

Currituck 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
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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 Currituck County.

Service Area

The service area for this report is defined as the geographical boundary of Currituck County, North Carolina. Currituck County includes the northern communities of North Carolina's Outer Banks, separated from mainland Currituck County by the Currituck Sound and has a total area of 527 square miles, of which 262 square miles is land and 265 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

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

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

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Almost 300 Currituck 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 Currituck County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Cancer
Economy
Exercise, Nutrition & Weight
Respiratory Diseases
Substance Abuse
Transportation

Selected Priority Areas

The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Currituck County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Currituck 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 Currituck County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Currituck 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, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

About Health ENC

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

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

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

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

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

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

Member Organizations

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

Partner Organizations

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

Hospitals and Health Systems

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

Health Departments and Health Districts

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

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

Steering Committee

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

Health ENC Program Manager

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

Health ENC Steering Committee Members

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

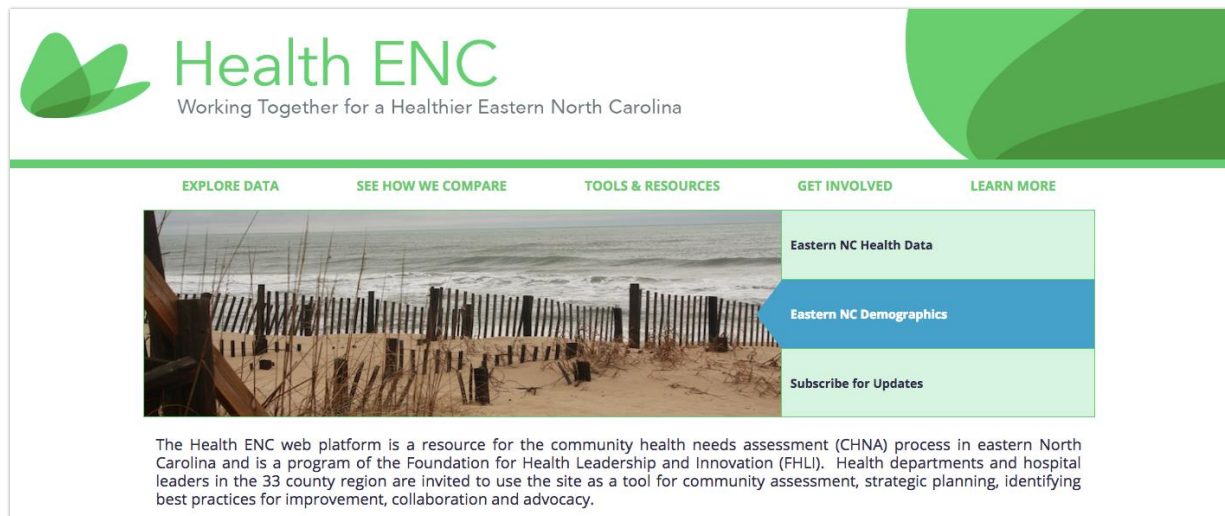
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

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

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

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

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

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Community CHNA Collaborative

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

Healthy Carolinians of the Albemarle (HCOTA), serving Pasquotank, Perquimans, Camden, and Currituck counties, was also an active partner in the development of the CHNA. HCOTA 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

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

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

Methodology

Overview

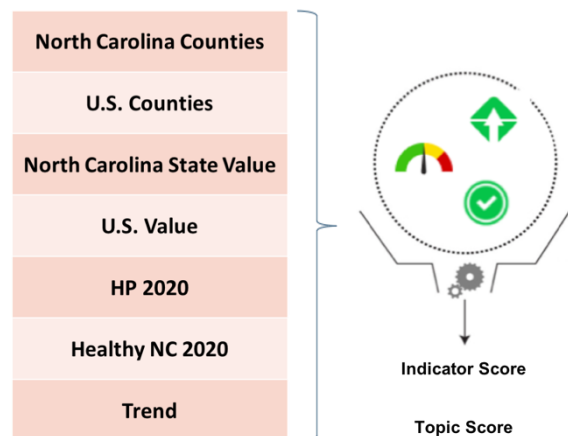
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The 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 139 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 Currituck County's status, including how Currituck 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 Currituck 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



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

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

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, Currituck, 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 273 responses were collected from Currituck County residents, with a survey completion rate of 87.2%, resulting in 238 complete responses from Currituck 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
Currituck County	237	1	238

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

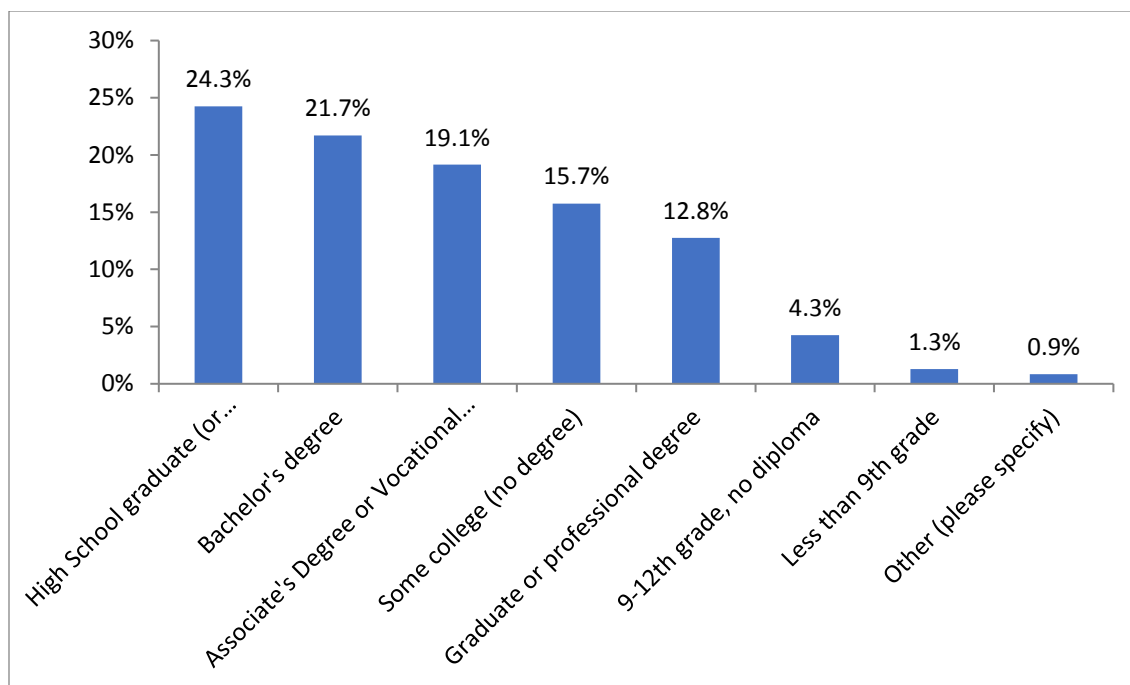
Demographics of Survey Respondents

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

Among Currituck County survey participants, over 60% of respondents were over the age of 50, with the highest concentration of respondents (16.9%) grouped into the 55-59 age group. The majority of respondents were female (82.1 %), White (89.8%), spoke English at home (98.7%), and Not Hispanic (94.8 %).

Survey respondents had varying levels of education, with the highest share of respondents (24.3%) having a high school education and the next highest share of respondents (21.7 %) having a bachelor's or professional degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (47.7%) and the highest share of respondents (18.3%) 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

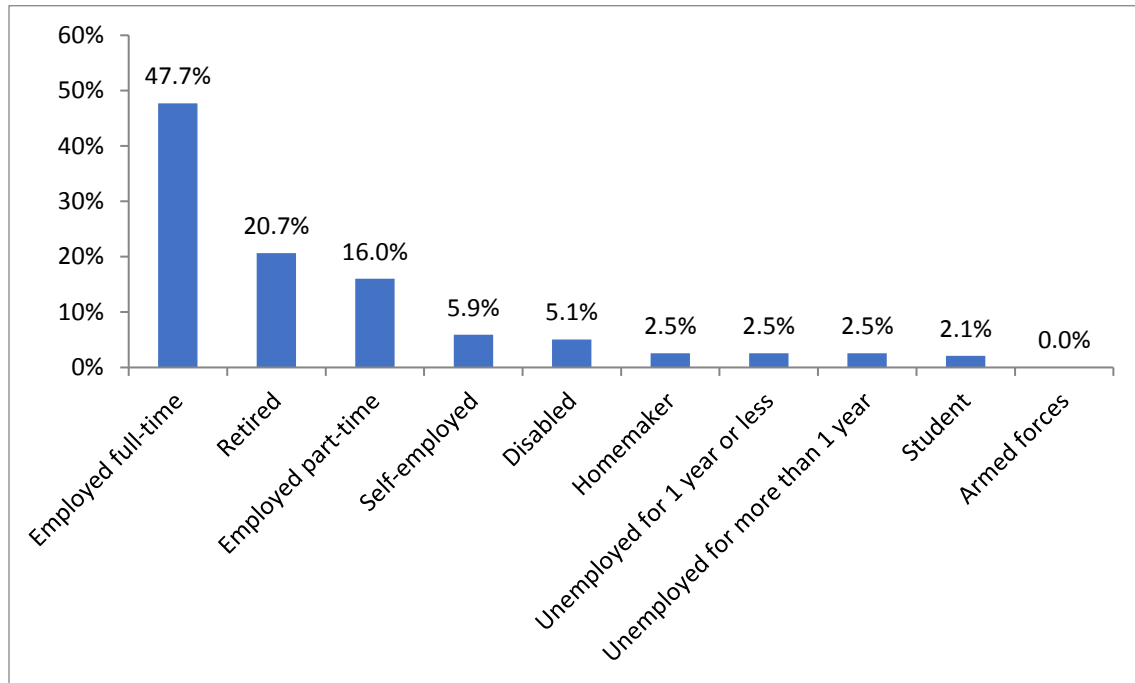
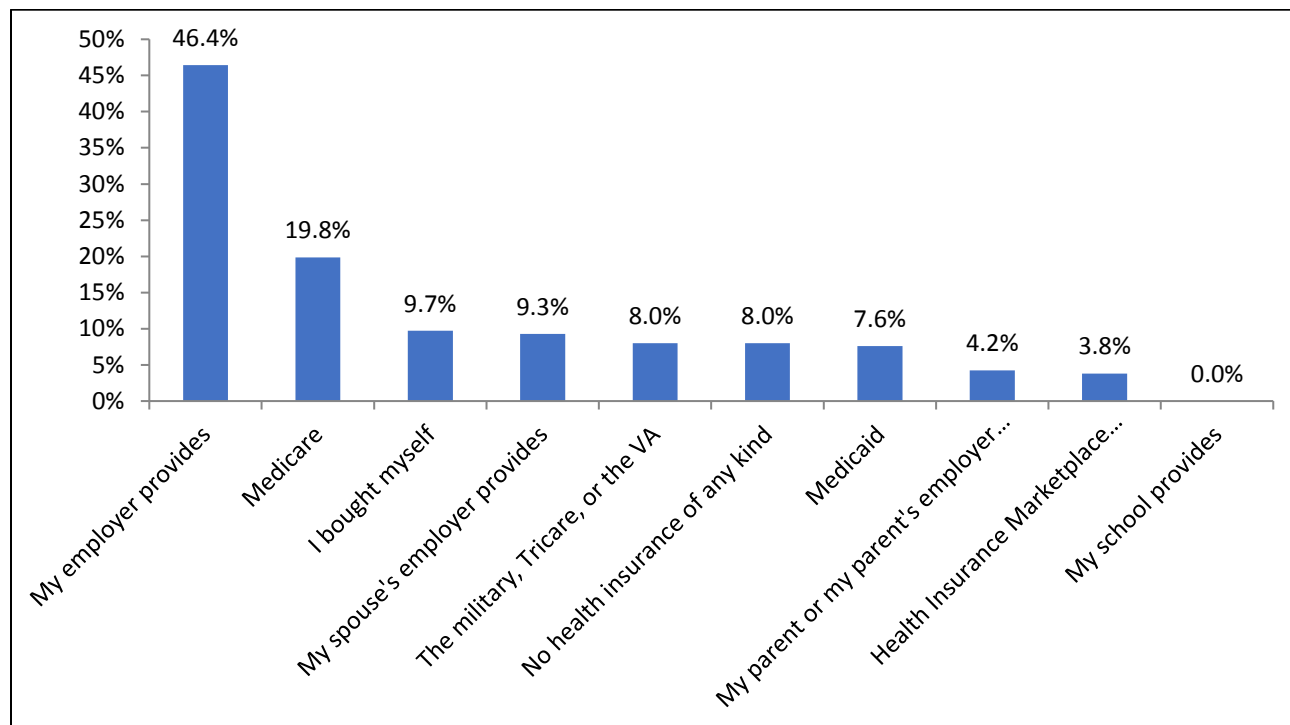


Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (46.4%), while 19.8% have Medicare and 8.0% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of white, women with varying levels of education and income. 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 Currituck 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 Sentara Albemarle Medical Center to collect primary data for the 2018 CHNA process for Currituck 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.

Four focus group discussions were completed within Currituck County between July 10, 2018 – July 19, 2018 with a total of 26 individuals. Participants included senior citizens and members of the general population. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/13/2018	Currituck County Senior Center	Senior Citizens	9
7/10/2018	Currituck Cooperative Extension	Women	5
7/16/2018	Currituck YMCA	General Population	5
7/19/2018	Currituck Cooperative Extension	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.

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 the responses from the community survey, the primary data collection process for Currituck County is rich with involvement by a representative cross-section of the community.

Data Considerations

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

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

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

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

Prioritization

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

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

Below is the list of presentations:

Monday, January 14, 2019:

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

Wednesday, January 16, 2019:

Vidant Bertie Hospital, Windsor, NC (Bertie County)

Friday, January 18, 2019:

Shepard Pruden Library, Edenton, NC (Chowan County)

Monday, February 11, 2019:

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

Friday, February 15, 2019:

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

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

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

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

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

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

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

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

Overview of Currituck County

About Currituck County

Currituck County is a small, primarily rural county found at the northern tip of the Outer Banks region of NC. Part of the county is on the mainland while part is located in the northern portion of the Outer Banks. Dare County is adjacent to the southeast, Camden County to the west, Chesapeake and Virginia Beach, VA to the north, and the Atlantic Ocean to the east. The county covers a total of 526 square miles, 262 on land and 264 in water.

Currituck County is divided geopolitically into four townships. The county seat is located in the town of Currituck. US Highway 158 runs through the county east to west, parallel to US Highway 58. NC 168 begins at an intersection with US 158 in Barco, where US 58 continues south towards Nags Head. NC 168 goes north into VA towards Norfolk and I-64. Southward, NC 168 runs down the spine of the Currituck County peninsula and is the gateway to the Outer Banks. I-95, a major north-south corridor, is approximately 100 miles to the west of the county.

The commercial airports nearest to Currituck County are the Norfolk International Airport in Norfolk, VA (approximately 48 miles) and the Newport News/Williamsburg International Airport in Newport News, VA (approximately 75 miles). There is a Greyhound bus stop just 15 miles away in Elizabeth City. The nearest Amtrak train station can be found in Norfolk, VA, 31 miles from the county seat.

Currituck was one of the first areas to be settled in the United States, is an original NC county, and was one of the five original ports in the state. The fertile, rich soil, abundance of nature, and climate is what originally drew settlers to this area. In 1668, a large tract of land known as Carolina was given to eight men. This county was divided into four precincts that same year: Currituck, Pasquotank, Perquimans and Chowan. By the early 1800s Currituck County had become known for its fishing villages and peaceful way of life and by the end of that century the county obtained a reputation as a “sportsman’s paradise” as it attracted wealthy industrialists to its abundance of hunt clubs and wildlife.

The county has much to offer tourists and recreationalists. One highlight is the Currituck County Rural Center, which encourages education, cultural, and recreational enrichment. The center offers horse-riding arenas, a playground, stocked fishing ponds, picnic areas, a boardwalk and canoe and kayak launches. The Outer Banks area of the county is rich with great beaches, historic sites, shopping, dining and golfing. The Corolla Wild Horses have run free on Currituck’s Outer Banks for more than 400 years. The Currituck Beach Lighthouse, first lit in the mid-1800s, warned ships hugging the chain of barrier islands along the NC Coast. Currituck’s mainland is full of antique shops, numerous other shopping options, roadside markets, the Historic Currituck Courthouse and Old Currituck Jail. There are six 18-hole golf courses to be enjoyed. There is also the Currituck Banks Coastal Reserve, an example of an undisturbed barrier island with foot and jeep trails available. The county’s climate is ideal for year-round recreation.

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 Currituck County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Currituck County has a population of 25,809 (Figure 6). The population of Currituck County has increased from 2013 to 2016.

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

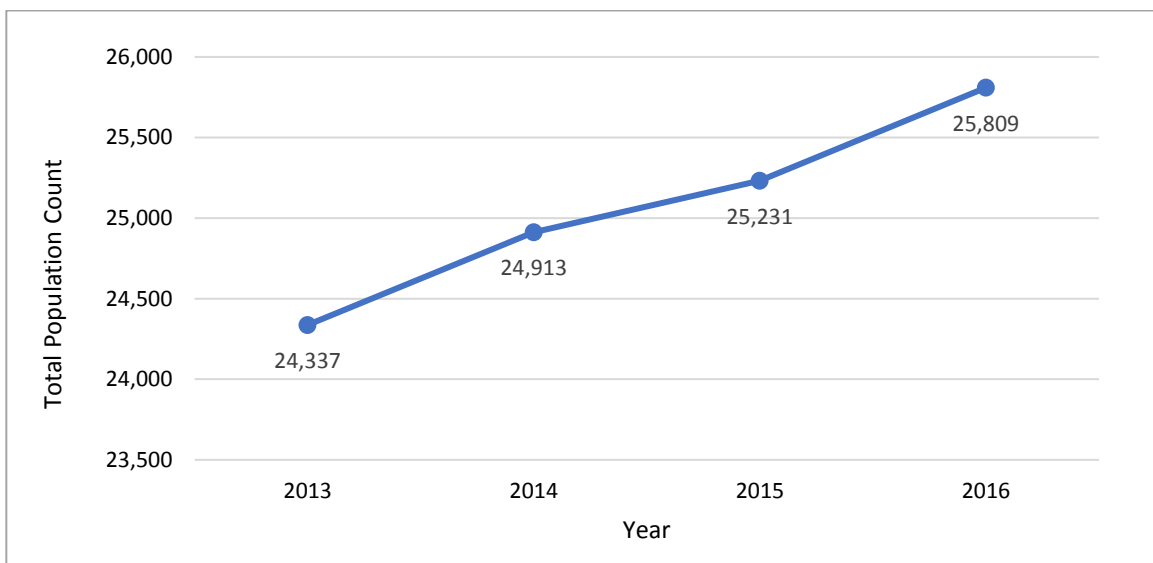
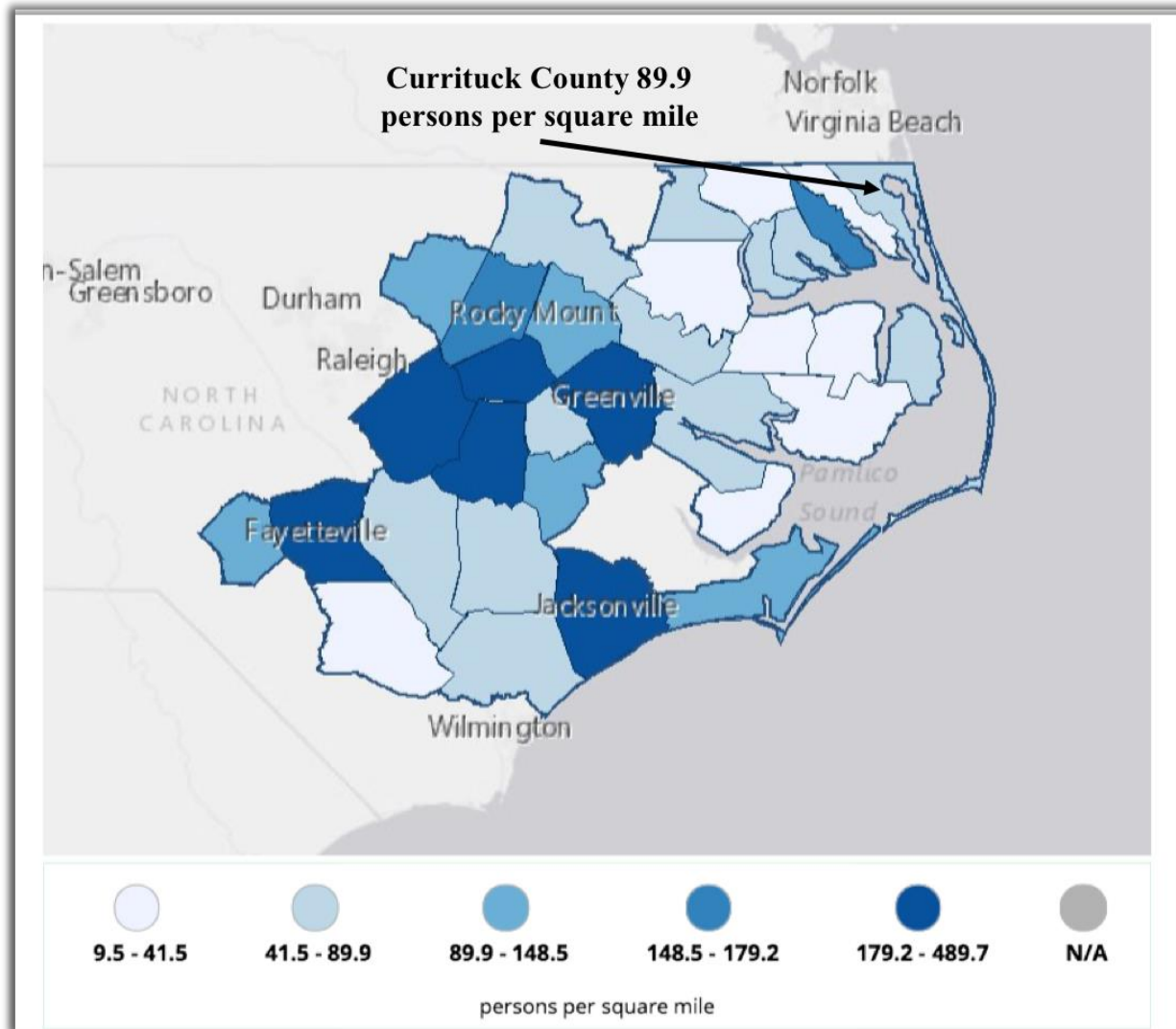


Figure 7 shows the population density of Currituck County compared to other counties in the Health ENC region. Currituck County has a population density of 89.9 persons per square mile.

