Carteret County

2018 Community Health Needs Assessment

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Executive Summary

Carteret 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 Carteret County.

Service Area

The service area for this report is defined as the geographical boundary of Carteret County, North Carolina. Carteret County is located on the coast and has a total area of 1,341 square miles, of which 506 square miles is land and 834 square miles is water (62%). Carteret is the third largest county in North Carolina by total area.

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 Carteret 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 a community survey distributed through online and paper submissions and (5) focus group discussions. Over 800 Carteret County residents provided 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 gathered 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 Carteret County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Economy
Environment
Exercise, Nutrition & Weight
Heart Disease & Stroke
Prevention & Safety
Respiratory Diseases
Substance Abuse

Selected Priority Areas

The following were identified and selected as the top priorities for Carteret County Health Department and Carteret Health Care to focus on for 2018-2021:

- Access to Health Services
- Substance Abuse
- Exercise, Nutrition & Weight

Conclusion

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

Introduction

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

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Carteret 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 Carteret County Community Health Needs Assessment was developed through a partnership between the Carteret County Health Department, Carteret Health Care, Health ENC and Conduent Healthy Communities Institute.

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

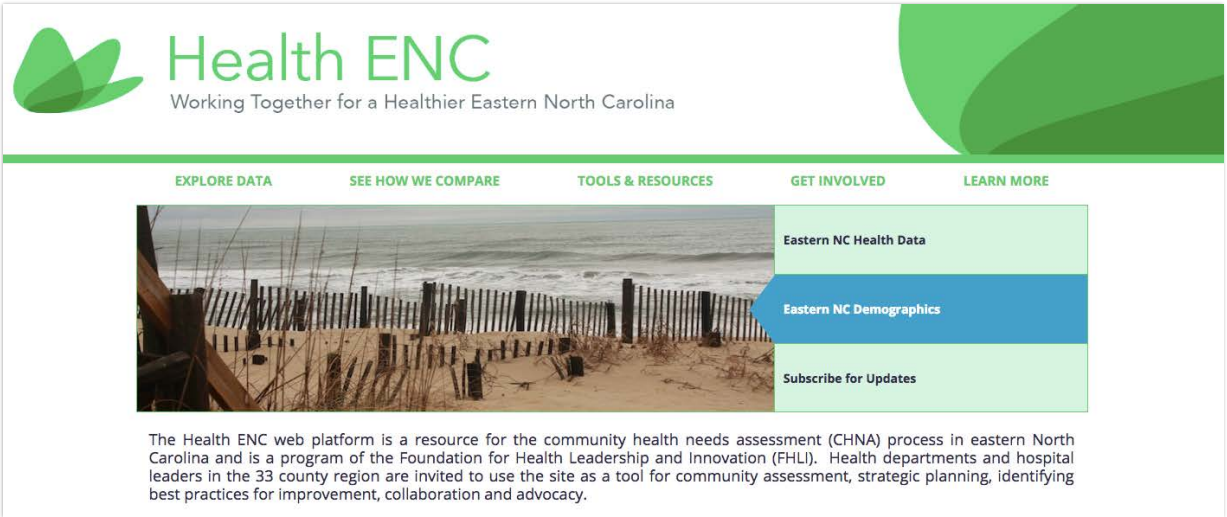
HealthENC.org

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.

Figure 1. Health ENC Online Data Platform



Consultants

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

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

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

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

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Carteret County Health Department / Carteret Health Care

Carteret County Health Department has served residents of Carteret County since 1937. Funds for health department programs and services come from county, state and federal sources and private grants. Carteret County Health Department is governed by a 24-member Human Services Board; members are appointment by the Carteret County Board of Commissioners.

Carteret County Health Department provides a variety of preventative health care services, screenings, immunizations, environmental health services, animal control services, and health education/information. Health Department services are grouped into the following overarching categories: Administration/ Community Health, Animal Control, Case Management and Clinical Services, Dental, Environmental Health Services, and Women's, Infants, and Children (WIC).

Carteret Health Care is an independent, 135-bed community hospital serving Eastern North Carolina. Carteret Health Care leads the way to healthier lives through innovations in safety, quality, service and superior value. As a not-for-profit Medical Center, Carteret Health Care offers a full range of acute care, diagnostic and outpatient services at a level that one would only expect from a larger facility. While providing quality health care with exceptional compassion and respect, Carteret Health Care achievements and awards include being recognized as a Top 100 Rural & Community Hospital in the nation.

Community Health Team Structure

The Carteret County CHNA team is comprised of a variety of organizations and stakeholders within Carteret County representing government, health care, civic organizations, and nonprofits. CHNA planning team serves a critical role in assuring that the community has input into the collection and review of health data, as well as the selection of the health priorities for the County.

Distribution

Electronic copies of this report are available on www.carteretcountync.gov, www.carterethealth.org, and HealthENC.org.

Paper copies are available at following public libraries in Carteret County: Bogue Banks Library (Pine Knoll Shores); Carteret County Library (Beaufort); Down East Library (Otway); Newport Library (Newport); Webb Memorial Library (Morehead City) and Western Carteret Library (Cape Carteret).

To obtain a paper copy of this 2018 Community Health Assessment, call the Carteret County Health Department at (252) 728-8550.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative 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 2016 Community Health Needs Assessment, access to healthcare, chronic disease prevention, and behavioral health/substance abuse were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

Carteret County Health Department and Carteret Health Care has not received any community feedback on the 2016 CHNA.

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 Carteret County.

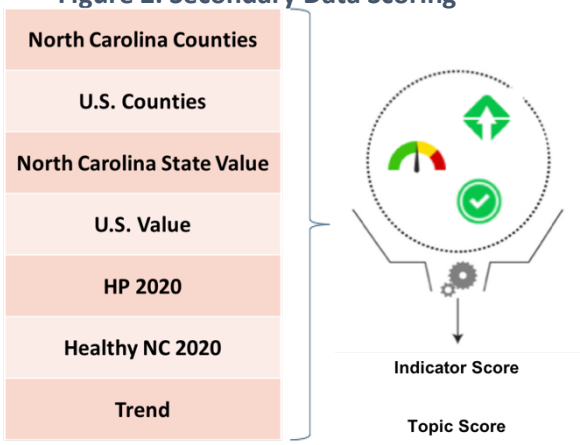
Secondary Data Sources & Analysis

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 Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 152 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Carteret County's status, including how Carteret County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

[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/.

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

Figure 2. Secondary Data Scoring



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

Table 2. Health and Quality of Life Topic Areas

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

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

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

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

The community health needs assessment survey link was disseminated using various methods: Carteret County Health Department's website and Facebook page; Carteret Health Care's newsletter, and employee email list serves. Flyers were developed to provide information about the CHNA. The online survey link was distributed to local businesses and organizations in Carteret County to encourage participation. Paper copies of the surveys were available throughout the community at all the public libraries, Leon Mann Enrichment Center, Beaufort Housing Authority, Hope Mission, Broad Street Clinic, Carteret County Fire/EMS Departments and Carteret County Health Department. Carteret County Health Department staff visited the local soup kitchen to help citizens complete the survey. Carteret County Health Department visited the senior center to help senior citizens in the computer lab take the survey. The targeted population was chosen to mirror the demographics of Carteret County (age, race, and gender). Carteret County Health Department especially strived to capture a variety of socioeconomic levels represented throughout the county.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 960 responses were collected from Carteret County residents, with a survey completion rate of 87.6%, resulting in 841 complete responses from Carteret County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Carteret County	832	9	841

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

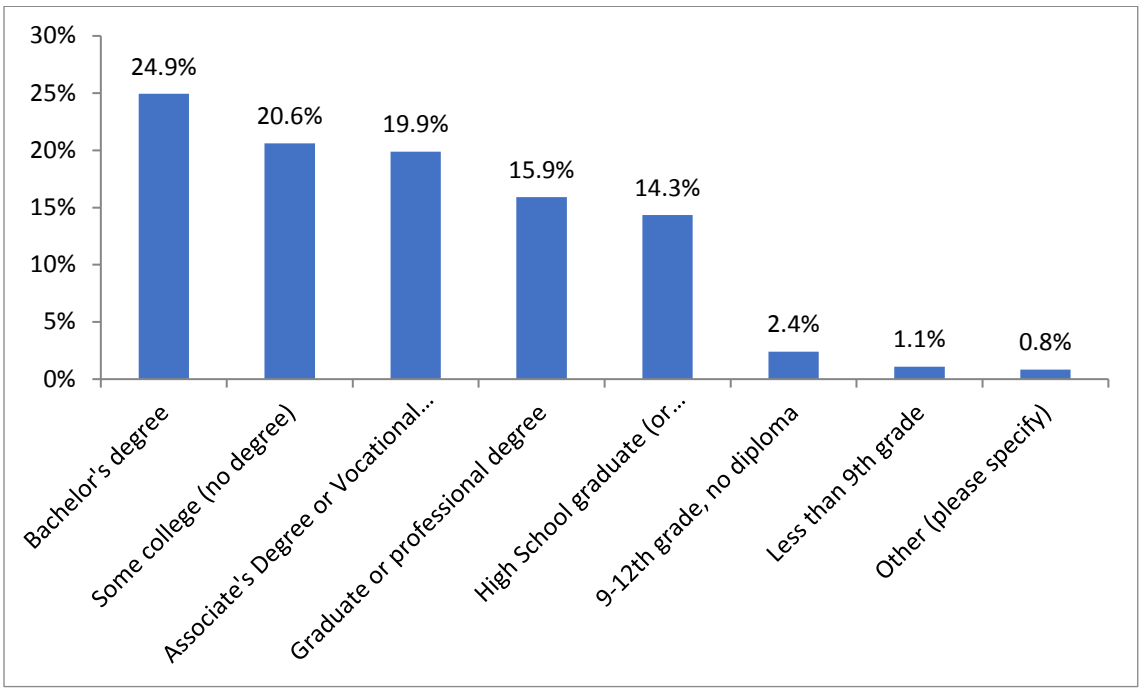
Demographics of Survey Respondents

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

Among Carteret County survey participants, just over half of respondents were under the age of 50, with the highest concentration of respondents (14.5%) grouped into the 55-59 age group. The majority of respondents were female (74.5 %), White (90%), spoke English at home (98.6%), and Not Hispanic (96.1%).

Survey respondents had education beyond high school, with the highest share of respondents (24.9%) having a bachelor's degree and the next highest share of respondents (20.6%) having attended some college (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (56.6%) and the highest share of respondents (20.1 %) had household annual incomes that totaled over $100,000 before taxes. The average household size was 2.7 individuals.

Figure 4. Employment Status of Community Survey Respondents

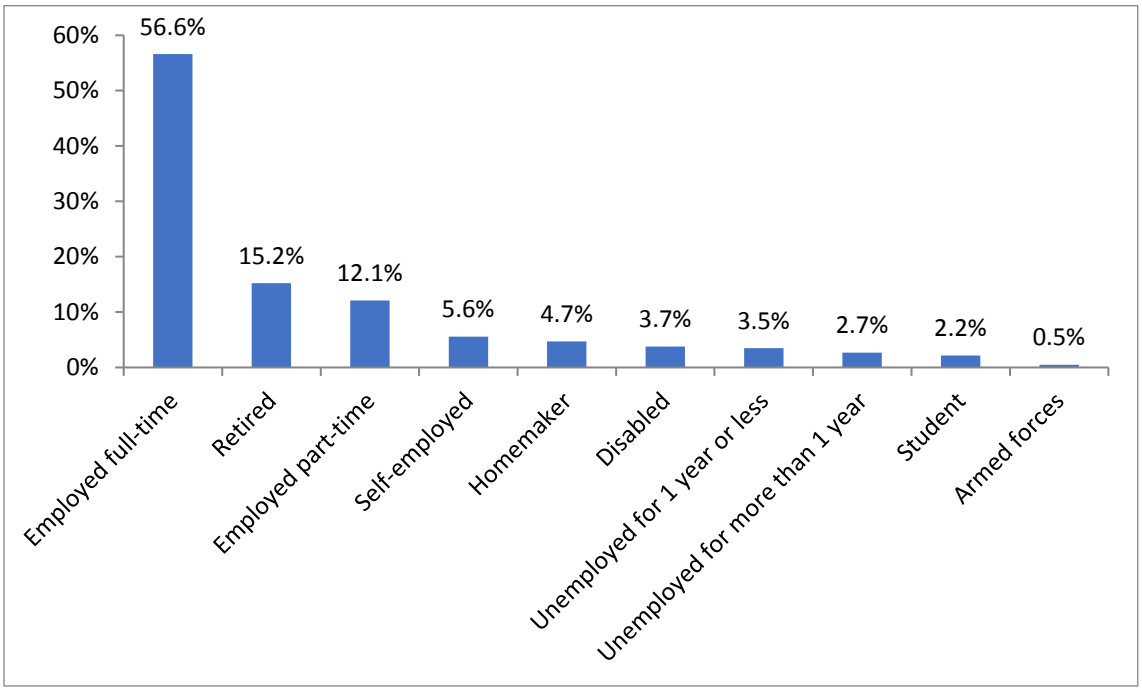
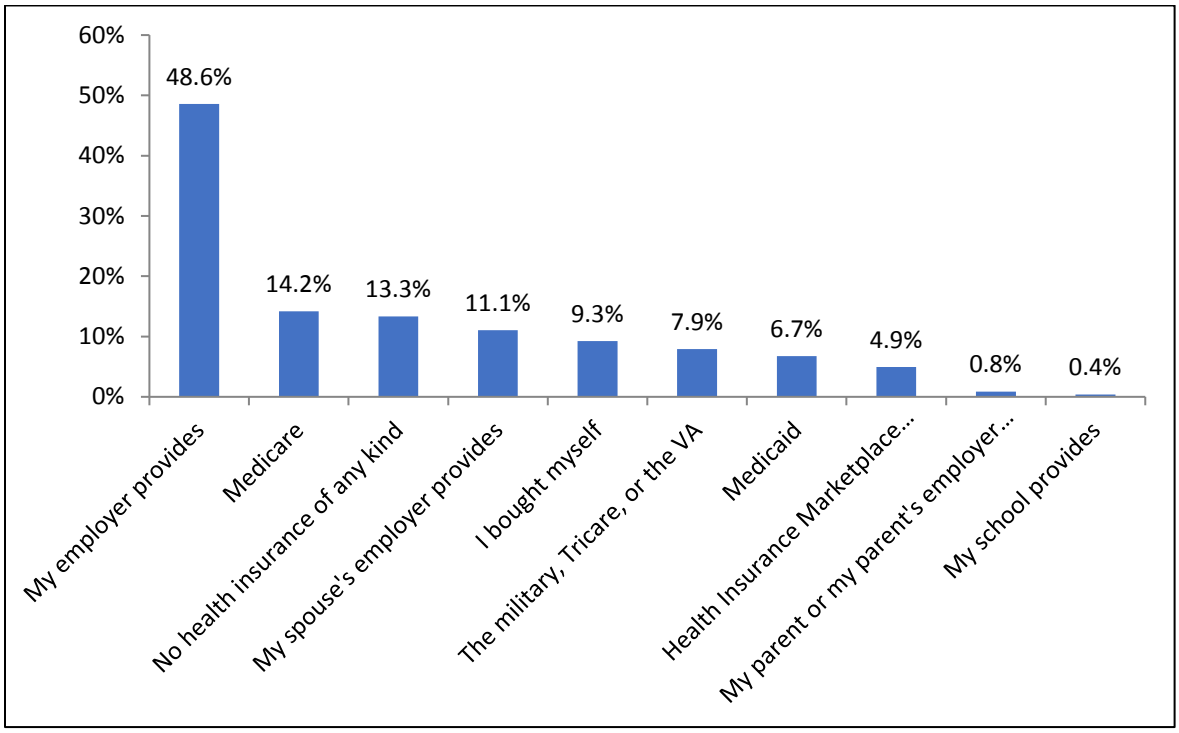


Figure 5 shows the health insurance coverage of community survey respondents. Just less than half of survey respondents have health insurance provided by their employer (48.6%), while 14.2% have Medicare and 13.3% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of white educated women with varying levels of income. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. 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 Carteret 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.

Focus groups were coordinated with agencies serving low-income populations such as Medicaid recipients, children and families, and uninsured populations and community organizations. Carteret County Health Department and Carteret Health Care targeted African American groups, youth serving agencies, mental health agencies, chronic disease prevention/support groups, and an organization that support low-income populations medically, which were underrepresented throughout the surveying process. Because the survey targeted individuals 18 and older more information on youth was needed; therefore, youth-serving agencies were targeted. The focus groups were promoted on the health department's Facebook page for any organization that wanted to participate; however, most participants were personally invited by Health Educators of the Health Department.

Five focus group discussions were completed within Carteret County between June 14, 2018 – July 18, 2018 with a total of 40 individuals. Participants included community church members, local clinic staff, and community organization leaders. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/14/2018	Carteret Health Care	General Population	6
6/30/2018	Chapel in Newport	General Population/ Church Members	6
7/11/2018	Broad Street Clinic	Clinic Staff	7
7/12/2018	Carteret County Health Department	Mental Health Professionals	13
7/18/2018	Carteret County Health Department	Youth Serving Agencies/ Organizations	8

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

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

Data Considerations

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

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

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

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

Prioritization

Three separate sessions were held for the selection of prioritizing health needs. The first prioritization session was held on Tuesday, February 5, 2019 at Carteret Health Care. There were 17 participants in the session representing the Health Department, Consolidated Human Services, RHA (a mental health provider), Department of Social Services, Eastern Carolina Housing Authority, Trillium Health Resources, Carteret County Parks and Recreation, Cherry Point Bay Nursing and Rehabilitation Center, and local medical and mental health providers.

The second prioritization session was held Monday, February 11, 2019 at the Health and Human Services Board Meeting. There were 26 participants in this session representing the community, the local newspaper, local health providers, a local veterinarian, local businesses, and local government.

A virtual prioritization session was provided using *SurveyMonkey*. The survey was made available for two weeks via the Health Department's Facebook page and the Health Department's website. The survey link was also promoted in the *Carteret County News-Times*. One hundred thirteen (113) Carteret County citizens participated in this session.

The criteria used for all of these prioritization sessions were: *magnitude*, the number of people impacted by the problem; *severity*, the rate or risk of morbidity and mortality; and *feasibility* of intervention.

The in-person sessions utilized the dotmocracy method, commonly known as dot method. From the top eight areas of concern, stakeholders and the public were invited to rank the top three concerns at the Community Health Forum and Human Services Board meeting using dotmocracy.

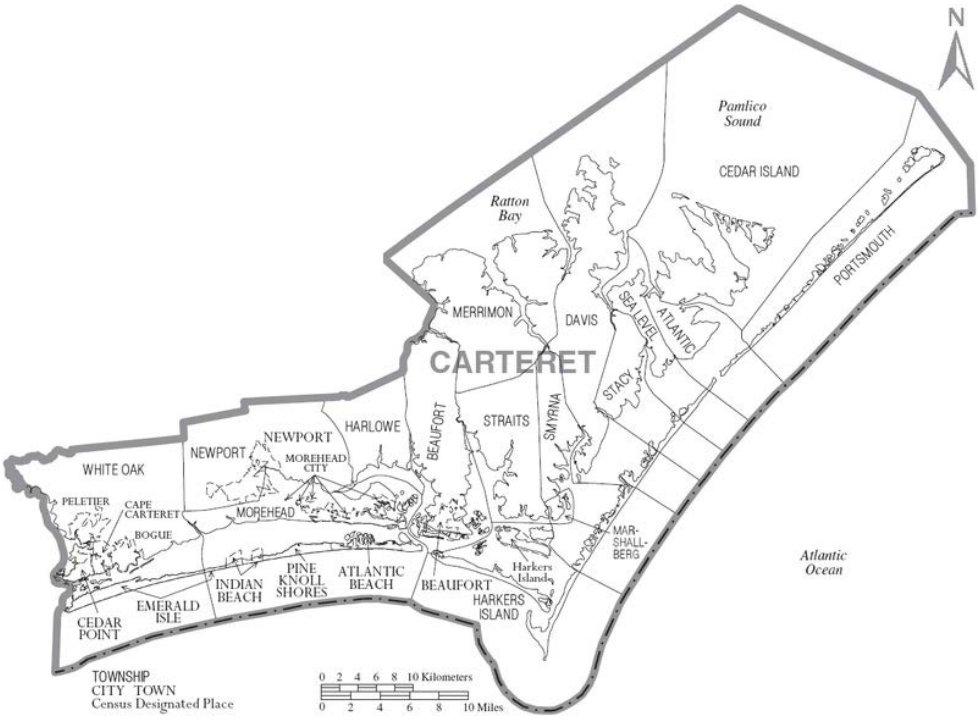
Large sheets of papers were placed on the wall around the room, with each containing one of the eight concerns listed by the community. Participants were asked to walk around the room, placing a sticker on the sheets containing their top three concerns.

The virtual session used the prioritization matrix method. This allowed participants to read over the needs and rank them from the most important to the least important.

Overview of Carteret County

About Carteret County

Carteret County is centrally located on the North Carolina coastline and bordered on the north by the Pamlico Sound and east and south by the Atlantic Ocean. There are eleven municipalities within the County: Atlantic Beach, Beaufort (County Seat), Bogue, Cape Carteret, Cedar Point, Emerald Isle, Indian Beach, Morehead City, Newport, Peletier, and Pine Knoll Shores. Surrounding counties include Pamlico, Craven, Jones and Onslow. Geographically, the County is defined by water and is approximately 1,064 square miles with a land area of 506 square miles. Carteret County is referred to as the "Crystal Coast." With an average elevation of twelve feet above sea level, Carteret County is the southernmost portion of the Outer Banks (SOBX). Several protected areas can be found in Carteret County including: Cape Lookout National Seashore, the Croatan National Forest, and Cedar Island Wildlife Refuge.



The weather is mild in Carteret County with an average annual temperature of 63. The average annual precipitation is 57 inches of rainfall. (ACCESS NC https://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37031.pdf)

Major industries in the county include Tourism, Marine Trades, Marine Science, and Commercial and Recreational Fishing. According to Carteret Economic Development, in 2017 the top ten employers include Carteret County Board of Education, Carteret Health Care, Carteret County Government, Wal-Mart Associates Inc., Carteret Community College, Big Rock Sports LLC, Food Lion, Lowes Home Centers Inc., Bally Refrigerated Boxes and Town of Morehead City.

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 Carteret County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Carteret County has a population of 68,890 (Figure 6). The population of Carteret County has increased from 2013 to 2016.

