Community Health Needs Assessment

Northampton County

2025

ECU HEALTH
North Hospital

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)

Northampton County CHNA Leadership

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

Name	Title	Organization
Megan Vick	Health Director	NCHD
Misty Gibbs	Health Education Supervisor, Community Health Needs Assessment Coordinator	NCHD
Kysha Gary	Health Educator	NCHD
	Administrative Staff	NCHD
Jason Harrell	President (Dennis Campbell - Interim beginning August 9, 2024)	ECU Health North
Darlene Wolgemuth	Quality Nurse Specialist II	ECU Health North

	Community Health Improvement Coordinator (Beginning in mid-August)	ECU Health North
Elizabeth Dunlow		
Betsy Morris	Marketing & Development	ECU Health North
Sawyer Brown	Support Services and Operations	ECU Health North

Northampton County CHNA Stakeholders

In addition to the organizations listed above, the Northampton County CHNA was developed with input from the following individuals and organizations who participated in the prioritization process:

Name	Title	Organization
Pamela Taylor	Manager of Community Services	Choanoke Area Development Association
Emily Jordan	Case Manager	Choanoke Area Development Association
Ayesha Harry	Case Manager	Choanoke Area Development Association
Qua' Tavia White	Community Health Prevention Coordinator	ECU Health
Kelly Spivey	Community Health Improvement Coordinator	ECU Health
Betsy Morris	Manager of Marketing and Development	ECU Health North
Christine Stephenson	Early Head Start Coordinator	Head Start
Irene Lee	Head Start Services Coordinator	Head Start
E.B. Odom	Family and Consumer Services Agent	Northampton County Cooperative Extension
Sondra Livesay	Social Worker	Northampton County Department of Social Services
Megan Vick	Health Director	NCHD
Misty Gibbs	Health Education Supervisor, Community Health Needs Assessment Coordinator	NCHD
Kysha Gary	Health Educator	NCHD
James Roberts	Director	Northampton County Recreation Department
Pat Peele	Coordinator	Roanoke Valley Breast Cancer Coalition
Chris Collier	Fire Marshall, Woodland FD Fire Chief	Woodland Fire Department

In addition, the Health ENC Steering Committee and Northampton 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 North Hospital

ECU Health North Hospital is a 204-bed hospital located in Roanoke Rapids, North Carolina, and it offers an array of medical and surgical services, including 24-hour emergency care. Integrating the latest technology, care is provided by a staff made up of approximately 800 employees and 60 physicians representing various medical specialties. ECU Health North Hospital 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 Northampton 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, Northampton County Health Department and ECU Health North, 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.

Northampton County CHNA Leadership

Northampton County opted for a bi-sectoral approach to the leadership of the CHNA process, which included representatives from Northampton County Health Department (NCHD) and ECU Health North.

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[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

Name	Title	Organization
Megan Vick	Health Director	NCHD
Misty Gibbs	Health Education Supervisor, CHNA Coordinator	NCHD
Kysha Gary	Health Educator	NCHD
Jason Harrell	President (Dennis Campbell - Interim beginning August 9, 2024)	ECU Health North
Darlene Wolgemuth	Quality Nurse Specialist II	ECU Health North
Elizabeth Dunlow	Community Health Improvement Coordinator (Beginning mid-August)	ECU Health North
Betsy Morris	Marketing & Development	ECU Health North
Sawyer Brown	Support Services and Operations	ECU Health North

Northampton County CHNA Partnerships

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

Type of Partner Organization	Number of Partners
Public Health Agency	1
Hospital/Health Care System(s)	2
Community Organizations	4
EMS Provider(s)	1
Government/Public Agencies	2

The Health ENC Steering Committee and Northampton 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.

Northampton County CHNA Process

The process formally kicked off 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 is an important piece of the CHNA process. Key sources included information provided by the Steering Committee and public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and individual health behaviors.

Primary (new) data were collected through focus groups and a web-based survey for community members, and included feedback from 457 people who live, work or receive healthcare in Northampton County. Primary data identified behavioral health (specifically mental health), education, environmental quality, employment and income, healthcare access and quality, and physical health (chronic diseases, cancer, obesity) as top needs that impact the health and well-being of people living in Northampton County.

Representatives from Northampton County worked together to identify the priorities the county should focus on over the following three-year period, evaluating data based on scope, severity, ability to impact, health disparities, and community importance. Northampton County selected four top priority health needs:

Following completion of this report, health leaders throughout Northampton 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. The strategies developed will include measurable objectives through which progress can be measured.

INTRODUCTION

Background

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

This report complies 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 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 Northampton 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 Northampton County residents. Key objectives of this CHNA include:

- Identify the health needs of Northampton County residents;

- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges;

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[2] Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2023). Internal Revenue Service. Retrieved February 13th, 2024 from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

- Understand the challenges residents face when trying to maintain and/or improve their health;

- Understand where underserved populations turn for services needed to maintain and/or improve their health;

- Understand what is needed to help residents maintain and/or improve their health; and

- Prioritize the needs of the community and clarify/focus on the highest priorities.

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

Figure 1: The Community Health Needs Assessment Process[3]

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[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 Northampton County residents.

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

4) *Health Resource Inventory* – This chapter documents existing health resources currently available to the Northampton 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 2021, Northampton County completed its previous assessment. ECU Health North was not involved in the CHNA process at that time.   Associated implementation strategies focused on five priority areas, as listed in **Figure 2**.

Details about previous implementation plans, as captured in the NCLHDA State of the County Health (SOTCH) report, can be found in **Appendix 1**.

Figure 2: Northampton County 2021 Priority Need Areas

Summary Findings: Northampton 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 Northampton 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 Northampton 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 Northampton 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 Northampton 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 four priority need areas. After looking at all relevant data and feedback, the Northampton focus areas identified as countywide priorities for the 2025 CHNA are Access to Healthy Foods, Access to Services, Chronic Disease, and Mental Health, as seen in **Figure 3**.

Figure 3: Northampton County 2025 Priority Health Needs[4]
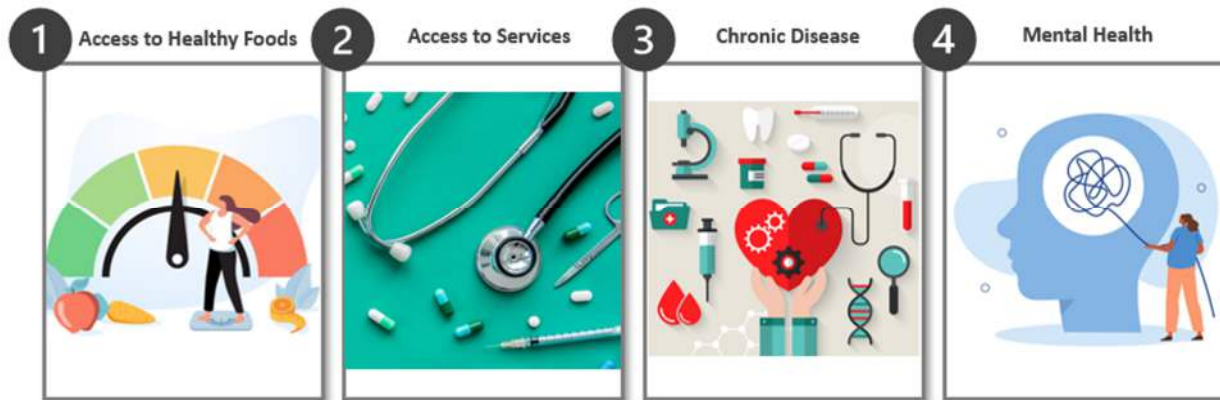
Health, healthcare and associated community needs are very much interrelated, and often impact each other. Although this CHNA process considered these areas separately, their impact on each other should be considered when planning for programs or services to address community needs.

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**.

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

CHAPTER 1 | METHODOLOGY

Study Design

The process used to assess Northampton 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 Northampton County's health needs. While the CHNA Steering Committee largely viewed the new and existing data equally, there were situations where one provided clearer evidence of community health need than the other. In these instances, the health needs identified were discussed based on the most appropriate data gathered. Data analysis, community feedback review, and stakeholder engagement were all used to identify key areas of need.

Specifically, the following data types were collected and analyzed:

New (Primary) Data

Public engagement and feedback were received through a web-based community member survey along with community focus groups and significant input and direction from the CHNA Stakeholders. The Health ENC Steering Committee worked together to develop the survey questions for the web-based survey, and county leaders were provided with a set of target numbers based on their county population's race, ethnicity and age distribution to encourage recruitment of a representative sample of the community. Community members were asked to identify the most significant health and social needs in their community, as well as asked questions about topics specific to Northampton County, including 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 nearly 500 Northampton County residents and other stakeholders. This included web survey responses from over 450 community members and three focus groups that included 32 community members and other people who live, work or receive healthcare in Northampton 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 Northampton 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 Northampton 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 Northampton 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 Northampton 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	Northampton County Description
	Low	Represents measures in which Northampton 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 Northampton 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 Northampton 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 Northampton County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Northampton 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]
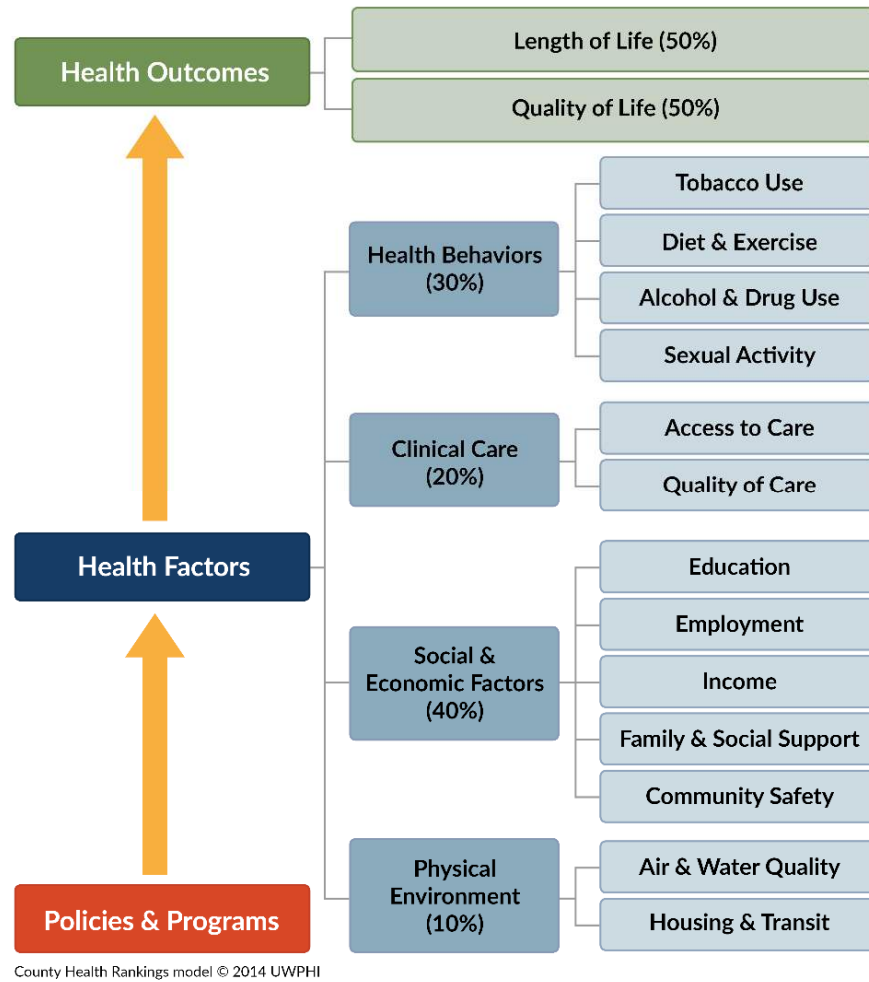
County Health Rankings model © 2014 UWPHI

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.**

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

Figure 5: Social Determinants of Health[6]

Figure 6: SDoH and Health Disparities[7]

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

[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/

Prioritization Process Overview and Results

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

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

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

- Size and scope of the health need;

- Severity and intensity of the health need;

- Whether possible interventions would be possible and effective;

- Health disparities associated with the need; and

- Importance the community places on addressing the need.

The final priority need areas were not ranked in any particular order of importance. The following four focus areas (Access to Healthy Foods, Access to Services, Chronic Disease, and Mental Health) were identified as Northampton County's top priority health needs to be addressed over the next three years, as seen in **Figure 7** below:

Figure 7: Northampton County 2025 Priority Health Needs
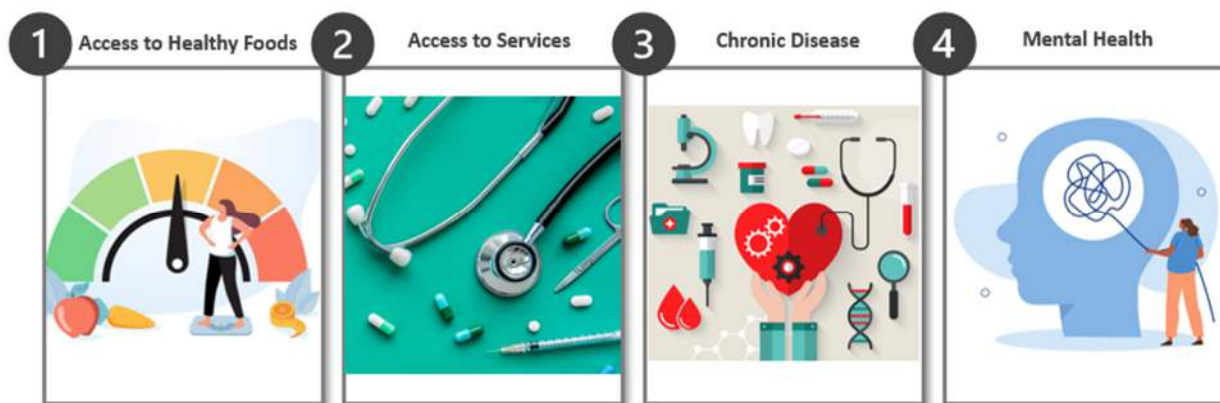
The following organizations participated in the prioritization voting process:

- Choanoke Area Development Association
- ECU Health
- ECU Health North Hospital
- Head Start
- Northampton County Cooperative Extension
- Northampton County Department of Social Services
- Northampton County Health Department
- Northampton County Recreation Department
- Roanoke Valley Breast Cancer Coalition
- Woodland Fire Department

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 Northampton 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. Efforts were made to include diverse community members in survey efforts, and the composition of survey respondents in terms of race and ethnicity were similar to that of the county as a whole. Roughly 62% of all respondents identified as Black or African American compared to 56% of Northampton County as a whole, and 34% of all respondents identified as White compared to 39% of the county as a whole. Roughly 10% of respondents identified as Hispanic, which was much higher than the percentage of the population of the county as a whole (2%). Although survey respondents could choose from multiple race categories, the limited responses received from these groups, which were similar to that of the community as a whole, still made it difficult for to assess health needs and disparities for other racial 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

Northampton County is a secondary service area for ECU Health North. Northampton County is located in the Inner Coastal Plain region of North Carolina, characterized by the presence of low-lying areas, winding rivers, and rolling hills. It covers a total of 551 square miles, including 537 square miles of land and 14 square miles of water. Northampton is comprised of nine towns: Jackson, Rich Square, Gaston, Garysburg, Conway, Seaboard, Woodland, Severn, and Lasker. Nearly all (88%) of Northampton 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.

Northampton County has a population of 16,806, making up approximately 0.16% of North Carolina's total population.

Table 1: Total Population, 2023[8]

	Northampton County	North Carolina	United States
Population	16,806	10,765,678	337,470,185

Northampton County has a population density of 30.7 persons per square mile – lower than the population density for North Carolina (214.7 persons per square mile). Gaston is the most densely populated area in the county.

Figure 8: Northampton County Map - Population Density[8]
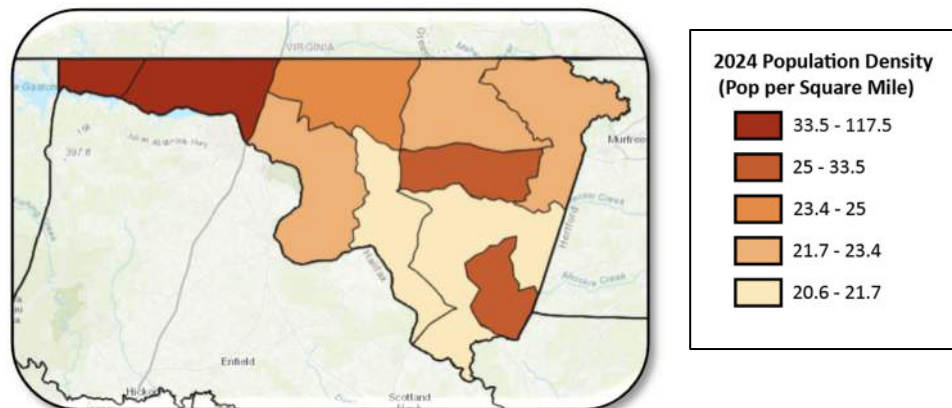
In total, the population of Northampton County is projected to decline 1.02% annually between 2024 and 2029. Areas in the northern part of the county are experiencing greater declines.

Figure 9: Northampton County Map: Population Growth[8]
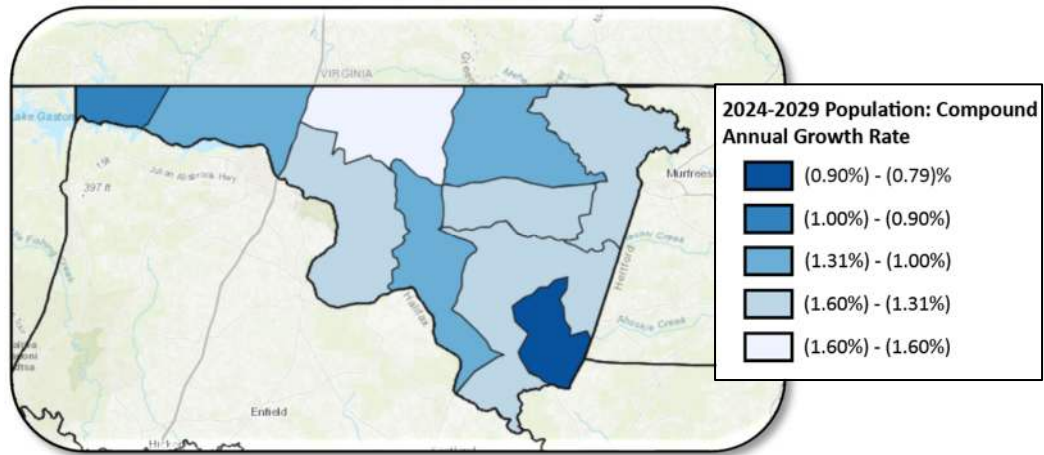
Age and Sex Distribution

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 Northampton County skews older than the state. Northampton County has a notably older population compared to state averages. The county has a significantly higher percentage of residents aged 65 and older (27.3% vs. state's 17.7%) and a lower proportion of working-age adults between 15 and 44 (30.0% vs. state's 39.3%). The percentage of children under 15 (15.2%) is also lower than the state average (17.9%). This suggests an older population overall, with a particularly high proportion of seniors, which may have implications for healthcare needs and services in the county.

Table 2: Age Distribution, 2023[8]

	Northampton County	North Carolina	United States
Percentage below 15	15.2%	17.9%	18.1%
Percentage between 15 and 44	30.0%	39.3%	39.5%
Percentage between 45 and 64	27.5%	25.1%	24.6%
Percentage 65 and older	27.3%	17.7%	17.8%

Northampton County has a higher proportion of female residents (53.0%) compared to the state average (51.0%), with a correspondingly lower percentage of males (47.0% vs. state's 49.0%).

Table 3: Sex Distribution, 2023[8]

	Northampton County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Female	8,900	53.0%	5,489,419	51.0%	170,118,720	50.4%
Male	7,906	47.0%	5,276,259	49.0%	167,351,465	49.6%

Race and Ethnicity

Data on race and ethnicity help us understand the need for healthcare services as well as cultural factors that can impact how care is delivered. Northampton County's racial composition differs markedly from state averages. Non-Hispanic Black residents comprise the majority at 55.7% of the population, which is significantly higher than the state proportion of 20.4%. Non-Hispanic White residents make up 39.0% of the population, considerably lower than the state (61.2%). The county has much smaller percentages of all other racial groups compared to state averages, as seen in the table below. This data indicates that Edgecombe County has a distinctly different racial composition compared to North Carolina overall, with a predominantly Black population.

Table 4: Racial Distribution, 2023[8]

	Northampton County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Black (Non-Hispanic)	9,363	55.7%	2,199,488	20.4%	42,132,758	12.5%
White (Non-Hispanic)	6,562	39.0%	6,590,161	61.2%	204,562,590	60.6%
Asian	29	0.2%	379,374	3.5%	21,088,177	6.2%
AIAN	48	0.3%	133,820	1.2%	3,831,126	1.1%
NHPI	4	0.0%	9,214	0.1%	712,229	0.2%
Some Other Race Alone	218	1.3%	677, 338	6.3%	29,432,586	8.7%
Two or More Races	582	3.5%	776,283	7.2%	35,710,719	10.6%

By ethnicity, 2.1% of Northampton County's population is Hispanic. This is significantly lower than the Hispanic population in North Carolina.

Table 5: Ethnic Distribution, 2023[8]

	Northampton County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Non-Hispanic	16,446	97.9%	9,465,874	88.6%	271,934,049	80.6%
Hispanic	360	2.1%	1,299,804	11.4%	65,536,136	19.4%

The proportion of foreign-born individuals residing in Northampton County is 1.9%, notably lower than the state level.

Table 6: Foreign Born Population, 2022[9]

	Northampton County	North Carolina	United States
Foreign Born	1.9%	9%	13.9%

The diversity of Northampton County is reflected in the languages that residents speak at home. According to the most recent American Community Survey (ACS), approximately 7% of Northampton County residents speak a language other than English at home, compared to around 13% of North Carolina and 22% U.S. residents. Less than 2% of county residents speak Spanish at home, suggesting a lower level of linguistic diversity and a predominance of English speakers.

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

	Northampton County	North Carolina	United States
English Only	93.3%	87.3%	78%
Spanish	1.8%	7.9%	13.3%
Indo-European Languages	0.2%	2.1%	3.8%
Asian and Pacific Islander Languages	0.1%	1.9%	3.6%
Other Languages	4.6%	0.8%	1.2%

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[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.

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 county's percentage of residents with a disability (19.0%) is substantially higher than the state average of 13.3%. 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]

	Northampton County	North Carolina	United States
Population with a Disability	19%	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. The veteran population in Northampton County (6.9%) is slightly lower than the state average (7.8%).

Table 9: Veteran Status, 2022[9]

	Northampton County	North Carolina	United States
Veterans	6.9%	7.8%	6.2%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying health-related needs. The median household income in Northampton County ($39,942) is much lower than the state's ($64,316).

Table 10: Median Household Income, 2023[8]

	Northampton County	North Carolina	United States
Median Household Income	$39,942	$64,316	$72,603

In 2023, approximately one in five (20%) Northampton County households were below the federal poverty level (FPL) – double the proportion in the state or nation. Poverty has a significant impact on health. Across the lifespan, people who live in impoverished communities have a higher risk of poor health outcomes,

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[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.

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]

	Northampton County	North Carolina	United States
Percent Below FPL	19.9%	10.1%	9.5%

Nearly one-third (32.4%) of Northampton County households received Food Stamps/SNAP (Supplemental Nutrition Assistance Program) in 2022. This more than twice the state rate of 13.4%, suggesting a significantly higher level of food insecurity among county households.

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

	Northampton County	North Carolina	United States
Number of Households Receiving Food Stamps/SNAP	2,478	575,860	16,072,733
Total Number of Households	7,654	4,299,266	129,870,928
Percentage of Households receiving Food Stamps/SNAP	32.4%	13.4%	12.4%

Educational attainment in Northampton County lags behind state averages. The county has higher percentages of residents with less than a high school education (19.0% vs. state's 11.5%) and high school diplomas alone (31.5% vs. state's 21.2%), but significantly lower percentages of those with bachelor's degrees (10.3% vs. state's 20.4%) and graduate/professional degrees (4.8% vs. state's 11.6%). This data indicates that students in Northampton County may face potential barriers in accessing or completing higher education.

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[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.

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

	Northampton County	North Carolina	United States
Less than 9th Grade	7.3%	6.0%	3.5%
Some High School/No Diploma	11.7%	5.5%	5.3%
High School Diploma	31.5%	21.2%	28.5%
GED/Alternative Credential	7.1%	4.3%	*[15]
Some College/No Diploma	18.1%	21.1%	14.6%
Associate's Degree	9.2%	9.9%	10.5%
Bachelor's Degree	10.3%	20.4%	23.4%
Graduate/ Professional Degree	4.8%	11.6%	14.2%

Unemployment rates in Northampton County are notably higher than state averages across most age groups. This is particularly pronounced among young adults ages 16 to 24 (24.2% vs. state's 12.4%) and adults ages 25 to 54 (9.7% vs. state's 4.7%), indicating that these age groups face substantial challenges in securing work. The overall unemployment rate (7.6%) exceeds the state average (5.1%) as well.

Table 14: Unemployment, 2022[16,17]

	Northampton County	North Carolina	United States
Percentage unemployed ages 16 to 24	24.2%	12.4%	11.0%
Percentage unemployed ages 25 to 54	9.7%	4.7%	3.4%
Percentage unemployed ages 55 to 64	2.8%	3.3%	2.7%
Percentage unemployed ages 65 or more	3.4%	3.0%	2.9%
Total unemployment	7.6%	5.1%	3.9%

The uninsured rate varies significantly by age group in Northampton County. While the rate for children 18 and under (5.9%) is close to the state average (5.2%), young adults ages 19 to 34 have a much higher uninsured rate (30.4% vs. state's 15.5%). Middle-aged adults 35 to 64 show a slightly higher uninsured rate (14.7%) than the state average (12.5%). The county's overall uninsured rate (11.2%) is lower than the state average of 15.0%. This data suggests that while Northampton County performs better overall in

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

[14] 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.

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

[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/

terms of insurance coverage, there are still significant challenges across all age groups, particularly for young and middle-aged adults.

Table 15: Health Insurance Status, 2022[18]

	Northampton County	North Carolina	United States
Percentage uninsured ages 18 or below	5.9%	5.2%	5.4%
Percentage uninsured ages 19 to 34	30.4%	15.5%	13.6%
Percentage uninsured ages 35 to 64	14.7%	12.5%	9.9%
Total % Uninsured	11.2%	15.0%	12.0%

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.

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.

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[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.

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

Disparities

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

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

Figure 11: Residential Segregation[5][Error! Bookmark not defined.]
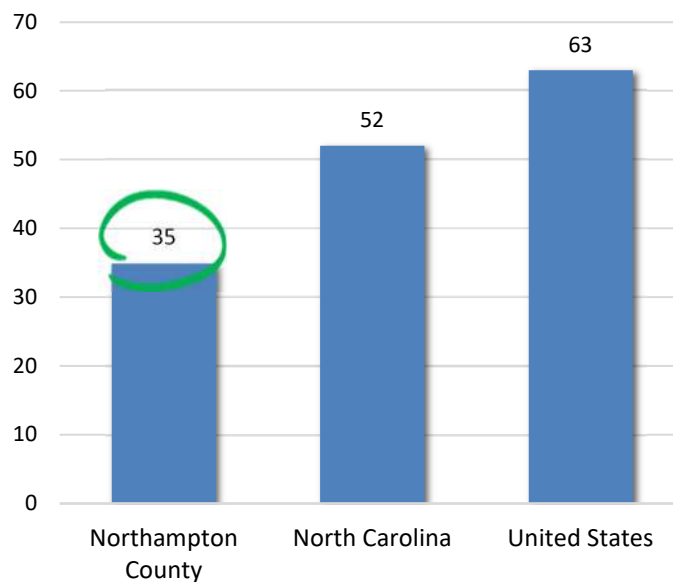
Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, sense of community, and social support. As seen in **Figure 12**, the income inequality ratio in Northampton is notably higher than state and national figures.

