

2015

Vidant Beaufort Hospital's Community Health Needs Assessment for Beaufort County



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Acknowledgements

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Purpose

This document serves as Vidant Beaufort Hospital's Community Health Needs Assessment for Beaufort County for 2015.

The Affordable Care Act requires hospitals with a 501(c)(3) to conduct a community health needs assessment (CHA) and adopt an implementation strategy at least once every three years. These CHA requirements are effective for tax years beginning after March 23, 2012. Furthermore, local health departments within North Carolina are required to conduct a similar assessment every four years. In turn, Vidant Beaufort Hospital and the Beaufort County Health Department partnered with one another and East Carolina University to complete the required community health assessment.

The purpose of this community health assessment is to examine the health status of the community to ascertain priority areas of focus for the next three to four years. The health needs assessment process is thorough, inclusive and transparent. It is a collaborative effort between key stakeholder groups, members of the community, Vidant Beaufort Hospital, the Beaufort County Health Department, and East Carolina University. Action plans that address the key health issues for the community will be developed following the assessment.

Team Composition

Representatives from the Beaufort County Health Department, Vidant Beaufort Hospital and ECU cooperatively were responsible for conducting the community health assessment. To ensure input from persons with a broad knowledge of the community, personal invitations were sent to organizations representing the county in sectors such as mental health, children's health, and senior health services. Additionally, individuals from agencies representing the uninsured and underinsured were invited to participate. Those who committed to the assessment and planning process became the stakeholder group and attended meetings beginning in July 2014. Finally, partners from Vidant Beaufort Hospital, the Beaufort County Health Department, and East Carolina University formed a separate leadership team, which worked collectively to identify the types and sources of data to be collected and along with the stakeholder group, helped prioritize the community health concerns.

Process Overview

The community health assessment has several requirements. One requirement is the collection of primary data from community members. Beaufort County elected to elicit feedback from key stakeholder groups, conduct focus groups throughout the county, and circulate a health opinion survey. The health opinion survey was adapted from the Community Health Assessment Guidebook provided by the NC Division of Public Health (see Appendix A). A final component of the assessment process was the collection of secondary data. In turn, a four-part model was created to assess the social and health indicators in Beaufort County (see Figure 1). The health department contracted with the Center for Survey Research, housed in East Carolina University's Office of Innovation and Economic Development to help facilitate and conduct portions of the community health assessment.

Figure 1. CHA Model



The stakeholder group of more than 14 members met throughout this process to provide feedback. Five focus groups were held in specific geographic locations to discover community members' perception of health concerns and suggestions for improving health within the community. There were a total of 55 focus group participants. The survey was available online and in paper format in both English and Spanish. A total of 1,042 surveys were completed.

A review of secondary data was conducted by examining county level health data primarily compiled by sources such as the NC State Center for Health Statistics (NCSCHS). Examples of such data included leading causes of mortality, health care resource availability, and prevalence data from the Behavioral Risk Factor Surveillance Survey (BRFSS). Factors such as demographics, educational attainment, economic vitality and environmental issues within a community also influence health. These various sources of data were reviewed to determine the potential for impact on health status within the county. Moreover, a review of data across several years was conducted to determine trends in health status for Beaufort County.

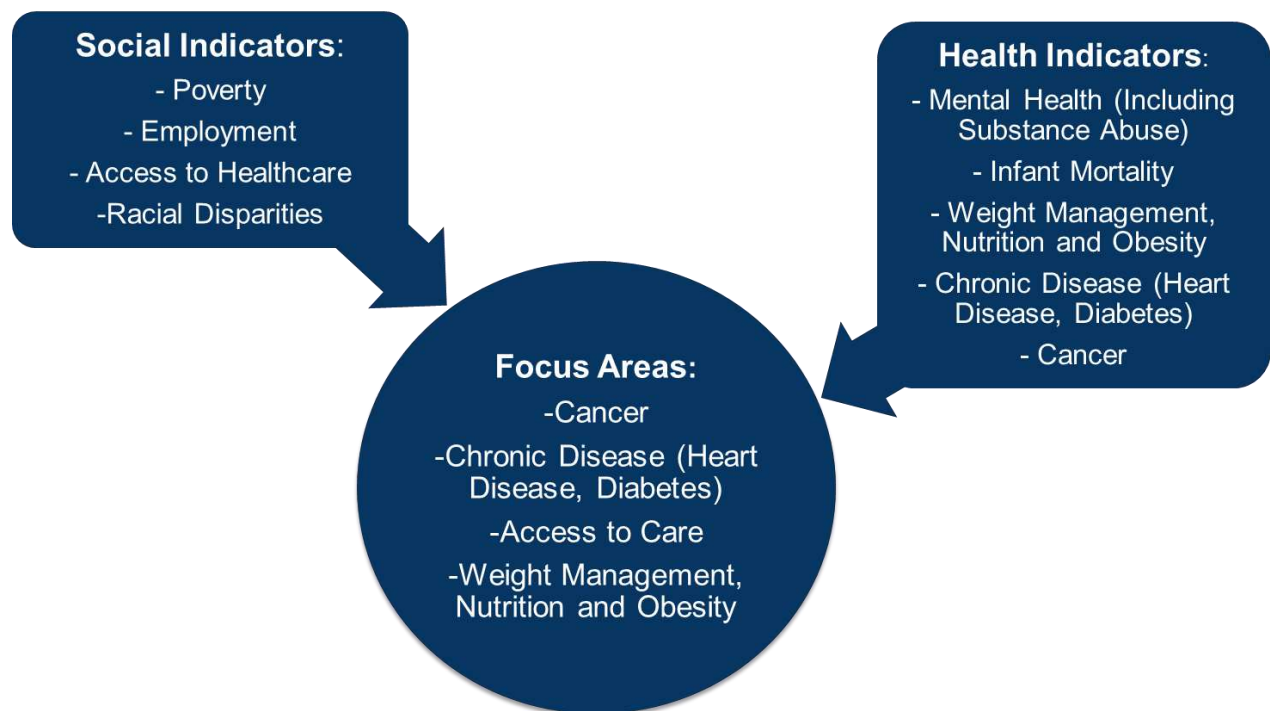
Social and health focus areas were selected based on the convergence of stakeholder input, focus group and survey results as well as secondary data sources. Members of the stakeholder group received a presentation of the data during their February 2015 meeting. During the meeting, ECU's team led a prioritization and feasibility exercise to help prioritize the focus areas.

Outcomes

The community health assessment identified nine focus areas for 2015-2018 (see Figure 2). Although this was a community health assessment, social indicators were selected that both directly and indirectly influence community health. Thus, it is appropriate to acknowledge both social and health indicators. However, it was determined that while the social indicators were very important, it would be more feasible to narrow the focus areas into specific priorities for the action plan. Thus, for the action plan, the focus areas were narrowed to four and are listed below.

- Cancer
- Chronic Disease (Heart Disease, Diabetes)
- Access to Care (Including Mental Health)
- Weight Management, Nutrition and Obesity

Figure 2. Original Focus Areas



Overview of Primary Data Sources

This assessment includes data collected from three primary sources: 1) meetings with stakeholders, 2) focus groups with community members, and 3) a community survey. These methods served as the “primary” data sources for the health assessment because each was collected specifically for the purpose of the assessment and includes the opinions of community members who participated in the process. Primary data is used to make comparisons with secondary data and provide contextual information, in order to help identify focus areas. As these data may be limited in various ways, such as a brief data collection period, it only aims to portray a snapshot of community perceptions during the specific assessment period.

Stakeholders

The community health assessment process was initiated by Vidant Beaufort Hospital and the Beaufort County Health Department. Personal invitations were sent to a variety of individuals affiliated with county organizations including mental health, children’s health, senior health services, and agencies representing the uninsured and underinsured. Those who committed to the assessment and planning process became the stakeholder group and attended a total of three meetings between July 2014 and February 2015. The first meeting was used to introduce the community health assessment process and elicit initial feedback from the group. The next meeting focused on an update of the assessment progress and preliminary results. The final meeting included a presentation of the results as well as a prioritization and feasibility exercise to determine focus areas.

Focus Groups

Focus groups (N = 55) with community members were conducted to solicit feedback regarding the health needs in the community. Focus group sessions were held at five different locations across the County. There were more women (60.0 percent) than men who participated in the focus groups. At least two team members conducted each one-hour session by asking a series of nine questions (see Appendix B). Finally, results were transcribed and analyzed for themes.

Table 1. Focus Group Summary Table

Location	Date	Attendance
Beaufort County Health Department	09/30/14	4 females, 4 males
Chocowinity Fire Department	09/30/14	5 females, 8 males
Bath Community Library	10/16/14	7 females, 4 males
Belhaven Public Library	10/21/14	8 females, 2 males
Aurora Fire Department*	11/04/14	9 females, 4 males

*Two participants not included in demographics because they were residents of Pamlico County. Their comments were included because they work very long hours in Beaufort County.

Community Survey

A 56-item survey was created and distributed throughout the County from August-October 2014. The survey was made available online, as well as in paper format to capture the opinions of community members without Internet access. The purpose of the survey was to gain insight on community member opinions, as well as provide data to compliment and reinforce secondary data. Specifically, the survey targeted community members' opinions on various health-related topics. The survey took approximately 30 minutes to complete and consisted of fixed- and open-answer question types. A total of 1,042 community members completed the survey.

Completion of the survey data collection process was a collaborative effort of many human service agencies in Beaufort County. This method was used to solicit input from all areas within the County as well as targeted populations.

The majority of survey participants lived in Washington (57.1 percent) and Chocowinity (14.2 percent). Most survey respondents were women (78.4 percent), had access to the Internet (88.2 percent) and married (62.0 percent). Regarding racial distribution, there were more White participants than African American participants (72.3 and 22.9 percent, respectively). A small portion of participants (2.7 percent) identified as Hispanic or Latino. The largest portion of participants were between 45 and 54 years of age (20.1 percent) followed by those between 65 and 74 years of age (17.5 percent) then 35 and 44 years of age (17.0 percent). A very small portion between the ages of 20 and 24 years completed the survey (1.7 percent). Finally, over eight percent of participants did not speak English as their primary language.

Regarding participants' educational attainment, the most academically successful participants had a Graduate or Professional degree (21.2 percent). Moreover, the largest portion of participants had a Bachelor's degree (24.6 percent). Household income was approximately evenly distributed. The largest portion of participants had an annual household income between 50,000 and 74,999 dollars (21.4 percent). Finally, over half of participants (58.6 percent) were employed full-time.

In order to reduce sampling bias, population calibration or "data weighting" was conducted to compensate for discrepancies between the population of survey respondents and the demographic profile of the County. Weighting procedures were conducted on demographic variables age and sex. The weighting process grants underrepresented survey participants an equal "voice" as those who are overrepresented. All survey data included in the following sections of the assessment reflect weighted survey data based on the demographics of Beaufort County.

County Overview: Home of North Carolina's Oldest Town

Beaufort County has a rich historical past with each town boasting its own bit of history. The settlement of Washington was laid out in 1775 by Colonel James Bonner. Washington was named after the first president of the United States, General George Washington. This is the reason that Washington is known as the "Original Washington." Washington bears the scars of the Civil War in a downtown home that still holds a cannonball shot by a Confederate ship. Despite war and two fires that destroyed much of the town, Washington has persevered and thrived to become what we know and love today. Washington is now home to much of the industry, recreation and population that is located in Beaufort County.

Beaufort County has the privilege of being home to North Carolina's oldest town, Bath. Officially founded in 1705, Bath was the first port of entry into N.C. In its early years the streets and docks of Bath were buzzing with everyone from Royal Governors to Pirates. Edward Teach better known as Blackbeard was said to have married a local and settled for a while in Bath. Today Bath is home to several historic sites such as the Palmer-Marsh House, and the Bonner House.

Aurora, founded in 1880 is the youngest town in Beaufort County. Aurora is most known for its geological history. Numerous items that can attest to this can be seen at the Aurora Fossil Museum. In fact, everything from the jaw of a Giant Mega-toothed shark to the skull of a whale and walrus can be seen here. Aurora is also home to one of the largest phosphate mines in the world, PotashCorp Aurora. PotashCorp Aurora also serves as one of the largest employers in Beaufort County.

Belhaven was once known as a busy industrial town that was home to several lumber companies and a branch of the Norfolk Southern Railroad. The vice-president of Norfolk Southern even made his home in Belhaven, River Forest Manor. The house is still standing today and serves as an inn, restaurant and marina. Eighteen shipwrecks have been identified by the North Carolina State Historic Preservation office at the Belhaven waterfront.

Beaufort County is now home to more than 47,000 residents. No matter what part of Beaufort County that you're in, you are sure to see a beautiful setting that blends the old with the new. The past, the present, and the future all work together to create the place that so many love and enjoy.

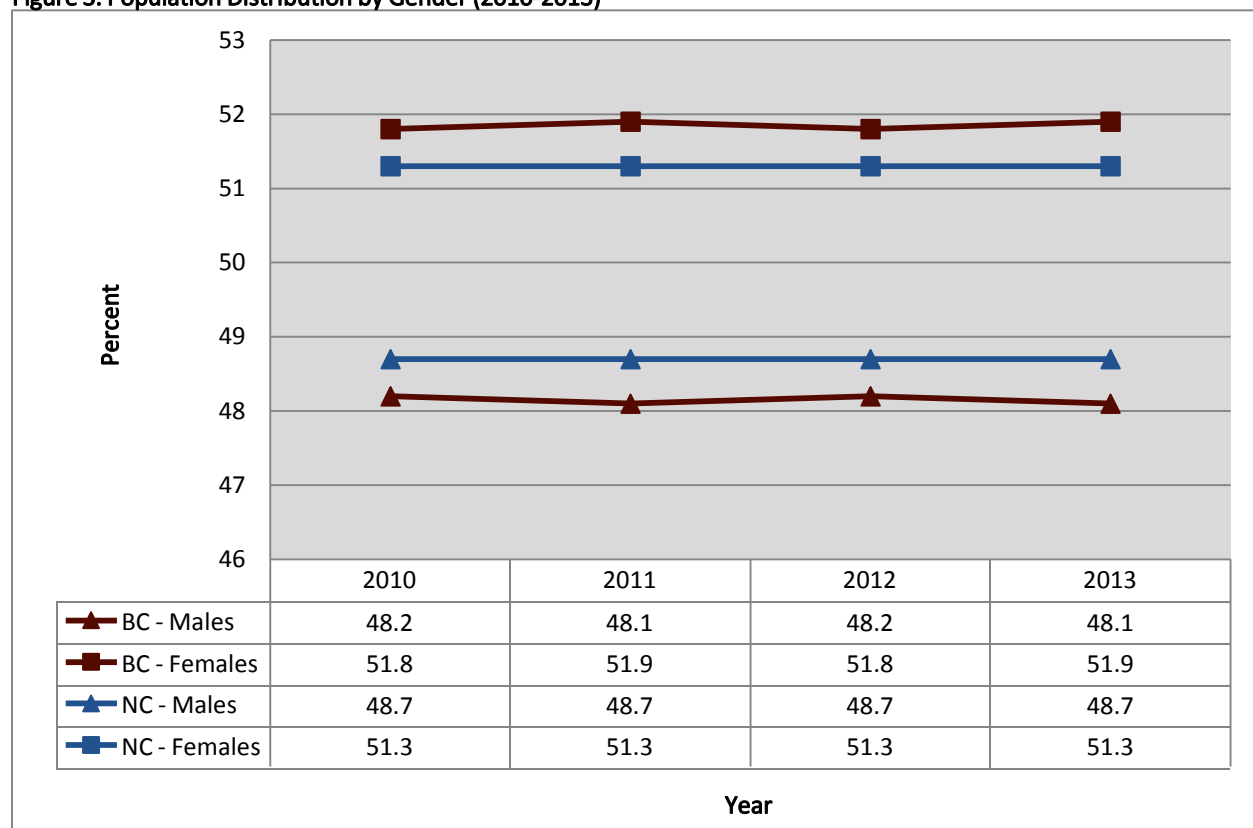
Demographic Data

The following data represents the demographic profile of Beaufort County. Demographic data such as population growth, current population age, and birth rate are important to understand due to their influence on the current and future needs of the County. In order to facilitate comparison and provide perspective for the demographic characteristics of Beaufort County, County-level data is presented alongside State-wide data in each of the tables and figures below.

General Population Characteristics

The most recent population estimates for Beaufort County suggest a slight decrease in population from 2010 to 2013. Specifically, the number of residents in Beaufort County has decreased from 47,759 in 2010 to 47,464 in 2013. In contrast, estimates of gender distribution have remained relatively constant, with approximately 52.0 percent of the County population consisting of females. A similar gender distribution is seen for North Carolina (approximately 51.0 percent; see Figure 3); however, population estimates for the State have steadily increased from 2010 (N = 9,535,483) to 2013 (N = 9,848,060).

Figure 3. Population Distribution by Gender (2010-2013)



Source: NCHS Bridged Population Data, State Center for Health Statistics, North Carolina:
<http://www.schs.state.nc.us/SCHS/data/population/nchspop.cfm>

Population Growth

In contrast to current trends within the County, decadal population growth projections suggest that the population of Beaufort County will steadily increase in the next five to 15 years (see Table 2). Specifically, in comparison to a population growth change of 6.2 percent experienced from 2000 to 2010, Beaufort County is expected to experience a 13.8 percent and 11.9 percent growth change from 2010 to 2020 and 2020 to 2030, respectively. A different pattern of growth is projected for the State, as change in growth is suggested to decrease from 18.5 percent, as seen from 2000 to 2010, to 12.9 percent from 2020 to 2030.

Table 2. Decadal Population Growth (2000-2030)

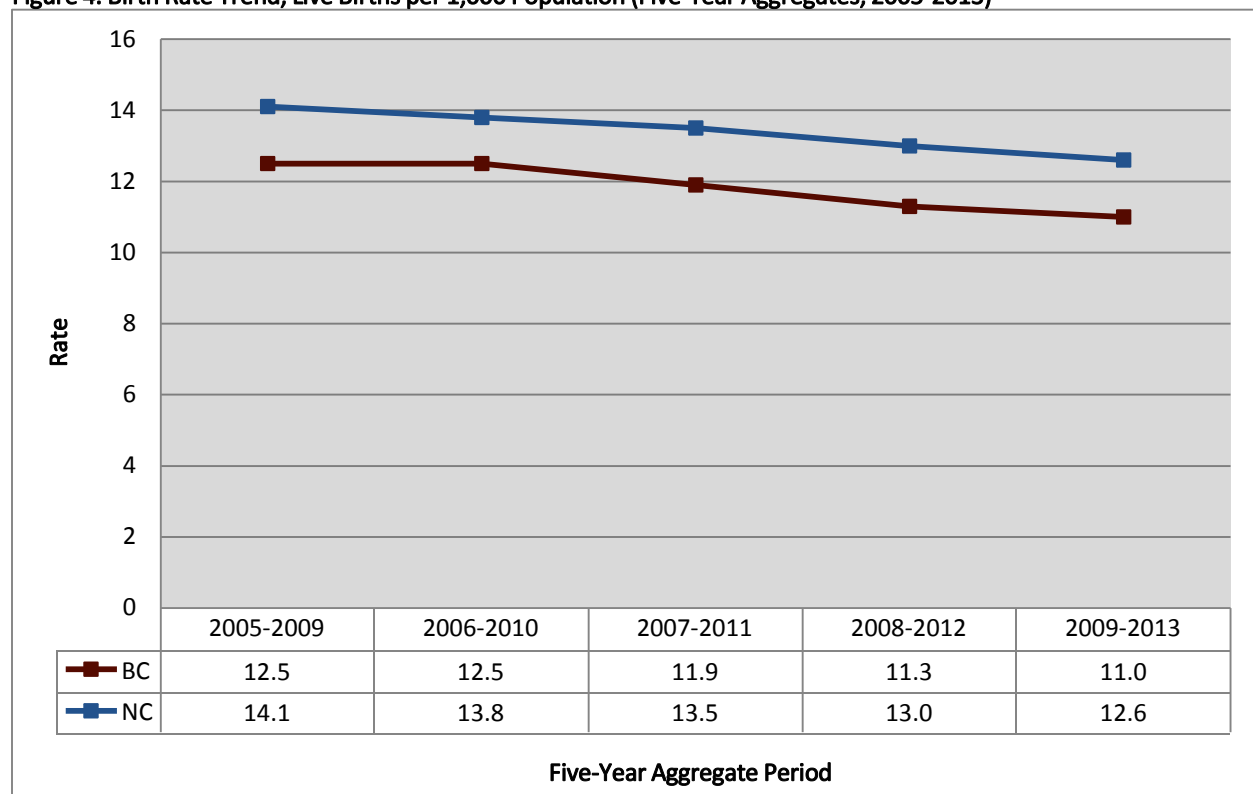
Location	2000	2010	Change 2000- 2010	2020 (Projection)	Change 2010- 2020	2030 (Projected)	Change 2020- 2030
Beaufort County	44,958	47,759	6.2%	54,372	13.8%	60,828	11.9%
North Carolina	8,046,813	9,535,483	18.5%	11,039,342	15.8%	12,463,244	12.9%

Source: North Carolina (LINC) Database, Topic Group (Population and Housing), Total Population, Population (Data Item 5001): http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show

Birth Rate

Birth rate is an important characteristic to understand, as it plays a critical role in population growth. In general, birth rates have decreased slightly since 2005 in both the County and the State (see Figure 4). The current five-year estimate (2009-2013) for birth rate in Beaufort County is 11.0 per 1,000 individuals. The current County birth rate is slightly lower than the birth rate for the entire State; however the difference between the two locations has remained relatively stable over time.

Figure 4. Birth Rate Trend, Live Births per 1,000 Population (Five-Year Aggregates, 2005-2013)



Source: North Carolina (LINC) Database, Topic Group (Population and Housing), Total Population, Population (Data Item 5001): http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show

Population Density

Population density is currently higher in both the County and the State than in previous decades and is expected to continue to increase (see Table 3). Specifically, population density represents the number of individuals per square mile and is currently estimated at 57.7 persons/square mile for Beaufort County and 203.0 persons/square mile for North Carolina. Although expected increases in density are moderate for the County (i.e., approximately 1.0 person/square mile from 2020 to 2030), projected increases in density are larger for the State (i.e., approximately 30.0 persons/square mile from 2020 to 2030).

Table 3. Decadal Population Density with Current Year Estimate (2000-2030)

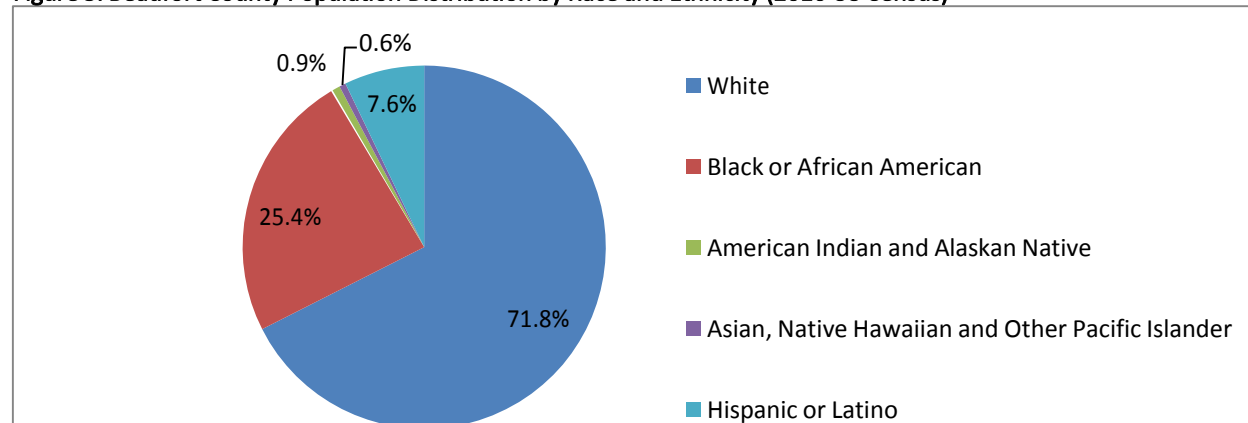
Location	Persons per Square Mile				
	2000	2010	2014 (Estimate)	2020 (Projection)	2030 (Projection)
Beaufort County	54.3	56.9	57.7	58.9	60.2
North Carolina	165.2	191.9	203.0	219.9	248.2

Source: North Carolina (LINC) Database, Topic Group (Population and Housing), Total Population, Population Density (Data Item 5004): http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show

Race and Ethnicity

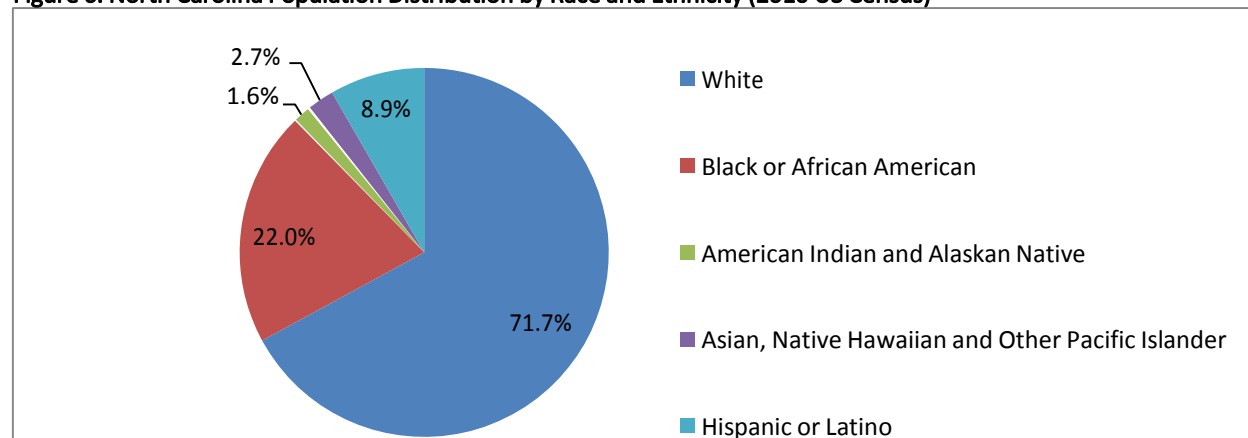
Beaufort County (see Figure 5) and North Carolina (see Figure 6) consist of predominately White then Black or African American residents. Specifically, both locations have approximately 72.0 percent White residents. Beaufort County has a slightly higher portion of Black or African American residents (25.4 percent) than North Carolina (22.0 percent). The third largest portion of residents in both the County and the State consist of residents of Hispanic or Latino ethnic origin (7.6 percent and 8.9 percent, respectively).

Figure 5. Beaufort County Population Distribution by Race and Ethnicity (2010 US Census)



Source: North Carolina (LINC) Database, Topic Group (Population and Housing), Age, Race, Sex (Data Items 6004, 6005, 6122, 6123, 6124, 6127): http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show; US Census Bureau: State and County QuickFacts: <http://quickfacts.census.gov/qfd/states/37/37013.html>

Figure 6. North Carolina Population Distribution by Race and Ethnicity (2010 US Census)



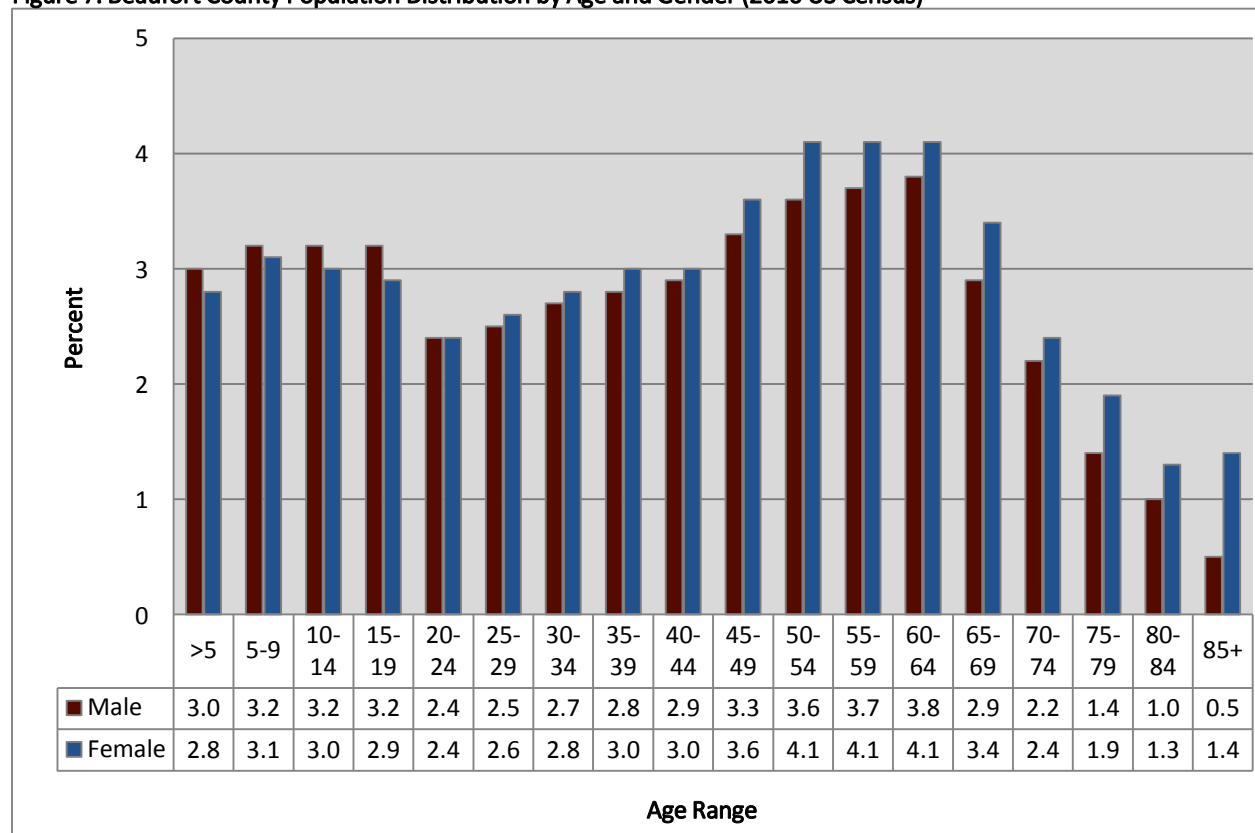
Source: North Carolina (LINC) Database, Topic Group (Population and Housing), Age, Race, Sex (Data Items 6004, 6005, 6122, 6123, 6124, 6127): http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show; US Census Bureau: State and County QuickFacts: <http://quickfacts.census.gov/qfd/states/37/37013.html>

Age

Although the age distribution for the population of North Carolina consists of relatively equal portions of residents in each of the age range categories from under 5 years of age to 49 years of age and a consistently decreasing portion of residents in each of the subsequent age range categories from 50 years of age to 85 years of age and older, the age distribution of Beaufort County demonstrates more variance (see Figures 7 and 8).

Specifically, the age distribution for the population of Beaufort County is characterized by a larger portion of younger residents ranging from under 5 years of age to 19 years of age than adult residents ranging from 20 years of age to 44 years of age. Furthermore, in comparison to all prior age categories, an even larger portion of residents in Beaufort County are between the ages of 45 and 69. Finally, the age distribution for residents in Beaufort County who are 70 years of age or older follows a similar decreasing pattern as that found in the State. In sum, Beaufort County has larger portions of older adults, particularly between the ages of 55 and 70, than the State.

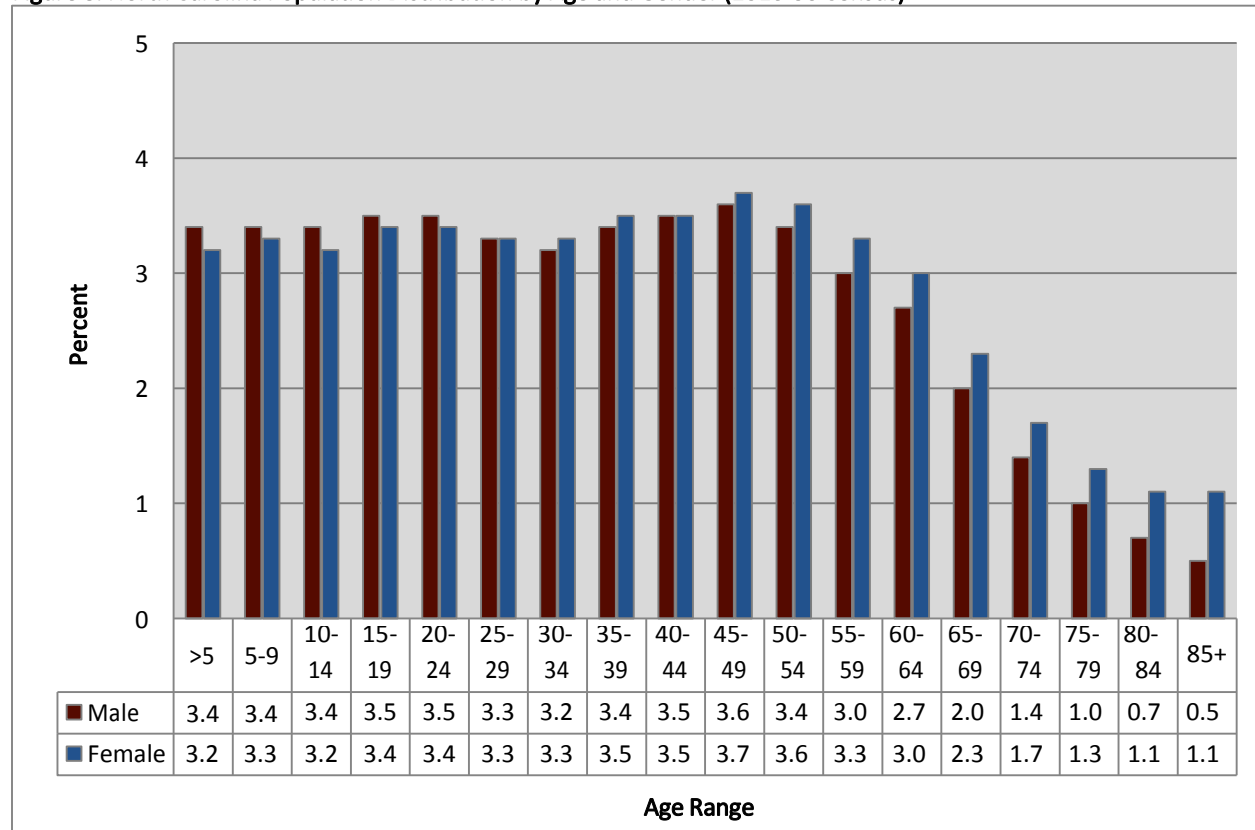
Figure 7. Beaufort County Population Distribution by Age and Gender (2010 US Census)



Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010:

<http://quickfacts.census.gov/qfd/states/37/37013lk.html>

Figure 8. North Carolina Population Distribution by Age and Gender (2010 US Census)



Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010:
<http://quickfacts.census.gov/qfd/states/37/37013lk.html>

Special Populations

Special populations, such as the aging and residents indicating veteran status, are important sub-populations that may need additional resources or forms of support regarding health and wellness. Examples of such resources include long-term care facilities for aging populations and employment opportunities for veterans.

Aging

The aging population consists of residents who are 65 years of age or older (see Table 4). Although increases are expected in the aging population of both Beaufort County and North Carolina, greater increases are expected for the County in the next decade. Specifically, the aging population is expected to grow by approximately seven percent from 2010 to 2020 in Beaufort County, whereas the aging population in North Carolina is only expected to grow four percent in the same time period. Finally, although increases in the aging population are expected to become equivalent for the County and the State in 2030, the portion of the residents who are included in the aging population is consistently greater in Beaufort County than in the State, with a difference of approximately six to eight percent for all three decades.

Additional support regarding the size and importance of the aging population in Beaufort County was provided by CHA survey respondents, as 12.5 percent of participants indicated that they currently provide care for an elderly family member or friend. Among those community members, only approximately half (52.5 percent) indicated that they are able to find health care professionals in the community who are knowledgeable in aging issues. Furthermore, only small portions of the same caregivers indicated agreement that adequate health care was available for the elderly (47.1 percent), that affordable options were present for caregiver respite (43.4 percent), and that transportation services were available that met the needs of the elderly (33.4 percent). In turn, survey results suggest that increased attention and resources need to be directed toward this population and their caregivers.

Table 4. Growth Trend for the Elderly Population (Age 65 and Older) by Decade (2010-2030)

Year	Beaufort County			North Carolina		
	Total	Age 65+		Total	Age 65+	
	#	#	%	#	#	%
2030 (Projection)	47,783	13,356	27.9	11,558,205	2,304,958	19.9
2020 (Projection)	47,784	11,945	25.0	10,558,749	1,774,716	16.8
2010	47,759	8,782	18.4	9,535,483	1,234,079	12.8

Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010:

<http://quickfacts.census.gov/qfd/states/37000lk.html>;

NC Office of State Budget and Management, County/State Population Projections. Age, Race, and Sex Projections, Age Groups – Total, July 1, 2020 County Total Age Groups – Standard:

http://www.osbm.state.nc.us/demog/countytotals_agegroup_2020.html;

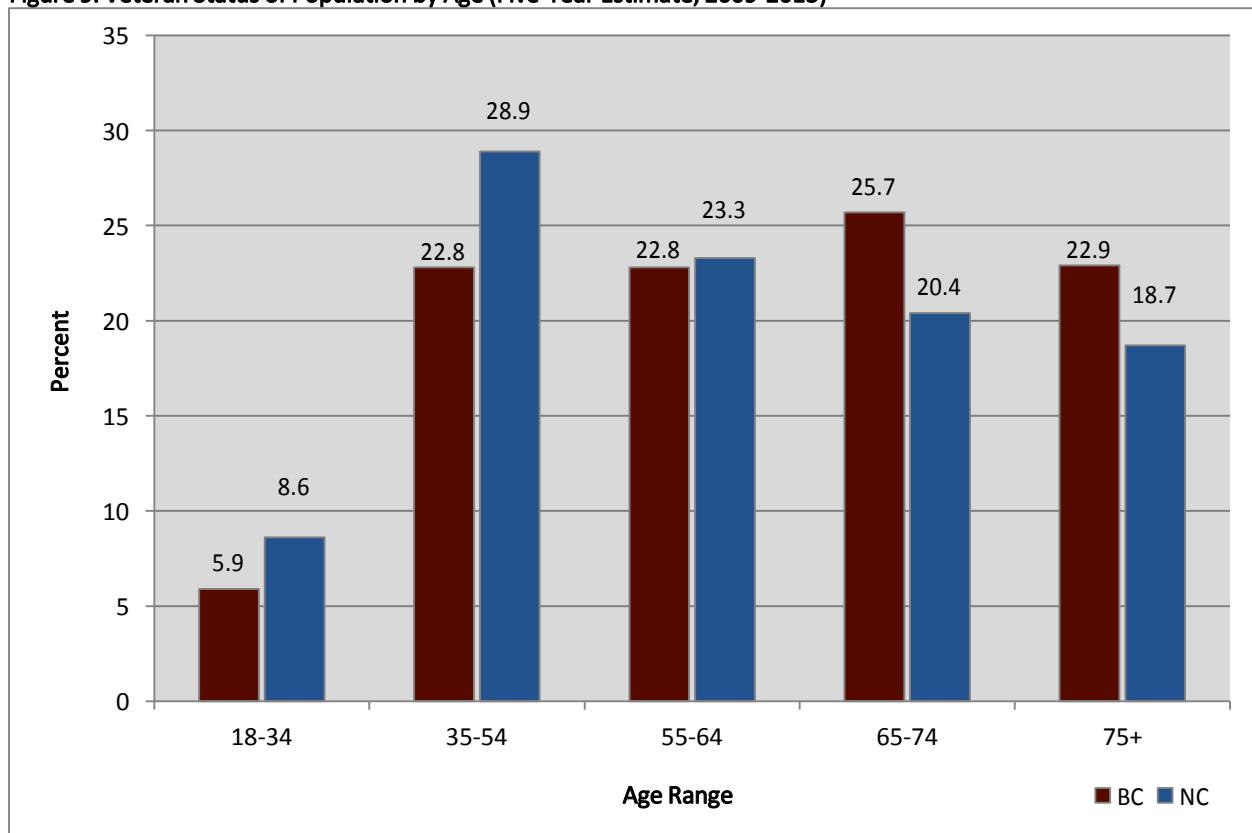
NC Office of State Budget and Management, County/State Population Projections. Age, Race, and Sex Projections, Age Groups – Total, July 1, 2020 County Total Age Groups – Standard:

http://www.osbm.state.nc.us/demog/countytotals_agegroup_2030.html

Veteran Status

A five-year estimate (2009-2013) of veteran status (see Figure 9) suggests that approximately 10.0 percent of residents in both Beaufort County and North Carolina are veterans, with approximately a quarter of veterans between the ages of 35 and 75 or older. The largest portion of veterans in Beaufort County (25.7 percent) is between the ages of 65 and 74, whereas the largest portion of veterans in North Carolina (28.9 percent) is between the ages of 35 and 54. This difference may be related to the larger portion of older residents who are located in Beaufort County, in comparison to the State. Further support for this conclusion is evidenced by a larger portion of young veterans between the ages of 18 and 34 in North Carolina (8.6 percent) than in Beaufort County (5.9 percent).

