Washington County
2018 Community Health Needs Assessment
Acknowledgements

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Executive Summary
Washington County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Washington County.

Service Area
The service area for this report is defined as the geographical boundary of Washington County, North Carolina. Washington County is located along the coastal part of the state and has an area of 424 square miles, of which 348 square miles is land and 76 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 Washington 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 (5) focus group discussions. Almost 400 Washington 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 Washington County and are displayed in Table 1.
Table 1. Significant Health Needs

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**Selected Priority Areas**

Based on a complete review of the data and consideration of existing resources and programming in the county, the significant health priorities identified by the county are as follows:

- *Injury Prevention (Substance Misuse)*
- *Physical Activity/Nutrition (Funding for Recreation Center, Farmers’ Markets)*
- *Healthy Living (Oral Health)*
- *Mental Health (Substance Use/Abuse)*
- *Environmental Health (water quality, drainage for flooding, insects)*

**Conclusion**

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

Washington County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Washington County, North Carolina.

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

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

The 2018 Washington County Community Health Needs Assessment was developed through a partnership between the Martin-Tyrrell-Washington District Health, Vidant Health, 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 – Heath 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.

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**Figure 1. Health ENC Online Data Platform**

The Health ENC web platform is a resource for the community health needs assessment (CHNA) process in eastern North Carolina and is a program of the Foundation for Health Leadership and Innovation (FHLI). Health departments and hospital leaders in the 33 county region are invited to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.
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/](https://www.conduent.com/community-population-health/).

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Washington County Community CHNA Collaborative
This document was developed by Martin-Tyrrell-Washington District Health in partnership with Washington County Department of Social Services, Tyrrell/Washington Partnership for Children, Washington County Government, Town of Creswell, Creswell Town Council/CERT Volunteer, Washington County Schools, Washington County Cooperative Extension, Washington County Senior Center, Faith Communities and Washington County Law Enforcement as well as community members. The members of local partnerships are representatives of the agencies and organizations that serve the health and human service of needs of the local population, as well as representatives from businesses and civic groups. Washington County currently does not have a hospital in the county. The hospital was shut down at the time this document was written.

Community Health Team Structure
The Community Health Needs Assessment (CHNA) was developed by Martin-Tyrrell-Washington District Health which established a CHNA Leaders Team to help lead the process for community members. The CHNA Leaders Team comprised of members that included county residents as well as representatives from various local agencies and organizations throughout the county service area. The CHNA Leaders Team members brought a wealth of knowledge and expertise on an assortment of issues throughout the prioritization process. The CHNA Leaders Team met three times between January 2019 – April 2019 to review the strategies for conducting primary data collection for CHNA, provide feedback, and to stay informed of the process.

Collaboration between MTW District Health and all the other local partners made this assessment possible. Members of the group spent numerous hours attending meetings, collecting survey data, promoting and servicing as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for MTW District Health include:
- Vidant Hospital
- Martin-Tyrrell-Washington District Health
- Washington County Emergency Management
- Washington County Cooperative Extension
- Washington County Government
- Washington County Schools
- Washington County Senior Center
- Washington County Department of Social Services
- Washington County EMS
- Washington County Law Enforcement
- Faith Communities

Local community members worked with MTW Health Educators to apply the grass root efforts to ensure the citizens of Washington County’s views were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate picture of the entire county.
Distribution
MTW District Health will share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Martin-Tyrrell-Washington District Health website at www.mtwdistricthealth.org. Efforts will be made with other agencies and local government, including county websites, to provide links to the information. MTW also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Hard copies will be left in the local libraries for community review.

Evaluation of Progress since Prior CHNA
The community health improvement process should be viewed as an inactive cycle. 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, the following health categories were selected as prioritized health needs:

- Chronic Diseases (including Heart Disease, and Diabetes)
- Access to Care/Transportation
- Substance Abuse Prevention (Illegal/Prescription)
- Communicable Disease Control (STDs)
- Teen Pregnancy/STD

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 2018 Washington County Community Health Needs Assessment was made available to the public via the Martin-Tyrrell-Washington District Health Department website. Community members were invited to submit feedback and questions to either organization. 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 Washington County.

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org\(^1\), a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 133 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Washington County's status, including how Washington 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 Washington 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.

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

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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/](http://www.healthenc.org/).
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 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>
<thead>
<tr>
<th>Topic Area</th>
<th>Access to Health Services</th>
<th>Cancer</th>
<th>Children’s Health*</th>
<th>County Health Rankings</th>
<th>Diabetes</th>
<th>Disabilities*</th>
<th>Economy</th>
<th>Education</th>
<th>Environment</th>
<th>Environmental &amp; Occupational Health</th>
<th>Exercise, Nutrition, &amp; Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>prevention &amp; safety</td>
<td>Family Planning*</td>
<td>Food Safety*</td>
<td>Heart Disease &amp; Stroke</td>
<td>Immunizations &amp; Infectious Diseases</td>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>Men's Health*</td>
<td>Mental Health &amp; Mental Disorders</td>
<td>Mortality Data</td>
<td>Older Adults &amp; Aging</td>
<td>Other Chronic Diseases</td>
<td>Oral Health*</td>
</tr>
<tr>
<td>public safety</td>
<td></td>
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<td>respiratory diseases</td>
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<td>substance abuse</td>
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<td>teen &amp; adolescent health</td>
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<td>women's health</td>
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</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 in the Survey Monkey tool.
The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

**Survey Distribution**

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

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 398 responses were collected from Washington County residents, with a survey completion rate of 88.4%, resulting in 352 complete responses from Washington County. The survey analysis included in this CHNA report is based on complete responses.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number of Respondents*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>English Survey</td>
<td>Spanish Survey</td>
</tr>
<tr>
<td>All Health ENC Counties</td>
<td>15,917</td>
<td>441</td>
</tr>
<tr>
<td>Washington County</td>
<td>346</td>
<td>6</td>
</tr>
</tbody>
</table>

*Based on complete responses

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

**Demographics of Survey Respondents**

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

Among Washington County survey participants, 53.5% of respondents were over the age of 50, with the highest concentration of respondents (14.5 %) grouped into the 60-64 age group. The majority of respondents were female (73.6%), White (60.2%), spoke English at home (97.1%), and Not Hispanic (94%).
Survey respondents had varying degrees of education, with the highest share of respondents (24.2%) having completed a high school education and the next highest share of respondents (20.7%) having an Associate or Vocational Training (Figure 3).

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

![Education of Community Survey Respondents](image-url)
As shown in Figure 4, over half of the respondents were employed full-time (55.1%) and the highest share of respondents (21.3%) had household annual incomes that totaled between $50,000 and $74,999 before taxes. The average household size was 2.6 individuals.

Figure 4. Employment Status of Community Survey Respondents

![Employment Status of Community Survey Respondents](image1)

Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (48.6%), while 19.1% have Medicare, 12.7% have Medicaid and 7.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents

![Health Care Coverage of Community Survey Respondents](image2)
Overall, the community survey participant population consisted of predominately white women with varying degrees 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 Washington 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 2018 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.

Five focus group discussions were completed within Washington County between July 23, 2018 – July 31, 2018 with a total of 39 individuals. Participants included young adults, senior citizens, and migrant farm workers. Table 4 shows the date, location, population type, and number of participants for each focus group.

<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>7/23/2018</td>
<td>Washington County DSS</td>
<td>General Population</td>
<td>10</td>
</tr>
<tr>
<td>7/24/2018</td>
<td>Supper Club</td>
<td>Younger Adults, Ages 23-35</td>
<td>6</td>
</tr>
<tr>
<td>7/31/2018</td>
<td>Washington County Health Department</td>
<td>General Population</td>
<td>5</td>
</tr>
<tr>
<td>7/24/2018</td>
<td>Roper, NC</td>
<td>Migrant Farm Workers</td>
<td>8</td>
</tr>
<tr>
<td>7/31/2018</td>
<td>Washington Co. Senior Center</td>
<td>Senior Citizens</td>
<td>10</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. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Washington County is rich with involvement by a 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
Key stakeholders from Washington County were convened on February 7, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique where decision-making could be finalized. The nominal group technique was utilized to assure everyone’s feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, five (5) priorities were selected and combined as appropriate.
to finalize the top health priorities for Washington County. As a result of this process, Washington County will work to develop action plans addressing these identified health priorities:

- **Injury Prevention (Substance Misuse)**
- **Physical Activity/Nutrition (Funding for Recreation Center, Farmers’ Markets)**
- **Healthy Living (Oral Health)**
- **Mental Health (Substance Use/Abuse)**
- **Environmental Health (water quality, drainage for flooding, insects)**
Overview of Washington County

About Washington County

Washington County, located in the Coastal Plain region of North Carolina, was formed in 1799 from Tyrrell County and named for President George Washington. It is partially bordered by the Albemarle Sound. Early inhabitants of the area included Algonquian Indians, followed by English settlers. Plymouth, the county seat, was incorporated in 1807 and named for Plymouth, Mass. Other Washington County communities include Roper, Creswell, Cherry, Scuppernong, Pleasant Grove, Westover, Hinson, and Wenona. Besides the Albemarle Sound, notable bodies of water in the county include the Roanoke and Scuppernong Rivers, Phelps and Pungo Lakes, Beaver Dam and Kendrick Creeks, and the East Dismal Swamp. The Pocosin Lakes National Wildlife Refuge is located in the southeastern corner of the county.

Washington County historic sites include Garrett’s Island Home, built in the mid-eighteenth century; Westover Plantation and Homestead Farm, both built in the mid-nineteenth century; and Somerset Place, built in the late eighteenth century and today a North Carolina State Historic Site. As a consequence of the Battle of Plymouth (1864), Confederate forces recaptured the town and reopened the Roanoke River. Cultural attractions include the Port O’ Plymouth Roanoke River Museum and the Washington County Arts Council. The county hosts festivals and annual events such as Riverfest, Civil War Living History Weekend, Somerset Homecoming, Indian Heritage Week, and Plymouth Farm-City Festival.

Washington County agricultural products include corn, soybeans, peanuts, tobacco, cotton, cabbage, sage, beans, potatoes, hogs and poultry. Manufactured products include wood pulp paper, plywood lumber, pallets, clothing, rope and processed peanuts. The two largest manufacturers are Domtar Paper Company and Weyerhaeuser Company (A Corp).

Washington County, located in the Coastal Plain region of North Carolina, was formed in 1799 from Tyrrell County and named for President George Washington. It is partially bordered by the Albemarle Sound. Early inhabitants of the area included Algonquian Indians, followed by English settlers. Plymouth, the county seat, was incorporated in 1807 and named for Plymouth, Mass. Other Washington County communities include Roper, Creswell, Cherry, Scuppernong, Pleasant Grove, Westover, Hinson, and Wenona. Besides the Albemarle Sound, notable bodies of water in the county include the Roanoke and Scuppernong Rivers, Phelps and Pungo Lakes, Beaver Dam and Kendrick Creeks, and the East Dismal Swamp. The Pocosin Lakes National Wildlife Refuge is located in the southeastern corner of the county.

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 Washington County, North Carolina.
Population
According to the U.S. Census Bureau’s 2016 population estimates, Washington County has a population of 12,195 (Figure 6). The population of Washington County has decreased from 2013 to 2016.

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

Figure 7 shows the population density of Washington County compared to other counties in the Health ENC region. Washington County has a population density of 38.0 persons per square mile.
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)

Washington County 38.0 persons per square mile
Age and Gender

Overall, Washington County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Washington County population by age group. The 65-74 age group contains the highest percent of the population at 13.3%, while the 45-54 age group contains the next highest percent of the population at 13.0%.

