Hospitals
HOSPITALS

In Eastern North Carolina 35 hospitals provide acute care as of 1994. These hospitals are located in 29 of the 41 counties. The following 12 counties do not have a hospital: Camden, Currituck, Dare, Gates, Greene, Hoke, Hyde, Jones, Northampton, Pamlico, Perquimans, and Tyrrell. Most counties without hospitals are in the northeast corner of the state.

Many hospitals in the region are small, with 41% having less than 100 beds in service. The smallest hospital in the region is Bertie Memorial Hospital, which reported 16 licensed beds in 1994. Pitt County Memorial Hospital, Inc., with 711 beds in service, is the largest in the region. Similarly, the size of medical staffs at hospitals in Eastern North Carolina tend to be small, with only five hospitals employing a medical staff of 100 or more. While medical staff size ranges from 3 to 386, the average size at the region’s hospitals is 31.

Another useful measure is the number of days of care that patients were in hospital per 1,000 population, which can also be compared within the region. The average days of care rate per 1,000 population for North Carolina was estimated at 825.9. The lowest days of care rate per 1,000 population for the region is Currituck County (269.5). Halifax has the highest days of care rate per 1,000 at 1,327.9.

To estimate how much a particular hospital is used by the population, an occupancy rate can also be calculated. This number is obtained by multiplying the number of beds the hospital offers with the total number of days in a year (365) and dividing that by the actual number of days of care, when a bed is occupied. In Eastern North Carolina, occupancy rates vary greatly among the 35 hospitals. Hospitals with the lowest occupancy rates for licensed beds include: Washington County Hospital, Inc. (19%), Pender Memorial Hospital (32%), and Beaufort County Hospital and Betsy Johnson Memorial Hospital (34%). At the other end of the spectrum, the three hospitals that report having the highest occupancy rates are Pitt County Memorial Hospital, Inc. (75%), Pungo District Hospital Corporation (73%), and Carteret General Hospital (67%).

Another measure of hospital utilization is patient days of care, which is a description of both the number of admissions to a specific hospital and the length of stay for a patient. Among the 35 hospitals in Eastern North Carolina, Pitt County Memorial Hospital, Inc. has the greatest number of patient days of care with 194,351. At the other extreme, Bertie Memorial Hospital reported the least number of patient days of care with 2,140.

It is interesting to note the number of live births at each hospital. In fact, seven of the region’s 35 hospitals do not offer obstetric or gynecological services, but instead refer maternity cases to other facilities. The greatest number of live births occurred at Cape Fear Valley Medical Center, which reported 4,722.

Emergency departments are an important part of each hospital because in many cases the emergency room is the point of entry into the hospital system of care. In addition, the
emergency room is all too often used inappropriately, as a place to receive primary care. Of all hospitals in the region, Southeastern Regional Medical Center reported the greatest number of emergency room cases (66,785).

Small hospitals in Eastern North Carolina face significant problems because of their size. Some hospitals cannot afford to purchase, operate, and maintain the advanced medical technology, so they are redefining their missions. For example, some are converting a portion of short-term beds to long-term beds. Moreover, these hospitals have difficulty retaining health care personnel. The majority of hospitals in Eastern North Carolina have rural locations, making it difficult to attract medical staff. This is not only the case for physicians, but it is also true for allied health professionals, support staff, nurses, and technicians.
Eastern North Carolina Hospitals 1996

Hospital Bed Complement
- Over 150 Beds
- 150 and Fewer Beds
- HSA VI Counties

Center for Health Services Research and Development
East Carolina University
Hospitals
Eastern North Carolina

Beaufort County
Beaufort County Hospital
Administrator: Kenneth E. Ragland
628 East 12th Street
Washington, NC 27889
(919) 975-4100
Bed Complement: 99

Pungo District Hospital Corp.
CEO: Thomas O. Miller
210 East Front Street
Belhaven, NC 27810
(919) 943-2111
Bed Complement: 49

Bertie County
Bertie Memorial Hospital
Administrator: Anthony F. Mullen
401 Sterlingsworth Street
Windsor, NC 27983
(919) 794-3141
Bed Complement: 16

Bladen County
Bladen County Hospital
Executive Director: Leo A. Petit, Jr.
Clarkton Hwy 701, P.O. Box 398
Elizabethtown, NC 28337
(910) 862-5179
Bed Complement: 62

Brunswick County
Columbia Brunswick Hospital
CEO: C. Mark Gregson
One Medical Center Drive
Supply, NC 28462
(910) 754-8121
Bed Complement: 60

Chowan County
Chowan Hospital
Administrator: Barbara R. Cale
211 Virginia Road
Edenton, NC 27932
(919) 482-8451
Bed Complement: 70

Columbus County
Columbus County Hospital, Inc.
Administrator: William S. Clark
500 Jefferson Street
Whiteville, NC 28472
(910) 642-8011
Bed Complement: 136

Craven County
Craven Regional Medical Center
President: Gary L. White
2000 Neuse Boulevard
New Bern, NC 28560
(919) 633-8111
Bed Complement: 276

Cumberland County
Cape Fear Valley Medical Center
Administrator: John T. Carlisle
1638 Owen Drive
Fayetteville, NC 28304
(910) 609-4000
Bed Complement: 365

Catawba County
Catawba Memorial Hospital
Administrator: Fred A. Odell, III
3500 Arendell Street
Morehead City, NC 28557
(919) 247-1616
Bed Complement: 117

Sea Level Hospital
Administrator: Vicki B. Jones
468 Highway 70
Sea Level, NC 28577
(919) 225-4611
Bed Complement: 0