Figure 9. Veteran Status of Population by Age (Five-Year Estimate, 2009-2013)



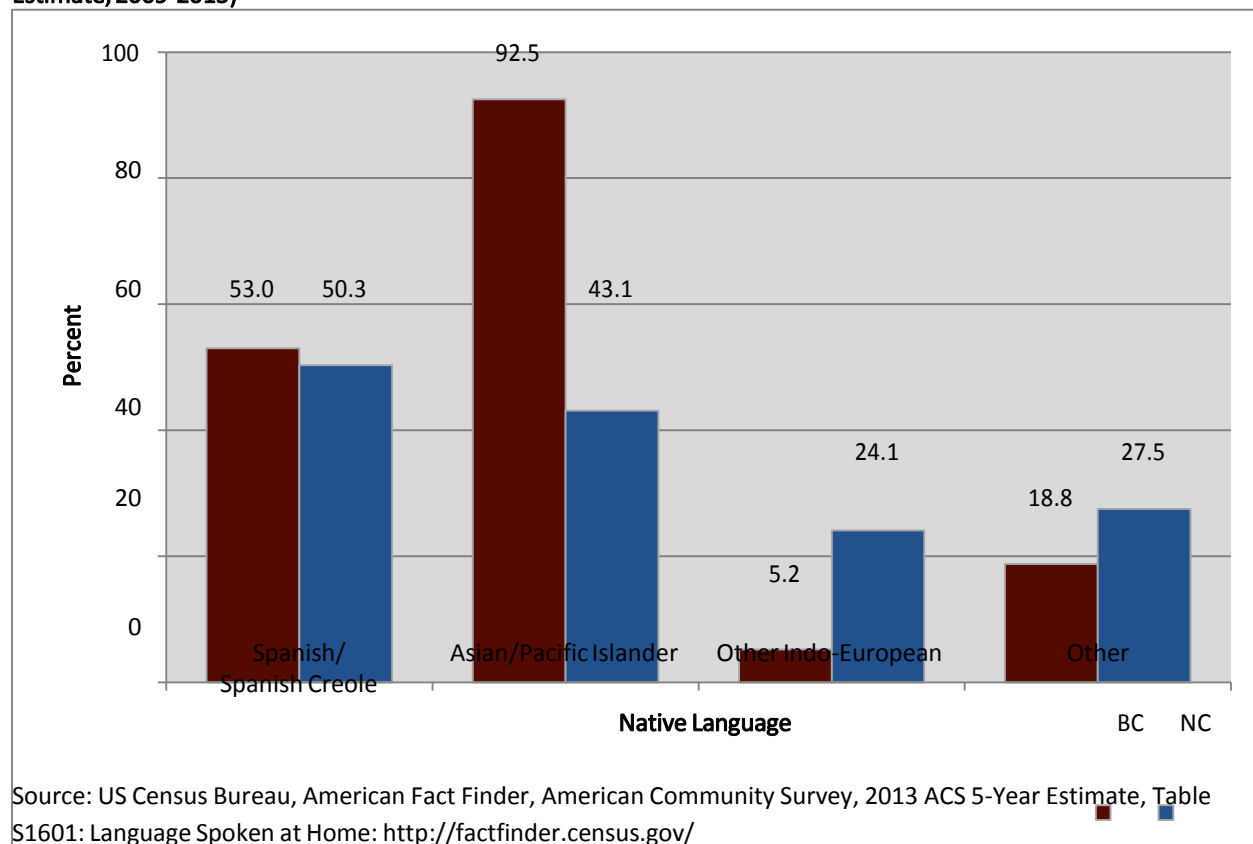
Source: US Census Bureau, American Fact Finder, American Community Survey, 2012 ACS 5-Year Estimate, Table S2101: Veteran Status: <http://factfinder.census.gov/>

Non-English Speaking

An additional important special population includes residents who are not native English speakers. The figure below represents the proportion of residents, who speak English as a second language, who do not demonstrate proficiency in the English Language (see Figure 10). Specifically, over half of native Spanish speaking residents in both Beaufort County (N = 1270) and North Carolina (N = 331,447) speak English less than “very well.” Such findings suggest that additional support may need to be provided to non-English speaking populations to ensure their health and wellness.

Although smaller portions of residents who speak languages other than Spanish are found in Beaufort County and North Carolina, significant language barriers are still apparent. For example, of the 37 residents in Beaufort County who speak an Asian or Pacific Island language, 92.5 percent do not speak English “very well.” In contrast, only 43.1 percent of such speakers in North Carolina (N = 58,022) do not speak English “very well”; however, higher portions of additional Indo-European language speakers and residents who speak other languages appear more vulnerable to language barriers in North Carolina than in Beaufort County.

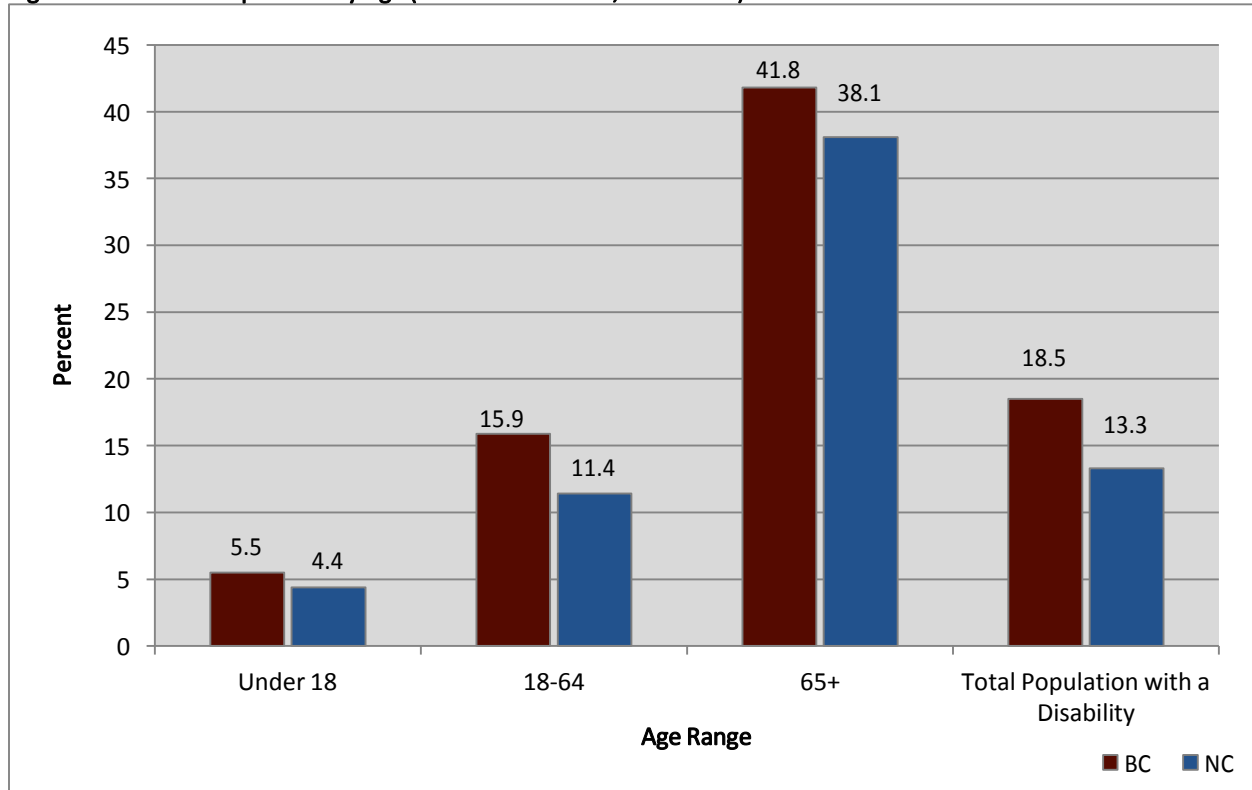
Figure 10. Proportion of Non-Native-English Speakers who Speak English Poorly by Native Language (Five-Year Estimate, 2009-2013)



Disabled

Finally, residents who are disabled represent a vital portion of the population who may require additional forms of support. The total population with a disability in Beaufort County is 18.5 percent (N = 8,728; see Figure 11). In contrast, the total population with a disability in North Carolina is approximately 5.0 percent lower (13.3 percent; N = 1,253,681). Finally, the majority of residents with a disability in both Beaufort and North Carolina are 65 years of age or older (41.8 percent and 38.1 percent, respectively).

Figure 11. Disabled Population by Age (Five-Year Estimate, 2009-2013)



Source: US Census Bureau, American Fact Finder, American Community Survey, 2013 ACS 5-Year Estimate, Table DP02:<http://factfinder.census.gov/>

Economic Climate

The economic climate of a county can have a significant impact on the health and well-being of its residents. Specifically, factors such as income and unemployment may influence the amount of resources available that can be directed towards individual health. In turn, the economic status of a county can be viewed as a potential contributing factor to diminished health, as well as an appropriate topic to address when attempting to improve health outcomes.

Tier Designation

The North Carolina Department of Commerce provides an annual ranking of the State's 100 counties based on their economic well-being. A Tier Designation is assigned to each county based on its economic status. The 40 most economically-distressed counties are assigned a Tier 1 ranking. The next 40 counties are designated as Tier 2 and the 20 least economically-distressed counties are designated as Tier 3. The Tier system is used for various state programs, such as tax credits that encourage economic growth.

Although previously at a Tier 2 designation, Beaufort County has been reassigned to Tier 1 status for 2014 due to characteristics such as population size and poverty rate. Specifically, the County's population of 48,000 combined with a poverty rate of 19.1 percent meets legislative criteria for an automatic Tier 1 designation. Notable concerns for the County include average unemployment rate, which ranks 74th in the State, and a poverty rate that has increased by two percentage points from 2013's rate of 17.2 percent.

Income

Projected per capita income is slightly lower in Beaufort County (\$22,206 per individual) than in North Carolina (\$25,285 per individual). However, differences between the County and the State are more pronounced regarding median household and family income (see Table 5). Specifically, median household income in Beaufort County is \$40,429 per household, whereas median household income in North Carolina is approximately \$6,000 higher at \$46,334 per household. Finally, there is nearly a \$7,500 difference between estimates of median family income in Beaufort County (\$49,574 per family) and North Carolina (\$56,928 per family).

Table 5. Income Measures (Five-Year Estimate, 2009-2013)

Location	Projected Per Capita Income	Projected Median Household Income	Estimated Median Family Income
Beaufort County	\$22,206	\$40,429	\$49,574
North Carolina	\$25,285	\$46,334	\$56,928

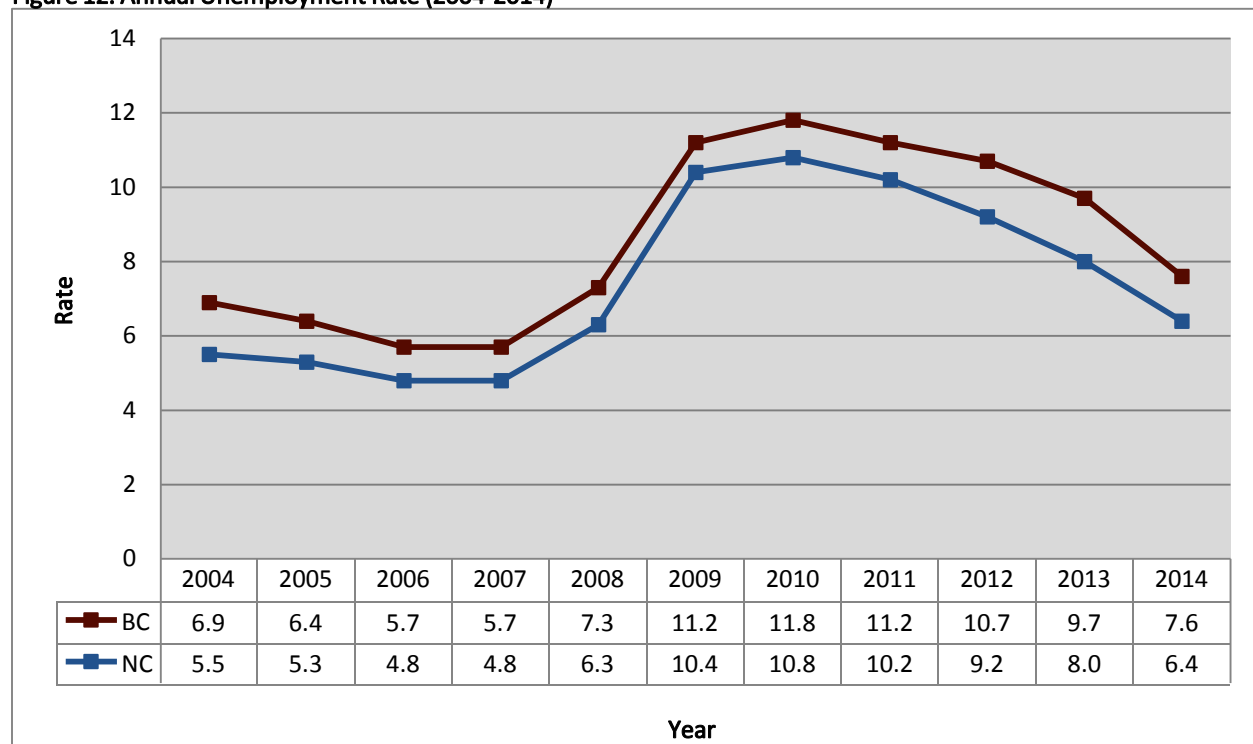
Source: US Census Bureau, American Fact Finder, American Community Survey, 2013 ACS 5-Year Estimate, Table DP03: <http://factfinder.census.gov/>; NC Department of Commerce, AccessNC, Community Demographics, County Report, County Profile: <http://accessnc.commerce.state.nc.us/EDIS/demographics.html>

Unemployment

Although the unemployment rate in Beaufort County has steadily decreased over the past four years from 11.8 in 2010 to 7.6 in 2014 (see Figure 12), community members continue to report the impact it has on life. For example, higher paying employment (22.2 percent) and availability of employment (22.1 percent) were recognized in the 2014 CHA survey as the top two services needing improvement in the community (see Figure 13). Furthermore, when 2014 CHA survey participants were asked a series of questions regarding quality of life, 37.1 percent identified job availability/security as a primary issue (see Figure 14). The current unemployment rate was also a contributing factor in Beaufort County's 2014 Tier 1 economic status ranking.

Additionally, only 18 percent of CHA survey respondents indicated agreement that “there is plenty of economic opportunity” in Beaufort County. Finally, issues of job availability were also discussed in focus groups, with some participants indicating that the limited availability of jobs is a significant barrier to health. Additional concerns surrounding unemployment included the notion that unemployed individuals may be vulnerable to receiving inadequate health care because of limited opportunities to obtain insurance.

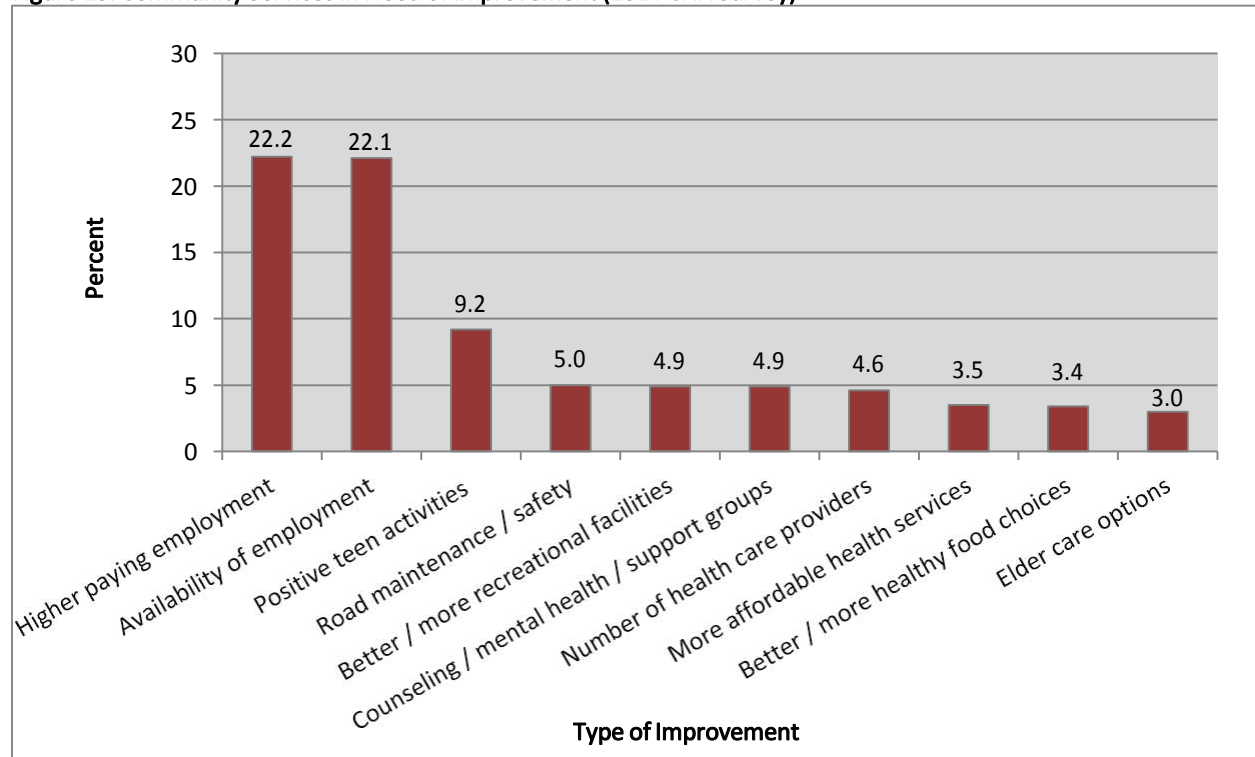
Figure 12. Annual Unemployment Rate (2004-2014)



Note: 2014 figures represent the average month rate from January through November

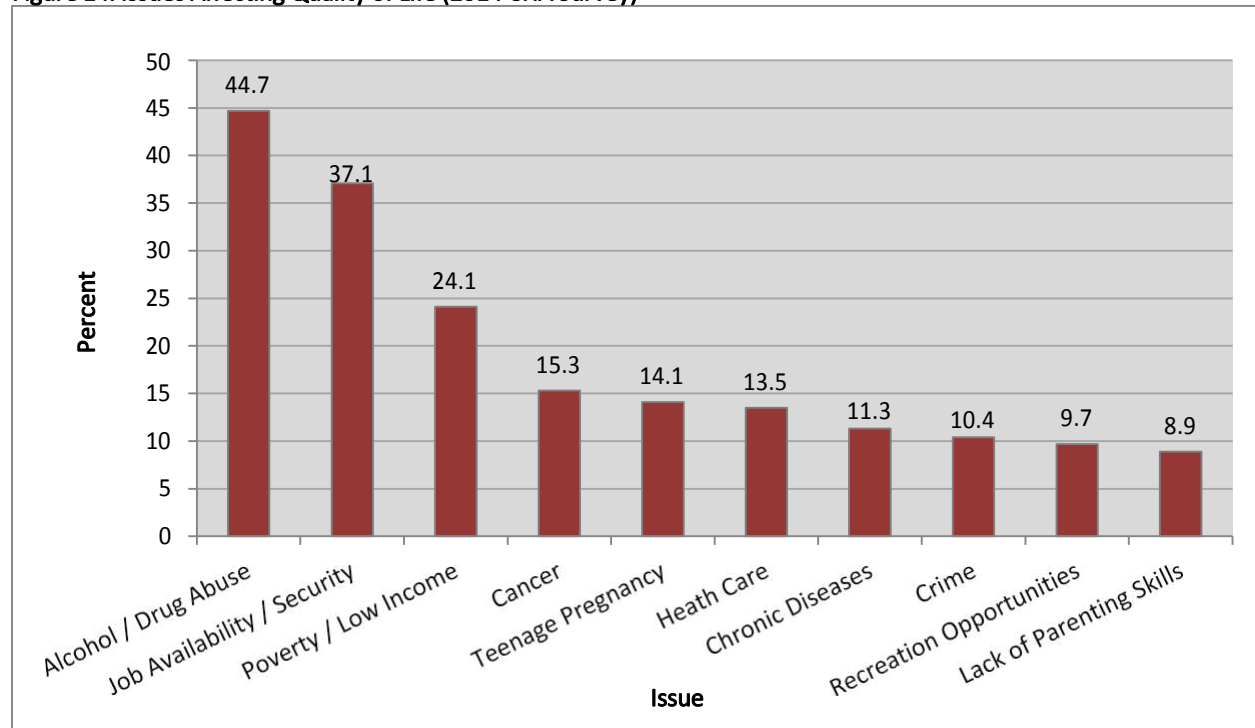
Source: Labor and Economic Analysis Division, NC Department of Commerce, Demand Drive Data Delivery System, Local Area Unemployment Statistics (LAUS), Unemployment Rate: <http://esesc23.esc.state.nc.us/d4/>

Figure 13. Community Services in Need of Improvement (2014 CHA Survey)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Figure 14. Issues Affecting Quality of Life (2014 CHA Survey)

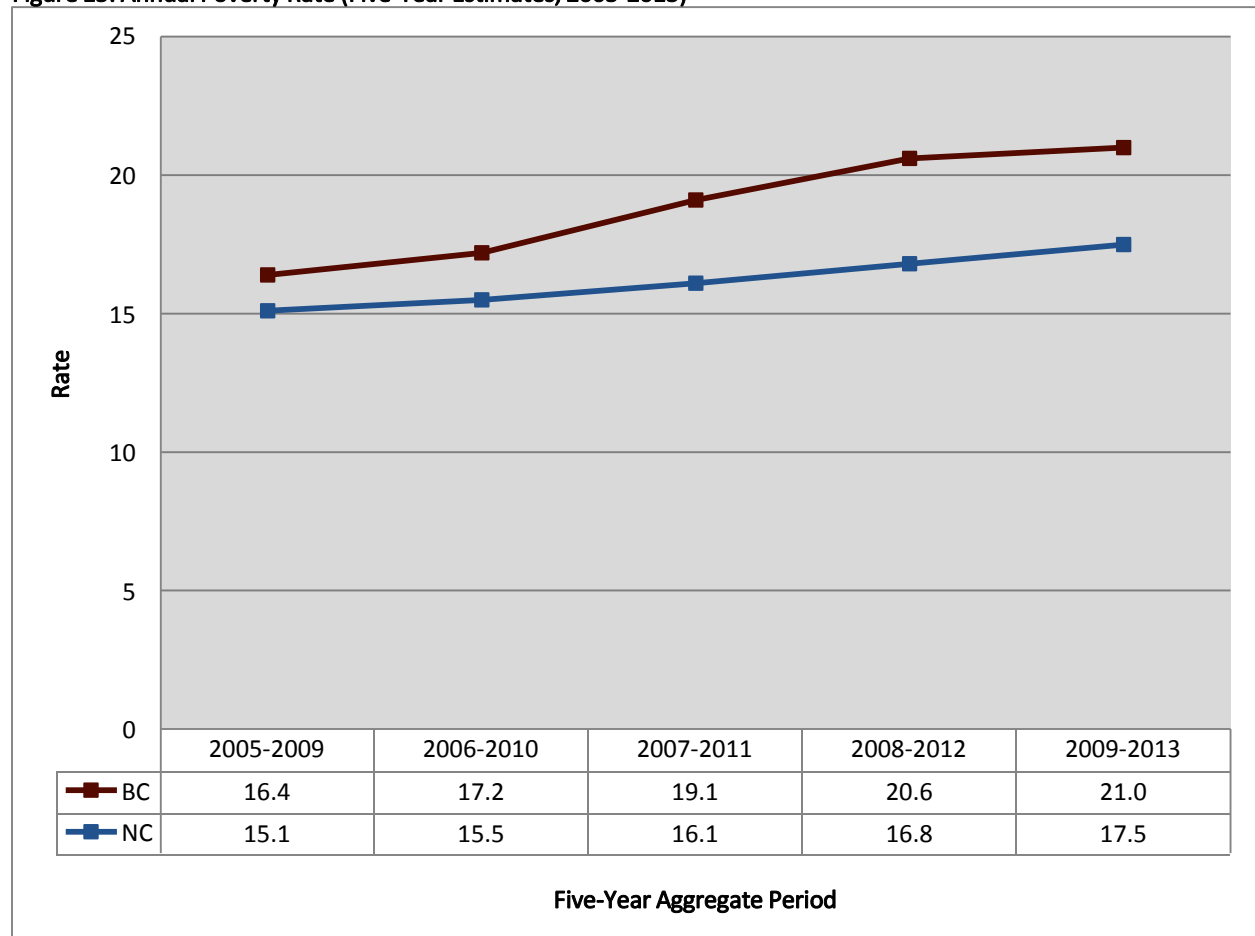


Source: Beaufort County Community Health Needs Assessment Survey 2014.

Poverty

Poverty rates (i.e., percent of all persons living in poverty) have increased over the past eight years in both Beaufort County and North Carolina. Furthermore, such increases are more pronounced in Beaufort County, with rates rising from 16.4 percent in the 2005 to 2009 five-year aggregate period to 21.0 percent in the most recent five-year aggregate period (2009-2013). In contrast, poverty rates have only increased in North Carolina from 15.1 percent in the 2005 to 2009 five-year aggregate period to 17.5 percent in the 2009 to 2013 five-year aggregate period. Finally, as demonstrated in the figure below, poverty rates in Beaufort County are consistently higher than the rates for the State (see Figure 15).

Figure 15. Annual Poverty Rate (Five-Year Estimates, 2005-2013)



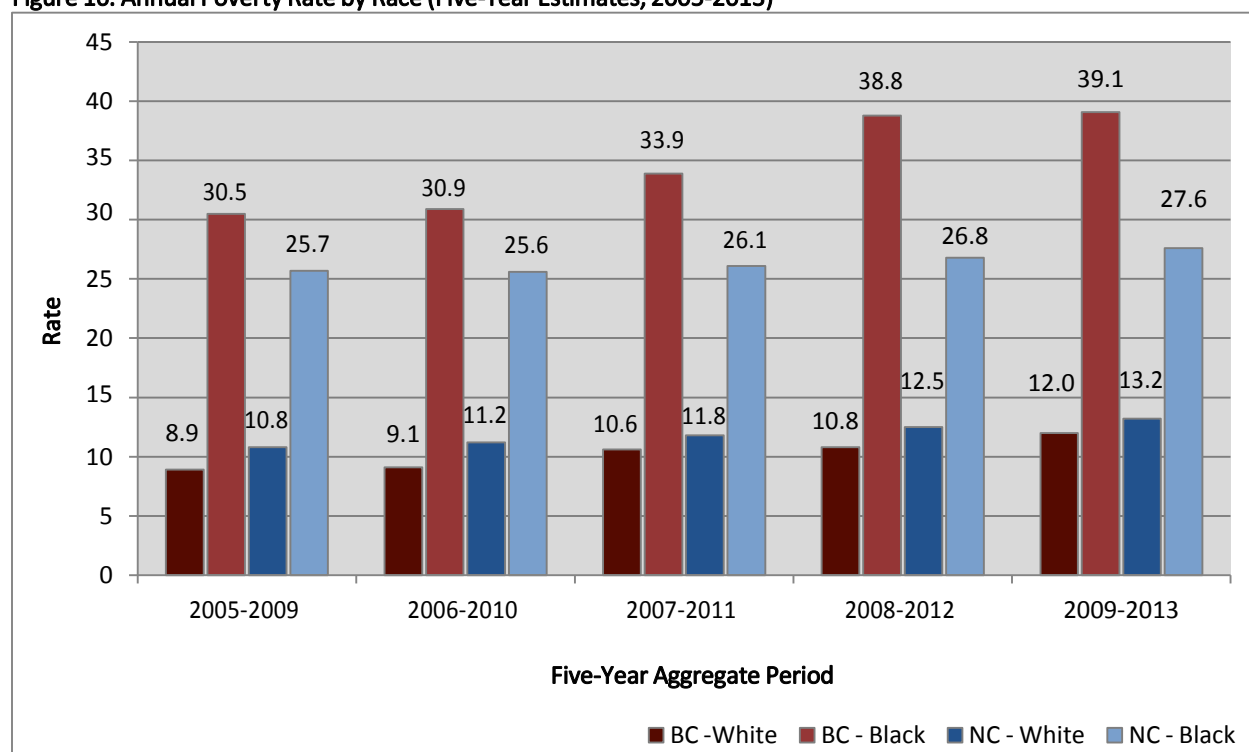
Source: US Census Bureau, American Fact Finder, American Community Survey, 2005-2013 ACS 5-Year Estimate, Table S1701: <http://factfinder.census.gov/>

Data indicating poverty rates for specific demographic categories (e.g., race, age) are useful in determining if subgroup differences exist. Furthermore, if subgroup differences are identified, such as disparities between White and Black/African American residents, it may suggest that additional resources need to be directed towards certain groups, as they may be more vulnerable to experiencing diminished levels of health. Such disparities may also help to explain any current health differences between subgroups.

In regard to race, poverty rates among Black residents are significantly higher than rates among White residents in both the County and the State (see Figure 16). Specifically, in the most recent five-year aggregate period (2009-2013), poverty rates among Black residents (39.1 percent) were over three times higher than rates among White residents (12.0 percent). In the State, rates among Black residents (27.6 percent) were over two times higher than rates among White residents (13.2 percent).

In addition to this significant disparity between races, poverty rates for both demographic groups have steadily increased over time. For example, in the County, poverty rates have risen by 8.6 percent for Black residents from 30.5 percent in the 2005 to 2009 five-year aggregate period and by 3.1 percent for White residents from 8.9 percent in the same five-year aggregate period. Nevertheless, it is clear that, in comparison to White residents, Black residents are burdened by both significantly higher and faster growing poverty rates.

Figure 16. Annual Poverty Rate by Race (Five-Year Estimates, 2005-2013)

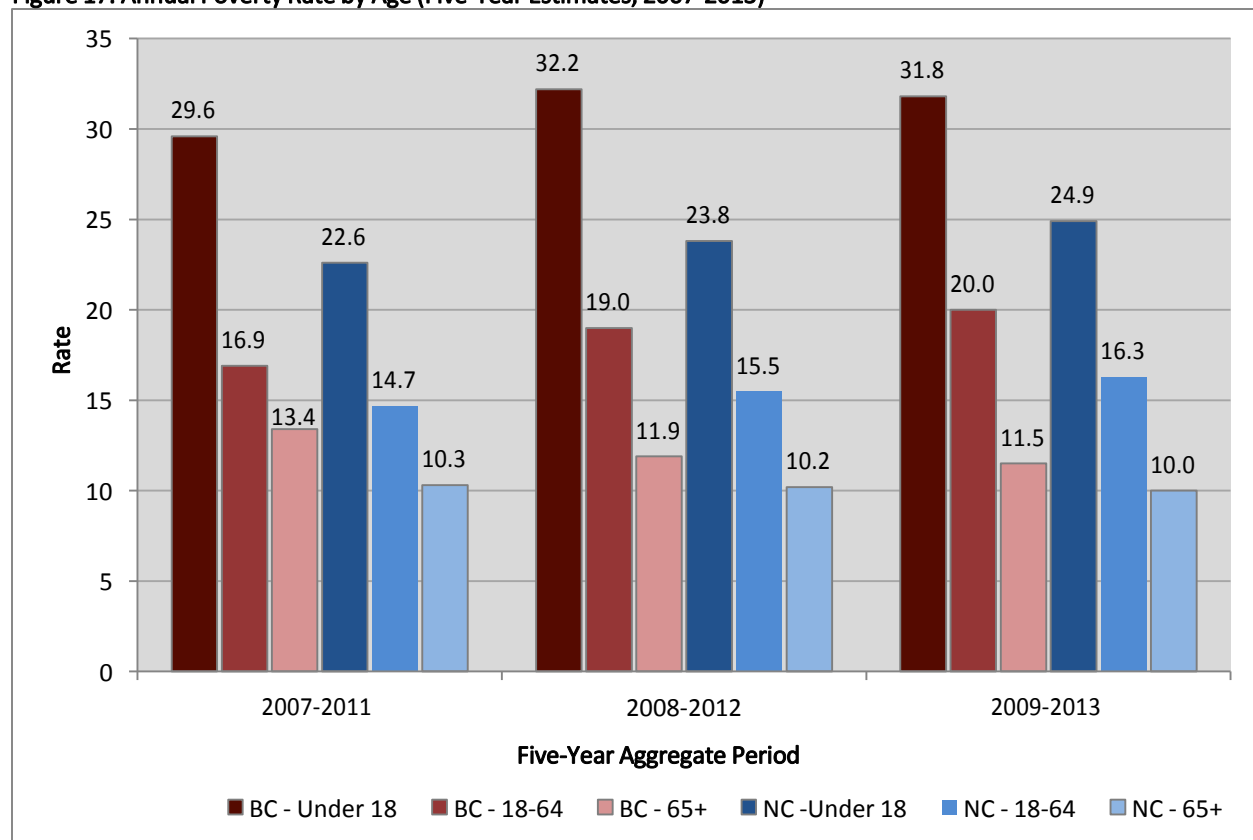


Source: US Census Bureau, American Fact Finder, American Community Survey, 2005-2013 ACS 5-Year Estimate, Table S1703: <http://factfinder.census.gov/>

In regard to age, although poverty rates have generally increased slightly over time, such increases are not uniformly experienced by all age groups (see Figure 17). Furthermore, poverty rates in general appear to be largely different depending upon age. Specifically, poverty rates for Beaufort County residents 65 years of age and older have decreased from 13.4 percent in the 2007 to 2011 five-year aggregate period to 10.0 percent in the 2009 to 2013 five-year aggregate period. In contrast, poverty rates for Beaufort County residents under the age of 18 have increased from 29.6 percent to 31.8 percent, across the same time span.

Similar increases are also associated with Beaufort County residents between the ages of 18 and 64. Overall, such data indicates that although poverty rates are improving for older residents, they are becoming increasingly worse for younger residents. A similar pattern is seen for North Carolina; however, poverty rates in general are lower than those in Beaufort County for all age groups. In sum, a gross disparity exists in regard to poverty between younger and older residents, as rates for younger residents are approximately three times higher than rates for older residents.

Figure 17. Annual Poverty Rate by Age (Five-Year Estimates, 2007-2013)



Source: US Census Bureau, American Fact Finder, American Community Survey, 2007-2013 ACS 5-Year Estimate, Table S1703: <http://factfinder.census.gov/>

Housing

Vacant housing units represent a larger portion of all available housing in Beaufort County (22.5 percent) than in North Carolina (14.6 percent). However, a larger portion of residences in Beaufort County are occupied by owners (70.1 percent) than in North Carolina (66.4 percent). In contrast, 29.9 percent of housing units in Beaufort County are occupied by renters, who pay a median gross monthly rent of \$656, whereas 33.6 percent of housing units in North Carolina are occupied by renters, who pay a median \$776 per month for rent (see Table 6).

Table 6. Housing by Type (Five-Year Estimate, 2009-2013)

Location	Total Housing Units	Vacant	Occupied	Owner Occupied	Renter Occupied	Median Gross Monthly Rent
	#	%	%	%	%	\$
Beaufort County	24,847	22.5	77.5	70.1	29.9	656
North Carolina	4,349,023	14.6	85.4	66.4	33.6	776

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table DP04: Selected Housing Characteristics (geographies as listed).

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Affordable Housing

Despite a larger portion of housing units in Beaufort County being occupied by owners than in North Carolina, such housing comes at a cost that may lead to issues of sustainability. Specifically, in regard to housing affordability, nearly 40 percent of Beaufort County homes with a mortgage cost 30 or more percent of the owners' household income to sustain. In contrast, approximately 30 percent of North Carolina homes carry the same level of financial burden. In turn, Beaufort County residents may find themselves unable to continue to afford their specific housing unit, leading to a higher number of vacant units. Nevertheless, for the most recent five-year aggregate period (2009-2013), it appears that despite the high level of financial commitment, residents in Beaufort County prefer to own their home rather than rent from another owner.

Public Transportation in Beaufort County

Public transportation represents an important resource of individuals who may rely on such services to accomplish tasks such as going to work, taking children to doctor's appointments, or shopping for food. In Beaufort County, less than half of 2014 CHA survey respondents (39.4 percent) indicated that they felt there were sufficient transportation services available in the County. Furthermore, focus group participants supported the survey results by stating that the current public transit system was inconvenient in regard to scheduling and did not meet their needs in general. For example, one participant noted, "even though we have the Beaufort Area Transit System (BATS), a lot of people don't know how to use it." In turn, it appears as if there are both issues with the availability and convenience of the current system, as well as an overall lack of information about the resource.

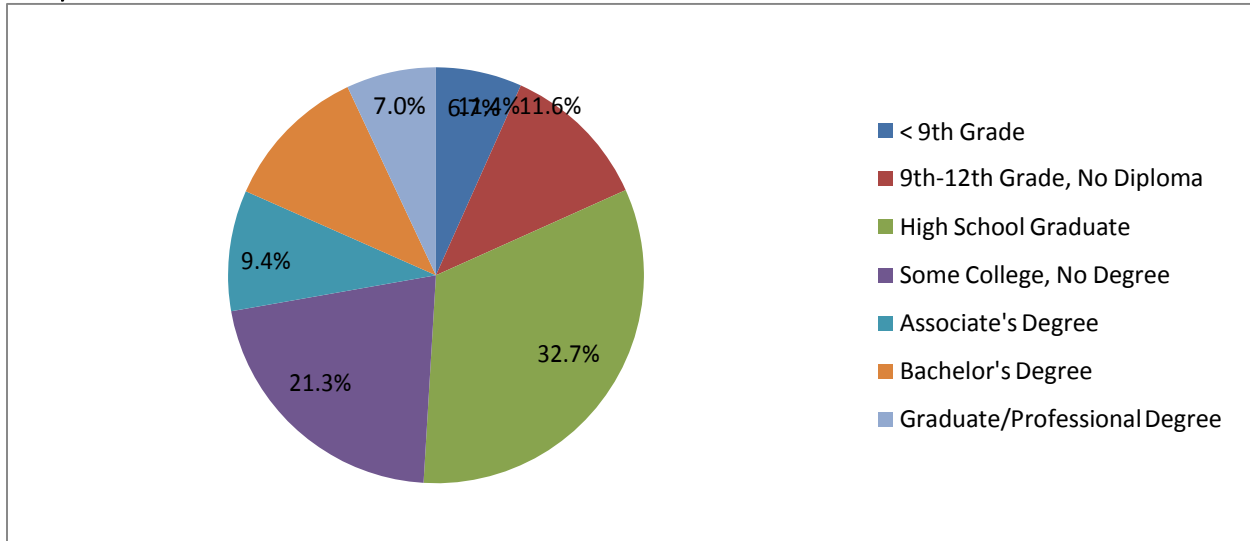
Education

Educational factors, such as educational attainment and high school drop-out rate, are important indicators for social and physical well-being. Specifically, as education affords many individuals increased opportunities for financial growth, it may also influence the amount of resources one has to direct towards healthy living. Education also indicates the level of knowledge and skills that an individual has, which influence social opportunities such as employment.

Educational Attainment

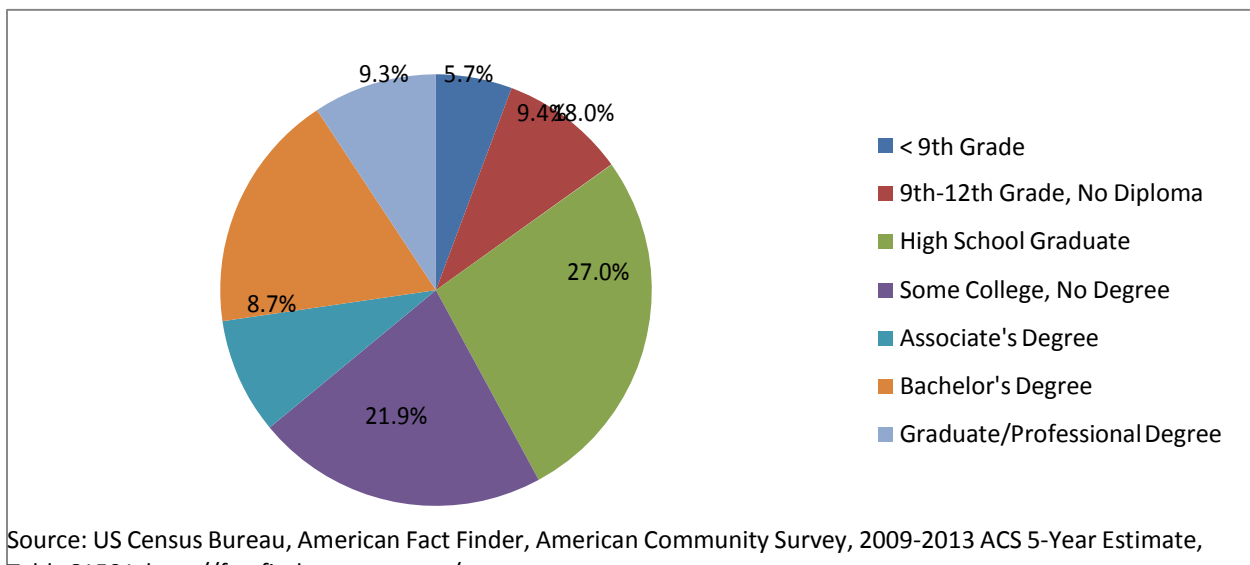
The majority of residents in Beaufort County (see Figure 18) have either a high school education (32.7 percent) or have completed some college, but did not obtain a degree (21.3 percent). Following, smaller portions of residents have either higher (i.e., Bachelor's degree; 11.4 percent) or lower (i.e., high school non-graduate; 11.6 percent) levels of educational attainment. A similar pattern of educational attainment is seen for North Carolina (see Figure 19), as 27.0 percent of residents have a high school education and 21.9 percent have completed some college, but did not obtain a degree. However, in contrast to the County, a larger portion of State residents have slightly higher levels of educational attainment (i.e., Bachelor's degree; 18.0 percent).

