

Community Health Needs Assessment

Dare County

2022

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Part One: Executive Summary

Dare County is pleased to present its 2022 Community Health Needs Assessment (CHNA). This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Dare County. This document serves as the 2022 CHNA for The Outer Banks Hospital.

Mission Statement

The Dare County CHNA serves as a document and process to describe the current health status of Dare County with the following overarching goals:

- Evaluate the impact of Community Health Improvement Plans from the 2018-2019 CHNA
- Collect and analyze primary and secondary data to identify areas of need within the county
- Report findings to the residents of Dare County and key stakeholders
- Engage the community to determine priorities that need to be addressed
- Develop a community health improvement plan to address identified health priorities

Vision Statement

The 2022 CHNA provides a structured process for Dare County to prioritize health needs, and to plan and act upon unmet community needs. The process provides a strong foundation that will support and promote optimal health and wellbeing for all individuals who live in Dare County.

Leadership

Local public health agencies in North Carolina (NC) are required to conduct a CHNA at least once every four years. The CHNA is required of public health departments in the consolidated agreement between the NC Division of Public Health (NCDPH) and the local public health agency. Furthermore, a CHA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1).

As part of the US Affordable Care Act of 2011, non-profit hospitals are also now required to conduct a community health (needs) assessment at least every three years. Recognizing that duplicate assessment efforts are a poor use of community resources, LHDs and non-profit hospitals across the state have models for collaboratively conducting the community health assessment process.

Since 2013, Dare County Department of Health & Human Services and The Outer Banks Hospital serve as the local leadership for the CHNA process. This long-term collaboration has been a successful partnership for over a decade.

Healthy Carolinians of the Outer Banks Partnership

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

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

Healthy Carolinians of the Outer Banks Structure

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

Healthy Carolinians of the Outer Banks Executive Committee Members

Gail Hutchison, HCOB Chair

Dianne Denny, HCOB Vice Chair

Sheila Davies, Dare County Health & Human Services Director

Ronnie Sloan, The Outer Banks Hospital President

Amy Montgomery, The Outer Banks Hospital

Community Health Assessment Coordinators

Kelly Nettnin, Dare County Health & Human Services

Laura Willingham, Dare County Health & Human Services

Jennifer Schwartzenberg, The Outer Banks Hospital

Lyndsey Hornock, The Outer Banks Hospital

Healthy Carolinians of the Outer Banks Members

Name	Organization
Jenniffer Albanese	Interfaith Community Outreach Inc.
Roxana Ballinger	Dare County Health & Human Services
Jennie Collins	Dare County Emergency Medical Services
Christine Vipond	Dare County Health & Human Services
Patty McKenna	Outer Banks Relief Foundation
Gail Sonnesso	GEM Adult Day Services
Christine Vipond	Dare County Health & Human Services
Lyn Jenkins	Community Care Clinic of Dare
Tess Judge	Community Member
Chuck Lycett	Dare County Health & Human Services
Lea Ann Campbell	The Outer Banks Hospital

Table 1. Types of Partners on HCOB Partnership

Type of Partner	Number of Partners
Healthcare	7
Health & Human Services	7
Criminal Justice System	1
Non-Profit Community Aid	2
Older Adult/Dementia Related Services	2

Regional & Contracted Services

Health ENC

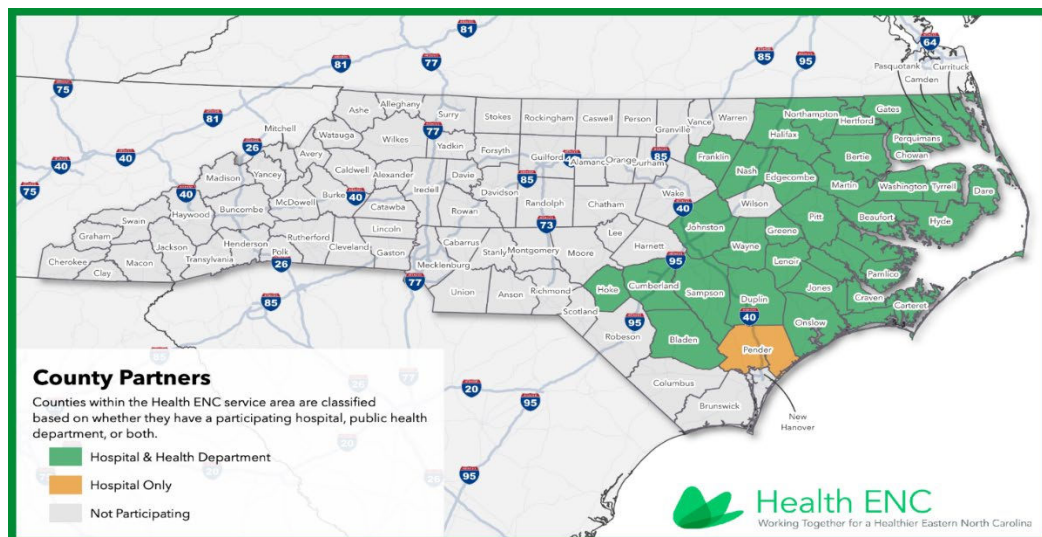
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 34 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce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

Health ENC Member Organizations

Figure 1 illustrates the Health ENC County region. Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

On the regional scale, Health ENC coordinates the regional CHNA efforts for the 34 counties of eastern North Carolina. As part of their contracted services, Health ENC provides specific data and interpretation for each of the counties based on surveys and secondary data.

Image 1. Health ENC Counties



Theoretical Framework

In compiling the 2021-2022 Dare County Community Health Needs Assessment, the HCOB Partnership used a Community Health Business Model to ensure that a collaboration of entities have a presence in the discussions and implementation plans to address the community needs identified in the assessment. Improved outcomes occur when a variety of organizations and services engage together to examine the needs and possible solutions.

Collaborative Process Summary

An essential function of the HCOB Partnership is to oversee the Community Health Needs Assessment process every three years. For the 2021 - 2022 assessment, HCOB began the planning process in December 2020 with trainings and webinars led by Health ENC. The data collection

process took place in two sections: March-April 2021 was when the secondary data was received from North Carolina and the primary data was collected through online and paper surveys from the end of April 1, 2021- June 30, 2021. Data analysis took place from July 2021-October 2021 and data was shared with the HCOB key stakeholders at the end of October 2021. HCOB set the health priorities in November 2021.

Evaluation of Progress Since 2019–2020 CHNA

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

As part of the 2019 Community Health Needs Assessment, substance use, mental health, chronic diseases, and older adults were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

The 2019 Dare County Community Health Needs Assessment was made available to the public via hard copy access at all three Dare County library locations. Electronic copies are available on HCOB's website, ECU Health's Website, and The Outer Banks Hospital's website. Community members were invited to submit feedback via various community events and/or presentations and by email to the CHNA coordinators. No comments had been received on the preceding CHNA at the time this report was written.

Key Findings

The 2022 CHNA findings are drawn from an analysis of an extensive set of secondary data and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Dare County and are displayed in Table 2.

Table 2. Significant Health Needs

Cancer
Older Adults & Related Issues
Mental Health
Substance Use
Access to Healthcare

Selected Health Priority Areas

The Outer Banks Hospital has selected the following priority areas:

Mental Health

Substance Use

Access to Health Services

CHNA leadership will work to develop Community Health Improvement Plans around these two public health concerns.

Next Steps

Distribution

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

www.HealthENC.org

www.Darenc.com/hcob

<https://www.ecuhealth.org/about-us/community/health-needs-assessment/#The-Outer-Banks-Hospital>

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

Community Health Improvement Plans

The prioritization of the identified significant health needs will guide community health improvement efforts of Dare County. Following this process, Dare County will outline how they plan to address the prioritized health needs in their Community Health Improvement Plans. Members of the Dare County community are invited and encouraged to become a part of the journey towards optimal health by joining one of the HCOB taskforces. Community Progress made on these priorities will be available during the years between CHNA by the State of the County Health Report.

Part One: Introduction

Health Statistics Methodology

Routinely collected mortality and morbidity surveillance data and behavior survey data can be used to describe the health status of Dare County residents. These data, which are readily available in the public domain, typically use standardized definitions, thus allowing comparisons among county, state, region and national figures. There is, however, some error associated with each of these data sources. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a number of cases, while mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Secondary Data

Secondary data used for this assessment were collected by Health ENC Vendors and local CHNA Team using numerous readily available secondary data sources representing data from the local, region, state and national level.

Primary Data

The primary data used in this assessment consisted of a community survey distributed through online and paper submissions. Over 1,000 Dare County residents contributed their input on the community's health and health-related needs, barriers, and opportunities. See [Appendix F](#) for all primary data collection tools used in this assessment.

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

At the request of the HCOB Executive Committee, The Breaking Through Task Force (BTTF) partnered with Dare County Department of Health & Human Services (DCDHHS) to hold a mental health counselors roundtable event. The purpose of the event is to collect information from counselors regarding themes they are observing in their practice and collaborate on opportunities to better assist them in their work.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. Health ENC Region includes the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Understanding Health Statistics

Age-adjustment

Mortality rates, or death rates, are often used as measures of the health status of a community. Many factors can affect the risk of death, including race, sex, occupation, education and income. The most significant factor is age, because the risk of death inevitably increases with age; that is, as a population ages, its collective risk of death increases. Therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of “young” people, and others have a higher proportion of “old” people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by *age-adjusting* the data. Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing health data from one population or community to another and have been used in this report whenever available.

Aggregate Data

Another convention typically used in the presentation of health statistics is *aggregate data*, which combines annual data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. It is particularly important to aggregate data for smaller jurisdictions like Dare County. The calculation is performed by dividing the number of cases or deaths due to a particular disease over a period of years by the sum of the population size for each of the years in the same period.

Incidence

Incidence is the population-based rate at which new cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given

period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000; sometimes the multiplier is a smaller number, such as 10,000.

Incidence rate is calculated according to the following formula:

$$(number\ of\ new\ cases/population) \times 100,000 = new\ cases\ per\ 100,000\ people$$

The incidence rates for certain diseases, are simple to obtain when data on newly discovered cases is routinely collected (cancer registry). However, locating accurate incidence data on diagnoses of conditions which are not normally reported to central data-collecting agencies is rare.

Mortality

Mortality is calculated by dividing the number of deaths due to a specific disease in a given period by the population size in the same period. Like incidence, mortality is a rate, usually presented as number of deaths per 100,000 residents. Mortality rates are easier to obtain than incidence rates since the underlying (or primary) cause of death is routinely reported on death certificates. However, some error can be associated with cause-of-death classification, since it is sometimes difficult to choose a single underlying cause of death from potentially many co-occurring conditions.

Mortality rate by cause is calculated according to the following formula:

$$(number\ of\ deaths\ due\ to\ a\ cause/population) \times 100,000 = deaths\ per\ 100,000\ people$$

Morbidity

Morbidity as used in this report refers generally to the presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) in the population. Morbidity data usually is presented as a prevalence percentage, or a count, but not a rate.

Prevalence

Prevalence, which describes the extent of a problem, refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a period. Prevalence expresses a proportion, not a rate. Prevalence is often estimated by consulting hospital records; for instance, hospital discharge records available from NC SCHS show the number of residents within a county who use hospital in-patient services for given diseases during a specific period. Typically, these data underestimate the true prevalence of the given disease in the population, since individuals who do not seek medical care or who are diagnosed outside of the hospital in-patient setting are not captured by the measure. Note also that decreasing hospital discharge rates do not necessarily indicate decreasing prevalence; rather they may be a result of a lack of access to hospital care.

Trends

Data for multiple years is included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases, events or deaths per year (see below), the preferred method for reporting incidence and mortality data is long-term trends using the age-adjusted, multi-year aggregate format. Most trend data used in this report is of that type.

Small Numbers

Year-to-year variance in small numbers of events can make dramatic differences in rates that can be misleading. For instance, an increase from two events one year to four the next could be statistically insignificant but result in a calculated rate increase of 100%. Aggregating annual counts over a five year period before calculating a rate is one method used to ameliorate the effect of small numbers. Sometimes even aggregating data is not sufficient, so the NC State Center for Health Statistics recommends that all rates based on fewer than 20 events—whether covering an aggregate period or not—be considered “unstable”, and interpreted only with caution. In recent years, the NC SCHS has suppressed mortality rates based on fewer than 20 events in a five-year aggregate period. Other state entities that report health statistics may use their own minimum reporting thresholds. To be sure that unstable health data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period and on 10 or more events in a single year. Where exceptions occur, the narrative will highlight the potential instability of the rate being discussed.

Describing Difference and Change

In describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a *percent* takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.)

Final Health Data Caveat

Some data that is used in this report may have inherent limitations, due to sample size, or its age, for example, but is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

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

Part Two: Primary Data

Community Survey

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included a community survey that could be distributed online or by a paper submission. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic.

Survey Design

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2022 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

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

Survey Distribution

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were available electronically and in paper copy. The link was emailed out to all major employers in the area: Dare County, Dare County Schools, and Outer Banks Hospital staff. Many of the groups on the HCOB Partnership also shared the survey with their list serves. The survey was shared on www.darenc.com and Dare County Department of Health & Human Services' Facebook page.

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

Table 3 and Figure 1 summarize the number of survey respondents. Dare County had 1,029 English survey responses and 5 Spanish survey responses.

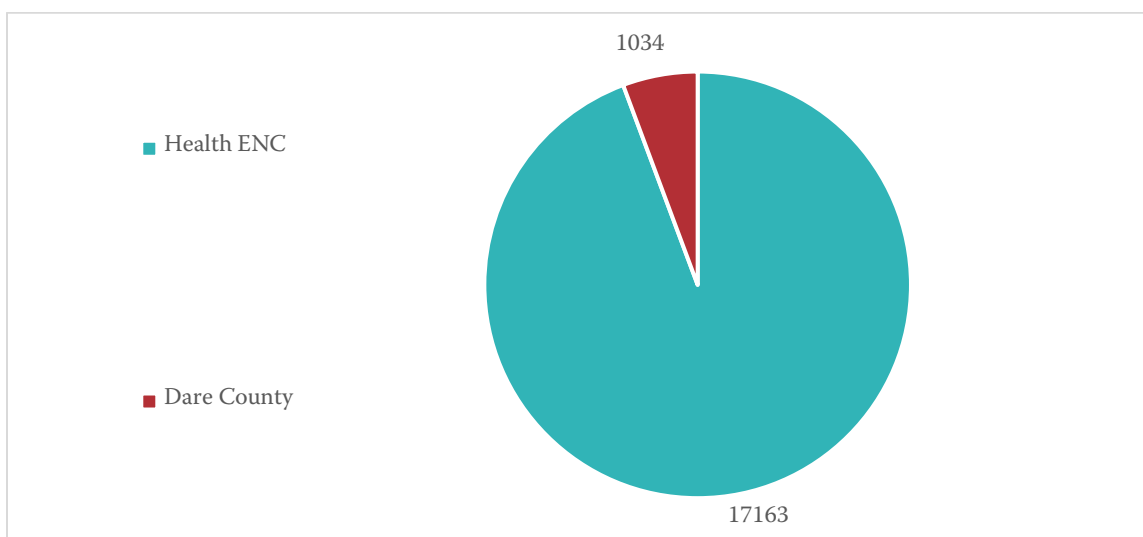
Table 3. Survey Respondents

Service Area	Number of Respondents*	
	English Survey	Spanish Survey
All Health ENC Counties	16,661	502
Dare County	1,029	5

(North Carolina Department of Health & Human Services, 2021)

Key areas examined in the survey included: quality of life, health behaviors, health perceptions, preventative services, exercise, and access to care. The survey instrument is available in [Appendix F](#).

Figure 1. Health ENC & Dare County Surveys



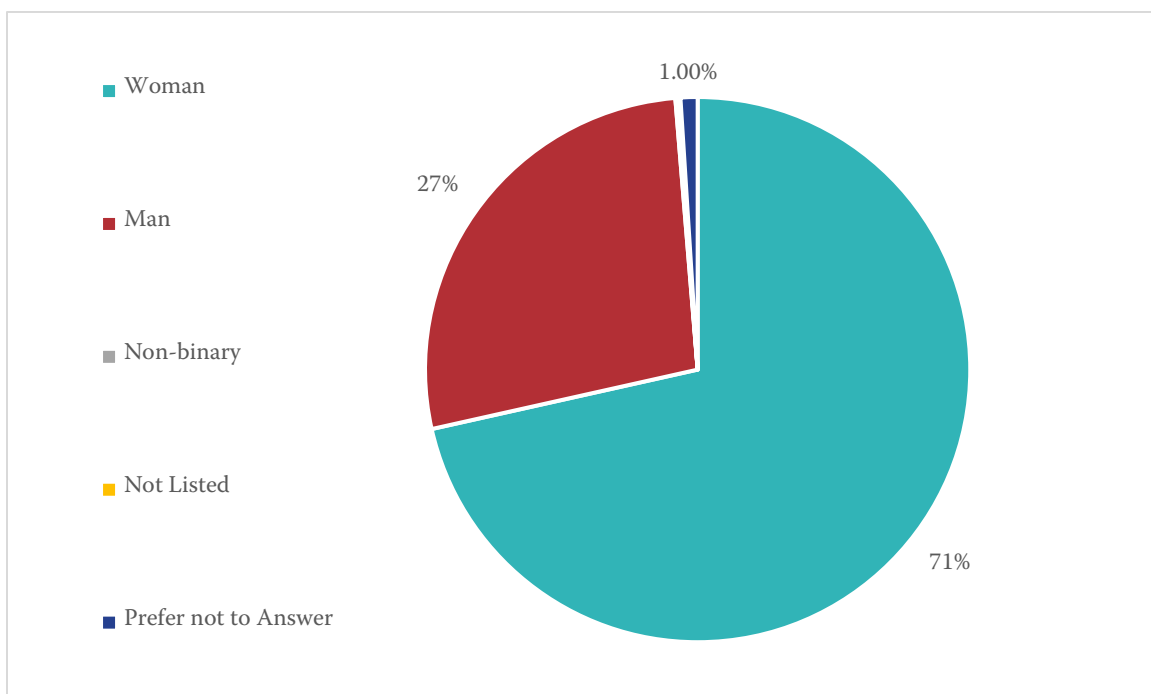
(North Carolina Department of Health & Human Services, 2021)

Demographics of Survey Respondents

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

Figure 2 illustrates sex of Dare County survey participants, 71% of respondents were female, and 27% were male, with 1% not answering the question. This demographic is not an appropriate reflection of Dare County's population, as it is 50% male and 50% female. The female population is overrepresented by over 20%.

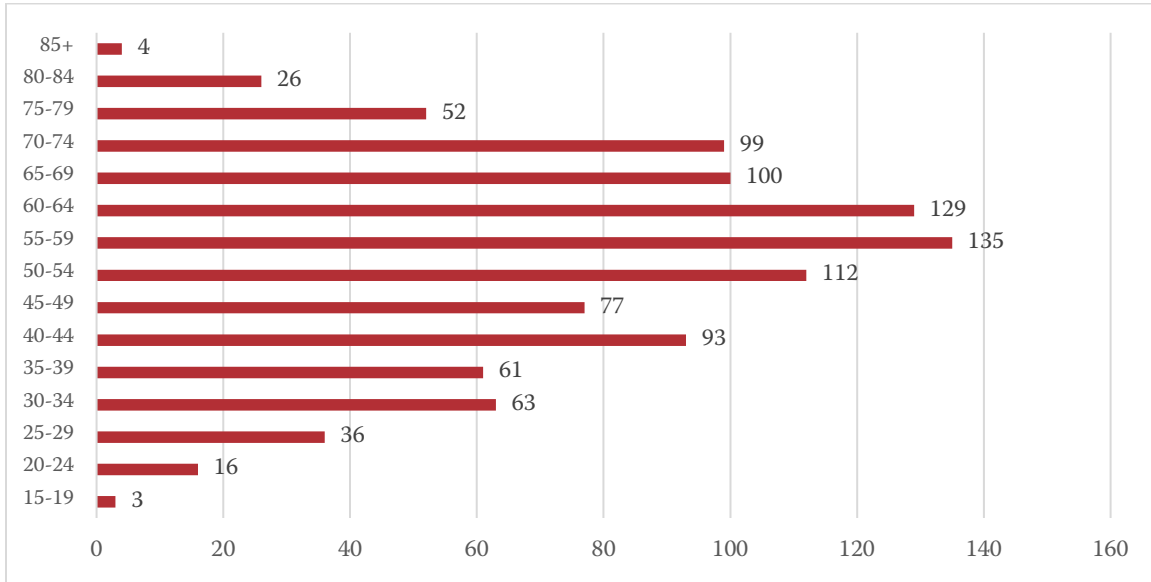
Figure 2. Sex of Community Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

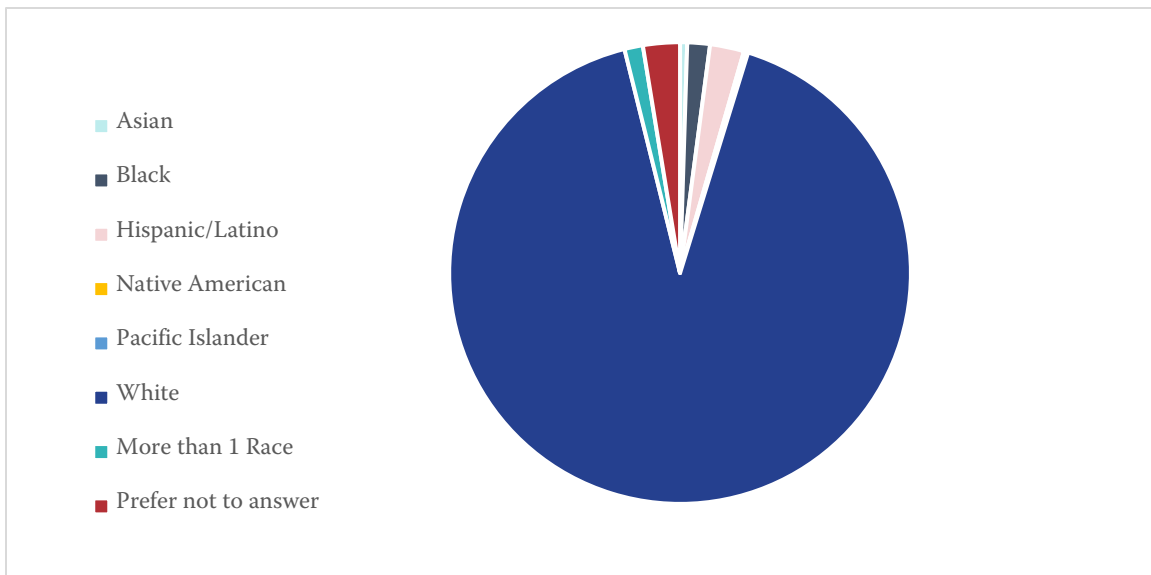
Almost 60% of respondents (575) were 50-74 years of age. As shown in Figure 3, 26.2% (264) of respondents were 55-64 years of age, while Dare County population demographics indicate that only 17.5% of the population are in that age range. 11.1% (112) of respondents 50-54 years of age, and 9.9% (100) of respondents 65-69 years of age.

Figure 3. Age of Community Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 4. Race of Survey Respondents

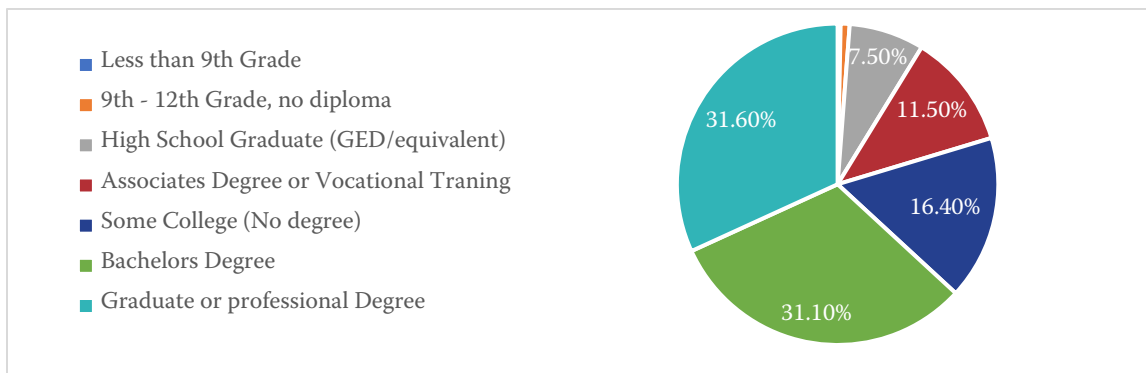


(North Carolina Department of Health & Human Services, 2021)

Figure 4 shows the race of community survey respondents. More than ninety percent of survey respondents were white (91.4%). Hispanic/Latinx accounted for 2.4% of respondents. 1.6% of respondents were black and 1.3% were more than one race. When compared to Dare County demographics, the white population respondents are very close (within 1.3%) to the actual demographic. Black and Latino residents were underrepresented. Only 1.6% of respondents were

black, as compared to 3.0% reflected in the actual demographic. Only 2.4% of respondents were Hispanic or Latino and the current demographic for Dare County Hispanic/Latino residents is 7.5%.

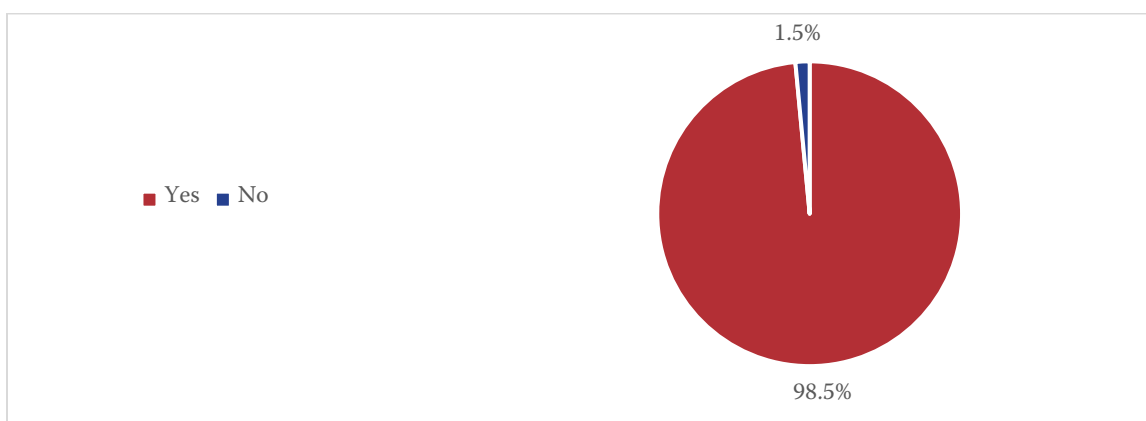
Figure 5. Highest Level of Education Completed of Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 5 shows that 62.7% of survey respondents had a bachelor's degree or higher. When compared with Dare County demographic data, only 34.7% of individuals who reside in Dare County have a bachelor's degree or higher.

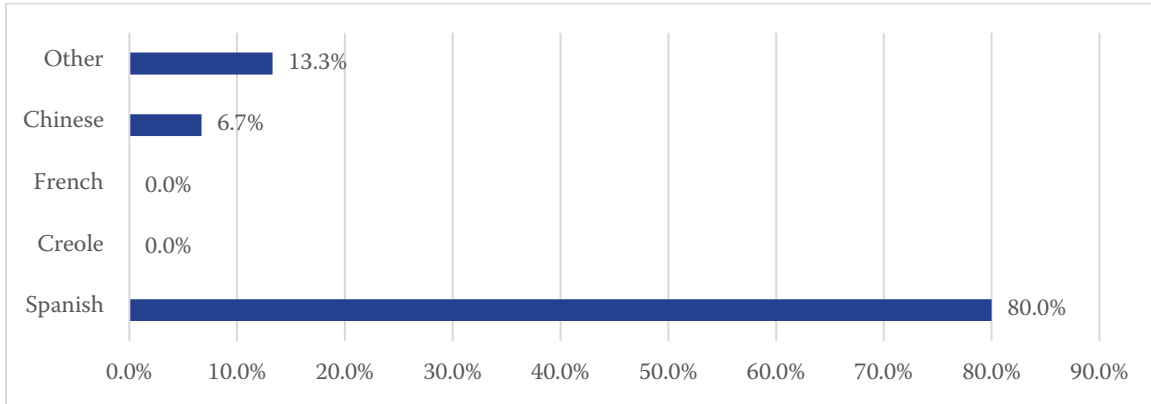
Figure 6. Primary Language in home is English among Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 6 illustrates English as the primary language spoken in the homes of survey respondents. 1.5% of respondents indicated that English was not the primary language spoken in home. When compared to Census data on limited English-speaking households in Dare County, that demographic is adequately accounted for in the survey responses, as 1.8% of households in Dare are limited English-speaking.

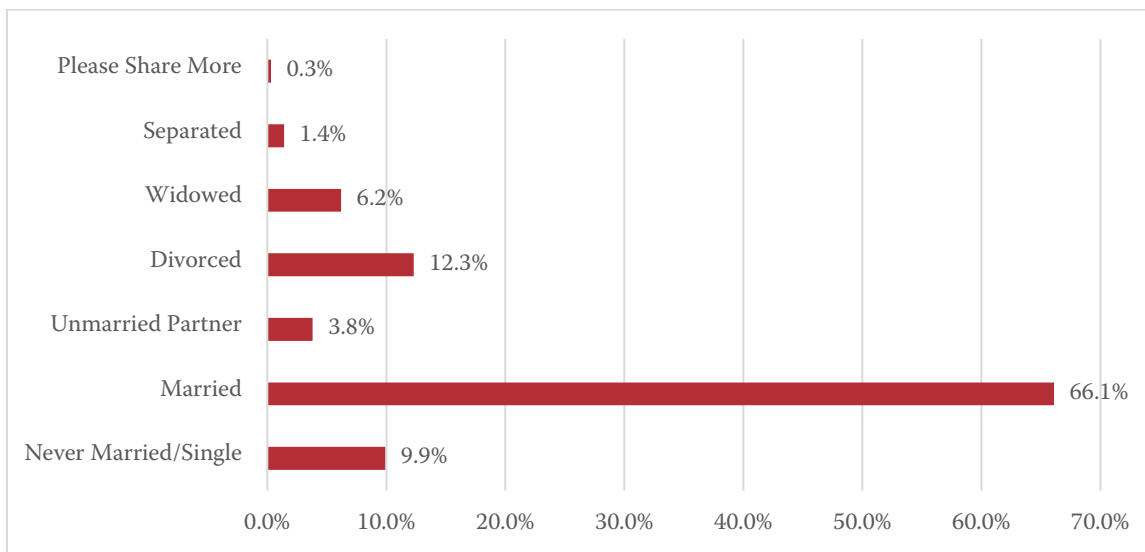
Figure 7. Primary Language other than English Spoken in Home among Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 7 shows the primary language spoken in homes other than English was Spanish (80%) followed by other languages (13.3%) and Chinese (6.7%).

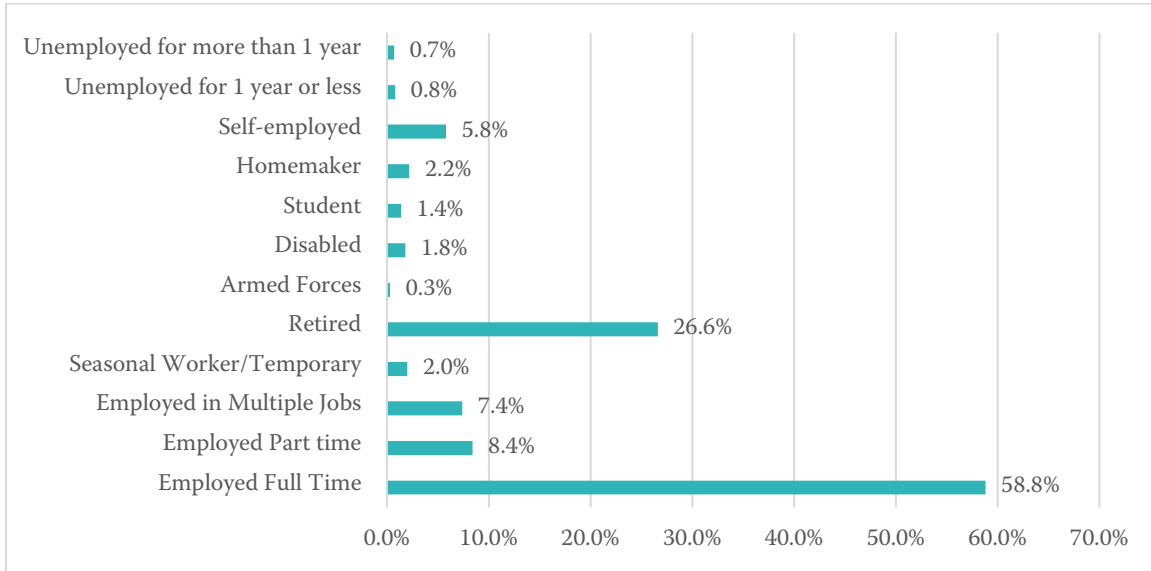
Figure 8. Marital Status of Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 8 shows marital status among survey respondents. Two-thirds (66.1%) of respondents reported being married, with 12.3% of respondents being divorced, and 9.9% never being married.

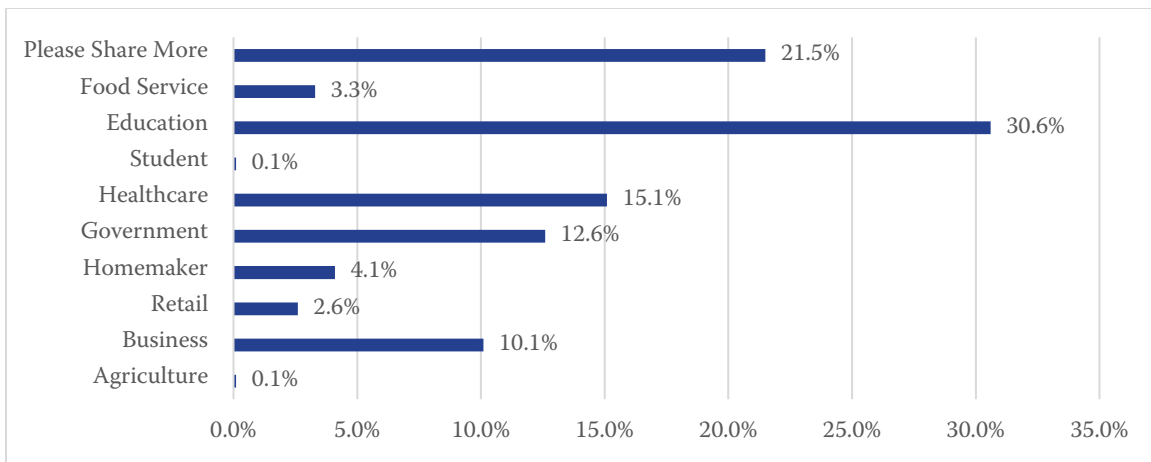
Figure 9. Employment Status among Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 9 shows employment status among survey respondents in Dare County. Over half of the respondents (58.8%) reported being employed full time, with 8.4% employed part time. Over a quarter of respondents (26.6%) reported being retired and 7.4% reported being employed in multiple jobs.

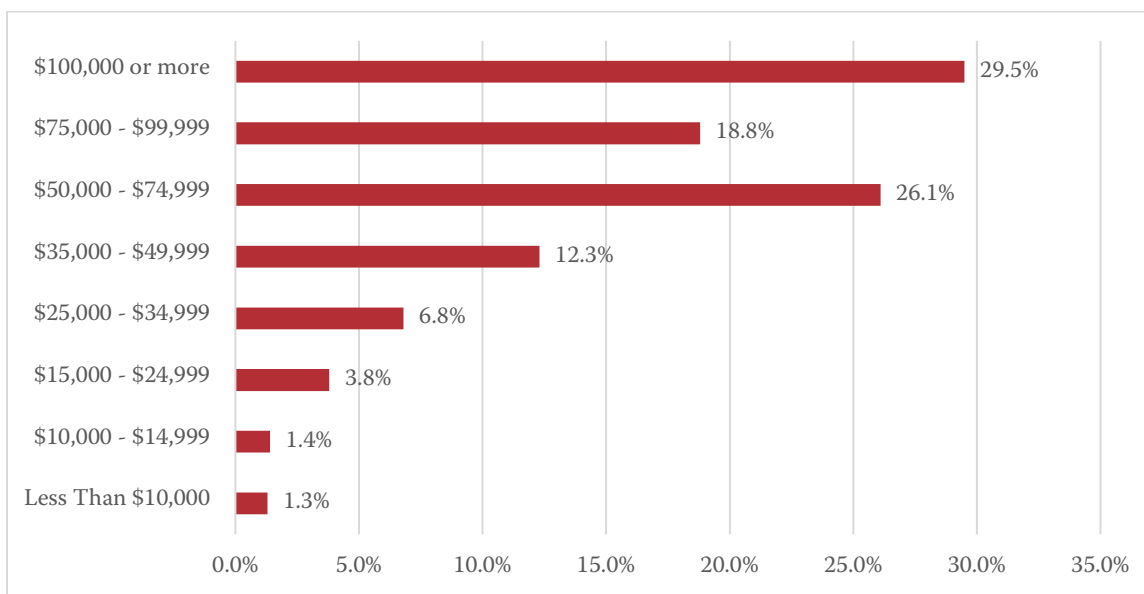
Figure 10. Current Job of Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 10 illustrates current jobs of survey respondents. This information was not able to be compared to Dare County demographics, as job classifications/types did not align with secondary data that was available. Almost a third of survey respondents were in the education system, 15.1% reported working in healthcare, and 12.6% worked in government.

Figure 11. Survey Respondents Reported Total Household Income



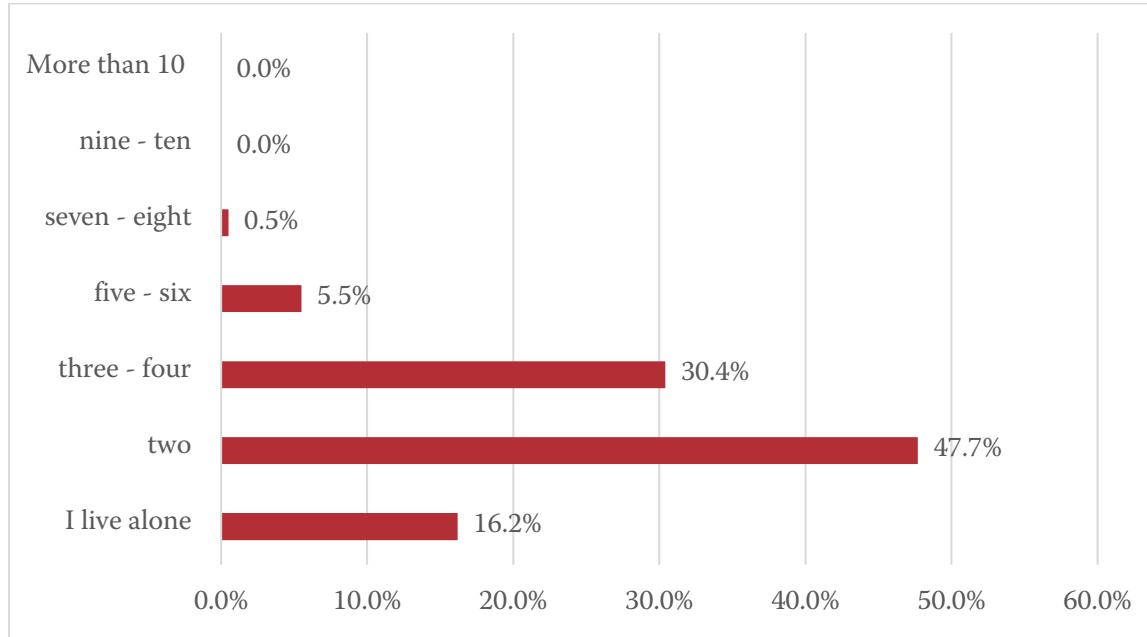
(North Carolina Department of Health & Human Services, 2021)

Figure 11 illustrates reported total household income among Dare County residents.

- 29.5% of survey respondents household income of \$100,000 or more compared to 25% of Dare County population
- 8.8% of survey respondents reported an income of \$75,000 to \$99,000 compared to 13.1% of Dare County population.
- 26.1% of survey respondents reported \$50,000 to \$74,999 , compared to 21.1% of Dare County population.
- 12.3% of survey respondents reported an income of \$35,000 to \$49,999 compared to 16.6% of Dare County population.
- 6.8% of survey respondents reported an income of \$25,000 to \$34,000 compared to 9.6% of Dare County population.
- 3.8% of survey respondents reported an income of \$15,000 to \$24,999 compared to 7.9% of Dare County population.
- 1.4% of survey respondents reported an income of \$10,000 to \$14,999 compared to 3.3% of Dare County population.
- 1.3 of survey respondents reported an income of below \$10,000 compared to 3.5% of Dare County population.

Overall, income among survey respondents was close when compared the Dare County resident demographics. When compared with US Census Bureau data,

Figure 12. Number of Individuals Living in Survey Respondents Households



(North Carolina Department of Health & Human Services, 2021)

Figure 12 shows the number of individuals living in the survey respondents' households. Almost half (47.7%) of respondents reported living in a home with another individual, 30.4% reported living in a home of three to four individuals, and 16.2% reported living alone.

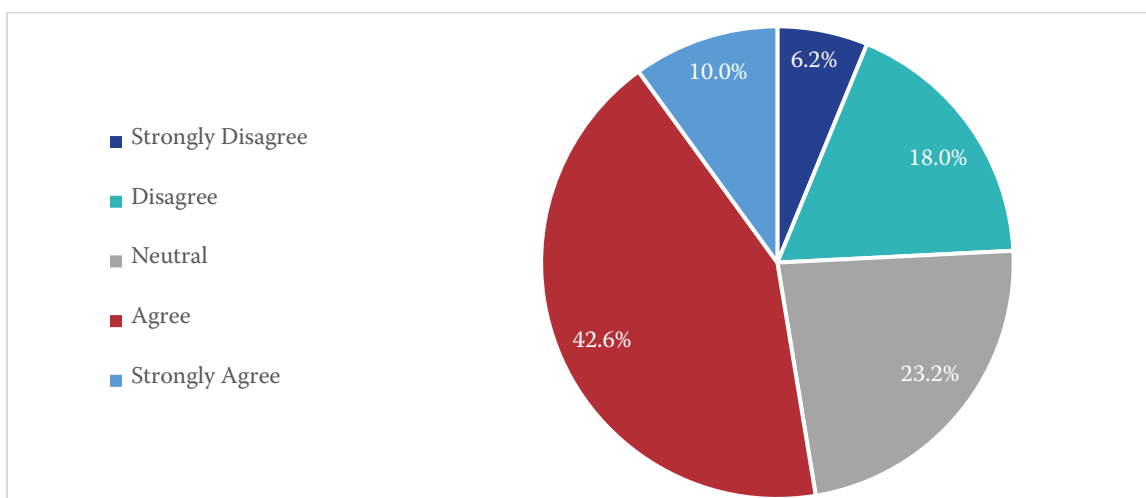
Demographic Conclusions

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

Survey Findings

Respondents Opinions of Living in Dare County

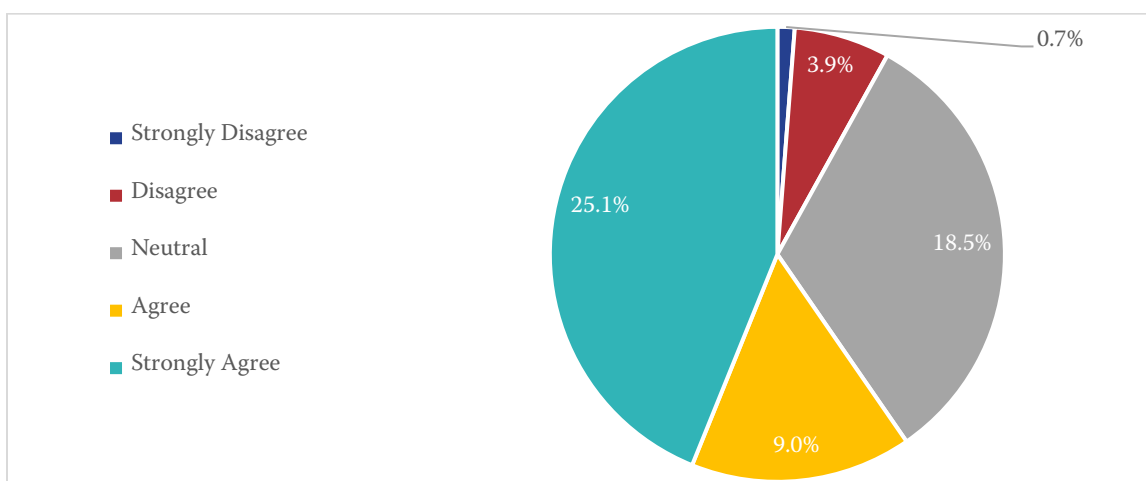
Figure 13. Dare County has good healthcare



(North Carolina Department of Health & Human Services, 2021)

Figure 13 illustrates the respondents' opinion of healthcare in Dare County. A total of 52.6% of respondents either strongly agreed or agreed Dare County has good healthcare.

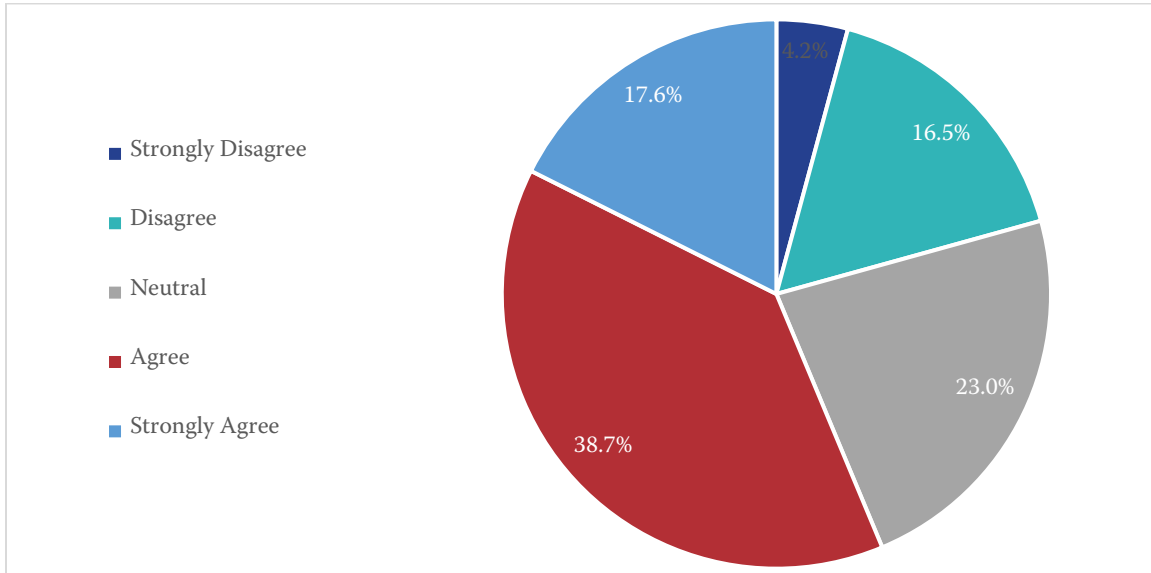
Figure 14. Dare County is a good place to raise children



(North Carolina Department of Health & Human Services, 2021)

Figure 14 illustrates the respondents opinion regarding raising children in Dare County. Over three-fourths of respondents (77%) agreed or strongly agreed Dare County is a good place to raise children.

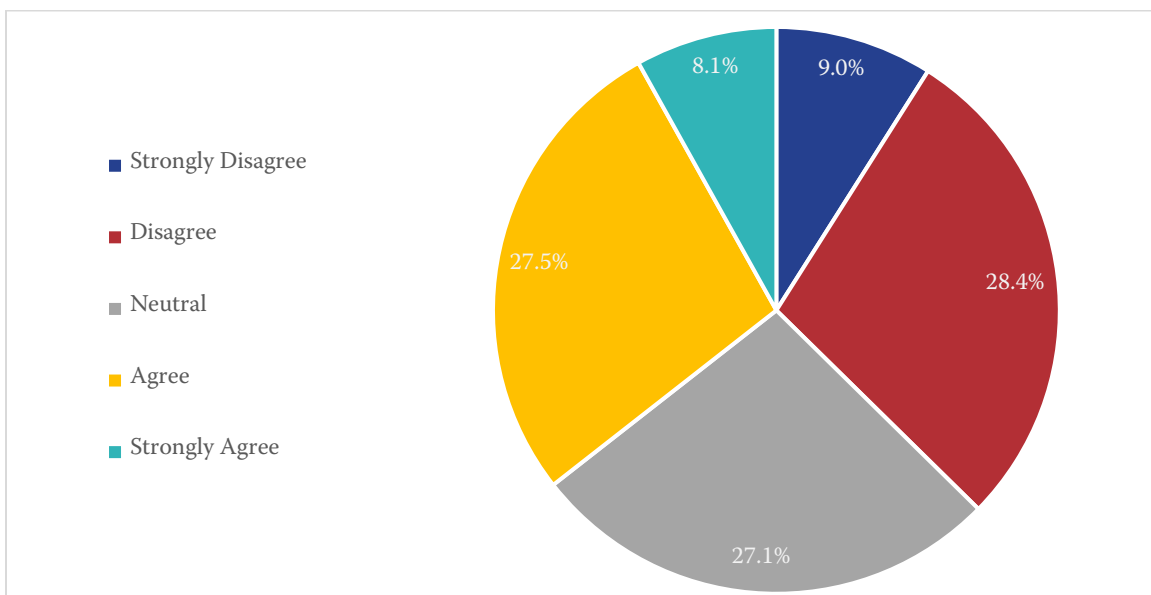
Figure 15. Dare County is a good place to grow old



(North Carolina Department of Health & Human Services, 2021)

Figure 15 illustrates the respondents' opinion of growing old in Dare County. Over half (56.3%) of respondents agreed or strongly agreed Dare County is a good place to grow old.

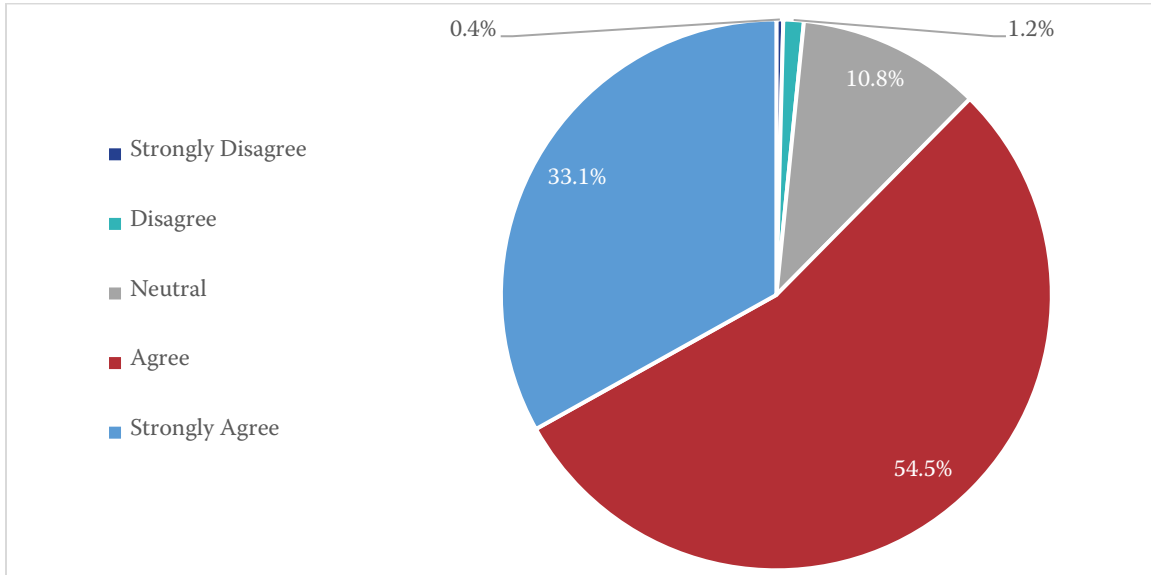
Figure 16. There is plenty of economic opportunity in Dare County



(North Carolina Department of Health & Human Services, 2021)

Figure 16 shows the opinion of respondents regarding economic opportunity in Dare County. The answers were split evenly between disagree, agree, or neutral.

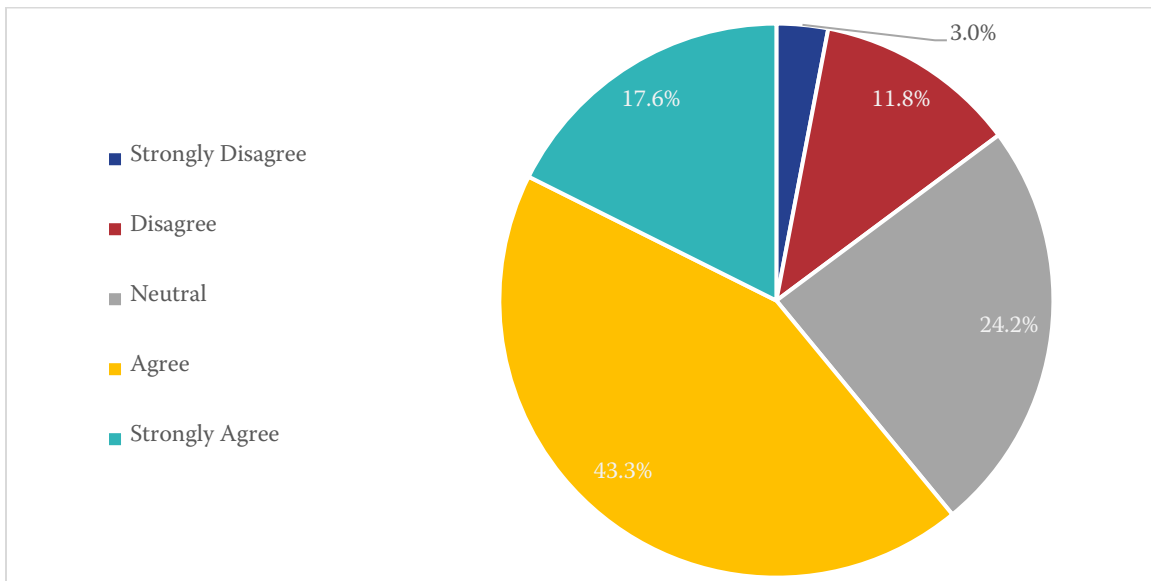
Figure 17. Dare County is a safe place to live



(North Carolina Department of Health & Human Services, 2021)

Figure 17 illustrates the respondents opinion of safety in Dare County. The majority of respondents (87.6%) agree or strongly agree that Dare County is a safe place to live.

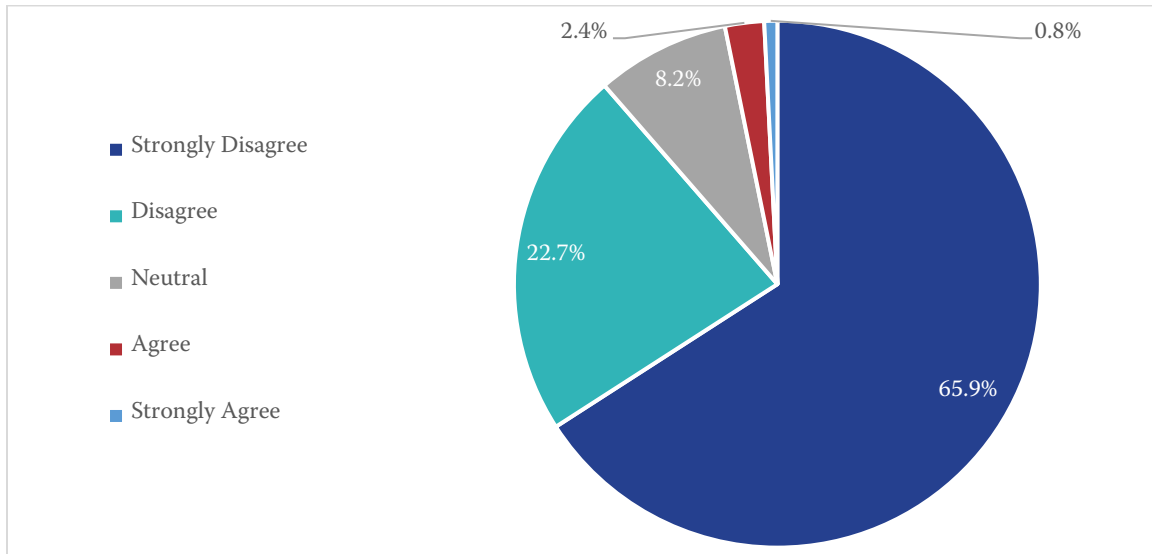
Figure 18. There is plenty of help for people during times of need in Dare County



(North Carolina Department of Health & Human Services, 2021)

Figure 18 shows respondents' opinions regarding help during times of need in Dare County. Over half (60.9%) agree or strongly agree there is help for people during times of need in Dare County.

Figure 19. There is affordable housing that meets the needs in Dare County

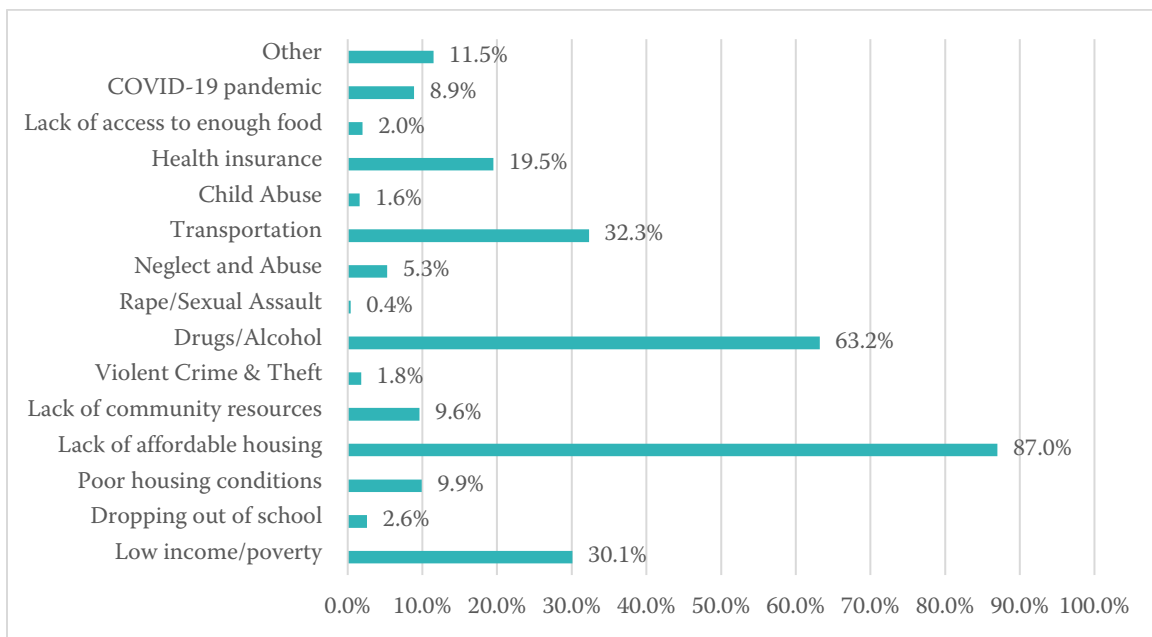


(North Carolina Department of Health & Human Services, 2021)

Figure 19 illustrates the respondents' opinions of housing in Dare County. The majority of respondents (88.6%) disagree that there is affordable housing in Dare County.

