Pamlico County Health Department

2019 Community Health Needs Assessment
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Executive Summary
Pamlico County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Pamlico County.

Service Area
The service area for this report is defined as the geographical boundary of Pamlico County, North Carolina. Pamlico County is located in the coastal area of the state and has an area of 567 square miles, of which 337 square miles is land and 230 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 B for a full list of data sources used.

Indicator values for Pamlico 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 B.

Primary Data
The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Almost 300 Pamlico 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 C 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 Pamlico County and are displayed in Table 1.
Table 1. Significant Health Needs

<table>
<thead>
<tr>
<th>Access to Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Economy</td>
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<tr>
<td>Environment</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
</tbody>
</table>

Selected Priority Areas
COUNTY RESPONSIBILITY
- Access to Health Services
- Substance Abuse/Mental Health
- Transportation

Conclusion
This report describes the process and findings of a comprehensive health needs assessment for the residents of Pamlico County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Pamlico County. Following this process, Pamlico County will outline how they plan to address the prioritized health needs in their implementation plan.
Introduction

Pamlico County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Pamlico County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Pamlico 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 2019 Pamlico County Community Health Needs Assessment was developed through a partnership between the Pamlico County Health Department, Health ENC and Conduent Healthy Communities Institute, with Vidant Health 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
• Battle Betts - 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 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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Pamlico County Health Department

The Pamlico County is required by the North Carolina Department of Health and Human Services to conduct a Community Health Assessment (CHA) every three or four years. Community health assessments are used to identify priority health issues and to plan interventions to build healthier communities with the ultimate goal of improving the health of our community.

A State-of-the-County’s Health (SOTCH) Report is required for local health departments during each of the interim years. The SOTCH updates leaders, partners and community on the progress towards the public health goals identified in the CHA.

The CHA is required of all public health departments in the County Consolidated Agreement between the North Carolina Division of Public Health and local public health departments. Furthermore, it is also required for local public health accreditation through the North Carolina Local Health Department Accreditation Board and is also mandated by the NC General Statutes 130A.

The Affordable Care Act requires all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) which is similar to, though not identical, to the Community Health Assessment that each North Carolina health department is currently required to conduct. The North Carolina Division of Public Health has allowed counties to sync with local hospitals for a three-year cycle in order to avoid duplication of efforts and to pool resources.

Community Health Team Structure

A Community Health Assessment Steering Committee was formed in March 2018 primarily made up from the county health department management team members and in addition with the assistance of the Pamlico County Health Collaborative providing guidance and input as needed. The Pamlico County Health Collaborative is made up of approximately 25 dedicated community members and representatives from various agencies throughout Pamlico County wishing to make Pamlico County a Healthier place to live. The Collaborative is made up of representatives from the following groups:

- County and city government
- Educational Institutions
  - Pamlico County Schools
  - Pamlico County Community College
  - Arapahoe Charter School
- Faith-based organizations
  - Churches
  - Local Summer Camps
- Health care providers
- Public service providers
- Oral health
- Substance prevention
- Mental health
A very special “thank you” to Sarah Gibbs of Pamlico County Health Department. Sarah works vigorously to distribute health opinion surveys at community events, area churches and to various organizations throughout the county.

**Distribution**

An electronic copy of this report is available on [HealthENC.org](http://HealthENC.org). Copies of the report can be downloaded by visiting the Pamlico County Web site: [http://www.pamlicocounty.org/health-department.aspx](http://www.pamlicocounty.org/health-department.aspx). Two hard copies will also be available at the Public Library.
**Evaluation of Progress Since Prior CHNA**

**COUNTY RESPONSIBILITY**

The community health improvement process should be viewed as an iterative cycle. Pamlico County was currently in a 4-year cycle since Pamlico County does not have a Not-for Profit Hospital within the county. Vidant Health has partnered with Pamlico County and we are now on a 3 year cycle. The IRS requirements state that hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report.

An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2014 Community Health Needs Assessment, Mental Health/Substance abuse and obesity were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

**Community Feedback on Prior CHNA**

The 2014 Pamlico County Community Health Needs Assessment was made available to the public via County Website or through the local library. Community members were invited to submit feedback via email address, online, in-person session, etc]. No comments had been received on the preceding CHNA at the time this report was written.
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 Pamlico County.

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 137 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Pamlico County’s status, including how Pamlico 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 Pamlico 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.

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

Figure 2. Secondary Data Scoring

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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

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

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.
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
Pamlico County 2018 Community Health was conducted by the following methods. County emails to employees, list severs of various agencies, hard copies made available in health department and DSS waiting areas, and by doing community outreach during health fairs, local churches and civic organizations. Targeted individuals consisted of 18 years and older of all demographics within the county.

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 236 responses were collected from Pamlico County residents, with a survey completion rate of 96.6%, resulting in 228 complete responses from Pamlico County. The survey analysis included in this CHNA report is based on complete responses.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>English Survey</th>
<th>Spanish Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health ENC Counties</td>
<td>15,917</td>
<td>441</td>
<td>16,358</td>
</tr>
<tr>
<td>Pamlico County</td>
<td>228</td>
<td>0</td>
<td>228</td>
</tr>
</tbody>
</table>

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

Demographics of Survey Respondents
The following charts and graphs illustrate Pamlico County demographics of the community survey respondents.

Among Pamlico County survey participants, 51.8% of respondents were over the age of 50, with the highest concentration of respondents (13.5%) grouped into the 60-64 age group. The majority of respondents were female (79.2%), spoke English at home (100%), and Not Hispanic (98.2%). Just over half of respondents were White (55.9%), while 41% were Black or African American.

Survey respondents had varying levels of, with the highest share of respondents (32.7%) having graduated high school and the next highest share of respondents (24.7%) having an associate’s degree or vocational training (Figure 3).
As shown in Figure 4, over half of the respondents were employed full-time (57.8%) and the highest share of respondents (17%) had household annual incomes $25,000 to $34,999 before taxes. The average household size was 2.6 individuals.
Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (46.8%), while 15% have no health insurance of any kind and 14.1% have Medicare.

Overall, the community survey participant population consisted of white and black women, with varying levels of education and income. The survey was a convenience sample survey, and thus the results may not be fully 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. 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 Pamlico County. A list of questions asked at the focus groups is available in Appendix C.
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.

Three focus group discussions were completed within Pamlico County between July 25, 2018 – July 30, 2018 with a total of 15 individuals. Participants included members of the community of various ages and backgrounds. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

<table>
<thead>
<tr>
<th>Date Conducted</th>
<th>Focus Group Location</th>
<th>Population Type</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/25/2018</td>
<td>Pamlico County Department of Social Services</td>
<td>General Population</td>
<td>6</td>
</tr>
<tr>
<td>7/26/2018</td>
<td>Pamlico County Health Department</td>
<td>General Population</td>
<td>3</td>
</tr>
<tr>
<td>7/30/2018</td>
<td>Pamlico County Health Department</td>
<td>General Population, Female Only</td>
<td>6</td>
</tr>
</tbody>
</table>

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

Although turnout for some of the focus groups may have been low, 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 in combination with the responses from the community survey, the primary data collection process for Pamlico County is rich with involvement by a representative cross section of the community.

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

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In
addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

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

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

Prioritization

Base on the information gathered during the focus groups and discussion with the Pamlico County Health Collaborative the following areas are considered the most important. In addition, the areas listed can change as time and conditions change within the county.

- Access to health care (specialty care)
- Mental Health/Suicide Prevention/Substance abuse
- Transportation
- Obesity
Overview of Pamlico County

About Pamlico County

Pamlico County is known as the Sailing Capital of North Carolina. In recent years, vacationers, sailing enthusiasts, sportsmen, and land developers are being lured by the beauty and isolation of Pamlico. With larger cities just North (New Bern and Greenville) and South East (Morehead City) of our county, citizens still have experienced struggle and hardship to receive basic medical care. Several of these hardships such as the lack of transportation and medical providers has been an ongoing hardship for our citizens. According to Census.gov, the population of Pamlico county in 2017 is 12,689 and a decrease of 3.5%. Racial breakdown shows whites at 77.7%, AA at 19.4, Hisp. at 3.7% and two or more races 1.4%. A large portion of the local economic base is directly tied to farming, fishing, forestry and tourism with the recreation and retirement industry becoming a more important economic sector. Fishing, farming and forestry still remains the major industry for Pamlico County.