Figure 18. Beaufort County Educational Attainment of Population 25 Years and Older (Five-Year Estimate, 2009-2013)



Source: US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 ACS 5-Year Estimate, Table S1501: <http://factfinder.census.gov/>

Figure 19. North Carolina Educational Attainment of Population 25 Years and Older (Five-Year Estimate, 2009- 2013)

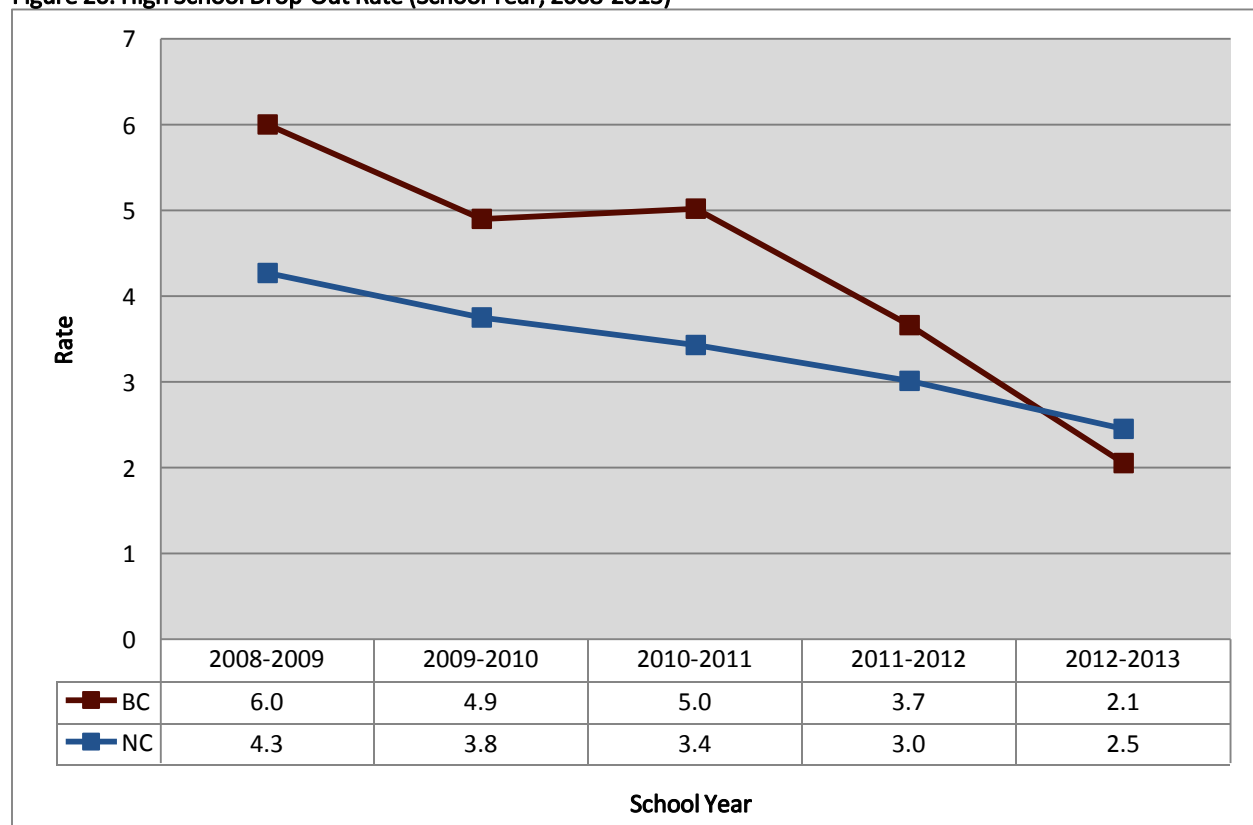


Source: US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 ACS 5-Year Estimate, Table S1501: <http://factfinder.census.gov/>

High School Drop-Out Rate

Although the high school drop-out rate (i.e., percentage of eligible students who are no longer enrolled in school) in Beaufort County has been consistently higher than rates for North Carolina in previous years, drop-out rates in Beaufort County are now lower than in the State (see Figure 20). Specifically, drop-out rates in Beaufort County have decreased significantly from six percent in the 2008 to 2009 school year to approximately two percent in the most recent school year (2012-2013). Although rates have fallen less dramatically in the State, a similar trend is still displayed, as rates moved from 4.3 percent in the 2008 to 2009 school year to 2.5 percent in the most recent school year (2012-2013). Overall, a positive trend is observed in regard to high school drop-out rates in both locations; however improvements are particularly apparent for the County.

Figure 20. High School Drop-Out Rate (School Year, 2008-2013)



Source: NC Department of Public Instruction, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports; <http://www.ncpublicschools.org/research/dropout/reports/>.

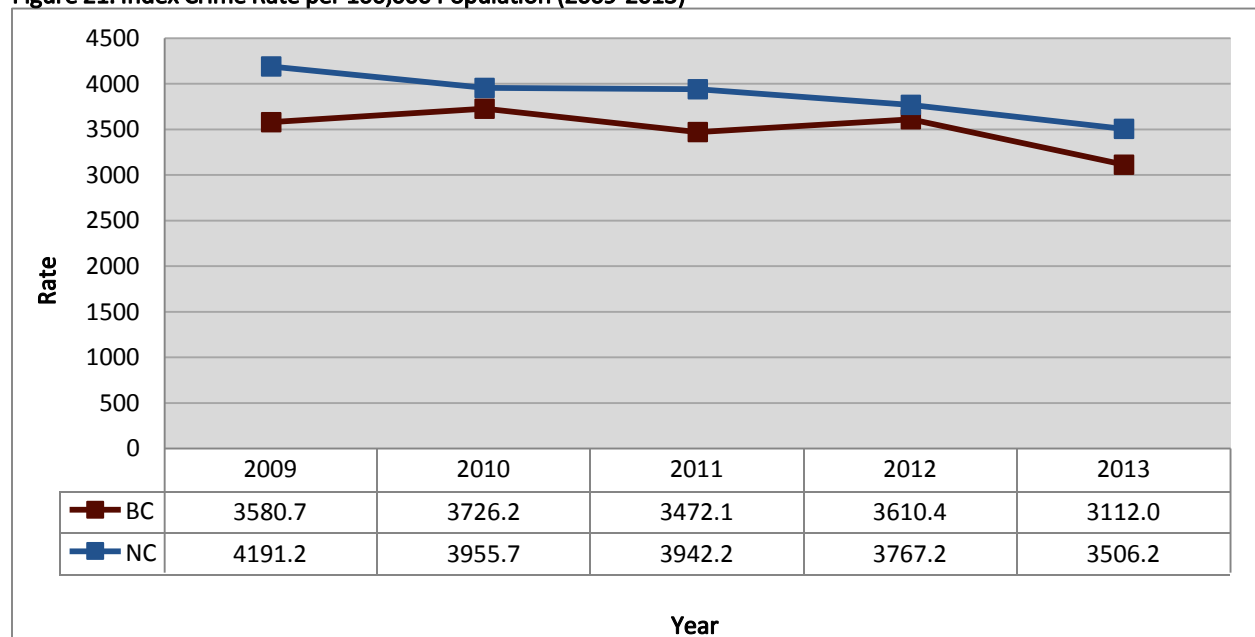
Crime and Safety

Crime rates can play a significant role on resident perceptions regarding the safety of their community. Furthermore, such perceptions may have an impact on the physical and mental well-being of a community. Lastly, crime and safety issues may impact the degree to which individuals are likely to relocate to, continue to live in, or spend time in the community. In turn, understanding the various types of crime that currently exist in the community is of great importance.

Crime Rates

Crime rates have decreased slightly over time in both Beaufort County and North Carolina. Specifically, index crime rates, which include the total number of murders, rapes, robberies, assaults, burglaries, larcenies, and motor vehicle thefts, have decreased in Beaufort County from 3580.7 in 2009 to 3112.0 in 2013, a decrease of 468.7. A larger decrease is observed for index crimes in North Carolina, which have decreased from 4191.2 in 2009 to 3506.2 in 2013, a decrease of 685.0. Finally, although both locations are experiencing a five-year low in index crimes, Beaufort County has maintained a consistently lower level of such crimes than North Carolina over time (see Figure 21). Lack of crime was also recognized as one of the best things about living in the County by 2014 CHA focus group participants. Furthermore, the majority of 2014 CHA survey participants (69.5 percent) agreed or strongly agreed that Beaufort County is a safe place to live. Nevertheless, 10.4 percent selected crime as a primary issue affecting the quality of life in the community, indicating the continued emphasis that is placed on community crime.

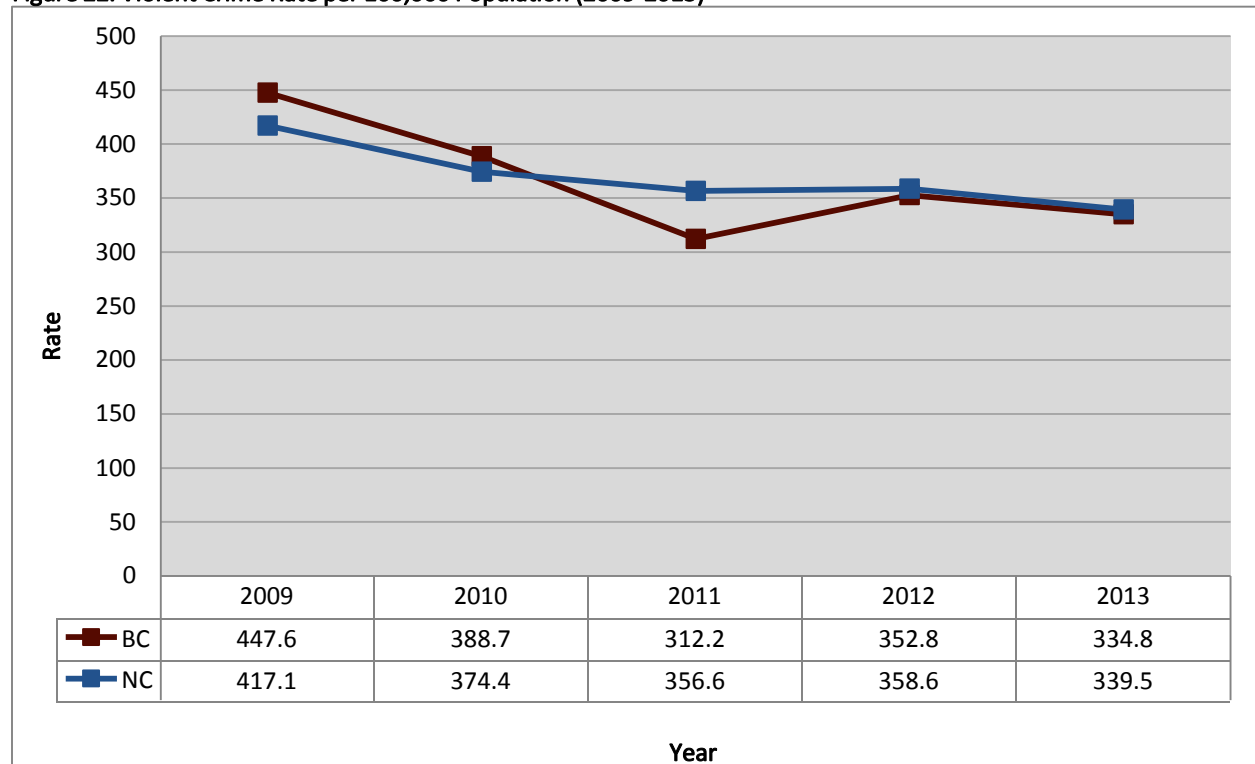
Figure 21. Index Crime Rate per 100,000 Population (2009-2013)



Source: North Carolina Department of Justice, Crime in North Carolina, Crime Statistics, Annual Summary Report: Years 2009, 2010, 2011, 2012, 2013; <http://crimereporting.ncdoj.gov/Reports.aspx>

Violent crime rates, which include the total number of murders, rapes, robberies, and assaults, have been largely similar between Beaufort County and North Carolina from 2009 to 2013 (see Figure 22). Specifically, in the two locations violent crime rates have been nearly identical during the two most recently reported years (2012, 2013). Currently, violent crimes rates are 334.8 for Beaufort County and 339.5 for North Carolina. Although this rate is a five-year low for the State, rates have previously lower in Beaufort County (i.e., 2011; 312.2). However, overall rates depict a positive decline across time.

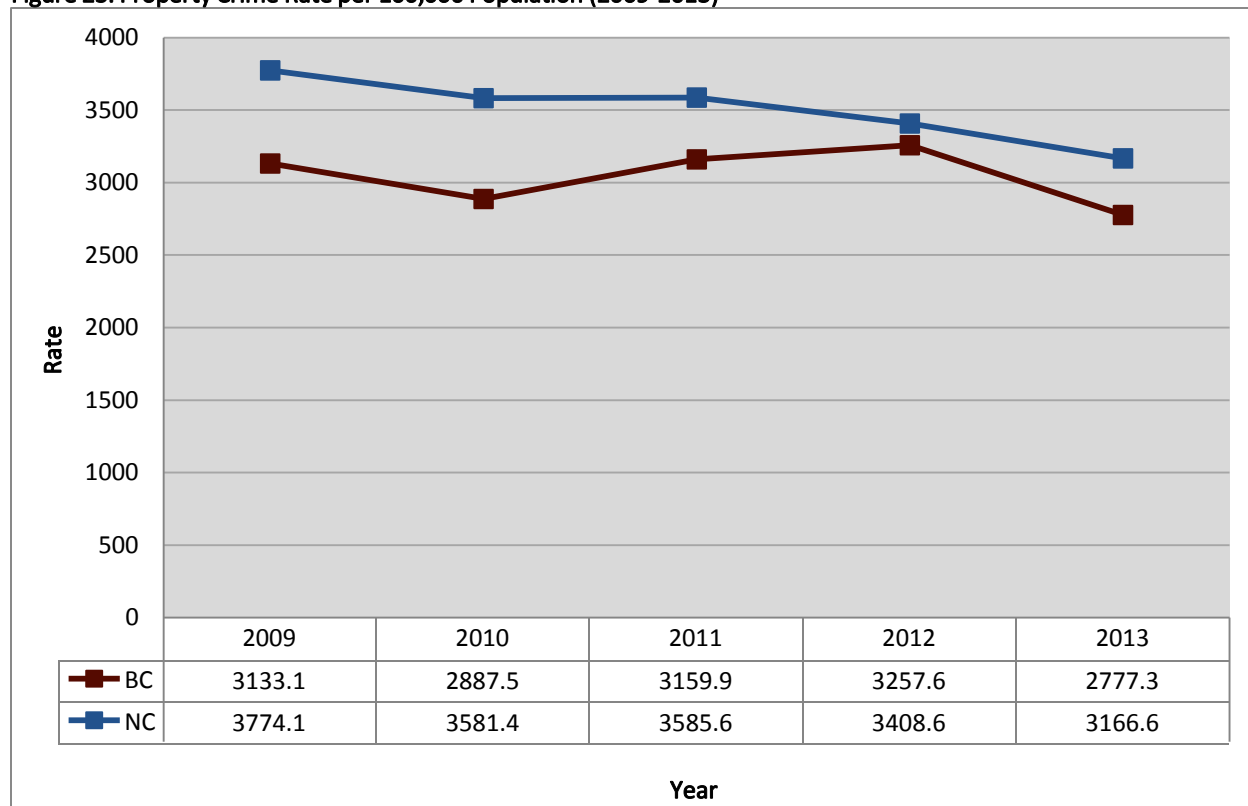
Figure 22. Violent Crime Rate per 100,000 Population (2009-2013)



Source: North Carolina Department of Justice, Crime in North Carolina, Crime Statistics, Annual Summary Report: Years 2009, 2010, 2011, 2012, 2013; <http://crimereporting.ncdoj.gov/Reports.aspx>

Finally, property crimes, which include the total number burglaries, larcenies, and motor vehicle thefts, are also at a five-year low for both Beaufort County and North Carolina (see Figure 23). Specifically, property crime rates are 2777.3 for Beaufort County and 3166.6 for North Carolina. Although rates have steadily decreased over time in North Carolina, property crime rates have only recently recovered from an increase in Beaufort County. In particular, property crime rates in the County increased from 2887.5 in 2010 to 3257.6 in 2012, only to eventually decrease to the current rate, which is the lowest in the past five years.

Figure 23. Property Crime Rate per 100,000 Population (2009-2013)

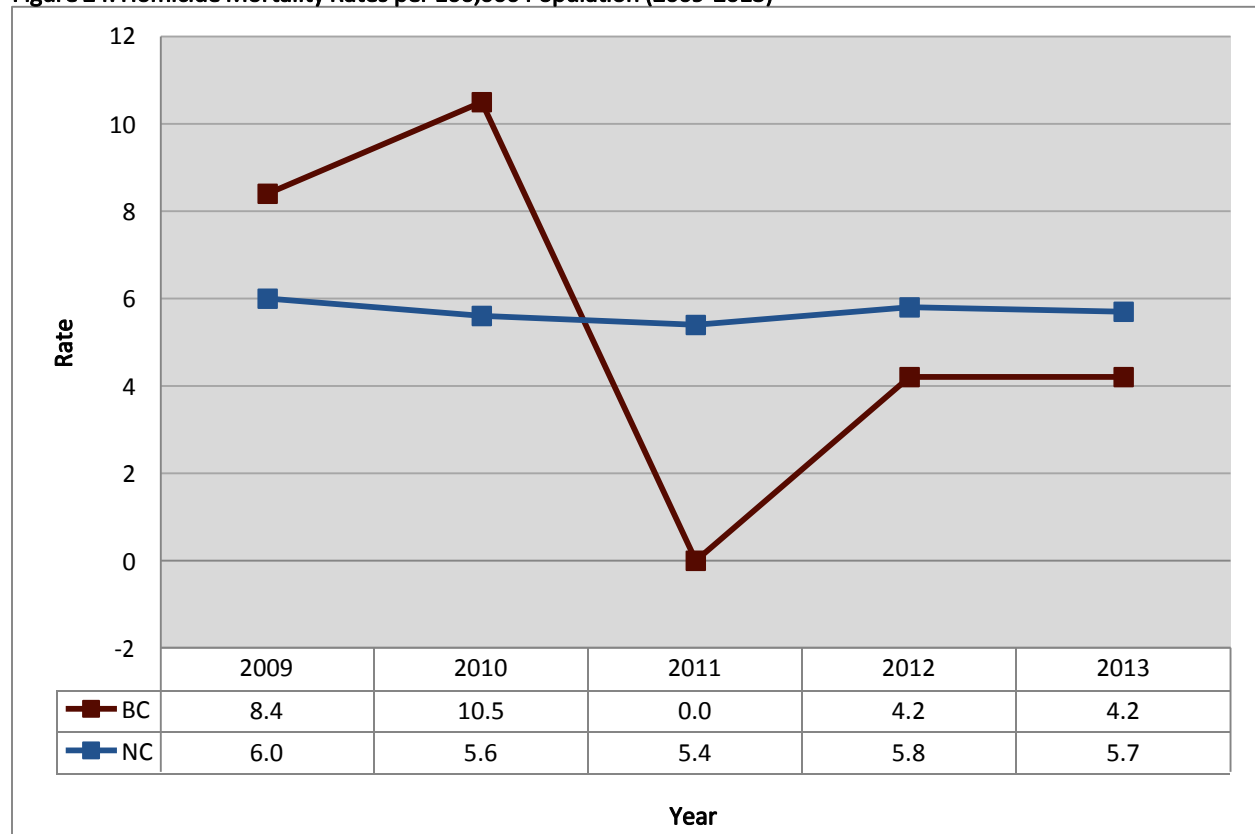


Source: North Carolina Department of Justice, Crime in North Carolina, Crime Statistics, Annual Summary Report: Years 2009, 2010, 2011, 2012, 2013; <http://crimereporting.ncdoj.gov/Reports.aspx>

Homicide Mortality Rate Trend

A final important component to community crime and safety is the homicide mortality rate. Such rates, which indicate the number of deaths attributed to homicide, have historically demonstrated a high level of variability in Beaufort County; however, rates have stabilized in the past two reported years (2012, 2013). Specifically, the number of homicides in Beaufort County increased from 8.4 in 2009 to 10.5 in 2010, but dropped to zero in 2011. Since then, homicide rates in the County have held steady at 4.2. In contrast, homicide mortality rates in North Carolina have demonstrated a high level of stability, only moving from 6.0 in 2009 to 5.7 in 2013.

Figure 24. Homicide Mortality Rates per 100,000 Population (2009-2013)



Note: Rate scale includes negative values only for display purposes. Rates cannot consist of negative values.
Source: NC State Center for Health Statistics, NC Vital Statistics Volume 2: Leading Causes of Death, Mortality Statistics Summary for NC Residents: Homicide; <http://www.schs.state.nc.us/data/vital.cfm>

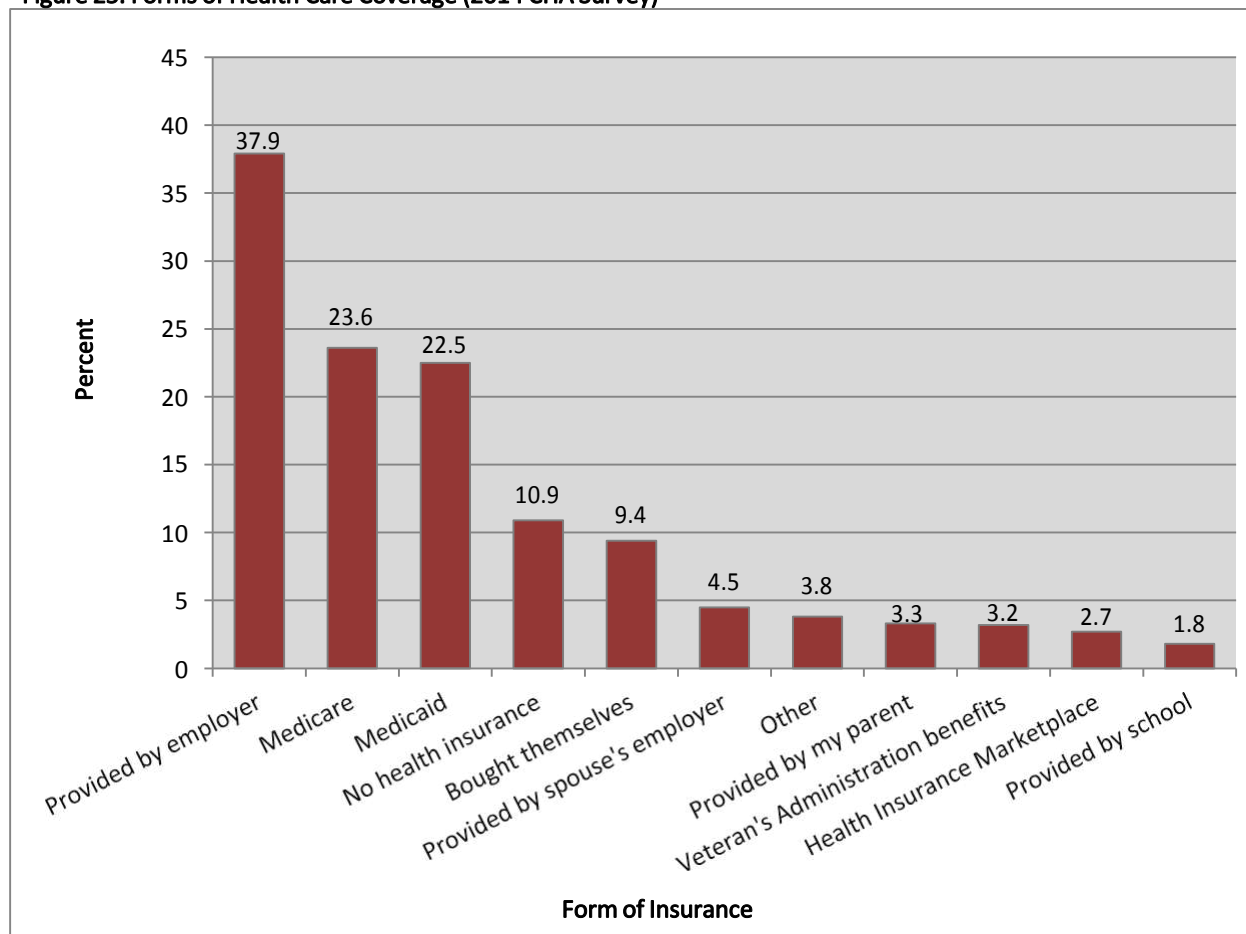
Health Resources

Health resources consist of services that are available and accessible to community members. The primary purposes of these resources are to reduce health care costs, meet various health needs, and improve overall well-being. The following section includes statistics and CHA participant opinions regarding resources such as medical insurance, health care providers, hospitals, and nursing homes.

Medical Insurance

Medical insurance serves as an important health resource for individuals by reducing medical costs. According to CHA survey participants, the most common form of health insurance (see Figure 25) was insurance provided by an employer (37.9 percent), followed by Medicare (23.6 percent) and Medicaid (22.5 percent). Further, approximately 10.9 percent of survey participants reported having no current form of health insurance. Tri-Care and supplemental insurance provided by Medicare were the two most frequent responses by participants who selected “other” (3.8 percent).

Figure 25. Forms of Health Care Coverage (2014 CHA Survey)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Medicaid

Medicaid is as a resource for individuals and families who need assistance in managing health care related expenses. Eligible individuals are those who meet the requirements necessary for inclusion in the program. The number of Medicaid users has increased in both Beaufort County and in North Carolina from 2007 to 2010 (see Table 7). Also, the percentage of eligible individuals who use Medicaid (22.0 percent in 2010) is higher than the North Carolina average (17.0 percent in 2010). Finally, the average Medicaid cost per Beaufort County enrollee was \$8,385 in 2010, but was only \$7,256 in the state of North Carolina.

Table 7. Medicaid Eligibility and Expenditures (FY2007-2010)

Year	Beaufort County			North Carolina		
	Eligible		Average Cost per Adult Enrollee	Eligible		Average Cost per Adult Enrollee
	#	%	\$	#	%	\$
2007	9,368	20.0	8,306	1,330,486	15.0	7,254
2008	9,607	21.0	8,069	1,397,732	15.0	7,244
2009	9,962	21.0	8,451	1,500,204	16.0	7,389
2010	10,326	22.0	8,385	1,577,121	17.0	7,256

Source: NC Division of Medical Assistance, Statistics and Reports, Medicaid Data, County-Specific Snapshots for NC Medicaid Services, 2008-2011 (geographies as noted): <http://www.ncdhhs.gov/dma/countyreports/index.htm>

Medicare

Similarly, Medicare provides health care assistance to individuals who meet the criteria for enrollment. The table below (see Table 8) indicates the percentages of eligible individuals who are dually enrolled in both Medicare and Medicaid. This means that these individuals receive benefits from both programs. The percentages of dually enrolled individuals have steadily decreased in Beaufort County and in North Carolina. Additionally, the percentage of eligible individuals who are dually enrolled has remained higher in Beaufort County compared to the State.

Table 8. Medicare/Medicaid Dual Enrollment (2007-2010)

Location	% Eligible who are Dually Enrolled			
	2007	2008	2009	2010
Beaufort County	20.5	20.1	18.7	18.2
North Carolina	16.7	16.1	15.0	14.5

Source: NC Division of Medical Assistance, Statistics and Reports, Medicaid Data, County Specific Snapshots for NC Medicaid Services; <http://www.ncdhhs.gov/dma/countyreports/index.htm>.

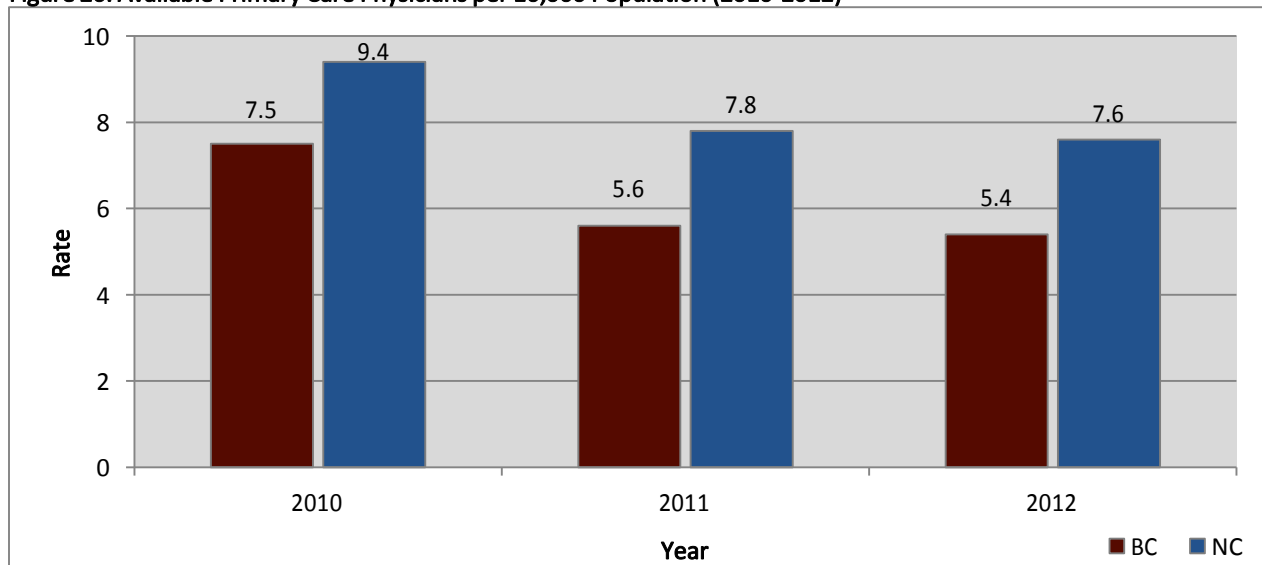
Health Care Providers

The availability of health care providers within the County is imperative to an individual's ability to access this type of resource. Those who are able to see a doctor within the community can receive care without extensive travel. The following sections depict the numbers of available health providers in Beaufort County as well as self-reported visitation to health facilities.

Primary Care Physicians

The figures below depict the number of available primary care physicians per 10,000 people in Beaufort County and in North Carolina. The number of primary care physicians has steadily decreased in both Beaufort County (7.5 to 5.4) and in North Carolina (9.4 to 7.6; see Figure 26) between 2010 and 2012. Even though the State is following the same trend, Beaufort County still has less access to care as demonstrated by the higher primary care physician ratio for Beaufort County (1,987:1) as compared to North Carolina (1,462:1).

Figure 26. Available Primary Care Physicians per 10,000 Population (2010-2012)

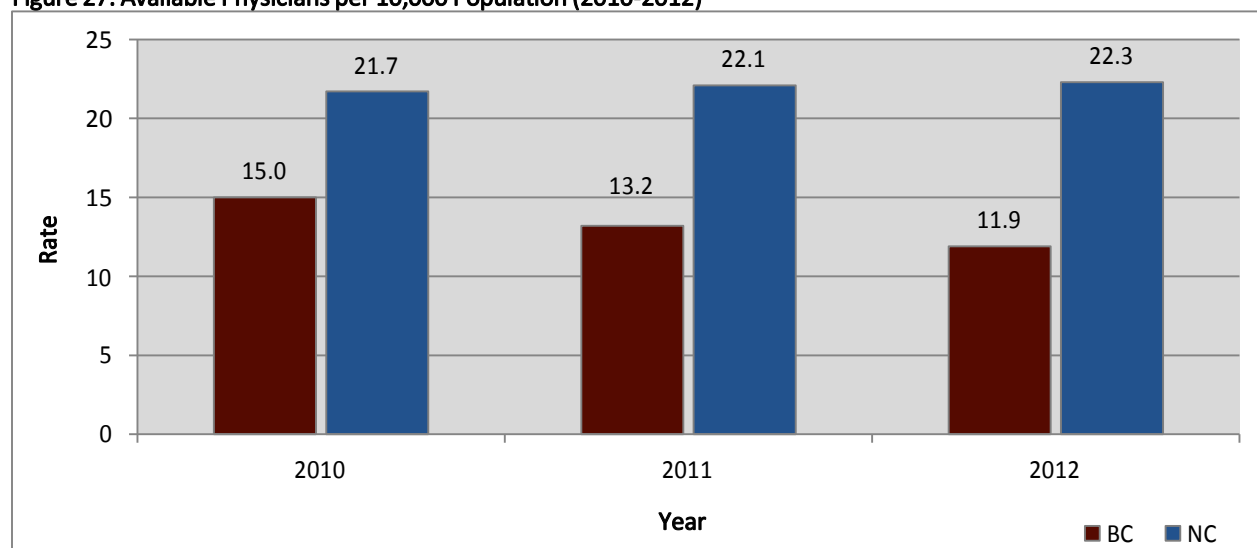


Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2010, 2011, and 2012)

<http://www.shepscenter.unc.edu/hp/publications.htm>

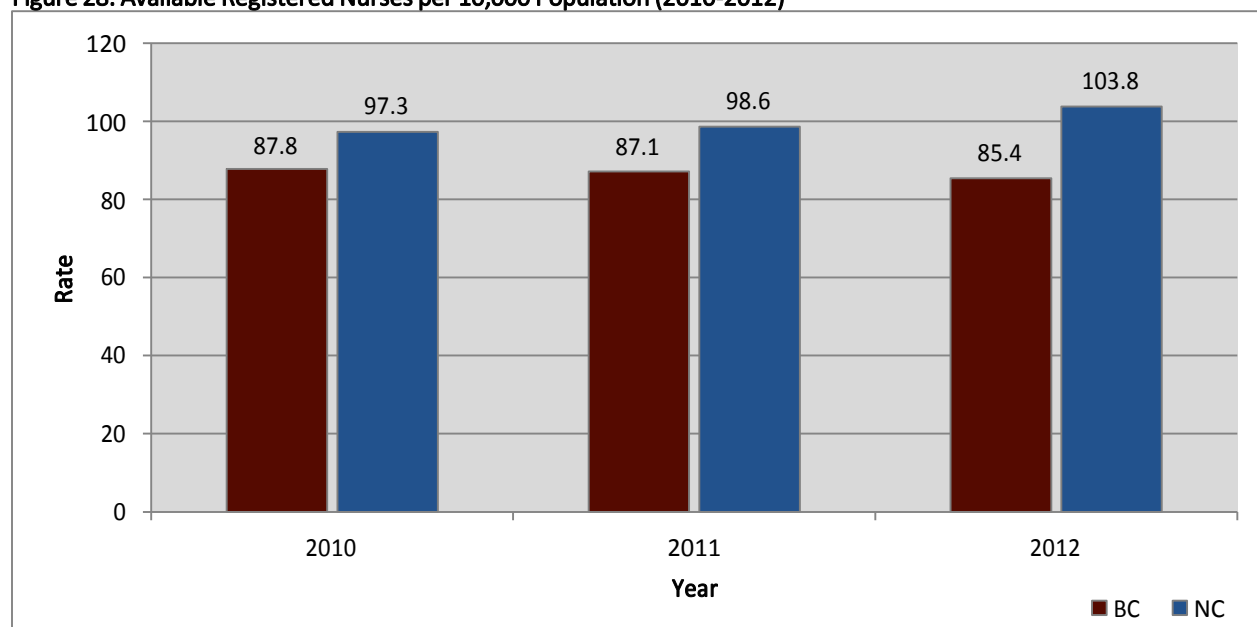
From 2010 to 2012, the number of physicians, registered nurses, dentists, and pharmacists has slowly increased or remained stable in the state of North Carolina. However, Beaufort County experienced a slow decrease in all of these health providers from 2010 and 2012, with the exception of pharmacists, which have increased from 7.1 to 9.2 (see Figures 27-30).

Figure 27. Available Physicians per 10,000 Population (2010-2012)



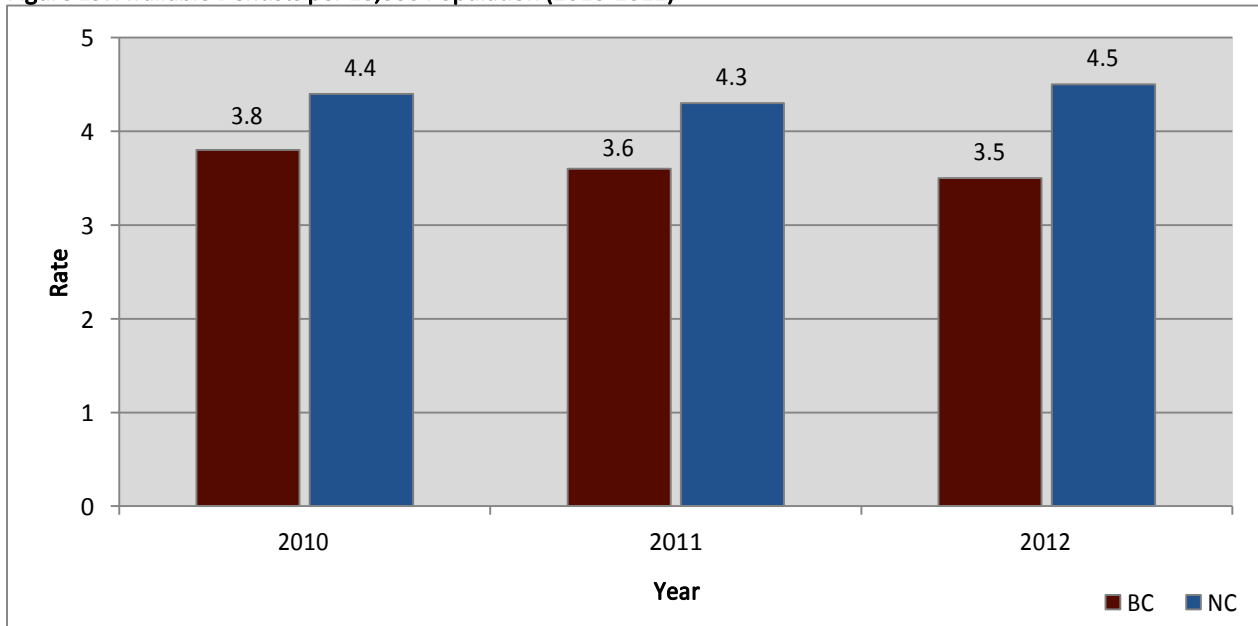
Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2010, 2011, and 2012)
<http://www.shepscenter.unc.edu/hp/publications.htm>

Figure 28. Available Registered Nurses per 10,000 Population (2010-2012)



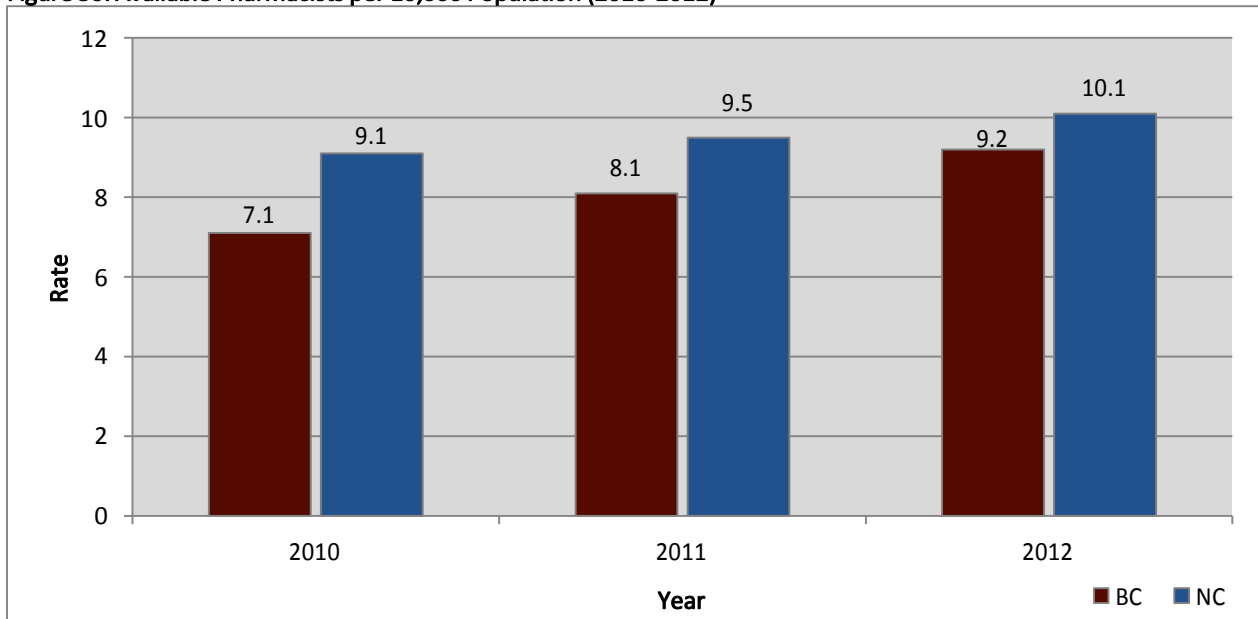
Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2010, 2011, and 2012)
<http://www.shepscenter.unc.edu/hp/publications.htm>

Figure 29. Available Dentists per 10,000 Population (2010-2012)



Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2010, 2011, and 2012)
<http://www.shepscenter.unc.edu/hp/publications.htm>

Figure 30. Available Pharmacists per 10,000 Population (2010-2012)



Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2010, 2011, and 2012)
<http://www.shepscenter.unc.edu/hp/publications.htm>

Practitioners Outside of Beaufort County

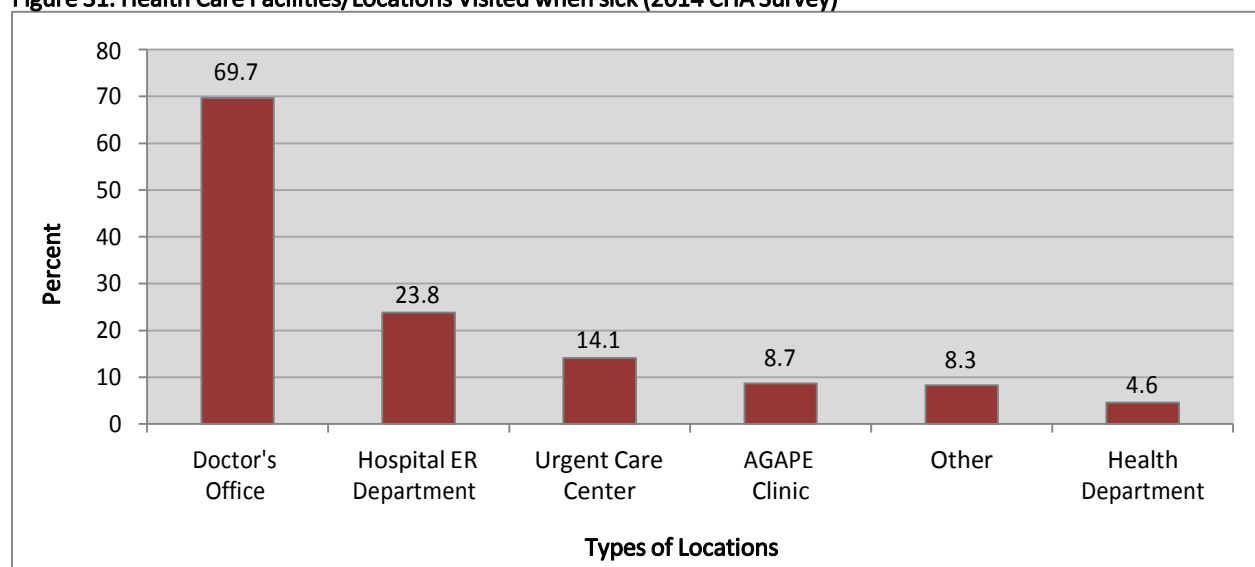
Approximately one-third of CHA survey participants (33.0 percent) reported that their primary healthcare provider was located outside of Beaufort County. Following, these individuals were asked to indicate why they leave the county to receive care. Common responses to this question were history with a specific provider (27.1 percent) and the healthcare specialty needed is not available in Beaufort County (25.3 percent). “Other” responses (25.3 percent) included poor quality of care in Beaufort and the Veterans Affairs clinic, which is located in Pitt County. One CHA survey respondent suggested, “the turnover of physicians (in Beaufort County) results in lack of continuity.” Similarly, another focus group member stated that there is “no continuity of care” in the community.

