

Sentara Albemarle Medical Center

Community Health Needs Assessment 2025

Serving Camden County, Currituck County,
Pasquotank County, and Perquimans County residents.



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Executive summary

Sentara Health is proud of our longstanding commitment to the communities served by Sentara Albemarle Medical Center (SAMC). We are committed to the counties in our defined service area of Camden, Currituck, Pasquotank, Perquimans, and surrounding communities.

In this exciting time, it is even more important that we listen to the voices of individuals in the community to better understand the health needs and priorities of those we serve. The Community Health Needs Assessment (CHNA) provides a view of the region's health through a combination of focus groups, a community survey, as well as data on health care utilization and trends.

Work on the 2025 CHNA for SAMC began in 2024. The priorities identified by community members are consistent with previous assessments, as well as assessments conducted in other communities across Virginia and North Carolina. Residents support continued work to improve access to behavioral health services, resources for the management of chronic diseases, and a broad approach to health that includes initiatives addressing social drivers of health, including housing and food security.

Top priorities



Behavioral health



Chronic conditions



Social determinants of health

Sentara conducts comprehensive community health needs assessments every three years for each of our inpatient hospitals and outpatient surgical centers across Virginia and Northeastern North Carolina. This CHNA is an important tool we use to determine community strengths and assets, including community partners, so that we can collectively address the challenges and opportunities identified in this report. These assessments are an essential element in realizing our mission "to improve health every day." They help us to identify barriers to health access so we can more effectively address health disparities in our communities and provide the quality health care that residents deserve.

Looking at the data

Community demographics of the 94,331 persons living in the SAMC service area, which includes the counties of Camden, Currituck, Pasquotank, and Perquimans.

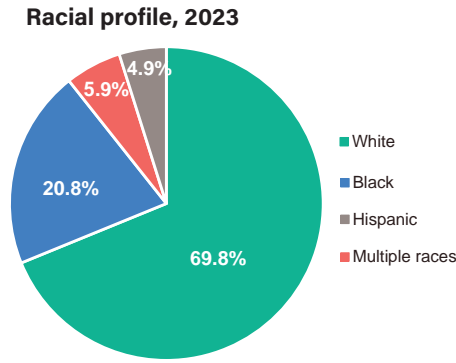


Figure 1

Source: North Carolina Data Portal

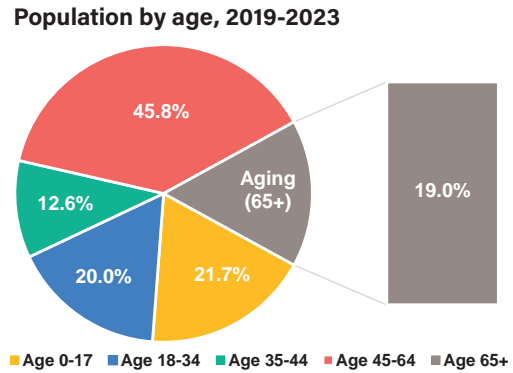


Figure 2

Determinants of health include:

Primary care providers, rate per 100,000 population

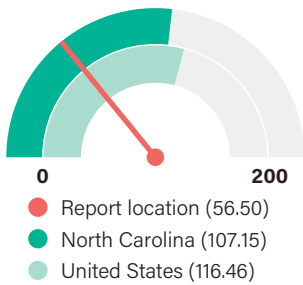


Figure 3

Source: North Carolina Data Portal

Mental health care providers, rate per 100,000 population

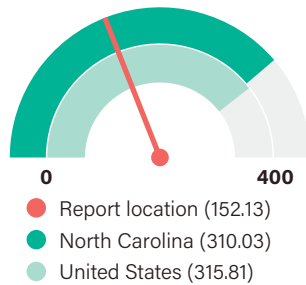


Figure 4

Students feeling homelessness, population

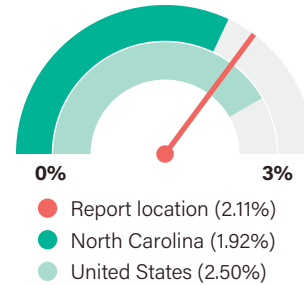


Figure 5

Student scoring 'not proficient' or worse, percentage

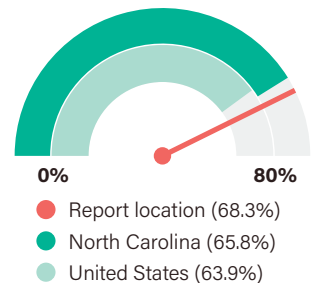


Figure 6

Top health concerns include:

Heart attack patients, 30-day readmission rate

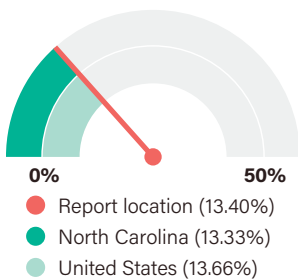


Figure 7

Source: North Carolina Data Portal

Ischemic stroke hospitalizations, rate per 1,000 Medicare beneficiaries

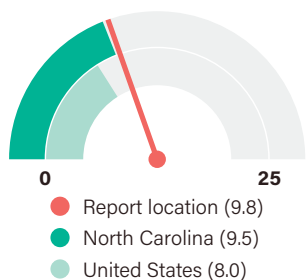


Figure 8

Cardiovascular disease hospitalizations, rate per 1,000 Medicare beneficiaries

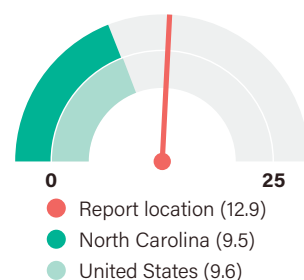


Figure 9

Adults age 18+ with high blood pressure, percentage

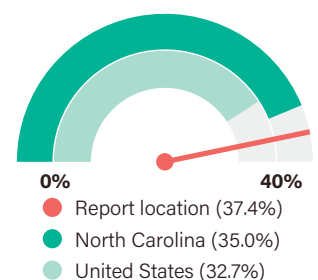


Figure 10

Key findings

This assessment incorporates community demographics and other factors influencing and contributing to the overall health of our communities. The report uses data on health factors, health outcomes, and health indicators from the North Carolina Data Portal.¹ This data has been analyzed in alignment with the County Health Rankings model of community health, which emphasizes the many factors that influence how long and how well we live.²

The County Health Rankings model is a population health model that uses data from a variety of sources to identify strengths and areas of concern to help communities achieve optimal health and wellness outcomes.

Demographics

Of the total population in the service area, 75.7% of residents are White, 23.1% are Black, 4.9% are Hispanic, 1.8% are Asian, and 1.8% are American Indian or Alaska Native.³ Please note that the total exceeds 100% due to rounding and the selection of multiple races in the census. The age profile for the population is slightly different from that of the state, with 33.8% of the population in the service area age 55 or older, compared to 29.8% of the population in the state.³ The overall population in the hospital's service area is declining due to the large population of residents aged 55 and older. The total population in the service area is estimated to increase by 4.2% over the next five years, adding around 4,000 residents.²

Social and economic factors

Sentara recognizes that a community's health outcomes are driven by a variety of factors beyond the clinical care provided in hospitals and other health care settings. Keeping this in mind, our CHNA includes information on education, employment, poverty, and public health insurance enrollment of residents in this community.

County Health Rankings model

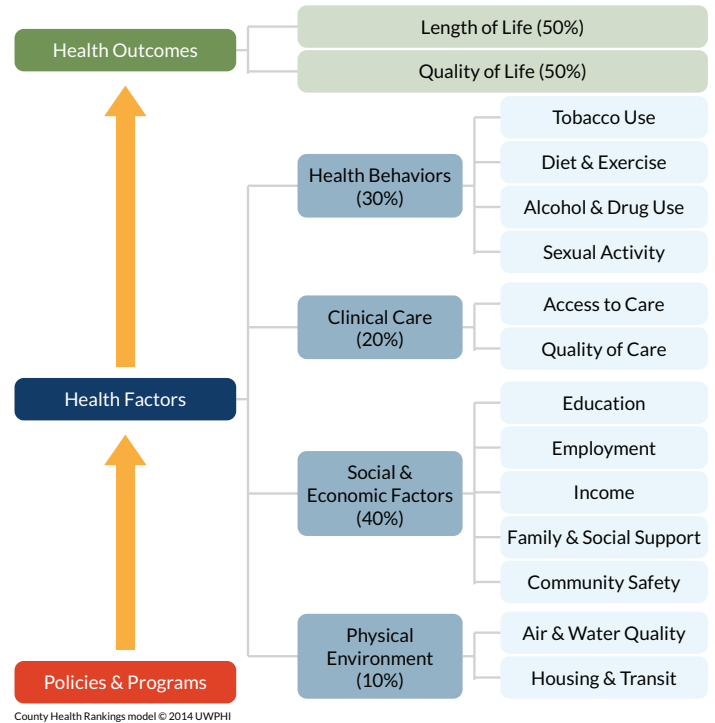


Figure 11

Source: [County Health Rankings model © 2014 UWPHI](#)

Education and employment

Education supports stable employment and financial stability for individuals and their families. As of the U.S. Census Bureau's 2019-2023 American Community Survey (ACS), 82.3% of the residents in the service area were high school graduates, compared to 87.6% of North Carolina residents. Just 9% of residents in the service area hold advanced or professional degrees compared to 13% statewide.²

As of the 2019-2023 ACS, the unemployment rate for the service area is 4.8%, falling below the state rate of 5.2%. For female residents of the service area, the unemployment rate is 3.7%.

Poverty

Poverty creates barriers to accessing health care, healthy foods, and safe living environments, resulting in a lower quality of life and negative health outcomes.

¹County Health Rankings & Roadmaps: Rankings Data & Documentation. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>.