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

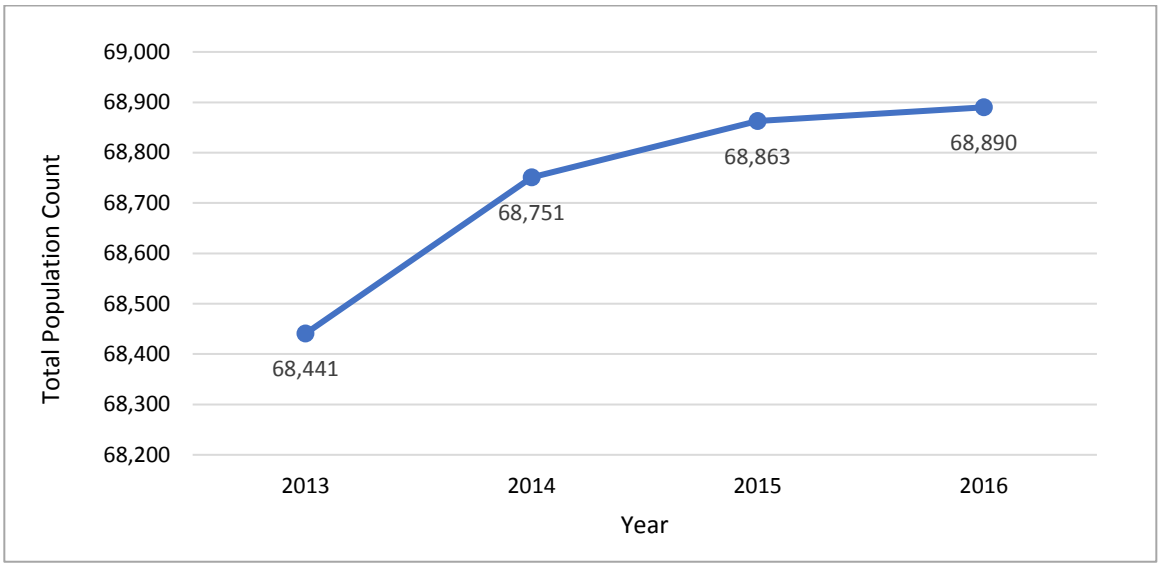
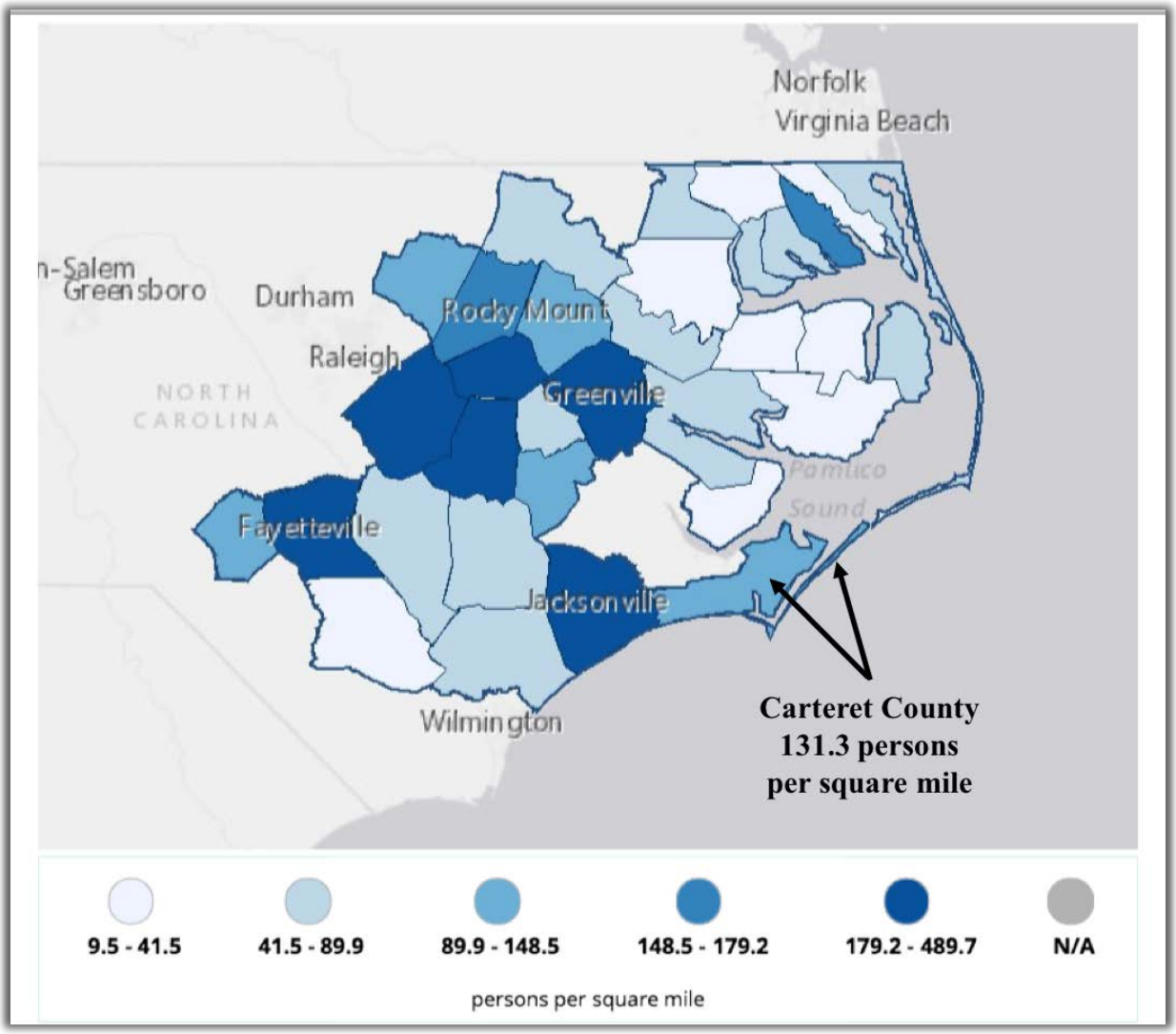


Figure 7 shows the population density of Carteret County compared to other counties in the Health ENC region. Carteret County has a population density of 131.3 persons per square mile.

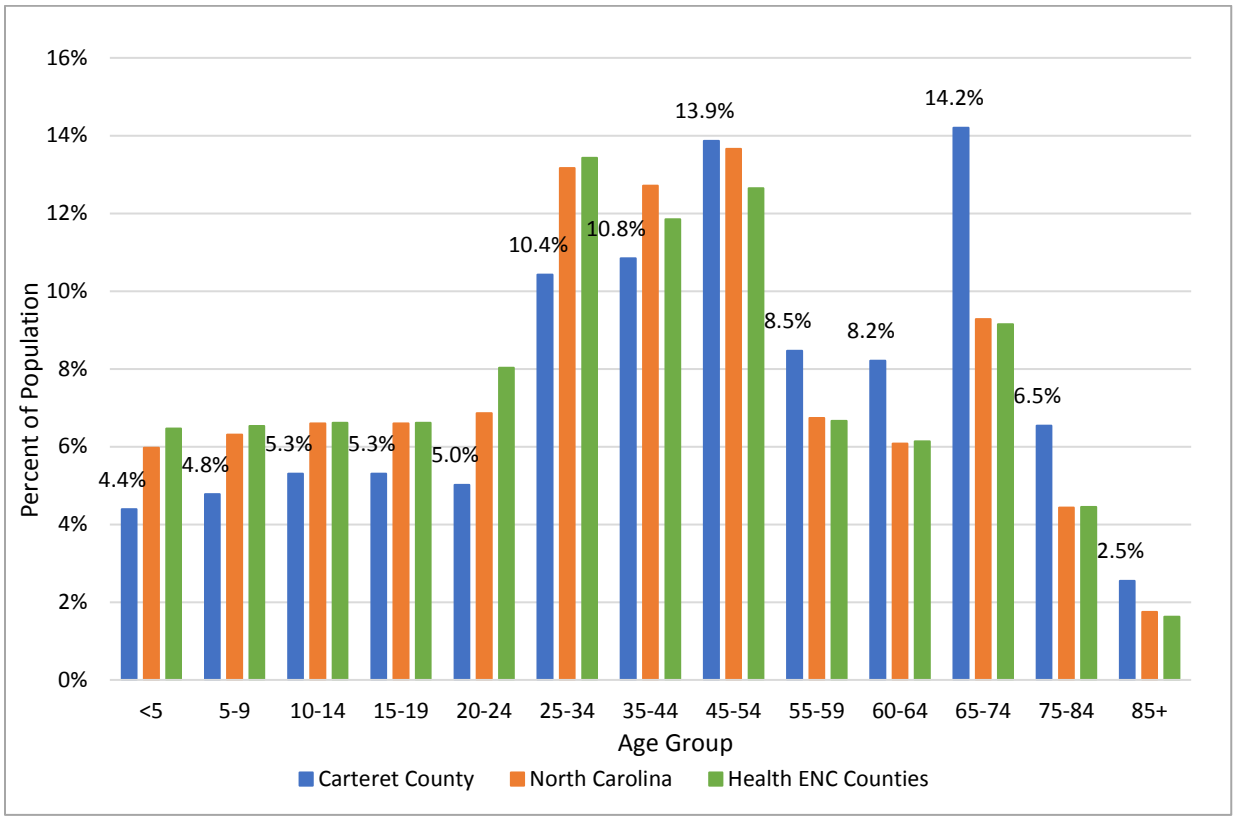
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

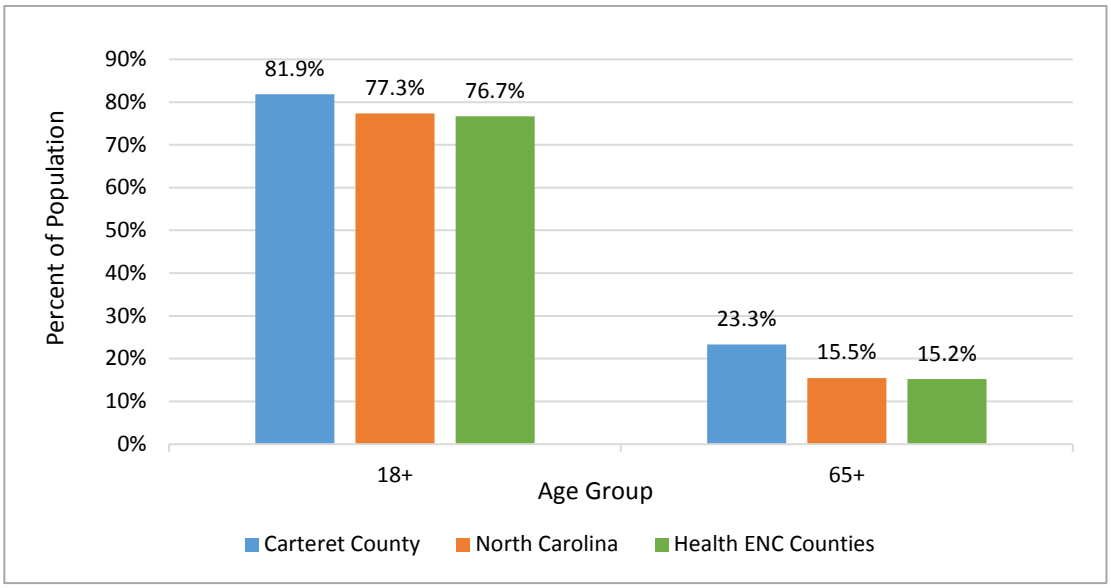
Overall, Carteret County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Carteret County population by age group. The 65-74 age group contains the highest percent of the population at 14.2%, while the 45-54 age group contains the next highest percent of the population at 13.9%.

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



People 65 years and older comprise 23.3% of the Carteret 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 49.1% of the population, whereas females comprise 50.9% of the population (Table 5). The median age for males is 46.0 years, whereas the median age for females is 49.6 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

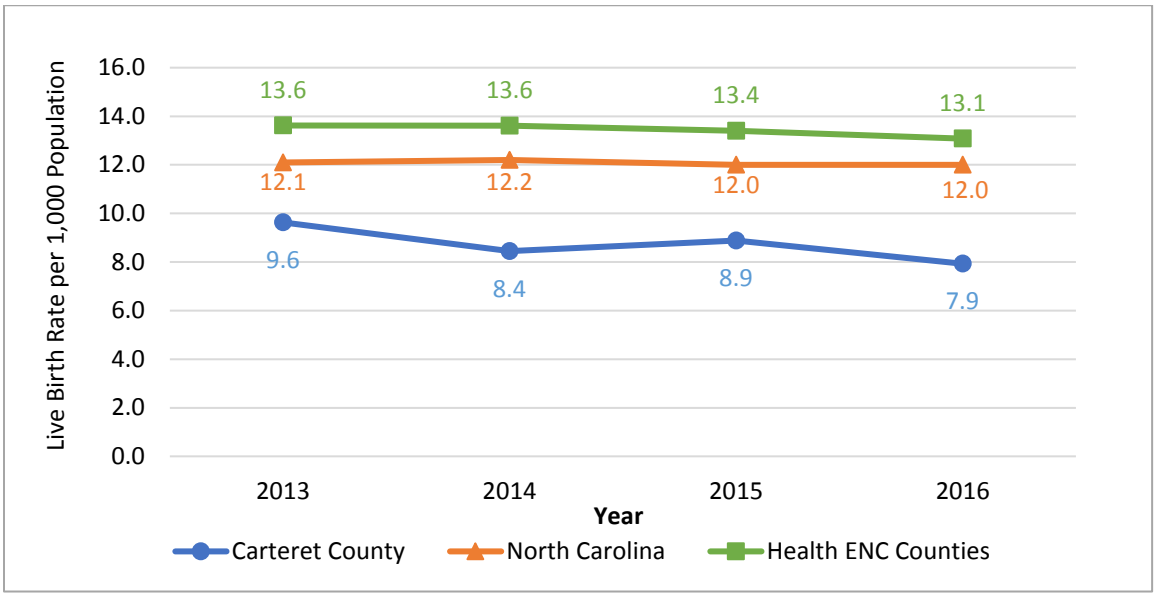
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	**Female**	**18+**	**65+**	**18+**	**65+**	**Male**	**Female**
Carteret County	49.1%	50.9%	80.7%	22.1%	83.0%	24.5%	46.0	49.6
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are 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 Carteret County (7.9 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). While birth rates have decreased slightly over the past three measurement periods in North Carolina and the Health ENC region, there was a slight increase in Carteret County in 2015.

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



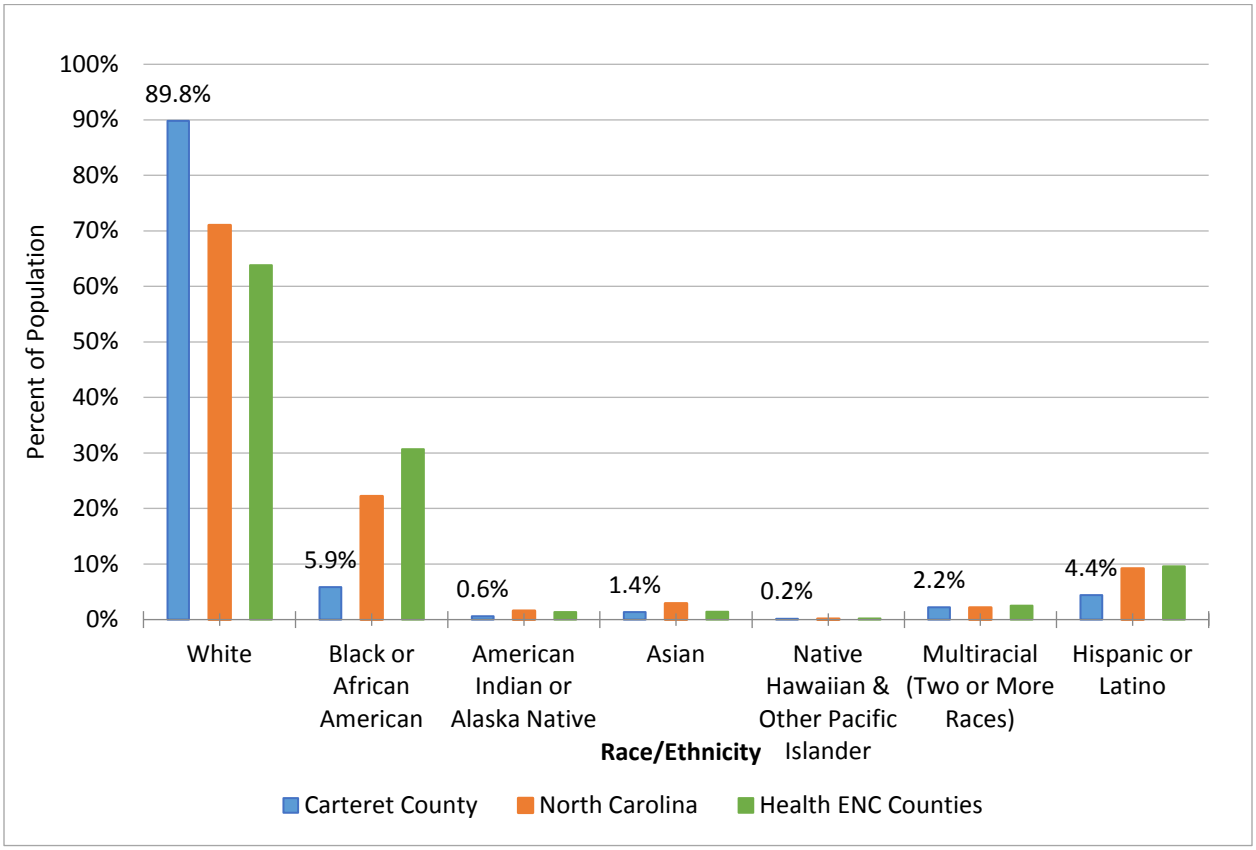
Race/Ethnicity

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

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

The White population accounts for 89.8% of the total population in Carteret County, with the Black or African American population accounting for 5.9% of the total population. The proportion of residents that identify as White is larger in Carteret County (89.8%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Carteret County has a smaller share of residents that identify as Black or African American (5.9%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 4.4% of Carteret County.

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



Tribal Distribution of Population

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

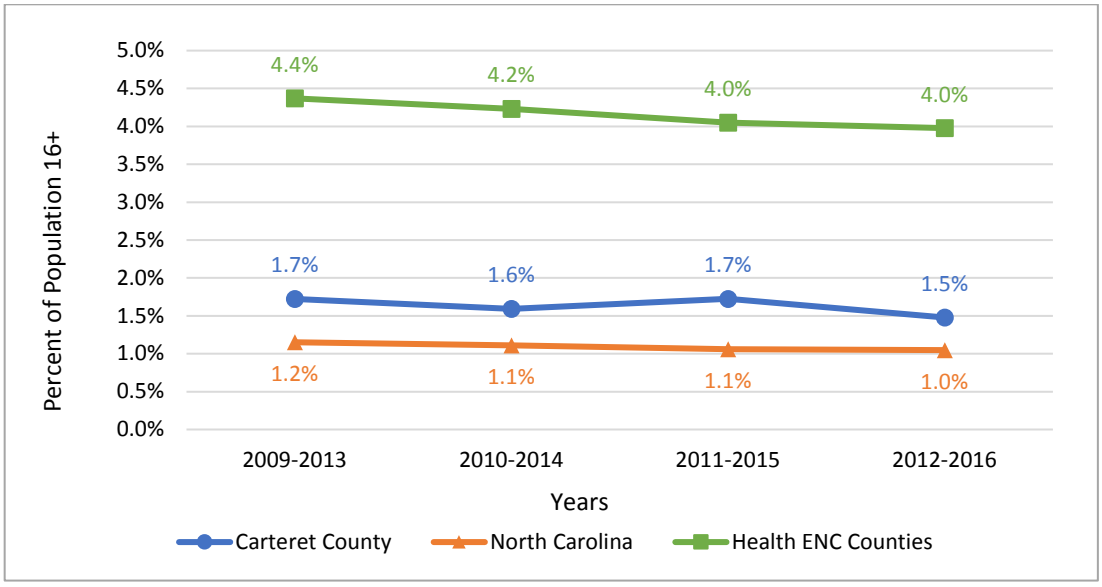
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Carteret County has a higher share of residents in the military (1.5%) compared to North Carolina (1.0%) and a lower share than the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the four most recent measurement periods. Across four time periods, the percent of the population in the military for Carteret County is higher than in North Carolina and lower than the Health ENC region.

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

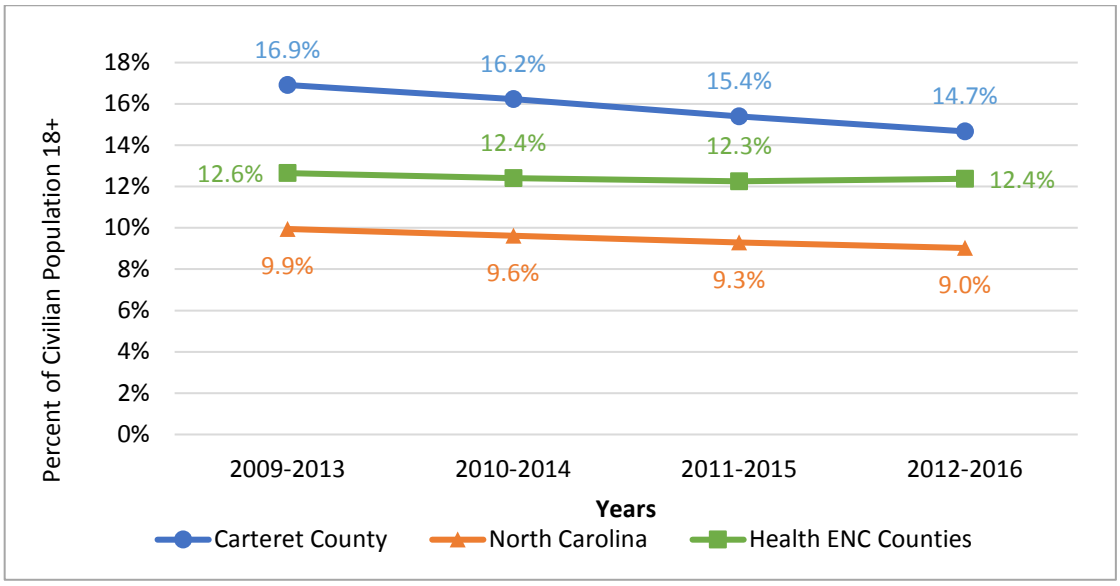


Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Carteret County has a veteran population of 14.7% 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 Carteret County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

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



Socioeconomic Profile

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

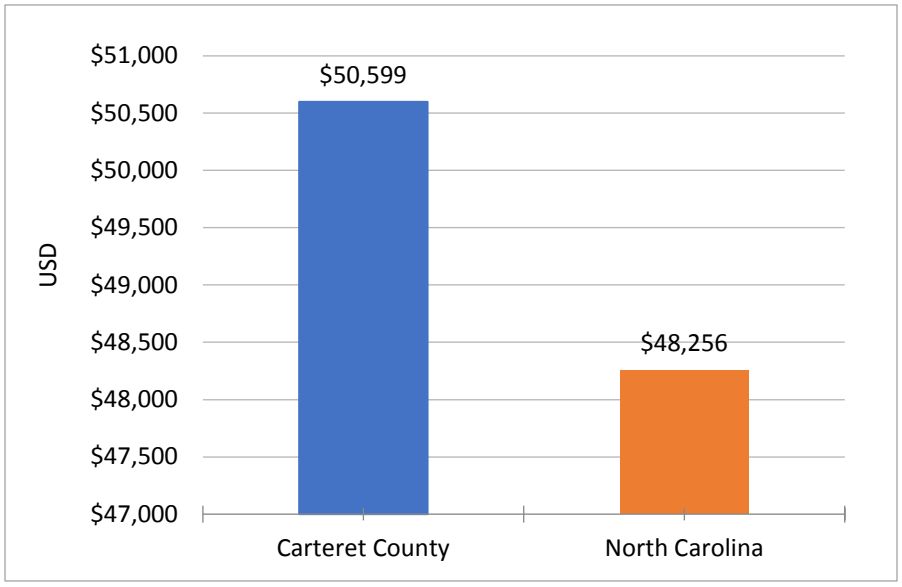
NC Department of Commerce Tier Designation

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

Income

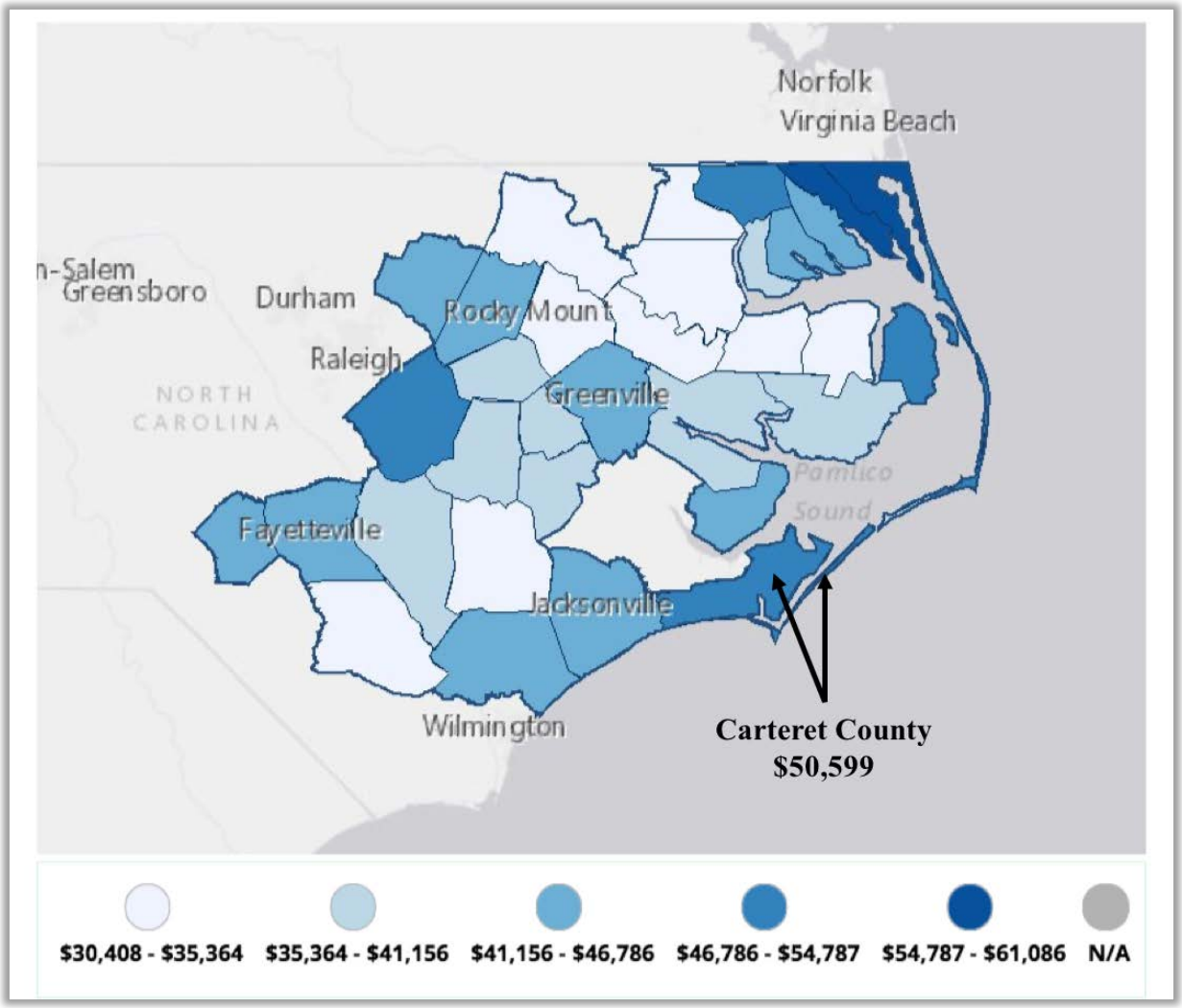
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Carteret County ($50,599), which is higher than the median household income in North Carolina ($48,256).

