2019 Dare County Community Health Needs Assessment

Healthy Carolinians of the Outer Banks

Dare County Department of Health & Human Services • The Outer Banks Hospital • Vidant Health System

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Executive Summary

Dare County is pleased to present its 2019 Community Health Needs Assessment (CHNA). This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Dare County. This document serves as the 2019 CHNA for The Outer Banks Hospital and Dare County Department of Health & Human Services. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Dare County.

Service Area

The service area for this report is defined as the geographical boundary of Dare County, North Carolina. Dare County is the easternmost county in the state and covers an area of over 1,500 square miles, of which only a portion is land.

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 Dare County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (2) focus group discussions. Over 700 Dare 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 Dare County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Cancer
Economy
Environment
Exercise, Nutrition & Weight
Healthcare Navigation / Literacy
Mental Health & Mental Disorders
Men's Health
Prevention & Safety
Substance Abuse
Transportation
Women's Health

Selected Priority Areas

As explained later in this report, Dare County has selected the following priority areas:

Mental Health

Substance Abuse

Transportation

Conclusion

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

Introduction

Healthy Carolinians of the Outer Banks (HCOB) is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Dare County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Dare County, as well as guide planning efforts to address those needs. Special attention has been given to 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 Dare County Community Health Needs Assessment was developed through a partnership between the Healthy Carolinians of the Outer Banks Partnership, Dare County Department of Health & Human Services, The Outer Banks 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
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

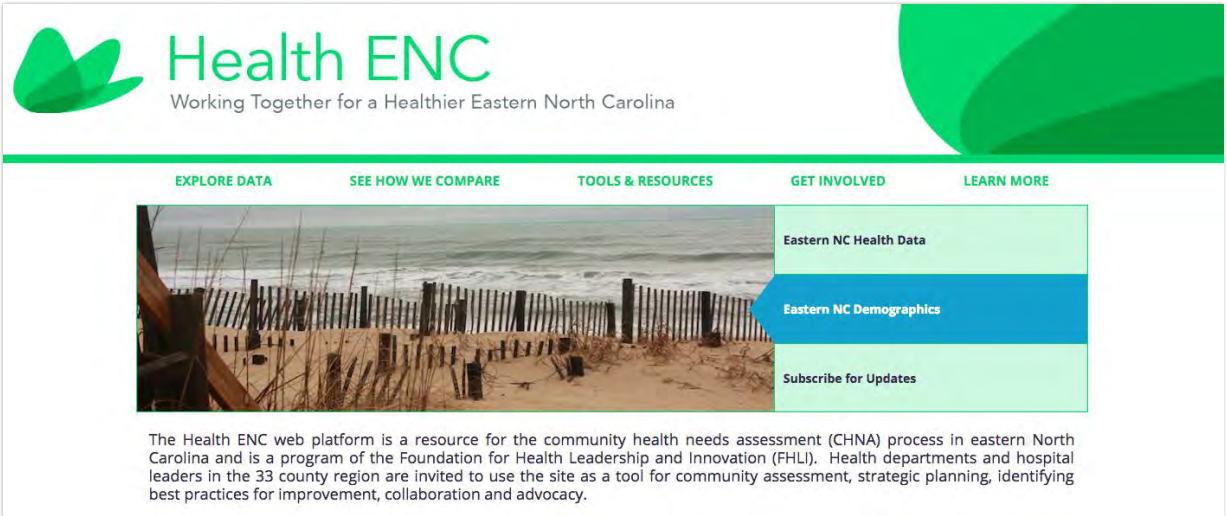
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

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

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

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

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

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Healthy Carolinians of the Outer Banks

Healthy Carolinians of the Outer Banks (HCOB) is a Partnership working towards a healthier Dare County. Coordinated by the Dare County Department of Health & Human Services, and The Outer Banks Hospital, the partnership has input and representation from over 25 local organizations and agencies. The Healthy Carolinians process supports our community in mobilizing people and resources to address community health challenges.

One of the essential functions of the HCOB Partnership is overseeing the Community Health Assessment process every three years. The partnership participates in the gathering and analysis of primary and secondary data. Once the data is reviewed HCOB prioritizes the identified health opportunities and forms task forces to address concerns as needed.

Healthy Carolinians of the Outer Banks Structure

Healthy Carolinians of the Outer Banks includes a partnership board and executive committee. The executive committee includes the HCOB Coordinator, Chair, Vice-Chair, and previous Chair (if available). Community Health Assessment Coordinators and leadership from both The Outer Banks Hospital & Dare County Department of Health & Human Services.

Healthy Carolinians of the Outer Banks Executive Committee Members

Brandi Rheubottom, HCOB Chair

Dianne Denny, HCOB Vice Chair

Sheila Davies, Dare County Health & Human Services Director

Ronnie Sloan, Outer Banks Hospital President

Amy Montgomery, Outer Banks Hospital

Community Health Assessment Coordinators

Kelly Nettnin, Dare County Health & Human Services

Jennifer Schwartzenberg, Outer Banks Hospital

HCOB Coordinator

Laura Willingham, Dare County Health & Human Services

Healthy Carolinians of the Outer Banks Members

Name	Organization
Jennifer Albanese	Interfaith Community Outreach Inc.
Timothy Baker	Retired from Centers for Disease Control
Roxana Ballinger	Dare County Health & Human Services
Dr. Christina Bowen	Outer Banks Medical Group
Karen Brown	Outer Banks Chamber of Commerce
Jennie Collins	Dare County Emergency Medical Services
John Farrelly	Dare County Schools
Rebecca Woods	Dare County Health & Human Services
Lyndsey Hornock	Outer Banks Hospital
Gail Hutchison	Dare County Sherriffs Office
Janet Jarrett	Albemarle Hospital Foundation
Lyn Jenkins	Albemarle Project Access Sentara
Tess Judge	Community Member
Chuck Lycett	Dare County Health & Human Services
Patty McKenna	Outer Banks Community Collaborative
Tami Montiel	Community Care Clinic of Dare
Chandler Price	Hotline
Tim Sherarin	Dare County Health & Human Services Board
Gail Sonesso	GEM Adult Day Services

Distribution

An electronic copy of this report is available on the following websites:

www.HealthENC.org

www.Darenc.com/hcob

www.vidanthealth.com/About-Vidant-Health/Community-Health-Needs-Assessments

www.theouterbankshospital.com/About-Us/Community-Health-Needs-Assessments

Paper copies of this report are available in all three Dare County Libraries.

Evaluation of Progress Since Prior CHNA

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

As part of the 2016 Community Health Needs Assessment, substance abuse, mental health, chronic diseases, and older adults were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2016 Dare County Community Health Needs Assessment was made available to the public via hard copy access at all three Dare County library locations. Electronic copies are available on HCOB's website, Vidant Health System's Website, Outer Banks Hospital's website Community members were invited to submit feedback via various community events and/or presentations and by email to the CHNA coordinators. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

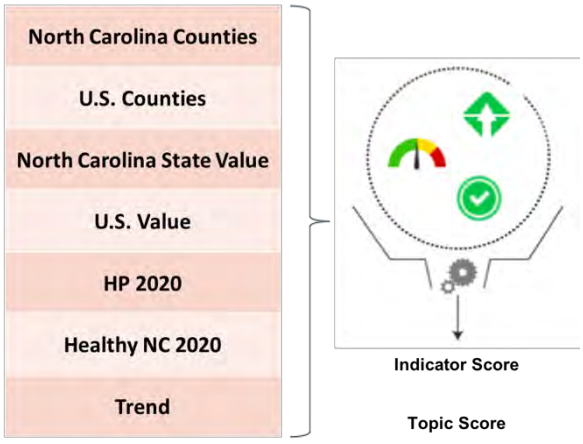
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected from first hand sources as a part of this report. Each type of data is analyzed using a unique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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 145 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 Dare County's status, including how Dare 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 Dare 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



[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/.

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

Health and Quality of Life Topic Areas

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

Table 2. Health and Quality of Life Topic Areas

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

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

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, 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

Surveys were available electronically and in paper copy. The link was emailed out to all major employers in the area: Dare County, Dare County Schools, and Outer Banks Hospital staff. Many of the groups on the HCOB Partnership also shared the survey with their list serves. The survey was shared on www.darenc.com and Dare County Department of Health & Human Services' Facebook page.

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 848 responses were collected from Dare County residents, with a survey completion rate of 84.2%, resulting in 714 complete responses from Dare County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Dare County	714	0	714

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

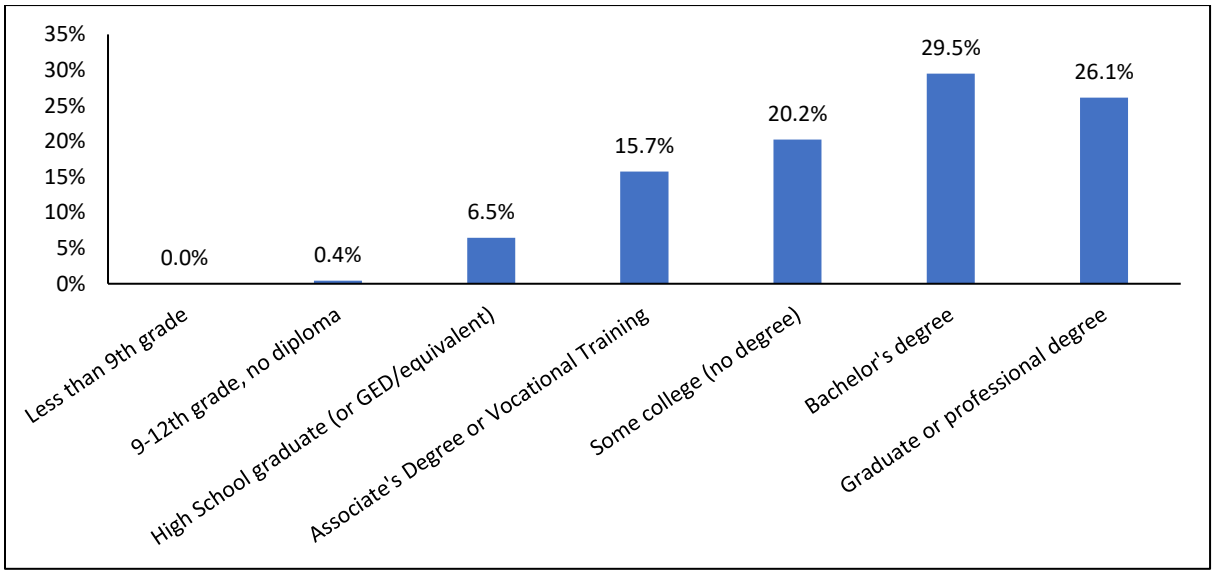
Demographics of Survey Respondents

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

Among Dare County survey participants, 71% of respondents were over the age of 50, with the highest concentration of respondents (15.6%) grouped into the 60-64 age group. The majority of respondents were female (77.2%), White (95.9%), spoke English at home (99.4%), and Not Hispanic (97.1%).

Survey respondents were well-educated, with the highest share of respondents (29.5%) having a bachelor's degree and the next highest share of respondents (26.1%) having a graduate or professional degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (56.7%) and the highest share of respondents (29.2%) had household annual incomes that totaled over $100,000 before taxes. The average household size was 2.45 individuals.

Figure 4. Employment Status of Community Survey Respondents

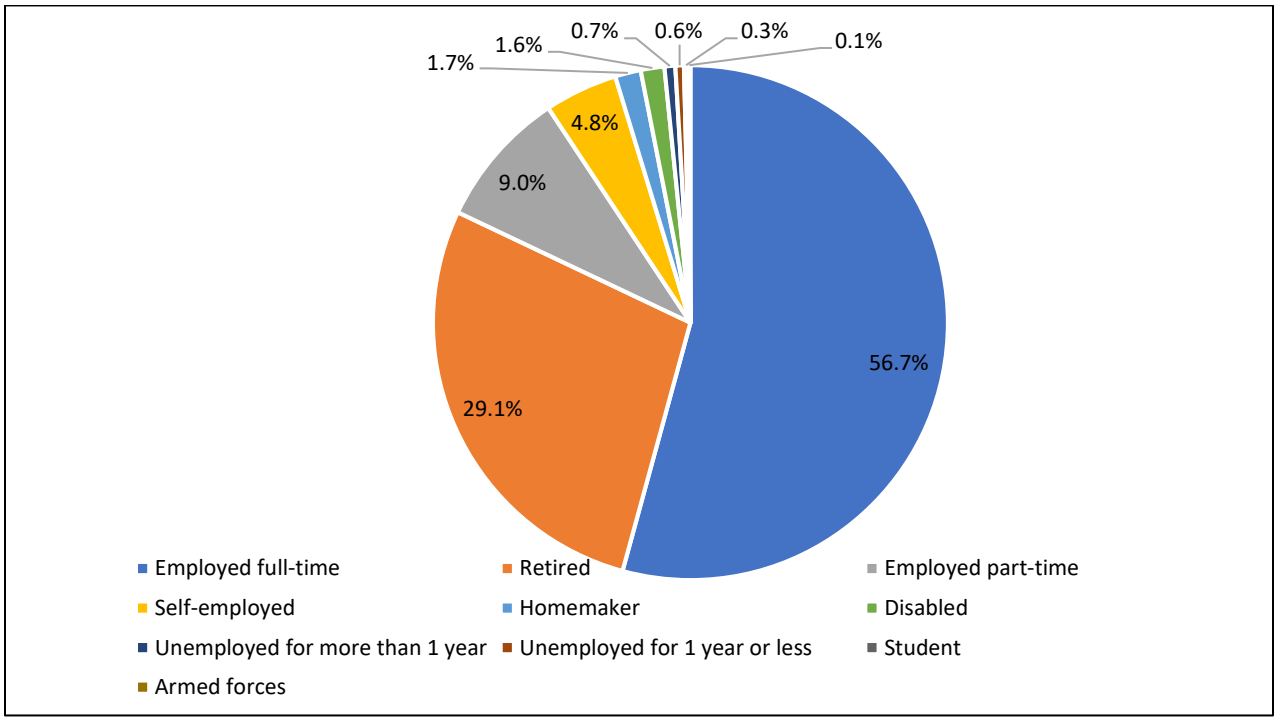
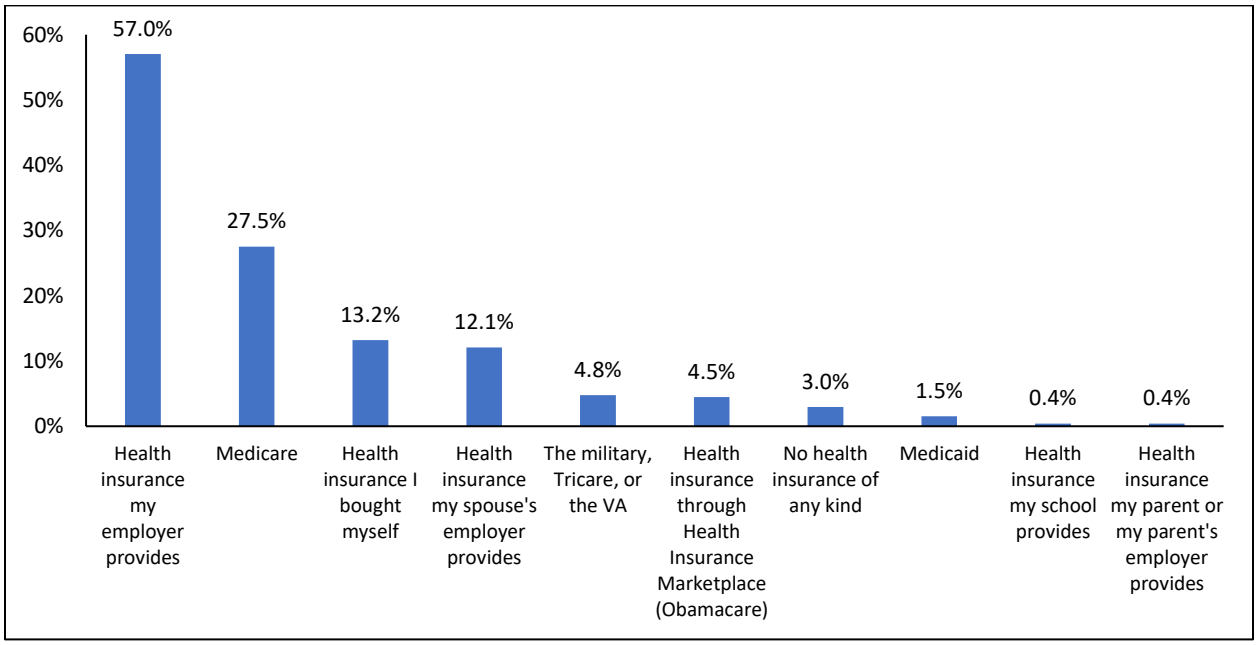


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (57.0%) or their spouse's employer (12.1%), while 27.5% have Medicare and 3.0% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of older, white, well-educated women without dependents and/or children at home. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

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

Focus Group Discussions

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

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

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

Individuals over the age of 18 were targeted for participation in focus groups. Table 4 explains the population types that were sought out for each group. HCOB worked with the locations listed in Table 4 to recruit participants. In efforts to get participation, food was provided to participants.

Three focus group discussions were completed within Dare County between June 13, 2018 – July 30, 2018 with a total of 19 individuals. Participants included healthcare workers, county employees and older adults. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/13/2018	The Outer Banks Hospital	Healthcare Workers	11
7/16/2018	Dare County Administration Building	County Employees	3
7/30/2018	Fesseden Center, Buxton, NC	Older Adults	5

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

Although turnout for the focus groups may have been low, results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Dare 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

The Watch List

The HCOB identified ten "watch list" items, for prioritization due to the following reasons:

Prevention & Safety

Secondary Data and focus group indicated this need, based on:

- Drug overdose deaths
- Drugs and substance abuse affect quality of life
- Lack of knowledge about addiction prevention and preventative services leads to difficulties when needing treatment
- Exercise, nutrition, and maintaining a healthy weight were topics that arose frequently

Substance Abuse

Secondary data, community surveys, and focus group discussions indicated this need, based on:

- High rates of drug and alcohol abuse
- High density of liquor stores
- Community reports high rates of binge or excessive drinking

Mental Health

Secondary data, community surveys, and focus group discussions indicated this need, based on:

- High reports of mental health problems
- High rates of suicide

Built Environment

Secondary data and community survey indicated this need, based on:

- High density of fast food restaurants and liquor stores
- Low access to grocery stores, particularly for children, older adults and low-income populations
- Low rates of emergency preparedness in the community

Access to Health Services

Secondary data, community surveys, and focus group discussions indicated this need, based on:

- Provider shortages in primary care and mental health
- Difficulties with transportation to and from medical services
- Lack of urgent care centers and pharmacies in Dare County (Focus Group: Hatteras Island specific)

Cancer

Secondary data indicated this need based on:

- High incidence and death rates for cancer
- Leading cause of death in Dare
- Lifestyle behaviors are contributing factors to cancer incidence (lack of exercise, poor nutrition and smoking

Older Adults

Secondary data indicated this need based on:

- Rapidly growing aging population
- High rates of mortality due to Alzheimer's Disease

Economy

Community surveys and focus group discussions identified this as a high level of importance.

Transportation

Focus group discussions identified this as a high level of importance.

Healthcare Navigation & Literacy

Focus group discussions identified this as a high level of importance.

Inventory of Community Health Prevention & Promotion Resources

Service Inventories were created prior to voting on prioritization, so that the partnership was aware of current community resources and gaps pertaining to watch list items before finalizing the 2019 CHNA Health Priorities. Tables 5-7 are inventories of community services and resources.

Table 5. Chronic Diseases Inventory of Community Services & Resources

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Peer Power Program	DCDHSS	☐ Individual ☐ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	Addresses tobacco, PA, nutrition for 2nd, 5th, 6th, and 8th grades and high school students in Dare County schools
Cardiac Rehabilitation	OBH	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Established in 2017
Outer Banks Cancer Services: Support Programs	OBH	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Hands of Hope Nurse Navigator, Breast Health, Lymphedema Therapy, Cancer Resource Center, Cancer Transition
Outer Banks Cancer Services: Treatments	OBH	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Surgical, Chemotherapy, Radiation Therapy, Symptom Management Clinic
Outer Banks Cancer Services: Screenings, Prevention and Education	OBH	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Breast, Colon, Lung, & Free Screenings
Outer Banks Center for Healthy Living	OBH	☑ Individual ☑ Family ☐ School ☑ Workplace ☑ Community	☐ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☐ Unsure	Chronic Disease Nurse Navigator, Lifestyle Coaching, Nutrition Counseling, Integrative Medicine, Prevention & Education, Smoking Cessation, Health Coach Mobile Van
Wellness Programs/Risk Management	Dare County	☐ Individual ☐ Family ☐ School ☑ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	For Dare County Employees
Dare Hospice Program	Dare County	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Provides palliative care to manage a patient's pain and symptoms; and assist with the emotional, relational, and spiritual needs of patients and their loved ones. Hospice Services are provided regardless of ability to pay
Dare Home Health	Dare County	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Provides nursing care, therapies and other health care services in the home with the goal of treating illness or injury, so individuals can regain independence and become as self-sufficient as possible.

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Financial Relief	Outer Banks Relief Foundation, Innerfaith Community Outreach	☑ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Currently assists Dare County residents with financial assistance
Smoking Cessation Classes & Support Groups	OBH, Various Local Clinicians & Phone Based Services	☑ Individual ☑ Family ☑ School ☑ Workplace ☑ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Quitline & Local Clinicans
Smoke Free Ordinances	DCDHHS	☑ Individual ☑ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	Initially established in 2010, HHS Board added ENDS products to Smoke Free Bars Law in 2016
Older Adult Services	Dare County: Baum Center, Fesseden Center, Dare County Center	☐ Individual ☑ Family ☐ School ☑ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	Currently providing a multitude of services for older adults, als provides exercise classes (minimal fee for under 55) and fitness center services free-of-charge for Dare County Residents
Private Fitness Centers	Various Fitness Centers	☑ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	Cost could be associated with entry
In Home Aide Services	DCDHHS	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Consistently has a waiting list of approximately 100 individuals
Private In-Home Aide Services	Visiting Angels, OBX Home Care, Quality Home Staffing, Golden Way, Rescare	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Supportive services are currently available from multiple organizations
Walking Trails & Parks	Throughout the Community	☑ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	Available for recreational use, cost could be associated with entry
Adverse Childhood Experiences (ACEs), Trauma Informed Organizations & Resiliency	Children & Youth Partnership, Breaking Through Task Force, DCDHHS	☑ Individual ☑ Family ☑ School ☑ Workplace ☑ Community	☐ Indicated ☑ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	Providing education on link between high ACE score and chronic diseases, establishing healthcare settings and organizations that are trauma informed, creating a Resilient Community through the Community Resilience Model

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Task Forces Specific to Chronic Diseases	OBH, HCOB, & Other Community Partners	☑ Individual ☐ Family ☐ School ☐ Workplace ☑ Community	☑ Indicated ☑ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	Cancer Committee, Dementia Task Force, Chronic Disease Task Force
Diabetes Education/Management & Prevention Programs	DCDHHS, OBH	☐ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☐ Unsure	Prevent T2 Program & Diabetes Education Program being offered by DCDHHS, Chronic Disease Nurse Navigator & Nutrition Counseling by OBH
Transportation	Dare County	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	8 vans to service all of Dare County
Access to Care Services	Community Care Clinic of Dare, Albemarle Project Access	☑ Individual ☐ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	
Dialysis	Dare County Dialysis	☑ Individual ☐ Family ☐ School ☐ Workplace ☑ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Open Monday- Saturday

Table 6. Mental Health & Substance Abuse Inventory of Community Services & Resources

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Public Awareness	Saving Lives Task Force; Healthy Carolinians of the Outer Banks; Breaking Through Task Force	☐ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	SLTF focuses on Substance Abuse, BTTF focuses on Mental Health- both task forces have public awareness campaigns and events
Collaboratives for Mental Health & Substance Abuse	Trillium, CYP, HCOB, Dare County	☐ Individual ☐ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	Trillium: Child Collaborative & Adult Collaborative; HCOB: Breaking Through Task Force; CYP: Be Resilient OBX; Dare County: Saving Lives Task Force
Prescription Assistance	Outer Banks Relief Foundation, Patient Advocate Foundation	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	ongoing
Financial Relief	Outer Banks Relief Foundation	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	ongoing

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Prescription Drug Abuse Prevention: Security, Disposal & Diversion	Dare CASA, DCDHHS, Saving Lives Task Force, OBH, Sherriff's Office	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	Education & Awareness: Drop Boxes, Pill Disposal Bags, Take Back Events, Physicians Counsel on Rx Drug Abuse
Women's Recovery & Support Services	DCDHHS	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Helping Women Recover is offered at: Dare County Detention Center, Hotline, Baum Center, and Frisco Health & Human Services Campus; Beyond Anger and Violence began being offered in 2018
Peer to Peer Youth Prevention Education: Peer Power	DCDHHS	☑ Individual ☐ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☐ Unsure	Peer Power program added Substance Abuse Prevention to the curriculum in 2013
Prevention & Intervention Education for Parents: Keeping Current	DCDHHS	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☑ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	Provides information on current drug trends in the community, helps adults understand what to look for, when to be concerned and how to talk to youth
School Based Special Prevention & Educational Activities	DCS, Sherriff's Office, Dare CASA	☐ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☐ Unsure	Red Ribbon Week; Guest Speakers; School Guidance Counselor Lessons; DARE; Mock Car Crashes; GREAT Program; Kick Butts Day
School Health Nursing	DCDHHS	☑ Individual ☐ Family ☑ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☑ Universal	☑ Yes ☐ No ☐ Unsure	School Nurses continue to provide the majority of their counseling to students on mental health or substance abuse related problems
NC Healthful Living Curriculum	Dare County Schools	☑ Individual ☐ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	Teachers provide curriculum to students in health class
Elimination of Mental Health Stigma	Breaking Through Task Force	☑ Individual ☑ Family ☑ School ☑ Workplace ☑ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	Reconnecting Dare Campaign
Outpatient Mental Health & Substance Abuse Counseling Facility	PORT Human Services	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Mental Health & Substance Abuse Counseling provided on a sliding fee scale- available in DCS, Nags Head & Hatteras Village

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
School Clubs & Extra Curricular Activities for Students	Dare County Schools, Dare County	☑ Individual ☐ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	DCS: One Way 2 Play Drug Free, Students Against Destructive Decisions, Friends of Rachel Club, School Newspapers provide coverage on substance abuse topics DC: Youth Council
School Based Safety Initiatives	DCS, Dare County Sherriffs Office	☑ Individual ☑ Family ☑ School ☐ Workplace ☐ Community	☐ Indicated ☑ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	DCS performs random Testing program for all students who participate in sports or drive on campus, Dare County Sherriffs Office provides school resource officers for each DCS campus
Adverse Childhood Experiences	Children & Youth Partnership, Breaking Through Task Force, DCDHHS	☑ Individual ☑ Family ☑ School ☑ Workplace ☑ Community	☐ Indicated ☑ Selected ☑ Universal	☐ Yes ☑ No ☐ Unsure	Providing education on link between high ACE score and mental health or substance abuse problems, establishing healthcare settings and organizations that are trauma informed, creating a Resilient Community through the Community Resilience Model
Substance Abuse & Mental Health Counseling	Various Local Clinicans	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Currently available, cost typically is associated with care
Housing for Homeless	Room in the Inn	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☑ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	ongoing
Transportation	Dare County	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	8 vans to service all of Dare County
Faith-Based Residential Treatment	Hosea House, Dare Challenge	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	ongoing
Mobile Crisis Services	Integrative Family Services, Saving Lives Task Force	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	IFS: Mobile Crisis; SLTF: Saving Lives Response Team responds to opiate overdoses
Harm Reduction	Source Church	☐ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☐ Unsure	HighLife252

Table 7. Older Adults Inventory of Community Services & Resources

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Assisted Living/Skilled Nursing Facilities	Spring Arbor, Peak Resources	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Limited number of beds, can't meet the needs of the aging population
Housing Assistance for Older Adults	HUD/Bay Tree & Pirates Moor	☑ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	Age specific housing, limited space
Project Lifesaver	Dare County Sheriff's Office, Towns of KDH & SS	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☐ No ☑ Unsure	Wandering adults receive GPS bracelet to help with location in event they become lost
Care Giver Support Groups & Education	Dementia Task Force, Spring Arbor, Older Adult Services, DCDHHS, Albemarle Commission Area Agency on Aging	☐ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Caregiver Support Groups, Here With You! Mentoring for Caregivers, Family Caregiver Support Program
Memory Screenings	GEM Adult Day Services	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☑ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	ongoing
Public Awareness & Educational Events	Older Adult Services, Dementia Alliance of NC, Dementia Task Force, NC Respite Coalition, Albemarle Commission Area Agency on Aging	☐ Individual ☑ Family ☐ School ☐ Workplace ☑ Community	☐ Indicated ☑ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Care Giver Conference, State of the Older Adult, Elder Abuse Walk, OBX Alzheimer's Walk
Respite Services	Dare County Department of Health & Human Services, Area Agency on Aging, Spring Arbor, Dementia Task Force, GEM Adult Day Services	☐ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☑ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Multiple services continue available
In-Home Aide Services	DCDHSS	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Supportive services are currently available, however there is consistenly a wait list of approximately 100 individuals
Dementia Care Training	Dementia Task Force, Alzheimer's NC, GEM Adult Day Services	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Training provided for families and caregivers

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Dementia Friendly Establishments	Multiple Restaurants, OBH, Dementia Task Force	☑ Individual ☑ Family ☐ School ☑ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Staff are trained on how to work best with and assist in providing services to people with dementia
Private In-Home Aide Services	Visiting Angels, OBX Home Care, Quality Home Staffing, Golden Way, Rescare	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	Supportive services are currently available from multiple organizations
Transportation	Dare County	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☐ Indicated ☐ Selected ☑ Universal	☐ Yes ☐ No ☑ Unsure	8 vans to service all of Dare County
Dare Home Health & Dare Hospice Programs	Dare County Department of Health & Human Services	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Provides palliative care to manage a patient's pain and symptoms; and assist with the emotional, relational, and spiritual needs of patients and their loved ones. Hospice Services are provided regardless of ability to pay
Dare Home Health	Dare County Department of Health & Human Services	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☑ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Provides nursing care, therapies and other health care services in the home with the goal of treating illness or injury, so individuals can regain independence and become as self-sufficient as possible.
Senior Health Insurance Information Program	Dare County Older Adult Services	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance.
Meal Delivery Programs	Hatteras (don't know agency) Rest of Dare Co Albemarle Commission	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☐ Yes ☑ No ☐ Unsure	For Manteo, Wanchese, Mainland call DCC for beach area call Baum Center
Senior Specific Physical Activity Programs	Dare County Older Adult Services	☑ Individual ☐ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Senior Games Event hosted each Spring, Currently providing a multitude of services for older adults, also provides exercise classes and fitness center services free-of-charge for Dare County Residents
Food Assistance Programs	Dare County Department of Health & Human Services, Beach Food Pantry	☑ Individual ☑ Family ☐ School ☐ Workplace ☐ Community	☑ Indicated ☐ Selected ☐ Universal	☑ Yes ☐ No ☐ Unsure	Food & Nutrition Services provides funds via EBT card, Beach Food Pantry provides free groceries to individuals and families in our community who have been affected by a temporary crisis or emergency

Prioritization of Watch List Items

The HCOB Partnership requested additional input from the public to assist with the prioritization process. A survey was created in Google Forms and shared with local news sources via a news release, placed on Dare County's website, and multiple social media accounts. Additionally, the survey was sent to major employers/list serves in the area which included but was not limited to: Outer Banks Hospital, Dare County, and Dare County Schools. The survey was open from February 27, 2019 until March 11, 2019. A copy of the input survey can be found in Appendix D.