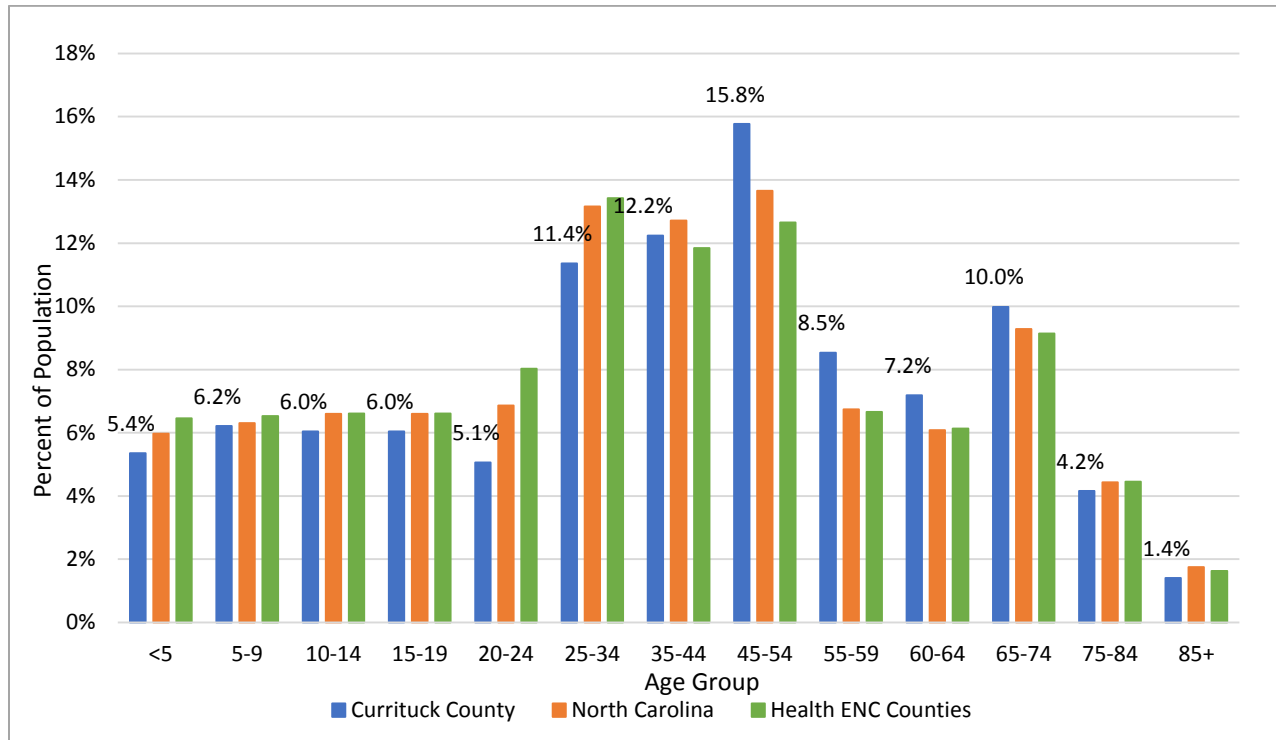
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

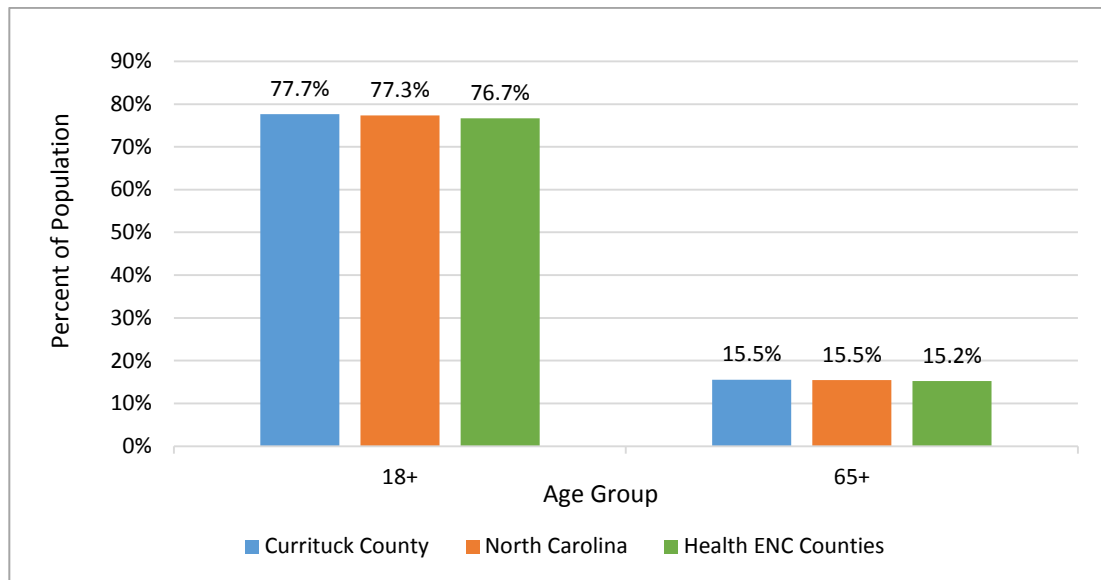
Overall, the age distribution of Currituck County residents is similar to North Carolina and the Health ENC region. Figure 8 shows the Currituck County population by age group. The 45-54 age group contains the highest percent of the population at 15.8%, while the 35-44 age group contains the next highest percent of the population at 12.2%.

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



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

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



Males comprise 49.6% of the population, whereas females comprise 50.4% of the population (Table 5). The median age for males is 42.4 years, whereas the median age for females is 43.1 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

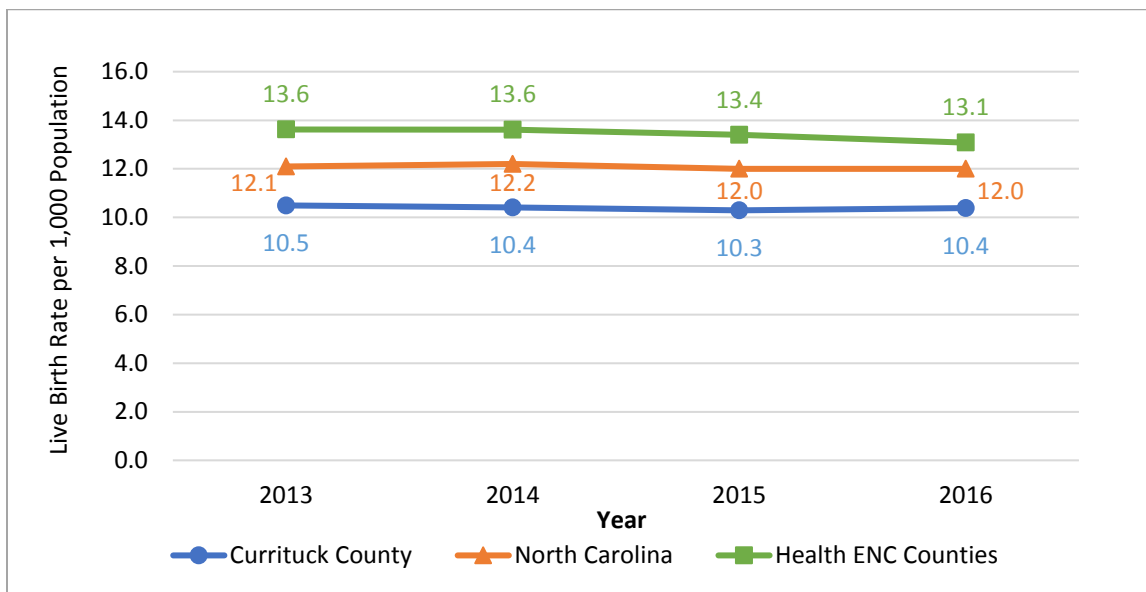
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Currituck County	49.6%	50.4%	77.6%	15.1%	77.8%	16.0%	42.4	43.1
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Currituck County (10.4 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). While the state and regional birth rates have decreased slightly from 2014 to 2016, the birth rate in Currituck County has remained relatively stable over the same timeframe.

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



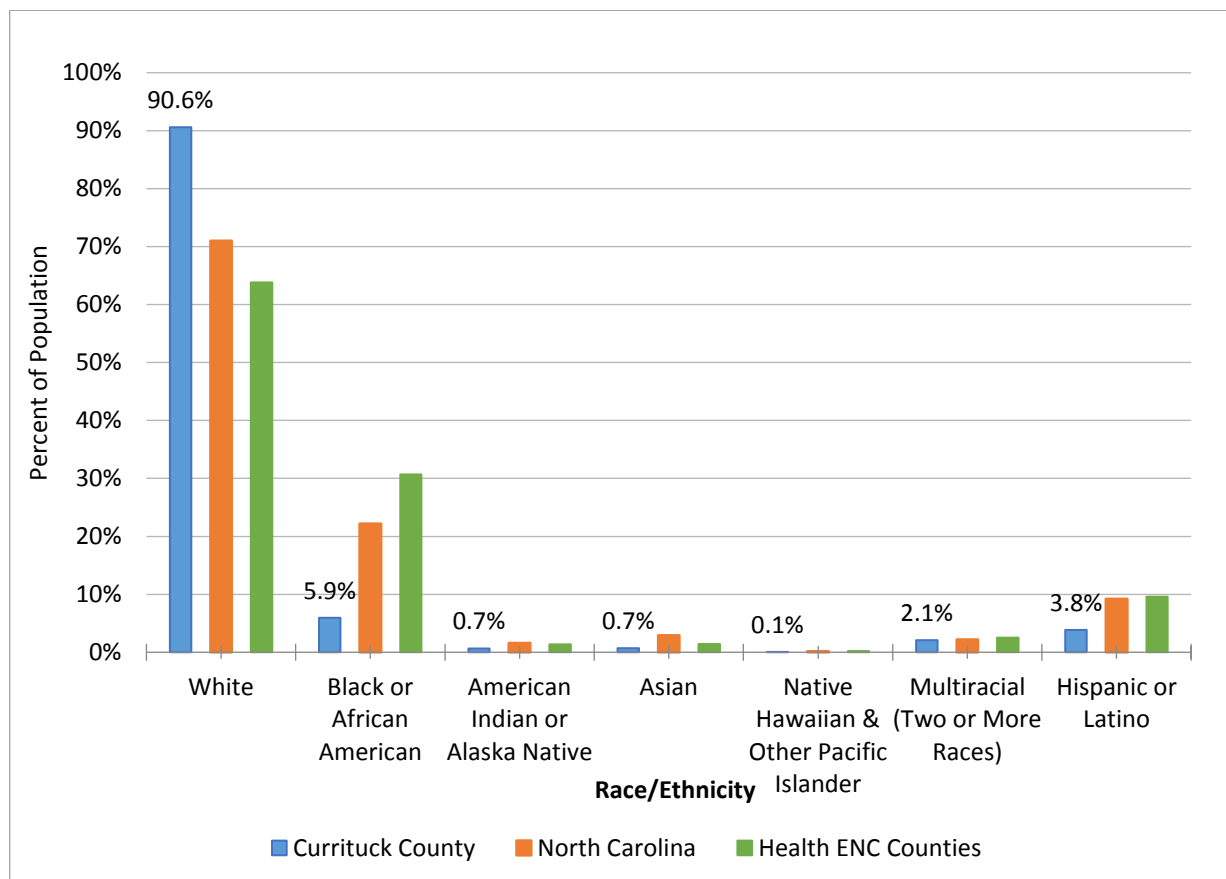
Race/Ethnicity

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 Currituck 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 White population accounts for 90.6% of the total population in Currituck County, with the Black or African American population accounting for 5.9% of the total population. The proportion of residents that identify as White is larger in Currituck County (90.6%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Currituck County has a smaller share of residents that identify as Black or African American (5.9%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.8% of Currituck County.

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.

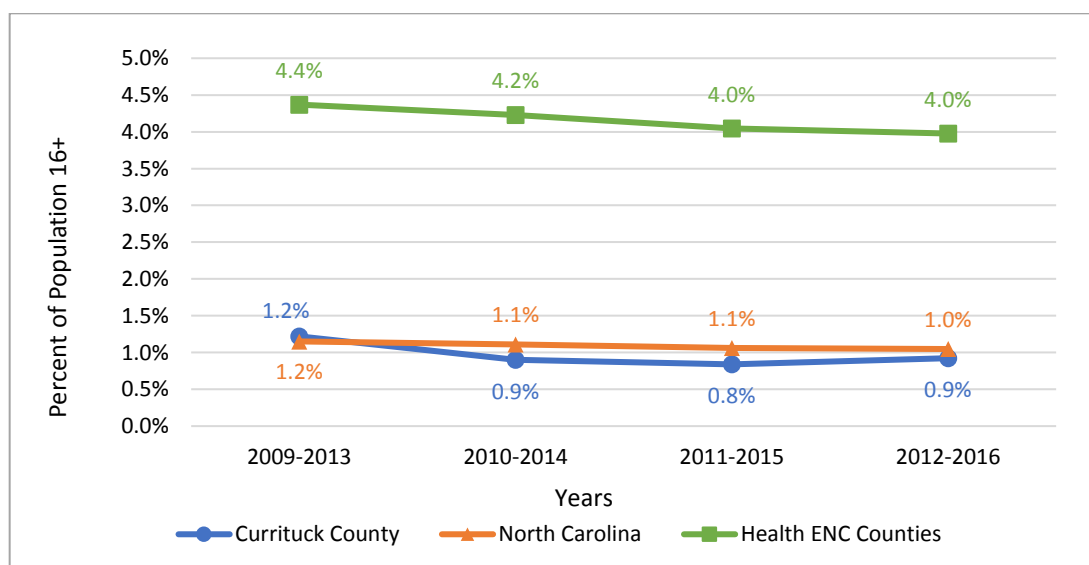
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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, Currituck County had a smaller share of residents in the military (0.9%) 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. Over time the percent of the population in the military for Currituck County is lower than in North Carolina and the Health ENC region.

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

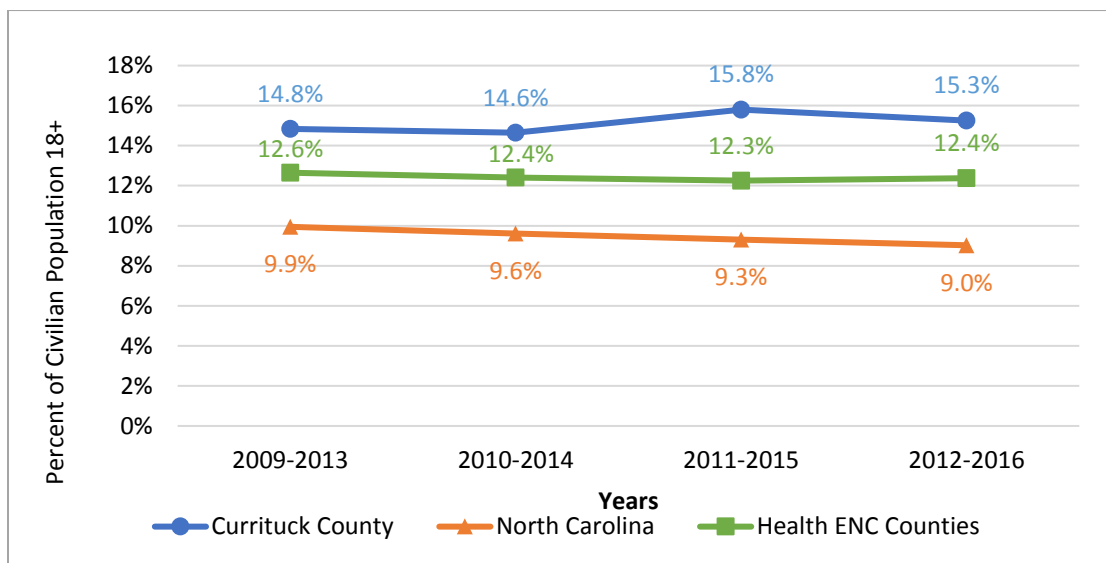


Veteran Population

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. Currituck County had a veteran population of 15.3% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that while the veteran population of North Carolina and the Health ENC region is decreasing slightly across four-time periods from 2009-2013 to 2012-2016, Currituck County is exhibiting a slight increase.

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.

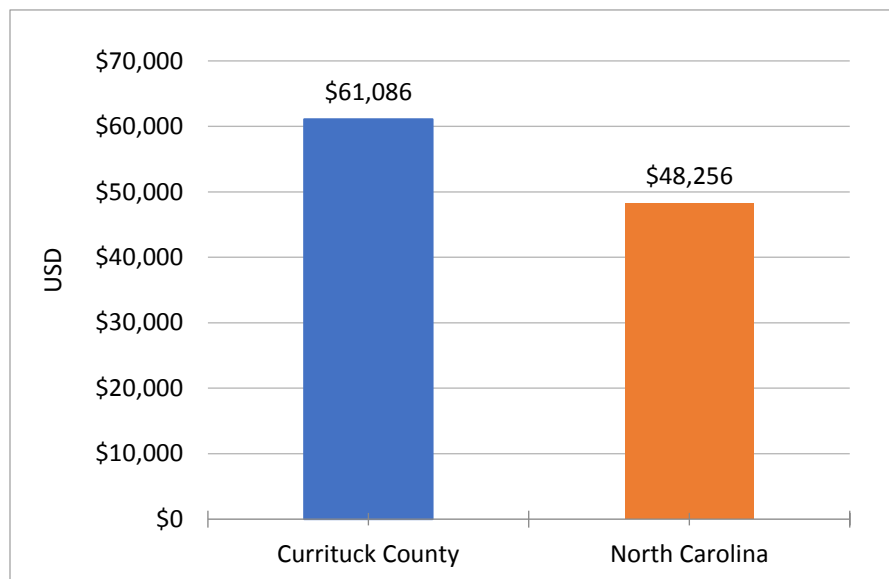
NC Department of Commerce Tier Designation

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. Currituck County has been assigned a Tier 2 designation for 2018.

Income

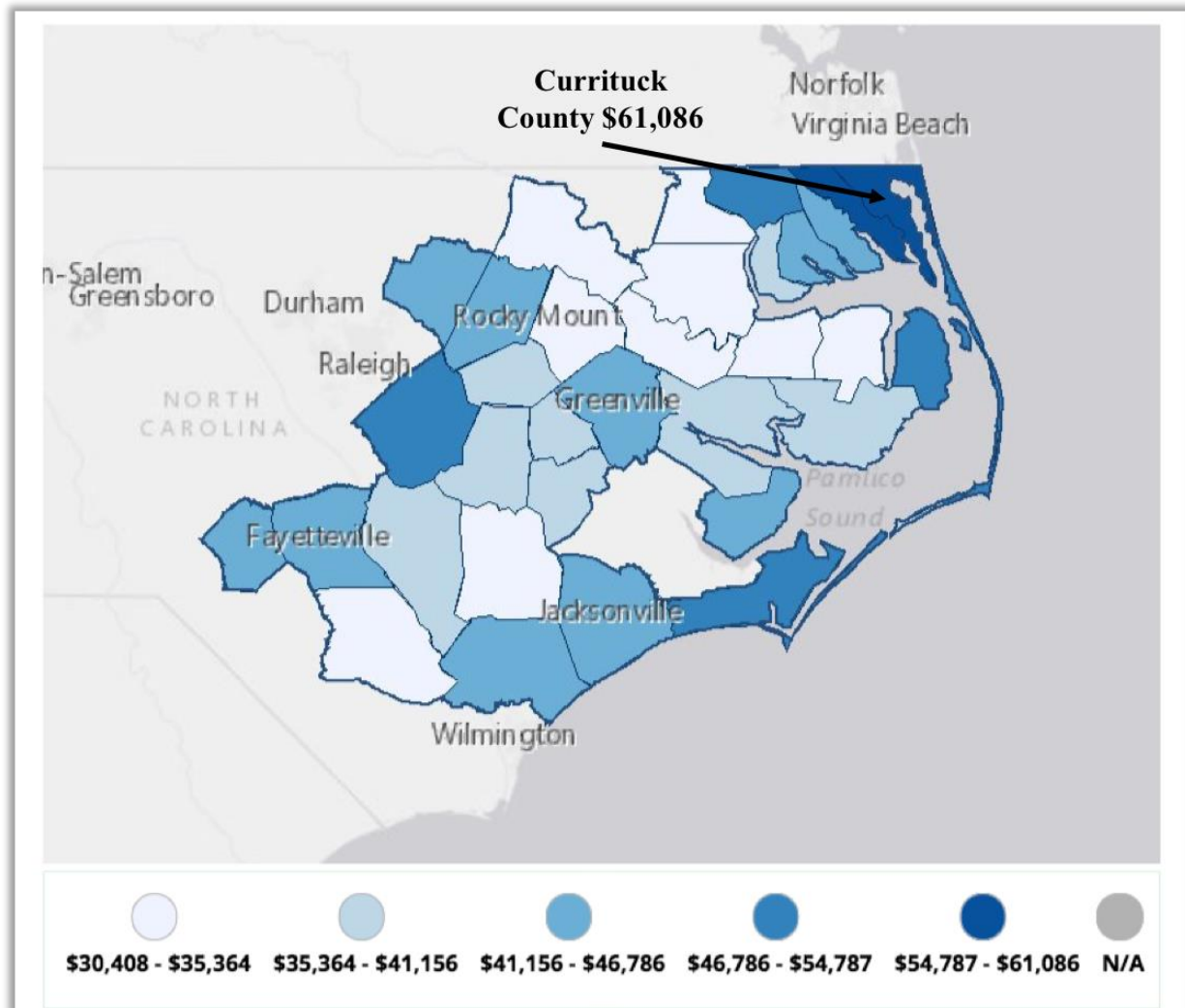
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Currituck County (\$61,086), which is higher than the median household income in North Carolina (\$48,256).

