

2021 Carteret County Community Health Needs Assessment









Contact Information

Online copies of this document may be obtained at: http://carteretcountync.gov/746/Health-Resources.

Paper copies can be obtained at:

Carteret County Health Department

3820-A Bridges Street Morehead City, NC 28557 (252) 728-8550

Additionally, paper copies of the Community Health Assessment can be found at library branches below within the Carteret County Public Library System:

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- Carteret County Health Department and Carteret Health Care staff for their dedication and guidance in making the assessment a true community assessment;
- The community members who agreed to be surveyed and provided valuable information about the health of Carteret County;
- Public Health Interns Reagan Whitley and Jourdan Brown for conducting the surveys at mass vaccination clinics;
- Public Health intern Donald Tyer for providing content for the document;
- County Manager Tommy Burns for supporting the involvement of county staff in the Community Health Assessment process;
- Carteret County Consolidated Human Services Board for their support;
- > Dr. Greg Kearney for leading the data analysis team;
- ➤ Health ENC Steering Committee for creating the online community health survey in Survey Monkey, developing a standard Community Health Assessment report template, their guidance, and partnership throughout this regional community health needs assessment



Executive Summary

Vision Statement

The Community Health Assessment is an assessment by and for Carteret County residents to provide us with a true picture of the health and needs of Carteret County residents in order to equally and equitably guide decision-making, programs, and policies to improve health outcomes.

Leadership

The Community Health Assessment was a multi-sectional effort, supported by the leadership of the following organizations:

- Cindy Holman, Consolidated Human Services Director
- Nina Oliver, Public Health Director, Carteret County Health Department
- Patti Hudson, Chief Nursing Officer, Carteret Health Care

Partnerships/Collaborations

This document was created as a collaboration among the Carteret County Health Department, Carteret Health Care, and Health ENC. Carteret's community survey was carried out using various methods: Carteret County Government website, Carteret County Health Department website and Facebook page; community stakeholders and partners listserv. Carteret County Government and Carteret Health Care employees received the link to the Community Health Needs Assessment survey via their employee listserv. Paper copies of the surveys were available throughout the community at all public libraries and the Leon Mann Enrichment Center in Morehead City. Public Health interns and staff administered CHA surveys at the COVID-19 mass vaccination clinics. This Community Health Assessment has three authors, some of whom assisted with the survey. See below for representatives involved with the Community Health Assessment process.

Organization	Number of Partners
Public Health Agency	1
Hospital/Health Care System	1
Health Care Providers	3
Behavioral Health Care Providers	15
Community Organizations (including non-profits)	3
Educational Institutions	2

Government (at any level)	5
Public Members (individuals)	5

Regional/Contracted Services

Health ENC contracted for analysis of primary and secondary data during the survey process.

Theoretical Framework/Model

The Socio-ecological Model informed the Carteret County Health Assessment. This framework focuses on the interaction between the individual, the group/community, and the physical, social, and political environments of the health field.

Collaborative Process Summary

Each Health ENC participating organization was responsible for sharing the community input survey link for distribution through their channels of communication and partnership. Secondary data was obtained through state and national databases. The State Center for Health Statistics helped to pull some of the secondary data and the data analysis team helped pull some additional data. The 2021 Community Health Assessment included 720 resident surveys. Planning for the survey began on March 6, 2021 and the primary data collected from community members was collected between April 1 - June 30, 2021. The personalization of the 2021 CHA template took place in March 2022.

Key Findings

Key findings from the Community Health Assessment survey samples found:

- Top ways to better support communities such as transportation and affordable housing could also address some issues that impact quality of life and top health concerns.
- Majority of residents feel Carteret County is a safe place to live, a good place to grow old, and good place to raise children.
- Majority of residents did not feel that Carteret County has affordable housing, plenty of economic opportunities, and plenty of help for people during times of need.
- The top three issues that need the most improvements: more affordable/better housing; higher paying employment and positive teen activities.
- The top three issues which have the highest impact on quality of life are drugs/alcohol, lack of affordable housing, and low income/poverty
- Partners should work together to get more information about mental/behavioral health, substance misuse prevention, and managing weight into the community.
- Majority of residents get their health-related information from their doctor/nurse or the internet.

• Stress and anxiety, mental/behavioral health, and employment/loss of job were how residents were impacted by COVID-19.

Health Priorities

The community health priorities will remain the same as those selected during the 2018 Community Health Assessment cycle. In November 2021, the Carteret County Health Department met virtually with community partners, the Advisory Committee, to discuss CHA survey findings and to select health priorities.

The top three Carteret County health priorities are listed below:

- 1. Chronic Disease
- 2. Equitable Access to Health Care
- 3. Substance Misuse

Next Steps

The next steps are to:

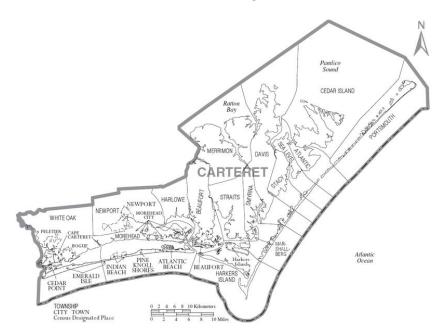
- Share findings with the Consolidated Human Services Board, community members and organizations throughout Carteret County to increase awareness of identified issues and gather input
- Identify and prioritize potential solutions or actions to best address these major issues

 Meet with the Advisory Committee to develop Community Health Improvement Plans (CHIPs) to submit to NC Department of Health and Human Services

Chapter 1 Introduction

Description of 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.



Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

Identify key health needs/issues in eastern North Carolina Communities

- Develop strategies and action plans based upon data aimed to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Beaufort, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and

examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

Key Areas Examined

 Quality of life, health behaviors, health perceptions, preventative services, exercise, and access to care

County Responses

- 710 Total English (Total in ENC survey =16,661)
- 10 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

Healthy North Carolina 2030 (HNC 2030)

The Healthy NC 2030 indicators serve as the population health improvement plan for the NC Division of Public Health. With a focus on health equity and the overall drivers of health outcomes (health behaviors, clinical care, social and economic factors, and the physical environment), these indicators and targets help drive state and local-level activities, provide a springboard for collaboration and innovation, and develop a new vision for public health in our state to improve the health and well-being of all people of North Carolina.

NC State Center for Health Statistics

The North Carolina State Center for Health Statistics is responsible for data collection, health-related research, production of reports and maintenance of a comprehensive collection of health statistics. We provide high quality health information for better informed decisions and effective health policies. Our goal is to improve the health of all North Carolinians and their communities.

Robert Wood Johnson County Health Rankings and Roadmaps

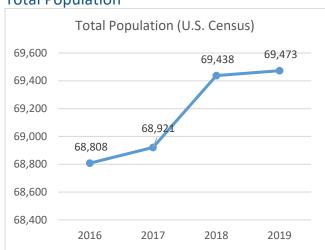
County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance, and stories to diverse leaders and residents so people and communities can be healthier. The University of Wisconsin Population Health Institute created CHR&R for communities across the nation, with funding from the Robert Wood Johnson Foundation.

Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

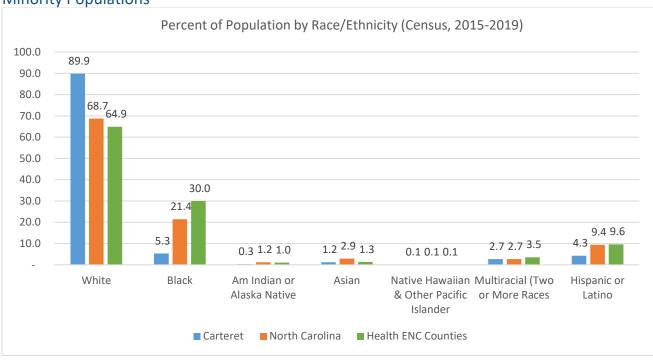
Chapter 2 Demographic Profile

Total Population



- From 2016 to 2019, Carteret County's population has increased by 0.5%.
- In 2019, Carteret County had a population estimate of 69,473 persons.

Minority Populations

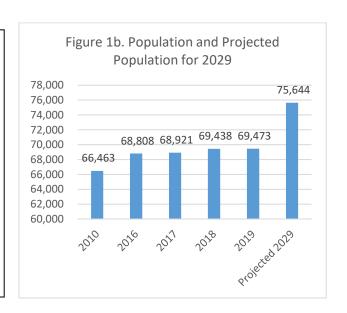


• In Carteret County, the White population accounts for 89.9% of the total population while Black or African American population accounted for 5.3% of the total population. Overall, the White population in Carteret County (89.9%) is greater than the White population in North Carolina (68.7%) and higher than the Health ENC counties (64.9%). The Black or African American population in Carteret County (5.3%) is lower than the Black or African American population in North Carolina (21.4%) and lower than the Health ENC counties (30.0%).

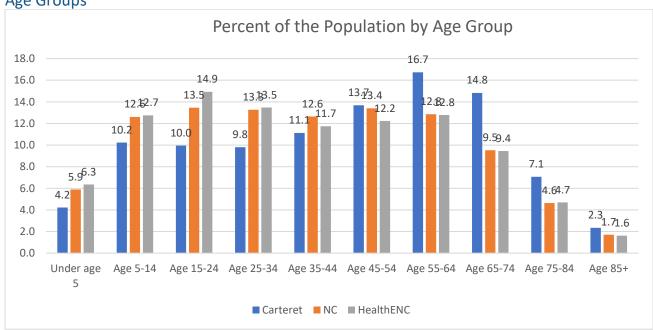
The Hispanic or Latino population comprises 4.3% of Carteret County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

Population Growth

- The projected population growth for Carteret County for 2029 is estimated at 75,644 persons.
- From 2010 to 2019, the total population of Carteret County has increased by an overall 5%.
- In 2029, the estimated population is projected at 75644 persons.



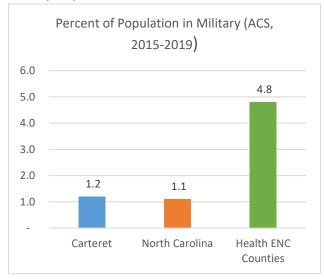




In Carteret County, the percent of people between the ages of 55-64 are higher (16.7%) than the Health ENC Counties (12.8%) and N.C. (12.8%).

Military/Veteran Populations

Military Population

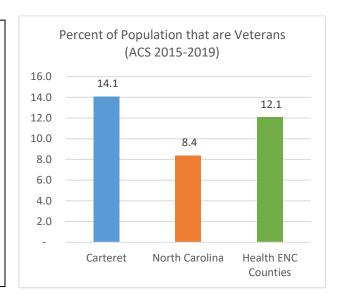


- The percentage of Military Population in Carteret County is 1.2%
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Carteret County has a larger population than NC, but a smaller population compared to Health ENC Counties.

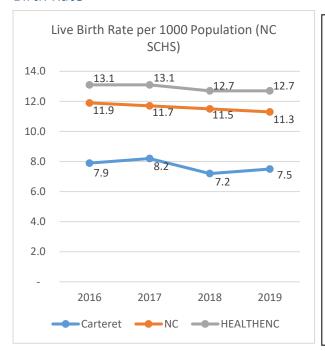
Veteran Population

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 14.1%, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



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.

This figure illustrates that the birth rate in Carteret County was lower than the birth rate in North Carolina and lower than the Health ENC Counties. Further, birth rates have decreased slightly over the past three measurement periods across all three geographies.

Analysis of Demographic Data

People 65 years and older comprise of 24.2% of the Carteret County population, compared to 15.8% in North Carolina and 15.7% in the Health ENC counties. Among Carteret County survey participants, 34.5 percent were under the age of 50, with the highest concentration of respondents (15%) grouped into the 60-64 age group. The majority of the respondents were female (71.4%), White (85.2%), 98.7 spoke English just at home (98.7), and Not Hispanic (97.3%). While birth rates have decreased slightly over the past three measurement periods in North Carolina, there was a slight increase in Carteret County in 2017 and 2019.

Chapter 3 Socioeconomic Profile

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 county 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. In 2021, Carteret County was assigned a Tier 3 designation.

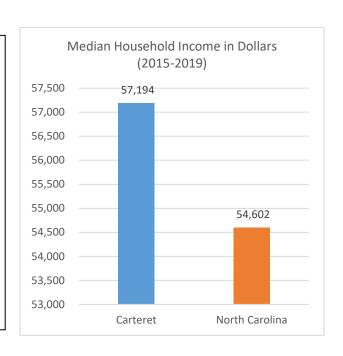
Carteret County has been assigned a Tier 3 designation for 2021 County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

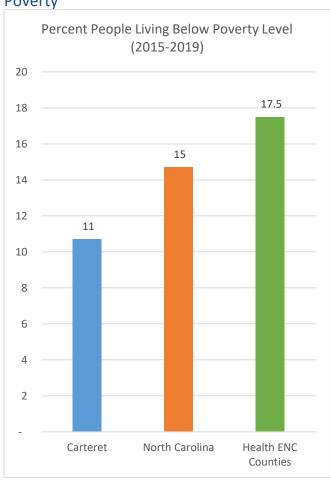
Income

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 (\$57,194), which is slightly higher than the median household income in North Carolina (\$54,602).

Compared to counties in the Health ENC region Carteret County has a very high median household income. In the region, 29 counties have a lower median household income than Carteret County; 5 counties in the Health ENC region has a higher median household income.



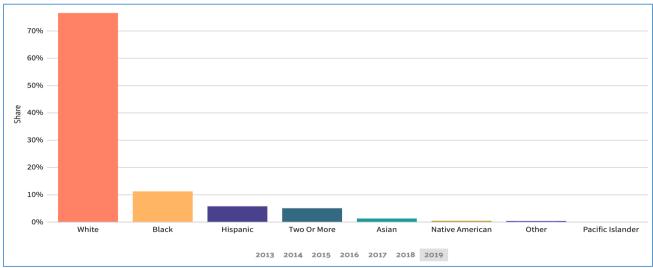
Poverty



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.

In Carteret County an estimated 11.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region

Poverty by Race and Ethnicity: Carteret County



Source: U.S. Census Bureau ACS 5-year Estimate https://datausa.io/profile/geo/carteret-county-nc#economy

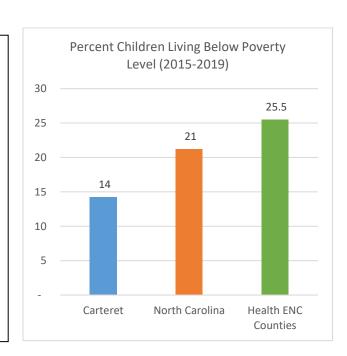
The most common racial or ethnic group living below the poverty line in Carteret County, NC is White, followed by Black and Hispanic.

The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

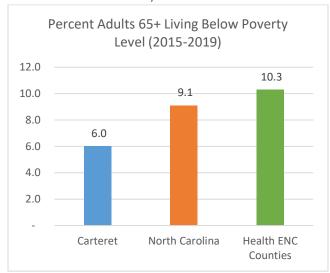
Children in Poverty

The rate of both children and older adults living below the poverty level is relatively lower for Carteret County when compared to North Carolina and Health ENC counties.

 In Carteret County an estimated 14.0% of children live below the poverty level, compared to 21.0% of the population in NC and 25.5% for the Health ENC region.



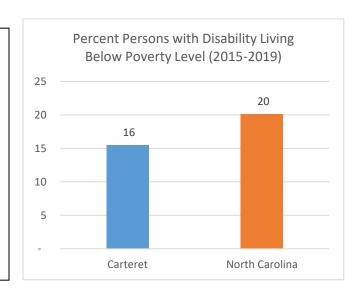
Older Adults in Poverty



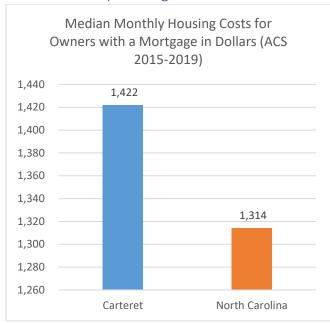
 The rate of adults age 65+ years living in poverty is 3.1% lower in Carteret County when compared with NC and lower than Health ENC counties by 4.3%

Disabled People in Poverty

The percent of disabled people living in poverty in Carteret County (16%) is slightly lower than the rate for North Carolina (20%).



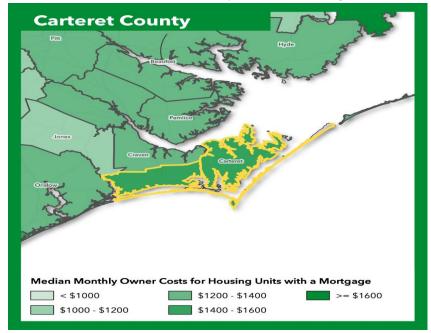
HousingMedian Monthly Housing Costs



The average household size in Carteret County is 2.32 people per household (owners) and 2.19 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and renters (2.43 people per household).

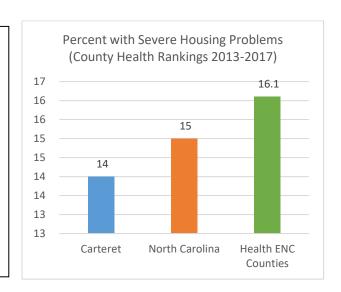
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Carteret County, the median housing costs for homeowners with a mortgage is \$1,422. This is higher than the North Carolina value of \$1,314, and lower than 4 counties in the Health ENC region.

