

# Chowan County

---

## 2018 Community Health Needs Assessment



ALBEMARLE REGIONAL HEALTH SERVICES  
Partners in Public Health

Dear Community Member,

Pasquotank  
Perquimans

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.

Camden  
Chowan  
Currituck

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.

Bertie  
Gates  
Hertford

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.

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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 Chowan County.

### Service Area

The service area for this report is defined as the geographical boundary of Chowan County, North Carolina. Chowan County is the northeastern section of the State and is surrounded by the Albemarle Sound, Chowan River, and the counties of Bertie, Hertford, Gates, and Perquimans. The present land area is 172.64 square miles

### 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 Chowan 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 a community survey distributed through online and paper submissions and three focus group discussions. Over 400 Chowan 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 Chowan County and are displayed in Table 1.

**Table 1. Significant Health Needs**

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Access to Health Services
Diabetes
Maternal, Fetal & Infant Health
Prevention & Safety
Economy
Substance Abuse
Transportation

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## **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 Chowan County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Chowan 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 pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Chowan County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Chowan 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 Chowan 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

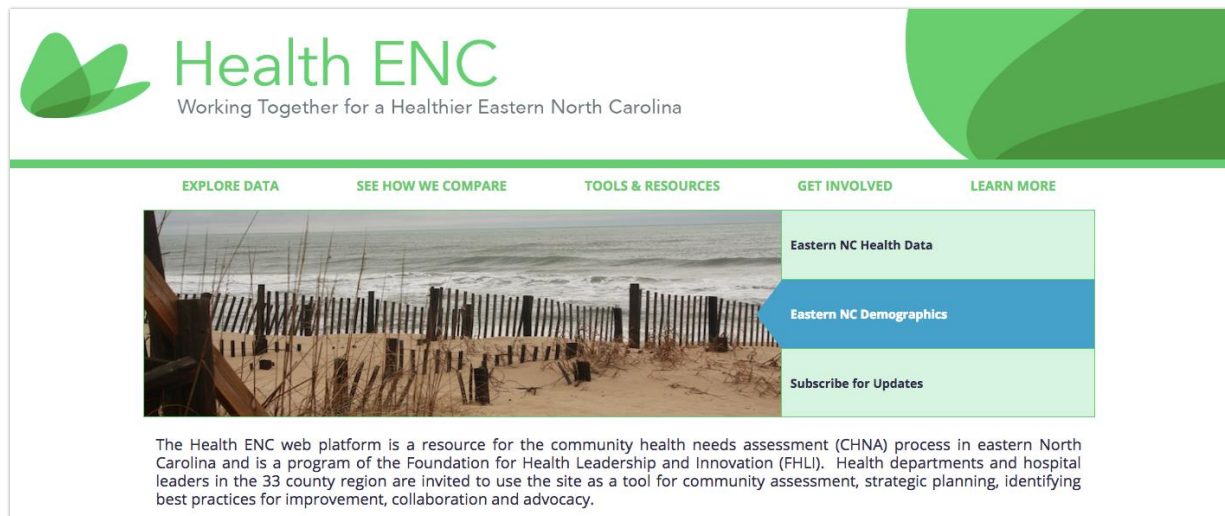
## HealthENC.org

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](https://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](https://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](http://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](http://HealthENC.org).

# Methodology

## Overview

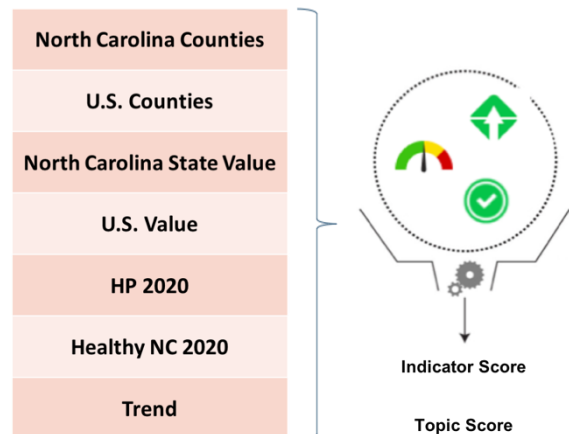
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

## Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)<sup>1</sup>, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC 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 137 health and quality of life indicators that were queried on the Health ENC 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 Chowan County's status, including how Chowan 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 Chowan 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.

<sup>1</sup> 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/>.

## 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 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, Dare, 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 451 responses were collected from Chowan County residents, with a survey completion rate of 88.5%, resulting in 399 complete responses from Chowan 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
Chowan County	399	0	399

\*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 Chowan County, what their personal health challenges are, and what the most critical health needs are for Chowan County. The survey instrument is available in Appendix B.

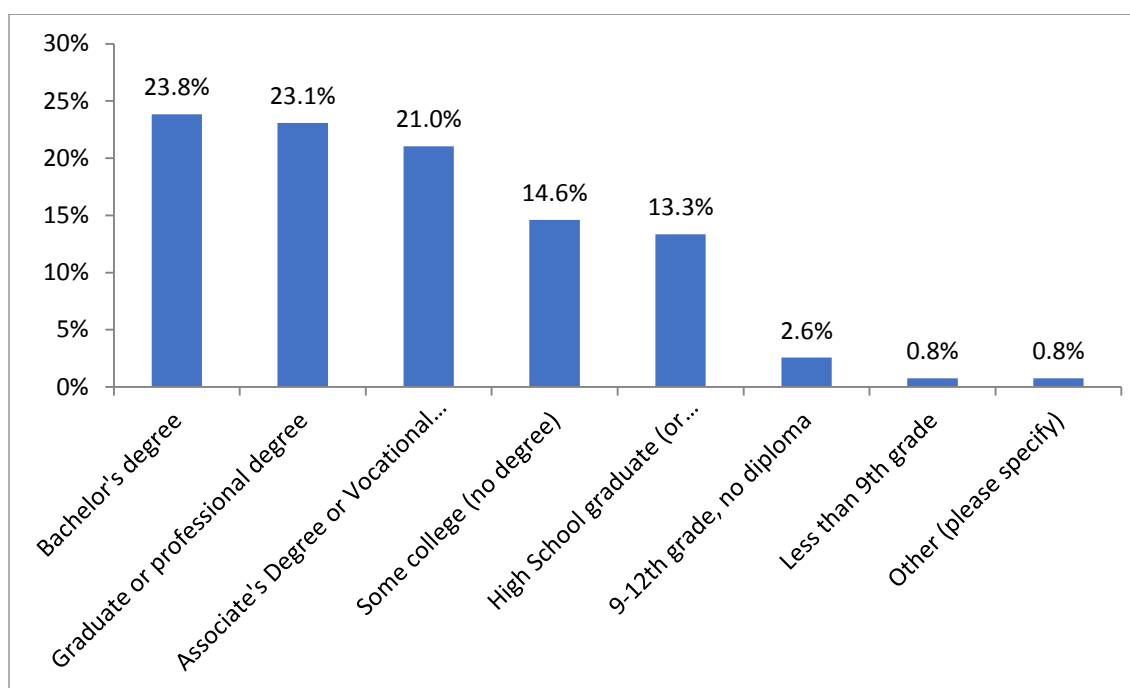
### Demographics of Survey Respondents

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

Among Chowan County survey participants, just over 50% of respondents were over the age of 50, with the highest concentration of respondents (14.8 %) grouped into the 55-59 age group. The majority of respondents were female (74.2%), White (77.1%), spoke English at home (99.5%), and Not Hispanic (96.6%).

Survey respondents were well-educated, with the highest share of respondents (23.8 %) having a bachelor's degree and the next highest share of respondents (23.1 %) having a graduate or professional degree (Figure 3).

**Figure 3. Education of Community Survey Respondents**



As shown in Figure 4, over three quarters of the respondents were employed full-time (76.3%) and the highest share of respondents (27.7%) had household annual incomes that totaled over \$100,000 before taxes. The average household size was 2.9 individuals.

**Figure 4. Employment Status of Community Survey Respondents**

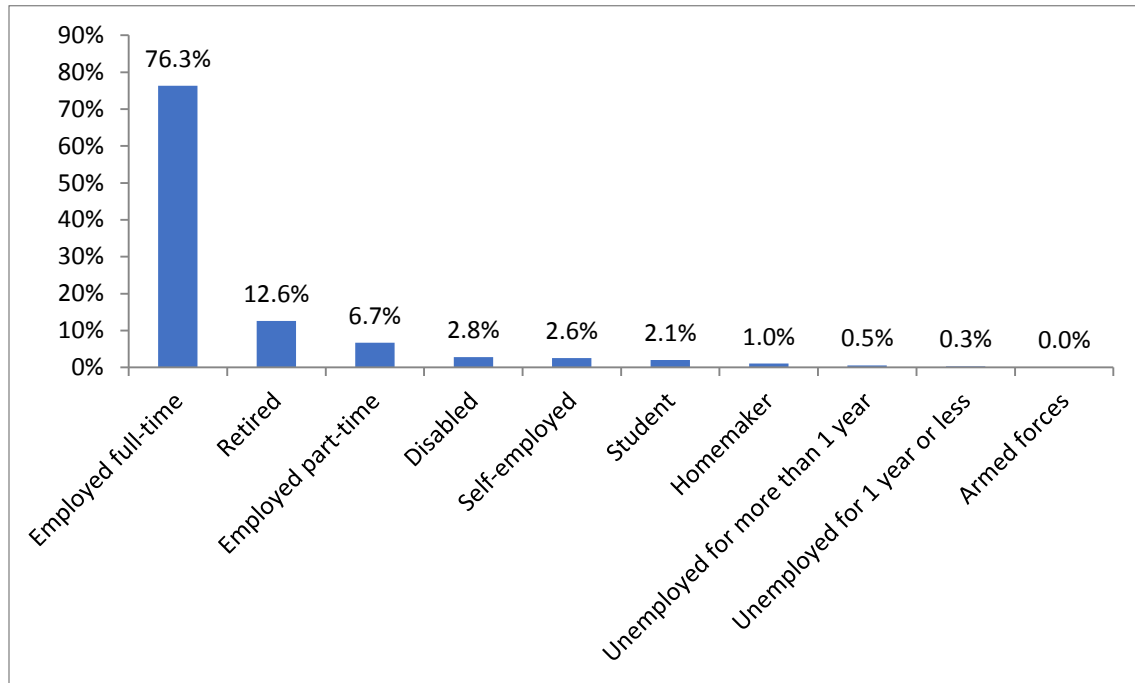
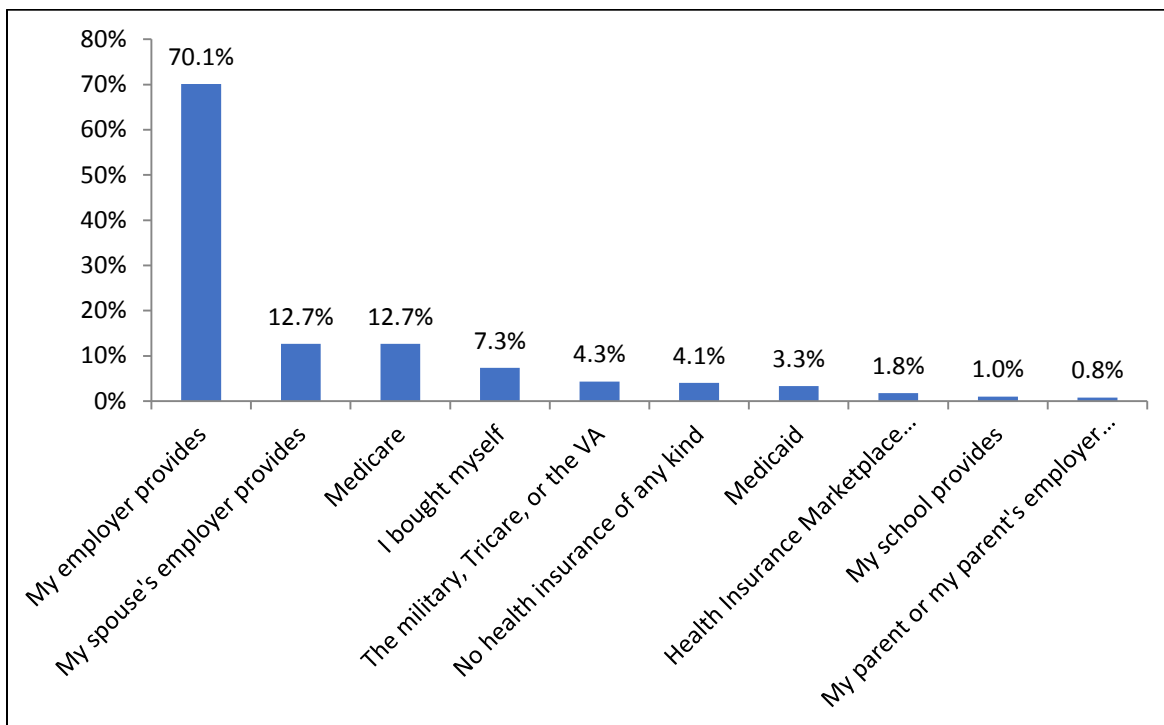


Figure 5 shows the health insurance coverage of community survey respondents. The majority of survey respondents have health insurance provided by their employer (70.1%), while 12.7% have Medicare and 4.1% have no health insurance of any kind.

**Figure 5. Health Care Coverage of Community Survey Respondents**



Overall, the community survey participant population consisted of older, white, well-educated women. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

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 Chowan 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 Chowan Hospital to collect primary data for the 2018 CHNA process for Chowan 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.

Three focus group discussions were completed within Chowan County between July 11, 2018 – July 18, 2018 with a total of 30 individuals. Participants included community members from local groups and organizations. Table 4 shows the date, location, population type, and number of participants for each focus group.

**Table 4. List of Focus Group Discussions**

<b>Date Conducted</b>	<b>Focus Group Location</b>	<b>Population Type</b>	<b>Number of Participants</b>
7/11/2018	The Church of Jesus Christ of Latter Day Saints	General Population/ Church Group	7
7/18/2018	Baptist Church	General Population/ Bible Study Group	16
7/14/2018	Oak Leaf Elks Lodge	General Population	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. A deeper analysis of focus group findings is available on [HealthENC.org](http://HealthENC.org).

Results of the focus group dialogues further 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 responses from the community survey, the primary data collection process for Chowan 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 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, 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 (serving 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 Chowan County

## About Chowan County

Chowan County is a small, primarily rural county located in the Coastal Plain region of eastern NC. The county is adjacent to Gates County on the north, Perquimans County on the east, Washington County on the south, Bertie County on the west, and Hertford County on the northwest. Chowan County is divided geopolitically into nine townships. The county seat of Edenton is the most populated town in the county. Chowan County encompasses a land area of 233 square miles, including 61 square miles of the Chowan River and the Albemarle Sound. The county's major highways are US 17, NC 32, NC 37, and NC 94. US 17 runs through Edenton, going northeast towards the Outer Banks and southwest towards Wilmington, NC. It joins US 64, which leads to Raleigh going west. NC 32 goes north into VA. The nearest interstate highway is I-95, 70 miles west of the county. The nearest metropolitan area is Norfolk, VA, which is 70 miles to the northeast. Chowan County is 140 miles east of Raleigh, 50 miles west of the Outer Banks, and 181 miles northeast of Wilmington.

The closest major airports are the Pitt-Greenville Airport in Greenville, NC, which is 71 miles from Edenton, and the Norfolk International Airport in Norfolk, VA, 76 miles from Edenton. Also within a 100 mile radius are the Newport News/Williamsburg International Airport and the Coastal Carolina Regional Airport. The nearest Amtrak station is in Norfolk, VA, 57 miles away; there is a Greyhound Bus Line stop in Edenton.

Chowan County is the smallest county in NC in geographical size, but not in population. Named after the Chowan River (which was named in honor of the Chowandac Indians, who lived in the area before English settlers increased in number), Chowan Precinct was formed in 1681. Farms and plantations were established in Chowan Precinct during the last quarter of the 17th century, with merchants living in Chowan as early as the 1690s.

The first natives of present-day Chowan County were the Weapemeoc, a confederation of the Pasquotank, Perquimans, Poteskeet, and Yeopim tribes. Their central trading town occupied land near the present site of Edenton. Edenton served as the first Colonial Capital until 1743 and its citizens aided in the fight for freedom and they were instrumental in establishing the principles and values our nation was founded on. Hundreds of ships made the town a regular port of call. It was there that food, goods, and slaves were offloaded and agricultural products of the region shipped to European ports. The results were a thriving plantation economy which brought life to northeastern NC. *Forbes.com* awarded Edenton the distinction as one of America's Prettiest Towns. Its Downtown District holds examples of various architectural styles and the town has many historical houses and three National Historical Landmarks.

The town of Edenton is full of history, holding multiple historical sites, walking tours, and more. These physical characteristics, along with cultural events and festivals, demonstrate the region's significance as a coastal county of North Carolina. Some interesting natural traits of the county are Edenton Bay, Dillard Mill Pond, Cherry Point, Bear Swamp, and Bluff Point. The Albemarle Sound and local rivers make boating, fishing, and camping popular. The county also boasts art galleries, musical events, museums and more.

## 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 Chowan County, North Carolina.

### Population

According to the U.S. Census Bureau's 2016 population estimates, Chowan County has a population of 14,383 (Figure 6). The population of Chowan County has decreased from 2013 to 2015, and slightly increased from 2015 to 2016.

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

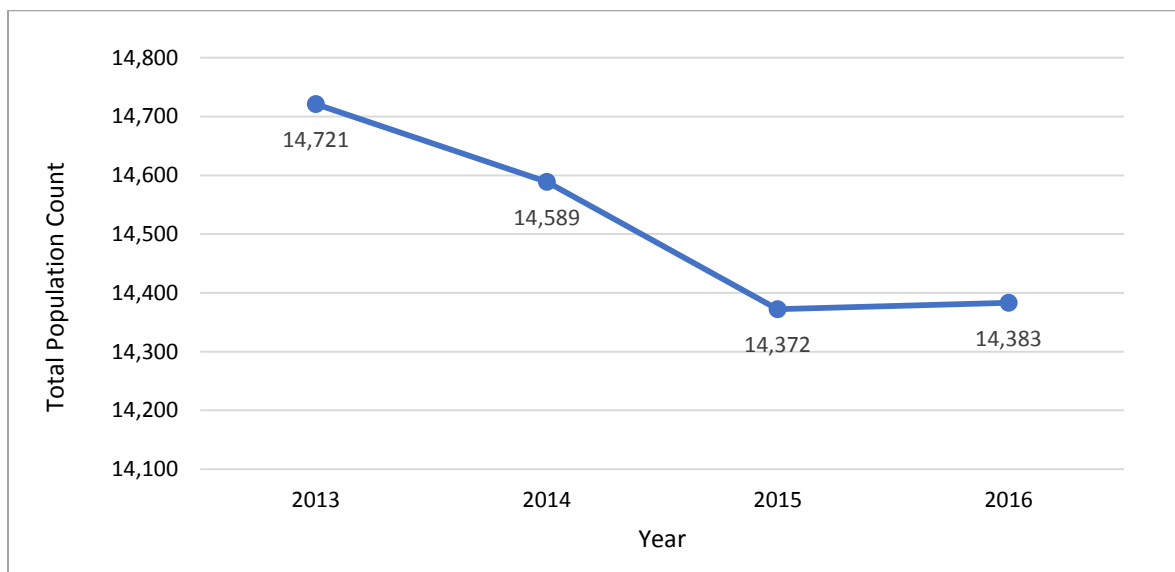
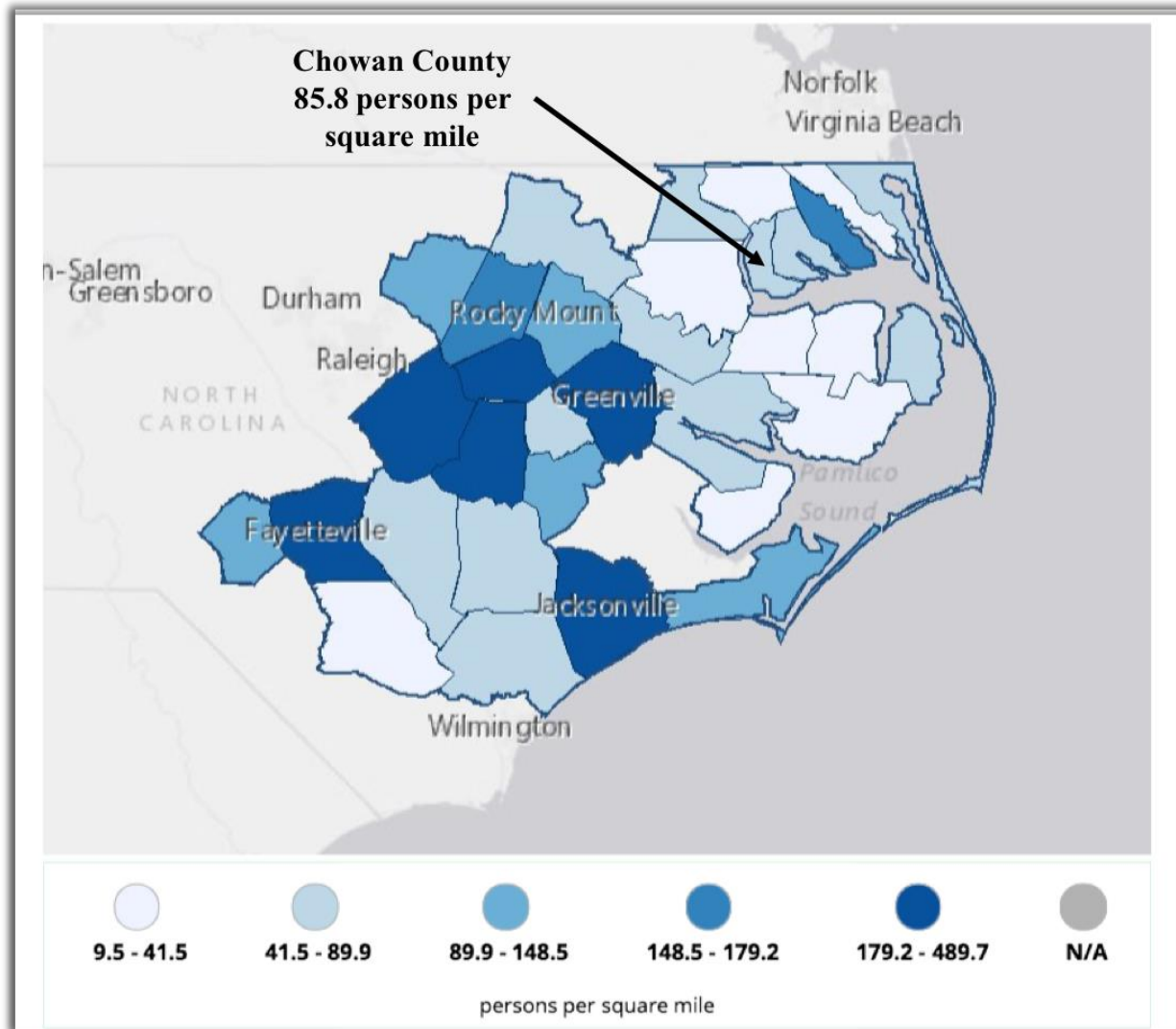


Figure 7 shows the population density of Chowan County compared to other counties in the Health ENC region. Chowan County has a population density of 85.8 persons per square mile.