²ESRI Business Analyst, 2024.

³National Cancer Institute. State Cancer Profiles. Access Accessed date. <https://statecancerprofiles.cancer.gov/index.html>.

According to 2019-2023 ACS data, fewer people in the service area live in poverty (8.9%) compared to the rest of North Carolina (13.2%). However, a mix of social and racial issues still affect the health of people and families in this area. Similar to the rest of North Carolina, People of Color in the service area are more likely to live in poverty than White residents. In the service area, 13.8% of Black residents and 14.7% of Hispanic residents live in poverty, compared to just 6.6% of White residents. These rates are lower than the statewide rates for the same groups (20.3% for Black residents and 20.8% for Hispanic residents). Meanwhile, 8.6% of Asian residents in the service area live in poverty, which is slightly higher than the state rate of 8.3%.

Community insight

Community input is imperative, so we conducted a community survey with Health ENC and held focus groups jointly with Albemarle Regional Health Services, Food Bank of the Albemarle, Currituck Family YMCA, Currituck Cooperative Extension, Perquimans County Center for Active Living, and HealthNet Albemarle. We appreciate the time and contributions these individuals made to help enhance health and well-being in our community.

Community survey

Between April 15 and June 24, 2024, we invited key community partners to share and complete the survey. In total, 971 residents of Camden, Currituck, Pasquotank, and Perquimans Counties participated in the community survey.

Top health concerns identified included:

- Alcohol and drug addiction
- Mental health
- Diabetes and high blood pressure

Top barriers identified included:

- Out of pocket cost and expenses
- Uninsured
- Long wait times

Top social/environmental concerns identified included:

- Health care access and quality
- Transportation/transit
- Physical health
- Housing and homelessness

Focus groups

Local health leaders conducted community focus groups in June 2024 to gain more in-depth insights from community stakeholders on their health concerns and health care barriers.

Camden County

Common themes: Built environment, community safety, food access, health care access, housing, substance use, and transportation

Currituck County

Common themes: Employment and income, food access, health care access, and housing

Pasquotank County

Common themes: Community safety, employment and income, food access and security, health care access and quality, physical health, and transportation/transit

Perquimans County

Common themes: Food access and security, health care access and quality, housing and homelessness, physical health and transportation/transit

Health status

Life expectancy for a person living in North Carolina is 76.2 years, less than one year shorter than the national average (77.5 years). In the communities served by SAMC, the average life expectancy is 74.9, 1.3 years lower than the state average. It is important to note disparities affecting Black residents. The average life expectancy of Black residents in the service area is 72.2 years, nearly 4 years lower than White residents in the service area.

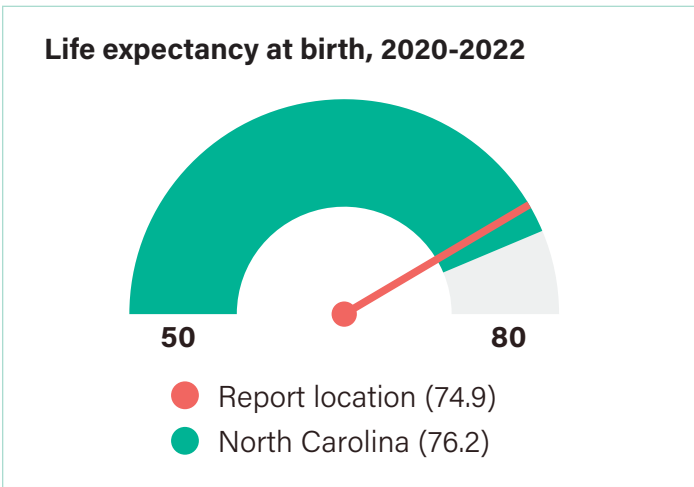


Figure 12 Source: North Carolina Data Portal

Access to health services is limited by the low numbers of primary care providers and mental health providers in this community. The need for access to mental health services continues to grow. In 2024, 690 adults and 154 youth visited the SAMC emergency room for behavioral health concerns. Of those patients, 25.8% of the adults and 38.3% of the young people reported suicidal ideations.

Health conditions driving hospitalizations at SAMC include chronic diseases, unhealthy lifestyles, and mental health. Hospitalizations for chronic and other

medical conditions include heart disease, cancer, stroke, accidents, diabetes, and mental health. Cancer rates for prostate, breast, lung and bronchus, and colon cancers are either stable or falling.³ However, it is important to note the breast cancer incidence rate for Black and Asian populations continues to rise in North Carolina, although the cancer death rate for these populations is falling.⁴ Risk factors for chronic conditions are included in Appendix B.

Focus areas

Sentara Cares is the community engagement and impact arm of Sentara Health. Our goal is to advance health and ensure that all members of our communities have access to the resources they need to live their healthiest and most fulfilling lives. We are focusing our funding around the key issues listed below based on identified health disparities, the availability of effective interventions, community input, and alignment with our mission “to improve health every day.”

The remainder of this report provides more detail about the 2025 assessment, including social and economic data, demographic information, and health determinant data. Throughout this document, we have incorporated extensive information obtained through the community survey and stakeholder outreach.

Sentara Cares community benefit and building efforts enhance SAMC health priorities for 2026-2028

Sentara priorities	Socioeconomic needs	Health needs	SAMC priorities	
	Housing	Behavioral and mental health		Increasing needs
	Food security	Chronic conditions		
	Skilled careers	Social determinants of health		

Table 1 Sentara cares priorities for grant opportunities and SAMC implementation strategy priorities for 2026-2028.

⁴ Source: North Carolina Division of Public Health, NC State Center for Health Sciences, NC Central Cancer Registry.

Introduction

Sentara Health

Sentara Health, an integrated, not-for-profit health care delivery system, celebrates more than 130 years in pursuit of its mission - "we improve health every day." Sentara is one of the largest health systems in the U.S. Mid-Atlantic and Southeast, and among the top 20 largest not-for-profit integrated health systems in the country, with 30,000 employees, 12 hospitals in Virginia and Northeastern North Carolina, and the Sentara Health Plans division which serves more than 1 million members in Virginia and Florida. Sentara is recognized nationally for clinical quality and safety and is strategically focused on innovation and creating an extraordinary health care experience for our patients and members. Sentara was named to IBM Watson Health's "Top 15 Health Systems" (2021, 2018), and was recognized by Forbes as a "Best Employer for New Grads" (2022), "Best Employer for Veterans" (2022, 2023), and "Best Employer for Women" (2020).⁷

Sentara Albemarle Medical Center (SAMC)

Sentara Albemarle Medical Center is located in Elizabeth City, North Carolina. As the only hospital providing care to the Northeastern North Carolina community for more than 60 years, we celebrate moving into a newly constructed hospital campus in 2025. Our same, dedicated team of approximately 750 colleagues and 450 medical providers bring the expertise of more than 25 specialties including emergency, maternity, orthopedics, medical, and surgical care in addition to our outpatient laboratory, imaging, and comprehensive breast services.

Sentara at a glance

- **Headquartered in Hampton Roads**
- **Outpatient campuses**
- **135-year not-for-profit history**
- **Urgent care centers**
- **12 hospitals**
- **Advanced Imaging Centers**
- **One medical group**
- **Home health and hospice**
- **3,800+ provider medical staff**
- **Rehabilitation and therapy centers**
- **30,000+ team members**
- **Nightingale Regional Air Ambulance**
- **Sentara Health Plans**

Sentara Cares

Our purpose calls us to address health care issues every day, where people live — not just when patients are under our care. This broad vision is essential in our work to eliminate health disparities and promote access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities. We know that health disparities cannot be solved solely in the exam room, and they cannot be solved solely by Sentara. Through our partnerships, we continue to make both immediate impact and lasting change for our communities.⁷

Health impact

By identifying the most pressing health concerns within a community, this assessment prioritizes health interventions and allocates resources to advance health based on community insight. Our efforts promote health, enhance awareness, education, and access to care across racial, ethnic, gender, age, language, geographic, and socioeconomic groups. Health impact involves not only examining the health and wellness of a population, it also addresses how hidden tendencies influencing decision-making among clinicians, caregivers, communities, and interested parties impact treatment decisions and outcomes. The shift toward value-based health care supports our mission to address health disparities within the communities we serve and promotes gap closures in knowledge, access, and outreach. Meaningful progress in health requires ongoing efforts to transform attitudes and beliefs, improve communications and trust, and strengthen trustworthiness between Sentara and the community, emphasizing health as a core value and priority.

Sentara collaborates with community organizations, faith leaders, academic institutions, government agencies, and clinicians to develop initiatives to address social drivers of health, reduce health disparities, and improve the health and well-being of the communities we serve. Our efforts focus on improving screening and diagnosis rates for health issues, such as hypertension, diabetes and prostate cancer; increasing access to and utilization of treatment; and supporting health initiatives that benefit historically marginalized groups, including immigrant populations, individuals experiencing homelessness, sexual orientation and gender identity (SOGI) populations, and individuals with different [or diverse] abilities.



“ We approach every community and every partner with our ears and our hearts open. We’re not here to provide prescriptive solutions. We’re here to support and amplify the work of our partners in every way we can to improve more lives and inspire more hope for the future. ”

Sherry Norquist, MSN, RN-ACM,
Executive Director of Community
Engagement & Impact



Process overview

Mobilizing for action through planning and partnerships

The National Association of County and City Health Officials (NACCHO) has implemented a community-driven strategic planning process for improving community health called Mobilizing for Action through Planning and Partnerships (MAPP). This framework includes engaging community partners in the collection and review of qualitative and quantitative data from trusted local and national sources. In doing so, participating partners can clearly define the conditions that support or obstruct wellness and identify resources to address obstacles.⁵

Sentara Albemarle Medical Center began the MAPP process by engaging community partners, developing support teams, and creating a shared vision and common values.