Health Issues of Concern

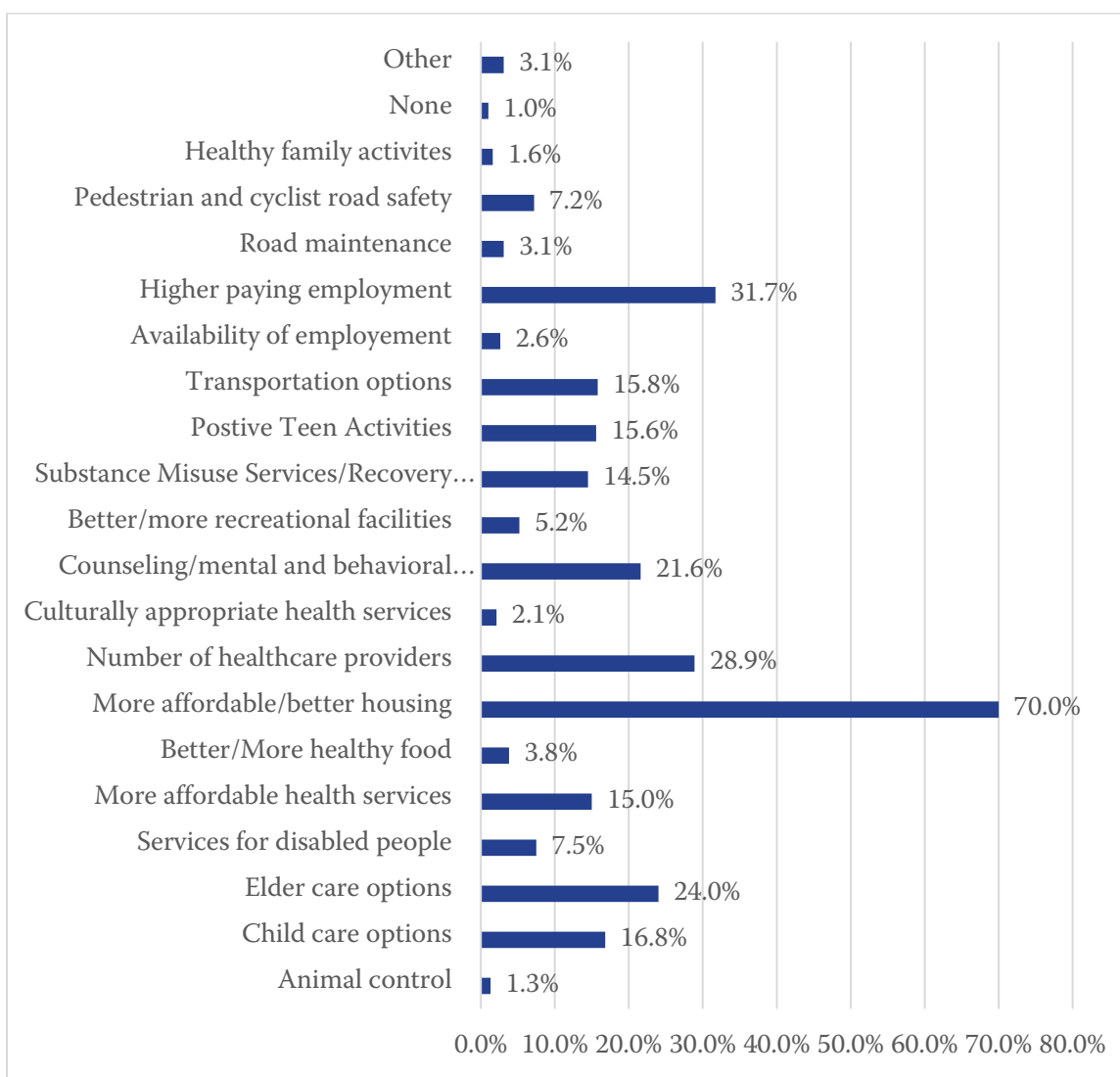
Figure 20. Top Issues with Highest Impact on Quality of Life in Dare County



(North Carolina Department of Health & Human Services, 2021)

Survey respondents were asked to select the top three issues with the highest impact on quality of life in Dare County. Figure 20 shows 87% of individuals believe affordable housing is the most pressing issue in Dare County. Drugs and alcohol, (63.2%) transportation, (32.3%) and low income (30.1%) were among the highest selected answers by respondents.

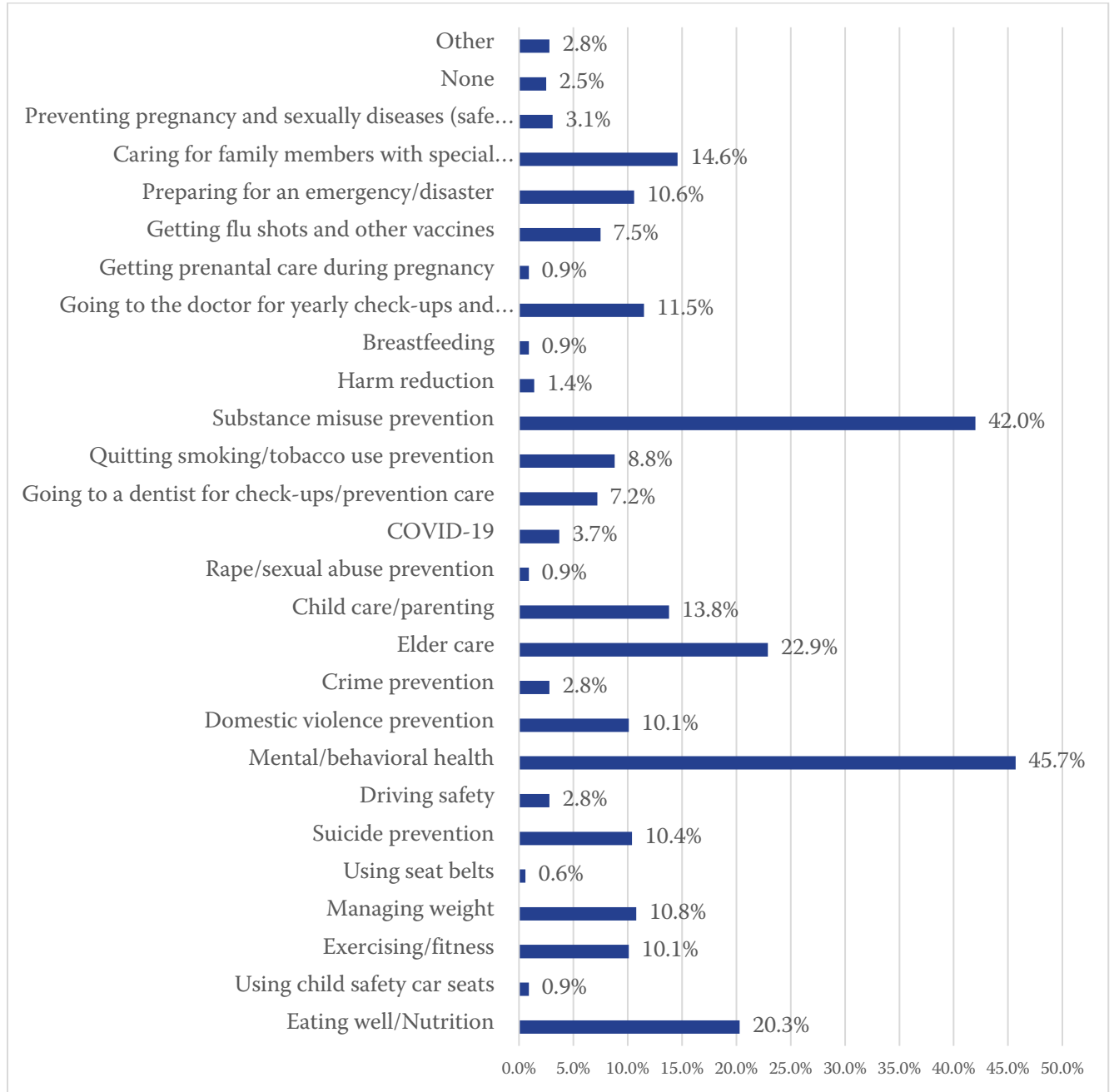
Figure 21. Services in need of improvement in Dare County



(North Carolina Department of Health & Human Services, 2021)

Figure 21 illustrates the services in Dare County that are in most need of improvement. Again, affordable housing (70%) was the most selected response. Other areas of improvement identified were higher paying employment (31.7%), number of healthcare providers (28.9%), and mental health support (21.6%).

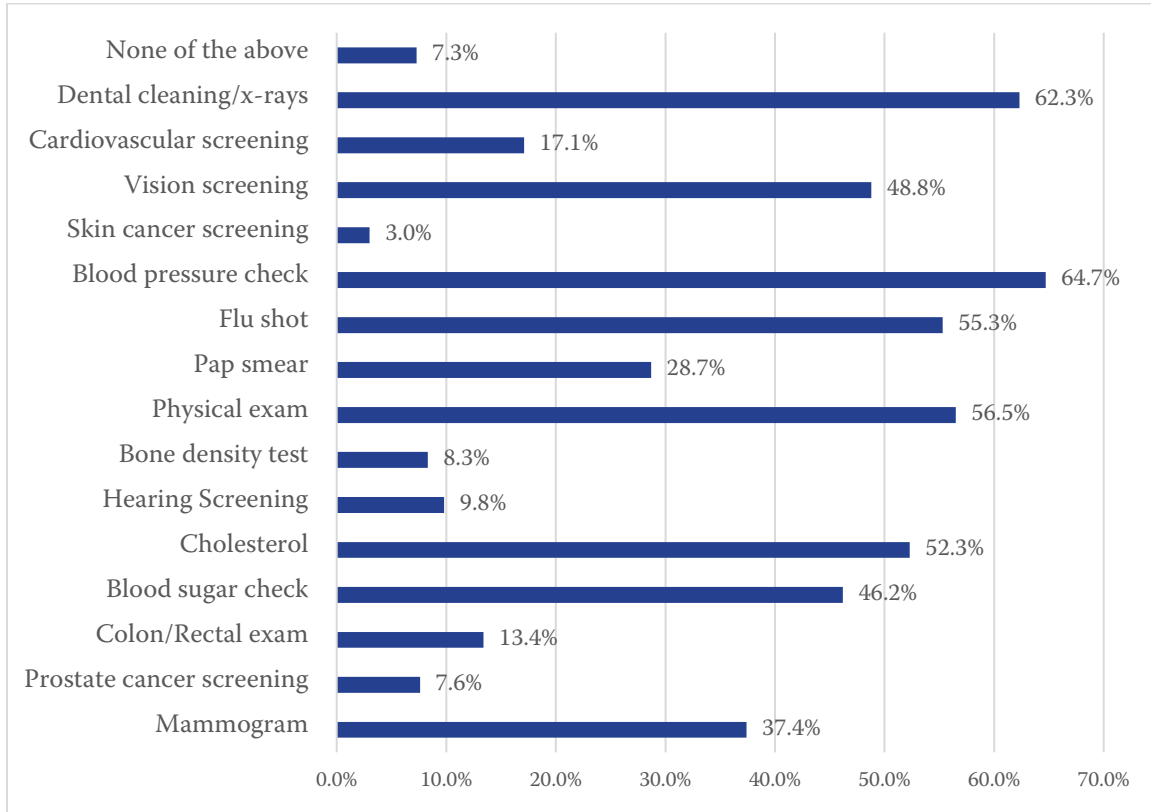
Figure 22. Health Behaviors Residents Need More Information About



(North Carolina Department of Health & Human Services, 2021)

Figure 22 illustrates health behaviors survey respondents reported needing more information about. Mental Health (45.7%) and substance use (42%) were the most selected health behaviors.

Figure 23. Preventative Services Dare Residents Reported having in the past 12 months



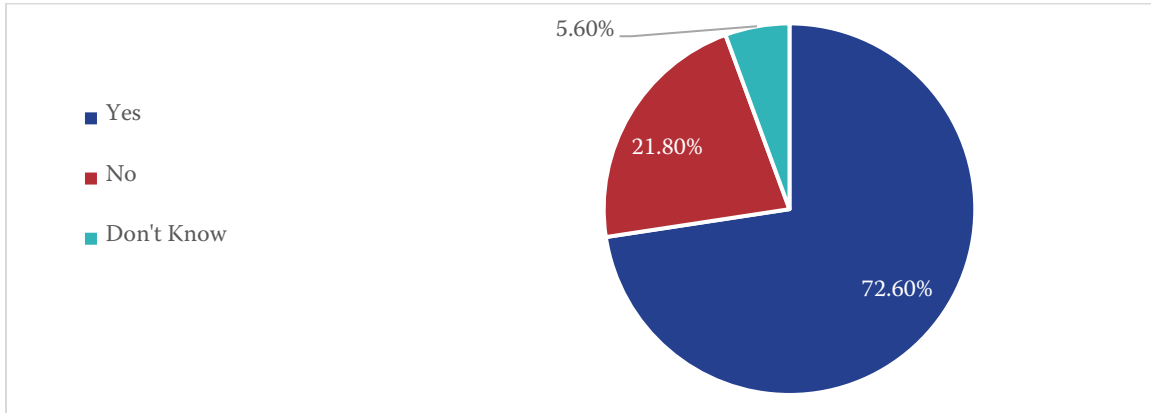
(North Carolina Department of Health & Human Services, 2021)

Figure 23 shows preventative services Dare County survey respondents have received in the past year. The most frequent preventative services residents reported receiving were blood pressure checks (64.7%), dental cleanings (62.3%), physical exams (56.5%), and cholesterol checks (52.3%).

Reported Physical Activity

Regular physical activity is one of the most important things people can do to improve their health. Moving more and sitting less have tremendous benefits for everyone, regardless of age, sex, race, ethnicity, or current fitness level. Individuals with a chronic disease or a disability benefit from regular physical activity, as do women who are pregnant. The scientific evidence continues to build—physical activity is linked with even more positive health outcomes than we previously thought. And, even better, benefits can start accumulating with small amounts of, and immediately after doing, physical activity (U.S. Department of Health and Human Services, 2018).

Figure 24. Survey Respondents that Exercise at least 30 minutes

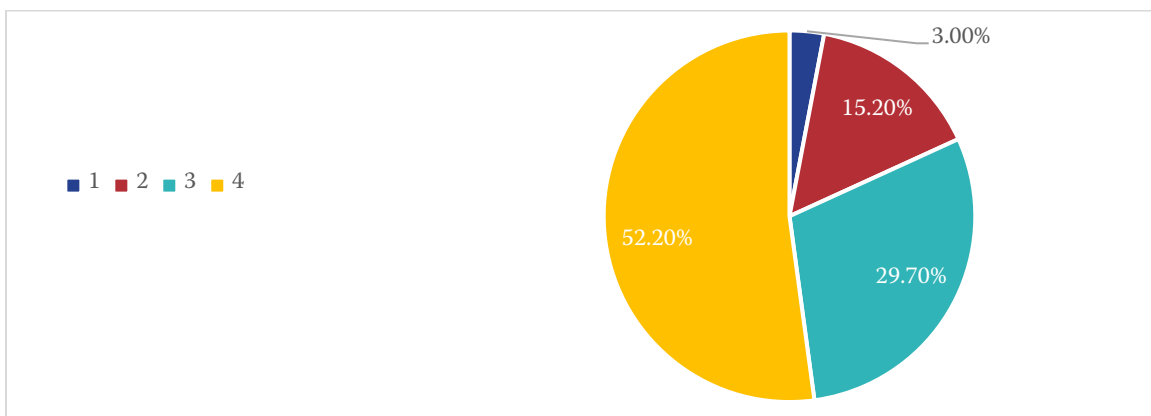


(North Carolina Department of Health & Human Services, 2021)

Figure 24 illustrates the number of survey respondents that reported exercising at least 30 minutes per week. Almost three-fourths (72.6%) of respondents indicated they exercise weekly.

For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.

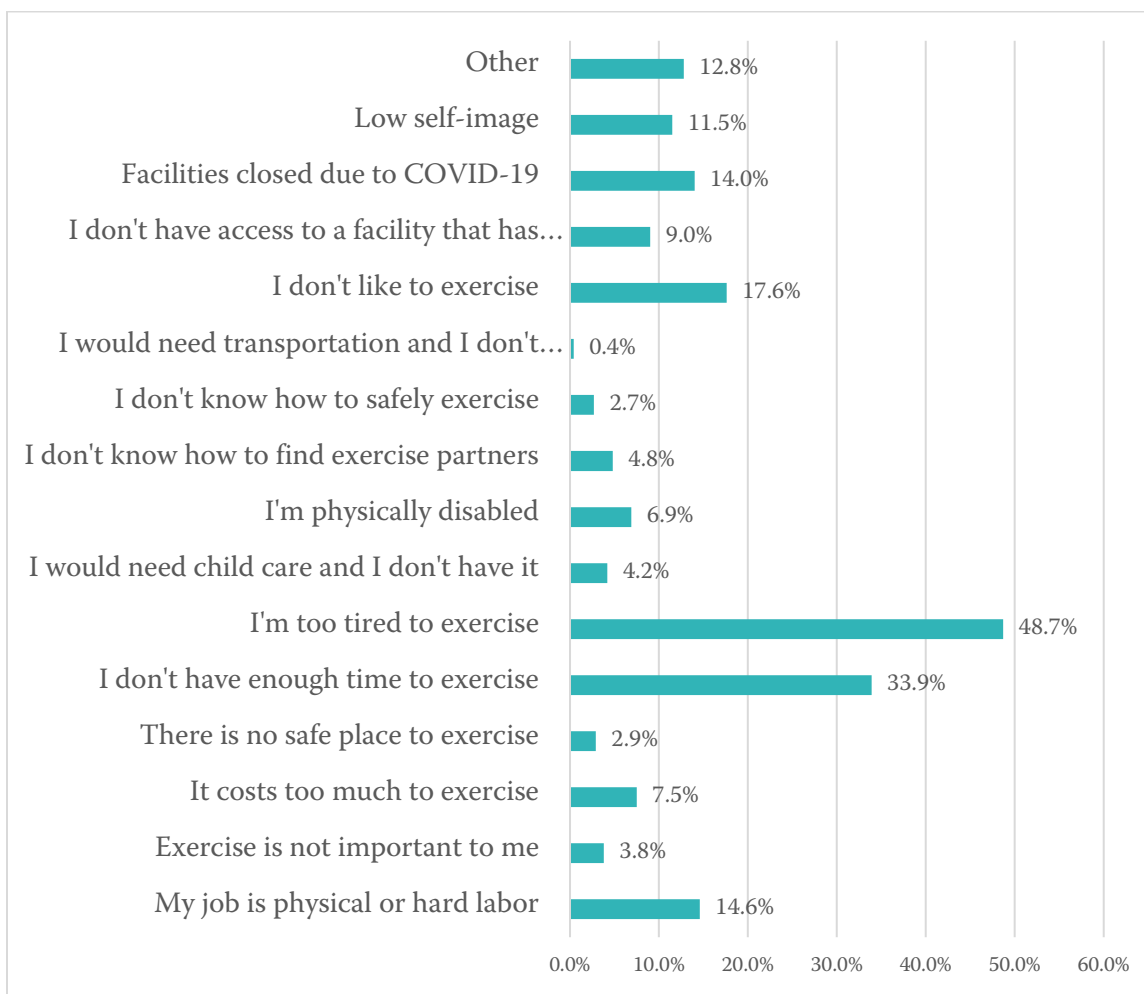
Figure 25. Number of Times per Week Dare County Residents Report Exercising



(North Carolina Department of Health & Human Services, 2021)

Figure 25 illustrates the number of times per week survey respondents reported exercising. Over half (52.2%) of respondents exercise at least 4 times per week.

Figure 26. Reported Reasons Dare County Residents do not Exercise



(North Carolina Department of Health & Human Services, 2021)

Removing barriers to individuals being physically active is an important public health strategy that can promote more individuals receiving their weekly required amounts of physical activity.

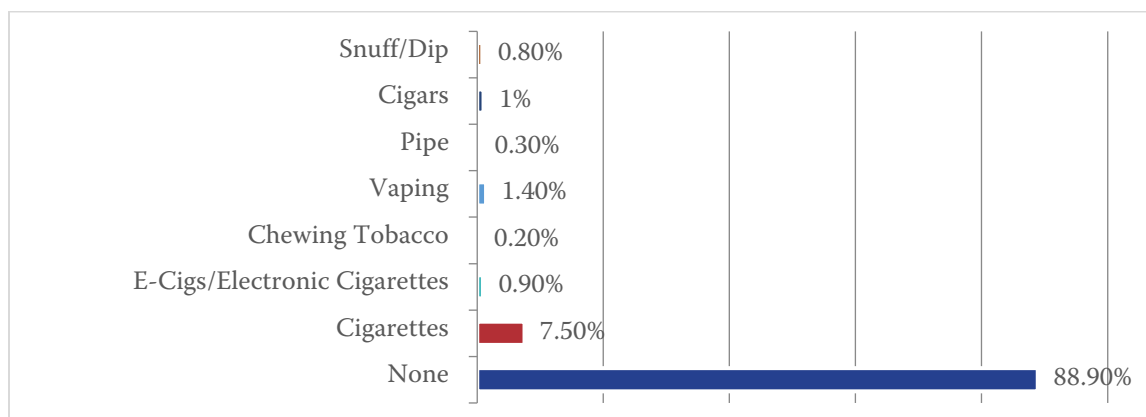
Figure 26 illustrates the reported reasons survey respondents reported not exercising. Being too tired (48.7%) and not having enough time to exercise (33.9%) were the two most frequent reasons respondents reported preventing them from exercising.

Tobacco Product Use

Tobacco use is the leading cause of preventable disease, disability, and death in the United States.

Smoking-related illness costs society over \$300 billion each year, including more than \$225 billion in direct medical costs. These costs could be reduced if we prevent people from starting to use tobacco and help people who use tobacco quit (Centers for Disease Control and Prevention, 2022).

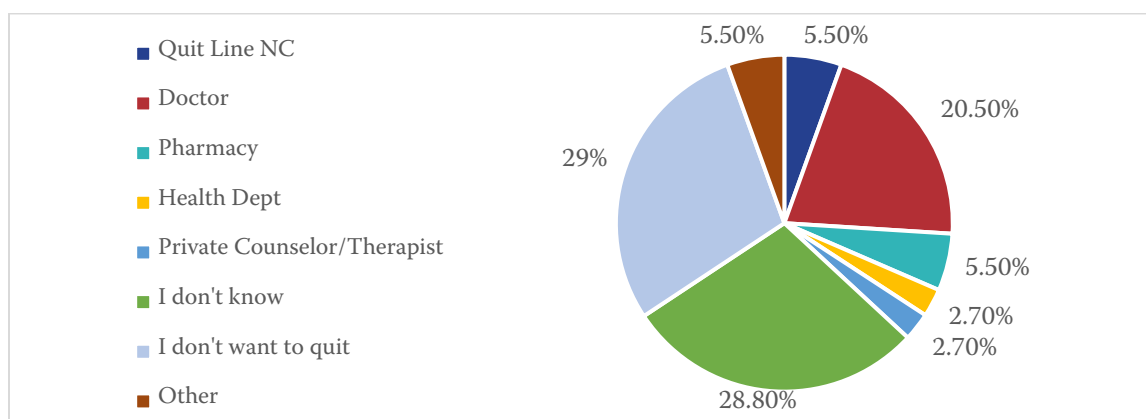
Figure 27. Reported Tobacco Product Use by Dare County Residents



(North Carolina Department of Health & Human Services, 2021)

Figure 27 shows most survey respondents (88.9%) do not use tobacco products. Of those that use tobacco products the most used products were cigarettes (7.5%) and vaping (1.4%).

Figure 28. Where Dare County Residents would get help to quit Tobacco Products



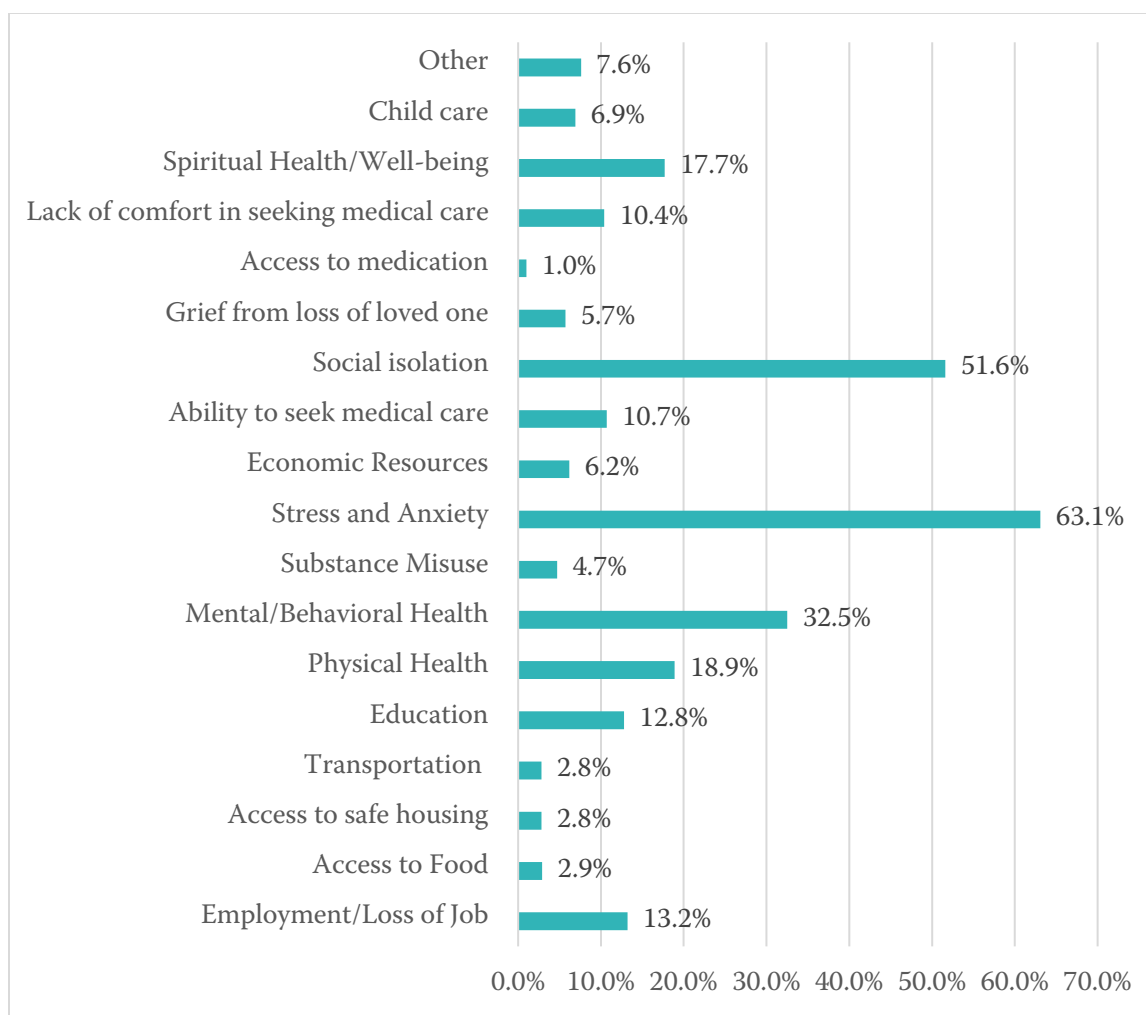
(North Carolina Department of Health & Human Services, 2021)

Figure 28 illustrates where tobacco product users would get help to quit using. Almost a third (29%) of respondents who used tobacco expressed no desire to quit, followed by 28.8% not knowing where to go for help quitting. Over twenty percent (20.5%) said they would reach out to a doctor for help.

COVID-19 Pandemic

The COVID-19 Pandemic has created serious burdens for many Dare County residents. The impacts have affected all segments of the population including those who are most vulnerable. The following charts demonstrate the impacts of COVID-19 and respondents opinions of the pandemic response.

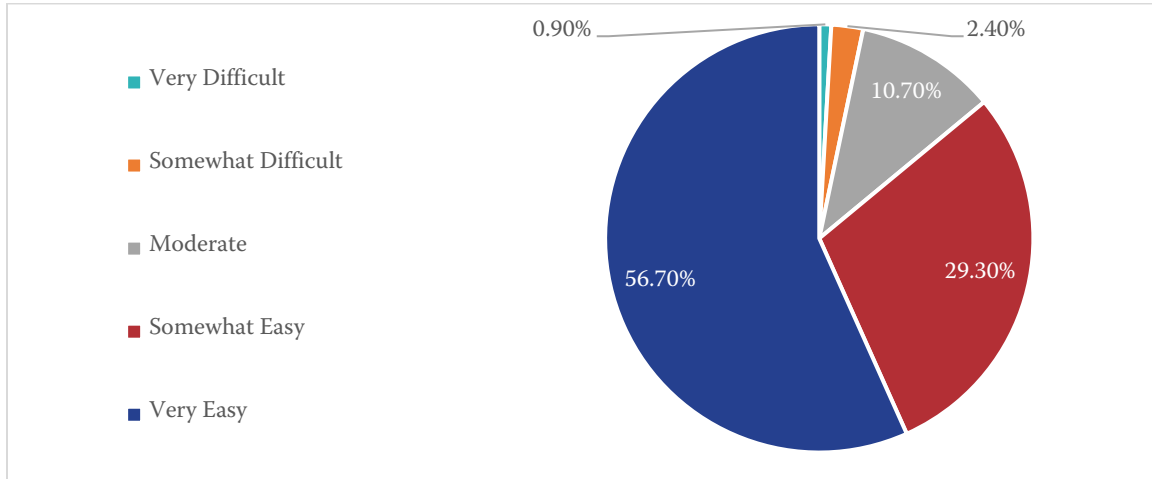
Figure 29. Top Areas where COVID-19 has Impacted Dare County Residents most Severely



(North Carolina Department of Health & Human Services, 2021)

Figure 29 illustrates the top areas of impact COVID-19 has had on Dare County survey respondents. The common theme of responses were mental health related with stress and anxiety (63.1%) being the most common response followed by social isolation (51.6%) and mental health (32.5%).

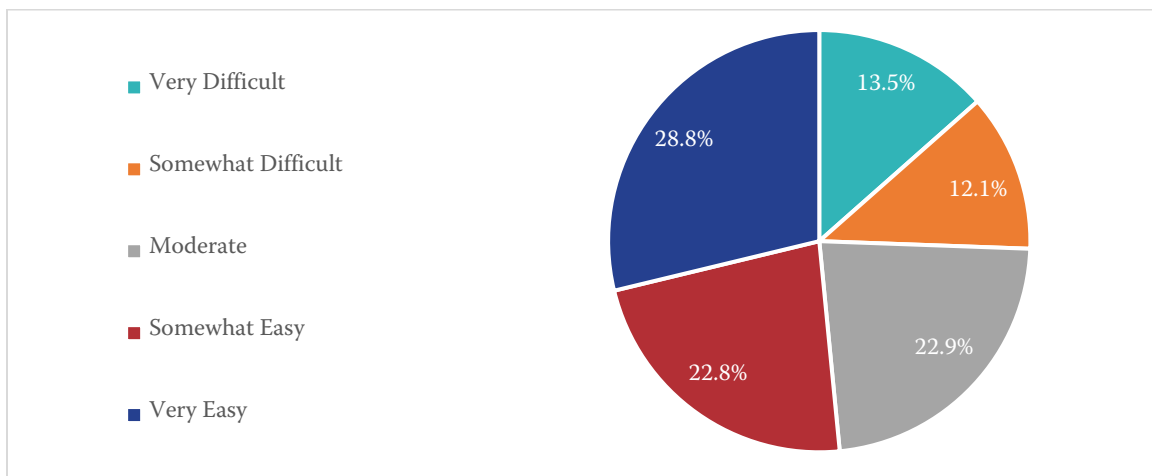
Figure 30. How Difficult is it to find information on COVID-19



(North Carolina Department of Health & Human Services, 2021)

Public information during a pandemic can influence life or death situations and COVID-19 was no exception. Figure 30 explores respondents' difficulty levels locating information on COVID-19. The graph indicates that over half of survey respondents (56.7%) thought it was very easy to get information on the pandemic, with 29.3% agreeing it was somewhat easy to find information.

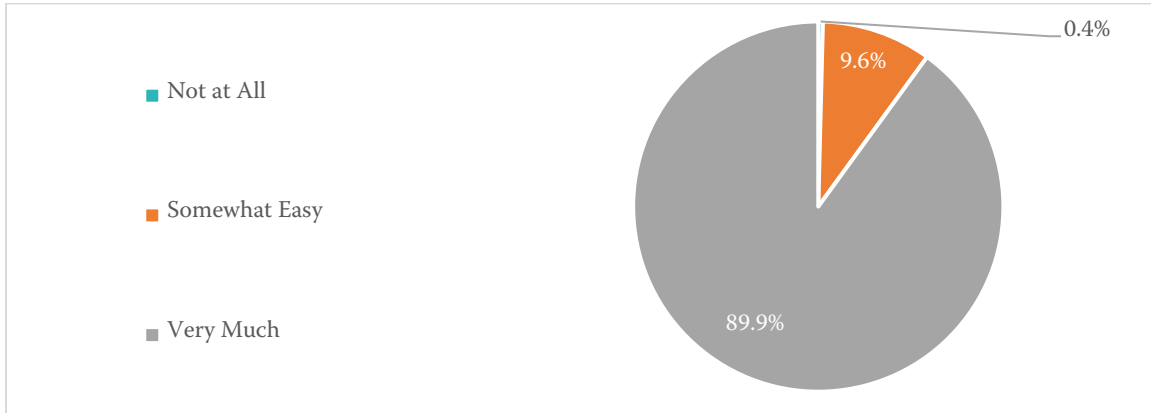
Figure 31. How Difficult is it to trust information in the media on COVID-19 is reliable



(North Carolina Department of Health & Human Services, 2021)

Media trust is essential during a pandemic, as it is the most common avenue for public health to disseminate information. Figure 31 examines trust in media during the COVID-19 pandemic among survey respondents. Over half of respondents said it was easy to trust the media, with 28.8% saying it was very easy and 22.8% claiming it was somewhat easy.

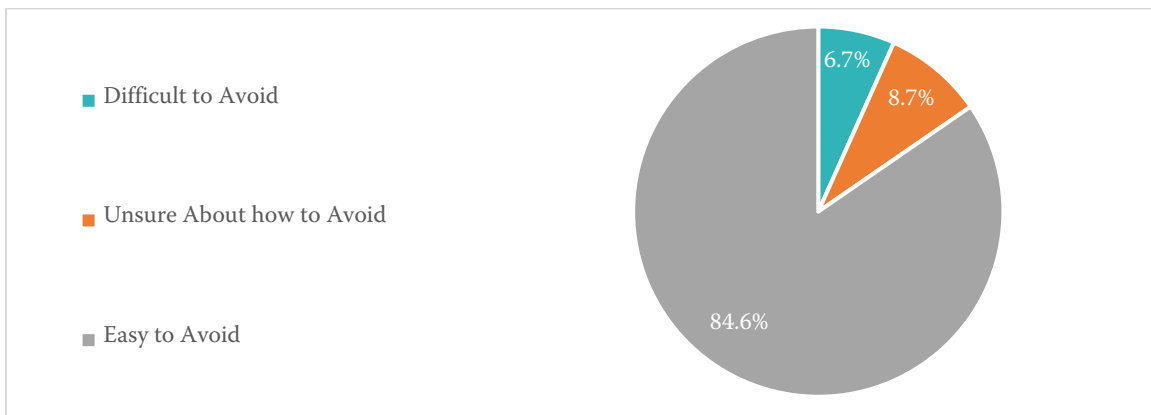
Figure 32. Respondents know how to Protect themselves from COVID-19



(North Carolina Department of Health & Human Services, 2021)

Figure 32 shows survey respondents level of ease regarding protecting themselves from COVID-19. Almost 90% reported it felt “very much” easy.

Figure 33. Respondents Ability to Avoid Infection with COVID-19 Virus



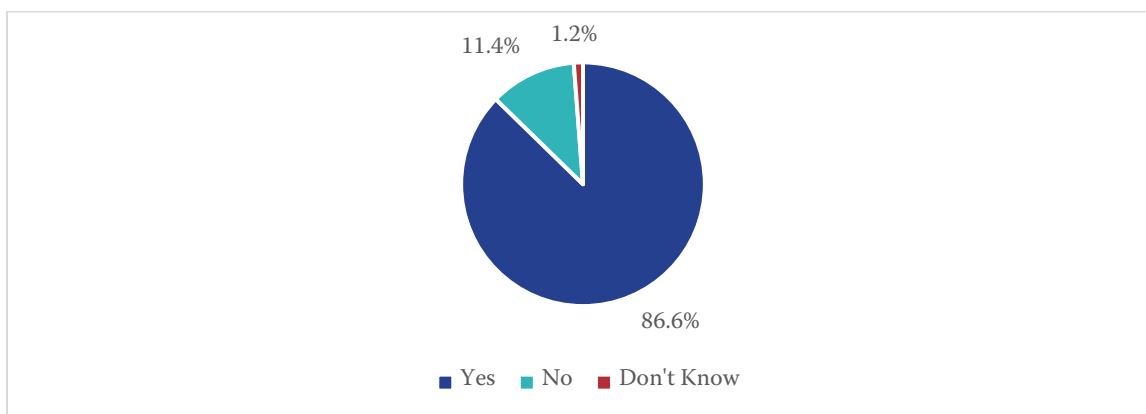
(North Carolina Department of Health & Human Services, 2021)

Figure 33 shows survey respondents level of difficulty avoiding a COVID-19 infection. Over 80% felt a COVID-19 infection was “easy to avoid.”

COVID-19 Vaccines

In 2020, many COVID-19 vaccine clinical trials were in process. On December 11, 2020 the US Food and Drug Administration issued the first emergency use authorization for a vaccine for the prevention of COVID-19 in individuals 16 years of age and older. This approval of Pfizer-BioNTech COVID-19 Vaccine (and the others that followed) changed the course of the COVID-19 pandemic in the United States (U.S. FDA, 2020).

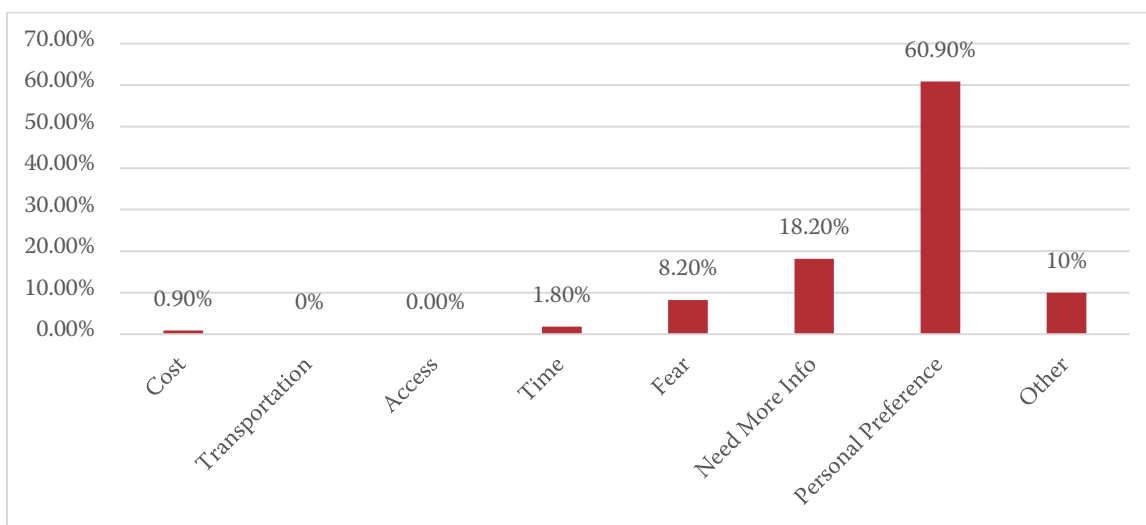
Figure 34. COVID-19 Vaccines Received by Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 34 examines COVID-19 vaccines received by survey respondents. The majority (86.6%) of respondents reported having received the vaccine.

Figure 35. Reported Reasons Survey Respondents Did Not Get COVID-19 Vaccine

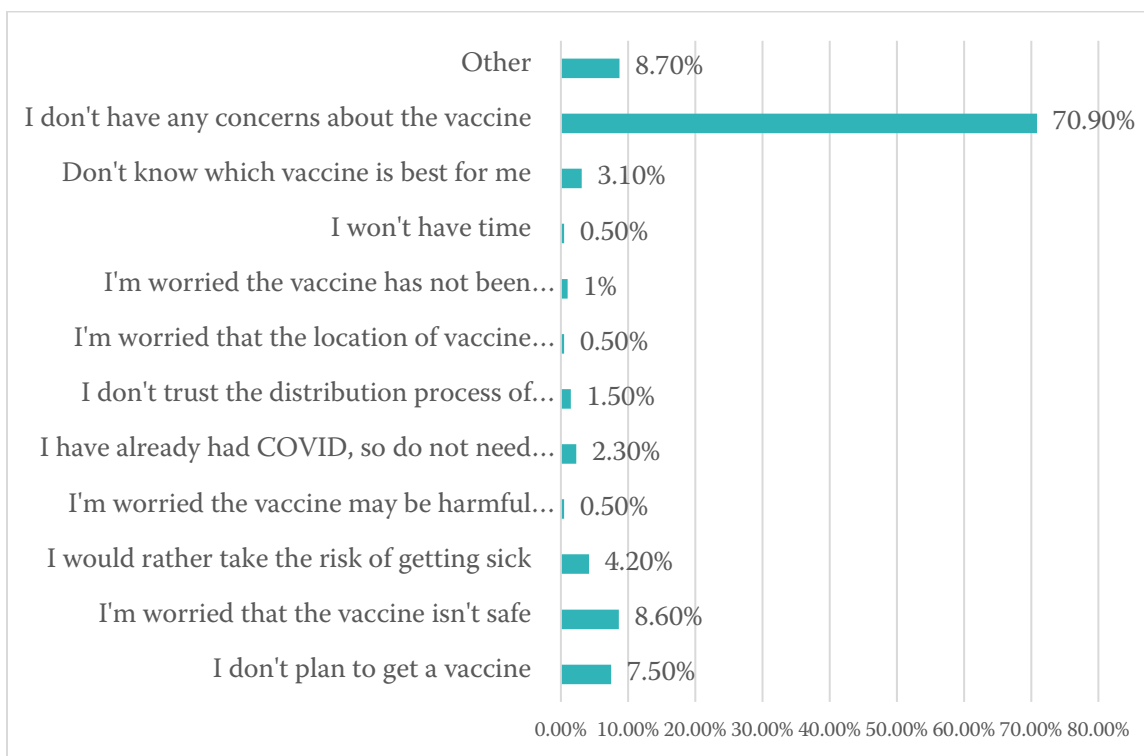


(North Carolina Department of Health & Human Services, 2021)

Understanding why individuals decided not to get the COVID-19 vaccine helps public health understand what barriers are preventing access and what educational opportunities may exist to encourage more individuals to get vaccinated.

Figure 35 looks at the reported reasons survey respondents chose not to get a COVID-19 vaccine. Of those not vaccinated, 60.9% of respondents cited a personal preference kept them from getting the vaccine, with 18.2% claiming to need more information before getting the vaccine.

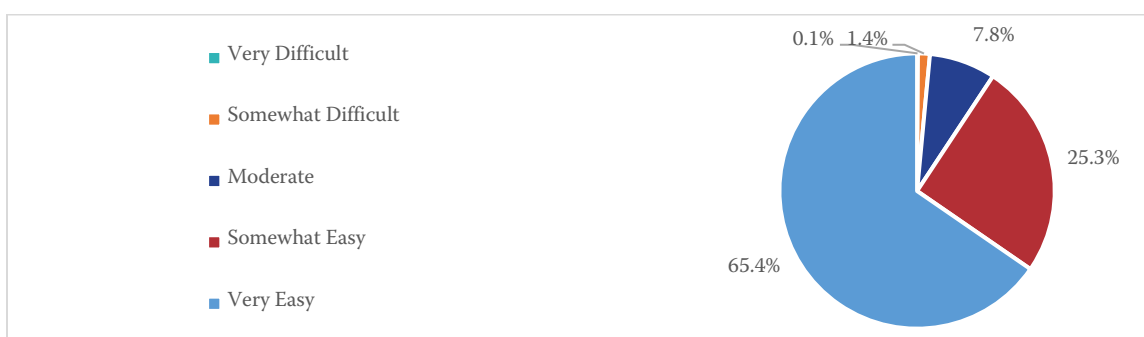
Figure 36. Survey Respondents Concerns about COVID-19 Vaccine



(North Carolina Department of Health & Human Services, 2021)

Figure 36 illustrates Dare County resident concerns about getting the COVID-19 vaccine. Most of the respondents reported no concern with getting the vaccine.

Figure 37. Respondents Difficulty Level Finding out where to get COVID-19 Vaccine



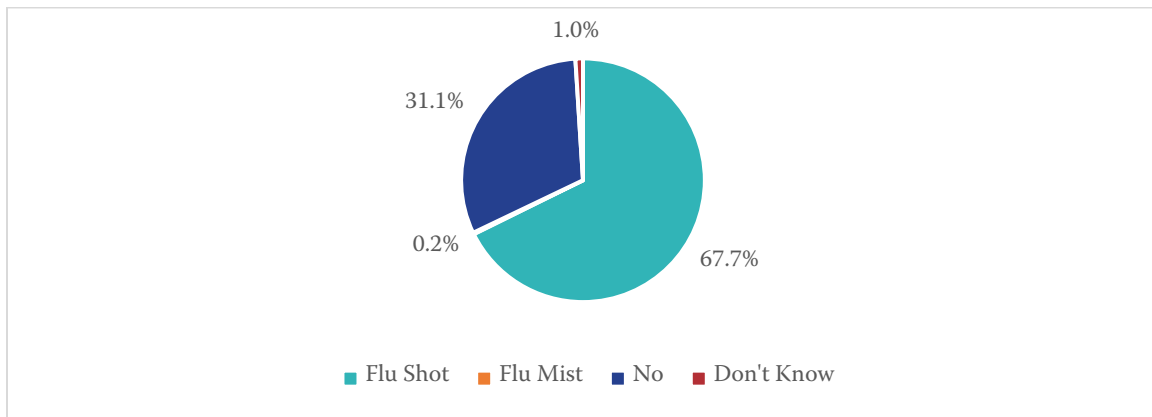
(North Carolina Department of Health & Human Services, 2021)

Understanding access and where to get the COVID-19 vaccine is another important element of the public health response. Figure 37 investigates respondents' difficulty with finding out where to get inoculated. An overwhelming majority of respondents said it was easy to find out where to get vaccinated, with 65.4% saying it was very easy and 25.3% saying it was somewhat easy.

Influenza Vaccines

Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year. CDC recommends everyone 6 months and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season (CDC, 2021).

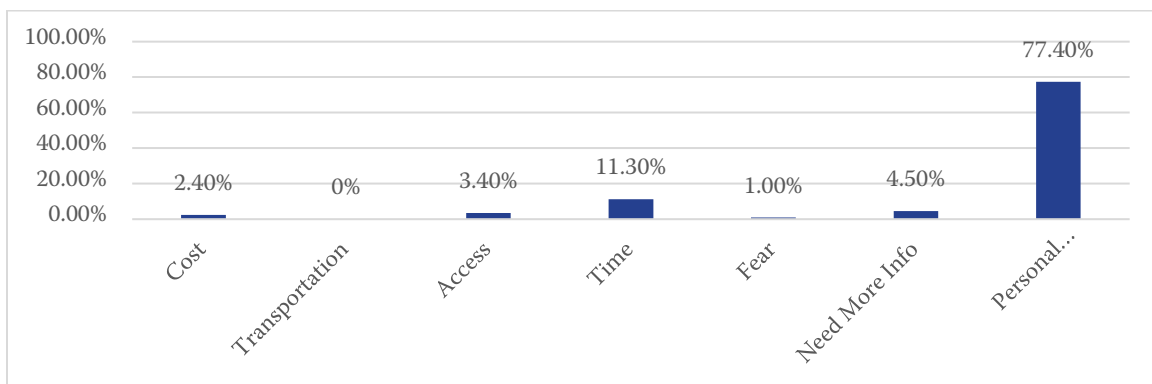
Figure 38. Influenza Vaccines Received by Survey Respondents



(North Carolina Department of Health & Human Services, 2021)

Figure 38 shows the survey respondents that received an influenza vaccine in the last 12 months. Most respondents (67.9%) received the flu shot or mist.

Figure 39. Reported Reasons Survey Respondents Did Not Get Influenza Vaccine



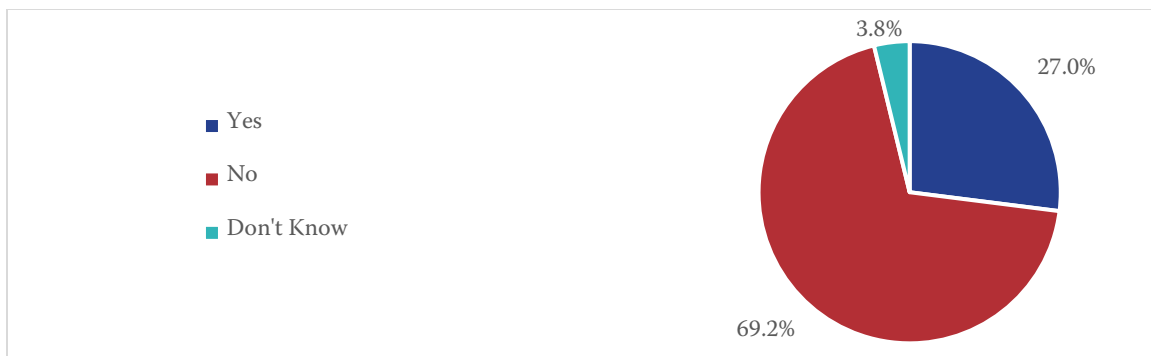
(North Carolina Department of Health & Human Services, 2021)

Figure 39 explores the reasons respondents did not get a flu vaccine. Of those respondents that did not get vaccinated, 77.4% claimed it was a personal preference and 11.3% said lack of time was the reason they did not get the shot.

Access to Healthcare

Since the beginning of Community Health Needs Assessments in Dare County, access to healthcare has been an issue identified during each assessment. Access to healthcare prevents diseases and disabilities, increases quality of life, and reduces the likelihood of premature death.

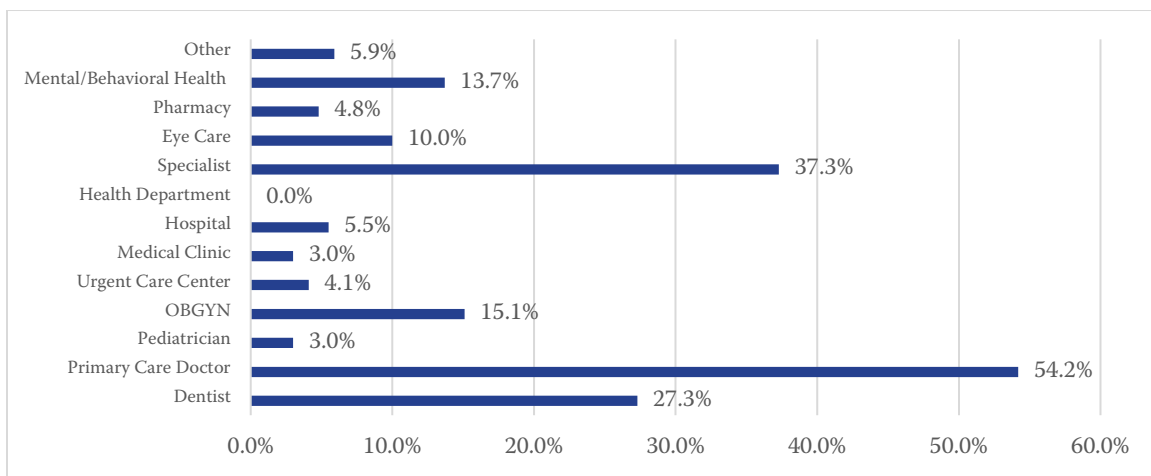
Figure 40. Survey Respondents that Reported Issues Getting Healthcare



(North Carolina Department of Health & Human Services, 2021)

Figure 40 reflects respondents who had an issue obtaining healthcare. Almost thirty percent (27.0%) of respondents reported having an access issue.

Figure 41. Types of Healthcare Providers Survey Respondents Reported Having Issues Accessing

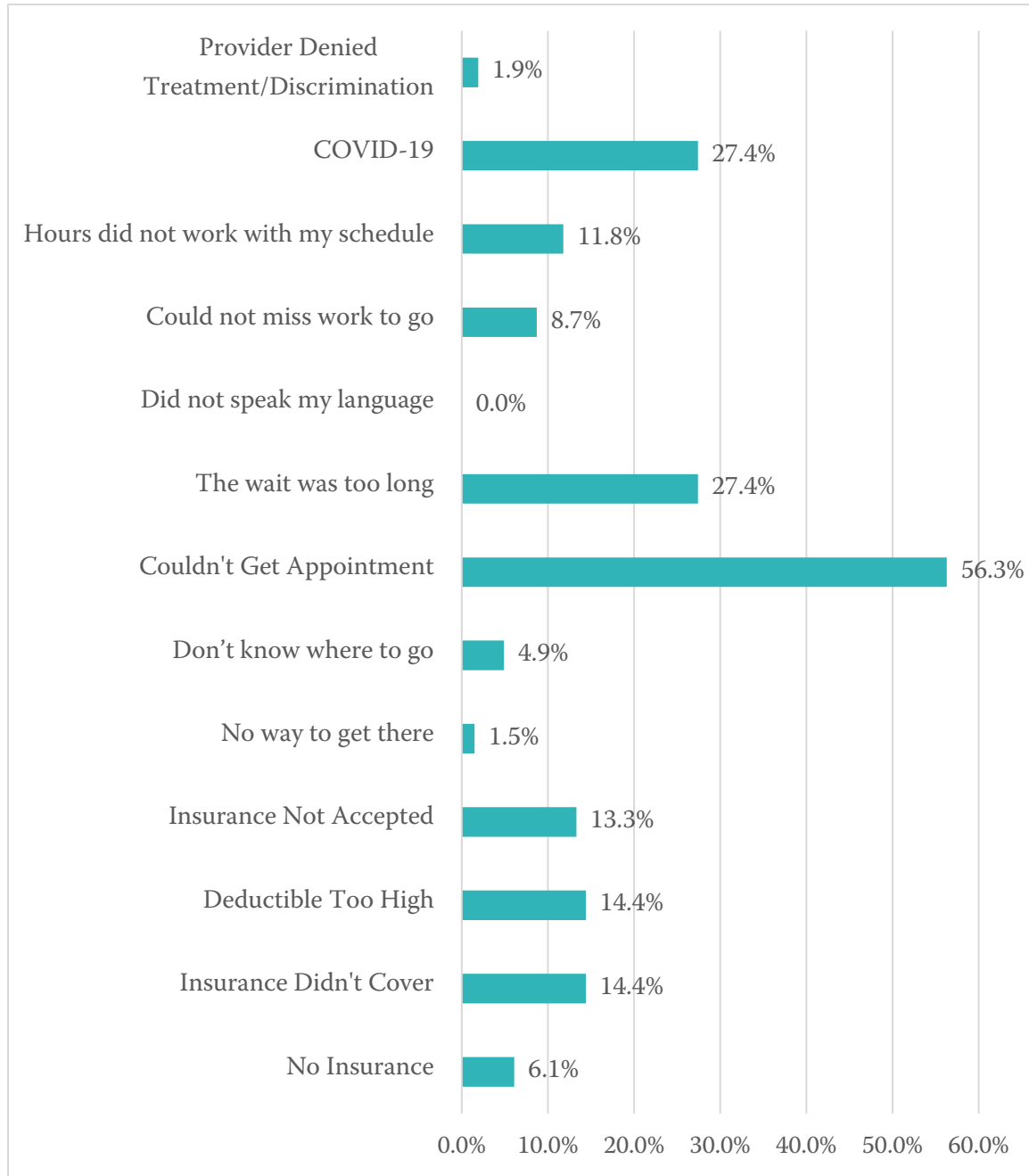


(North Carolina Department of Health & Human Services, 2021)

Figure 41 and 42 examines the types of providers and types of access issues respondents reported. Over half of the respondents (54.2%) reported having an issue accessing primary care (Figure 41). Other types of providers with access concerns were specialists (37.3%), dentists (27.3%), and OBGYNs

(15.1%). Over half of respondents (56.3%) could not get an appointment. COVID-19 (27.4%) and wait lengths (27.4%) were the second most cited access issues (Figure 42).

Figure 42. Types of Healthcare Access Issues Survey Respondents Reported

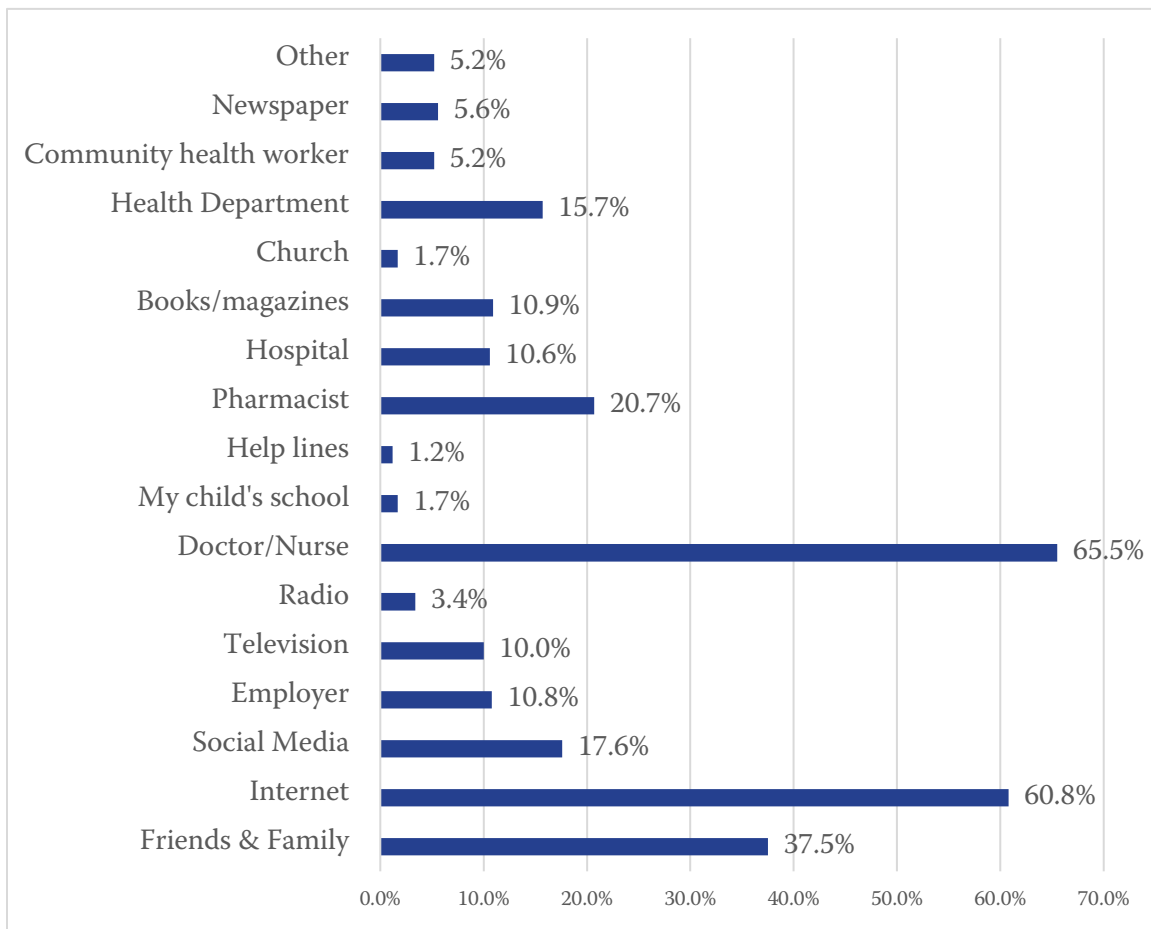


(North Carolina Department of Health & Human Services, 2021)

Health Information & Education

Health information and education are critical to community's well-being. Health information and education can help empower individuals to live healthier lives through improvement to their physical, mental, emotional, and social health. Information and education can help increase knowledge and influence attitudes, which can lead to behavior change.

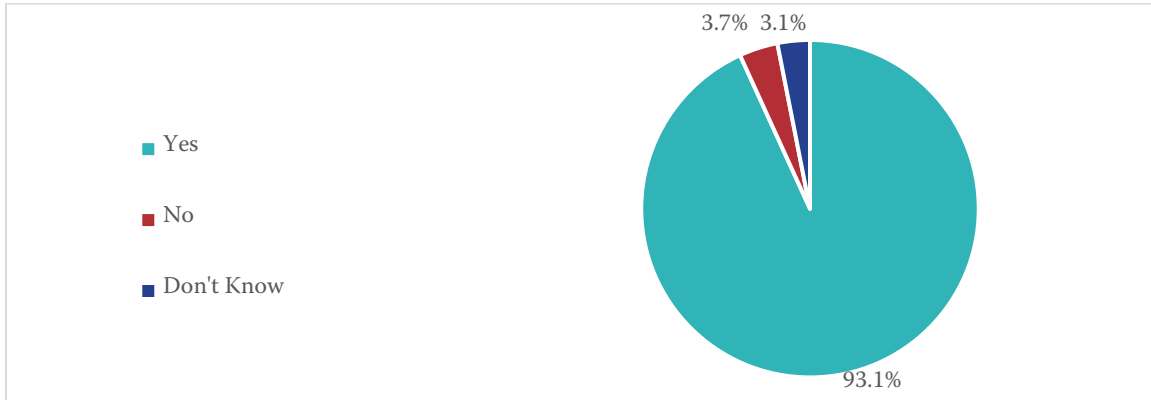
Figure 43. Where Dare Residents get Health-Related Information



(North Carolina Department of Health & Human Services, 2021)

Figure 43 examines where Dare County survey respondents gain access health related information. Over sixty percent noted their doctor/nurse (65.5%) and internet (60.8%) are the most common sources used for obtaining health information.

