

Bertie County

2018 Community Health Needs Assessment



ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Your partnership in the Community Health Needs Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vident Bertie Hospital, Vident Chowan Hospital, Vidant Roanoke Chowan Hospital, and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Pasquotank

Perquimans

Camden

Chowan

Currituck

Bertie

Gates

Hertford

The rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and play. These factors also provide challenges in our systems of service delivery which drive the need for a continuum of programs. The Community Health Needs Assessment allows us the opportunity to analyze and prioritize our community's needs and strengths based on vital feedback from citizens of all eight counties.

The priority health rankings selection process identified strategies that can be implemented to target needs that were identified in the 2018 Community Health Needs Assessment. These priorities can help to create increased opportunities for healthier outcomes in our communities. Existing relationships will continue to be nurtured and strengthened as we join together to identify new partners to innovatively address the needs of our community.

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciates the help of our vital community stakeholders.

Special thanks goes to Wanda Stallings for proofing/editing this document.

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Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Bertie County.

Service Area

The service area for this report is defined as the geographical boundary of Bertie County, North Carolina. Bertie County is a mostly rural county and located within the Inner Banks region. Bertie county has a total area of 741 square miles, of which 699 square miles is land and 42 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

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

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

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (6) focus group discussions. Almost 400 Bertie County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

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

Summary of Findings

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

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health
Other Chronic Diseases
Substance Abuse

Selected Priority Areas

The prioritization process identified three focus areas: (1) Access to Healthcare/Services (2) Healthy Lifestyles/Chronic Disease Prevention and (3) Substance Use/Misuse.

Conclusion

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

Introduction

Albemarle Regional Health Services and community partners are present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Bertie County, North Carolina.

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

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

The 2018 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Vidant Bertie Hospital, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

About Health ENC

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

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

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

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

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

Member Organizations

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

Partner Organizations

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

Hospitals and Health Systems

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

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

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

Steering Committee

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

Health ENC Program Manager

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

Health ENC Steering Committee Members

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

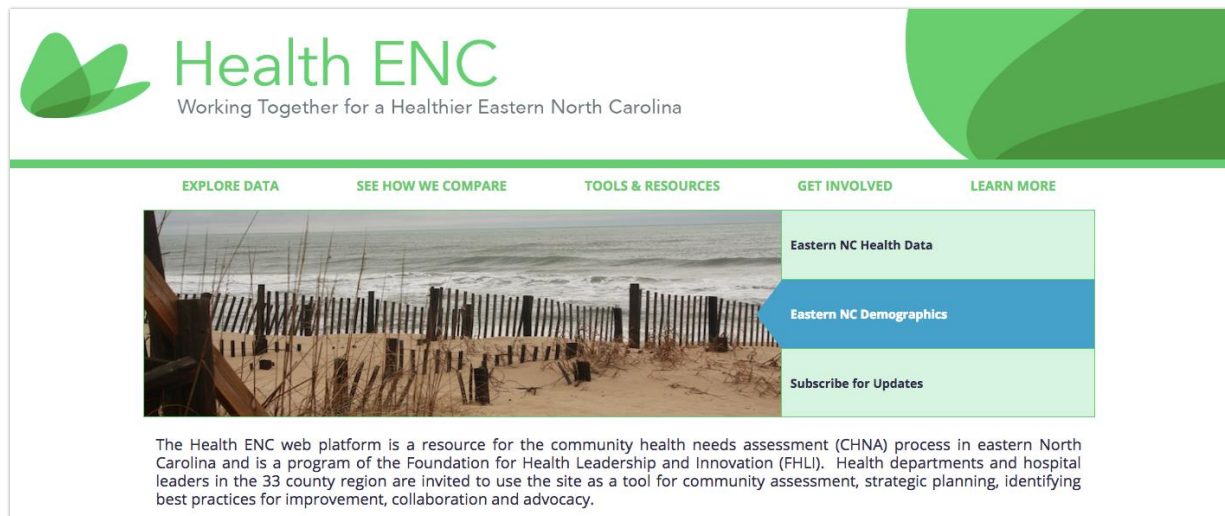
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

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

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

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

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

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Community CHNA Collaborative

This document was developed by Albemarle Regional Health Services, in partnership with Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, and Vidant Roanoke Chowan Hospital as part of a local community health needs assessment process.

Three Rivers Healthy Carolinians (TRHC), serving Bertie and Chowan counties, was also an active partner in the development of the CHNA. TRHC is “a network of public-private partnerships across North Carolina that shares the common goal of helping all North Carolinians to be healthy.” The members of local partnerships are representatives of the agencies and organizations that serve the health and human service needs of the local population, as well as representatives from businesses, communities of faith, schools and civic groups.

Community Health Team Structure

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team consisted of 25 members that included county residents as well as representatives from various local agencies and organizations from throughout the eight county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2018 and July 2018 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, promoting and serving as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for Albemarle Regional Health Services include:

- Albemarle Hospital Foundation
- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Pasquotank County Cooperative Extension
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Town of Hertford
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen’s opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

Distribution

Three Rivers Healthy Carolinians plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county websites, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. TRHC members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

An electronic copy of this report is also available on HealthENC.org.

Methodology

Overview

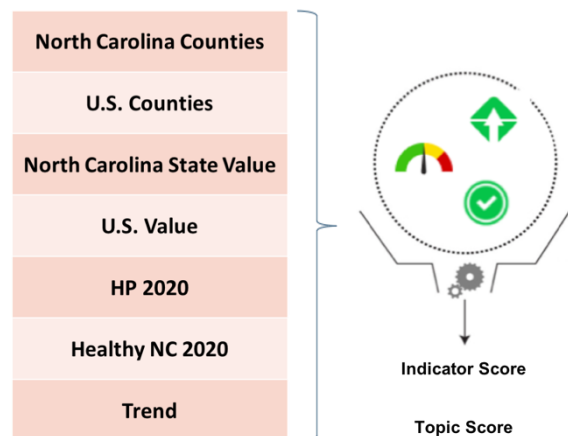
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 141 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Bertie County's status, including how Bertie County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Bertie County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



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

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing

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

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

Table 2. Health and Quality of Life Topic Areas

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

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

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

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Members of the ARHS CHNA Leaders Team, assisted by members of the region’s Healthy Carolinians coalitions and community volunteers, conducted the community health survey using electronic/paper surveys and a “convenience sample” technique. Surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, etc. The sample sites were deliberately chosen to assure that the participants would be representative of the demographic distribution of the community in each participating county. Surveys, which were available in English and Spanish versions, were distributed and retrieved by the volunteers in one sitting. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 410 responses were collected from Bertie County residents, with a survey completion rate of 90.7%, resulting in 372 complete responses from Bertie County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Bertie County	367	5	372

*Based on complete responses

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

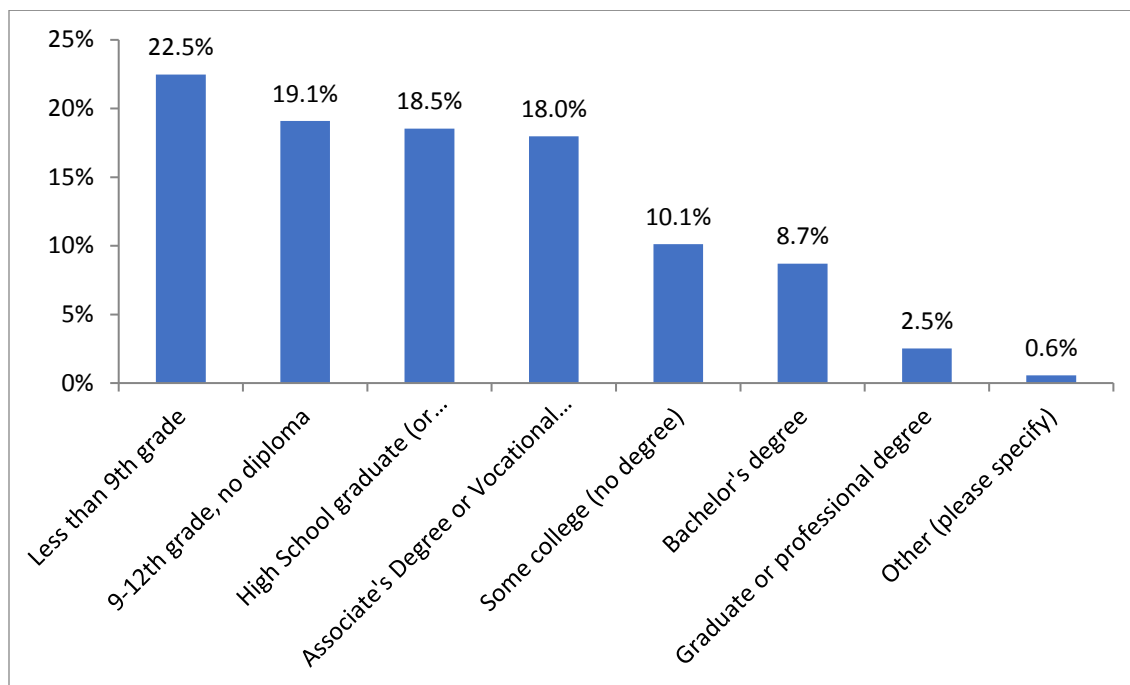
Demographics of Survey Respondents

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

Among Bertie County survey participants, 64.2% of respondents were over the age of 50, with the highest concentration of respondents (15.8%) grouped into the 60-64 age group. The majority of respondents were female (76.5 %), spoke English at home (98.6%) and Not Hispanic (96%). Half of the survey respondents identified their race as white (50.3%), while the other half identified their race as Black (46.3%).

The majority of survey respondents had completed a high school education or less, with the highest share of respondents (22.5%) having completed less than a 9th grade education and the next highest share of respondents (19.1%) having completed some high school but did not receive a diploma (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (53.6%) and the highest share of respondents (19.2%) had household annual incomes that totaled between \$50,000 and \$74,999 before taxes. The next highest income group (15.1%) had household incomes that totaled between \$15,000 and \$24,999. The average household size was 2.6 individuals.

Figure 4. Employment Status of Community Survey Respondents

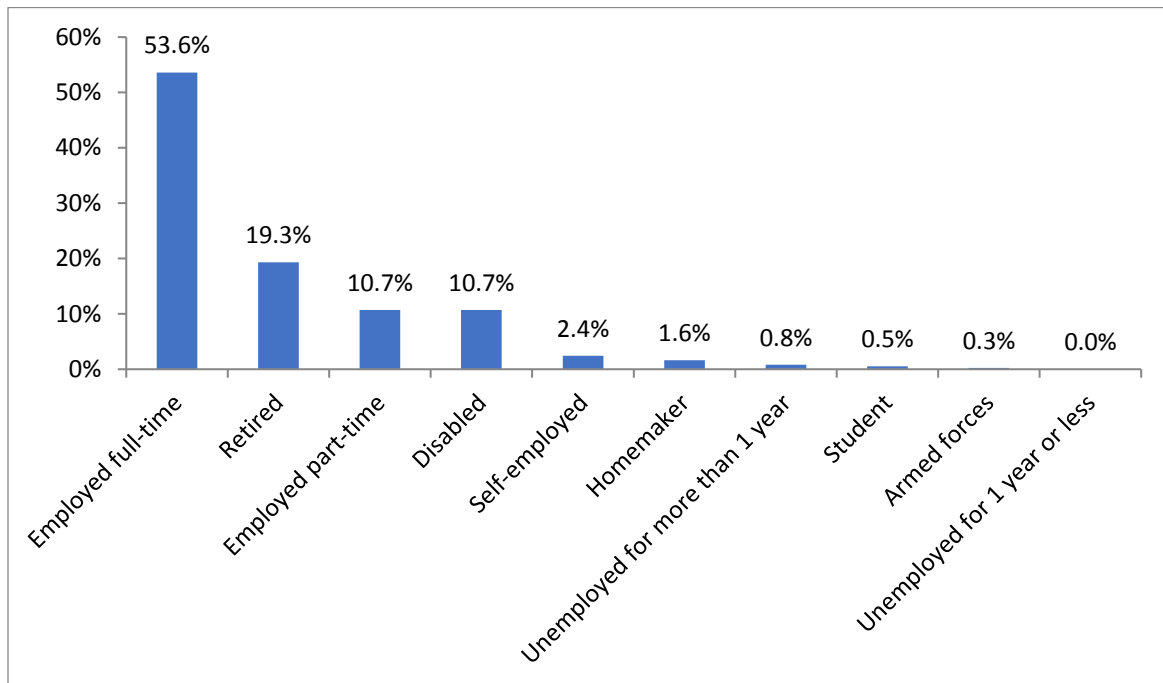
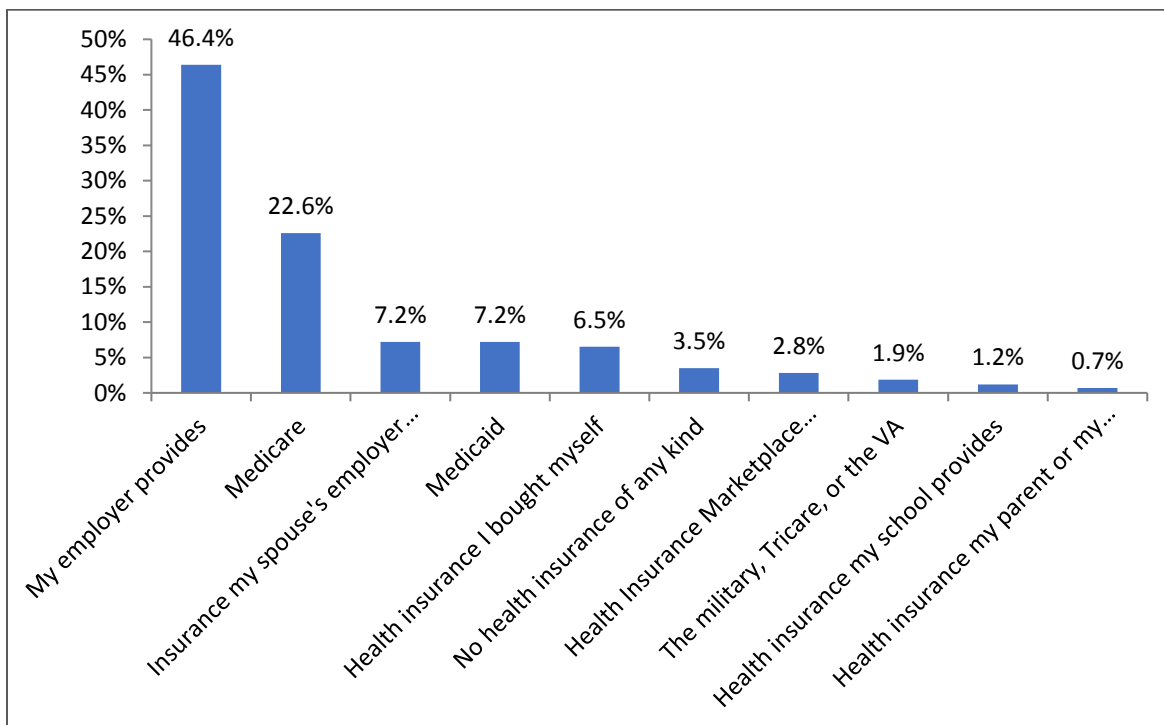


Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (46.4%), while 22.6% have Medicare and 3.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey is fairly representative of the community despite the fact that the survey was a convenience sample survey.

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

Focus Group Discussions

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

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

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

ARHS partnered with Vidant Bertie Hospital to collect primary data for the 2018 CHNA process for Bertie County. Focus groups were led by trained moderators to learn more about the community's definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA Leaders Team collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Six focus group discussions were completed within Bertie County between June 14, 2018 – July 27, 2018 with a total of 52 individuals. Participants included spiritual leaders, persons living with diabetes, senior citizens, and migrant farm workers. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/14/2018	Heritage House Restaurant Windsor	General Population	12
6/26/2018	Vidant Bertie Hospital	Chaplains Council	6
7/09/2018	Bertie Health Department	Diabetes Support Group	9
7/20/2018	Bertie County Senior Center	Senior Citizens	8
7/24/2018	Tobacco Camp	Migrant Farm Workers/ Latino	10
7/27/2018	Colerain Nutrition Site	Seniors	7

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

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

Data Considerations

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

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

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

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

Prioritization

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2018 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Monday, January 14, 2019:

Roanoke Chowan Community Health Clinic, Ahoskie, NC (Hertford County)

Wednesday, January 16, 2019:

Vidant Bertie Hospital, Windsor, NC (Bertie County)

Friday, January 18, 2019:

Shepard Pruden Library, Edenton, NC (Chowan County)

Monday, February 11, 2019:

Merchants Millpond State Park, Gatesville, NC (Gates County)

Friday, February 15, 2019:

Sentara Albemarle Medical Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

After reviewing the CHNA presentation for each county, discussion took place among the participants to determine community priority issues relating to the following criteria:

- Magnitude of the Problem: The size or extent of the problem as it relates to your county.
- Consequences of the Problem: How the economic, social, cultural, and political issues within your county might be influenced by addressing this issue.
- Feasibility: Are there enough resources in the county to address this issue and is the community ready to address this issue?
- Duplication: Is this issue already being addressed by other community stakeholders/programs?

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues by placing a colored sticker next to their choices. After the post-presentation results were collected, the health issues were tallied. For Three Rivers Healthy Carolinians (Bertie and Chowan Counties) those were, in no particular order:

- Substance Use/Misuse
- Healthy Lifestyle/Chronic Disease Prevention
- Access to care/services

It is important to note that these three priorities have been selected for a diverse two-county coalition, so certain priorities may be more applicable to some counties than to others.

Overview of Bertie County

About Bertie County

Bertie County is a mid-sized, primarily rural county located in the Coastal Plain region of eastern NC. The county is adjacent to Hertford County on the north, Chowan County on the east, Washington County on the southeast, Martin County on the southwest, Halifax County on the west, and Northampton County on the northwest. Bertie County is divided geopolitically into nine townships. The county seat of Windsor is the most populated town in the county.

Bertie County encompasses a land area of 741 square miles, including 42 square miles of the Chowan, Roanoke, and Cashie rivers and the Albemarle Sound. Major highways include US 13, US 17, and NC Highways 11, 42, 45, 305, and 308. US 13 and 17 run through the center of the county and provide a direct connection with US 64, which leads east to the Outer Banks (75 miles away) and west to Raleigh (100 miles away). US 17 connects the county to Wilmington, NC in the south; NC 11 connects the county to southern VA to the north and Greenville, NC to the south. The nearest interstate highway is I-95, 50 miles to the west.

The closest major airport, 56 miles from the county center, is Pitt-Greenville Airport in Greenville, NC. Other airports within a 100 mile radius are the Coastal Carolina Regional Airport in New Bern, NC (80 miles), the Norfolk International Airport in Norfolk, VA (88 miles), and the Newport News/Williamsburg International Airport in Newport News, VA (99 miles). Amtrak stations are located in Rocky Mount, NC (48 miles), Wilson, NC (57 miles) and Norfolk, VA (69 miles). Greyhound bus stations are located in Williamston, NC (13 miles) and Edenton, NC (20 miles).

Originally one of the oldest and largest counties in the state of NC, Bertie County once consisted of the present Bertie County, Tyrell County, Edgecombe County, Northampton County and Hertford County. It was divided to its current size and shape by 1780. The rich soil sustained by the rivers flowing along and within the borders of the county made Bertie County ideal for agriculture. The county's primary crops included cotton, tobacco, peanuts, corn and soybeans. Textile, furniture, and clothing manufacturing plants added to the area's income. The livestock and poultry farming industries were also major contributors to the agricultural base, and the timber industry has been vital to the area, especially in the Windsor region.

There are multiple activities, attractions and cultural events in the county. With twenty miles of shoreline, the Chowan River provides fishing, boating, sailing and water skiing. The Cashie River, which winds through the county for more than twenty miles, is the home of the San Souci Ferry, one of North Carolina's last operational two-car ferries. Other area attractions include the Cashie Wetlands Walk, Livermon Park and Mini-Zoo and the Windsor Historic District Walking Tour. Some of the festivals held in Bertie County include Chicken on the Cashie, the Sea and Tee Festival, Fun Day in the Park at Windsor, and the Scotch Hall Preserve golf course, a public 18-hole course designed by Arnold Palmer.

Demographic Profile

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

Population

According to the U.S. Census Bureau's 2016 population estimates, Bertie County has a population of 19,854 (Figure 6). The population of Bertie County has decreased from 2013 to 2016.

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

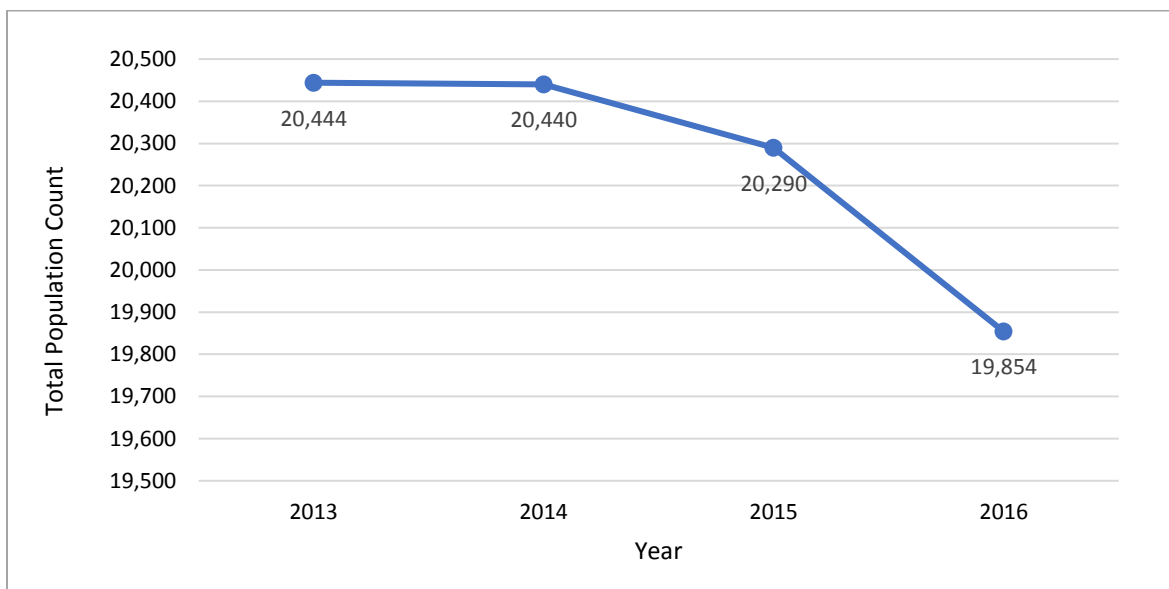
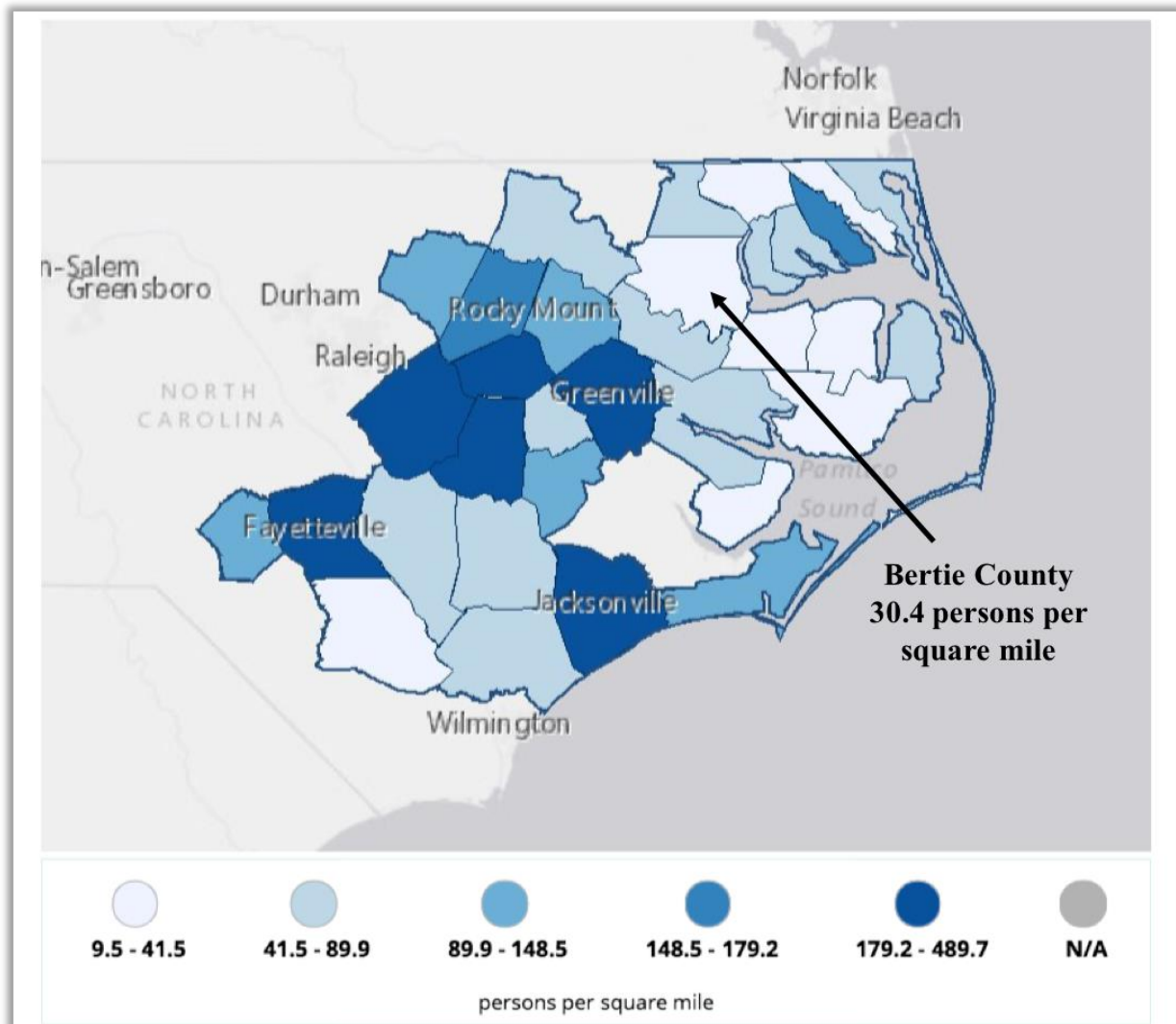


Figure 7 shows the population density of Bertie County compared to other counties in the Health ENC region. Bertie County has a population density of 30.4 persons per square mile.