Community partners included Albemarle Regional Health Services, Food Bank of the Albemarle, Currituck Family YMCA, Currituck Cooperative Extension, Perquimans County Center for Active Living, and Health Net Albemarle. We worked collaboratively with these partners to engage community members in focus groups and collect responses to be used for prioritizing health needs. We then collected and analyzed data to identify strategic priorities and formulate goals and strategies to address health concerns.

Our process

Sentara conducts these comprehensive assessments to provide a snapshot of the health status of residents in our communities, including information about key health and health-related challenges and opportunities. This CHNA incorporates information from a variety of primary and secondary quantitative data sources to help us to understand the disparities that affect vulnerable populations.

⁵ NACCHO, 2022.

Assessment	Description
Qualitative data	We survey our community members and hold focus groups to discuss community conditions, health, and needs. We ask our community members about their personal circumstances—like having a safe place to live, healthy and accessible food, social connections, and other daily essentials—and connect them to community resources.
Quantitative data	We collect demographic and health indicator data to identify differences in community and health outcomes. We look at the data to better inform our community health improvement work.

Sentara created a data profile that combines medical bills and records to see how people use emergency and preventive care, their ongoing health problems, and any cultural or language requirements they might have. A secondary statistical data profile uses advanced data sources to assess population characteristics such as household statistics, age, educational level, economic measures, mortality rates, prevalence rates of chronic illnesses, and racial and ethnic composition. Our assessment includes a review of risk factors, including obesity, smoking, and other health indicators.

Research components for this assessment included data from the following sources:

- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- ESRI Business Analyst

- 2024 County Health Rankings
- National Cancer Institute
- North Carolina Data Portal
- U.S. Census Bureau
- CHNA survey and focus groups

Our next steps

Sentara Albemarle Medical Center works with several community partners to address health needs. Resource information is available from sources including sentara.com and arhs-nc.org. By using this information, together, we will work to improve the health of the communities we serve.

Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on sentara.com.



Community description

Locality demographics of our community

Sentara Albemarle Medical Center is located in Elizabeth City, NC. The SAMC community includes a population of 94,331 people living in the 976.3 square mile service area defined for this assessment, according to the U.S. Census Bureau's 2019-2023 American Community Survey (ACS) five-year estimates.² Elizabeth City (Pasquotank County) has the highest population in the service area, followed by Moyock (Currituck County).

Geography

The SAMC community is comprised of four counties: Camden, Currituck, Pasquotank, and Perquimans. The community is defined this way because many health status indicators evaluated in this report are only available at the county level, not at the zip code level, though much of the data incorporates the entire community SAMC serves. The service area for SAMC is entirely rural. Poor access to health care is exacerbated by a lack of public transportation, high poverty levels, and a clustering of social, medical, and educational services.

Community-specific demographics

Camden County was established in 1777. As of the 2019-2023 ACS, the county population was 10,743, with 5.0% of residents living in poverty and 9.4% of those 64 years and younger uninsured.⁶ Almost one in four (24.3%) county residents are ages 0-17, 18.1% are ages 18-34, 27.0% are ages 35-54, 14.8% are ages 55-64, and 19.0% are 65 and older. Less than one percent of residents ages five and older are not proficient in English. The racial and ethnic profile for the county is 79.5% White, 8.3% Black, 3.7% Hispanic, and 0.7% Asian.

Currituck County was established in 1668. As of the 2019-2023 ACS, Currituck County's population was 29,612, with 7.6% of residents living in poverty and 9.8% of residents ages 64 and younger uninsured.⁶ Nearly a quarter (22.1%) of county residents are ages 0-17, 17.4% are ages 18-34, 27.1% are ages 35-54, 16.1% are ages 55-64, and 17.2% are 65 and older. Just 2.0% of residents have limited English proficiency. The racial and ethnic profile for the county is 85.6% White, 5.1% Black, 4.8% Hispanic, and 1.0% Asian.

Pasquotank County was established in 1739. As of the 2019-2023 ACS, the county population was 40,568, with 10.0% of residents living in poverty and 9.9% uninsured.⁶ Within the county, 21.6% of residents are ages 0-17, 23.8% are ages 18-34, 23.2% are ages 35-54, 13.3% are ages 55-64, and 18.1% are 65 and older. Two percent of the residents are not proficient in English. The racial and ethnic profile for the county is 55.6% White, 35.2% Black, 6.2% Hispanic, and 1.2% Asian.

⁶ US Census Bureau, Small Area Health Insurance Estimates. 2022.

