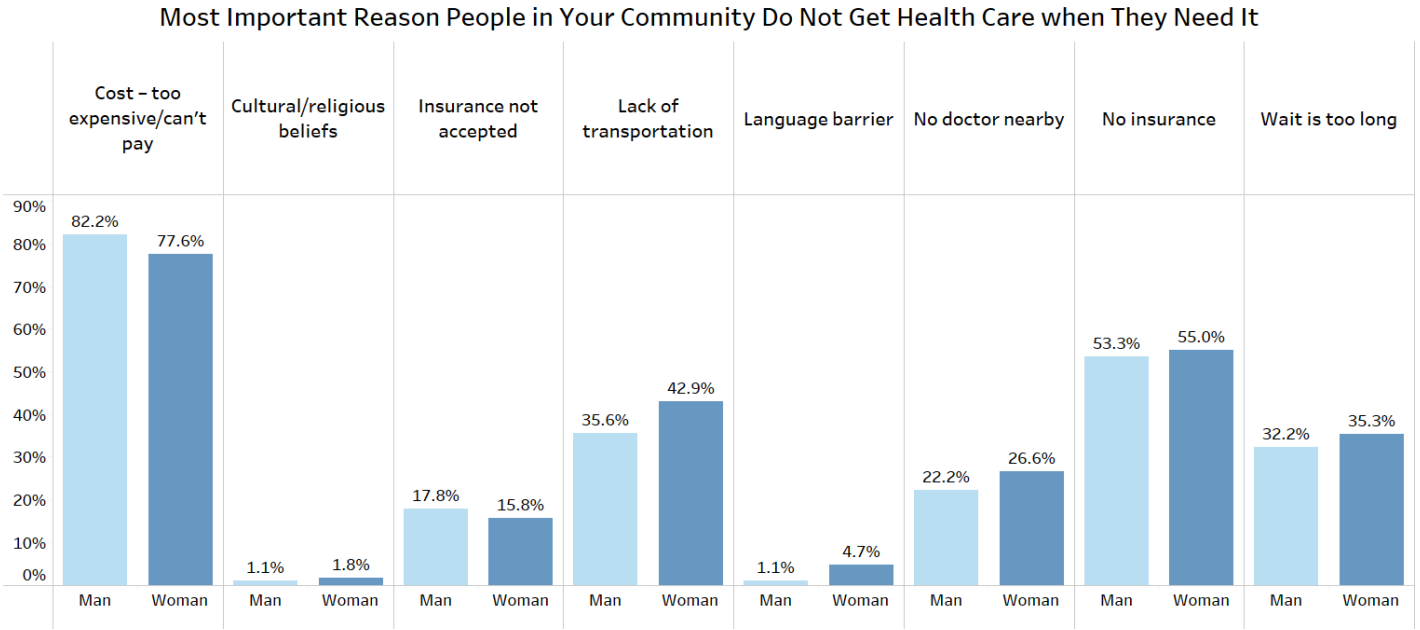


Figure 75: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)

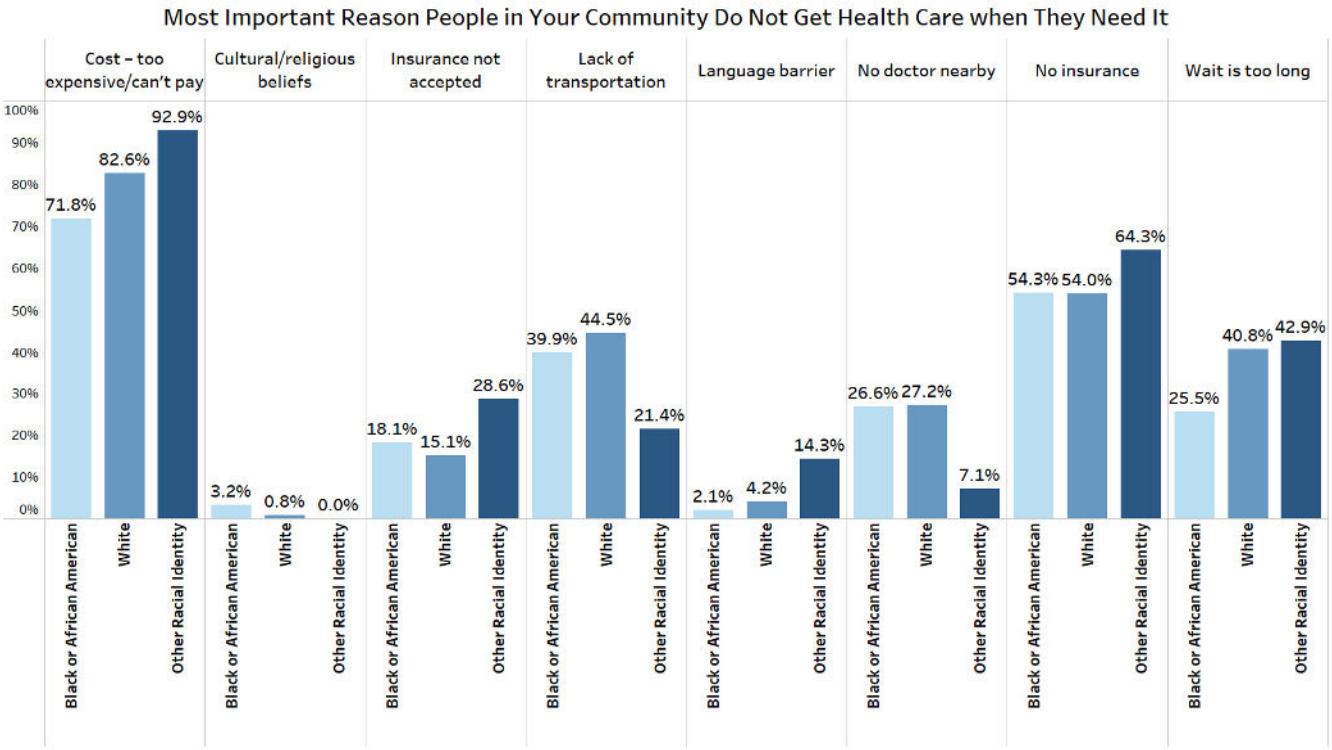
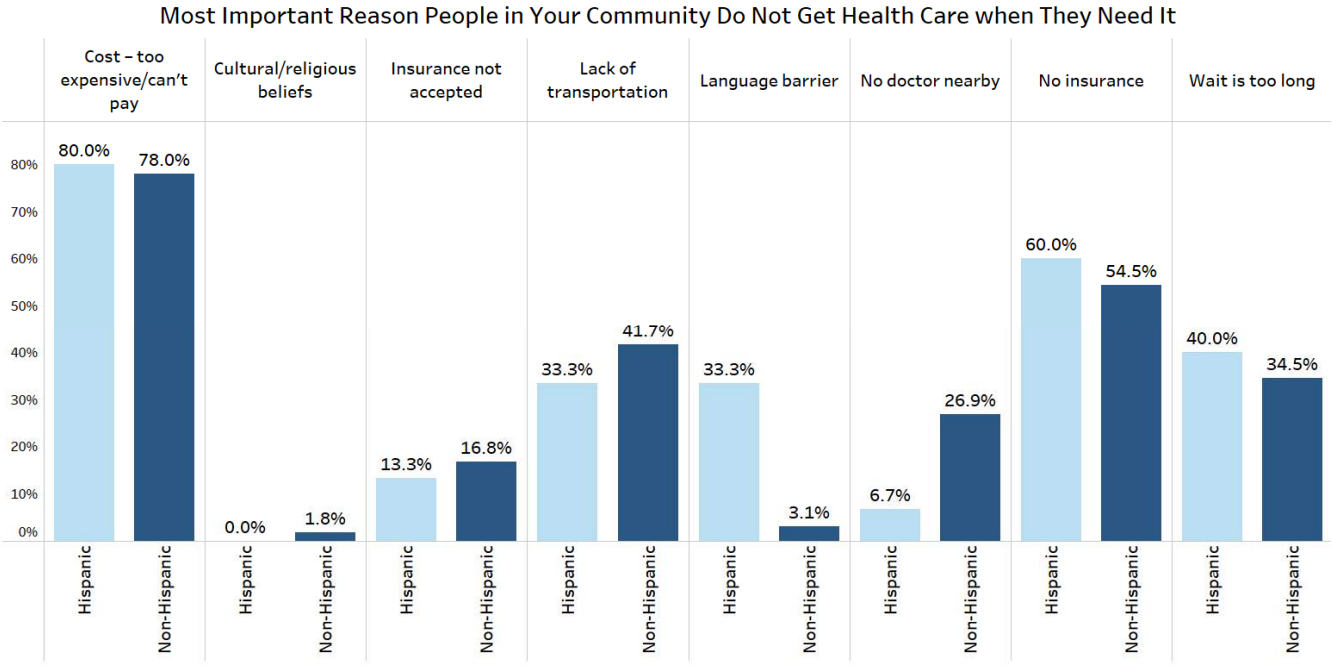