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



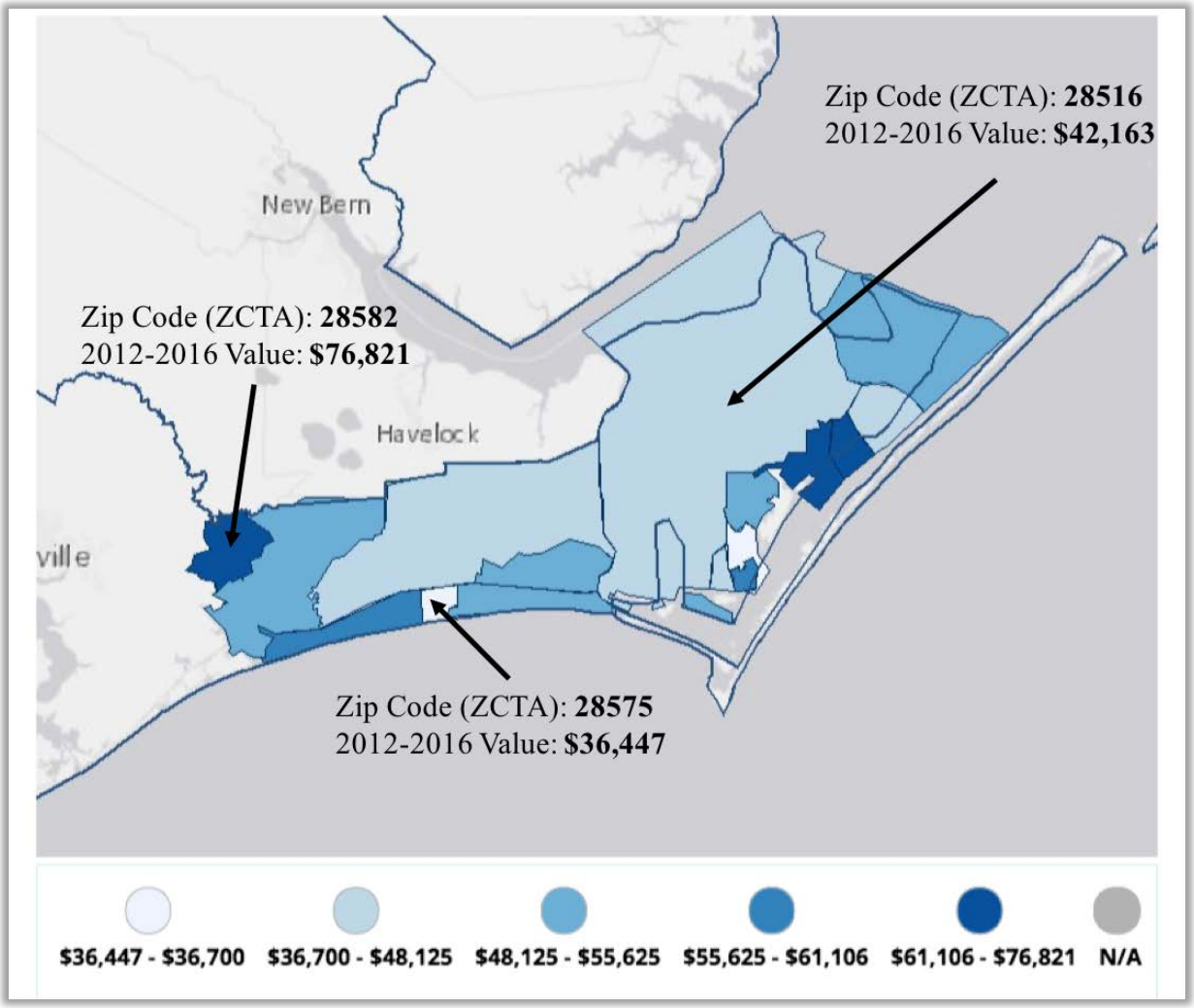
Compared to counties in the Health ENC region, Carteret County has a relatively high median household income. Gates, Johnston, Dare, Camden, and Currituck are the five counties with a higher median household income than Carteret County; the remaining 27 counties in the Health ENC region have a lower median household income (Figure 15).

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



Within Carteret County, zip code 28575 has the lowest median household income ($36,447) while zip code 28582 has the highest median household income ($76,821) (Figure 16).

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

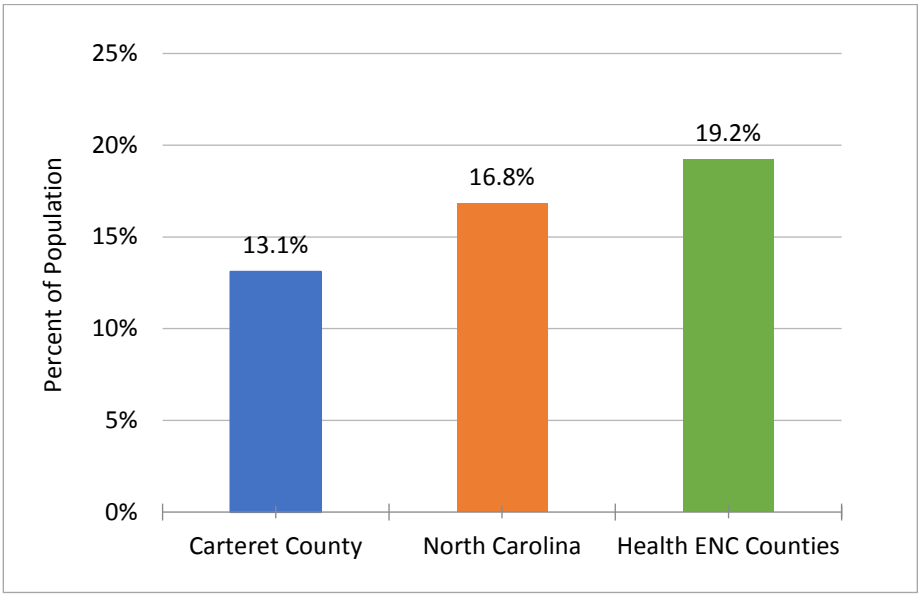


Poverty

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, 13.1% percent of the population in Carteret County lives below the poverty level, which is lower than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

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



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

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

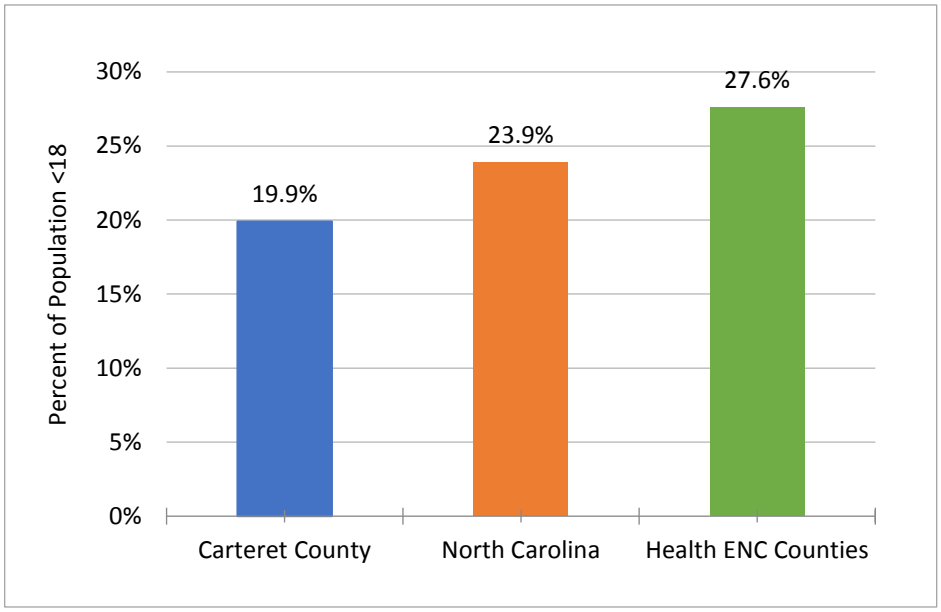
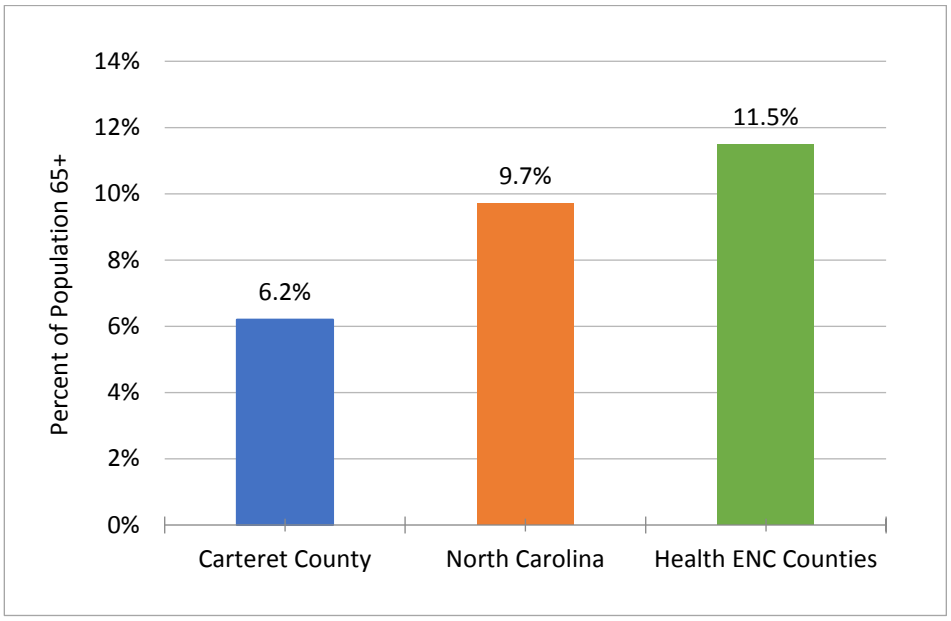
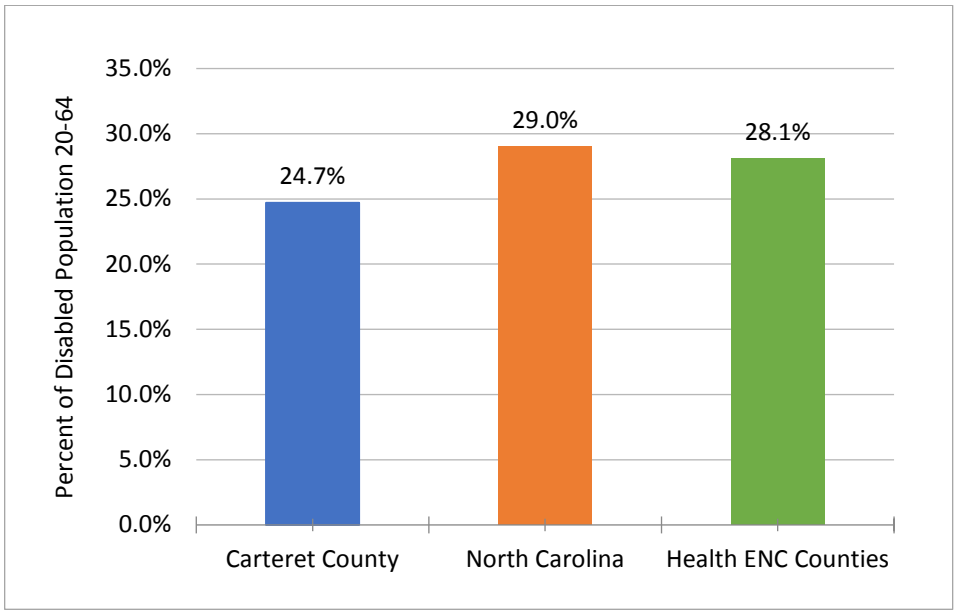


Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Carteret County (24.7%) 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)

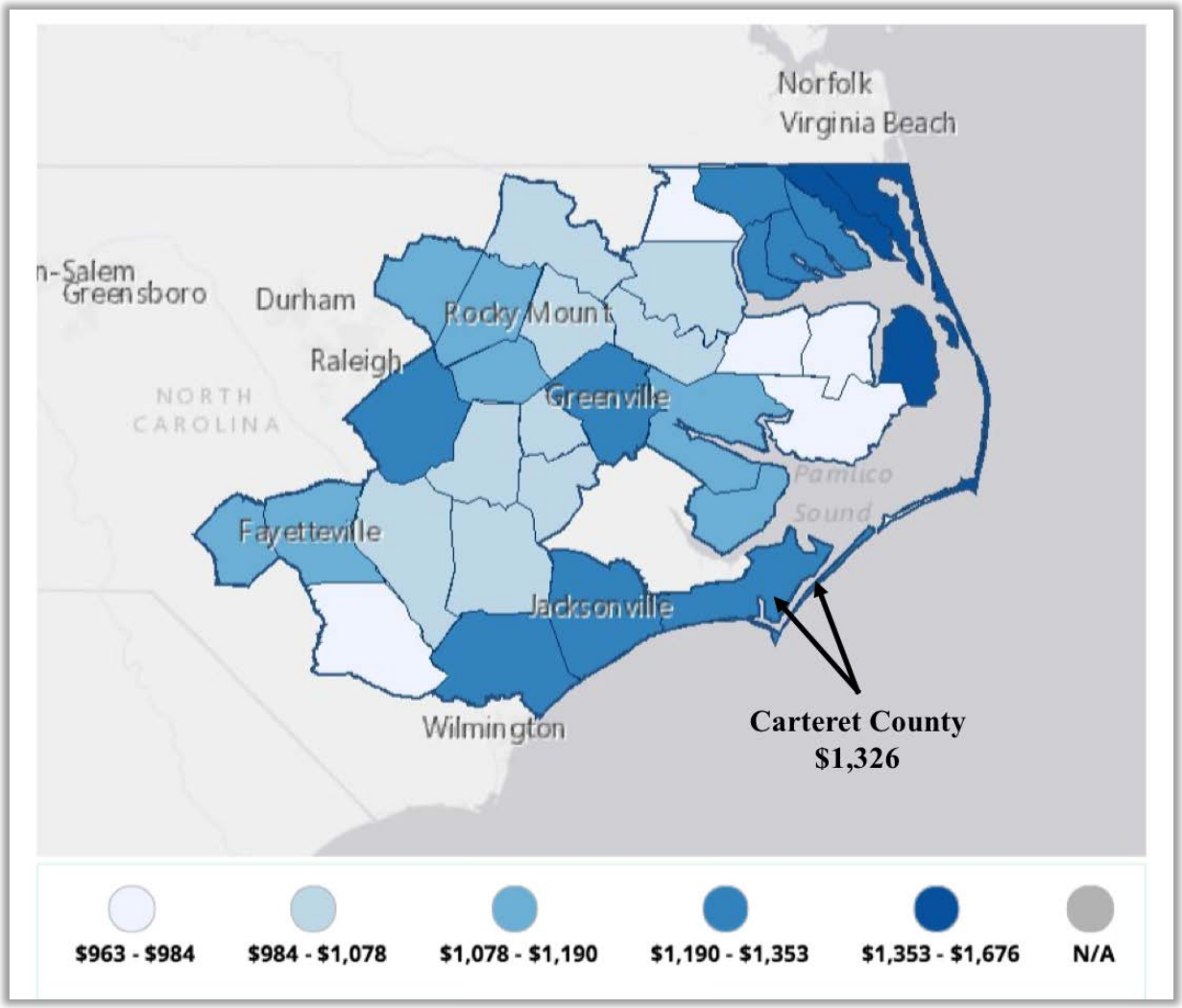


Housing

The average household size in Carteret County is 2.3 people per household, which is similar to the North Carolina value of 2.5 people per household.

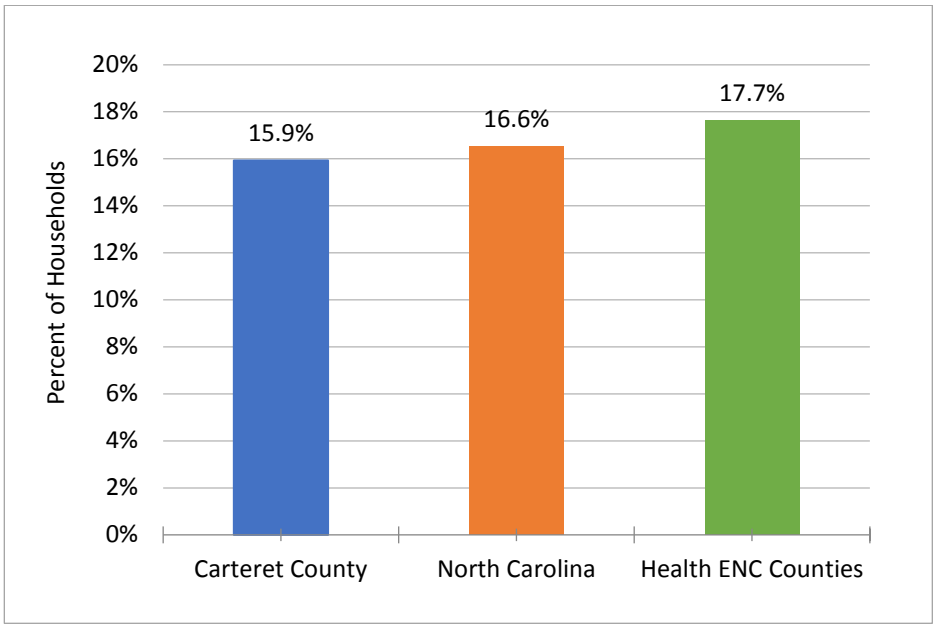
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Carteret County, the median housing costs for homeowners with a mortgage is $1,326. This is higher than the North Carolina value of $1,243, and higher than 27 other counties in the Health ENC region.

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



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Approximately 16% of households in Carteret County have severe housing problems, which is slightly lower than the percent in North Carolina (16.6%) and in Health ENC counties (17.7%).

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

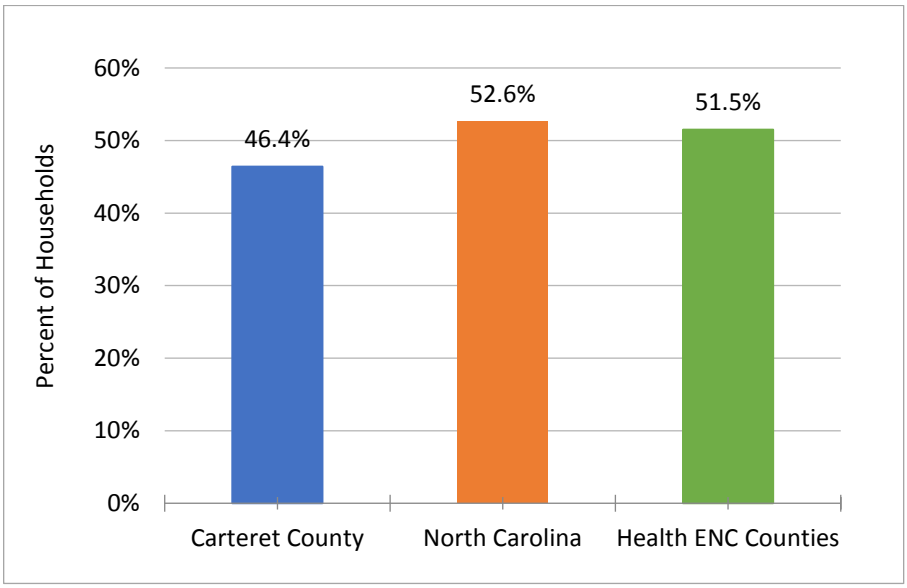


Food Insecurity

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 Carteret County, 46.4%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

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



Employment

Carteret County has a total labor force is 31,712 which is 46% of the total population. The unemployment rate as of 2018 was 4.7%. According to the Bureau of Labor statistics, unemployed is defined as persons who do not have a job or have actively looked for work in the prior four weeks and is currently available for work. According to NC Works the unemployment rate has declined from 2015 to 2018 by 1.2% for Carteret County.

Source: Employment Security Commission, Demand Driven Data Delivery System, Unadjusted Data Carteret County, NC 2015-2018

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 Carteret 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 Carteret 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 28516, with an index value of 77.7, has the highest level of socioeconomic need within Carteret County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Carteret County are provided in Table 7.