Looking at the data

Racial and ethnic profile, 2023

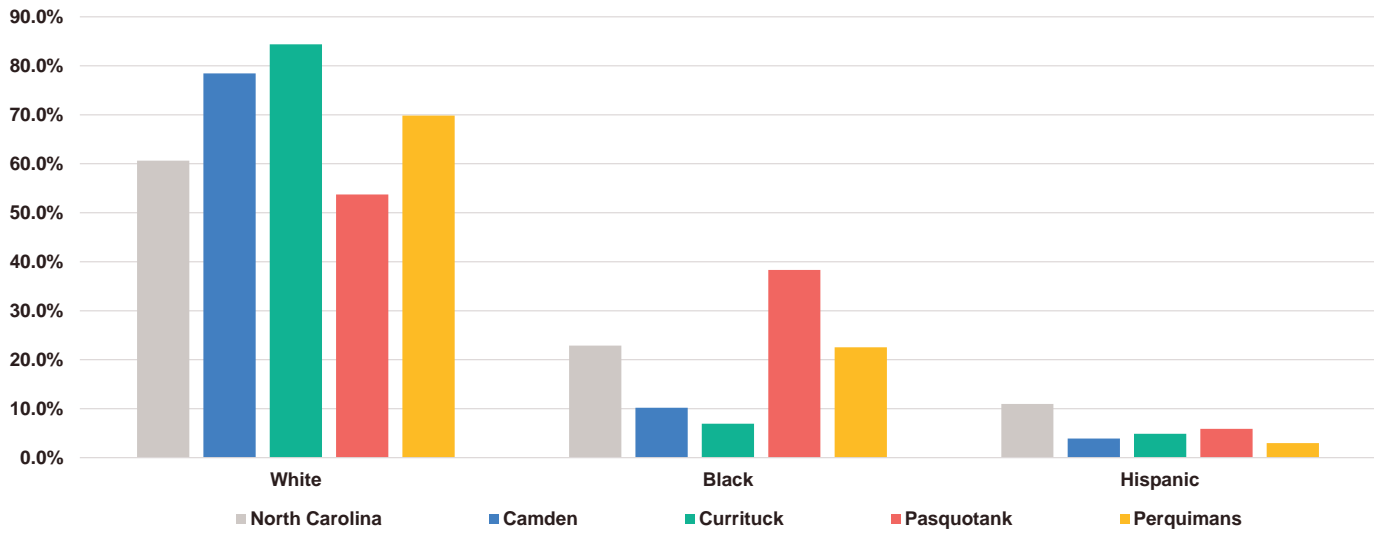


Figure 13 Source: North Carolina Data Portal

Population by age, 2019-2023

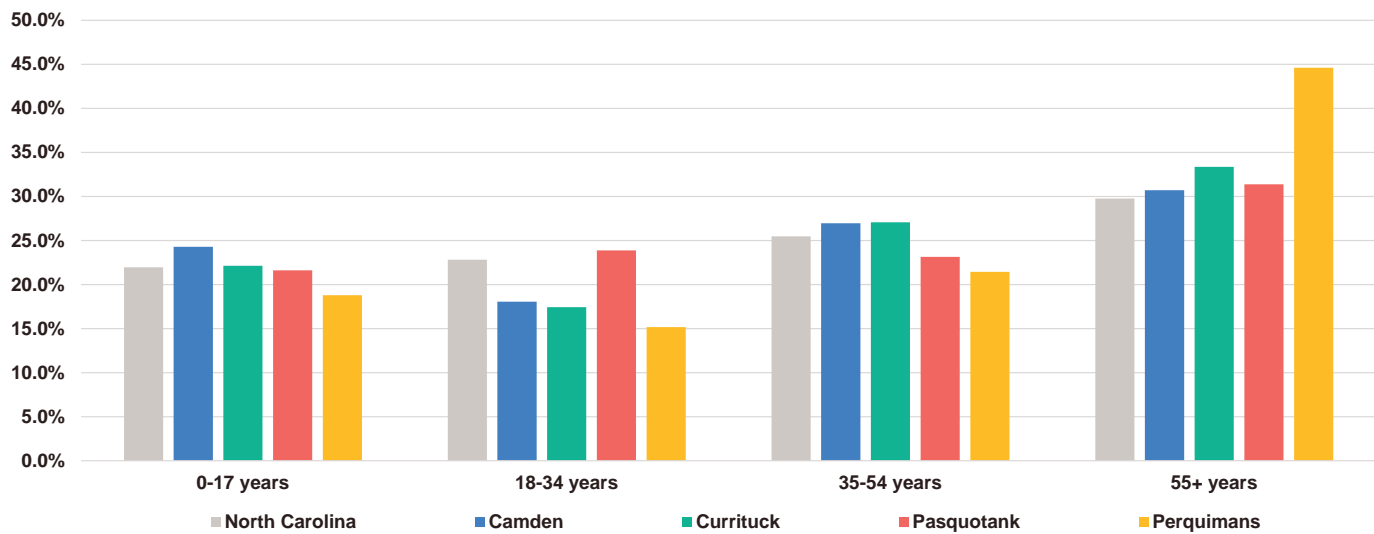


Figure 14 Source: North Carolina Data Portal

Median household income, 2023

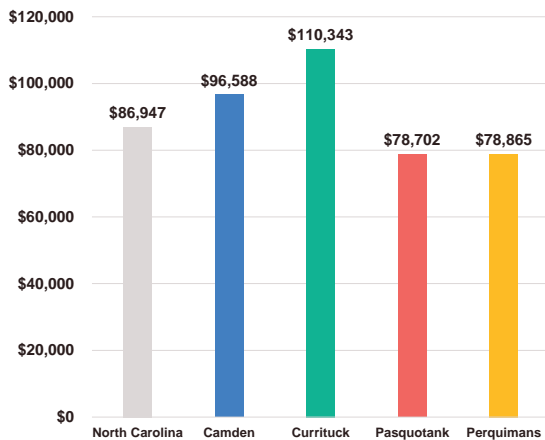


Figure 15 Source: North Carolina Data Portal

Poverty, 2023

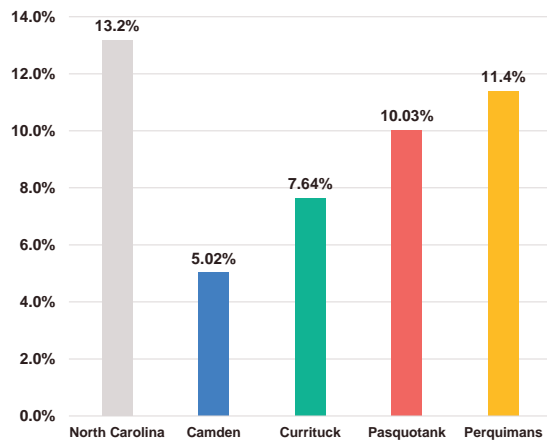


Figure 16 Source: North Carolina Data Portal

Perquimans County was established in 1739. As of the 2019-2023 ACS, the county population was 13,005, with 11.4% of residents living in poverty and 11.5% uninsured.⁶ Nearly one in five (18.8%) county residents are ages 0-17, 15.2% are ages 18-34, 21.5% are ages 35-54, 16.2% are ages 55-64, and 28.4% are 65 and older. Just 0.4% of the residents are not proficient in English. The racial and ethnic profile for the county is 70.3% White, 21.3% Black, 3.2% Hispanic, and 0.8% Asian.

Population highlights

Population change

Of the four counties, Pasquotank County has the largest population, at 40,830 as of the 2019-2023 ACS from the U.S. Census, and it is expected to experience a population growth over the next five years at a 0.1% growth rate. Perquimans County is the only county in the SAMC service area expected to have a population decrease (0.08%).³

Population of 65+ residents, by census tract

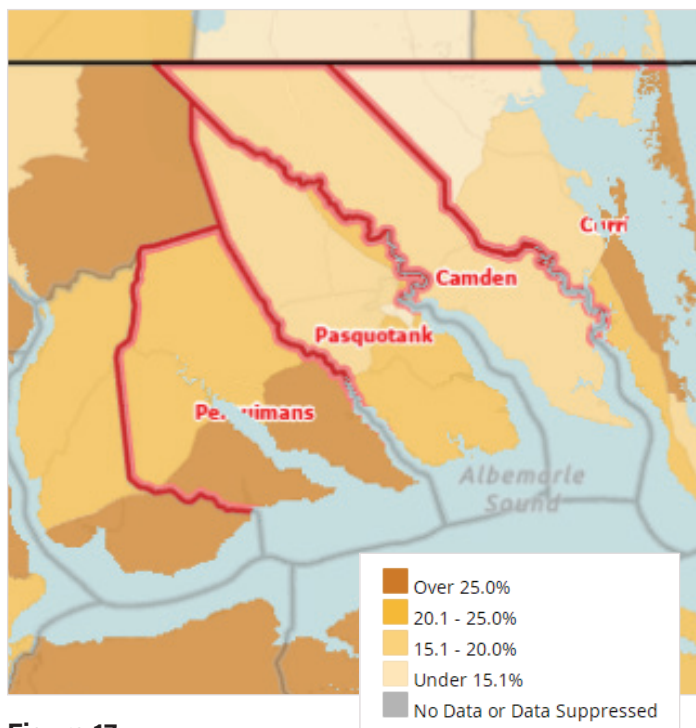


Figure 17



Age and sex

Per the 2019-2023 ACS, of the total population of 94,331 in the service area, most residents are between the ages of 25 and 64. This community has a higher percentage of residents aged 65 and older (19.0%) when compared to the state (16.9%). Due to declining birth rates, the percentage of residents who are children is 21.7%, which is on par with the state level of 21.9%.

Aging population

Research shows the highest utilization of medical services among the aging population (ages 65 and older) and the elderly population (ages 85 and older). The 2019-2023 ACS estimates that 19% of residents living in the service area are ages 65 and older, compared to 16.9% in North Carolina. Pasquotank County has the largest number of adults ages 85 and older in the service area, with 853 residents. Estimates indicate the population of older adults ages 65 and older will increase 15.9% by 2029 to 23% of total residents. Over the next five years, the number of aging adults will increase by approximately 3,100 in the service area.³



Other demographic features

According to the 2019-2023 ACS, Veterans represent 13.4% of the population in the service area, compared to 7.6% statewide. The service area has a lower percentage of owner-occupied homes (61.1%) compared to the state overall (66.2%).³ More households in the service area have computers compared to the state (96.0% vs. 95.8%); however, fewer households have broadband access⁷ compared to the state (90.5% vs. 95.1%)⁸, reducing access to remote learning, telehealth, and other resources.

A higher percentage of the population in the service area is living with a disability (15.3%) compared to the state overall (13.4%). The service area also has a lower percentage of persons living in poverty (8.9%) compared to North Carolina overall (13.2%), and a lower percentage of residents with college degrees (18.6%) when compared to the state (23.8%).³

Community diversity profile

Race and ethnicity

The majority of the population of the service area is White (75.4%) and Black (23.3%). The counties are home to a small Hispanic population (5.0%). In comparison, in North Carolina, more than 10.0% of people identify as Hispanic. The SAMC service area is also home to a small Asian population (1.6%).

Total population by ethnicity

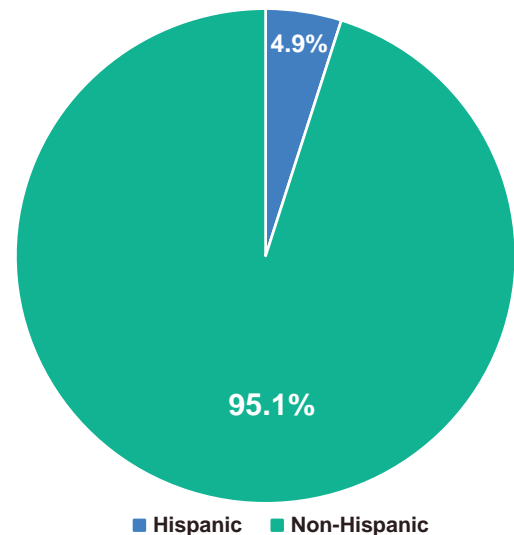


Figure 18 Source: North Carolina Data Portal

⁷ Defined as Access to DL Speeds \geq 25MBPS and UL Speeds \geq 3 MBPS.

⁸ Source: FCC FABRIC Data. Additional data analysis by CARES. June 2024.

Cultural and linguistic needs

English is the primary language spoken in the service area. As of the 2020 U.S. Census, 96.1% of the population in the SAMC service area identified as English-speaking. Non-English-speaking populations are disproportionately represented in low socioeconomic groups, have poorer health outcomes, are more likely to have a disability, are often linguistically and culturally isolated, and have lower educational attainment compared to their English-speaking counterparts. Language barriers make it difficult for this population to understand, interpret, and benefit from information about their health.

2024 SAMC language utilization

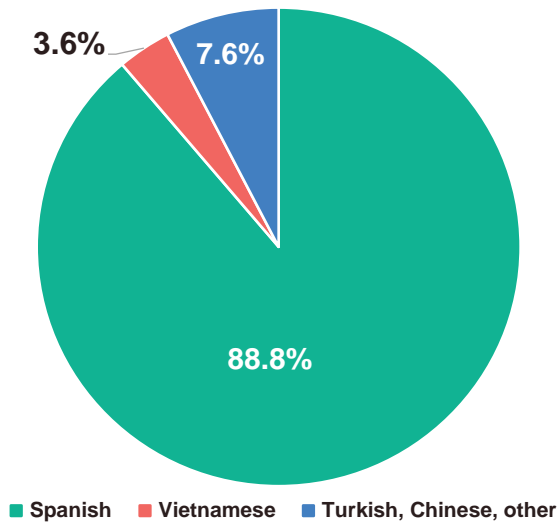


Figure 19 Source: SAMC Language Line Usage Report

Sentara is committed to ensuring that all communication with our patients and health insurance members is in their preferred language. Sentara provides its patients and their families with qualified interpreters for a variety of languages, including American Sign Language (ASL). In 2024, SAMC had 3,020 requests for interpreter services. The highest percentage of interpreter services (88.8%) was for Spanish-speaking individuals, with the second highest percentage for Vietnamese (3.6%).⁹

⁹ Source: SAMC 2024 Language Line Usage Report

Social determinants of health

Sentara recognizes that meaningful improvements in health outcomes requires strategies reaching beyond clinical settings to address the root causes of health inequities.

Sentara works to:

- Fill the unprecedented need for behavioral health practitioners and ensure greater access to behavioral health services for children, families, and adults.
- Secure consistent, equitable access to nutritious food – every day and in times of emergency need.
- Support targeted training and development programs for higher-paying skilled careers.
- Develop more robust emergency and scattered housing solutions in our communities.
- Dismantle barriers to accessing health and human services in traditionally underserved populations.

Social determinants of health



Figure 20 Source: U.S. Department of Health and Human Services. Healthy People 2030.