Figure 76: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by ethnicity)



Topic: Access to Care

Figure 77: 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?

n=476

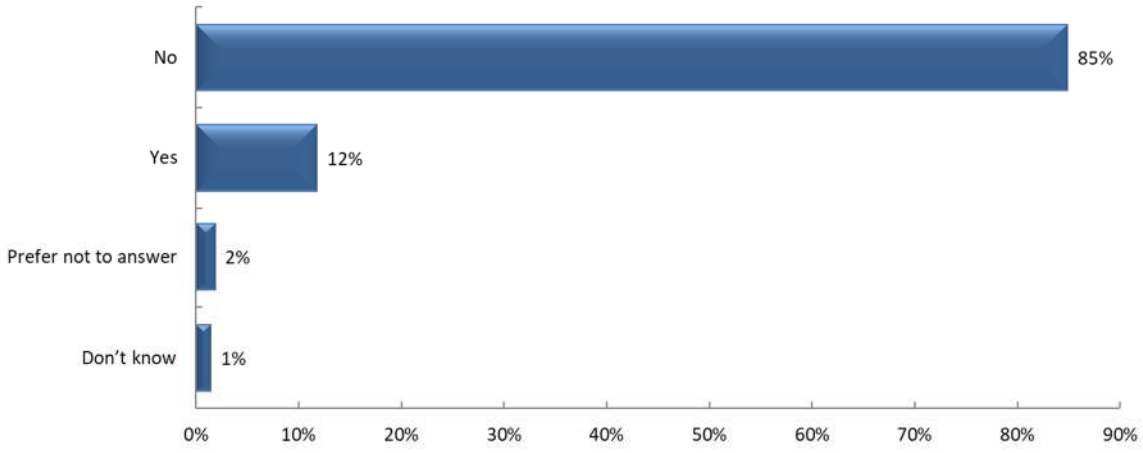
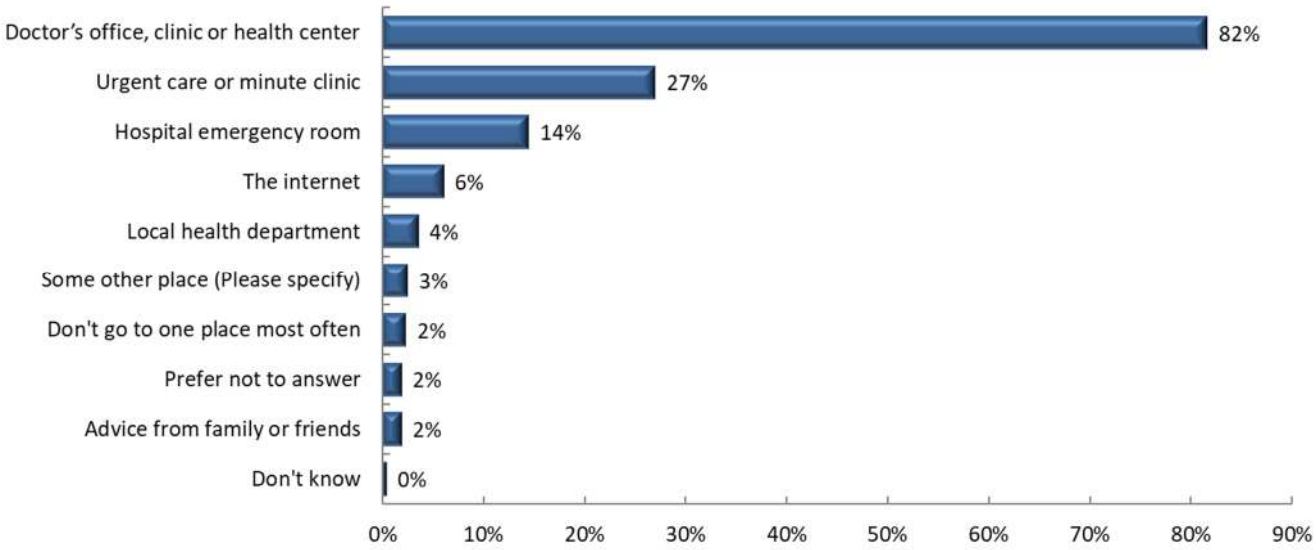


Figure 78: Where do you USUALLY go when you are sick or need advice about your health?

n=478



Other please specify:

- "Tele medicine" / "TeleDoc"
- "New Bern"
- "VA" / "VA Hospital" (from 5 respondents)
- "It costs to much to see a doctor, I don't make enough money to afford that."
- "local"
- "ER"

Figure 79: 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?

n=475

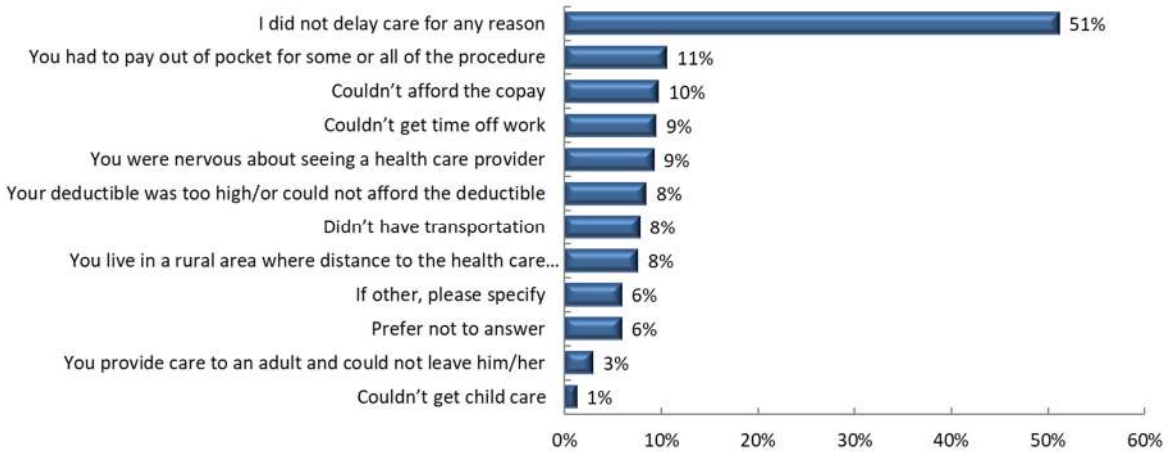


Figure 80: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

n=476

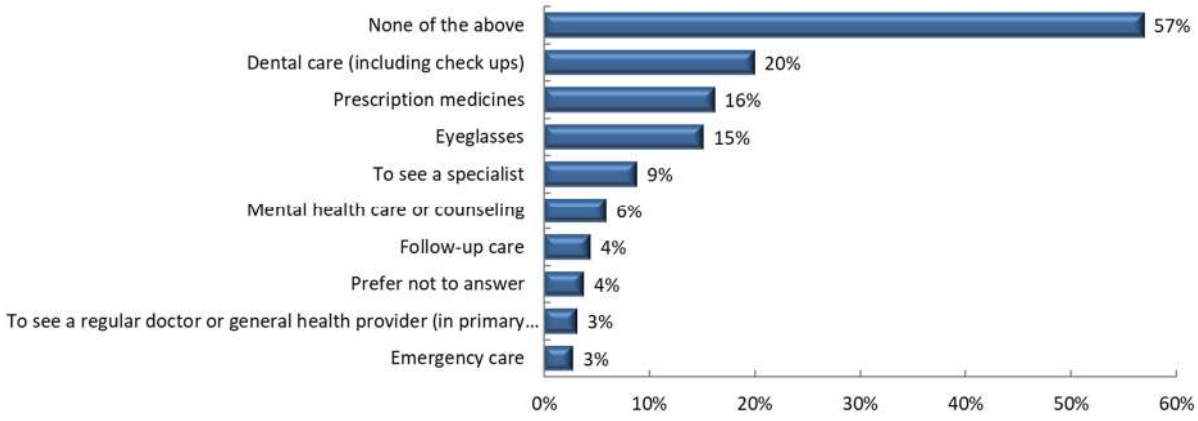


Figure 81: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

Scale from 1 to 3 with 1 being "not at all worried" and 3 being "very worried"; Average score=1.85

