PITT COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

PPH Pitt Partners for Health

VIDANT™ Medical Center

PittCounty Public Health

2019

Table of Contents

List of Figures 5

List of Tables 7

Executive Summary 8
- Service Area 8
- Methods for Identifying Community Health Needs 8
  - Secondary Data 8
  - Primary Data 8
- Summary of Findings 8
- Selected Priority Areas 9
- Conclusion 9

Introduction 10
- About Health ENC 10
  - Member Organizations 11
  - Steering Committee 12
- HealthENC.org 13
- Consultants 14
- Pitt County [Hospital / Health Department / Collaborative] 15
  - Community Health Team Structure 15
- Distribution 16

Evaluation of Progress Since Prior CHNA 17
- Community Feedback on Prior CHNA 17

Methodology 18
- Overview 18
- Secondary Data Sources & Analysis 18
- Health and Quality of Life Topic Areas 19
- Health ENC Region Comparison 20
- Primary Data Collection & Analysis 20
  - Community Survey 20
  - Focus Group Discussions 23
- Data Considerations 25
- Prioritization 26

Overview of Pitt County 28
- About Pitt County 28
- Demographic Profile 29
  - Population 29
  - Age and Gender 31
  - Birth Rate 33
  - Race/Ethnicity 34
  - Tribal Distribution of Population 35
  - Military Population 36
  - Veteran Population 37
- Socioeconomic Profile 38
  - NC Department of Commerce Tier Designation 38
  - Income 38
  - Poverty 41
  - Housing 44
  - Food Insecurity 46
  - Employment 47
  - SocioNeeds Index 48
- Educational Profile 50
  - Educational Attainment 50
  - High School Dropouts 52
  - High School Suspension Rate 53
- Environmental Profile 55
- Transportation Profile 58

Crime and Safety 61
Violent Crime and Property Crime 61
Juvenile Crime 63
Child Abuse 65
Incarceration 66
Access to Healthcare, Insurance and Health Resources Information 67
Health Insurance 67
Civic Activity 69
Political Activity 69

Findings 73
Secondary Data Scoring Results 73
Primary Data 74
Community Survey 74
Focus Group Discussions 76
Data Synthesis 77
Topic Areas Examined in This Report 78
Navigation Within Each Topic 79
Maternal, Fetal & Infant Health 80
Key Issues 80
Secondary Data 80
Primary Data 80
Highly Impacted Populations 81
Immunizations & Infectious Diseases 82
Key Issues 82
Secondary Data 82
Primary Data 83
Highly Impacted Populations 83
Occupational & Environmental Health 84
Key Issues 84
Secondary Data 84
Primary Data 84
Highly Impacted Populations 84
Other Chronic Diseases 85
Key Issues 85
Secondary Data 85
Primary Data 85
Highly Impacted Populations 85
Economy 86
Key Issues 86
Secondary Data 86
Primary Data 87
Highly Impacted Populations 87
Mortality 88

Other Significant Health Needs 89
Access to Health Services 89
Exercise, Nutrition & Weight 89
Social Environment 90
Substance Abuse 91

A Closer Look at Highly Impacted Populations 92
Disparities by Age, Gender and Race/Ethnicity 92
Geographic Disparities 93

Conclusion 94

Appendix A. Impact Since Prior CHNA 95

Appendix B. Secondary Data Scoring 102
Overview 102
Comparison Score 102
Indicator Score 102
Topic Score 102
Comparison Scores 103
Comparison to a Distribution of North Carolina Counties and U.S. Counties 103

Comparison to North Carolina Value and U.S. Value 103
Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets 104
Trend Over Time 104
Missing Values 104
Indicator Scoring 104
Topic Scoring 105
Age, Gender and Race/Ethnicity Disparities 105
Topic Scoring Table 106
Indicator Scoring Table 107
Sources 121
Appendix C. Primary Data 122
English Survey 123
Spanish Survey 153
Focus Group Questions 188
Appendix D. Community Resources 191

List of Figures

Figure 1. Health ENC Online Data Platform 13
Figure 2. Secondary Data Scoring 19
Figure 3. Education of Community Survey Respondents 22
Figure 4. Employment Status of Community Survey Respondents 22
Figure 5. Health Care Coverage of Community Survey Respondents 23
Figure 6. Total Population (U.S. Census Bureau) 29
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010) 30
Figure 8. Population by Age (U.S. Census Bureau, 2016) 31
Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016) 32
Figure 10. Birth Rate (North Carolina State Center for Health Statistics) 33
Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016) 34
Figure 12. Population in Military / Armed Forces (American Community Survey) 36
Figure 13. Veteran Population (American Community Survey, 2012-2016) 37
Figure 14. Median Household Income (American Community Survey, 2012-2016) 38
Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016) 39
Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016) 40
Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016) 41
Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016) 42
Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016) 42
Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016) 43
Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016) 44
Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014) 45
Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016) 46
Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018) 48
Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016) 50
Figure 26. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016) 51
Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction) 52
Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction) 53
Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016) 58
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016) 59
Figure 31. Violent Crime Rate (North Carolina Department of Justice) 61
Figure 32. Property Crime Rate (North Carolina Department of Justice) 62
Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety) 63
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety) 64
Figure 35. Child Abuse Rate (Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families) 65
Figure 36. Incarceration Rate (North Carolina Department of Public Safety) 66
Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016) 67
Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016) 68
Figure 39. Voting Age Population (American Community Survey, 2012-2016) 69

Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016) 70
Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents 74
Figure 42. Level of Agreement Among Pitt County Residents in Response to Nine Statements about their Community 75
Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents 75
Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents 76
Figure 45. Data Synthesis Results 78
Figure 46. Secondary Data Scoring Overview 102
Figure 47. Score Range 102
Figure 48. Comparisons used in Secondary Data Scoring 103
Figure 49. Compare to Distribution Indicator Gauge 103
Figure 50. Distribution of County Values 103
Figure 51. Comparison to Single Value 103
Figure 52. Comparison to Target Value 104
Figure 53. Trend Over Time 104

List of Tables

Table 1. Significant Health Needs 9
Table 2. Health and Quality of Life Topic Areas 20
Table 3. Survey Respondents 21
Table 4. List of Focus Group Discussions 24
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016) 32
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016) 35
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018) 49
Table 8. Secondary Data Scoring Results by Topic Area 73
Table 9. Focus Group Results by Topic Area 77
Table 10. Criteria for Identifying the Top Needs from each Data Source 77
Table 11. Topic Areas Examined In-Depth in this Report 78
Table 12. Description of Gauges and Icons used in Secondary Dara Scoring 79
Table 13. Data Scoring Results for Maternal, Fetal & Infant Health 80
Table 14. Data Scoring Results for Immunizations & Infectious Diseases 82
Table 15. Data Scoring Results for Occupational & Environmental Health 84
Table 16. Data Scoring Results for Other Chronic Diseases 85
Table 17. Data Scoring Results for Economy 86
Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER) 88
Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities 92
Table 20. Topic Scores for Pitt County 106
Table 21. Indicator Scores by Topic Area 107
Table 22. Indicator Sources and Corresponding Number Keys 121

Executive Summary

Pitt County Health Department and Vidant Medical Center are pleased to present this Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Pitt County.

Service Area

The service area for this report is defined as the geographical boundary of Pitt County, North Carolina. Pitt County is located inland from the coastal area of the state and has an area of 655 square miles, of which 652 is land and 2.9 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Pitt County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (2) focus group discussions. Over 1,000 Pitt County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Pitt County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Economy
Occupational and Environmental Health
Exercise, Nutrition & Weight
Immunizations & Infectious Diseases
Maternal, Fetal & Infant Health
Other Chronic Diseases
Social Environment
Substance Abuse

Selected Priority Areas

Pitt County Board of Health Selected Priority Areas:

- Chronic Disease Control
- Infant Mortality Prevention
- Risk Factor Reduction Including Physical Activity, Nutrition, Tobacco and Substance Abuse
- Sexually Transmitted Diseases

Vidant Medical Center Board of Trustees / Vidant Health Foundation / Pitt Partners for Health Selected Priority Areas:

- Chronic Disease Prevention
- Access to Care / Social Determinants of Health
- Mental Health

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Pitt County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Pitt County. Following this process, Pitt County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Pitt County Health Department and Vidant Medical Center are pleased to present this Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Pitt County, North Carolina which will be addressed from 2019-2022.This document serves as both the 2019 Community Health Assessment (CHA), as required by local North Carolina health departments and the 2019 Community Health Needs Assessment (CHNA), as required by local not for profit hospitals.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Pitt County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The Pitt County Community Health Needs Assessment was developed through a partnership between the Pitt County Health Department, Vidant Medical Center, Pitt Partners for Health, Health ENC and Conduent Healthy Communities Institute, with Vidant Health serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of

population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services

- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

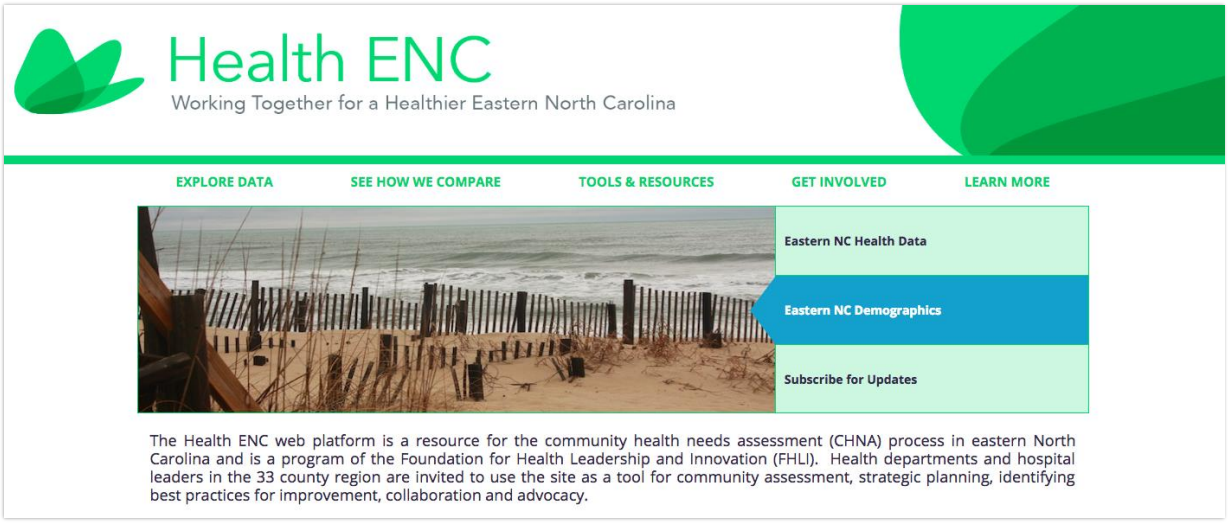
HealthENC.org

The Health ENC web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a "living" data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit https://www.conduent.com/community-population-health/.

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Pitt County [Hospital / Health Department Collaborative]

Community Health Needs Assessment Team Structure

Pitt County's Community Health Needs Assessment was completed by Pitt County Health Department's Health Education Team, Vidant Medical Center Community Health Programs staff and members of the Pitt Partners for Health Steering Committee.

Pitt County Health Department and Vidant Medical Center have a long history of working collaboratively to conduct community health needs assessments and implement interventions known to improve population health. Although each of these entities select specific health priorities to improve over a three-year period, staff of both entities work together to ensure all of the selected health priorities are addressed. This work is achieved by staff serving interchangeably on coalitions, advisory councils, and/or action teams administered by both the Pitt County Health Department and Vidant Medical Center.

The Pitt County Health Department Health Education Team, Vidant Medical Center staff and members of the Pitt Partners for Health community health coalition Steering Committee comprise the leadership team for the Community Health Needs Assessment. For nearly 24 years, Vidant Medical Center has served as the administrative agency for Pitt Partners for Health (local "Healthy Carolinians" task force). This Partnership is comprised of over 200 members representing individuals from a variety of organizations such as government, healthcare, the faith community, civic organizations and members of the general public. Meetings are held on the 2nd Thursday of each month in diverse, community focused locations throughout the County. The Partnership is led by an 18-member Steering Committee representing the community, hospital (Vidant Medical Center), Pitt County Health Department, business community and faith community. Members work collaboratively to respond to the compelling health needs of Pitt County residents through assessment, resource identification and development, advocacy, comprehensive planning and coordination of health intervention and prevention strategies.

Pitt Partners for Health Steering Committee Members

Steering Committee Member	Affiliation
Tiera Beale	Vidant Medical Center
Stefanie Cabaniss	Vidant Medical Center
Marion Carson	Vidant Medical Center
Catherine Nelson	Vidant Medical Center
Pastor Rodney Coles	Churches Outreach Network
Dr. Doyle "Skip" Cummings	East Carolina University, Brody School of Medicine, Dept. of Family Medicine
Mary Tayloe Gaskins	Vidant Medical Center
Ronald Gaskins	Access East
Kahla Hall	Vidant Health Foundation
Mary Hall	Vidant Medical Center
Amy Hattem	Pitt County Health Department
Nikki Hyatt	Vidant Medical Center
Alice Keene	Pitt County Government Planning Department
Brittany Kinder	Pitt County Health Department
John Morrow, MD	Pitt County Health Department
Jane Rose, Minister	Fountain Presbyterian Church
Robin Tant	Pitt County Health Department
Nancy Winterbauer	East Carolina University, Dept. of Public Health

In addition to the guidance provided by the Pitt Partners for Health Steering Committee, the following individuals made significant contributions to this report by presenting its key findings to local community groups and boards, promoting community participation in health priority setting sessions, organizing and facilitating community focus groups, researching local resources, writing sections of the report that are specific to Pitt County and inclusive of requirements of both the NC Division of Health and Human Services and the IRS, and making edits to this final document. Acknowledgement and appreciation are given to the following individuals for their contributions to this CHNA report:

Name	Affiliation
Tierra Beale	Community Health Programs, Vidant Medical Center
Stefanie Cabaniss	Community Health Programs, Vidant Medical Center
Caroline Collier	Master of Public Health Student, East Carolina University
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Mary Hall	Community Health Programs, Vidant Medical Center
Jennifer Hardee	Health Education Programs, Pitt County Health Department
Amy Hattem	Health Education Programs, Pitt County Health Department
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Allyson Moser	Health Education Programs, Pitt County Health Department
Catherine Nelson	Community Health Programs, Vidant Medical Center
Blair Savoca	Health Education Programs, Pitt County Health Department
Kathy Sheppard	Health Education Programs, Pitt County Health Department
Terry Quinn	Health Education Programs, Pitt County Health Department

Staff and members representing Pitt Partners for Health, Vidant Medical Center Community Health Programs, Pitt County Health Department and other partners express gratitude to the Vidant Medical Center Board of Trustees and the Pitt County Board of Health for receiving presentations regarding the key findings of this assessment and for their recommendations and careful selection of health priorities for Pitt County that will be addressed from 2019-2022.

A special thank you is extended to the 870 community members who completed a community survey and to the 182 individuals who participated in seventeen focus group sessions all from which rich feedback was generated, helping to identify health issues among the Pitt County community. More information will be provided regarding the community survey and the focus groups later in this report.

Distribution

An electronic copy of this report is available on HealthENC.org and can also be viewed and downloaded from the Pitt County Health Department's website at https://www.pittcountync.gov/229/Public-Health (click on Health Statistics and then Community Health Needs Assessment). In addition, the report is available on the Vidant Medical Center website at https://www.vidanthealth.com/About-Vidant-

Health/Community-Health-Needs-Assessments#. Paper copies of the Community Health Needs Assessment can be viewed at Pitt County's local public libraries as follows: Sheppard Memorial Library, Main Branch, 530 Evans Street, Greenville; Carver Branch Library, 618 W. 14th Avenue, Greenville; East Branch Library, 2000 Cedar Lane, Greenville; Blount Branch Library, 201 Ives Street, Bethel; and the Winterville Public Library, 2613 Railroad Street, Winterville. The report can also be viewed at the Pitt Community College Library and the East Carolina University Libraries (Joyner Library and the William E. Laupus Health Services Library). A paper copy can also be obtained at Vidant Medical Center. For more information about access to this report or to request a presentation for an organization or community group, please contact **Amy Hattem, Health Education Director, Pitt County Health Department** at amy.hattem@pittcountync.gov or 252-902-2426 or contact **Catherine Nelson, Senior Administrator of Community Health Programs, Vidant Medical Center** at cnelson@vidanthealth.com 252-847-6077.

Evaluation of Progress Since Prior CHNA

Community Feedback on Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on health priority categories set forth in the previous community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

A partnership between Vidant Medical Center; Pitt Partners for Health; and East Carolina University, Brody School of Medicine, Department of Family Medicine generated the 2015 Pitt County CHNA. In 2016, Vidant Medical Center provided an update to the 2015 document. This update was completed to align the Vidant Health hospitals and their associated CHNAs in preparation for an eastern NC Regional CHNA initiative in 2019. The 2016 Pitt County CHNA included primary data collected from community members in 2015. A decision was made not to request additional input from community members as their feedback had been received within the last year. The secondary data included in the CHNA was updated to include the most current data available, as of March 2016.

Upon reviewing the primary and updated secondary data, the decision was made that Vidant Medical Center would continue to focus on the following priorities for 2016-2019: 1) Access to Care, 2) Chronic Disease Prevention, and 3) Physical Activity and Nutrition. Committees continued to implement the action plans developed for these priorities within the revised three-year time period. The additional health priorities (Maternal and Child Health, Tobacco Prevention and Control, and Sexually Transmitted Diseases), selected in 2015 by the Pitt County Board of Health on behalf of the Pitt County Health Department, also remained the same.

The IRS requirements state that charitable hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. As part of the 2016 CHNA, access to care, nutrition and physical activity, and chronic disease prevention were selected as health priority categories. A detailed table describing outcomes and progress to date from the 2016 CHNA Implementation Strategy for each health priority category can be found in Appendix A.

In addition, a summary of progress related to additional health priority areas selected by the Pitt County Board of Health in 2015 on behalf of the Pitt County Health Department, can also be located following Vidant Medical Center Implementation Strategy in Appendix A.

Both the 2015 CHNA and the revised 2016 CHNA, updated by Vidant Medical Center, was made available to the public via televised meetings of the Pitt County Board of Health, joint community presentations, meetings of Pitt Partners for Health, and posting of the CHNA on Vidant Medical Center's website or other distribution methods. The 2016 updated CHNA can be found on Vidant Medical Center's website via the following link: https://www.vidanthealth.com/VidantHealth/media/Documents/Health%20Needs%20and%20Assessment%20PDF's/VMC-CHNA-2016.pdf. The 2016 CHNA was also promoted through the Pitt County Health Department's annual State of the County Health (SOTCH) reports. The link to Vidant Medical Center's online report was included in both the 2016 and 2017 SOTCH reports and each SOTCH Report contained a statement informing readers of the updated 2016 CHNA. In addition, the 2016 and 2017 SOTCH reports were mailed to all local public libraries, along with a cover letter containing Vidant Medical Center's website link, informing readers of the updated 2016 CHNA and how to access the revised report.

When the CHNA was shared with the community through various distribution methods, community members were invited to submit feedback through an online contact form designed for public comments of any nature through Pitt County Government's website at: https://www.pittcountync.gov/FormCenter/Contact-Forms-8/Email-Contact-the-Departments-50. No comments had been received on the previous CHNA at the time this report was written; however, a report provided by the Pitt County Government Office of Public Information, reflected that the health statistics section of the Pitt County Health Department's website, which contains the Community Heath Needs Assessment as well as the annual SOTCH Reports, was visited over 5,000 times between June of 2016 and March of 2019. Numerous phone calls and emails from organizations, students and community members requesting health data contained within the CHNA have also been received by both Pitt County Health Department and Vidant Medical Center.

Methodology

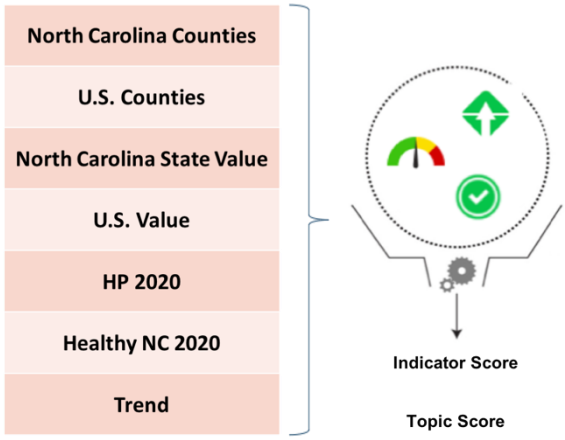
Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Pitt County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 155 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Pitt County's status, including how Pitt County compares to other communities, whether health targets have been met, and the trend of the indicator value over time. Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Pitt County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see Appendix B for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

[1] Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at http://www.healthenc.org/.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Pitt County's Community Survey was widely distributed and advertised throughout the County. The survey was posted on the following websites: Pitt County Health Department, Pitt County Government, Vidant Medical Center, Pitt County Schools, Pitt County Council on Aging, and Pitt County Chamber of Commerce. The survey was also promoted on Pitt County Health Department's Facebook Page, Pitt County Government's Stay Connected Page of the *Daily Reflector Newspaper*, and through a local talk show on *Awesome Radio 106.9.* Community members, without internet access, were instructed to call

either the Health Department or the Hospital for a paper copy of the survey. The Pitt County Council on Aging provided paper copies of the survey upon request to senior citizens and also helped them to complete the survey online. All individuals, who completed the survey, did so on a voluntary basis. No incentives were provided to survey respondents.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 1088 responses were collected from Pitt County residents, with a survey completion rate of 80.1%, resulting in 872 complete responses from Pitt County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Pitt County	870	2	872

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Pitt County, what their personal health challenges are, and what the most critical health needs are for Pitt County. The survey instrument is available in Appendix C.

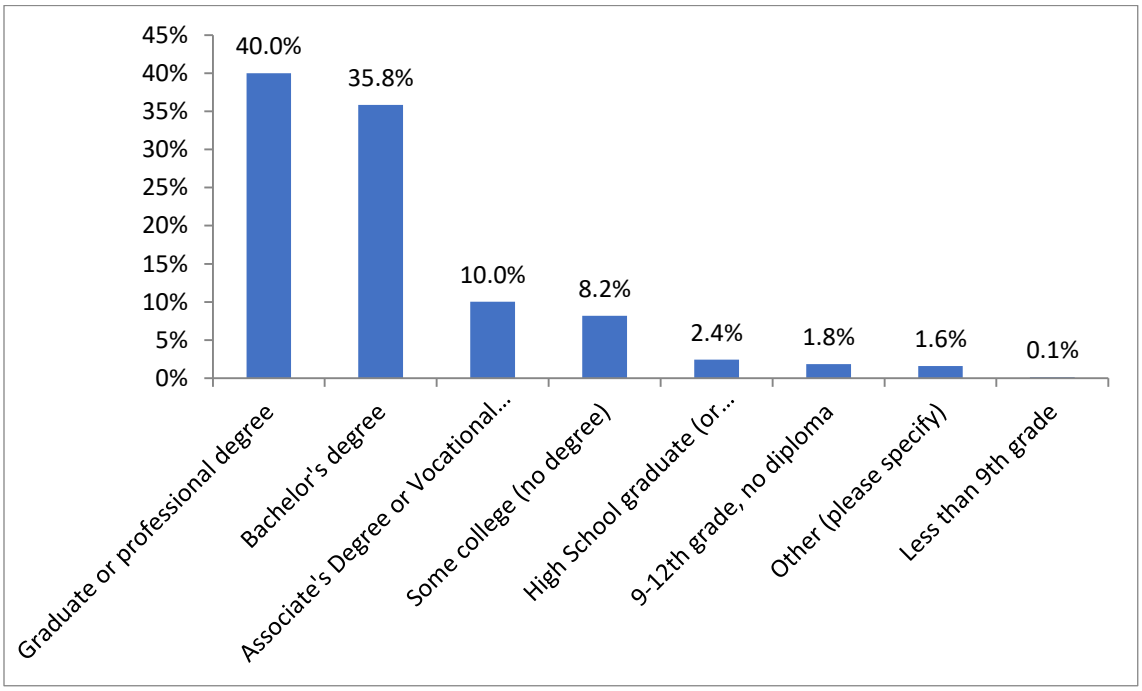
Demographics of Survey Respondents

The following charts and graphs illustrate Pitt County demographics of the community survey respondents.

Among Pitt County survey participants, 59% of respondents were between the ages of 35 and 59, with the highest concentration of respondents (12.3%) grouped into the 45-49 age group. The majority of respondents were female (81.2%), White (73.3%), spoke English at home (98.8 %), and Not Hispanic (96.1%).

Survey respondents were well-educated, with the highest share of respondents (40%) having a graduate or professional degree and the next highest share of respondents (35.8 %) having a bachelor's degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (76.4%) and the highest share of respondents (32.2%) had household annual incomes that totaled over $100,000 before taxes. The average household size was 2.8 individuals.

Figure 4. Employment Status of Community Survey Respondents

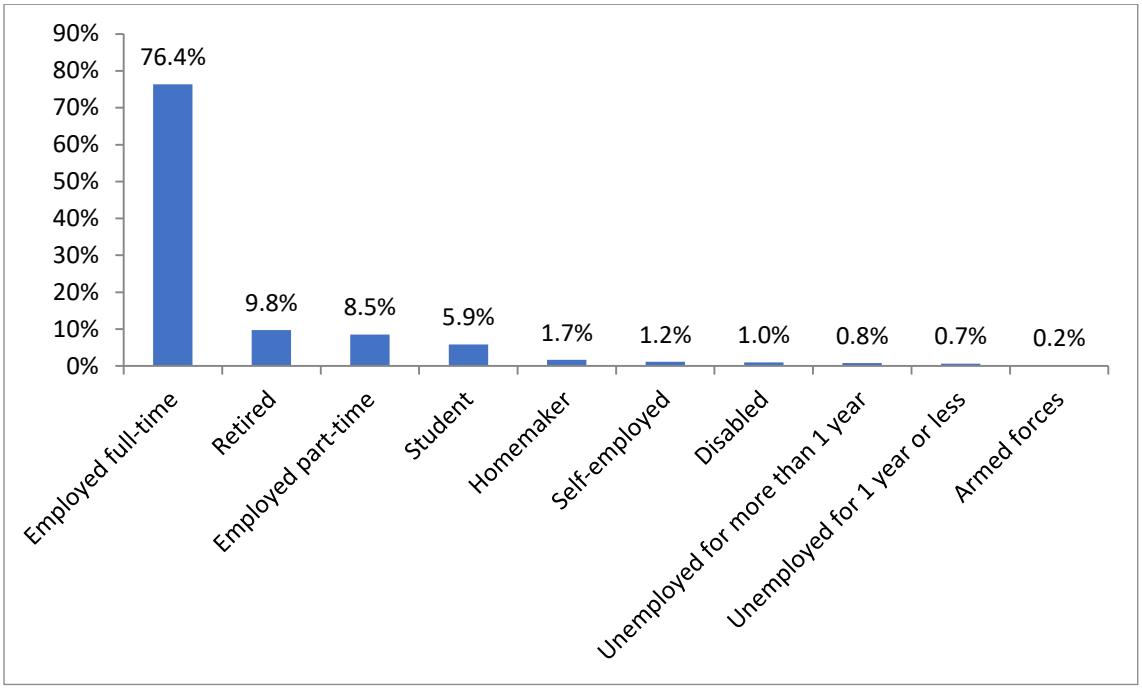
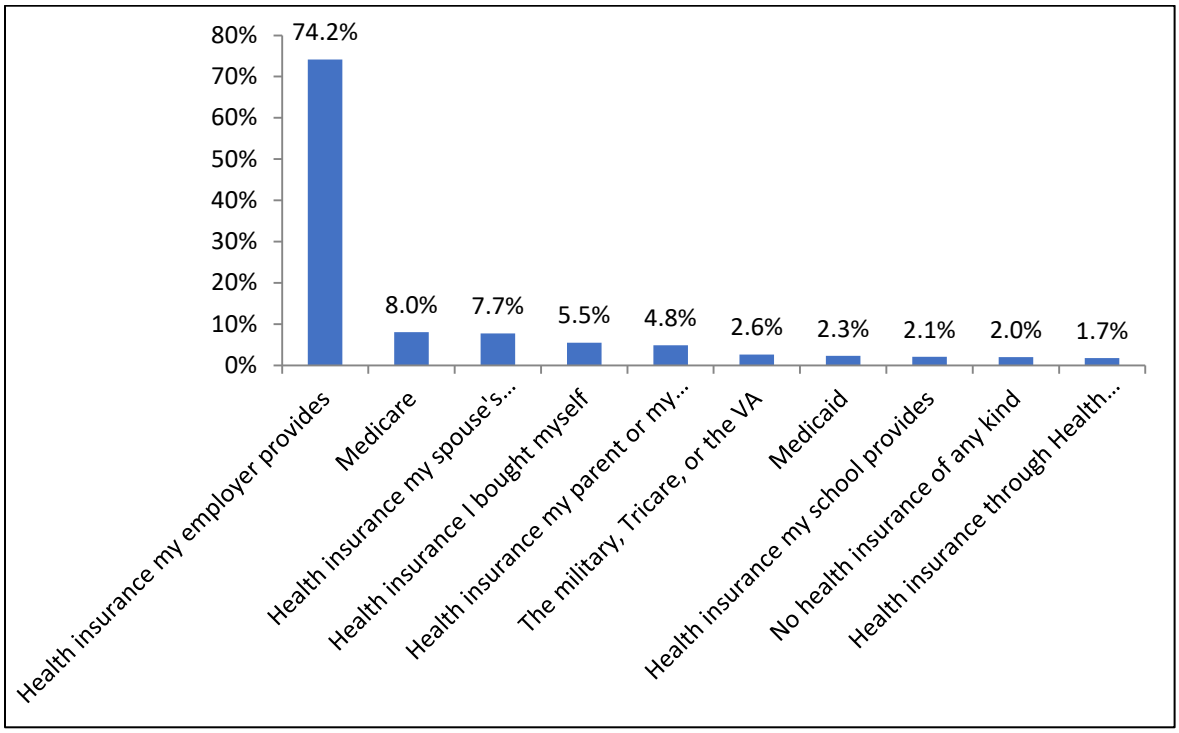


Figure 5 shows the health insurance coverage of community survey respondents. Almost three quarters of survey respondents have health insurance provided by their employer (74.2%), while 8% have Medicare and 2.0% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of white, well-educated women. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Pitt County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Seventeen focus group discussions were completed within Pitt County between May 31, 2018 – July 19, 2018 with a total of 182 individuals participating. Participants included community health workers, health providers, community organization professionals and community members of various ages. The focus groups conducted within Pitt County were strategically planned to ensure an accurate representation of the overall community with an emphasis on the most vulnerable populations. Twelve, of the seventeen selected groups, were highly concentrated with professionals representing the healthcare, human service and education professional arena. These individuals regularly interact with the community and could readily identify health issues that are most prevalent among the people they serve. Five of the focus groups were comprised of lay community members of various cultures and ages. The feedback from all of these groups enhanced the responses received through the Community Survey and are more representative of the overall community. The focus groups were conducted at various locations within the community making attendance convenient for participants. Focus group participants were not provided any form of compensation or incentives in exchange for the information they provided. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
5/31/2018	Community Health, Medical Drive, Greenville	School Nurses	18
6/12/2018	The Gold Post, Greenville	Community Members/ Leaders	9
6/13/2018	Council on Aging, Greenville	Aging Specialists and Social Workers	9
6/18/2018	Third Street Academy, Greenville	Community Members/ Advocates	4
6/28/2018	Hope Lodge, Greenville	Senior Citizens	7
6/29/2018	Fire Department, Greenville	Fire/Rescue Personnel	11
7/12/2018	Access East	Case Managers	15
6/1/2018	Sadie Saulter School	Social Workers	16
6/4/2018	Pitt County Health Department	Social Workers, Outreach Workers, Home Visit Nurses	20
6/5/2018	Ayden United Methodist Church	Community Agency Representatives	8
6/5/2018	United Way	Lay Health Advisors African American Churches	11

6/6/2018	Pitt County Health Department	Health Care Providers from multiple agencies	11
6/13/2018	Pitt County Emergency Management	EMTs and Paramedic Supervisors	5
6/14/2018	East Carolina Student Wellness Center	High School Students	8
7/10/2018	Fountain Fire and Rescue	EMTs and Paramedics from fire/rescue departments	14
7/13/2018	James Bernstein Community Health Center	Hispanic Community Members	8
7/19/2018	Martin Pitt Partnership for Children	Parents as Teachers and QUEST Staff and Board Members	9

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups with the responses from the community survey, the primary data collection process for Pitt County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators,

values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

Process of Selecting and Identifying Final Health Priorities

Pitt Partners for Health: Key findings from the secondary and primary data collected were categorized to align with the "*Healthy NC 2020: A Better State of Health"* objectives and formally presented on January 17, 2019 at a Pitt Partners for Health monthly meeting. This meeting was widely promoted to the community by Pitt Partners for Health members via multiple methods. Notice of the meeting was posted on the Pitt Partners for Health Facebook Page and was shared numerous times by members. Emails, inviting additional community partners to attend, were also sent. In addition to Pitt Partners for Health members, community members and key leaders were encouraged to attend this meeting to become involved in the prioritization process. These methods of promotion resulted in an attendance of over 75 individuals.

