

Edgecombe County



2021 Community Health Needs Assessment



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Contact Information

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https://www.edgecombecountync.gov/departments/health_department/community_and_health_education.php

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The Edgecombe County Health Department and Vidant Edgecombe would like to thank our partners for helping to distribute the surveys throughout the county and also, all of the participants who took the time to complete the survey to help further the health and wellness of the community. We look forward to working with you to create a safe, healthy and thriving community.

A special thank you to the Edgecombe County Rural Health Network and other partners who participated in the priority setting session.

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* Rural Forward NC facilitated the priority setting session.

Executive Summary

Edgecombe County is pleased to present its 2021 Community Health Needs Assessment. This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Edgecombe County.

Vision Statement

The Edgecombe County Community Health Needs Assessment Team is dedicated to improving the health and well-being of the residents of Edgecombe County.

Leadership

The 2021 Community Health Needs Assessment (CHNA) was conducted in a regional NC Community Health Needs Assessment process, spearheaded by Health ENC. The completion of the County assessment and priorities were compiled in partnership with the Edgecombe County Health Department, Vidant Edgecombe Hospital, Health ENC, and members of the Edgecombe County Rural Health Network. Several other local community partners were involved in the completion of the 2021 CHNA.

Organization	Chair
Edgecombe County Rural Health Network	Meredith Capps, Chair
Edgecombe County Health Department	Michelle Etheridge, Health Director
Vidant Edgecombe Hospital	Patrick Heins, President
Brody School of Medicine Department of Public Health at East Carolina University	Dr. Ronny Bell, Department Chair

Partnerships/Collaborations

Partnerships	Number of Partners
Hospital/Health Care System	1
Healthcare Provider	4
Behavioral Healthcare Providers	3
Dental Health Providers	1
Community Organization(s)—Advocacy, Charitable, NGO	4
Government Agency	4
Business(s)—Employers, not organizations	0
Educational Institution(s)—Colleges, Universities	1

Public School System	1
Media/Communication Outlet(s)	1
Public Member(s)	0

Regional/Contracted Services

The 2021 Edgecombe County CHNA was developed in collaboration with the Edgecombe County Health Department, Vidant Edgecombe Hospital, Vidant Health System, and Health ENC.

Theoretical Framework/Model

The Social-Ecological Model was used to guide the development of the 2021 CHNA. The CHNA includes all levels of the model including: primary data through individual responses to the community survey, focus groups to promote relationship and community engagement and secondary data analyses to assess societal factors on health outcomes.

Collaborative Process Summary

Vidant Edgecombe Hospital and the Edgecombe County Health Department worked closely with Health ENC and the Edgecombe County Rural Health Network to provide the community with the needs assessment survey. The survey was distributed using several different methods from April, 2021 to June, 2021. The results from the completed surveys helped drive the CHNA team's determination of priorities to address over the next three years.

The Edgecombe County Rural Health Network's mission is to provide a collaborative health care network that will improve health and wellness outcomes for ALL Edgecombe County Residents. The vision is an effective multi-agency network that is collaborating in delivering care and reducing barriers based on exchanging and analyzing data, increasing efficiency, and sharing and generating resources. The partners are Access East, Area L AHEC, Carolina Family Health Centers Inc. (FQHC), Eastpointe Human Services (mental health LME) Edgecombe County Health Department, Edgecombe County Rescue, OIC Family Medical Centers (FQHC), Rural Health Group, Inc. (FQHC), and Vidant Edgecombe Hospital.

Key Findings

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions. 385 Edgecombe 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.

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 Edgecombe 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 2030 targets and Healthy North Carolina 2030 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need.

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 Edgecombe County and are displayed in Table 1.

Table 1. Significant Health Needs

Substance Abuse
Community Resources
Health Insurance
COVID-19 Pandemic
Transportation
Food Insecurity

Health Priorities

On December 6, 2021, community partners and members of the Edgecombe County Rural Health Network met to discuss the results from the 2021 Community Health Needs Assessment for Edgecombe County. The discussion was facilitated by Rural Forward NC. After reviewing the data and discussing health issues highlighted in the report, the following priority areas were chosen to be addressed for the next three years:

1. Substance use/mental health
2. Social determinants of health
3. Health disparities and health equity

Next Steps

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

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Chapter 1 Introduction

Description of County

Edgecombe County is located in rural Eastern North Carolina and borders Nash, Wilson, Pitt, Martin and Halifax Counties. It is approximately one hour's drive east of Raleigh and two hours inland of the state's coastal beaches. The county is comprised of 10 municipalities with the town of Tarboro serving as the County Seat. The largest municipality in the county is the city of Rocky Mount, which is a city that is divided into two counties, Nash and Edgecombe.

According to the U.S. Census, as of 2019, Edgecombe County had a total of 721 businesses. In Edgecombe County, the largest industries in the county are manufacturing, healthcare and social assistance and retail trade. The most specialized industries are agriculture, forestry, fishing, hunting, manufacturing and transportation/warehousing. The highest paying industries are utilities, educational services and professional, scientific and tech services.

Since the previous CHNA conducted in 2018, the county has continued to experience unique challenges, including environmental disasters such as hurricanes, minor flooding and winter storms as well as increased incidence of chronic health conditions and communicable disease including COVID-19 during a global pandemic. Community members and partners have worked to address such issues and found positive outcomes. With the newly analyzed data from the 2021 CHNA, we will continue to address unmet needs and health priorities in the county.

Overview of Health ENC

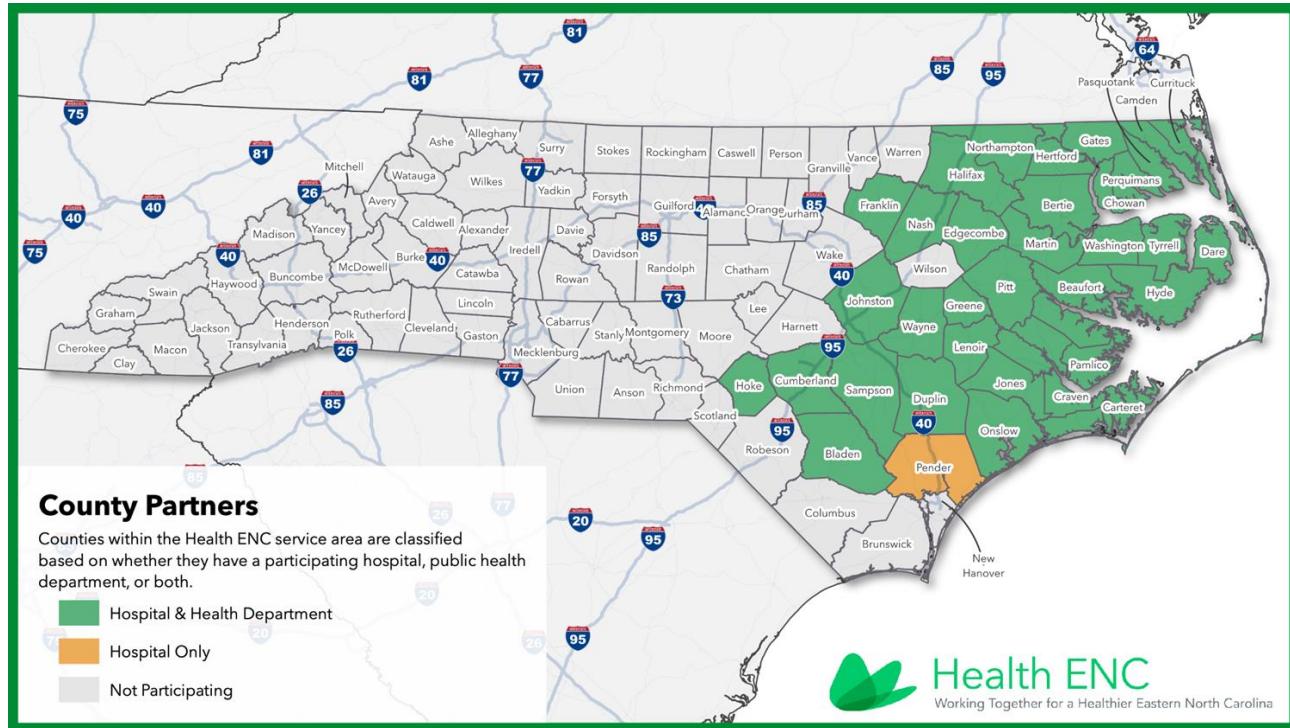
Health ENC is a program of the Foundation for Health Leadership and Innovation (FHLI), a nonprofit organization focused on improving health in North Carolina. It is guided by representatives from local health departments, hospitals and community organizations. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process Gathers health data and information that county health departments, hospitals, health systems and community groups can use to help,

- Identify and address key health needs/issues in their communities,
- Plan health and disease prevention services,
- Combine efforts to improve the quality and use of population health data across ENC,
- Maintain local control and decision-making about the choice of health priorities and interventions
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne counties.

Health Data Sources

Primary Data – Community Survey – data gathered from people in each of the Health ENC counties
Other Health Data- provided by the NC Department of Health and Humans Services and other national and state data sources

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

Key Areas Examined

- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses

- 364 Total English (Total in ENC survey =16,661)
- 21 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

Healthy North Carolina 2030 (HNC 2030)