Public input was sought on:

- Degree of Concern
- Degree of Awareness

Items were ranked from 1-10 with 1 being most concerned/aware and 10 being least concerned/aware. Tables 8 and 9 show the ranking of the ten priorities.

Table 8. Public Input: Degree of Concern

Topic	Ranking
Mental Health	4.07
Access to Health Services	4.44
Substance Abuse	5.05
Older Adults	5.33
Prevention & Safety	5.35
Cancer	5.47
Healthcare Navigation & Literacy	5.93
Transportation	6.16
Built Environment	6.54
Economy	6.65

Table 9. Public Input: Degree of Awareness

Topic	Ranking
Mental Health	3.84
Substance Abuse	4.44
Access to Health Services	4.47
Older Adults	5.26
Cancer	5.44
Prevention & Safety	5.47
Transportation	5.88
Economy	5.96
Built Environment	6.44
Healthcare Navigation & Literacy	6.54

The HCOB Partnership prioritized the Watch List items at their meeting on March 15, 2019. Prioritization was open to members who attended the January & February Partnership Meetings, as these meetings included a presentation of the data from the CHNA process and the review of the Service Inventories developed.

The HCOB Partnership ranked the following from 1-10, with 1 being the most and 10 being the least:

- **Magnitude of the Problem:** proportion of the population affected or vulnerable to the problem
- **Feasibility of Correcting the Problem:** interventions exist that are proven and correcting the issue is achievable from a practical, economic and political viewpoint
- **Severity of the Problem:** seriousness of consequences, impact on mortality, morbidity, disability and quality of life

Tables 10 to 12 show HOCB's ranking of the health priority based on the criteria identified. A copy of the HCOB Prioritization Tool can be found in Appendix D.

Table 10. HCOB: Magnitude of the Problem

Topic	Ranking
Mental Health	2.80
Substance Abuse	3.20
Access to Health Services	4.00
Older Adults	5.20
Cancer	5.93
Transportation	5.93
Built Environment	6.47
Prevention & Safety	6.93
Economy	7.13
Healthcare Navigation & Literacy	7.40

Table 11. HCOB: Feasibility of Correcting the Problem

Topic	Ranking
Prevention & Safety	4.00
Access to Health Services	4.40
Older Adults	4.47
Healthcare Navigation & Literacy	4.67
Transportation	5.27
Cancer	5.67
Mental Health	5.73
Substance Abuse	6.00
Built Environment	6.20
Economy	8.60

Table 12. HCOB: Severity of the Problem

Topic	Ranking
Mental Health	2.60
Substance Abuse	3.00
Access to Health Services	4.67
Cancer	5.27
Older Adults	5.47
Transportation	5.73
Prevention & Safety	6.13
Built Environment	6.87
Economy	7.33
Healthcare Navigation & Literacy	7.93

All five aforementioned criteria were averaged out to provide an overall ranking, illustrated in Table 13.

Table 13. Average of all Five Criteria

Topic	Ranking
Substance Abuse	3.34
Mental Health	3.81
Access to Health Services	4.40
Older Adults	5.15
Cancer	5.56
Prevention & Safety	5.58
Transportation	5.79
Healthcare Navigation & Literacy	6.49
Built Environment	6.50
Economy	7.14

Recommendations were discussed and made to the HCOB Executive Committee.

Health Priority Selection Summary

The HCOB Executive Committee met on Wednesday, April 3, 2019 and the following watch list items were determined to be the health priorities focused on for this 2019 CHNA cycle:

1. Mental Health
2. Substance Abuse
3. Transportation

HCOB Task Forces

The HCOB Executive Committee determined the following regarding Task Forces & participating community groups on the partnership:

- HCOB's Dementia & Alzheimer's Task Force will continue to address any dementia and alzheimer's concerns for the members of the community.
- HCOB's Breaking Through Task Force will continue to increase communication and address stigma related to mental health.
- HCOB will establish a Transportation Task Force that will begin to work on transportation issues that impact all residents and create barriers to receiving health care.
- HCOB will establish an Access to Healthcare Workgroup that will begin to investigate access issues and potential solutions to these problems.
- HCOB will provide oversight for the reestablished Adult Collaborative on Mental Health and Substance Abuse.
- Saving Lives Task Force will continue to be invited to Partnership meetings and provide updates.
- HCOB's Aging Friendly Task Force will no longer continue to meet, there is not currently an identifiable task for the group and the issues are being addressed by various other community groups. The Community Coordinating Council, a group geared to aging well in Dare County, will be invited to join the partnership and provide updates.
- HCOB's Chronic Disease Task Force will no longer continue to meet, as Cancer was the only chronic disease that was on the watch list. Additionally, this task force's objectives are being met by other community groups.

HCOB Task Force Leaders

Leadership for HCOB's 2019-2021 Task Forces will be as follows:

- Dementia & Alzheimer's Task Force: Dianne Denny, Chair
- Breaking Through Task Force: Kelly Nettnin, Co-Chair & Rebecca Woods, Co-Chair
- Transportation Task Force: Brandi Rheubottom, Chair
- Access to Healthcare Workgroup: Ronnie Sloan, Chair
- Adult Collaborative on Mental Health: Richard Martin, Co-Chair; Gail Hutchison, Co-Chair; Kelly Nettnin, Co-Chair

These groups and priorities will be adjusted as needed throughout the three years of this CHNA cycle.

Overview of Dare County

About Dare County

Dare County is located in northeastern North Carolina along the Atlantic seaboard. Dare County stretches along almost 110 miles of shoreline known as the Outer Banks. Dare County is the easternmost county in North Carolina and covers an area of 1,563 square miles, of which less than one-third is land. The County seat at Manteo is approximately 200 miles east of Raleigh, the State capital, and 90 miles south of the Virginia Beach-Norfolk, Virginia, metropolitan area.

Dare County was formed in 1870 and is named in honor of Virginia Dare, the first child born of English parents in America. The County contains much of what is known as North Carolina's "Outer Banks" resort and vacation areas and contains approximately two-thirds of the North Carolina coastline. It is the host to the Cape Hatteras National Seashore, the Wright Brothers National Monument, the Fort Raleigh National Historic Site, the Alligator River National Wildlife Refuge, the Pea Island National Wildlife Refuge, Jockey's Ridge State Park, the Elizabeth II State Historic Site, the Roanoke Island Festival Park, the North Carolina Aquarium and the Nags Head Woods Nature Preserve.

Dare County has a permanent population of approximately 35,964. However, the county's tourism industry results in a large seasonal population with an average daily population from June through August estimated to be approximately 225,000 to 300,000.

Six municipalities are located within the county: Duck, Kill Devil Hills, Kitty Hawk, Manteo, Nags Head and Southern Shores. The County has a Commissioner / Manager form of Government. The seven members of the Board of Commissioners serve staggered four-year terms.

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 Dare County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Dare County has a population of 35,964 (Figure 6). The population of Dare County has increased from 2013 to 2016.

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

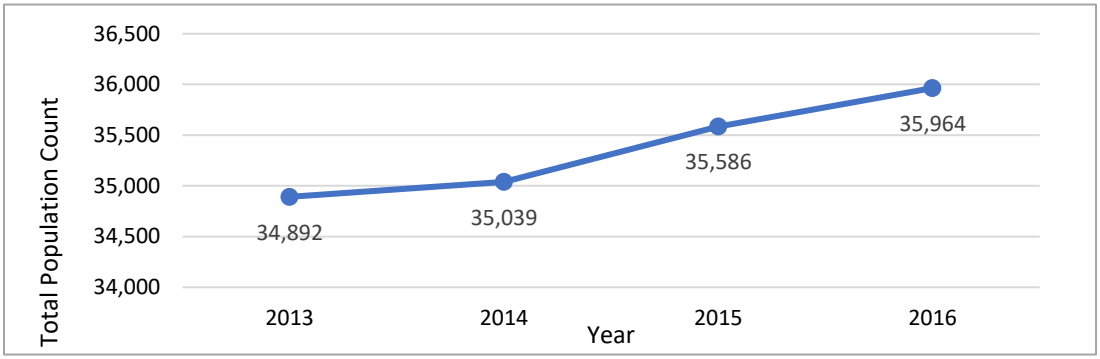
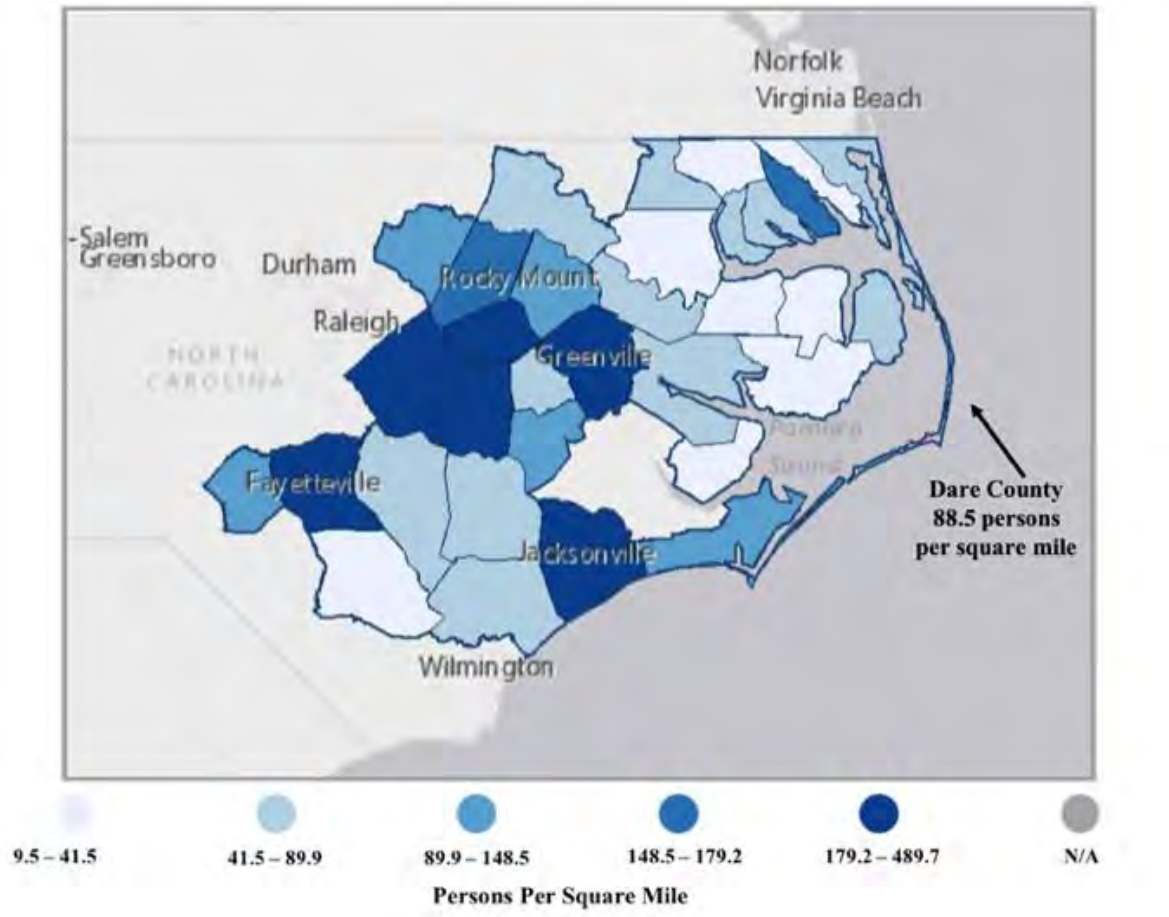


Figure 7 shows the population density of Dare County compared to other counties in the Health ENC region. Dare County has a population density of 88.5 persons per square mile.

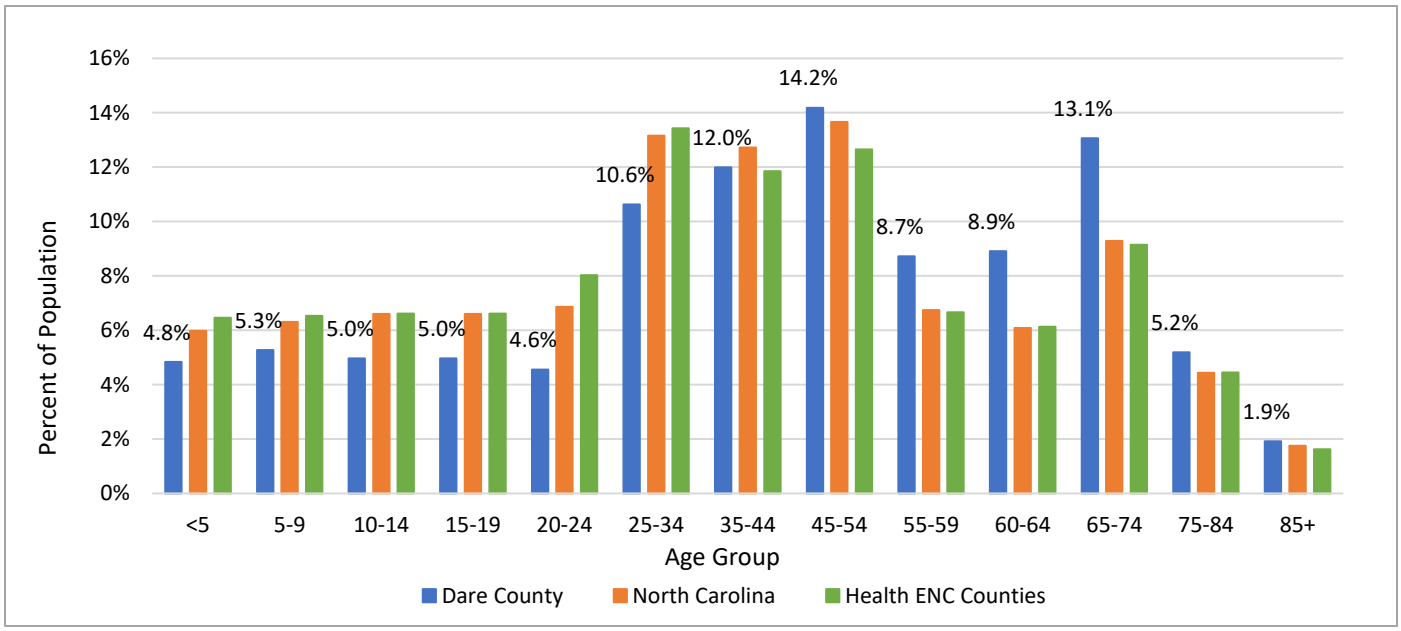
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

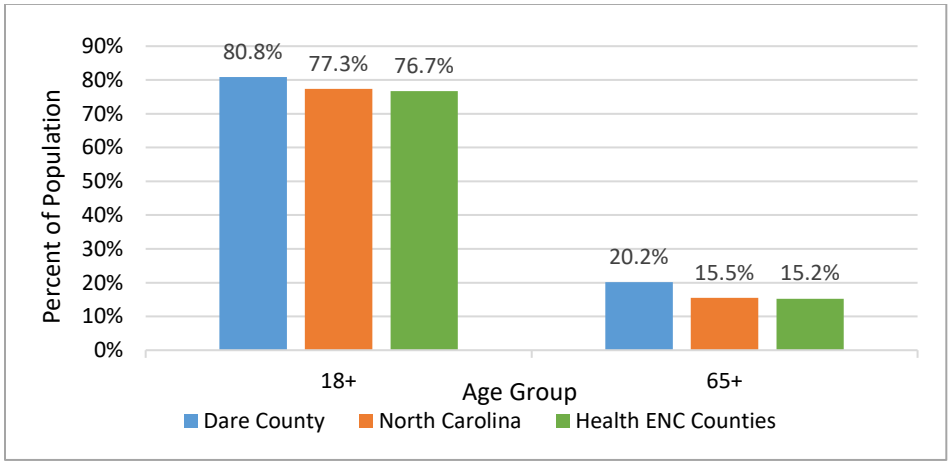
Overall, Dare County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Dare County population by age group. The 45-54 age group contains the highest percent of the population at 14.2%, while the 65-74 age group contains the next highest percent of the population at 13.1%.

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



People 65 years and older comprise 20.2% of the Dare County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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



Males comprise 49.3% of the population, whereas females comprise 50.7% of the population (Table 14). The median age for males is 45.5 years, whereas the median age for females is 47.4 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

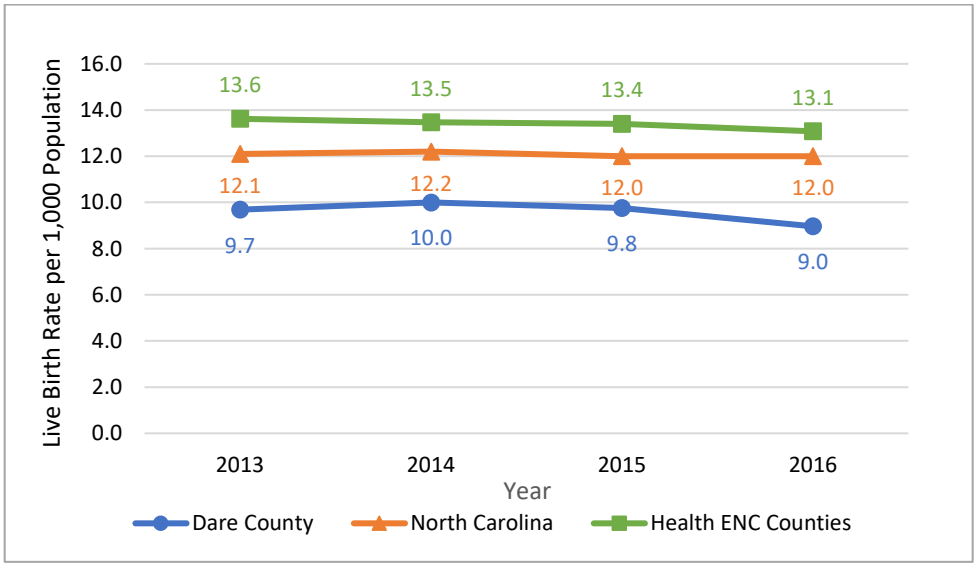
Table 14. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Dare County	49.3%	50.7%	80.5%	19.4%	81.2%	20.9%	45.5	47.4
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Dare County is lower than the birth rate in North Carolina and Health ENC Counties. Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

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



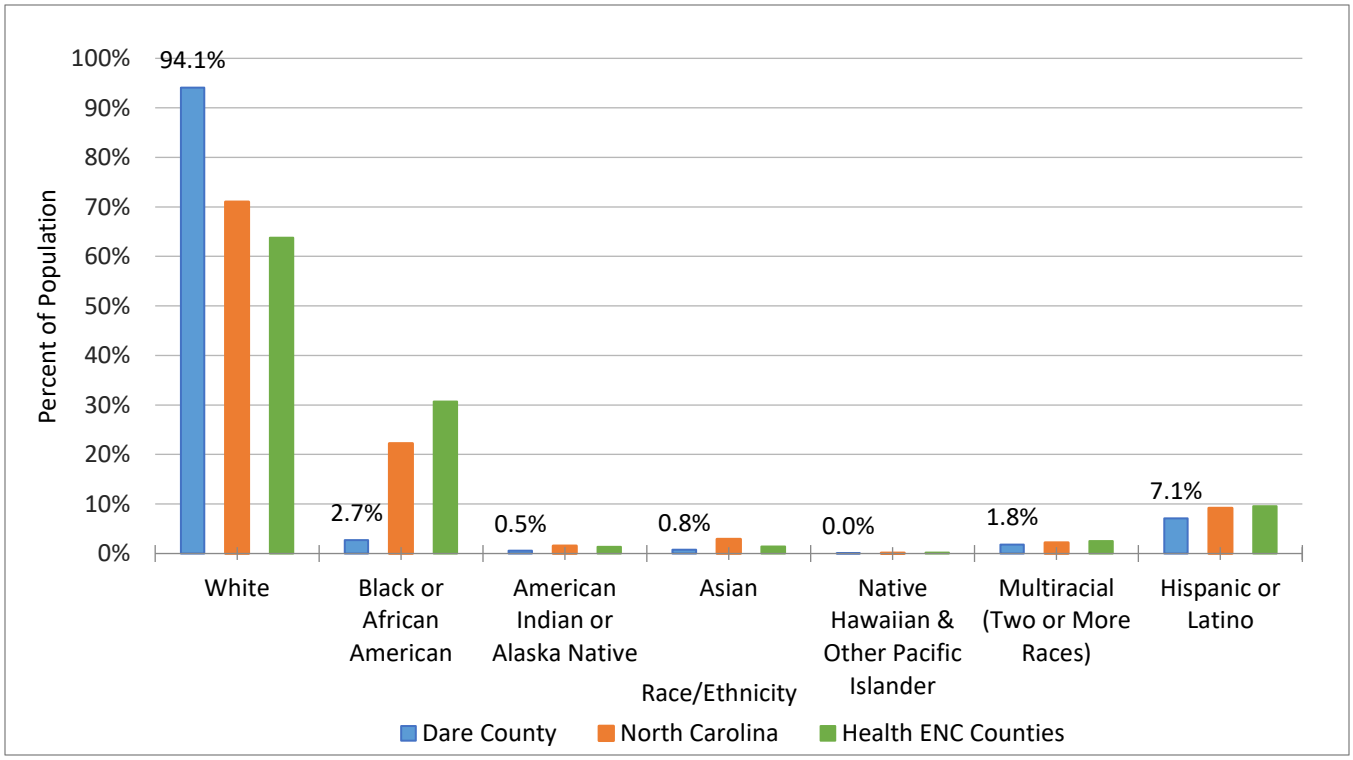
Race/Ethnicity

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

The White population accounts for 94.1% of the total population in Dare County, with the Black or African American population accounting for 2.7% of the total population. The White population in Dare County (94.1%) is higher than the White population in North Carolina (71.0%) and Health ENC counties (63.8%). The Black or African American population in Dare County (2.7%) is lower than the Black or African American population in North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 7.1% of Dare County.

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



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 15 shows the population estimates of eight tribal areas throughout the state of North Carolina.

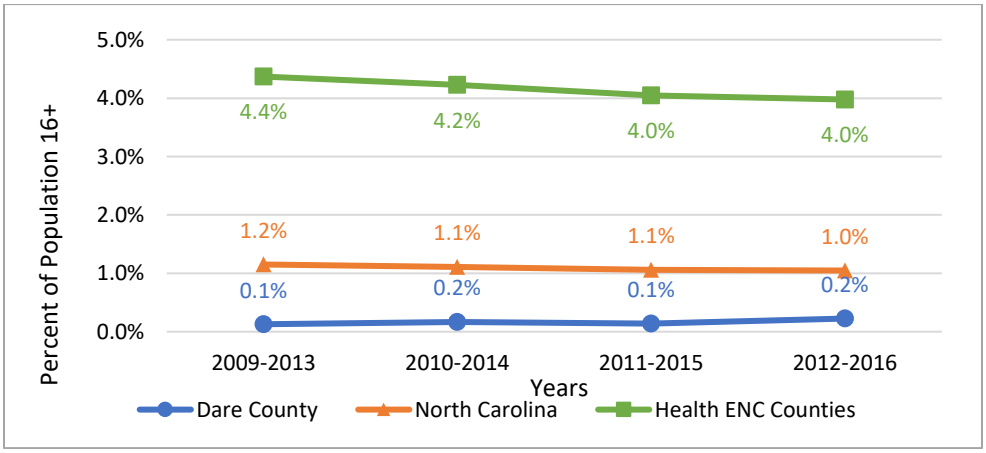
Table 15. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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, Dare County has a smaller share of residents in the military (0.2%) 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 Dare County is lower than in North Carolina and the Health ENC region.