Cumberland County (cont)
Columbia Highsmith-Rainey Memorial Hospital
CEO: William A. Adams
150 Robeson Street
Fayetteville, NC 28301-5570
(910) 609-1046
Bed Complement: 150

Duplin County
Duplin General Hospital, Inc.
President & CEO: Richard E. Harrell
401 N. Main Street P.O. Box 278
Kenansville, NC 28349-0278
(910) 296-0941
Bed Complement: 60

Edgecombe County
Columbia Heritage Hospital
CEO: James E. Raynor
111 Hospital Drive
Tarboro, NC 27886
(919) 641-7700
Bed Complement: 117

Halifax County
Halifax Memorial Hospital, Inc.
President: M. E. Gilstrap
250 Smith Church Road
P.O. Box 1089
Roanoke Rapids, NC 27870
(919) 535-8011
Bed Complement: 172

Harnett County
Betsy Johnson Memorial Hospital
President: Shannon D. Brown
800 Tilghman Drive
Dunn, NC 28334
(910) 892-7161
Bed Complement: 62

Good Hope Hospital, Inc.
CEO: David T. Boucher
410 Denim Drive, P.O. Box 668
Erwin, NC 28339
(910) 897-6151
Bed Complement: 72
**Hertford County**
Roanoke-Chowan Hospital, Inc.
President & CEO: Peter N. Geilich
500 South Academy Street
Ahoskie, NC 27910
(919) 332-8121
Bed Complement: 124

**Johnston County**
Johnston Memorial Hospital
President: Leland E. Farnell
509 N. Bright Leaf Blvd.
Smithfield, NC 27577
(919) 934-8171
Bed Complement: 127

**Lenoir County**
Lenoir Memorial Hospital, Inc.
President: Gary E. Black
100 Airport Road
Kinston, NC 28501
(919) 522-7797
Bed Complement: 240

**Martin County**
Martin General Hospital
Admin.: George H. Brandt, Jr.
310 S. McCaskey Road
Williamston, NC 27892
(919) 792-2186
Bed Complement: 49

**Nash County**
Nash General Hospital
President & CEO: Bryant T. Aldridge
2460 Curtis Ellis Drive
Rocky Mount, NC 27804
(919) 443-8000
Bed Complement: 232

**New Hanover (cont’d)**
New Hanover Regional Medical Center
President & CEO: Jim R. Hobs
2131 South 17th Street
Wilmington, NC 28401
(910) 343-7000
Bed Complement: 538

**Onslow County**
Onslow Memorial Hospital
CEO: Douglas W. Kramer
317 Western Boulevard
Jacksonville, NC 28540-1358
(910) 577-2345
Bed Complement: 133

**Pasquotank County**
Albemarle Hospital
CEO: Douglas L. Fairfax
1144 North Road Street
Elizabeth City, NC 27909-1587
(919) 335-0531
Bed Complement: 130

**Pender County**
Pender Memorial Hospital, Inc.
CEO: Floyd A. Oathout
507 Freemont Street
Burgaw, NC 28425
(910) 259-5451
Bed Complement: 43

**Pitt County**
Pitt County Memorial Hospital, Inc.
President & CEO: Dave C. McRae
2100 Stantonsburg Road
Greenville, NC 27835-6028
(919) 816-5983
Bed Complement: 667

**Robeson County**
Southeastern Regional Medical Center
President & CEO: Donald C. Hiscott
300 W. 27th Street
Lumberton, NC 28358
(910) 671-5000
Bed Complement: 285

**Sampson County**
Sampson Regional Medical Center
Administrator: Lee Pridgen, Jr.
P. O. Drawer 258
Clinton, NC 28329
(910) 592-8511
Bed Complement: 116

**Scotland County**
Scotland Memorial Hospital
CEO: Gregory C. Wood
500 Lauchwood Drive
Laurinburg, NC 28352
(910) 276-2121
Bed Complement: N/A

**Washington County**
Washington County Hospital, Inc.
Administrator: Terrence M. Boardman
Highway 64 East
Plymouth, NC 27962
(919) 793-4135
Bed Complement: 49

**Wayne County**
Wayne Memorial Hospital, Inc.
President & CEO: James W. Hubbell
2700 Wayne Memorial Drive
Goldsboro, NC 27534
(919) 736-1110
Bed Complement: 267

**Wilson County**
Wilson Memorial Hospital
President & CEO: Christopher T. Durrer
1705 South Tarboro Street
Wilson, NC 27893
(919) 399-8040
Bed Complement: 205

**Sampson County**
Sampson Regional Medical Center
Administrator: Lee Pridgen, Jr.
P. O. Drawer 258
Clinton, NC 28329
(910) 592-8511
Bed Complement: 116

**Scotland County**
Scotland Memorial Hospital
CEO: Gregory C. Wood
500 Lauchwood Drive
Laurinburg, NC 28352
(910) 276-2121
Bed Complement: N/A

**Washington County**
Washington County Hospital, Inc.
Administrator: Terrence M. Boardman
Highway 64 East
Plymouth, NC 27962
(919) 793-4135
Bed Complement: 49

**Wayne County**
Wayne Memorial Hospital, Inc.
President & CEO: James W. Hubbell
2700 Wayne Memorial Drive
Goldsboro, NC 27534
(919) 736-1110
Bed Complement: 267

**Wilson County**
Wilson Memorial Hospital
President & CEO: Christopher T. Durrer
1705 South Tarboro Street
Wilson, NC 27893
(919) 399-8040
Bed Complement: 205
SUMMARY REPORT FOR HOSPITAL PROFILES
OF
EASTERN NORTH CAROLINA, 1994

This summary encompasses all 35 acute care hospitals in the 41 county area in Eastern North Carolina, and is grouped by hospital size (<50, 50<100, 100<200, 200+). The data come from the Hospital Profiles for the year 1994. It should be noted that Sea Level Hospital is no longer providing acute care services.