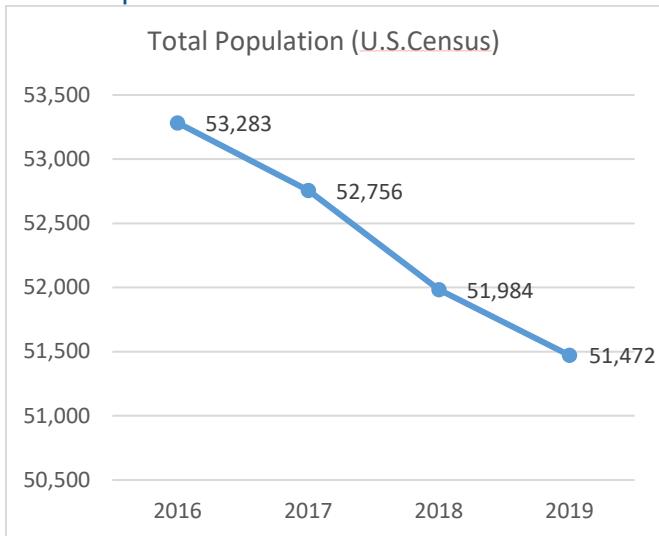
NC State Center for Health Statistics

Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

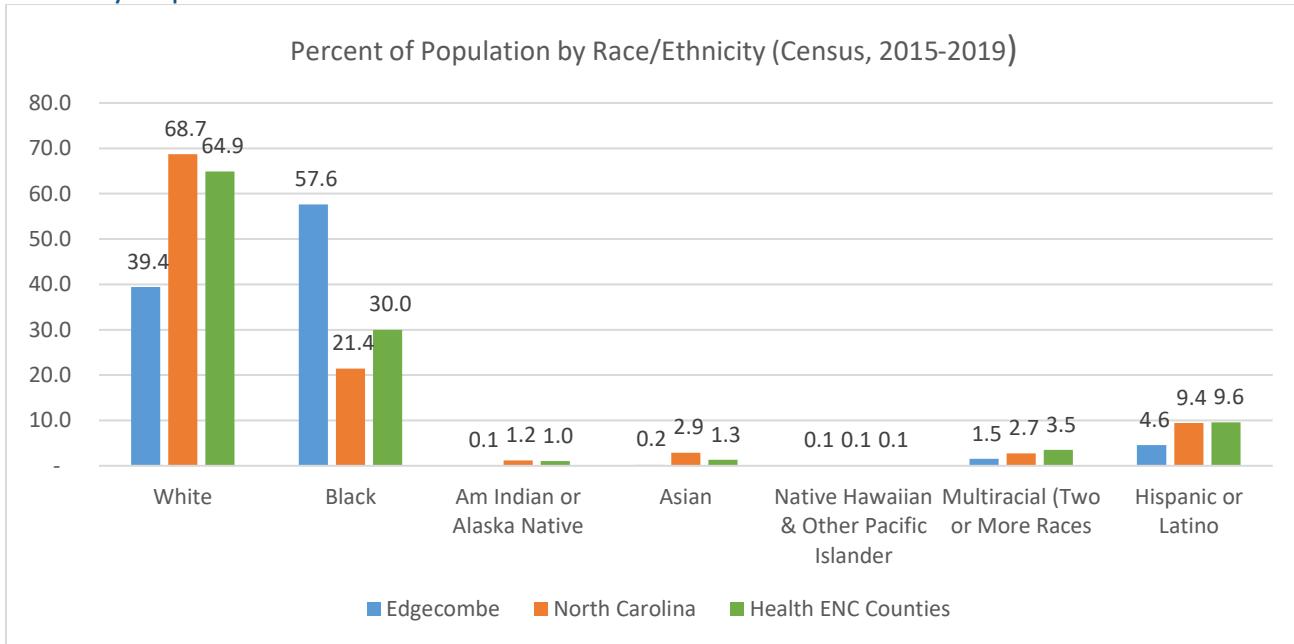
Chapter 2 Demographic Profile

Total Population



- In 2019, Edgecombe County had a population estimate of 51,472.
- From 2016 to 2019, Edgecombe County's population decreased by overall 3.4%.

Minority Populations



The percent of White population in Edgecombe County (39.4%) is less than the White population for North Carolina (68.7%) and lower than the Health ENC counties (64.9%).

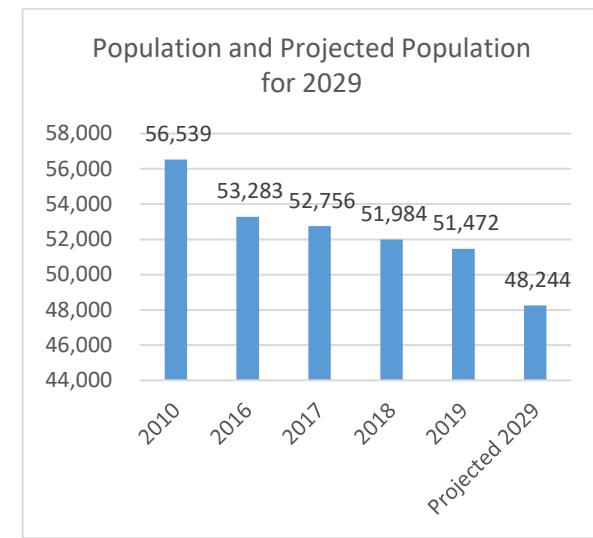
The percent of Black or African American population in Edgecombe County (57.6%) is much higher than the Black or African American population for North Carolina (21.4%) the Health ENC counties (30.0%).

The Hispanic or Latino population comprises 4.6% of Edgecombe County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%).

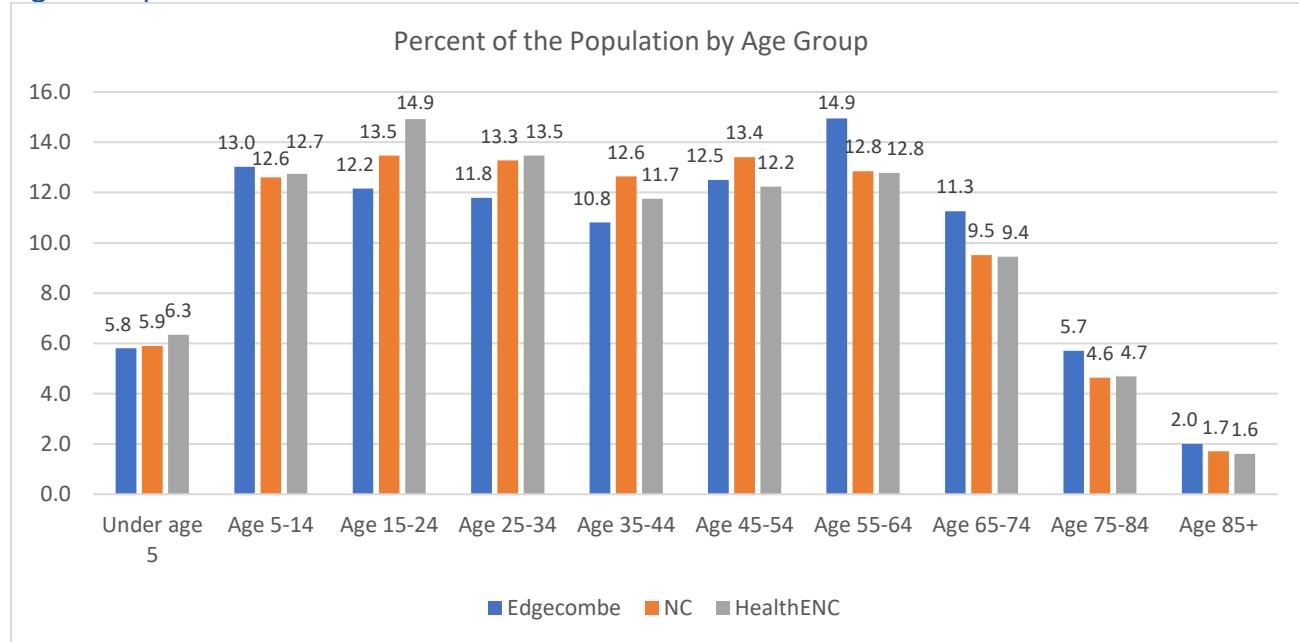
Population Growth

- The projected population decline for Edgecombe County for 2029 is estimated at 48,244 persons
- From 2010 to 2019, the total population of Edgecombe County has decreased by an overall 9%

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census.



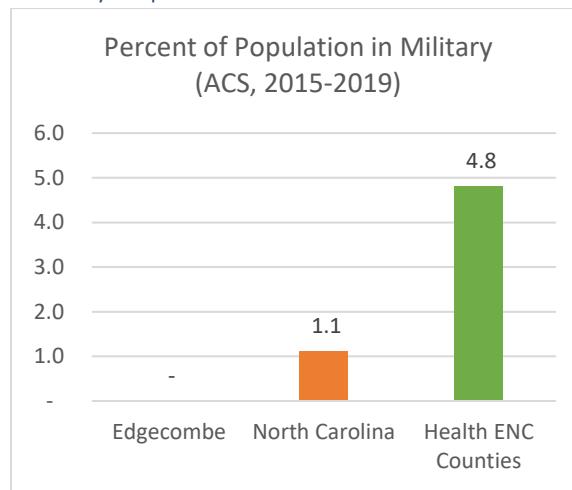
Age Groups



In Edgecombe County, the percent of people between the ages of 55-64 are higher (14.9%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

Military Population



This figure shows the trend of the military population over the 4 most recent measurement periods.

From 2015-2019, the average percent of the population of military population for Edgecombe County was lower than North Carolina and the Health ENC region.

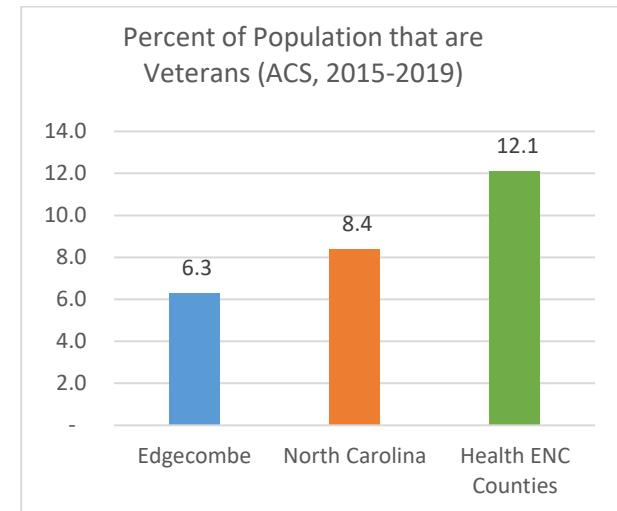
- The percent of reported Military Population in Edgecombe County in 2015-2019 was null (0.0%).
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Edgecombe County has a smaller military population.

Veteran Population

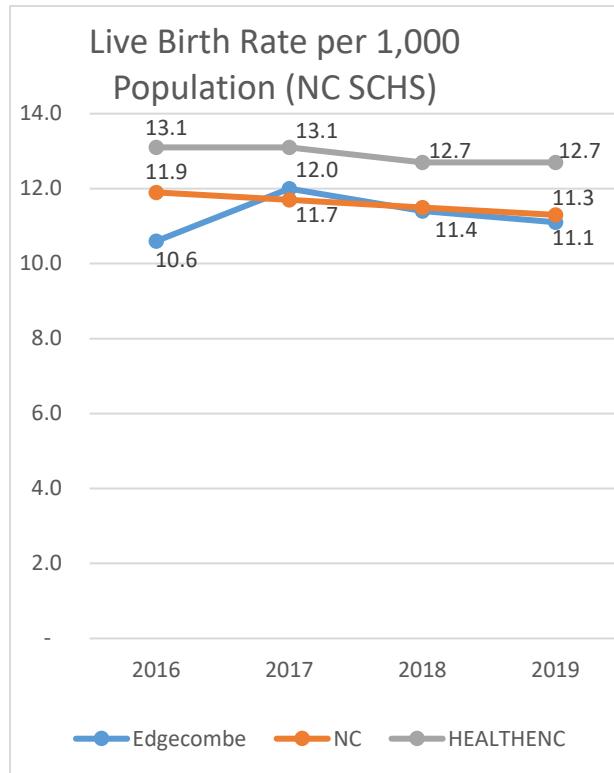
The veteran population is given as a percent of the civilian population aged 18 years and older.

This data can be used for policy analyses, to develop programs, and/or to create budgets for veteran programs and facilities.

- Edgecombe County's veteran population (6.3%) is lower than the state (8.4%) and Health ENC counties (12.1%)



Birth Rates



Live 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 other factors such as the age structure of the population (e.g., deaths), immigration and emigration.