Pamlico County has suffered many setbacks in recent years because the decline of patients and services. Mostly these declines are related to budget cuts, loss of staff which results in a temporary loss of specific programs. One example is the loss of our Family Nurse Practitioner, Registered Dietician Primary Care Provider, our health educator and emergency preparedness coordinator. With the loss of the FNP, we have seen a great decrease in the number of patients and clients. Another issue that had a great impact on the health department was the stability of a health director. Within walking distance of the health department there is a FQHC with a similar name as the health department (Pamlico Community Health Center) which many individuals within the county think is the county health department and will seek out care at this facility.

The health department has a highly dedicated team of staff, which remains positive and optimistic. Pamlico County Health Department. Currently, the health department has a dedicated staff, which works hard and goes above and beyond in providing services to patients and clients.
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 Pamlico County, North Carolina.

Population
According to the U.S. Census Bureau’s 2016 population estimates, Pamlico County has a population of 12,821 (Figure 6). The population of Pamlico County decreased from 2014 to 2015, and slightly increased from 2015 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
Figure 7 shows the population density of Pamlico County compared to other counties in the Health ENC region. Pamlico County has a population density of 39.1 persons per square mile, and is less dense than most other Health ENC counties.

Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)
Age and Gender
Overall, Pamlico County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Pamlico County population by age group. The 65-74 age group contains the highest percent of the population at 16.7%, while the 45-54 age group contains the next highest percent of the population at 12.4%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)
People 65 years and older comprise 28.1% of the Pamlico County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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

Males comprise 51.1% of the population, whereas females comprise 48.9% of the population (Table 5). The median age for males is 49.4 years, whereas the median age for females is 54.2 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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>Health ENC Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>18+</td>
<td>84.2%</td>
<td>77.3%</td>
<td>28.1%</td>
</tr>
<tr>
<td>65+</td>
<td>76.7%</td>
<td>15.5%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of Total Population</th>
<th>Percent of Male Population</th>
<th>Percent of Female Population</th>
<th>Median Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>18+</td>
<td>65+</td>
</tr>
<tr>
<td>Pamlico County</td>
<td>51.1%</td>
<td>84.2%</td>
<td>84.3%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>48.6%</td>
<td>76.3%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>49.2%</td>
<td>75.8%</td>
<td>77.5%</td>
</tr>
</tbody>
</table>
Birth Rate

Birth rates are important measures 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 Pamlico County (7.7 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 over the past three measurement periods, the birth rate in Pamlico County increased from 2015 to 2016.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)
Race/Ethnicity
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

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

The proportion of residents that identify as White is larger in Pamlico County (77.7%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Pamlico County has a smaller share of residents that identify as Black or African American (19.4%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.7% of Pamlico County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
Tribal Distribution of Population
The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

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

<table>
<thead>
<tr>
<th>State Designated Tribal Statistical Area (SDTSA)</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coharie SDTSA</td>
<td>62,160</td>
</tr>
<tr>
<td>Eastern Cherokee Reservation</td>
<td>9,613</td>
</tr>
<tr>
<td>Haliwa-Saponi SDTSA</td>
<td>8,700</td>
</tr>
<tr>
<td>Lumbee SDTSA</td>
<td>502,113</td>
</tr>
<tr>
<td>Meherrin SDTSA</td>
<td>7,782</td>
</tr>
<tr>
<td>Occaneechi-Saponi SDTSA</td>
<td>8,938</td>
</tr>
<tr>
<td>Sappony SDTSA</td>
<td>2,614</td>
</tr>
<tr>
<td>Waccamaw Siouan SDTSA</td>
<td>2,283</td>
</tr>
</tbody>
</table>
Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Pamlico County has a smaller share of residents in the military (0.1%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the military population in Pamlico County has remained stable at 0.1%, and is lower than in North Carolina and the Health ENC region.

Figure 12. Population in Military / Armed Forces (American Community Survey)
Veteran Population
The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities.

Pamlico County has a veteran population of 14.5% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). Figure 13 also shows that the veteran population of Pamlico County has increased over the past three measurement periods. In contrast, the veteran population in North Carolina has decreased over the past three measurement periods.

Figure 13. Veteran Population (American Community Survey, 2012-2016)
Socioeconomic Profile
Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

NC Department of Commerce Tier Designation
The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Pamlico 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 Pamlico County ($43,808), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)
Compared to counties in the Health ENC region, Pamlico County has a relatively similar median household income compared to other Health ENC counties (Figure 15).

Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)
Within Pamlico County, zip code 28587 has the lowest median household income ($23,672) while zip code 28529 has the highest median household income ($51,591) (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, 14.5% percent of the population in Pamlico 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 children living below the poverty level (28.6%) is higher than the rates for North Carolina (23.9%) and Health ENC counties (27.6%). However, the rate for older adults living below the poverty level (7.0%) is lower in Pamlico County when compared to North Carolina (9.7%) and Health ENC counties (11.5%) (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 Pamlico County (21.7%) is lower than the rate in North Carolina (29.0%) and Health ENC counties (28.1%).

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

![Bar chart showing percent of disabled population living in poverty in Pamlico County, North Carolina, and Health ENC counties.](image)
Housing
The average household size in Pamlico County is 2.3 people per household, which is slightly lower than 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 Pamlico County, the median housing costs for homeowners with a mortgage is $1,134. This is slightly lower than the North Carolina value of $1,243, but similar to 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. Countywide, 17.2% 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 Pamlico County, 40.9%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

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

Employment

- **Major Employers:**
  - Pamlico County Government
  - Pamlico County School System
  - The following site will give you other employers and business in the county. [https://www.pamlicocounty.org/Business-Resources.aspx](https://www.pamlicocounty.org/Business-Resources.aspx)
  - [https://www.nccommerce.com/lead/data-tools/industry/top-employers](https://www.nccommerce.com/lead/data-tools/industry/top-employers)
  - [https://ncchamber.net/member-involvement/local-chambers-of-commerce/](https://ncchamber.net/member-involvement/local-chambers-of-commerce/)
  - [https://edpnc.com/industries/](https://edpnc.com/industries/)
**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 Pamlico 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 Pamlico 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 28515, with an index value of 82.6, has the highest level of socioeconomic need within Pamlico County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Pamlico County are provided in Table 7.

*Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)*
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index Value</th>
<th>Relative Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>28515</td>
<td>82.6</td>
<td>5</td>
</tr>
<tr>
<td>28529</td>
<td>72.0</td>
<td>4</td>
</tr>
<tr>
<td>28587</td>
<td>70.9</td>
<td>4</td>
</tr>
<tr>
<td>28556</td>
<td>57.5</td>
<td>3</td>
</tr>
<tr>
<td>28571</td>
<td>39.6</td>
<td>2</td>
</tr>
<tr>
<td>28510</td>
<td>38.4</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: [http://www.healthenc.org/socioneeds](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 (86.7%) is higher than the state value (86.3%) and regional value (84.7%) (Figure 25). Higher educational attainment in Pamlico County is lower than the state value and similar to the regional value. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina, the rate drops to 19.9% in Health ENC counties and 19.2% in Pamlico County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)
Countywide, the high school degree attainment rate varies, with zip code 28552 having the lowest high school graduation rate of 65.7% (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.

Pamlico County’s high school dropout rate, given as a percent of high school students in Figure 27, is 0.7% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Further, the high school dropout rate in Pamlico County has decreased from 3.3% in 2014-2015 to 0.7% in 2016-2017.
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.

Pamlico County’s rate of high school suspension (17.6 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 (Figure 28).

