

Chowan County

2019 Community Health Needs Assessment

Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services and Vidant Chowan Hospital, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Our CHNA Leadership Team greatly appreciates the help of our vital community stakeholders.

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Executive Summary

Vidant Chowan Hospital is pleased to present its 2019 Community Health Needs Assessment (CHNA). This report provides an overview of the methods and process used by the county CHNA Leadership Team to identify and prioritize significant health needs in Chowan County.

Service Area

The service area for this report is defined as the geographical boundary of Chowan County, North Carolina. Chowan County is the northeastern section of the State and is surrounded by the Albemarle Sound, Chowan River, and the counties of Bertie, Hertford, Gates, and Perquimans. The present land area is 172.64 square miles

Methods for Identifying Community Health Needs

Secondary Data

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

See [Appendix B](#) for a full list of data sources used.

Indicator values for Chowan County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need.

For a detailed methodology of the analytic methods used to rank secondary data indicators see [Appendix B](#).

Primary Data

The primary data used in this assessment consisted of a community survey distributed through online and paper submissions and three focus group discussions. Over 400 Chowan County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See [Appendix C](#) for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Chowan County and are displayed in Table 1.

Table 1. Significant Health Needs

| |
|---------------------------------|
| Access to Health Services |
| Diabetes |
| Maternal, Fetal & Infant Health |
| Prevention & Safety |
| Economy |
| Substance Abuse |
| Transportation |

Selected Priority Areas

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

- Access to Care / Services
- Healthy Lifestyles
- Maternal Health
- Substance Use / Misuse

Conclusion

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

Introduction

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

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

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

The 2019 Chowan County Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Vidant Chowan Hospital, Health ENC and Conduent Healthy Communities Institute, with Vidant Health serving as the fiscal sponsor.

About Health ENC

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

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

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

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health

departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

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

Member Organizations

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

Partner Organizations

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

Hospitals and Health Systems

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

- Wilson Medical Center

Health Departments and Health Districts

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

Steering Committee

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

Health ENC Program Manager

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

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- R. Battle Betts, Jr., MPA – Health Director, Albemarle Regional Health Services

- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

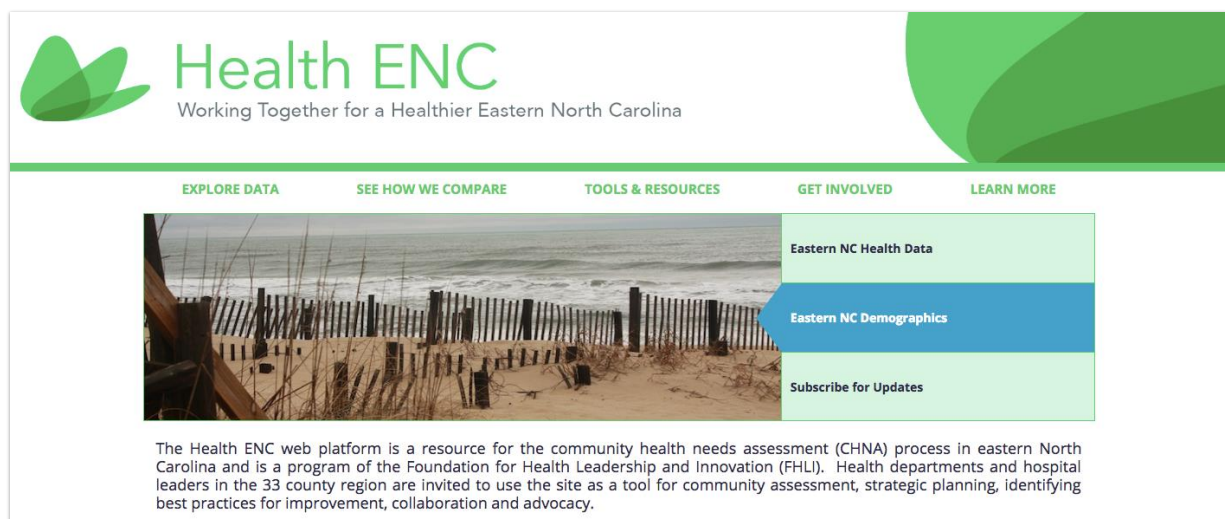
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

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

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

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

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

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Chowan County CHNA Leadership Team

Albemarle Regional Health Services, Vidant Chowan Hospital, and Vidant Health have a long-standing history of partnering together to serve the health needs of the community members in Chowan County. These organizations have worked to complete the Community Health Needs Assessments in preceding years, as well as in 2018/2019.

Leaders from each of these organizations have provided leadership to oversee strategic planning and implementation of the surveys and focus groups, in order to collect primary data. In addition, these individuals have also led the data sharing and priority setting for their community. These same individuals will provide the leadership in convening key stakeholders to develop action plans and assure implementation of plans to meet identified health priorities.

Community Health Team Structure

Key stakeholders from the Chowan County Community were convened to provide input into the data collection and analysis processes. These same individuals worked collaboratively to review all data compiled and determine key health priorities for focused work. The community health team included representation from the following agencies and organizations within the county:

- Albemarle Regional Health Services
- Chowan County Faith Organizations
- Chowan County Government
- Chowan County Department of Social Services
- Three Rivers Healthy Carolinians
- Vidant Chowan Hospital
- Vidant Health

Distribution

An electronic copy of this report is available on [HealthENC.org](https://www.healthenc.org). Electronic copies of this report are also available on the Albemarle Regional Health Services website and on Vidant Health's website.

Evaluation of Progress Since Prior CHNA

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

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

The 2016 Chowan County Community Health Needs Assessment was made available to the public via the Albemarle Regional Health Services and Vidant Chowan Hospital / Vidant Health websites. Community members were invited to submit feedback and questions to either organization. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

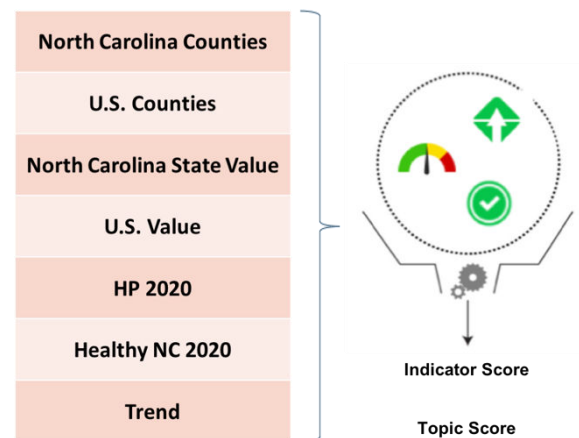
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 137 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Chowan County's status, including how Chowan County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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

Figure 2. Secondary Data Scoring



Please see [Appendix B](#) for further details on the secondary data scoring methodology.

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

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

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

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

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

Community Survey

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

Survey Distribution

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

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 451 responses were collected from Chowan County residents, with a survey completion rate of 88.5%, resulting in 399 complete responses from Chowan County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

| Service Area | Number of Respondents* | | |
|-------------------------|------------------------|----------------|--------|
| | English Survey | Spanish Survey | Total |
| All Health ENC Counties | 15,917 | 441 | 16,358 |
| Chowan County | 399 | 0 | 399 |

*Based on complete responses

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

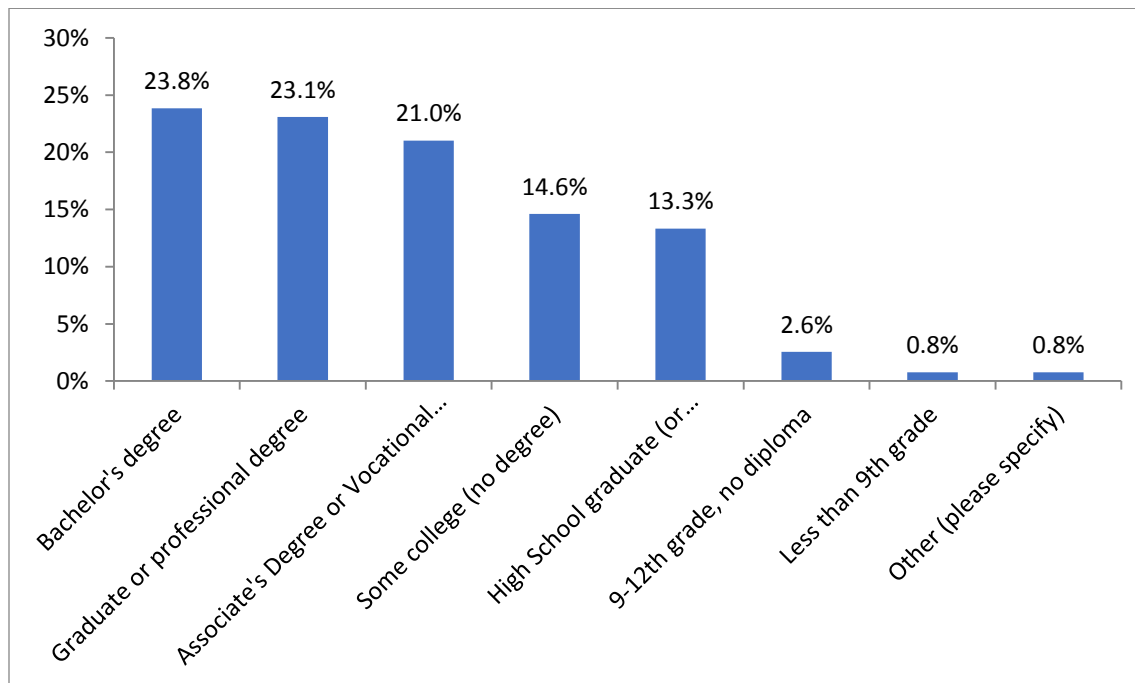
Demographics of Survey Respondents

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

Among Chowan County survey participants, just over 50% of respondents were over the age of 50, with the highest concentration of respondents (14.8 %) grouped into the 55-59 age group. The majority of respondents were female (74.2%), White (77.1%), spoke English at home (99.5%), and Not Hispanic (96.6%).

Survey respondents were well-educated, with the highest share of respondents (23.8 %) having a bachelor's degree and the next highest share of respondents (23.1 %) having a graduate or professional degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over three quarters of the respondents were employed full-time (76.3%) and the highest share of respondents (27.7%) had household annual incomes that totaled over \$100,000 before taxes. The average household size was 2.9 individuals.

Figure 4. Employment Status of Community Survey Respondents

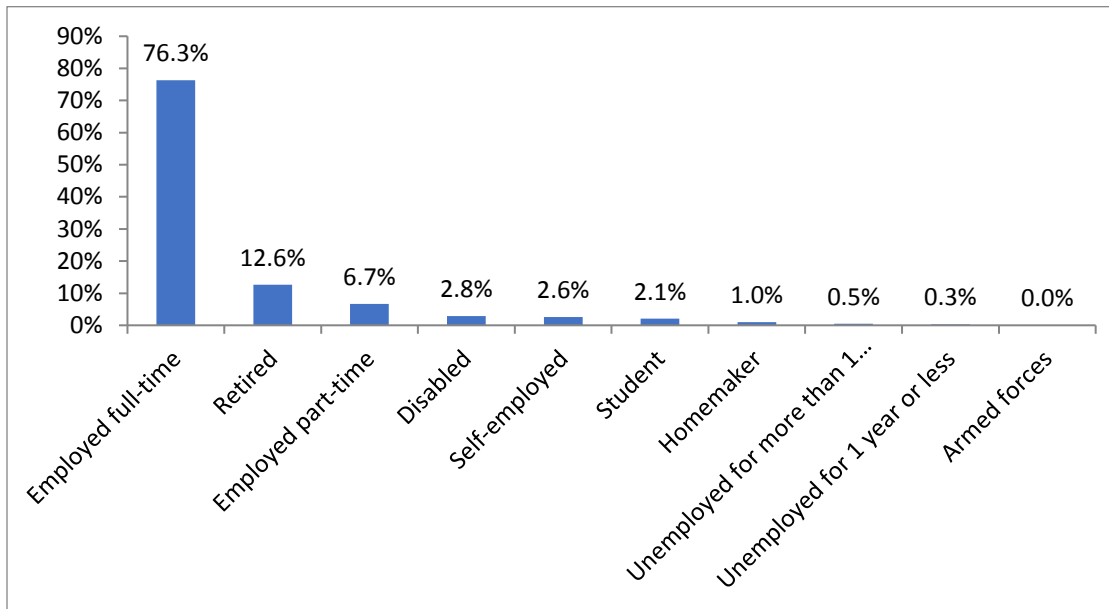
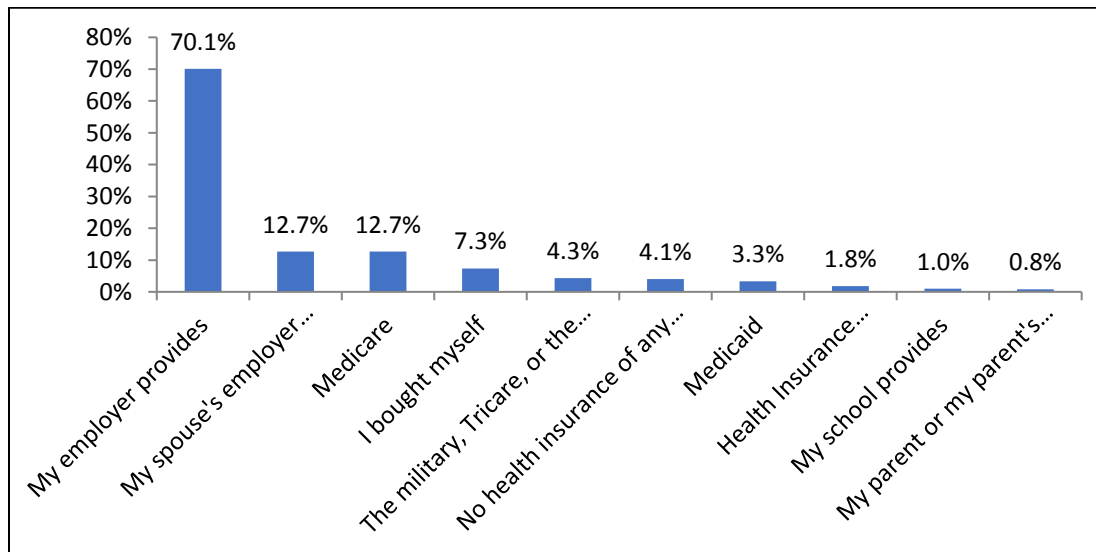


Figure 5 shows the health insurance coverage of community survey respondents. The majority of survey respondents have health insurance provided by their employer (70.1%), while 12.7% have Medicare and 4.1% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of older, white, well-educated women. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](https://www.healthenc.org). Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Community input was also collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Chowan County. A list of questions asked at the focus groups is available in [Appendix C](#).

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few. In addition, focus groups were also held to assure adequate representation from groups with less representation in the survey feedback process.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

The Chowan County CHNA Leadership Team partnered with various community organizations and agencies to collect primary data for the 2019 CHNA process for Chowan County. Focus groups were led by trained moderators to learn more about the community's definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA key stakeholders collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Three focus group discussions were completed within Chowan County between July 11, 2018 – July 18, 2018 with a total of 30 individuals. Participants included community members from local groups and organizations. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

| Date Conducted | Focus Group Location | Population Type | Number of Participants |
|-----------------------|---|--|-------------------------------|
| 7/11/2018 | The Church of Jesus Christ of Latter Day Saints | General Population/ Church Group | 7 |
| 7/18/2018 | Baptist Church | General Population/ Bible Study Group | 16 |
| 7/14/2018 | Oak Leaf Elks Lodge | General Population | 7 |

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

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

Data Considerations

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

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

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

limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

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

Prioritization

Key stakeholders from Chowan County were convened on January 18, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique where decision-making could be finalized. The nominal group technique was utilized to assure everyone's feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, some priorities were combined as appropriate to finalize the top health priorities for Chowan County. As a result of this process, Vidant Chowan Hospital will work to develop action plans addressing these identified health priorities:

- Access to Care / Services
- Healthy Lifestyles
- Maternal Health
- Substance Use / Misuse

Overview of Chowan County

About Chowan County

Chowan County is a small, primarily rural county located in the Coastal Plain region of eastern NC. The county is adjacent to Gates County on the north, Perquimans County on the east, Washington County on the south, Bertie County on the west, and Hertford County on the northwest. Chowan County is divided geopolitically into nine townships. The county seat of Edenton is the most populated town in the county.

Chowan County encompasses a land area of 233 square miles, including 61 square miles of the Chowan River and the Albemarle Sound. The county's major highways are US 17, NC 32, NC 37, and NC 94. US 17 runs through Edenton, going northeast towards the Outer Banks and southwest towards Wilmington, NC. It joins US 64, which leads to Raleigh going west. NC 32 goes north into VA. The nearest interstate highway is I-95, 70 miles west of the county. The nearest metropolitan area is Norfolk, VA, which is 70 miles to the northeast. Chowan County is 140 miles east of Raleigh, 50 miles west of the Outer Banks, and 181 miles northeast of Wilmington.

The closest major airports are the Pitt-Greenville Airport in Greenville, NC, which is 71 miles from Edenton, and the Norfolk International Airport in Norfolk, VA, 76 miles from Edenton. Also within a 100 mile radius are the Newport News/Williamsburg International Airport and the Coastal Carolina Regional Airport. The nearest Amtrak station is in Norfolk, VA, 57 miles away; there is a Greyhound Bus Line stop in Edenton.

Chowan County is the smallest county in NC in geographical size, but not in population. Named after the Chowan River (which was named in honor of the Chowandac Indians, who lived in the area before English settlers increased in number), Chowan Precinct was formed in 1681. Farms and plantations were established in Chowan Precinct during the last quarter of the 17th century, with merchants living in Chowan as early as the 1690s.

The first natives of present-day Chowan County were the Weapemeoc, a confederation of the Pasquotank, Perquimans, Poteskeet, and Yeopim tribes. Their central trading town occupied land near the present site of Edenton. Edenton served as the first Colonial Capital until 1743 and its citizens aided in the fight for freedom and they were instrumental in establishing the principles and values our nation was founded on. Hundreds of ships made the town a regular port of call. It was there that food, goods, and slaves were offloaded and agricultural products of the region shipped to European ports. The results were a thriving plantation economy which brought life to northeastern NC. *Forbes.com* awarded Edenton the distinction as one of America's Prettiest Towns. Its Downtown District holds examples of various architectural styles and the town has many historical houses and three National Historical Landmarks.

The town of Edenton is full of history, holding multiple historical sites, walking tours, and more. These physical characteristics, along with cultural events and festivals, demonstrate the region's significance as a coastal county of North Carolina. Some interesting natural traits of the county are Edenton Bay, Dillard Mill Pond, Cherry Point, Bear Swamp, and Bluff Point. The Albemarle

Sound and local rivers make boating, fishing, and camping popular. The county also boasts art galleries, musical events, museums and more.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Chowan County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Chowan County has a population of 14,383 (Figure 6). The population of Chowan County has decreased from 2013 to 2015, and slightly increased from 2015 to 2016.

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

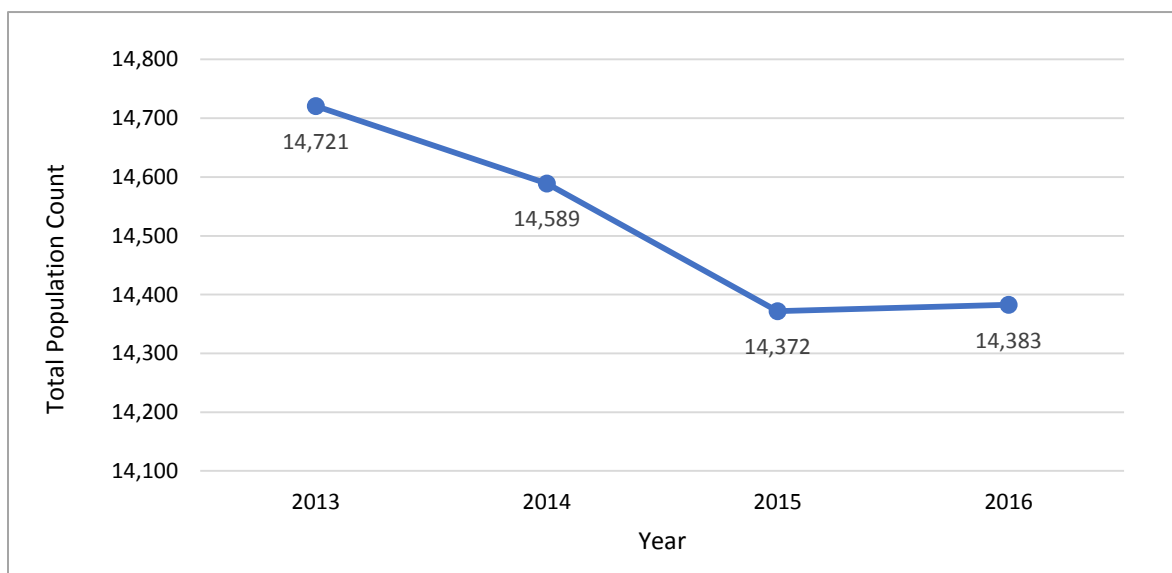
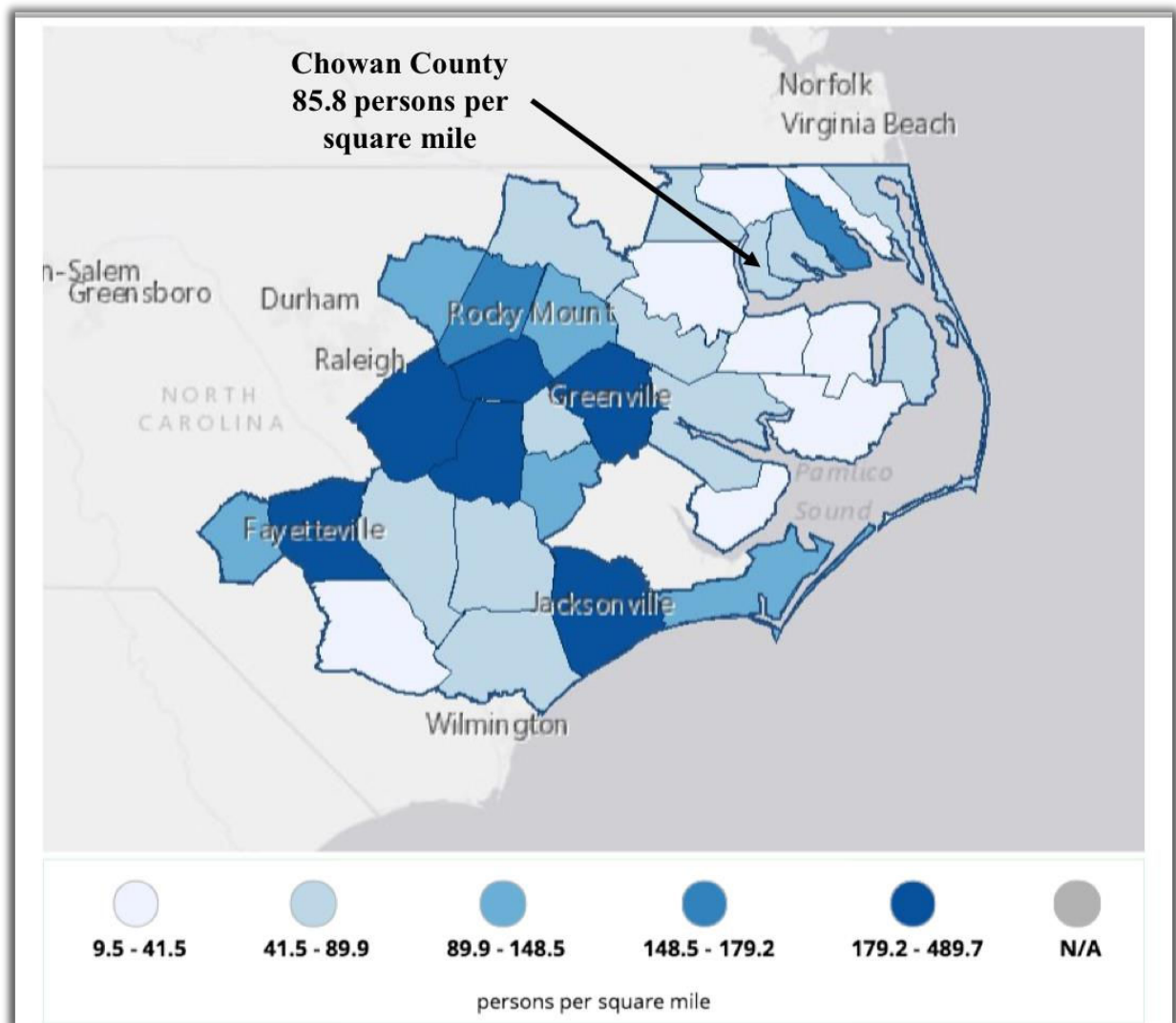


Figure 7 shows the population density of Chowan County compared to other counties in the Health ENC region. Chowan County has a population density of 85.8 persons per square mile.

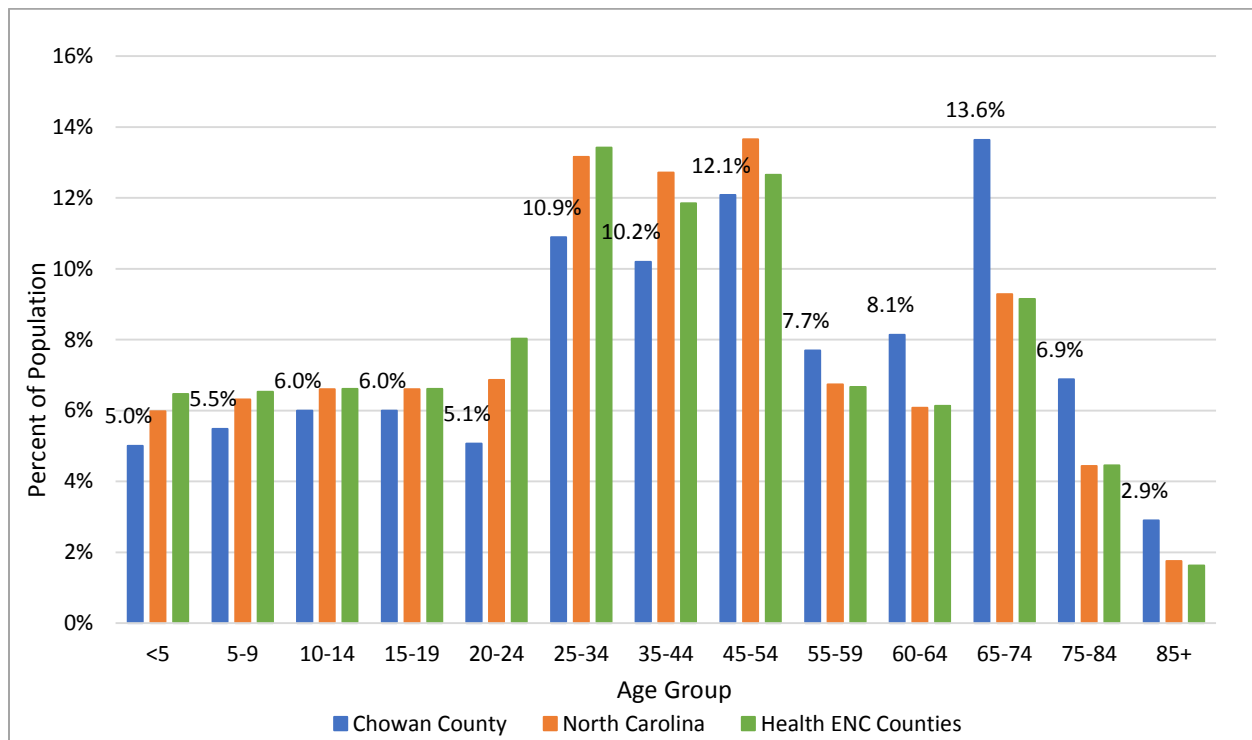
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

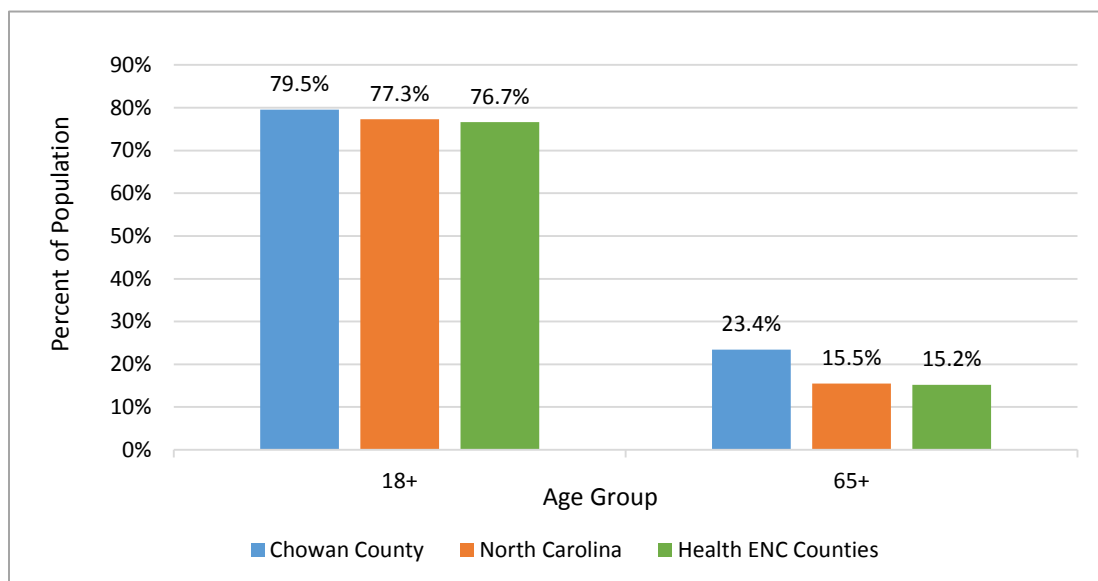
Overall, Chowan County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Chowan County population by age group. The 65-74 age group contains the highest percent of the population at 13.6%, while the 45-54 age group contains the next highest percent of the population at 12.1%.