Although it was not supported by survey data, focus group members described difficulties getting doctor’s appointments in the County. One focus group member reported, “there is a shortage of doctors here. Providers in the community are either not taking new patients or not taking Medicaid.”

Health Services Sources

The majority of Beaufort County residents who participated in the survey reported that they visit a doctor’s office (69.7 percent) when they are sick (see Figure 31). Residents also commonly visit the Hospital ER Department (23.8 percent) and the Urgent Care Center (14.1 percent). Similarly, almost half (47.8 percent) of survey respondents receive their health-related information from their doctor or nurse. Additional sources for this information include the Internet (43.2 percent), friends and family (19.7 percent), television (19.1 percent), and books or magazines (14.6 percent). Focus group participants also stated that they received the majority of their health-related information through the Internet (e.g., “Facebook”), as well as their church and children’s school.

Figure 31. Health Care Facilities/Locations Visited when sick (2014 CHA Survey)

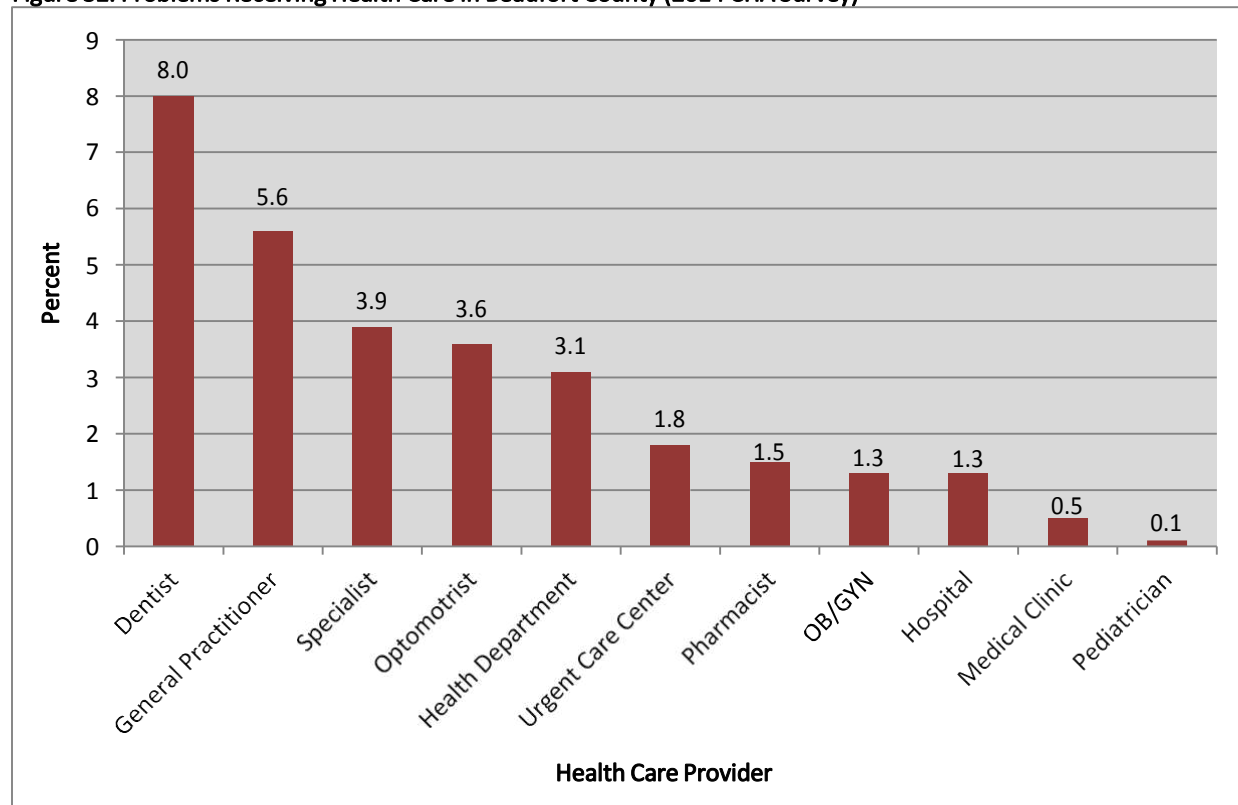


Source: Beaufort County Community Health Needs Assessment Survey 2014.

Health Services Limitations

When CHA participants were asked whether they have had difficulty receiving health care over the past 12 months, 21.8 percent reported experiencing this issue. The most common types of providers that respondents experienced difficulties with were dentists, general practitioners, specialists, and optometrists (see Figure 32). These individuals were also asked to select reasons that affected their ability to get care from a provider. Respondents attributed their difficulty with receiving care to their inability to get an appointment (24.3 percent) and their lack of health insurance (22.6 percent).

Figure 32. Problems Receiving Health Care in Beaufort County (2014 CHA Survey)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Another question in the CHA survey asked participants to indicate whether they have dental insurance. Almost a quarter of participants (22.8 percent) reported that they do not have dental insurance, which perhaps puts the difficulty of receiving care from a dentist in perspective.

Hospitals

Vidant Beaufort Hospital located in Washington is a full service hospital with an active medical staff of over 50 physicians, representing over 20 specialties. The hospital is licensed for 142 beds, including 120 acute and 22 psychiatric, and is equipped with six operating rooms. The hospital offers a broad range of inpatient and outpatient services including medical, surgical, intensive care, emergency and women's services. In addition it has a full-service lab, diagnostic imaging services, physical and respiratory therapy.

Nursing Homes

Nursing homes are facilities that provide care and residency for elderly individuals. The number of beds in nursing homes has remained relatively stable over the past five years, with a small drop from 300 to 290 beds in 2012 (see Table 9). This parallels the significant decrease in nursing home beds from 2011 to 2012 in state of North Carolina.

Table 9. Number of Nursing Facility Beds (2009-2014)

Location	2009	2010	2011	2012	2013	2014
Beaufort County	300	300	300	290	290	290
North Carolina	44,315	45,153	45,382	43,470	43,606	43,955

Note: This count includes beds licensed as nursing facility beds, meaning those offering a level of care less than that offered in an acute care hospital, but providing licensed nursing coverage 24 hours a day, seven days a week.

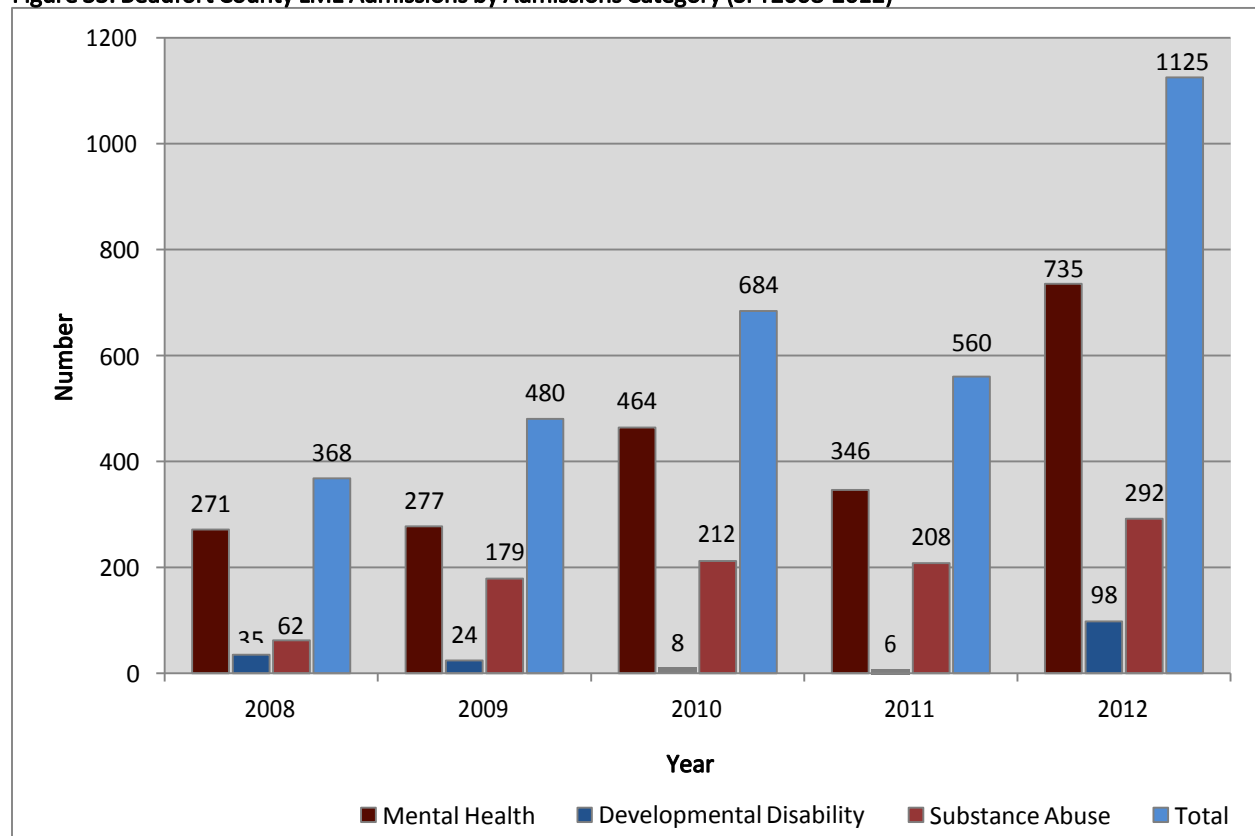
Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 513):

http://data.osbm.state.nc/pls/linc/dyn_linc_main.show

Mental Health Services and Facilities

The LME (local management entity) is a local government agency that provides community-based, publicly funded services for mental health, developmental disabilities, and substance abuse. The most recently reported year (2012) demonstrated the highest total number of admissions to an LME facility (see Figure 33).

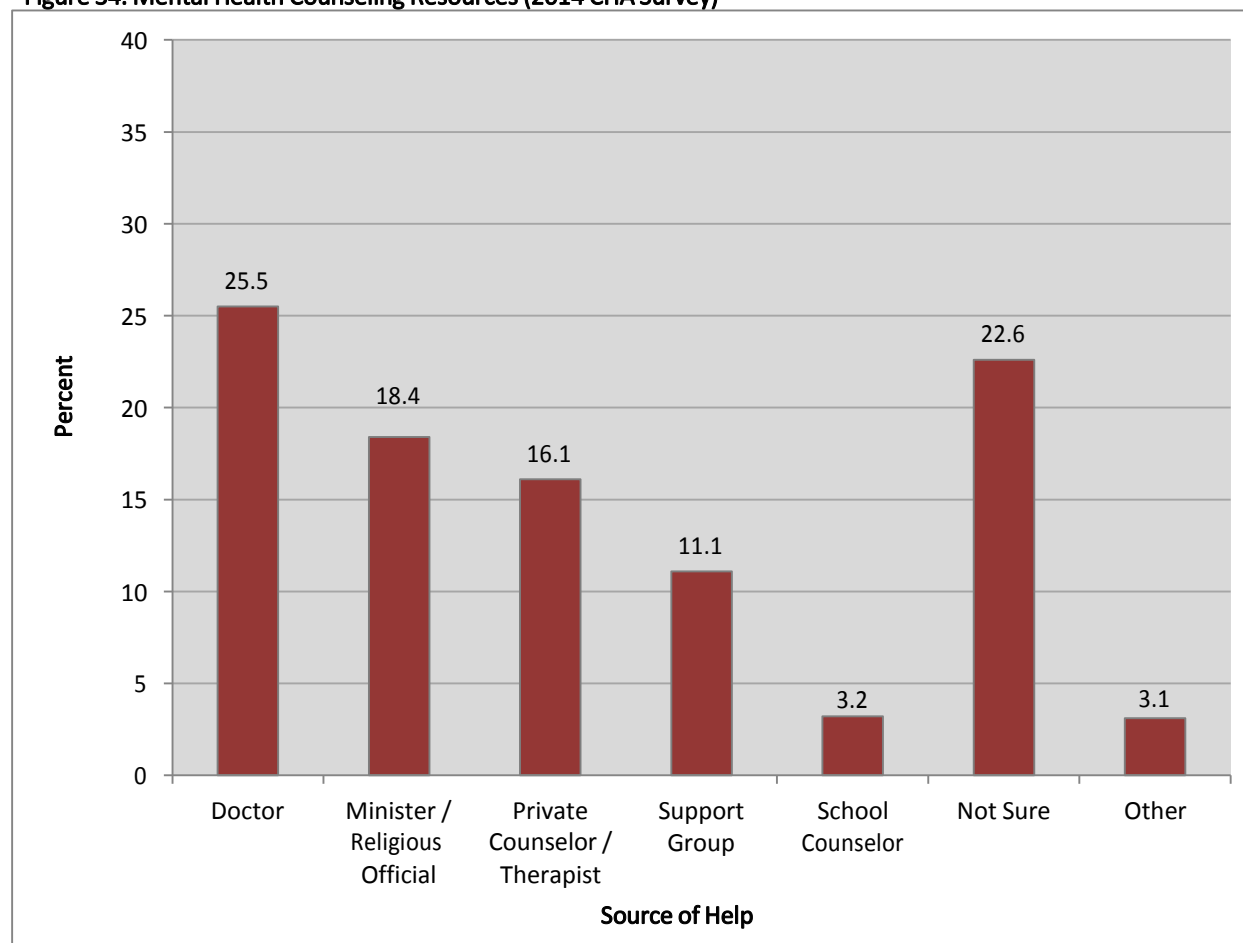
Figure 33. Beaufort County LME Admissions by Admissions Category (SFY2008-2012)



Source: Trends in LME Admissions and Persons Served, by County, 5-Year Study. NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Consumer Data Warehouse (CDW) Reports website; <http://www.ncdhhs.gov/mhddsas/providers/CDW/reports.htm>.

Moreover, nearly a quarter of CHA survey respondents self-reported that they have been diagnosed with depression or anxiety. When asked who would respondents recommend if a friend or family member needed counseling for a mental health or alcohol / drug abuse problem, the most frequently reported answer was a doctor (25.5 percent; see Figure 34). However, many respondents were unsure who would be the best resource for a mental health issue (22.6 percent).

Figure 34. Mental Health Counseling Resources (2014 CHA Survey)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Further, survey participants were asked to identify health topics or diseases about which they want to learn more. Mental health was a popular text entry for this question. The topic of mental health was also discussed in focus groups. One participant said, “mental health is a big issue.” Another participant reported, “we see behavioral issues that are beyond regular disciplinary issues with some students.”

Health Statistics Understanding

Health Statistics Age-Adjustment and

Aggregate Data

Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes that allows communities with different age distributions to be compared. If this technique is not employed, the numbers are confounded and not comparable across counties and with the state. While it is not necessary to grasp the details of age-adjustment to understand this report, it is important to note that this type of data has been used wherever possible.

Aggregate data is also used frequently when reporting health statistics. This type of data combines individual years of data in order to provide stability for that statistic. It is necessary especially when the individual years of data are highly variable due to low numbers in some years.

Mortality and Morbidity

In this report, mortality refers to the incidence of death (number of deaths) in the population. Mortality data is often described as a rate, usually presented as number of deaths per 100,000 residents. Morbidity refers to the incidence of injury, illness or disease in a population. Morbidity data is normally presented as a percentage, or a count.

Prevalence and Incidence

Prevalence is defined as the number of total cases in the population at a given time. Incidence is defined as the rate of occurrence of new cases in the population. Incidence provides information about the risk of contracting the disease, whereas prevalence provides information about the widespread nature of the disease.

Trends and Small Numbers

Comparing data on an annual basis can sometimes result in very unsteady trends. This mainly occurs because of the small number of cases per year. Therefore, the preferred method for reporting incidence and mortality data is long-term trends using the age-adjusted, multi-year aggregate format.

Annual changes in small numbers can be misleading by causing large differences in rates. Aggregating yearly counts over a longer period prior to calculating a rate can be used to amend the effect of small numbers. The NCSCHS suggests that all rates based on fewer than 20 events are considered unstable, and should be interpreted with caution. Any data that falls into this category will be described as such.

County Health Rankings

The information below (see Table 10) depicts Beaufort County health rankings in comparison to the rest of the State. Because North Carolina has a total of 100 counties, rankings range from 1 (highest; best) to 100 (lowest; worst). These health rankings are divided into two major types: health outcomes and health factors. Additionally, each type contains various subcategories. Among all Beaufort County health rankings for 2014, the County's highest-ranking category is physical environment (13), which includes air quality, water quality, and factors related to commuting. Finally, the lowest ranking category for the County is health behaviors (91) including smoking, obesity, and other risk behaviors.

Table 10. Beaufort County Health Rankings (2014)

Type	Category	County Rank (Out of 100)
Health Outcomes	Length of Life	81
	Quality of Life	50
	Overall Outcomes Rank	72
Health Factors	Health Behaviors	91
	Clinical Care	29
	Social & Economic Factors	65
	Physical Environment	13
	Overall Factors Rank	64

Source: County Health Rankings and Roadmaps, 2014. University of Wisconsin Population Health Institute:
<http://www.countyhealthrankings.org/app/north-carolina/2014/rankings/outcomes/overall>

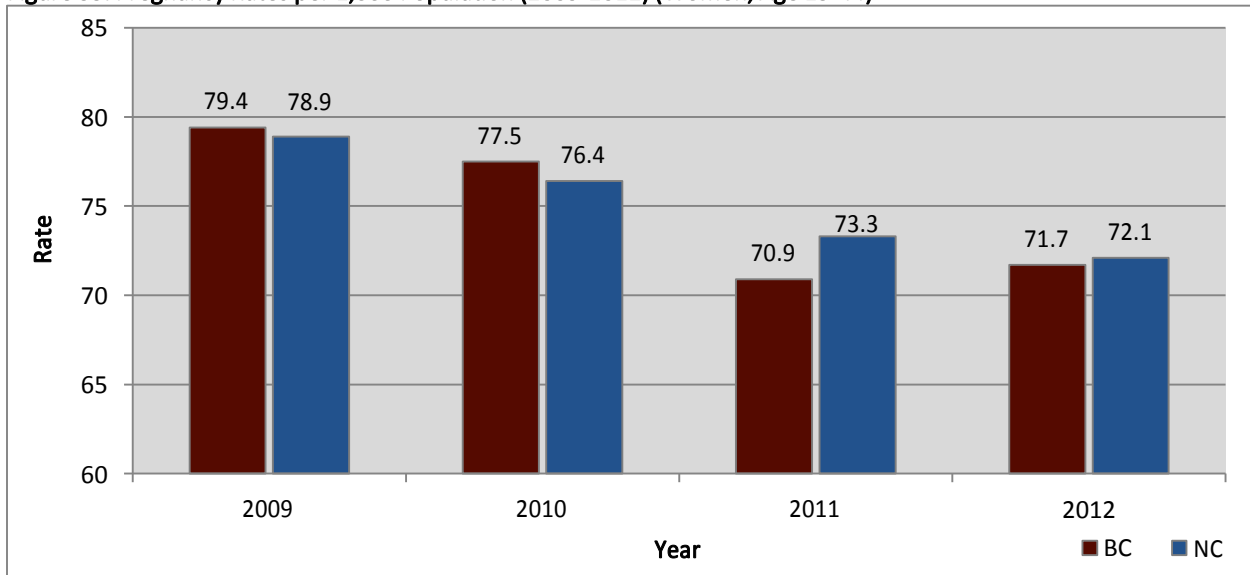
Maternal and Infant Health

Maternal and infant health is vital to a healthy community and often determines the health and well-being of future generations. Relevant pregnancy related health statistics are presented below.

Pregnancy, Fertility, and Abortion Rates

The pregnancy rate, the number of pregnancies per 1,000 women of reproductive age, has decreased approximately 10.0 percent in Beaufort County. This trend is similar to the nine percent decrease in North Carolina (see Figure 35).

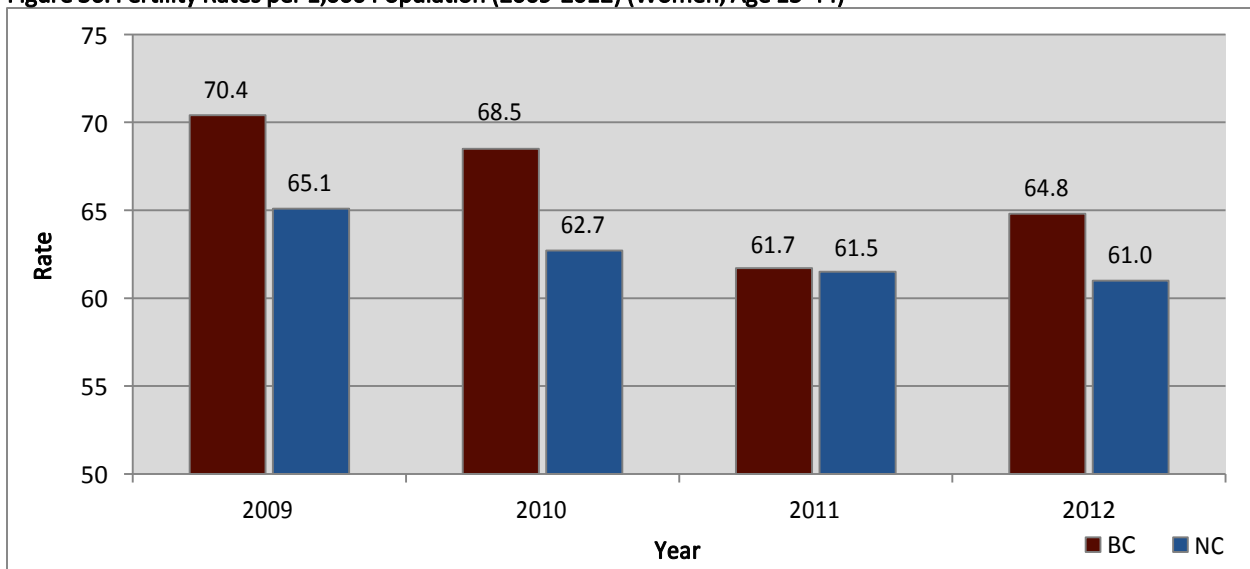
Figure 35. Pregnancy Rates per 1,000 Population (2009-2012) (Women, Age 15-44)



Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2012). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Moreover, the fertility rate in Beaufort County, the number of live births per 1,000 women of reproductive age, has decreased approximately eight percent (see Figure 36). This reduction is about two percent greater than the State average.

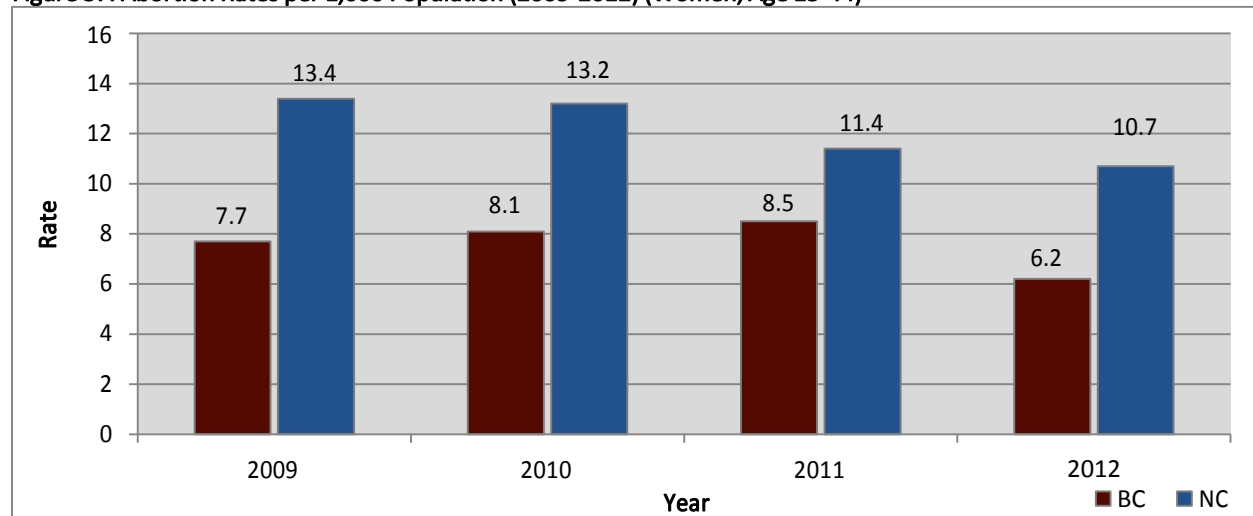
Figure 36. Fertility Rates per 1,000 Population (2009-2012) (Women, Age 15-44)



Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2012). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Finally, the abortion rate in Beaufort County, nearly 20.0 percent lower than years past, contributed to the 20.0 percent State-wide decline (see Figure 37).

Figure 37. Abortion Rates per 1,000 Population (2009-2012) (Women, Age 15-44)



Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2012). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Pregnancies among Teens and Adolescents

The number of teenage pregnancies has decreased significantly from 2009 to 2012 (see Table 11). Specifically, Beaufort County experienced a reduction of about 40 percent in the frequency of teenage pregnancies. Comparatively, North Carolina reduced teenage pregnancy by over 65 percent. Most recent data suggests that 14.1 percent of CHA survey participants indicated that teenage pregnancy is still one of the top three issues most affecting the quality of life in Beaufort County.

Table 11. Number of Pregnancies among Teens (Age 15-19) and Adolescents (Under Age 15) (2009-2012)

Year	Beaufort County		North Carolina	
	Teens (15-19)	Adolescents (<15)	Teens (15-19)	Adolescents (<15)
2009	115	0	18,142	324
2010	94	0	15,957	282
2011	82	0	13,909	255
2012	67	0	12,535	214

Source: NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data (2009-2012), counties and age groups as indicated;
<http://www.schs.state.nc.us/SCHS/data/preg/preg.cfm>

Pregnancy Risk Factors

Pregnancy can be affected by numerous health related factors. Smoking during pregnancy and the absence of early prenatal care can pose significant threats to maternal and infant health.

Smoking during Pregnancy

Across the state of North Carolina, the rate of mothers who smoke during pregnancy has remained relatively consistent. However, Beaufort County, despite a higher frequency, demonstrates a similarly consistent rate of mothers who smoke while pregnant (see Table 12).

Table 12. Smoking during Pregnancy (2009-2013)

Year	Beaufort County		North Carolina	
	#	Rate	#	Rate
2009	86	14.7	12,975	10.2
2010	N/A	N/A	N/A	N/A
2011	66	13.4	13,159	10.9
2012	73	14.4	12,727	10.6
2013	63	12.9	12,242	10.3

Note: 2010 data unavailable

Source: NC State Center for Health Statistics, Vital Statistics, Volume 1 (2009, 2010, 2011, 2012 and 2013):

Population, Births, Deaths, Marriages, Divorces, (geography as noted), Mother Smoked;

<http://www.schs.state.nc.us/schs/data/vitalstats.cfm>

Early Prenatal Care

From 2009 to 2013 the percentages of women receiving prenatal care in the first trimester has decreased in Beaufort County (7.4 percent) and North Carolina (13.0 percent). Early prenatal care improves the chances of a healthy pregnancy. The highest percentage of women receiving prenatal care in Beaufort County and North Carolina was in 2009, 86.9 percent and 83.3 percent, respectively (see Table 13).

Table 13. Women Receiving Prenatal Care in the First Trimester (2009-2013)

Year	Beaufort County		North Carolina	
	#	%	#	%
2009	509	86.9	105,626	83.3
2010	N/A	N/A	N/A	N/A
2011	386	78.6	85,706	71.2
2012	388	76.4	85,380	71.3
2013	388	79.5	83,663	70.3

Note: 2010 data unavailable

Source: NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), North Carolina Residents (2009, 2010, 2011, 2012 and 2013) (geographies as noted): Table 6 (and others): County Resident Births by Month Prenatal Care Began, All Women; <http://www.schs.state.nc.us/schs/births/babybook/>

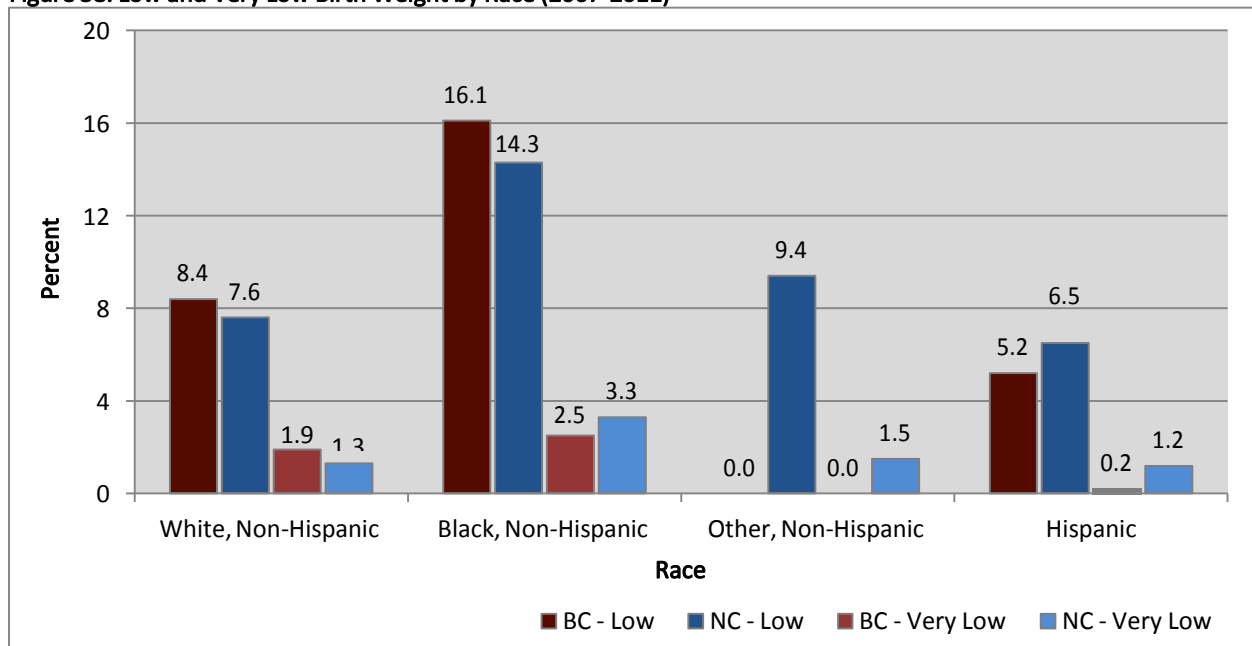
Pregnancy Outcomes

Frequent and early prenatal care is significantly related to a variety of pregnancy outcomes. Poor prenatal care can influence birth weight, infant mortality, and life expectancy.

Low Birth Weight and Very Low Birth Weight

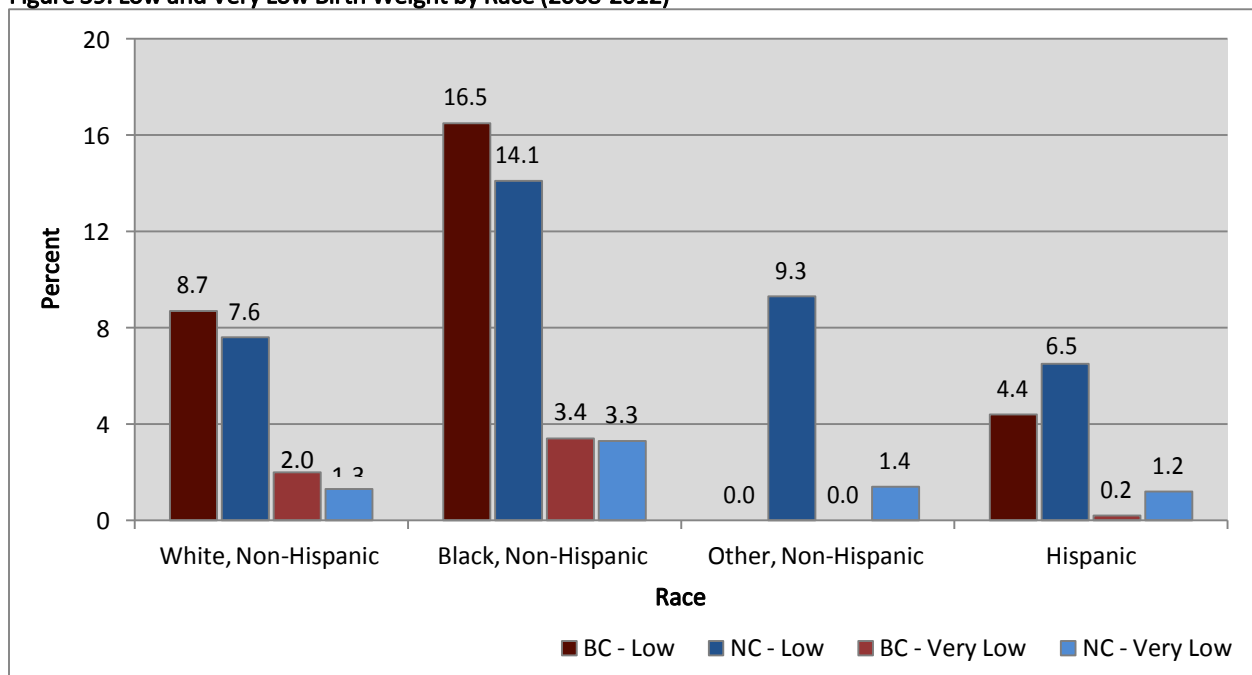
Live-born infants weighing less than five pounds, eight ounces at birth are considered to have low birth-weights. Taking into account five-year aggregate periods from 2007 to 2013, Beaufort County has overall consistently demonstrated higher percentages of low birth weights than North Carolina (see Figures 38-40). Of note, African American, Non-Hispanics were twice as likely to have low birth-weight births than White, Non-Hispanics in each aggregated period. Moreover, live-born infants weighing less than three pounds, four ounces are considered to have very low birth-weights. African Americans demonstrated the highest percentages of very low birth-weights in Beaufort County and North Carolina across all of the five-year aggregate periods.

Figure 38. Low and Very Low Birth Weight by Race (2007-2011)



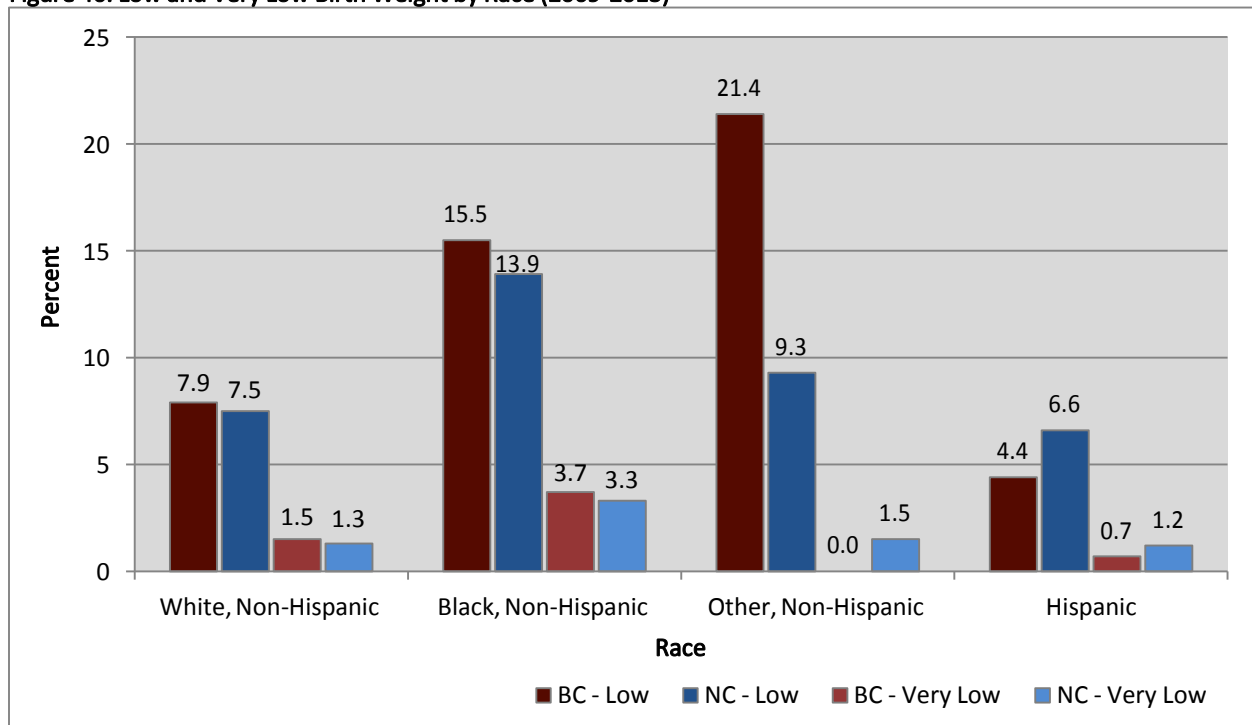
Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2007-2011), Pregnancy and Births, Low and Very Low Weight Births; <http://www.schs.state.nc.us/SCHS/data/databook/>

Figure 39. Low and Very Low Birth Weight by Race (2008-2012)



Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2008-2012), Pregnancy and Births, Low and Very Low Weight Births; <http://www.schs.state.nc.us/SCHS/data/databook/>

Figure 40. Low and Very Low Birth Weight by Race (2009-2013)

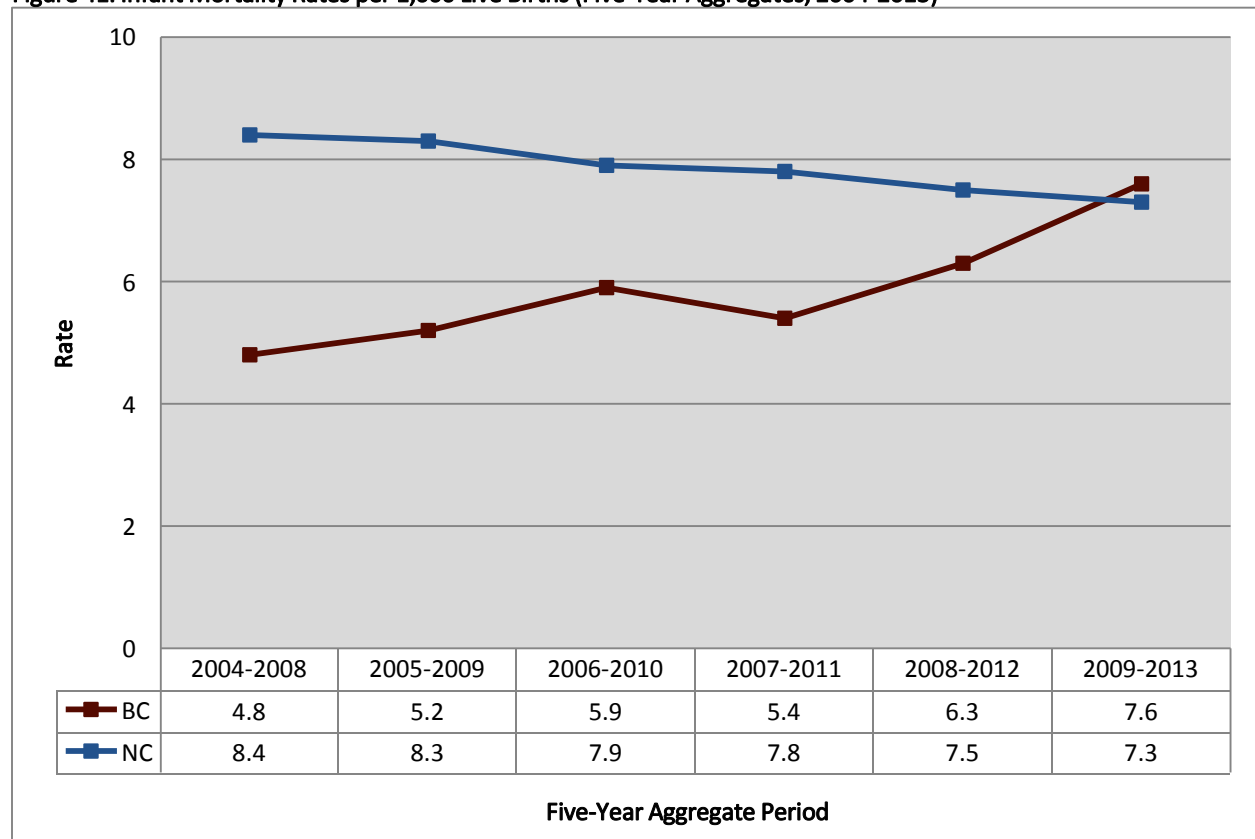


Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2009-2013), Pregnancy and Births, Low and Very Low Weight Births; <http://www.schs.state.nc.us/SCHS/data/databook/>

Infant Mortality

Infant death is the death of a live-born child under one year of age. Data presented as five-year aggregates (see Figure 41) indicates that the rate of infant deaths (per 1,000 live births) has decreased across the state of North Carolina. Uniquely, the rate of infant deaths has increased in Beaufort County by 37.0 percent from 2004 to 2013. The first aggregate period that Beaufort County had a higher rate of infant deaths than the State was 2009-2013.