Immediately following this presentation, attendees were given the opportunity to discuss the information provided and to select health categories they felt should be addressed over the next three years. Participants were asked to consider the primary and secondary data presented and to also consider the following three criteria when confirming their selection:

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

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

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

Voting ballots, containing the Key Findings presented and aligned with the "Healthy NC 2020: A Better State of Health" objectives categories, were distributed to attendees. Individuals were asked to vote for no more than three categories where they could commit to work over the next three years. The results were tallied at the meeting and it was determined that the Pitt Partners for Health Action Teams will be realigned to focus on the following three health categories from 2019-2022:

- Chronic Disease Prevention
- Access to Care / Social Determinants of Health Chronic Disease Prevention
- Mental Health

Vidant Medical Center Board of Trustees: Key findings from the CHNA were presented to the Vidant Medical Center Board of Trustees at their January 22, 2019 Board meeting. This Board adopted the CHNA report, including the health priority categories recommended to them by Pitt Partners for Health.

Vidant Health Foundation: The Vidant Health Foundation's Community Benefit and Health Initiatives Committee also aligned their focus with the same health priorities recommended by Pitt Partners for Health.

Pitt County Board of Health: Key Findings from the CHNA were presented to the Pitt County Board of Health during their televised monthly meeting held on February 12, 2019. Board members were asked to consider the primary and secondary data presented in preparation for health priority selection at a subsequent meeting. Community members, who viewed the televised meeting, were provided with contact information for both the Health Department and the Hospital in order to share any feedback or concerns related to the information presented. On February 16, 2019, a strategic planning session was held for the Pitt County Board of Health and the Pitt County Health Department Management Team to discuss the CHNA data in greater detail and to determine health priority areas of focus. Board members decided not to duplicate all of the categories selected by Pitt Partners for Health and Vidant Medical Center, but instead, ensure that other areas of need will also be addressed. The Pitt County Board of Health voted to focus on the following four health categories from 2019-2022:

- Chronic Disease Control
- Maternal and Child Health (Infant Mortality Prevention)
- Risk Factor Reduction Including Physical Activity, Nutrition, Tobacco and Substance Abuse
- Sexually Transmitted Disease

Action Plans for each of the health priorities selected by the Board of Health will be developed by September 2019. These plans will be comprised using evidence based interventions that have demonstrated success in improving health outcomes.

Overview of Pitt County

About Pitt County

Incorporated in 1760, Pitt County encompasses an area of 655 square miles (652 miles of land and 2.9 miles of water). Pitt County is located in the heart of eastern North Carolina, approximately 78 miles from the Atlantic Ocean, and approximately 90 miles from the State Capital, located in Raleigh, NC. The Tar River runs through the Center of the County.[2]

Pitt County has a relatively mild climate and experiences all four seasons each year. The temperature ranges from an average daily high of 72 degrees and an average daily low of 50 degrees. The average annual precipitation is 49.0 inches. The growing season lasts approximately 220 days between late Mach to early November. Tobacco, corn, soybeans, wheat, peanuts, and vegetables are the primary crops grown in the County. Other agricultural products include eggs, livestock and poultry.[3]

The Greenville Metropolitan Statistical Area (MSA), which encompasses all of Pitt County, is one of the fastest growing urban centers in North Carolina. Pitt County is the number one retail trade center in the central and north areas of eastern NC. Major employers include: East Carolina University (education), Vidant Medical Center (health care), Thermo Fisher Scientific (pharmaceutical manufacturing), DSM Dyneema (chemical manufacturing), Hyster-Yale (lift trucks), Grady-White (boats), ASMO (electric motors), Attends Healthcare Products (paper products), Mestek (steam unit heaters), and The Roberts Company, Inc. (metal fabrication).[4]

Pitt County's population has continued to grow since the 2010 Census reported the County's population as 168,148. According to the US Census Bureau's population estimates, Pitt County had an estimated population of 177,220 in 2016 and 178,617 in 2017 and 179,914 in 2018.[5]

[2] Pitt County Developmental Commission, http://locateincarolina.com/
[3] Pitt County Developmental Commission, http://locateincarolina.com/
[4] Pitt County Developmental Commission, http://locateincarolina.com/
[5] US Census Bureau, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Pitt County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Pitt County has a population of 177,220 (Figure 6). The population of Pitt County has increased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

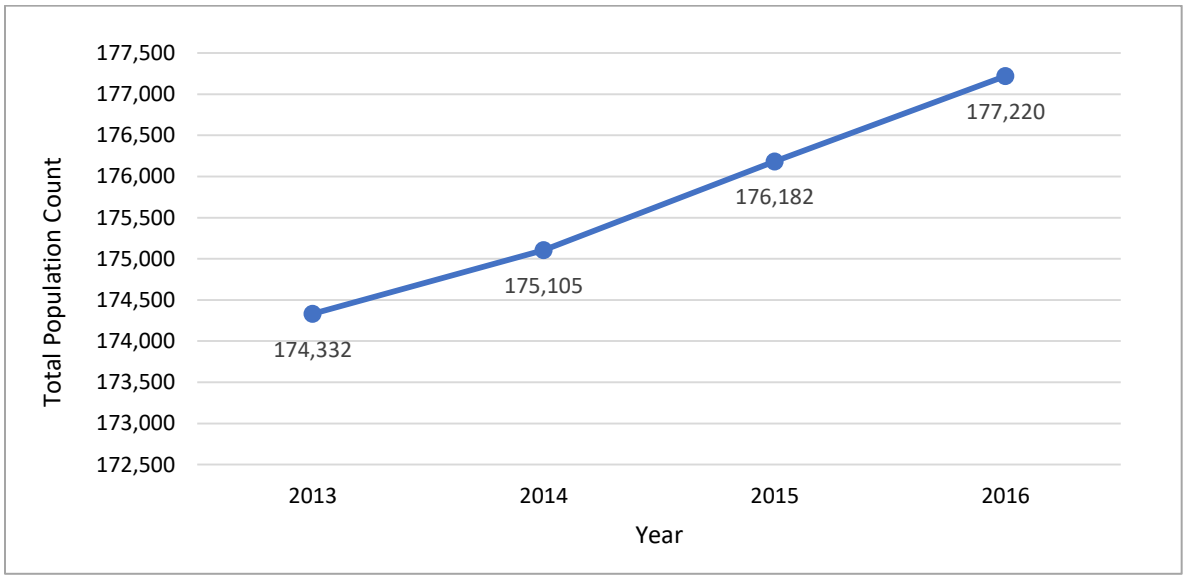
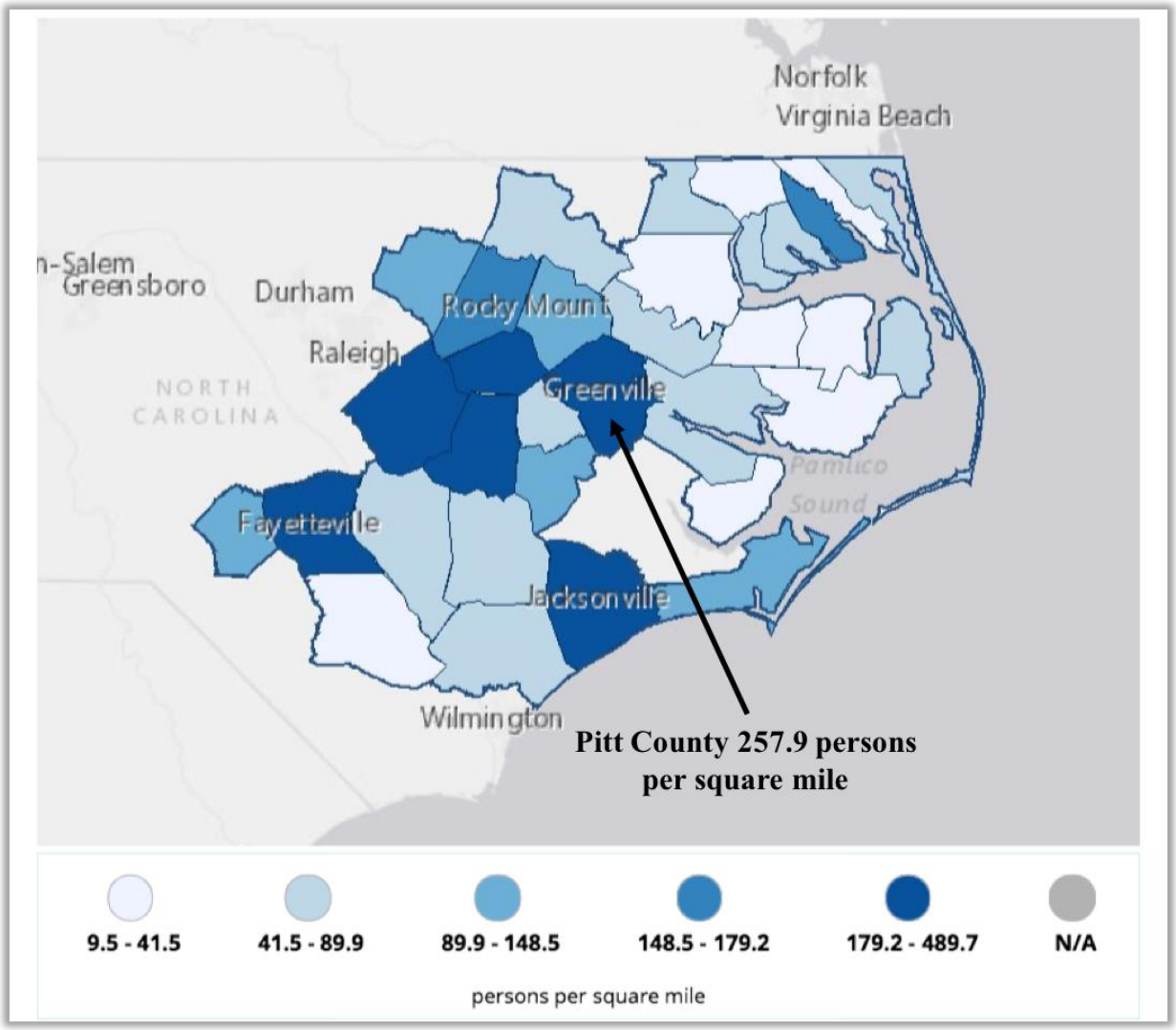


Figure 7 shows the population density of Pitt County compared to other counties in the Health ENC region. Pitt County has a population density of 257.9 persons per square mile and is more densely populated than all but one other county in the Health ENC region.

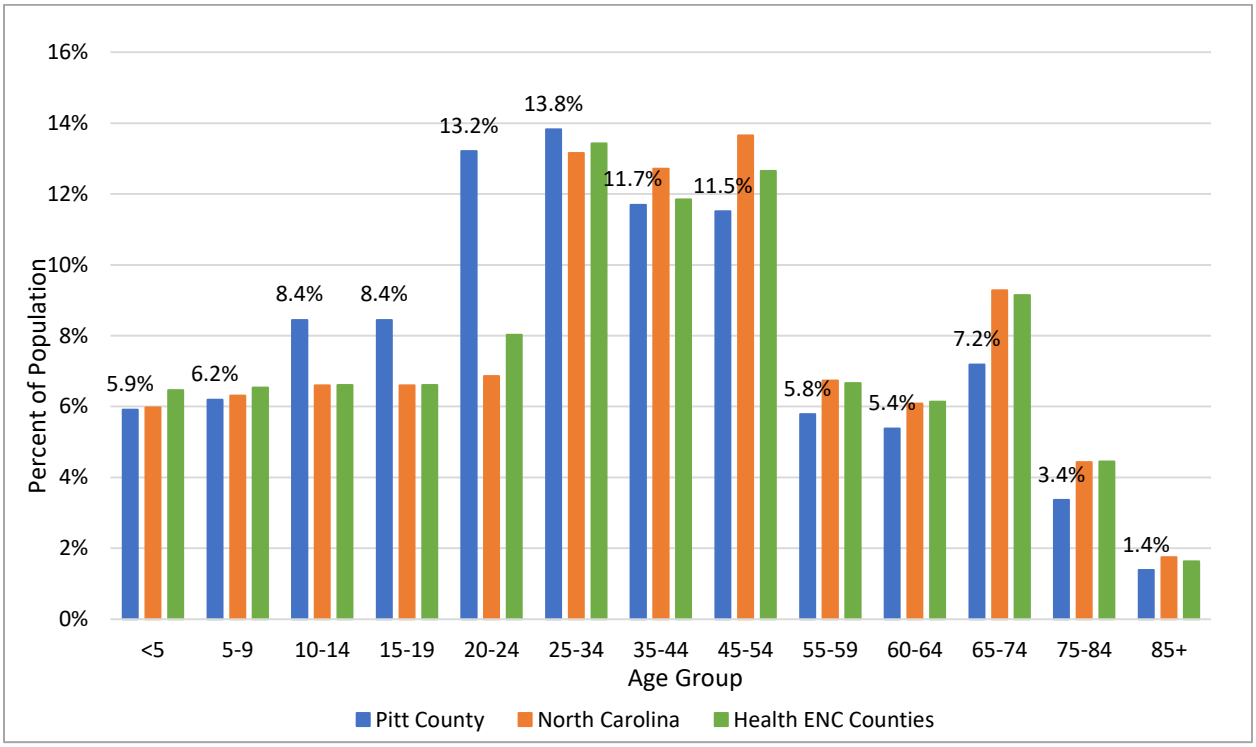
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

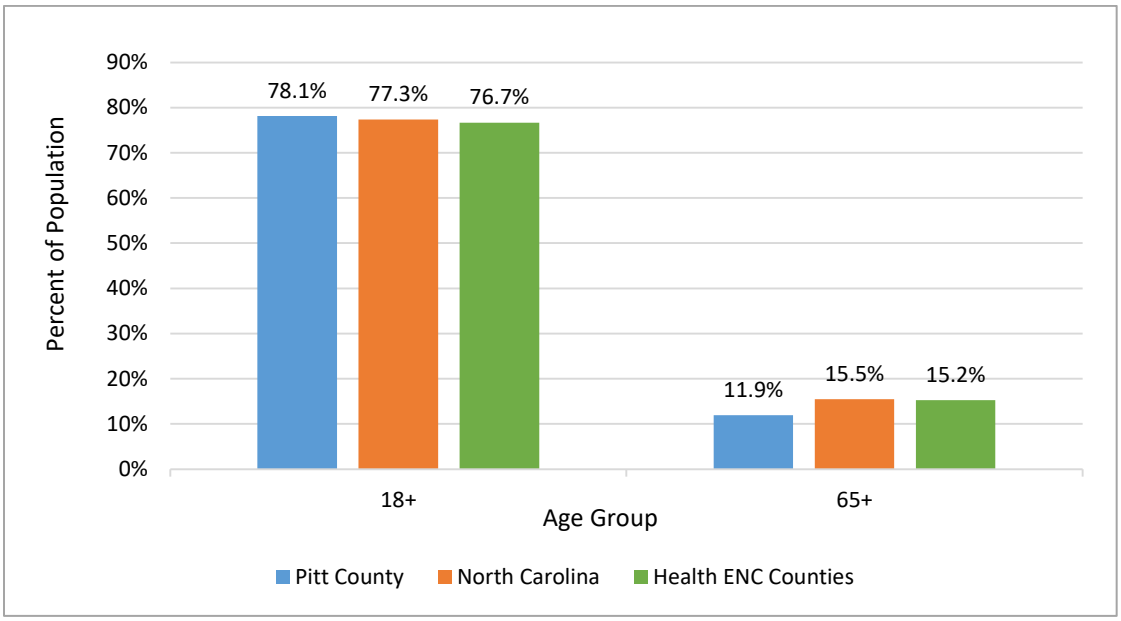
Overall, Pitt County residents are younger than residents of North Carolina and the Health ENC region. Figure 8 shows the Pitt County population by age group. The 25-34 age group contains the highest percent of the population at 13.8%, while the 20-24 age group contains the next highest percent of the population at 13.2%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 11.9% of the Pitt County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 47.1% of the population, whereas females comprise 52.9% of the population (Table 5). The median age for males is 30.8 years, whereas the median age for females is 33.2 years. Both are lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

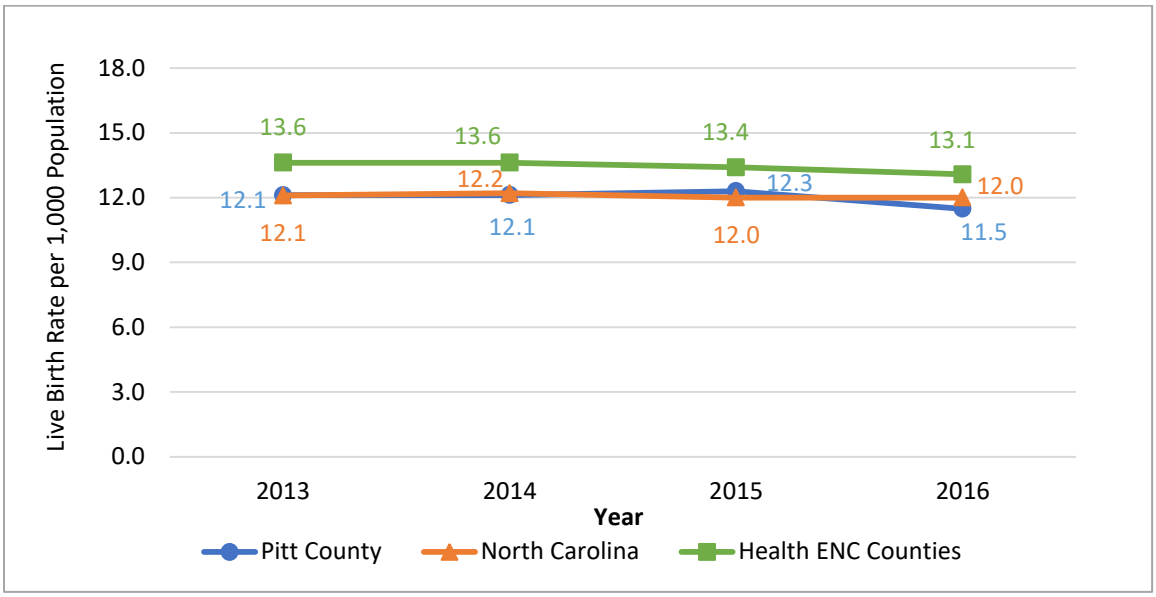
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Pitt County	47.1%	52.9%	76.1%	10.9%	79.9%	12.9%	30.8	33.2
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Pitt County (11.5 live births per 1,000 population in 2016) is similar to the birth rate in North Carolina (12.0) and slightly lower than the birth rate in Health ENC counties (13.1).

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



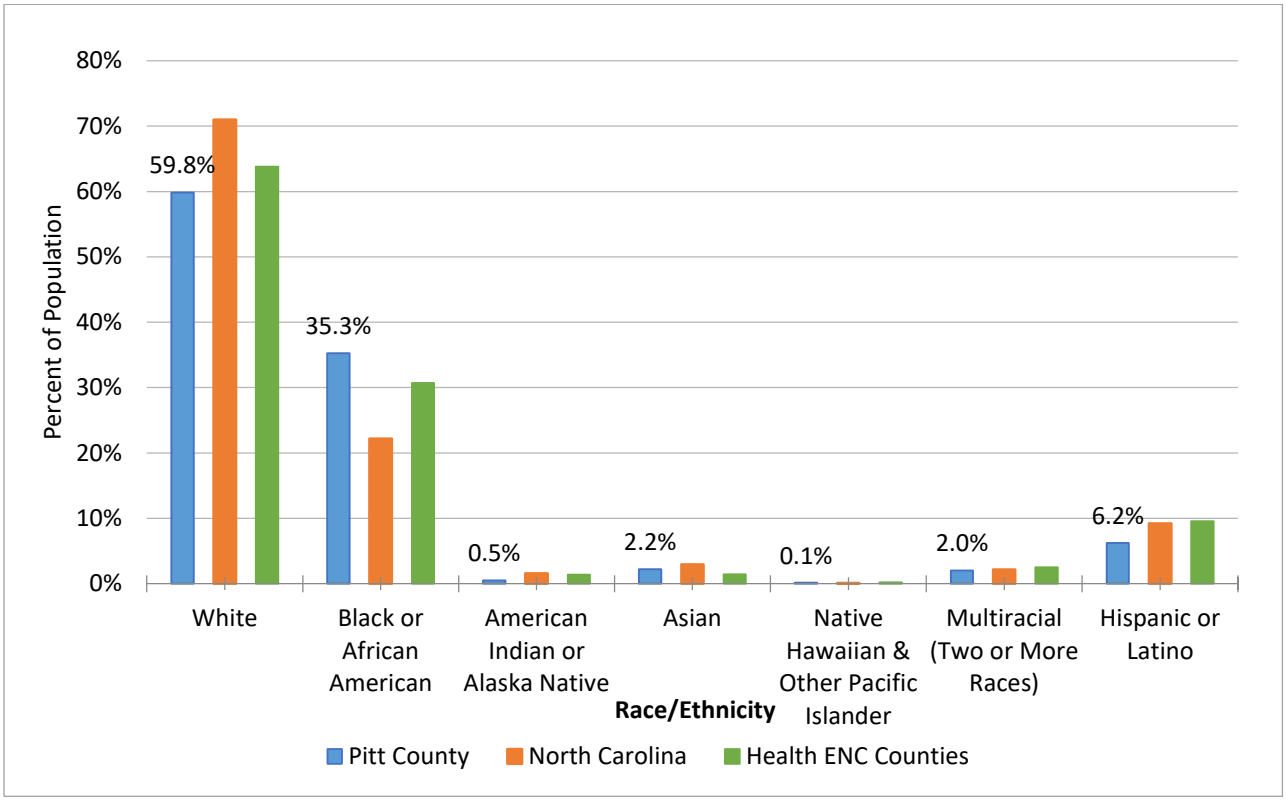
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Pitt County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Pitt County (59.8%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Pitt County has a larger share of residents that identify as Black or African American (35.3%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 6.2% of Pitt County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

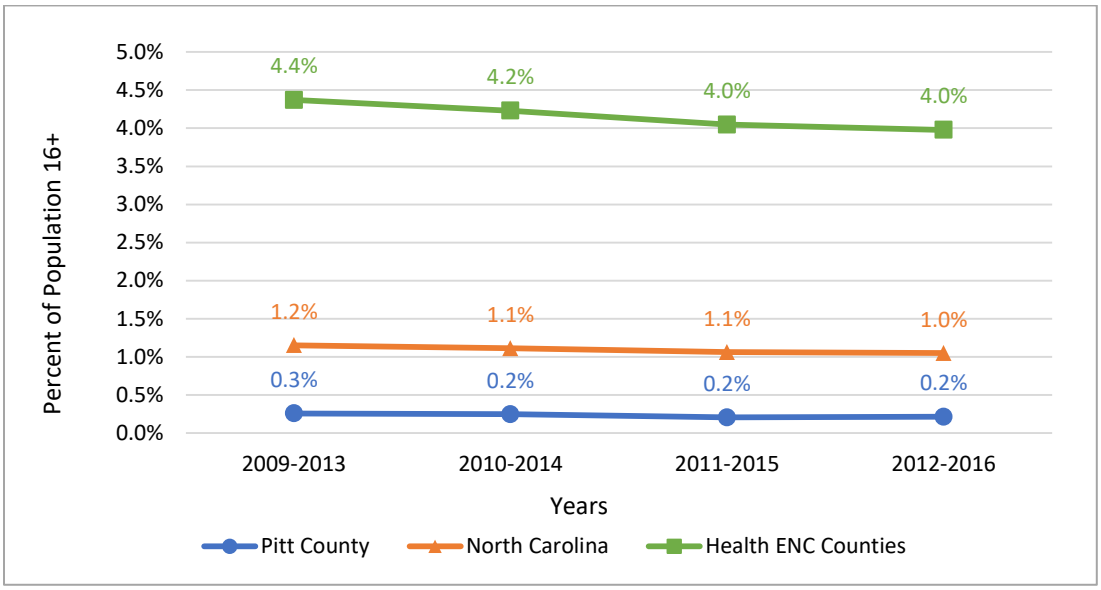
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Pitt County has a smaller share of residents in the military (0.2%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Pitt County is relatively stable and is lower than in North Carolina and the Health ENC region.

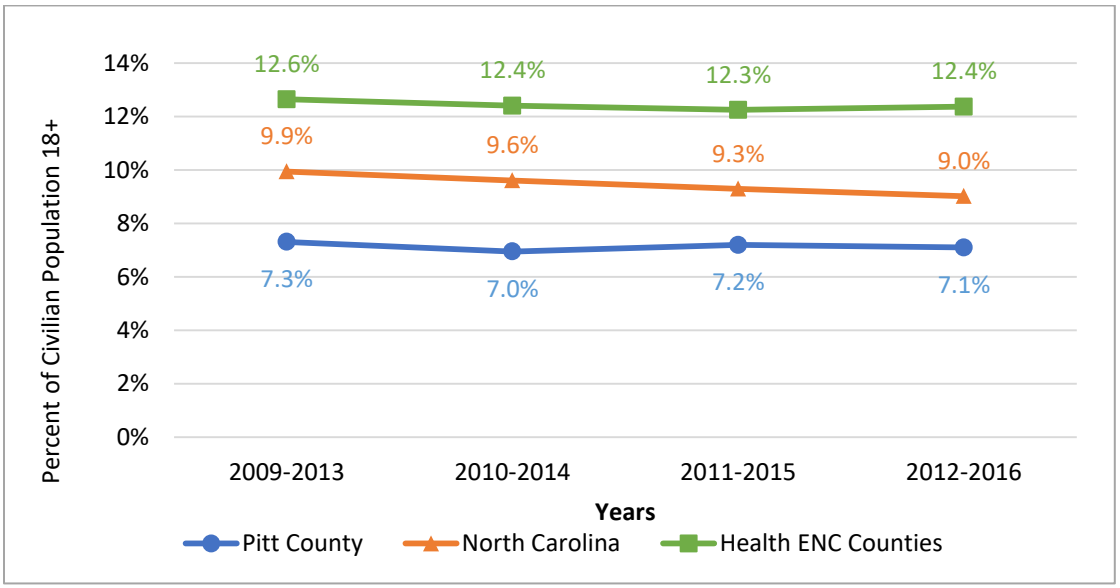
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Pitt County has a veteran population of 7.1% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). Across four time periods, the military population in Pitt County is relatively stable and is lower than in North Carolina and the Health ENC region.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

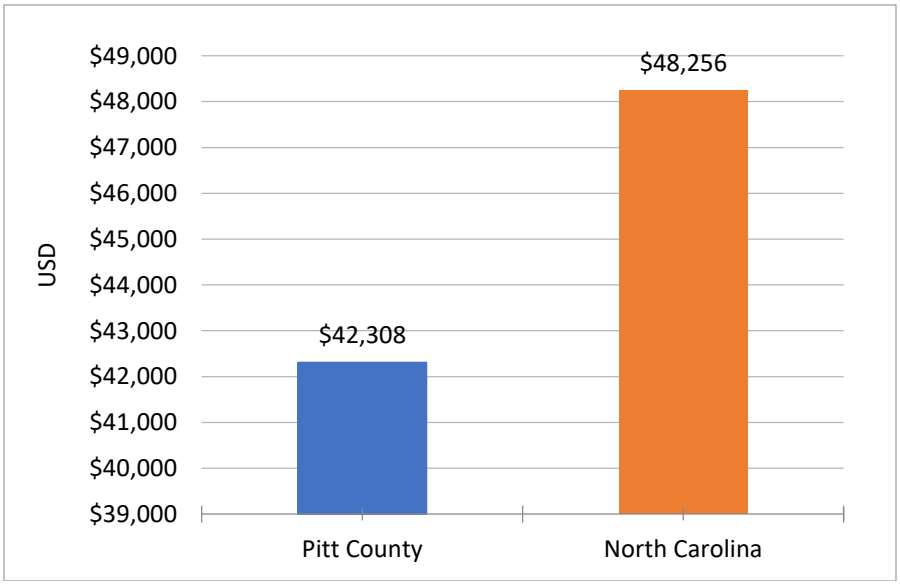
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Pitt County has been assigned a Tier 2 designation for 2018.