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

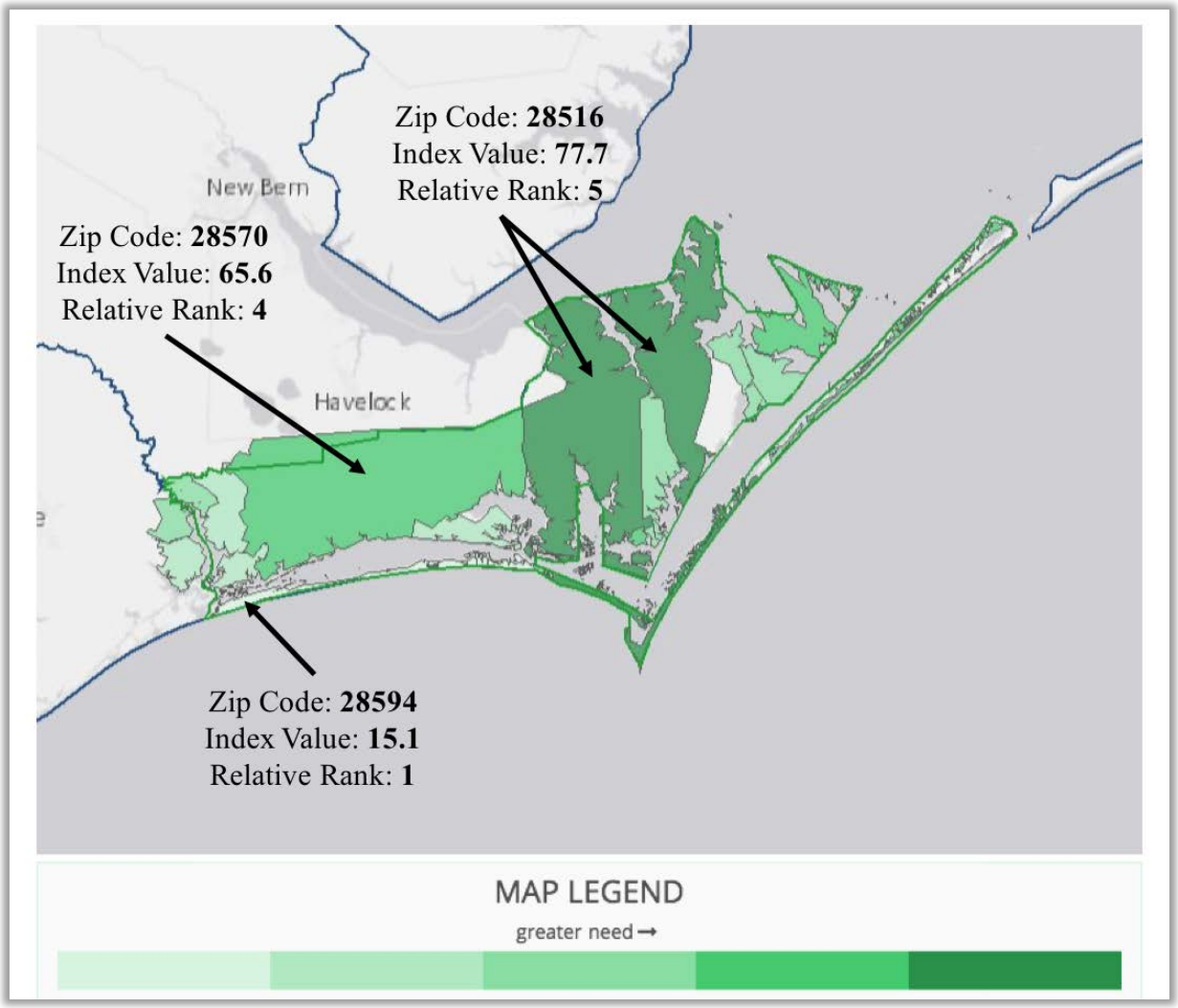


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28516	77.7	5
28531	73.5	5
28528	70.1	4
28520	68.7	4
28570	65.6	4
28511	61.4	3
28577	61.4	3
28579	60.5	3
28553	58.6	3
28582	58.2	3
28584	47.5	2
28557	39.0	2
28512	29.2	1
28594	15.1	1

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

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

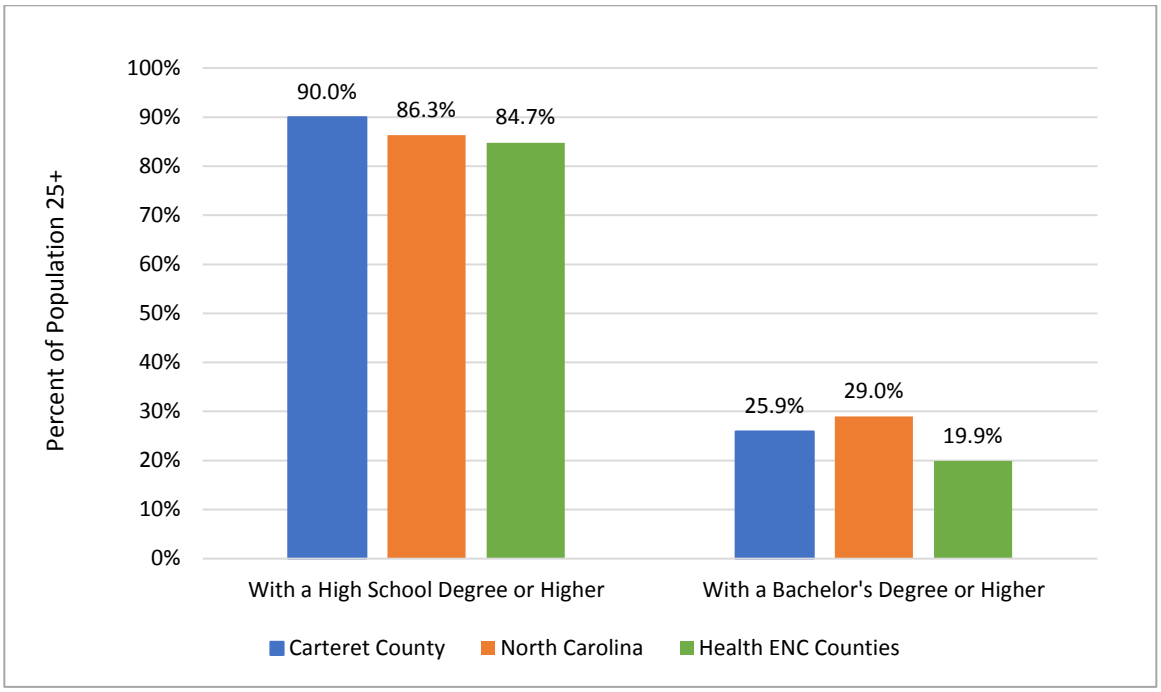
Educational Profile

Educational Attainment

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

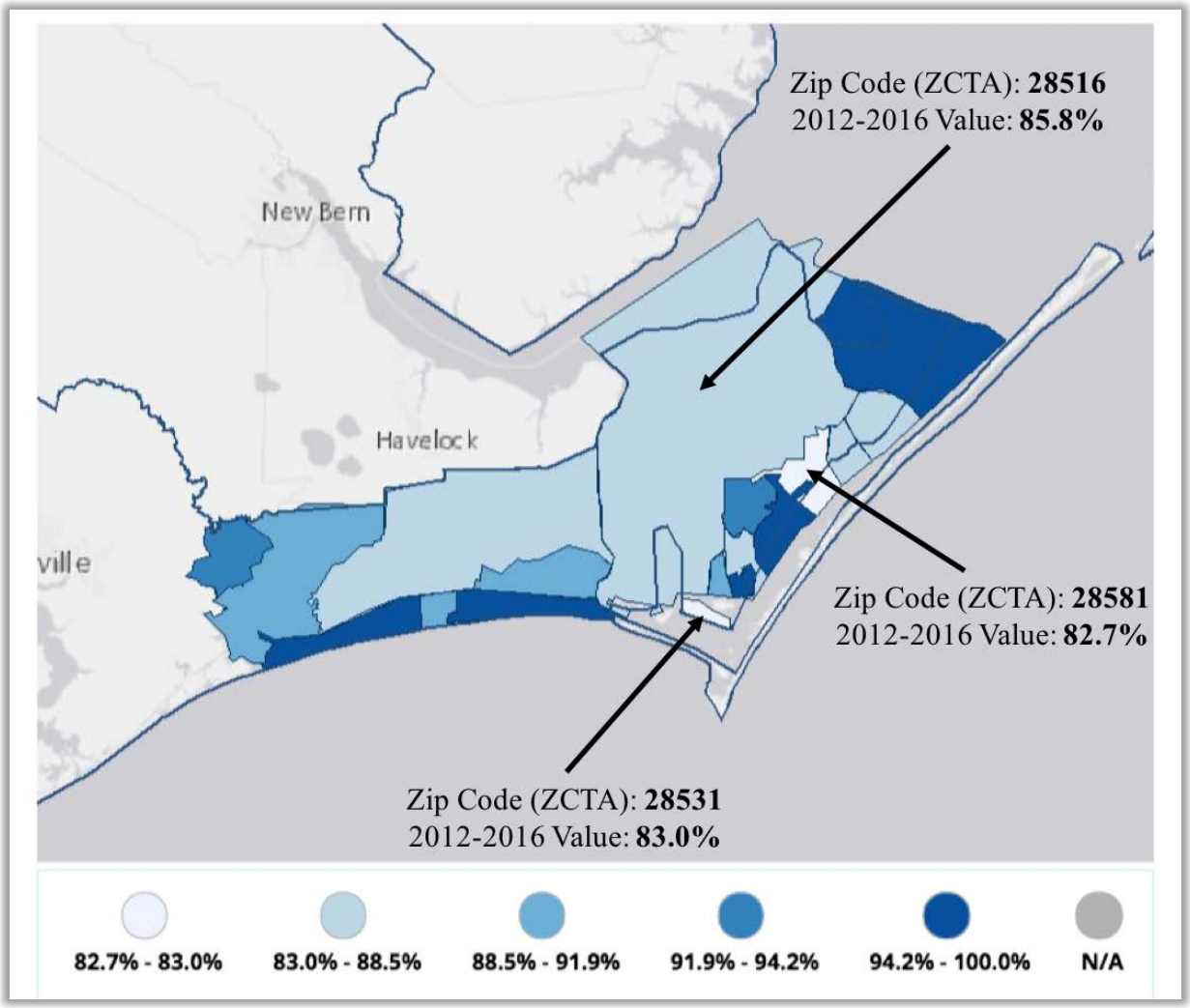
Countywide, the percent of residents 25 or older with a high school degree or higher (90.0%) is higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Carteret County (25.9%) is lower than the state value (29.0%) but higher than the Health ENC region (19.9%) (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 Carteret County, zip codes 28581, 28531 and 28516 have the lowest high school degree attainment rates, with rates below 86% (Figure 26).

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

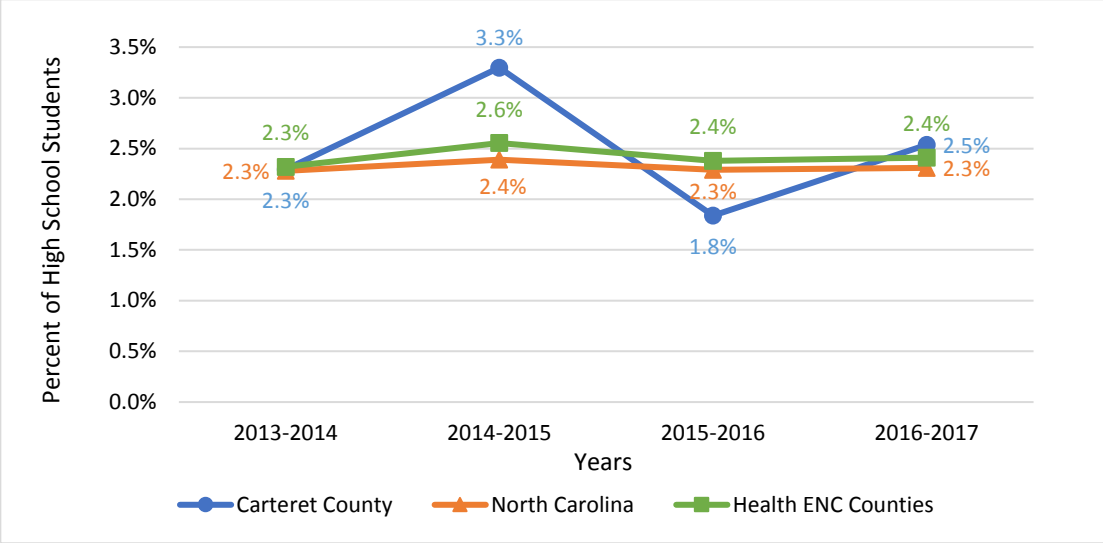


High School Dropouts

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.

Carteret County's high school dropout rate, given as a percent of high school students in Figure 27, is 2.5% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Carteret County's high school dropout rate has fluctuated over the past four time periods, with a rate higher (3.3%) than North Carolina and the Health ENC region in 2014-2015 and a rate lower (1.8%) than the state and the Health ENC counties in 2015-2016.

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

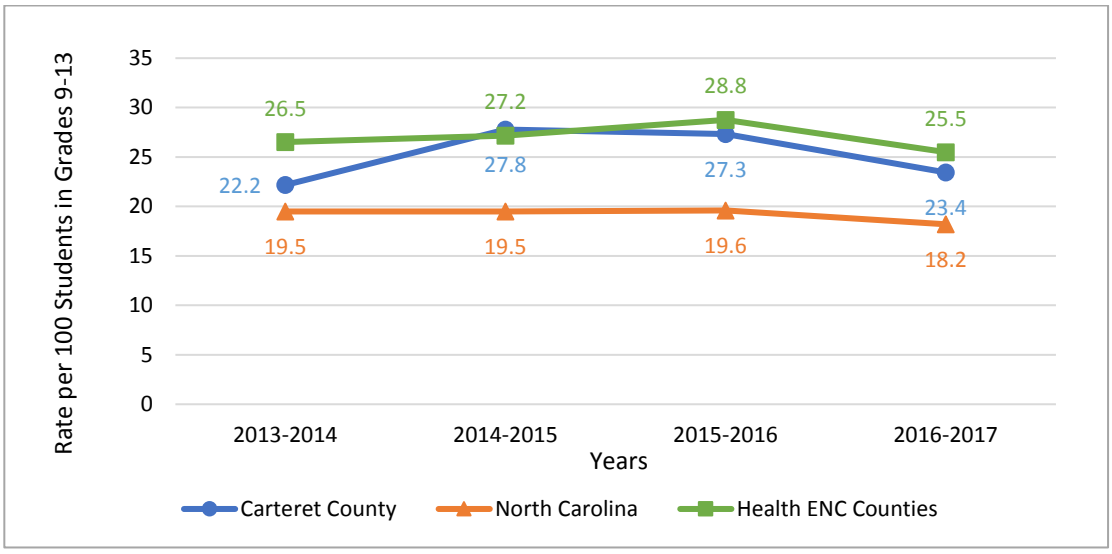


High School Suspension Rate

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.

Carteret County's rate of high school suspension (23.4 suspensions per 100 students) is higher than North Carolina's rate (18.2), but lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for all three geographies are fairly consistent across four time periods, except for a noticeable increase in Carteret County's value in 2014-2015.

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



Education

The public school system, Carteret County Schools, is comprised of 18 schools including nine elementary and five middle schools, three high schools and one alternative school (K-12). As of February 2019, the student enrollment was 7,986 within the Carteret County's public school system.

In Carteret County, there are 900 home schools serving approximately 1,249 students for the 2017-2018 school year. There are five private schools in Carteret County with approximately 355 students enrolled for 2017-2018 school year.

Carteret County also has one post-secondary school, Carteret Community College. Carteret Community College offers 25 degrees, four diploma, and six certificate programs for students to grow and learn.

As of 2013-2017, 90.8% of Carteret County residents, age 25 and older have achieved high school graduation or a higher degree as compared to 86.9% for NC residents. Also among Carteret County residents age 25 and older, 26.7% have achieved a bachelor's degree or higher as compared to 29.9% for NC residents.

Environmental Profile

Air Quality

The North Carolina Department of Environmental Quality (NCDEC) Division of Air Quality monitors outdoor air quality throughout the state to protect the public from harmful ozone and fine particle pollutants. The Environmental Protection Agency's (EPA) Air Quality Index Color Code Guide is used to inform and alert the public of air quality issues related to these pollutants. Air pollution levels in yellow, orange, red, purple, maroon categories exceed the EPA standards and may cause health risks for some populations.

Air Quality Index

Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	100 to 151	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health warnings of emergency conditions. The entire population is more likely to be affected.
Hazardous	301 to 500	Health alert: everyone may experience more serious health effects.

The closest air quality monitors for Carteret County is Wilmington. According to Carteret County Environmental Health records, there has been no air quality issues reported in Carteret County over the past years. (https://airnow.gov/index.cfm?action=airnow.local_state&stateid=34)

Water Quality

There are many agencies and local organizations that work to protect the water quality in Carteret County.

While there are several municipal water systems in Carteret County, which are regulated by NC Department of Environmental Quality/Division of Water Resources, Public Water Supply Section, there are also a significant number of Carteret County households served by private drinking water wells. Private drinking water wells are regulated by the Carteret County Health Department's Environmental Health Division.

For example, the North Carolina Recreational Water Quality program is responsible for monitoring the surface water quality at common human access/use sites and notifying the public when levels of bacteria exceed the standards for safe bodily contact. From April through October, the program tests 204 swimming sites, on a weekly basis during the swimming season. (http://portal.ncdenr.org/web/mf/recreational-water-quality)

Carteret County lacks centralized sewer systems outside of Beaufort, Morehead City, and Newport. The use of onsite wastewater systems or decentralized wastewater systems, commonly known as septic systems, makes up the remaining method of wastewater treatment and is regulated by the Carteret County Health Department's Environmental Health Division.

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, 1.5% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Carteret County, with an estimated 0.4% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Carteret County, 79.5% of workers 16 and older drive alone to work, which is slightly lower than North Carolina (81.1%) (Figure 30).

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

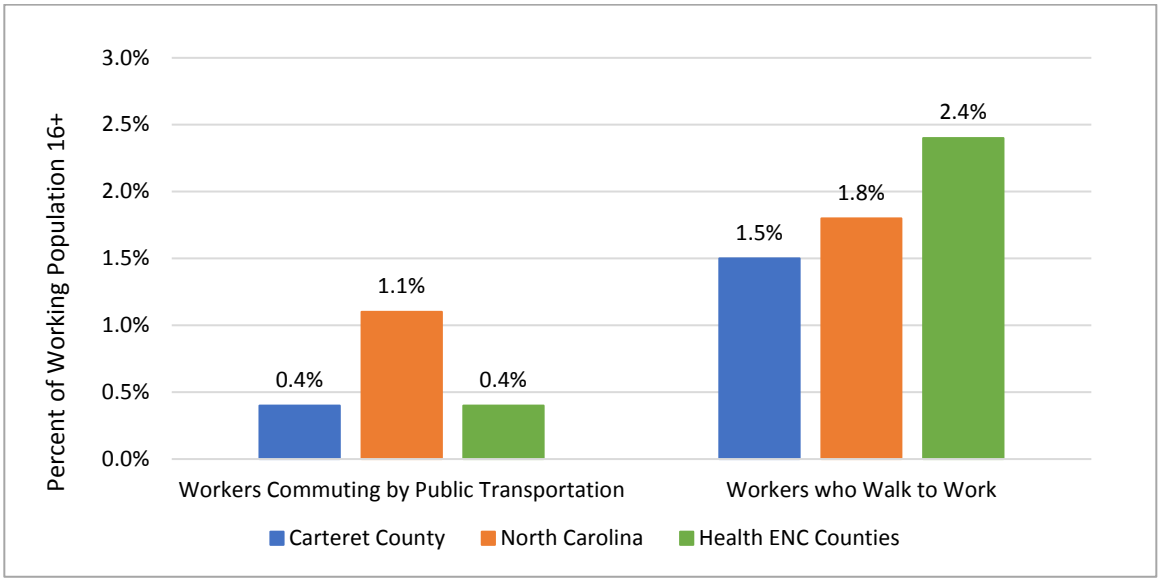
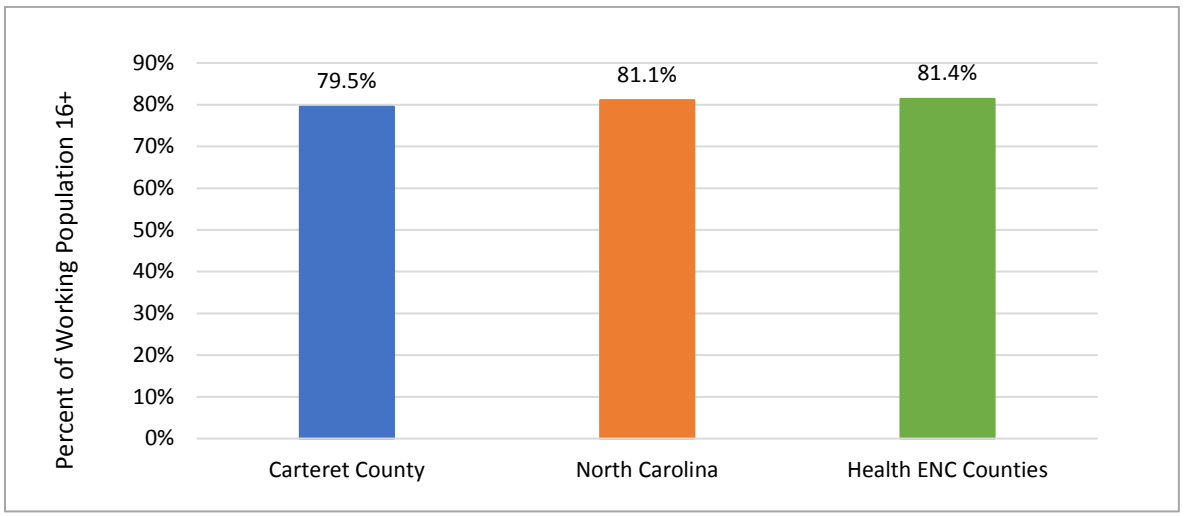


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



The transportation industry in Carteret County consists of local and international travel through the airport, private taxi services, North Carolina State Ferry System, Carteret County Area Transportation (CCATS) system, a North Carolina State Port and a well-developed highway (Hwy 70) and rail system.

The airport provides chartered flights, aircraft rental, pilot training, and air tours. Commercial air travel is available at Coastal Carolina Regional airport, located in New Bern, NC about 30 miles away from Carteret County.

Highway 70 serves as the main corridor through the county and runs east to the Atlantic coast, west toward Raleigh, and to interstates 95 and 40. Additional highways (101, 58, 24, and 12) are located within the county but there are no interstates that run through Carteret County.

For years, ferries have played a vital role in transporting residents and visitors to Eastern North Carolina. Cedar Island Ferry is a popular option for individuals wanting to explore Ocracoke, Hatteras, and the Outer Banks.

The Port of Morehead City is one of the deepest on the United States East Coast, and it is four miles from the Atlantic Ocean. It is also within 700 miles of more than 70% of the U.S. industrial base. The port handles both breakbulk and bulk cargo and is the second largest importer in the country for natural rubber. (https://ncports.com/port-facilities/port-of-morehead-city/)

Carteret County Area Transportation System (CCATS) is an accessible public transportation system for all residents and guests of Carteret County.

The North Carolina Railroad Company (NCRR) owns and manages the 317-mile rail corridor running from the Port of Morehead City to Charlotte. NCRR has an agreement with Norfolk Southern, which operates the freight trains. (http://www.carteretedc.com/)

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 Carteret County is 239.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The property crime rate in Carteret County (2,597.9 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 31 and Figure 32, the violent crime rate and the property crime rate appear to be decreasing in Carteret County.