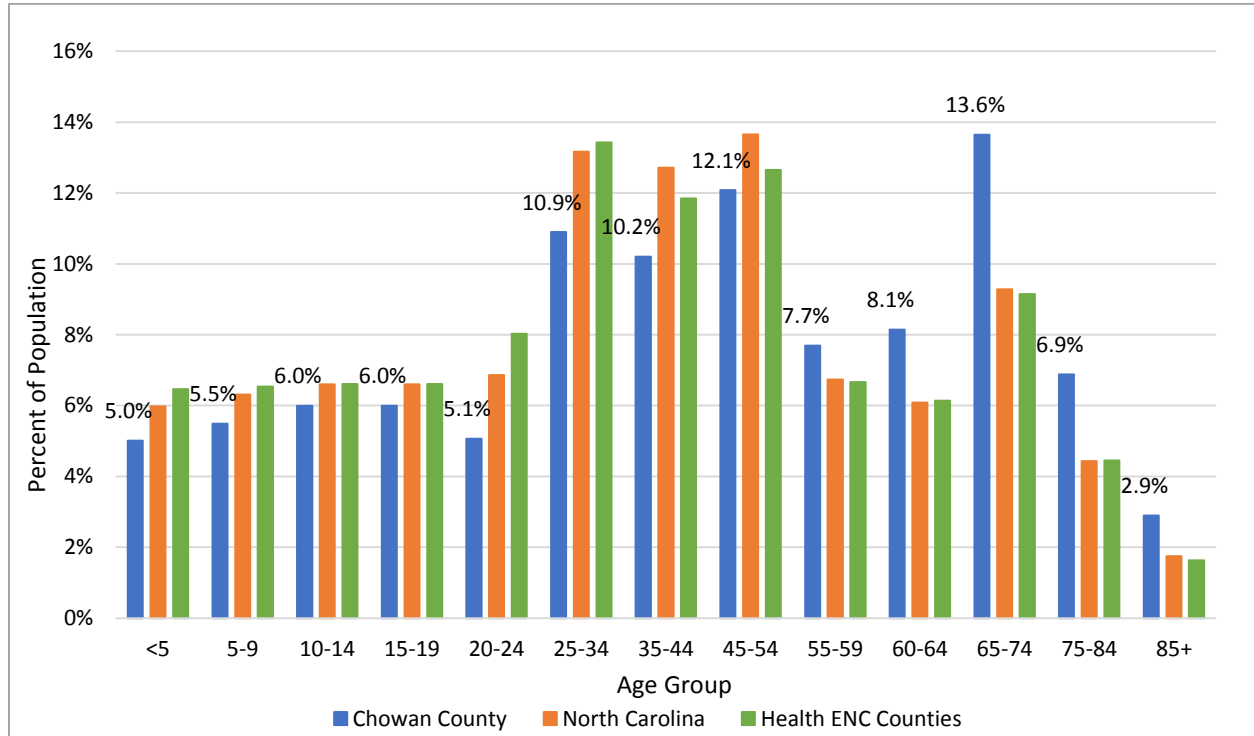
**Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)**



## Age and Gender

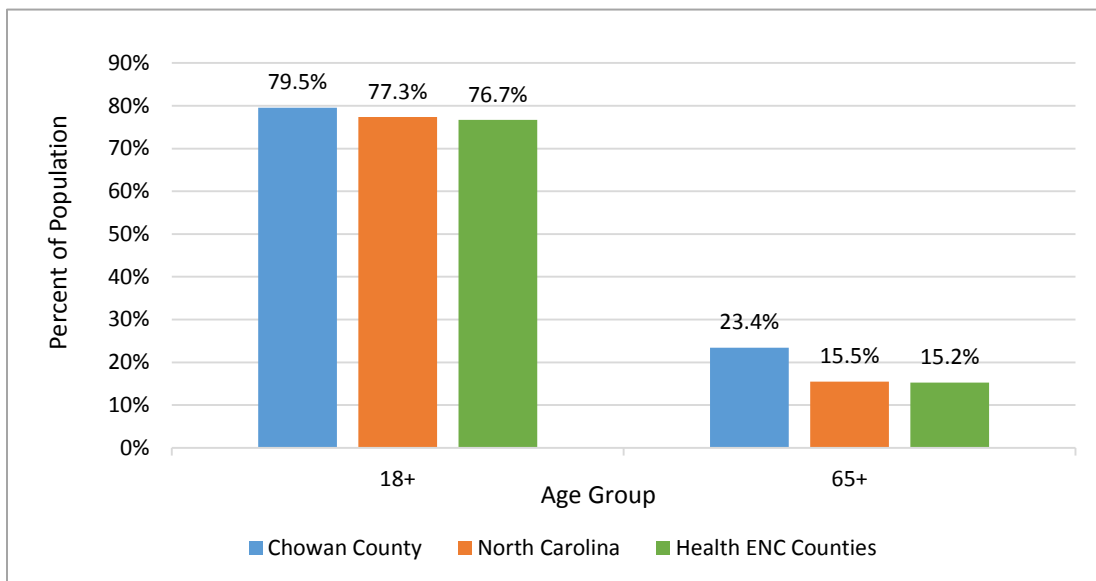
Overall, Chowan County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Chowan County population by age group. The 65-74 age group contains the highest percent of the population at 13.6%, while the 45-54 age group contains the next highest percent of the population at 12.1%.

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



People 65 years and older comprise 23.4% of the Chowan 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 47.4% of the population, whereas females comprise 52.6% of the population (Table 5). The median age for males is 44.1 years, whereas the median age for females is 48.3 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)**

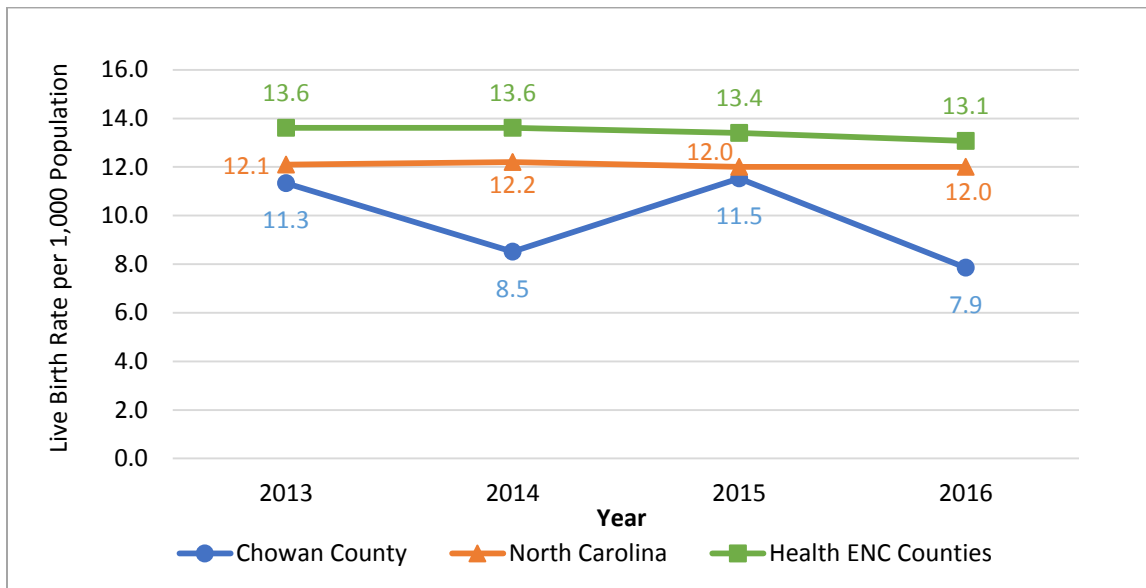
	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
<b>Chowan County</b>	47.4%	52.6%	78.4%	21.7%	80.5%	25.0%	44.1	48.3
<b>North Carolina</b>	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
<b>Health ENC Counties</b>	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 Chowan County (7.9 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). Further, the birth rates has decreased in Chowan County from 2015 to 2016.

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



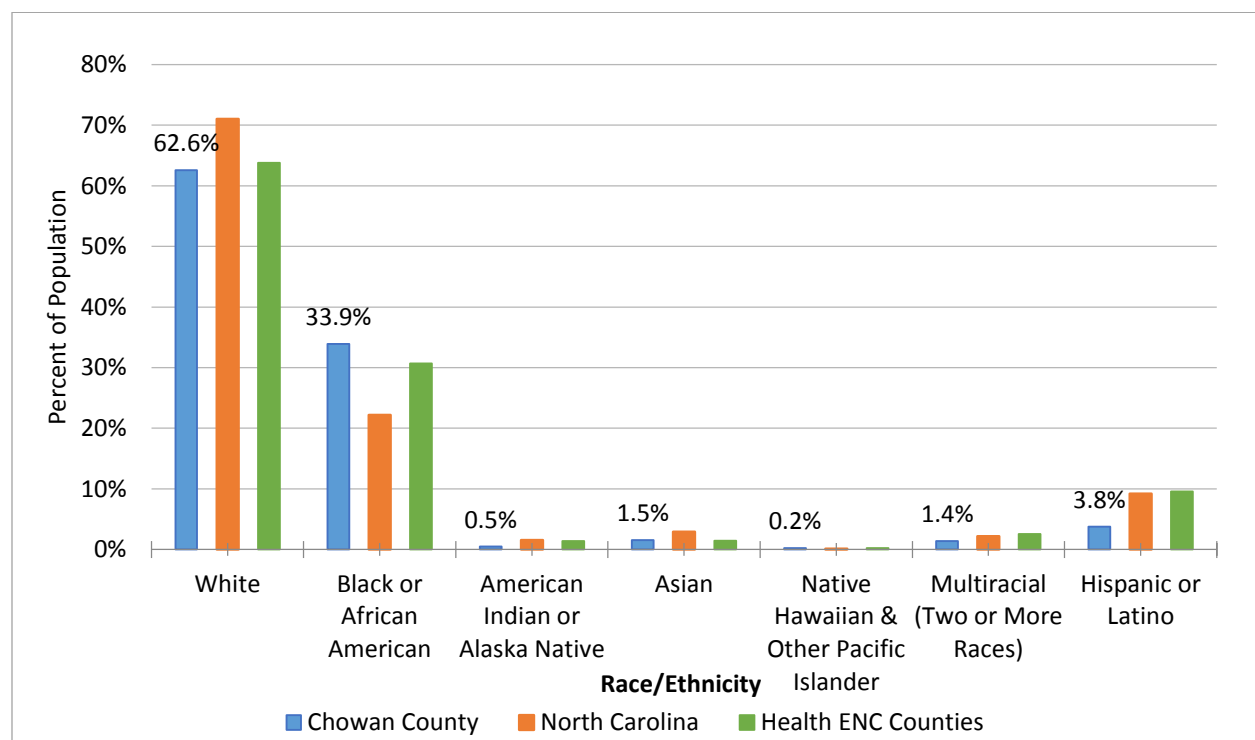
## Race/Ethnicity

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 Chowan 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 Chowan County (62.6%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Chowan County has a larger share of residents that identify as Black or African American (33.9%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.8% of Chowan 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.

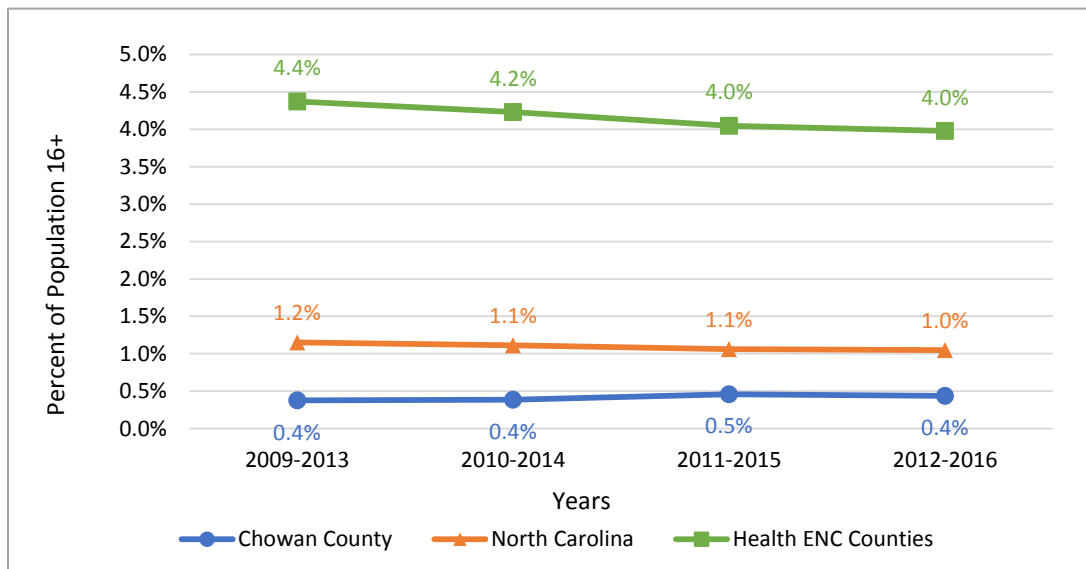
**Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)**

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, Chowan County has a smaller share of residents in the military (0.4%) 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 percent of the population in the military for Chowan County has stayed relatively consistent, and is lower than in North Carolina and the Health ENC region.

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

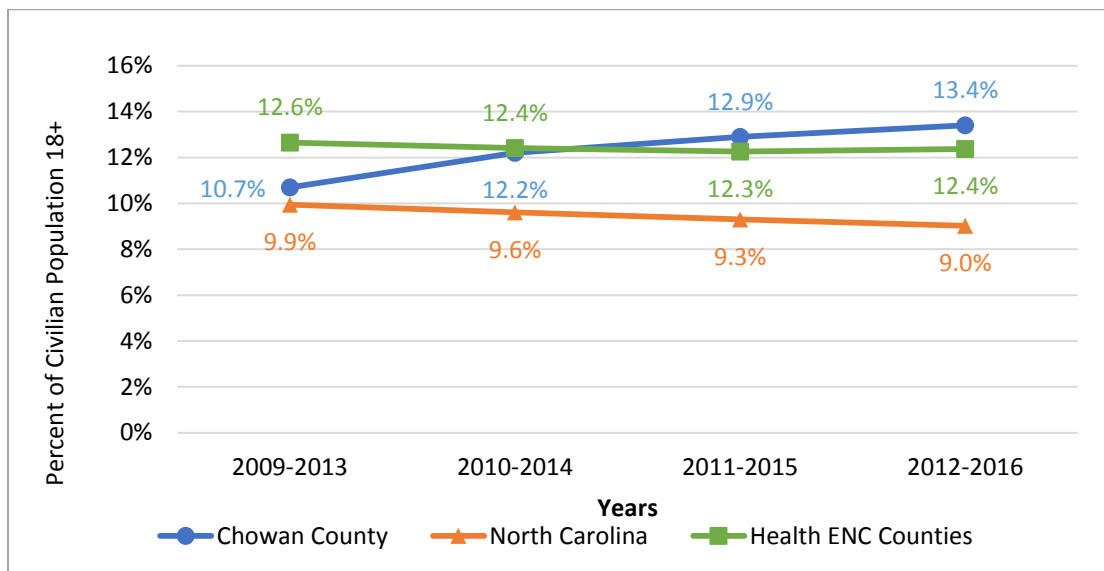


## Veteran Population

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. Chowan County has a veteran population of 13.4% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Chowan County has increased over the past four measurement periods, while the veteran population in North Carolina and the Health ENC region has decreased slightly across the same timeframe.

**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.

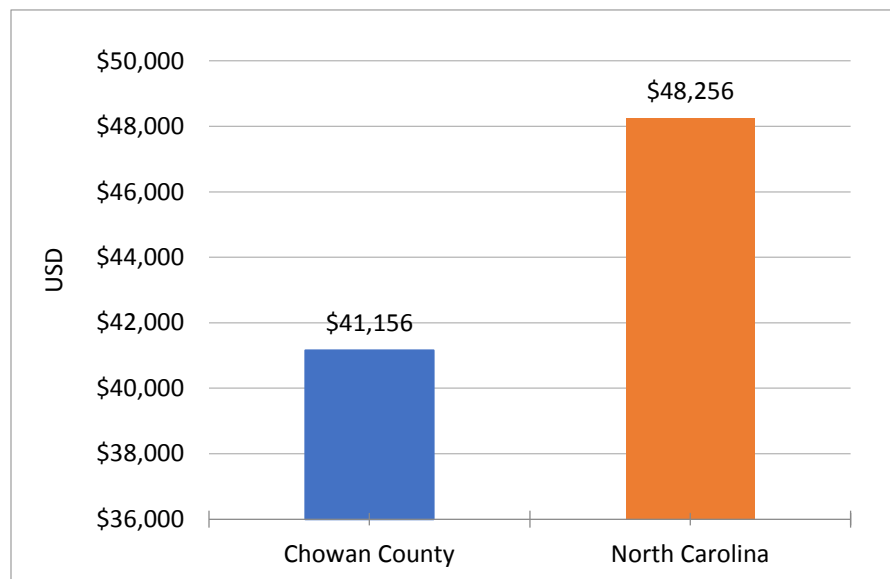
### NC Department of Commerce Tier Designation

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. Chowan County has been assigned a Tier 1 designation for 2018.

### Income

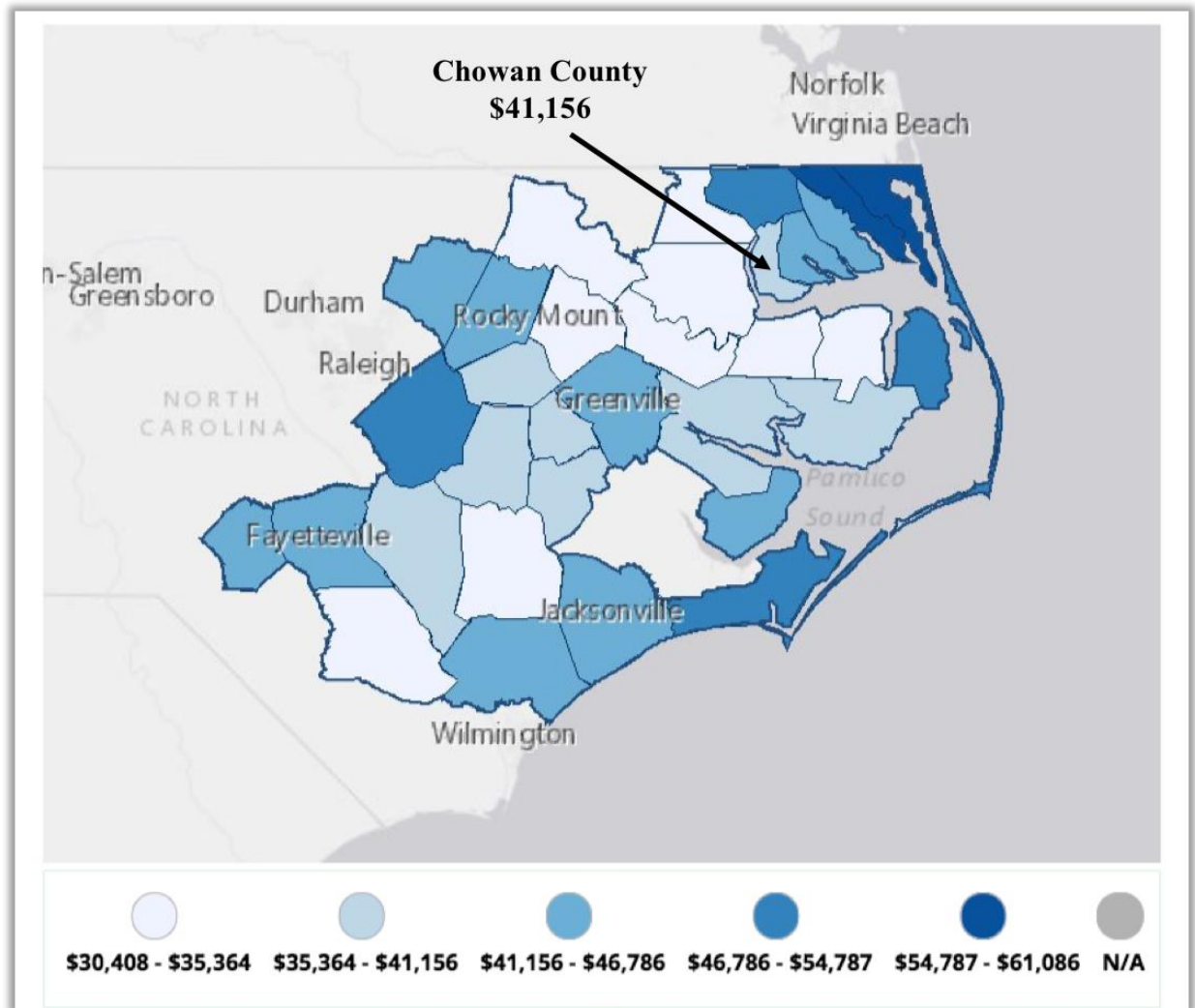
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Chowan County (\$41,156), which is lower than the median household income in North Carolina (\$48,256).

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



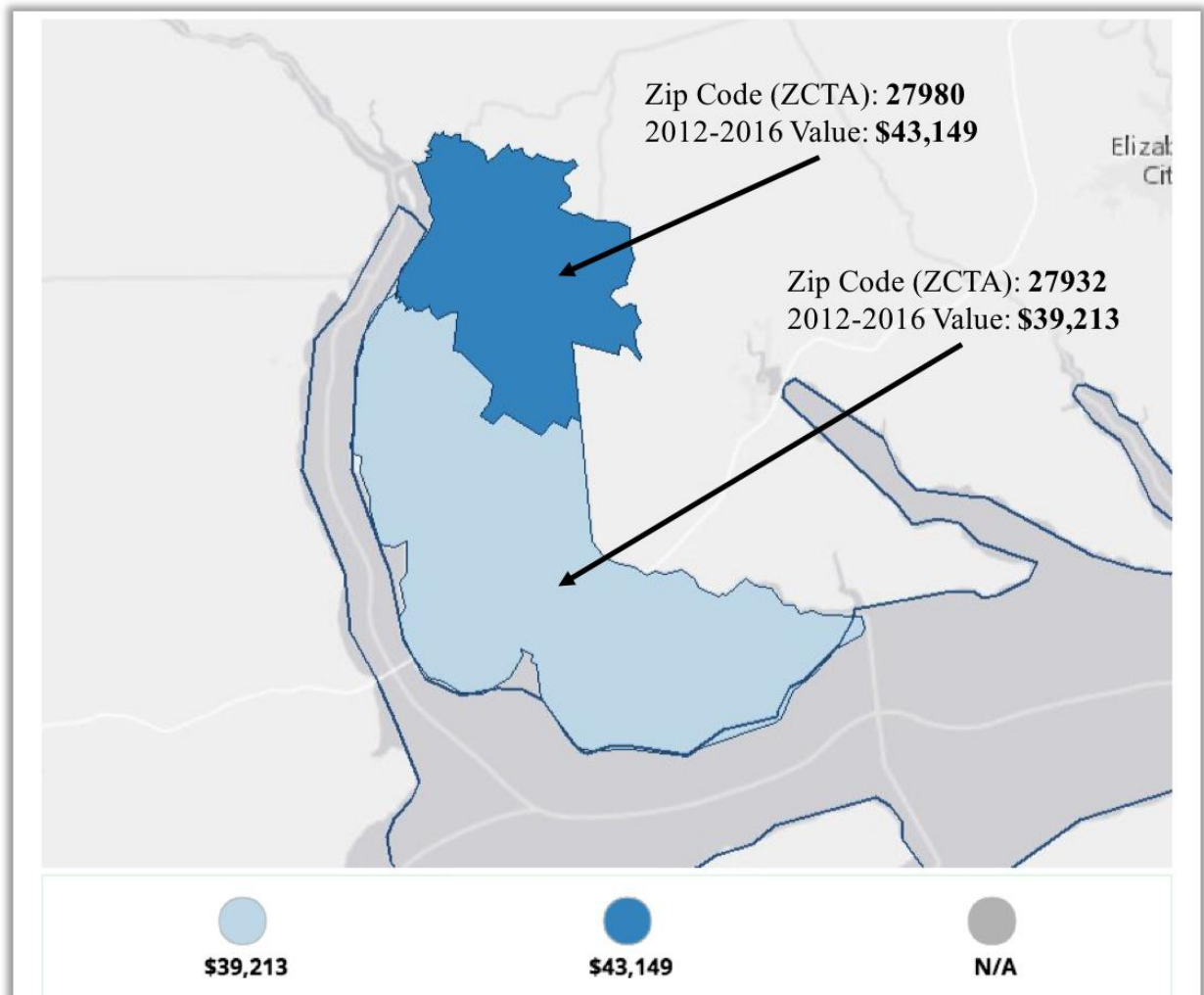
Chowan County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

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



Within Chowan County, zip code 27932 has the lowest median household income (\$39,213) while zip code 27980 has the highest median household income (\$43,149) (Figure 16).