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

Educational System within Pamlico County

- [https://www.pamlicoschools.org/](https://www.pamlicoschools.org/)
- [https://pamlicopartnership.org/announcements/](https://pamlicopartnership.org/announcements/)
- [http://www.pamlico chamber.com/education.html](http://www.pamlico chamber.com/education.html)
- (regulated child care, primary and secondary schools, public, private, charter, community colleges, colleges, universities, trade schools)
  - [http://www.nccommunitycolleges.edu/](http://www.nccommunitycolleges.edu/)
  - [http://ncchildcaresearch.dhhs.state.nc.us/search.asp](http://ncchildcaresearch.dhhs.state.nc.us/search.asp)
Environmental Profile

Please click on the link to review Pamlico County Environmental concerns.

http://nciom.org/counties/pamlico-county/
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, 1.6% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Pamlico County, with an estimated 0.3% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Pamlico County, 75.9% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)

Transportation system – For additional information on Pamlico Counties Highways, state-maintained roads, unpaved state/county roads; rail system, air, bus, local transportation visit https://www.ncdot.gov/doh/
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 Pamlico County is 106.3 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31). While the violent crime rate has increased across the state from 2013 to 2015, the rate has decreased in Pamlico County over the same timeframe.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)
The property crime rate in Pamlico County (48.9 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32).

**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 Pamlico County (1.3) is lower than the rate in North Carolina (1.5) and higher than the rate in the Health ENC region (1.1).

![Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)](image_url)
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate for Pamlico County (15.1) is lower than the rate in North Carolina (19.6) and the Health ENC region (22.8). Countywide, the juvenile crime rate has decreased from 21.6 in 2014 to 15.1 in 2017.
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 child abuse rate in Pamlico County has decreased over the past four measurement periods. The 2017 child abuse rate in Pamlico County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)
Incarceration
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Pamlico County (225.1 per 1,000 population) is lower than the rate in North Carolina (276.7) and the Health ENC region (232.6). Further, Pamlico County’s incarceration rate has decreased from 354.6 in 2014 to 225.1 in 2017.
Access to Healthcare, Insurance and Health Resources Information

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Pamlico County, 86.6%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Pamlico County is uninsured.

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). Pamlico County has a lower percent of people receiving Medicaid (17.3%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is higher in Pamlico County (6.0%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Pamlico County (1.9%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)
For additional information on Health Insurance please visit the below sites. The suggested data set from NC DHHS also includes:

- Health Insurance (state and national estimates from US Census Data)
  http://www.ncdoi.com/

**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. Pamlico County has a higher percent of residents of voting age (84.2%) than North Carolina (77.3%) and Health ENC counties (76.7%).

![Figure 39. Voting Age Population (American Community Survey, 2012-2016)](image-url)
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Pamlico County was 69.6%, which is slightly higher than both the state (67.7%) and Health ENC counties (64.3%) values.

![Voter Turnout in the Last Presidential Election](image)

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

---

**a. Political Activity**

a. Voter registration – Provide statistics on voter registration within the county

- [https://www.census.gov/newsroom/blogs/random-samplings/2017/05/voting_in_america.html](https://www.census.gov/newsroom/blogs/random-samplings/2017/05/voting_in_america.html)
Findings

Secondary Data Scoring Results
Table 8 shows the data scoring results for Pamlico County by topic area. Topics with higher scores indicate greater need. Prevention & Safety is the poorest performing health topic for Pamlico County, followed by Transportation, Cancer, Respiratory Diseases and Diabetes.

Table 8. Secondary Data Scoring Results by Topic Area

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention &amp; Safety</td>
<td>2.21</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.86</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.83</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.75</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.75</td>
</tr>
</tbody>
</table>

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

Community Survey
Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Pamlico County. Drugs (substance abuse) was the most frequently selected issue and was ranked by 53.5% of survey respondents, followed by low income/poverty and lack of/inadequate health insurance. Most of the other topic choices were selected by less than 3% of survey respondents.

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

Figure 42 displays the level of agreement among Pamlico County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed
Figure 42 displays the level of agreement among Pamlico County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to raise children, is a good place to grow old and is a safe place to live. More than half of survey respondents disagreed (30%) or strongly disagreed (42%) that the county has plenty of economic opportunity. Further, over 50% of survey respondents either disagreed or strongly disagreed that the county has affordable housing and that there are good parks and recreation facilities.

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

- It is easy to buy healthy foods in this County: 24% strongly disagree, 14% disagree, 24% neutral, 33% agree, 5% strongly agree.
- There are good parks and recreation facilities in this County: 38% strongly disagree, 22% disagree, 23% neutral, 15% agree, 2% strongly agree.
- There is affordable housing that meets my needs in this County: 34% strongly disagree, 20% disagree, 21% neutral, 21% agree, 4% strongly agree.
- There is plenty of help for people during times of need in this County: 26% strongly disagree, 20% disagree, 24% neutral, 24% agree, 6% strongly agree.
- This County is a safe place to live: 32% strongly disagree, 4% disagree, 37% neutral, 48% agree, 8% strongly agree.
- There is plenty of economic opportunity in this County: 42% strongly disagree, 30% disagree, 17% neutral, 9% agree, 2% strongly agree.
- This County is a good place to grow old: 25% strongly disagree, 18% disagree, 58% neutral, 16% agree, 3% strongly agree.
- This County is a good place to raise children: 3% strongly disagree, 9% disagree, 24% neutral, 53% agree, 11% strongly agree.
- There is good healthcare in my County: 11% strongly disagree, 24% disagree, 31% neutral, 28% agree, 7% strongly agree.

Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Pamlico County. Better recreational facilities was the most frequently selected issue, followed by positive teen activities and higher paying 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 Pamlico County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 54% of survey respondents. This was followed by managing weight and eating well nutrition.

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 Pamlico 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

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>23</td>
</tr>
<tr>
<td>Environment</td>
<td>9</td>
</tr>
<tr>
<td>Low-Income/ Underserved</td>
<td>6</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

*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?
As seen in Figure 45, the survey results and focus group discussion analysis cultivated unique and additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach to community assessment is a strength when evaluating a community as a whole. This process ensures robust findings through statistical analysis of health indicators in addition to an examination of constituent's perceptions of community health issues.

**Topic Areas Examined in This Report**

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

<table>
<thead>
<tr>
<th>Table 11. Topic Areas Examined In-Depth in this Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
</tr>
<tr>
<td>Cancer*</td>
</tr>
<tr>
<td>Diabetes*</td>
</tr>
<tr>
<td>Economy</td>
</tr>
<tr>
<td>Environment</td>
</tr>
<tr>
<td>Prevention &amp; Safety*</td>
</tr>
<tr>
<td>Respiratory Diseases*</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>
Transportation*

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

Navigation Within Each Topic
Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Pamlico 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

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="green_icon.png" alt="Green" /></td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td><img src="yellow_icon.png" alt="Yellow" /></td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td><img src="red_icon.png" alt="Red" /></td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td><img src="up_icon.png" alt="Up" /> <img src="down_icon.png" alt="Down" /> <img src="stay_icon.png" alt="Stay" /></td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="up_icon.png" alt="Up" /> <img src="stay_icon.png" alt="Stay" /> <img src="down_icon.png" alt="Down" /></td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="stay_icon.png" alt="Stay" /></td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
## Prevention & Safety

### Table 13. Data Scoring Results for Prevention and Safety

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Health y NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.9</td>
<td>Severe Housing Problems (2010-2014) (percent)</td>
<td>17.2</td>
<td>16.6</td>
<td>18.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/100,000 population)</td>
<td>20.9</td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.48</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/100,000 population)</td>
<td>43.9</td>
<td>31.9</td>
<td>41.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.4</td>
</tr>
<tr>
<td>2.4</td>
<td>Death Rate due to Drug Poisoning (2014-2016) (deaths/100,000 population)</td>
<td>25.9</td>
<td>16.2</td>
<td>16.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Key Issues: Being very rural and the lack of community transportation, makes it very difficult for individual to travel outside of the county to receive basic and advance medical care. In addition, because most of the county is consider to be a food desert individual do not have access to quality fresh foods or specialty health care when needed.

