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Stronger Together

A 34-County Model for Collaborative Health Assessment in Eastern North Carolina

Emily McCallum, MPH, CAPM

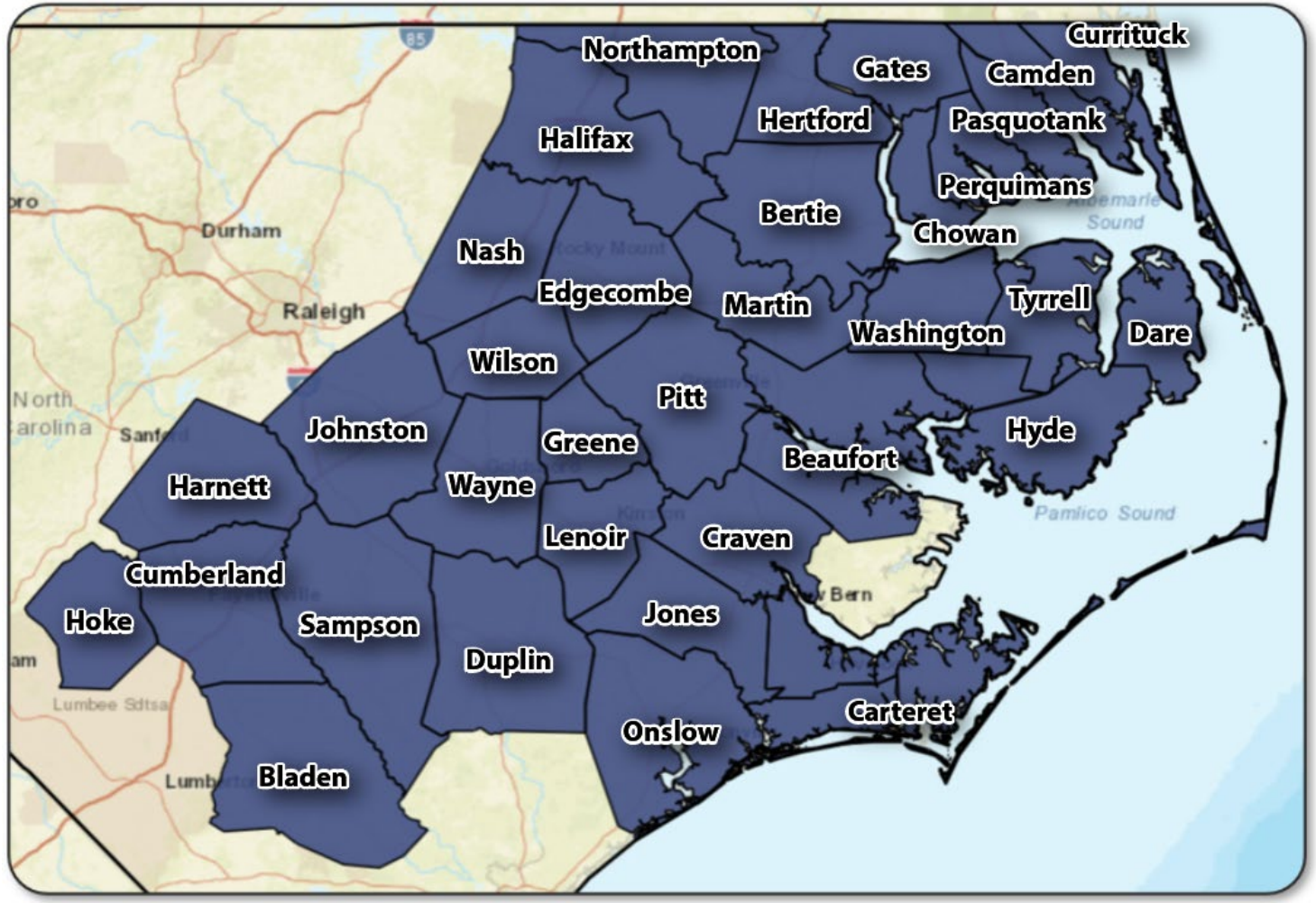
Introduction

WHAT IS THE PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT?

A CHNA is a **regulatory requirement** for health departments and non-profit hospitals, but it also:

- Helps foster **collaboration** and **coordination** among key local health organizations
- Develops stronger local **partnerships**
- Increases **knowledge** and **awareness** of population health and well-being
- Identifies local **strengths** and **weaknesses** that can be leveraged or addressed through the CHIP

HEALTH ENC CHNA OVERVIEW



Health ENC
Working Together for a Healthier Eastern North Carolina

ASCENDIENT

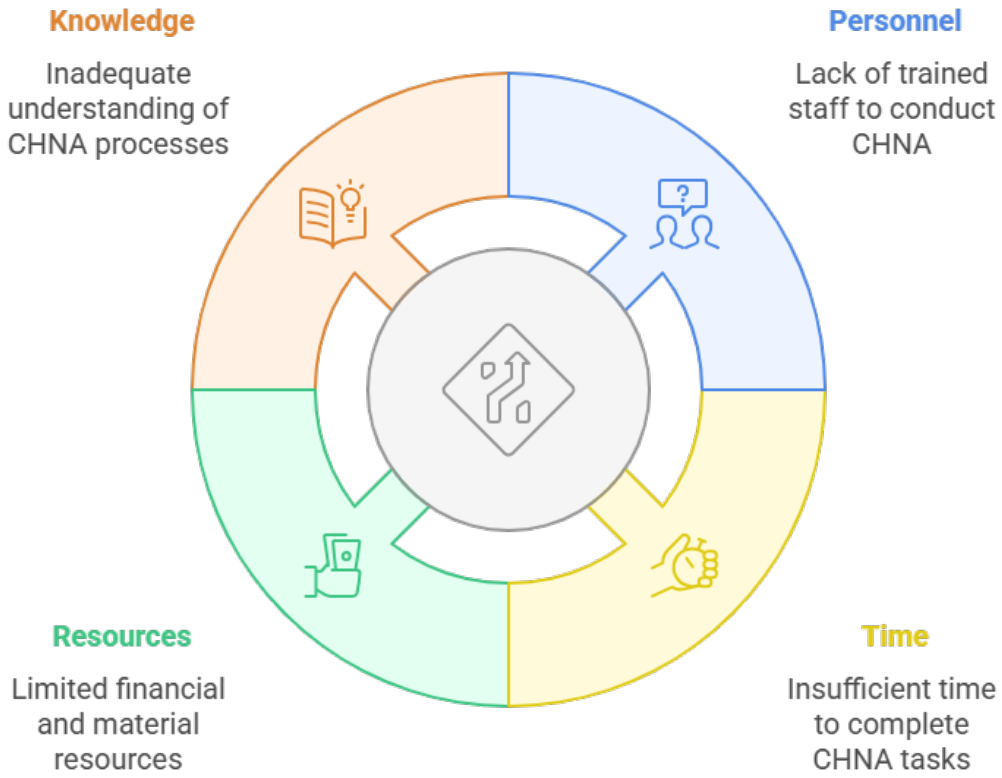
County Hospitals & Health Departments

- **2.1 million residents**
- **21,000 square miles**

Project Goals

- Develop individual county reports that satisfy state and federal regulatory requirements
- Build local capacity for health assessment
- Ensure robust community engagement
- Overcome barriers for resource-limited counties

What gets in the way of completing a CHNA?