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



People 65 years and older comprise 23.4% of the Chowan County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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



Males comprise 47.4% of the population, whereas females comprise 52.6% of the population (Table 5). The median age for males is 44.1 years, whereas the median age for females is 48.3 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

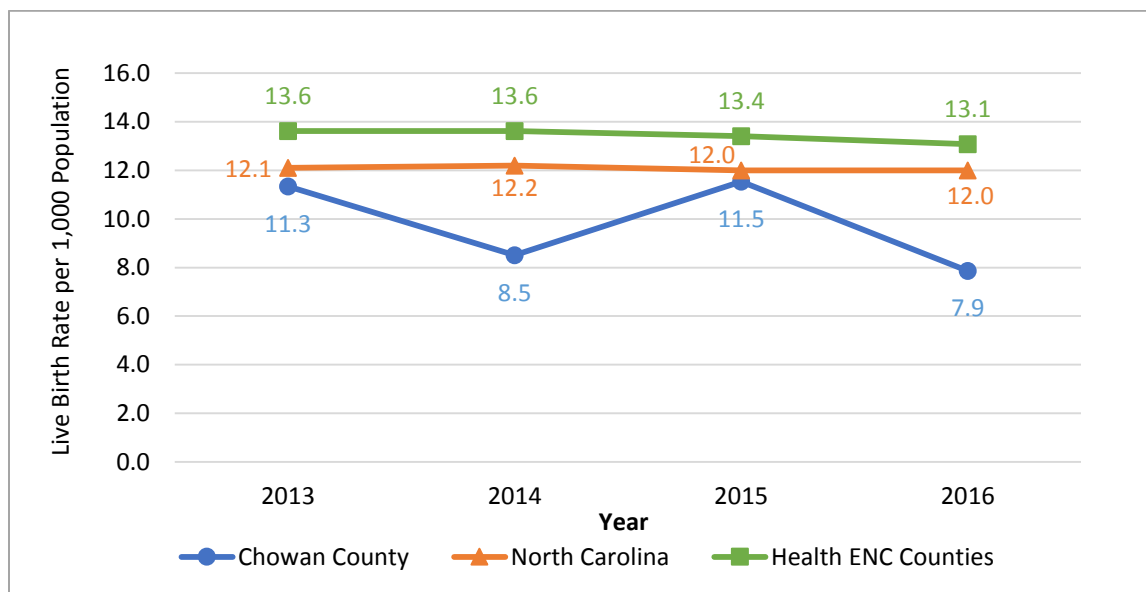
Table 5. Population by Gender and Age (U.S. Census Bureau 2016)

| | Percent of Total Population | | Percent of Male Population | | Percent of Female Population | | Median Age (Years) | |
|----------------------------|-----------------------------|--------|----------------------------|-------|------------------------------|-------|--------------------|--------|
| | Male | Female | 18+ | 65+ | 18+ | 65+ | Male | Female |
| Chowan County | 47.4% | 52.6% | 78.4% | 21.7% | 80.5% | 25.0% | 44.1 | 48.3 |
| North Carolina | 48.6% | 51.4% | 76.3% | 13.9% | 78.4% | 17.0% | 37.2 | 40.1 |
| Health ENC Counties | 49.2% | 50.8% | 75.8% | 13.5% | 77.5% | 16.9% | N/A | N/A |

Birth Rate

Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Chowan County (7.9 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, the birth rates has decreased in Chowan County from 2015 to 2016.

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



Race/Ethnicity

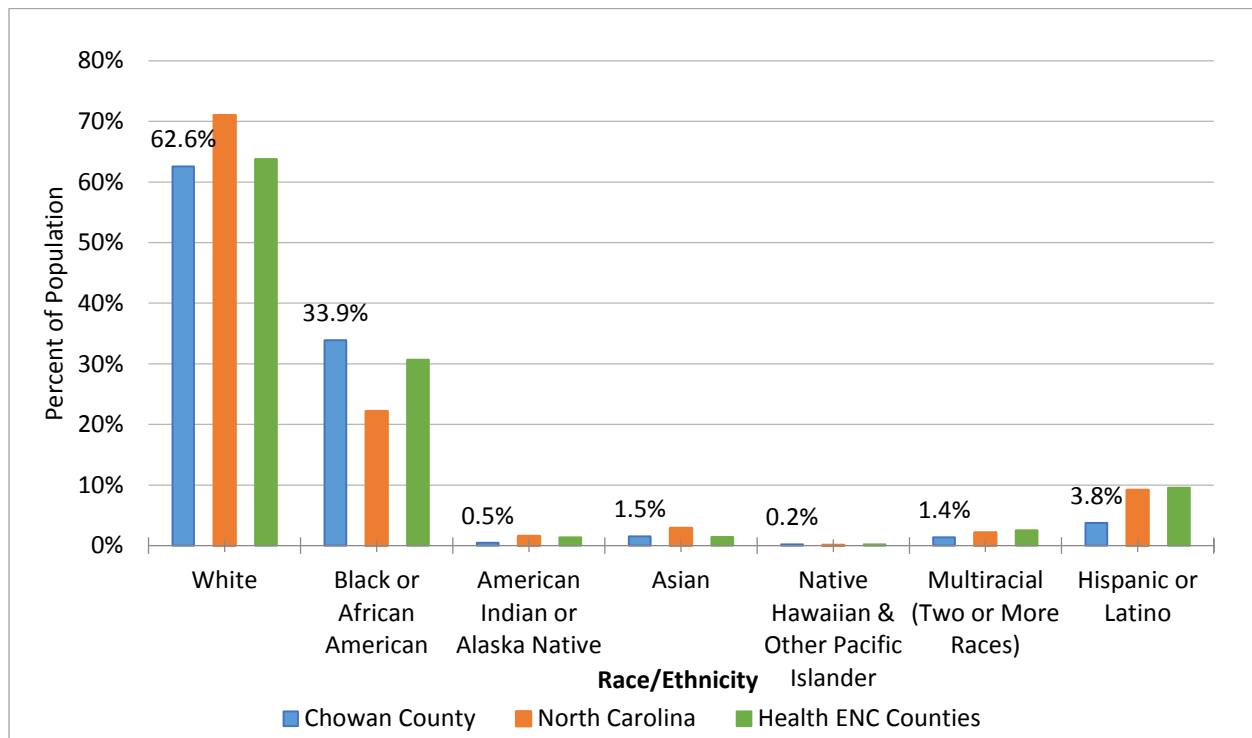
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income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

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

The proportion of residents that identify as White is smaller in Chowan County (62.6%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Chowan County has a larger share of residents that identify as Black or African American (33.9%) when compared to

North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.8% of Chowan County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

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



Tribal Distribution of Population

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

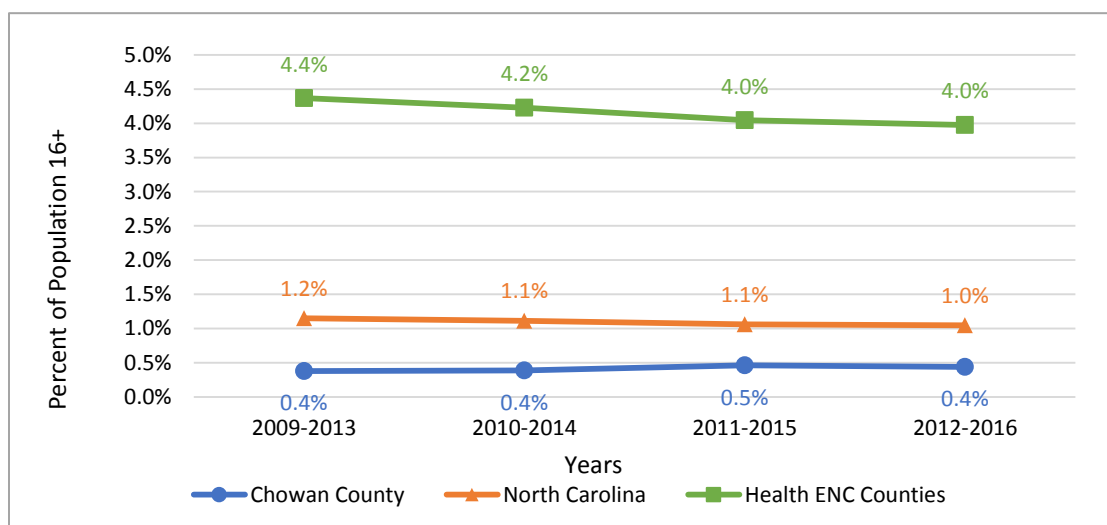
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Chowan County has a smaller share of residents in the military (0.4%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Chowan County has stayed relatively consistent, and is lower than in North Carolina and the Health ENC region.

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

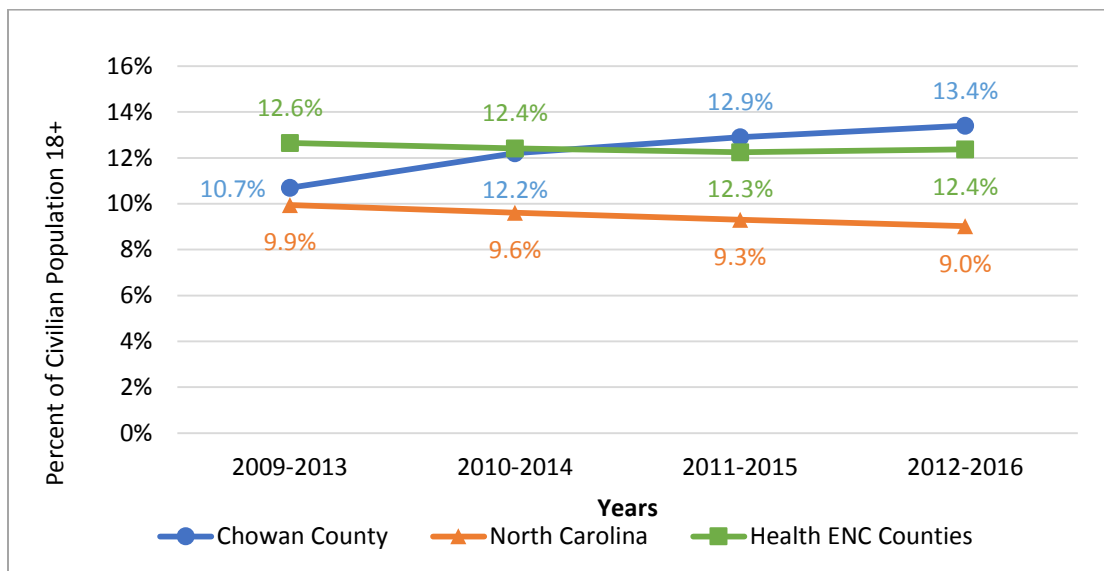


Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Chowan County has a veteran population of 13.4% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Chowan County has increased over the past four measurement periods, while the veteran population in North Carolina and the Health ENC region has decreased slightly across the same timeframe.

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



Socioeconomic Profile

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

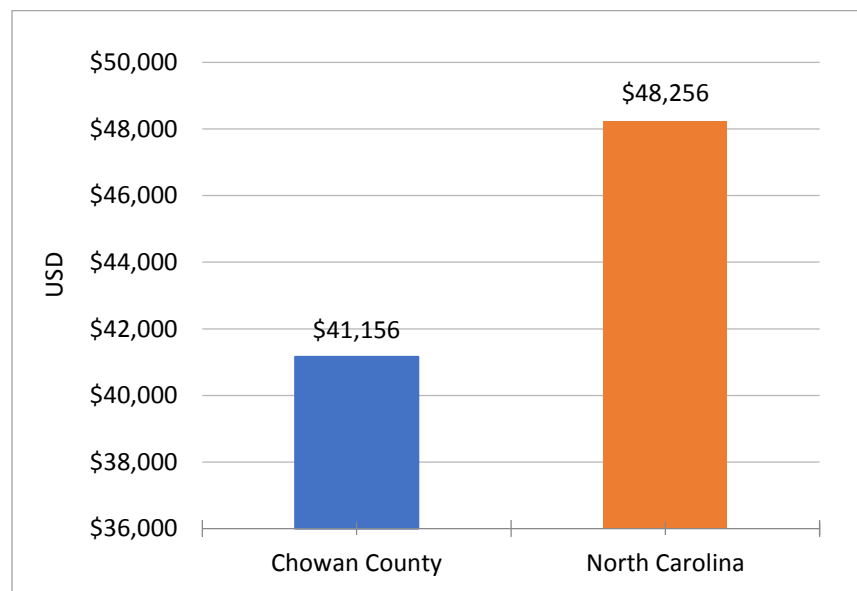
NC Department of Commerce Tier Designation

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

Income

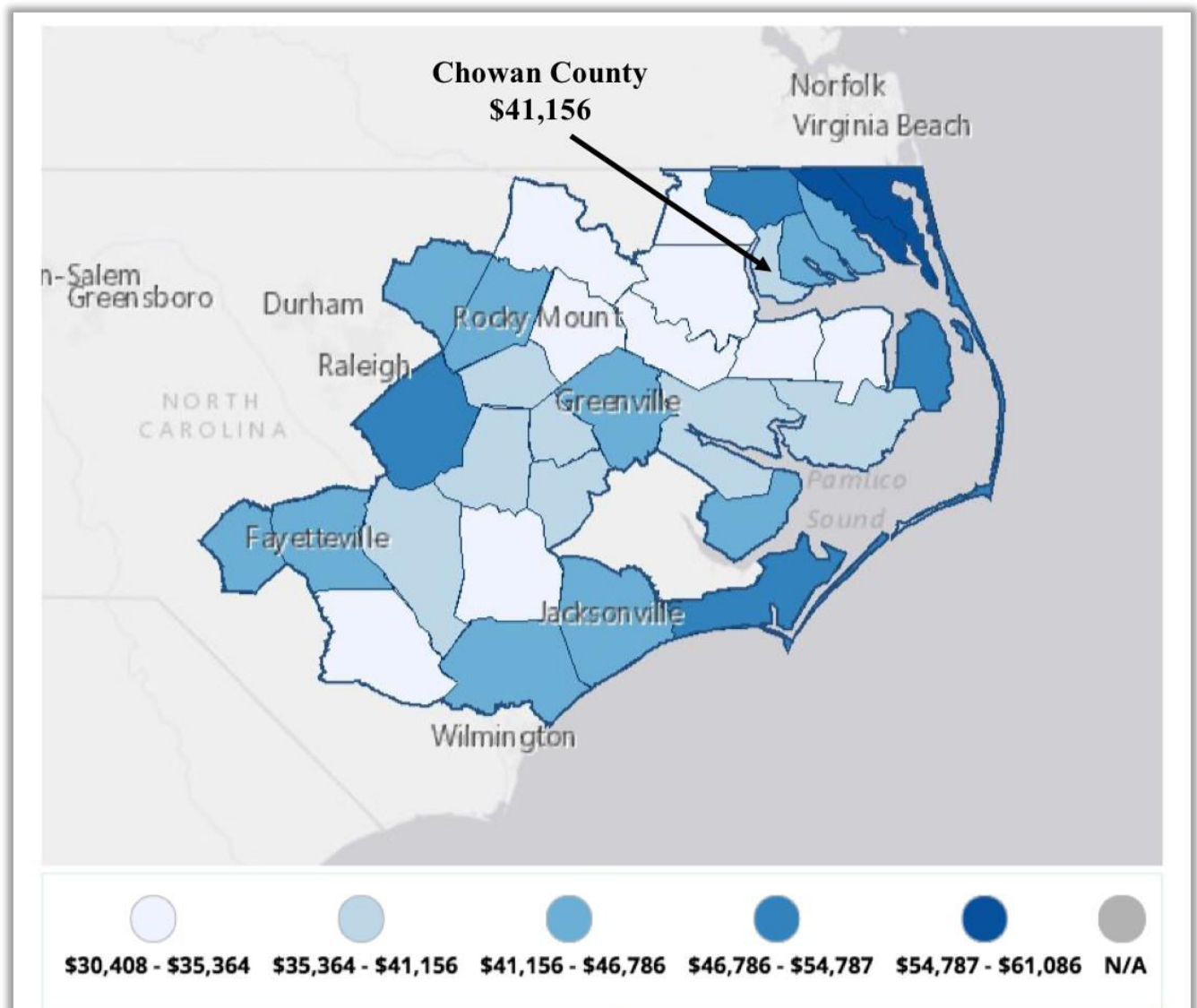
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Chowan County (\$41,156), which is lower than the median household income in North Carolina (\$48,256).

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



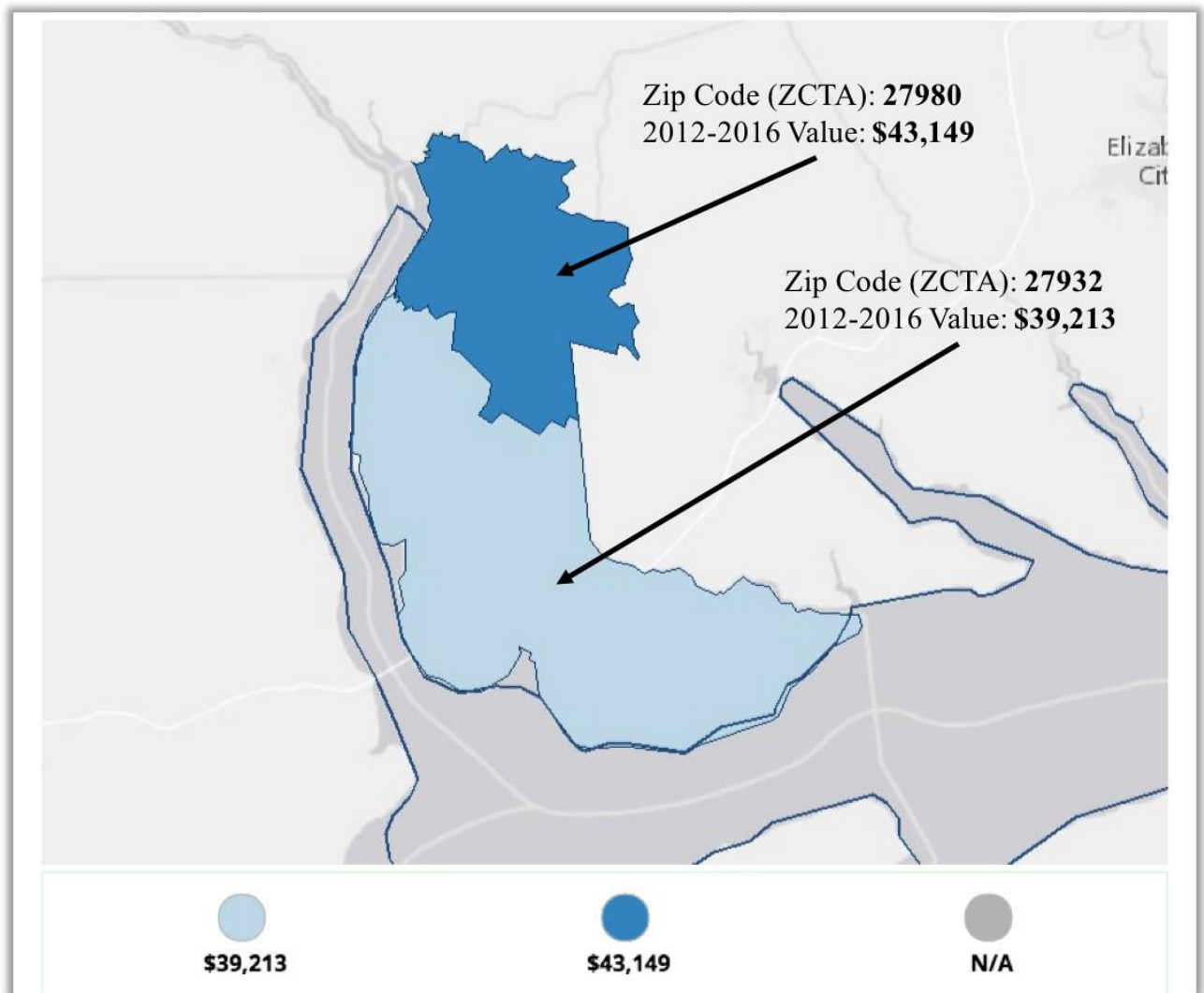
Chowan County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

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



Within Chowan County, zip code 27932 has the lowest median household income (\$39,213) while zip code 27980 has the highest median household income (\$43,149) (Figure 16).

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

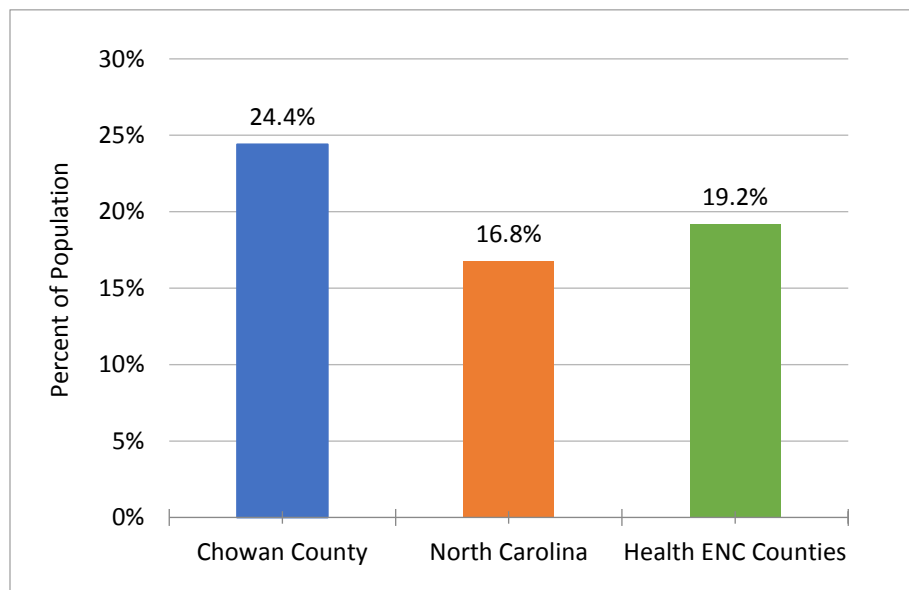


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 17, 24.4% percent of the population in Chowan County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

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



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

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

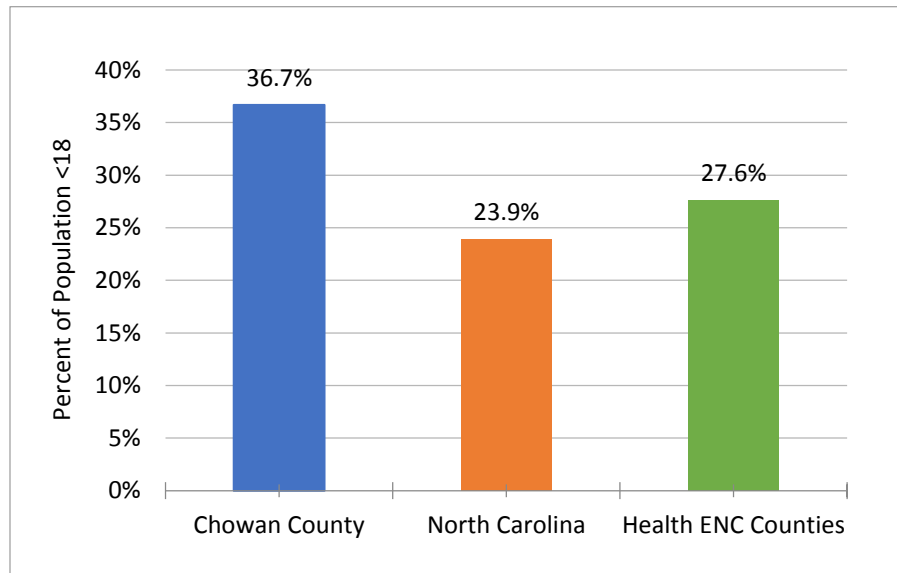
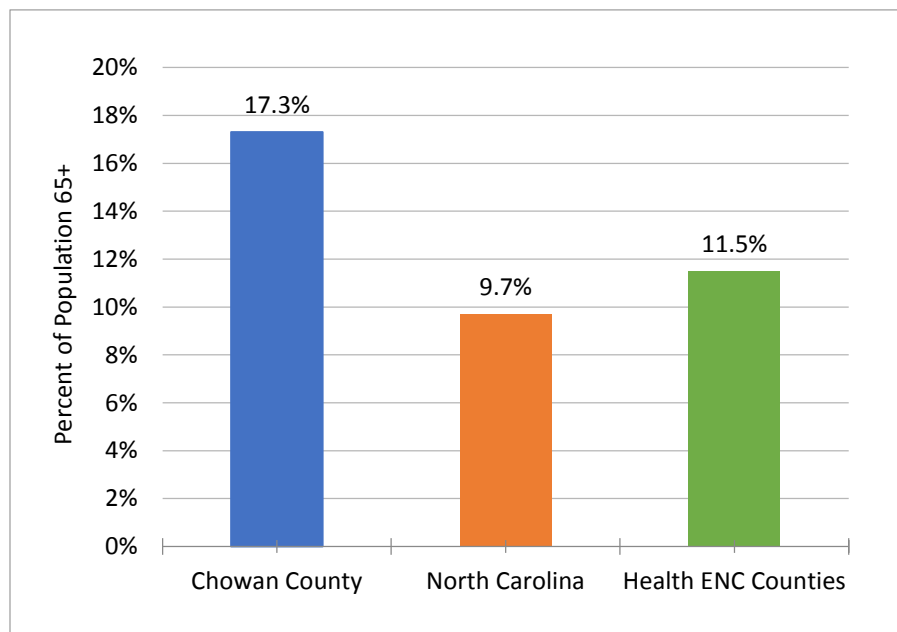
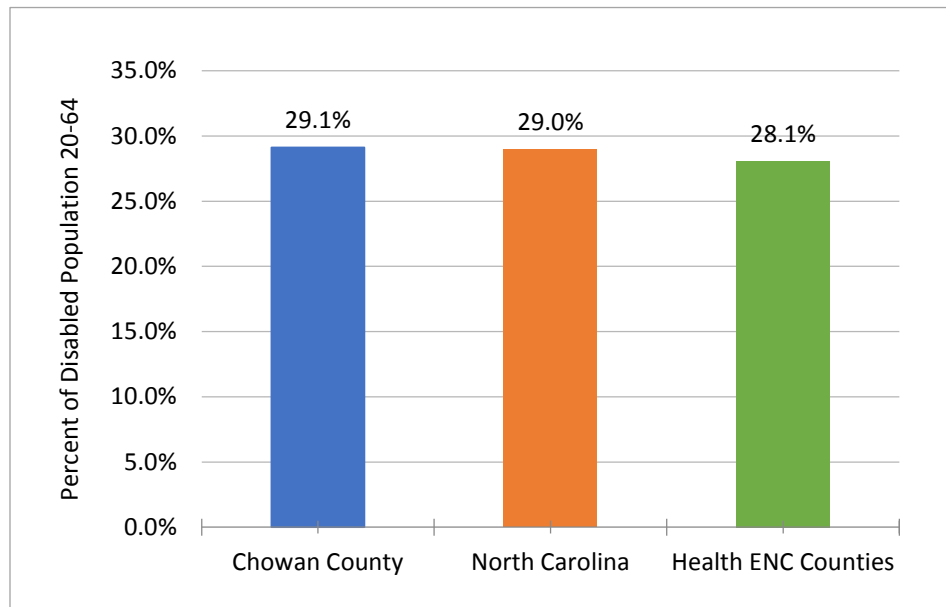


Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Chowan County (29.1%) is similar to the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

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

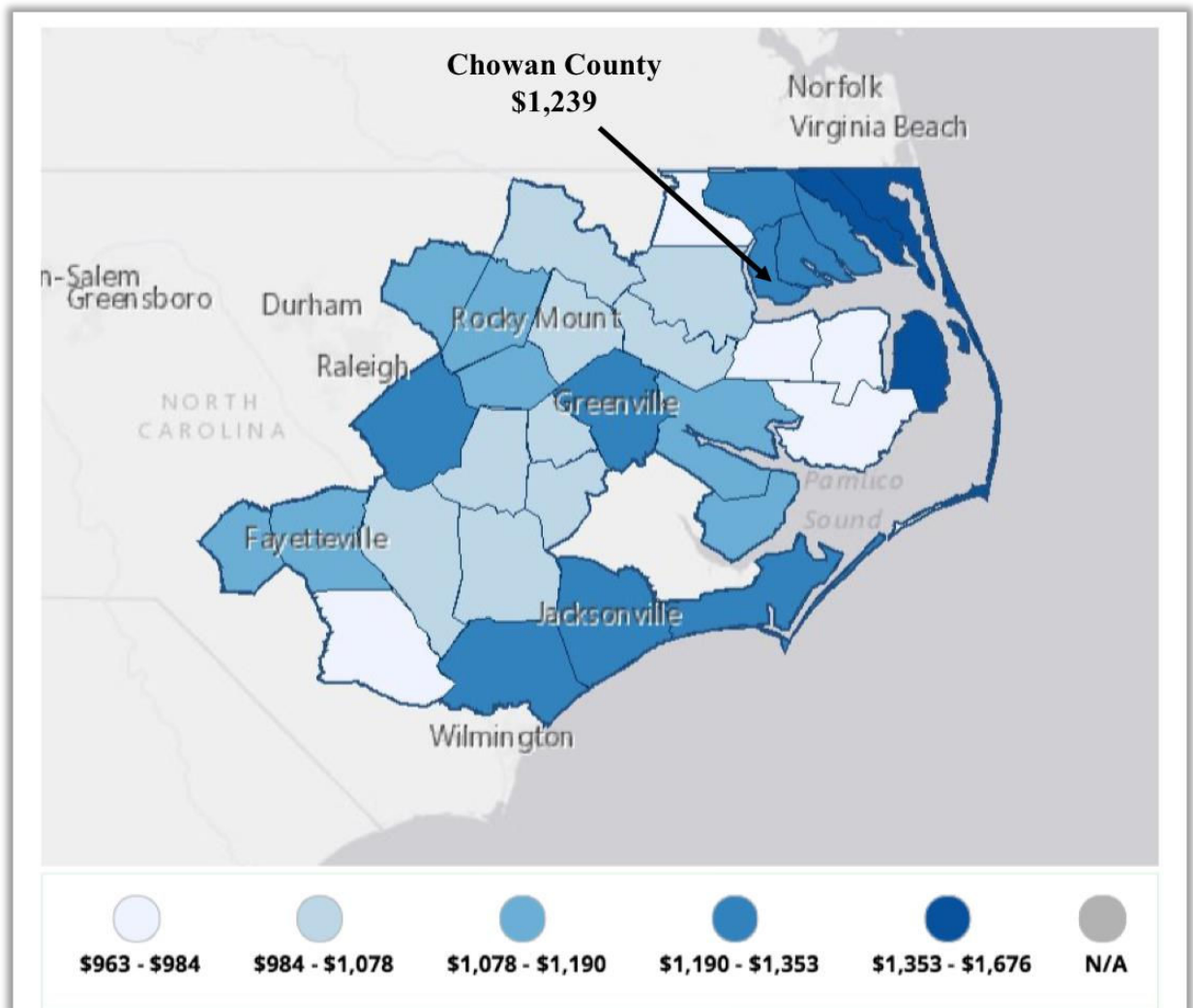


Housing

The average household size in Chowan County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household.

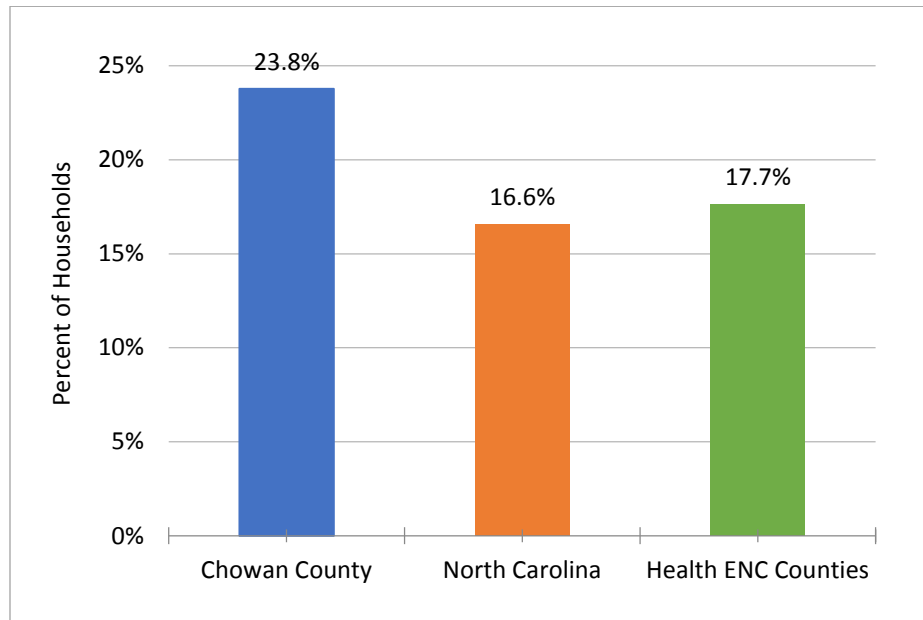
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Chowan County, the median housing costs for homeowners with a mortgage is \$1,239. This is similar to the North Carolina value (\$1,243) and to other counties in the Health ENC region.

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



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Nearly 24% of households in Chowan County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

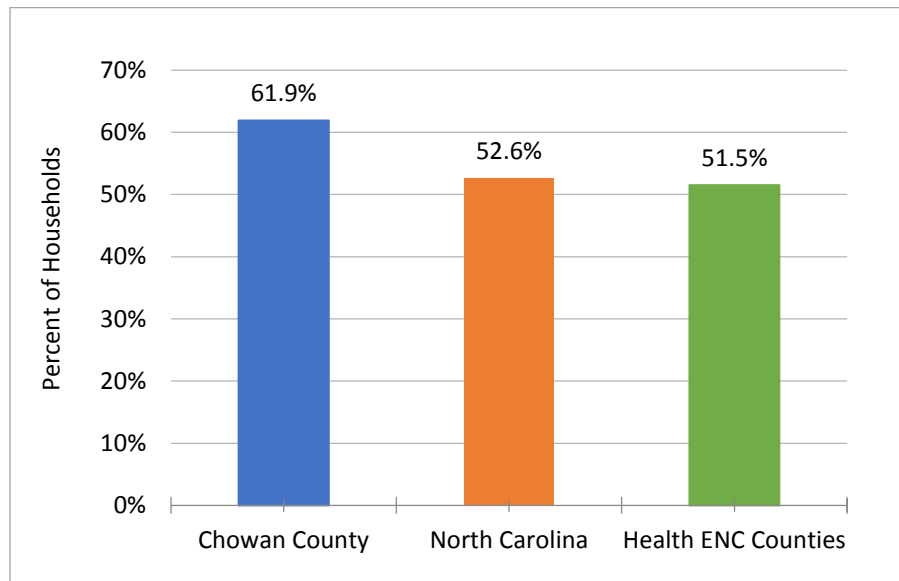


Food Insecurity

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Chowan County, 61.9%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

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



Employment

According to North Carolina Commerce data from 2017, the top five largest employers in Chowan County are:

- Edenton-Chowan Schools: 250-499 employees
- Vidant Medical Center: 250-499 employees
- Meherrin Agricultural and Chemical Company: 250-499 employees
- Chowan County: 100-249 employees
- Colony Tire Corporation: 100-249 employees

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Chowan County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Chowan County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27932, with an index value of 86.4, has the highest level of socioeconomic need within Chowan County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Chowan County are provided in Table 7.

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

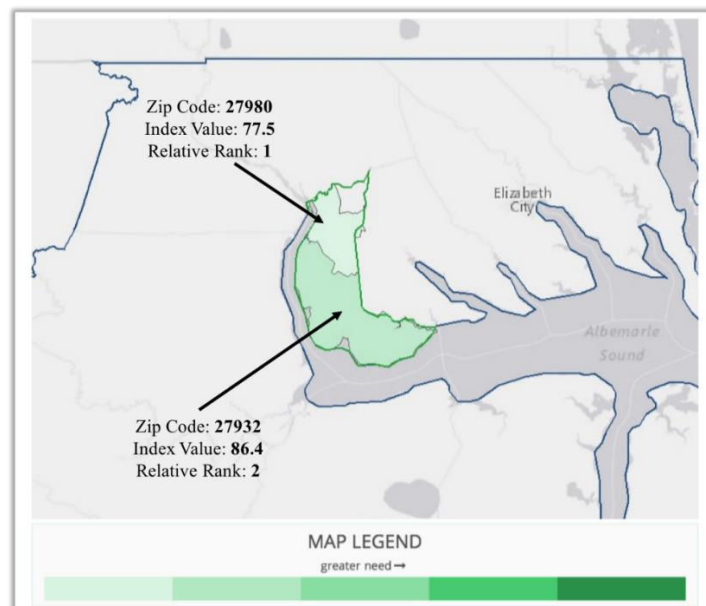


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

| Zip Code | Index Value | Relative Rank |
|-----------------|--------------------|----------------------|
| 27932 | 86.4 | 2 |
| 27980 | 77.5 | 1 |

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

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

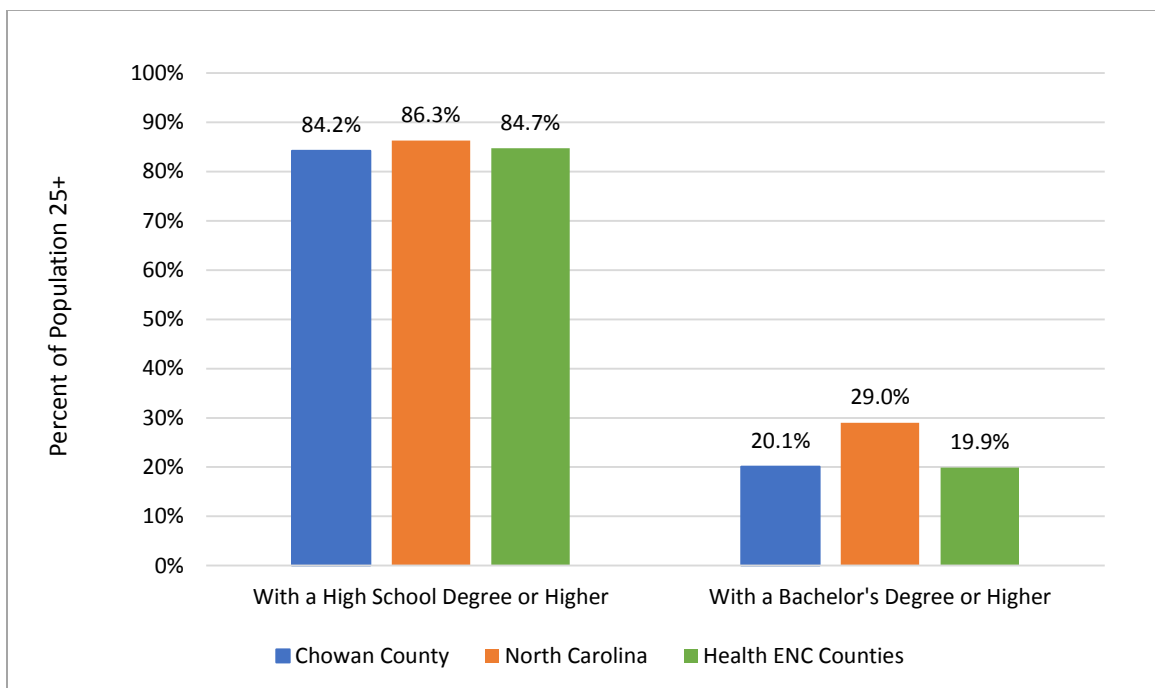
Educational Profile

Educational Attainment

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

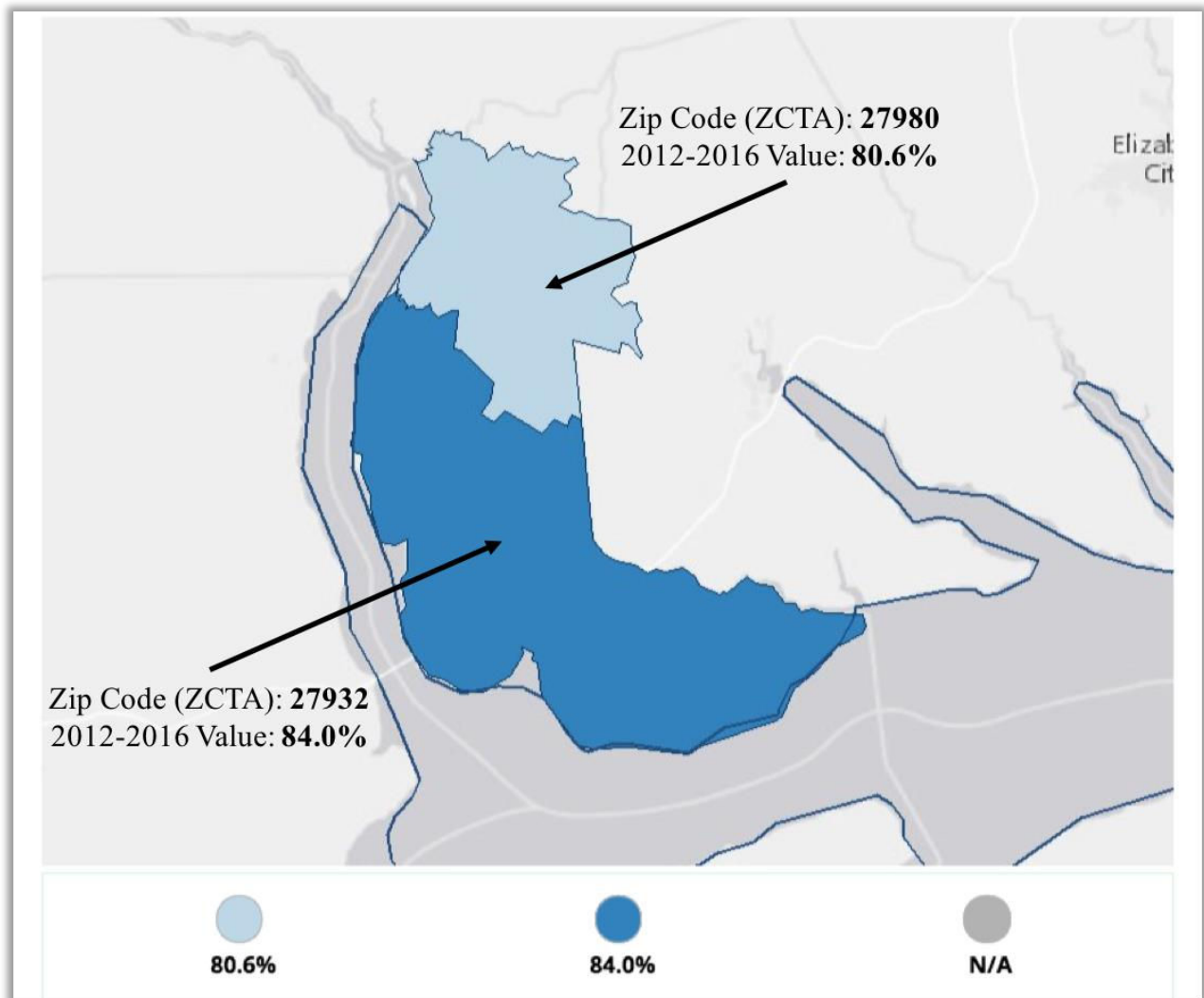
Countywide, the percent of residents 25 or older with a high school degree or higher (84.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Chowan County is lower than the state value but similar to the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 20.1% in Chowan County and 19.9% in the Health ENC region (Figure 25).

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



Countywide, the high school degree attainment rate varies, with zip code 27980 having the lowest high school graduation rate of 80.6% (Figure 26).

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

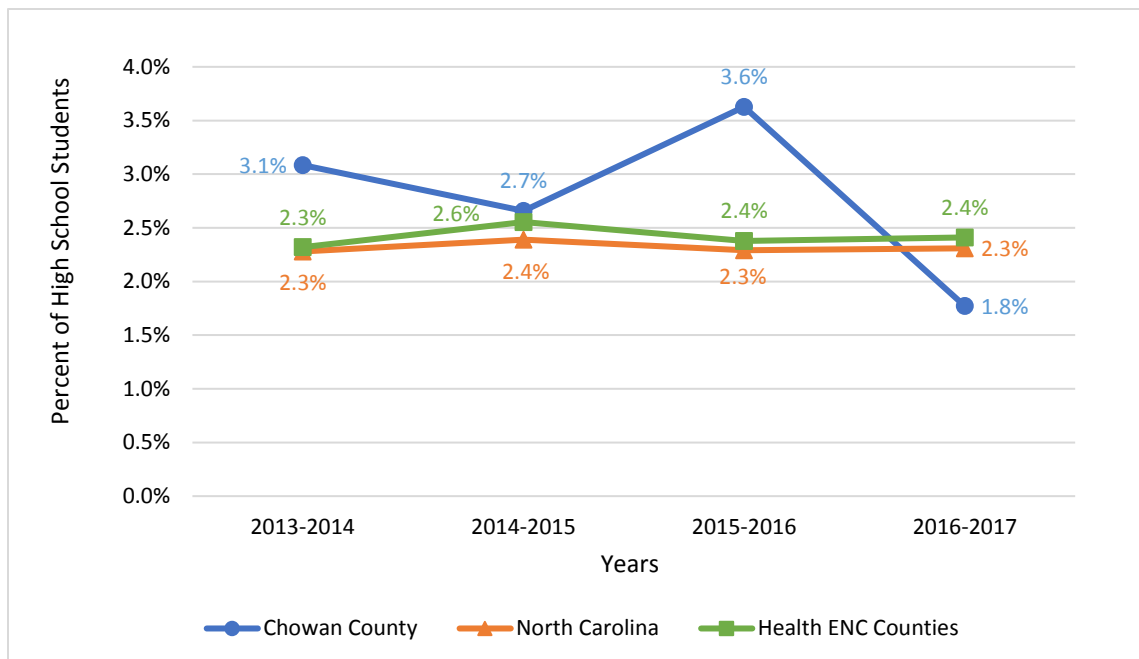


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Chowan County's high school dropout rate, given as a percent of high school students in Figure 27, was 1.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). While the high school dropout rate has remained relatively consistent for the state and region over the past four years, the rate for Chowan County has dropped noticeably from 2015-2016 to 2016-2017.

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

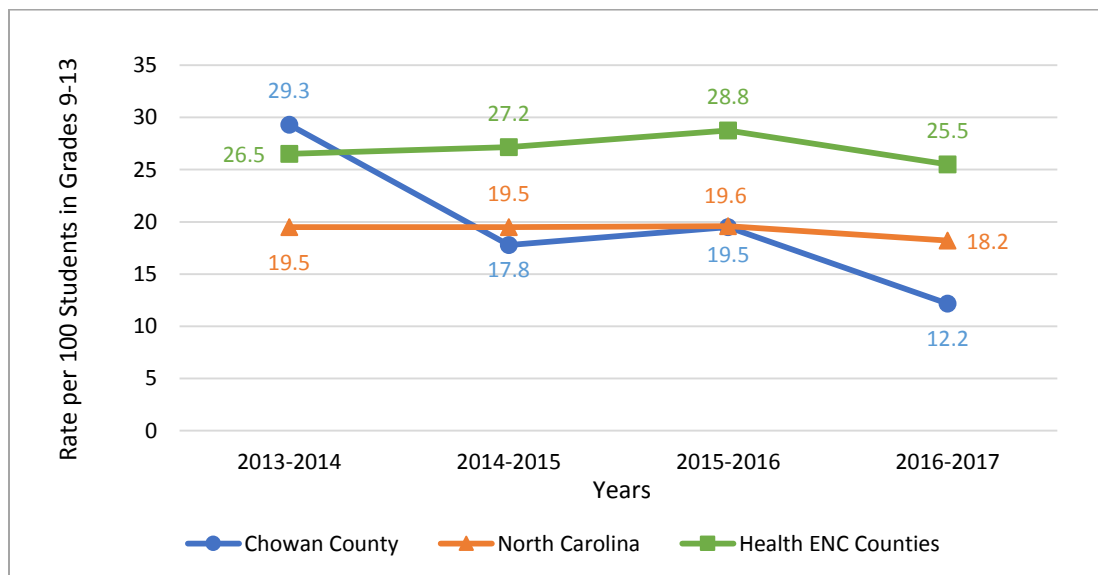


High School Suspension Rate

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

Chowan County's rate of high school suspension (12.2 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for the state and region have remained fairly consistent across four time periods, while the rates for Chowan County have decreased noticeably over the same timeframe.

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



Environmental Profile

AIR QUALITY

The US Environmental Protection Agency (EPA) maintains air quality monitoring stations throughout the country to continuously measure the air pollutants that most affect the health and wellbeing of the public: carbon monoxide, nitrous oxide, sulfates, ozone and particulate matter. These stations tend to be located in populous areas or along highway routes that carry significant traffic loads, but none are located in or near Chowan County, so there is no Air Quality Index (AQI) data for this locale. http://www.epa.gov/airdata/ad_rep_aqi.html

DRINKING WATER

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

As of October 10, 2018, SDWIS listed two active water systems in Chowan County, all of which were *Community Water Systems* that served an estimated 16,263 people, which is 100% of the county's population. A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these two CWS there were no health violations in the past 10 years.

<https://www3.epa.gov/enviro/facts/sdwis/search.html>

SOLID WASTE

Albemarle Regional Solid Waste Management Authority is a county-level legal entity serving the Counties of Perquimans, Chowan, Gates, Dare, Currituck, Hyde, and Tyrrell. This area currently has approximately 107,000 permanent residents and several hundred thousand visitors each year. Through a 26-year contract signed in 2009 with Republic Services of NC, LLC, the Authority aims to provide cost-effective and efficient solid waste disposal for the region. All municipal wastes and most of the construction and demolition debris from the Authority's members are landfilled in the East Carolina Environmental Landfill in Bertie County (owned by Republic Services of NC). The waste is primarily sent there through the three transfer stations located in Dare County, Currituck County, and Perquimans County. The towns and counties operate their own solid waste and recycling collection programs.

RABIES

According to the Epidemiology Section of NC DPH, there were six confirmed cases of rabies in animals in Chowan County between 2008 and 2018. Rabies is not common in the ARHS region, with only 43 cases identified region-wide over the ten year period presented.