<50 Beds (n=6)

This group includes the following hospitals: Martin General Hospital, Pungo District Hospital Corporation, Washington County Hospital, J. Arthur Dosher Memorial Hospital, Bertie Memorial Hospital, and Sea Level Hospital & Extended Care Facility. Sea Level has the lowest number of licensed and reported beds (n=4) and Martin, Pungo, and Washington have the highest number of licensed and reported beds (n=49). The occupancy of licensed and reported beds ranges from 0% at Sea Level to 73% at Pungo, with an overall average of 35%. Discharges/Admissions range from 0 at Sea Level to 1,652 at Martin. Sea Level has the lowest number days of care (n=0) while Pungo District Hospital has the highest (n=12,991). The average length of stay ranges from 0 days at Sea Level to 9.3 days at Pungo, with an overall average of 5.7 days. Live births range from 0 at Washington, J. Arthur Dosher, Bertie, and Sea Level to 175 at Martin. Emergency room visits range from 0 at Sea Level to 12,902 at Martin.

50<100 Beds (n=7)

This group includes the following hospitals: Duplin General Hospital, Good Hope Hospital, Chowan Hospital, Bladen County Hospital, The Brunswick Hospital, Pender Memorial Hospital, and Community Hospital of Rocky Mount. Community Hospital has the lowest number of licensed and reported beds (n=50 and n=41, respectively), Duplin has the highest number of licensed beds (n=81), while Good Hope has the highest number of reported beds (n=72). The occupancy of licensed beds ranges from 32% at Pender to 48% at Chowan, with an overall average of 40%. The occupancy of reported beds in use ranges from 35% at Brunswick to 64% at Duplin, with an overall average of 46%. Discharges/Admissions range from 1,336 at Community Hospital to 2,492 at Duplin. Pender has the lowest number days of care (n=6,628) while Duplin has the highest (n=13,990). The average length of stay ranges from 3.8 days at Brunswick to 5.8 days at Good Hope and Chowan, with an overall average of 5.2 days. Live births range from 0 at Good Hope, Pnder, and Community Hospital to 446 at Duplin. Emergency room visits range from 10,001 at Brunswick to 14,179 at Bladen.

100<200 Beds (n=12)

This group includes the following hospitals: Johnston Memorial Hospital, Columbus County Hospital, Highsmith-Rainey Memorial Hospital, Beaufort County Hospital, Columbia Cape Fear Memorial Hospital, Onslow Memorial Hospital, Roanoke-Chowan
Hospital, Carteret General Hospital, Heritage Hospital, Sampson County Memorial Hospital, Betsy Johnson Memorial Hospital, and Scotland Memorial Hospital. Johnston has the highest number of licensed beds (n=180) and Scotland has the lowest number of licensed beds (n=106). The number of beds reported in use range from 62 at Betsy Johnson to 150 at Highsmith-Rainey. The occupancy of licensed beds ranges from 34% at Beaufort and Betsy Johnson to 67% at Carteret, with an overall average of 48%. The occupancy of reported beds in use ranges from 41% at Heritage to 75% at Columbia Cape Fear, with an overall average of 52%. Discharges/Admissions range from 3,173 at Beaufort to 9,119 at Onslow. Betsy Johnson has the lowest number days of care (n=13,967) while Columbus has the highest (n=30,003). The average length of stay ranges from 3.2 days at Onslow to 6.8 days at Highsmith-Rainey, with an overall average length of 4.9 days. Live births range from 0 at Highsmith-Rainey to 1,797 at Onslow. Emergency room visits range from 11,515 at Heritage to 33,190 at Columbus.

200 + Beds (n=11)

This group includes the following hospitals: Pitt County Memorial Hospital, New Hanover Regional Medical Center, Cape Fear Valley Medical Center, Nash General Hospital, Wayne Memorial Hospital, Wilson Memorial Hospital, Craven Regional Medical Center, Southeastern Regional Medical Center, Lenoir Memorial Hospital, Halifax Memorial Hospital, and Albemarle Hospital. Pitt has the highest number of licensed beds (n=711) and Albemarle has the lowest number of licensed beds (n=206). The number of beds reported in use range from 130 at Albemarle to 667 at Pitt. The occupancy of licensed beds ranges from 45% at Wilson to 75% at Pitt, with an overall average of 60%. The occupancy of reported beds in use ranges from 66% at Heritage to 89% at Albemarle, with an overall average of 75%. Discharges/Admissions range from (n=6,006) at Albemarle to (n=29,373) at Pitt. Albemarle has the lowest number days of care (n=42,082) while Pitt has the highest (n=194,351). The average length of stay ranges from 5.6 days at Lenor to 7.0 days at Nash and Albemarle, with an overall average length of stay of 6.5 days. Live births range from 720 at Albemarle to 4,722 at Cape Fear Valley. Emergency room visits range from 24,139 at Albemarle to 66,785 at Southeastern.
Public Health Agencies
LOCAL HEALTH DEPARTMENTS

Traditionally, the role of the local health department has been to safeguard the public’s health via health education, health promotion, disease prevention, environmental sanitation and the control of communicable disease. Concomitant with changes in individuals’ lifestyle, biology, environment, and disease progression, the scope of local health departments has expanded to include: combating and resolving communicable diseases (e.g. TB, AIDS), disposing of toxic substances, preventing cardiovascular disease and cancer, and managing health/social problems (e.g. adolescent violence, teen pregnancy, substance abuse, and domestic violence). Local health departments provide a myriad of public health services including: childhood immunizations; well-baby care; WIC/nutrition services; prenatal care; STD screening and treatment; TB screening and treatment; family planning; environmental health services (e.g. sewage treatment); health education/health promotion; high blood pressure and high cholesterol screening; treatment of mental health and substance abuse problems; and counseling on nutrition, smoking cessation, injury prevention, and health conditions.