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



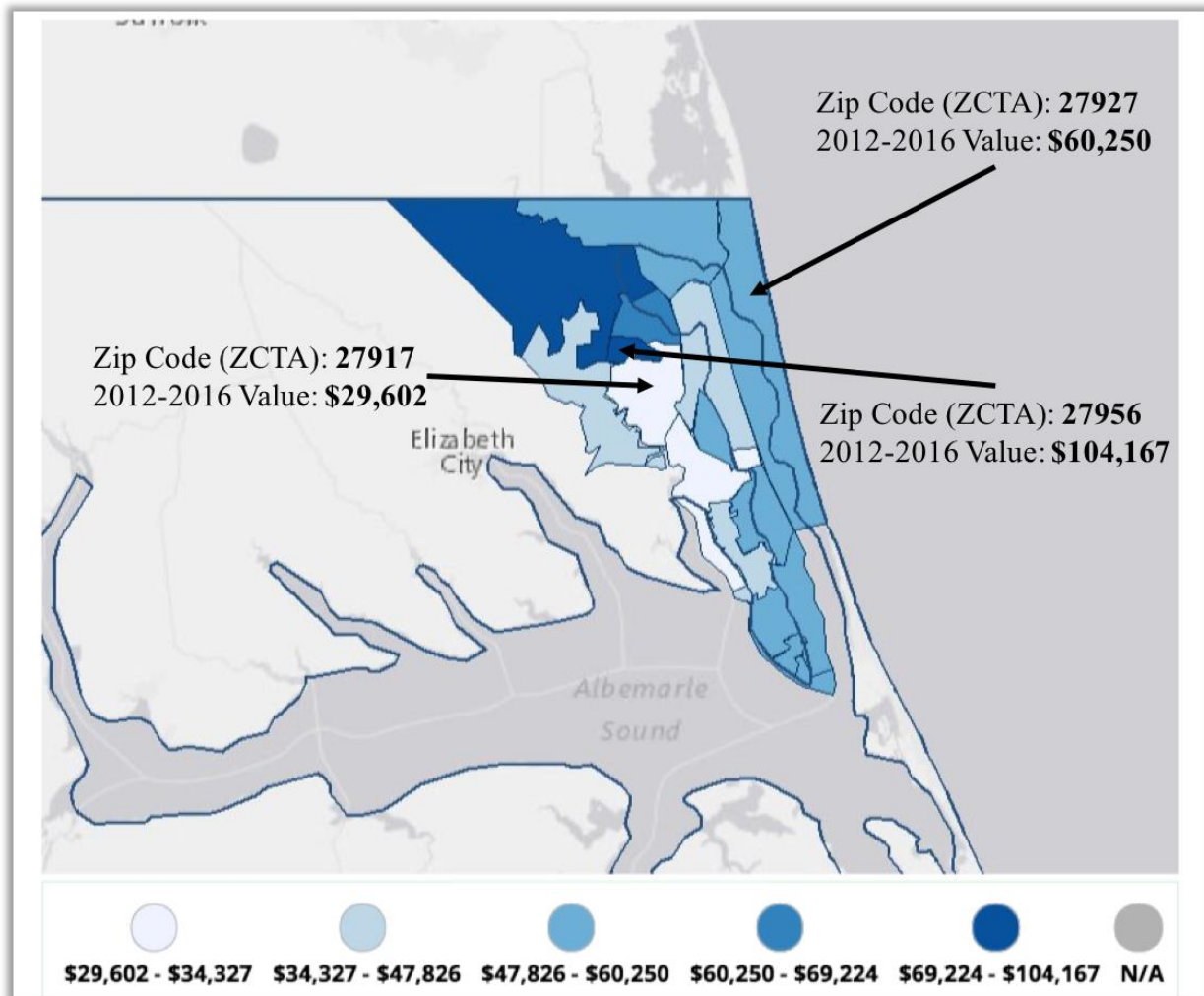
Compared to counties in the Health ENC region, Currituck County had the highest median household income. (Figure 15)

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



Within Currituck County, zip code 27917 has the lowest median household income (\$29,602) while zip code 27956 has the highest median household income (\$104,167) (Figure 16).

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

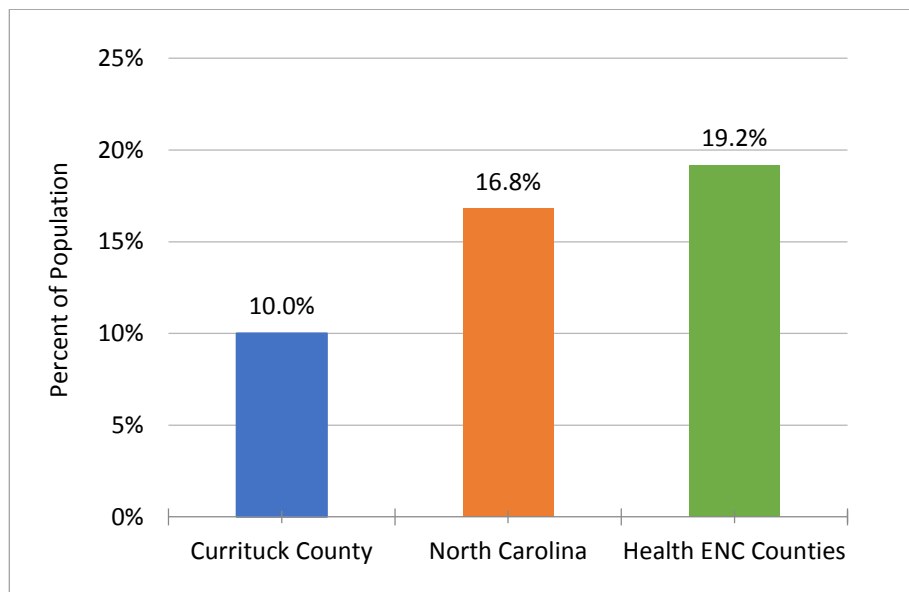


Poverty

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, 10.0% percent of the population in Currituck County lives below the poverty level, which is lower 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 lower for Currituck 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)

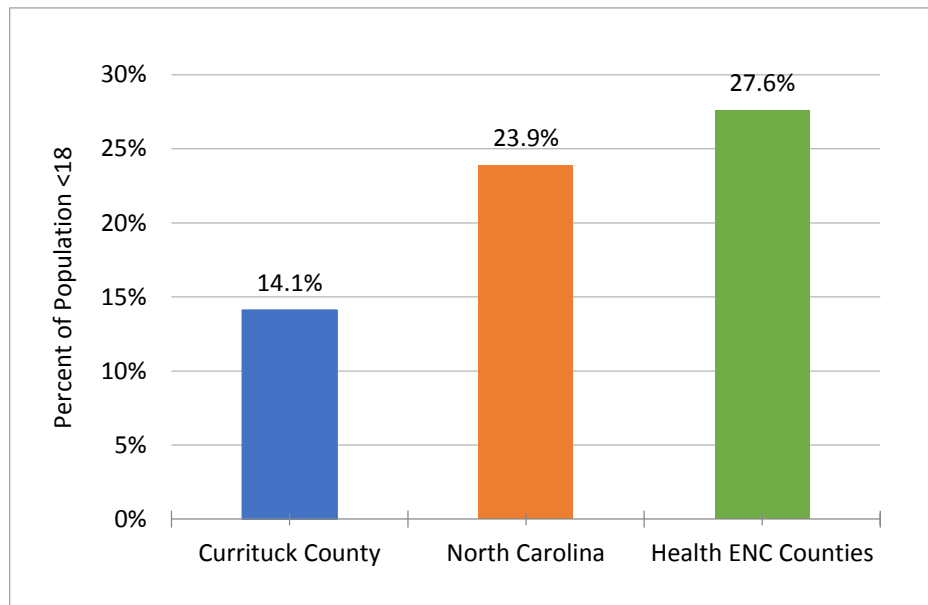
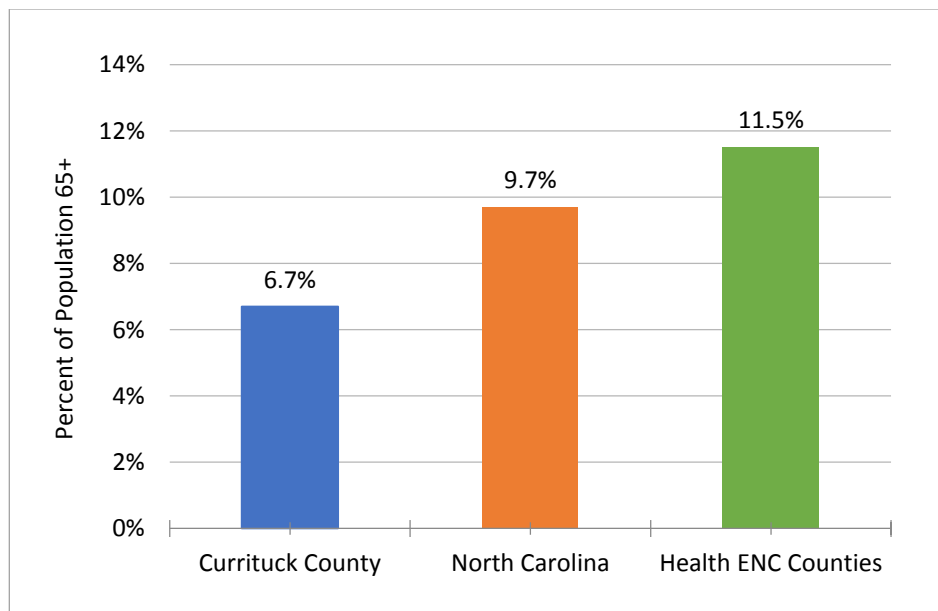
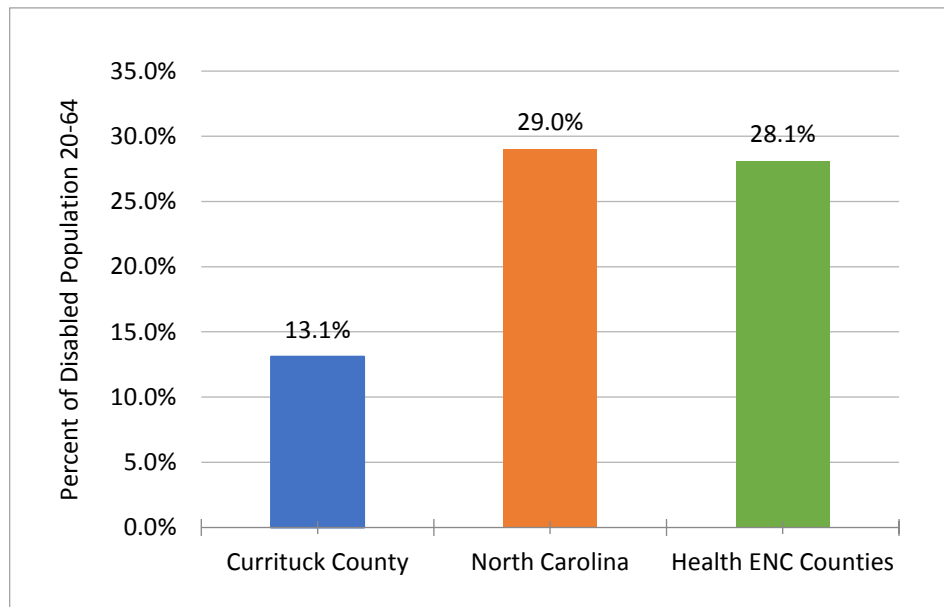


Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Currituck County (13.1%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

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

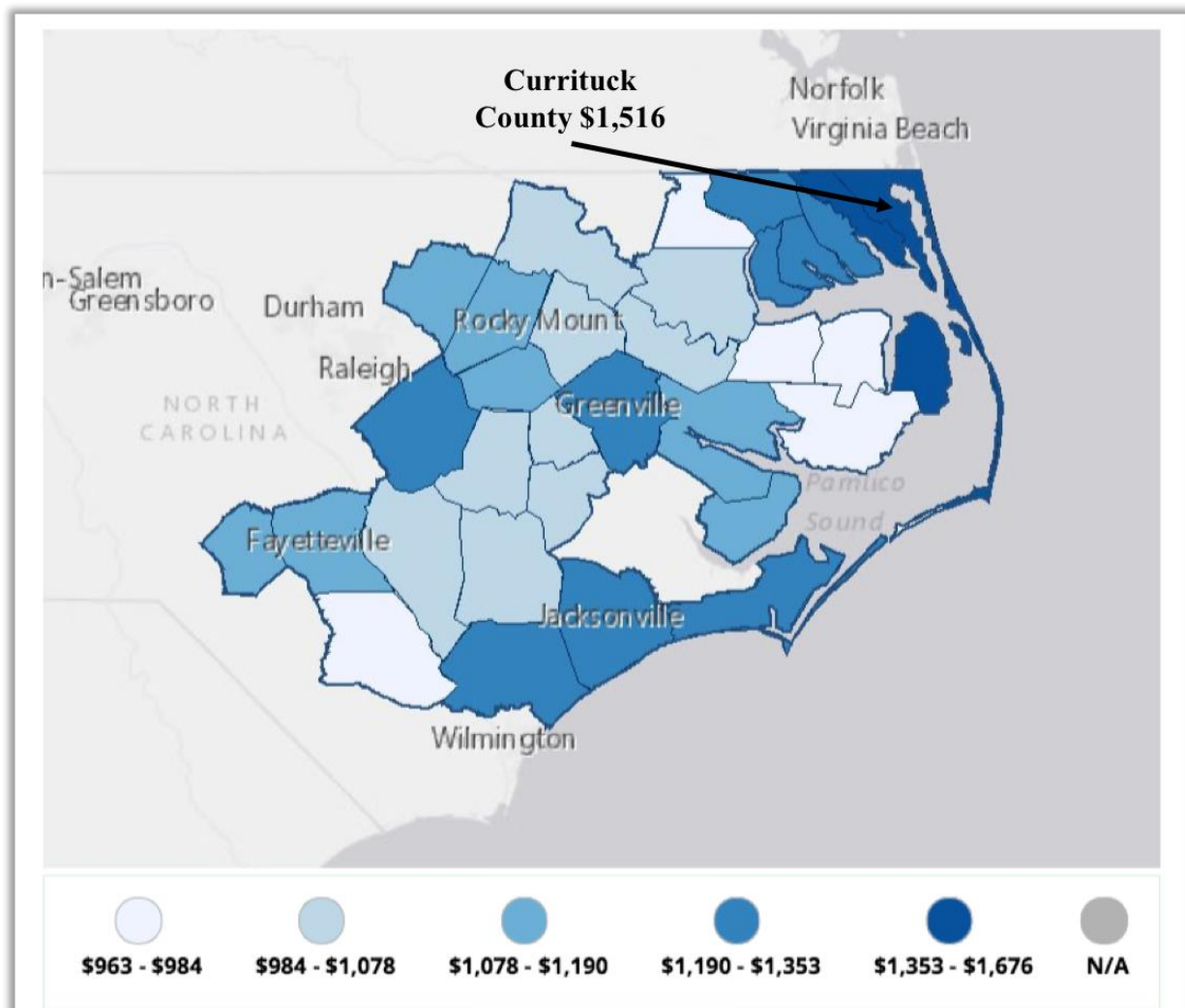


Housing

The average household size in Currituck County is 2.6 people per household, which is similar to the North Carolina value of 2.5 people per household.

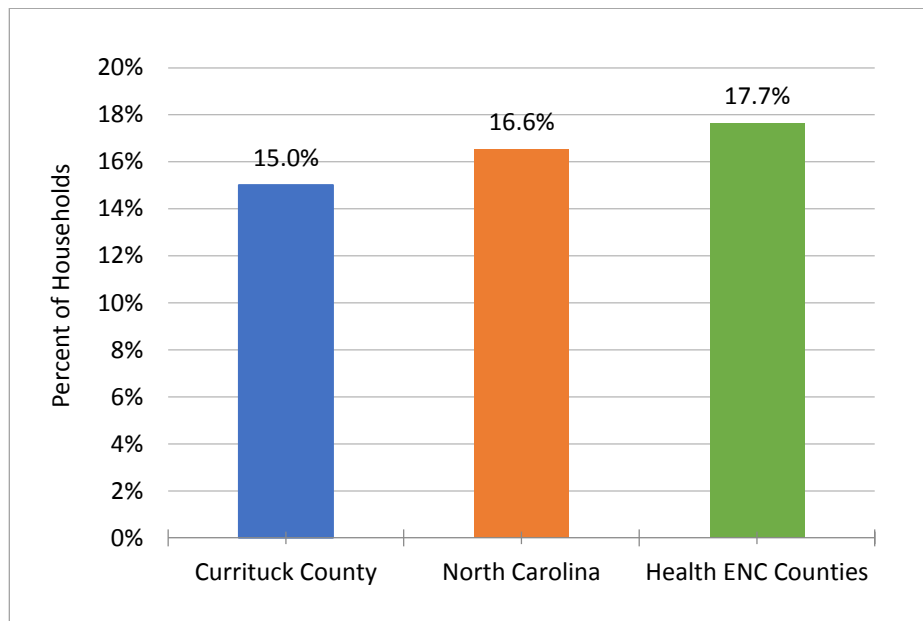
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Currituck County, the median housing costs for homeowners with a mortgage is \$1,516. This is higher than the North Carolina value of \$1,243, and higher than all but two 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. In Currituck County, 15% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

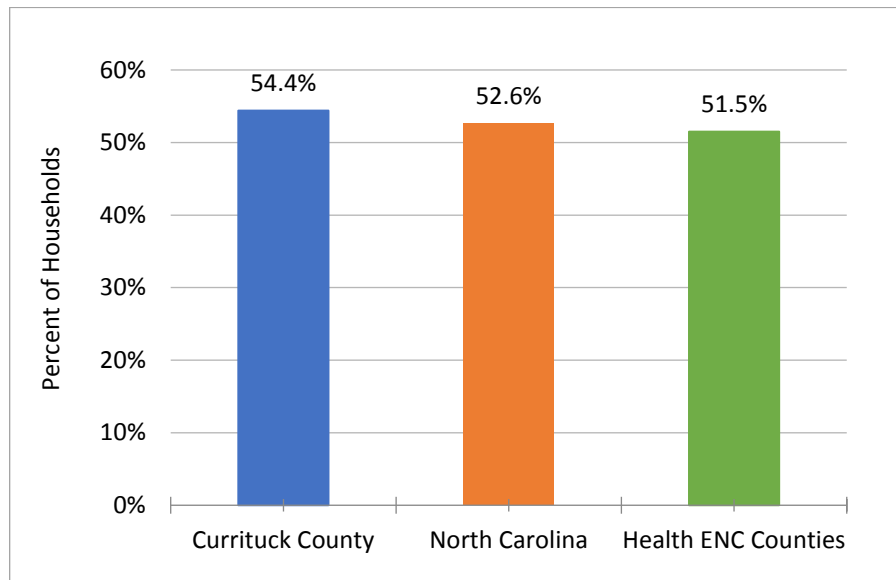


Food Insecurity

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Currituck County, 54.4%, 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 10 grocery stores listed in Currituck County.
<https://www.ers.usda.gov/FoodAtlas/>
- From 2010 to 2015, Currituck County households with no car and therefore low access to grocery stores increased from 2.1% to 2.4%.
- From 2010 to 2015 persons in Currituck County with low income and low access to grocery stores stayed the same at 2.8%.
- 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 Currituck 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 Currituck 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 27917, with an index value of 84.4, has the highest level of socioeconomic need within Currituck County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Currituck County are provided in Table 7.