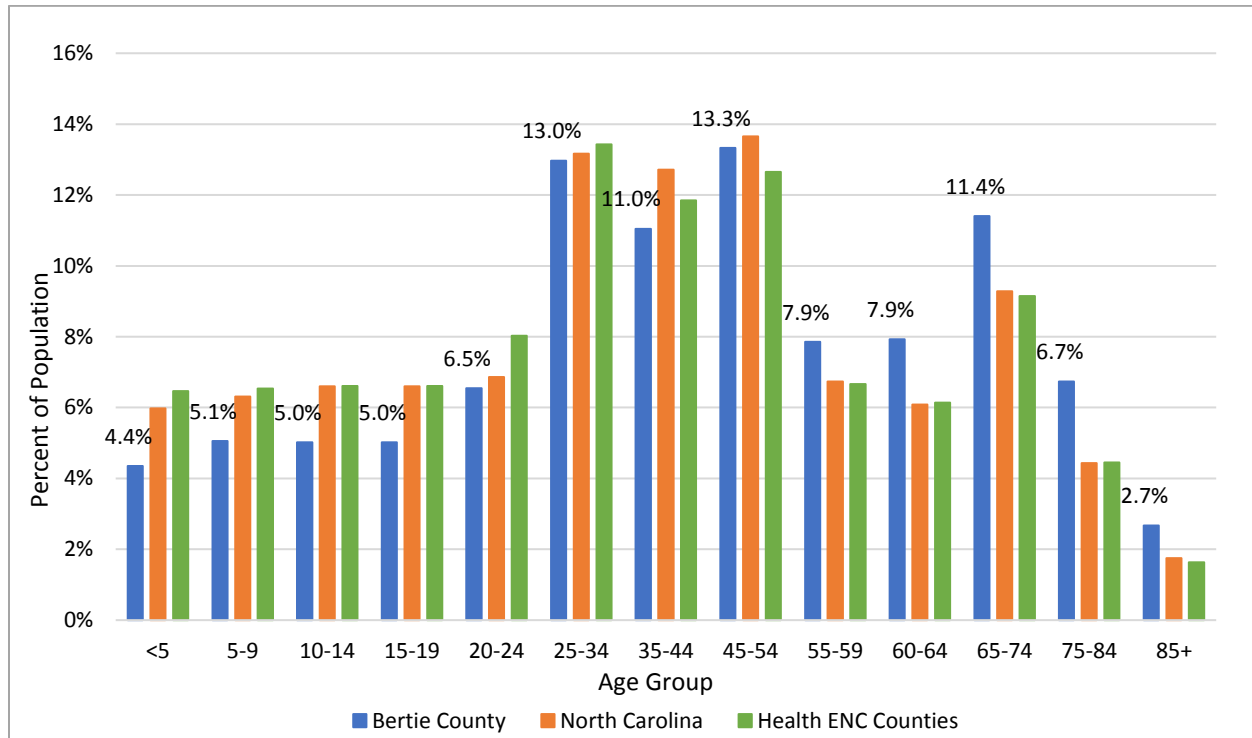
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

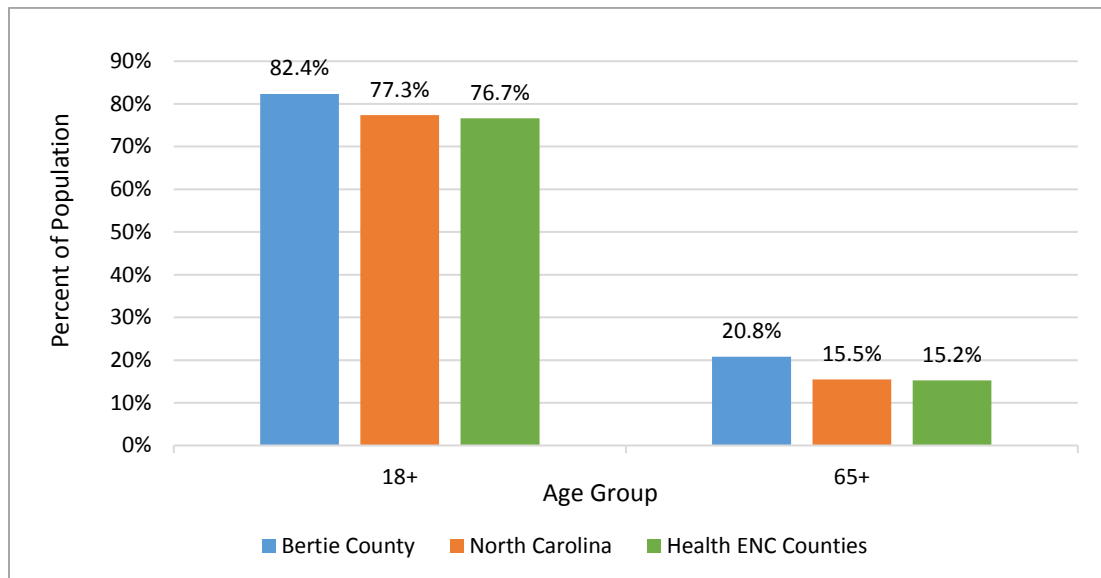
Overall, Bertie County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Bertie County population by age group. The 45-54 age group contains the highest percent of the population at 13.3%, while the 25-34 age group contains the next highest percent of the population at 13.0%.

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



People 65 years and older comprise 20.8% of the Bertie County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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



Males comprise 51.1% of the population, whereas females comprise 48.9% of the population (Table 5). The median age for males is 40.9 years, whereas the median age for females is 49.5 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

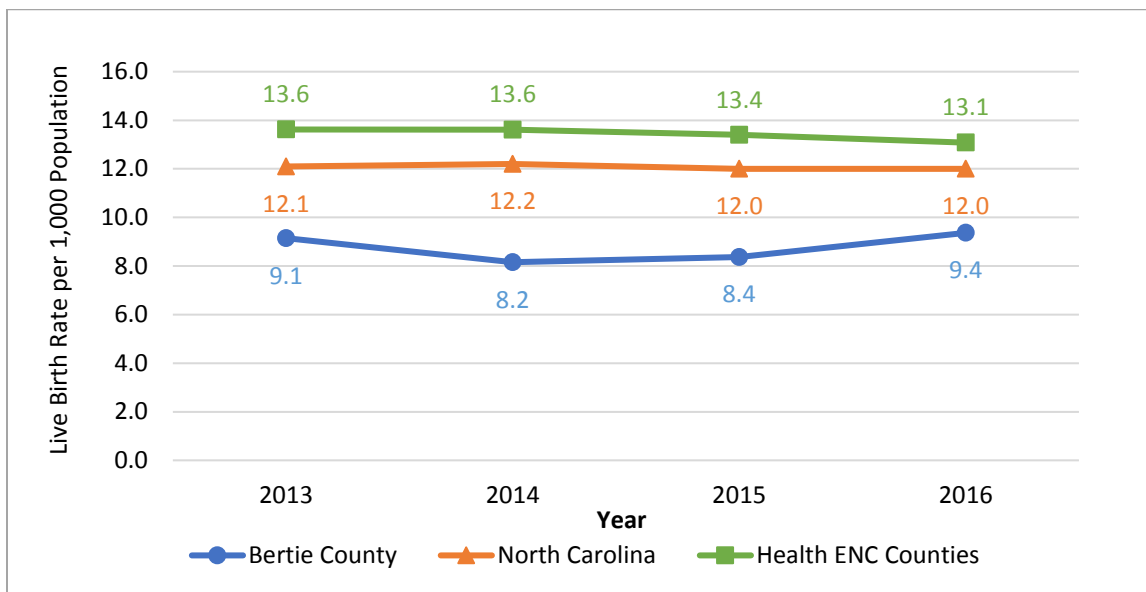
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Bertie County	51.1%	48.9%	82.0%	17.2%	82.7%	24.6%	40.9	49.5
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Bertie County (9.4 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1); however, the birth rate in Bertie County has increased slightly over the past three measurement periods, from 8.2 live births per 1,000 population in 2014 to 9.4 live births per 1,000 population in 2016.

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



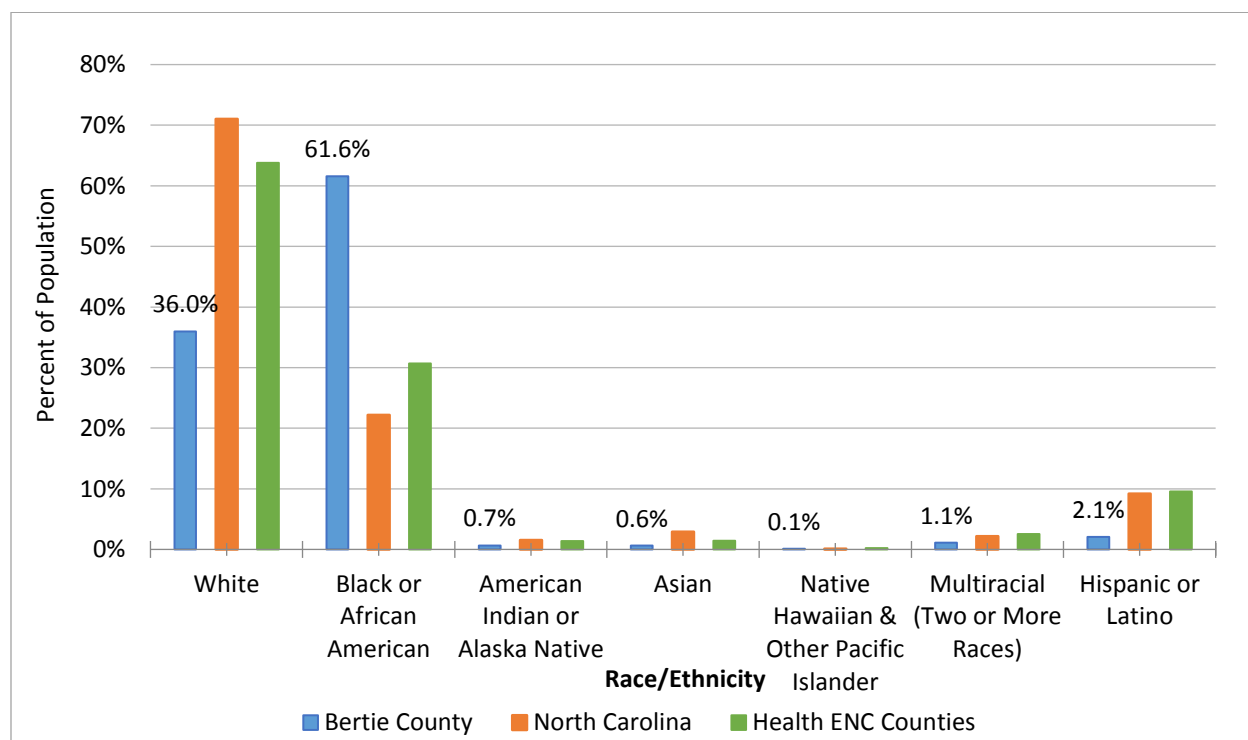
Race/Ethnicity

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

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

The proportion of residents that identify as White is smaller in Bertie County (36.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Bertie County has a larger share of residents that identify as Black or African American (61.6%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 2.1% of Bertie County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

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



Tribal Distribution of Population

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

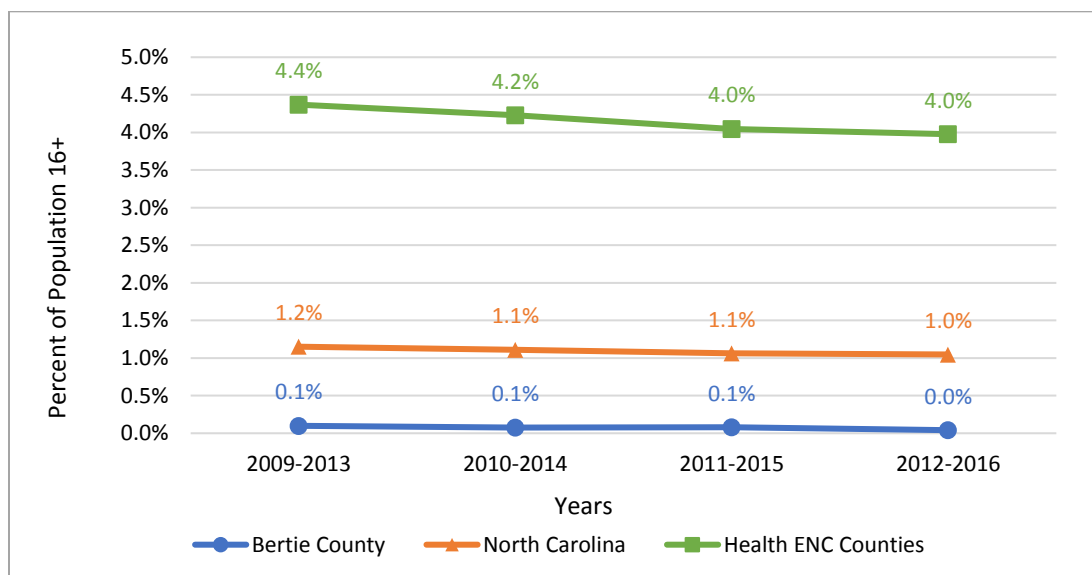
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Bertie County has a smaller share of residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the military population has remained relatively consistent in Bertie County, and is lower than in North Carolina and the Health ENC region.

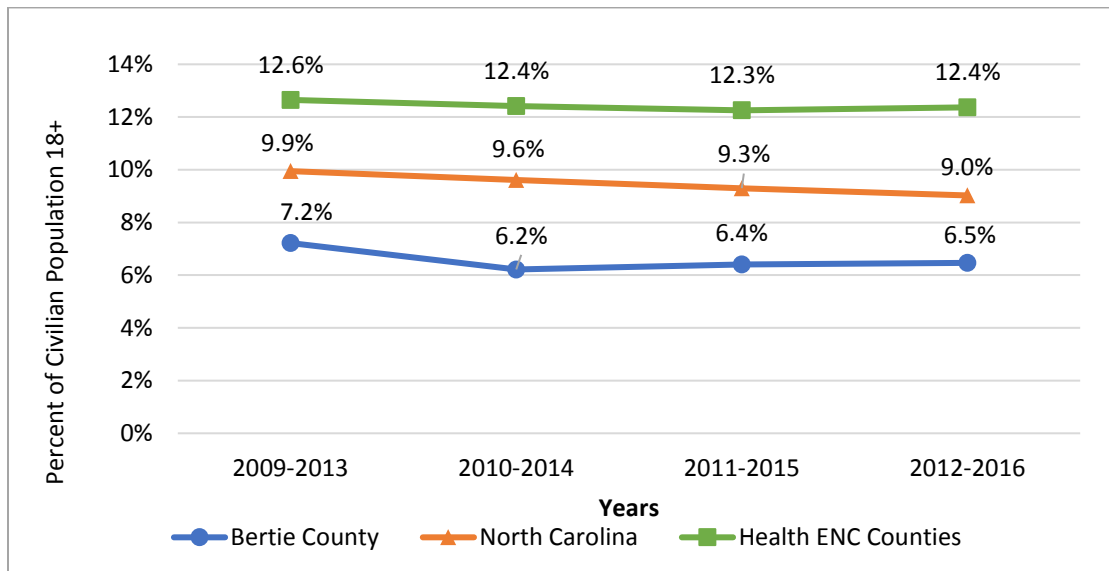
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Bertie County has a veteran population of 6.5% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). While the veteran population in Bertie County decreased from 7.2% in 2009-2013 to 6.2% in 2010-2014, the rate has slightly increased over the three most recent measurement periods.

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



Socioeconomic Profile

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

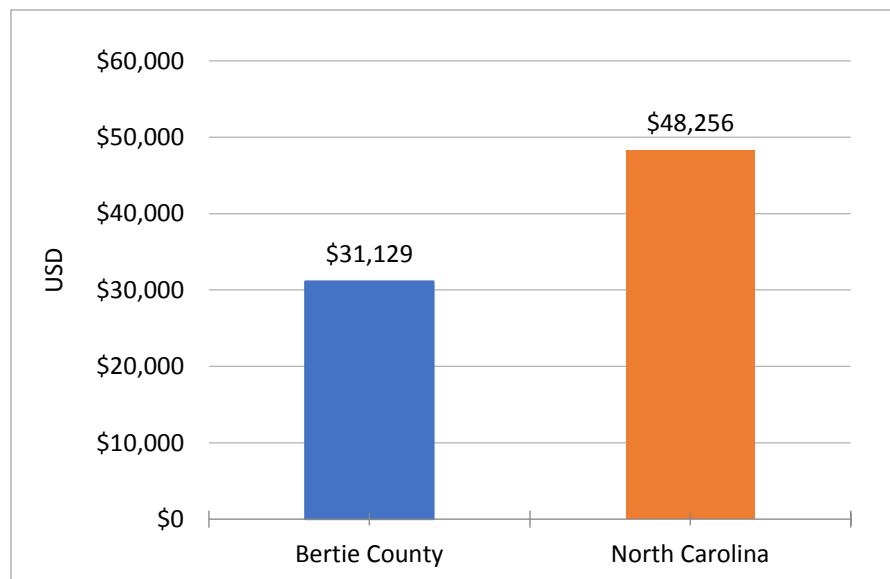
NC Department of Commerce Tier Designation

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

Income

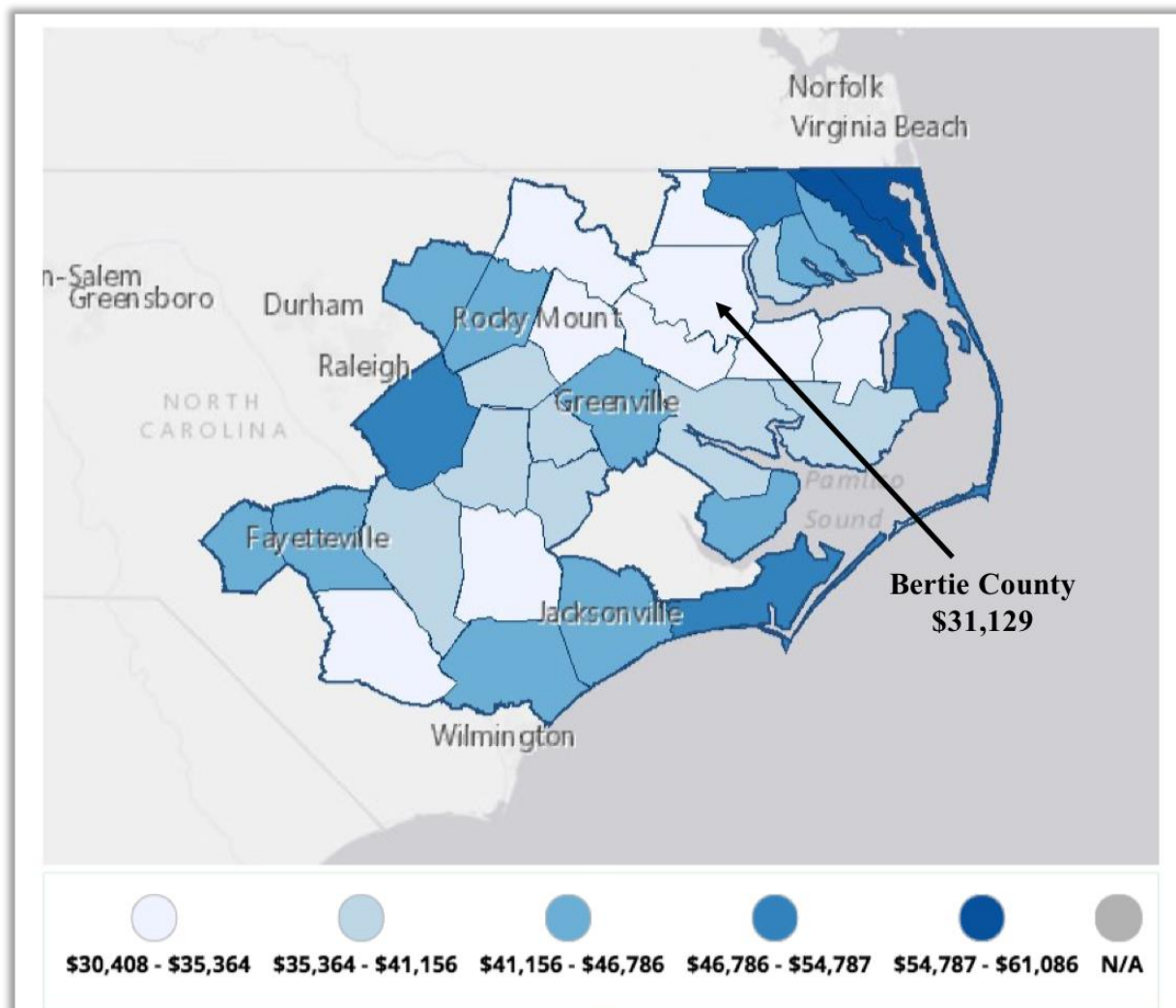
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Bertie County (\$31,129), which is lower than the median household income in North Carolina (\$48,256).

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



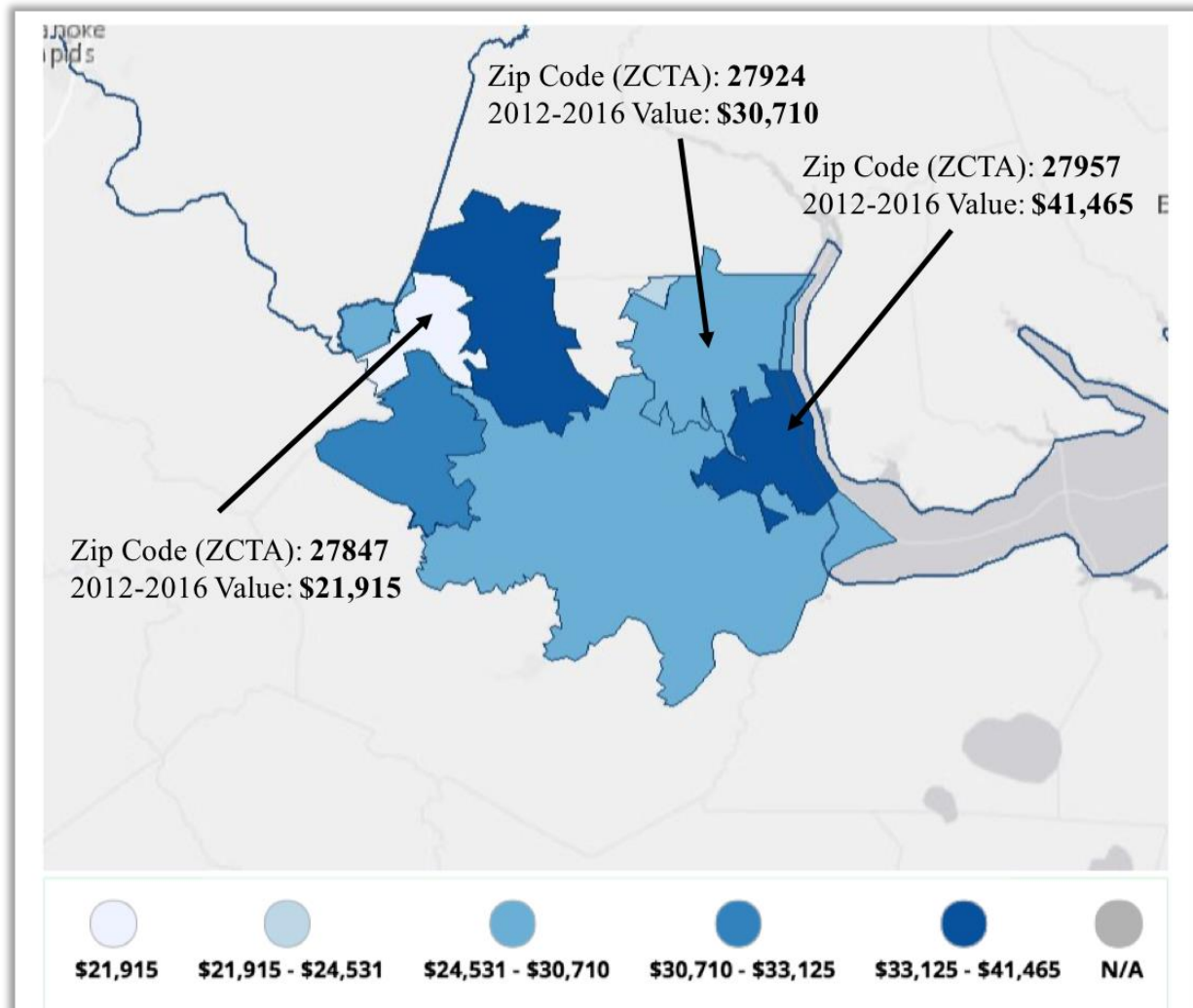
Compared to counties in the Health ENC region, Bertie County has a relatively low median household income; only Bladen County has a lower median household income out of all 33 counties in the Health ENC region (Figure 15).

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



Within Bertie County, zip code 27847 has the lowest median household income (\$21,915) while zip code 27957 has the highest median household income (\$41,465) (Figure 16).