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

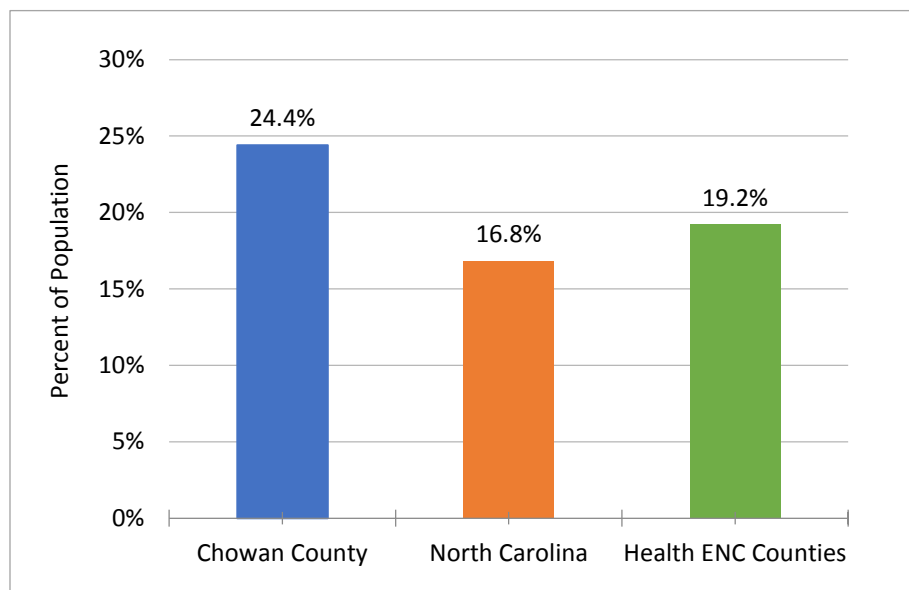


## Poverty

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, 24.4% percent of the population in Chowan 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%).

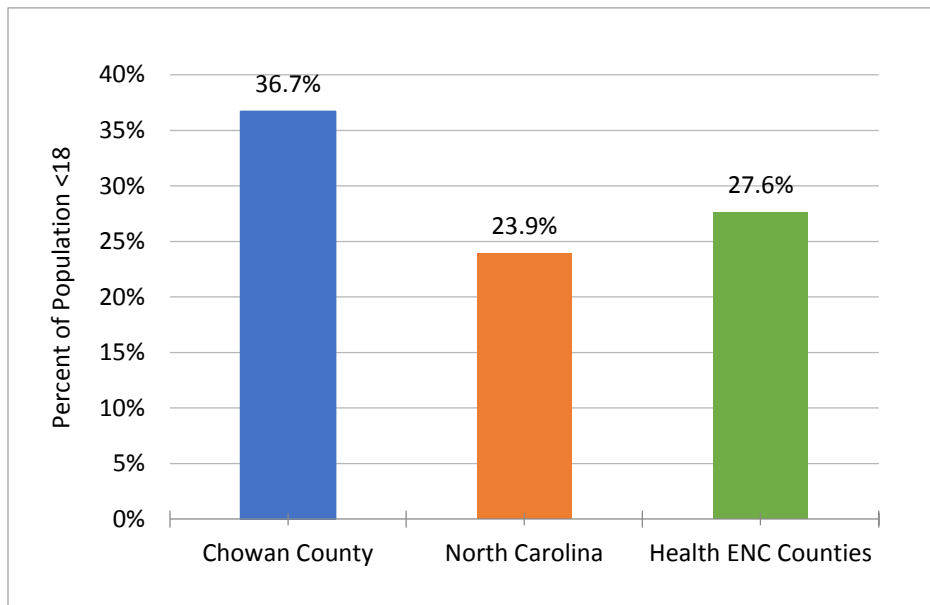
**Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)**



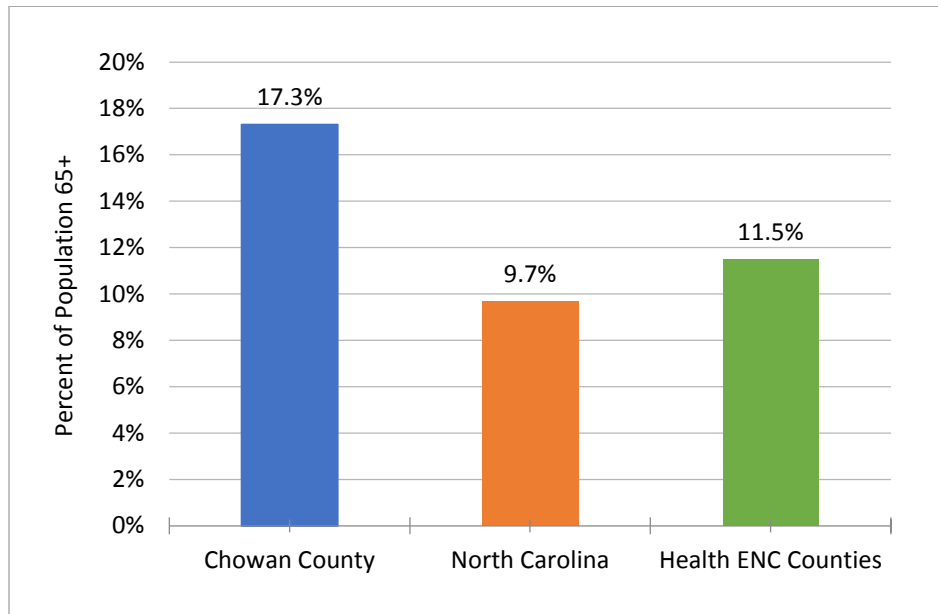


The rate of both children and older adults living below the poverty level is also higher for Chowan County when compared to North Carolina and Health ENC counties (Figure 18 and Figure 19).

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

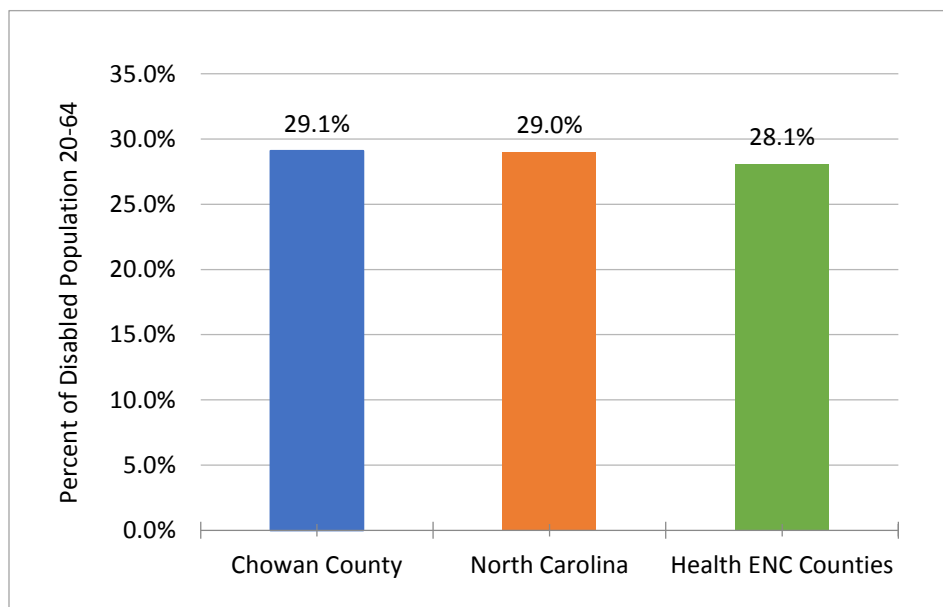


**Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**



As shown in Figure 20, the percent of disabled people living in poverty in Chowan County (29.1%) is similar to 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)**

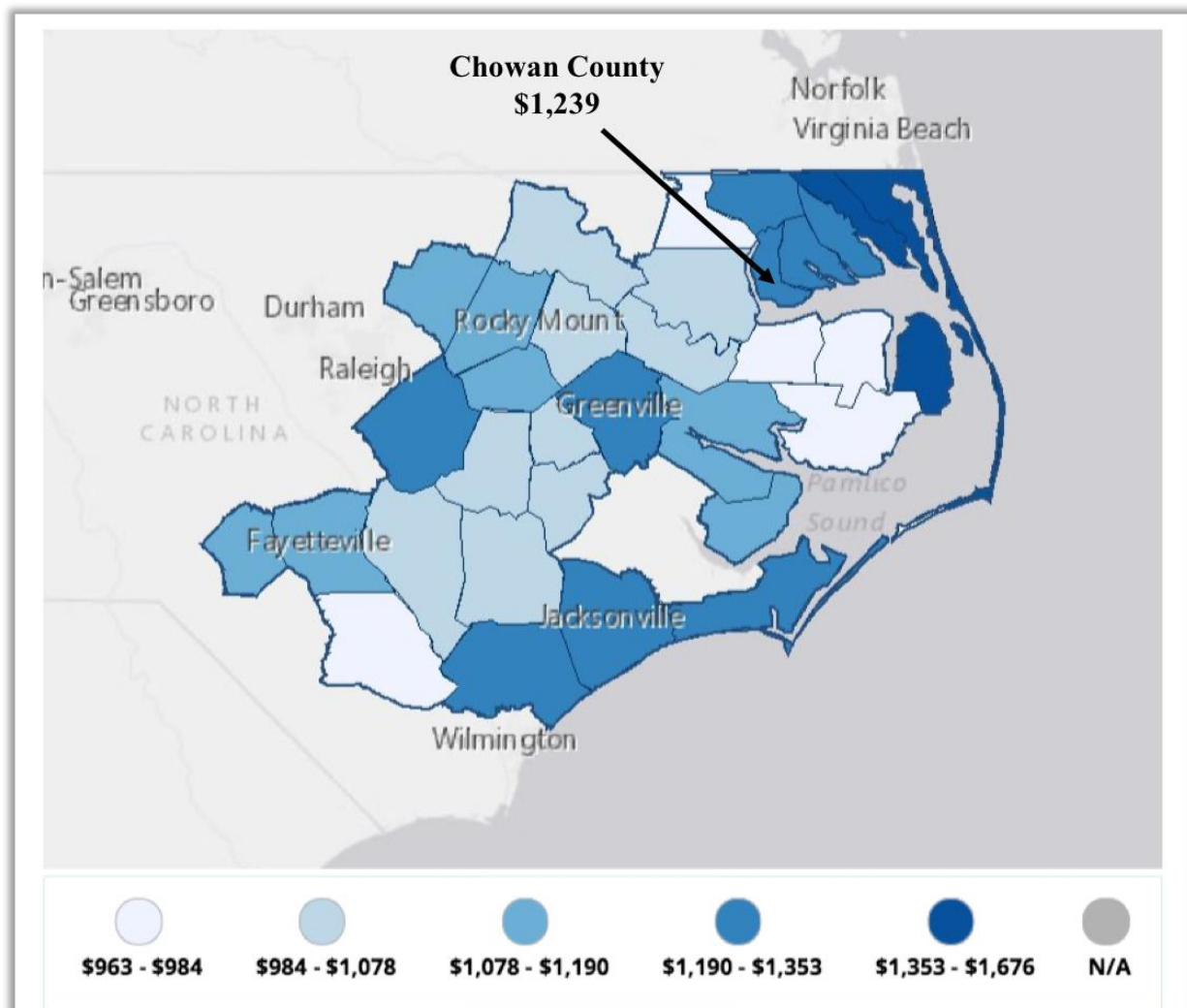


## Housing

The average household size in Chowan County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household.

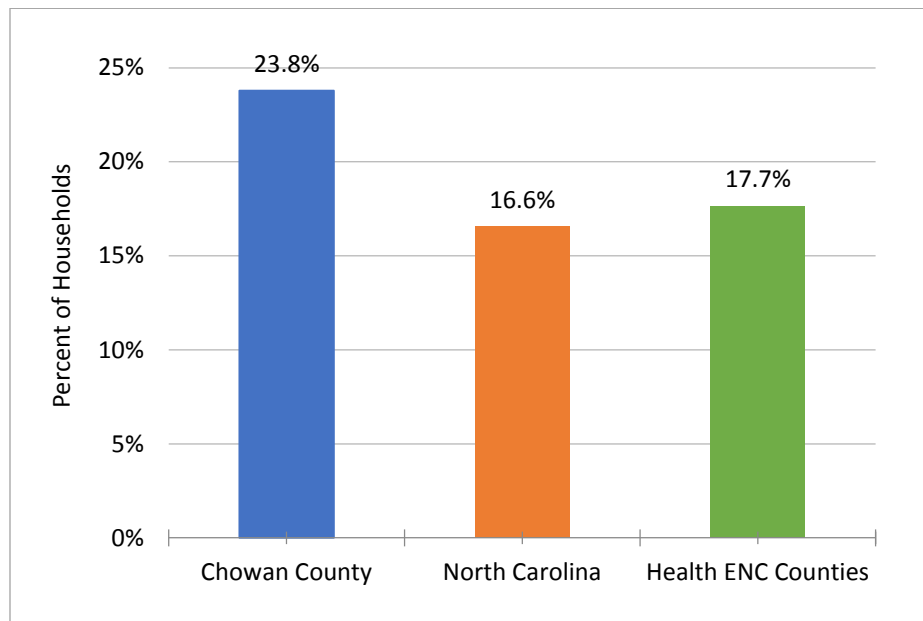
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Chowan County, the median housing costs for homeowners with a mortgage is \$1,239. This is similar to the North Carolina value (\$1,243) and to other counties in the Health ENC region.

**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. Nearly 24% of households in Chowan County 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)**

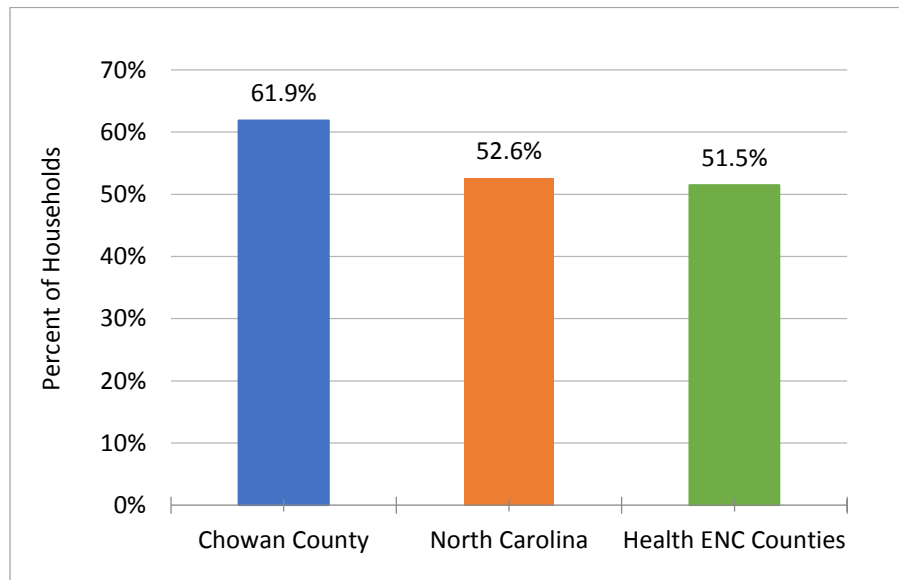


## Food Insecurity

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 Chowan County, 61.9%, is higher 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

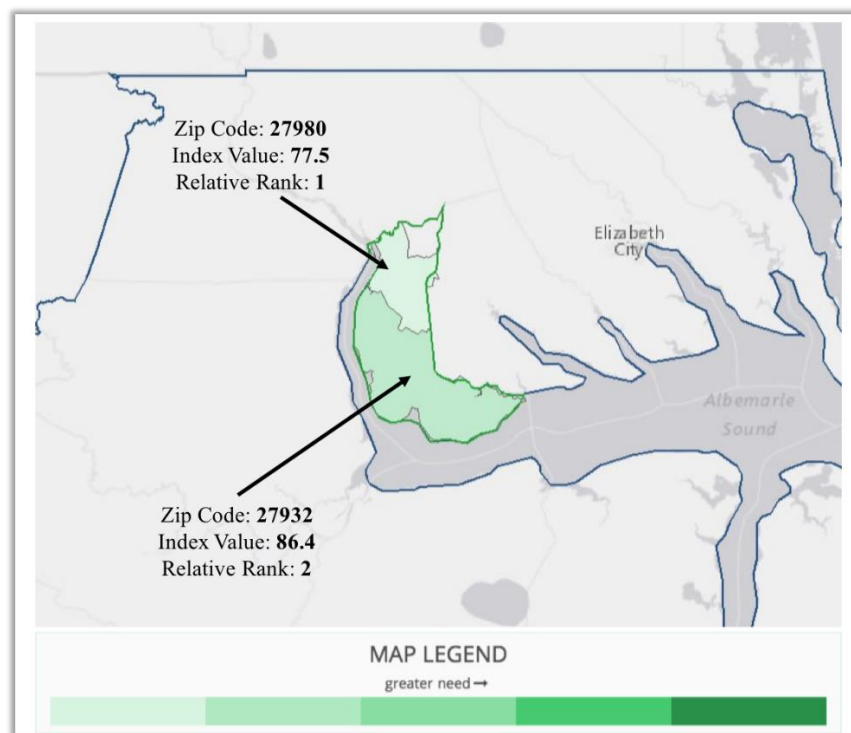
- In 2014, there were four grocery stores listed in Chowan County.  
<https://www.ers.usda.gov/FoodAtlas/>
- From 2010 to 2015, Chowan County households with no car and therefore low access to grocery stores increased from 4.5% to 5.3%.
- From 2010 to 2015 persons in Chowan County with low income and low access to grocery stores increased from 7.4% to 11.3%.
- 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 Chowan 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 Chowan 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 27932, with an index value of 86.4, has the highest level of socioeconomic need within Chowan County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Chowan 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
27932	86.4	2
27980	77.5	1

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

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

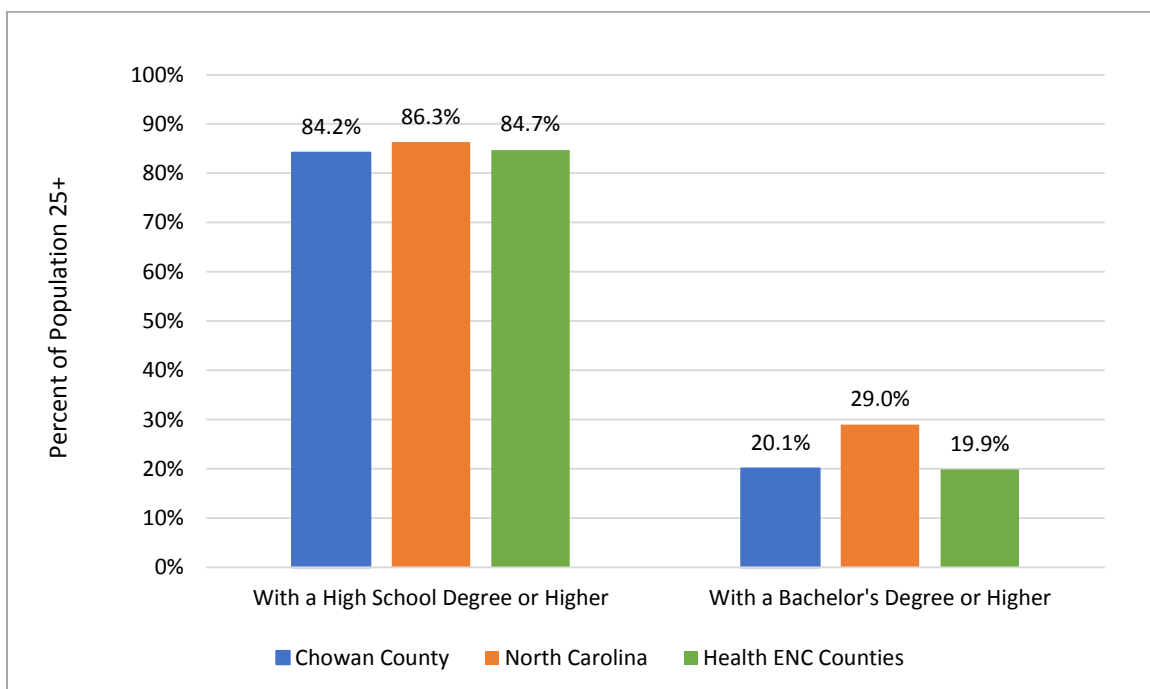
## Educational Profile

### 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.

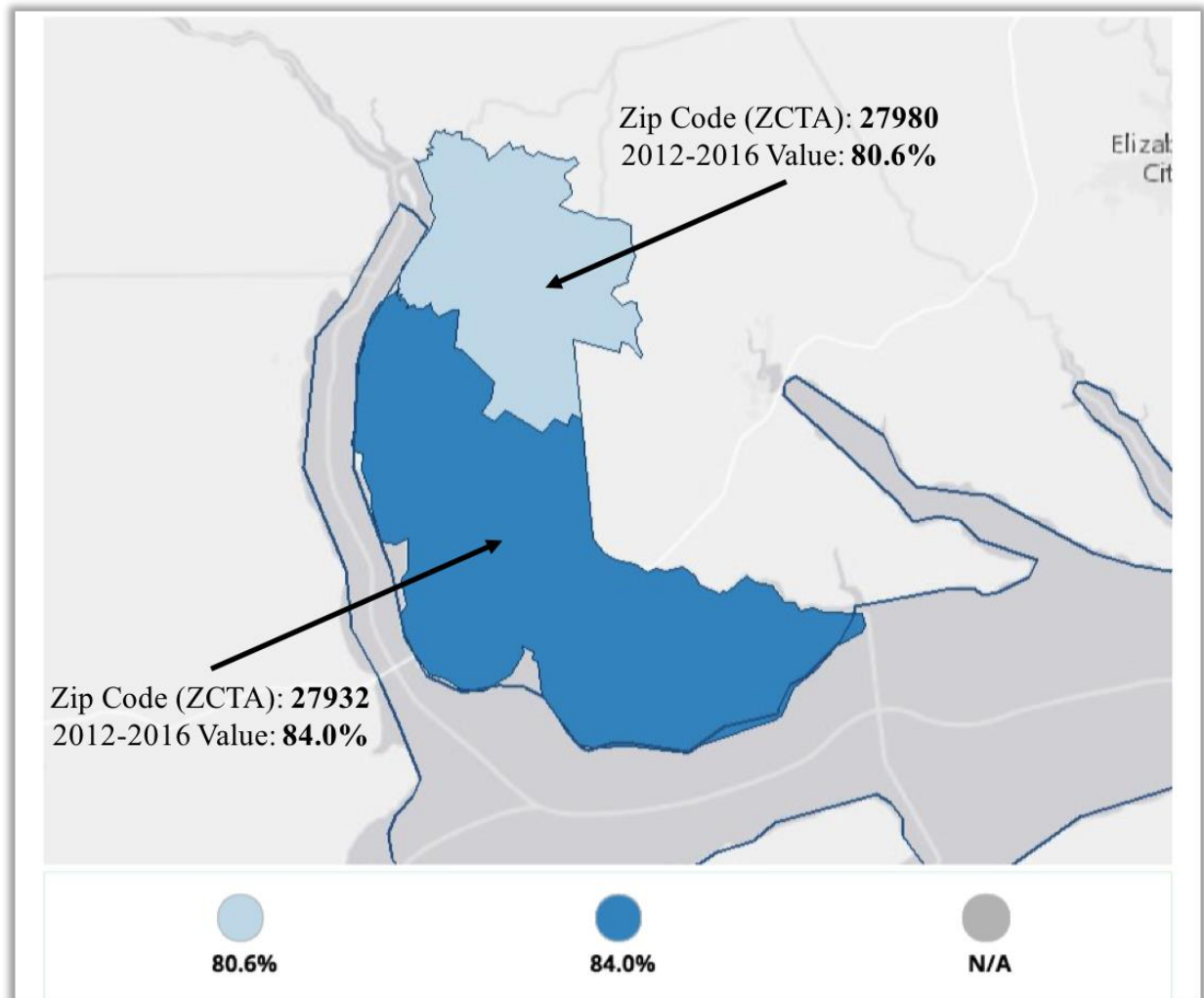
Countywide, the percent of residents 25 or older with a high school degree or higher (84.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Chowan County is lower than the state value but similar to the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 20.1% in Chowan County and 19.9% in the Health ENC region (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 code 27980 having the lowest high school graduation rate of 80.6% (Figure 26).