Table 14. Data Scoring Results for Transportation

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.55</td>
<td>Mean Travel Time to Work (2012-2016) (minutes)</td>
<td>27.9</td>
<td>24.1</td>
<td>26.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Solo Drivers with a Long Commute (2012-2016) (percent)</td>
<td>46</td>
<td>31.3</td>
<td>34.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Workers who Walk to Work (2012-2016) (percent)</td>
<td>1.6</td>
<td>1.8</td>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area*
### Table 15. Data Scoring Results for Cancer

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Health y NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Cancer: Medicare Population (2015) (percent)</td>
<td>9</td>
<td>7.7</td>
<td>7.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>93.4</td>
<td>70</td>
<td>61.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>All Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>473.1</td>
<td>457</td>
<td>443.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Bladder Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>27.2</td>
<td>20.1</td>
<td>20.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.35</td>
<td>Breast Cancer Incidence Rate (2010-2014) (cases/ 100,000 females)</td>
<td>142</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.3</td>
<td>Ovarian Cancer Incidence Rate (2010-2014) (cases/</td>
<td>8.7</td>
<td>10.9</td>
<td>11.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>2008-2012 (cases/100,000 population)</td>
<td>2010-2014 (deaths/100,000 population)</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreatic Cancer Incidence Rate</td>
<td>18.4</td>
<td>11.7</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer (2010-2014)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.7</td>
<td>14.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.1</td>
<td>14.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Cavity and Pharynx Cancer Incidence Rate</td>
<td>14.6</td>
<td>12.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>See Appendix B for full list of indicators included in each topic area</em></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Diabetes

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4</td>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>14.1</td>
<td>11.1</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.03</td>
<td>Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)</td>
<td>23.9</td>
<td>23</td>
<td>21.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Respiratory Diseases

**Table 17. Data Scoring Results for Respiratory Diseases**

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>93.4</td>
<td>70</td>
<td>61.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)</td>
<td>108.1</td>
<td>90.9</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.43</td>
<td>Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)</td>
<td>7.7</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each 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 Pamlico 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)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>118</td>
<td>171</td>
<td>Cancer</td>
<td>58,187</td>
<td>165.1</td>
<td>Cancer</td>
<td>12,593</td>
<td>177.5</td>
</tr>
<tr>
<td>2</td>
<td>Heart Diseases</td>
<td>113</td>
<td>171.1</td>
<td>Heart Diseases</td>
<td>54,332</td>
<td>159</td>
<td>Heart Diseases</td>
<td>12,171</td>
<td>178.8</td>
</tr>
<tr>
<td>3</td>
<td>Accidental Injuries</td>
<td>34</td>
<td>79.7</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>15,555</td>
<td>45.1</td>
<td>Cerebrovascular Diseases</td>
<td>3,247</td>
<td>48.5</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>31</td>
<td>41.3</td>
<td>Accidental Injuries</td>
<td>15,024</td>
<td>48.2</td>
<td>Accidental Injuries</td>
<td>3,136</td>
<td>50.1</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>22</td>
<td>33.7</td>
<td>Cerebrovascular Diseases</td>
<td>14,675</td>
<td>43.6</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>3,098</td>
<td>44.9</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>21</td>
<td>27.9</td>
<td>Alzheimer's Disease</td>
<td>11,202</td>
<td>34.2</td>
<td>Diabetes</td>
<td>2,088</td>
<td>29.9</td>
</tr>
<tr>
<td>7</td>
<td>Suicide</td>
<td>13</td>
<td>Unreliable</td>
<td>Diabetes</td>
<td>8,244</td>
<td>23.6</td>
<td>Alzheimer's Disease</td>
<td>1,751</td>
<td>27.3</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and Pneumonia</td>
<td>13</td>
<td>Unreliable</td>
<td>Influenza and Pneumonia</td>
<td>5,885</td>
<td>17.5</td>
<td>Influenza and Pneumonia</td>
<td>1,148</td>
<td>17.2</td>
</tr>
<tr>
<td>9</td>
<td>Hypertension</td>
<td>12</td>
<td>Unreliable</td>
<td>Kidney Diseases</td>
<td>5,614</td>
<td>16.5</td>
<td>Kidney Diseases</td>
<td>1,140</td>
<td>16.8</td>
</tr>
<tr>
<td>10</td>
<td>Kidney Diseases</td>
<td>11</td>
<td>Unreliable</td>
<td>Septicemia</td>
<td>4,500</td>
<td>13.1</td>
<td>Septicemia</td>
<td>1,033</td>
<td>15.1</td>
</tr>
</tbody>
</table>

*Age-adjusted death rate per 100,000 population

(Develop new narrative: The leading cause of death in all three geographies is cancer, followed by heart diseases. Chronic lower respiratory diseases and cerebrovascular diseases rank amongst the top 5 causes of death for all three locales, which indicates chronic disease as an area of concern for Pamlico County and the state as a whole. Influenza and pneumonia ranks higher as a leading cause of death in Pamlico...
County than in both North Carolina and the Health ENC region, while accidental injuries ranks lower in Pamlico County than in the other two locales. Chronic liver diseases, which is the 8th leading cause of death in Pamlico County, and Suicide, which ranks 10th in Pamlico County, are not found as leading causes of death in North Carolina or Health ENC counties.)
Other Significant Health Needs

Access to Health Services
Secondary Data
From the secondary data scoring results, the Access to Health Services topic had a score of 1.72 and was the 8th highest scoring health and quality of life topic. High scoring related indicators include: Non-Physician Primary Care Provider Rate (2.30), Mental Health Provider Rate (2.15), Dentist rate (2.00), Primary Care Provider Rate (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Economy
Secondary Data
From the secondary data scoring results, the Economy topic had a score of 1.46 and was the 15th highest scoring health and quality of life topic. High scoring related indicators include: Female Population 16+ in Civilian Labor Force (2.50), Population 16+ in Civilian Labor Force (2.50), Students Eligible for the Free Lunch Program (2.35), Young Children Living Below Poverty Level (2.35) and Children Living Below Poverty Level (2.10).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Environment
Secondary Data
From the secondary data scoring results, the Environment topic had a score of 1.45 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Access to Exercise Opportunities (2.40), Drinking Water Violations (2.33), Fast Food Restaurant Density (2.05) and Severe Housing Problems (1.90).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Substance Abuse
Secondary Data
From the secondary data scoring results, the Substance Abuse topic had a score of 1.71 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Alcohol-Impaired Driving Deaths (2.40) and Death Rate due to Drug Poisoning (2.40).

A list of all secondary indicators within this topic area is available in Appendix B.
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A Closer Look at Highly Impacted Populations

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

Disparities by Age, Gender and Race/Ethnicity

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

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

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Group(s) Disparately Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Household Income</td>
<td>Black or African American</td>
</tr>
<tr>
<td>People 25+ with a Bachelor’s Degree or Higher</td>
<td>Black or African American, Hispanic or Latino</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Two or More Races</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>Black or African American, Other</td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>&lt;6, Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>Asian</td>
</tr>
<tr>
<td>People 65+ Living Below Poverty Level</td>
<td>Black or African American</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>Black or African American</td>
</tr>
</tbody>
</table>

*See HealthENC.org for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28515, with an index value of 82.6, has the highest socioeconomic need within Pamlico County, potentially indicating poorest health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Pamlico 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 Pamlico County. The assessment was further informed with input from Pamlico County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Cancer, Diabetes, Economy, Environment, Prevention & Safety, Respiratory Diseases, Substance Abuse and Transportation. The prioritization process identified [4] focus areas: (1) Access to health care (specialty care), Mental Health/Suicide Prevention/Substance abuse, Transportation issues and obesity.