Income

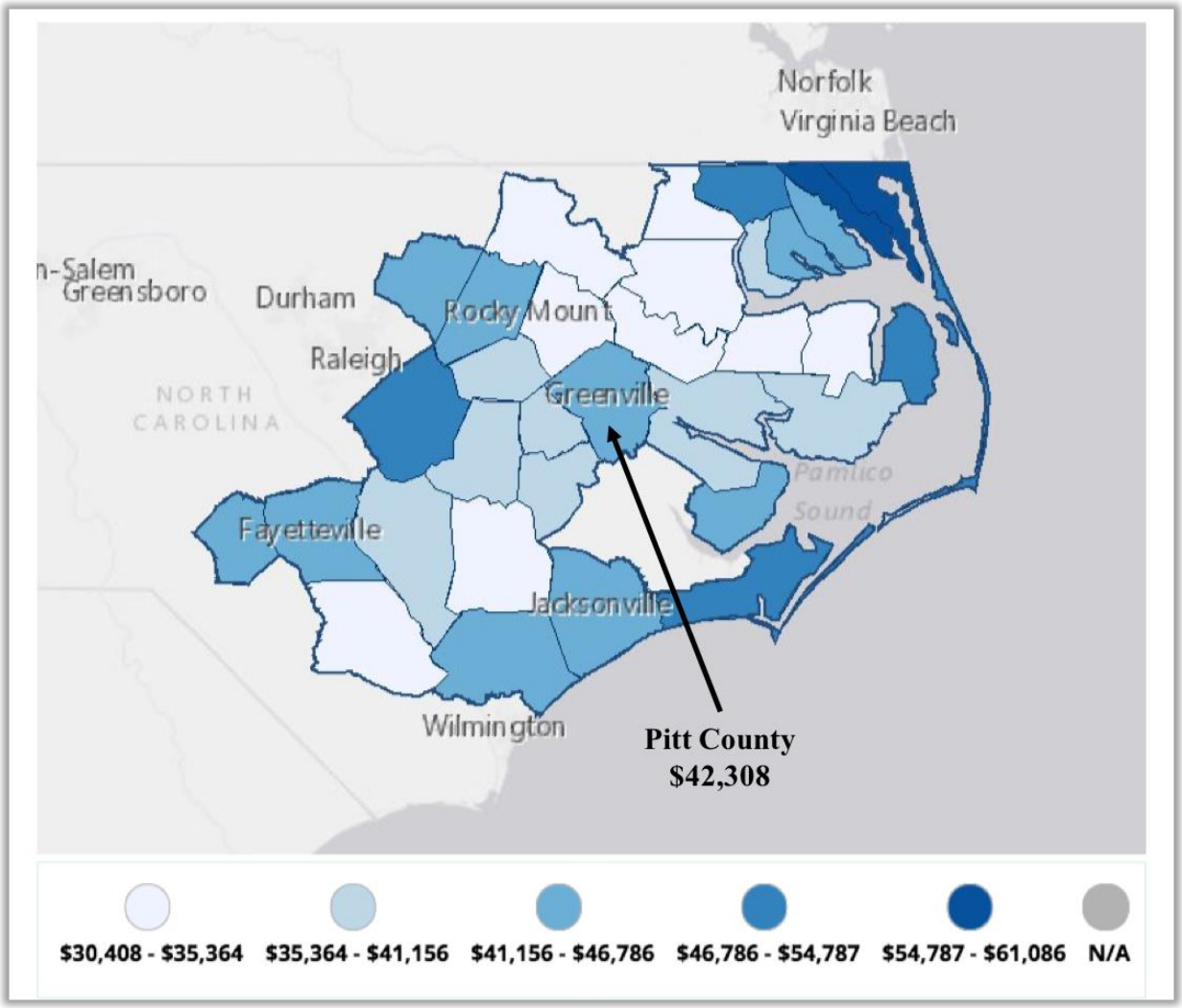
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Pitt County ($42,308), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



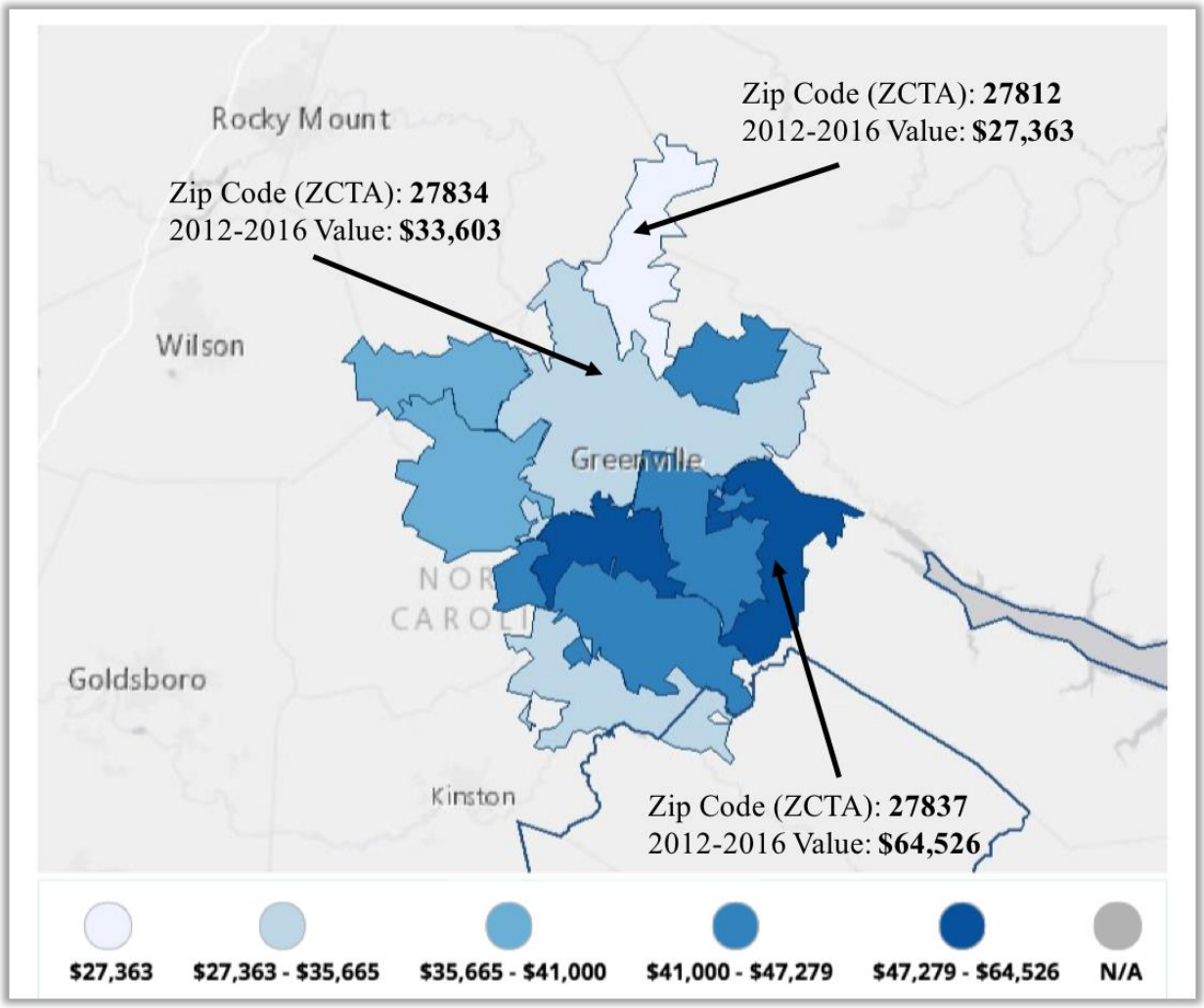
The median household income in Pitt County is similar to other counties in the Health ENC region (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)



Within Pitt County, zip code 27812 has the lowest median household income ($27,363) while zip code 27837 has the highest median household income ($64,526) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

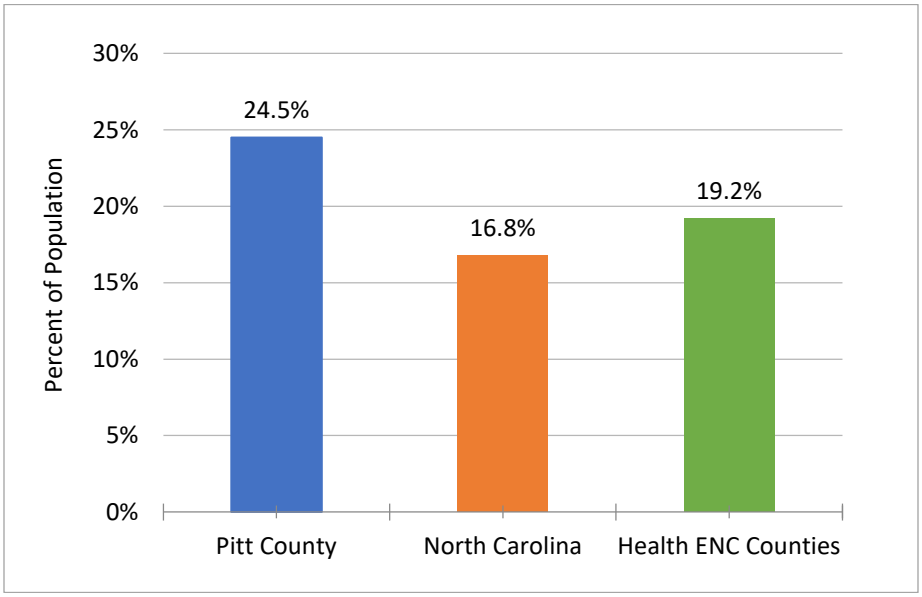


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

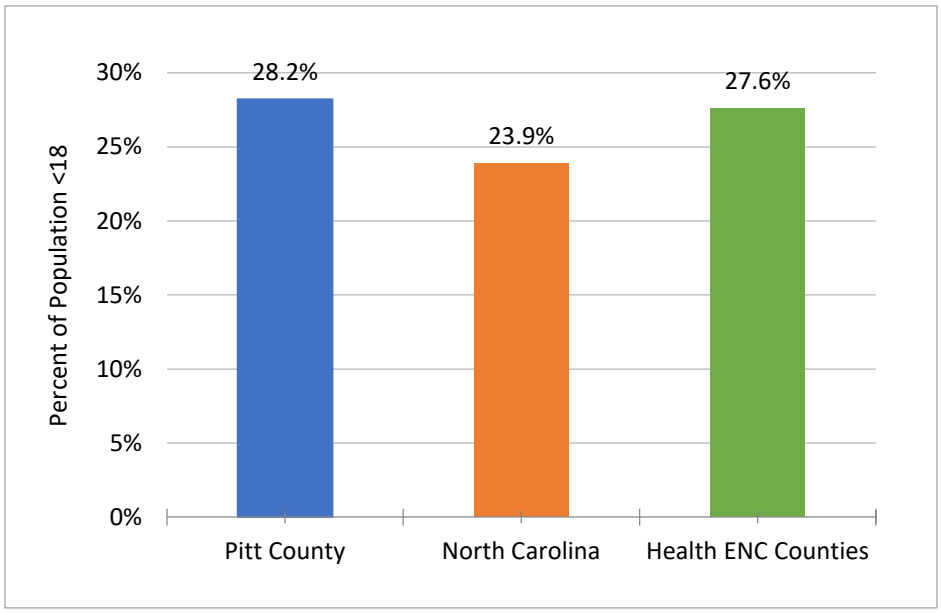
As seen in Figure 17, 24.5% percent of the population in Pitt County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



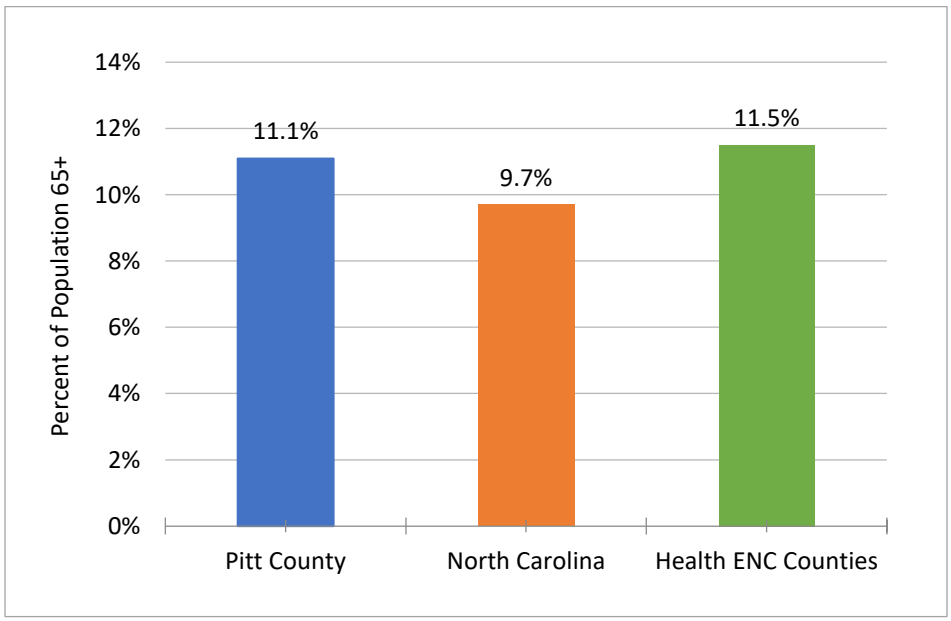
As shown in Figure 18, the rate of children living below the poverty level is also higher for Pitt County (28.2%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



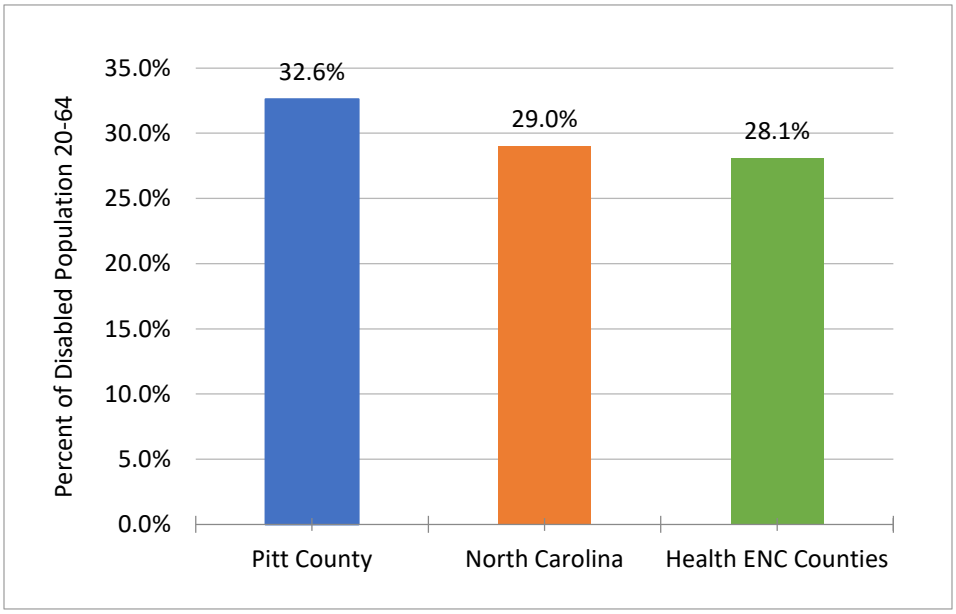
As shown in Figure 19, the rate of older adults living below the poverty level is higher in Pitt County (11.1%) than in North Carolina (9.7%), but slightly lower than in the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Pitt County (32.6%) is higher than the rate in North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

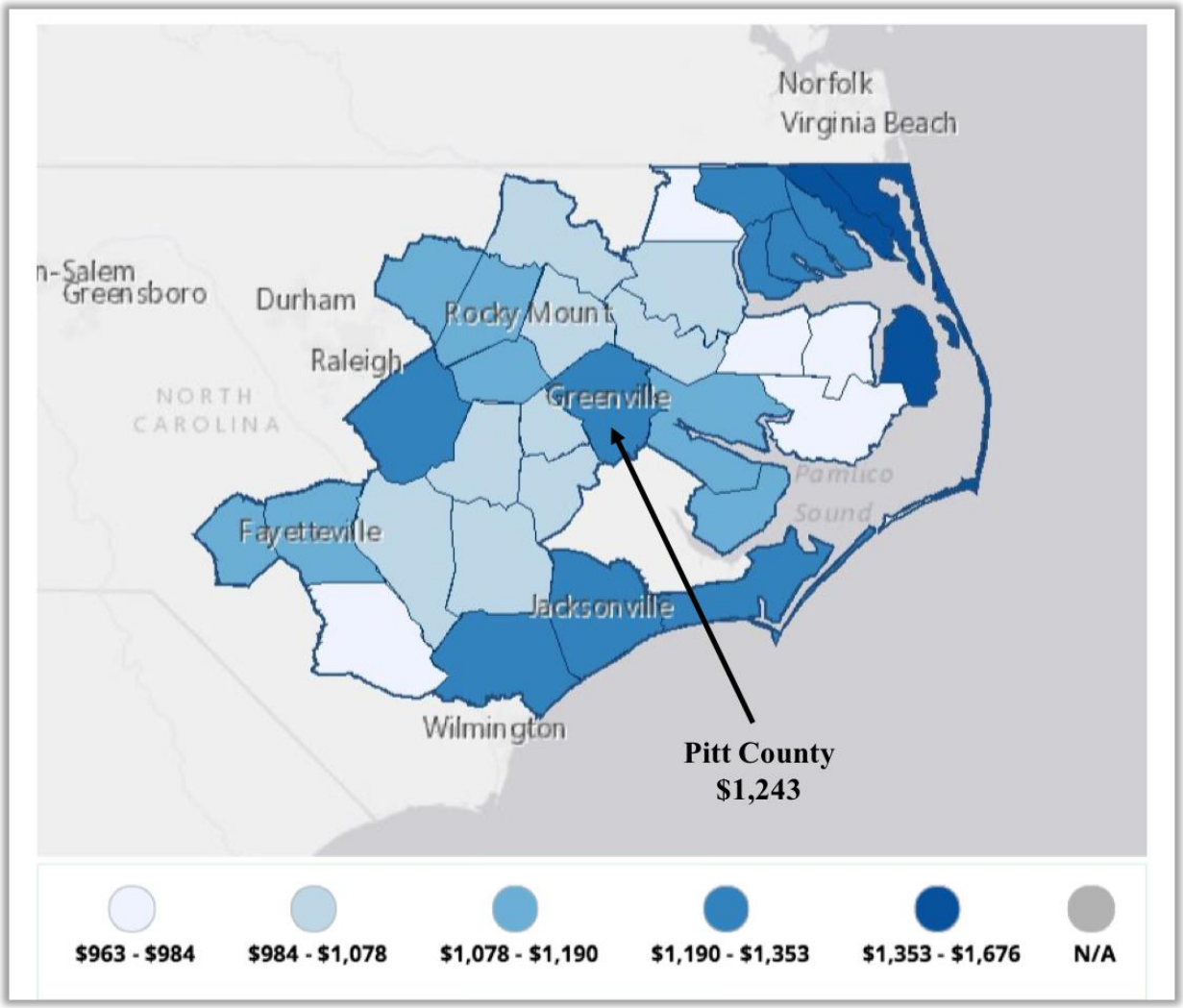


Housing

The average household size in Pitt County is 2.5 people per household, which is the same as the average household size in North Carolina.

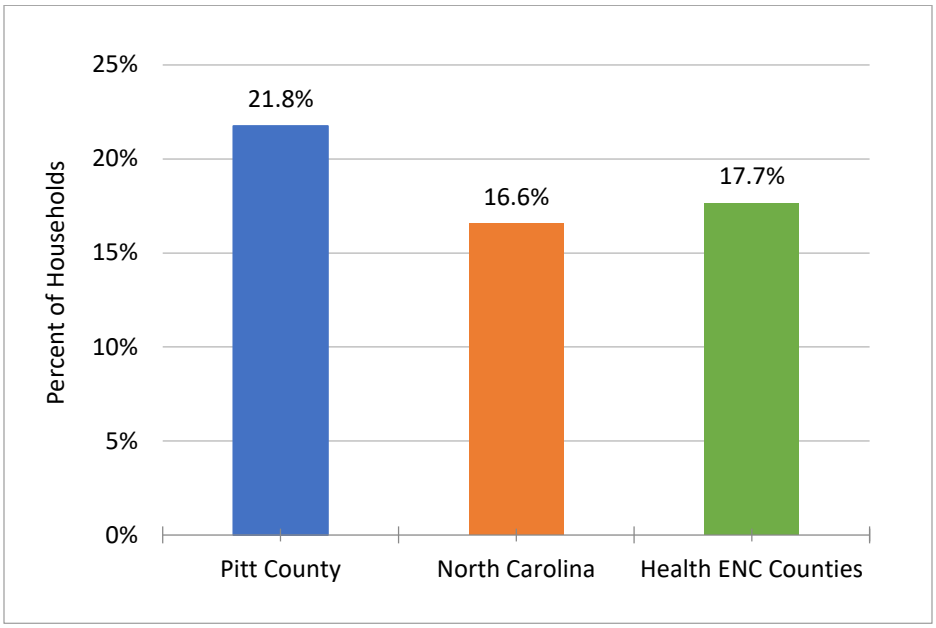
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Pitt County, the median housing costs for homeowners with a mortgage is $1,243, which is slightly higher than most counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 21.8% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

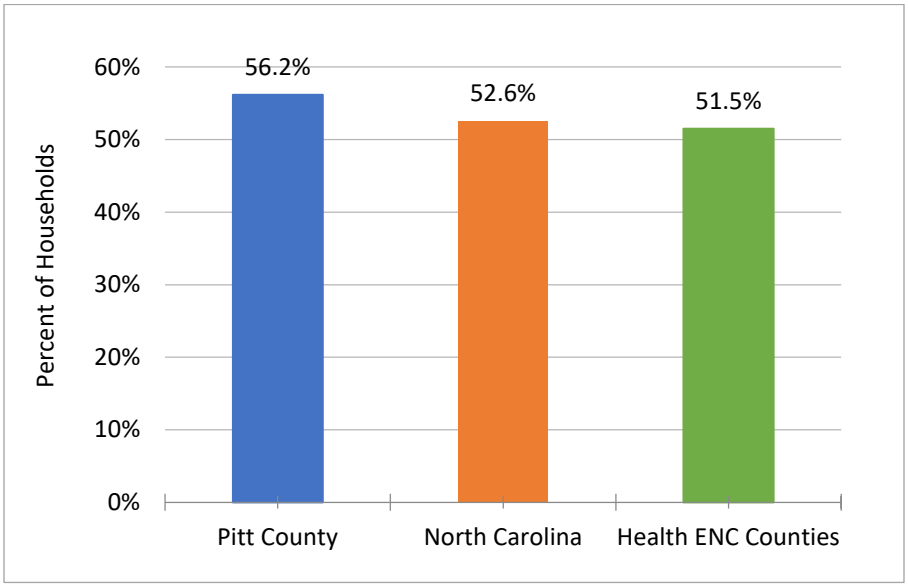


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Pitt County, 56.2%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households With at Least 1 Child Receiving SNAP (American Community Survey, 2012-2016)



More Notable SNAP Statistics: According to the North Carolina State Center for Health Statistics, the percentage of Pitt County children under age 18 who received SNAP between 2012-2016 is 23.8%.[6]

Women, Infant and Children (WIC) Supplemental Food Program

As of March 2019, an average of 4,125 Pitt County women and children received services annually (March 2018-March 2019) from the Women, Infants and Children (WIC) Supplemental Food Program administered by the Pitt County Health Department. WIC is a federal program aimed at providing nutrition education and counseling, supplemental nutritious foods and breastfeeding education and support for qualified women and children from birth to age 5 years. In addition to having an identified health need, the WIC Program requires participants to meet income eligibility requirements. [7]

Children Enrolled in Health Choice

As of March 2019, there were 1,878 Pitt County children enrolled in the NC Health Choice Program. The NC Health Choice program is a free or reduced cost health care program for children who do not qualify

[6] Email correspondence with North Carolina State Center for Health Statistics
[7] Pitt County Health Department WIC Reports

for Medicaid but meet other income eligibility criteria. This program helps to reduce the number of uninsured children in NC. There were 39,828 Pitt County individuals enrolled in all Medicaid services. [8]

Pitt County Child Care Subsidy Recipients

Parents who meet eligibility criteria may also receive assistance from Subsidized Child Care Programs to help pay a portion of their child care bill. During the 2017-2018 State fiscal year, there were 8,732 children who were potentially eligible for subsidized child care assistance. Children under age 0-5, whose parents were working and had a family income at or below the 200% of the federal poverty level, and children age 6-11, whose family income was at or below 133% of the federal poverty level, qualified for this program. During the 2017-2018 State fiscal year, 1,534 children received subsidized child care assistance representing 17.57% of all potentially eligible children.[9]

Pitt County Employment Profile

Pitt County has a labor force of 95,646 people, with an unemployment rate of 4.4%. The top jobs by occupation are: Office and Administrative support (14.75%), Sales (11.5%), Education, Training/Library (7.89%), Health Diagnosing and Treating Practitioners (7.83%), Executive, Managers, and Administrators (7.7%). Thirty-five percent (35%) of Pitt County's workforce are Blue Collar and sixty-four percent (64%) are white collar. [10]

Pitt County has a total of 6,989 businesses. In 2018, the leading industries in Pitt County were Health Care and Social Services, Retail, Education, and Accommodation and Food Services. Major employers include: East Carolina University (education), Vidant Medical Center (health care), Thermo Fisher Scientific (pharmaceutical manufacturing), DSM Dyneema (chemical manufacturing), Hyster-Yale (lift trucks), Grady-White (boats), ASMO (electric motors), Attends Healthcare Products (paper products), Mestek (steam unit heaters), and The Roberts Company, Inc. (metal fabrication).[11]

[8] NC DMA: Medicaid and Health Choice Enrollment Reports, https://medicaid.ncdhhs.gov/reports/enrollment-reports

[9] NC DHHS, Division of Child Development and Early Education, Subsidized Child Care Assistance Makes a Difference for Children and Communities, Pitt County, SFY 2017-2018 https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/subsidy_county_fact_sheets_17_18.pdf?ver=2019-01-02-145541-140

[10] Pitt County Developmental Commission, http://locateincarolina.com/overview/

[11] Pitt County Developmental Commission, http://locateincarolina.com/overview/

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Pitt County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Pitt County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip codes 27812 and 27834, with index values of 92.9 and 91.1, have the highest level of socioeconomic need within Pitt County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Pitt County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

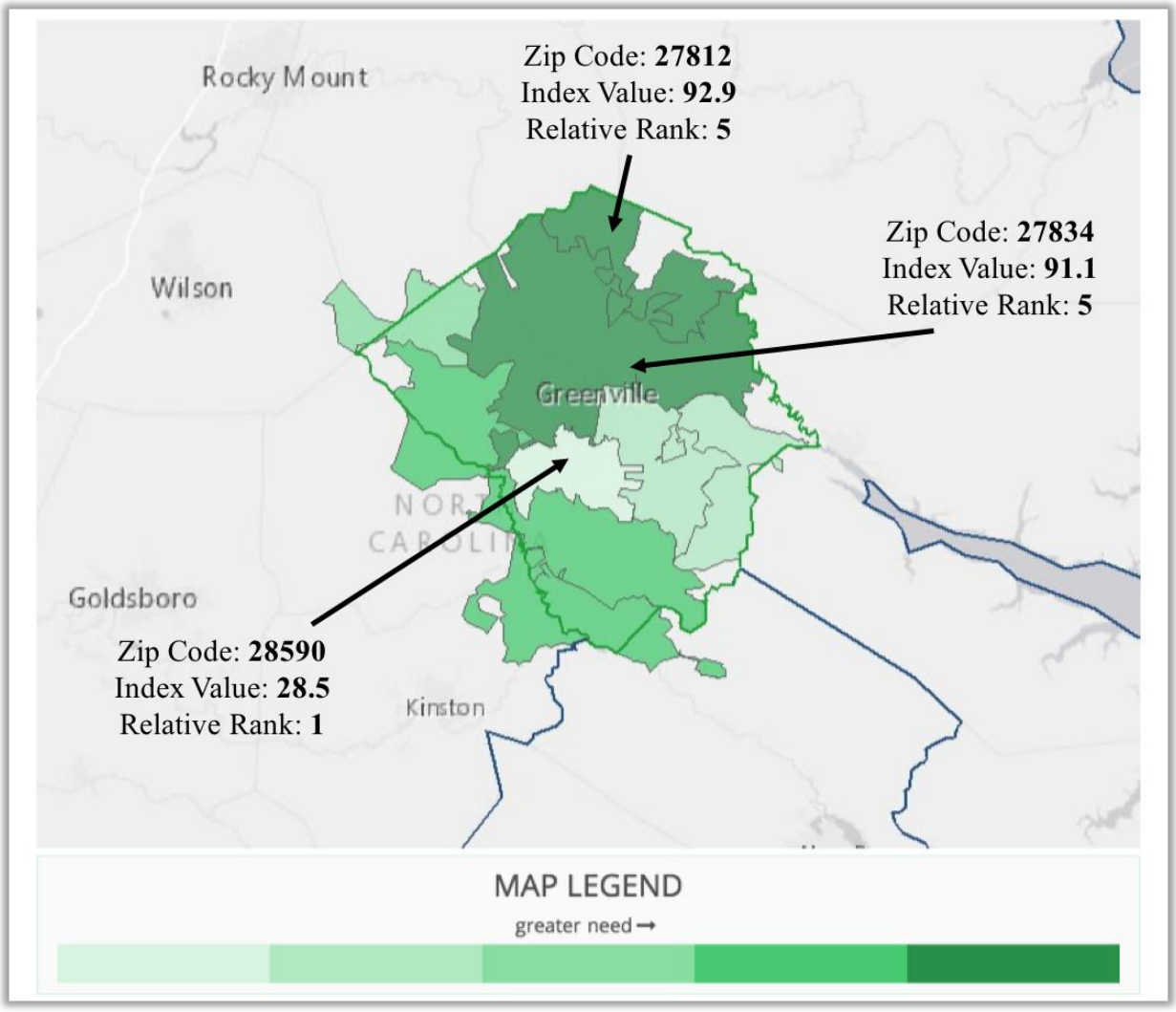


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27812	92.9	5
27834	91.1	5
27884	90.0	5
28513	85.4	4
28530	83.7	4
27828	79.8	4
27829	70.9	3
27837	51.0	2
27858	48.7	2
28590	28.5	1

Source: http://www.healthenc.org/socioneeds

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

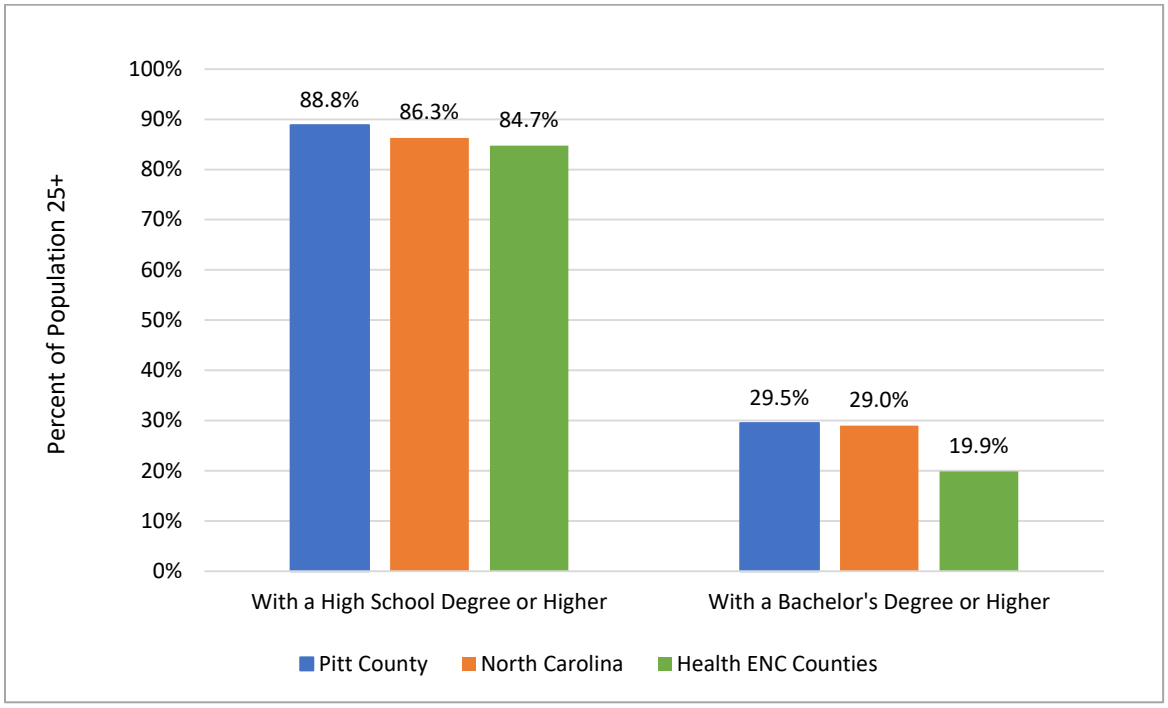
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

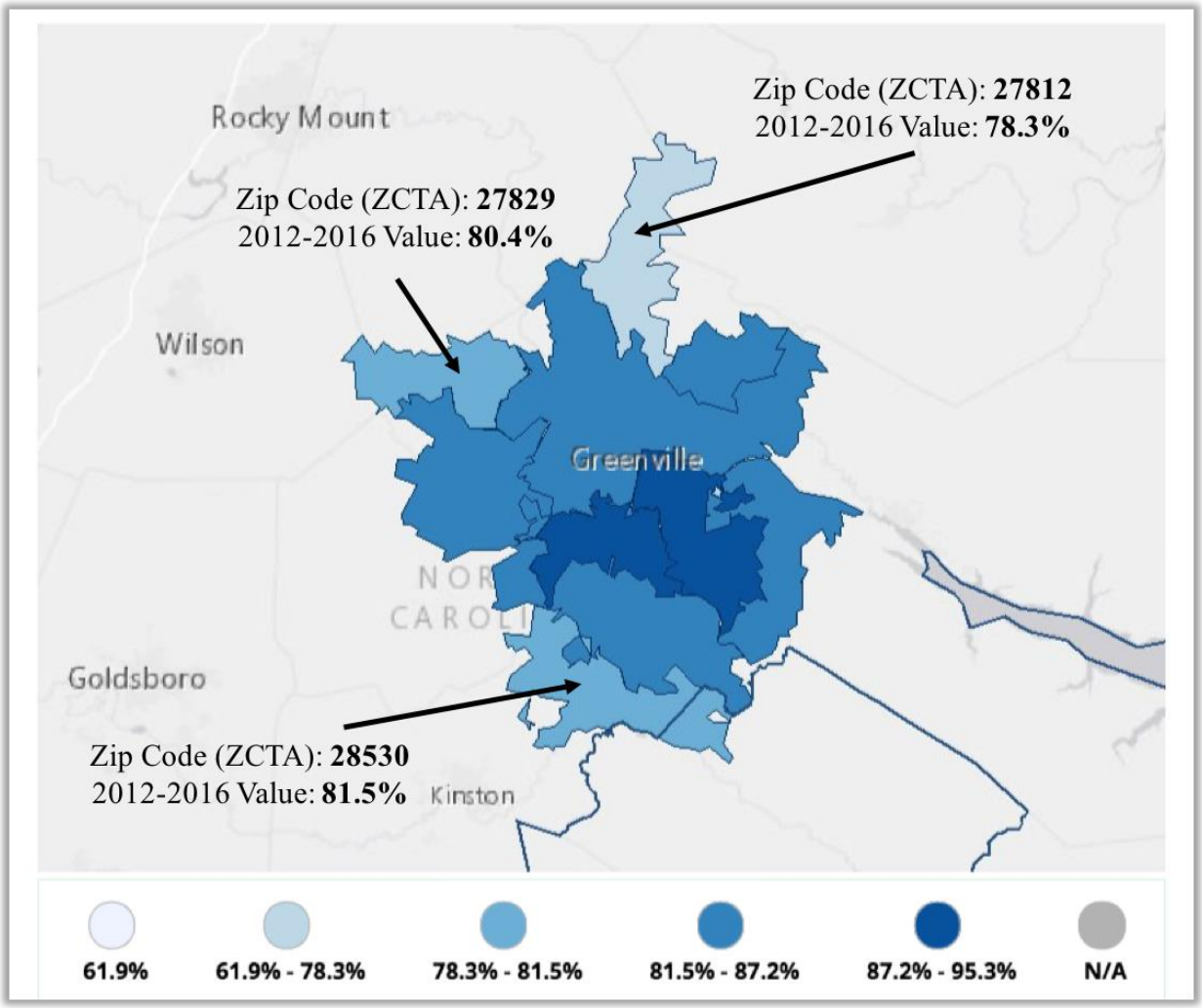
Countywide, the percent of residents 25 or older with a high school degree or higher (88.8%) is higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Pitt County is similar to the state value and higher than the Health ENC region. In Pitt County, 29.5% of residents 25 and older have a bachelor's degree or higher, compared to 29.0% in North Carolina and 19.9% in the Health ENC region (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Within Pitt County, the high school degree attainment rate varies. Zip code 27812, for example, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is 78.3% (Figure 26).