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

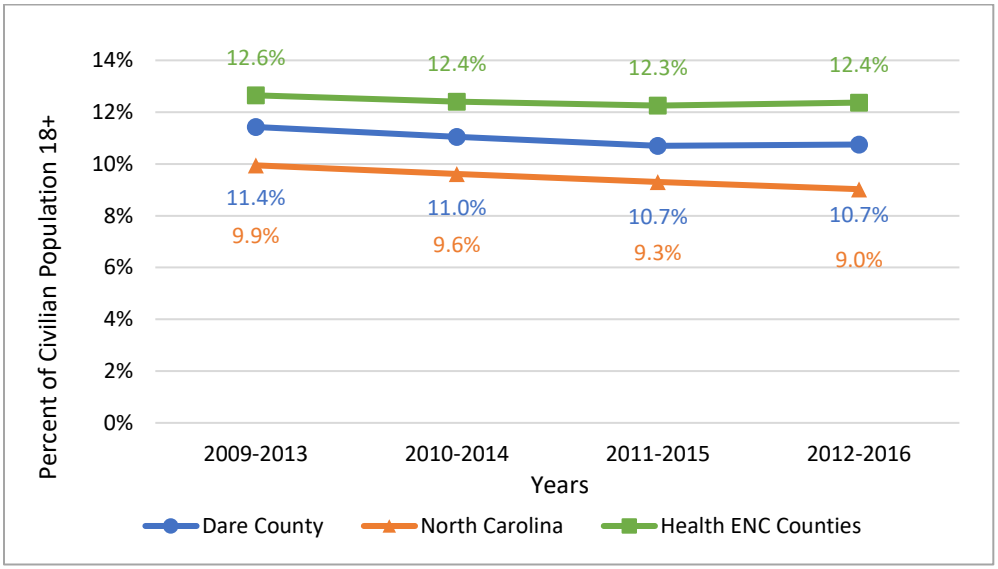


Veteran Population

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. Dare County has a veteran population of 10.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Dare County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

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



Socioeconomic Profile

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

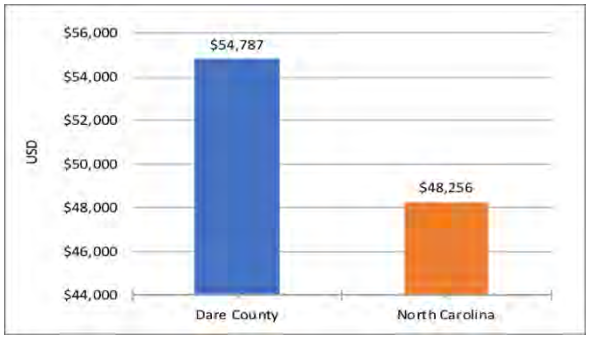
NC Department of Commerce Tier Designation

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

Income

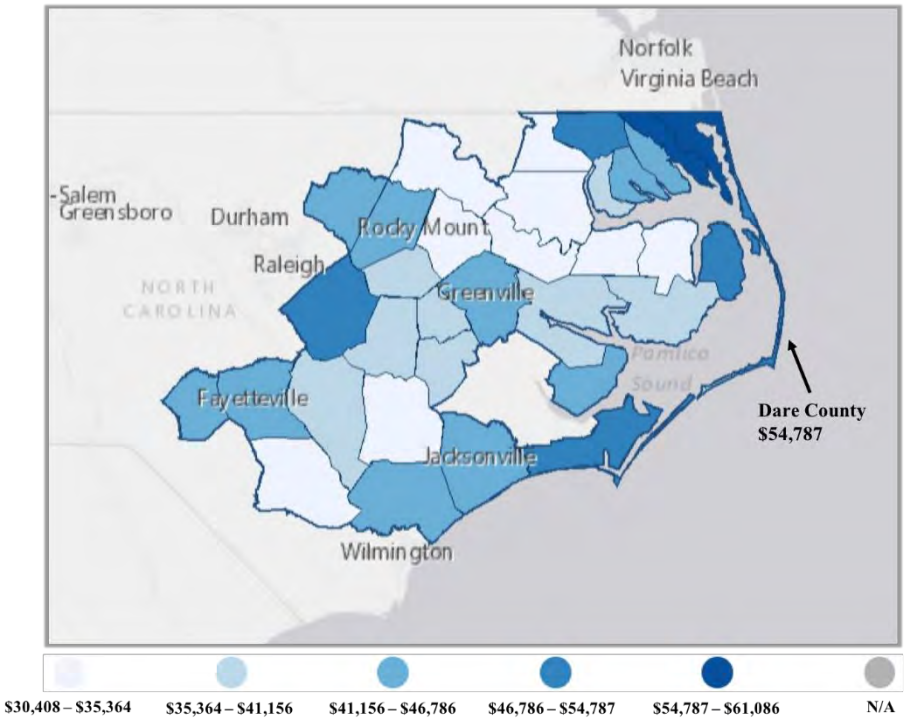
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Dare County ($54,787), which is higher than the median household income in North Carolina ($48,256).

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



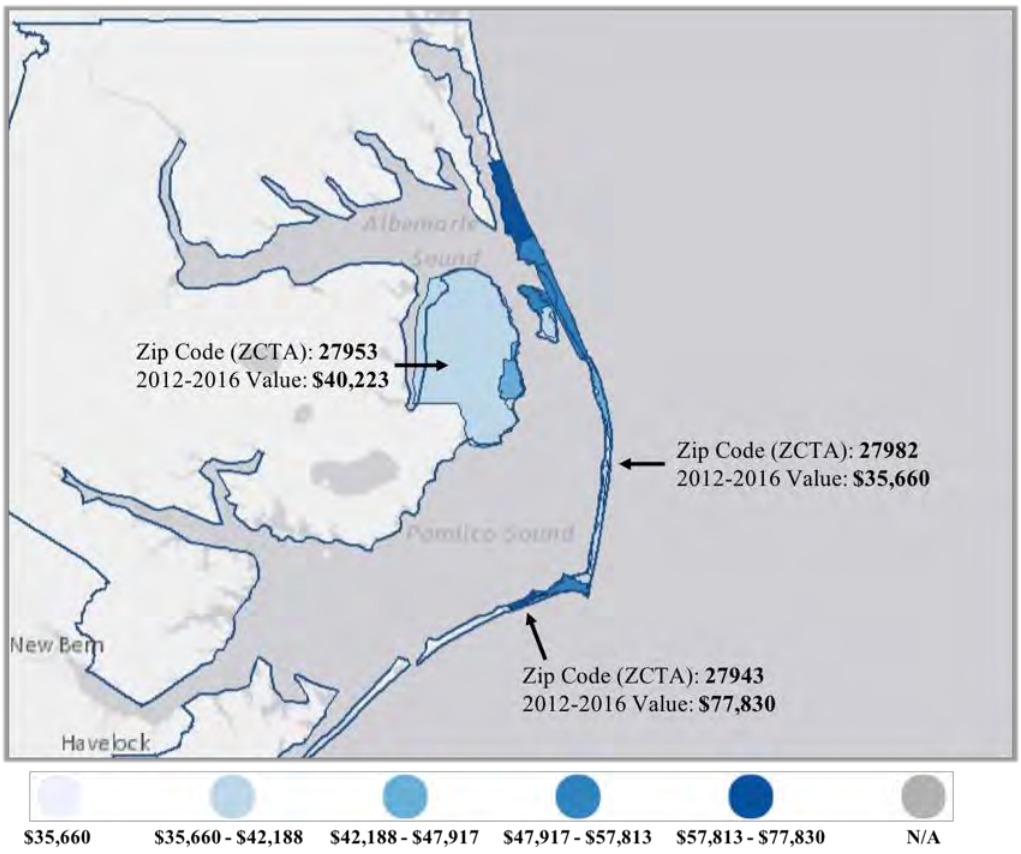
Compared to counties in the Health ENC region, Dare County has a relatively high median household income. Camden and Currituck are the only two counties with a higher median household income than Dare; the remaining 30 counties in the Health ENC region have a lower median household income (Figure 15).

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



Within Dare County, zip code 27982 has the lowest median household income ($35,660) while zip code 27943 has the highest median household income ($77,830) (Figure 16).

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

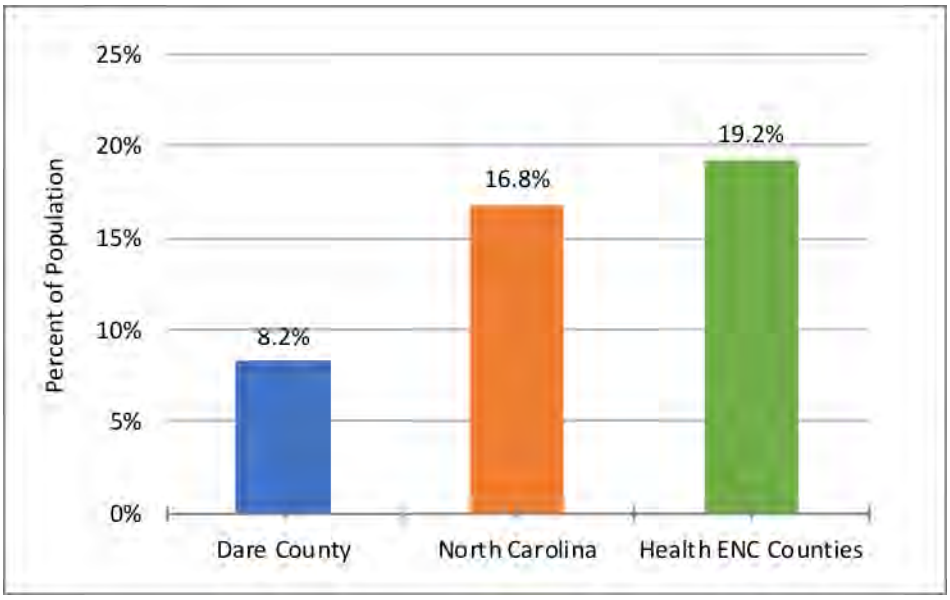


Poverty

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, 8.2% percent of the population in Dare County lives below the poverty level, which is lower than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

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



The rate of both children and older adults living below the poverty level is also lower for Dare 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)

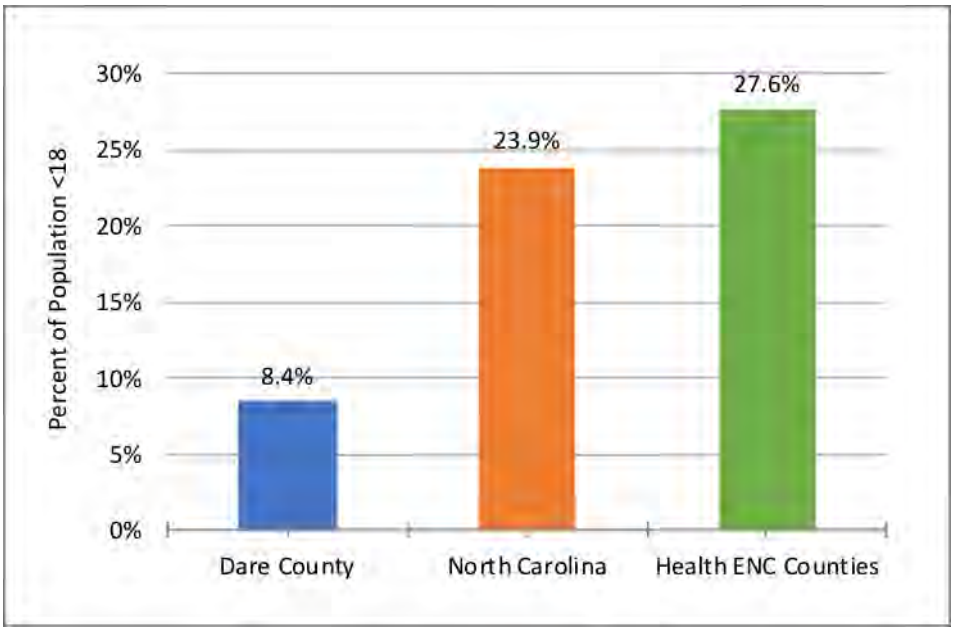
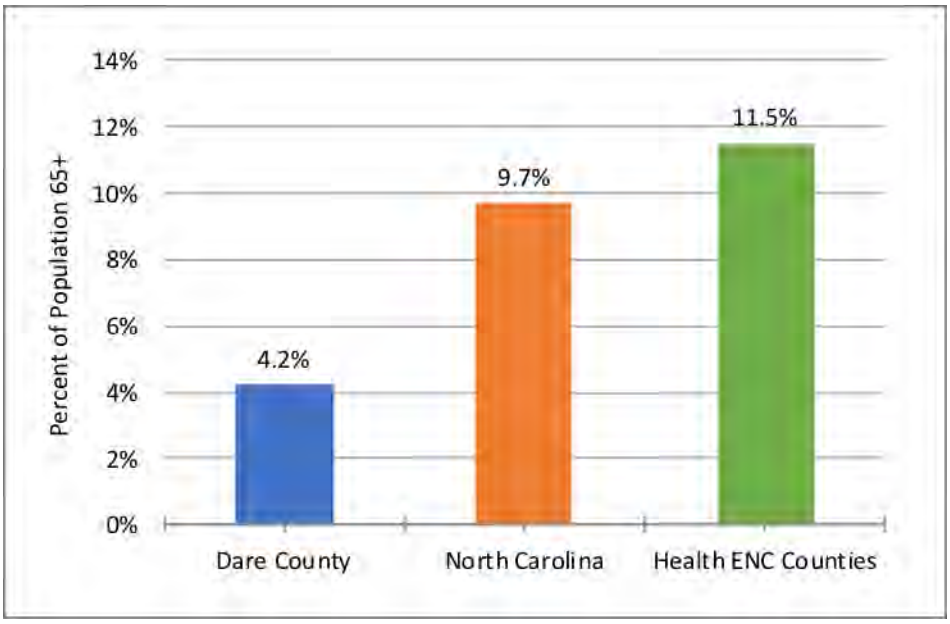
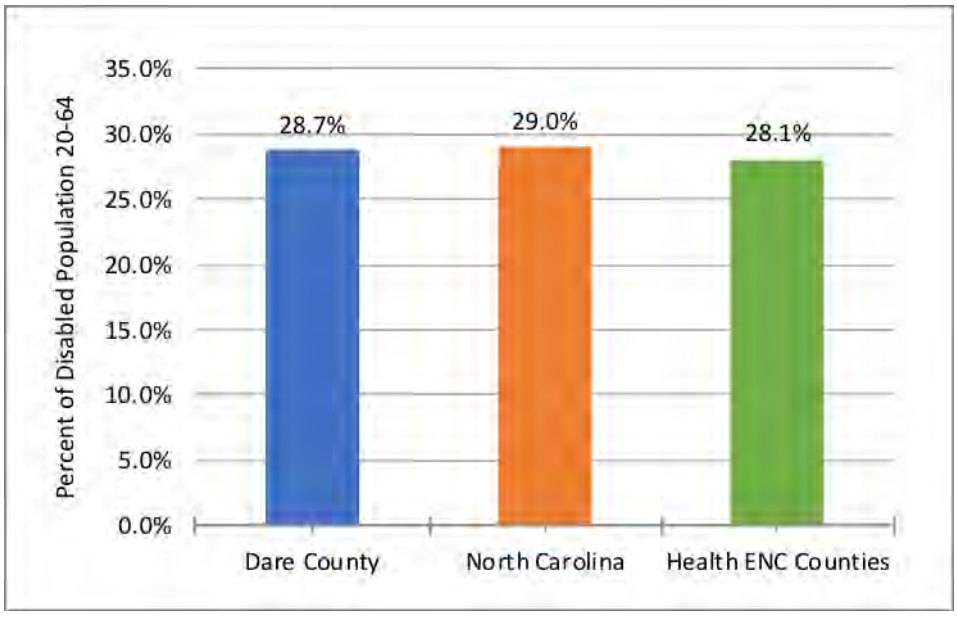


Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Dare County (28.7%) 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)

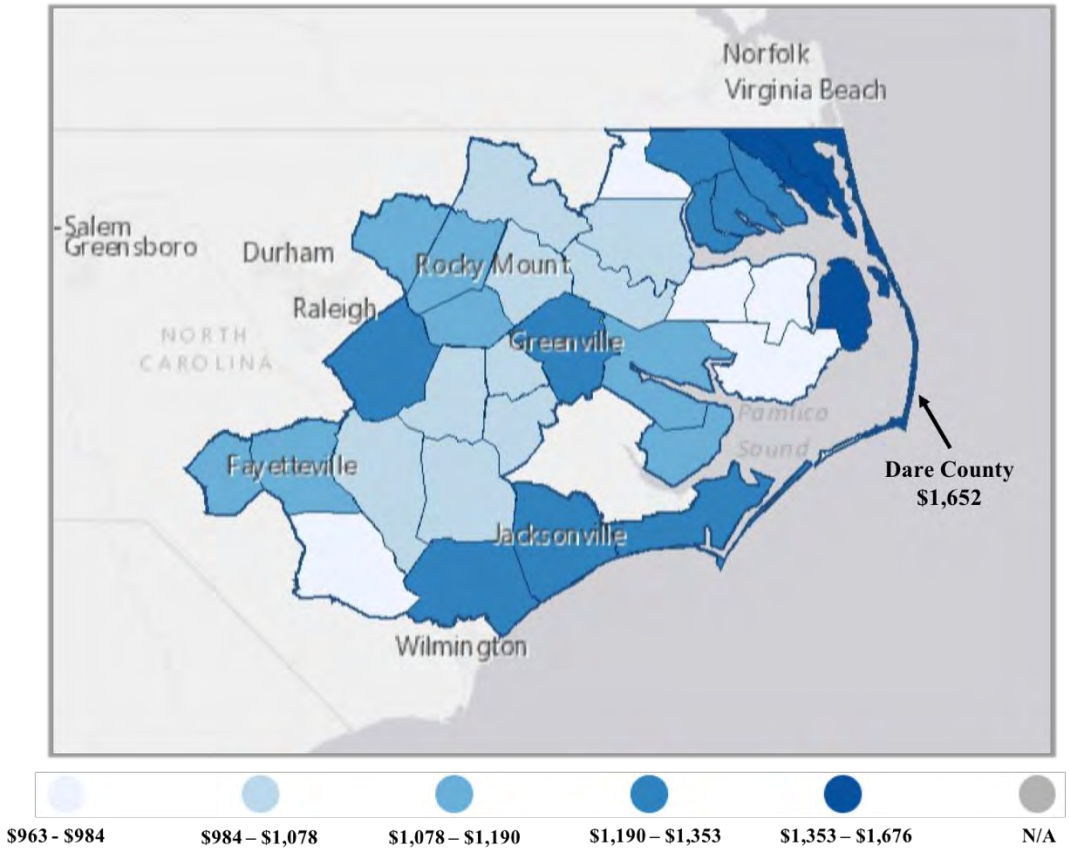


Housing

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

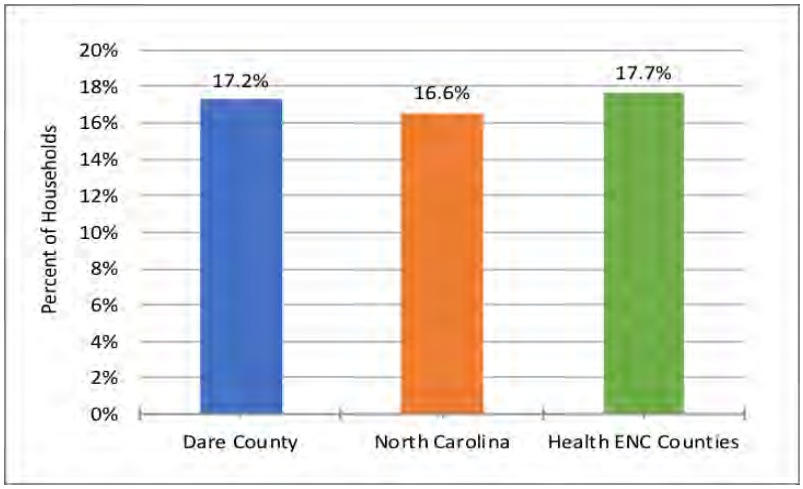
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Dare County, the median housing costs for homeowners with a mortgage is $1,652. This is higher than the North Carolina value of $1,243, and higher than all but one county 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. Slightly more than 17% of households in Dare 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)

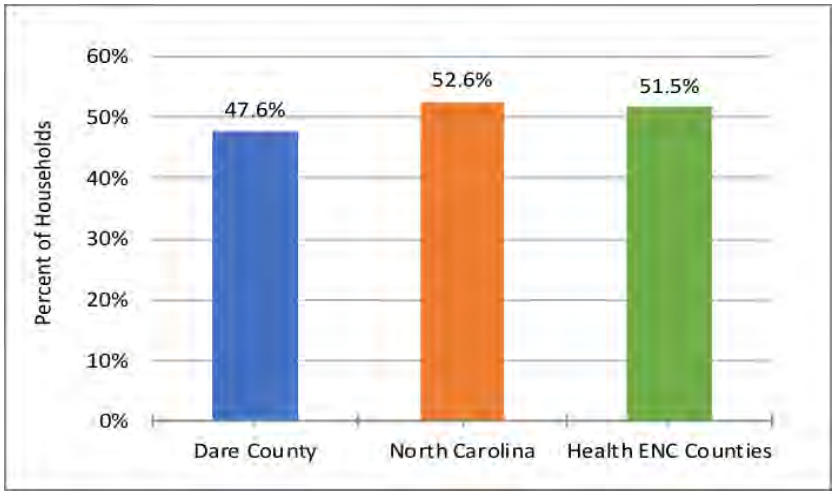


Food Insecurity

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 Dare County, 47.6%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

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



Employment

The top five employers in Dare County are Dare County Schools, County of Dare, Village Realty, Food Lion and The Outer Banks Hospital & Medical Group. Table 16 shows all major employers in Dare County.

Table 16. Major Employers in Dare County (NC Commerce, 2018, Period 4)

Rank	Company Name	Industry	Employment Range
1	Dare County Schools	Education & Health Services	500-999
2	County Of Dare	Public Administration	500-999
3	Outer Banks Hospital & Medical Group	Education & Health Services	250-499
4	NC Department of Transportation	Public Administration	250-499
5	Food Lion	Trade, Transportation, & Utilities	250-499
6	Wal-Mart Associates Inc.	Trade, Transportation, & Utilities	100-249
7	Village Realty	Financial Activities	100-249
8	Hospitality Employee Group LLC.	Professional & Business Services	100-249
9	Spencer Yachts Inc	Manufacturing	100-249
10	Wyndham Vacation Rentals North America	Financial Activities	100-249
11	Harris Teeter	Trade, Transportation, & Utilities	100-249
12	State of NC Department of Cultural Resources	Leisure & Hospitality	100-249
13	Lowes Home Centers Inc	Trade, Transportation, & Utilities	100-249
14	Town of Kill Devil Hills	Public Administration	100-249
16	US Department of Interior	Leisure & Hospitality	100-249
16	Town of Nags Head	Public Administration	100-249
17	Home Depot USA Inc	Trade, Transportation, & Utilities	100-249
18	Publix North Carolina Employee Services	Trade, Transportation, & Utilities	100-249
19	YMCA of South Hampton Roads	Leisure & Hospitality	50-99
21	Bayliss Boatworks Inc	Manufacturing	50-99
21	Kellogg Supply Co., Inc.	Trade, Transportation, & Utilities	50-99
24	Hubble Industrial Controls Inc	Trade, Transportation, & Utilities	50-99
24	Sun Realty	Financial Activities	50-99
24	McDonalds	Leisure & Hospitality	50-99
25	Sanderling Resort & Spa	Leisure & Hospitality	50-99

Source: https://www.nccommerce.com/lead/data-tools/industry/top-employers

Table 17 provides a breakdown of Dare County's workforce which includes the industry types and median income. Over 29% of Dare County's workforce is in the hospitality or retain industry. These two industries are also the lowest paid industries. Hospitality workers have a media income of $28,500 and retail workers earn a median income of $30,900.

Table 17. Employment Industries in Dare County

Industry	% of Workforce	Median Income
Hospitality	15.3	$28,500
Retail	14.2	$30,900
Construction	9.3	$35,900
Real estate	8.6	$41,200
Healthcare	6.8	$44,800
Other Services	6.3	$38,200
Government	5.1	$41,100
Professional	5.1	$61,800
Education	4.9	$40,200
Manufacturing	4.6	$40,000
Administrative	4.3	$30,000
Entertainment	3.9	$41,100
Transportation	2.4	$32,500
Finance & Insurance	2.2	$47,200
Agriculture	2.1	$32,000
Wholesalers	2.1	$43,600
Information	1.6	$30,900
Utilities	1.2	$52,400

Source: https://statisticalatlas.com/county/North-Carolina/Dare-County/Industries

SocioNeeds Index

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

Zip codes within Dare 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 Dare 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 27953, with an index value of 91.4, has the highest level of socioeconomic need within Dare County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Dare County are provided in Table 18.

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

Table 18. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27953	91.4	5
27981	35.1	4
27954	33.9	4
27948	29.9	3
27959	17.6	2
27949	16.9	1

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

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

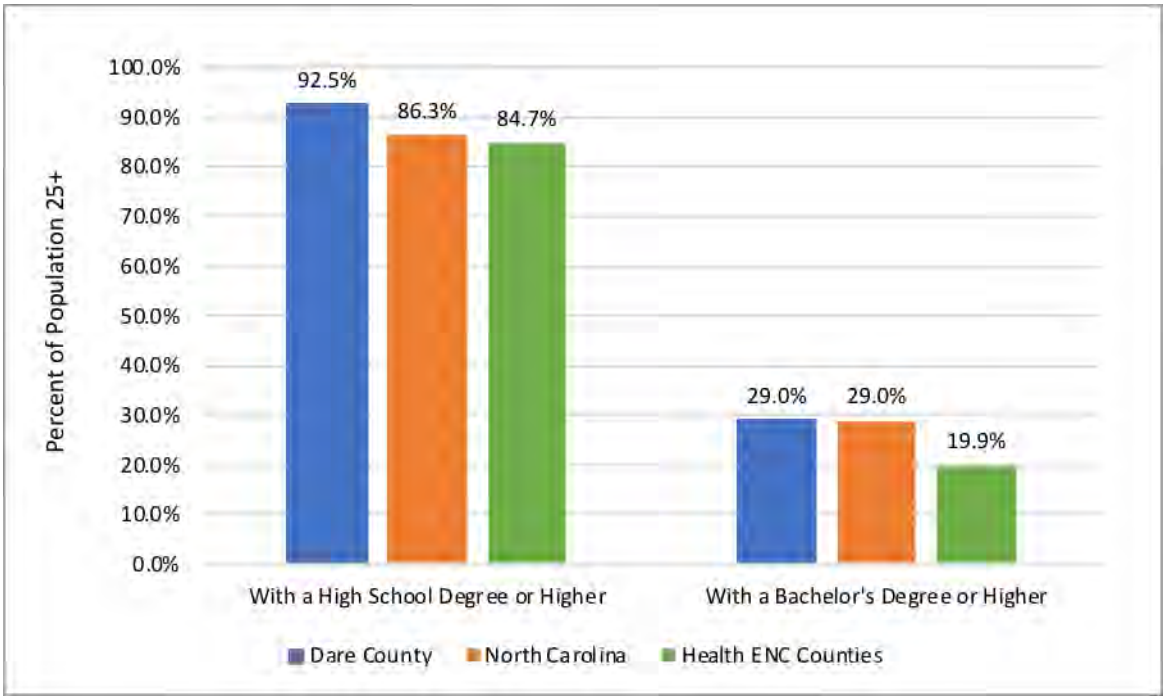
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is linked to 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.