Figure 12: Income Inequality Ratio[5]
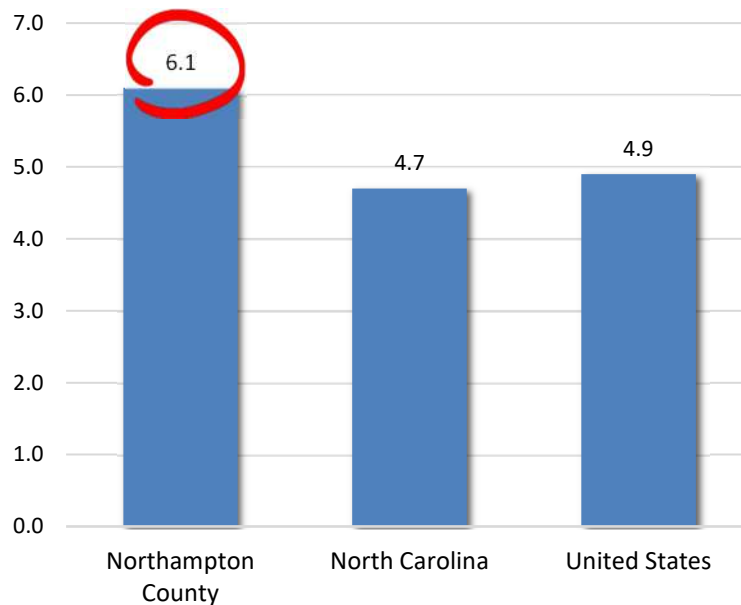
People with limited English proficiency (LEP) may face challenges accessing care and resources that fluent English speakers do not. Language barriers may make it hard to access transportation, medical, and social services as well as limit opportunities for education and employment. Importantly, LEP community members may not understand critical public health and safety notifications, such as safety-focused communications during the COVID-19 pandemic. Significantly fewer people are not fluent in English in Northampton compared to the state and country, as seen in **Figure 13**.

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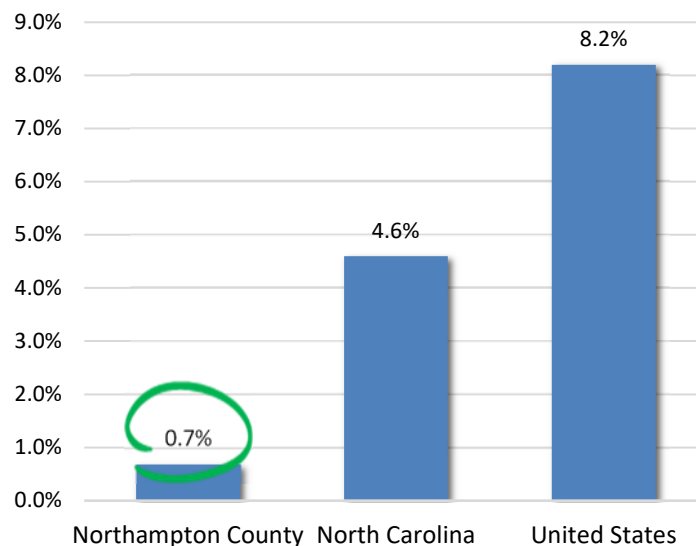
Social Vulnerability Index

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.

Figure 14: SVI Variables

Social Vulnerability	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
Below 150% Poverty	Aged 65 and Older	Persons who are racial and/or ethnic minorities (Total population minus non-Hispanic white)	Multi-Unit Structures
Unemployed	Aged 17 and Younger		Mobile Homes
Housing Cost Burden	Civilian with a Disability		Crowding
No High School Diploma	Single-Parent Households		No Vehicle
No Health Insurance	English Language Proficiency		Group Quarters

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.

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

Figure 15: United States SVI by County, 2022

Level of Vulnerability

Low	Low-Medium	Medium-High	High	No Data

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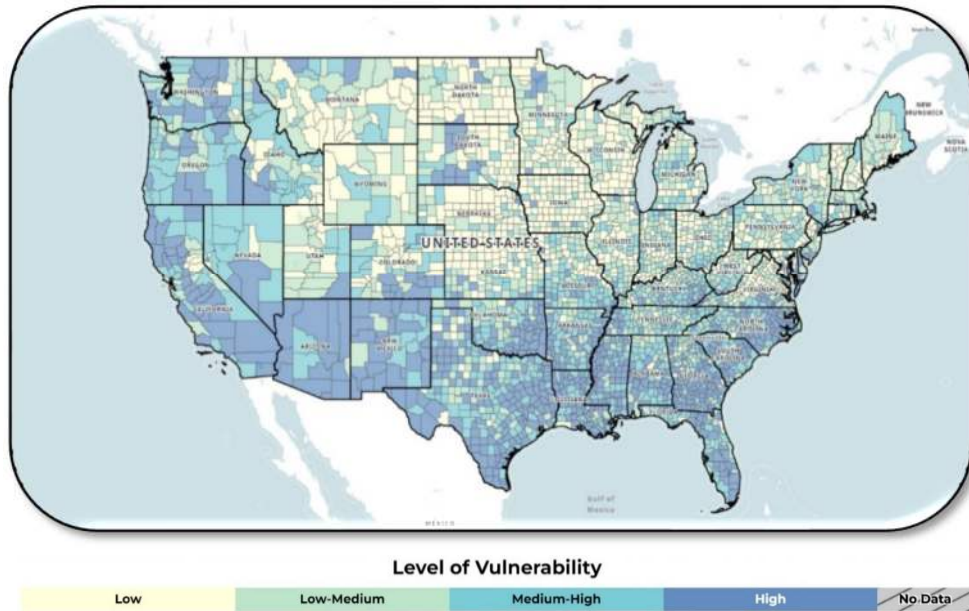
The 2022 SVI scores for Northampton County are shown in **Figure 16** below. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability), and these scores show a relative comparison with other counties and census tracts in North Carolina. The vulnerability of Northampton County overall is higher than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.76.

Figure 16: Northampton County SVI by Census Tract, 2022

Level of Vulnerability

Low: 0.0-0.25	Low-Medium: 0.25-0.50	Medium-High: 0.50-0.75	High: 0.75-1.0	No Data

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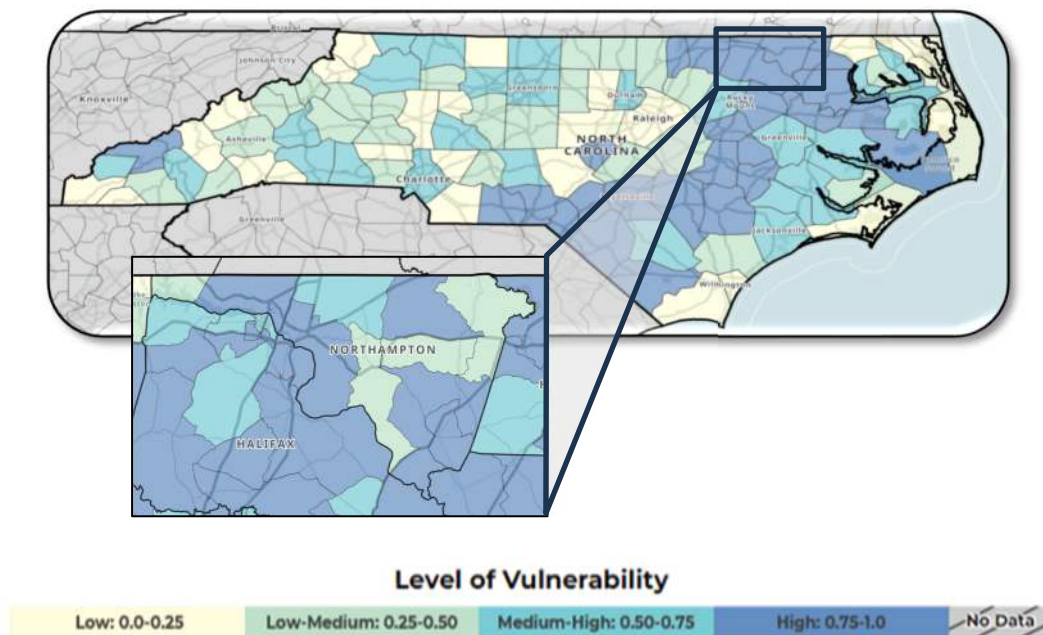
Environmental Justice Index

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, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention. The Index scores environmental burden and injustice at the census tract level in the U.S. based on multiple social, environmental, and health factors.

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

Figure 17: EJI Variables

Social Vulnerability	Environmental Burden	Health Vulnerability
Racial/Ethnic Minority	Air Pollution	Asthma
Socioeconomic Status	Potentially Hazardous and Toxic Sites	Cancer
Household Characteristics	Built Environment	High Blood Pressure
Housing Type	Transportation Infrastructure	Diabetes
	Water Pollution	Poor Mental Health
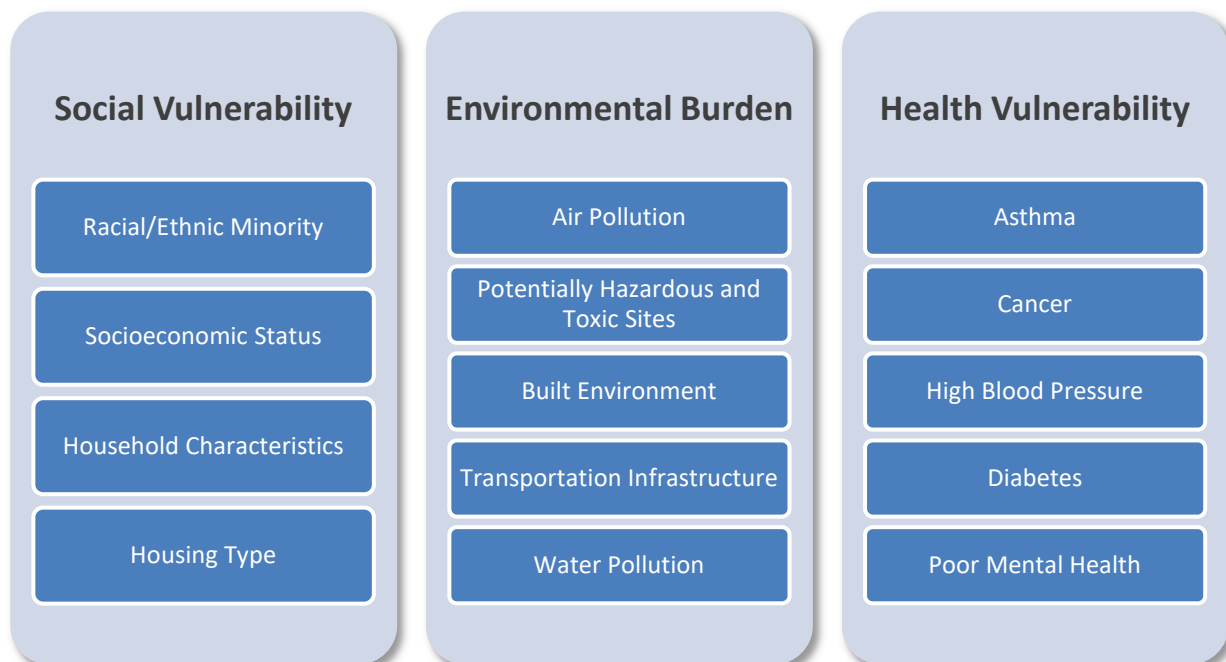
The United States EJI by county is shown in **Figure 18** below. As shown, a lot of variation exists across the country, and even within individual states.

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

Figure 18: United States EJI by Census Tract, 2022
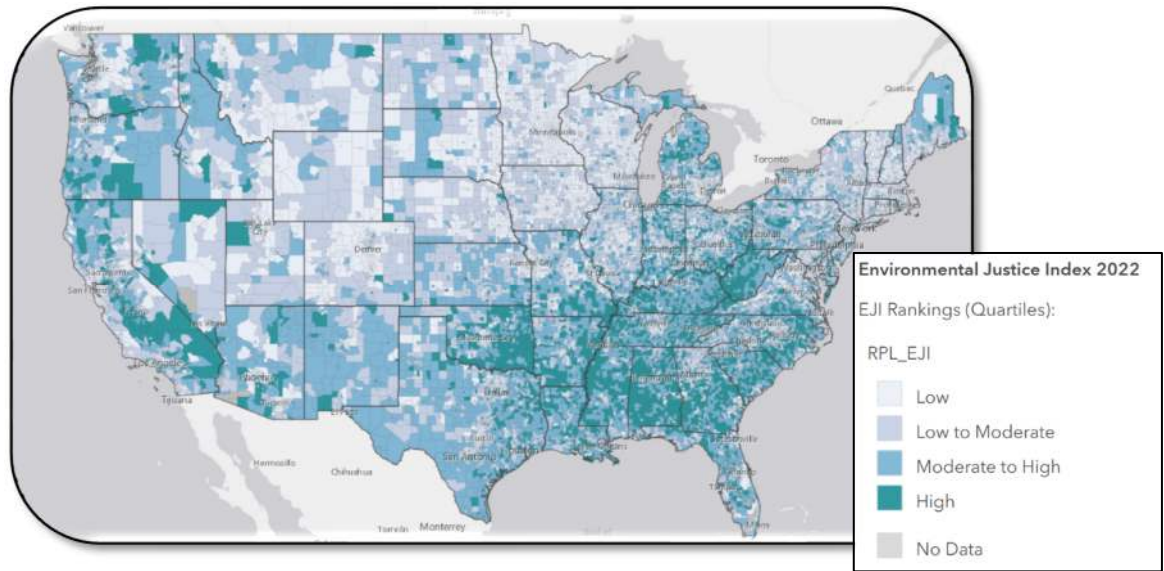
The 2022 EJI scores for Northampton County are shown in **Figure 19** below. EJI scores use percentile ranking which represents the proportion of census tracts that experience environmental burden relative to other census tracts in North Carolina. The index ranges from 0-1 with higher scores indicating more environmental burden compared to other census tracts. Levels of environmental burden are variable across the county with the average being 0.76.

Figure 19: Northampton County EJI by Census Tract, 2022
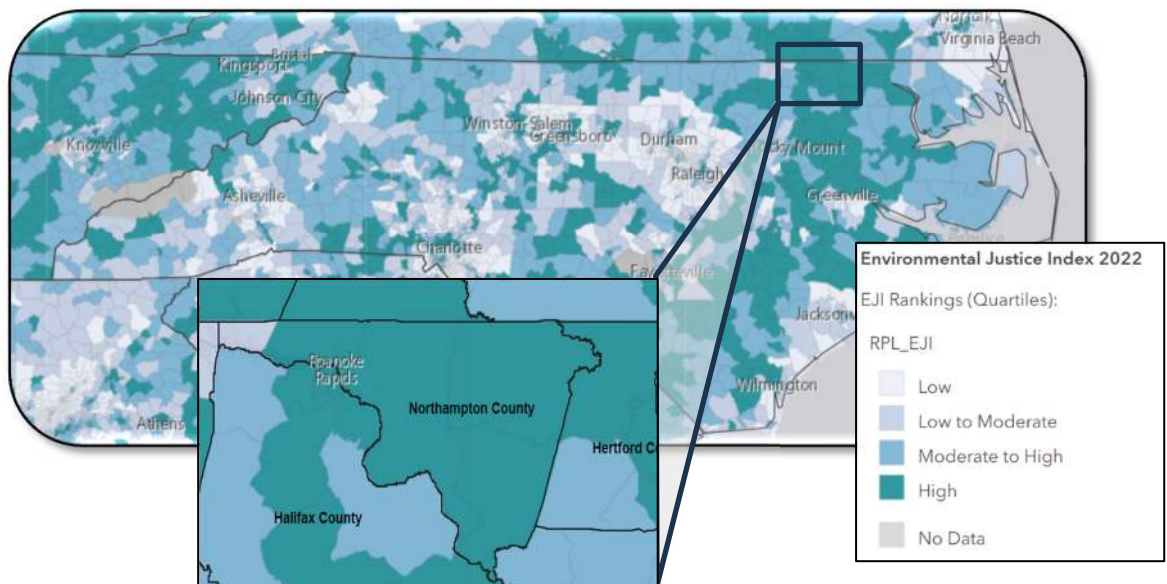
Health Outcome and Health Factor Rankings

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**. Northampton is notably 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, Northampton falls behind the average for the country and the state.

Figure 21: State Health Factors Rating Map[5]
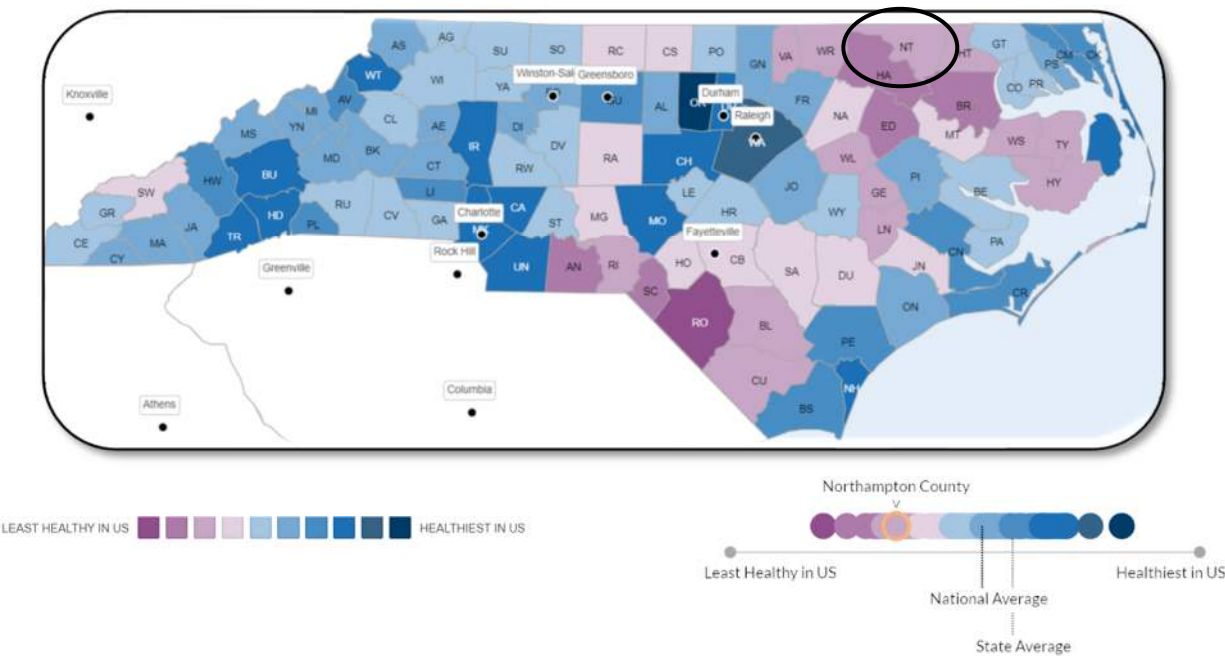
CHAPTER 3 | PRIORITY NEED AREAS

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

Community leaders and representatives from various organizations gathered to participate in a prioritization meeting for the 2025 CHNA. Participants included representatives from Choanoke Area Development Association, ECU Health, ECU Health North Hospital, Head Start, Northampton County Cooperative Extension, Northampton County Department of Social Services, NCHD, Northampton County Recreation Department, Roanoke Valley Breast Cancer Coalition, and Woodland Fire Department.

A multi-voting technique was employed to determine the priority areas. After thorough discussion to compile a list of potential priorities, each participant voted on their top choices. The votes were tallied, and further discussion took place to ensure the selected priorities were feasible for the community to address.

As mentioned previously, these priority needs areas are not listed in any hierarchical order of importance and all will be addressed by the Northampton 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 HEALTHY FOODS

Context and National Perspective

The U.S. Department of Agriculture (USDA) defines food security as access by all people to enough food for an active, healthy life. Food insecurity is a common and growing concern in the United States, with a reported one in seven households (13.5%) experiencing food insecurity in 2023 – a 3.2% rise compared to the year prior. During the COVID-19 pandemic, many food and economic support programs were developed or expanded, which had a positive impact on levels of food insecurity. However, between 2021 and 2023, the number of individuals experiencing food insecurity rose from 13.5 million to 47.4 million,

with the USDA citing the spike as a result from the rollback of these food support programs, including free school lunches and increased tax credits.[21]

As the number of people relying on these support programs continues to grow and the available funding declines, there is an increase in the economic and social burden. To help monitor food access and security, government agencies such as the USDA and national non-profits like Feeding America have been monitoring related SDoH, such as unemployment, median incomes, housing status, and disability status. However, the USDA also reports that these are not the only indicators of food insecurity, and that 66% of food insecure people earn above the federal poverty line (FPL), while 38% of families who earn below the FPL are food secure.[22]

Access to healthy food is key to maintaining physical and mental health, and a lack of access to food can also impact the social health of both adults and children. Children who do not receive enough food through the school day and miss meals may suffer with poor grades, inability to pay attention in class, and may become isolated due to not having the energy to connect with their classmates. Adults who frequently miss meals may not have the energy to go to work during some days, forcing them to stay home and miss out on potential income. Furthermore, adults who don't eat enough food can develop other medical conditions, such as hypoglycemia (low blood sugar), diabetes, heart conditions, and nutritional deficiencies. [23]

Like the U.S., one in seven individuals in North Carolina are food insecure as of 2024, with one in five children also not having enough access to food. [24] Additionally, 38% of households in North Carolina enrolled in the Supplemental Nutrition Assistance Program (SNAP) have children living in the household.[25] To help combat food insecurity, the North Carolina Department of Health and Human Services releases an annual report titled the "State Action Plan for Nutrition Security". This plan seeks to further the reach of state nutrition and food support programs such as WIC (Women, Infants & Children) programs, connect those on Medicaid with food relief programs, and provide better lactation and breastfeeding support to cover.

Secondary Data Findings

Access to healthy foods emerged as a concern for Northampton County based on several key indicators. The county's performance on multiple food security and access metrics was worse than state and national averages, indicating a high level of need in this area.

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

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

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

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

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

Northampton County has high rates of food insecurity, particularly among youth. The overall food insecurity rate in the county (13%) is higher than both the state (11%) and national (10%) averages. The disparity is even more pronounced for children, with 28% of children in Northampton County experiencing food insecurity compared to 15% in North Carolina and 13% nationally. This means more than one in four children in the county may not have consistent access to adequate nutrition, which can have long-term impacts on health and development. In addition, 80% of children in Northampton County are eligible for free or reduced-price lunch, compared to 46% in North Carolina and 37% nationally. A significant number of Northampton County residents (28%) receive food stamps or SNAP (Supplemental Nutrition Assistance Program) compared to the state (16%) or nation (12%).

Table 16: Food Security and Environment Indicators

Indicator	Northampton County	North Carolina	United States
Food Insecurity Rate	13%	11%	10%
Child Food Insecurity Rate	28%	15%	13%
Percent Low Income Population with Low Food Access	1%	21%	19%
Children Eligible for Free or Reduced Price Lunch by Eligibility	80%	46%	37%
Population Receiving SNAP Benefits, Percent	28%	16%	12%
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	34.3	77.4	96.2
Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	N/A	18.7	23.4

Interestingly, Northampton County has a lower rate of low food access[26] among low-income residents (1%) compared to both state (21%) and national (19%) averages. This suggests that physical access to food sources may not be the primary driver of food insecurity concerns in the county.

The food environment in Northampton County presents a mixed picture. The county has a lower rate of fast-food restaurants (34.3 per 100,000 population) compared to the state (77.4) and national rates (96.2), which could be seen as a positive factor for healthy eating habits. However, data on the rate of grocery stores per 100,000 population was not available for Northampton County, making it difficult to assess the availability of healthier food options.

These data suggest that while Northampton County may have fewer fast-food options, there are significant challenges in food security, particularly for children. The high rates of food insecurity, despite lower rates

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[26] 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.

of low food access, indicate that factors such as affordability or education about healthy eating all play a role in the county's food access issues.

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

Primary Data Findings – Community Member Web Survey

Over 450 Northampton residents responded to the web-based survey. Respondents identified limited access to healthy food as one of the top five social and environmental problems that affect their community's health. Nearly one-quarter (18%) of respondents identified limited food access as having a major impact on health and wellbeing in the community. Additionally, one-quarter (25%) of respondents indicated that poverty was an important social problem, which may have an impact on community members' ability to access healthy food.

Figure 22: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.

(N=455)

Problem	Percentage
Lack of job opportunities	37%
Poverty	25%
Availability/access to doctor's office	20%
Housing/homelessness	20%
Limited access to healthy foods	18%
Neighborhood safety/violence	15%
Lack of affordable child care	15%
Availability/access to insurance	15%
Limited places to exercise	14%
Racial Discrimination	13%
Transportation problems	13%
Limited opportunities for social connection	12%
Domestic violence	11%
Limited/poor educational opportunities	11%
Ability Discrimination	9%
Age Discrimination	7%
Child abuse/neglect	7%
Prefer not to answer	6%
Gender Discrimination	3%
Environmental Injustice	2%
Other (Please specify)	1%

When these data were examined by age group, roughly one-fifth (18%) of those who in the youngest age group (18 to 24) ranked access to healthy food as a major concern, compared to those over the age of 65 (14%). Regarding poverty, those ages 45 to 65 were the group most likely (30%) to cite this as a concern.