Figure 41. Infant Mortality Rates per 1,000 Live Births (Five-Year Aggregates, 2004-2013)



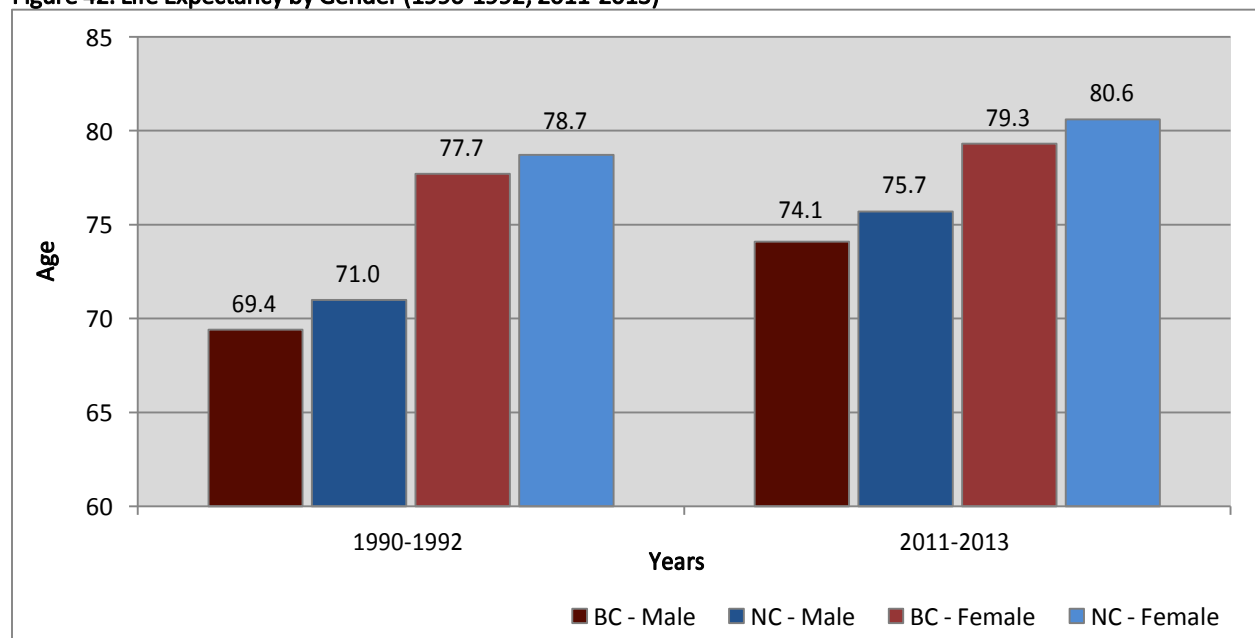
Source: NC Center for Health Statistics, County-level Data, County Health Data Books (2008-2013), Mortality, Infant Death Rates per 1,000 Live Births; <http://www.schs.state.nc.us/SCHS/data/databook/>

Life Expectancy

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Individuals born in Beaufort County between 2011 and 2013 are expected to live approximately three years longer than those born between 1990 and 1992. This trend is similar to the State-wide life expectancy increase. However, on average, those born in Beaufort County are expected to live shorter lives than the North Carolina average.

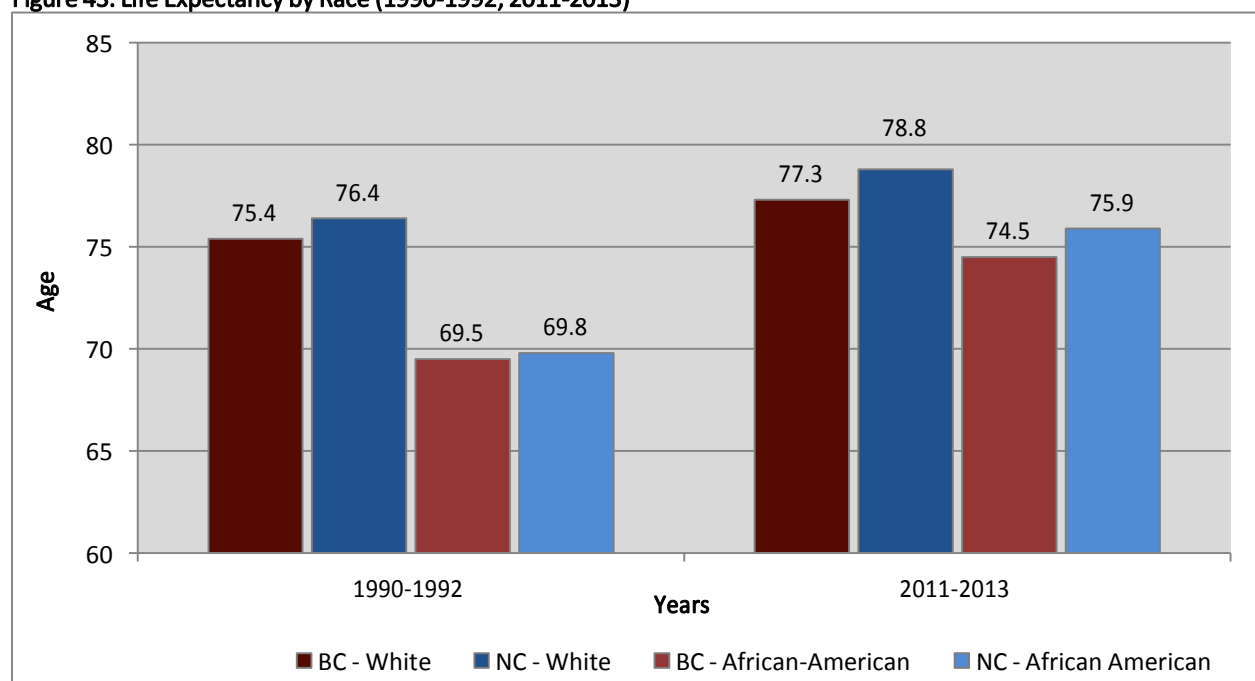
Women in both Beaufort County and North Carolina have a higher life expectancy than men (see Figure 42). Life expectancy for African Americans is lower in both Beaufort County and North Carolina. However, African Americans born in 2011 to 2013 are expected to live seven percent (five years) longer than those born in 1990 to 1992 (see Figure 43).

Figure 42. Life Expectancy by Gender (1990-1992; 2011-2013)



Source: NC State Center for Health Statistics, County-level Data, Life Expectancy, State and County Estimates, Life Expectancy: North Carolina 1990-1992 and 2011-2013, State and County;
<http://www.schs.state.nc.us/schs/data/lifexpectancy/>

Figure 43. Life Expectancy by Race (1990-1992; 2011-2013)

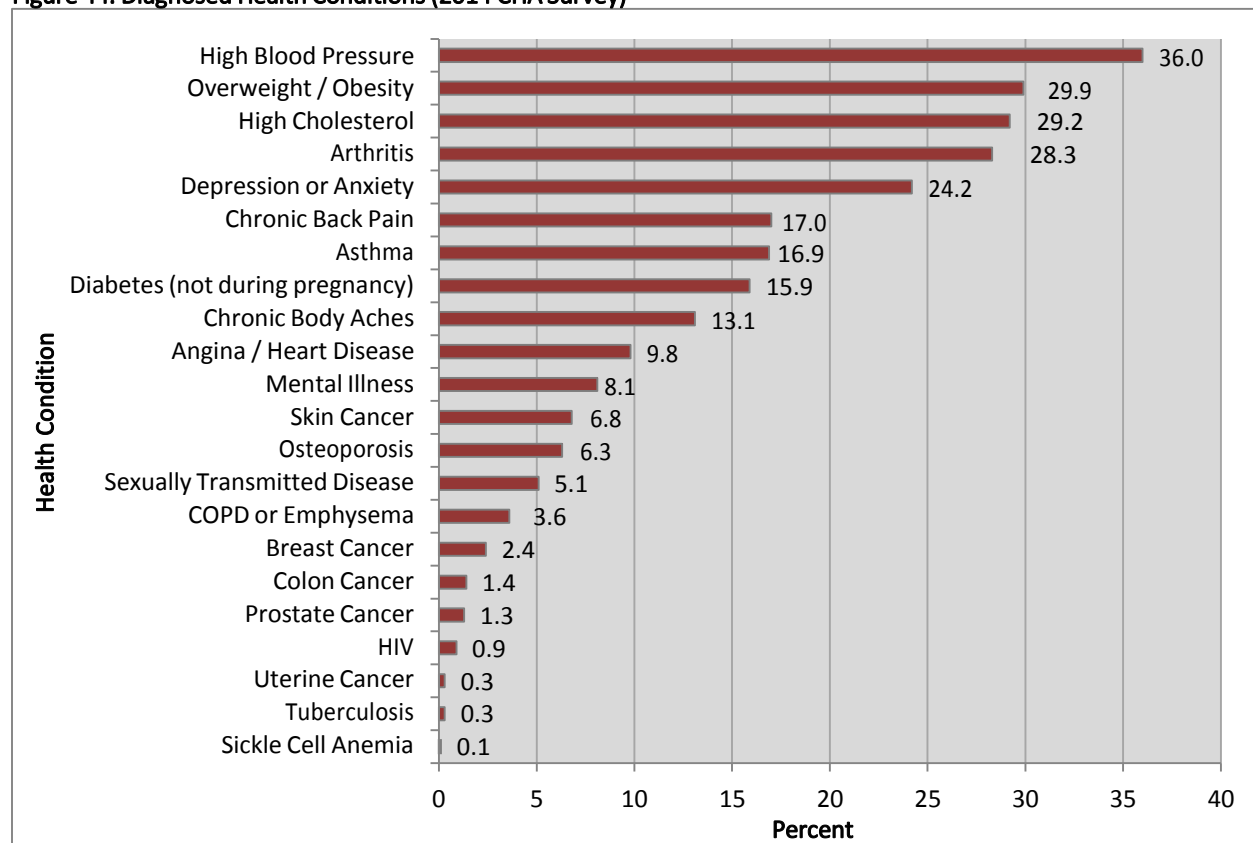


Source: NC State Center for Health Statistics, County-level Data, Life Expectancy, State and County Estimates, Life Expectancy: North Carolina 1990-1992 and 2011-2013, State and County;
<http://www.schs.state.nc.us/schs/data/lifexpectancy/>

Mortality

The CHA survey data below represents self-reported responses regarding diagnoses of 22 health conditions. CHA survey respondents were provided with a list of health conditions and asked to select ones they have been diagnosed with by a health professional. High blood pressure (36.0 percent) was the most common self-reported health condition affecting Beaufort County community members. Moreover, at least 28.0 percent of the survey sample reported being diagnosed with one or more of the following conditions: overweight/obesity, high cholesterol, and arthritis (see Figure 44).

Figure 44. Diagnosed Health Conditions (2014 CHA Survey)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Leading Causes of Death

The top 15 leading causes of death in both Beaufort County and North Carolina are listed below (see Table 14). Each cause of death is ranked in regard to the number of deaths attributed to the condition. Cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, unintentional injury, Alzheimer's disease, and diabetes are the top seven causes of death in both locations. In Beaufort County, number of deaths within the top seven conditions ranges from 650 deaths attributed to various forms of Cancer to 85 deaths attributed to diabetes. Remaining causes of death in the top 10 for Beaufort County include motor vehicle accidents, nephritis, and suicide.

Table 14. Leading Causes of Death (2009-2013)

Cause of Death	Beaufort County			North Carolina		
	#	Rate	Rank	#	Rate	Rank
Cancer	650	194.5	1	90,717	173.3	1
Trachea, Bronchus, and Lung	205	59.2	A	27,364	51.6	A
Prostate (Male-only)	48	34.0	B	4,287	22.1	C
Breast (Female-only)	40	21.9	C	6,361	21.7	B
Colon, Rectum, and Anus	49	15.0	D	7,520	14.5	D
Pancreas	34 ^a	9.7 ^a	E	5,573 ^a	10.6 ^a	E
Diseases of the Heart	636	198.6	2	86,285	170	2
Chronic Lower Respiratory Disease	177	51.4	3	23,346	46.1	3
Cerebrovascular Disease	160	49.7	4	21,816	43.7	4
All other Unintentional Injuries	101	35.9	5	14,403	29.3	5
Alzheimer's Disease	88	28.2	6	14,000	28.9	6
Diabetes Mellitus	84	25.9	7	11,220	21.7	7
Unintentional Motor Vehicle Injuries	53	23.7	8	6,687	13.7	11
Nephritis, Nephrotic Syndrome, Nephrosis	46	13.9	9	8,850	17.6	9
Suicide	34	13.0	10	6,070	12.2	12
Pneumonia and Influenza	31	9.9	11	8,890	17.9	8
Chronic Liver Disease and Cirrhosis	30	9.6	12	5,128	9.5	13
Septicemia	27	8.3	13	6,731	13.3	10
Acquired Immune Deficiency Syndrome	15	5.2	14	1,471	2.9	15
Homicide	13	5.8	15	2,742	5.8	14
Total Deaths All Causes (including not listed)	2,750	1,156.2	N/A	400,347	830	N/A

Note: All rates and corresponding rankings appearing in **bold** typeface are based on fewer than 20 deaths and should be considered unstable. Rates are age-adjusted. Rate = Number of events per 100,000 population, where the Standard = Year 2000 US Population

Source: NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II, Leading Causes of Death, 2009 -2013; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

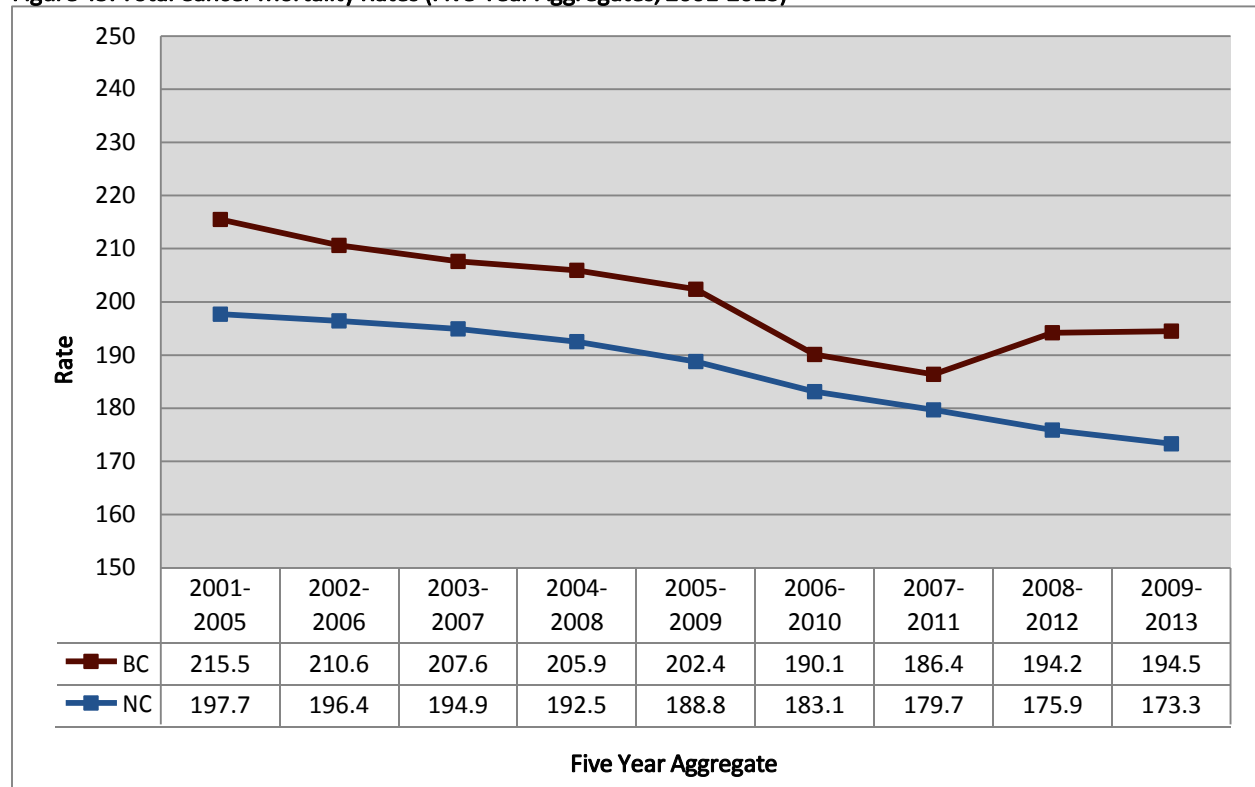
^a - NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2009-2013 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Cancer

Total Cancer Mortality Rate Trend

Total cancer mortality rate has steadily declined since 2001 in the state of North Carolina. Although Beaufort County has experienced a similar decline, the mortality rates continue to be higher than the State (see Figure 45).

Figure 45. Total Cancer Mortality Rates (Five-Year Aggregates, 2001-2013)

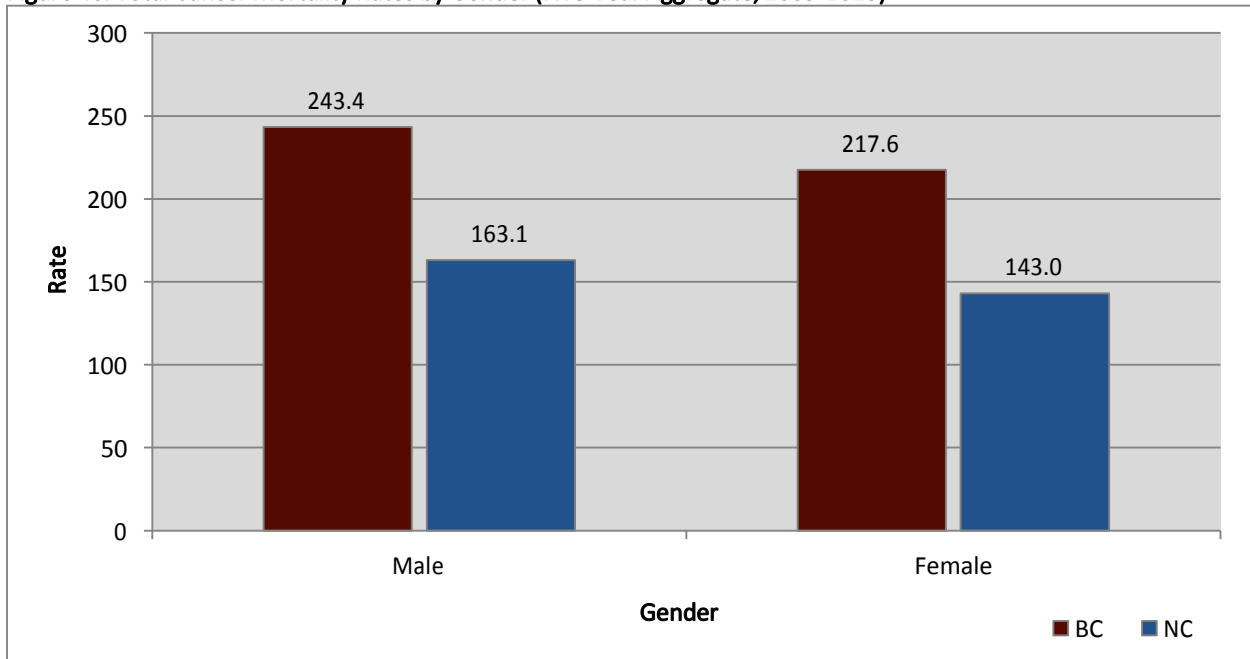


Source: NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II, Leading Causes of Death, Mortality Statistics Summary: Cancer – All Sites 2009, 2008, 2007, 2006, 2005, 2004, 2003, 2002, and 2001; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Gender and Racial Disparities in Total Cancer Mortality

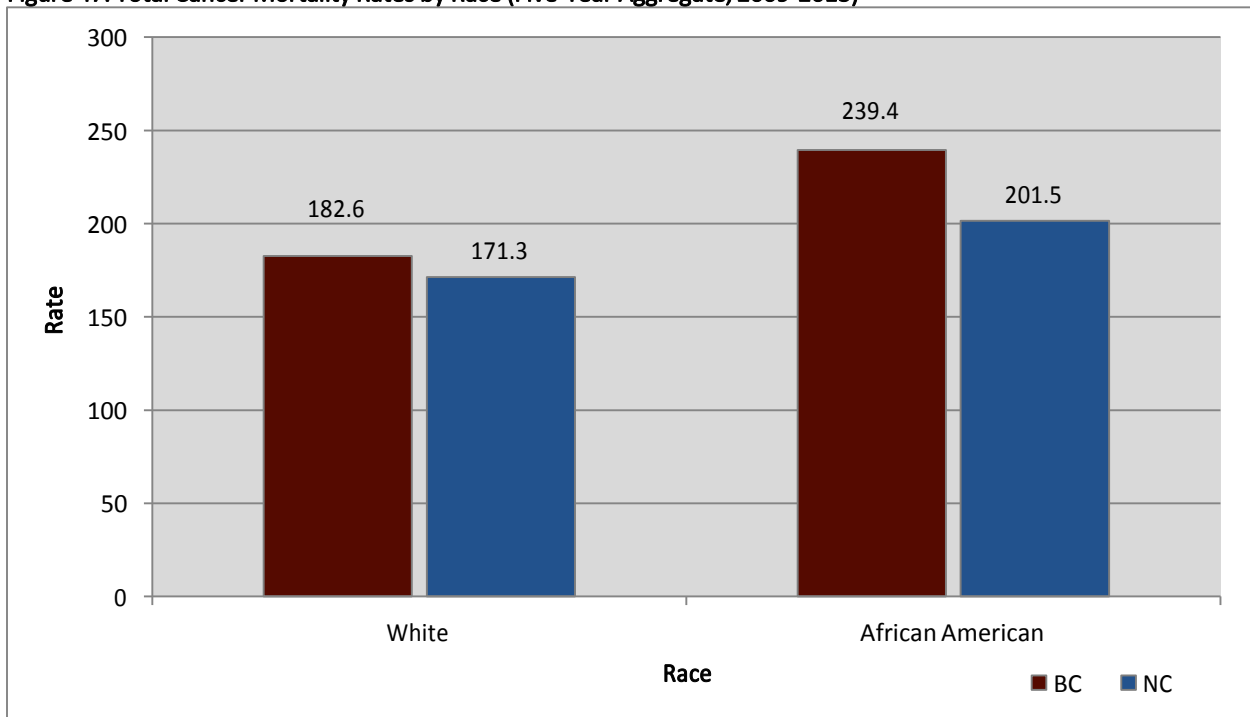
Men demonstrate a higher rate of cancer mortality than women in both Beaufort County and North Carolina (see Figure 46). Further, African American, Non-Hispanic individuals display the highest rate of cancer mortality in Beaufort County (239.4) and North Carolina (201.5). Additionally, White, Non-Hispanic individuals present the highest cancer mortality rates, with a rate of 182.6 in Beaufort County and 171.3 in the State (see Figure 47).

Figure 46. Total Cancer Mortality Rates by Gender (Five-Year Aggregate, 2009-2013)



Note: The use of "N/A" indicates a likely unstable rate based on a small (fewer than 20) number of cases.
Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Figure 47. Total Cancer Mortality Rates by Race (Five-Year Aggregate, 2009-2013)



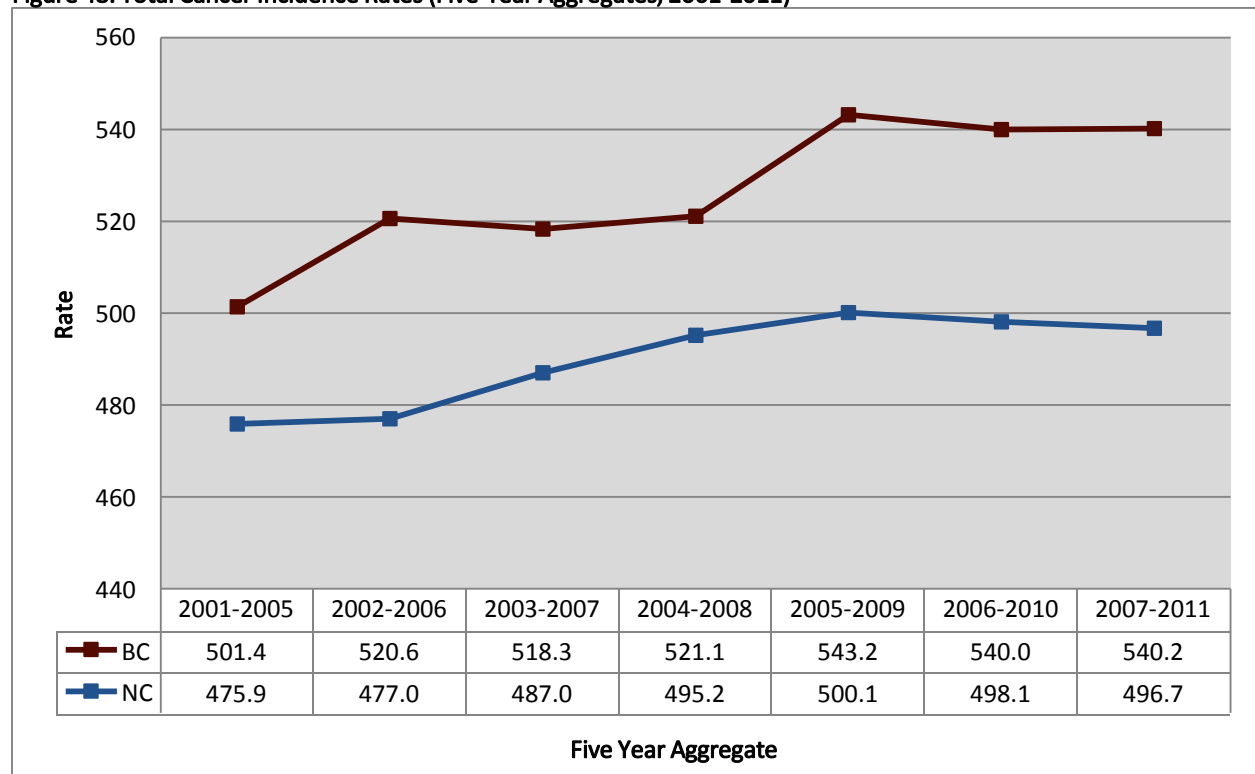
Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Total Cancer Incidence

A total of 12.2 percent of CHA survey participants have been diagnosed with at least one of these five listed types of cancer (i.e. breast, skin, colon, prostate, and uterine). Of these, skin cancer was the most prevalent, with 6.8 percent of CHA survey participants being diagnosed at some point in their lives. Also, cancer was a topic that many survey participants desire to learn more about. Although it was not listed in the survey, focus group members reported that lung cancer was also common amongst community members.

Total cancer incidence rates have increased between 2001 and 2011 in both the County and the State (see Figure 48). Incidence rates peaked between 2005 and 2009, but have slowly started to decrease since this period. However, the most recent cancer rates remain higher in Beaufort County (540.2) compared to the State (496.7).

Figure 48. Total Cancer Incidence Rates (Five-Year Aggregates, 2001-2011)



Source: North Carolina State Center for Health Statistics, Cancer Incidence Rates: North Carolina, 2011, 2010, 2009, 2008, 2007, 2006, and 2005; <http://www.schs.state.nc.us/schs/CCR/reports.html>

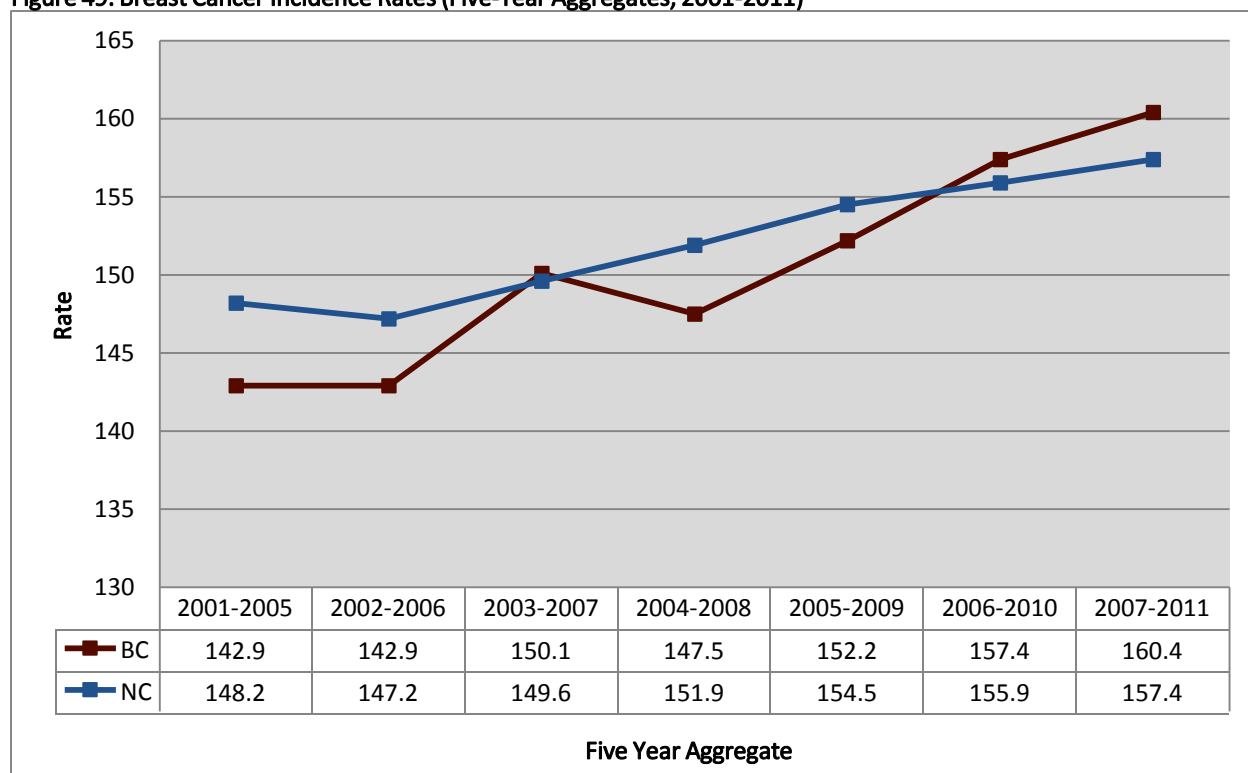
Breast Cancer

Breast cancer is caused by the formation of a malignant tumor in the cells of the breast. Although most prevalent in women, the disease can also occur in men. The American Cancer Society recommends that women over 40 years of age receive mammograms annually.

Breast Cancer Incidence

Breast cancer incidence rates have steadily increased in North Carolina from 2002 to 2011. The data from Beaufort County appeared to have a similar upward trend from 2004 to 2011. Moreover, the aggregate data beginning in 2006 demonstrated a higher incidence rate in Beaufort County than in the state of North Carolina (see Figure 49).

Figure 49. Breast Cancer Incidence Rates (Five-Year Aggregates, 2001-2011)

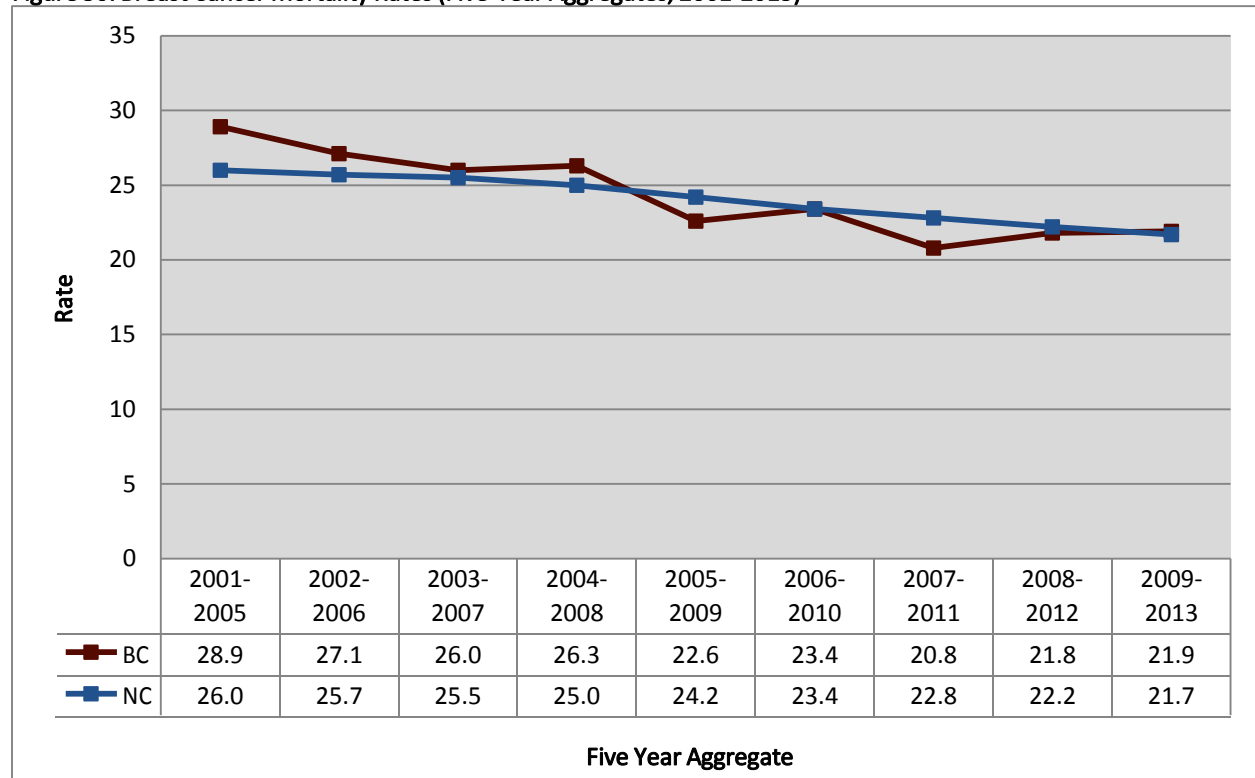


Source: North Carolina State Center for Health Statistics, Cancer Incidence Rates for All Counties by Specified Site, 2005, 2006, 2007, 2008, 2009, 2010, and 2011; <http://www.schs.state.nc.us/schs/CCR/reports.html>

Breast Cancer Mortality

The breast cancer mortality rates in North Carolina have steadily decreased from the aggregate of 2001 to 2005 to the aggregate of 2009 to 2013 (see Figure 50). This trend was similar in the County from 2001 to 2007. However, the mortality rates of the County have not varied in a predictable way from 2004 to 2012. Despite this fluctuation, the rate of the County in recent years (21.8) remains close to the rate of the State (22.2).

Figure 50. Breast Cancer Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Breast Cancer, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013;
<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

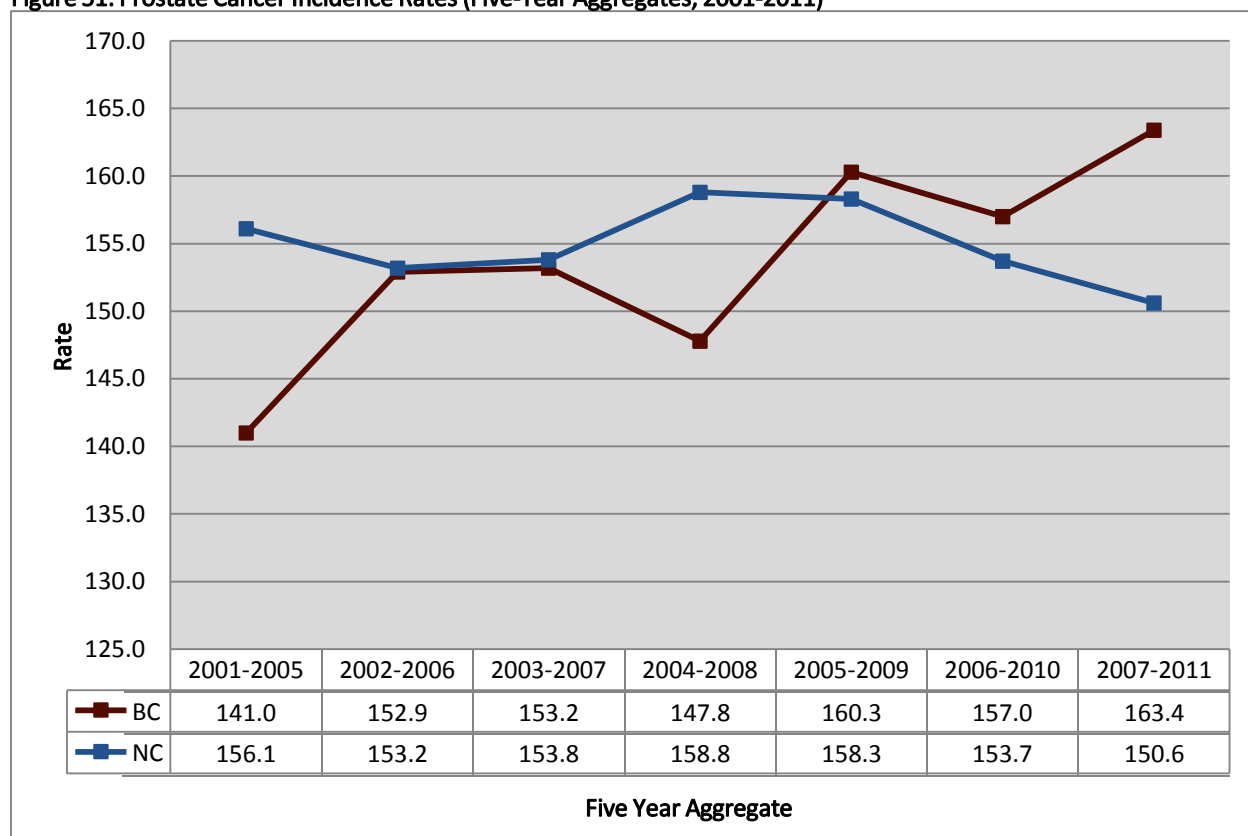
Prostate Cancer

According to the American Cancer Society, about one in every seven American men will be diagnosed with prostate cancer. Although this figure may be high, the majority of prostate cancer cases prove to be non-fatal. It is suggested that men undergo regular prostate screenings as recommended by their doctor.

Prostate Cancer Incidence

Beaufort County reached its highest prostate cancer incidence rate during the aggregate of 2007 to 2011 (163.4, see Figure 51). However, the State incidence rates were highest during the aggregate of 2004 to 2008 (158.8). Furthermore, the prostate cancer incidence rates in North Carolina have been in a downward trend in recent years. In contrast, the County incident rates have been in an upward trend.

Figure 51. Prostate Cancer Incidence Rates (Five-Year Aggregates, 2001-2011)

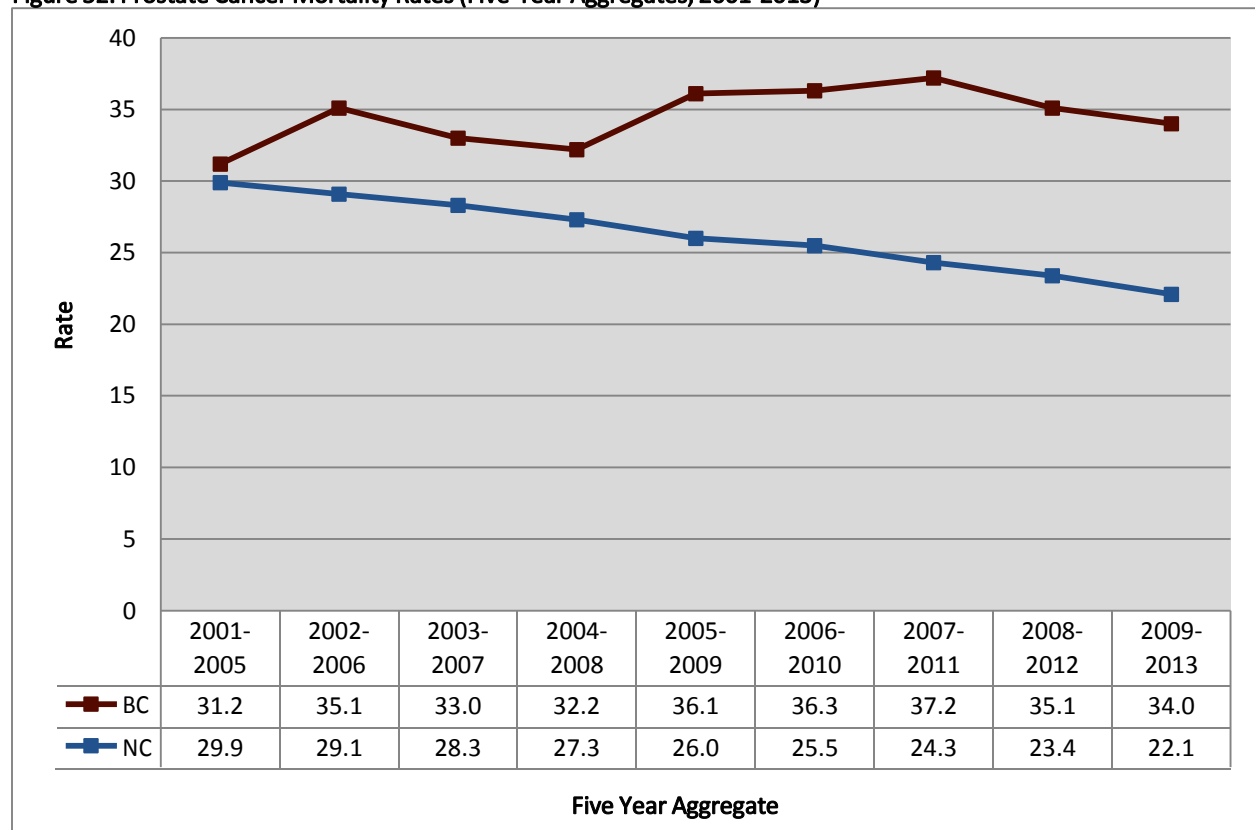


Source: North Carolina State Center for Health Statistics, Cancer Incidence Rates for All Counties by Specified Site, 2005, 2006, 2007, 2008, 2009, 2010, and 2011; <http://www.schs.state.nc.us/schs/CCR/reports.html>

Prostate Cancer Mortality

Prostate cancer mortality rates in North Carolina have steadily decreased from 2001 to 2013 (see Figure 52). The County, however, has not experienced this downward trend. Despite numerous fluctuations, the County has experienced a seemingly upward trend. On average, Beaufort County has experienced higher mortality rates than the state of North Carolina.