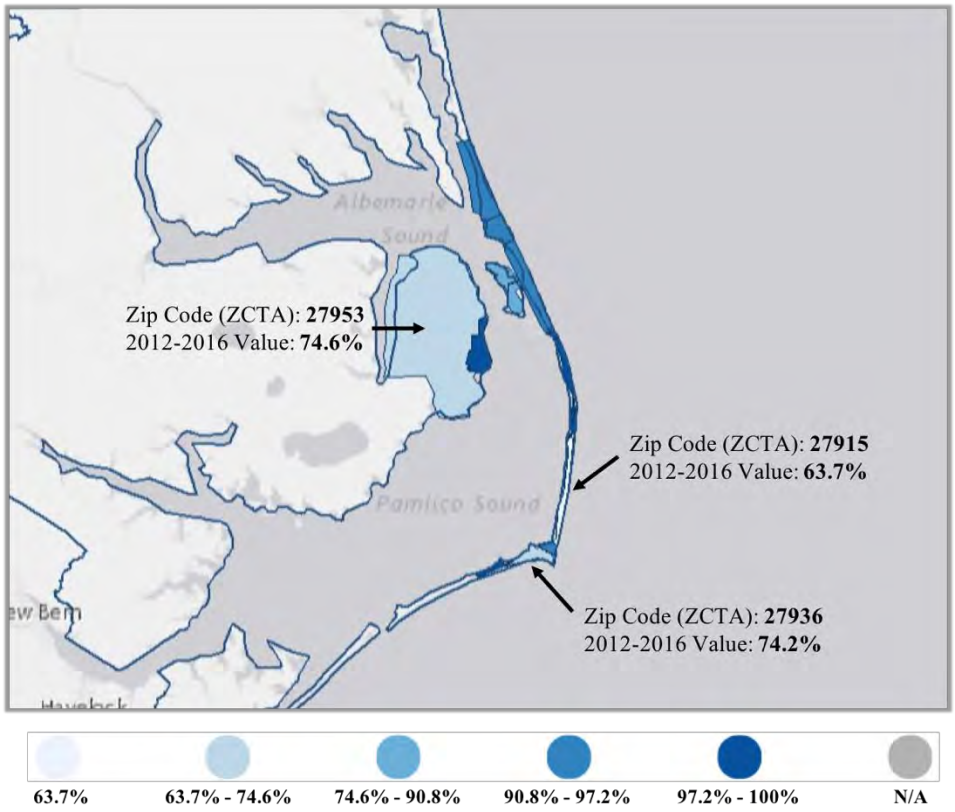
Countywide, the percent of residents 25 or older with a high school degree or higher (92.5%) is higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Dare County is similar to the state value and higher than the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in both Dare County and North Carolina, only 19.9% of residents 25 and older have a bachelor's degree or higher in the Health ENC counties (Figure 25).

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



In some areas of the county, including zip code 27953, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 75% (Figure 26).

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

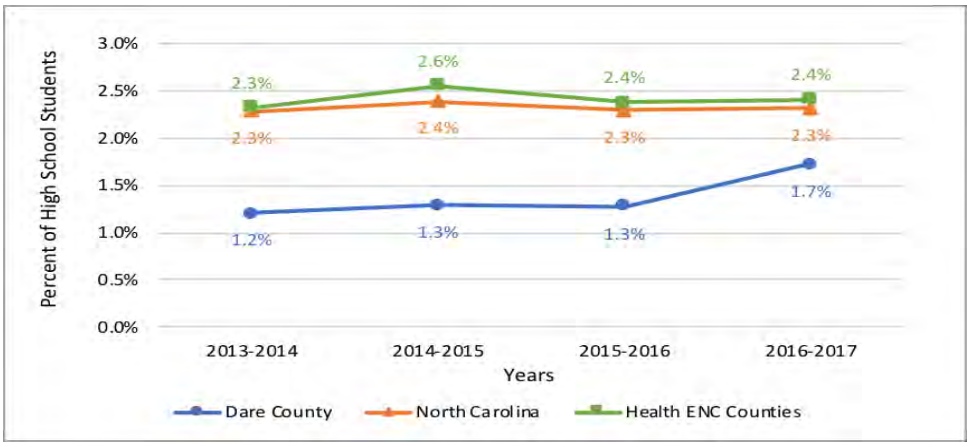


High School Dropouts

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

Dare County's high school dropout rate, given as a percent of high school students in Figure 27, is 1.7% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Although Dare County's high school dropout rate is consistently lower than North Carolina's and the Health ENC region's rates, it has increased over four time periods since 2013-2014.

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

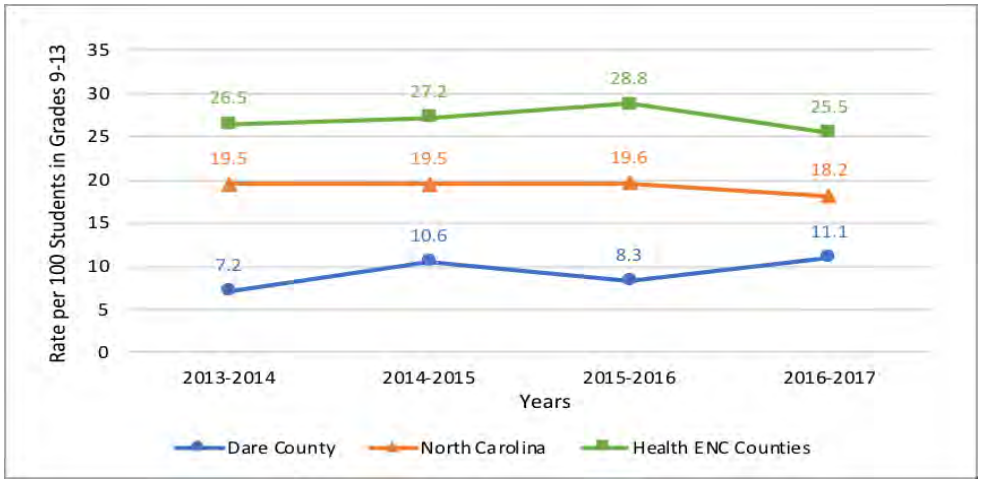


High School Suspension Rate

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.

Dare County's rate of high school suspension (11.1 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 all three geographies are fairly consistent across four time periods, and Dare County's values over time are lower than those in North Carolina and the Health ENC region.

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



Licensed Child Care Centers & Homes

There are a total of twenty-one licensed child care centers in Dare County. Table 18 shows location and licensure type for each of these facilities.

Table 19. Licensed Child Care Centers in Dare County (2018)

Facility Name	Location	License
Beach Babies Preschool	Nags Head	Four Star Center License
Cape Hatteras Elementary School After School Enrichment Program	Buxton	Four Star Center License
Cape Hatteras Elementary Pre-K	Buxton	Five Star Center License
Dare County Head Start	Manteo	Five Star Center License
First Assembly of God Ministries	Manteo	Three Star Center License
First Flight Elementary After School Enrichment Program	Kill Devil Hills	Five Star Center License
First Flight Elementary Pre-K	Kill Devil Hills	Five Star Center License
Healthy Environments Child Development Center	Kill Devil Hills	Three Star Center License
Heron Pond Montessori School	Kitty Hawk	Three Star Center License
Heron Pond Montessori School	Nags Head	Three Star Center License
Kitty Hawk Elementary After School Enrichment Program	Kitty Hawk	Five Star Center License
Kyle's Munchkin Academy	Buxton	Four Star Center License
Little Sprouts Childcare	Frisco	GS 110-106
Manteo Elementary After School Enrichment Program	Manteo	Five Star Center License
Manteo Elementary Pre-K	Manteo	Five Star Center License
Nags Head Elementary After School Enrichment Program	Nags Head	Five Star Center License
Nags Head Elementary Pre-K	Nags Head	Five Star Center License
Pledger Palace Child Development and Educational Center	Kitty Hawk	Five Star Center License
Roanoke Island Presbyterian Day Care	Manteo	Five Star Center License
The All Saints School	Southern Shores	GS 110-106
The Sandbox Early Learning Center, LLC.	Nags Head	Three Star Center License

Source: https://ncchildcaresearch.dhhs.state.nc.us/search.asp

There are seven licensed family child care homes in Dare County. Table 19 shows location and licensure for type for each of these homes.

Table 20. Licensed Family Child Care Homes in Dare County (2018)

Facility Name	Location	License
ABC'S Child Care Home	Kill Devil Hills	Four Star Family CC Home
Christie's Family Child Care Home	Wanchese	Two Star Family CC Home
Cooper's Child Care and Learning Home	Kill Devil Hills	Four Star Family CC Home
Joanna's	Kill Devil Hills	Three Star Family CC Home
Little Saints Family Child Care Home	Manteo	Three Star Family CC Home
Patty Cake Daycare	Wanchese	Four Star Family CC Home
The Giving Tree	Kill Devil Hills	Three Star Family CC Home

Source: https://ncchildcaresearch.dhhs.state.nc.us/search.asp

Public School System

Dare County Public School System has a total of 11 schools in the district and all schools either met or exceeded growth in the 2016 - 2017 school year. There are 4,989 students in the district, and approximately 95% of students graduate from high school.

Roanoke Island

Dare Learning Academy (Grades 8- Adult)
Manteo Elementary School (Grades PreK-5)
Manteo High School (Grades 9-12)
Manteo Middle School (Grades 6-8)

Hatteras Island

Cape Hatteras Elementary School (Grades PreK-5)
Cape Hatteras Secondary School (Grades 6-12)

Bodie Island

First Flight Elementary School (Grades PreK-5)
First Flight High School (Grades 9-12)

First Flight Middle School (Grades 6-8)
Kitty Hawk Elementary School (Grades PreK-5)
Nags Head Elementary School (Grades PreK-5)
Source: https://www.daretolearn.org/

College of the Albemarle Community College

COA has a rich, 50 year history of providing exceptional educational and workforce development opportunities for the northeast region of North Carolina. COA is the northeast region's community college, one of 58 community colleges in the preeminent North Carolina Community College System, serving seven counties (Camden, Chowan, Currituck, Dare, Gates, Pasquotank, and Perquimans). COA has two Dare County Campus locations, both of which are in Manteo.
Source: https://www.nccommunitycolleges.edu/about-us/main-campuses/college-albemarle

Transportation Profile

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

Countywide, 1.6% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Dare County, with an estimated 0% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Dare County, 79.8% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (
Figure 30).

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

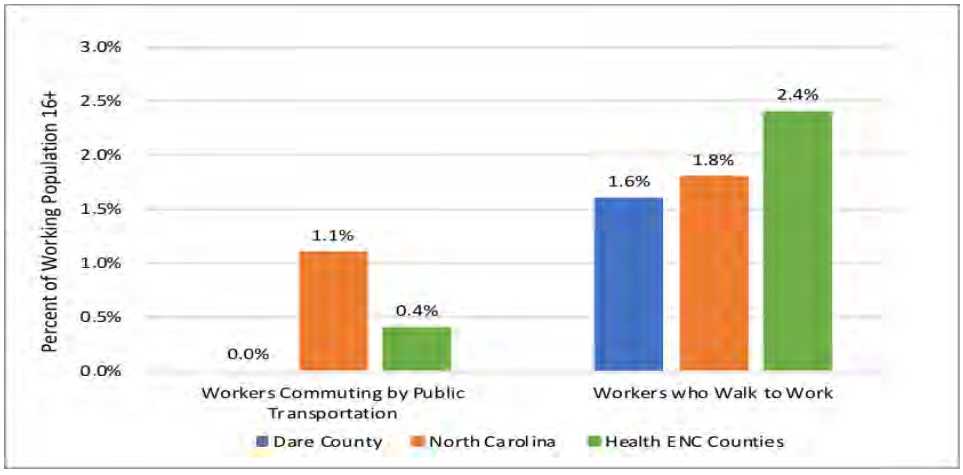
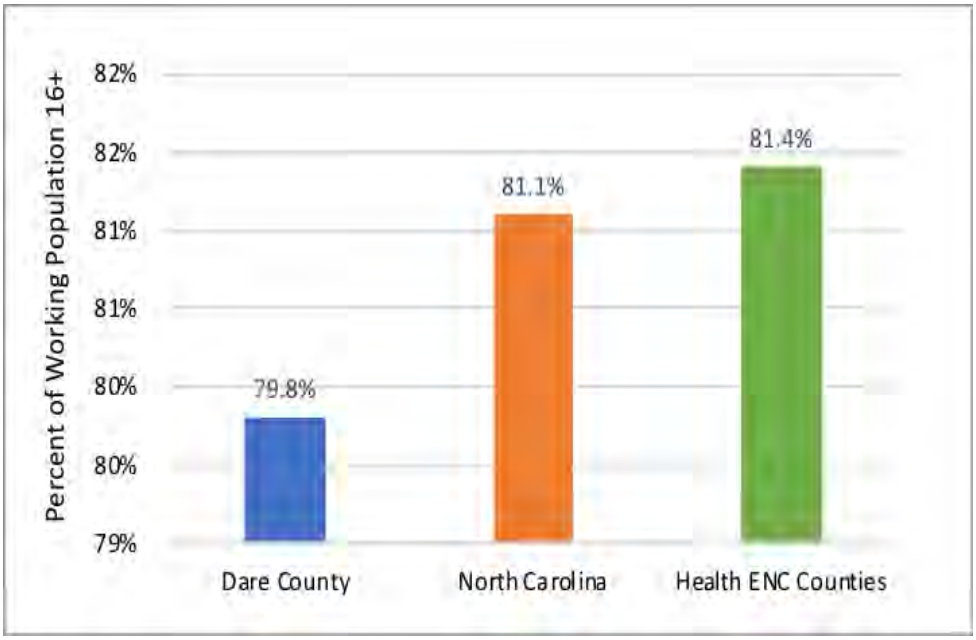


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



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 Dare County is 222.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The property crime rate in Dare County (3,863.8 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 31 and Figure 32, the violent crime rate in Dare County is decreasing, whereas the property crime rate appears to be stable and/or exhibiting a slight increase.

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

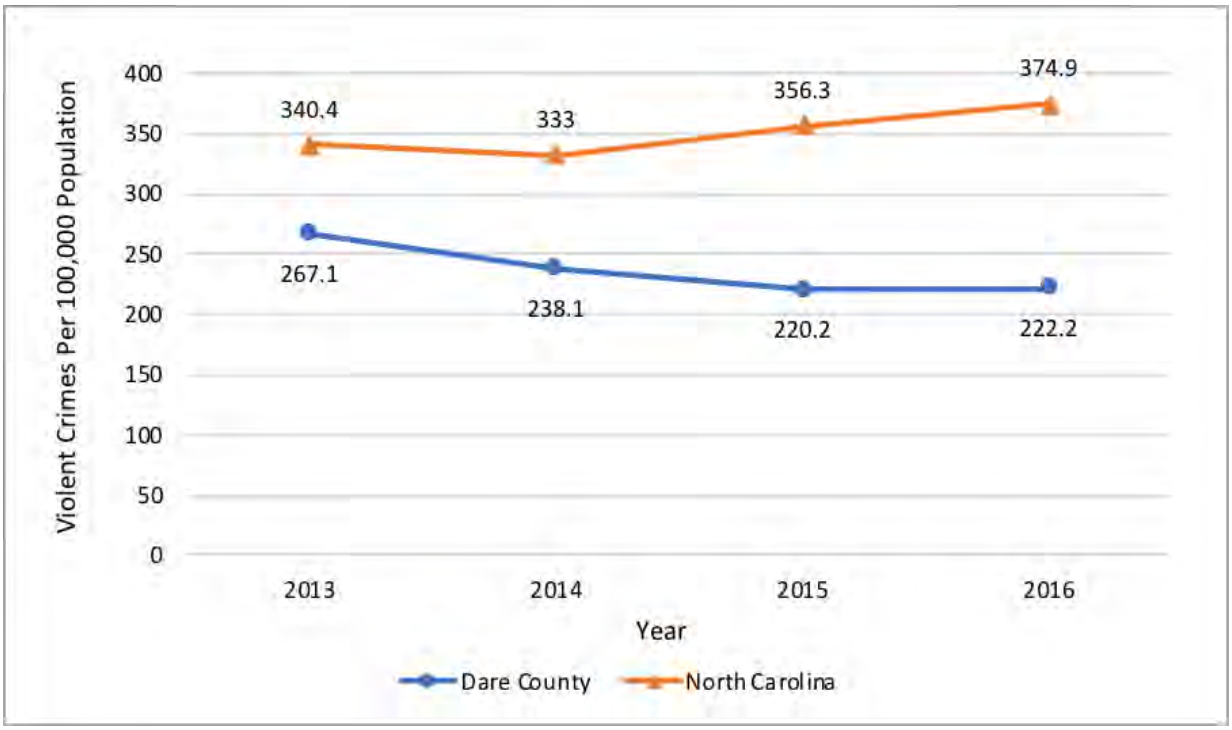
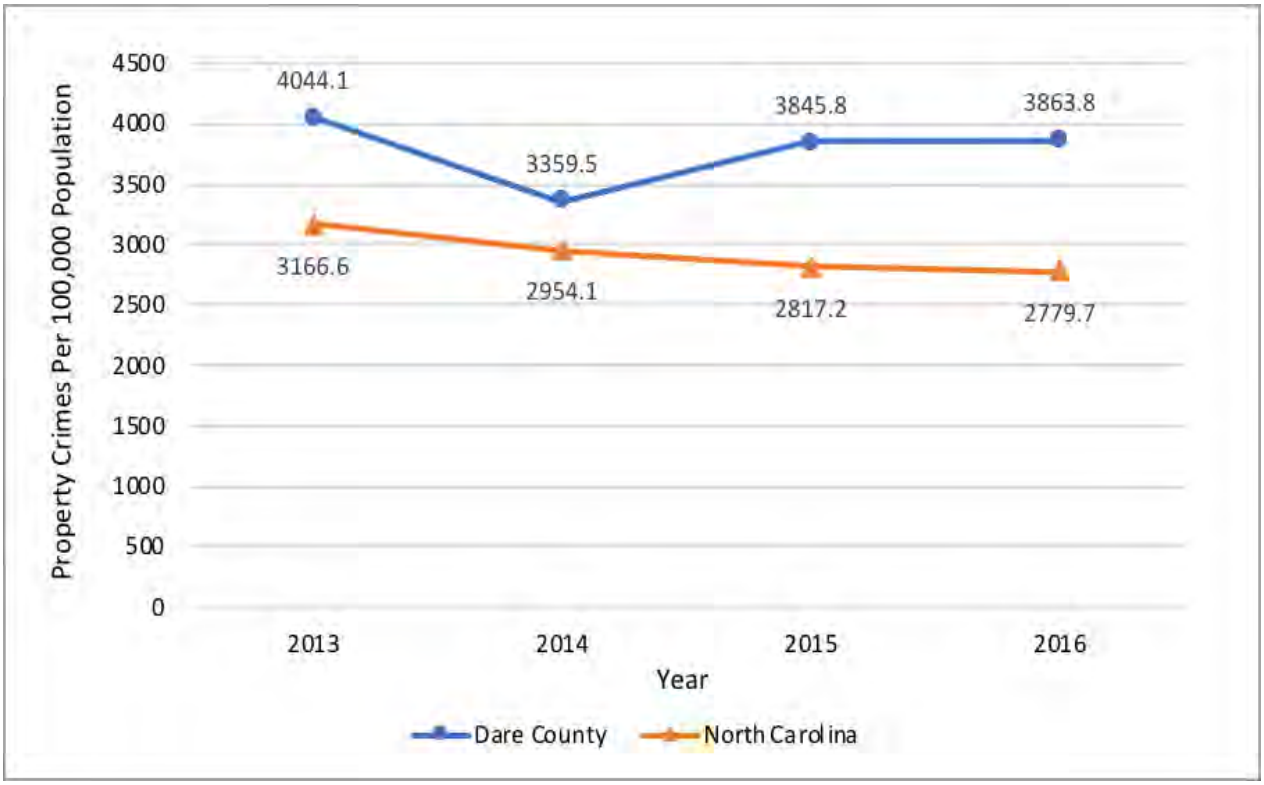


Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Dare County (4.5) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate per 1,000 Population
(North Carolina Department of Public Safety)

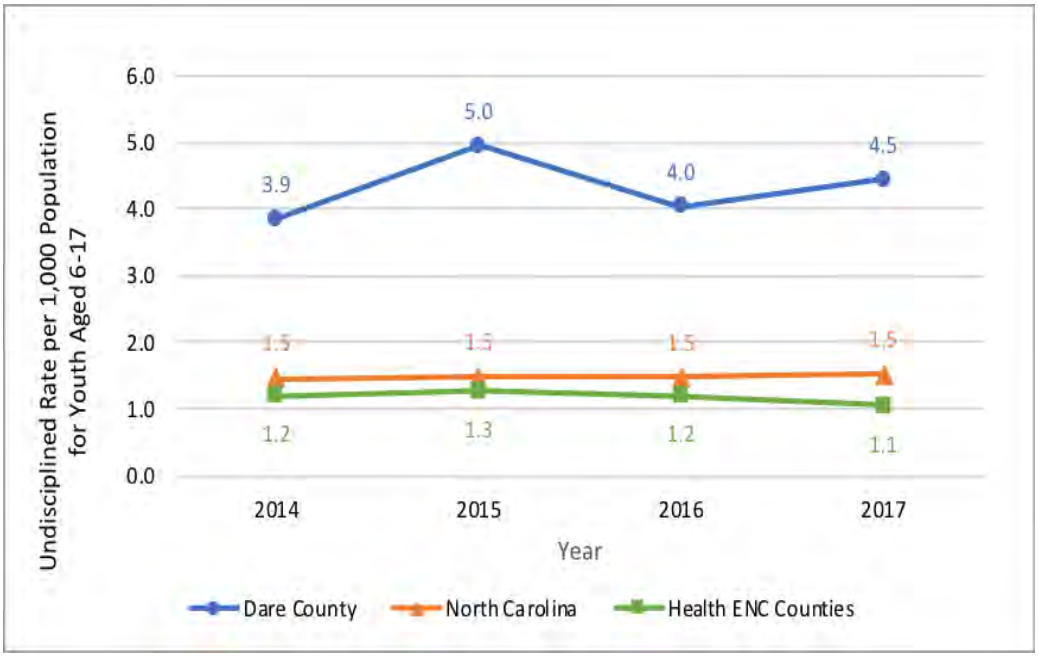
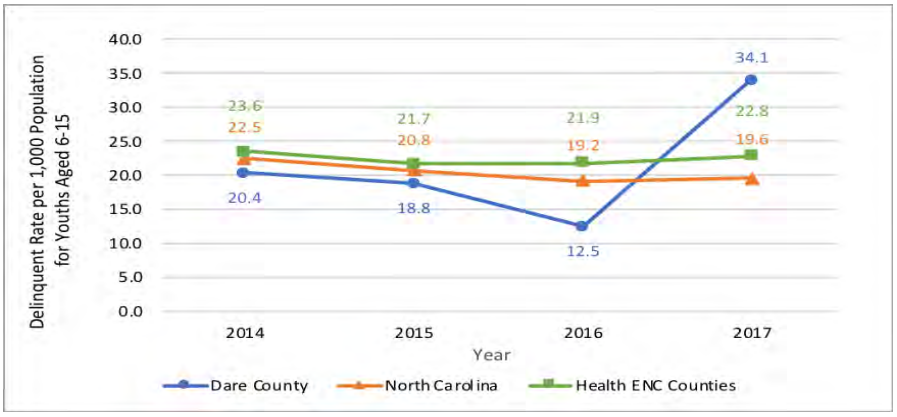


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Dare County decreased from 2014 to 2016, the rate increased from 12.5 in 2016 to 34.1 in 2017. The 2017 juvenile delinquent rate for Dare County (34.1) is higher than North Carolina (19.6) and the Health ENC region (22.8).

Figure 34. Juvenile Delinquent Rate per 1,000 Population
(North Carolina Department of Public Safety)

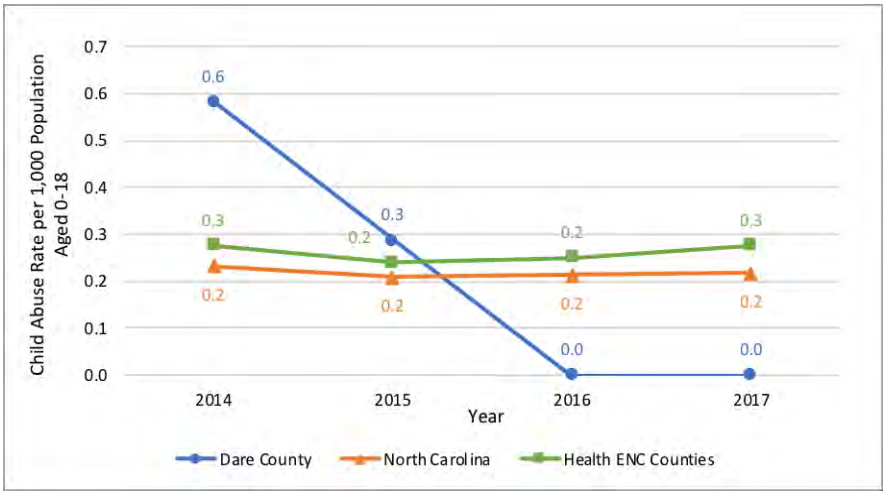


Child Abuse

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

Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Dare County has decreased over the past four measurement periods. The 2017 child abuse rate in Dare County (0.0 per 1,000 population) is lower than North Carolina (0.2) and the Health ENC region (0.3).

Figure 35. Child Abuse Rate Per 1,000
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

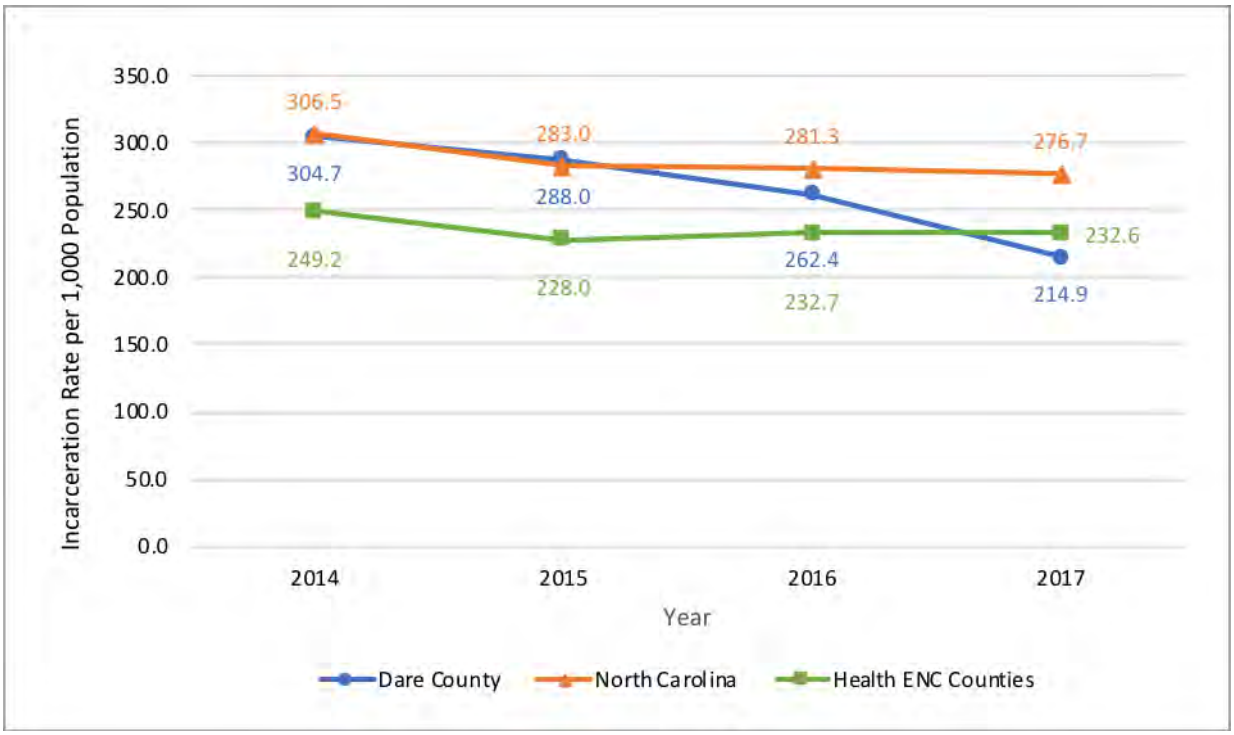


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Dare County has decreased over the past four measurement periods. The 2017 incarceration rate in Dare County (214.9 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).

Figure 36. Incarceration Rate per 1,000 Population
(North Carolina Department of Public Safety)



Access to Healthcare, Insurance & 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 Dare County, 87.1%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Dare County is uninsured.