This figure illustrates that the live birth rates in Edgecombe has increased over the measurement period, and is lower compared to the birth rate in North Carolina and in all Health ENC Counties.

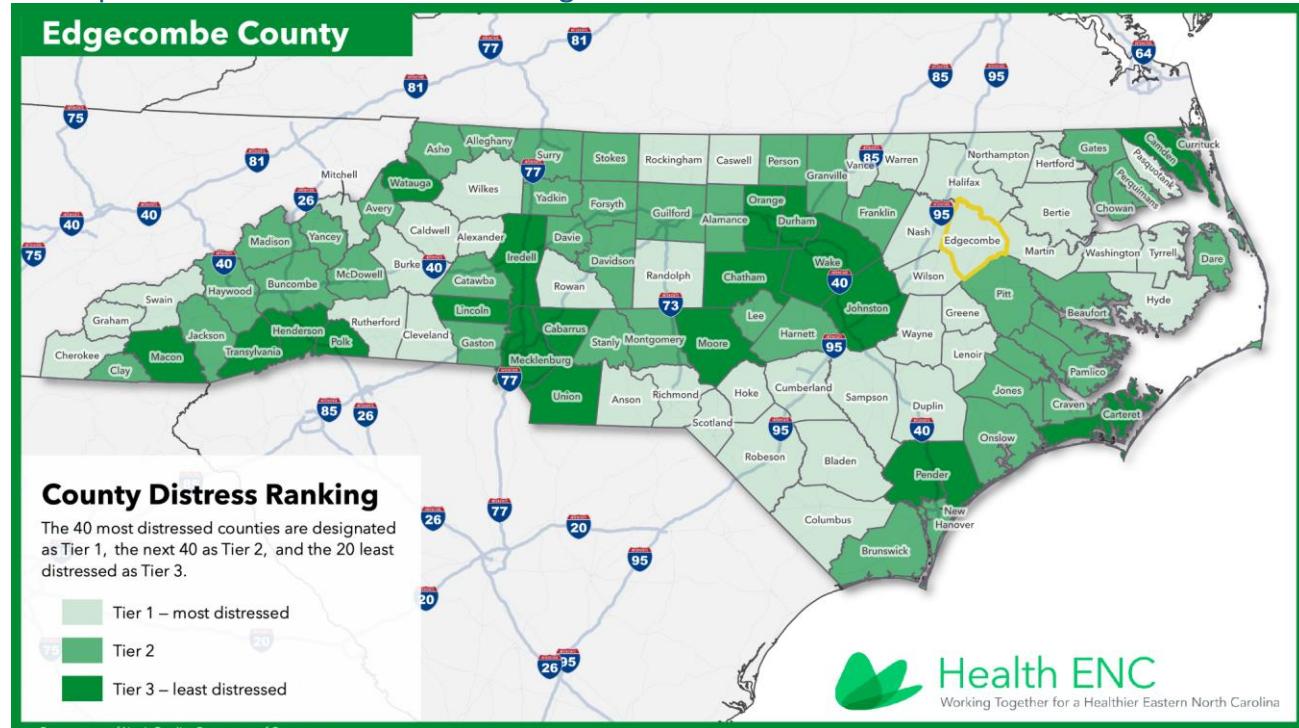
- The Edgecombe County birth rate increased from 10.6 births per 1000 population to 11.1 births per 1000 population in 2019.
- Edgecombe County's live birth rate is lower than the Health ENC County Region (12.7) and N.C. (11.3).

Analysis of Demographic Data

During the last few years, Edgecombe County's number of residents have been on the decline. This trend is estimated to continue through the year 2029. The birth rate is also been on the decline for the last 5 years. Edgecombe county has a diversified age range with the largest age group made up of 55-64-year-old individuals followed by 5-14 year old's. Edgecombe County has a larger percentage of African American (57.6%) compared to White (39.4%) and Hispanic (4.6%) populations. Overall, Edgecombe County contains less military veterans than surrounding counties and North Carolina.

Chapter 3 Socioeconomic Profile

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. Edgecombe County has been assigned a Tier 1 designation for 2021.

In 2021, Edgecombe County was assigned a Tier 1 designation.

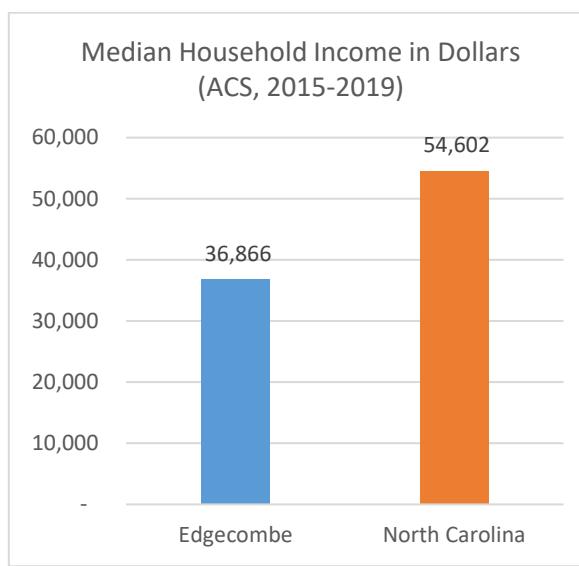
County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

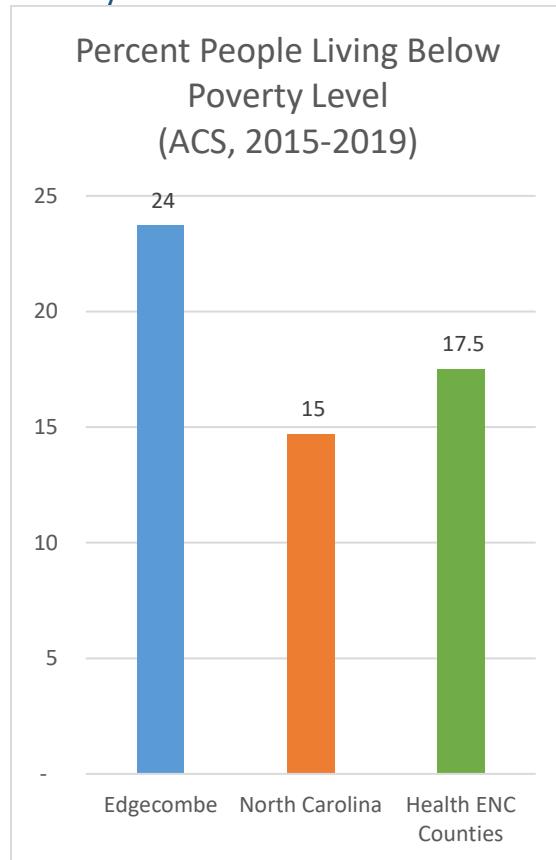
Income

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.

- The median household income in Edgecombe County (\$36,866), which is much lower than the median household income in North Carolina (\$54,602).



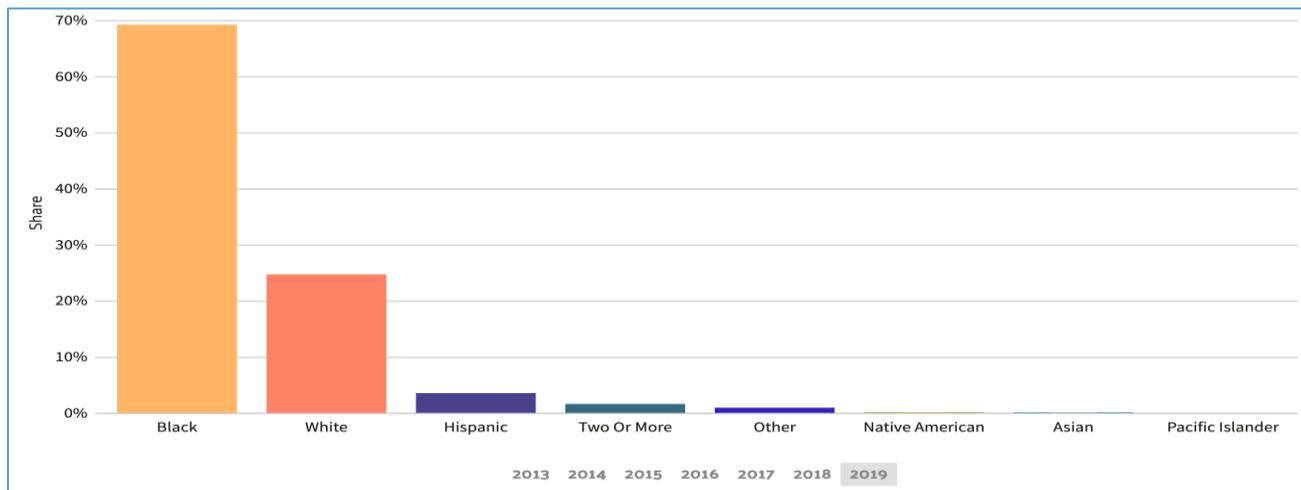
Poverty



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.

- In Edgecombe County an estimated 24.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region.

Poverty by Race and Ethnicity



Source: U.S. Census Bureau ACS 5-year Estimate

<https://datausa.io/profile/geo/edgecombe-county-nc#economy>

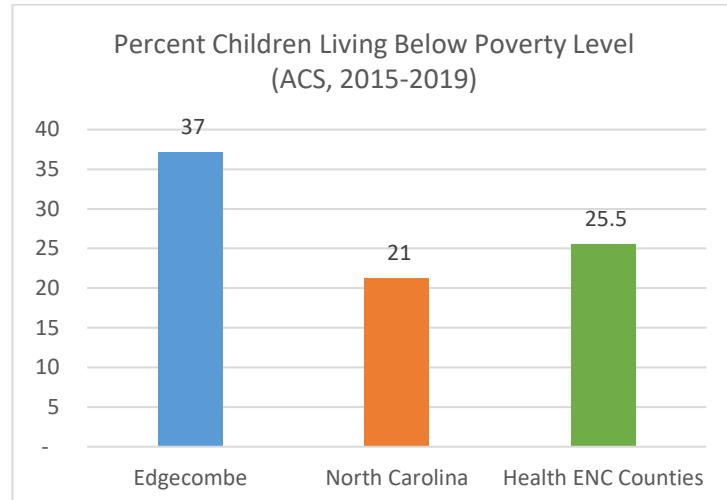
The most common racial or ethnic group living below the poverty line in Edgecombe County, NC is Black, followed by White and Hispanic.