Median Monthly Household Costs in Carteret County and Surrounding Counties



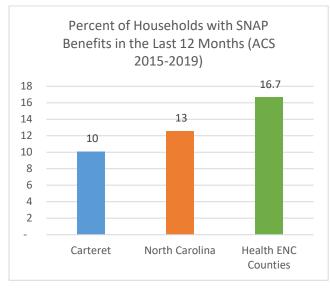
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- Slightly more than 14.0% of households in Carteret County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



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.

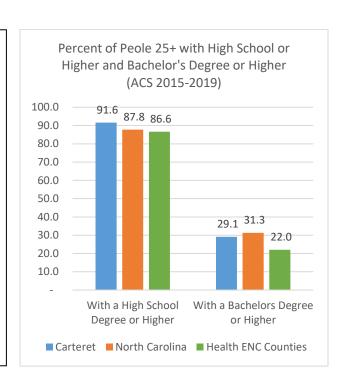
This figures shows the percent of households with children that participate in SNAP. The rate for Carteret County, 10%, is relatively lower than the state value of 13.0% and the Health ENC region value of 16.7%.

Education

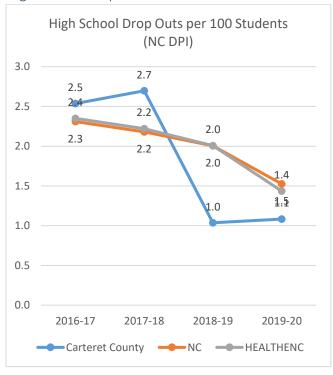
Educational Attainment

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.

- In Carteret County the percent of residents 25 or older with a high school degree or higher is higher (91.6%) than the state value (87.8%) and the Health ENC region (86.6%)
- Percent with a higher education attainment in Carteret County is lower (29.1%) compared to N.C. (31.3%) but higher than the Health ENC region (22.0%)



High School Drop Out Rate



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 was 1.1% in 2019-2020, which was lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%)
- Carteret County's high school dropout rate has decreased from 2.5 % in 2016-2017 to 1.1 % in 2019-2020

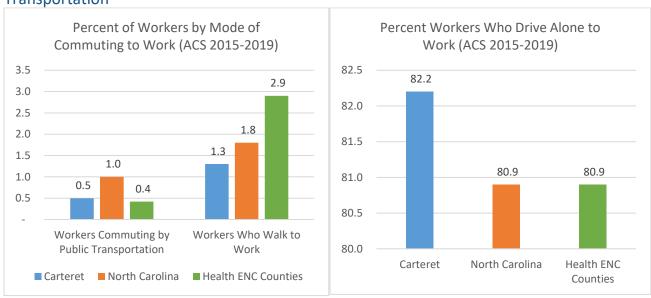
High School Suspension Rate

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 (14.6 suspensions per 100 students) is higher than North Carolina's rate (11.6) but lower than the Health ENC counties rate (15.5) in 2019-2020.

Across the four periods, high school suspension rates have been declining in the state, Health ENC and in the county.

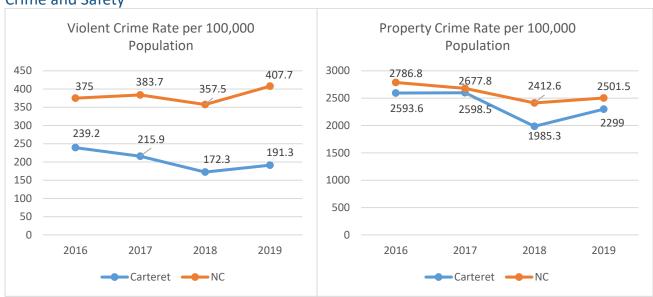
Transportation



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.

• In Carteret County, an estimated 0.5% of residents commute to work by public transportation, compared to the state value of 1.0%. Approximately 1.3% of residents walk to work, lower than the state percentage of 1.8%. An estimated 82.2% of workers 16 and older drive alone to work in Carteret County, compared to 80.9% in N.C and Health ENC counties.

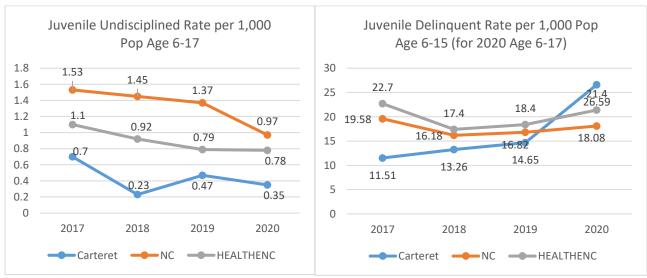
Crime and Safety



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 was 191.3 per 100,000 population, compared to 407.7 per 100,000 people in North Carolina in 2019. The property crime rate in Carteret County (2299 per 100,000 people) was lower than the state value (2501.5 per 100,000 people) in 2019. As shown, the violent crime rate and the property crime rate in Carteret County is exhibiting an increase from 2018.

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

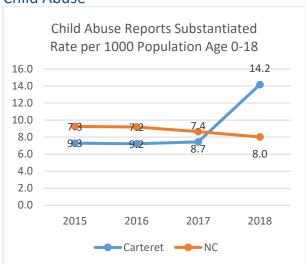
family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

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 2020 juvenile undisciplined rate in Carteret County (0.35) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78).

The Juvenile undisciplined crime rate in Carteret County declined from 0.47 per 1,000 in 2019 to 0.35 per 1,000 in 2020. The 2020 juvenile delinquent rate for Carteret County (26.59) was higher than North Carolina (18.08) and the Health ENC region (21.4).

Child Abuse



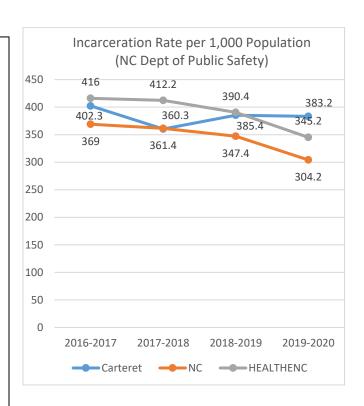
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

The child abuse rate in Carteret County has increased significantly over the past measurement period. There was a slight decrease in from 2015 to 2017. The 2018 child abuse rate in Carteret County (14.2 per 1,000 population) was higher than North Carolina (8.0).

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.

- The incarceration rate in Carteret County has decreased from 290.4 per 1,000 population in 2018-2019 to 383.2 per 1,000 in 2019-2020.
- In 2019-2020, the incarceration rate in Carteret County was higher (383.2 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)



Analysis of Socioeconomic Profile

Carteret County has a higher than average median household income with 11% of the population is living below the poverty level. Carteret County is predominantly White; therefore, making the most common race or ethnic group living below poverty level White.

Affordable housing is one of the major concerns in Carteret County, North Carolina, and across the country. Survey respondents felt the housing issue had the highest impact on quality of life (49.1%) and was one of the top three services that needed improvement (37.0%). Housing in Carteret County is problematic due to the increased median monthly mortgage costs which also strains the housing market. For this reason, Carteret County is nearly on par with the rest of North Carolina with 14 percent of households having severe housing problems.

Food insecurity is relatively low within the county. Ten percent of households have children on federal assistance for SNAP benefits. Though respondents feel it easy to buy healthy food in Carteret County (69.8%), over half (53%) feel there is plenty of help for people during need in this county.

The percentage of Carteret County residents that graduated from high school is higher than the rest of the state at 91.6%. Survey respondents had education beyond high school, with the highest share of respondents (28.4%) having a bachelor's degree and the next highest share of respondents (19.0%) having obtained a graduate or professional degree.

Over 85% of the population surveyed feel that Carteret County is a safe place to live. In comparison, Carteret County's violent crime rate and property crime rate is significantly lower than the state's values. Though the survey and statistics show low crime, Carteret County has a higher incarceration rate than the state and the Health ENC region at a rate of 383.2 per 1,000 population.

Though child abuse was only a concern to 4.6% of survey respondents, it is in fact a growing issue in the area. The abuse rate has jumped from 9.2 per 1,000 population to 14.2 per 1,000 population during the four-year period. At a rate of 14.2 per 1,000 population, it is significantly higher than the North Carolina rate of 8.0 per 1,000 population.

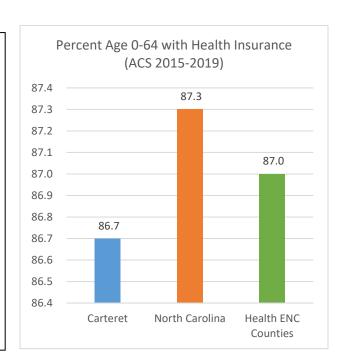
Transportation options in Carteret County are limited. Eighty-two percent of workers above the age of 16 drive alone to their place of employment. The impact on the quality of life due to transportation issues affects 20.3% of the individuals surveyed. Of those surveyed, 12.1% stated that an additional transportation option a needed service.

Chapter 4 Clinical Care Profile

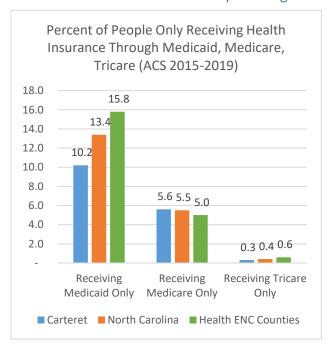
Health Insurance Coverage

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.

- Nearly 13% of the population 0-64 years of age in Carteret County are uninsured
- The rate of individuals aged 0-64 years old that have health insurance coverage in Carteret County is 86.7%, which is slightly lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%)



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

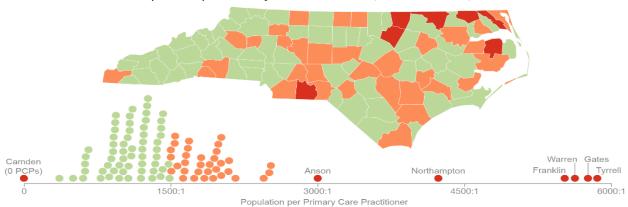


This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

 In Carteret County, 10.2% of the population report receives health insurance coverage through Medicaid, 5.6% Medicare and 0.3% Tricare.

Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017

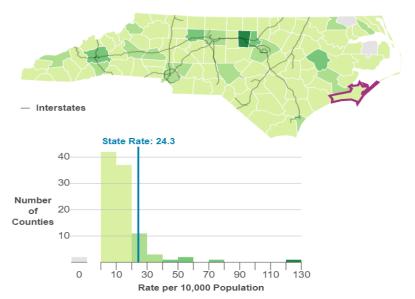


Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management

SHEPS HEALTH WORKFORCE NC

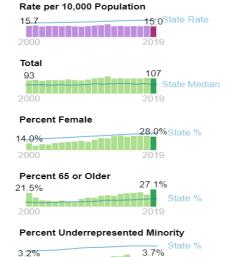
https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Carteret County





SHEPS HEALTH WORKFORCE NC

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research Lichwerthy of North Carolina at Chapal Hill. Created Aurust 29, 2013 at https://lochaelthworkforce.up.ce.du/interactive/supnoly/

https://nchealthworkforce.unc.edu/interactive/supply/

Analysis of Clinical Care Profile

Carteret County has slightly more primary care physicians than the state's average. There are 15 people for every physician in Carteret County. The health insurance rates in Carteret County is lower than the state's average. Thirteen percent of the Carteret County residents are uninsured. Thirteen percent of survey respondents were uninsured with nearly half with employer provided insure. Almost 87% of residents are insured. Sixteen percent of those insured have government provided health insurance such as Medicaid or Medicare.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Carteret County			North Carolina				Health ENC Counties				
Rank		Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	213	306.59	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	208	299.4	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Cerebrovascular Disease	51	73.41	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Chronic Lower Respiratory Diseases	49	70.53	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Other Unintentional Injuries	37	53.26	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Alzheimer's Disease	29	41.74	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Diabetes Mellitus	24	34.55	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Chronic Liver Disease and Cirrhosis	20	28.79	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Nephritis Nephrotic Syndrome and Nephrosis	15	21.59	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Parkinson's Disease	14	20.15	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019.**

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the leading causes of mortality in Carteret County, the State of North Carolina, and Health ENC Counties in 2019. The rate was age-adjusted to the 2000 U.S. standard population and is provided as an age-adjusted death rate per 100,000 population.

Carteret, like many other eastern NC counties experience many of the same leading causes of death.

Leading Causes of Injury Death

	Leading Causes of Injury Death 2016 to 2019 CARTERET	
Rank	Cause	#
1 2 3 4 5	Poisoning - Unintentional Fall - Unintentional Firearm - Self-Inflicted MVT - Unintentional Suffocation - Self-Inflicted	83 57 41 32 18
TOTAL		287

Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData

Leading Causes of Hospitalizations

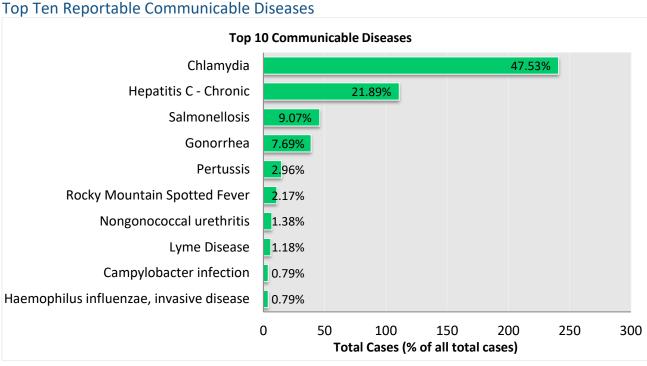
Leading Causes of Injury Hospitalization 2016 to 2019 CARTERET					
Rank	Cause	#			
1	Fall - Unintentional	827			
2	MVT - Unintentional	160			
3	Poisoning - Unintentional	144			
4	Poisoning - Self-Inflicted	67			
5	Unspecified - Unintentional	45			
TOTAL		1,438			

 $Source: \underline{https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm \#genData}$

Leading Causes of Emergency Department Visits

	Leading Causes of Injury ED Visi 2016 to 2019 CARTERET	its
Rank	Cause	#
1 2 3 4 5	Fall - Unintentional MVT - Unintentional Struck By/Against - Unintentional Unspecified - Unintentional Natural/Environmental - Unintentional	6,555 1,931 1,556 1,234 893
TOTAL		22,036

Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard

Analysis of Chronic and Communicable Disease Profile

The top two reportable communicable diseases in Carteret County are chlamydia and hepatitis C-Chronic. Of the top ten communicable diseases in Carteret County, chlamydia makes up 47.53% of the diseases. This compares to the North Carolina rate for chlamydia, 607 per 100,000. (Source: https://epi.dph.ncdhhs.gov/cd/stds/figures/2020-STD-AnnualReport-Final-v2.pdf)

The second highest communicable disease in Carteret County is Hepatitis C- Chronic, accounting for 21.89% of the top ten. The North Carolina rate is 116.2 per 100,000 (Source: https://epi.dph.ncdhhs.gov/cd/stds/figures/2020-HepBC-AnnualReport-Final.pdf)

The third highest communicable disease in Carteret County is salmonellosis at 9.07% followed by gonorrhea at 7.69%.

Despite the numbers of the disease rates, only 7.8% of survey respondents stated that preventing pregnancy and sexually transmitted diseases was one of their top three health behaviors that people in the community need more information on.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Carteret	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost)	8,500	7600
Low Birthweight (% live births <2500 grams)	7%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% adults that currently smoke)	19%	18%
Adult Obesity (% of adults 20 and older with BMI > 30 kg/m2)	34%	32%
Excessive drinking (% adults report binge or heavy drink)	20%	18%
Teen Births (No. births per 1000 among females, 15-19 years)	18%	22
Clincal Care		
Uninsured (% pop < 65 old without health insurance)	13%	13%
Primary Care Physicians (ratio of pop to primary care doctors)	1310 to 1	1400 to 1
Dentists (Ratio of pop to dentists)	1290 to 1	1720 to 1
Mammography Screening (% Medicare age 65-74 that had annual screening)	48%	46%
Flu Vaccinations (% fee for service Medicare that had flu shot)	50%	52%
Social & Economic Factors		
High School Completion	92%	88%
Income inequality (Ratio of household income; 80:20 percentile)	4.30%	4.70%
Physical Environment		
Air Pollution (air quality; particulate matter 2.5 mg/m3)	6.6	8.5

This table shows health indicators/ measures for Carteret County. The data used to create this table was taken from the County Health Rankings at the above website.

The 4 primary areas used in the new model (discussed in NC Healthy 2030 and mentioned earlier) includes 1) health behaviors, 2) clinical care, 3) social & economic, and 4) physical environment influence how long and how well we live.

In general, the yellow (areas to explore) highlighted indicators/measures for the County do not meet the state's indicator, which in most cases is just the average for the entire state. For uninsured population, although the percent is the same as the state, is highlighted yellow because there has been an upward the trend since 2016.

The green (strength) highlighted areas are areas where the County is doing well. More details are provided at the website above and there are also more indicator/measures to explore, for example mental health.