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

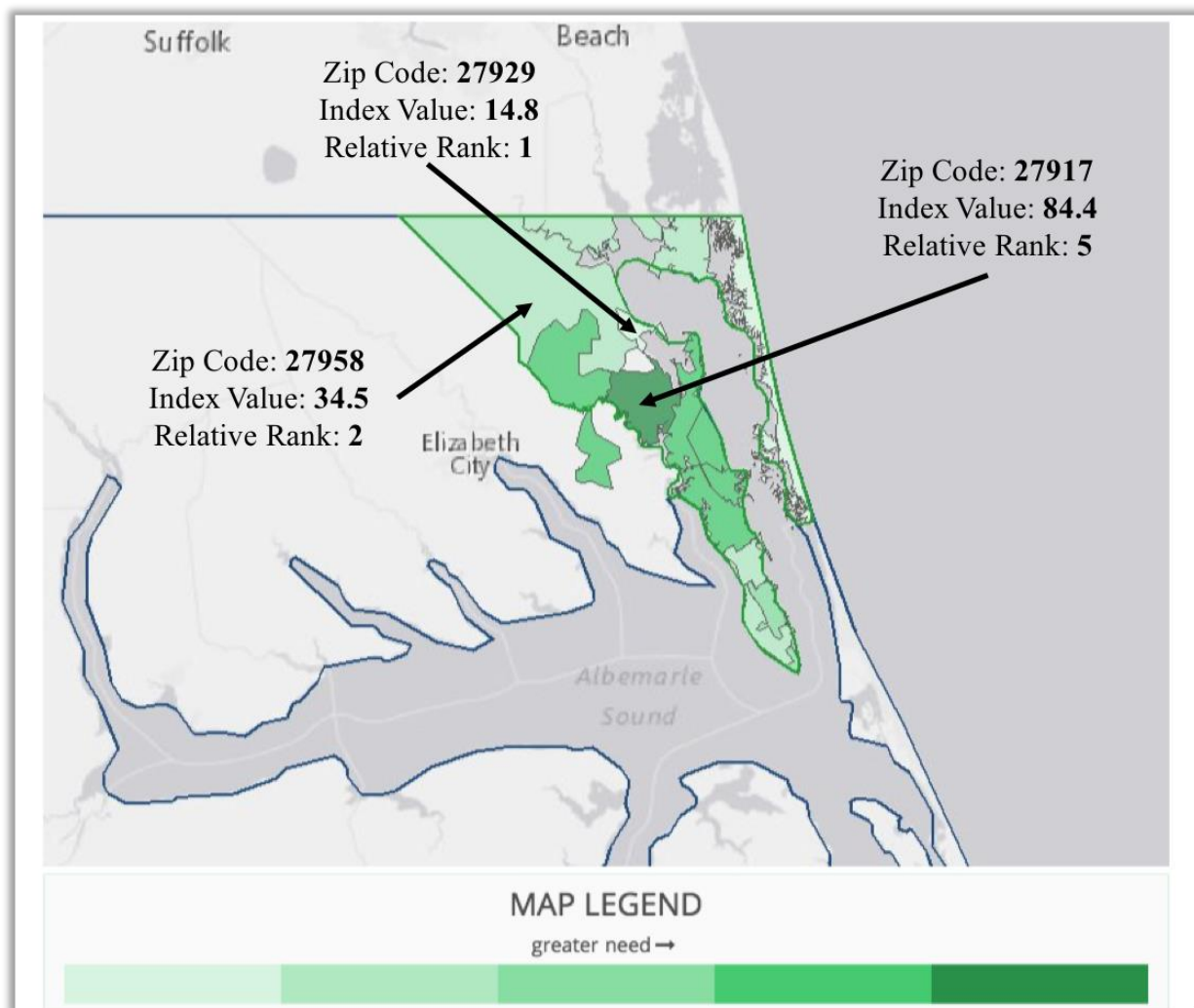


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27917	84.4	5
27923	56.3	4
27965	53.8	4
27973	52.3	4
27939	48.5	4
27916	47.9	4
27966	42.1	3
27964	41.5	3
27947	37.7	2
27941	37.1	2
27958	34.5	2
27950	34.4	2
27927	20.3	1
27929	14.8	1

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

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

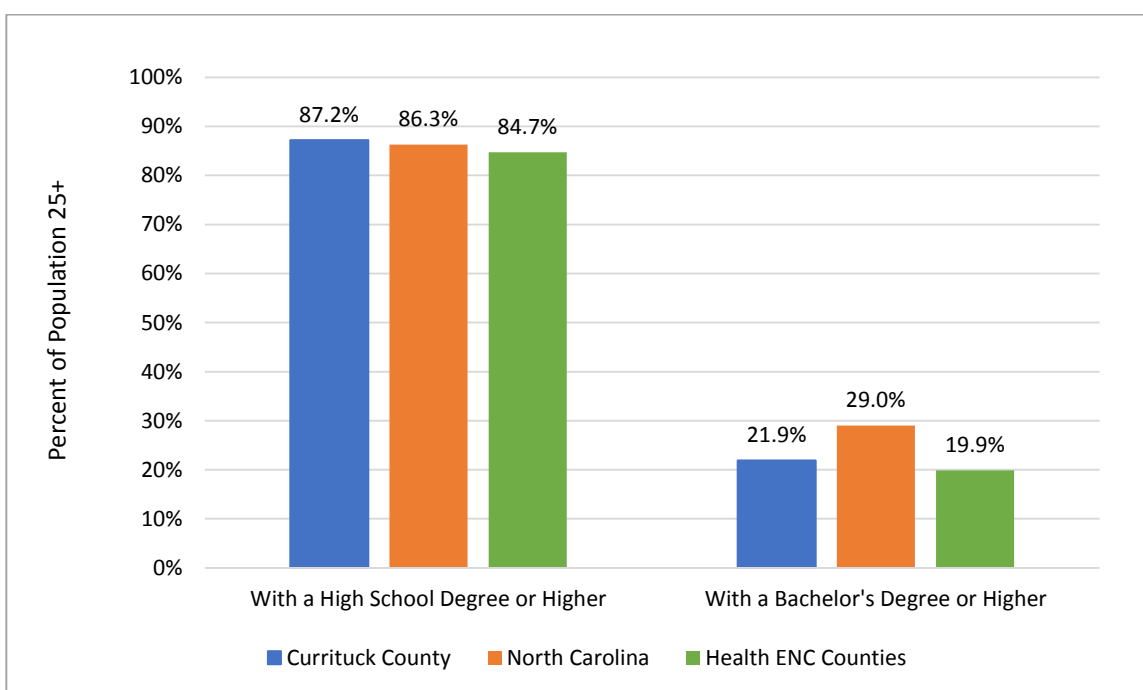
Educational Profile

Educational Attainment

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

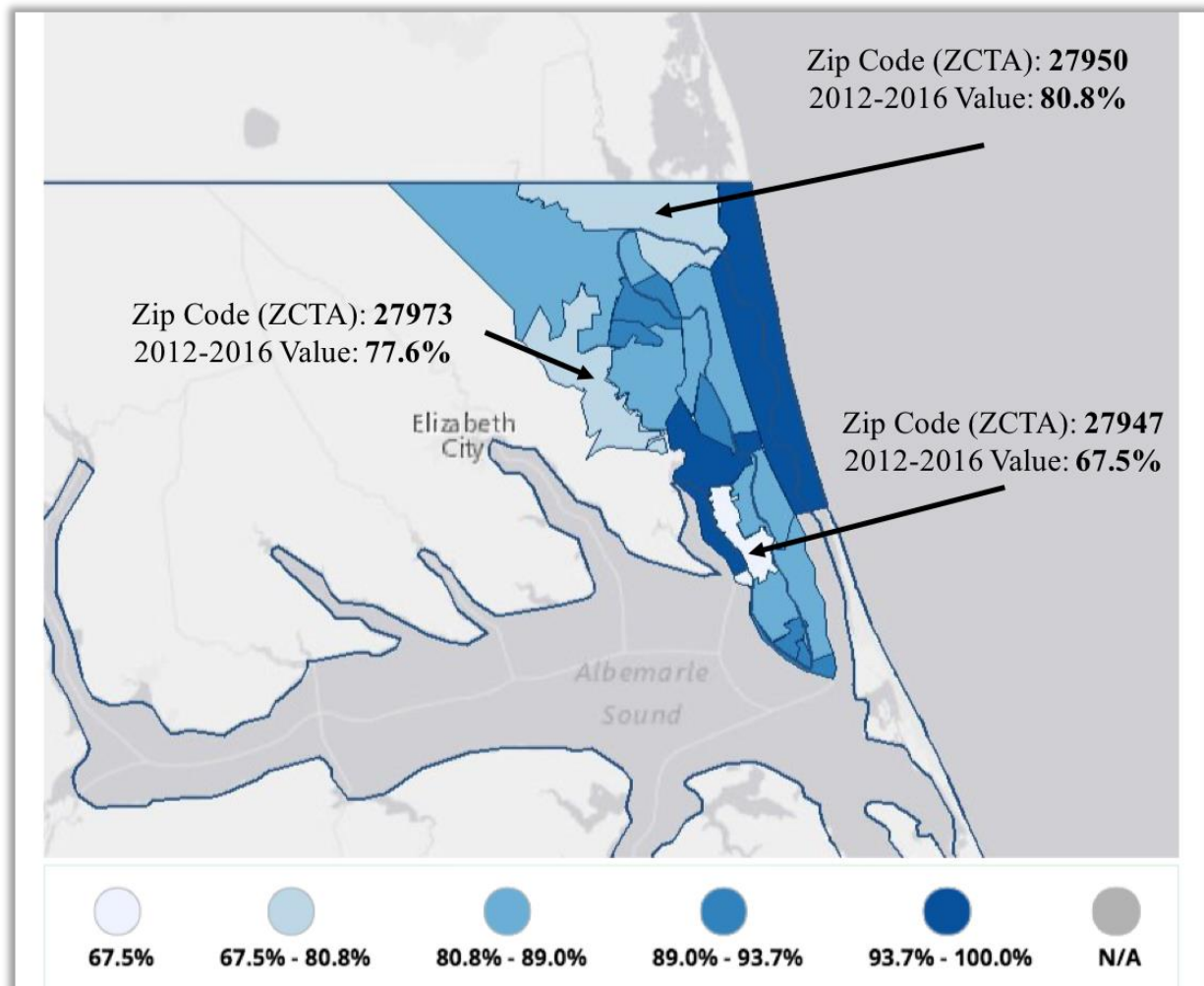
Countywide, the percent of residents 25 or older with a high school degree or higher (87.2%) is slightly higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Currituck County is lower than the state value and similar to the Health ENC region. While 21.9% of residents 25 and older have a bachelor's degree or higher in Currituck County and 19.9% in the Health ENC region, 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina (Figure 25).

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



In some areas of the county, including zip codes 27947 and 27973, the high school degree attainment rate is below 80% (Figure 26).

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

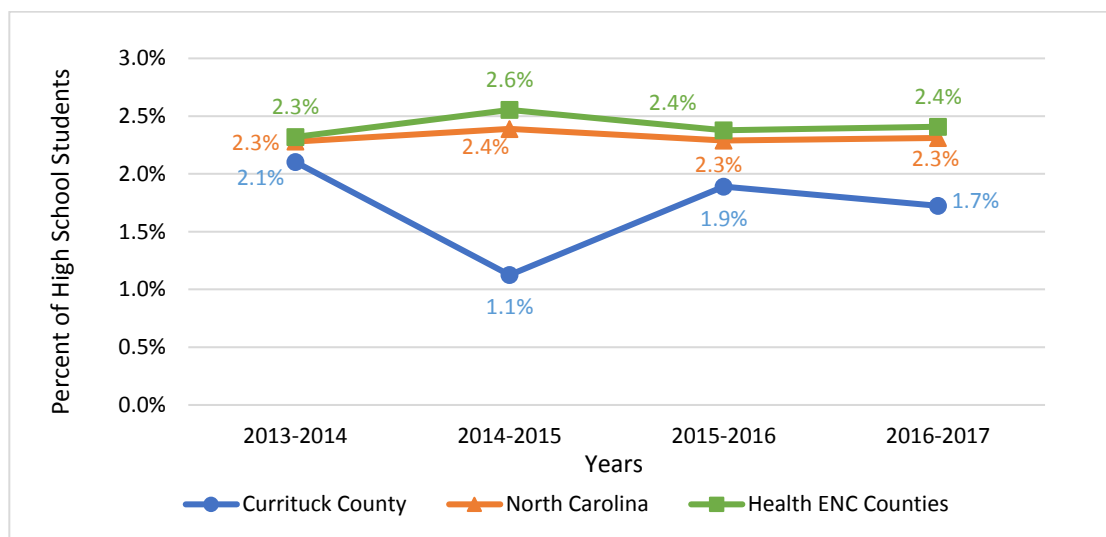


High School Dropouts

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.

Currituck County's high school dropout rate, given as a percent of high school students in Figure 27, was 1.7% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Currituck County's high school dropout rate is consistently lower than North Carolina's and the Health ENC region's rates and has fluctuated over four time periods since 2013-2014.

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

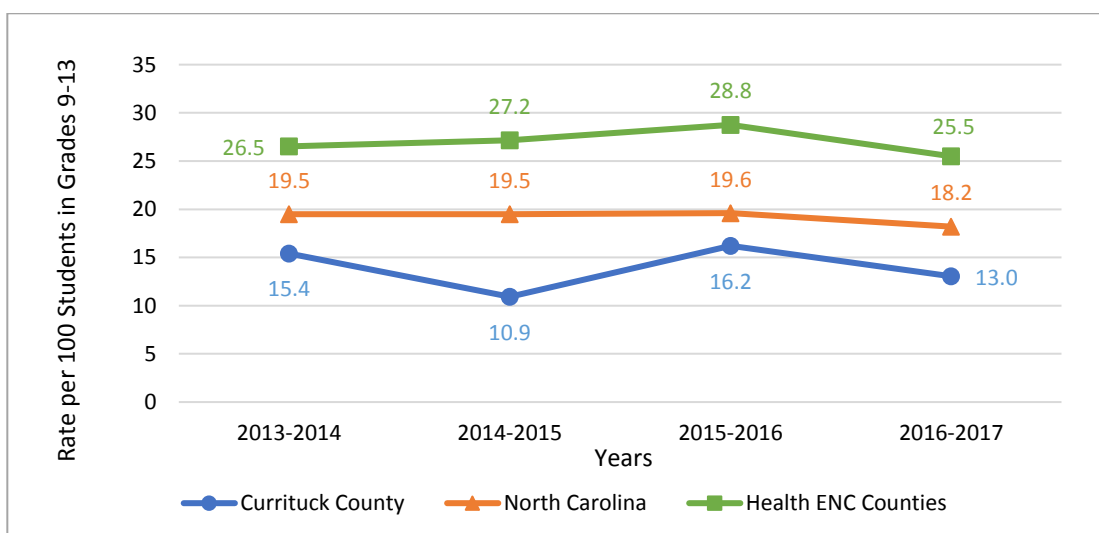


High School Suspension Rate

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.

Currituck County's rate of high school suspension (13.0 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, Currituck County's values over time are lower than those in North Carolina and the Health ENC region.

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

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

DRINKING WATER

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

As of October 10, 2018, SDWIS listed seven active water systems in Currituck County, all of which were *Community Water Systems* that served an estimated 20,932 people (79% 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 seven 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 seven confirmed cases of rabies in animals in Currituck 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, 1.7% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Currituck County, with an estimated 0.3% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Currituck County, 84.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 30).

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

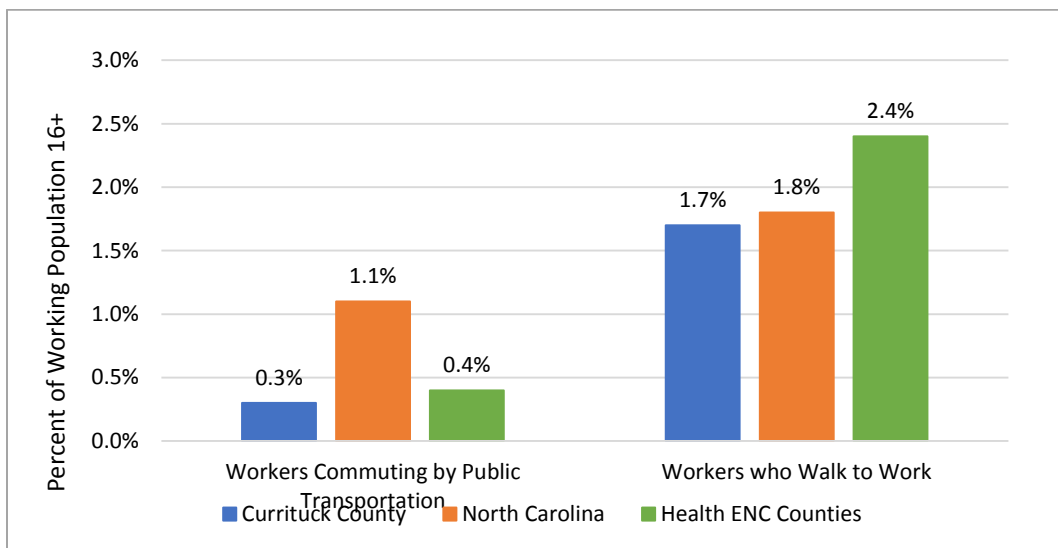
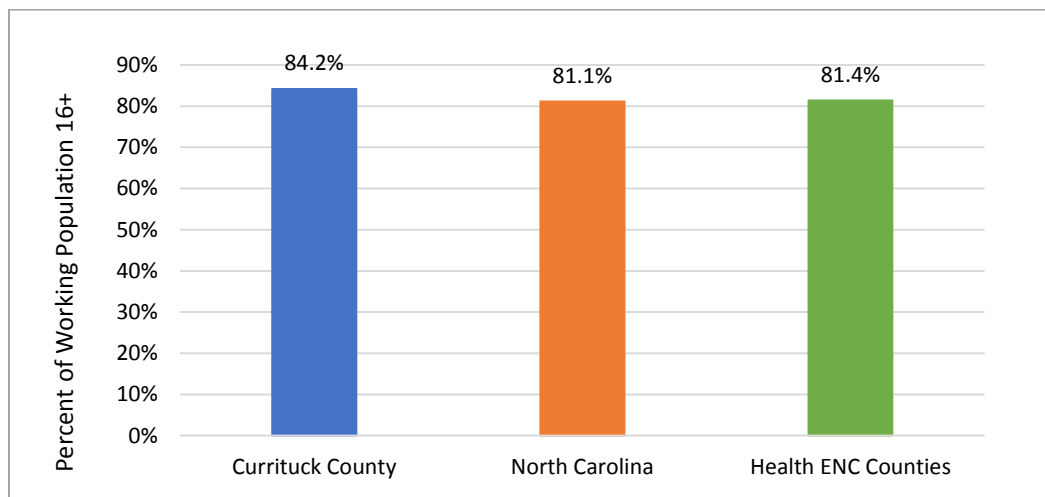


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



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 Currituck County is 144.4 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The property crime rate in Currituck County (3,863.8 per 100,000 people) is lower than the state value (1,381.4 per 100,000 people) (Figure 32).

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

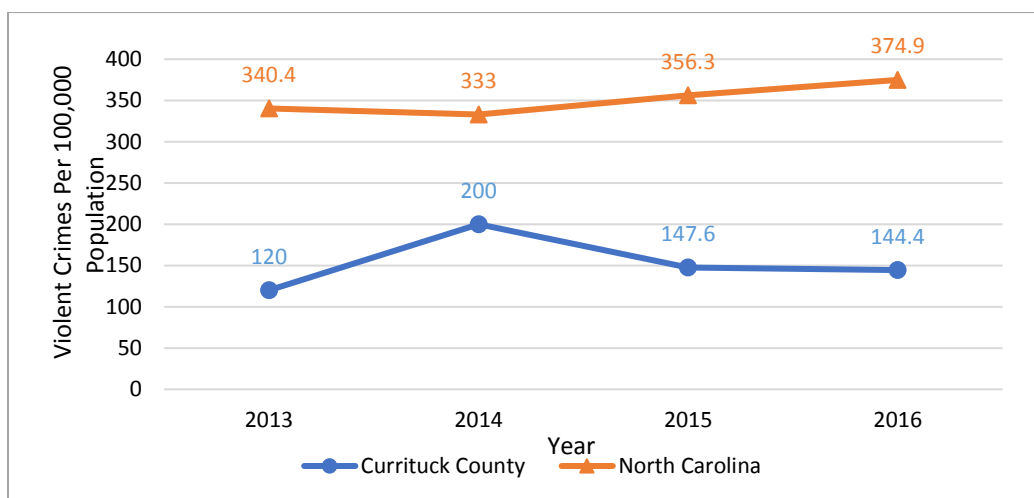
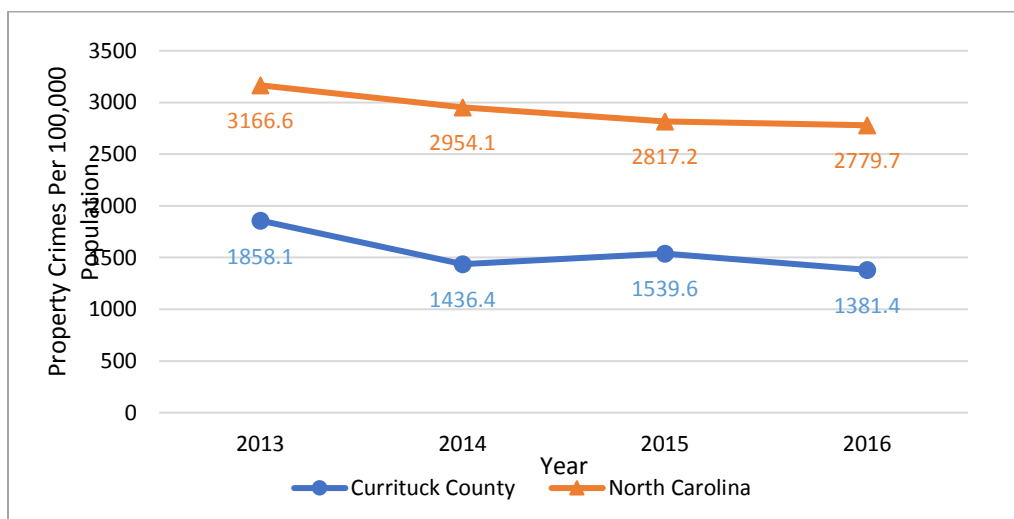


Figure 32. Property Crime Rate (North Carolina Department of Justice)



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 Currituck County (2.3) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1).