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

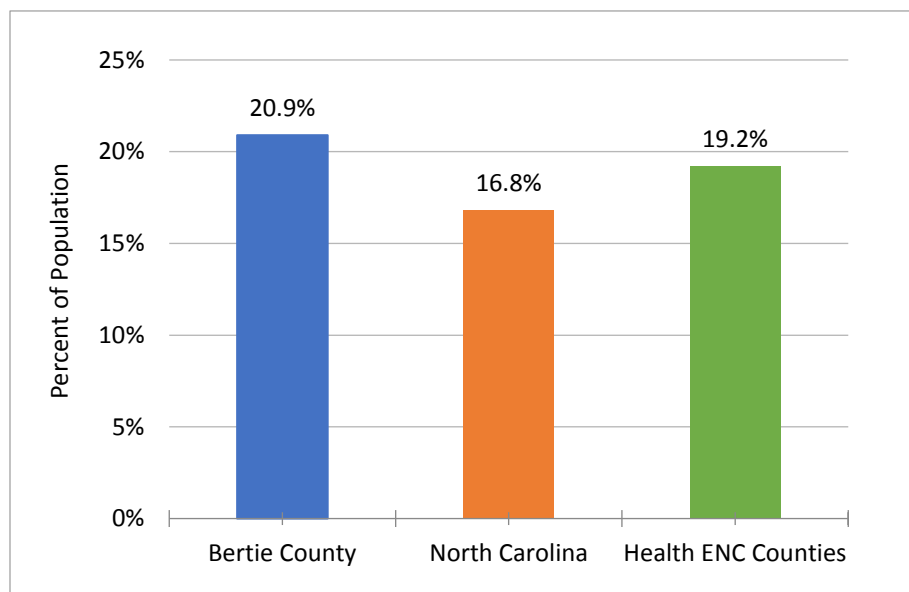


Poverty

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

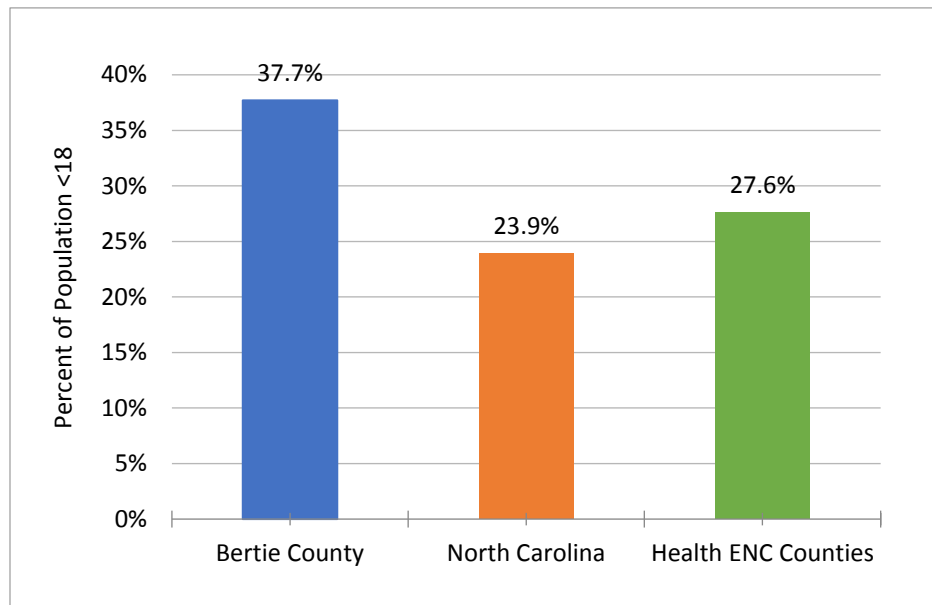
As seen in Figure 17, 20.9% percent of the population in Bertie County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

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



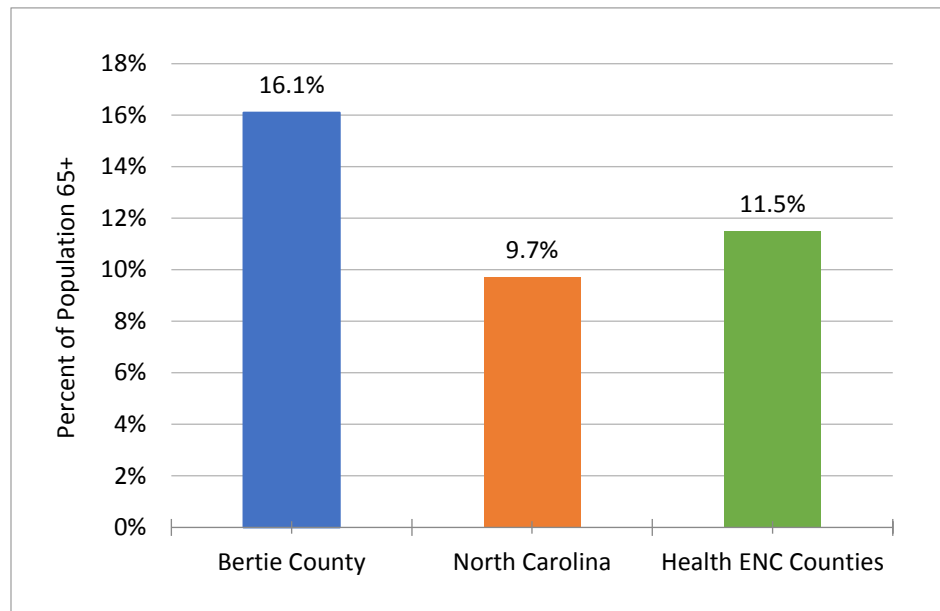
The rate of children living below the poverty level is also higher for Bertie County (37.7%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%) (Figure 18).

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



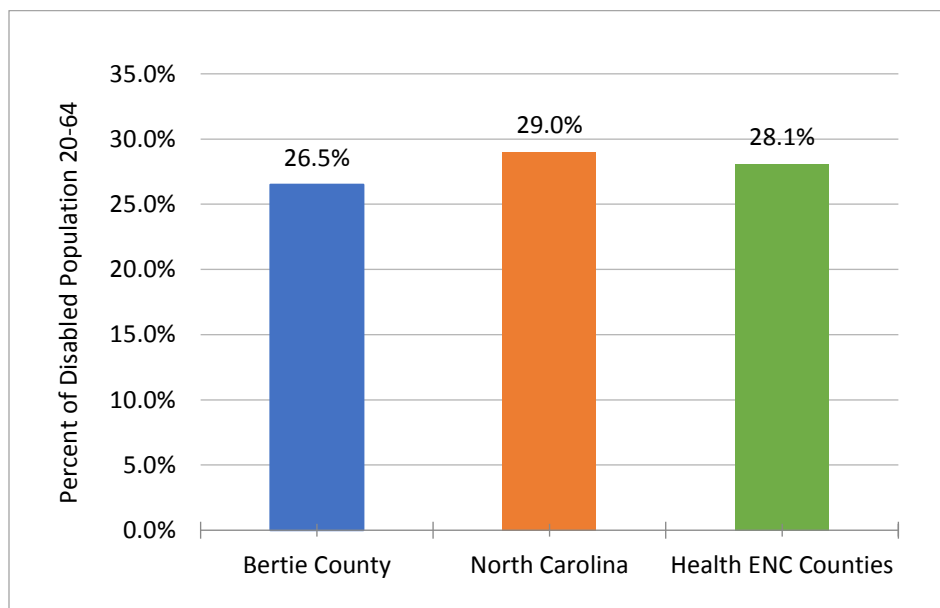
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Bertie County (16.1%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

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



As shown in Figure 20, the percent of disabled people living in poverty in Bertie County (26.5%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

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

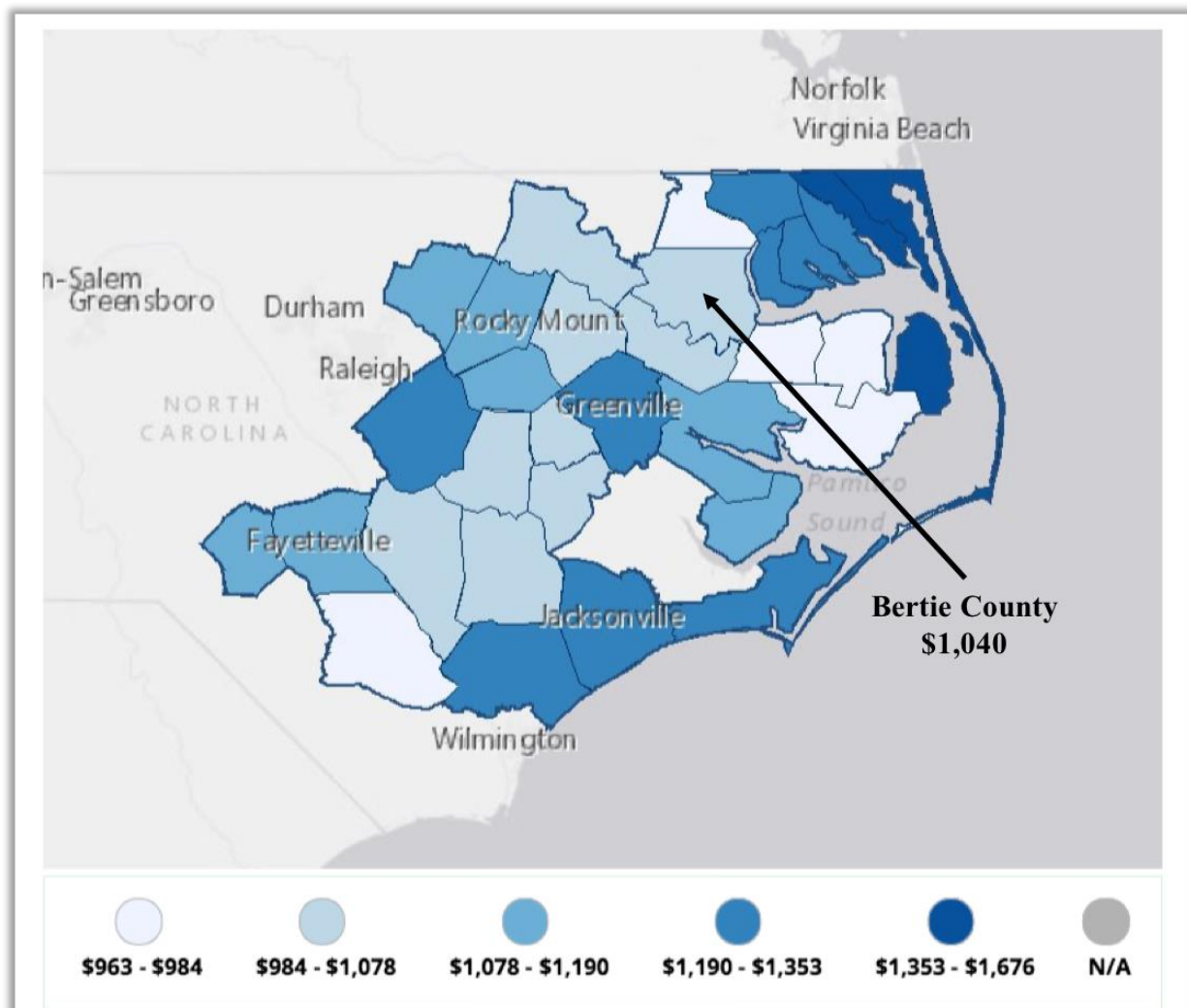


Housing

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

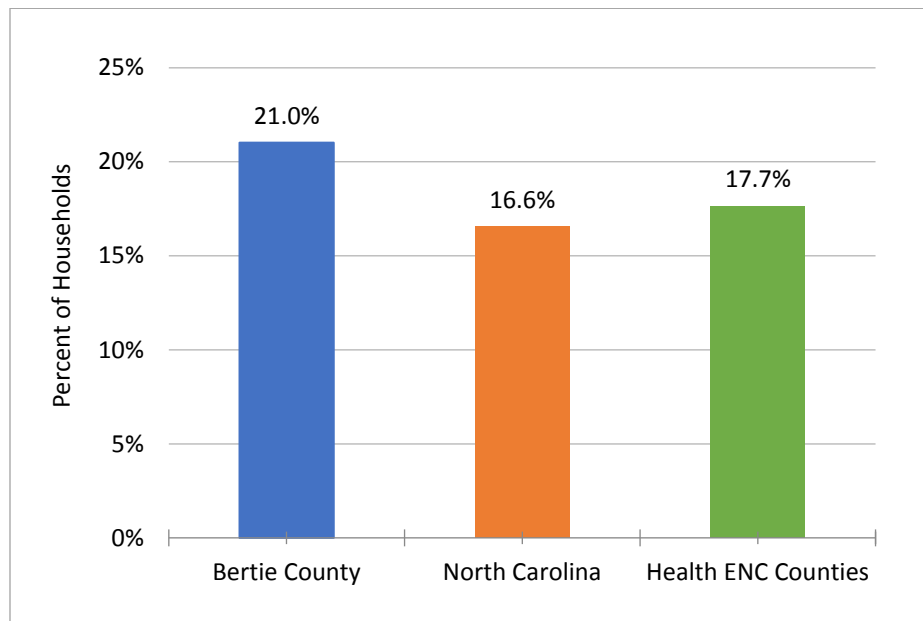
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Bertie County, the median housing costs for homeowners with a mortgage is \$1,040, which is similar to other Health ENC counties.

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



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 21.0% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

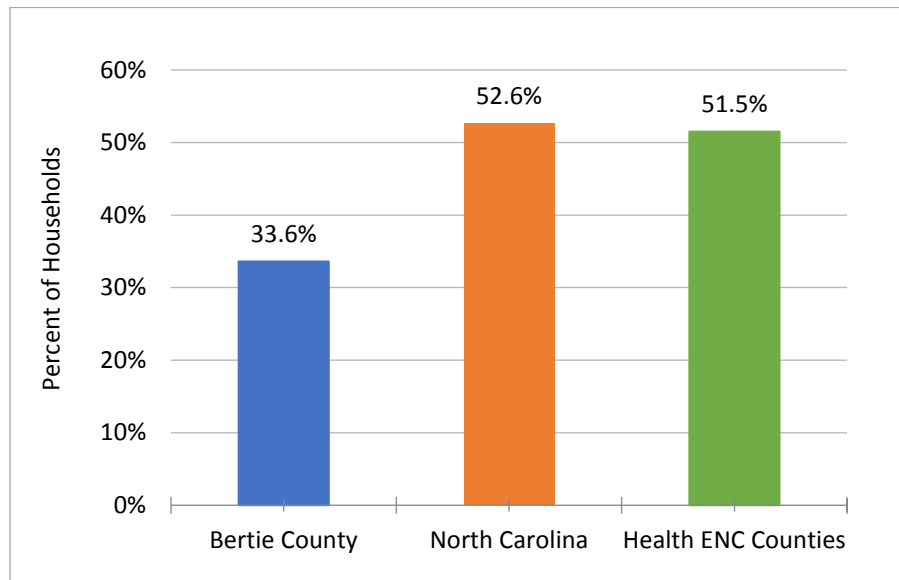


Food Insecurity

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Bertie County, 33.6%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Access to Grocery Stores and Farmers' Markets

- In 2014, there were six grocery stores listed in Bertie County.
<https://www.ers.usda.gov/FoodAtlas/>
- From 2010 to 2015, Bertie County households with no car and therefore low access to grocery stores decreased from 8.9% to 7.3%.
- From 2010 to 2015 persons in Bertie County with low income and low access to grocery stores decreased from 4.7% to 2.5%.
- Despite the rural, agrarian nature of much of the ARHS region, there are very few farmers' markets anywhere in the region. In 2016, The US Department of Agricultural listed the following counties in the ARHS region with having markets:
Chowan County: 1
Currituck County: 11
Hertford County: 1
Pasquotank County: 1

SocioNeeds Index

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

Zip codes within Bertie County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Bertie County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27849, with an index value of 92.8, has the highest level of socioeconomic need within Bertie County. Zip code 27957, on the other hand, has the lowest level of socioeconomic need within Bertie County, but still has a high index value of 79.0 when compared with the rest of the country. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Bertie County are provided in Table 7.

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

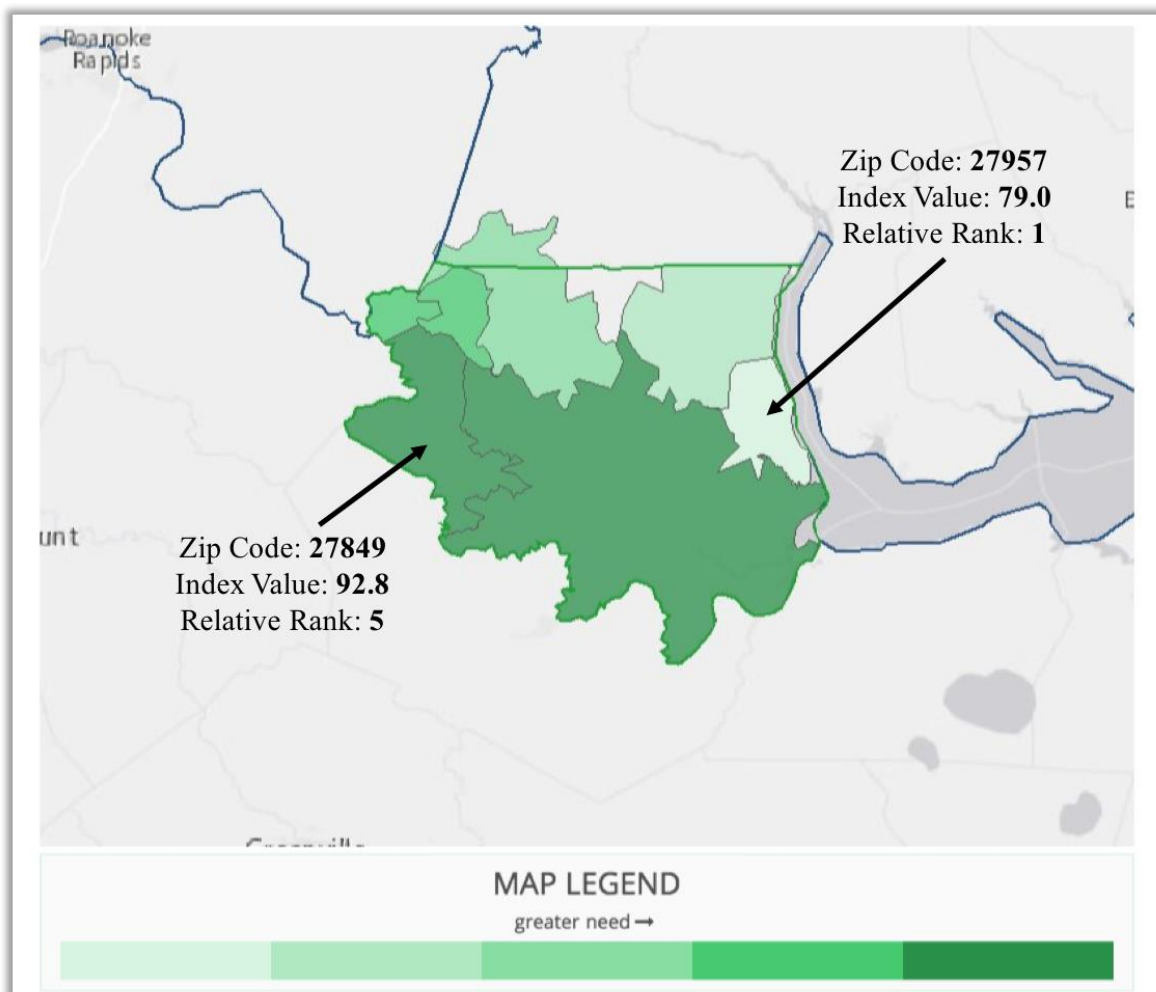


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27849	92.8	5
27983	92.3	5
27872	89.3	4
27847	89.0	4
27805	87.7	3
27924	80.7	2
27957	79.0	1

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

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

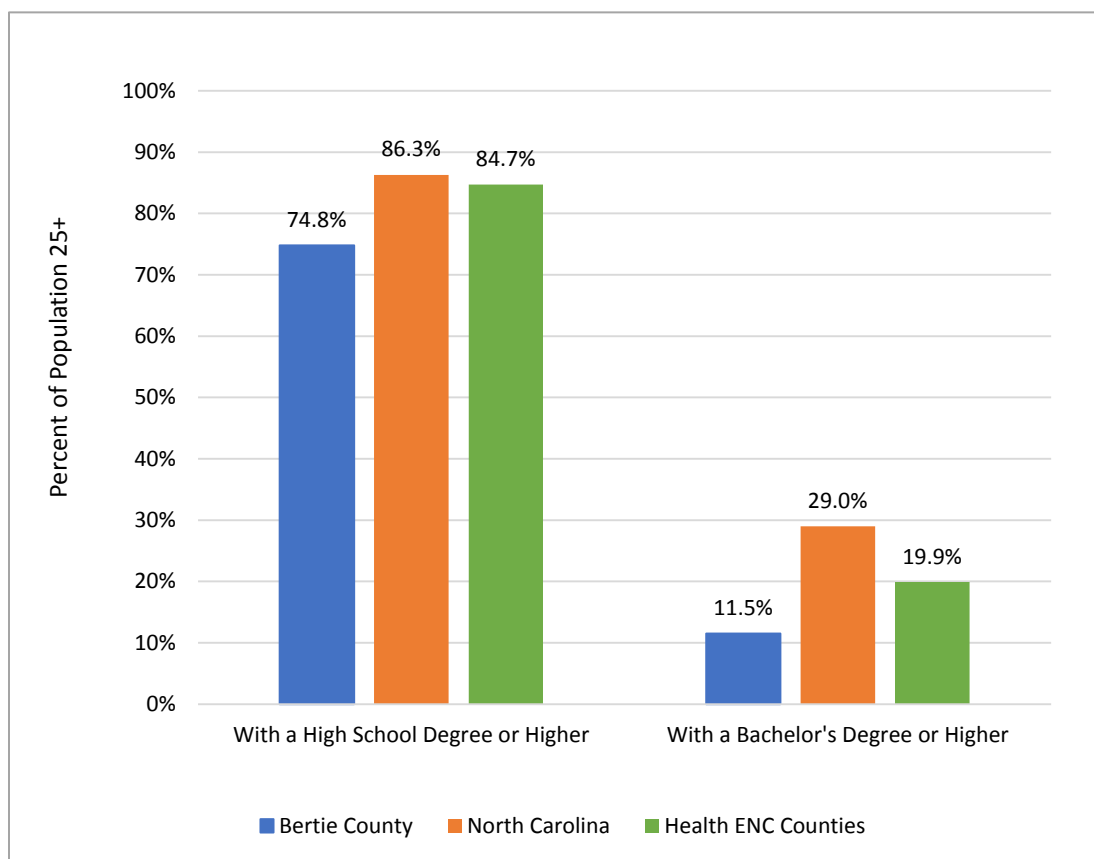
Educational Profile

Educational Attainment

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

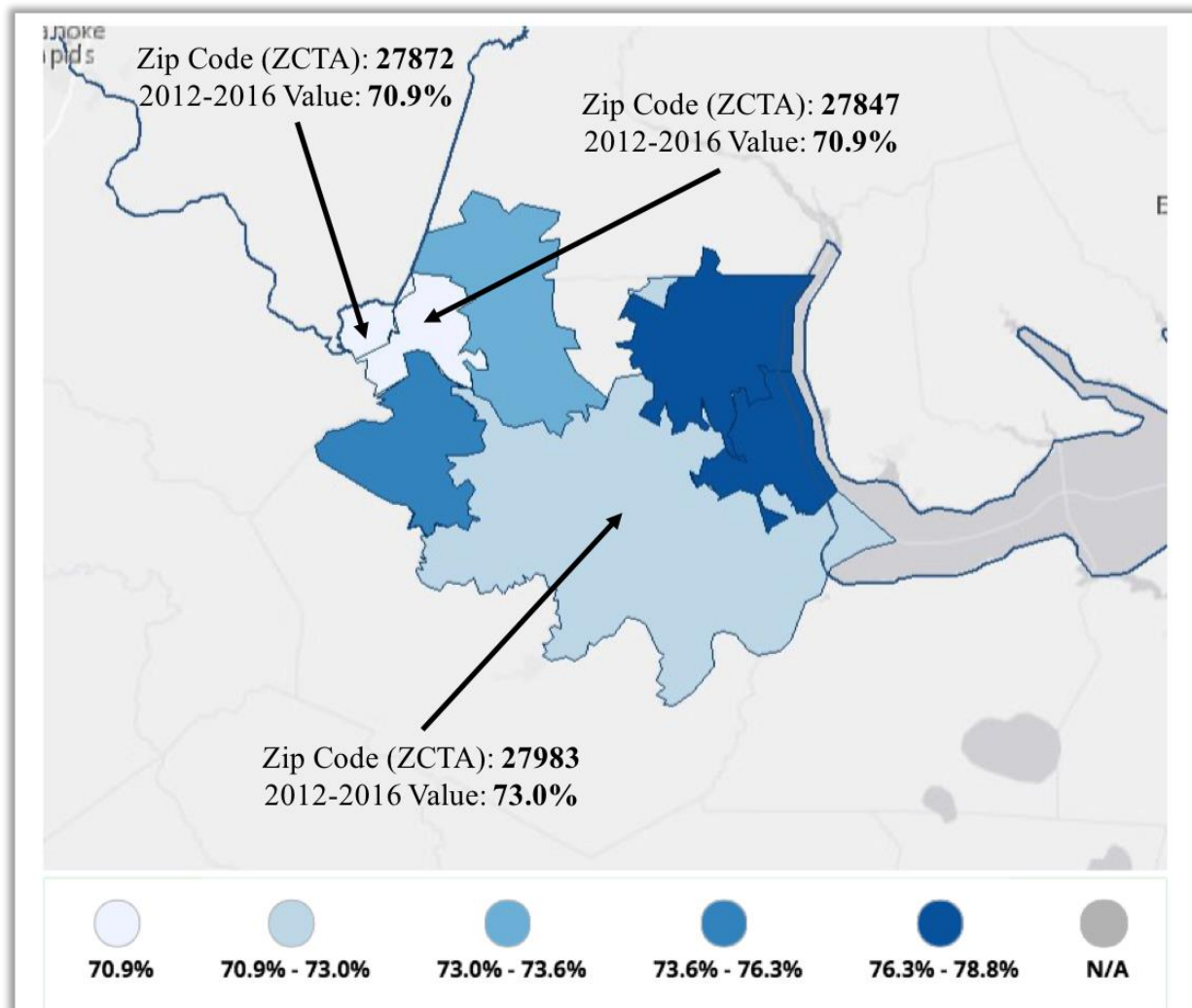
Countywide, the percent of residents 25 or older with a high school degree or higher (74.8%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Bertie County is also lower than the state value and Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 19.9% in the Health ENC region and 11.5% in Bertie County (Figure 25).

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



Countywide, the high school degree attainment rate varies, with zip codes 27872 and 27847 having the lowest high school graduation rates of 70.9%. (Figure 26).

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

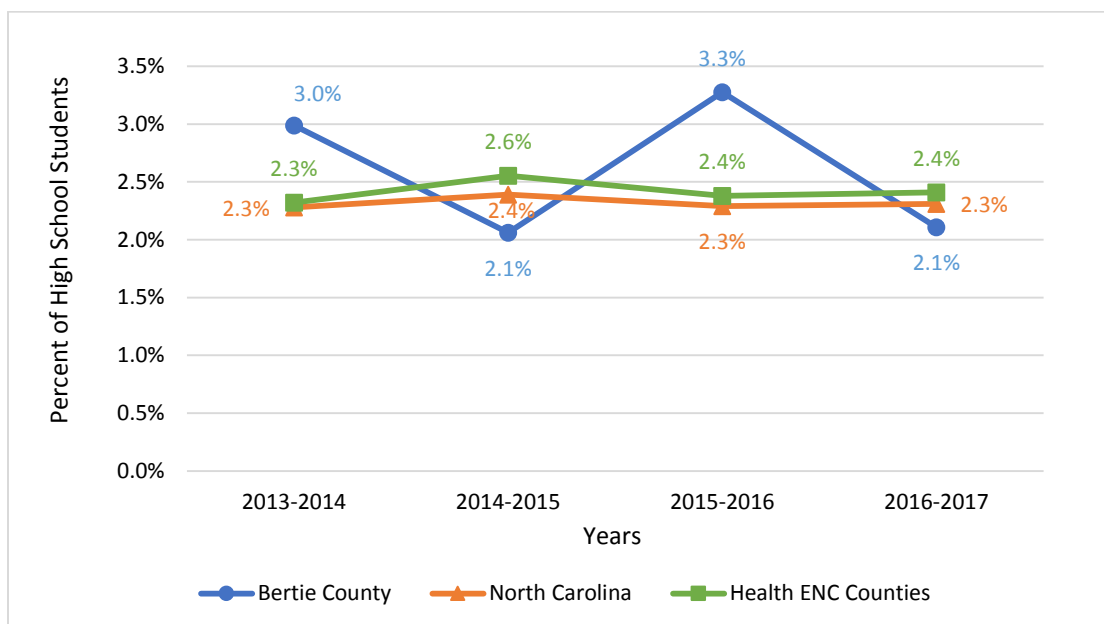


High School Dropouts

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

Bertie County's high school dropout rate, given as a percent of high school students in Figure 27, was 2.1% in 2016-2017, which is slightly lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Further, Bertie County's high school dropout rate has decreased from 3.3% in 2015-2016 to 2.1% in 2016-2017.