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

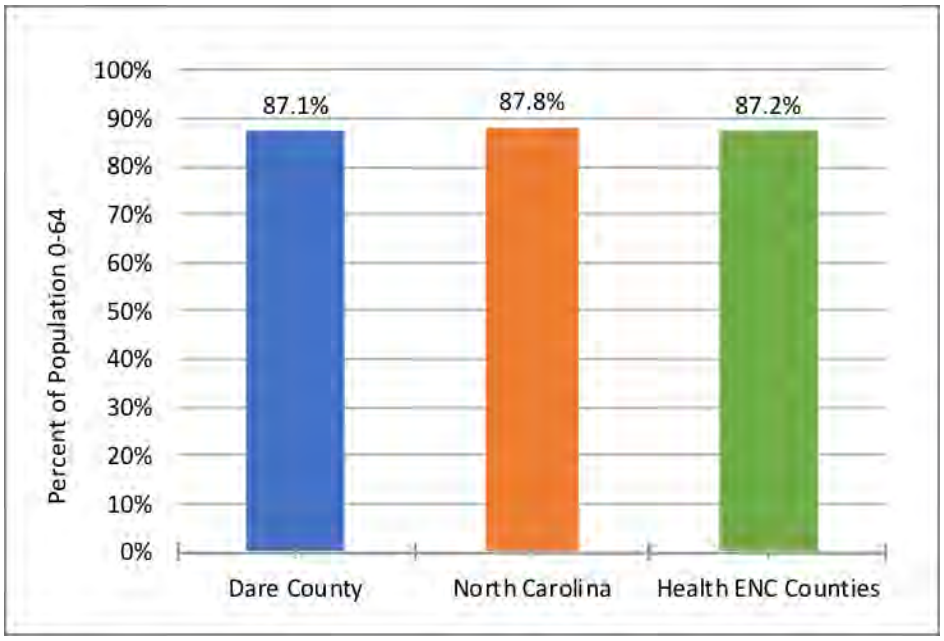
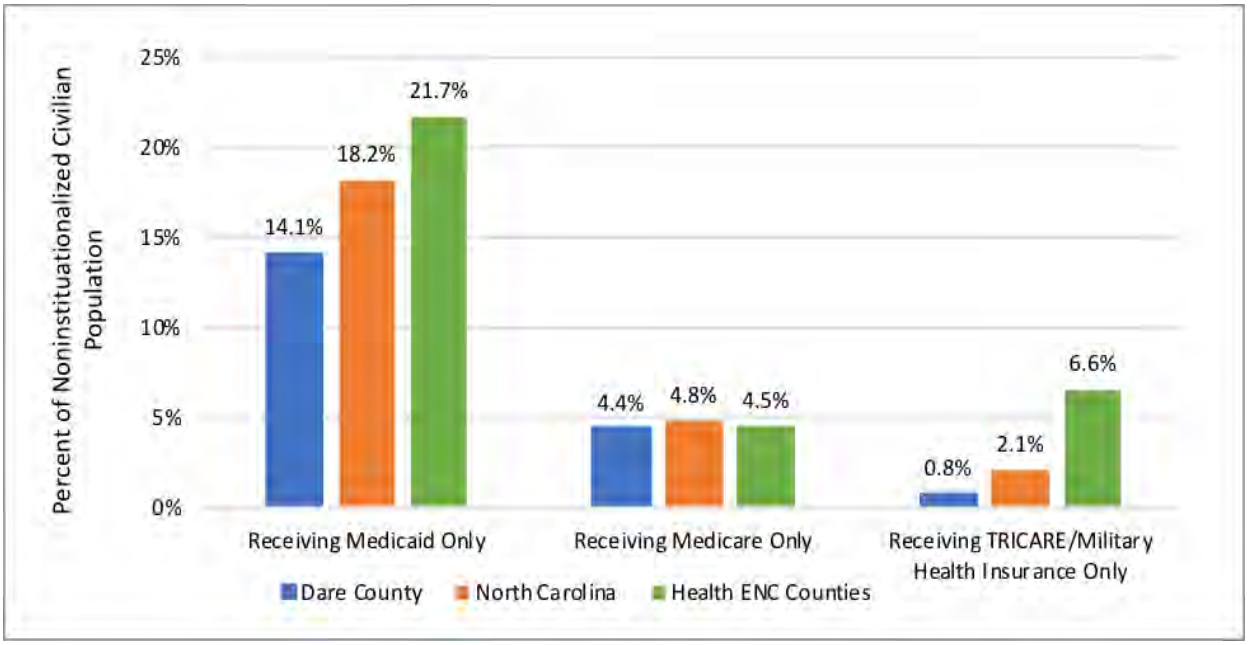


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Dare County has a lower percent of people receiving Medicaid (14.1%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is also lower in Dare County, as compared to North Carolina and Health ENC counties.

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



Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Dare County has a higher percent of residents of voting age (80.8%) than North Carolina (77.3%) and Health ENC counties (76.7%).

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

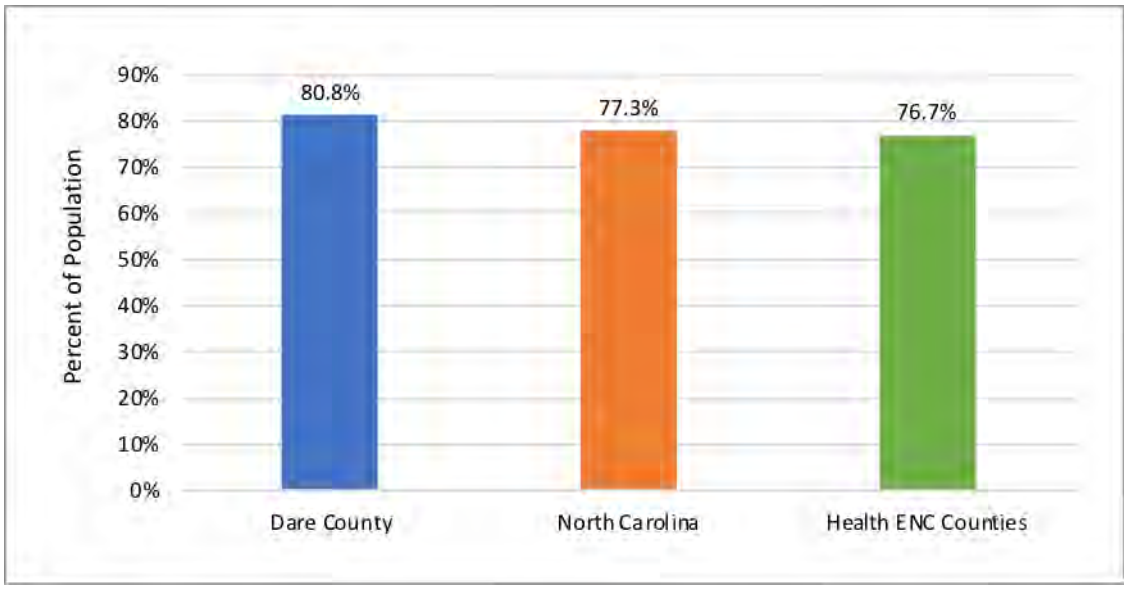
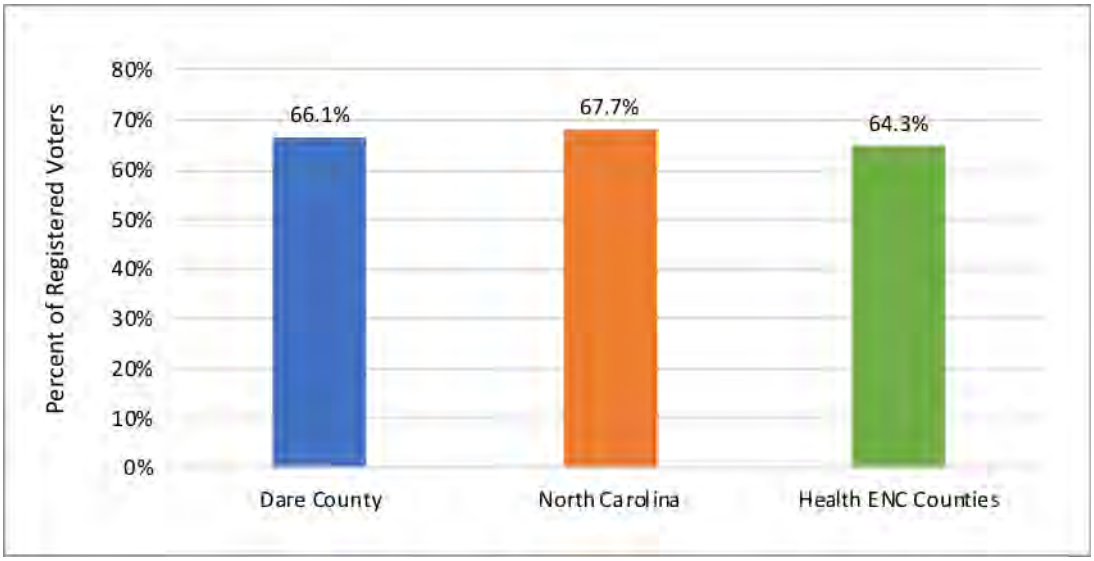


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Dare County was 66.1%, which is slightly lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

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



Findings

Secondary Data Scoring Results

Table 21 shows the data scoring results for Dare County by topic area. Topics with higher scores indicate greater need. Prevention and Safety is the poorest performing health topic for Dare County, followed by Substance Abuse, Men's Health, Environment, Women's Health, Access to Health Services, and Cancer.

Table 21. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics*	Score
Prevention & Safety	1.67
Substance Abuse	1.61
Men's Health	1.55
Built Environment	1.44
Women's Health	1.41
Access to Health Services	1.38
Cancer	1.36
County Health Rankings	1.31
Mental Health & Mental Disorders	1.30
Exercise, Nutrition, & Weight	1.30
Mortality Data	1.26
Social Environment	1.22
Maternal, Fetal & Infant Health	1.21
Transportation	1.19
Economy	1.16
Respiratory Diseases	1.10
Public Safety	1.06
Education	1.03
Older Adults & Aging	1.01
Diabetes	1.00
Immunizations & Infectious Diseases	0.98
Heart Disease & Stroke	0.95
Environmental & Occupational Health	0.94
Wellness & Lifestyle	0.90
Other Chronic Diseases	0.77

*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 Dare County. Drugs (substance abuse) was the most frequently selected issue and was ranked by 54.0% of survey respondents, followed by low income/poverty. Survey respondents ranked "other" as the third issue most affecting quality of life in Dare County. An examination of "other" responses revealed that economic-related issues (particularly related to the lack of affordable housing and high cost of living) and the lack of healthcare providers were the most common areas of concern. Less than 1% of survey respondents selected domestic violence, theft, homelessness, dropping out of school, lack of community support, neglect and abuse, discrimination/racism, elder abuse, child abuse, violent crime and rape / sexual assault as issues most affecting the quality of life in Dare County.

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

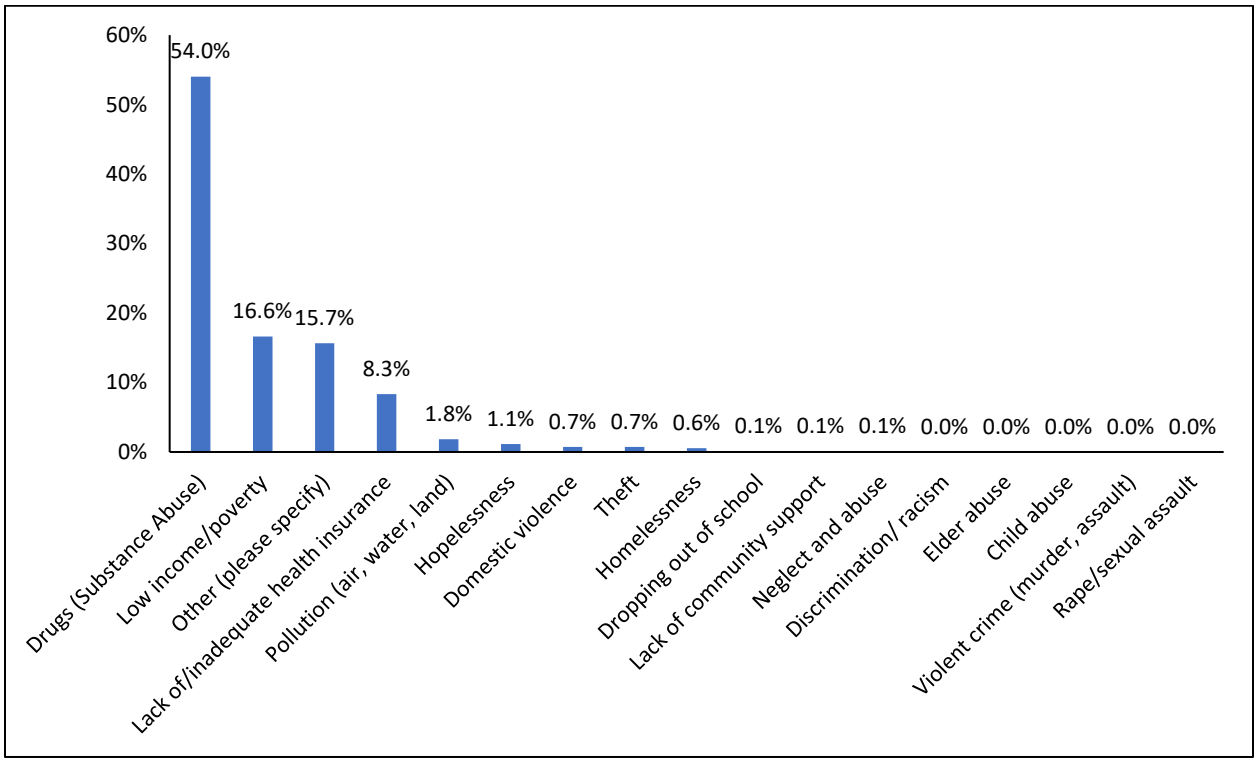


Figure 42 displays the level of agreement among Dare County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, is a safe place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

strongly disagreed (42%) that the county has plenty of economic opportunity. Further, 75% of survey respondents either disagreed or strongly disagreed that the county has affordable housing.

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

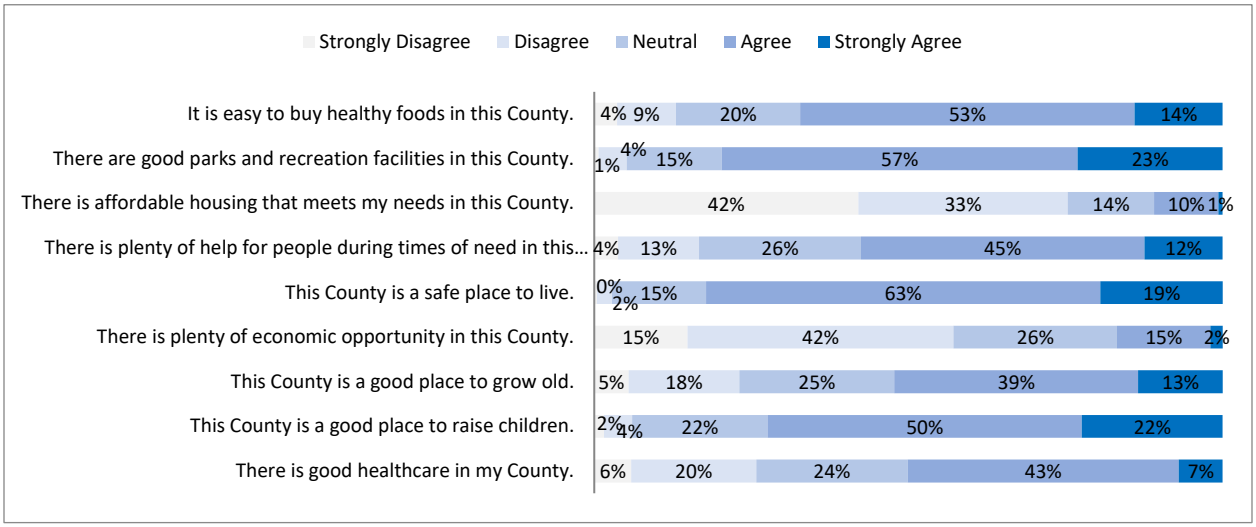


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Dare County. More affordable/better housing was the most frequently selected issue, followed by higher paying employment, counseling / mental health / support groups, number of healthcare providers and more affordable health services.

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

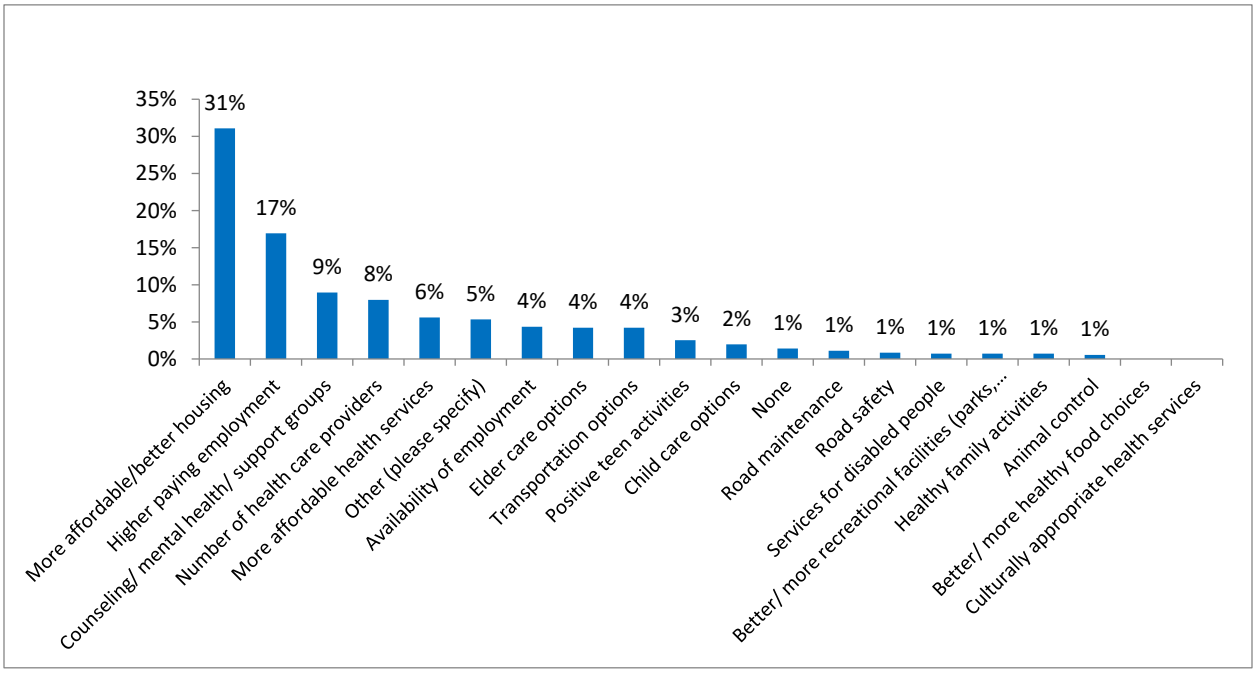
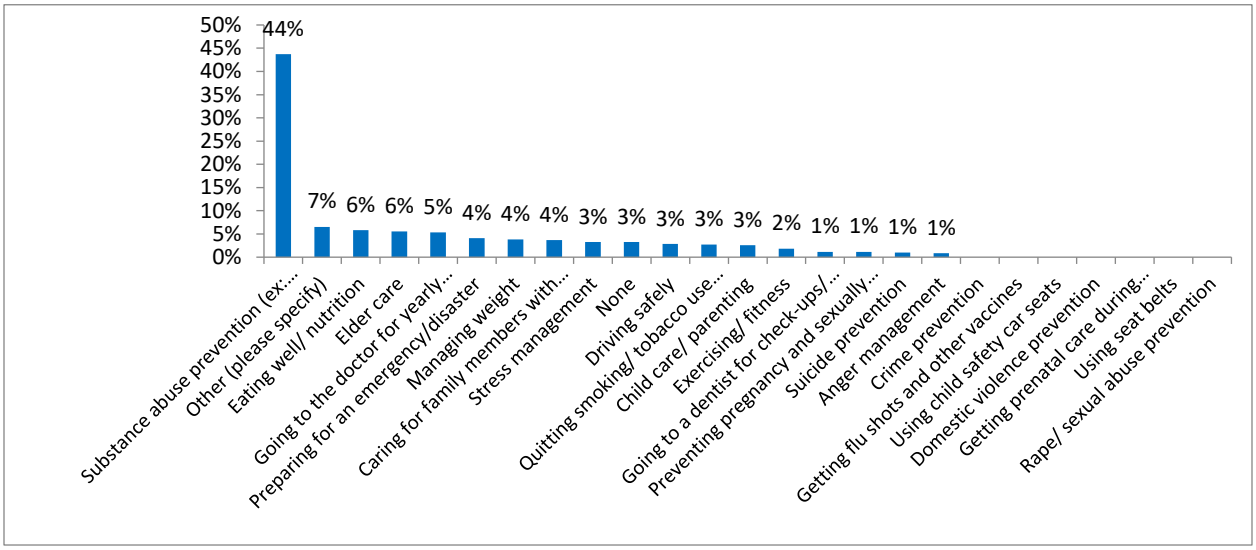


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Dare County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 44% of survey respondents. This was followed by other, eating well/nutrition, elder care and going to the doctor for yearly check-ups and screenings. An examination of "other" responses revealed that many community members felt there was a need for more information related to mental health counseling, treatment and services.

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



Focus Group Discussions

Table 22 shows the focus group results for Dare County by topic area or code. Topics with higher frequency (referring to the number of times a particular topic was mentioned in the context of needs/concerns or barriers/challenges to achieving health) indicate greater need. Access to Health Services was the most frequently discussed need among focus group participants, followed by Healthcare Navigation/Literacy, Financial Stress, Exercise, Nutrition, & Weight, Substance Abuse and Transportation.

Table 22. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	9
Healthcare Navigation/Literacy	8
Financial Stress*	6
Exercise, Nutrition, & Weight	5
Substance Abuse	5
Transportation	5

*Subcode under Economy

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Dare 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 23.

Table 23. Criteria for Identifying the Top Needs from each Data Source

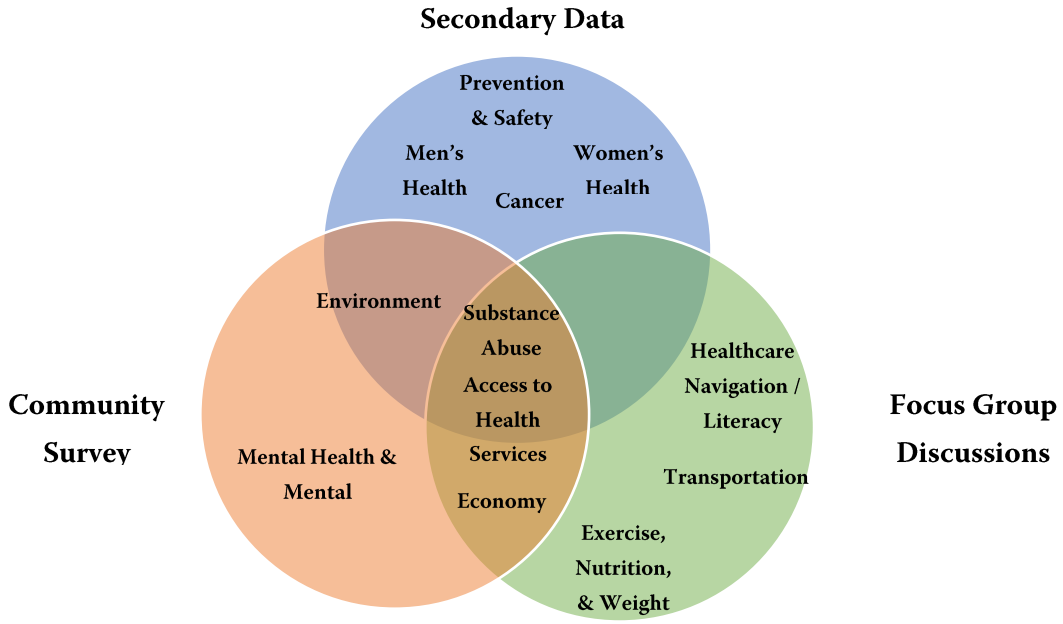
Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges 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. If survey respondents ranked "Other" within the top 5, open-ended responses were further examined to identify the most appropriate topics to include.

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

Figure 45. Data Synthesis Results



Across all three data sources, there is strong evidence of need for Access to Health Services and Substance Abuse. Although survey respondents and focus group participants gave Economy a high level of importance, this topic did not rank as high in the secondary data scoring results. Environment was ranked high in the secondary data scoring results and among survey respondents, but did not rank as high in focus group discussions. Finally, a few topics were ranked as top needs by just a single data source: Prevention & Safety and Cancer were ranked as top needs in the secondary data scoring results; Mental Health & Mental Disorders was ranked as a top need among survey respondents; and Healthcare Navigation / Literacy, Transportation, and Exercise, Nutrition & Weight were top concerns among focus group participants.

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

Topic Areas Examined in This Report

The five topic areas with the highest secondary data scores are explored in-depth in this report. Because Men's Health and Women's Health are comprised of subpopulations and include indicators spanning a variety of topics, they are not presented independently as topic areas but are woven into the existing narrative where applicable. Therefore, the 5 topic areas explored in-depth within this report include Prevention and Safety, Substance Abuse, Environment, Access to Health Services, and Cancer. These 5 topics are presented in Table 24 alongside the data scoring results.

Table 24. Topic Areas Examined In-Depth in this Report

Topic	Score
Prevention & Safety	**1.67**
Substance Abuse	**1.61**
Environment	**1.44**
Access to Health Services	**1.38**
Cancer	**1.36**

Findings related to topics that were ranked high in the community, but did not surface in the secondary data findings, are addressed in this report in the chapter Other Significant Health Needs.

These additional topics include Economy, Mental Health & Mental Disorders, Healthcare Navigation & Literacy, Transportation and Exercise, Nutrition & Weight.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Dare 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 25 describes the gauges and icons used to evaluate the secondary data.

Table 25. Description of Gauges and Icons used in Secondary Dara Scoring

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

Prevention & Safety

Key Issues

- Drug overdose deaths are a leading cause of concern
- Drugs and substance abuse affect the quality of life in Dare County
- Lack of knowledge about addiction prevention and preventive services leads to difficulties when needing treatment

Secondary Data

The secondary data scoring results reveal Prevention and Safety as the top need in Dare County with a score of 1.67. 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 26.

Table 26. Data Scoring Results for Prevention and Safety

Score	Indicator* (Year) (Units)	Dare County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Age-Adjusted Death Rate due to Unintentional Poisonings (2012-2014) (deaths/ 100,000 population)	19.4	12 Healthy NC 2020 9.9	12.3			
2.1	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	19.7	16.2	16.9			
1.7	Severe Housing Problems (2010-2014) (percent)	17.2	16.6	18.8			
1.38	Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) (deaths/ 100,000 population)	35.1	31.9	41.4 HP 2020 36.4		-	
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	11.5	14.1	-		-	

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

Drug use and safety is a clear area of concern for Dare County based on the 2 highest scoring indicators within the Prevention and Safety topic area. The indicator score for age-adjusted death rate due to unintentional poisonings for Dare County is 2.5 with a value of 19.4 deaths per 100,000

occurring in 2012-2014. This is higher than the rate in both North Carolina (12 deaths/100,000 population) and the United States (12.3 deaths/100,000) and trends upwards across 4 time periods. Dare County does not meet the Healthy North Carolina 2020 target of 9.9 deaths per 100,000 population. Additionally, the death rate due to drug poisoning for Dare County in 2014-2016 is 19.7 deaths per 100,000 population, which is higher than the rate for North Carolina (16.2 deaths/100,000) and the U.S. overall (16.9 deaths/100,000).