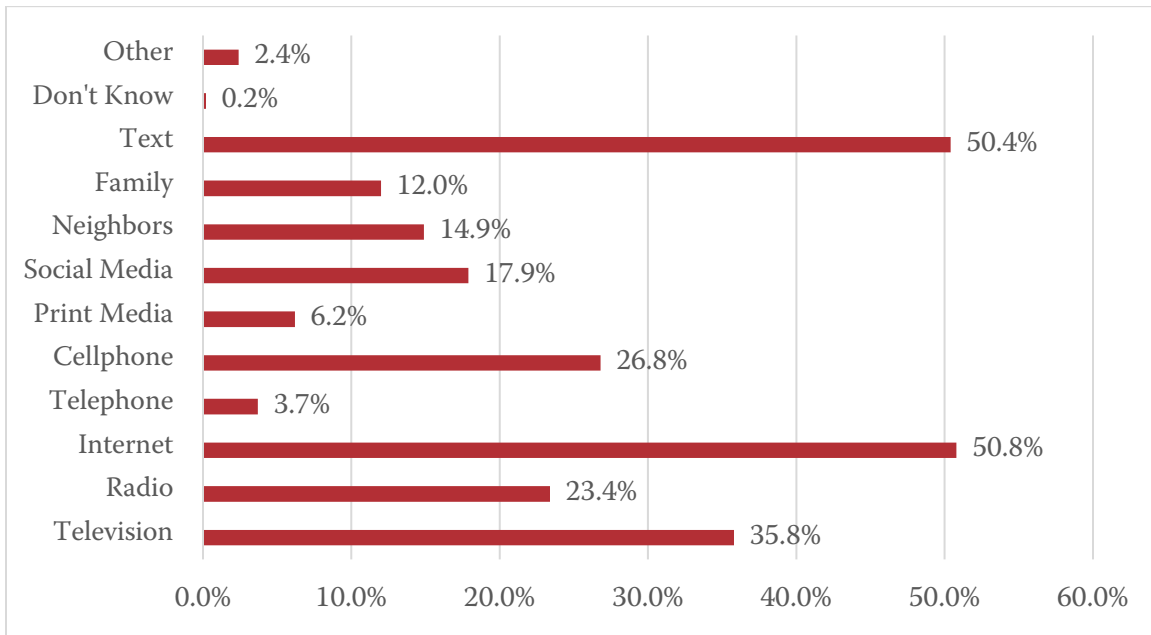
Figure 44. Survey Respondents Know how to get information during Disaster



(North Carolina Department of Health & Human Services, 2021)

Figure 44 illustrates if respondents know where to get information during a natural disaster. Over ninety percent (93.1%) of respondents reported knowing where to obtain information.

Figure 45. How Survey Respondents Access Information during a Natural Disaster



(North Carolina Department of Health & Human Services, 2021)

Understanding where and how residents obtain information is another key element that helps public health and other entities when crafting information during a disaster. Figure 45 examines how respondents obtain information during a disaster. The top two methods were text message (50.4%) and internet (50.8%). Television (35.8%) and cell phone (26.8%) were the third and fourth most cited choices.

Mental Health Counselors Roundtable

At the request of the HCOB Executive Committee, The Breaking Through Task Force (BTTF) partnered with Dare County Department of Health & Human Services (DCDHHS) to hold a mental health counselors roundtable event.

All known counselors currently practicing in Dare County were invited to participate in the forum. The event was held on May 3, 2022 at DCDHHS campus in Manteo. A total of 12 counselors participated. Key staff from BTTF and DCDHHS were in attendance.

The forum was a simple process and participants were asked questions about:

- Themes and observations in their practice
- Concerns among their patients and the community at large
- Broad resolution ideas

The following are observations shared by the attending counselors.

General Observations

- Depression and anxiety seem to be the most common concerns.
- Seeing/hearing about more overdoses since COVID-19.
- Substance use seems to be the top issue among justice-involved persons.
- Any coping skills present in patients seem to have been reduced or removed after COVID-19 pandemic.
- Cost of living in Dare County and other environmental stressors have skyrocketed since COVID-19.
- Breaking Through Task Force has done a good job at addressing and breaking mental health stigma for individuals seeking individual counseling.
- Toxic stress in workplaces is a common theme observed among counselors.

Access Concerns

- Not enough mental health providers to meet the needs of our community. Current providers have limited capacity, waitlist, or are not taking new patients.
- Many individuals relocating to the area are having a hard time finding a counselor with availability.
- Primary care providers are not taking new patients, which impacts patients who may be in need of medication.
- Individuals who require Medication Assisted Treatment face many challenges and barriers to getting medications in Dare County (from provider availability/willingness to limited scheduling and availability)
- Not a lot of Medicare providers in the area.

- Blue Cross & Blue Shield of North Carolina have changed their policies regarding telehealth, all of their providers must provide services through Teladoc, which is blocking access to services for patients.

School System & Youth

- A group of students have not rebounded from COVID-19 setbacks.
- There are some students who are developmentally delayed due to COVID-19.
- Anxiety is common amongst elementary aged students.
- School counselors have observed a shift in focus from the individual to the family needs.
- Generational issues seem to be more common on Hatteras Island.
- Working on establishing mental health and substance use modules for teachers to promote consistency on all school levels.
- Teenagers are in need- counselors who work with this population have had to stop accepting new patients.
- Students are struggling with returning to school in person and handling academic stress again.
- More young people with addictions such as substance use and pornography.
- Lack of social skills and coping skills have been observed with these young people.
- Parents coping skills are lacking and impacting their children.

Items to Investigate Further

- A group of students have not rebounded from COVID-19 setbacks.
- There are some students who are developmentally delayed due to COVID-19.
- Anxiety is common amongst elementary aged students.
- School counselors have observed a shift in focus from the individual to the family needs.
- Generational issues seem to be more common on Hatteras Island.
- Working on establishing mental health and substance use modules for teachers to promote consistency in response on all school levels.
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- Students are struggling with returning to school in person and handling academic stress again.
- More young people with addictions such as substance use and pornography.
- Lack of social skills and coping skills have been observed with these young people.
- Parents coping skills are lacking and impacting their children.

Next Steps

This group plans to reconvene quarterly and identify goals and objectives the group can work towards to improve mental health services for our community members.

Part Three: Secondary Data

About Dare County

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

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

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

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

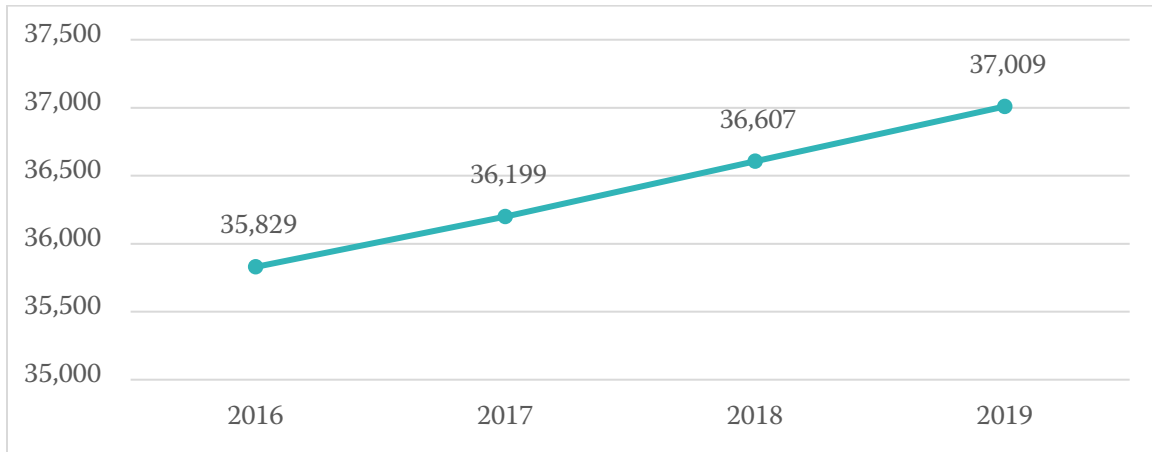
Demographic Profile

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

Population

In 2019, Dare County had a population estimate of 37,009. According to the U.S. Census estimates, from 2016 to 2019, Dare County's population increased by 3.3%. (Figure 46). The population of Dare County has increased from 2016 to 2019.

Figure 46. Total Population

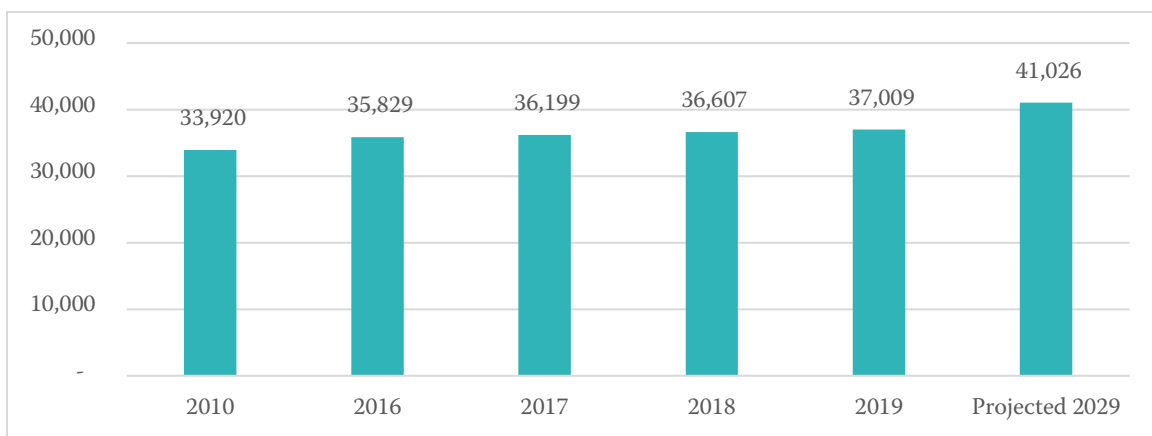


(United States Census Bureau, n.d.)

Population Growth

Figure 47 demonstrates the projected population growth for Dare County for 2029 is estimated at 41,026 persons. From 2010 to 2019, the total population of Dare County has increased by an overall 9%.

Figure 47. Population and Projected Populations for 2029

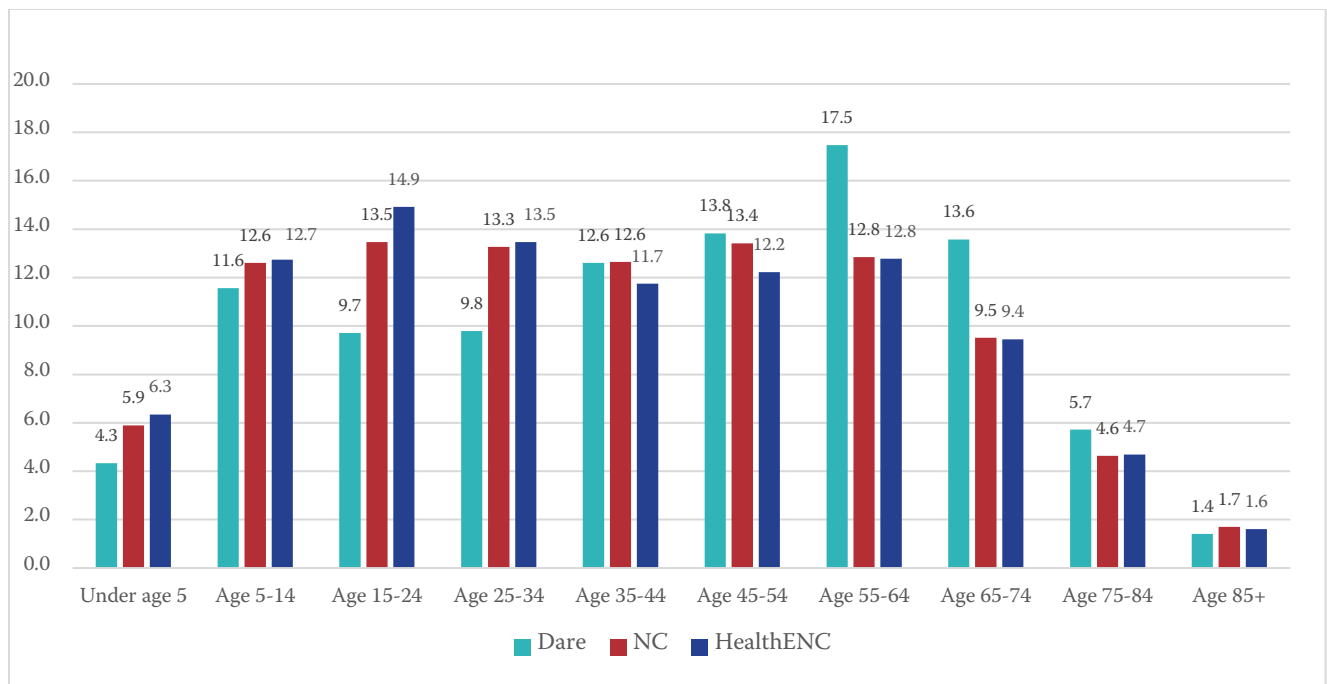


(State of North Carolina, 2021)

Age and Sex

Overall, Dare County residents are older than residents of North Carolina and the Health ENC region. Figure 48 shows the Dare County population by age group. In Dare County, the percent of people between the ages of 55-64 are higher (17.5%) than the Health ENC (12.8%) and N.C. (12.8%). People 65 years and older comprise 20.2% of the Dare County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties.

Figure 48. Percent Population by Age



(United States Census Bureau, 2019)

Table 4. Population by Sex and Age

	Percent of Total Population		Percent of Male Population			Percent of Female Population			Median Age (Years)
	Male	Female	18 -	18+	65+	18 -	18+	65+	
Dare County	50.0%	50.0%	20.9%	79.1%	19.7%	17.6%	82.4%	21.7%	47
North Carolina	48.7%	51.3%	23.5%	76.5%	14.2%	21.3%	78.7%	17.4%	39
Health ENC Counties	49.6%	50.4%	23.7%	76.3%	13.9%	22.1%	77.9%	17.6%	N/A

(United States Census Bureau, 2019)

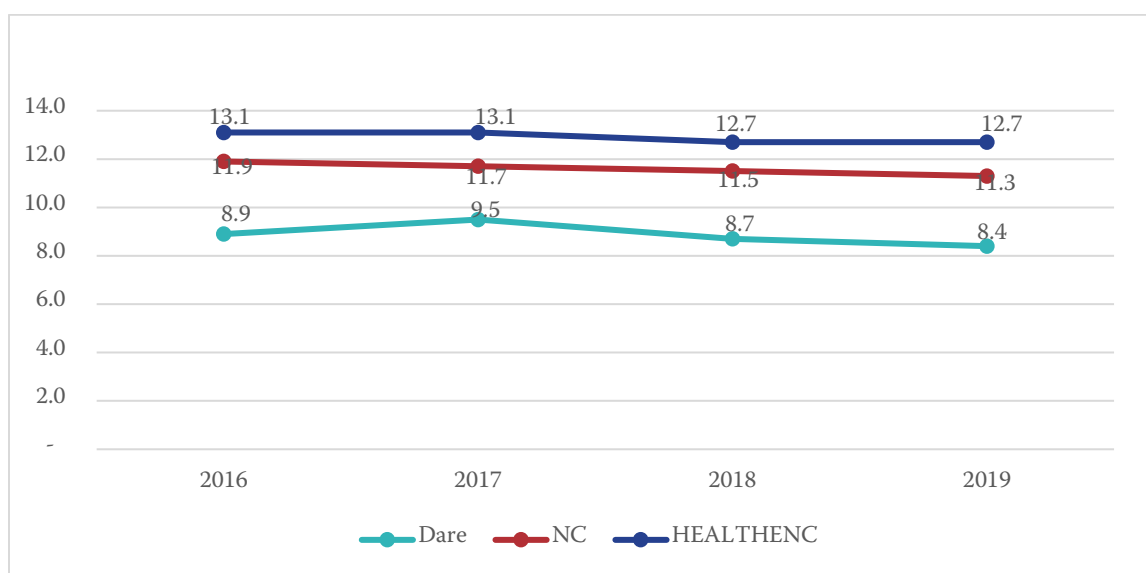
Table 4 illustrates the percentage of males and females in Dare County, North Carolina and Health ENC County Region and also provides age breakdowns of the different sexes. Dare County has 50%

male and 50% female population. Dare County has more individuals who are 65 years of age and older when compared to North Carolina and the Health ENC County Region. North Carolina and Health ENC County region have more male and females 18 years of age and younger when compared to Dare County.

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 49 illustrates an overall decrease for Dare County over the reporting period. A similar trend was observed across N.C. and the Health ENC County Region.

Figure 49. Birth Rate



(North Carolina State Center for Health Statistics, 2016-2019)

Race/Ethnicity

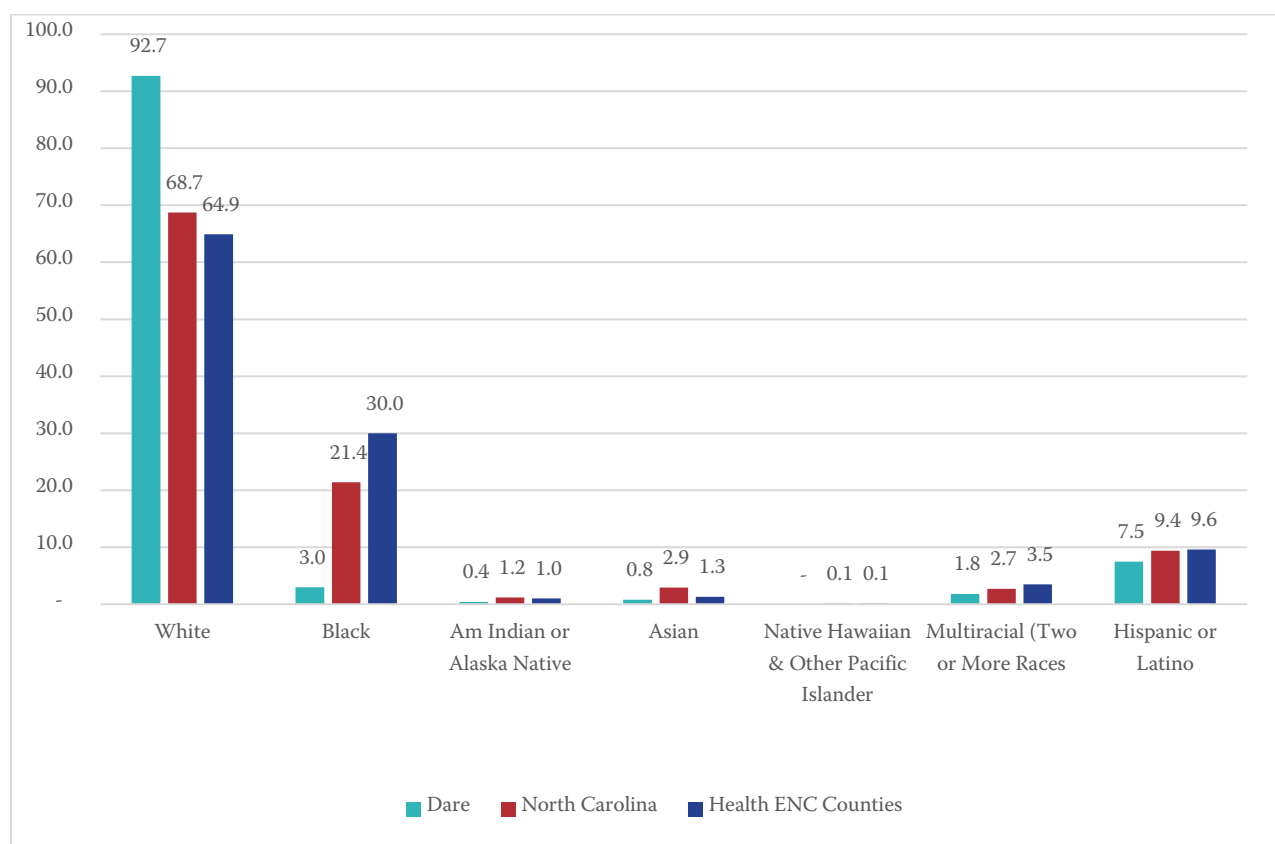
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income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

Figure 50 shows the racial and ethnic distribution of Dare County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander and Multiracial) are racial

groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The White population accounts for 92.7% of the total population in Dare County, with the Black or African American population accounting for 3.0% of the total population. The White population in Dare County (92.7%) is higher than the White population in North Carolina (68.7%) and Health ENC counties (64.9%). The Black or African American population in Dare County (3.0%) is lower than the Black or African American population in North Carolina (21.4%) and Health ENC counties (30.0%). The Hispanic or Latino population comprises 7.5% of Dare County.

Figure 50. Population by Race/Ethnicity

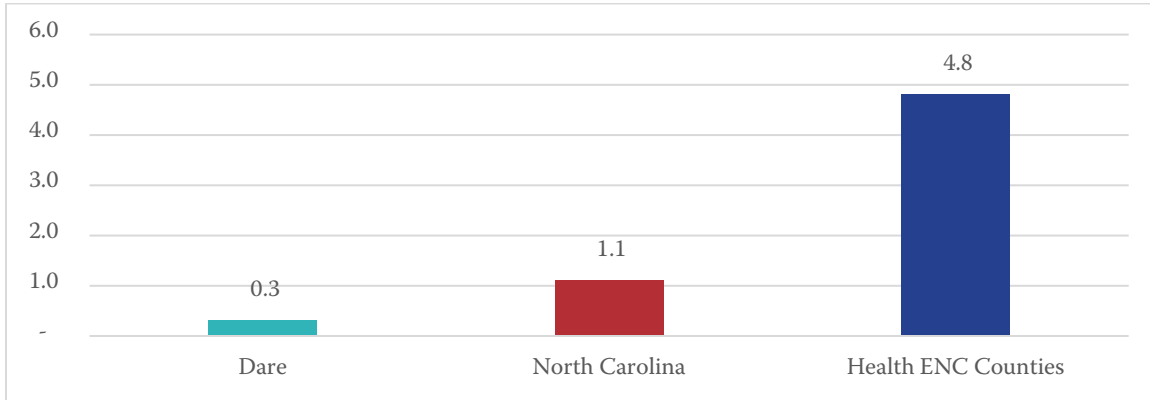


(United States Census Bureau, 2019)

Military Population

Figure 51 shows the percent of the population 16 years of age and older in the military (armed forces). The percentage of Military Population in Dare County is 0.3%. Compared to the Health ENC Region (4.8%) and North Carolina (1.1%), Dare County reported a smaller military population.

Figure 51. Population in Military/Armed Forces

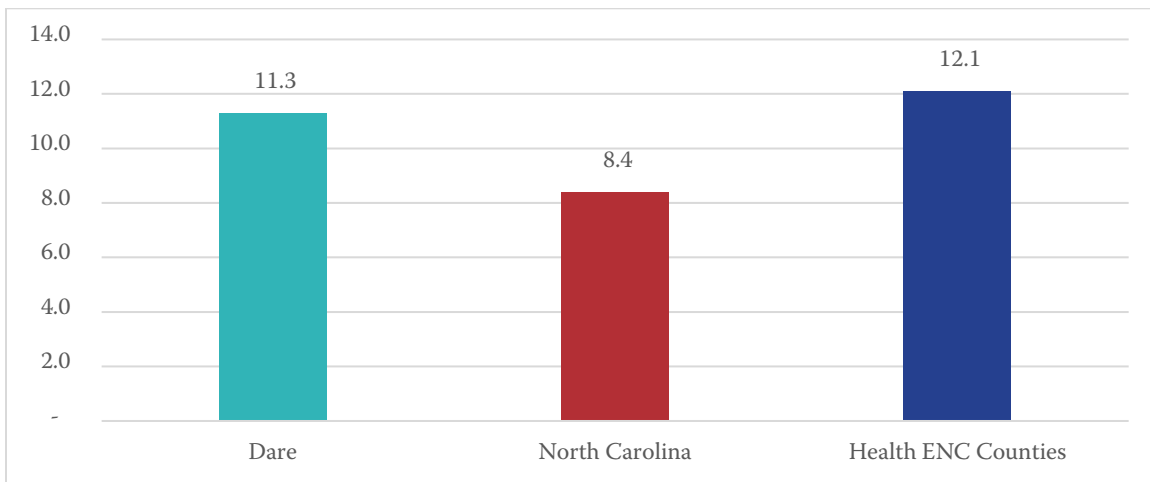


(United States Census Bureau, 2019)

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Figure 52 shows Dare County has a veteran population of 11.3% in 2012-2016, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.

Figure 52. Percent of Population that are Veterans



(United States Census Bureau, 2019)

Socioeconomic Profile

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

NC Department of Commerce Tier Designation

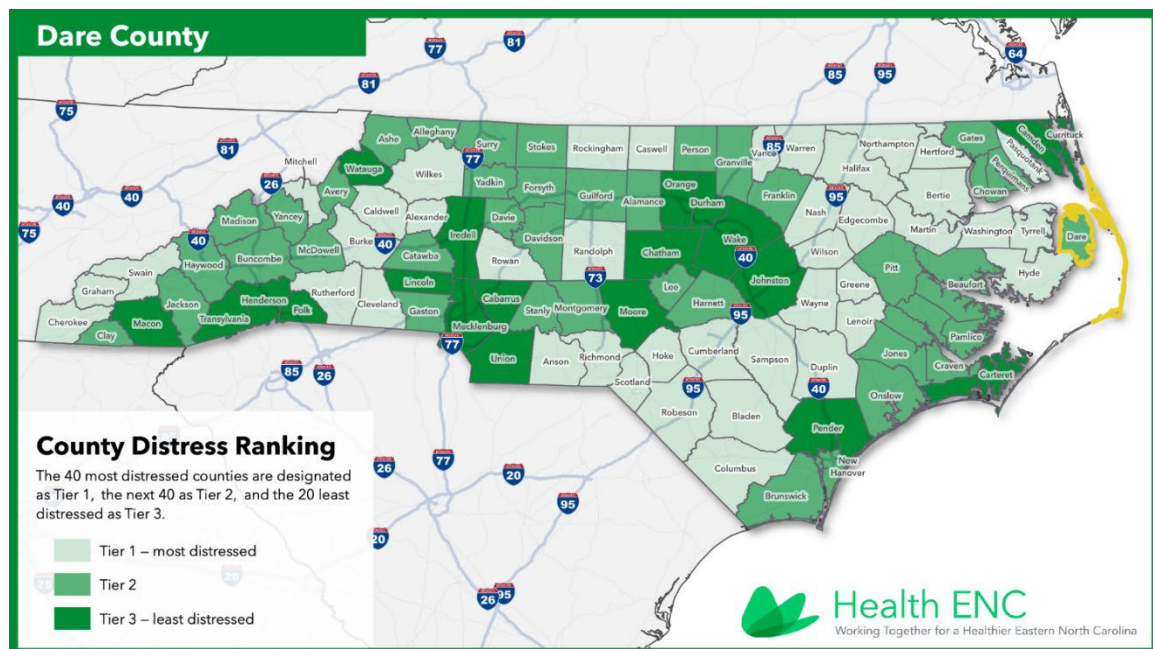
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Image 2 illustrates Dare County has been assigned a Tier 2 designation for 2022.

Dare County has been assigned a Tier 2 designation for 2022.

County Tiers are calculated using four factors:

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

Image 2. County Distress Ranking



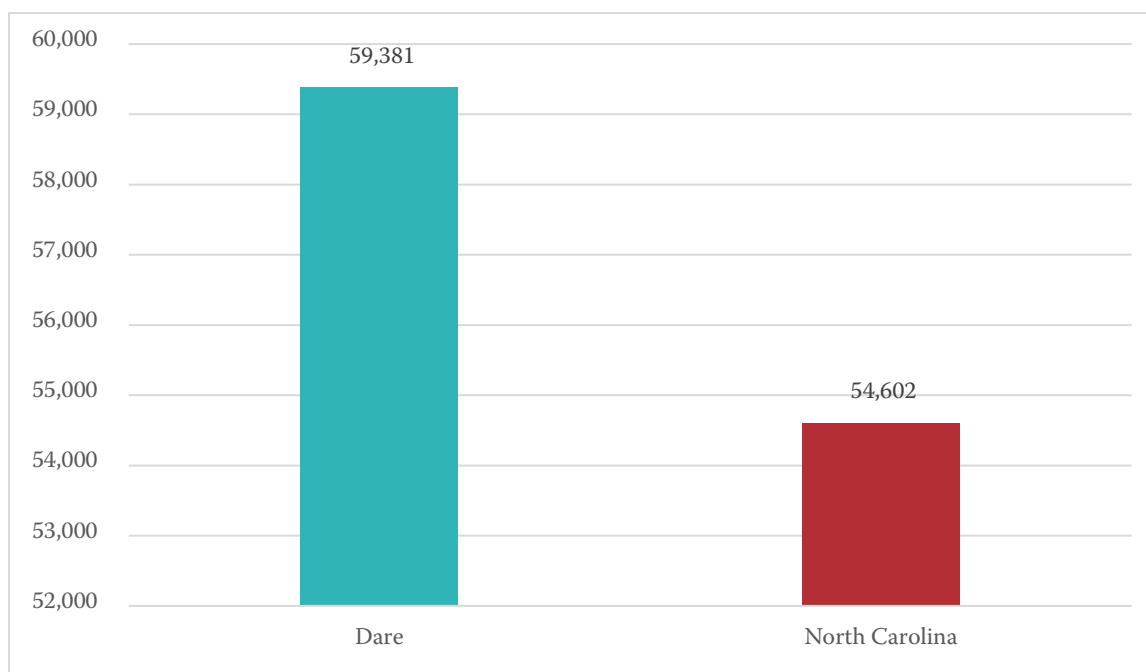
(North Carolina Department of Commerce, 2021)

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates.

Figure 53 shows the median household income in Dare County (\$59,381), which is higher than the median household income in North Carolina (\$54,602).

Figure 53. Median Household Income



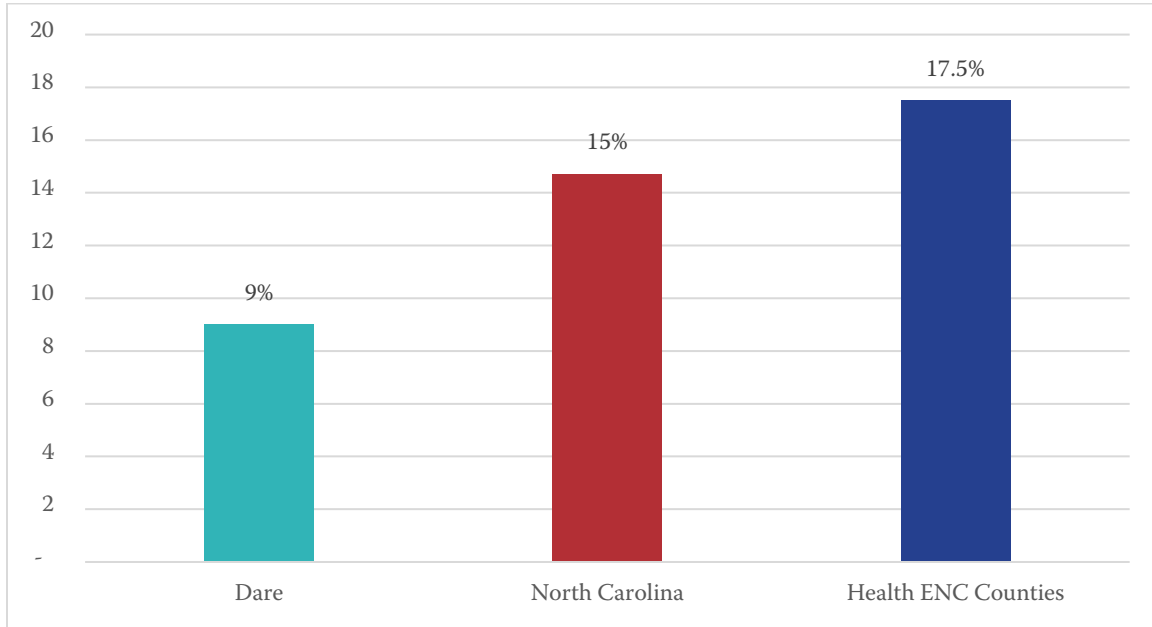
(United States Census Bureau, 2019)

Poverty

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

As seen in Figure 54, 9.0% of the population in Dare County lives below the poverty level, which is lower than the rate for North Carolina (15.0% of the population) and the Health ENC region (17.5%).

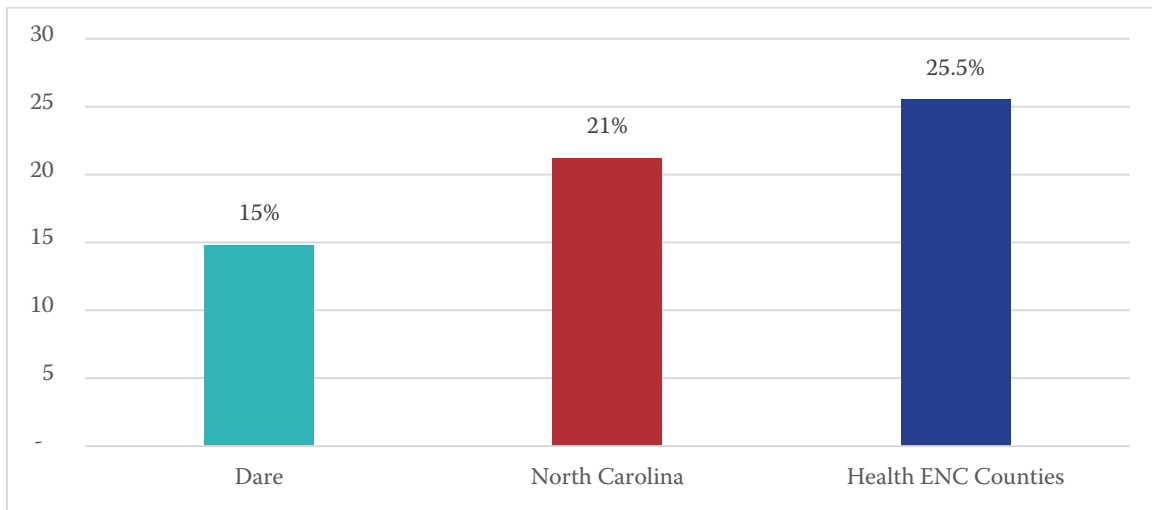
Figure 54. People Living Below Poverty Level



(United States Census Bureau, 2019)

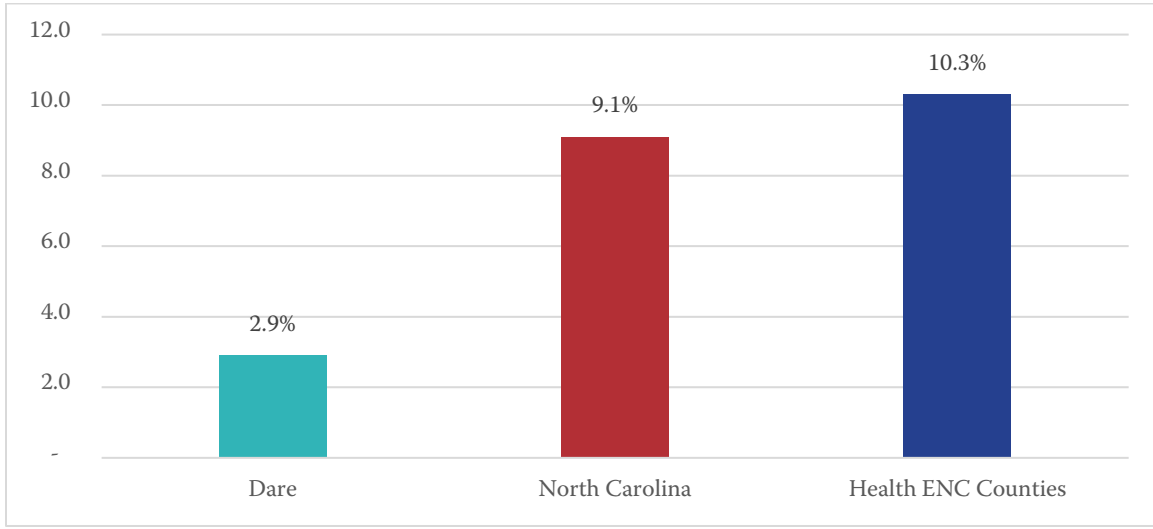
The rate of both children and older adults living below the poverty level is also lower for Dare County when compared to North Carolina and Health ENC County Region (Figure 55 and Figure 56).

Figure 55. Children Living Below Poverty Level



(United States Census Bureau, 2019)

Figure 56. People 65+ Living Below Poverty Level

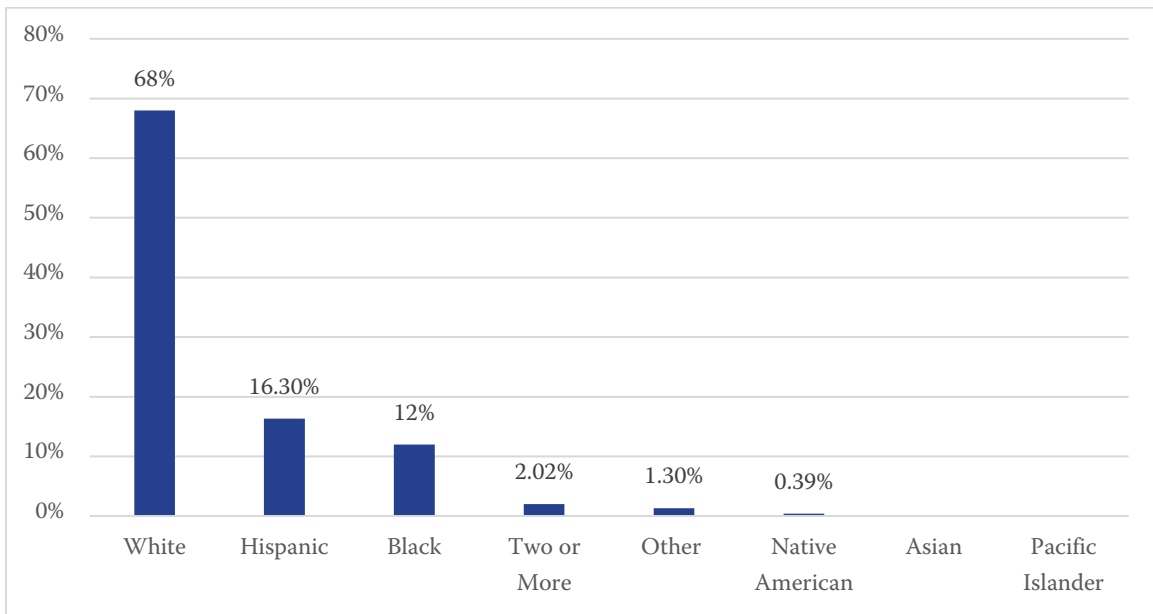


(United States Census Bureau, 2019)

In 2015-2019, the rate of adults age 65+ years living in poverty was 2.9% or 6.2% lower in Dare County when compared with NC and 7.4% lower than Health ENC County Region.

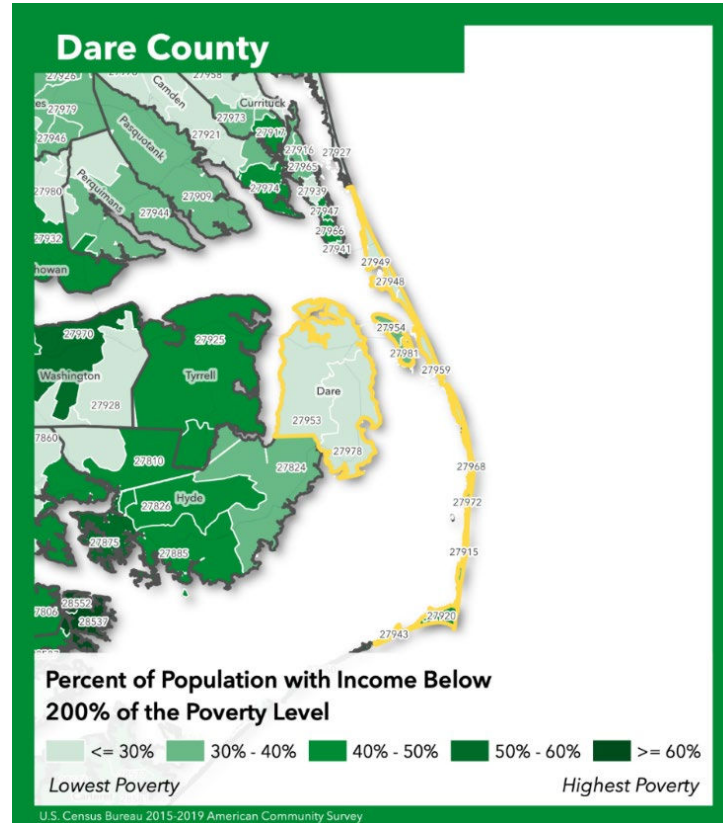
As shown in Figure 57, The most common racial or ethnic group living below the poverty line in Dare County, NC is White, followed by Hispanic and Black.

Figure 57. Poverty by Race and Ethnicity



(Data USA, 2019)

Image 3. Percent of Population with Income Below 200% of the Poverty Level by Zipcode



(United States Census Bureau, 2019)

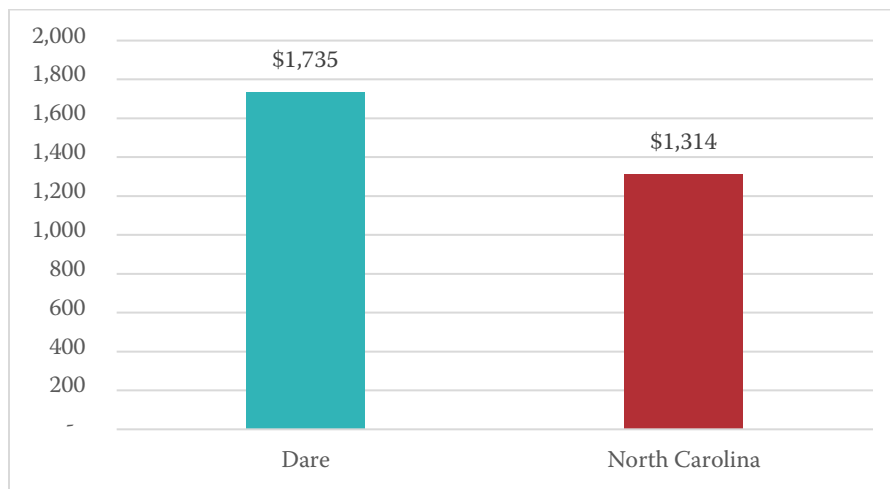
The 2021 poverty level for a 2-person household is \$17,420. A 2-person household at 200% of the poverty level would have an income of \$34,840. The 2021 poverty level for a 4-person household is \$26,500. A 4-person household at 200% of the poverty level would have an income of \$53,000.

Image 3 shows the percent of the population with income 200% below the poverty line. The majority of Dare County had 30% or less of the population with income 200% below the poverty level. Roanoke Island shows 30%-40% of the population is in poverty. Buxton has 50%-60% of their population below poverty while Hatteras Village has 60% or more of their population living 200% below the poverty level.

Housing

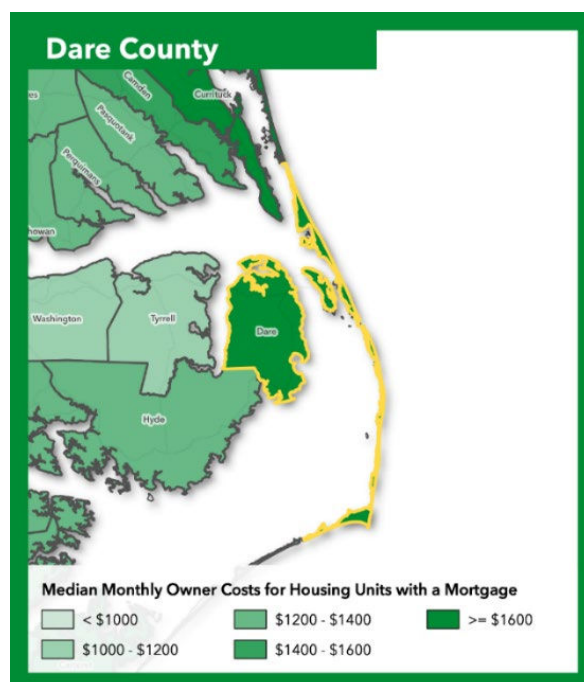
The average household size in Dare County is 2.32 people per household (owners) and 2.34 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household). Figure 58 illustrates in Dare County, the median monthly housing costs for homeowners with a mortgage was \$1,735, which was higher than the N.C. median monthly housing cost of \$1,314 dollars.

Figure 58. Mortgaged Owners Median Monthly Household Costs



(United States Census Bureau, 2019)

Image 4. Median Monthly Household Costs in Dare County and Surrounding Counties



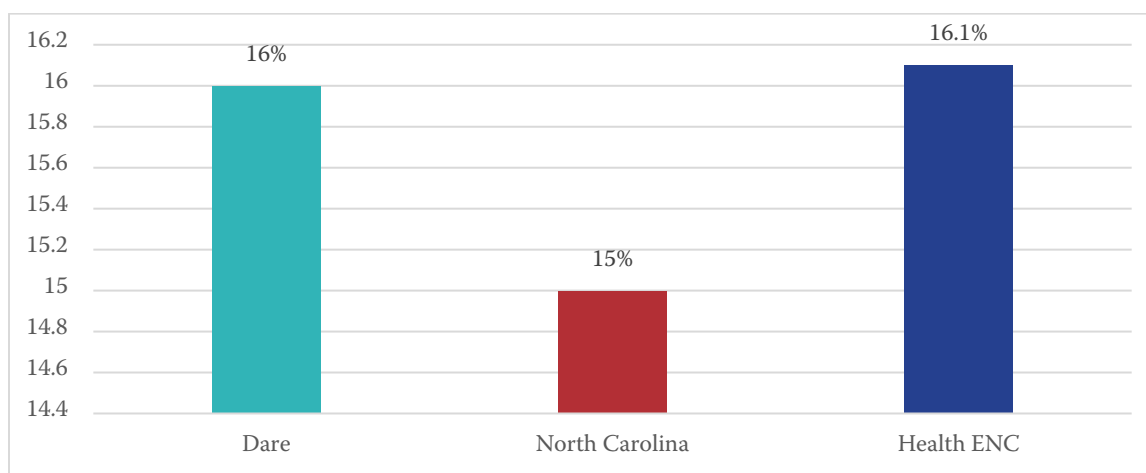
(United States Census Bureau, 2019)

Image 4 shows median monthly household costs in Dare County and surrounding areas. Dare's household costs are \$1,600 or more a month, while other counties in the region have a much lower cost of living.

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Housing problems include overcrowding, high housing costs, lack

of kitchen, or lack of plumbing facilities. Figure 59 shows 16.0% of households in Dare County had severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC County Region.

Figure 59. Severe Housing Problems

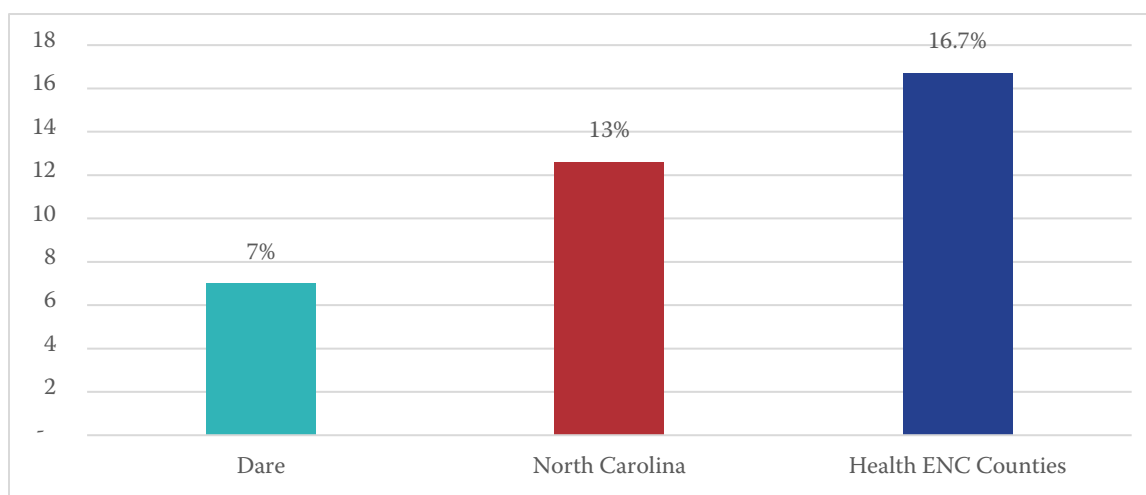


(County Health Rankings & Road Maps, 2021)

Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food. Figure 60 illustrates households with SNAP benefits in Dare County was 7%, which was lower than the state value of 13% and Health ENC County Region value of 16.7%.

Figure 60. Households with SNAP Benefits in the last 12 months



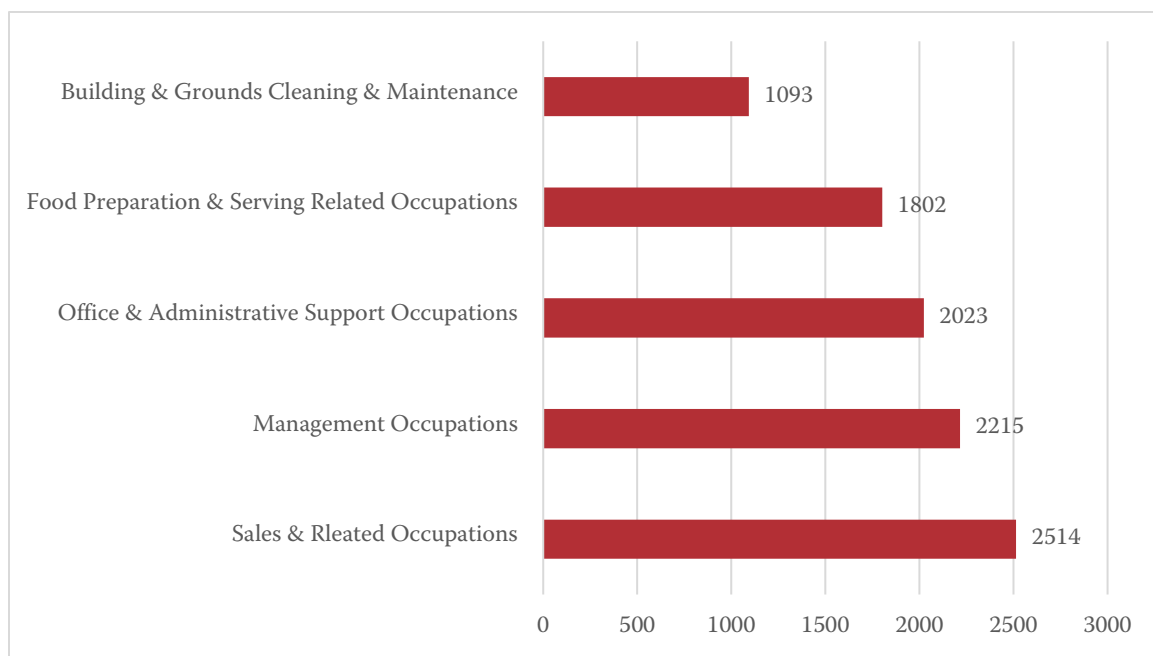
(United States Census Bureau, 2019)

Employment

The most common employment industries for those who live in Dare County, NC, are Accommodation & Food Services (2,841 people or 15.4%), Retail Trade (2,836 people or 15.4%), and Construction (1,717 people or 9.32%) (Data USA, 2019).

Figure 61 shows the share breakdown of the primary industries for residents of Dare County, NC, though some of these residents may live in Dare County, NC and work somewhere else. Census data is tagged to a residential address, not a work address.

Figure 61. Most Common Jobs Held by Dare Residents



(Data USA, 2019)

The most common jobs held by residents of Dare County, NC, by number of employees, are Sales & Related Occupations (2,514 people), Management Occupations (2,215 people), and Office & Administrative Support Occupations (2,023 people).

Table 5 illustrates major employers in Dare County. The top five employers in Dare County are Dare County Schools, County of Dare, Vidant Medical Center, Food Lion and NC Department of Transportation.

Table 5. Major Employers in Dare County

Rank	Company Name	Industry	Employment Range
1	Dare County Schools	Education Services	500-999
2	County Of Dare	Public Administration	500-999
3	Vidant Medical Center	Health Care and Social Assistance	250-499
4	Food Lion	Retail Trade	250-499
5	NC Department of Transportation	Public Administration	100-249
6	Wal-Mart Associates Inc.	Retail Trade	100-249
7	Village Realty	Real Estate and Rental and Leasing	100-249
8	Twiddy & Company	Real Estate and Rental and Leasing	100-249
9	Hospitality Employee Group LLC	Administrative and Support and Waste Management and Remediation Services	100-249
10	Spencer Yachts Inc	Manufacturing	100-249
11	Harris Teeter	Retail Trade	100-249
12	Town of Kill Devil Hills	Public Administration	100-249
13	Lowes Home Centers Inc	Retail Trade	100-249
14	Town of Nags Head	Public Administration	100-249
15	Home Depot USA Inc	Retail Trade	100-249
16	State of NC Dept. of Cultural Resources	Public Administration	100-249
17	Publix North Carolina Employee Services	Retail Trade	100-249
18	US Department of Interior	Arts, Entertainment, & Recreation	100-249
19	McDonalds	Accommodation & Food Services	100-249
20	Sun Realty	Real Estate and Rental and Leasing	100-249
21	Bayliss Boatworks Inc	Manufacturing	50-99
22	Kellogg Supply Co., Inc.	Retail Trade	50-99
23	United Parcel Service Inc	Transportation and Warehousing	50-99
24	Carolina Designs Realty	Real Estate and Rental and Leasing	50-99
25	Kitty Hawk Kites Inc	Retail Trade	50-99

(North Carolina Commerce, 2020)

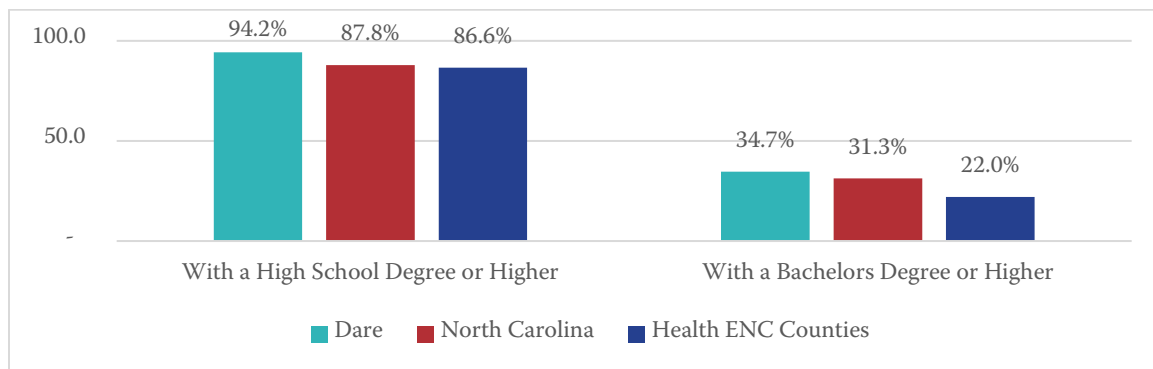
Educational Profile

Educational Attainment

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

Figure 62 shows in Dare County the percent of residents 25 or older with a high school degree or greater was higher (94.2%) than the state value (87.8%) and the Health ENC region (86.6%). The percent of the population with a Bachelor's degree or higher in Dare County was higher (34.7%) compared to N.C. (31.3%) and the Health ENC County region (22.0%)

Figure 62. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher



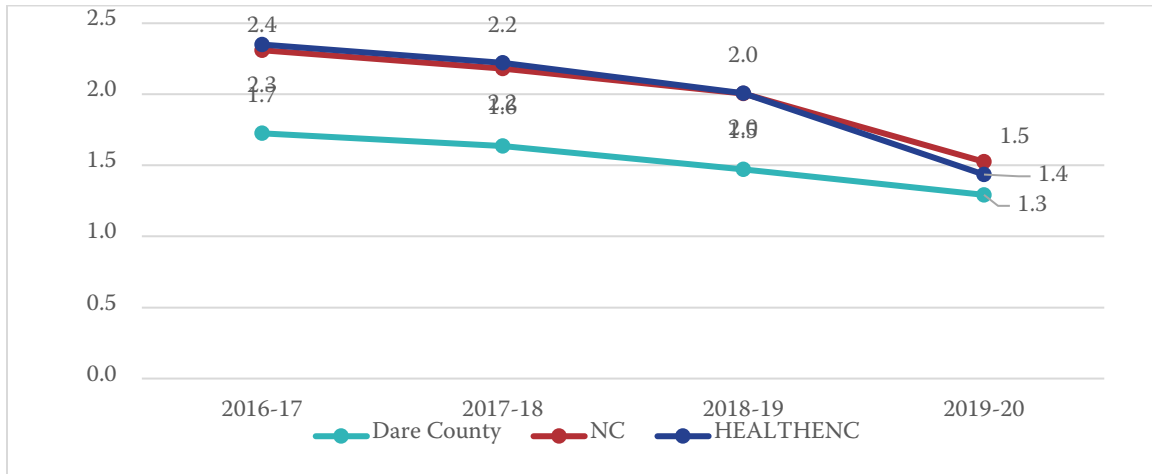
(United States Census Bureau, 2019)

High School Dropouts

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

Dare County's high school dropout rate, given as a percent of high school students in Figure 63, was 1.3% in 2019-2020, which is lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%). Dare County's high school dropout rate has decreased from 1.7 % in 2016-2017 to 1.3 % in 2019-2020.

Figure 63. High School Dropout Rate



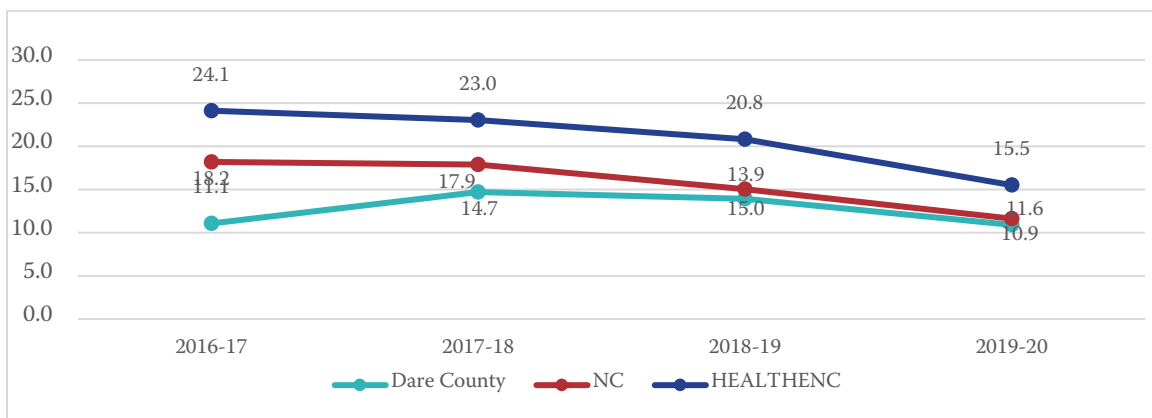
(North Carolina Department of Public Instruction, 2019-2020)

High School Suspension Rate

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

64, shows in 2019-2020, Dare County's rate of high school suspension (10.9 per 100 students) was lower than North Carolina's rate (11.6) and Health ENC counties (15.5).

Figure 64. High School Suspension Rate



(North Carolina Department of Public Instruction, 2019-2020)

Licensed Child Care Centers & Homes

There are a total of twenty-seven licensed child care centers and homes in Dare County. Table 6 shows location and licensure type for each of these facilities.

Table 6. Licensed Child Care Centers & Homes in Dare County

Facility Name	Location	License
ABC's Child Care Home	Kill Devil Hills	Four Star Center
Beacon Christian Academy	Kitty Hawk	Religious Sponsored Child Care
Cape Hatteras Elementary After School Enrichment Program	Buxton	Four Star Center
Cape Hatteras Elementary Pre-K	Buxton	Five Star Center
Christie's Family Child Care Home	Wanchese	Two Star Family Child Care Home
Cooper's Child Care and Learning Home	Kill Devil Hills	Four Start Family Child Care Home
Dare County Head Start	Manteo	Five Star Center
East Coast Early Learning Academy	Nags Head	Provisional
First Assembly of God Ministries	Manteo	Three Star Center
First Flight Elementary After School Enrichment Program	Kill Devil Hills	Five Star Center
First Flight Elementary Pre-K	Kill Devil Hills	Five Star Center
Healthy Environments Child Development Center KDH	Kill Devil Hills	Three Star Center
Heron Pond Montessori School	Kitty Hawk	Three Star Center
Imagine That Family Child Care	Kill Devil Hills	Two Star Family Child Care Home
Kitty Hawk Elementary After School Enrichment Program	Kitty Hawk	Five Star Center
Kyle's Munchkin Academy	Buxton	Four Star Center
Little Saints Family Childcare Home	Manteo	Four Start Family Child Care Home
Little Sprouts Childcare	Frisco	Religious Sponsored Child Care
Manteo Elementary School After School Enrichment Program	Manteo	Five Star Center
Manteo Elementary Pre-K	Manteo	Five Star Center
Nags Head Elementary School After School Enrichment Program	Nags Head	Five Star Center
Nags Head Elementary Pre-K	Nags Head	Five Star Center
Patty Cake Daycare	Wanchese	Four Star Family Child Care Home
Roanoke Island Presbyterian Day Care	Manteo	Five Star Center
The All Saints School	Southern Shores	Three Star Center
The Giving Tree	Kill Devil Hills	Three Star Family Child Care Home
The Sandbox Early Learning Center LLC	Nags Head	Three Star Center

(North Carolina Department of Health and Human Services, 2022)

Public School System

Dare County Public School System has a total of 10 schools in the district. There are 4,989 students in the district, and approximately 95% of students graduate from high school.