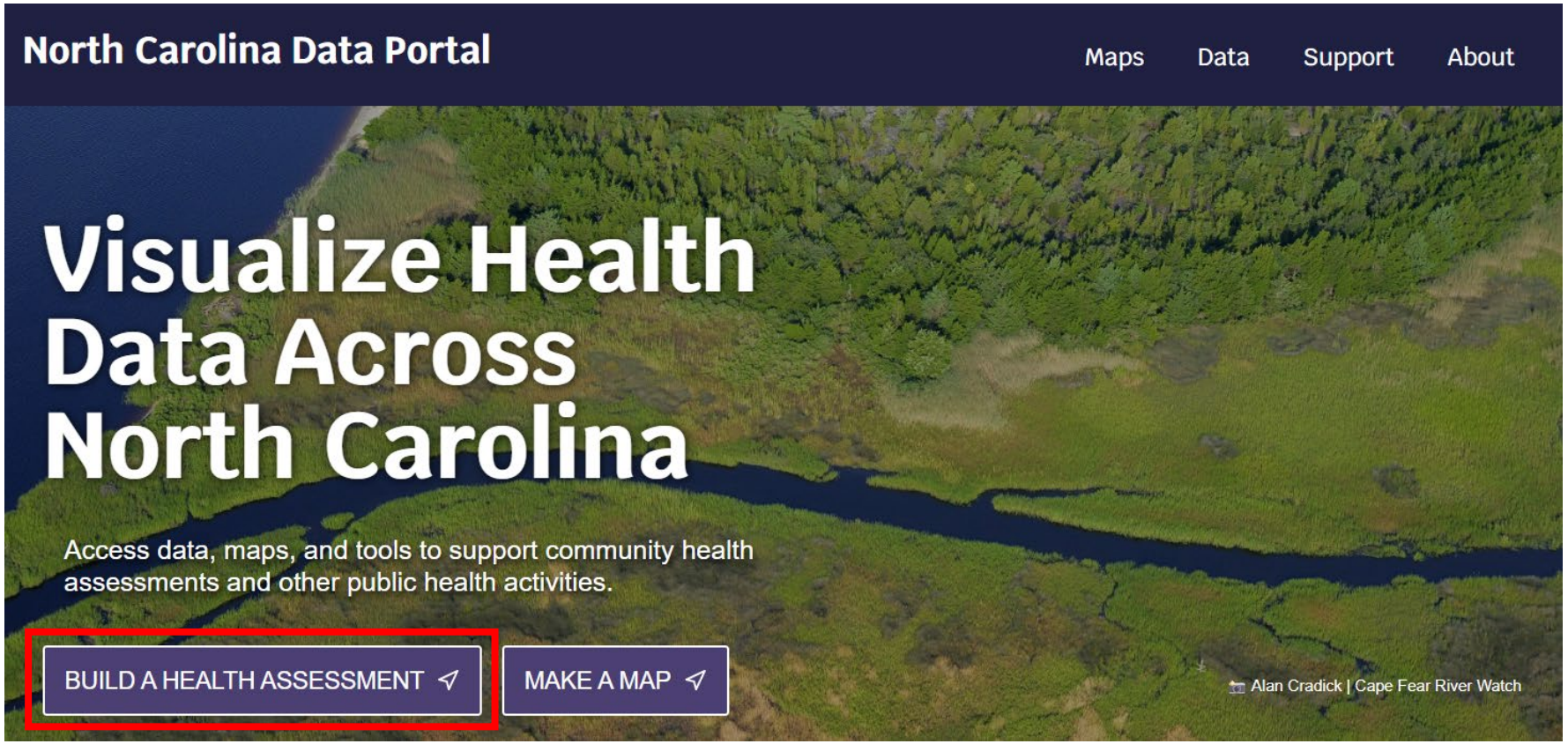


The North Carolina Data Portal

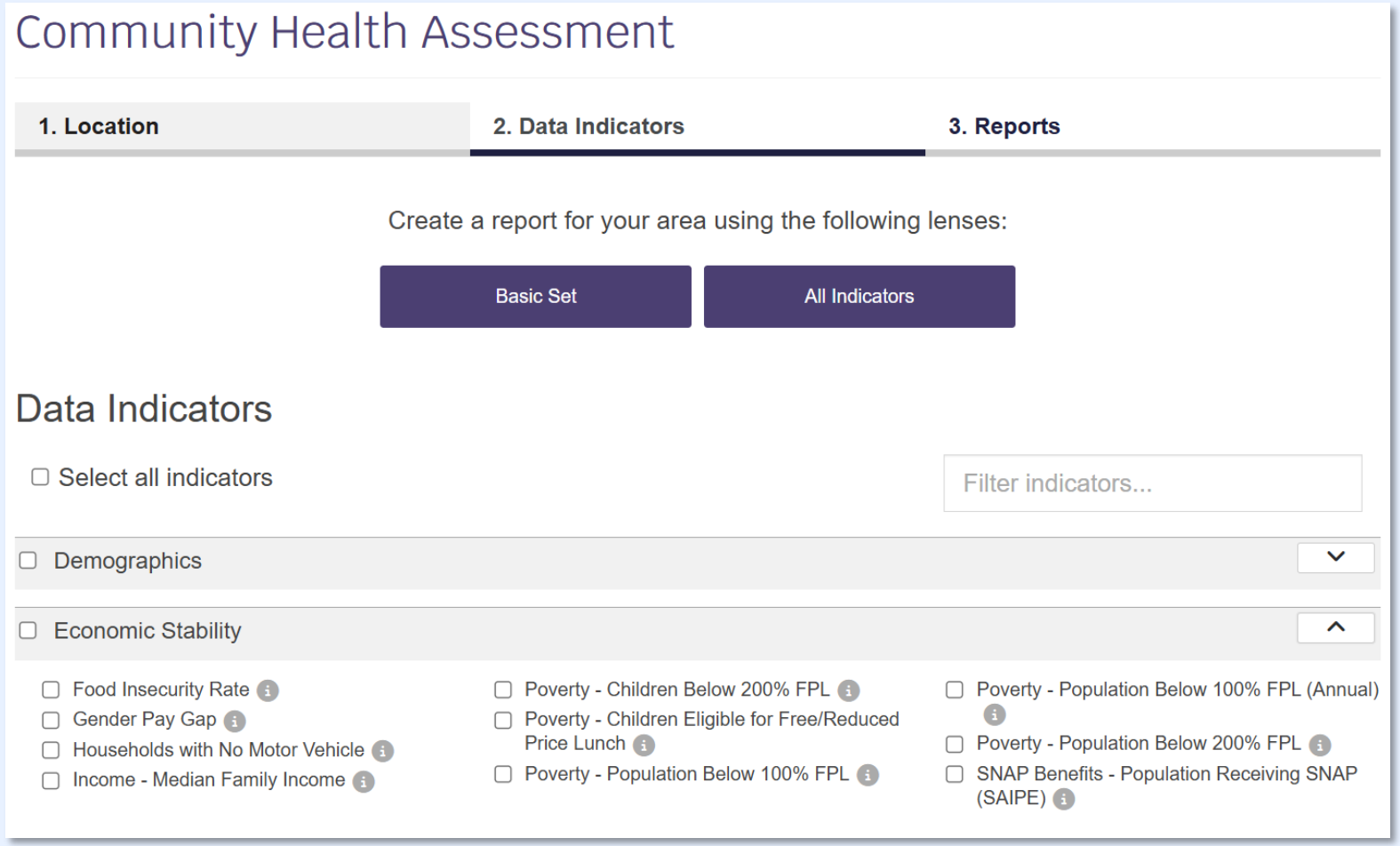
INTRODUCTION TO THE NORTH CAROLINA DATA PORTAL

Secondary data was primarily sourced using the new North Carolina Data Portal, which came online in late April 2024. The data portal was developed by the State and MissouriCARES.

- Over 120 standardized health indicators
- Cost-free access for all counties
- First large-scale test case during this regional CHNA
- Enables consistent year-over-year comparisons
- Contains Healthy NC 2030 indicators



NC DATA PORTAL CATEGORIES



- Demographics
- Economic Stability
- Employment
- Education
- Social Support
- Neighborhood and Built Environment
- Physical Environment
- Healthcare/Clinical Care
- Health Behaviors
- Health Outcomes

NC DATA PORTAL OUTPUT

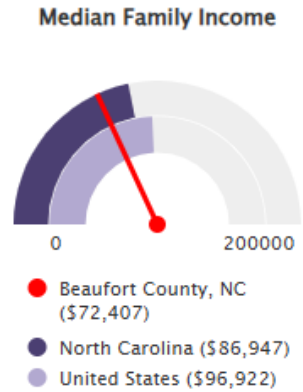
Income - Median Family Income

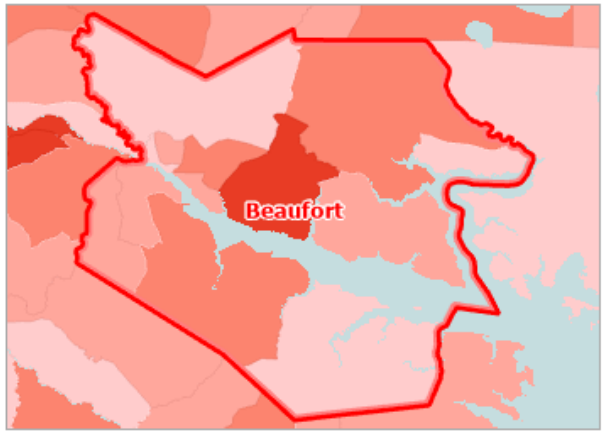
This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Beaufort County, NC	12,885	$92,226.47	**$72,407**
North Carolina	2,699,070	$116,074.22	$86,947
United States	82,220,165	$130,215.11	$96,922

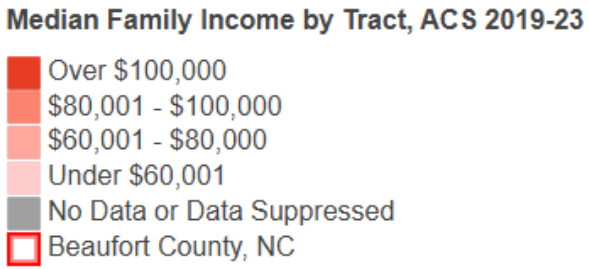
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2019-23. ➞ *Show more details*