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

People 65 years and older comprise 22.9% of the Washington 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 46.7% of the population, whereas females comprise 53.3% of the population (Table 5). The median age for males is 45.2 years, whereas the median age for females is 48.2 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

<table>
<thead>
<tr>
<th></th>
<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></td>
<td>Male</td>
<td>Female</td>
<td>18+</td>
<td>65+</td>
</tr>
<tr>
<td>Washington County</td>
<td>46.7%</td>
<td>53.3%</td>
<td>78.4%</td>
<td>21.3%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>48.6%</td>
<td>51.4%</td>
<td>76.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>49.2%</td>
<td>50.8%</td>
<td>75.8%</td>
<td>13.5%</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 Washington County (10.2 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, while birth rates have decreased slightly over the past three measurement periods in North Carolina and the Health ENC region, Washington County has exhibited a slight increase.
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 childcare. 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 Washington County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Washington County (48.1%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Washington County has a larger share of residents that identify as Black or African American (48.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 5.7% of Washington 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>
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<tr>
<td>Haliwa-Saponi SDTSA</td>
<td>8,700</td>
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<tr>
<td>Lumbee SDTSA</td>
<td>502,113</td>
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<tr>
<td>Meherrin SDTSA</td>
<td>7,782</td>
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<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, Washington County has a smaller share of residents in the military (0.5%) 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. Washington County’s share of residents in the military increased from 0.0% in 2011-2015 to 0.5% in 2012-2016. Across four time periods, the percent of the population in the military for Washington County is lower than in North Carolina and the Health ENC region.

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

2018 Washington County Community Health Needs Assessment
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. Washington County has a veteran population of 8.6% 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 Washington County, North Carolina, and the
Health ENC region is decreasing slightly across four time periods from 2009-2013 to 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. Washington County
has been assigned a Tier 1 designation for 2018.

Income
Median household income reflects the relative affluence and prosperity of an area. Areas with
higher median household incomes are likely to have a greater share of educated residents and lower
unemployment rates. Figure 14 shows the median household income in Washington County
($33,286), which is lower than the median household income in North Carolina ($48,256).
Compared to counties in the Health ENC region, Washington County has a relatively low median household income. There are only 5 counties with a lower median household income than Washington County; the remaining 27 counties in the Health ENC region have a higher median household income (Figure 15).
Within Washington County, zip code 27962 has the lowest median household income ($30,625) while zip code 27928 has the highest median household income ($34,681) (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, 23.6% percent of the population in Washington County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)
As shown in Figure 18, the rate of children living below the poverty level is also higher for Washington County (42.6%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)
As shown in Figure 19, the rate of older adults living below the poverty level is higher in Washington County (10.6%) than in North Carolina (9.7%) and lower than the Health ENC region (11.5%).

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

As shown in Figure 20, the percent of disabled people living in poverty in Washington County (26.6%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)
**Housing**
The average household size in Washington County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Washington County, the median housing costs for homeowners with a mortgage is $977. This is lower than the North Carolina value of $1,243, and lower than all but two counties in the Health ENC region.

*Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)*
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Almost 18% of households in Washington County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)
Food Insecurity
The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Washington County, 41.5%, 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)](image)

Employment
According to North Carolina Commerce data from 2017, the top five largest employers in Washington County are:
- Domtar Paper Company LLC: 250-499 employees
- Washington County Board of Education: 250-499 employees
- County of Washington: 100-249 employees
- Weyerhaeuser Co (A Corporation): 100-249 employees
- Principle Long Term Care Inc.:100-249 employees

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 Washington 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 Washington 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 27970, with an index value of 92.4, has the highest level of socioeconomic need within Washington County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Washington County are provided in Table 7.

Figure 24. 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>27970</td>
<td>92.4</td>
<td>3</td>
</tr>
<tr>
<td>27962</td>
<td>91.1</td>
<td>2</td>
</tr>
<tr>
<td>27928</td>
<td>89.7</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
Washington County has the following public schools:
- Elementary Schools – 2
  - Creswell Elementary School
  - Pines Elementary School
- Middle Schools – 1
  - Washington County Middle School
- High Schools – 1
  - Washington County High School
- Early College – 1
  - Washington County Early College High School

Washington County residents do not have access to a Community College within the county, but can access Beaufort County Community College in Washington, NC.

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 (79.3%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Washington County is also lower than both the state value and the Health ENC region. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina and 19.9% in the Health ENC counties, only 9.7% of residents 25 and older have a bachelor’s degree or higher in Washington 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)
In some areas of the county, including zip code 27970, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 75% (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.

Washington County’s high school dropout rate, given as a percent of high school students in Figure 27, is 3.0% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). While Washington County’s high school dropout rate was lower than North Carolina’s and the Health ENC region’s rates in 2013-2014 and 2014-2015, it increased over time and it has exceeded the state and regional rates.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)
High School Suspension Rate
High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Washington County’s rate of high school suspension (25.1 suspensions per 100 students) is higher than North Carolina’s rate (18.2) and slightly lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, while the rates for North Carolina and the Health ENC region are fairly consistent across four time periods, Washington County’s values have been increasing.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)
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, 1.1% 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 Washington County, with an estimated 0% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Washington County, 79.0% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

![Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)](image-url)
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 Washington County in 2014 was 269.8 per 100,000 population, compared to 333 per 100,000 people in North Carolina (Figure 31). No values are available for Washington County for 2015 and 2016.
The property crime rate in Washington County in 2014 (2207.1 per 100,000 people) was lower than the state value (2,954.1 per 100,000 people) (Figure 32). No values are available for Washington County in 2015 and 2016. Over the past four measurement periods, the property crime rate has decreased in both the county and state.
**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 Washington County (1.0) is lower than the rate in North Carolina (1.5) and slightly lower than the Health ENC region (1.1).

![Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)](chart.png)
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Washington County has fluctuated since 2014, the rates are lower than North Carolina’s and the Health ENC region’s rates. The 2017 juvenile delinquent rate for Washington County (14.8) is lower than North Carolina (19.6) and the Health ENC region (22.8).

![Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)](image-url)
Child Abuse
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Washington County (0.82 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28). While the county rate was 0.00 from 2014 to 2016, the rate increased to 0.82 in 2017.

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

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Washington County has increased over the past three measurement periods. The 2017 incarceration rate in Washington County (239.8 per 1,000 population) is lower than North Carolina (276.7) and higher than the Health ENC region (232.6).

![Figure 36. Incarceration Rate (North Carolina Department of Public Safety)](image-url)
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 Washington County, 87.3%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Washington County is uninsured.
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Washington County has a higher percent of people receiving Medicaid (31.1%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Washington County (6.8%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Washington County (0.1%) 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)
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. Washington County has a higher percent of residents of voting age (79.5%) than North Carolina (77.3%) and Health ENC counties (76.7%).

![Figure 39. Voting Age Population (American Community Survey, 2012-2016)]
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Washington County was 69.0%, which is slightly higher than the state value (67.7%) and higher than Health ENC counties (64.3%).

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

**Findings**

**Secondary Data Scoring Results**
Table 8 shows the data scoring results for Washington County by topic area. Topics with higher scores indicate greater need. Maternal, Fetal & Infant Health is the poorest performing health topic for Washington County, followed by Diabetes, Access to Health Services, Economy and Transportation.

Table 8. Secondary Data Scoring Results by Topic Area

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>2.20</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.97</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.94</td>
</tr>
<tr>
<td>Economy</td>
<td>1.91</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.89</td>
</tr>
</tbody>
</table>

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

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Washington County. Low income/poverty was the most frequently selected issue and was ranked by 50.7% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents show child abuse, domestic violence, homelessness, neglect and abuse, rape/sexual assault and elder abuse as issues most affecting the quality of life in Washington County.

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

Figure 42 displays the level of agreement among Washington 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 grow old. More than half of survey respondents disagreed (35%) or strongly disagreed (41%) that the county has plenty of economic opportunity. Further, 58% of survey respondents either disagreed or strongly disagreed that the county has good parks and recreation facilities.
Figure 42. Level of Agreement Among Washington County Residents in Response to Nine Statements about their Community

Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Washington County. Higher paying employment was the most frequently selected issue, followed by availability of employment and better/more recreation facilities.

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 Washington County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 18.9% of survey respondents. This was followed by other, eating well/nutrition, exercising/fitness, preventing pregnancies/sexually transmitted diseases, and going to the doctor for yearly check-ups.

**Focus Group Discussions**
Table 9 shows the focus group results for Washington County by topic area or code. Topics with higher frequency (referring to the number of times a particular topic was mentioned in the context
of needs/concerns or barriers/challenges to achieving health) indicate greater need. Access to Health Services was the most frequently discussed need among focus group participants, followed by Healthcare Navigation/Literacy, Financial Stress, Exercise, Nutrition, & Weight, Substance Abuse and Transportation.

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
<td>57</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>33</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health</td>
<td>30</td>
</tr>
<tr>
<td>Migrant Community</td>
<td>25</td>
</tr>
<tr>
<td>Environment</td>
<td>20</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 Washington 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>
<thead>
<tr>
<th>Data Source</th>
<th>Criteria for Top Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Data</td>
<td>5 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?
Figure 45 displays the top needs from each data source in the Venn diagram.

Across all three data sources, there is strong evidence of need to assess Access to Health Services and Economy. Although survey respondents Substance Use and Social Environment a high level of importance, this topic did not rank as high in the focus groups or data scoring. Exercise, Nutrition and Weight and Occupational & Environmental Health was ranked high among focus group discussion but did not rank as high in the survey or data scoring. Finally, a few topics were ranked as top needs by data scoring only: Diabetes, Maternal, Fetal & Infant Health and Transportation.

As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.
Topic Areas Examined in This Report

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

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

<table>
<thead>
<tr>
<th>Access to Health Services*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes*</td>
</tr>
<tr>
<td>Economy*</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health*</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health</td>
</tr>
<tr>
<td>Social Environment</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Transportation*</td>
</tr>
</tbody>
</table>

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 Exercise, Nutrition & Weight, Occupational & Environmental Health, Social Environment 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 Washington 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>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☢️ OECD</td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td>☢️ CPI</td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td>☢️ FDI</td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td>☢️ GNP</td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td>☢️ GDP</td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td>☢️ HPI</td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Maternal, Fetal & Infant Health

Key Issues
- Very low and low birth weight babies are significant indicators that are high need
- Teen Pregnancy is higher in Washington County than North Carolina overall, Update text
- There may be a lack of awareness by community members of the issues related to this topic area

Secondary Data
The secondary data scoring results reveal Maternal, Fetal & Infant Health as the top need in Washington County with a score of 2.20. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown Table 13.