Please note a word of caution when interpreting these results. The County Health Rankings uses its own definitions and also a combination of national level data sources (and years) to develop its own indicator/measures. Therefore, the results may differ from data collected by state and/or county level. For example, the Primary Care Physician Ratio to population data above used the Area Health Resource File/American Medical Association data and defined primary care physicians as MDs and DO's to estimate this ratio. This number differs from the earlier slide of Population per Primary Care Physician by the Sheps

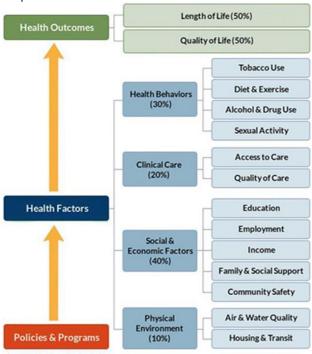
CARTERET COUNTY 2021-2022 Community Health Needs Assessment

Center that defines primary care practitioners are more inclusive definition (includes nurse practitioners, Pas, certified nurse midwives). https://nchealthworkforce.unc.edu/blog/primary_care_nc/

There are many factors, such as poverty and low education, which have been shown to contribute to health and wellness. This slide is just a snapshot, not all indicators/measures are included here. However, this slide may serve as a starting point for discussion among community stakeholders when helping identify which priorities to consider.

Chapter 7 County Health Ranking Indicators

Population Health Model



There are many factors that influence how well and how long people live.

The County Health Rankings model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.

The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8 Inventory of Resources

Community Health Needs Assessment (CHNA): Resource Guide

OVERVIEW

The following resource guide provides a snapshot of the current and needed resources to address the top three identified priorities, which are:

- Chronic Disease
- Equitable Access to Health Care
- Substance Misuse

SUBSTANCE MISUSE

Behavioral Health & Substance Use Prevention was identified among the top priorities in the 2016, 2018 and 2021 Community Health Assessments. As a result, the Carteret County Substance Use Prevention (CCSAP) Task Force worked proactively to address this priority in partnership with the Carteret County Health Department. A directory of Behavioral Health and Substance Use providers in Carteret County was developed and is updated twice a year. This 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. The Health Department convene community leaders and advocates on a monthly basis to collaborate on initiatives, share updates, and concerns. The task force's goal is to reduce substance use and meet to strategize how to address emerging issues.

There are several Mental Health First Aid individuals and Question, Persuade, Refer (QPR) trainers in Carteret County. These Mental Health 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.

Carteret Community College offers Peer Support Specialist (PSS) Training. To earn the credential, individuals must attend all 40 hours of the training. The Carteret Community College, Health Department, and Hope Mission are working to ensure that peer support specialists receive Mental Health First Aid training. In addition, Hope Mission leads a monthly Focus Group with community leaders to explore roles and employment opportunities for PSS in Carteret County.

Carteret County Sheriff's Office and local law enforcement agencies work with the Health Department to host prescription drop off events twice a year. There are seven permanent prescription drug dropbox sites throughout the county. They are located 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. At community events, the Health Department distributes prescription drug lockboxes and Deterra drug deactivation bags.

EQUITABLE 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 effort. DSS employees are co-located in the Health Department building in order to make it more accessible for patients to receive services at one place.

In 2022, the Health Department launched an internal Equity Work Group. The group addressed COVID-19 related health disparities and advanced health equity by the Health Department's capacity and services to prevent and control COVID infection among populations at higher risk and that are underserved. In addition, the Equity Work Group identified individuals to serve on an external Equity Advisory Council comprised of racial and ethnic minority groups and people living in rural communities.

Trillium launched a mobile integrate care unit to address the stress, anxiety, depression and general mental health challenges caused by the pandemic. In the future, Trillium hopes the mobile clinic will be able to provide Medication Assisted Treatment (MAT) for individuals experiencing opioid addiction.

69 percent of county residents received their COVID vaccine. The Health Department offered community COVID vaccine clinics at the following locations: Newport Middle School, the Old K-Mart, the NC Aquarium at Pine Knoll Shore, the state port, Fort Benjamin, Life Church, and the Bridge Down East.

CHRONIC DISEASE

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 offers the Diabetes Prevention Program. 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.

Chapter 9 Community Prioritization Process

Due to the increased COVID rates, the Health Department and Carteret Health Care hosted a virtual Key Stakeholders Meeting using Zoom. At the meeting, the Health Department shared the county-specific Power Point presentation compiled by the contracted data analysist team highlighting population, birth rate, the growth of the population, many different health challenges facing the community. Also, the presentation incorporated feedback from community members surveys, top health needs, mortality data, etc.

There were 11 key stakeholders representing the following: Health Department, Consolidated Human Services, Carteret Health Care, Broad Street Clinic, NC Cooperative Extension – Carteret County, Carteret County Parks & Recreation, Aging Services, East Carolina Community Development, CCATS, and Trillium Health Resources. The process allowed stakeholders to rank his or her top 3 areas of concerns. Those stakeholders received a Survey Monkey link to select their top three priorities. The criteria used for the prioritization was magnitude, severity, and feasibility of intervention.

Appendix A Survey Findings

Community Health Needs Assessment 2021

PID 1535

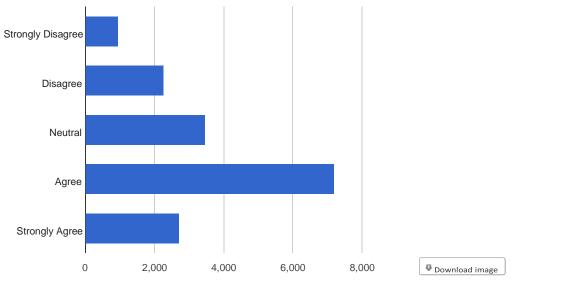
Data Exports, Reports, and Stats

Carteret County

There is good healthcare in my county. (healthcare)

Total Count (N)	Missing*	Unique
710	0 (0.0%)	5

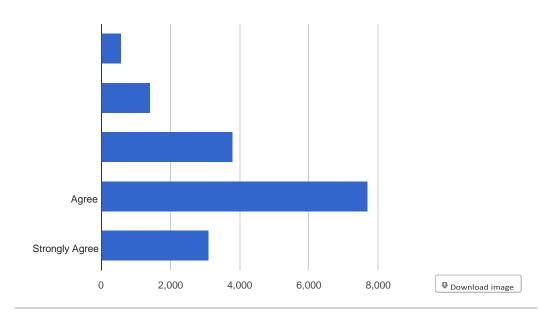
Counts/frequency: Strongly Disagree (24, 3.4%), Disagree (68, 9.6%), Neutral (131, 18.5%), Agree (372, 52.4%), Strongly Agree (115, 16.2%)



This county is a good place to raise children. (raise_children)

Total Count (N)	Missing*	Unique
710	0 (0.0%)	5

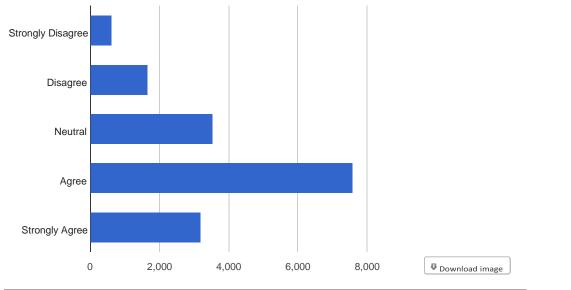
Counts/frequency: Strongly Disagree (13, 1.8%), Disagree (43, 6.1%), Neutral (114, 16.1%), Agree (333, 46.9%), Strongly Agree (207, 29.2%)



This county is a good place to grow old. (grow_old)

Total Count (N)	Missing*	Unique
707	3 (0.4%)	5

Counts/frequency: Strongly Disagree (14, 2.0%), Disagree (34, 4.8%), Neutral (101, 14.3%), Agree (346, 48.9%), Strongly Agree (212, 30.0%)

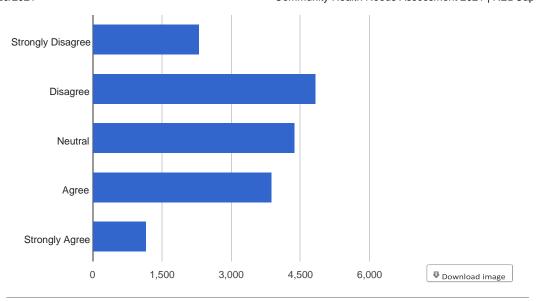


There is plenty of economic opportunity in this county. (econ_opp)

Total Count (N)	Missing*	Unique
707	3 (0.4%)	5

(57, 8.1%)

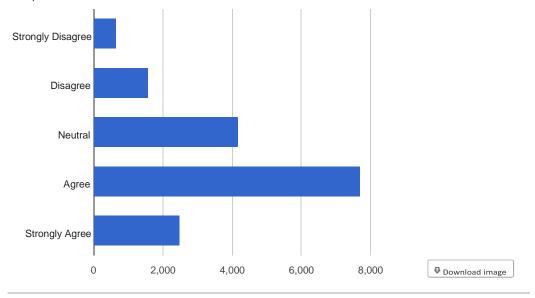
(64, 9.1%), (206, 29.1%), Neutral (211, 29.8%), Agree (169, 23.9%),



This county is a safe place to live (safe)

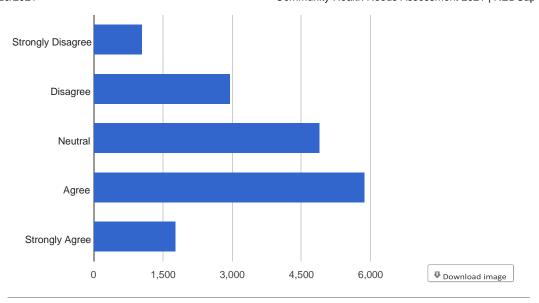
Total Count (N)	Missing*	Unique
709	1 (0.1%)	5

Counts/frequency: Strongly Disagree (8, 1.1%), Disagree (15, 2.1%), Neutral (81, 11.4%), Agree (391, 55.1%), Strongly Agree (214, 30.2%)



Counts/frequency: Strongly Disagree Strongly Agree

Disagree



There is plenty of help for people during times of need in this

county. (help)

Total Count (N)	Missing*	Unique
703	<u>7 (1.0%)</u>	5

(103, 14.7%)

(26, 3.7%),

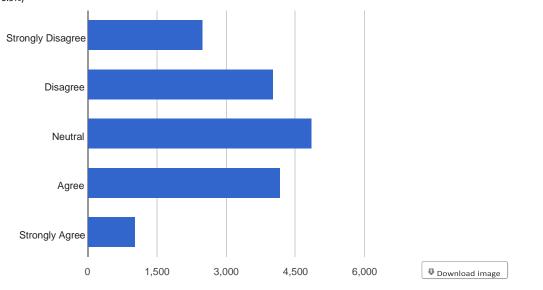
(84, 11.9%), Neutral (221, 31.4%), Agree (269, 38.3%),

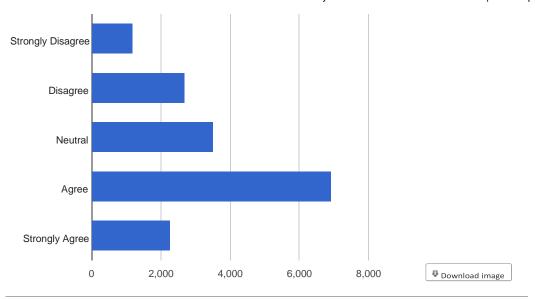
There is affordable housing that meets the needs in this county (a

ordable)

Total Count (N)	Missing*	Unique
708	2 (0.3%)	5

Counts/frequency: Strongly Disagree (111, 15.7%), Disagree (198, 28.0%), Neutral (216, 30.5%), Agree (134, 18.9%), Strongly Agree (49, 6.9%)





There are good parks and recreation facilities in this county. (parks)

Total Count (N)	Missing*	Unique
696	14 (2.0%)	5

(142, 20.4%)

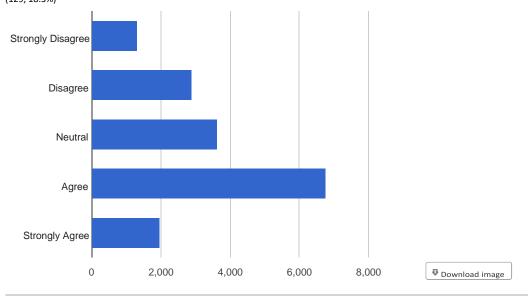
(12, 1.7%),

(56, 8.0%), Neutral (113, 16.2%), Agree (373, 53.6%),

It is easy to buy healthy foods in this county. (healthyfood)

Total Count (N)	Missing*	Unique
705	<u>5 (0.7%)</u>	5

Counts/frequency: Strongly Disagree (20, 2.8%), Disagree (63, 8.9%), Neutral (130, 18.4%), Agree (363, 51.5%), Strongly Agree (129, 18.3%)



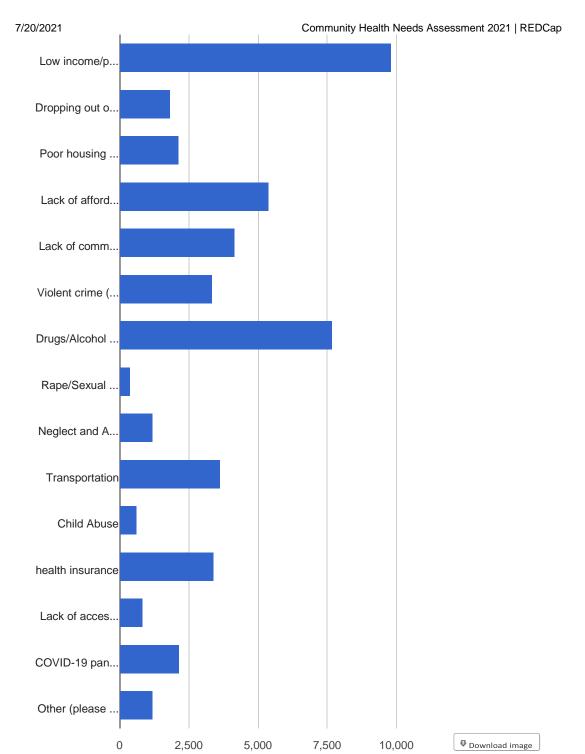
Strongly Disagree			
Disagree			
Neutral			

Please select the top 3 issues which have the highest impact on quality of life in this

county. (topissues)

Total Count (N)	Missing*	Unique
694	<u>16 (2.3%)</u>	15

Counts/frequency: Low income/poverty (324, 46.7%), Dropping out of school (66, 9.5%), Poor housing conditions (58, 8.4%), Lack of a ordable housing (341, 49.1%), Lack of community resources (136, 19.6%), Violent crime (murder, assault) Theft (25, 3.6%), Drugs/Alcohol (Substance Use) (450, 64.8%), Rape/Sexual Assault (14, 2.0%), Neglect and Abuse (66, 9.5%), Transportation (141, 20.3%), Child Abuse (32, 4.6%), health insurance (163, 23.5%), Lack of access to enough food (21, 3.0%), COVID-19 pandemic (105, 15.1%), Other (please specify) (57, 8.2%)



Other (topthreeother1)

Total Count (N)	Missing*
56	654 (92.1%)

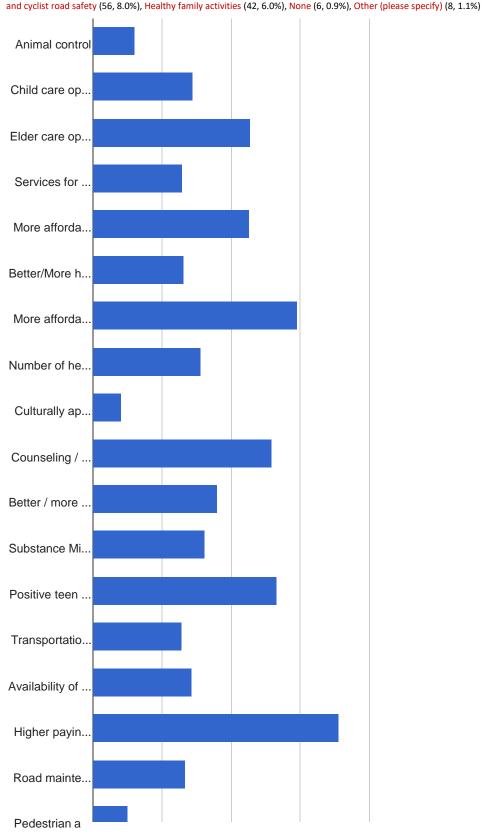
Please select what you feel are the top 3 services that need the most improvement in your community. (improvements)

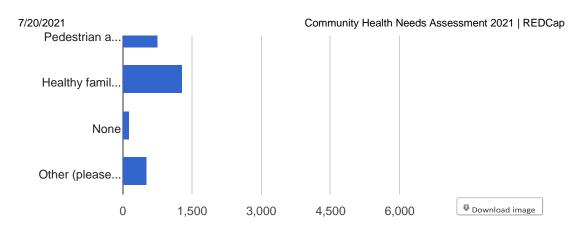
Total Count (N)	Missing*	Unique
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697 <u>13 (1.8%)</u> 21