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

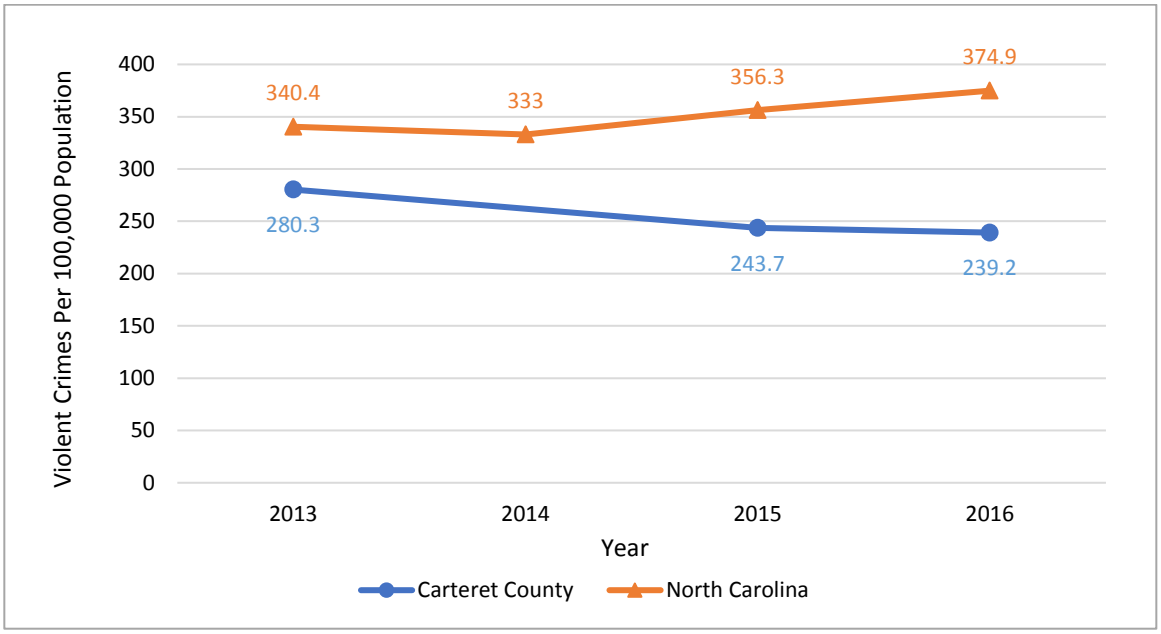
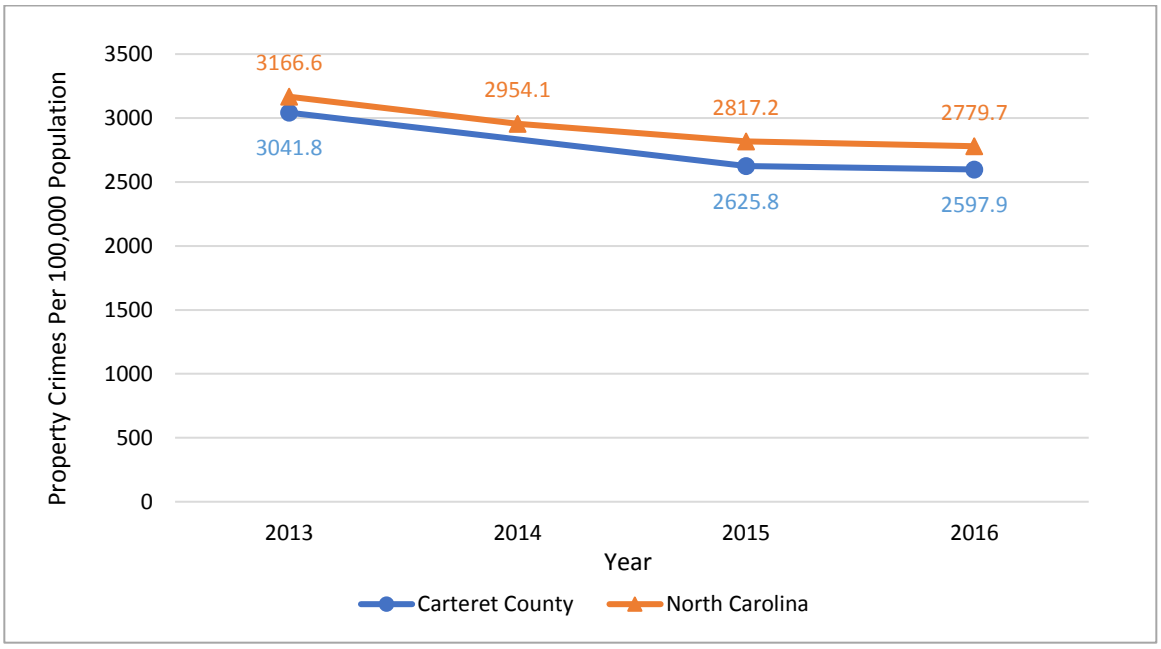


Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Carteret County (0.7) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

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

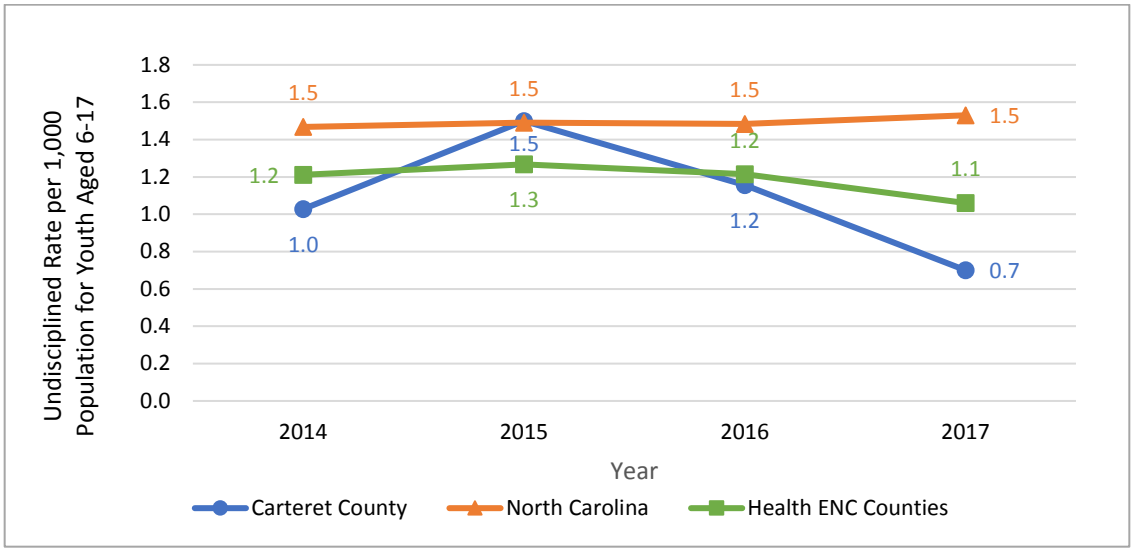
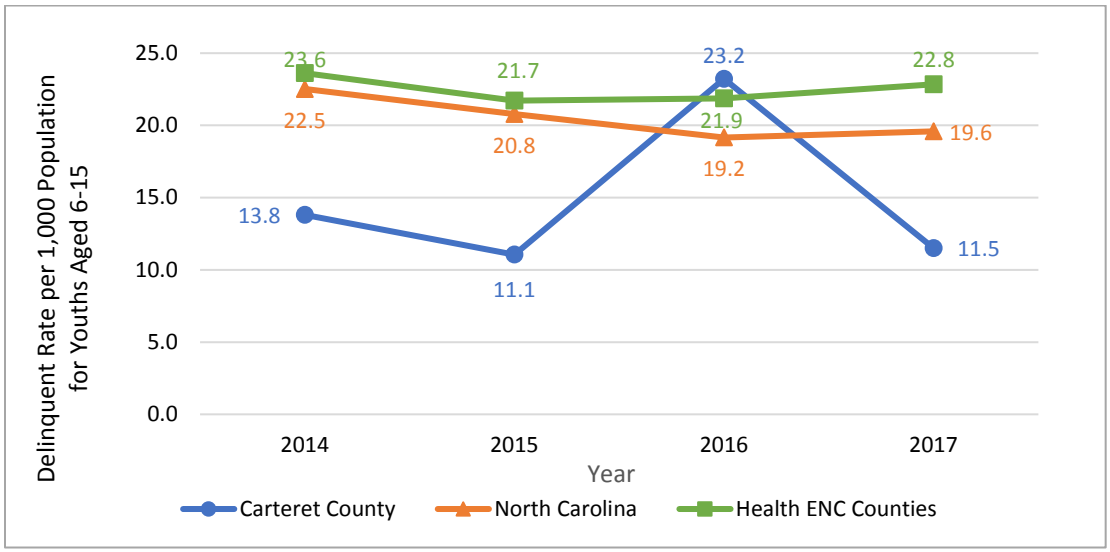


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The juvenile crime rate in Carteret County has fluctuated since 2014, with a high of 23.2 in 2016 and a rate of 11.5 in 2017. The 2017 juvenile delinquent rate for Carteret County (11.5) is lower than North Carolina (19.6) and the Health ENC region (22.8).

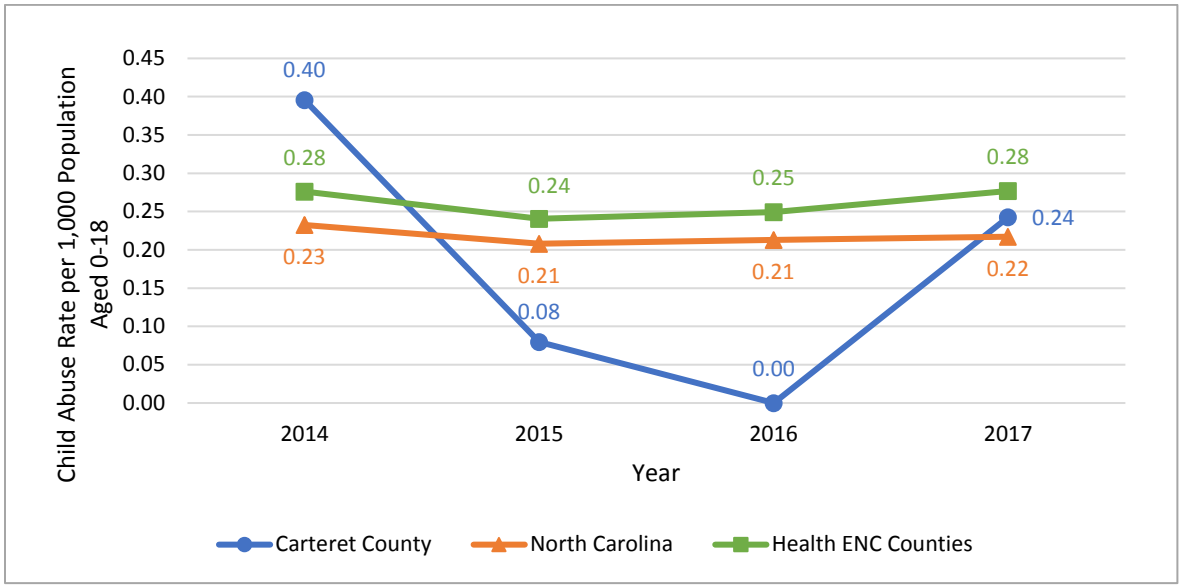
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Carteret County has fluctuated over the past four measurement periods. After a decrease between 2014 and 2016 (from 0.40 to 0.00), the county experienced an increase in 2017. The 2017 child abuse rate in Carteret County (0.24 per 1,000 population) is similar to the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

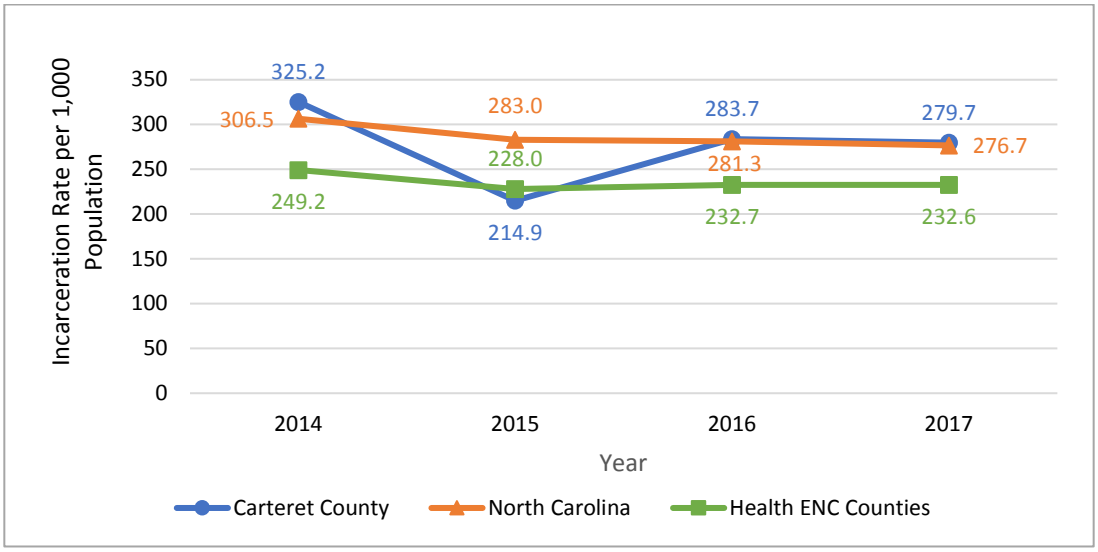


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Carteret County has been higher than North Carolina and the Health ENC region over the past four measurement periods, with the exception of 2015 when the rate (214.9) was lower than North Carolina (283) and the Health ENC region (228). The 2017 incarceration rate in Carteret County (279.7 per 1,000 population) is higher than North Carolina (276.7) and the Health ENC region (232.6).

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



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Carteret County, 87.7%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). In Carteret County, 12.3% of the population is uninsured.

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

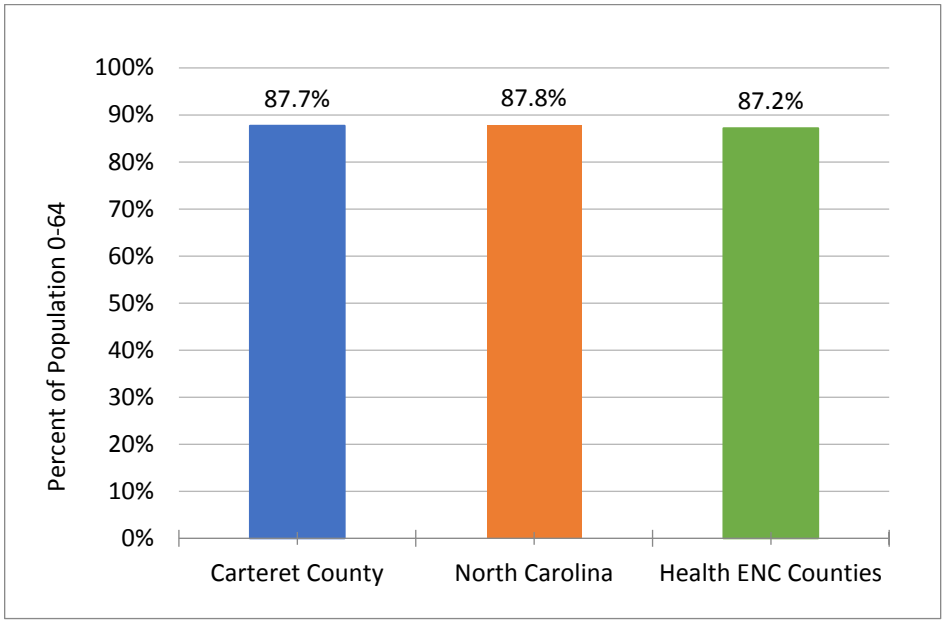
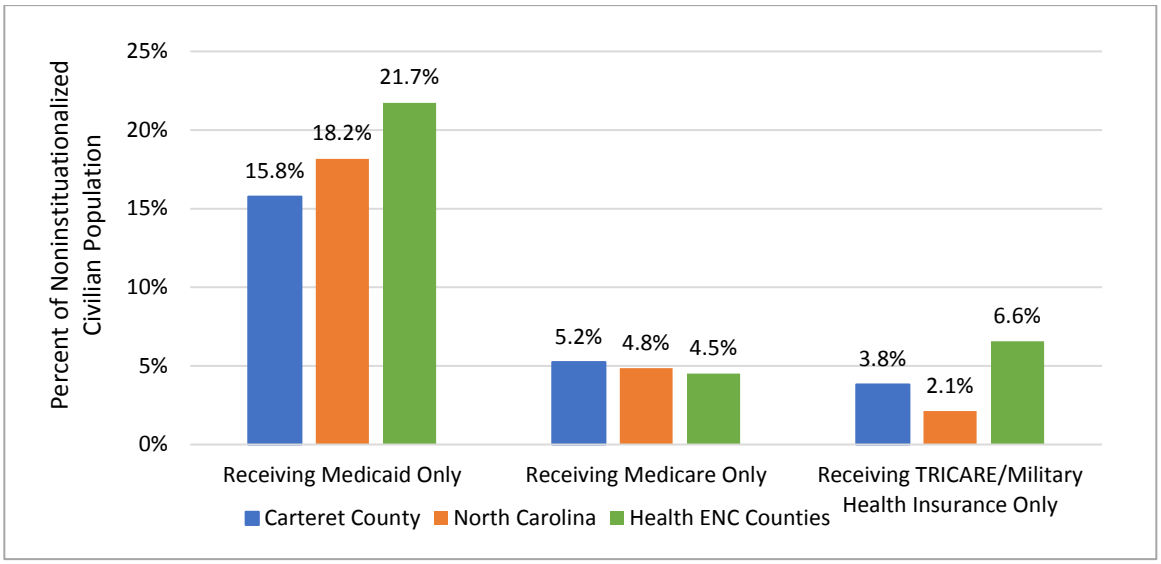


Figure 33 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Carteret County has a lower percent of people receiving Medicaid (15.8%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is higher in Carteret County (3.8%) than North Carolina (2.1%), but lower than 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. Carteret County has a higher percent of residents of voting age (81.9%) than North Carolina (77.3%) and Health ENC counties (76.7%).

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

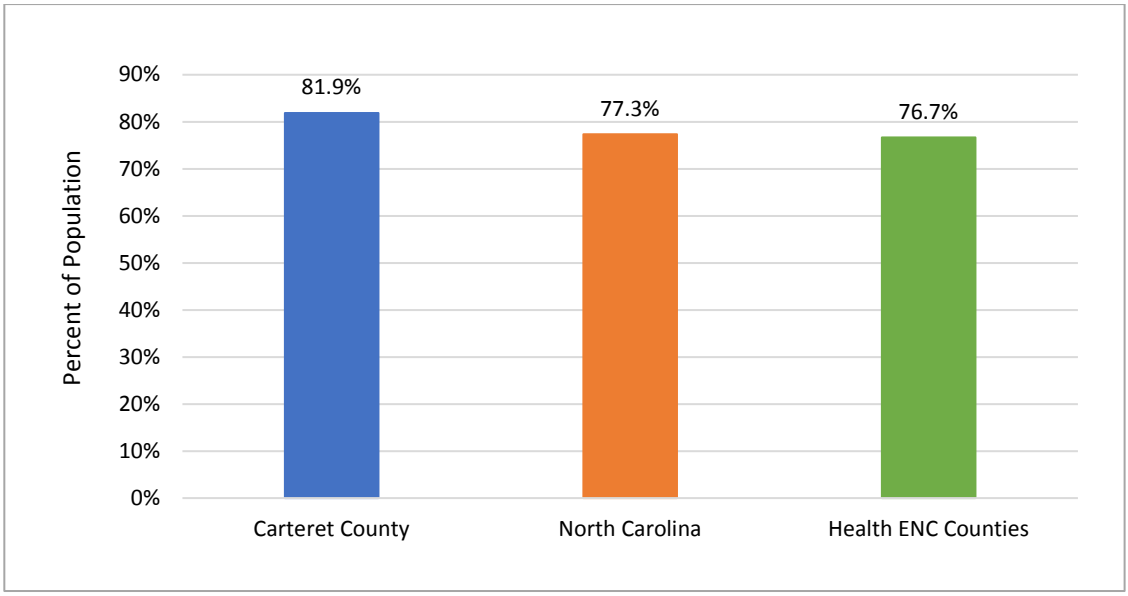
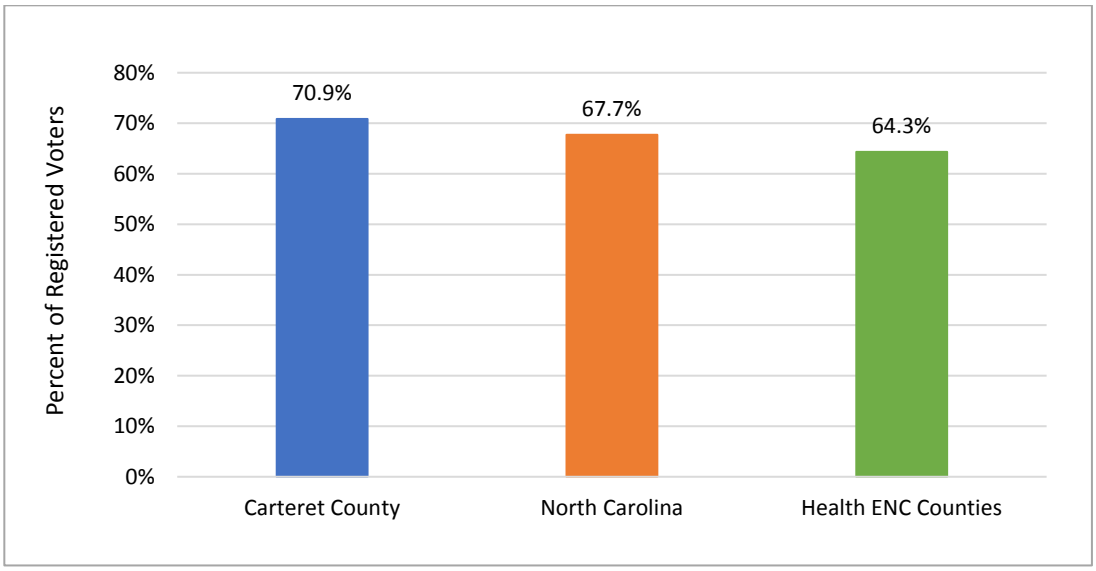


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Carteret County was 70.9%, which is higher than the state value (67.7%) and higher than Health ENC counties (64.3%).

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 Carteret County by topic area. Topics with higher scores indicate greater need. Substance Abuse is the poorest performing health topic for Carteret County, followed by Prevention & Safety, Respiratory Diseases, Heart Disease & Stroke, Children's Health and Environment.

Table 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Substance Abuse	**1.91**
Prevention & Safety	**1.72**
Respiratory Diseases	**1.57**
Heart Disease & Stroke	**1.47**
Children's Health	**1.46**
Environment	**1.46**

*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 Carteret County. Drugs (substance abuse) was the most frequently selected issue and was ranked by 55.7% of survey respondents, followed by low income/poverty (21.8%).

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

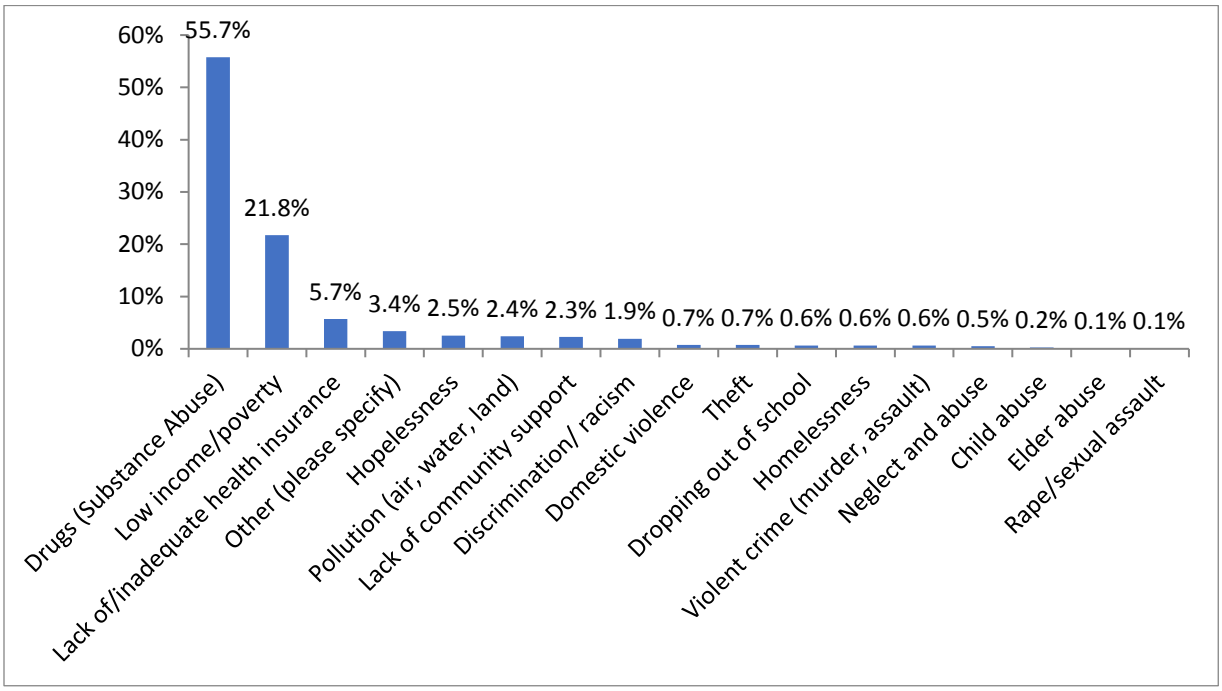


Figure 42 displays the level of agreement among Carteret County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, is a safe place to live, has good parks and recreation facilities and is an easy place to buy healthy foods. More than half of survey respondents disagreed (15%) or strongly disagreed (37%) that the county has plenty of economic opportunity.