To better understand the population, SAMC looked at socioeconomic status, including poverty rates, educational attainment, employment and unemployment, and insurance.

The cycle of poverty

- Poverty continues because it reproduces existing patterns of circumstances, opportunities, and effects.¹²
- The causes of poverty lead to consequences that make it more likely that the individual – or their offspring – will experience poverty in the future.¹²
- Generational poverty is a vicious cycle in which each generation is unable to escape poverty because of a lack of resources to put toward the effort.¹²

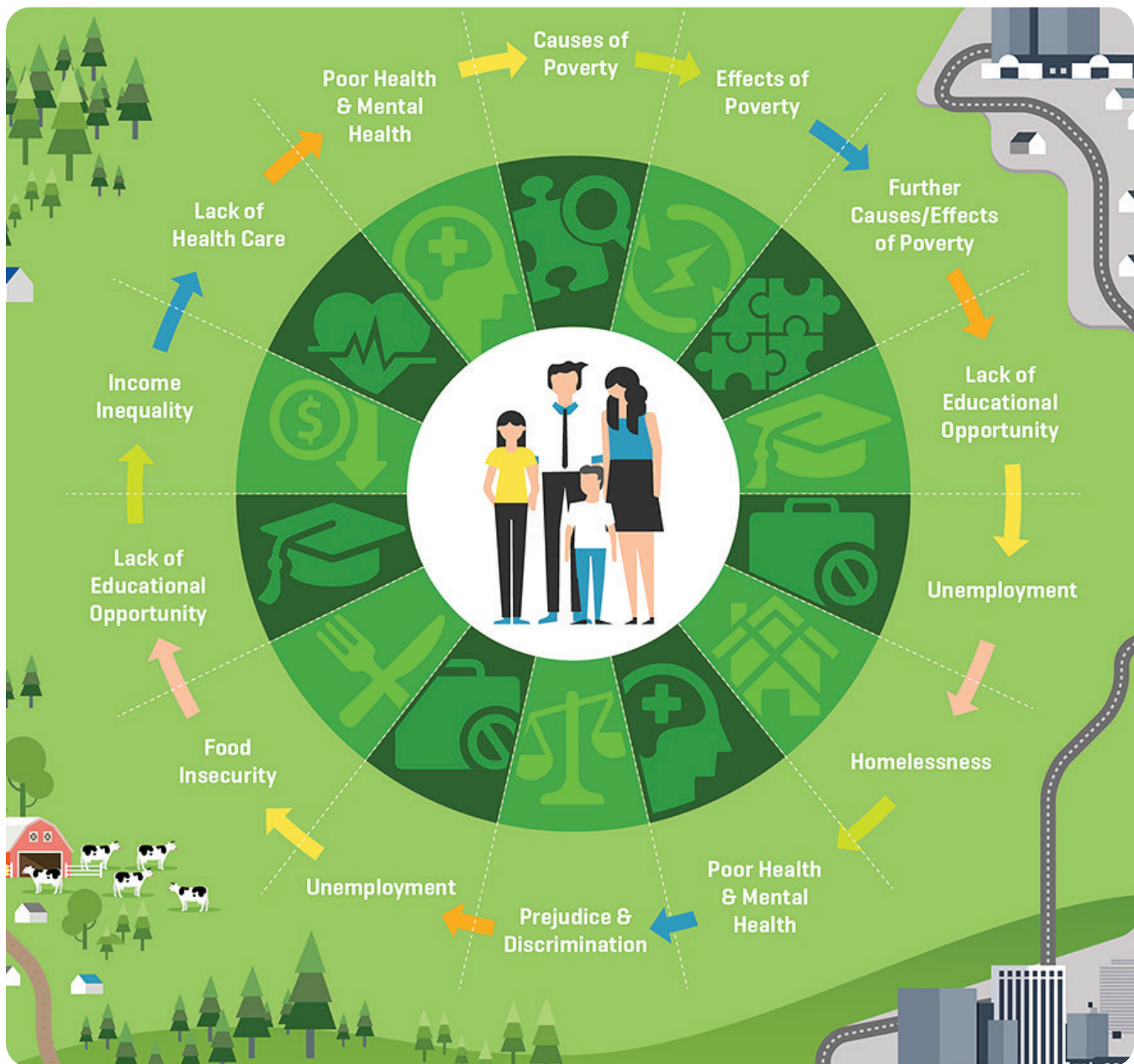


Figure 21 Source: Aurora University

Poverty

An examination of poverty rates and racial demographics underscores the racial disparities that impact economic and health outcomes for residents and their families. As seen in North Carolinians a whole, Black and Hispanic residents in the service area are more likely to live in poverty compared to White residents. At 8.9%, the service area has a lower percentage of residents living in poverty compared to the state (13.2%).²

Education

Education is the basis for stable employment and financial stability, which in turn supports access to quality health care and positive health outcomes. Just 8.9% of service area residents do not have a high school diploma (compared to 10.3% of the state). Per the 2019-2023 ACS, Perquimans County has the highest percentage of adult residents without a high school diploma (13.3%). Currituck County has the highest percentage of residents with bachelor’s degrees (20.1%) within the service area. However, the service area has a lower percentage of college graduates (18.6%) compared to the state overall (23.8%).³

Employment

Per the 2019-2023 ACS, the service area has a marginally lower percentage of unemployed residents (4.8%) compared to North Carolina overall (4.83%). The civilian labor force represents 48.9% of total residents. Within the civilian labor force, the percentage of employed female residents in Currituck County (46.3%) and Perquimans County (44.2%) is lower than the state overall (48.2%), while Camden County (50.5%) is higher than the state.¹⁰

Estimated poverty status by race, 2023

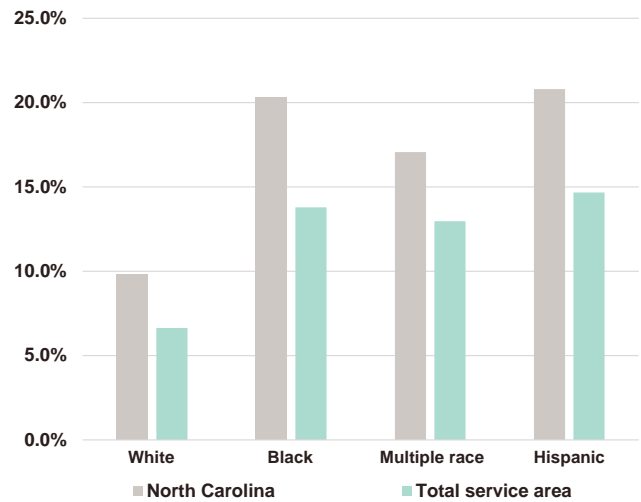


Figure 22 Source: North Carolina Data Portal

Population with no high school diploma, by race/ethnicity

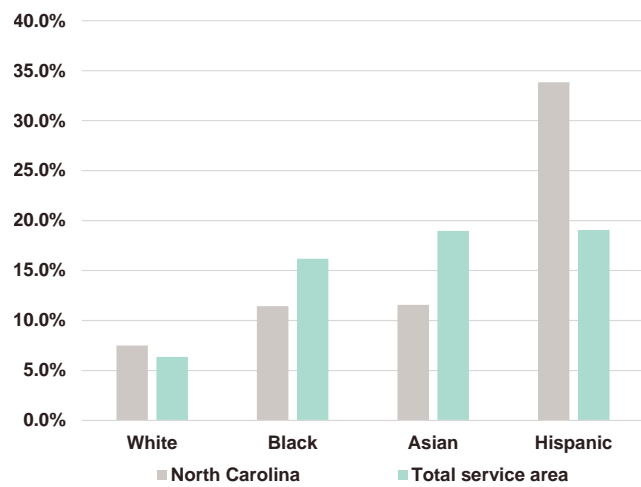


Figure 23 Source: North Carolina Data Portal

Unemployment, by race/ethnicity

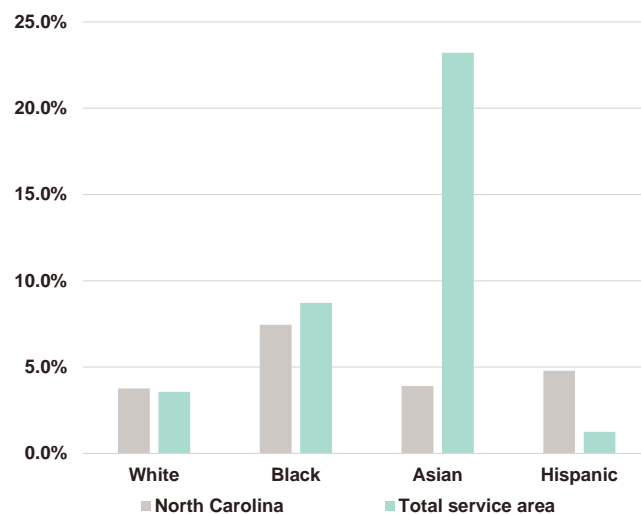


Figure 24 Source: North Carolina Data Portal

¹⁰ United States Census Bureau. QuickFacts. www.census.gov.



Medicaid and FAMIS, Medicare, Medicare and Medicaid

According to the 2022 U.S. Census Small Area Health Insurance Estimates, 10.01% of residents living in the service area do not have health insurance. Of the residents with some type of insurance, 18.8% are enrolled in Medicaid, 19.7% of residents ages 65 and older are enrolled in Medicare alone, and 5.6% of residents ages 65 and older have dual Medicaid and Medicare coverage. The community has a lower percentage of residents with Medicaid coverage (18.8%) compared to North Carolina overall (20.6%).¹¹ Sentara works closely with the North Carolina Health Care Foundation to assist individuals in applying for Medicaid and Medicare. Enrollment specialists are available to provide guidance and assistance for qualifying individuals and families with enrolling in these government programs.