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



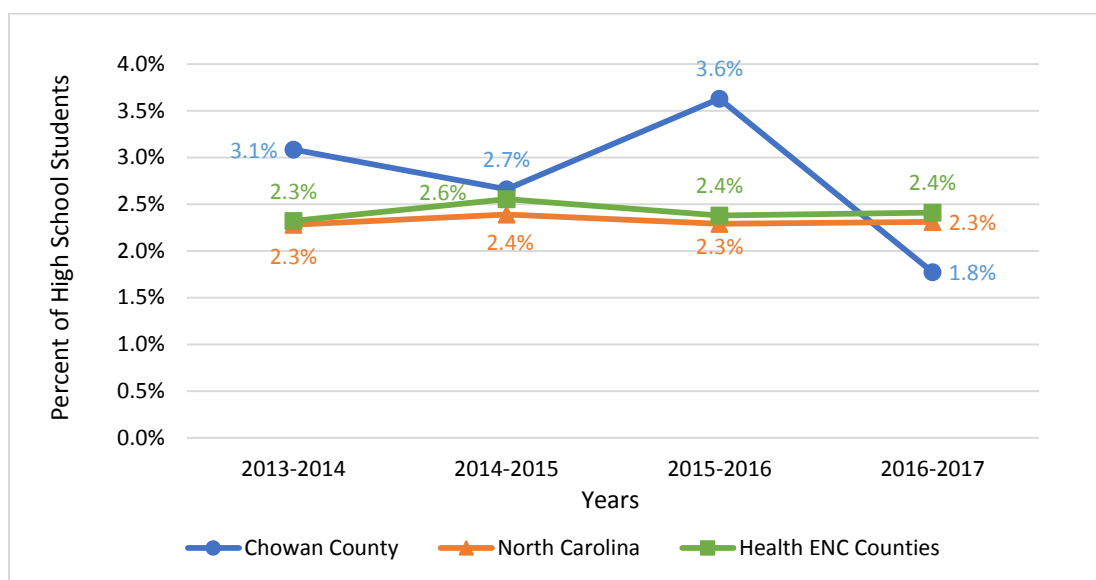


## High School Dropouts

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.

Chowan County's high school dropout rate, given as a percent of high school students in Figure 27, was 1.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). While the high school dropout rate has remained relatively consistent for the state and region over the past four years, the rate for Chowan County has dropped noticeably from 2015-2016 to 2016-2017.

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

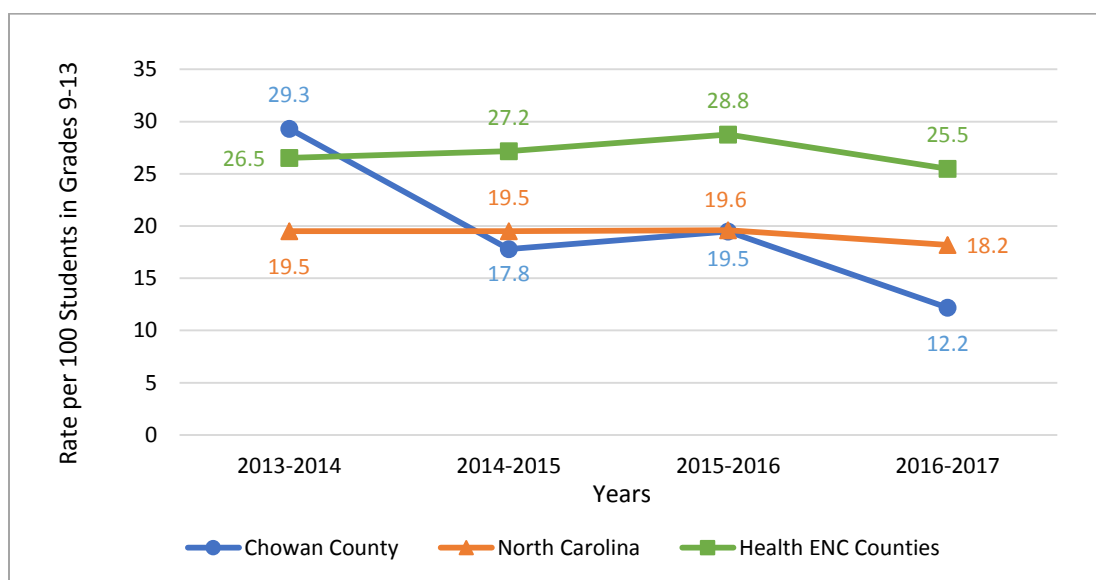


## High School Suspension Rate

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.

Chowan County's rate of high school suspension (12.2 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for the state and region have remained fairly consistent across four time periods, while the rates for Chowan County have decreased noticeably over the same timeframe.

**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 Chowan County, so there is no Air Quality Index (AQI) data for this locale.

[http://www.epa.gov/airdata/ad\\_rep\\_aqi.html](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 two active water systems in Chowan County, all of which were *Community Water Systems* that served an estimated 16,263 people, which is 100% 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 two CWS there were no health violations in the past 10 years. <https://www3.epa.gov/enviro/facts/sdwis/search.html>

### SOLID WASTE

Albemarle Regional Solid Waste Management Authority is a county-level legal entity serving the Counties of Perquimans, Chowan, Gates, Dare, Currituck, Hyde, and Tyrrell. This area currently has approximately 107,000 permanent residents and several hundred thousand visitors each year. Through a 26-year contract signed in 2009 with Republic Services of NC, LLC, the Authority aims to provide cost-effective and efficient solid waste disposal for the region.

All municipal wastes and most of the construction and demolition debris from the Authority's members are landfilled in the East Carolina Environmental Landfill in Bertie County (owned by Republic Services of NC). The waste is primarily sent there through the three transfer stations located in Dare County, Currituck County, and Perquimans County. The towns and counties operate their own solid waste and recycling collection programs.

### RABIES

According to the Epidemiology Section of NC DPH, there were six confirmed cases of rabies in animals in Chowan 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.

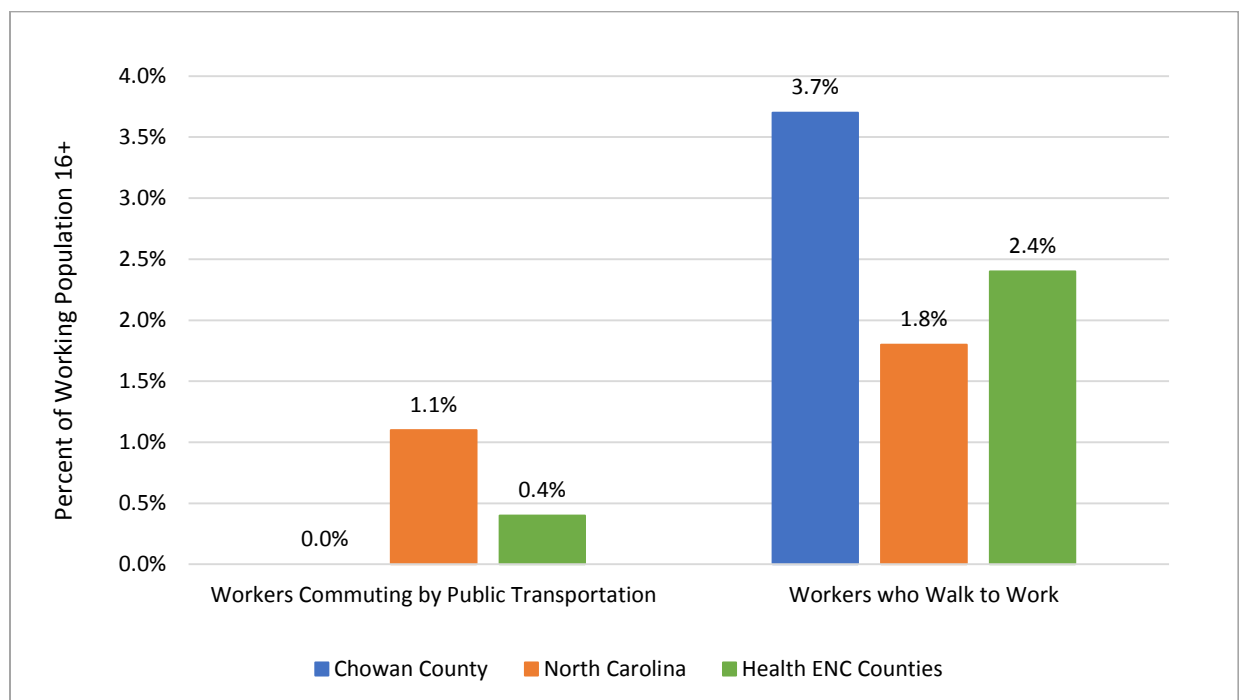
<http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables>

## Transportation Profile

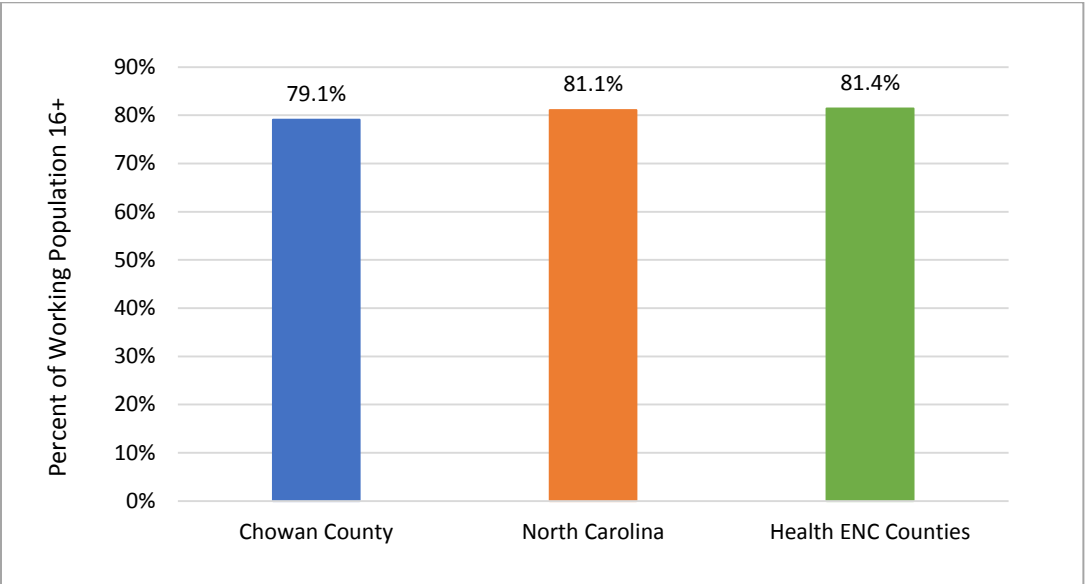
Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking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

Countywide, 3.7% of residents walk to work, which is higher than the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Chowan County, with an estimated 0% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Chowan County, 79.1% 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)**



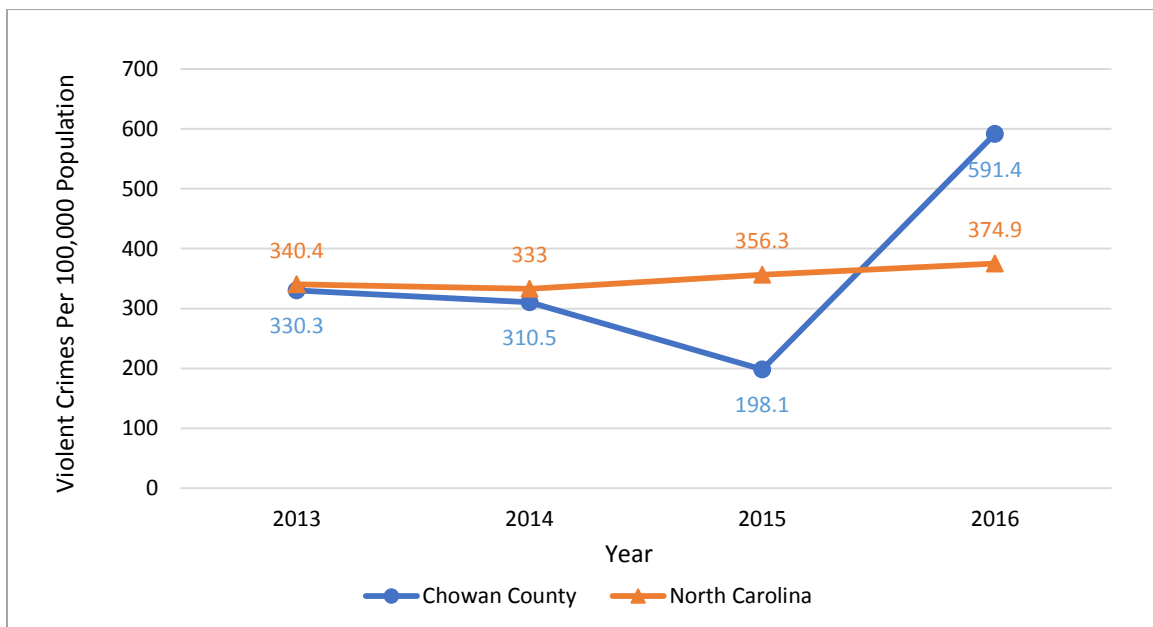
## Crime and Safety

### 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.

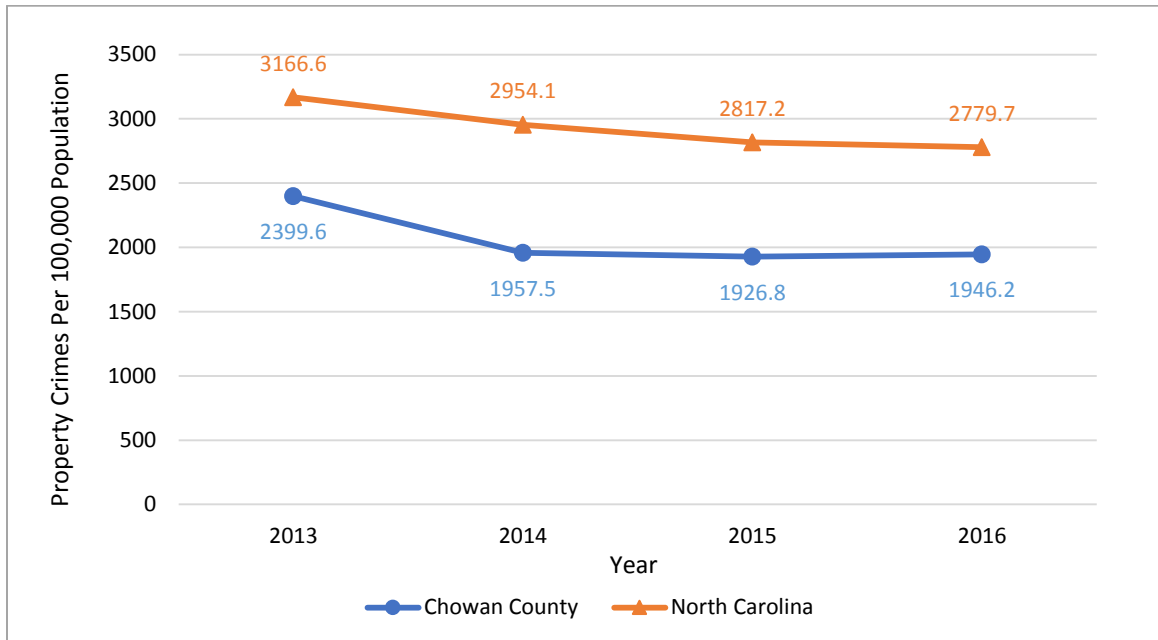
The violent crime rate in Chowan County is 591.4 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). Further, the rate of violent crime in Chowan County has increased from 198.1 in 2015 to 591.4 in 2016.

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



The property crime rate in Chowan County (1,946.2 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

**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 Chowan County (3.4) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). Further, the rate for Chowan County has consistently remained higher than the state and regional rate over the past four measurement periods.

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

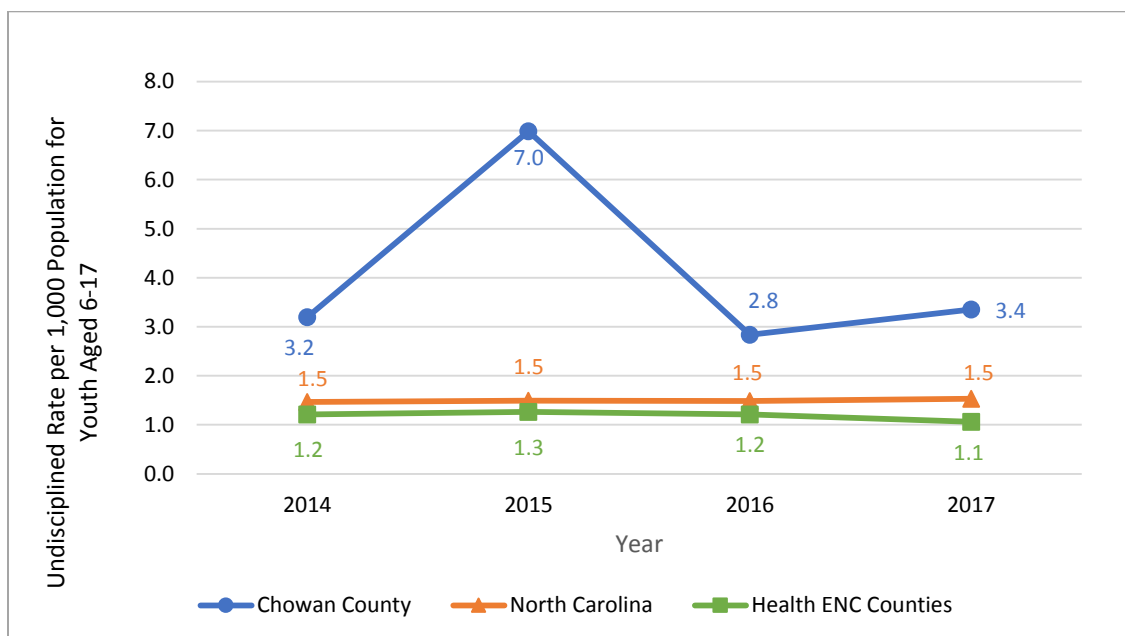
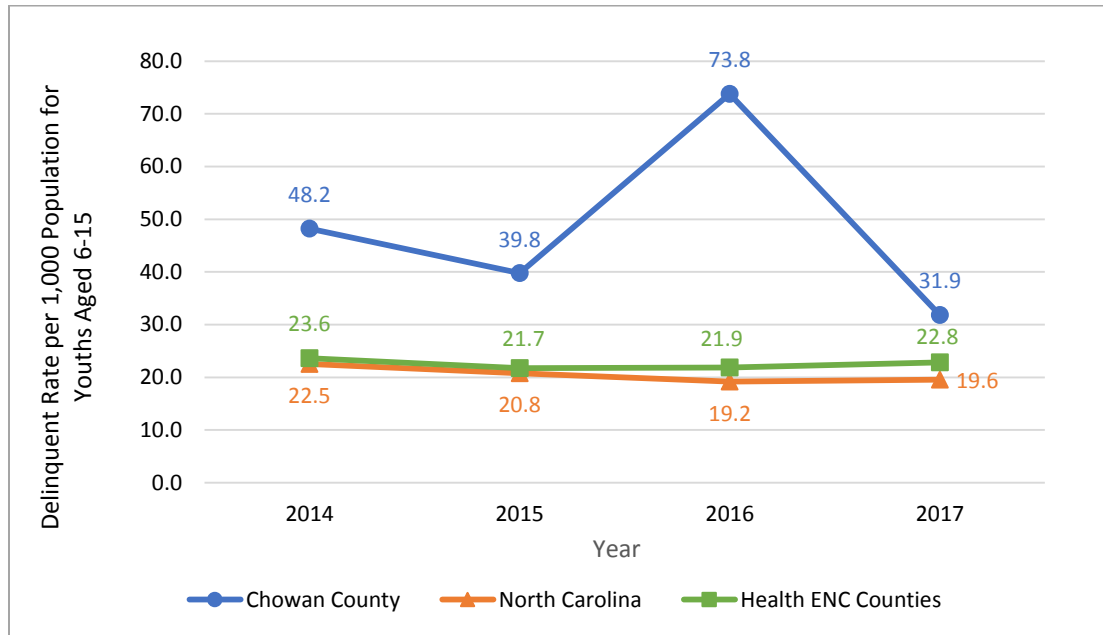




Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Chowan County decreased from 73.8 in 2016 to 31.9 in 2017, the rate has remained consistently higher than the rate in North Carolina and the Health ENC region over the past four measurement periods.

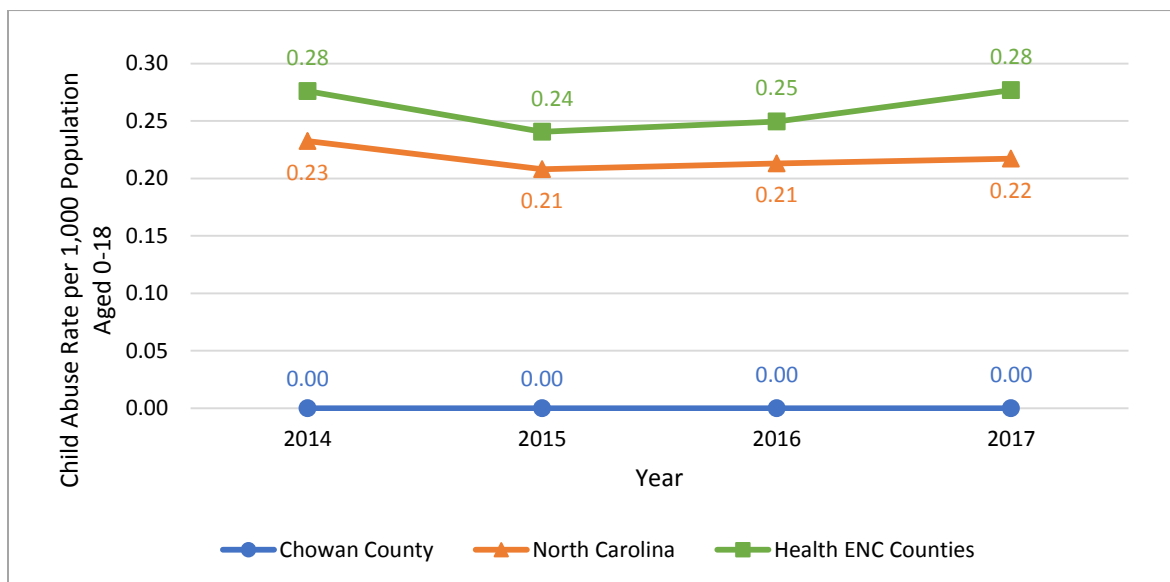
**Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)**



## 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 Chowan County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). Further, the county rate has remained consistent at 0.00 over the past four measurement periods.