<http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables>

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 3.7% of residents walk to work, which is higher than the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Chowan County, with an estimated 0% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Chowan County, 79.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

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

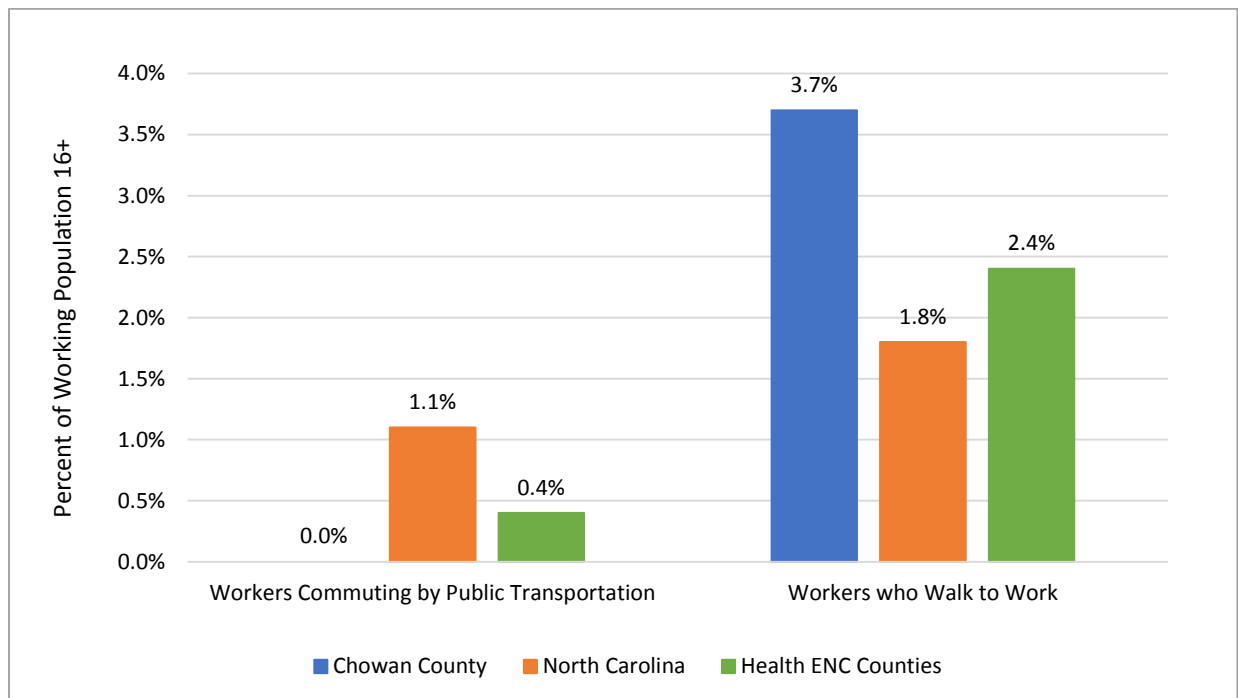
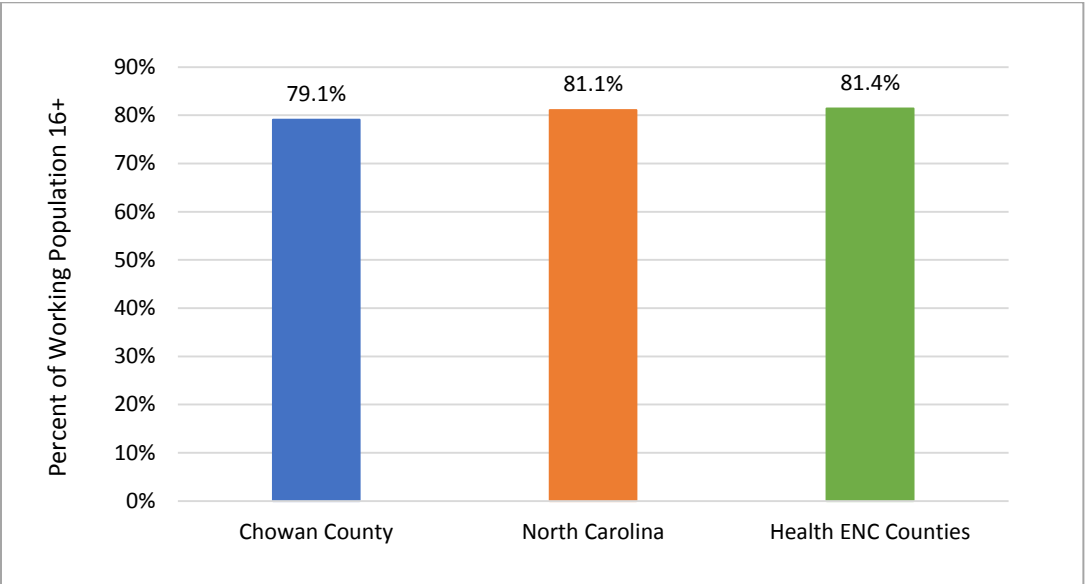


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



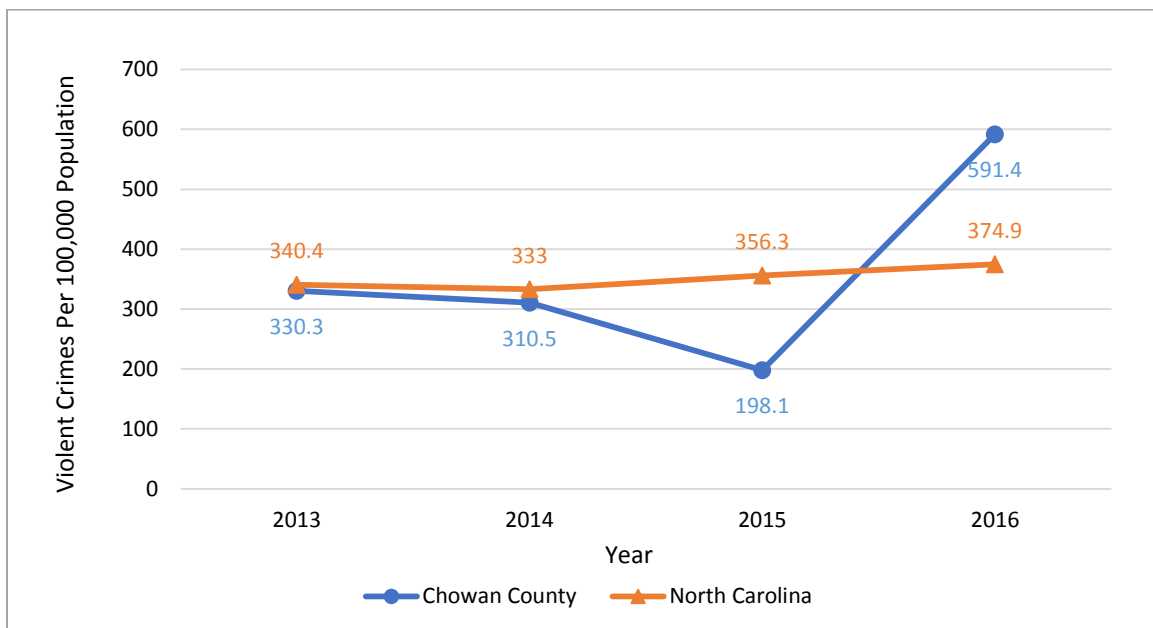
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

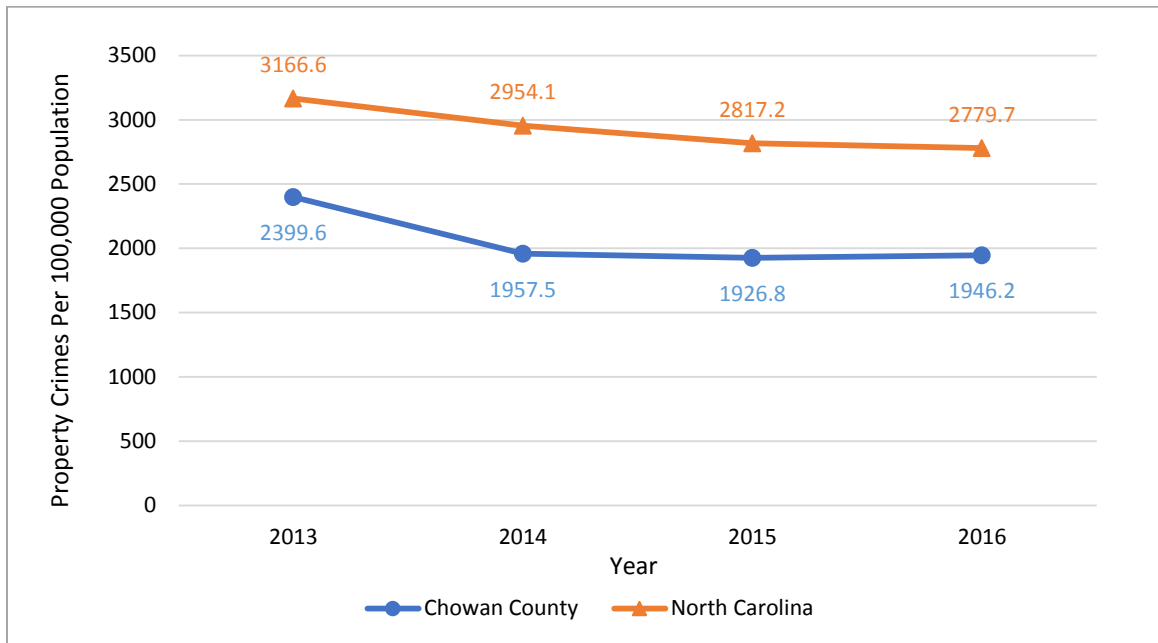
The violent crime rate in Chowan County is 591.4 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). Further, the rate of violent crime in Chowan County has increased from 198.1 in 2015 to 591.4 in 2016.

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



The property crime rate in Chowan County (1,946.2 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

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



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Chowan County (3.4) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). Further, the rate for Chowan County has consistently remained higher than the state and regional rate over the past four measurement periods.

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

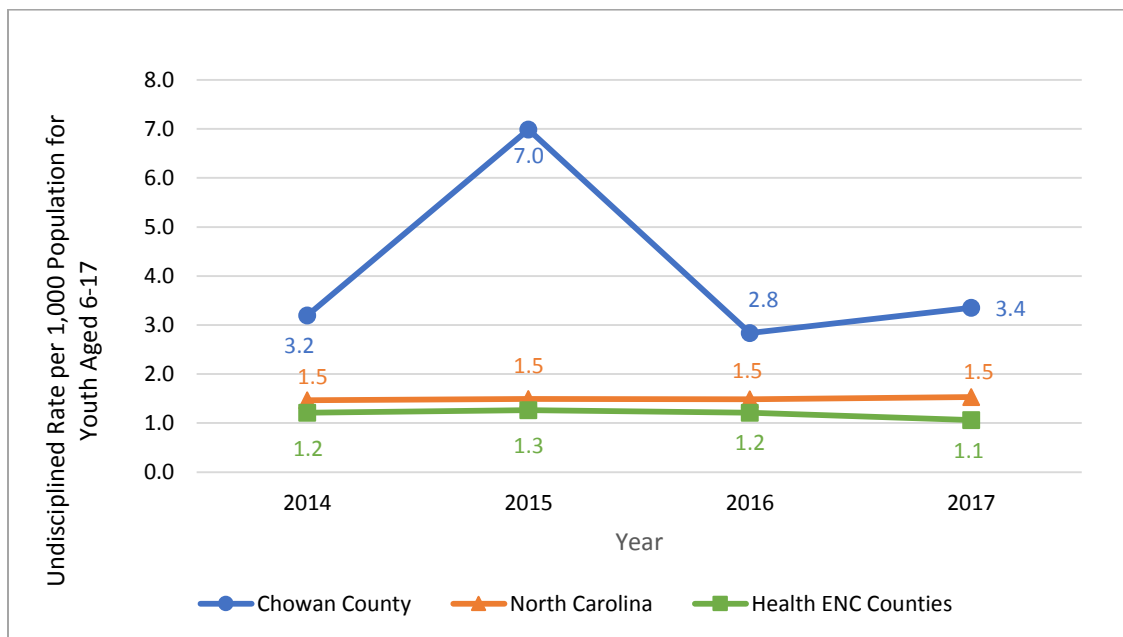
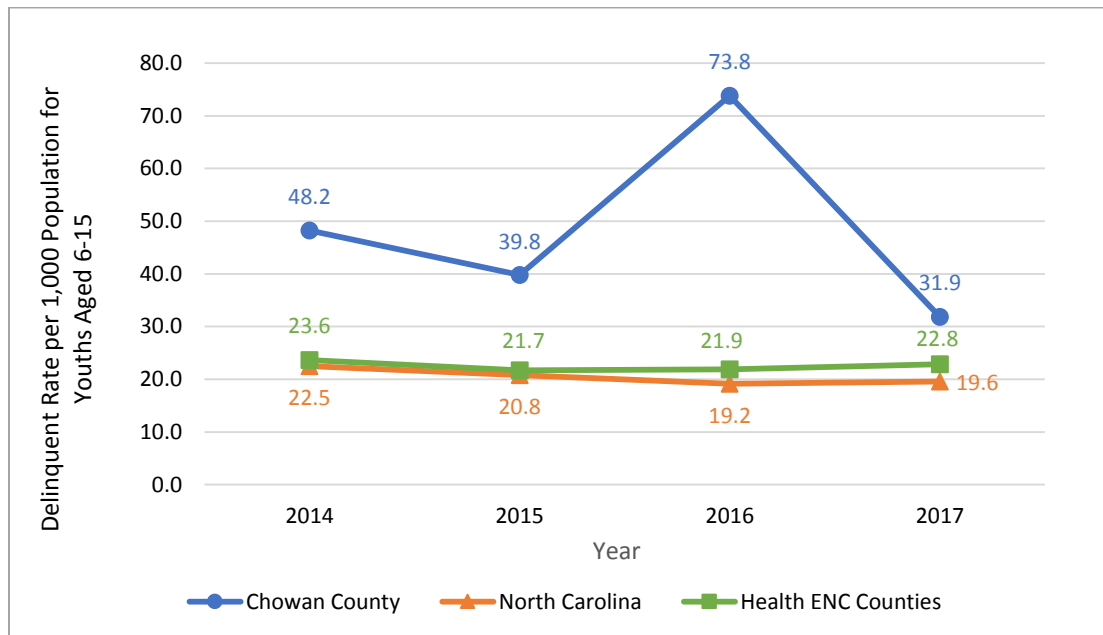


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Chowan County decreased from 73.8 in 2016 to 31.9 in 2017, the rate has remained consistently higher than the rate in North Carolina and the Health ENC region over the past four measurement periods.

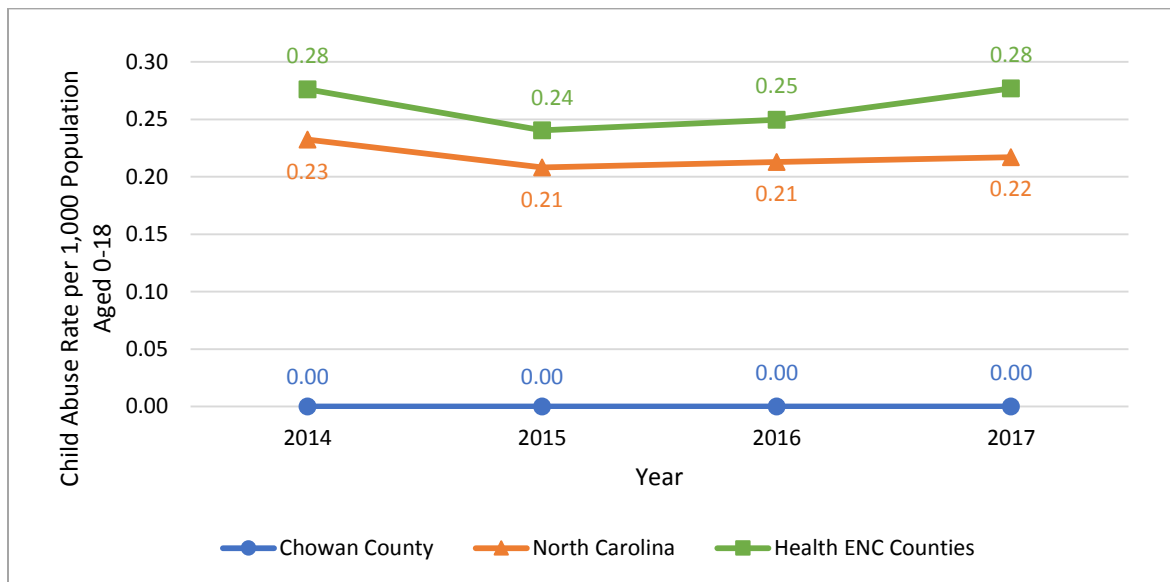
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Chowan County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). Further, the county rate has remained consistent at 0.00 over the past four measurement periods.

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

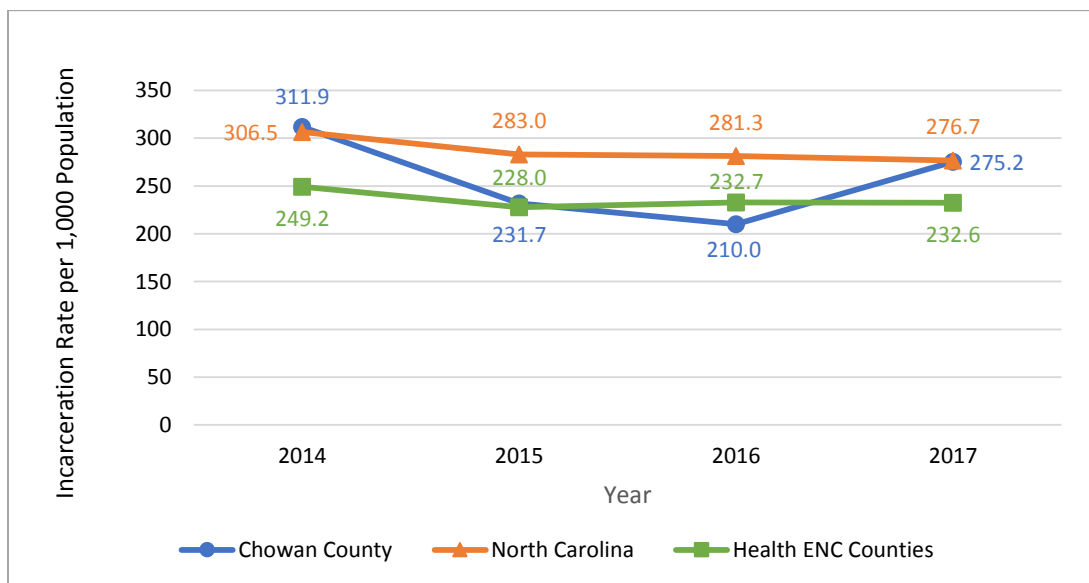


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Chowan County (275.2 per 1,000 population) is similar to the rate in North Carolina (276.7), but higher than the rate in the Health ENC region (232.6). While the incarceration rate in Chowan County decreased from 2014 to 2016, the rate increased from 2016 to 2017.

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



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Chowan County, 87.9%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%).

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

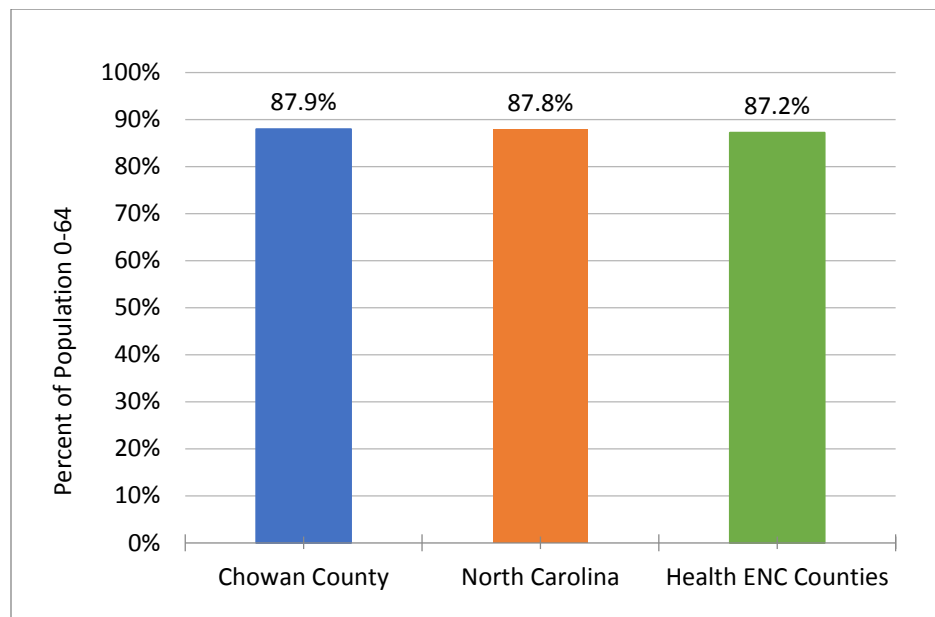
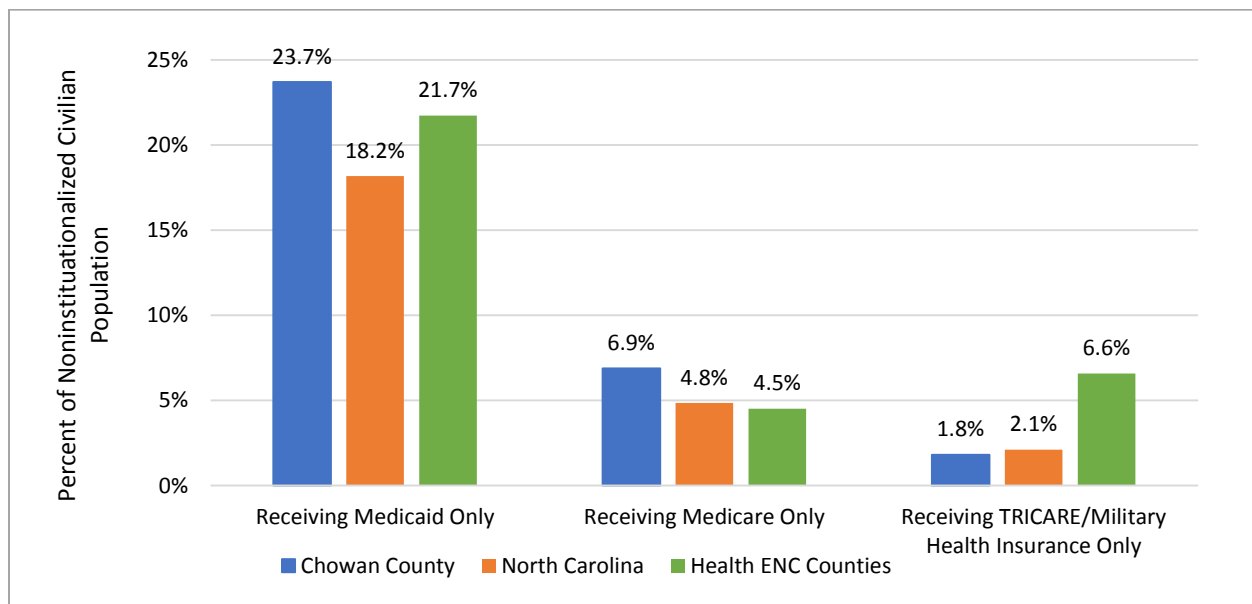


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Chowan County has a higher percent of people receiving Medicaid (23.7%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Chowan County (6.9%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance, however, is lower in Chowan County (1.8%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



People without health insurance are often the segment of the population least likely to seek and/or to be able to access necessary health care. Countywide, 12.1% of residents are uninsured.

Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Chowan County has a higher percent of residents of voting age (79.5%) than North Carolina (77.3%) and Health ENC counties (76.7%).

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

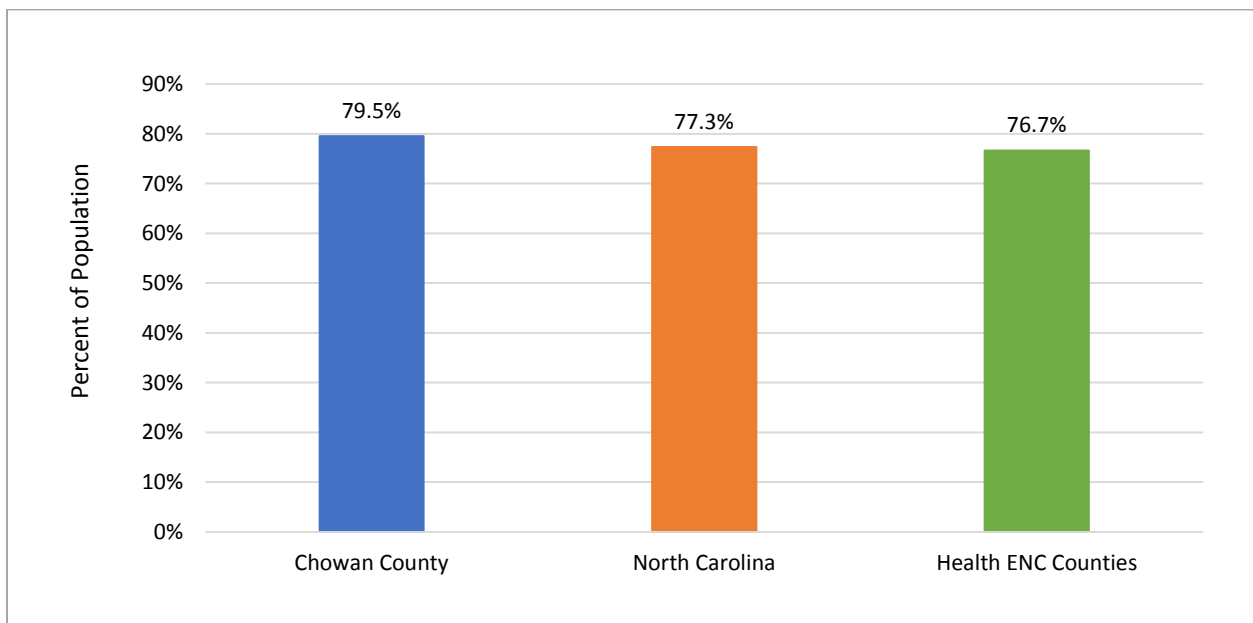
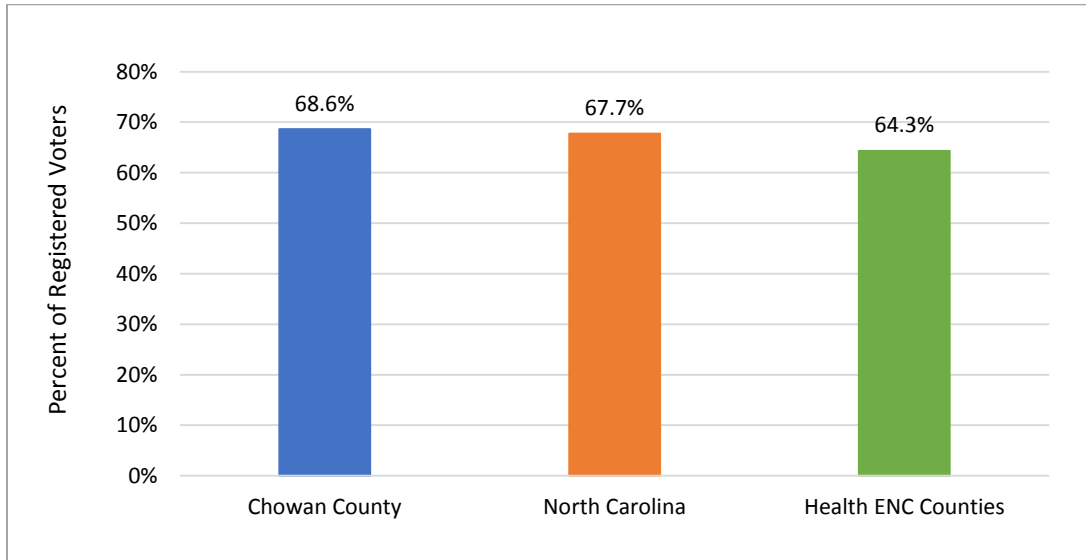


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Chowan County was 68.6%, which is slightly higher than the state value (67.7%) and higher than the value in Health ENC counties (64.3%).

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



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Chowan County by topic area. Topics with higher scores indicate greater need. Diabetes is the poorest performing health topic for Chowan County, followed by Maternal, Fetal & Infant Health, Prevention & Safety, Economy and Transportation.

Table 8. Secondary Data Scoring Results by Topic Area

| Health and Quality of Life Topics | Score |
|--|--------------|
| Diabetes | 2.08 |
| Maternal, Fetal & Infant Health | 1.95 |
| Prevention & Safety | 1.93 |
| Economy | 1.86 |
| Transportation | 1.80 |

*See [Appendix B](#) for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Chowan County. Low income/poverty was the most frequently selected issue and was ranked by 49% of survey respondents, followed by drugs/substance abuse (17.4%).