Safe housing is also an area of concern for Dare County with 17.2% of households in 2010-2014 reporting at least one of four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. This percentage is higher than the value for North Carolina overall (16.6%), but lower than the U.S. overall value (18.8%). Dare County falls in the second worst quartile when compared to other North Carolina counties and the poorest performing quartile in comparison to all U.S. counties.

Dare County appears to do better in injury prevention when compared to other indicators in the Prevention and Safety topic area and compared to North Carolina counties overall. Dare County's age-adjusted death rate due to unintentional injuries is 35.1 deaths per 100,000 population and while it is higher than the overall North Carolina value (31.9 deaths/100,000), it is lower than the overall U.S. value (41.4 deaths/100,000) and meets the Healthy People 2020 target value (36.4 deaths/100,000). Additionally, the age-adjusted death rate due to motor vehicle collisions is Dare County's best performing indicator in this topic area with an age-adjusted rate of 11.5 deaths per 100,000 population.

Primary Data

Results from the community survey indicated that drugs and substance abuse was ranked as the first most critical health need for Dare County. The most pressing area within substance abuse prevention as mentioned by focus group participants was the lack of available providers or counselors within Dare County to educate and help prevent substance abuse becoming a chronic condition.

Community survey participants reinforced the finding in the secondary data that lack of education or prevention knowledge about substance abuse and drugs is a problem in Dare County. Substance abuse prevention was listed as the highest ranked health behavior people in Dare County need more information about with 47.7% of respondents selecting substance abuse prevention. When asked what health topic(s) community survey participants would like to learn more about, 39/321 responses (12%) shared common themes of addiction prevention. Not only is there a higher death rate due to unintentional and drug poisonings in Dare County than the state of North Carolina, but the lack of substance abuse resources and knowledge of what early drug abuse may look like exacerbates this issue, per the focus group participants and survey responses. Additionally, it is well-documented that

mental health conditions tend to go hand-in-hand with substance abuse. According to the community survey, 31.2% of respondents report having depression or anxiety.

Highly Impacted Populations

Age-adjusted motor vehicle death rates are lower in Dare County than the state average; however, when survey respondents were asked to report their topic that was most concerning to their child or children, 26.0% reported "reckless driving".

Substance Abuse

Key Issues

- High rates of drug and alcohol abuse
- High density of liquor stores
- Community reports high rates of binge or excessive drinking

Secondary Data

Substance abuse has the second highest data score of all topic areas, with a score of 1.61. Table 27 highlights indicators of concern.

Table 27. Data Scoring Results for Substance Abuse

Score	Indicator* (Year) (Units)	Dare County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.4	Liquor Store Density (2015) (stores/ 100,000 population)	28	5.8	10.5			
2.1	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	19.7	16.2	16.9			
1.8	Adults who Drink Excessively (2016) (percent)	18.2	16.7	18 HP 2020 25.4			-

1.35	Adults who Smoke (2016) (percent)	16.5	17.9 Healthy NC 2020	13	17 HP 2020	12			-
1.28	Health Behaviors Ranking (2018)	7	-		-			-	-
0.75	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	10.5	31.4 Healthy NC 2020	4.7	29.3				

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

As mentioned in the Prevention and Safety section, Dare County's death rate due to drug poisoning is higher than that of North Carolina and that of the nation. Dare County also falls within the second poorest performing quartile when compared against other North Carolina counties and U.S. counties.

Dare County's liquor store density indicator has a score of 2.4 and is exceedingly high at 28 stores per 100,000 population. This is nearly 5 times higher than North Carolina's value (5.8 stores/100,000 population) and more than twice the U.S. value (10.5 stores/100,000 population). When compared to North Carolina counties and U.S. counties overall, Dare County falls within the worst quartile in both cases.

Along with the high liquor store density, alcohol abuse is also an area of concern for Dare County. 18.2% of adults in Dare County are reported to drink excessively, which is about 2% higher than reported for North Carolina as a whole. However, Dare County does successfully meet the HP 2020 target of 25.4%.

While fewer adults in Dare County (16.5% of adults) smoke compared to the state (17.9%) and nation (17%), Dare County has failed to meet the Healthy North Carolina target of 13% and the Healthy People 2020 Target of 12%.

Primary Data

As previously mentioned, community survey participants were asked to rank the most pressing health issue in their community. According to the data, substance abuse ranked as the number one most pressing health issue in Dare County. Community survey free-response questions and focus group discussion participant data further noted the effect that substance abuse has on the community. They discussed the shortage of alcohol and drug counselors to help with treatment and the lack of education and resources for family and friends in identifying substance abuse before it becomes

addition. While the main culprit or cause for increased substance abuse eluded the focus group participants, some cited boredom or a culture of drinking in the community. Regardless, drug and alcohol abuse remain a problem that needs to be addressed in Dare County with appropriate allocation of resources and care.

When asked about binge or excessive drinking (5 or more drinks if male or 4 or more drinks if female on an occasion), 32.4% of community survey respondents reported engaging in excessive drinking 1 or more times in the past 30 days.

Among community survey respondents, 8.2% report currently using tobacco products, like cigarettes, e-cigarettes, chewing tobacco or vaping. Interestingly, of current smokers, 22.3% are unaware of resources available or unsure of who to talk to if they were interested in quitting. When asked about exposure to secondhand smoke, 34.4% of community members reported being exposed to secondhand smoke in the past year. Sixty-two percent community members reported being exposed to secondhand smoke in their own home or in other familiar places, like homes of friends or other family members.

Built Environment

Key Issues

- High density of fast food restaurants and liquor stores
- Low access to grocery stores, particularly for children, older adults and low-income populations
- Low rates of emergency preparedness in the community

Secondary Data

The Built Environment topic area received a data score of 1.44. This category includes air and water quality as well as the built environment, or human-made space in which people live, work and play. These environmental factors impact accessibility issues related to health such as decreasing vulnerable populations' access to grocery stores or exercise opportunities and increasing access to fast food. A number of poorly performing indicators related to the built environment, displayed in Table 28, resulted in Environment as the fourth highest ranking topic area for Dare County.

Table 28. Data Scoring Results for Environment

Score	Indicator* (Year) (Units)	Dare County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.4	Liquor Store Density (2015) (stores/ 100,000 population)	28	5.8	10.5			
1.95	People 65+ with Low Access to a Grocery Store (2015) (percent)	5	-	-			-
1.85	Fast Food Restaurant Density (2014) (restaurants/ 1,000 population)	1.8	-	-			
1.8	Children with Low Access to a Grocery Store (2015) (percent)	6.1	-	-			-
1.75	Recreation and Fitness Facilities (2014) (facilities/ 1,000 population)	0.1	-	-			
1.7	Severe Housing Problems (2010-2014) (percent)	17.2	16.6	18.8			
1.65	Access to Exercise Opportunities (2018) (percent)	70.6	76.1	83.1			-

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

Dare County has a high density of liquor stores and fast food restaurants compared to other counties in North Carolina and the U.S. With 1.8 fast food restaurants per 100,000 people, Dare County has the highest density of fast food outlets out of all 33 counties in the Health ENC region. Low access to

grocery stores, defined as living more than 10 miles from a supermarket or large grocery store in rural areas, is also a concern for Dare County residents. The percent of children, older adults and low-income residents with low access to a grocery store is higher in Dare County than other counties in North Carolina and the U.S.

Primary Data

According to survey results, only 32.7% of community members' households have a basic emergency kit with enough supplies to last an average of 8.7 days. Additionally, more than half (57.4%) of respondents said they would not evacuate or were unsure if they would evacuate should authorities announce a mandatory evacuation from their neighborhood or community due to a large-scale disaster or emergency. For those individuals who would not evacuate common reasons were: concern about leaving property behind, concern about leaving pets, concern for traffic jams or fear they would not be able to get out or re-enter the county. When asked about creating a safe home environment, 46% of community survey respondents' households reported lacking carbon monoxide detectors. Among focus group participants, concern for the environment and water safety was echoed when discussing recent flooding and environmental changes.

Focus group participants also highlighted the issues regarding the built environment in Dare County. While walking trails were mentioned as a community asset, community members cited problems with sidewalks and actually getting around in the community via foot. Community members highlighted the need for Dare County to have better transportation options within their community environment.

Highly Impacted Populations

Older Adults

Among adults aged 65 years and older, 5% live more than 10 miles from a supermarket in rural areas. Dare County falls in the poorest performing quartile for this indicator when compared to North Carolina counties and U.S. counties. Access to healthy foods is essential for preventing and managing health conditions such as diabetes and high blood pressure, and older adults can face barriers if their mobility is impaired or they are unable to drive.

Children

Families that cannot easily access grocery stores are less likely to be able to provide healthy food for their children. In Dare County, 6.1% of children live more than 10 miles from a supermarket in rural areas. Dare County falls in the poorest performing quartile for this indicator when compared to North Carolina counties.

Low-income Populations

Low-income and underserved areas often have limited numbers of stores that sell healthy foods. In Dare County, 7.4% of the total population is low income and lives more than 10 miles from a supermarket in rural areas.

Access to Health Services

Key Issues

- Provider shortages in primary care and mental health
- Difficulties with transportation to and from medical services
- Lack of urgent care centers and pharmacies in Dare County

Secondary Data

Access to health services has the sixth highest data score of all topic areas, with a score of 1.38. Indicators of concern are displayed in Table 29.

Table 29. Data Scoring Results for Access to Health Services

Score	Indicator* (Year) (Units)	Dare County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.1	Primary Care Provider Rate (2015) (providers/ 100,000 population)	58.9	70.6	75.5			
1.9	Mental Health Provider Rate (2017) (providers/ 100,000 population)	155.7	215.5	214.3			
1.55	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	77.9	102.5	81.2			
1.48		87.1	87.8	-			

	Persons with Health Insurance (2016) (percent)		Healthy NC 2020	92	HP 2020	100			
1.43	Clinical Care Ranking (2018)	31	-		-			-	-

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

Dare County has a low number of medical providers per 100,000 residents. Access to primary care providers, mental health providers and non-physician primary care providers (which includes nurse practitioners, physician assistants and clinical nurse specialists) is worse in Dare County than in North Carolina and the United States. Furthermore, access to primary care providers in the county has decreased, from 67 primary care providers per 100,000 population in 2012 to 59 primary care providers per 100,000 population in 2015.

Only 87.1% of people aged 0 to 64 years old have any type of health insurance coverage. While this rate has increased over 4 time periods, Dare County is failing to meet both the Healthy People 2020 (100%) and the Healthy North Carolina 2020 (92%) targets for this indicator.

Primary Data

Community survey participants were asked to rank the most pressing health issues in their community and according to those findings, access to health services (including transportation, provider availability, and insurance) ranked as the fourth most important health issue in Dare County. Focus group discussion participants specifically noted the role of lack of providers and providers' after-hours availability as a major area of concern.

When community survey respondents were asked about health topics they would like to learn more about, individuals reported: how to afford insurance, where to find information and access to birth control, how to obtain dental services without insurance, and how to find primary care providers who accept Medicare. These sentiments were echoed in focus group discussions with participants lamenting the fact that Medicare requires so much paperwork through the State and so few providers actually accept Medicare. Due to these factors, obtaining care and paying for the cost of care greatly worries Dare County community members. Further, it was discussed that there is a lack of providers, especially specialists for low-income or uninsured community members, which leads to health issues not being addressed.

Cancer

Key Issues

- High incidence and death rates for cancer
- Leading cause of death in Dare County
- Lifestyle behaviors, i.e. lack of exercise, poor nutrition, and smoking, are contributing factors to cancer incidence in Dare County

Secondary Data

From the secondary data scoring results, cancer was identified to be a top need in Dare County. It had the seventh highest data score of all topic areas, with a score of 1.36. Specific indicators of concern are highlighted in Table 30.

Table 30. Data Scoring Results for Cancer

Score	Indicator* (Year) (Units)	Dare County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.55	Oral Cavity and Pharynx Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	14.3	12.2	11.5			
2.4	Age-Adjusted Death Rate due to Prostate Cancer (2010-2014) (deaths/ 100,000 males)	24.8	21.6	20.1 HP 2020 21.8			-
2.4	Ovarian Cancer Incidence Rate (2010-2014) (cases/ 100,000 females)	13.5	10.9	11.4			-
2.15	Cancer: Medicare Population (2015) (percent)	8.5	7.7	7.8			
1.7	Age-Adjusted Death Rate due to Breast Cancer	21.9	21.6	21.2			

	(2010-2014) (deaths/ 100,000 females)			HP 2020	20.7		
1.65	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	68.7	70	61.2			
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer (2010-2014) (deaths/ 100,000 population)	11.1	10.8	10.9			

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

Compared to North Carolina and the U.S., Dare County has a higher rate of oral cavity and pharynx cancer incidence, prostate cancer deaths, ovarian cancer incidence, cancer in the Medicare population, breast cancer deaths, and pancreatic cancer deaths. Further, Dare County is failing to meet the Healthy People 2020 targets for prostate cancer deaths and breast cancer deaths. The oral cavity and pharynx cancer incidence rate is the worst performing indicator in the cancer category. The rate for Dare County, 14.3 cases per 100,000 population in 2010-2014, has increased over the past 4 measurement periods and falls in the poorest performing quartile of all North Carolina counties.

Primary Data

According to survey results, Cancer ranked high as one of the health topics individuals in Dare County would like to know more about. Data collected from focus group discussions and community survey responses specifically noted that concerns about behaviors and the environment, including tobacco use, low exercise and water quality cause many of the cancer issues that can be seen in the secondary data.

When asked about which health conditions community survey participants had, 15.7% reported having cancer. Additionally, participants reported low rates of preventive screenings for breast cancer (47.2%), skin cancer (36.0%), colonoscopy/colon cancer (17.6%), and less than 10% of respondents reported receiving a prostate exam (9.7%). Preventive services are incredibly important services to maintain one's health. This may highlight the lack of available preventive services to Dare County residents.

Additionally, data from the community survey participants show that 23.7% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. For those individuals that do exercise, on average, individuals in Dare County engage in at least 30 minutes of exercise 4.1 times per week. Research has shown that exercise may lower cancer risk by

controlling weight, reducing hormone levels, reducing inflammation and strengthening the immune system. Exercise has also been shown to boost quality of life during cancer treatment.

Highly Impacted Populations

Older Adults

Among Medicare beneficiaries, 8.5% in the county had been treated for cancer in 2015, which is higher than the overall state value of 7.7% and the U.S. value of 7.8%.

Gender

The all cancer incidence rate in 2010-2014 among the male population (490.8 cases/100,000 population) is 14% higher than the value for the overall population (430.1 cases/100,000). The all cancer incidence rate among the female population is 383.4 cases/100,000 population, which is approximately 11% lower than the value for the overall population.

Additionally, the data scoring results in Table 30 show that the age-adjusted death rate due to prostate cancer, the ovarian cancer incidence rate, and the age-adjusted death rate due to breast cancer are gender-specific areas of need. In all three cases, Dare County falls in the worst or second worst quartile when compared to both North Carolina counties and U.S. counties as a whole.

Focus group and community survey responses highlighted the transportation burden that is placed on individuals who seek cancer treatment. Many noted the long and difficult drives to obtain radiation or chemotherapy.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 31 shows the leading causes of mortality in Dare 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 31. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Dare County			North Carolina			Health ENC Counties		
Rank	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***
1	Cancer	258	168	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	210	148.2	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Chronic Lower Respiratory Diseases	48	34.1	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Influenza and Pneumonia	47	33.3	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	44	31.3	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Accidental Injuries	44	42.2	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	30	23.3	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Chronic Liver Diseases	24	15.2	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	22	16.1	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Suicide	21	18.4	Septicemia	4,500	13.1	Septicemia	1,033	15.1

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

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

Table 32. Dare County's Trend Comparisons for Leading Causes of Death (2010-2014; 2013-2017, SCHS)

	2010-2014 Rate	2013-2017 Rate
1) Cancer	156.7	168.1
2) Heart Diseases	174.0	153.2
3) Unintentional Injuries	39.0	39.0
4) COPD/Chronic Lower Respiratory Diseases	42.0	38.3
5) Stroke	28.2	35.0
6) Pneumonia/Influenza	59.8	34.1
7) Alzheimer's Disease	22.1	24.5
8) Suicide	16.8	19.6
9) Chronic Liver Diseases	13.1	17.7
10) Kidney Diseases	11.4	15.7

Source: Dare County, Cause of Death Rank by Descending Overall, Age-Adjusted Rate (2010-2014; 2013-2017) Source: North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: http://www.schs.state.nc.us/data/databook

Table 33. Dare County's Top 3 Leading Causes of Death by Age (2013-2017, SCHS)

Age	Rank	Cause of Death
0-19	1	Motor vehicle injuries
	2	Conditions origination in the perinatal period
		Birth defects
20-39	1	Other unintentional injuries
	2	Suicide
	3	Motor vehicle injuries
40-64	1	Cancer
	2	Diseases of the heart
	3	Chronic Liver Diseases
65-84	1	Cancer
	2	Diseases of the heart
	3	COPD/Chronic Lower Respiratory Diseases
85 +	1	Diseases of the heart
	2	Cancer
	3	Alzheimer's disease

Other Significant Health Needs

Economy

Secondary Data

From the secondary data scoring results, the economy was the fifteenth most pressing health need in Dare County. Top related indicators include: Homeownership, Median Household Gross Rent, Unemployed Workers in Civilian Labor Force, Mortgaged Home-Owners Median Monthly Household Costs, and Median Monthly Owner Costs for Households without a Mortgage.

Primary Data

Community survey participants were asked to rank the most negatively affecting issues that impact their community's quality of life. According to the data, both poverty and the economy were within the top 5 issues in Dare County that negatively impact quality of life. When asked to expand upon these issues within the survey, respondents mentioned lack of white-collar jobs, low-paying wages, and rapid increases in cost of living that are not matched with employment compensation. 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, more affordable and better housing ranked first (31.1%), higher paying employment ranked second (17.0%), and availability of employment ranked sixth (4.3%). When asked to expand on services that could be improved, one survey respondent remarked that there was a need for, "The development of more 'white collar' jobs and a shift from strictly tourism-based economy [that] will improve the quality of life for living in Dare County." Focus group participants also touched on key economic stressors: maintaining or achieving a work-life balance, the stressful nature of seasonal employment, and the fear of job loss.

Healthcare Navigation & Health Literacy

Primary Data

Community survey participants were asked where they generally learn about or receive their health-related information. Only 44.9% of respondents answered they received health information from a doctor or a nurse. Surprisingly 32.1% responded that they received their health information from the internet. The Agency for Healthcare Research and Quality strongly advises members of the public from solely receiving health information and advice from internet sources as the volume of information on the internet can be overwhelming, hard to navigate, and hard to validate. Additionally, it can be very difficult for community members to know whether a source of information is trustworthy. Nearly 45% of survey respondents reported a health topic they wanted to learn more about. Some high-ranking topics included holistic options to chronic diseases, nutrition, and weight-loss. These topics are certainly interesting and valid areas of concern for community members; however, medical and health professionals in Dare County should be aware that the growing body of

information on these topics available on the internet can be filled with dubious at best and harmful at worst advice, services, and products.

Focus group discussion participants voiced concerns over the younger generation and that young adults are unaware of how to navigate the health system and are disengaged from health discussions. To underscore this point, less than 15% of the community survey respondents identified as under the age of 40 years.

Exercise, Nutrition, & Weight

Secondary Data

From the secondary data scoring results, Exercise, Nutrition, & Weight had the tenth highest data score of all topic areas, with a score of 1.30. Top related indicators include: People 65+ with Low Access to a Grocery Store, Fast Food Restaurant Density, and Children with Low Access to a Grocery Store.

Primary Data

Among community survey respondents, 44.1% reported being told by a health professional that they were overweight and/or obese. This was closely followed by high rates of high blood pressure (42.5%), high cholesterol (38.1%) and diabetes (11.4%). Moreover, rates of fruit and vegetable consumption along with physical activity are very low for Dare County. Survey participants reported consuming on average 5.9 cups of fruit per week and consuming an average of 7.6 cups of vegetables per week. It is recommended by the USDA for adult men and women to eat at least 10.5 cups of fruit per week and 17.5 cups of vegetables per week. To emphasize this data point, when community members were asked specific topic areas they were interested in learning more about weight-loss, nutrition, and diabetes/diabetic food preparation were high frequency responses. Additionally, data from the community survey participants show that 23.7% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not liking exercise (38.9%), being too tired to exercise (35.1%), and not having enough time to exercise (30.3%). For those individuals that do exercise, on average, individuals in Dare County engage in at least 30 minutes of exercise 4.1 times per week.

Mental Health & Mental Disorders

Secondary Data

From the secondary data scoring results, mental health & mental disorders had the ninth highest data score of all topic areas using the data scoring technique, with a score of 1.30. The secondary data reveals that age-adjusted death rate due to suicide is a significant problem in Dare County. The 2012-2016 death rate due to suicide in Dare County (20.2 deaths/100,000 population) is nearly double that

of the North Carolina rate (12.9 deaths/100,000 population) and almost three-fold the Healthy NC 2020 target of 8.3 deaths/100,000 population. Further, suicide is among the top ten causes of death in the county. The 2017 mental health provider rate is another indicator of concern. For every 100,000 individuals, there are only 156 mental health providers in Dare County. This is lower than both the North Carolina value (216 providers) and the US value (214 providers). Some Dare County indicators within the mental health & mental disorders topic area performed well when compared to North Carolina's value, the US value, and state targets in the secondary data scoring results (data score <1.5). A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants ranked mental health & mental disorders as a top issue affecting quality of life in Dare County. Additionally, 12% of community survey respondents reported wanting to learn more about mental health and mental disorders. Focus group discussion participants specifically noted the role of substance abuse, boredom, and stress in mental health. To underscore this concern, focus group participants also touched on the lack of community education and knowledge surrounding mental health disorders. Stigma and lack of providers were cited as barriers to treatment. 31.2% of community survey participants reported having been told by a doctor or other health professional that they have depression or anxiety. Moreover, 19.2% of survey participants reported poor mental health within the last 30 days which kept them from going about their normal activities. A few community members even remarked that depression has kept them from exercising and engaging in physical activity.

Primary data revealed a need for community inpatient and outpatient care for both mental health and substance abuse. Focus group discussions noted that mental health is a key health need they see in the community. Community members also touched on the role substance abuse is playing in their county and the need for treatment centers and community education on drug use before it becomes an addiction. The need for counseling/mental health/support groups was ranked third by survey respondents as the service needing the most improvement in Dare County. Lastly, survey and focus group participants mentioned the role stigma and lack of providers play in preventing community members from accessing the care needed for their health issues and related disorders.

Barriers to Care

Significant community health barriers for Dare County residents were identified as part of the primary data collection. Focus group participants and community survey respondents were asked to identify any barriers to health care that they see or experience in their community.

Transportation

The geography of Dare County, as a long, narrow peninsula and few main roads connecting it to mainland, particularly lends itself to increasing transportation issues. The lack of multiple large roads or highways and the spread of the population throughout the county from healthcare facilities create difficulties for many of those in need of care. While transportation was not ranked highly from the secondary data scoring results, community members from both focus groups and survey responses often mentioned the barrier transportation created when needed to access quality healthcare. Between transportation options, road maintenance, and road safety, nearly 10% of survey respondents reported these issues as areas in need of improvement in Dare County. Additionally, among focus group discussion participants, many cited transportation issues as a barrier to care. Further discussions with community members may shed light on issues with public transportation, vehicle availability or ownership, or eldercare driving services to health appointments.

Cost and Limited Availability

Approximately 19% of community survey respondents had difficulty or a problem receiving the healthcare they needed for themselves or a family member. The following reasons were cited as the top-ranking problems that prevented needed care: not being able to get an appointment (34.1%), insurance did not cover services needed (26.2%), wait time for an appointment was too long (24.6%), and the cost/share of the deductible or co-pay was too high (18.3%). One of the highest frequency community focus group participants responses to barriers to care was the cost of care. As cost of living increases, populations age, and wages stagnate, this leaves Dare County residents with limited resources to access quality care for their health needs. Economic and access concerns should be taken into account when strategizing how to improve all-around care and health for the Dare County community members.

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.

Men's Health

Men's health ranks as a top need in Dare County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 1.55. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Dare County is 24.8 deaths/100,000 males, which is higher than the state value and national value. Dare County also fails to meet the Healthy People 2020 target of 21.8 deaths/100,000 males for prostate cancer deaths.

Women's Health

From the secondary data scoring results, women's health received the fifth highest score, with a topic score of 1.41. Similar to men's health, the primary indicators contributing to this score are cancer-related, and include ovarian cancer incidence and breast cancer deaths. As discussed in the cancer section, Dare County falls in the worst quartile when compared to North Carolina counties and U.S. counties for ovarian cancer incidence. The age-adjusted death rate due to breast cancer is 21.9 deaths/100,000 females, which is higher than the state value and national value. Dare County also fails to meet the Healthy People 2020 target of 20.7 deaths/100,000 females for breast cancer deaths.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 34 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Dare County, with significance determined by non-overlapping confidence intervals.

Table 34. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Workers who Walk to Work	Ages 60-64, Hispanic or Latino
People 25+ with a Bachelor's Degree or Higher	Black or African American, Hispanic or Latino, Other Race, Two or More Races
Median Household Income	Black or African American, Hispanic or Latino, Other Race
Per Capita Income	Black or African American, Hispanic or Latino, Other Race
People 25+ with a High School Degree or Higher	Ages 25-34, Hispanic or Latino, Other Race
People 65+ Living Below Poverty Level	Black or African American

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

From Table 34, population subgroups face the most disparity in economic and education related areas. Hispanic or Latino and Black or African American groups are most often and drastically affected in these topic areas; the Hispanic or Latino group appears as a disparately affected population in every indicator listed in Table 34 except one. Additionally, the population aged 60-64 years old has the lowest percentage of workers who walk to work in comparison to other age groups and the overall population.

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 34 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 27953, with an index value of 91.4, has the highest socioeconomic need within Dare County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Dare County zip codes and index values.

Community Strengths

Key Takeaways

- Positive perception of personal health and health of Dare County overall
- The built environment promotes exercise and physical activity
- People feel safe in the community and take advantage of outdoor activities

Community survey respondents and focus group participants self-reported positive health status, they perceived the community as healthy overall, and most participate in regular weekly exercise or physical activity.

As a whole, our community is healthier than other areas.

As seen in Figure 46, 87.9% of survey respondents reported that their health was "Good", "Very Good", or "Excellent". Only 12.1% of respondents reported that their health was "Fair" or "Poor". In addition, 74.2% of survey respondents reported regular weekly physical activity/exercise (Figure 47).