Figure 23: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age)

Most Important Social or Environmental Problems that Affect the Health of Your Community
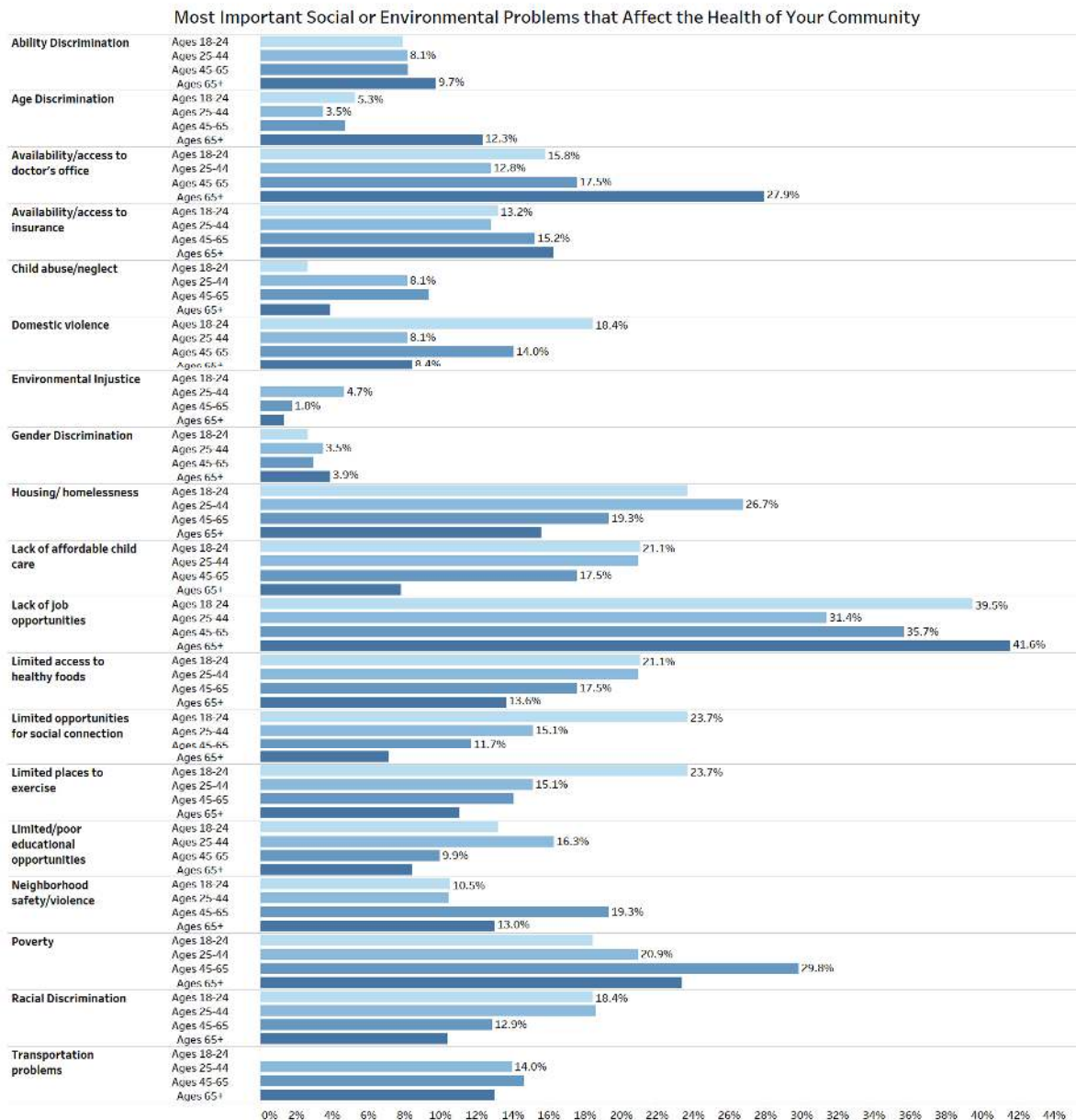
When data was reviewed by gender, 40% of respondents who identified as "non-binary/other" cited access to healthy food as a top health problem, compared to 17% each for male and female respondents.

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

Most Important Social or Environmental Problems that Affect the Health of Your Community
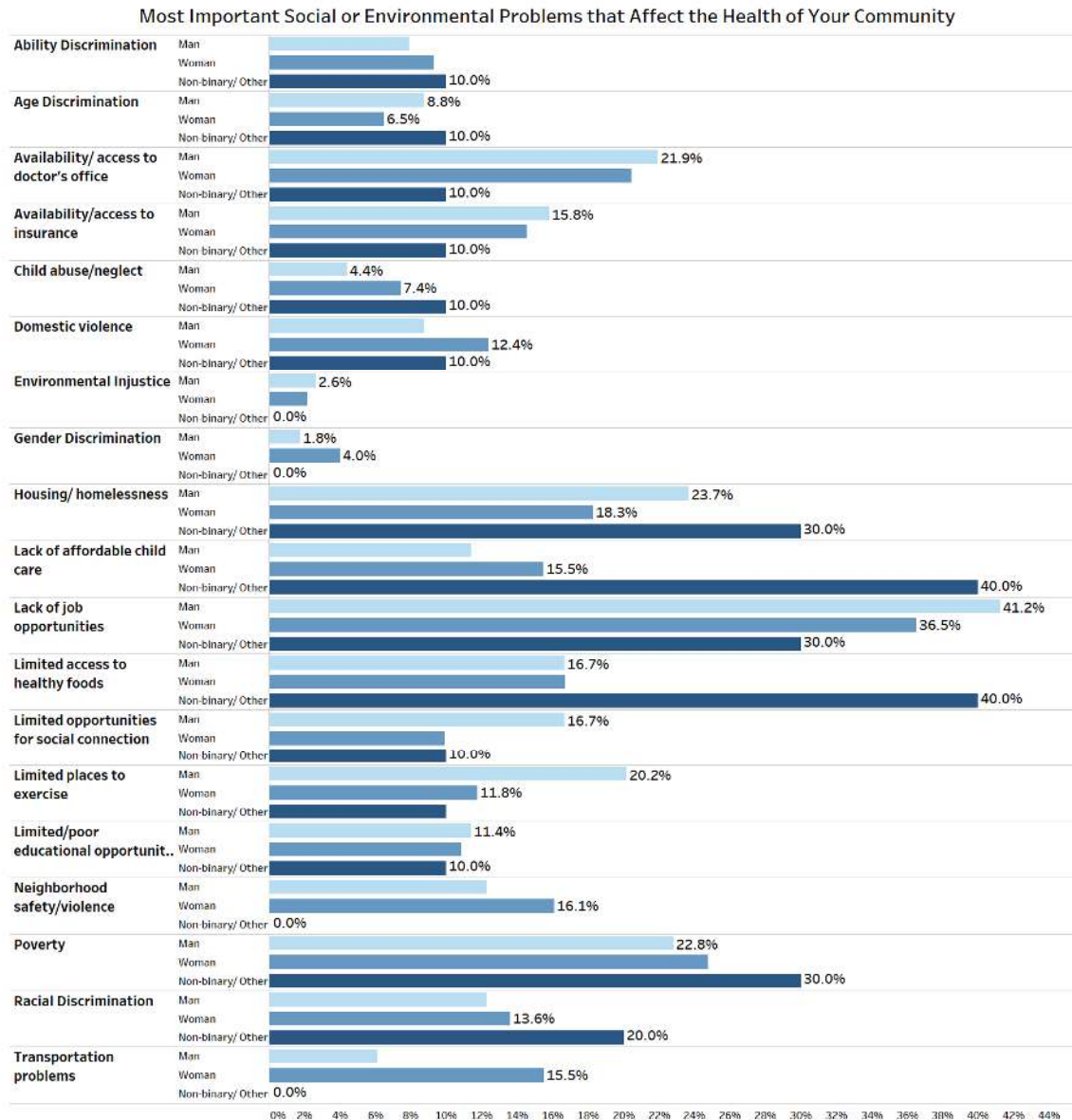
For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Focus group participants in Northampton County identified food access and security as significant concerns affecting community health. They noted the presence of food deserts in the county, with grocery stores not available in all communities. This lack of access to healthy food options was seen as a barrier to maintaining good health. Participants also observed a cultural shift, mentioning that people in the community are no longer growing their own food as they did in the past. This change was perceived as

contributing to reduced access to fresh, healthy foods. Some participants, particularly in the parents' focus group, highlighted concerns about racial disparities in access to healthier foods, with some feeling that the white population receives better access to healthier options. The older adults' group emphasized the need for more comprehensive health education programs, including nutrition education, to promote healthier eating habits in the community.

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

PRIORITY NEED: ACCESS TO SERVICES

Context and National Perspective

Access to care means patients are able to get high quality, affordable healthcare and other services 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 Northampton 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.[27] Access is a challenge even for those who are insured.[28]

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.[29] 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.[30] 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.[31] Access is also impacted by the

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[27] 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.

[28] 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.

[29] 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 .

[30] 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 .

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

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.[32]

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.[33] 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.[34] Both primary and secondary data resources analyzed for this report highlight the need for greater access to health services within Northampton County.

Secondary Data Findings

Access to services emerged as a significant concern for Northampton County based on several key indicators. The county's performance on multiple healthcare access metrics was worse than state and national averages, indicating a high need in this area.

Provider availability is an area of need in Northampton County. The rate of primary care providers per 100,000 population in Northampton County (22.9) is substantially lower than both the state (101.1) and national (112.4) rates. A shortage of primary care providers may contribute to difficulties in accessing timely and appropriate care for various health concerns.

Table 17: Access to Care Indicators

Indicator	Northampton County	North Carolina	United States
Dental Providers (Rate per 100,000 Population)	5.7	31.5	39.1
Primary Care Providers (Rate per 100,000 Population)	22.9	101.1	112.4
Percentage of Population Living in an Area Affected by a Dental Care HPSA	59%	34%	18%
Percent of Insured Population Receiving Medicaid	25%	20%	22%
Rate of Federally Qualified Health Centers (Rate per 100,000 Population)	28.6	4.0	3.5

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

[33] 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.

[34] 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 rate of dental providers (5.7 per 100,000 population) is also significantly lower than the state (31.5) and national (39.1) averages. This shortage is further highlighted by the fact that 59% of Northampton County's population lives in an area designated as a Dental Health Professional Shortage Area (HPSA), compared to 34% in North Carolina and 18% nationally.

Northampton County has higher Medicaid enrollment rates among all age groups compared to state and national averages. The rate for individuals under 18 receiving Medicaid is higher than both state and national averages, with over half of children receiving this benefit, compared to roughly 40% in North Carolina. This higher Medicaid enrollment rate could indicate a higher level of need for affordable healthcare options in the county.

Figure 25: Population Receiving Medicaid by Age Group and Under Age 65 Uninsured
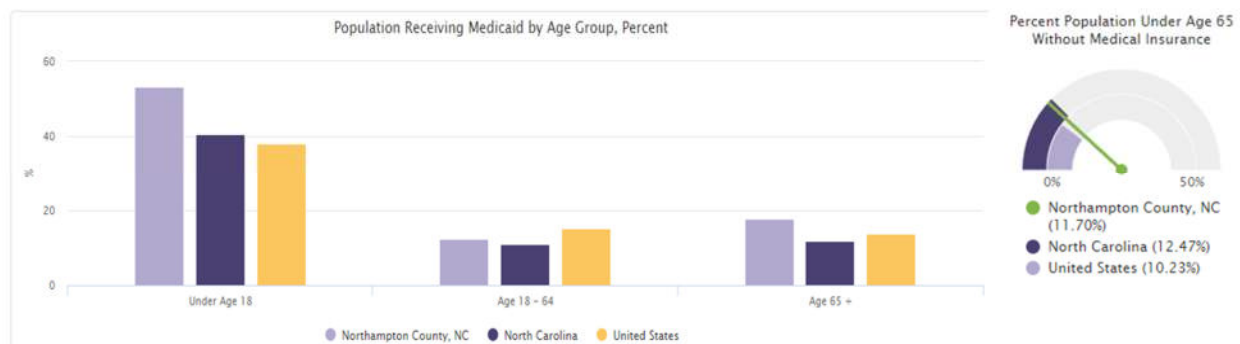
Another access-related indicator of concern for Northampton County was the number of preventable hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees. While there has been a general downward trend in preventable hospital stays, the rate in Northampton County remains higher than state and national averages.

Figure 26: Preventable Hospital Stays
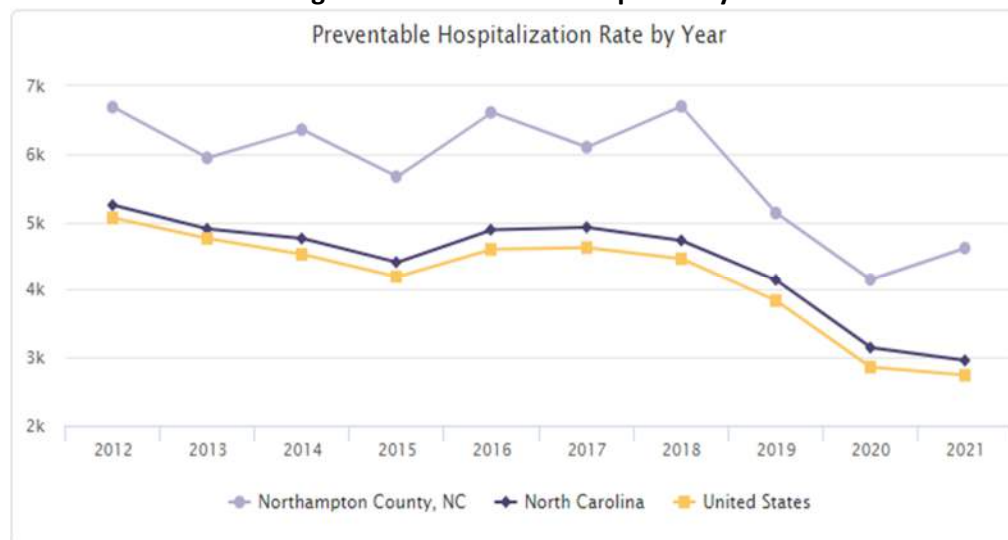
Even more concerning are the health disparities that exist for preventable hospital stays. The rates among Black or African American Medicare beneficiaries in Northampton County were higher compared to non-Hispanic White Medicare beneficiaries, as displayed in the figure and table below. Hospitalizations for diagnoses that are usually treatable in ambulatory or outpatient settings suggest that residents of Northampton County may experience difficulty accessing high-quality outpatient or primary care to prevent unneeded inpatient stays.

Figure 27: Preventable Stays by Race/Ethnicity
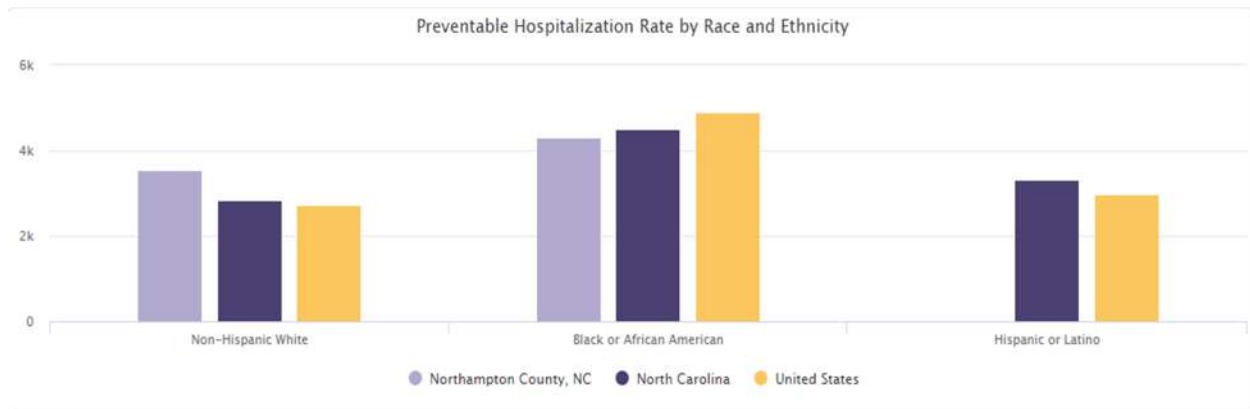
Table 18: Preventable Stays by Race/Ethnicity

Preventable Hospital Stays	Northampton County Rate
Preventable Hospital Stays per 100,000 Medicare Beneficiaries	4,074
Black or African American Medicare Beneficiaries	4,330
White Medicare Beneficiaries	3,561

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 Northampton County had a higher proportion with no motor vehicle present compared to the state value, as displayed in the table below. This indicator coupled with the notable lack of public transit in the county suggests many residents may face transportation challenges.

Table 19: Transportation Indicators

Indicator	Northampton County	North Carolina	USA
Households with No Motor Vehicle, Percent	8.0%	5.4%	8.3%
Percent Population Using Public Transit for Commute to Work	0.0%	0.8%	3.8%

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

Primary Data Findings – Community Member Web Survey

Respondents identified several access to care needs in Northampton County. In the survey, community members were asked to identify the top barriers to receiving healthcare. Cost (64%), no insurance (49%), and wait times (35%) were the top three identified reasons why people in the community are not getting care when they need it. Another 22% of respondents indicated both insurance non-acceptance and a lack of nearby providers as additional barriers to care.

Figure 28: 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.

(N=455)

Cost – too expensive/can't pay	64%
No insurance	49%
Lack of transportation	38%
Wait is too long	35%
Insurance not accepted	22%
No doctor nearby	22%
Prefer not to answer	6%
Language barrier	5%
Cultural/religious beliefs	5%
Other (Please specify)	2%
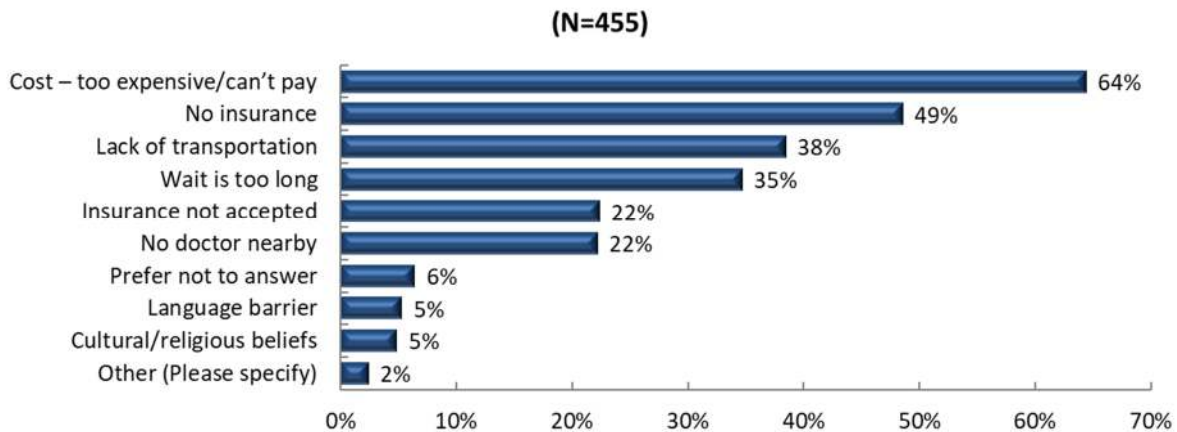
When these data were examined by age group, the oldest age group, those over the age of 65, were most likely to identify cost (69%), compared to those between the ages of 18 and 24 (55%).

Figure 29: 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)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
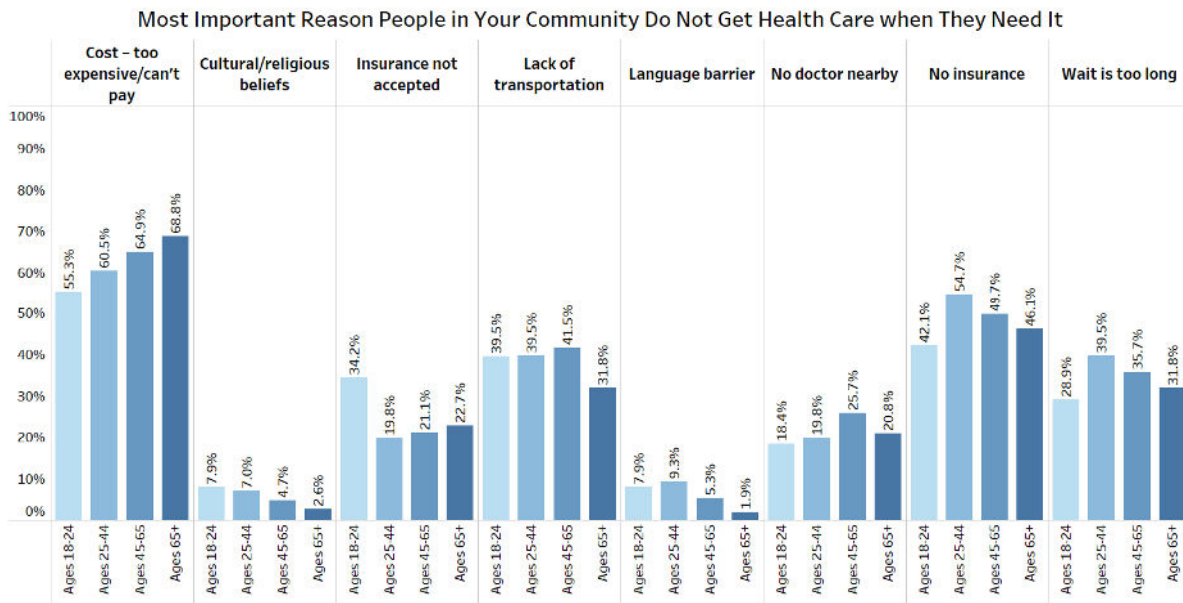
Racial disparities were also indicated in the survey. Those who identified as "Other Race" were significantly less likely to indicate cost and a lack of insurance as barriers to care (33% for each barrier respectively), compared to White respondents (cost: 70%, insurance: 44%), and Black/African American respondents (cost: 64%, insurance: 51%).

Figure 30: 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)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
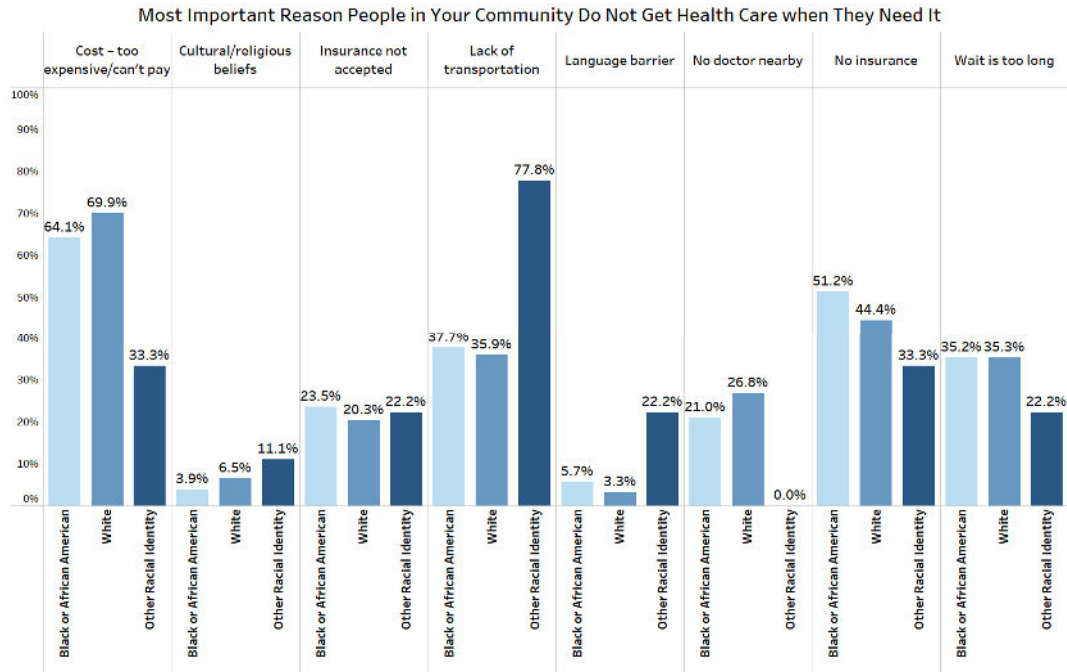
Northampton respondents were asked whether they had received a routine physical or been to the dentist in the past year. Over two-thirds (77%) of respondents cited having been to their provider for an annual physical, and over half (65%) stated seeing a dentist in the past year. However, nearly one-fifth (18%) of respondents stated did not have a routine physical and almost one-third (30%) had not seen a dentist in the past year.

Figure 31: Within the past year (anytime less than one year ago), have you:
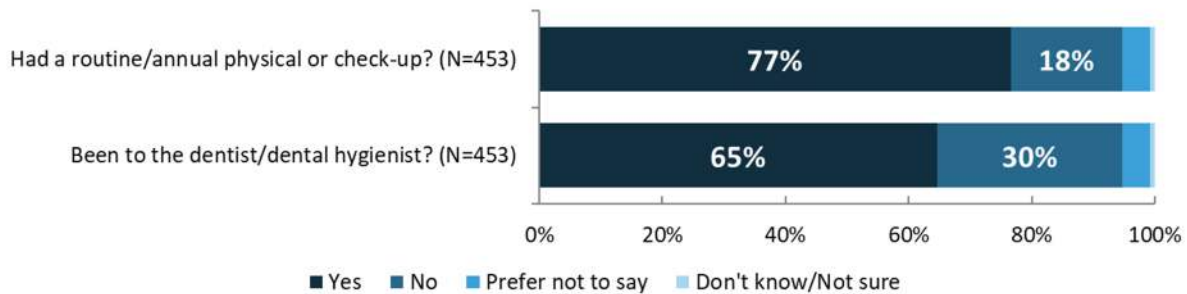
Respondents were also asked about what resources they needed to be able to manage their current health conditions. Health insurance was the highest ranked need, reported by one-fifth (20%) of community members. Financial assistance for insurance costs (17%), access to healthy foods (16%), and transportation (16%) were also identified among the most frequently requested resources and services.

Figure 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? (Select all that apply.)

(N=455)

Category	%
Health insurance to cover the care I need	20%
None	20%
Financial assistance for co-pays, deductibles	17%
Access to healthy foods	16%
Transportation assistance	16%
Access to places to exercise safely	15%
I don't have a current health condition to manage	13%
Assistance finding a doctor	10%
Home modification assistance (for example, installing a wheelchair ramp or a…	8%
Assistance making and keeping appointments with my doctor(s)	8%
Assistance paying for my prescription(s)/medication(s) or medical equipment	7%
Assistance understanding all the directions from my doctor(s)	7%
Prefer not to say	6%
Information to understand how to take my medication(s)	5%
Don't know	5%
Coordination of my overall care among multiple health care providers	3%
Health care in my home	2%
Other (Please specify)	1%

Respondents were asked if they have put off or neglected going to the doctor due to distance or transportation, to which 40% of respondents answered yes, further emphasizing that transportation can be a barrier for a considerable portion of the community.

Figure 33: Do you put off or neglect going to the doctor because of distance or transportation?
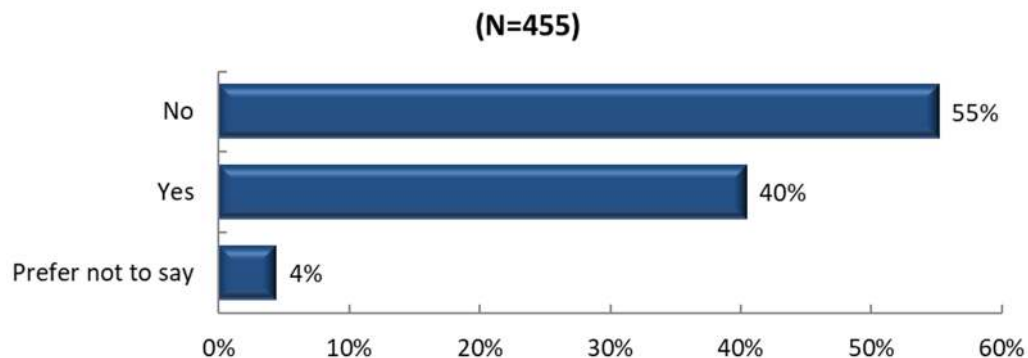
(N=455)

Category	%
No	55%
Yes	40%
Prefer not to say	4%

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

Primary Data Findings – Focus Groups

Access to healthcare services emerged as a key concern across all focus groups in Northampton County. Participants highlighted several challenges, including a significant shortage of healthcare providers and

specialists in the area. This shortage often necessitates traveling outside the county for care, which is particularly problematic given the transportation issues also identified by the groups. The lack of insurance and the high cost of care were cited as major obstacles for many residents seeking medical attention. Participants noted that the limited availability of Medicaid providers in the county further exacerbated access issues for low-income residents. Language barriers and a lack of interpreter services were mentioned as additional challenges, particularly for the Hispanic/Latino population. The groups also expressed concerns about the quality of available healthcare services, with some participants mentioning long wait times for appointments and a dislike for telemedicine options. To address these issues, participants suggested implementing more mobile health services, especially in rural and low-income communities, offering extended hours for working families, and creating a comprehensive resource guide detailing available healthcare services in the community.

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

PRIORITY NEED: CHRONIC DISEASE

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.[35] 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.[36]

Chronic diseases are the leading cause of death and disability in the United States.[35] 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.[35] 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 increase by 61% to 221.1 million people by 2050.[37] 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.[37]

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.[38] This trend is

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[35] Source: World Health Organization (WHO) (2023). *Noncommunicable diseases*. Retrieved September 10th, 2024, from: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.