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

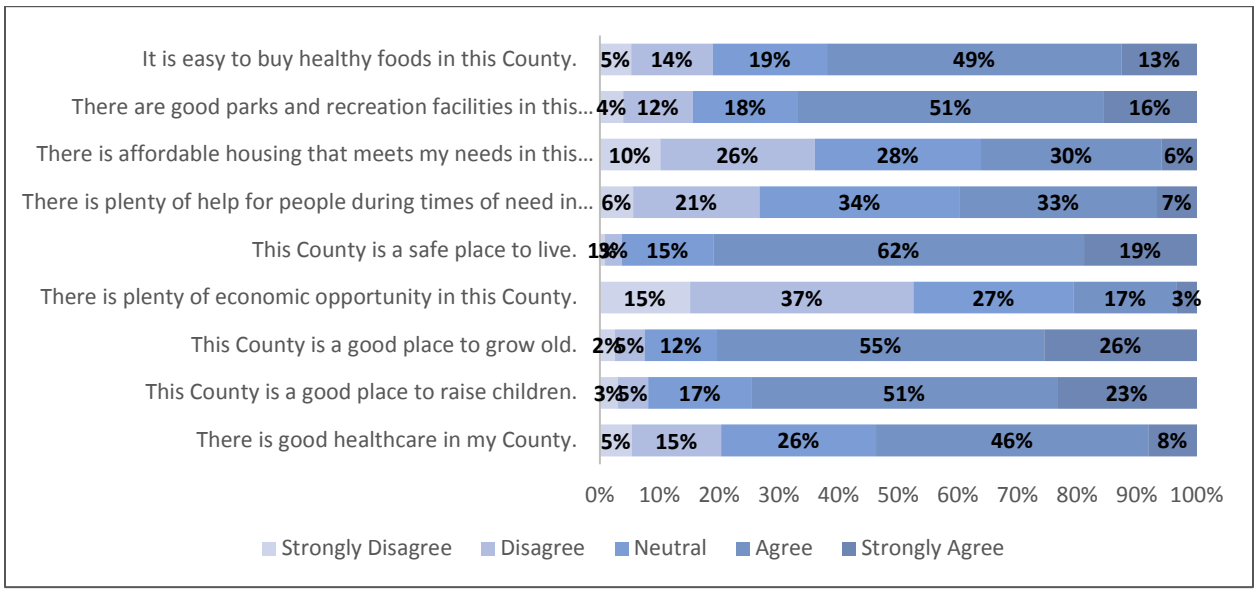


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Carteret County. Higher paying employment was the most frequently selected issue, followed by counseling / mental health / support groups and positive teen activities.

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

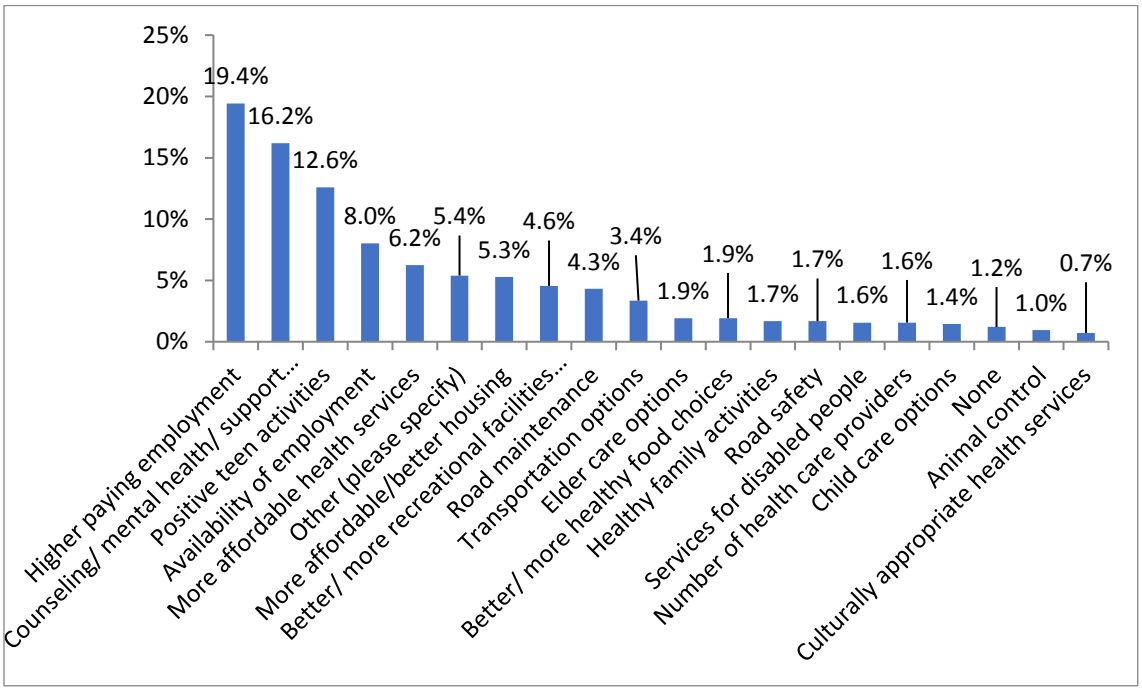
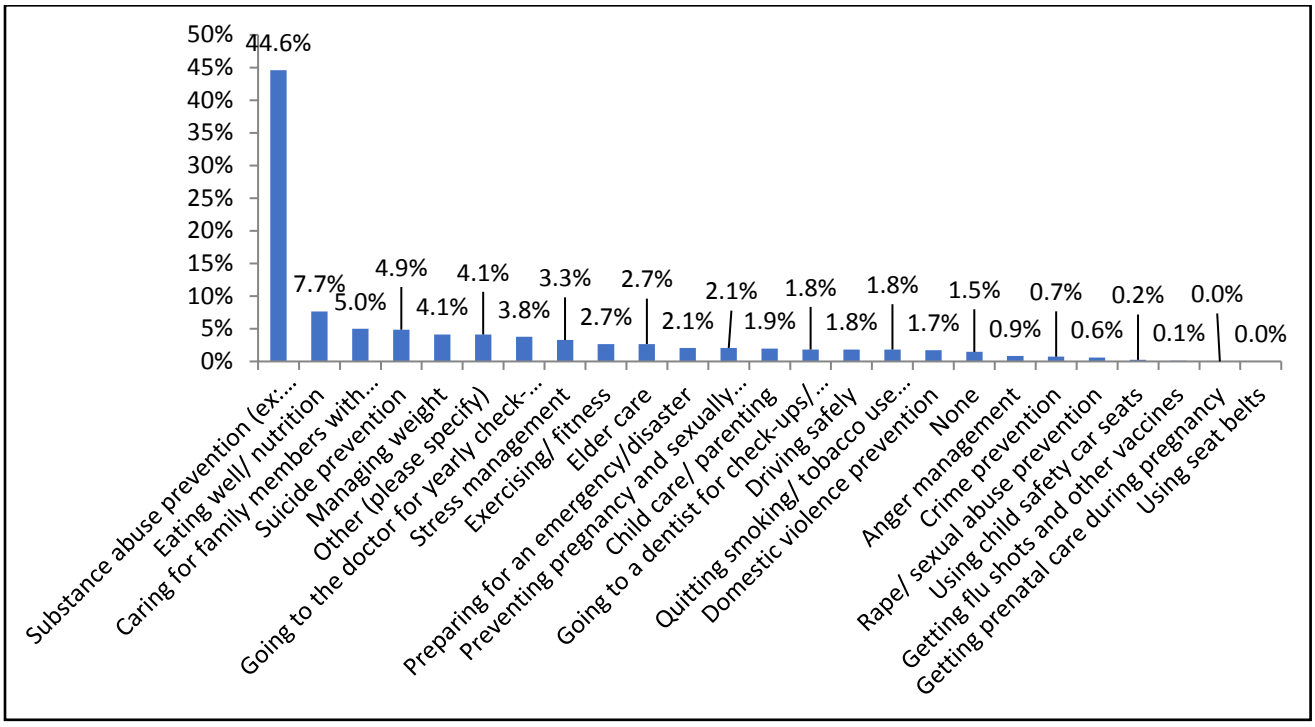


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Carteret County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 44.6% of survey respondents. This was followed by other, eating well/nutrition, caring for family member with special needs/disabilities and suicide prevention.

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



Focus Group Discussions

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

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	33
Access to Health Services	21
Mental Health & Mental Disorders	16
Health Care Navigation/Literacy	15
Substance Abuse	13

Data Synthesis

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

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

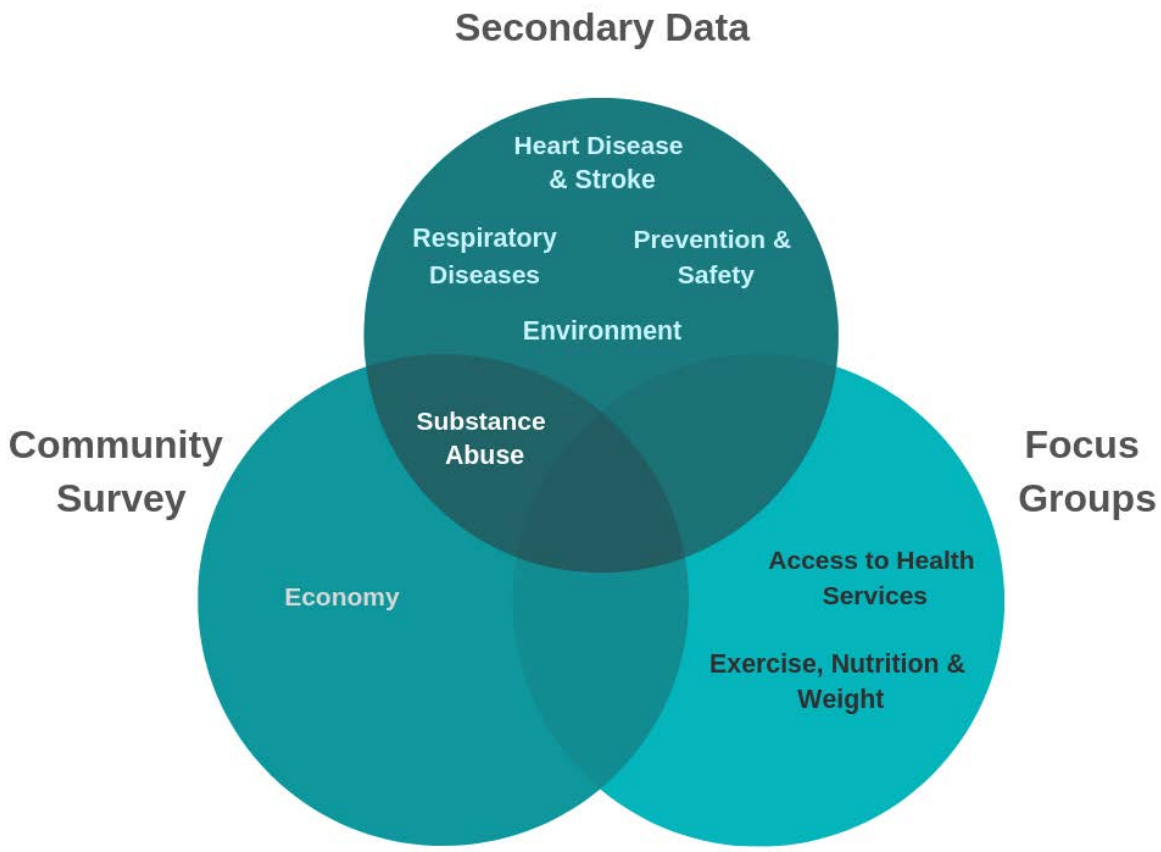
Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges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

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

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

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

Figure 45. Data Synthesis



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

Topic Areas Examined in This Report

The topic areas with the highest data scores are explored in-depth in this report (topics indicated with a star).

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

Access to Health Services
Economy
Environment*
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Prevention & Safety*
Respiratory Diseases*
Substance Abuse*

Findings related to topics that were ranked high in the community, but did not surface in the secondary data findings, are addressed in this report in the section Other Significant Health Needs. These additional topics include Access to Health Services, Economy and Exercise, Nutrition and Weight.

Navigation Within Each Topic

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

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

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

Substance Abuse

Key Issues

- The death rate due to drug poisoning is significantly increasing over time
- Alcohol impaired driving deaths are higher than in North Carolina and the U.S.
- 17.7% of adults smoke in Carteret County which does not meet the Healthy North Carolina 2020 goal of 13%
- 18.1% of adults drink excessively in Carteret County which is higher than in North Carolina but does meet Healthy People 2020 goals

Secondary Data

The secondary data scoring results reveal Substance Abuse as the top need in Carteret County with a score of 1.91. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Substance Abuse

Score	Indicator (Year) (Units)	Carteret County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.8	Adults who Smoke (2016) (percent)	17.7	17.9	17				13	12
2.5	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	36.1	31.4	29.3				4.7	-
1.8	Adults who Drink Excessively (2016) (percent)	18.1	16.7	18				-	25.4
2.7	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	29	16.2	16.9				-	-

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

Primary Data

Community survey participants ranked substance abuse (55.7%) as the top issue affecting quality of life in Carteret County. Additionally, 44.6% of community survey respondents reported wanting to learn more about substance abuse prevention.

18.9% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28.1% don't know where they would go if they wanted to quit and 21.6% would go to a doctor. 50.4% 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, 37.5% were exposed in the home and 32.2% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (69.7%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 9.5% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 94.4% reported no illegal drug use and 98% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<6%) in the past 30 days, 76.6% reported marijuana use.

"Substance use is a major health concern, stems from boredom and economic depression, minimum wage jobs and the no living wage standard makes it hard to live in this community. The substance abuse fuels their depression."

Substance Abuse came up thirteen times during the focus group discussion as a problem that needs to be addressed in the community. Participants brought up tobacco, alcohol and drug addiction in general as the primary issues in the county. Multiple people shared their beliefs that substance use in Carteret County was connected to economic issues, job loss and mental health. Other people felt that alcohol is too readily available and linked to most community events.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Prevention & Safety topic area. Primary data sources did not identify any vulnerable groups.

Prevention & Safety

Key Issues

- The death rate due to drug poisoning is a top health issue for Carteret County and is significantly increasing over time
- The age adjusted death rate due to unintentional poisonings is higher than in North Carolina and the U.S. and does not meet the Healthy North Carolina 2020 goal of 9.9 deaths per 100,000 population
- The age adjusted death rate due to unintentional injuries is also is higher than in North Carolina and the U.S. and does not meet the Healthy People 2020 goal of 36.4 deaths per 100,000 population

Secondary Data

Prevention & Safety has the second highest data score of all topic areas, with a score of 1.72. Table 14 highlights indicators of concern.

Table 14. Data Scoring Results for Prevention & Safety

Score	Indicator (Year) (Units)	Carteret County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.28	Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/ 100,000 population)	43.1	31.9	41.4				-	36.4
2.7	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	29	16.2	16.9				-	-
2.65	Age-Adjusted Death Rate due to Unintentional Poisonings (2014-2016) (deaths/ 100,000 population)	29.4	15.1	15.4				9.9	-

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

Primary Data

According to survey results, Prevention & Safety did not rank high as one of the top quality of life topics individuals in Carteret County felt effected their lives. Less than 3% selected safety related topics overall as top issues in the community, such as violent crime. 36% of participants shared that they strongly

agreed or agreed that Carteret County has affordable housing that meets their needs while, over 80% strongly agreed or agreed that Carteret County is a safe place to live. Focus group discussion did not focus on Prevention & Safety though one participants raised concerns for the elderly falling in the home without help.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Prevention & Safety topic area. The elderly were identified in the primary data sources as potentially being a highly impacted population.

Respiratory Diseases

Key Issues

- The age-adjusted death rate due to lung cancer is higher in Carteret County than in North Carolina and the U.S. and does not meet the Healthy People 2020 goal of 45.5 deaths per 100,000 population
- The tuberculosis incidence rate does not meet the Healthy People 2020 goal of 1 case per 100,000 population
- The age-adjusted death rate due to influenza and pneumonia is lower than in North Carolina overall but is significantly increasing over time and does not meet the Healthy North Carolina 2020 goal of 13.5 deaths per 100,000 population

Secondary Data

Respiratory Diseases received a data score of 1.57. This category includes poor performing indicators related to Respiratory Diseases, displayed in Table 15.

Table 15. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Carteret County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.15	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	56.2	50.7	44.7				-	45.5
1.7	COPD: Medicare Population (2015) (percent)	12.6	11.9	11.2				-	-
1.73	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	15	17.8	14.8				13.5	-
1.93	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	2.9	2	3				-	1

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

Primary Data

14.7% of survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, 44.6% selected quitting smoking/tobacco use prevention. 18.9% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28.1% don't know where they would go if they wanted to quit and 21.6% would go to a doctor. 50.4% 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, 37.5% were exposed in the home and 32.2% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Focus group participants did not raise Respiratory Diseases as a health issue in the community.

Highly Impacted Populations

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

Heart Disease & Stroke

Key Issues

- Atrial fibrillation within the Medicare population is higher in Carteret County than in North Carolina and the U.S.
- The Medicare population is highly impacted by Heart Disease & Stroke

Secondary Data

From the secondary data scoring results, Heart Disease & Stroke was identified to be a top need in Carteret County. It had the fourth highest data score of all topic areas, with a score of 1.47. Specific indicators of concern are highlighted in Table 16.

Table 16. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Carteret County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Atrial Fibrillation: Medicare Population (2015) (percent)	9.4	7.7	8.1			=	-	-
1.6	Heart Failure: Medicare Population (2015) (percent)	13.4	12.5	13.5				-	-
1.5	Ischemic Heart Disease: Medicare Population (2015) (percent)	25.4	24	26.5				-	-
1.65	Hyperlipidemia: Medicare Population (2015) (percent)	44.3	46.3	44.6				-	-

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

Primary Data

34.6% of survey participant reported being told by a health care professional that they had high blood pressure and 29.9% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 19% of community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 23.8% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition as a topic the community needs more

information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke related topics came up in two focus groups and was mentioned specifically by two participants as a primary concern in the community. One participant discussed high blood pressure as a concern in the community.

Highly Impacted Populations

Data scoring analysis identified the Medicare population as a highly impacted population with the Heart Disease & Stroke topic area. No specific groups were identified in the primary data sources.

Environment

Key Issues

- Drinking water violations are a top health concern according to both the secondary data analysis and community members
- The quantity of carcinogens released into the air in Carteret County is significantly increasing over time
- 5.7% of people over the age of 65 have low access to a grocery store in Carteret County

Secondary Data

Environment has the sixth highest data score of all topic areas, with a score of 1.46. Indicators of concern are displayed in Table 17. The indicators in this category are related to both the environmental health of the community and the quality of the built environment.

Table 17. Data Scoring Results for Environment

Score	Indicator (Year) (Units)	Carteret County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.85	Fast Food Restaurant Density (2014) (restaurants/ 1,000 population)	0.9	-	-				-	-
1.75	Farmers Market Density (2016) (markets/ 1,000 population)	0	-	-				-	-
1.65	Grocery Store Density (2014) (stores/ 1,000 population)	0.2	-	-				-	-
1.65	Low-Income and Low Access to a Grocery Store (2015) (percent)	7.1	-	-				-	-
1.95	People 65+ with Low Access to a Grocery Store (2015) (percent)	5.7	-	-				-	-
2.18	Drinking Water Violations (FY 2013-14) (percent)	6.7	4	-			-	5	-
1.8	Recognized Carcinogens Released into Air (2016) (pounds)	37016.3	-	-		-		-	-

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

Primary Data

Pollution was the 6th ranked issue affecting quality of life in the community, with 2.4% of participants selecting this topic. Environment and health related issues came up six times during the focus group discussion sessions. Issues that participants raised as concerns in the community included increased development causing loss of natural resources, water pollution and deteriorating housing. Participants also discussed the need to improve the local built environment suggesting more facilities for people to interact and socialize in the community.

"We did a Parks/Rec master plan, tried to see what people would want. 80-90% wanted some kind of commercial thing like a bowling alley."

Highly Impacted Populations

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

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 Carteret 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)

	Carteret County			North Carolina			Health ENC Counties		
Rank	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***
1	Cancer	573	173.4	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	510	156.8	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Chronic Lower Respiratory Diseases	147	43.2	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	125	56.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	124	37.2	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	66	20	Alzheimer’s Disease	11,202	34.2	Diabetes	2,088	29.9
7	Diabetes	64	19.2	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Suicide	48	19.4	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	48	14.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Chronic Liver Diseases	43	13.5	Septicemia	4,500	13.1	Septicemia	1,033	15.1

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

Other Significant Health Needs

Access to Health Services

Secondary Data

From the secondary data scoring results, Access to Health Services was the 23rd most pressing health need in Carteret County with a score of 1.12. Top related indicators include: Adults with Health Insurance (1.73), Mental Health Provider Rate (1.70) and Children with Health Insurance (1.68).

Primary Data

As previously summarized, more than half of community survey respondents have health insurance through an employer (48.6%) followed by Medicare (14.2%). Participants were asked where they most often go to seek medical treatment, many sought care at a doctor's office (65.5%). The majority of participants did not report any problems getting the health care they needed in the past 12 months (79.3%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a dentist (38.4%) or a general practitioner (31.1%). The top reasons participants reported not being able to get the necessary health care they needed were that they did not have insurance (53.1%) and insurance didn't cover what they needed (24.4%). 83.9% of participants reported being able to see the medical provider they needed within Carteret County.

Focus Group participants frequently discussed barriers to accessing health services such as scheduling appointments with health care providers within the community and lack of transportation to medical centers, specifically for specialty care services. A few participants felt that there is a need for more clinicians in the community and better health insurance options for those who do not qualify for Medicaid. One participant felt that crisis services were needed in Carteret County for those in particular who not getting the services, or connected to the services, they need through the emergency department. Senior citizens were also brought up as a group who are unable to access medical services as easily because of financial restrictions and lack of access to transportation.

> "The county needs a full model crisis unit that is open 24/7. People are going to the ER and that is not helping people because they release them after a couple hours. People are reaching out for help, but they are turned down. People that reach out for help, need it right then, they do not have time to wait."

Economy

Secondary Data

From the secondary data scoring results, Economy was the 19th most pressing health need in Carteret County with a score of 1.24. Top related indicators include: Households with Cash Public Assistance Income (2.55), Homeownership (2.30), Median Monthly Owner Costs for Households without a Mortgage (1.98) and Median Household Gross Rent (1.88).

Primary Data
Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were top issues in Carteret County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (19.4%) ranked 1st and availability of employment (8%) ranked 4th.

Focus group participant discussions touched on key economic stressors in Carteret County: the lack of industry in the community and the need for more variety in employment opportunities, health insurance costs and not being able to afford healthy foods.

Exercise, Nutrition & Weight

Secondary Data
From the secondary data scoring results, Exercise, Nutrition & Weight was the 14th most pressing health need in Carteret County with a score of 1.32. Top related indicators include: Workers who Walk to Work (2.35), People 65+ with Low Access to a Grocery Store (1.95), Fast Food Restaurant Density (1.85), Farmers Market Density (1.75), Grocery Store Density (1.65) and Low-Income and Low Access to a Grocery Store (1.65).

Primary Data
Among community survey respondents, 35.5% rated their health is good and 34.6% rated their health as very good. However, 40.1% of respondents reported being told by a health professional that they were overweight and/or obese. Data from the community survey participants show that 27.9% 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, the top reasons for not exercising were not having enough time and being too tired. For those individuals that do exercise, 61.3% reported exercising or engaging in physical activity at home while 32% exercise at a private gym.

"Eating healthy is more expensive. An apple can sometimes be more than a bag of chips. It is also important to educate people about nutrition. Instead of eating ice cream for a movie try some popcorn."

Exercise, Nutrition & Weight was one of the primary topics discussed in all focus groups. Participants shared that they struggled with not being able to afford to eat healthy foods or knowing what to select as healthy food choices when eating away from home. Fast food restaurants were described as being close and convenient compared to healthier alternatives. Specific issues included difficulty finding fresh vegetables due to limited choices for grocery stores and family traditions around cooking. A few participants felt that more low-cost exercise options and activities are needed in the community as well as more information about the effect of a sedentary lifestyle and improved access to safe outdoor activity areas. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight, nutrition, and exercising/fitness were high frequency responses.

A Closer Look at Highly Impacted Populations

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

Children's Health

Children's Health ranks as a top need in Carteret County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 1.46. 94.3% of children in Carteret County have health insurance which is slightly lower than North Carolina (95.5%) and the U.S. (95.5%) values. In addition, 4.4% of children in Carteret County have low access to a grocery score. The child food insecurity rate in Carteret County is lower than in North Carolina but higher than in the U.S.