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

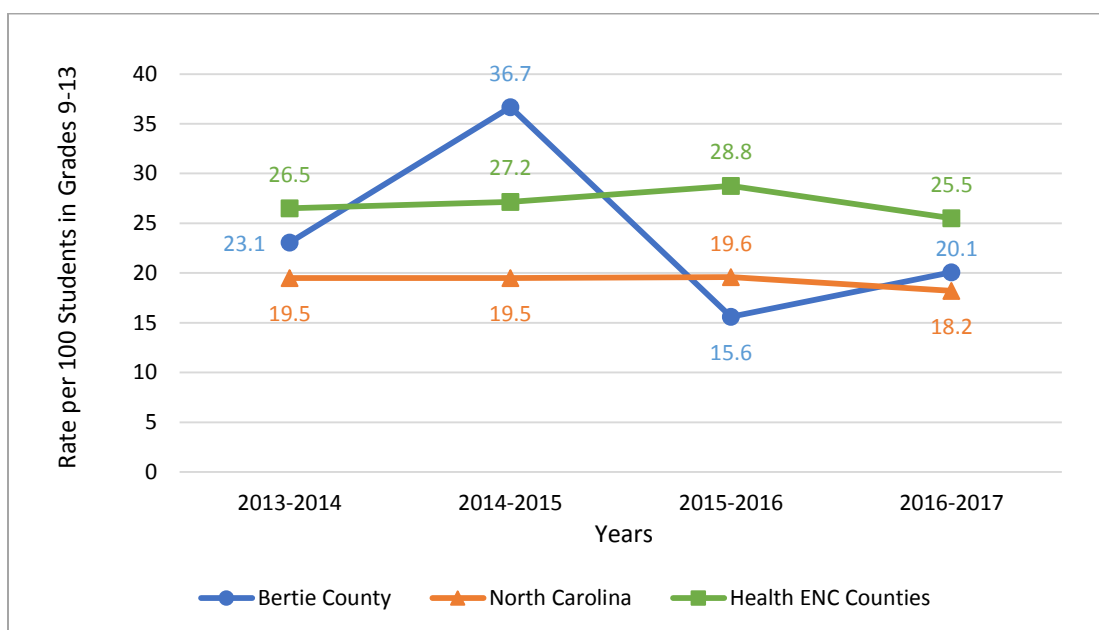


High School Suspension Rate

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

Bertie County's rate of high school suspension (20.1 suspensions per 100 students) is higher than North Carolina's rate (18.2) but lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, Bertie County's rate of high school suspension has mostly decreased over the four most recent measurement periods, while the rates for North Carolina and the Health ENC region have stayed fairly consistent across the same time period.

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



Environmental Profile

AIR QUALITY

The US Environmental Protection Agency (EPA) maintains air quality monitoring stations throughout the country to continuously measure the air pollutants that most affect the health and wellbeing of the public: carbon monoxide, nitrous oxide, sulfates, ozone and particulate matter. These stations tend to be located in populous areas or along highway routes that carry significant traffic loads, but none are located in or near Bertie County, so there is no Air Quality Index (AQI) data for this locale.

http://www.epa.gov/airdata/ad_rep_aqi.html

DRINKING WATER

The EPA's Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations, as reported to EPA by the states. The EPA establishes maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers.

As of October 10, 2018, SDWIS listed five active water systems in Bertie County, all of which were *Community Water Systems* that served an estimated 17,292 people (90% of the county's population). A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these five CWS there were no health violations in the past 10 years.

<https://www3.epa.gov/enviro/facts/sdwis/search.html>

SOLID WASTE

Bertie County operates 5 collection and recycling centers in the County which may be used by any citizen of the county to dispose of residential waste and recyclable materials. Most of the solid waste generated in Bertie County is sent to East Carolina Environmental Landfill in Bertie County (owned by Republic Services of NC).

RABIES

According to the Epidemiology Section of NC DPH, there were six confirmed cases of rabies in animals in Bertie County between 2008 and 2018. Rabies is not common in the ARHS region, with only 43 cases identified region-wide over the ten year period presented.

<http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables>

Transportation Profile

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

Countywide, 2.3% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Bertie County, with an estimated 0.7% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Bertie County, 80.0% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

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

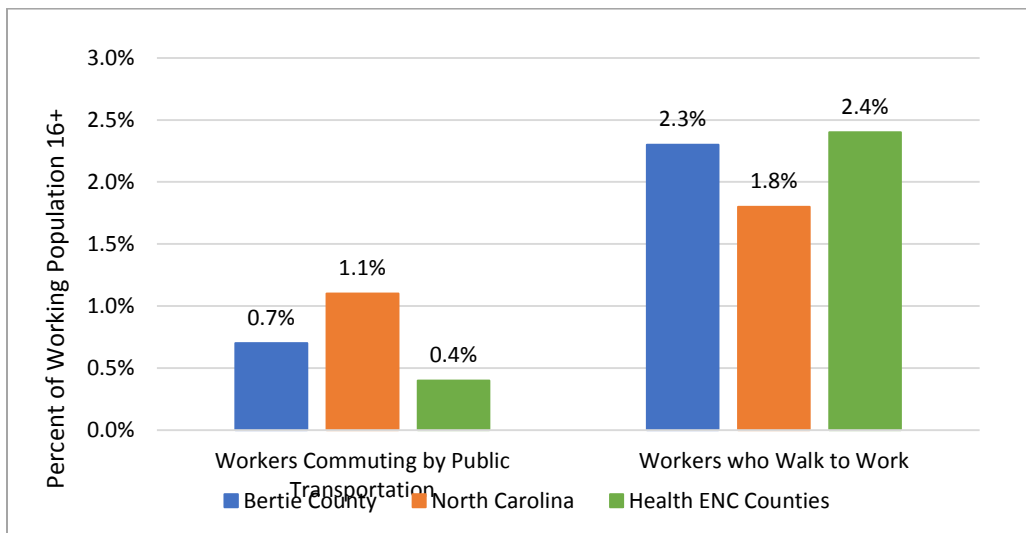
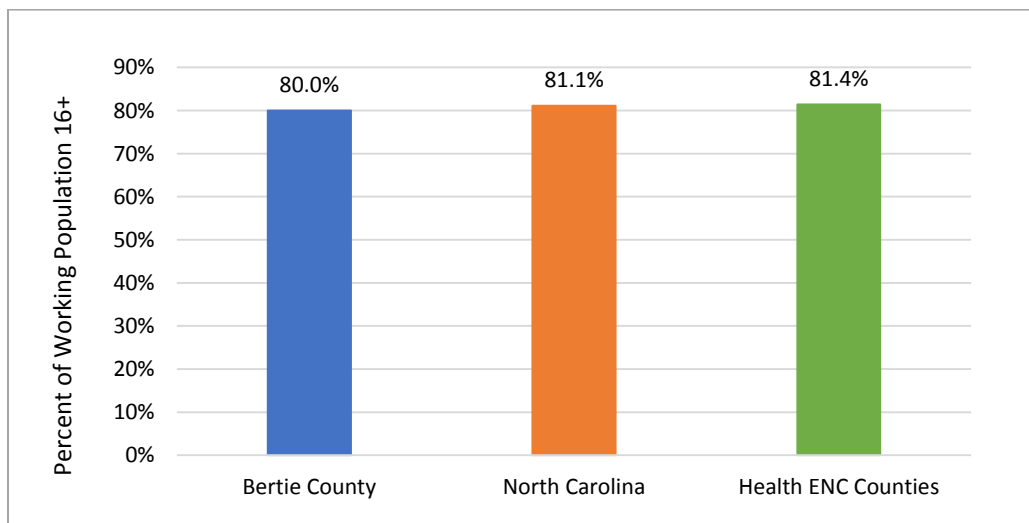


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



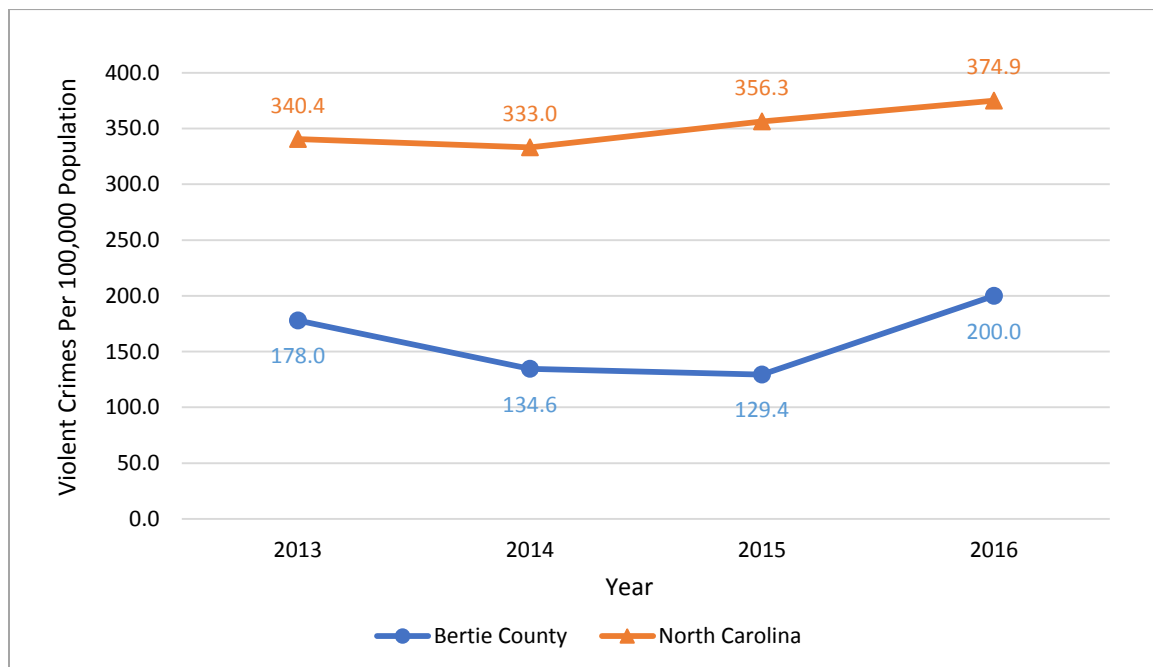
Crime and Safety

Violent Crime and Property Crime

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

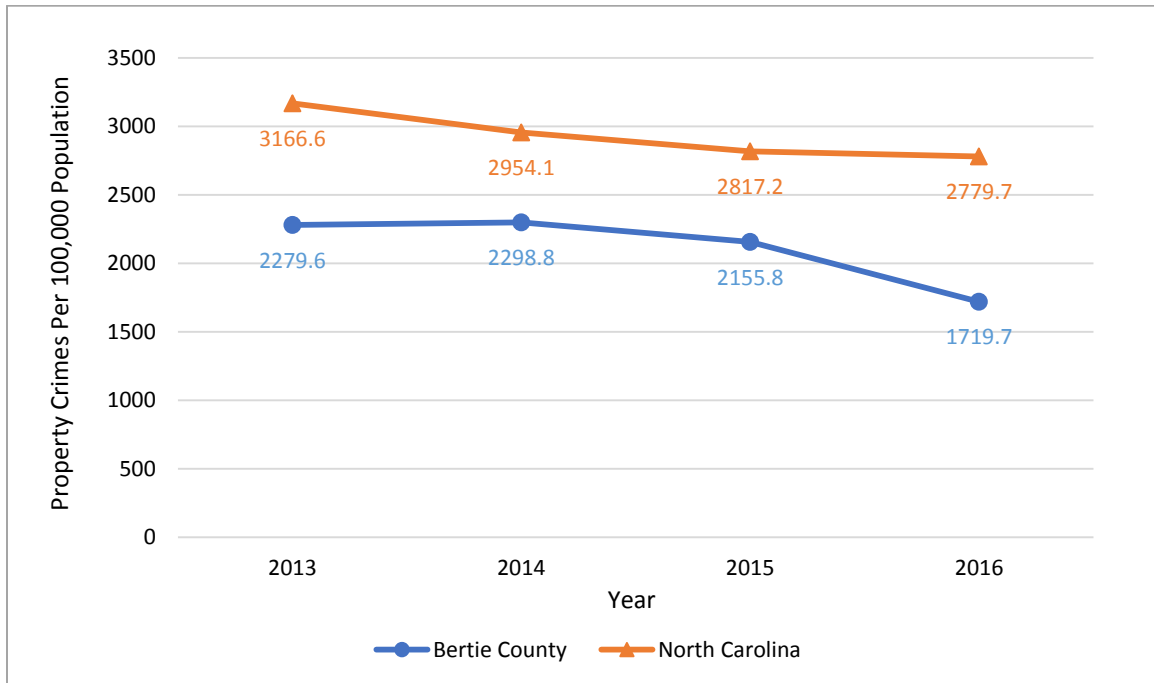
The violent crime rate in Bertie County is 200.0 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). Further, the rate of violent crime in Bertie County has increased from 129.4 in 2015 to 200.0 in 2016.

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



The property crime rate in Bertie County (1,719.7 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (**Error! Not a valid bookmark self-reference.**). The property crime rate has been decreasing over the past four measurement periods.

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



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Bertie County (0.0) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1). Further, the rate in Bertie County has consistently remained lower than the rate in North Carolina and Health ENC counties over the past four measurement periods.

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

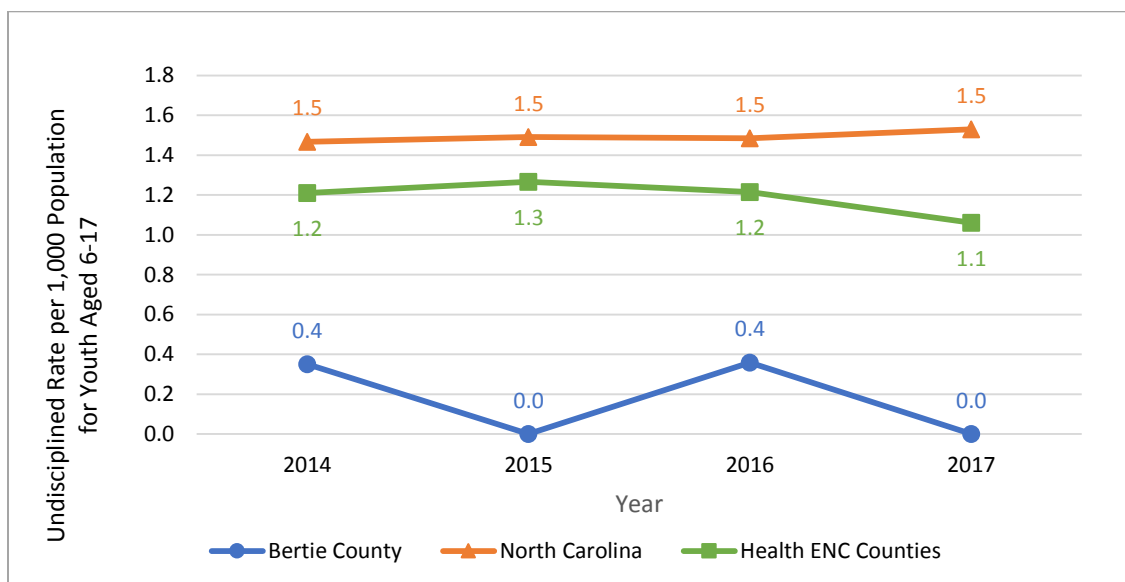
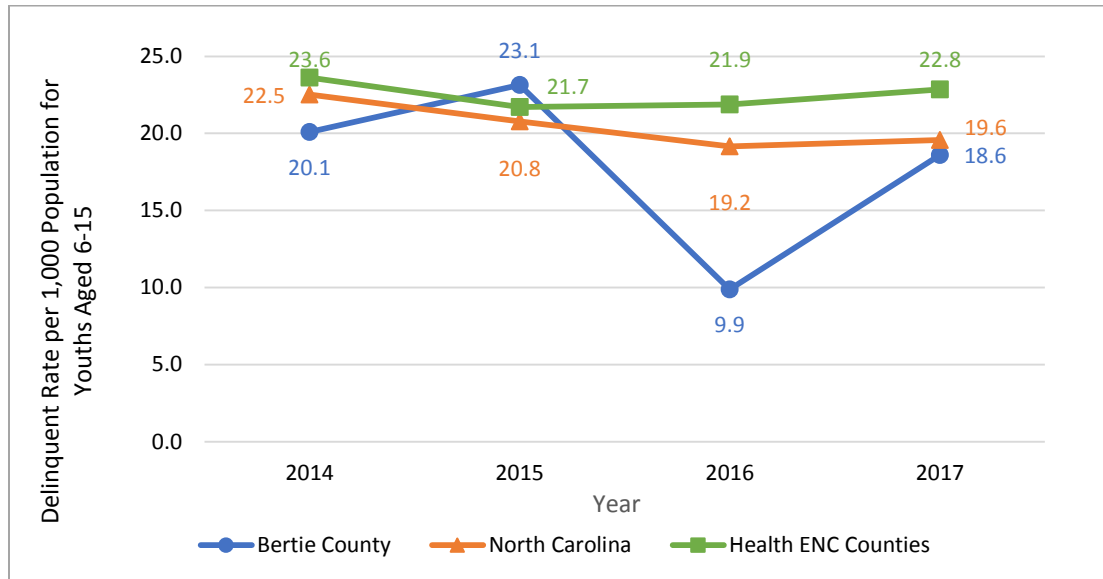


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Bertie County decreased from 2015 to 2016, the rate increased from 9.9 in 2016 to 18.6 in 2017. The 2017 juvenile delinquent rate for Bertie County (18.6) is lower than North Carolina (19.6) and the Health ENC region (22.8).

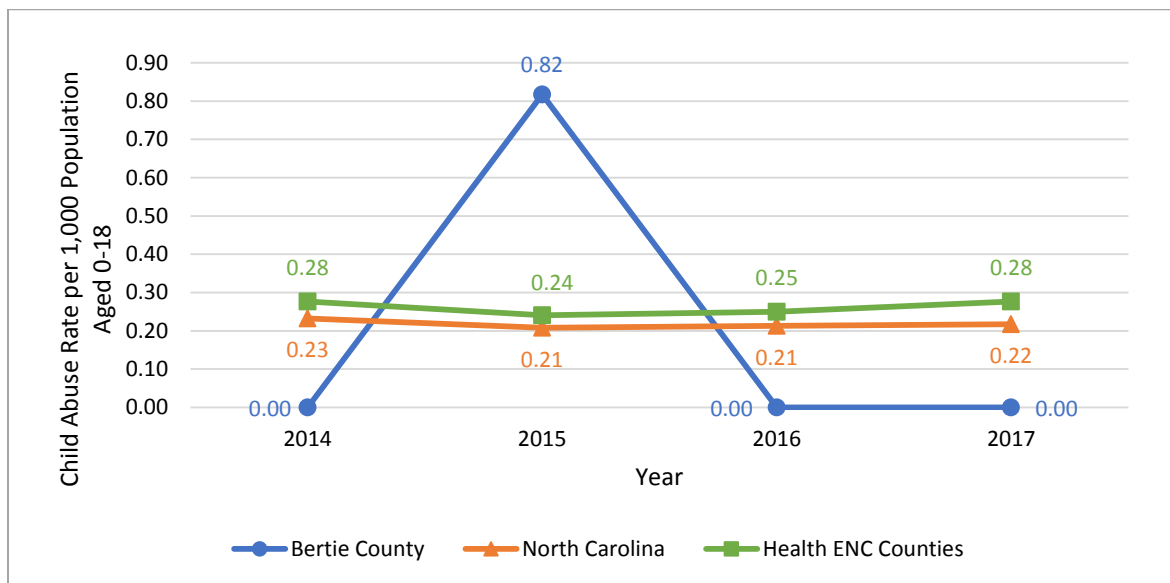
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Bertie County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

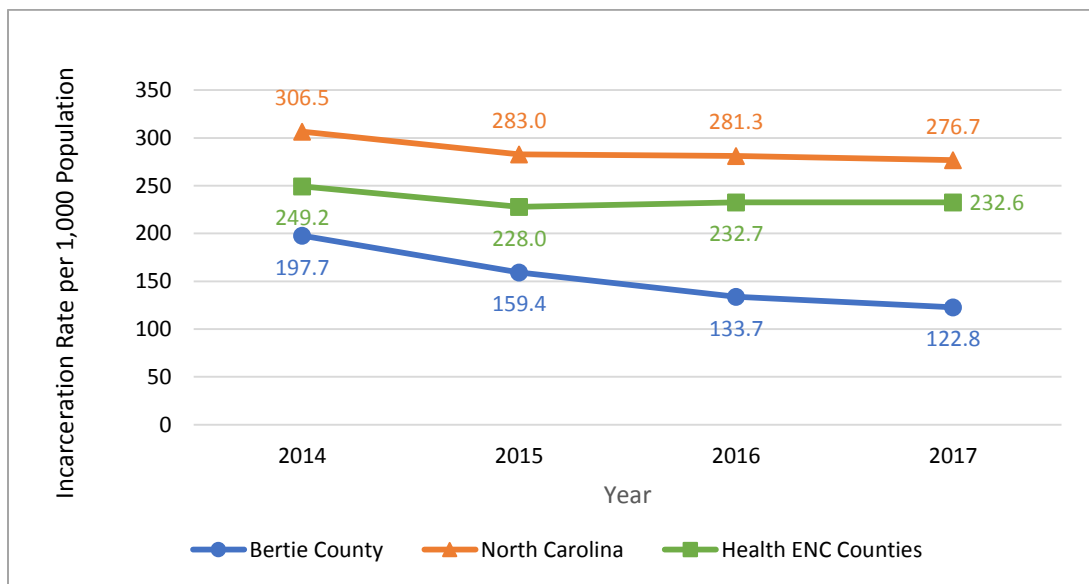


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Bertie County has decreased over the past four measurement periods. The 2017 incarceration rate in Bertie County (122.8 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).

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



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

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

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

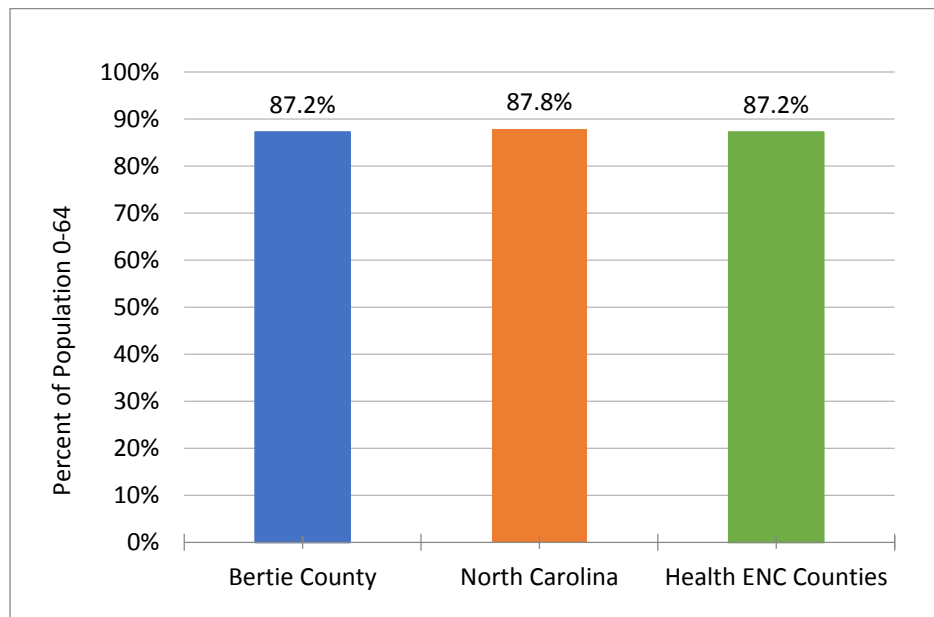
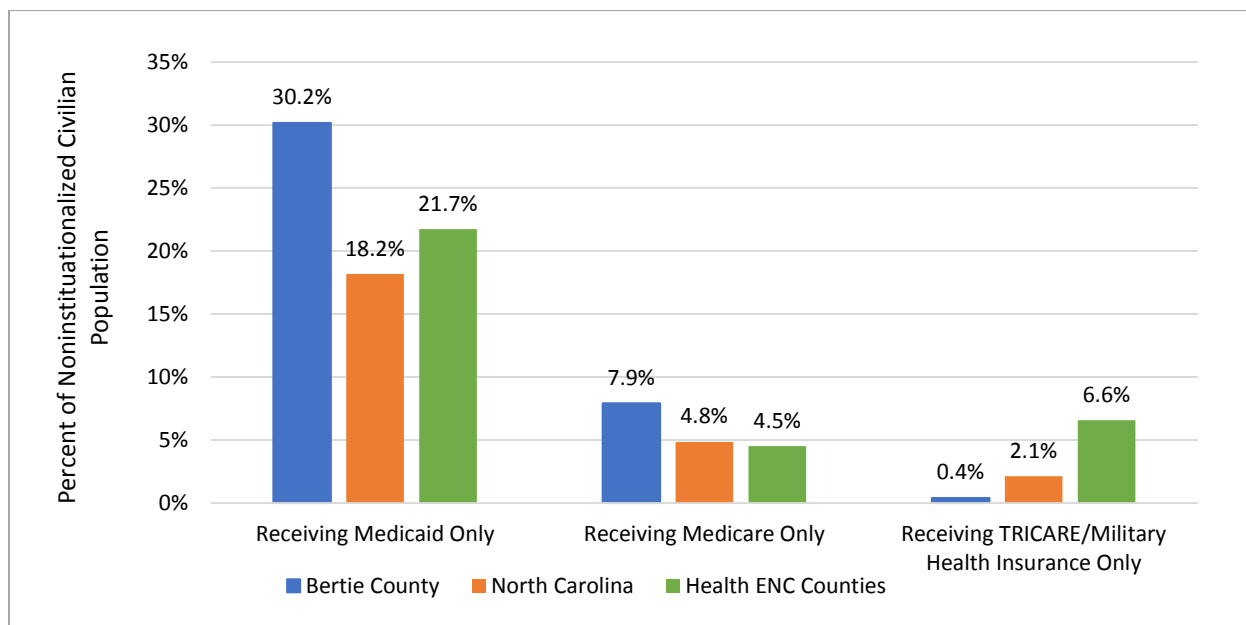


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Bertie County has a higher percent of people receiving Medicaid (30.2%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Bertie County (0.4%), as compared to North Carolina (2.1%) and Health ENC counties (6.6%).