[36] 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 .

[37] 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/.

[38] 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.

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. [38] 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.[39]

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.[40] 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.[41] 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[42], accounting for at least two-thirds (50,000) of all annual deaths.[43] 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.

Secondary Data Findings

Chronic disease emerged as a significant concern for Northampton County based on several key indicators. The county's performance on multiple chronic disease-related metrics showed poor results compared to state and national averages, indicating a need for focused attention in this area.

Northampton County residents have worse outcomes for various chronic conditions. The prevalence of adults with hypertension in Northampton County (39.2%) is higher than both the state (32.1%) and national (29.6%) averages. Similarly, the county has a higher percentage of adults with asthma (11.3%) compared to the state (9.8%) and national (9.7%) averages. The rate of adults diagnosed with diabetes (9.7%) is also higher than both the state (9.0%) and national (8.9%) averages.

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[39] 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

[40] 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

[41] 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.

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

[43] 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.

Table 20: Chronic Disease-Related Indicators

Indicator	Northampton County	North Carolina	United States
Adults (Age 18+) with Asthma	11.3%	9.8%	9.7%
Adults (Age 20+) with Diagnosed Diabetes	9.7%	9.0%	8.9%
Adults (Age 18+) Ever Diagnosed with Coronary Heart Disease	6.6%	5.5%	5.2%
Adults (Age 18+) with Hypertension	39.2%	32.1%	29.6%
Adults (Age 18+) with High Cholesterol	31.9%	31.4%	31.0%
Adults (Age 18+) Ever Having a Stroke	4.3%	3.1%	2.8%
Adults with BMI > 30.0 (Obese)	17.9%	29.7%	30.1%
Adults (Age 18+) with Poor Dental Health	18.8%	12.0%	13.9%
Percent Reporting Poor or Fair Health	21.6%	14.4%	-

Heart disease is another area of concern. The percentage of adults diagnosed with coronary heart disease in Northampton County (6.6%) is higher than both the state (5.5%) and national (5.2%) averages. The county also has a higher rate of adults who have had a stroke (4.3%) compared to the state (3.1%) and national (2.8%) averages. Interestingly, Northampton County has a lower percentage of adults who are obese (17.9%) compared to both the state (29.7%) and national (30.1%) averages, which is a positive indicator for chronic disease prevention.

Hospitalizations for chronic conditions are also an area of need for the county. The rate of cardiovascular disease hospitalizations in Northampton County (13.0 per 1,000 population) is higher than both the state (11.7) and national (10.4) averages. Similarly, the rate of ischemic stroke hospitalizations (10.5 per 1,000 population) is higher than the state (9.5) and national (8.0) averages.

Table 21: Cancer Incidence and Cardiovascular Disease and Stroke Hospitalizations

Indicator	Northampton County	North Carolina	United States
Cancer Incidence (Rate per 100,000 Population)	427.7	464.4	442.3
Emergency Room Visits (Rate per 1,000 Population)	738	563	535
Cardiovascular Disease Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	13.0	11.7	10.4
Ischemic Stroke Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	10.5	9.5	8.0

In terms of health behaviors that can help prevent chronic diseases, Northampton County faces some difficulty. The percentage of physically inactive adults in the county (29.4%) is higher than the state average (21.6%). Additionally, just 20% of the population in Northampton County has access to exercise opportunities, significantly lower than both the state (73%) and national (84%) averages. This lack of access to exercise opportunities could make it harder to maintain healthy lifestyles and prevent chronic illness.

Table 22: Health Behavior and Food Security Indicators

Indicator	Northampton County	North Carolina	United States
% Adults Reporting Currently Smoking	22.0%	15.0	-
% Physically Inactive	29.4%	21.6%	-
Recreation and Fitness Facility Establishments, (Rate per 100,000 Population)	N/A	13.1	14.7
Walkability Index Score	4	7	10
Percentage of Population with Access to Exercise Opportunities	20%	73%	84%
Food Insecurity Rate	12.7%	11%	10%
Child Food Insecurity Rate	27.5%	15%	13%
Percent Low Income Population with Low Food Access	1.0%	21%	19%
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	34.3	77.4	96.2

Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	N/A	18.7	23.4

These data suggest that while Northampton County is performing well in some areas, there are significant challenges in the prevalence and management of various chronic conditions. The higher rates of hypertension, asthma, diabetes, and heart disease, combined with higher rates of physical inactivity and limited access to exercise opportunities as well as food insecurity, indicate a need to focus on chronic disease prevention and management to improve health and wellbeing in the county.

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

Primary Data Findings – Community Member Web Survey

Respondents to the community web survey were asked to identify the top health problems in their community. Chronic health conditions were the three highest ranked health problems by community survey respondents. Diabetes was ranked highest overall by 38% of all respondents. Obesity and heart disease were ranked second and third by over one-third (37%) of respondents each.

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

(N=457)

Health Problem	Percentage
Diabetes/high blood sugar	38%
Overweight/obesity	37%
Heart disease/high blood pressure	37%
Alcohol/drug addiction	36%
Mental health (depression/anxiety)	35%
Cancer	34%
Alzheimer's disease and other dementias	17%
Smoking/tobacco use	16%
Stroke	10%
Lung disease/asthma/COPD	8%
HIV/AIDS	4%
Prefer not to answer	4%
Infant death	3%
Other (Please specify)	1%
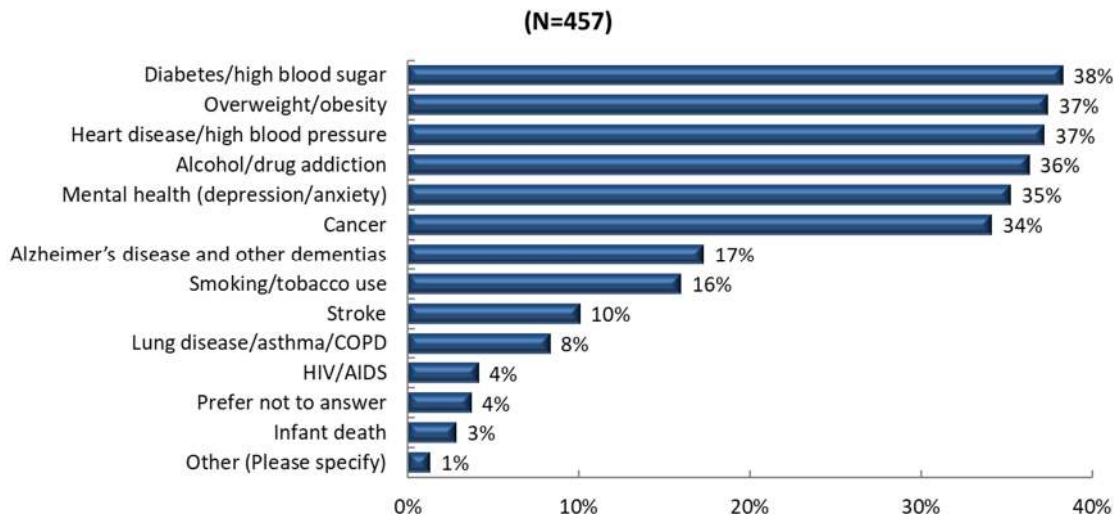
When these data were examined by age group, disparities were noted. Those over the age of 65 were the most likely to cite diabetes (46%) and heart disease (44%) as top health problems in their community. Conversely, the youngest age group (18 to 24) were least likely to select these conditions (diabetes: 29%; heart disease: 16%).

Figure 35: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)
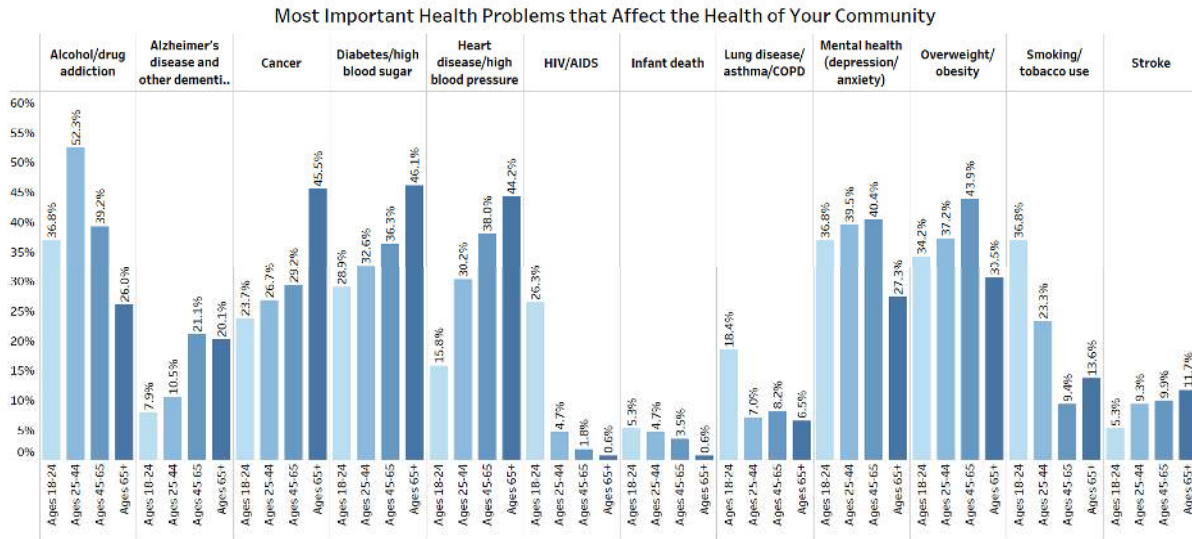
When results were reviewed by gender identity, nearly two thirds (70%) of those who identified as "non-binary/other" ranked obesity as a top health problem compared to male and female respondents (male: 33%; female: 39%). However, this group rated diabetes significantly lower (10%), than male and female respondents (39% each).

Figure 36: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)
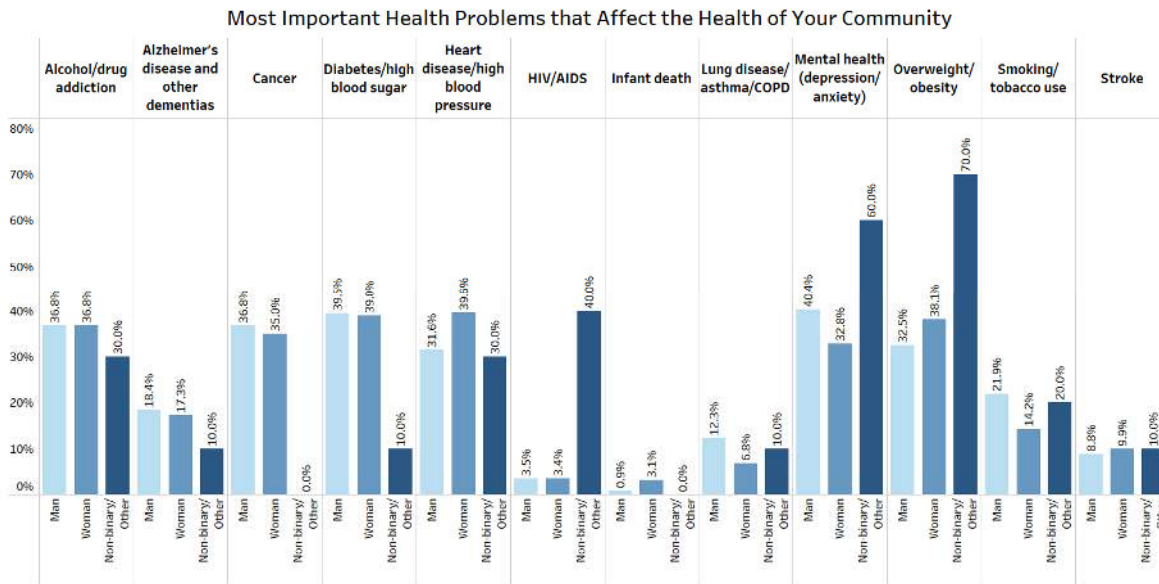
Northampton County community survey respondents were also asked if they had ever been diagnosed with various health conditions by a healthcare provider. One-third (33%) of respondents indicated that they had been diagnosed with high blood pressure, 27% had arthritis, 23% had high cholesterol, and one-fifth (20%) had been diagnosed with diabetes.

Figure 37: 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.

(N=455)

Condition	Percentage
High blood pressure (hypertension)	33%
Arthritis	27%
Depression or anxiety	25%
Vision and sight problems	24%
High cholesterol	23%
Diabetes (not during pregnancy)	20%
Cancer	15%
Asthma	13%
Heart disease, stroke, or other cardiovascular disease	11%
None of the above	10%
Mental illness not otherwise listed (including bipolar disorder,…)	9%
Physical disabilities	9%
Osteoporosis	9%
Chronic Obstructive Pulmonary Disease (COPD)	8%
Long COVID	8%
Lung disease	7%
Stroke	6%
Dementia/Short-term memory loss	5%
Kidney disease	5%
Prefer not to say	5%
Sexually transmitted diseases (including chlamydia, syphilis,…)	4%
Liver disease	4%
Don't know/Not sure	2%
Other (Please specify)	1%
Immunocompromised condition not otherwise listed	1%

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

Primary Data Findings – Focus Groups

Chronic health conditions were identified as community health issues across all focus groups in Northampton County. Participants specifically mentioned diabetes, obesity, heart disease, kidney disease, and high blood pressure as significant concerns in their community. The groups recognized the interconnectedness of these conditions and emphasized the need for more resources to help community members understand how to prevent and manage chronic diseases. Healthy lifestyle was closely linked to discussions about chronic diseases, with participants noting that there are limited opportunities for exercise in the community. Participants suggested creating more accessible exercise options and community events to promote healthy living.

Environmental factors that impact health were also discussed in the focus groups, including concerns about air and water quality, which participants saw as potentially contributing to chronic health issues. The older adults' group, in particular, stressed the importance of health literacy, noting a general lack of understanding in the community about how to maintain good health and prevent chronic conditions. To address these issues, participants recommended developing more comprehensive health education programs, particularly for youth, and creating more opportunities for the community to get involved in health initiatives focused on preventing and managing chronic diseases.

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

PRIORITY NEED: MENTAL HEALTH

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[44] Mental health is defined as an emotional, psychological, and social state of well-being. Mental health impacts every stage of life and affects how one is able to handle their relationships, daily stressors, and health behaviors.[45] 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, to be an area of urgent need within Northampton 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.[46] 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. [47]

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.[48] 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

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[44] 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.
[45] Source: CDC. (2024). About mental health. Retrieved October 1, 2024, from: https://www.cdc.gov/mentalhealth/learn/index.htm
[46] Source: National Institute of Mental Health (2023). *Mental Illness*. Retrieved September 13th, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness.
[47] Source: CDC. (2024). Mental health. Retrieved October 1, 2024, from https://www.cdc.gov/mentalhealth/learn/index.htm
[48] Source: National Institute of Mental Health. (2023). Mental Illness. Retrieved October 1, 2024, from https://www.nimh.nih.gov/health/statistics/mental-illness

condition. As of 2023, over seven million people in the U.S. who reported having a mental illness lived in a rural area.[49]

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. [50]

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

Secondary Data Findings

Mental health emerged as an area of concern for Northampton County based on several key indicators. The county's performance on multiple mental health-related metrics showed concerning results compared to state and national averages, indicating a high need in this area. Mental health provider availability is one such concern, with Northampton County having just 45.8 providers per 100,000 population, compared to 155.7 in North Carolina and 178.7 nationally. This significant shortage could impact the county's ability to address mental health needs effectively.

The county has a higher crude death rate for deaths of despair (65.1 per 100,000 population) compared to both the state (58.7) and national (55.9) averages. Deaths of despair include deaths from suicide, drug overdose, and alcohol-related causes, and are often indicative of underlying mental health and substance use issues in a community. Northampton County residents also report a higher average number of poor mental health days each month (5.1 days) compared to the North Carolina state average (4.6 days) and the national average (4.9 days). This indicates that residents of Northampton County are experiencing more frequent poor mental health than their counterparts across the state and nation.

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[49] Source: RHI Hub. (2023). Rural mental health. Retrieved October 1, 2024 from: https://www.ruralhealthinfo.org/topics/mental-health
[50] Source: NAMI (2023). *Mental Health in North Carolina.* Retrieved October 10, 2024, from https://www.nami.org/wp-content/uploads/2023/07/NorthCarolinaStateFactSheet.pdf

Table 23: Mental Health Indicators

Indicator	Northampton County	North Carolina	United States
Deaths of Despair (Crude Rate per 100,000 Population)	65.1	58.7	55.9
Average Number of Poor Mental Health Days (per Month)	5.1	4.6	4.9
Mental Health Providers (Rate per 100,000 Population)	45.8	155.7	178.7

Notably, there is a substantial gender disparity in deaths of despair. As shown in **Figure 38** below, the rate for deaths of despair for men in Northampton County exceed both the state and national rates. This disparity suggests that targeted interventions may be needed to address the specific mental health and substance use challenges faced by men in the county.

Figure 38: Deaths of Despair by Gender in Northampton County
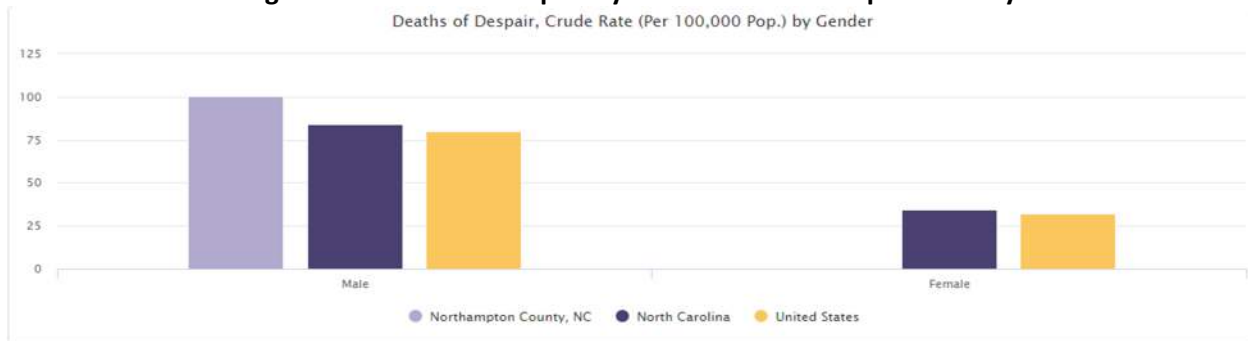
In terms of substance use indicators, Northampton County had lower rates of excessive drinking, alcohol-related crash deaths, and opioid use disorder emergency department utilization compared to state and national averages but a higher rate of deaths due to opioid overdose. This includes both prescribed opioids and illicit opioids. These data suggest greater focus on opioid use may help decrease these largely preventable deaths in the community. Additionally, Northampton County has substantially lower rates of substance abuse providers and buprenorphine providers compared to state and national averages, indicating limited access to these services.

Table 24: Substance Use Indicators

Indicator	Northampton 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)	2.2	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)	11.5	25.0	27.9
Buprenorphine Providers (Rate per 100,000 Population)	0.0	15.2	15.5

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

Primary Data Findings – Community Member Web Survey

Northampton County residents highlighted different aspects of mental health as areas of community concern through the web-based survey. When asked to identify the most important community health needs, mental health emerged as the fifth highest ranked concern by 35% of all respondents as seen in **Figure 39**.

Figure 39: What are the three most important health problems that affect the health of your community? Please select up to three.

(N=457)

Health Problem	Percentage
Diabetes/high blood sugar	38%
Overweight/obesity	37%
Heart disease/high blood pressure	37%
Alcohol/drug addiction	36%
Mental health (depression/anxiety)	35%
Cancer	34%
Alzheimer's disease and other dementias	17%
Smoking/tobacco use	16%
Stroke	10%
Lung disease/asthma/COPD	8%
HIV/AIDS	4%
Prefer not to answer	4%
Infant death	3%
Other (Please specify)	1%
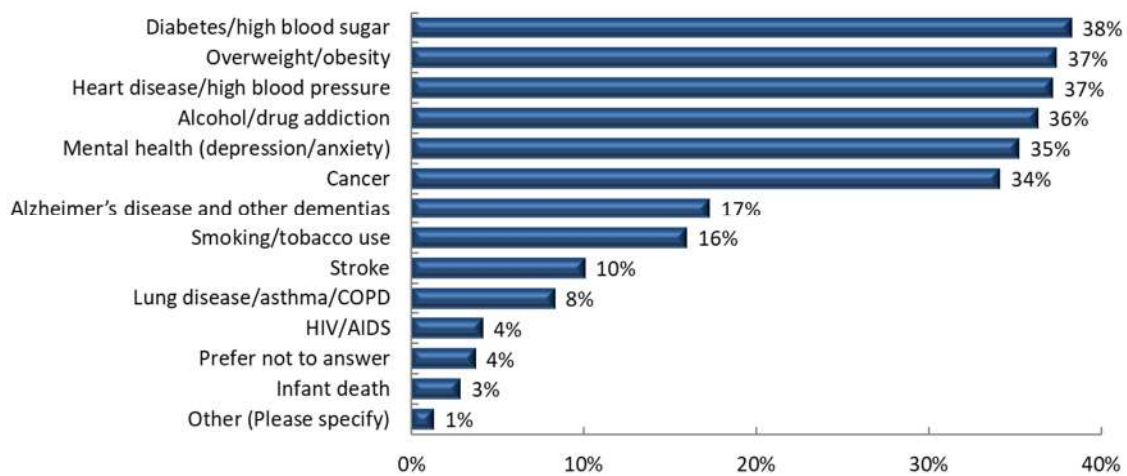
Those over the age of 65 were the lowest ranking group for mental health, with only 27% of respondents indicating the condition as a concern, compared to those aged 45-65 (40%) as indicated in **Figure 40**.

Figure 40: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)
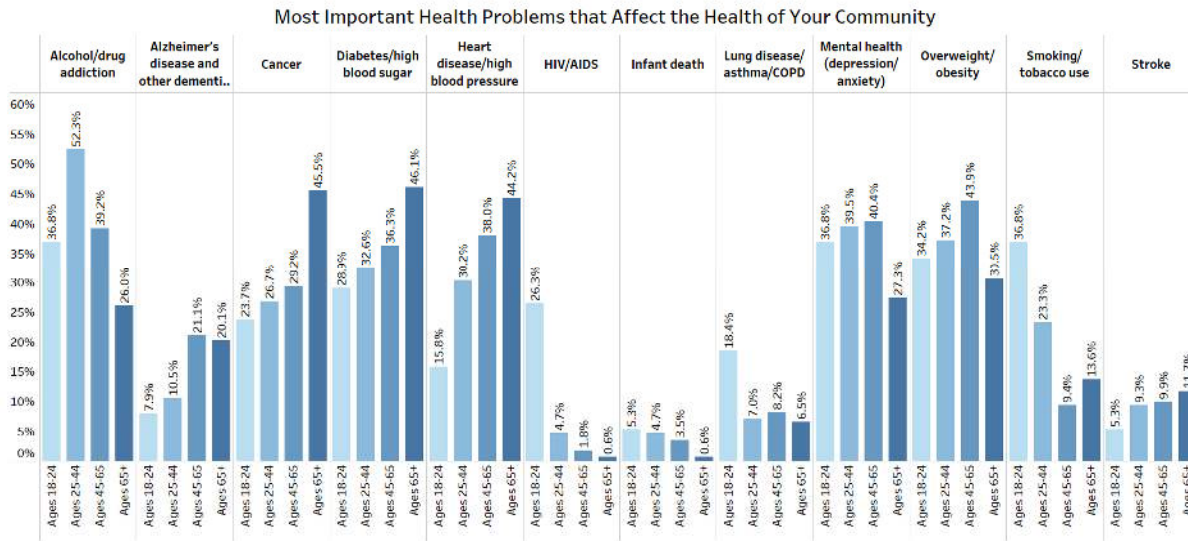
Furthermore, those who identified as "non-binary/other gender" were the most likely to select mental health as a top need, with the majority (60%) identifying this as having a significant impact on health and wellbeing in the county.

Figure 41: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)
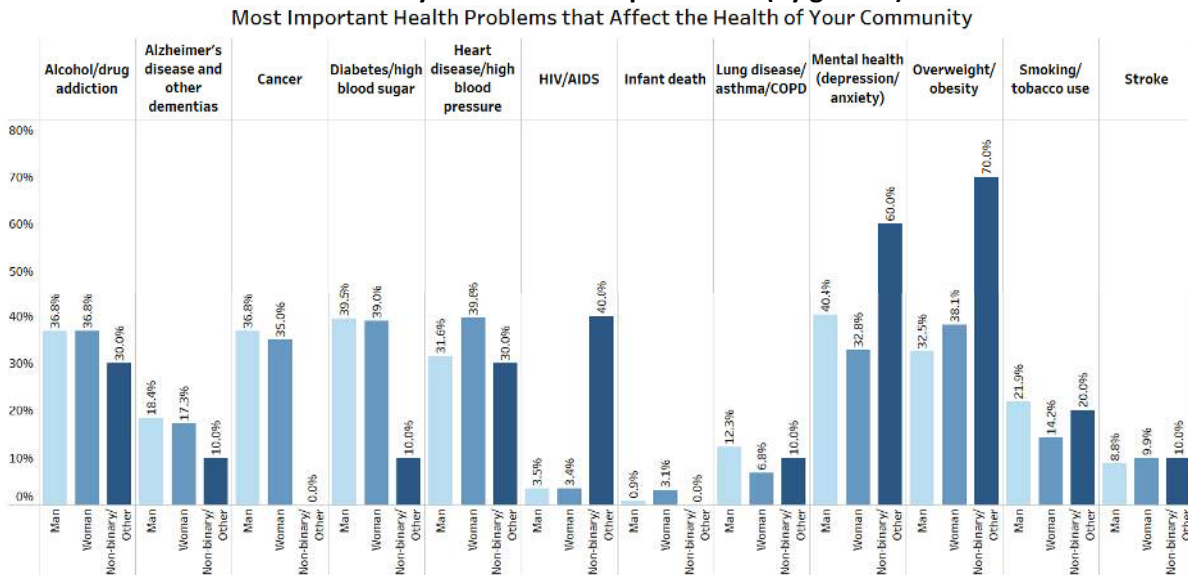
When respondents were asked about their own mental health, 46% of respondents indicated they had one or more poor mental health days in the past 30 days, with an average of four poor mental health days across these respondents.

Figure 42: 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? (N=441)

Number of Poor Mental Health Days
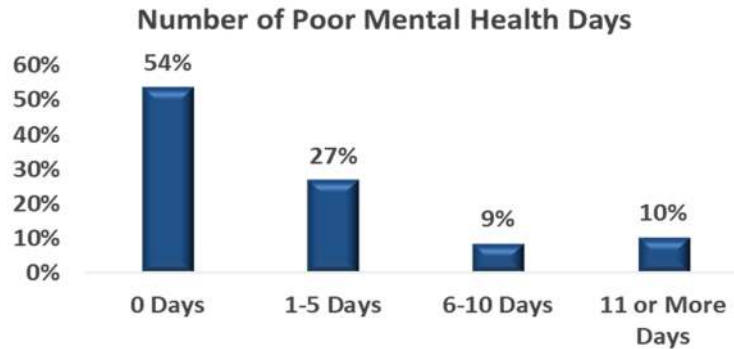
Community member respondents who indicated they experienced at least one poor mental health day in the previous month were also asked if there was a time in the past 12 months when they needed mental healthcare or counseling but did not get it at that time. Over half (53%) of these respondents answered yes.