Table 13. Data Scoring Results for Maternal, Fetal & Infant Health

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Washington 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>2.43</td>
<td>Babies with Low Birth Weight (2012-2016) (percent)</td>
<td>11.3</td>
<td>9</td>
<td>8.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>2.33</td>
<td>Preterm Births (2016) (percent)</td>
<td>14.3</td>
<td>10.4</td>
<td>9.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td>2.23</td>
<td>Babies with Very Low Birth Weight (2012-2016) (percent)</td>
<td>2.2</td>
<td>1.7</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.4</td>
</tr>
<tr>
<td>1.8</td>
<td>Teen Pregnancy Rate (2012-2016) (pregnancies / 1,000 females aged 15-17)</td>
<td>27</td>
<td>15.7</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.2</td>
</tr>
</tbody>
</table>

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

Maternal, Fetal & Infant Health is a clear area of concern for Washington County based on performance of all indicators within this topic area. Washington County falls in the poorest performing quartile in comparison to all North Carolina counties across all indicators available within the Maternal, Fetal and Infant Health topic area. The indicator score for babies with low birth rate for Washington County is 2.43 with a value of 11.3% of babies born at a low birth weight
in 2012-2016. This is higher than the rate in both North Carolina (9%) and the United States (8.1%) and there is a significant trend upwards over time. Washington County does not meet the Healthy People 2020 target of 7.8% of babies born at low birth rate. Additionally, babies born with a very low birth weight is 2.2% in Washington County which is also higher than the rate for North Carolina (1.7%) and the U.S. overall (1.4). Washington does not meet the Healthy People 2020 target for babies born with a very low birth rate (1.4%). There is an increase observed over time for the babies born with a low birth weight indicator in Washington County, however this trend is not statistically significant at this point in time.

The percent of preterm births in Washington County is higher than the percentage of preterm births in North Carolina (10.4% and the U.S. (9.8%). Washington County does not meet the Healthy People 2020 target for preterm births (9.4%).

Finally, the teen pregnancy rate in Washington County is 27 pregnancies/1,000 females aged 15-17 which is higher than the teen pregnancy rate in North Carolina overall (15.7 pregnancies/1,000 females aged 15-17). The Washington County teen pregnancy rate meets the Health People 2020 goal (36.2 pregnancies/1,000 females aged 15-17) and there is no evidence of a significant increase or decrease over time.

**Primary Data**

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care was not raised as an issue in the community. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was tied for fifth as one of the higher ranking service needing improvement in the community (5.7%) and preventing pregnancy/sexually transmitted diseases was selected as the fourth highest ranking health behavior than people in the community need more information about.

**Highly Impacted Populations**

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

Key Issues
- Diabetes highly impacts adults over 20 and the Medicare population
- Age-adjusted death rate due to diabetes is slightly higher in Washington County than other areas of the state, some indication that this may be increasing over time
- More education and outreach about affordable healthy eating and physical activity may benefit the community overall

Secondary Data
Diabetes received an overall data score of 1.97. Indicators are displayed in Table 14 and highlights specific indicators of concern.

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Washington 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>2.5</td>
<td>Diabetes: Medicare Population (2015) (percent)</td>
<td>37.5</td>
<td>28.4</td>
<td>26.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>14.7</td>
<td>11.1</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.83</td>
<td>Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)</td>
<td>23.3</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*

Diabetes amongst adults and older adults is a clear area of concern for Washington County based on the 2 highest scoring indicators within the Diabetes topic area. The indicator score for diabetes amongst the Medicare population is 37.5% in Washington County and is higher than both the North Carolina (28.4%) and the U.S. overall (26.5%) values in 2015. Washington County falls in the bottom quartile in comparison to all North Carolina and U.S. counties for diabetes amongst the Medicare population and there has been an increasing trend, though not significant over time. The indicator score for diabetes amongst adults over 20 years old is 14.7% in Washington County and is higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Washington County falls the bottom quartile in comparison to all North Carolina counties and in the bottom quartile in comparison to all U.S. counties for diabetes amongst adults over 20 years old. There is an indication that there is an increasing trend, though not significant over time. The score for age-adjusted death rate due to diabetes for Washington County is 1.83 with a value of 23.3 deaths per 100,000 population occurring in 2012-2016. This is slightly higher than the rate in both North Carolina (23 deaths/100,000 population) and the United States (21.1 deaths/100,000).
There is evidence of an increase in age-adjusted death rate due to diabetes in Washington County over time, though this is not a statistically significant trend at this time.

**Primary Data**
Community survey respondents rated eating well/nutrition, exercising/fitness, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information which may also impact the adult population living with Diabetes. 16.5% of community survey participants reported being told by a medical professional that they have diabetes and 42.2% had been told that they were overweight or obese.

Diabetes was discussed eleven times during the focus group discussions as an issue the community was facing though it was not discussed in depth. Across all focus group discussions, participants conversed at length about barriers in the community to eating healthy and exercising. Most participants discussed the challenges with finding time for healthy behaviors while working long hours or multiple jobs and financial limitations to eating healthier.

**Highly Impacted Populations**
The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Washington County community. Further breakdown amongst these populations is not offered as the data is not available.
Access to Health Services

Key Issues
- There is a lack of primary care providers in Washington County, may be decreasing over time
- Non-physician primary care providers are also limited in the County though may be increasing over time

Secondary Data
Access to Health Services received a data score of 1.94. This category includes indicators related to provider rates in relation to the population which impacts people’s ability to access timely medical services. A number of poorly performing indicators related to the health care access is displayed in Table 15. The highest scoring and of most concern is the primary care provider rate in the county in 2015 which is 24.2 providers per 100,000 population which is much lower than the state and U.S. overall. There is a suggestion of a decreasing trend over time as well, though this is not considered statistically significant at this time.

Table 15. Data Scoring Results for Access to Health Services

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Washington 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>2.5</td>
<td>Primary Care Provider Rate (2015) (providers/ 100,000 population)</td>
<td>24.2</td>
<td>70.6</td>
<td>75.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Mental Health Provider Rate (2017) (providers/ 100,000 population)</td>
<td>98.4</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)</td>
<td>32.8</td>
<td>102.5</td>
<td>81.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.95</td>
<td>Dentist Rate (2016) (dentists/ 100,000 population)</td>
<td>24.6</td>
<td>54.7</td>
<td>67.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area*
Primary Data
According to survey results, the number of health providers was the fifth highest ranking service needing improvement in the community and 7% of respondents shared that the community needs more information about going to the doctor for yearly check-ups and screenings. In addition, 7.5% of the community survey population reported having no insurance of any kind.

Focus group participants were very clear that accessing health services in the community was a challenge and explicitly stated that it had to do with a lack of physicians in Washington County. One participant shared that they felt that it was easier to access medical service in the eastern part of the county compared to the western side. Participants described additional barriers to accessing health services including financial constraints, lack of education about where to go, not having adequate or any health insurance and difficult with attaining transportation to get to medical facilities. Participants from the migrant farm working community shared challenges with being able to attain medical services due to long work hours and living far from health care facilities without access to transportation. Many participants shared that they had chronic health conditions that they had not received treatment for due to these barriers accessing medical care.

Highly Impacted Populations
Data scoring revealed that the Black or African American Medicare population is disparately affected by preventable hospital stays when compared to other populations. Focus group participants communicated that they believe young children, seniors and the Hispanic/Latino community have the hardest time accessing medical treatment. The migrant farm worker community also faces additional barriers to accessing care due to their work hours, lack of health insurance and proximity to services.

“Retain local doctors, decrease the turnover rate of health providers which will build relationships between patients and providers.”

-Focus Group Participant
Economy

Key Issues

- The percentage of children and families living below the poverty level is higher than in the state and US
- Washington County does not meet the Healthy North Carolina goal of 12.5% of people living below poverty level
- Employment opportunity and economic development are the primary concerns for community participants

Secondary Data

Economy received a data score of 1.91. This category many indicators related to poverty and education. Some of the poorest performing indicators related to the economy is displayed in Table 16. Of the most concern is children and families living below the poverty level. 42.6% of children in Washington County were living poverty in 2012-2016 which is higher than the state and U.S., and there has been no significant increase or decrease over time. 19.4% of families were living below the poverty level in 2012-2016 and there is some sign that this may increase over time. In addition, 98.8% of students are edible for free lunch in the county.

Table 16. Data Scoring Results for Economy

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Washington 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>2.45</td>
<td>People Living Below Poverty Level (2012-2016) (percent)</td>
<td>23.6</td>
<td>16.8</td>
<td>15.1</td>
<td>[Green]</td>
<td>[Green]</td>
<td>[Green]</td>
<td>12.5</td>
<td>-</td>
</tr>
<tr>
<td>2.4</td>
<td>Children Living Below Poverty Level (2012-2016) (percent)</td>
<td>42.6</td>
<td>23.9</td>
<td>21.2</td>
<td>[Yellow]</td>
<td>[Green]</td>
<td>[Green]</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.5</td>
<td>Students Eligible for the Free Lunch Program (2015-2016) (percent)</td>
<td>98.8</td>
<td>52.6</td>
<td>42.6</td>
<td>[Green]</td>
<td>[Green]</td>
<td>[Green]</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.5</td>
<td>Families Living Below Poverty Level (2012-2016) (percent)</td>
<td>19.4</td>
<td>12.4</td>
<td>11</td>
<td>[Green]</td>
<td>[Green]</td>
<td>[Green]</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.5</td>
<td>People Living 200% Above Poverty Level (2012-2016) (percent)</td>
<td>47.1</td>
<td>62.3</td>
<td>66.4</td>
<td>[Green]</td>
<td>[Green]</td>
<td>[Green]</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*See Appendix B for full list of indicators included in each topic area*
Primary Data
Community survey participants were asked to rank the issues that negative impact their community’s quality of life. According to the data, both poverty and the economy were the top issues in Washington County that negatively impact quality of life selected by 50.7% of participants. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first (23.7%) and availability of employment ranked second (9.2%). When asked to expand on services that could be improved, participants mentioned the need for more economic development in the community and lack of economic opportunity. One person commented that people that are struggling financially may not be as visible in the community as in other places, for example seeing those who are homeless living outdoors, but yet unstably housed and staying on peoples couches.

Focus group discussion echoed the survey respondents feeling about the economy in Washington County. Several participants raised the lack of jobs in the community and low wages as their primary concern. One participant raised concerns about people leaving the community because of the lack of economic opportunity.

Highly Impacted Populations
Data scoring analysis identified several populations that are disparately impacted by the Economy indicators: Black or African American, Hispanic or Latino, Two or More Races and young children/children are particularly vulnerable populations.

“...lack of good jobs, lack of available jobs. {The} young generation leaves the area and starts new lives and careers elsewhere”

-Focus Group Participant
Transportation

Key Issues
- Workers do not commute to work via public transportation in the community
- There is a high percentage of households that do not have access to a vehicle

Secondary Data
Transportation received a data score of 1.89. This category is somewhat related to topics discussed in the Economy section, such as having access to a car, and addresses public transportation issues as well. Some of the poorest performing indicators related to the economy are displayed in Table 17. 0% of workers reported commuting to work via public transportation in 2012-2016. There is an indication of a great need for addressing this issue in the community since 11.4% of households also do not have access to a vehicle, though there may be geographic challenges in doing so. The Healthy People 2020 goals is 5.5% of workers commuting by public transportation.

Table 17. Data Scoring Results for Transportation

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Washington 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></td>
<td>Households without a Vehicle (2012-2016) (percent)</td>
<td>11.4</td>
<td>6.3</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Workers Commuting by Public Transportation (2012-2016) (percent)</td>
<td>0</td>
<td>1.1</td>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.55</td>
<td>Households with No Car and Low Access to a Grocery Store (2015) (percent)</td>
<td>7.9</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.95</td>
<td>Workers who Walk to Work (2012-2016) (percent)</td>
<td>1.1</td>
<td>1.8</td>
<td>2.8</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*
Primary Data
According to survey results, transportation did not rank as one of the top services individuals in Washington County feel need the most improvement compared to other issues in the community. Less than 1% of participants selected transportation options needing improvement in their neighborhood. Transportation was brought up multiple times in the focus group discussions sharing that they found accessing transportation difficult for completing necessary errands, such as grocery shopping. One participant shared their challenges with living away from businesses and facilities and needing help with transportation services.