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

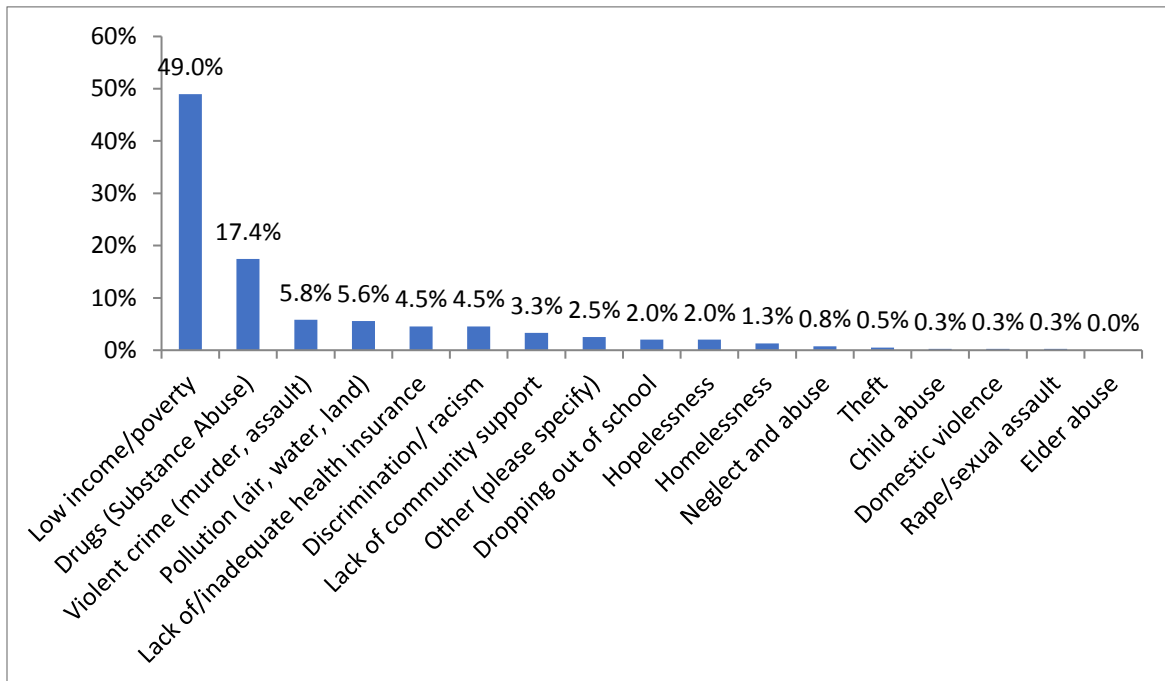


Figure 42 displays the level of agreement among Chowan County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, is a safe place to live and has good parks and recreation facilities. However, 70% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

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

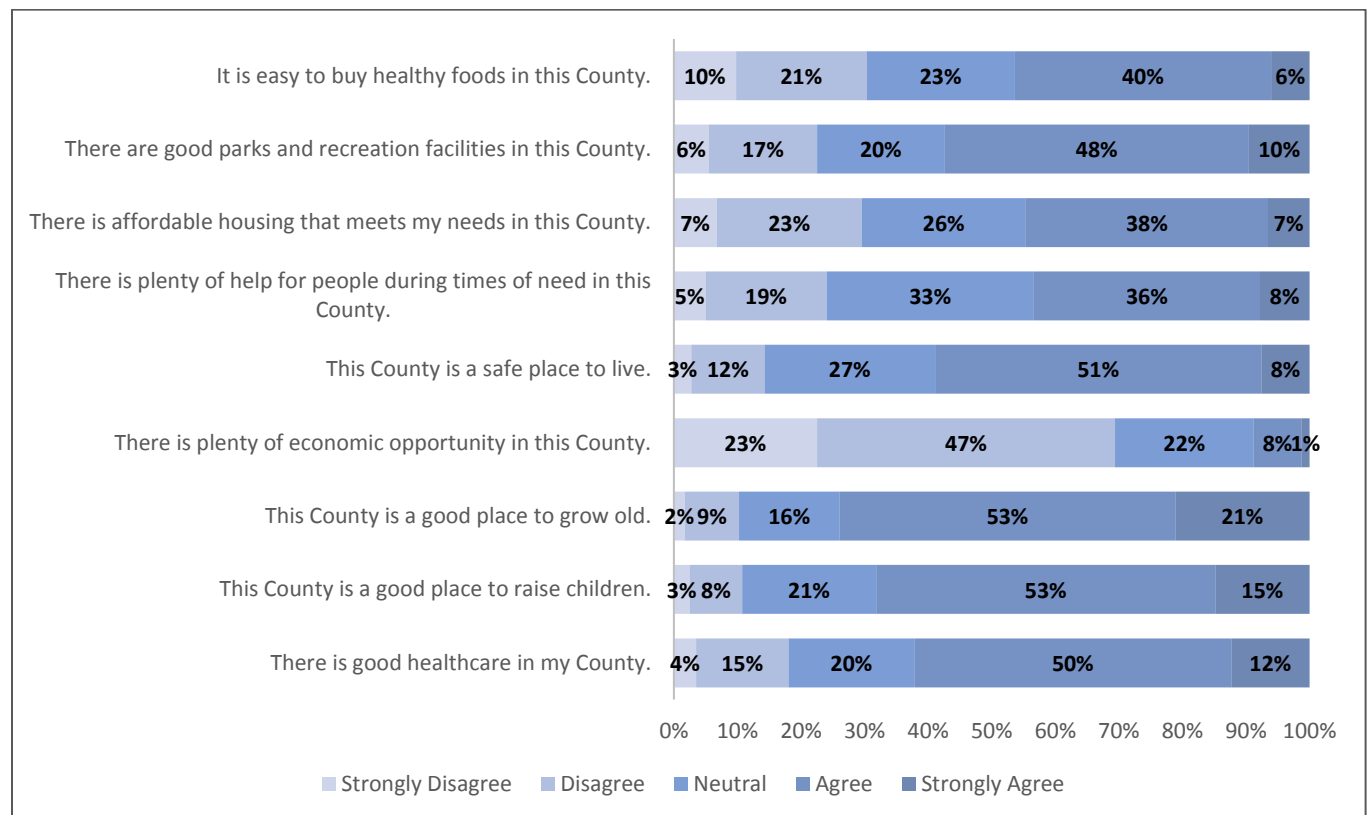


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Chowan County. Availability of employment was the most frequently selected issue, followed by higher paying employment, positive teen activities and counseling / mental health / support groups.

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

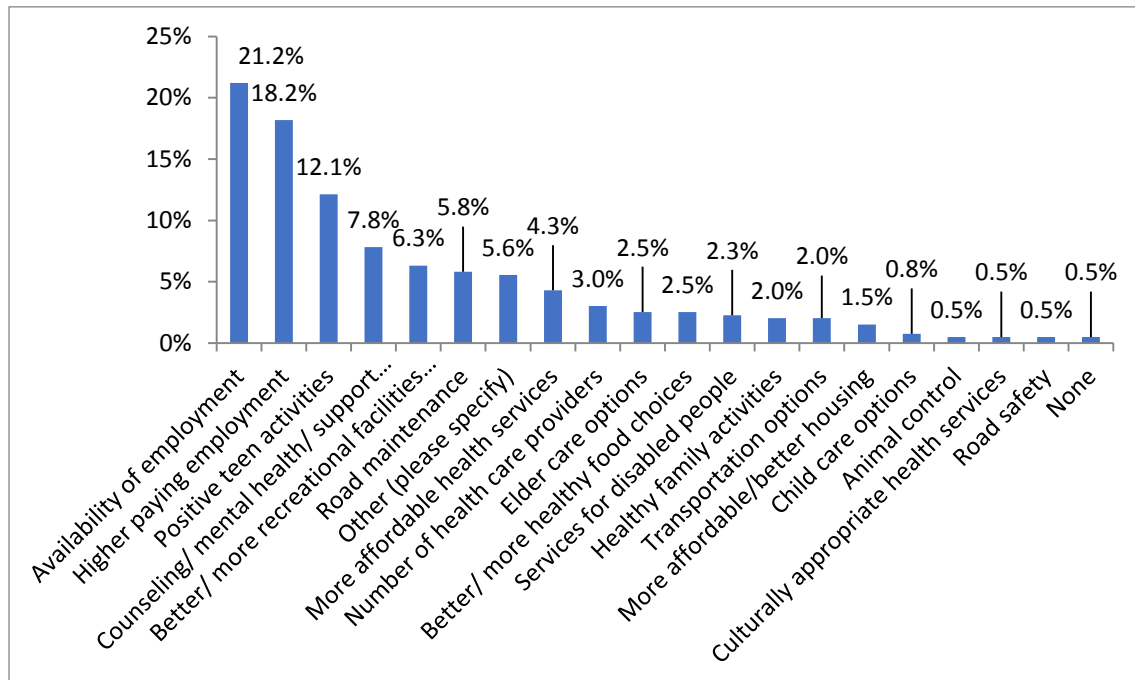
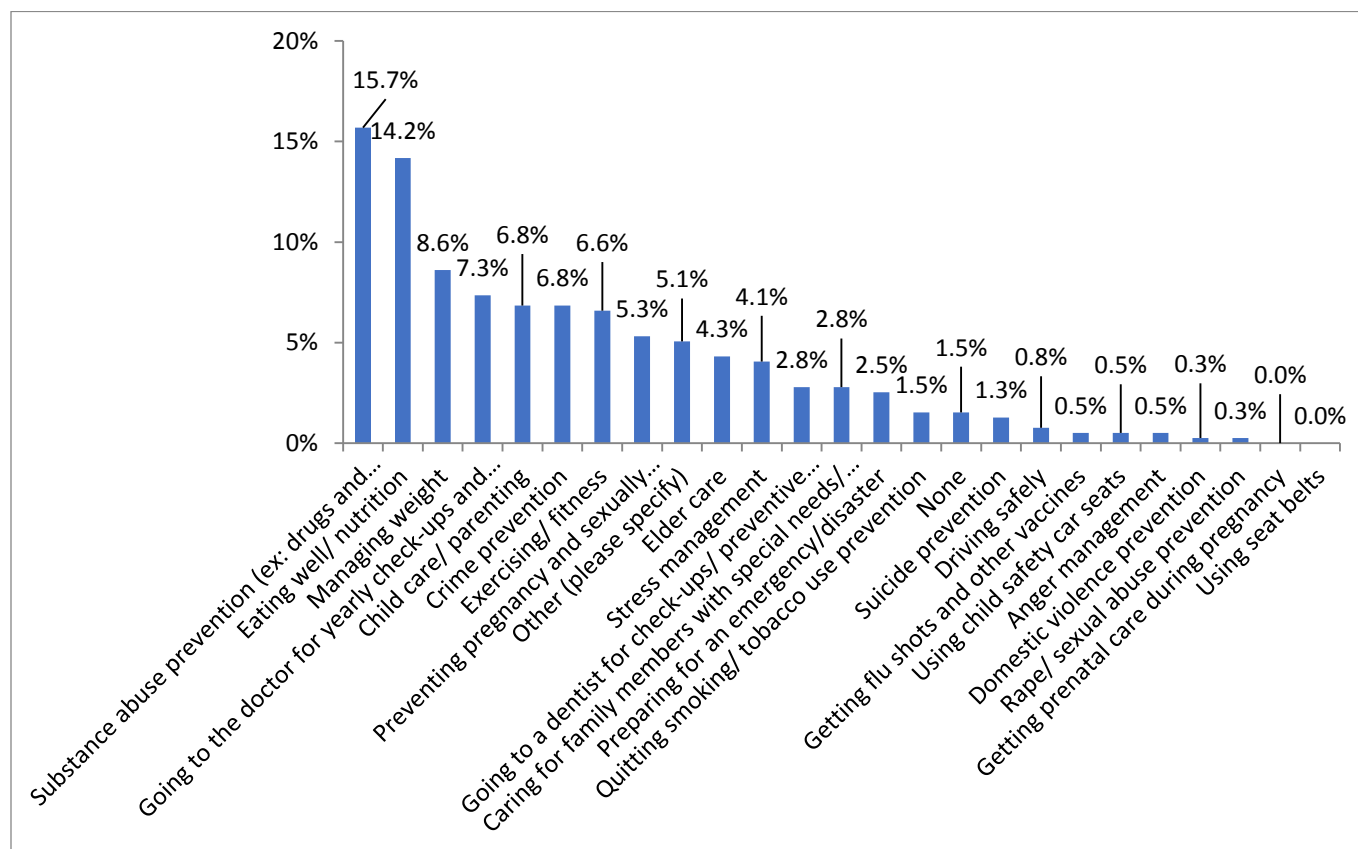


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Chowan County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 15.7% of survey respondents. This was followed by eating well/nutrition, managing weight and going to the doctor for yearly check-ups and screenings.

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



Focus Group Discussions

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

Table 9. Focus Group Results by Topic Area

| Topic Area (Code) | Frequency |
|----------------------------------|------------------|
| Access to Health Services | 22 |
| Economy | 20 |
| Exercise, Nutrition & Weight | 12 |
| Mental Health & Mental Disorders | 9 |
| Environment | 6 |
| Heart Disease & Stroke | 6 |
| Transportation | 6 |

Data Synthesis

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

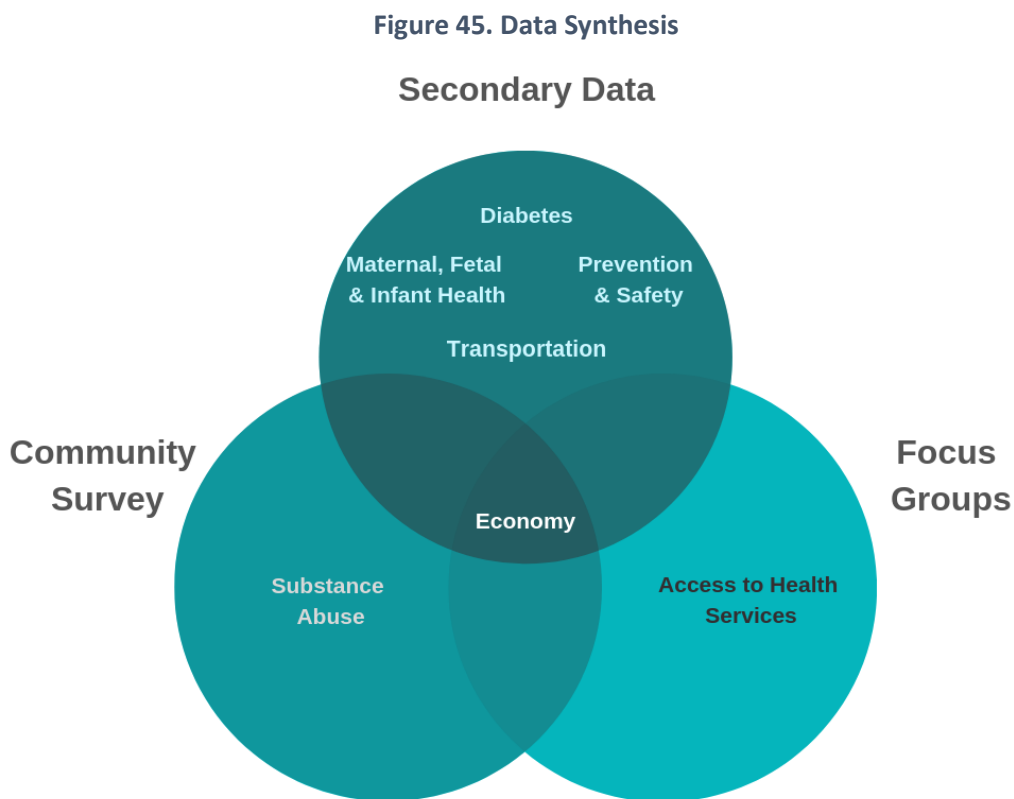
Table 10. Criteria for Identifying the Top Needs from each Data Source

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

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

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

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



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

Topic Areas Examined in This Report

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

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







| |
|----------------------------------|
| Access to Health Services |
| Diabetes* |
| Maternal, Fetal & Infant Health* |
| Prevention & Safety* |
| Economy* |
| Substance Abuse |
| Transportation* |

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

Navigation Within Each Topic

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

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

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

Diabetes












Key Issues

- Adults over the age of 20 with Diabetes in Chowan county is a high scoring indicator and a health issue of concern
- Time trend analysis shows that Diabetes amongst the Medicare population may be increasing over time though this change is not currently statistically significant
- The age-adjusted death rate due to diabetes is higher in Chowan County than in North Carolina and the U.S.

Secondary Data

The secondary data scoring results reveal Diabetes as the top need in Chowan County with a score of 2.08. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13. 14.4% of adults over the age of 20 have diabetes in Chowan County which is higher than in North Carolina (11.1%) and the U.S. (10%). This indicator has not increased or decreased significantly based on the time trend analysis. Diabetes amongst the Medicare population is 30.7% and there is an increase over time though this change is not currently statistically significant but worth monitoring. The age adjusted death rate due to diabetes is 26.8 deaths per 100,000 population which is higher than the state and U.S. values.

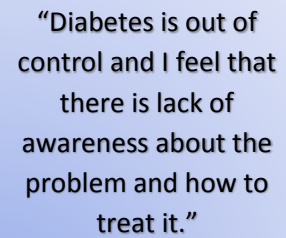
Table 13. Data Scoring Results for Diabetes

| Score | Indicator (Year) (Units) | Chowan County | North Carolina | U.S. | North Carolina Counties | U.S. Counties | Trend |
|-------|--|---------------|----------------|------|---|---|---|
| 2.4 | Adults 20+ with Diabetes (2014) (percent) | 14.4 | 11.1 | 10 |  |  |  |
| 1.93 | Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population) | 26.8 | 23 | 21.1 |  | |  |
| 2.2 | Diabetes: Medicare Population (2015) (percent) | 30.7 | 28.4 | 26.5 |  |  |  |
| 1.8 | Diabetic Monitoring: Medicare Population (2014) (percent) | 85.8 | 88.8 | 85.2 |  |  |  |

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 16.8% of community survey participants reported being told by a medical professional that they have diabetes and 48.2% had been told that they were overweight or obese. Diabetes was discussed two times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth. One participant shared that they felt that diabetes is a top health issue facing the county and there is a lack of awareness of the problem.



“Diabetes is out of control and I feel that there is lack of awareness about the problem and how to treat it.”

Highly Impacted Populations

Data scoring identified adults over age 20 and the Medicare population as groups highly impacted within the Diabetes topic area. No specific groups were identified in the primary data sources

Maternal, Fetal & Infant Health








Key Issues

- Babies born in Chowan County with low birth weight is a high scoring indicator and a health issue of concern
- Babies born preterm in Chowan County is higher than in North Carolina and the U.S.
- Teen pregnancy in Chowan County does meet the Healthy People 2020 goal but is higher than the state

Secondary Data

Maternal, Fetal & Infant Health has the second highest data score of all topic areas, with a score of 1.95. Table 14 highlights indicators that are high scoring and health issues of concern. 10.5% of babies are born with low birth weight in Chowan County while 1.7% of babies are born with very low birth weight. Neither indicator for birth weight meet the Healthy People 2020 goals; 7.8% for low birth weight and 1.4% for very low birth weight. Babies born preterm in Chowan County (11.5%) is higher than in the state (9%) and the U.S. (8.1%). Although the teen pregnancy rate is not as high scoring, the rate is higher in Chowan County (20.7 pregnancies per 1,000 females aged 15-17) than in North Carolina (15.7 pregnancies per 1,000 females aged 15-17).

Table 14. Data Scoring Results for Maternal, Fetal & Infant Health

| Score | Indicator (Year) (Units) | Chowan County | North Carolina | U.S. | North Carolina Counties | U.S. Counties | Trend | Healthy NC 2020 | HP 2020 |
|-------|--|------------------|-------------------|------|---|------------------|---|--------------------|------------|
| 1.83 | Babies with Very Low Birth Weight (2012-2016) (percent) | 1.7 | 1.7 | 1.4 |  | |  | - | 1.4 |
| 2.23 | Babies with Low Birth Weight (2012-2016) (percent) | 10.5 | 9 | 8.1 |  | |  | - | 7.8 |
| 2.18 | Preterm Births (2016) (percent) | 11.5 | 10.4 | 9.8 |  | | | - | 9.4 |
| 1.55 | Teen Pregnancy Rate (2012-2016) (pregnancies/1,000 females aged 15-17) | 20.7 | 15.7 | - |  | |  | - | 36.2 |

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected by 0% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy was raised by multiple participants as an issue facing the community. One participant raised teen pregnancy as a top health issue in the community and the need for more programs in the community to educate them about parenting.

Related to teen health and pregnancy, “positive teen activities” was the 3rd highest ranking service needing improvement in the community (12.1%) and preventing pregnancy/sexually transmitted diseases was selected as the 8th highest ranking health behavior that people in the community need more information about.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area indicators. Teenagers were identified in the primary data sources as group impacted within this topic area.

Prevention & Safety








Key Issues

- Severe housing problems is the top quality of life concern for Chowan County related to Prevention & Safety
- The death rate due to drug poisoning in Chowan County is higher than in North Carolina and the U.S.
- The age- adjusted death rate due to unintentional injuries does not meet the Healthy People 2020 goal

Secondary Data

Prevention & Safety received a data score of 1.93. This category includes unintentional deaths and injuries as well as other safety concerns such as quality of housing and motor vehicle accidents. Poor performing indicators related to Prevention & Safety, displayed in Table 15. Severe housing problems is a top quality of life concern for Chowan County. 23.8% of housing units are consider having severe problems which is higher than in the state (23.8%) and U.S. (18.8%). There is an indication that this is getting worse over time, though the trend is not currently statistically significant currently. From 2013-2015 there were 22.9 deaths per 100,000 population in Chowan County compared to 14 deaths per 100,000 population in North Carolina and 15 deaths per 100,000 population in the U.S. The age- adjusted death rate due to unintentional injuries is 37.9 deaths per 100,000 population which does not meet the Healthy People 2020 goal of 36.4 deaths per 100,000 population.

Table 15. Data Scoring Results for Prevention & Safety

| Score | Indicator (Year) (Units) | Chowan County | North Carolina | U.S. | North Carolina Counties | U.S. Counties | Trend | Healthy NC 2020 | HP 2020 |
|-------|--|------------------|-------------------|------|---|---|---|--------------------|------------|
| 2.5 | Severe Housing Problems (2010-2014) (percent) | 23.8 | 16.6 | 18.8 |  |  |  | - | - |
| 2.4 | Death Rate due to Drug Poisoning (2013-2015) (deaths/ 100,000 population) | 22.9 | 14 | 15 |  |  | | - | - |
| 1.88 | Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/ 100,000 population) | 37.9 | 31.9 | 41.4 |  | |  | | 36.4 |

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

According to survey results, Prevention & Safety overall did not rank high as one of the top quality of life topics individuals in Chowan County felt impacted their lives. However, 5.8% of respondents selected violent crime as a top issue in the community while very few selected theft or domestic violence.

Only 1.5% of participants selected more affordable or better housing as a service needing the most improvement in the community. 45% of participants shared that they strongly agreed or agreed that Chowan County has affordable housing that meets their needs, while 59% strongly agreed or agreed that Chowan County is a safe place to live. The discordance between the secondary data and the community survey may reflect the circumstances of the population responding to the survey and may not reflect overall needs of the community. Focus group discussion did not reveal any needs or concerns related to safety, more generally though this may have been related to the nature of the conversations.

Highly Impacted Populations

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

Economy



















Key Issues

- People living below the poverty level including families and senior citizens is higher in Chowan County than in North Carolina and the U.S.
- 20% of the population is food insecure in Chowan County
- Less than half of the female population over age 16 is engaged in the work force

Secondary Data

Secondary data analysis identified the economy as a top quality of life area of concern with a score of 1.86. High scoring indicators are displayed in Table 16. As reviewed within the Prevention & Safety section, severe housing problems are a top concern in the community. In Chowan County, 24.4% of people live below the poverty level, 18.8% of families live below the poverty level and 17.3% of adults over 65 also live below the poverty level. In addition, 20% of the population is food insecure in Chowan County and only 47.1% of the female population over age 16 is working in the civilian labor force.

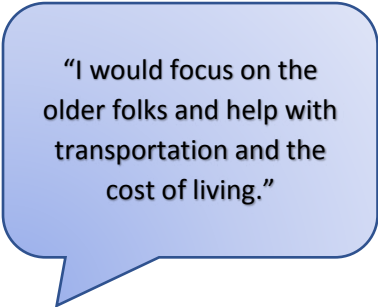
Table 16. Data Scoring Results for Economy

| Score | Indicator (Year) (Units) | Chowan County | North Carolina | U.S. | North Carolina Counties | U.S. Counties | Trend | Healthy NC 2020 | HP 2020 |
|-------|---|------------------|-------------------|------|---|---|---|-----------------------|------------|
| 2.5 | Severe Housing Problems (2010-2014) (percent) | 23.8 | 16.6 | 18.8 |  |  |  | - | - |
| 2.4 | Families Living Below Poverty Level (2012-2016) (percent) | 18.8 | 12.4 | 11 |  |  |  | - | - |
| 2.3 | Female Population 16+ in Civilian Labor Force (2012-2016) (percent) | 47.1 | 57.4 | 58.3 |  |  |  | - | - |
| 2.3 | Food Insecurity Rate (2016) (percent) | 20 | 15.4 | 12.9 |  |  |  | - | - |
| 2.3 | People 65+ Living Below Poverty Level (2012-2016) (percent) | 17.3 | 9.7 | 9.3 |  |  |  | - | - |
| 2.25 | People Living Below Poverty Level (2012-2016) (percent) | 24.4 | 16.8 | 15.1 |  |  |  | 12.5 | - |

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Chowan County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, availability of employment (21.2%) ranked 1st and higher paying employment (18.2%) ranked 2nd.



"I would focus on the older folks and help with transportation and the cost of living."

Focus group discussions touched on key economic stressors: challenges with being able to afford health care due to costs and choosing whether to pay home bills or medical bills. Participants felt that senior citizens are a particular vulnerable group in the community limited by fixed incomes, lack of transportation and isolation. Several participants were concerned with the lack on economic development in the community and the lack of good paying jobs. One participant believes that the lack of jobs in the community is leading to younger generations to leave to seek higher incomes. A few participants would like to see new business come into the community to incite economic growth and create jobs without hurting small businesses.

"The community is becoming an older population because the younger people are leaving due to lack of job opportunities and higher pay elsewhere."

Highly Impacted Populations

Data scoring analysis identified families, adults over 65 and women as groups highly impacted within the Economy topic area. Focus group participants felt that senior citizens and young adults were vulnerable groups impacted within the Economy topic area.

Transportation

Key Issues

- No workers report commuting to their work place via public transportation in Chowan County
- 41.7% of solo drivers have a long commute which is higher than in North Carolina and the U.S.
- 10.7% of households in Chowan County do not have access to a vehicle and 5.3% do not have a car and also limited access to a reliable food source

Secondary Data

From the secondary data scoring results, Transportation was identified to be a top need in Chowan County with a score of 1.80. Specific indicators of concern are highlighted in Table 17. The scores for the indicators in this category suggest that a portion of the population in Chowan County have limited or no access to public transportation and also have limited or no access to a motor vehicle potentially limiting their mobility and access to services.

Table 17. Data Scoring Results for Transportation

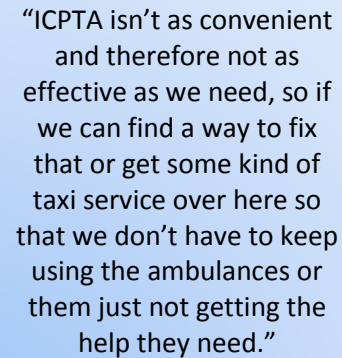
| Score | Indicator (Year) (Units) | Chowan County | North Carolina | U.S. | North Carolina Counties | U.S. Counties | Trend | Healthy NC 2020 | HP 2020 |
|-------|--|------------------|-------------------|------|-------------------------------|------------------|-------|-----------------------|------------|
| 2.65 | Workers Commuting by Public Transportation (2012-2016) (percent) | 0 | 1.1 | 5.1 | | | | - | 5.5 |
| 2.4 | Solo Drivers with a Long Commute (2012-2016) (percent) | 41.7 | 31.3 | 34.7 | | | | - | - |
| 2.3 | Households without a Vehicle (2012-2016) (percent) | 10.7 | 6.3 | 9 | | | | - | - |
| 1.95 | Households with No Car and Low Access to a Grocery Store (2015) (percent) | 5.3 | - | - | | | | - | - |

*See [Appendix B](#) for full list of indicators included in each topic area

Primary Data

According to survey results, transportation was ranked 14th for services individuals in Chowan County feel need the most improvement compared to other issues in the community. 2% of participants selected transportation options the most improvement in their neighborhood.

Transportation was brought up eight times in the focus group discussions. Participants shared that they found accessing transportation difficult and many participants described having difficulties being able to travel to medical appointments. One participant shared that transportation was particularly challenging for those needing urgent medical care and the community needed an alternative to the community calling ambulances to gain access to medical care. Several participants were concerned with senior citizens not having access to transportation.



"ICPTA isn't as convenient and therefore not as effective as we need, so if we can find a way to fix that or get some kind of taxi service over here so that we don't have to keep using the ambulances or them just not getting the help they need."