Figure 43: 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?
(N=200)
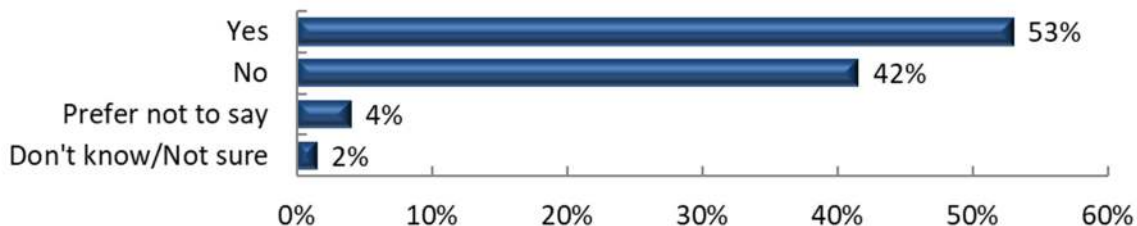
The top responses for why this group did not receive care included stigma (31%), a lack of knowledge about where to go (12%), and cost/lack of insurance (11%). Additionally, nearly one in ten (9%) of respondents cited a lack of providers in the area, suggesting a need for community education to reduce stigma and more affordable, accessible mental healthcare.

Figure 44: What was the main reason you did not get mental health care or counseling?
(N=105)
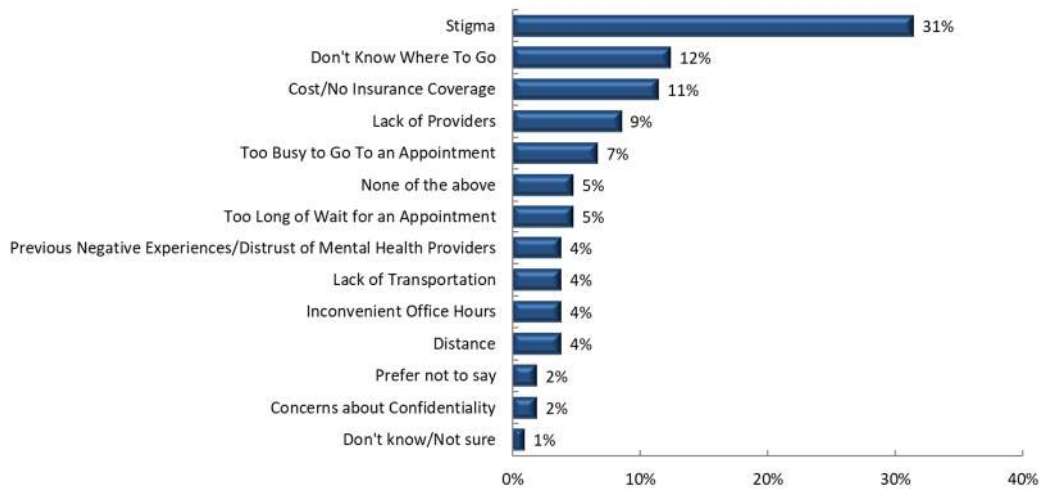
For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Mental health emerged as a key concern across all focus groups in Northampton County. Participants acknowledged that there are limited mental health services available in the county, highlighting a significant shortage of mental health providers and specialists. This shortage was seen as particularly problematic because of the perception that mental health issues in the community are growing. The groups recognized the way mental health and substance use issues are often connected, emphasizing the need for comprehensive services that address both areas. Participants also discussed the stigma associated with seeking mental health treatment, which they saw as a barrier to care. The lack of mental health providers who accept Medicaid was highlighted as a significant obstacle for low-income residents.

Substance use, especially addiction to drugs and alcohol, was also identified as a major health problem affecting the community, with some participants noting that people are using drugs and alcohol to self-medicate their mental health issues. To address these concerns, participants suggested implementing more education programs to raise awareness about mental health and substance use. They also proposed developing more community-based programs to support individuals living with these issues, emphasizing the importance of accessible, local resources. Participants stressed the need for a concrete action plan to address mental health and substance use challenges in the community, with suggestions including implementing a community health worker program and partnering with universities to bring in more mental health resources and programs.

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 Northampton County that provide resources to address general community health needs, as well as the county's 2025 priority need areas: Access to Healthy Food, Access to Services, Chronic Health Conditions, and Mental Health.

Category	Organization Name
County Resources Directories	• Northampton County Health Department Resource Directory

Healthcare Facilities	**Hospitals**
	• ECU Health North Medical Center
	   o 250 Smith Church Road, Roanoke Rapids, NC 27870
	   o 252-535-8011
	• ECU Health Roanoke Chowan Hospital
	   o 500 Academy St., Ahoskie, NC 27910
	   o 252-209-3000
	• ECU Health Bertie Hospital
	   o 1403 S King Street, Windsor, NC 27938
	   o 252-794-6600
	
	Other
	• Northampton County Health Department
	   o 9495 NC Highway 305, Jackson, NC 27845
	   o 252-534-5841
	• Trillium Health Services
	   o 144 Community College Road, Ahoskie, NC 27910
	   o 866-998-2957
	• Rural Health Group
	   o Medical: 9425 NC Hwy 305, Jackson, NC 27845
	   o Dental: 9409 NC Hwy 305, Jackson, NC 27845
	   o Medical: 252-534-1661
	   o Dental: 252-536-5920
	• Woodland Primary
	   o 105 Spruce Street, Woodland, NC 27897
	   o 252-587-3511
	
	Nursing and Rehabilitation
	• Rich Square Home Health Care Center
	   o 320 N. Main Street, Rich Square, NC 27869
	   o 252-539-4161
	• Hampton Woods Health and Rehabilitation Center

	200 Hampton Woods Complex, Jackson, NC 27845 252-534-0131 - Pine Forest Rest Home 3277 NC 35, Potecasi, NC 27867 252-587-1591 - Roanoke Valley Adult Day Center 108 East 1st. Street, Weldon, NC 27890 252-536-2070
Home-Based Health Services	- Northampton County Home Health 9495 NC Highway 305, Jackson, NC 27845 252-534-1291 - Vidant Home Health & Hospice 521 West Myers Street, Ahoskie, NC 27910 252-332-3392 - Meals on Wheels - Northampton County Office On Aging - P.O. Box 1034 - Jackson, NC 27845 - Phone: (252) 574-0229
Community Services	**Child Care Services** - A & J Kiddie Land Child Care Center 924 South Main Street, Rich Square, NC 27869 252-539-1011 - Central Elementary Schools Pre-K 9742 NC Highway 305, Jackson, NC 27845 252-534-3381 - J & B Child Care Center 222 Reid Road, Garysburg, NC 27831 252-536-5100 - Northeast Academy Little Eagles Preschool 210 Church Street, Lasker, NC 27848 252-539-2461 - Reid's Family Child Care Center 507 Johnson Street, Conway, NC 27820 252-585-2000 - Tina's University for Tots Child Care Center 112 Walnut Street, Rich Square, NC 27869 252-539-4000 - Woodland Head Start 505 West Main Street, Woodland, NC 27897 252-587-1108 **Education** - Central Office Northampton County Schools 320 Bagley Drive, Jackson, NC 27845 252-534-1371

- Northampton High School
    - 152 Hurricane Drive, Gaston, NC 27832
    - 252-537-1910
- Conway Middle School
    - 400 Main Street, Conway, NC 27820
    - 252-585-0312
- Gaston Middle School
    - 400 Broughton Street, Gaston, NC 27832
    - 252-537-2520
- Central Elementary School
    - 9742 NC Highway 305, Jackson, NC 27845
    - 252-534-3381
- Gaston Elementary School
    - 400 Broughton Street, Gaston, NC 27832
    - 252-537-2520
- KIPP: Gaston College Preparatory School
    - 320 Pleasant Hill Road, Gaston, NC 27832
    - 252-308-6932
- North East Academy
    - 210 Church Street, Jackson, NC 27845
    - 252-539-2461
- Halifax Community College
    - 200 College Drive, Weldon, NC 27890
    - 252-536-4221
- Roanoke-Chowan Community College
    - 109 Community College Road, Ahoskie, NC 27910
    - 252-862-1200

Emergency Services
- Northampton County Office of Emergency Management
    - 132 Landfill Road, P.O. Box 682, Jackson, NC 27845
    - 252-574-0214
- Northampton County Emergency Medical Services
    - 132 Landfill Road, P.O. Box 701, Jackson, NC 27845
    - 252-534-6811
- Northampton E911
    - 132 Landfill Road, P.O. Box 25, Jackson, NC 27845
    - Non-Emergency: 252-574-0205
- Northampton County Sheriff's Office
    - 104 W Jefferson Street, P.O. Box 176, Jackson, NC 27845
    - 252-534-2611
- Conway Volunteer Fire Department
    - P.O. Box 158, Conway, NC 27820
    - Emergency: 911
- Garysburg Volunteer Fire Department
    - P.O. Drawer Y, Garysburg, NC 27831

- o 252-536-4557
- Gaston Volunteer Fire Department
  - o P.O. Box 700, Gaston, NC 27832
  - o Emergency: 911
- Jackson Volunteer Fire Department
  - o P.O. Box 545, Jackson, NC 27845
  - o Emergency: 911
- Lasker Volunteer Fire Department
  - o 203 West Church Street, Lasker, NC 27845
  - o Emergency: 911
- Seaboard Volunteer Fire Department
  - o 107 Clay Street, Seaboard, NC 27876
  - o Emergency: 911
- Woodland Volunteer Fire Department
  - o PO Box 226, Woodland, NC 27897
  - o Emergency: 911
- Roanoke-Wildwood Volunteer Fire Department
  - o 1448 River Road, Henrico, NC 27842
  - o Emergency: 911
- Conway/Severn Volunteer Rescue Squad
  - o P.O. Box 220, Conway, NC 27820
  - o Emergency: 911
- Gaston Volunteer Rescue Squad
  - o P.O. Box 699, Gaston, NC 27832
  - o Emergency: 911
- Seaboard Volunteer Rescue Squad
  - o 107 Clay Street, Seaboard, NC 27876
  - o Emergency: 911
- Woodland Volunteer Rescue Squad
  - o 205 Spruce Street, Woodland, NC 27897
  - o Emergency: 911
- Eastside EMS
  - o 308 West Jackson Street, Rich Square, NC 27869
  - o 252-539-2211

Employment
- NC WORKS/Job Link Career Center
  - o 406 Premier Blvd., Roanoke Rapids, NC 27870
  - o 252-537-4188
  - o Services: Job Placement, Unemployment Insurance, Labor Market Information

Food Distribution Centers
- Roanoke Chapel Missionary Baptist Church Family Life Center
  - o 100 Hilltop Drive, Garysburg, N.C. 27831
  - o 252-536-0143
- Galatia Baptist Church

- o 1197 Galatia Road, Seaboard, NC 27846
- o 252-585-1174
- J W Faison Senior Center
  - o 110 Ridge Crest Lane, Jackson, NC 27845
  - o 252-534-1012
- Jackson United Methodist Church
  - o 206 Thomas Bragg Drive, Jackson, NC 27845
  - o 252-539-8711
- Choanoke Area Development of North Carolina Incorporated (CADA)
  - o 120 Sessoms Drive, Rich Square, NC 27869
  - o 252-539-4155
- Northampton County Cultural and Wellness Center
  - o 9536 NC Hwy 305, Jackson, NC 27845
  - o 252-574-0229
  - o USDA Food Distribution Program

Government
- Northampton County Board of Commissioners
  - o 100 W. Jefferson Street, P.O. Box 808, Jackson NC 27845
  - o 252-534-2501
  - o Commissioners:
    - ▪ Charles R. Tyner (Chair) - District 1
    - ▪ Geneva Riddick-Faulkner (Vice Chair) - District 2
    - ▪ William Martin - District 3
    - ▪ Melvetta Broadnax Taylor - District 4
    - ▪ Kelvin Edwards, Sr. - District 5
- County Manager's Office
  - o 108 W. Jefferson Street, P.O. Box 808, Jackson, NC 27845
  - o 252-534-2501
- County Attorney
  - o A. Scott McKellar
  - o PO Box 7100, Rocky Mount, N.C. 278
  - o 252-534-2501
- Northampton County Chamber of Commerce
  - o 127 W Jefferson Street, Jackson, NC 27845
  - o 252-534-1383
- Board of Elections
  - o 9495 NC Highway 305, Jackson, NC 27845
  - o 252-534-5681
- Building Inspection Department
  - o 9495 Hwy 305, P.O. Box 97, Jackson, NC 27845
  - o 252-534-5171
- Clerk of Superior Court
  - o 102 West Jefferson Street, P.O. Box 217, Jackson, NC 27845
  - o 252-534-3100
- Finance Department

- 9467 NC HWY 305, P.O. Box 663, Jackson, NC 27845
  - 252-534-1536
- Land Records Office
  - 102 Thomas Bragg Drive, P.O. Box 637, Jackson, NC 27845
  - 252-534-5941
- Tax Department
  - 204 Thomas Bragg Drive, P.O. Box 637, Jackson, NC 27845
  - 252-534-4461 or 252-534-3431
- Veterans Service Office
  - 102 Jefferson Street, P.O. Box 74, Jackson, NC 27845
  - 252-534-2621
- Town of Conway
  - 301 W Main St., Conway, NC 27820
  - 252-585-0488
  - Services: Police, sewer and water services, town administration
- Town of Garysburg
  - 504 Old Highway Road, Garysburg, NC 27831
  - 252-536-2167
  - Services: Police and town administration
- Town of Gaston
  - 223 Craige Street, Gaston, NC 27832
  - 252-537-1046
  - Services: Police and administration
- Town of Jackson
  - 100 E Jefferson Street, Jackson, NC 27845
  - 252-534-3811
  - Services: Police, sewer and water services, town administration
- Town of Lasker
  - 207 East Church Street, Lasker, NC 27845
  - 252-539-4014
  - Services: Town administration
- Town of Rich Square
  - 306 W Jackson St, Rich Square, NC 27869
  - 252-539-2315
  - Services: Police, sewer and water services, town administration
- Town of Seaboard
  - 102 West Central Street, Seaboard, NC 27876
  - 252-589-5061
  - Services: Police, sewer and water services, town administration
- Town of Severn
  - 314 Main Street, Severn, NC 27877
  - 252-585-0144
  - Services: Police, sewer and water services, town administration
- Town of Woodland
  - 123 W Main Street, Woodland, NC 27897
  - 252-587-7161

- o Services: Police, sewer and water services, town administration

Housing
- Halifax/Northampton Habitat for Humanity
  - o 14 E. 2nd. Street, Roanoke Rapids, NC 27870
  - o 252-537-2556
- Roanoke Chowan Housing Authority
  - o 205 Tinsley Way, Gaston, NC 27832
  - o 252-537-1051

Library Services
- Northampton County Memorial Library
  - o 207 W Jefferson Street, Jackson, NC 27845
  - o 252-534-3571

Parks/Recreation/Fitness
- Conway
  - o Town sidewalks used as walking trail
- Gaston
  - o Copeland Park, Long Street, Gaston, NC 27832
  - o Dwight Hall Recreation Park, Baird Street, Gaston, NC 27832
    - ▪ Ball field
- Garysburg
  - o Garysburg Park and Walking Trail
  - o 504 Hwy 46, Garysburg, NC 27831
- Jackson
  - o Northampton County Cultural and Wellness Center & Recreation Department
    - ▪ 9536 NC Hwy 305, Jackson, NC 27845
    - ▪ 252-574-0229
    - ▪ Activities: youth recreation sports, adult physical activity, exercise equipment, free weights, walking trail
  - o Nature Walking Trail
    - ▪ 9495 NC-305, Jackson, NC 27845
- Seaboard
  - o Seaboard Community Park
  - o 126 Clay Street, Seaboard, N.C.
- Severn
  - o Severn Pendleton Ruritan Club
    - ▪ 209 Community Street, Severn, NC 27877
    - ▪ Playground, tennis court, ball field
  - o Town sidewalks used as walking trail
- Woodland
  - o Woodland Park
    - ▪ US Hwy 258 West Woodland, NC 27897

	▪ Softball field, soccer field, water park, basketball goals, walking trail
	
	Social Services
	• Northampton County Department of Social Services
	  o 9467 NC Highway 305, Jackson, NC 27845
	  o Main Line: 252-534-5811
	  o Food Stamps: 252-534-0521
	  o Adult and Children Services: 252-534-1246
	  o Child Support: 252-534-0111
	  o Work First: 252-534-7046
	  o CPS Hotline: 252-534-1773
	• Hannah's Place
	  o P.O. Box 1392, Roanoke Rapids, NC 27870
	  o 252-535-5946 or 252-537-2882
	• Choanoke Area Development Association (CADA)
	  o 120 Sessoms Drive, Rich Square, NC 27869
	  o 252-539-4155
	
	Transportation
	• Carolina Public Transportation Authority (CPTA)
	  o 505 North Main Street, Rich Square, NC 27869
	  o 252-539-2022
	• Department of Transportation
	  o 9339 Hwy 305 N, Jackson, NC 27845
	  o 252-534-4031

Priority Need: Access to Healthy Food	• Food Bank of the Albemarle • Roanoke Chapel Missionary Baptist Church Family Life Center • Galatia Baptist Church • Northampton County Office on Aging • Jackson United Methodist Church • Choanoke Area Development Association (CADA)
Priority Need: Access to Services	• Northampton County Health Department • Rural Health • Roanoke Chowan Community Health Center • ECU Health North • ECU Health Roanoke Chowan Hospital • Northampton County Department of Social Services • Choanoke Area Development Association
Priority Need: Chronic Disease	• Northampton County Health Department • Northampton County Social Services • Northampton County Recreation Department

	• Rural Health • Roanoke Chowan Community Health Center • Northampton Family Practice
Priority Need: Mental Health	• Trillium Health Resources • Integrated Family Services
Other Resources	• 988 - Suicide and Crisis Lifeline • NC 211 - United Way health and human services information and referral system • NCCARE360 – Social determinants of health information system

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 North will utilize the CHNA insights to formulate implementation strategies. They will collaborate with community partners to ensure that the priority needs are addressed efficiently and effectively. These strategies will include measurable objectives to track progress.

The final CHNA report and Implementation Strategies are available on our public website at https://www.ecuhealth.org/about-us/community/health-needs-assessment/. For further questions or more information, please contact Elizabeth Galloway, Community Health Improvement Coordinator at ECU Health North, at Elizabeth.galloway@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[51], and demonstrates that the LHD is tracking priority issues identified in the community health (needs) assessment process, identifying emerging issues, and implementing any relevant new initiatives to address community concerns.

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

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 improvement efforts. The scorecard mirrors RBA and links results with indicators and programs with performance measures. Northampton County's most recent SOTCH is presented on the following pages.

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

State of the County Health Report

HNC 2030 Scorecard: Northampton County (2021-2023)

The Northampton County Health Department is excited to share our **Healthy NC 2030 Scorecard for Northampton County**. This scorecard supports the Community Health Improvement Plan (or CHIP), which guides the long-term, systematic efforts for addressing public health issues in Northampton County based on the results from the Community Health Assessment (CHA). The scorecard outlines the efforts being made in Northampton County to address four of the health priorities identified in the CHA:

- **Chronic Disease**
- **Drug/Alcohol and Substance Abuse**
- **Access to Care**
- **Tobacco/Vaping Cessation**

Results-Based Accountability

Results-Based Accountability (RBA) is a data-driven, disciplined way of thinking and acting to improve complex health issues. RBA drives this community health improvement plan. In the table below, the key components of RBA have been defined.

Instructions: For each priority you will see a result statement, state and local level indicators, programs, and performance measures. Click anywhere on the scorecard to learn more about the programs and initiatives taking place to improve health outcomes in Northampton County. The icons below represent the main components of the scorecard.

Term	Definition	Icon
Results	Results are conditions of well-being we would like to see for Northampton County	R
Indicators	Indicators are measures that help quantify the achievement of the result	I
Programs	Programs are programs, policies, activities or initiatives	P
Performance Measures	Performance Measures are a measure of how the program is making an impact	PM

To visit the Northampton County Health Department's website click here.

COMMUNITY HEALTH ASSESSMENTS

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

Chronic Disease

All people in Northampton County have long and healthy lives	Time Period	Current Actual Value	Current Trend	Baseline % Change
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% ↘
Life Expectancy (Total) in Northampton County: Average number of years of life remaining for people who have attained a given age.	2022	71.5	↘ 3	-5% ↘

Lifelong Improvements through Fitness Together (LIFT)

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Percentage of participants that improved balance	Q3 2023	100%	↗ 1	89% ↗
Percentage of participants with improved bicep strength	Q3 2023	100%	→ 1	0% →
Percentage of participants with improved endurance with step test	Q3 2023	100%	→ 1	0% →
Percentage of participants with improved flexibility	Q3 2023	100%	↗ 1	16% ↗

Med Instead of Meds

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Percentage of participants that showed an improvement in their Med Adherence	Q3 2023	75%	→ 0	0% →

Steps to Health - Take Control

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Percentage of participants reporting decrease consumption of sugar sweetened beverages	Q2 2023	50%	→ 0	0% →
Percentage of participants reporting eating more than one kind of fruit each day	Q2 2023	67%	→ 0	0% →
Percentage of participants reporting an increase in whole grain consumption	Q2 2023	67%	→ 0	0% →
Percentage of participants reporting an increase in the use of the "nutrition facts" label	Q2 2023	100%	→ 0	0% →
Percentage of participants reporting an increase in using a grocery list and comparison shopping for groceries	Q2 2023	50%	→ 0	0% →

We Can Support You Support Group

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Percentage of participants making water the "go-to" beverage	2023	67%	→ 0	0% →
Percentage of participants reading food labels	2023	83%	→ 0	0% →
Percentage of participants increasing fruits and vegetables intake	2023	100%	→ 0	0% →
Percentage of participants reducing sodium intake in diet	2023	100%	→ 0	0% →
Percentage of participants being physically active 30 minutes or more most days	2023	67%	→ 0	0% →

Drugs/Alcohol and Substance Abuse

All individuals and families in Northampton County with substance abuse disorder receive person centered care.

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Excessive Drinking: Percent of adults (Total) Reporting Binge or Heavy Drinking in North Carolina	2021	16.7%	↗ 1	14% ↗
Drug Overdose Death Rate in North Carolina: Drug Poisoning Deaths (Total) per 100,000 population	2022	42.1	↗ 4	205% ↗
Northampton County Drug Poisoning Deaths (Age Adjusted Rate per 100,000 people)	2022	11.7	↘ 2	89% ↗

Mobile Crisis Team

	Time Period	Current Actual Value	Current Trend	Baseline % Change

Number of Referrals	2019	65	→ 0	0% →

Drug Deactivation and Disposal System Distribution Program 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of Deterra Drug Deactivation & Disposal Systems Distributed	Q4 2023	175	→ 1	17% ↗

Community Paramedicine Program 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of Narcan Administrations	2022	38	↘ 1	65% ↗
Number of Overdose Responses	2022	52	↘ 1	-7% ↘

Medication Lock Box Distribution 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of Medication Lock Boxes Distributed	HY2 2023	122	↗ 1	56% ↗

Access to Care

All people in Northampton County have access to comprehensive high quality affordable health care provided by clinicians who identify with the culture of the people that they serve. 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Uninsured: % of North Carolina population under age 65 without health insurance (Total)	2021	10.4%	↘ 2	-15% ↘

Adult Primary Care at Northampton County Health Department 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of new adult patients	—	—	—	—
Number of Insurance Carriers Accepted	2023	9	↗ 1	80% ↗

Respiratory Fit Testing for the Agricultural Community 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of Pesticide Applicators Fit Tested	2024	13	↘ 1	-64% ↘

Tobacco/Vaping Cessation

All people in Northampton County live in a community that supports tobacco free/e-cigarette free lifestyles. 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Percent of Adults Using Tobacco in North Carolina (Total)	2022	21.6%	↗ 1	-10% ↘
Percent of High School Youth Using Tobacco in North Carolina (Total)	2019	27.3%	↘ 1	-1% ↘

North Carolina Quitline 📄	Time Period	Current Actual Value	Current Trend	Baseline % Change
Number of Referrals from NCHD	2023	45#	↗ 2	50% ↗

SOTCH REPORT

2022 SOTCH REPORT 📄		Time Period	Current Actual Value	Current Trend	Baseline % Change

2023 SOTCH Report 📄		Time Period	Current Actual Value	Current Trend	Baseline % Change

POWERED BY CLEAR IMPACT

Clear Impact Suite is an easy-to-use, web-based software platform that helps
your staff collaborate with external stakeholders and community partners by
utilizing the combination of data collection, performance reporting, and
program planning.

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 Northampton County, its performance on each data measure was compared to targets/benchmarks. If Northampton County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

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

The following methodology was used to assign a priority level to each individual secondary data measure:
- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

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

Data Sources

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

Table 25: Access to Care

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

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

Table 26: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	Federal Communications Commission (FCC) FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 100 MBPS or more and upload speeds of 20 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	FCC FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Households with No Computer	Percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet, or other portable wireless computer, and some other type of computer, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Households with No or Slow Internet	Percentage of households who either use dial-up as their only way of internet connection or have internet access but don't pay for the service, or have no internet access in their home, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Liquor Stores	Number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a 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 27: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical inactivity (percent of adults that report no leisure time physical activity)	Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. The method for calculating Physical Inactivity changed. Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which	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)
	combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Physical Inactivity is created using statistical modeling.		
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	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)
	encourages physical activity and other healthy behaviors.		
Sugar-Sweetened Beverage (SSB) Consumption Among Adults	Percentage of total adults reporting consumption of one or more SSBs per day.	Clear Impact. HNC2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table 28: Education

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

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

Table 29: Employment

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

Table 30: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Climate and Health – Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have	Federal Emergency Management Agency (FEMA), National Flood	2011

Measure	Description	Data Source	Most Recent Data Year(s)
	1% annual chance of coastal or riverine flooding.	Hazard Layer. Data accessed via the North 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 31: Family, Community, and Social Support

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

Table 32: Food Security

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

Measure	Description	Data Source	Most Recent Data Year(s)
	limited or uncertain access to adequate food.		
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	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	foods, and grocery stores are a major provider of these foods.		

Table 33: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Renter Costs – Average Gross Rent	Average gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent provides information on the monthly housing cost expenses for renters. When the data is used in conjunction with income data, the information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels, and to provide assistance to agencies in determining policies on fair rent.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing Cost Burden, Severe (50%)	Percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing & Urban Development (HUD)-Assisted Housing Units (per 10,000 households)	Number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).	U.S. Department of HUD. Data accessed via the North Carolina Data Portal, June 2024.	2017-2021
Substandard Housing, Severe	Percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen	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)
	facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.		
Homeless Children and Youth	Number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.	US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020. Data accessed via the North Carolina Data Portal, June 2024.	2019-2020

Table 34: Income

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

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

Table 35: Length of Life

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

Table 36: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Births with no or late prenatal care	Percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This	CDC – National Vital Statistics System (NVSS). CDC WONDER. CDC, Wide-Ranging Online Data for Epidemiologic Research. Data accessed	2017-2019

Measure	Description	Data Source	Most Recent Data Year(s)
	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.	via the North Carolina Data Portal, June 2024.	
Low birthweight (percent of live births with birthweight < 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of births in a county during the same time.	National Center for Health Statistics – Natality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2016-2022
Infant Mortality	Number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2015-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2015-2021

Table 37: Mental Health

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

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

Table 38: Physical Health

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

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

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

Table 39: Quality of Care

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

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

Table 40: Safety

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

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

Table 41: Sexual Health

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

Table 42: Substance Use Disorders

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

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

Measure	Description	Data Source	Most Recent Data Year(s)
	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.		