Following this process, Pamlico 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 Pamlico County Health Department, 203 North St. Bayboro, NC 28515 or email at scott.lenhart@pamlicocounty.org.
## Appendix A. Impact Since Prior CHNA

<table>
<thead>
<tr>
<th>Significant Health Need Identified in Preceding CHNA</th>
<th>Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy</th>
<th>Was Activity Implemented (Yes/No)</th>
<th>Results, Impact &amp; Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention</td>
<td>Organize a committee through the Pamlico Collaborative to address suicide prevention and to get the community engaged to talk about the signs and symptoms and to market other agencies which can help.</td>
<td>Yes</td>
<td>Committee has been organized through the Pamlico Collaborative. Currently materials have been gathered and during next six months, a Three mental health first aid classes (Adult and youth) have been offered for the health department, Department of Social Services, Pamlico schools and the community. This program is still in the beginning stages and no data is currently available.</td>
</tr>
<tr>
<td>Community meeting</td>
<td>No</td>
<td>Community type townhall meeting will be presented to help educate individuals about the signs and symptoms of suicide and were to go to get Help.</td>
<td></td>
</tr>
<tr>
<td>Mental Health First Aid Training</td>
<td>Yes</td>
<td>Community type townhall meeting will be presented to help educate individuals about the signs and symptoms of suicide and were to go to get Help.</td>
<td></td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase services within the community to assist individuals to get needed health care not provided in the county. Health Department to increase services especially in the primary care area and pediatrics.</td>
<td>Yes</td>
<td>Health Department has increase services over the past three years with the hiring of a pediatrician. The pediatric program show approximately 10% of the eligible population within the county. In addition, this program was self-sustaining with funds received from the State, Medicaid and private insurance. Within the first nine months the program had generated over $100,000 in revenue.</td>
</tr>
<tr>
<td>County Transportation Services</td>
<td>Yes</td>
<td>Individual needing transportation services are more aware of the Area Transportation services which serves this area. This service is still however</td>
<td></td>
</tr>
</tbody>
</table>
very difficult for individuals to use as there is a cost and also most of the
time you must adhere to their scheduled runs. DSS also offers gas voucher
to individuals needing medical care outside the county. This is a limited
service and the individual must be in the Medicaid System to receive this
benefit (must qualify)

| Obesity                      | Work with the Pamlico School system to help reduce obesity within the student body. Plan is work with the School Health Advisory Board to implement various strategies to reduce obesity. | No | The health department is currently without a health educator and nutritionist to help start this program. |
Appendix B. Secondary Data Scoring

Overview

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

Comparison Score
For each indicator, Pamlico 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.
Comparison Scores

Up to 7 comparison scores were used to assess the status of Pamlico County. The possible comparisons are shown in Figure 48 and include a comparison of Pamlico 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.

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

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

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 Pamlico County falls within these four groups or quartiles.

Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Pamlico 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.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Pamlico County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina
Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. Healthy North Carolina 2020 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.

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 Pamlico 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

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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 Pamlico County, with higher scores indicating a higher need.

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention &amp; Safety</td>
<td>2.21</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.86</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.83</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.77</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.75</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.75</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.74</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.72</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.71</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.62</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.61</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.56</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.53</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.52</td>
</tr>
<tr>
<td>Economy</td>
<td>1.46</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.46</td>
</tr>
<tr>
<td>Environment</td>
<td>1.45</td>
</tr>
<tr>
<td>Education</td>
<td>1.43</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.43</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.42</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.41</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.40</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>1.38</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.32</td>
</tr>
</tbody>
</table>
**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. Pamlico County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

### Table 21. Indicator Scores by Topic Area

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACCESS TO HEALTH SERVICES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.30</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>39.0</td>
<td>102.5</td>
<td>81.2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.15</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>54.6</td>
<td>215.5</td>
<td>214.3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Dentist Rate</td>
<td>2016</td>
<td>dentists/ 100,000 population</td>
<td>31.2</td>
<td>54.7</td>
<td>67.4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>46.9</td>
<td>70.6</td>
<td>75.5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.83</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>86.6</td>
<td>87.8</td>
<td>100.0</td>
<td>92.0</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>36.2</td>
<td>49.0</td>
<td>49.9</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.70</td>
<td>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>9.0</td>
<td>7.7</td>
<td>7.8</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.70</td>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>93.4</td>
<td>70.0</td>
<td>61.2</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.50</td>
<td>Bladder Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>27.2</td>
<td>20.1</td>
<td>20.5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td>Oral Cavity and Pharynx Cancer Incidence Rate</td>
<td>2008-2012</td>
<td>cases/ 100,000 population</td>
<td>14.6</td>
<td>12.2</td>
<td>11.3</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td>Pancreatic Cancer Incidence Rate</td>
<td>2008-2012</td>
<td>cases/ 100,000 population</td>
<td>18.4</td>
<td>11.7</td>
<td>12.3</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.35</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>142.0</td>
<td>129.4</td>
<td>123.5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.90</td>
<td>All Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>473.1</td>
<td>457.0</td>
<td>443.6</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.40</td>
<td>Colorectal Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>38.8</td>
<td>37.7</td>
<td>39.8</td>
<td>39.9</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
<thead>
<tr>
<th>Score</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25</td>
<td>Lung Cancer</td>
<td>2010-14</td>
<td>deaths/ 100,000 population</td>
<td>45.9</td>
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<td>44.7</td>
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<td>Adults 20+ with Diabetes</td>
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<td>percent</td>
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<td>deaths/ 100,000 population</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.*
### Persons with Disability Living in Poverty (5-year)