Nationwide, there are approximately 3,000 local health departments. North Carolina Public Health Law 130A-34 states: (a) A county shall provide public health services. (b) A county shall operate a county health department, participate in a district health department or contract with the State for the provisions of public health services. In accordance with this law, each county in the region is party to a consolidated contract with the state of North Carolina. As mandated by law, each of the 41 counties is served by a health department, but there are only 35. Three health departments serve multi-county regions. Health departments generally are staffed by family practitioners, physician assistants, nurse practitioners, certified nurse midwives, registered nurses, licensed practical nurses, social workers, and health educators, and they utilize physician extenders, when necessary.

The local health department is the sole provider of primary care, or rather the last resort, for many Americans, especially those who are medically indigent or rely on Medicaid. Indeed, Medicaid patients make up almost three-fourths of the local health department patient mix. (For this reason, most health departments base patients’ charges on a “sliding scale,” incorporating one’s ability to pay into the fee.) The patient population seen at local health departments are not only economically disadvantaged, they also suffer disproportionately from high rates of morbidity and mortality due to barriers to care: geographic, language and cultural, restrictive clinic hours, and transportation. Consequently, health departments face tremendous economic and resource constraints as they work to provide care to underserved populations.

As outlined in The Future of Public Health, through assessment (e.g., Community Diagnosis) local health departments, in conjunction with the community, can better understand which services should be provided in order to meet the community’s needs. Through policy development, community leaders can help institute or continue needed services. In addition to the direct provision of services, local health departments must strive to assure that the community has access to needed services. Local health departments’ critical role in providing care to underserved populations must be recognized and included in efforts to reform our current health care system.
**Health Department Activities/Functions**

As public health is preventive in nature, the activities of the health department generally fall into the following six categories:

1) Control of communicable diseases via environmental health, control of STDs, control of TB, and control of communicable childhood diseases in child care settings.

2) Provision of specific health care services: immunization; family planning; comprehensive prenatal care; routine well-baby care; and speech and hearing screening, evaluation, and therapy.

3) Nutrition education and food supplementation.

4) Screening and early detection for: high blood pressure, glaucoma, diabetes, cervical cancer (Pap smear), breast cancer (self-exam), vision and hearing problems in children, EPSDT, lead poisoning in children under age 6, scoliosis in county school children, and childhood anemia.

5) Support and follow-up services: counseling for parents of children who die from SIDS, nurse home-visits, school health consultations, follow-ups to cases of abnormal neonatal screening (phenylketonuria, thyroid, sickle cell), and tracking high-priority infants.

6) Health education/Health promotion: program-specific patient education in clinics; educational sessions for schools, civic groups, and community organizations; wellness and health fairs; consultations to schools, industries, public agencies and private agencies; and community diagnoses.

**Preventive Health Services**

Public health measures that focus on preventive health services include: health promotion, disease prevention, health education, epidemiologic surveillance, and environmental health. Health promotion and disease prevention are the primary components of preventive care. As outlined in *Healthy People 2000*, health promotion encompasses physical activity and fitness, nutrition, tobacco use, alcohol and other drug use, family planning, mental health and mental disorders, violent and abusive behavior, and educational and community-based programs. By promoting health via health education, disease is less likely to occur or progress. Health education provides an explanation of the relationship between risk factors and health. Epidemiologic services explore the frequency and distribution of disease within a community. Environmental health ensures clean air to breathe, water to drink, and food supplies to eat.

The clinical component of disease prevention involves taking a patient's medical history and conducting a risk assessment. This is followed by a physical examination and
appropriate laboratory screening tests, as necessary. Clinical preventive services promote health, reduce the risk of illness, injury and premature death and enable early detection and treatment of illness. For example, childhood immunizations prevent infectious disease. Prenatal and maternity care ensure healthy mothers and healthy babies. Family planning provides preconception advice and care. Mammograms and pap smears are screening services to detect breast and cervical cancer, respectively. Screening activities may also include: cholesterol screening and colon screening. For the elderly, vaccinations against influenza are necessary to prevent and control influenza so that unnecessary epidemics do not occur. Dental health care is necessary to avoid future dental problems and/or emergencies. Adult and child preventive health visits promote the overall health of an individual are the foundation of healthy population.

Comprehensive prevention encompasses personal/clinical preventive services, community-based interventions, and social policies consistent with preventive services. Community-based interventions result in healthier communities and include: home visiting, comprehensive school health education, nutrition education programs, and health services programs for special populations (e.g., the elderly, the homeless, the “working poor”).