Figure 26. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)

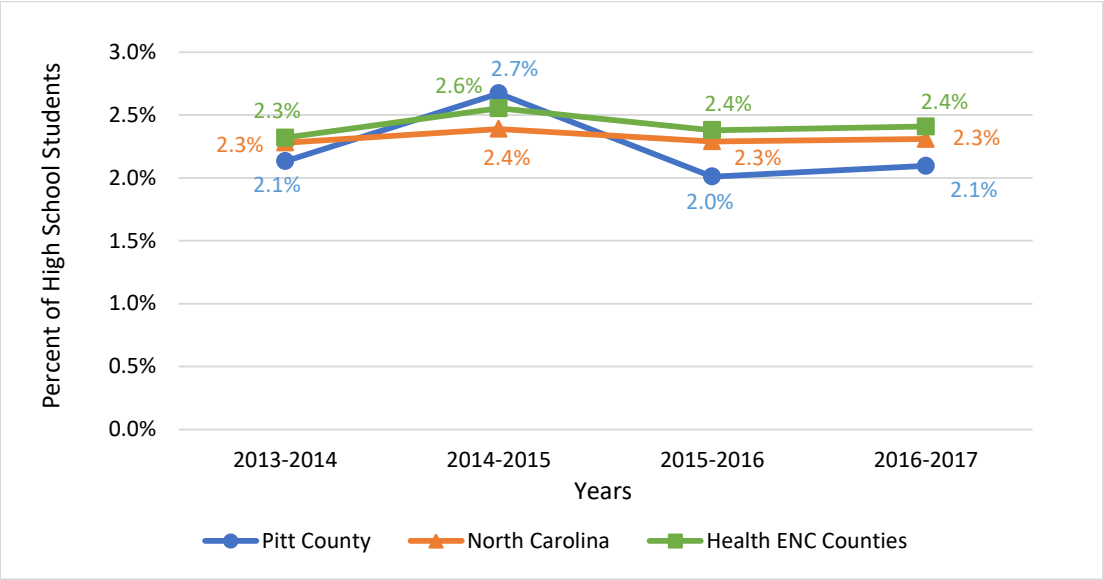


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Pitt County's high school dropout rate, given as a percent of high school students in Figure 27, is 2.1% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%).

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

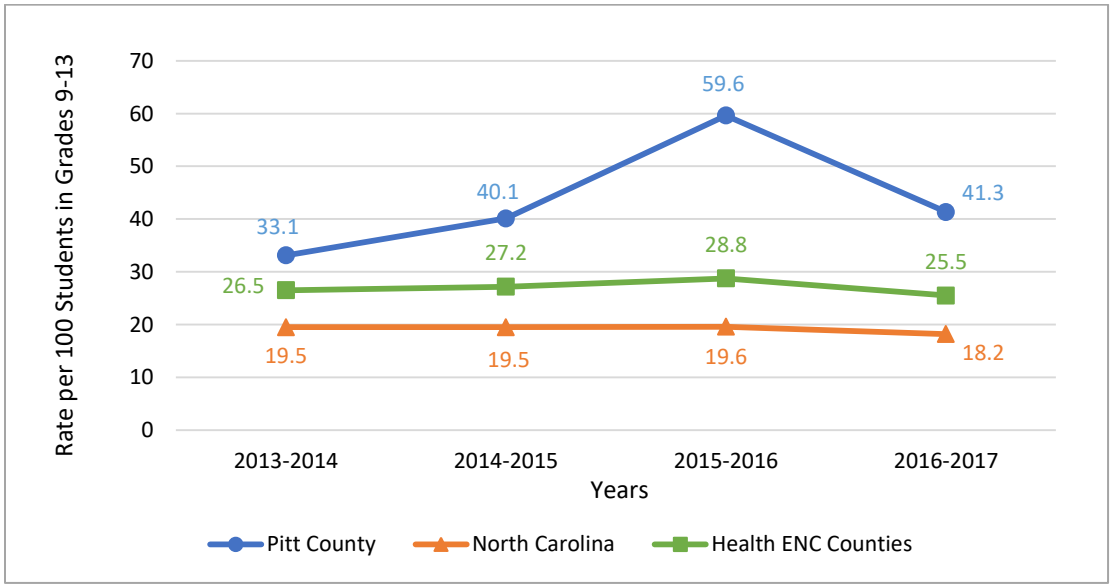


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Pitt County's rate of high school suspension (41.3 suspensions per 100 students) is higher than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the suspension rate in Pitt County increased from 2013-2014 to 2015-2016, but decreased from 59.6 in 2015-2016 to 41.3 in 2016-2017.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Pitt County's Educational System

In Pitt County, there are 138 child care facilities consisting of 81 child care centers and 32 family child care homes.[12] There are 3,085 children (birth to 4 years of age) and 1,180 children (ages 5-12 years) enrolled in licensed Pitt County child care. There are 598 child care employees in Pitt County.[13]

Pitt County Schools (public school system) is comprised of 37 schools including one Pre-K Education Center. Pitt County Schools operates 16 elementary schools (K-5), six (K-8) schools, seven middle schools

[12] NC Division of Child Development and Education, http://ncchildcaresearch.dhhs.state.nc.us/search.asp (Website Updated daily)
[13] NCDHHS, Child Care Statistical Report, http://ncchildcare.dhhs.state.nc.us/general/Child_Care_Statistical_Report.asp

(6-8), six high schools (9-12) and one early college high school (9-12). The student enrollment exceeds 24,000 students.[14]

Pitt County is also home to 15 private or parochial schools with an enrollment of 1,932.[15]
As of July 2018, there were 1,056 home schools located in Pitt County with a total enrollment of 1,638.[16]

Pitt Community College is the 6th largest among the 58 NC campus community colleges. Enrollment, including credit and noncredit programs, exceeds 23,000 students annually. Students can receive associate degrees, diplomas and certificates from more than 60 programs. Adult basic education, literacy training and occupational extension courses are also offered.[17]

East Carolina University is the third largest university in the State. Enrollment was 28,718 during the 2018 fall semester of which 23,010 were undergraduates. Degrees include: 84 bachelors, 71 Masters, 13 Research Doctoral, 5 Professional Doctoral, 2 Intermediate (CAS, Eds), 84 Departmental Certificates, 120 online degrees and certificate programs in health, education, technology, business and more. The highest undergraduate enrollment programs in 2018 include: Nursing, Management, Biology, Communication, Marketing, Public Health Studies, Elementary Education, Criminal Justice, Psychology, and Industrial Technology. The highest graduate enrollment programs in 2018 include: Business Administration, Nursing, Medicine, Library Science, Dental Medicine, Educational Leadership. The Brody School of Medicine at ECU offers a four - year Medical Doctor degree and six PhD programs. The School of Dental Medicine opened in the fall of 2011. [18]

[14] Pitt County Schools, https://www.pitt.k12.nc.us/domain/5
[15] NC Department of Administration, Division of Non-Public Education, https://ncadmin.nc.gov/citizens/private-school-information
[16] NC Department of Administration, Division of Non-Public Education
https://ncadmin.nc.gov/citizens/home-school-information
[17] Pitt Community College, https://pittcc.edu/about-pcc/history-of-pcc/
[18] East Carolina University, https://facts.ecu.edu/

Environmental Profile

Water Quality
There are 10 water treatment systems located within Pitt County. The majority of Pitt County's drinking water is obtained from the Neuse and Tar Rivers reducing reliance on underground aquifers. Several municipalities within Pitt County purchase water from Greenville Utilities that is provided primarily by the Tar River.[19]

The Pitt County Health Department's Environmental Health Division maintains the quality and safety of water and water systems through inspections and permits. Since July 1, 2007, water related systems such as on-site sewage disposal, migrant camp waste water facilities, private drinking water supplies, public swimming pools and spa as well as abandoned well water systems are controlled by permits, inspections, and laboratory testing. According to Pitt County Environmental Health records, there have been no significant reports of events related to water quality in several years.[20]

Air Quality
The North Carolina Department of Environmental Quality monitors ambient (outdoor) air quality throughout the State to protect the public from harmful ozone and fine particle pollutants.[21] Two air quality monitors are located in Pitt County at the Agricultural Center and are read weekly by staff from the NC Department of Environmental Quality Northeastern Office (located in Washington, NC).

The Environmental Protection Agency's (EPA) Air Quality Index Color Code Guide is used to inform and alert the public of air quality issues related to pollutants. Air pollution levels in the green category are satisfactory and pose little or no health effects. Air pollution levels in the yellow, orange, red, purple and maroon categories exceed the Environmental Protection Agency's standard and may pose health risks to some or all populations.[22] The following Air Quality Index chart provides details regarding these levels of air quality.

[19] Pitt County Developmental Commission, http://locateincarolina.com/utilities/water-systems/
[20] Pitt County Health Department, Environmental Health Reports
[21] NC Department of Environmental Quality, http://go.ncdenr.gov/web/guest
[22] Environmental Protection Agency, https://www.epa.gov/outdoor-air-quality-data/air-quality-index-report

EPA Air Quality Index[23]

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health alert: everyone may experience more serious health effects.
Hazardous	301 to 500	Health warnings of emergency conditions. The entire population is more likely to be affected.

According to the Environmental Protection Agency's 2018 Air Quality Index Report, Pitt County's Air Quality Index was monitored 345 days in 2018. During this time, there were 306 days when Pitt County's air quality was good and 39 days when it was moderate. [24]

Noise

The Pitt County Board of Commissioners adopted a Noise Ordinance on August 17, 1992, defining a Noise Disturbance as any sound that endangers the safety or health of any person, or disturbs a reasonable person of normal sensitivities, or endangers personal or real property. This ordinance is enforced by qualified Noise Control Officers appointed by the Sheriff of Pitt County and applies to the

[23] Air Now, Air Quality Index (AQI) Basics, https://airnow.gov/index.cfm?action=aqibasics.aqi
[24] U.S. EPA AirData, https://www.epa.gov/air-data

control of sound originating from sources within the limits of the County of Pitt.[25] The City of Greenville also has a noise ordinance that applies to all areas of the City. [26]

Other Environmental Features

Pitt County offers 42 parks and recreation opportunities within the County. Pitt County Community Schools and Recreation has partnered with the Pitt County Government Planning Department to keep an inventory of recreation facilities within local municipalities. A directory of local parks and facilities can be found at: https://pittcsr.com/parks/. [27] Pitt County is also fortunate to have a joint use agreement that allows school facilities to be used by community members when not otherwise in use. For more information regarding use of facilities, visit https://pittcsr.com/parks-facilities/use-of-facilities/.[28] The City of Greenville's Recreation and Parks Department also provides a variety of athletic, recreational, and arts and crafts activities for all ages and special populations and maintains more than 25 parks and recreational facilities. Additional information can be found at https://www.greenvillenc.gov/government/recreation-parks. [29]

[25] Pitt County Government Noise Control Ordinance, https://www.pittcountync.gov/DocumentCenter/View/787/Noise-Ordinance-PDF

[26] Greenville Resident Responsibilities and City Ordinances, https://greenvillenc.gov/live/resident-responsibilities-and-city-ordinances

[27] Pitt County Community Schools and Recreation, https://pittcsr.com/parks/.

[28] Pitt County Community Schools and Recreation, https://pittcsr.com/parks-facilities/use-of-facilities/.

[29] City of Greenville Recreation and Parks, at https://www.greenvillenc.gov/government/recreation-parks.

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 2.0% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Pitt County, with an estimated 1.1% of residents commuting by public transportation (Figure 29). In Pitt County, 83.9% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

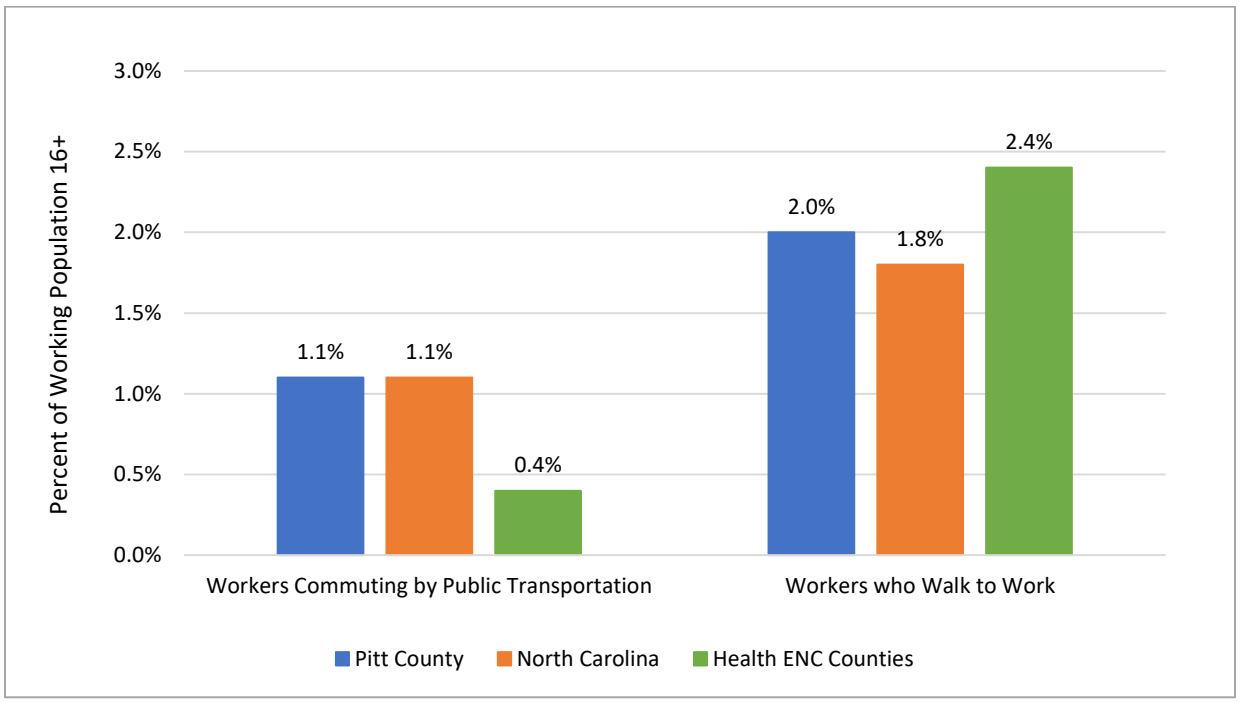
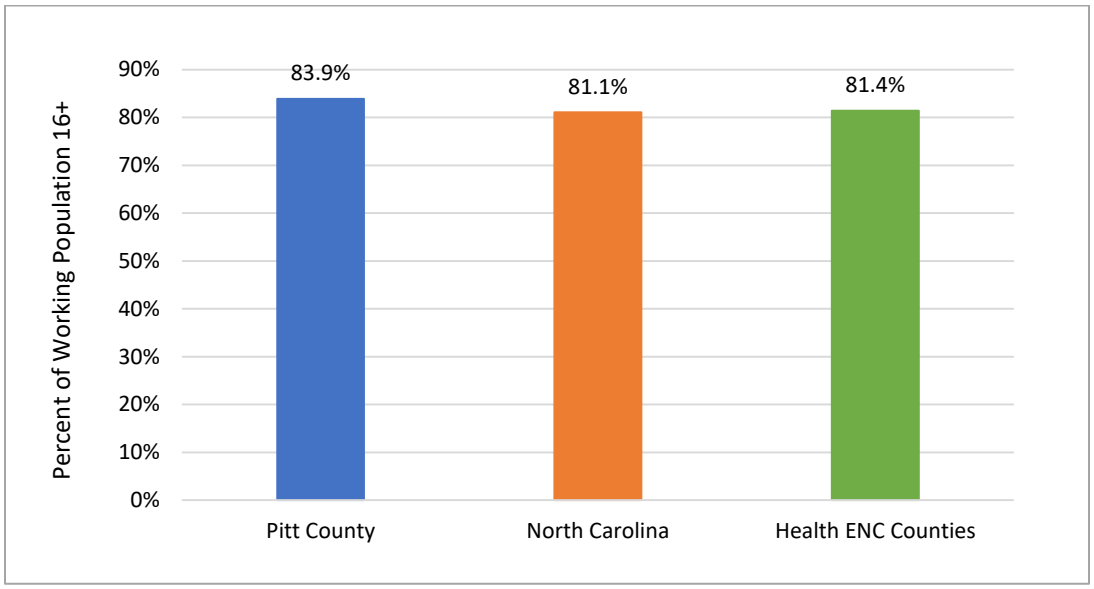


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



Transportation System in Pitt County

Pitt County is centrally located within eastern North Carolina. Four lane highways (east-west highway 264 and north-south U.S. 13) connect Pitt County to all North Carolina boarders. Approximately 30 common carriers have terminals within a 40 mile radius. The Norfolk Southern Railway and the CSX Transportation Railway cross through the County. Three major deep water ports (Wilmington, Morehead City, and Norfolk, Va) are located within 120 miles of the County and are capable of handling bulk shipments. [30]

The Pitt-Greenville Airport is an 872-acre municipal facility, owned jointly by the County and the City of Greenville. It is located outside the city of Greenville, off Route 13 (N. Carolina 903), and easily accessible by Interstate Highways 40 & 95 and located adjacent to the Greenville Industrial Park in the northwest portion of Greenville. Scheduled commuter flights are offered daily to Charlotte's Douglas International Airport.[31]

The County is served by two public transit systems. The City of Greenville operates the Greenville Area Transit (GREAT Bus) within its corporate limits.[32] The County of Pitt operates the Pitt Area Transit System (PATS) as a department of County government with an appointed advisory board to oversee the operation of this department and general public transportation services.[33] An inter-city bus service is provided daily by Greyhound.[34] Connector services for Amtrak, located in Wilson are also available. East

[30] Pitt County Developmental Commission, http://locateincarolina.com/transportation/
[31] Pitt Greenville Airport, https://www.ifly.com/pitt-greenville-airport
[32] City of Greenville GREAT Bus, https://www.greenvillenc.gov/government/public-works/great-bus-system
[33] Pitt County Government Pitt Area Transit System, https://www.pittcountync.gov/220/Pitt-Area-Transit-PATS
[34] The Pitt County Developmental Commission, http://locateincarolina.com/transportation/bus-services/

Carolina University provides bus services for its students both on and off campus.[35] The Butterfield Transportation Center opened in August 2018 and is a centrally located transfer facility where all local and regional transportation services can connect.[36]

[35] East Carolina University Transit, http://www.ecu.edu/transit/
[36] The City of Greenville, https://www.greenvillenc.gov/government/public-works/major-projects/greenville-transportation-activity-center-gtac

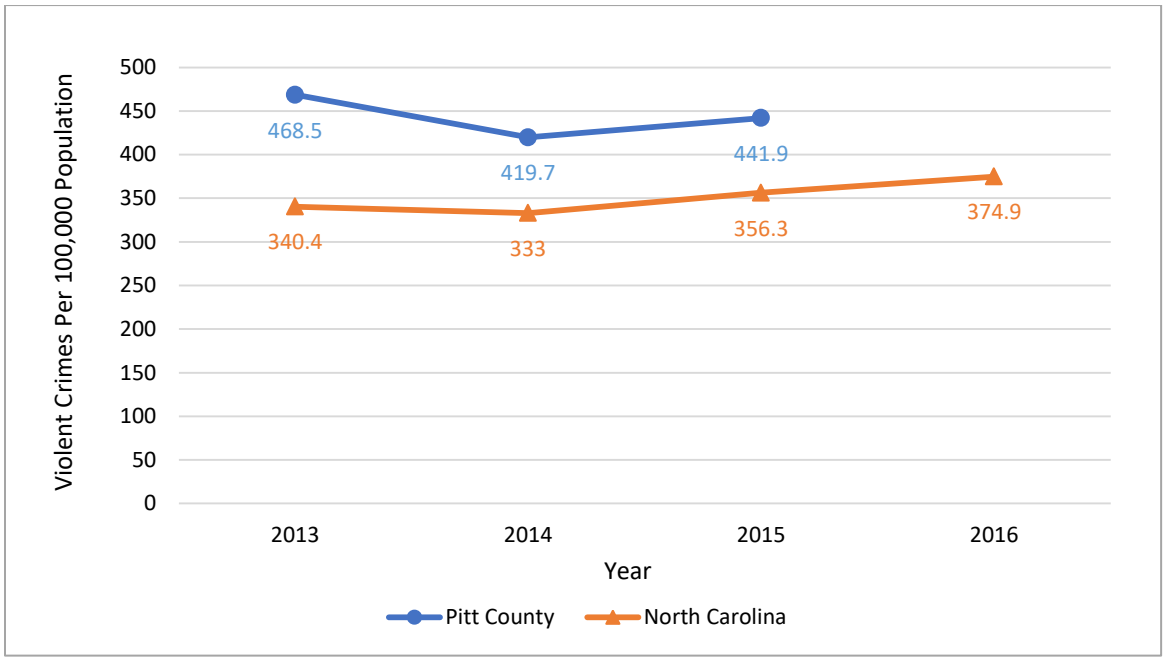
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

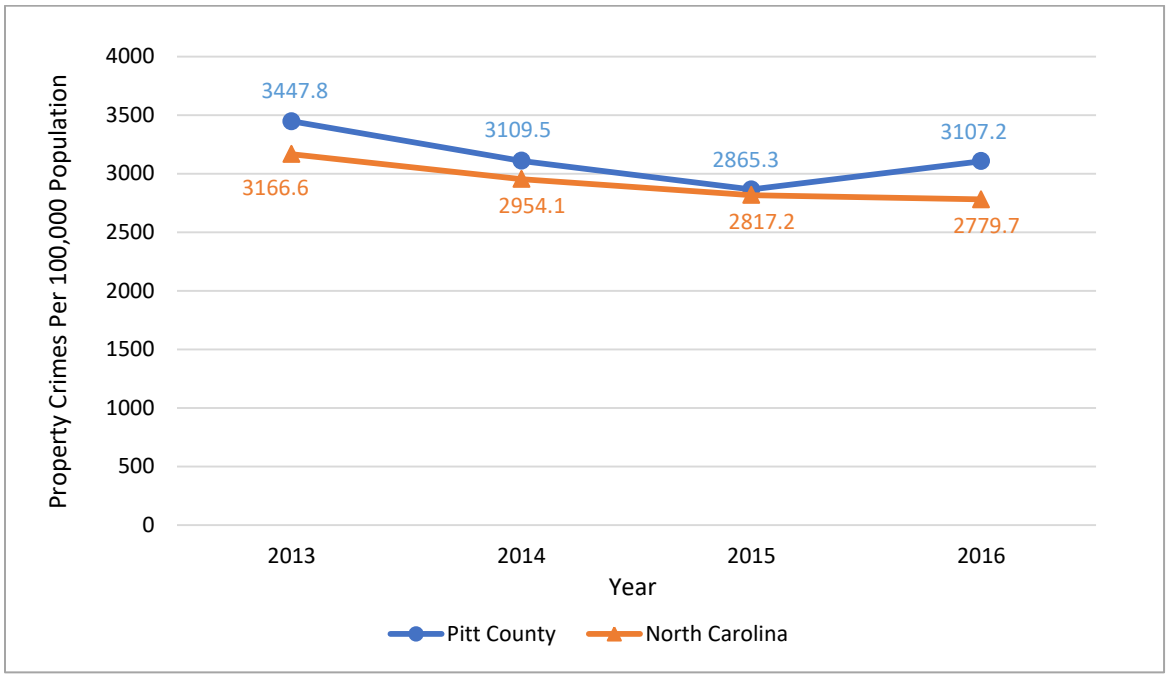
The violent crime rate in Pitt County is 441.9 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31). Over three measurement periods, from 2013 to 2015, the violent crime rate in Pitt County is higher than the statewide rate.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Pitt County (3,107.2 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 32). Over the past four measurement periods, from 2013 to 2016, the property crime rate in Pitt County is higher than the state rate.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Pitt County (0.4) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

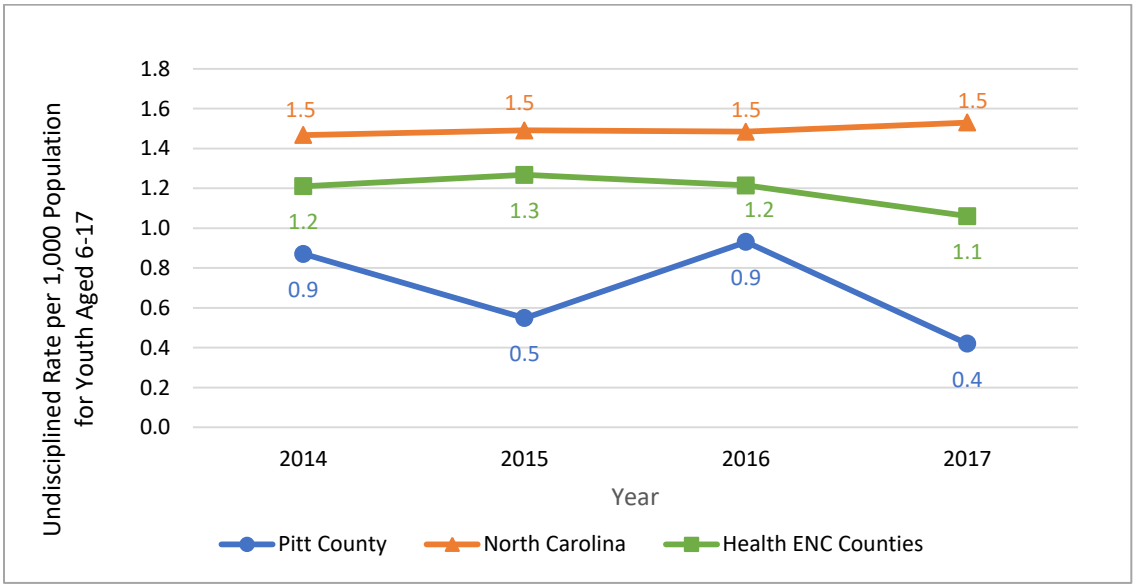
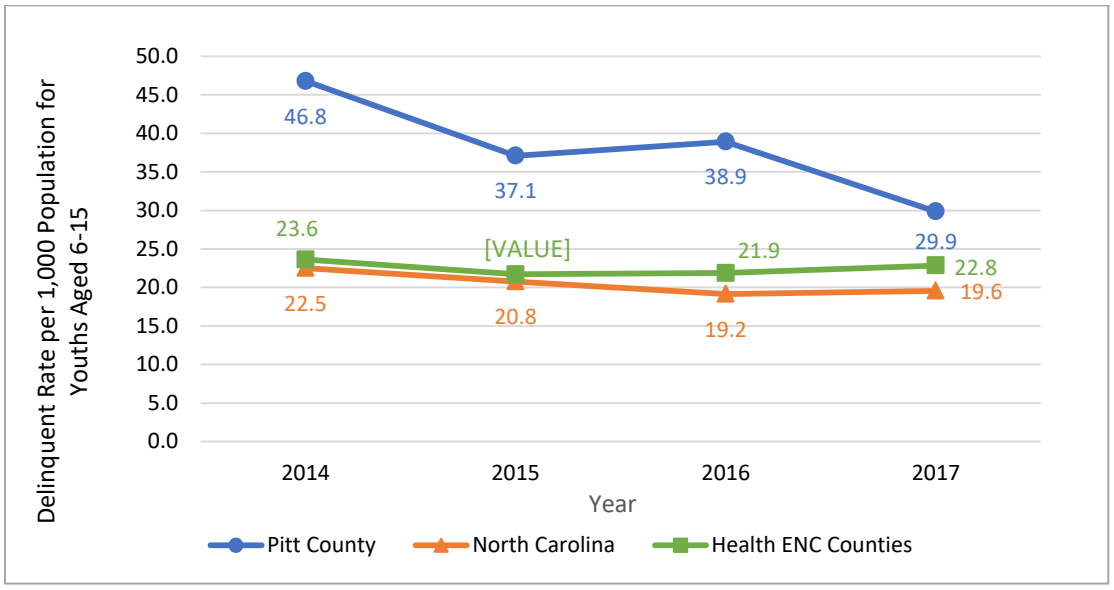


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Pitt County (29.9) is higher than the rate in North Carolina (19.6) and the Health ENC region (22.8). While the juvenile crime rate in Pitt County is higher than the juvenile crime rate in the state and region over the past four measurement periods, the rate has decreased from 46.8 in 2014 to 29.9 in 2017.

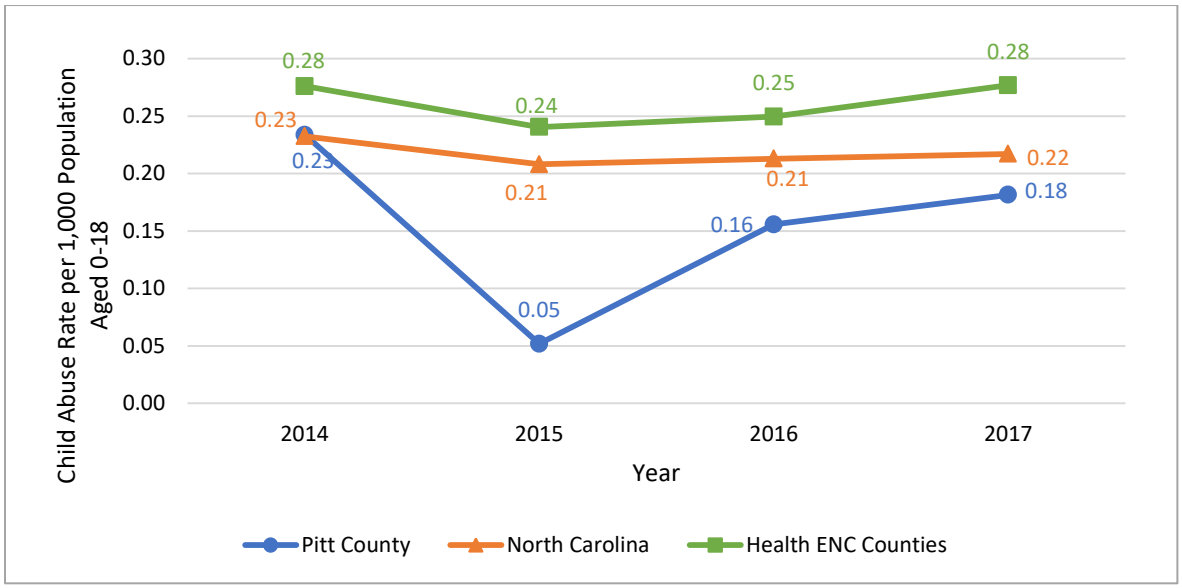
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Pitt County (0.18 per 1,000 population) is slightly lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Pitt County has increased from 2015 to 2017.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

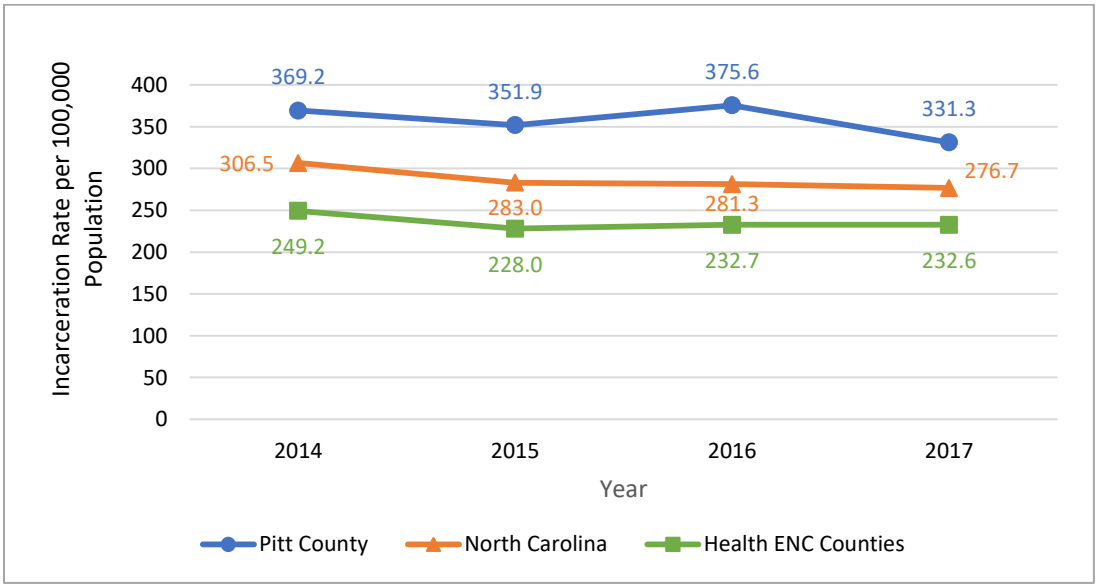


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. is in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 100,000 population. The 2017 incarceration rate in Pitt County (331.3 per 100,000 population) is higher than the rate in North Carolina (276.7) and the Health ENC region (232.6). Over the past four measurement periods, from 2014 to 2017, the incarceration rate in the county has remained higher than the incarceration rate in the state and region.