Insurance coverage by provider type, 2022

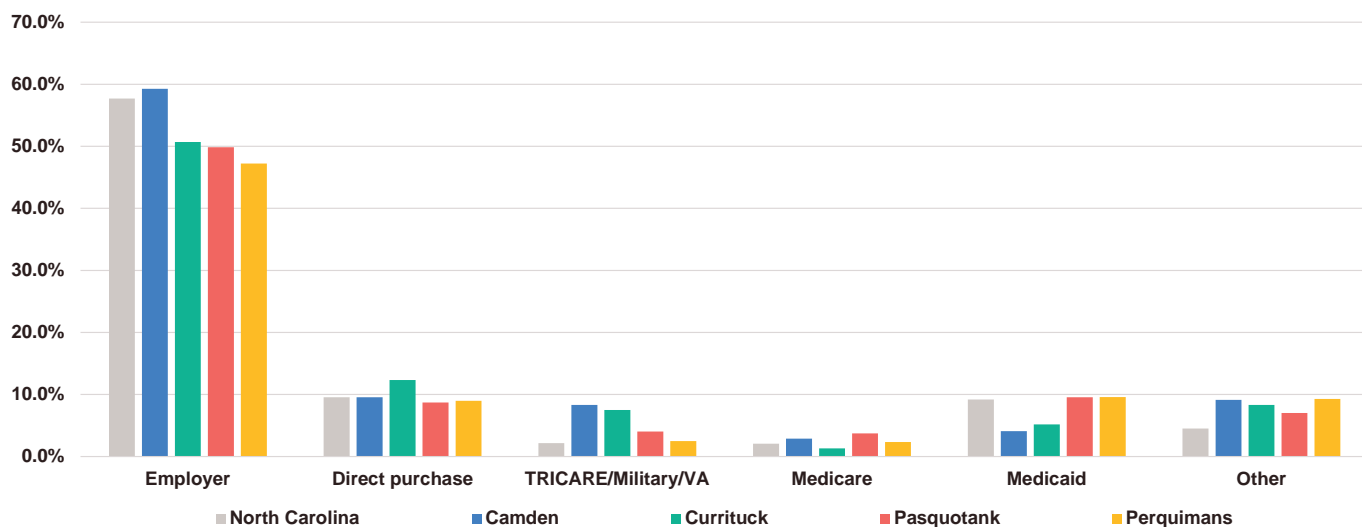


Figure 25 Source: Centers for Medicare & Medicaid Services Data⁷

¹¹ Centers for Medicare & Medicaid Services. Data.CMS.gov. Mapping Medicare Disparities by Population. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>.

Community input

Having an active, supportive, and engaged community is essential to creating conditions that lead to improved health. The community insight component of this CHNA consisted of two methodologies: community surveys and a series of more in-depth focus groups.

Description

A broad range of diverse community members provided input through a community survey and focus groups. We consulted with individuals with firsthand knowledge of the health needs of the community. These individuals included representatives from health departments, school districts, local non-profits, and other regional public and private organizations. In addition, we gathered input from community leaders, clients of local service providers, and other individuals representing people who are medically underserved, low income, or who face unique barriers to health (e.g., racial/ethnic minorities and individuals experiencing homelessness). View Appendix C for the complete list of communities and organizations that provided input.

Methodology

In an effort to include a wide range of community perspectives, as well as the views of those who work with or represent underserved populations within the community, SAMC staff used several methods to identify groups and collect qualitative data. First, SAMC staff reviewed the participant lists from previous CHNA reports in the same community.

Second, they examined reports published by local organizations and agencies (e.g., county and city plans, community-based organizations) to identify additional high-needs communities. Finally, staff researched local news stories and identified emerging health needs and social conditions affecting community health that may not yet be indicated in

secondary data. Importantly, the inclusion of service providers and community members (through surveys and focus groups) allowed us to identify health needs from the perspectives of diverse populations. For a complete list of participating organizations who completed the survey, see Appendix C.

Community survey

The community surveys were conducted jointly with Albemarle Regional Health Services, Food Bank of the Albemarle, Currituck Family YMCA, and Health Net Albemarle. The survey was conducted with a broad-based group of community stakeholders and community members. Electronic surveys were available to the public from May 1 to June 28, 2024. The survey gathered demographic data such as race, income, and county location. The survey asked respondents for their insight and perspective regarding important health concerns in the community. For the full list of questions and responses, see Appendix C.

The survey was distributed to stakeholders, including individuals representing public health, education, social services, businesses, local government, and local civic organizations. At the completion of the survey period, 968 survey responses were received from the SAMC community. It is important to note that not every respondent answered every question in the survey.

After the initial survey period, the collaborative recognized that over half of respondents were White. Most counties did not have an equally distributed response to surveys to represent the entire population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. Feedback from the most underserved populations is not adequately reflected in most of the surveys.

Demographics of survey respondents

Of the 968 SAMC community respondents, 57.44% were White, 19.83% Black, 0.41% Asian, 0.31% Native American, 1.14% two or more races, and 17.67% chose "other race."

Survey responses

For this CHNA, we will focus on the survey questions below. Survey respondents were asked to review a list of common community health issues and select all that applied to their community. The tables below show the top three answers for the questions among community member respondents.

Figure 13: What are the most important health problems that affect the health of your community?

Total responses 968	Percentage
Alcohol/drug addiction	47%
Mental health (depression/anxiety)	42%
Diabetes/high blood sugar	36%

Figure 14: What are the most important social or environmental problems that affect the health of your community?

Total responses 968	Percentage
Availability/access to doctor's office	38%
Poverty	24%
Housing/homelessness	23%

Figure 15: What are the most important reasons people in your community do not get health care when they need it?

Total responses 971	Percentage
Cost (too expensive/can't pay)	76%
No health insurance	61%
Wait is too long	36%



Community focus groups

In addition to the online surveys for community insight, SAMC and Albemarle Regional Health Services (ARHS) carried out a series of more in-depth community focus groups to obtain greater insight from diverse stakeholders and community members. Focus groups were promoted electronically and by word of mouth to hospital patients and visitors, existing hospital and community groups, and partner organizations. Input was also sought from other populations in the community, including representatives of underserved communities and consumers of services. In collaboration with ARHS, SAMC held a total of nine focus group sessions in June 2024, reaching 50 participants.

2024 focus groups

Camden County

June 5: Ebenezer Baptist Church

Currituck County

June 3: Currituck Family YMCA

June 4: Currituck Family YMCA

Pasquotank County

June 13: Food Bank of the Albemarle (two focus groups)

June 17-21: HealthNet Albemarle (three focus groups)

Perquimans County

June 10: Perquimans County Center for Active Living

Demographics

Specific demographics were not collected for each focus group. From the demographic data available, the majority of participants were women. Participants represented a wide range of ages and were racially diverse, with several focus groups comprised of entirely Black or Hispanic residents.

Results

Health and wellness

What are the most serious health problems facing people who live in your community?

Arthritis	Gastrointestinal issues	Hypertension	Obesity
Cancer	Heart problems	Kidney disease	Stroke
Diabetes	High blood pressure	Mental health	Substance use

Are there particular groups of people who are more affected by these problems than others?

18-20 year olds	Lower class	Hispanic communities	Seniors
Black communities	Youth	Homeless	Uninsured
Families with small children			

What are some of the issues that keep community members from living healthy lives?

Cost of health care	Food prices	Lack of transportation	Poverty
Cost of living	Lack of providers	Literacy	Insurance

Thinking about the health problems you described, what do you think could be done to address these issues?

Community outreach	Exercise opportunities	Health screenings	Support programs
Education	Expand services	Share knowledge	Transportation

Social determinants of health

What are some of the environmental and social conditions that affect quality of life for people living in your county?

Access to healthy food	Affordable housing	Domestic violence	Homelessness
Affordable childcare	Community violence	Education	Transportation
Affordable health care	Discrimination	Employment	Substance use

Thinking about the social and environmental issues you described, how do you think these issues could be addressed?

Childcare	Health screenings	Mobile clinics	Safe access
Food resources	Job training	Resources	Transportation
Gardens	Mentorship		

Results (cont.)

Access to care			
What are some of the environmental and social conditions that affect quality of life for people living in your county?			
Access to insurance	ED use	Availability of appointments	Travel outside county/state
Access to providers	Transportation	Doctors not taking insurance	
What are some reasons people in your county do not get health care when they need it? How can these issues be addressed? Can you find medical, dental, or behavioral health care within a reasonable timeframe when you need it?			
Lack of support	Limited education	Limited doctors	Unaffordable
Limited access	Limited finances	Resources	Transportation
Long wait times for appointments	Unable to get appointment		
Healthy foods			
Why do you feel like it is hard for community members to eat healthy or access healthy food?			
Availability	Education	Quality produce	Transportation
Cost	Loss of stores		
Open discussion			
What are some of the strengths or community assets in your county that can help residents live healthier lives?			
Cooperative extension	Food bank	Nutrition program	Social services
Diabetes prevention	Hopeline	Recreation center	SOULS kitchen
Family YMCA	Mammo van	Senior center	Community health clinic
Parks and rec facilities	Churches	Farmers markets	
What do you want local health leaders to know? What do you think local health leaders should do to improve health and quality of life in your county?			
Community markets	Listen to community	Understand community	Violence prevention
More affordable housing	Work with community	Extend clinic hours	Mobile clinics
Better access to providers	More education and prevention programs	More health care providers	Expand transportation services
Better coordination between existing services			
What actions can local residents take to help improve the health of the community?			
Donate	Share information	Volunteer	Work with leaders
Participate	Speak out		

Health status and prioritization

Health indicators

To gain a deeper understanding of our community, we looked at the North Carolina Data Portal to view length of life, quality of life, health behaviors, clinical care, social and economic factors, and physical environment results. Per the County Health Rankings, “many of the leading causes of death and disease are attributed to unhealthy behaviors.” Below are key health status indicators for the counties representing this community.