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

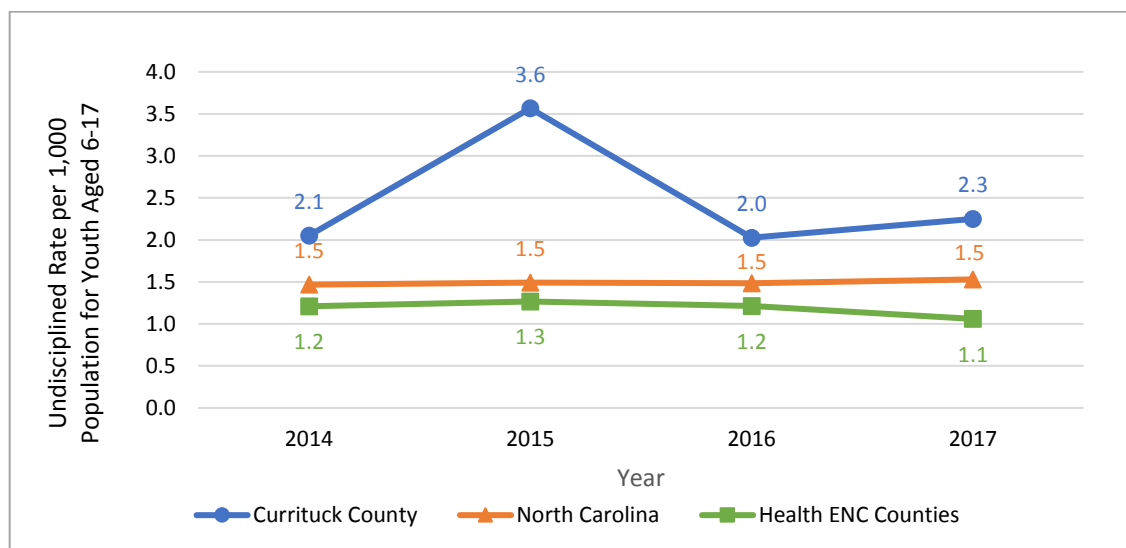
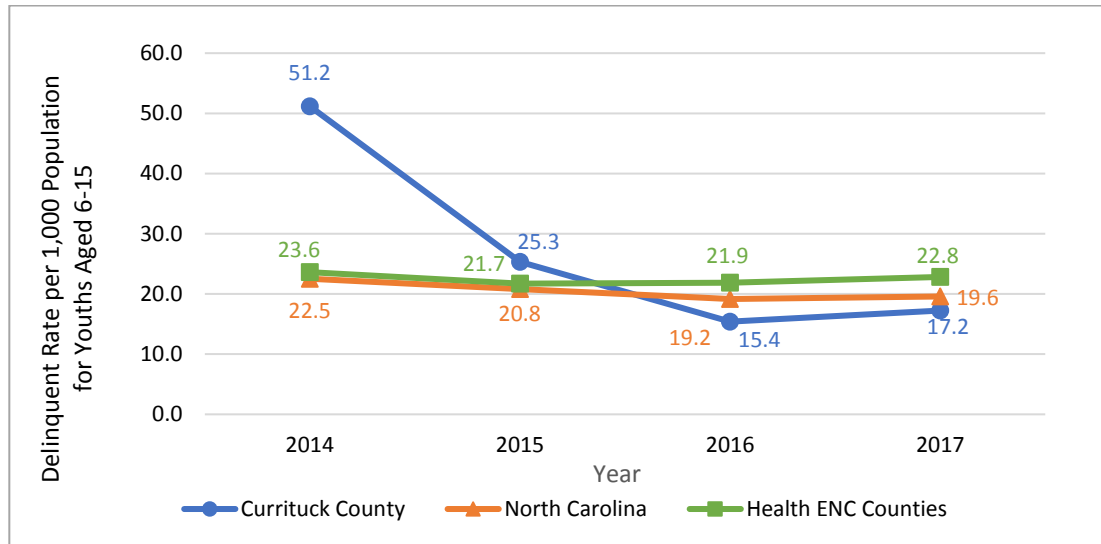


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While juvenile crime rate in Currituck County decreased from 2014 to 2016, the rate increased slightly from 15.4 in 2016 to 17.2 in 2017. The 2017 juvenile delinquent rate for Currituck County (17.2) is lower than North Carolina (19.6) and the Health ENC region (22.8).

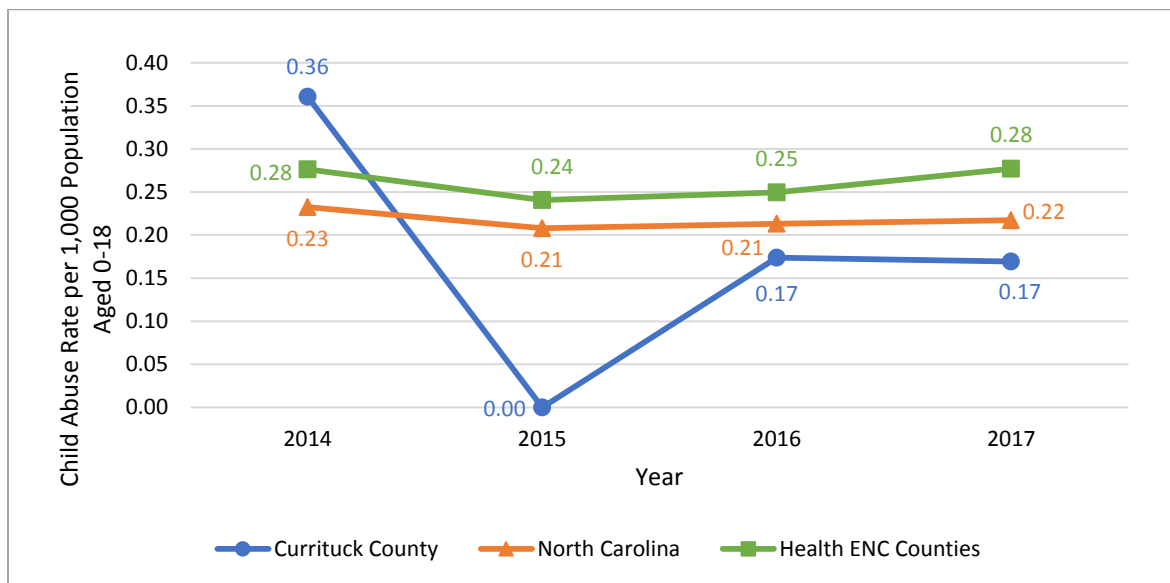
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Currituck County (0.17 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

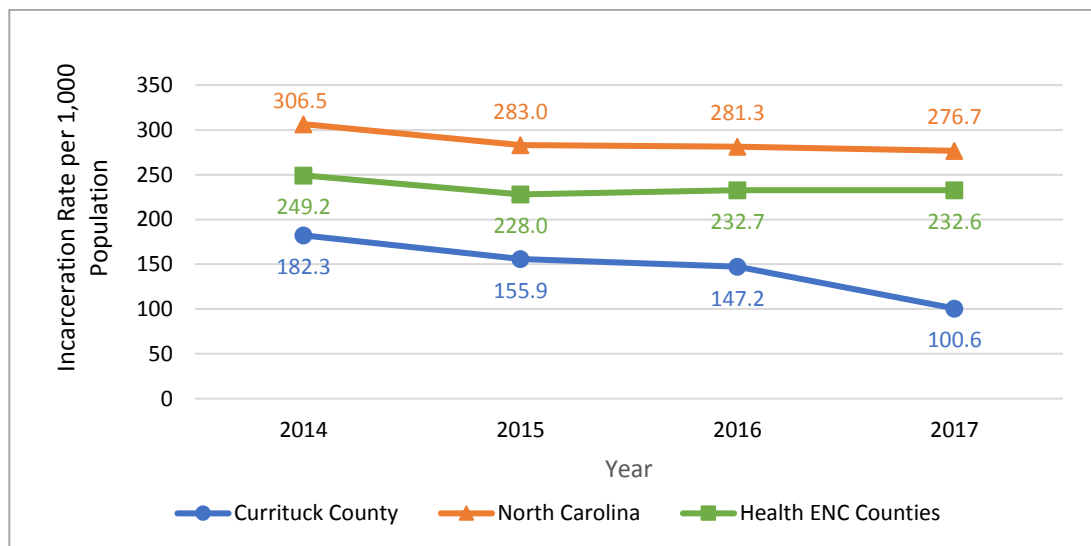


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Currituck County has decreased over the past four measurement periods. The 2017 incarceration rate in Currituck County (100.6 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).

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



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 37 shows the percentage of people aged 0-64 years old that have any type of health insurance coverage. The rate for Currituck County, 88.3%, is slightly higher than 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)

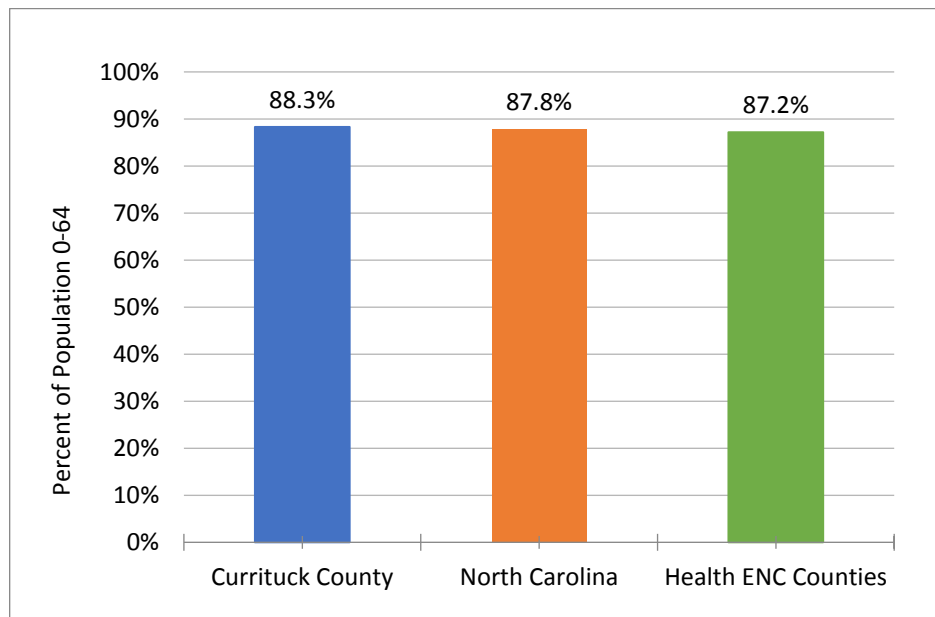
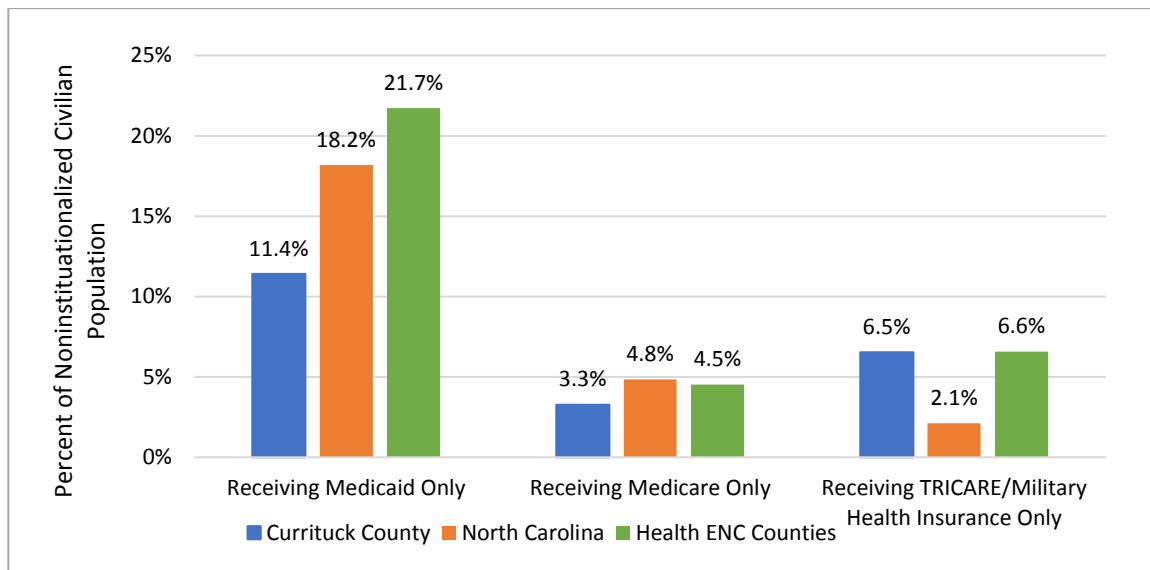


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Currituck County has a lower percent of people receiving Medicaid (11.4%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is higher in Currituck County, as compared to North Carolina and similar in comparison to Health ENC counties.

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, 12.0% of residents are uninsured.

Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Currituck County has a percentage of residents of voting age (77.7%) similar to North Carolina (77.3%) and Health ENC counties (76.7%).

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

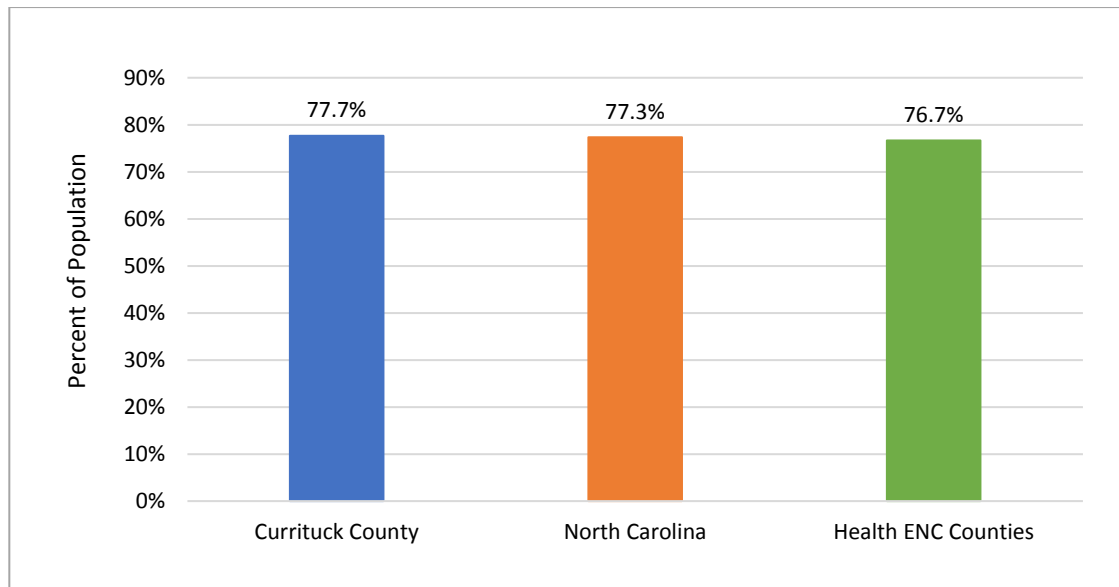
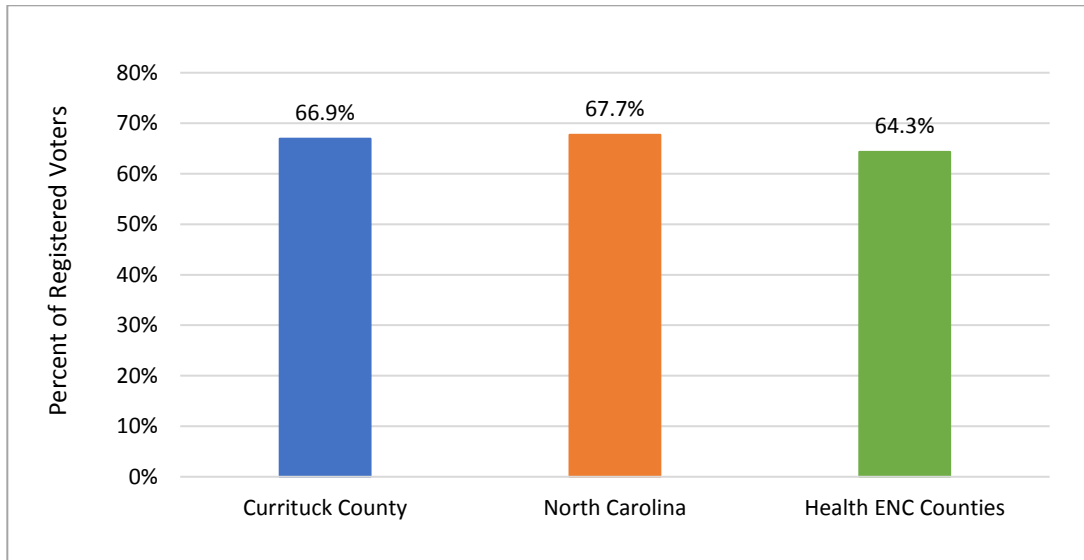


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Currituck County was 66.9%, which is slightly lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

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



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Currituck County by topic area. Topics with higher scores indicate greater need. Access to Health Services is the poorest performing health topic for Currituck County, followed by Transportation, Respiratory Diseases, Cancer, Women's Health and Substance Abuse.

Table 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Access to Health Services	2.11
Transportation	1.83
Respiratory Diseases	1.77
Cancer	1.69
Women's Health	1.65
Substance Abuse	1.65

*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 Currituck County. Drugs (substance abuse) was the most frequently selected issue and was ranked by 33.2% of survey respondents, followed by low income/poverty.

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

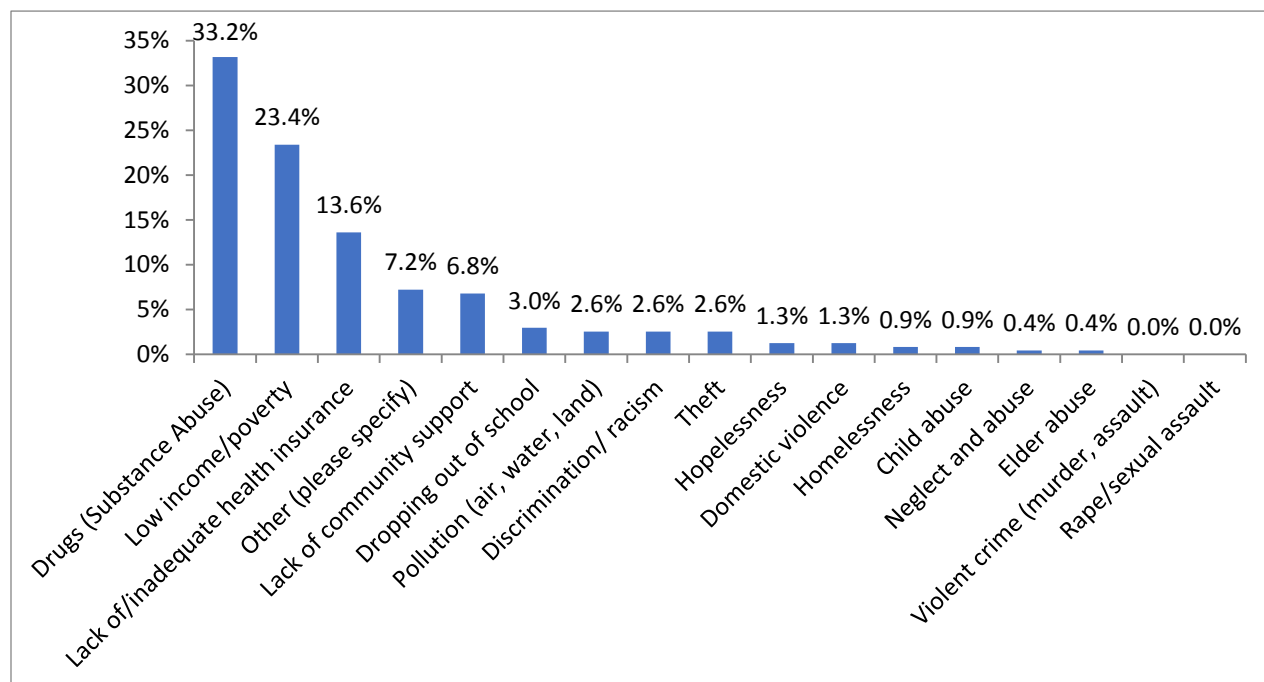


Figure 42 displays the level of agreement among Currituck County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good parks and recreation facilities and is an easy place to buy healthy foods. 48% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county and 50% either disagreed or strongly disagreed that there is good health care in my county.

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

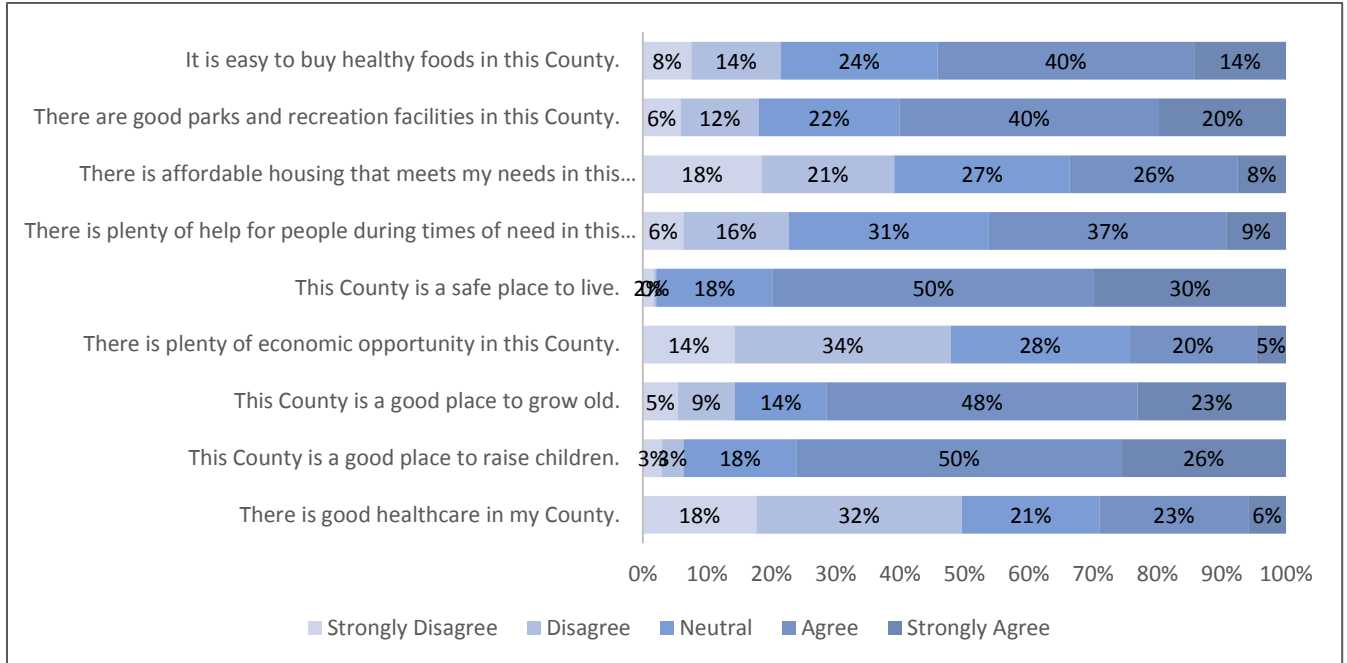


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Currituck County. Higher paying employment was the most frequently selected issue, followed by more affordable/better housing, number of health care providers and availability of employment.