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Pitt County, 87.7%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 12.3% of residents are uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

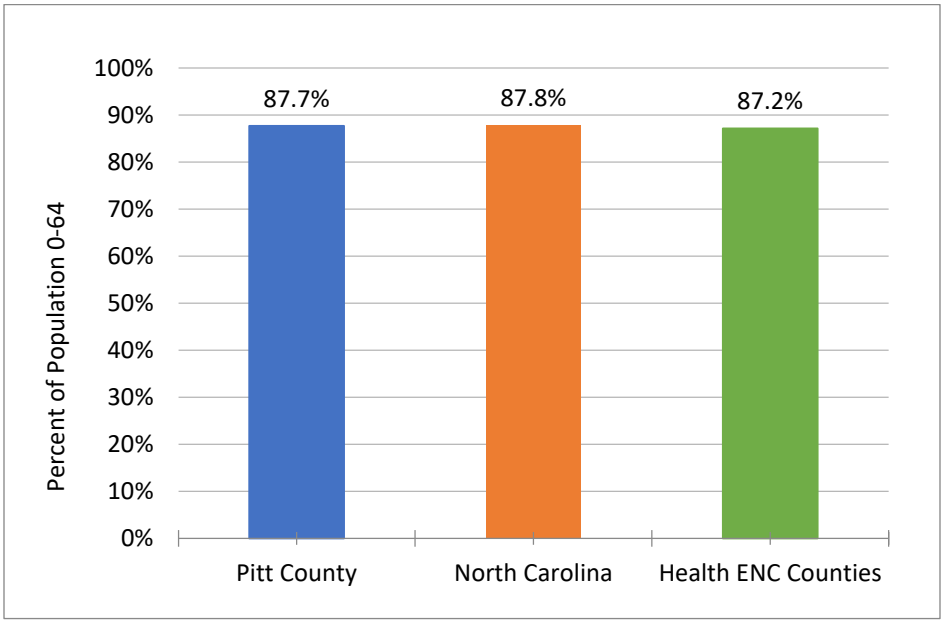
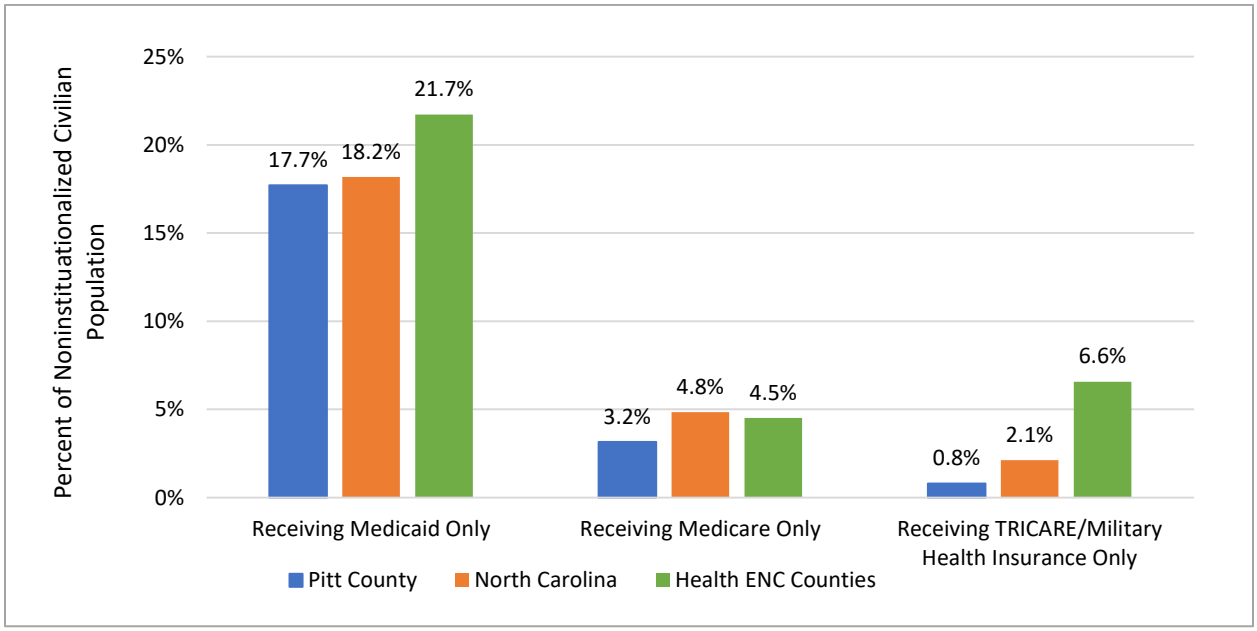


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Pitt County has a lower percent of people receiving Medicaid (17.7%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also lower in Pitt County (3.2%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Pitt County (0.8%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Pitt County has a higher percent of residents of voting age (78.1%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

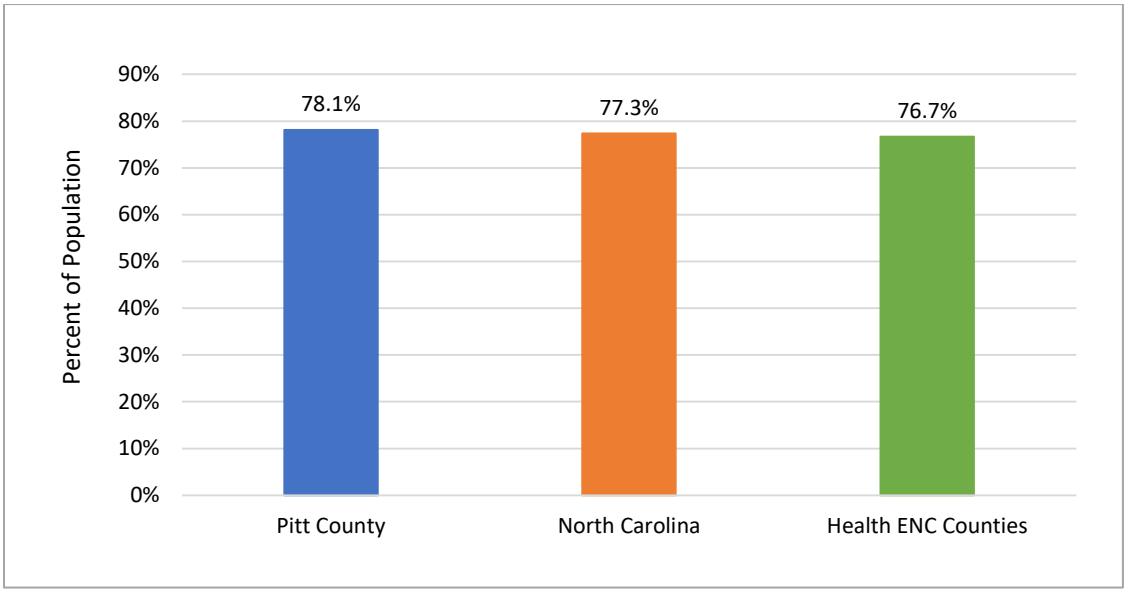
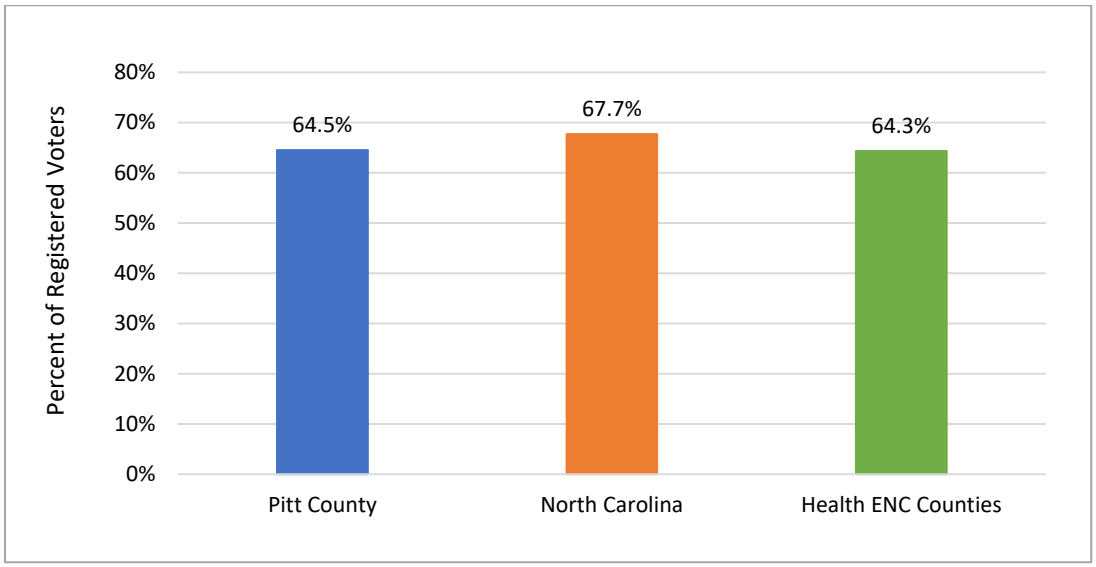


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Pitt County was 64.5%, which is lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)



County Structure

Pitt County encompasses an area of 655 square miles (652 miles of land and 2.9 miles of water). Pitt County is located in the heart of eastern North Carolina, approximately 78 miles from the Atlantic Ocean, and approximately 90 miles from the State Capital, located in Raleigh, NC. The Tar River runs through the Center of the County.[37]

Pitt County is comprised of ten (10) municipalities. Greenville is the most populated municipality and is the County Seat. The United States Postal Service delivers mail to 16 different zip codes within the County. The following two tables provide a breakdown of each municipality and its percentage of population as well as the location of each zip code.

Percent Population of Pitt County's 10 Municipalities (2017)[38]

Municipalities	% Population
Ayden	2.82%
Bethel	0.88%
Falkland	0.05%
Farmville	2.63%
Fountain	0.24%
Greenville (n = 89,266)	50.57%
Grifton	1.42%
Grimesland	0.25%
Simpson	0.25%
Winterville	5.35%

Pitt County Zip Codes[39]

Zip Code	Classification	Area
27811	P.O. Box	Bell Arthur
27812	General	Bethel
27827	P.O. Box	Falkland
27828	General	Farmville
27829	General	Fountain
27833	P.O. Box	Greenville
27834	General	Greenville
27835	P.O. Box	Greenville
27836	P.O. Box	Greenville
27837	General	Grimesland
27858	General	Greenville
27879	P.O. Box	Simpson
27884	General	Stokes
28513	General	Ayden
28530	General	Grifton

[37] Pitt County Developmental Commission, http://locateincarolina.com/
[38] Pitt County Government, 2018 Popular Annual Financial Report, https://www.pittcountync.gov/ArchiveCenter/ViewFile/Item/191
[39] Zip-Codes.com, https://www.zip-codes.com/united-states-zip-codes-timeline.asp

Pitt County Governance and Law Enforcement

Pitt County Board of County Commissioners

The Pitt County Board of Commissioners is the governing body for Pitt County Government. Membership consists of nine elected officials, six of whom are elected as representatives from one of the County's single election districts and three of whom are elected to represent a combined district, a district which encompasses two of the County's single election districts. This system ensures that each Pitt County resident is represented by two Commissioners, one from a single district and one from the combined district in which the citizen lives. The Board of County Commissioners establishes local ordinances, policies, and procedures, determines the immediate and long-term goals and objectives for the County, and hires a full-time manager to oversee the daily operations of the government. Pitt County operates under a County Manager form of government. The County Manager hires the County staff and serves at the discretion of the Board.[40]

Town and City Councils

Town or City Councils, along with Mayors and Managers, serve as the authority for each of the County's municipalities. The City of Greenville is governed by a council-manager form of government where the City Council is elected by the people. A City Manager oversees the operations of the City. The Mayor and City Council are the governing body of the City and are responsible for establishing general policies as well as appointing the City Manager, City Attorney, City Clerk, and members of the volunteer Boards and Commissions. The Council enacts ordinances, resolutions, and orders; adopts the annual budget; approves the financing of all City operations. [41]

Law Enforcement

Pitt County Sheriff: The Sheriff is Pitt County's Chief Law Enforcement Officer who is elected by the people of Pitt County, and serves within a four-year term and operates the Sheriff's Department within a budget approved by the Pitt County Board of County Commissioners. Sworn deputies have the authority to work within a County-wide jurisdiction to enforce criminal and civil law. The Department also provides a School Resource Officer for each of the County's high schools. The Sheriff provides courtroom security in all Pitt County courts, serves all summons, warrants, orders, and judgments issued by the court and operates the County Detention Center. [42]

City of Greenville Police: The Greenville Police Department is responsible for law enforcement within the Greenville City limits under the direction of a Chief of Police and within a budget established by the City Council. [43]

Other Municipal Police Departments: Most incorporated towns in Pitt County have their own police departments or contract with the Pitt County Sheriff's Department to provide coverage. [44]

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[40] Pitt County Government, https://www.pittcountync.gov/286/Board-of-Commissioners
[41] City of Greenville, NC, https://www.greenvillenc.gov/government/city-council
[42] Pitt County Developmental Commission, http://locateincarolina.com/protective-services/law-enforcement/
[43] Pitt County Developmental Commission, http://locateincarolina.com/protective-services/law-enforcement/
[44] Pitt County Developmental Commission, http://locateincarolina.com/protective-services/law-enforcement/

Other Law Enforcement Agencies: The East Carolina University Police Department provides law enforcement for the university's main campus, the Brody School of Medicine, and the medical school's clinics. Vidant Medical Center provides law enforcement for hospital campuses. Pitt Community College's police department provides law enforcement for the campuses in Winterville and Greenville and for properties that the college owns or leases. The NC State Highway Patrol enforces traffic laws on all county roads and highways. [45]

NC General Assembly, Pitt County Representation[46]

House Members:
Representative Chris Humphrey, (Republican, District 12)
Representative Gregory F. Murphy, MD (Republican, District 9)
Representative Kandie D. Smith (Democrat, District 8)

Senate Members:
Senator Don Davis (Democrat, District 5)

Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Pitt County by topic area. Topics with higher scores indicate greater need. Maternal, Fetal & Infant Health is the poorest performing health topic for Pitt County, followed by Immunizations & Infectious Diseases, Occupational & Environmental Health, Other Chronic Diseases and Economy.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Maternal, Fetal & Infant Health	2.08
Immunizations & Infectious Diseases	1.93
Occupational & Environmental Health	1.79
Other Chronic Diseases	1.77
Economy	1.71

*See Appendix B for additional details on the indicators within each topic area

[45] Pitt County Developmental Commission, http://locateincarolina.com/protective-services/law-enforcement/
[46] NC General Assembly, https://www.ncleg.gov/Members/CountyRepresentation/Pitt

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Pitt County. Low income/poverty was the most frequently selected issue and was ranked by 54.0% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected homelessness, pollution, domestic violence, child abuse, neglect and abuse, rape / sexual assault and elder abuse as issues most affecting the quality of life in Pitt County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

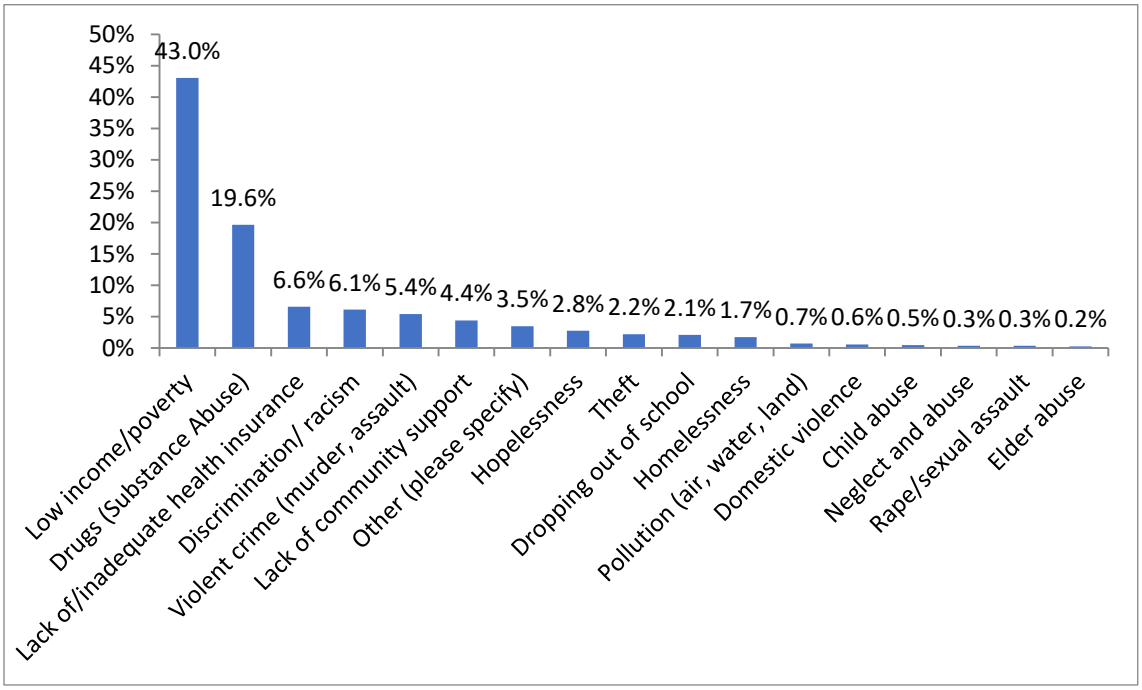


Figure 42 displays the level of agreement among Pitt County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is an easy place to buy healthy foods, has good parks and recreation facilities, there is affordable housing, offers plenty of help for people during times of need, is a safe place to live, has plenty of economic opportunity, is a good place to grow old, is a good place to raise children and has good health care.

Figure 42. Level of Agreement Among Pitt County Residents in Response to Nine Statements about their Community

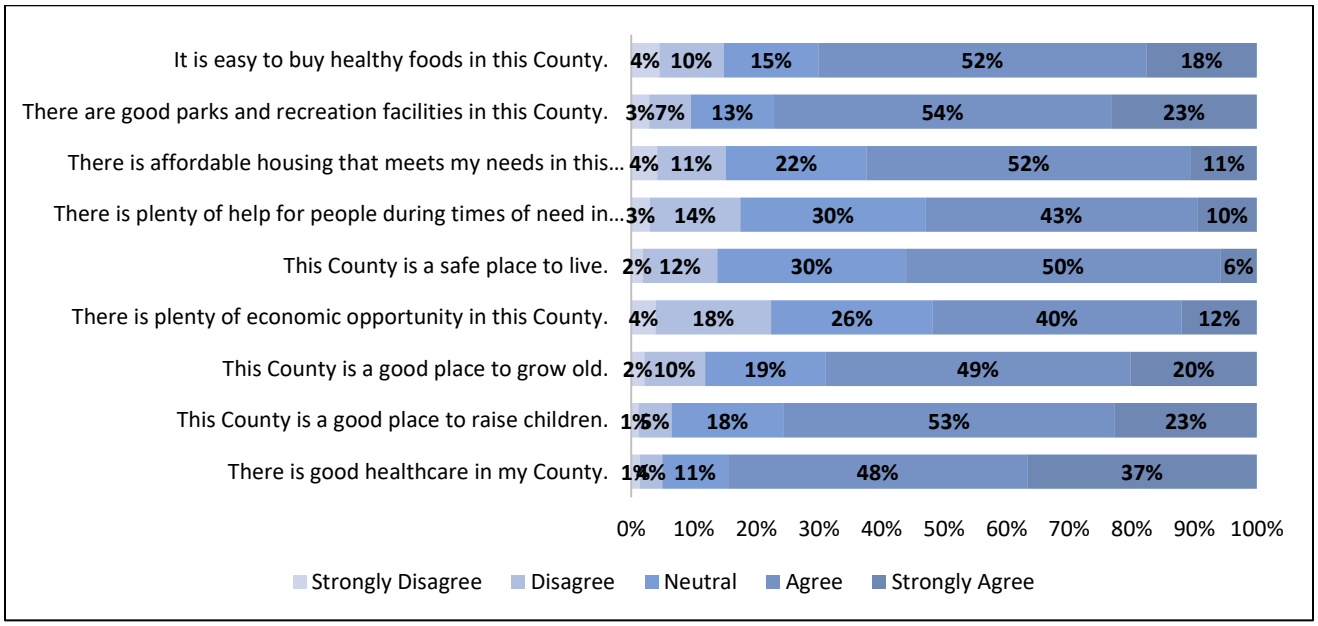


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Pitt County. Road maintenance was the most frequently selected issue, followed by higher paying employment, counseling / mental health / support groups, and positive teen activities.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

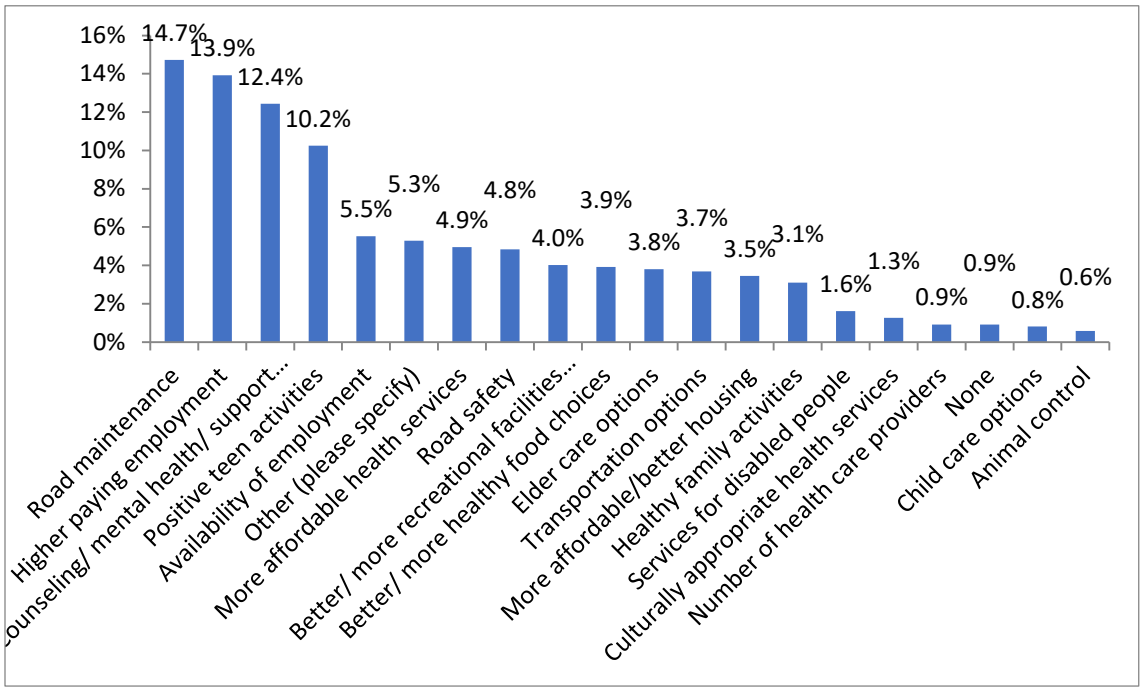
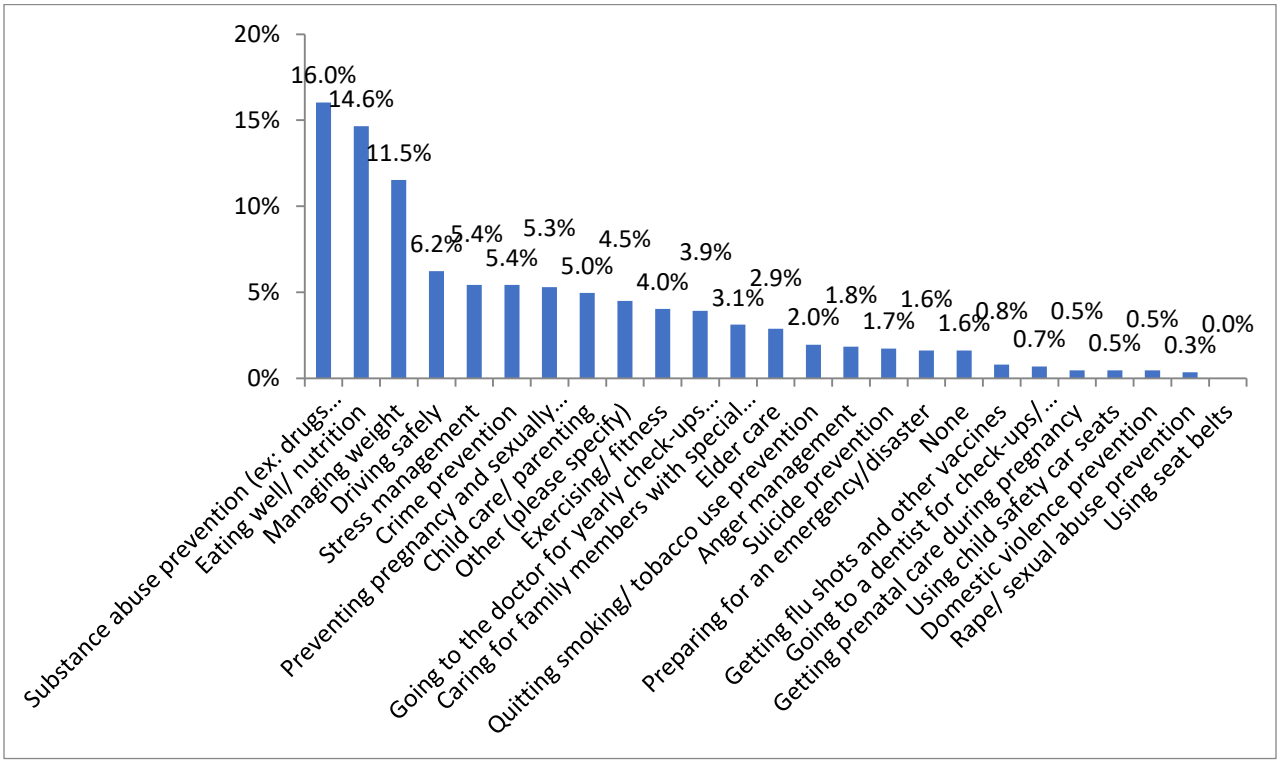


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Pitt County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 16% of survey respondents. This was followed eating well/nutrition and managing weight.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Pitt County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 50 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	105
Access to Health Services	70
Economy	47
Health Care Navigation/ Literacy	45
Mental Health & Mental Disorders	42
Substance Abuse	27
Transportation	26
Diabetes	22
Children's Health	21

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Pitt County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

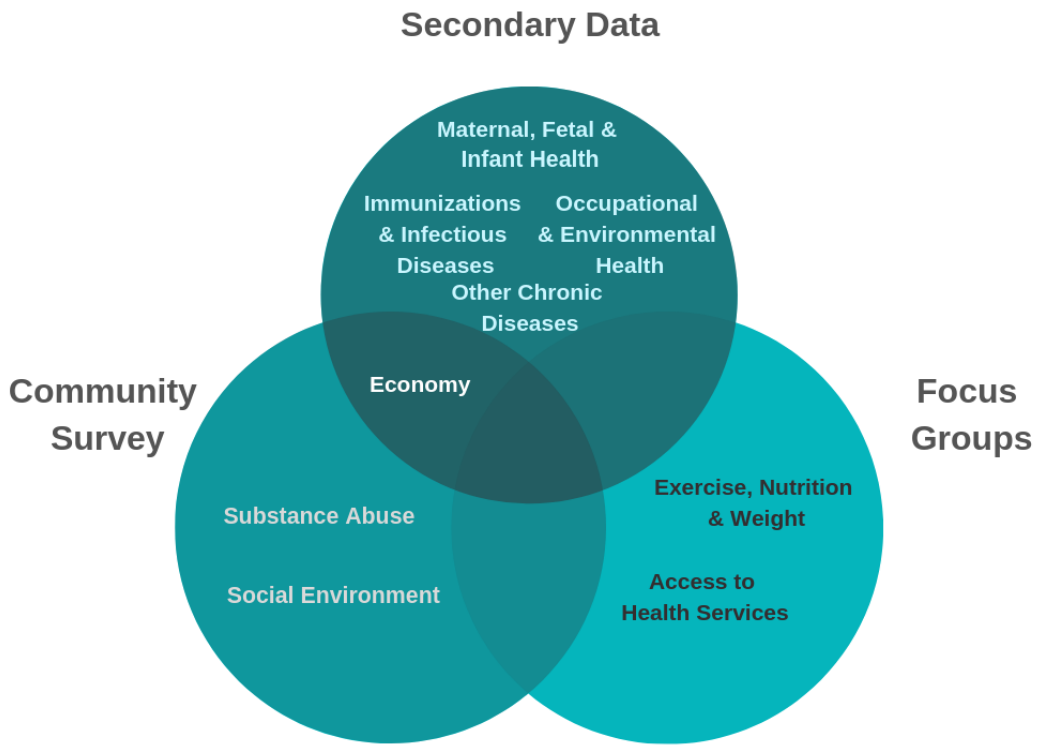
Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.

Figure 45. Data Synthesis



Across all three data sources, there is strong evidence of need to assess Economy. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Topic Areas Examined in This Report

Nine topic areas were identified across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services
Economy*
Exercise, Nutrition & Weight
Immunizations & Infectious Diseases*
Maternal, Fetal & Infant Health*
Occupational & Environmental Health*
Other Chronic Diseases*
Social Environment
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Access to Health Services, Exercise, Nutrition & Weight, Social Environment and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Pitt County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Dara Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Maternal, Fetal & Infant Health

Key Issues

- Very low birth weight babies is an indicator that is high need in Pitt County
- Preterm births are higher in Pitt County than North Carolina overall
- The infant mortality rate is higher than in the state and U.S. and does not meet Healthy People 2020 target of 6 deaths per 1,000 live birth and the Healthy North Carolina target of 6.3 deaths per live birth

Secondary Data

The secondary data scoring results reveal Maternal, Fetal & Infant Health as the top need in Pitt County with a score of 2.08. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Pitt County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.33	Preterm Births (2016) (percent)	12.5	10.4	9.8				-	9.4
2.43	Babies with Very Low Birth Weight (2012-2016) (percent)	2.4	1.7	1.4				-	1.4
2.38	Infant Mortality Rate (2012-2016) (deaths/ 1,000 live births)	11.4	7.2	6				6.3	6

**See Appendix B for full list of indicators included in each topic area*

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and "getting prenatal care during pregnancy" was selected less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. Related to teen health and pregnancy, "positive teen activities" was the fourth highest ranking service needing improvement in the community (10.2%) and preventing pregnancy/sexually transmitted diseases was selected as the seventh highest ranking health behavior than people in the community need more information about

During the focus group discussions, Maternal, Fetal and Infant Health was raised four times as a high need health issue in the community. One participant raised concerns with pregnant women missing pre-natal appointments resulting in poor birth outcomes. Another participant felt that Pre-Term Births was one of the top issues in the community. A suggestion was raised to invest in a program for young mothers and improve current programs that are available in the community. The discussion in relation to Maternal, fetal and Infant Health indicates a come awareness in the community about these issues.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area indicators. Young women were identified in the primary data sources as a group that may be highly impacted.