View larger map



NC DATA PORTAL OUTPUT - DETAIL

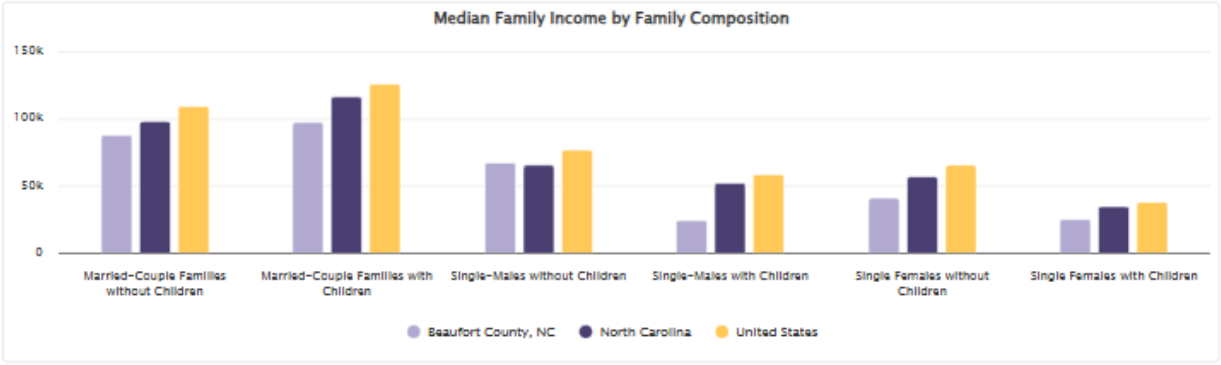
Where available, the NC Data Portal includes detailed information about each indicator, which might include breakouts by:

- Race/ethnicity
- Gender
- Age group
- Family composition
- Granular geographic information
- Trends over time

Median Family Income by Family Composition

Report Area	Married-Couple Families without Children	Married-Couple Families with Children	Single-Males without Children	Single-Males with Children	Single Females without Children	Single Females with Children
Beaufort County, NC	$87,593	$97,297	$66,833	$24,233	$40,864	$25,104
North Carolina	$98,253	$116,322	$65,813	$52,143	$56,570	$34,597
United States	$108,907	$125,939	$76,813	$58,509	$65,140	$37,937

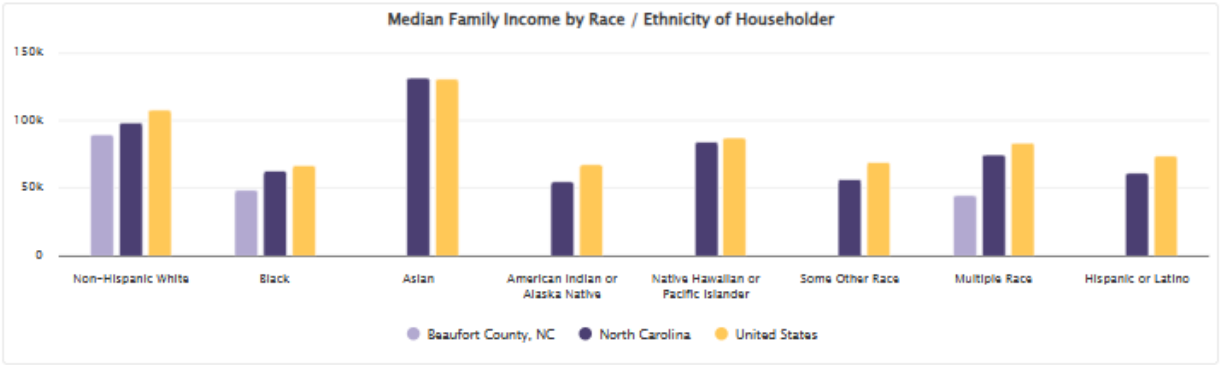
Data Source: US Census Bureau, American Community Survey. 2019-23. ➞ *Show more details*



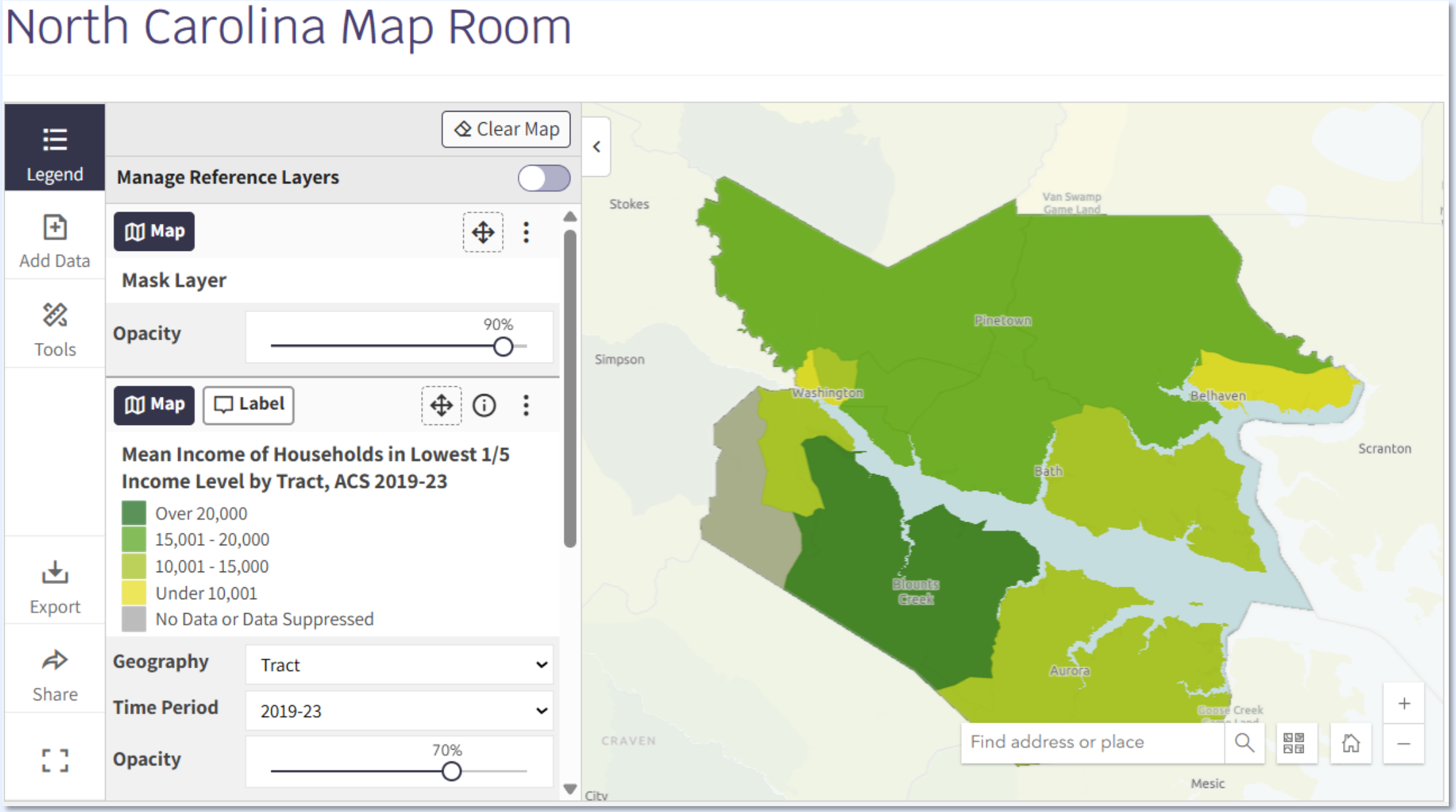
Median Family Income by Race / Ethnicity of Householder

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Beaufort County, NC	$89,228	$48,558	No data	No data	No data	No data	$44,643	No data
North Carolina	$98,328	$62,537	$131,156	$54,560	$84,347	$56,133	$74,716	$61,338
United States	$107,534	$66,727	$130,300	$67,685	$87,248	$68,850	$82,964	$73,568

Data Source: US Census Bureau, American Community Survey. 2019-23. ➞ *Show more details*