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

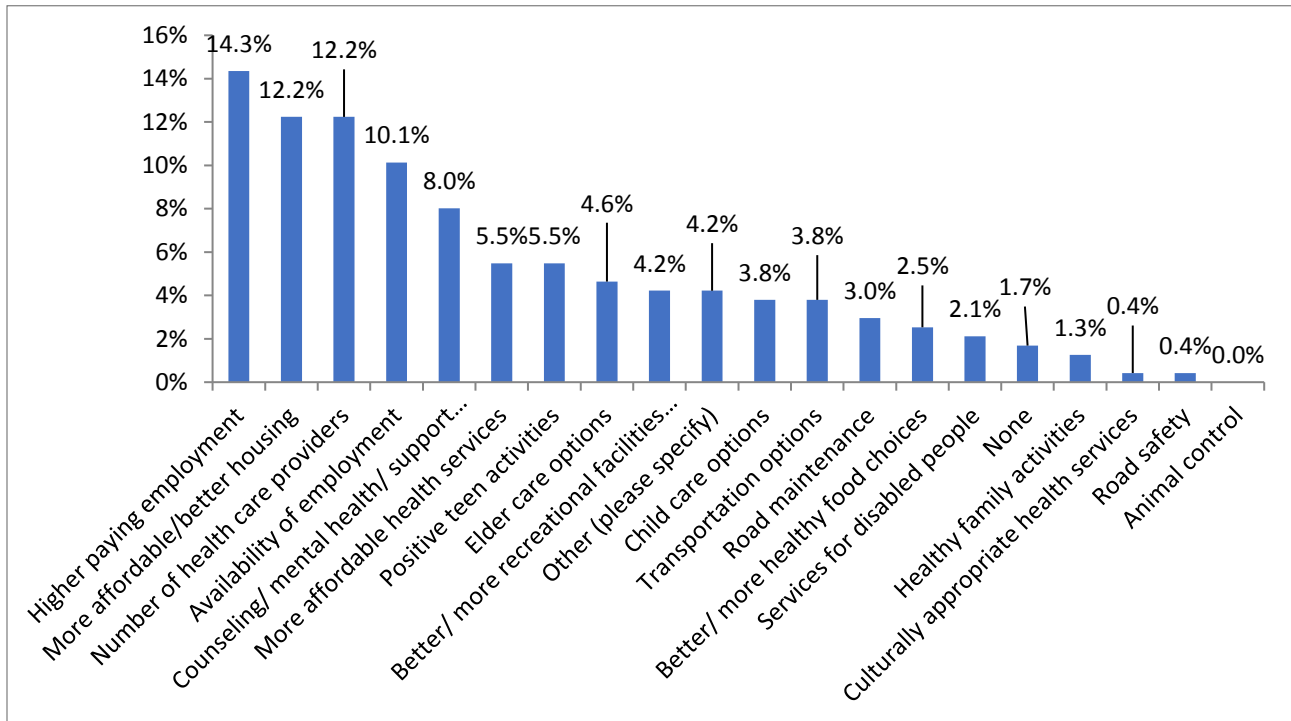
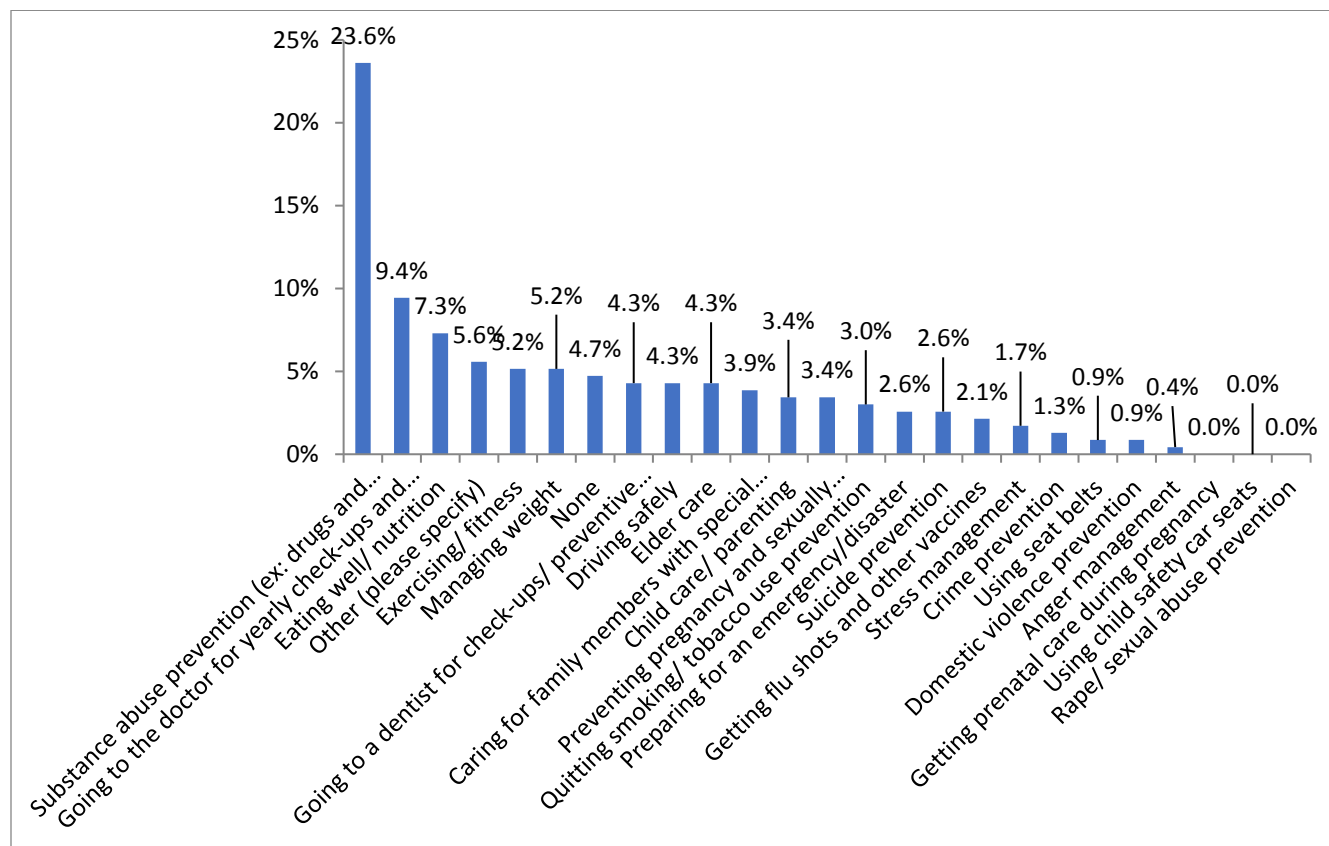


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Currituck County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 23.6% of survey respondents. This was followed by going to the doctor for yearly check-ups and screenings, eating well/nutrition, exercising/fitness and managing weight.

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 Currituck 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	21
Exercise, Nutrition, & Weight	18
Environment	9
Economy	8
Older Adults & Aging	7
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 Currituck County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

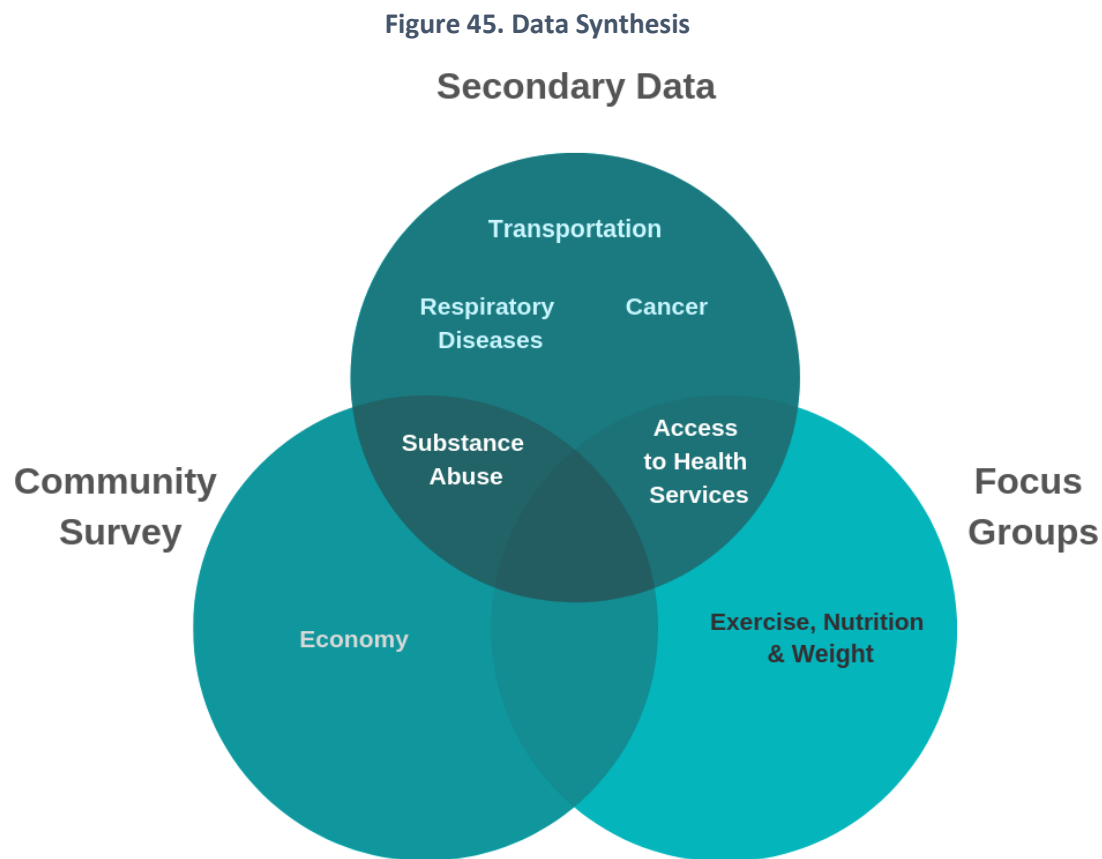
Table 10. Criteria for Identifying the Top Needs from each Data Source

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

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

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

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



Across all three data sources, there is strong evidence of need for Access to Health Services, Economy, Exercise, Nutrition & Weight 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*
Cancer*
Economy
Exercise, Nutrition & Weight
Respiratory Diseases*
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 Economy and Exercise, Nutrition, and Weight.

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 Currituck 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.

Access to Health Services

Key Issues

- The dentist, mental health provider, primary care provider and non-physician primary care provider rates are a top concern for Currituck County and are lower than North Carolina and the U.S.
- Preventable hospital stays amongst the Medicare population is 64.3 discharges per 1,000 Medicare enrollees and is higher than in the state and U.S.

Secondary Data

The secondary data scoring results reveal Access to Health Services as the top need in Currituck County with a score of 2.11. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Currituck County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2	Preventable Hospital Stays: Medicare Population (2014) (discharges/ 1,000 Medicare enrollees)	64.3	49	49.9				-	-
2.4	Primary Care Provider Rate (2015) (providers/ 100,000 population)	23.8	70.6	75.5				-	-
2.7	Dentist Rate (2016) (dentists/ 100,000 population)	19.4	54.7	67.4				-	-
2.5	Mental Health Provider Rate (2017) (providers/ 100,000 population)	34.9	215.5	214.3				-	-
2.4	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	11.6	102.5	81.2				-	-

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

Primary Data

As previously summarized, almost half of community survey respondents have health insurance through an employer (46.4%) followed by Medicare (19.8%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor's office 62.9% and 23.2% sought care at an urgent care center. The majority of participants did not report any problems getting the health care they needed in the past 12 months (78%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a dentist (46%) and general practitioner (44%). The top reasons participants reported not being able to get the necessary health care they needed were their share of the cost was too high (34.7%) and they did not have health insurance (32.7%). 27.5% of participants reported being able to see the medical provider they needed within Currituck County, while some sought care in other places such as Dare County (24.5%) and the State of Virginia (29.2%).

Focus Group participants frequently discussed barriers to accessing health services such as lack of health care providers in the community, lack of transportation to medical centers, having to travel out of state for appointments and limited options for services such as urgent care. Many participants were concerned for the elderly and people living with disabilities not having transportation to appointments and lack of home care/assisted living options for people in the community.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Access to Health Services topic area indicators. Senior citizens and individuals living with disabilities were identified in the primary data sources as vulnerable groups.

Transportation













Key Issues

- Mean travel time to work in Currituck County is significantly increasing over time
- There is a high percentage of solo drivers with a long commute in Currituck County and workers driving to work alone overall in Currituck County
- There is limited access to public transportation and Currituck County does not meet the Healthy People goal of 5.5% of workers commuting by public transportation

Secondary Data

Transportation has the second highest data score of all topic areas, with a score of 1.83. Table 14 highlights indicators of concern. The secondary indicators suggest that travel time to work is increasing over time for the population of Currituck County and access to public transportation may be decreasing. Many people in the community drive alone to work.

Table 14. Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Currituck County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.05	Workers Commuting by Public Transportation (2012-2016) (percent)	0.3	1.1	5.1				-	5.5
2	Workers who Drive Alone to Work (2012-2016) (percent)	84.2	81.1	76.4				-	-
2.5	Solo Drivers with a Long Commute (2012-2016) (percent)	61.8	31.3	34.7				-	-
2.7	Mean Travel Time to Work (2012-2016) (minutes)	36	24.1	26.1				-	-

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

Primary Data

According to survey results, transportation did not rank as one of the top services individuals in Currituck County feel need the most improvement compared to other issues in the community. 3.8% of participants selected transportation options needing improvement in their neighborhood.

Transportation was brought up seven times in the focus group discussions as a general issue in the community. A few participants shared that they found accessing public transportation difficult and travel time to get places not manageable. One participant also felt that the community was not walkable.

Highly Impacted Populations

Senior citizens were identified in the primary data sources as vulnerable group.

Respiratory Diseases












Key Issues

- The age-adjusted death rate due to lung cancer is 63.4 deaths per 100,000 population and is a top health concern for Currituck County
- The age-adjusted death rate due to influenza and pneumonia is almost 5 times higher than the NC rates and 6.5 times higher than the Healthy NC 2020 goal of 13.5 deaths per 100,000 population
- The lung and bronchus cancer incidence rate is 77.2 cases per 100,000 population which is higher than North Carolina and the U.S.
- COPD amongst the Medicare population is showing indications that it may be increasing over time, though the change is not statistically significant at this time

Secondary Data

Respiratory Diseases received a data score of 1.77. Poorly performing indicators related to Respiratory Diseases are displayed in Table 15.

Table 15. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Currituck County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.23	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	87.9	17.8	14.8				13.5	-
2.2	COPD: Medicare Population (2015) (percent)	13.4	11.9	11.2				-	-
2.45	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	63.4	50.7	44.7				-	45.5
2.2	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	77.2	70	61.2				-	-

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

Primary Data

15.8% of all Currituck County survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, 3% selected quitting smoking/tobacco use prevention. However, 18.2% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28.6% reported that they would go to a doctor if they wanted to quit, 28.6% said they didn't know where to go and 23.8% reported that they did not want to quit. 46.6% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 50.9% of survey respondent reported exposure in the home. Only one focus group participant raised respiratory disease as an issue in the community.

Highly Impacted Populations

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

Cancer

Key Issues

- The age- adjusted death rate due to cancer is 199.7 deaths per 100,000 population and is top health concern in Currituck County based on the data score of 2.55
- The age-adjusted death rate due to lung cancer in Currituck County is higher than the State and does not meet the Healthy People 2020 goal of 45.5 deaths per 100,000 population
- The age-adjusted death rate due to colorectal cancer does not meet either the Healthy North Carolina 2020 or the Health People 2020 goals
- The oral cavity and pharynx cancer incidence rate is higher in Currituck County than in North Carolina and the U.S.

Secondary Data

Cancer has the fourth highest data score of all topic areas, with a score of 1.69. Indicators of concern are displayed in Table 16.

Table 16. Data Scoring Results for Cancer

Score	Indicator (Year) (Units)	Currituck County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.55	Age-Adjusted Death Rate due to Cancer (2010-2014) (deaths/ 100,000 population)	199.7	172	166.1				-	161.4
2.45	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	63.4	50.7	44.7				-	45.5
2.45	Age-Adjusted Death Rate due to Colorectal Cancer (2010-2014) (deaths/ 100,000 population)	18.4	14.1	14.8				10.1	14.5
2.2	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	77.2	70	61.2				-	-

2.5	Oral Cavity and Pharynx Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	18.5	12.2	11.5	-	-
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**See Appendix A for full list of indicators included in each topic area*

Primary Data

Community Survey participants were asked whether they had been told by a health care provider if they had a number of health conditions and 15.1% of respondents reported that they had been told they had cancer. Participants were also asked if they had a number of preventative screenings and 4.7% reported having a prostate cancer screening, 19.1% reported having a skin cancer screening, 13.6% reported having a colon/rectal exam, 31.8% reported having a pap smear and 39.8% reported having a mammogram. Cancer was not a topic discussed in depth during the focus group sessions. One participant felt that the prevalence of cancer was a top concern in the community.

Highly Impacted Populations

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

Substance Abuse










Key Issues

- The liquor store density is higher in Currituck County than in North Carolina or the U.S., though there is a decreasing trend over time
- 18.9% of adults drink excessively in Currituck County and 17.3% smoke; neither indicator meets Healthy North Carolina or Healthy People 2020 goals
- The death rate due to drug poisoning is 18.4 deaths per 100,000 population which is higher than in the state and U.S. overall

Secondary Data

From the secondary data scoring results, Substance Abuse was identified to be a top need in Currituck County. It had the sixth highest data score of all topic areas, with a score of 1.65. Specific indicators of concern are highlighted in Table 17.

Table 17. Data Scoring Results for Substance Abuse

Score	Indicator (Year) (Units)	Currituck County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.8	Adults who Smoke (2016) (percent)	17.3	17.9	17				13	12
1.95	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	18.4	16.2	16.9				-	-
2.1	Liquor Store Density (2015) (stores/ 100,000 population)	27.7	5.8	10.5				-	-
1.95	Adults who Drink Excessively (2016) (percent)	18.9	16.7	18				-	25.4

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

Primary Data

Community survey participants ranked substance abuse (33.2%) as a top issue affecting quality of life in Currituck County. Additionally, 23.6% of community survey respondents reported wanting to learn more about substance abuse prevention.

18.2% of survey participants reported currently using tobacco products. Of those who reported tobacco product use, 28.6% reported that they would go to a doctor if they wanted to quit, 28.6% said they

didn't know where to go and 23.8% reported that they did not want to quit. 46.6% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 50.9% of survey respondent reported exposure in the home. Most participants (68.1%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 11.1% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 94.4% reported no illegal drug use and 97% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<6%) in the past 30 days, 100% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, one participant felt that drug use and mental health were top health needs that should be addressed in the community. One participant specifically stated that tobacco use was a health concern in the county that needed to be addressed.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Substance Abuse topic area.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Currituck 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)

Currituck County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	174	210.2	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	159	169	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Influenza and Pneumonia	61	80.3	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	37	42.7	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Accidental Injuries	33	44.7	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Cerebrovascular Diseases	21	27.9	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	16	Unreliable	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Suicide	16	Unreliable	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Diabetes	11	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

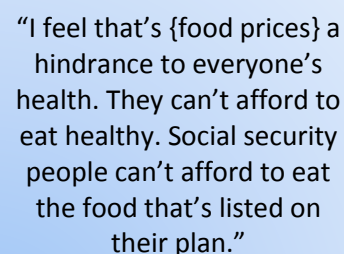
Economy

Secondary Data

From the secondary data scoring results, Economy was the 21st most pressing health need in Currituck County with a score of 0.96. Top related indicators include: Median Monthly Owner Costs for Households without a Mortgage (2.18) and Median Household Gross Rent (1.93).

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 Currituck 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. Higher paying employment (14.4%), affordable or better housing (12.2%) and availability of employment (12.2%) had the highest share of responses.



"I feel that's {food prices} a hindrance to everyone's health. They can't afford to eat healthy. Social security people can't afford to eat the food that's listed on their plan."

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy food or activities and delays in seeking health care due to costs. Multiple participants raised lack of employment opportunities and limited skills/job training opportunities in the community for people to improve their chances of getting higher paying jobs. Another participant brought up older individuals living only on social security not being able to pay for medical treatment and the cost of daily living.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, Exercise, Nutrition & Weight was the 16th most pressing health need in Currituck County with a score of 1.21. Top related indicators include: Fast Food Restaurant Density (1.85), Farmers Market Density (1.80), SNAP Certified Stores (1.70), Access to Exercise Opportunities (1.65) and Workers who Walk to Work (1.65).

Primary Data

Among community survey respondents, 42.4% rated their health is good and 32.2% rated their health as very good. However, 48% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 44.5% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not having enough time and being too tired to exercise as the most common reasons they do not exercise. For those individuals that do exercise, 65% reported exercising or engaging in physical activity at home while 27.6% do so at a YMCA and others exercise at a park (20.3%).

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for accessing healthy foods in the community and the need for more affordable fitness facilities or exercise classes. They shared that they struggled with what to select as healthy food choices when eating away

from home and food shopping. Many people suggested that farmer's markets are helpful in the community and that they would like to see those expand. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, exercise and nutrition were high frequency responses.

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.

Women's Health

From the secondary data scoring results, women's health received the fifth highest score, with a topic score of 1.65. The primary indicator contributing to this score is age-adjusted death rate due to breast cancer. The age-adjusted death rate due to breast cancer in Currituck County is 23.3 deaths per 100,000 females which is higher than the state value and national value. Currituck County also fails to meet the Healthy People 2020 target of 20.7 deaths/100,000 females for breast cancer deaths. In addition, 62.5% of the Medicare population receive mammography screenings which is slightly lower in Currituck County than in North Carolina and the U.S.

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 Currituck 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*
Workers who Drive Alone to Work	Two or More Races
Children Living Below Poverty Level	Black or African American

*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 27917, with an index value of 84.4, has the highest socioeconomic need within Currituck County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index](#)® for more details, including a map of Currituck 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 Currituck County. The assessment was further informed with input from Currituck 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, Cancer, Economy, Exercise, Nutrition & Weight, Respiratory Diseases, Substance Abuse, and Transportation. The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

Priority 1: Healthy Lifestyle Behaviors

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 Currituck County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.