Immunizations & Infectious Diseases

Key Issues

- Gonorrhea, Syphilis and Chlamydia incidence rates are higher than in the state and U.S.
- There is a significant increasing trend for the Gonorrhea over time in Pitt County
- The HIV Diagnoses rate does not meet the Healthy NC 2020 target of 22.2 cases per 100,000 population
- Tuberculosis is another indicator of concern not meeting Healthy People target of 1 case per 100,000 population and the rate is higher in Pitt County than the state and U.S.

Secondary Data

The secondary data scoring results reveal Immunizations & Infectious Diseases as a top need in Pitt County with a score of 1.93. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 14.

Table 14. Data Scoring Results for Immunizations & Infectious Diseases

Score	Indicator (Year) (Units)	Pitt County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.48	Gonorrhea Incidence Rate (2016) (cases/ 100,000 population)	374.7	194.4	145.8				-	-
2.28	Chlamydia Incidence Rate (2016) (cases/ 100,000 population)	1074.4	572.4	497.3				-	-
2.1	HIV Diagnosis Rate (2014-2016) (cases/ 100,000 population)	23	16.1	-				22.2	-
2.23	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	4	2	3				-	1
2.5	Syphilis Incidence Rate (2016) (cases/ 100,000 population)	13.6	10.8	8.7				-	-

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Almost 4% of community survey participants felt that the community needs more information about going to the doctor for yearly check-ups and screenings. Less than 1% identified getting flu shots and other vaccines and 5% felt that preventing pregnancy and STDs as health issues the community needed more information about. 75% of survey participants reported that they had received a flu shot. Immunizations & Infectious Diseases was not discussed extensively during the focus group discussions. Two participants voiced their concerns with getting vaccinated due to unsubstantiated side effects.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Immunizations and Infectious Diseases Health topic area indicators. No specific groups were identified in the primary data sources.

Occupational & Environmental Health

Key Issues

- Asthma in the Medicare population shows a significant increasing trend over time
- Age-adjusted hospitalization rate due to asthma is higher in the county than the state overall

Secondary Data

The secondary data scoring results reveal Occupational & Environmental Health as a top need in Pitt County with a score of 1.79. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 15.

Table 15. Data Scoring Results for Occupational & Environmental Health

Score	Indicator (Year) (Units)	Pitt County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
1.95	Asthma: Medicare Population (2015) (percent)	8.5	8.4	8.2			
1.58	Physical Environment Ranking (2018) (-)	60	-	-			
1.85	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	123.7	90.9	-			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Pollution was the twelfth highest ranking issue affecting quality of life in the community, with less than 1% of participants selecting this topic. Topics related to Occupational and Environmental Health were not brought up during the focus group discussions.

Highly Impacted Populations

Data scoring analysis indicates that the Medicare population may be a highly impacted group within the Occupational & Environmental Health topic area indicators. No specific groups were identified in the primary data sources.

Other Chronic Diseases

Key Issues

- Chronic kidney disease is higher in the county than in the state and U.S. and there is a significant increasing trend over time

Secondary Data

The secondary data scoring results reveal Maternal, Fetal & Infant Health is a top need in Pitt County with a score of 1.77. Additional analysis is performed to find specific indicators that contribute to this area of concern, and one indicator was identified that accounts for the overall high score for the topic area, shown Table 16.

Table 16. Data Scoring Results for Other Chronic Diseases

Score	Indicator (Year) (Units)	Pitt County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.55	Chronic Kidney Disease: Medicare Population (2015) (percent)	21	19	18.1			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

6% of survey respondents reported that a medical provider had diagnosed them with Osteoporosis. Community participants did not view the following services as needing the most improvement: Elder Care options (3.8%) or services for disabled people (1.6%). There were a few survey participants that selected Caring for family members with special needs/disabilities (3.1%) and elder care (2.9%) as healthy behaviors that the community needs more information.

Many participants in the focus groups discussions felt that Other Chronic Diseases and chronic diseases in general are a top concern in the community. Seventeen participants raised various chronic diseases that they felt were top health needs in the community and multiple participants specifically raised chronic kidney disease as their top concern. One participant felt that arthritis was a top health concern in the community in addition to other chronic diseases. Multiple participants brought up issues of complications due to chronic condition and compliance with treatment and/or medication as challenges community members are facing.

Highly Impacted Populations

Data scoring analysis indicates that the Medicare population may be a highly impacted group. No specific groups were identified in the primary data sources.

Economy

Key Issues

- The percentage of children and families living below the poverty level is higher than in the state and US
- Pitt County does not meet the Healthy North Carolina goal of 12.5% of people living below poverty level
- Severe Housing Problems are higher than when compared to other North Carolina and U.S. Counties
- Children living below the poverty level and students eligible for free lunch are both areas of concern being higher in Pitt County than the state and U.S. while showing indications of increasing trends over time

Secondary Data

Economy received a data score of 1.71. This category includes many indicators related to poverty and education. Some of the poorest performing indicators related to the economy are displayed in Table 17. Of the most concern, is children, families and people overall living below the poverty level. In addition, 58.8% of students are edible for free lunch in the county.

Table 17. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Pitt County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.65	People Living Below Poverty Level (2012-2016) (percent)	24.5	16.8	15.1				12.5	-
2.1	Severe Housing Problems (2010-2014) (percent)	21.8	16.6	18.8				-	-
2.2	Children Living Below Poverty Level (2012-2016) (percent)	28.2	23.9	21.2				-	-
2.55	Students Eligible for the Free Lunch Program (2015-2016) (percent)	58.8	52.6	42.6				-	-

2.35	Families Living Below Poverty Level (2012-2016) (percent)	15.1	12.4	11				-	-

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Pitt County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. Higher paying employment was the second highest scoring service (14.7%) needing improvement in the community. When asked to expand on services that could be improved, participants raised the need for more economic activity and increasing jobs in the community. Over 22% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

> "A lot of families work two jobs, shift work, odd hours, and not having time to eat healthy and get proper sleep"
>
> - Focus Group Participant

Financial stress in the community was a top concern in the focus group discussions. Focus group participants shared key economic stressors in the community such as challenges with being able to afford healthy foods, recreational activities and difficulties in seeking medical care due to costs. Most people shared that paying for appointments and medication was difficult and people often had to choose between paying for medical expenses and home bill. Multiple participants raised concerns for those who are out of work and those living in poverty. There was also concern for those community members working multiple jobs to make ends meet and not being able to live a healthy lifestyle.

Highly Impacted Populations

Data scoring analysis indicates that children may be a highly impacted group within the Economy topic area. No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Pitt County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Pitt County			North Carolina			Health ENC Counties		
Rank	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***
1	Cancer	799	159.5	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	795	165.2	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	243	48.9	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Cerebrovascular Diseases	232	49.4	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Chronic Lower Respiratory Diseases	175	36.7	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	152	33.9	Alzheimer’s Disease	11,202	34.2	Diabetes	2,088	29.9
7	Diabetes	132	26.7	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Septicemia	89	19.1	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Suicide	59	11.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Hypertension	54	11.9	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Access to Health Services

Secondary Data

From the secondary data scoring results, the Access to Health Services topic had a score of 0.94 and was the 26th highest scoring health and quality of life topic. High scoring related indicators include: Children with Health Insurance (2.03).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (74.2%) followed by Medicare (8%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor's office 77% and 12% sought care at an urgent care center. The majority of participants did not report any problems getting the health care they needed in the past 12 months (88%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a dentist (35%), general practitioner (37%), specialist (22%), other (21%) or eye care (15%). The top reasons participants reported not being able to get the necessary health care they needed were insurance did not cover services needed (38%), couldn't get an appointment (25%) or the wait was too long (25%). 96% of participants reported being able to see the medical provider they needed within Pitt County.

"I know the main Pitt County Health Department is there. In my humble opinion I think having more community clinics would help…having small health departments around these rural area that these farmworker can access easily."

-Focus Group Participant

Focus Group participants frequently discussed barriers to accessing health services such as scheduling appointments with health care providers, challenges with providers accepting their health insurance plan and lack of transportation to medical centers. Farm workers were specifically referenced as a group needing more access to services due to their work hours preventing them from seeking care and the distance to the services is prohibitive. Participants described challenges with scheduling appointments within their community and not being able to readily get access to dental care. Several participants thought that the community would benefit from having additional full service community health centers particularly accessible to those in more rural locations, a free clinic for low income or uninsured individuals, increased options for telemedicine or a clinic that is open outside of regular work hours.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.53 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Food Insecurity Rate (2.30), Fast Food Restaurant Density (1.95) and Grocery Store Density (1.90).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Exercise, Nutrition & Weight was discussed at length in all focus groups. Participants shared their concerns for obesity across all ages especially youth and for families being able to access and afford healthy foods in the community. Participants shared concerns for people who working long hours and do not have time to cook at home that end up eating unhealthy foods late at night. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. Several participants suggested that the community would benefit from a low or no cost community center/recreational opportunities to encourage and increase better health behaviors. Focus group participants identified those living rural more disconnected areas and the elderly on a limited income and lack of transportation as having limited access to healthy foods and exercise facilities. Some participants discussed cultural norms around eating in the community and not learning to cook healthy or enjoy healthy foods as much. To emphasize these points, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and exercise/nutrition were high frequency responses.

> "The area we live in is poor People who don't have money or food will eat anything and the cheaper foods are unhealthy. Especially rural areas. Even free food is not healthy sometimes. If you are hungry you will eat whatever is available. "
>
> -Focus Group Participant

Social Environment

Secondary Data

From the secondary data scoring results, the Social Environment topic had a score of 1.58 and was the 15th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.65), Homeownership (2.50), Children Living Below Poverty Level (2.20), Single Parent Households (2.15) and Social Associations (2.05).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data
Among community survey respondents, positive teen activities was ranked fourth, counseling/mental health/support groups was ranked third and better or more recreational facilities was ninth of the services needing improvement in the community. 10% of survey participants disagreed or strongly disagreed that there are good parks and recreation facilities in the community. 4.4% of survey participants felt that lack of community support was a top issue affecting the quality of life in the

> *"Abusive relationships, child abuse, and domestic violence. People with mental health. Lack of information of how much child abuse impacts communities when dealing with mental illness. Yes, also trauma history. People come in with trauma and don't know."*
>
> -Focus Group Participant

community and 17% disagreed or strongly disagreed that there is help for people during times of need in the county. Some of the focus group discussions focused on the impact of adverse childhood events, such as abuse and neglect, and how that impacts the community over the long term. Participants felt that there needs to be more support for families and some participants suggested offering program through community churches.

Substance Abuse

From the secondary data scoring results, the Substance Abuse topic had a score of 1.65 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70) and Adults who Drink Excessively (1.95).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data
Community survey participants ranked substance abuse (19.6%) as a top issue affecting quality of life in Pitt County. Additionally, 16% of community survey respondents reported wanting to learn more about substance abuse prevention.

4% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 24% did not know where they would go if they wanted to quit and 41% stated that they did not want to quit. 37% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 25% were exposed in the home and 48% selected 'other', mostly adding that they had been exposed outside in public places. Most participants (75%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 10% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<2%) in the past 30 days, 94% reported marijuana use.

During the focus group discussions substance abuse came up 27 times as an issue or need in the community. Participants specifically raised prescription drug misuse, alcohol and tobacco product use as

the top issues they see as problems that need to be addressed in the community. Participants raised concerns about the accessibility of substances in the community and increased locations where people can access alcohol. A few participants felt that there are limited options for those who need substance abuse treatment programs and a lack of information in the community about addiction.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Pitt County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Adults with Health Insurance	25-34
Age-Adjusted Death Rate due to Firearms	Male
All Cancer Incidence Rate	Male
Bladder Cancer Incidence Rate	Male
Children Living Below Poverty Level	Black or African American
Young Children Living Below Poverty Level	Black or African American
Families Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Lung and Bronchus Cancer Incidence Rate	Male
Median Household Income	Black or African American, Hispanic or Latino, Other
People 25+ with a Bachelor's Degree or Higher	65+, Black or African American, Other
People 25+ with a High School Degree or Higher	65+, Black or African American, Other

People 65+ Living Below Poverty Level	Black or African American
People Living Below Poverty Level	12-17, 18-24, Black or African American, Other
Per Capita Income	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races
Preventable Hospital Stays: Medicare Population	Black
Prostate Cancer Incidence Rate	Black
Workers Commuting by Public Transportation	White, non-Hispanic
Workers who Walk to Work	60-64, Asian
Workers who Drive Alone to Work	White, non-Hispanic

**See HealthENC.org for indicator values for population subgroups*

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27812, with an index value of 92.9, has the highest socioeconomic need within Pitt County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Pitt County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Pitt County. The assessment was further informed with input from Pitt County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Economy, Exercise, Nutrition & Weight, Immunizations & Infectious Diseases, Maternal, Fetal & Infant Health, Occupational & Environmental Health, Other Chronic Diseases, Social Environment and Substance Abuse. The prioritization process identified the following focus areas for 2019 - 2022:

Pitt County Board of Health Selected Priority Areas:

- Chronic Disease Control
- Infant Mortality Prevention
- Risk Factor Reduction Including Physical Activity, Nutrition, Tobacco and Substance Abuse
- Sexually Transmitted Diseases

Vidant Medical Center Board of Trustees / Vidant Health Foundation / Pitt Partners for Health Selected Priority Areas:

- Chronic Disease Prevention
- Access to Care / Social Determinants of Health
- Mental Health

Following this CHNA process, Pitt County will outline how it plans to address these health needs. The overall County action plans will be reported by the Pitt County Health Department in their Action and Community Health Improvement Plans and Vidant Medical Center's action plans will be identified in their Implementation Strategy. Feedback on this report will be incorporated into the next CHNA process. Please send your feedback and comments to:

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Appendix A. Impact Since Prior CHNA

Hospital Requirement: The IRS requirements state that charitable hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. The information below provides outcomes and progress to date from the 2016 CHNA Implementation Strategy.

Vidant Medical Center 2016 Implementation Strategy Update

Health Priority Category Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Outcomes of Initiatives
Access To Care	**Goal-Community Paramedic Pilot:** To improve access to the health care system through a community paramedic pilot.	Yes	Convened Pitt County EMS, Vidant Health Care Coordination, and Vidant Medical Center Case Management Services to plan a Community Paramedicine Pilot in Pitt County-Funding received from the Vidant Health Foundation. ❖ Total # referred: 127 ❖ Total patients: 77 ❖ Graduates: 12 ❖ Medication safety catches: 4 ❖ Smoke detectors installed after safety assessment: 11 ❖ Treatment at home to prevent EMS transport to ED: 6 ❖ Linked to NC Prevent Blindness: 10 ❖ Linked to Home Health: 5 ❖ Linked to Meals on Wheels: 4 ❖ Linked to Free Clinic: 13 ❖ Medicaid Applications: 6 ❖ Linked to Food Stamp program: 6

	Goal-Injury Prevention: To provide access to injury prevention services that reduce death and disability and improve the health and quality of life of children and the general population. (Established program within VMC's Community Health Programs Department)	Yes	❖ Occupant protection education: Car seats checked: 1,412; Car seats distributed: 135; Toyota Buckle Up For Life: 3,000 parents educated; 2,000 car seats distributed; 318 families impacted through Diversion Program ❖ Fall and fire safety education for older adults and caregivers: "Remembering When Program": Home visits-70; Community-based presentations-4,000; and Home visitor's trainings-8 ❖ Teen safe driving: 6,926 students educated ❖ Sports safety and concussion prevention education: 6,800 5th and 6th graders ❖ Prom Safety education: 14,500 students, staff, and parents
	Goal-Pediatric Asthma Program: To improve the health and quality of life for children with asthma. (Established program within VMC's Community Health Programs Department)	Yes	❖ Referrals received: 1,122 ❖ Asthma Blitz Days: 608 children assessed ❖ Pitt County Schools Staff Asthma Education (video): 6,996 staff ❖ Case managed: 512 patients ❖ Professional/Provider education: 1,449
	Goal-Prescription Medications: To improve access to affordable prescription medications for the older adult population and other disparate populations.	Yes	Indigent Medication Fund ❖ $16,538.78 ❖ 47 children served Medicare Open Enrollment ❖ $494,305 enrollee savings ❖ 119 beneficiaries

	Goal-School Health Program: To improve the health and well-being for Pitt County School's students and staff. (Established program within VMC's Community Health Programs Department)	Yes	❖ # of Students Receiving Case Management Services: 545 ❖ # of Students on Long Term Medications: 1,292 ❖ # of Students on Emergency Medications: 5,219 ❖ # of Students with 1 or more Chronic Conditions: 16,013 ❖ # of Student Health Encounters: 10,378 ❖ # of 911 calls: 72 ❖ # of Students with Medical Diet Orders: 1,688 ❖ # of Health Education Sessions: 416
	Goal-Senior Services: To improve the health and well-being of adults that are over 55 years of age. (Established program within VMC's Community Health Programs Department)	Yes	❖ General Senior's Program Health Education, Fall Prevention, Caregiver, and Advance Care Planning Education: 4,559 impacts
	Goal-Transportation: To improve access to health care resources for individuals utilizing local bus systems in and around the medical school and hospital campuses.	Yes (convened committee and researched opportunities) No new transportation strategy developed	❖ Convened a strategic planning committee including the Pitt Partners for Health Access to Care action team, GREAT Bus, Brody School of Medicine Health Access, and VMC Transportation Services.
Physical Activity and Nutrition	**Goal-Physical Activity:** To increase opportunities to be	Yes	❖ Kids in Parks Track Trails: Opened two new walking trails in Pitt County.

	physically active in Pitt County.		❖ CATCH (Coordinated Approach to Child Health): 7 sites; 16 people trained; 182 participants ❖ Walk Wise NC: 12 sites; 242 participants ❖ Walk with a Doc: 12 walks; 87 participants ❖ Track RX: 6 practice sites and 39 registrations ❖ Active Routes to School Initiative: Pedestrian and Bicycle Safety education: 5,550 individuals; Bicycle Helmets Distributed: 2,180
	Goal-Nutrition: To increase opportunities for nutrition education and healthy eating policies in Pitt County	Yes	❖ Cooking Matters at the Store: 31 tours; 375 participants ❖ Farmer's Market Nutrition Education: 5,137 healthy food samples distributed
Chronic Disease Prevention	**Goal-Cancer, Heart Disease, Hypertension/Stroke and Diabetes:** Provide prevention, early detection, and improvement of outcomes for individuals with chronic disease (cancer, cardiovascular disease, hypertension/stroke, and diabetes).	Yes	❖ Stroke Center Screenings/Counseling/Education: 763 participants ❖ Diabetes Education: 300 participants (Winning with Diabetes conference) ❖ Cancer Education/Screening: 20,536 people served ❖ Cardiovascular Education: 2,700 participants ❖ General Health Education and Health Screenings: 1,029 individuals impacted

Note: The IRS requirements state that charitable hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. This information provides outcomes and progress to date from the 2016 CHNA Implementation Strategy. Some of these initiatives were the result of collaboration with Pitt Partners for Health action teams. This report does not include all of the initiatives funded by the Vidant Health Foundation Community Benefit Grants Program.

Pitt County Health Department Action Plans Update on the 2015/2016 Health Priorities Selected by the Pitt County Board of Health
Additional Progress Made Since the 2015 / 2016 CHNA (In addition to Vidant Medical Center's Implementation Strategy)

In between each 3-year CHNA cycle, local Health Departments compile an annual State of the County Health report (SOTCH Report) to highlight activities that address the health priorities selected by the Pitt County Board of Health and community partners. The 2017 SOTCH Report, released in March of 2018, reflects progress made with meeting the benchmarks established for each of Public Health's priorities as follows:

Maternal and Child Health[47]
2015/2016 Goal: Reduce Pitt County's Infant Mortality rate to at or below the State's rate (5-year average) with special emphasis on reducing the rate among low-income African American women.

Progress Made: Pitt County's total infant death rate rose to 12.9 / 1,000 live births in 2016 following a drop in the rate during 2015. Pitt County's total infant death rate was significantly higher than the State's total infant death rate of 7.2 / 1,000 live births in 2016 repeating a pattern that has existed for many years. There continued to be a significant disparity between White Non-Hispanic and African American Non-Hispanic infant deaths. Due to the continued rise in the White Non-Hispanic rate, the disparities ratio again decreased slightly, based upon 5-year averages between 2009-2016. In comparison, the disparities ratio between North Carolina's White Non-Hispanics and African American Non-Hispanics between 2009 – 2016 only improved slightly. Premature births, low weight births and birth defects continued to be the leading causes of infant mortality in Pitt County. Under the direction of the Pitt Infant Mortality Prevention Advisory Council (PIMPAC), numerous evidence based programs designed to help improve birth outcomes and prevent infant mortality attempted to address the issue. These interventions include:

- Better Beginnings Breastfeeding Peer Counselor Program
- Annual World Breastfeeding Celebration
- Child Care Health Consultant Programs
- Child Fatality Prevention Team
- Cribs for Kids, Healthy Beginnings / Resource Moms Outreach Program
- Long Acting Reversible Quality Improve Project, NC Baby Love Plus Outreach Program
- Nurse Family Partnership (NFP) Program
- Pitt Infant Mortality Prevention Advisory Council Programs
- Triple P Positive Parenting Programs
- Youth Development / Adolescent Pregnancy Prevention Program

These programs will continue to be a main focus for Public Health during 2019-2022, since the Board of Health identified Infant Mortality Prevention as a top health priority over the next three years.

[47] Pitt County 2017 State of the County Health Report, https://www.pittcountync.gov/368/Health-Statistics

Tobacco Prevention and Control[48]

Goal: Reduce exposure to secondhand smoke in Pitt County's multi-unit housing by 10% annually and eliminate tobacco products in Pitt County's community parks by 10% annually.

Progress Made:

2015/ 2016 Tobacco Prevention and Control, Centers for Disease Control (CDC) Grant: Pitt County Health Department continued to receive funding from a CDC Core grant from the NC DHHS to help prevent smoking and other tobacco use; eliminate exposure to secondhand smoke; help tobacco users quit and eliminate tobacco-related health disparities. This funding provided support for a Program Coordinator to serve 10 eastern NC counties, including Pitt County. The Tobacco Prevention Coordinator and a member from the NC Tobacco Prevention and Control Branch presented to the Eastern Carolina Housing and Redevelopment Officials occupancy group. Housing managers were provided education and resources on smoke-free housing. Technical assistance, including listening sessions and/or signage, was provided to Greenville Housing Authority, Ayden Housing Authority, Mid-East Regional Housing Authority, as well as surrounding counties. The Coordinator also provided technical assistance to the Town of Ayden who passed a Tobacco-Free Parks policy in November 2017. This policy went into effect on January 1, 2018. Signage was made possible through the CDC core grant from the NC DHHS.

Certified Tobacco Treatment Specialist Training: Two (2) Advanced Practice Registered Nurses completed Tobacco Treatment Specialist Training. Upon implementation of an electronic health record in 2018, tobacco use assessments will be conducted on all patients receiving clinical services. Nurses and providers continued to conduct 5 A's counseling, complete referrals to the 1-800-Quit line, and/or provide tobacco treatment.

Additional Community Partner Progress:

Pitt Community College (PCC): The PCC Board of Trustees voted to make the campus smoke-free starting August 2018. This new policy will ban cigarettes, e-cigarettes and other smoking products from all campus buildings, grounds and facilities owned, leased or operated by PCC. Pitt County Health Department helped with various on-campus events including a "Stomp It Out" walk to promote a 100% smoke-free campus.

East Carolina University (ECU): ECU gathered support from faculty, staff, and students for a 100% tobacco-free campus, receiving unanimous support from Faculty Senate and Staff Senate. It has been endorsed by the Student Government Association and the majority of students and staff thinks it will improve quality of life on campus. The policy is currently being developed in the University's formal Policies, Rules, and Regulations process.

Tobacco Prevention and Control initiatives will continue to be addressed over the next three years as one of the Pitt County Board of Health's selected Health Priorities for 2019-2022.

[48] Pitt County 2017 State of the County Health Report, https://www.pittcountync.gov/368/Health-Statistics

Sexually Transmitted Diseases[49]
2015 / 2016 Goal: Reduce Pitt County's rate of Chlamydia by 10%.

Progress Made: According to the 2016 NC HIV/STD/Hepatitis Surveillance Report, Pitt County experienced a 12.7% increase in the annual number of newly diagnosed chlamydia cases (1,690 to 1,904 cases) from 2012-2016 . Expressed in rates, this case increase represents a 9.9% increase in new case rates (977.4 to 1074.4). Although North Carolina experienced a 17. 4% increase in the number of cases and a 12.7% increase in annual chlamydia rates during the same reporting period, Pitt County's chlamydia rate is 88% higher than North Carolina (1074 and 572 respectively). Chlamydia case reports represent individuals who have had a laboratory test to confirm a chlamydial infection; therefore, the increase in cases is likely due to an increase in the number of tests performed rather than an increase in disease prevalence.

Walk-In Clinics: To reduce the burden of disease, the Pitt County Health Department continued to provide access to certain health care services including sexually transmitted infections (STIs) Walk-In Clinics twice a week for certain services as a convenience to the community and for people who needed immediate care. In 2017, approximately 33% of all patient visits were provided in the Walk-in Clinic. Forty-seven percent (47%) of patients seen in the walk-in clinic requested screening and/or treatment of sexually transmitted infections. Approximately 72% of patients, who presented for a STI screening in the Walk-In clinics, tested positive and were treated for a sexually transmitted disease. Referrals for clinical services and condom distribution continued to be received from private and community clinics, the local hospital and other community partners.

Pitt County Health Department's Youth Development/Adolescent Pregnancy Prevention Program: Pregnancy and STD prevention education was provided in the school system for middle and high school students and connected students with other public health services as needed.

Pitt County Health Department, Communicable Disease Coordinator: The County Commissioners approved for inclusion in the 2017-2018 budget, a new coordinator (Public Health Education Specialist) who was hired in late 2018 and began implementing evidence based interventions in the community that are designed to help prevent STD transmission.

Additional Community Partner Progress:
PiCASO (Pitt County Aids Service Organization) HIV Testing: PiCASO provided 65 educational sessions to 1,125 individuals. Education was provided to populations considered at high-risk for HIV and to organizations who work with these groups. PiCASO tested 32 individuals for HIV and referred five individuals who tested positive to the Brody School of Medicine's Infectious Disease Clinic for further treatment.

Sexually Transmitted Diseases Prevention initiatives will continue to be addressed over the next three years as one of the Pitt County Board of Health's selected Health Priorities for 2019-2022.

[49] Pitt County 2017 State of the County Health Report, https://www.pittcountync.gov/368/Health-Statistics

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Pitt County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

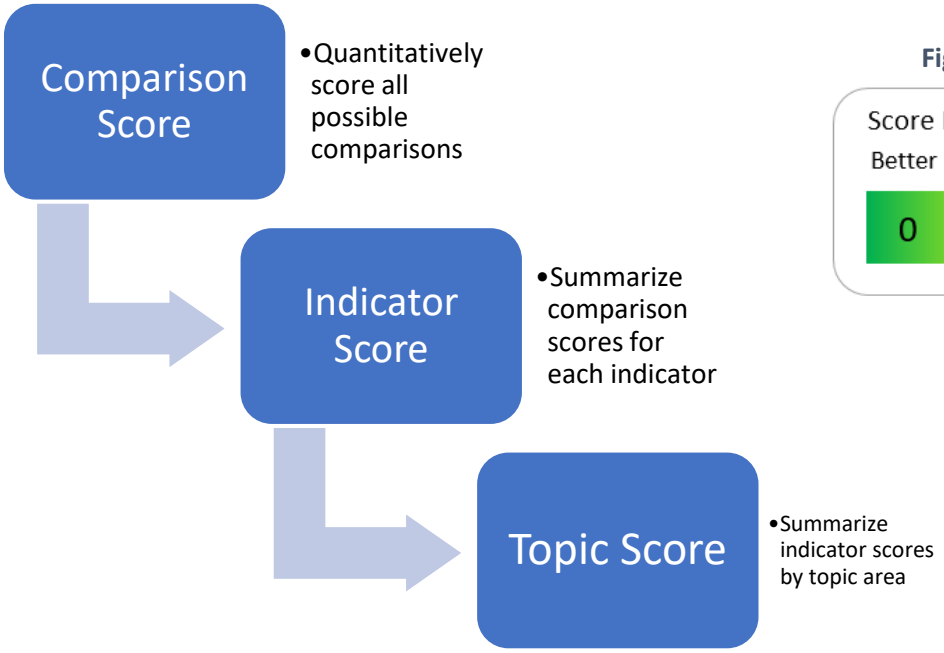
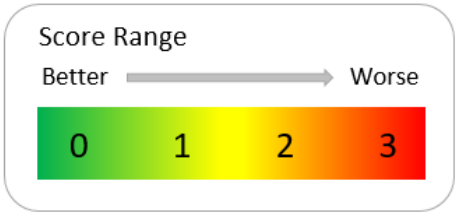


Figure 47. Score Range



Comparison Scores

Figure 48. Comparisons used in Secondary

Up to 7 comparison scores were used to assess the status of Pitt County. The possible comparisons are shown in Figure 48 and include a comparison of Pitt County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

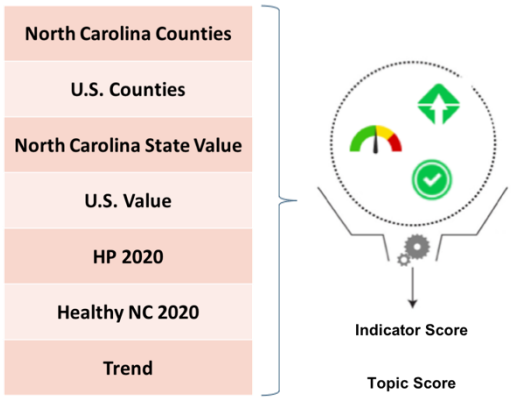


Figure 49. Compare to Distribution Indicator

Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Pitt County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Pitt County falls within these four groups or quartiles.

Figure 50. Distribution of County Values

Figure 51. Comparison to Single Value

Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Pitt County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Pitt County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020[50] goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020[51] objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value

Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Pitt County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

[50] For more information on Healthy People 2020, see https://www.healthypeople.gov/
[51] For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Pitt County, with higher scores indicating a higher need.