NORTH CAROLINA DATA PORTAL

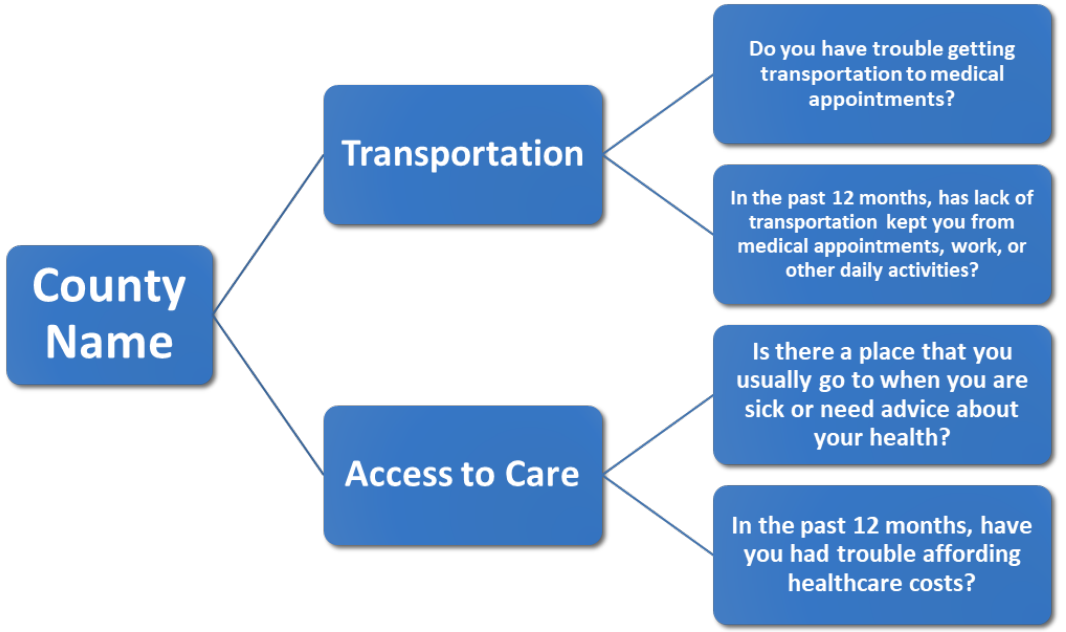


Community Web Survey

COMMUNITY MEMBER WEB SURVEY APPROACH

A targeted approach was used to develop the community web survey. This approach was a blend of traditional community health opinion surveying and topic-specific question sets counties could select from.

- What are the three most important health problems that affect the health of your community?
- What are the three most important social or environmental problems that affect the health of your community?
- What are the three most important reasons people in your community do not get health care?



COMMUNITY SURVEY DISTRIBUTION

- Counties were responsible for distributing their survey in the community
  - Survey link, QR code, and English and Spanish paper copies
- Distribution approaches included:
  - County health department websites
  - Hospital and health system platforms
  - Community events and gatherings
  - Vaccination clinics and health fairs
  - Social media outreach
  - Paid media campaigns (billboards, print advertisements)
- Convenience sampling contributed to data limitations in some communities

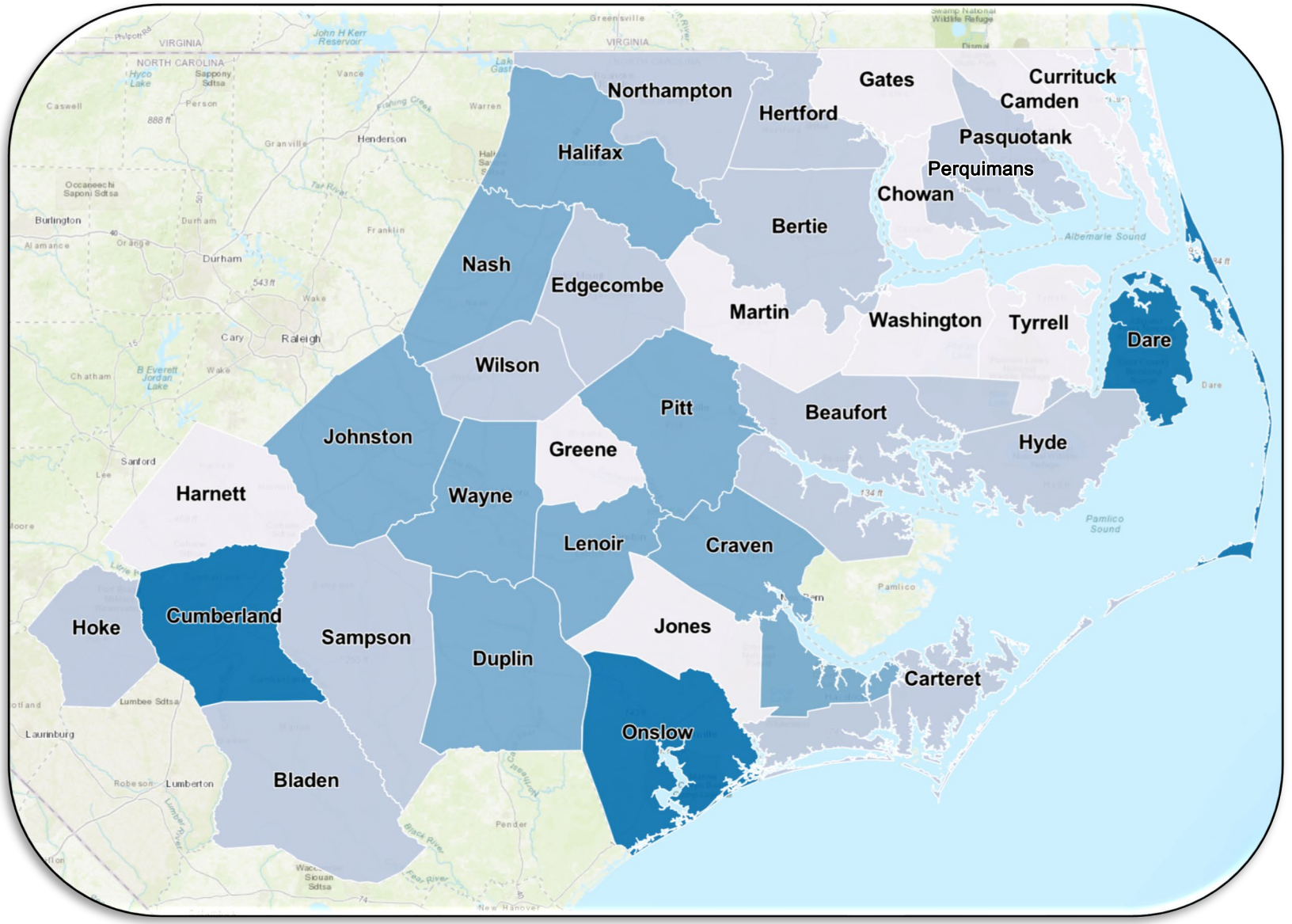
COMMUNITY SURVEY RESPONSE TARGETS

Resource limitations meant that counties were reliant on convenience sampling to gather responses to the community member survey.

County			Race/Ethnicity							% of adult population by Age/Sex							
			White	Black	Hispanic	Indigenous	Asian	Pacific Islander	Other	18-24 M	18-24 F	25-44 M	25-44 F	45-64 M	45-64 F	65+ M	65+ F
Cumberland	Population	337,037	38.8%	36.9%	12.4%	1.4%	2.9%	0.4%	7.1%	8.5%	8.5%	18.8%	19.0%	12.9%	14.8%	7.6%	10.0%
	Target	384	149	142	48	6	12	2	28	33	33	73	73	50	57	30	39
Halifax	Population	47,468	38.6%	51.0%	3.2%	3.4%	0.6%	0.0%	3.2%	4.7%	4.7%	15.2%	14.7%	15.9%	17.4%	11.8%	15.6%
	Target	382	148	195	13	13	3	1	13	18	18	58	57	61	67	46	60
Hyde	Population	4,404	63.0%	25.2%	8.1%	0.2%	0.2%	0.0%	3.4%	5.5%	5.5%	19.6%	12.1%	16.4%	14.3%	12.5%	14.2%
	Target	354	223	90	29	1	1	1	12	20	20	70	43	58	51	45	51

- Survey sample sizes and estimates were developed using the OpenEpi website calculator.
  - Outcome factor: 50%
  - Confidence level: 95%
  - Design effect: 1.0
- Counties were provided with a community survey sample methodology file containing these estimates.
- Each Monday while the survey was open, counties received an update on survey responses received to date.