Counts/frequency: Animal control (31, 4.4%), Child care options (87, 12.5%), Elder care options (108, 15.5%), Services for disabled people (69, 9.9%), More a ordable health services (137, 19.7%), Better/More healthy food choices (45, 6.5%), More a ordable / better housing (258, 37.0%), Number of healthcare providers (49, 7.0%),

Culturally appropriate health services (22, 3.2%), Counseling / mental and behavioral health / support groups (171, 24.5%), Better / more recreational facilities (parks, trails, community centers) (75, 10.8%), Substance Misuse Services/ Recovery Support (169, 24.2%), Positive teen activities (215, 30.8%), Transportation options (84, 12.1%), Availability of employment (72, 10.3%), Higher paying employment (231, 33.1%), Road maintenance (129, 18.5%), Pedestrian





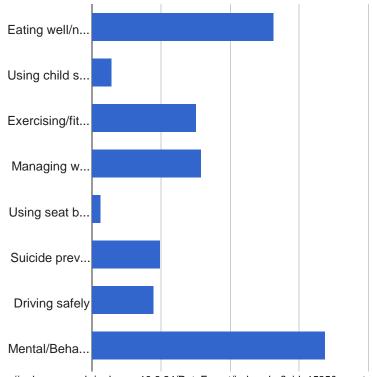
Other (improvement_other)

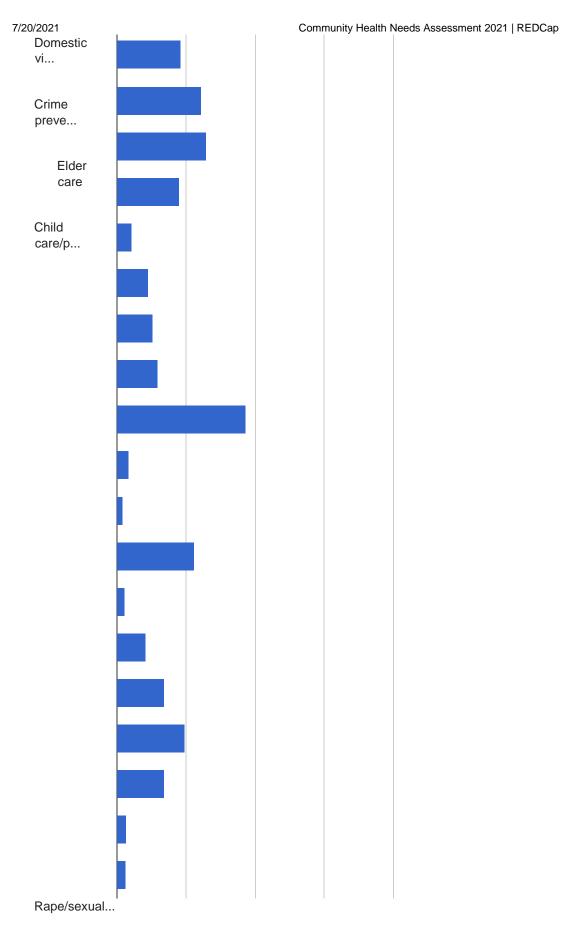
Total Count (N)	Missing*
8	702 (98.9%)

Please select the top 3 health behaviors that you feel people in your community need more information about. (health_behavin)

Total Count (N)	Missing*	Unique
701	9 (1.3%)	27

Counts/frequency: Eating well/nutrition (197, 28.1%), Using child safety car seats (8, 1.1%), Exercising/ tness (108, 15.4%), Managing weight (142, 20.3%), Using seat belts (5, 0.7%), Suicide prevention (136, 19.4%), Driving safely (73, 10.4%), Mental/Behavioral Health (310, 44.2%), Domestic violence prevention (62, 8.8%), Crime prevention (34, 4.9%), Elder care (110, 15.7%), Child care/parenting (64, 9.1%), Rape/sexual abuse prevention (22, 3.1%), COVID-19 (46, 6.6%), Going to a dentist for check-ups/preventive care (38, 5.4%), Quitting smoking/tobacco use prevention (64, 9.1%), Substance misuse prevention (254, 36.2%), Harm reduction (11, 1.6%), Breastfeeding (5, 0.7%), Going to the doctor for yearly check-ups and screenings (68, 9.7%), Getting prenatal care during pregnancy (5, 0.7%), Getting u shots and other vaccines (44, 6.3%), Preparing for an emergency/disaster (80, 11.4%), Caring for family members with special needs / disabilities (85, 12.1%), Preventing pregnancy and sexually transmitted diseases (safe sex) (55, 7.8%), None (7, 1.0%), Other (please specify) (7, 1.0%)





COVID-19

Going to a d...

None

Other (pleas...

Download image 0 2,000 4,000 6,000 8,000

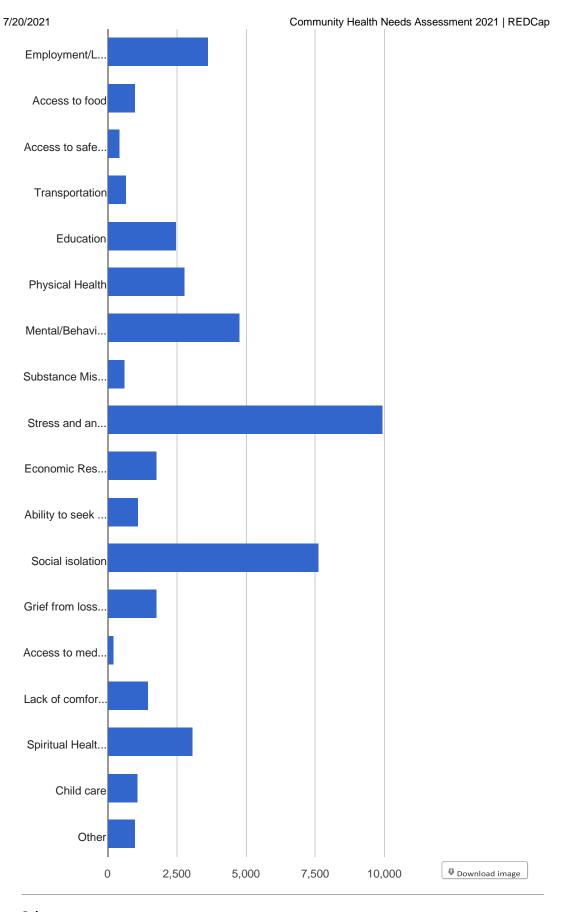
Other (heath_behavin_other)

Total Count (N)	Missing*
6	704 (99.2%)

Please select the top 3 areas where COVID-19 have impacted you most severely/signi cantly? (covid)

Total Count (N)	Missing*	Unique
685	25 (3.5%)	18

Counts/frequency: Employment/Loss of Job (159, 23.2%), Access to food (30, 4.4%), Access to safe housing (10, 1.5%), Transportation (24, 3.5%), Education (106, 15.5%), Physical Health (103, 15.0%), Mental/Behavioral Health (238, 34.7%), Substance Misuse (30, 4.4%), Stress and anxiety (428, 62.5%), Economic Resources (63, 9.2%), Ability to seek medical care (30, 4.4%), Social isolation (338, 49.3%), Grief from loss of loved one (53, 7.7%), Access to medication (4, 0.6%), Lack of comfort in seeking medical care (51, 7.4%), Spiritual Health/Well-being (123, 18.0%), Child care (48, 7.0%), Other (53, 7.7%)



Other (other_covid)

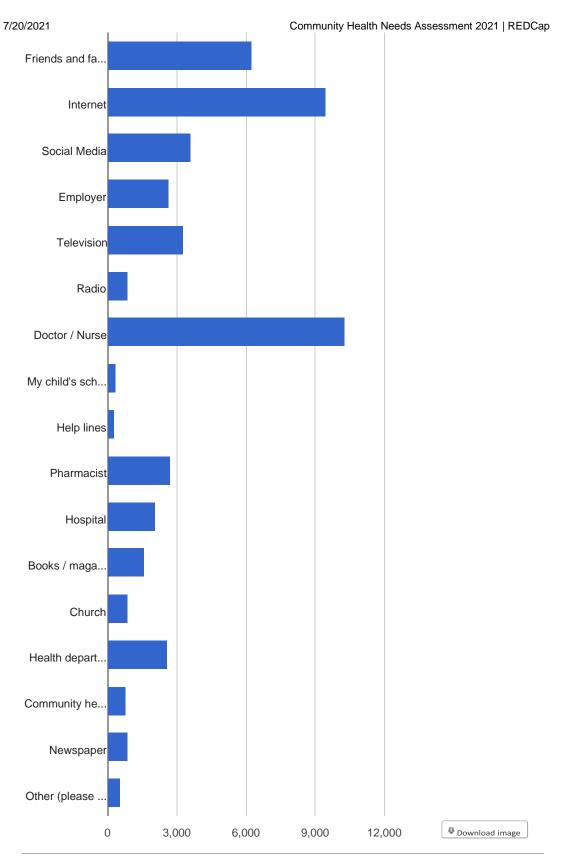
Total Count (N)	Missing*	
45	665 (93.7%)	

Where do you get most of your health-related information? (Please check all that apply)

(health_info)

Total Count (N)	Missing*	Unique
704	6 (0.8%)	17

Counts/frequency: Friends and family (250, 35.5%), Internet (432, 61.4%), Social Media (117, 16.6%), Employer (89, 12.6%), Television (133, 18.9%), Radio (42, 6.0%), Doctor / Nurse (448, 63.6%), My child's school (8, 1.1%), Help lines (5, 0.7%), Pharmacist (113, 16.1%), Hospital (64, 9.1%), Books / magazines (70, 9.9%), Church (19, 2.7%), Health department (103, 14.6%), Community health worker (28, 4.0%), Newspaper (36, 5.1%), Other (please specify) (29, 4.1%)



Other (health_info_other)

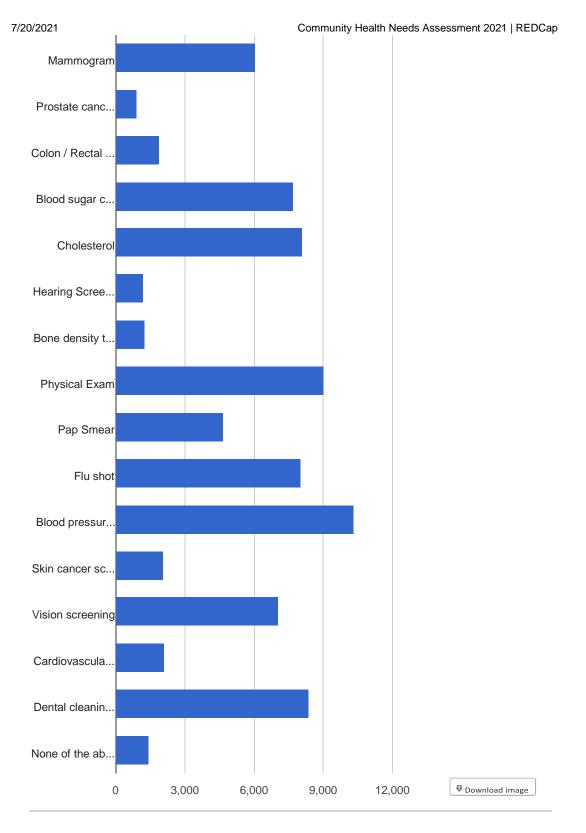
Total Count (N)	Missing*
26	684 (96.3%)

Which of the following preventative services have you had in the past 12 months? (Check

all that apply) (prevent_services)

Total Count (N)	Missing*	Unique
700	10 (1.4%)	16

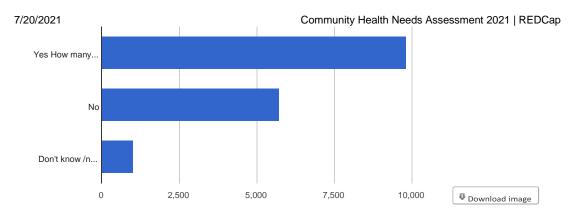
Counts/frequency: Mammogram (253, 36.1%), Prostate cancer screening (26, 3.7%), Colon / Rectal exam (62, 8.9%), Blood sugar check (306, 43.7%), Cholesterol (329, 47.0%), Hearing Screening (36, 5.1%), Bone density test (67, 9.6%), Physical Exam (370, 52.9%), Pap Smear (219, 31.3%), Flu shot (339, 48.4%), Blood pressure check (428, 61.1%), Skin cancer screening (129, 18.4%), Vision screening (296, 42.3%), Cardiovascular screening (80, 11.4%), Dental cleaning / x-rays (367, 52.4%), None of the above (74, 10.6%)



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? (Please select only one) (physicalactivity)

Total Count (N)	Missing*	Unique
702	8 (1.1%)	3

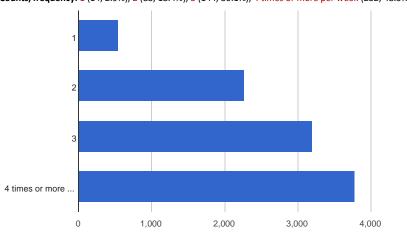
Counts/frequency: Yes How many times per week? (482, 68.7%), No (185, 26.4%), Don't know /not sure (35, 5.0%)



How many times per week? (excercisetimesweek)

Total Count (N)	Missing*	Unique
478	232 (32.7%)	4

Counts/frequency: 1 (14, 2.9%), 2 (88, 18.4%), 3 (144, 30.1%), 4 times or more per week (232, 48.5%)



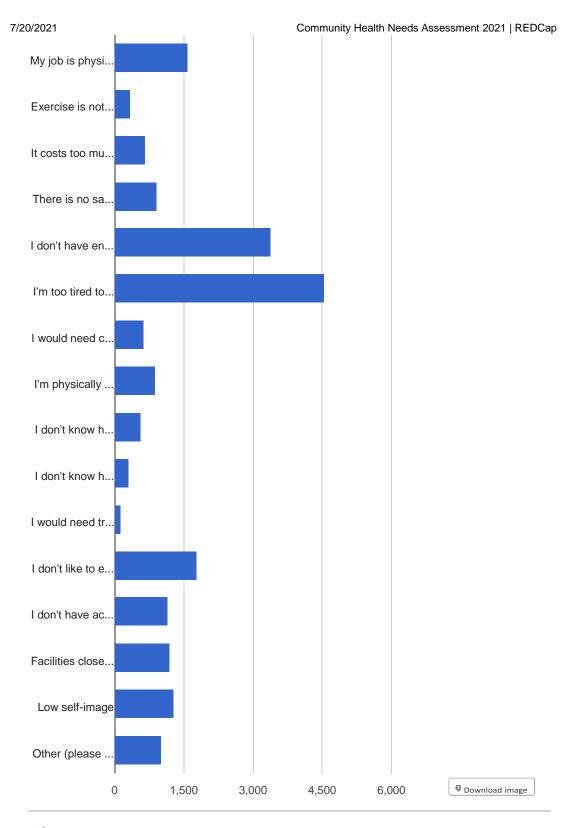
Download image

If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply)

(notexercise)

Total Count (N)	Missing*	Unique
382	328 (46.2%)	16

Counts/frequency: My job is physical or hard labor. (67, 17.5%), Exercise is not important to me. (12, 3.1%), It costs too much to exercise. (25, 6.5%), There is no safe place to exercise. (22, 5.8%), I don't have enough time to exercise. (127, 33.2%), I'm too tired to exercise. (175, 45.8%), I would need child care and I don't have it. (20, 5.2%), I'm physically disabled. (37, 9.7%), I don't know how to nd exercise partners. (13, 3.4%), I don't know how to safely (11, 2.9%), I would need transportation and I don't have it. (3, 0.8%), I don't like to exercise. (70, 18.3%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (35, 9.2%), Facilities closed due to COVID 19 (26, 6.8%), Low self-image (46, 12.0%), Other (please specify) (51, 13.4%)



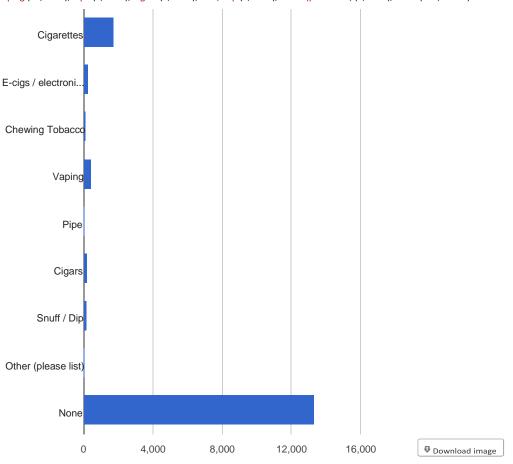
Other (exercise_other)

Total Count (N)	Missing*
45	665 (93.7%)

Please select any tobacco product you currently use, (please_select_any_tobacco)

Total Count (N)	Missing*	Unique
680	30 (4.2%)	8

Counts/frequency: Cigarettes (100, 14.7%), E-cigs / electronic cigarettes (11, 1.6%), Chewing Tobacco (5, 0.7%), Vaping (16, 2.4%), Pipe (0, 0.0%), Cigars (9, 1.3%), Snu / Dip (4, 0.6%), Other (please list) (2, 0.3%), None (546, 80.3%)