Prevention activities and services must be the foundation of health reform. Well care should replace the present emphasis on sick care. Our emergency rooms are overburdened with providing basic care to indigent patients who do not enter the system elsewhere. A proactive approach to health will prevent unnecessary illness and disease, which, in turn, will decrease the cost of healthcare. For example, every $1 spent on childhood immunizations saves $10 in later medical costs, and every $1 spent on prenatal care saves $3 on subsequent neonatal intensive care costs to save a premature infant.¹

¹ National Association of County Health Officials’ Primary Care Project. Primary Care Assessment: Local Health Department’s Role in Service Delivery. October 1992.
Public Health Departments 1996
Eastern North Carolina

Key:
- County Health Departments
- Hertford-Gates District Health Depts.
- P-P-C-C District Health Department
- M-T-W District Health Department
- HSA VI Counties

Center for Health Services Research and Development
East Carolina University
# Public Health Departments
## Eastern North Carolina

<table>
<thead>
<tr>
<th>County</th>
<th>Director</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort County</td>
<td>Tamara Hower</td>
<td>Beaufort County Health Dept.</td>
<td>(919) 946-1902</td>
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<tr>
<td></td>
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<td>P.O. Box 579</td>
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<tr>
<td></td>
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<td>Washington, NC 27889</td>
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<tr>
<td>Bertie County</td>
<td>Jack A. Williford</td>
<td>Bertie County Health Dept.</td>
<td>(919) 794-5322</td>
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<td></td>
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<td>P.O. Box 586</td>
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<td>Windsor, NC 27983</td>
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<td>Bladen County</td>
<td>Djuana Register</td>
<td>Bladen County Health Dept.</td>
<td>(910) 862-6900</td>
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<td>P.O. Box 188</td>
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<td>Elizabethtown, NC 28337</td>
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<td>Brunswick County</td>
<td>Donald J. Yousey</td>
<td>Brunswick County Health Dept.</td>
<td>(910) 253-2250</td>
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<td>P.O. Box 9</td>
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<td></td>
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<td>Bolivia, NC 28422</td>
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<tr>
<td>Camden County</td>
<td>Howard Campbell</td>
<td>P-P-C-C District Health Dept.</td>
<td>(919) 338-4460</td>
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<td>P.O. Box 72</td>
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<td>Camden, NC 27921</td>
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<tr>
<td>Carteret County</td>
<td>J.T. Garrett</td>
<td>Carteret County Health Dept.</td>
<td>(919) 728-8550</td>
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<td>Courthouse Square</td>
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<td>Beaufort, NC 28516-1898</td>
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<td>Chowan County</td>
<td>Howard Campbell</td>
<td>P-P-C-C District Health Dept.</td>
<td>(919) 482-6003</td>
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<td>P.O. Box 808</td>
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<td>Edenton, NC 27932</td>
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<tr>
<td>Columbus County</td>
<td>Marian Duncan</td>
<td>Columbus County Health Dept.</td>
<td>(910) 640-5700</td>
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<td>P.O. Box 810</td>
<td>(910) 640-6614</td>
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<td>Whiteville, NC 28472</td>
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<tr>
<td>Craven County</td>
<td>Wanda Sandele</td>
<td>Craven County Health Dept.</td>
<td>(919) 636-4920</td>
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<td>P.O. Box 12610</td>
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<td>New Bern, NC 28561</td>
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<tr>
<td>Cumberland County</td>
<td>Jesse Williams</td>
<td>Cumberland Co. Health Dept.</td>
<td>(919) 433-3600</td>
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<td></td>
<td>227 Fountainhead Lane</td>
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<td>Fayetteville, NC 28301</td>
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<tr>
<td>Currituck County</td>
<td>John Sledge</td>
<td>Currituck County Health Dept.</td>
<td>(919) 232-2271</td>
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<td>P.O. Box 26</td>
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<td>Currituck, NC 27929</td>
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<tr>
<td>Dare County</td>
<td>Ann Thomas</td>
<td>Dare County Health Dept.</td>
<td>(919) 473-1101</td>
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<td>Dare County Admin. Bldg.</td>
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<td>P.O. Box 1000</td>
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<td></td>
<td>Manteo, NC 27954</td>
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<tr>
<td>Duplin County</td>
<td>Dr. Harriette Duncan</td>
<td>Duplin County Health Dept.</td>
<td>(910) 296-2130</td>
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<tr>
<td></td>
<td></td>
<td>340 Seminary Street</td>
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<td>P.O. Box 948</td>
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<td>Kenansville, NC 28349</td>
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Director: Dr. L.S. Woodall  
Johnston County Health Dept.  
618 N. 8th Street  
Smithfield, NC  27577  
(919) 989-5200

Jones County  
Director: Terrell Jones  
Jones County Health Dept.  
P.O. Box 216  
Trenton, NC  28585  
(919) 448-9111

Lenoir County  
Director: Joey Huff  
Lenoir County Health Dept.  
201 N. McLewean Street  
P.O. Box 3385  
Kinston, NC  28501  
(919) 527-7116

Martin County  
Director: William Burgess  
M-T-W District Health Dept.  
Rt. 2, Box 78-R  
Plymouth, NC  27962  
(919) 792-7811

Nash County  
Director: William Hill  
Nash County Health Dept.  
P.O. Box 849  
Nashville, NC  27856  
(919) 459-9819

New Hanover County  
Acting Director: Linda Smith  
New Hanover Co. Health Dept.  
2029 South 17th Street  
Wilmington, NC  28401  
(910) 343-6500

Northampton County  
Acting Director: Sue Gay  
Northampton Co. Health Dept.  
P.O. Box 635  
Jackson, NC  27845  
(919) 534-5841

Onslow County  
Director: Danny Jacob  
Onslow County Health Dept.  
612 College Street  
Jacksonville, NC  28540  
(910) 347-2154 or  
(910) 347-7042

Pamlico County  
Acting Director: Jenny Lassiter  
Pamlico County Health Dept.  
P.O. Box 306  
Bayboro, NC  28515  
(919) 745-5111