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

“{we need} transportation services for people who live far out like us.”
-Focus Group Participant
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 Washington 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>Washington County</th>
<th>North Carolina</th>
<th>Health ENC Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
</tr>
<tr>
<td>1</td>
<td>Cancer</td>
<td>111</td>
<td>191.6</td>
</tr>
<tr>
<td>2</td>
<td>Heart Diseases</td>
<td>100</td>
<td>185</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular Diseases</td>
<td>29</td>
<td>47</td>
</tr>
<tr>
<td>4</td>
<td>Accidental Injuries</td>
<td>27</td>
<td>62.2</td>
</tr>
<tr>
<td>5</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>26</td>
<td>41.6</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>23</td>
<td>37.7</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>14</td>
<td>Unreliable</td>
</tr>
<tr>
<td>8</td>
<td>Hypertension</td>
<td>13</td>
<td>Unreliable</td>
</tr>
<tr>
<td>9</td>
<td>Kidney Diseases</td>
<td>10</td>
<td>Unreliable</td>
</tr>
<tr>
<td>10</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Age-adjusted death rate per 100,000 population
Other Significant Health Needs

Exercise, Nutrition & Weight
Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

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

Primary Data
Among community survey respondents, 48.5% rated their health is good and 25.7% rated their health as very good. However, 42.2% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (47.6%), high cholesterol (35.9%) and diabetes (16.5%). Data from the community survey participants show that 37% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported being too tired (26.8%), not having enough time (24.4.1%) and I don’t know (22%). For those individuals that do exercise, 71.4% reported exercising or engaging in physical activity at home while 22.7% do so at the at ‘other’ locations followed by a public park (9.9%), worksite/employer (9.9%) or public recreation center (9.4%). The ‘other’ responses varied but many were senior center.

Exercise, nutrition & Weight was discussed in all three focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. Participants shared that they struggled with not being able to afford to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas, they were interested in learning more about in the community survey, weight-loss, nutrition, and diabetes/diabetic food preparation were high frequency responses.

Occupational & Environmental Health
Secondary Data
From the secondary data scoring results, the Occupational & Environmental Health topic had a score of 1.44 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Age-Adjusted Hospitalization Rate due to Asthma (1.85).

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

Primary Data
Pollution was the third highest ranking issue affecting quality of life in the community, with 7% of participants selecting this topic. This topic with brought up 30 times in the Focus Group discussions as a top concern. Participants expressed extreme concerns with the quality of the drinking water and exposure to chemicals from local industry. In particular, the water supply and
exposure to chemicals, as well as needing access to improved sanitation in their living environment, was a primary concern within the migrant farm working community.

**Social Environment**

**Secondary Data**

From the secondary data scoring results, the Social Environment topic had a score of 1.84 and was the 8th highest scoring health and quality of life topic. High scoring related indicators include: Female Population in the Civilian Labor Force (2.50), Median Household Income (2.50), People 25+ with a Bachelor’s Degree or Higher (2.50), Single Parent Households (2.50), People Living Below Poverty Level (2.45), Children Living Below Poverty Level (2.40), People 65+ Living Alone (2.40), Young Children living Below Poverty Level (2.40).

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

**Primary Data**

Among community survey respondents, better or more recreational facilities was the third ranked services needing improvement in the community. This suggests that there is a desire for more spaces where people can gather and socialize with either their immediate friends and family or the greater community. Positive teen activities and healthy family activities were the sixth and seventh top ranked services needing improvement. Focus group participants also raised the need for more recreational facilities suggesting more fitness facilities such as a community pool or YMCA. Over 70% of survey participants disagreed or strongly disagreed that there are good parks and recreational facilities in the community. 7% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and almost 40% disagreed or strongly disagreed that there is help for people during times of need in the county.

**Substance Abuse**

**Secondary Data**

From the secondary data scoring results, the Substance Abuse topic had a score of 1.39 and was the 19th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.25).

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

**Primary Data**

Community survey participants’ ranked substance abuse (28.2%) as the second most important issue affecting quality of life in Washington County. Additionally, 18.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

12.7% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 23.8% reported that they don’t know where they would go if they wanted to quit and 23.8% indicated that they were not interested in quitting. 47.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39.6% were exposed in ‘other’ locations and 30.8% were exposed in the home. Reported illicit drug use amongst survey participants in the past 30-days was low, 95.5% reported no illegal drug use and 97.3.8% reported no use of prescription
of drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 83.3% reported marijuana use and 16.7% reported ‘other’.

Focus group discussion did raise substance abuse thirteen times in the context of sharing that it was an issue in the community. Most participants indicated that smoking, alcohol or drug use in general were top problems.

A Closer Look at Highly Impacted Populations
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 Washington 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 Living Below Poverty Level</td>
<td>6-11, &lt;6, Black or African American</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Hispanic or Latino</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>Hispanic or Latino, Two or More Races</td>
</tr>
<tr>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>Black</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 27970, with an index value of 92.4, has the highest socioeconomic need within Washington County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Washington 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 Washington County. The assessment was further informed with input from Washington 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: Maternal, Fetal & Infant Health, Diabetes, Access to Health Services, Economy, Transportation, Exercise, Nutrition & Weight, Occupational & Environmental Health, Substance Abuse and Social Environment. The prioritization process identified five (5) focus areas:

- Injury Prevention (Substance Misuse)
- Physical Activity/Nutrition (Funding for Recreation Center, Farmers’ Markets)
- Healthy Living (Oral Health)
- Mental Health (Substance Use/Abuse)
- Environmental Health/Economy (water quality, drainage for flooding, spray for insects)

Following this process, Washington County will outline how it plans to address these health needs in its implementation plan. Washington County does have a hospital but the hospital was shut down at the time this document was written.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Billie Patrick at billie.patrick@mtwdh.org.
## Appendix A: Impact Since Prior CHNA Example: Diabetes

<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>Diabetes</td>
<td>Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.</td>
<td>Yes</td>
<td>Seven Programs were held during FY16. 152 participants enrolled, 74% completed the program, total pounds loss of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program. Five programs were held during FY17. 82 participants enrolled, 61 participants completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.</td>
</tr>
<tr>
<td></td>
<td>Continue its partnership with the YMCA to provide prevention and maintenance education on diabetes.</td>
<td>Yes</td>
<td>During FY16, Hospital X provided community health programming in three Healthy Living Center Locations in partnership with the YMCA. These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people.</td>
</tr>
<tr>
<td></td>
<td>Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings</td>
<td>Yes</td>
<td>Hospital X participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results. Hospital X participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results. Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.</td>
</tr>
<tr>
<td></td>
<td>Provide care coordination services for pre-diabetic and diabetic patients in Primary Care offices. Care coordinators work with</td>
<td>Yes</td>
<td>Over 22 nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Hospital X as well as high-risk individuals within the populations we serve through shared</td>
</tr>
</tbody>
</table>
patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support.

<table>
<thead>
<tr>
<th>savings contracts, including the Hospital Employee Health Plan. This model also supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was a total of 1,255 people in Care Coordination for Diabetes:</td>
</tr>
<tr>
<td>- Average A1c levels dropped a rate of -.31</td>
</tr>
<tr>
<td>- Average Blood Pressure Diastolic levels went up a rate of 1.7</td>
</tr>
<tr>
<td>- Average Blood Pressure Systolic levels dropped a rate of -.74</td>
</tr>
<tr>
<td>- Average BMI levels dropped a rate of -.07</td>
</tr>
<tr>
<td>There was a total of 67 people in Care Coordination for Prediabetes.</td>
</tr>
<tr>
<td>- Average A1c levels went up a rate of .05</td>
</tr>
<tr>
<td>- Average Blood Pressure Diastolic levels dropped a rate of -1.41</td>
</tr>
<tr>
<td>- Average Blood Pressure Systolic levels dropped a rate of -1.6</td>
</tr>
<tr>
<td>- Average BMI levels went up a rate of .126</td>
</tr>
</tbody>
</table>
Appendix B. Secondary Data Scoring

Overview

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

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

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

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

Figure 46. Secondary Data Scoring

- Quantitatively score all possible comparisons
- Summarize comparison scores for each indicator
- Summarize indicator scores by topic area

Figure 47. Score Range

Score Range
Better → Worse
0 1 2 3
Comparison Scores

Up to 7 comparison scores were used to assess the status of Washington County. The possible comparisons are shown in Figure 48 and include a comparison of Washington 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 Washington 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 Washington 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 Washington 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 Washington County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020\(^2\) 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\(^3\) 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 Washington 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.

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.

\(^2\) 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/
**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 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 can 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 Washington 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>Maternal, Fetal &amp; Infant Health</td>
<td>2.20</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>1.98</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.97</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.94</td>
</tr>
<tr>
<td>Economy</td>
<td>1.91</td>
</tr>
<tr>
<td>Education</td>
<td>1.89</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.89</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.84</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.80</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.63</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.63</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.63</td>
</tr>
<tr>
<td>Environment</td>
<td>1.58</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.55</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.53</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.48</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.44</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.41</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.39</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.38</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.38</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.30</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.18</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.15</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. Washington 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>WASHINGTON 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>2.50</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td></td>
<td>24.2</td>
<td>70.6</td>
<td>75.5</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2.10</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td></td>
<td>32.8</td>
<td>102.5</td>
<td>81.2</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
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<tr>
<td>2.05</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td></td>
<td>98.4</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>1.95</td>
<td>Dentist Rate</td>
<td>2016</td>
<td></td>
<td>24.6</td>
<td>54.7</td>
<td>67.4</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>1.80</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td></td>
<td>61.1</td>
<td>49.0</td>
<td>49.9</td>
<td></td>
<td>Black</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td></td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>1.48</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>87.3</td>
<td>87.8</td>
<td>100.0</td>
<td>92.0</td>
<td></td>
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<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>WASHINGTON 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>Colorectal Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>54.5</td>
<td>37.7</td>
<td>39.8</td>
<td>39.9</td>
<td></td>
<td>6</td>
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<tr>
<td>2.30</td>
<td>Prostate Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 males</td>
<td>150.9</td>
<td>125.0</td>
<td>114.8</td>
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<tr>
<td>1.90</td>
<td>All Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>457.2</td>
<td>457.0</td>
<td>443.6</td>
<td></td>
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<tr>
<td>1.60</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>124.1</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
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<td>6</td>
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</tr>
<tr>
<td>1.55</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>63.2</td>
<td>67.9</td>
<td>63.1</td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td>Age-Adjusted Death Rate due to Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>169.4</td>
<td>172.0</td>
<td>166.1</td>
<td>161.4</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>1.35</td>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>67.2</td>
<td>70.0</td>
<td>61.2</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
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<tr>
<td>1.25</td>
<td>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>7.3</td>
<td>7.7</td>
<td>7.8</td>
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<tr>
<td>1.20</td>
<td>Bladder Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>18.8</td>
<td>20.1</td>
<td>20.5</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>1.10</td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>45.0</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
<td></td>
<td>6</td>
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### Children's Health

<table>
<thead>
<tr>
<th>SCORE</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Washington 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>2.40</td>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>27.4</td>
<td>20.9</td>
<td>17.9</td>
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<tr>
<td>1.80</td>
<td>Children with Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>6.3</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
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</tbody>
</table>