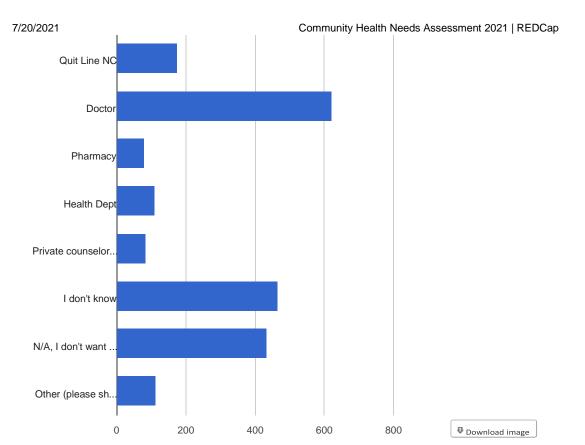
Other (please list) (other_please_list)

Total Count (N)	Missing*
2	708 (99.7%)

Where would you go for help if you wanted to quit? (quit)

Total Count (N)	Missing*	Unique
126	584 (82.3%)	8

Counts/frequency: Quit Line NC (12, 9.5%), Doctor (39, 31.0%), Pharmacy (5, 4.0%), Health Dept (2, 1.6%), Private counselor / therapist (5, 4.0%), I don't know (32, 25.4%), N/A, I don't want to quit (22, 17.5%), Other (please share more) (9, 7.1%)



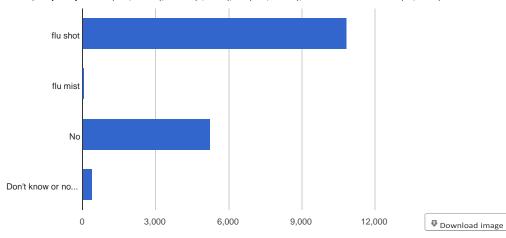
Other: (quit_other)

Total Count (N)	Missing*
8	702 (98.9%)

An in uenza / u vaccine can be a " u shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal u vaccine? (Choose only one) (ω)

Total Count (N)	Missing*	Unique
696	14 (2.0%)	3

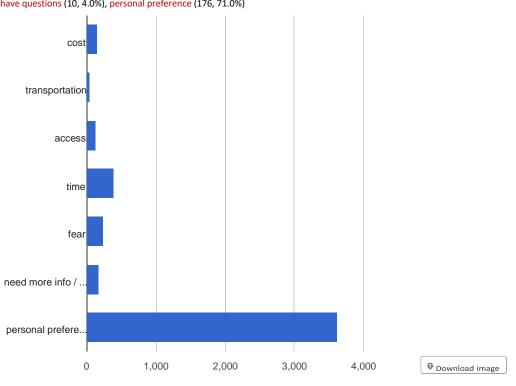
Counts/frequency: u shot (422, 60.6%), u mist (0, 0.0%), No (263, 37.8%), Don't know or not sure (11, 1.6%)



If you did not get your u vaccine, why not? Please check any barriers. (

u_barriers)		
Total Count (N)	Missing*	Unique
248	462 (65.1%)	7

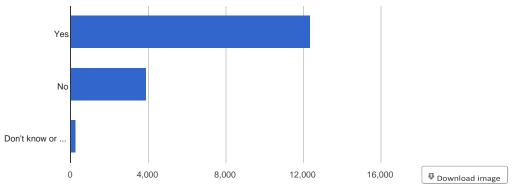
Counts/frequency: cost (14, 5.6%), transportation (4, 1.6%), access (5, 2.0%), time (33, 13.3%), fear (6, 2.4%), need more info / have questions (10, 4.0%), personal preference (176, 71.0%)



Have you had a COVID-19 vaccine? (covidshot)

Total Count (N)	Missing*	Unique
704	6 (0.8%)	2

Counts/frequency: Yes (616, 87.5%), No (88, 12.5%), Don't know or not sure (0, 0.0%)



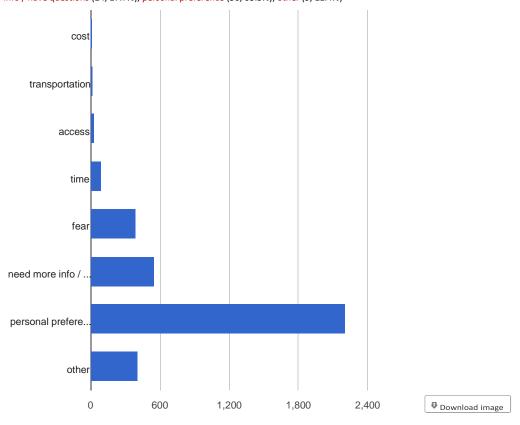
If you did not get your COVID-19 vaccine, why not? Please check any

barriers. (covidyesskip)

Total Count (N)	Missing*	Unique
79	631 (88.9%)	5



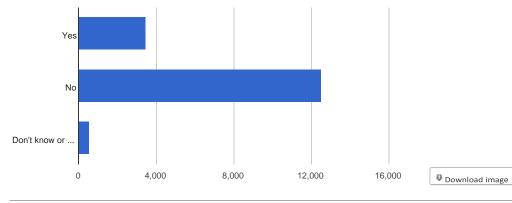
cost (0, 0.0%), transportation (0, 0.0%), access (0, 0.0%), time (3, 3.8%), fear (3, 3.8%), need more info / have questions (14, 17.7%), personal preference (50, 63.3%), other (9, 11.4%)



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? (Please choose only one) (healthcarehelp)



Counts/frequency: Yes (127, 18.0%), No (563, 80.0%), Don't know or not sure (14, 2.0%)



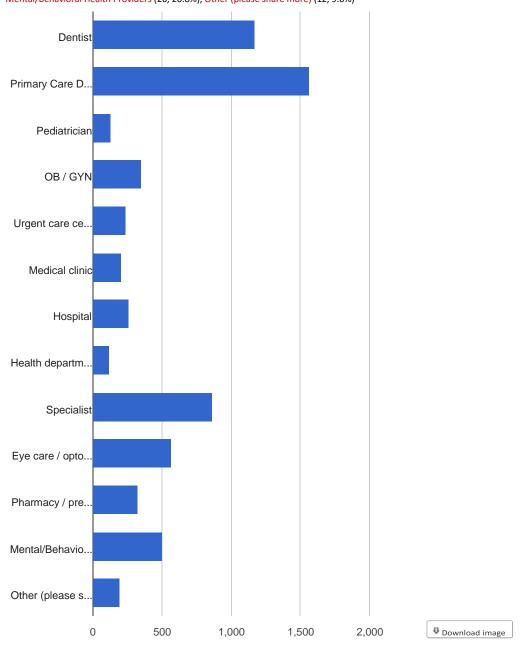
Counts/frequency:

If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) (healthcareproviderhelp)

Total Count (N)	Missing*	Unique
125	585 (82.4%)	13

Dentist (44, 35.2%), Primary Care Doctor (51, 40.8%), Pediatrician (6, 4.8%), OB / GYN (16, 12.8%),

Urgent care center (7, 5.6%), Medical clinic (9, 7.2%), Hospital (10, 8.0%), Health department (7, 5.6%), Specialist (29, 23.2%), Eye care / optometrist / opthamologist (26, 20.8%), Pharmacy / prescriptions (16, 12.8%), Mental/Behavioral Health Providers (26, 20.8%), Other (please share more) (12, 9.6%)



Other (healthcareprovider_other)

Total Count (N)	Missing*	
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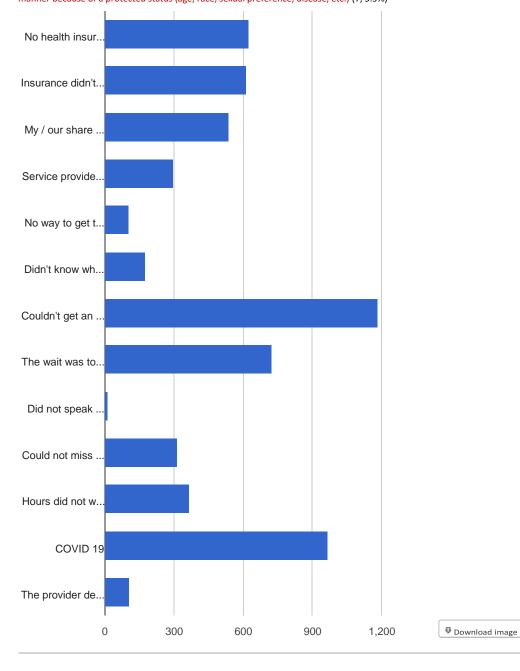
Counts/frequency:

12	698 (98.3%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) (healthcarewhichproblems)

Total Count (N)	Missing*	Unique
119	591 (83.2%)	12

No health insurance (27, 22.7%), Insurance didn't cover what I / we needed. (28, 23.5%), My / our share of the cost (deductible / co-pay) was too high. (21, 17.6%), Service provider would not take my / our insurance or Medicaid. (16, 13.4%), No way to get there. (5, 4.2%), Didn't know where to go (10, 8.4%), Couldn't get an appointment (30, 25.2%), The wait was too long (23, 19.3%), Did not speak my language (0, 0.0%), Could not miss work to go (11, 9.2%), Hours did not work with my availability (11, 9.2%), COVID 19 (27, 22.7%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (7, 5.9%)



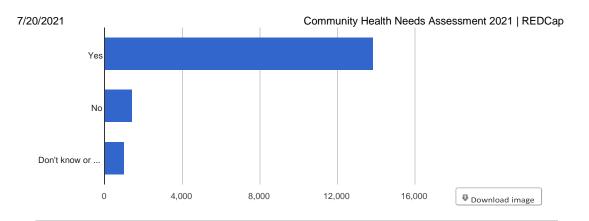
Counts/frequency:

In a natural disaster (hurricane, ooding, tornado, etc.), do you feel like you know how to access or nd the information you need to stay safe?

(naturaldisasteraccess)

Total Count (N)	Missing*	Unique
708	2 (0.3%)	3

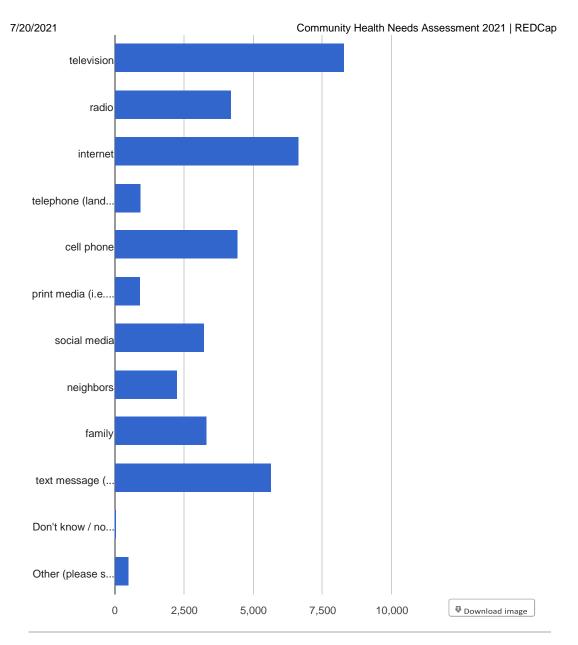
Counts/frequency: Yes (636, 89.8%), No (34, 4.8%), Don't know or not sure (38, 5.4%)



If so, where do you get your information to stay safe? (naturaldisasterinfo)

Total Count (N)	Missing*	Unique
628	82 (11.5%)	12

Counts/frequency: television (446, 71.0%), radio (298, 47.5%), internet (424, 67.5%), telephone (landline) (41, 6.5%), cell phone (268, 42.7%), print media (i.e.. newspaper) (79, 12.6%), social media (196, 31.2%), neighbors (184, 29.3%), family (220, 35.0%), text message (emergency alert system) (304, 48.4%), Don't know / not sure (1, 0.2%), Other (please specify) (25, 4.0%)



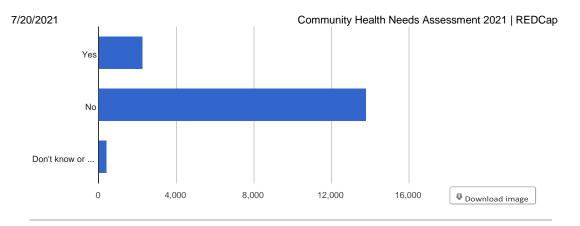
Other (natural_disaster_other)

Total Count (N)	Missing*	
22	688 (96.9%)	

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) (foodworried)

Total Count (N)	Missing*	Unique
705	<u>5 (0.7%)</u>	3

Counts/frequency: Yes (80, 11.3%), No (619, 87.8%), Don't know or not sure (6, 0.9%)



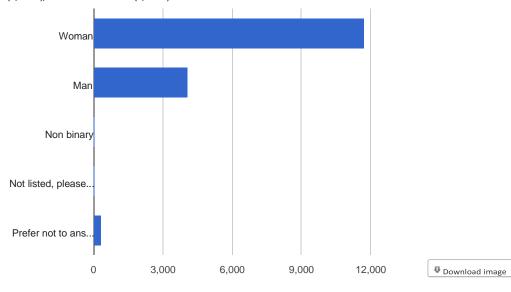
Is there anything else you would like for us to know about your community? (anythingelse)

Total Count (N)	Missing*
114	<u>596 (83.9%)</u>

How would you describe yourself? (gender)

Total Count (N)	Missing*	Unique
704	<u>6 (0.8%)</u>	5

Counts/frequency: Woman (503, 71.4%), Man (189, 26.8%), Non binary (4, 0.6%), Not listed, please share more: _ (1, 0.1%), Prefer not to answer (7, 1.0%)



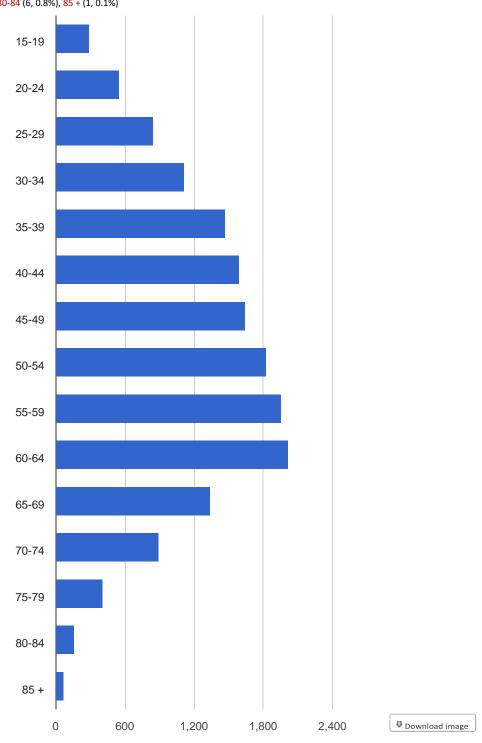
Please share more. (gender_other)

Total Count (N)	Missing*
1	709 (99.9%)

How old are you? (age)

Total Count (N)	Missing*	Unique
706	4 (0.6%)	15

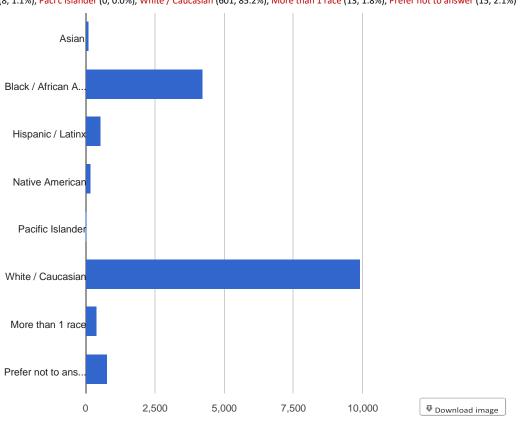
Counts/frequency: 15-19 (20, 2.8%), 20-24 (32, 4.5%), 25-29 (31, 4.4%), 30-34 (38, 5.4%), 35-39 (60, 8.5%), 40-44 (63, 8.9%), 45-49 (66, 9.3%), 50-54 (88, 12.5%), 55-59 (108, 15.3%), 60-64 (106, 15.0%), 65-69 (44, 6.2%), 70-74 (34, 4.8%), 75-79 (9, 1.3%), 80-84 (6, 0.8%), 85 + (1, 0.1%)



How do you describe your race/ethnicity? (raceethnicity)

Total Count (N)	Missing*	Unique
705	<u>5 (0.7%)</u>	7

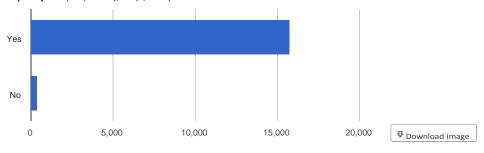
Counts/frequency: Asian (9, 1.3%), Black / African American (40, 5.7%), Hispanic / Latinx (19, 2.7%), Native American (8, 1.1%), Paci c Islander (0, 0.0%), White / Caucasian (601, 85.2%), More than 1 race (13, 1.8%), Prefer not to answer (15, 2.1%)



Is English the primary language spoken in your home? (language)

Total Count (N)	Missing*	Unique
705	<u>5 (0.7%)</u>	2

Counts/frequency: Yes (696, 98.7%), No (9, 1.3%)