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



People without health insurance are often the segment of the population least likely to seek and/or to be able to access necessary health care. Countywide, 13.0% of residents are uninsured.

Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Bertie County has a higher percent of residents of voting age (82.4%) than North Carolina (77.3%) and Health ENC counties (76.7%).

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

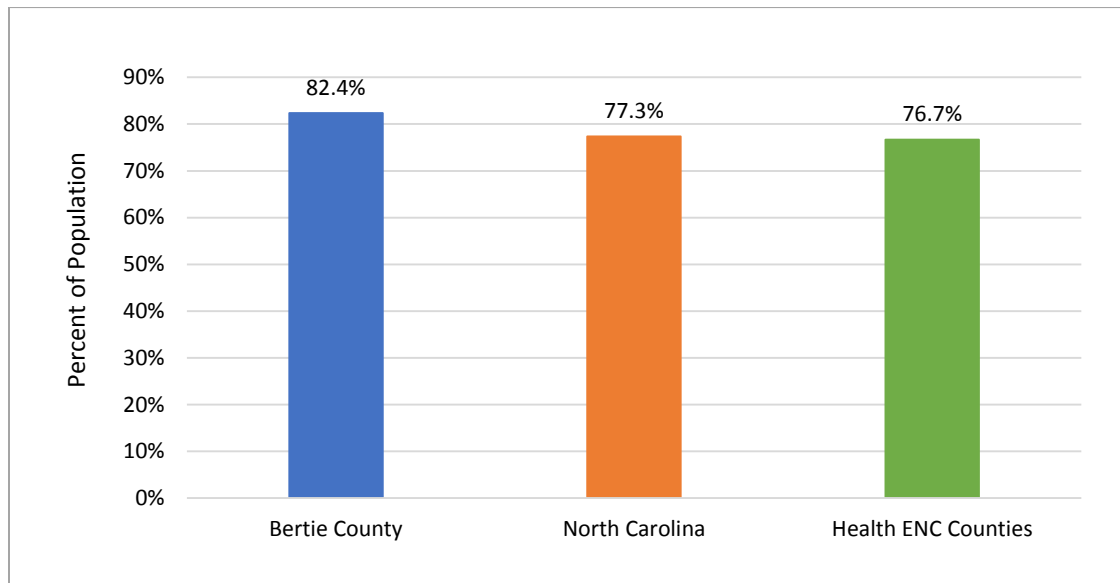
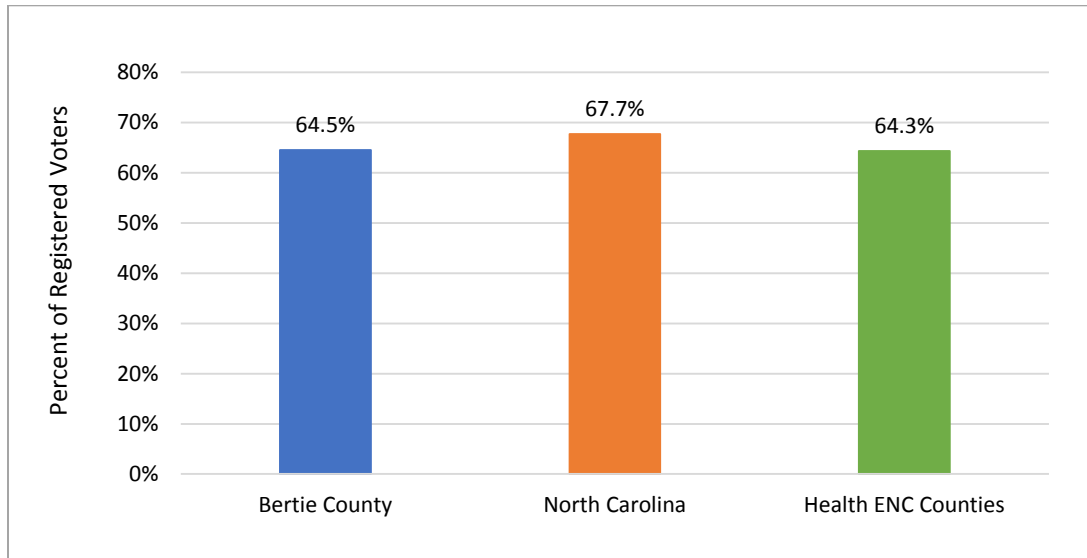


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Bertie County was 64.5%, which is lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

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



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Bertie County by topic area. Topics with higher scores indicate greater need. Men's Health is the poorest performing health topic for Bertie County, followed by Diabetes, Other Chronic Diseases, Access to Health Services, Maternal, Fetal & Infant Health and the Economy.

Table 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Men's Health	2.08
Diabetes	2.08
Other Chronic Diseases	2.00
Access to Health Services	1.98
Maternal, Fetal & Infant Health	1.93
Economy	1.90

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

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Bertie County. Low-Income/Poverty was the most frequently selected and was ranked by 61.8% of survey respondents as the top quality of life issue, followed far behind by Drugs/Substance Abuse (14.8%). Survey respondents ranked all other choices at less than 5%. Less than 1% of survey respondents selected Homelessness, Neglect and Abuse, Violent Crime, Elder Abuse, Child Abuse, Domestic Violence and Rape/Sexual Assault as issues most affecting the quality of life in Bertie County.

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

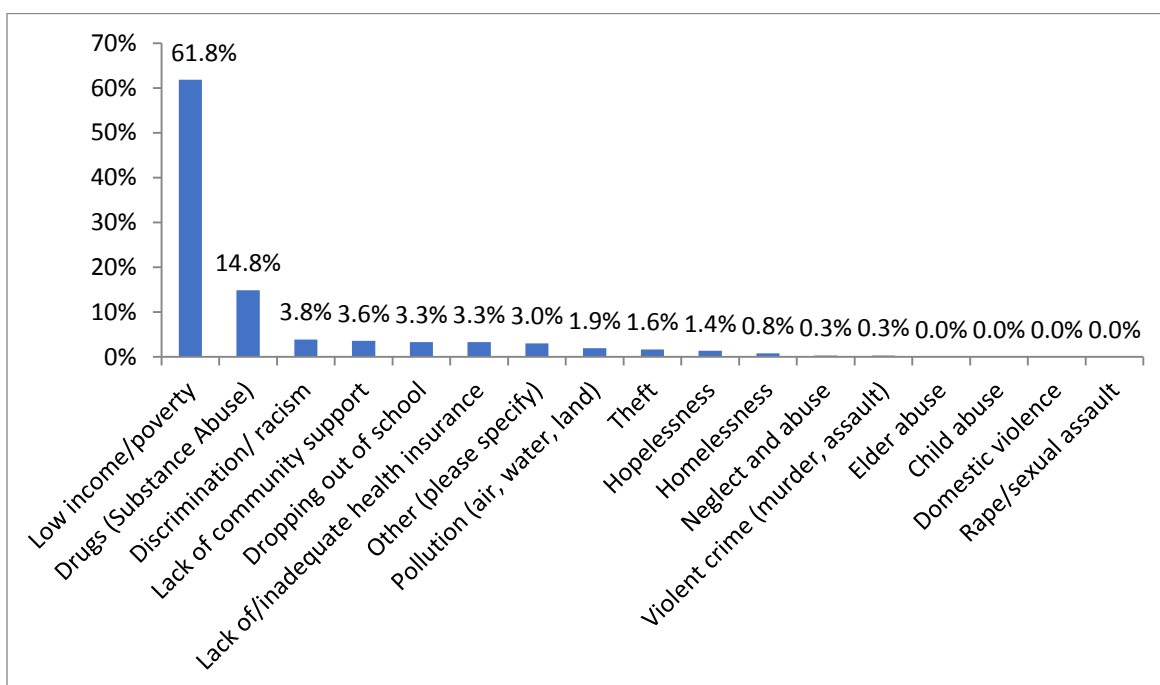


Figure 42 displays the level of agreement among Bertie County residents in response to nine statements about their community. Approximately half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old, and there is good healthcare in the county. More than half of survey respondents disagreed (40%) or strongly disagreed (34%) that the county has plenty of economic opportunity.

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

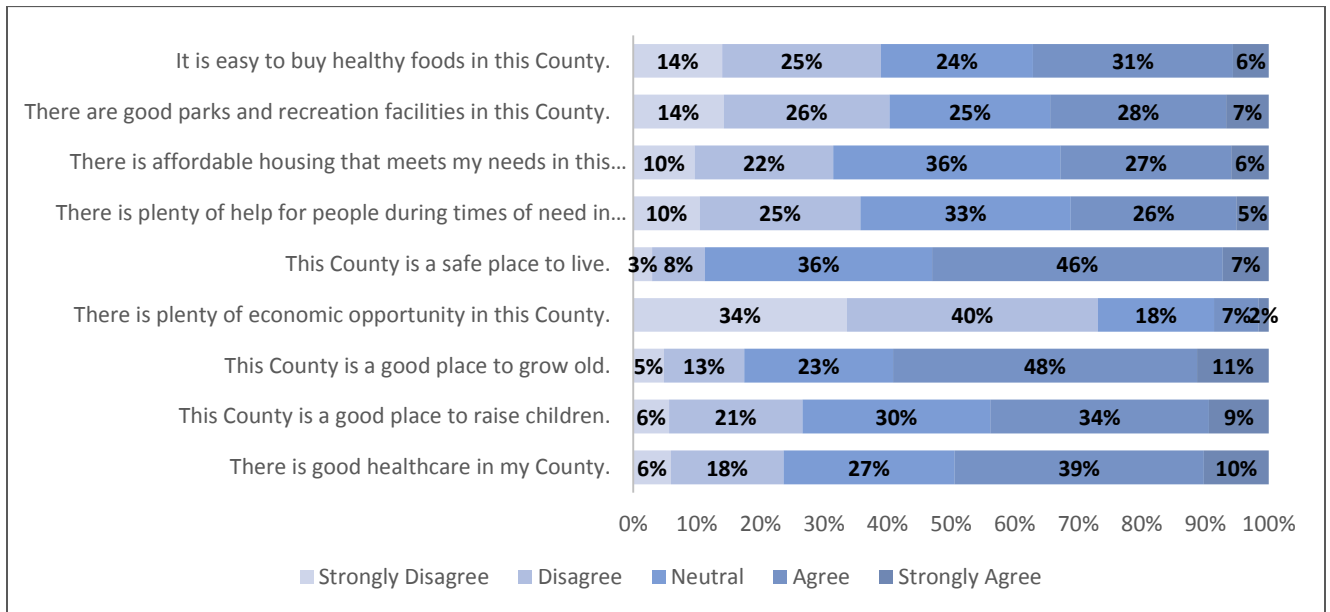


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Bertie County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities and more affordable health services.

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

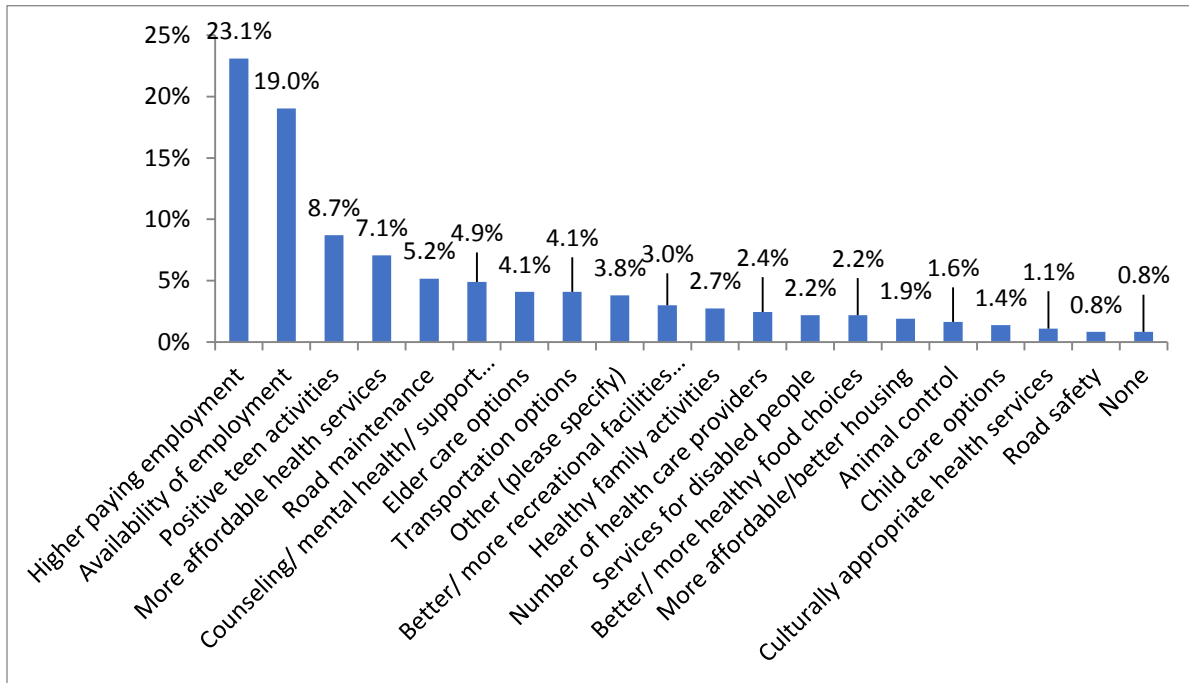
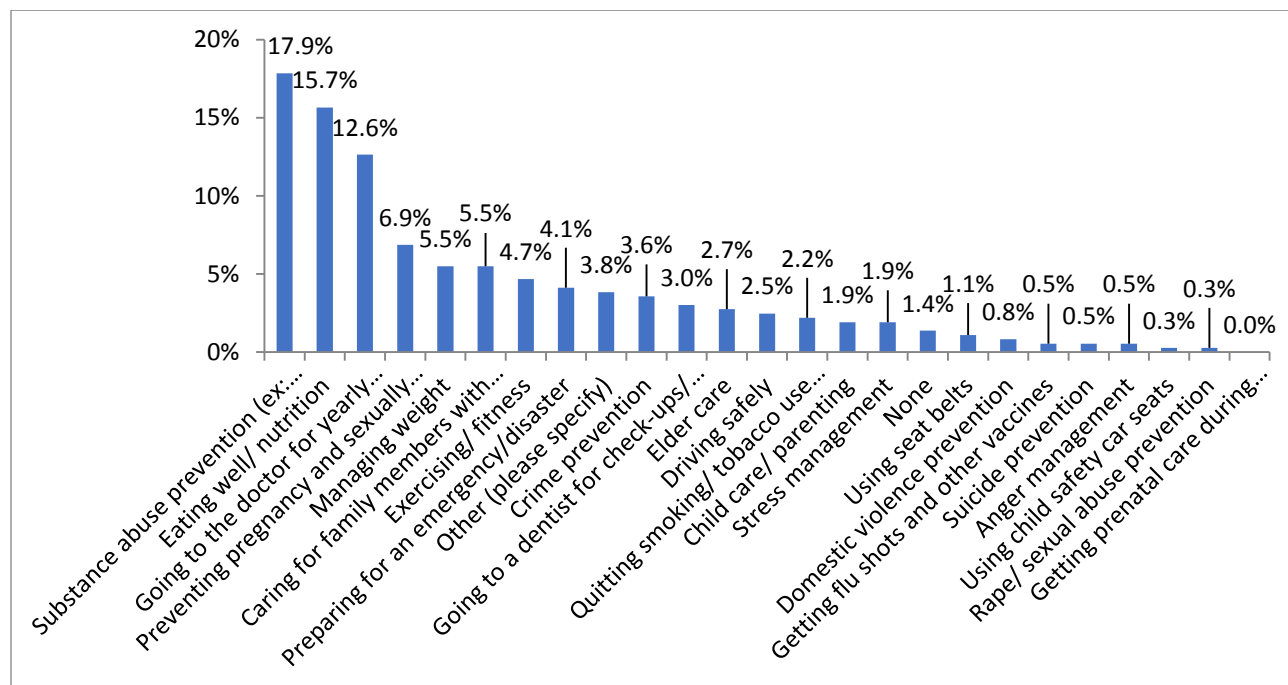


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Bertie County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 17.9% of survey respondents. This was followed by eating well/nutrition (15.7%), going to the doctor for yearly check-ups and screenings (12.6%) and preventing pregnancy and sexually transmitted diseases (6.9%).

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



Focus Group Discussions

Table 9 shows the focus group results for Bertie County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	32
Access to Health Services	30
Economy	23
Environment	19
Transportation	19

Data Synthesis

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

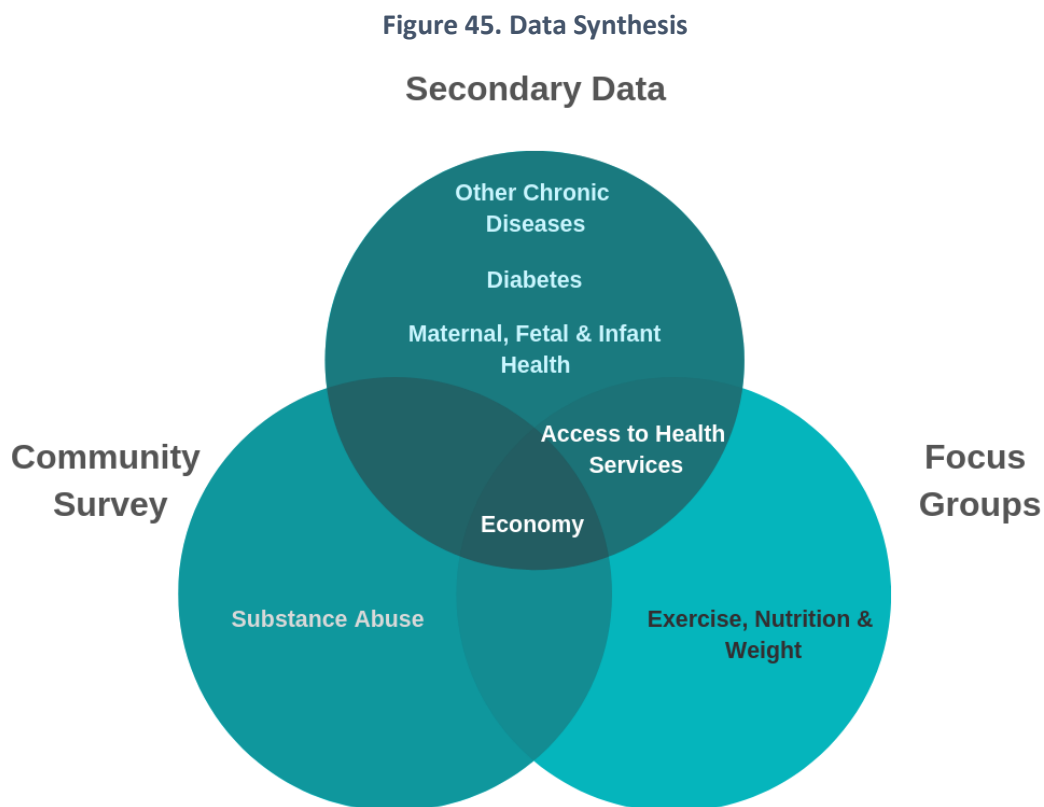
Table 10. Criteria for Identifying the Top Needs from each Data Source

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

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

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.

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



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

Topic Areas Examined in This Report

Seven topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

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

Access to Health Services*
Diabetes*
Economy*
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health*
Other Chronic Diseases*
Substance Abuse







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

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

Navigation Within Each Topic

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

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

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

Diabetes









Key Issues

- Diabetes highly impacts adults over 20 years old and the Medicare population
- The age-adjusted death rate due to diabetes is higher in Bertie County than North Carolina and the U.S.
- Information about nutrition and managing weight is needed in the community

Secondary Data

The secondary data scoring results reveal Diabetes as the top need in Bertie County with an overall score of 2.08. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Diabetes

2.15	Adults 20+ with Diabetes (2014) (percent)	13.2	11.1	10			
2.08	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	60.8	23	21.1			
2.7	Diabetes: Medicare Population (2015) (percent)	34.6	28.4	26.5			

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

Diabetes amongst adults and older adults is a clear area of concern for Bertie County based on the two highest scoring indicators within the Diabetes topic area. The indicator score for diabetes amongst the Medicare population is 34.6% in Bertie County and is higher than both the North Carolina (28.6%) and the U.S. overall (26.5%) values in 2015. Bertie County falls in the bottom quartile in comparison to all North Carolina and U.S. counties for diabetes amongst the Medicare population, and there has been a significant increase over time. The indicator score for diabetes amongst adults over 20 years old is 13.2% in Bertie County and is higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Bertie County falls in the second to the bottom quartile in comparison to all North Carolina counties and in the bottom quartile in comparison to all U.S. counties for diabetes amongst adults over 20 years old. The data score for age-adjusted death rate due to diabetes for Bertie County is 2.08 with a value of 60.8 deaths per 100,000 occurring between 2012 and 2016. This is higher than the rate in both North Carolina (23 deaths/100,000 population) and the United States (21.1 deaths/100,000).

Primary Data

Results from the community survey indicated that eating well/nutrition (15.7%) and managing weight (5.5%) were ranked as the second and fifth most important health behaviors that people need more information about in Bertie County.

Diabetes was raised by focus groups as an issue in the community. One of the most pressing area mentioned by participants were barriers/challenges to exercise, nutrition and weight. Participants frequently discussed poor eating habits and not knowing how to eat healthy as primary challenges to achieving health for themselves and in the community. Participants also discussed challenges they experienced accessing health care services, which is explored in detail later in this report, however, an interesting anecdote shared by one participant stood out about a young adult with multiple health conditions including diabetes who struggled to access needed health services.

“A friend has a {# years old} year old son who had Juvenile Diabetes, and he is clinically/legally blind now, plus he has many other health issues. There are basically no health care services available to him aside from Services for the Blind.”

-Focus Group Participant

Highly Impacted Populations

The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Bertie County community.

Other Chronic Diseases







Key Issues

- There is a statistically significant increase in Chronic Kidney Disease and Rheumatoid Arthritis or Osteoarthritis amongst the Medicare population
- Chronic Kidney Disease is an issue that the community is concerned about
- Older adults in the Medicare population and farm workers are highly impacted by chronic conditions

Secondary Data

Other Chronic Diseases is a high scoring topic, with a score of 2.00. Table 14 highlights indicators of concern.

Table 14. Data Scoring Results for Other Chronic Diseases

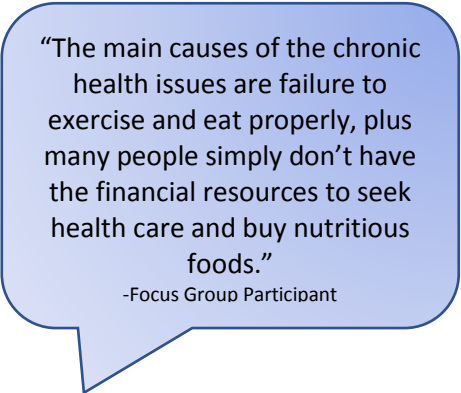
Score	Indicator (Year) (Units)	Bertie County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.7	Chronic Kidney Disease: Medicare Population (2015) (percent)	23.8	19	18.1			
2.7	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2015) (percent)	33.5	29.1	30			

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

Similar to the Diabetes section, Bertie County's Medicare population is also at a higher risk for specific Other Chronic Diseases when compared to other North Carolina and U.S. Counties. The indicator for Chronic Kidney Disease amongst the Medicare population is 23.8% in 2015 which is higher than the value in North Carolina (19%) and the U.S. overall (18.1%). Bertie County falls in the bottom quartile when compared to other North Carolina and U.S. Counties and there has been a statistically significant increase over time. Additionally, the indicator for Rheumatoid Arthritis or Osteoarthritis amongst the Medicare population is 33.5% in 2015 which is higher than the value in North Carolina (29.1%) and the U.S. Overall (30%). Bertie County falls in the bottom quartile when compared to other North Carolina and U.S. Counties, there has also been a statistically significant increase over time.

Primary Data

Other Chronic Diseases did not show up as a top need in the Community Survey or the Focus Group discussion, however, Other Chronic Diseases was mentioned frequently in the Focus Group discussions. Other Chronic Diseases were mentioned 16 times across all the Focus Groups and specifically Chronic Kidney Disease was identified as a primary health issue in the community by all six participants in Focus Group 2. The discussion surrounding chronic illness involved barriers to getting healthy and what some steps organizations in the community could take to improve health. Participants identified cost of care as a primary deterrent to accessing services, needing more health resources, improved transportation to health services and more opportunities to learn about health information/resources.



“The main causes of the chronic health issues are failure to exercise and eat properly, plus many people simply don’t have the financial resources to seek health care and buy nutritious foods.”

-Focus Group Participant

Focus Group participants shared ongoing chronic health issues that they struggled with but may have not sought treatment for or received health services for. Focus Group 5 consisted of farm workers who described issues that affected their daily life such as chronic headaches, chronic stomach aches, eye irritation, stress and ongoing fatigue or aches/pains related to work. While the concerns raised in Focus Group 5 may or may not fall into clinically diagnosed Other Chronic Diseases categories, it is a group that may not necessarily seek treatment for various reasons and is worth highlighting. Barriers to seeking treatment will be addressed further in Access to Health Services.

Highly Impacted Populations

The data scoring analysis shows that the Medicare population are highly impacted by Chronic Kidney Disease and Rheumatoid Arthritis or Osteoarthritis in the Bertie County community. Another group that may be of interest and at risk for Other Chronic Diseases is the farm workers in Bertie County based on direct community input.

Access to Health Services












Key Issues

- Primary care provider, mental health provider and non-physician primary care provider rates are lower in Bertie County than in North Carolina and the United States

Secondary Data

The Access to Health Services topic received a data score of 1.98. This category includes health care provider rates, health insurance coverage, clinical care ranking and preventable hospital stays. The indicators related to Access to Health Care Services is displayed in Table 15. The Access to Health Services indicators address both health care quality and the ability for community members to access health care providers. Bertie County has a low number of medical providers per 100,000 residents. Access to primary care providers, mental health providers and non-physician primary care providers (which includes nurse practitioners, physician assistants and clinical nurse specialists) is worse in Bertie County than in North Carolina and the United States. Overall access to providers in the county has not significantly changed over time though there is some indication of a decreasing trend for mental health and primary care providers.