Roanoke Island

Manteo Elementary School (Grades PreK-5)

Manteo Middle School (Grades 6-8)

Manteo High School (Grades 9-12)

Hatteras Island

Cape Hatteras Elementary School (Grades PreK-5)

Cape Hatteras Secondary School (Grades 6-12)

Bodie Island

First Flight Elementary School (Grades PreK-5)

First Flight Middle School (Grades 6-8)

First Flight High School (Grades 9-12)

Kitty Hawk Elementary School (Grades PreK-5)

Nags Head Elementary School (Grades PreK-5)

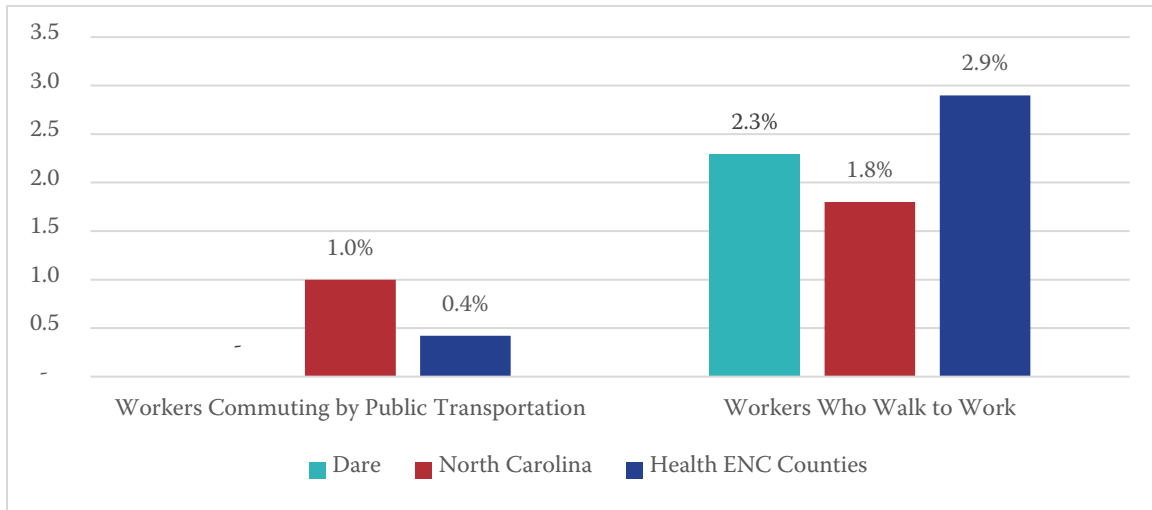
College of the Albemarle Community College

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

Transportation Profile

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

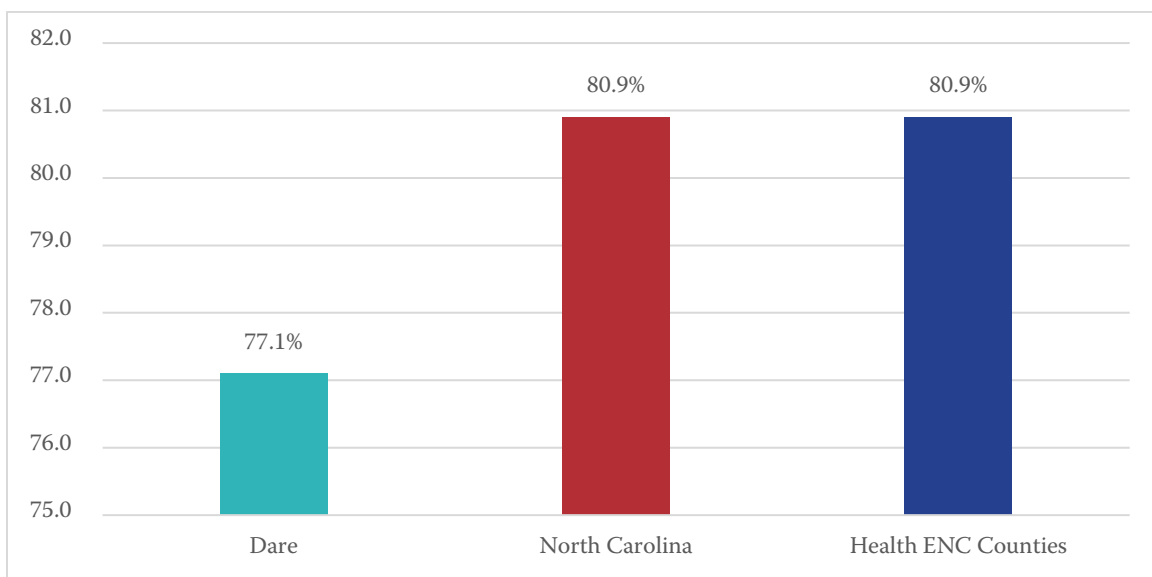
Figure 65. Mode of Commuting to Work



(United States Census Bureau, 2019)

Figure 65 shows residents' mode of commuting to work. In Dare County, data was not available for the percent of workers who commuted to work by public transportation. Approximately 2.3% of workers in Dare walked to work, higher than the 1.8% state percent. Figure 66 shows an estimated 77.1% of workers 16 and older drove alone to work, compared to 80.9% and Health ENC County Region.

Figure 66. Workers who Drive Alone to Work



(United States Census Bureau, 2019)

Crime and Safety

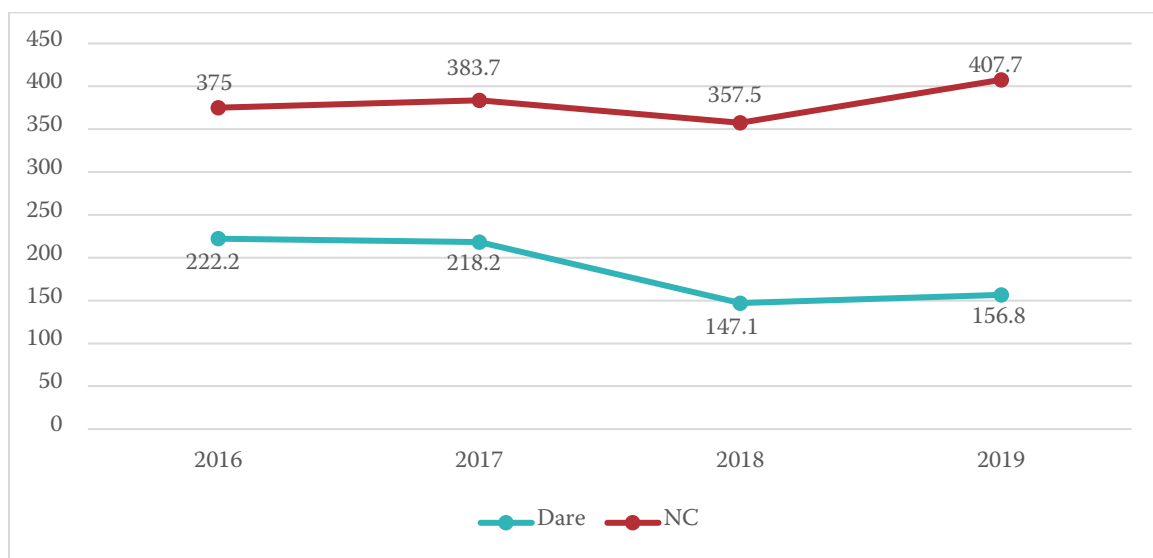
Crime

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

Violent Crime

The violent crime rate in Dare County was 156.8 per 100,000 population, compared to 407.7 per 100,000 people in North Carolina in 2019. (Figure 67).

Figure 67. Violent Crime Rate



(North Carolina State Bureau of Investigation, 2020)

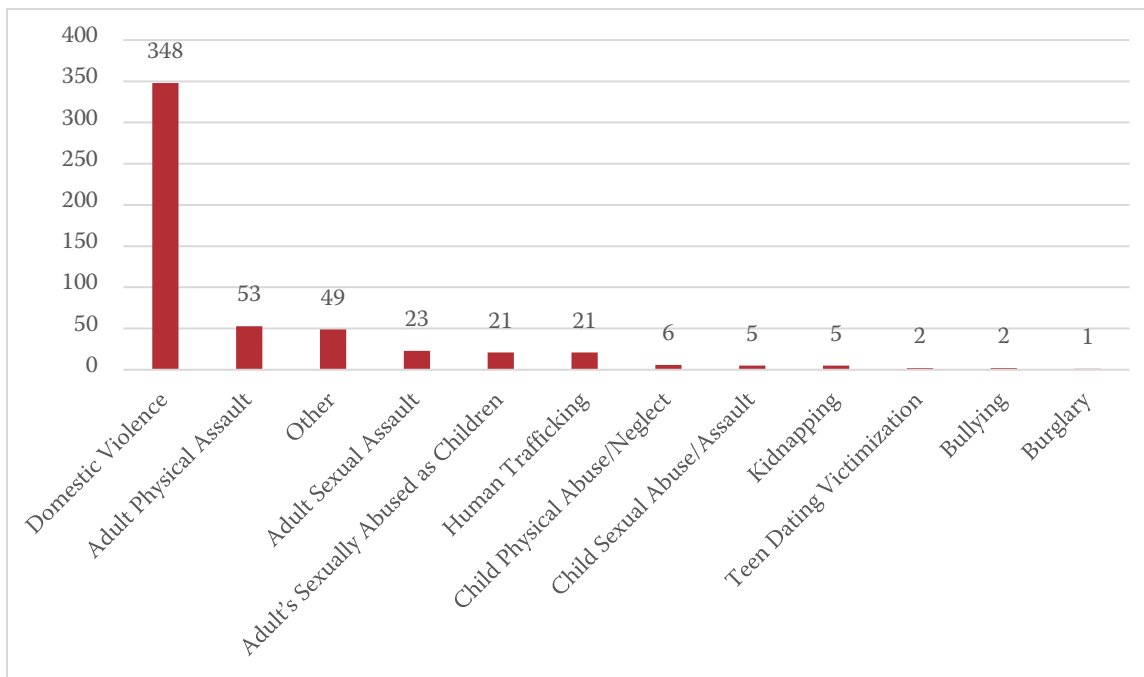
Domestic Violence & Sexual Assault

Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights. Violence often blights people's lives for decades, leading to alcohol and drug addiction, depression, suicide, school dropout, unemployment and recurrent relationship difficulties.

Outer Banks Hotline, Inc. is a crisis and intervention and prevention center located in Dare County. They assist victims of domestic violence, rape and sexual assault. Outer Banks Hotline's mission is to promote a safe and compassionate community. Hotline is a private, non-profit human services

organization that provides crisis intervention, safe house, information and referrals, advocacy, and prevention education services to residents of and visitors to the Outer Banks.

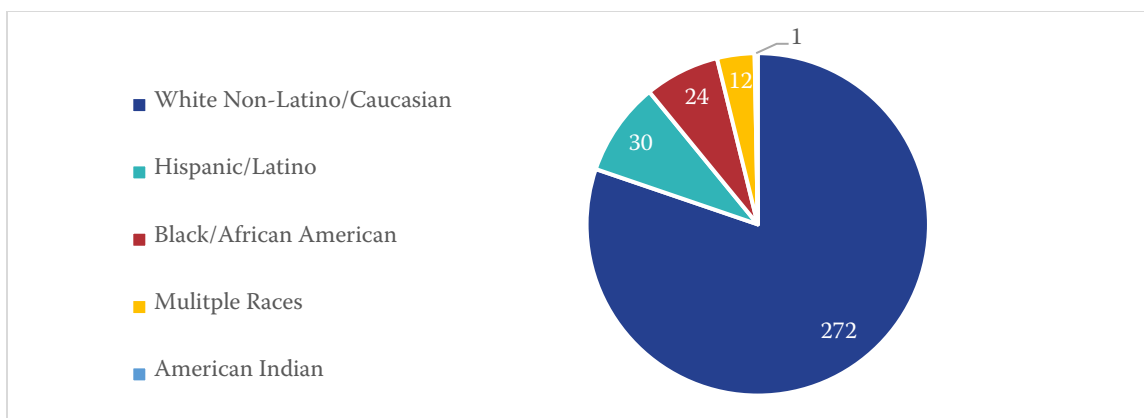
Figure 68. Individuals Served by Type of Victimization



(Hotline, Inc., 2021)

Figure 68 shows the most common types of victims served by crime – domestic violence, adult physical assault, other, and adult sexual assault.

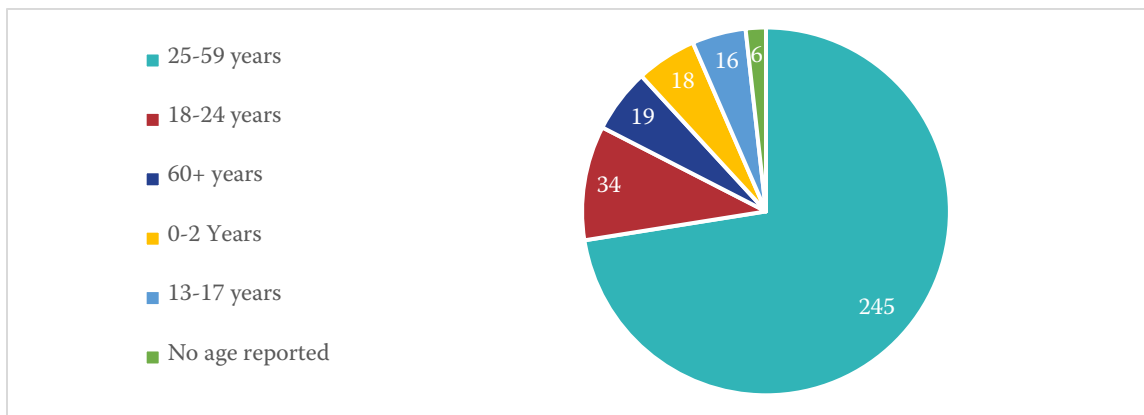
Figure 69. Individuals Served by Hotline by Race



(Hotline, Inc., 2021)

Figure 69 shows white non-Latino are the individuals most commonly served followed by Hispanic/Latino women.

Figure 70. Individuals Served by Hotline by Age



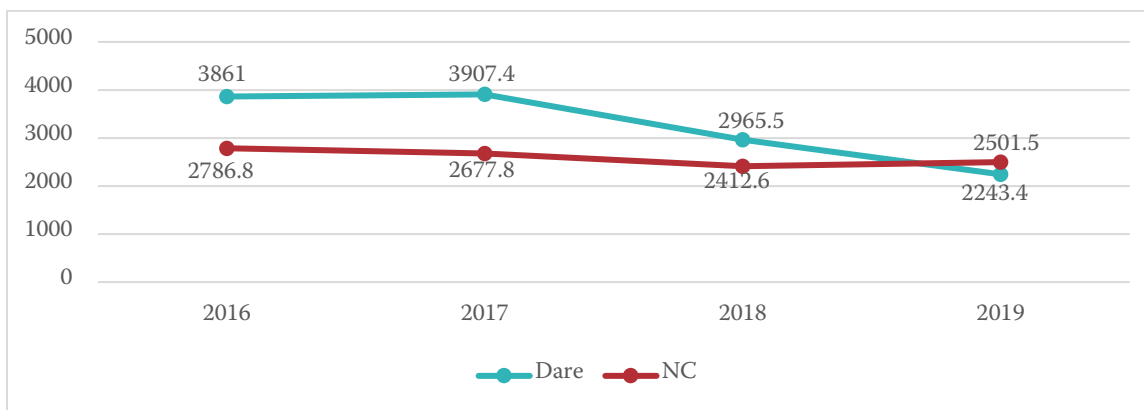
(Hotline, Inc., 2021)

Figure 70 shows the most frequently served age bracket is 25-59 years of age followed by 18-24 years.

Property Crime

Figure 71 shows the property crime rate in Dare County (2243.4 per 100,000 people) was lower than the state value (2501.5 per 100,000 people) in 2019.

Figure 71. Property Crime Rate



(North Carolina State Bureau of Investigation, 2020)

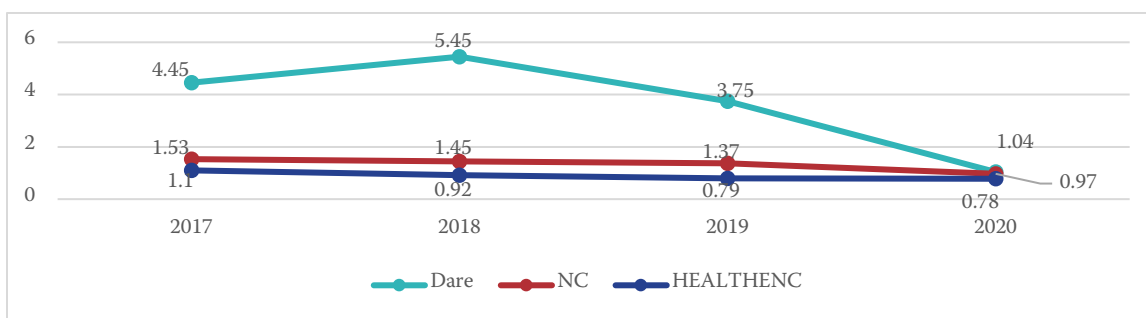
Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and

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

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. Figure 72 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. In 2020, the juvenile undisciplined rate in Dare County (1.04) was higher than the rate in North Carolina (0.97) and the Health ENC region (0.78)

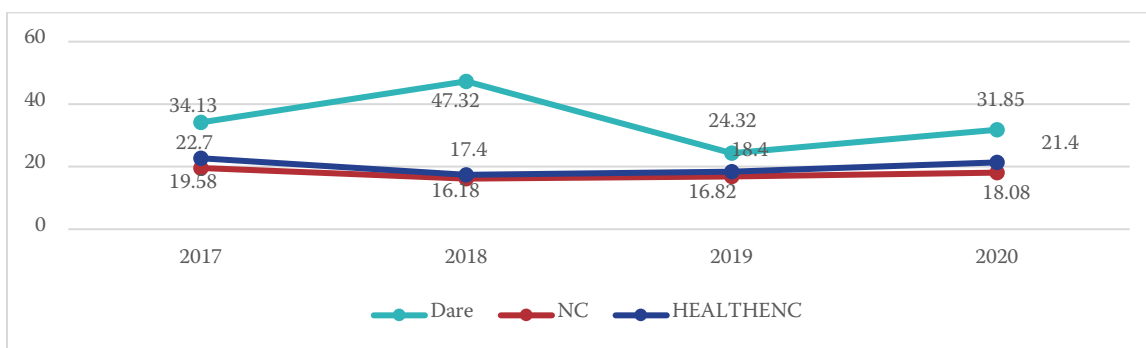
Figure 72. Juvenile Undisciplined Rate per 1,000 Population



(North Carolina Department of Public Safety, 2020)

Figure 73 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. In 2020, the juvenile delinquent rate for Dare County was higher (31.85) than N.C. (18.08) and the Health ENC region (21.4)

Figure 73. Juvenile Delinquent Rate per 1,000 Population



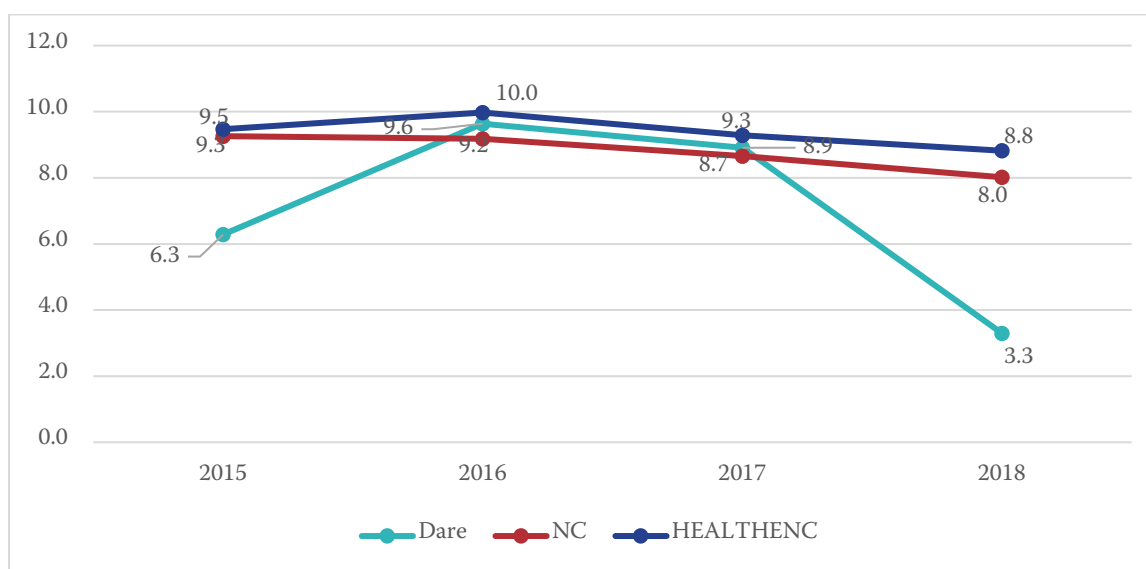
(North Carolina Department of Public Safety, 2020)

Child Abuse

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

relationships, and ability to function at home, at work, and at school. Figure 74 shows the 2018 child abuse rate in Dare County was considerably lower than NC (3.3 per 1,000 population) and the Health ENC County Region (8.0 per 1,000 population).

Figure 74. Child Abuse Rate per 1,000



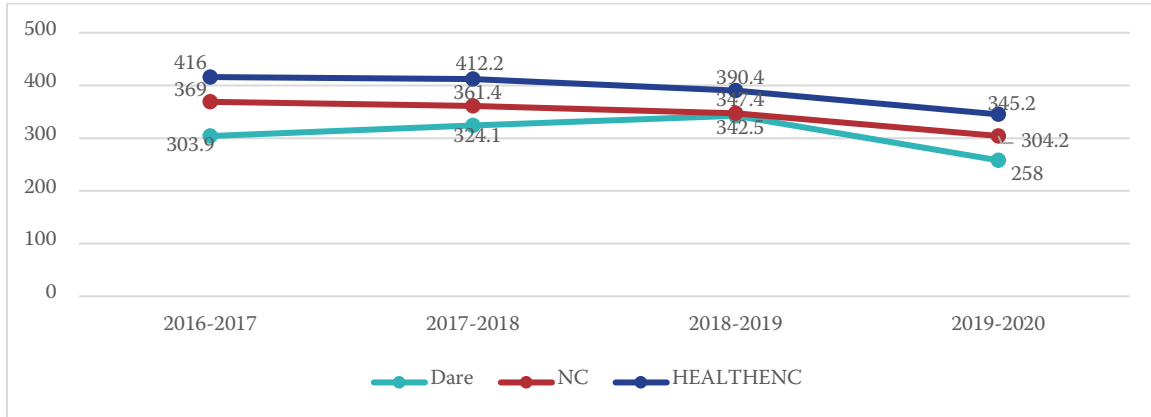
(Management Assistance for Child Welfare Services in North Carolina, 2015-2018)

Incarceration

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

Figure 75 shows the incarceration rate per 1,000 population. Over the past four measurement periods, the incarceration rate in Dare County has been increasing except for 2019-2020 when it went down. In 2019-2020, the incarceration rate in Dare County was lower (258 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2).

Figure 75. Incarceration Rate per 1,000 Population



(North Carolina Department of Public Safety, 2020)

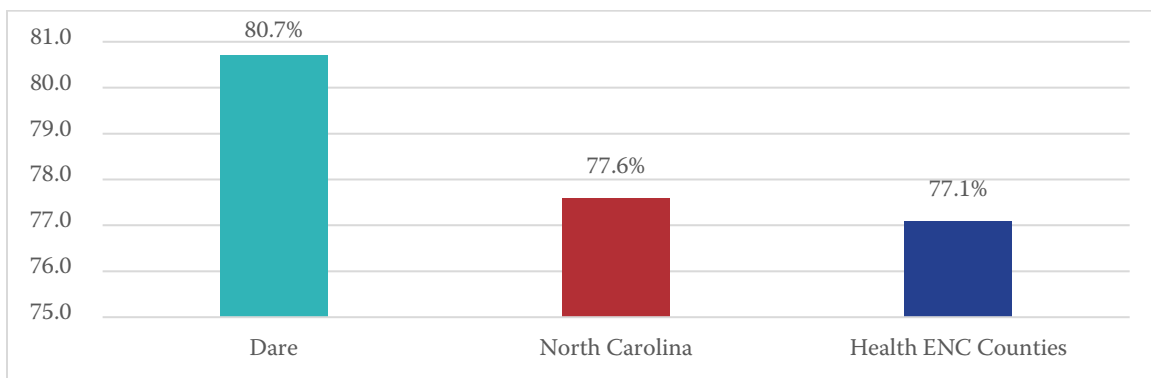
Civic Activity

Political Activity

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

Figure 76 shows the voting age population, or percent of the population aged 18 years and older. Dare County has a higher percent of residents of voting age (80.7%) than North Carolina (77.6%) and the Health ENC Counties (77.1%).

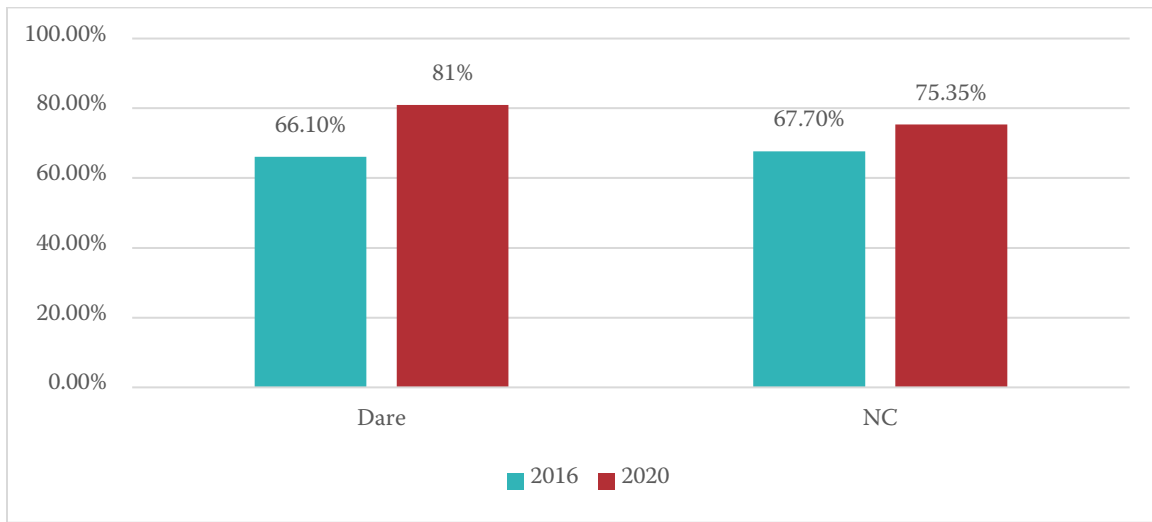
Figure 76. Percent Population of Voting Age



(United States Census Bureau, 2019)

Figure 77 shows the percent of registered voters who voted in the last two presidential elections. For the most recent election, the turn out in Dare County increased by over 15% to 81% which is higher than the state value (75.35%).

Figure 77. Voter Turnout in Presidential Elections



(North Carolina State Board of Elections, 2020)

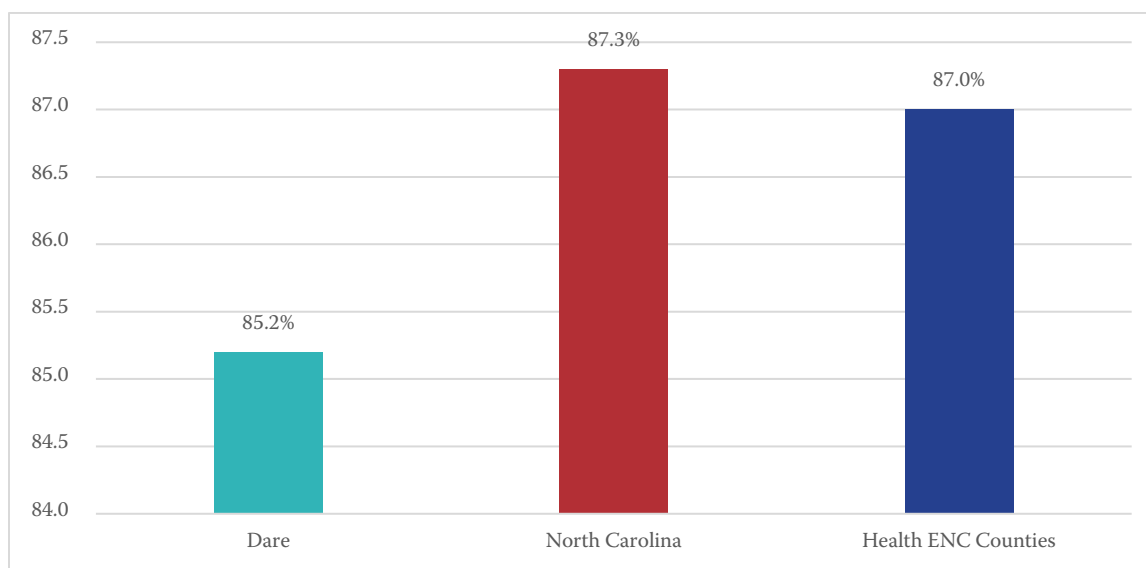
Access to Healthcare, Insurance & Health Resources Information

Health Insurance

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

Figure 78 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. Almost 15% of the population 0-64 years of age in Dare County are uninsured. The rate of individuals aged 0-64 years old that have health insurance coverage in Dare County is 85.2%, which was lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).

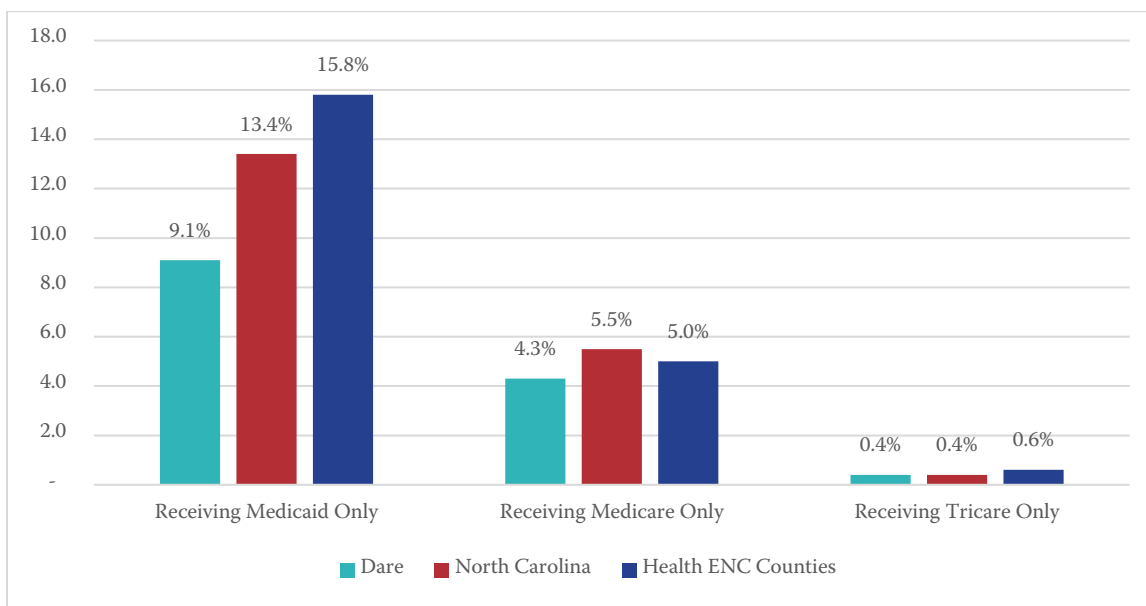
Figure 78. Percent of Persons Ages 0-64 with Health Insurance



(United States Census Bureau, 2019)

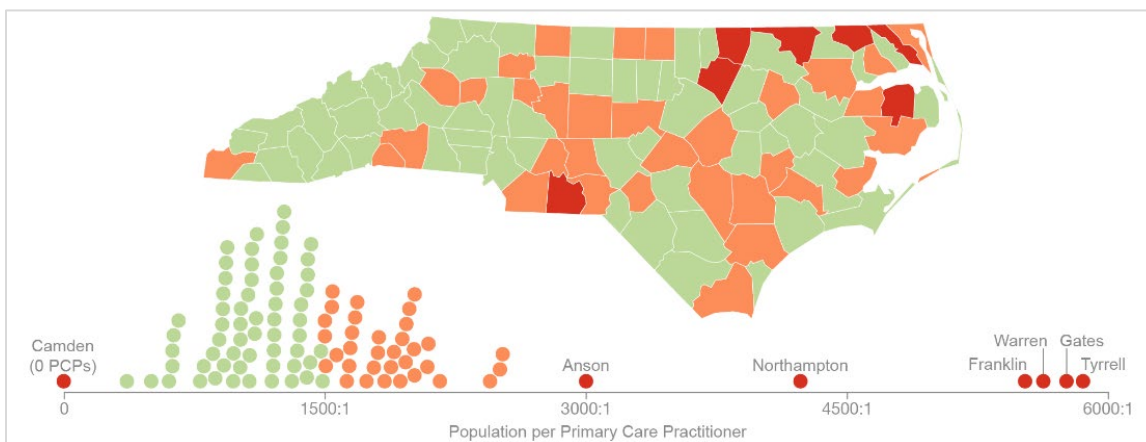
Figure 79 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). In Dare County, 9.1% of the population report receives health insurance coverage through Medicaid, 4.3% Medicare and 0.4% Tricare.

Figure 79. Percent of Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare



(United States Census Bureau, 2019)

Image 5. Population per Primary Care Practitioner

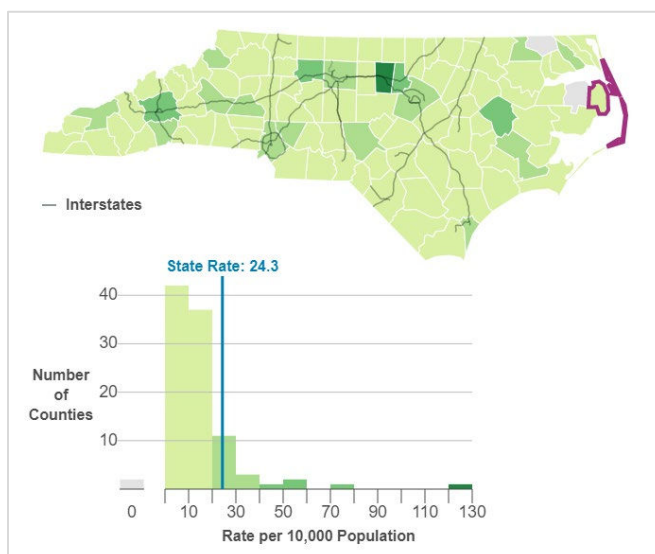


(Sheps Health Workforce NC, 2020)

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel coronavirus in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

Image 5 is a map that illustrates the population per primary care practitioners. Dare County is green, which means it is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Image 6. Physicians per 10,000 Population by County



(Sheps Health Workforce NC, 2020)

Image 6 shows the physicians per 10,000 population by county. The number of physicians per 10,000 population in Dare County has increased from 11.3 physicians in 2000 to 17.2 in 2019.

Table 7. Clinical Care Providers to Residents Ratio

	Dare County 2018 Dash	Dare County 2021 Dash	North Carolina 2021 Dash
Mental Health	641:1	610:1	390:1
Primary Care Physician	1700:1	1600:1	1400:1
Non-Physician Primary Care	1284:1	1280:1	750:1
Dentists	1560:1	1480:1	1720:1

(County Health Rankings & Road Maps, 2021)

Table 7 illustrates the ratios of clinical care providers to residents in Dare County and North Carolina. The table also examines the ratio of providers over the previous CHNA cycle to examine the change in rates over time. All clinical providers examined have ratios that have improved since the previous CHNA cycle. However, Dare County is behind the mark when ratios of mental health, primary care physicians, and non-physician primary care providers are compared to North Carolina.

Mortality

Leading Causes of Death

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 8 shows the leading causes of mortality in Dare County, North Carolina, and Health ENC Counties in 2019, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 8. Leading Causes of Death 2019

Dare County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	76	205.36	Cancer	19,963	190.34	Heart Disease	4,546	210.2
2	Heart Diseases	70	189.14	Heart Diseases	19,661	187.46	Cancer	4,345	200.91
3	Other Unintentional Injuries	24	64.85	Chronic Lower Respiratory Diseases	5,411	51.59	Cerebrovascular Diseases	1,215	56.18
4	Chronic Lower Respiratory Diseases	23	62.15	Cerebrovascular Disease	5,203	49.61	Chronic Lower Respiratory Diseases	1,114	51.51
5	Cerebrovascular Diseases	21	56.74	Other Unintentional Injuries	4,683	44.65	Other Unintentional Injuries	1,006	46.52
6	Pneumonia & Influenza	12	32.42	Alzheimer's Disease	4,508	42.98	Alzheimer's Disease	918	42.45
7	Alzheimer's Disease	10	27.02	Diabetes	3,127	29.81	Diabetes	383	38.75
8	Chronic Liver Diseases	8	21.62	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Diabetes	8	21.62	Pneumonia & Influenza	1,730	16.49	Motor Vehicle Injuries	460	21.27
10	Essential Primary Hypertension	6	16.21	Motor Vehicle Injuries	1,608	15.33	Pneumonia & Influenza	382	17.66

(North Carolina Department of Health and Human Services, 2020) *Age-adjusted death rate per 100,000 population

The leading cause of death in Dare County and North Carolina is cancer, while the leading cause for the Health ENC County Region is heart disease. Chronic lower respiratory diseases and cerebrovascular diseases rank amongst the top 5 causes of death for all three locales, which indicates chronic disease as an area of concern for Dare County and the state as a whole. Influenza and

pneumonia along with other unintentional injuries ranks higher as a leading cause of death in Dare County than in both North Carolina and the Health ENC County region. Hypertension, which ranks 10th in Dare County, is not found as top ten leading causes of death in North Carolina or Health ENC counties.

Table 9. Dare County's Trend Comparisons for Leading Causes of Death

	2012- 2016	2013- 2017	2014- 2018	2015- 2019	2015- 2019 NC Rate	Compare to NC Rate
1) Cancer	161.9	168.1	164.5	163.1	158.3	↑
2) Heart Diseases	157.3	153.2	151.1	145.1	158.0	↓
3) Pneumonia/Influenza	44.0	34.1	28.8	23.2	16.7	↑
4) Chronic Lower Respiratory Disease	35.4	38.3	36.3	36.9	44.0	↓
5) Unintentional Non-Motor Vehicle Injury	35.1	39.0	48.0	52.5	39.3	↑
6) Cerebrovascular Disease	30.0	35.0	42.1	42.4	42.7	↓
7) Alzheimer's Disease	20.8	24.5	27.3	26.9	36.9	↓
8) Suicide	20.2	19.6	19.9	19.3	13.4	↑
9) Chronic Liver Diseases	15.0	17.7	17.8	18.7	10.6	↑
10) Nephritis, Nephrotic Syndrome & Nephrosis	13.6	15.7	15.0	14.0	16.5	↓
11) Septicemia	12.0	11.5	11.9	11.7	12.7	↓
Total Mortality	700.2	722.0	737.1	733.1	780.0	↓

(North Carolina State Center for Health Statistics, 2021)

Table 9 compares trend data that ranges from 2012-2019 on top causes of death and also compares data from 2015-2019 to North Carolina. In Dare County, death rates for heart disease, Alzheimer's, Septicemia, and Nephritis, Nephrotic Syndrome & Nephrosis are decreasing and lower than the state. Over the last three periods cited, heart disease and pneumonia & influenza rates decreased. Over the last two periods cited, Nephritis, Nephrotic Syndrome & Nephrosis rates decreased. In the last period cited, cancer, Alzheimer's, Suicide, Septicemia, and total mortality rate all decreased.

Unintentional non-motor vehicle injuries and chronic liver disease increased over all reporting periods cited and is higher than the state rate. Over the last three reporting periods cited Cerebrovascular Diseases, Chronic Liver Disease & Cirrhosis, unintentional non-motor vehicle injury increased. Over the last two reporting periods cited Diabetes rates increased. In the last period cited, chronic lower respiratory disease increased.

Table 10. Death Rates by Race, Ethnicity, and Sex: Dare County

	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,664	754.6	36	693.9	1	N/A	7	N/A	16	N/A	941	861.5	783	619.3	1,724	737.1
Diseases of Heart	351	155.1	6	N/A	0	N/A	2	N/A	3	N/A	220	196.6	142	112.8	362	151.1
Acute Myocardial Infarction	56	25.3	2	N/A	0	N/A	0	N/A	1	N/A	38	36.1	21	16.5	59	25.5
Other Ischemic Heart Disease	177	75.3	3	N/A	0	N/A	1	N/A	1	N/A	123	103.5	59	46.6	182	73.1
Cerebrovascular Disease	94	41.5	4	N/A	0	N/A	0	N/A	1	N/A	47	44.7	52	40.0	99	42.1
Cancer	422	169.0	5	N/A	1	N/A	0	N/A	5	N/A	248	198.1	185	135.1	433	164.5
Colon, Rectum, and Anus	36	15.0	0	N/A	0	N/A	0	N/A	0	N/A	23	20.4	13	N/A	36	14.0
Pancreas	25	9.8	0	N/A	0	N/A	0	N/A	1	N/A	20	15.9	6	N/A	26	9.9
Trachea, Bronchus, and Lung	137	51.9	1	N/A	1	N/A	0	N/A	2	N/A	83	63.1	58	40.5	141	50.9
Breast	23	17.8	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	24	17.4	24	17.4
Prostate	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A	18	N/A	0	N/A	18	N/A
Diabetes Mellitus	28	12.1	0	N/A	0	N/A	1	N/A	0	N/A	18	N/A	11	N/A	29	11.8

(North Carolina State Center for Health Statistics, 2020)

Table 10 shows overall death rates based on race, ethnicity, and sex. In Dare County, when evaluating overall causes of death rates among people's race, ethnicity, and sex non-Hispanic, White's experienced higher death rates than other races and males had higher death rates than females.

Table 11. Dare County's Top 3 Leading Causes of Death by Age

Age	Rank	Cause of Death	Rate
0-19	1	Other unintentional injuries	10.5
	2	Motor vehicle injuries	5.3
	3	Conditions originating in the perinatal period	2.6
20-39	1	Other unintentional injuries	99.8
	2	Suicide	13.1
	3	Cancer	10.5
40-64	1	Cancer	199.6
	2	Diseases of the heart	98.3
	3	Other unintentional injuries	76.3
65-84	1	Cancer	747.9
	2	Diseases of the heart	467.1
	3	Cerebrovascular disease	147.4
85 +	1	Diseases of the heart	3703.7
	2	Alzheimer's disease	1234.6
	3	Cancer	1205.2

(North Carolina State Center for Health Statistics, 2022)

Table 11 illustrates the top three causes of death among Dare County residents by age groups. Other unintentional injuries is the leading cause of death for individuals 0-19 years of age and 20-39 years of age. Cancer is the leading cause of death for individuals 40-64 years of age and 65-84 years of age. Heart Disease is the leading cause of death among individuals 85 years of age and older.

Table 12 examines the leading causes of injury deaths in Dare County. Unintentional poisonings, followed by unintentional falls and self-inflicted gunshot wounds are the top three causes of injury deaths in Dare County.

Table 12. Dare County's Leading Causes of Injury Death (2016-2019)

Rank	Cause	#
1	Poisoning – Unintentional	51
2	Fall – Unintentional	1
3	Firearm – Self-Inflicted	16
4	Suffocation – Self-Inflicted	10
5	MVT - Unintentional	9
Total		129

(North Carolina Department of Health and Human Services, 2016-2019)

Morbidity

Cancer

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells also can spread to other parts of the body through the blood and lymph systems. If the disease remains unchecked, it can result in death.

Table 13. Cancer Incidence Rates in Dare County & North Carolina

Rates	Dare County 2010-2014	Dare County 2013-2017	Dare County 2014-2018	Comparison to NC Rate	NC Rate 2014-2018
All Cancer	430.1	480.0	457.3	↑	433.3
Oral Cavity & Pharynx Cancer	14.3	19.2	16.3	↑	6.7
Ovarian Cancer	13.5	11.4	*	↑	10.1
Lung & Bronchus Cancer	68.7	77.3	60.6	↑	55.9
Pancreatic Cancer	12.2	n/a	*	↑	11.5
Bladder Cancer	20.1	14.0	13.0	↑	8.6
Prostate Cancer	113.4	108.0	115.4	↓	119.3
Liver & Bile Duct Cancer	7.0	11.7	14.9	↑	13.4
Breast Cancer	116.3	131.0	133.6	↓	136.5
Colorectal Cancer	35.7	37.3	31.8	↓	32.4

(National Cancer Institute, 2021)

Table 13 shows Cancer incidence rates in Dare County over multiple four year periods and compares current rates to North Carolina.

All Cancer incidence rate in Dare County has decrease by 4.73%. Oral Cavity & Pharynx Cancer rate has decreased by 15.10%, Lung & Bronchus Cancer by 21.60%, Bladder by 7.14%, and Colorectal Cancer by 14.74%.

Prostate Cancer incidence rate has increased by 6.85%. Liver & Bile Duct Cancer by 27.35%, and Colorectal Cancer by 1.98%.

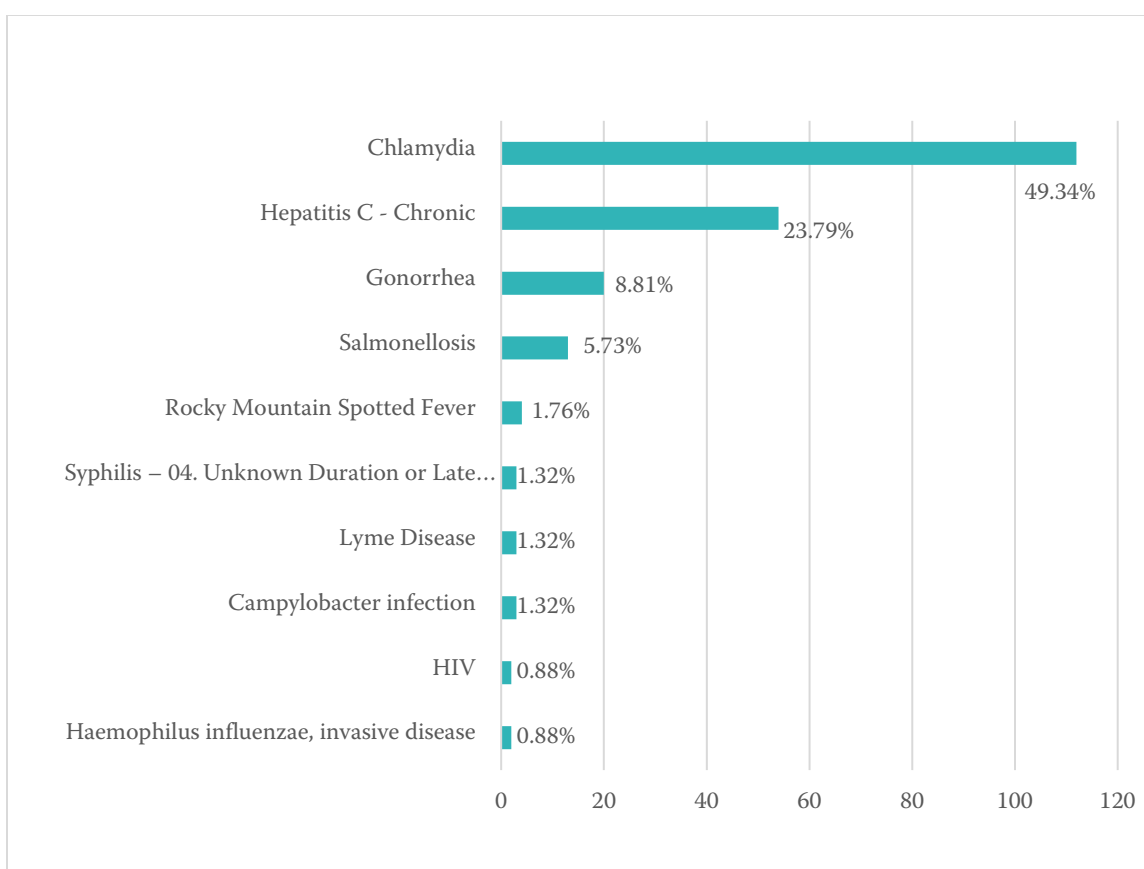
Dare County's incidence rate of Prostate Cancer, Breast Cancer, and Colorectal Cancer is lower that North Carolina's rate.

When compared to North Carolina's incidence rate, Dare County has a higher rate of All Cancer, Oral Cavity & Pharynx Cancer, Ovarian Cancer, Lung & Bronchus Cancer, Pancreatic Cancer, Bladder Cancer, and Liver & Bile Duct Cancer.

Communicable Diseases

Dare County Department of Health & Human Services' Communicable Disease Program provides surveillance and tracking of all reportable diseases and emerging health threats. Disease outbreak investigations are conducted, and appropriate control measures are implemented. Staff work together to assess data and information, address what actions need to be taken and to assure the community is receiving information to meet its needs.

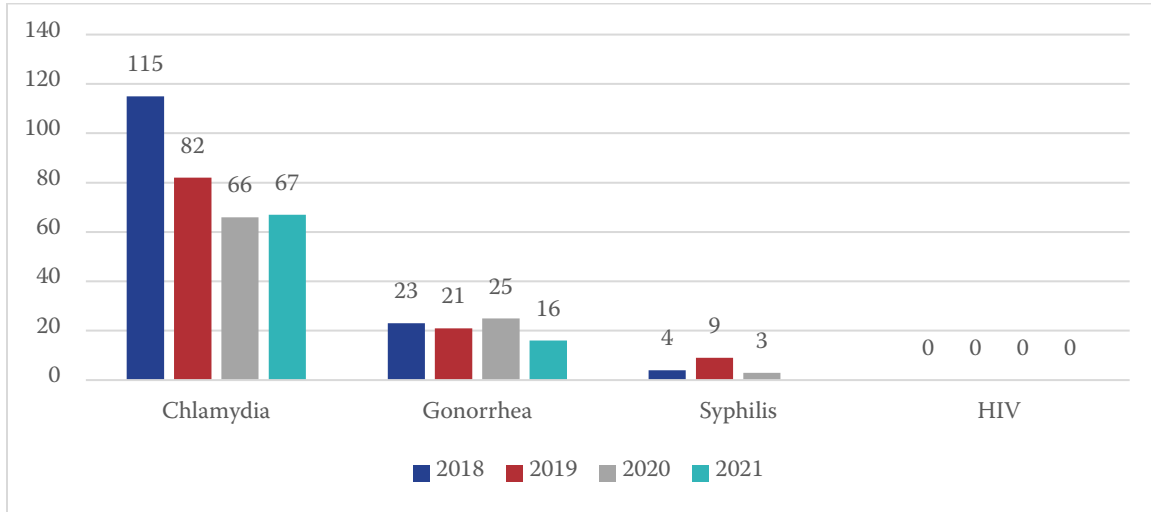
Figure 80. Top 10 Communicable Diseases



(North Carolina State Center for Health Statistics, 2020)

Preventing and controlling the spread of communicable diseases are a top concern among communities. Figure 80 shows the top communicable diseases as reported by NC DHHS in Dare County in 2018, prior to the COVID-19 pandemic. Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

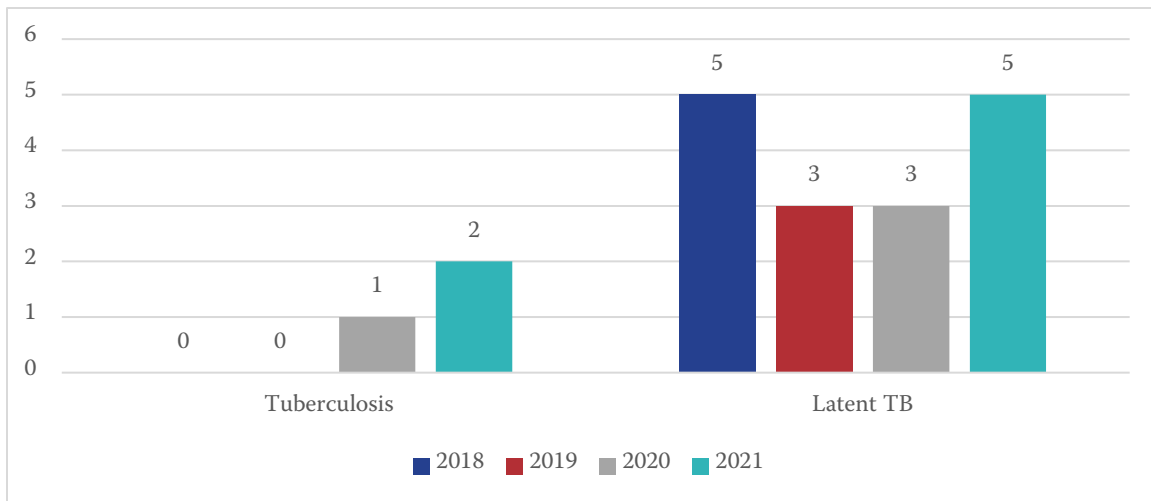
Figure 81. Common Sexually Transmitted Infections



(Dare County Department of Health & Human Services, 2021)

Chlamydia and Gonorrhea continue to be the most reported sexually transmitted infections. Figure 81 illustrates Dare County saw a slight increase of cases of chlamydia but a decrease in the number of reported cases of gonorrhea in 2021.

Figure 82. Tuberculosis & Latent Tuberculosis Infections



(Dare County Department of Health & Human Services, 2021)

Figure 82 shows tuberculosis and latent tuberculosis cases in Dare County from 2018 to 2021. Dare County had 2 cases of active Tuberculosis reported in 2021. Dare County had 5 cases of latent TB infection in 2021.

Table 14. Dare County Communicable Diseases

	2018	2019	2020	2021
Campylobacter	3	8	7	9
Chlamydia	115	82	66	67
Cryptosporidiosis	0	1	1	1
Cyclosporiasis	0	0	0	1
Dengue Fever	0	1	0	0
E.Coli (Shiga toxin producing)	2	1	1	1
Ehrlichiosis HCG	1	0	0	0
Gonorrhea	23	21	25	16
Group A Streptococcus	2	2	1	2
Haemophilus Influenzae	2	2	1	1
Hepatitis A	0	0	0	2
Hepatitis B - chronic	5	5	2	0
Hepatitis C - chronic	60	66	59	70
Human Immunodeficiency Virus	0	1	0	0
Influenza, adult death	0	1	0	0
Latent Tuberculosis	6	3	1	5
Listeriosis	0	2	0	0
Lyme Disease	4	4	4	3
Meningitis	1	0	0	0
Mumps	1	0	0	0
Rocky Mountain Spotted Fever	11	7	1	1
Salmonella	12	25	11	15
Shigellosis	1	0	0	1
Syphilis	4	9	4	1
Vibrio	3	1	0	1

(Dare County Department of Health & Human Services, 2021)

Table 14 shows the breakdown of reportable communicable diseases from 2018-2021. Sexually transmitted infections are the most common reportable disease in Dare County.

COVID-19 Pandemic

Table 15. COVID-19 Cases in Dare County

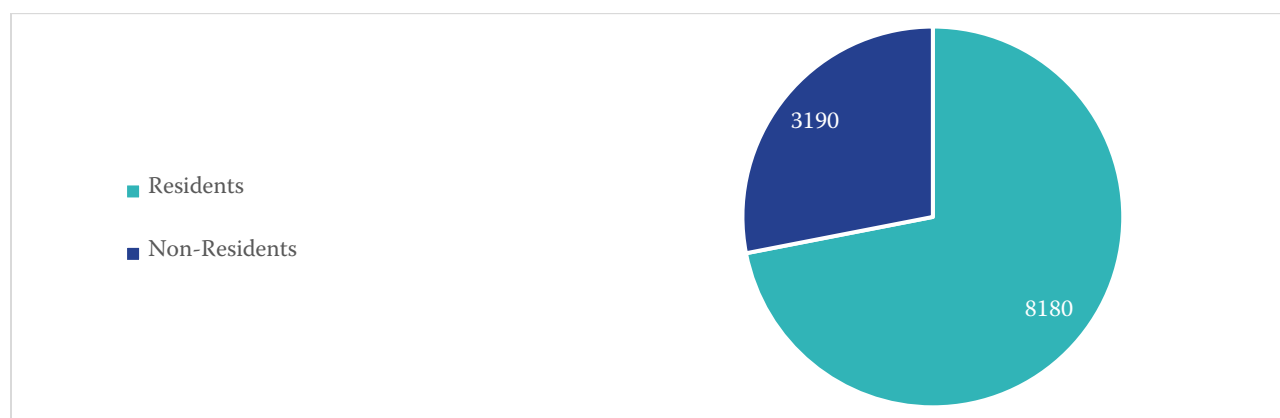
	2020	2021	Total
Positive Covid-19 Cases	1634	5659	7293
# of Positive Dare County Residents	1076	3923	4999
# of Positive Non-residents tested in Dare	558	1736	2294
# of Covid Related Deaths	5	21	26
# of Positive Cases - Male	782	2676	3458
# of Positive Cases - Female	852	2993	3835

(Dare County Department of Health & Human Services, 2021)

On March 3, 2020 North Carolina reported its first COVID-19 case. In the months that followed, life and work changed for many North Carolinians and Dare County was no exception. Executive Orders from Governor Roy Cooper began to impact the ways in which we worked and lived. Some businesses closed, some remained open as essential services.

In 2020, Dare County had a total of 1,634 COVID-19 cases, with 1076 of those being Dare County residents. Thirty-eight percent of cases were in individuals ages 25-49, followed by 23% of cases being individuals 50-64 years of age.

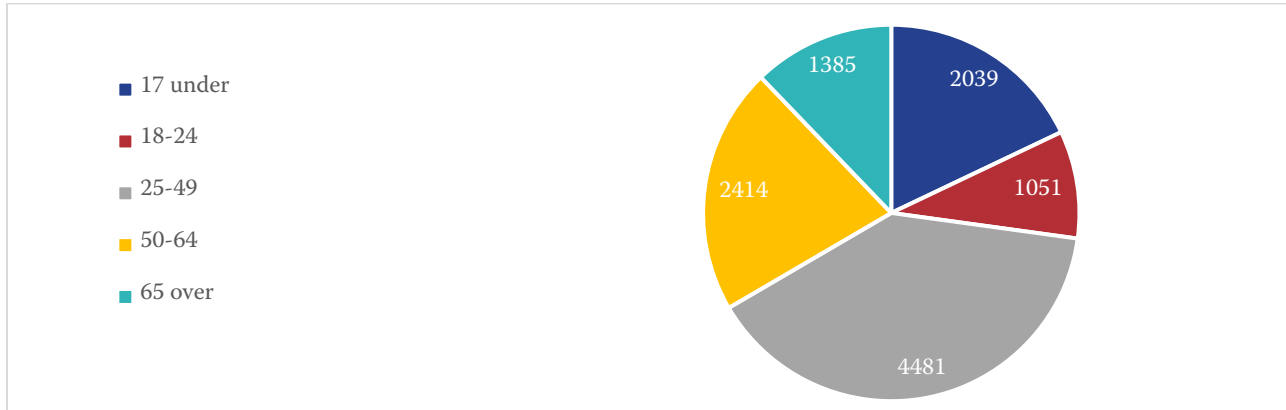
Figure 83. COVID-19 Cases in Dare County



(Dare County Department of Health & Human Services, 2022)

Figure 83 shows the breakdown of COVID-19 cases among residents and non-residents. Over 70% (71.94%) of the COVID-19 cases reported in Dare County were resident cases.

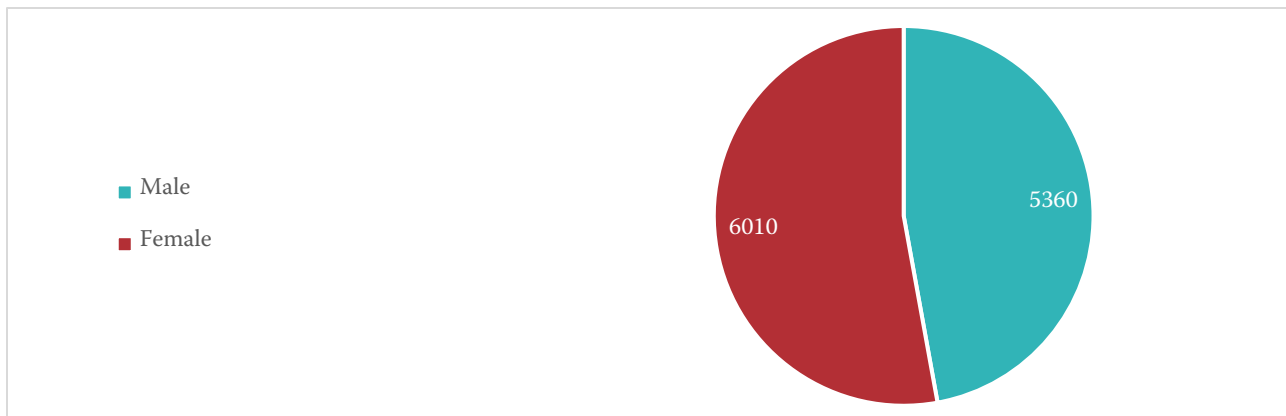
Figure 84. Age Ranges of Positive Cases



(Dare County Department of Health & Human Services, 2022)

Figure 84 shows the age breakdown of COVID-19 cases. The most common age group that tested positive for COVID-19 in Dare County were individuals 25-49 years of age, accounting for 39.41% of cases. Individuals 50-64 years of age were 21.23% of reported positive tests.