**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)

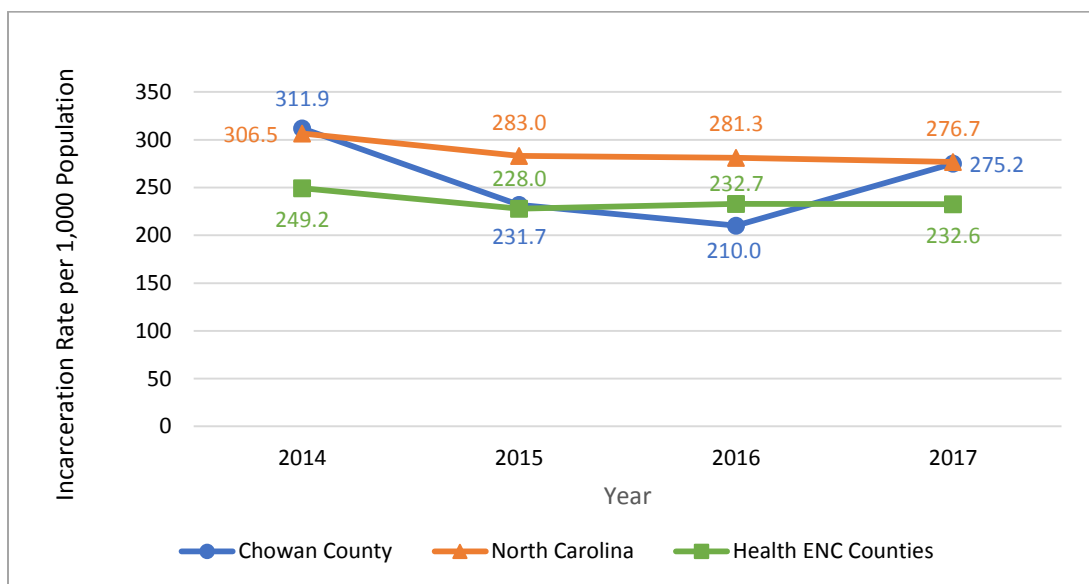


## Incarceration

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 2017 incarceration rate in Chowan County (275.2 per 1,000 population) is similar to the rate in North Carolina (276.7), but higher than the rate in the Health ENC region (232.6). While the incarceration rate in Chowan County decreased from 2014 to 2016, the rate increased from 2016 to 2017.

**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 Chowan County, 87.9%, 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)**

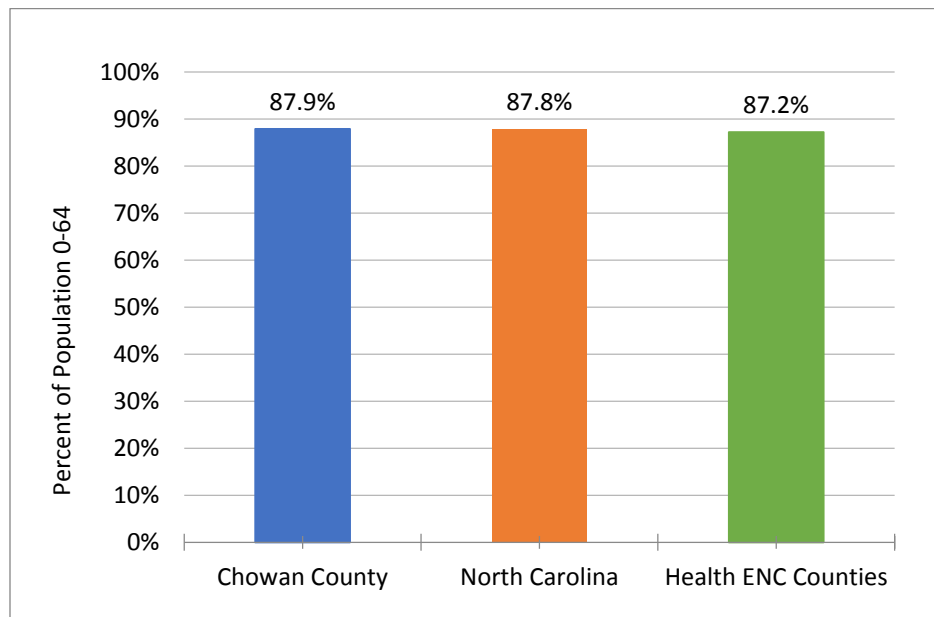
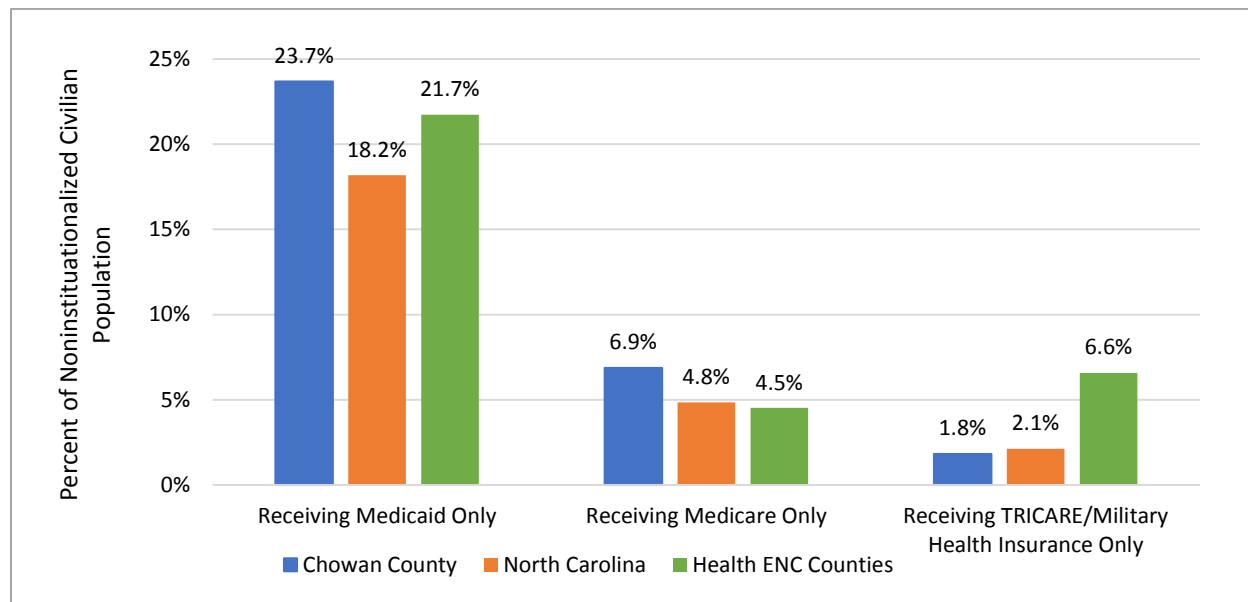


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Chowan County has a higher percent of people receiving Medicaid (23.7%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Chowan County (6.9%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance, however, is lower in Chowan County (1.8%) than in 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, 12.1% 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. Chowan County has a higher percent of residents of voting age (79.5%) than North Carolina (77.3%) and Health ENC counties (76.7%).

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

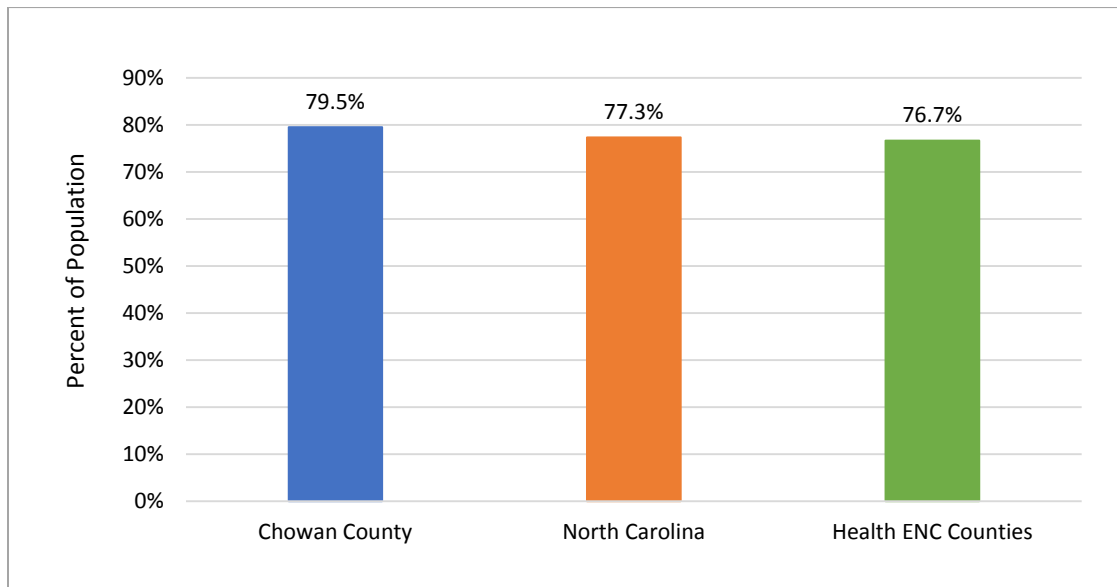
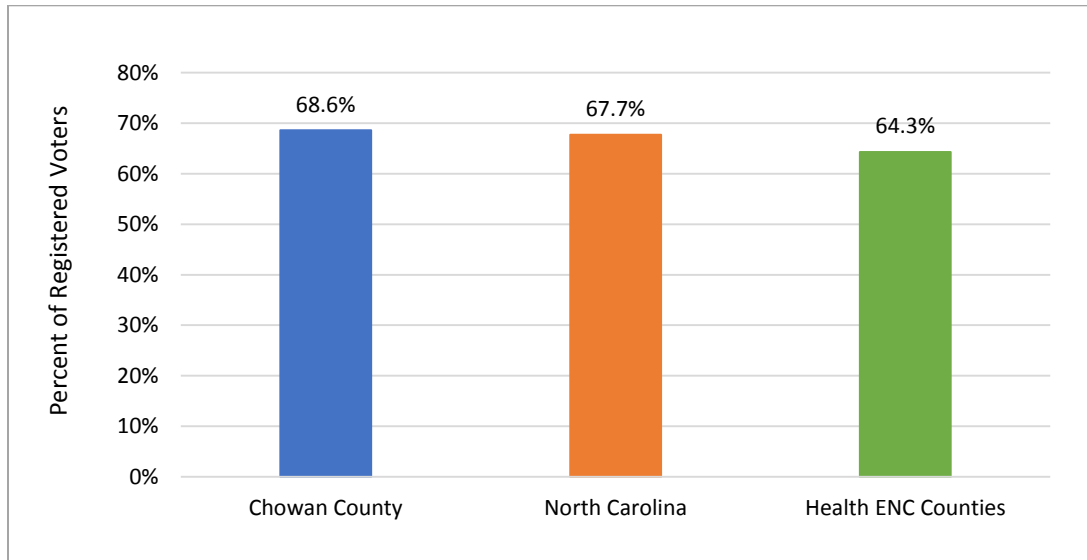


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Chowan County was 68.6%, which is slightly higher than the state value (67.7%) and higher than the value in Health ENC counties (64.3%).

**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 Chowan County by topic area. Topics with higher scores indicate greater need. Diabetes is the poorest performing health topic for Chowan County, followed by Maternal, Fetal & Infant Health, Prevention & Safety, Economy and Transportation.

**Table 8. Secondary Data Scoring Results by Topic Area**

<b>Health and Quality of Life Topics</b>	<b>Score</b>
Diabetes	<b>2.08</b>
Maternal, Fetal & Infant Health	<b>1.95</b>
Prevention & Safety	<b>1.93</b>
Economy	<b>1.86</b>
Transportation	<b>1.80</b>

\*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 Chowan County. Low income/poverty was the most frequently selected issue and was ranked by 49% of survey respondents, followed by drugs/substance abuse (17.4%).

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

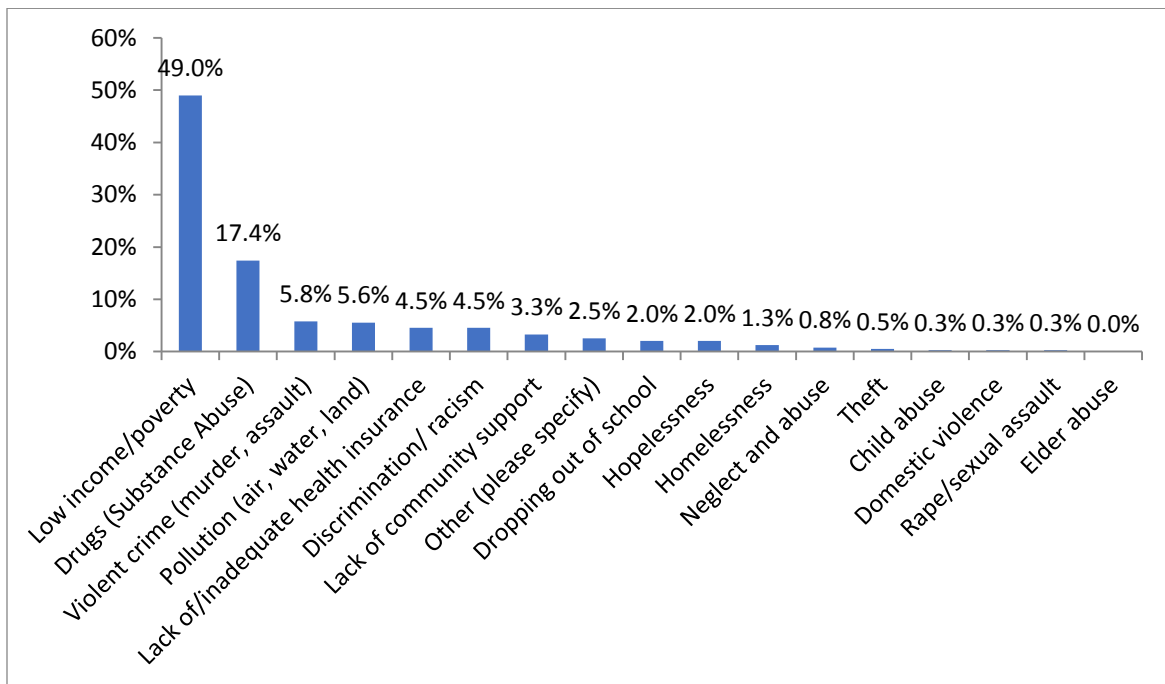


Figure 42 displays the level of agreement among Chowan County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, is a safe place to live and has good parks and recreation facilities. However, 70% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

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

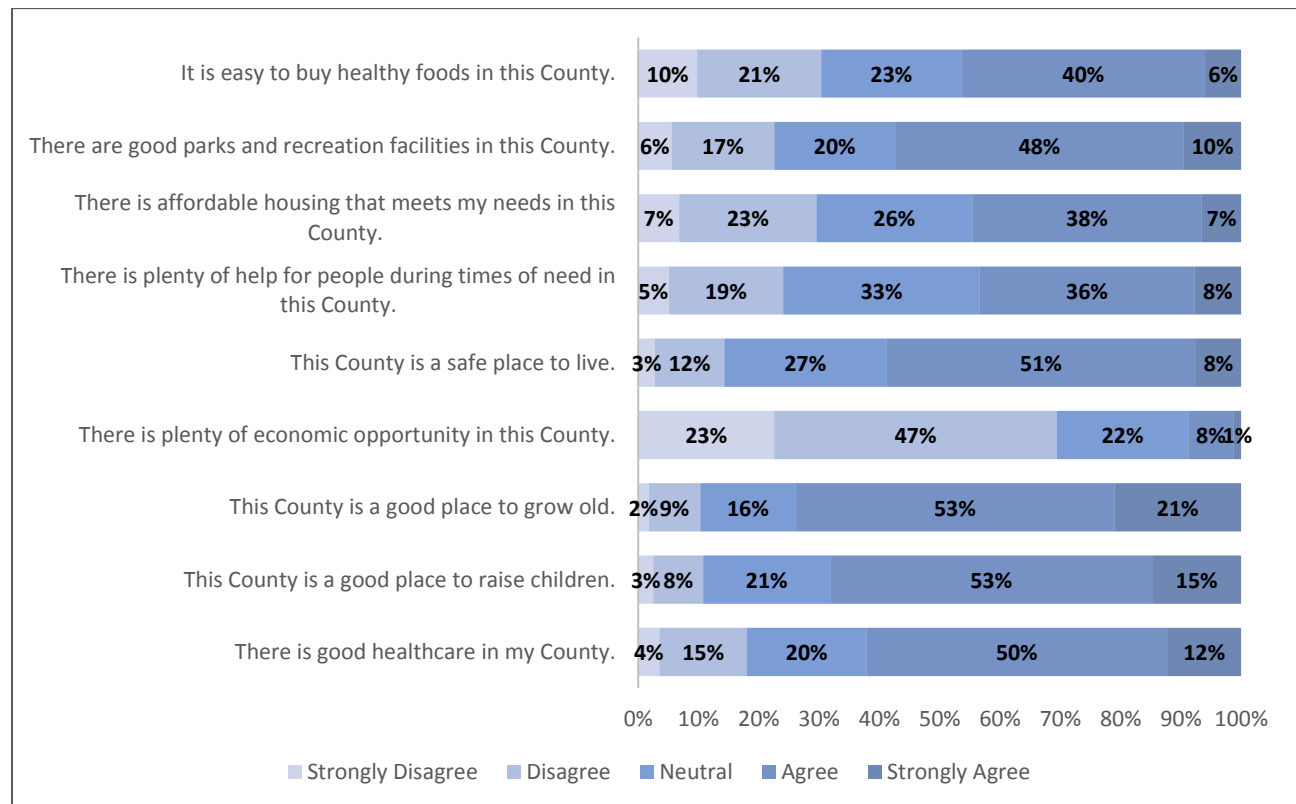


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Chowan County. Availability of employment was the most frequently selected issue, followed by higher paying employment, positive teen activities and counseling / mental health / support groups.

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

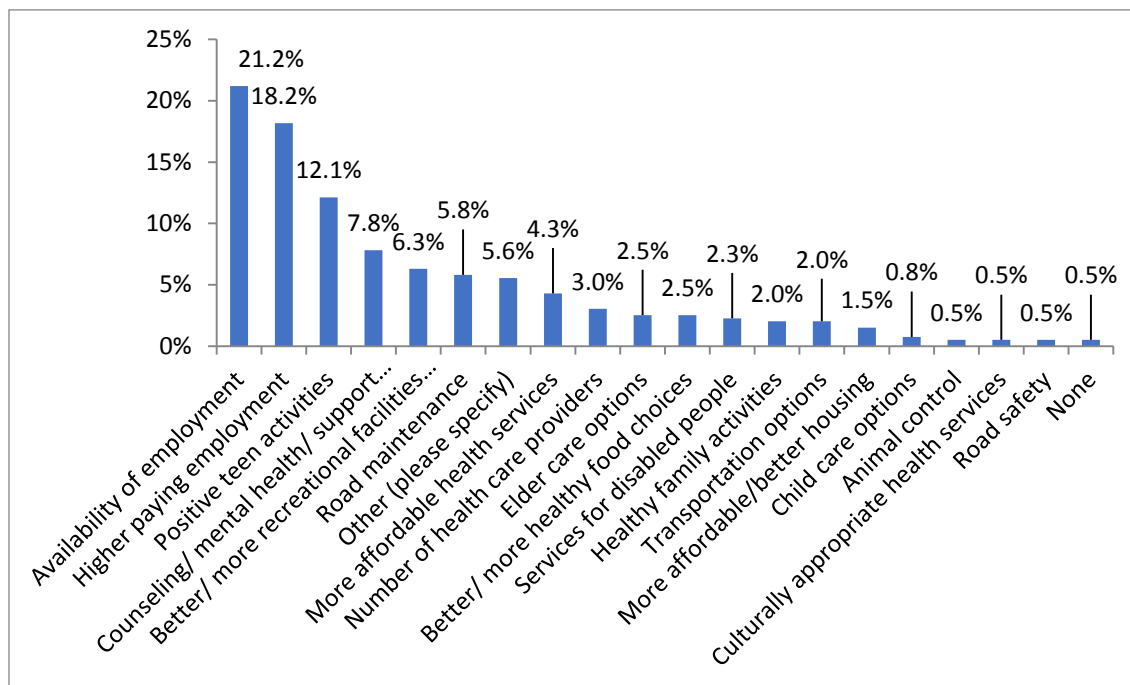
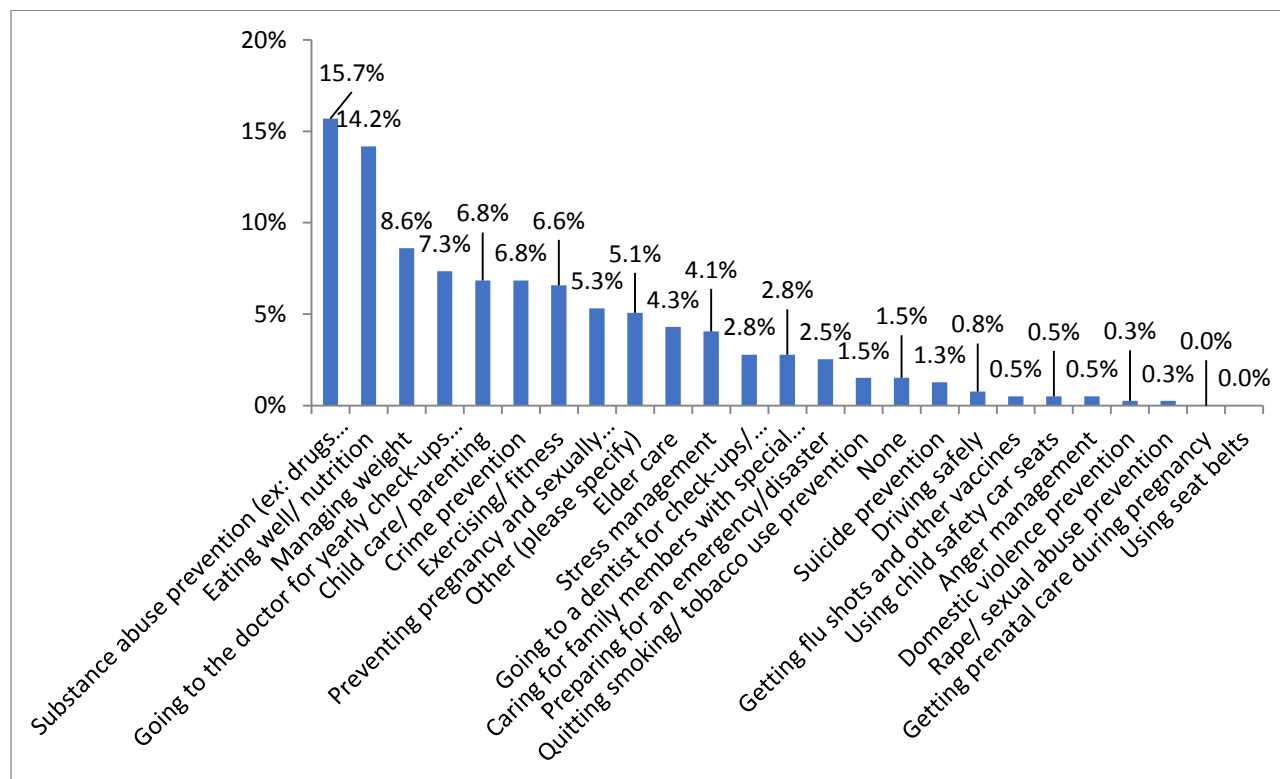


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Chowan County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 15.7% of survey respondents. This was followed by eating well/nutrition, managing weight and going to the doctor for yearly check-ups and screenings.