COMMUNITY SURVEY RESPONSE RATES

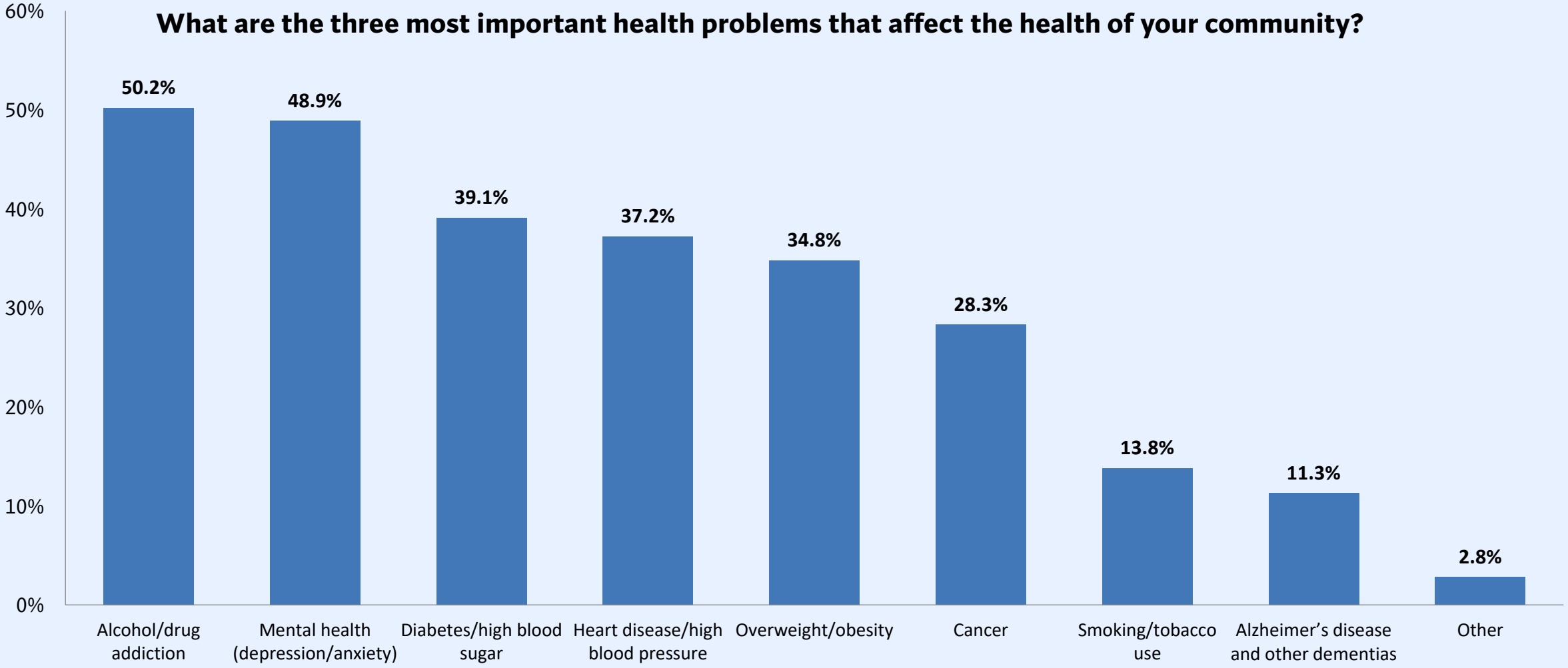


Number of Respondents by County

- 49 - 229
- 230 - 478
- 479 - 759
- 760 - 1256

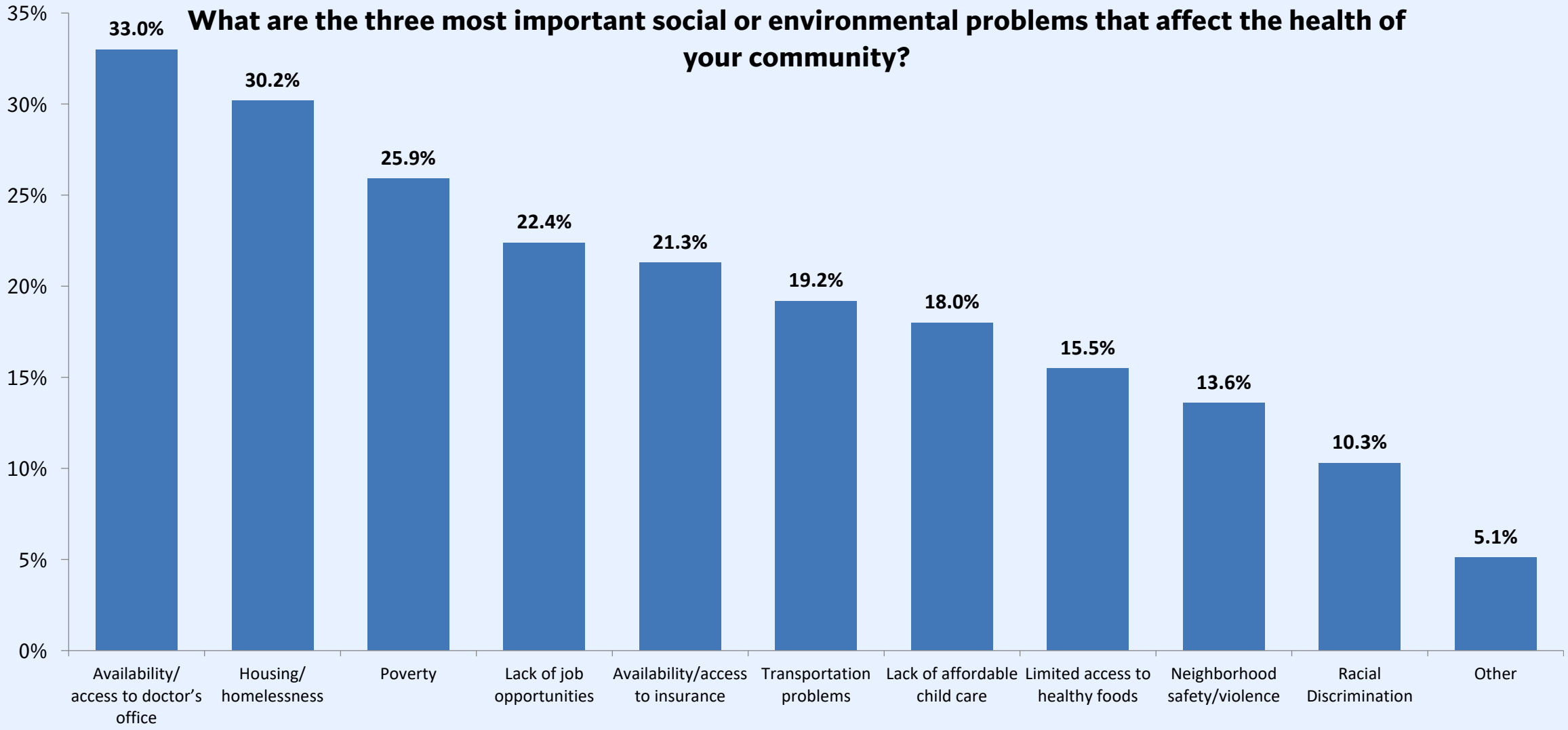
N=15,508

COMMUNITY SURVEY RESULTS: HEALTH CONCERNS



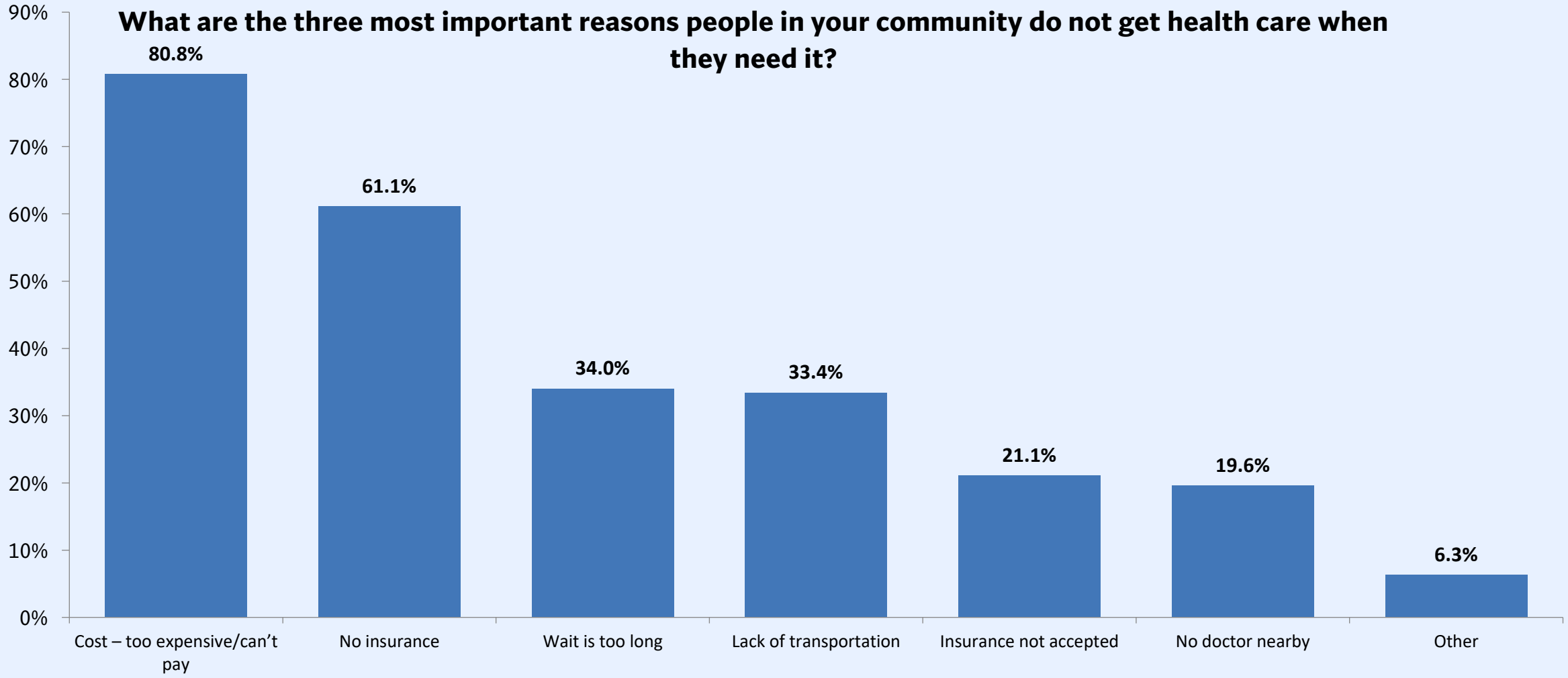
N=14,894

COMMUNITY SURVEY RESULTS: SOCIAL AND ENVIRONMENTAL CONCERNS



N=14,870

Community Web Survey Results: Barriers to Care



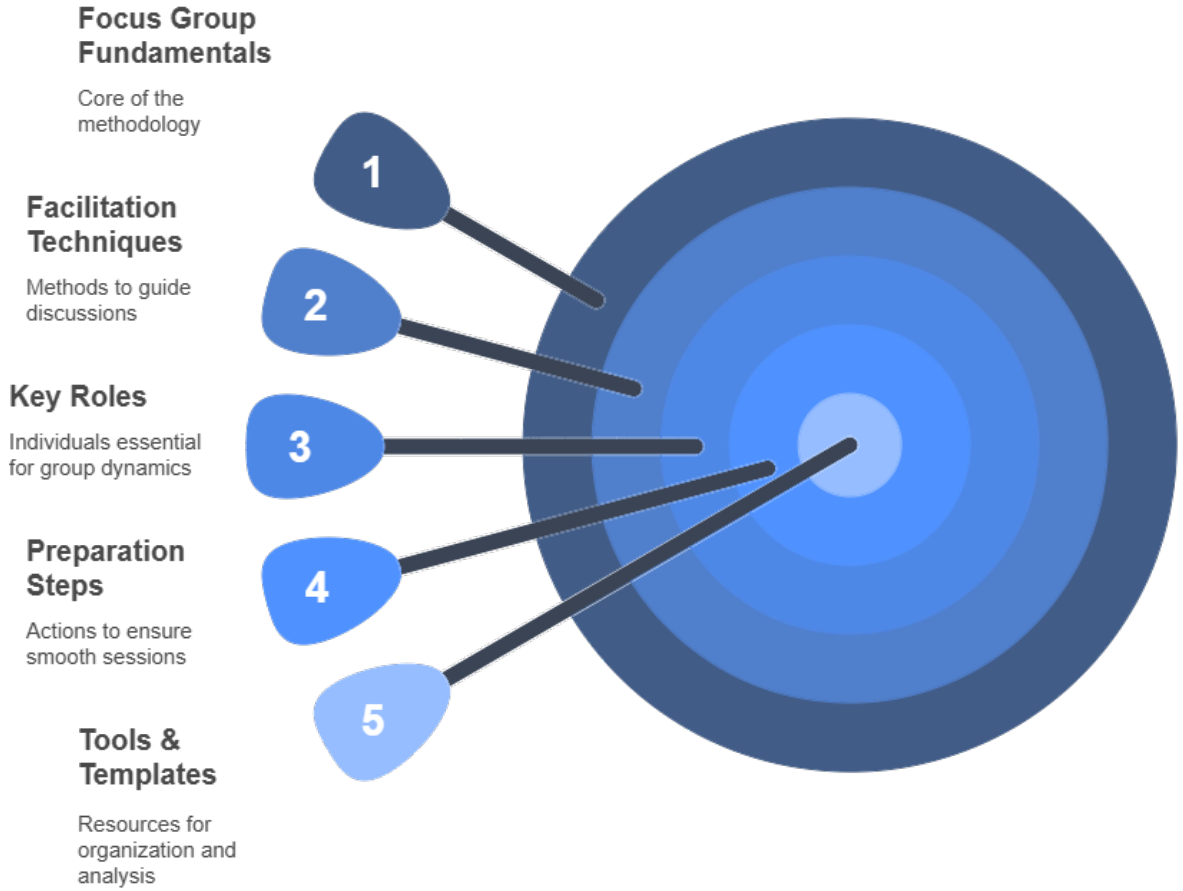
N=14,882

Partner Training & Capacity Building

Focus Group Facilitation

Focus Groups

- A training session was provided to all county partners in April 2024
- Training emphasized the inclusion of hard-to-reach populations
- Counties facilitated focus groups using provided templates and materials
- Ascendient analyzed focus group results for inclusion in county reports



FOCUS GROUP DEMOGRAPHICS

- General Community Members
- Community-Based Organizations
- Seniors/Older Adults
- Healthcare Professionals
- Spanish-speaking Community Members
- Students/Young Adults
- Migrant Farmworkers
- Low-Income Patients
- Faith Communities/ Religious Groups
- School Staff/Education Professionals
- Parents
- Individuals with Chronic Health Conditions
- Behavioral Health/Recovery Groups
- Unhoused Population
- Military Servicemembers

COMMON THEMES ACROSS FOCUS GROUPS

- High cost of care and medications
- Long wait times for appointments
- Lack of specialists and providers
- Insurance coverage challenges
- Language barriers and lack of bilingual providers
- Transportation barriers to accessing care

Healthcare Access & Quality

- Limited or no public transit options