The Census Bureau uses a set of **money income thresholds** that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

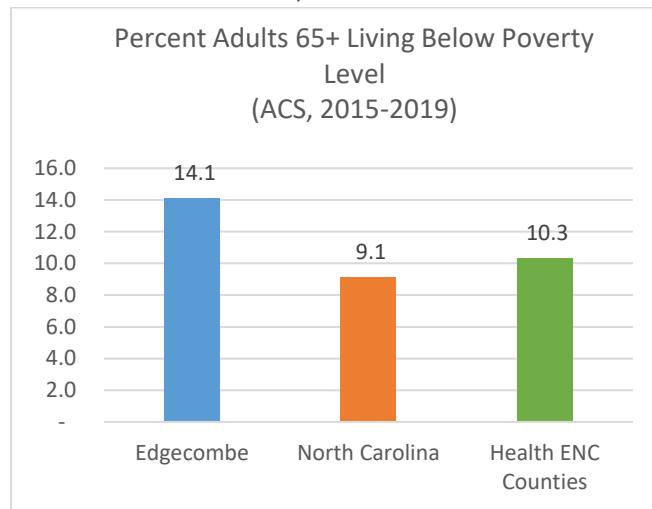
*Data from [the Census Bureau ACS 5-year Estimate](#).

Children Living in Poverty

- The percent of children living below the poverty level is much higher for Edgecombe County when compared with the State of N.C. and the Health ENC Counties



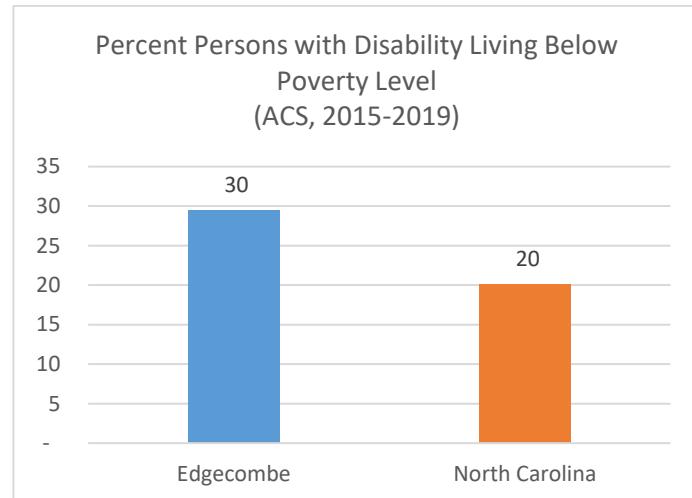
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty in Edgecombe County is 5.0% higher than NC and 3.8% higher than the Health ENC County Region.

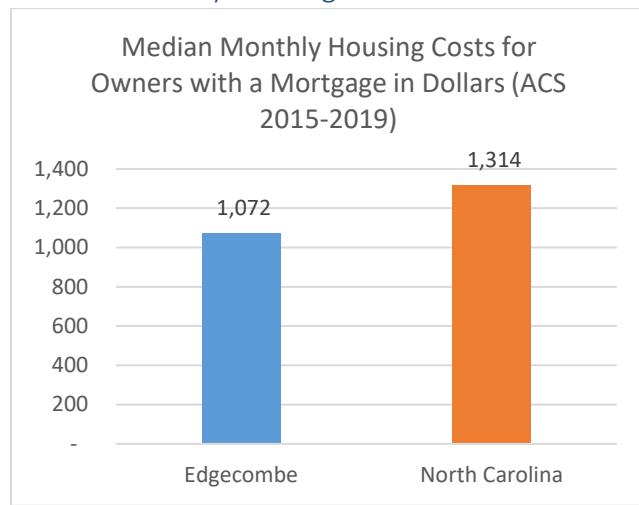
Disabled People in Poverty

- The percent of disabled people living in poverty in Edgecombe County (30%) is 10% higher than the percent of disabled people living in poverty for the entire State of N.C. (20%).



Housing

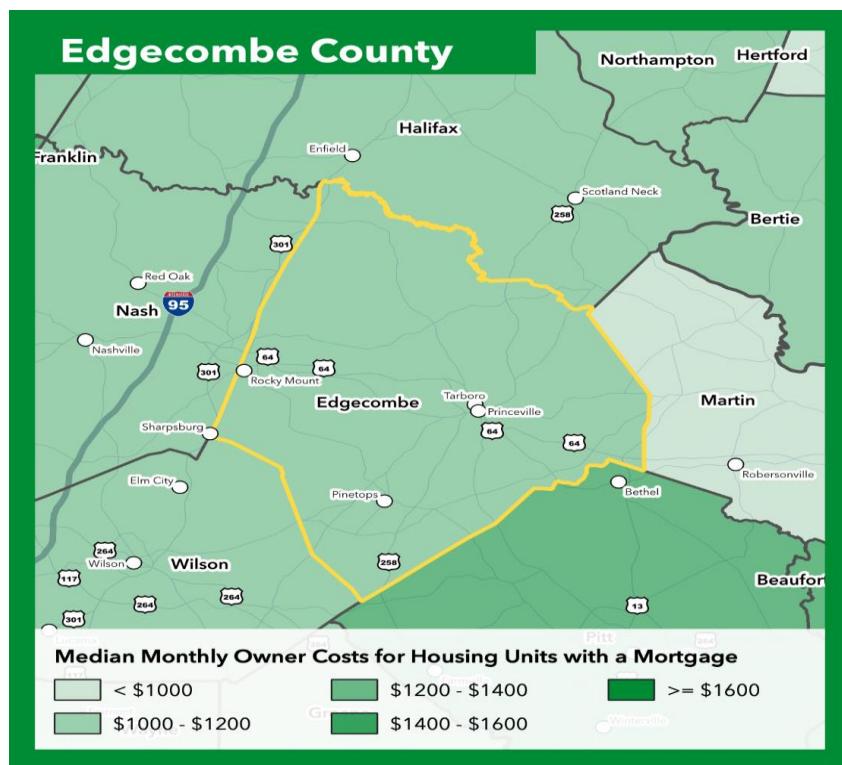
Median Monthly Housing Costs



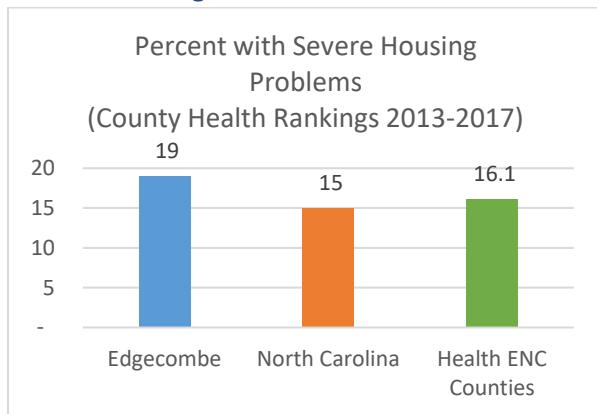
The average household size in Edgecombe County is 2.44 people per household (owners) and 2.48 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) but slightly higher for renters (2.43 people per household).

- In Edgecombe County, the median housing costs for homeowners with a mortgage is \$1,072, which is lower than the N.C. median \$1,314 cost.

Median Monthly Household Costs in Edgecombe County and Surrounding Counties



Severe Housing Problems



- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- An average of 19.0% of households in Edgecombe County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.

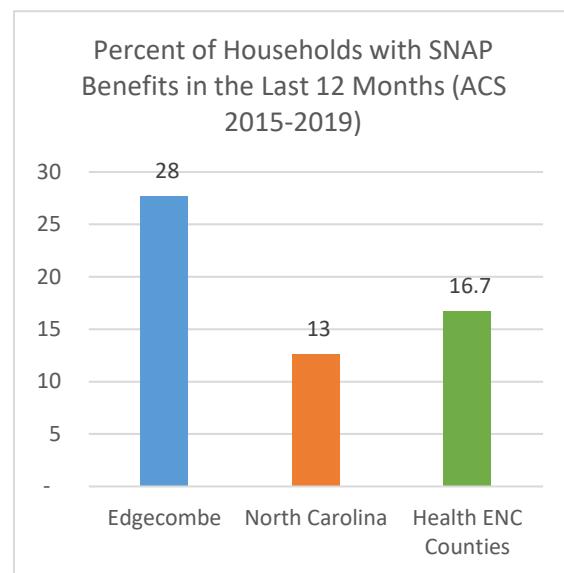
Food Insecurity

Households with SNAP Benefits

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.

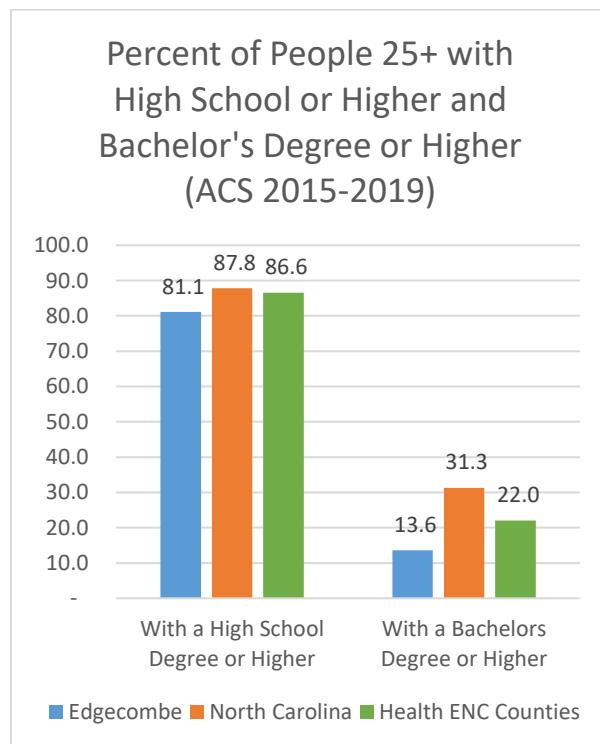
This figure shows the percent of households with children that participate in SNAP.

- The percent of households with SNAP benefits in Edgecombe County is 28.0%, which is much higher than the state value of 13% and 11.3% higher (16.7%) than the Health ENC County region.



Education

Educational Attainment



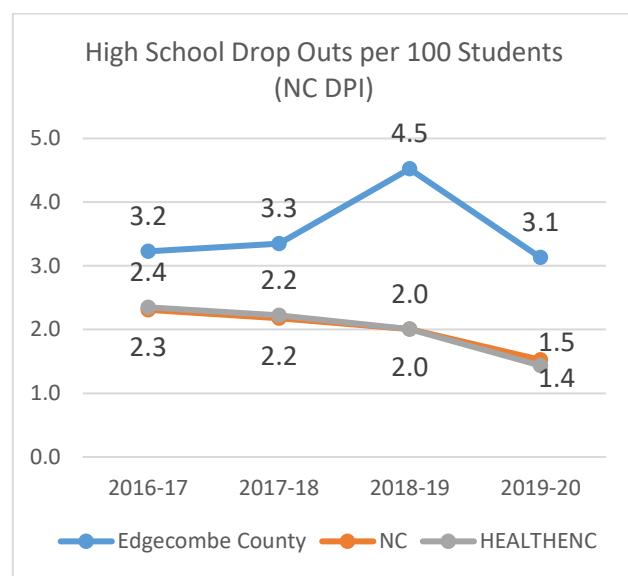
Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety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

- In Edgecombe County the percent of residents 25 or older with a high school degree or higher was lower (81.1%) than the state (87.8%) and also lower than the Health ENC County Region (86.6%).
- Percent with a Bachelor's degree or higher in Edgecombe County was lower (13.6%) compared to N.C. (31.3%) and Health ENC region (22.0%).