Population At Risk: The Poor, Uninsured

Health Resources Available and/or Needed:

Available Resources:

YMCA of Currituck

Currituck County Parks and Recreation

Currituck County Senior Center

Currituck County NC Cooperative Extension

Partnerships to Improve Community Health (PICH) Grant

Farmers Markets, Farm stands, and Roadside Stands

Albemarle Regional Health Services

Currituck County Health Department – Health Educators

Carolina Access/Community Care Plan

Healthy Carolinians of the Albemarle (HCOTA)

Resources Still Needed:

General Practice Physicians

Weight management programs

Nutrition resources

Fitness options for individuals with limited financial resources

Priority 2: Access to Healthcare

Health Indicators: Participants in the small group discussions identified the limited availability of healthcare services as a barrier to good health in Currituck 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

Currituck County Health Department – Health Educators

Carolina Access/Community Care Plan

Currituck Family Practice and Internal Medicine
Sentara Family and Internal Medicine

Resources Still Needed:

Free-standing Urgent Care Center
More local health care/specialty providers

Priority 3: Mental Health/Substance 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
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, Currituck County will outline how it plans to address these health needs in its implementation plan.

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

Appendix A. Secondary Data Scoring

Overview

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

Comparison Score

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

Indicator Score

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

Topic Score

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

Figure 46. Secondary Data Scoring

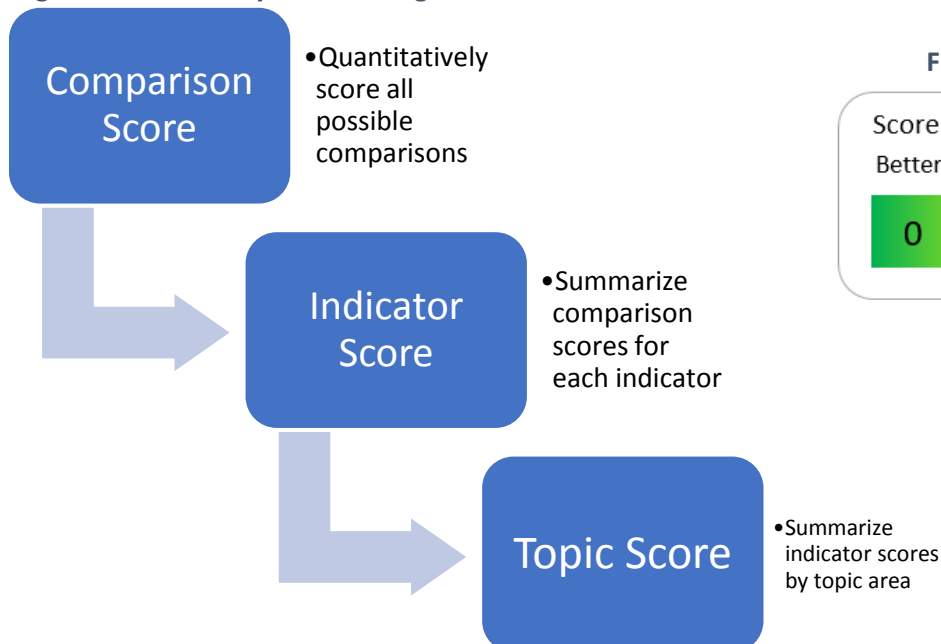
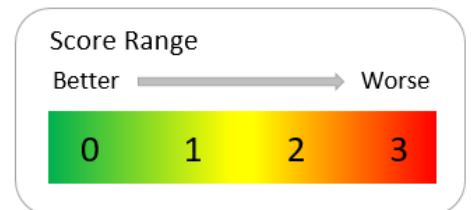


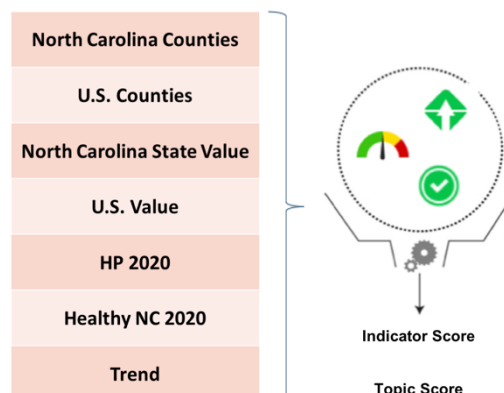
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Currituck County. The possible comparisons are shown in Figure 48 and include a comparison of Currituck 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 Currituck 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 Currituck 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 Currituck 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 Currituck County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North

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

Figure 52. Comparison to Target Value



Trend Over Time

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

Figure 53. Trend Over Time



Missing Values

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

Indicator Scoring

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

Topic Scoring

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

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

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

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

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

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

Table 20. Topic Scores for Currituck County

Health and Quality of Life Topics	Score
Access to Health Services	2.11
Transportation	1.83
Respiratory Diseases	1.77
Cancer	1.69
Women's Health	1.65
Substance Abuse	1.65
Mortality Data	1.58
Prevention & Safety	1.45
Mental Health & Mental Disorders	1.44
Diabetes	1.43
Environmental & Occupational Health	1.39
County Health Rankings	1.38
Environment	1.37
Education	1.30
Older Adults & Aging	1.23
Exercise, Nutrition, & Weight	1.21
Heart Disease & Stroke	1.20
Wellness & Lifestyle	1.18
Social Environment	1.18
Maternal, Fetal & Infant Health	1.16
Economy	0.96
Other Chronic Diseases	0.95
Immunizations & Infectious Diseases	0.95
Public Safety	0.89

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. Currituck County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Dentist Rate	2016	dentists/ 100,000 population	19.4	54.7	67.4				3
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	34.9	215.5	214.3				3
2.40	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	11.6	102.5	81.2				3
2.40	Primary Care Provider Rate	2015	providers/ 100,000 population	23.8	70.6	75.5				3
2.00	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	64.3	49	49.9				18
1.58	Clinical Care Ranking	2018	ranking	67						3
1.18	Persons with Health Insurance	2016	percent	88.3	87.8		100	92		17

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	199.7	172	166.1	161.4			6
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	18.5	12.2	11.5				6
2.45	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	18.4	14.1	14.8	14.5	10.1		6
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	63.4	50.7	44.7	45.5			6
2.20	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	77.2	70	61.2				6
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.3	21.6	21.2	20.7			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.

1.85	Cancer: Medicare Population	2015	percent	8.2	7.7	7.8				2
1.80	Mammography Screening: Medicare Population	2014	percent	62.5	67.9	63.1				18
1.45	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	118.6	129.4	123.5				6
1.05	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	423.8	457	443.6				6
0.90	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	18.8	20.1	20.5				6
0.45	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	100.1	125	114.8				6
0.35	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	32.7	37.7	39.8	39.9			6

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.58	Clinical Care Ranking	2018	ranking	67						3
1.58	Physical Environment Ranking	2018	ranking	70						3
1.28	Health Behaviors Ranking	2018	ranking	17						3
1.28	Morbidity Ranking	2018	ranking	3						3
1.28	Mortality Ranking	2018	ranking	22						3
1.28	Social and Economic Factors Ranking	2018	ranking	7						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Diabetic Monitoring: Medicare Population	2014	percent	85.2	88.8	85.2				18
1.60	Adults 20+ with Diabetes	2014	percent	11.2	11.1	10				3
1.40	Diabetes: Medicare Population	2015	percent	27.6	28.4	26.5				2
0.83	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	13.5	23	21.1				16

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	426	376	462				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.

1.93	Median Household Gross Rent	2012-2016	dollars	971	816	949		1
1.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1516	1243	1491		1
1.70	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	44.8	49.4	47.3	36.1	1
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.8				21
1.50	Homeownership	2012-2016	percent	53.2	55.5	55.9		1
1.35	Female Population 16+ in Civilian Labor Force	2012-2016	percent	58.5	57.4	58.3		1
1.30	Severe Housing Problems	2010-2014	percent	15	16.6	18.8		3
1.28	Social and Economic Factors Ranking	2018	ranking	7				3
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.8				21
1.15	Population 16+ in Civilian Labor Force	2012-2016	percent	63.9	61.5	63.1		1
0.90	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.6	3.7	3.7		19
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	13.1	29	27.6		1
0.75	Child Food Insecurity Rate	2016	percent	18.7	20.9	17.9		4
0.75	Per Capita Income	2012-2016	dollars	28202	26779	29829		1
0.73	Median Housing Unit Value	2012-2016	dollars	227400	157100	184700		1
0.70	Children Living Below Poverty Level	2012-2016	percent	14.1	23.9	21.2	Black or African American	1
0.70	People 65+ Living Below Poverty Level	2012-2016	percent	6.7	9.7	9.3		1
0.60	Total Employment Change	2014-2015	percent	6.4	3.1	2.5		20
0.55	People Living Below Poverty Level	2012-2016	percent	10	16.8	15.1	12.5	1
0.50	Families Living Below Poverty Level	2012-2016	percent	5.9	12.4	11		1
0.50	Households with Supplemental Security Income	2012-2016	percent	3.2	5	5.4		1
0.50	Students Eligible for the Free Lunch Program	2015-2016	percent	27.8	52.6	42.6		7
0.50	Young Children Living Below Poverty Level	2012-2016	percent	15.5	27.3	23.6		1
0.45	People Living 200% Above Poverty Level	2012-2016	percent	72.3	62.3	66.4		1
0.30	Food Insecurity Rate	2016	percent	10.6	15.4	12.9		4
0.30	Households with Cash Public Assistance Income	2012-2016	percent	1	1.9	2.7		1
0.30	Median Household Income	2012-2016	dollars	61086	48256	55322		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.

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Student-to-Teacher Ratio	2015-2016	students/ teacher	16	15.6	17.7				7
1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	21.9	29	30.3				1
1.40	4th Grade Students Proficient in Math	2016-2017	percent	57.9	58.6					12
1.30	8th Grade Students Proficient in Reading	2016-2017	percent	58.7	53.7					12
1.10	High School Graduation	2016-2017	percent	90.9	86.5		87	94.6		12
1.10	People 25+ with a High School Degree or Higher	2012-2016	percent	87.2	86.3	87				1
0.95	4th Grade Students Proficient in Reading	2016-2017	percent	66.5	57.7					12
0.95	8th Grade Students Proficient in Math	2016-2017	percent	55.2	45.8					12

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Liquor Store Density	2015	stores/ 100,000 population	27.7	5.8	10.5				20
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						21
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						21
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.8						21
1.65	Access to Exercise Opportunities	2018	percent	70.9	76.1	83.1				3
1.58	Physical Environment Ranking	2018	ranking	70						3
1.50	Children with Low Access to a Grocery Store	2015	percent	2.8						21
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.8						21
1.30	Severe Housing Problems	2010-2014	percent	15	16.6	18.8				3
1.25	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.08						21
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.4						21
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.8						21

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

1.05	Grocery Store Density	2014	stores/ 1,000 population	0.4						21
0.90	Houses Built Prior to 1950	2012-2016	percent	6.8	9.1	18.2				1
0.68	Drinking Water Violations	FY 2013-14	percent	0	4			5		3
0.65	Food Environment Index	2018		8.4	6.4	7.7				3

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.65	Asthma: Medicare Population	2015	percent	8	8.4	8.2				2
1.58	Physical Environment Ranking	2018	ranking	70						3
0.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	16	90.9					9

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						21
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						21
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.8						21
1.65	Access to Exercise Opportunities	2018	percent	70.9	76.1	83.1				3
1.65	Workers who Walk to Work	2012-2016	percent	1.7	1.8	2.8	3.1			1
1.50	Children with Low Access to a Grocery Store	2015	percent	2.8						21
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.8						21
1.28	Health Behaviors Ranking	2018	ranking	17						3
1.25	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.08						21
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.4						21
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.8						21
1.05	Grocery Store Density	2014	stores/ 1,000 population	0.4						21
0.75	Adults 20+ who are Obese	2014	percent	27.6	29.6	28	30.5			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.

0.75	Child Food Insecurity Rate	2016	percent	18.7	20.9	17.9				4
0.65	Food Environment Index	2018		8.4	6.4	7.7				3
0.45	Adults 20+ who are Sedentary	2014	percent	22.4	24.3	23	32.6			3
0.30	Food Insecurity Rate	2016	percent	10.6	15.4	12.9				4

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	208	161.3			161.5		16
1.65	Hyperlipidemia: Medicare Population	2015	percent	43.8	46.3	44.6				2
1.60	Hypertension: Medicare Population	2015	percent	56.4	58	55				2
1.00	Stroke: Medicare Population	2015	percent	3.4	3.9	4				2
0.90	Atrial Fibrillation: Medicare Population	2015	percent	7.7	7.7	8.1				2
0.90	Ischemic Heart Disease: Medicare Population	2015	percent	23.9	24	26.5				2
0.60	Heart Failure: Medicare Population	2015	percent	10	12.5	13.5				2
0.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	28.7	43.1	36.9	34.8			16

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.23	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	87.9	17.8	14.8		13.5		16
1.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	0	7					10
0.93	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	38.7	194.4	145.8				10
0.80	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	1.5	16.1			22.2		10
0.73	Chlamydia Incidence Rate	2016	cases/ 100,000 population	259.6	572.4	497.3				10
0.68	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10
0.60	Syphilis Incidence Rate	2016	cases/ 100,000 population	0	10.8	8.7				8
0.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0	2.2	2	3.3			16

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SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	4.8	7.2		6	6.3		16
1.48	Preterm Births	2016	percent	9.9	10.4	9.8	9.4			15
0.98	Babies with Low Birth Weight	2012-2016	percent	6.3	9	8.1	7.8			15
0.60	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	11	15.7		36.2			16
0.58	Babies with Very Low Birth Weight	2012-2016	percent	0.6	1.7	1.4	1.4			15

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	17.5	12.9	13	10.2	8.3		16
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	34.9	215.5	214.3				3
1.35	Poor Mental Health: Average Number of Days	2016	days	3.9	3.9	3.8		2.8		3
1.20	Depression: Medicare Population	2015	percent	15.2	17.5	16.7				2
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	26.2	31.9	26.6				16
0.90	Frequent Mental Distress	2016	percent	11.6	12.3	15				3
0.50	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	6.5	9.8	9.9				2

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	17.5	12.9	13	10.2	8.3		16
2.55	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	199.7	172	166.1	161.4			6
2.45	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	18.4	14.1	14.8	14.5	10.1		6
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	63.4	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.

2.40	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	208	161.3			161.5	16
2.23	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	87.9	17.8	14.8		13.5	16
2.15	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	4.8	7.2		6	6.3	16
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.3	21.6	21.2	20.7		6
1.95	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.4	16.2	16.9			3
1.63	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	36.1	31.9	41.4	36.4		16
1.28	Mortality Ranking	2018	ranking	22					3
1.10	Premature Death	2014-2016	years/ 100,000 population	7047.2	7281.1	6658.1			3
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	26.2	31.9	26.6			16
0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.9	14.1				16
0.83	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	13.5	23	21.1			16
0.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	20.8	31.4	29.3		4.7	3
0.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	28.7	43.1	36.9	34.8		16
0.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0	2.2	2	3.3		16
0.43	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	1	6.2	5.5	5.5	6.7	16

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	COPD: Medicare Population	2015	percent	13.4	11.9	11.2				2
1.90	Diabetic Monitoring: Medicare Population	2014	percent	85.2	88.8	85.2				18
1.85	Cancer: Medicare Population	2015	percent	8.2	7.7	7.8				2
1.80	Mammography Screening: Medicare Population	2014	percent	62.5	67.9	63.1				18
1.65	Asthma: Medicare Population	2015	percent	8	8.4	8.2				2
1.65	Hyperlipidemia: Medicare Population	2015	percent	43.8	46.3	44.6				2
1.60	Hypertension: Medicare Population	2015	percent	56.4	58	55				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.

1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.8						21
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.6	29.1	30				2
1.40	Diabetes: Medicare Population	2015	percent	27.6	28.4	26.5				2
1.20	Depression: Medicare Population	2015	percent	15.2	17.5	16.7				2
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	26.2	31.9	26.6				16
1.00	Stroke: Medicare Population	2015	percent	3.4	3.9	4				2
0.90	Atrial Fibrillation: Medicare Population	2015	percent	7.7	7.7	8.1				2
0.90	Ischemic Heart Disease: Medicare Population	2015	percent	23.9	24	26.5				2
0.85	Chronic Kidney Disease: Medicare Population	2015	percent	15.3	19	18.1				2
0.70	People 65+ Living Below Poverty Level	2012-2016	percent	6.7	9.7	9.3				1
0.60	Heart Failure: Medicare Population	2015	percent	10	12.5	13.5				2
0.60	People 65+ Living Alone	2012-2016	percent	22.4	26.8	26.4				1
0.50	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	6.5	9.8	9.9				2
0.50	Osteoporosis: Medicare Population	2015	percent	3.9	5.4	6				2

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.6	29.1	30				2
0.85	Chronic Kidney Disease: Medicare Population	2015	percent	15.3	19	18.1				2
0.50	Osteoporosis: Medicare Population	2015	percent	3.9	5.4	6				2

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.4	16.2	16.9				3
1.63	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	36.1	31.9	41.4	36.4			16
1.40	Domestic Violence Deaths	2016	number	0						13
1.30	Severe Housing Problems	2010-2014	percent	15	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.

0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.9	14.1					16
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SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.40	Domestic Violence Deaths	2016	number	0						13
0.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.9	14.1					16
0.95	Property Crime Rate	2016	crimes/ 100,000 population	1381.4	2779.7					11
0.83	Violent Crime Rate	2016	crimes/ 100,000 population	144.4	374.9	386.3				11
0.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	20.8	31.4	29.3		4.7		3
0.43	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	1	6.2	5.5	5.5	6.7		16

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	63.4	50.7	44.7	45.5			6
2.23	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	87.9	17.8	14.8		13.5		16
2.20	COPD: Medicare Population	2015	percent	13.4	11.9	11.2				2
2.20	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	77.2	70	61.2				6
1.65	Asthma: Medicare Population	2015	percent	8	8.4	8.2				2
0.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	16	90.9					9
0.68	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Mean Travel Time to Work	2012-2016	minutes	36	24.1	26.1				1
2.18	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	426	376	462				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.

1.93	Median Household Gross Rent	2012-2016	dollars	971	816	949				1
1.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1516	1243	1491				1
1.65	Social Associations	2015	membership associations/ 10,000 population	12.3	11.5	9.3				3
1.55	Voter Turnout: Presidential Election	2016	percent	66.9	67.7					14
1.50	Homeownership	2012-2016	percent	53.2	55.5	55.9				1
1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	21.9	29	30.3				1
1.35	Female Population 16+ in Civilian Labor Force	2012-2016	percent	58.5	57.4	58.3				1
1.28	Social and Economic Factors Ranking	2018	ranking	7						3
1.18	Persons with Health Insurance	2016	percent	88.3	87.8		100	92		17
1.15	Population 16+ in Civilian Labor Force	2012-2016	percent	63.9	61.5	63.1				1
1.10	People 25+ with a High School Degree or Higher	2012-2016	percent	87.2	86.3	87				1
0.85	Linguistic Isolation	2012-2016	percent	0.4	2.5	4.5				1
0.75	Per Capita Income	2012-2016	dollars	28202	26779	29829				1
0.73	Median Housing Unit Value	2012-2016	dollars	227400	157100	184700				1
0.70	Children Living Below Poverty Level	2012-2016	percent	14.1	23.9	21.2			Black or African American	1
0.70	Single-Parent Households	2012-2016	percent	25.2	35.7	33.6				1
0.60	People 65+ Living Alone	2012-2016	percent	22.4	26.8	26.4				1
0.60	Total Employment Change	2014-2015	percent	6.4	3.1	2.5				20
0.55	People Living Below Poverty Level	2012-2016	percent	10	16.8	15.1		12.5		1
0.50	Young Children Living Below Poverty Level	2012-2016	percent	15.5	27.3	23.6				1
0.30	Median Household Income	2012-2016	dollars	61086	48256	55322				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Liquor Store Density	2015	stores/ 100,000 population	27.7	5.8	10.5				20
1.95	Adults who Drink Excessively	2016	percent	18.9	16.7	18	25.4			3
1.95	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	18.4	16.2	16.9				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.