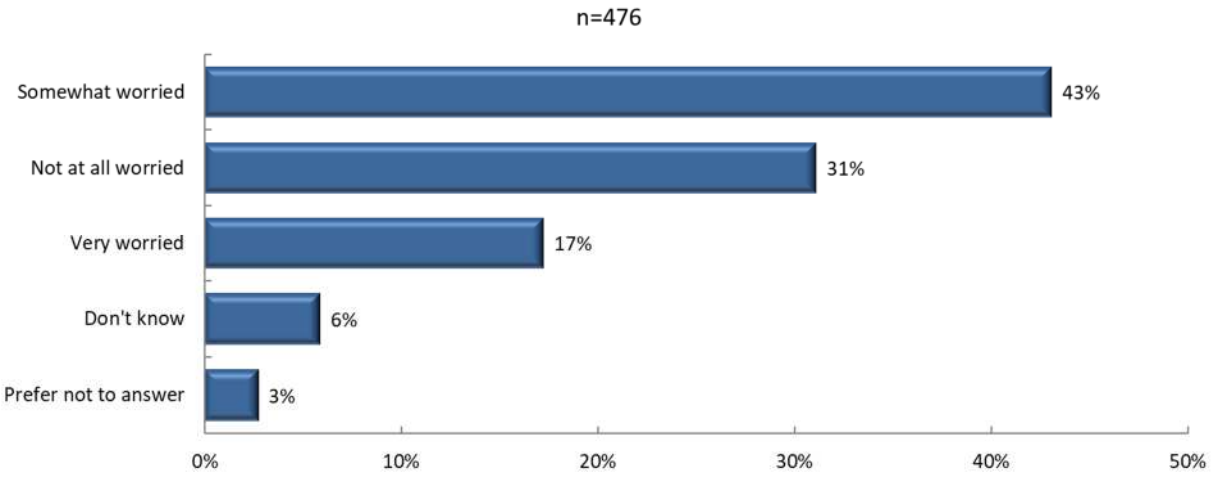
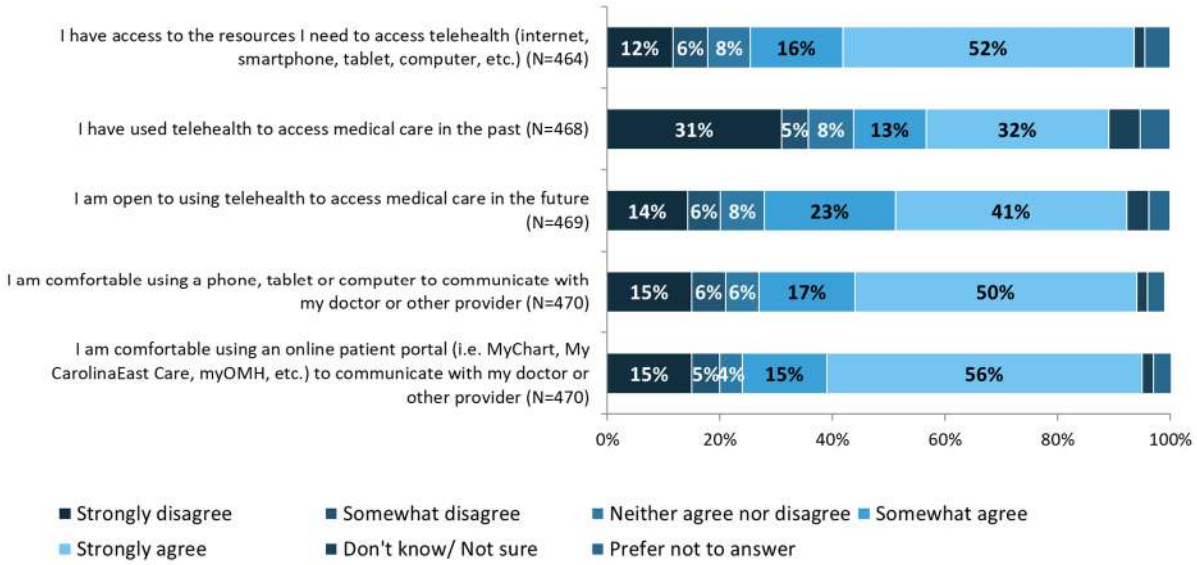


Figure 82: How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer.

Scale from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree"

Average score=3.74



Topic: Food Security

Figure 83: Please tell us how frequently the following statements were for you true in the past 12 months:

Scale from 1 to 3 with 1 being "often true" and 3 being "never true"

Average score= 2.62

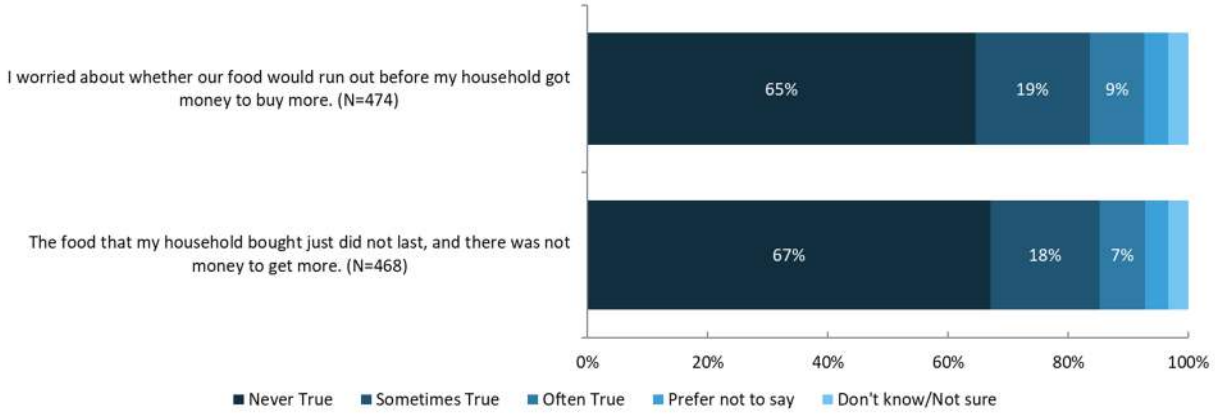


Figure 84: In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?

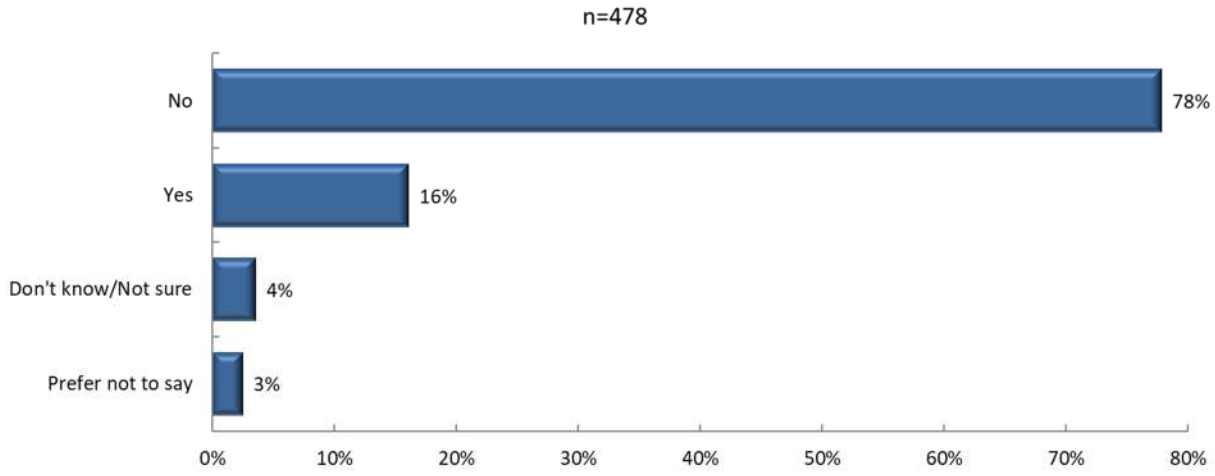
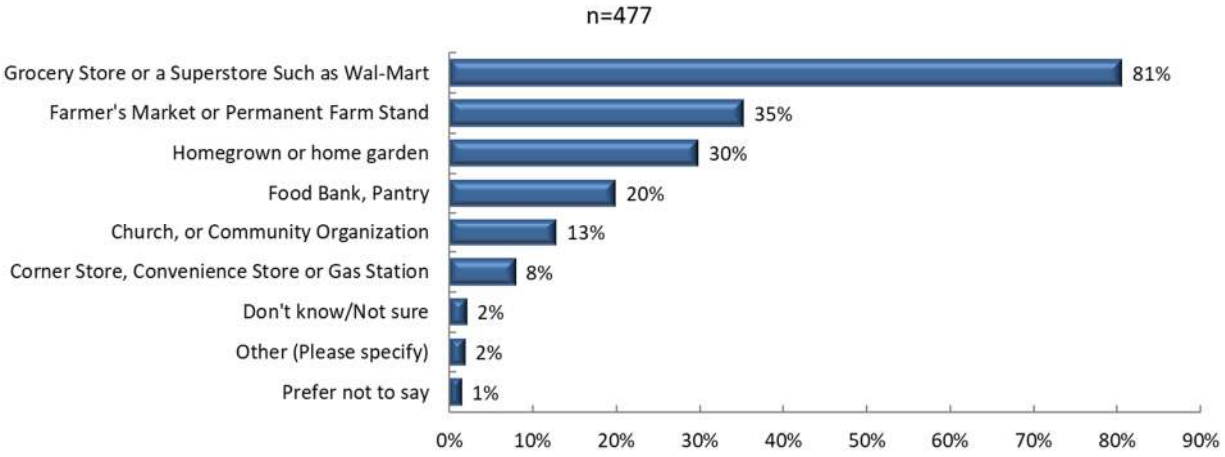