Pasquotank County  
Director: Dana Boslau  
P-P-C-C District Health Dept.  
P.O. Box 189  
Elizabeth City, NC  27907  
(919) 338-4400

Pender County  
Director: Dr. Jack Griffith  
Pender County Health Dept.  
P.O. Box 1209  
Burgaw, NC  28425  
(910) 259-1230

Perquimans County  
Director: Howard Campbell  
P-P-C-C District Health Dept.  
103 Charles St.  
Hertford, NC  27944  
(919) 426-2100

Pitt County  
Director: Dr. John Morrow  
Pitt County Health Dept.  
201 Government Circle  
Greenville, NC  27858  
(919) 413-1300

Robeson County  
Director: William Smith  
Robeson County Health Dept.  
460 Country Club Road  
Lumberton, NC  28358  
(910) 671-3200

Sampson County  
Director: Curtis E. Holloman  
Sampson County Health Dept.  
360 County Complex Road  
Clinton, NC  28328  
(910) 592-1131

Scotland County  
Director: Richard Steves  
Scotland County Health Dept.  
P.O. Box 69  
Laurinburg, NC  28353  
(910) 277-2440

Tyrrell County  
Director: William Burgess  
M-T-W District Health Dept.  
P.O. Box 238  
Columbia, NC  27925  
(919) 796-2681

Washington County  
Director: William Burgess  
M-T-W District Health Dept.  
Rt. 2, Box 78-R  
Plymouth, NC  27962  
(919) 793-3023

Wayne County  
Director: Tom Blum  
Wayne County Health Dept.  
301 N. Herman St. Box CC  
Goldsboro, NC  27530  
(919) 731-1000

Wilson County  
Director: Dr. Louis Latour  
Wilson County Health Dept.  
1801 Glendale Drive  
Wilson, NC  27893  
(919) 291-5470
RURAL AND COMMUNITY HEALTH CENTERS

The distribution of rural and community health centers available to serve communities is a perpetual concern in Eastern North Carolina, as these centers are a main source of primary care. “Rural areas” as defined in the Rural Health Clinics Act (Public Law 95-210) are “areas not delineated as urbanized areas in the last census conducted by the Census Bureau.” Areas that are rural or classified as Health Professional Shortage Areas (HSPA’s) or Medically Underserved Areas (MUA’s) are eligible to receive federal assistance. Furthermore, Public Law 95-210 specifies that if a practice is located in a rural area designated either as a HPSA or a MUA, and that practice uses a mid-level practitioner at least 50% of the time, it is eligible to receive reimbursement on an at-cost basis by Medicare and Medicaid for ambulatory services. Eastern North Carolina has thirty rural and community health centers, located in twenty-one of the forty-one counties. The accompanying map provides a visual picture of how the rural and community health centers are distributed throughout the region.

Those identified as Rural Health Centers are ones that have been funded and developed by the North Carolina Office of Rural Health and Resource Development. Those identified as Community Health Centers (329/330) are ones which usually are also rural but are funded at least in part by the federal government under sections 329 and 330 of the Public Health Service Act. Some of the clinics have been developed with support from both the state and federal government.


2. Ibid.
Rural and Community Health Centers 1997
Eastern North Carolina

Health Centers
- Rural Health Center
- Community Health Center (329/330)
- Rural and Community Health Center
- ECU Voluntary Clinic
- ECU SOM outreach and training clinic

HSA VI Counties

Source: North Carolina Office of Rural Health and Resource Development
Center for Health Services Research and Development
Rural and Community Health Centers
Eastern North Carolina

Beaufort County
Tri County Health Services, Inc.
P.O. Box 40
Aurora, NC  27806
(919) 322-4021
Community Health Center

Bertie County
Bertie County Rural Health Association
P.O. Box 39
Lewiston, NC  27849
(919) 348-2545
Rural Health Center
Community Health Center

Bertie County Rural Health Association
P.O. Box 628
Windsor, NC  27983
(919) 794-3042
Rural Health Center
Community Health Center

Bladen County
West Bladen Health Center, PA
Highway 211 and Fourth Street
P.O. Box 998
Bladenboro, NC  28320
(910) 863-3138
Rural Health Center

Columbus County
Lake Waccamaw Medical Center
107 Church Street
P.O. Box 169
Lake Waccamaw, NC  28450
(910) 646-3057
Rural Health Center

Cumberland County
Stedman-Wade Health Services
Wade, NC  28395
Community Health Center

Craven County
Vanceboro Medical Center (Private)
620 FarmLife Avenue
P.O. Box 529
Vanceboro, NC  28586
(919) 244-1785
Rural Health Center

Dare County
Outer Banks Medical Center
425 West Health Center Drive
Nags Head, NC  27959
(919) 441-7111
Rural Health Center

Duplin County
Duplin Medical Association
Beulaville, NC  28518
Rural Health Center

Duplin Medical Association
102 N. Center Street
Warsaw, NC  28389
(910) 293-3401
Rural Health Center

Duplin Medical Association
Highway 117 South
P.O. Box 639
Rose Hill, NC  28458
(910) 289-3027
Rural Health Center

Goshen Medical Center
444 Southwest Center Street
P.O. Box 187
Faison, NC  28341
(910) 267-0421
Community Health Center

Plainview Health Services
Greenevers, NC
Community Health Center

Plainview Health Services, Inc.
Rt. 2, Box 337
Rose Hill, NC  28458
(910) 289-3086
Community Health Center

Wallace Medical Village
Wallace, NC  28466
Rural Health Center

Greene County
Greene County Health Care, Inc.
P.O. Box 658
Snow Hill, NC  28580
(919) 747-8162
Community Health Center