1.80	Adults who Smoke	2016	percent	17.3	17.9	17	12	13	3
1.28	Health Behaviors Ranking	2018	ranking	17					3
0.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	20.8	31.4	29.3		4.7	3

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Mean Travel Time to Work	2012-2016	minutes	36	24.1	26.1				1
2.50	Solo Drivers with a Long Commute	2012-2016	percent	61.8	31.3	34.7				3
2.05	Workers Commuting by Public Transportation	2012-2016	percent	0.3	1.1	5.1	5.5			1
2.00	Workers who Drive Alone to Work	2012-2016	percent	84.2	81.1	76.4			Two or More Races	1
1.65	Workers who Walk to Work	2012-2016	percent	1.7	1.8	2.8	3.1			1
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.4						21
0.70	Households without a Vehicle	2012-2016	percent	4	6.3	9				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.65	Life Expectancy for Females	2014	years	79.7	80.2	81.5		79.5		5
1.60	Life Expectancy for Males	2014	years	74.7	75.4	76.7		79.5		5
1.28	Morbidity Ranking	2018	ranking	3						3
1.05	Poor Physical Health: Average Number of Days	2016	days	3.5	3.6	3.7				3
0.90	Frequent Physical Distress	2016	percent	10.5	11.3	15				3
0.90	Insufficient Sleep	2016	percent	31	33.8	38				3
0.90	Self-Reported General Health Assessment: Poor or Fair	2016	percent	13.9	17.6	16		9.9		3

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CURRITUCK COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.3	21.6	21.2	20.7			6
1.80	Mammography Screening: Medicare Population	2014	percent	62.5	67.9	63.1				18

•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	Life Expectancy for Females	2014	years	79.7	80.2	81.5	79.5	5
1.45	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	118.6	129.4	123.5		6
1.40	Domestic Violence Deaths	2016	number	0				13

•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 Department of Public Safety
14	North Carolina State Board of Elections
15	North Carolina State Center for Health Statistics
16	North Carolina State Center for Health Statistics, Vital Statistics
17	Small Area Health Insurance Estimates
18	The Dartmouth Atlas of Health Care
19	U.S. Bureau of Labor Statistics
20	U.S. Census - County Business Patterns
21	U.S. Department of Agriculture - Food Environment Atlas

Appendix B. Primary Data

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

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

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

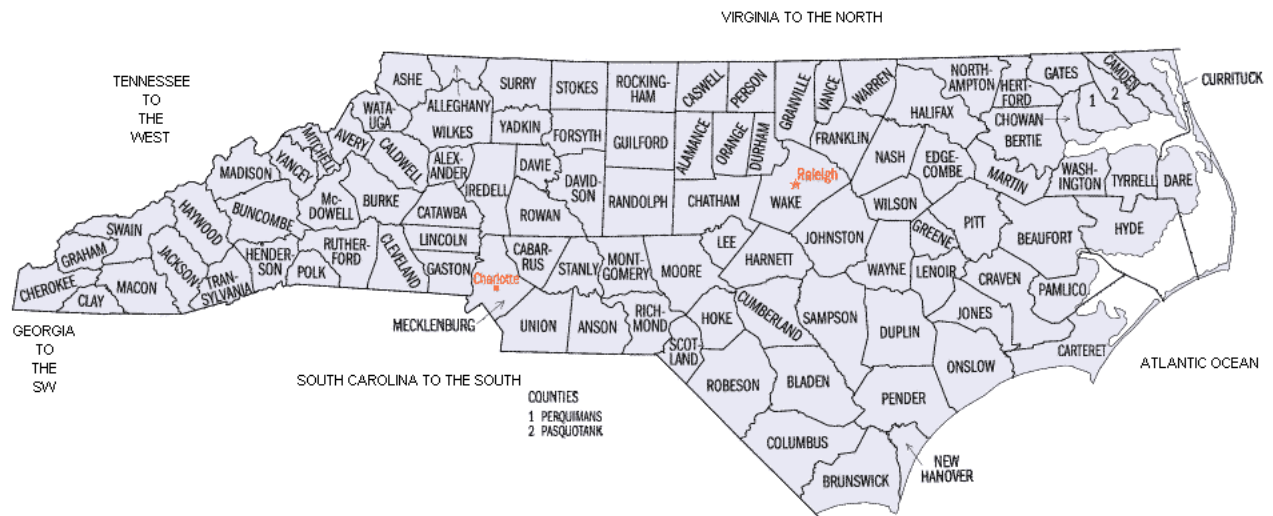
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

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

North Carolina County Map



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

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

PART 2: Community Improvement

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

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> 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"/> More affordable/better housing | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| | | <input type="checkbox"/> None |

☐ Other (please specify)

PART 3: Health Information

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

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

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

☐ Other (please specify)

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

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

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No *(if No, skip to question #12)*

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

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Don't know / not sure

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

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

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

☐ Don't know / not sure

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

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

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

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

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

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

- ☐ Yes
- ☐ No *(if No, skip to question #23)*

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No *(if No, skip to question #26)*
- ☐ Don't know/not sure *(if Don't know/not sure, skip to question #26)*

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

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

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

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

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

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

☐ Other (please specify)

--

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐

Yes

☐

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

☐

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

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

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

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

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

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

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

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

- ☐ Yes, flu shot

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

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

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

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

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

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

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

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

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

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

☐ Other (please specify)

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

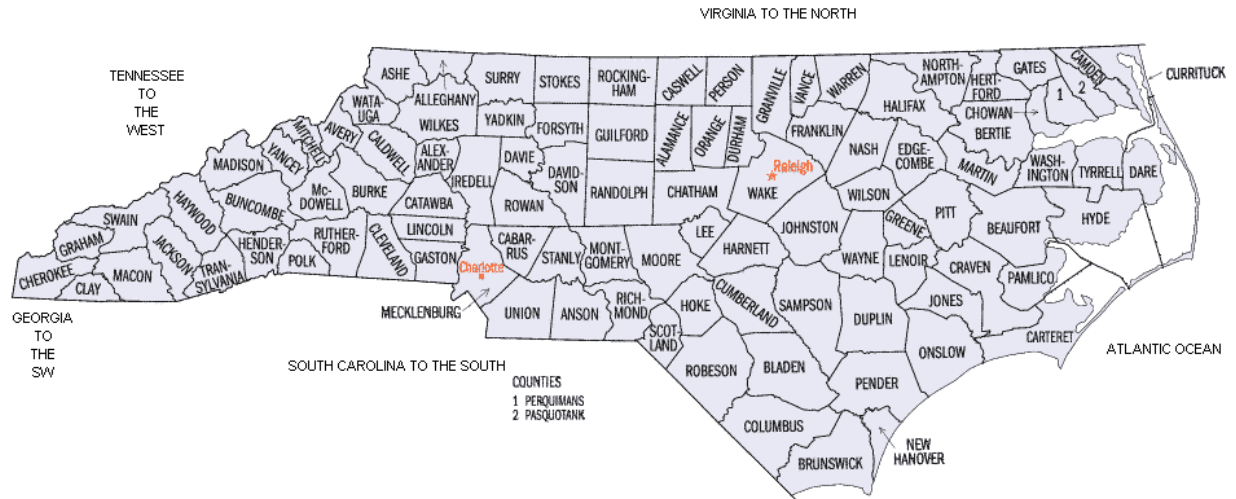
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

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

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

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

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

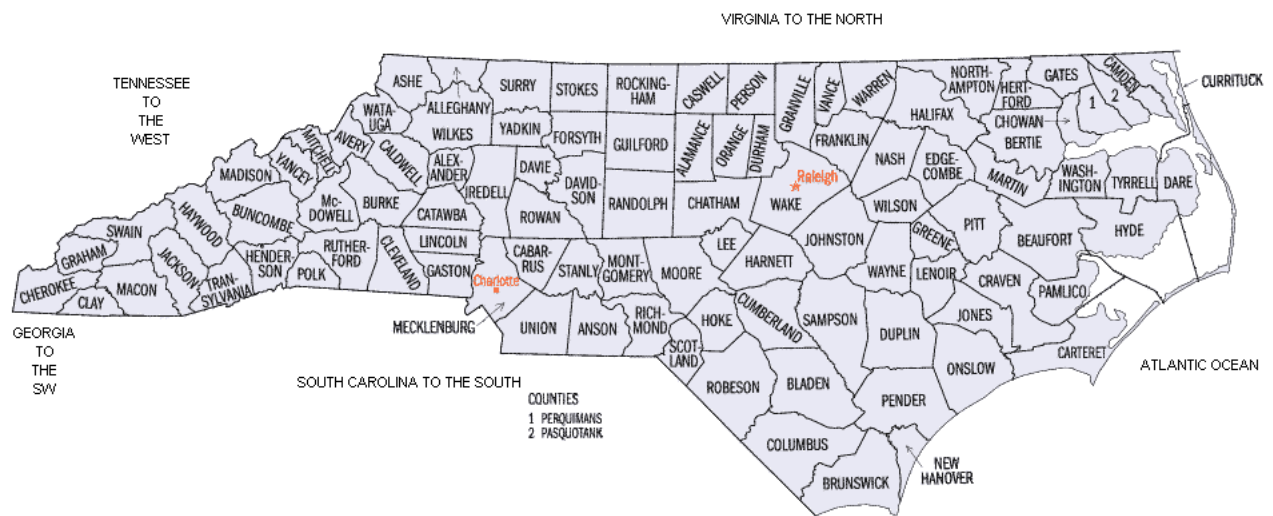
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> 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
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

PARTE 3: Información de salud

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

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

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

☐

Otros (especificar)

--

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

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

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

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

- ☐ Sí
- ☐ No

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

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

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

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

PARTE 4: Salud personal

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

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

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

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

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

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

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

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

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

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

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

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

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

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

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

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

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

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

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

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

- ☐ Heroína
- ☐ Otros (especificar)

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

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

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

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

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

- ☐ Sí
- ☐ No

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

☐

Sí

☐

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

☐

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

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

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

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

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

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

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

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

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

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

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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

☐

Sí

☐

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

☐

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

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

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

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

☐

Sí

☐

No

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

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

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

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

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

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

PARTE 5: Acceso a la atención / Salud familiar

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

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

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

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

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

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

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

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

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

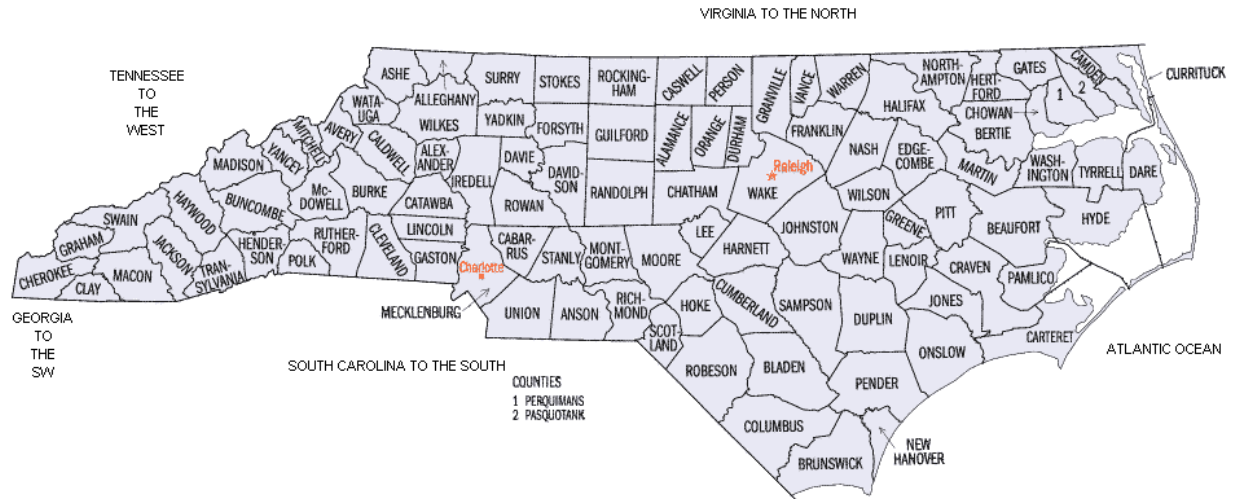
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

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

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

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

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

Carova Beach Volunteer Fire Department, Inc.

P.O. Box 20, Corolla, NC 27927

2169 Ocean Pearl Rd., Corolla, NC 27927

252-453-8690

Fax: 252-453-8659

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

Corolla Fire and Rescue Squad, Inc.

P.O. Box 52, Corolla, NC 27927

827 Whalehead Dr., Corolla, NC 27927

252-453-3242

Fax: 252-453-3082

Website: www.corollafireandrescue.com

Crawford Township Volunteer Fire Department, Inc.

121 Shawboro Rd.

Moyock, NC 27958

252-232-3313

Barco Station: 252-453-2213

Sligo Station: 252-232-3313

Sligo Station Fax: 252-232-3489

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

Knotts Island Volunteer Fire Department, Inc.

P.O. Box 115, Knotts Island, NC 27950

327 Knotts Island Rd, Knotts Island, NC 27950

252-429-3536

Fax: 252-429-3737

Lower Currituck Volunteer Fire Department, Inc.

P.O. Box 207 Grandy, NC 27939
6323 Caratoke Hwy Grandy, NC 27939
Grandy Station: 252-453-2761
Grandy Station Fax: 252-453-4579
Harbinger Station: 252-491-8101
Waterlily Station: 252-453-4675
Website: www.lcvfd.org

Moyock Volunteer Fire Department, Inc.

108 Fire Station Ct., Moyock, NC. 27958
252-435-2281
Fax: 252-435-6450
Website: www.moyockfd.org

Virginia Beach Fire Department – Blackwater Station (serves the community of Gibbs Woods)

Fire/EMS

Currituck County Fire-EMS (CCFEMS)
2795 Caratoke Highway
Currituck, NC 27929
252-232-7746
Fax: 252-232-0015
Hours: Mon-Fri 8am-5pm

Police

Non-Emergency

252-232-2216

Currituck County Sherriff's Office

407 Maple Road, Maple, NC 27956
252-453-8204
Fax: 252-453-2238

Corolla/Carova Office

1123 Ocean Trail, Corolla, NC 27927

252-453-2121

Knotts Island Office

633 Knotts Island Road, Knotts Island, NC 27950

252-429-3827

Detention Center

252-453-2194

Animal Control

252-453-8682

Libraries

Currituck Public Library [Main]

4261 Caratoke Hwy Barco, NC 27917

252-453-8345

<http://library.earlibrary.org/currituck/>

East Albemarle Regional Library

<http://www.earlibrary.org/TLCScripts/interpac.dll?SearchForm&Directions=1&Config=pac>

Moyock Library

126 Campus Drive (off of Tulls Creek Rd)

Moyock, NC 27958

252-435-6419

Corolla Branch

1123 Ocean Trail

P.O. Box 193

Corolla, NC 27927

252-453-0496

Carova Station

Honor Books Available at the Fire Station

Knotts Island and Gibbs Woods

Books Available by Mail

Outreach

Books delivered to Shut-ins and Nursing Home Residents -- First Wednesday of the Month
Day-cares -- Third Tuesday and Wednesday

Parks and Recreation

Community Center/YMCA Building
130 Community Way,
Barco, NC 27917
252-232-3007
Hours: Mon-Fri 8am-5pm

Public Schools

Currituck County Schools

<http://www.currituck.k12.nc.us/Domain/1>

Central Elementary School

504 Shortcut Rd.
Barco, NC 27917
252-453-0010

Currituck County High School

4203 Caratoke Hwy.
Barco, NC 27917
252-453-0014

Currituck County Learning Center

Located at Currituck County High School
252-453-0017 EXT 3003

Currituck County Middle School

4263 Caratoke Hwy.
Barco, NC 27917
252-453-2171

Griggs Elementary School

261 Poplar Branch Rd.
Poplar Branch, NC 27965
252-453-2700

J.P. Knapp Early College

2966 Caratoke Hwy.
Currituck, NC 27929
252-232-3107

Jarvisburg Elementary School

110 Jarvisburg Rd.
Jarvisburg, NC 27947
252-491-2050

Knotts Island Elementary School

Knotts Island, NC 27950
252-722-0770

Moyock Elementary School

255 Tulls Creek Rd.
Moyock, NC 2758
252-435-6521

Moyock Middle School

216 Survey Rd.
Moyock, NC 27958
252-435-2566

Shawboro Elementary School

370 Shawboro Rd.
Moyock, NC 27958
252-232-2237

Private Schools**Jarvisburg Christian Academy**

121 Forbes Rd.
Jarvisburg, NC 27947
252-491-8283

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/>

Old Dominion University

5115 Hampton Boulevard

Norfolk, VA 23529

757-683-3000

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

College of William and Mary

Williamsburg, VA 23187

757-221-4000

Website: <http://www.wm.edu/index.php>

Norfolk State University

700 Park Avenue

Norfolk, VA 23504

757-823-8600

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

Regent University

1000 Regent University Drive

Virginia Beach, VA 23464

800-373-5504

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

Virginia Wesleyan College

1584 Wesleyan Dr.

Norfolk, VA 23502

757-455-3200

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

Hampton University

Hampton, VA 23668

757-727-5000

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

Eastern Virginia Medical School

P.O. Box 1980

Norfolk, VA 23501

757-446-5600

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

Partnerships to Improve Community Health (PICH)

This project focuses on addressing risk factors for chronic disease with coalitions compiled of representatives from health departments, faith-based institutions, local governments, community colleges, health and human service agencies, and community organizations which will implement strategies to reduce secondhand smoke exposure and improving nutrition.

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

Farmers Markets, Farmstands, and Roadside Stands (12)

<http://healthync.org/healthy-foods/markets-and-stands/#Currituck-County>

Coinjock Creek Mobile Market

194 Maple Rd. Maple, NC 27956

252-267-3332

Accepts: SNAP, EBT

Coinjock Creek Farm and Market

194 Maple Rd.

Maple, NC 27956

252-267-3332

Currituck Farmers Market

130 Community Way, Currituck, NC
Olivia at Cooperative Extension Office

Grandy Greenhouse and Market

6264 Caratoke Hwy.
Grandy, NC 27939
252-452-2658

Home Grown Market

7026 Caratoke Hwy.
Jarvisburg, NC 27947
252-491-2181

Morris Farm Market

3784 Caratoke Hwy.
Barco, NC 27917
252-453-2837

Powells Roadside Market

2138 Caratoke Hwy.
Moyock, NC 27958
252-232-2745

Roberts Ridge Farm

501 N. Indiantown Rd.
Shawboro, NC 27973
252-202-9665

JC Rose Farm

125 Camelia Drive Moyock, NC
Gary Disharoon

Seaside Farm Market

787 Sunset Blvd.
Corolla, NC 27927
252-453-8285

Tarheel Produce

16954 Caratoke Hwy.
Grandy, NC 27939
252-491-8600

Whichard's Farm Market

7464 Caratoke Hwy.
Jarvisburg, NC 27947
252-326-1850
whichardsfarmmarket@gmail.com
Accepts: SNAP, EBT

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 Currituck County Health Department is part of ARHS, an eight-county regional, accredited Public Health Department headquartered in Elizabeth City, NC. The local health department is located in Currituck at 2795 Caratoke Highway. 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.

Currituck County Health Department

2795 Caratoke Hwy.
Currituck, NC 27929
252-232-2271

Hospitals

There are no hospitals in either Currituck County or Pamlico County.

Other Hospitals

There are eight hospitals in northeastern NC that serve residents of Currituck County. Of these, only Vidant Medical Center in Greenville offers a Trauma Center (rated for Level I care).

Vidant Bertie Hospital

1403 South King Street
P.O. Box 40
Windsor, NC 27983
252-794-6600

Vidant Chowan Hospital

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

The Outer Banks Hospital, Inc.

4800 S. Croatan Highway
Nags Head, NC 27959
877-359-9179

Vidant Roanoke-Chowan Hospital

500 South Academy Street
P.O. Box 1385
Ahoskie, NC 27910

Martin General Hospital

310 South McCaskey Road
Williamston, NC 27892
252-809-6179

Sentara Albemarle Medical Center

1144 N. Road Street
Elizabeth City, NC 27909
252-384-4122

Vidant Medical Center

2100 Statonsburg Road
P.O. Box 6028
Greenville, NC 27835
252-847-4100

Washington County Hospital

958 US Hwy 64 East
Plymouth, NC 27962
252-793-4135

Medical Services

EMS

Ralph "Chip" Melton

Chief, Fire & Emergency Medical Services
2795 Caratoke Highway
Currituck, North Carolina 27929
Phone: 252-232-7746
Fax: 252-232-0015

NC Cooperative Extension

120 Community Way
Barco, NC 27917
252-232-2261
Fax: 252-453-2782
Website: <https://currituck.ces.ncsu.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

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

Phone: 252-847-9428

Trillium

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

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

Email: info@trilliumnc.org

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

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/>

Physicians

Sentara Family & Internal Medicine Physicians

446 Caratoke Hwy

Moyock, NC 27958

252-435-1275

Website: <http://www.sentara.com/hampton-roads-virginia/hospitalslocations/locations/sentara-internal-medicine-physicians/simple-locations/sentara-family-internal-medicine-physicians-moyock.aspx>

Currituck Internal Medicine & Family Practice

534 Caratoke Hwy

Moyock, NC

252-435-6621

Albemarle Family Practice

1141 N. Road St.

252-335-5424

Dentists

Morgan & Morgan: Morgan Jr. Patrick H DDS

153 Worth Guard Rd.

Coinjock, NC 27923

252-453-2181

Currituck Dental: Rimmer Suzanne D DDS

112 Currituck Commercial Dr.
Moyock, NC 27958
252-232-0800

Community Clinic**Dr. Norman Dahm**

8845 Caratoke Highway
Point Harbor, NC 27964
252-491-8550

Others**Mane and Tail Therapeutic Horsemanship Academy**

6066 Caratoke Highway
Poplar Branch, NC 27965
252-448-1774

Currituck County Joblink Career Center

2793 Caratoke Highway
Currituck, NC 27929
252-232-3083

Work First Family Assistance

2793 Caratoke Highway
Currituck, NC 27929
252-232-3083

Department of Social Services

153 Courthouse Road
Suite 400
Currituck, NC 27929
252-232-3083
Fax: 252-232-2167

Currituck County Senior Center

2793 Caratoke Hwy.
Currituck, NC 27929
252-232-3505

Currituck House Assisted Living

141 Moyock Landing Dr.
Currituck, NC
252-435-1024

Sentara Nursing Center

3907 Caratoke Highway
Barco, NC 27917
252-457-0500

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

Mission: To improve children's lives in Bertie, Camden, Currituck, Gates, and Pasquotank Counties.

Goals: To make sure children enter school healthy and ready to learn. To provide programs for young children and caregivers to improve quality of child care and funds child care scholarships and programs designed to support families.

1403 Parkview Drive
Elizabeth City, NC 27909
Phone: 252-333-1233
Fax: 252-333-1201
Email: contact@albemarleacf.org
Website: <http://albemarleacf.org/>

Childcare

Central Elementary Preschool

504 Shortcut Road
Barco, NC 27917
252-453-0010

Currituck County Head Start

494 Short Cut Road
Barco, NC 27917

252-453-4992

Humble Beginnings Child Care Center

268 Caratoke Hwy
Moyock, NC 27958
252-232-1398

Jarvisburg Elementary School: More at Four

110 Jarvisburg Road
Jarvisburg, NC 27947
252-491-2050

A Brighter Start Academy, Inc.

113 Gallop Road
Point Harbor, NC 27964
252-491-2040

Farmer in the Dell Preschool

7467 Caratoke Highway
Jarvisburg, NC 27947
252-491-8196

New Beginnings

Moyock, NC 27958
252-232-2051

Tiny Tots Learning Center

Highway 3 Aydlett Road
Poplar Branch, NC 27965
252-453-8218

Griggs Elementary Preschool

Poplar Branch, NC 27965
(252) 453-2700