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<th>SCORE</th>
<th>ECONOMY</th>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tr>
<td>0.83</td>
<td>21.7</td>
<td>2012-2016 percent</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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<td>0.98</td>
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<td>2012-2016</td>
<td>dollars</td>
<td>1134</td>
<td>1243</td>
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<td>0.83</td>
<td>Median Household Gross Rent</td>
<td>2012-2016</td>
<td>dollars</td>
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<td>816</td>
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<td>percent</td>
<td>21.7</td>
<td>29.0</td>
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<tr>
<td>0.70</td>
<td>People 65+ Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>7.0</td>
<td>9.7</td>
<td>9.3</td>
<td>36.1</td>
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<tr>
<td>0.70</td>
<td>Renters Spending 30% or More of Household Income on Rent</td>
<td>2012-2016</td>
<td>percent</td>
<td>37.2</td>
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<td>0.60</td>
<td>Total Employment Change</td>
<td>2014-2015</td>
<td>percent</td>
<td>6.1</td>
<td>3.1</td>
<td>2.5</td>
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<td>0.50</td>
<td>Families Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
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<td>12.4</td>
<td>11.0</td>
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<th>HIGH DISPARITY*</th>
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<tr>
<td>2.05</td>
<td>4th Grade Students Proficient in Reading</td>
<td>2016-2017</td>
<td>percent</td>
<td>38.1</td>
<td>57.7</td>
<td>12</td>
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<td>1.95</td>
<td>4th Grade Students Proficient in Math</td>
<td>2016-2017</td>
<td>percent</td>
<td>39.3</td>
<td>58.6</td>
<td>12</td>
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<tr>
<td>1.80</td>
<td>People 25+ with a Bachelor's Degree or Higher</td>
<td>2012-2016</td>
<td>percent</td>
<td>19.2</td>
<td>29.0</td>
<td>30.3</td>
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<td>1.40</td>
<td>People 25+ with a High School Degree or Higher</td>
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<td>percent</td>
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<td>86.3</td>
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<td>1.35</td>
<td>8th Grade Students Proficient in Reading</td>
<td>2016-2017</td>
<td>percent</td>
<td>54.6</td>
<td>53.7</td>
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<td>1.10</td>
<td>High School Graduation</td>
<td>2016-2017</td>
<td>percent</td>
<td>94.1</td>
<td>86.5</td>
<td>87.0</td>
<td>94.6</td>
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<tr>
<td>0.95</td>
<td>8th Grade Students Proficient in Math</td>
<td>2016-2017</td>
<td>percent</td>
<td>56.7</td>
<td>45.8</td>
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<tr>
<td>0.85</td>
<td>Student-to-Teacher Ratio</td>
<td>2015-2016</td>
<td>students/ teacher</td>
<td>13.5</td>
<td>15.6</td>
<td>17.7</td>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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<td>2.40</td>
<td>Access to Exercise Opportunities</td>
<td>2018</td>
<td>percent</td>
<td>44.1</td>
<td>76.1</td>
<td>83.1</td>
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<td>2.33</td>
<td>Drinking Water Violations</td>
<td>FY 2013-14</td>
<td>percent</td>
<td>47.3</td>
<td>4.0</td>
<td>5.0</td>
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| 2.05  | Fast Food Restaurant Density | 2014 | restaurants/ 1,000 population | 1.1 | 20
<p>| 1.90  | Severe Housing Problems | 2010-2014 | percent    | 17.2           | 16.6          | 18.8 | 3      |                 |                | 3      |
| 1.60  | Liquor Store Density | 2015 | stores/ 100,000 population | 7.8          | 5.8           | 10.5 | 19     |                 |                | 19     |</p>
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<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
<td>2014</td>
<td>hospitalizations/10,000 population</td>
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<td>1.90</td>
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<td>8.4</td>
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<td>Access to Exercise Opportunities</td>
<td>2018</td>
<td>percent</td>
<td>44.1</td>
<td>76.1</td>
<td>83.1</td>
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<td>2.20</td>
<td>Workers who Walk to Work</td>
<td>2012-2016</td>
<td>percent</td>
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<td>1.8</td>
<td>2.8</td>
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<td>percent</td>
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<td>24.3</td>
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<td>Food Insecurity Rate</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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<th>SOURCE</th>
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<td>2016</td>
<td>stores/ 1,000 population</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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| SCORE | MENTAL HEALTH & MENTAL DISORDERS | MEASUREMENT PERIOD | UNITS | PAMLICO COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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<td>percent</td>
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<td>9.8</td>
<td>9.9</td>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
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<td>Death Rate due to Drug Poisoning</td>
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<td>deaths/ 100,000 population</td>
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<tr>
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<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
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<td>14.1</td>
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<td>Alcohol-Impaired Driving Deaths</td>
<td>2012-2016</td>
<td>percent</td>
<td>33.3</td>
<td>31.4</td>
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<td>deaths/ 100,000 population</td>
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<tr>
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<td>386.3</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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<td>Lung and Bronchus Cancer Incidence Rate</td>
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<td>2.43</td>
<td>Tuberculosis Incidence Rate</td>
<td>2014</td>
<td>cases/ 100,000 population</td>
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<td>3.0</td>
<td>1.0</td>
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<td>1.90</td>
<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
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<td>hospitalizations/ 10,000 population</td>
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<td>90.9</td>
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<td></td>
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<td>1.65</td>
<td>COPD: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>11.3</td>
<td>11.9</td>
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<td>deaths/ 100,000 population</td>
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<td>50.7</td>
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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<td>Mean Travel Time to Work</td>
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<tr>
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<td>Female Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>47.6</td>
<td>57.4</td>
<td>58.3</td>
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<tr>
<td>2.50</td>
<td>Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>48.8</td>
<td>61.5</td>
<td>63.1</td>
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<td>2.35</td>
<td>Young Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>38.4</td>
<td>27.3</td>
<td>23.6</td>
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<td>2.20</td>
<td>Single-Parent Households</td>
<td>2012-2016</td>
<td>percent</td>
<td>39.1</td>
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<td>33.6</td>
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<td>2.10</td>
<td>Children Living Below Poverty Level</td>
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<td>23.9</td>
<td>21.2</td>
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<td>2012-2016</td>
<td>percent</td>
<td>53.0</td>
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<td>55.9</td>
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<tr>
<td>1.90</td>
<td>Median Household Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>43808</td>
<td>48256</td>
<td>55322</td>
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<td>1.83</td>
<td>Median Housing Unit Value</td>
<td>2012-2016</td>
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<td>1.83</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>86.6</td>
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<td>1.80</td>
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<td>percent</td>
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<td>30.3</td>
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<td>ranking</td>
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<td>1.55</td>
<td>Per Capita Income</td>
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<td>26779</td>
<td>29829</td>
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<td>1.40</td>
<td>People 25+ with a High School Degree or Higher</td>
<td>2012-2016</td>
<td>percent</td>
<td>86.7</td>
<td>86.3</td>
<td>87.0</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
### Voter Turnout: Presidential Election

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<th>HEALTHY NC 2020</th>
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<td>1.35</td>
<td>2016</td>
<td>percent</td>
<td>69.6</td>
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### Social Associations

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<th>HEALTHY NC 2020</th>
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<td>1.25</td>
<td>2015</td>
<td>membership associations/ 10,000 population</td>
<td>11.7</td>
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### People Living Below Poverty Level

<table>
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<td>1.15</td>
<td>2012-2016</td>
<td>percent</td>
<td>14.5</td>
<td>16.8</td>
<td>15.1</td>
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### Median Monthly Owner Costs for Households without a Mortgage

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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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<tr>
<td>1.13</td>
<td>2012-2016</td>
<td>dollars</td>
<td>387</td>
<td>376</td>
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### People 65+ Living Alone

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<th>HEALTHY NC 2020</th>
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<td>1.05</td>
<td>2012-2016</td>
<td>percent</td>
<td>24.0</td>
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### Mortgaged Owners Median Monthly Household Costs

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<td>0.98</td>
<td>2012-2016</td>
<td>dollars</td>
<td>1134</td>
<td>1243</td>
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### Median Household Gross Rent

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<th>HEALTHY NC 2020</th>
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<td>0.83</td>
<td>2012-2016</td>
<td>dollars</td>
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<td>816</td>
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### Linguistic Isolation

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<th>HEALTHY NC 2020</th>
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<td>2012-2016</td>
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### Total Employment Change

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### Alcohol-Impaired Driving Deaths

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<td>2.40</td>
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### Death Rate due to Drug Poisoning

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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tr>
<td>2.40</td>
<td>2014-2016</td>
<td>deaths/ 100,000 population</td>
<td>25.9</td>
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### Liquor Store Density

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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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### Adults who Smoke

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</table>

### Adults who Drink Excessively

<table>
<thead>
<tr>
<th>Score</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.90</td>
<td>2016</td>
<td>percent</td>
<td>15.3</td>
<td>16.7</td>
<td>18.0</td>
<td>25.4</td>
<td></td>
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</table>

### Teen Pregnancy Rate

<table>
<thead>
<tr>
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<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.55</td>
<td>2009-2013</td>
<td>pregnancies/1,000 females aged 15-17</td>
<td>25.8</td>
<td>22.7</td>
<td>36.2</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
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</table>

### Solo Drivers with a Long Commute

<table>
<thead>
<tr>
<th>Score</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.70</td>
<td>2012-2016</td>
<td>percent</td>
<td>46.0</td>
<td>31.3</td>
<td>34.7</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

### Mean Travel Time to Work

<table>
<thead>
<tr>
<th>Score</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.55</td>
<td>2012-2016</td>
<td>minutes</td>
<td>27.9</td>
<td>24.1</td>
<td>26.1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Workers who Walk to Work