### County Health Rankings

<table>
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<tr>
<th>SCORE</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Washington 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>1.73</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>78</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
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<td></td>
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<tr>
<td>1.73</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
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<td></td>
<td>3</td>
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<td></td>
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<tr>
<td>1.73</td>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>89</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
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<tr>
<td>1.58</td>
<td>Health Behaviors Ranking</td>
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<td>ranking</td>
<td>60</td>
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<tr>
<td>1.58</td>
<td>Mortality Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>52</td>
<td></td>
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<tr>
<td>1.43</td>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>42</td>
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</table>

### Diabetes

<table>
<thead>
<tr>
<th>SCORE</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Washington 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>2.50</td>
<td>Adults 20+ with Diabetes</td>
<td>2014</td>
<td>percent</td>
<td>14.7</td>
<td>11.1</td>
<td>10.0</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.50</td>
<td>Diabetes: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>37.5</td>
<td>28.4</td>
<td>26.5</td>
<td>2</td>
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<td></td>
<td></td>
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<tr>
<td>1.83</td>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>23.3</td>
<td>23.0</td>
<td>21.1</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.05</td>
<td>Diabetic Monitoring: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>89.5</td>
<td>88.8</td>
<td>85.2</td>
<td>17</td>
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### Disabilities

<table>
<thead>
<tr>
<th>SCORE</th>
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<th>Period</th>
<th>Units</th>
<th>Washington 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>Households with Supplemental Security Income</td>
<td>2012-2016</td>
<td>percent</td>
<td>12.2</td>
<td>5.0</td>
<td>5.4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Persons with Disability Living in Poverty (5-year)</td>
<td>2012-2016</td>
<td>percent</td>
<td>26.6</td>
<td>29.0</td>
<td>27.6</td>
<td>1</td>
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<td></td>
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</tbody>
</table>

### Economy

<table>
<thead>
<tr>
<th>SCORE</th>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Washington 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>
</table>

2018 Washington County Community Health Needs Assessment
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Start Year - End Year</th>
<th>Metric</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2014-2016 Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.70</td>
<td>Households with Supplemental Security Income</td>
<td>2012-2016</td>
<td>percent</td>
<td>12.2</td>
<td>5.0</td>
<td>5.4</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2.50</td>
<td>Families Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>19.4</td>
<td>12.4</td>
<td>11.0</td>
<td></td>
<td>1</td>
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<tr>
<td>2.50</td>
<td>Female Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>45.1</td>
<td>57.4</td>
<td>58.3</td>
<td></td>
<td>1</td>
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<tr>
<td>2.50</td>
<td>Median Household Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>33286</td>
<td>48256</td>
<td>55322</td>
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<td>Black or African American</td>
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<tr>
<td>2.50</td>
<td>People Living 200% Above Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>47.1</td>
<td>62.3</td>
<td>66.4</td>
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<tr>
<td>2.50</td>
<td>Students Eligible for the Free Lunch Program</td>
<td>2015-2016</td>
<td>percent</td>
<td>98.8</td>
<td>52.6</td>
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<td>2.45</td>
<td>People Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>23.6</td>
<td>16.8</td>
<td>15.1</td>
<td>12.5</td>
<td>6-11, &lt;6, Black or African American</td>
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<tr>
<td>2.40</td>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>27.4</td>
<td>20.9</td>
<td>17.9</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2.40</td>
<td>Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>42.6</td>
<td>23.9</td>
<td>21.2</td>
<td></td>
<td>1</td>
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<tr>
<td>2.40</td>
<td>Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>22.5</td>
<td>15.4</td>
<td>12.9</td>
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<td>4</td>
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<tr>
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<td>Young Children Living Below Poverty Level</td>
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### SNAP Certified Stores
- **Year:** 2016
- **Units:** stores/ 1,000 population
- **Value:** 1.4
- **Score:** 0.95

### Households with Cash Public Assistance Income
- **Period:** 2012-2016
- **Units:** percent
- **Values:** 1.6, 1.9, 2.7
- **Score:** 0.85

### Mortgaged Owners Median Monthly Household Costs
- **Period:** 2012-2016
- **Units:** dollars
- **Values:** 977, 1243, 1491
- **Score:** 0.73

### Education Score Table

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<th>Healthy NC 2020</th>
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<td>percent</td>
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<td>Student-to-Teacher Ratio</td>
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### Environment Score Table

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<th>Healthy NC 2020</th>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<td>Female Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
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2018 Washington County Community Health Needs Assessment
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<th>Healthy NC 2020</th>
<th>High Disparity*</th>
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<td>1.65</td>
<td>Mean Travel Time to Work</td>
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<td>Persons with Health Insurance</td>
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<td>1.35</td>
<td>Voter Turnout: Presidential Election</td>
<td>2016</td>
<td>percent</td>
<td>69.0</td>
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<td>376</td>
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<td>1.08</td>
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<td>977</td>
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2018 Washington County Community Health Needs Assessment
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<td>Adults who Drink Excessively</td>
<td>2016</td>
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**SCORE**

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<th>HEALTHY NC 2020</th>
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<td>1.80</td>
<td>Teen Pregnancy Rate</td>
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<td>1.65</td>
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<td>1.10</td>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<td>Self-Reported General Health Assessment: Poor or Fair</td>
<td>2016</td>
<td>percent</td>
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<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
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<td>80.2</td>
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2018 Washington County Community Health Needs Assessment
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<td>1.60</td>
<td>Breast Cancer Incidence Rate</td>
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<td>cases/100,000 females</td>
<td>124.1</td>
<td>129.4</td>
<td>123.5</td>
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<td>6</td>
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<td>1.55</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>63.2</td>
<td>67.9</td>
<td>63.1</td>
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<td>17</td>
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<tr>
<td>1.50</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>79.9</td>
<td>80.2</td>
<td>81.5</td>
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Sources
Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

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

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

1. Where do you currently live?

ZIP/Postal Code

__________________________
2. What county do you live in?

☐ 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>
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<td>There is good healthcare in my County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>This County is a good place to raise children.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>This County is a good place to grow old.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>This County is a safe place to live.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>There is plenty of help for people during times of need in this County.</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>There is affordable housing that meets my needs in this County.</td>
<td>□</td>
<td>□</td>
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<tr>
<td>There are good parks and recreation facilities in this County.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td>□</td>
<td>□</td>
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</tbody>
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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
- [ ] Discrimination/racism
- [ ] Lack of community support
- [ ] Drugs (Substance Abuse)
- [ ] Hopelessness
- [ ] Other (please specify)
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- 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)

Other (please specify):
PART 3: Health Information

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

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

☐ 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  ☐ Anger management
☐ Going to the doctor for yearly check-ups and screenings  ☐ Child care/parenting  ☐ Domestic violence prevention
☐ Getting prenatal care during pregnancy  ☐ Elder care  ☐ Crime prevention
☐ Getting flu shots and other vaccines  ☐ Caring for family members with special needs/disabilities  ☐ Rape/sexual abuse prevention
☐ Preparing for an emergency/disaster  ☐ Preventing pregnancy and sexually transmitted disease (safe sex)  ☐ 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
☐ Tobacco
☐ STDs (Sexually Transmitted Diseases)
☐ Sexual intercourse
☐ Alcohol
☐ Diabetes management
☐ STDs (Sexually Transmitted Diseases)
☐ 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>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Depression or anxiety</td>
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<td>High blood pressure</td>
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<tr>
<td>High cholesterol</td>
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<td>Diabetes (not during pregnancy)</td>
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<tr>
<td>Osteoporosis</td>
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<tr>
<td>Overweight/obesity</td>
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<tr>
<td>Angina/heart disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cancer</td>
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</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 check
- [ ] Hearing screening
- [ ] Bone density test
- [ ] Physical exam
- [ ] Pap smear screening
- [ ] Flu shot
- [ ] Blood pressure check
- [ ] Skin cancer screening
- [ ] Vision screening
- [ ] Cardiovascular screening
- [ ] Dental cleaning/X-rays
- [ ] None of the above
- [ ] 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?

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</tbody>
</table>

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.)*

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</table>

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.)

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</table>

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

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

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

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

☐ Health Department

☐ I don’t know

☐ Not applicable; I don’t want to quit
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
33. Where do you go most often when you are sick? (Choose only one.)

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

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

☐ Health insurance my employer provides
☐ Health insurance my spouse’s employer provides
☐ Health insurance my school provides
☐ Health insurance my parent or my parent’s employer provides
☐ Health insurance I bought myself
☐ Health insurance through Health Insurance Marketplace (Obamacare)
☐ The military, Tricare, or the VA
☐ Medicaid
☐ Medicare
☐ No health insurance of any kind
35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? *(Choose only one.)*

- [ ] Yes
- [x] 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
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- The State of Virginia

- Other (please specify)
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
☐ 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  ☐ 40-44  ☐ 65-69
☐ 20-24  ☐ 45-49  ☐ 70-74
☐ 25-29  ☐ 50-54  ☐ 75-79
☐ 30-34  ☐ 55-59  ☐ 80-84
☐ 35-39  ☐ 60-64  ☐ 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
☐ Armed forces
☐ Employed part-time
☐ Disabled
☐ Retired
☐ Student
☐ Homemaker
☐ Self-employed
☐ Unemployed for 1 year or less
☐ Unemployed for more than 1 year
56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? *(Choose only one.)*

☐ Yes
☐ No
☐ Don’t know/not sure

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

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.
Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

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

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

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De antemano 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
- [ ] 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
- [ ] Wilson
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.

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

<table>
<thead>
<tr>
<th>Problema</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminación (aire, agua, tierra)</td>
<td></td>
</tr>
<tr>
<td>Abandono de la escuela</td>
<td></td>
</tr>
<tr>
<td>Bajos ingresos / pobreza</td>
<td></td>
</tr>
<tr>
<td>Falta de hogar</td>
<td></td>
</tr>
<tr>
<td>Falta de un seguro de salud adecuado</td>
<td></td>
</tr>
<tr>
<td>Desesperación</td>
<td></td>
</tr>
<tr>
<td>Otros (especificar)</td>
<td></td>
</tr>
<tr>
<td>Discriminación / racismo</td>
<td></td>
</tr>
<tr>
<td>Falta de apoyo de la comunidad</td>
<td></td>
</tr>
<tr>
<td>Drogas (Abuso de sustancias)</td>
<td></td>
</tr>
<tr>
<td>Descuido y abuso</td>
<td></td>
</tr>
<tr>
<td>Maltrato a personas mayores</td>
<td></td>
</tr>
<tr>
<td>Abuso infantil</td>
<td></td>
</tr>
<tr>
<td>Violencia doméstica</td>
<td></td>
</tr>
<tr>
<td>Delito violento (asesinato, asalto)</td>
<td></td>
</tr>
<tr>
<td>Robo</td>
<td></td>
</tr>
<tr>
<td>Violación / agresión sexual</td>
<td></td>
</tr>
</tbody>
</table>
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  ☐ Número de proveedores de atención médica  ☐ Actividades posivas para adolescentes

☐ Opciones de cuidado infantil  ☐ Opciones de servicios de salud apropiados de acuerdo a su cultura  ☐ Opciones de transporte

☐ Opciones de cuidado para ancianos  ☐ Servicios para personas con discapacidad  ☐ Consejería / salud mental / grupos de apoyo  ☐ Disponibilidad de empleo

☐ Servicios para personas con discapacidad  ☐ Servicios de salud más accesibles  ☐ Mejores y más instalaciones recreativas  ☐ Empleos mejor pagados

☐ Más accesibilidad / mejores vivienda  ☐ Opciones de transporte más accesibles  ☐ Opciones de servicios de salud más accesibles  ☐ Mantenimiento de carreteras

☐ 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
- [ ] Usar asientos de seguridad para niños
- [ ] 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
- Doctor / enfermera
- Farmacéutico
- Iglesia
- Internet
- Otros (especificar)

- La escuela de mi hijo
- Hospital
- Departamento de salud
- Empleador
- Líneas telefónicas
- Libros / revistas

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 número 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 transmisión sexual
- [ ] 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?