Figure 85. Sex of Positive Cases



(Dare County Department of Health & Human Services, 2022)

Figure 85 illustrates the sex breakdown of reported positive tests in Dare County. More females (52.86%) tested positive for COVID-19 in Dare County than males (47.14%)

Dare County Department of Health & Human Services Response

Dare County Department of Health & Human Services performed a variety of tasks in response to the pandemic:

- Opened, staffed and managed the COVID-19 call center, available Monday- Friday from 8:30 a.m. to 5:00 p.m.
- Created and maintained an extensive COVID-19 website.

- Trained approximately 50 staff from health education, adult services, family services and administration to be contact tracers.
- Provided contact tracing for 5874 COVID-19 cases.
- Hosted 7 COVID-19 diagnostic testing clinics which provided 1668 tests.
- Hosted 5 antibody testing clinics (in collaboration with diagnostic testing events).
- Hosted 28 COVID-19 health care provider educational webinars.
- Supported increased volume of environmental health related COVID-19 inquiries and complaints (restaurants, hotels, etc).
- Held daily calls with local hospital & urgent care centers.
- A variety of programs and services have been adjusted by staff to support remote participation across all units in the division.
- Assured clinical and field staff had appropriate personal protective equipment.
- Supported families experiencing quarantine or isolation with shopping and grocery needs.
- Created and released 129 COVID-19 Video Updates.
- Provided 143 written DCDHHS COVID-19 updates, in addition to 61 bulletins released by the JIC.
- Made approximately 15,682 phone calls to monitor positive residents in isolation.
- Made approximately 26,000 calls to direct contacts of positive cases.
- Hosted 52 mass vaccination clinics and provided over 37,000 COVID-19 vaccines/boosters.

Outer Banks Hospital & Medical Group Response

Outer Banks Hospital and Medical Group performed a variety of tasks in response to the COVID-19 pandemic:

- Internal and public COVID-19 website, COVID-19 Patient Call Hotline
- Implemented patient and visitor health screeners at each OBH/MG facility entrance
- Social distancing, capacity restrictions, masking, hand hygiene in all waiting areas, lobbies, conference spaces
- COVID Surge and Response Plans for all patient care areas
- Opened COVID Testing and Monoclonal Antibody Infusion Site
- Provided community testing needs for local SNH, ALF, County Orgs, and Detention Center
- Provided 85,000+ COVID Tests
- Meetings for COVID Response and Preparedness (daily at first, bi-weekly, weekly, bi-monthly, monthly) with OBH/MG Leadership, Dare Health Dept, Dare EMS, Dare EM, Chesapeake Regional, ECU Health (formally Vidant) Leadership
- Support for community contact tracing
- Internal contact tracing for all team member positives
- Adjusted work areas as appropriate to remote
- Continued support groups via virtual meetings

- Implement telehealth in primary and specialty care
- All staff training on PPE, Hand Hygiene, specific COVID response based on role/department, and OSHA ETS
- Daily/Weekly reports on PPE and critical supplies
- All OBH/MG “Town Halls” on COVID Topics – PPE, Virus Info, Vaccines
- Hosted 20+ COVID Vaccine Clinics for team members and community
- Support Dare Co COVID Vaccine Clinics
- Provided emergent resource staffing for local SNF
- Implemented daily/weekly email from OBH President for communication to all team members on important updates
- Implemented Resilience Team – focus on all team member well-being
- Support groups for team members
- Expanded Negative Pressure Rooms – ED, MedSurg, Surgical Services, L&D
- HEPA Filters in all high risk and high traffic areas
- Routine cleaning of high touch surfaces
- Additional hand sanitizer locations
- Patient/community facing signage and education materials

Overdoses & COVID-19 Pandemic

Before the COVID-19 pandemic, the number of calls involving overdose was trending downwards compared to previous years. Table 16 shows the number of EMS calls involving overdose in Dare County. As illustrated, there were significantly more calls related to overdose in 2020 than 2019.

Table 16. Dare County EMS Calls Involving Overdose

	2019	2020
January-March	8	5
April-June	14	5
July-September	9	24
October-December	8	41

(Dare County Emergency Medical Services, 2021)

Mental Health & COVID-19 Pandemic

The pandemic halted life as we knew it. Work environments looked different, students were home from school and learning online. After school activities were cancelled with no end in sight. Schools closed in Spring of 2020, and many students remained in remote learning with the start of

the new school year. Many families in need counted on schools to link them to necessary support services, such as free breakfast and lunches. Ontop of normal everyday worries, COVID-19 caused many individuals to begin to experience mental health issues, such as anxiety and depression.

In response to these concerns, the Breaking Through Task Force created a COVID-19 Mental Health Resources Guide for local Dare County Residents. A local Emotional Support Line was also established by Dare County Department of Health & Human Services. Residents could call the line to speak with a therapist to discuss any mental health concerns they had as a result of the pandemic. Dare County partnered with Current TV to create a COVID-19 Destination Dare video promoting educational information and resources available during COVID-19. The video features a portion that focuses on mental health and can be viewed at: <https://currenttv.org/show/destination-dare-ep-60-may-2020-covid-19/>

The Economy & COVID-19 Pandemic

Various Executive Orders were passed by Governor Roy Cooper, in efforts to slow the spread of the virus, that had far reaching impacts on residents. Schools were closed, curfews were established, non-essential businesses were shut down. Dare County's Control Group voted to close the bridges, in efforts to further slow the spread and protect Dare residents from visitors possibly bringing in the virus. Since many of our residents rely on tourism to pay their bills, this was a significant hit to our local economy. Rentals were not able to be occupied and as opposed to providing take-out only, many restaurants closed due to staffing limitations. Access to Dare County was limited to only residents for approximately 6 weeks.

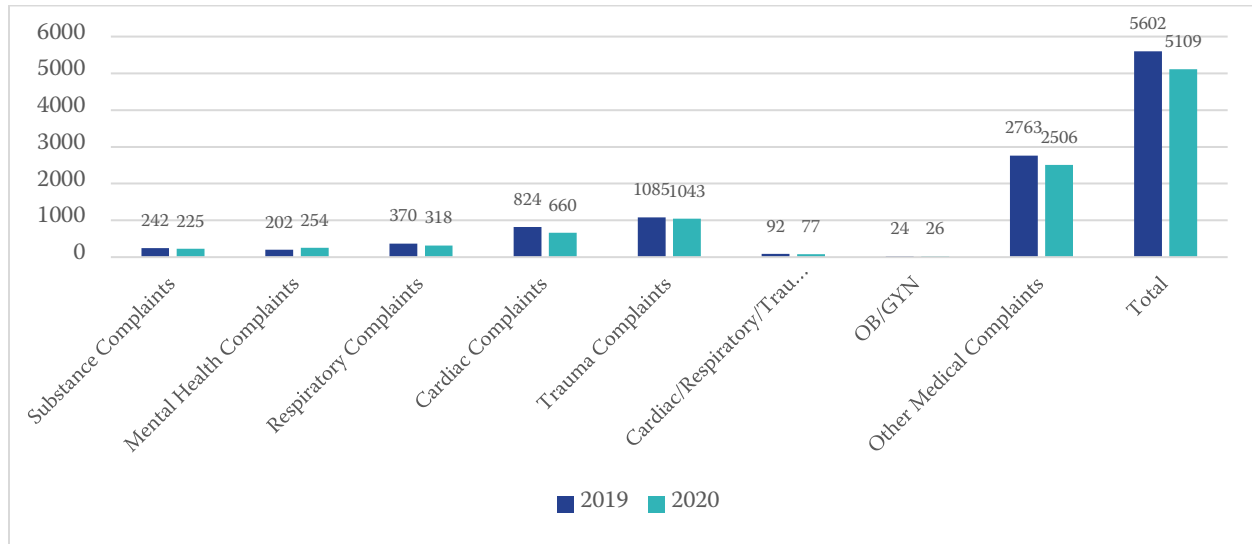
Dare County Emergency Medical Services

The mission of Dare County Emergency Medical Services (EMS) is to provide high quality, innovative and cost-effective prehospital emergency medical care and transportation for Dare County residents and visitors.

Emergency Medical Services in Dare County are provided at the Advanced Life Support (ALS) level of care. All personnel hold credentials issued by the State of North Carolina, which require a high level of continuing education and on-going training. Paramedics also maintain certifications in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Pre-Hospital Trauma Life Support (PHTLS).

Understanding what types of individuals require EMS services in Dare County can result in better planning of health programs and services. In this section we examine EMS calls by complaint type, resident status, age, and sex.

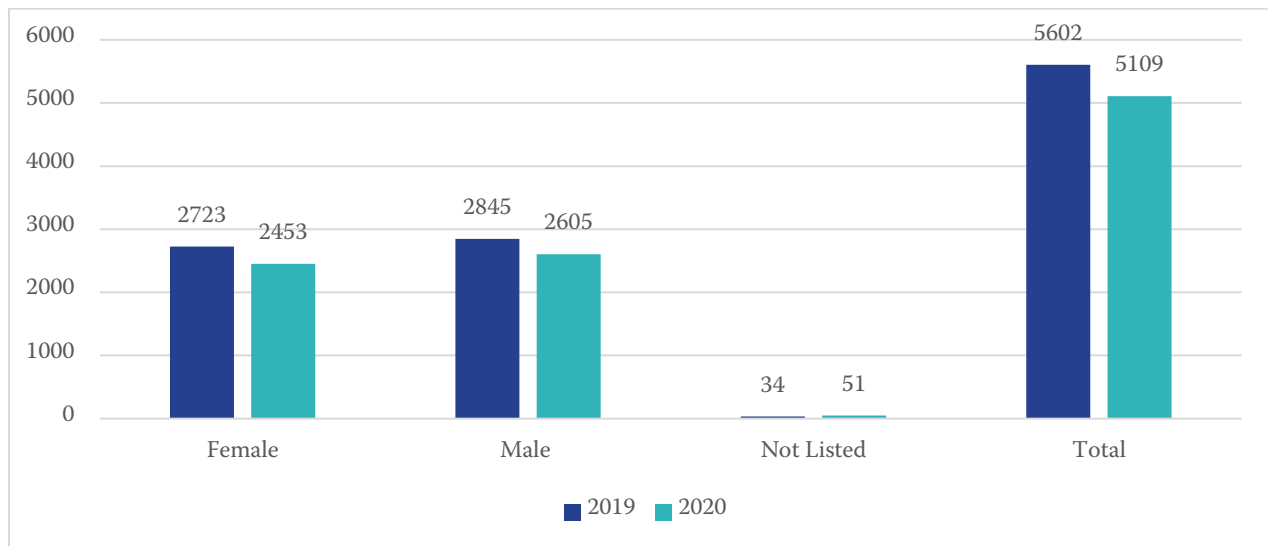
Figure 86. Dare EMS Calls by Complaint Type



(Dare County Emergency Medical Services, 2021)

Figure 86 show Dare County EMS calls by complaint type for 2019 and 2020. There were a total of 10,711 calls during that time period. Other medical complaints were the top complaint types followed by trauma and respiratory complaints.

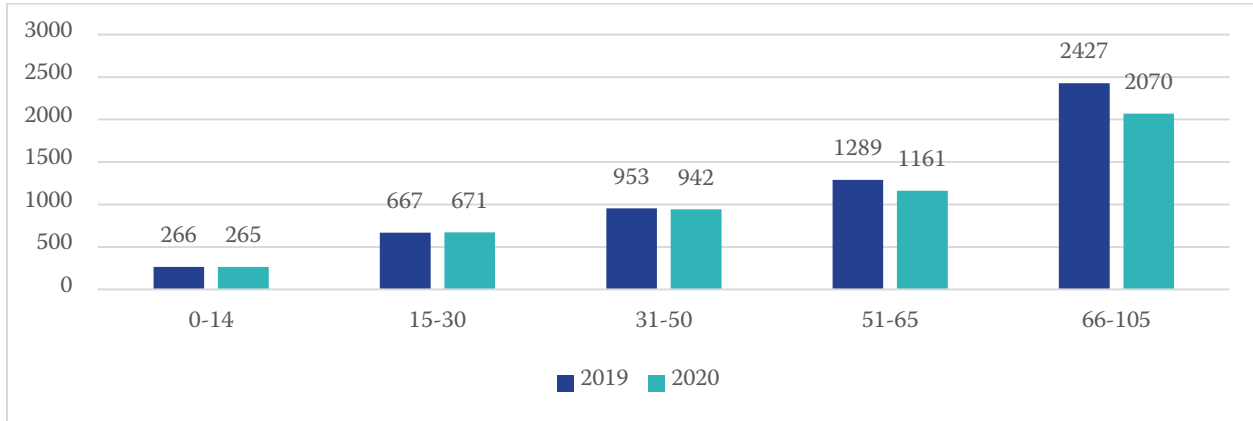
Figure 87. EMS Calls by Sex



(Dare County Emergency Medical Services, 2021)

Figure 87 shows the sex of EMS calls. 51% of calls in 2019 and 56% in 2020 were for males.

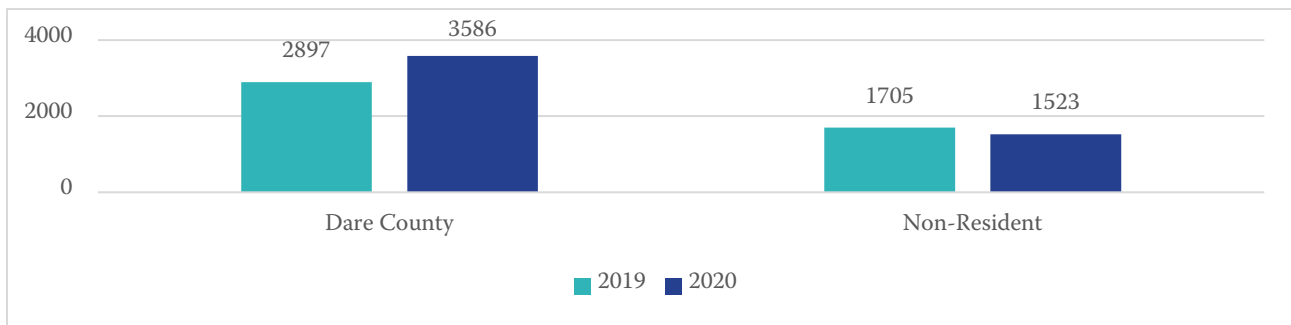
Figure 88. EMS Calls by Age



(Dare County Emergency Medical Services, 2021)

Figure 88 shows the age of EMS calls. The most frequent age group served was 51-65 years of age.

Figure 89. EMS Calls by Resident Status



(Dare County Emergency Medical Services, 2021)

Figure 89 shows EMS calls by resident status. In 2019 there were 2,897 resident calls and in 2020 there were 3,586 resident calls.

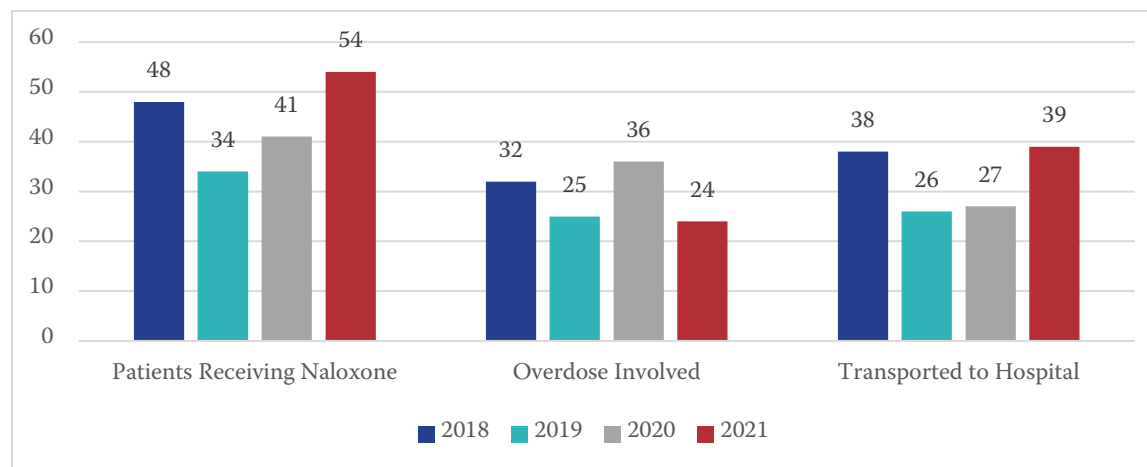
Naloxone Administration

Naloxone is a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. Naloxone is an opioid antagonist. This means it blocks the effects of opioids, such as heroin, fentanyl, oxycodone and hydrocodone. It can restore normal breathing to a person whose breathing has shallowed or stopped as a result of an overdose.

Fire Departments, Law Enforcement Officers, and Emergency Medical Services are organizations that have Naloxone on hand and have staff trained in administration of the medication. Dare County EMS

keeps data on all calls where Naloxone is administered, regardless of which agency provides the medication.

Figure 90. Dare County EMS Patients Receiving Naloxone

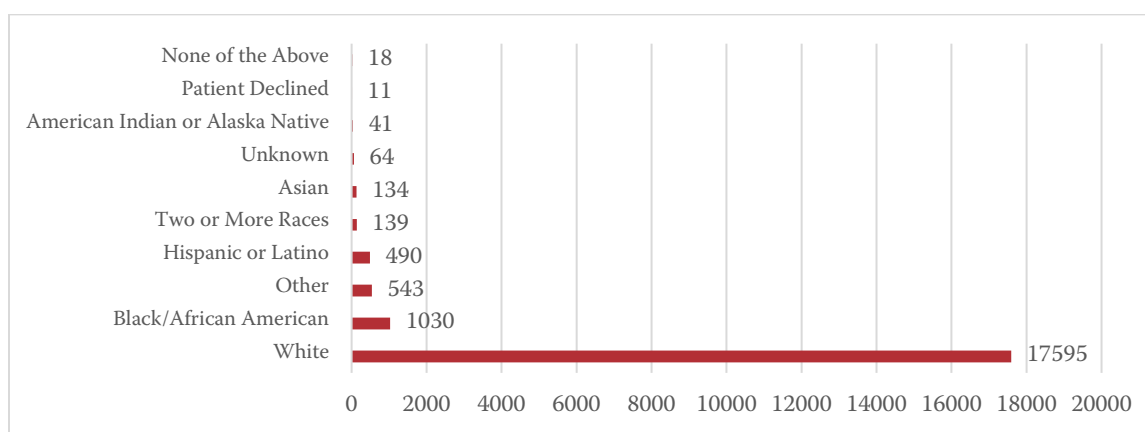


(Dare County Emergency Medical Services, 2021)

Figure 90 shows data on EMS patients that received Naloxone in 2018-2021. The number of EMS calls where Naloxone was administered increased in 2020 and 2021. Almost half (24) of the calls in 2021 were deemed “overdose involved.” In 2021, almost three-fourths (72%) of patients that received Naloxone were transported to the hospital.

Emergency Department Data

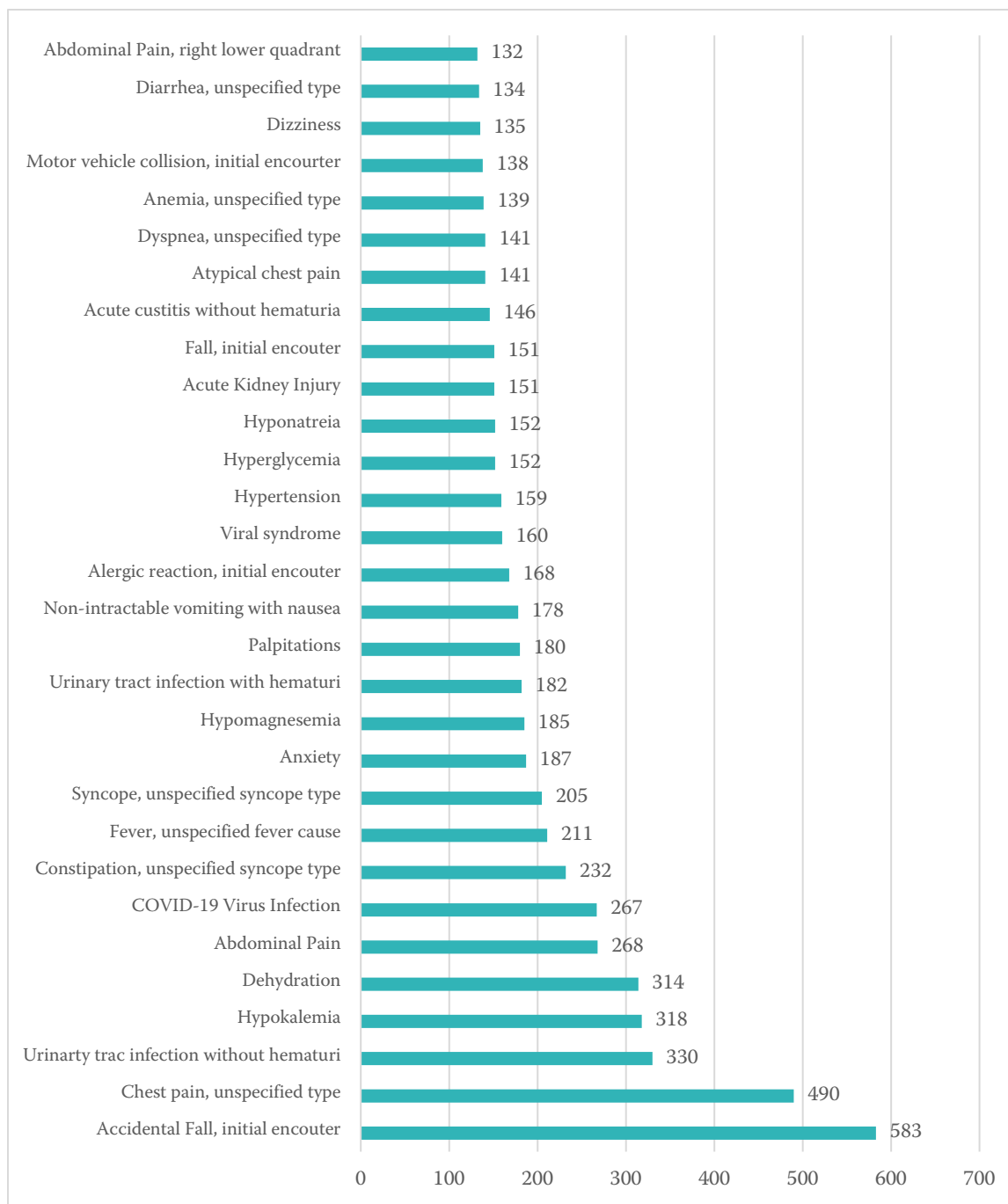
Figure 91. Top 30 Emergency Department Encounters by Race FY 2021



(Vidant Health, 2021)

Figure 91 shows the emergency department visits by race. The most common race that visited the emergency department was white, followed by black.

Figure 92. Top 30 Emergency Department Diagnosis FY 2021



(Vidant Health, 2021)

Figure 92 illustrates the number of emergency department visits by diagnosis. The most common reason individuals were seen was an accidental fall, followed by chest pain and urinary tract infections.

Table 17. Dare County's Leading Causes of Injury Hospitalization

Rank	Cause	#
1	Fall – Unintentional	187
2	MVT - Unintentional	26
3	Poisoning – Unintentional	25
4	Poisoning – Self-Inflicted	16
5	Unspecified - Unintentional	10
Total		299

(North Carolina Department of Health and Human Services, 2016-2019)

Table 17 shows the leading causes of injury that results in hospitalization in Dare County. The most common reason for injury were unintentional falls and motor vehicle traffic accidents.

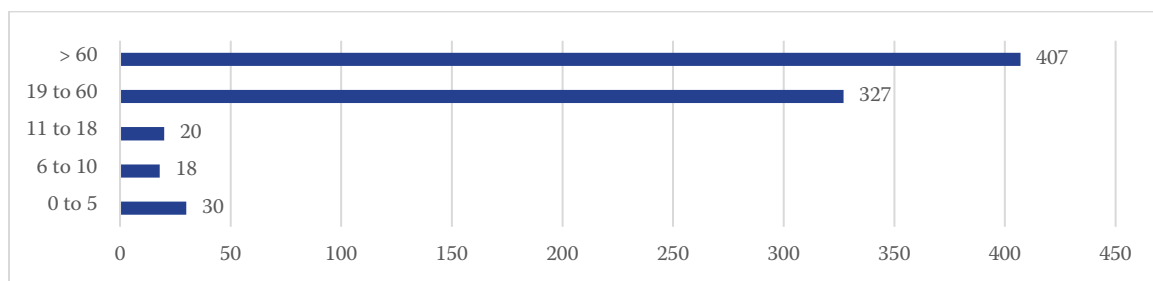
Table 18. Dare County's Leading Causes of Injury ED Visits

Rank	Cause	#
1	Fall – Unintentional	3,054
2	Unspecified - Unintentional	1,571
3	Struck By/Against - Unintentional	847
4	MVT - Unintentional	828
5	Cut/Pierce - Unintentional	573
Total		9,897

(North Carolina Department of Health and Human Services, 2016-2019)

Table 18 shows the leading causes of injury that resulted in emergency department visits in Dare County. The most common reasons were unintentional falls and unspecified injuries.

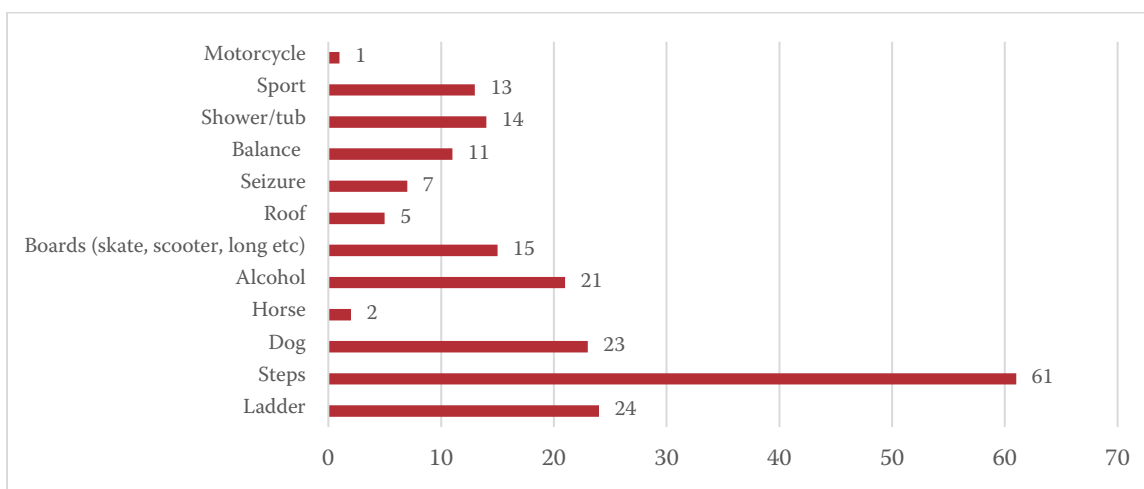
Figure 93. Dare County Emergency Department Visits for Falls by Age



(Vidant Health, 2021)

Figure 93 shows Dare County emergency department visits for falls by age range. The most common age served were individuals 60 and older.

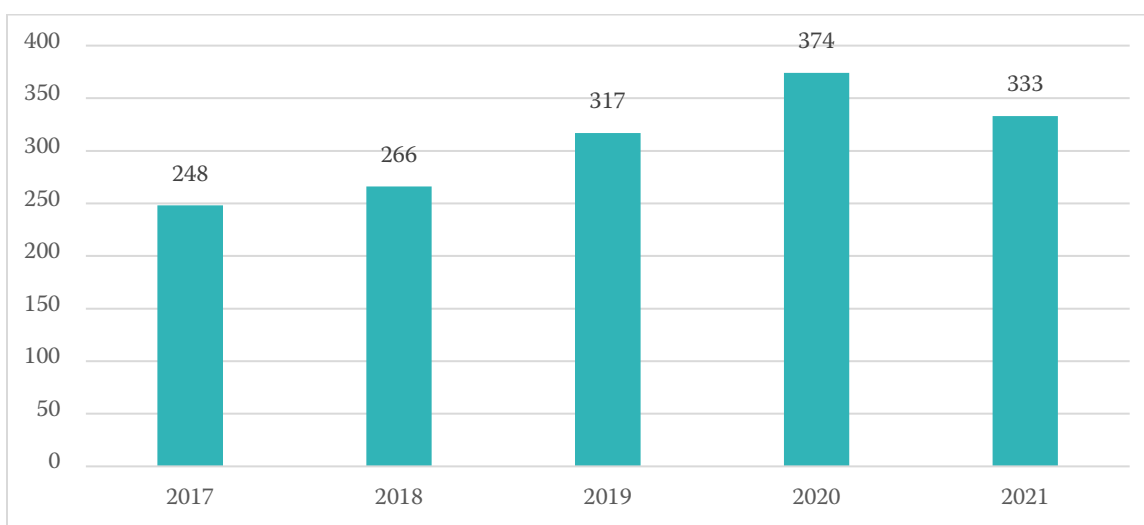
Figure 94. Non-Medically Related Falls



(Vidant Health, 2021)

Figure 94 shows the non-medical reasons falls occurred in Dare County. Steps were responsible for over 60 of the 197 cases.

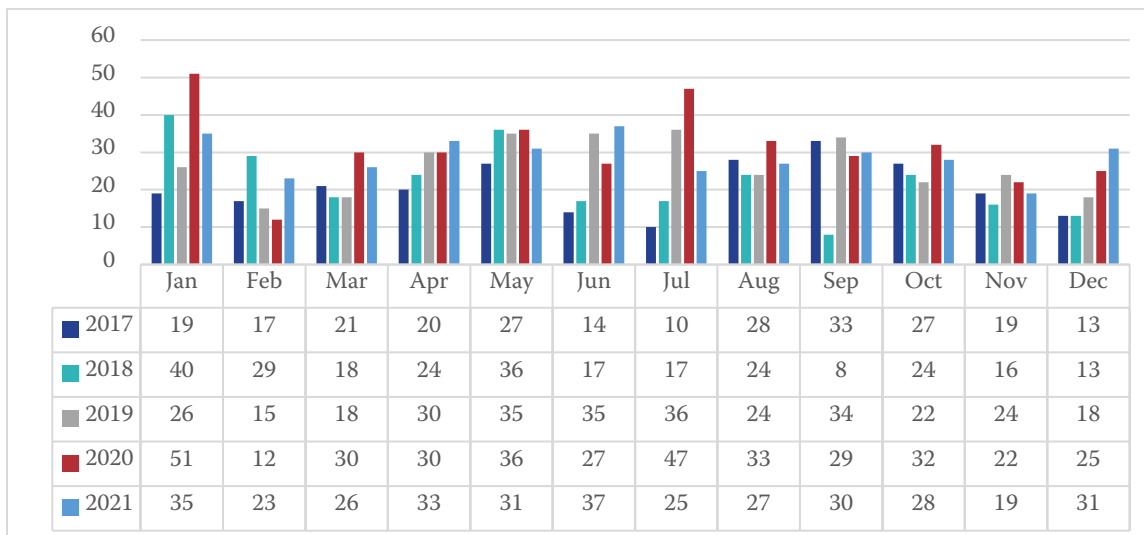
Figure 95. Emergency Department Behavioral Health Visits by Year



(Vidant Health, 2021)

Figure 95 illustrates behavioral health emergency department visits in Dare County by year. Dare County averaged 307.6 visits per year to the emergency department from 2017-2021 for behavioral health concerns.

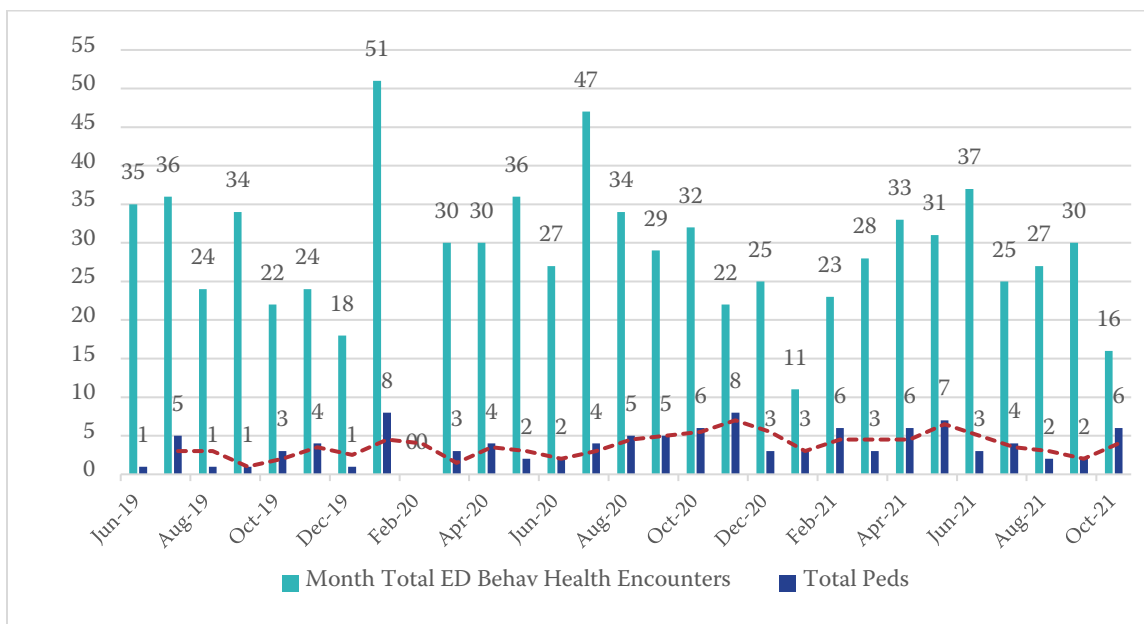
Figure 96. Emergency Department Behavioral Health Visits by Month



(Vidant Health, 2021)

Figure 96 shows emergency department visits for behavioral health by month from 2017 to 2021.

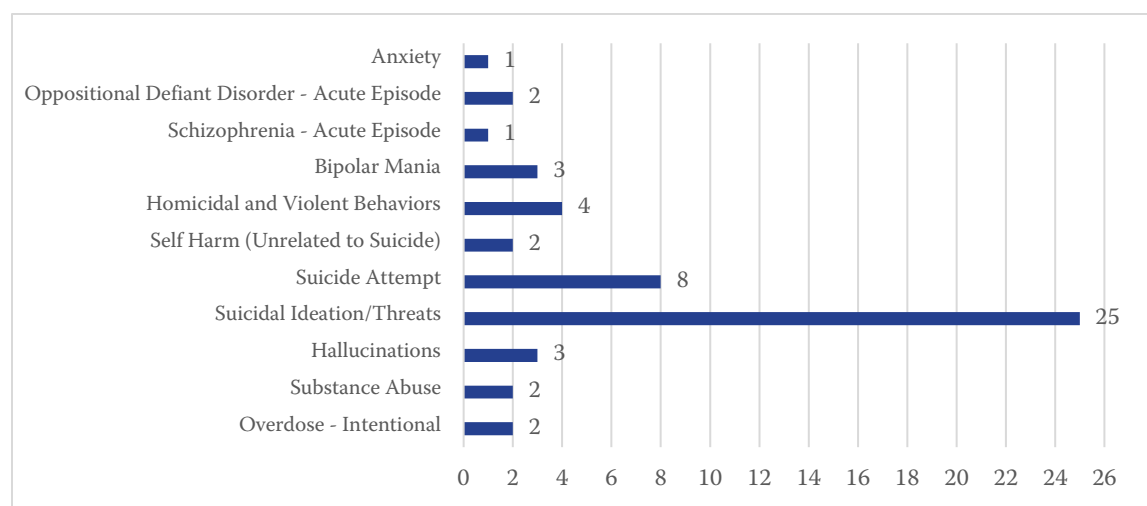
Figure 97. Behavioral Health Visits- All Visits and Total Pediatric Visits



(Vidant Health, 2021)

Figure 97 shows behavioral health visits to the emergency department from June 2019 to October 2021, and provides a monthly breakdown of total behavioral health visits and total pediatric behavioral health visits. January 2020, July 2020, and June 2021 show an increase in total behavioral health visits when compared to other months.

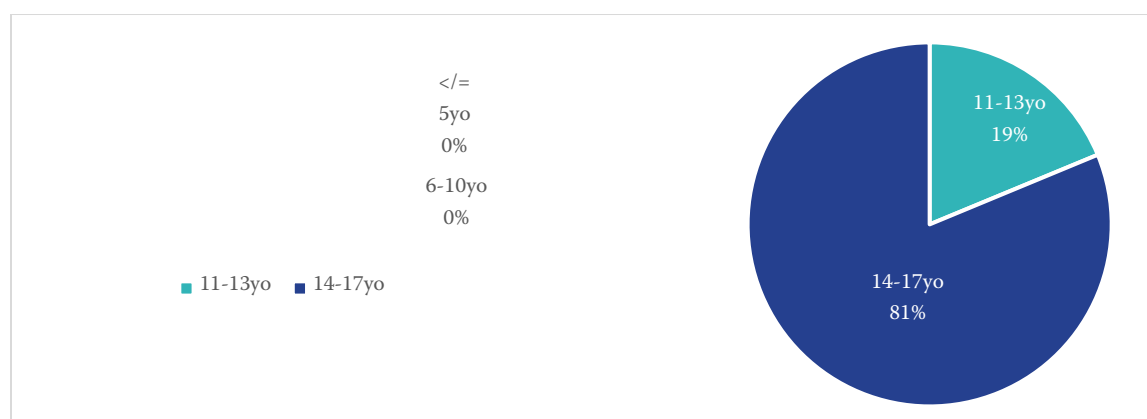
Figure 98. Pediatric Behavioral/Mental Health Visits by Chief Complaint



(Vidant Health, 2021)

Figure 98 shows pediatric behavioral health visits by chief complaint from October 2020 to August 2021. Suicidal ideation and threats were the most common reason for visits among pediatric patients.

Figure 99. 2019 Pediatric Behavioral/Mental Health Emergency Department Visits by Age

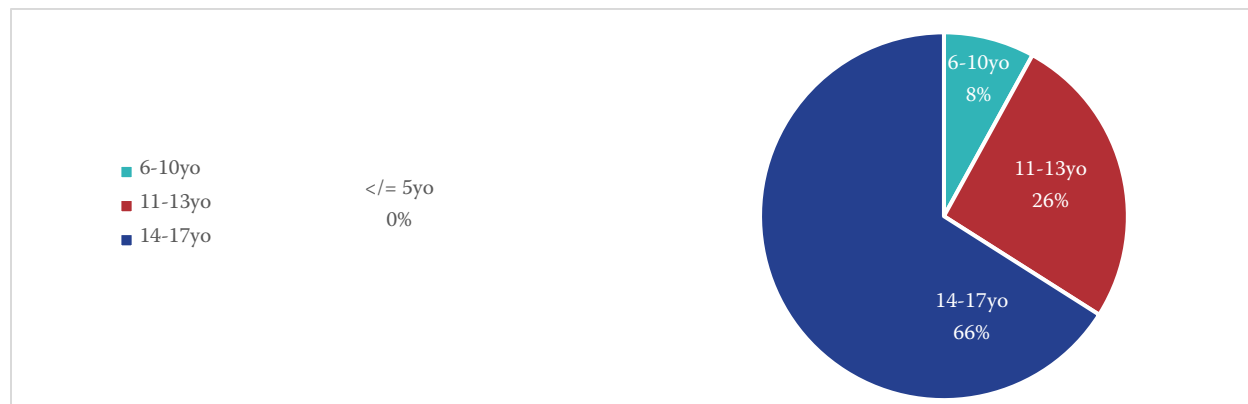


(Vidant Health, 2021)

Figure 99 shows pediatric behavioral health visits to the emergency department by age group in Dare County for calendar year 2019. The most common age group that presented to the emergency

department were 14 to 17 years of age (81%) followed by 11 to 13 years of age (19%). Visits among pediatrics 5 years of age or younger represented 0% of visits.

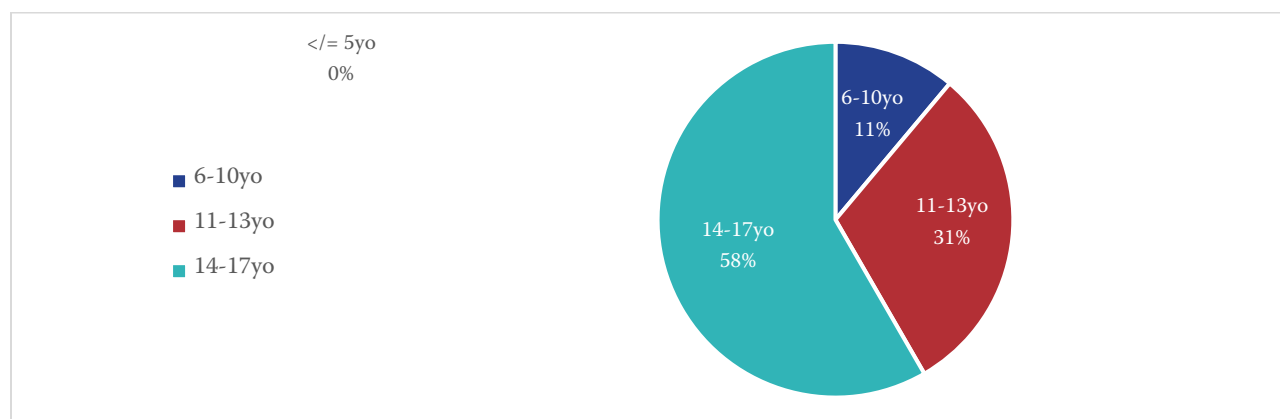
Figure 100. 2020 Pediatric Behavioral/Mental Health Emergency Department Visits by Age



(Vidant Health, 2021)

Figure 100 shows pediatric behavioral health visits to the emergency department by age group in Dare County for calendar year 2020. The most common age group that presented to the emergency department were 14 to 17 years of age (66%) followed by 11 to 13 years of age (26%) and pediatric patients 6 to 10 years of age (8%). Visits among pediatrics 5 years of age or younger represented 0% of visits.

Figure 101. 2021 Pediatric Behavioral/Mental Health Emergency Department Visits by Age

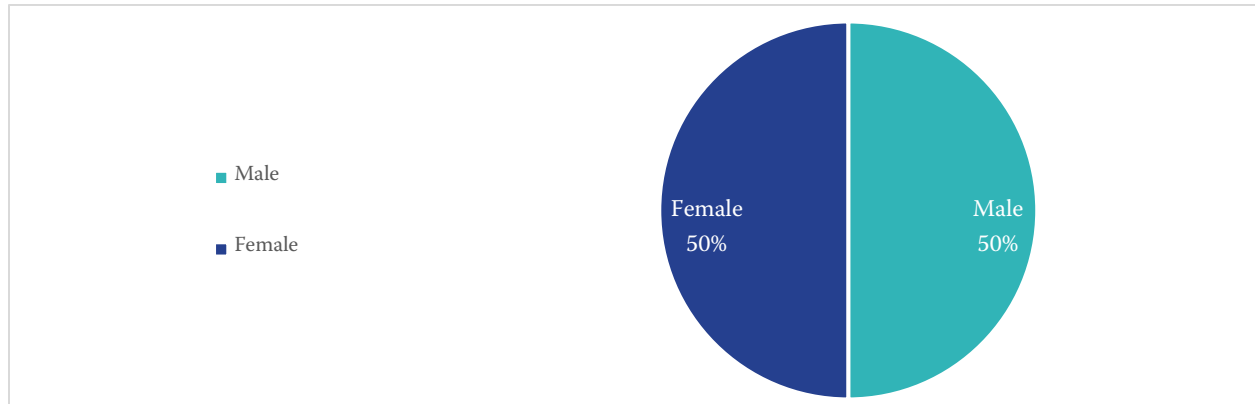


(Vidant Health, 2021)

Figure 101 shows pediatric behavioral health visits to the emergency department by age group in Dare County for calendar year 2021. The most common age group that presented to the emergency department were 14 to 17 years of age (58%) followed by 11 to 13 years of age (31%) and pediatric

patients 6 to 10 years of age (11%). Visits among pediatrics 5 years of age or younger represented 0% of visits.

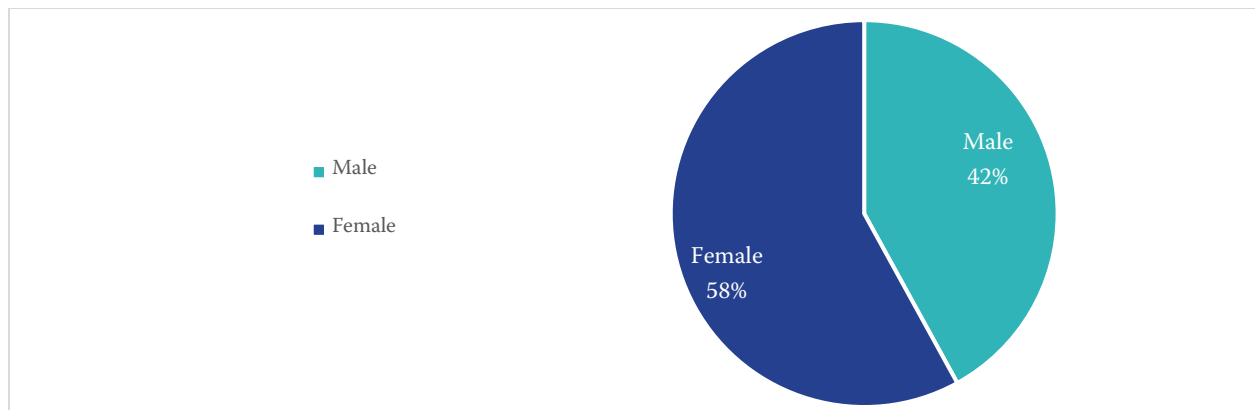
Figure 102. 2019 Pediatric Behavioral/Mental Health Emergency Department Visits by Sex



(Vidant Health, 2021)

Figure 102 shows pediatric behavioral health visits from 2019 by sex. Males represented 50% and females represented 50% of pediatric visits.

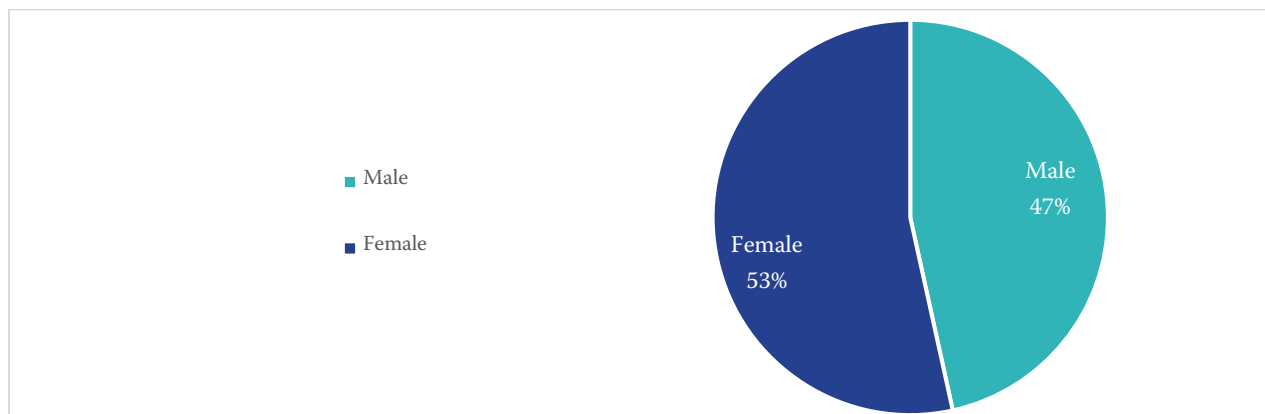
Figure 103. 2020 Pediatric Behavioral/Mental Health Emergency Department Visits by Sex



(Vidant Health, 2021)

Figure 103 shows pediatric behavioral health visits from 2020 by sex. Males represented 42% and females represented 58% of pediatric visits.

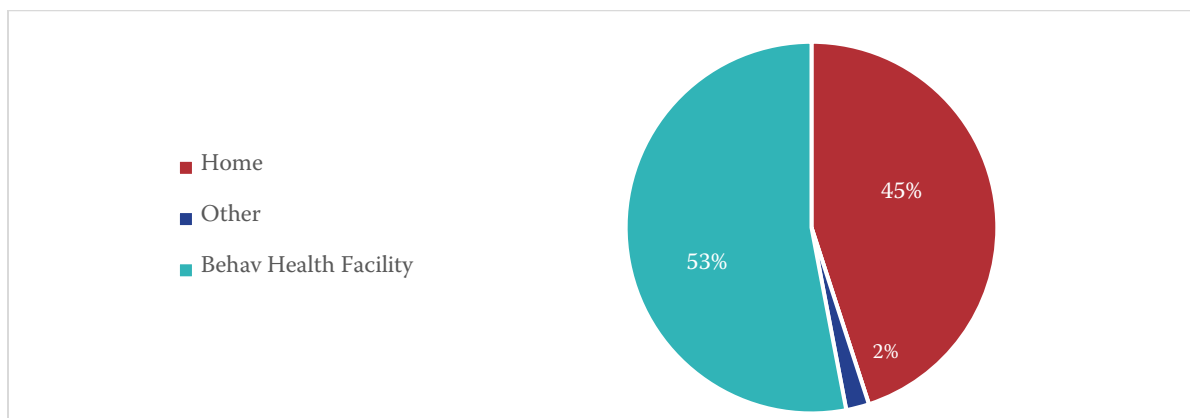
Figure 104. Pediatric Behavioral/Mental Health Emergency Department Visits by Sex



(Vidant Health, 2021)

Figure 104 shows pediatric behavioral health visits from 2021 by sex. Males represented 45% and females represented 55% of pediatric visits.

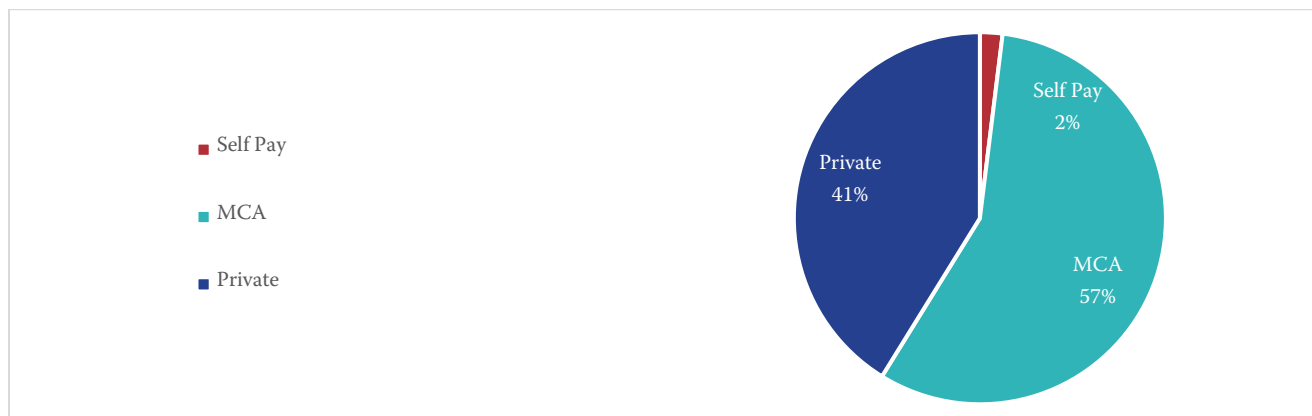
Figure 105. Discharge Disposition of Pediatric Behavioral/Mental Health Emergency Department Visits



(Vidant Health, 2021)

Figure 105 shows discharge locations of pediatric behavioral health visits. More than half (53%) of pediatrics were discharged to a behavioral health facility, and 45% were discharged to their homes.

Figure 106. Payer/Insurance of Pediatric Behavioral/Mental Health Emergency Department Visits

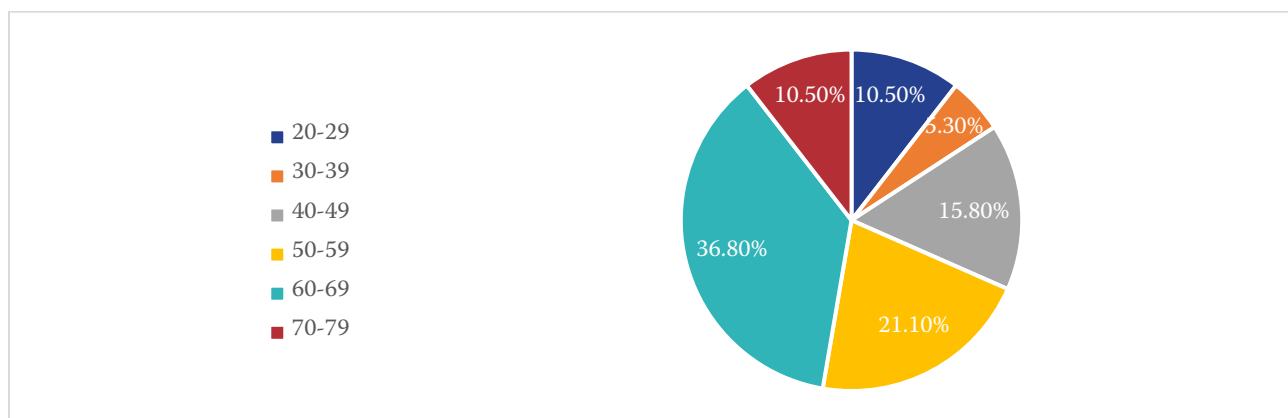


(Vidant Health, 2021)

Figure 106 shows payer and insurance of pediatric behavioral and mental health emergency department visits. Medicare Coverage Analysis were the payer sources for over half (57%) of the visits, followed by private insurances (41%).

Suicides

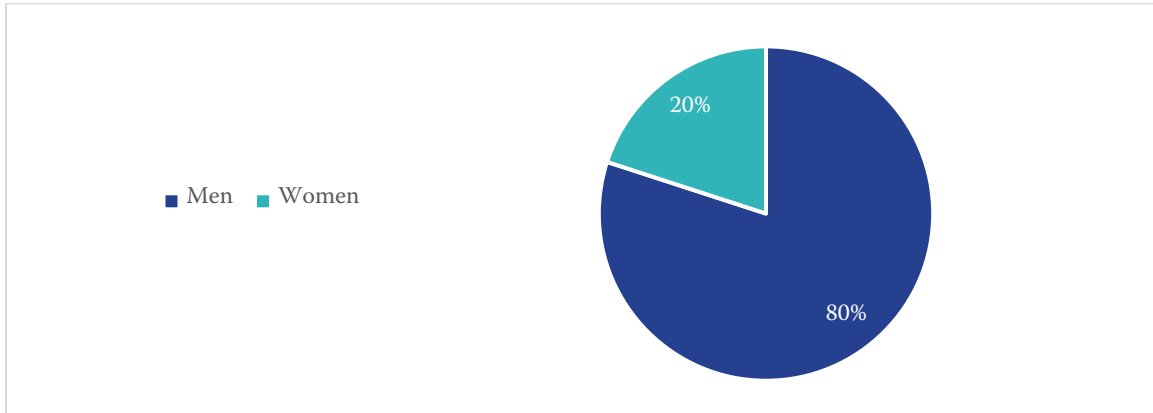
Figure 107. Suicides 2018-2021 by Age Group



(NC Detect: Line Listing, 2018-2021)

Figure 107 shows suicide from 2018-2021 by age group. The most common age group to die by suicide were individuals 60-69 years of age (36.8%), followed by 50-59 year of age (21.1%).

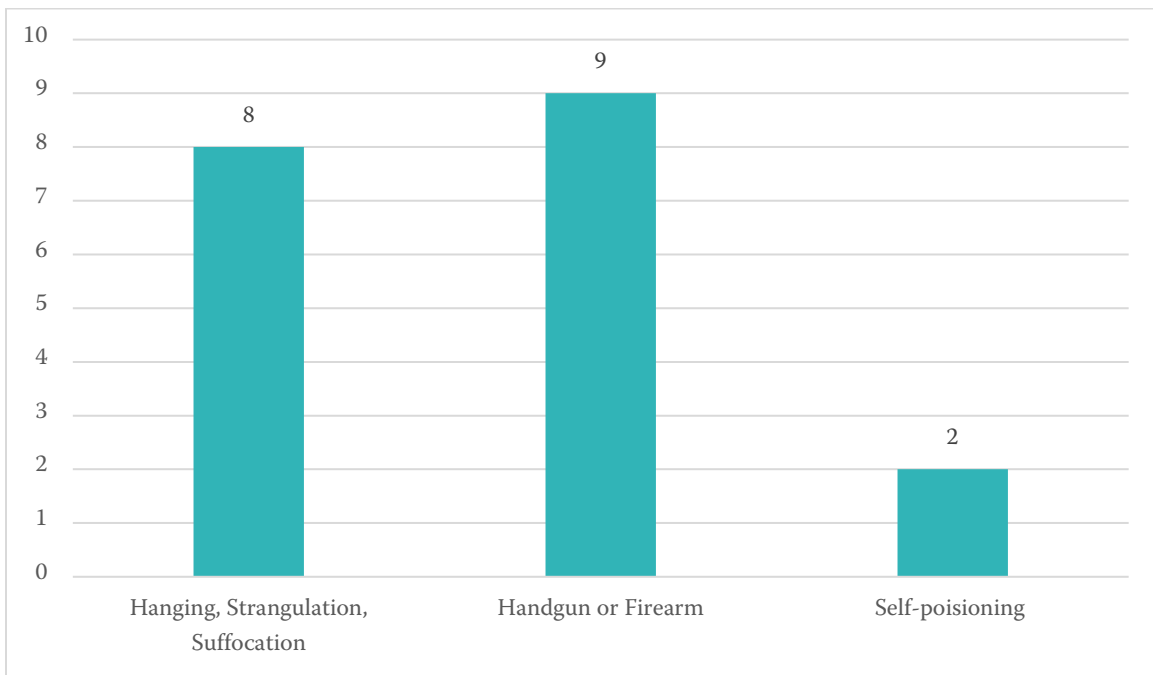
Figure 108. Suicides 2018-2021 by Sex



(NC Detect: Line Listing, 2018-2021)

Figure 108 shows suicides in Dare County from 2018- 2021 by sex breakdown. Significantly more men (80%) than women (20%) died by suicide.

Figure 109. Suicides 2018-2021 Methods Used



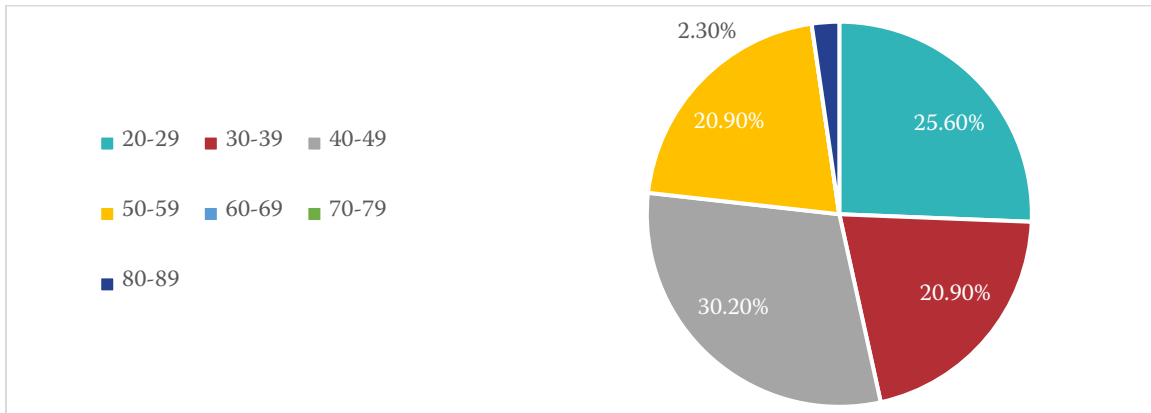
(NC Detect: Line Listing, 2018-2021)

Figure 109 shows methods used in deaths by suicide from 2018 to 2021 in Dare County. The most common method used was a handgun or other firearm (9) followed by hanging, strangulation, and suffocation (8).

Accidental Poisonings

Accidental poisonings are a cause of death observed when looking for data for mental health and substance use.

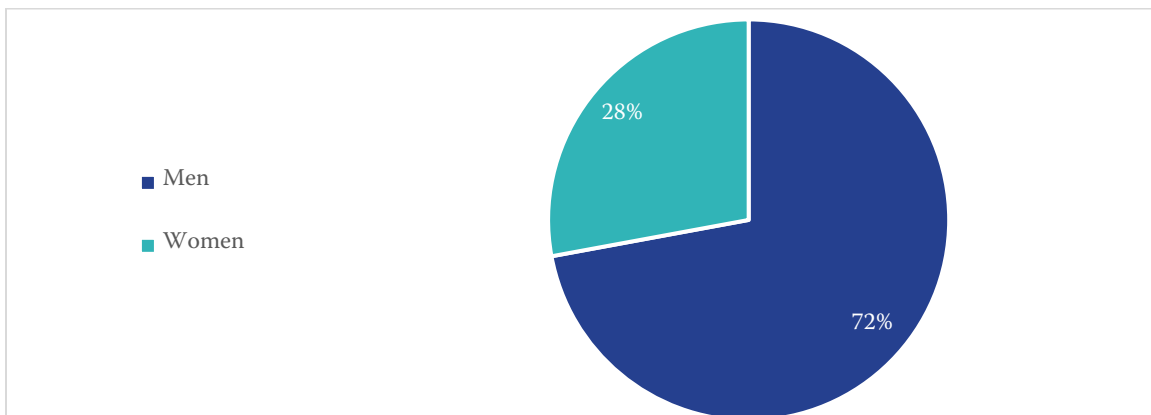
Figure 110. Accidental Poisonings by Age



(NC Detect: Line Listing, 2018-2021)

Figure 110 shows accidental poisonings by age from 2018 to 2021. Individuals 40-49 years of age (30.2%) and 20-29 years of age (25.6%) were the most common age groups that died from accidental poisonings.