Figure 85: In the past 12 months, have you gotten fresh fruits and vegetables from any of the following sources? (Select all that apply.)



Other, please specify:

- "Sometimes I'll buy canned fruit."
- "Veggie bus comes 1x week"
- "CSA"
- "Ripe Revival Mobile Bus"
- "Mobile Produce Bus"
- "Neighbors"
- "None" (3 respondents)

<u>Topic: Housing and Homelessness</u>

Figure 86: In the past 12 months, were there times when you:

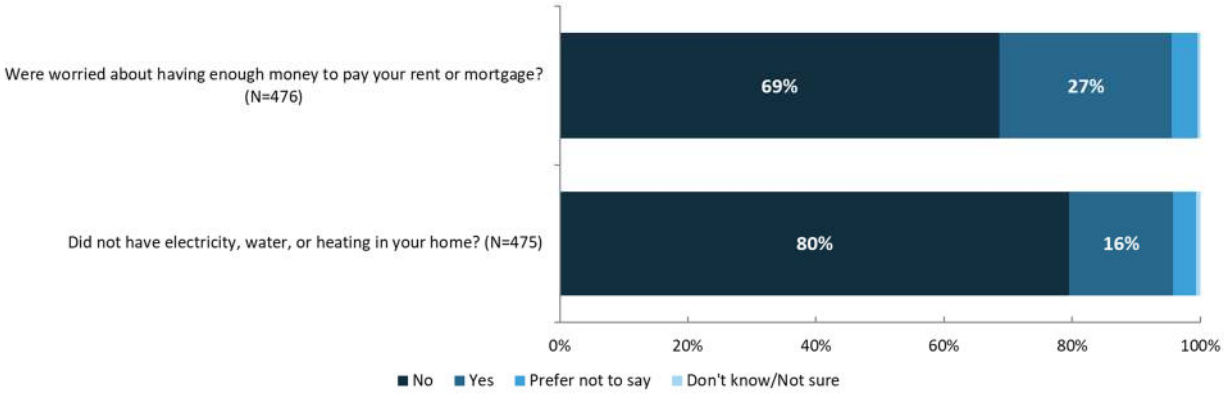


Figure 87: In the PAST THREE YEARS, were there times when you:

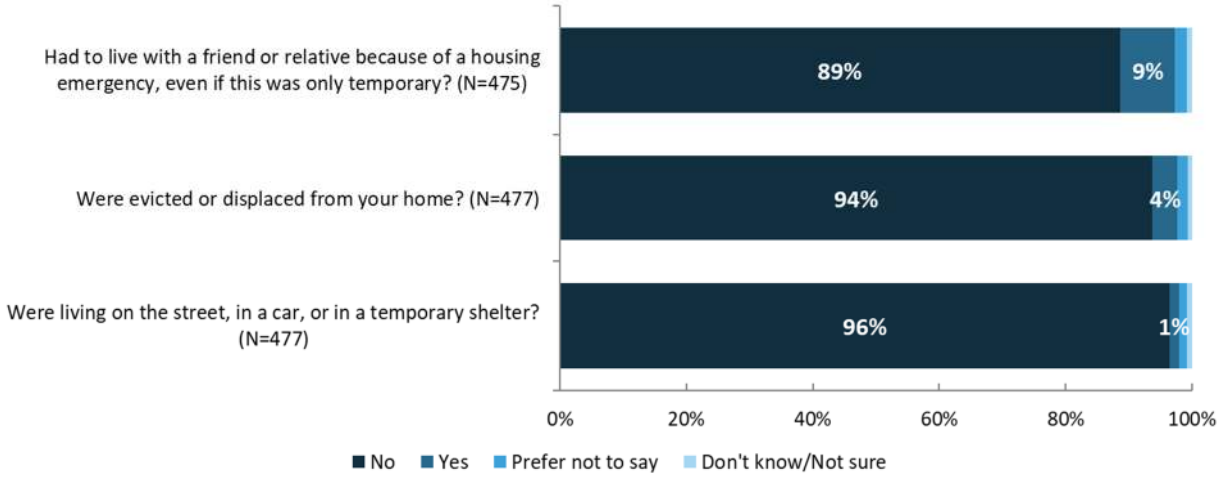
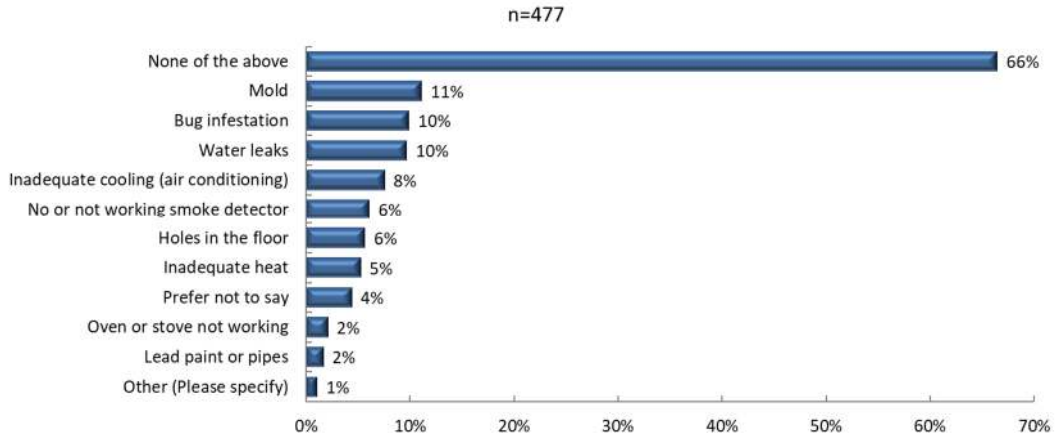


Figure 88: Think about the place you live. Do you have problems with any of the following? (Check all that apply.)

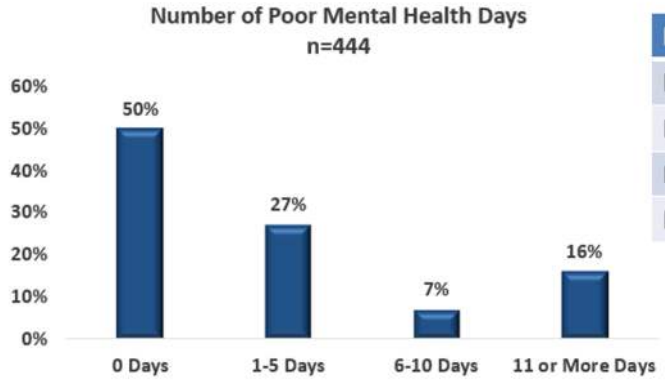


Other (Please specify):

- "Shingles off house"
- "Mice"
- "Refrigerator stopped working"
- "AC REPAIRS"
- "Peeling walls in bathroom, floor peeling up"

Topic: Mental Health

Figure 89: Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?