Figure 52. Prostate Cancer Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Prostate Cancer, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013;
<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

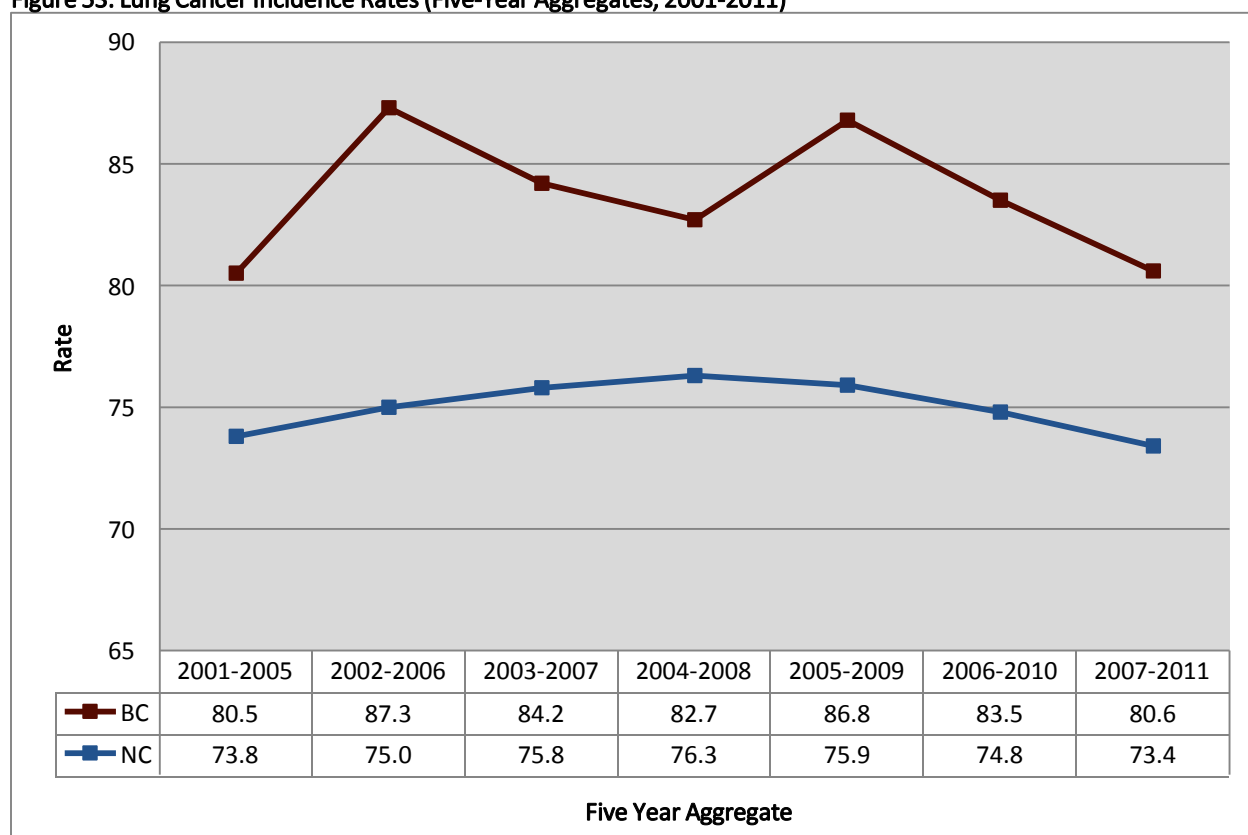
Lung Cancer

Regardless of gender, lung cancer is one of the leading causes of cancer related deaths in the United States. Please note that the incidence rates provided include cancer of the bronchus while the mortality rates provided include both cancer of the bronchus and trachea.

Lung Cancer Incidence Rates

In recent years, both the State and County have experienced a downward trend in lung cancer incidence rates (see Figure 53). Despite this similarity, the County rates have been consistently higher than State rates.

Figure 53. Lung Cancer Incidence Rates (Five-Year Aggregates, 2001-2011)

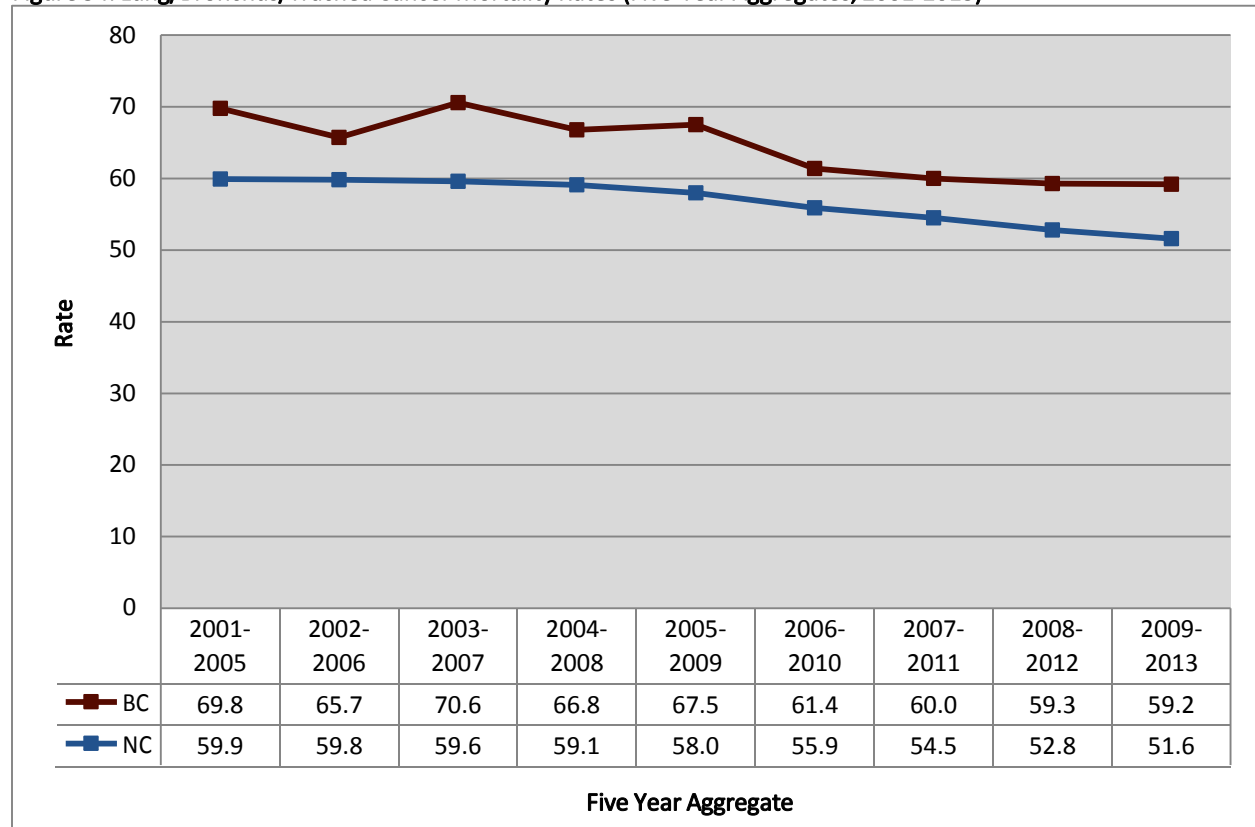


Source: North Carolina State Center for Health Statistics, Cancer Incidence Rates for All Counties by Specified Site, 2005, 2006, 2007, 2008, 2009, 2010, and 2011; <http://www.schs.state.nc.us/schs/CCR/reports.html>

Lung/Bronchus/Trachea Cancer Mortality Rate

Both Beaufort County and North Carolina have experienced a significant decrease in lung, bronchus, and trachea cancer mortality rates over the aggregate periods between 2001 and 2013 (see Figure 54). Furthermore, the lowest rates have been demonstrated in the most recent aggregate, 2009 to 2013.

Figure 54. Lung/Bronchus/Trachea Cancer Mortality Rates (Five-Year Aggregates, 2001-2013)



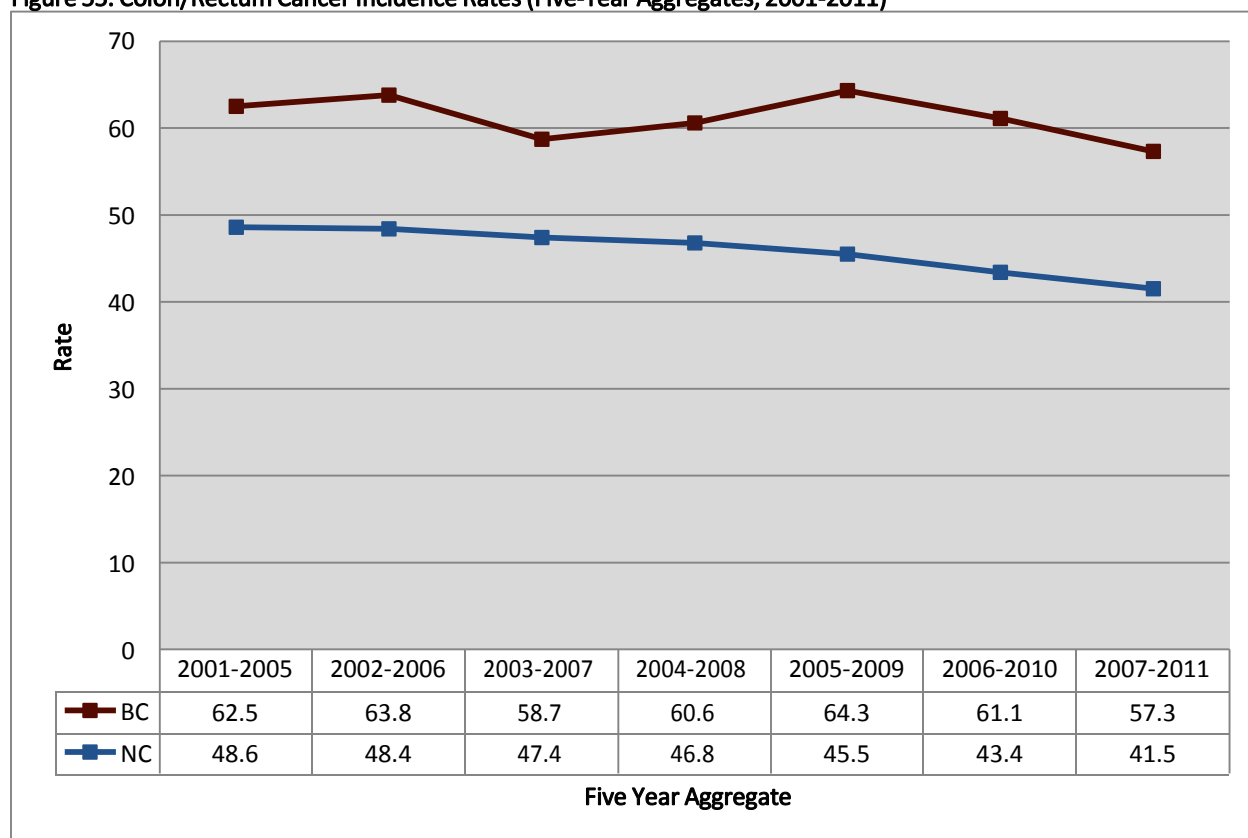
Source: North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Trachea, Bronchus, and Lung Cancer, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013;
<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Colon Cancer

Colon Cancer Incidence Rates

Beaufort County and North Carolina incidence rates of colon and rectum cancer have decreased since 2001 (see Figure 55). The Beaufort County rate decreased from 62.5 between 2001 and 2005 and to 57.3 between 2007 and 2011. The North Carolina rate has similarly decreased. Despite this similarity, the County reached its peak in rate during 2005 to 2009 (64.3) whereas the State reached its peak during 2001 to 2005 (48.6). Again, like many of the other provided statistics regarding incidence and mortality rates, the county rates tend to be consistently higher than the state rates.

Figure 55. Colon/Rectum Cancer Incidence Rates (Five-Year Aggregates, 2001-2011)

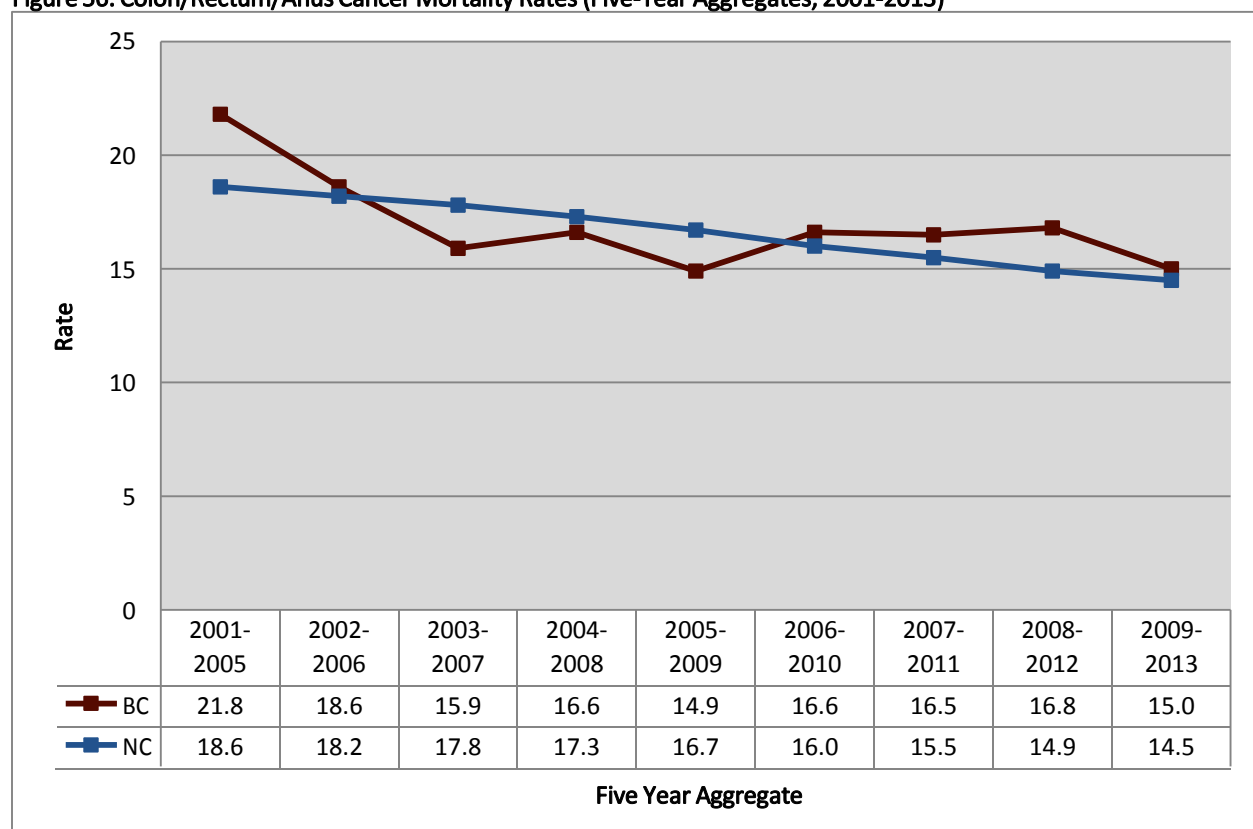


Source: North Carolina State Center for Health Statistics, Cancer Incidence Rates for All Counties by Specified Site, 2005, 2006, 2007, 2008, 2009, 2010, and 2011; <http://www.schs.state.nc.us/schs/CCR/reports.html>

Colon/Rectum/Anus Cancer Mortality

In comparison to the mortality rate trends of the previously discussed cancers, the mortality rates for cancer of the colon, rectum, and anus tend to be quite low (see Figure 56). For example, the highest rate in the County was only 21.8 while the highest rate in the State was only 18.6. Furthermore, the statewide rate trend has steadily decreased from its highest rate in 2001 to 2005 (18.6) to its lowest rate in 2009 to 2013 (14.5). The County, however, has experienced much more variation in its mortality rate trend. Despite this variation, the County has experienced its second lowest rate in the most recent years (2009 to 2013; 15.0). Unlike the trends in previous cancer incidence or mortality rates, the colon, rectum, or anus cancer mortality rates in the County are similar to that of the State.

Figure 56. Colon/Rectum/Anus Cancer Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Colon, Rectum, and Anus Cancer, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013;
<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Heart Disease

Heart disease is caused by a wide array of conditions that can be detrimental to an individual's well-being. Regardless of gender, heart disease is the leading cause of death in the United States.

Heart Disease Hospitalizations

Heart disease cases and hospital discharge rates have steadily decreased in North Carolina from 2010 to 2013 (see Table 15). However, the same trend did not appear in the County. The number of heart disease cases in the County decreased from 811 in 2010 to 575 in 2012, but then increased significantly to 770 in 2013. The discharge rate has followed a similar pattern.

Table 15. Heart Disease Cases and Hospital Discharge Rates (2010-2013)

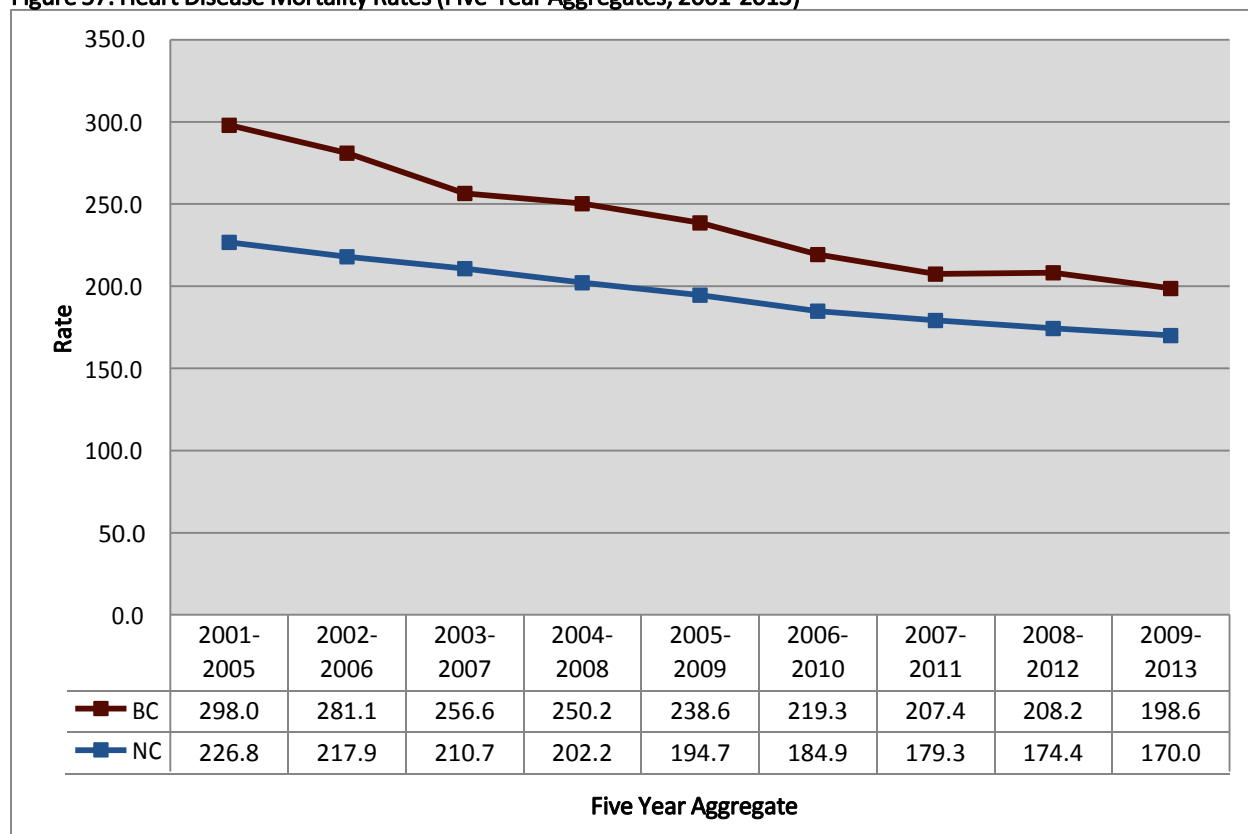
Location	Total Number of Heart Disease Cases and Discharge Rate per 1,000 Individuals							
	2010		2011		2012		2013	
	#	Rate	#	Rate	#	Rate	#	Rate
Beaufort County	811	17.0	746	15.6	575	12.1	770	16.2
North Carolina	108,060	11.3	105,247	10.9	104,458	10.7	101,195	10.3

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2010-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Heart Disease Mortality Rate Trend

Aside from a slight increase in the County rate from 2008 to 2012, both the County and the State have experienced a decrease in heart disease mortality rates from 2001 to 2013 (see Figure 57). The mortality rate was lowest for both the County and the State in the most recent years (2009 to 2013). However, the County's rates still tend to be higher than the State.

Figure 57. Heart Disease Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Heart Disease, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013;
<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Gender and Racial Disparities in Heart Disease Mortality

African American, Non-Hispanic individuals face the highest heart disease mortality rate in Beaufort County (238.5) and North Carolina (193.2). Despite this increased rate, White, Non-Hispanic individuals represent the highest number of heart disease deaths in the County (466) and the State (67,667). Furthermore, men demonstrate a higher rate of heart disease mortality than do women in both Beaufort County and North Carolina (see Table 16).

Table 16. Gender and Racial Disparities in Heart Disease Mortality (Five-Year Aggregate, 2008-2012)

Race/Gender	Beaufort County		na	
	#	Rate	#	Rate
White, Non-Hispanic	466	191.0	67,667	168.0
African American, Non-Hispanic	166	238.5	16,926	193.2
Other Races, Non-Hispanic	1	N/A	343	6.0
Hispanic	3	N/A	502	50.7
Male	338	259.6	45,303	217.3
Female	298	154.9	40,982	134.0
Overall	636	198.6	86,285	170.0

Note: The use of "N/A" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2014), Mortality, 2008-2012 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County;

<http://www.schs.state.nc.us/SCHS/data/databook/>

Cerebrovascular Disease

Cerebrovascular disease refers to an array of conditions that negatively influence blood circulation to the brain. These conditions limit or stop blood flow, which results in damaging, effects to the brain.

Cerebrovascular Disease Hospitalizations

The discharge rates for cerebrovascular disease per 1,000 individuals decreased in both the County and the State from 2009 to 2012 (see Table 17). Furthermore, the rate decrease in the State was much more gradual than that of the County. For example, in North Carolina, the rate remained the same between 2009 and 2010 (3.1), then decreased, and then remained the same again between 2011 and 2012 (3.0). In addition, the rate continued to decrease in the State during 2013. In the County, however, the rate increased from 3.0 in 2012 to 4.0 in 2013. This increase may have been reflected in one of the focus group discussions. One Beaufort County resident stated, “I have several friends, young people, with strokes lately.”

Table 17. Cerebrovascular Disease Cases and Hospital Discharge Rates (2009-2013)

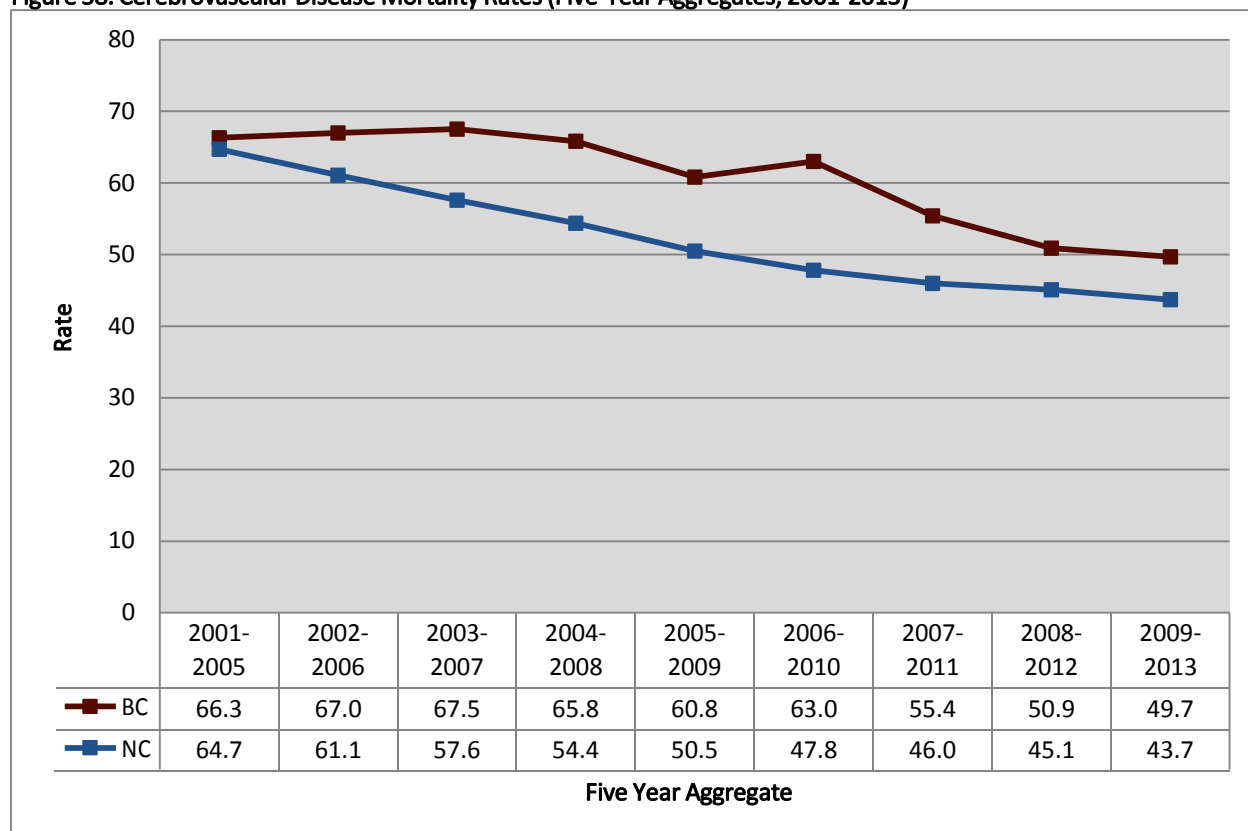
Location	Total Number of Cerebrovascular Disease Cases and Discharge Rate per 1,000 Individuals									
	2009		2010		2011		2012		2013	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Beaufort County	214	4.5	201	4.2	192	4.0	143	3.0	190	4.0
North Carolina	28,758	3.1	29,429	3.1	29,265	3.0	29,599	3.0	28,472	2.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2009-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Cerebrovascular Disease Mortality Rate Trend

The lowest mortality rates of the County (49.7) and the State (43.7) were experienced during the aggregate of 2009 to 2013 (see Figure 58). In addition to this similarity, the difference in mortality rates between the State and the County remained low. The rate has decreased steadily in North Carolina from 2001 to 2013. The State, on the other hand, experienced an increase from the 2001 to 2005 aggregate through the 2003 to 2007 aggregate followed by a steady decrease through 2009 to 2013.

Figure 58. Cerebrovascular Disease Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: NC State Center for Health Statistics, County Health Data Books (2005-2013), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Gender and Racial Disparities in Cerebrovascular Disease Mortality

Similar to the statistics presented previously regarding the racial and ethnic disparities of heart disease mortality rates, African American, Non-Hispanic individuals displayed the highest rate of cerebrovascular disease mortality in Beaufort County (70.3) and North Carolina (57.1) (see Table 18). Further, women (49.4) demonstrated a higher rate of cerebrovascular disease mortality than did men (48.8) in the County. This pattern was contrasted in the State where men (44.1) demonstrated a higher rate than did women (42.5).

Table 18. Gender and Racial Disparities in Cerebrovascular Disease Mortality (Five-Year Aggregate, 2009-2013)

Race/Gender	Beaufort County		na	
	#	Rate	#	Rate
White, Non-Hispanic	109	45.0	16,525	41.3
African American, Non-Hispanic	51	70.3	4,833	57.1
Other Races, Non-Hispanic	0	N/A	146	29.1
Hispanic	0	N/A	169	17.6
Male	64	48.8	8,829	44.1
Female	96	49.4	12,987	42.5
Overall	160	49.7	21,816	43.7

Note: The use of "N/A" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2014), Mortality, 2009-2013 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Diabetes Mellitus

As defined by the American Diabetes Association, diabetes mellitus refers to “a condition characterized by hyperglycemia resulting from the body’s inability to use blood glucose for energy.” Diabetes can be differentiated into two different types, Type 1 and Type 2. The data below refer to both types.

Diabetes Mellitus Hospitalizations

The number of diabetes mellitus cases and the associated discharge rates decreased in the County from 2009 to 2012 followed by an increase in 2013 (see Table 19). This pattern did not appear in the data for the State. The State experienced an increase from 2009 to 2011, a decrease in 2012, and an increase in 2013. While the State experienced its highest number of diabetes mellitus cases in 2011 (18,860), the County experienced its highest number in 2013 (130).

Table 19. Diabetes Mellitus Cases and Hospital Discharge Rates (2009-2013)

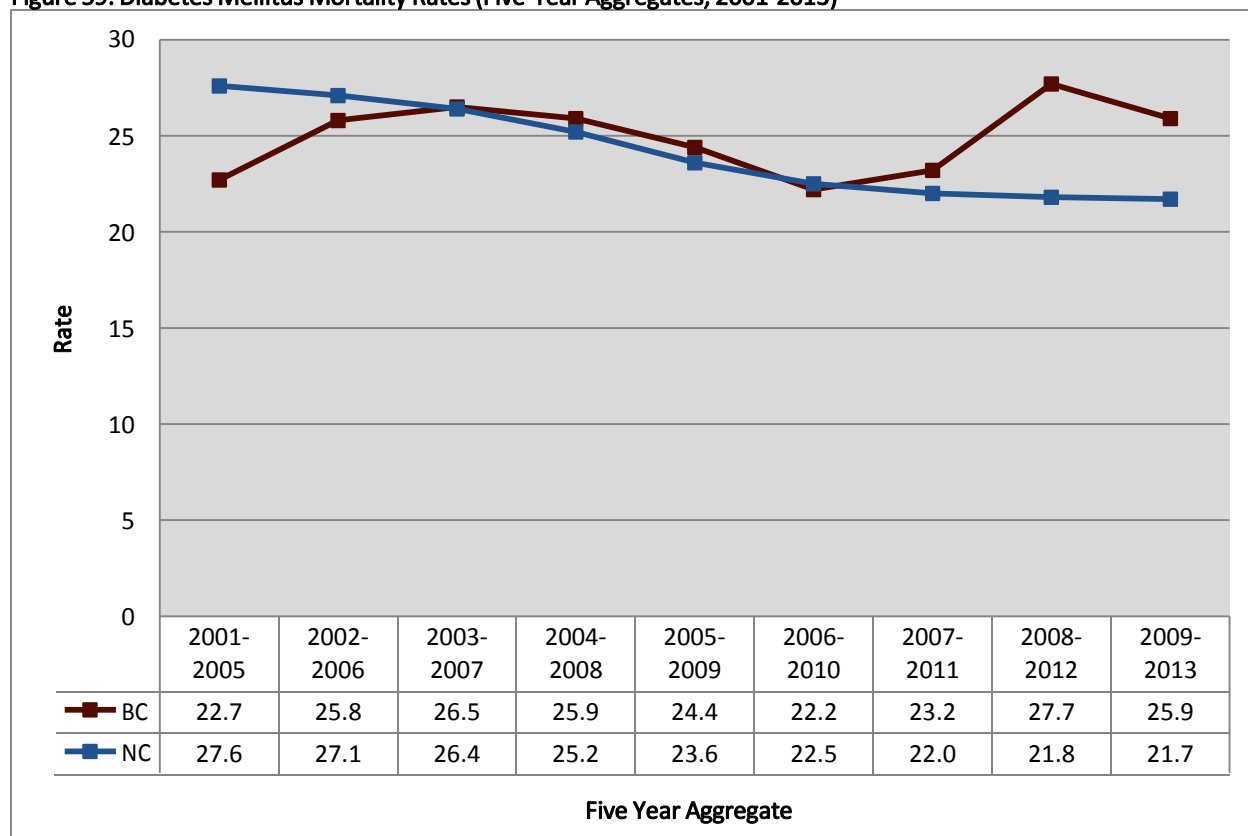
Location	Total Number of Diabetes Mellitus Cases and Discharge Rate per 1,000 Individuals									
	2009		2010		2011		2012		2013	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Beaufort County	129	2.7	124	2.6	120	2.5	81	1.7	130	2.7
North Carolina	16,642	1.8	18,101	1.9	18,860	2.0	18,586	1.6	18,751	1.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Books (2009-2013), Morbidity, Inpatient Hospital Utilization and Charges by Principal Diagnosis and County of Residence;
<http://www.schs.state.nc.us/SCHS/data/databook/>

Diabetes Mellitus Mortality Rate Trend

The rate of diabetes mellitus mortality in North Carolina decreased gradually from 2001 to 2013 (see Figure 59). Beaufort County did not experience a similar trend as there was much more variation. While the North Carolina rates were higher between 2001 and 2006, Beaufort County rates have been higher than the State averages since 2007.

Figure 59. Diabetes Mellitus Mortality Rates (Five-Year Aggregates, 2001-2013)



Source 2001-2005 through 2004-2008: NC State Center for Health Statistics, County Health Data Books (2007-2010), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/> ; 2005-2009 through 2008-2012: NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II: Leading Causes of Death, 2009, 2010, 2011, 2012, and 2013; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol2>

Gender and Racial Disparities in Diabetes Mellitus Mortality

In comparison to other races or ethnicities, African American, Non-Hispanic individuals displayed the highest rate of diabetes mellitus mortality rates in both Beaufort County (55.6) and North Carolina (43.4) (see Table 20). In addition, White, Non-Hispanic individuals demonstrated the highest number of diabetes deaths in both the County and the State. The patterns between County and State appeared similar in terms of male and female diabetes mellitus mortality rate. Men appeared to experience higher rates of mortality than females. The rate differences between men in the County and State were minimal. These differences, however, were much larger for females.

Table 20. Gender and Racial Disparities in Diabetes Mellitus Mortality (Five-Year Aggregate, 2009-2013)

Race/Gender	Beaufort County		na	
	#	Rate	#	Rate
White, Non-Hispanic	45	19.0	7,043	17.4
African American, Non-Hispanic	39	55.6	3,835	43.4
Other Races, Non-Hispanic	0	N/A	53	9.9
Hispanic	0	N/A	94	8.1
Male	36	25.8	5,738	25.7
Female	48	24.6	5,482	18.4
Overall	84	25.9	8,890	17.9

Note: The use of "N/A" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2014), Mortality, 2009-2013 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates, by County;
<http://www.schs.state.nc.us/SCHS/data/databook/>

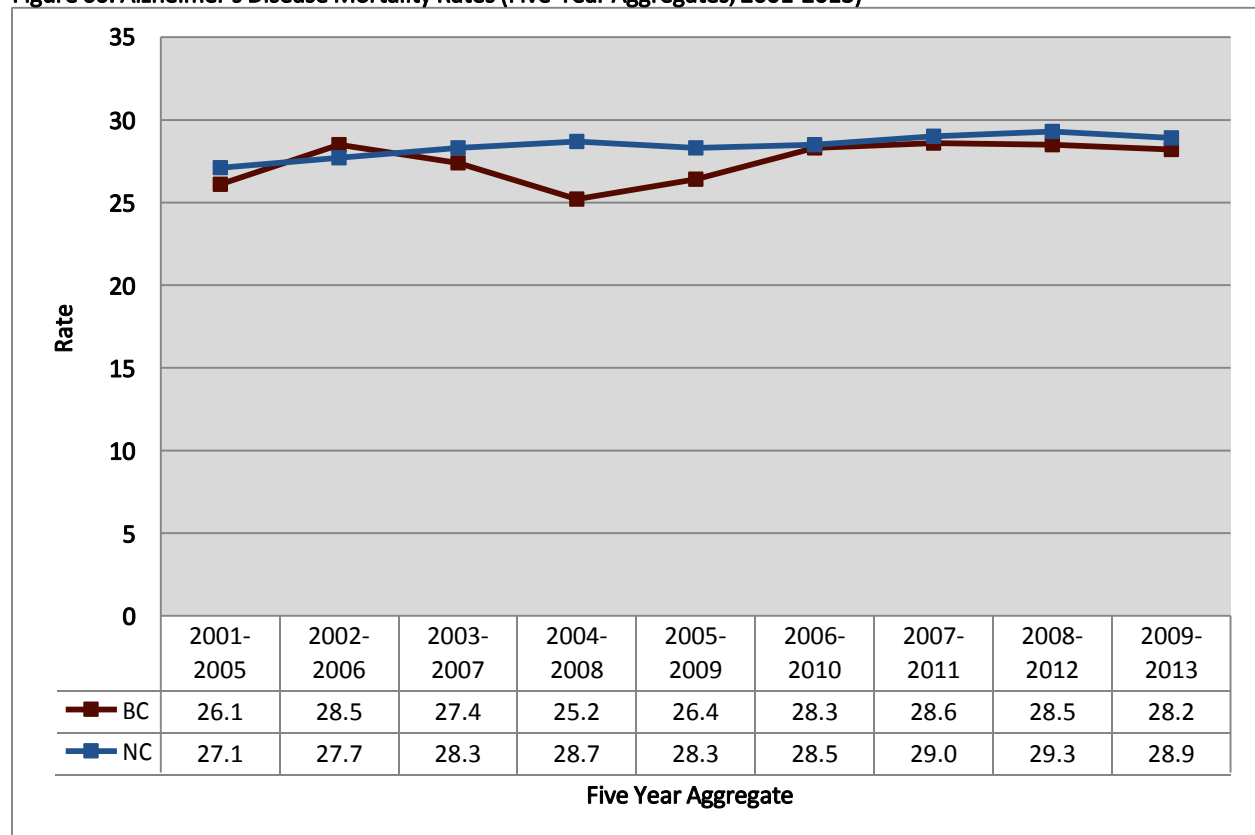
Alzheimer's Disease

Alzheimer's disease is a form of dementia that is characterized by multiple deficiencies in brain functioning. These deficiencies can have an effect on memory, thinking, and behavior. For the majority of those affected by Alzheimer's disease, these symptoms have appeared after the age of 65.

Alzheimer's Disease Mortality Rate Trend

Despite the decrease between 2004 and 2008, Beaufort County has demonstrated a similar mortality rate trend to that of North Carolina (see Figure 60). The mortality rates of the County and the State have been approximately the same from 2006 to 2013.

Figure 60. Alzheimer's Disease Mortality Rates (Five-Year Aggregates, 2001-2013)



Source 2001-2005 through 2004-2008: NC State Center for Health Statistics, County Health Data Books (2007-2010), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>; 2005-2009 through 2008-2012: NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II: Leading Causes of Death, 2009, 2010, 2011 and 2012; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol2>

Gender and Racial Disparities in Alzheimer's Disease Mortality

There are gender and racial disparities in Alzheimer's disease mortality rates in Beaufort County and North Carolina (see Table 21). African American, Non-Hispanic individuals had the highest rate in the County (35.4) and White, Non-Hispanic individuals had the highest rate in the State (29.8). Furthermore, the statewide mortality rate for women (32.0) was much higher than that for men (23.0). However, there was only a slight difference between the rates of men (27.5) and women (27.8) at the County level.