**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 Chowan 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
Access to Health Services	22
Economy	20
Exercise, Nutrition & Weight	12
Mental Health & Mental Disorders	9
Environment	6
Heart Disease & Stroke	6
Transportation	6

## Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Chowan 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**

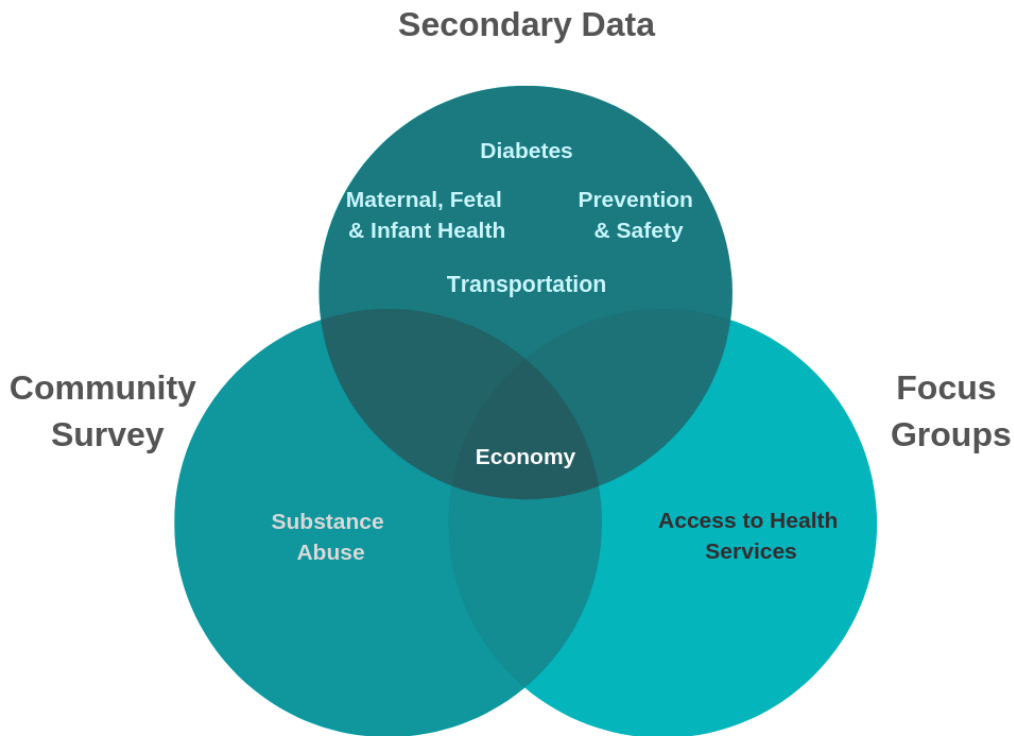
<b>Data Source</b>	<b>Criteria for Top Need</b>
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns 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.

Figure 45. Data Synthesis



Across all three data sources, there is strong evidence of need for Access to Health Services, Economy and Substance Abuse. 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*
Maternal, Fetal & Infant Health*
Prevention & Safety*
Economy*
Substance Abuse
Transportation*

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. The additional topics in 'Other Significant Health Needs' includes Access to Health Services 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 Chowan 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

- Adults over the age of 20 with Diabetes in Chowan county is a high scoring indicator and a health issue of concern
- Time trend analysis shows that Diabetes amongst the Medicare population may be increasing over time though this change is not currently statistically significant
- The age-adjusted death rate due to diabetes is higher in Chowan County than in North Carolina and the U.S.

## Secondary Data

The secondary data scoring results reveal Diabetes as the top need in Chowan County with a 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. 14.4% of adults over the age of 20 have diabetes in Chowan county which is higher than in North Carolina (11.1%) and the U.S. (10%). This indicator has not increased or decreased significantly based on the time trend analysis. Diabetes amongst the Medicare population is 30.7% and there is an increase over time though this change is not currently statistically significant but worth monitoring. The age adjusted death rate due to diabetes is 26.8 deaths per 100,000 population which is higher than the state and U.S. values.

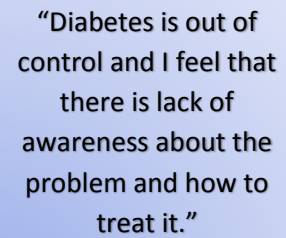
**Table 13. Data Scoring Results for Diabetes**

Score	Indicator (Year) (Units)	Chowan County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.4	Adults 20+ with Diabetes (2014) (percent)	14.4	11.1	10			
1.93	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	26.8	23	21.1			
2.2	Diabetes: Medicare Population (2015) (percent)	30.7	28.4	26.5			
1.8	Diabetic Monitoring: Medicare Population (2014) (percent)	85.8	88.8	85.2			

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

## Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 16.8% of community survey participants reported being told by a medical professional that they have diabetes and 48.2% had been told that they were overweight or obese. Diabetes was discussed two times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth. One participant shared that they felt that diabetes is a top health issue facing the county and there is a lack of awareness of the problem.



"Diabetes is out of control and I feel that there is lack of awareness about the problem and how to treat it."

## Highly Impacted Populations

Data scoring identified adults over age 20 and the Medicare population as groups highly impacted within the Diabetes topic area. No specific groups were identified in the primary data sources

## Maternal, Fetal & Infant Health








### Key Issues

- Babies born in Chowan County with low birth weight is a high scoring indicator and a health issue of concern
- Babies born preterm in Chowan County is higher than in North Carolina and the U.S.
- Teen pregnancy in Chowan County does meet the Healthy People 2020 goal but is higher than the state

### Secondary Data

Maternal, Fetal & Infant Health has the second highest data score of all topic areas, with a score of 1.95. Table 14 highlights indicators that are high scoring and health issues of concern. 10.5% of babies are born with low birth weight in Chowan County while 1.7% of babies are born with very low birth weight. Neither indicator for birth weight meet the Healthy People 2020 goals; 7.8% for low birth weight and 1.4% for very low birth weight. Babies born preterm in Chowan County (11.5%) is higher than in the state (9%) and the U.S. (8.1%). Although the teen pregnancy rate is not as high scoring, the rate is higher in Chowan County (20.7 pregnancies per 1,000 females aged 15-17) than in North Carolina (15.7 pregnancies per 1,000 females aged 15-17).

**Table 14. Data Scoring Results for Maternal, Fetal & Infant Health**

Score	Indicator (Year) (Units)	Chowan County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.83	Babies with Very Low Birth Weight (2012-2016) (percent)	1.7	1.7	1.4				-	1.4
2.23	Babies with Low Birth Weight (2012-2016) (percent)	10.5	9	8.1				-	7.8
2.18	Preterm Births (2016) (percent)	11.5	10.4	9.8				-	9.4
1.55	Teen Pregnancy Rate (2012-2016) (pregnancies/1,000 females aged 15-17)	20.7	15.7	-				-	36.2

\*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 was raised by multiple participants as an issue facing the community. One participant raised teen pregnancy as a top health issue in the community and the need for more programs in the community to educate them about parenting.

Related to teen health and pregnancy, “positive teen activities” was the 3<sup>rd</sup> highest ranking service needing improvement in the community (12.1%) and preventing pregnancy/sexually transmitted diseases was selected as the 8<sup>th</sup> 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.

## Prevention & Safety








### Key Issues

- Severe housing problems is the top quality of life concern for Chowan County related to Prevention & Safety
- The death rate due to drug poisoning in Chowan County is higher than in North Carolina and the U.S.
- The age- adjusted death rate due to unintentional injuries does not meet the Healthy People 2020 goal

### Secondary Data

Prevention & Safety received a data score of 1.93. This category includes unintentional deaths and injuries as well as other safety concerns such as quality of housing and motor vehicle accidents. Poor performing indicators related to Prevention & Safety, displayed in Table 15. Severe housing problems is a top quality of life concern for Chowan County. 23.8% of housing units are consider having severe problems which is higher than in the state (23.8%) and U.S. (18.8%). There is an indication that this is getting worse over time, though the trend is not currently statistically significant currently. From 2013-2015 there were 22.9 deaths per 100,000 population in Chowan County compared to 14 deaths per 100,000 population in North Carolina and 15 deaths per 100,000 population in the U.S. The age-adjusted death rate due to unintentional injuries is 37.9 deaths per 100,000 population which does not meet the Healthy People 2020 goal of 36.4 deaths per 100,000 population.

**Table 15. Data Scoring Results for Prevention & Safety**

Score	Indicator (Year) (Units)	Chowan County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Severe Housing Problems (2010-2014) (percent)	23.8	16.6	18.8				-	-
2.4	Death Rate due to Drug Poisoning (2013-2015) (deaths/ 100,000 population)	22.9	14	15				-	-
1.88	Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/ 100,000 population)	37.9	31.9	41.4				-	36.4

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

## **Primary Data**

According to survey results, Prevention & Safety overall did not rank high as one of the top quality of life topics individuals in Chowan County felt impacted their lives. However, 5.8% of respondents selected violent crime as a top issue in the community while very few selected theft or domestic violence.

Only 1.5% of participants selected more affordable or better housing as a service needing the most improvement in the community. 45% of participants shared that they strongly agreed or agreed that Chowan County has affordable housing that meets their needs, while 59% strongly agreed or agreed that Chowan County is a safe place to live. The discordance between the secondary data and the community survey may reflect the circumstances of the population responding to the survey and may not reflect overall needs of the community. Focus group discussion did not reveal any needs or concerns related to safety, more generally though this may have been related to the nature of the conversations.

## **Highly Impacted Populations**

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Prevention & Safety topic area indicators. No specific groups were identified in the primary data sources.

## Economy


















### Key Issues

- People living below the poverty level including families and senior citizens is higher in Chowan County than in North Carolina and the U.S.
- 20% of the population is food insecure in Chowan County
- Less than half of the female population over age 16 is engaged in the work force

### Secondary Data

Secondary data analysis identified the economy as a top quality of life area of concern with a score of 1.86. High scoring indicators are displayed in Table 16. As reviewed within the Prevention & Safety section, severe housing problems are a top concern in the community. In Chowan County, 24.4% of people live below the poverty level, 18.8% of families live below the poverty level and 17.3% of adults over 65 also live below the poverty level. In addition, 20% of the population is food insecure in Chowan County and only 47.1% of the female population over age 16 is working in the civilian labor force.

**Table 16. Data Scoring Results for Economy**

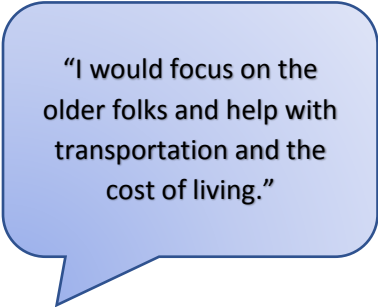
Score	Indicator (Year) (Units)	Chowan County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Severe Housing Problems (2010-2014) (percent)	23.8	16.6	18.8				-	-
2.4	Families Living Below Poverty Level (2012-2016) (percent)	18.8	12.4	11				-	-
2.3	Female Population 16+ in Civilian Labor Force (2012-2016) (percent)	47.1	57.4	58.3				-	-
2.3	Food Insecurity Rate (2016) (percent)	20	15.4	12.9				-	-
2.3	People 65+ Living Below Poverty Level (2012-2016) (percent)	17.3	9.7	9.3				-	-
2.25	People Living Below Poverty Level (2012-2016) (percent)	24.4	16.8	15.1				12.5	-

*\*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 Chowan 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, availability of employment (21.2%) ranked 1<sup>st</sup> and higher paying employment (18.2%) ranked 2<sup>nd</sup>.



"I would focus on the older folks and help with transportation and the cost of living."

Focus group discussions touched on key economic stressors: challenges with being able to afford health care due to costs and choosing whether to pay home bills or medical bills. Participants felt that senior citizens are a particular vulnerable group in the community limited by fixed incomes, lack of transportation and isolation. Several participants were concerned with the lack on economic development in the community and the lack of good paying jobs. One participant believes that the lack of jobs in the community is leading to younger generations to leave to seek higher incomes. A few participants would like to see new business come into the community to incite economic growth and create jobs without hurting small businesses.

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*"The community is becoming an older population because the younger people are leaving due to lack of job opportunities and higher pay elsewhere."*

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## Highly Impacted Populations

Data scoring analysis identified families, adults over 65 and women as groups highly impacted within the Economy topic area. Focus group participants felt that senior citizens and young adults were vulnerable groups impacted within the Economy topic area.

## Transportation






### Key Issues

- No workers report commuting to their work place via public transportation in Chowan County
- 41.7% of solo drivers have a long commute which is higher than in North Carolina and the U.S.
- 10.7% of households in Chowan County do not have access to a vehicle and 5.3% do not have a car and also limited access to a reliable food source

### Secondary Data

From the secondary data scoring results, Transportation was identified to be a top need in Chowan County with a score of 1.80. Specific indicators of concern are highlighted in Table 17. The scores for the indicators in this category suggest that a portion of the population in Chowan County have limited or no access to public transportation and also have limited or no access to a motor vehicle potentially limiting their mobility and access to services.

**Table 17. Data Scoring Results for Transportation**

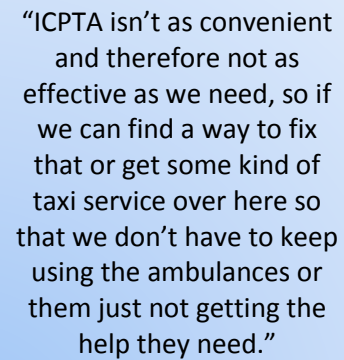
Score	Indicator (Year) (Units)	Chowan County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.65	Workers Commuting by Public Transportation (2012-2016) (percent)	0	1.1	5.1				-	5.5
2.4	Solo Drivers with a Long Commute (2012-2016) (percent)	41.7	31.3	34.7				-	-
2.3	Households without a Vehicle (2012-2016) (percent)	10.7	6.3	9				-	-
1.95	Households with No Car and Low Access to a Grocery Store (2015) (percent)	5.3	-	-				-	-

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

## Primary Data

According to survey results, transportation was ranked 14<sup>th</sup> for services individuals in Chowan County feel need the most improvement compared to other issues in the community. 2% of participants selected transportation options the most improvement in their neighborhood.

Transportation was brought up eight times in the focus group discussions. Participants shared that they found accessing transportation difficult and many participants described having difficulties being able to travel to medical appointments. One participant shared that transportation was particularly challenging for those needing urgent medical care and the community needed an alternative to the community calling ambulances to gain access to medical care. Several participants were concerned with senior citizens not having access to transportation.



"ICPTA isn't as convenient and therefore not as effective as we need, so if we can find a way to fix that or get some kind of taxi service over here so that we don't have to keep using the ambulances or them just not getting the help they need."

## Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Transportation topic area. Focus group participants identified senior citizens as a group that is highly impacted by lack of transportation.

## 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 Chowan 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)**

Chowan County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	132	181.7	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	129	185.1	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	39	54.4	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	26	36.9	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Accidental Injuries	21	47.7	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	18	Unreliable	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	11	Unreliable	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Septicemia	10	Unreliable	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Pneumonitis	10	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	-	-	-	Septicemia	4,500	13.1	Septicemia	1,033	15.1

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

## Other Significant Health Needs

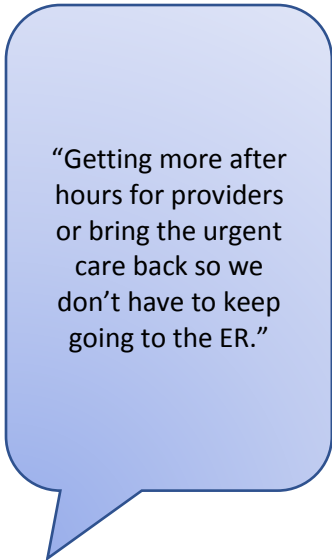
### Access to Health Services

#### Secondary Data

From the secondary data scoring results, Access to Health Services was the 21<sup>st</sup> most pressing health need in Chowan County with a score of 1.43. Top scoring related indicators include: Mental Health Provider Rate (2.35) and Dentist Rate (1.80).

#### Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (70.1%) followed by insurance through a spouse (12.7%) and Medicare (12.7%). Participants were asked where they most often go to seek medical treatment, most sought care at a doctor's office 81.3%. The majority of participants did not report any problems getting the health care they needed in the past 12 months (88.3%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (41.9%) or a specialist (30.2%). The top reasons participants reported not being able to get the necessary health care they needed were they couldn't get an appointment (39.5%), having no health insurance (32.6%) and insurance didn't cover what they needed (25.6%). 69.5% of participants reported being able to see the medical provider they needed within Chowan County while others sought care in other places such as Pasquotank County (9.2%) and Pitt County (7.7%).



"Getting more after hours for providers or bring the urgent care back so we don't have to keep going to the ER."

Focus Group participants discussed financial barriers to accessing health services specifically with being able to afford insurance coverage and shared their worries that costs were increasing. Many participants were concerned that the urgent care facility was no longer available to them locally and many had to travel long distances to seek medical services. For participants without health insurance, they were worried that they were not getting annual checkups because they could not afford the out of pocket costs for an appointment. Several participants felt that mental health services were not adequate in the community.

### Substance Abuse

#### Secondary Data

From the secondary data scoring results, Substance Abuse was the 16<sup>th</sup> most pressing health need in Chowan County with a score of 1.59. Top related indicators include: Death Rate due to Drug Poisoning (2.40) and Adults who Smoke (2.25).

#### Primary Data

Community survey participants ranked substance abuse (17.4%) as a top issue affecting quality of life in Chowan County. Additionally, 15.7% of community survey respondents reported wanting to learn more about substance abuse prevention.

10.3% of survey participants reported they currently use tobacco products. Of those who reported tobacco product use, 26.8% would go to a doctor if they wanted to quit and 24.4% selected 'other' as responses, which included trying to quit on their own. 42% of respondents reported having been

exposed to secondhand smoke in the past year. Of those who indicated that they had been exposed to secondhand smoke, 30.7% were exposed in the home and 43.4% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (72.3%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.9% reported one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98.7% reported no illegal drug use and 98.5% reported no use of prescription drugs that were not prescribed for them. Of those who reported any illegal drug use (<2%) in the past 30 days, 83.3% reported marijuana use. Focus group discussion did not focus heavily on substance abuse, however, six participants specifically raised prescription drug misuse, alcoholism and illegal drug use as the issues they see as problems that need to be addressed in the community.

## 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.

### 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 Chowan 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*
Families Living Below Poverty Level	Black or African American
People 65+ Living Below Poverty Level	Black or African American
People Living Below Poverty Level	<6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races
Children Living Below Poverty Level	Black or African American
Young Children Living Below Poverty Level	Black or African American
Per Capita Income	Black or African American, Hispanic or Latino, Other
Median Household Income	Black or African American
Workers who Drive Alone to Work	60-64

\*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 27980, with an index value of 77.5, has the highest socioeconomic need within Chowan County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Chowan 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 Chowan County. The assessment was further informed with input from Chowan 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, Maternal, Fetal & Infant Health, Prevention & Safety, Economy, Substance Abuse and Transportation. 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: Adults Over 20, The Poor, Uninsured, the Medicare Population

Health Resources Available and/or Needed:

#### **Available Resources:**

Chowan County NC Cooperative Extension

Edenton-Chowan Recreation Department

Northern Chowan Community Center (NCCC)

Gyms/Fitness - Toning Mill, Classic Fitness, Boys and Girls Club, Edenton Golf and Country Club

Gateway Community Health Center, Inc.: Tyner Clinic

Albemarle Regional Health Services

Chowan County Health Department; clinic services, Public Health Educators

Chowan Get FIT! Exercise and Walking Program

Farmers Markets and Roadside Stands

Chowan County Senior Center

Vidant Chowan Hospital

Vidant Family Medicine

Vidant Internal Medicine

Vidant General Surgery

Vidant Women's Care

Vidant Chowan Hospital - Smoking Cessation

Quit Line NC; 1-800-784-8669

Vidant Chowan Diabetes Program

Diabetes care in surrounding counties

East Carolina Foot and Ankle Podiatrist - Dr. Sabo/Dr. Richardson in Edenton office

Three Rivers Healthy Carolinians

#### **Resources Still Needed:**

Better utilization of recreational facilities and opportunities

Wellness Center

Urgent Care Center

Health services personnel

Educational programs

Counseling services



**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 Chowan 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 Chowan Hospital  
Vidant Family Medicine  
Vidant Family and Sports Medicine  
Vidant Internal Medicine  
Vidant General Surgery  
Vidant Women's Care  
Vidant Chowan Hospital Cardiac Rehab  
Vidant Chowan Hospital Outpatient Specialty Clinic  
Sentara Multi-Specialty Clinic

**Resources Still Needed:**

Free-standing Urgent Care Center  
More local health care providers – Many of the available facilities are not accepting new patients at the time of this report and three physicians in the area have retired and not been replaced

**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  
Quitline and ARHS Tobacco Prevention program to address youth substance misuse issues related to tobacco

**Resources Still Needed:**

More local mental health resources, counseling services  
Inpatient treatment facilities

Following this process, Chowan County will outline how it plans to address identified 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](http://www.arhs-nc.org).

# Appendix A. Secondary Data Scoring

## Overview

Data scoring consists of three stages, which are summarized in Figure 466:

### Comparison Score

For each indicator, Chowan 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 477).

### 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

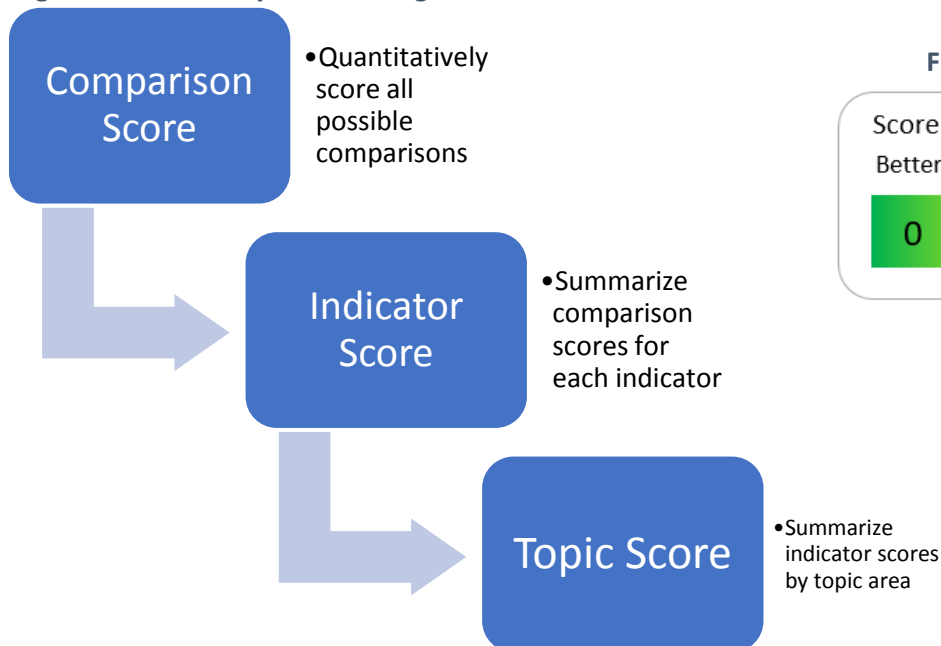
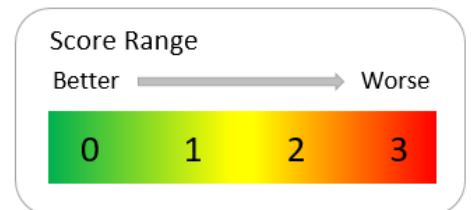


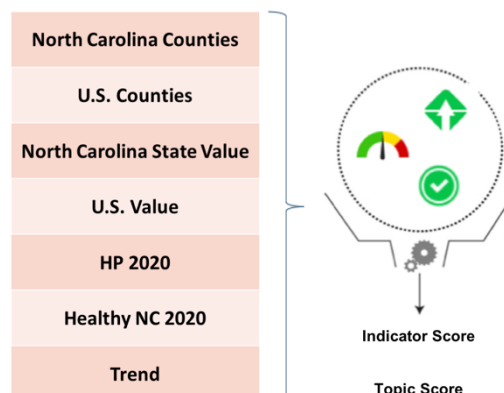
Figure 47. Score Range



## Comparison Scores

Up to 7 comparison scores were used to assess the status of Chowan County. The possible comparisons are shown in Figure 48 and include a comparison of Chowan 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 Chowan 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 Chowan 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 Chowan 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 Chowan 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 2020<sup>2</sup> 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 2020<sup>3</sup> 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 Chowan 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

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

<sup>3</sup> 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 Chowan County, with higher scores indicating a higher need.