Figure 46. Community Survey Respondents Self-Reported Status of Health

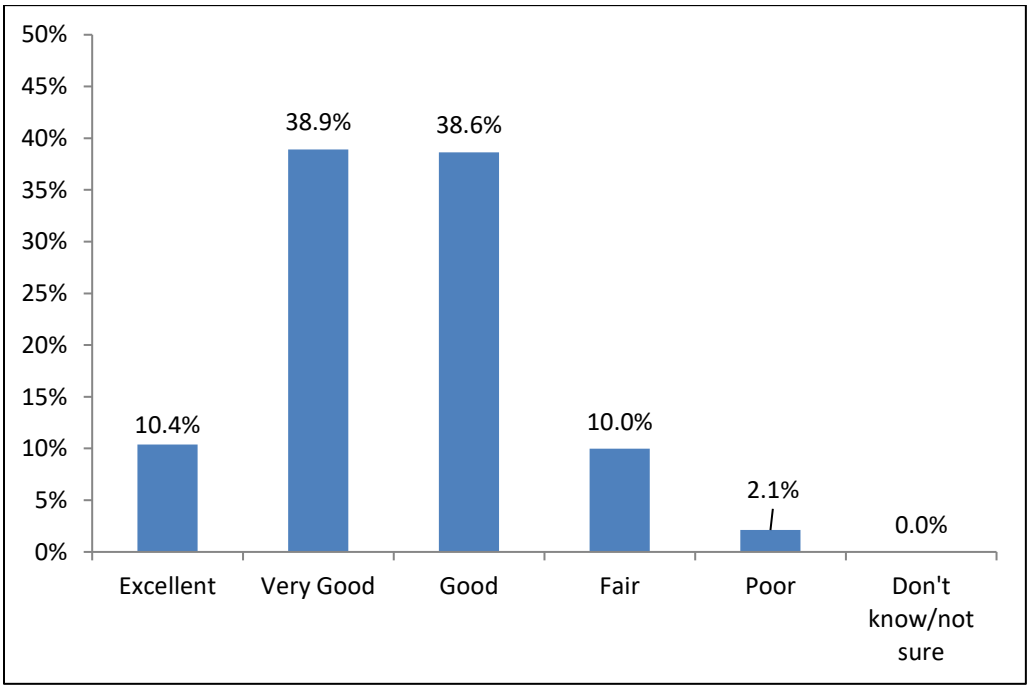
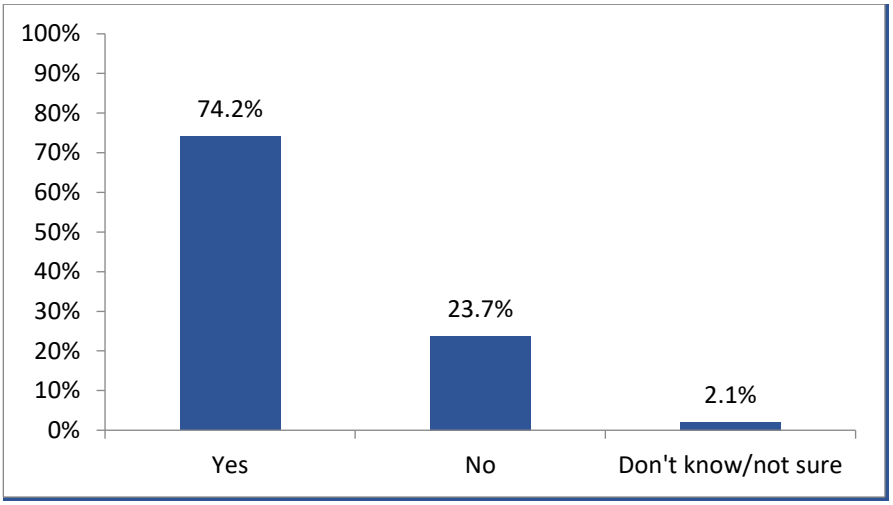
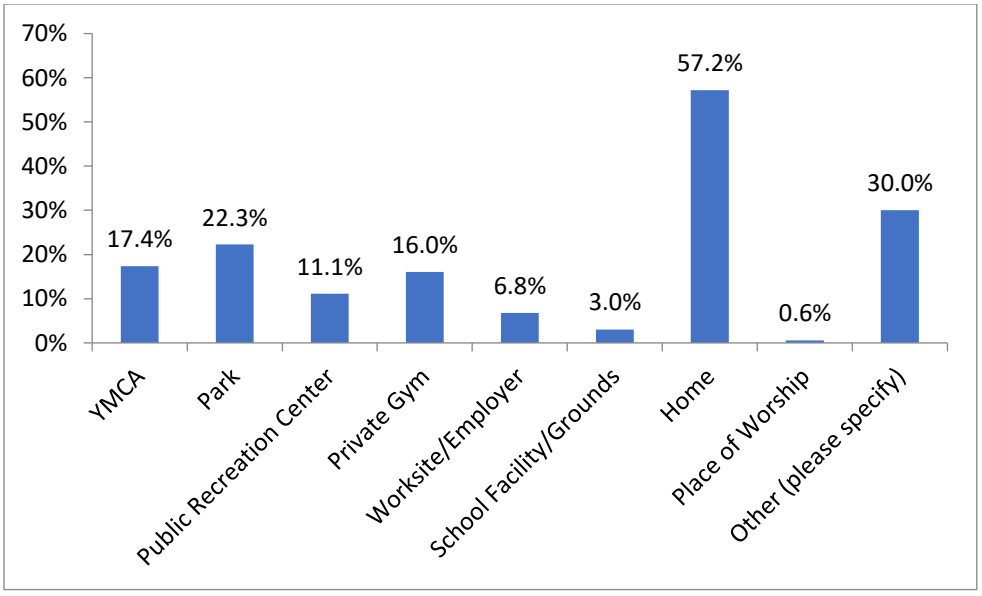


Figure 47. Community Survey Respondents Engaging in Physical Activity or Exercise for at least 30 minutes/week



Across all three focus groups, participants reported that the Dare County built environment enables them to be active and engage in healthy activities. Specifically, participants cited community assets including fitness centers--gyms and senior centers--as key resources for staying healthy and outdoor activities--walking and water sports--as community assets. Almost 80% of survey respondents agreed or strongly agreed with the statement, "There are good parks and recreation facilities in this County." The most sited locations where people participate in physical activity is shown in Figure 48.

Figure 48. Community Survey Respondents Location of Exercise/Physical Activity



Most of the written responses for "Other (please specify)" included outdoor community locations for exercise/physical activity such as walking in neighborhoods or local park paths and trails. These responses reflect that over 80% of survey respondents agreed or strongly agreed with the statement, "This County is a safe place to live." Figure 49 displays a word cloud of free text survey responses from the location where people exercise. Words that appear larger and in bolder font were mentioned most often.

Figure 49. Location of Exercise/Physical Activity

In addition to physical activity/exercise, participants described the small town community feel and sporting events as further strengths of the community. Maintaining and promoting community strengths while also addressing the gaps identified in this needs assessment is essential for future planning in the community.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Dare County. The assessment was further informed with input from Dare County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified twelve significant health needs: Access to Health Services, Cancer, Economy, Environment, Exercise, Nutrition, & Weight, Healthcare Navigation / Literacy, Mental Health & Mental Disorders, Men's Health, Prevention & Safety, Substance Abuse, Transportation and Women's Health.

Following this CHNA process, Dare County will produce a Profile Summary of the CHNA. In this document, HCOB will outline how it plans to address these health needs. The HCOB plan for addressing these health needs will serve as a combined plan and will include the overall county action plans that will be reported by the Dare County Department of Health and Human Services in their Action Plan and The Outer Banks Hospital's action plans which will be identified 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 kellyn@darenc.com.

Appendix A. Impact Since Prior CHNA

During the years between the CHNA, a State of the County Health (SOTCH) Report and Outer Banks Hospital Community Health Implementation Plan (CHIP) are issued, which provides updates to the previous CHNA priorities. Since the 2016 CHNA, only one SOTCH and one CHIP were issued. Below summarizes key updates from the 2017 SOTCH Report and 2016-2019 CHIP. A full copy of the 2017 SOTCH report is available to download at www.darenc.com/hcob and the 2016-2019 CHIP can be found at https://bit.ly/2VeSnv1.

Older Adult Issues

- In 2017, The Outer Banks Hospital became the first Dementia Friendly Hospital in the state of North Carolina through a partnership with the Dementia & Alzheimer's Task Force. Since this designation, Hospital team members have presented at several conferences and meetings across the state, as well as met with many hospitals about best practices to implement dementia friendly programs.
- Various caregiver support and educational opportunities were hosted throughout Dare County, including a visit from North Carolina Governor Roy Cooper at one event.
- 16 local restaurants have become certified Dementia Friendly by having their entire staffs participate in training. Nine more are in the process of receiving the training.
- Professional education was provided to a total of 27 first responders on how to best help individuals with dementia.
- Atlantic Dentistry and A Reason to Smile partnered to provide 70 veterans with free dental care.
- Here With You!, the mentoring program for individuals who have a loved one living with dementia or Alzheimer's continued.
- OBX Alzheimer's Walks were hosted in October 2017 and 2018.

Healthy Living & Chronic Diseases

- A Chronic Disease Committee was sponsored, coordinated, and staffed by The Outer Banks Hospital and Medical Group, HCOB, and Dare County Department of Health & Human Services. A Chronic Disease Nurse Navigator was hired.
- Diabetes Prevention Program, Prevent T2 was provided to community members. A total of 34 classes were hosted.
- The Outer Banks Hospital Department of Community Outreach added free colon cancer screenings using the Fecal Immunochemical Test (FIT) as well as A1C screenings to its list of free screenings offered to the community.
- A Tobacco Treatment Program featuring individualized treatment plans is now offered to patients and the community through The Outer Banks Hospital.

- Diabetic Students in Dare County Schools continue to be offered case management services through Dare County Department of Health & Human Services' School Health Program.
- The Outer Banks Hospital opened the Center for Healthy Living which specializes in lifestyle and integrative medicine, housing a physician, nurse practitioner, health coach, registered dietician, and chronic disease nurse navigator.
- Hospital's Chronic Disease Nurse Navigator held three 2-session Diabetes Workshops for patients/community members with an A1C of 6.5% or greater.
- The Outer Banks Hospital became among the first in the state to offer scalp cooling therapy for cancer patients.
- The Outer Banks Hospital received a grant to implement a high-risk breast cancer genetics clinic. Work has already begun on this exciting project.

Substance Abuse

- PORT Health continues to offer individuals in Dare County access to Substance Abuse and Mental Health counseling services.
- The Saving Lives Task Force continues to provide community education through their Town Hall Series educational events, newsletter, webpage and Facebook page.
- Helping Women Recover, an evidence-based program continues to be implemented by DCDHHS. Classes are available at Dare County Detention Center, Hotline, Kill Devil Hills, and Frisco locations.
- Naloxone continues to be provided to individuals and groups in need. A total of 391 kits were distributed in 2018, to groups such as Law Enforcement, Fish Houses, NC Ferry System, Room in the Inn, Restaurants, and Hotels.
- HighLife252 continues to provide their Needle Exchange program to Dare County Residents. A total of 368 individuals were served in FY' 2016.
- Medication Take Back Events & Services continue to be provided and enhanced throughout Dare County. Additional medication take back boxes and methods continue to be added to the robust list of options. Dare County Pharmacies now have access to Medication Disposal bags, which is provided upon patient request.
- Saving Lives Response Team, a program designed to reduce repeated incidences of overdose and overdose deaths, began being piloted in Kill Devil Hills.
- PORT Health opened up a clinic in Hatteras Village. Services will be provided in this satellite location to residents of Hatteras Island.
- Quarterly medication drop events were hosted by The Outer Banks Hospital in partnership with the Dare County Sheriff's Department, enabling residents to safely dispose of unwanted over the counter and prescription medications.

Mental Health

- Breaking Through Task Force launched Reconnecting Dare Campaign, based on feedback from professional and parent surveys regarding their top mental health concerns for youth.
- A free, on-going grief support group is available to all Dare County residents who have experienced the loss of a loved one. Funding for this program is provided by Interfaith Community Outreach, Outer Banks Community Foundation and Dare Hospice.
- Social Determinants of Health are now being screened as part of registration at DCDHHS. Patients are given the option to free out a screening tool to determine if they have a stable, safe home environment, enough food to eat, adequate transportation, necessary utilities services, and access to mental health resources. Patients can determine if they would like to be contacted and linked with resources to help meet identified needs.
- Center for Healthy Living uses the ACES screening tool used for detecting adverse childhood events.

Access to Care

- The Outer Banks Hospital hosted health fairs at the Baum Center prior to the start of the 2016, 2017 and 2018 Senior Games.
- Health Coach, funded by the Hospital's Development Council, makes nearly 50 appearances each year bringing wellness screens, A1C checks, skin checks, blood pressure checks, FIT kits, and flu vaccines to areas across the Outer Banks from Corolla to Ocracoke, Currituck to Manteo. More than 750 flu vaccines were provided at no cost through a dozen community flu clinics in the Fall of 2018.
- Hospital sponsorships support several non-profit organizations in our community to help underwrite programs that provide access to care and medical travel/expenses for patients.
- Through funds from Vidant Health, Chesapeake Regional Healthcare and the Development Council, The Outer Banks Hospital makes grants to area organizations that provide access to healthcare and look for ways to improve quality of life. In 14 years, more than $1.535 million has been given out locally through the Community Benefit Grants Program.
- Community events such as Cancer Conversations (monthly), Dinner with a Doc, nutrition classes, yoga on the beach, Better Breather's Club, and Chair Yoga are just some examples of non-traditional ways that we are providing access to our community members.
- Partner with NC MedAssist to do two (2) Over the Counter Medicine Giveaway events in Manteo and Hatteras Island. Last year, more than 450 people were served.
- Hospital sponsorships also support athletic programs at all of the schools. We partner with the schools to also provide sports physicals with physicians in our Medical group.
- Provide medical and first aid for runners at several Outer Banks Sporting Events races throughout the year.

- Partner with International Student Outreach Program to provide bike lights for more than 1,300 international students who work on the Outer Banks in our peak summer season. We also attend the six student orientations to share important health and safety tips while allowing the social security office to use the Health Coach as an office to set up the students with their social security cards.
- Work with Hyde County Health Department on wellness fairs in Ocracoke and Engelhard as well as College of The Albemarle on health events in Elizabeth City and Manteo.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 50:

Comparison Score

For each indicator, Dare 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 51).

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 51).

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 51). Indicators may be categorized into more than one topic area.

Figure 50. Secondary Data Scoring

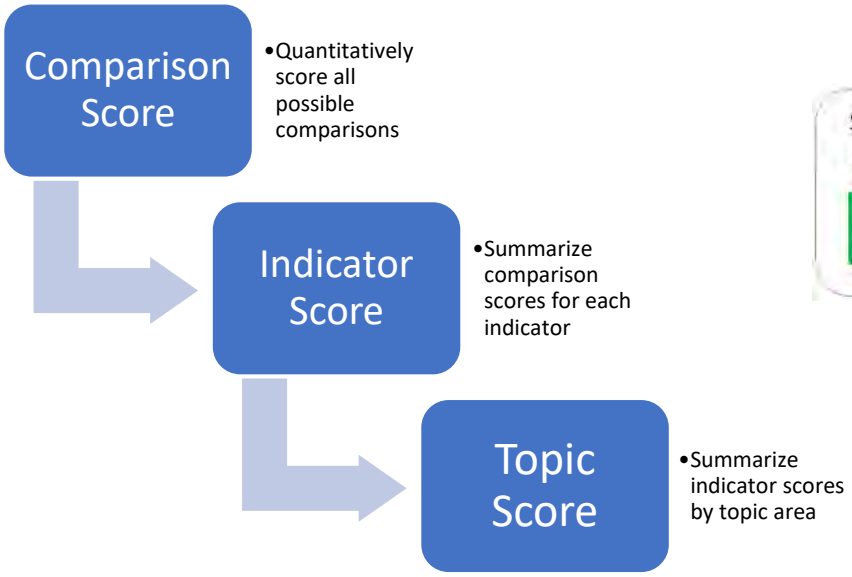
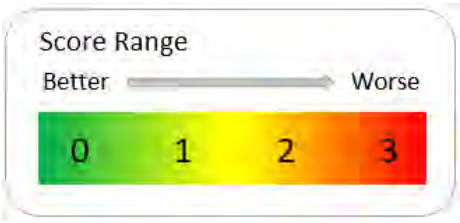


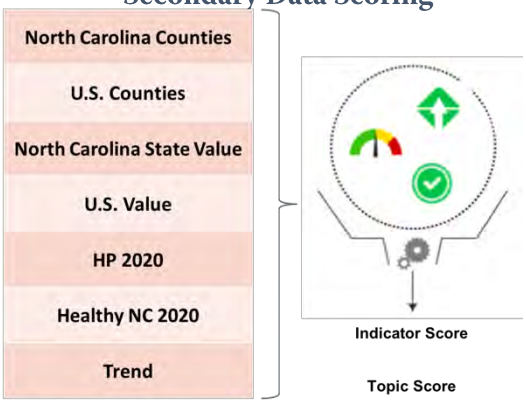
Figure 51. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Dare County. The possible comparisons are shown in Figure 52 and include a comparison of Dare 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 52. Comparisons used in Secondary Data Scoring



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

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Dare County is faring against a distribution of counties in North Carolina or the U.S. (Figure 53).

Figure 53. Compare to Distribution Indicator Gauge

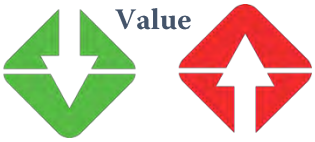
A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 54). The comparison score is determined by how Dare County falls within these four groups or quartiles.

Figure 54. Distribution of County Values

Comparison to North Carolina Value and U.S. Value

As shown in Figure 55, the diamond represents how Dare 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 55. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

Figure 56. Comparison to Target Value

As shown in Figure 56, the circle represents how Dare County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020[2] goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020[3] objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Trend Over Time

As shown in Figure 57, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Dare 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 57. 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

[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/

unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

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

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a 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 35 shows the Topic Scores for Dare County, with higher scores indicating a higher need.

Table 35. Topic Scores for Dare County

Health and Quality of Life Topics	Score
Prevention & Safety	**1.67**
Substance Abuse	**1.61**
Men's Health	**1.55**
Environment	**1.44**
Women's Health	**1.41**
Access to Health Services	**1.38**
Cancer	**1.36**
County Health Rankings	**1.31**
Mental Health & Mental Disorders	**1.30**
Exercise, Nutrition, & Weight	**1.30**
Mortality Data	**1.26**
Social Environment	**1.22**
Maternal, Fetal & Infant Health	**1.21**
Transportation	**1.19**
Economy	**1.16**
Respiratory Diseases	**1.10**
Public Safety	**1.06**
Education	**1.03**
Older Adults & Aging	**1.01**
Diabetes	**1.00**
Immunizations & Infectious Diseases	**0.98**
Heart Disease & Stroke	**0.95**
Environmental & Occupational Health	**0.94**
Wellness & Lifestyle	**0.90**
Other Chronic Diseases	**0.77**

Indicator Scoring Table

Table 36 (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. Dare County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 36. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.1	Primary Care Provider Rate	2015	providers/ 100,000 population	58.9		70.6	75.5			4
1.9	Mental Health Provider Rate	2017	providers/ 100,000 population	155.7		215.5	214.3			4
1.55	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	77.9		102.5	81.2			4
1.48	Persons with Health Insurance	2016	percent	87.1	100	87.8		92		18
1.43	Clinical Care Ranking	2018	ranking	31						4
0.9	Dentist Rate	2016	dentists/ 100,000 population	64		54.7	67.4			4
0.3	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	29.7		49	49.9			19

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.3		12.2	11.5			7
2.4	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.8	21.6	20.1			7
2.4	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	13.5		10.9	11.4			7
2.15	Cancer: Medicare Population	2015	percent	8.5		7.7	7.8			3
1.7	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.9	20.7	21.6	21.2			7
1.65	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	68.7		70	61.2			7
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.1		10.8	10.9			7
1.45	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.2		12	12.5			7

1.25	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	20.1		20.1	20.5			7
1.25	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	113.4		125	114.8			7
1.1	Mammography Screening: Medicare Population	2014	percent	67.2		67.9	63.1			19
1.05	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	7		7.7	7.8			7
0.95	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	430.1		457	443.6			7
0.9	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	159.8	161.4	172	166.1			7
0.9	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.5	45.5	50.7	44.7			7
0.6	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	116.3		129.4	123.5			7
0.45	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	35.7	39.9	37.7	39.8			7
0.2	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	10.6	14.5	14.1	14.8	10.1		7

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.43	Clinical Care Ranking	2018	ranking	31						4
1.28	Health Behaviors Ranking	2018	ranking	7						4
1.28	Morbidity Ranking	2018	ranking	1						4
1.28	Mortality Ranking	2018	ranking	14						4
1.28	Physical Environment Ranking	2018	ranking	3						4
1.28	Social and Economic Factors Ranking	2018	ranking	18						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Diabetic Monitoring: Medicare Population	2014	percent	84.5		88.8	85.2			19
1	Adults 20+ with Diabetes	2014	percent	9.8		11.1	10			4
0.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	7.9		23	21.1			17
0.3	Diabetes: Medicare Population	2015	percent	21.8		28.4	26.5			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	ECONOMY	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.7	Homeownership	2012-2016	percent	29.6		55.5	55.9			1
2.48	Median Household Gross Rent	2012-2016	dollars	1050		816	949			1
2.3	Unemployed Workers in Civilian Labor Force	Apr-18	percent	5		3.7	3.7			20
2.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1652		1243	1491			1
1.93	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	500		376	462			1
1.7	Severe Housing Problems	2010-2014	percent	17.2		16.6	18.8			4
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.4						22
1.65	Total Employment Change	2014-2015	percent	2.5		3.1	2.5			21
1.43	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	28.7		29	27.6			1
1.28	Social and Economic Factors Ranking	2018	ranking	18						4
1.2	People Living 200% Above Poverty Level	2012-2016	percent	68.9		62.3	66.4			1
1.13	Median Housing Unit Value	2012-2016	dollars	283000		157100	184700			1
1.1	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22
1.05	Population 16+ in Civilian Labor Force	2012-2016	percent	67.7		61.5	63.1			1
1	Median Household Income	2012-2016	dollars	54787		48256	55322		Asian, Black or African American, Hispanic or Latino, Other	1
1	Per Capita Income	2012-2016	dollars	29746		26779	29829		Black or African American, Hispanic or Latino, Other	1
0.9	Child Food Insecurity Rate	2016	percent	18.9		20.9	17.9			5
0.9	Female Population 16+ in Civilian Labor Force	2012-2016	percent	65.2		57.4	58.3			1
0.7	Households with Cash Public Assistance Income	2012-2016	percent	1.5		1.9	2.7			1
0.6	People 65+ Living Below Poverty Level	2012-2016	percent	4.2		9.7	9.3		Black or African American	1
0.5	Children Living Below Poverty Level	2012-2016	percent	8.4		23.9	21.2			1

0.5	Families Living Below Poverty Level	2012-2016	percent	5.5		12.4	11			1
0.5	Households with Supplemental Security Income	2012-2016	percent	3.2		5	5.4			1
0.5	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	36.5		49.4	47.3	36.1		1
0.5	Students Eligible for the Free Lunch Program	2015-2016	percent	32.4		52.6	42.6			8
0.45	Food Insecurity Rate	2016	percent	11.3		15.4	12.9			5
0.35	People Living Below Poverty Level	2012-2016	percent	8.2		16.8	15.1	12.5		1
0.3	Young Children Living Below Poverty Level	2012-2016	percent	10.6		27.3	23.6			1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.25	8th Grade Students Proficient in Math	2016-2017	percent	46.7		45.8				13
1.15	8th Grade Students Proficient in Reading	2016-2017	percent	62.2		53.7				13
1.15	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29		29	30.3		Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.1	High School Graduation	2016-2017	percent	94.3	87	86.5		94.6		13
0.95	4th Grade Students Proficient in Math	2016-2017	percent	67		58.6				13
0.95	4th Grade Students Proficient in Reading	2016-2017	percent	68.2		57.7				13
0.85	Student-to-Teacher Ratio	2015-2016	students/ teacher	13.6		15.6	17.7			8
0.8	People 25+ with a High School Degree or Higher	2012-2016	percent	92.5		86.3	87		25-34, Hispanic or Latino, Other	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.4	Liquor Store Density	2015	stores/ 100,000 population	28		5.8	10.5			21
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5						22
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	1.8						22
1.8	Children with Low Access to a Grocery Store	2015	percent	6.1						22

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

1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						22
1.7	Severe Housing Problems	2010-2014	percent	17.2		16.6	18.8			4
1.65	Access to Exercise Opportunities	2018	percent	70.6		76.1	83.1			4
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.4						22
1.6	PBT Released	2016	pounds	4102						23
1.28	Physical Environment Ranking	2018	ranking	3						4
1.25	Farmers Market Density	2016	markets/ 1,000 population	0.06						22
1.2	Households with No Car and Low Access to a Grocery Store	2015	percent	2						22
1.1	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22
1.05	Grocery Store Density	2014	stores/ 1,000 population	0.5						22
0.8	Food Environment Index	2018		7.8		6.4	7.7			4
0.7	Houses Built Prior to 1950	2012-2016	percent	5		9.1	18.2			1
0.68	Drinking Water Violations	FY 2013-14	percent	0		4		5		4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.28	Physical Environment Ranking	2018	ranking	3						4
0.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	11.4		90.9				10
0.6	Asthma: Medicare Population	2015	percent	6.2		8.4	8.2			3

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5						22
1.85	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	1.8						22
1.8	Children with Low Access to a Grocery Store	2015	percent	6.1						22
1.8	Workers who Walk to Work	2012-2016	percent	1.6	3.1	1.8	2.8		60-64; Hispanic or Latino	1
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						22

1.65	Access to Exercise Opportunities	2018	percent	70.6		76.1	83.1			4
1.65	Low-Income and Low Access to a Grocery Store	2015	percent	7.4						22
1.28	Health Behaviors Ranking	2018	ranking	7						4
1.25	Adults 20+ who are Sedentary	2014	percent	24.8	32.6	24.3	23			4
1.25	Farmers Market Density	2016	markets/ 1,000 population	0.06						22
1.2	Households with No Car and Low Access to a Grocery Store	2015	percent	2						22
1.1	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						22
1.05	Grocery Store Density	2014	stores/ 1,000 population	0.5						22
0.9	Child Food Insecurity Rate	2016	percent	18.9		20.9	17.9			5
0.8	Food Environment Index	2018		7.8		6.4	7.7			4
0.45	Food Insecurity Rate	2016	percent	11.3		15.4	12.9			5
0.35	Adults 20+ who are Obese	2014	percent	24.5	30.5	29.6	28			4

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.7	Atrial Fibrillation: Medicare Population	2015	percent	8.5		7.7	8.1			3
1.35	Hypertension: Medicare Population	2015	percent	52.7		58	55			3
1.25	Hyperlipidemia: Medicare Population	2015	percent	42.2		46.3	44.6			3
0.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	157.3		161.3		161.5		17
0.85	Stroke: Medicare Population	2015	percent	3.1		3.9	4			3
0.78	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	30	34.8	43.1	36.9			17
0.5	Heart Failure: Medicare Population	2015	percent	8.5		12.5	13.5			3
0.3	Ischemic Heart Disease: Medicare Population	2015	percent	20.4		24	26.5			3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	44		17.8	14.8	13.5		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.

1.15	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	7.6		16.1		22.2		11
0.95	AIDS Diagnosis Rate	2016	cases/ 100,000 population	0		7				11
0.93	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	25		194.4	145.8			11
0.78	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	1	2	3			11
0.73	Chlamydia Incidence Rate	2016	cases/ 100,000 population	191.9		572.4	497.3			11
0.7	Syphilis Incidence Rate	2016	cases/ 100,000 population	0		10.8	8.7			9
0.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0.5	3.3	2.2	2			17

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.83	Babies with Very Low Birth Weight	2012-2016	percent	1.7	1.4	1.7	1.4			16
1.18	Preterm Births	2016	percent	9.4	9.4	10.4	9.8			16
1.05	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	16.6	36.2	15.7				17
0.78	Babies with Low Birth Weight	2012-2016	percent	6.2	7.8	9	8.1			16

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.4	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.8	21.6	20.1			7
1.25	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	113.4		125	114.8			7
1	Life Expectancy for Males	2014	years	77.2		75.4	76.7	79.5		6

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	20.2	10.2	12.9	13	8.3		17
1.9	Mental Health Provider Rate	2017	providers/ 100,000 population	155.7		215.5	214.3			4
1.2	Poor Mental Health: Average Number of Days	2016	days	3.7		3.9	3.8	2.8		4
0.9	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	6.1		9.8	9.9			3

0.9	Frequent Mental Distress	2016	percent	11.3		12.3	15			4
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.8		31.9	26.6			17
0.7	Depression: Medicare Population	2015	percent	12.4		17.5	16.7			3

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	20.2	10.2	12.9	13	8.3		17
2.5	Age-Adjusted Death Rate due to Unintentional Poisonings	2012-2014	deaths/ 100,000 population	19.4		12	12.3	9.9		2
2.4	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.8	21.8	21.6	20.1			7
2.1	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	19.7		16.2	16.9			4
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	44		17.8	14.8	13.5		17
1.7	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.9	20.7	21.6	21.2			7
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.1		10.8	10.9			7
1.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	35.1	36.4	31.9	41.4			17
1.28	Mortality Ranking	2018	ranking	14						4
1.2	Premature Death	2014-2016	years/ 100,000 population	6723.1		7281.1	6658.1			4
0.9	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	159.8	161.4	172	166.1			7
0.9	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.5	45.5	50.7	44.7			7
0.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	157.3		161.3		161.5		17
0.78	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	30	34.8	43.1	36.9			17
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.5		14.1				17
0.75	Alcohol-Impaired Driving Deaths	2012-2016	percent	10.5		31.4	29.3	4.7		4
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.8		31.9	26.6			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.