Table 43: Tobacco Use

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

Table 44: Transportation Options and Transit

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

APPENDIX 3 | SECONDARY DATA COMPARISONS

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Northampton 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	Northampton County Description
	Low	Represents measures in which Northampton 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 Northampton 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 Northampton 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 Northampton County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Northampton 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:

(0.5-7.5)/(7.5) x 100% = -93.3% = Displayed as Low **Priority Level**, Shaded in Green

This metric indicates that the percentage of the population with limited access to healthy foods in Northampton County is 93.3 percent better (or, in this case, lower) than the percentage of the population with limited access to healthy foods in the state of North Carolina.

Detailed Focus Area Benchmarks

Table 45: Access to Care

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Primary Care Providers Ratio	112.4	101.1	22.9	2024	High
Mental Health Providers Ratio	178.7	155.7	45.8	2024	High
Addiction/Subst ance Abuse Providers Ratio	27.9	25.0	11.5	2024	High
Buprenorphine Providers Ratio	15.5	15.2	0.0	2023	High
Dental Health Providers Ratio	39.1	31.5	5.7	2024	High
% Living in Health Professional Shortage Areas (HPSAs) – Dental Care	17.8%	34.0%	59.4%	2018-2022	High
Federally Qualified Health Centers (FQHCs)	3.5	4.1	28.6	2023	Low
% Receiving Medicaid	22.3%	20.2%	24.7%	2018-2022	High
% Uninsured	10.2%	12.5%	11.7%	2022	Low

Table 46: Built Environment

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	93.8%	93.6%	82.2%	2023	High
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	91.2%	90.4%	80.2%	2023	High
Households with No Computer	6.1%	6.9%	16.8%	2018-2022	High
Households with No or Slow Internet	11.7%	13.0%	36.7%	2018-2022	High

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Liquor Stores	13.3	6.2	22.9	2022	High
Adverse Childhood Experiences (ACEs)	N/A	N/A	Suppressed	2022	N/A

Table 47: Diet and Exercise

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Physically Inactive	N/A	21.6%	29.4%	2021	High
Walkability Index Score	10	7	4	2021	High
% with Access to Exercise Opportunities	84.1%	73.0%	20.0%	2023	High
Recreation and Fitness Facility Access	14.8	13.1	Suppressed	2022	N/A
Sugar-Sweetened Beverage (SSB) Consumption	N/A	N/A	Suppressed	2022	N/A

Table 48: Education

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Limited English Proficiency	8.2%	4.6%	0.7%	2018-2022	Low
High School Graduation Rate	81.1%	87.6%	72.1%	2020-2021	High
% with No High School Diploma	10.9%	10.6%	16.5%	2018-2022	High
Student Math Proficiency	63.9%	65.8%	89.3%	2020-2021	High
Student Reading Proficiency	60.1%	59.5%	82.9%	2020-2021	High
School Funding Adequacy	N/A	-$4,742	-$25,115	2021	High
School Funding Adequacy – Spending per pupil	N/A	$10,655	$17,323	2021	Low

Table 49: Employment

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Unemployment Rate	3.9%	3.7%	3.8%	2024	Medium
Average Annual Unemployment Rate, 2013-2023	3.6%	3.5%	4.6%	2024	High

Table 50: Environmental Quality

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Flood Vulnerability	6.5%	4.9%	3.7%	2011	Low
Drinking Water Safety	16,107	194	0	2023	Low

Table 51: Family, Community and Social Support

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Children Cost Burden	28.8%	27.0%	34.0%	2023	High
% Young People Not in School or Working	6.9%	7.5%	9.5%	2018-2022	High

Table 52: Food Security

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Food Insecure	10.3%	11.4%	12.7%	2021	High
% Food Insecure Children	13.3%	15.3%	27.5%	2021	High
% Low-Income and with Low Food Access	19.4%	21.3%	1.0%	2019	Low
% Limited Access to Healthy Foods	N/A	7.5%	0.5%	2019	Low
Fast Food Restaurants	96.2	77.4	34.3	2022	Low
Grocery Stores	23.4	18.7	Suppressed	2022	N/A

Table 53: Housing and Homelessness

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Renter Costs – Average Gross Rent	$1,366	$1,090	$560	2018-2022	Low
% Severe Housing Cost Burden	14.1%	12.2%	13.2%	2018-2022	High
Assisted Housing Units	413.9	319.2	467.7	2017-2021	High
% Severe Substandard Housing	18.5%	16.1%	18.5%	2011-2015	High
% Homeless Children	2.8%	1.9%	0.6%	2019-2020	Low

Table 54: Income

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Median Family Income	$92,646	$82,890	$59,301	2018-2022	High
Gender Pay Gap	81.0%	83.0%	80.0%	2018-2022	Medium
% Living Below 100% FPL	12.5%	13.3%	18.7%	2022	High
% Living Below 200% FPL	28.8%	31.6%	41.7%	2018-2022	High
% Children Living Below 200% FPL	37.2%	41.1%	54.9%	2018-2022	High
% Receiving SNAP	12.4%	15.7%	28.2%	2021	High
Children Eligible for Free/Reduced Price Lunch	51.7%	50.8%	82.1%	2022-2023	High

Table 55: Length of Life

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Years of Potential Life Lost Rate	N/A	8,853	13,888	2019-2021	High
Premature Age-Adjusted Mortality	N/A	420	582	2019-2021	High
Life Expectancy	77.6	76.6	73.2	2019-2021	High

Table 56: Maternal and Infant Health

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Births with Late or No Prenatal Care	6.1%	6.9%	Suppressed	2019	N/A
Low Birthweight	N/A	9.4%	12.3%	2016-2022	High
Infant Mortality Rate	5.7	7.0	Suppressed	2015-2021	N/A

Table 57: Mental Health

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Poor Mental Health Days	4.9	4.6	5.1	2021	High
Deaths of Despair Rate	55.9	58.7	65.1	2018-2022	High
Suicide Death Rate	14.5	14.0	N/A	2018-2022	N/A

Table 58: Physical Health

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Poor or Fair Health	N/A	14.4%	21.6%	2021	High
% Adults with Asthma	9.7%	9.8%	11.3%	2022	High
% Adults with Heart Disease	5.2%	5.5%	6.6%	2022	High
% Adults with High Blood Pressure	29.6%	32.1%	39.2%	2021	High
% Adults with High Cholesterol	31.0%	31.4%	31.9%	2021	Medium
Diabetes Prevalence	8.9%	9.0%	9.7%	2021	High
% Adults with Kidney Disease	2.7%	2.9%	3.6%	2021	High
% Stroke	2.8%	3.1%	4.3%	2022	High
Obesity	30.1%	29.7%	17.9%	2021	Low
% Teeth Loss	13.9%	12.0%	18.8%	2022	High
Cancer Incidence Rate	442.3	464.4	427.7	2016-2020	Low
Emergency Room Visits	535	563	738	2022	High

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Heart Disease Hospitalization Rate	10.4	11.7	13.0	2018-2020	High
Stroke Hospitalization Rate	8.0	9.5	10.5	2018-2020	High

Table 59: Quality of Care

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Children/adults vaccinated annually against seasonal influenza	44.5%	45.6%	43.2%	2021	High
Preventable Hospital Rate	2,752	2,957	4,074	2021	High
Readmissions Rate	18.1%	17.6%	21.3%	2022	High

Table 60: Safety

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Incarceration Rate	1.3%	1.5%	1.8%	2018	High
Juvenile Arrest Rate	13.8	16.0	17.0	2021	High
Violent Crime	416.0	365.7	316.1	2015-2017	Low
Firearm Death Rate	13.4	15.5	30.4	2018-2022	High
Poisoning Death Rate	28.5	31.5	23.9	2018-2022	Low

Table 61: Sexual Health

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
Chlamydia Rate	495.0	603.3	852.4	2021	High
HIV Incidence Rate	12.7	15.5	Suppressed	2022	N/A
Teen Births	16.6	18.2	31.6	2016-2022	High

Table 62: Substance Use Disorders

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Excessive Drinking	18.1%	18.2%	12.6%	2021	Low
% Driving Deaths with Alcohol	2.3	2.9	11.4	2018-2022	High
Opioid Use Disorder Rate	41.0	43.0	30.0	2021	Low
Opioid Drug Overdose Deaths	N/A	25.1	N/A	2018-2022	N/A

Table 63: Tobacco Use

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Smokers	14.5%	15.0%	22.0%	2021	High

Table 64: Transportation Options and Transit

Measure	National Benchmark	North Carolina Benchmark	Northampton County Data	Most Recent Data Year	Northampton County Need
% Households with No Motor Vehicle	8.3%	5.4%	8.1%	2018-2022	High
% Public Transit	3.8%	0.8%	0.3%	2018-2022	High

APPENDIX 4 | PRIMARY DATA METHODOLOGY AND SOURCES

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

Methodologies

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

<u>Focus Groups</u>

The following three focus groups were conducted in person between May 30th and June 14th, 2024. These groups included representation from community members, with over 32 participants providing responses.

- Community Members at Northampton Wellness Center
- Parents at Northampton Wellness Center
- JW Faison Senior 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 Northampton County

The majority (78.1%) of participants identified as female, and the group was predominantly Black or African American (87.5%) and non-Hispanic/Latino (96.9%). Participants represented a wide range of ages, with over a third (37.5%) of the group between the ages 65 and 74.

The focus group discussion guide questions are below:

<u>FACILITATOR INTRODUCTION:</u>

"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 457 surveys were completed by individuals living, working or receiving healthcare in the Northampton County community. The survey was available in both English and Spanish; however, 0% 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 45: Respondent Zip Code of Residence[52]

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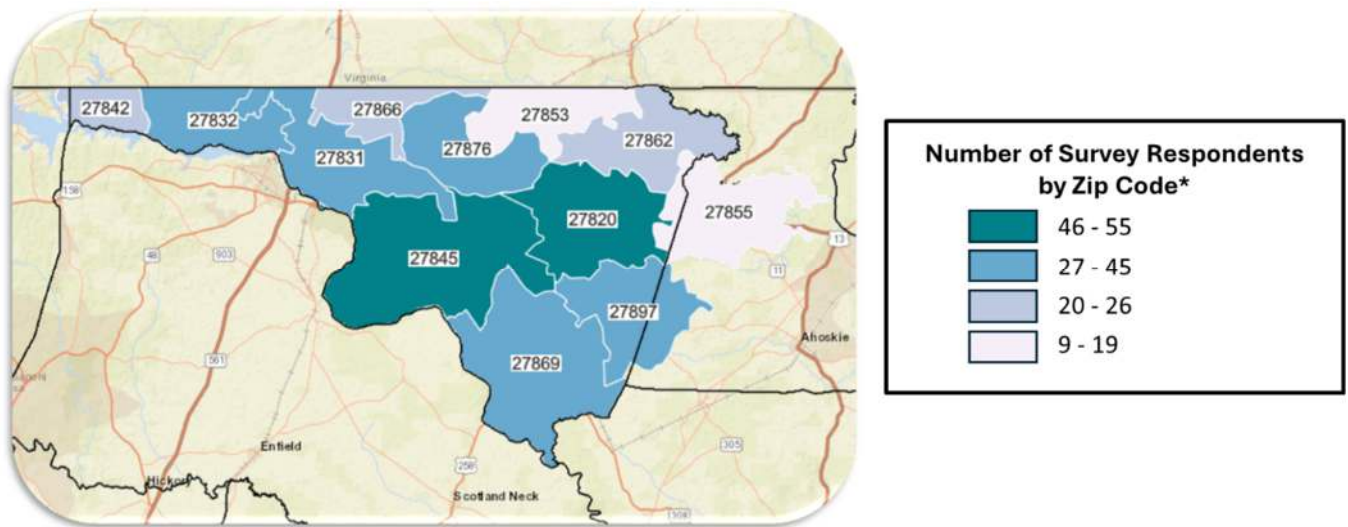
[52] Zip codes with fewer than five respondents were not displayed for privacy reasons.

In general, survey questions focused on:

- Community health problems and concerns
- Community social/environmental problems and concerns
- Specific topics of interest to Northampton County:
  - Mental health
  - Physical health
  - Transportation and transit

The key findings from the Community Survey are detailed below:

- Diabetes/high blood sugar, weight/obesity, and heart disease/high blood pressure were identified as the top 3 health problems affecting the community. About one third of respondents also identified alcohol/drug addiction, mental health (e.g., depression and anxiety), and cancer as important health problems.

- Cost, not having insurance, and lack of transportation were the top three barriers to receiving health care identified by the community.

- Lack of job opportunities, poverty, and availability and access to doctor's offices were identified as the top three most important social or environmental problems that affect the health of the community. Housing, access to healthy foods, and child care were also identified by almost one in five respondents.

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

Figure 46: Respondents by Age Group **Figure 47: Respondents by Gender**
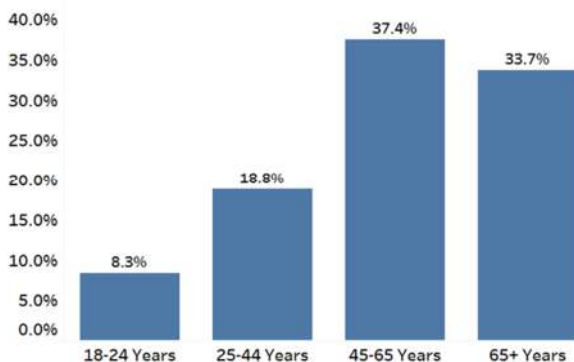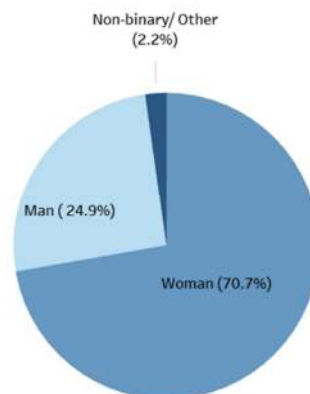
Figure 48: Respondents by Race

Race	Percent
Black or African American	61.5%
White	33.5%
Asian	0.9%
Other	0.7%
2 or More	0.4%
American Indian and Alaska Native	0.0%
Native Hawaiian and Other Pacific Islander	0.0%
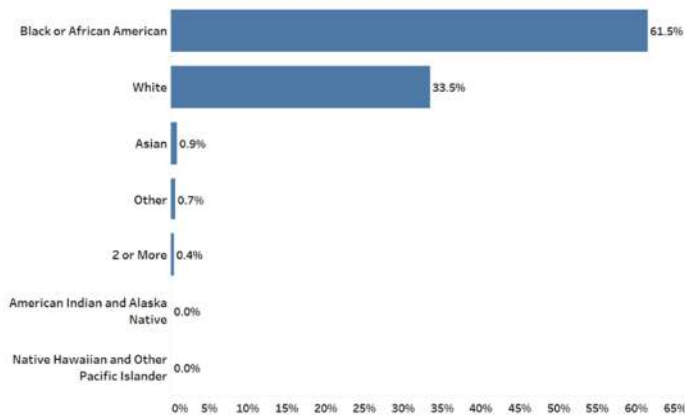
Figure 49: Respondents by Ethnicity

Hispanic (9.8%)
Non-Hispanic (87.5%)
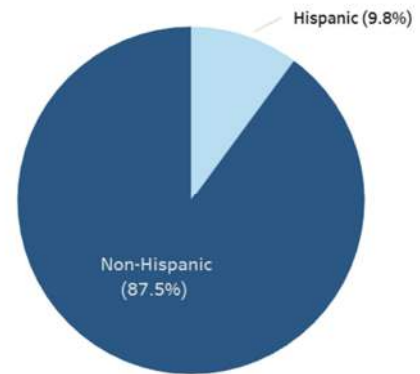
The questions administered via the Community Member Survey instrument are below. The survey instrument was also available in Spanish, and a copy of the Spanish language survey instrument is available on request.

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?[53]

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

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[53] 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."

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

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

   □ Employed full-time (40+ hours per week)   □ Homemaker
   □ Employed part-time (under 40 hours per   □ Temporarily unable to work due to illness
   week)   or injury
   □ Retired   □ Unemployed for less than one year
   □ Student   □ Unemployed for more than one year
   □ Armed forces/military   □ Permanently unable to work
   □ Self-employed   □ 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   □ $75,000 - $99,999
   □ $15,000 - $24,999   □ $100,000 - $149,999
   □ $25,000 - $34,999   □ $150,000 - $199,999
   □ $35,000 - $49,999   □ $200,000 or more
   □ $50,000 - $74,999   □ 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: Mental Health

13. 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: _____

14. 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

15. 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

16. 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

17. 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

18. 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?	□	□	□	□

19. 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

20. 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

21. 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

22. 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

23. 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 focus groups are summarized below.

Focus Group General Findings

Three focus groups were conducted in Northampton County in May and June 2024, involving a total of 32 community members. All focus groups identified several common health concerns and barriers to care. These included education, employment & income, environmental quality, food access and security, healthcare access & quality, mental health, and physical health. Specifically, participants noted issues such as digital literacy gaps, low wages, high cost of living, pollution, food deserts, lack of insurance, high healthcare costs, and chronic conditions like diabetes and high blood pressure.

Focus Group 1 Unique Insights: Community Members at Northampton Wellness Center

Focus Group one included 12 participants. A majority (9) of the participants identified as female, and three identified as male. Additionally, nine participants identified as African American, and three identified as white. All 12 participants reported being non-Hispanic. Finally, all group members were over the age of 18.

This group identified additional concerns related to the built environment, substance use, and transportation/transit. They noted inconsistent high-speed internet access across the county, addiction issues, and poor transportation access impacting healthcare and other services.

Participants suggested that local health leaders should prioritize the community's needs, make the best use of available funding, engage with the community directly, and repurpose schools to provide additional programs and services.

Focus Group 2 Unique Insights: Parents at Northampton Wellness Center

Focus Group two included seven participants. The majority (5) of the participants identified as female, and two identified as male. Additionally, all seven participants identified as African American. All seven participants reported being non-Hispanic. Finally, all group members were over the age of 18.

Parents in this focus group highlighted concerns about health equity and housing. They identified racial discrimination as an issue, with some feeling that the White population receives better access to healthier foods and resources. Additionally, they noted that housing is neither affordable nor readily available.

Suggestions for local health leaders included developing more parks and walking trails, addressing community safety issues like theft and violence, bringing in more grocery stores, and improving public transportation options.

Focus Group 3 Unique Insights: Older Adults at JW Faison Senior Center

Focus Group three included 13 participants. A majority (11) of the participants identified as female, and two identified as male. Additionally, nearly all (12) participants identified as African American. 12 participants reported being non-Hispanic. Finally, all group members were over the age of 50, with half of the group (8) ranging between 65 and 74 years of age.

The older adult group raised additional concerns about health equity, health literacy, sexual health, and substance use. They identified the African American community as being most impacted by health concerns and noted a general lack of understanding about how to be healthy. STDs were mentioned as a specific concern for older adults, and drug use in the community was highlighted as an issue.

This group suggested implementing a community health worker program, increasing leadership involvement in individual communities, providing more staff to support the health department's Health Educator, and partnering with universities to bring in more resources and programs.

Participants across all groups emphasized the importance of community engagement, education, and addressing transportation barriers to improve health and well-being in Northampton County.

Community Member Web Survey

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

Topic: Additional Demographic Information

Figure 50: What is the highest grade or year of school you completed?

(N=456)

Less than 9th grade	4%
9-12th grade, no diploma	7%
High school graduate (or GED/equivalent)	33%
Some college (no degree)	14%
Associate's degree or vocational training	18%
Bachelor's degree	14%
Graduate or professional degree	9%
Prefer not to say	1%
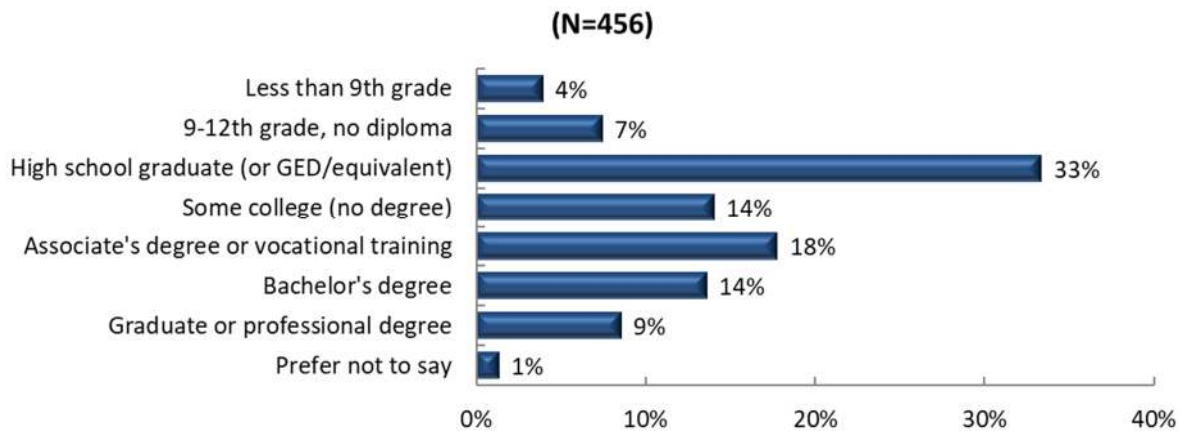
Figure 51: Which language is most often spoken in your home? (Choose one)

(N=457)

English	98%
Spanish	1%
Don't know/Not sure	0%
Prefer not to say	0%
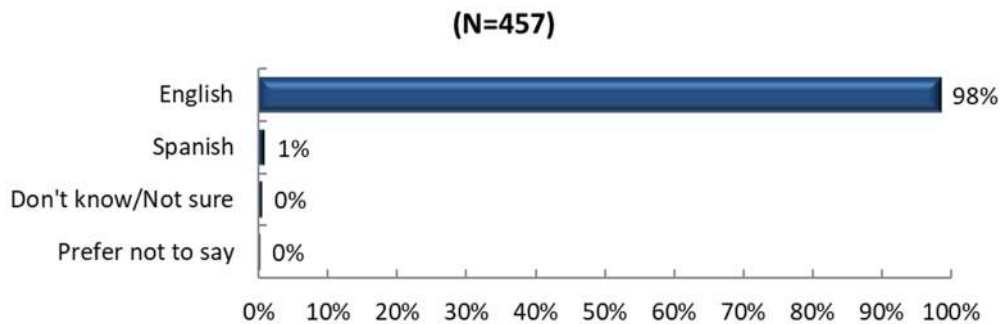
Figure 52: For employment, are you currently... (Select all that apply.)

(N=457)

Category	Percentage
Employed full-time (40 or more hours per week)	39%
Retired	33%
Employed part-time (under 40 hours per week)	13%
Student	8%
Self-employed	6%
Unable to work due to illness or injury	5%
Homemaker	3%
Armed forces/military	3%
Unable to Work	2%
Prefer not to say	2%
Unemployed for more than one year	2%
Unemployed for less than one year	1%
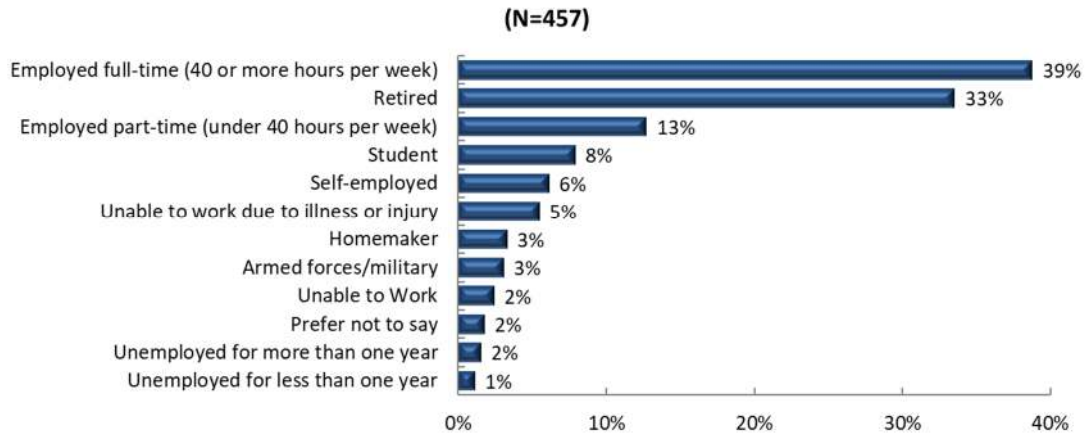
Figure 53: Which category best describes your yearly household income before taxes?

Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

(N=455)

Category	Percentage
Less than $15,000	15%
$15,000 - $24,999	14%
$25,000 - $34,999	21%
$35,000 - $49,999	12%
$50,000 - $74,999	19%
$75,000 - $99,999	4%
$100,000 - $149,999	4%
$150,000 - $199,999	2%
$200,000 or more	1%
Prefer not to say	9%
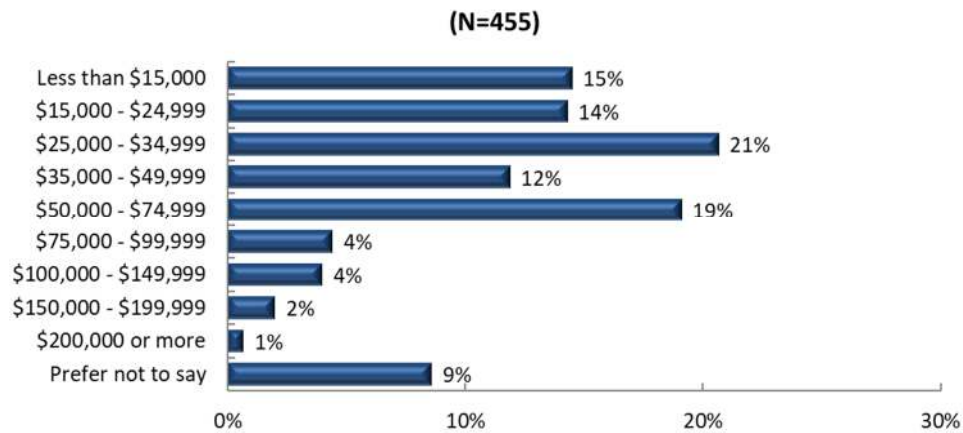
Topic: Health Conditions, Social Determinants of Health, and Barriers to Care

Figure 54: What are the three most important health problems that affect the health of your community? Please select up to three.