Table 20. Topic Scores for Pitt County

Health and Quality of Life Topics	Score
Maternal, Fetal & Infant Health	2.08
Immunizations & Infectious Diseases	1.93
Wellness & Lifestyle	1.89
Environmental & Occupational Health	1.79
Other Chronic Diseases	1.77
Economy	1.71
Men's Health	1.68
Diabetes	1.68
Mental Health & Mental Disorders	1.65
Public Safety	1.65
Substance Abuse	1.65
Children's Health	1.64
Education	1.59
Heart Disease & Stroke	1.58
Social Environment	1.58
Older Adults & Aging	1.56
Exercise, Nutrition, & Weight	1.53
County Health Rankings	1.53
Women's Health	1.50
Mortality Data	1.46
Environment	1.44
Prevention & Safety	1.41
Transportation	1.39
Respiratory Diseases	1.38
Cancer	1.23
Access to Health Services	0.94

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Pitt County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Children with Health Insurance	2016	percent	93.6	95.5	95.5	100.0			1
1.48	Persons with Health Insurance	2016	percent	87.7	87.8		100.0	92.0		19
1.43	Adults with Health Insurance	2016	percent	85.1	84.9	88.0	100.0		25-34	1
1.28	Clinical Care Ranking	2018	ranking	8						5
0.90	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	48.6	49.0	49.9			Black	20
0.70	Mental Health Provider Rate	2017	providers/ 100,000 population	334.6	215.5	214.3				5
0.50	Primary Care Provider Rate	2015	providers/ 100,000 population	100.7	70.6	75.5				5
0.30	Dentist Rate	2016	dentists/ 100,000 population	80.1	54.7	67.4				5
0.30	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	150.7	102.5	81.2				5

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	3.5	2.6	2.5	2.3			8
2.25	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	27.7	21.6	20.1	21.8			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	24.2	21.6	21.2	20.7			8
1.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	133.0	129.4	123.5				8
1.83	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	17.8	16.0	17.6				8
1.55	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.6	12.2	11.5				8
1.53	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	6.9	7.2	7.5	7.3			8
1.25	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	46.2	50.7	44.7	45.5			8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.20	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	115.1	125.0	114.8			Black	8
1.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.6	172.0	166.1	161.4			8
1.10	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.1	70.0	61.2			Male	8
1.05	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6.3	7.7	7.8				8
0.95	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	423.9	457.0	443.6			Male	8
0.95	Mammography Screening: Medicare Population	2014	percent	68.4	67.9	63.1				20
0.90	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8				4
0.90	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	10.7	10.9	11.4				8
0.85	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.4	14.1	14.8	14.5	10.1		8
0.75	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.0	12.5				8
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	8.6	10.8	10.9				8
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	17.2	20.1	20.5			Male	8
0.35	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	33.5	37.7	39.8	39.9			8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Children with Health Insurance	2016	percent	93.6	95.5	95.5	100.0			1
1.83	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	17.8	16.0	17.6				8
1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9				6
1.20	Children with Low Access to a Grocery Store	2015	percent	2.4						23

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Morbidity Ranking	2018	ranking	77						5
1.58	Health Behaviors Ranking	2018	ranking	73						5
1.58	Physical Environment Ranking	2018	ranking	60						5
1.58	Social and Economic Factors Ranking	2018	ranking	60						5
1.43	Mortality Ranking	2018	ranking	36						5
1.28	Clinical Care Ranking	2018	ranking	8						5

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Diabetes: Medicare Population	2015	percent	30.9	28.4	26.5				4
1.93	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	27.5	23.0	21.1				18
1.60	Diabetic Monitoring: Medicare Population	2014	percent	88.1	88.8	85.2				20
1.00	Adults 20+ with Diabetes	2014	percent	9.9	11.1	10.0				5

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	32.6	29.0	27.6				1
1.45	Households with Supplemental Security Income	2012-2016	percent	5.3	5.0	5.4				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	People Living Below Poverty Level	2012-2016	percent	24.5	16.8	15.1		12.5	12-17, 18-24, Black or African American, Other	1
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	58.8	52.6	42.6				9
2.50	Homeownership	2012-2016	percent	46.9	55.5	55.9				1
2.35	Families Living Below Poverty Level	2012-2016	percent	15.1	12.4	11.0			Black or African American, Hispanic or Latino, Other	1
2.30	Food Insecurity Rate	2016	percent	20.8	15.4	12.9				6
2.20	Children Living Below Poverty Level	2012-2016	percent	28.2	23.9	21.2			Black or African American	1
2.15	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	51.9	49.4	47.3		36.1		1
2.10	Severe Housing Problems	2010-2014	percent	21.8	16.6	18.8				5
2.03	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	32.6	29.0	27.6				1
1.95	People Living 200% Above Poverty Level	2012-2016	percent	56.3	62.3	66.4				1
1.85	Median Household Income	2012-2016	dollars	42308	48256	55322			Black or African American, Hispanic or Latino, Other	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.80	People 65+ Living Below Poverty Level	2012-2016	percent	11.1	9.7	9.3		Black or African American	1
1.78	Median Housing Unit Value	2012-2016	dollars	135000	157100	184700			1
1.78	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	423	376	462			1
1.70	Young Children Living Below Poverty Level	2012-2016	percent	28.0	27.3	23.6		Black or African American	1
1.65	Per Capita Income	2012-2016	dollars	24066	26779	29829		American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.58	Social and Economic Factors Ranking	2018	ranking	60					5
1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9			6
1.50	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.0	3.7	3.7			21
1.45	Households with Supplemental Security Income	2012-2016	percent	5.3	5.0	5.4			1
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9					23
1.38	Median Household Gross Rent	2012-2016	dollars	736	816	949			1
1.33	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1243	1243	1491			1
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2					23
1.20	Population 16+ in Civilian Labor Force	2012-2016	percent	65.3	61.5	63.1			1
1.00	Female Population 16+ in Civilian Labor Force	2012-2016	percent	62.6	57.4	58.3			1
0.60	Total Employment Change	2014-2015	percent	4.0	3.1	2.5			22
0.50	Households with Cash Public Assistance Income	2012-2016	percent	1.2	1.9	2.7			1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	8th Grade Students Proficient in Reading	2016-2017	percent	45.9	53.7					14
2.05	4th Grade Students Proficient in Reading	2016-2017	percent	48.1	57.7					14
1.95	4th Grade Students Proficient in Math	2016-2017	percent	48.1	58.6					14
1.70	8th Grade Students Proficient in Math	2016-2017	percent	38.8	45.8					14

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.65	High School Graduation	2016-2017	percent	86.2	86.5		87.0	94.6		14
1.45	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.3	15.6	17.7				9
0.95	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29.5	29.0	30.3			65+, Black or African American, Other	1
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	88.8	86.3	87.0			65+, Black or African American, Other	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Severe Housing Problems	2010-2014	percent	21.8	16.6	18.8				5
1.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23
1.90	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.85	Food Environment Index	2018		6.6	6.4	7.7				5
1.80	Recognized Carcinogens Released into Air	2016	pounds	80410						24
1.58	Physical Environment Ranking	2018	ranking	60						5
1.50	Liquor Store Density	2015	stores/ 100,000 population	6.8	5.8	10.5				22
1.40	PBT Released	2016	pounds	1490						24
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						23
1.35	Access to Exercise Opportunities	2018	percent	78.6	76.1	83.1				5
1.35	Farmers Market Density	2016	markets/ 1,000 population	0.03						23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09						23
1.28	Annual Particle Pollution	2014-2016		A						2
1.28	Drinking Water Violations	FY 2013-14	percent	3.2	4.0			5.0		5
1.20	Children with Low Access to a Grocery Store	2015	percent	2.4						23
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.2						23
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2						23
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	0.9						23
1.18	Annual Ozone Air Quality	2014-2016		A						2
0.70	Houses Built Prior to 1950	2012-2016	percent	5.4	9.1	18.2				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				4
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	123.7	90.9					11
1.58	Physical Environment Ranking	2018	ranking	60						5

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Food Insecurity Rate	2016	percent	20.8	15.4	12.9				6
1.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23
1.90	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.85	Food Environment Index	2018		6.6	6.4	7.7				5
1.80	Adults 20+ who are Sedentary	2014	percent	26.0	24.3	23.0	32.6			5
1.75	Workers who Walk to Work	2012-2016	percent	2.0	1.8	2.8	3.1		60-64, Asian	1
1.58	Health Behaviors Ranking	2018	ranking	73						5
1.50	Child Food Insecurity Rate	2016	percent	21.9	20.9	17.9				6
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						23
1.35	Access to Exercise Opportunities	2018	percent	78.6	76.1	83.1				5
1.35	Farmers Market Density	2016	markets/ 1,000 population	0.03						23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09						23
1.20	Children with Low Access to a Grocery Store	2015	percent	2.4						23
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.2						23
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2						23
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	0.9						23
1.15	Adults 20+ who are Obese	2014	percent	30.0	29.6	28.0	30.5			5

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	18.1	15.7		36.2			18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Voter Turnout: Presidential Election	2016	percent	64.5	67.7					16

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				4
2.03	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	47.4	43.1	36.9	34.8			18
1.90	Hypertension: Medicare Population	2015	percent	60.2	58.0	55.0				4
1.60	Heart Failure: Medicare Population	2015	percent	12.9	12.5	13.5				4
1.45	Hyperlipidemia: Medicare Population	2015	percent	43.2	46.3	44.6				4
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	171.7	161.3			161.5		18
1.15	Ischemic Heart Disease: Medicare Population	2015	percent	23.5	24.0	26.5				4
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.7	7.7	8.1				4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	13.6	10.8	8.7				10
2.48	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	374.7	194.4	145.8				12
2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	1074.4	572.4	497.3				12
2.23	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	4.0	2.0	3.0	1.0			12
2.10	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	23.0	16.1			22.2		12
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	10.1	7.0					12
1.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.4	2.2	2.0	3.3			18
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	10.8	17.8	14.8		13.5		18

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Very Low Birth Weight	2012-2016	percent	2.4	1.7	1.4	1.4			17

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.38	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	11.4	7.2	6.0	6.0	6.3		18
2.33	Preterm Births	2016	percent	12.5	10.4	9.8	9.4			17
1.93	Babies with Low Birth Weight	2012-2016	percent	9.6	9.0	8.1	7.8			17
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	18.1	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	27.7	21.6	20.1	21.8			8
1.60	Life Expectancy for Males	2014	years	74.7	75.4	76.7		79.5		7
1.20	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	115.1	125.0	114.8			Black	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.5	3.9	3.8		2.8		5
2.10	Depression: Medicare Population	2015	percent	18.1	17.5	16.7				4
2.10	Frequent Mental Distress	2016	percent	13.8	12.3	15.0				5
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6				18
1.15	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.9	9.8	9.9				4
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.6	12.9	13.0	10.2	8.3		18
0.70	Mental Health Provider Rate	2017	providers/ 100,000 population	334.6	215.5	214.3				5

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.38	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	11.4	7.2	6.0	6.0	6.3		18
2.33	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	3.5	2.6	2.5	2.3			8
2.25	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	27.7	21.6	20.1	21.8			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	24.2	21.6	21.2	20.7			8
2.03	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	47.4	43.1	36.9	34.8			18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.98	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	6.8	6.2	5.5	5.5	6.7		18
1.93	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	27.5	23.0	21.1				18
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6				18
1.60	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	11.8	12.7	11.0	9.3		Male	3
1.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.4	2.2	2.0	3.3			18
1.43	Mortality Ranking	2018	ranking	36						5
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.8	14.1					18
1.35	Premature Death	2014-2016	years/ 100,000 population	7428.6	7281.1	6658.1				5
1.33	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.4	31.9	41.4	36.4			18
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	171.7	161.3			161.5		18
1.25	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	46.2	50.7	44.7	45.5			8
1.13	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	10.6	12.9	13.0	10.2	8.3		18
1.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.6	172.0	166.1	161.4			8
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.8	31.4	29.3		4.7		5
1.05	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	14.0	16.2	16.9				5
0.85	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.4	14.1	14.8	14.5	10.1		8
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	12.3	15.1	15.4		9.9		3
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	10.8	17.8	14.8		13.5		18
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	8.6	10.8	10.9				8

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Chronic Kidney Disease: Medicare Population	2015	percent	21.0	19.0	18.1				4
2.55	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				4
2.20	Diabetes: Medicare Population	2015	percent	30.9	28.4	26.5				4
2.10	Depression: Medicare Population	2015	percent	18.1	17.5	16.7				4
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.90	Hypertension: Medicare Population	2015	percent	60.2	58.0	55.0			4
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6			18
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	11.1	9.7	9.3		Black or African American	1
1.70	People 65+ Living Alone	2012-2016	percent	27.3	26.8	26.4			1
1.60	Diabetic Monitoring: Medicare Population	2014	percent	88.1	88.8	85.2			20
1.60	Heart Failure: Medicare Population	2015	percent	12.9	12.5	13.5			4
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.8	29.1	30.0			4
1.45	Hyperlipidemia: Medicare Population	2015	percent	43.2	46.3	44.6			4
1.25	Osteoporosis: Medicare Population	2015	percent	5.1	5.4	6.0			4
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	0.9					23
1.15	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.9	9.8	9.9			4
1.15	Ischemic Heart Disease: Medicare Population	2015	percent	23.5	24.0	26.5			4
0.95	Mammography Screening: Medicare Population	2014	percent	68.4	67.9	63.1			20
0.90	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8			4
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.7	7.7	8.1			4
0.70	COPD: Medicare Population	2015	percent	9.3	11.9	11.2			4

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.55	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.6	12.2	11.5				8
0.30	Dentist Rate	2016	dentists/ 100,000 population	80.1	54.7	67.4				5

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Chronic Kidney Disease: Medicare Population	2015	percent	21.0	19.0	18.1				4
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.8	29.1	30.0				4
1.25	Osteoporosis: Medicare Population	2015	percent	5.1	5.4	6.0				4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Severe Housing Problems	2010-2014	percent	21.8	16.6	18.8				5
1.60	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	11.8	12.7	11.0	9.3		Male	3
1.60	Domestic Violence Deaths	2016	number	6						15
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.8	14.1					18
1.33	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.4	31.9	41.4	36.4			18
1.05	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	14.0	16.2	16.9				5
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	12.3	15.1	15.4		9.9		3

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.08	Violent Crime Rate	2016	crimes/ 100,000 population	427.8	374.9	386.3				13
1.98	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	6.8	6.2	5.5	5.5	6.7		18
1.85	Property Crime Rate	2016	crimes/ 100,000 population	3107.2	2779.7					13
1.60	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	11.8	12.7	11.0	9.3		Male	3
1.60	Domestic Violence Deaths	2016	number	6						15
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.8	14.1					18
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.8	31.4	29.3		4.7		5

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.23	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	4.0	2.0	3.0	1.0			12
1.95	Asthma: Medicare Population	2015	percent	8.5	8.4	8.2				4
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	123.7	90.9					11
1.25	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	46.2	50.7	44.7	45.5			8
1.10	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.1	70.0	61.2			Male	8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.70	COPD: Medicare Population	2015	percent	9.3	11.9	11.2				4
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	10.8	17.8	14.8		13.5		18

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	People Living Below Poverty Level	2012-2016	percent	24.5	16.8	15.1		12.5	12-17, 18-24, Black or African American, Other	1
2.50	Homeownership	2012-2016	percent	46.9	55.5	55.9				1
2.20	Children Living Below Poverty Level	2012-2016	percent	28.2	23.9	21.2			Black or African American	1
2.15	Single-Parent Households	2012-2016	percent	42.1	35.7	33.6				1
2.05	Social Associations	2015	membership associations/ 10,000 population	9.8	11.5	9.3				5
1.85	Median Household Income	2012-2016	dollars	42308	48256	55322			Black or African American, Hispanic or Latino, Other	1
1.80	Voter Turnout: Presidential Election	2016	percent	64.5	67.7					16
1.78	Median Housing Unit Value	2012-2016	dollars	135000	157100	184700				1
1.78	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	423	376	462				1
1.70	People 65+ Living Alone	2012-2016	percent	27.3	26.8	26.4				1
1.70	Young Children Living Below Poverty Level	2012-2016	percent	28.0	27.3	23.6			Black or African American	1
1.65	Per Capita Income	2012-2016	dollars	24066	26779	29829			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.58	Social and Economic Factors Ranking	2018	ranking	60						5
1.48	Persons with Health Insurance	2016	percent	87.7	87.8		100.0	92.0		19
1.38	Median Household Gross Rent	2012-2016	dollars	736	816	949				1
1.33	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1243	1243	1491				1
1.20	Population 16+ in Civilian Labor Force	2012-2016	percent	65.3	61.5	63.1				1
1.10	Linguistic Isolation	2012-2016	percent	1.6	2.5	4.5				1
1.05	Mean Travel Time to Work	2012-2016	minutes	20.1	24.1	26.1				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.00	Female Population 16+ in Civilian Labor Force	2012-2016	percent	62.6	57.4	58.3				1
0.95	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29.5	29.0	30.3			65+, Black or African American, Other	1
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	88.8	86.3	87.0			65+, Black or African American, Other	1
0.60	Total Employment Change	2014-2015	percent	4.0	3.1	2.5				22

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	20.4	17.9	17.0	12.0	13.0		5
1.95	Adults who Drink Excessively	2016	percent	19.3	16.7	18.0	25.4			5
1.58	Health Behaviors Ranking	2018	ranking	73						5
1.50	Liquor Store Density	2015	stores/ 100,000 population	6.8	5.8	10.5				22
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.8	31.4	29.3		4.7		5
1.05	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	14.0	16.2	16.9				5

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	18.1	15.7		36.2			18

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Workers who Drive Alone to Work	2012-2016	percent	83.9	81.1	76.4			White, non-Hispanic	1
1.75	Workers who Walk to Work	2012-2016	percent	2.0	1.8	2.8	3.1		60-64, Asian	1
1.70	Households without a Vehicle	2012-2016	percent	7.9	6.3	9.0				1
1.25	Workers Commuting by Public Transportation	2012-2016	percent	1.1	1.1	5.1	5.5		White, non-Hispanic	1
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.2						23
1.05	Mean Travel Time to Work	2012-2016	minutes	20.1	24.1	26.1				1
0.70	Solo Drivers with a Long Commute	2012-2016	percent	20.2	31.3	34.7				5

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Insufficient Sleep	2016	percent	38.1	33.8	38.0				5
2.25	Poor Physical Health: Average Number of Days	2016	days	4.2	3.6	3.7				5
2.25	Self-Reported General Health Assessment: Poor or Fair	2016	percent	19.8	17.6	16.0		9.9		5
1.73	Morbidity Ranking	2018	ranking	77						5
1.65	Frequent Physical Distress	2016	percent	13.0	11.3	15.0				5
1.60	Life Expectancy for Males	2014	years	74.7	75.4	76.7		79.5		7
1.50	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		7

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	PITT COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	24.2	21.6	21.2	20.7			8
1.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	133.0	129.4	123.5				8
1.60	Domestic Violence Deaths	2016	number	6						15
1.53	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	6.9	7.2	7.5	7.3			8
1.50	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		7
0.95	Mammography Screening: Medicare Population	2014	percent	68.4	67.9	63.1				20
0.90	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	10.7	10.9	11.4				8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	American Lung Association
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	County Health Rankings
6	Feeding America
7	Institute for Health Metrics and Evaluation
8	National Cancer Institute
9	National Center for Education Statistics
10	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
11	North Carolina Department of Health and Human Services
12	North Carolina Department of Health and Human Services, Communicable Disease Branch
13	North Carolina Department of Justice
14	North Carolina Department of Public Instruction
15	North Carolina Department of Public Safety
16	North Carolina State Board of Elections
17	North Carolina State Center for Health Statistics
18	North Carolina State Center for Health Statistics, Vital Statistics
19	Small Area Health Insurance Estimates
20	The Dartmouth Atlas of Health Care
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- English Survey
- Spanish Survey
- Focus Group Questions

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

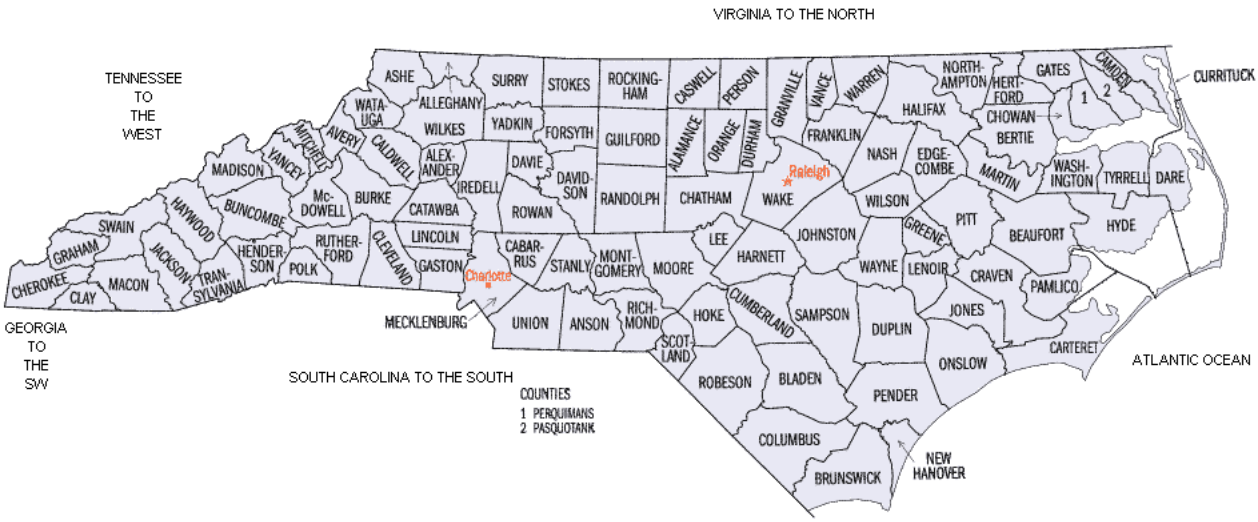
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

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

- ☐ Pollution (air, water, land)
- ☐ Dropping out of school
- ☐ Low income/poverty
- ☐ Homelessness
- ☐ Lack of/inadequate health insurance
- ☐ Hopelessness
- ☐ Discrimination/ racism
- ☐ Lack of community support
- ☐ Drugs (Substance Abuse)
- ☐ Neglect and abuse
- ☐ Elder abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Violent crime (murder, assault)
- ☐ Theft
- ☐ Rape/sexual assault
- ☐ Other (please specify)

5. In your opinion, which <u>one</u> of the following services needs the most improvement in your neighborhood or community? *(Please choose only one.)*

- ☐ Animal control
- ☐ Child care options
- ☐ Elder care options
- ☐ Services for disabled people
- ☐ More affordable health services
- ☐ Better/ more healthy food choices
- ☐ More affordable/better housing
- ☐ Number of health care providers
- ☐ Culturally appropriate health services
- ☐ Counseling/ mental health/ support groups
- ☐ Better/ more recreational facilities (parks, trails, community centers)
- ☐ Healthy family activities
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Road maintenance
- ☐ Road safety
- ☐ None
- ☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which <u>one</u> health behavior do people in your own community need more information about? *(Please suggest only one.)*

- ☐ Eating well/ nutrition
- ☐ Exercising/ fitness
- ☐ Managing weight
- ☐ Going to a dentist for check-ups/ preventive care
- ☐ Going to the doctor for yearly check-ups and screenings
- ☐ Getting prenatal care during pregnancy
- ☐ Getting flu shots and other vaccines
- ☐ Preparing for an emergency/disaster
- ☐ Using child safety car seats
- ☐ Using seat belts
- ☐ Driving safely
- ☐ Quitting smoking/ tobacco use prevention
- ☐ Child care/ parenting
- ☐ Elder care
- ☐ Caring for family members with special needs/ disabilities
- ☐ Preventing pregnancy and sexually transmitted disease (safe sex)
- ☐ Substance abuse prevention (ex: drugs and alcohol)
- ☐ Suicide prevention
- ☐ Stress management
- ☐ Anger management
- ☐ Domestic violence prevention
- ☐ Crime prevention
- ☐ Rape/ sexual abuse prevention
- ☐ None
- ☐ Other (please specify)

7. Where do you get most of your health-related information? ***(Please choose only one.)***

☐ Friends and family	☐ Internet	☐ Employer
☐ Doctor/nurse	☐ My child's school	☐ Help lines
☐ Pharmacist	☐ Hospital	☐ Books/magazines
☐ Church	☐ Health department	
☐ Other (please specify)		

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

9. Do you provide care for an elderly relative at your residence or at another residence? ***(Choose only one.)***

- ☐ Yes
- ☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) ***(Choose only one.)***

- ☐ Yes
- ☐ No ***(if No, skip to question #12)***

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

- ☐ Dental hygiene
- ☐ Nutrition
- ☐ Eating disorders
- ☐ Fitness/Exercise
- ☐ Asthma management
- ☐ Diabetes management
- ☐ Tobacco
- ☐ STDs (Sexually Transmitted Diseases)
- ☐ Sexual intercourse
- ☐ Alcohol
- ☐ Drug abuse
- ☐ Reckless driving/speeding
- ☐ Mental health issues
- ☐ Suicide prevention
- ☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... *(Choose only one.)*

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

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

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

14. Which of the following preventive services have you had in the past 12 months? ***(Check all that apply.)***

- ☐ Mammogram
- ☐ Prostate cancer screening
- ☐ Colon/rectal exam
- ☐ Blood sugar check
- ☐ Cholesterol
- ☐ Hearing screening
- ☐ Bone density test
- ☐ Physical exam
- ☐ Pap smear
- ☐ Flu shot
- ☐ Blood pressure check
- ☐ Skin cancer screening
- ☐ Vision screening
- ☐ Cardiovascular screening
- ☐ Dental cleaning/X-rays
- ☐ None of the above

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. ***(Choose only one.)***

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? ***(Choose only one.)***

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don' t know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don' t know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? *(Check all that apply.)*

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don’ t know / not sure

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #23)***

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? *(Choose only one.)*

☐ Yes

☐ No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #26)***

☐ Don’ t know/not sure ***(if Don’t know/not sure, skip to question #26)***

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? ***(Check all that apply.)***

- ☐ YMCA
- ☐ Park
- ☐ Public Recreation Center
- ☐ Private Gym
- ☐ Worksite/Employer
- ☐ School Facility/Grounds
- ☐ Home
- ☐ Place of Worship
- ☐ Other (please specify)

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- ☐ My job is physical or hard labor
- ☐ Exercise is not important to me.
- ☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- ☐ I don't have enough time to exercise.
- ☐ I would need child care and I don't have it.
- ☐ I don't know how to find exercise partners.
- ☐ I don't like to exercise.
- ☐ It costs too much to exercise.
- ☐ There is no safe place to exercise.
- ☐ I would need transportation and I don't have it.
- ☐ I'm too tired to exercise.
- ☐ I'm physically disabled.
- ☐ I don't know
- ☐ Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? *(One apple or 12 baby carrots equal one cup.)*

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? *(Choose only one.)*

- ☐ Yes
- ☐ No ***(if No, skip to question #30)***
- ☐ Don' t know/not sure ***(if Don't know/not sure, skip to question #30)***

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

- ☐ Home
- ☐ Workplace
- ☐ Hospitals
- ☐ Restaurants
- ☐ School
- ☐ I am not exposed to secondhand smoke.
- ☐ Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) *(Choose only one.)*

- ☐ Yes
- ☐ No ***(if No, skip to question #32)***

31. If yes, where would you go for help if you wanted to quit? *(Choose only one).*

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

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? *(Choose only one.)*

- ☐ Yes, flu shot
- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don’ t know/not sure

Part 5: Access to Care/Family Health

33. Where do you go <u>most often</u> when you are sick? *(Choose only one.)*

- ☐ Doctor' s office
- ☐ Medical clinic
- ☐ Health department
- ☐ Urgent care center
- ☐ Hospital
- ☐ Other (please specify)

34. Do you have any of the following types of health insurance or health care coverage? *(Choose all that apply.)*

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? *(Choose only one.)*

- ☐ Yes
- ☐ No ***(if No, skip to question #38)***
- ☐ Don't know/not sure

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

- ☐ Dentist
- ☐ General practitioner
- ☐ Eye care/ optometrist/ ophthalmologist
- ☐ Pharmacy/ prescriptions
- ☐ Pediatrician
- ☐ OB/GYN
- ☐ Health department
- ☐ Hospital
- ☐ Urgent Care Center
- ☐ Medical Clinic
- ☐ Specialist
- ☐ Other (please specify)

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

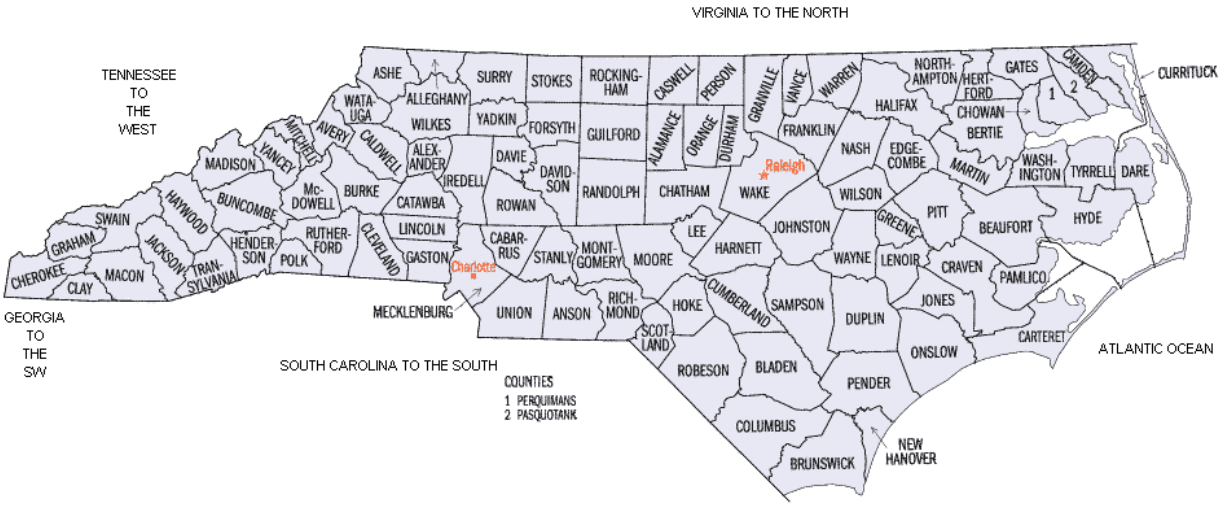
- [ ] No health insurance.
- [ ] Insurance didn't cover what I/we needed.
- [ ] My/our share of the cost (deductible/co-pay) was too high.
- [ ] Doctor would not take my/our insurance or Medicaid.
- [ ] Hospital would not take my/our insurance.
- [ ] Pharmacy would not take my/our insurance or Medicaid.
- [ ] Dentist would not take my/our insurance or Medicaid.
- [ ] No way to get there.
- [ ] Didn't know where to go.
- [ ] Couldn't get an appointment.
- [ ] The wait was too long.
- [ ] The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? ***(Choose only one.)***

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ The State of
☐ Duplin	☐ Lenoir	Perquimans	Virginia

☐ Other (please specify)

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? *(Choose only one.)*

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? *(Choose only one.)*

- ☐ Private counselor or therapist
- ☐ Support group (e.g., AA. Al-Anon)
- ☐ School counselor
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Doctor
- ☐ Pastor/Minister/Clergy

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? *(Choose only one.)*

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

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

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one.)*

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Telephone (landline)
- ☐ Cell Phone
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Family
- ☐ Text message (emergency alert system)
- ☐ Don't know/not sure

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? ***(Check only one.)***

☐ Yes ***(if Yes, skip to question #46)***

☐ No

☐ Don’ t know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? ***(Choose only one.)***

- ☐ 15-19
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 or older

47. What is your gender? ***(Choose only one.)***

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? ***(Choose only one).***

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? *(Choose only one).*

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? *(Choose only one.)*

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? *(Choose only one.)*

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐ Other (please specify)

52. Select the highest level of education you have achieved. ***(Choose only one.)***

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? ***(Choose only one.)***

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? ***(Check all that apply.)***

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student

- [ ] Homemaker
- [ ] Self-employed
- [ ] Unemployed for 1 year or less
- [ ] Unemployed for more than 1 year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? ***(Choose only one.)***

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Spanish Survey

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

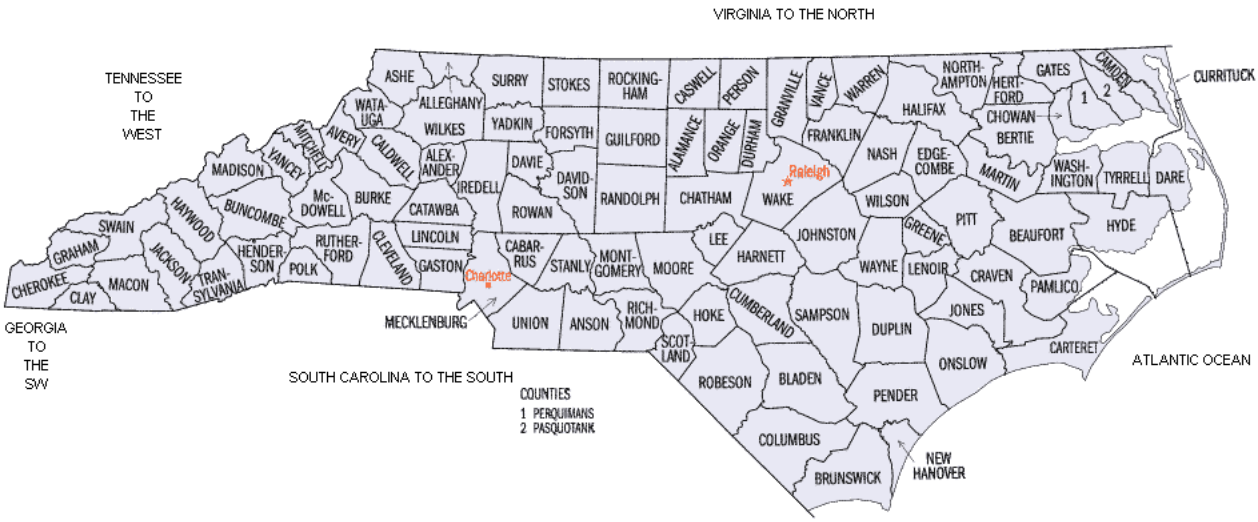
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado	☐	☐	☐	☐	☐

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? *(Elija solo una respuesta)*

- ☐ Contaminación (aire, agua, tierra)
- ☐ Abandono de la escuela
- ☐ Bajos ingresos / pobreza
- ☐ Falta de hogar
- ☐ Falta de un seguro de salud adecuado
- ☐ Desesperación
- ☐ Otros (especificar)