Access to health services

Access to quality and affordable health care is important to an individual’s health. Health insurance and local care resources can help ensure access to care. When community outpatient care is inadequate, people may rely on the hospital as their primary source of care leading to unnecessary hospital usage and stays. Typically, areas with more primary care providers have lower rates of hospitalizations for preventable health issues.

Increasing access to primary care is a key solution to reducing unnecessary and costly hospital stays and improving the health of the community. It is important to note that Black populations living in North Carolina and in this community have higher rates of preventable hospital stays compared to White residents.¹

The key health status indicators are organized in the following data profiles:

- Access to health services
- Life expectancy
- Diabetes
- Behavioral health
- Substance use
- Community violence
- Cancer
- Leading causes of death
- Women and infant health
- Older and aging adults

Preventable hospital stays by race/ethnicity

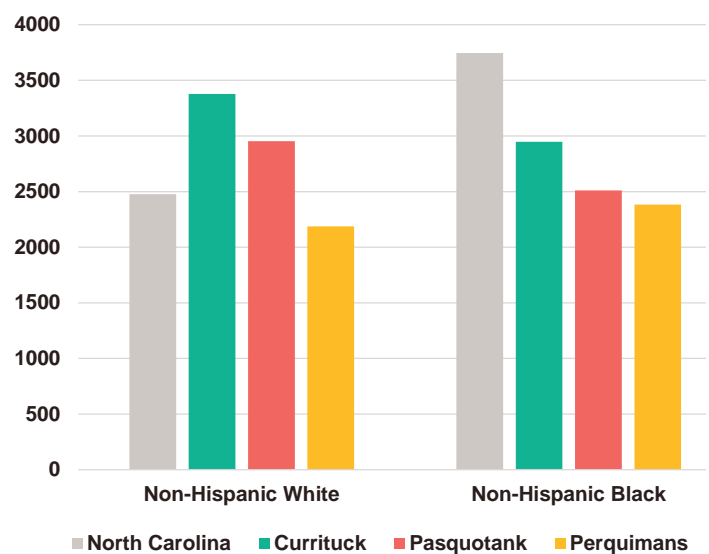


Figure 26 Source: North Carolina Data Portal

Life expectancy

Per the 2024 County Health Rankings, the life expectancy for a person living in North Carolina is 76.6 years. At 74.9 years, residents in this community have a lower life expectancy than North Carolinians overall.¹² It is important to note that there is a racial/ethnicity disparity related to life expectancy specific to Black populations. The life expectancy for Black individuals is seven to nine years shorter than White individuals in North Carolina.

Leading causes of death

The CDC examined leading causes of death in the localities of this community. In 2023, diseases of the heart, malignant neoplasms (cancer), and accidents (unintentional injuries) — in that order — were the top three causes of death in the SAMC service area.¹³

The leading causes of death by race/ethnicity, 2018-2023			
All races	White	Black	Hispanic
Heart disease	Heart disease	Heart disease	Accidents
Cancer	Cancer	Cancer	Cancer
Accidents	Alzheimer’s disease	Accidents	
Alzheimer’s disease	Chronic lower respiratory diseases	Diabetes	
Chronic lower respiratory diseases	Stroke	Alzheimer’s disease	

Figure 15 Source: CDC Wonder

Behavioral health, mental health, and substance use

Hospitalization rates due to alcohol, substance use, mental health, suicide, and self-inflicted injury were examined. In the service area, there were higher hospitalization rates (per 100,000 population) due to substance use disorder and drug overdose compared to North Carolina rates. The service area had a higher opioid overdose death rate (age-adjusted) compared to the state (31.0 vs. 27.1 deaths per 100,000). This community also has higher rates of alcohol-impaired driving deaths compared to North Carolina overall.

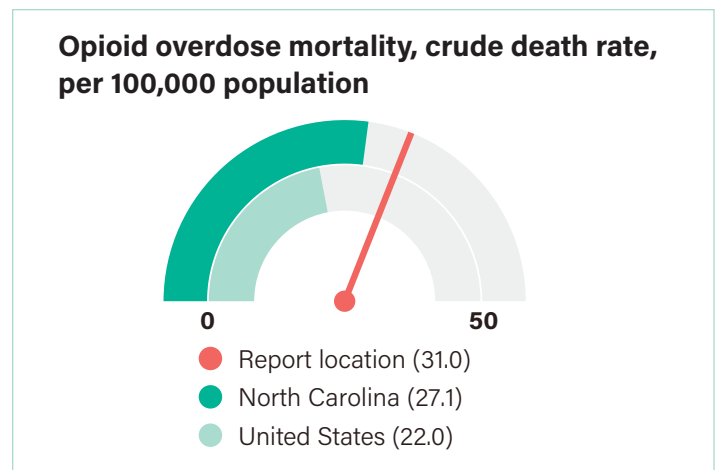


Figure 27 Source: North Carolina Data Portal

¹² Source: North Carolina Department of Health and Human Services. 2022

¹³ Note: Figure is shown in descending order of leading causes of death for SAMC Service Area. County level data was not available for each leading cause of death.

Mental health is recognized as an increasing health concern for both adolescents and adults. Sentara examined emergency department (ED) visits for 2024 to gain a better understanding of the mental health crisis communities have been facing since the onset of the COVID-19 pandemic. In 2024, the ED at SAMC treated 690 adults with behavioral health diagnoses. Of those 690 visits, 25.8% of patients presented with suicidal ideation, 6.2% with schizophrenia, 4.5% with generalized anxiety disorder, and 3.2% with unspecified psychosis. The ED also saw 154 youth (ages 0-18) who presented with behavioral health diagnoses. Of the 154 visits, 38.3% presented with suicidal ideation and 4.5% with anxiety.

Cancer

Since cancer is a leading cause of death in this community, death and incidence rates for a variety of cancer types were examined. Compared to the previous five-year rates, the number of cases and deaths from the most common types of cancer are decreasing in this community.⁷ It is important to note the incidence rates are rising for the Black and Asian populations living in the North Carolina as a whole.⁶

Mortality rates were highest among lung, breast, prostate, and colon cancers. Prostate and lung cancers are the leading causes of cancer death for Black populations living in North Carolina. Pasquotank County had the greatest incidence rates for all cancers (432.0 per 100,000 total population) as well as prostate cancer for men (134.0 per 100,000).⁶ Medical advancements and community outreach programs providing cancer screenings and education are making strides but, to have the greatest impact, we will need to focus efforts on the populations at highest risk for various cancers.

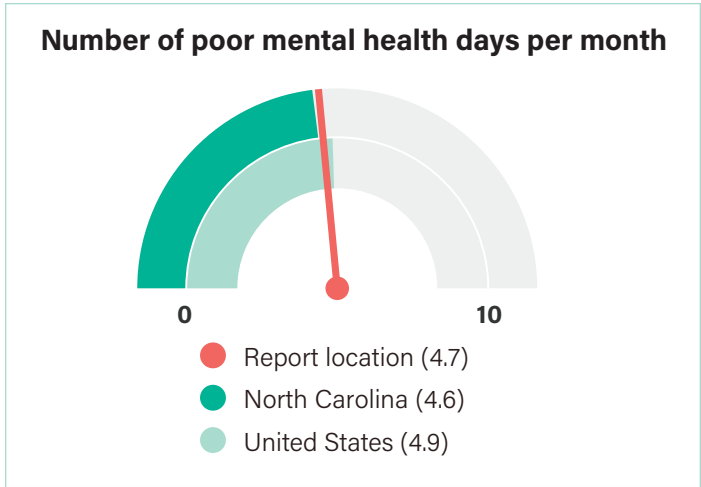


Figure 28 Source: North Carolina Data Portal

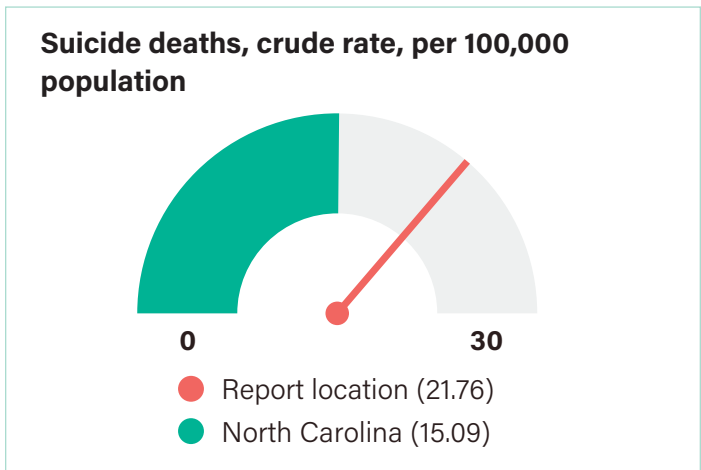


Figure 29 Source: North Carolina Data Portal

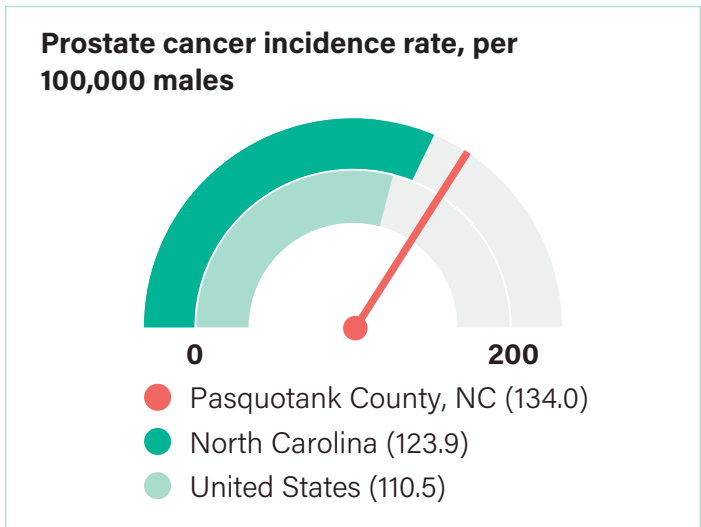


Figure 30 Source: North Carolina Data Portal

Diabetes

According to the Centers for Disease Control and Prevention, the prevalence of type 2 diabetes continues to increase in the U.S. and is the seventh leading cause of death in the United States. Risk factors such as obesity and physical inactivity have played a significant role in this increase, but age and race/ethnicity are also key risk factors. The percentage of adults living with diabetes in this community is lower than the state percentage (8.0% vs. 9.0%).