(N=457)

Health Problem	Percentage
Diabetes/high blood sugar	38%
Overweight/obesity	37%
Heart disease/high blood pressure	37%
Alcohol/drug addiction	36%
Mental health (depression/anxiety)	35%
Cancer	34%
Alzheimer's disease and other dementias	17%
Smoking/tobacco use	16%
Stroke	10%
Lung disease/asthma/COPD	8%
HIV/AIDS	4%
Prefer not to answer	4%
Infant death	3%
Other (Please specify)	1%
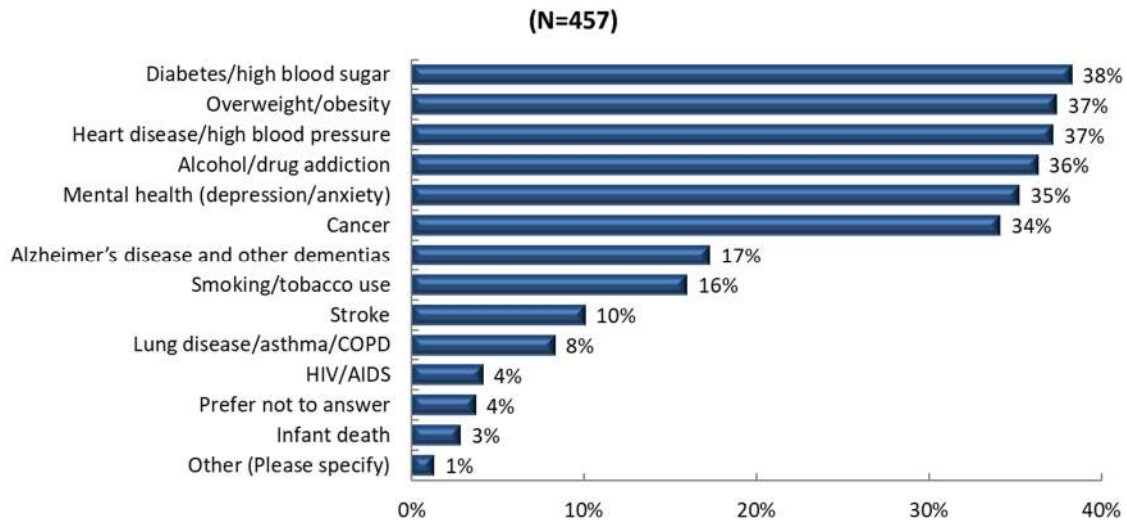
Other (please specify):
- "Blood pressure"
- "Mobility"
- "Poverty"
- "Therapy services for special needs children (i.e., behavioral therapy for autism)

Figure 55: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)

Most Important Health Problems that Affect the Health of Your Community
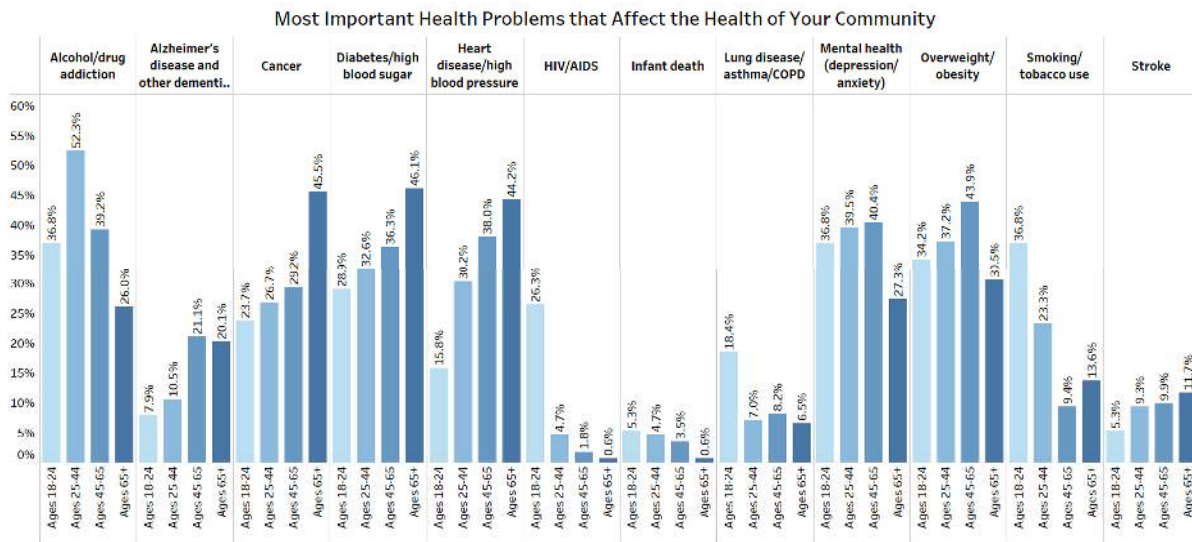
Figure 56: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)

Most Important Health Problems that Affect the Health of Your Community
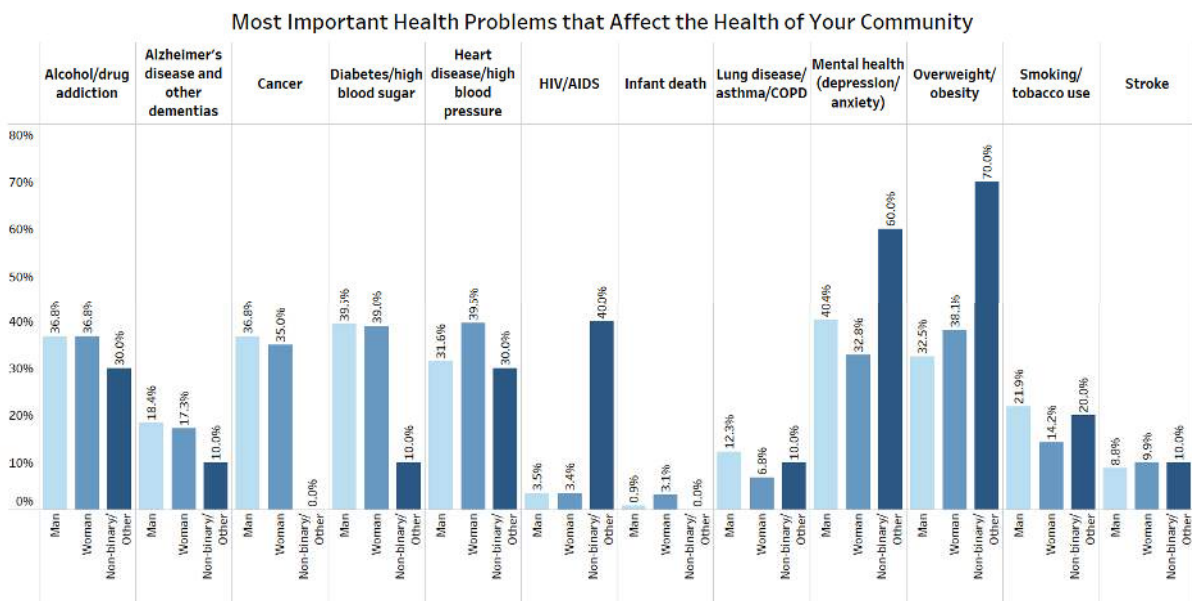
Figure 57: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)
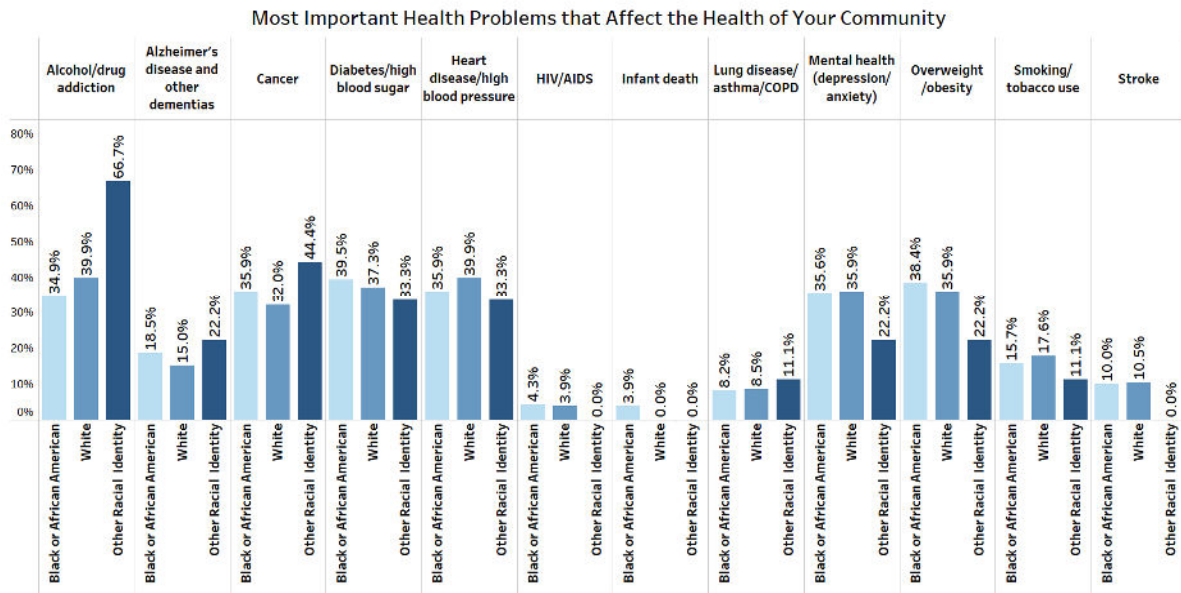
Figure 58: What are the three most important health problems that affect the health of your community? Please select up to three. (by ethnicity)
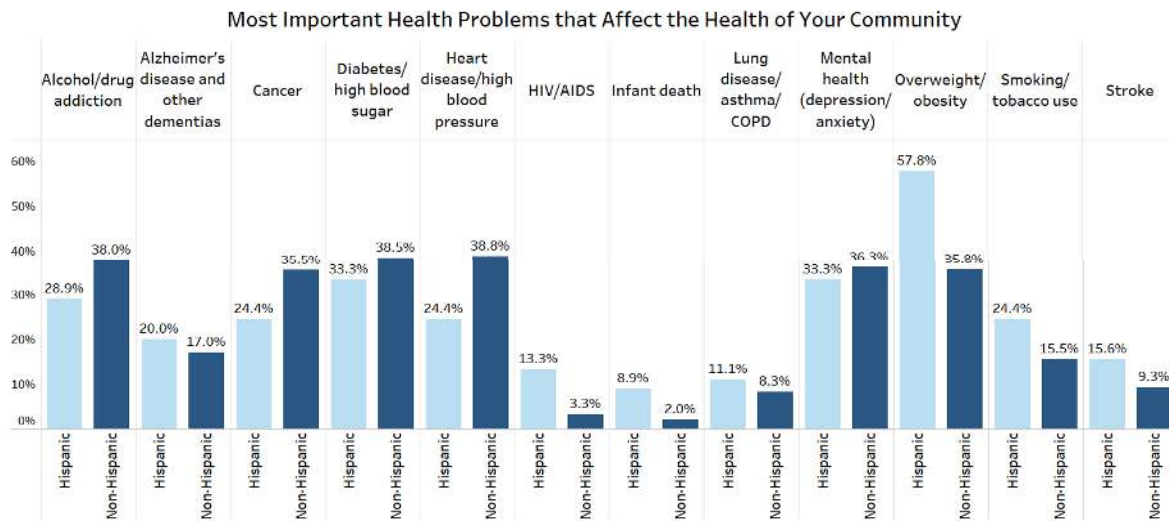
Figure 59: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.

(N=455)

Problem	Percentage
Lack of job opportunities	37%
Poverty	25%
Availability/access to doctor's office	20%
Housing/homelessness	20%
Limited access to healthy foods	18%
Neighborhood safety/violence	15%
Lack of affordable child care	15%
Availability/access to insurance	15%
Limited places to exercise	14%
Racial Discrimination	13%
Transportation problems	13%
Limited opportunities for social connection	12%
Domestic violence	11%
Limited/poor educational opportunities	11%
Ability Discrimination	9%
Age Discrimination	7%
Child abuse/neglect	7%
Prefer not to answer	6%
Gender Discrimination	3%
Environmental Injustice	2%
Other (Please specify)	1%

Other (please specify):
- "Drug addictions"
- "Lack of MD Specialty offices nearby"
- "Northampton Government spending"
- "People don't won't to work"
- "We have a water problem in my community. The water is sometimes brown."

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

Most Important Social or Environmental Problems that Affect the Health of Your Community
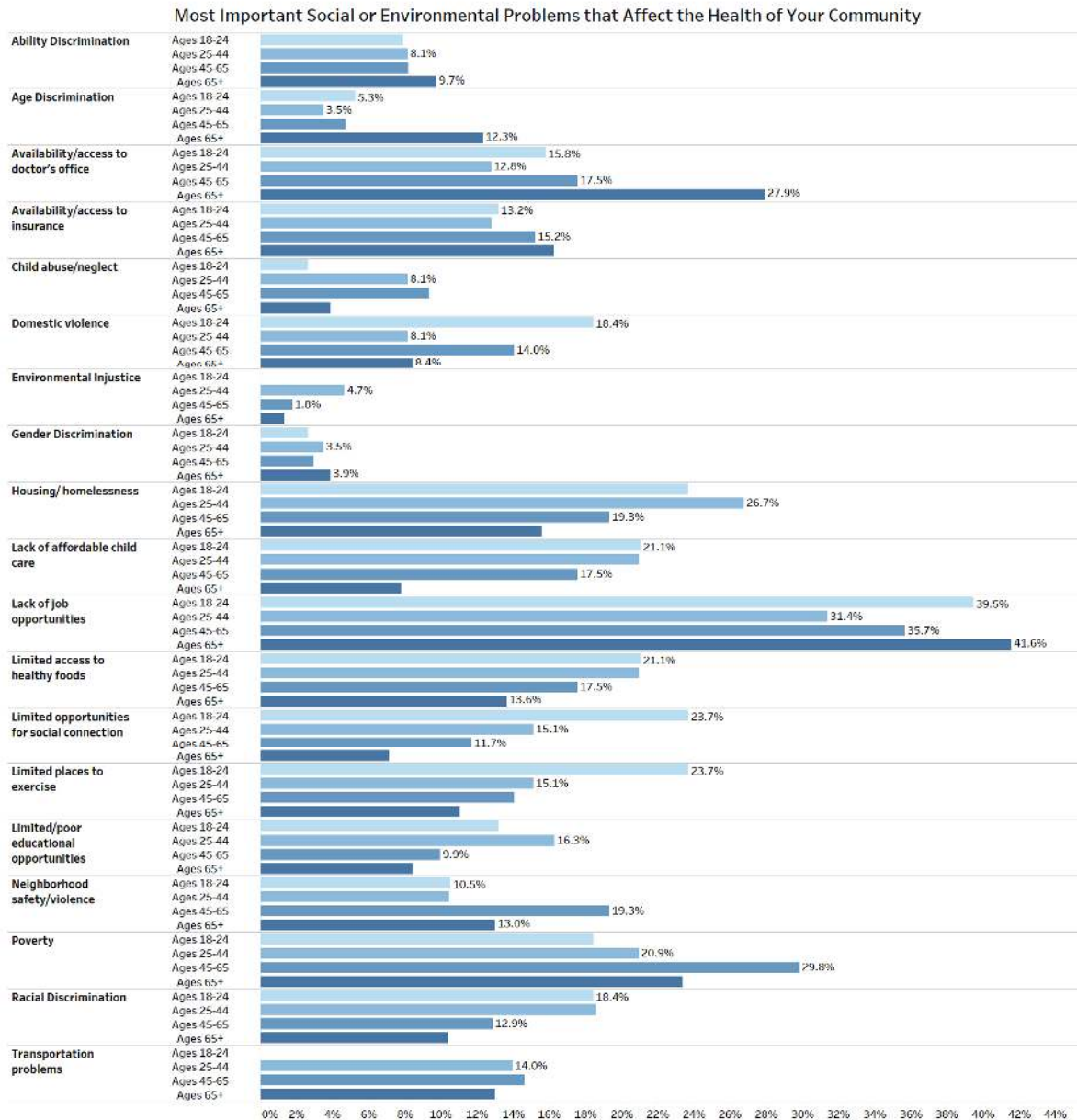
Figure 61: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)

Most Important Social or Environmental Problems that Affect the Health of Your Community

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

Most Important Social or Environmental Problems that Affect the Health of Your Community

| Category	Race	Percentage
Ability Discrimination	Black or African American	9.6%
	White	6.5%
	Other Racial Identity	11.1%
Age Discrimination	Black or African American	6.4%
	White	8.5%
	Other Racial Identity	0.0%
Availability/access to doctor's office	Black or African American	17.4%
	White	25.5%
	Other Racial Identity	11.1%
Availability/access to insurance	Black or African American	14.9%
	White	13.7%
	Other Racial Identity	33.3%
Child abuse/neglect	Black or African American	7.5%
	White	5.9%
	Other Racial Identity	11.1%
Domestic violence	Black or African American	14.6%
	White	7.2%
	Other Racial Identity	0.0%
Environmental Injustice	Black or African American	3.2%
	White	0.0%
	Other Racial Identity	11.1%
Gender Discrimination	Black or African American	4.6%
	White	1.3%
	Other Racial Identity	0.0%
Housing/homelessness	Black or African American	22.8%
	White	13.7%
	Other Racial Identity	22.2%
Lack of affordable child care	Black or African American	13.5%
	White	19.0%
	Other Racial Identity	0.0%
Lack of job opportunities	Black or African American	35.2%
	White	41.2%
	Other Racial Identity	33.3%
Limited access to healthy foods	Black or African American	14.6%
	White	21.6%
	Other Racial Identity	22.2%
Limited opportunities for social conn..	Black or African American	13.9%
	White	8.5%
	Other Racial Identity	0.0%
Limited places to exercise	Black or African American	14.2%
	White	13.7%
	Other Racial Identity	11.1%
Limited/poor educational opportunities	Black or African American	9.6%
	White	13.1%
	Other Racial Identity	11.1%
Neighborhood safety/violence	Black or African American	13.9%
	White	16.3%
	Other Racial Identity	22.2%
Poverty	Black or African American	25.3%
	White	23.5%
	Other Racial Identity	22.2%
Racial Discrimination	Black or African American	17.1%
	White	5.9%
	Other Racial Identity	22.2%
Transportation problems	Black or African American	12.5%
	White	13.7%
	Other Racial Identity	11.1%

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


Most Important Social or Environmental Problems that Affect the Health of Your Community

Problem	Ethnicity	Percent
Ability Discrimination	Hispanic	20.0%
	Non-Hispanic	7.8%
Age Discrimination	Hispanic	6.7%
	Non-Hispanic	7.3%
Availability/ access to doctor's office	Hispanic	4.4%
	Non-Hispanic	22.0%
Availability/access to insurance	Hispanic	2.2%
	Non-Hispanic	16.3%
Child abuse/neglect	Hispanic	4.4%
	Non-Hispanic	7.3%
Domestic violence	Hispanic	15.6%
	Non-Hispanic	11.0%
Environmental Injustice	Hispanic	8.9%
	Non-Hispanic	1.5%
Gender Discrimination	Hispanic	6.7%
	Non-Hispanic	3.0%
Housing/ homelessness	Hispanic	33.3%
	Non-Hispanic	19.0%
Lack of affordable child care	Hispanic	20.0%
	Non-Hispanic	14.5%
Lack of job opportunities	Hispanic	22.2%
	Non-Hispanic	39.3%
Limited access to healthy foods	Hispanic	15.6%
	Non-Hispanic	18.0%
Limited/poor educational opportunities	Hispanic	8.9%
	Non-Hispanic	11.5%
Limited opportunities for social connection	Hispanic	24.4%
	Non-Hispanic	10.5%
Limited places to exercise	Hispanic	26.7%
	Non-Hispanic	12.8%
Neighborhood safety/violence	Hispanic	20.0%
	Non-Hispanic	14.3%
Poverty	Hispanic	20.0%
	Non-Hispanic	25.3%
Racial Discrimination	Hispanic	17.8%
	Non-Hispanic	13.3%
Transportation problems	Hispanic	6.7%
	Non-Hispanic	13.3%

Figure 64: 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.

(N=455)

Reason	Percentage
Cost – too expensive/can't pay	64%
No insurance	49%
Lack of transportation	38%
Wait is too long	35%
Insurance not accepted	22%
No doctor nearby	22%
Prefer not to answer	6%
Language barrier	5%
Cultural/religious beliefs	5%
Other (Please specify)	2%

Other (please specify):

- "Knowledge deficit"
- "Lack of interest"
- "Lack of medical knowledge"
- "Most of the time they just go to the emergency room instead of a clinic or doctors office"
- "Not knowing better"
- "Rudeness of staff"
- "Traditional, systematic discrimination"
- "Unable to drive and no one can take them"
- "Want go to Dss to sign up"

Figure 65: 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)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
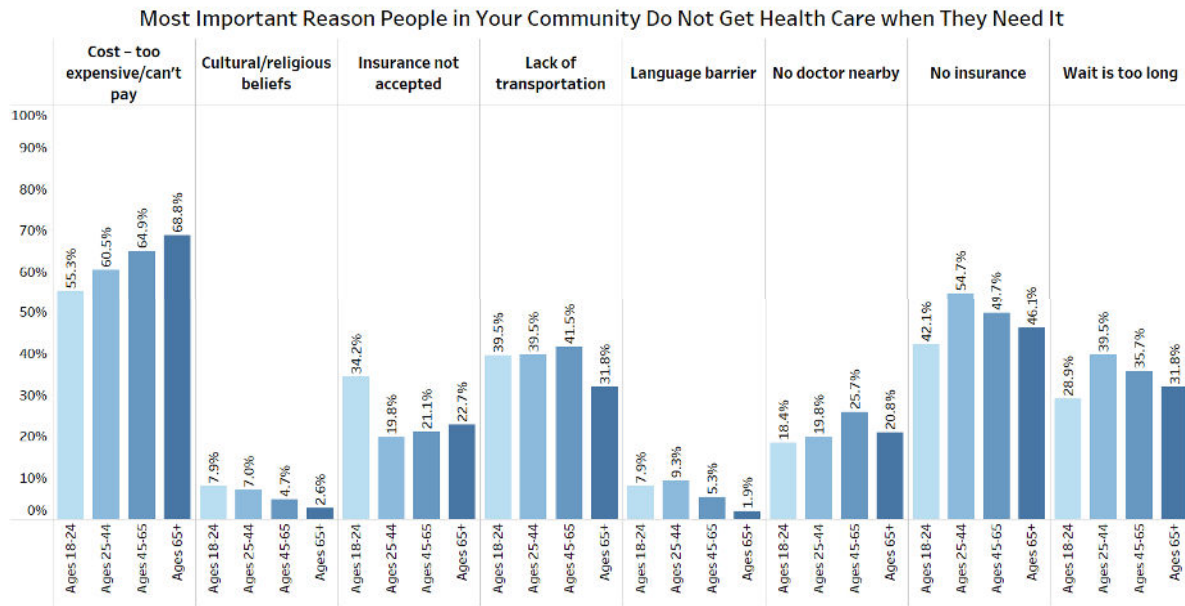
Figure 66: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by gender)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
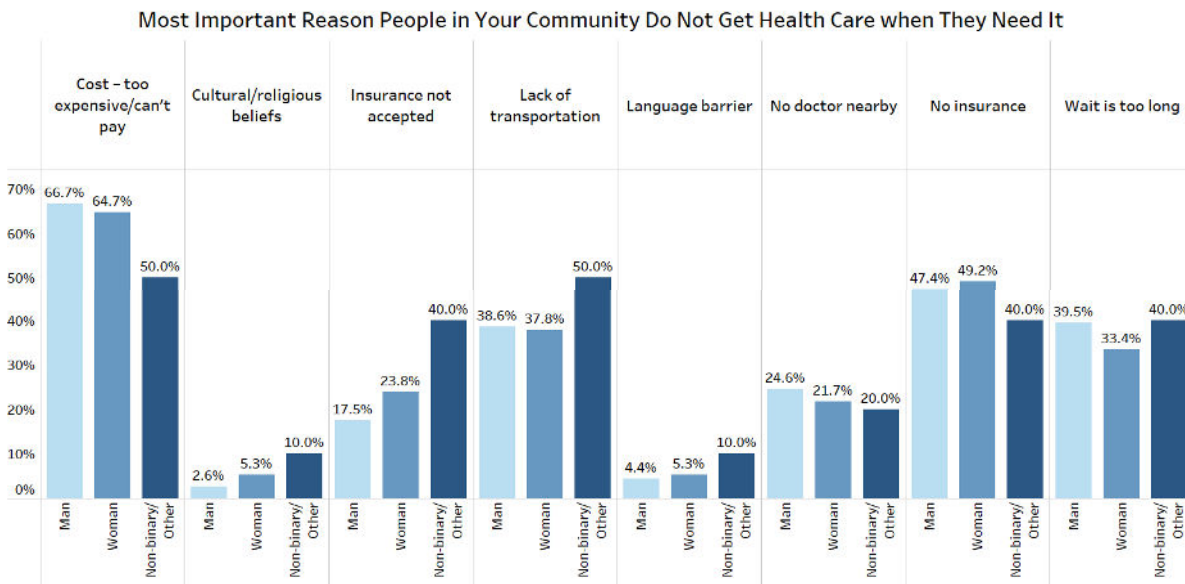
Figure 67: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
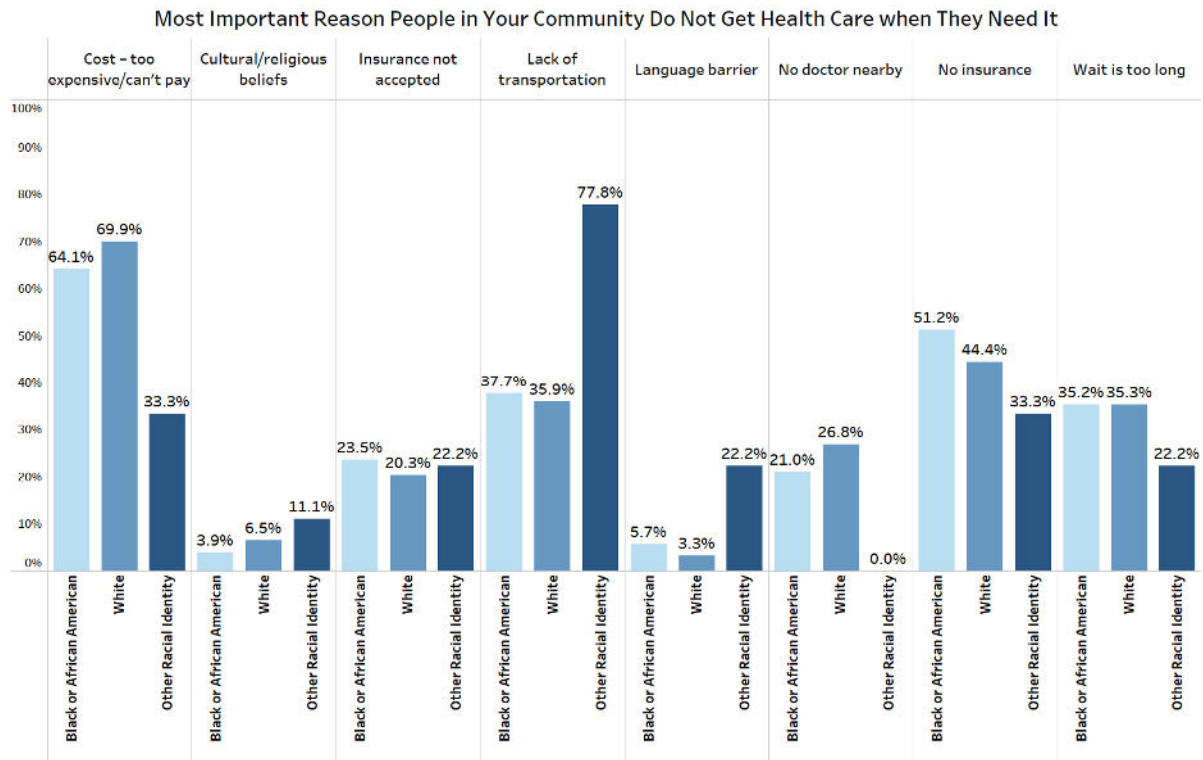
Figure 68: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by ethnicity)

Most Important Reason People in Your Community Do Not Get Health Care when They Need It
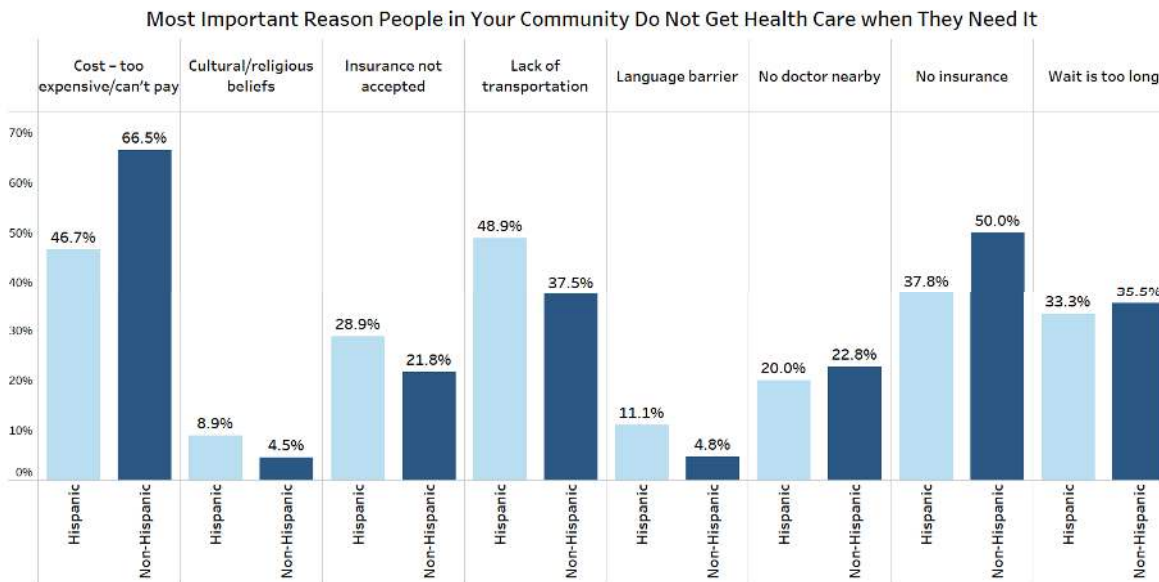
Topic: Mental Health

Figure 69: 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?