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

- [ ] Mamografía
- [ ] Examen de cáncer
- [ ] 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

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

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

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

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

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

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

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

☐ 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).

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

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

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

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

☐ Sí
☐ No
23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐ Sí

☐ No   (Si su respuesta es No, salte a la pregunta número 26)

☐ No sé / no estoy seguro   (Si su respuesta es No se / 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 Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27*

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

- [ ] 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*).

<table>
<thead>
<tr>
<th>Cantidad de tazas de fruta</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Número de tazas de verduras</td>
<td></td>
</tr>
<tr>
<td>Cantidad de tazas de jugo de fruta 100%</td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Sí
- [x] 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) ☐ Departamento de salud
☐ Doctor ☐ No lo sé
☐ Farmacia ☐ No aplica; No quiero renunciar
☐ Consejero / terapeuta privado
☐ Otros (especificar)

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

☐ Sí, vacuna contra la gripe
☐ Sí, FluMist
☐ Si ambos
☐ No
☐ No sé / no estoy seguro
PARTE 5: Acceso a la atención / Salud familiar

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

- [ ] Oficina del doctor
- [ ] Departamento de salud
- [ ] Hospital
- [ ] Clínica Médica
- [ ] Centro de cuidado urgente
- [ ] Otros (especificar)

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

- [ ] Seguro de salud que mi empleador proporciona
- [ ] Seguro de salud que proporciona el empleador de mi cónyuge
- [ ] Seguro de salud que mi escuela proporciona
- [ ] Seguro de salud que proporciona mi padre o el empleador de mis padres
- [ ] Seguro de salud que compré
- [ ] Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- [ ] Seguro Militar, Tricare o 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 numero 38)

☐ No sé / no estoy seguro

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

☐ Dentista
☐ Médico general
☐ Cuidado de los ojos / optometrista / oftalmólogo
☐ Farmacia / recetas médicas
☐ Pediatra
☐ Ginecologo
☐ Departamento de salud
☐ Hospital
☐ Centro de atención urgente
☐ Clínica Médica
☐ Especialista
☐ Otros (especificar)

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

☐ No tiene seguro medico
☐ El seguro no cubría lo que necesitaba
☐ El costo del deducible del seguro era demasiado alto
☐ El doctor no aceptaba el seguro ni el Medicaid.
□ El hospital no aceptaba el seguro.
□ La farmacia no aceptaba el seguro ni el Medicaid.
□ El dentista no aceptaba el seguro ni el Medicaid.
□ No tengo ninguna manera de llegar allí.
□ No sabía a dónde ir.
□ No pude conseguir una cita.
□ La espera fue demasiado larga.
□ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.
38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

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

- Otros (especificar)
Mapa del condado de Carolina del Norte
39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (*Elija solo uno*)

☐ Sí
☐ No
☐ No sé / no estoy seguro

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

☐ Consejero o terapeuta privado
☐ Groupo de apoyo
☐ Consejero de la escuela
☐ Otros (especificar)
☐ No sé
☐ Doctor
☐ Pastor o funcionario religioso
PARTE 6: Preparación para emergencias

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

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

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

☐ Sí
☐ No
☐ No sé / no estoy seguro

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

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

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

- [ ] 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 o más

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

- [ ] Masculino
- [ ] Femenino
- [ ] Transgénero
- [ ] Género no conforme
- [ ] Otro

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

- [ ] No soy de origen hispano, latino o español
- [ ] Mexicano, mexicoamericano o chicano
- [ ] Puertorriqueño
- [ ] Cubano o cubano americano
- [ ] Otro - hispano o latino (por favor especifique)
49. ¿Cuál es su raza? *(Elija solo uno)*

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

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

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

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

- [ ] Nunca casado / soltero
- [ ] Casado
- [ ] Pareja- soltera
- [ ] Divorciado
- [ ] Viudo
□ Separado

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

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

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

- [ ] 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
- [ ] Retirado
- [ ] Fuerzas Armadas
- [ ] Discapacitado
- [ ] 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

Martin County
Community Services and Organizations
Law Enforcement – There are two municipalities in Martin County that have their own police departments: Williamston and Robersonville. The rest of the county is covered by the Martin County Sheriff’s Office, headquartered in Williamston.

Martin County Sheriff’s Office
Martin County Government Center
305 East Main Street
PO Box 308
Williamston, NC 27892
252-789-4500
Sheriff Tim Manning

Williamston Police Department
106 East Main Street
Williamston, NC 27892
252-792-2124

Robersonville Police Department
119 S Main Street
Robersonville, NC 27871
252-795-4121

The Martin County, NC Fire Department directory includes four fire departments and fire stations. Source: Fire Department Directory, North Carolina, Martin County; http://www.firedepartment.net/directory/north-carolina/martin-county

Williamston Fire/Rescue/EMS
901 Washington Street/PO Box 602
Williamston, NC 27892
252-792-3521 – Office
252-792-4554 - Office

Robersonville Fire Department
119 S Main Street/PO Box 784
Robersonville, NC 27871
252-795-4141

Oak City Volunteer Fire Department
100 Commerce Street/PO Box 190
Oak City, NC 27857
252-798-3101
Griffins Township Volunteer Fire Department
5217 Fire Department Road
1010 Bobby Roberson Road – Mailing Address
Williamston, NC 27892
252-792-8937

Martin County Emergency Management Services
205 E. Main Street/PO Box 668
Williamston, NC 27892
252-789-4530
EM Director – Jodie Griffin
Office Hours: Monday – Friday, 8:00 am – 5:00 pm

Martin County Memorial Library
200 N Smithwick Street
Williamston, NC 27892
252-792-7476
Website: http://bhmlib.org/tag/martin-memorial-library/

Adult & Aging Services Department (Martin County Senior Center) mission is to respond to older adults’ needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Martin County seniors citizens, age 60 and older.

Martin County Senior Center
201 Lee Street
Williamston, NC 27892
252-792-1027

Hours: 8:00 am – 5:00 pm
Exceptions: Holidays & Inclement Weather

*Satellite Senior Centers:
Jamesville Senior Center/Nutrition Site
1601 Roanoke Court
Jamesville, NC 27846
252-792-1215

Hours: Monday – Thursday, 10:00 am – 1:00 pm

Oak City Senior Center/Nutrition Site
415 S W Commerce Street
Oak City, 27857
252-798-9761

Hours: Monday – Thursday, 10:00 am – 2:00 pm
Robersonville Senior Center/Nutrition Site
203 Green Street
Robersonville, NC 27871
252-795-4580

Hours: Monday – Thursday, 9:00 am – 1:00 pm

Martin County Department of Social Services
305 E Main Street
Williamston, NC 27892
Office: 252-789-4400
Fax: 252-789-4409
Hours: Monday – Friday, 8:00 am – 5:00 pm

NC Cooperative Extension – Martin County
104 Kehukee Park
Williamston, NC 27892
252-789-4169
https://martin.ces.ncsu.edu/

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

Martin County Community Resource Directories and Guides
Martin County Chamber of Commerce Lists of schools and civic organizations in Martin Co.
http://www.martincountync.com/

Martin County Schools
300 N Watts Street
Williamston, NC 27892
Office: 252-792-1575
Fax: 252-792-1965
Website: http://www.martincountync.com

EJ Hayes
302 Andrews Street
Williamston, NC 27892
Office: 252-792-3678
Jamesville Elementary
1220 Hardison Street
Jamesville, NC 27846
Office: 792-8304
Fax: 809-4813

Rogers Elementary
2277 Rogers School Road
Williamston, NC 27892
Office: 792-3834
Fax: 252-809-4900

Williamston Primary School
400 West Blvd.
Williamston, NC 27892
Office: 252-792-3253
Fax: 252-792-7470

Riverside Middle School
2920 US Highway 17 South
Williamston, NC 27892
Office: 252-792-1111
Fax: 252-792-6644

South Creek Elementary School
21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-3910
Fax: 252-795-3890

Riverside High School
1260 Godwin Road
Williamston, NC 27892
Office: 252-792-7881
Fax: 252-809-4087

South Creek Middle/High School
21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-4081
Fax: 252-795-4187
Bear Grass Charter School
6344 E Bear Grass Road
Williamston, NC 27892
Office: 252-789-1010
Fax: 252-789-1014
Website: https://beargrasscharter.org

Northeast Regional School of Biotechnology & Agri Science
1215 Saint Andrew Street
Jamesville, NC 27846
Office: 252-792-0241
Fax: 252-792-0245
Website: https://www.neregionalschool.org

*Higher Education
Martin Community College
1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521
Website: https://www.martincc.edu

Bertie Campus
409 Granville Street
Windsor, NC 27983
252-794-4861
Website: https://www.martincc.edu

East Carolina University
East Fifth Street
Greenville, NC 27858
252-328-6131
Website: https://www.ecu.edu

Elizabeth City State University
1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400
Website: http://www.ecsu.edu/

College of the Albemarle – Edenton-Chowan Campus
800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: http://www.albarmarle.edu/about-coa/edenton-chowan-campus
*Civic Organizations and Parks & Recreation
Martin County Community Action
314 Ray Street
Williamston, NC 27892
252-792-7111

Williamston Lions Club
117 S Smithwick Street
Williamston, NC 27892

Community Service Program
Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Faith Community Outreach
Robersonville, NC 27871
252-795-4195

Faith Works Community Services
Williamston, NC 27892
252-799-3100

Martin County Arts Council
124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

Moratoc Park
102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department
300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park
North Main Street
Robersonville, NC 27871
252-795-4486
Roanoke County Club
1380 Fairway Drive
Williamston, NC 27892
252-792-3630

*Health Care*
The Martin-Tyrrell-Washington District Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women’s preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Martin County Health Department (MTW District Health Department)
210 West Liberty Street
Williamston, NC 27892
252-793-1621
http://www.mtwdistricthealth.org

Martin General Hospital offers many services such as cardiac (telemetry, echo, stress testing), cardiopulmonary/respiratory care clinic (holter monitoring, event monitoring, PFT), emergency department 24-hour, industrial medicine program, intensive care unit, imaging (bone densitometry, CT scanner, digital mammography, MRI, nuclear medicine sonography, stereotactic biopsy, teleradiology ultrasound), labor & delivery, nursery, laboratory, rehabilitation (OT,PT, Speech), sleep center, sports medicine program, surgery (inpatient/outpatient), women’s care.