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Transportation topic area. Focus group participants identified senior citizens as a group that is highly impacted by lack of transportation.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Chowan County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

| Chowan County | | | | North Carolina | | | Health ENC Counties | | |
|---------------|------------------------------------|--------|------------|------------------------------------|--------|-------|------------------------------------|--------|-------|
| Rank | Cause | Deaths | Rate* | Cause | Deaths | Rate* | Cause | Deaths | Rate* |
| 1 | Cancer | 132 | 181.7 | Cancer | 58,187 | 165.1 | Cancer | 12,593 | 177.5 |
| 2 | Heart Diseases | 129 | 185.1 | Heart Diseases | 54,332 | 159 | Heart Diseases | 12,171 | 178.8 |
| 3 | Cerebrovascular Diseases | 39 | 54.4 | Chronic Lower Respiratory Diseases | 15,555 | 45.1 | Cerebrovascular Diseases | 3,247 | 48.5 |
| 4 | Chronic Lower Respiratory Diseases | 26 | 36.9 | Accidental Injuries | 15,024 | 48.2 | Accidental Injuries | 3,136 | 50.1 |
| 5 | Accidental Injuries | 21 | 47.7 | Cerebrovascular Diseases | 14,675 | 43.6 | Chronic Lower Respiratory Diseases | 3,098 | 44.9 |
| 6 | Diabetes | 18 | Unreliable | Alzheimer's Disease | 11,202 | 34.2 | Diabetes | 2,088 | 29.9 |
| 7 | Alzheimer's Disease | 11 | Unreliable | Diabetes | 8,244 | 23.6 | Alzheimer's Disease | 1,751 | 27.3 |
| 8 | Septicemia | 10 | Unreliable | Influenza and Pneumonia | 5,885 | 17.5 | Influenza and Pneumonia | 1,148 | 17.2 |
| 9 | Pneumonitis | 10 | Unreliable | Kidney Diseases | 5,614 | 16.5 | Kidney Diseases | 1,140 | 16.8 |
| 10 | - | - | - | Septicemia | 4,500 | 13.1 | Septicemia | 1,033 | 15.1 |

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

Other Significant Health Needs

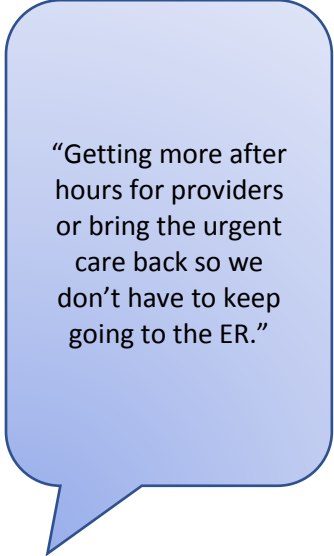
Access to Health Services

Secondary Data

From the secondary data scoring results, Access to Health Services was the 21st most pressing health need in Chowan County with a score of 1.43. Top scoring related indicators include: Mental Health Provider Rate (2.35) and Dentist Rate (1.80).

Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (70.1%) followed by insurance through a spouse (12.7%) and Medicare (12.7%). Participants were asked where they most often go to seek medical treatment, most sought care at a doctor's office 81.3%. The majority of participants did not report any problems getting the health care they needed in the past 12 months (88.3%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (41.9%) or a specialist (30.2%). The top reasons participants reported not being able to get the necessary health care they needed were they couldn't get an appointment (39.5%), having no health insurance (32.6%) and insurance didn't cover what they needed (25.6%). 69.5% of participants reported being able to see the medical provider they needed within Chowan County while others sought care in other places such as Pasquotank County (9.2%) and Pitt County (7.7%).



"Getting more after hours for providers or bring the urgent care back so we don't have to keep going to the ER."

Focus Group participants discussed financial barriers to accessing health services specifically with being able to afford insurance coverage and shared their worries that costs were increasing. Many participants were concerned that the urgent care facility was no longer available to them locally and many had to travel long distances to seek medical services. For participants without health insurance, they were worried that they were not getting annual checkups because they could not afford the out of pocket costs for an appointment. Several participants felt that mental health services were not adequate in the community.

Substance Abuse

Secondary Data

From the secondary data scoring results, Substance Abuse was the 16th most pressing health need in Chowan County with a score of 1.59. Top related indicators include: Death Rate due to Drug Poisoning (2.40) and Adults who Smoke (2.25).

Primary Data

Community survey participants ranked substance abuse (17.4%) as a top issue affecting quality of life in Chowan County. Additionally, 15.7% of community survey respondents reported wanting to learn more about substance abuse prevention.

10.3% of survey participants reported they currently use tobacco products. Of those who reported tobacco product use, 26.8% would go to a doctor if they wanted to quit and 24.4% selected 'other' as responses, which included trying to quit on their own. 42% of respondents reported having been exposed to secondhand smoke in the past year. Of those who indicated that they had been exposed to secondhand smoke, 30.7% were exposed in the home and 43.4% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (72.3%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.9% reported one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98.7% reported no illegal drug use and 98.5% reported no use of prescription drugs that were not prescribed for them. Of those who reported any illegal drug use (<2%) in the past 30 days, 83.3% reported marijuana use. Focus group discussion did not focus heavily on substance abuse, however, six participants specifically raised prescription drug misuse, alcoholism and illegal drug use as the issues they see as problems that need to be addressed in the community.

A Closer Look at Highly Impacted Populations

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

Disparities by Age, Gender and Race/Ethnicity

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

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

| Health Indicator | Group(s) Disparately Affected* |
|---|---|
| Families Living Below Poverty Level | Black or African American |
| People 65+ Living Below Poverty Level | Black or African American |
| People Living Below Poverty Level | <6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races |
| Children Living Below Poverty Level | Black or African American |
| Young Children Living Below Poverty Level | Black or African American |
| Per Capita Income | Black or African American, Hispanic or Latino, Other |
| Median Household Income | Black or African American |
| Workers who Drive Alone to Work | 60-64 |

*See HealthENC.org for indicator values for population subgroups

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

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27980, with an index value of 77.5, has the highest socioeconomic need within Chowan County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index](#)® for more details, including a map of Chowan County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Chowan County. The assessment was further informed with input from Chowan County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified seven significant health needs: Access to Health Services, Diabetes, Maternal, Fetal & Infant Health, Prevention & Safety, Economy, Substance Abuse and Transportation. The prioritization process identified three focus areas:

- Access to Care / Services
- Healthy Lifestyles
- Maternal Health
- Substance Use / Abuse

Following this CHNA process, Chowan County will assess progress on focus areas since the last CHNA and outline how it plans to address these health needs in its overall county action / implementation plan. The action plans specific to the county will be reported by Albemarle Regional Health Services in their Action Plan and those actions led by Vidant Chowan Hospital will be reported in their Implementation Strategy. Feedback on these reports will be incorporated into the next CHNA process.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Alexandria.Diamond@Vidanthealth.com.

Appendix A. Impact Since Prior CHNA

| Significant Health Need Identified in Preceding CHNA | Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy | Was Activity Implemented (Yes/No) | Results, Impact & Data Sources |
|--|--|-----------------------------------|--|
| Prevention/Healthy Lifestyles <i>Goal- To improve the health status of the community by encouraging healthy behaviors and discouraging unhealthy behaviors</i> | Continue supporting Three Rivers Healthy Carolinians initiatives such as their Wellness Program, which focuses on goal setting, nutrition education and physical activity. | Yes | <ul style="list-style-type: none"> Supported Program Coordinator position and group initiatives through the Chowan Hospital Foundation's Community Benefit Grant program. Worked with leadership team to plan yearly activities, including Prescription Fruit and Vegetable program, Get Fit, and cooking classes until the program ended in April, 2019 |
| | Continue promoting the Faith Health program in Chowan County (Heal Thy Neighbors). | Yes | <ul style="list-style-type: none"> Partnered with Vidant Health's Heal Thy Neighbor Faith Partnership program -- Two churches currently participating Attend yearly summits, quarterly meetings |
| | Continue supporting the Eat Smart, Move More, Weigh Less program and the Get Fit! Exercise and Walking program offered through Albemarle Regional Health Services. | Yes | <ul style="list-style-type: none"> Supported the <i>Eat Smart, Move More, Weigh Less</i> program until Albemarle Regional Health Services stopped providing it. Attended Get Fit! Kick offs and graduation events to offer free wellness screenings in 2016 (37 participants), 2017 (41 participants), and 2018 (52 participants) |

| | | | |
|--|---|-----|--|
| | Continue supporting the Expanded Foods and Nutrition Education Program. | Yes | <ul style="list-style-type: none"> Supported through the Chowan Hospital Foundation's Community Benefit Grant program |
| | Continue supporting the Chronic Disease Self-Management/Diabetes Self-Management Program. | Yes | <ul style="list-style-type: none"> Promoted services at wellness screenings Offered education and promoted services at health fairs in Chowan, Bertie, and Perquimans Counties Program participants: <ul style="list-style-type: none"> 2016 – 197 participants 2017 – 185 participants 2018 – 195 participants |
| | Continue hosting the annual men's health event. | Yes | <ul style="list-style-type: none"> Conducted Men's Health event <ul style="list-style-type: none"> 6/14/16: Motivational focus <i>(154 participants)</i> 6/8/17 : Men's Health focus <i>(120 participants)</i> 6/19/18: Nutrition and Holistic focus <i>(120 participants)</i> |
| | Continue providing health fairs. | Yes | <ul style="list-style-type: none"> Perquimans County Health Fair, 5/12/16 <i>(150 participants)</i> Chowan County Health Fair, 10/27/16 <i>(189 participants)</i> Albemarle Plantation Health Fair, 4/28/17 <i>(24 participants)</i> Perquimans County Health Fair, 5/11/17 <i>(100 participants)</i> Chowan County Health Fair, 11/2/17 <i>(116 participants)</i> Perquimans County Health Fair, 5/17/18 <i>(100 participants)</i> Chowan County Health Fair, 11/1/18 <i>(85 participants)</i> |
| | Continue offering free blood pressure, blood sugar, cholesterol and | Yes | <ul style="list-style-type: none"> 2016 <ul style="list-style-type: none"> 18 Events 484 Participants |

| | | | |
|--|--|-----|--|
| | bone density screenings throughout the community. | | <ul style="list-style-type: none"> • 2017 <ul style="list-style-type: none"> ○ 24 Events ○ 479 Participants • 2018 <ul style="list-style-type: none"> ○ 21 Events ○ 488 Participants |
| | Continue flu awareness and prevention activities | Yes | <ul style="list-style-type: none"> • Distributed flu shots at the Scuppernon River Festival in Columbia <ul style="list-style-type: none"> ○ 10/8/16 – cancelled ○ 10/7/17 – 25 participants ○ 10/13/18 – 30 participants • Indian Summer Festival <ul style="list-style-type: none"> ○ 9/10/16 – 21 participants • Food Lion Clinic <ul style="list-style-type: none"> ○ 11/16/16 – 5 participants |
| Heart Disease <i>Goal- To reduce the rate of heart disease in Chowan County and improve the health and well-being of people living with heart disease.</i> | Continue providing cardiopulmonary rehabilitation and cardiology specialty clinic and diagnostics. | Yes | <ul style="list-style-type: none"> • These programs continue at Vidant Chowan Hospital and in the Vidant Chowan Specialty Clinic • Invited to health fairs and heart health events |
| | Continue offering free blood pressure and cholesterol screenings throughout the community. | Yes | <ul style="list-style-type: none"> • The Vidant Chowan Community Health Improvement department conducts blood pressure and cholesterol screenings throughout the year at area churches, schools, festivals, etc... • Data found above in Healthy Lifestyles |
| | Continue hosting the annual heart health event for women. | Yes | <ul style="list-style-type: none"> • Conducted Women's Heart Health event <ul style="list-style-type: none"> ○ 2/9/16 (225 participants) ○ 2/16/17 (216 participants) ○ 2/15/18 (193 participants) |

| | | | |
|---|--|-----|--|
| | Optimize the use of health coaching services at Vidant Medical Group practices and in community health settings. | Yes | <ul style="list-style-type: none"> Community Health Improvement Coordinator participated in Health Coach training to be able to offer brief health coaching at community events. Community Health Improvement Coordinator working to build relationships with Vidant Medical Group Health Coaches |
| | Increase partnerships and support of Obesity, Diabetes, Heart Disease, and Stroke prevention grant program. | Yes | <ul style="list-style-type: none"> The Obesity, Diabetes, Heart Disease, and Stroke Prevention grant program was invited to attend all health fairs and Vidant sponsored community events such as Men's Health, and Community Health Improvement Coordinator attend Diabetes Prevention Program Coalition meetings in support of the program until March, 2018 until grant ended. |
| Cancer <i>Goal- To increase prevention and early detection of cancer.</i> | Continue offering oncology and chemotherapy services through the Vidant Chowan Hospital Outpatient Services Center. | Yes | <ul style="list-style-type: none"> Vidant Chowan Hospital continues to offer oncology and chemotherapy services |
| | Continue providing early detection services including mammography and colonoscopies as well as surgical interventions. | Yes | <ul style="list-style-type: none"> Vidant Chowan Hospital continues to offer mammography, colonoscopies and surgical interventions |
| | Continue supporting American Cancer Society through Relay for Life and other partnerships. | Yes | <ul style="list-style-type: none"> Vidant Chowan Hospital participates in the Chowan/Perquimans Relay for Life each year through the sponsorship of a hospital team and raising money for the American Cancer Society |
| | Continue hosting annual breast cancer event. | Yes | <ul style="list-style-type: none"> 10/20/16 – 200 participants 10/19/17 – 214 participants 10/18/18 – 230 participants |

| | | | |
|--|--|-----|---|
| | Continue offering education and free community screenings for prostate cancer. | Yes | <ul style="list-style-type: none"> Vidant Chowan conducted two prostate screenings in September, in partnership with Vidant Urology-Edenton. Planned for Chowan and Perquimans Counties. <ul style="list-style-type: none"> 9/15/16 – 18 participants 9/29/16 – 8 participants 9/14/17 – 9 participants 10/12/17 – 20 participants 9/27/18 – 15 participants 10/11/18 – 17 participants |
| | Partner with local physicians to offer education and screening opportunities for skin, lung and colon cancer. | Yes | <ul style="list-style-type: none"> Vidant Chowan conducted colon cancer educational seminar on 3/22/17 at Albemarle Planation in Hertford, NC, in partnership with Dr. Timothy Capps (32 participants) Vidant Chowan has purchased colon cancer screening kits and passed out to the communities through various |
| | Support efforts of Partners to Improve Community Health to promote tobacco-free living to prevent lung cancer. | Yes | <ul style="list-style-type: none"> Recently partnered with PICH to install new “tobacco free campus” signs on the hospital campus in August 2016 Invited PICH to health fairs |
| | Continue offering Cancer Support Group. | Yes | <ul style="list-style-type: none"> The Vidant Chowan Hospital Community Health Improvement Department conducted a monthly cancer support group on the 4th Thursday of every month (average of 3 participants each month) Bi-annual Cancer Transitions, 4-week survivorship program, has been added to support services (4/26/17 – 5/17/17) with 3 participants |
| Substance Abuse <i>Goal: To educate Chowan County community of the</i> | Promote local resources to the community, as well as those who may have substance abuse issues. | Yes | <ul style="list-style-type: none"> Vidant Chowan Hospital and the National Alliance on Mental Illness (NAMI) co-sponsored a Mobile Crisis Management education session for community |

| | | | |
|--|---|-----|--|
| <i>dangers of substance abuse and connect those in need with the appropriate health resources.</i> | | | <p>stakeholders (EMS, law enforcement, social workers, providers, hospital staff, etc...) on 4/6/17</p> <ul style="list-style-type: none"> • Vidant Chowan Hospital sponsored the Herren Project substance abuse educational presentation conducted by the John A. Holmes High School Project Purple Club • Mobile Crisis Team cards are available in the ED for patients and visitors that need contact information for help with mental health/substance abuse issues |
| | Support efforts of the Trillium Community Collaborative program. | Yes | <ul style="list-style-type: none"> • Trillium presented on crisis intervention training at the hospital sponsored Mobile Crisis Management education session, held on 4/6/17 • Community Health Improvement Coordinator works with Trillium Board in Chowan County and supports their efforts/education/events |
| | Provide Emergency Medicine providers with Alternative Prescription Drug Cards to help educate them on non-opioid drug options for patients. | Yes | <ul style="list-style-type: none"> • Vidant Chowan was not able to provide alternative drug cards, however participates in other programs. • Vidant Chowan Emergency Department participates in the North Carolina Controlled Substance Reporting System, as well as the Virginia Database. <ul style="list-style-type: none"> ○ NC Controlled Substances Reporting System collects information on dispensed controlled substance prescriptions and makes this information available to prescribers and dispensers. ○ Prescribers can audit their personal controlled substances prescribing history. |
| | Partner with our local Project Lazarus program to prevent medication drug overdoses, present responsible pain management and promote | Yes | <ul style="list-style-type: none"> • Partnered with local Albemarle Overdose Prevention Coalition from 2016 to 2018. |

| | | | |
|--|---|--|--|
| | substance use treatment and support services. | | |
|--|---|--|--|

Note: The IRS requirements state that charitable hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. This information provides outcomes and progress from the 2016 CHNA Implementation Strategy. Some of these initiatives were the result of collaboration with Community Coalitions in Chowan County. This report does not include all of the initiatives funded by the Vidant Health Foundation Community Benefit Grants Program.

Appendix B. Secondary Data Scoring

Overview

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

Comparison Score

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

Indicator Score

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

Topic Score

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

Figure 46. Secondary Data Scoring

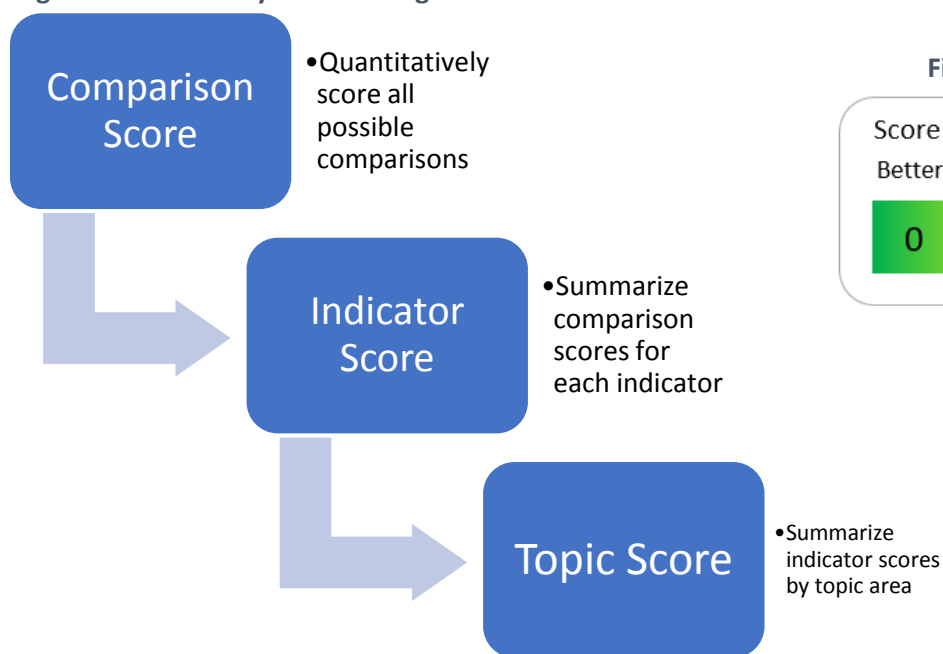
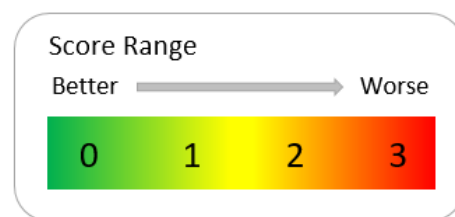


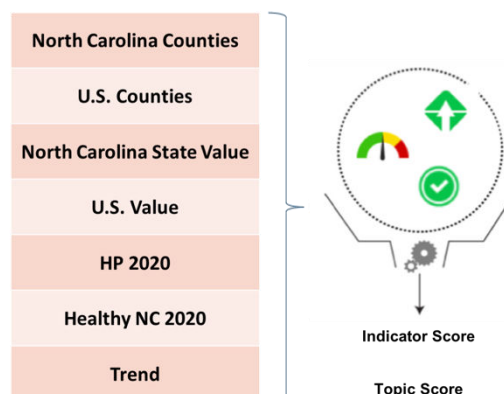
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Chowan County. The possible comparisons are shown in Figure 48 and include a comparison of Chowan County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



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

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

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Chowan County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Chowan County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020

Targets

As shown in Figure 52, the circle represents how Chowan County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

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

Figure 53. Trend Over Time



Missing Values

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

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

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

Indicator Scoring

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

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

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

Topic Scoring Table

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

Table 20. Topic Scores for Chowan County

| Health and Quality of Life Topics | Score |
|--|--------------|
| Diabetes | 2.08 |
| Maternal, Fetal & Infant Health | 1.95 |
| Prevention & Safety | 1.93 |
| Wellness & Lifestyle | 1.88 |
| Economy | 1.86 |
| Transportation | 1.80 |
| Cancer | 1.79 |
| Heart Disease & Stroke | 1.79 |
| Exercise, Nutrition, & Weight | 1.75 |
| Environment | 1.72 |
| Women's Health | 1.70 |
| Social Environment | 1.68 |
| Mortality Data | 1.64 |
| County Health Rankings | 1.63 |
| Education | 1.60 |
| Substance Abuse | 1.59 |
| Older Adults & Aging | 1.53 |
| Other Chronic Diseases | 1.52 |
| Mental Health & Mental Disorders | 1.51 |
| Environmental & Occupational Health | 1.49 |
| Access to Health Services | 1.43 |
| Immunizations & Infectious Diseases | 1.42 |
| Public Safety | 1.26 |
| Respiratory Diseases | 1.12 |

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Chowan County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

| SCORE | ACCESS TO HEALTH SERVICES | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|--------------------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.35 | Mental Health Provider Rate | 2017 | providers/ 100,000 population | 62.6 | 215.5 | 214.3 | | | | 3 |
| 1.80 | Dentist Rate | 2016 | dentists/ 100,000 population | 34.8 | 54.7 | 67.4 | | | | 3 |
| 1.60 | Primary Care Provider Rate | 2015 | providers/ 100,000 population | 69.5 | 70.6 | 75.5 | | | | 3 |
| 1.43 | Clinical Care Ranking | 2018 | ranking | 46 | | | | | | 3 |
| 1.33 | Persons with Health Insurance | 2016 | percent | 87.9 | 87.8 | | 100 | 92 | | 16 |
| 1.20 | Non-Physician Primary Care Provider Rate | 2017 | providers/ 100,000 population | 83.4 | 102.5 | 81.2 | | | | 3 |
| 0.30 | Preventable Hospital Stays: Medicare Population | 2014 | discharges/ 1,000 Medicare enrollees | 42.5 | 49 | 49.9 | | | | 17 |

| SCORE | CANCER | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|-------------------------------|--------------------|---------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.50 | Bladder Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 27.6 | 20.1 | 20.5 | | | | 6 |
| 2.50 | Breast Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 142.9 | 129.4 | 123.5 | | | | 6 |
| 2.50 | Cancer: Medicare Population | 2015 | percent | 9 | 7.7 | 7.8 | | | | 2 |

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

| | | | | | | | | | | |
|------|--|-----------|----------------------------|-------|------|-------|-------|------|--|----|
| 2.40 | Pancreatic Cancer Incidence Rate | 2007-2011 | cases/ 100,000 population | 15.6 | 11.7 | 12.1 | | | | 6 |
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 56.7 | 50.7 | 44.7 | 45.5 | | | 6 |
| 1.80 | Prostate Cancer Incidence Rate | 2010-2014 | cases/ 100,000 males | 126.4 | 125 | 114.8 | | | | 6 |
| 1.65 | Age-Adjusted Death Rate due to Cancer | 2010-2014 | deaths/ 100,000 population | 181.7 | 172 | 166.1 | 161.4 | | | 6 |
| 1.60 | Colorectal Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 41.1 | 37.7 | 39.8 | 39.9 | | | 6 |
| 1.50 | All Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 446.9 | 457 | 443.6 | | | | 6 |
| 1.15 | Mammography Screening: Medicare Population | 2014 | percent | 69.2 | 67.9 | 63.1 | | | | 17 |
| 1.05 | Age-Adjusted Death Rate due to Colorectal Cancer | 2008-2012 | deaths/ 100,000 population | 13.8 | 14.7 | 14.7 | 14.5 | 10.1 | | 6 |
| 0.90 | Lung and Bronchus Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 65.6 | 70 | 61.2 | | | | 6 |

| SCORE | COUNTY HEALTH RANKINGS | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|-------------------------------------|--------------------|---------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 1.73 | Morbidity Ranking | 2018 | ranking | 80 | | | | | | 3 |
| 1.73 | Physical Environment Ranking | 2018 | ranking | 85 | | | | | | 3 |
| 1.73 | Social and Economic Factors Ranking | 2018 | ranking | 82 | | | | | | 3 |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 71 | | | | | | 3 |
| 1.58 | Mortality Ranking | 2018 | ranking | 69 | | | | | | 3 |
| 1.43 | Clinical Care Ranking | 2018 | ranking | 46 | | | | | | 3 |

| SCORE | DIABETES | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|----------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.40 | Adults 20+ with Diabetes | 2014 | percent | 14.4 | 11.1 | 10 | | | | 3 |
| 2.20 | Diabetes: Medicare Population | 2015 | percent | 30.7 | 28.4 | 26.5 | | | | 2 |
| 1.93 | Age-Adjusted Death Rate due to Diabetes | 2012-2016 | deaths/ 100,000 population | 26.8 | 23 | 21.1 | | | | 15 |

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

| | | | | | | | | | | |
|------|--|------|---------|------|------|------|--|--|--|----|
| 1.80 | Diabetic Monitoring: Medicare Population | 2014 | percent | 85.8 | 88.8 | 85.2 | | | | 17 |
|------|--|------|---------|------|------|------|--|--|--|----|

| SCORE | ECONOMY | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|---------|---------------|----------------|--------|--------|-----------------|---|--------|
| 2.50 | Severe Housing Problems | 2010-2014 | percent | 23.8 | 16.6 | 18.8 | | | | 3 |
| 2.40 | Families Living Below Poverty Level | 2012-2016 | percent | 18.8 | 12.4 | 11 | | | Black or African American | 1 |
| 2.30 | Female Population 16+ in Civilian Labor Force | 2012-2016 | percent | 47.1 | 57.4 | 58.3 | | | | 1 |
| 2.30 | Food Insecurity Rate | 2016 | percent | 20 | 15.4 | 12.9 | | | | 4 |
| 2.30 | People 65+ Living Below Poverty Level | 2012-2016 | percent | 17.3 | 9.7 | 9.3 | | | Black or African American | 1 |
| 2.25 | People Living Below Poverty Level | 2012-2016 | percent | 24.4 | 16.8 | 15.1 | | 12.5 | <6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races | 1 |
| 2.25 | Total Employment Change | 2014-2015 | percent | -0.4 | 3.1 | 2.5 | | | | 19 |
| 2.20 | Households with Supplemental Security Income | 2012-2016 | percent | 6.7 | 5 | 5.4 | | | | 1 |
| 2.10 | Child Food Insecurity Rate | 2016 | percent | 25.8 | 20.9 | 17.9 | | | | 4 |
| 2.10 | Children Living Below Poverty Level | 2012-2016 | percent | 36.7 | 23.9 | 21.2 | | | Black or African American | 1 |
| 2.10 | People Living 200% Above Poverty Level | 2012-2016 | percent | 50.9 | 62.3 | 66.4 | | | | 1 |
| 2.10 | Population 16+ in Civilian Labor Force | 2012-2016 | percent | 53.5 | 61.5 | 63.1 | | | | 1 |
| 2.10 | Young Children Living Below Poverty Level | 2012-2016 | percent | 47.9 | 27.3 | 23.6 | | | Black or African American | 1 |
| 2.03 | Median Housing Unit Value | 2012-2016 | dollars | 131500 | 157100 | 184700 | | | | 1 |
| 1.98 | Median Monthly Owner Costs for Households without a Mortgage | 2012-2016 | dollars | 455 | 376 | 462 | | | | 1 |