0.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	7.9		23	21.1			17
0.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0.5	3.3	2.2	2			17
0.43	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	1.8	5.5	6.2	5.5	6.7		17
0.2	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	10.6	14.5	14.1	14.8	10.1		7

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Cancer: Medicare Population	2015	percent	8.5		7.7	7.8			3
1.95	Diabetic Monitoring: Medicare Population	2014	percent	84.5		88.8	85.2			19
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	5						22
1.7	Atrial Fibrillation: Medicare Population	2015	percent	8.5		7.7	8.1			3
1.35	Hypertension: Medicare Population	2015	percent	52.7		58	55			3
1.25	Hyperlipidemia: Medicare Population	2015	percent	42.2		46.3	44.6			3
1.1	Mammography Screening: Medicare Population	2014	percent	67.2		67.9	63.1			19
1.1	People 65+ Living Alone	2012-2016	percent	26.2		26.8	26.4			1
1	Osteoporosis: Medicare Population	2015	percent	4.5		5.4	6			3
0.9	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	6.1		9.8	9.9			3
0.85	Stroke: Medicare Population	2015	percent	3.1		3.9	4			3
0.8	COPD: Medicare Population	2015	percent	10.1		11.9	11.2			3
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.8		31.9	26.6			17
0.7	Depression: Medicare Population	2015	percent	12.4		17.5	16.7			3
0.7	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	25.4		29.1	30			3
0.6	Asthma: Medicare Population	2015	percent	6.2		8.4	8.2			3
0.6	Chronic Kidney Disease: Medicare Population	2015	percent	11		19	18.1			3
0.6	People 65+ Living Below Poverty Level	2012-2016	percent	4.2		9.7	9.3		Black or African American	1
0.5	Heart Failure: Medicare Population	2015	percent	8.5		12.5	13.5			3
0.3	Diabetes: Medicare Population	2015	percent	21.8		28.4	26.5			3

0.3	Ischemic Heart Disease: Medicare Population	2015	percent	20.4		24	26.5			3

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1	Osteoporosis: Medicare Population	2015	percent	4.5		5.4	6			3
0.7	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	25.4		29.1	30			3
0.6	Chronic Kidney Disease: Medicare Population	2015	percent	11		19	18.1			3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.5	Age-Adjusted Death Rate due to Unintentional Poisonings	2012-2014	deaths/ 100,000 population	19.4		12	12.3	9.9		2
2.1	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	19.7		16.2	16.9			4
1.7	Severe Housing Problems	2010-2014	percent	17.2		16.6	18.8			4
1.6	Domestic Violence Deaths	2016	number	2						14
1.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	35.1	36.4	31.9	41.4			17
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.5		14.1				17

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Property Crime Rate	2016	crimes/ 100,000 population	3863.8		2779.7				12
1.6	Domestic Violence Deaths	2016	number	2						14
0.88	Violent Crime Rate	2016	crimes/ 100,000 population	222.2		374.9	386.3			12
0.75	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	11.5		14.1				17
0.75	Alcohol-Impaired Driving Deaths	2012-2016	percent	10.5		31.4	29.3	4.7		4
0.43	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	1.8	5.5	6.2	5.5	6.7		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.

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	44		17.8	14.8	13.5		17
1.65	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	68.7		70	61.2			7
0.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	11.4		90.9				10
0.9	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.5	45.5	50.7	44.7			7
0.8	COPD: Medicare Population	2015	percent	10.1		11.9	11.2			3
0.78	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	1	2	3			11
0.6	Asthma: Medicare Population	2015	percent	6.2		8.4	8.2			3

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.7	Homeownership	2012-2016	percent	29.6		55.5	55.9			1
2.48	Median Household Gross Rent	2012-2016	dollars	1050		816	949			1
2.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1652		1243	1491			1
1.93	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	500		376	462			1
1.75	Voter Turnout: Presidential Election	2016	percent	66.1		67.7				15
1.65	Total Employment Change	2014-2015	percent	2.5		3.1	2.5			21
1.48	Persons with Health Insurance	2016	percent	87.1	100	87.8		92		18
1.28	Social and Economic Factors Ranking	2018	ranking	18						4
1.2	Linguistic Isolation	2012-2016	percent	2		2.5	4.5			1
1.15	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29		29	30.3		Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.13	Median Housing Unit Value	2012-2016	dollars	283000		157100	184700			1
1.1	People 65+ Living Alone	2012-2016	percent	26.2		26.8	26.4			1
1.05	Population 16+ in Civilian Labor Force	2012-2016	percent	67.7		61.5	63.1			1
1	Median Household Income	2012-2016	dollars	54787		48256	55322		Asian, Black or African American, Hispanic or Latino, Other	1

1	Per Capita Income	2012-2016	dollars	29746		26779	29829		Black or African American, Hispanic or Latino, Other	1
0.9	Female Population 16+ in Civilian Labor Force	2012-2016	percent	65.2		57.4	58.3			1
0.8	People 25+ with a High School Degree or Higher	2012-2016	percent	92.5		86.3	87		25-34, Hispanic or Latino, Other	1
0.8	Single-Parent Households	2012-2016	percent	30.4		35.7	33.6			1
0.8	Social Associations	2015	membership associations/ 10,000 population	14.9		11.5	9.3			4
0.7	Mean Travel Time to Work	2012-2016	minutes	19.4		24.1	26.1			1
0.5	Children Living Below Poverty Level	2012-2016	percent	8.4		23.9	21.2			1
0.35	People Living Below Poverty Level	2012-2016	percent	8.2		16.8	15.1	12.5		1
0.3	Young Children Living Below Poverty Level	2012-2016	percent	10.6		27.3	23.6			1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.4	Liquor Store Density	2015	stores/ 100,000 population	28		5.8	10.5			21
2.1	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	19.7		16.2	16.9			4
1.8	Adults who Drink Excessively	2016	percent	18.2	25.4	16.7	18			4
1.35	Adults who Smoke	2016	percent	16.5	12	17.9	17	13		4
1.28	Health Behaviors Ranking	2018	ranking	7						4
0.75	Alcohol-Impaired Driving Deaths	2012-2016	percent	10.5		31.4	29.3	4.7		4

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Workers Commuting by Public Transportation	2012-2016	percent	0	5.5	1.1	5.1			1
1.8	Workers who Walk to Work	2012-2016	percent	1.6	3.1	1.8	2.8		60-64; Hispanic or Latino	1
1.2	Households with No Car and Low Access to a Grocery Store	2015	percent	2						22
1.1	Workers who Drive Alone to Work	2012-2016	percent	79.8		81.1	76.4			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.

0.7	Mean Travel Time to Work	2012-2016	minutes	19.4		24.1	26.1			1
0.5	Households without a Vehicle	2012-2016	percent	3.4		6.3	9			1
0.5	Solo Drivers with a Long Commute	2012-2016	percent	18.9		31.3	34.7			4

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.28	Morbidity Ranking	2018	ranking	1						4
1.05	Life Expectancy for Females	2014	years	81.4		80.2	81.5	79.5		6
1	Life Expectancy for Males	2014	years	77.2		75.4	76.7	79.5		6
0.9	Self-Reported General Health Assessment: Poor or Fair	2016	percent	14		17.6	16	9.9		4
0.75	Frequent Physical Distress	2016	percent	10.2		11.3	15			4
0.75	Poor Physical Health: Average Number of Days	2016	days	3.3		3.6	3.7			4
0.6	Insufficient Sleep	2016	percent	28.6		33.8	38			4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	DARE COUNTY	HP2020	NORTH CAROLINA	U.S.	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.4	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	13.5		10.9	11.4			7
1.7	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	21.9	20.7	21.6	21.2			7
1.6	Domestic Violence Deaths	2016	number	2						14
1.1	Mammography Screening: Medicare Population	2014	percent	67.2		67.9	63.1			19
1.05	Life Expectancy for Females	2014	years	81.4		80.2	81.5	79.5		6
0.6	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	116.3		129.4	123.5			7

Sources

Table 37 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 37. Indicator Sources and Corresponding Number Keys

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

Appendix C. Primary Data

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

- English Survey
- Spanish Survey
- Focus Group Questions

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

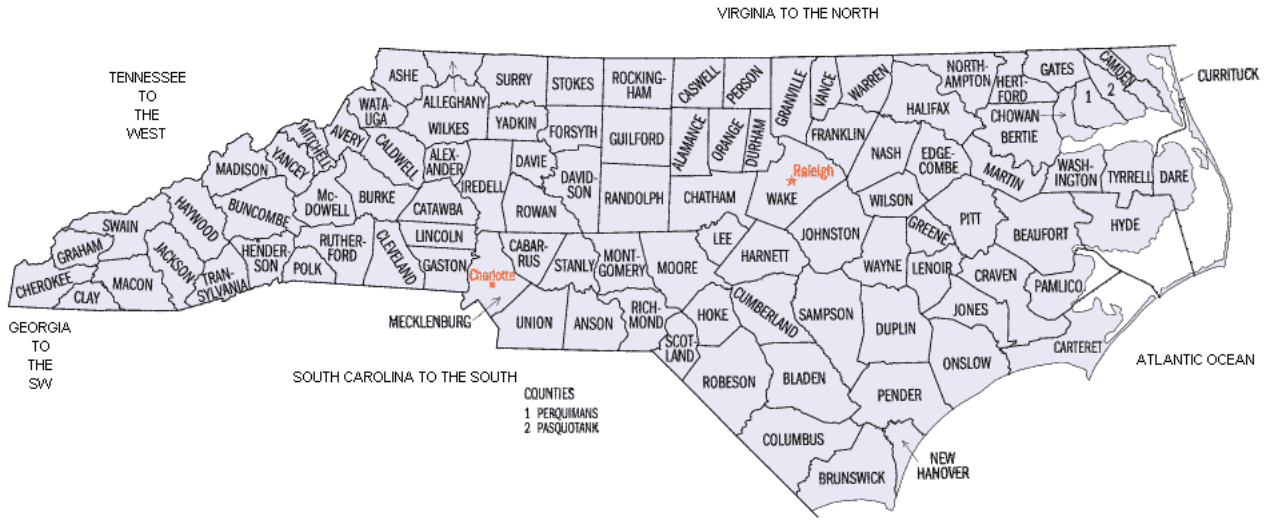
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

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

North Carolina County Map



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

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

PART 2: Community Improvement

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

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

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

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

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

PART 3: Health Information

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

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

- ☐ Dental hygiene
- ☐ Nutrition
- ☐ Eating disorders
- ☐ Fitness/Exercise
- ☐ Asthma management
- ☐ Diabetes management
- ☐ Tobacco
- ☐ STDs (Sexually Transmitted Diseases)
- ☐ Sexual intercourse
- ☐ Alcohol
- ☐ Drug abuse
- ☐ Reckless driving/speeding
- ☐ Mental health issues
- ☐ Suicide prevention
- ☐ Other (please specify)

PART 4: Personal Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Don't know / not sure

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

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

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

☐ Don't know / not sure

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

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

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

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

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

☐ Don't know / not sure

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

☐ Yes

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

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

☐ Yes

☐ No

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

☐ Yes

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

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

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

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

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

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

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

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

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

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

- ☐ Yes
- ☐ No ***(if No, skip to question #30)***
- ☐ Don't know/not sure ***(if Don't know/not sure, skip to question #30)***

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

- ☐ Home
- ☐ Workplace
- ☐ Hospitals

- [ ] Restaurants
- [ ] School
- [ ] I am not exposed to secondhand smoke.
- [ ] Other (please specify)

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

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

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

- [ ] Quit Line NC
- [ ] Doctor
- [ ] Pharmacy
- [ ] Private counselor/therapist
- [ ] Other (please specify)
- [ ] Health Department
- [ ] I don't know
- [ ] Not applicable; I don't want to quit

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

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

Part 5: Access to Care/Family Health

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

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

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

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

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

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

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

- ☐ Dentist
- ☐ General practitioner
- ☐ Eye care/ optometrist/ ophthalmologist
- ☐ Pharmacy/ prescriptions
- ☐ Other (please specify)
- ☐ Pediatrician
- ☐ OB/GYN
- ☐ Health department
- ☐ Hospital
- ☐ Urgent Care Center
- ☐ Medical Clinic
- ☐ Specialist

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

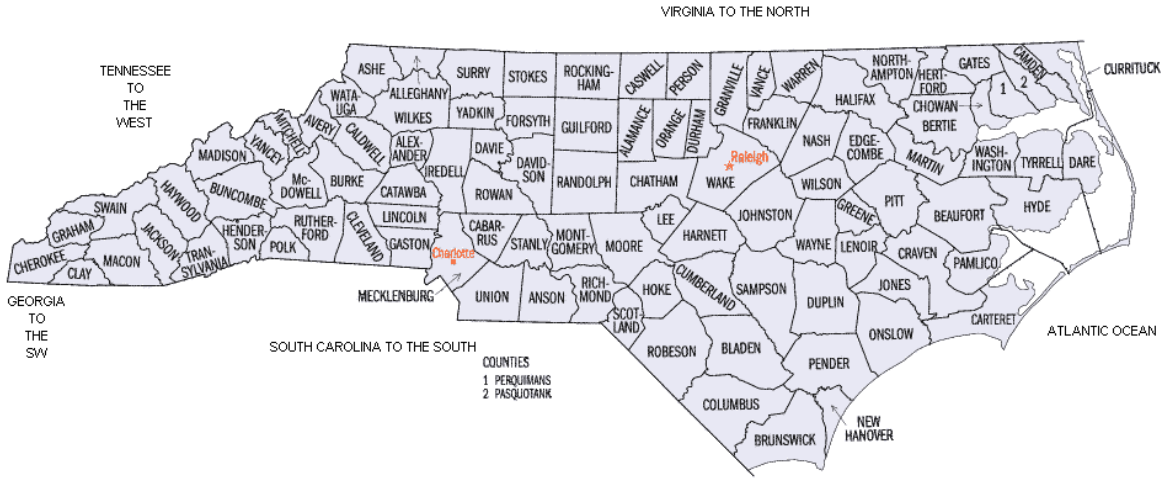
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist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

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

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

☐ Other (please specify)

North Carolina County Map



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

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

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

- ☐ Private counselor or therapist
- ☐ Support group (e.g., AA. Al-Anon)
- ☐ School counselor
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Doctor
- ☐ Pastor/Minister/Clergy

Part 6: Emergency Preparedness

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

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

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

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

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

☐

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

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Telephone (landline)
- ☐ Cell Phone
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Family
- ☐ Text message (emergency alert system)

☐ Don't know/not sure

☐ Other (please specify)

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

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

☐ No

☐ Don't know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

- [ ] Widowed
- [ ] Separated
- [ ] Other (please specify)

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

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

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

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

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

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

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student
- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1 year

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

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

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

Thank you for your time and participation!

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

Spanish Survey

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

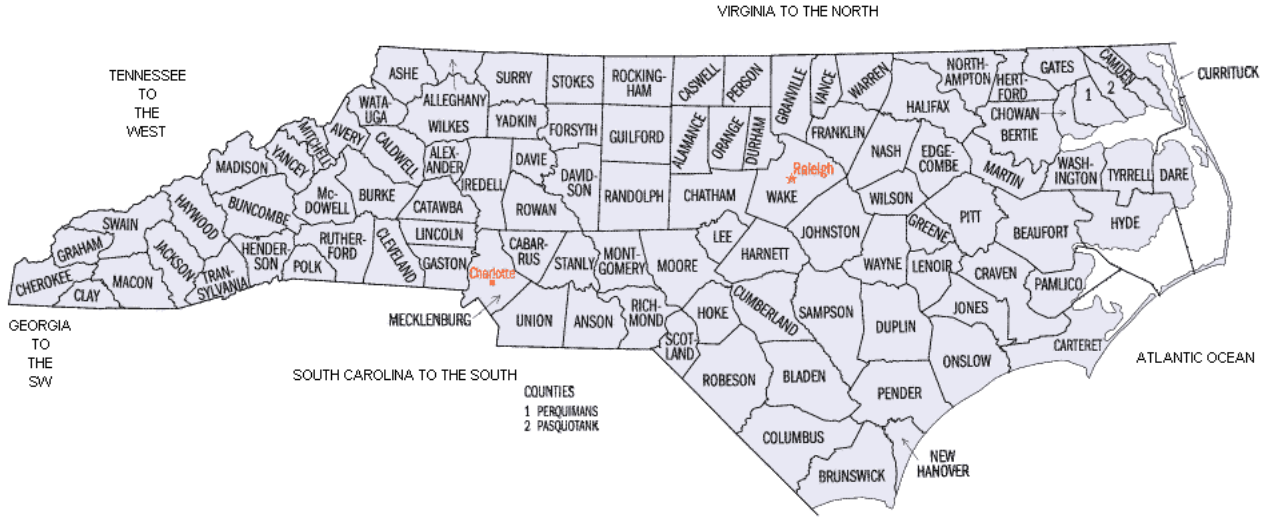
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

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

Mapa del condado de Carolina del Norte



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

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

PARTE 2: Mejora de la comunidad

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

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

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

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

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

PARTE 3: Información de salud

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

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

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

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

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

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

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

- ☐ Sí
- ☐ No

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

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

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

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

PARTE 4: Salud personal

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ No sé / no estoy seguro

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

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

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

☐ No sé / no estoy seguro

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

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

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

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

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

☐ No sé / no estoy seguro

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

☐ Sí

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

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

☐ Sí

☐ No

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

☐ Sí

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

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

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

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

☐ YMCA

☐ Parque

☐ Centro de Recreación Pública

☐ Gimnasio privado

☐ Otros (especificar)

☐ Sitio de trabajo / Empleador

☐ Terrenos escolares / instalaciones

☐ Casa

☐ Iglesia

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

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

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

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

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

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

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

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

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

- ☐ Casa
- ☐ Lugar de trabajo
- ☐ Hospitales
- ☐ Restaurantes
- ☐ Colegio
- ☐ No estoy expuesto al humo de segunda mano.
- ☐ Otros (especificar)

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

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

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

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

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

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist
- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

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

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

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

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

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

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

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

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

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

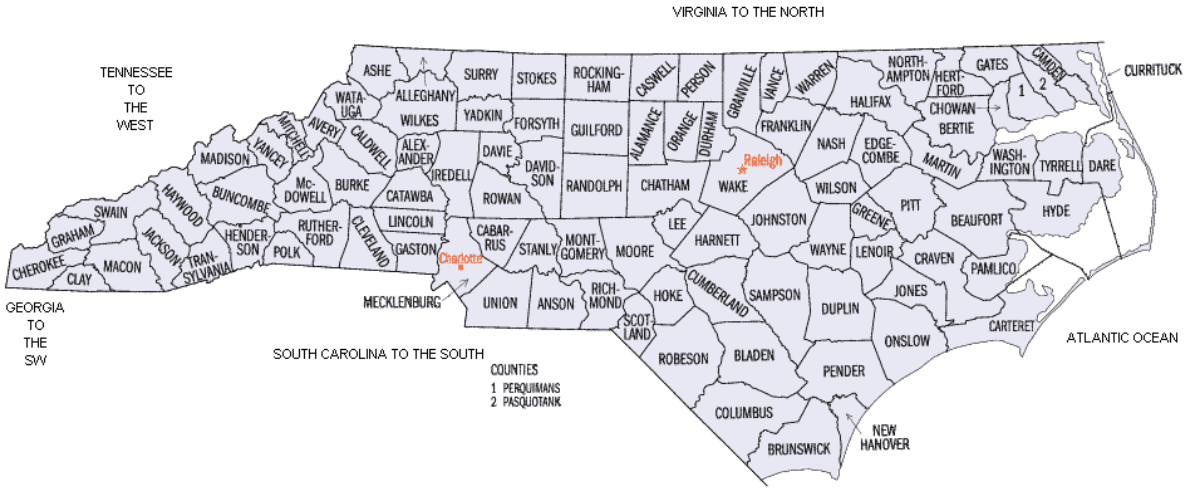
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba
- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el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

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

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

☐ Otros (especificar)

Mapa del condado de Carolina del Nort



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

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

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

- ☐ Consejero o terapeuta privado
- ☐ Grupo de apoyo
- ☐ Consejero de la escuela
- ☐ Otros (especificar)
- ☐ No sé
- ☐ Doctor
- ☐ Pastor o funcionario religioso

PARTE 6: Preparación para emergencias

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

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

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

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

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

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

- ☐ Televisión
- ☐ Radio
- ☐ Internet
- ☐ Línea de teléfono en casa
- ☐ Teléfono celular
- ☐ Medios impresos (periódico)
- ☐ Otros (especificar)
- ☐ Sitio de red social
- ☐ Vecinos
- ☐ Familia
- ☐ Mensaje de texto (sistema de alerta de emergencia)
- ☐ No sé / no estoy seguro

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

- ☐ Sí ***(Si su respuesta es Sí, salte a la pregunta numero 46)***
- ☐ No
- ☐ No sé / no estoy seguro

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

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

PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? *(Elija solo uno)*

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

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

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

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

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

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

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

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

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

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

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo
- ☐ Separado
- ☐ Otros (especificar)

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

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

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

- ☐ Menos de $10,000
- ☐ $10,000 a $14,999
- ☐ $15,000 a $24,999
- ☐ $25,000 a $34,999
- ☐ $35,000 a $49,999
- ☐ $50,000 a $74,999
- ☐ $75,000 a $99,999
- ☐ $100,000 o más

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

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

- ☐ Empleado de tiempo completo
- ☐ Empleado a tiempo parcial
- ☐ Retirado
- ☐ Fuerzas Armadas
- ☐ Discapacitado
- ☐ Estudiante
- ☐ Ama de casa
- ☐ Trabajadores por cuenta propia
- ☐ Desempleado 1 año o menos
- ☐ Desempleado por más de 1 año

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

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

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

¡Gracias por su tiempo y participación!

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

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

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

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

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

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

Additional Questions

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

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

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

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

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

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

Key Themes

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

1.

2.

3.

Appendix D. Tools for Prioritization of Watch List

Worksheets were created in Google Forms, to collect and analyze data for the prioritization process. Two separate forms were created, one for residents and another for HCOB Partnership Members. These forms are found on this appendix

Prioritization Worksheet for Community Members

2018 Community Health Needs Assessment Prioritization Process for Residents

The Healthy Carolinians of the Outer Banks wants your input AGAIN on the 2018 Community Heath Needs Assessment.

Community members have participated in surveys and focus groups to provide their feedback on a variety of important health issues and topics.

After confirming you are a resident of Dare County, you will be able to rank a watch list. This list was created based on feedback from the aforementioned strategies along with reviewing data specific to Dare County from State and National sources.

* Required

1. **What zip code do you live in?** *
   Mark only one oval.
   - ◯ 27915
   - ◯ 27920
   - ◯ 27936
   - ◯ 27943
   - ◯ 27948
   - ◯ 27949
   - ◯ 27953
   - ◯ 27954
   - ◯ 27959
   - ◯ 27968
   - ◯ 27972
   - ◯ 27978
   - ◯ 27981
   - ◯ 27982
   - ◯ I do not live in any of these zipcodes. *Skip to "Oh No!."*

Ranking of Health Priorities

The next two questions ask you to Rank Health Priorities. Please rank from 1-10 with 1 being most concerned and 10 being least concerned. You may ONLY select each number one time. For example, prevention and substance abuse cannot both be number one.

2. **Please rank how AWARE you feel you about the following health priorities identified..** *
Mark only one oval per row.

	1	2	3	4	5	6	7	8	9	10
Prevention & Safety										
Substance Abuse										
Mental Health										
Built Environment										
Access to Health Services										
Cancer										
Older Adults										
Economy										
Transportation										
Healthcare Navigation & Literacy										

Definitions of Health Priorities

For purposes of ranking, we have provided definitions of items that may not be clear. Please see below:

Built Environment means all of the physical parts of where we live examples can include homes, buildings, streets, open spaces, and infrastructure.

Healthcare Navigation means removing obstacles patients face in accessing or receiving treatment.

Healthcare Literacy means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

3. **Please rank how CONCERNED you are with the following health priorities identified..** *
Mark only one oval per row.

	1	2	3	4	5	6	7	8	9	10
Prevention & Safety										
Substance Abuse										
Mental Health										
Built Environment										
Access to Health Services										
Cancer										
Older Adults										
Economy										
Transportation										
Healthcare Navigation & Literacy										

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Skip to "Thank you for your help!"

Oh No!

Looks like you do not live in Dare County. This survey is only open to individuals who live in Dare County! If this was an accident, close the survey out and try again.

Stop filling out this form.

Thank you for your help!

The Healthy Carolinians of the Outer Banks will be using this information in their March meeting to help determine main health priorities for Dare County and create a Community Health Improvement Plan.

For questions about the Community Health Needs Assessment or Community Health Improvement Plans, please contact Kelly Nettnin at 252.475.5036 or kelly.nettnin@darenc.com.

Powered by
Google Forms

HCOB Partnership Members- 2018 CHNA Prioritization Worksheet

* Required

HCOB Membership Confirmation

1. **Member Name:** *

2. **Member's Organization/Group:** *

3. **Email:** *

Magnitude of the Problem

Please rank the MAGNITUDE of the problem from 1-10 with 1 being the problem with the largest magnitude and 10 being the problem with the least magnitude. You may ONLY select each number one time. For example, prevention and substance abuse cannot both be number one.

MAGNITUDE of the problem for purposes of this ranking means the proportion of the population affected of vulnerable to the problem.

4. **MAGNITUDE of the Problem** *

Mark only one oval per row.

	1	2	3	4	5	6	7	8	9	10
Prevention & Safety										
Substance Abuse										
Mental Health										
Built Environment										
Access to Health Services										
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Economy										
Transportation										
Healthcare Navigation & Literacy										

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Feasibility of Correcting the Problem

Please rank the FEASIBILITY of correcting the problem from 1-10 with 1 being the problem with the highest feasibility of correcting and 10 being the problem with the least feasibility of correcting. You may ONLY select each number one time. For example, prevention and substance abuse cannot both be number one.

FEASIBILITY of correcting the problem for purposes of this ranking means that interventions exist that are proven and correcting the issue is achievable from a practical, economic and political viewpoint.

5. **FEASIBILITY of Correcting the Problem** *

Mark only one oval per row.

	1	2	3	4	5	6	7	8	9	10
Prevention & Safety										
Substance Abuse										
Mental Health										
Built Environment										
Access to Health Services										
Cancer										
Older Adults										
Economy										
Transportation										
Healthcare Navigation & Literacy										

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Severity of the Problem

Please rank the SEVERITY of the problem from 1-10 with 1 being the problem with that is most severe and 10 being the problem that is least severe. You may ONLY select each number one time. For example, prevention and substance abuse cannot both be number one.

SEVERITY of the problem for purposes of this ranking means the seriousness of consequences, impact on mortality, morbidity, disability and quality of life.

6. **SEVERITY of the Problem** *

Mark only one oval per row.

	1	2	3	4	5	6	7	8	9	10
Prevention & Safety										
Substance Abuse										
Mental Health										
Built Environment										
Access to Health Services										
Cancer										
Older Adults										
Economy										
Transportation										
Healthcare Navigation & Literacy										

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ALL ABOARD A Healthy COMMUNITY!

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252.475.5036

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HEALTHY CAROLINIANS HCOB OF THE OUTER BANKS

COUNTY OF DARE 1870 NORTH CAROLINA

VIDANT HEALTH™

THE OUTER BANKS HOSPITAL

07.29.2019