Martin General Hospital
310 S McCaskey Road
Williamston, NC 27892
252-809-6500
Hours: Open 24 hours
Emergency Room: Open 24 hours

Roanoke Home Care
106 S Watts Street
Williamston, NC 27892
252-792-7811

Community Home Care & Hospice
200 Green Street, Suite 203
Williamston, NC 27892
252-792-7199
Quality Home Staffing, Inc.
120 W Main Street
Williamston, NC 27892
Office: 252-809-4765
Fax: 252-792-5333

Martin Family Medicine
232 Green Street
Williamston, NC 27892
252-809-6400

Direct Primary Care
112 W. Main Street
Williamston, NC 27892
252-802-4600 – General Inquires
252-231-3272 – Appointments
https://accessmedicine.md/

Martin Pediatric Clinic
312 S McCaskey Road
Williamston, NC 27892
252-792-8101

Pediatric Specialist
233 Green Street
Williamston, NC 27892
252-809-6400

Roanoke Women’s Healthcare
104 Medical Drive
Williamston, NC 27892
252-809-6341

Roanoke Orthopedics
220 Green Street
Williamston, NC 27892
252-792-0305

Katherine McNeese, MD
108 Trade Street
Williamston, NC 27892
252-789-4001
Wan Soo Chung MD PA
207 S McCaskey Road
Williamston, NC 27892
252-792-1071

Dr. Robert C. Mills, Jr. & Dr. Scott Matthews
Drs. Mills & Matthews Eye Clinic
316 McCaskey Road
Williamston, NC 27892
252-792-2250

Vidant Behavioral Health – Williamston
210 W Liberty Street
Williamston, NC 27892
252-792-5151
Monday – Friday. 8:00 am – 5:00 pm

Vidant Family Medicine – Windsor (Located in Vidant Bertie Hospital)
1403 S King Street
PO Box 509
Windsor, NC 27893
252-794-67

*Dentist Offices
Zachary Harrison, DDS
1025 Harrisway Drive
Williamston, NC 27892
252-792-7011

Jeffery J. Caldwell, Sr.
1060 Godwin Avenue
Williamston, NC 27892
252-792-1101

Jones Dental Arts
1888 US Hwy 17
Williamston, NC 27892
252-792-1131

*Community & Civic Groups
Martin County Community Action
314 Ray Street
Williamston, NC 27892
252-792-7111
Community Service Program
Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Williamston Lions Club
117 S Smithwick Street
Williamston, NC 27892

United Way
Williamston, NC 27892
252-792-7863

Faith Community Outreach
Robersonville, NC 27871
252-795-4195

Faith Works Community Services
Williamston, NC 27892
252-799-3100

Martin County Arts Council
124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

*Sports & Recreation
Moratoc Park
102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department
300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park
N Main Street
Robersonville, NC 27871
252-795-4486
Roanoke Country Club
1380 Fairway Drive
Williamston, NC 27892
252-792-3630

Roanoke River National Wildlife Refuge
114 W Water Street
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

*Farmers Markets and Roadside Stands near Martin County
http://healthync.org/

Martin County Farmers Market
4001 W Main Street
Williamston, NC 27892
252-792-1900
Saturdays, 7:00 am – 1:00 pm, May - October

J&J Farms
1085 Pierce Lane
Jamesville, NC 28846
May - October

Hamilton Farmer’s Market
101 N Front Street
Hamilton, NC
alan@town-of-hamilton.com

Parnell Farms
2926 Lee Road
Williamston, NC
252-799-6252

Bear Towne Market
120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June - October
Silas Norman’s Roadside Stand  
Hwy 64  
Plymouth, NC 27962  
252-809-9781  
Open May – November

Windsor Super Farmer’s Market  
112 W Water Street  
Windsor, NC 27983  
Open May – September

Martin County Soil & Water  
104 A Kehukee Park Road  
Williamston, NC 27892  
252-792-4350

Martin County Transit  
205 E Main Street  
Williamston, NC 27892  
252-789-4390

Martin County Animal Control  
1421 Landfill Road  
Williamston, NC 27892  
353-792-6910

*Childcare Centers & Homes  
A&A Child Care  
3428 Ballard Road  
Williamston, NC 27892  
252-789-1146

Aunties Place  
1325 Wynn Road  
Williamston, NC 27892  
252-792-5285

Children of Joy  
1435 Holly Drive  
Williamston, NC 27892  
252-789-4677

Community Christian Child Care Center  
22184 NC Hwy 125  
Williamston, NC 27892  
252-792-2929
Cookie’s Little Palace
1171 Swinson Road
Williamston, NC 27892
252-217-7575

Doodle Bug Daycare
120 East Pine Street
Williamston, NC 27892
252-792-6466

Down Home Childcare II
800 A West Green Street
Robersonville, NC 27871
252-795-0300

Guiding One’s Direction Child Care Center
307 North Elm Street
Williamston, NC 27892
252-508-4675

Guiding One’s Direction Child Care Center #2
309 North Elm Street
Williamston, NC 27892
252-508-4675

Happy Kids Academy
622 East Boulevard
Williamston, NC 27892
252-792-3333

Jamesville Elementary Child Care Center
1220 Hardison Drive
Jamesville, NC 27846
252-792-8304

Just Love’n Kids Daycare
1220 Martin Luther King Drive
Williamston, NC 27892-1348
252-792-1348

Little Footprints Learning Center
1151 James Road
Robersonville, NC 27871
252-508-6151
Little Heaven Day Care Home
104 New Street
Williamston, NC 27892
252-792-7874

Memorial Baptist Preschool
109 W Church Street
Williamston, NC 287892
252-792-6079

Morning Star Home Child Care
119 Martin Street
Williamston, NC 27892
252-301-6304

North Everetts Head Start Center
2115 Everetts Road
Everetts, NC 27825
252-789-1184

Oasis Learning Center
1407 Ross Road
Robersonville, NC 27871
252-799-1582

Ruth’s Learning Center
1051 Romann Lane
Williamston, NC 27892
252-792-1645

Smiling Faces Child Care Center, Inc.
14493 US Hwy 64
Williamston, NC 27892
252-792-3374

South Creek Pre-K
21230 NC 903
Robersonville, NC 27871
252-795-3910

Williamston Primary After-School
400 West Blvd.
Williamston, NC 27892
252-792-8483
Williamston Primary Pre-School
400 West Blvd.
Williamston, NC 27892
252-792-3253
Tyrrell County
Community Services and Organizations
Law Enforcement – There are no other municipalities in Tyrrell County that have their own police departments. Tyrrell county is covered by the Tyrrell County Sheriff’s Office, headquartered in Columbia.

Tyrrell County Sheriff’s Office
405 Main Street/PO Box 178
Columbia, NC 27925
Office: 252-796-2251
Fax: 252-796-02251
Sheriff Kevin Sawyer

The Tyrrell Volunteer Fire Department is an incorporated, all-volunteer organization that contracts with the town of Columbia for fire protection services. The 60-member department has one main station located in the Town of Columbia with five sub-stations located throughout Tyrrell County

Tyrrell Volunteer Fire Department
618 N Road Street Extension
Columbia, NC 27925
Office: 252-796-2251
Emergencies: 9-1-1

Washington/Tyrrell County Emergency Medical Services (EMS)
Office: 252-793-6360
Cell: 252-217-2366
EMS Director: Jennifer O’Neal
Email: joneal@washconc.org

Tyrrell County Emergency Management
108 Water Street/PO Box 449
Columbia, NC 27925
Office: 252-796-1371
EM Director: Wesley Hopkins

Tyrrell County Animal Control
248 Smith Lane
Columbia, NC 27925
Office: 252-766-0033
Animal Control Officer: Cecil Lilley

Tyrrell County Soil and Water
155 N L.A. Keiser Drive
Columbia, NC 27925
Office: 252-796-3891
Located a few steps from the banks of the Scuppernong River, we are surrounded by water, wildlife and the natural beauty of Pocosin Lakes National Wildlife Refuge, making it an ideal place to leave your daily routine behind and immerse yourself in one of our creative workshops. We offer weekly classes for adults, after school and summer programs for youth, and workshops ranging from 2-day to 5-day sessions in metals, clay, photography, drawing, painting, textiles and more.

Pocasin Arts
201 Main Street/PO Box 690
Columbia, NC 27925
Office: 252-796-2787

Alligator River National Wildlife Refuge
PO Box 1969
Manteo, NC 27952
Office: 252-473-1131

The mission of the Eastern 4-H Center is to provide year-round training and educational programs for: youth, community groups, businesses and corporate sector and university students and faculty.
*Other Community Services and Organizations*

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

**Tyrrell County Visitors Center**

203 S Ludington Drive  
Columbia, NC 27925  
Office: 252-796-0723  
Website: [https://www.visitnc.com/tyrrell-county-visitors-center/](https://www.visitnc.com/tyrrell-county-visitors-center/)

**Tyrrell County Board of Education**

1107 Hwy 64 E/PO Box 328  
Columbia, NC 27925  
Office: 252-796-1121  
Fax: 252-796-1492  
Website: [https://www.tyrrell.k12.nc.us/](https://www.tyrrell.k12.nc.us/)

**Tyrrell Elementary School**

486 Elementary School Road  
Columbia, NC 27925  
Office: 252-796-3881  
Fax: 252-796-0544  
Website: [https://www.tes.tyrrell.k12.nc.us](https://www.tes.tyrrell.k12.nc.us)

**Columbia Middle School**

920 Main Street  
Columbia, NC 27925  
Office: 252-796-0369  
Fax: 252-796-3639  
Website: [https://cms.tyrrell.k12.nc.us](https://cms.tyrrell.k12.nc.us)
Columbia High School
902 Main Street/PO Box 419
Columbia, NC 27925
Office: 252-796-8161
Fax: 252-796-1197
Website: https://chs.tyrrell.k12.nc.us

*Higher Education
Martin Community College
1161 Kehukee Park Road
Williamston, NC 27892
Office: 252-792-1521
Website: https://www.martincc.edu

Beaufort County Community College
5337 US Hwy 264
Washington, NC 27889
Office: 252-946-6194
Website: https://www.beaufortccc.edu

East Carolina University
East Fifth Street
Greenville, NC 27858
Office: 252-328-6131
Website: https://www.ecu.edu/

Elizabeth City State University
1704 Weeksville Road
Elizabeth City, NC 27909
Office: 252-335-3400
Website: http://www.ecsu.edu/

College of the Albemarle – Edenton-Chowan Campus
800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: http://www.albmarlere.edu/about-coa/edenton-chowan-campus

*Clubs and Civic Organizations
Rotary Club – Columbia
Meets at Good Times Tavern & Restaurant
306 Scuppernong Drive
Columbia, NC 27925
252-796-1300
Meets Tuesdays at 6:00 pm
Columbia Lions Club
Meets at Good Times Tavern & Restaurant
306 Scuppernong Drive
Columbia, NC 27925
Meets 2\textsuperscript{nd} & 4\textsuperscript{th} Tuesdays at 6:00 pm

*Daycare Centers & Homes
Tyrrell/Washington Partnership for Children
1258 W Water Street
Plymouth, NC 27962
252-793-5437

Mother’s Helper Child Care & Learning Center
285 Elvin Drive
Columbia, NC 27925
252-797-4099

Tyrrell County Head Start & Learning Center
190 LA Kieser Road
Columbia NC 27925
252-796-3711

Tyrrell Elementary Preschool
486 Elementary School Road
Columbia, NC 27925
252-796-3881

*Public Health
The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women’s preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Tyrrell County Health Department (MTW District Health Department)
408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
http://www.mtwdistricthealth.org
Roanoke Home Care
408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
http://www.mtwdistricthealth.org

Columbia Medical Center
208 N Broad Street
Columbia, NC 27925
Office: 252-796-0689

Vidant Behavioral Health
1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-796-0595

Tyrrell House
950 US Hwy 64
Columbia, NC 27925
Open: 24 Hours
Office: 252-394-3145
Affiliated Living
Alzheimers/Memory Care
Short-term Stay

*Dental Services
Tyrrell County Dental Health Clinic (MTW District Health Department)
1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-793-1773

*Farmers Markets and Roadside Stands - Tyrrell County - http://healthync.org/
Scuppernong Produce I
785 Riverview Lane
Columbia, NC 27925
252-796-7541
Open May - November

Scuppernong Produce II – Roadside Stand
640 US Hwy 64 E
Columbia, NC 27925
252-796-7541
Open June - November
Swain’s Produce – Roadside Stand
1479 Hwy 64 E
Columbia, NC 27925
252-796-
Open June - October

Bear Towne Market
120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June – October

Silas Norman’s Roadside Stand
Hwy 64 (located in parking lot of Farmer’s Furniture)
Plymouth, NC 27962
252-809-9781
Open May – November
Washington County
Community Services and Organizations
Law Enforcement – There is one municipality in Washington County that has their own police department: Plymouth. The rest of the county is covered by the Washington County Sheriff’s Office, headquartered in Plymouth.