Table 15. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Bertie County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Mental Health Provider Rate (2017) (providers/ 100,000 population)	40.3	215.5	214.3				-	-
2.5	Primary Care Provider Rate (2015) (providers/ 100,000 population)	24.8	70.6	75.5				-	-
2.3	Dentist Rate (2016) (dentists/ 100,000 population)	10.1	54.7	67.4				-	-
2.1	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	60.4	102.5	81.2				-	-

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

Primary Data

Community survey participants were asked to rank the most pressing health issues in their community and according to those findings lack of or inadequate health insurance ranked as the sixth most important health issue in Bertie County (3.3%). 13% of survey respondents reported having an issue getting the health care that they needed. Of those who reported having an issue, 43% had trouble getting health care from a dentist followed by a general practitioner (26%). 26% responded that the issue they had was that insurance didn't cover what they needed and 26% couldn't get an appointment. Less than half of respondents (44%), saw most of their medical providers in Bertie County while 24% sought care in Hertford County.

Focus group discussion participants specifically noted the role of lack of providers and providers' after-hours availability as a major area of concern. When community survey respondents were asked about health topics they would like to learn more about, individuals reported: how to afford insurance, where to find information and access to birth control, how to obtain dental services without insurance, and how to find primary care providers who accept Medicare. These sentiments were echoed in focus group discussions with participants lamenting the fact that Medicare requires so much paperwork through the State and so few providers accept Medicare. Due to these factors, obtaining care and paying for the cost of care greatly worries Bertie County community members. Further, it was discussed that there is a lack of providers, especially specialists for low-income or uninsured community members, which leads to health issues not being addressed.) Additional barriers to care that participants shared included finding dental and vision care providers and affording co-pays, transportation to facilities within county and having to travel outside the county for specialty care

"Money keeps people from going to the doctor. Co-pays are high. The uninsured can't afford the care."

-Focus Group Participant

Highly Impacted Populations

Focus group participants raised senior citizens as a group that is highly impacted by barriers related to accessing health care services.

Maternal, Fetal & Infant Health






Key Issues

- Babies with low birth weight and very low birth weight are higher in Bertie County than in North Carolina and the U.S.
- Bertie County does not meet the Healthy North Carolina 2020 or the Healthy People 2020 goals for Infant mortality

Secondary Data

Maternal, Fetal & Infant Health received an overall topic score of 1.93. High scoring indicators of concern are displayed in Table 16. The highest scoring indicators are related to Low Birth Weight Babies in Bertie County. 12.4% of babies are born at a low birth weight in Bertie County and 2.8% are born at a very low birth weight, both of which are higher than the value in North Carolina and in the U.S. Bertie County does not meet the Healthy People 2020 goals for either Low Birth Weight (7.8%) or Very Low Birth Weight (1.4%). In addition, Bertie County does not meet the Healthy North Carolina 2020 goal for Infant mortality (6.3 deaths per 1,000 live births) or the Healthy People 2020 Goal (6 deaths per 1,000 live births).

Table 16. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Bertie County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.95	Infant Mortality Rate (2012-2016) (deaths/1,000 live births)	15.8	7.2	-				6.3	6
2.43	Babies with Very Low Birth Weight (2012-2016) (percent)	2.8	1.7	1.4				-	1.4
2.43	Babies with Low Birth Weight (2012-2016) (percent)	12.4	9	8.1				-	7.8

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

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected by 0% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care was not raised as an issue in the community. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the third highest ranking service needing improvement in the community (8.7%) and preventing pregnancy/sexually transmitted diseases was selected as the fourth highest ranking health behavior than people in the community need more information about.

Highly Impacted Populations

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

Economy













Key Issues

- Children, young children, adults over 65 are groups that are groups that are highly impacted by poverty in the community
- Food insecurity is higher in Bertie County than in North Carolina and the U.S.
- Students eligible for free school lunch is significantly increasing over time

Secondary Data

From the secondary data scoring results, Economy was identified to be a top need in Bertie County, with a score of 1.90. Specific indicators of concern are highlighted in Table 17. The indicators included within this topic are related to the work force, income, poverty, home ownership and food insecurity. There are many high scoring indicators within this topic area and specific groups are identified as being particularly vulnerable: 37.7% of children, 46.3% of young children and 16.1% of people over the age of 65 live below poverty level in the county. 22.7% of people in the county are food insecure which is higher than North Carolina (15.4%) and in the U.S. (12.9%). In addition, 25.2% of children are food insecure which is also higher than North Carolina (20.9%) and in the U.S. (17.9%). 98.6% of students are eligible for the free school lunch program and based on the time trend analysis this indicator is significantly increasing over time.

Table 17. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Bertie County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	Households with Supplemental Security Income (2012-2016) (percent)	10.2	5	5.4				-	-
2.5	Female Population 16+ in Civilian Labor Force (2012-2016) (percent)	46.8	57.4	58.3				-	-
2.5	Population 16+ in Civilian Labor Force (2012-2016) (percent)	48.4	61.5	63.1				-	-
2.7	Students Eligible for the Free Lunch Program (2015-2016) (percent)	98.6	52.6	42.6				-	-

2.4	People Living 200% Above Poverty Level (2012-2016) (percent)	47.5	62.3	66.4				-	-
2.3	Median Household Income (2012-2016) (dollars)	31129	48256	55322				-	-
2.3	Food Insecurity Rate (2016) (percent)	22.7	15.4	12.9				-	-
2.1	Unemployed Workers in Civilian Labor Force (43191) (percent)	5	3.7	3.7				-	-
2.3	People Living Below Poverty Level (2012-2016) (percent)	20.9	16.8	15.1				12.5	-
2.3	Per Capita Income (2012-2016) (dollars)	17244	26779	29829				-	-
2.15	Families Living Below Poverty Level (2012-2016) (percent)	15	12.4	11				-	-
2.3	People 65+ Living Below Poverty Level (2012-2016) (percent)	16.1	9.7	9.3				-	-
2.3	Child Food Insecurity Rate (2016) (percent)	25.2	20.9	17.9				-	-
2.4	Severe Housing Problems (2010-2014) (percent)	21	16.6	18.8				-	-
2.3	Children Living Below Poverty Level (2012-2016) (percent)	37.7	23.9	21.2				-	-

2.3	Young Children						
	Living Below Poverty Level (2012-2016) (percent)	46.3	27.3	23.6			

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

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Bertie County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (23.1%) and availability of employment (19%). Over 70% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

"Programs like Meals on Wheels need to be expanded county-wide."

-Focus Group Participant

Focus group participants touched on key economic needs in the community including lack of economic development and a need to expand programs county-wide such as Meals on Wheel to help vulnerable community members.

Highly Impacted Populations

Secondary data scoring identified multiple indicators suggesting that women and children as groups that are highly impacted by issues within the Economy topic area.

Mortality

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

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

Bertie County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	152	165.4	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	146	161.4	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Diabetes	66	69.9	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	42	63.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	38	39.8	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	37	36.7	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Chronic Lower Respiratory Diseases	34	36.8	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Hypertension	25	26.2	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Septicemia	14	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Homicide	11	Unreliable	Septicemia	4,500	13.1	Septicemia	1,033	15.1

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

Other Significant Health Needs

Education

Secondary Data

From the secondary data scoring results, Education was the 10th most pressing health need in Bertie County with a score of 1.78. High scoring indicators within this topic area include: People 25+ with a Bachelor's Degree or Higher (2.30), People 25+ with a High School Degree or Higher (2.30), 8th Grade Students Proficient in Math (1.85), 8th Grade Students Proficient in Reading (1.85) and High School Graduation (1.75).

Primary Data

Education was discussed twelve times in the focus group discussions. All discussion focused on participants wanting to attend English as a Second Language (ESL) program. One participant raised that health care education is needed in the community.

Substance Abuse

Secondary Data

From the secondary data scoring results, Substance Abuse had a topic score of 1.26 and was the 25th most pressing health need in Bertie County. High scoring indicators within this topic area include: Adults who Smoke (2.25).

Primary Data

Community survey participants ranked substance abuse (14.8%) as a top issue affecting quality of life in Greene County. Additionally, 17.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

14% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 29% would go to a doctor if they wanted to quit, 25% did not know where they would go and 24% stated that they did not want to quit. 43% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 42% were exposed in the home and 27% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (79%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 6% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 95% reported no illegal drug use and 97% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (5%) in the past 30 days, 92% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, substance use was two times as an issue participants see as a problem that needs to be addressed in the community. One participant raised alcohol abuse as an issue in the community and another raised illegal drugs as an issue.

A Closer Look at Highly Impacted Populations

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

Men's Health

Men's health ranks as a top need in Bertie County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 2.08. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Bertie County is 28.4 deaths/100,000 males, which is higher than the state value and national value. Bertie County also fails to meet the Healthy People 2020 target of 21.8 deaths/100,000 males for prostate cancer deaths. The Prostate Cancer Incidence Rate is 133.6 cases per 100,000 males which is also higher than the state and U.S. incidence rates. In addition, Bertie County does not meet the Healthy North Carolina 2020 goal of 79.5 years for male life expectancy.

Disparities by Age, Gender and Race/Ethnicity

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

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

Health Indicator	Group(s) Disparately Affected*
All Cancer Incidence Rate	Male
Median Household Income	Black or African American
People Living Below Poverty Level	6-11, <6
Per Capita Income	American Indian or Alaska Native, Asian, Black or African American, Two or More Races
Young Children Living Below Poverty Level	Black or African American
People 25+ with a Bachelor's Degree or Higher	Male, Hispanic or Latino
People 25+ with a High School Degree or Higher	65+, Male, Hispanic or Latino
Workers who Drive Alone to Work	Native Hawaiian or Other Pacific Islander, Other, Two or More Races, White, non-Hispanic

*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

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

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27849, with an index value of 92.8, has the highest socioeconomic need within Bertie County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index](#)® for more details, including a map of Bertie County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Bertie County. The assessment was further informed with input from Bertie County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified seven significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Fetal & Infant Health, Other Chronic Diseases and Substance Abuse. The prioritization process identified three focus areas: (1) Healthy Lifestyles/Chronic Disease Prevention (2) Access to care/services and (3) Substance Use/Misuse.

Priority 1: Healthy Lifestyle/Chronic Disease Prevention

Health Indicators: Cardiovascular disease (including heart disease and stroke), diabetes, and respiratory diseases (such as COPD and asthma) are all long-term, or chronic, conditions that limit quality of life, require medical management and treatment, and are among the leading causes of death in Chowan County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.

Population At Risk: The Poor, Uninsured

Health Resources Available/Needed:

Available Resources:

Albemarle Regional Health Services

Bertie County Health Department - Health Education, Bertie Diabetes Support Group

Vidant Medical Center

Vidant Bertie Hospital

Vidant Diabetes Care Program

Heart and Vascular Care

Stroke Care

Bertie County YMCA

Bertie County Rural Health Association

Three Rivers Healthy Carolinians

NC Cooperative Extension - Weight management program

Farmers Markets and Roadside Stands

Bertie County Parks & Recreational Facilities

Livermon Park & Mini-Zoo

Cashie Wetlands Walk

Cashie Golf and Country Club

Quit Line NC - 1-800-784-8669 (tobacco cessation)

Resources Still Needed:

General Practice physicians

Pediatrics services

Urgent Care Center

More resources for dental care

More mental health services

Local health education/chronic disease management programs

Priority 2: Access to Care/Services

Health Indicators: Participants in the small group discussions identified the limited availability of healthcare services as a barrier to good health in Bertie County. With the small number of providers making scheduling difficult, respondents cited increasing wait times and travel barriers. Respondents reported struggling with the high cost of insurance, medications and doctor visits.

Population At Risk: Uninsured, Those with limited transportation options.

Health Resources Available/Needed:

Available Resources:

Albemarle Regional Health Services

Vidant Bertie Hospital

Vidant Family Medicine (located in the hospital)

RCCHC

Bertie County Rural Health

Resources Still Needed:

Free-standing Urgent Care Center

More local health care providers

Priority 3: Substance Use/Misuse

Health Indicators: While some data is available pertaining to utilization of services pertaining to substance misuse, there is not much data describing the prevalence of individual diagnoses. During the focus group discussions, substance abuse prevention was the most frequently selected issue.

Population At Risk: The Poor, Uninsured, Elderly, Youth

Health Resources Available/Needed:

Available Resources:

Trillium Health Resources

Integrated Family Services – Mobile Crisis

Community Care Plan of Eastern North Carolina

RI International

North Eastern Counseling Services

Family Resource Center

Inpatient Behavioral Health unit located in nearby Ahoskie (Hertford County)

Resources Still Needed:

More local mental health/substance abuse resources

Following this process, Bertie County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to www.arhs-nc.org.

Appendix A. Secondary Data Scoring

Overview

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

Comparison Score

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

Indicator Score

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

Topic Score

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

Figure 46. Secondary Data Scoring

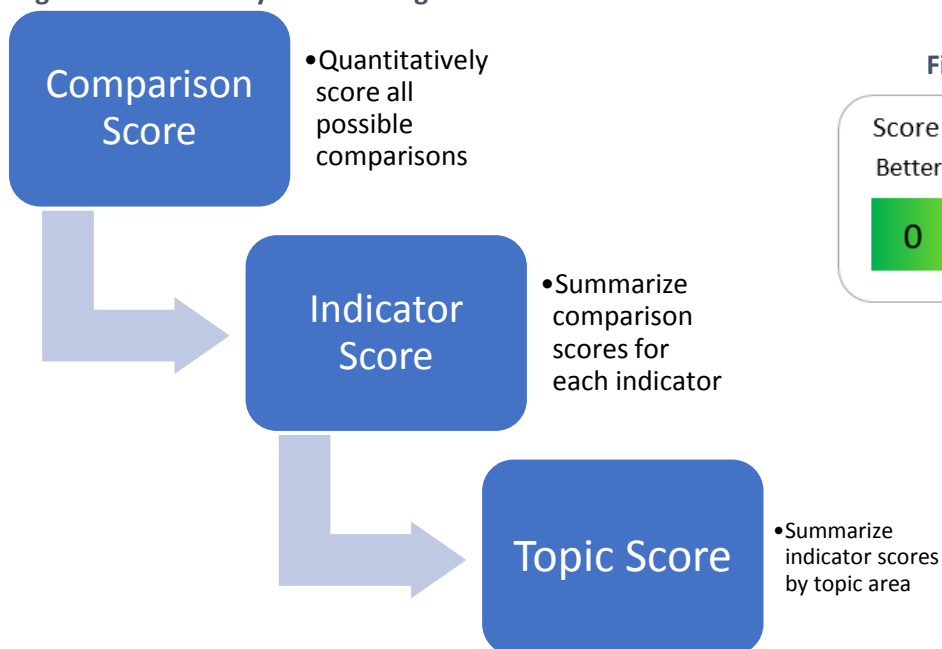
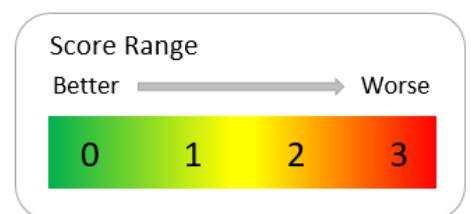


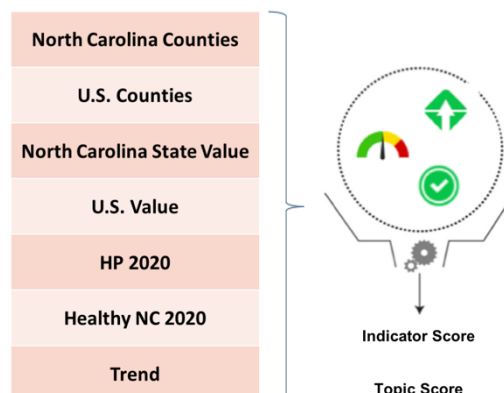
Figure 47. Score Range



Comparison Scores

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

Figure 48. Comparisons used in Secondary



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

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

Figure 49. Compare to Distribution Indicator



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

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

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

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Bertie County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

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

Figure 53. Trend Over Time



Missing Values

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

Indicator Scoring

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

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

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

Table 20. Topic Scores for Bertie County

Health and Quality of Life Topics	Score
Wellness & Lifestyle	2.11
Men's Health	2.08
Diabetes	2.08
Other Chronic Diseases	2.00
Access to Health Services	1.98
Maternal, Fetal & Infant Health	1.93
Economy	1.90
Social Environment	1.80
Environmental & Occupational Health	1.79
Education	1.78
Mortality Data	1.74
Exercise, Nutrition, & Weight	1.73
Older Adults & Aging	1.70
Heart Disease & Stroke	1.67
Mental Health & Mental Disorders	1.67
Immunizations & Infectious Diseases	1.64
County Health Rankings	1.63
Prevention & Safety	1.61
Cancer	1.59
Public Safety	1.58
Women's Health	1.58
Transportation	1.49
Environment	1.48
Respiratory Diseases	1.29
Substance Abuse	1.26

Indicator Scoring Table

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

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	40.3	215.5	214.3				3
2.50	Primary Care Provider Rate	2015	providers/ 100,000 population	24.8	70.6	75.5				3
2.30	Dentist Rate	2016	dentists/ 100,000 population	10.1	54.7	67.4				3
2.10	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	60.4	102.5	81.2				3
1.68	Persons with Health Insurance	2016	percent	87.2	87.8		100.0	92.0		16
1.43	Clinical Care Ranking	2018	ranking	50.0						3
1.35	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	53.4	49.0	49.9				17

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.6	12.0	12.5				6
2.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	148.8	129.4	123.5				6
2.50	Cancer: Medicare Population	2015	percent	8.7	7.7	7.8				2
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.4	12.2	11.5				6
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2008-2012	deaths/ 100,000 males	28.4	23.5	19.6	21.8			6
2.35	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	12.3	10.8	10.9				6
1.95	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	133.6	125.0	114.8				6
1.55	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.2	14.1	14.8	14.5	10.1		6
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.1	50.7	44.7	45.5			6

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

1.45	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.7	21.6	21.2	20.7			6
1.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.9	70.0	61.2				6
1.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.7	172.0	166.1	161.4			6
0.65	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	399.3	457.0	443.6			Male	6
0.30	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	10.7	20.1	20.5				6
0.30	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	35.1	37.7	39.8	39.9			6
0.30	Mammography Screening: Medicare Population	2014	percent	75.5	67.9	63.1				17

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Child Food Insecurity Rate	2016	percent	25.2	20.9	17.9				4
1.05	Children with Low Access to a Grocery Store	2015	percent	1.0						20

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	82.0						3
1.73	Morbidity Ranking	2018	ranking	90.0						3
1.73	Mortality Ranking	2018	ranking	85.0						3
1.73	Social and Economic Factors Ranking	2018	ranking	80.0						3
1.43	Clinical Care Ranking	2018	ranking	50.0						3
1.43	Physical Environment Ranking	2018	ranking	30.0						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Diabetes: Medicare Population	2015	percent	34.6	28.4	26.5				2
2.15	Adults 20+ with Diabetes	2014	percent	13.2	11.1	10.0				3
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	60.8	23.0	21.1				15
1.40	Diabetic Monitoring: Medicare Population	2014	percent	87.9	88.8	85.2				17

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.30	Households with Supplemental Security Income	2012-2016	percent	10.2	5.0	5.4	1
1.13	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	26.5	29.0	27.6	1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Students Eligible for the Free Lunch Program	2015-2016	percent	98.6	52.6	42.6				7
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	46.8	57.4	58.3				1
2.50	Population 16+ in Civilian Labor Force	2012-2016	percent	48.4	61.5	63.1				1
2.40	People Living 200% Above Poverty Level	2012-2016	percent	47.5	62.3	66.4				1
2.40	Severe Housing Problems	2010-2014	percent	21.0	16.6	18.8				3
2.30	Child Food Insecurity Rate	2016	percent	25.2	20.9	17.9				4
2.30	Children Living Below Poverty Level	2012-2016	percent	37.7	23.9	21.2				1
2.30	Food Insecurity Rate	2016	percent	22.7	15.4	12.9				4
2.30	Households with Supplemental Security Income	2012-2016	percent	10.2	5.0	5.4				1
2.30	Median Household Income	2012-2016	dollars	31129	48256	55322			Black or African American	1
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.1	9.7	9.3				1
2.30	People Living Below Poverty Level	2012-2016	percent	20.9	16.8	15.1		12.5	6-11, <6	1
2.30	Per Capita Income	2012-2016	dollars	17244	26779	29829			American Indian or Alaska Native, Asian, Black or African American, Two or More Races	1
2.30	Young Children Living Below Poverty Level	2012-2016	percent	46.3	27.3	23.6			Black or African American	1
2.15	Families Living Below Poverty Level	2012-2016	percent	15.0	12.4	11.0				1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	5.0	3.7	3.7				18
2.08	Median Housing Unit Value	2012-2016	dollars	79900	157100	184700				1
1.73	Social and Economic Factors Ranking	2018	ranking	80.0						3
1.65	Households with Cash Public Assistance Income	2012-2016	percent	2.4	1.9	2.7				1
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	395	376	462				1

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1.45	Homeownership	2012-2016	percent	57.8	55.5	55.9				1
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.5						20
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.3						20
1.13	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	26.5	29.0	27.6				1
1.10	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	40.8	49.4	47.3		36.1		1
1.08	Median Household Gross Rent	2012-2016	dollars	633	816	949				1
1.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1040	1243	1491				1
0.60	Total Employment Change	2014-2015	percent	42.6	3.1	2.5				19

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	11.5	29.0	30.3			Male, Hispanic or Latino	1
2.30	People 25+ with a High School Degree or Higher	2012-2016	percent	74.8	86.3	87.0			65+, Male, Hispanic or Latino	1
1.85	8th Grade Students Proficient in Math	2016-2017	percent	31.5	45.8					12
1.85	8th Grade Students Proficient in Reading	2016-2017	percent	41.8	53.7					12
1.75	High School Graduation	2016-2017	percent	84.8	86.5		87.0	94.6		12
1.55	4th Grade Students Proficient in Reading	2016-2017	percent	55.1	57.7					12
1.35	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.2	15.6	17.7				7
1.25	4th Grade Students Proficient in Math	2016-2017	percent	59.9	58.6					12

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Access to Exercise Opportunities	2018	percent	33.5	76.1	83.1				3
2.40	Severe Housing Problems	2010-2014	percent	21.0	16.6	18.8				3
2.15	Food Environment Index	2018		6.3	6.4	7.7				3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.3						20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0						20
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.05						20
1.60	Recognized Carcinogens Released into Air	2016	pounds	32926						21

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1.45	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						20
1.43	Physical Environment Ranking	2018	ranking	30.0						3
1.20	Houses Built Prior to 1950	2012-2016	percent	12.2	9.1	18.2				1
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.5						20
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.2						20
1.15	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.3						20
1.05	Children with Low Access to a Grocery Store	2015	percent	1.0						20
0.68	Drinking Water Violations	FY 2013-14	percent	0.0	4.0			5.0		3
0.65	Liquor Store Density	2015	stores/ 100,000 population	5.0	5.8	10.5				19

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	318.3	90.9					9
1.90	Asthma: Medicare Population	2015	percent	9.0	8.4	8.2				2
1.43	Physical Environment Ranking	2018	ranking	30.0						3

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	36.9	29.6	28.0	30.5			3
2.40	Access to Exercise Opportunities	2018	percent	33.5	76.1	83.1				3
2.30	Child Food Insecurity Rate	2016	percent	25.2	20.9	17.9				4
2.30	Food Insecurity Rate	2016	percent	22.7	15.4	12.9				4
2.15	Food Environment Index	2018		6.3	6.4	7.7				3
1.95	Adults 20+ who are Sedentary	2014	percent	29.5	24.3	23.0	32.6			3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.3						20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0						20
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.05						20
1.73	Health Behaviors Ranking	2018	ranking	82.0						3

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1.45	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						20
1.25	Workers who Walk to Work	2012-2016	percent	2.3	1.8	2.8	3.1			1
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.5						20
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.2						20
1.15	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.3						20
1.05	Children with Low Access to a Grocery Store	2015	percent	1.0						20

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.3	15.7		36.2			15

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Voter Turnout: Presidential Election	2016	percent	64.5	67.7					13

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Stroke: Medicare Population	2015	percent	4.6	3.9	4.0				2
2.40	Heart Failure: Medicare Population	2015	percent	14.8	12.5	13.5				2
2.30	Hypertension: Medicare Population	2015	percent	68.5	58.0	55.0				2
1.93	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	44.9	43.1	36.9	34.8			15
1.70	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	171.9	161.3			161.5		15
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				2
0.85	Ischemic Heart Disease: Medicare Population	2015	percent	21.8	24.0	26.5				2
0.75	Hyperlipidemia: Medicare Population	2015	percent	39.6	46.3	44.6				2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	37.8	16.1			22.2		10

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2.13	Chlamydia Incidence Rate	2016	cases/ 100,000 population	654.8	572.4	497.3				10
2.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	17.3	7.0					10
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.9	2.2	2.0	3.3			15
1.63	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	191.4	194.4	145.8				10
1.45	Syphilis Incidence Rate	2016	cases/ 100,000 population	5.0	10.8	8.7				8
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.1	17.8	14.8		13.5		15
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			10

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Low Birth Weight	2012-2016	percent	12.4	9.0	8.1	7.8			14
2.43	Babies with Very Low Birth Weight	2012-2016	percent	2.8	1.7	1.4	1.4			14
1.95	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	15.8	7.2		6.0	6.3		15
1.48	Preterm Births	2016	percent	10.0	10.4	9.8	9.4			14
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.3	15.7		36.2			15

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2008-2012	deaths/ 100,000 males	28.4	23.5	19.6	21.8			6
1.95	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	133.6	125.0	114.8				6
1.85	Life Expectancy for Males	2014	years	72.7	75.4	76.7		79.5		5

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	40.3	215.5	214.3				3
2.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	38.2	31.9	26.6				15
2.10	Poor Mental Health: Average Number of Days	2016	days	4.2	3.9	3.8		2.8		3
1.50	Frequent Mental Distress	2016	percent	13.4	12.3	15.0				3
1.45	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9				2

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1.28	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	8.3	15
0.70	Depression: Medicare Population	2015	percent	13.6	17.5	16.7			2