- Existing options are often cost-prohibitive
- Particularly impacts rural residents, elderly, and low-income populations
- Barriers to accessing healthcare, healthy food, and employment

Transportation & Transit

- Lack of well-paying jobs
- High cost of living relative to wages
- Expensive childcare costs
- Poverty impacts overall health outcomes
- Limited economic opportunities in rural areas

Employment & Income

- Food deserts in communities
- High cost of healthy foods
- Limited grocery store access in rural areas
- Need for nutrition education
- Cultural and generational eating habits impact health
- Prevalence of unhealthy fast-food options

Food Access & Security

- Limited access to mental health providers
- Stigma around mental health care
- High levels of stress, anxiety, and depression
- Need for more behavioral health resources
- Particular concern for youth mental health

Mental Health

- Lack of affordable housing
- High rental costs
- Poor housing conditions
- Growing homeless population
- Limited resources for homeless individuals
- Housing costs driven up in some areas by military presence or tourism

Housing & Homelessness

Partner Training & Capacity Building

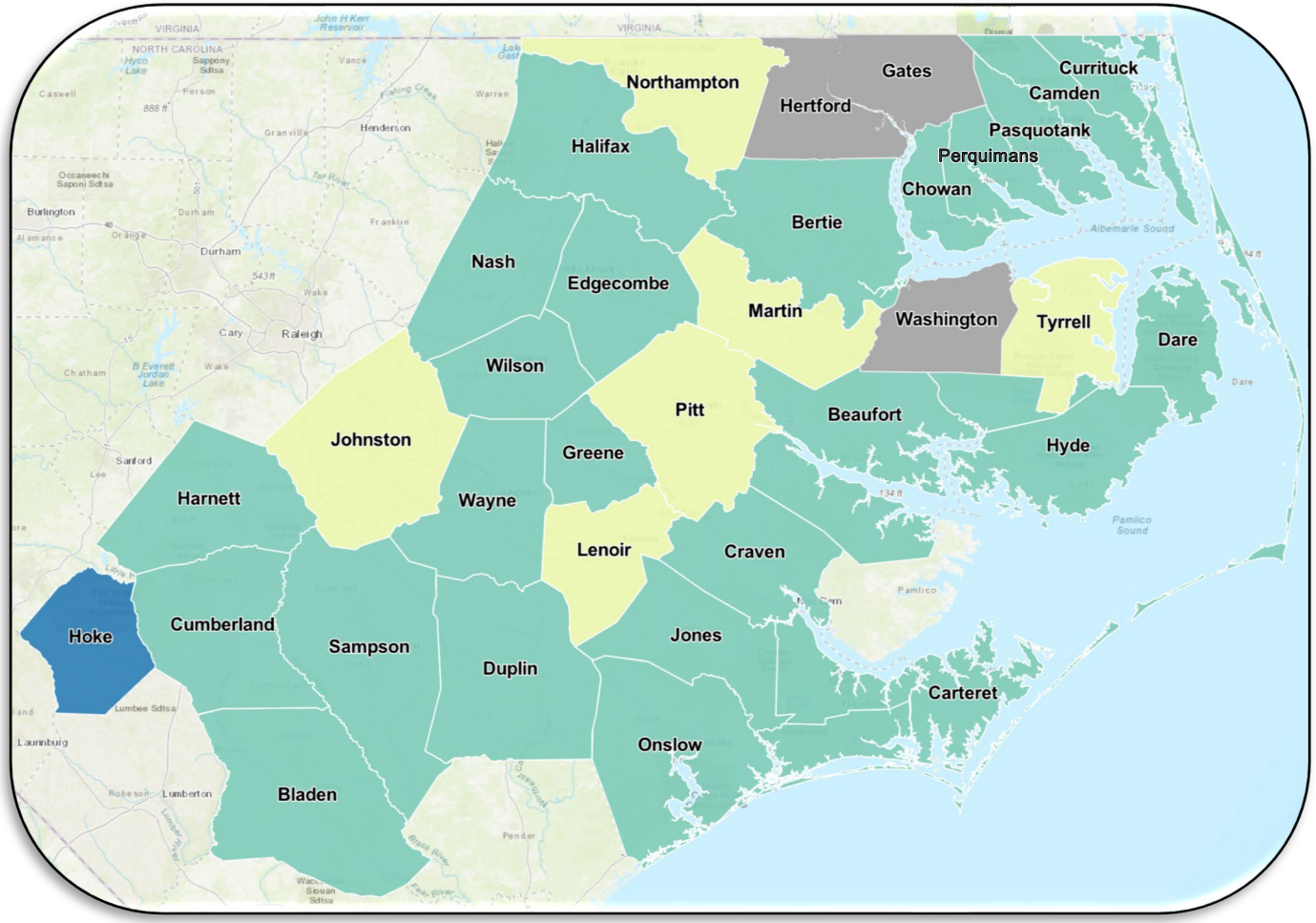
Prioritization of Needs

Prioritization

- A training session was provided to all county partners in August 2024
- Training focused on several priority-setting methodologies and interpretation of data
- Counties used a provided PPT template to develop and facilitate their prioritization meetings
- Prioritization results were submitted to Ascendient for final report development