<table>
<thead>
<tr>
<th>Score</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PAMLICO COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.20</td>
<td>2012-2016</td>
<td>percent</td>
<td>1.6</td>
<td>1.8</td>
<td>2.8</td>
<td>3.1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Score</td>
<td>Wellness &amp; Lifestyle</td>
<td>Measurement Period</td>
<td>Units</td>
<td>Pamlico County</td>
<td>North Carolina</td>
<td>U.S.</td>
<td>HP2020</td>
<td>Healthy NC 2020</td>
<td>High Disparity*</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------</td>
<td>--------------------</td>
<td>-------</td>
<td>----------------</td>
<td>----------------</td>
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<td>--------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1.85</td>
<td>Workers Commuting by Public Transportation</td>
<td>2012-2016</td>
<td>percent</td>
<td>0.3</td>
<td>1.1</td>
<td>5.1</td>
<td>5.5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td>Households with No Car and Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>1.45</td>
<td>Households without a Vehicle</td>
<td>2012-2016</td>
<td>percent</td>
<td>6.4</td>
<td>6.3</td>
<td>9.0</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>0.80</td>
<td>Workers who Drive Alone to Work</td>
<td>2012-2016</td>
<td>percent</td>
<td>75.9</td>
<td>81.1</td>
<td>76.4</td>
<td></td>
<td>Asian</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Women's Health</th>
<th>Measurement Period</th>
<th>Units</th>
<th>Pamlico County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.35</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>142.0</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.70</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>80.2</td>
<td>80.2</td>
<td>79.5</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>81.0</td>
<td>67.9</td>
<td>63.1</td>
<td></td>
<td>17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Beaufort  ☐ Franklin  ☐ Onslow
☐ Bertie  ☐ Gates  ☐ Pamlico
☐ Bladen  ☐ Greene  ☐ Pasquotank
☐ Camden  ☐ Halifax  ☐ Pender
☐ Carteret  ☐ Hertford  ☐ Perquimans
☐ Chowan  ☐ Hoke  ☐ Pitt
☐ Cumberland  ☐ Hyde  ☐ Sampson
☐ Currituck  ☐ Johnston  ☐ Tyrrell
☐ Dare  ☐ Lenoir  ☐ Washington
☐ Duplin  ☐ Martin  ☐ Wayne
☐ Edgecombe  ☐ Nash  ☐ 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.

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

- [ ] Pollution (air, water, land)
- [ ] Dropping out of school
- [ ] Low income/poverty
- [ ] Homelessness
- [ ] Lack of/inadequate health insurance
- [ ] Hopelessness
- [ ] Other (please specify)
- [ ] Discrimination/racism
- [ ] Lack of community support
- [ ] Drugs (Substance Abuse)
- [ ] Neglect and abuse
- [ ] Elder abuse
- [ ] Child abuse
- [ ] Domestic violence
- [ ] Violent crime (murder, assault)
- [ ] Theft
- [ ] Rape/sexual assault
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? *(Please choose only one.)*

- Animal control
- Child care options
- Elder care options
- Services for disabled people
- More affordable health services
- Better/ more healthy food choices
- More affordable/better housing
- Number of health care providers
- Culturally appropriate health services
- Counseling/ mental health/ support groups
- Better/ more recreational facilities (parks, trails, community centers)
- Positive teen activities
- Transportation options
- Availability of employment
- Higher paying employment
- Road maintenance
- Road safety
- None
- Other (please specify)
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.)

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

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

- [ ] Friends and family
- [ ] Doctor/nurse
- [ ] Pharmacist
- [ ] Church
- [ ] Internet
- [ ] My child’s school
- [ ] Hospital
- [ ] Health department
- [ ] Employer
- [ ] Help lines
- [ ] Books/magazines
- [ ] 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
   - [ ] Nutrition
   - [ ] Eating disorders
   - [ ] Fitness/Exercise
   - [ ] Asthma management
   - [ ] Diabetes management
   - [ ] Tobacco management
   - [ ] STDs (Sexually Transmitted Diseases) management
   - [ ] Sexual intercourse
   - [ ] Alcohol
   - [ ] Drug abuse
   - [ ] Reckless driving/speeding
   - [ ] Mental health issues
   - [ ] Suicide prevention

   - [ ] 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?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression or anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (not during pregnancy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina/heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- □ Mammogram
- □ Prostate cancer screening
- □ Colon/rectal exam
- □ Blood sugar check
- □ Cholesterol
- □ Hearing screening
- □ Bone density test
- □ Physical exam
- □ Pap smear
- □ Flu shot
- □ Blood pressure check
- □ Skin cancer screening
- □ Vision screening
- □ Cardiovascular screening
- □ Dental cleaning/X-rays
- □ None of the above

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?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 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.)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 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.)*

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27
- [ ] 28
- [ ] 29
- [ ] 30

- [ ] 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.)

☐ YMCA
☐ Park
☐ Public Recreation Center
☐ Private Gym
☐ Other (please specify)
☐ Worksite/Employer
☐ School Facility/Grounds
☐ Home
☐ Place of Worship

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.

☐ My job is physical or hard labor
☐ Exercise is not important to me.
☐ I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.
☐ I don’t have enough time to exercise.
☐ I would need child care and I don’t have it.
☐ I don’t know how to find exercise partners.
☐ I don’t like to exercise.
☐ It costs too much to exercise.
☐ There is no safe place to exercise.
☐ I would need transportation and I don’t have it.
☐ I’m too tired to exercise.
☐ I’m physically disabled.
☐ 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).*

☐ Quit Line NC

☐ Doctor

☐ Pharmacy

☐ Private counselor/therapist

☐ 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.)

☐ Doctor’s office
☐ Health department
☐ Hospital
☐ Other (please specify)
☐ Medical clinic
☐ Urgent care center

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.

☐ Dentist
☐ General practitioner
☐ Eye care/optometrist/ophthalmologist
☐ Pharmacy/prescriptions
☐ Pediatrician
☐ OB/GYN
☐ Health department
☐ Hospital
☐ Urgent Care Center
☐ Medical Clinic
☐ 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.)*

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martin
- Moore
- Nash
- New
- Hanover
- Northampton
- Onslow
- Pamlico
- Wake
- Washington
- Wayne
- Wilson
- The State of Virginia
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- The State of Virginia

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.*)

☐ Private counselor or therapist
☐ Support group (e.g., AA, Al-Anon)
☐ School counselor
☐ Other (please specify)

☐ Don’t know
☐ Doctor
☐ Pastor/Minister/Clergy
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.)*

- [ ] Television
- [ ] Radio
- [ ] Internet
- [ ] Telephone (landline)
- [ ] Cell Phone
- [ ] Print media (ex: newspaper)
- [ ] Social networking site
- [ ] Neighbors
- [ ] Family
- [ ] Text message (emergency alert system)
- [ ] Don't know/not sure
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  
☐ Lack of trust in public officials  
☐ Concern about leaving property behind  
☐ Concern about personal safety  
☐ Concern about family safety  
☐ Concern about leaving pets  
☐ Concern about traffic jams and inability to get out  
☐ Health problems (could not be moved)  
☐ 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.*)

- [ ] 15-19
- [ ] 20-24
- [ ] 25-29
- [ ] 30-34
- [ ] 35-39
- [ ] 40-44
- [ ] 45-49
- [ ] 50-54
- [ ] 55-59
- [ ] 60-64
- [ ] 65-69
- [ ] 70-74
- [ ] 75-79
- [ ] 80-84
- [ ] 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.)*

- [ ] Less than $10,000
- [ ] $10,000 to $14,999
- [ ] $15,000 to $24,999
- [ ] $25,000 to $34,999
- [ ] $35,000 to $49,999
- [ ] $50,000 to $74,999
- [ ] $75,000 to $99,999
- [ ] $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.)*

- [ ] Employed full-time
- [ ] Employed part-time
- [ ] Retired
- [ ] Armed forces
- [ ] Disabled
- [ ] Student
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<th>Option</th>
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<tr>
<td>☐ Homemaker</td>
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<td>☐ Self-employed</td>
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<tr>
<td>☐ Unemployed for 1 year or less</td>
</tr>
<tr>
<td>☐ Unemployed for more than 1 year</td>
</tr>
</tbody>
</table>
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, cuéntanos un poco sobre usted:*

3. **¿Dónde vive actualmente?**

   Código postal
4. ¿En qué condado vive?