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.1	6.2	5.5	5.5	6.7		15
2.50	Premature Death	2014-2016	years/ 100,000 population	9780.8	7281.1	6658.1				3
2.45	Age-Adjusted Death Rate due to Prostate Cancer	2008-2012	deaths/ 100,000 males	28.4	23.5	19.6	21.8			6
2.35	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	12.3	10.8	10.9				6
2.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	38.2	31.9	26.6				15
2.08	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	60.8	23.0	21.1				15
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	26.3	14.1					15
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.9	2.2	2.0	3.3			15
1.95	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	15.8	7.2		6.0	6.3		15
1.93	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	44.9	43.1	36.9	34.8			15
1.73	Mortality Ranking	2018	ranking	85.0						3
1.70	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	171.9	161.3			161.5		15
1.55	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.2	14.1	14.8	14.5	10.1		6
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.1	50.7	44.7	45.5			6
1.45	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.7	21.6	21.2	20.7			6
1.28	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	8.3		15
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.5	31.4	29.3		4.7		3
1.10	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.7	172.0	166.1	161.4			6
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.1	17.8	14.8		13.5		15
0.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	23.7	31.9	41.4	36.4			15

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SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.8	19.0	18.1				2
2.70	Diabetes: Medicare Population	2015	percent	34.6	28.4	26.5				2
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.5	29.1	30.0				2
2.50	Cancer: Medicare Population	2015	percent	8.7	7.7	7.8				2
2.50	People 65+ Living Alone	2012-2016	percent	33.9	26.8	26.4				1
2.50	Stroke: Medicare Population	2015	percent	4.6	3.9	4.0				2
2.40	Heart Failure: Medicare Population	2015	percent	14.8	12.5	13.5				2
2.30	Hypertension: Medicare Population	2015	percent	68.5	58.0	55.0				2
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.1	9.7	9.3				1
2.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	38.2	31.9	26.6				15
1.90	Asthma: Medicare Population	2015	percent	9.0	8.4	8.2				2
1.45	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9				2
1.40	Diabetic Monitoring: Medicare Population	2014	percent	87.9	88.8	85.2				17
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.2						20
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				2
0.85	COPD: Medicare Population	2015	percent	9.9	11.9	11.2				2
0.85	Ischemic Heart Disease: Medicare Population	2015	percent	21.8	24.0	26.5				2
0.75	Hyperlipidemia: Medicare Population	2015	percent	39.6	46.3	44.6				2
0.70	Depression: Medicare Population	2015	percent	13.6	17.5	16.7				2
0.60	Osteoporosis: Medicare Population	2015	percent	2.3	5.4	6.0				2
0.30	Mammography Screening: Medicare Population	2014	percent	75.5	67.9	63.1				17

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.4	12.2	11.5				6
2.30	Dentist Rate	2016	dentists/ 100,000 population	10.1	54.7	67.4				3

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.8	19.0	18.1				2
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.5	29.1	30.0				2
0.60	Osteoporosis: Medicare Population	2015	percent	2.3	5.4	6.0				2

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Severe Housing Problems	2010-2014	percent	21.0	16.6	18.8				3
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	26.3	14.1					15
0.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	23.7	31.9	41.4	36.4			15

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.1	6.2	5.5	5.5	6.7		15
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	26.3	14.1					15
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.5	31.4	29.3		4.7		3
1.10	Property Crime Rate	2016	crimes/ 100,000 population	1719.7	2779.7					11
0.98	Violent Crime Rate	2016	crimes/ 100,000 population	200.0	374.9	386.3				11

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	318.3	90.9					9
1.90	Asthma: Medicare Population	2015	percent	9.0	8.4	8.2				2
1.50	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.1	50.7	44.7	45.5			6
1.30	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	64.9	70.0	61.2				6
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.1	17.8	14.8		13.5		15
0.85	COPD: Medicare Population	2015	percent	9.9	11.9	11.2				2
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			10

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

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	46.8	57.4	58.3				1
2.50	People 65+ Living Alone	2012-2016	percent	33.9	26.8	26.4				1
2.50	Population 16+ in Civilian Labor Force	2012-2016	percent	48.4	61.5	63.1				1
2.30	Children Living Below Poverty Level	2012-2016	percent	37.7	23.9	21.2				1
2.30	Median Household Income	2012-2016	dollars	31129	48256	55322			Black or African American	1
2.30	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	11.5	29.0	30.3			Male, Hispanic or Latino	1
2.30	People 25+ with a High School Degree or Higher	2012-2016	percent	74.8	86.3	87.0			65+, Male, Hispanic or Latino	1
2.30	People Living Below Poverty Level	2012-2016	percent	20.9	16.8	15.1		12.5	6-11, <6	1
2.30	Per Capita Income	2012-2016	dollars	17244	26779	29829			American Indian or Alaska Native, Asian, Black or African American, Two or More Races	1
2.30	Single-Parent Households	2012-2016	percent	43.7	35.7	33.6				1
2.30	Young Children Living Below Poverty Level	2012-2016	percent	46.3	27.3	23.6			Black or African American	1
2.08	Median Housing Unit Value	2012-2016	dollars	79900	157100	184700				1
1.80	Voter Turnout: Presidential Election	2016	percent	64.5	67.7					13
1.73	Social and Economic Factors Ranking	2018	ranking	80.0						3
1.68	Persons with Health Insurance	2016	percent	87.2	87.8		100.0	92.0		16
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	395	376	462				1
1.45	Homeownership	2012-2016	percent	57.8	55.5	55.9				1
1.08	Median Household Gross Rent	2012-2016	dollars	633	816	949				1
1.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1040	1243	1491				1
1.05	Mean Travel Time to Work	2012-2016	minutes	24.1	24.1	26.1				1
0.85	Linguistic Isolation	2012-2016	percent	0.6	2.5	4.5				1
0.60	Total Employment Change	2014-2015	percent	42.6	3.1	2.5				19
0.50	Social Associations	2015	membership associations/ 10,000 population	28.2	11.5	9.3				3

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

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Adults who Smoke	2016	percent	19.6	17.9	17.0	12.0	13.0		3
1.73	Health Behaviors Ranking	2018	ranking	82.0						3
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	26.5	31.4	29.3		4.7		3
0.65	Liquor Store Density	2015	stores/ 100,000 population	5.0	5.8	10.5				19
0.45	Adults who Drink Excessively	2016	percent	13.0	16.7	18.0	25.4			3

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.3	15.7		36.2			15

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Households without a Vehicle	2012-2016	percent	9.7	6.3	9.0				1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.3						20
1.70	Workers Commuting by Public Transportation	2012-2016	percent	0.7	1.1	5.1	5.5			1
1.35	Workers who Drive Alone to Work	2012-2016	percent	80.0	81.1	76.4			Native Hawaiian or Other Pacific Islander, Other, Two or More Races, White, non-Hispanic	1
1.25	Workers who Walk to Work	2012-2016	percent	2.3	1.8	2.8	3.1			1
1.05	Mean Travel Time to Work	2012-2016	minutes	24.1	24.1	26.1				1
0.75	Solo Drivers with a Long Commute	2012-2016	percent	28.4	31.3	34.7				3

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	23.5	17.6	16.0		9.9		3
2.25	Insufficient Sleep	2016	percent	38.0	33.8	38.0				3
2.25	Poor Physical Health: Average Number of Days	2016	days	4.3	3.6	3.7				3

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

2.10	Frequent Physical Distress	2016	percent	13.8	11.3	15.0				3
2.05	Life Expectancy for Females	2014	years	78.5	80.2	81.5		79.5		5
1.85	Life Expectancy for Males	2014	years	72.7	75.4	76.7		79.5		5
1.73	Morbidity Ranking	2018	ranking	90.0						3

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	BERTIE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	148.8	129.4	123.5				6
2.05	Life Expectancy for Females	2014	years	78.5	80.2	81.5		79.5		5
1.45	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.7	21.6	21.2	20.7			6
0.30	Mammography Screening: Medicare Population	2014	percent	75.5	67.9	63.1				17

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

Sources

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

Table 22. Indicator Sources and Corresponding Number Keys

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

Appendix B. Primary Data

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

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

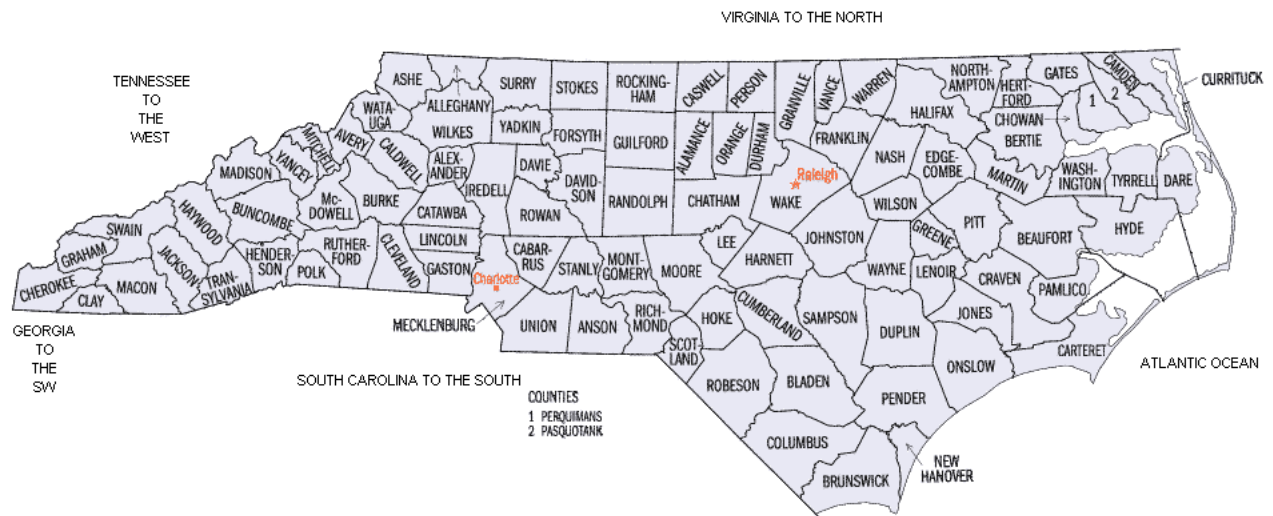
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Bertie	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

North Carolina County Map



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

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

PART 2: Community Improvement

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

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

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

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

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

☐ Other (please specify)

PART 3: Health Information

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

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

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

☐ Other (please specify)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | | |

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No *(if No, skip to question #12)*

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

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

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

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

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

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

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

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

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

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

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

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

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

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don' t know / not sure

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

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

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don' t know / not sure

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

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

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

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

- | | | | | | | | |
|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don't know / not sure | | | | | | | |

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

☐

Yes

☐

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

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

☐

Yes

☐

No

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

☐

Yes

☐

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

☐

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

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

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

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

☐ Other (please specify)

--

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

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

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

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

- ☐ Yes, flu shot

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

[Part 5: Access to Care/Family Health](#)

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

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

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

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

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |

☐ Other (please specify)

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

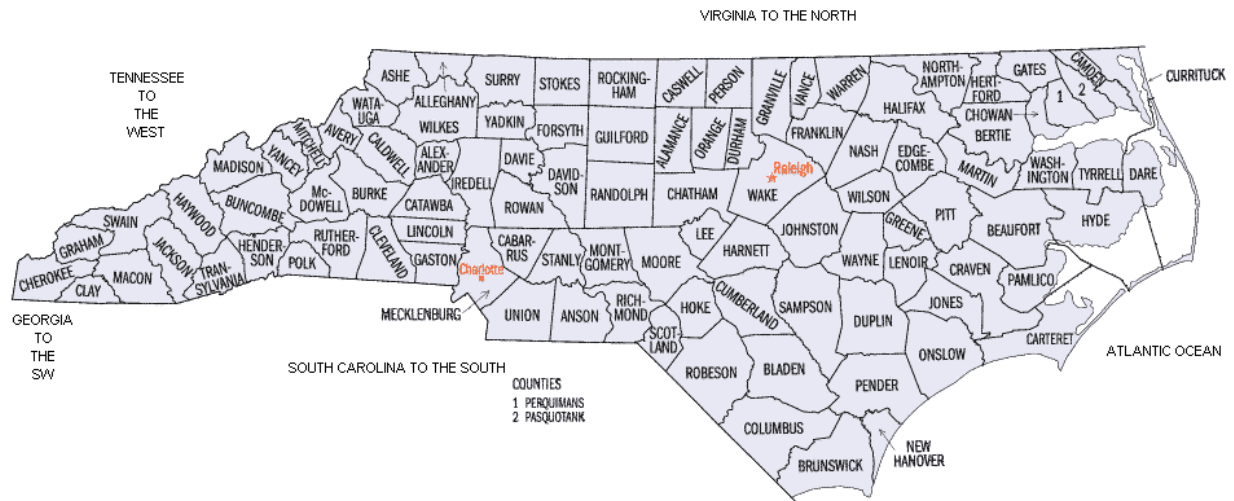
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

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

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

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	<input type="checkbox"/> Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	<input type="checkbox"/> Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Bertie	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> The State of
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Perquimans	<input type="checkbox"/> Virginia
<input type="checkbox"/> Other (please specify)			

North Carolina County Map



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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

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

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

☐ Other (please specify)

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

(Check only one.)

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

☐ No

☐ Don't know/not sure

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

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

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

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

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

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

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

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

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

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

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

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

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

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

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

☐ Other (please specify)

--

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

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

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

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

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

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

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

[Thank you for your time and participation!](#)

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

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

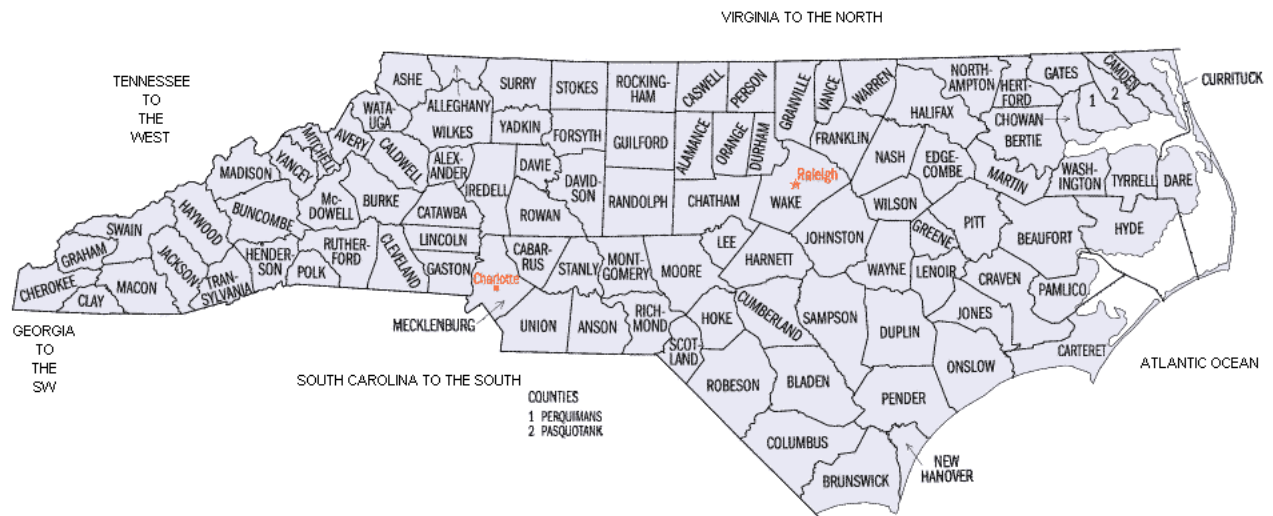
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Bertie	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

Mapa del condado de Carolina del Norte



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

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

PARTE 2: Mejora de la comunidad

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

PARTE 3: Información de salud

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

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

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

☐

Otros (especificar)

--

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor / | hijo | de ayuda |
| enfermera | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Departamento de | |
| <input type="checkbox"/> Iglesia | salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

- ☐ Sí
- ☐ No

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

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | imprudente / exceso de |
| alimentación | <input type="checkbox"/> ETS | velocidad |
| <input type="checkbox"/> Ejercicios | (enfermedades de | <input type="checkbox"/> Problemas de |
| <input type="checkbox"/> Manejo del asma | transmisión sexual) | salud mental |
| | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

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

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

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

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

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

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

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

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

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

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

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

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

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

<input type="checkbox"/>	Mariguana
<input type="checkbox"/>	Cocaína

- ☐ Heroína
- ☐ Otros (especificar)

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

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

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

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

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

- ☐ Sí
- ☐ No

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

☐

Sí

☐

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

☐

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

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

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

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

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

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

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

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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

☐

Sí

☐

No

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

☐

No sé / no estoy seguro

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

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

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

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

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 32)

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

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

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

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

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

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

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

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

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

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

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

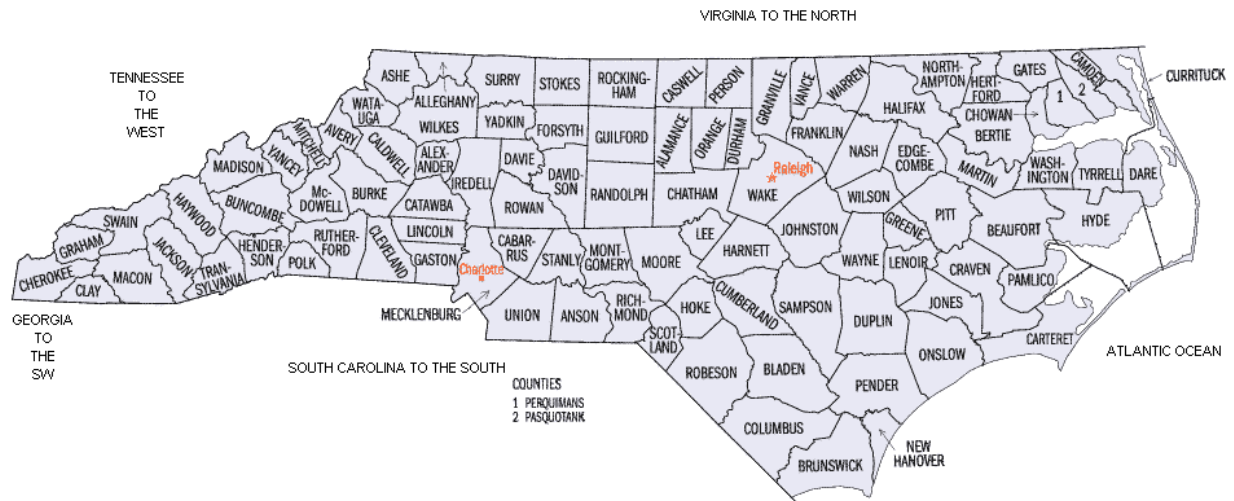
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

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

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
Cumberland	<input type="checkbox"/> Hyde	Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Bertie	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> El Estado de
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	Perquimans	Virginia
<input type="checkbox"/> Otros (especificar)			

Mapa del condado de Carolina del Norte



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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

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

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

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

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

☐

No

☐

No sé / no estoy seguro

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

☐

Falta de transporte

☐

Preocupación por la seguridad familiar

☐

La falta de confianza en los funcionarios públicos

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la propiedad

☐

Preocupación por los atascos de tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad personal

☐

Problemas de salud (no se pudieron mover)

☐

No sé / no estoy seguro

☐

Otros (especificar)

PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

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

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

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

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

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

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

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

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

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

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

☐

Separado

☐

Otros (especificar)

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

<input type="checkbox"/>	Ama de casa	<input type="checkbox"/>	Desempleado 1	<input type="checkbox"/>	Desempleado por más de 1
<input type="checkbox"/>	Trabajadores por	año o menos		año	
cuenta propia					

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

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

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

[¡Gracias por su tiempo y participación!](#)

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

Prompt: What do you do to stay healthy?

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

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

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

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

Additional Questions

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

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

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

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

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

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

Key Themes

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

1.

2.

3.

Appendix C. Community Resources

Community Services and Organizations

Law Enforcement - There are three municipalities in Bertie County that have their own police departments: Aulander, Windsor, and Lewiston-Woodville. The rest of the county is covered by the Bertie County Sheriff's Office, headquartered in Windsor.

Bertie County Sheriff's Office

PO Box 157

104 Dundee St

Windsor, NC 27983

Phone: (252) 794-5330

Availability: Office Hours: 8:30am-5:00pm

Exceptions: Holidays and Inclement Weather

<http://www.co.bertie.nc.us/departments/sheriff/sheriff.html>

The Bertie County, NC fire department directory includes 12 fire departments and fire stations

Source: Fire Department Directory, North Carolina, Bertie County; <http://www.firedepartment.net/directory/north-carolina/bertie-county>

Fire Departments

Aulander Municipal Volunteer Fire Department

124 E Main ST

PO Box 100

Aulander, NC 27805

Phone: (252) 345-3541

Colerain Volunteer Fire Department

101 Winton ST

PO Box 247

Colerain, NC 27924

Phone: (252) 356-1033

Fax: (252) 356-2124

Perrytown Fire Department

850 Perry Town Rd.

Colerain, NC 27924

Trap Fire Department

213 Valentine Farm Rd
Colerain, NC 27924

Kelford Fire Department

613 Harrells Siding Rd.
Kelford, NC 27847

Lewiston Woodville Volunteer Fire Department

103 W Church ST
PO Box 395
Lewiston Woodville, NC 27849
Phone: (252) 348-2658
Fax: (252) 348-2608

Merry Hill Midway Volunteer Fire Department

109 NC 45 N
Merry Hill, NC 27957
Phone: (252) 482-3656

Powellsville Volunteer Fire Department

106 Curtis ST
Powellsville, NC 27967

Roxobel Volunteer Fire Department

204 S Main ST
Roxobel, NC 27872
Phone: (252) 344-7791

Blue Jay Volunteer Fire Department

1351 Indian Wood RD
Windsor, NC 27983

Windsor Fire Department

501 N King ST
Windsor, NC 27983
Phone: (252) 794-3437

Askewville Volunteer Fire Department

105 Askewville S Railroad ST

Windsor, NC 27983

Phone: (252) 794-2553

Mailing Address

Askewville Volunteer Fire Department

117 W Askewville ST #52

Windsor, NC 27983

Public Libraries

There are three public libraries that serve the people of Bertie County:

Lawrence Memorial Public Library

204 Dundee St

Windsor, NC 27983

Phone: 252-794-2244

Fax: 252-794-1546

Hours of Operation:

Mon, Tues, Wed, Fri 10:00 am - 6:00 pm

Thursday 10:00 am - 8:00 pm

Saturday 9:00 am - 12:00 pm

Sallie Harrell Jenkins Memorial Library

302 Broad St

Aulander, NC 27805

Phone: 252-345-4461

Albemarle Regional Library

303 Tryon St

Winton, NC 27986

Phone: 252-358-7832

Website: <http://www.albemarle-regional.lib.nc.us/>

The Bertie County Council on Aging serves all Bertie County senior citizens, age 60 and older. Council programs serve between 400 and 500 seniors and their family caregivers during a typical year.

Council on Aging

103 West School Street

Windsor, NC 27983

Aging Site Phone: (252) 794-5315

Nutrition Site Phone: (252) 794-5316

Fax: (252) 794-5351

Hours: 8:30am-5:00pm

Exceptions: Holidays & Inclement Weather

Council on Aging programs include:

- Congregate nutrition provides a noontime meal Monday through Friday at three sites in the county: Windsor, Aulander, and Colerain. Each participant age 60 and older is asked to contribute \$1.00 toward the cost of a meal.
- Home delivered meals, or “Meals on Wheels” provides a lunchtime meal to home-bound seniors on Monday through Friday. There are two delivery routes in the county, one in Windsor and one in Aulander. Meals-to-go are available for pick-up, but not delivery, in Colerain. Each participant age 60 and older is asked to contribute \$1.00 toward the cost of a meal.
- Transportation for seniors from all areas of the county is provided to the Windsor nutrition site, the Department of Social Services, the Health Department, grocery stores, drug stores, the post office and other county sites on a pre-scheduled basis through a contract with the Choanoke Public Transportation Authority. Each participant is asked to contribute \$1.00 to help subsidize the service.
- In-home respite care via certified nursing assistants is provided to relieve primary, unpaid caregivers. Space is limited and many families are on a waiting list. Each family is asked to contribute \$1.00 per hour toward the cost of the service.
- The Senior Center, located in Windsor, provides activities for seniors and information on services available to them. S.H.I.I.P (Senior’s Health Insurance Information Program) trains seniors to peer counsel in their community concerning Medicare, Medicare Supplements and long term care. AARP Tax Aide is available during February, March, and April to assist in state and federal income tax returns for seniors 60 and older with low to middle incomes.
- The Senior Center also plans and administers day field trips. Wellness, Exercise and Arts and Crafts classes and programs are offered at sites in Windsor and Colerain. Winsor conducts two classes Monday, Wednesday, and Friday. Colerain holds classes on Tuesdays and Thursdays. Arts and crafts classes are held throughout the fall, winter, and spring.
- Health Services, such as flu shots and blood pressure checks, are provided by the health department at nutrition sites.
- Library Services available to seniors include a large-print library and periodic visits from a Bookmobile.

Other Community Services and Organizations

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides instead links to on-line or telephone resources that provide information on community organizations and services available to Bertie County residents. These particular community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and because they cover a range of community resources.