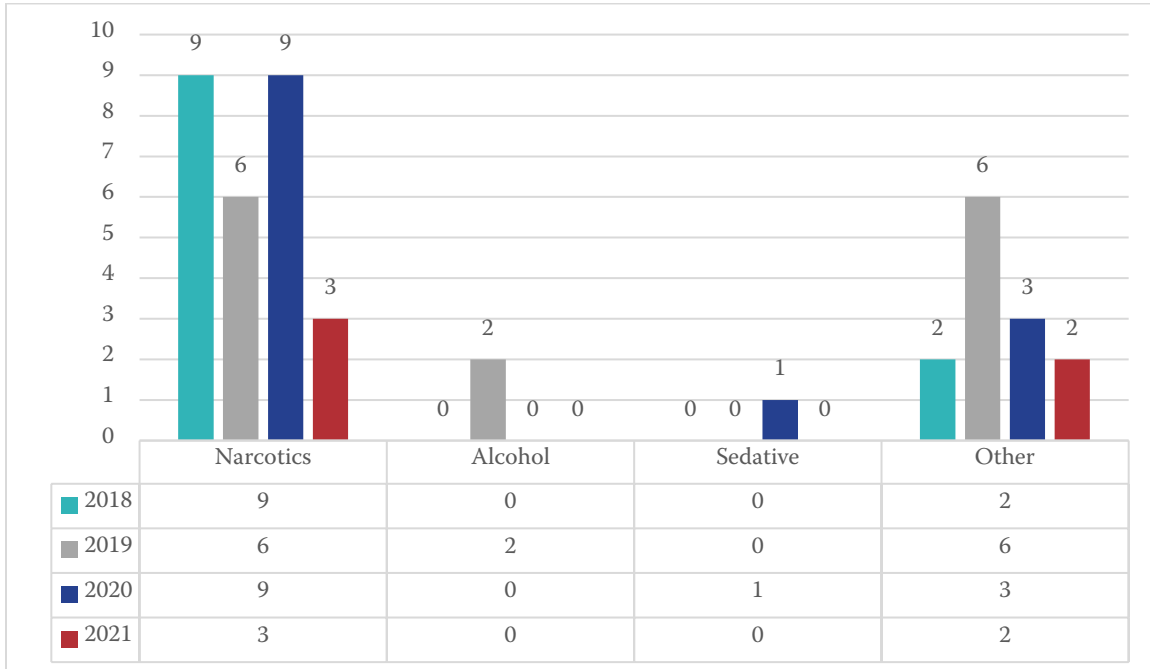
Figure 111. Accidental Poisonings 2018-2021 by Sex



(NC Detect: Line Listing, 2018-2021)

Figure 111 shows accidental poisoning from 2018 to 2021 by Sex. Men (72%) were more likely than women (28%) to die by accidental poisoning.

Figure 112. Accidental Poisonings 2018-2021 by Type



(NC Detect: Line Listing, 2018-2021)

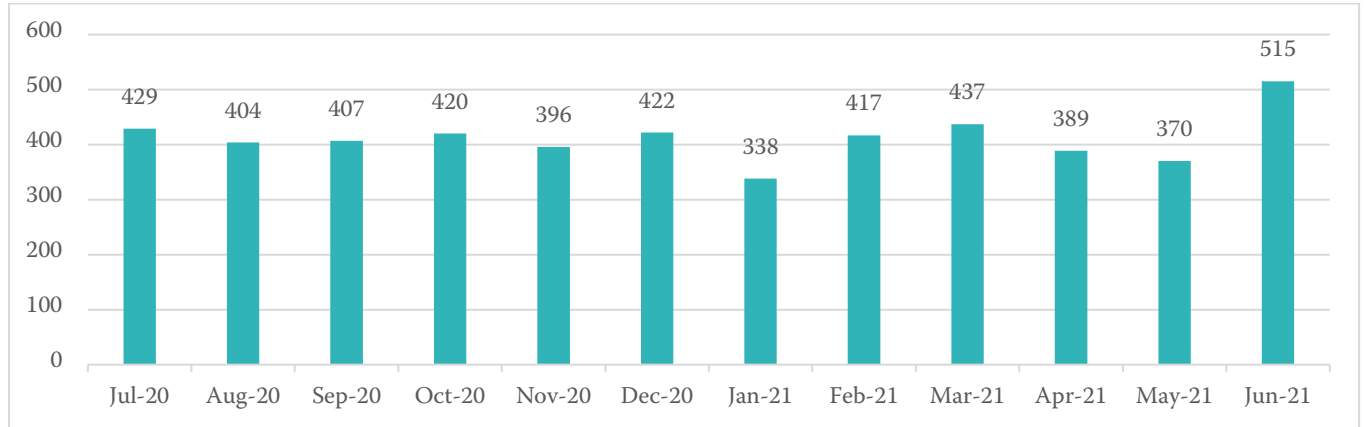
Figure 112 shows the types of substances involved in accidental poisonings from 2018 to 2021. Narcotics were the most common substances used in all years reviewed.

PORT Health

PORT Health is a Critical Access Behavioral Health Agency (CABHA) licensed by the State of North Carolina Department of Health and Human Services (NCDHHS). PORT Health is a private, nonprofit that provides service and support for residents of North Carolina who seek assistance with Mental Health, Substance Use and Intellectual/Developmental Disability issues. The organization was founded in 2003 and is governed by a Board of Directors representing a cross section of citizens from the area. PORT Health services are delivered by an inter-disciplinary team of qualified professionals who adhere to the highest standards of care and values.

PORT Health has two locations in Dare County – one in Nags Head and one in Hatteras Village.

Figure 113. Total Patients Served by PORT Health FY 2021



(PORT Health, FY 2020-2021)

Figure 113 shows the number of patients served by PORT Health in FY 2021. In June of 2021 PORT served 515 patients, the most patients per month the entire fiscal year.

Table 19. PORT Patient Demographics FY 2019-2020

Grand Total		1062
Sex	No. of Patients	Percentage
Female	629	59.2%
Male	432	40.6%
Unknown	1	0.00%
Child/Adult	No. of Patients	Percentage
Children (less than 18)	173	16.3%
Adults (18 and over)	889	83.7%
Race	No. of Patients	Percentage
American Indian	5	0.4%
Asian (non-Pacific Islander)	4	0.3%
Black	37	3.5%
Hispanic, Latino	40	3.8%
Other	12	1.1%
Pacific Islander	2	0.1%
White (non-Hispanic/Latino)	945	89.0%

(PORT Health, FY 2020-2021)

Table 19 shows the patient demographics of PORT Health patients for Fiscal year 2019. A total of 1062 patients were served. The majority of patients were adults over the age of 18 (83.7%) and white (89.0%).

Table 20. FY 2019-2020 Patient Diagnosis

Diagnosis Code	No of Patients	Percent	Diagnosis
F33.1	210	19.8%	Major Depressive Disorder
F11.20	145	13.7%	Opioid Dependence
F41.1	115	11.0%	Generalized Anxiety Disorder
F10.20	60	5.6%	Alcohol Dependent
The rest have various other disorders.			

(PORT Health, FY 2020-2021)

Table 20 shows the most common patient diagnoses at PORT Health during fiscal year 2019. Depression, followed by opioid dependence were the most treated concerns.

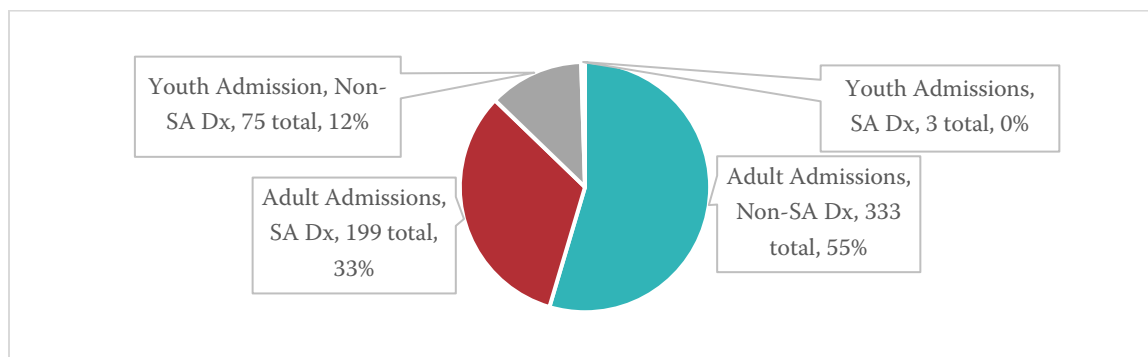
Table 21. FY 2019-2020 PORT Patient Insurance Status

Insurance	No of Patients	Percent
Medicaid	188	17.7%
Medicare	135	12.7%
State Funded (IPRS)	406	38.2%
Blue Cross Blue Shield	176	16.6%
Other Insurances	157	14.8%

(PORT Health, FY 2020-2021)

Table 21 shows insurance status of PORT Health patients. Over one-third of patients (38.2%) were state funded, with Medicaid being the second most common provider (17.7%).

Figure 114. Total Dare County PORT Admissions for FY 2021 by Age Group & Diagnosis



(PORT Health, FY 2020-2021)

Figure 114 shows PORT Health admissions by age group and diagnosis type. The most treated type was an adult without a mental health related diagnosis (55%), followed by adults with a substance use diagnosis (33%).

Integrated Family Services

Integrated Family Services, PLLC is a CABHA certified agency providing an array of mental health services. Their service array includes: individual, family, and group outpatient therapy, multifamily group therapy, psychiatric services, case management, intensive in home services, day treatment services, and mobile crisis management.

Mobile Crisis Services

Mobile crisis services involve all support, services, and treatment necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities 24 hours a day / 7 days a week. Crisis intervention services are provided at any location in the community to reduce barriers to service delivery.

The program can provide services for suicidal or depressed persons, persons with homicidal ideations, domestic violence, emergency petitions situations, family education, delusional and psychotic persons, death notification and support, links to mental health services, links to detox, and family and marital conflicts.

Services are provided for the following counties: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Currituck, Craven, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell and Washington County citizens regardless of insurance.

The data that follows was pulled by Integrated Family Services and only pertains to Dare County.

Table 22. Dare County Mobile Crisis Call Information

Call Information	2019	2020
Total Calls	107	106
Diverted from inpatient	79	81
Mental Health	56	44
Childrens Mental Health	17	24
Substance Use	34	38
Seeking Detox	34	41
Linked	20	21

(Integrated Family Services, PLLC, 2019-2020)

Table 22 shows information on all calls received for residents in Dare County. There were a total of 213 calls during the reporting period. Over 75% of calls received were diverted from inpatient treatment. Almost half (46.9%) of the calls were mental health related and one-third (33.8%) of the calls were substance use related concerns.

Table 23. 2019 & 2020 Dare County Mobile Crisis Data by Age Group

Ages	2019	2020
3-5 years	0	0
6-10 years	4	4
11-18 years	14	16
19-25 years	6	19
26-30 years	20	7
31-45 years	20	24
46-55 years	18	17
55 + years	25	19

(Integrated Family Services, PLLC, 2019-2020)

Part Four: Prioritization

Prioritization

Data Presentation

The Power Point (Appendix D) provided by the consultants was presented to Healthy Carolinians of the Outer Banks (HCOB) Partnership on October 29, 2021. The CHNA Workgroup and HCOB Partnership identified areas where more data was needed. The CHNA Workgroup gathered additional data on morbidity and mortality trends; domestic violence and sexual assault; substance use and mental health; and other general health information. Based on all data gathered, the CHNA workgroup also developed a “watch list” for items that were of concern throughout the primary and secondary data. The additional data and “watch list” were presented to the HCOB Partnership on November 19, 2021.

Due to COVID-19, the HCOB Partnership and CHNA Workgroup have conducted all meetings virtually. This process allowed for increased participation when compared to previous cycles. Individuals who missed the presentations were able to review video files and/or the presentation to

The Watch List

The CHNA Workgroup identified five “watch list” items, for prioritization due to the following reasons:

Cancer

- A minimal decrease in cancer death rate from previous period cited (164.5→163.1) slightly higher than NC death rate (158.0).
- All Cancer incidence has decreased (480.0→ 457.3) since last reporting period, however is higher than the state (433.3).
- Since the last reporting period, oral cavity & pharynx cancer (19.2 →16.3), lung & bronchus cancer (77.3→ 60.6), bladder cancer (14.0→ 13.0), and colorectal cancer (37.3→ 31.8) have decreased.
- Dare County has higher incidence rates than NC for oral cavity & pharynx cancer, ovarian cancer, lung & bronchus cancer, pancreatic cancer, bladder cancer, liver & bile duct.
- Prostate cancer, breast cancer, and colorectal cancer rates have decreased since the last reporting period.

Older Adults & Related Issues

- Alzheimer's death rate has decreased slightly after 2 reporting periods of increase (27.3→26.9) and is also lower than NC death rate (36.9).
- Pneumonia & Influenza death rate has had a steady decline over 3 reporting periods (34.1→28.8→23.2).
- Falls account for approximately 60% of injury-related emergency department (ED) visits in older adults each year.

Mental Health

- Suicide death rate slightly decreased (19.9→19.3) Dare's rate is higher when compared to NC rate (13.4).
- Calls to Mobile Crisis increased for children's mental health needs from 2019 to 2020 (17→24).
- Calls to Mobile Crisis for individuals 19 to 25 years of age more than tripled from 2019 to 2020 (6→19).

Substance Use

- Calls to Mobile Crisis for substance use increased from 2019 to 2020 (34→38).
- From 2019 to 2020 Mobile Crisis assisted 75 (34 in 2019; 41 in 2020) individuals who requested detox services. A total of 41 individuals were linked to detox.
- Rate of unintentional medication/drug overdoses death in Dare (2014-2018) is 24.5 compared to 16.7 statewide (NC DPH IVP2019).
- Rate of unintentional opioid overdose death in Dare (2014-2018) is 21.7 compared to 13.6 statewide (NC DPH IVP2019).
- Rate of outpatient opioid pills dispensed per NC resident in 2018 for Dare County 46.7 compared to 43.7 statewide (NC DPH IVP 2019).

Access to Healthcare

- Almost 15.0% of the population 0-64 years of age in Dare County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Dare County is 85.2%, which was lower than the rate of 87.3% for NC and 87.0% for the Health ENC County Region.
- In Dare County, 9.1% of the reported population received health insurance coverage through Medicaid, 4.3% Medicare, and 0.4% Tricare.
- Ratio of primary care physicians in Dare County is 1,660:1, compared to 1,400:1 for NC.
- Ratio of mental health providers in Dare County is 610:1, compared to 390:1 for NC.
- Ratio of non-physician primary care providers in Dare County is 1,280:1, compared to 750:1 for NC.

- Dare County's only transportation system is open Monday-Friday. Out of county transportation for medical appointments is available on Tuesdays and Thursdays. A two-day notice is required to assure service.

Inventory of Community Health Prevention & Promotion

Resources

Service Inventories were created prior to voting on prioritization, so that the partnership was aware of current community resources and gaps pertaining to watch list items before finalizing the 2022 CHNA Health Priorities. Appendix C has inventories of community services and resources.

Prioritization of Watch List Items

The HCOB Partnership requested additional input from the public to assist with the prioritization process. A survey was created in Google Forms and shared with local news sources via a news release, placed on Dare County's website, and multiple social media accounts. Additionally, the survey was sent to major employers/list serves in the area which included but was not limited to: Outer Banks Hospital, Dare County, and Dare County Schools. The survey was open from December 2, 2021, until December 7, 2021. A copy of the input survey can be found in [Appendix H](#).

Items were ranked from 1-5 with 1 being most concerned/aware and 5 being least concerned/aware. Tables 24 and 25 show the ranking of the five priorities.

Table 24. Public Input: Degree of Concern

Topic	Ranking
Mental Health	2.70
Cancer	2.78
Substance Use	3.01
Access to Healthcare	3.15
Older Adults	3.23

Table 25. Public Input: Degree of Awareness

Topic	Ranking
Mental Health	2.63
Cancer	2.71
Substance Use	3.01
Access to Healthcare	3.15
Older Adults	3.49

After viewing service inventories on the identified health concerns, the HCOB Partnership prioritized the Watch List items electronically. Prioritization was open to members who attended both data presentation meetings or reviewed the video/presentation prior to completing the prioritization process.

The HCOB Partnership ranked the following from 1-5, with 1 being the most and 5 being the least:

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

Tables 26 to 28 show HCOB's ranking of the health priority based on the criteria identified. A copy of the HCOB Prioritization Tool can be found in [Appendix H](#).

Table 26. HCOB: Magnitude of the Problem

Topic	Ranking
Mental Health	2.00
Access to Healthcare	3.05
Substance Use	3.10
Older Adults	3.10
Cancer	3.48

Table 27. HCOB: Feasibility of Correcting the Problem

Topic	Ranking
Mental Health	2.30
Older Adults	2.60
Substance Use	3.30
Cancer	3.30
Access to Healthcare	3.50

Table 28. HCOB: Severity of the Problem

Topic	Ranking
Mental Health	1.70
Substance Use	2.80
Access to Healthcare	3.00
Older Adults	3.10
Cancer	4.40

All five criteria were averaged out to provide an overall ranking, illustrated in Table 29.

Table 29. Average of all Five Criteria

Topic	Ranking
Mental Health	2.27
Access to Healthcare	3.05
Substance Use	3.10
Older Adults	3.10
Cancer	3.49

Recommendations were discussed and made to the HCOB Executive Committee.

Health Priority Selection Summary

The HCOB Executive Committee met on Tuesday December 7, 2021 and the following watch list items were determined to be the health priorities focused on for this 2022 CHNA cycle:

1. Mental Health
2. Substance Use

Points of Discussion

Access to Healthcare was discussed. The group determined that challenges mentioned were not identified as unique to Dare County. Recruitment of healthcare providers is an area of concern nationally. The Outer Banks Hospital is including Access to Health Services in their Implementation Strategies.

Housing was discussed as a health priority. The proposed housing project on Bowsertown was discussed, and the decision was made to investigate having a public health or HCOB presence on that planning committee.

Cancer was discussed as another high priority area; the group discussed the potential of reestablishing the Cancer Task Force. The group reviewed all cancer resources and discussed the lung cancer prevention grant award to the Outer Banks Hospital. After this discussion, it was determined that much was being done to already address this health priority.

HCOB Task Forces

The HCOB Executive Committee determined the following action items should be completed:

- HCOB's Dementia & Alzheimer's Task Force will continue to address any dementia and Alzheimer's concerns for the members of the community.

- HCOB's Breaking Through Task Force will continue to increase communication and address stigma related to mental health.
 - The task force will explore opportunities to connect with mental health providers and professionals to discuss better ways the task force can support their work
- Saving Lives Task Force will continue to be invited to Partnership meetings and provide updates.
- HCOB Partnership will look into opportunities to participate in housing projects to provide a public health vantage point in planning.

HCOB Task Force Leaders

Leadership for HCOB's 2021-2022 Task Forces will be as follows:

- Dementia & Alzheimer's Task Force: Dianne Denny, Chair
- Breaking Through Task Force: Kelly Nettnin, Co-Chair & Molly McGinnis, Co-Chair

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

Conclusion

Populations At-Risk for Poor Health Outcomes

Primary and secondary data gathered identified the following groups as at-risk or populations with health disparities:

- The uninsured or under-insured
- Individuals without a primary care provider, as many providers are no longer accepting new patients
- Persons living in poverty
- Minorities
- Males, who generally have poorer health outcomes than females
- Persons with a mental health problem and or substance use disorder, as many mental health providers are no longer accepting new patients
- The elderly, because healthcare services may not be sufficient to accommodate their needs as the population grows and long-term care options in Dare County seem particularly sparse

Next Steps

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Dare County. The assessment was further informed with input from Dare County residents through a community survey.

Following this CHNA process, Dare County will produce a Profile Summary of the CHNA. In this document, HCOB will outline how it plans to address these health needs. The HCOB plan for addressing these health needs will serve as a combined plan and will include the overall county action plans that will be reported by the Dare County Department of Health and Human Services in their Community Health Improvement Plans and The Outer Banks Hospital's action plans which will be identified in their Implementation Strategy. Feedback on these reports will be incorporated into the next CHNA process.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Kelly.Nettin@Darenc.com.

Part Five: Appendices

Appendix A. Impact Since Prior CHNA

During the years between the CHNA, a State of the County Health (SOTCH) Report and Outer Banks Hospital Community Health Implementation Plan (CHIP) are issued, which provides updates to the previous CHNA priorities. Since the 2019 CHNA, two SOTCH reports and two CHIPs were developed. Below summarizes key updates from the 2019 and 2020 SOTCH Report and 2019-2021 CHIP. A full copy of the 2019 and 2020 SOTCH reports are available to download at www.darenc.com/hcob and the 2019-2021 CHIP can be found at <https://bit.ly/2VeSnv1>.

Older Adult Issues

- The Dementia Task Force has changed their name to the Outer Banks Dementia Friendly Coalition after becoming a 501©3.
- The Outer Banks Dementia Friendly Coalition and the Restaurant Association have partnered and have over 20 restaurants currently trained to be dementia friendly.
- The Outer Banks Dementia Friendly Coalition trained the team at the Outer Banks Visitors Center and developed rack cards that are now available at the Visitors Center and Welcome Center.
- The Chamber of Commerce partnered with the Outer Banks Dementia Friendly Coalition to promote becoming dementia friendly.
- The 2019 Annual Caregiver Conference held “A Day in the Life of Dementia.” There were 197 people in attendance, both professional and family caregivers.
- The Outer Banks Dementia Friendly Coalition hosted their annual Dementia Walk. The walk raised over \$14,000.
- During COVID-19, the Outer Banks Dementia Friendly Coalition continued with dementia support groups, both in-person and virtually, and one-on-one support, both in-person and online.

Substance Use

- The Outer Banks Hospital Center for Healthy Living has services that are provided for Dare County employees that are now available to all community members.
- Virtual tobacco cessation classes were offered to follow COVID guidelines. This allowed for increased capacity and removed the barrier for people coming to the clinic.
- Family Addiction Workshops were hosted November 1st – 3rd, 2019.
- The Saving Lives Task Force became a 501©3 in December 2019.

- Escape the Vape School parent forum took place at three high schools over three nights in February 2020.
- An involuntary commitment training took place in partnership with The Outer Banks Hospital and Trillium in 2021.
- The Lock Your Meds campaign is ongoing and receiving a lot of traffic and positive feedback.
- The Outer Banks Hospital's Medication Drop collected 275,825 medications in 2019. The medications were categorized by controlled, prescription, vet, and over-the-counter medications. COVID-19 and sale of Health Coach in 2021 made these numbers lower than expected.

Mental Health

- The Outer Banks Hospital provided grants to the Breaking Through Taskforce for a public awareness campaign that focuses on reducing the stigma attached to seeking help for behavioral health issues and creating awareness about local issues.
- The Outer Banks Hospital provided grants to Children and Youth Partnership to create a mindfulness-based well-being program at Manteo Middle School as well as develop programs for other Dare County Schools, while also training educators, parents, and community partners.
- The Adult Collaborative on Mental Health & Substance Use is working to build a Youth Advisory Council.
- Dare County offered two virtual Adult Mental Health First Aid courses in 2020 and 2021. One was attended by three hospital team members.
- The Breaking through Taskforce relaunched their "Chalk about Mental Health" initiative in 2019. They partnered with the Dare County School Lunch program to distribute packages of chalk along with messages of encouragement.
- A "Smartphone Soiree" event was held at the Arc Church in 2019. This is an educational event for parents/guardians about technology.
- Dare County schools announced that school-based therapists are now on a 10-month schedule, allowing for students to see a trusted therapist over the summer.

Access to Care

- The Community Care Clinic held several wellness screenings and COVID-19 vaccine clinics at areas business.

Transportation

- The Outer Banks Hospital provided grants to Dare County Transportation to provide transportation for 350 unserved patients to in and out of community medical appointments.

Appendix B. Data Provided by NCDHHS

Table 30. Population Estimate, Dare County, North Carolina, and United States (2019)

Dare County		North Carolina		United States	
37,009		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	9.1%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

(United States Census Bureau, 2019)

Table 31. Age Distribution, Dare County and North Carolina (2019)

Age Group	Dare County (%)	North Carolina (%)
Persons under 5 years	4.4%	5.8%
Persons under 18 years	18.7%	21.9%
Persons 65 years and over	22.2%	16.7%

(United States Census Bureau, 2019)

Table 32. Age Distribution by Age Group, Dare County (2015-2019)

Age Group	Estimate	Percent
Total population	36,222	
Under 5 years	1,568	4.3%
5 to 9 years	2,019	5.6%
10 to 14 years	2,170	6.0%
15 to 19 years	1,840	5.1%
20 to 24 years	1,677	4.6%
25 to 34 years	3,548	9.8%
35 to 44 years	4,565	12.6%
45 to 54 years	5,006	13.8%
55 to 59 years	2,936	8.1%
60 to 64 years	3,394	9.4%
65 to 74 years	4,918	13.6%
75 to 84 years	2,070	5.7%
85 years and over	511	1.4%
Median age (years)	46.5	

(United States Census Bureau, 2019)

Table 33. Population Distribution by Sex, Dare County and North Carolina (2019)

Sex	Dare (Percent)	North Carolina (Percent)
Female	50.9%	51.4%
Male	49.1%	48.6%

Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

(United States Census Bureau, 2019)

Table 34. Veterans, Dare County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	3,304	11.3%

(United States Census Bureau, 2019)

Table 35. Race/Ethnicity, Dare County and North Carolina (2015-2019)

Race	Dare County		North Carolina	
	Number	Percent	Number	Percent
White	33,591	92.7%	7,049,919	68.7%
Black or African American	1,086	3.0%	2,200,761	21.4%
American Indian and Alaska Native	142	0.4%	123,952	1.2%
Asian	279	0.8%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	12	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	2,714	7.5%	962,665	9.4%
Some other race	450	1.2%	316,763	3.1%
Two or more races	662	1.8%	273,276	2.7%
Total	36,222		10,264,876	

(United States Census Bureau, 2019)

Table 36. Hispanic or Latino Origin and Race, Dare County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Dare County	87.3%	2.5%	0.4%	0.8%	0.0%	0.1%	1.4%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

(United States Census Bureau, 2019)

Table 37. Limited English-Speaking Households, Dare County (2015-2019)

All households	15,529	
Limited English-speaking households	280 ± 120	1.8%
Households Speaking:	Number	Percent
Spanish	855 (± 127)	5.5%
Other Indo-European languages	251 (± 89)	1.6%
Asian and Pacific Island languages	50 (± 39)	0.3%
Other languages	9 (± 12)	0.1%

(United States Census Bureau, 2019)

Table 38. Educational Attainment Population 25+ years, Dare County and North Carolina (2015-2019)

	Dare County	North Carolina
High School Graduate or Higher	94.2%	87.8%
Less than 9 th Grade	2.2%	4.5%
High School, No Diploma	3.5%	7.7%
High School Graduate or Equivalency	22.8%	25.7%
Some College, No Degree	25.3%	21.2%
Associate Degree	11.3%	9.7%
Bachelor's Degree	22.2%	20.0%
Graduate or Professional Degree	12.5%	11.3%

(United States Census Bureau, 2019)

Table 39. SAT scores for Dare County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Dare County	1,126	1,126	1,099	1,025
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

(North Carolina School Report Cards, 2016-2019)

Table 40. ACT Scores for Dare County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Dare County	60.7%	74.8%	71.1%	69.7%
North Carolina	55.8%	57.9%	58.8%	59.9%

(North Carolina School Report Cards, 2016-2019)

Table 41. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Dare County and North Carolina (2015-2019)

Income Level	Dare County	North Carolina
Below \$10,000	3.5%	6.4%
\$10,000-\$14,999	3.3%	5.0%
\$15,000-\$24,999	7.9%	10.3%
\$25,000-\$34,999	9.6%	10.3%
\$35,000-\$49,999	16.6%	13.9%
\$50,000-\$74,999	21.0%	18.0%
\$75,000-\$99,999	13.1%	12.4%
\$100,000-\$149,999	14.2%	13.1%
\$150,000-\$199,999	4.9%	5.1%
\$200,000 or more	5.9%	5.4%
Median household income	\$59,381	\$54,602

(United States Census Bureau, 2019)

Table 42. Poverty Status in the Past 12 Months Disaggregated by Age, Dare County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Dare County	23.9%	12.1%	15.0%	7.1%	3.6%	2.9%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

(United States Census Bureau, 2019)

Table 43. Means of Transportation to Work by Age, Dare County (2015-2019)

Label	Estimate
Total:	18,016
Car, truck, or van:	15,650
Drove alone	13,882
Carpooled:	1,768
In 2-person carpool	1,413
In 3-person carpool	88
In 4-person carpool	101
In 5- or 6-person carpool	152
In 7-or-more-person carpool	14
Public transportation (excluding taxicab):	9
Bus	9
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	0
Motorcycle	13
Bicycle	184
Walked	421
Other means	241
Worked from home	1,498

(United States Census Bureau, 2019)

Table 44. Financial Characteristics for Housing Units with a Mortgage in Dare County (2015-2019)

	Dare County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	7,434	7,434
Less than \$50,000	131	1.8%
\$50,000 to \$99,999	87	1.2%
\$100,000 to \$299,999	3,443	46.3%
\$300,000 to \$499,999	2,689	36.2%
\$500,000 to \$749,999	741	10.0%
\$750,000 to \$999,999	240	3.2%
\$1,000,000 or more	103	1.4%
Median (dollars)	\$303,400	\$303,400
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	1,653	22.2%
Second mortgage only	111	1.5%
Home equity loan only	1,542	20.7%
Both second mortgage and home equity loan	13	0.2%
No second mortgage and no home equity loan	5,768	77.6%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	145	2.0%
\$10,000 to \$24,999	382	5.1%
\$25,000 to \$34,999	498	6.7%
\$35,000 to \$49,999	1,068	14.4%
\$50,000 to \$74,999	1,475	19.8%
\$75,000 to \$99,999	1,141	15.3%
\$100,000 to \$149,999	1,476	19.9%
\$150,000 or more	1,249	16.8%
Median household income (dollars)	\$79,075	\$79,075

(United States Census Bureau, 2019)

Table 45. Financial Characteristics for Housing Units without a Mortgage in Dare County (2015-2019)

	Dare County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units without a Mortgage	4,117	4,117
Less than \$50,000	299	7.3%
\$50,000 to \$99,999	301	7.3%
\$100,000 to \$199,999	629	15.3%
\$200,000 to \$299,999	1,228	29.8%
\$300,000 to \$499,999	1,139	27.7%
\$500,000 to \$749,999	334	8.1%
\$750,000 to 999,999	132	3.2%
\$1,000,000 or more	55	1.3%
Median (dollars)	\$251,900	\$251,900
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	193	4.7%
\$10,000 to \$24,999	393	9.5%
\$25,000 to \$34,999	525	12.8%
\$35,000 to \$49,999	786	19.1%
\$50,000 to \$74,999	904	22.0%
\$75,000 to \$99,999	517	12.6%
\$100,000 to \$149,999	479	11.6%
\$150,000 or more	320	7.8%
Median household income (dollars)	\$54,826	\$54,826

(United States Census Bureau, 2019)

Table 46. Live Births, Dare County and North Carolina (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Dare County	318	8.7	250	7.7	11	10.3	53	19.9
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

(North Carolina Department of Health and Human Services, 2018)

Table 47. Live Births by Sex, Dare County (2018)

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	170	4.7	136	4.2	5	4.7	26	9.8
Females	148	4.1	114	3.5	6	5.6	27	10.1

(North Carolina Department of Health and Human Services, 2018)

Table 48. Low Birth Weight, Dare County and North Carolina (2018)

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Weight	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Dare	Low	105	6.3	96	6.8	88	6.6	7	16.3	1	5.3	9	3.3
	Very Low	28	1.7	27	1.9	23	1.7	4	9.3	0	0.0	1	0.4

(North Carolina State Center for Health Statistics, 2020)

Table 49. Fetal Death Rates per 1,000 Deliveries, Dare County and North Carolina (2014-2018)

	Total fetal deaths	Total fetal death rate	White non-Hispanic fetal deaths	White non-Hispanic fetal death rate	Af. Am. Non-Hispanic fetal deaths	Af. Am. Non-Hispanic fetal death rate	Other non-Hispanic fetal deaths	Other non-Hispanic fetal death rate	Hispanic fetal deaths	Hispanic fetal death rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Dare County	6	*	3	*	1	*	1	*	1	*

(North Carolina Department of Health and Human Services, 2020)

Table 50. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Dare County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Dare County	95	39.2	200	78.2	193	150.9	142	106.9	1,215	489.4

(North Carolina State Center for Health Statistics, 2020)

Table 51. Neonatal (<28 Days) Death Rates, Dare County and North Carolina (2014-2018)

	Total neonatal deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Dare County	0	*	0	*	0	*	0	*	0	*

(North Carolina State Center for Health Statistics, 2020)

Table 52. Age-Adjusted Death Rates, Dare County (2014-2018)

	White, non- Hispanic		African American, non- Hispanic		American Indian, non- Hispanic		Other Races, non- Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,664	754.6	36	693.9	1	N/A	7	N/A	16	N/A	941	861.5	783	619.3	1,724	737.1
Diseases of Heart	351	155.1	6	N/A	0	N/A	2	N/A	3	N/A	220	196.6	142	112.8	362	151.1
Acute Myocardial Infarction	56	25.3	2	N/A	0	N/A	0	N/A	1	N/A	38	36.1	21	16.5	59	25.5
Other Ischemic Heart Disease	177	75.3	3	N/A	0	N/A	1	N/A	1	N/A	123	103.5	59	46.6	182	73.1
Cerebrovascular Disease	94	41.5	4	N/A	0	N/A	0	N/A	1	N/A	47	44.7	52	40.0	99	42.1
Cancer	422	169.0	5	N/A	1	N/A	0	N/A	5	N/A	248	198.1	185	135.1	433	164.5
Colon, Rectum, and Anus	36	15.0	0	N/A	0	N/A	0	N/A	0	N/A	23	20.4	13	N/A	36	14.0
Pancreas	25	9.8	0	N/A	0	N/A	0	N/A	1	N/A	20	15.9	6	N/A	26	9.9
Trachea, Bronchus, and Lung	137	51.9	1	N/A	1	N/A	0	N/A	2	N/A	83	63.1	58	40.5	141	50.9
Breast	23	17.8	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	24	17.4	24	17.4
Prostate	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A	18	N/A	0	N/A	18	N/A
Diabetes Mellitus	28	12.1	0	N/A	0	N/A	1	N/A	0	N/A	18	N/A	11	N/A	29	11.8
Pneumonia and Influenza	64	29.7	2	N/A	0	N/A	0	N/A	0	N/A	24	22.5	42	32.8	66	28.8
Chronic Lower Respiratory Diseases	84	37.4	1	N/A	0	N/A	0	N/A	0	N/A	38	37.4	47	37.1	85	36.3
Chronic Liver Disease and Cirrhosis	45	19.5	0	N/A	0	N/A	0	N/A	0	N/A	29	24.3	16	N/A	45	17.8
Septicemia	27	12.5	0	N/A	0	N/A	0	N/A	0	N/A	11	N/A	16	N/A	27	11.9
Nephritis, Nephrotic Syndrome, and Nephrosis	29	13.3	4	N/A	0	N/A	0	N/A	1	N/A	16	N/A	18	N/A	34	15.0
Unintentional Motor Vehicle Injuries	11	N/A	0	N/A	0	N/A	0	N/A	2	N/A	10	N/A	3	N/A	13	N/A
All Other Unintentional Injuries	83	51.5	3	N/A	0	N/A	0	N/A	0	N/A	58	70.0	28	25.4	86	48.0
Suicide	39	21.6	1	N/A	0	N/A	0	N/A	0	N/A	30	31.8	10	N/A	40	19.9
Homicide	1	N/A	0	N/A	0	N/A	1	N/A	0	N/A	2	N/A	0	N/A	2	N/A
Alzheimer's disease	53	26.0	3	N/A	0	N/A	0	N/A	2	N/A	19	N/A	39	31.5	58	27.3
Acquired Immune Deficiency Syndrome	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A

(North Carolina State Center for Health Statistics, 2020)

Table 53. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Dare County (2018-2020)

	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
County	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Dare	27	19	19	10	4	6	0	0	0	0	0	0

(North Carolina Department of Health and Human Services, 2020)

Table 54. All Other Unintentional Injuries Death Rates per 100,000 Residents, Dare County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Dare County	28	76.7	86	48.1	48.0
North Carolina	4,478	43.1	19,576	38.6	37.0

(North Carolina State Center for Health Statistics, 2018)

Table 55. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Dare County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Dare County	4.0	11.0	13.0	7.3	8.1
North Carolina	1,591	15.3	7,553	14.9	14.5

(North Carolina State Center for Health Statistics, 2018)

Table 56. Crime Rate per 100,000 persons, Dare County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Dare County	147.1				2,968.2		

(North Carolina State Bureau of Investigation, 2020)

‘ ‘ indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

Table 57. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Dare County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Dare County	45	25.15	26.80

(North Carolina State Center for Health Statistics, 2020)

Table 58. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

(North Carolina State Center for Health Statistics, 2020)

Table 59. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Sex	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

(North Carolina State Center for Health Statistics, 2020)

Image 7. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

(North Carolina State Center for Health Statistics, 2019)

Image 8. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

(North Carolina State Center for Health Statistics, 2019)

Image 9. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

(North Carolina Department of Health and Human Services, 2019)

Image 10. All ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Dare County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 DARE			Leading Causes of Injury Hospitalization 2016 to 2019 DARE			Leading Causes of Injury ED Visits 2016 to 2019 DARE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	51	1	Fall - Unintentional	187	1	Fall - Unintentional	3,054
2	Fall - Unintentional	17	2	MVT - Unintentional	26	2	Unspecified - Unintentional	1,571
3	Firearm - Self-Inflicted	16	3	Poisoning - Unintentional	25	3	Struck By/Against - Unintentional	847
4	Suffocation - Self-Inflicted	10	4	Poisoning - Self-Inflicted	16	4	MVT - Unintentional	828
5	MVT - Unintentional	9	5	Unspecified - Unintentional	10	5	Cut/Pierce - Unintentional	573
TOTAL		129	TOTAL		299	TOTAL		9,897

(North Carolina Department of Health and Human Services, 2016-2019)

Image 11. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Dare County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 DARE			Leading Causes of Injury Hospitalization 2016 to 2019 DARE			Leading Causes of Injury ED Visits 2016 to 2019 DARE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	1	1	Fall - Unintentional	1	1	Fall - Unintentional	423
2			2			2	Unspecified - Unintentional	216
3			3			3	Struck By/Against - Unintentional	214
4			4			4	Other Specified/Classifiable - Unintentional	91
5			5			5	Natural/Environmental - Unintentional	83
TOTAL		1	TOTAL		1	TOTAL		1,403

(North Carolina Department of Health and Human Services, 2016-2019)

Image 12. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Dare County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 DARE			Leading Causes of Injury Hospitalization 2016 to 2019 DARE			Leading Causes of Injury ED Visits 2016 to 2019 DARE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	15	1	Poisoning - Unintentional; MVT - Unintentional	6	1	Unspecified - Unintentional	433
2	MVT - Unintentional	3	2	Fall - Unintentional	4	2	Fall - Unintentional	384
3	Suffocation - Self-Inflicted; Firearm - Self-Inflicted; Drowning/Submersion - Unintentional	2	3	Poisoning - Self-Inflicted	3	3	MVT - Unintentional	290
4	Unspecified - Unintentional; Other Specified/Classifiable - Unintentional; Fall - Unintentional	1	4	Natural/Environmental - Unintentional; Motor Vehicle-Nontraffic - Unintentional	2	4	Struck By/Against - Unintentional	261
5		0	5	Unspecified - Unintentional; Struck By/Against - Unintentional; Other Transport - Unintentional; Firearm - Unintentional; Fire/Burn - Unintentional; Drowning/Submersion - Unintentional	1	5	Cut/Pierce - Unintentional	207
TOTAL		27	TOTAL		28	TOTAL		2,468

(North Carolina Department of Health and Human Services, 2016-2019)

Image 13. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Dare County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 DARE			Leading Causes of Injury Hospitalization 2016 to 2019 DARE			Leading Causes of Injury ED Visits 2016 to 2019 DARE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	34	1	Fall - Unintentional	43	1	Fall - Unintentional	919
2	Firearm - Self-Inflicted	11	2	Poisoning - Unintentional; MVT - Unintentional	12	2	Unspecified - Unintentional	577
3	Suffocation - Self-Inflicted	8	3	Poisoning - Self-Inflicted	10	3	MVT - Unintentional	367
4	Fall - Unintentional	5	4	Struck By/Against - Unintentional	3	4	Struck By/Against - Unintentional	254
5	MVT - Unintentional	3	5	Unspecified - Unintentional; Struck By/Against - Assault; Overexertion - Unintentional; Other Specified/Classifiable - Unintentional	2	5	Cut/Pierce - Unintentional	235
TOTAL		75	TOTAL		96	TOTAL		3,478

(North Carolina Department of Health and Human Services, 2016-2019)

Image 14. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Dare County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 DARE			Leading Causes of Injury Hospitalization 2016 to 2019 DARE			Leading Causes of Injury ED Visits 2016 to 2019 DARE		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	11	1	Fall - Unintentional	139	1	Fall - Unintentional	1,328
2	Suffocation - Unintentional	4	2	MVT - Unintentional	8	2	Unspecified - Unintentional	345
3	Firearm - Self-Inflicted	3	3	Unspecified - Unintentional; Poisoning - Unintentional	7	3	Struck By/Against - Unintentional; MVT - Unintentional	118
4	Unspecified - Unintentional; Poisoning - Unintentional; MVT - Unintentional	2	4	Struck By/Against - Unintentional; Poisoning - Self-Inflicted	3	4	Natural/Environmental - Unintentional	81
5	Poisoning - Self-Inflicted; Natural/Environmental - Unintentional	1	5	Overexertion - Unintentional	2	5	Other Specified/Classifiable - Unintentional	66
TOTAL		26	TOTAL		174	TOTAL		2,548

(North Carolina Department of Health and Human Services, 2016-2019)

Appendix C. Service Inventories

2021-2022 CHNA Chronic Diseases Prevention & Support Services Inventory

Assets (Programs/Strategies in place)	Implementing Agency	Social Ecology	IOM Level	Evidence Based	Status
Poor Power Program	DCDHSS	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Addresses tobacco, PA, nutrition, and Mental Health for 2nd, 5th, 6th, and 8th grades and high school students in Dare County schools
Cardiac Rehabilitation	OBH	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	OBH offers medically supervised exercise and rehabilitation for individuals who have experienced heart problems.
Outer Banks Cancer Services: Support Programs	OBH	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Nurse Navigator, Financial Navigator, Breast Health, Lymphedema Therapy, Cancer Resource Center, Support Groups led by Social Worker, Cancer Transitions, Hands of Hope, Look Good Feel Better
Outer Banks Cancer Services: Treatments	OBH	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Surgical, Chemotherapy, Radiation Therapy, Symptom Management Clinic, Genetic Testing
Outer Banks Cancer Services: Screenings, Prevention and Education	OBH; Community Care Clinic of Dare	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Breast, Colon, Lung, Skin & Free Screenings through Outreach Programs; Community Care Clinic of Dare provides colorectal cancer screenings and education for oropharyngeal cancer for patients
Outer Banks Center for Healthy Living	OBH	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Chronic Disease Nurse Navigator, Lifestyle Coaching, Nutrition Counseling, Integrative Medicine, Prevention & Education, Smoking Cessation, Health Coach Mobile Van
Wellness Programs/Risk Management	Dare County, OBH	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	For Dare County Employees; OBH Center for Healthy Living offers convenience care and offerings for Dare County employees
Adoration Hospice	Dare County	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Provides palliative care to manage a patient's pain and symptoms; and assist with the emotional, relational, and spiritual needs of patients and their loved ones. Hospice Services are provided regardless of ability to pay
Adoration Home Health	Dare County	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Provides nursing care, therapies and other health care services in the home with the goal of treating illness or injury, so individuals can regain independence and become as self-sufficient as possible.

Financial Relief	Outer Banks Relief Foundation, Innerfaith Community Outreach	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Currently assists Dare County residents with financial assistance
Smoking Cessation Classes & Support Groups	OBI, Various Local Clinicians & Phone Based Services	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Quitline & Local Clinicians; OBI Center for Healthy Living offers coaching and 1:1 Tobacco Cessation Program
Smoke Free Ordinances	DCDHHS	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Initially established in 2010, HHS Board added ENDS products to Smoke Free Bars Law in 2016
Older Adult Services	Dare County: Baum Center, Fessenden Center, Dare County Center, Community Care Clinic of Dare	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Currently providing a multitude of services for older adults. Also provides exercise classes (minimal fee for under 55) and fitness center services free-of-charge for Dare County Residents; for seniors without Medicare Part D - Community Care Clinic of Dare provides brandname prescription medication assistance; for uninsured seniors that are ineligible for Medicare - Community Care Clinic of Dare provides primary care.
Private Fitness Centers	Various Fitness Centers	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Cost could be associated with entry
In Home Aide Services	DCDHHS	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Consistently has a waiting list of approximately 100 individuals
Private In-Home Aide Services	Visiting Angels, OBX Home Care, Quality Home Staffing, Golden Way, Rescare	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Supportive services are currently available from multiple organizations
Walking Trails & Parks	Throughout the Community	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Available for recreational use, cost could be associated with entry
Adverse Childhood Experiences (ACEs), Trauma Informed Organizations & Resiliency	Children & Youth Partnership, Breaking Through Task Force, DCDHHS, Be Resilient OBX	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Providing education on link between high ACE score and chronic diseases, establishing healthcare settings and organizations that are trauma informed, creating a Resilient Community through the Community Resilience Model
Dementia Specific Strategies	GEM Adult Day Services, Outer Banks Dementia Friendly Coalition	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	GEM (Gentle Expert Memorycare) Adult Day Services - Open Wednesdays 11 am - 1 pm. Community-based non-profit organization. Outer Banks Dementia Friendly Coalition - 5 services offered through the community. OBI is a designated Dementia Friendly Hospital.

Task Forces Specific to Chronic Diseases	OBH, HCOB, & Other Community Partners	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	Cancer Committee, Dementia Task Force
Diabetes Education/Management & Prevention Programs	OBH	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Diabetes Education Program being offered by the OBH. Chronic Disease Nurse Navigator & Nutrition Counseling by OBH; Community Care Clinic of Dare provides Diabetes Education for patients in English and Spanish
Transportation	Dare County	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	8 vans to service all of Dare County; Community Care Clinic of Dare has account with UBER Health to sponsor rides for patients to and from medical appointments
Access to Care Services	Community Care Clinic of Dare, Albemarle Project Access	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	Community Care Clinic of Dare - Open Monday through Thursday, 9 am - 2pm Basic (non-emergency) medical care, prescription drug access, and diagnostics
Substance Abuse Peer Program	Dare County Public Health	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	Individual Peers and Group Classes
Dialysis	Dare County Dialysis	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Open Monday- Saturday

2021-2022 CHNA Older Adult Services Inventory

Assets (Programs/Strategies in place)	Social Ecology	IOM Level	Evidence Based	Status
Assisted Living/Skilled Nursing Facilities	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Limited number of beds, can't meet the needs of the aging population
Housing Assistance for Older Adults	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	Age specific housing, limited space
Project Lifesaver	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	Wandering adults receive GPS bracelet to help with location in event they become lost
Care Giver Support Groups & Education	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Caregiver Support Groups, Here With You! Mentoring for Caregivers, Family Caregiver Support Program
Memory Screenings Memory Cafes educational classes and community outreach	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Provides 2 cafes each month for families & coordinating with COA to provide Classes in Dementia skills
Public Awareness & Educational Events	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Care Giver Conference, State of the Older Adult, Elder Abuse Walk, OBX Alzheimer's Walk
Respite Services	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Multiple services continue available

In-Home Aide Services	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Supportive services are currently available, however there is consistently a wait list of approximately 100 individuals
Dementia Care Training	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Training provided for families and caregivers
Dementia Friendly Establishments	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Staff are trained on how to work best with and assist in providing services to people with dementia
Private In-Home Aide Services	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Supportive services are currently available from multiple organizations
Transportation	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	8 vans to service all of Dare County
Adoration Hospice	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Provides palliative care to manage a patient's pain and symptoms; and assist with the emotional, relational, and spiritual needs of patients and their loved ones. Hospice Services are provided regardless of ability to pay
Adoration Home Health	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Provides nursing care, therapies and other health care services in the home with the goal of treating illness or injury, so individuals can regain independence and become as self-sufficient as possible.
Senior Health Insurance Information Program	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance.

Meal Delivery Programs	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	For Manteo, Wanchese, Mainland call DCCC for beach area call Baum Center
Senior Specific Physical Activity Programs	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Senior Games Event hosted each Spring, Currently providing a multitude of services for older adults, also provides exercise classes and fitness center services free-of- charge for Dare County Residents
Food Assistance Programs	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Food & Nutrition Services provides funds via EBT card, Beach Food Pantry provides free groceries to individuals and families in our community who have been affected by a temporary crisis or emergency
Fall and Balance	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Dr Lait Blue Water ENT, Fyzical

2021-2022 CHNA Substance Abuse & Mental Health Services Inventory

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

School Clubs & Extra Curricular Activities for Students	Dare County Schools, Dare County	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	DCS: One Way 2 Play Drug Free, Students Against Destructive Decisions, Friends of Rachel Club. School Newspapers provide coverage on substance abuse topics DCS Youth Council
School Based Safety Initiatives	DCS, Dare County Sheriffs Office	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	DCS performs random Testing program for all students who participate in sports or drive on campus, Dare County Sheriffs Office provides school resource officers for each DCS campus
Adverse Childhood Experiences	Children & Youth Partnership, Breaking Through Task Force, DCDIHS, Be Resilient OBX	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Providing education on link between high ACE score and mental health or substance abuse problems, establishing healthcare settings and organizations that are trauma informed, creating a Resilient Community through the Community Resilience Model
Substance Abuse & Mental Health Counseling	Various Local Clinicians	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Currently available, cost typically is associated with care
Housing for Homeless	Room in the Inn	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Nov - April every year on rotating basis with Churches.
Transportation	Dare County and Sheriffs Office	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	8 vans to service all of Dare County. Designated Deputy provides transport to Rehabs and Detoxs.
Faith-Based Residential Treatment	Dare Challenge	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Dare County Residences, male and 18 years of age. Must complete two week trial program. Active and Waitlist
Mobile Crisis Services	Integrative Family Services, Saving Lives Task Force	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	IFS: Mobile Crisis; SLTF: Saving Lives Response Team responds to opiate overdoses
Harm Reduction Services/Syringe Services Program	Saving Lives Task Force, CCCD, Recovery & Overdose response	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Active and In Place
Public Awareness	Saving Lives Task Force; Healthy Carolinians of the Outer Banks; Breaking Through Task Force	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input checked="" type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	SLTF focuses on Substance Abuse, BTTF focuses on Mental Health- both task forces have public awareness campaigns and events

Collaboratives for Mental Health & Substance Abuse	Trillium, CYP, HCOB, Dare County	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Trillium: Child Collaborative & Adult Collaborative; HCOB: Breaking Through Task Force; CYP: Be Resilient OBX; Dare County: Saving Lives Task Force
Prescription Assistance	NC Med Assist, Patient Advocate Foundation, Outer Banks Relief Foundation	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	NC Med Assist - offered statewide a free pharmacy program (offered online) Patient Advocate Foundation - Co-Pay Relief Program, 24/7 secure online portal Outer Banks Relief Foundation - 1 week process from the initial submission of application
Financial Relief	Outer Banks Relief Foundation	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input type="checkbox"/> Universal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	Outer Banks Relief Foundation - Case Manager, Lee Whitley. 1 week approval from submission of application
Justice Involved Population, Detention Center, recovery Court	DCI/HS, Sheriff's Office, NC Court System	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Indicated <input type="checkbox"/> Selected <input checked="" type="checkbox"/> Universal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Active

Appendix D. Data Presented to HCOB Partnership

Dare County 2021-2022 Community Health Needs Assessment

Data Findings
As of October 29, 2021



Health ENC



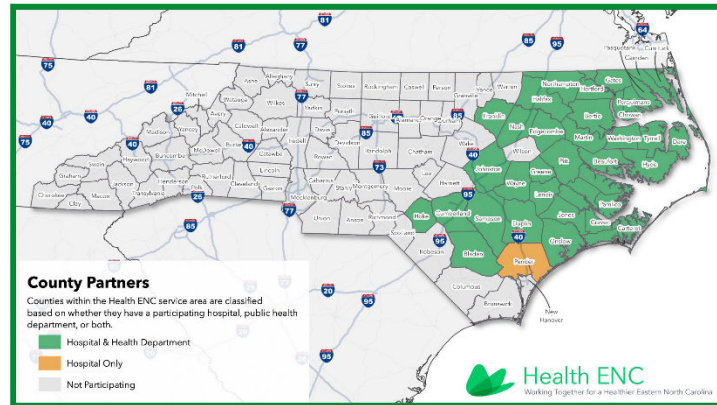
- Is a program of the **Foundation for Health Leadership & Innovation (FHLI)**, a nonprofit organization focused on improving health in North Carolina.
- Is guided by representatives from local health departments, hospitals and community organizations.
- Works together to identify health issues and concerns across eastern North Carolina (ENC).
- Includes planning of data collection every 3-4 years through the regional Community Health Needs Assessment (CHNA) process.

Community Health Needs Assessment Process (2021-2022)

Gathers health data and information that county health departments, hospitals, health systems and community groups can use to help,

- Identify and address key health needs/issues in their communities
- Plan health and disease prevention services
- Combine efforts to improve the quality and use of population health data across ENC
- Maintain local control and decision-making about the choice of health priorities and interventions
- Improve health, partnerships and communication

Participating Health ENC Counties



4

Health Data and Information Sources

- **Community Survey** - data gathered from people in each of the Health ENC counties, including:
 - Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, **Dare**, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne counties
- **Other Health Data** - provided by the NC Department of Health and Humans Services and other national and state data sources

5

Community Survey – Dare County

Community Survey

- Included 25 questions
- Made publicly available online and in paper format
- Data collected from April 1 to June 30, 2021

Key Areas Examined

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

Dare County Responses

- 1,029 Total English (Total in ENC survey = 16,661)
- 5 Total Spanish (Total in ENC survey = 502)

6

Other Health Data

- Obtained from publicly available county, state, and national data sources
- Health ENC data included all 35 participating counties
- Healthy NC 2030 Indicators, as ranked by regional representatives

7

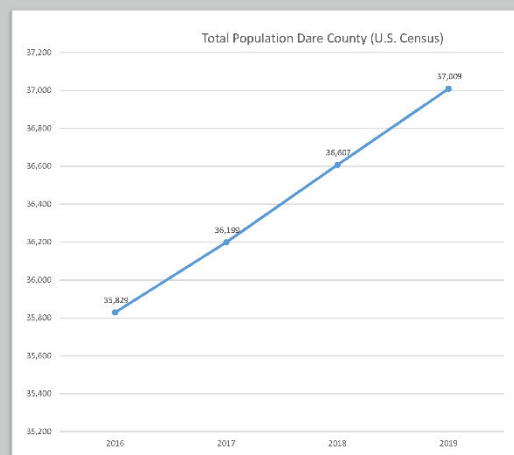
Dare County: Summary of Demographic Data

Total Population, Minority Populations, Population Growth, Age Groups, Elderly Population, Children & Families, Military/Veteran Populations, and Birth Rates.

8

Total Population

- In 2019, Dare County had a population estimate of 37,009.
- According to the U.S. Census estimates, from 2016 to 2019, Dare County's population increased by 3.3%.

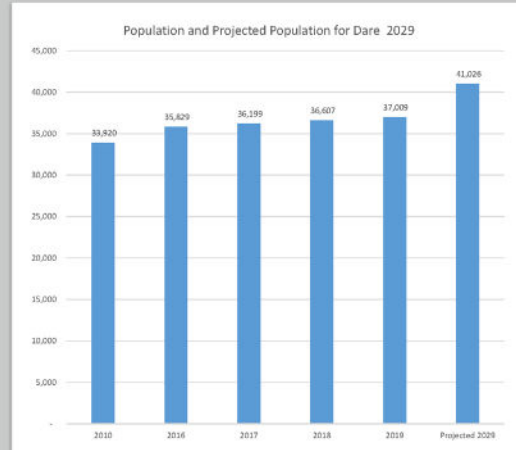


9

Projected Population

- The projected population growth for Dare County for 2029 is estimated at 41,026 persons.
- From 2010 to 2019, the total population of Dare County has increased by an overall 9%.

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census.



10

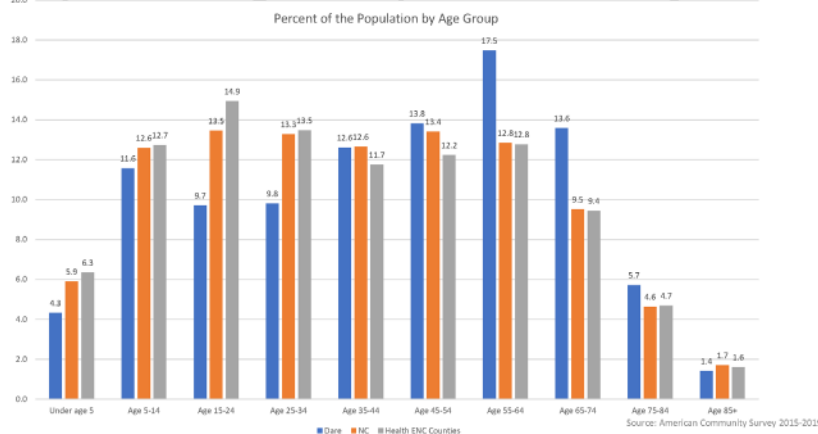
General Population Characteristics

- Dare County has essentially equal proportions of females and males.
- The median age of Dare County population is 8 years older than NC average.
- Approximately 20.9% of males in the County are under the age of 18, which is lower than NC and the Region.
- Approximately 17.6% of females in the County are under the age of 18, which is lower than NC and the Region.
- Nearly 42.0% of Dare County population is over the age of 65, a higher percent compared to the Health ENC County Region and NC.

Population by Gender and Age (Census 2015-2019)									
	Percent of Total Population		Percent of Male Population			Percent of Female Population			Median Age (Years)
	Male	Female	under 18	18+	65+	under 18	18+	65+	
Dare County	50	50	20.9	79.1	19.7	17.6	82.4	21.7	47
North Carolina	48.7	51.3	23.5	76.5	14.2	21.3	78.7	17.4	39
Health ENC Counties	49.6	50.4	23.7	76.3	13.9	22.1	77.9	17.6	N/A

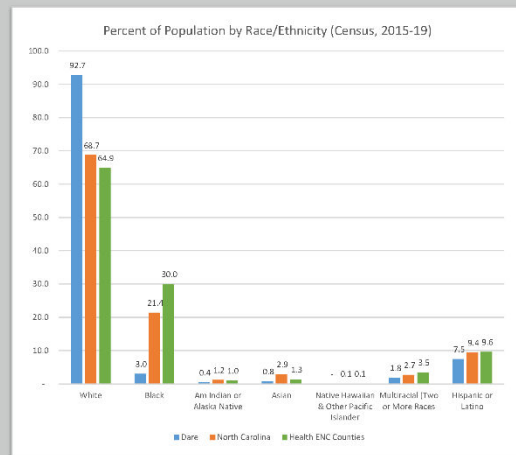
11

Population Age Groups: Dare County



Minority Populations

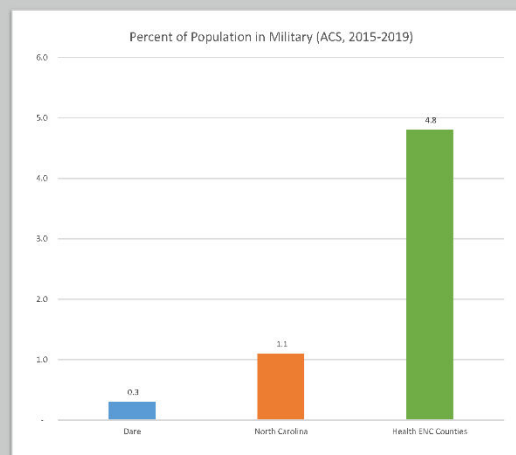
- Dare County has a higher percent of white residents, compared to NC and the Health ENC County Region.
- Dare County has a lower percent of population that identify as Hispanic/Latino (7.5%) compared to NC (9.4%) and Health ENC Counties (9.6%).