**Table 20. Topic Scores for Chowan County**

<b>Health and Quality of Life Topics</b>	<b>Score</b>
Diabetes	<b>2.08</b>
Maternal, Fetal & Infant Health	<b>1.95</b>
Prevention & Safety	<b>1.93</b>
Wellness & Lifestyle	<b>1.88</b>
Economy	<b>1.86</b>
Transportation	<b>1.80</b>
Cancer	<b>1.79</b>
Heart Disease & Stroke	<b>1.79</b>
Exercise, Nutrition, & Weight	<b>1.75</b>
Environment	<b>1.72</b>
Women's Health	<b>1.70</b>
Social Environment	<b>1.68</b>
Mortality Data	<b>1.64</b>
County Health Rankings	<b>1.63</b>
Education	<b>1.60</b>
Substance Abuse	<b>1.59</b>
Older Adults & Aging	<b>1.53</b>
Other Chronic Diseases	<b>1.52</b>
Mental Health & Mental Disorders	<b>1.51</b>
Environmental & Occupational Health	<b>1.49</b>
Access to Health Services	<b>1.43</b>
Immunizations & Infectious Diseases	<b>1.42</b>
Public Safety	<b>1.26</b>
Respiratory Diseases	<b>1.12</b>

## 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. Chowan County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

**Table 21. Indicator Scores by Topic Area**

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	62.6	215.5	214.3				3
1.80	Dentist Rate	2016	dentists/ 100,000 population	34.8	54.7	67.4				3
1.60	Primary Care Provider Rate	2015	providers/ 100,000 population	69.5	70.6	75.5				3
1.43	Clinical Care Ranking	2018	ranking	46						3
1.33	Persons with Health Insurance	2016	percent	87.9	87.8		100	92		16
1.20	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	83.4	102.5	81.2				3
0.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	42.5	49	49.9				17

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	27.6	20.1	20.5				6
2.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	142.9	129.4	123.5				6
2.50	Cancer: Medicare Population	2015	percent	9	7.7	7.8				2
2.40	Pancreatic Cancer Incidence Rate	2007-2011	cases/ 100,000 population	15.6	11.7	12.1				6
1.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.7	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.

1.80	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	126.4	125	114.8				6
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.7	172	166.1	161.4			6
1.60	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	41.1	37.7	39.8	39.9			6
1.50	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	446.9	457	443.6				6
1.15	Mammography Screening: Medicare Population	2014	percent	69.2	67.9	63.1				17
1.05	Age-Adjusted Death Rate due to Colorectal Cancer	2008-2012	deaths/ 100,000 population	13.8	14.7	14.7	14.5	10.1		6
0.90	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	65.6	70	61.2				6

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Morbidity Ranking	2018	ranking	80						3
1.73	Physical Environment Ranking	2018	ranking	85						3
1.73	Social and Economic Factors Ranking	2018	ranking	82						3
1.58	Health Behaviors Ranking	2018	ranking	71						3
1.58	Mortality Ranking	2018	ranking	69						3
1.43	Clinical Care Ranking	2018	ranking	46						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Adults 20+ with Diabetes	2014	percent	14.4	11.1	10				3
2.20	Diabetes: Medicare Population	2015	percent	30.7	28.4	26.5				2
1.93	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	26.8	23	21.1				15
1.80	Diabetic Monitoring: Medicare Population	2014	percent	85.8	88.8	85.2				17

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	23.8	16.6	18.8				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.



2.40	Families Living Below Poverty Level	2012-2016	percent	18.8	12.4	11	Black or African American	1
2.30	Female Population 16+ in Civilian Labor Force	2012-2016	percent	47.1	57.4	58.3		1
2.30	Food Insecurity Rate	2016	percent	20	15.4	12.9		4
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	17.3	9.7	9.3	Black or African American	1
2.25	People Living Below Poverty Level	2012-2016	percent	24.4	16.8	15.1	12.5 <6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races	1
2.25	Total Employment Change	2014-2015	percent	-0.4	3.1	2.5		19
2.20	Households with Supplemental Security Income	2012-2016	percent	6.7	5	5.4		1
2.10	Child Food Insecurity Rate	2016	percent	25.8	20.9	17.9		4
2.10	Children Living Below Poverty Level	2012-2016	percent	36.7	23.9	21.2	Black or African American	1
2.10	People Living 200% Above Poverty Level	2012-2016	percent	50.9	62.3	66.4		1
2.10	Population 16+ in Civilian Labor Force	2012-2016	percent	53.5	61.5	63.1		1
2.10	Young Children Living Below Poverty Level	2012-2016	percent	47.9	27.3	23.6	Black or African American	1
2.03	Median Housing Unit Value	2012-2016	dollars	131500	157100	184700		1
1.98	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	455	376	462		1
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	11.3				20
1.80	Per Capita Income	2012-2016	dollars	22173	26779	29829	Black or African American, Hispanic or Latino, Other	1
1.80	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.2	3.7	3.7		18
1.73	Social and Economic Factors Ranking	2018	ranking	82				3
1.70	Students Eligible for the Free Lunch Program	2015-2016	percent	54.7	52.6	42.6		7

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

1.65	Median Household Income	2012-2016	dollars	41156	48256	55322		Black or African American	1
1.58	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.1	29	27.6			1
1.55	Households with Cash Public Assistance Income	2012-2016	percent	2.4	1.9	2.7			1
1.25	Homeownership	2012-2016	percent	56.5	55.5	55.9			1
1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1239	1243	1491			1
1.05	SNAP Certified Stores	2016	stores/ 1,000 population	1.4					20
1.03	Median Household Gross Rent	2012-2016	dollars	733	816	949			1
0.90	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	41.9	49.4	47.3	36.1		1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.1	29	30.3				1
1.75	High School Graduation	2016-2017	percent	84.1	86.5		87	94.6		12
1.73	8th Grade Students Proficient in Reading	2012-2013	percent	30.4						12
1.58	4th Grade Students Proficient in Reading	2012-2013	percent	40.9						12
1.58	8th Grade Students Proficient in Math	2012-2013	percent	25.7						12
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.2	86.3	87				1
1.43	4th Grade Students Proficient in Math	2012-2013	percent	45.1						12
1.30	Student-to-Teacher Ratio	2015-2016	students/ teacher	14.7	15.6	17.7				7

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	23.8	16.6	18.8				3
2.25	Access to Exercise Opportunities	2018	percent	52.9	76.1	83.1				3
2.15	Food Environment Index	2018		5.8	6.4	7.7				3
2.00	Houses Built Prior to 1950	2012-2016	percent	18.9	9.1	18.2				1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3						20

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

1.95	Low-Income and Low Access to a Grocery Store	2015	percent	11.3						20
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.8						20
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0						20
1.80	Children with Low Access to a Grocery Store	2015	percent	5.2						20
1.73	Physical Environment Ranking	2018	ranking	85						3
1.65	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7						20
1.60	Liquor Store Density	2015	stores/ 100,000 population	6.9	5.8	10.5				19
1.60	Recognized Carcinogens Released into Air	2016	pounds	89352						21
1.20	Farmers Market Density	2016	markets/ 1,000 population	0.07						20
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
1.05	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						20
0.68	Drinking Water Violations	FY 2013-14	percent	0	4			5		3

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018	ranking	85						3
1.65	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2				2
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	61.8	90.9					9

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Food Insecurity Rate	2016	percent	20	15.4	12.9				4
2.25	Access to Exercise Opportunities	2018	percent	52.9	76.1	83.1				3
2.25	Adults 20+ who are Obese	2014	percent	32.7	29.6	28	30.5			3
2.15	Food Environment Index	2018		5.8	6.4	7.7				3
2.10	Child Food Insecurity Rate	2016	percent	25.8	20.9	17.9				4

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

1.95	Adults 20+ who are Sedentary	2014	percent	28.8	24.3	23	32.6			3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3						20
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	11.3						20
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.8						20
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0						20
1.80	Children with Low Access to a Grocery Store	2015	percent	5.2						20
1.65	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7						20
1.58	Health Behaviors Ranking	2018	ranking	71						3
1.20	Farmers Market Density	2016	markets/ 1,000 population	0.07						20
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
1.05	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						20
0.50	Workers who Walk to Work	2012-2016	percent	3.7	1.8	2.8	3.1			1

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Stroke: Medicare Population	2015	percent	4.5	3.9	4				2
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	57.4	43.1	36.9	34.8			15
2.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	178.2	161.3			161.5		15
2.10	Hypertension: Medicare Population	2015	percent	61.1	58	55				2
1.60	Atrial Fibrillation: Medicare Population	2015	percent	7.8	7.7	8.1				2
1.40	Heart Failure: Medicare Population	2015	percent	13.1	12.5	13.5				2
1.40	Ischemic Heart Disease: Medicare Population	2015	percent	24.4	24	26.5				2
0.65	Hyperlipidemia: Medicare Population	2015	percent	36.2	46.3	44.6				2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	CHOWAN 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.

2.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.4	2.2	2	3.3		15
2.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	8.1	7				10
1.98	Chlamydia Incidence Rate	2016	cases/ 100,000 population	604.9	572.4	497.3			10
1.83	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	187.7	194.4	145.8			10
1.30	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	10.8	16.1		22.2		10
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.4	17.8	14.8		13.5	15
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1		10
0.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	0	10.8	8.7			8

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.23	Babies with Low Birth Weight	2012-2016	percent	10.5	9	8.1	7.8			14
2.18	Preterm Births	2016	percent	11.5	10.4	9.8	9.4			14
1.83	Babies with Very Low Birth Weight	2012-2016	percent	1.7	1.7	1.4	1.4			14
1.55	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.7	15.7		36.2			15

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	62.6	215.5	214.3				3
2.25	Poor Mental Health: Average Number of Days	2016	days	4.4	3.9	3.8		2.8		3
1.95	Frequent Mental Distress	2016	percent	13.7	12.3	15				3
1.68	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	12.4	12.9	13	10.2	8.3		15
0.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	7.9	9.8	9.9				2
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	15.5	31.9	26.6				15

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

0.70	Depression: Medicare Population	2015	percent	10.7	17.5	16.7				2
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SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	57.4	43.1	36.9	34.8			15
2.43	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	4.4	2.2	2	3.3			15
2.40	Death Rate due to Drug Poisoning	2013-2015	deaths/ 100,000 population	22.9	14	15				3
2.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	178.2	161.3			161.5		15
2.20	Premature Death	2014-2016	years/ 100,000 population	8842.1	7281.1	6658.1				3
1.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.7	50.7	44.7	45.5			6
1.93	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	26.8	23	21.1				15
1.88	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	37.9	31.9	41.4	36.4			15
1.68	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	12.4	12.9	13	10.2	8.3		15
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.7	172	166.1	161.4			6
1.58	Mortality Ranking	2018	ranking	69						3
1.25	Alcohol-Impaired Driving Deaths	2012-2016	percent	28.6	31.4	29.3		4.7		3
1.05	Age-Adjusted Death Rate due to Colorectal Cancer	2008-2012	deaths/ 100,000 population	13.8	14.7	14.7	14.5	10.1		6
0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.8	14.1					15
0.83	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.2	6.2	5.5	5.5	6.7		15
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	15.5	31.9	26.6				15
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.4	17.8	14.8		13.5		15

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	CHOWAN 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.

2.50	Cancer: Medicare Population	2015	percent	9	7.7	7.8			2
2.50	Stroke: Medicare Population	2015	percent	4.5	3.9	4			2
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	17.3	9.7	9.3		Black or African American	1
2.20	Diabetes: Medicare Population	2015	percent	30.7	28.4	26.5			2
2.10	Hypertension: Medicare Population	2015	percent	61.1	58	55			2
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.8					20
1.80	Chronic Kidney Disease: Medicare Population	2015	percent	18.5	19	18.1			2
1.80	Diabetic Monitoring: Medicare Population	2014	percent	85.8	88.8	85.2			17
1.65	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2			2
1.60	Atrial Fibrillation: Medicare Population	2015	percent	7.8	7.7	8.1			2
1.60	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	29.5	29.1	30			2
1.40	Heart Failure: Medicare Population	2015	percent	13.1	12.5	13.5			2
1.40	Ischemic Heart Disease: Medicare Population	2015	percent	24.4	24	26.5			2
1.15	Mammography Screening: Medicare Population	2014	percent	69.2	67.9	63.1			17
1.15	Osteoporosis: Medicare Population	2015	percent	5	5.4	6			2
1.10	People 65+ Living Alone	2012-2016	percent	25	26.8	26.4			1
1.00	COPD: Medicare Population	2015	percent	10.5	11.9	11.2			2
0.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	7.9	9.8	9.9			2
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	15.5	31.9	26.6			15
0.70	Depression: Medicare Population	2015	percent	10.7	17.5	16.7			2
0.65	Hyperlipidemia: Medicare Population	2015	percent	36.2	46.3	44.6			2

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Chronic Kidney Disease: Medicare Population	2015	percent	18.5	19	18.1				2
1.60	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	29.5	29.1	30				2
1.15	Osteoporosis: Medicare Population	2015	percent	5	5.4	6				2

\*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	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	23.8	16.6	18.8				3
2.40	Death Rate due to Drug Poisoning	2013-2015	deaths/ 100,000 population	22.9	14	15				3
1.88	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	37.9	31.9	41.4	36.4			15
0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.8	14.1					15

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Violent Crime Rate	2016	crimes/ 100,000 population	591.4	374.9	386.3				11
1.25	Alcohol-Impaired Driving Deaths	2012-2016	percent	28.6	31.4	29.3		4.7		3
1.10	Property Crime Rate	2016	crimes/ 100,000 population	1946.2	2779.7					11
0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.8	14.1					15
0.83	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.2	6.2	5.5	5.5	6.7		15

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.7	50.7	44.7	45.5			6
1.65	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2				2
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	61.8	90.9					9
1.00	COPD: Medicare Population	2015	percent	10.5	11.9	11.2				2
0.90	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	65.6	70	61.2				6
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.4	17.8	14.8		13.5		15
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			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	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Single-Parent Households	2012-2016	percent	51.3	35.7	33.6				1
2.30	Female Population 16+ in Civilian Labor Force	2012-2016	percent	47.1	57.4	58.3				1
2.25	People Living Below Poverty Level	2012-2016	percent	24.4	16.8	15.1		12.5	<6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races	1
2.25	Total Employment Change	2014-2015	percent	-0.4	3.1	2.5				19
2.10	Children Living Below Poverty Level	2012-2016	percent	36.7	23.9	21.2			Black or African American	1
2.10	Population 16+ in Civilian Labor Force	2012-2016	percent	53.5	61.5	63.1				1
2.10	Young Children Living Below Poverty Level	2012-2016	percent	47.9	27.3	23.6			Black or African American	1
2.03	Median Housing Unit Value	2012-2016	dollars	131500	157100	184700				1
1.98	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	455	376	462				1
1.90	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.1	29	30.3				1
1.80	Per Capita Income	2012-2016	dollars	22173	26779	29829			Black or African American, Hispanic or Latino, Other	1
1.73	Social and Economic Factors Ranking	2018	ranking	82						3
1.70	Mean Travel Time to Work	2012-2016	minutes	26.2	24.1	26.1				1
1.65	Median Household Income	2012-2016	dollars	41156	48256	55322			Black or African American	1
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	84.2	86.3	87				1
1.35	Voter Turnout: Presidential Election	2016	percent	68.6	67.7					13
1.33	Persons with Health Insurance	2016	percent	87.9	87.8		100	92		16
1.25	Homeownership	2012-2016	percent	56.5	55.5	55.9				1

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

1.18	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1239	1243	1491				1
1.10	People 65+ Living Alone	2012-2016	percent	25	26.8	26.4				1
1.03	Median Household Gross Rent	2012-2016	dollars	733	816	949				1
0.65	Linguistic Isolation	2012-2016	percent	0.7	2.5	4.5				1
0.65	Social Associations	2015	membership associations/ 10,000 population	16	11.5	9.3				3

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Death Rate due to Drug Poisoning	2013-2015	deaths/ 100,000 population	22.9	14	15				3
2.25	Adults who Smoke	2016	percent	19.3	17.9	17	12	13		3
1.60	Liquor Store Density	2015	stores/ 100,000 population	6.9	5.8	10.5				19
1.58	Health Behaviors Ranking	2018	ranking	71						3
1.25	Alcohol-Impaired Driving Deaths	2012-2016	percent	28.6	31.4	29.3		4.7		3
0.45	Adults who Drink Excessively	2016	percent	14.1	16.7	18	25.4			3

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Workers Commuting by Public Transportation	2012-2016	percent	0	1.1	5.1	5.5			1
2.40	Solo Drivers with a Long Commute	2012-2016	percent	41.7	31.3	34.7				3
2.30	Households without a Vehicle	2012-2016	percent	10.7	6.3	9				1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3						20
1.70	Mean Travel Time to Work	2012-2016	minutes	26.2	24.1	26.1				1
1.10	Workers who Drive Alone to Work	2012-2016	percent	79.1	81.1	76.4			60-64	1
0.50	Workers who Walk to Work	2012-2016	percent	3.7	1.8	2.8	3.1			1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	CHOWAN 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.

2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	21.5	17.6	16	9.9	3
2.25	Poor Physical Health: Average Number of Days	2016	days	4.1	3.6	3.7		3
1.80	Frequent Physical Distress	2016	percent	13.2	11.3	15		3
1.75	Life Expectancy for Males	2014	years	74.2	75.4	76.7	79.5	5
1.73	Morbidity Ranking	2018	ranking	80				3
1.65	Insufficient Sleep	2016	percent	35.1	33.8	38		3
1.45	Life Expectancy for Females	2014	years	80.2	80.2	81.5	79.5	5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CHOWAN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	142.9	129.4	123.5				6
1.45	Life Expectancy for Females	2014	years	80.2	80.2	81.5		79.5		5
1.15	Mammography Screening: Medicare Population	2014	percent	69.2	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](mailto:will.broughton@foundationhli.org).

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### Part 1: Quality of Life

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

#### **1. Where do you currently live?**

ZIP/Postal Code

<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"/>	Dare	<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

VIRGINIA TO THE NORTH

TENNESSEE TO THE WEST

GEORGIA TO THE SW

SOUTH CAROLINA TO THE SOUTH

ATLANTIC OCEAN

COUNTIES  
1 PERQUIMANS  
2 PASQUOTANK

**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"/> Counseling/ mental health/ support groups                               | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people      | <input type="checkbox"/> Better/ more healthy food choices                                       | <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/<br>nutrition                                      | <input type="checkbox"/> Using child safety<br>car seats   | <input type="checkbox"/> Substance abuse<br>prevention (ex: drugs and<br>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<br>management                                     |
| <input type="checkbox"/> Going to a dentist<br>for check-ups/ preventive<br>care        | <input type="checkbox"/> Quitting smoking/<br>tobacco use prevention                               | <input type="checkbox"/> Anger<br>management                                      |
| <input type="checkbox"/> Going to the<br>doctor for yearly check-<br>ups and screenings | <input type="checkbox"/> Child care/<br>parenting  | <input type="checkbox"/> Domestic violence<br>prevention                          |
| <input type="checkbox"/> Getting prenatal<br>care during pregnancy                      | <input type="checkbox"/> Elder care  | <input type="checkbox"/> Crime prevention   |
| <input type="checkbox"/> Getting flu shots<br>and other vaccines                        | <input type="checkbox"/> Caring for family<br>members with special<br>needs/ disabilities          | <input type="checkbox"/> Rape/ sexual<br>abuse prevention                         |
| <input type="checkbox"/> Preparing for an<br>emergency/disaster                         | <input type="checkbox"/> Preventing<br>pregnancy and sexually<br>transmitted disease (safe<br>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/<br>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/<br>optometrist/<br>ophthalmologist | <input type="checkbox"/> OB/GYN                     | <input type="checkbox"/> Medical Clinic     |
|   | <input type="checkbox"/> Health<br>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.**

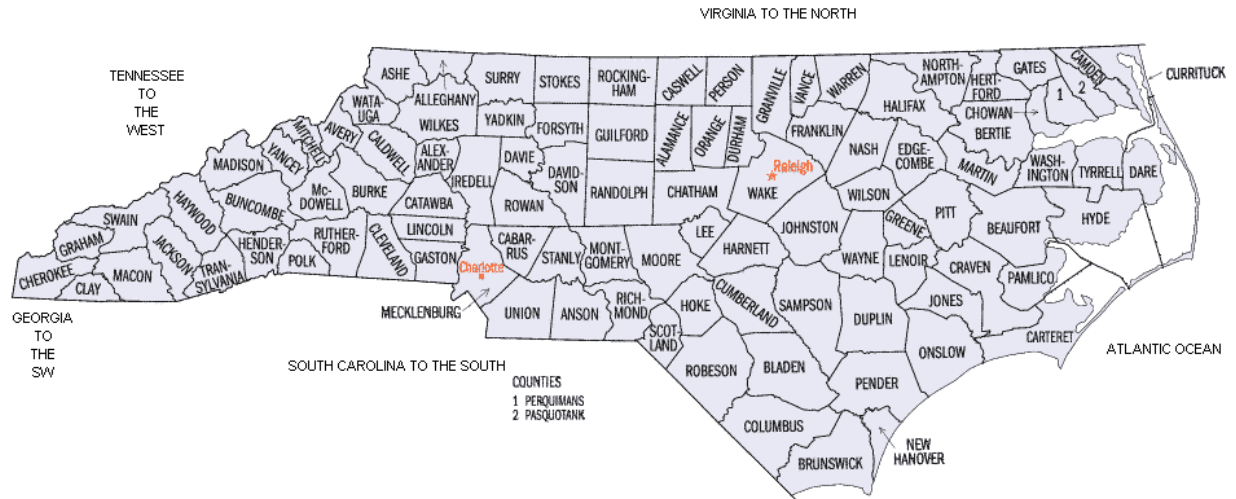
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- ☐ 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"/> Dare	<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](mailto: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](mailto:will.broughton@foundationhli.org).