Bertie County Community Resource Directories and Guides

Windsor-Bertie Chamber of Commerce Lists of schools, churches and civic organizations in Bertie County. <http://www.windsorbertiechamber.com/index.html>

Bertie County Schools

P.O. Box 10, 715 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-6000
Fax: 252-794-9727

Public Schools

<https://www.bertie.k12.nc.us/>

Askewville Pre-K

121 East Askewville St.
Windsor, NC 27983
Phone 252-794-2260
Fax: 252-794-2428

Aulander Elementary

252 NC Highway 305
Aulander, NC 27805
Phone: 252-345-3211
Fax: 252-345-0066

Bertie Early College

819 Governor's Road
Windsor, NC 27983
Phone: 252-794-21150
Fax: 252-794-2151

Bertie High School

716 US Highway 13 North
Windsor, NC 27983

Phone: 252-794-3034
Fax: 252-794-8102

Bertie Middle School

625 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-2143
Fax: 252-794-4024

Bertie STEM High School

716 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-3034
Fax: 252-794-8102

Colerain Elementary School

202 North Academy Street
Colerain, NC 27924
Phone: 252-356-4714
Fax: 252-356-4522

West Bertie Elementary School

3734 Governor's Road
Kelford, NC 27847
Phone: 252-344-7621
Fax: 252-344-2828

Windsor Elementary School

104 Cooper Hill Road
Windsor, NC 27983
Phone: 252-794-5221
Fax: 252-794-5218

Private Schools

Bethel Assembly Christian Academy

105 Askewville Bryant St.
Windsor, NC 27983
Phone: 252-794-4034

Heritage Collegiate Leadership Academy

118-B County Farm Rd.
Windsor, NC 27983
Phone: 252-794-0597

Lawrence Academy

148 Avoca Farm Road
Merry Hill, NC 27957
Phone: 252-482-4748
Fax: 252-482-2215

Higher Education**Chowan University**

One University Dr.
Murfreesboro, NC 27855
Phone: 252-398-6436
Toll-Free: 1-888-4-CHOWAN
Fax: 252-398-1190
Website: <https://www.chowan.edu/>

Martin Community College - Bertie Campus

409 West Granville St.
Windsor, NC 27983
Phone: 252-794-4861
Website: <http://www.martincc.edu/>

Martin Community College - Williamston Campus

1161 Kehukee Park Rd.
Williamston, NC 27892
Phone: 252-792-1521
Fax: 252-792-0826
Website: <http://www.martincc.edu/>

Roanoke Chowan Community College

109 Community College Rd.
Ahoskie, NC 27910

Phone: 252-862-1200

Website: <https://www.roanokechowan.edu/>

College of the Albemarle - Elizabeth City Campus

1208 N. Road St

PO Box 2327

Elizabeth City, NC 27909

Phone: 252-335-0821

Fax: 252-335-2011

Website: <http://www.albemarle.edu/>

College of the Albemarle - Dare County Campus

132 Russell Twiford Road

Manteo, NC 27954

Phone: 252-473-2264

Fax: 252-473-5497

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Roanoke Island Campus

205 Highway 64 S.

Manteo, NC 27954

Fax: 252-473-6002

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Edenton-Chowan Campus

800 N. Oakum St

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-482-7999

Website: <http://www.albemarle.edu/about-coa/edenton-chowan-campus>

Regional Aviation & Technical Training Center

107 College Way

Barco, NC 27917

Phone: 252-453-3035

Fax: 252-453-3215

Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>

East Carolina University

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

Website: <http://www.ecu.edu/>

Windsor/ Bertie County Area Churches

All God's Children United Methodist	252-345-3181	
Ashland Missionary Baptist Church	252-356-4391 or 252-752-2235	
Askewville Assembly of God	252-794-2409	
Askewville Bethel Assembly of God, Inc.	252-794-3830	
Aulander Baptist Church	252-345-3931 or 252-345-7729	
Aulander First Baptist Church	252-345-0523	
Beacon of Light Baptist	252-587-3538	
Beautiful Zion Baptist	252-348-3164 or 252-395-2952	
Bethany Baptist Church	252-356-4894 or 252-356-4550	
Capeharts Baptist Church	252-482-4338	
Catholic Community of Bertie County	252-794-5086	
Cashie Baptist Church	252-794-2107	
CBK Connections	252-209 4660	
Cedar Landing Missionary Baptist Church		252-794-2248
Center Grove Baptist Church	252-794-4282	
Charity Temple of Holiness	252-345-1004	
City Praise	252-732-6883	
Choose Life Now Outreach	252-794-0777	
Church of God for All People	252-348-2673	
Colerain Baptist	252-356-4742	
Colerain United Methodist Church	252-345-1077	
Connaritsa Baptist Church	252-345-0506 or 252-345-7821	
Conoconary Baptist Church	252-345-2175	
Crossroad Rescue Mission	252-794-2247 or 252-794-9624	
Ebenezer Assembly of God	252-794-4609 or 252-794-4643	
Edgewood Baptist Church	252-794-1962 or 252-794-2839	
Elm Grove Baptist Church	252-345-0859	
Emmanuel Full Gospel	252-482-2141	

Eveninglight Church of God	252-794-5023	
First Baptist Missionary Church of Colerain		252-356-4277
First Baptist Church of Kelford	252-344-2610	
First Baptist Church of Lewiston Woodville, Inc.		252-348-2777
First Baptist Missionary Church of Powellsville		252-332-8330
Free Temple Ministries, Inc.	252-794-9453	
Grace Episcopal Church	252-348-2746	
Greater Bazemore Temple	252-794-9467	
Greater Wynns Grove Baptist Church	252-356-2371	
Green Cross	252-794-1832	
Holly Grove	252-794-3861	
Indian Woods Missionary Baptist Church		252-794-9173
Kelford Baptist Church	252-344-2022 or 252-344-7221	
Kingdom Hall Jehovah Witness	252-794-9983	
Lawrence Baptist Church	252-345-3979	
Lewiston Assembly of God	252-348-2781	
Life Changing Ministries	252-794-5021	
Luella Baptist	252-348-2525	
Mars Hill Baptist Church	252-356-2488 or 252-356-2217	
Merry Hill Baptist Church	252-482-3875	
Metropolitan Interdenominational Church of God		252-345-1160 or 252-345-1310
Millennium Penecostal Holiness Baptist	252-345-8121	
Mills Branch Missionary Baptist	252-345-0088	
Mount Ararat Missionary Baptist Church	252-348-2844	
Mount Arie Apostolic Faith Holiness Church	252-794-3620	
Mount Herman Missionary Baptist Church	252-794-3508 or 252-795-5486	
Mount Olive Missionary Baptist Church	252-348-2644	
My Sister House Ministries inc.		252-209-1036
New Beginning Christian Center	252-482-5243	
New Lighthouse Baptist Church	252-794-3494	
New Holly Grove		252-356-4544
Oxley Hill Baptist		252-482-0217
Perrytown Assembly of God	252-356-4755	
Peterson Chapel Baptist Church	252-482-8394 or 252-325-5062	
Peterson Grove Missionary Baptist Church	252-794-1596	
Piney Wood Chapel	252-332-5039	
Pleasant Grove Baptist Church	252-345-0834	
Pleasant Oak Missionary		252-794-1620

Potter's House Christian Fellowship	252-332-6267	
Powellsville Baptist Church	252-332-5418	
Powellsville United Methodist Church	252-332-3459	
Power House Ministries	252-348-2311	
Real Life Ministries	252-794-9774	
Refreshing Center Church of God in Christ	252-794-2669	
Republican Baptist Church	252-794-3858	
Rhema Word Deliverance	252-356-1000	
Riverside Baptist Church	252-356-4566	
Ross Baptist Church	252-794-4339	
Rountree Temple of Praise	252-332-8682	
Sandy Branch Missionary Baptist	252-344-7571 or 252-357-7052	
Sandy Point Missionary Baptist Church	252-794-4864	
Sandy Run Baptist Church	252-344-2000	
Siloam Baptist Church	252-794-3704	
Speller's Chapel Church of Christ	252-793-5554	
Spring Hill Baptist Church	252-348-2620	
St. Elmo Baptist Church	252-794-4783	
St. Francis Missionary Baptist Church	252-794-3831	
St. James Church of Christ Disciples of Christ	252-794-2267 or 252-794-2673	
St. John Second Baptist	252-332-6900	
St. Lukes Holiness Church	252-348-2675	
St. Lukes Missionary Baptist	252-794-4775	
St. Marks Baptist	252-356-1370	
St. Marks Episcopal Church	252-482-1541	
St. Matthews Baptist	252-794-4839	
St. Paul Missionary Baptist Church	252-794-9186	
St. Thomas Episcopal Church	252-794-3420	
Tabernacle Church of Deliverance	252-325-3881	
Trueway Holiness Church of God in Christ	252-794-4539	
United Outreach Ministries	252-325-2270	
Victory Temple Church of God in Christ	252-794-3196	
Wakelon Baptist Church	252-356-4693	
Weeping Mary	252-348-2152	
Windsor Assembly of God Church of God in Christ		252-794-4660
Windsor Pentecostal Holiness Church	252-792-7366	
Windsor United Methodist Church	252-799-5086	
Woodville Plain Missionary Baptist	252-348-2747	

World Harvest Christian Center	252-794-2102
Zion Bethlehem Missionary Baptist	252-794-2969
Zion Grove Baptist	252-345-4531
Zion Hill Missionary Baptist Church	252-356-4990

Clubs and Civic Organizations

Bertie County Arts Council

Phone: 252-794-9762

Windsor Lions Club

Heritage House Restaurant
1303 S King St.
Windsor, NC 27983
Phone: 252-794-4167
1st & 3rd Thursday at 6:30pm

Windsor Rotary Club

The Town House Restaurant
Hwy 13/17 Bypass
Windsor, NC 27983
Phone: 252-794-3011
Thursdays at 12 noon until 1pm

Bertie County Government Directory of Services Alphabetical list of links to services provided by the county. Portal: <http://www.co.bertie.nc.us/>

Albemarle Smart Start Partnership Community Resource Guide

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

Albemarle Smart Start Partnership

715 Highway 13 North
Windsor, N.C. 27983
Phone: 252-794-8190
Toll-Free: 800-262-8314
Fax: (252) 333-1201

Email: smartstart@albemarlessp.org

Website: <http://albemarleacf.org/>

Bertie County Childcare Centers

Source: <https://childcarecenter.us/>

Askewville Pre-School

121 Askewville Rd
Windsor, NC 27983
Phone: 252-794-2260

West Bertie Elementary School Pre K

Kelford, NC 27847
Phone: 252-344-7621

Colerain Elementary School Pre-K

202 North Academy St.
Colerain, NC 27924
Phone: 252-356-4714

Windsor Head Start

104 Cooper Hill Road
Windsor, NC 27983
Phone: 252-794-5519
Email: windsorhs@nc-cada.org

West Bertie Head Start

3734-B Governors Rd.
Kelford, NC 27847
Phone: 252-344-2433
Email: wbertiehs@nc-cada.org

Windsor Christian Child Development Center

Provide care for infants through 12 years old.

191 Cooper Hill Rd
PO Box 623
Windsor, NC 27983

Phone: 252-794-6500

Email: director@wccdc.info

Website: <http://www.christianchildcare.info/>

Afterschool B.E.L.L.S.

106 Queen St.

Windsor, NC 27983

Phone: 252-794-9709

Charity's Educational Center

1834 NC-305

Aulander, NC 27805

Phone: 252-345-1004

Greatest Harvest Day Care Inc

1301 NC-561 West

Aulander, NC 27805

Phone: 252-345-1411

Kiddie World Child Development Center

548 US Hwy 13 and 17 S

Windsor, NC 27983

Phone: 252-794-3967

Millennium Christian Daycare Inc

301 Millennium Rd.

Aulander, NC 27805

Phone: 252-345-8121

Rehoboth II

126 Hwy 42

Powellsville, NC 27910

Phone: 252-332-2176

South Aulander Child Development Center

2455 NC Hwy 305

Aulander, NC 27805

Phone: 252-345-1161

Windsor Jumping Jacks Child Care Center

310 W Granville St. #A

Windsor, NC 27983

Phone: 252-794-3337

Home Daycare and Group Home Child Care in Bertie CountySource: <https://childcarecenter.us/>

Name	Address	Phone
<u>KIDDIE'S HAPPY HOME CARE</u>	Pineywood Road Lewiston Woodville, NC 27849	(252) 348-2287
<u>LOVING ARMS FAMILY CHILD CARE HOME</u>	B Bond Lane Windsor, NC 27983	(252) 794-9774
<u>MOORE'S CHILD CARE HOME</u>	643 B Moore Road Kelford, NC 28847	(252) 344-9361
<u>WEE CARE FAMILY CHILD CARE HOME</u>	Cedar Landing Road Windsor, NC 27983	(252) 794-9594
<u>ANN LASSITER DAY CARE HOME</u>	Bruce Farmer Road Aulander, NC 27805	(252) 345-1348
<u>CHRISTIE'S DAY CARE HOME</u>	N King Street Windsor, NC 27983	(252) 794-4061
<u>LEIGH'S DAY CARE</u>	Pocosin Road Windsor, NC 27983	(252) 794-4826
<u>PAM'S DAY CARE</u>	Pocosin Road Windsor, NC 27983	(252) 794-4601

Roanoke Chowan Services for Abused Families with Emergencies (SAFE)

Roanoke Chowan S.A.F.E. is a non-profit organization, founded in 1984, that provides direct services, support, education and public awareness to victims of domestic/family violence and sexual assault in the counties of Hertford, Gates, Bertie and Northampton. SAFE provides the following services: 24 hour crisis line, emergency shelter, food, clothing, court advocacy, crisis intervention, transportation, assistance in filing victim's compensation forms, referrals, and more considering the circumstances. The goal of the agency is to enable clients to live violence-free and to become self-sufficient. SAFE does not charge for its services.

PO Box 98

Ahoskie, NC 27910

Telephone & Crisis Line: 252-332-1933

Fax: 252-332-2450

Website: www.roanoke-chowansafe.webs.com

Social Services:

110 Jasper Bazemore Ave

PO Box 627

Windsor, NC 27983

Phone: 252-794-5320

Fax: 252-794-5344

To Report Abuse, Neglect, or Exploitation of Children or the Elderly after hours, call 252-794-5330

Community Care of Eastern North Carolina (CCPEC)/ Carolina ACCESS

Phone: 252-847-9428

<https://www.accesseast.org/ae-contact-us/>

Bertie County Emergency Services

PO Box 530

106 Dundee St

Windsor, NC 27983

Phone: 252-794-5302

Fax: 252-794-5327

Inclement Weather Hotline: 252-794-5345

Office Hours: 8:30am-5:00pm

Exceptions: Holidays and Inclement Weather

Askewville Rescue Squad

PO Box 88

511 White Oak Rd.

Windsor, NC 27983

Bertie County Rescue Squad

PO Box 74

208 Granville St.

Windsor, NC 27983

Colerain Rescue Squad

PO Box 397
Colerain, NC 27924

Lewiston-Woodville Rescue Squad

PO Box 395
Lewiston-Woodville NC 27849

Public Health Department:

Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 70 years of service to the Albemarle Region.

The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children's developmental services, Public Health preparedness and response, public information, and interpreter assistance.

Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

Three Rivers Healthy Carolinians

202 W. Hicks Street
PO Box 808
Edenton, NC 27932
252-482-1199

Website: <http://www.arhs-nc.org/services/health/healthy-communities/carolinians/trhc/>

Bertie County Health Department

102 Rhodes Ave.
Windsor, NC 27983
Phone: 252-794-5322

Bertie County Rural Health Associates

104 Rhodes Ave
PO Box 628
Windsor, NC 27983
252-794-2117
252-794-3042

Vidant Bertie Hospital

1403 South King Street
PO Box
Windsor, NC 27983
Phone: 252-794-6600

Vidant Bertie Hospital offers many different services such as behavioral & mental health, children's services, diagnostic imaging, emergency services, family medicine, heart and vascular care, home health, hospice care, mammography, orthopedics, pain management, radiology, rehabilitation, specialty services, stroke care, surgical services, wellness & prevention, women's care, and wound care.

Vidant Bertie Hospital offers a variety of events, support groups, and classes. For instance: breastfeeding support groups, sibling class, childbirth class, cancer services support groups, diabetes support groups, Vidant rehabilitation support groups, new grief support groups, and others.

Cashie Medical Center (Located in Vidant Bertie Hospital)

PO Box 509
1403 S. King St
Windsor, NC 27983
252-794-6775

Vidant Family Medicine – Windsor (Located in Vidant Bertie Hospital)

1403 S King St.
PO Box 509
Windsor, NC 27983
252-794-6775

NC Cooperative Extension –Bertie County

204 South Queen St.
PO Box 280
Windsor, NC 27983

Monday through Friday: 8am-5pm

Website: <https://bertie.ces.ncsu.edu/>

Dentist Offices**Wayne Atkisson Pa**

402 Sterlingworth St.
Windsor, NC 27983

Phone: 252-794-2053

Hours: Monday, Tuesday, Thursday 8am-4pm

Friday 8am-12pm

Closed: Wednesday, Saturday and Sunday

Albemarle Dental Associates

103 Mark Dr

Edenton, NC 27932

Phone: 252-482-5131

Website: <http://www.albemarledental.com/>

Marshburn David Pa

1025 Hamsway Dr.

Williamston, NC 27892

Phone: 252- 792-7011

Other Resources

<http://healthync.org/assets/media/1395797188-ChronicDiseaseManagementResourceDirectory.pdf>

Eat Smart Move More Weigh Less

A weight management course offered every February in Bertie County.

Contact: Mary Morris, Bertie County Extension Agency

Phone: 252-794-5319

Website: <http://www.eatsmartmovemorenc.com/>

Community Care Plan of Eastern Carolina (CCPEC)

Hypertension Self-Management Program, Living Healthy with Chronic Disease, and Living Healthy with Diabetes

2410 Stantonsburg Road

Greenville, NC 27835

Contact: Janet Tillman

Phone: 252-916-7168

Email: janet.tillman@vidanthealth.com

Tobacco Cessation

QuitlineNC

NC Dept. of Health and Human Services

Phone: 1-800-QUIT-NOW or 1-800-784-8669

Website: <https://www.quitlinenc.com/>

Federally-Qualified Health Centers

Colerain Primary Care (Roanoke-Chowan Community Health Center)

109 W River St.

Colerain, NC 27924

Phone: 252-356-2404

Lewiston Community Health Center

307 S. Main St.

Lewiston-Woodville, NC 27849

Phone: 252-348-2545

Adult Care Facilities

<https://www2.ncdhhs.gov/dhsr/acls/star/results.asp>

<https://www2.ncdhhs.gov/dhsr/data/ahlist.pdf>

A Sharpe Haven

222 Connarista Road

Kelford, NC 27847

Cherry's Family Care Home #3

106 Harmon Street

Aulander, NC 27805

Hawthorn House

1025 Highway 45 North

Merry Hill, NC 27957

Help Center

340 School Road

Windsor, NC 27983

Moore's Family Care

154 Hwy NC 42

Powellsville, NC 27967

Pathways

743 Charles Taylor Road
Aulander, NC 27805

Pathways II

812 Charles Taylor Road
Aulander, NC 27805

Pathways III

1215 Charles Taylor Road
Aulander, NC 27805

Pathways IV

410 Commerce Street
Aulander, NC 27805

Virginia's Place

1517 Governor's Road
Windsor, NC 27983
Phone: 252-348-2007
Fax: 252-348-2050

Windsor House

336 South Rhodes Avenue
Windsor, NC 27983-9611
(252)794-9333
Fax: (252)794-5178

Winston Gardens

205 Watson Street
Windsor, NC 27983
(252)484-1048
Fax: (252)484-1096

Nursing Homes/Homes For the Aged

Brian Center Health and Rehabilitation - Windsor

1306 S King St.
Windsor, NC 27983
252-794-5146

Three Rivers Health and Rehabilitation

1403 Conner Dr.

Windsor, NC 27983

252-794-4441

<http://www.libertyhealthcareandrehab.com/threerivers/>

Alternatives to Institutional Care

Eastern Home Health Care

820 US Highway 13 and 17 S

Windsor, NC 27983

252-794-1888

Home Life Care Inc.

10006 N. King St.

Windsor, NC 27983

Phone: 252-794-5999

Fax: 252-794-8566

Email: info@homelifecareinc.com

<http://www.homelifecareinc.com/locations.htm>

New Destiny Home Care Inc.

913 US Hwy 13 and 17 S

Windsor, NC 27983

252-794-2368

Positive Step Inc. - Home Care Agency

102 E. Granville St.

Windsor, NC 27983

252-794-2561

Quality Home Staffing, Inc.

PO Box 490

228 US 13 South Bypass, Suite 1

Windsor, NC 27983

252-794-4227

Fax: 252-794-4419

www.qualityhomestaffing.com

Sure Care Health Services, Inc.

3804 Governors Road
Kelford, NC 27847
252-344-9381

Vidant Home Health and Hospice

304 W. Granville St.
Windsor, NC 27983
252-794-2622

Trillium

Manages mental health, substance use, and intellectual/development disability services in a 24-county area. Trillium partners with agencies and licensed therapists to offer services and support to people in need within their community.

Crisis Care & Service Enrollment: 1-877-685-2415

Email: info@trilliumnc.org

Website: <http://www.trilliumhealthresources.org/>

Mental Health Facilities

<http://www.northcarolinahealthnews.org/wp-content/uploads/2012/05/mhllist.pdf>

Bertie Camden

Solid Foundation Facilities, Inc.
301 West Camden Street
Windsor, Nc 27983
252-794-6544

Bertie County Day Reporting Center

128 East Granville Street
Windsor, NC 27983
252- 794-2533

Cherry's group Home #1

Alphonso Cherry
108 Harmon Street
Aulander, NC 27805
252-345-1353

Corday Place

222 Ward Road
Windsor, NC 27983
252-794-2066

Dameron Home

612 Blount Street
Windsor, NC 27983
252-794-5234

Deacon's Dan's Place

222-C Ward Road
Windsor, NC 27983
252-794-9486

East Creek

222-B Ward Road
Windsor, NC 27983
252-794-3392

Farmwood

220 Ward Road
Windsor, NC 27983
252-794-4743

Hillcrest Place

110 Hillcrest Drive
Windsor, NC 27983
252-794-4526

Kasheena House

138 Connaritsa Road
Kelford, NC 27847
252-348-3400

Mary Gladys

450 US 13-17 South

Windsor, NC 27983
252-794-2386

Rachel's House Day Treatment

1212 Charles Street
Windsor, NC 27983
252-794-8503

Residential Loving Care #2 Inc.

106 Orange Lane
Windsor, NC 27983
252-794-2044

Uplift Academy

416 Ghent Street
Windsor, NC 27983
252-794-3832

Visions In View, Inc.

2041 US 17 North
Merry Hill, NC 27957
252-482-2782

West Creek

220-B Ward Road
Windsor, NC 27983
252-794-4610

Windsor House

340 School Road
Windsor, NC 27983
252-794-5234

Windsor Psychosocial Rehabilitation

117 E. Granville Street
Windsor, NC 27983
252-794-1500

Xavier House

814 Governors Road
Windsor, NC 27983
252-794-5234

Other Healthcare Resources

HealthSteps
PO Box 629
Edenton, NC 27932
252-482-8451

Reclamation Family Services: Counseling and Mental Health

306 Winston Lane
Windsor, NC 27983
252-794-3556

Dialysis Centers

BMA of Windsor
1421 B South Kind St
Windsor, NC 27983
252-794-5041

DaVita Edenton Dialysis

312 Medical Arts Dr.
Edenton, NC 27932
1-800-424-6589
Fax: 252-482-0863
Reference #: 3907

<https://www.davita.com/find-a-dialysis-center/davita-edenton-dialysis/312-medical-arts-dr-edenton-27932-8607/id/3907/dva/1>

Elizabeth City Dialysis

1840 W City Dr.
Elizabeth City, NC 27909
866-544-6741 ext. 2908

Farmers Markets and Roadside Stands

Website: <http://healthync.org/>

Windsor Super Farmers Market

112 W Water St.

Windsor, NC 27983

Phone: 252-794-2001

Open May through September

Perry's Produce

Corner of NC 45 and HWY 17

Merry Hill, NC

Phone: 252-287-0441

May - October

Edenton Farmers Market

730 N. Granville St

Edenton, NC

Phone: 252-209-4792

W.R. Bunch Produce Stand 1

2833 Rocky Hock Rd

Edenton, NC 27932

Phone: 252-221-4594

May - September

W.R. Bunch Produce Stand 2

359 Yeopim Rd and 32 South

Edenton, NC 27932

Phone: 252-221-4594

May – September

Winborne & Son Farms

3442 Rocky Hock Road

Edenton, NC 27932

Phone: 252-333-6181

July 1 - Oct 31, Mon-Sun 8am-6pm

Hare Family Farm (formerly Olan Path) CSA

147 Mexico Rd
Edenton, NC 27932
Phone: 252-370-0890

Pigs Plus Farm

November – January
311 Evans-Bass Rd
Edenton, NC 27932

Triple B. Farms

Corner of Ryland Rd. and Sign Pine Rd.
Tyner, NC 27980
Phone: 252- 221-4223

CC's Produce

2349 Virginia Rd.
Edenton, NC 27932
Phone: 252-333-0766
July – Thanksgiving

Griffin's Collard Stand

1800 W. Queen St.
Edenton, NC 27932

Martin County Farmers Market

4001 W. Main Street Ext
Williamston, NC 27892
Opens in June

Recreational Facilities

Bertie County Parks & Recreation

PO Box 530
101 W. School St.
Windsor, NC 27983
Phone: 252-794-5363
Fax: 252-794-5362
Website: <http://www.co.bertie.nc.us/departments/rec/rec.html>
Hours: 8:30am-5:00pm

Exceptions: Holidays & Inclement weather

Walking Trails, Senior Citizens Activity Calendar, Senior Bowling Trips, Senior Exercise Class, Spade Tournament, Soccer Registration

Livermon Park & Mini-Zoo

Animals, picnic pavilions, playground equipment, Cashie Wetland Walk, canoes, paddles, and life vests

102 N. York Street

Windsor, NC 27983

252-794-5553

Email: livermonpark@gmail.com

Website: <http://www.windsorbertiechamber.com/16.html>

Summer Hours:

Monday-Friday 8am-8pm

Saturday-Sunday 9am-8pm

Winter Hours:

Monday-Sunday 9am-5pm

Historic Hope Plantation

Restored home of former NC governor and offers insights into late 18th and 19th century rural life in eastern NC.

132 Hope House Road

Windsor, NC 27983

252-794-3140

Website: <http://www.hopeplantation.org/>

Roanoke Cashie River Center

112 West Water Street

Windsor NC, 27983

252-794-2001

Fax: 252-794-5202

Email: pfs@beachlink.com

Facebook: https://www.facebook.com/Roanoke-Cashie-River-Center-165881840104344/?fref=ts&ref=br_tf

Cashie Wetlands Walk

Boardwalk in natural wetland environment, observation deck, and canoes available

101 York St.

Windsor, NC 27983
919-794-5553
Fax: 919-794-3122
Email: windsorchamber@coastalnet.com

River Rambling Educational Boat Tours

Take a ride on the Cashie River while learning about the history and habitats of the surrounding area. Offered by the Roanoke Cashie River Center. Call for reservations. River Rambling runs April through October.

Neal Moye

Roanoke Cashie River Center

112 W. Water St.
Windsor, NC 27983
252-794-2001

Sans Souci Ferry

Woodward Rd & Sans Souci Rd at the Cash
Windsor, NC 27983
252-794-4277
Fax: 252-794-5070

Roanoke River National Wildlife Refuge

114 W Water St.
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

Davis Ballpark

Windsor, NC 27983

Windsor Recreational Park

103 N. York St.
Windsor, NC 27983
252-794-5553

Windsor Municipal Park

128 N. King St.

Windsor, NC 27983
252-794-2331

Bertie County Arts Council

124 S. King St.
Windsor, NC 27983
252-794-9402
Facebook Page: <https://www.facebook.com/BertieCountyArtsCouncil/>

YMCA

1102 N. King St.
Windsor, NC 27983
252-794-9622

Cashie Golf & Country Club

132 Country Club Rd.
Windsor, NC 27983
252-794-4942

Bertie County Soil & Water

106 Dundee St. #211
Windsor, NC 27983
252-794-5350

Bertie County Animal Control

106 Dundee St.
Windsor, NC 27983
252-794-5340
Website: <http://www.co.bertie.nc.us/>

Bertie County Humane Society

217 County Farm Road
Windsor, NC 27983
252-325-3647
Website: <http://bertiecountyhumanesociety.org/>