13

Military Population

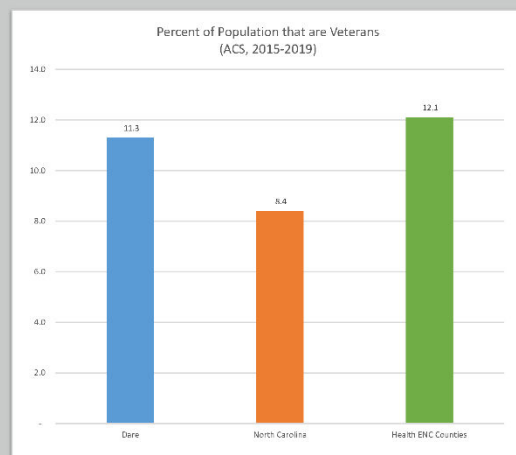
- The percentage of Military Population in Dare County is 0.3%.
- Compared to the Health ENC (4.8%) and North Carolina (1.1%), Dare County reported a lower military population.



14

Veteran Population

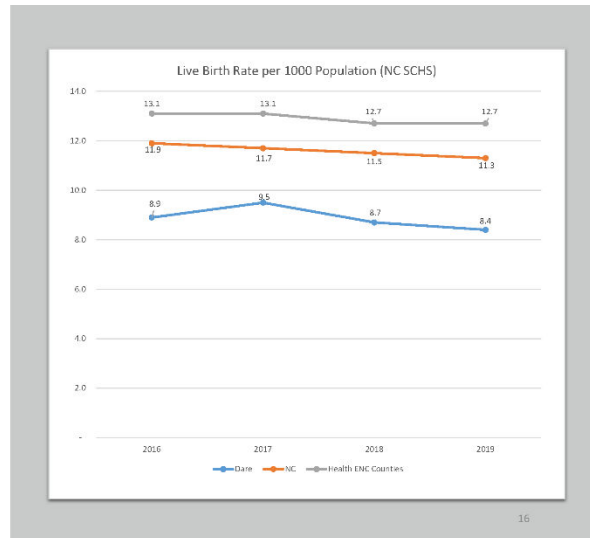
- Dare County's veteran population (11.3%) is higher than the state (8.4%) but lower than the Health ENC counties (12.1%).



15

Birth Rate

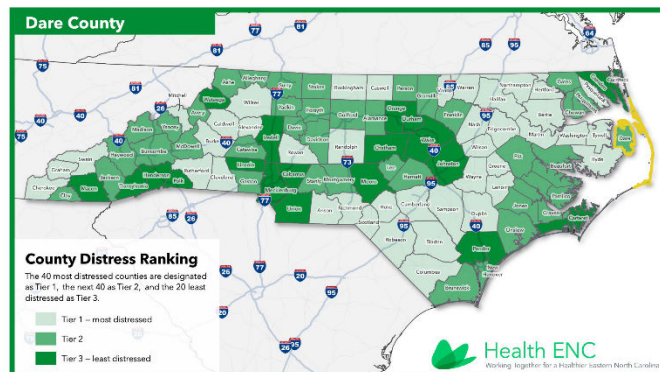
- The Dare County live birth rate demonstrated an overall decrease over the reporting period.
- A similar trend was observed across NC and the Health ENC County Region.



Dare County: Summary of Socio-economic Data

NC Department of Commerce Tier Designation, Income, Poverty, Housing, Food Insecurity, Education, Transportation, Crime and Safety, Child Abuse, and Incarceration.

NC Department of Commerce Tier Designation



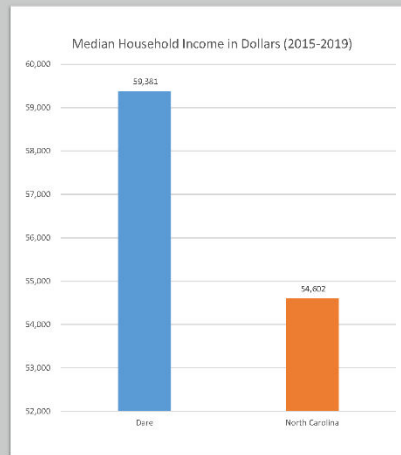
Dare County has been assigned a Tier 2 designation for 2021.

County Tiers are calculated using four factors:

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

Income

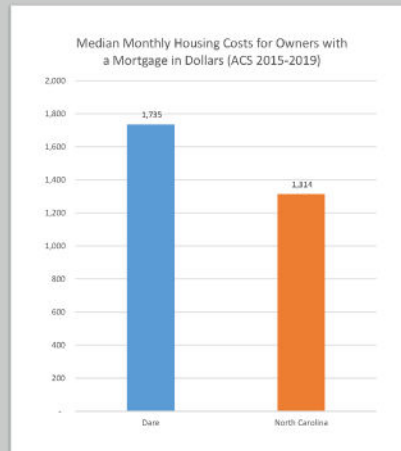
- The median household income in Dare County is \$59,381, which is higher than the median household income in North Carolina of \$54,602.



19

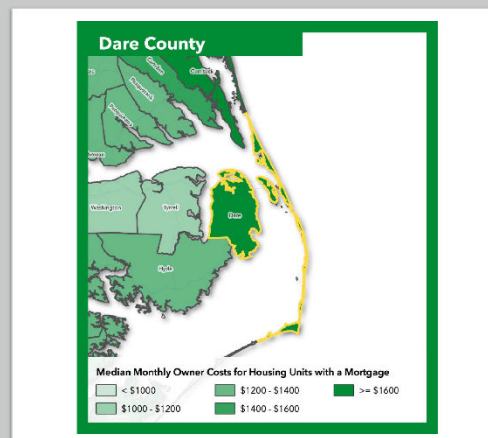
Housing – Median Monthly Housing Costs

- In Dare County, the median monthly housing costs for homeowners with a mortgage was \$1,735, which was higher than the NC median monthly housing cost of \$1,314.



20

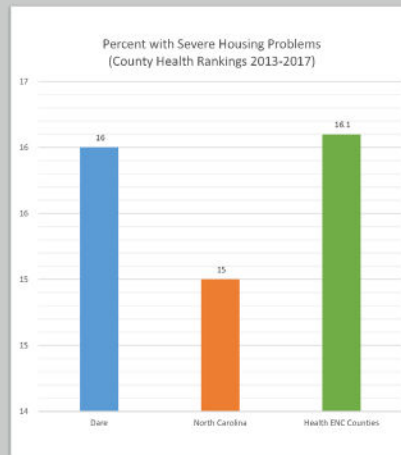
Median Monthly Household Costs in Dare County and Surrounding Counties



21

Severe Housing Problems

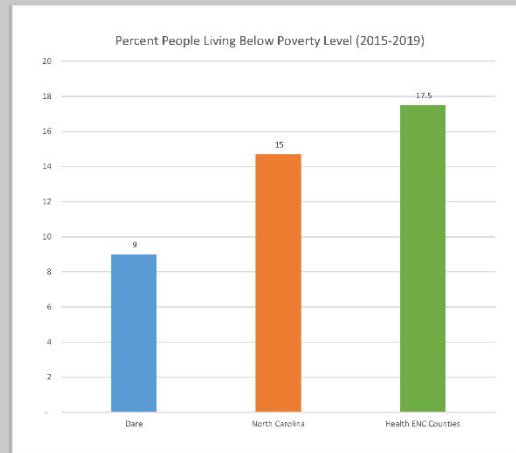
- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- In 2013-2017, an estimated 16.0% of households in Dare County had severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



22

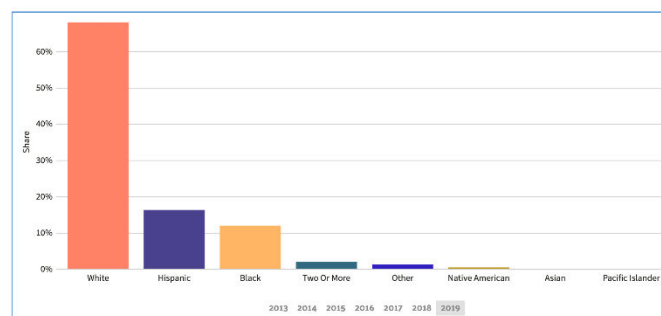
Poverty

- In Dare County an estimated 9.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC Region.



23

Poverty by Race and Ethnicity



Source: U.S. Census Bureau ACS 5 year Estimate
<https://datausa.io/profile/geo/dare-county-race-economy>

24

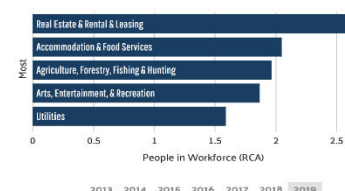
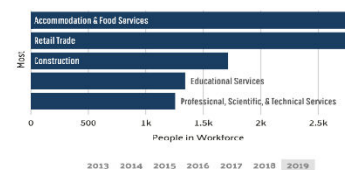
- The rate of children living below the poverty level was lower for Dare County when compared to NC and the Health ENC Counties during the reported period.



- In 2015-2019, the rate of adults age 65+ years living in poverty was 2.9% or 6.2% lower in Dare County when compared to NC and 7.4% lower than Health ENC County Region.



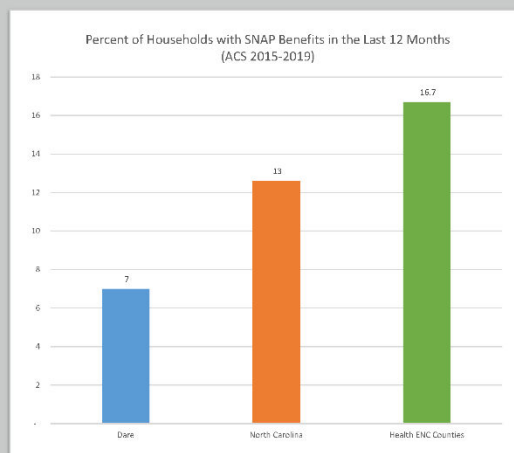
- The most common industries in Dare County by number of employees, are Accommodation & Food Services (2,841 people), Retail Trade (2,836 people), and Construction (1,717 people).
- Compared to other counties Dare County has an unusually high number of Real Estate & Rental & Leasing (2.74 times higher than expected), Accommodation & Food Services (2.05 times), and Agriculture, Forestry, Fishing & Hunting (1.96 times) industries.



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

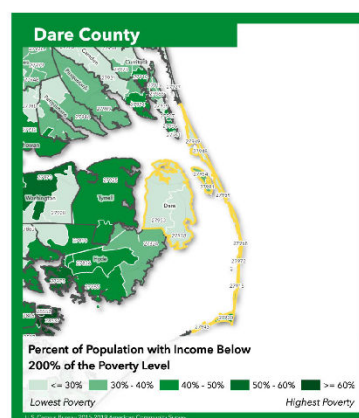
Food Insecurity – Households with SNAP Benefits

- The percent of households with Supplemental Nutrition Assistance Program (SNAP) benefits in Dare County was 7.0%, which was lower than the state value of 13.0% and 16.7% lower than the Health ENC County Region.



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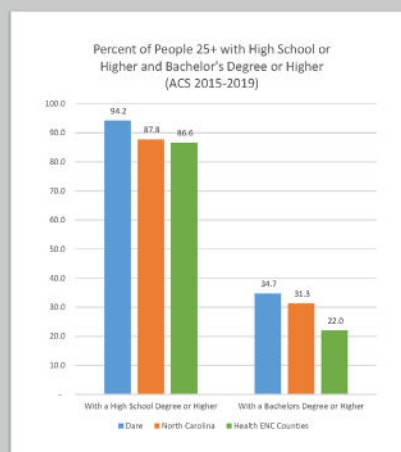
Percent of Population with Income Below 200% of the Poverty Level by Zip Code: Dare County



29

Educational Attainment

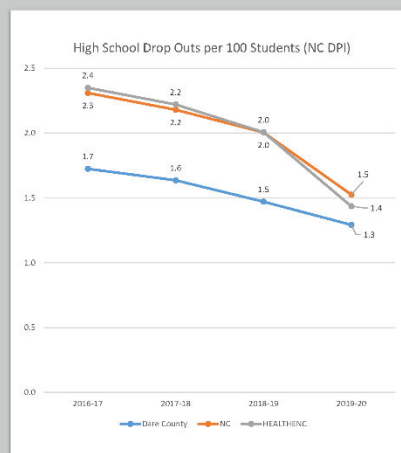
- In Dare County the percent of residents 25 or older with a high school degree or higher was higher (94.2%) compared to NC (87.8%) and the Health ENC Region (86.6%).
- Percent of population with a Bachelor's degree or higher in Dare County was higher (34.7%) compared to NC (31.3%) and the Health ENC County Region (22.0%).



30

High School Drop Out Rate

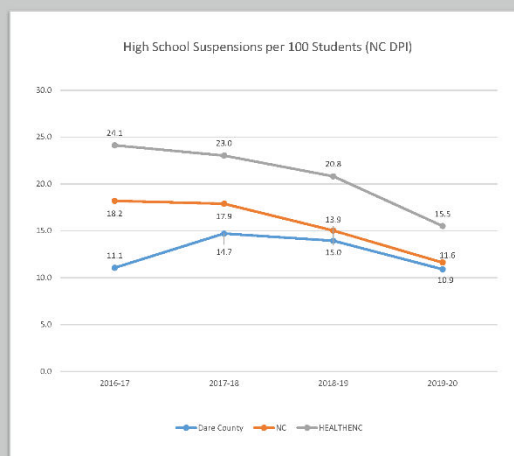
- Dare County's high school dropout rate was 1.3% in 2019-2020, which was slightly lower than the 1.5% rate in NC and the 1.4% rate in the Health ENC region.
- Dare County's high school dropout rate has decreased from 1.7% in 2016-2017 to 1.3% in 2019-2020.



31

High School Suspension Rate

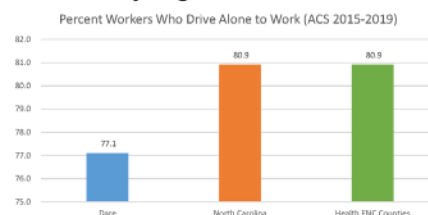
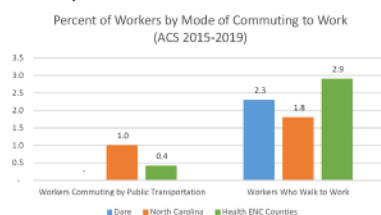
- In 2019-2020, Dare County's rate of high school suspension (10.9 per 100 students) was lower than NC's rate (11.6) and Health ENC counties (15.5).



32

Transportation

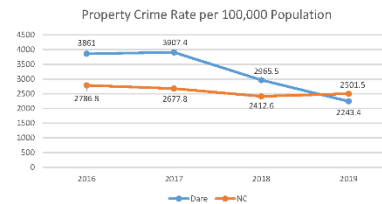
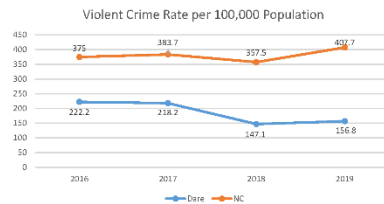
- In Dare County, data was not available for the percent of workers who commuted to work by public transportation.
- Approximately 2.3% of workers in Dare County walked to work, higher than the 1.8% in NC.
- An estimated 77.1% of workers 16 and older drove alone to work, compared to 80.9% in NC and Health ENC County Region.



33

Crime and Safety

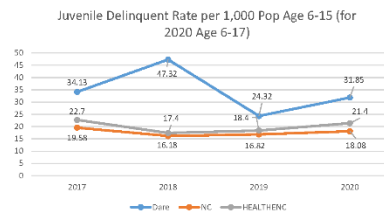
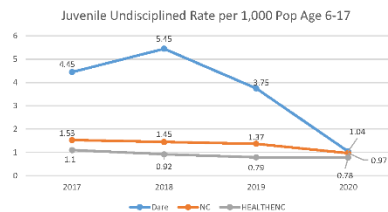
- From 2016 to 2019, the violent crime rate in Dare County decreased from 222.2 to 156.8.
- During the same time period, the property crime rate decreased from 3,861 to 2,243.4.



34

Juvenile Crime

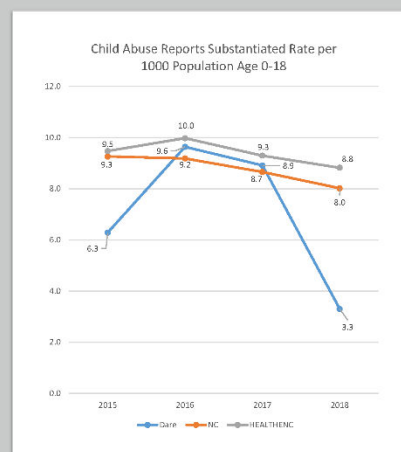
- In 2020, the juvenile undisciplined rate in Dare County (1.04) was higher than the rate in NC (0.97) and the Health ENC County Region (0.78).
- In 2020, the juvenile delinquent rate for Dare County was higher (31.85) than NC (18.08) and the Health ENC County Region (21.40).



35

Child Abuse

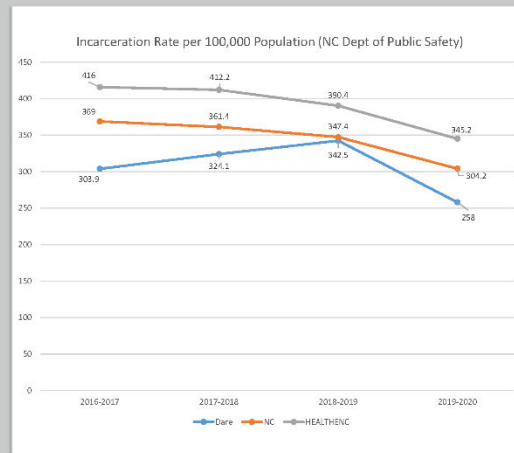
- The 2018 child abuse rate in Dare County (3.3 per 1,000 pop.) was considerably lower than NC (8.0 per 1,000 pop.) and the Health ENC County Region (8.8 per 1,000 pop.).



36

Incarceration

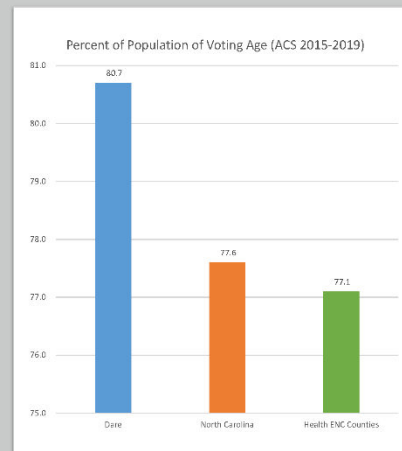
- Over the past four measurement periods, the incarceration rate in Dare County has been increasing except for 2019-2020 when it went down.
- In 2019-2020, the incarceration rate in Dare County was lower (258.0 per 1,000 population) than NC (304.2) and the Health ENC Region (345.2).



37

Civic / Political Activity

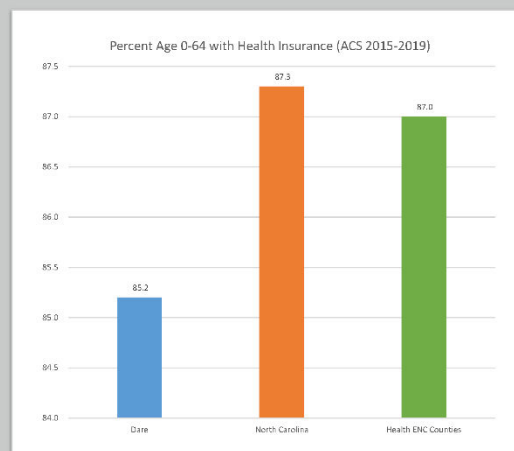
- Dare County has a higher percent of residents of voting age (80.7%) than NC (77.6%) and the Health ENC County Region (77.1%).



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Health Insurance Coverage

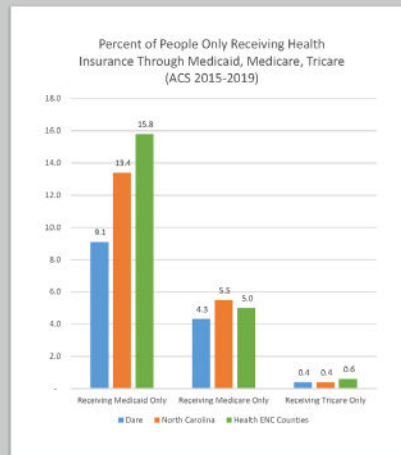
- Almost 15.0% of the population 0-64 years of age in Dare County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Dare County is 85.2%, which was lower than the rate of 87.3% for NC and 87.0% for the Health ENC County Region.



39

Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

- In Dare County, 9.1% of the reported population received health insurance coverage through Medicaid, 4.3% Medicare, and 0.4% Tricare.



40

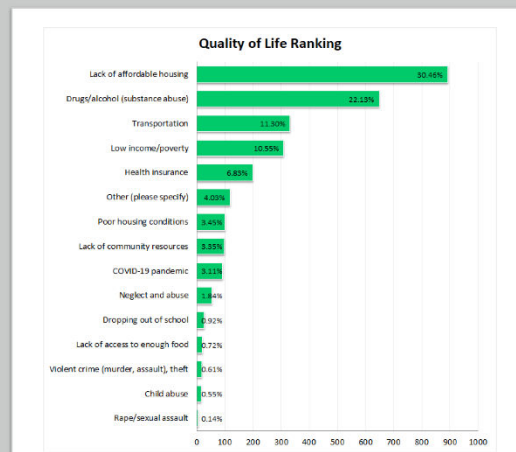
Dare County: Summary of Community Survey, Mortality, and Other Health Data

41

Community Survey Results: Dare County

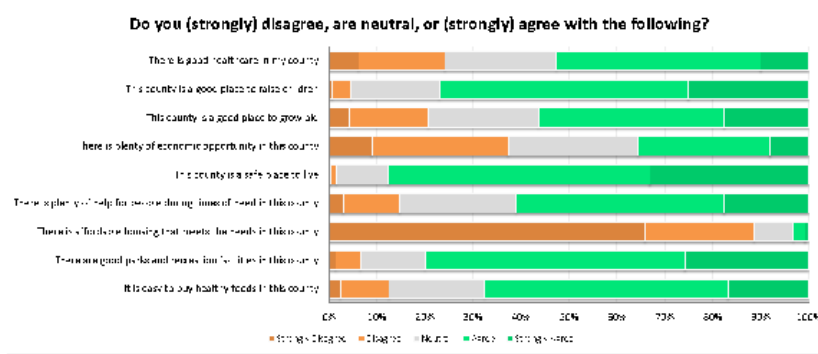
Top 3 Quality of Life Issues identified in community survey

- 30.46% (892) responded Lack of affordable housing
- 22.13% (648) responded Drugs/alcohol (substance abuse)
- 11.30% (331) responded Transportation



42

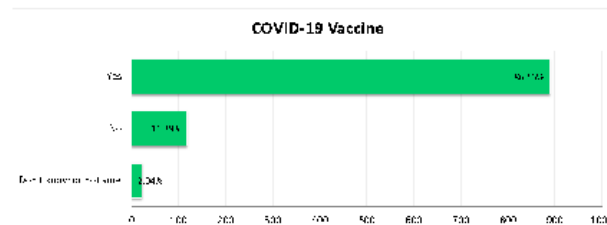
Community Survey Results: Dare County



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Community Survey Results: Dare County

QUESTION: Have you had a COVID-19 vaccine?



Note: Community survey was distributed between April 1 and June 30, 2021.

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NC, Health ENC County Region, and Dare County Life Expectancy (L.E.) at Birth

State/Region/County	Sex						Race			
	Total		Male		Female		White		African American	
	L.E.	Range	L.E.	Range	L.E.	Range	L.E.	Range	L.E.	Range
North Carolina	78.1	78.1-78.2	75.5	75.4-75.5	80.7	80.6-80.7	78.9	78.9-79.0	75.8	75.7-75.9
Health ENC County Region	76.7	75.6-77.8	73.6	72.0-75.3	79.8	78.3-81.2	77.4	76.1-78.7	75.4	73.2-77.6
Dare	79	78.2-79.8	76.4	75.2-77.6	81.7	80.6-82.8	78.9	78.1-79.7	N/A	N/A

*Range of L.E. is 95% confidence interval.
(2015-2017)

<https://data.cdc.gov/data/lifeexpectancy/>

L.E.s for African Americans are suppressed (labeled N/A) due to small numbers and instability in calculations.

Top 5 Leading Causes of Death: Dare County

1	Cancer
2	Heart Disease
3	Other Unintentional Injuries
4	Chronic Lower Respiratory Diseases
5	Cerebrovascular Disease

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

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Leading Causes of Death: Dare County

Dare County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Cancer	76	205.36	1	Cancer	18,963	190.34	1	Heart Disease	4,546	210.2
2	Heart Disease	70	188.14	2	Heart Disease	18,661	187.46	2	Cancer	4,545	209.91
3	Other Unintentional Injuries	24	64.85	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,213	56.18
4	Chronic Lower Respiratory Diseases	23	62.15	4	Cerebrovascular Disease	5,202	49.41	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Cerebrovascular Disease	21	56.74	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Pneumonia and Influenza	12	32.42	6	Alzheimer's Disease	4,108	42.38	6	Alzheimer's Disease	918	42.45
7	Alzheimer's Disease	10	27.02	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	858	38.75
8	Chronic Liver Disease and Cirrhosis	8	21.62	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.32	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Diabetes Mellitus	8	21.62	9	Pneumonia and Influenza	1,790	16.49	9	Motor Vehicle Injuries	460	21.27
10	Essential Primary Hypertension	6	16.21	10	Motor Vehicle Injuries	1,406	13.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019. Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/mvs/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

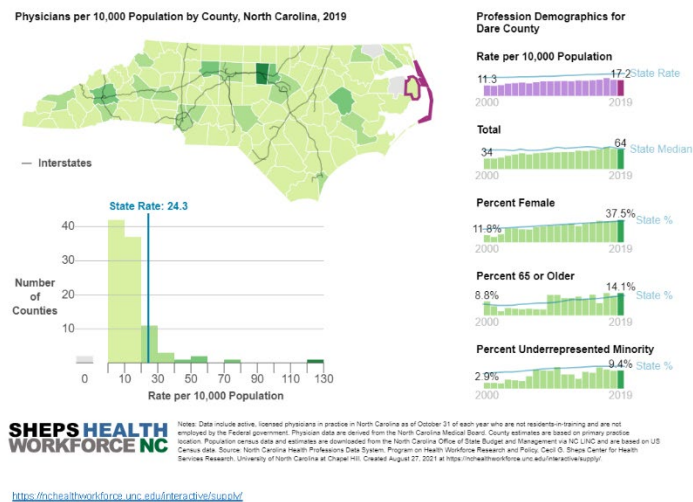
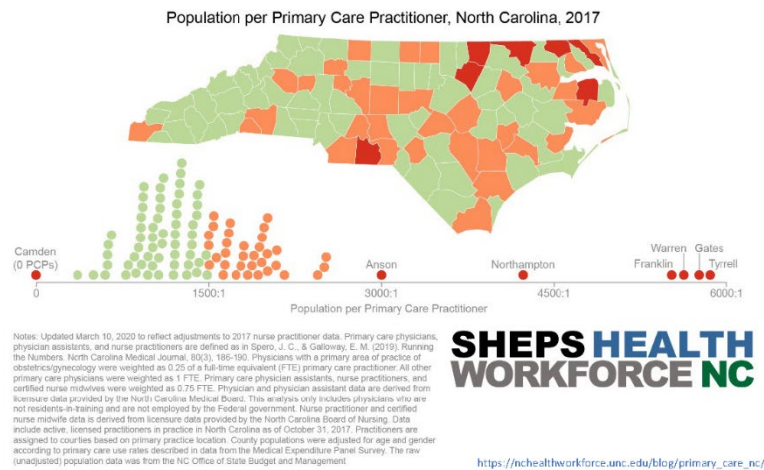
47

Death Rates by Race, Ethnicity, and Gender: Dare County

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,664	754.6	36	693.9	1	N/A	7	N/A	16	N/A	941	861.5	783	619.3	1,724	737.1
Diseases of Heart	351	155.1	6	N/A	0	N/A	2	N/A	3	N/A	220	196.6	142	112.8	362	151.1
Acute Myocardial Infarction	56	25.3	2	N/A	0	N/A	0	N/A	1	N/A	38	36.1	21	16.5	59	25.5
Other Ischemic Heart Disease	177	75.3	3	N/A	0	N/A	1	N/A	1	N/A	123	103.5	59	46.6	182	73.1
Cerebrovascular Disease	94	41.5	4	N/A	0	N/A	0	N/A	1	N/A	47	44.7	52	40.0	99	42.1
Cancer	422	169.0	5	N/A	1	N/A	0	N/A	5	N/A	248	198.1	185	135.1	433	164.5
Colon, Rectum, and Anus	36	15.0	0	N/A	0	N/A	0	N/A	0	N/A	23	20.4	13	N/A	36	14.0
Pancreas	25	9.8	0	N/A	0	N/A	0	N/A	1	N/A	20	15.9	6	N/A	26	9.9
Trachea, Bronchus, and Lung	137	51.9	1	N/A	1	N/A	0	N/A	2	N/A	83	63.1	58	40.5	141	50.9
Breast	23	17.8	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	24	17.4	24	17.4
Prostate	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A	18	N/A	0	N/A	18	N/A
Diabetes Mellitus	28	12.1	0	N/A	0	N/A	1	N/A	0	N/A	18	N/A	11	N/A	29	11.8

Source: N.C. State Center for Health Statistics, (2014-2018)

<https://chs.dph.ncdhhs.gov/data/databook/CD128%20race-specific%20and%20sex-specific%20rates.rtf>
 Standard = Year 2000 U.S. Population ; *Rates Per 100,000 Population

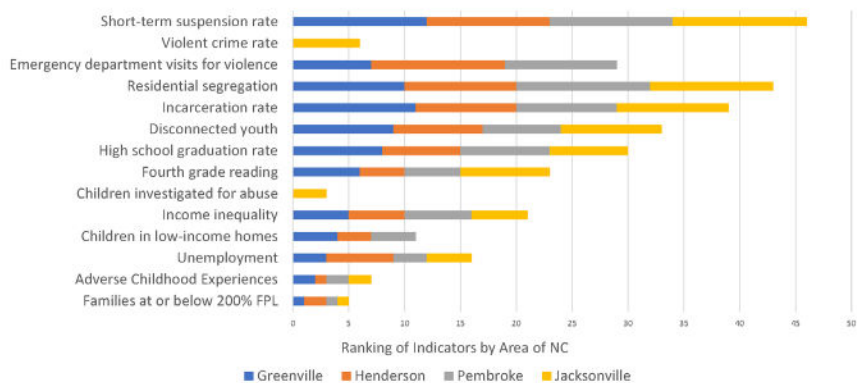


Healthy NC 2030: Community Input Sessions

- For Healthy NC 2030, the focus shifted from individual health topics to a population health framework.
- Current focus is on health equity and overall drivers of health outcomes.
- Statewide community input sessions provided additional insight on Social & Economic, Physical Environment, Health Behaviors, and Clinical Care factors.

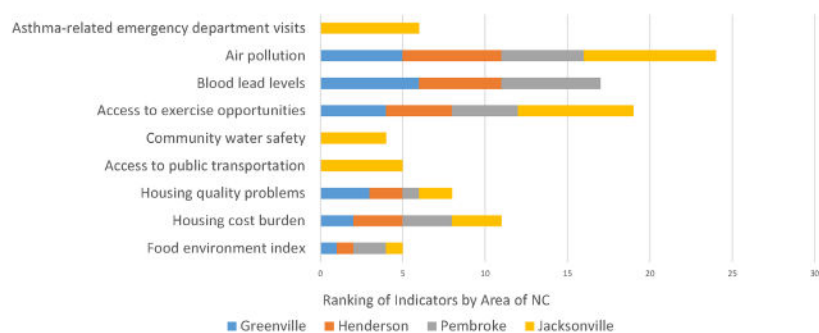
Source: Healthy NC 2030. <https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf>

Health Indicator: Social & Economic Factors



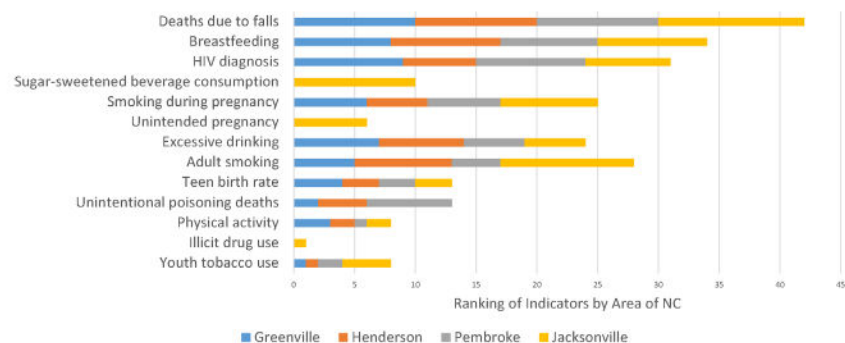
55

Health Indicator: Physical Environment



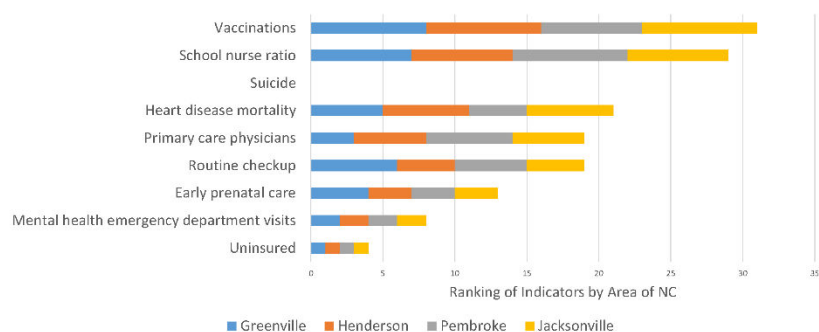
56

Health Indicator: Health Behaviors



57

Health Indicator: Clinical Care



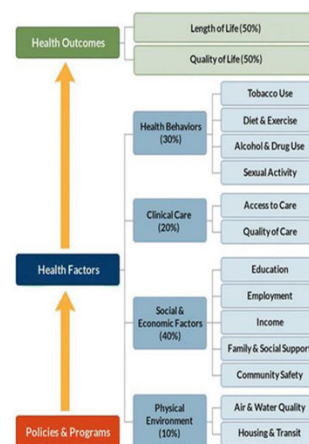
58

County Health Ranking Indicators

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Framework: County Health Rankings Model

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The rankings provide county-level data on health behavior, clinical care, social & economic, physical environment factors.



Source: County Health Rankings
<https://www.countyhealthrankings.org>

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Health Indicators: Dare County

Areas to Explore

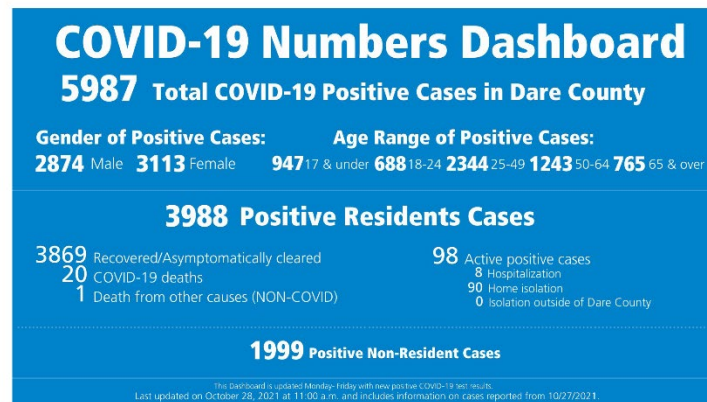
Areas of Strength

Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Indicators / Measures	Dare	NC
Health Outcomes		
Premature Death	6,900	7,600
Low Birthweight	6%	9%
Health Factors		
Health Behaviors		
Adult Smoking	17%	18%
Adult Obesity	28%	32%
Excessive drinking	22%	18%
Alcohol impaired driving deaths	11%	28%
Teen Births	15	22
Clinical Care		
Uninsured	15%	13%
Preventable hospital stays	2231	4539
Mammography Screening	43%	46%
Flu Vaccinations	50%	52%
Social & Economic Factors		
High School Completion	94%	88%
Unemployment	4.70%	3.90%
Children in Poverty	14.00%	19.00%
Income inequality	3.70%	4.70%
Children in single parent households	17.00%	28.00%
Physical Environment		
Air Pollution - particulate matter	7.2	8.5
Drive alone to work	77.0%	81%

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COVID-19



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Summary and Considerations

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Limitations

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

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Next Steps

- Add Additional Data as Needed
 - Trend data
 - Populations at risk
 - Substance abuse & mental health
- Data Analysis
- Create a Watch List
- Service Inventories
- HCOB Prioritization
- Community Prioritization
- Present CHNA to Key Stakeholders & Community
- Determine HCOB Task Forces
- Community Health Improvement Plan

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Prioritization Process

- Public Input
 - Degree of Concern
 - Degree of Awareness
- HCOB Partnership
 - Magnitude of the Problem
 - Feasibility of Correcting
 - Severity of the Problem
- Average of all Criteria

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References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DBHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DBHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DBHS State Center for Health Statistics	2014-2018
Leading causes of injury deaths, hospitalization, and ED visits	NC-DBHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DBHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DBHS State Center for Health Statistics	2018
Health ENC Primary Data Questions - Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DBHS	2020
County Health Rankings	Robert Wood Johnson Foundation	Varies

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References (cont'd)

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2013-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Minority Population	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Birth Rate	NC State Center for Health Statistics	2014-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Poverty by race and ethnicity	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Housing - Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Housing - median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting, % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2013-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021

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References (cont'd)

Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigation, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	N.C. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1,000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Wood Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

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Trend Data Mortality & Morbidity

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Updates & Additional Data Presentation

11.19.2021



Health ENC
Working Together for a Healthier Eastern North Carolina
<https://www.healthenc.org/>

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Dare County Mortality Trends, 2012-2019

Mortality Rates, Age-Adjusted, Five Year Periods, 2012-2019					
Cause of Death	Dare County Data				2015-2019
	2012-2016	2013-2017	2014-2018	2015-2019	NC Data
Diseases of the Heart	157.3	153.2	151.1	145.1	↓ 157.3
Cancer	161.9	168.1	164.5	163.1	↑ 158.0
Pneumonia & Influenza	44	34.1	28.8	23.2	↑ 16.7
Chronic Lower Respiratory Disease	35.4	38.3	36.3	36.9	↓ 44.0
Cerebrovascular Diseases	30	35	42.1	42.4	↓ 42.7
Alzheimer's Disease	20.8	24.5	27.3	26.9	↓ 36.9
Suicide	20.2	19.6	19.9	19.3	↑ 13.4
Unintentional Non-Motor Vehicle Injury	35.1	39	48	52.5	↑ 39.3
Unintentional Motor Vehicle Injury	n/a	n/a	n/a	n/a	14.7
Chronic Liver Disease & Cirrhosis	15	17.7	17.8	18.7	↑ 10.6
Septicemia	12	11.5	11.9	11.7	↓ 12.7
Nephritis, Nephrotic Syndrome & Nephrosis	13.6	15.7	15	14.0	↓ 16.5
Diabetes Mellitus	n/a	8.8	11.8	13.1	↓ 23.8
Homicide	n/a	n/a	n/a	n/a	6.8
Acquired Immune Deficiency Syndrome	n/a	n/a	n/a	n/a	36.9
Total Mortality Rate	700.2	722	737.1	733.1	780.0

n/a indicates fewer than 20 cases; NC State Center for Health Statistics, County Health Data Book (2018, 2019, 2020, 2021), Mortality, Race- Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/data/databook/>

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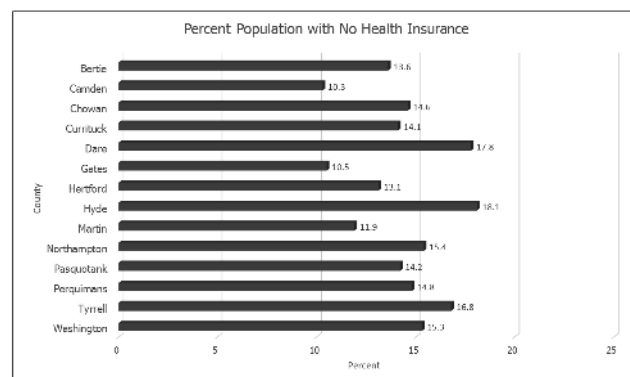
Dare County Morbidity Data, 2010-2018

Morbidity Data					
Percent	2014	2015	2016	2017	Source
Adults 20+ with Diabetes	10%	10%	10%	11%	1
Adults 20+ with Obesity	25%	24%	23%	28%	1
Rates					
	2010-2014	2013-2017	2014-2018	NC Rate	
All Cancer Incidence	430.1	480.0	457.3 ↑	433.3	2
Oral Cavity & Pharynx Cancer	14.3	19.2	16.3 ↑	6.7	2
Ovarian Cancer	13.5	11.4 *	↑	10.1	2
Lung & Bronchus Cancer	68.7	77.3	60.6 ↑	55.9	2
Pancreatic Cancer	12.2 n/a	*	↑	11.5	2
Bladder Cancer	20.1	14.0	13.0 ↑	8.6	2
Prostate Cancer	113.4	108.0	115.4 ↓	119.3	2
Liver & Bile Duct	7.0	11.7	14.9 ↑	13.4	2
Breast Cancer	116.3	131.0	133.6 ↓	136.5	2
Colorectal Cancer	35.7	37.3	31.8 ↓	32.4	2

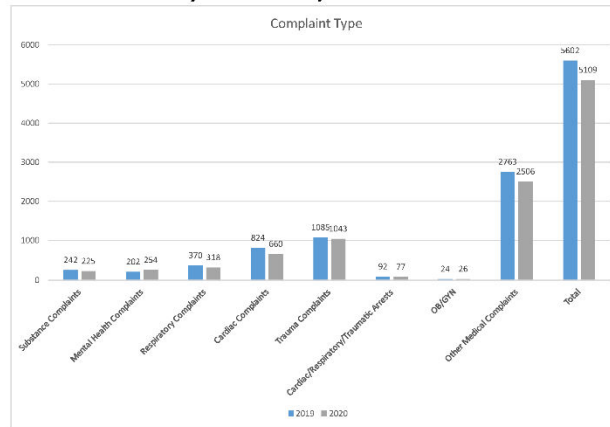
1 County Health Rankings, 2018 & 2019, <https://www.countyhealthrankings.org/app/north-carolina/2021/rankings/dare/county/outcomes/overall/snapshot>
2 Cancer, <https://www.statecancerprofiles.cancer.gov/incidencerates/>

General Health Data

Percent Population with no Health Insurance Region 9 (NC SDH)

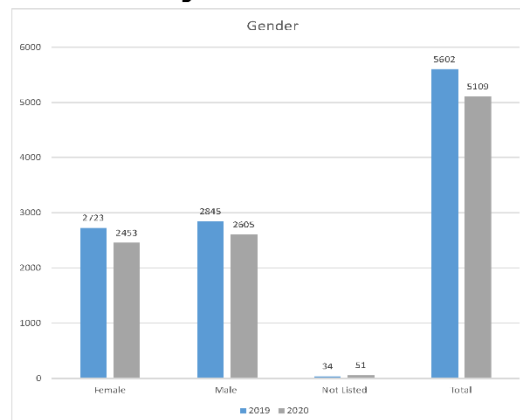


Dare EMS Calls, 2019, 2020



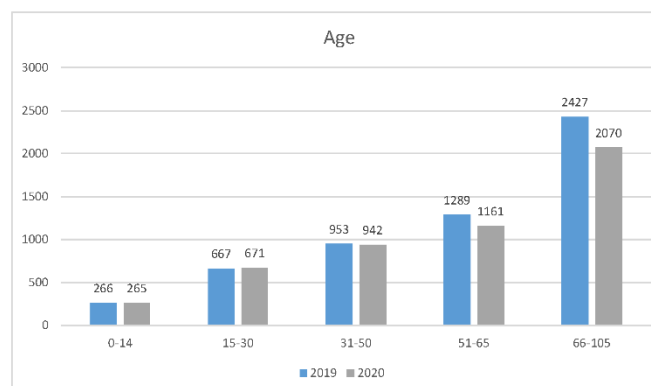
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Dare EMS Calls by Gender, 2019, 2020



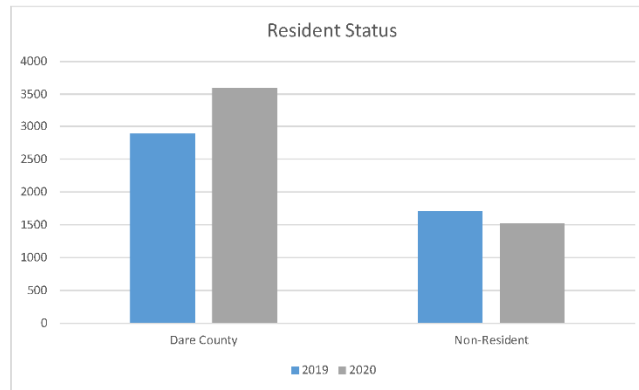
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Dare EMS Calls by Age Group, 2019, 2020



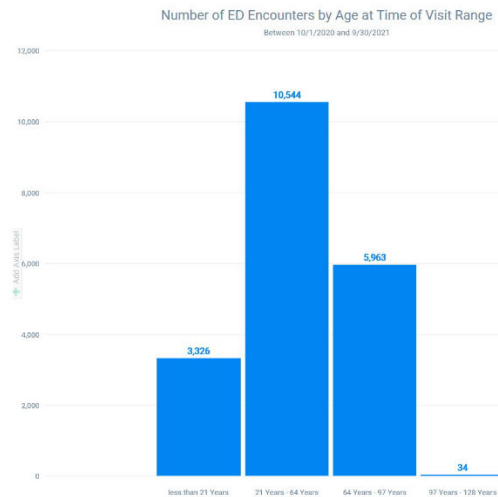
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Dare EMS Calls by Resident Status, 2019, 2020

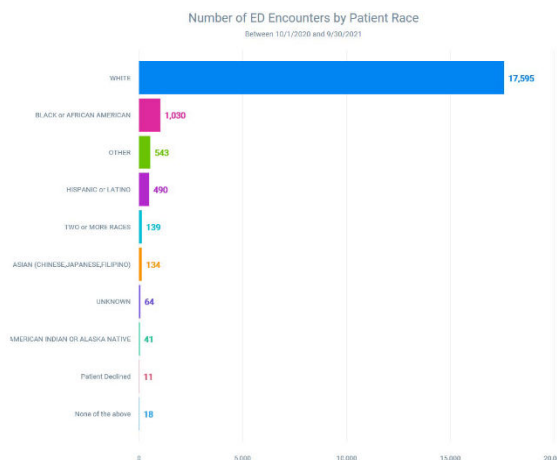


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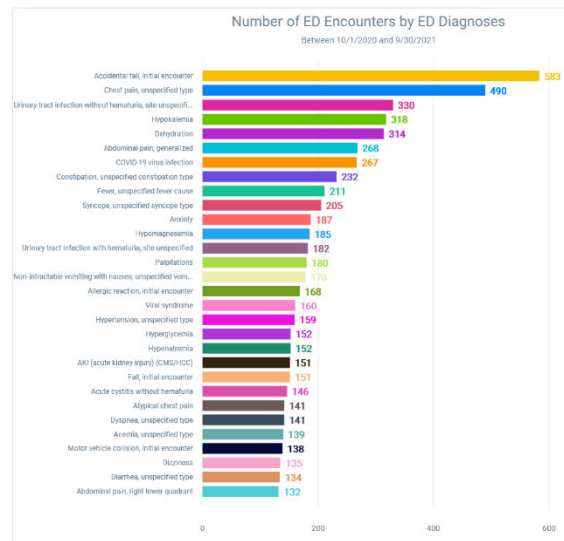
Number of Emergency Department Encounters by Age at Time of Visit



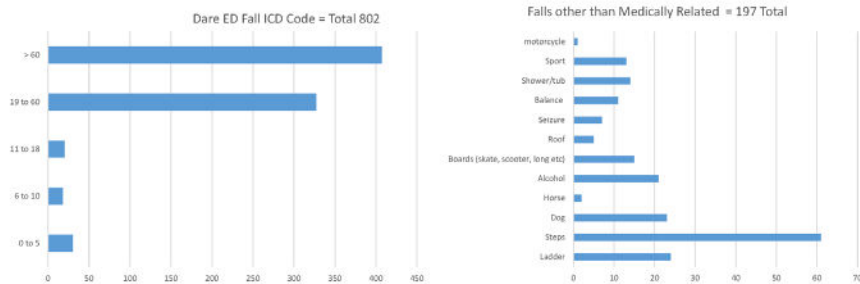
Number of Emergency Department Encounters by Race



Top 30 Emergency Department Diagnosis FY 2021



Falls in Dare County, October 2020-2021

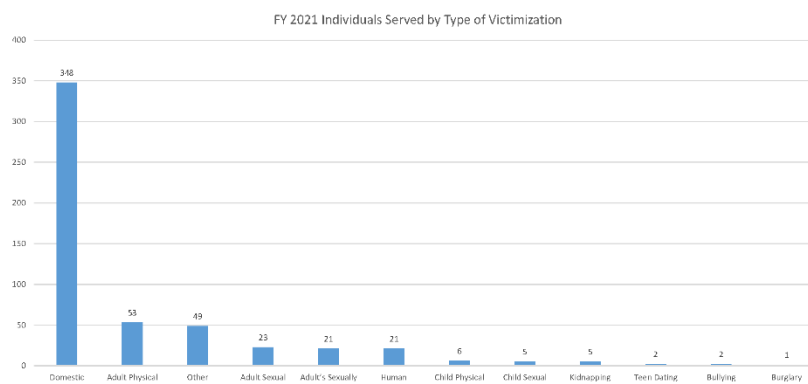


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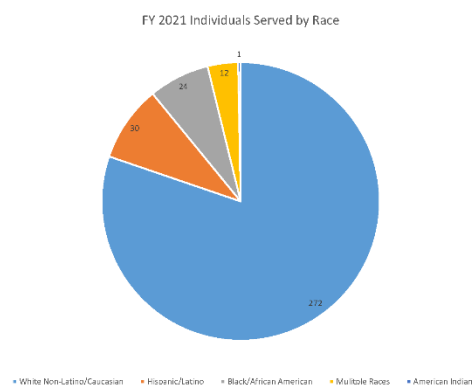
Domestic Violence & Sexual Assault

84

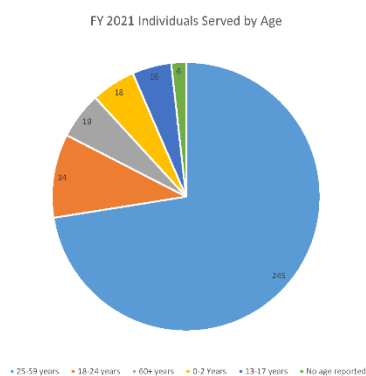
Outer Banks Hotline FY 2021



Outer Banks Hotline FY 2021

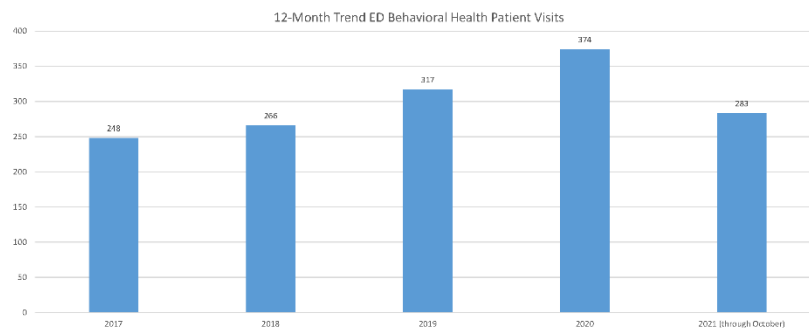


Outer Banks Hotline FY 2021

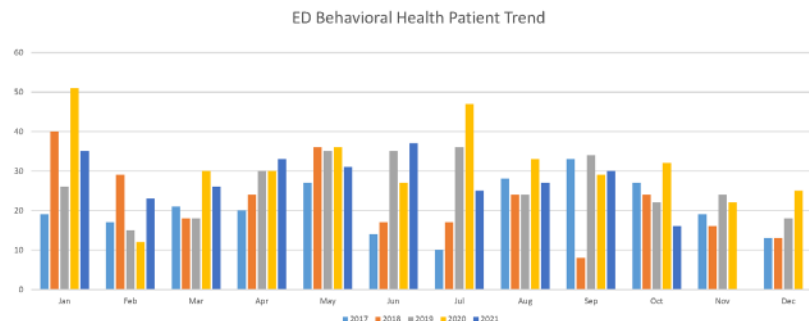


Behavioral & Mental Health Data

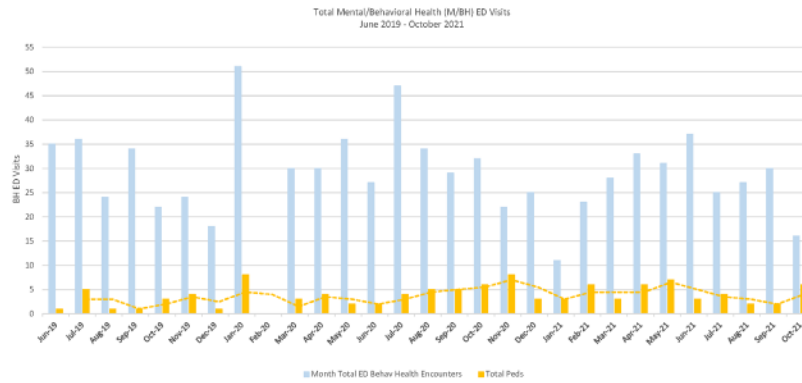
Emergency Department Behavioral Health Visits by Year



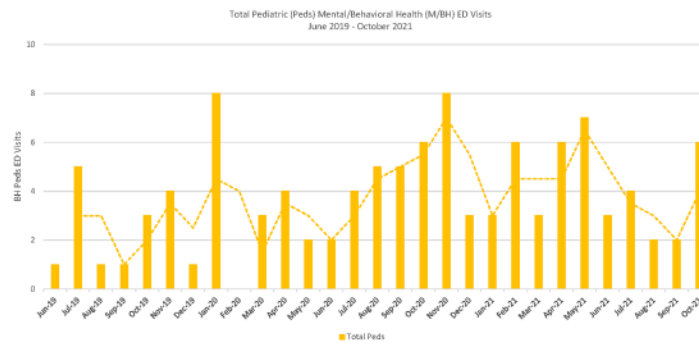
Emergency Department Behavioral Health Visits by Month



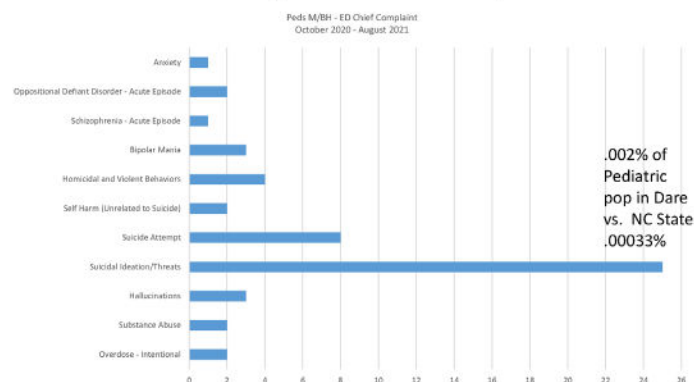
Behavioral/Mental Health Emergency Department Visits: Total and Pediatrics



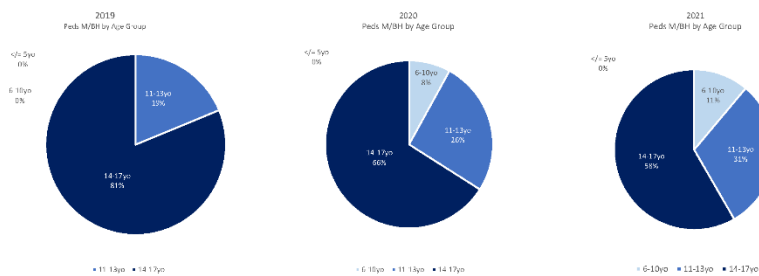
Behavioral/Mental Health Emergency Department Visits: Pediatrics



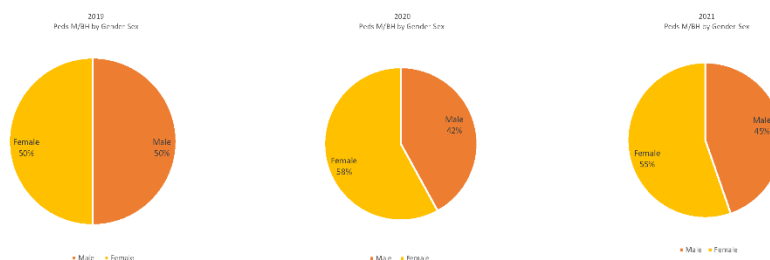
Pediatric Behavioral/Mental Health Visits by Chief Complaint



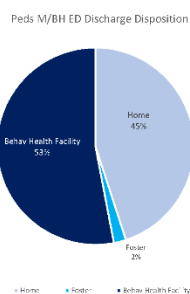
Pediatric Behavioral/Mental Health Emergency Department Visits by Age Group



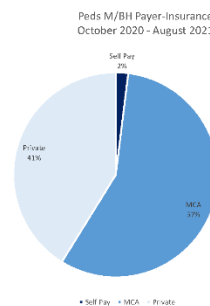
Pediatric Behavioral/Mental Health Emergency Department Visits by Gender/Sex



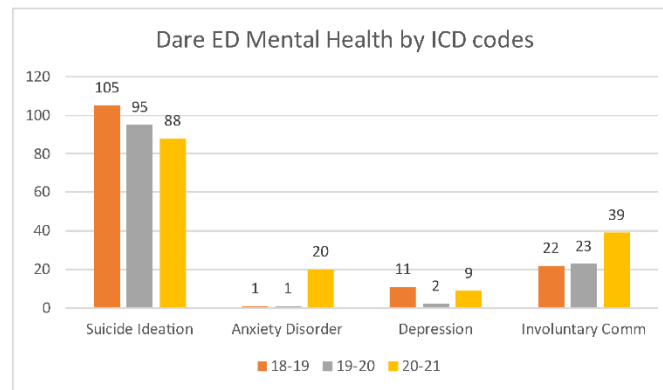
Discharge Disposition of Pediatric Behavioral/Mental Health Emergency Department Visits



Payer/Insurance of Pediatric Behavioral/Mental Health Emergency Department Visits



Mental Health Visits to ED, 2018-2021



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Substance Abuse Data

98

Medication/drug Overdoses

Rate of unintentional medication/drug overdoses death per 100,000 in Dare (2014-2018) is 24.5 compared to 16.7 statewide (NC DPH IVP2019).

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Opioid Overdoses

Rate of unintentional opioid overdoses death per 100,000 in Dare (2014-2018) is 21.7 compared to 13.6 statewide (NC DPH IVP2019).

100

Opioid pills dispensed

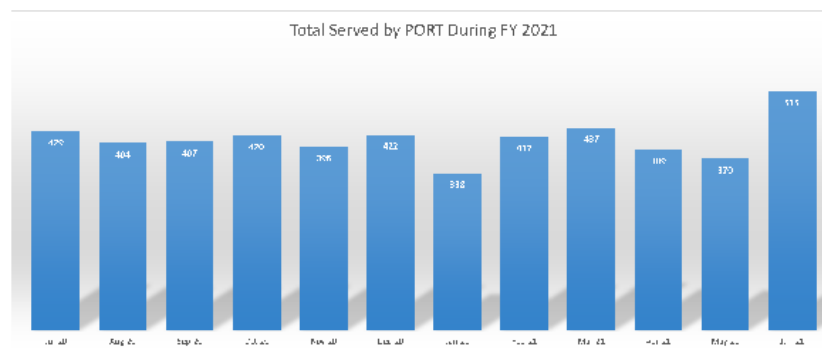
Rate of outpatient opioid pills dispensed per NC resident in 2018 for Dare County 46.7 compared to 43.7 statewide (NC DPH IVP 2019).