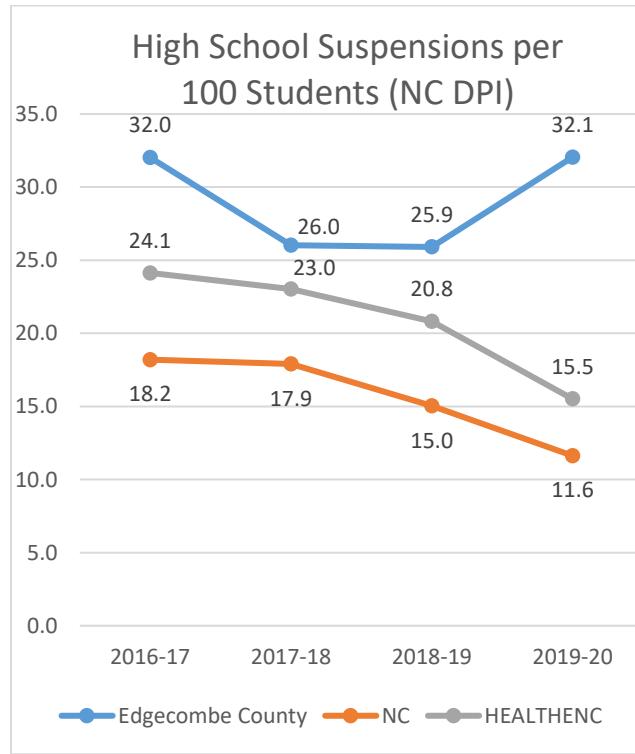
High School Drop Out Rate

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.

- Edgecombe County's high school dropout rate was 3.1% in 2019-2020, which was higher than the rate in North Carolina (1.5%) and the Health ENC region (1.4%).



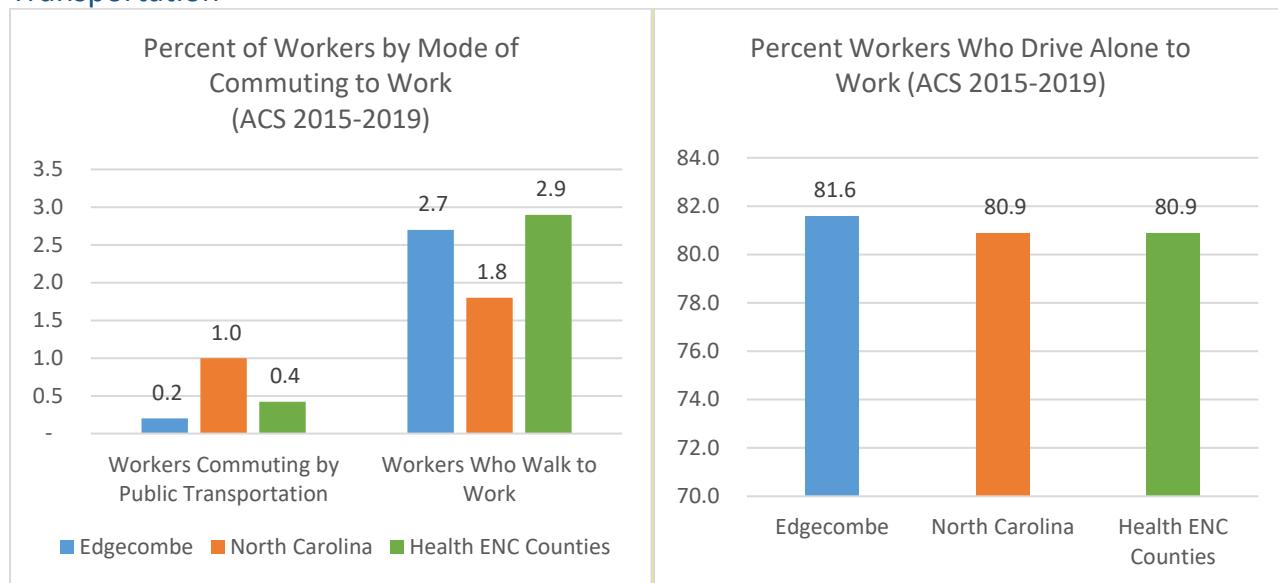
High School Suspension Rate



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.

- Edgecombe County's rate of high school suspension (32.1 per 100 students) was higher than North Carolina's rate (11.6) the Health ENC counties (15.5) in 2019-2020.

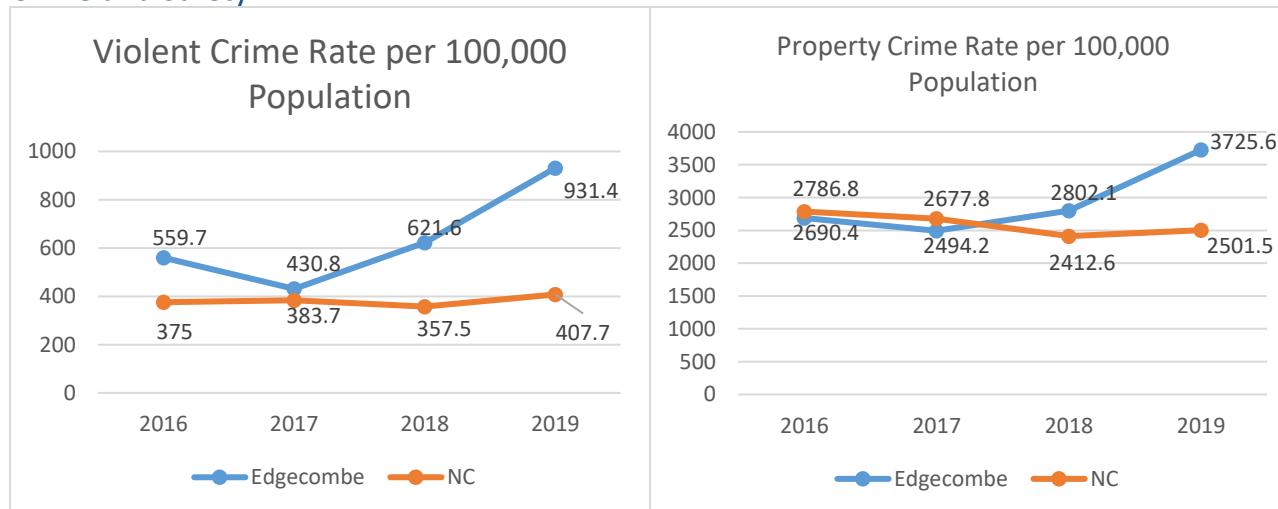
Transportation



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.

- In Edgecombe County, an estimated 0.2% of workers commute to work by public transportation, compared to the state value of 1.0%.
- Approximately 2.7% of workers walk to work, which is greater than the state value of 1.8%.
- An estimated 81.6% of workers 16 and older drove alone to work, compared to 80.9% in N.C in 2015-2019 period.

Crime and Safety

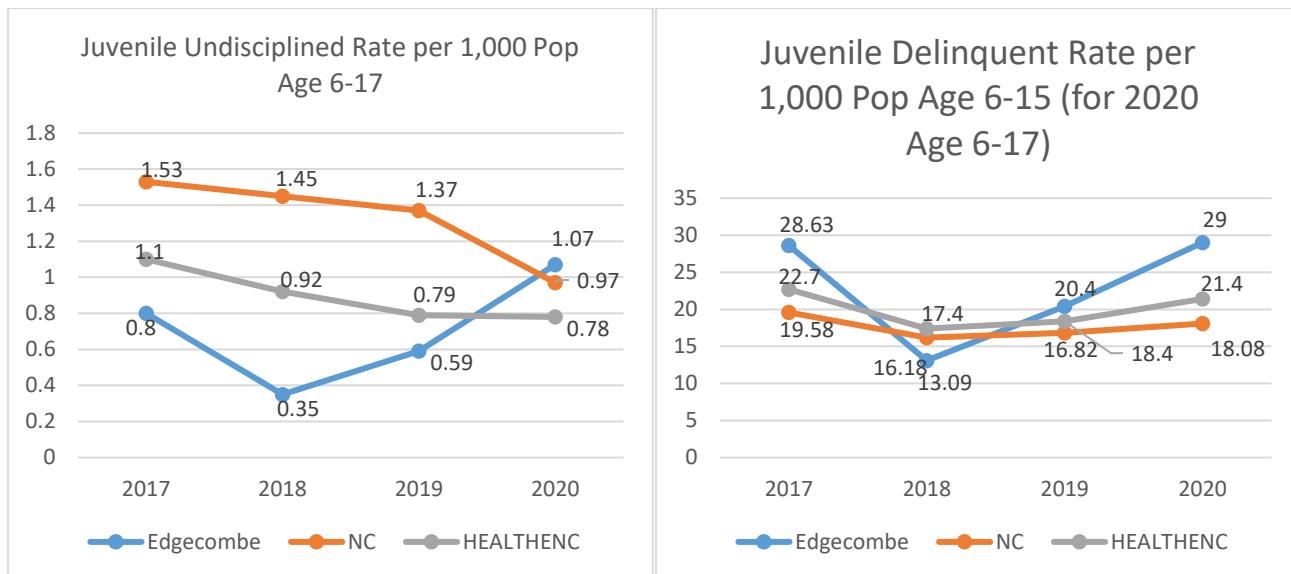


Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social

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.

- From 2016 to 2019, the violent crime rate in Edgecombe County increased from 559.7 to 931.4.
- During the same time period, the property crime rate has increased from 2690.4 to 3725.6, which was above the N.C. rate.

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.

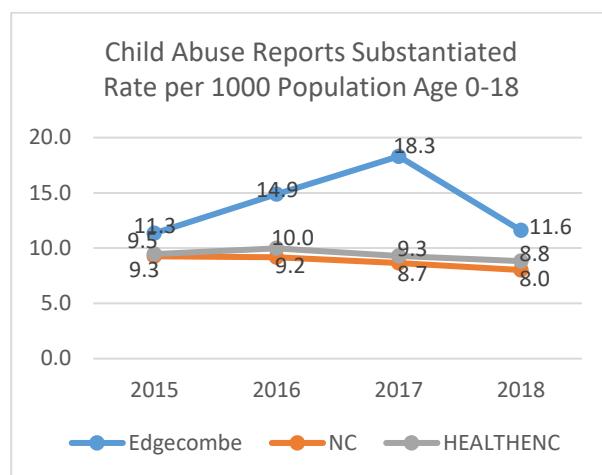
The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Edgecombe County (1.07) was higher than the rate in North Carolina (0.97) and the Health ENC region (0.78).
- In 2020, the juvenile delinquent rate for Edgecombe County was higher (29.0) than N.C. (18.08) and the Health ENC region (21.4).