Table 21. Gender and Racial Disparities in Alzheimer's Disease Mortality (Five-Year Aggregate, 2008-2012)

Race/Gender	Beaufort County		North Carolina	
	#	Rate	#	Rate
White, Non-Hispanic	64	26.5	11,856	29.8
African American, Non-Hispanic	24	35.4	1,932	26.3
Other Races, Non-Hispanic	0	N/A	35	9.2
Hispanic	0	N/A	57	9.9
Male	30	27.5	3,938	23.0
Female	58	27.8	10,062	32.0
Overall	88	28.2	14,000	28.9

Note: The use of "N/A" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Source: NC State Center for Health Statistics, County Health Data Books, Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

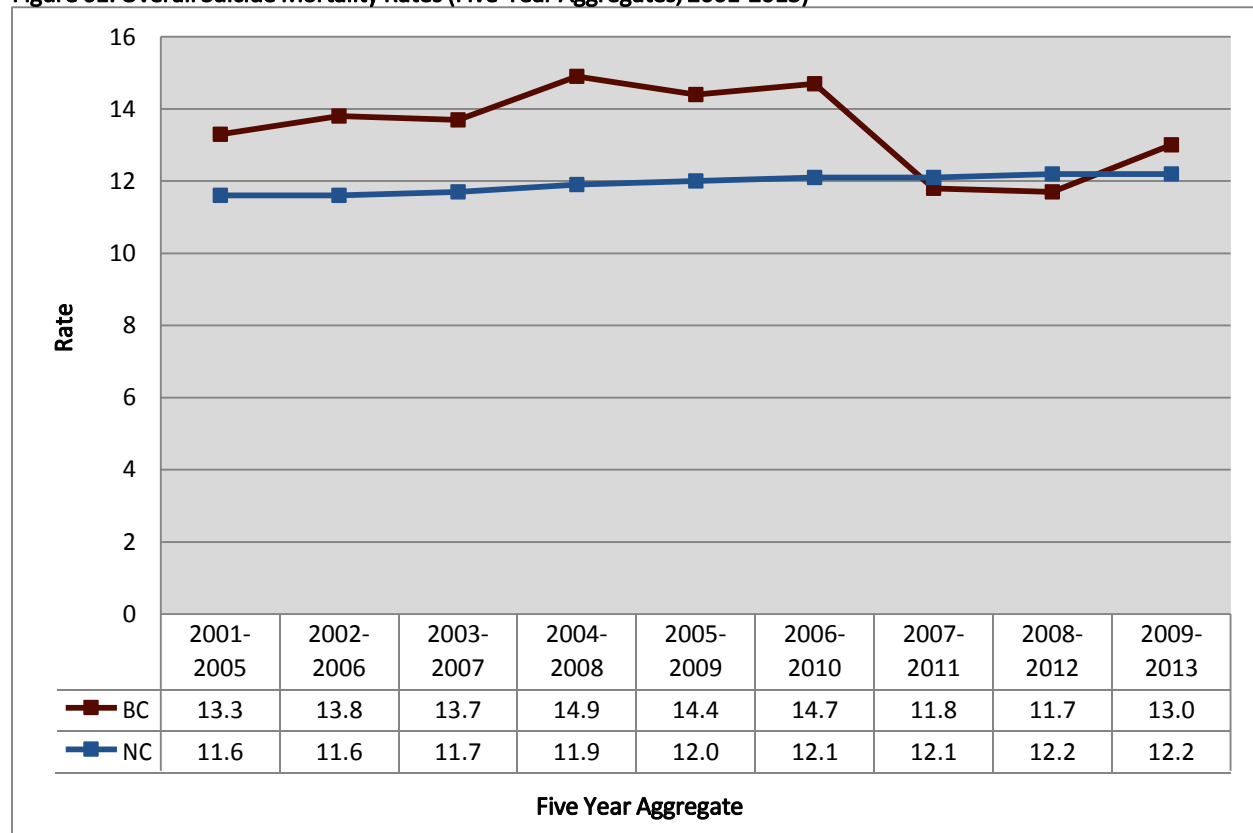
Suicide

Suicide is the act of intentionally taking one's own life. Reasons for committing suicide vary by individual, but can typically be attributed to mental illness or stress factors such as financial issues and interpersonal conflict.

Suicide Mortality Rate Trend

Suicide mortality rates represent the proportions of community members who intentionally cause their own death. Overall, the suicide rates in the State of North Carolina have remained stable from 2001 to 2013, with a slight increase over time. However, Beaufort County suicide mortality rates have been less stable compared to the State. Between 2001 and 2010, the County experienced an increase in suicide rates from 13.3 to 14.7. While rates did decrease between 2007 and 2012, the most recent rates suggest that the number has started to increase again (see Figure 61).

Figure 61. Overall Suicide Mortality Rates (Five-Year Aggregates, 2001-2013)



Source: NC State Center for Health Statistics, County Health Data Books, Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Gender and Racial Disparities in Suicide Mortality

White, Non-Hispanic individuals make up the largest portion of suicide rates in Beaufort County (18.5) and in North Carolina (15.7). Further, men were more likely to commit suicide compared to women during this five-year period (see Table 22).

Table 22. Gender and Racial Disparities in Suicide Mortality (Five-Year Aggregate, 2008-2012)

Race/Gender	Beaufort County		North Carolina	
	#	Rate	#	Rate
White, Non-Hispanic	32	18.5	5,315	15.7
African American, Non-Hispanic	2	N/A	497	4.8
Other Races, Non-Hispanic	0	N/A	65	5.1
Hispanic	0	N/A	130	3.6
Male	27	21.5	2,119	9.0
Female	7	N/A	623	2.5
Overall	34	13.0	2,742	5.8

Note: The use of "N/A" in lieu of a numeral indicates a likely unstable rate based on a small (fewer than 20) number of cases.

Source: NC State Center for Health Statistics, County Health Data Books, Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Morbidity

Morbidity refers to the presence of a particular illness or disease in a given population. The following tables depict numbers and rates of individuals living with sexually transmitted infections, asthma, diabetes, and obesity in Beaufort County and North Carolina.

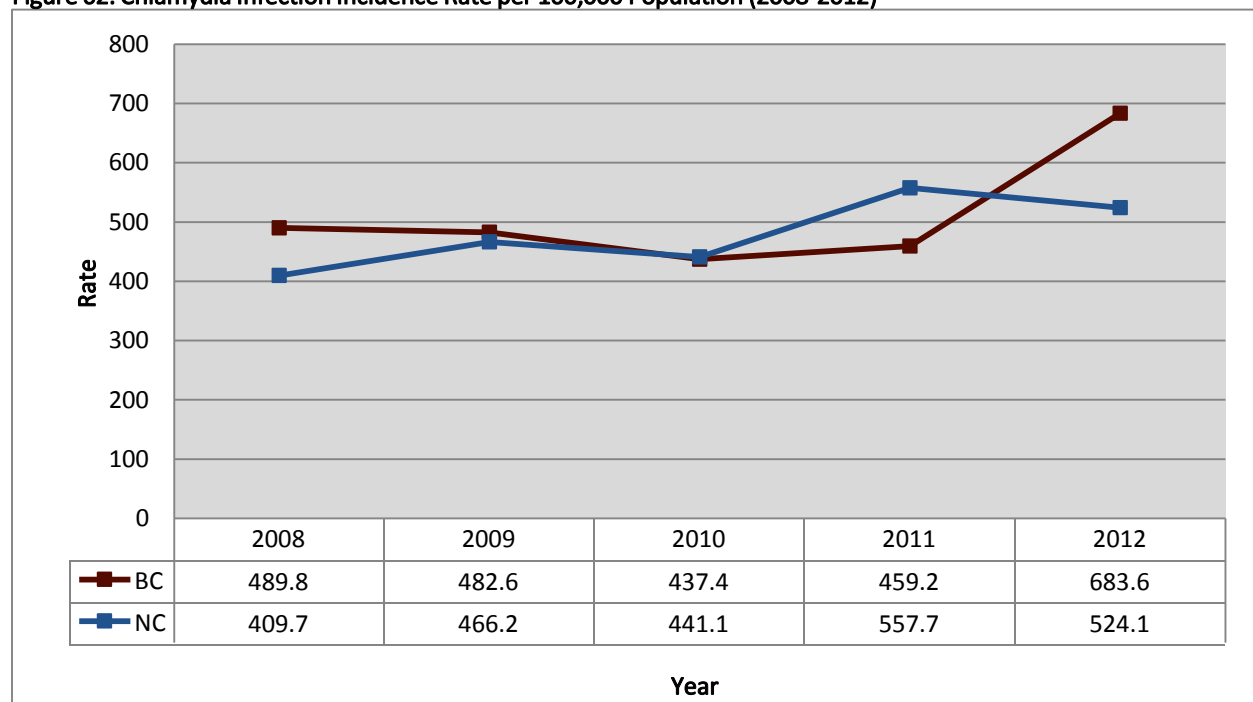
Sexually Transmitted Infections

Sexually transmitted infections (STIs) are infections that are passed from person to person through sexual contact. The following tables and graphs reflect statistics related to two STIs (i.e., chlamydia and gonorrhea) as well as HIV.

Chlamydia

Chlamydia is a more common STI in both Beaufort County and the North Carolina (see Figure 62). Beaufort County chlamydia rates have remained slightly higher than the North Carolina state average with the exception of 2011 (459.2 in Beaufort; 557.7 in North Carolina). Lastly, while the rate of chlamydia cases slightly decreased between 2011 and 2012 in North Carolina, they rose significantly in Beaufort County (459.2 to 683.6).

Figure 62. Chlamydia Infection Incidence Rate per 100,000 Population (2008-2012)

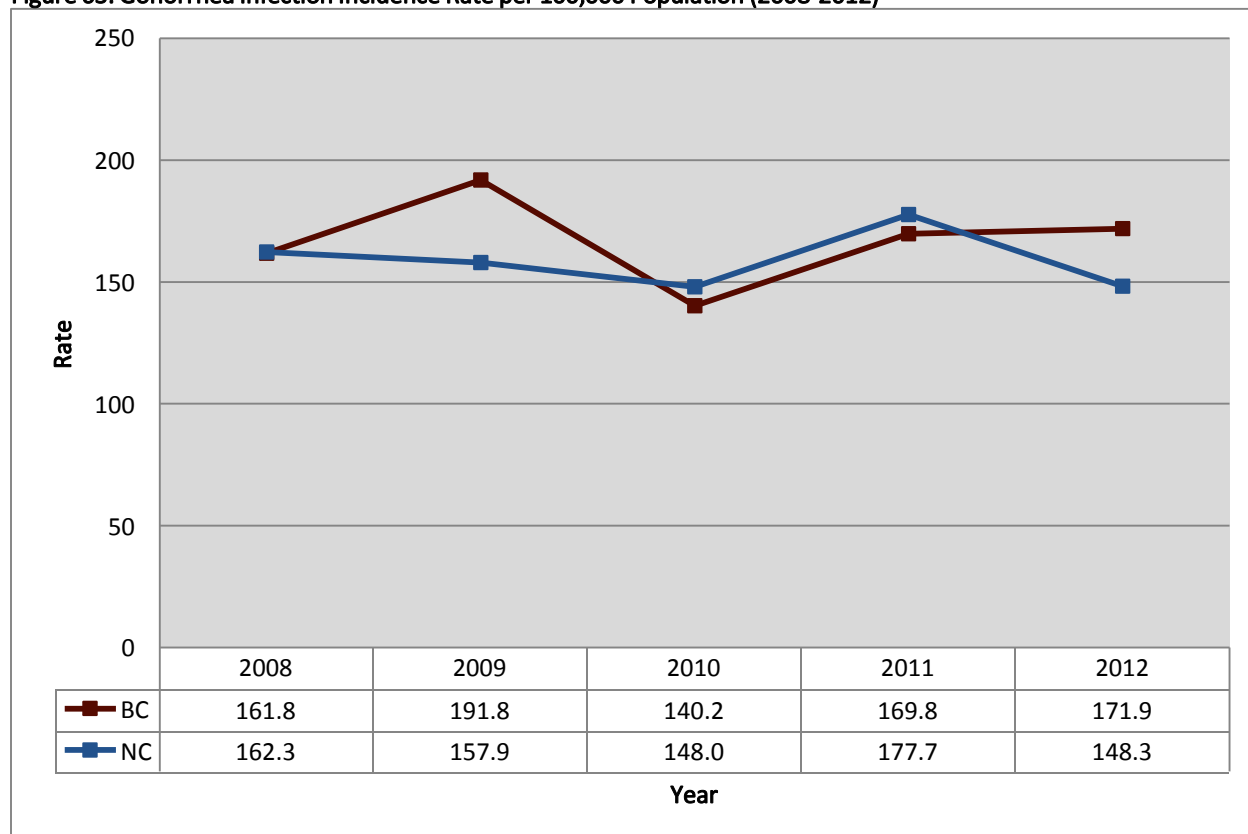


Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2012 HIV/STD Surveillance Report, Table 7;
<http://epi.publichealth.nc.gov/cd/stds/figures/std11rpt.pdf>

Gonorrhea

Between 2008 and 2009, the gonorrhea infection rate jumped from 161.8 to 191.8 in Beaufort County (see Figure 63). The lowest incidence rates for this STI were in 2010. Finally, while rates dropped significantly in 2012 for the State, the slightly increased in the County (169.8 to 171.9).

Figure 63. Gonorrhea Infection Incidence Rate per 100,000 Population (2008-2012)



Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2012 HIV/STD Surveillance Report, Table 8;
<http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.pdf>

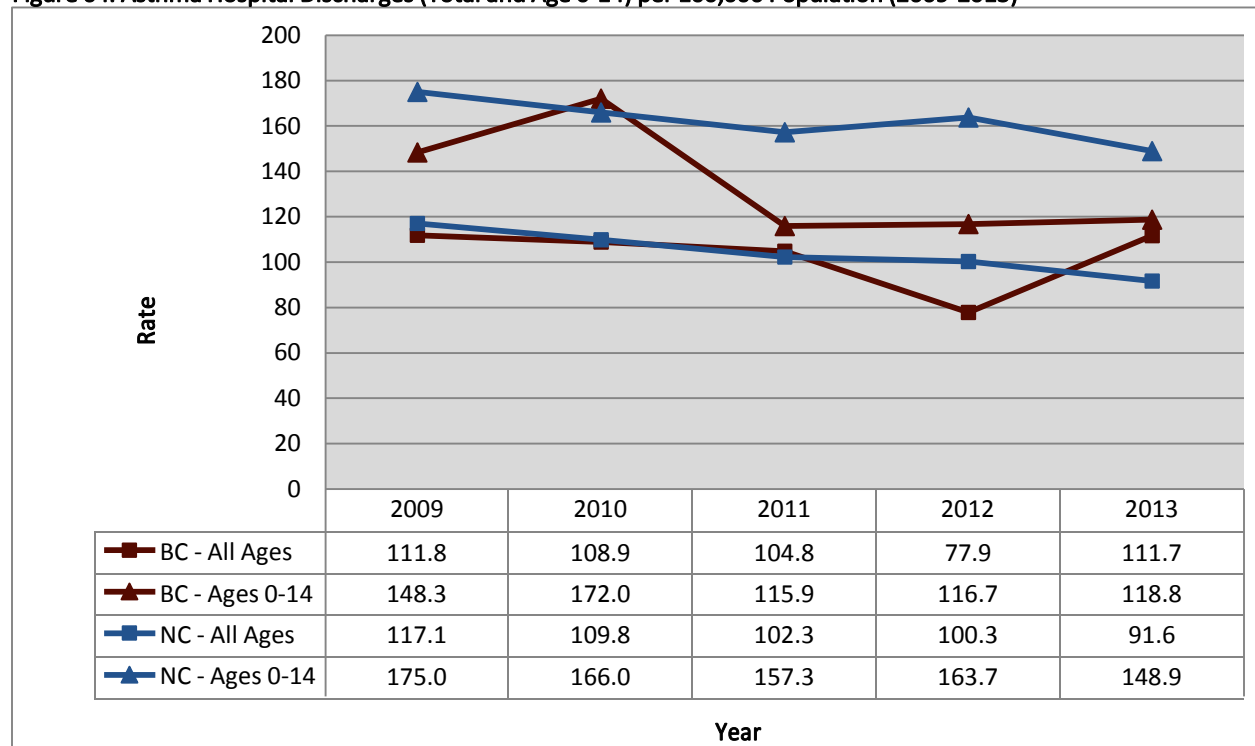
Human Immune Deficiency Virus (HIV)

The human immune deficiency virus (HIV) is spread through sexual contact and can lead to a more severe syndrome known as AIDS. The total number of individuals living with HIV/AIDS in the State of North Carolina is 27,068. Specifically, less than one percent of these cases are in Beaufort County, which has a total of 110 individuals living with HIV/AIDS.

Asthma

With the exception of 2010, the hospital discharge rates of children age 14 and under for asthma has been consistently lower in Beaufort County compared to the rest of the state (see Figure 64). Similarly, the rate of hospital discharges for all ages showed a similar decrease in the County and the State between 2009 and 2011. Approximately 16.9 percent of CHA survey participants reported being diagnosed with asthma by a doctor or health professional. Further, when asked about various preventative screenings, 11.9 percent self-reported that they have undergone a screening for asthma in the past three years.

Figure 64. Asthma Hospital Discharges (Total and Age 0-14) per 100,000 Population (2009-2013)



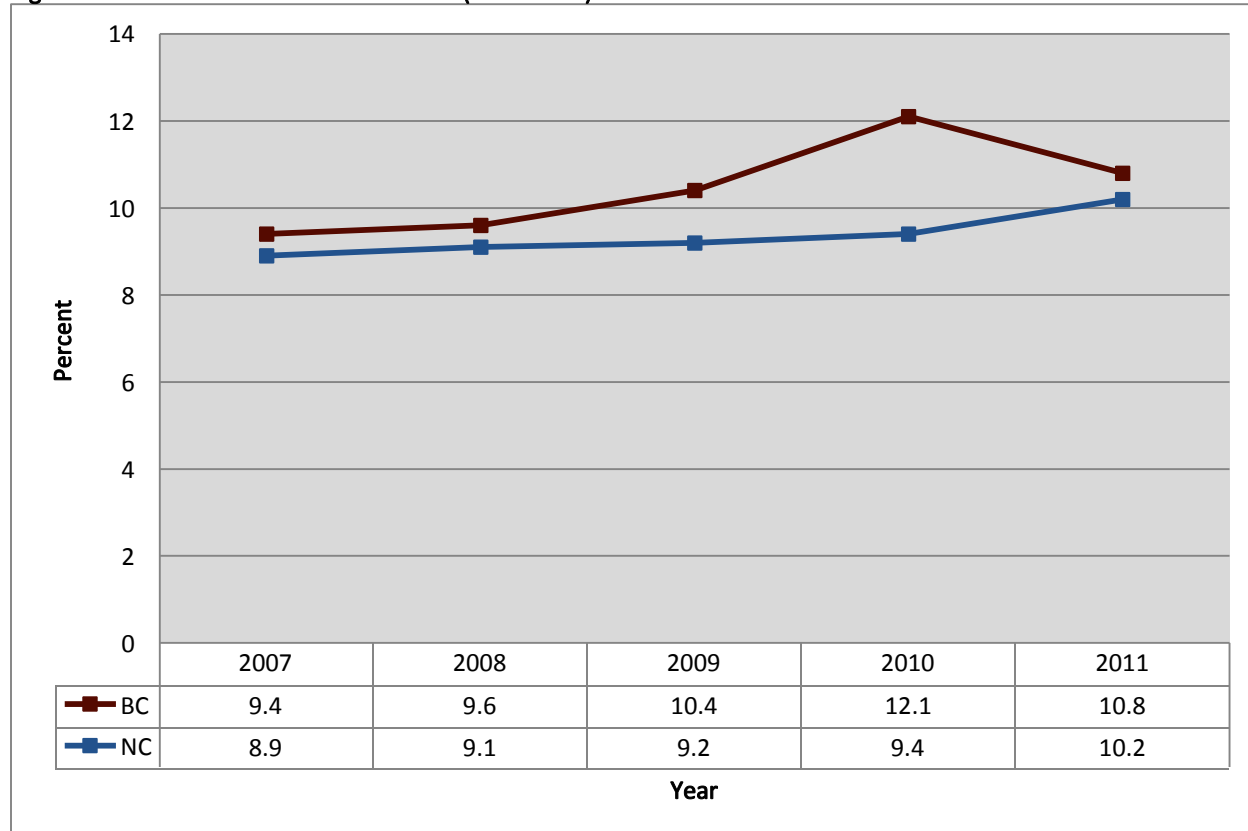
Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2010-2014), Morbidity, Asthma Hospital Discharges (Total and Age 0-14) per 100,000 Population (years and counties as noted); <http://www.schs.state.nc.us/SCHS/data/databook>

Diabetes

There has been a steady increase in diabetes prevalence among adult community members and the State between 2007 and 2011 (see Figure 65). However, between 2010 and 2011, Beaufort County experienced a small decrease in this percentage (by 1.3 percent). According to CHA survey results, approximately 37.3 percent of participants self-reported that they have been screened for diabetes in the last three years. Additionally, 15.9 percent of these community members have actually been diagnosed with diabetes.

Diabetes was identified as a topic that survey respondents would like to learn more about and was also discussed by focus group members. Specifically, community members identified it as a serious problem affecting the community. One focus group participant said, “I’ve been a school nurse for eight years and I went from maybe four or five diabetics to 12 in a year. Specifically, within students from 6th to 12th grade, Type 2 diabetes is more popular than it used to be.”

Figure 65. Prevalence of Diabetes in Adults (2007-2011)



Source: Centers for Disease Control and Prevention, Obesity Data and Trends, County Level Estimates of Diagnosed Diabetes - of Adults in North Carolina, 2007-2011; <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>

Obesity

Overweight/obesity (29.9 percent) is the second leading self-reported health condition amongst CHA survey participants. Supporting this, several participants reported that they would personally like more information about weight management, healthy eating, and weight loss. Finally, about 20 percent of the CHA participants indicated Beaufort County community members need to learn more about weight management.

Obesity in Adults

The prevalence statistics between 2008 and 2010 suggest that Beaufort County presents a higher percentage of obese adults compared to the State (see Table 23). The percentage of obese adults peaked in the County in 2009 (35.7 percent) and dropped slightly the following year.

Table 23. Prevalence of Obesity in Adults (2008-2010)

Year	Adult Diagnosed Obesity			
	Beaufort County		North Carolina	
	#	%	#	%
2008	11,690	33.7	N/A	28.7
2009	12,516	35.7	N/A	29.5
2010	12,411	34.3	N/A	30.1

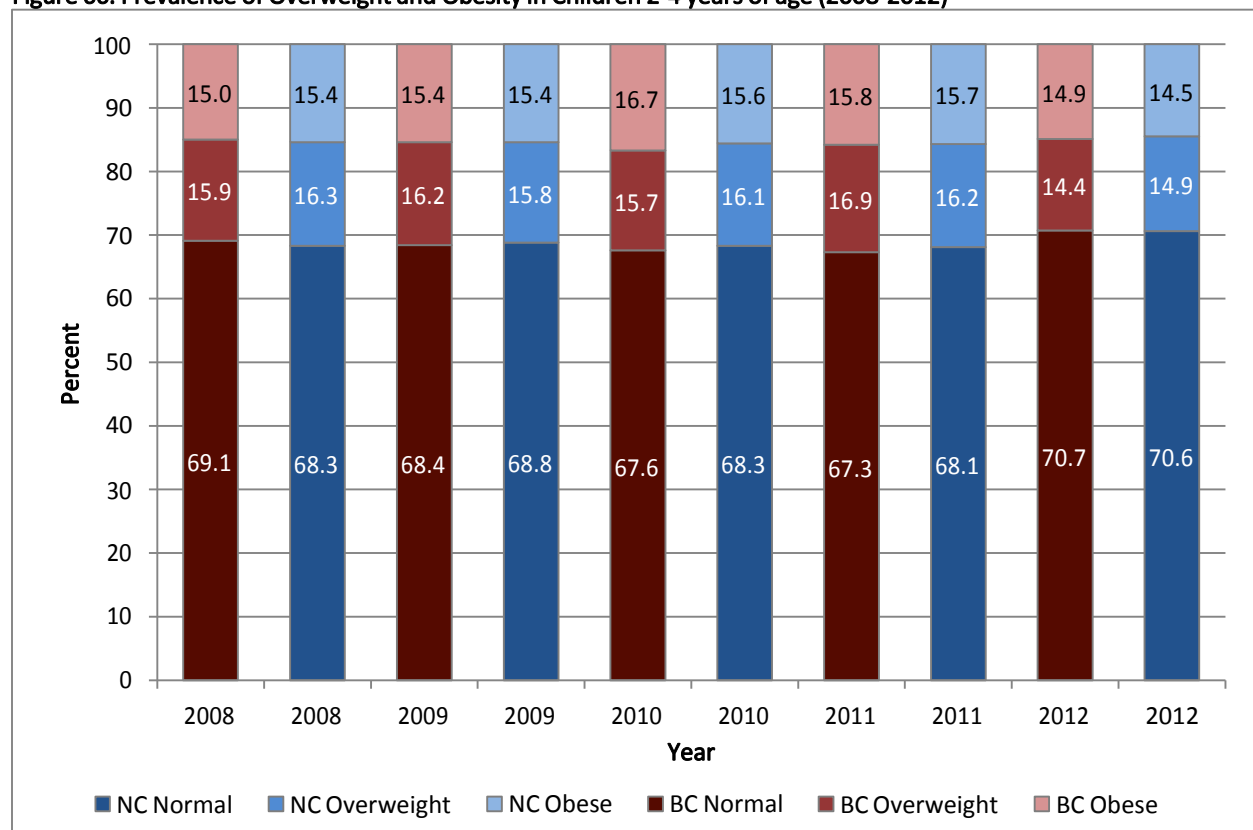
Note: North Carolina Numerical Data not available

Source: Centers for Disease Control and Prevention, Obesity Data and Trends, County Level Estimates of Diagnosed Obesity - of Adults in North Carolina, 2008-2010; <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>

Obesity in Children and Youth

The percentage of overweight or obese children and youth has fluctuated slightly over the five-year period (see Figure 66). Compared to the State, Beaufort County obesity levels have remained similar. In 2012, both the County and the State experienced a decrease in childhood overweight and obesity. However, focus group members still report the prevalence of this issue. One focus group member stated, "We deal with obesity a lot with the kids because they're not exercising as much."

Figure 66. Prevalence of Overweight and Obesity in Children 2-4 years of age (2008-2012)



Source: Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), NC-NPASS Data (2008-2012), counties and age groups as noted;
<http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>

Oral Health

Almost half of survey respondents from Beaufort County reported that they did not have dental health insurance. Moreover, only 30 percent of Medicaid eligible Beaufort County residents actually receive dental services.

Adult Oral Health

The information below represents the number of individuals who are eligible for dental services through Medicaid and the percentage of eligible individuals who are receiving these services. The percentage of individuals receiving Medicaid insurance for dental services in Beaufort County is higher amongst those who are less than 21 years old (45.8 percent) compared to those who are older than 21 (29.8 percent). This pattern is consistent among North Carolina Medicaid users, except the percentages are slightly higher for the State (see Table 24).

Table 24. Dental Service Utilization by Medicaid Recipients by Age Group (SFY2010)

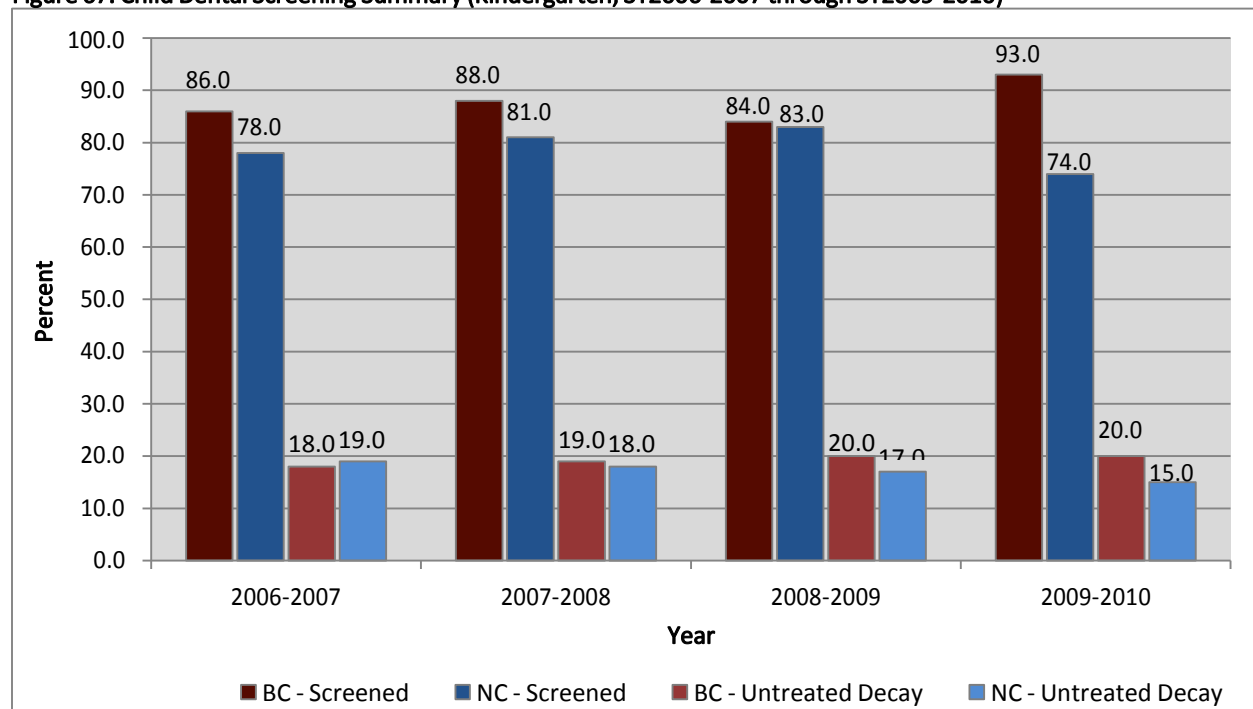
Location	< 21 Years of Age			21+ Years of Age		
	Eligible for Services	Receiving Services	People Eligible Receiving Services	Eligible for Services	Receiving Services	People Eligible Receiving Services
	#	#	%	#	#	%
Beaufort County	6,552	3,004	45.8	4,895	1,457	29.8
North Carolina	1,113,692	541,210	48.6	679,139	214,786	31.6

Source: NC DHHS, NC Division of Medical Assistance, Statistics and Reports, County Specific Snapshots for NC Medicaid Services (2011); <http://www.ncdhhs.gov/dma/countyreports/index.htm>

Child Oral Health

Overall, Beaufort County kindergarteners (see Figure 67) and 5th graders (see Figure 68) get more dental screenings than the North Carolina average. However, the percentage of untreated decay amongst Beaufort County children is similar to the State percentages. The percentage of screened kindergarteners in Beaufort has increased from 86 percent to 93 percent between 2006 and 2010.

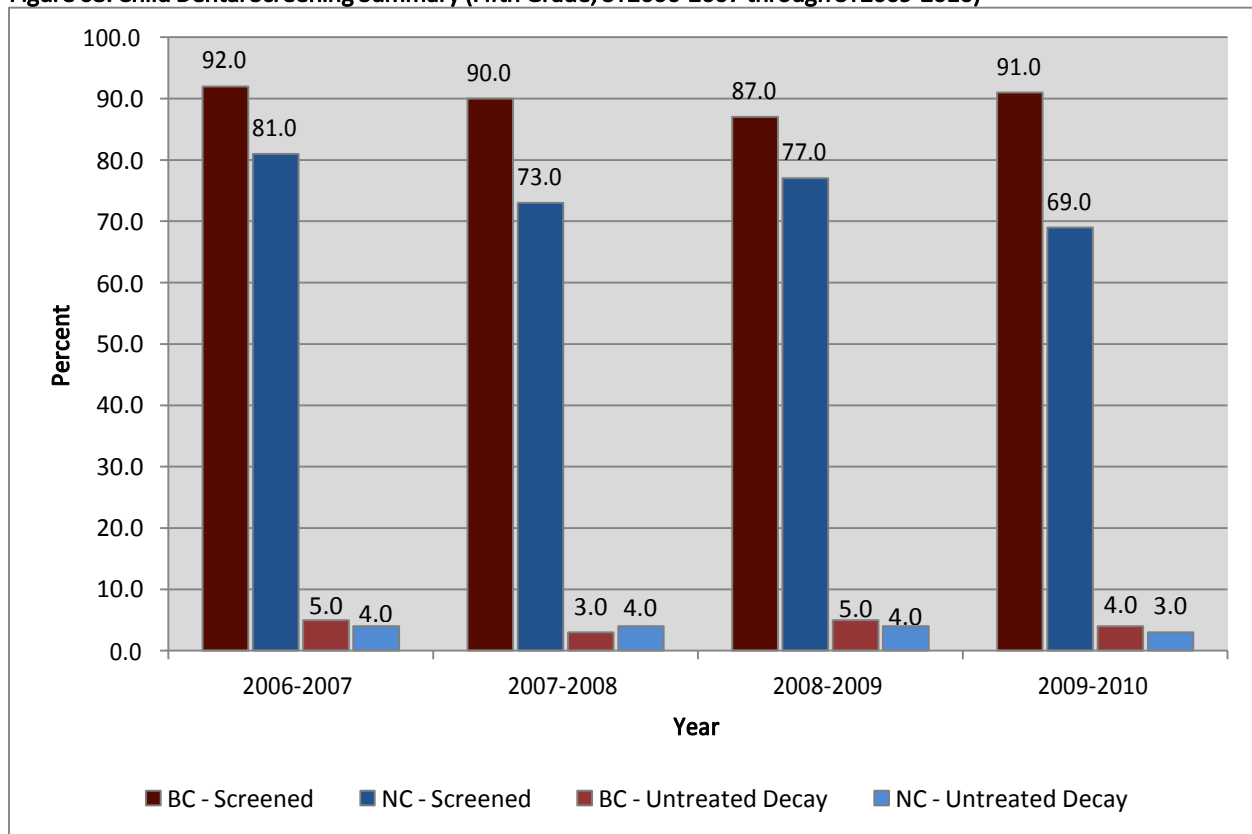
Figure 67. Child Dental Screening Summary (Kindergarten; SY2006-2007 through SY2009-2010)



Source: NC DHHS, Oral Health, References and Statistics, School Oral Health Assessments, NC County Level Oral Health Assessment Data by Year (years and counties as noted);

<http://www.ncdhhs.gov/dph/oralhealth/stats/MeasuringOralHealth.htm>

Figure 68. Child Dental Screening Summary (Fifth Grade; SY2006-2007 through SY2009-2010)



Source: NC DHHS, Oral Health, References and Statistics, School Oral Health Assessments, NC County Level Oral Health Assessment Data by Year (years and counties as noted);

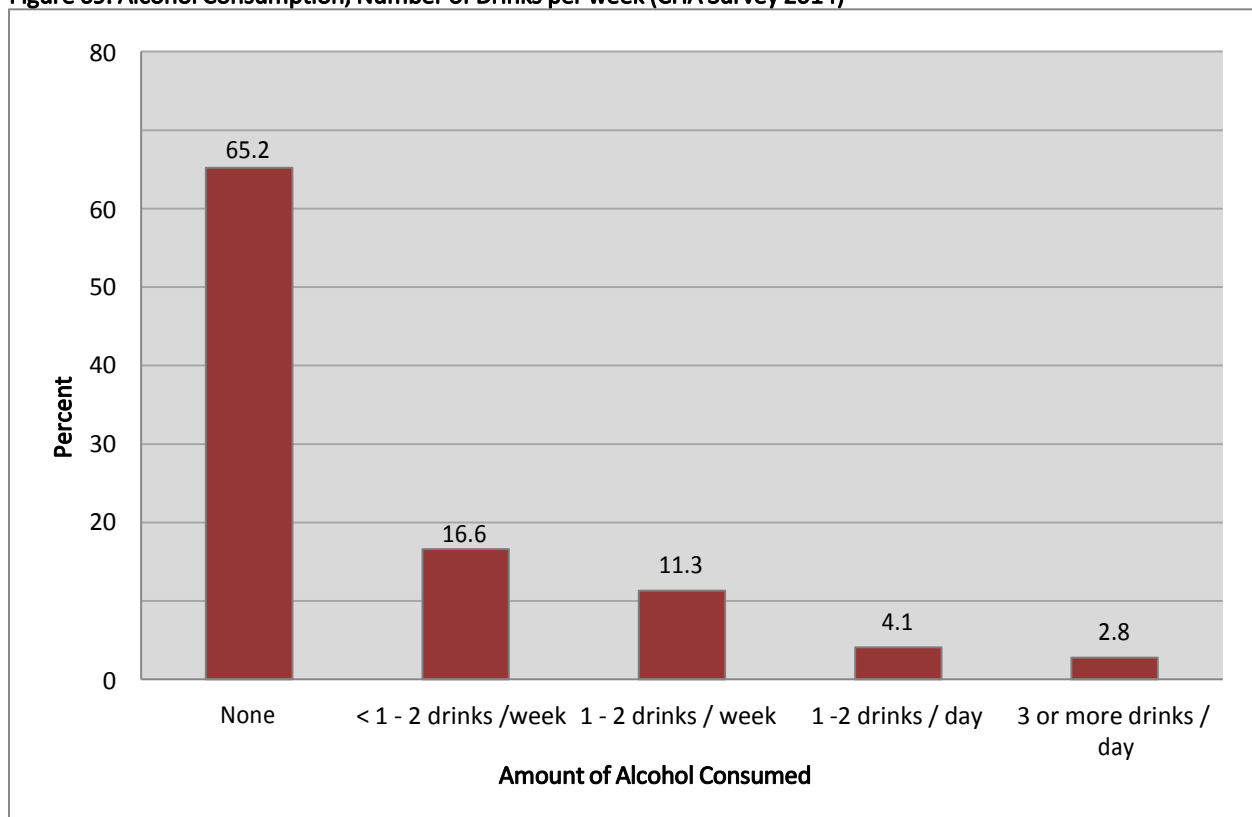
<http://www.ncdhhs.gov/dph/oralhealth/stats/MeasuringOralHealth.htm>

Substance Use

Alcohol and Drugs

Alcohol and drug abuse (44.7 percent) was recognized as the biggest issue affecting quality of life in the county. However, the majority (65.2 percent) of CHA survey participants reported having consumed zero alcoholic beverages on a weekly basis (see Figure 69). Also, almost all (97 percent) report that they have never illegally used drugs (see Table 25). These numbers reveal a possible discrepancy between perception of abuse and actual behavior. Although survey participants did not report significant alcohol or drug abuse themselves, they believe it is a significant problem impacting the County.

Figure 69. Alcohol Consumption, Number of Drinks per week (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Table 25. Drug Use and Abuse (CHA Survey 2014)

Drug Use Question	% Never	% Occasionally	% Routinely
Do you use illegal drugs?	97.6	2.2	0.2
Do you abuse prescription drugs?	97.0	2.4	0.6

Source: Beaufort County Community Health Needs Assessment Survey 2014.

Tobacco Use

The CHA survey also obtained self-reported data regarding the tobacco use of Beaufort County residents (see Table 26). Among respondents, 17.6 percent smoke, 3.1 percent chew tobacco, and 23.8 percent are frequently exposed to secondhand smoke. Of the respondents that use tobacco products, most (64.3 percent) would like to stop and had tried to stop in the last year (56.2 percent). Some had tried using medication to stop (21.2 percent) and more said they would be willing to attend smoking cessation classes (31.5 percent; see Table 27). In regards to health education, 15.6 percent of survey respondents caring for a child indicated that they would like their child to learn more about tobacco use.

Table 26. Tobacco Use and Exposure (CHA Survey 2014)

Tobacco Use Question	% (Yes)
Do you smoke?	17.6
Do you chew tobacco?	3.1
Are you frequently exposed to secondhand smoke?	23.8

Source: Beaufort County Community Health Needs Assessment Survey 2014.

Table 27. Desire and Attempts to Quit Smoking (CHA Survey 2014)

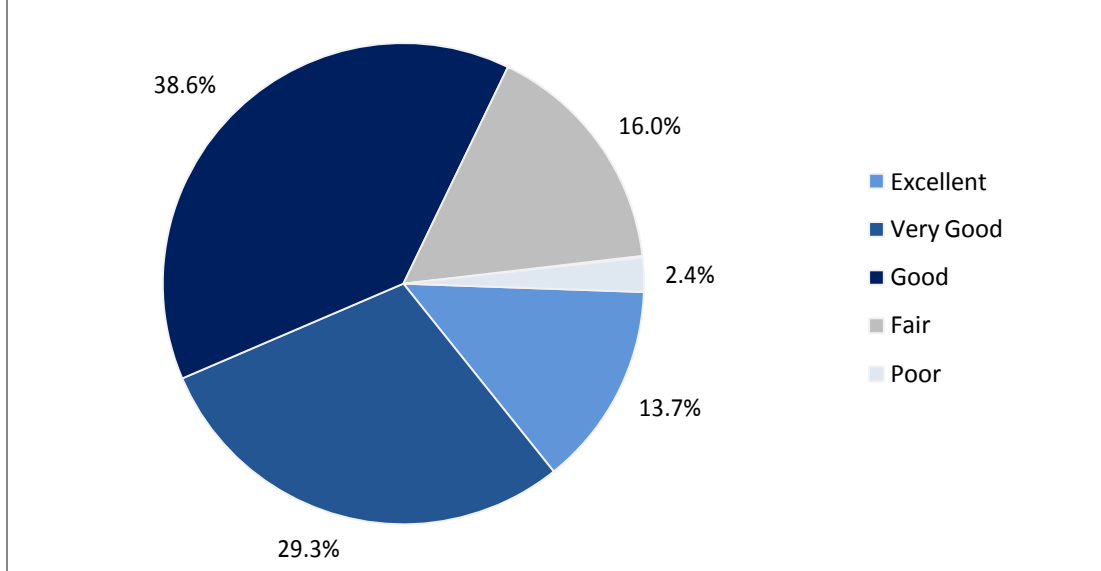
Smoking Cessation Question	% Yes	% No	% Not Sure
Do you want to stop using tobacco products?	64.3	15.4	20.4
Have you tried to stop in the last year?	56.2	39.4	4.4
Have you tried medication to stop?	21.2	76.6	2.2
Would you attend smoking cessation classes?	31.5	48.7	19.8

Source: Beaufort County Community Health Needs Assessment Survey 2014.

Healthy Habits

Survey participants were asked to select the description that best fits their perceived general health. Most residents indicated that their health is good, very good, or excellent (see Figure 70). The largest portion of survey participants (38.6 percent) believed their health is good.

Figure 70. Perceived General Health (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

CHA survey participants were asked to indicate whether they engage in specific healthy habits (see Table 28). The most commonly reported healthy habits were wearing a seat belt (97.7 percent) and washing hands before eating (97.4 percent). Over two-thirds of respondents find time to relax daily and the majority (65.6 percent) practice safe sex. However, only 39.8 percent of respondents reported that they use sunscreen outside. Finally, 12.3 percent of participants report that they get regular STD / HIV testing (every three months).

Table 28. Participation in Healthy Habits (CHA Survey 2014)

Healthy Habits	% (Yes)
Routinely wear a seat belt	97.7
Wash hands before eating	97.4
Find time to relax daily	75.2
Practice safe sex	65.6
Get 7 or more hours of sleep	62.7
Get an annual flu shot	62.5
Eat fast food less than twice a week	53.7
Use sunscreen outside	39.8
Regular STD / HIV testing	12.3

Source: Beaufort County Community Health Needs Assessment Survey 2014.