Measure	Value
Mean (Standard Deviation)	5
Median	1
Mode	0
Minimum-Maximum	0-30

Figure 90: Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

Please note, only participants who responded that they had experienced at least 1 poor mental health day in the previous question were asked the current follow-up question

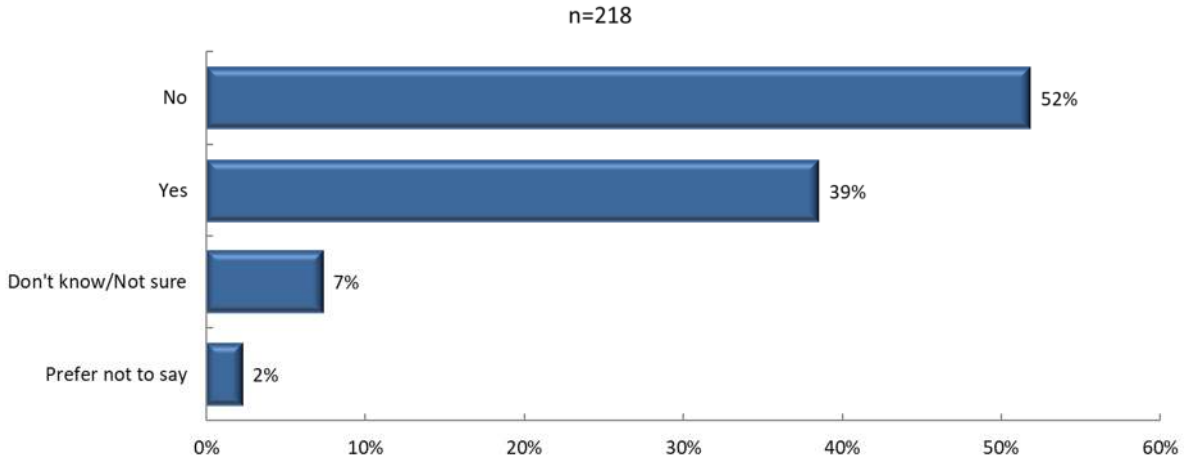


Figure 91: What was the MAIN reason you did not get mental health care or counseling?

Please note, only participants who answered "YES" to previous question were asked the current follow-up questions.

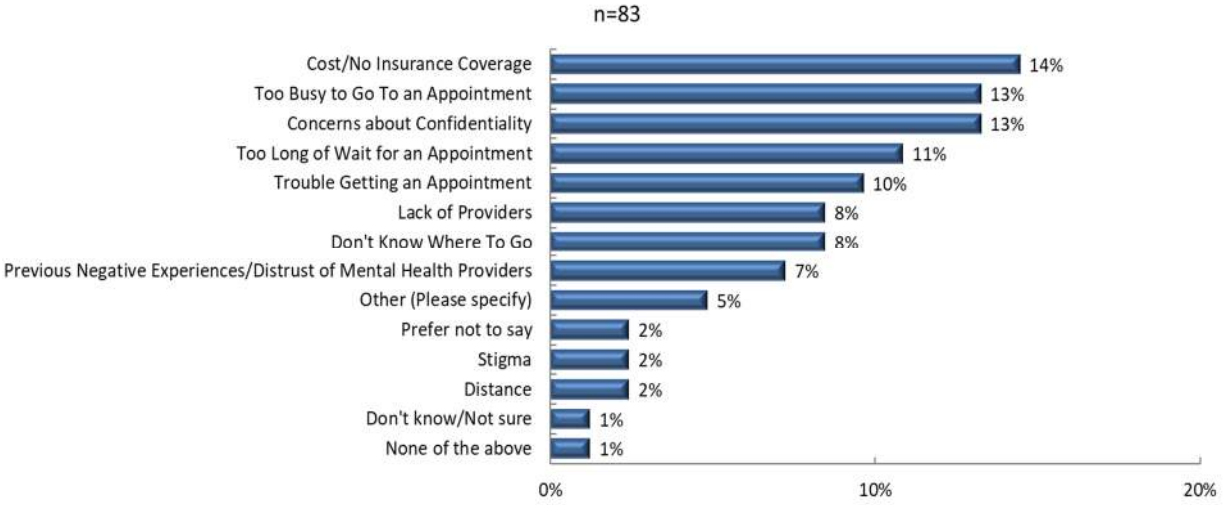
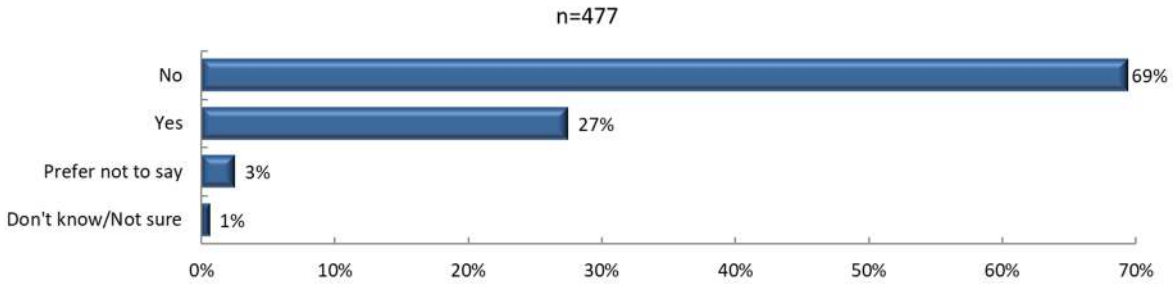


Figure 92: Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?



Topic: Physical Health

Figure 93: Considering your physical health overall, would you describe your health as…

Scale from 1 to 5 with 1 being "poor" and 5 being "excellent"

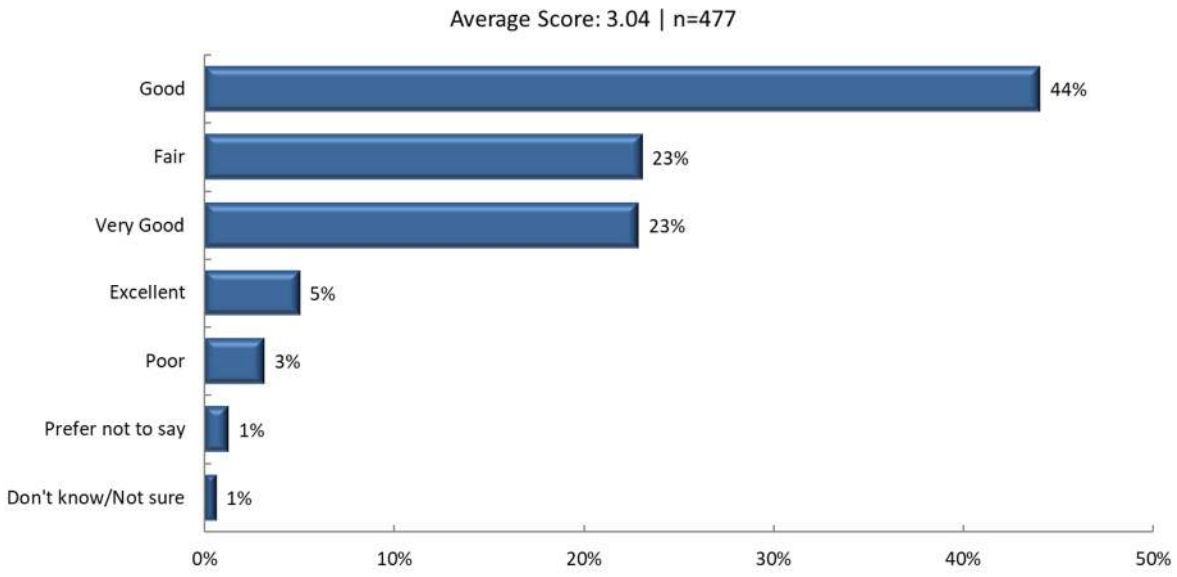


Figure 94: Within the past year (anytime less than one year ago), have you:

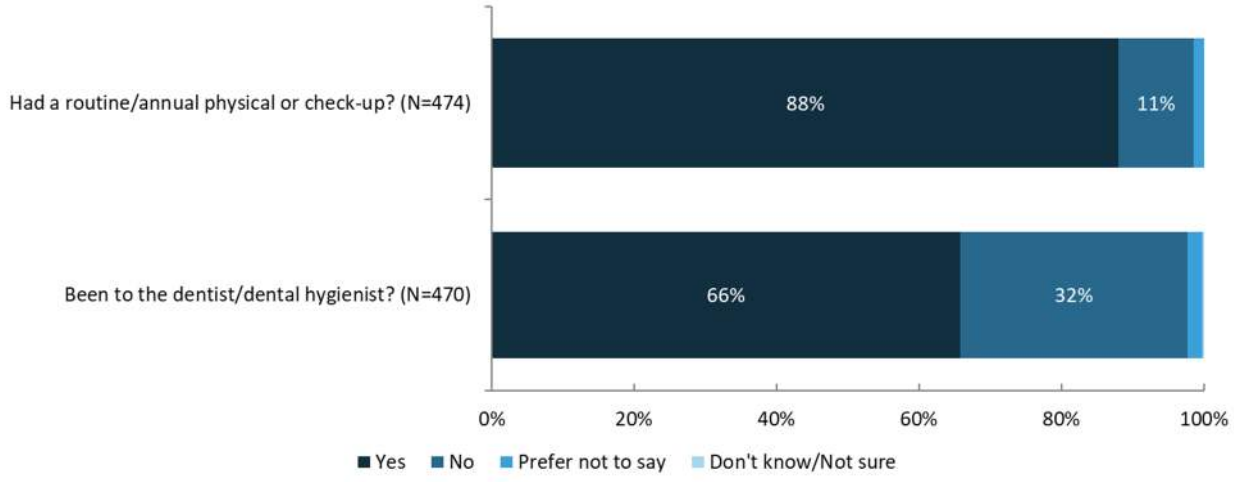
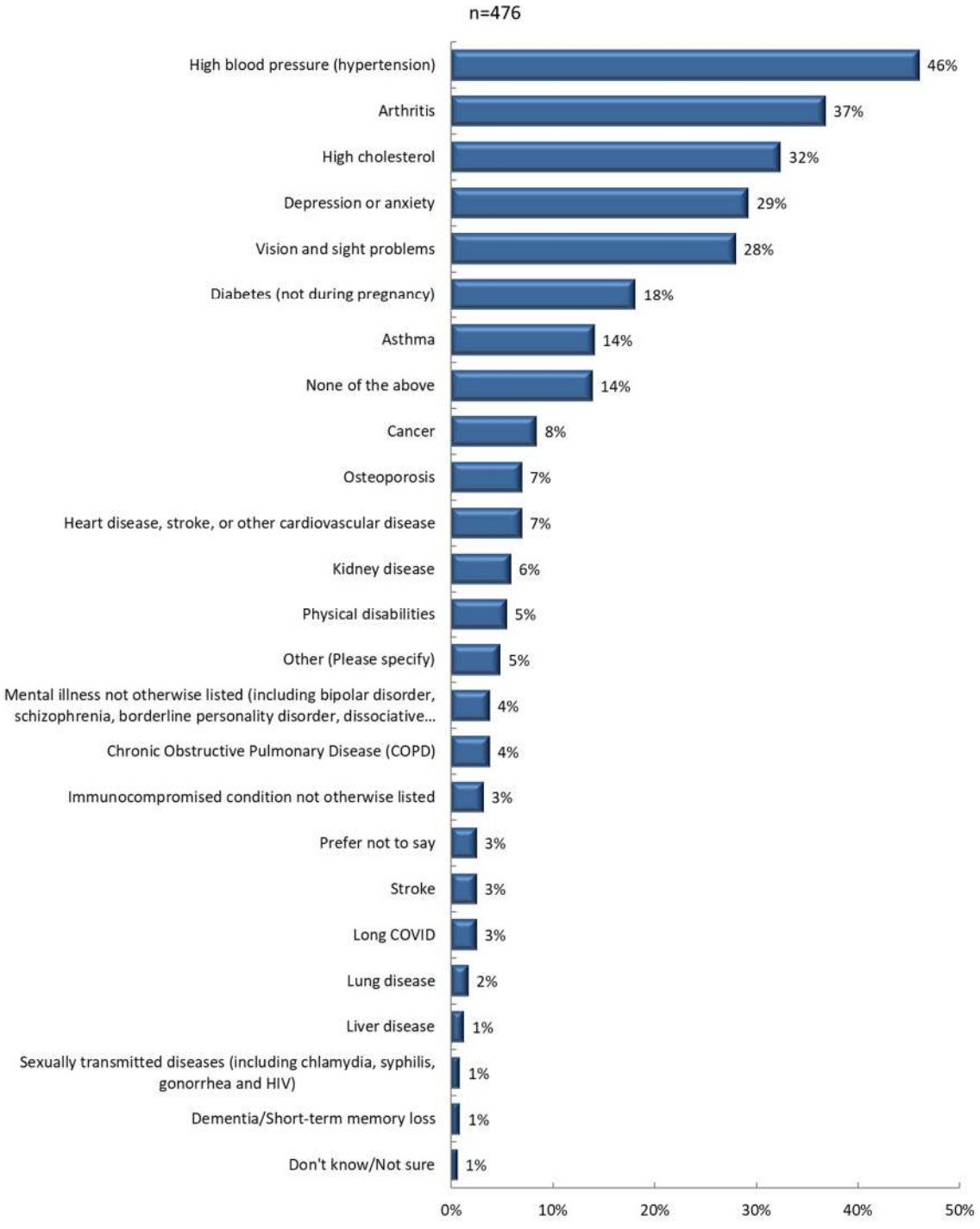


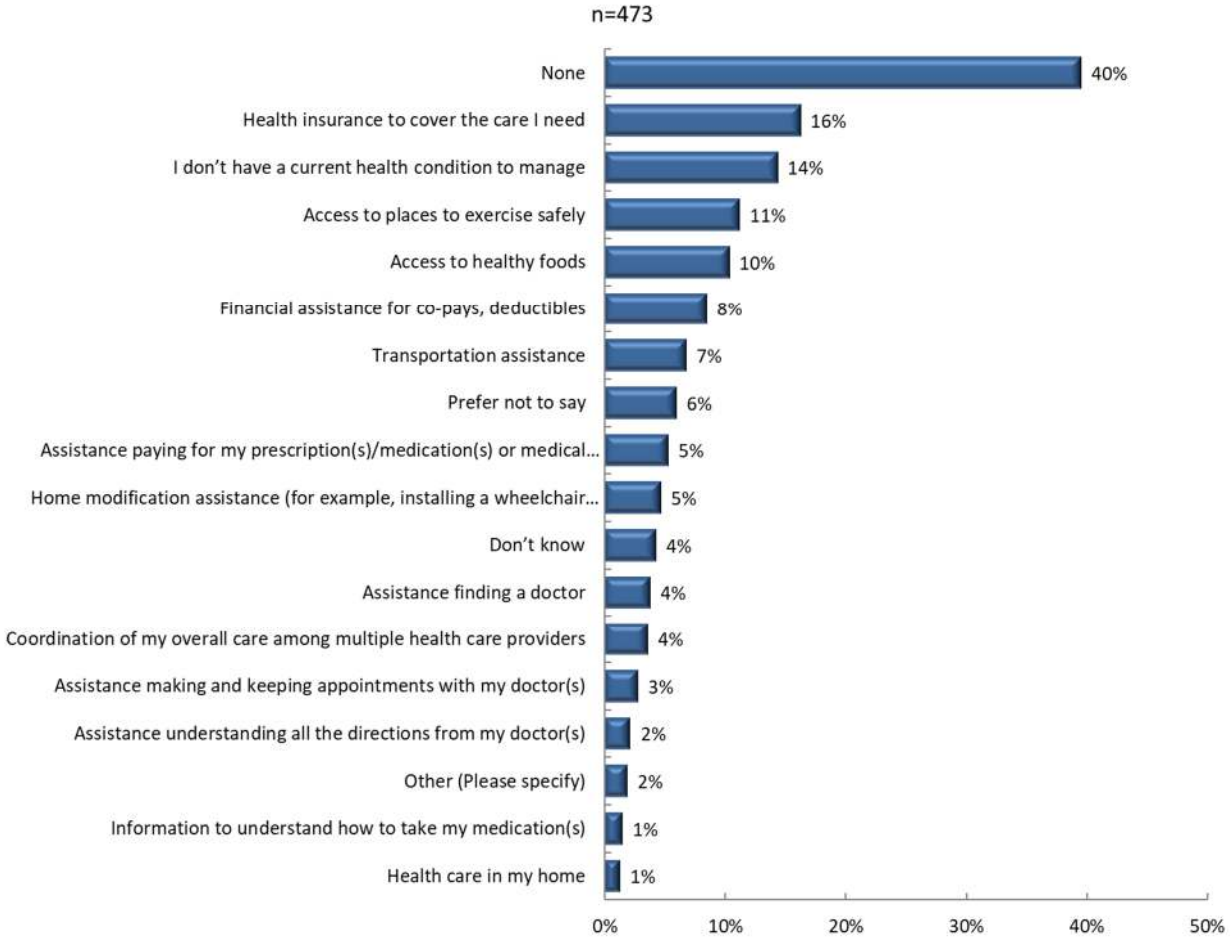
Figure 95: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply



Other (Please specify):

- “Celiac Disease, Chronic Anemia, Hypothyroidism”
- “kidney stones, migraines, reactive airway, sleep apnea, TMJ”
- “KIDNEY DISEASE”
- “Hidradenitis Suppurativa”
- “Don’t get paid enough to see a doctor.”
- “ADHD”
- “Thyroid issues”
- “Sleep apnea”
- “GI”
- “dysautonomia/POTS”
- “Migraines”
- “Kidney damage”
- “Pituitary tumor/ hormonal issues”
- “PTSD”
- “RA”
- “Gastrointestinal issues, neurological issues, spinal issues”
- “Celiac disease”
- “Plantar fasciitis”
- “Kidney stone”
- “Gastro & diabetic neuropathy”
- “Overweight”
- “bells palsy”

Figure 96: 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.)

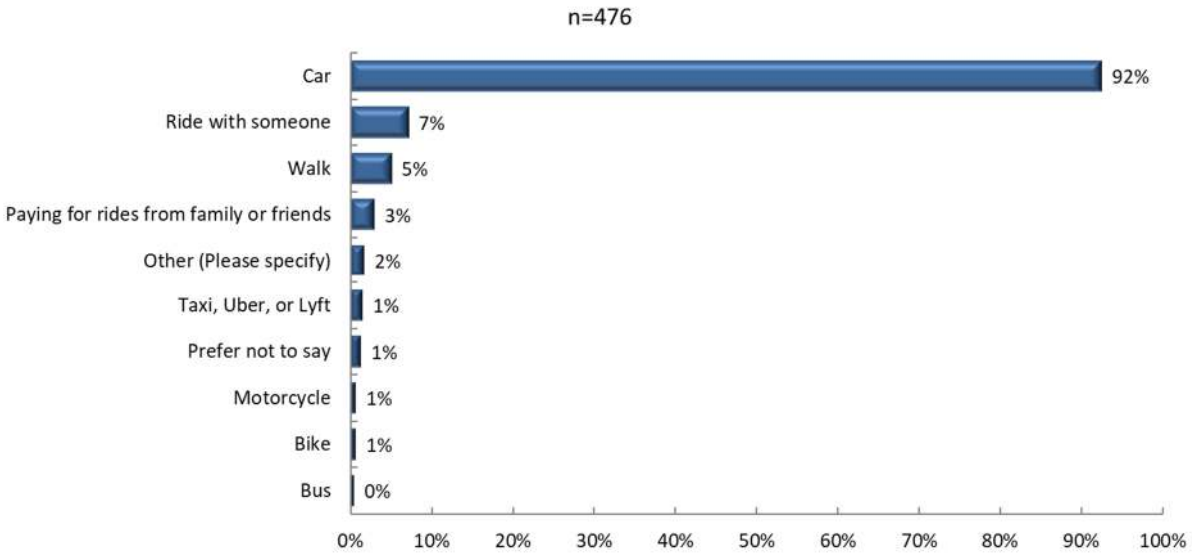


Other (Please specify):

- "To actually make a comparable salary as of right now I'm not paid enough to live comfortably."
- "good psychiatrist/psychologist"
- "taking extra time for myself"
- "Insurance that pays 80-90 % across the board, regardless if deductible has been met"
- "I have insurance that is supposed to cover transportation but it does not"
- "Hand Rails"
- "Surgery"
- "other dental insurance"
- "dental insurance"

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):

- "work remote"
- "Truck" (3 respondents)
- "Scooter"
- "Drive"
- "Not mine"

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:

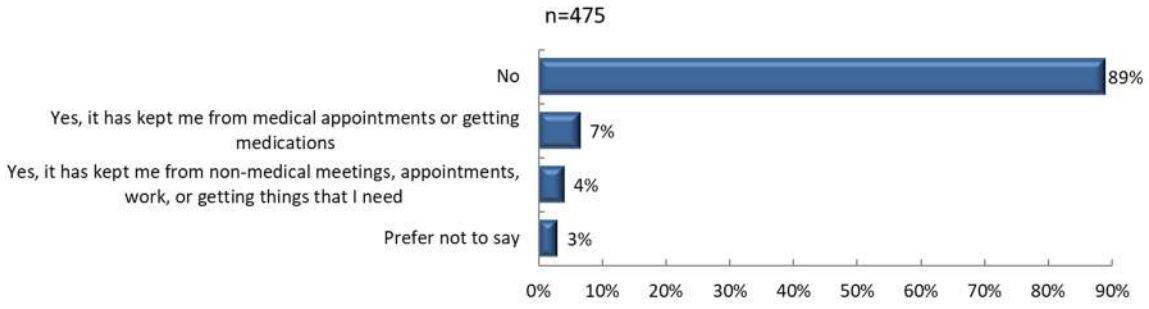
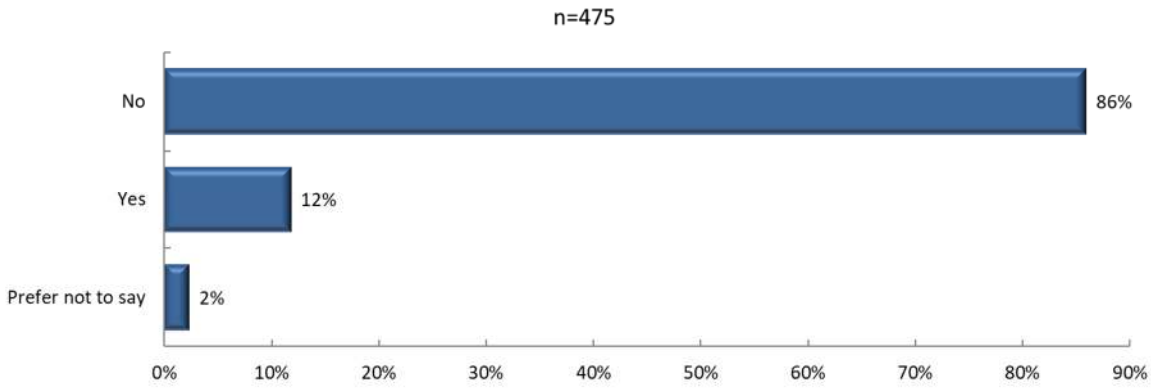


Figure 99: Do you put off or neglect going to the doctor because of distance or transportation?



APPENDIX 6 | SUMMARY OF DATA FINDINGS ACROSS SOURCES

Primary and Secondary data findings are summarized in full by the table below.[56]

Priority Area	Secondary Data	Community Survey	Focus Group
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	✓	✓	✓

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

APPENDIX 7 | LEADING CAUSES OF DEATH AND HOSPITAL DATA

Leading Causes of Death (Crude death rate per 100,000.)

Note: Deaths based on fewer than 10 events and death rates based on fewer than 20 events are suppressed due to statistical unreliability.