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

| | | | | | | | | | | |
|------|--|------------|--------------------------|-------|-------|-------|------|--|--|----|
| 1.95 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 11.3 | | | | | | 20 |
| 1.80 | Per Capita Income | 2012-2016 | dollars | 22173 | 26779 | 29829 | | | Black or African American, Hispanic or Latino, Other | 1 |
| 1.80 | Unemployed Workers in Civilian Labor Force | April 2018 | percent | 4.2 | 3.7 | 3.7 | | | | 18 |
| 1.73 | Social and Economic Factors Ranking | 2018 | ranking | 82 | | | | | | 3 |
| 1.70 | Students Eligible for the Free Lunch Program | 2015-2016 | percent | 54.7 | 52.6 | 42.6 | | | | 7 |
| 1.65 | Median Household Income | 2012-2016 | dollars | 41156 | 48256 | 55322 | | | Black or African American | 1 |
| 1.58 | Persons with Disability Living in Poverty (5-year) | 2012-2016 | percent | 29.1 | 29 | 27.6 | | | | 1 |
| 1.55 | Households with Cash Public Assistance Income | 2012-2016 | percent | 2.4 | 1.9 | 2.7 | | | | 1 |
| 1.25 | Homeownership | 2012-2016 | percent | 56.5 | 55.5 | 55.9 | | | | 1 |
| 1.18 | Mortgaged Owners Median Monthly Household Costs | 2012-2016 | dollars | 1239 | 1243 | 1491 | | | | 1 |
| 1.05 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 1.4 | | | | | | 20 |
| 1.03 | Median Household Gross Rent | 2012-2016 | dollars | 733 | 816 | 949 | | | | 1 |
| 0.90 | Renters Spending 30% or More of Household Income on Rent | 2012-2016 | percent | 41.9 | 49.4 | 47.3 | 36.1 | | | 1 |

| SCORE | EDUCATION | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|---------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 1.90 | People 25+ with a Bachelor's Degree or Higher | 2012-2016 | percent | 20.1 | 29 | 30.3 | | | | 1 |
| 1.75 | High School Graduation | 2016-2017 | percent | 84.1 | 86.5 | | 87 | 94.6 | | 12 |
| 1.73 | 8th Grade Students Proficient in Reading | 2012-2013 | percent | 30.4 | | | | | | 12 |
| 1.58 | 4th Grade Students Proficient in Reading | 2012-2013 | percent | 40.9 | | | | | | 12 |
| 1.58 | 8th Grade Students Proficient in Math | 2012-2013 | percent | 25.7 | | | | | | 12 |

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

| | | | | | | | |
|------|--|-----------|-------------------|------|------|------|----|
| 1.55 | People 25+ with a High School Degree or Higher | 2012-2016 | percent | 84.2 | 86.3 | 87 | 1 |
| 1.43 | 4th Grade Students Proficient in Math | 2012-2013 | percent | 45.1 | | | 12 |
| 1.30 | Student-to-Teacher Ratio | 2015-2016 | students/ teacher | 14.7 | 15.6 | 17.7 | 7 |

| SCORE | ENVIRONMENT | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|-------------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.50 | Severe Housing Problems | 2010-2014 | percent | 23.8 | 16.6 | 18.8 | | | | 3 |
| 2.25 | Access to Exercise Opportunities | 2018 | percent | 52.9 | 76.1 | 83.1 | | | | 3 |
| 2.15 | Food Environment Index | 2018 | | 5.8 | 6.4 | 7.7 | | | | 3 |
| 2.00 | Houses Built Prior to 1950 | 2012-2016 | percent | 18.9 | 9.1 | 18.2 | | | | 1 |
| 1.95 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 5.3 | | | | | | 20 |
| 1.95 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 11.3 | | | | | | 20 |
| 1.95 | People 65+ with Low Access to a Grocery Store | 2015 | percent | 4.8 | | | | | | 20 |
| 1.90 | Recreation and Fitness Facilities | 2014 | facilities/ 1,000 population | 0 | | | | | | 20 |
| 1.80 | Children with Low Access to a Grocery Store | 2015 | percent | 5.2 | | | | | | 20 |
| 1.73 | Physical Environment Ranking | 2018 | ranking | 85 | | | | | | 3 |
| 1.65 | Fast Food Restaurant Density | 2014 | restaurants/ 1,000 population | 0.7 | | | | | | 20 |
| 1.60 | Liquor Store Density | 2015 | stores/ 100,000 population | 6.9 | 5.8 | 10.5 | | | | 19 |
| 1.60 | Recognized Carcinogens Released into Air | 2016 | pounds | 89352 | | | | | | 21 |
| 1.20 | Farmers Market Density | 2016 | markets/ 1,000 population | 0.07 | | | | | | 20 |
| 1.20 | Grocery Store Density | 2014 | stores/ 1,000 population | 0.3 | | | | | | 20 |
| 1.05 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 1.4 | | | | | | 20 |
| 0.68 | Drinking Water Violations | FY 2013-14 | percent | 0 | 4 | | | 5 | | 3 |

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

| SCORE | ENVIRONMENTAL & OCCUPATIONAL HEALTH | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|--|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 1.73 | Physical Environment Ranking | 2018 | ranking | 85 | | | | | | 3 |
| 1.65 | Asthma: Medicare Population | 2015 | percent | 7.9 | 8.4 | 8.2 | | | | 2 |
| 1.10 | Age-Adjusted Hospitalization Rate due to Asthma | 2014 | hospitalizations/ 10,000 population | 61.8 | 90.9 | | | | | 9 |

| SCORE | EXERCISE, NUTRITION, & WEIGHT | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|----------------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.30 | Food Insecurity Rate | 2016 | percent | 20 | 15.4 | 12.9 | | | | 4 |
| 2.25 | Access to Exercise Opportunities | 2018 | percent | 52.9 | 76.1 | 83.1 | | | | 3 |
| 2.25 | Adults 20+ who are Obese | 2014 | percent | 32.7 | 29.6 | 28 | 30.5 | | | 3 |
| 2.15 | Food Environment Index | 2018 | | 5.8 | 6.4 | 7.7 | | | | 3 |
| 2.10 | Child Food Insecurity Rate | 2016 | percent | 25.8 | 20.9 | 17.9 | | | | 4 |
| 1.95 | Adults 20+ who are Sedentary | 2014 | percent | 28.8 | 24.3 | 23 | 32.6 | | | 3 |
| 1.95 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 5.3 | | | | | | 20 |
| 1.95 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 11.3 | | | | | | 20 |
| 1.95 | People 65+ with Low Access to a Grocery Store | 2015 | percent | 4.8 | | | | | | 20 |
| 1.90 | Recreation and Fitness Facilities | 2014 | facilities/ 1,000 population | 0 | | | | | | 20 |
| 1.80 | Children with Low Access to a Grocery Store | 2015 | percent | 5.2 | | | | | | 20 |
| 1.65 | Fast Food Restaurant Density | 2014 | restaurants/ 1,000 population | 0.7 | | | | | | 20 |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 71 | | | | | | 3 |
| 1.20 | Farmers Market Density | 2016 | markets/ 1,000 population | 0.07 | | | | | | 20 |
| 1.20 | Grocery Store Density | 2014 | stores/ 1,000 population | 0.3 | | | | | | 20 |

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

| | | | | | | | | | | |
|------|--------------------------|-----------|--------------------------|-----|-----|-----|-----|--|--|----|
| 1.05 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 1.4 | | | | | | 20 |
| 0.50 | Workers who Walk to Work | 2012-2016 | percent | 3.7 | 1.8 | 2.8 | 3.1 | | | 1 |

| SCORE | HEART DISEASE & STROKE | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|----------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.50 | Stroke: Medicare Population | 2015 | percent | 4.5 | 3.9 | 4 | | | | 2 |
| 2.43 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | 2012-2016 | deaths/ 100,000 population | 57.4 | 43.1 | 36.9 | 34.8 | | | 15 |
| 2.25 | Age-Adjusted Death Rate due to Heart Disease | 2012-2016 | deaths/ 100,000 population | 178.2 | 161.3 | | | 161.5 | | 15 |
| 2.10 | Hypertension: Medicare Population | 2015 | percent | 61.1 | 58 | 55 | | | | 2 |
| 1.60 | Atrial Fibrillation: Medicare Population | 2015 | percent | 7.8 | 7.7 | 8.1 | | | | 2 |
| 1.40 | Heart Failure: Medicare Population | 2015 | percent | 13.1 | 12.5 | 13.5 | | | | 2 |
| 1.40 | Ischemic Heart Disease: Medicare Population | 2015 | percent | 24.4 | 24 | 26.5 | | | | 2 |
| 0.65 | Hyperlipidemia: Medicare Population | 2015 | percent | 36.2 | 46.3 | 44.6 | | | | 2 |

| SCORE | IMMUNIZATIONS & INFECTIOUS DISEASES | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|----------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.43 | Age-Adjusted Death Rate due to HIV | 2012-2016 | deaths/ 100,000 population | 4.4 | 2.2 | 2 | 3.3 | | | 15 |
| 2.05 | AIDS Diagnosis Rate | 2016 | cases/ 100,000 population | 8.1 | 7 | | | | | 10 |
| 1.98 | Chlamydia Incidence Rate | 2016 | cases/ 100,000 population | 604.9 | 572.4 | 497.3 | | | | 10 |
| 1.83 | Gonorrhea Incidence Rate | 2016 | cases/ 100,000 population | 187.7 | 194.4 | 145.8 | | | | 10 |
| 1.30 | HIV Diagnosis Rate | 2014-2016 | cases/ 100,000 population | 10.8 | 16.1 | | | 22.2 | | 10 |
| 0.68 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 12.4 | 17.8 | 14.8 | | 13.5 | | 15 |
| 0.58 | Tuberculosis Incidence Rate | 2014 | cases/ 100,000 population | 0 | 2 | 3 | 1 | | | 10 |

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

| | | | | | | | | | | |
|------|-------------------------|------|---------------------------|---|------|-----|--|--|--|---|
| 0.50 | Syphilis Incidence Rate | 2016 | cases/ 100,000 population | 0 | 10.8 | 8.7 | | | | 8 |
|------|-------------------------|------|---------------------------|---|------|-----|--|--|--|---|

| SCORE | MATERNAL, FETAL & INFANT HEALTH | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|-----------------------------------|--------------------|---------------------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.23 | Babies with Low Birth Weight | 2012-2016 | percent | 10.5 | 9 | 8.1 | 7.8 | | | 14 |
| 2.18 | Preterm Births | 2016 | percent | 11.5 | 10.4 | 9.8 | 9.4 | | | 14 |
| 1.83 | Babies with Very Low Birth Weight | 2012-2016 | percent | 1.7 | 1.7 | 1.4 | 1.4 | | | 14 |
| 1.55 | Teen Pregnancy Rate | 2012-2016 | pregnancies/ 1,000 females aged 15-17 | 20.7 | 15.7 | | 36.2 | | | 15 |

| SCORE | MENTAL HEALTH & MENTAL DISORDERS | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|-------------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.35 | Mental Health Provider Rate | 2017 | providers/ 100,000 population | 62.6 | 215.5 | 214.3 | | | | 3 |
| 2.25 | Poor Mental Health: Average Number of Days | 2016 | days | 4.4 | 3.9 | 3.8 | | 2.8 | | 3 |
| 1.95 | Frequent Mental Distress | 2016 | percent | 13.7 | 12.3 | 15 | | | | 3 |
| 1.68 | Age-Adjusted Death Rate due to Suicide | 2012-2016 | deaths/ 100,000 population | 12.4 | 12.9 | 13 | 10.2 | 8.3 | | 15 |
| 0.90 | Alzheimer's Disease or Dementia: Medicare Population | 2015 | percent | 7.9 | 9.8 | 9.9 | | | | 2 |
| 0.73 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 15.5 | 31.9 | 26.6 | | | | 15 |
| 0.70 | Depression: Medicare Population | 2015 | percent | 10.7 | 17.5 | 16.7 | | | | 2 |

| SCORE | MORTALITY DATA | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|----------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.43 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | 2012-2016 | deaths/ 100,000 population | 57.4 | 43.1 | 36.9 | 34.8 | | | 15 |
| 2.43 | Age-Adjusted Death Rate due to HIV | 2012-2016 | deaths/ 100,000 population | 4.4 | 2.2 | 2 | 3.3 | | | 15 |

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

| | | | | | | | | | |
|------|---|-----------|----------------------------|--------|--------|--------|-------|------|----|
| 2.40 | Death Rate due to Drug Poisoning | 2013-2015 | deaths/ 100,000 population | 22.9 | 14 | 15 | | | 3 |
| 2.25 | Age-Adjusted Death Rate due to Heart Disease | 2012-2016 | deaths/ 100,000 population | 178.2 | 161.3 | | 161.5 | | 15 |
| 2.20 | Premature Death | 2014-2016 | years/ 100,000 population | 8842.1 | 7281.1 | 6658.1 | | | 3 |
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 56.7 | 50.7 | 44.7 | 45.5 | | 6 |
| 1.93 | Age-Adjusted Death Rate due to Diabetes | 2012-2016 | deaths/ 100,000 population | 26.8 | 23 | 21.1 | | | 15 |
| 1.88 | Age-Adjusted Death Rate due to Unintentional Injuries | 2012-2016 | deaths/ 100,000 population | 37.9 | 31.9 | 41.4 | 36.4 | | 15 |
| 1.68 | Age-Adjusted Death Rate due to Suicide | 2012-2016 | deaths/ 100,000 population | 12.4 | 12.9 | 13 | 10.2 | 8.3 | 15 |
| 1.65 | Age-Adjusted Death Rate due to Cancer | 2010-2014 | deaths/ 100,000 population | 181.7 | 172 | 166.1 | 161.4 | | 6 |
| 1.58 | Mortality Ranking | 2018 | ranking | 69 | | | | | 3 |
| 1.25 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 28.6 | 31.4 | 29.3 | | 4.7 | 3 |
| 1.05 | Age-Adjusted Death Rate due to Colorectal Cancer | 2008-2012 | deaths/ 100,000 population | 13.8 | 14.7 | 14.7 | 14.5 | 10.1 | 6 |
| 0.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 11.8 | 14.1 | | | | 15 |
| 0.83 | Age-Adjusted Death Rate due to Homicide | 2012-2016 | deaths/ 100,000 population | 5.2 | 6.2 | 5.5 | 5.5 | 6.7 | 15 |
| 0.73 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 15.5 | 31.9 | 26.6 | | | 15 |
| 0.68 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 12.4 | 17.8 | 14.8 | | 13.5 | 15 |

| SCORE | OLDER ADULTS & AGING | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---------------------------------------|--------------------|---------|---------------|----------------|------|--------|-----------------|---------------------------|--------|
| 2.50 | Cancer: Medicare Population | 2015 | percent | 9 | 7.7 | 7.8 | | | | 2 |
| 2.50 | Stroke: Medicare Population | 2015 | percent | 4.5 | 3.9 | 4 | | | | 2 |
| 2.30 | People 65+ Living Below Poverty Level | 2012-2016 | percent | 17.3 | 9.7 | 9.3 | | | Black or African American | 1 |

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

| | | | | | | | |
|------|---|-----------|----------------------------|------|------|------|----|
| 2.20 | Diabetes: Medicare Population | 2015 | percent | 30.7 | 28.4 | 26.5 | 2 |
| 2.10 | Hypertension: Medicare Population | 2015 | percent | 61.1 | 58 | 55 | 2 |
| 1.95 | People 65+ with Low Access to a Grocery Store | 2015 | percent | 4.8 | | | 20 |
| 1.80 | Chronic Kidney Disease: Medicare Population | 2015 | percent | 18.5 | 19 | 18.1 | 2 |
| 1.80 | Diabetic Monitoring: Medicare Population | 2014 | percent | 85.8 | 88.8 | 85.2 | 17 |
| 1.65 | Asthma: Medicare Population | 2015 | percent | 7.9 | 8.4 | 8.2 | 2 |
| 1.60 | Atrial Fibrillation: Medicare Population | 2015 | percent | 7.8 | 7.7 | 8.1 | 2 |
| 1.60 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | 2015 | percent | 29.5 | 29.1 | 30 | 2 |
| 1.40 | Heart Failure: Medicare Population | 2015 | percent | 13.1 | 12.5 | 13.5 | 2 |
| 1.40 | Ischemic Heart Disease: Medicare Population | 2015 | percent | 24.4 | 24 | 26.5 | 2 |
| 1.15 | Mammography Screening: Medicare Population | 2014 | percent | 69.2 | 67.9 | 63.1 | 17 |
| 1.15 | Osteoporosis: Medicare Population | 2015 | percent | 5 | 5.4 | 6 | 2 |
| 1.10 | People 65+ Living Alone | 2012-2016 | percent | 25 | 26.8 | 26.4 | 1 |
| 1.00 | COPD: Medicare Population | 2015 | percent | 10.5 | 11.9 | 11.2 | 2 |
| 0.90 | Alzheimer's Disease or Dementia: Medicare Population | 2015 | percent | 7.9 | 9.8 | 9.9 | 2 |
| 0.73 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 15.5 | 31.9 | 26.6 | 15 |
| 0.70 | Depression: Medicare Population | 2015 | percent | 10.7 | 17.5 | 16.7 | 2 |
| 0.65 | Hyperlipidemia: Medicare Population | 2015 | percent | 36.2 | 46.3 | 44.6 | 2 |

| SCORE | OTHER CHRONIC DISEASES | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|---------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 1.80 | Chronic Kidney Disease: Medicare Population | 2015 | percent | 18.5 | 19 | 18.1 | | | | 2 |
| 1.60 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | 2015 | percent | 29.5 | 29.1 | 30 | | | | 2 |
| 1.15 | Osteoporosis: Medicare Population | 2015 | percent | 5 | 5.4 | 6 | | | | 2 |

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

| SCORE | PREVENTION & SAFETY | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|----------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.50 | Severe Housing Problems | 2010-2014 | percent | 23.8 | 16.6 | 18.8 | | | | 3 |
| 2.40 | Death Rate due to Drug Poisoning | 2013-2015 | deaths/ 100,000 population | 22.9 | 14 | 15 | | | | 3 |
| 1.88 | Age-Adjusted Death Rate due to Unintentional Injuries | 2012-2016 | deaths/ 100,000 population | 37.9 | 31.9 | 41.4 | 36.4 | | | 15 |
| 0.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 11.8 | 14.1 | | | | | 15 |

| SCORE | PUBLIC SAFETY | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|----------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.18 | Violent Crime Rate | 2016 | crimes/ 100,000 population | 591.4 | 374.9 | 386.3 | | | | 11 |
| 1.25 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 28.6 | 31.4 | 29.3 | | 4.7 | | 3 |
| 1.10 | Property Crime Rate | 2016 | crimes/ 100,000 population | 1946.2 | 2779.7 | | | | | 11 |
| 0.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 11.8 | 14.1 | | | | | 15 |
| 0.83 | Age-Adjusted Death Rate due to Homicide | 2012-2016 | deaths/ 100,000 population | 5.2 | 6.2 | 5.5 | 5.5 | 6.7 | | 15 |

| SCORE | RESPIRATORY DISEASES | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|-------------------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 56.7 | 50.7 | 44.7 | 45.5 | | | 6 |
| 1.65 | Asthma: Medicare Population | 2015 | percent | 7.9 | 8.4 | 8.2 | | | | 2 |
| 1.10 | Age-Adjusted Hospitalization Rate due to Asthma | 2014 | hospitalizations/ 10,000 population | 61.8 | 90.9 | | | | | 9 |
| 1.00 | COPD: Medicare Population | 2015 | percent | 10.5 | 11.9 | 11.2 | | | | 2 |
| 0.90 | Lung and Bronchus Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 65.6 | 70 | 61.2 | | | | 6 |

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

| | | | | | | | | | | |
|------|--|-----------|----------------------------|------|------|------|---|------|--|----|
| 0.68 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 12.4 | 17.8 | 14.8 | | 13.5 | | 15 |
| 0.58 | Tuberculosis Incidence Rate | 2014 | cases/ 100,000 population | 0 | 2 | 3 | 1 | | | 10 |

| SCORE | SOCIAL ENVIRONMENT | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|---------|---------------|----------------|--------|--------|-----------------|---|--------|
| 2.70 | Single-Parent Households | 2012-2016 | percent | 51.3 | 35.7 | 33.6 | | | | 1 |
| 2.30 | Female Population 16+ in Civilian Labor Force | 2012-2016 | percent | 47.1 | 57.4 | 58.3 | | | | 1 |
| 2.25 | People Living Below Poverty Level | 2012-2016 | percent | 24.4 | 16.8 | 15.1 | | 12.5 | <6, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races | 1 |
| 2.25 | Total Employment Change | 2014-2015 | percent | -0.4 | 3.1 | 2.5 | | | | 19 |
| 2.10 | Children Living Below Poverty Level | 2012-2016 | percent | 36.7 | 23.9 | 21.2 | | | Black or African American | 1 |
| 2.10 | Population 16+ in Civilian Labor Force | 2012-2016 | percent | 53.5 | 61.5 | 63.1 | | | | 1 |
| 2.10 | Young Children Living Below Poverty Level | 2012-2016 | percent | 47.9 | 27.3 | 23.6 | | | Black or African American | 1 |
| 2.03 | Median Housing Unit Value | 2012-2016 | dollars | 131500 | 157100 | 184700 | | | | 1 |
| 1.98 | Median Monthly Owner Costs for Households without a Mortgage | 2012-2016 | dollars | 455 | 376 | 462 | | | | 1 |
| 1.90 | People 25+ with a Bachelor's Degree or Higher | 2012-2016 | percent | 20.1 | 29 | 30.3 | | | | 1 |
| 1.80 | Per Capita Income | 2012-2016 | dollars | 22173 | 26779 | 29829 | | | Black or African American, Hispanic or Latino, Other | 1 |
| 1.73 | Social and Economic Factors Ranking | 2018 | ranking | 82 | | | | | | 3 |
| 1.70 | Mean Travel Time to Work | 2012-2016 | minutes | 26.2 | 24.1 | 26.1 | | | | 1 |

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

| | | | | | | | | | | |
|------|---|-----------|---|-------|-------|-------|-----|----|---------------------------|----|
| 1.65 | Median Household Income | 2012-2016 | dollars | 41156 | 48256 | 55322 | | | Black or African American | 1 |
| 1.55 | People 25+ with a High School Degree or Higher | 2012-2016 | percent | 84.2 | 86.3 | 87 | | | | 1 |
| 1.35 | Voter Turnout: Presidential Election | 2016 | percent | 68.6 | 67.7 | | | | | 13 |
| 1.33 | Persons with Health Insurance | 2016 | percent | 87.9 | 87.8 | | 100 | 92 | | 16 |
| 1.25 | Homeownership | 2012-2016 | percent | 56.5 | 55.5 | 55.9 | | | | 1 |
| 1.18 | Mortgaged Owners Median Monthly Household Costs | 2012-2016 | dollars | 1239 | 1243 | 1491 | | | | 1 |
| 1.10 | People 65+ Living Alone | 2012-2016 | percent | 25 | 26.8 | 26.4 | | | | 1 |
| 1.03 | Median Household Gross Rent | 2012-2016 | dollars | 733 | 816 | 949 | | | | 1 |
| 0.65 | Linguistic Isolation | 2012-2016 | percent | 0.7 | 2.5 | 4.5 | | | | 1 |
| 0.65 | Social Associations | 2015 | membership associations/ 10,000 population | 16 | 11.5 | 9.3 | | | | 3 |

| SCORE | SUBSTANCE ABUSE | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|----------------------------------|--------------------|----------------------------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.40 | Death Rate due to Drug Poisoning | 2013-2015 | deaths/ 100,000 population | 22.9 | 14 | 15 | | | | 3 |
| 2.25 | Adults who Smoke | 2016 | percent | 19.3 | 17.9 | 17 | 12 | 13 | | 3 |
| 1.60 | Liquor Store Density | 2015 | stores/ 100,000 population | 6.9 | 5.8 | 10.5 | | | | 19 |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 71 | | | | | | 3 |
| 1.25 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 28.6 | 31.4 | 29.3 | | 4.7 | | 3 |
| 0.45 | Adults who Drink Excessively | 2016 | percent | 14.1 | 16.7 | 18 | 25.4 | | | 3 |

| SCORE | TRANSPORTATION | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|---------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.65 | Workers Commuting by Public Transportation | 2012-2016 | percent | 0 | 1.1 | 5.1 | 5.5 | | | 1 |
| 2.40 | Solo Drivers with a Long Commute | 2012-2016 | percent | 41.7 | 31.3 | 34.7 | | | | 3 |

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

| | | | | | | | | | | |
|------|--|-----------|---------|------|------|------|-----|--|-------|----|
| 2.30 | Households without a Vehicle | 2012-2016 | percent | 10.7 | 6.3 | 9 | | | | 1 |
| 1.95 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 5.3 | | | | | | 20 |
| 1.70 | Mean Travel Time to Work | 2012-2016 | minutes | 26.2 | 24.1 | 26.1 | | | | 1 |
| 1.10 | Workers who Drive Alone to Work | 2012-2016 | percent | 79.1 | 81.1 | 76.4 | | | 60-64 | 1 |
| 0.50 | Workers who Walk to Work | 2012-2016 | percent | 3.7 | 1.8 | 2.8 | 3.1 | | | 1 |

| SCORE | WELLNESS & LIFESTYLE | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|---|--------------------|---------|---------------|----------------|------|--------|-----------------|-----------------|--------|
| 2.55 | Self-Reported General Health Assessment: Poor or Fair | 2016 | percent | 21.5 | 17.6 | 16 | | 9.9 | | 3 |
| 2.25 | Poor Physical Health: Average Number of Days | 2016 | days | 4.1 | 3.6 | 3.7 | | | | 3 |
| 1.80 | Frequent Physical Distress | 2016 | percent | 13.2 | 11.3 | 15 | | | | 3 |
| 1.75 | Life Expectancy for Males | 2014 | years | 74.2 | 75.4 | 76.7 | | 79.5 | | 5 |
| 1.73 | Morbidity Ranking | 2018 | ranking | 80 | | | | | | 3 |
| 1.65 | Insufficient Sleep | 2016 | percent | 35.1 | 33.8 | 38 | | | | 3 |
| 1.45 | Life Expectancy for Females | 2014 | years | 80.2 | 80.2 | 81.5 | | 79.5 | | 5 |

| SCORE | WOMEN'S HEALTH | MEASUREMENT PERIOD | UNITS | CHOWAN COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY* | SOURCE |
|-------|--|--------------------|------------------------|---------------|----------------|-------|--------|-----------------|-----------------|--------|
| 2.50 | Breast Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 142.9 | 129.4 | 123.5 | | | | 6 |
| 1.45 | Life Expectancy for Females | 2014 | years | 80.2 | 80.2 | 81.5 | | 79.5 | | 5 |
| 1.15 | Mammography Screening: Medicare Population | 2014 | percent | 69.2 | 67.9 | 63.1 | | | | 17 |

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

Sources

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

Table 22. Indicator Sources and Corresponding Number Keys

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

Appendix C. Primary Data

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

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

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

1. Where do you currently live?

ZIP/Postal Code

| | | | | | |
|--------------------------|------------|--------------------------|----------|--------------------------|------------|
| <input type="checkbox"/> | Beaufort | <input type="checkbox"/> | Franklin | <input type="checkbox"/> | Onslow |
| <input type="checkbox"/> | Bertie | <input type="checkbox"/> | Gates | <input type="checkbox"/> | Pamlico |
| <input type="checkbox"/> | Bladen | <input type="checkbox"/> | Greene | <input type="checkbox"/> | Pasquotank |
| <input type="checkbox"/> | Camden | <input type="checkbox"/> | Halifax | <input type="checkbox"/> | Pender |
| <input type="checkbox"/> | Carteret | <input type="checkbox"/> | Hertford | <input type="checkbox"/> | Perquimans |
| <input type="checkbox"/> | Chowan | <input type="checkbox"/> | Hoke | <input type="checkbox"/> | Pitt |
| <input type="checkbox"/> | Cumberland | <input type="checkbox"/> | Hyde | <input type="checkbox"/> | Sampson |
| <input type="checkbox"/> | Currituck | <input type="checkbox"/> | Johnston | <input type="checkbox"/> | Tyrrell |
| <input type="checkbox"/> | Dare | <input type="checkbox"/> | Lenoir | <input type="checkbox"/> | Washington |
| <input type="checkbox"/> | Duplin | <input type="checkbox"/> | Martin | <input type="checkbox"/> | Wayne |
| <input type="checkbox"/> | Edgecombe | <input type="checkbox"/> | Nash | <input type="checkbox"/> | Wilson |

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

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

PART 2: Community Improvement

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

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> More affordable/better housing | | <input type="checkbox"/> None |

☐ Other (please specify)

PART 3: Health Information

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

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

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

☐ Other (please specify)

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

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

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No *(if No, skip to question #12)*

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

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Don' t know / not sure

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

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

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

☐ Don' t know / not sure

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

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

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

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

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

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

☐

Yes

☐

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

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

☐

Yes

☐

No

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

☐

Yes

☐

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

☐

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

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

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

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

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

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

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

☐ Other (please specify)

| |
|--|
| |
|--|

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

☐

Yes

☐

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

☐

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

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

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

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

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

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

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

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

- ☐ Yes, flu shot

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

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

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

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

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

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

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

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

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

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

☐ Other (please specify)

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

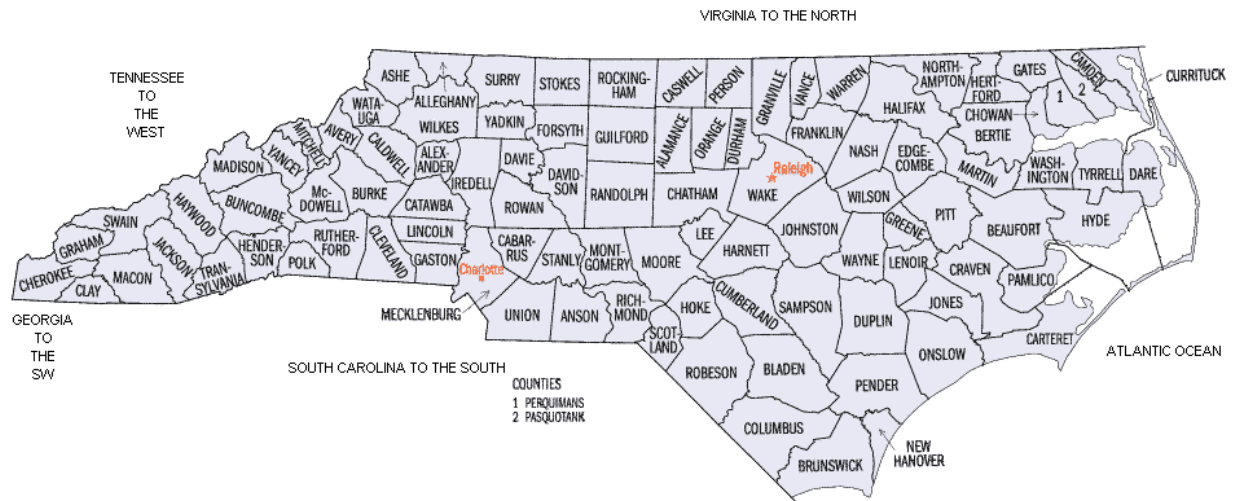
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

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

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

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | <input type="checkbox"/> Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | <input type="checkbox"/> Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> The State of |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Other (please specify) | | | |

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

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

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (*Choose only one.*)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

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

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (*Check only one.*)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

☐ Other (please specify)

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

(Check only one.)