(N=441)

Number of Poor Mental Health Days

Measure	Value
Mean (Standard Deviation)	4 (7)
Median	0
Mode	0
Minimum-Maximum	0-30

Figure 7
Figure 70: 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?
Note: only participants who indicated experiencing one or more poor mental health days in the previous question were asked the current question

(N=200)
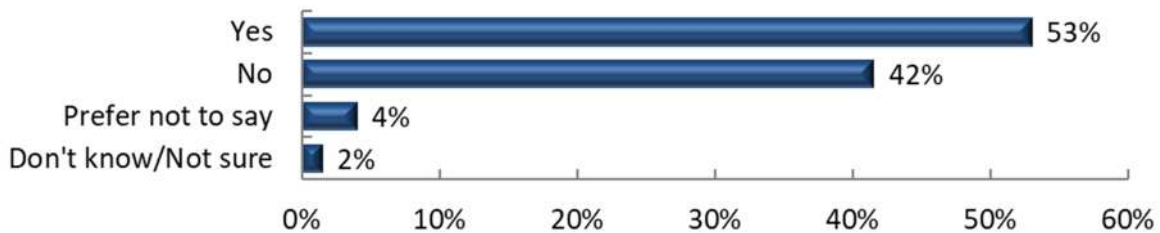
Figure 71: What was the MAIN reason you did not get mental health care or counseling?
Note: only participants who responded "yes" to previous question were asked the current question

(N=105)

Stigma	31%
Don't Know Where To Go	12%
Cost/No Insurance Coverage	11%
Lack of Providers	9%
Too Busy to Go To an Appointment	7%
None of the above	5%
Too Long of Wait for an Appointment	5%
Previous Negative Experiences/Distrust of Mental Health Providers	4%
Lack of Transportation	4%
Inconvenient Office Hours	4%
Distance	4%
Prefer not to say	2%
Concerns about Confidentiality	2%
Don't know/Not sure	1%
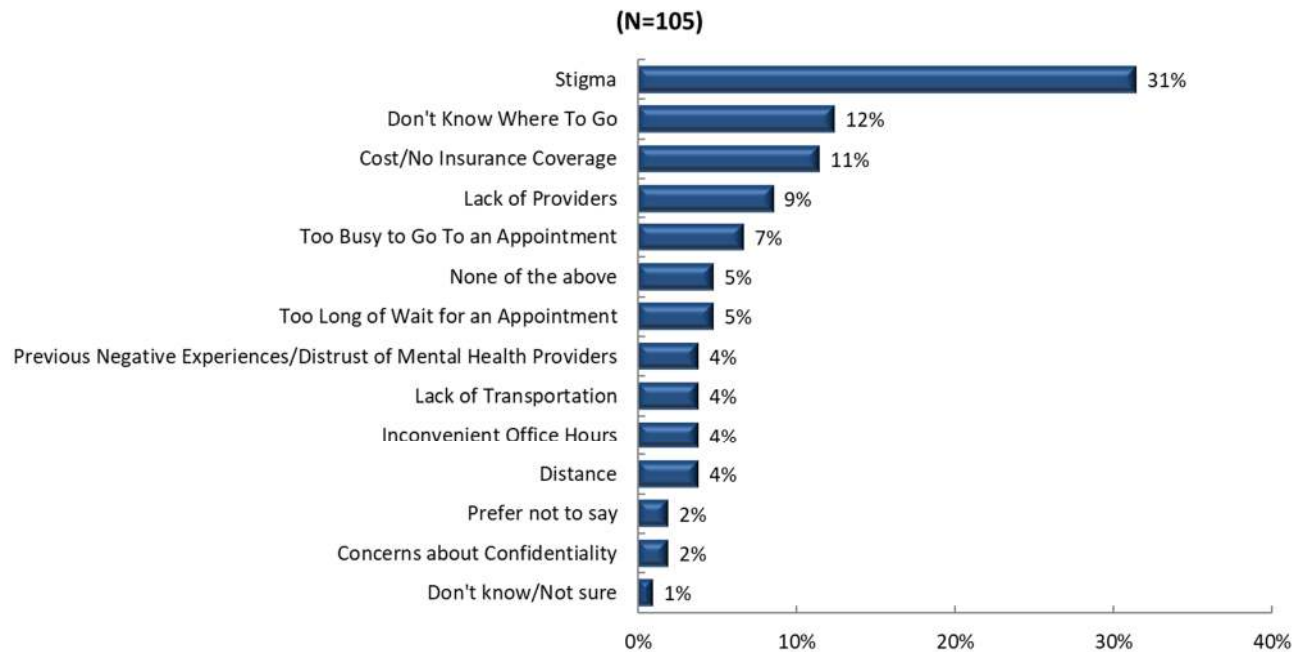
Figure 72: Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

(N=453)

No	73%
Yes	22%
Prefer not to say	4%
Don't know/Not sure	2%
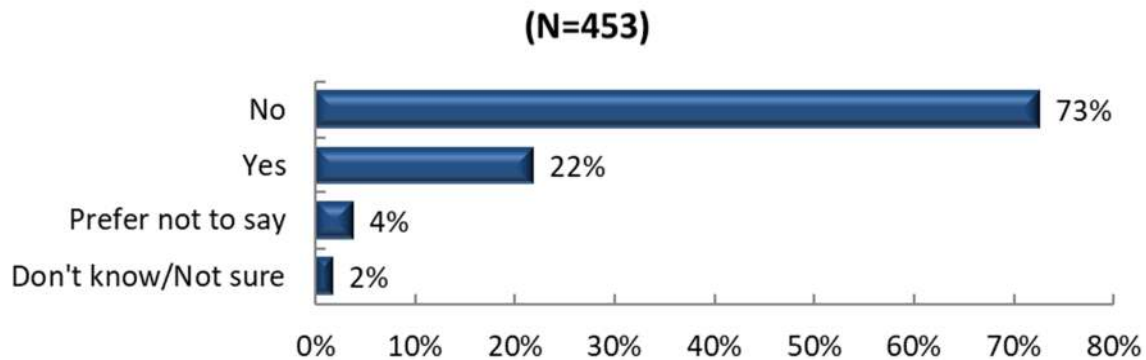
Topic: Physical Health

Figure 73: Considering your physical health overall, would you describe your health as…

(N=456)

Good	48%
Fair	23%
Very Good	17%
Excellent	5%
Poor	4%
Prefer not to say	3%
Don't know/Not sure	1%
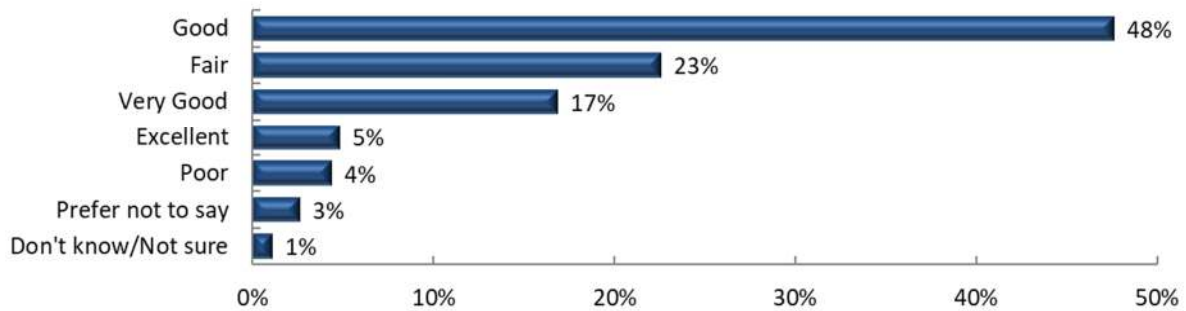
Figure 74: Within the past year (anytime less than one year ago), have you:

	Yes	No
Had a routine/annual physical or check-up? (N=453)	77%	18%
Been to the dentist/dental hygienist? (N=453)	65%	30%

■ Yes ■ No ■ Prefer not to say ■ Don't know/Not sure
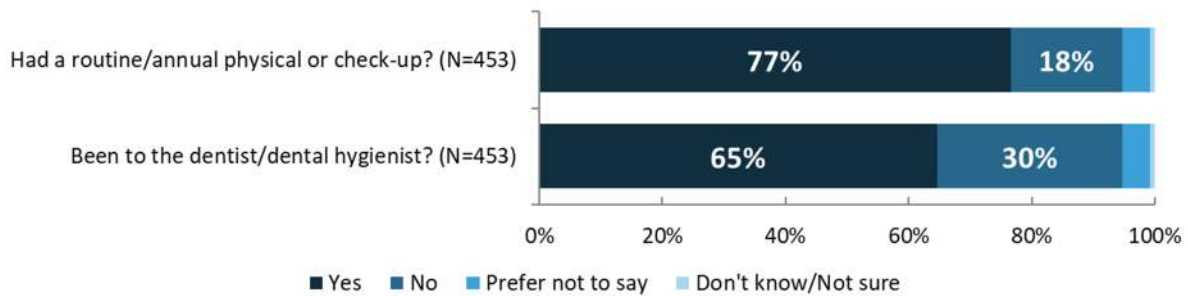
Figure 75: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? Select all that apply

(N=455)

Condition	Percentage
High blood pressure (hypertension)	33%
Arthritis	27%
Depression or anxiety	25%
Vision and sight problems	24%
High cholesterol	23%
Diabetes (not during pregnancy)	20%
Cancer	15%
Asthma	13%
Heart disease, stroke, or other cardiovascular disease	11%
None of the above	10%
Mental illness not otherwise listed (including bipolar disorder,…)	9%
Physical disabilities	9%
Osteoporosis	9%
Chronic Obstructive Pulmonary Disease (COPD)	8%
Long COVID	8%
Lung disease	7%
Stroke	6%
Dementia/Short-term memory loss	5%
Kidney disease	5%
Prefer not to say	5%
Sexually transmitted diseases (including chlamydia, syphilis,…)	4%
Liver disease	4%
Don't know/Not sure	2%
Other (Please specify)	1%
Immunocompromised condition not otherwise listed	1%

Other (please specify):
- "fybromyalgia and possible thyroid issues"
- "IBS, Chronic Migraines"
- "nerves/LBP"
- "Obesity"
- "Tracheal stenosis"

Figure 76: 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.)
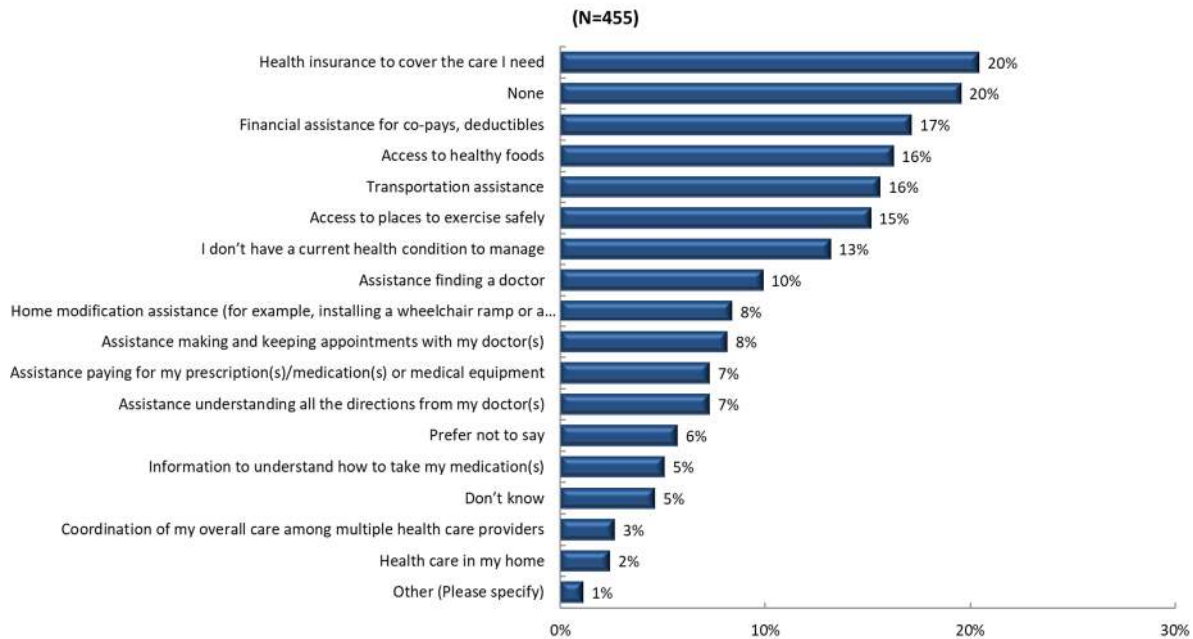
Other (please specify):
- "More time and Motivation"
- "Scooter"

Topic: Transportation And Transit

Figure 77: In a typical week, what kinds of transportation do you use the most? (Select all that apply.)

(N=455)

Transportation	Percent
Car	89%
Walk	37%
Paying for rides from family or friends	36%
Ride with someone	35%
Bike	20%
Taxi, Uber, or Lyft	16%
Bus	12%
Motorcycle	6%
Prefer not to say	3%
Other (Please specify)	1%
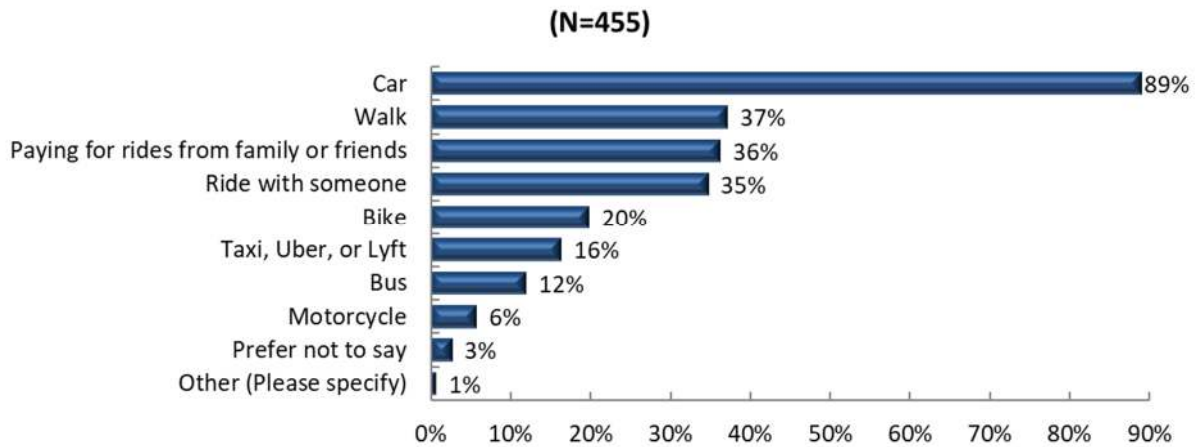
Other (please specify):

- "I borrow a car sometimes"
- "scooter"

Figure 78: 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:

(N=454)

Response	Percentage
No	59%
Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need	28%
Yes, it has kept me from medical appointments or getting medications	28%
Prefer not to say	4%
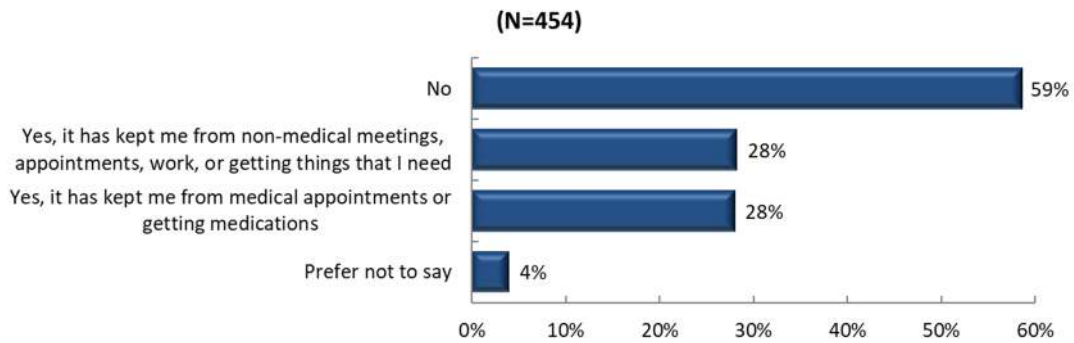
Figure 79: Do you put off or neglect going to the doctor because of distance or transportation?

(N=455)

Response	Percentage
No	55%
Yes	40%
Prefer not to say	4%
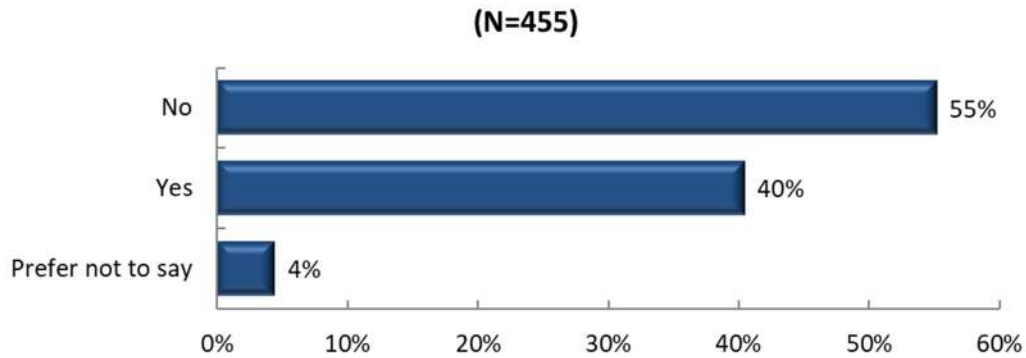
APPENDIX 6 | SUMMARY OF DATA FINDINGS ACROSS SOURCES

Primary and Secondary data findings are summarized in full by the table below.[54]

Priority Area	Secondary Data	Community Survey	Focus Group 1	Focus Group 2	Focus Group 3
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	✓		✓		✓

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

APPENDIX 7 | 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 Northampton County 2020			Top Causes of Death in Northampton County 2021			Top Causes of Death in Northampton County 2022		
Rank	Cause	Rate	Rank	Cause	Rate	Rank	Cause	Rate
1	Diseases of the Heart	361.5	1	Diseases of the Heart	379.5	1	Diseases of the Heart	447.0
2	Malignant Neoplasms	282.9	2	Malignant Neoplasms	309.4	2	Malignant Neoplasms	363.5
3	COVID-19	225.3	3	COVID-19	262.7	3	Diabetes Mellitus	131.1
4	Accidents	115.3	4	Diabetes Mellitus	128.4	4	COVID-19	-
5	Diabetes Mellitus	-	5	Cerebrovascular Diseases	-	5	Accidents	-
6	Alzheimer Diseases	-	6	Accidents	-	6	Alzheimer Diseases	-
7	Cerebrovascular Diseases	-	7	-	-	7	Cerebrovascular Diseases	-
8	Chronic Lower Respiratory Diseases	-	8	-	-	8	-	-
9	-	-	9	-	-	9	-	-
10	-	-	10	-	-	10	-	-

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 Northampton County Residents FY 2022		
Rank	Cause	#
1	COVID-19	469
2	Pain in Throat and Chest	346
3	Abdominal and Pelvic Pain	278
4	Back Pain	225
5	Sepsis	209

Top 5 Diagnoses for ED Visits for Northampton County Residents FY 2023		
Rank	Cause	#
1	Pain in Throat and Chest	376
2	Abdominal and Pelvic Pain	342
3	Back Pain	195
4	Acute Upper Respiratory Infection	194
5	Sepsis	182

Top 5 Diagnoses for ED Visits for Northampton County Residents FY 2024		
Rank	Cause	#
1	Pain in Throat and Chest	414
2	Abdominal and Pelvic Pain	370
3	Back Pain	229
4	Sepsis	224
5	Other Joint Disorders	205

Top 5 Diagnoses for ED Visits for ECU Health North Hospital FY 2022		
Rank	Cause	#
1	COVID-19	1,443
2	Pain in Throat and Chest	1,059
3	Abdominal and Pelvic Pain	918
4	Back Pain	614
5	Patient Left Before Receiving Care	536

Top 5 Diagnoses for ED Visits for ECU Health North Hospital FY 2023		
Rank	Cause	#
1	Pain in Throat and Chest	1,240
2	Abdominal and Pelvic Pain	1,017
3	Back Pain	509
4	COVID-19	475
5	Other Joint Disorders	466

Top 5 Diagnoses for ED Visits for ECU Health North Hospital FY 2024		
Rank	Cause	#
1	Pain in Throat and Chest	1,343
2	Abdominal and Pelvic Pain	1,243
3	Back Pain	609
4	Nausea and Vomiting	586
5	Soft Tissue Disorders	577

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 Northampton County Residents FY 2022			Top 5 Diagnoses for Avoidable ED Visits for Northampton County Residents FY 2023			Top 5 Diagnoses for Avoidable ED Visits for Northampton County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Other Joint Disorders	141	1	Acute Upper Respiratory Infection	194	1	Other Joint Disorders	201
2	Cystitis or Inflammation of the Bladder	128	2	Other Joint Disorders	165	2	Acute Upper Respiratory Infection	187
3	Disorders of Urinary System	120	3	Cystitis or Inflammation of the Bladder	132	3	Soft Tissue Disorders	173
4	Patient Left Before Receiving Care	109	4	Nausea and Vomiting	131	4	Cystitis or Inflammation of the Bladder	162
5	Soft Tissue Disorders	108	5	Dizziness	115	5	Nausea and Vomiting	151

Top 5 Diagnoses for Avoidable ED Visits for ECU Health North Hospital FY 2022			Top 5 Diagnoses for Avoidable ED Visits for ECU Health North Hospital FY 2023			Top 5 Diagnoses for Avoidable ED Visits for ECU Health North Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Patient Left Before Receiving Care	510	1	Other Joint Disorders	455	1	Nausea and Vomiting	582
2	Other Joint Disorders	416	2	Nausea and Vomiting	431	2	Other Joint Disorders	566
3	Soft Tissue Disorders	347	3	Patient Left Before Receiving Care	409	3	Soft Tissue Disorders	531
4	Nausea and Vomiting	341	4	Acute Upper Respiratory Infection	402	4	Acute Upper Respiratory Infection	435
5	Cystitis or Inflammation of the Bladder	242	5	Soft Tissue Disorders	363	5	Cystitis or Inflammation of the Bladder	403

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 Northampton County Residents FY 2022		
Rank	Cause	#
1	Sepsis	199
2	Hypertensive Heart and Chronic Kidney Disease	82
3	COVID-19	75
4	Ischemic Stroke	45
5	Acute Kidney Failure	41

Top 5 Diagnoses for ED Visits Resulting in Admission for Northampton County Residents FY 2023		
Rank	Cause	#
1	Sepsis	165
2	Hypertensive Heart and Chronic Kidney Disease	82
3	Chronic Obstructive Pulmonary Disease	48
4	Acute Kidney Failure	46
5	Ischemic Stroke	46

Top 5 Diagnoses for ED Visits Resulting in Admission for Northampton County Residents FY 2024		
Rank	Cause	#
1	Sepsis	211
2	Hypertensive Heart and Chronic Kidney Disease	90
3	Acute Kidney Failure	69
4	Ischemic Stroke	47
5	Chronic Obstructive Pulmonary Disease	44

Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health North Hospital FY 2022		
Rank	Cause	#
1	Sepsis	463
2	COVID-19	198
3	Hypertensive Heart and Chronic Kidney Disease	173
4	Ischemic Stroke	110
5	Hypertensive Heart Disease	97

Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health North Hospital FY 2023		
Rank	Cause	#
1	Sepsis	421
2	Hypertensive Heart and Chronic Kidney Disease	169
3	Hypertensive Heart Disease	119
4	Chronic Obstructive Pulmonary Disease	105
5	Ischemic Stroke	95

Top 5 Diagnoses for ED Visits Resulting in Admission for ECU Health North Hospital FY 2024		
Rank	Cause	#
1	Sepsis	517
2	Hypertensive Heart and Chronic Kidney Disease	212
3	Chronic Obstructive Pulmonary Disease	179
4	Acute Kidney Failure	145
5	Hypertensive Heart 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 Northampton County Residents FY 2022			Top 5 Diagnoses for Admission for Northampton County Residents FY 2023			Top 5 Diagnoses for Admission for Northampton County Residents FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Sepsis	233	1	Sepsis	190	1	Sepsis	242
2	Liveborn Infant	133	2	Liveborn Infant	130	2	Liveborn Infant	131
3	Hypertensive Heart and Chronic Kidney Disease	89	3	Hypertensive Heart and Chronic Kidney Disease	88	3	Hypertensive Heart and Chronic Kidney Disease	98
4	COVID-19	69	4	Acute Kidney Failure	53	4	Acute Kidney Failure	65
5	Ischemic Stroke	54	5	Ischemic Stroke	53	5	Acute Myocardial Infarction / Heart Attack	58

Top 5 Diagnoses for Admission for ECU Health North Hospital FY 2022			Top 5 Diagnoses for Admission for ECU Health North Hospital FY 2023			Top 5 Diagnoses for Admission for ECU Health North Hospital FY 2024		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Liveborn Infant	509	1	Liveborn Infant	454	1	Sepsis	528
2	Sepsis	460	2	Sepsis	420	2	Liveborn Infant	430
3	COVID-19	190	3	Hypertensive Heart and Chronic Kidney Disease	171	3	Hypertensive Heart and Chronic Kidney Disease	212
4	Hypertensive Heart and Chronic Kidney Disease	174	4	Hypertensive Heart Disease	117	4	Chronic Obstructive Pulmonary Disease	169
5	Ischemic Stroke	110	5	Chronic Obstructive Pulmonary Disease	97	5	Acute Kidney Failure	147

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

Leading Causes of Injury Death 2017-2021 Northampton County			Leading Causes of Injury Hospitalization 2017-2021 Northampton County			Leading Causes of Injury ED Visits 2017-2021 Northampton County		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT – Unintentional	28	1	Fall – Unintentional	253	1	Fall – Unintentional	3,032
2	Poisoning – Unintentional	21	2	MVT – Unintentional	86	2	Unspecified – Unintentional	2,169
3	Firearm – Self-inflicted	16	3	Unspecified - Unintentional	39	3	MVT – Unintentional	1,521
4	Firearm – Assault; Fall -	9	4	Poisoning – Unintentional	33	4	No Mechanism or Intent Recorded	1,250
5	Suffocation - Unintentional	5	5	Poisoning – Self-inflicted	30	5	Struct By/Against - Unintentional	778

Source: N.C. Injury & Violence Prevention Branch

https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/pdf/Top5TablesByCounty2017-2021_Final.pdf