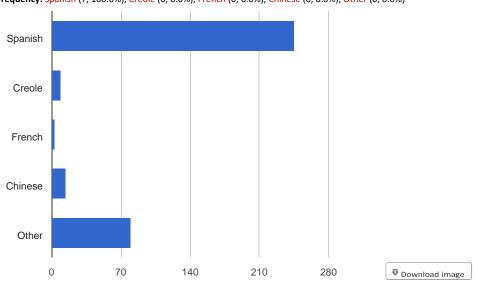


If no, please share which primary language (languageno)

Total Count (N)	Missing*	Unique
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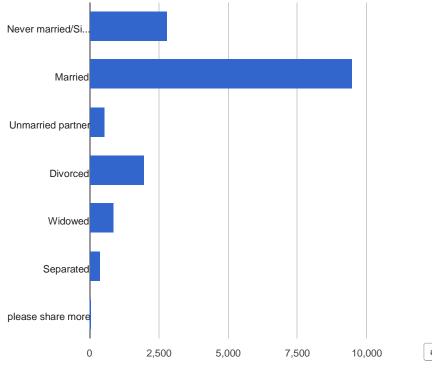
Counts/frequency: Spanish (7, 100.0%), Creole (0, 0.0%), French (0, 0.0%), Chinese (0, 0.0%), Other (0, 0.0%)



What is your marital status? (marriagestatus)

Total Count (N)	Missing*	Unique
706	4 (0.6%)	7

Counts/frequency: Never married/Single (120, 17.0%), Married (412, 58.4%), Unmarried partner (28, 4.0%), Divorced (88, 12.5%), Widowed (31, 4.4%), Separated (25, 3.5%), please share more (2, 0.3%)



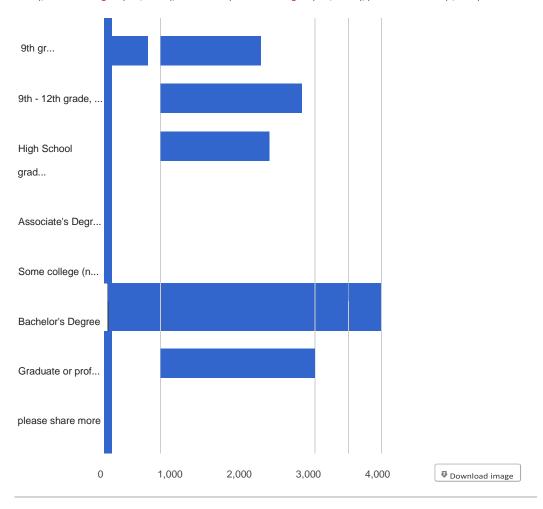
please share more. (marital_other)

Total Count (N)	Missing*
2	<u>708 (99.7%)</u>

What is the highest level of education you have completed? (education)

Total Count (N)	Missing*	Unique
707	3 (0.4%)	8

Counts/frequency: Less than 9th grade (1, 0.1%), 9th - 12th grade, no diploma (27, 3.8%), High School graduate (or GED/equivalent) (109, 15.4%), Associate's Degree or Vocational Training (99, 14.0%), Some college (no degree) (128, 18.1%), Bachelor's Degree (201, 28.4%), Graduate or professional degree (134, 19.0%), please share more (8, 1.1%) Less than



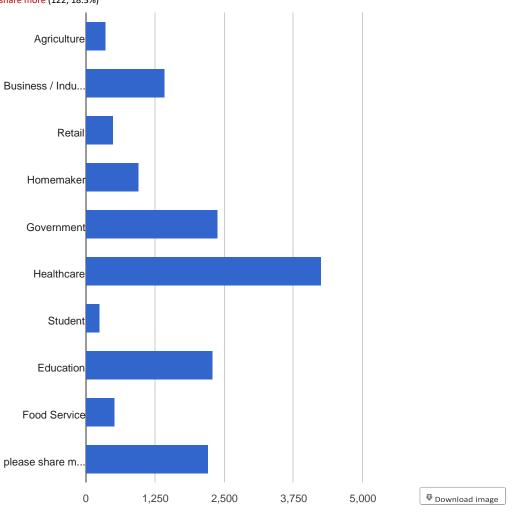
Please share more (please_share_more)

Total Count (N)	Missing*
8	702 (98.9%)

How is your current job best described? (job)

Total Count (N)	Missing*	Unique
666	44 (6.2%)	10

Counts/frequency: Agriculture (11, 1.7%), Business / Industry (75, 11.3%), Retail (27, 4.1%), Homemaker (56, 8.4%), Government (132, 19.8%), Healthcare (122, 18.3%), Student (23, 3.5%), Education (71, 10.7%), Food Service (27, 4.1%), please share more (122, 18.3%)



Please share more (job_other)

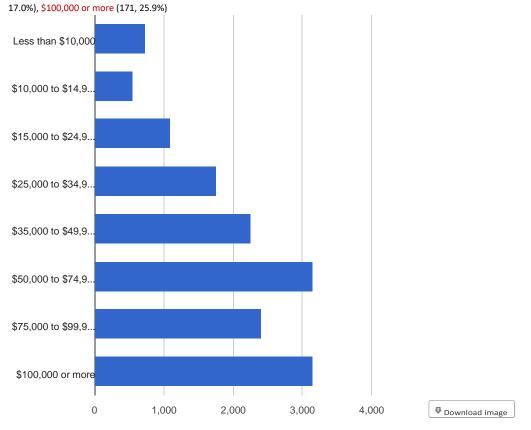
Total Count (N)	Missing*
114	596 (83.9%)

What is your total household income? (income)

Total Count (N)	Missing*	Unique
659	51 (7.2%)	8

Counts/frequency: Less than \$10,000 (34, 5.2%), \$10,000 to \$14,999 (25, 3.8%), \$15,000 to \$24,999 (41, 6.2%),

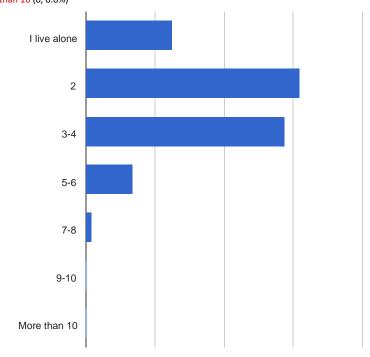
\$25,000 to \$34,999 (71, 10.8%), \$35,000 to \$49,999 (87, 13.2%), \$50,000 to \$74,999 (118, 17.9%), \$75,000 to \$99,999 (112, 10.8%), \$75,000 to \$99,999 (112, 10



How many people live in your household? (householdnumber)

Total Count (N)	Missing*	Unique
703	7 (1.0%)	6

Counts/frequency: I live alone (112, 15.9%), 2 (299, 42.5%), 3-4 (248, 35.3%), 5-6 (35, 5.0%), 7-8 (7, 1.0%), 9-10 (2, 0.3%), More than 10 (0, 0.0%)



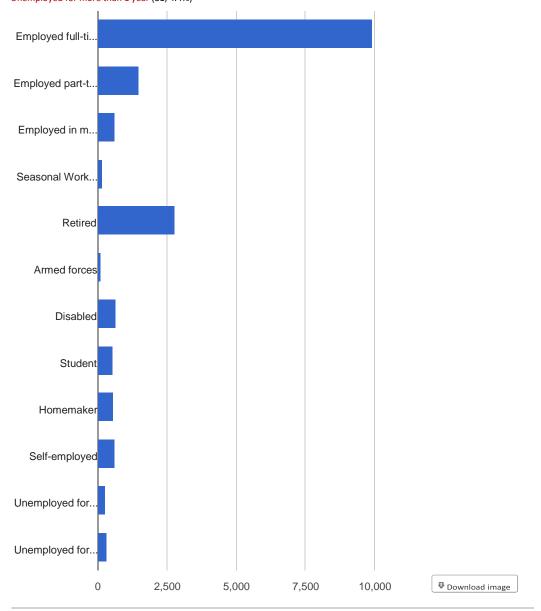
8,000

Download image

What is your employment status? Please check all that apply. (employment)

Total Count (N)	Missing*	Unique
704	<u>6 (0.8%)</u>	12

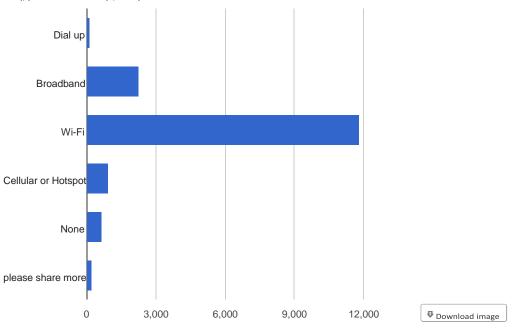
Counts/frequency: Employed full-time (375, 53.3%), Employed part-time (77, 10.9%), Employed in multiple jobs (19, 2.7%), Seasonal Worker/Temporary (10, 1.4%), Retired (124, 17.6%), Armed forces (4, 0.6%), Disabled (31, 4.4%), Student (34, 4.8%), Homemaker (33, 4.7%), Self-employed (55, 7.8%), Unemployed for 1 year or less (15, 2.1%), Unemployed for more than 1 year (31, 4.4%)



What type of internet access do you have at your home? (internet_or_wi)

	7 1	
Total Count (N)	Missing*	Unique
702	8 (1.1%)	6

Counts/frequency: Dial up (3, 0.4%), Broadband (138, 19.7%), Wi-Fi (525, 74.8%), Cellular or Hotspot (19, 2.7%), None (14, 2.0%), please share more (3, 0.4%)



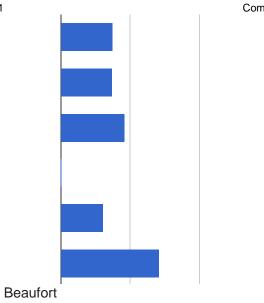
Other (internet_or_wi_other)

Total Count (N)	Missing*
3	707 (99.6%)

Which county do you live in? (county)

Total Count (N)	Missing*	Unique
710	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (710, 100.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Panlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)



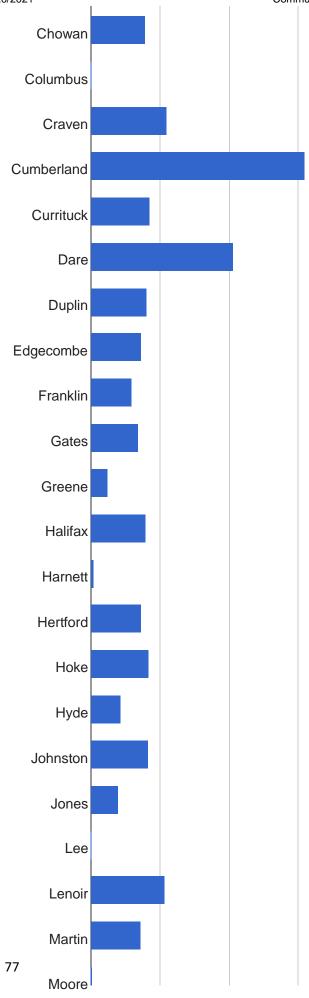
Bertie

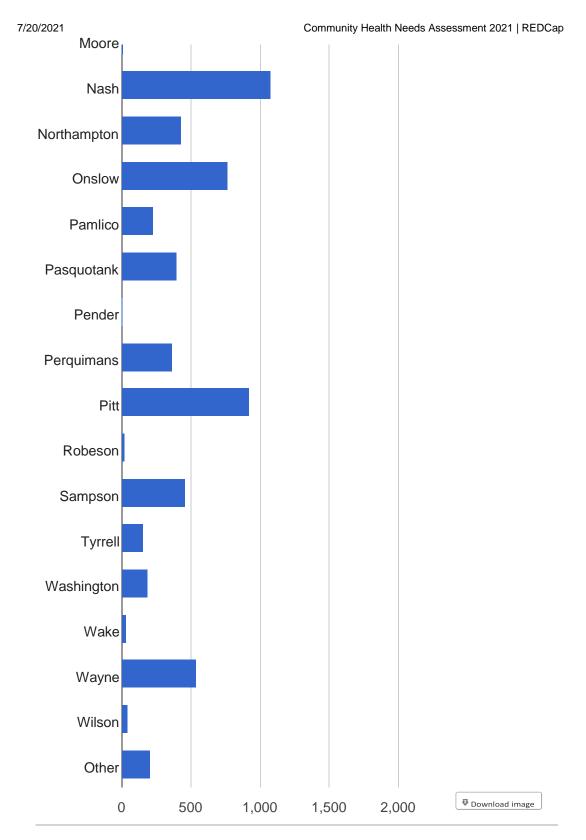
Bladen

Brunswick

Camden

Carteret





 ${\bf Other} \ ({\it county_other})$

Total Count (N)	Missing*
0	710 (100.0%)

What is your 5 digit zip code? (zip_code)

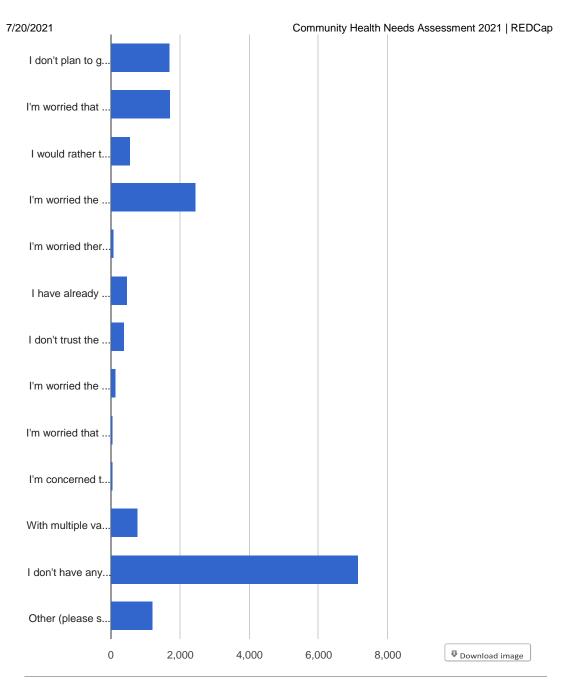
Total Count (N)	Missing*
362	348 (49.0%)

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?

(Please select all that apply) (covidconcerns)

Total Count (N)	Missing*	Unique
562	148 (20.8%)	13

Counts/frequency: I don't plan to get a vaccine. (45, 8.0%), I'm worried that the COVID-19 vaccine isn't safe. (77, 13.7%), I would rather take the risk of getting sick with COVID-19. (17, 3.0%), I'm worried the COVID-19 vaccine may be harmful or have side e ects. (133, 23.7%), I'm worried there may be a cost associated with receiving the COVID19 vaccine. (5, 0.9%), I have already had COVID-19 so I don't believe a vaccine is necessary. (28, 5.0%), I don't trust the distribution process of the COVID-19 vaccine. (11, 2.0%), I'm worried the COVID-19 vaccine has not been distributed fairly. (13, 2.3%), I'm worried that the location of the COVID-19 vaccine will be di cult to travel to. (2, 0.4%), I'm concerned that I won't have time to get the COVID-19 vaccine. (3, 0.5%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (30, 5.3%), I don't have any concerns about getting the COVID-19 vaccine. (333, 59.3%), Other (please specify) (39, 6.9%)



Other (covid_concerns_other)

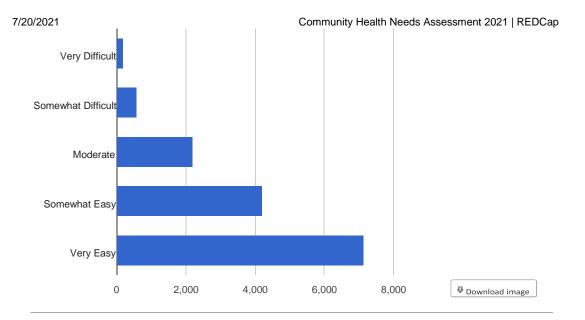
Total Count (N)	Missing*	
38	672 (94.6%)	

Find the information you need related to COVID-19? (covideasy)

Total Count (N)	Missing*	Unique
677	33 (4.6%)	5

Counts/frequency: Very Di cult (6, 0.9%), Somewhat Di (208, 30.7%), Very Easy (346, 51.1%)

cult (31, 4.6%), Moderate (86, 12.7%), Somewhat Easy

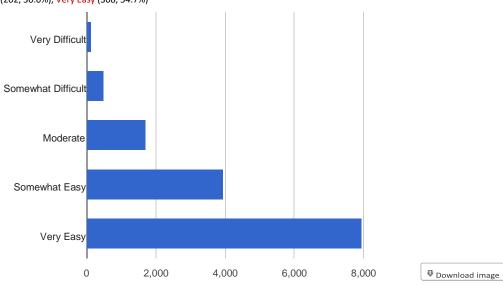


Find out where to go to get a COVID-19 vaccine? (covidwhere)



Counts/frequency: Very Di cult (5, 0.7%), Somewhat Di (202, 30.0%), Very Easy (368, 54.7%)

cult (24, 3.6%), Moderate (74, 11.0%), Somewhat Easy



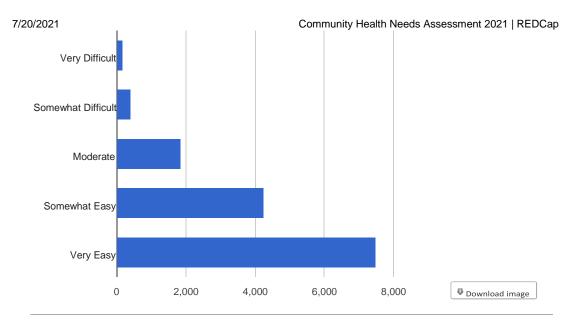
Understand information about what to do if you think you have COVID-