PRIORITY NEED AREA: BEHAVIORAL HEALTH

A total of 31 ENC counties selected at least one priority need area focused on behavioral health. Most counties prioritized both mental health and substance use, however six counties selected mental health alone and one selected substance use alone.

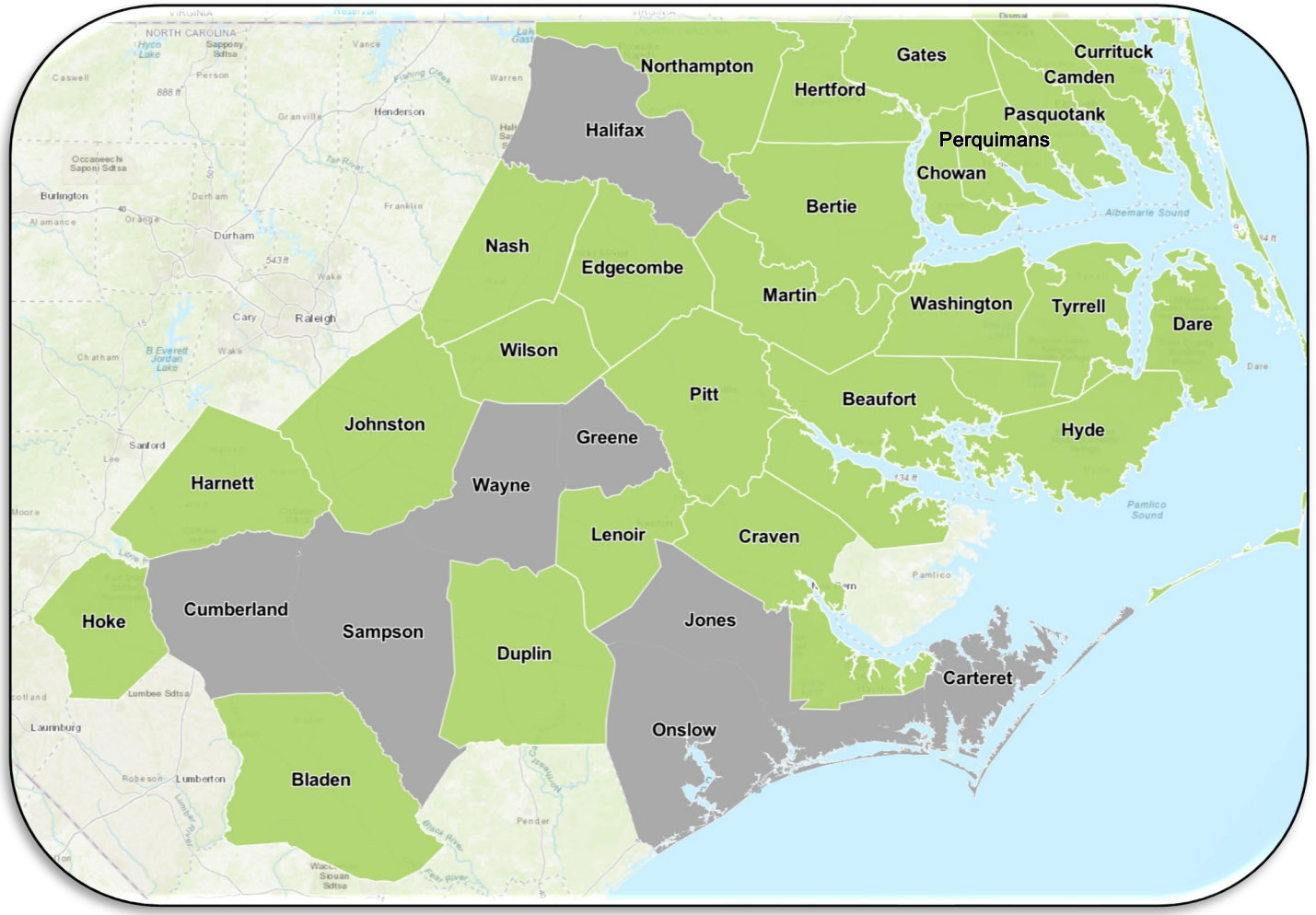


County Priority Need

- Mental Health & Substance Use
- Mental Health
- Substance Use

Priority Need Area: Healthcare Access/Quality

A total of 26 ENC counties selected at least one priority need area focused on healthcare access and/or quality, or access to other needed services in the community.



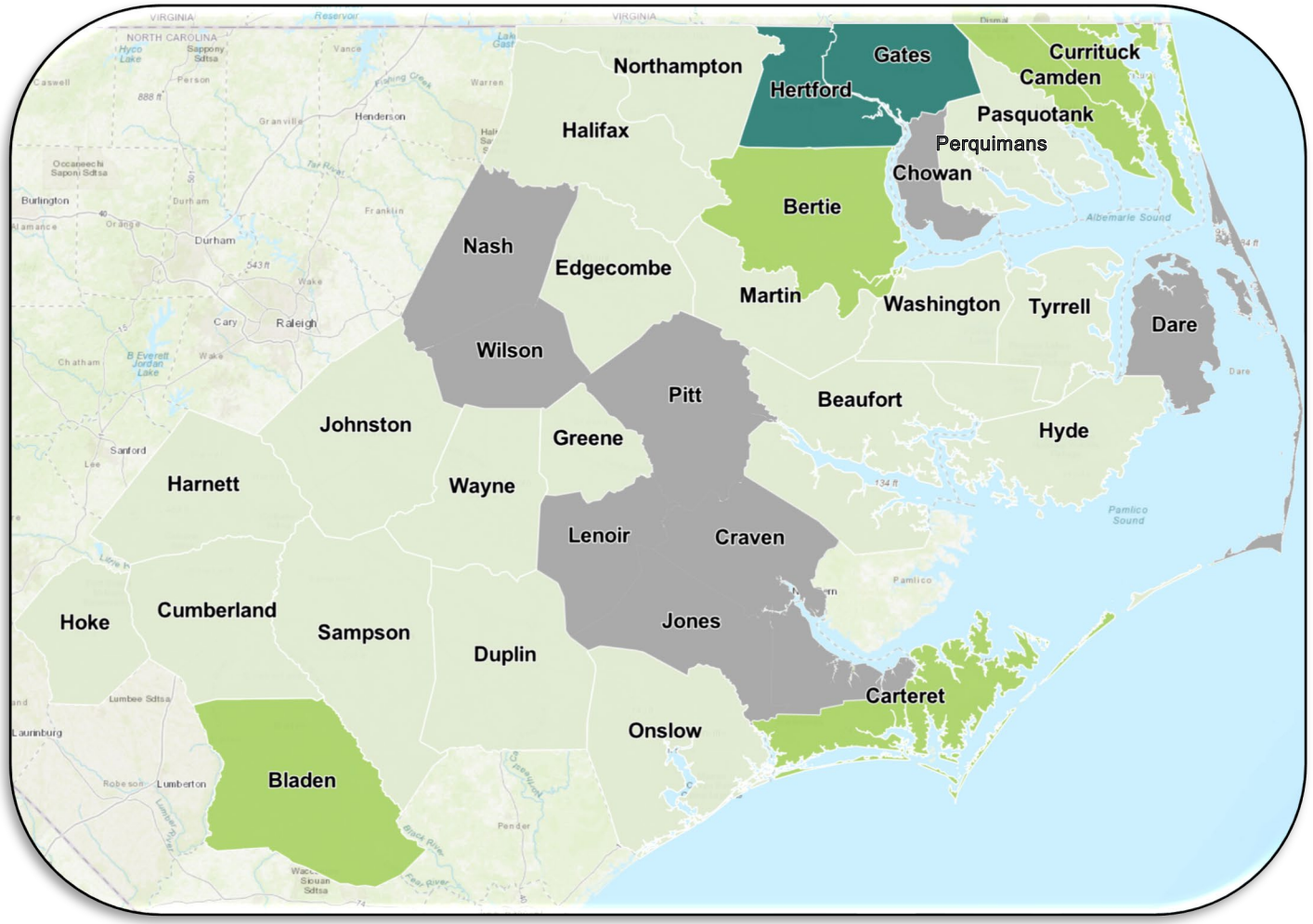
County Priority Need

Healthcare Access/Quality

Note: Sampson County prioritized Access to Addiction/Substance Use Providers and Resources, and Access to Mental Health Providers and Resources. These needs were included on the county Behavioral Health map.