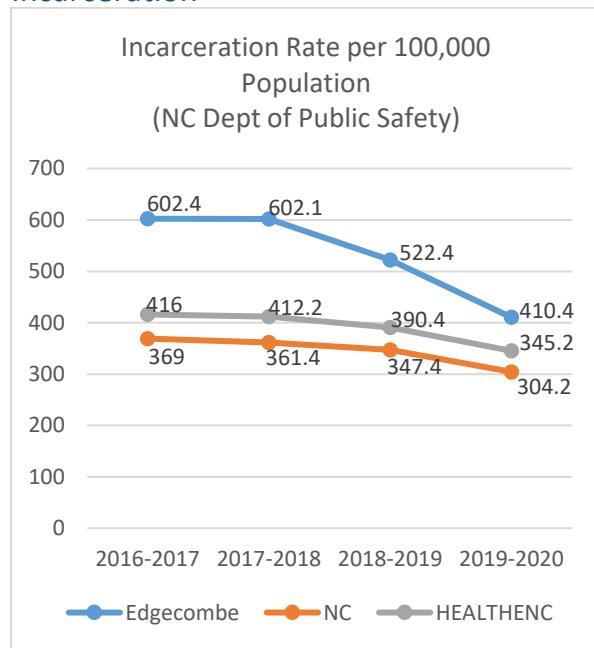
Child Abuse

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.

- The 2018 child abuse rate in Edgecombe County was higher (11.6 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.)



Incarceration



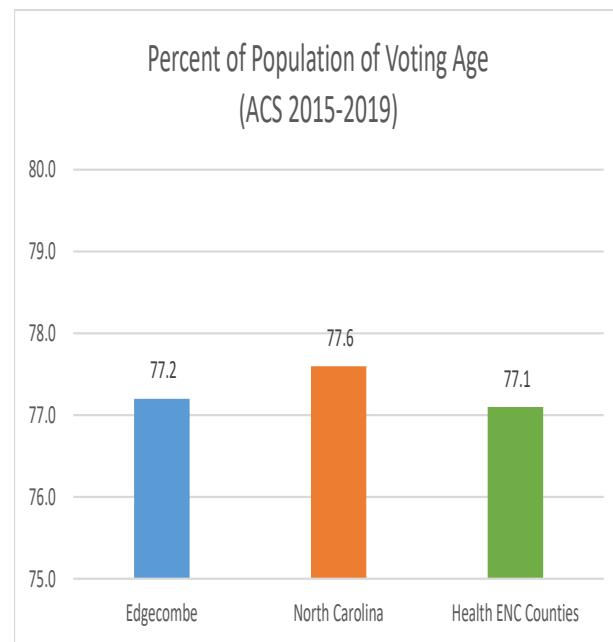
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration,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

- Over the past four measurement periods, the incarceration rate in Edgecombe County has shown a decrease.
- In 2019-2020, the incarceration rate in Edgecombe County was higher (410.4 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)

Civic/Political Engagement

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.

- Edgecombe County has a slightly lower percent of residents of voting age (77.2%) than North Carolina (77.6%) nearly the same percent of population of voting age as Health ENC County Region (77.1%).

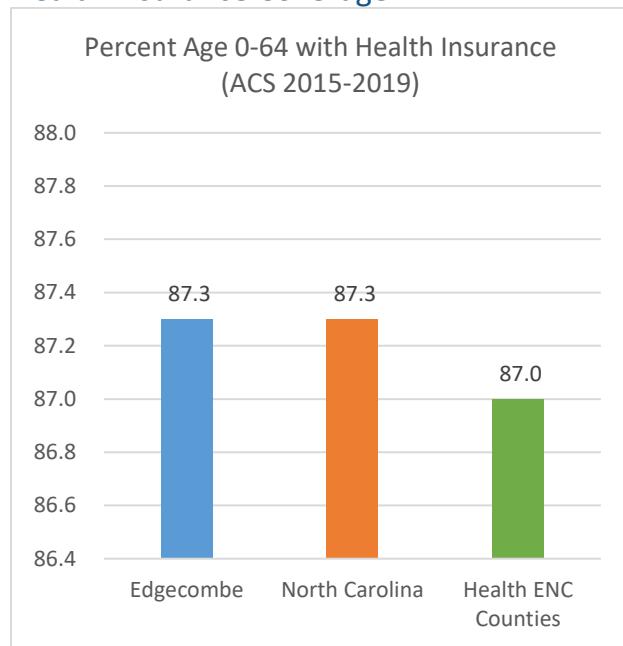


Analysis of Socioeconomic Profile

Edgecombe County is classified as a Tier 1 by the NC Department of Commerce for 2021. This shows that the county faces a variety of challenges as it relates to socio-economic profile. The median income in dollars is \$17,736 less than other North Carolinians. Nearly 25% of Edgecombe County residents live below the Federal Poverty Threshold. The most impoverished race is black by more than 2x of those who identify as white. 37% of children live in poverty compared to 14.1% of adults, both statistics higher than other Health ENC counties. The percentage of people living below the poverty level in Edgecombe County who are disabled is 10% higher than the rest of North Carolina. Education is traditionally an indicator of success. Edgecombe experiences a high school suspension rate that is increasing while the NC rate is decreasing. High School dropout rates are decreasing but are still 2x that of surrounding counties and NC. 81% of people 25+ have a high school degree or higher. Working individuals mostly commute alone to work with public transportation only being utilized by .2% of the working class. Safety is an important factor in the community. Edgecombe County has experienced a large increase in violent and property crimes since 2017 while the rest of NC has primarily stayed the same or decreased. At the same time, the number of incarcerations are on the decline. Juveniles make up a large percentage of Edgecombe's population and the rate of juvenile crime is on the increase and is higher than surrounding counties.

Chapter 4 Clinical Care Profile

Health Insurance Coverage



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

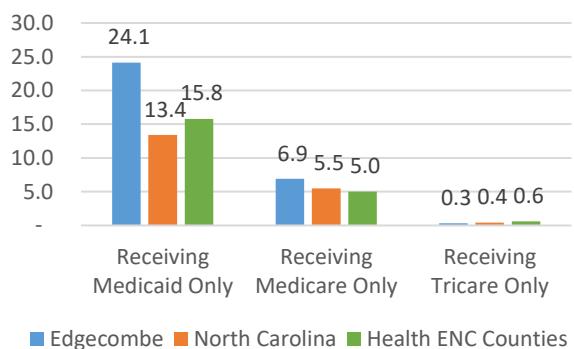
This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In Edgecombe County, 24.1% of the population report receives health insurance coverage through Medicaid, 6.9% Medicare and 0.3% Tricare.

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 costlier to treat.

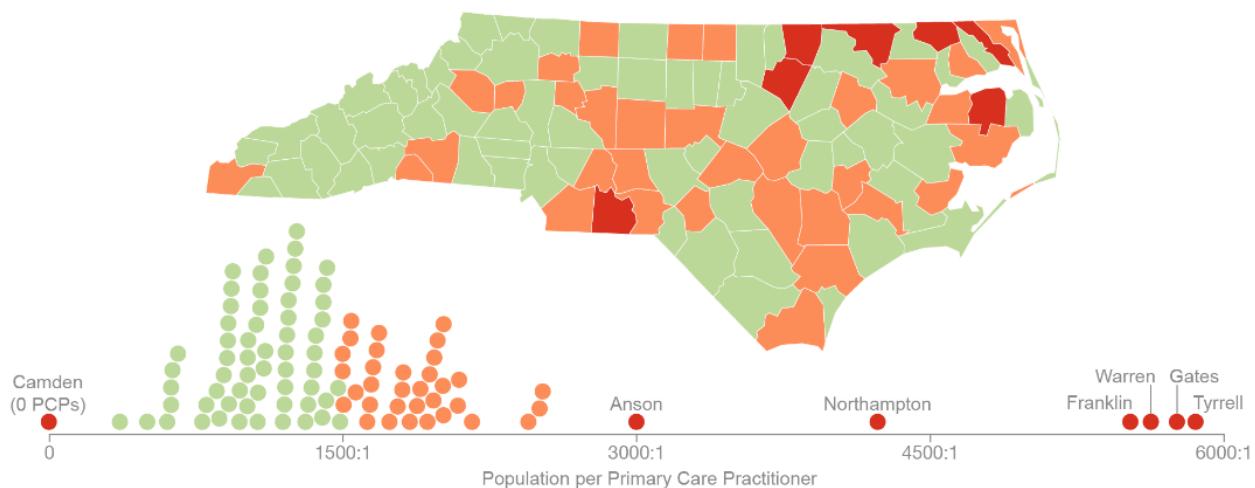
- Nearly 13% of the population 0-64 years of age in Edgecombe County are uninsured.
- The percent of individuals aged 0-64 years old that have health insurance coverage in Edgecombe County is 87.3%, the same as the rate for North Carolina (87.3%) and slightly higher than the Health ENC region (87.0%).

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare (ACS 2015-2019)



Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. *North Carolina Medical Journal*, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management.

SHEPS **HEALTH**
WORKFORCE **NC**

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care.

Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map above, green indicates the county is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people. Edgecombe County is orange in color, and does not meet the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

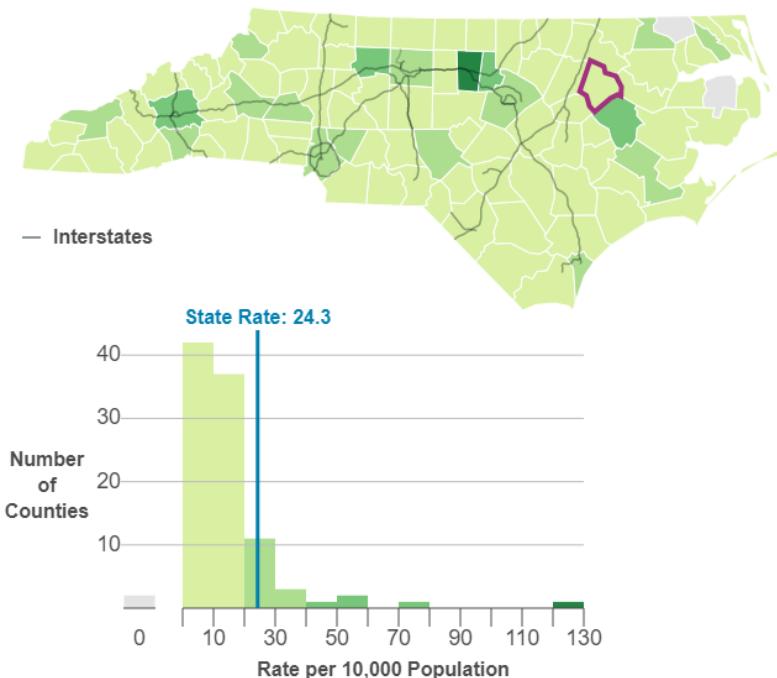
Currently, **60% of NC's 100 counties meet the NCIOM's target**.

Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers.