- ☐ Discriminación / racismo
- ☐ Falta de apoyo de la comunidad
- ☐ Drogas (Abuso de sustancias)
- ☐ Descuido y abuso
- ☐ Maltrato a personas mayores
- ☐ Abuso infantil

- ☐ Violencia doméstica
- ☐ Delito violento (asesinato, asalto)
- ☐ Robo
- ☐ Violación / agresión sexual

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? ***(Por favor elija solo uno)***

- ☐ Control Animal
- ☐ Opciones de cuidado infantil
- ☐ Opciones de cuidado para ancianos
- ☐ Servicios para personas con discapacidad
- ☐ Servicios de salud más accesibles
- ☐ Mejores y más opciones de alimentos saludables
- ☐ Más accesibilidad / mejores vivienda
- ☐ Número de proveedores de atención médica
- ☐ Servicios de salud apropiados de acuerdo a su cultura
- ☐ Consejería / salud mental / grupos de apoyo
- ☐ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- ☐ Actividades familiares saludables
- ☐ Actividades positivas para adolescentes
- ☐ Opciones de transporte
- ☐ Disponibilidad de empleo
- ☐ Empleos mejor pagados
- ☐ Mantenimiento de carreteras
- ☐ Carreteras seguras
- ☐ Ninguna
- ☐ Otros (especificar)

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? *(Por favor sugiera solo uno)*

- ☐ Comer bien / nutrición
- ☐ Ejercicio
- ☐ Manejo del peso
- ☐ Ir a un dentista para chequeos / cuidado preventivo
- ☐ Ir al médico para chequeos y exámenes anuales
- ☐ Obtener cuidado prenatal durante el embarazo
- ☐ Recibir vacunas contra la gripe y otras vacunas
- ☐ Prepararse para una emergencia / desastre
- ☐ Usar asientos de seguridad para niños
- ☐ Usar cinturones de seguridad
- ☐ Conducir cuidadosamente
- ☐ Dejar de fumar / prevención del uso de tabaco
- ☐ Cuidado de niños / crianza
- ☐ Cuidado de ancianos
- ☐ Cuidado de miembros de familia con necesidades especiales o discapacidades
- ☐ Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- ☐ Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- ☐ Prevención del suicidio
- ☐ Manejo del estrés
- ☐ Control de la ira/enojo
- ☐ Prevención de violencia doméstica
- ☐ Prevención del crimen
- ☐ Violación / prevención de abuso sexual
- ☐ Ninguna

☐ Otros (especificar)

7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

- ☐ Amigos y familia
- ☐ Doctor / enfermera
- ☐ Farmacéutico
- ☐ Iglesia
- ☐ Internet
- ☐ La escuela de mi hijo
- ☐ Hospital
- ☐ Departamento de salud
- ☐ Empleador
- ☐ Líneas telefónicas de ayuda
- ☐ Libros / revistas
- ☐ Otros (especificar)

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (*Elija solo una).*

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (*Elija solo una).*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 12)***

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? ***(Seleccione todas las opciones que corresponden).***

- ☐ Higiene dental
- ☐ Nutrición
- ☐ Trastornos de la alimentación
- ☐ Ejercicios
- ☐ Manejo del asma
- ☐ Manejo de la diabetes
- ☐ Tabaco
- ☐ ETS (enfermedades de transmisión sexual)
- ☐ Relación sexual
- ☐ Alcohol
- ☐ Abuso de drogas
- ☐ Manejo imprudente / exceso de velocidad
- ☐ Problemas de salud mental
- ☐ Prevención del suicidio
- ☐ Otros (especificar)

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... *(Elija solo una).*

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? *(Seleccione todas las opciones que corresponden).*

- ☐ Mamografía
- ☐ Examen de cáncer de próstata
- ☐ Examen de colon / recto
- ☐ Control de azúcar en la sangre
- ☐ Examen de Colesterol
- ☐ Examen de audición (escucha)
- ☐ Prueba de densidad de los huesos
- ☐ Examen físico
- ☐ Prueba de Papanicolaou
- ☐ Vacuna contra la gripe
- ☐ Control de la presión arterial
- ☐ Pruebas de cáncer de piel
- ☐ Examen de la vista
- ☐ Evaluación cardiovascular (el corazón)
- ☐ Limpieza dental / radiografías
- ☐ Ninguna de las anteriores

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. *(Elija solo una).*

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? *(Elija solo una).*

- ☐ Sí

- [ ] No
- [ ] No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? *(Elija solo una).*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? *(Marque todas las que corresponden).*

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? *(Elija solo una).*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? *(Elija solo una).*

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 23)***

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? *(Elija solo una).*

☐ Sí

☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? *(Elija solo una).*

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 26)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)***

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *(Marque todas las que corresponden).*

- ☐ YMCA
- ☐ Parque
- ☐ Centro de Recreación Pública
- ☐ Gimnasio privado
- ☐ Otros (especificar)
- ☐ Sitio de trabajo / Empleador
- ☐ Terrenos escolares / instalaciones
- ☐ Casa
- ☐ Iglesia

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- ☐ Mi trabajo es trabajo físico o trabajo duro
- ☐ El ejercicio no es importante para mí.
- ☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- ☐ No tengo suficiente tiempo para hacer ejercicio.
- ☐ Necesitaría cuidado de niños y no lo tengo.
- ☐ No sé cómo encontrar compañeros de ejercicio.
- ☐ No me gusta hacer ejercicio
- ☐ Me cuesta mucho hacer ejercicio.
- ☐ No hay un lugar seguro para hacer ejercicio.

☐ Necesito transporte y no lo tengo.

☐ Estoy demasiado cansado para hacer ejercicio.

☐ Estoy físicamente deshabilitado.

☐ No lo sé.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? ***(Una manzana o 12 zanahorias pequeñas equivalen a una taza).***

Cantidad de tazas de fruta	
Número de tazas de verduras	
Cantidad de tazas de jugo de fruta 100%	

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? ***(Elija solo una).***

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 30)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)***

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? ***(Marque solo uno)***

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) *(Elija solo una).*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 32)***

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? *(Elija solo una).*

- ☐ QUITLINE NC (ayuda por teléfono)
- ☐ Doctor
- ☐ Farmacia
- ☐ Consejero / terapeuta privado
- ☐ Otros (especificar)
- ☐ Departamento de salud
- ☐ No lo sé
- ☐ No aplica; No quiero renunciar

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist? *(Elija solo una).*

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist
- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? *(Elija solo uno)*

- ☐ Oficina del doctor
- ☐ Clínica Médica
- ☐ Departamento de salud
- ☐ Centro de cuidado urgente
- ☐ Hospital
- ☐ Otros (especificar)

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? *(Elija todos los que aplique)*

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o él VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? *(Elija solo uno)*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 38)***
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- ☐ Dentista
- ☐ Médico general
- ☐ Cuidado de los ojos / optometrista / oftalmólogo
- ☐ Farmacia / recetas médicas
- ☐ Pediatra
- ☐ Ginecologo
- ☐ Departamento de salud
- ☐ Hospital
- ☐ Centro de atención urgente
- ☐ Clínica Médica
- ☐ Especialista
- ☐ Otros (especificar)

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

☐ El costo del deducible del seguro era demasiado alto

☐ El doctor no aceptaba el seguro ni el Medicaid.

☐ El hospital no aceptaba el seguro.

☐ La farmacia no aceptaba el seguro ni el Medicaid.

☐ El dentista no aceptaba el seguro ni el Medicaid.

☐ No tengo ninguna manera de llegar allí.

☐ No sabía a dónde ir.

☐ No pude conseguir una cita.

☐ La espera fue demasiado larga.

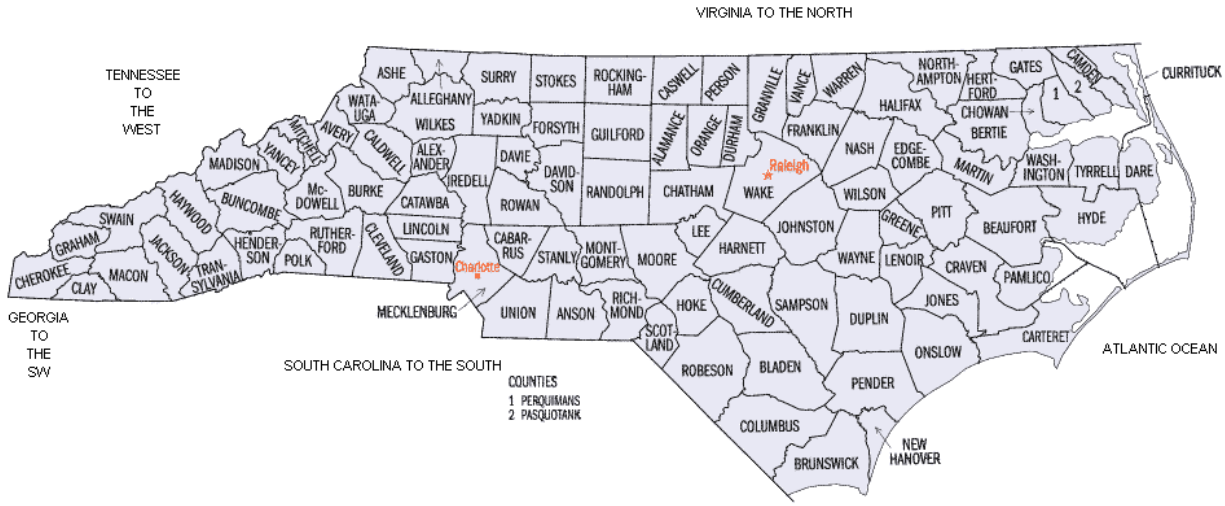
☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o trangenero.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? ***(Elija solo uno)***

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ El Estado de
☐ Duplin	☐ Lenoir	Perquimans	Virginia

☐ Otros (especificar)

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? ***(Elija solo uno)***

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- ☐ Consejero o terapeuta privado
- ☐ Grupo de apoyo
- ☐ Consejero de la escuela
- ☐ Otros (especificar)
- ☐ No sé
- ☐ Doctor
- ☐ Pastor o funcionario religioso

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? ***(Elija solo uno)***

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? *(Marque solo uno)*

- ☐ Televisión
- ☐ Radio
- ☐ Internet
- ☐ Línea de teléfono en casa
- ☐ Teléfono celular
- ☐ Medios impresos (periódico)
- ☐ Otros (especificar)
- ☐ Sitio de red social
- ☐ Vecinos
- ☐ Familia
- ☐ Mensaje de texto (sistema de alerta de emergencia)
- ☐ No sé / no estoy seguro

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? *(Elija solo uno)*

- ☐ Sí ***(Si su respuesta es Sí, salte a la pregunta numero 46)***

- [ ] No
- [ ] No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? ***(Marque solo uno)***

- ☐ Falta de transporte
- ☐ La falta de confianza en los funcionarios públicos
- ☐ Preocupación por dejar atrás la propiedad
- ☐ Preocupación por la seguridad personal
- ☐ Preocupación por la seguridad familiar
- ☐ Preocupación por dejar mascotas
- ☐ Preocupación por los atascos de tráfico y la imposibilidad de salir
- ☐ Problemas de salud (no se pudieron mover)
- ☐ No sé / no estoy seguro
- ☐ Otros (especificar)

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? *(Elija solo uno)*

- ☐ 15-19
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 o más

47. ¿Cuál es tu género? *(Elija solo uno)*

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? *(Elija solo uno)*

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? ***(Elija solo uno)***

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? ***(Elija solo uno)***

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? ***(Elija solo uno)***

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐ Separado

☐ Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. ***(Elija solo uno)***

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? ***(Elija solo uno)***

- ☐ Menos de $10,000
- ☐ $10,000 a $14,999
- ☐ $15,000 a $24,999
- ☐ $25,000 a $34,999
- ☐ $35,000 a $49,999
- ☐ $50,000 a $74,999
- ☐ $75,000 a $99,999
- ☐ $100,000 o más

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? ***(Seleccione todas las opciones que corresponden).***

- ☐ Empleado de tiempo completo
- ☐ Empleado a tiempo parcial
- ☐ Retirado
- ☐ Fuerzas Armadas
- ☐ Discapacitado
- ☐ Estudiante

☐ Ama de casa ☐ Desempleado 1 año o menos ☐ Desempleado por más de 1 año

☐ Trabajadores por cuenta propia

56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?
Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?
Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?
Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?
Prompt: Specific strengths related to healthcare?
Prompt: Specific strengths to a healthy lifestyle?

6. If you had $100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

The need for health resources in Pitt County is apparent. The following tables indicate the utilization of Vidant Medical Center services initiated in the Emergency Department during 2018:[52]

Pitt County - FY 2018 Top Diagnosis for Vidant Medical Center
Emergency Department Visits
(Source: Vidant Health Planning)

Primary ICD-10 Description
-Acute upper respiratory infection, unspecified
-Other chest pain
-Headache
-Viral infection, unspecified
-Urinary tract infection, site not specified
-Chest pain, unspecified
-Low back pain
-Acute pharyngitis, unspecified

Pitt County - FY 2018 Top Diagnosis for Vidant Medical Center
Emergency Department Visits Resulting in Admissions
(Source: Vidant Health Planning)

Primary ICD-10 Description
-Sepsis, unspecified organism
-Hypertensive heart, chronic kidney disease with heart failure and stg 1-4/unspecified chronic kidney
-Acute kidney failure, unspecified
-Hypertensive heart disease with heart failure
-Chronic obstructive pulmonary disease w (acute) exacerbation
-Non-ST elevation (NSTEMI) myocardial infarction
-Major depressive disorder, recurrent severe w/o psych features
-Pneumonia, unspecified organism
-Urinary tract infection, site not specified
-Cerebral infarction, unspecified

[52] Vidant Health Planning

Pitt County's Health Care Resources

Pitt County relies on a number of health care resources to meet the health needs of the community. These resources include East Carolina University, Pitt County Health Department, James D. Bernstein Community Health Center, private practice physicians and dentists and Vidant Medical Center.

[53]**Vidant Medical Center:** Vidant Medical Center (VMC) is the largest not-for-profit, hospital in a predominantly rural region, serving over 1.5 million people throughout a 29-counties in eastern North Carolina. The Hospital's mission is to improve the health and well-being of eastern North Carolina. VMC has 974 licensed beds and is located adjacent to the East Carolina University (ECU) health sciences campus that includes the Brody School of Medicine (BSOM) and Colleges of Allied Health Sciences and Nursing. It is a Level One Trauma Center that is accredited by the Joint Commission on Healthcare Organizations (JCAHO) and is part of the larger Vidant Health system that also includes seven community hospitals, Vidant Medical Group (primary and specialty practices), Vidant Home Health and Hospice, Vidant Wellness Centers, and the Vidant Health Foundation.

VMC is a tertiary care referral center and offers the following specialized services:

- East Carolina Endoscopy Center
- East Carolina Heart Institute
- James and Connie Maynard Children's Hospital
- Children's Emergency Department
- Vidant Cancer Care
- Vidant EastCare – air and ground transport
- Vidant Radiation Oncology
- Vidant SurgiCenter – outpatient surgery
- Level I trauma center
- Comprehensive Stroke Center
- Bariatric surgery
- Gamma Knife® and CyberKnife® radiosurgery
- Kidney and pancreas transplant surgery
- Neurosurgery
- Rehabilitation
- Robotic surgery

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

Vidant Medical Center has longstanding initiatives that have enabled a head start on many of the community health improvement strategies encouraged by health care reform. The scope of services

[53] Source: Vidant Medical Center Community Health Programs Senior Administrator, Catherine Nelson

provided by the medical center's Community Health Programs department include primary, secondary and tertiary prevention initiatives for the pediatric, adult and older adult population. The following are part of the Community Health Programs department:

VMC: Community Health Improvement: Vidant Medical Center coordinates collaborative programming with Vidant Medical Center internal departments and services and external community partners to align with the most recent Community Health Needs Assessment health priorities selected by Vidant Medical Center.

- Access to Care
- Chronic Disease Prevention including Physical Activity and Nutrition
- Mental Health

VMC: Eastern Carolina Injury Prevention Program: Established in 1995 as a joint effort between the Vidant Health Trauma Center and the Brody School of Medicine at East Carolina University Department of Emergency Medicine. The goal of this program is to improve the health of area citizens by reducing the incidence and impact of injuries. Services include:

- Child Passenger and Occupant Safety
- Fall Prevention
- Sports Safety
- Teen Safe Driving
- Traumatic Brain Injury prevention education

VMC: School Health Program: Vidant Medical Center's School Health Program nurses (20) serve students pre-K through 12th grade in Pitt County Schools. These registered nurses work in the schools to help students, parents, and teachers manage these problems and improve student health and academic performance.

VMC: Pediatric Asthma Program: Provides free case management and educational services to children, up to age 18, who have asthma.

- Education – Learn how to manage asthma and prevent problems that can occur.
- Tools – Learn what information and equipment is needed to treat asthma at different ages.
- Resources – Learn about local support in your community for asthma awareness.

VMC: Pitt Partners for Health (PPH): Established in 1995 as a community health partnership with representatives from local churches, businesses, communities, and health and social support organizations. These representatives are dedicated to improving the health of Pitt County residents through assessment, resource identification and development, citizen advocacy, comprehensive planning and coordination of health improvement and prevention strategies.

VMC: Senior Services: Assists community members who are 55 or older lead healthier, more independent lives. Services include:

- Health and social support education pertinent to the unique needs of seniors
- Chronic disease screening and referral
- Weekly GoldPath Senior's Program (Thursdays at 10:30 am)
- Medicare counseling and Part D enrollment

- Resources for caregivers
- Advanced care planning
- Fire and fall prevention Awareness
- Monthly GoldPath newsletter

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

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

Pitt County Health Department: Pitt County Health Department is one of 85 local health departments in North Carolina. Its mission is to protect, promote and assure the health of the people in Pitt County. The health department is responsible for assessing the health of the community by monitoring health status and diagnosing and investigating health problems and health hazards in the community; assuring that needed health services are available in the community; enforcing laws and regulations that protect health and ensure safety; and advocating for policies that support the health of the public. The health department operates a variety of preventive health services in the area of women's and children's health and communicable disease control. Clinic services are available for maternal health, family planning, WIC (Women's, Infants and Children), immunizations, STDs and other communicable diseases. Case management and coordination services are available to support women and children such as child care coordination for children (CC4C), pregnancy care management, Family Nurse Partnership, childbirth education, breastfeeding promotion and child care health consultation. Environmental health services include: food, lodging, institutional and public swimming pool inspections; on-site sewage disposal program, private drinking water program, mosquito management; migrant camp inspections; and investigation of lead poisoning.[54]

East Carolina University: East Carolina University (ECU) is known for preparing skilled health professionals. These individuals work in collaboration with private health care professionals and community leaders to meet the needs of the communities they serve. ECU prides itself in the colleges and schools (Brody School of Medicine, College of Allied Health Sciences, College of Health and Human Performance, College of Nursing, School of Dental Medicine) located just steps from Vidant Medical Center. ECU prepares students for careers in Medicine, Nursing, Biostatistics, Health Services and Information Management, Occupational Therapy, Physical Therapy, Rehabilitation, Public Health and Dental Medicine. Patient care is provided through ECU Physicians, Leo W. Jenkins Cancer Center, Student Health Services, located conveniently at the ECU main campus, and Vidant Medical Center. Research opportunities are also available in areas of Neuroscience, Robotic Surgery, Pulmonary-Critical Care and Sleep, Pediatric Healthy Weight, Microbiology and Immunology and Cardiovascular Sciences, just to mention a few. All of these available resources are also beneficial in providing a teaching and learning environment which is essential for improving the quality of care of the people in Pitt County.[55]

[54] Pitt County Government, Public Health Services, https://www.pittcountync.gov/352/Services
[55] East Carolina University, Division of Health Sciences-2019: http://www.ecu.edu/dhs/

Brody School of Medicine: Brody School of Medicine at East Carolina University provides health care resources to serve the many insured, uninsured and underinsured individuals living in Pitt County as well as in neighboring communities throughout eastern North Carolina. Patient care is provided through a vast array of clinical disciplines ranging from primary care services to other medical specialties, along with various other wellness programs and services. [56]

East Carolina Heart Institute: East Carolina Heart Institute serves as a primary research, teaching, and treatment facility. The Institute provides a patient -centered approach for the treatment of patients of all ages through a state of the art outpatient center at East Carolina University; along with a 120 patient bed, Level I Trauma center Heart Hospital, with operating rooms for robotic surgery and 13 interventional labs at Vidant Medical Center.[57]

ECU School of Dental Medicine: The Dental School, located in Greenville, offers comprehensive dental services for children and adults. In addition, advanced care services such as root canals are also available. Emergency care is available during normal business hours and after hours for established patients. Patients who are not patients of record with emergency needs are scheduled during normal business hours. In the spring of 2015, orthodontic services were added. Currently, new patients are being placed on a wait list for all services. A serious of three visits occurs before any dental work is performed. There are no income requirements to utilize the services. Dental insurance is accepted. Fees for services are generally 40-50% less than average; however, multiple visits may be required to assess and treat dental issues as this is a training program.[58]

Pitt County dentists who accept Medicaid and/or Health Choice: Eighteen (18) private practice dentists accept Medicaid and Health Choice. The majority of dentists (14) are located in Greenville. One (1) provider is located in Ayden; two (2) in Farmville; and two (2) in Bethel. In addition to these private providers, the ECU School of Dental Medicine, the James D. Bernstein Community Health Center and the Pitt County Health Department Smile Safari clinic accept both Medicaid and Health Choice. [59]

Mobile Dental Services for Children: Pitt County Health Department manages a mobile dental clinic, Smile Safari, to ensure that the dental needs of the uninsured or underinsured children are met. The clinic rotates throughout the Pitt County School system during the school year and is located at the Boys and Girls Club in Pitt County during the summer months.[60]

Urgent Care Facilities: As of March 2019, six (6) urgent care centers were located in Pitt County. All centers were located in the City of Greenville.[61]

Federally Qualified Health Centers/Community Health Centers: The James D. Bernstein Community Health Center located in north Greenville is a federally qualified health center operated by Greene County Health Care, Inc. The center provides medical and dental care to adults and children with minimal or no insurance on a sliding fee scale. An on-site pharmacy is also available offering medicines

[56] East Carolina University, Brody School of Medicine: http://www.ecu.edu/med/
[57] East Carolina Heart Institute-2019: http://www.ecu.edu/cs-dhs/ecuphysicians/heart/index.cfm
[58] East Carolina University, School of Dental Medicine-2019: http://www.ecu.edu/dentistry/
[59] NC Division of Medical Assistance – 2019: https://medicaid.ncdhhs.gov/find-a-doctor/medicaid-dental-providers
[60] Pitt County Government, Public Health Clinical Services https://www.pittcountync.gov/358/Clinical-Services
[61] Yellow Pages and verified by personal phone calls

at a reduced cost to the clients. Often the Bernstein Center has a waiting list for services. However, Greene County Health Care operates a number of other clinics in Greene County that are available to Pitt County residents. Pitt County residents also eligible to receive services on a sliding fee scale at the Kinston Community Health Center (252-522-9800) in Lenoir County and the Agape Community Health Center (252-940-0602) located in Beaufort and Martin counties.[62]

Free Clinics: Three clinics are available in Pitt County. The Greenville Community Shelter Clinic is operated by medical students and physicians from the Brody School of Medicine at ECU. The Pitt County Care Clinic located at Pitt County Health Department (formerly located in Grimesland) and the Oakmont Baptist Church Free Clinic located in Greenville relies on volunteers from the health care community and other community members. [63]

Licensed Pharmacies in Pitt County: Pharmacies are located in most of the municipal towns within the county: two in Ayden; one in Bethel; three in Farmville; forty (40) in Greenville; one in Grifton; one in Simpson; and five in Winterville. There are three municipalities in Pitt County (Falkland, Fountain, and Grimesland) without pharmacies.[64]

Providers of DME (Durable Medical Equipment): There is one in Ayden, one in Farmville, and nine in Greenville. [65]

Emergency Medical Services: Pitt County has a diverse an extensive Emergency Medical Services (EMS) system that consists of private, non-profit emergency paramedic units, municipal and local government sponsored paramedic services, private for profit non-emergency providers, and a hospital based specialty care transport program. This multitude of providers works in coordination to meet the variable needs and demands of both municipal and rural communities throughout the county on a daily basis. Pitt County is resource-rich in terms of number of stations, types and amounts of equipment, and a highly skilled workforce. Pitt County has numerous Paramedic-level staff, Advanced EMT, and EMT staff and has numerous Advanced Life Support (ALS) vehicles, which provide the highest level of pre-hospital EMS care available in NC. EMS agencies in Pitt County include: Pitt County EMS, Ayden EMS, Bell Arthur EMS, Eastern Pines EMS, Falkland EMS, Farmville EMS, Fountain EMS, Grifton EMS, Winterville EMS and Greenville Fire-Rescue. Pitt County EMS also partners with Vidant Health to provide a Community Paramedic Program that serves patients who experience moderate to high readmission risk to Vidant hospitals due to unmanaged chronic or mental illnesses and dangerous health risk factors in areas of highest need within the County.[66]

Renal Dialysis Centers: Fresenius Medical Care operates three dialysis centers in Pitt County. Two centers are located in Greenville and one center is located in Ayden.[67]

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[62] Phone calls to James D. Bernstein, Kinston Community Health Center and Agape Community Health Center, 2019
[63] https://www.freeclinics.com/co/nc-pitt (2019)
[64] North Carolina Board of Pharmacies, Pharmacy database search (data updates daily) search date: 2019, https://portal.ncbop.org/verification/search.aspx
[65] North Carolina Board of Pharmacies, Pharmacy database search (data updates daily) search date: May 2019, https://portal.ncbop.org/verification/search.aspx
[66] Pitt County Emergency Management, https://www.pittcountync.gov/182/Emergency-Management and phone call to Interim EM Director
[67] http://www.dialysisfinder.com/dialysis-centers/greenville/nc/100#.VW3C0GfbLug (2019)

Long Term Care Services: There are 6 licensed nursing homes in the county: one in Ayden; one in Farmville; and four in Greenville.[68] There are 9 licensed adult care homes in the county: one in Grifton; one in Winterville; and seven in Greenville. [69] There are 7 licensed hospice providers that serve people throughout the county: one in Ayden and six in Greenville. There is one inpatient hospice facility in Greenville.[70] There are 44 licensed home care providers that serve people throughout the county: one in Bethel; one in Ayden; one in Farmville; three in Winterville; and thirty-six (36) in Greenville. There is also a provider based in Raleigh that serves Pitt County as well.[71]

Real Crisis Center: Real Crisis Center provides confidential counseling assistance to Pitt County residents 24 hours a day. Services are provided by telephone, as walk-ins or through on-site crisis teams. Problems addressed by the center include: suicide, discrimination, mourning, pregnancy, marriage, domestic violence, loneliness, family issues, financial issues, school-related issues, depression, job problems, sexual assault, just to mention a few. Real crisis also has an info-line service which provides information on over 1,000 agencies and services available in Pitt County.[72]

Chiropractors: As of March 2019, there were 20 licensed chiropractors in Pitt County. The majority (17) were located in Greenville. However, there is one (1) in Winterville and two (2) in Farmville. There did not appear to be a licensed chiropractor in the northern portion of Pitt County.[73]

Martin/ Pitt Partnership for Children: Martin/Pitt Partnership for Children, the local Smart Start agency, is committed to making meaningful and measurable investments in the quality of life for young children and families in education, health and support services. The Martin/Pitt Partnership for Children funds programs that aid in that commitment. The funded activities include:[74]

- Child Care Health Consultants- Works with child care providers to promote effective health and safety practices in child care through technical assistance and training.

- Nurse-Family Partnership- Offers support to first-time, at-risk moms through home visits and other supports throughout pregnancy until the child turns two-years old.

- Child Links- A resource and referral agency that provides free child care referrals to parents as well as offers training for child care providers and provides access to early childhood resources.

- Family and Community Resources- Offers early childhood information to parents and fosters awareness of the Smart Start initiative and the Martin/Pitt Partnership for Children.

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[68] NC Department of Health and Human Services, Division of Health Service Regulation, Nursing Facility by County, 2019, www.ncdhhs.gov/dhsr/data/nhlist_co.pdf

[69] NC Department of Health and Human Services, Division of Health Service Regulation, Adult Care Homes/Homes for the Aged, 2019, www.ncdhhs.gov/dhsr/data/ahlist.pdf

[70] NC Department of Health and Human Services, Division of Health Service Regulation, Hospice Facilities, 2019, www.ncdhhs.gov/dhsr/data/hoslist.pdf

[71] NC Department of Health and Human Services, Division of Health Service Regulation, Home Care Only Facilities, 2019, www.ncdhhs.gov/dhsr/data/hclist.pdf

[72] Real Crisis Intervention, Search date: 3/1/2019, http://www.realcrisis.org/

[73] http://www.cetrackerlive.com/ncboce/UserList-Active.php (2019)

[74] Martin-Pitt Partnership for Children, http://www.mppfc.org/about-us/programs/

- Parents as Teachers- Offers parenting support through positive parent-child interactions, home visits and child development information.

- Child Care Subsidy- Assists eligible families with child care through subsidies available at the Department of Social Services.

- QUEST (Quality, Education, Support, Training)- Works with child care facilities to promote quality child care.

- WAGE$- offers salary supplements to early childhood staff who obtain higher education levels and remain in their current child care setting.

- Program Evaluation and Monitoring- Ensures MPPFC's accountability via an outcome-based evaluation and monitoring system.

- Training & Development- Offers trainings for childcare providers and community members to assist in personal and professional growth.

- Raising a Reader- Partners with eligible agencies to encourage literacy at an early age as this is a critical time for brain development.[75]

Child Care: In Pitt County, there are 138 child care facilities consisting of 81 child care centers and 32 family child care homes.[76] There are 3,085 children (birth to 4 years of age) and 1,180 children (ages 5-12 years) enrolled in licensed Pitt County child care. There are 598 child care employees in Pitt County.[77]

Pitt County Department of Social Services: Pitt County Department of Social Services (DSS) is a multi-program, human services organization which is mandated by Federal and State Law to provide assistance and counseling to citizens of Pitt County who qualify for these services. Programs range from health care, food assistance and emergency assistance. DSS strives to protect children and the elderly. Pitt County DSS provides the following services and programs: income maintenance; child support enforcement; emergency assistance; crisis intervention programs; food and nutrition services; Medicaid for adult, family and children, Medicaid transportation; work first family assistance and employment services; child and adult protective services; and prevention services.[78]

[75] Martin Pitt Partnership for Children, http://www.mppfc.org.about-us.programs/
[76] NC Division of Child Development and Education, http://ncchildcaresearch.dhhs.state.nc.us/search.asp (Website Updated daily)
[77] NCDHHS, Child Care Statistical Report, http://ncchildcare.dhhs.state.nc.us/general/Child_Care_Statistical_Report.asp
[78] Pitt County Department of Social Services. Available at: https://www.pittcountync.gov/454/Social-Services

Pitt County Health Care Providers:

North Carolina Health Professionals Data System – 2014[79]

	Total Physicians	Total Primary Care	Family Practice	General Practice	Internal Medicine	OB/GYN	Pediatrics	Other Primary Care	Other Specialties	Federal
Pitt County	829	257	65	2	60	23	54	53	572	11
North Carolina	23,063	8,545	2,370	136	2,024	810	1,572	1,633	14,518	848

Other Health Care Professionals – 2014

	Chiropractors	Occupational Therapists	Optometrists	Pharmacists	Physical Therapists	Physicians Assistants	Podiatrists	Practicing Psychologists	Respiratory Therapists
Pitt County	21	92	20	249	122	132	9	48	187
North Carolina	1,646	2,997	1,150	10,546	5,827	4,790	289	2,138	4,201

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

As often revealed in community focus groups, the need for increased mental health and substance abuse services is apparent. Trillium offers 24/7 access to a Care Line with trained professionals who can determine the services needed and provide referrals to providers most convenient for the individual seeking services. In addition, a Mobile Crisis Team may be dispatched during an emergency situation to direct individuals to the crisis center for immediate care. More information regarding the need for mental health services can be found at by reviewing the Trillium's latest annual report found at https://www.trilliumhealthresources.org/sites/default/files/docs/About-Us/Annual-Report/Trillium-2017-Annual-Report.pdf .[80]

[79] State Library of North Carolina- North Carolina Digital Collection, http://digital.ncdcr.gov/cdm/ref/collection/p249901coll22/id/17972

[80] Trillium Mental Health Gap Analysis, https://www.trilliumhealthresources.org/sites/default/files/docs/About-Us/Annual-Report/Trillium-2017-Annual-Report.pdf