Washington County Sheriff’s Office
4th Floor of Washington County Courthouse
120 Adams Street/PO Box 969
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Sheriff Johnny Barnes

Plymouth Police Department
132 East Main Street
Plymouth, NC 27962
Office: 252-793-4680
Police Chief Willie Williams

The Washington County, NC Fire Department directory includes six fire departments and fire stations. Source: Fire Department Directory, North Carolina, Washington County; http://www.firedepartment.net/directory/north-carolina/washington-county

Creswell Volunteer Fire Department
109 West Main Street
Creswell, NC 27928
Office: 252-797-4461

Lake Phelps Volunteer Fire Department
9606 Newland Road
Creswell, NC 27928
Office: 252-797-4259

Plymouth Fire Department
775 US Hwy 64 East
Plymouth, NC 27962
Office: 252-793-9660
Fax: 252-793-5910

Mid-County Volunteer Fire Department
18135 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-2999
Fax: 252-793-5497
Roper Volunteer Fire Department
410 West US Hwy 64 By-Pass
Roper, NC 27979
252-793-2024

Fairfield Volunteer Fire Department
South Hwy 64
Fairfield, NC 27826
252-926-2826

Washington County Emergency Medical Services (EMS)
PO Box 96
Plymouth, NC 27962
Office: 252-217-2266
Transport: 252-217-8333
Fax: 252-793-7744
EMS Director: Jennifer O’Neal
Email: joneal@washconc.org

Washington County Emergency Management
205 East Main Street
Plymouth, NC 27962
Office: 252-793-4114
Fax: 252-793-9788
EM Director: Ann Keyes
Email: akeyes@washconc.org

Washington County Library
201 East Third Street
Plymouth, NC 27962
Office: 252-793-2113
Fax: 252-793-2818
Website: https://statelibrary.ncdcr.gov/washington-county-library

Adult & Aging Services Department (Washington County Senior Center) mission is to respond to older adults’ needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Washington County seniors citizens, age 60 and older.

Washington County Senior Center
198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-3816
Fax: 252-793-6679
Hours: Monday – Friday, 8:00 am – 7:00 pm
Exceptions: Holidays & Inclement Weather
NC Cooperative Extension – Washington County
128 West Water Street
Plymouth, NC 27962
Office: 252-793-2163
https://washington.ces.ncsu.edu/

Washington County Soil & Water
407 NC Hwy 32 N
Roper, NC 27970
Office: 252-792-0108
Fax: 252-793-5303

Washington County Department of Social Services
209 East Main Street
Plymouth, NC 27962
Office: 252-793-4041
Fax: 252-793-3195
Hours of Operation: Monday – Friday, 8:00 am – 5:00 pm

Washington County Riverlight Transit
209 East Main Street/PO Box 10
Plymouth, NC 27962
Office: 252-793-4041

Washington County Animal Control
Washington County Sheriff’s Office
PO Box 1007
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Location: Landfill (off Hwy 32 adjacent to county landfill)
Hours of Operation: Monday – Friday, 8:00 am – 4:30 pm; Saturday, 8:00 am – 1:00 pm

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

Washington County Chamber of Commerce
701 Washington Street
Plymouth, NC 27962
252-793-4804
Email: chamber@washconc.org
Business Hours: Wednesday – Friday, 10:00 am – 4:30 pm
*Washington County School District
Washington County Board of Education
802 Washington Street
Plymouth, NC 27962
Office: 252-793-5171
Fax: 252-793-5062
Website: https://wcsnc.org/

Pines Elementary School
3177 US Hwy 64
Plymouth, NC 27962
Office: 252-793-1137

Washington County Union Middle School
1137 East Mill Pond Road
Roper, NC 27970
Office: 252-793-2835

Washington County (Plymouth) High School
800 East Main Street
Plymouth, NC 27962
Office: 793-3031

Creswell Elementary School
200 7th Street
Creswell, NC 27928
Office: 252-797-7474

Washington County Early College High School
102 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-1327
Fax: 252-792-6644

*Higher Education
Martin Community College
1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521
Website: https://www.martincc.edu

Beaufort County Community College
5337 US Hwy 264
Washington, NC 27889
252-946-6194
Website: https://www.beaufortccc.edu
**East Carolina University**
East Fifth Street
Greenville, NC 27858
252-328-6131
Website: [https://www.ecu.edu/](https://www.ecu.edu/)

**Elizabeth City State University**
1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400
Website: [http://www.ecsu.edu/](http://www.ecsu.edu/)

**College of the Albemarle – Edenton-Chowan Campus**
800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: [http://www.albamarle.edu/about-coa/edenton-chowan-campus](http://www.albamarle.edu/about-coa/edenton-chowan-campus)

**Parks & Recreation**
**Town of Plymouth**
124 East Water Street
Plymouth, NC 27962
252-793-9101

**Washington County Recreation**
603 Adams Street
Plymouth, NC 27962
252-793-6607

**Plymouth Country Club**
Golf Course & Country Club
301 Golf Road
Plymouth, NC 27962
252-793-3034

**Public Health Department & Home Health**
The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women’s preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health...
Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

**Washington County Health Department (MTW District Health Department)**
198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3112
http://www.mtwdistricthealth.org

**Roanoke Home Care**
198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3145
After Hours: 1-800-842-8275
http://www.mtwdistricthealth.org

*Washington County Healthcare*

**Plymouth Family Care – Dr. Beverly Lewis, MD**
983 US-64
Plymouth, NC 27962
Office: 252-793-1010
Office Hours: Monday – Friday, 8:30 am – 4:45 pm

**Family Medicine – Dr. Robert Venable, MD**
1004 US-64
Plymouth, NC 27962
Office: 252-793-7731

**Inner Banks Family Medicine**
543 US Hwy 64 W
Plymouth, NC 27962
Office: 252-791-0993

**Roanoke Chowan Community Health Center - Creswell Primary Care**
9500 NC Hwy 94
Creswell, NC 28928
Office: 252-797-0135

*Home Health Agencies, Nursing Homes/Assisted Living*

**Roanoke Home Care**
198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-791-3145
After Hours: 1-800-842-8275
http://www.mtwdistricthealth.org
Interim Healthcare of Plymouth, Inc,
383 Hwy-64 West, Suite 8
Plymouth, NC 27962
Office: 252-793-1000

Carolina’s Home Care
121 East Water Street
Plymouth, NC 27962
Office: 252-791-0093

Convenient Homecare
115 East Main Street
Plymouth, NC 27962
Office: 252-791-0083

A Plus Results
106 East Water Street
Plymouth, NC 27962
Office: 252-793-6500

Roanoke Landing Rehabilitation & Nursing Center
1084 US-64
Plymouth, NC 27962
Office: 252-793-2100

Cypress Manor
503 West Buncombe Street
Roper, NC 27979
Office: 252-791-0002

*Dentist Offices
Dr. Amanda Williams, DDS
Martin-Tyrrell-Washington District Health – Washington County Dental
198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-1851

Dr. Terry E. Thompson, DDS
102 Brinkley Place
Plymouth, NC 27962
Office: 252-793-1200
**Earp Dentistry**
363 US Hwy 64 West
Plymouth, NC 27962
Office: 252-793-5426 or 252-793-5942

**Mental Health**
**Trillium**
Manages mental health, substance abuse, and intellectual/development disability services in a 26-county area. Trillium partners with agencies and licensed therapists to offer services and support to people in need within their community.

24-Hour Access to Care: 1-877-695-2415
Email: info@trilliumnc.org
Website: http://trilliumhealthresources.org/

**Vidant Behavioral Health – Plymouth**
802 Washington Street
Plymouth, NC 27962
Office: 252-793-1154
Hours of Operation: Monday – Thursday, 8:00 am – 4:00 pm

**Dialysis Centers**
**FMC Dialysis Services Plymouth**
734 US Hwy 64 E
Plymouth, NC 27962
252-793-6300

**Dialysis Care of Martin County, Inc.**
100 Medical Drive
Williamston, NC 27892
252-792-2386

**BMA of Windsor**
1421 B South Kind Street
Windsor, NC 27892
252-794-5041

**DaVita Edenton Dialysis**
312 Medical Arts Drive
Edenton, NC 27932
Office: 1-800-424-6589
Fax: 252-482-0863
*Community & Civic Groups*

**Plymouth Lions Club**
Golden Skillet Restaurant – Meeting Place
167 US Hwy 65 West
Plymouth, NC 27962
Meeting Time: 2\textsuperscript{nd} & 4\textsuperscript{th} Thursday at 7:00 pm

**Plymouth Rotary Club**
PO Box 323
Plymouth, NC 27962
Meeting Time:

**United Fund of Washington County**
PO Box 285
Plymouth, NC 27962
252-793-5823

**Roanoke River National Wildlife Refuge**
114 W Water Street
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: [http://www.fws.gov/refuge/roanoke_river/](http://www.fws.gov/refuge/roanoke_river/)

*Farmers Markets and Roadside Stands - Washington County*
[http://healthync.org/](http://healthync.org/)

**Bear Towne Market**
120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June - October

**Silas Norman’s Roadside Stand**
Hwy 64
Plymouth, NC 27962
252-809-9781
Open May – November

**Martin County Farmers Market**
4001 W Main Street
Williamston, NC 27892
252-792-1900
Saturdays, 7:00 am – 1:00 pm, May - October
Windsor Super Farmer’s Market
112 W Water Street
Windsor, NC 27983
Open May – September

*Childcare Centers & Homes
Tyrrell/Washington Partnership for Children – Smart Start
125-B West Water Street
Plymouth, NC 27962
Office: 252-793-5437
Email: info@tcpfw.org

Beginnings & Beyond
106 Ausbon Drive
Plymouth, NC 27962
252-793-506-3633

Blessing Children Family Day Care
2555 Backwoods Road
Roper, NC 27970
252-793-9848

Creswell Elementary Preschool
200 South Seventh Street
Creswell, NC 27928
252-797-7474

Emonnies Little Angels
904 Jefferson Street
Plymouth, NC 27962
252-793-6680

Ginger’s Day Care Home
1734 Morrattock Road
Plymouth, NC 27962
252-217-7575

Grace Filled Beginnings
408 East Main Street
Plymouth, NC 27962
252-793-3029

Kingdom Kids Christian Child Care Center
2381 NC Hwy 45 South
Plymouth, NC 27962
252-791-0552
Mary’s Little Lamb Childcare Center
101 Spencer Street
Plymouth, NC 27962
252-791-9925

Open Arms Child Care Center LLC
205 Eighth Street
Creswell, NC 27928
252-797-3892

Pines Elementary Preschool
3177 US Hwy 64 E
Plymouth, NC 27962
252-793-1137

Washington County Head Start
2668 US Hwy 64 E
Plymouth, NC 27962
252-791-0665