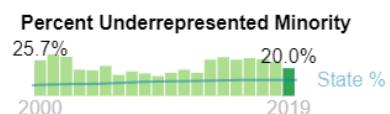
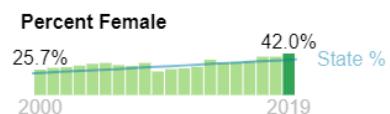
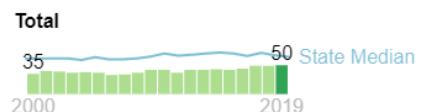
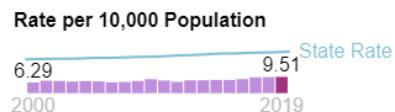
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Edgecombe County



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

The number of physicians per 10,000 population in Edgecombe County has increased from 6.29 physicians in 2000 to 9.51 in 2019.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](https://nchealthworkforce.unc.edu/interactive/supply/), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

The number of physicians per 10,000 population for Edgecombe County stands at 9.51, compared to the state rate of 24.3. This shows a shortage of providers for our county's residents. The majority of Edgecombe County residents 0-64 years of age (87%) have some type of health insurance coverage, with 13% having no health insurance coverage. This has decreased since the last CHNA where 88% of the population 0-64 had coverage. The number of individuals receiving Medicare, Medicaid, or Tricare only also decreased since the last CHNA.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Edgecombe County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	140	271.99	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	137	266.16	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Cerebrovascular Disease	55	106.85	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Chronic Lower Respiratory Diseases	33	64.11	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Other Unintentional Injuries	32	62.17	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Diabetes Mellitus	32	62.17	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Alzheimer's Disease	27	52.46	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Motor Vehicle Injuries	21	40.8	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Nephritis Nephrotic Syndrome and Nephrosis	19	36.91	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Chronic Liver Disease and Cirrhosis	15	29.14	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 EDGECOMBE			Leading Causes of Injury Hospitalization 2016 to 2019 EDGECOMBE			Leading Causes of Injury ED Visits 2016 to 2019 EDGECOMBE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	70	1	Fall - Unintentional	515	1	Fall - Unintentional	5,631
2	Poisoning - Unintentional	53	2	MVT - Unintentional	183	2	MVT - Unintentional	3,896
3	Fall - Unintentional	29	3	Poisoning - Unintentional	154	3	Unspecified - Unintentional	3,178
4	Firearm - Assault	28	4	Poisoning - Self-Inflicted	69	4	Struck By/Against - Unintentional	1,617
5	Firearm - Self-Inflicted	22	5	Fire/Burn - Unintentional	53	5	Natural/Environmental - Unintentional	1,077
TOTAL		240	TOTAL		1,228	TOTAL		21,491

Leading Causes of Hospitalizations

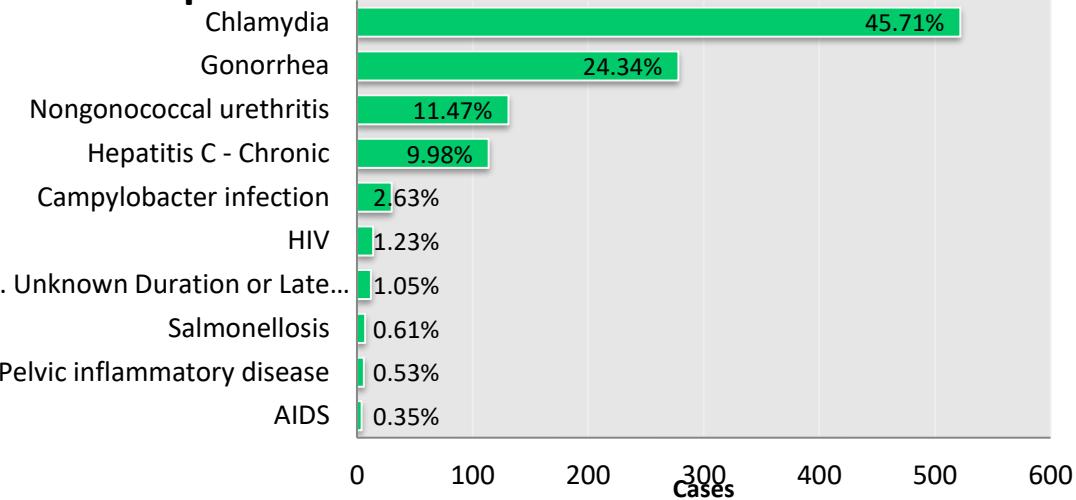
Leading Causes of Injury Death 2016 to 2019 EDGECOMBE			Leading Causes of Injury Hospitalization 2016 to 2019 EDGECOMBE			Leading Causes of Injury ED Visits 2016 to 2019 EDGECOMBE		
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5	Firearm - Self-Inflicted	22	5	Fire/Burn - Unintentional	53	5	Natural/Environmental - Unintentional	1,077
TOTAL		240	TOTAL		1,228	TOTAL		21,491

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 EDGECOMBE			Leading Causes of Injury Hospitalization 2016 to 2019 EDGECOMBE			Leading Causes of Injury ED Visits 2016 to 2019 EDGECOMBE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	70	1	Fall - Unintentional	515	1	Fall - Unintentional	5,631
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TOTAL		240	TOTAL		1,228	TOTAL		21,491

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard

<https://NCD3NorthCarolinaDiseaseDataDashboard>

For a complete list of communicable diseases for Edgecombe and other counties, click the link in the slide.

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in Edgecombe County in 2018 are shown above.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Communicable case counts and rates at the state and county level can be found by following the weblink in the slide.

Analysis of Chronic and Communicable Disease Profile

Edgecombe County

Edgecombe County's top 3 leading causes of death as it relates to chronic and communicable disease are heart disease, cancer and cerebrovascular disease. The rates of these conditions are significantly higher in Edgecombe than other Health ENC counties and even higher than the NC rate. The top 3 communicable diseases in the county are chlamydia, gonorrhea, and nongonococcal urethritis. A little over 83% of residents ages 0-64 have a form of health insurance, mirroring the state's average. This number is higher than Health ENC counties. Unintentional motor vehicle incidents and poisonings, respectively, are the leading causes of death among individuals hospitalized and who visit the ED. The number of physicians per 10,000 population in Edgecombe County has increased from 6.29 physicians in 2000 to 9.51 in 2019.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Edgecombe	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost)	12,800	7600
Low Birthweight (% < 2500 grams)	13%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% of adults, age adjusted, smokers)	26%	18%
Adult Obesity (% of adults, BMI greater than 30 kg/m ²)	40%	32%
Excessive drinking	14%	18%
Sexual Transmitted infections (Chlamydia cases per 100,000 pop)	985.80	647.80
Teen Births (Number births per 1,000 15-19 yrs old)	41	22
Clinical Care		
Uninsured (% of pop <65 without insurance)	13%	13%
Primary Care Physicians (ratio of pop to primary care docs)	2890 to 1	1400 to 1
Preventable hospital stays	5760	4539
Mammography Screening	49%	46%
Flu Vaccinations (% of fee for service Medicare enrollees, got flu shot)	52%	52%
Social & Economic Factors		
High School Completion (% 25 and older with HSD or equiv)	81%	88%
Some College	51.00%	67.00%
Unemployment (% 16 or older seeking work)	5.90%	3.90%
Children in Poverty	33.00%	19.00%
Income inequality (ratio of household income 80:20 percentile)	5.50%	4.70%
Children in single parent households	48.00%	28.00%
Violent crime	481	351.0
Injury deaths	109	77
Physical Environment		
Air Pollution - particulate matter	8.3	8.5
Severe Housing problems	19%	15%

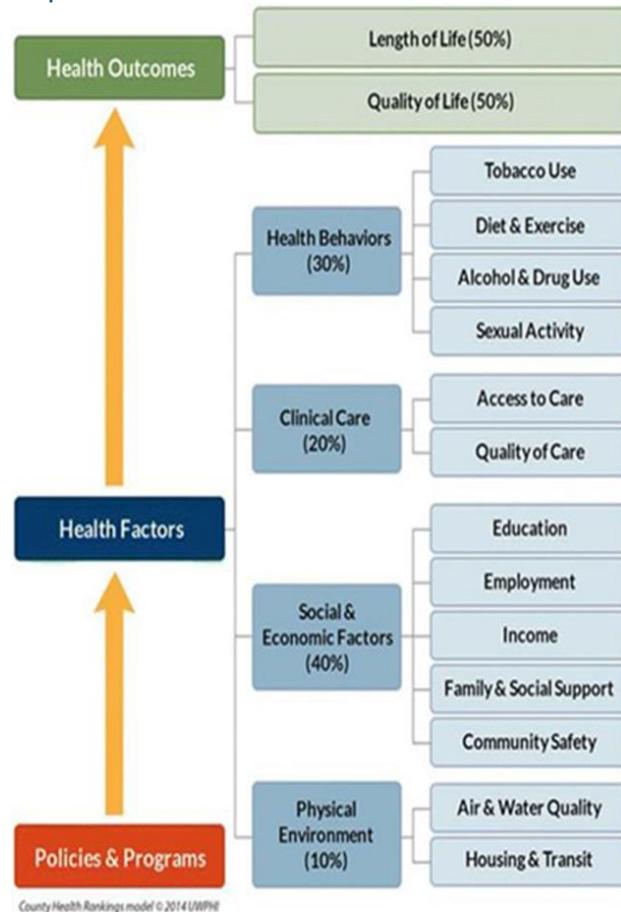
Areas to Explore
Needs Attention

Areas of Strength
Doing Good

Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Chapter 7 County Health Ranking Indicators