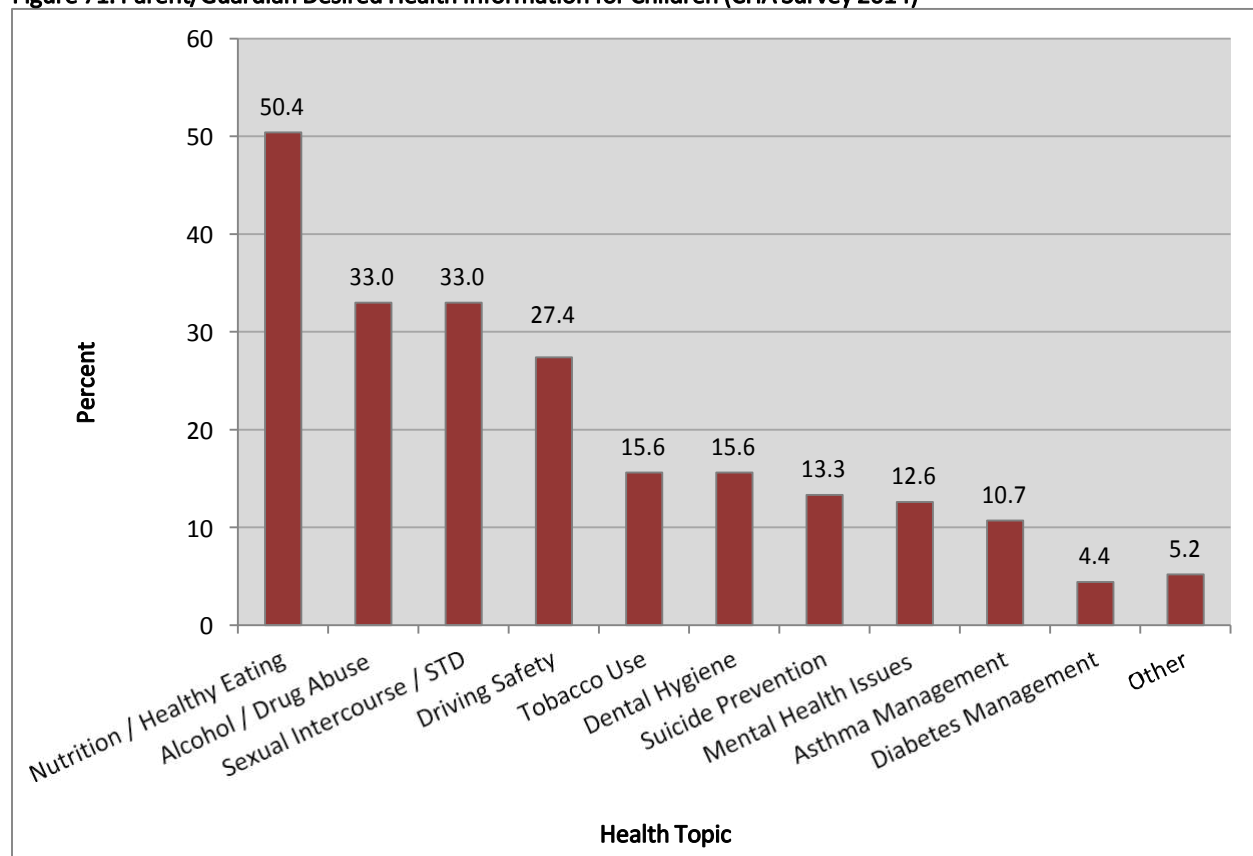
Medication Compliance

Several focus group members identified compliance with medication as a major issue affecting health in the county. These issues included, “taking the wrong dose of the medication” and failing to take the medication prescribed. When asked how to solve these issues, focus group members suggested that education would be beneficial to helping individuals understand the importance of adhering to their medication regimens.

Child Health Education

CHA survey participants who reported caring for a child (33.6 percent) were asked to select health topics that they would like their child to learn more about. They were encouraged to choose as many topics as they believe would be beneficial to their child’s education (see Figure 71). The most frequently selected topic was nutrition and healthy eating (50.4 percent), followed by alcohol / drug abuse and sexual intercourse (33.0 percent). Other popular health topics included driving safety (27.4 percent), tobacco use, and dental hygiene (15.6 percent).

Figure 71. Parent/Guardian Desired Health Information for Children (CHA Survey 2014)

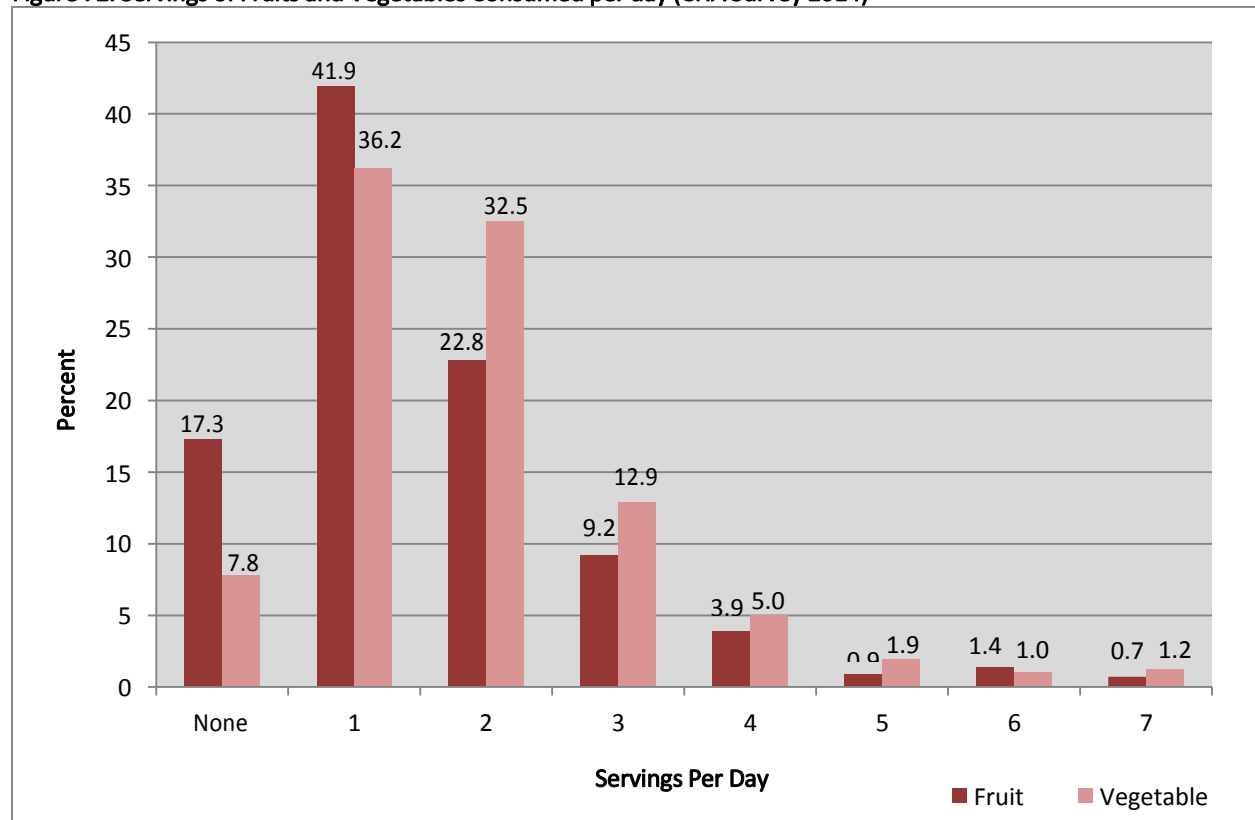


Source: Beaufort County Community Health Needs Assessment Survey 2014.

Diet and Exercise

Overall, CHA survey participants reported consuming more vegetables than fruits per day (see Figure 72). Most participants report that they consume only one serving of fruit (41.9 percent) and only one serving of vegetables per day (36.2 percent). Further, about half of respondents (50.4 percent) consume two to four servings of vegetables per day.

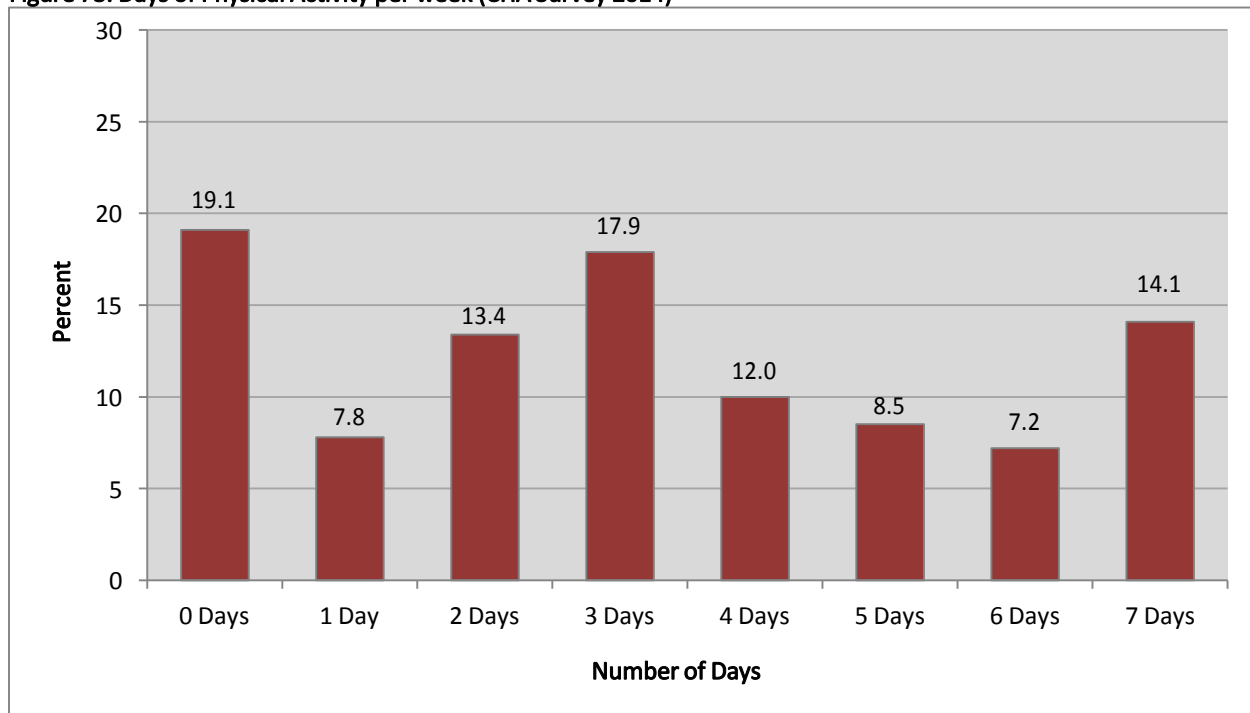
Figure 72. Servings of Fruits and Vegetables Consumed per day (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

CHA survey participants were asked to self-report how often they engage in at least 30 minutes of physical activity during a normal week (see Figure 73). The most common response to this question was zero days per week (19.1 percent). Those who reported exercising at least one day per week were asked to select locations they utilize for physical activity (see Table 29). Most of these individuals exercise at home (53.8 percent) or in their neighborhood (42.7 percent). Participants who chose “other” reported engaging in physical activity in places such as work, on the waterfront, at the Senior Center, and at the golf course.

Figure 73. Days of Physical Activity per week (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

Table 29. Locations Used for Physical Activity (CHA Survey 2014)

Location	% (Yes)
Home	53.8
Neighborhood Roads / Sidewalks	42.7
Private Gym	17.0
Park	13.6
Public Recreation Center	12.1
Other	12.6

Source: Beaufort County Community Health Needs Assessment Survey 2014.

Survey participants who reported that they engage in zero days of exercise during a normal week were asked to indicate the primary reasons for their inactivity (see Table 30). The most common responses to this question were tiredness (33.3 percent) and a limiting health condition (27.0 percent). Many survey respondents (24.3 percent) and focus group members report that they do not have enough time to exercise. Also, focus group members identified a lack of motivation as a major issue among inactive community members. Finally, only two percent of survey respondents attribute their lack of physical activity to an inability to find a safe place to exercise.

Table 30. Reasons for Not Engaging in Physical Activity (CHA Survey 2014)

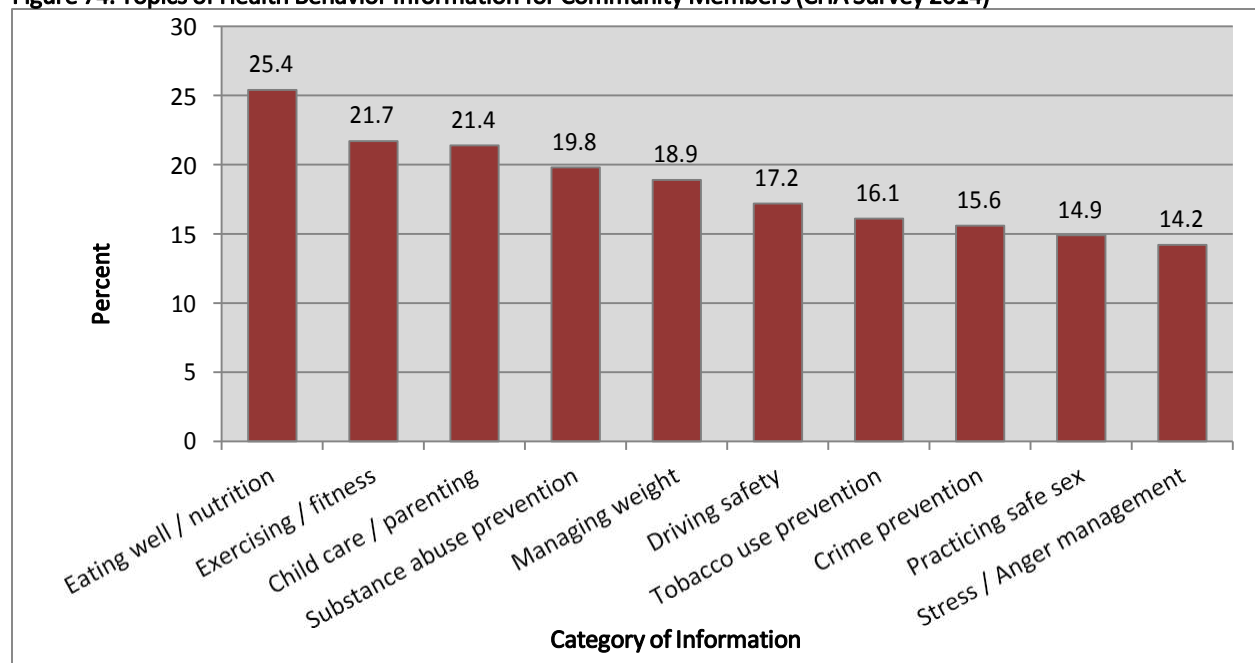
Reason	% (Yes)
Too tired	33.3
A health condition limits my physical activity	27.0
Not enough time	24.3
I don't like to exercise	22.4
Too costly	21.2
Exercise is not important to me	8.9
My job is physical or hard labor	7.6
Lack of child care	7.6
There is no safe place to exercise	2.0
Other	7.1

Source: Beaufort County Community Health Needs Assessment Survey 2014.

Health Behavior Information

Survey participants were asked to identify the topics of health behavior information that they would like community members to learn more about. The most commonly chosen topics were eating well / nutrition (25.4 percent), exercising / fitness (21.7 percent), and child care/ parenting (21.4 percent; see Figure 74).

Figure 74. Topics of Health Behavior Information for Community Members (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

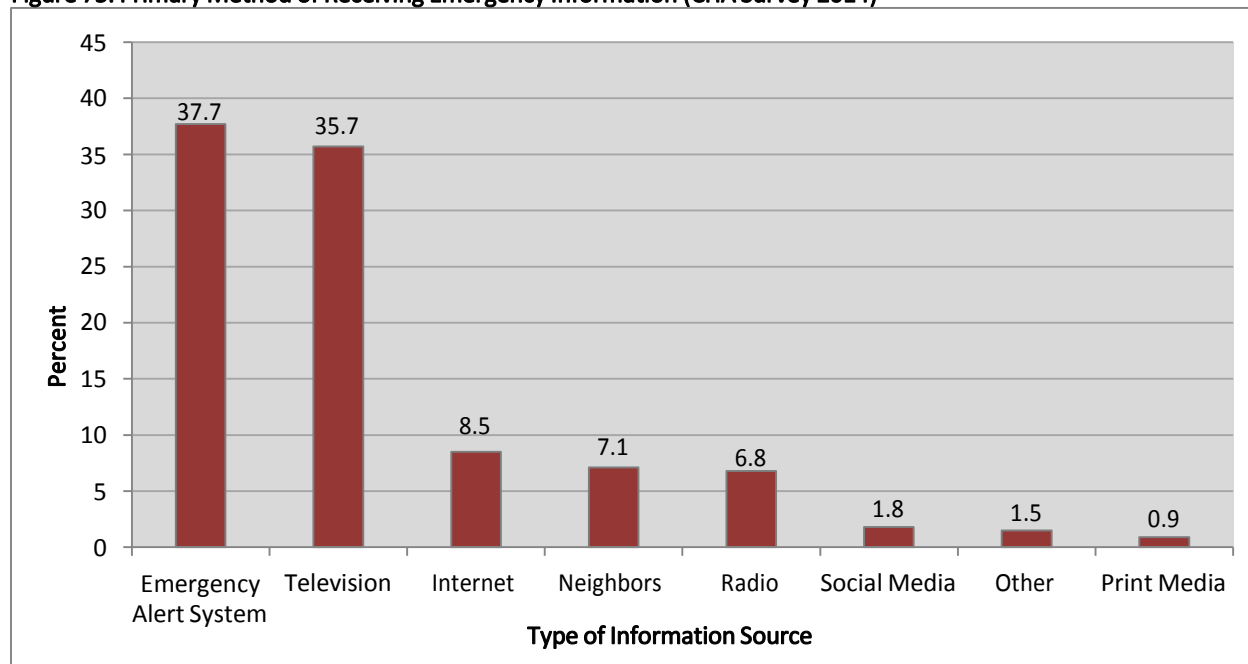
Emergency Preparedness

There were a number of CHA survey questions that directly target the emergency preparedness of Beaufort County residents. To begin, the majority of survey respondents had smoke detectors (84.9 percent). However, significantly less (30.8 percent) had carbon monoxide detectors. Only a small amount (9.8 percent) had no smoke detector or carbon monoxide detector.

The number of respondents in possession of an emergency supply kit was almost split in half, with most having a kit (55.3 percent). Of the participants that had a kit, the most common number of days that it would last for was three days (25.8 percent) followed by seven days (19.5).

The majority of participants receive emergency information through an emergency alert system (37.7 percent) or the television (35.7 percent; see Figure 75).

Figure 75. Primary Method of Receiving Emergency Information (CHA Survey 2014)



Source: Beaufort County Community Health Needs Assessment Survey 2014.

If public authorities announced a mandatory evacuation from the neighborhood or community due to a large-scale disaster or emergency, most residents (73.4 percent) indicated that they would evacuate and a much smaller portion would not (8.8 percent). The remaining (17.8 percent) indicated that they were unsure. For those survey respondents that were unwilling to evacuate, the most popular reasons for not evacuating were concern about leaving property (35.4 percent), having a lack of trust in public officials (14.3 percent), and a lack of transportation (11.8 percent). Furthermore, some survey respondents indicated a variety of other reasons (13.4 percent) including both family and health related reasons as well as work or volunteer reasons.

Environmental Data

Air and Water Quality

The NC Division of Air Quality utilizes the Air Quality Color Code Guide (see Figure 76) to alert the public of air quality issues related to ozone and fine particles. Air pollution levels within the range of orange, red, purple or maroon are considered exceeding the Environmental Protection Agency (EPA) standard. In 2014, Beaufort County had 242 “Good” days and 1 “Moderate” day.

Figure 76. NC Division of Air Quality Color Code Guide

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Green/Good	0-50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Yellow/Moderate	51-100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Orange/Unhealthy for Sensitive Groups	101-150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Red/Unhealthy	151-200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Purple/Very Unhealthy	201-300	Health alert: everyone may experience more serious health effects.
Maroon/Hazardous	>300	Health warnings of emergency conditions. The entire population is more likely to be affected.

Source: US EPA Air Data, Air Quality Index Reports, 2014: http://www.epa.gov/airdata/ad_rep_aqi.html.

Between 2006 and 2016, three health violations were recorded in Beaufort County. According to the Environmental Protection Agency, a health based violation occurs when the contaminate exceeds safety standards or water was not treated properly. (see Table 31).

Table 31. Total Population Served, Water Sources, and Health Violations

Type of System	Total Population Served	Primary Water Source Type	Health Violations 2005-2015
Community Water Systems			
Aurora Water System	550	Ground Water	2
Bath Water System	290	Ground Water	None
Beaufort Co Northside Regional Water	20140	Ground Water Purchased	None
Beaufort Co Southside	8361	Ground Water	None
Belhaven Water System	1960	Ground Water	None
Chocowinity Water System	2550	Ground Water	None
City of Washington	10613	Ground Water	None
Whitley's MHP	270	Ground Water	1
Total	44,734		

Source: United States Environmental Protection Agency, Envirofacts, Safe Drinking Water Information Systems Search, Beaufort County: <http://www.epa.gov/enviro/facts/sdwis/search.html>.

Peer County Comparisons

According to the CHA Guidelines, comparisons must be made between the county of interest and peer counties regarding secondary data. Peer counties are determined by their similarity in population size, density, age/race distributions, and poverty levels. The following counties have been identified as peer counties for Beaufort County: 1) Ashe, 2) Cherokee, and 3) Macon. Beaufort County was better than its peers in both of the income categories, percent of students qualifying for free or reduced lunch, homicide rate, primary care provider ratio and infant mortality. Beaufort County was worse than its peer counties on all other factors, especially average SAT score, both violent and property crime, as well as mortality due to cancer, heart disease and diabetes (see Figure 77).

Figure 77. Peer County Comparison (Beaufort v. Average of Ashe, Cherokee, Macon)

Domain	Indicator	Beaufort	Peer County Comparison	
			Below Avg.	Average Above Avg.
Education	High School Diploma or Higher (%)	81.7		
	Associate's Degree (%)	9.4		
	Bachelor's Degree or Higher (%)	18.3		
	Drop-Out Rate	2.05		
	SAT Scores	938		
Economy	Median Annual Household Income	\$40,429		
	Per Capita Income	\$22,206		
	Persons Below Poverty Level (%)	21.0		
	Unemployment Rate	7.6		
	Students Qualifying for Free and Reduced Lunch (%)	67.29		
Social	Violent Crime Rate	352.8		
	Property Crime Rate	3,259.7		
	Homicide Rate	4.2		
	Population Uninsured (%)	17.9		
	Primary Care Provider Ratio	1,987:1		
Health	Infant Mortality Rate	7.6		
	Repeat Teen Pregnancy Rate	16.3		
	Cancer Mortality Rate	194		
	Heart Disease Mortality Rate	198.6		
	Diabetes Mortality Rate	25.9		

Peer County Comparison Sources

Education

Educational Attainment (Three Categories):

US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 ACS 5-Year Estimate, Table S1501: <http://factfinder.census.gov/>

High School Dropout Rate:

NC Department of Public Instruction, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports; <http://www.ncpublicschools.org/research/dropout/reports/>.

SAT Scores:

NC Department of Public Instruction, Accountability Services Division, The North Carolina 2014 SAT Report, 2014 SAT Reporting by District and School;
<http://www.ncpublicschools.org/accountability/reporting/sat/2014>

Economy

Median Annual Household Income:

US Census Bureau, American Fact Finder, American Community Survey, 2013 ACS 5-Year Estimate, Table DP03: <http://factfinder.census.gov/>

Per Capita Income:

NC Department of Commerce, AccessNC, Community Demographics, County Report, County Profile:
<http://accessnc.commerce.state.nc.us/EDIS/demographics.html>

Poverty Rate:

US Census Bureau, American Fact Finder, American Community Survey, 2005-2013 ACS 5-Year Estimate, Table S1701: <http://factfinder.census.gov/>

Unemployment Rate:

Labor and Economic Analysis Division, NC Department of Commerce, Demand Drive Data Delivery System, Local Area Unemployment Statistics (LAUS), Unemployment Rate:
<http://esesc23.esc.state.nc.us/d4/>

Percent of Students Qualifying for Free and Reduced Lunch:

NC Department of Public Instruction, Financial and Business Services, Data and Reports, Free and Reduced Meals Application Data 2012-2013: <http://www.ncpublicschools.org/fbs/resources/data/>

Social

Violent Crime Rate and Property Crime Rate:

North Carolina Department of Justice, Crime in North Carolina, Crime Statistics, Annual Summary Report: Years 2009, 2010, 2011, 2012; <http://crimereporting.ncdoj.gov/Reports.aspx>

Homicide Mortality Rate:

NC State Center for Health Statistics, NC Vital Statistics Volume 2: Leading Causes of Death, Mortality Statistics Summary for NC Residents: Homicide; <http://www.schs.state.nc.us/data/vital.cfm>

Percent Population Uninsured:

US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 ACS 5-Year Estimate, Table DP03: <http://factfinder.census.gov/>

Primary Care Provider Ratio:

County Health Rankings and Roadmaps, 2014. University of Wisconsin Population Health Institute: <http://www.countyhealthrankings.org/app/north-carolina/2014/rankings/outcomes/overall>

Health

Infant Mortality Rate:

NC State Center for Health Statistics, Statistics and Reports: Vital Statistics: 2013 Infant Mortality Statistics for North Carolina. Infant Death Rates by Perinatal Care Regions (PCR) and County of Residence, North Carolina 2012, 2013 and 5-year totals 2009-2013; <http://www.schs.state.nc.us/data/vital/ims/2013/fiveyear.html>

Teen Pregnancy Rate:

NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data (2004-2012), counties and age groups as indicated; <http://www.schs.state.nc.us/SCHS/data/preg/preg.cfm>.

Cancer Mortality Rate:

NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II, Leading Causes of Death, Mortality Statistics Summary: Cancer – All Sites; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Heart Disease Mortality Rate:

North Carolina State Center for Health Statistics, North Carolina Vital Statistics, Volume 2, Leading Causes of Death, Heart Disease; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>

Diabetes Mortality Rate:

NC State Center for Health Statistics, Statistics and Reports, Vital Statistics, NC Vital Statistics Volume II: Leading Causes of Death, 2009, 2010, 2011, 2012, and 2013; <http://www.schs.state.nc.us/data/vital.cfm#vitalvol2>.

Vulnerable Populations

Groups that have not been well integrated into the health care system because of cultural, economic, geographic or health characteristics have been defined as vulnerable populations. These populations may also be at a higher risk during disasters. Beaufort County has identified the following populations as vulnerable: persons living below the Federal Poverty Level, children under the age of 5 years, and persons of the African American race (see Table 32).

Table 32. Beaufort County Vulnerable Populations

Vulnerable Population	Relevant Statistic	CHA Reference
Poverty	21.0 percent of the population	Figure 15, Page 29
Children Less than 5 Years	29.3 percent overweight or obese	Figure 66, Page 91
African Americans	Life expectancy is 74.5 years (2.8 years lower than Whites)	Figure 43, Page 59

In addition to the statistic cited above, racial disparities are present for many other social and health indicators. For example, African Americans are three times more likely to live in poverty. Moreover, African Americans have higher incidence rates of total cancer, as well as higher mortality rates for heart disease, cerebrovascular disease, diabetes mellitus and Alzheimer's disease.

Summary and Next Steps

The community health assessment identified nine focus areas for 2015-2018. Social indicators included 1) poverty; 2) employment; 3) access to health care; and 4) racial disparities. Health indicators included 1) mental health (including substance abuse); 2) infant mortality; 3) weight management, nutrition and obesity; 4) chronic disease (heart disease, diabetes); and 5) cancer. Although this was a community health assessment, social indicators were selected that both directly and indirectly influence community health. Thus, it is appropriate to acknowledge both social and health indicators. However, it was determined that while the social indicators were very important, it would be more feasible to narrow the focus areas into specific priorities for the action plan.

Based on the results provided by the community survey, focus groups, and secondary data collection, Beaufort County has identified the following top four health priorities:

- Chronic Disease (Heart Disease, Diabetes)
- Weight Management, Nutrition and Obesity
- Cancer
- Access to Care (Including Mental Health)

The above-mentioned priorities were selected as a result of their feasibility and impact in improving the health and well-being of Beaufort County residents. In order to address the priorities, Vidant Beaufort Hospital will work collaboratively with the Beaufort County Health Department.

The priorities selected for the 2011 Beaufort County CHA are also selected for 2014 (see Table 33), with the addition of Access to Care (Including Mental Health). The 2011 priorities selected for continued attention have also been further distinguished for 2014. For example, heart disease and diabetes are identified as key issues within the Chronic Disease focus area and nutrition has been added to the Weight Management and Obesity focus area. In sum, the priorities included in 2011, as well as the newly added Access to Care priority, demonstrate adequate levels of impact and feasibility to warrant selection for 2014.

Table 33. Beaufort County CHA Priority Comparison

2011 CHA Priorities	2014 CHA Priorities
Chronic Disease	Chronic Disease (Heart Disease, Diabetes)
Weight Management and Obesity	Weight Management, Nutrition and Obesity
Cancer	Cancer
	Access to Care (Including Mental Health)

Beginning in March 2015, committees will be formed around the priorities for the purpose of developing action plans. These action plans will be used to guide initiatives for the next three to four years and serve as a basis for reporting status annually toward addressing the areas identified in this community health assessment process.

CHA Resource Guide

Programs – General

Program Type		Program Description	Time	Location	Contact
Cancer Screenings	Breast Cancer		Yearly	Marion L. Shepard Cancer Center	252-975-4308
	Prostate Cancer		Yearly	Marion L. Shepard Cancer Center	252-975-4308
	Skin Cancer		Yearly	Marion L. Shepard Cancer Center	252-975-4308
Cancer Support Groups	Breast Cancer Support Group	An opportunity for all ladies ranging from currently undergoing treatment to long time survivors to gain insight, encouragement, information, and inspiration, and to talk with ladies who have had similar experiences.		Marion L. Shepard Cancer Center	252-975-4308
	Caregiver Support Group	Designed for individuals who are caring for someone they love who is fighting cancer, to join, others who are facing the same questions and challenges that you are experiencing.		Marion L. Shepard Cancer Center	252-975-4308
	Conversations	A time and place for people to gather who have any type of cancer. An opportunity to join others who might share some of your own experiences.		Marion L. Shepard Cancer Center	252-975-4308
	Look Good...Feel Better	A hands-on group session for adult female cancer survivors currently in treatment who are coping with the side effects of chemotherapy and/or radiation treatment.		Marion L. Shepard Cancer Center	252-975-4308
	Restorative Yoga and Meditation	A yoga class that emphasizes relaxation for the body, mind, and spirit. Open to all cancer patients, survivors, and primary care givers.		Marion L. Shepard Cancer Center	252-975-4308
	Therapeutic Massage	One free therapeutic foot, hand, or chair massage is available every week to all cancer survivors and primary care givers.		Marion L. Shepard Cancer Center	252-975-4308

Programs – General Cont.

Program Type		Program Description	Time	Location	Contact
Alcohol and Drug Support Groups	Alcoholics Anonymous		Mondays at 8:00 pm	Westbrook Housing Authority	252-975-6113
	Alcoholics Anonymous		Tuesdays at 12:00 pm	Westbrook Housing Authority	252-975-6113
	Alcoholics Anonymous		Wednesdays at 6:00 pm	Westbrook Housing Authority	252-975-6113
	Alcoholics Anonymous		Thursdays at 12:00 pm	Westbrook Housing Authority	252-975-6113
	Alcoholics Anonymous		Fridays at 8:00 pm	Trinity Episcopal Church-Chocowinity	252-945-6113
	Alcoholics Anonymous		Saturdays at 12:00 pm	Westbrook Housing Authority	252-975-6113
	Alcoholics Anonymous		Sundays at 3:00 pm	Westbrook Housing Authority	252-975-6113
Other Support Groups	Better Breathers	Patient centered and community based opportunities to support patients with chronic lung disease and their families, friends, and support persons.	Second Tuesday of every month at 2:30 pm	Vidant Wellness Center – Washington	252-975-4237
	NutriMove			Vidant Wellness Center – Washington	

Programs – General Cont.

Program Type		Program Description	Time	Location	Contact
Educational Opportunities	Breast Feeding Class	Class designated to give expectant mothers the skills for successful breastfeeding including take-home material.	First Saturday every other month from 9:00 am – 12:00 pm *Registration is required	Vidant Beaufort Hospital	252-975-4309
	Child Birthing Class	Two night class focusing on pregnancy expectant mothers for labor and delivery; including signs of labor, timing contractions, at what point to come to the hospital and what to expect before, during, and after child birth. Class provides take-home-material and a tour of the nursery and birthing rooms.	First and Second Thursday of every month from 6:30 pm – 9:00 pm *Registration is required	Vidant Beaufort Hospital	252-975-4309
	Safe Sitters	Teaches safe and nurturing childcare techniques, behavioral management skills and appropriate responses to medical emergencies including infant and child choking. Class fee is \$50.00.	Summer months from 9:00 am – 3:30 pm *Registration is required	Vidant Beaufort Hospital	252-975-4309
	Healthy Living with Cancer	A four session program designed to help cancer survivors gain their well-being. Typically held twice every year and includes expert speakers at each class in the areas of oncology, nutrition, exercise and activity, and psychology.	Held twice a year. Call for upcoming classes *Registration is required	Marion L. Shepard Cancer Center	252-975-4308
	Knowledge is power	An educational series on topics including health interests for cancer survivors, caregivers and the community. Open to the public and dinner is provided.		Marion L. Shepard Cancer Center	252-975-4308
	Diabetes Education		Fourth Thursday of every month at 10:00 am	Vidant Wellness Center – Washington	252-975-4236

Programs – for Seniors

Program Type		Time	Location
Walk-In Programs	Fitness Room/Equipment	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
	Billiards	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
	Computer Access	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
	Cable TV	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
	Puzzles & Board Games	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
	Lending Library	Monday – Friday 8:00 am – 5:00 pm	310 W Main St. Washington, NC
On-site Programs	Aerobics	Tuesday and Thursday at 8:15 am	310 W Main St. Washington, NC
	AHOY	Fridays at 11:00 am	310 W Main St. Washington, NC
	Bridge	Thursdays at 1:00 pm	310 W Main St. Washington, NC
	Buck's BINGO	Mondays at 10:30 am	310 W Main St. Washington, NC
	Canasta	Thursdays at 1:00 pm	310 W Main St. Washington, NC
	Computer Lessons	As needed	310 W Main St. Washington, NC
	Painting	Tuesday at 9:15 am	310 W Main St. Washington, NC
	Neck/Foot Massages	Second Friday of each month from 9:00 am – 12:00 pm	310 W Main St. Washington, NC
	Needlecraft	Mondays at 1:00 pm	310 W Main St. Washington, NC
	Walking Program	Year round	310 W Main St. Washington, NC
	Tai Chi	Mondays and Fridays at 9:45 am	310 W Main St. Washington, NC
	Movie Madness	Seasonal	310 W Main St. Washington, NC
	Golden Card Ladies	Second Wednesday at 2:00 pm	310 W Main St. Washington, NC
	Yoga	Mondays and Fridays at 8:30 am	310 W Main St. Washington, NC
	Yoga	Tuesday nights at 5:45 pm	310 W Main St. Washington, NC
Evidence-based Programs/Classes held throughout the County	A Matter of Balance	Twice Yearly	310 W Main St. Washington, NC
	Chronic Disease Self-Management	Twice Yearly	310 W Main St. Washington, NC
	Living Healthy with Diabetes	Twice Yearly	310 W Main St. Washington, NC
	Walk with Ease	Twice Yearly	310 W Main St. Washington, NC
	Exercising with Arthritis	Twice Yearly	310 W Main St. Washington, NC
Support Groups	Caregivers Support Group	Fourth Monday of each month at 4:00pm	310 W Main St. Washington, NC
	Grand Ideas	Second Tuesday of each month at 9:00 am	310 W Main St. Washington, NC
	Diabetic Support Group	Third Tuesday of each month at 11:00 am	310 W Main St. Washington, NC
	Grief Support (Aftercare)	Third Tuesday of each month at 4:00 pm	310 W Main St. Washington, NC

Programs – for Seniors Cont.

Program Type		Time	Location
Clubs	Helping Hands Club	First Thursday of each month *Membership is required	310 W Main St. Washington, NC
	Pamlico Senior Citizens	First Wednesday of each month *Membership is required	310 W Main St. Washington, NC
	Retired School Program	Meets Quarterly	310 W Main St. Washington, NC
	Garden Club	Second Friday of the month *Membership is required	310 W Main St. Washington, NC
	Pamlico River Quilters Club	Twice per month on Wednesdays *Membership is required	310 W Main St. Washington, NC
Services	Medicare D Counseling	Appointment Required	310 W Main St. Washington, NC
	End of Life Counseling	Appointment Required	310 W Main St. Washington, NC
	Legal Services	Appointment Required	310 W Main St. Washington, NC
	Reverse Mortgage	Appointment Required	310 W Main St. Washington, NC
	AARP Tax Aide	Seasonal	310 W Main St. Washington, NC
	Blood Pressure Checks	Appointment Required	310 W Main St. Washington, NC
	General and Medical Senior Transportation	Appointment Required	310 W Main St. Washington, NC
	Housing Assistance	Appointment Required	310 W Main St. Washington, NC
	Home Repair/Modifications	Appointment Required	310 W Main St. Washington, NC
	Social Security	Appointment Required	310 W Main St. Washington, NC
	Disaster Preparedness	As needed	310 W Main St. Washington, NC
	Durable Medical Equipment	As needed	310 W Main St. Washington, NC
	Telephone Reassurance	As needed	310 W Main St. Washington, NC
	Energy Assistance	As needed	310 W Main St. Washington, NC
	Food Distribution	Providing Ensure for at-risk clients *income requirements	310 W Main St. Washington, NC
Off-sit Programs	BOCCE	Fridays at 8:30 am	7th Street Bobby Andrews Building
	Pickle Ball	Thursdays and Fridays at 8:30 am	7th Street Bobby Andrews Building
	Shuffleboard	Fridays at 8:30 am	7th Street Bobby Andrews Building
	Senior Games	Fridays at 8:30 am	7th Street Bobby Andrews Building
	AHOY at Chocowinity	Tuesdays at 11:00 am	Episcopal Church Chocowinity, NC
	AHOY at the Blind Center	Tuesdays at 9:30 am	Blind Center, Washington, NC
	AHOY at East Haven	Thursdays at 11:00 am	East Haven Apartments, Washington, NC
Trips	Day Trips	Yearly	310 W Main St. Washington, NC
	Walking Program with the Mystery Trips	Yearly	310 W Main St. Washington, NC

	Travel Program	Yearly	310 W Main St. Washington, NC
	Overnight Bus Trips	Yearly	310 W Main St. Washington, NC

Programs – for Caregivers of Children

Program Type		Program Description	Time
Caregivers of Children Programs	Breast Pump Loaner Program	Hospital grade breast pumps are loaned, free of charge, on a first-come, first served basis to Beaufort and Hyde County residents who do not qualify for the WIC assistance program.	Ongoing
	Buckle Up Kids Beaufort County	Beaufort County's involvement with a national "Safe Kids" initiative to provide education to parents/primary caregivers on the proper child safety seat needed for their child's age/height/weight. First-time participants who meet eligibility requirements may qualify for a child safety seat at a reduced rate and will receive child passenger safety installation training as the seat is installed. Already installed child safety seats (car carriers, convertible car seats, and booster seats) can also be checked by a trained technician to ensure they are installed correctly.	Ongoing
	Child Care Referrals	Finding child care can be a difficult, time consuming task. Making one phone call to Child Connections will allow individuals seeking child care to learn which legally operating child care or preschool facilities have openings, what questions to ask when seeking high quality, early learning environment.	Ongoing
	Pat-A-Cake	A fun, educational and free playgroup for you and your preschooler (ages 18 months to four-years-old) to explore developmentally appropriate music, book and art. Each week we read stories, create artwork, sing, play and enjoy a snack. Your child will interact and play with other children while you have an opportunity to meet other parents, grandparents and caregivers. You will also have access to our fabulous Lending Library where you may check-out a variety of educational items and books.	Every Thursday at 10:30 am
	Lending Library	A twist on the regular public library, the "lending library" offers a variety of developmentally appropriate toys, books, and early educator resource materials designed to help parents and caregivers maximize their child's development from infancy to age 5.	Ongoing *Registration is required
	Parents as Teachers	An evidence-based home visitation program designed for pregnant women and families with children newborn to 5 years of age, Certified parent educators teach parents how to maximize their child's development and assist them with accessing necessary resources to support overall child and family wellbeing.	Ongoing *Registration is required
	The Incredible Years – Teachers	A 14-week, evidenced-based parent/primary caregiver skill building opportunity with a focus on caring for preschool-aged-children. This education series is instructed in English and Spanish.	Offered twice yearly *Registration is required
	Literacy Bags	An outreach initiative aimed at providing pregnant women residing in Beaufort or Hyde Counties with items and information related to searching for child care, building	Ongoing

		literacy skills in young children, information on bonding with baby, safe sleep and a variety of other important topics to promote healthy development.	
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Programs – for Caregivers of Children Cont.

Program Type		Program Description	Location	Contact
Additional Resources	Coastal Pregnancy Center	Serves pregnant women in Beaufort County by offering prenatal parenting classes, maternity clothes, baby clothes and other baby care related items.	1312 John Small Ave. Washington, NC	252-946-8040
	Child Connections	Child Care	979 Washington Square Mall Washington, NC	252-975-4647
	Beaufort/Hyde Partnership for Children	Early Childhood Issues/Education	979 Washington Square Mall Washington, NC	252-975-4647
	East Carolina Behavioral Health	Works in partnership with people who face significant challenges related to substance abuse, mental illness, and/or developmental disability. Our commitment is to provide consistently excellent, person-centered, family-oriented services within a recovery based system that is flexible, accessible, and respects the individual's freedom of choice.		1-877-685-2415
	Beaufort County Department of Social Services	A series of foster and adoptive parent training classes two to three times each year.	632 West 5th St. Washington, NC	252-975-5500
For More Information on Programs offered to primary caregivers of children please contact: Child Connections 252-975-4647 www.beaufortcountykids.org				