PRIORITY NEED AREA: CHRONIC HEALTH CONDITIONS & HEALTHY LIVING

A total of 21 ENC counties selected at least one priority need area focused on chronic health conditions. A total of seven ENC counties selected a priority need area focused on healthy living, including diet/nutrition, exercise and disease prevention. Two counties selected both Chronic Health Conditions and Healthy Living.



County Priority Need

- Chronic Health Conditions & Healthy Living
- Chronic Health Conditions
- Healthy Living

PRIORITY NEED AREA: OTHER

Fifteen ENC counties selected a priority need area outside of behavioral health, access to care, chronic health conditions or healthy living, as shown below.

Community Wellness & Education (1)

Family, Community & Social Support (2)

Food Access/Security (3)

Maternal & Infant Health (3)

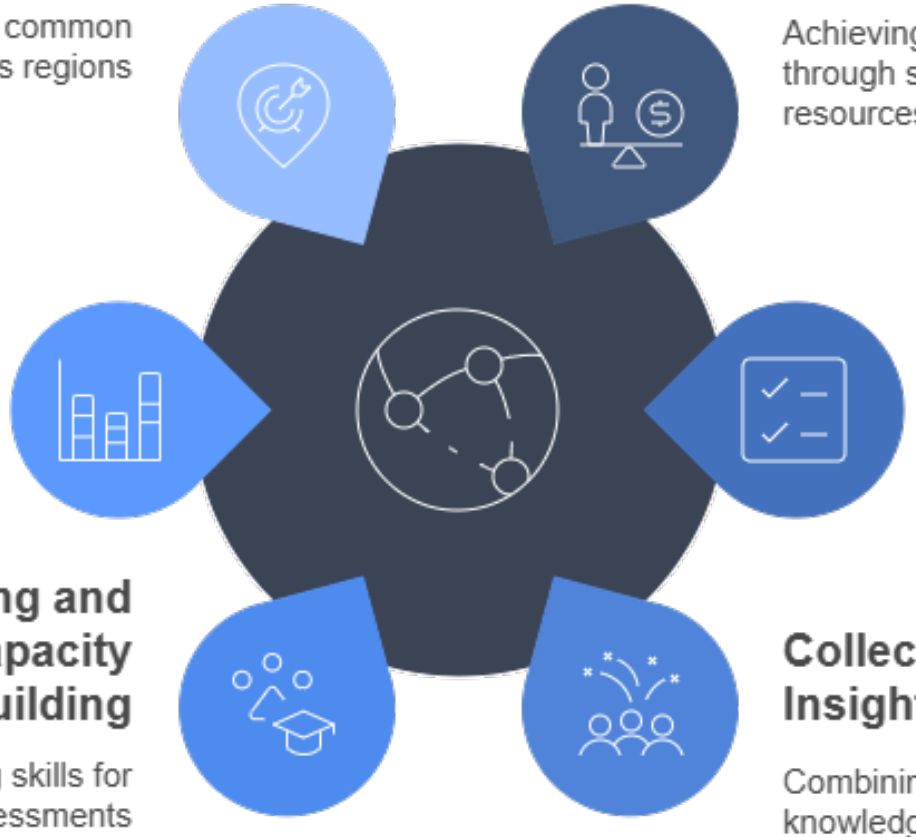
Sexual Health (2)

Social Determinants of Health (2)

Transportation & Transit (2)

Lessons & Replicability

CHNA REGIONAL APPROACH: BUILDING VALUE



Regional Priorities

Identifying common goals across regions

Economies of Scale

Achieving cost efficiency through shared resources

Standardized Data Analysis

Using uniform methods for data interpretation

Consistent Methodology

Ensuring uniformity in processes across regions

Training and Capacity Building

Developing skills for future assessments

Collective Insights

Combining local knowledge for broader understanding

CHNA REGIONAL APPROACH: REPLICATION

- Balance of consistency and customization
- Structured training and support framework
- Weekly communication and progress tracking
- State-provided data resources (NC Data Portal)
- Collaborative stakeholder engagement
- Focus on building long-term local capacity

Conclusion

HEALTH ENC CHNAS: BY THE NUMBERS

Counties

Local Health Departments

Hospitals/Health Systems

Ascendient team members

2

County Partner Trainings

88

Secondary Data Measures

15,508

Total Survey Responses

Focus Groups

Key Informant Interviews

2,935

PPT Slides in County Data Profiles

4,748

Pages of Written Content

HEALTH ENC 2025 REGIONAL PRIORITY MEETING

SPEAKER BIO

Emily McCallum

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Education:

- Master of Public Health, San Diego State University
- B.S. in Family Social Science, University of Minnesota – Twin Cities

Biography:

As a Senior Manager working in Ascendient's Strategy and Public Health practices, Emily coordinates CHNA and other community assessment processes and supports strategic planning and health equity engagements for health departments and health systems in North Carolina and beyond. Emily joined Ascendient full-time in 2023 after relocating from San Diego to Raleigh, North Carolina.

She is a Lean Six Sigma Green Belt, a Certified Associate in Project Management, and a member of the American College of Healthcare Executives and the Triangle Health Executives Forum.

ABOUT ASCENDIENT

Strategy | **Planning** | **Feasibility**

At Ascendient, we work every day on the **leading edge of healthcare transformation**, helping to ensure that every community has **access to effective, affordable, sustainable care**. We help healthcare leaders **"connect the dots"** to keep ahead of emerging trends that threaten their survival and the wellbeing of their customers and patients. We believe that better healthcare management leads to **better healthcare outcomes**. That's what keeps us coming to work every day. We're a **Top 25 national healthcare strategy firm** serving a variety of client organizations across the country.

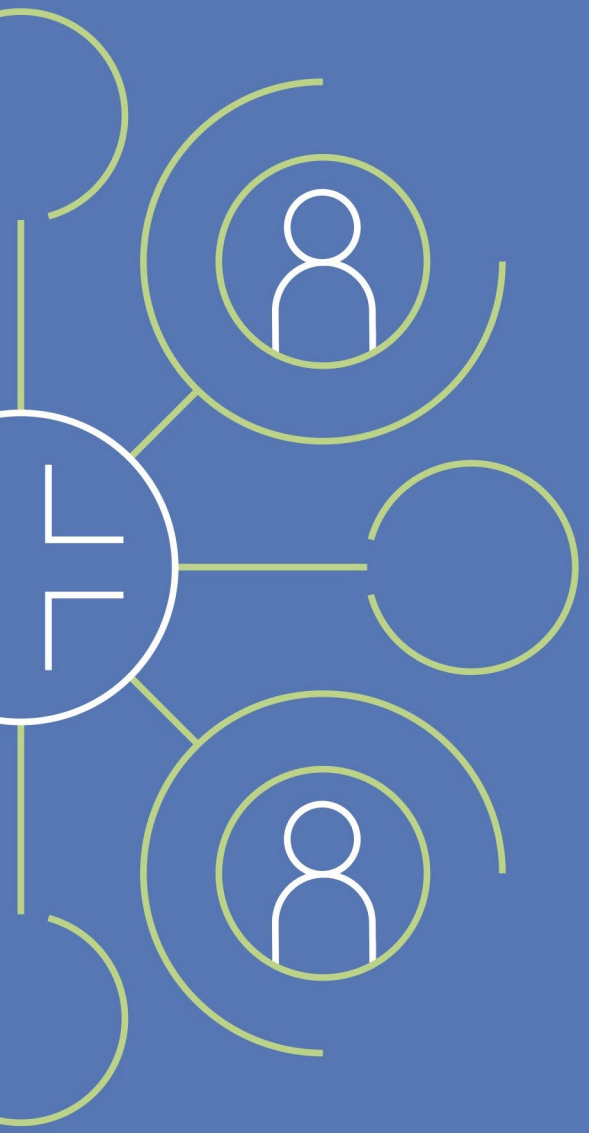
Whom We Serve

Staff Experience

25+

Team members focused solely on health and healthcare clients

Ascendient has **30 years of experience** providing a diverse mix of product offerings, which include strategic plans, community health needs assessments, regional health planning studies, physician strategy/needs assessments, financial feasibility studies, hospital service line strategies and plans, business plans, affiliation strategies, certificate of need applications, and litigation support.



LET'S WORK TOGETHER

TO TRANSFORM PUBLIC HEALTH
IN YOUR COMMUNITY