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

☐ No

☐ Don't know/not sure

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

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

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

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

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

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

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

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

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

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

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

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

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

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

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

☐ Other (please specify)

| |
|--|
| |
|--|

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

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

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)

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

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

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Spanish Survey

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

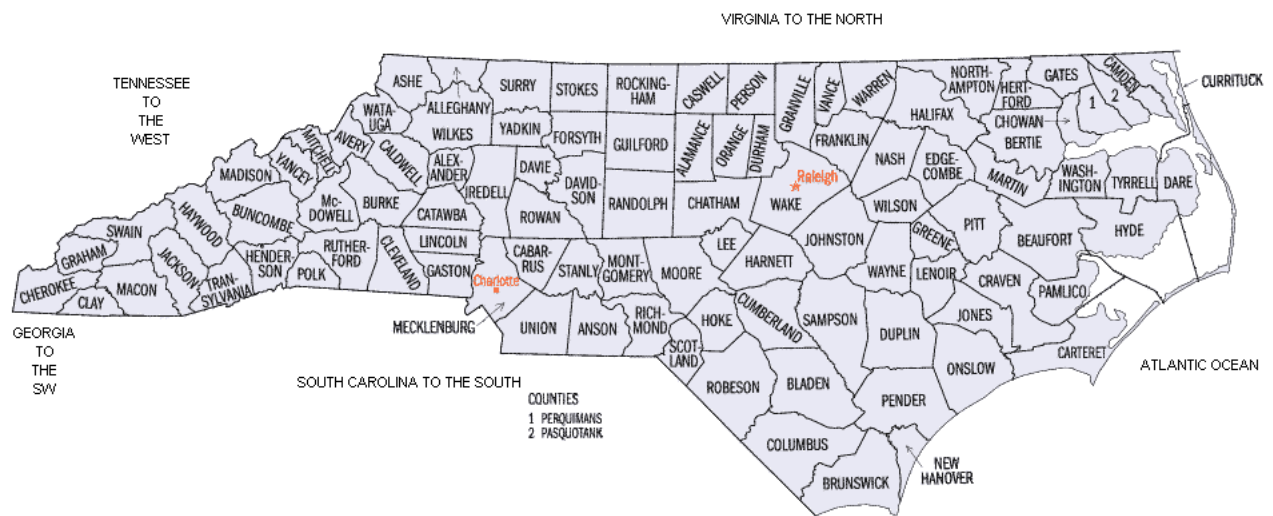
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

| | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

Mapa del condado de Carolina del Norte



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

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

PARTE 2: Mejora de la comunidad

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación (aire, agua, tierra) | <input type="checkbox"/> Discriminación / racismo | <input type="checkbox"/> Violencia doméstica |
| <input type="checkbox"/> Abandono de la escuela | <input type="checkbox"/> Falta de apoyo de la comunidad | <input type="checkbox"/> Delito violento (asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos / pobreza | <input type="checkbox"/> Drogas (Abuso de sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación / agresión sexual |
| <input type="checkbox"/> Falta de un seguro de salud adecuado | <input type="checkbox"/> Maltrato a personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

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

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

PARTE 3: Información de salud

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

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

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

☐ Otros (especificar)

| |
|--|
| |
|--|

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

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

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

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

- ☐ Sí
- ☐ No

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

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

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

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

PARTE 4: Salud personal

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

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

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

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

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

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

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

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

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

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

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

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

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

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

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

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

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

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

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

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

- ☐ Heroína
- ☐ Otros (especificar)

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

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

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

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

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

- ☐ Sí
- ☐ No

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

☐

Sí

☐

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

☐

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

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

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

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

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

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

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

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

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

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

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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

☐

Sí

☐

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

☐

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

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

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

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

☐

Sí

☐

No

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

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

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

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

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

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

PARTE 5: Acceso a la atención / Salud familiar

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

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

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

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

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

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

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

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

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

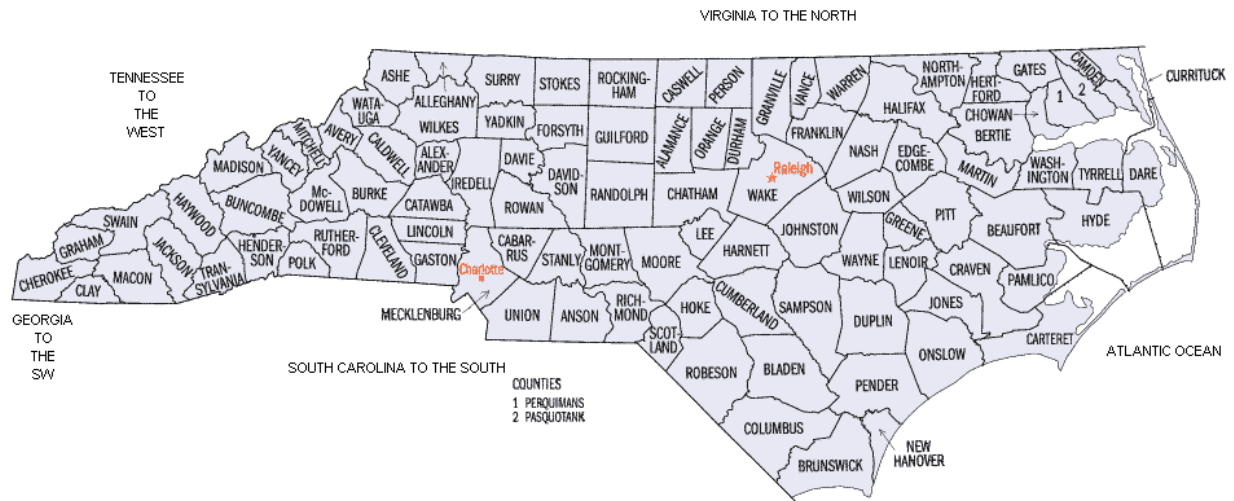
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

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

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

| | | | |
|--|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| Cumberland | <input type="checkbox"/> Hyde | Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> El Estado de |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | Perquimans | Virginia |
| <input type="checkbox"/> Otros (especificar) | | | |

Mapa del condado de Carolina del Norte



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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

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

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐

No

☐

No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(*Marque solo uno*)

☐

Falta de transporte

☐

Preocupación por la seguridad

☐

La falta de confianza en los
funcionarios públicos

☐

familiar

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la
propiedad

☐

Preocupación por los atascos de
tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad
personal

☐

Problemas de salud (no se
pudieron mover)

☐

Otros (especificar)

☐

No sé / no estoy seguro

PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

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

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

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

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

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

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

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

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

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐

Separado

☐

Otros (especificar)

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

| | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Ama de casa | <input type="checkbox"/> | Desempleado 1 | <input type="checkbox"/> | Desempleado por más de 1 |
| <input type="checkbox"/> | Trabajadores por | año o menos | | año | |
| cuenta propia | | | | | |

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

☐

Sí

☐

No

☐

No sé / no estoy seguro

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

[¡Gracias por su tiempo y participación!](#)

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

Prompt: What do you do to stay healthy?

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

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

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

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

Additional Questions

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

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

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

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

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

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

Key Themes

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

1.

2.

3.

Appendix D. Community Resources

Community Service and Organizations

Chowan County is covered by the Chowan County Sheriff's Office, headquartered in Edenton.

Chowan County Sherriff's Office

305 West Freemason Street
PO Box 78, Edenton, NC 27932
Phone: 252-482-8484
Fax: 252-482-5813

Fire Departments (3)

Center Hill-Crossroads Fire Department

105 Center Hill Rd
PO Box 185
Tyner, NC 27980
Phone: 252-221-4956
Fax: 252-221-2178

Edenton Fire Department

704 North Broad Street
Edenton, NC 27932
Phone: 252-482-3115
Fax: 252-482-5915

Belvidere-Chappel Hill Fire Department

143 Dinking Hole Road
Belvidere, NC 27919
Phone: 252-297-2166

Public Libraries

Sheperd-Pruden Memorial Library

106 West Water Street
Edenton, NC 27932
Telephone: 252-482-4112

Chowan County Community Resource Directory & Guide

Edenton-Chowan Chamber of Commerce

101 West Water Street
Mon-Fri, 9-5
252-482-3400
<http://www.edentonchamber.org>

Public Schools

White Oak Elementary School

111 Sandy Ridge Road

Edenton, NC 27932

Phone: 252-221-4078

Website: <https://sites.google.com/a/ecps.k12.nc.us/white-oak/home>

D.F. Walker Elementary School

125 Sandy Ridge Road

Edenton, NC 27932

Phone: 252-221-4151

Website: <https://sites.google.com/a/ecps.k12.nc.us/d-f-walker/home>

Chowan Middle School

2845 Virginia Road

Tyner, NC 27980

Phone: 252-221-4131

Website: <https://sites.google.com/a/ecps.k12.nc.us/chowan/home>

John A. Holmes High School

600 Woodard Street

Edenton, NC 27932

Phone: 252-482-8426

Website: <https://sites.google.com/a/ecps.k12.nc.us/john-a-holmes/home>

Higher Education

Chowan University

One University Dr.

Murfreesboro, NC 27855

Phone: 252-398-6436

Toll-Free: 1-888-4-CHOWAN

Fax: 252-398-1190

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

Martin Community College - Bertie Campus

409 West Granville St.

Windsor, NC 27983

Phone: 252-794-4861

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

Martin Community College - Williamston Campus

1161 Kehukee Park Rd.

Williamston, NC 27892

Phone: 252-792-1521

Fax: 252-792-0826

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

Roanoke Chowan Community College

109 Community College Rd.
Ahoskie, NC 27910
Phone: 252-862-1200
Website: <https://www.roanokechowan.edu/>

Elizabeth City State University

1704 Weeksville Rd.
Elizabeth City, NC 27909
252-335-3400
Website: <http://www.ecsu.edu/>

College of the Albemarle - Elizabeth City Campus

1208 N. Road St
PO Box 2327
Elizabeth City, NC 27909
Phone: 252-335-0821
Fax: 252-335-2011
Website: <http://www.albemarle.edu/>

College of the Albemarle - Dare County Campus

132 Russell Twiford Road
Manteo, NC 27954
Phone: 252-473-2264
Fax: 252-473-5497
Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Roanoke Island Campus

205 Highway 64 S.
Manteo, NC 27954
Fax: 252-473-6002
Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Edenton-Chowan Campus

800 N. Oakum St
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-482-7999
Website: <https://www.albemarle.edu/for-the-community/locations/edenton-chowan-campus/>

Regional Aviation & Technical Training Center

107 College Way
Barco, NC 27917
Phone: 252-453-3035
Fax: 252-453-3215
Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>

East Carolina University

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

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

Chowan County Area Churches

Edenton-Chowan Chamber of Commerce Limited lists of schools, churches and civic organizations in Chowan County. Portal - <http://www.edentonchamber.org>

Clubs and Civic Organizations in Chowan County

North Carolina Arts Council The NC Arts Council maintains a resource list of cultural, arts, and civic organizations that is searchable by county. Portal: <http://www.ncarts.org/>

Chowan County Tourism Development Authority The organization's website has a resource section with live links to tourism and recreation opportunities, government agencies, churches, and local organizations. Portal: <http://www.visitedenton.com/links.html>

Chowan County Tourism Development Authority

101 West Water Street

Mon-Fri, 9-5

800-775-0111 FREE

info@visitedenton.com

Edenton Town Harbor, Colonial Park

506 South Broad Street

252-482-2832

Mon-Sun, 9-5 (with extended hours during events)

Historic Edenton State Historic Site

108 N Broad Street

Tues-Sat, 9-5

252-482-2637

www.edenton.nchistoricsites.org

Penelope Barker House Welcome Center

505 S Broad Street

Open Daily 10-4

252-482-7800

www.ehcnc.org

Edenton-Chowan Recreation Department

730 North Granville Street

Suite C, NC Cooperative Extension Building

Edenton, NC
Mon-Fri, 8-5
252-482-8595
Hotline: 252-482-9811
Fax: 252-482-3223

List of Recreational Activities and Historical Sites
<http://www.visitedenton.com/what-to-do>

Chowan County Government Directory of Service

Chowan County Government Directory of Services Alphabetical list of live links to services provided by the county. Portal: <http://www.chowancounty-nc.gov/>

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

Chowan/Perquimans Smart Start Partnership

409 Old Hertford Road, Edenton, NC 27932
252-482-3035
Fax: 252-482-1324
Website: <http://cp-smartstart.org/>
Email: cpsmartstart@gmail.com

Albemarle Smart Start Partnership Community Resource Guide

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or download it.

Childcare Centers

Referral Agency: Chowan/Perquimans Smart Start Partnership
Star Ratings on <http://childcarecenter.us/>

The Ark Child Care Center

225 Virginia Road
Edenton, NC 27932
Phone: 252-482-1699
Hours: Monday – Friday, 7:00am – 6:00pm

Linda's Little Bit of Heaven

423 Mexico Rd.
Edenton, NC 27932
Phone: 252-482-4171
Hours: Monday – Friday, 7:00am – 5:00pm

White Oak Elementary Preschool

111 Sandy Ridge Rd
Edenton, NC 27932

Phone: 252-221-4078
Hours: Monday – Friday, 7:00am – 4:30pm

C & N Basic Learning Center

423 Sandy Ridge Road
Edenton, NC 27932
Phone: 252-221-6555

Chipmunk's Child and Youth Development Center

1208 Vann Street
Edenton, NC 27932
Phone: 252- 368-1113

Chowan County Head Start

760 Virginia Road
Edenton, NC 27932
Phone: 252-482-4495

Countryside Care

100 Countryside Dr.
Edenton, NC 27932
Phone: 252-482-3788

Edenton Teapot Day Care Center

102 Cauthen St.
Edenton, NC 27932
Phone: 252-482-8727

Home Away From Home Childcare Center

Winborne Lane
Edenton, NC 27932
Phone: 252-368-1105

Loving Hearts Daycare

1201 West Queen Street
Edenton, NC 27932
Phone: 252-482-4789

M & E Preschool

3641 Virginia Road
Tyner, NC 27980
Phone: 252-221-8651

Out of the Box Childcare

701 N Broad Street
Edenton, NC 27932
Phone: 252-482-1009

Praise Temple Worship Center

820 W Albemarle St.
Edenton, NC 27932
Phone: 252-482-5477

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

Phone: 252-847-9428
<https://www.accesseast.org/ae-contact-us/>

Albemarle Hopeline, Inc.

Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through four satellite offices (Chowan, Currituck, Gates and Perquimans counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.

Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Displaced Homemaker Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

Mailing address:

PO Box 2064
Elizabeth City, NC 27906
Phone: 252-338-5338
24-hour crisis line: 252-338-3011
Fax: 252-338-2952
Website: www.albemarlehopeline.org

Social Services

100 W. Freemason Circle
Edenton, NC 27932
252-482-7441
Fax: 252-482-7041
Hours: Mon-Fri 8am-5pm
http://www.chowancounty-nc.gov/index.asp?Type=B_BASIC&SEC={30DE37A2-4D75-4A23-83E4-476A5A715C92}

Hospital / Ambulatory Clinics / Emergency Services

Chowan County EMS (CCEMS)

208 W. Hicks St.
Edenton, NC 27932
Phone: 252-482-4365

Local Health Department

The Chowan County Health Department is part of ARHS, a eight-county regional, accredited Public Health Department headquartered in Elizabeth City, NC. The local health department is located in Edenton at 202 W. Hicks Street. Comprehensive clinical services include Women's Preventive Health, Adult Health, Communicable Disease programming, Immunizations, School and Community Health Education, Breast and Cervical Cancer Control Program, Diabetes Management, Child Health, WIC, Albemarle Hospice, Albemarle Home Care, Albemarle LifeQuest/Health Promotion, Environmental Health, Preparedness and Response Solid Waste Management Authority, and the Regional Landfill services.

Chowan County Health Department

202 Hicks Street
Edenton, NC 27932
252-482-6003

Vidant Chowan Hospital

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

Vidant Family Medicine – Edenton

201 Virginia Rd.
Edenton, NC 27932
252-482-2116

Vidant Family & Sports Medicine – Edenton

113 Virginia Rd.
Edenton, NC 27932
252-482-3047

Vidant General Surgery – Edenton

203-B Earnhardt Drive
Edenton, NC 27932
252-482-5868

Vidant Internal Medicine – Edenton

104 Mark Drive
Edenton, NC 27932
252-482-5171

Vidant Internal Medicine – Edenton

105 Mark Drive
Edenton, NC 27932
252-482-6530

Vidant Women's Care – Edenton

203 Earnhardt Drive
Edenton, NC 27932
252-482-2134

Vidant Women's Care – Edenton

309 N. Broad Street
Edenton, NC 27932
252-482-7001

Albemarle Regional Health Services

Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 70 years of service to the Albemarle Region.

The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children's developmental services, Public Health preparedness and response, public information, and interpreter assistance.

Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

Chowan County NC Cooperative Extension Service

730 North Granville Street
Suite A
Edenton, NC 27932
252-482-6586
Fax: 252-482-6590
Mon-Fri, 8-5
Website: <https://chowan.ces.ncsu.edu/>

NC Cooperative Extension

730 N. Granville Street, Suite A
Edenton, NC 27932
Phone: 252-482-6585
Fax: 252-482-659

Dentists

Albemarle Dental Associates

103 Mark Dr.
Edenton, NC 27932
252-482-5131
Website: <http://www.albemarledental.com/>

Jerry Bradley, DDS & Associates

512 Coke Ave.
Edenton, NC 27932
252-482-1080
Fax: 252-482-1082

Paul Richmond, DDS

410 N. Broad St.
Edenton, NC 27932
252-482-2181

Other Health Care Resources

Tri-County Animal Shelter

138 Icaria Road
Tyner, NC 27980
252-221-8514
Fax: 252-221-4101
Hours:
Mon-Fri 1pm-5pm
Saturday 10am-1pm
Closed Sundays

Veterans Services

100 Court Street
Edenton, NC 27932
Located inside the lobby of the Chowan County Correctional Facility
252-482-1033
Fax: 252-482-0683

Trillium

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

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

Email: info@trilliumnc.org

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

Trillium Access Point

Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.

Available in English and Spanish, provides local referral information, and includes learning and resource section.

Website: <http://www.trilliumhealthresources.org/en/Community-Partnerships/Trillium-Initiatives/Access-Point/>

Quitline NC

Free, confidential, one-on-one support, nicotine replacement therapy - patch, gum and lozenge - is now available for every person who enrolls.

Telephone Service is available 24/7 toll-free at

1-800-QUIT-NOW (1-800-784-8669)

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

Gateway Community Health Center – Tyner Clinic

Located in the Northern Chowan Community Center

This clinic provides primary care to patients 18 years old and up. Services include sick visits, wellness and preventative visits, chronic disease management, health education, and laboratory testing. Staff includes a full time Adult Nurse Practitioner, a Registered Nurse, and support personnel.

2869 Virginia Rd, Tyner, NC 27980

Phone: 252-221-2171

Chowan River Nursing and Rehabilitation Center

1341 Paradise Road

Edenton, NC 27932

252-482-7481

Hours: Mon-Fri 8:30am-5pm

Weekends by appointment

Website: <http://www.chowanrivercare.com/>

Long Term Care Facilities

Britthaven of Edenton

1341 Paradise Road

Edenton, NC 27932

252-482-7481

J'lee C Healthcare

401 Dillards Mill Road

Tyner, NC 27980

252-221-8113

Adult Care Homes

Edenton Prime Time Retirement Village

106 Mark Dr. Edenton, NC 27932

252-482-4491

Tyner Manor Family Care Home

401 Dillards Mill Rd

Tyner, NC 27980

855-344-4048
Fax: 252-221-8113

Edenton House

323 Medical Arts Dr.
Edenton, NC 27932
252-482-1113
Website: <https://affinitylivinggroup.com/community/edentonhouse>

Home Life Care

412 W. Queen St.
Edenton, NC 27932
252-482-1130
Fax: 252-482-1190
Email: info@homelifecareinc.com
Websites: <http://www.homelifecareinc.com/>

Chowan County Senior Center and Nutrition Site

Congregate meals, home delivered meals, health screenings, specialized information, referrals, and general health insurance information counseling.
204 East Church Street
Edenton, NC 27932
(252) 482-2242

Farmers Markets and Roadside Stands (10)

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

Edenton Farmers Market

200 N. Broad St., Edenton, NC 27932
252-209-4792
Accepts: SNAP, EBT

W.R. Bunch Produce Stand 1

2833 Rocky Hock Rd.
Edenton, NC 27932
252-221-4594

W.R. Bunch Produce Stand 2

Yeopim Rd. and 32 South
Edenton, NC 27932
252-221-4594

Winborne & Son Farms

3442 Rocky Hock Road
Edenton, NC 27932
252-333-6181
Hours:

July 1 – Oct. 31
Mon – Sun 8am-6pm

Hare Family Farm (formerly Olan Path) CSA

147 Mexico Rd.
Edenton, NC
252-370-0890

Pigs Plus Farm

311 Evans-Bass Rd. Edenton, NC

Triple B. Farms

Corner of Ryland and Sign Pine Rd.
Tyner, NC 27980
252-221-4223

CC's Produce

2349 Virginia Rd.
Edenton, NC 27932
252-333-0766

Griffin's Collard Stand

1800 W. Queen St. Edenton, NC

Mill Fork Farms

Rocky Hock Rd. Edenton, NC 27932
252-339-2218

Housing Resources

Chowan/Perquimans Habitat for Humanity

P.O. Box 434
Edenton, NC 27932
252-482-2686

Section 8 Economic Improvement Council, Inc.

Section 2 Housing Choice Vouchers
712 Virginia Road
Edenton, NC 27932
252-482-4458

Adult Services, Chowan County Department of Social Services

Supported Living Services for Adults with Disabilities, Representative Payee Services, Adult Day Programs, Adult Protective Intervention/Investigation, and Public Guardianship/Conservatorship Programs.
100 West Freemason Circle
Edenton, NC 27932
252-482-7441

**Low Income Energy Assistance Program (LIEAP),
Chowan County Department of Social Services**
100 West Freemason Circle
Edenton, NC 27932
(252) 482-7441

Medical Transportation

100 West Freemason Circle
Edenton, NC 27932
(252) 482-7441

Inter-County Public Transportation Authority

ICPTA services are intended to transport the general public to nutrition sites, medical appointments and other locations in order to access services or attend activities related to daily living, while promoting improved quality of life. For more information, please call (252) 338-4480.

Public Transportation in Chowan County Public transportation in Chowan County is provided by the Inter-County Public Transportation Authority (ICPTA), operated by Albemarle Regional Health Services, which serves the five county area of Camden, Chowan, Currituck, Pasquotank and Perquimans counties.

Additional Organizations

- **American Association of Poison Control Centers**
1-800-222-1222
- **Carolinas Poison Center**
1-800-222-1222
- **Children's Home Society of North Carolina**
1-800-632-1400
- **East Carolina Behavioral Health**
1-877-685-2415
- **Emergency Contraception**
1-800-584-9911
- **Healthy Start Foundation**
1-800-FOR-BABY (367-2229)
- **National Domestic Violence Hotline**
1-800-799-SAFE (7233)
- **National Sexual Assault Hotline**
1-800-656-HOPE
- **Planned Parenthood**
1-800-230-7526
- **National Alliance on Mental Illness**
1-800-950-6264
- **National Drug Abuse Hotline**
1-800-662-HELP (4357)
- **National Gay Task Force**
(202) 393-5177

- **National Mental Health Association**
1-800-969-6642
- **National Suicide Prevention Lifeline**
1-800-784-2433
- **Rape Crisis Center**
1-800-656-4673
- **Real Crisis Center**
(252) 758-HELP (4357)

Tri-County Animal Shelter

138 Icaria Road
Tyner, NC 27980
252-221-8514
Fax: 252-221-4101
Hours:
Mon-Fri 1pm-5pm
Saturday 10am-1pm
Closed Sundays