Disparities by Age, Gender and Race/Ethnicity

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

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

Health Indicator	Group(s) Disparately Affected*
Workers who Walk to Work	Hispanic or Latino
Bladder Cancer Incidence Rate	Male
All Cancer Incidence Rate	Male
People 25+ with a Bachelor's Degree or Higher	Black or African American, Hispanic or Latino, Other, Two or More Races
Workers who Drive Alone to Work	60-64, Native Hawaiian or Other Pacific Islander
Children Living Below Poverty Level	Black or African American, Two or More Races
Families Living Below Poverty Level	Black or African American, Hispanic or Latino
Median Household Income	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Two or More Races
Young Children Living Below Poverty Level	Black or African American
People 25+ with a High School Degree or Higher	Asian, Black or African American, Hispanic or Latino, Other

Per Capita Income	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races
People Living Below Poverty Level	18-24, 6-11, <6, Black or African American, Two or More Races
People 65+ Living Below Poverty Level	Black or African American

**See HealthENC.org for indicator values for population subgroups*

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

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28516, with an index value of 77.7, has the highest socioeconomic need within Carteret County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Carteret 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 Carteret County. The assessment was further informed with input from Carteret County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified eight significant health needs: Access to Health Services, Economy, Environment, Exercise, Nutrition & Weight, Heart Disease & Stroke, Prevention & Safety, Respiratory Diseases and Substance Abuse. The prioritization process identified three focus areas: (1) Access to Health Services (2) Substance Abuse (3) Exercise, Nutrition &Weight. Following this process, Carteret County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Tamara Jones, Human Services Planner, at (252) 728-8550 or Tamara.Jones@carteretcountync.gov.

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Chronic Disease Prevention	LHD will block 1 day per month for walk-in blood pressure screening.	No	State Nursing Consultants and Liability Coverage Carrier strongly urged against doing this.
	LHD Health educator(s) will provide cardiovascular disease education to clinical patients and community members	Yes	Cardiovascular disease education was provided to community members by health educators.
	Increase fruit/vegetable consumption at 6 months and 1-year follow-ups for clients who have been identified in LHD screening as having hypertension.	Yes	Established and maintained a community WIC garden to educate clients and their families on incorporating fresh vegetables into their diet.
	Provided educational presentations local agencies.	Yes	Health Educators went to the organizations and presented on risk factors for cancer throughout the county.
Behavioral Health and Substance Abuse	Provide public awareness about risks of prescription medication misuse, diversion, and overdose.	Yes	Initiated a digital media campaign to educate the public on opioid awareness, prescription drug drop-off locations, and the Good Samaritan Law
	Coordinate at least two prescription drop off events per year.	Yes	Partnered with the Carteret County Sheriff's Office and Morehead City Police Department to participate in prescription drop off events.
	Promote provider and dispenser use of Prescription Drug Monitoring Program (PDMP).	Yes	Hosted 2 controlled substances prescriber trainings in conjunction with the NC Medical Board, NC Dental Board, Eastern AHEC, and the Governor's Institute with over 100 providers in attendance

	Provide a directory of Behavioral and Substance Abuse Treatment Providers in the county	Yes	Developed a directory of Behavioral Health and Substance Abuse Treatment Providers in Carteret County and updated twice a year. The list includes the services provided, address, phone number, website, and insurances accepted.
	Provide QPR Gatekeeper trainings to community agency members and stakeholders.	Yes	Provided QPR (Question, Persuade, Refer) Gatekeeper Training for Suicide Prevention. Also provided QPRT (Question, Persuade, Refer, Treat) trainings.
	Offer Mental Health First Aid Training	Yes	Partnered with Trillium Health Resources to host a Mental Health First Aid training to 82 key community members and stakeholders. Carteret County Public Schools hosted a Youth Mental Health First Aid Training on January 26th, 2018 and 90 school staff participated.
Access To Healthcare	Increase summer referrals to Mobile Dental Clinic by 25%.	Yes	Mobile Dental Clinic has increased summer referrals by 75% from 169 in 2016 to 296 in 2018.
	Increase the number of Charity Care applications that incur costs for laboratory services through local hospital.	Yes	Established a lab contract with LabCorp for reduced laboratory fees for uninsured patients.
	Provide voucher system for uninsured patients needing transportation to LHD and specialists referrals.	No	Carolina East Foundation provides gas vouchers to our clients who have to travel out of town for a specialist appointment.
	Provide 25 seat installations per year and 25 seat checks per year.	Yes	Received a grant from Carteret-Craven Electric Cooperative to purchase Child Safety Seats to begin a Child Safety Seat Program that allows anyone in need of a car seat to come to the health department and obtain a free one. Through the grant, the health department is now a designated child safety seat checking station housed with two Child Safety Passenger Technicians.

Appendix B. Secondary Data Scoring

Overview

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

Comparison Score

For each indicator, Carteret County is assigned up to seven 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 zero indicates the best outcome and three 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 zero indicates the best outcome and three 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 zero indicates the best outcome and three indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

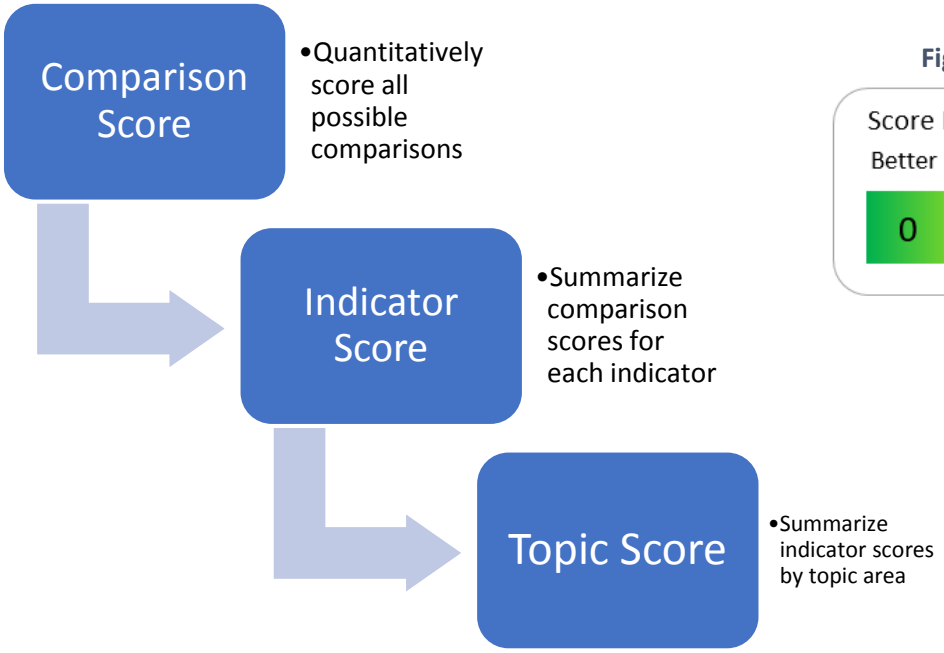
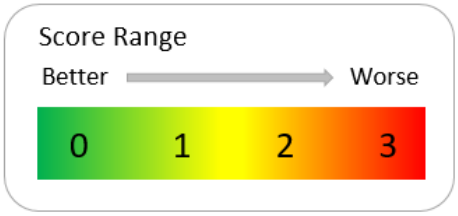
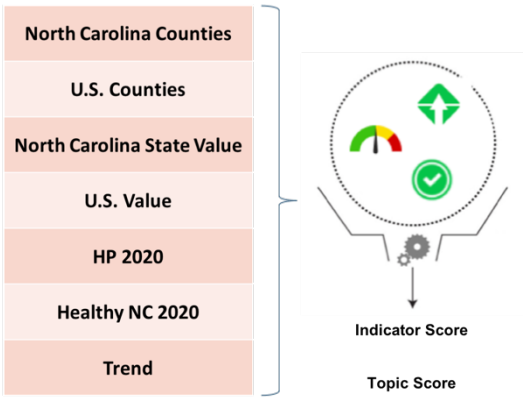


Figure 47. Score Range



Comparison Scores

Figure 48. Comparisons used in Secondary



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

Figure 49. Compare to Distribution Indicator

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Carteret 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 Carteret County falls within these four groups or quartiles.

Figure 50. Distribution of County Values

Comparison to North Carolina Value and U.S. Value

Figure 51. Comparison to Single Value

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

Figure 52. Comparison to Target Value

Trend Over Time

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

Figure 53. Trend Over Time

Missing Values

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

Indicator Scoring

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

Topic Scoring

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

[2] For more information on Healthy People 2020, see https://www.healthypeople.gov/
[3] For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/

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

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

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

Table 20. Topic Scores for Carteret County

Health and Quality of Life Topics	Score
Substance Abuse	1.91
Prevention & Safety	1.72
Respiratory Diseases	1.57
Heart Disease & Stroke	1.47
Children's Health	1.46
Environment	1.46
Transportation	1.46
Mortality Data	1.43
Cancer	1.43
Older Adults & Aging	1.40
Women's Health	1.40
Mental Health & Mental Disorders	1.35
County Health Rankings	1.33
Exercise, Nutrition, & Weight	1.32
Other Chronic Diseases	1.32
Social Environment	1.29
Diabetes	1.27
Immunizations & Infectious Diseases	1.25
Economy	1.24
Public Safety	1.21
Education	1.15
Environmental & Occupational Health	1.13
Access to Health Services	1.12
Wellness & Lifestyle	1.12
Maternal, Fetal & Infant Health	1.06
Men's Health	0.92

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

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Adults with Health Insurance	2016	percent	83.3	84.9	88	100			1
1.70	Mental Health Provider Rate	2017	providers/ 100,000 population	137.9	215.5	214.3				5
1.68	Children with Health Insurance	2016	percent	94.3	95.5	95.5	100			1
1.48	Persons with Health Insurance	2016	percent	87.7	87.8		100	92		19
1.28	Clinical Care Ranking	2018	ranking	15						5
0.65	Dentist Rate	2016	dentists/ 100,000 population	74	54.7	67.4				5
0.65	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	107.4	102.5	81.2				5
0.65	Primary Care Provider Rate	2015	providers/ 100,000 population	81.3	70.6	75.5				5
0.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	38.3	49	49.9				20

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	16.3	10.9	11.4				8
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.7	12.2	11.5				8
2.33	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	4.2	2.6	2.5	2.3			8
2.30	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	26.9	20.1	20.5			Male	8
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.2	50.7	44.7	45.5			8

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

2.05	Cancer: Medicare Population	2015	percent	8.3	7.7	7.8				4
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	180.7	172	166.1	161.4			8
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.6	129.4	123.5				8
1.55	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	41.5	37.7	39.8	39.9			8
1.50	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	468.4	457	443.6			Male	8
1.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72	70	61.2				8
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.9	21.6	20.1	21.8			8
1.05	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.8	14.1	14.8	14.5	10.1		8
0.85	Mammography Screening: Medicare Population	2014	percent	71.9	67.9	63.1				20
0.65	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.1	12	12.5				8
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	9.1	10.8	10.9				8
0.45	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	101.9	125	114.8				8
0.35	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	15.8	21.6	21.2	20.7			8
0.30	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6.1	7.7	7.8				8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.68	Children with Health Insurance	2016	percent	94.3	95.5	95.5	100			1
1.50	Children with Low Access to a Grocery Store	2015	percent	4.4						23
1.20	Child Food Insecurity Rate	2016	percent	20.7	20.9	17.9				6

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.43	Mortality Ranking	2018	ranking	40						5
1.43	Physical Environment Ranking	2018		27						5

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

1.28	Clinical Care Ranking	2018	ranking	15						5
1.28	Health Behaviors Ranking	2018	ranking	20						5
1.28	Morbidity Ranking	2018	ranking	9						5
1.28	Social and Economic Factors Ranking	2018	ranking	21						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Diabetes: Medicare Population	2015	percent	29.8	28.4	26.5				4
1.10	Adults 20+ with Diabetes	2014	percent	10.6	11.1	10				5
1.05	Diabetic Monitoring: Medicare Population	2014	percent	88.5	88.8	85.2				20
0.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	17	23	21.1				18

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Households with Cash Public Assistance Income	2012-2016	percent	3	1.9	2.7				1
2.30	Homeownership	2012-2016	percent	43.8	55.5	55.9				1
1.98	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	423	376	462				1
1.88	Median Household Gross Rent	2012-2016	dollars	847	816	949				1
1.75	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	57.4	58.3				1
1.75	Population 16+ in Civilian Labor Force	2012-2016	percent	57.6	61.5	63.1				1
1.68	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1326	1243	1491				1
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.1						23
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						23
1.35	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.8	3.7	3.7				21
1.30	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
1.28	Social and Economic Factors Ranking	2018	ranking	21						5
1.20	Child Food Insecurity Rate	2016	percent	20.7	20.9	17.9				6
1.10	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	41.6	49.4	47.3		36.1		1

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1.05	Students Eligible for the Free Lunch Program	2015-2016	percent	38.1	52.6	42.6				9
1.05	Total Employment Change	2014-2015	percent	3.1	3.1	2.5				22
0.98	Median Housing Unit Value	2012-2016	dollars	197600	157100	184700				1
0.90	Children Living Below Poverty Level	2012-2016	percent	19.9	23.9	21.2			Black or African American, Two or More Races	1
0.90	Families Living Below Poverty Level	2012-2016	percent	10.1	12.4	11			Black or African American, Hispanic or Latino	1
0.90	Median Household Income	2012-2016	dollars	50599	48256	55322			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Two or More Races	1
0.90	Young Children Living Below Poverty Level	2012-2016	percent	23.3	27.3	23.6			Black or African American	1
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	24.7	29	27.6				1
0.80	People Living 200% Above Poverty Level	2012-2016	percent	68.9	62.3	66.4				1
0.75	Per Capita Income	2012-2016	dollars	29349	26779	29829			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
0.70	People Living Below Poverty Level	2012-2016	percent	13.1	16.8	15.1		12.5	18-24, 6-11, <6, Black or African American, Two or More Races	1
0.65	Households with Supplemental Security Income	2012-2016	percent	4.3	5	5.4				1
0.60	Food Insecurity Rate	2016	percent	12.5	15.4	12.9				6
0.50	People 65+ Living Below Poverty Level	2012-2016	percent	6.2	9.7	9.3			Black or African American	1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	High School Graduation	2016-2017	percent	86.2	86.5		87	94.6		14
1.45	8th Grade Students Proficient in Math	2016-2017	percent	47.9	45.8					14
1.30	8th Grade Students Proficient in Reading	2016-2017	percent	58.3	53.7					14

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1.20	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	25.9	29	30.3			Black or African American, Hispanic or Latino, Other, Two or More Races	1
0.95	4th Grade Students Proficient in Math	2016-2017	percent	76.1	58.6					14
0.95	4th Grade Students Proficient in Reading	2016-2017	percent	71.5	57.7					14
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	90	86.3	87			Asian, Black or African American, Hispanic or Latino, Other	1
0.75	Student-to-Teacher Ratio	2015-2016	students/ teacher	13.5	15.6	17.7				9

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Drinking Water Violations	FY 2013-14	percent	6.7	4			5		5
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5.7						23
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23
1.80	Recognized Carcinogens Released into Air	2016	pounds	37016						24
1.75	Farmers Market Density	2016	markets/ 1,000 population	0.03						23
1.65	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.1						23
1.60	PBT Released	2016	pounds	14770						24
1.50	Children with Low Access to a Grocery Store	2015	percent	4.4						23
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.8						23
1.43	Physical Environment Ranking	2018	ranking	27						5
1.40	Liquor Store Density	2015	stores/ 100,000 population	8.7	5.8	10.5				22
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						23
1.30	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
1.28	Annual Ozone Air Quality	2014-2016		A						2
1.15	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.12						23

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1.10	Food Environment Index	2018		7.6	6.4	7.7				5
0.75	Access to Exercise Opportunities	2018	percent	85.7	76.1	83.1				5
0.50	Houses Built Prior to 1950	2012-2016	percent	7.3	9.1	18.2				1

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.43	Physical Environment Ranking	2018	ranking	27						5
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	63.9	90.9					11
0.85	Asthma: Medicare Population	2015	percent	7.3	8.4	8.2				4

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Workers who Walk to Work	2012-2016	percent	1.5	1.8	2.8	3.1		Hispanic or Latino	1
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5.7						23
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23
1.75	Farmers Market Density	2016	markets/ 1,000 population	0.03						23
1.65	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.1						23
1.50	Children with Low Access to a Grocery Store	2015	percent	4.4						23
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.8						23
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						23
1.28	Health Behaviors Ranking	2018	ranking	20						5
1.20	Child Food Insecurity Rate	2016	percent	20.7	20.9	17.9				6
1.15	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.12						23
1.10	Food Environment Index	2018		7.6	6.4	7.7				5
0.75	Access to Exercise Opportunities	2018	percent	85.7	76.1	83.1				5
0.60	Food Insecurity Rate	2016	percent	12.5	15.4	12.9				6

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0.50	Adults 20+ who are Obese	2014	percent	26.1	29.6	28	30.5			5
0.30	Adults 20+ who are Sedentary	2014	percent	21.8	24.3	23	32.6			5

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Atrial Fibrillation: Medicare Population	2015	percent	9.4	7.7	8.1				4
1.65	Hyperlipidemia: Medicare Population	2015	percent	44.3	46.3	44.6				4
1.60	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				4
1.50	Ischemic Heart Disease: Medicare Population	2015	percent	25.4	24	26.5				4
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.8	161.3			161.5		18
1.15	Hypertension: Medicare Population	2015	percent	54.9	58	55				4
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4				4
0.93	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	35	43.1	36.9	34.8			18

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.93	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.9	2	3	1			12
1.73	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15	17.8	14.8		13.5		18
1.15	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	6.6	16.1			22.2		12
1.15	Syphilis Incidence Rate	2016	cases/ 100,000 population	2.9	10.8	8.7				10
1.08	Chlamydia Incidence Rate	2016	cases/ 100,000 population	281.6	572.4	497.3				12
1.08	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	63.9	194.4	145.8				12
0.95	AIDS Diagnosis Rate	2016	cases/ 100,000 population	0	7					12
0.93	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.2	2.2	2	3.3			18

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SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.78	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.3	7.2	6	6	6.3		18
1.18	Preterm Births	2016	percent	9.7	10.4	9.8	9.4			17
0.93	Babies with Very Low Birth Weight	2012-2016	percent	1.4	1.7	1.4	1.4			17
0.83	Babies with Low Birth Weight	2012-2016	percent	7.6	9	8.1	7.8			17
0.60	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	10.1	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.9	21.6	20.1	21.8			8
1.15	Life Expectancy for Males	2014	years	75.9	75.4	76.7		79.5		7
0.45	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	101.9	125	114.8				8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	17.6	12.9	13	10.2	8.3		18
1.75	Depression: Medicare Population	2015	percent	17	17.5	16.7				4
1.70	Mental Health Provider Rate	2017	providers/ 100,000 population	137.9	215.5	214.3				5
1.65	Poor Mental Health: Average Number of Days	2016	days	3.9	3.9	3.8		2.8		5
0.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	7.3	9.8	9.9				4
0.90	Frequent Mental Distress	2016	percent	11.9	12.3	15				5
0.53	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	19	31.9	26.6				18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	29	16.2	16.9				5

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

2.65	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	29.4	15.1	15.4		9.9	3
2.50	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.1	31.4	29.3		4.7	5
2.33	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	4.2	2.6	2.5	2.3		8
2.28	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	43.1	31.9	41.4	36.4		18
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.2	50.7	44.7	45.5		8
2.03	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	17.6	12.9	13	10.2	8.3	18
1.78	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.3	7.2	6	6	6.3	18
1.73	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15	17.8	14.8		13.5	18
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	180.7	172	166.1	161.4		8
1.55	Premature Death	2014-2016	years/ 100,000 population	7710.1	7281.1	6658.1			5
1.43	Mortality Ranking	2018	ranking	40					5
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.8	161.3			161.5	18
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.9	21.6	20.1	21.8		8
1.05	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.8	14.1	14.8	14.5	10.1	8
0.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	10.3	12.7	11	9.3		3
0.93	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	35	43.1	36.9	34.8		18
0.93	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.2	2.2	2	3.3		18
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.1	14.1				18
0.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	17	23	21.1			18
0.53	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	19	31.9	26.6			18
0.53	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	3.4	6.2	5.5	5.5	6.7	18
0.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	9.1	10.8	10.9			8

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0.35	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	15.8	21.6	21.2	20.7			8

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Atrial Fibrillation: Medicare Population	2015	percent	9.4	7.7	8.1				4
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.3	29.1	30				4
2.20	Diabetes: Medicare Population	2015	percent	29.8	28.4	26.5				4
2.05	Cancer: Medicare Population	2015	percent	8.3	7.7	7.8				4
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5.7						23
1.75	Depression: Medicare Population	2015	percent	17	17.5	16.7				4
1.70	COPD: Medicare Population	2015	percent	12.6	11.9	11.2				4
1.65	Hyperlipidemia: Medicare Population	2015	percent	44.3	46.3	44.6				4
1.60	Heart Failure: Medicare Population	2015	percent	13.4	12.5	13.5				4
1.60	People 65+ Living Alone	2012-2016	percent	26.9	26.8	26.4				1
1.50	Ischemic Heart Disease: Medicare Population	2015	percent	25.4	24	26.5				4
1.15	Hypertension: Medicare Population	2015	percent	54.9	58	55				4
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4				4
1.05	Diabetic Monitoring: Medicare Population	2014	percent	88.5	88.8	85.2				20
0.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	7.3	9.8	9.9				4
0.85	Asthma: Medicare Population	2015	percent	7.3	8.4	8.2				4
0.85	Chronic Kidney Disease: Medicare Population	2015	percent	16	19	18.1				4
0.85	Mammography Screening: Medicare Population	2014	percent	71.9	67.9	63.1				20
0.60	Osteoporosis: Medicare Population	2015	percent	4.6	5.4	6				4
0.53	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	19	31.9	26.6				18
0.50	People 65+ Living Below Poverty Level	2012-2016	percent	6.2	9.7	9.3			Black or African American	1

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

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

2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.3	29.1	30				4
0.85	Chronic Kidney Disease: Medicare Population	2015	percent	16	19	18.1				4
0.60	Osteoporosis: Medicare Population	2015	percent	4.6	5.4	6				4

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	29	16.2	16.9				5
2.65	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	29.4	15.1	15.4		9.9		3
2.28	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	43.1	31.9	41.4	36.4			18
1.40	Domestic Violence Deaths	2016	number	0						15
1.30	Severe Housing Problems	2010-2014	percent	15.9	16.6	18.8				5
0.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	10.3	12.7	11	9.3			3
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.1	14.1					18

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.1	31.4	29.3		4.7		5
1.50	Property Crime Rate	2016	crimes/ 100,000 population	2597.9	2779.7					13
1.40	Domestic Violence Deaths	2016	number	0						15
0.95	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	10.3	12.7	11	9.3			3
0.83	Violent Crime Rate	2016	crimes/ 100,000 population	239.2	374.9	386.3				13
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	9.1	14.1					18
0.53	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	3.4	6.2	5.5	5.5	6.7		18

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

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

2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	56.2	50.7	44.7	45.5			8
1.93	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.9	2	3	1			12
1.73	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15	17.8	14.8		13.5		18
1.70	COPD: Medicare Population	2015	percent	12.6	11.9	11.2				4
1.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72	70	61.2				8
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	63.9	90.9					11
0.85	Asthma: Medicare Population	2015	percent	7.3	8.4	8.2				4

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Homeownership	2012-2016	percent	43.8	55.5	55.9				1
1.98	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	423	376	462				1
1.88	Median Household Gross Rent	2012-2016	dollars	847	816	949				1
1.75	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.2	57.4	58.3				1
1.75	Population 16+ in Civilian Labor Force	2012-2016	percent	57.6	61.5	63.1				1
1.68	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1326	1243	1491				1
1.60	People 65+ Living Alone	2012-2016	percent	26.9	26.8	26.4				1
1.48	Persons with Health Insurance	2016	percent	87.7	87.8		100	92		19
1.35	Mean Travel Time to Work	2012-2016	minutes	23.6	24.1	26.1				1
1.28	Social and Economic Factors Ranking	2018	ranking	21						5
1.25	Single-Parent Households	2012-2016	percent	33.5	35.7	33.6				1
1.20	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	25.9	29	30.3			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.10	Voter Turnout: Presidential Election	2016	percent	70.8	67.7					16
1.05	Linguistic Isolation	2012-2016	percent	1.2	2.5	4.5				1
1.05	Total Employment Change	2014-2015	percent	3.1	3.1	2.5				22

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

1.00	Social Associations	2015	membership associations/ 10,000 population	14.4	11.5	9.3				5
0.98	Median Housing Unit Value	2012-2016	dollars	197600	157100	184700			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Two or More Races	1
0.90	Children Living Below Poverty Level	2012-2016	percent	19.9	23.9	21.2			Black or African American, Two or More Races	1
0.90	Median Household Income	2012-2016	dollars	50599	48256	55322			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Two or More Races	1
0.90	Young Children Living Below Poverty Level	2012-2016	percent	23.3	27.3	23.6			Black or African American	1
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	90	86.3	87			Asian, Black or African American, Hispanic or Latino, Other	1
0.75	Per Capita Income	2012-2016	dollars	29349	26779	29829			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
0.70	People Living Below Poverty Level	2012-2016	percent	13.1	16.8	15.1		12.5	18-24, 6-11, <6, Black or African American, Two or More Races	1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	29	16.2	16.9				5
2.50	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.1	31.4	29.3		4.7		5
1.80	Adults who Drink Excessively	2016	percent	18.1	16.7	18	25.4			5
1.80	Adults who Smoke	2016	percent	17.7	17.9	17	12	13		5
1.40	Liquor Store Density	2015	stores/ 100,000 population	8.7	5.8	10.5				22
1.28	Health Behaviors Ranking	2018	ranking	20						5

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

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Workers who Walk to Work	2012-2016	percent	1.5	1.8	2.8	3.1		Hispanic or Latino	1
2.05	Workers Commuting by Public Transportation	2012-2016	percent	0.4	1.1	5.1	5.5			1
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.8						23
1.35	Mean Travel Time to Work	2012-2016	minutes	23.6	24.1	26.1				1
1.20	Solo Drivers with a Long Commute	2012-2016	percent	30.7	31.3	34.7				5
1.10	Workers who Drive Alone to Work	2012-2016	percent	79.5	81.1	76.4			60-64, Native Hawaiian or Other Pacific Islander	1
0.65	Households without a Vehicle	2012-2016	percent	4.9	6.3	9				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Life Expectancy for Females	2014	years	80.2	80.2	81.5		79.5		7
1.28	Morbidity Ranking	2018	ranking	9						5
1.15	Life Expectancy for Males	2014	years	75.9	75.4	76.7		79.5		7
1.05	Insufficient Sleep	2016	percent	32.8	33.8	38				5
1.05	Poor Physical Health: Average Number of Days	2016	days	3.5	3.6	3.7				5
0.90	Frequent Physical Distress	2016	percent	10.6	11.3	15				5
0.90	Self-Reported General Health Assessment: Poor or Fair	2016	percent	14.2	17.6	16		9.9		5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CARTERET COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	16.3	10.9	11.4				8
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.6	129.4	123.5				8
1.50	Life Expectancy for Females	2014	years	80.2	80.2	81.5		79.5		7
1.40	Domestic Violence Deaths	2016	number	0						15

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

0.85	Mammography Screening: Medicare Population	2014	percent	71.9	67.9	63.1		20
0.35	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	15.8	21.6	21.2	20.7	8

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

Sources

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

Table 22. Indicator Sources and Corresponding Number Keys

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

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...