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#### PARTE 1: Calidad de vida

*Primero, cuéntenos un poco sobre usted:*

#### **3. ¿Dónde vive actualmente?**

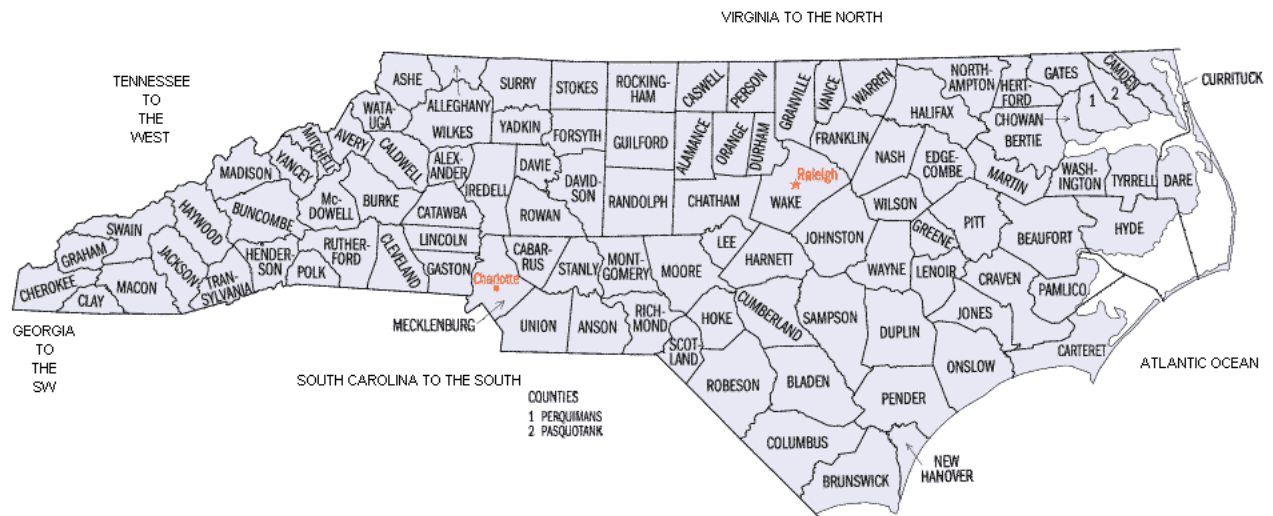
Código postal



#### 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"/> Dare	<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<br>(aire, agua, tierra)   | <input type="checkbox"/> Discriminación /<br>racismo       | <input type="checkbox"/> Violencia<br>doméstica                 |
| <input type="checkbox"/> Abandono de la<br>escuela               | <input type="checkbox"/> Falta de apoyo de<br>la comunidad | <input type="checkbox"/> Delito violento<br>(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /<br>pobreza             | <input type="checkbox"/> Drogas (Abuso de<br>sustancias)   | <input type="checkbox"/> Robo                                   |
| <input type="checkbox"/> Falta de hogar                          | <input type="checkbox"/> Descuido y abuso                  | <input type="checkbox"/> Violación /<br>agresión sexual         |
| <input type="checkbox"/> Falta de un seguro<br>de salud adecuado | <input type="checkbox"/> Maltrato a<br>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 /<br>nutrición                                 | <input type="checkbox"/> Usar asientos de<br>seguridad para niños  | <input type="checkbox"/> transmisión sexual (sexo<br>seguro)   |
| <input type="checkbox"/> Ejercicio   | <input type="checkbox"/> Usar cinturones de<br>seguridad   | <input type="checkbox"/> Prevención del<br>abuso de sustancias (por<br>ejemplo, drogas y<br>alcohol) |
| <input type="checkbox"/> Manejo del peso   | <input type="checkbox"/> Conducir<br>cuidadosamente  | <input type="checkbox"/> Prevención del<br>suicidio  |
| <input type="checkbox"/> Ir a un dentista<br>para chequeos / cuidado<br>preventivo | <input type="checkbox"/> Dejar de fumar /<br>prevención del uso de<br>tabaco                                 | <input type="checkbox"/> Manejo del estrés   |
| <input type="checkbox"/> Ir al médico para<br>chequeos y exámenes<br>anuales       | <input type="checkbox"/> Cuidado de niños /<br>crianza   | <input type="checkbox"/> Control de la<br>ira/enojo  |
| <input type="checkbox"/> Obtener cuidado<br>prenatal durante el<br>embarazo        | <input type="checkbox"/> Cuidado de<br>ancianos  | <input type="checkbox"/> Prevención de<br>violencia doméstica  |
| <input type="checkbox"/> Recibir vacunas<br>contra la gripe y otras<br>vacunas     | <input type="checkbox"/> Cuidado de<br>miembros de familia con<br>necesidades especiales o<br>discapacidades | <input type="checkbox"/> Prevención del<br>crimen  |
| <input type="checkbox"/> Prepararse para<br>una emergencia /<br>desastre           | <input type="checkbox"/> Prevención del<br>embarazo y<br>enfermedades de                                     | <input type="checkbox"/> Violación /<br>prevención de abuso<br>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 /<br>optometrista / oftalmólogo | <input type="checkbox"/> Departamento<br>de salud | <input type="checkbox"/> Clínica Médica     |
| <input type="checkbox"/> Farmacia / recetas<br>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.**

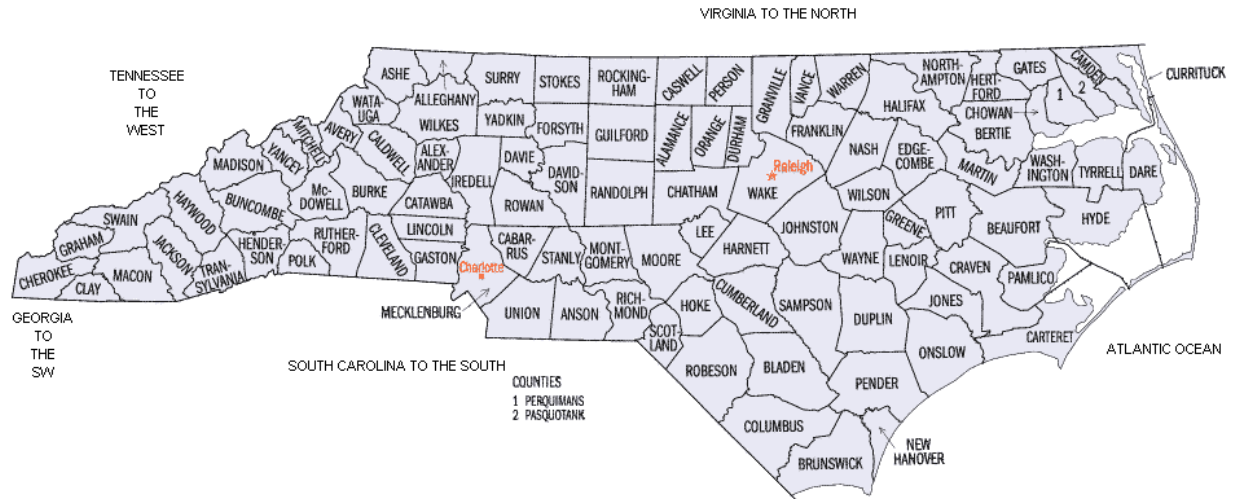
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ 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"/> Dare	<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)

☐

Otros (especificar)

☐

No sé / no estoy seguro

## 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](mailto: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

### Fire Departments (2)

#### Center Hill-Crossroads Fire Department

105 Center Hill Rd

PO Box 185

Tyner, NC 27980

Phone: 252-221-4956

Fax: 252-221-2178

#### Edenton Fire Department

704 North Broad Street

Edenton, NC 27932

Phone: 252-482-3115

Fax: 252-482-5915

#### Chowan County EMS (CCEMS)

208 W. Hicks St.

Edenton, NC 27932

Phone: 252-482-4365

#### Chowan County Sherriﬀ's Office

305 West Freemason Street

PO Box 78, Edenton, NC 27932

Phone: 252-482-8484

Fax: 252-482-5813

#### Edenton-Chowan Recreation Department

Located at NC Cooperative Extension Building

730 North Granville Street, Suite C

PO Box 1030

Edenton, NC

Phone: 252-482-8595

Hotline: 252-482-9811

Fax: 252-482-3223



NC Cooperative Extension  
730 N. Granville Street, Suite A  
Edenton, NC 27932  
Phone: 252-482-6585  
Fax: 252-482-6590

Edenton-Chowan Chamber of Commerce Limited lists of schools, churches and civic organizations in Chowan County. Portal - <http://www.edentonchamber.org>

Chowan County Government Directory of Services Alphabetical list of live links to services provided by the county. Portal: <http://www.chowancounty-nc.gov/>

Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.  
Chowan/Perquimans Smart Start Partnership  
409 Old Hertford Road, Edenton, NC 27932  
252-482-3035  
Fax: 252-482-1324  
Website: <http://cp-smartstart.org/>  
Email: [cpsmartstart@gmail.com](mailto:cpsmartstart@gmail.com)

#### 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.

North Carolina Arts Council The NC Arts Council maintains a resource list of cultural, arts, and civic organizations that is searchable by county. Portal: <http://www.ncarts.org/>

Chowan County Tourism Development Authority The organization's website has a resource section with live links to tourism and recreation opportunities, government agencies, churches, and local organizations. Portal: <http://www.visitedenton.com/links.html>.

Public Transportation in Chowan County Public transportation in Chowan County is provided by the Inter-County Public Transportation Authority (ICPTA), operated by Albemarle Regional Health Services, which serves the five ncounty area of Camden, Chowan, Currituck, Pasquotank and Perquimans counties.

Childcare Centers  
Referral Agency: Chowan/Perquimans Smart Start Partnership  
Star Ratings on <http://childcarecenter.us/>

The Ark Child Care Center  
225 Virginia Road

Edenton, NC 27932  
Phone: 252-482-1699  
Hours: Monday – Friday, 7:00am – 6:00pm

Linda's Little Bit of Heaven  
423 Mexico Rd.  
Edenton, NC 27932  
Phone: 252-482-4171  
Hours: Monday – Friday, 7:00am – 5:00pm

White Oak Elementary Preschool  
111 Sandy Ridge Rd  
Edenton, NC 27932  
Phone: 252-221-4078  
Hours: Monday – Friday, 7:00am – 4:30pm

C & N Basic Learning Center  
423 Sandy Ridge Road  
Edenton, NC 27932  
Phone: 252-221-6555

Chipmunk's Child and Youth Development Center  
1208 Vann Street  
Edenton, NC 27932  
Phone: 252- 368-1113

Chowan County Head Start  
760 Virginia Road  
Edenton, NC 27932  
Phone: 252-482-4495

Countryside Care  
100 Countryside Dr.  
Edenton, NC 27932  
Phone: 252-482-3788

Edenton Teapot Day Care Center  
102 Cauthen St.

Edenton, NC 27932  
Phone: 252-482-8727

Home Away From Home Childcare Center  
Winborne Lane  
Edenton, NC 27932  
Phone: 252-368-1105

Loving Hearts Daycare  
1201 West Queen Street  
Edenton, NC 27932  
Phone: 252-482-4789

M & E Preschool  
3641 Virginia Road  
Tyner, NC 27980  
Phone: 252-221-8651

Out of the Box Childcare  
701 N Broad Street  
Edenton, NC 27932  
Phone: 252-482-1009

Praise Temple Worship Center  
820 W Albemarle St.  
Edenton, NC 27932  
Phone: 252-482-5477

Public Schools  
White Oak Elementary School  
111 Sandy Ridge Road  
Edenton, NC 27932  
Phone: 252-221-4078  
Website: <https://sites.google.com/a/ecps.k12.nc.us/white-oak/home>

D.F. Walker Elementary School  
125 Sandy Ridge Road  
Edenton, NC 27932

Phone: 252-221-4151

Website: <https://sites.google.com/a/ecps.k12.nc.us/d-f-walker/home>

Chowan Middle School

2845 Virginia Road

Tyner, NC 27980

Phone: 252-221-4131

Website: <https://sites.google.com/a/ecps.k12.nc.us/chowan/home>

John A. Holmes High School

600 Woodard Street

Edenton, NC 27932

Phone: 252-482-8426

Website: <https://sites.google.com/a/ecps.k12.nc.us/john-a-holmes/home>

Private Schools

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/>

Elizabeth City State University  
1704 Weeksville Rd.  
Elizabeth City, NC 27909  
252-335-3400  
Website: <http://www.ecsu.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: <https://www.albemarle.edu/for-the-community/locations/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/>

Albemarle Hopeline, Inc.

Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through four satellite offices (Chowan, Currituck, Gates and Perquimans counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.

Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Displaced Homemaker Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

Mailing address:

PO Box 2064

Elizabeth City, NC 27906

Phone: 252-338-5338

24-hour crisis line: 252-338-3011

Fax: 252-338-2952

Website: [www.albemarlehopeline.org](http://www.albemarlehopeline.org)

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

Phone: 252-847-9428

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

#### Social Services

100 W. Freemason Circle

Edenton, NC 27932

252-482-7441

Fax: 252-482-7041

Hours: Mon-Fri 8am-5pm

[http://www.chowancounty-nc.gov/index.asp?Type=B\\_BASIC&SEC={30DE37A2-4D75-4A23-83E4-476A5A715C92}](http://www.chowancounty-nc.gov/index.asp?Type=B_BASIC&SEC={30DE37A2-4D75-4A23-83E4-476A5A715C92})

Chowan County Tourism Development Authority

101 West Water Street

Mon-Fri, 9-5

800-775-0111 FREE

[info@visitedenton.com](mailto:info@visitedenton.com)

Tri-County Animal Shelter

138 Icaria Road

Tyner, NC 27980

252-221-8514

Fax: 252-221-4101

Hours:

Mon-Fri 1pm-5pm

Saturday 10am-1pm

Closed Sundays

#### Veterans Services

100 Court Street

Edenton, NC 27932

Located inside the lobby of the Chowan County Correctional Facility

252-482-1033

Fax: 252-482-0683

Edenton-Chowan Chamber of Commerce

101 West Water Street

Mon-Fri, 9-5

252-482-3400

<http://www.edentonchamber.org>

Edenton Town Harbor, Colonial Park

506 South Broad Street

252-482-2832

Mon-Sun, 9-5 (with extended hours during events)

Historic Edenton State Historic Site

108 N Broad Street  
Tues-Sat, 9-5  
252-482-2637  
[www.edenton.nchistoricsites.org](http://www.edenton.nchistoricsites.org)  
Penelope Barker House Welcome Center  
505 S Broad Street  
Open Daily 10-4  
252-482-7800  
[www.ehcnc.org](http://www.ehcnc.org)  
Chowan County NC Cooperative Extension Service  
730 North Granville Street  
Suite A  
Edenton, NC 27932  
252-482-6586  
Fax: 252-482-6590  
Mon-Fri, 8-5  
Website: <https://chowan.ces.ncsu.edu/>

Edenton-Chowan Recreation Department  
730 North Granville Street  
Suite C, NC Cooperative Extension Building  
Edenton, NC  
Mon-Fri, 8-5  
252-482-8595  
Hotline: 252-482-9811  
Fax: 252-482-3223

List of Recreational Activities and Historical Sites  
<http://www.visitedenton.com/what-to-do>

Farmers Markets and Roadside Stands (10)  
Website: <http://www.healthync.org>

Edenton Farmers Market  
200 N. Broad St., Edenton, NC 27932  
252-209-4792  
Accepts: SNAP, EBT



W.R. Bunch Produce Stand 1  
2833 Rocky Hock Rd.  
Edenton, NC 27932  
252-221-4594

W.R. Bunch Produce Stand 2  
Yeopim Rd. and 32 South  
Edenton, NC 27932  
252-221-4594

Winborne & Son Farms  
3442 Rocky Hock Road  
Edenton, NC 27932  
252-333-6181  
Hours:  
July 1 – Oct. 31  
Mon – Sun 8am-6pm

Hare Family Farm (formerly Olan Path) CSA  
147 Mexico Rd.  
Edenton, NC  
252-370-0890

Pigs Plus Farm  
311 Evans-Bass Rd. Edenton, NC

Triple B. Farms  
Corner of Ryland and Sign Pine Rd.  
Tyner, NC 27980  
252-221-4223

CC's Produce  
2349 Virginia Rd.  
Edenton, NC 27932  
252-333-0766

Griffin's Collard Stand  
1800 W. Queen St. Edenton, NC

Mill Fork Farms  
Rocky Hock Rd. Edenton, NC 27932  
252-339-2218

Hospital  
Vidant Chowan Hospital  
211 Virginia Road  
P.O. Box 629  
Edenton, NC 27932  
252-482-8451

Vidant Family Medicine – Edenton  
201 Virginia Rd.  
Edenton, NC 27932  
252-482-2116

Vidant Family & Sports Medicine – Edenton  
113 Virginia Rd.  
Edenton, NC 27932  
252-482-3047

Vidant General Surgery – Edenton  
203-B Earnhardt Drive  
Edenton, NC 27932  
252-482-5868

Vidant Internal Medicine – Edenton  
104 Mark Drive  
Edenton, NC 27932  
252-482-5171

Vidant Internal Medicine – Edenton  
105 Mark Drive  
Edenton, NC 27932  
252-482-6530

Vidant Women's Care – Edenton

203 Earnhardt Drive  
Edenton, NC 27932  
252-482-2134

Vidant Women's Care – Edenton  
309 N. Broad Street  
Edenton, NC 27932  
252-482-7001

#### Albemarle Regional Health Services

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.

#### Local Health Department

The Chowan County Health Department is part of ARHS, a eight-county regional, accredited Public Health Department headquartered in Elizabeth City, NC. The local health department is located in Edenton at 202 W. Hicks Street. Comprehensive clinical services include Women's Preventive Health, Adult Health, Communicable Disease programming, Immunizations, School and Community Health Education, Breast and Cervical Cancer Control Program, Diabetes Management, Child Health, WIC, Albemarle Hospice, Albemarle Home Care, Albemarle LifeQuest/Health Promotion, Environmental Health, Preparedness and Response Solid Waste Management Authority, and the Regional Landfill services.

#### Chowan County Health Department

202 Hicks Street  
Edenton, NC 27932  
252-482-6003

#### 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](mailto:info@trilliumnc.org)

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

#### Trillium Access Point

Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.

Available in English and Spanish, provides local referral information, and includes learning and resource section.

Website: <http://www.trilliumhealthresources.org/en/Community-Partnerships/Trillium-Initiatives/Access-Point/>

#### Quitline NC

Free, confidential, one-on-one support, nicotine replacement therapy - patch, gum and lozenge - is now available for every person who enrolls.

Telephone Service is available 24/7 toll-free at

1-800-QUIT-NOW (1-800-784-8669)

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

#### Gateway Community Health Center – Tyner Clinic

Located in the Northern Chowan Community Center

This clinic provides primary care to patients 18 years old and up. Services include sick visits, wellness and preventative visits, chronic disease management, health education, and laboratory testing. Staff includes a full time Adult Nurse Practitioner, a Registered Nurse, and support personnel.

2869 Virginia Rd, Tyner, NC 27980

Phone: 252-221-2171

#### Chowan River Nursing and Rehabilitation Center

1341 Paradise Road

Edenton, NC 27932

252-482-7481

Hours: Mon-Fri 8:30am-5pm

Weekends by appointment

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

#### Long Term Care Facilities

Britthaven of Edenton

1341 Paradise Road

Edenton, NC 27932

252-482-7481

#### J'lee C Healthcare

401 Dillards Mill Road

Tyner, NC 27980  
252-221-8113

Adult Care Homes  
Edenton Prime Time Retirement Village  
106 Mark Dr. Edenton, NC 27932  
252-482-4491

Tyner Manor Family Care Home  
401 Dillards Mill Rd  
Tyner, NC 27980  
855-344-4048  
Fax: 252-221-8113

Edenton House  
323 Medical Arts Dr.  
Edenton, NC 27932  
252-482-1113  
Website: <https://affinitylivinggroup.com/community/edentonhouse>

Home Life Care  
412 W. Queen St.  
Edenton, NC 27932  
252-482-1130  
Fax: 252-482-1190  
Email: [info@homelifecareinc.com](mailto:info@homelifecareinc.com)  
Websites: <http://www.homelifecareinc.com/>

Chowan County Senior Center and Nutrition Site  
Congregate meals, home delivered meals, health screenings, specialized information, referrals, and general health insurance information counseling.

204 East Church Street  
Edenton, NC 27932  
(252) 482-2242

Housing Resources  
Chowan/Perquimans Habitat for Humanity  
P.O. Box 434

Edenton, NC 27932  
252-482-2686

Section 8 Economic Improvement Council, Inc.  
Section 2 Housing Choice Vouchers

712 Virginia Road  
Edenton, NC 27932  
252-482-4458

Adult Services, Chowan County Department of Social Services  
Supported Living Services for Adults with Disabilities, Representative Payee Services, Adult Day Programs, Adult Protective Intervention/Investigation, and Public Guardianship/Conservatorship Programs.

100 West Freemason Circle  
Edenton, NC 27932  
252-482-7441

Low Income Energy Assistance Program (LIEAP),  
Chowan County Department of Social Services

100 West Freemason Circle  
Edenton, NC 27932  
(252) 482-7441

Medical Transportation  
100 West Freemason Circle  
Edenton, NC 27932  
(252) 482-7441

Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.

Chowan/Perquimans Smart Start Partnership  
409 Old Hertford Road, Edenton, NC 27932  
252-482-3035  
Fax: 252-482-1324  
Website: <http://cp-smartstart.org/>  
Email: [cpsmartstart@gmail.com](mailto:cpsmartstart@gmail.com)

#### Albemarle Smart Start Partnership Community Resource Guide

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#### Childcare

The Ark Child Care Center  
225 Virginia Rd.  
Edenton, NC 27932  
252-482-1699

Linda's Little Bit of Heaven  
423 Mexico Rd.  
Edenton, NC 27932  
252-482-4171

White Oak Elementary Preschool  
111 Sandy Ridge Rd.  
Edenton, NC 27932  
252-221-4078

C&N Basic Learning Center  
423 Sandy Ridge Rd.  
Edenton, NC 27932  
252-221-6555

Chipmunk's Child and Youth Development Center  
1208 Vann Street  
Edenton, NC 27932  
252-368-1113

Chowan County Head Start  
760 Virginia Road  
Edenton, NC 27932  
252-482-4495

Countryside Care  
100 Countryside Dr.  
Edenton, NC 27932  
252-482-3788

Edenton Teapot Day Care Center  
102 Cauthen St.  
Edenton, NC 27932  
252-482-8727

Home Away From Home Childcare Center  
Winborne Lane  
Edenton, NC 27932  
252-368-1105

Loving Hearts Daycare  
1201 West Queen Street  
Edenton, NC 27932  
252-482-4789

M&E Preschool  
3641 Virginia Road  
Tyner, NC 27980  
252-221-8651

Out of the Box Childcare Center  
701 N. Broad Street  
Edenton, NC 27932  
252-482-1009

Praise Temple Worship Center  
820 W. Albemarle St.  
Edenton, NC 27932  
252-482-5477

Dentists  
Albemarle Dental Associates  
103 Mark Dr.



Edenton, NC 27932  
252-482-5131  
Website: <http://www.albemarledental.com/>

Jerry Bradley, DDS & Associates  
512 Coke Ave.  
Edenton, NC 27932  
252-482-1080  
Fax: 252-482-1082

Paul Richmond, DDS  
410 N. Broad St.  
Edenton, NC 27932  
252-482-2181

#### Inter-County Public Transportation Authority

ICPTA services are intended to transport the general public to nutrition sites, medical appointments and other locations in order to access services or attend activities related to daily living, while promoting improved quality of life. For more information, please call (252) 338-4480.

#### Additional Organizations

- American Association of Poison Control Centers  
1-800-222-1222
- Carolinas Poison Center  
1-800-222-1222
- Children's Home Society of North Carolina  
1-800-632-1400
- East Carolina Behavioral Health  
1-877-685-2415
- Emergency Contraception  
1-800-584-9911
- Healthy Start Foundation  
1-800-FOR-BABY (367-2229)
- National Domestic Violence Hotline  
1-800-799-SAFE (7233)
- National Sexual Assault Hotline  
1-800-656-HOPE
- Planned Parenthood  
1-800-230-7526

- National Alliance on Mental Illness  
1-800-950-6264
- National Drug Abuse Hotline  
1-800-662-HELP (4357)
- National Gay Task Force  
(202) 393-5177
- National Mental Health Association  
1-800-969-6642
- National Suicide Prevention Lifeline  
1-800-784-2433
- Rape Crisis Center  
1-800-656-4673
- Real Crisis Center  
(252) 758-HELP (4357)