Population Health Model

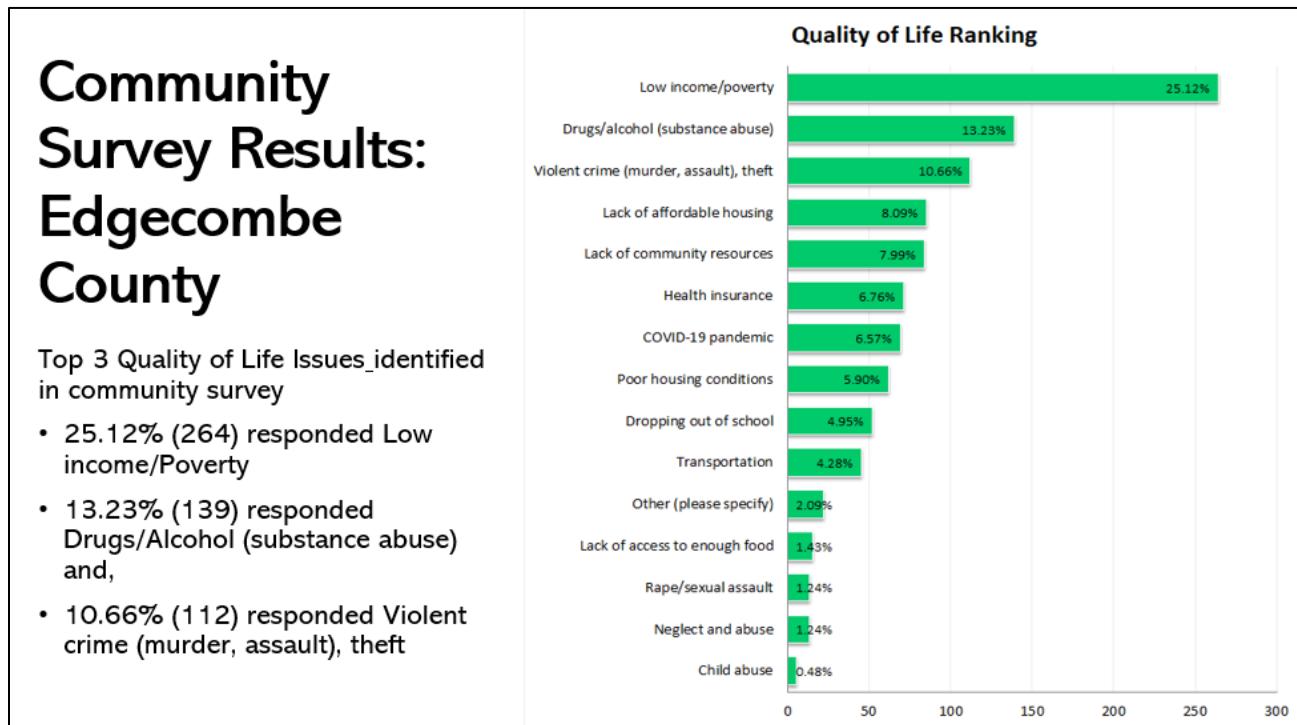


County Health Rankings model © 2014 UWHC

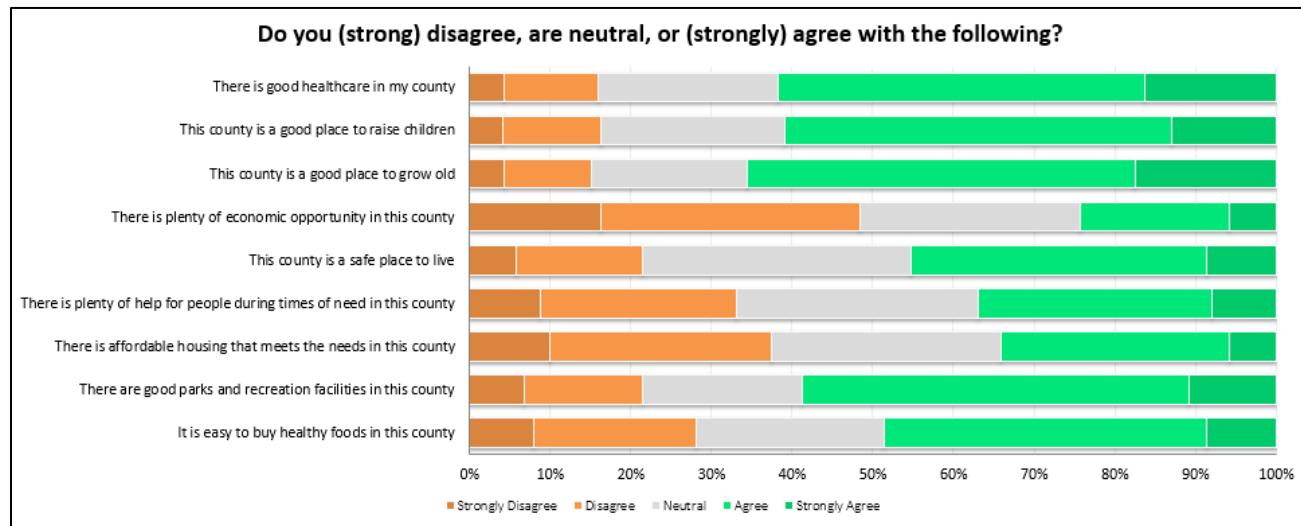
The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8 Survey Findings



This graph shows the list of community issues that were ranked by residents from the community survey as most affecting the quality of life in Edgecombe County. Low income/ Poverty was the most frequently selected issue and was ranked by 25.12% of survey respondents, followed by 13.2% responding that drugs (substance abuse) was the second most quality of life issue. Survey respondents ranked Violent Crime (Murder, Assault), theft as the third issue most affecting quality of life in Edgecombe County. Less than 1% of survey respondents selected Child abuse as issues most affecting the quality of life in Edgecombe County.

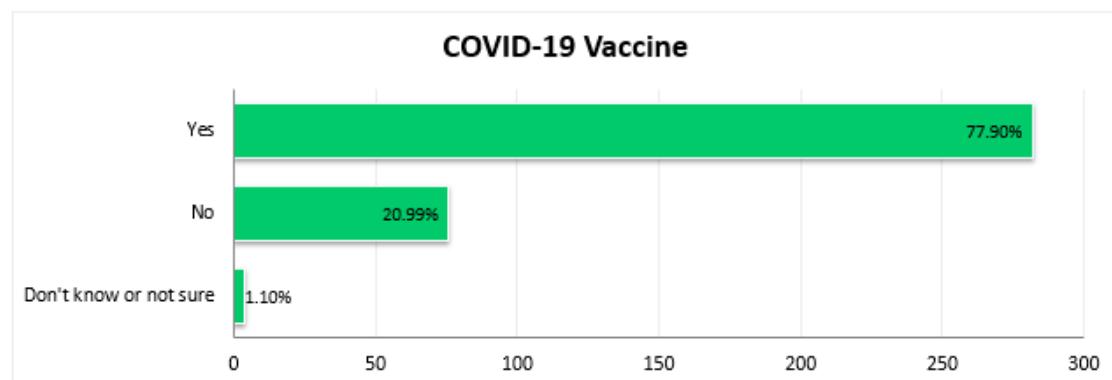


This graph shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county.

For example, in the first question, when asked, “there is good healthcare in my county,” less than 20% of people either strongly disagreed or disagreed, while more than 50% agreed and strongly agreed.

In a question, when asked, “there is plenty of economic opportunity in this county,” more than 40% of people either strongly disagreed or disagreed, while less than 30% agreed or strongly agreed.

QUESTION: Have you had a COVID-19 vaccine?



Note: Community survey was distributed between April 1 and June 30, 2021.

This community survey question asked people if they had received a COVID-19 vaccine.

Between April 1 and June 30, 2021, nearly 78% of participants reported being vaccinated for COVID-19, while 21% had not been vaccinated.

Chapter 9 Inventory of Resources

The Edgecombe County Health Department regularly updates a comprehensive community resource guide that includes the following but is not limited to:

- Adoption
- AIDS
- Behavioral Health Services
- Child Care
- Counseling Services
- Disabled Citizens Services
- Education
- Emergency Services
- Environmental Health
- Financial Assistance
- Food
- Health Services
- Homebound Services
- Housing
- Job Services
- Legal Services
- Literacy Programs
- Pregnancy Services
- Professional Resources
- Senior Citizens Services
- Substance Use Services
- Support Groups
- Transportation
- Youth Development Services

This resource guide is disseminated to the community and can also be provided upon request.

Chapter 10 Community Prioritization Process

On December 6, 2021, members of the Edgecombe County Health Department, Vidant Edgecombe Hospital and Edgecombe County Rural Health Network met to discuss the Community Health Needs Assessment. Facilitated by Rural Forward NC, 22 individuals were present at the priority setting meeting. This meeting was held virtually via Zoom due to COVID-19. Assessment results were shared and a formal process was utilized to determine Edgecombe County's community health priorities. Assessment data (primary and secondary) were shared with key stakeholders. Stakeholders reviewed the information, asked questions, and shared additional data from their respective organizations. Following a comprehensive review of all data provided, participants were separated into breakout groups to further discuss the issues identified by the survey.

The group first joined breakout groups to identify the top most critical challenges identified by the data as well as their own personal experiences in healthcare. In addition, breakout groups identified strengths of this group/community to address these challenges.

Once the breakout sessions ended, the entire group reconvened for further discussion on the priorities to be selected.

Strengths identified were:

1. Strong partnerships and connections between healthcare providers and other community organizations;
2. An abundance of lived experience in providing "boots on the ground" response;
3. A variety of options and resources for both insured and uninsured residents of Edgecombe County;
4. A tight community with strong skills in collaboration and networking;
5. This group has skills in data literacy and a strong background in understanding health issues;
6. Strong community organizations doing relevant work, such as the Parks and Recreation Department.

The top most critical problems identified were:

1. Substance use and mental health
2. Hepatitis rates and reporting
3. Poverty level
4. Workforce hiring policies
5. Disparities in outcomes for the African American population
6. Food insecurity
7. Overdose
8. Chronic disease
9. Lack of affordable housing
10. Low safety levels

Following additional discussion, participants were then guided through a nominal group technique (NGT) where decision-making could be finalized. The nominal group technique was utilized to assure everyone's feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, some priorities were combined as appropriate to finalize the top health priorities for Edgecombe County. As a result of this process, ECHD and VEDG will work to develop action plans addressing the top community health issues. The group also chose to identify several themes across the problems, and identified those underlying issues as the priorities to be addressed.

The final three priorities chosen were:

1. Substance use, mental health, and overdose – the group suggested open conversations around problematic workforce hiring policies.
2. Social determinants of health – the group discussed specific focus on food insecurity, lack of affordable housing, poverty levels, lack of transportation, and low safety levels/high crime rates.
3. Health disparities and health equity – the group observed that specific groups were disproportionately affected by certain health concerns and aims to address differences in health needs based on race, age, income, and other identities.

CHNA References

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data	Health ENC Report	2020-2021
Questions – Quality of Life, Behavior		
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019

Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021

Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

[2021 Community Health Needs Assessment \(English\) \(Clickable Link\)](#)

[2021 Community Health Needs Assessment \(Spanish\) \(Clickable Link\)](#)

Appendix B. HNC 2030 State and County Data (December 2021)

[FHLI/DPH will provide updated county level data previously shared with ECU/LHDs.]

Indicators / Measures	Edgecombe	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost)	12,800	7600
Low Birthweight (% < 2500 grams)	13%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% of adults, age adjusted, smokers)	26%	18%
Adult Obesity (% of adults, BMI greater than 30 kg/m ²)	40%	32%
Excessive drinking	14%	18%
Sexual Transmitted infections (Chlamydia cases per 100,000 pop)	985.80	647.80
Teen Births (Number births per 1,000 15-19 yrs old)	41	22
Clinical Care		
Uninsured (% of pop <65 without insurance)	13%	13%
Primary Care Physicians (ratio of pop to primary care docs)	2890 to 1	1400 to 1
Preventable hospital stays	5760	4539
Mammography Screening	49%	46%
Flu Vaccinations (% of fee for service Medicare enrollees, got flu shot)	52%	52%
Social & Economic Factors		
High School Completion (% 25 and older with HSD or equiv)	81%	88%
Some College	51.00%	67.00%
Unemployment (% 16 or older seeking work)	5.90%	3.90%
Children in Poverty	33.00%	19.00%
Income inequality (ratio of household income 80:20 percentile)	5.50%	4.70%
Children in single parent households	48.00%	28.00%
Violent crime	481	351.0
Injury deaths	109	77
Physical Environment		
Air Pollution - particulate matter	8.3	8.5
Severe Housing problems	19%	15%

Areas to Explore
Needs Attention

Areas of Strength
Doing Good