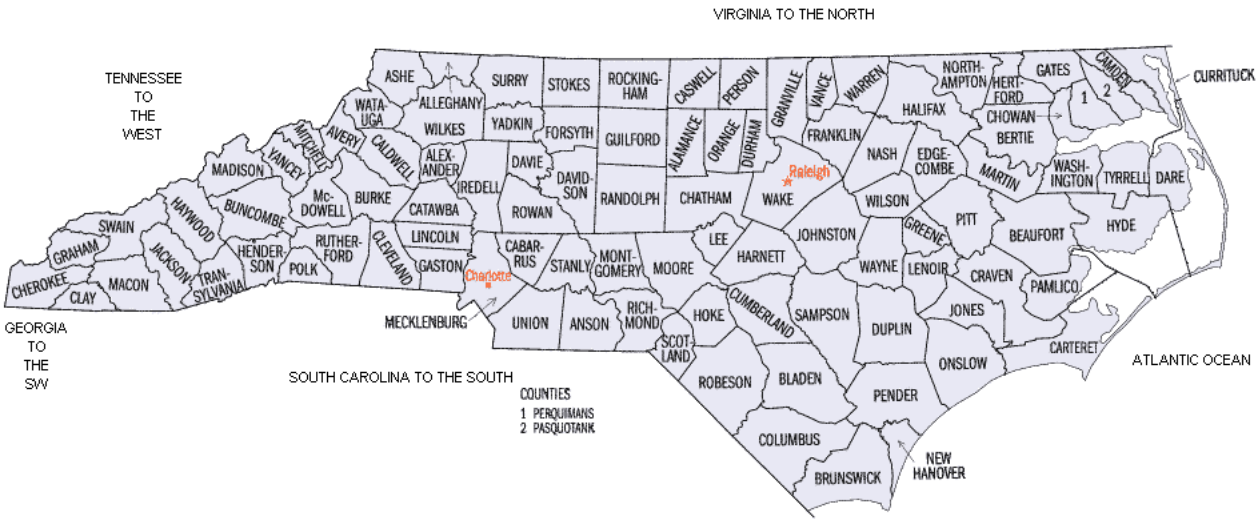
1. Where do you currently live?

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.

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

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 <u>one</u> issue most affects the quality of life in this County? *(Please choose only one.)*

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

5. In your opinion, which <u>one</u> 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)
- ☐ Healthy family activities
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Road maintenance
- ☐ Road safety
- ☐ None
- ☐ Other (please specify)

PART 3: Health Information

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

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

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

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

☐ Friends and family	☐ Internet	☐ Employer
☐ Doctor/nurse	☐ My child's school	☐ Help lines
☐ Pharmacist	☐ Hospital	☐ Books/magazines
☐ Church	☐ Health department	
☐ Other (please specify)		

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No ***(if No, skip to question #12)***

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

- ☐ Dental hygiene
- ☐ Nutrition
- ☐ Eating disorders
- ☐ Fitness/Exercise
- ☐ Asthma management
- ☐ Diabetes management
- ☐ Tobacco
- ☐ 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?

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

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

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

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

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

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

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

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

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

☐ 0	☐ 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	

☐ Don' t know / not sure

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

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

☐ 0	☐ 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	

☐ Don' t know / not sure

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

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

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

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

☐ 0	☐ 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	

☐ Don’ t know / not sure

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

☐ Yes

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

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

☐ Yes

☐ No

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

☐ Yes

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

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

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

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

- ☐ YMCA
- ☐ Park
- ☐ Public Recreation Center
- ☐ Private Gym
- ☐ Worksite/Employer
- ☐ School Facility/Grounds
- ☐ Home
- ☐ 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
- ☐ Exercise is not important to me.
- ☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- ☐ I don't have enough time to exercise.
- ☐ I would need child care and I don't have it.
- ☐ I don't know how to find exercise partners.
- ☐ I don't like to exercise.
- ☐ It costs too much to exercise.
- ☐ There is no safe place to exercise.
- ☐ I would need transportation and I don't have it.
- ☐ I'm too tired to exercise.
- ☐ I'm physically disabled.
- ☐ I don't know

☐ Other (please specify)

27. <u>Not</u> 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

Part 5: Access to Care/Family Health

33. Where do you go <u>most often</u> 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
- ☐ 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.

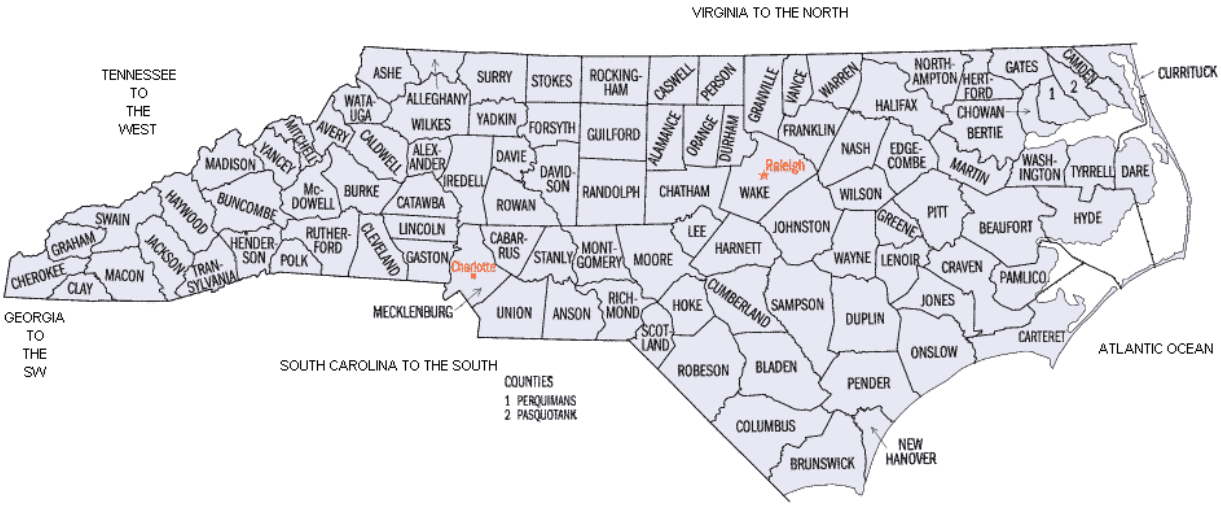
- [ ] My/our share of the cost (deductible/co-pay) was too high.
- [ ] Doctor would not take my/our insurance or Medicaid.
- [ ] Hospital would not take my/our insurance.
- [ ] Pharmacy would not take my/our insurance or Medicaid.
- [ ] Dentist would not take my/our insurance or Medicaid.
- [ ] No way 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	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ The State of
☐ Duplin	☐ Lenoir	Perquimans	Virginia

☐ Other (please specify)

North Carolina County Map


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
MECKLENBURG
Charlotte
Raleigh
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK
ASHE
ALLEGHANY
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
2
1
HALIFAX
CHOWAN
BERTIE
WATA-UGA
AVERY
MITCHELL
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
MARTIN
WASH-INGTON
TYRRELL
DARE
MADISON
YANCEY
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
WAKE
WILSON
GREENE
PITT
BEAUFORT
HYDE
SWAIN
HAYWOOD
BUNCOMBE
Mc-DOWELL
BURKE
CATAWBA
IREDELL
ROWAN
LINCOLN
LEE
JOHNSTON
HARNETT
GRAHAM
JACKSON
HENDER-SON
RUTHER-FORD
CLEVELAND
GASTON
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
WAYNE
LENOIR
CRAVEN
PAMLICO
CHEROKEE
CLAY
MACON
TRAN-SYLVANIA
POLK
UNION
ANSON
RICH-MOND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
SCOT-LAND
ONSLOW
CARTERET
ROBESON
BLADEN
PENDER
COLUMBUS
BRUNSWICK

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

☐ Other (please specify)

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

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

☐ No

☐ Don' t know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

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

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

- ☐ 15-19
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 or older

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

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

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

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

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

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

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

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

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

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

☐ Other (please specify)

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

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

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

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more

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

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

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student

- [ ] 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.

Spanish Survey

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

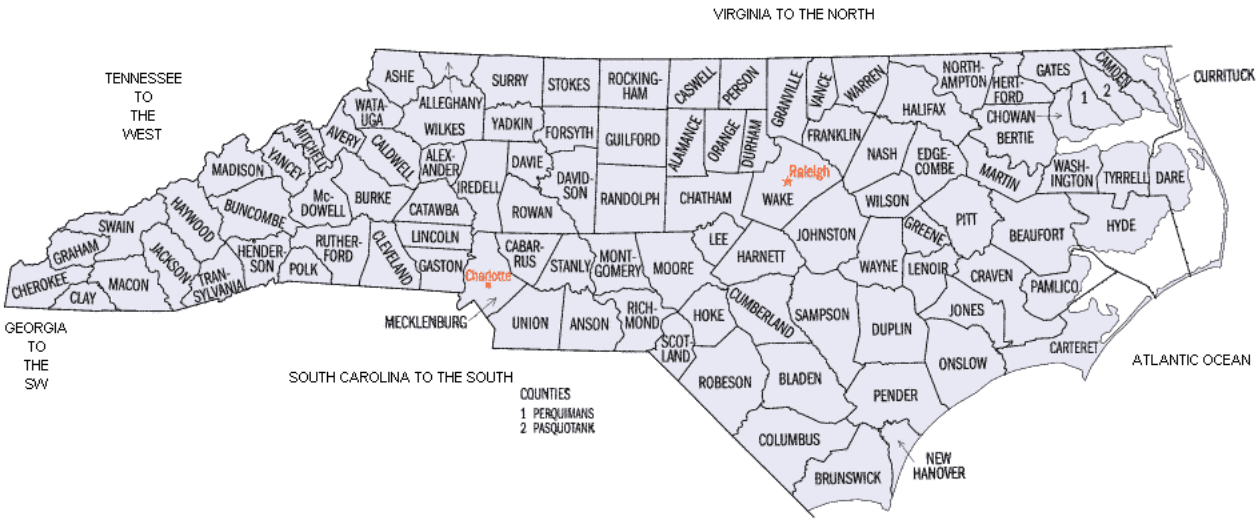
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

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

Mapa del condado de Carolina del Norte



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

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

PARTE 2: Mejora de la comunidad

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

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

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

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

- ☐ Violencia doméstica
- ☐ Delito violento (asesinato, asalto)
- ☐ Robo
- ☐ Violación / agresión sexual

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

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

PARTE 3: Información de salud

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

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

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

☐ Otros (especificar)

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

- ☐ Amigos y familia
- ☐ Doctor / enfermera
- ☐ Farmacéutico
- ☐ Iglesia
- ☐ Internet
- ☐ La escuela de mi hijo
- ☐ Hospital
- ☐ Departamento de salud
- ☐ Empleador
- ☐ Líneas telefónicas de ayuda
- ☐ Libros / revistas
- ☐ Otros (especificar)

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

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

- ☐ Sí
- ☐ No

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

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

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

- ☐ Higiene dental
- ☐ Nutrición
- ☐ Trastornos de la alimentación
- ☐ Ejercicios
- ☐ Manejo del asma
- ☐ Manejo de la diabetes
- ☐ Tabaco
- ☐ ETS (enfermedades de transmisión sexual)
- ☐ Relación sexual
- ☐ Alcohol
- ☐ Abuso de drogas
- ☐ Manejo imprudente / exceso de velocidad
- ☐ Problemas de salud mental
- ☐ Prevención del suicidio
- ☐ Otros (especificar)

PARTE 4: Salud personal

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

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

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

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

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

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

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

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

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

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

- ☐ Sí

- [ ] No
- [ ] No sé / no estoy seguro

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

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

☐ 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 has 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).*

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

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

☐ 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 numero 26)***

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

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

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

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

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).***

Cantidad de tazas de fruta	
Número de tazas de verduras	
Cantidad de tazas de jugo de fruta 100%	

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

☐ Sí

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

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

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

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)

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

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 32)***

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

- ☐ QUITLINE NC (ayuda por teléfono)
- ☐ Doctor
- ☐ Farmacia
- ☐ Consejero / terapeuta privado
- ☐ Otros (especificar)
- ☐ Departamento de salud
- ☐ No lo sé
- ☐ No aplica; No quiero renunciar

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
- ☐ Clínica Médica
- ☐ Departamento de salud
- ☐ Centro de cuidado urgente
- ☐ Hospital
- ☐ 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.

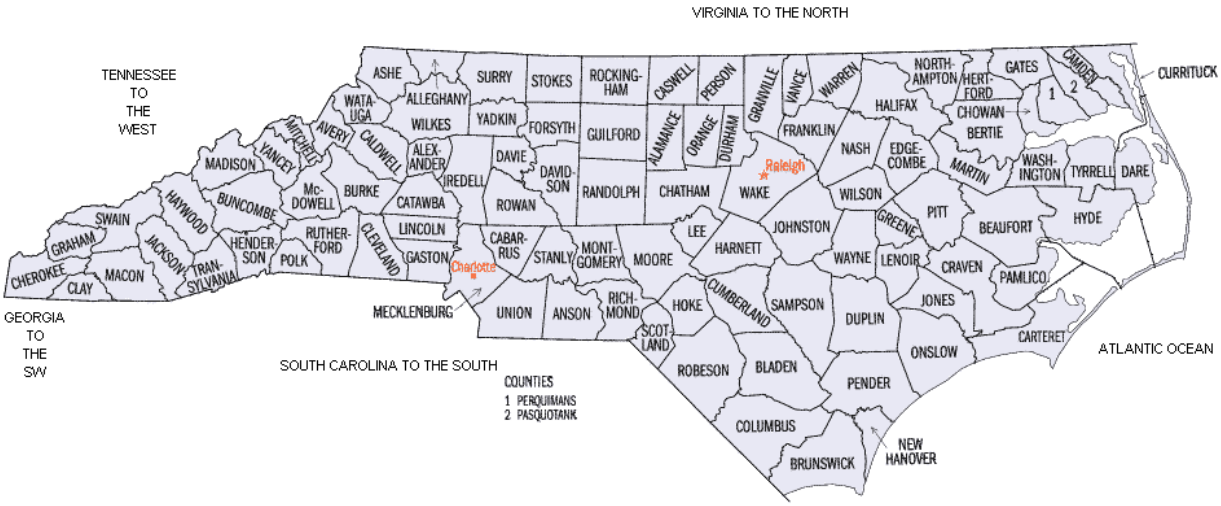
☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o trangenero.

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

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

☐ Otros (especificar)

Mapa del condado de Carolina del Norte


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
ASHE
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
1
2
CHOWAN
HALIFAX
BERTIE
WATA-UGA
ALLEGHANY
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
WASH-INGTON
TYRRELL
DARE
MARTIN
AVERY
MITCHELL
YANCEY
MADISON
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
IREDELL
RANDOLPH
CHATHAM
WAKE
Raleigh
WILSON
PITT
GREENE
HYDE
BEAUFORT
BURKE
Mc-DOWELL
CATAWBA
ROWAN
BUNCOMBE
HAYWOOD
SWAIN
GRAHAM
JACKSON
TRAN-SYLVANIA
HENDER-SON
RUTHER-FORD
POLK
CLEVELAND
LINCOLN
GASTON
Charlotte
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
LEE
HARNETT
JOHNSTON
WAYNE
LENOIR
CRAVEN
PAMLICO
CHEROKEE
CLAY
MACON
MECKLENBURG
UNION
ANSON
RICH-MOND
SCOT-LAND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
ONSLOW
CARTERET
ROBESON
BLADEN
PENDER
COLUMBUS
BRUNSWICK
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK

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

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

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

- ☐ Consejero o terapeuta privado
- ☐ Grupo de apoyo
- ☐ Consejero de la escuela
- ☐ 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? *(Elija solo uno)*

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

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

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

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

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

- ☐ Televisión
- ☐ Radio
- ☐ Internet
- ☐ Línea de teléfono en casa
- ☐ Teléfono celular
- ☐ Medios impresos (periódico)
- ☐ Otros (especificar)
- ☐ 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	☐ 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 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 año o menos ☐ Desempleado por más de 1 año

☐ Trabajadores por cuenta propia

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

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

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

¡Gracias por su tiempo y participación!

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

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

4. What keeps people in your community from being healthy?
Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?
Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

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

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

Additional Questions

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

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

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

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

5. What are the strengths related to health in your community?
Prompt: Specific strengths related to healthcare?
Prompt: Specific strengths to a healthy lifestyle?

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

Key Themes

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

1.

2.

3.

Appendix D. Community Resources

Community Health Needs Assessment (CHNA): Resource Guide

OVERVIEW

The follow resource guide provides a snapshot of the current and needed resources to address the top three identified priorities, which are 1) Behavioral Health & Substance Abuse Prevention, 2) Access to Health Services, 3) Exercise, Nutrition and Weight; thereby, this not an exhaustive list of community resources.

BEHAVIORAL HEALTH & SUBSTANCE ABUSE PREVENTION

Behavioral Health & Substance Abuse Prevention was identified among the top priorities in the 2016 CHNA. As a result, the Carteret County Substance Abuse Prevention (CCSAP) Task Force worked proactively to address this issue in partnership with the Carteret County Health Department. A directory of Behavioral Health and Substance Abuse Treatment Providers in Carteret County was developed and is updated twice a year. The list includes the services provided, addresses, phone numbers, websites, and insurances accepted. The resource list can be found online at http://carteretcountync.gov/754/Substance-Use-Resources. Community leaders and advocates meet on a monthly basis to collaborate on initiatives, share updates and concerns. The task force's goal is to reduce substance abuse and meets to strategize how to address emerging issues.

Mental Health First Aid trainings are offered through a variety of community agencies including Carteret County Health Department, Carteret County Department of Social Services (DSS) and Carteret County Schools. These Mental Health First Aid trainings have equipped a diverse group of community members and professionals with basic skills to identify and appropriately respond to individuals who maybe in mental health crisis.

Question, Persuade, Refer (QPR) Gatekeeper and Question, Persuade, Refer, Treat (QPR-T) trainings are offered to equip community members and professionals with suicide prevention skills.

Carteret County Sheriff's Office and Morehead City Police Department hold prescription drop-off events twice a year. There are currently seven permanent prescription drug dropbox sites throughout the county. They are located at Carteret County Sheriff's Office, Atlantic Beach Police Department, Newport Police Department, Cape Carteret Police Department, Emerald Isle Police Department, Pine Knoll Shores Police Department, and Morehead City Police Department.

Mental health and substance abuse clients from Onslow, Craven and Carteret Counties will be able to utilize Dix Crisis Intervention Center in neighboring Jacksonville, which opened in February 2019. It is a 16-bed facility for short-term treatment of mental illness and/or substance abuse and offers an alternative to emergency room drop offs for law enforcement.

ACCESS TO HEALTH SERVICES

Access to health services continues to be among the top priorities for Carteret County. Carteret County Health Department and Carteret County Department of Social Services led the access to health services efforts. DSS employees are now co-located in the Health Department building in order to make it more accessible for patients to receive services at one place.

The Carteret County Health Department works closely with LabCorp to reduce laboratory fees for uninsured patients. The health department also decreased the sliding fee scale from 40% to 20% for clinical patient services and started offering Hepatitis C testing for baby boomers and IV drug users. Pregnant Medicaid patients/clients can now be referred to the dental clinic to receive dental care and/or treatment. Child Safety Passenger Technicians at the health department also provide free child safety seats and checks to anyone in need.

Despite these strong partnerships, our county still has a need for more diverse providers in order to better serve our demographics as well as expanded hours to better serve working families. Access to specialty providers continue to be in high demand. Expansion of Medicaid at the state-level would help increase access for our most vulnerable populations.

EXERCISE, NUTRITION AND WEIGHT

Chronic disease prevention has been among the top priorities for the last several Community Health Needs Assessment cycles. Much of the effort to address this priority focuses on policy change and initiatives related to physical activity, healthy eating and tobacco use.

The Health Department offers a Bicycle Safety Program featuring bike safety inspections, helmet fitting, and safety lectures about the rules of the road (10 to 15 minutes). These activities are followed by a ride on a miniature "chalk street" course set up in a parking lot/small area where young bicyclists are shown where and how to apply the rules. The program allows participants to have a fun hands-on learning experience that provides knowledge of safety precautions in temporary demonstrations that lead to long-term change.

In addition, Carteret County Parks & Recreation offers primarily adult athletic and recreation programs on its fields and often collaborates with other agencies and organizations.

The Health Department has addressed access to healthy foods by implementing healthy corner store initiatives. The Health Department also participates with the North Carolina Division of Public Health with the North Carolina Fruit and Vegetable Outlet Inventory (NC FVOI). This inventory identifies farmers' markets, produce stands and roadside stands with predictable location and hours and where fruits and vegetables are sold. This information is used to support efforts to increase the number of fresh fruit and vegetable access for the community. The Women, Infants and Children (WIC) Program at Carteret County Health Department offers Nutrition Assistance and Breastfeeding support as well.

Carteret Health Care offers the Diabetes Self-Management Program aimed to prevent complications such as extremity amputations and heart attacks. The Learning Center at Carteret Health Care provides an initial 1-2 hour consultation and assessment with a Registered Dietitian-Certified Diabetes Educator and small group classes and individual instruction.

An additional diabetes resource is the Lucas Research Diabetes School. They offer free diabetes schools to help educate patients, their families and the community about diabetes and its risks.