Halifax County
Lake Gaston Medical Center, Inc.
P.O. Box 250
Littleton, NC  27850
(919) 585-5411
Rural Health Center

Scotland Neck Family Medical Center
900 Junior High Road
P.O. Box 540
Scotland Neck, NC  27874
(919) 826-3143
Rural Health Center

Twin County Rural Health Center, Inc.
Secondary Road 1329
P.O. Box 10
Hollister, NC  27844
(919) 586-5151
Community Health Center

Harnett County
The Western Medical Group
Anderson Creek, NC
Community Health Center

The Western Medical Group
Angier, NC  27501
Community Health Center

The Western Medical Group, Inc.
Drawer B
Mamers, NC  27552
(910) 893-7550
Community Health Center
Harnett County (cont’d)
The Western Medical Group
Pineview, NC
Community Health Center

Hoke County
Hoke Family Medical Center
P.O. Box 665
Raeford, NC 28376
(910) 875-5101
Community Health Center

Hyde County
Ocracoke Health Center
Highway 12
P.O. Box 543
Ocracoke, NC 27960
(919) 928-1511
Rural Health Center

Johnston County
Benson Area Medical Center
1204 North Johnston Street
P.O. Box 399
Rural Health Center

Lenoir County
Duplin Medical Association
Pink Hill, NC 28572
Rural Health Center

Kinston Community Health Center
Kinston, NC 28501
Community Health Center

Martin County
Oak City Medical Center
Oak City, NC 27857
Rural Health Center

Nash County
Greater Rocky Mount Family Medical Center
Rocky Mount, NC 27801
Rural Health Center

Nash County Health Department
Stricklands Crossing, NC
Community Health Center

Whitakers Medical Center
106 Railroad Street
P.O. Box 760
Whitakers, NC 27891
(919) 437-2171
Rural Health Center

New Hanover
Federal Point Medical Center
1300 Dow Road
Carolina Beach, NC 28428
Rural Health Center

Northampton County
Roanoke Amaranth Community Health Group, Inc.
1213 North Church Street, Extension
P.O. Box 644
Jacksonville, NC 28545
(919) 534-1024
Rural Health Center

Onslow County
Penslow Health Clinic
P.O. Box 1326
Roanoke Rapids, NC 27870
Rural Health Center

Pender County
Black River Health Services
126 West Main Street
P.O. Box 130
Atkinson, NC 28221
(910) 283-7783
Rural Health Center

Rural Health Center

Rich Square Medical Center
156 Main Street
P.O. Box 710
Rich Square, NC 27869
(919) 539-2082
Rural Health Center

OBG/GYN Associates of RACHG, Inc.
P.O. Box 148
Pembroke, NC 28370
Rural Health Center

Robeson County
Robeson Health Care Corporation
191 Florence Street
Maxton, NC 28364
(910) 844-5253
Community Health Center

Rural Health Center

Robeson Health Care Association
P.O. Box 1629
Pembroke, NC 28372
(910) 521-2816
Community Health Center

Rich Square Medical Center
156 Main Street
P.O. Box 710
Rich Square, NC 27869
(919) 539-2082
Rural Health Center

Onslow County
Penslow Health Clinic
P.O. Box 146
Holly Ridge, NC 28445
(910) 399-7591
Rural Health Center

Pender County
Black River Health Services
126 West Main Street
P.O. Box 130
Atkinson, NC 28221
(910) 283-7783
Rural Health Center

Black River Health Services, Inc.
P.O. Box 148
Burgaw, NC 28425
(910) 259-5721
Rural Health Center

Rural Health Center

Tri-County Community Health Center
P.O. Box 665
Pembroke, NC 28374
(910) 875-5101
Community Health Center

Wilson County
Wilson Community Health Center
303 East Green Street
Wilson, NC 27893
Rural Health Center

Rural Health Center
TELEMEDICINE
in
EASTERN NORTH CAROLINA

Telemedicine consultations began in August 1992 when the North Carolina Department of Corrections contracted with the Center for Health Sciences Communication at East Carolina University School of Medicine to provide telemedicine services to their largest facility, Central Prison in Raleigh. Since then 10 additional sites have been brought online and incorporated into REACH-TV (Rural Eastern North Carolina Health Television). To date, over 1,500 consultations have been provided in 32 medical specialties, as well as continuing education and precepting for medical students and residents. Radiographs and ultrasound studies are also sent to ECU for reading. University Home Care in June of 1997 began using telemedicine for home nursing visits in Pitt County.

The network uses a variety of technologies to provide two-way interactive video between sites, including microwave, T1, ATM, ISDN, cell phones and phone lines allowing for deployment of the most cost effective technology at each site. Sites can be linked to four rooms designed for physicians doing consultations and another four large rooms for distance learning and teleconferencing.