☐ Beaufort  ☑ Franklin  ☐ Onslow
☐ Bertie  ☐ Gates  ☐ Pamlico
☐ Bladen  ☐ Greene  ☐ Pasquotank
☐ Camden  ☐ Halifax  ☐ Pender
☐ Carteret  ☐ Hertford  ☐ Perquimans
☐ Chowan  ☐ Hoke  ☐ Pitt
☐ Cumberland  ☐ Hyde  ☐ Sampson
☐ Currituck  ☐ Johnston  ☐ Tyrrell
☐ Dare  ☐ Lenoir  ☐ Washington
☐ Duplin  ☐ Martin  ☐ Wayne
☐ Edgecombe  ☐ Nash  ☐ 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.

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

- [ ] Contaminación (aire, agua, tierra)
- [ ] Abandono de la escuela
- [ ] Bajos ingresos / pobreza
- [ ] Falta de hogar
- [ ] Falta de un seguro de salud adecuado
- [ ] Desesperación
- [ ] Otros (especificar)

- [ ] Discriminación / racismo
- [ ] Falta de apoyo de la comunidad
- [ ] Drogas (Abuso de sustancias)
- [ ] Descuido y abuso
- [ ] Maltrato a personas mayores
- [ ] Abuso infantil

- [ ] Violencia doméstica
- [ ] Delito violento (asesinato, asalto)
- [ ] Robo
- [ ] Violación / agresión sexual
5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

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

☐ Otros (especificar)
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)

- Comer bien / nutrición
- Ejercicio
- Manejo del peso
- Ir a un dentista para chequeos / cuidado preventivo
- Ir al médico para chequeos y exámenes anuales
- Obtener cuidado prenatal durante el embarazo
- Recibir vacunas contra la gripe y otras vacunas
- Prepararse para una emergencia / desastre
- Usar asientos de seguridad para niños
- Usar cinturones de seguridad
- Conducir cuidadosamente
- Dejar de fumar / prevención del uso de tabaco
- Cuidado de niños / crianza
- Cuidado de ancianos
- Cuidado de miembros de familia con necesidades especiales o discapacidades
- Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- Prevención del suicidio
- Manejo del estrés
- Control de la ira/enojo
- Prevención de violencia doméstica
- Prevención del crimen
- Violación / prevención de abuso sexual
- Ninguna
Otros (especificar)
7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

- Amigos y familia
- La escuela de mi hijo
- Líneas telefónicas de ayuda
- Doctor / enfermera
- Hospital
- Farmacéutico
- Departamento de salud
- Iglesia
- Internet
- Empleador
- 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).

- [ ] Higiene dental
- [ ] Nutrición
- [ ] Trastornos de la alimentación
- [ ] Ejercicios
- [ ] Manejo del asma
- [ ] Manejo de la diabetes
- [ ] Tabaco
- [ ] ETS
- [ ] Relación sexual
- [ ] Alcohol
- [ ] Abuso de drogas
- [ ] Manejo imprudente / exceso de velocidad
- [ ] Problemas de salud mental
- [ ] Prevención del suicidio

- [ ] 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?

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<th></th>
<th>Sí</th>
<th>No</th>
<th>No lo sé</th>
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<tr>
<td>Asma</td>
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<tr>
<td>Depresión o ansiedad</td>
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<tr>
<td>Alta presión sanguínea</td>
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<tr>
<td>Colesterol alto</td>
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<tr>
<td>Diabetes (no durante el embarazo)</td>
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<tr>
<td>Osteoporosis</td>
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<td>Sobrepeso / obesidad</td>
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<td>Angina / enfermedad cardíaca</td>
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<tr>
<td>Cáncer</td>
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14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

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

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?

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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).

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

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

- Marihuana
- Cocaína
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).

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- 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 número 26)

☐ No sé / no estoy seguro (Si su respuesta es No sé / no estoy seguro, salte a la pregunta número 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).*

- [ ] YMCA
- [ ] Parque
- [ ] Centro de Recreación Pública
- [ ] Gimnasio privado
- [ ] Sitio de trabajo / Empleador
- [ ] Terrenos escolares / instalaciones
- [ ] Casa
- [ ] Iglesia
- [ ] Otros (especificar)

*Como su respuesta fue Sí 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.

- [ ] Mi trabajo es trabajo físico o trabajo duro
- [ ] El ejercicio no es importante para mí.
- [ ] No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- [ ] No tengo suficiente tiempo para hacer ejercicio.
- [ ] Necesitaría cuidado de niños y no lo tengo.
- [ ] No sé cómo encontrar compañeros de ejercicio.
- [ ] No me gusta hacer ejercicio.
- [ ] Me cuesta mucho hacer ejercicio.
- [ ] No hay un lugar seguro para hacer ejercicio.
Necesito transporte y no lo tengo.
Estoy demasiado cansado para hacer ejercicio.
Estoy físicamente deshabilitado.
No lo sé.
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).*

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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 número 30)*
- [ ] No sé / no estoy seguro  *(Si su respuesta es No se / no estoy seguro, salte a la pregunta número 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 número 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)
☐ Doctor
☐ Farmacia
☐ 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 rocia 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
33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

☐ Oficina del doctor
☐ Departamento de salud
☐ Hospital
☐ Otros (especificar)

☐ Clínica Médica
☐ Centro de cuidado urgente

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 él 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 número 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.

☐ Dentista
☐ Médico general
☐ Cuidado de los ojos / optometrista / oftalmólogo
☐ Farmacia / recetas médicas
☐ Otros (especificar)

☐ Pediatra
☐ Ginecologo
☐ Departamento de salud
☐ Hospital
☐ Centro de atención urgente
☐ Clínica Médica
☐ Especialista

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)*

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martin
- Moore
- Nash
- New
- Hanover
- Northampton
- Pasquotank
- Pender
- Perquimans
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- El Estado de Virginia

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)*

- [ ] Consejero o terapeuta privado
- [ ] Grupo de apoyo
- [ ] Consejero de la escuela
- [ ] No sé
- [ ] No
- [ ] Doctor
- [ ] Pastor o funcionario religioso
- [ ] 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)

☐ Televisión
☐ Radio
☐ Internet
☐ Línea de teléfono en casa
☐ Teléfono celular
☐ Medios impresos (periódico)
☐ Otros (especificar)

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

☐ Sitio de red social
☐ Vecinos
☐ Familia
☐ Mensaje de texto (sistema de alerta de emergencia)
☐ No sé / no estoy seguro

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
☐ La falta de confianza en los funcionarios públicos
☐ Preocupación por dejar atrás la propiedad
☐ Preocupación por la seguridad personal
☐ Preocupación por la seguridad familiar
☐ Preocupación por dejar mascotas
☐ Preocupación por los atascos de tráfico y la imposibilidad de salir
☐ Problemas de salud (no se pudieron mover)
☐ No sé / no estoy seguro

☐ Otros (especificar)
PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)


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)*

- [ ] Menos de $10,000
- [ ] $10,000 a $14,999
- [ ] $15,000 a $24,999
- [ ] $25,000 a $34,999
- [ ] $35,000 a $49,999
- [ ] $50,000 a $74,999
- [ ] $75,000 a $99,999
- [ ] $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).*

- [ ] Empleado de tiempo completo
- [ ] Empleado a tiempo parcial
- [ ] Fuerzas Armadas
- [ ] Discapacitado
- [ ] Retirado
- [ ] Estudiante
☐ Ama de casa  ☐ Desempleado 1  ☐ Desempleado por más de 1 año
☐ Trabajadores por cuenta propia  año o menos  año
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, síntase libre de decírnos 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 D. Community Resources

Please clinic on the following links to be directed to Pamlico County Resources

Pamlico County Local Government
  o https://www.pamlicocounty.org/residents.aspx

Chamber of Commerce local businesses
  o https://www.pamlicocounty.org/Business-Resources.aspx

Pamlico County Board of Education
  o https://www.pamlicocounty.org/education-.aspx

Pamlico County Schools
  o https://www.pamlicocounty.org/Data/Sites/1/media/healthcare-guide-(2).pdf

NC County Health Rankings

North Carolina Center for Health Statistics
  o https://schs.dph.ncdhhs.gov/