19? (covidunderstand)

Total Count (N)	Missing*	Unique
670	40 (5.6%)	5

Counts/frequency: Very Di cult (5, 0.7%), Somewhat Di (213, 31.8%), Very Easy (354, 52.8%)

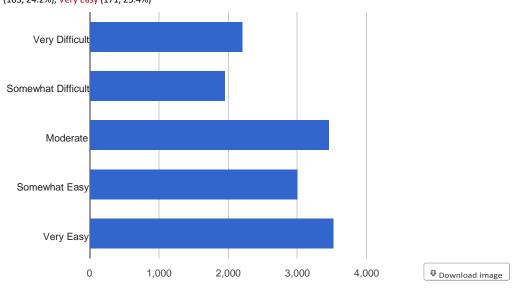
cult (22, 3.3%), Moderate (76, 11.3%), Somewhat Easy



Trust if the information about COVID-19 in the media is reliable? (covidtrust)

Total Count (N)	Missing*	Unique
674	36 (5.1%)	5

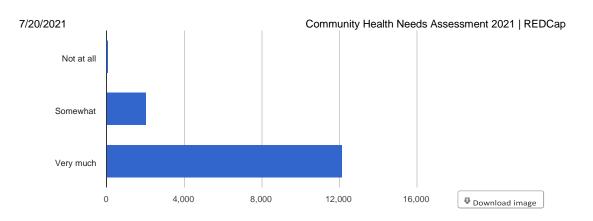
Counts/frequency: Very Di cult (109, 16.2%), Somewhat Di cult (90, 13.4%), Moderate (141, 20.9%), Somewhat Easy (163, 24.2%), Very Easy (171, 25.4%)



I know how to protect myself from coronavirus. (covidprotect)

Total Count (N)	Missing*	Unique
675	35 (4.9%)	3

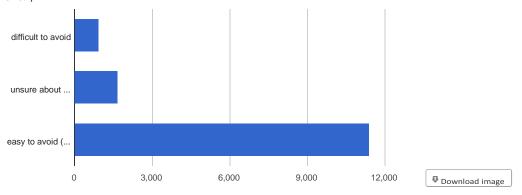
Counts/frequency: Not at all (4, 0.6%), Somewhat (84, 12.4%), Very much (587, 87.0%)



For me avoiding an infection with COVID-19 in the current situation is...

((covidavoid)		
	Total Count (N)	Missing*	Unique
	655	<u>55 (7.7%)</u>	3

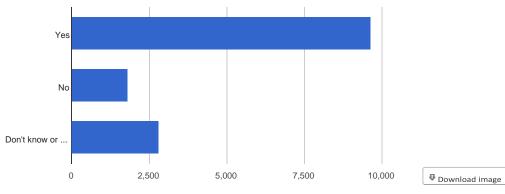
Counts/frequency: di cult to avoid (42, 6.4%), unsure about how to avoid (43, 6.6%), easy to avoid (1 have no problem) (570, 87.0%)



Do you think that global warming is happening? (warmingyesno)

Total Count (N)	Missing*	Unique
674	36 (5.1%)	3

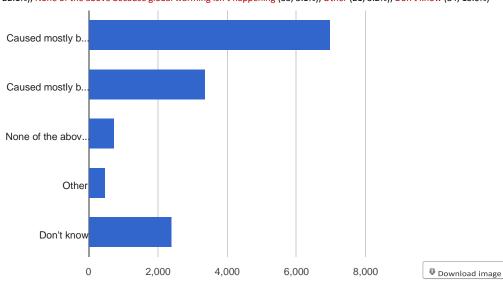
Counts/frequency: Yes (450, 66.8%), No (93, 13.8%), Don't know or unsure (131, 19.4%)



Assuming global warming is happening, do you think it is...? (warmingdoyouthink)

Total Count (N)	Missing*	Unique
648	62 (8.7%)	5

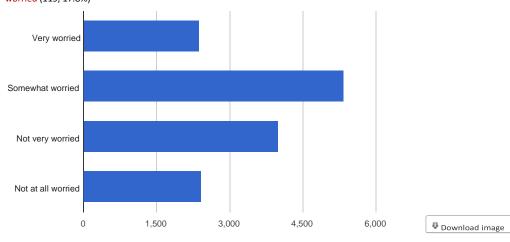
Counts/frequency: Caused mostly by human activities (367, 56.6%), Caused mostly by natural changes in the environment (143, 22.1%), None of the above because global warming isn't happening (33, 5.1%), Other (21, 3.2%), Don't know (84, 13.0%)



How worried are you about global warming? (warmingworried)

Total Count (N)	Missing*	Unique
667	43 (6.1%)	4

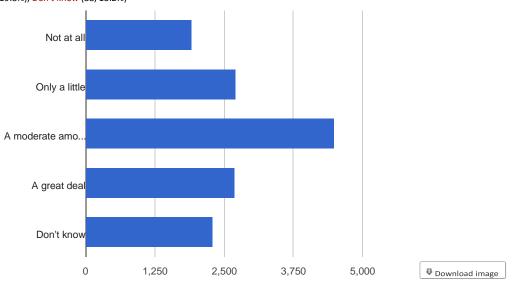
Counts/frequency: Very worried (137, 20.5%), Somewhat worried (238, 35.7%), Not very worried (173, 25.9%), Not at all worried (119, 17.8%)



How much do you think global warming will harm you personally? (warmingharm)

Total Count (N)	Missing*	Unique
665	<u>45 (6.3%)</u>	5

Counts/frequency: Not at all (109, 16.4%), Only a little (126, 18.9%), A moderate amount (210, 31.6%), A great deal (132, 19.8%), Don't know (88, 13.2%)

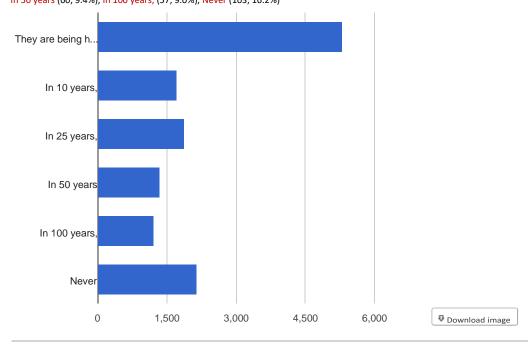


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

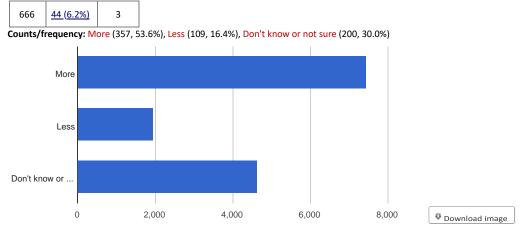
Total Count (N)	Missing*	Unique
636	74 (10.4%)	6

Counts/frequency: They are being harmed right now, (252, 39.6%), In 10 years, (73, 11.5%), In 25 years, (91, 14.3%), In 50 years (60, 9.4%), In 100 years, (57, 9.0%), Never (103, 16.2%)



Do you think the government and politicians in your county should be doing more or less to address global warming? (warminggovt)

Total Count (N)	Missing*	Unique
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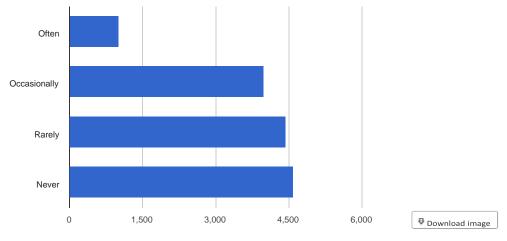


How often do you discuss global warming with your friends and family?

(warmingfriends)

Total Count (N)	Missing*	Unique
663	<u>47 (6.6%)</u>	4

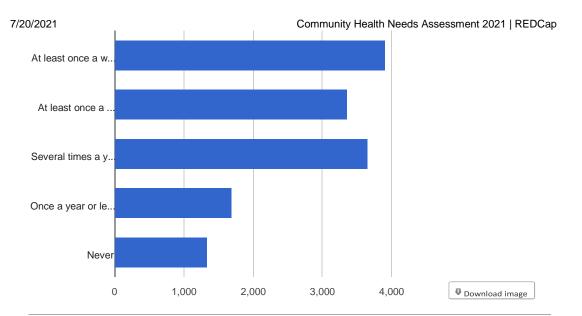
Counts/frequency: Often (61, 9.2%), Occasionally (207, 31.2%), Rarely (210, 31.7%), Never (185, 27.9%)



How often do you hear about global warming in the media? (warmingmedia)

Total Count (N)	Missing*	Unique
660	50 (7.0%)	5

Counts/frequency: At least once a week (237, 35.9%), At least once a month (180, 27.3%), Several times a year (163, 24.7%), Once a year or less often (48, 7.3%), Never (32, 4.8%)



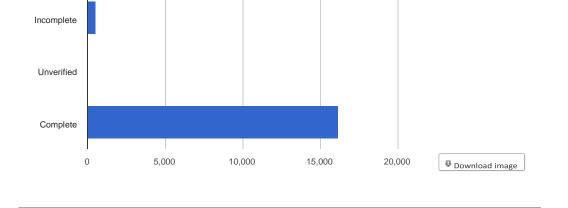
Thank you for your participation! Please feel free to include any additional comments in the box below. (thankyou)

Total Count (N)	Missing*
54	656 (92.4%)

Complete? (form_1_complete)

Total Count (N)	Missing*	Unique
710	0 (0.0%)	2

Counts/frequency: Incomplete (12, 1.7%), Unveried (0, 0.0%), Complete (698, 98.3%)



^{*} Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are de ned).

Appendix B HNC 2030 County/State Data

County/State Data					
Social and Economic Factors Output Description:					
Health Indicator	Desired Result	Definition	Carteret County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	24.2% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	2.2% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out of school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018- 2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	304 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

	Physical Environment						
Health Indicator	Desired Result	Definition	Carteret County	North Carolina	HNC 2030 Target		
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	89% (2019)	74% (2019)	92.0%		
Limited Access to Healthy Food*	have equitable access to	Percent of people who are low income that are not near a	7% (2015)	7% (2015)	5.0%		
Food Insecurity**	affordable, nutritious, culturally appropriate foods.	grocery store	14% (2018)	14% (2018)	(No target)		
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	14% (20132017)	15% (20132017)	14.0%		

Notes for Physical Environment data:

^{**} Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Carteret County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	63.00 (2020)	32.50 (2020)	18.0
	All people in North Carolina live in communities that	Percentage of high school students reporting		MS: 10.4% (2019)	9.0%
Tobacco Use*	support tobacco- free/ecigarette-free	current use of any tobacco product		HS: 27.3% (2019)	9.0%
	lifestyles	Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%

^{*}Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

^{*} The U.S. Department of Agriculture last updated this measure in 2015.

Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	17.3% (2020)	15.6% (2020)	12.0%
Sugar-Sweetened	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
Beverage Consumption*		Percent of adults reporting consumption of one or more sugar sweetened beverages per day	39.5% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	9.7 (2020)	12.0 (2020)	6.0
Teen Births Notes for Health Behaviors	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	15.0 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

	Health Outcomes						
Health Indicator	Desired Result	Definition	Carteret County	North Carolina	HNC 2030 Target		
	All babies in North Carolina are born healthy, thrive in	Rate of infant deaths per 1,000 live births	8.4 (2020)	6.9 (2020)	6.0		
Infant Mortality	caring and healthy homes, and see their first birthday.	Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	3.53 (2016-2020)	76.4 (2016-2020)	Black/White disparity ratio = 1.5		

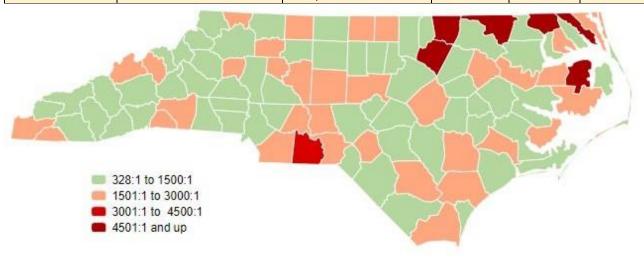
^{*}Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

^{*}BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

	All people in North Carolina	Average number of			
Life Expectancy	have long and healthy lives.	years of life remaining	77.1	76.4	82.0
(years)		for persons who have	(2020)	(2020)	82.0
		attained a given age			

Notes on Health Outcomes:

Clinical Care					
Health Indicator	Desired Result	Definition	Carteret County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	14.2% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy related health care services during the first trimester of pregnancy	75.6% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self- harm per 100,000 population	23.3 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



^{*}Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information. https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html





2021-2022 Carteret County Community Resource Guide

This guide serves as a directory for information on community health resources in Carteret County. As the county continues to grow and change so will this guide. Help us keep this information up to date, send information about community resources to the Carteret County Health Department: 3820 A Bridges Street, Morehead City, NC 28557 or call (252) 728-8550. This guide will be reviewed and updated annually.

ASSISTED LIVING / FAMILY CARE HOMES / REST HOMES

Brookdale- Carolina House	Morehead City	Office: (252) 726-4454 Fax: (252) 727-0160
Carteret Landing Assisted Living and Memory Care	Morehead City	Office: (252) 773-0980 Fax: (252) 773-0979
Carteret House Assisted Living	Newport	Office: (252) 223-2600 Fax: (252) 223-4754
Croatan Village Assisted Living	New Bern	Office: (252) 634-9066 Fax: (252) 631-5032
Onslow House	Jacksonville	Office: (910) 347-1300 Fax: (910) 347-2111
Graham's Senior Living Homes	Beaufort	Office: (252) 838-9204 Fax: (252) 838-9203

NURSING CENTERS / INTERMEDIATE CARE & SKILLED NURSING FACILITIES

Croatan Ridge Rehabilitation & Nursing Center	Newport	Office: (252) 223-2560 Fax: (252) 223-4208
Crystal Bluffs	Morehead City	Office: (252) 726-0031 Fax: (252) 726-5831
Pruitt Health	Sea Level	Office: (252) 225-0112 Fax: (252) 225-1228
Cherry Point Bay Nursing & Rehabilitation Center	Havelock	Office: (252) 444-4631 Fax: (252) 444-5831
Riverpoint Crest Nursing & Rehabilitation Center	New Bern	Office: (252) 637-4730 Fax: (252) 637-0289
Premier Rehabilitation & Nursing Center	Jacksonville	Office: (910) 353-7222 Fax: (910) 353-8807
Carolina Rivers Rehabilitation & Nursing Center	Jacksonville	Office: (910) 455-3610 Fax: (910) 455-0325
Ombudsman Program NC Long Term Care Eastern Carolina Council - Area Agency on Aging	New Bern	Office: (252) 638-3185 Fax: (252) 638-3187

HOME HEALTH & HOSPICE PROVIDERS

Carteret Health Care Home Health and Hospice	Morehead City	Office: (252) 499-6081 Fax: (252) 499-6573
Liberty Home Care & Hospice	Morehead City	Office: (252) 247-4748 Fax: (252) 247-2445
Kindred at Home	Morehead City	Office: (252) 726-9300 Fax: (252) 726-9832
Community Home Care & Hospice	Swansboro	Office: (910) 326-1037 Fax: (855) 240-5473
Crystal Coast Hospice House	Newport	Office: (252) 777-4201 Fax: (252) 777-4439
Craven County Hospice	New Bern	Office: (252) 636-4930 Fax: (252) 636-5301
Continuum Home Care & Hospice	Jacksonville	Office: (910) 989-2682 Fax: (910) 989-2693
Onslow County Home Health & Hospice	Jacksonville	Office: (910) 577-6660 Fax: (910) 796-7902
Vidant Home Health and Hospice	Greenville	Office: (252) 847-2000

PRIVATE DUTY & PERSONAL CARE AGENCIES

Friendly Caregivers	Morehead City	Office: (252) 240-1234
		Fax: (252) 240-1232
In Touch Home Care	Morehead City	Office: (252) 726-6780 Fax: 1-866-231-2339
Interim Health Care	Wilmington	Office: (910) 343-5244 Fax: (910) 483-6049
Access Community Based Service	Morehead City	Office: (252) 247-6911 Fax: (252) 222-3831
Maxim Health Care Personal Care	Morehead City	Office: (252) 726-8746 Fax: (252) 726-6673
Accommodating Home Care Service, Inc.	New Bern	Office: (252) 635-9005
Arosa Crystal Coast	Emerald Isle	Office: (252) 764-9574

LOW INCOME HOUSING

Crystal Coast Apartments	Morehead City	Office: (252) 726-8042 Fax: (252) 726-0867
Eastern Carolina Regional Housing Authority Macon Court, Kings Terrace	Morehead City	Office: (252) 726-4401 Fax: (252) 726-7201
Westwood Square Apartments Tuesday & Thursday, 9:00 am – 3:00 pm	Morehead City	Office: (252) 247-4666
Beaufort Housing Authority	Beaufort	Office: (252) 728-3226 Fax: (252) 728-3210
Carteret Court Apartments Monday-Friday; 8:00 am – 3:00 pm	Beaufort	Office: (252) 728-2679
Brentwood Village Apartments	Beaufort	Office: (252) 728-4557
Elm Green Monday – Thursday: 9:00 am – 4:00 pm	Newport	Office: (252) 223-1266 Fax: (252) 565-0969
Blue Point Bay Apartments	Newport	Office: (252) 222-0015