Adults age 20+ with diagnosed diabetes (age adjusted), 2021, percentage

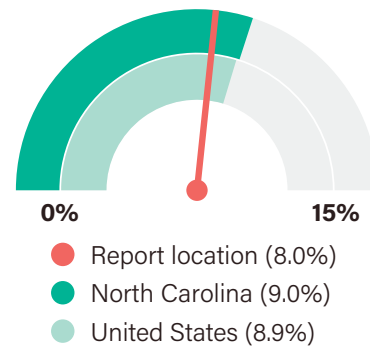


Figure 31 Source: North Carolina Data Portal

Women and infant health

Unsupported and under-supported young families face many negative health outcomes and predict many long-term health challenges as time goes on, so looking at the way families begin can help us to understand the current and future health of the community. Compared to North Carolina (4.1%), 3.7% of mothers in the service area had late or no prenatal care. The service area had high percentages of preterm births and was on par with the state for low birthweight births (9.0%¹⁴ vs. 9.4%¹⁵). The infant mortality rate was also greater in the SAMC localities compared to North Carolina (13 vs. 6.8 per 100,000 live births, respectively). While teen births (14.1 per 1,000 population) are a community concern, the low numbers do not permit meaningful standardization for comparison to state rates.



Older and aging adults

In many communities, older adults are the fastest growing segment of the population. Challenges come with an aging population, including health-related factors and other factors that ultimately impact health.

The percentage of Medicare recipients being seen for hypertension and diabetes, the top conditions for which patients received hospital treatment in this community, was higher in this service area than in the state overall. The percentage of Medicare beneficiaries treated for Alzheimer’s disease or dementia was lower in the service area (9.5%) than in North Carolina overall (10.4%). These conditions are important to note as they will impact the aging population’s health, quality of life, health care demand, and costs.

¹⁴ This figure is estimated based on 2023 data.

¹⁵ North Carolina Division of Public Health. Retrieved from: <https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard/low-birthweight>.



Sentara Albemarle Medical Center is also working with the community to complete advance care plans, which are designed for adults to specify their medical wishes and/or designate someone as their medical decisionmaker in the event they cannot communicate or advocate for themselves. While many team members working within the health care industry understand the importance and value of advance care plans, it is evident within the acute care setting that our community members may not have that same understanding until it is too late. Currently, within North Carolina, there are approximately 1,595 active registrants with advance care plans filed within the U.S. Advance Care Planning Registry (formerly U.S. Living Will Registry). Sentara has approximately 77,231 active registrants with advance care plans on file within the U.S. Advance Care Plan Registry with 915 of those completed for residents of the SAMC community.

SAMC prioritization

The Forces of Change Assessment (FOCA) focuses on identifying all driving factors that can affect the public health system in a community. The assessment folds into the Mobilizing for Action through Planning and Partnerships model of community health improvement and was used to inform our new CHNA improvement strategy. Extensive secondary quantitative data from publicly available data, as well as primary qualitative data collected from surveys and focus groups, were synthesized and analyzed to identify the community health needs. For more details, refer to Appendix D. health needs.

Recommendations

With the completion of the 2025 CHNA, Sentara and SAMC developed goals to positively impact the health concerns and socioeconomic needs identified. Sentara and SAMC will leverage community partners and resources to identify ways to address the health concerns identified and create specific priority objectives for the implementation strategy. For 2026-2028, SAMC will focus on the following:



Improve mental well-being



Improve chronic disease and avoidable health outcomes



Address and invest in social determinants of health

Conclusion

The information presented in this CHNA reveals a rural community facing a number of health challenges resulting from geographic constraints, demographic forces, and, per the focus groups and survey responses, cultural beliefs and choices based on generations of behavior. The same challenges can be found in countless rural communities throughout the country. Beyond the scope of Sentara and SAMC alone, these opportunities will require active partnerships among community organizations and individuals to create lasting impact. Sentara and SAMC are committed to finding innovative, responsive, and successful strategies to address these challenges in order to fulfill our mission to improve health every day.

“We are honored to care for our friends and neighbors in Northeastern North Carolina. And while we are very focused on providing our patients with the best experience while within our building, we know that much of what affects their health happens outside of our walls. So, caring for our community is comprehensive – it’s not just while they’re at our hospital or in our practices.”

Teresa C. Watson, MHA
President of Sentara Albemarle Medical Center
Sentara Health



Supplemental resources

2023-2025 Implementation strategy progress summary

The previous CHNA identified several health issues in the service area. The SAMC implementation strategy progress report was developed to document activities addressing health needs identified in the 2022 CHNA report through both primary and secondary data sources.

By identifying the most pressing health concerns within a community, the 2022 assessment assisted in setting priorities for health interventions and resource allocation to advance health impact based on patient demographic data and community insight.

This section of the CHNA report describes these activities and collaborative efforts. We are monitoring and evaluating progress to date in the 2023 implementation strategies to track implementation and document the impact of those strategies in addressing selected CHNA health needs. For reference, the list below includes the 2022 CHNA health needs that were prioritized to be addressed by SAMC in the 2023 implementation strategy.

- Behavioral health
- Chronic diseases
- Social determinants of health

Behavioral health

Improving the mental and emotional well-being of all living in the SAMC service area by increasing access to behavioral health services is an important priority. Sentara continues to improve access to behavioral health resources, knowing that one in five adults will have a mental illness severe enough to require treatment, and many more will have emotional and mental health problems that prevent them from fully enjoying their lives. At Sentara, we offer inpatient treatment services through telepsychiatry. Our adult and senior behavioral health inpatient programs provide diagnostic services and treatment for people ages 18 and older who are in crisis due to mental illness, emotional distress, or destructive behavior patterns. Because our treatment facilities are located within several of our hospitals, patients have access to the full range of both psychiatric and medical care. Sentara will continue to partner with community mental health programs to identify alternate placement options for Behavioral Health Emergency Department patients.

In 2023, SAMC partnered with multiple counties to increase and improve physical activity opportunities to promote the development of effective stress management and coping skills. We also partnered with community organizations to reduce the number of Veteran suicides and to help offer both mental and physical help by creating a network of support for Veterans to fall back on when needed. We partnered with Children's Hospital of The King's Daughters, Inc. through funding support to provide necessary mental health services to all local children who need them.

To increase community awareness and reduce stigma, Sentara partnered with the Virginia Stage Company to support an inspirational play about mental health. "Every Brilliant Thing" is an intimate, interactive performance which continues to be brought to communities throughout Virginia and North Carolina. In 2023, we partnered with Elizabeth City State University to provide this event, reaching 55 community members.

Chronic diseases

Sentara Albemarle Medical Center worked with multiple community partners to increase health education and resources to communities. We partnered with Port Discover STEM and local colleges to provide health education and resources to youth and families. We also worked with local religious groups to ensure all residents have access to the same high level of health care, improving health for all residents. Staff at SAMC worked at multiple community events to provide health education and screening opportunities, including the addition of a mobile mammography vehicle to

bring cancer screening opportunities to vulnerable populations without access to timely care.

Social determinants of health

Each hospital has implemented the use of Unite Us, a cross-sector collaboration software establishing a new standard of care that identifies social needs in communities, manages enrollment of individuals in services, and leverages meaningful outcomes data and analytics to further drive community investment. Sentara Albemarle Medical Center is also working with North Carolina CARE 360, a statewide network that unites health care and human services organizations to better provide resources to communities. To increase economic growth, job security, and educational opportunities, SAMC continues to collaborate with multiple colleges and universities to provide fellowships, internships, and preceptorships for health care professionals and students.





Grantmaking and community benefit

In the 2023 implementation strategy process, Sentara and its hospital facilities supported vulnerable populations through efforts such as grant making, in-kind resources, collaborations, and partnerships.

In 2023, Sentara invested more than \$294 million in the communities we serve — \$47 million in community giving, \$13 million in health and prevention programs, \$70 million in teaching and training of health care professionals, and \$164 million in uncompensated patient care. In 2024, Sentara invested more than \$329 million in the communities we serve — \$40 million in community giving, \$19 million in health and prevention programs, \$96 million in teaching and training of health care professionals, and \$174 million in uncompensated patient care.

Community health is defined by much more than medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health by engaging in community approaches to care. Beyond the scope of SAMC alone, these opportunities will require active partnerships

among local organizations and individuals to create lasting impact. Sentara and SAMC are committed to finding innovative, responsive, and successful strategies to address these challenges, to fulfill our mission to improve health every day. While we will consider proposals that fall outside of the following focus areas, we strongly encourage proposals that align with one or more of the following priorities:



Housing: Partner with agencies and organizations that can creatively address a variety of housing issues.



Food security: Improve food security in our communities through innovative programs.



Skilled careers: Educate people to gain higher paying jobs for more sustainable economic opportunities.

Serving the counties of Camden, Currituck, Pasquotank, and Perquimans

Sentara Albemarle Medical Center

3050 Halstead Boulevard Extended
Elizabeth City, NC 27909

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