Source: Center for Health Sciences Communication 1997
Telemedicine Sites in Eastern North Carolina
Physician Workforce
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**29 County Region**

| 225 | 201 | 122 | 101 | 649 | 1,845 | 139 | 90 | 672 | 1,570 | 763 |

**41 County Region**

| 354 | 337 | 202 | 179 | 1,072 | 2,055 | 263 | 152 | 1,144 | 2,631 | 837 |

**North Carolina**

| 1,822 | 1,655 | 747 | 926 | 5,150 | 1,397 | N/A | N/A | 7,799 | 12,949 | 556 |

**United States**

| 70,926 | 106,923 | 35,881 | 46,892 | 260,622 | 1,008 | 35,742 | 36,257 | 327,961 | 660,582 | 398 |

***Indicates no practicing physicians in county***

US numbers are as of January 1, 1994

Source: Directory of Physicians in Eastern North Carolina, CHSR&D
NC data: North Carolina Health Professions Data Book, October 1995
US data: AMA Physician Characteristics and Distribution in the US, 1995-96

Number of Physicians in Practice
By Specialty
Eastern North Carolina, 1997
All Physicians 1997
Eastern North Carolina

All Physician Types
Population per Physician

- 255 to 802 (10)
- 802 to 1,650 (10)
- 1,650 to 2,967 (10)
- 2,967 to 16,794 (10)
- No Physicians (1)

Note: 1995 population base

All Physician Types
Physician Counts

- Primary Care (Including OB/GYNs)
- Psychiatry
- General Surgery
- All Other Specialties

Source: Directory of Physicians in Eastern North Carolina 1997
CHSERD and NC OSP for population estimates
Primary Care Physicians 1997
Eastern North Carolina

Primary Care Physicians
Population per Physician

- 788 to 1,907 (10)
- 1,907 to 2,753 (10)
- 2,753 to 3,852 (10)
- 3,852 to 25,758 (10)
- No Primary Care Physicians (1)

Note: 1995 population base

Primary Care Physicians
Physician Counts

Center for Health Services Research and Development
East Carolina University

Source: Directory of Physicians in Eastern North Carolina 1997
CHSRD and NC OSP for population estimates
### Children per Pediatrician

**Women 15 and Over per OB/GYN**

**Eastern North Carolina, 1997**

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<th>Children per PED</th>
<th>FP PED</th>
<th>Total Children per PED and Women 15 and older</th>
<th>Women 15 &amp; older per OB/GYN</th>
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</table>

| 29 County Region | 305,797 | 101 | 3,028 | 225 | 326 | 938 | 486,959 | 122 | 3,991 |
| 41 County Region | 570,044 | 179 | 3,185 | 354 | 553 | 1,070 | 880,698 | 202 | 4,360 |
| North Carolina  | 1,699,649 | 478 | 2,272 | 1,812 | 2,560 | 664 | 1,651,180 | 881 | 1,874 |
| United States   | 68,062,971 | 28,964 | 2,279 | 58,603 | 87,587 | 754 | 59,082,853 | 27,072 | 2,182 |

Source: Directory of Physicians in Eastern North Carolina, CHSR&D
NC population data: US Census Bureau via LINC variables 6105-6108
US population data: Claritas Trendline Data/MapInfo 4.1, 1993 data
US physician data: AMA Physician Characteristics and Distribution in the US, 1995-96
Pediatricians and OB/GYNs 1997
Eastern North Carolina

Pediatric Physicians
Children Aged 0-17 per Physician

- 800 to 2,840 (7)
- 2,840 to 4,100 (6)
- 4,100 to 6,700 (6)
- 6,700 to 23,290 (6)
- No Pediatricians (16)

Note: 1995 population base

OB/GYN Physicians
Women 15 and Over per Physician

- 1,712 to 3,250 (7)
- 3,250 to 4,750 (6)
- 4,750 to 7,300 (6)
- 7,300 to 13,192 (6)
- No OB/GYN Physicians (16)

Center for Health Services Research and Development
East Carolina University

Source: Directory of Physicians in Eastern North Carolina 1997
CHSSRD and NC OSP for population estimates
## Population per Primary Care Provider
### Eastern North Carolina, 1979 - 1995

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<td>13,785</td>
<td>13,892</td>
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<td>16,075</td>
<td>14,474</td>
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<td>2,047</td>
<td>2,045</td>
<td>2,070</td>
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Note: ENC refers to the 41 county region.

Source: North Carolina Health Manpower DATABOOK (Annual publication)
Chapel Hill: University of North Carolina, Cecil G. Sheps Center for Health Services Research
Health Professional Shortage Areas
North Carolina 1995

Shortage Groups

1  3
2  4

possesses at least one designated sub-population
no designated shortage

**Health Professional Shortage Areas**  
*Eastern North Carolina 1995*  

(#{}) = 1992 Designation  
(* = New Designation  
(+ = Recent Designation, No Degree of Shortage for 1996

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<th>County</th>
<th>Shortage Group</th>
<th>County</th>
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<td>(Bayboro-Aurora)</td>
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**Source:** Federal Register, 60(190). Oct. 2, 1995  
**Bureau of Primary Health Care**
Health Professional Shortage Areas

Eastern North Carolina 1995

Note: The symbol + represents a recent (1996) designation. Each designation for Wayne, Johnston, and Sampson Counties partially replaces the Newton Grove Service Area. The Newton Grove Service Area is not depicted.

Bureau of Primary Health Care

Center for Health Services Research and Development
East Carolina University

VI.C.10
Health Insurance
Average Daily Medically Uninsured By Age 1995

North Carolina

Insured 87.2%
Uninsured 12.8%

Under 6 0.9%
6 to 17 1.8%
18 to 64 10.0%
65 and over 0.1%

Eastern North Carolina

Insured 85.0%
Uninsured 15.0%

Under 6 1.1%
6 to 17 2.2%
18 to 64 11.6%
65 and over 0.1%

Source: The North Carolina Health Planning Commission 1995

Center for Health Services Research and Development
East Carolina University
Average Daily Medically Uninsured By Age 1995
Eastern North Carolina

Medically Uninsured
Percent Intervals
- 11.1% to 12.5% (3)
- 12.5% to 15.0% (8)
- 15.0% to 17.5% (18)
- 17.5% to 22.5% (12)

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East Carolina University

Data Source: The North Carolina Health Planning Commission 1995