Top Causes of Death in Beaufort County 2020			Top Causes of Death in Beaufort County 2021			Top Causes of Death in Beaufort County 2022		
Rank	Cause	Rate	Rank	Cause	Rate	Rank	Cause	Rate
1	Diseases of the Heart	297.4	1	Diseases of the Heart	319.3	1	Diseases of the Heart	320.7
2	Malignant Neoplasms	212.4	2	Malignant Neoplasms	310.3	2	Malignant Neoplasms	293.6
3	COVID-19	138.1	3	COVID-19	182.2	3	Accidents	115.2
4	Chronic Lower Respiratory	87.1	4	Accidents	83.2	4	Cerebrovascular Diseases	103.9
5	Cerebrovascular Diseases	85.0	5	Cerebrovascular Diseases	76.5	5	COVID-19	85.8
6	Accidents	80.7	6	Chronic Lower Respiratory Diseases	69.7	6	Alzheimer Disease	83.6
7	Alzheimer Disease	65.9	7	Nephritis, Nephrotic Syndrome, and Nephrosis	60.7	7	Chronic Lower Respiratory Diseases	70.0
8	Diabetes Mellitus	42.5	8	Diabetes Mellitus	49.5	8	Diabetes Mellitus	49.7
9	Nephritis, Nephrotic Syndrome, and Nephrosis	-	9	Parkinson Diseases	-	9	Essential Hypertension and Hypertensive Renal Disease	-
10	-	-	10	Chronic Liver Disease and Cirrhosis	-	10	Nephritis, Nephrotic Syndrome, and Nephrosis	-

Source: CDC Wonder
https://wonder.cdc.gov/ucd-icd10-expanded.html

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 Beaufort County Residents FY 2022			Top 5 Diagnoses for ED Visits for Beaufort County Residents FY 2023			Top 5 Diagnoses for ED Visits for Beaufort County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	COVID-19	1,047	1	Pain in Throat and Chest	1,126	1	Pain in Throat and Chest	1,050
2	Pain in Throat and Chest	1,011	2	Abdominal and Pelvic Pain	937	2	Abdominal and Pelvic Pain	954
3	Abdominal and Pelvic Pain	917	3	Back Pain	557	3	Back Pain	591
4	Back Pain	585	4	Other Joint Disorders	518	4	Other Joint Disorders	535
5	Other Joint Disorders	495	5	Patient Left Before Receiving Care	475	5	Soft Tissue Disorders	479

Top 5 Diagnoses for ED Visits for ECU Health Beaufort Hospital FY 2022			Top 5 Diagnoses for ED Visits for ECU Health Beaufort Hospital FY 2023			Top 5 Diagnoses for ED Visits for ECU Health Beaufort Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Pain in Throat and Chest	1,144	1	Pain in Throat and Chest	1,257	1	Abdominal and Pelvic Pain	1,237
2	COVID-19	1,114	2	Abdominal and Pelvic Pain	1,142	2	Pain in Throat and Chest	1,229
3	Abdominal and Pelvic Pain	1,090	3	Back Pain	664	3	Back Pain	714
4	Back Pain	668	4	Other Joint Disorders	653	4	Other Joint Disorders	662
5	Other Joint Disorders	596	5	Soft Tissue Disorders	532	5	Nausea and Vomiting	563

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 Beaufort County Residents FY 2022			Top 5 Diagnoses for Avoidable ED Visits for Beaufort County Residents FY 2023			Top 5 Diagnoses for Avoidable ED Visits for Beaufort County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Other Joint Disorders	488	1	Other Joint Disorders	515	1	Other Joint Disorders	530
2	Nausea and Vomiting	344	2	Patient Left Before Receiving Care	454	2	Nausea and Vomiting	466
3	Soft Tissue Disorders	342	3	Nausea and Vomiting	439	3	Soft Tissue Disorders	444
4	Acute Upper Respiratory Infection	310	4	Soft Tissue Disorders	424	4	Dizziness	399
5	Patient Left Before Receiving Care	281	5	Acute Upper Respiratory Infection	376	5	Acute Upper Respiratory Infection	316

*Patient Left Before Care (PLBC) - Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider

Top 5 Diagnoses for Avoidable ED Visits for ECU Health Beaufort Hospital FY 2022			Top 5 Diagnoses for Avoidable ED Visits for ECU Health Beaufort Hospital FY 2023			Top 5 Diagnoses for Avoidable ED Visits for ECU Health Beaufort Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Other Joint Disorders	588	1	Other Joint Disorders	650	1	Other Joint Disorders	656
2	Soft Tissue Disorders	390	2	Patient Left Before Receiving Care	505	2	Nausea and Vomiting	560
3	Nausea and Vomiting	370	3	Soft Tissue Disorders	480	3	Soft Tissue Disorders	516
4	Patient Left Before Receiving Care	317	4	Nausea and Vomiting	470	4	Dizziness	468
5	Acute Upper Respiratory Infection	300	5	Dizziness	366	5	Acute Upper Respiratory Infection	343

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 Beaufort County Residents FY 2022			Top 5 Diagnoses for ED Visits Resulting in Admission for Beaufort County Residents FY 2023			Top 5 Diagnoses for ED Visits Resulting in Admission for Beaufort County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	432	1	Sepsis	405	1	Sepsis	388
2	COVID-19	199	2	Hypertensive Heart and Chronic Kidney Disease	145	2	Hypertensive Heart and Chronic Kidney Disease	188
3	Hypertensive Heart and Chronic Kidney Disease	163	3	Acute Myocardial infarction / Heart Attack	123	3	Acute Myocardial infarction / Heart Attack	134
4	Ischemic Stroke	117	4	Ischemic Stroke	113	4	Type 2 Diabetes Mellitus	121
5	Acute Myocardial infarction / Heart Attack	117	5	Type 2 Diabetes Mellitus	112	5	Ischemic Stroke	118

Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health Beaufort Hospital FY 2022			Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health Beaufort Hospital FY 2023			Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health Beaufort Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	379	1	Sepsis	349	1	Sepsis	339
2	COVID-19	194	2	Hypertensive Heart and Chronic Kidney Disease	114	2	Hypertensive Heart and Chronic Kidney Disease	140
3	Ischemic Stroke	105	3	Type 2 Diabetes Mellitus	111	3	Hypertensive Heart Disease	124
4	Hypertensive Heart and Chronic Kidney Disease	105	4	Chronic Obstructive Pulmonary Disease	107	4	Type 2 Diabetes Mellitus	124
5	Type 2 Diabetes Mellitus	104	5	Hypertensive Heart Disease	94	5	Chronic Obstructive Pulmonary Disease	124

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 Beaufort County Residents FY 2022			Top 5 Diagnoses for Admission for Beaufort County Residents FY 2023			Top 5 Diagnoses for Admission for Beaufort County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	440	1	Liveborn Infant	429	1	Liveborn Infant	438
2	Liveborn Infant	398	2	Sepsis	415	2	Sepsis	399
3	COVID-19	190	3	Hypertensive Heart and Chronic Kidney Disease	159	3	Hypertensive Heart and Chronic Kidney Disease	197
4	Hypertensive Heart and Chronic Kidney Disease	165	4	Type 2 Diabetes Mellitus	132	4	Type 2 Diabetes Mellitus	144
5	Acute Myocardial Infarction / Heart Attack	129	5	Acute Myocardial Infarction / Heart Attack	125	5	Acute Myocardial Infarction / Heart Attack	137

Top 5 Diagnoses for Admission for ECU Health Beaufort Hospital FY 2022			Top 5 Diagnoses for Admission for ECU Health Beaufort Hospital FY 2023			Top 5 Diagnoses for Admission for ECU Health Beaufort Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	411	1	Sepsis	406	1	Sepsis	403
2	Liveborn infant	293	2	Liveborn Infant	287	2	Liveborn Infant	293
3	COVID-19	221	3	Type 2 Diabetes Mellitus	128	3	Hypertensive Heart and Chronic Kidney Disease	159
4	Type 2 Diabetes Mellitus	119	4	Hypertensive Heart and Chronic Kidney Disease	124	4	Type 2 Diabetes Mellitus	146
5	Hypertensive Heart and Chronic Kidney Disease	108	5	Chronic Obstructive Pulmonary Disease	113	5	Hypertensive Heart Disease	145

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

Leading Causes of Injury Death 2017-2021 Beaufort County			Leading Causes of Injury Hospitalization 2017-2021 Beaufort County			Leading Causes of Injury ED Visits 2017-2021 Beaufort County		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	73	1	Fall – Unintentional	717	1	Fall – Unintentional	6,390
2	MVT – Unintentional	43	2	MVT – Unintentional	225	2	No Mechanism or Intent Recorded	4,971
3	Fall – Unintentional	34	3	Poisoning – Unintentional	130	3	Unspecified – Unintentional	3,228
4	Firearm – Self-inflicted	27	4	Poisoning – Self-inflicted	53	4	MVT – Unintentional	2,689
5	Firearm - Assault	19	5	Unspecified - Unintentional	43	5	Struct By/Against - Unintentional	1,650

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