HOUSING ASSISTANCE/ SHELTERS

Coastal Community Action	Newport	Office: (252) 223-1630
Carteret County Domestic Violence Program	Beaufort	Office: (252) 726-2336 Fax: (252) 726-8996
Habitat for Humanity	Newport	Office: (252) 223-2111 Fax: (252) 223-6111
Family Promise of Carteret County	Morehead City	Office: (252) 222-0019
Hope Mission Men's Shelter Emergency Overnight Housing Emergency Financial Assistance	Morehead City	Office: (252) 240-2359 Fax: (252) 622-4839
Coastal Women's Shelter	New Bern	Office: (252) 638-4509 Fax: (252) 638-1298
Religious Community Services Homeless Shelter	New Bern	Office: (252) 633-2767
Onslow Community Outreach	Jacksonville	Office: (910) 455-5733 (910) 347-3227 Fax: (910) 455-5195

IN-PATIENT REHABILITATION CENTERS

Carolina East Rehabilitation Hospital	New Bern	Main: 252-633-8020
New Hanover Regional Medical Center (NHRMC) Rehabilitation Hospital	Wilmington	Office: (910) 667-7835
Duke Rehabilitation Institute	Durham	Office: (919) 470-7338
Vidant Edgecombe Hospital	Tarboro	Office: (252) 641-7700
Lenoir Memorial Hospital Rehab	Kinston	Office: (252) 522-7919
Vidant Rehabilitation Center	Greenville	Office: (252) 847-6603
UNC Hospitals Rehabilitation Therapies	Chapel Hill	Office: (984) 974-9700 Fax: (984) 974-9789
WakeMed Rehabilitation Hospital	Raleigh	Office: (919) 350-7876

OUT-PATIENT REHABILITATION CENTERS

Beaufort Physical Therapy	Beaufort	Office: (252) 838-0222 Fax: (252) 838-0224
Carteret Health Care Rehabilitation	Morehead City	Office: (252) 499-8461
Carolinas Center for Surgery	Morehead City	Office: (252) 247-2101 Fax: (252) 247-2101
BreakThrough Physical Therapy	Morehead City	Office: (252) 247-2738 Fax: (252) 240-3882
Moore Orthopedics and Sports Medicine	Morehead City	Office: (252) 808-3100 Fax: (252) 808-3120
Moore Orthopedics and Sports Medicine	Cedar Point	Office: (252) 808-4440 Fax: (252) 808-3120
Specialty Center for Physical Therapy & Sports Medicine	Morehead City	Office: (252) 726-1802 Fax: (252) 252-726-1805

Snug Harbor on Nelson Bay Physical and Occupational Therapy	Office: (252) 225-4411 Fax: (252) 225-1670
Therapy Center of Cedar Point	Office: (252) 393-8828 Fax: (252) 393-7928

GENERAL MEDICAL HOSPITALS

Carteret Health Care	Morehead City	Office: (252) 499-6000
CarolinaEast Medical Center	New Bern	Office: (252) 633-8111
Onslow Memorial Hospital	Jacksonville	Office: (910) 577-2345
Naval Medicine Center – Camp Lejeune	Jacksonville	Office: (910) 450-4357
UNC Lenoir Health Care	Kinston	Office: (252) 522-7000
New Hanover Medical Center	Wilmington	Office: (910) 667-7000
Vidant Duplin Hospital	Kenansville	Office: (910) 296-0941
Vidant Medical Center	Greenville	Office: (252) 847-4100
Wayne UNC Health Care	Goldsboro	Office: (919) 736-1110
Duke University Hospital	Durham	Office: (919) 684-8111
University of North Carolina Medical Care	Chapel Hill	Office: (984) 974-1000
WakeMed	Raleigh	Office: (919) 350-8000
Durham VA Health Care System	Durham	Office: (919) 286-0411 (888) 878-6890
Wake Forest Baptist Health Wake Forest Medical Center	Winston-Salem	Office: (336) 716-2011

VETERAN AFFAIRS HOSPITALS/ TRANSFER COORDINATORS

Asheville, NC	Ext. 15219	Office: (828) 298-7911
Fayetteville, NC		Office: (910) 488-2120 (800) 771-6106
Durham, NC	Ext. 6250	Office: (919) 286-0411 (888) 878-6890
Salisbury, NC		Office: (704) 638-9000 (800) 469-8262
Hampton, VA	Ext. 2122	Office: (757) 722-9961
Richmond, VA		Office: (804) 675-5000

Salem, VA	Office: (540) 982-2463 (800) 982-2463
Beckley, WV	Office: (304) 255-2121 (877) 902-5142

VETERAN'S SERVICES

Veteran's Service Office	Morehead City	Office: (252) 728-8440
Veteran's Affairs Clinic	Morehead City	Office: (252) 240-2349
Veteran's Crisis Line		Office: 1-800-273-8255

MEDICAL TRANSPORT SERVICES

Carteret Health Care (Paramedic) Not available for public referral	Office: (252) 499-6133
Crystal Coast Medical Transport CCMT (Basic Life Support Only)	Office: (252) 808-5555
Friendly Medical Transport	Office: (252) 808-3400

TRANSPORTATION

Carteret County Area Transportation System (CCATS)	Morehead City	Ride Reservation Line (252) 240-1043
Coastal Community Action Assistance with transportation for Seniors to appointments	Newport	Office: (252) 223-1630 (252) 223-1633
R.S.V.P Retired Senior Volunteer Program (Senior Center)	•	Office: (252) 223-1652 CCDSS: 728-3181, Ext. 6105

HEALTH AND HUMAN SERVICES/ MENTAL HEALTH

Carteret County Health Department Clinical Services WIC-Nutrition Assistance & Breastfeeding Support Environmental Health Pest Management/Animal Control Mobile Dental Clinic- Miles of Smiles	Morehead City	Main Number: (252) 728-8550 Fax: (252) 222-7739 EH Office: (252) 728-8499 EH Fax: (252) 222-7753 Pest Management:
Carteret County Department of Social Services	Beaufort	Office: (252) 728-3181 Fax: (252) 648-7462
Trillium Health Resources MCO for MH/SA/DD services	Morehead City	24 Hours Access to Care: 1- 877-685-2415 Admin/Business Calls: 1- 866-998-2597

PSYCHIATRIC & SUBSTANCE ABUSE HOSPITALS

Brynn Marr Central Regional	Jacksonville	(910) 577-1400 Fax: (910)577-2797
Crossroads	New Bern	Office: (252) 633-8204
Carolina East Medical Center		Fax: (252) 633-8198
Duplin General Psych Unit	Kenansville	(910) 296-2786
Vidant Medical Center	Greenville	Office: (252) 847-8791
Psych Unit		Beeper: (252) 413-4117
Wilmington Treatment Center	Wilmington	(910) 444-7086

Carteret County Sheriff's Department Drop Box	Beaufort	Office: (252) 728-8400
Atlantic Beach Police Department ^{Drop Box}	Atlantic Beach	Office: (252) 726-2523
Cape Carteret Police Department Drop Box	Cape Carteret	Office: (252) 393-2183
Emerald Isle Police Department ^{Drop Box}	Emerald Isle	Office: (252) 354-2021
Morehead City Police Department Drop Box	Morehead City	Office: (252) 726-5361
Pine Knoll Shores Police Department Drop Box	Pine Knoll Shores	Office: (252) 247-2474
Newport Police Department Drop Box	Newport	Office: (252) 223-5410

Conveniently dispose of unused, unwanted, or expired medications at the locations listed above.

Proper storage and disposal of prescription medication can help keep you, your family, and the environment safe.

Remember, never flush medication!

CAROLINAS POISON CONTROL CENTER

24 hr. Poison Help Line: 1-800-222-1222	www.ncpoisoncenter.org

COUNSELING / EMOTIONAL SUPPORT

Coastal Pregnancy Care Center	Morehead City	Office: (252) 247-2273
Carteret County Domestic Violence Program	Morehead City	24/7 Hotline: (252) 728-3788 Office: (252) 726-2336
Carteret County Rape Crisis Program	Morehead City	24 hr. Crisis Line: (252) 725-4040 Office: (252) 504-3668
Disaster/Emergency Emotional Support American Red Cross	New Bern	Office: (252) 637-3405
HIV Counseling & Referral Carteret County Health Department	Morehead City	Office: (252) 728-8550 24 hr. Hotline: 1-800-232-4636

Integrated Family Services	Morehead City	24 Hour Mobile Crisis: 1-866-437-1821
		Office: (252) 648-7850
RHA Crisis Counseling	Morehead City	24/7: (844) 709-4097
		Office: (252) 648-3124
NAMI-National Alliance on Mental	Coastal	Office: (252) 422-3900
Illness	Division	(252) 269-7025
Peer Recovery Center	Morehead City	Office: (252) 222-3888
(Mental Health/Addiction)		Warmline: (252) 269-5317
Le'Chris Counseling Services, Inc.	Morehead City	Office: (252) 726-9006
PORT Human Services	Morehead City	Office: (252) 222-3144
Carteret Counseling Services, Inc.	Morehead City	Office: (252) 247-1109
Alcoholics Anonymous/Al- Anon/ Alateen	Morehead City	Office: (252) 726-8540
American Cancer Society		1-800-227-2345
NC Alzheimer Support		1-800-272-3900
NC Quitline Smoking Cessation		1-800-QUIT-NOW
24 hr/ 7 days a week		1-800-784-8669
American Lung Association		1-800-586-4872
National Suicide Prevention Hotline		1-800-273-8255
Narcotics Anonymous		(252) 278-0301

FREE CLINIC / MEDICAL CARE / SCREENINGS

Broad Street Clinic	Morehead City	Office: (252) 726-4562 Fax: (252) 726-4459
MERCI Clinic	New Bern	Office: (252) 633-1599
Prostate, Breast and Skin Cancer Screenings Sponsored by Carteret Health Care Cancer Center	Morehead City	Office: 252) 808-6000 *Various times throughout the year*
REACH Dental Low-Cost Dental Day Sponsored by One Harbor Church	Morehead City	Office: (252) 422-2899
NC Baptist Men Mobile Dental Unit	Cary	Office: 1-800-395-5102 ext. 5603

FOOD ASSISTANCE

WIC Program – Carteret County	Morehead City	Office: (252) 728-8550
Health Department		Fax: (252) 222-5828
Carteret County Department of	Beaufort	Office: (252) 728-3181
Social Services		Fax: (252) 648-7462
SNAP (Food Stamps)		
Assistance with Vouchers for		
Martha's Mission		
Hope Mission	Morehead City	Office: (252) 240-2359
Every day, 11:00 AM – 12:30 pm	, in the second second	
Martha's Mission Cupboard Food	Morehead City	Office: (252) 726-1717
Pantry		
Need voucher from DSS or CCHD		
Monday, Wednesday, Friday; 10:30		
am – 3:00 pm		
Salvation Army	Morehead City	Office: (252) 726-7147
Need proof of income		
The Storehouse Food Pantry	Morehead City	Office: (252) 725-5539
Monday – Friday; 11:00 am – 2:00		Call for an appointment
pm		
Glad Tidings Church Food Pantry	Morehead City	Office: (252) 726-0160
Monday – Thursday; Closed, 12:00		
pm – 1:00 pm		
Woodville Baptist Church Food	Beaufort	Office: (252) 726-3992
Pantry		
Thursday; 11:00 am – 2:00 pm		
Need voucher from DSS or CCHD		
Every 3 rd Friday participates for		
NC Food Bank		
Loaves & Fishes 9035Food Pantry	Beaufort	Office: (252) 838-9035
First 4 Mondays month only		
Wildwood Presbyterian	Newport	Office: (252) 726-9118
Thursday; 8:30 am – 9:30 am		
Harker's Island UMC:	Harker's Island	Office: (252) 728-7015
Thursday; 10:00 am – 4:00 pm		

MEAL DELIVERY PROGRAMS

Home Delivered Meals Service	Morehead City	(252) 247-2626
of the Leon Mann Senior Enrichment		
Center		
Meals on Wheels	Beaufort/Down	(252) 342-7983
	East	

	Cape Carteret/ Emerald Isle	(252) 241-5282
Meals on Wheels	Morehead City	(252) 241-1087
Meals on Wheels	Newport	(252) 223-4231

DISABILITY PROGRAMS / SERVICES

Services for the Blind	Beaufort	(252) 728-3181
Carteret County Department of Social Services		
Epilepsy Association of NC		(336) 300-4681
Coastal Carolina American Red Cross	New Bern	(252) 637-3405
Division of Motor Vehicles	Morehead City	(252) 726-7695
Handicap Parking Permits		
Social Security Administration	New Bern	1-888-491-1885
Vocational Rehabilitation	Morehead City	(252) 247-2037
Independent Living	New Bern	(252) 514-4806
Station Club Enterprise	Morehead City	(252) 240-1022
NC Division of Services for Deaf and	Wilmington	(910) 251-5702
Hard of Hearing		1-800-205-9915 -
		Voice
		1-800-205-9916 – TTY
Special Olympics of Carteret County	Beaufort	(252) 222-5858
Carteret County Parks and Recreation		

FAMILY / CHILDREN'S SERVICES

Carteret Partnership for Children	Morehead City	Office: (252) 727-0440
Boys and Girls Club of Coastal Carolina	Morehead City Beaufort Havelock	Office: (252) 726-6584 Office: (252) 504-2465 Office: (252) 444-5437
Carteret County Health Department Care Coordination for Children WIC-Women Infants & Children Breastfeeding Peer Counselor Immunizations Pregnancy Care Management Family Planning Maternal Health Breast and Cervical Cancer Control Program Communicable Disease Testing & Treatment	Morehead City	Office: (252) 728-8550
Children's Developmental Services Agency (CDSA)	New Bern	Office: (252) 514-4770 1-866-543-7662
Pediatricians	Morehead City	Office: (252) 726-0511 Office: (252) 622-4448 Office: (252) 240-5437
Coastal Community Action Head Start Early Head Start	Newport	Office: (252) 223-1630

 Love and Logic Parenting Carteret Community College Carteret County Partnership for Children Coastal Pregnancy Care Center 	Morehead City	(252) 222-6000 *Life Enrichment Program* Office: (252) 727-0440 Office: (252) 247-2273
Cooperative Extension	Morehead City	Office: (252) 222-6352
Carteret Center		
Family Support Network of ENC	Greenville	Office: (252) 917-4110
Make-a-Wish Foundation of ENC	Raleigh	Office: (919) 821-7111 1-800-432-9474
ESL Programs Ingles Como Segunda Lengua Carteret Community College	Morehead City	Office: (252) 222-6195
Legal Aid of North Carolina	New Bern	1-866-219-5262

HISPANIC/LATINO RESOURCES

Cape Carteret Aquatics & Wellness Center	Cape Carteret	Office: (252) 393-1000
Snap Fitness (24 hr)	Morehead City Beaufort Newport Otway	Office: (252) 622-4222 Office: (252) 728-3357 Office: (252) 777-4349 Office: (252) 838-1196
Anytime Fitness (24 hr)	Morehead City	Office: (252) 648-8808
Sports Center	Morehead City	Office: (252) 726-7070
TruFit Gym	Morehead City	Office: (252) 247-4653
Crossfit Emerald Isle/Crystal Coast Strength & Conditioning	Emerald Isle	Office: (910) 333-6255
Crossfit Carteret	Beaufort	Office: (252) 269-2722
Eastern Athletic Club	Beaufort	Office: (252) 728-1700
Iron Tide Crossfit	Morehead City	Office: (252) 622-4523
Leon Mann Senior Center	Morehead City	Office: (252) 247-2626

FITNESS CENTERS & GYMS

PARKS & REC DEPARTMENTS

Emerald Isle Parks and Rec Rec Center Memberships Available	Emerald Isle	Office: (252) 354-6350
Morehead City Parks and Rec Rec Center Memberships Available	Morehead City	Office: (252) 726-5083

Carteret County Parks and Rec	Beaufort	Office: (252) 808-3301
Visit www.ccparksrec.com for Park Facilities and Walking		
 Fort Benjamin Park Recreation Center 		
Open to the Public	Newport	Office: (252) 222-5858
Western Park Community Center	rewport	
Open to the Public	Cedar Point	Office: (252) 393-1481
		(252) 222-5836

FARM STANDS & LOCAL PRODUCE

Cooperative Extension	www.ces.ncsu.edu		
Crystal Coast Produce			
Carteret Local Food Network	Office: (252) 777-235	Office: (252) 777-2359	
	www.carteretlocalfood.org		
Olde Beaufort Farmers Market	Beaufort	Office: (252) 564-8822	
Saturday; 8:30 am – 12:30 pm		www.beaufortfarmersmarket.com	
Saturday Morning Curb Market	Morehead City	Office: (252) 222-6352	
Saturday, 8 am – 1 pm 1st weekend in May through Labor Day weekend			