101

Cross Cutting: Mental Health & Substance Abuse Data

102

Total Number of Patients Served During FY 2021



PORT Patient Demographics 7-1-19 to 6-30-20

Gender	No. of Patients	Race	No. of Patients
Female	629	American Indian	5
Male	432	Asian (non-Pacific Islander)	4
Unknown	1	Black, African-American	37
Grand Total	1062	Hispanic, Latino	40
		Other	12
		Pacific Islander	2
		White (non-Hispanic/ Latino)	945
		(blank)	13
		Grand Total	1062

Child/Adult	No. of Patients
Children (less than 18)	173
Adults (18 and over)	889
Grand Total	1062

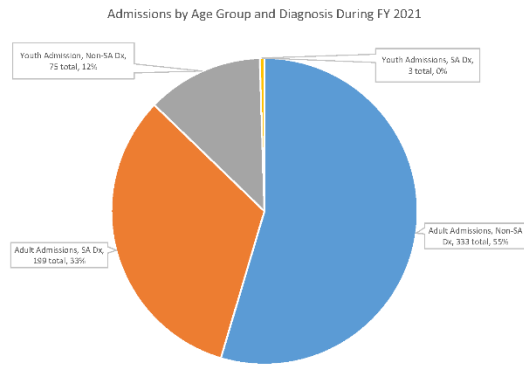
104

PORT Patient Diagnosis & Insurance Status 7-1-19 to 6-30-20

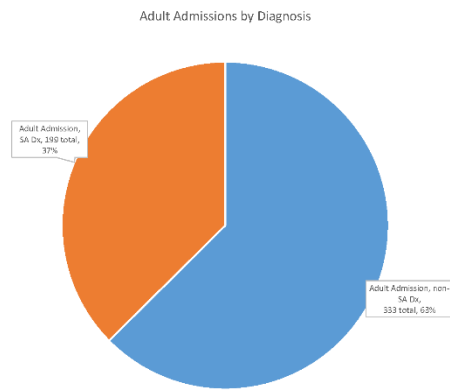
Diagnosis Code	No. of Patients	Insurance	No of Patients
F33.1	210	Medicaid	188
F11.20	145	Medicare	135
F41.1	115	State Funded (IPRS)	406
F10.20	60	BCBS	176
The rest have various other disorders.		Other insurances	157
		Total	1062

105

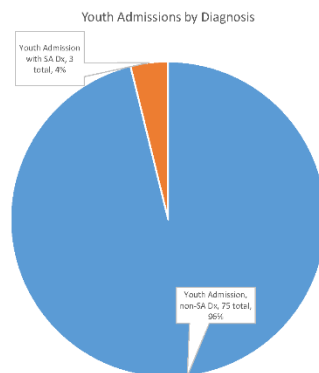
Total Dare County PORT Admissions for FY 2021



Dare County PORT Adult Admissions for FY 2021: Substance Abuse Diagnosis vs. Behavioral/Mental Health Diagnosis



Dare County PORT Youth Admissions for FY 2021: Substance Abuse Diagnosis vs. Behavioral/Mental Health Diagnosis



Mobile Crisis Data, 2019, 2020

Call Information	2019	2020
Total Calls	107	106
Diverted from inpatient	79	81
Mental Health	56	44
Childrens Mental Health	17	24
Substance Abuse	34	38
Seeking Detox	34	41
Linked	20	21

Response Times	2019	2020
Within 1 Hour	46	56
1-2 hours	53	47
Over 2	8	3

Ages	2019	2020
3-5 years	0	0
6-10 years	4	4
11-18 years	14	16
19-25 years	6	19
26-30 years	20	7
31-45 years	20	24
46-55 years	18	17
55 + years	25	19

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Watch List

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Watch List

• Cancer

- A Minimal decrease in cancer death rate from previous period cited (164.5→163.1)
- slightly higher than NC death rate (158.0)
- All Cancer incidence has decreased (480.0→ 457.3) since last reporting period, however is higher than the state (433.3)
- Since the last reporting period, oral cavity & pharynx cancer (19.2 →16.3), lung & bronchus cancer (77.3→ 60.6), bladder cancer (14.0→ 13.0), and colorectal cancer (37.3→ 31.8) have decreased
- Dare County has higher incidence rates than NC for oral cavity & pharynx cancer, ovarian cancer, lung & bronchus cancer, pancreatic cancer, bladder cancer, liver & bile duct
- Prostate cancer, breast cancer, and colorectal cancer rates have decreased since the last reporting period

• Older Adults & Related Issues

- Alzheimer's death rate has decreased slightly after 2 reporting periods of increase (27.3→26.9) and is also lower than NC death rate (36.9)
- Pneumonia & Influenza death rate has had a steady decline over 3 reporting periods (34.1→28.8→ 23.2)
- Falls account for approximately 60% of injury-related emergency department (ED) visits in older adults each year

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Watch List Continued

- **Mental Health**

- Suicide death rate slightly decreased (19.9→19.3) Dare's rate is higher when compared to NC rate (13.4)
- Calls to Mobile Crisis increased for children's mental health needs from 2019 to 2020 (17→24)
- Calls to Mobile Crisis for individuals 19 to 25 years of age more than tripled from 2019 to 2020 (6→19)

- **Substance Abuse**

- Calls to Mobile Crisis for substance abuse increased from 2019 to 2020 (34→38)
- From 2019 to 2020 Mobile Crisis assisted 75 (34 in 2019; 41 in 2020) individuals who requested detox services. A total of 41 individuals were linked to detox.
- Rate of unintentional medication/drug overdoses death in Dare (2014-2018) is 24.5 compared to 16.7 statewide (NC DPH IVP2019).
- Rate of unintentional opioid overdose death in Dare (2014-2018) is 21.7 compared to 13.6 statewide (NC DPH IVP2019).
- Rate of outpatient opioid pills dispensed per NC resident in 2018 for Dare County 46.7 compared to 43.7 statewide (NC DPH IVP 2019).

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Appendix E. Healthy 2030 County/State Data

Table 60. Social & Economic Factors

Health Indicator	Desired Result	Definition	Dare County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	211 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

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

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

Table 61. Physical Environment

Health Indicator	Desired Result	Definition	Dare County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	71% (2019)	74% (2019)	92%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable nutritious culturally appropriate foods.	Percent of people who are low income that are not near a grocery store	7% (2015)	7% (2015)	5.0%
Food Insecurity **			12% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	16% (2013-2017)	15% (2013-2017)	14%

Notes for Physical Environment data:

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

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

Table 62. Health Behaviors

Health Indicator	Desired Result	Definition	Dare County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	52.70 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3%	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol	Percent of adults reporting binge or heavy drinking	17.3% (2020)	15.6% (2020)	12.0%
Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1% (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	39.5% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	0.0 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities that support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services	Number of births to girls aged 15-19 per 1,000 population	14.7 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

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

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

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

Table 63. Health Outcomes

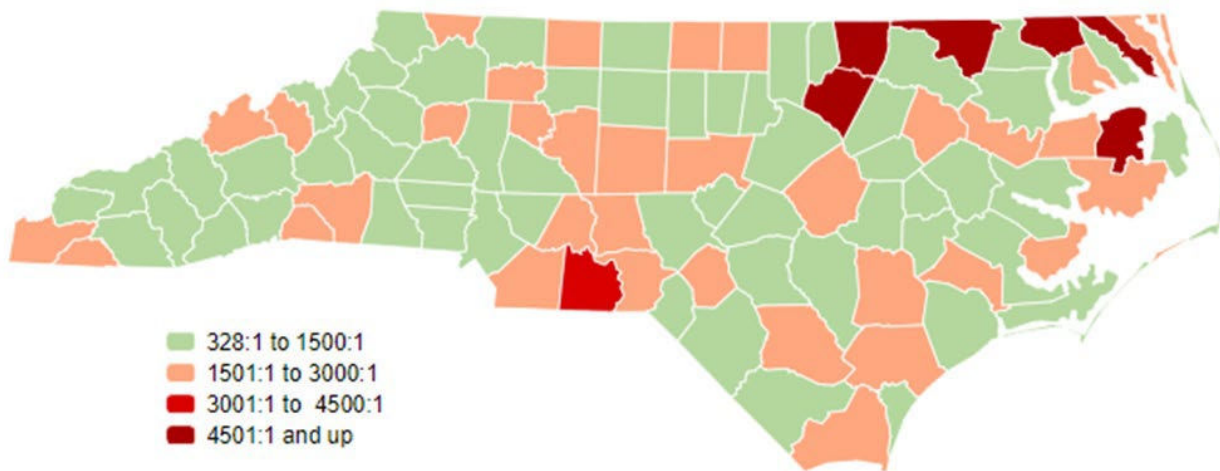
Health Indicator	Desired Result	Definition	Dare County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	0.0 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	0.00 (2016-2020)	2.59 (2016-2020)	Black/W hite disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	79 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes: *Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Table 64. Clinical Care

Health Indicator	Desired Result	Definition	Dare County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive high quality, affordable health insurance	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related healthcare services during the first trimester of pregnancy	86.1% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	10.8 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



Appendix F. Primary Data Collection

Primary data used in this assessment was collected through a community survey. The survey instruments are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)

Community Health Needs Assessment

Hello, please take a few minutes to complete the survey below. The purpose of this survey is to get your opinion about community health issues. Once we have gathered all of the surveys, we plan to compile this information and use it to develop a community health improvement plan with our community public health partners in the area. Thank you for taking time to help identify our most pressing health problems and issues to make our community a better and healthier place to live!

Section I.

Please take a moment to think about the county you live in and tell us how you feel about each of the following;

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

Section II.

Please answer the questions below regarding impacts on quality of life, services that need the most improvement and health behaviors that people in your community need information about.

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

- ☐ Low income/poverty
- ☐ Dropping out of school
- ☐ Poor housing conditions
- ☐ Lack of affordable housing
- ☐ Lack of community resources
- ☐ Violent crime (murder, assault) Theft
- ☐ Drugs/Alcohol (Substance Use)
- ☐ Rape/Sexual Assault
- ☐ Neglect and Abuse
- ☐ Transportation
- ☐ Child Abuse
- ☐ health insurance
- ☐ Lack of access to enough food
- ☐ COVID-19 pandemic
- ☐ Other (please specify)

Other

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

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

Other

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

- ☐ Eating well/nutrition
- ☐ Using child safety car seats
- ☐ Exercising/fitness
- ☐ Managing weight
- ☐ Using seat belts
- ☐ Suicide prevention
- ☐ Driving safely
- ☐ Mental/Behavioral Health
- ☐ Domestic violence prevention
- ☐ Crime prevention
- ☐ Elder care
- ☐ Child care/parenting
- ☐ Rape/sexual abuse prevention
- ☐ COVID-19
- ☐ Going to a dentist for check-ups/preventive care
- ☐ Quitting smoking/tobacco use prevention
- ☐ Substance misuse prevention
- ☐ Harm reduction
- ☐ Breastfeeding
- ☐ Going to the doctor for yearly check-ups and screenings
- ☐ Getting prenatal care during pregnancy
- ☐ Getting flu shots and other vaccines
- ☐ Preparing for an emergency/disaster
- ☐ Caring for family members with special needs / disabilities
- ☐ Preventing pregnancy and sexually transmitted diseases (safe sex)
- ☐ None
- ☐ Other (please specify)

Other

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly?

- ☐ Employment/Loss of Job
- ☐ Access to food
- ☐ Access to safe housing
- ☐ Transportation
- ☐ Education
- ☐ Physical Health
- ☐ Mental/Behavioral Health
- ☐ Substance Misuse
- ☐ Stress and anxiety
- ☐ Economic Resources
- ☐ Ability to seek medical care
- ☐ Social isolation
- ☐ Grief from loss of loved one
- ☐ Access to medication
- ☐ Lack of comfort in seeking medical care
- ☐ Spiritual Health/Well-being
- ☐ Child care
- ☐ Other

Other

Section III.

Please answer the questions below regarding health information in your community and exercise.

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

- ☐ Friends and family
- ☐ Internet
- ☐ Social Media
- ☐ Employer
- ☐ Television
- ☐ Radio
- ☐ Doctor / Nurse
- ☐ My child's school
- ☐ Help lines
- ☐ Pharmacist
- ☐ Hospital
- ☐ Books / magazines
- ☐ Church
- ☐ Health department
- ☐ Community health worker
- ☐ Newspaper
- ☐ Other (please specify)

Other _____

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

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

During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one)

- ☐ Yes How many times per week?
- ☐ No
- ☐ Don't know /not sure

How many times per week?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 times or more per week

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

- ☐ My job is physical or hard labor.
- ☐ Exercise is not important to me.
- ☐ It costs too much to exercise.
- ☐ There is no safe place to exercise.
- ☐ I don't have enough time to exercise.
- ☐ I'm too tired to exercise.
- ☐ I would need child care and I don't have it.
- ☐ I'm physically disabled.
- ☐ I don't know how to find exercise partners.
- ☐ I don't know how to safely
- ☐ I would need transportation and I don't have it.
- ☐ I don't like to exercise.
- ☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- ☐ Facilities closed due to COVID 19
- ☐ Low self-image
- ☐ Other (please specify)

Other _____

Section IV.

Please answer the following questions about any tobacco products you currently use, whether you have had a flu shot and/or covid vaccine or problems getting health care in your community.

Please select any tobacco product you currently use,

- ☐ Cigarettes
- ☐ E-cigs / electronic cigarettes
- ☐ Chewing Tobacco
- ☐ Vaping
- ☐ Pipe
- ☐ Cigars
- ☐ Snuff / Dip
- ☐ please list:
- ☐ None

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

- ☐ Quit Line NC
- ☐ Doctor
- ☐ Pharmacy
- ☐ Health Dept
- ☐ Private counselor / therapist
- ☐ I don't know
- ☐ N/A, I don't want to quit
- ☐ Other (please share more)

Other _____

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

- ☐ flu shot
- ☐ flu mist
- ☐ No
- ☐ Don't know or not sure

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

- ☐ cost
- ☐ transportation
- ☐ access
- ☐ time
- ☐ fear
- ☐ need more info / have questions
- ☐ personal preference

Have you had a COVID-19 vaccine?

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

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

- ☐ cost
- ☐ transportation
- ☐ access
- ☐ time
- ☐ fear
- ☐ need more info / have questions
- ☐ personal preference
- ☐ other

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

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

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

- ☐ Dentist
- ☐ Primary Care Doctor
- ☐ Pediatrician
- ☐ OB / GYN
- ☐ Urgent care center
- ☐ Medical clinic
- ☐ Hospital
- ☐ Health department
- ☐ Specialist
- ☐ Eye care / optometrist / ophthalmologist
- ☐ Pharmacy / prescriptions
- ☐ Mental/Behavioral Health Providers
- ☐ Other (please share more)

Other

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

- ☐ cost
- ☐ transportation
- ☐ access
- ☐ time
- ☐ fear
- ☐ need more info / have questions
- ☐ personal preference

Have you had a COVID-19 vaccine?

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

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

- ☐ cost
- ☐ transportation
- ☐ access
- ☐ time
- ☐ fear
- ☐ need more info / have questions
- ☐ personal preference
- ☐ other

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

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

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

- ☐ Dentist
- ☐ Primary Care Doctor
- ☐ Pediatrician
- ☐ OB / GYN
- ☐ Urgent care center
- ☐ Medical clinic
- ☐ Hospital
- ☐ Health department
- ☐ Specialist
- ☐ Eye care / optometrist / ophthalmologist
- ☐ Pharmacy / prescriptions
- ☐ Mental/Behavioral Health Providers
- ☐ Other (please share more)

Other

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

- ☐ No health insurance
- ☐ Insurance didn't cover what I / we needed.
- ☐ My / our share of the cost (deductible / co-pay) was too high.
- ☐ Service provider would not take my / our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go
- ☐ Couldn't get an appointment
- ☐ The wait was too long
- ☐ Did not speak my language
- ☐ Could not miss work to go
- ☐ Hours did not work with my availability
- ☐ COVID 19
- ☐ The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.)

Section V.

Please answer the questions below regarding finding information about natural disasters, staying safe, having enough food and any other thing you would like for us to know about your community.

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

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

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

- ☐ television
- ☐ radio
- ☐ internet
- ☐ telephone (landline)
- ☐ cell phone
- ☐ print media (i.e., newspaper)
- ☐ social media
- ☐ neighbors
- ☐ family
- ☐ text message (emergency alert system)
- ☐ Don't know / not sure
- ☐ Other (please specify)

Other _____

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

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

Is there anything else you would like for us to know about your community? _____

Part II. Demographics

Please answer questions so we can see how people in the community feel about local health issues.

How would you describe yourself?

- ☐ Woman
☐ Man
☐ Non binary
☐ Not listed, please share more: _____
☐ Prefer not to answer

How old are you?

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

How do you describe your race/ethnicity?

- ☐ Asian
☐ Black / African American
☐ Hispanic / Latinx
☐ Native American
☐ Pacific Islander
☐ White / Caucasian
☐ More than 1 race
☐ Prefer not to answer

Is English the primary language spoken in your home?

- ☐ Yes
☐ No

If no, please share which primary language

- ☐ Spanish
☐ Creole
☐ French
☐ Chinese
☐ Other

What is your marital status?

- ☐ Never married/Single
☐ Married
☐ Unmarried partner
☐ Divorced
☐ Widowed
☐ Separated
☐ please share more

What is the highest level of education you have completed?

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

Please share more

How is your current job best described?

- ☐ Agriculture
☐ Business / Industry
☐ Retail
☐ Homemaker
☐ Government
☐ Healthcare
☐ Student
☐ Education
☐ Food Service
☐ please share more

Please share more

What is your total household income?

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

How many people live in your household?

- ☐ I live alone
☐ 2
☐ 3-4
☐ 5-6
☐ 7-8
☐ 9-10
☐ More than 10

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

- ☐ Employed full-time
☐ Employed part-time
☐ Employed in multiple jobs
☐ Seasonal Worker/Temporary
☐ Retired
☐ Armed forces
☐ Disabled
☐ Student
☐ Homemaker
☐ Self-employed
☐ Unemployed for 1 year or less
☐ Unemployed for more than 1 year

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

- ☐ Dial up
- ☐ Broadband
- ☐ Wi-Fi
- ☐ Cellular or Hotspot
- ☐ None
- ☐ please share more

Other

Which county do you live in?

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

Other

Thank you for completing the above survey questions. If you have time and are interested, there are a few additional questions about COVID-19 and Climate Change that East Carolina University would like to ask you if you choose to complete.

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply)

- ☐ I don't plan to get a vaccine.
- ☐ I'm worried that the COVID-19 vaccine isn't safe.
- ☐ I would rather take the risk of getting sick with COVID-19.
- ☐ I'm worried the COVID-19 vaccine may be harmful or have side effects.
- ☐ I'm worried there may be a cost associated with receiving the COVID-19 vaccine.
- ☐ I have already had COVID-19 so I don't believe a vaccine is necessary.
- ☐ I don't trust the distribution process of the COVID-19 vaccine.
- ☐ I'm worried the COVID-19 vaccine has not been distributed fairly.
- ☐ I'm worried that the location of the COVID-19 vaccine will be difficult to travel to.
- ☐ I'm concerned that I won't have time to get the COVID-19 vaccine.
- ☐ With multiple vaccines becoming available, I'm concerned about knowing which one is best for me.
- ☐ I don't have any concerns about getting the COVID-19 vaccine.
- ☐ Other (please specify)

Other

Since COVID-19, how easy or difficult would you say it is has been able to do the following,

	Very Difficult	Somewhat Difficult	Moderate	Somewhat Easy	Very Easy
Find the information you need related to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find out where to go to get a COVID-19 vaccine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand information about what to do if you think you have COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust if the information about COVID-19 in the media is reliable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, please tell us about your personal choices and practices related to COVID-19.

	Not at all	Somewhat	Very much
I know how to protect myself from coronavirus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	difficult to avoid	unsure about how to avoid	easy to avoid (I have no problem)
For me avoiding an infection with COVID-19 in the current situation is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Global warming refers to the idea that the world's average temperature has been increasing over the past 150 years may be increasing more in the future, and that the world's climate may change as a result. How do you feel about the following?

Do you think that global warming is happening?

- ☐ Yes
☐ No
☐ Don't know or unsure

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

- ☐ Caused mostly by human activities
☐ Caused mostly by natural changes in the environment
☐ None of the above because global warming isn't happening
☐ Other
☐ Don't know

How worried are you about global warming?

Very worried	Somewhat worried	Not very worried	Not at all worried
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think global warming will harm you personally?

Not at all	Only a little	A moderate amount	A great deal	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

They are being harmed right now,	In 10 years,	In 25 years,	In 50 years	In 100 years,	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

More	Less	Don't know or not sure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Often	Occasionally	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

At least once a week	At least once a month	Several times a year	Once a year or less often	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

2021-2022 Evaluación de las Necesidades de Salud de la Comunidad

Sección I

Piense en el condado en el que vive. Díganos cómo se siente con respecto a cada una de las siguientes afirmaciones.

Se permite una selección por columna

	Totalmente En Desacuerdo	En Desacuerdo	Neutral	De Acuerdo	Totalmente En Acuerdo
Hay buena atención médica en mi condado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Este condado es un buen lugar para criar niños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Este condado es un buen lugar para envejecer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay muchas oportunidades económicas en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Este condado es un lugar seguro para vivir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay mucha ayuda para las personas en tiempos de necesidad en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay viviendas asequibles que satisfacen las necesidades de este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay buenos parques e instalaciones recreativas en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es fácil comprar alimentos saludables en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sección II

Responda las preguntas a continuación sobre los impactos en la calidad de vida, los servicios que necesitan más mejoras y los comportamientos de salud sobre los que las personas de su comunidad necesitan información.

Por favor, seleccione los 3 problemas principales que tienen el mayor impacto en la calidad de vida en este condado.

- ☐ bajos ingresos/pobreza
- ☐ abandonar la escuela
- ☐ malas condiciones de vivienda
- ☐ falta de viviendas económicas
- ☐ falta de recursos comunitarios
- ☐ crimen violento (asesinato, asalto) robo
- ☐ drogas/alcohol (abuso de sustancias)
- ☐ violación/agresión sexual
- ☐ negligencia y abuso
- ☐ transporte
- ☐ abuso infantil
- ☐ falta de o insuficiente seguro médico
- ☐ falta de acceso a suficientes alimentos
- ☐ pandemia de COVID-19
- ☐ otra

por favor especifique

Por favor, seleccione los que considere que son los 3 servicios principales que necesitan más mejoras en su comunidad.

- ☐ control de animal
- ☐ opciones de cuidado de niños
- ☐ opciones de cuidado de ancianos
- ☐ servicios para personas discapacitadas
- ☐ servicios de salud más económicos
- ☐ opciones de alimentos mejores/más saludables
- ☐ vivienda más económicas /mejor
- ☐ número de proveedores de atención médica
- ☐ servicios de salud culturalmente apropiados
- ☐ asesoramiento/salud mental y conductual/grupos de apoyo
- ☐ mejores/más instalaciones recreativas (parques, senderos, centros comunitarios)
- ☐ servicios de abuso de sustancia /apoyo para la recuperación
- ☐ actividades positivas para adolescentes
- ☐ opciones de transporte
- ☐ disponibilidad de empleo
- ☐ empleo mejor remunerado
- ☐ mantenimiento de carreteras
- ☐ seguridad vial peatonal y ciclista
- ☐ actividades familiares saludables
- ☐ ninguno
- ☐ otro

por favor especifique

Por favor, seleccione los 3 comportamientos de salud principales sobre los que cree que las personas de su comunidad necesitan más información.

- ☐ comer bien/nutrición
- ☐ ir al dentista para chequeos/cuidados preventivos
- ☐ uso de asientos de seguridad para niños
- ☐ dejar de fumar/prevenición del consumo de tabaco
- ☐ ejercicio/fitness
- ☐ prevención del uso indebido de sustancias
- ☐ controlar el peso
- ☐ reducción de daños
- ☐ usar cinturones de seguridad
- ☐ amamantamiento
- ☐ prevención del suicidio
- ☐ ir al doctor para chequeos anuales y exámenes
- ☐ conduciendo con seguridad
- ☐ recibir atención prenatal durante el embarazo
- ☐ salud mental/conductual
- ☐ recibir vacunas contra la gripe y otras vacunas
- ☐ prevención de la violencia doméstica
- ☐ prepararse para una emergencia/desastre
- ☐ prevención del crimen
- ☐ cuidado de ancianos
- ☐ cuidado de niños/crianza de los hijos
- ☐ prevención de violación/abuso sexual
- ☐ COVID-19
- ☐ cuidar a miembros de la familia con necesidades especiales/discapacidades
- ☐ prevenir el embarazo y las enfermedades de transmisión sexual (sexo seguro)
- ☐ ninguno
- ☐ otro

por favor especifique

Por favor, seleccione las 3 áreas principales en las que COVID-19 lo ha afectado de manera más severa/significativa.

- ☐ empleo/pérdida de trabajo
- ☐ estrés y ansiedad
- ☐ acceso a la comida
- ☐ recursos económicos
- ☐ acceso a una vivienda segura
- ☐ capacidad para buscar atención médica
- ☐ transporte
- ☐ aislamiento social
- ☐ educación
- ☐ dolor por la pérdida de un ser querido
- ☐ salud física
- ☐ acceso a medicación
- ☐ salud mental/conductual
- ☐ falta de comodidad al buscar atención médica
- ☐ mal uso de sustancia
- ☐ salud/bienestar espiritual
- ☐ cuidado de los niños
- ☐ otro

por favor especifique

Sección III**Por favor responda las siguientes preguntas sobre la información médica en su comunidad y ejercicio físico**

¿De dónde obtiene la mayor parte de la información relacionada con su salud? (marque todas las opciones que correspondan)

- ☐ amigos y familia
- ☐ farmacéutico
- ☐ internet
- ☐ hospital
- ☐ redes sociales
- ☐ libros/revistas
- ☐ empleador
- ☐ iglesia
- ☐ televisión
- ☐ departamento de salud
- ☐ radio
- ☐ trabajador comunitario de salud
- ☐ doctor/enfermera
- ☐ periódico
- ☐ la escuela de mi hijo
- ☐ líneas de ayuda
- ☐ otro

por favor especifique

¿Cuál de los siguientes servicios preventivos ha recibido en los últimos 12 meses? (marque todas las opciones que correspondan)

- ☐ mamografía
- ☐ prueba de Papanicolaou
- ☐ detección de cáncer de próstata
- ☐ vacuna contra la gripe
- ☐ examen de colon/recto
- ☐ control de la presión arterial
- ☐ control de azúcar en sangre
- ☐ detección de cáncer de piel
- ☐ colesterol
- ☐ examen de la vista
- ☐ examen de audición
- ☐ detección cardiovascular
- ☐ prueba de densidad ósea
- ☐ limpieza dental/radiografías
- ☐ examen físico
- ☐ ninguna de las anteriores

Durante una semana normal, además de en su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (por favor, seleccione solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé/No estoy seguro(a)

¿Cuántas veces por semana?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 veces o más por semana

Si no hace ejercicio al menos media hora algunos días a la semana, seleccione las razones por las que no hace ejercicio. (marque todas las opciones que correspondan)

- ☐ mi trabajo es físico o duro
- ☐ no sé cómo hacer ejercicio de forma segura
- ☐ el ejercicio no es importante para mí
- ☐ necesitaría transporte y no lo tengo
- ☐ cuesta demasiado hacer ejercicio
- ☐ no me gusta hacer ejercicio
- ☐ no hay un lugar seguro para hacer ejercicio
- ☐ no tengo suficiente tiempo para hacer ejercicio
- ☐ estoy demasiado cansado(a) para hacer ejercicio
- ☐ instalaciones cerradas debido a COVID-19
- ☐ baja autoimagen
- ☐ estoy físicamente discapacitado
- ☐ necesitaría cuidado de niños y no lo tengo
- ☐ no sé cómo encontrar compañeros de ejercicio
- ☐ no tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- ☐ otra

por favor especifique

Sección IV

Seleccione cualquier producto de tabaco que actualmente usa, si ha recibido una vacuna contra la gripe y/o la vacuna contra COVID y también si ha tenido problemas para obtener atención médica en su comunidad.

Seleccione cualquier producto de tabaco que utilice actualmente.

- ☐ cigarrillos
- ☐ puros
- ☐ e-cigs/cigarrillos electrónicos
- ☐ rapé
- ☐ mascando tabaco
- ☐ vapear
- ☐ fumar en pipa
- ☐ ninguno
- ☐ otro

por favor especifique

¿A dónde iría en busca de ayuda si quisiera dejar de fumar?

- ☐ Quit Line NC (línea para dejar de fumar)
- ☐ consejero/terapeuta privado
- ☐ doctor
- ☐ no sé
- ☐ farmacia
- ☐ departamento de salud
- ☐ N/A, no quiero renunciar

Una vacuna contra la influenza / gripe puede ser una inyección o una nebulización intranasal. Durante los últimos 12 meses, ¿ha recibido una vacuna contra la influenza estacional? (por favor, elija solo uno)

- ☐ Sí, vacuna inyectada contra la gripe
- ☐ Sí, vacuna intranasal contra la gripe
- ☐ No
- ☐ No sé/No estoy seguro(a)

Si no recibió la vacuna contra la gripe, ¿por qué no? (marque todas las opciones que correspondan)

- ☐ costo
- ☐ miedo
- ☐ falta de transporte
- ☐ necesita más información/tiene preguntas
- ☐ acceso
- ☐ preferencia personal
- ☐ no tengo tiempo
- ☐ otra

por favor especifique

¿En los últimos 12 meses, tuvo algún problema para obtener la atención médica que necesitaba para usted o un miembro de su familia de algún proveedor o servicio de atención médica? Por ejemplo, un médico de atención primaria, un dentista, la farmacia o otro centro?

- ☐ Sí
- ☐ No
- ☐ No se/No estoy seguro(a)

¿En los últimos 12 meses, tuvo algún problema para obtener la atención médica que necesitaba para usted o un miembro de su familia de algún proveedor o servicio de atención médica? Por ejemplo, un médico de atención primaria, un dentista, la farmacia o otro centro?

- ☐ Sí
- ☐ No
- ☐ No se/No estoy seguro(a)

¿De qué tipo de proveedor o centro tuvo problemas para obtener atención médica? (marque todas las opciones que correspondan)

- ☐ médico de atención primaria
- ☐ dentista
- ☐ departamento de salud
- ☐ pediatra
- ☐ especialista
- ☐ obstetra/ginecóloga
- ☐ cuidado de los ojos/optometrista/ofthalmólogo
- ☐ centro de atención urgente
- ☐ farmacia/recetas
- ☐ clínica médica
- ☐ hospital
- ☐ proveedores de salud mental/conductual
- ☐ otra

por favor especifique

¿Cuál de estos problemas le impidió recibir la atención médica necesaria? (marque todas las opciones que correspondan)

- ☐ sin seguro médico
- ☐ no pude conseguir una cita
- ☐ el seguro no cubría lo que necesitaba/necesitábamos
- ☐ la espera fue demasiado larga
- ☐ mi o nuestra parte del costo era demasiado alta (copago/deducible)
- ☐ no hablaban mi idioma
- ☐ no podía faltar al trabajo para ir
- ☐ las horas no funcionaron con mi disponibilidad
- ☐ COVID-19
- ☐ no tengo transporte para ir al médico
- ☐ no sabía a dónde ir
- ☐ el proveedor de servicios no aceptaron mi/nuestro seguro ni Medicaid
- ☐ el proveedor me negó la atención o me trató de manera discriminatoria debido a un estado de protección (edad, raza, preferencia sexual, enfermedad, etc.)

Sección V

Responda las siguientes preguntas sobre cómo encontrar información sobre desastres naturales, cómo mantenerse seguro, tener suficiente comida y cualquier otra inquietud que le gustaría que conociéramos sobre su comunidad.

En un desastre natural (huracán, inundación, tornado, etc.), ¿siente que sabe cómo acceder o encontrar la información que necesita para mantenerse a salvo?

- ☐ Sí
- ☐ No
- ☐ No se/No estoy seguro(a)

Si es así, ¿de dónde obtiene su información para mantenerse a salvo?

- ☐ televisión
- ☐ redes sociales
- ☐ radio
- ☐ vecinos
- ☐ internet
- ☐ familia
- ☐ teléfono (fijo)
- ☐ mensaje de texto, (sistema de alerta de emergencia)
- ☐ teléfono móvil
- ☐ medios impresos (periódicos, etc.)
- ☐ No se/No estoy seguro(a)
- ☐ otra

por favor especifique

En los últimos 12 meses, ¿alguna vez le preocupó si se acabaría la comida de su familia antes de tener el dinero para comprar más?

- ☐ Sí
- ☐ No
- ☐ No se/No estoy seguro(a)

¿Hay algo más que le gustaría que supiéramos sobre su comunidad?

Información Demográfica

Por favor, responda las preguntas para saber como las personas en la comunidad piensan acerca de los problemas de salud

¿Cómo se describe usted?

- ☐ Mujer
☐ Hombre
☐ No binario(a)
☐ No en la lista
☐ Prefiero no responder

por favor comparta más

¿Cuántos años tiene?

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

¿Cómo describe su origen étnico? (marque todas las opciones que correspondan)

- ☐ Asiático
☐ Blanco/Caucásico
☐ Negro/Afroamericano
☐ Hispano/Latinx
☐ Nativo Americano
☐ Isleño del Pacífico
☐ Más de una raza
☐ No en la lista
☐ Prefiero no responder

¿Es el Inglés el idioma principal en su hogar?

- ☐ Sí
☐ No

por favor comparta su idioma principal

Cuál es su estado civil?

- ☐ Nunca Casado(a)/Soltero(a)
☐ Viudo(a)
☐ Casado(a)
☐ Separado(a)
☐ Pareja Soltera
☐ Divorciado(a)
☐ Otro

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por favor comparta más

¿Cuál es el nivel más alto de educación que ha completado?

- ☐ Menos de Noveno Grado
- ☐ Algo de Universidad (no graduado)
- ☐ Novena a Duodécimo Grado (sin diploma)
- ☐ Licenciatura
- ☐ Diploma de Escuela Secundaria o Equivalente GED
- ☐ Título de Posgrado o Profesional
- ☐ Título Asociado o Formación Profesional
- ☐ Otra

por favor comparta más

¿Cómo se describe mejor su trabajo actual?

- ☐ Agricultura
- ☐ Ventas
- ☐ Ama De Casa
- ☐ Gobierno
- ☐ Salud
- ☐ Estudiante
- ☐ Educación
- ☐ Servicio de Alimentos
- ☐ Por Favor mencione más
- ☐ Otros

Especifique

¿Cuál es el ingreso familiar en casa?

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

¿Cuántas personas viven en su casa?

- ☐ vivo solo (a)
- ☐ 2
- ☐ 3-4
- ☐ 5-6
- ☐ 7-8
- ☐ 9-10
- ☐ Más de 10

¿Cuál describe mejor su trabajo actual?

- ☐ Empleado de tiempo completo
- ☐ Empleado a tiempo parcial
- ☐ Discapacitado(a)
- ☐ Estudiante
- ☐ Empleado en múltiples trabajos
- ☐ Ama de casa
- ☐ Trabajador estacional/Temporario
- ☐ Trabajadores por cuenta propia
- ☐ Retirado(a)
- ☐ Desempleado durante 1 año o menos
- ☐ Fuerzas Armadas
- ☐ Desempleado por más de 1 año

¿Qué tipo de acceso a Internet tiene en tu casa?

- ☐ marcar internet
- ☐ celular o punto de acceso
- ☐ WiFi
- ☐ banda ancha
- ☐ ninguno, no tengo acceso a internet
- ☐ otra

por favor especifique

¿En que condado vive?

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

por favor especifica

Gracias por completar las preguntas de la encuesta anteriores. Si tiene tiempo y está interesado, hay algunas preguntas adicionales sobre COVID-19 y el cambio climático que la Universidad de Carolina del Este le gustaría hacerle si decide completar.

¿Cuál de las siguientes inquietudes tiene, si tiene alguna, acerca de recibir una vacuna COVID-19? (Por favor seleccione todas las respuestas válidas)

- ☐ Me preocupa que la vacuna COVID-19 no sea segura.
- ☐ Prefiero correr el riesgo de enfermarme con COVID-19.
- ☐ Me preocupa que la vacuna COVID-19 pueda ser dañina o tener efectos secundarios.
- ☐ Me preocupa que pueda haber un costo asociado con recibir la vacuna COVID-19.
- ☐ Ya he tenido COVID-19, por lo que no creo que sea necesaria una vacuna.
- ☐ No confío en el proceso de distribución de la vacuna COVID-19.
- ☐ Me preocupa que la vacuna COVID-19 no se haya distribuido de manera justa.
- ☐ Me preocupa que sea difícil viajar a la ubicación de la vacuna COVID-19.
- ☐ Me preocupa no tener tiempo para ponerme la vacuna COVID-19.
- ☐ Con múltiples vacunas disponibles, me preocupa saber cuál es la mejor para mí.
- ☐ No me preocupa recibir la vacuna COVID-19.
- ☐ No planeo ponerme una vacuna.
- ☐ otra razón

por favor especifique

Desde COVID-19, ¿qué tan fácil o difícil diría que es? Ha sido capaz de hacer lo siguiente,

	Muy Difícil	Algo Difícil	Algo	Algo Fácil	Muy Fácil
¿Encuentra la información que necesita relacionada con COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Averigüe adónde ir para recibir la vacuna COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Comprende información sobre qué hacer si cree que tiene COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Confiar si la información sobre COVID-19 en los medios es confiable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A continuación, cuéntenos sobre sus elecciones y prácticas personales relacionadas con COVID-19.

	para nada	un poco	mucho
Sé cómo protegerme del coronavirus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Para mí evitar una infección por COVID-19 en la situación actual es ...

- ☐ Extremadamente Difícil
- ☐ Algo
- ☐ Extremadamente Fácil

El calentamiento global se refiere a la idea de que la temperatura media mundial ha aumentado durante los últimos 150 años y que, como resultado, el clima mundial puede cambiar más. ¿Cómo se siente acerca de lo siguiente?

¿Crees que se está produciendo un calentamiento global?

- ☐ Sí
☐ No
☐ No estoy seguro

Suponiendo que se esté produciendo un calentamiento global, ¿crees que es ...

- ☐ ¿Causado principalmente por actividades humanas ...?
☐ ¿Causado principalmente por cambios naturales en el medio ambiente?
☐ Ninguno de los anteriores porque el calentamiento global no está sucediendo.
☐ Otro
☐ No se

¿Qué tan preocupado estás por el calentamiento global?

- ☐ Muy preocupado
☐ Algo preocupado
☐ No muy preocupado
☐ Nada preocupado

¿Cuánto crees que te dañará personalmente el calentamiento global?

- ☐ Para nada
☐ Solo un poco
☐ Una cantidad moderada
☐ Mucho
☐ No se

¿Cuándo cree que el calentamiento global comenzará a dañar a las personas en los Estados Unidos?

- ☐ Están siendo lastimados ahora mismo
☐ En 10 años
☐ En 25 años
☐ En 50 años
☐ En 100 años
☐ Nunca

¿Cree que el gobierno y los políticos de su condado deberían hacer más o menos para abordar el calentamiento global?

- ☐ Más
☐ Menos
☐ No lo sé o no estoy seguro

¿Con qué frecuencia discute sobre el calentamiento global con sus amigos y familiares?

- ☐ A menudo
☐ De vez en cuando
☐ Casi nunca
☐ Nunca
☐ Al menos una vez por semana
☐ Al menos una vez al mes
☐ Varias veces al año
☐ Una vez al año o con menos frecuencia
☐ Nunca

¿Con qué frecuencia oye hablar del calentamiento global en los medios de comunicación?

- ☐ Al menos una vez por semana
☐ Al menos una vez al mes
☐ Varias veces al año
☐ Una vez al año o con menos frecuencia
☐ Nunca

¡Gracias por su participación! No dude en incluir comentarios adicionales en el cuadro a continuación.

Appendix G. Community Health Survey Response Data

7/24/2021

Community Health Needs Assessment 2021 | REDCap

Community Health Needs Assessment 2021

PID 1535

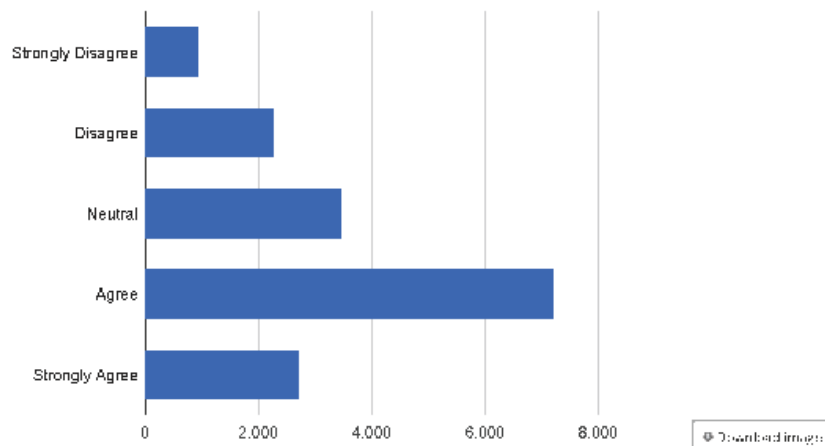
Data Exports, Reports, and Stats

Dare County

There is good healthcare in my county. *(healthcare)*

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	5

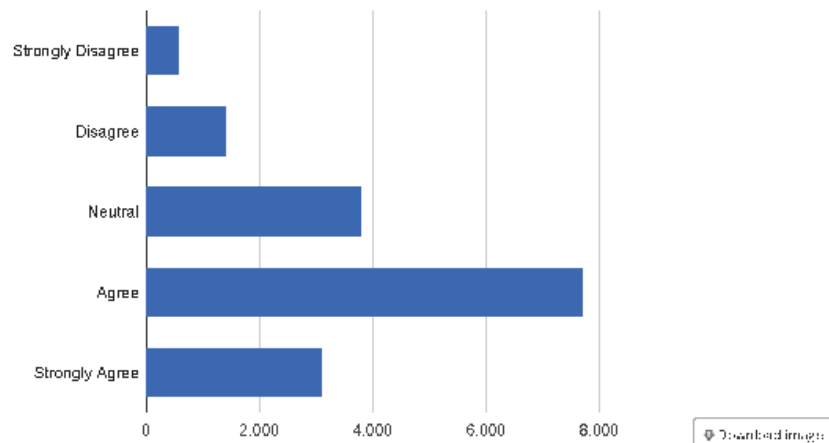
Counts/frequency: Strongly Disagree (114, 11.2%), Disagree (185, 18.0%), Neutral (239, 23.2%), Agree (438, 42.6%), Strongly Agree (103, 10.0%)



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

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	5

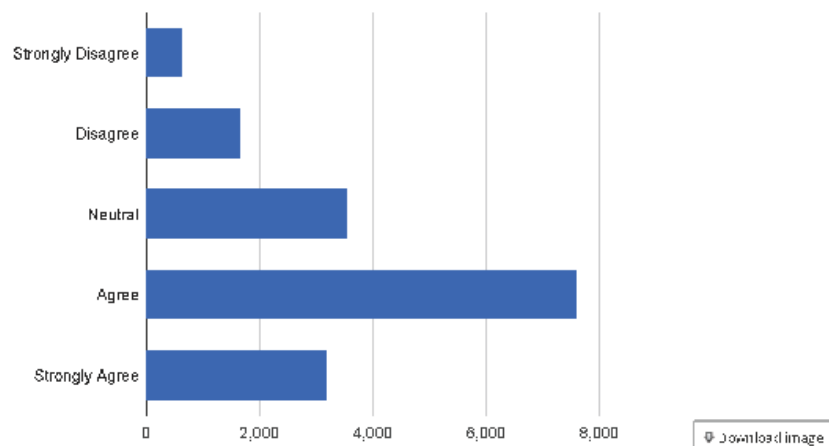
Counts/frequency: Strongly Disagree (7, 0.7%), Disagree (40, 3.9%), Neutral (190, 18.5%), Agree (734, 71.9%), Strongly Agree (278, 27.1%)



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

Total Count (N)	Missing*	Unique
1,028	1 (0.1%)	5

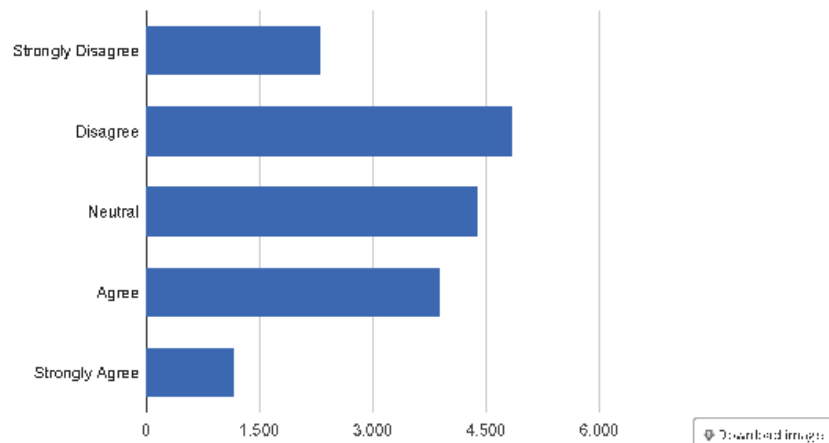
Counts/frequency: Strongly Disagree (43, 4.2%), Disagree (1,170, 16.5%), Neutral (2,336, 23.0%), Agree (7,808, 38.7%), Strongly Agree (1,811, 17.6%)



There is plenty of economic opportunity in this county. *(econ opp)*

Total Count (N)	Missing*	Unique
1,027	2 (0.2%)	5

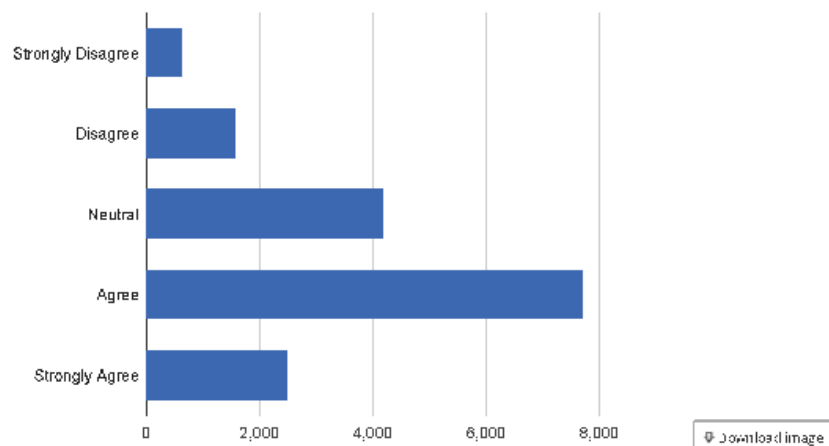
Counts/frequency: Strongly Disagree (42, 9.0%), Disagree (1,202, 28.4%), Neutral (2,788, 27.1%), Agree (2,862, 27.5%), Strongly Agree (183, 8.1%)



This county is a safe place to live. (safe)

Total Count (N)	Missing*	Unique
1,027	2 (0.2%)	5

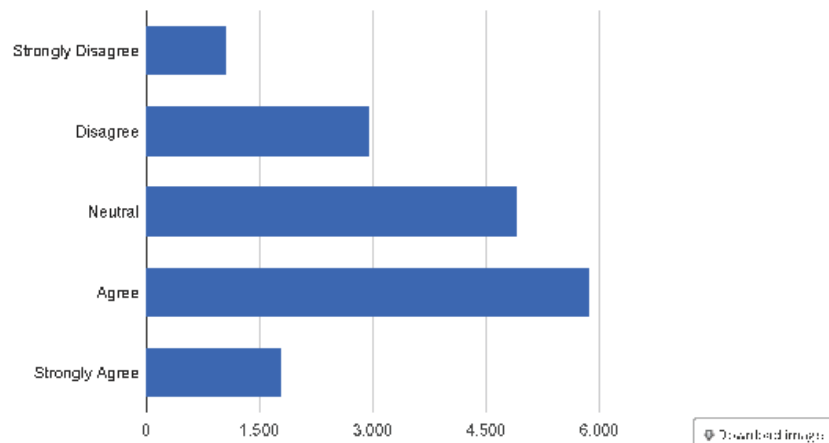
Counts/frequency: Strongly Disagree (14, 0.4%), Disagree (12, 1.2%), Neutral (111, 10.8%), Agree (1560, 34.5%), Strongly Agree (310, 33.1%)



There is plenty of help for people during times of need in this county. (help)

Total Count (N)	Missing*	Unique
1,027	2 (0.2%)	5

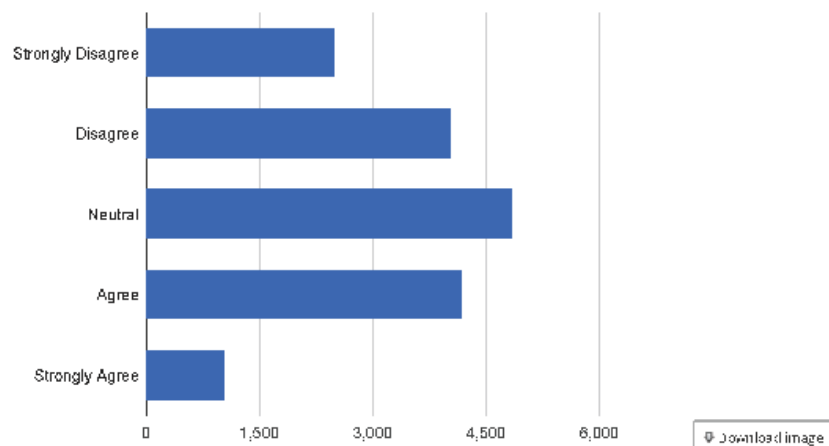
Counts/frequency: Strongly Disagree (101, 3.0%), Disagree (121, 11.8%), Neutral (249, 24.2%), Agree (445, 43.0%), Strongly Agree (181, 17.6%)



There is affordable housing that meets the needs in this county. *(affordable)*

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	5

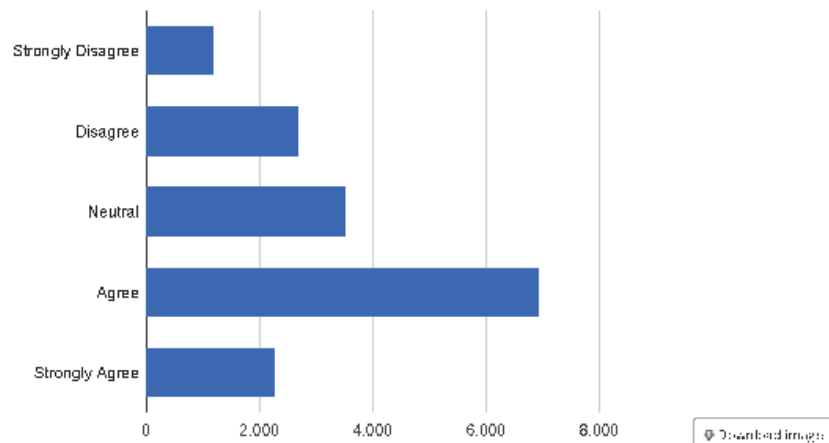
Counts/frequency: Strongly Disagree (1678, 62.0%), Disagree (2334, 22.7%), Neutral (84, 8.2%), Agree (25, 2.4%), Strongly Agree (8, 0.6%)



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

Total Count (N)	Missing*	Unique
1,028	1 (0.1%)	5

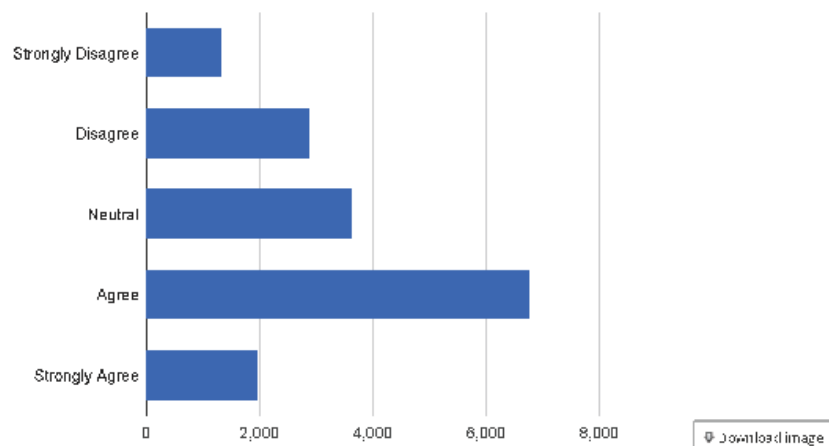
Counts/frequency: Strongly Disagree (15, 1.5%), Disagree (53, 5.2%), Neutral (138, 13.4%), Agree (507, 54.2%), Strongly Agree (265, 25.8%)



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

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	5

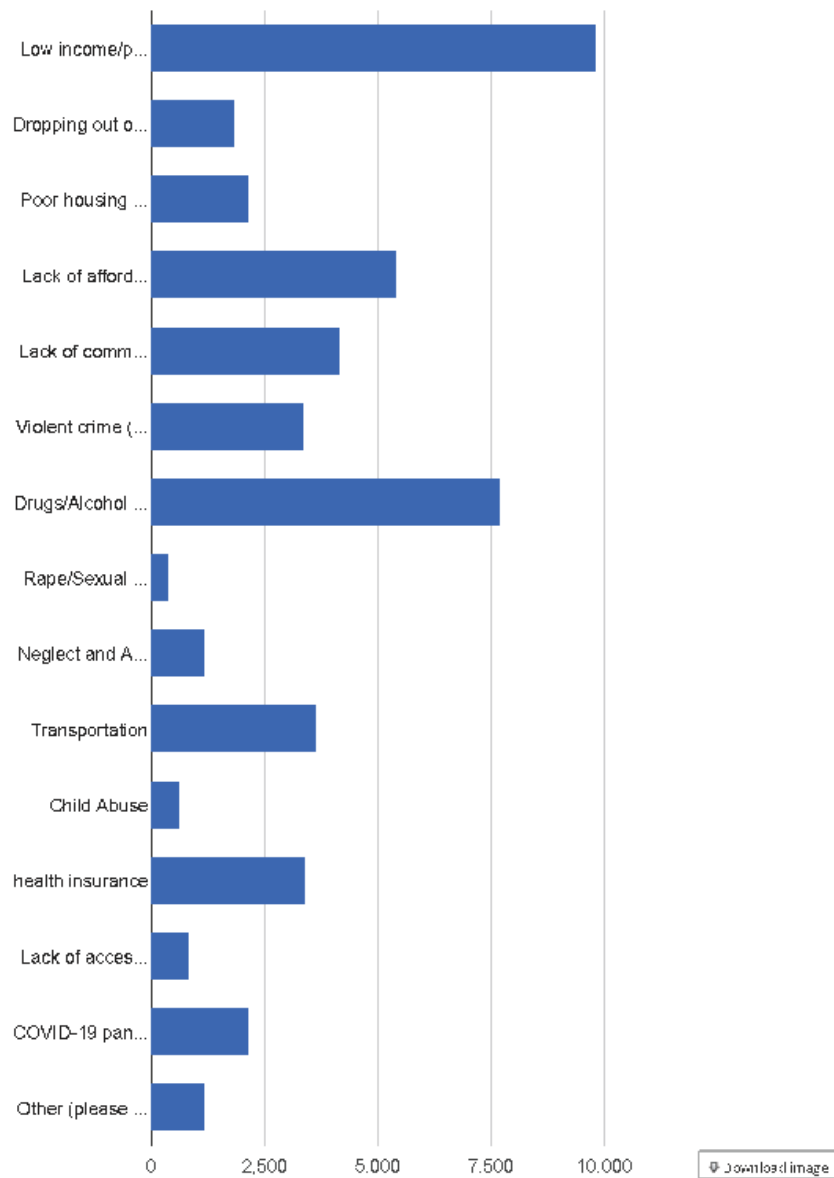
Counts/frequency: Strongly Disagree (25, 2.4%), Disagree (1104, 10.1%), Neutral (205, 19.9%), Agree (522, 50.7%), Strongly Agree (173, 16.8%)



Please select the top 3 issues which have the highest impact on quality of life in this county. (top3issues)

Total Count (N)	Missing*	Unique
1,025	1 (0.1%)	15

Counts/frequency: Low income/poverty (309, 30.1%), Dropping out of school (27, 2.6%), Poor housing conditions (101, 9.9%), Lack of affordable housing (592, 57.6%), Lack of community resources (55, 5.3%), Violent crime (murder, assault) (18, 1.8%), Drugs/Alcohol (Substance Use) (1148, 63.2%), Rape/Sexual Assault (1, 0.1%), Neglect and Abuse (14, 1.3%), Transportation (331, 32.3%), Child Abuse (16, 1.6%), Health Insurance (200, 19.5%), Lack of access to transportation (21, 2.0%), COVID-19 pandemic (91, 8.9%), Other (please specify) (118, 11.5%)



Other (to get the other 1)

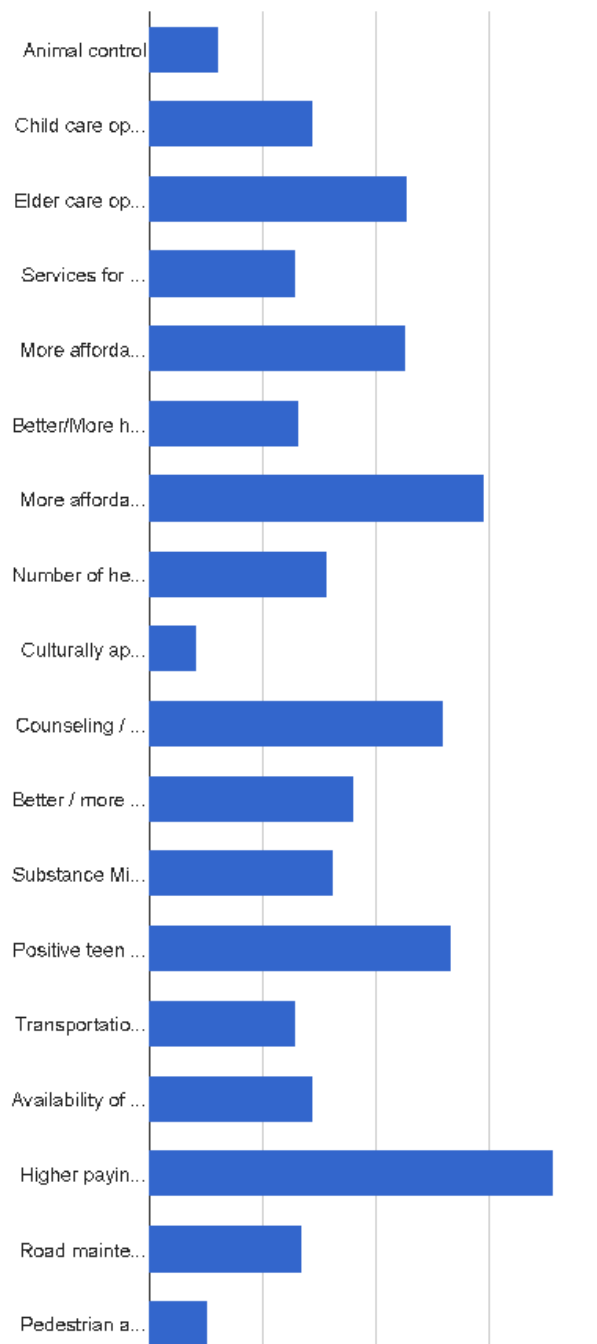
Total Count (N)	Missing*
119	900 (90.4%)

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

Total Count (N)	Missing*	Unique
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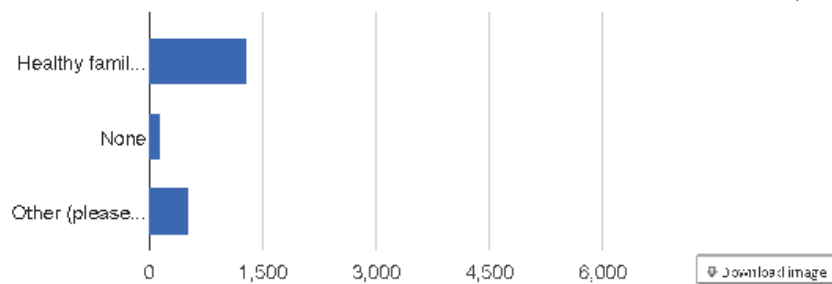
1,025	4 (0.4%)	21
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Counts/frequency: Animal control (13, 1.3%), Child care options (172, 16.8%), Elder care options (246, 24.0%), Services for disabled people (77, 7.5%), More affordable health services (154, 15.0%), Better/More healthy food choices (39, 3.8%), More affordable / better housing (718, 70.0%), Number of healthcare providers (296, 28.9%), Culturally appropriate health services (22, 2.1%), Counseling / mental and behavioral health / support groups (221, 21.6%), Better / more recreational facilities (parks, trails, community centers) (53, 5.2%), Substance Abuse Services/ Recovery Support (149, 14.5%), Positive teen activities (160, 15.6%), Transportation options (162, 15.8%), Availability of employment (27, 2.6%), Higher paying employment (325, 31.7%), Road maintenance (32, 3.1%), Pedestrian and bicyclist road safety (74, 7.2%), Healthy family activities (16, 1.6%), None (10, 1.0%), Other (please specify) (32, 3.1%)



https://redcap.ecu.edu/redcap_v10.6.24/DataExport/index.php?pid=1535&report_id=4008&stats_charts=1

7/45



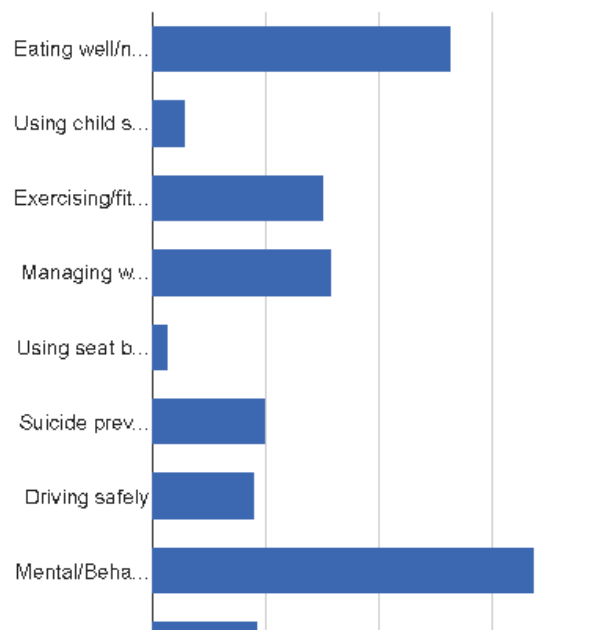
Other (improvement other)

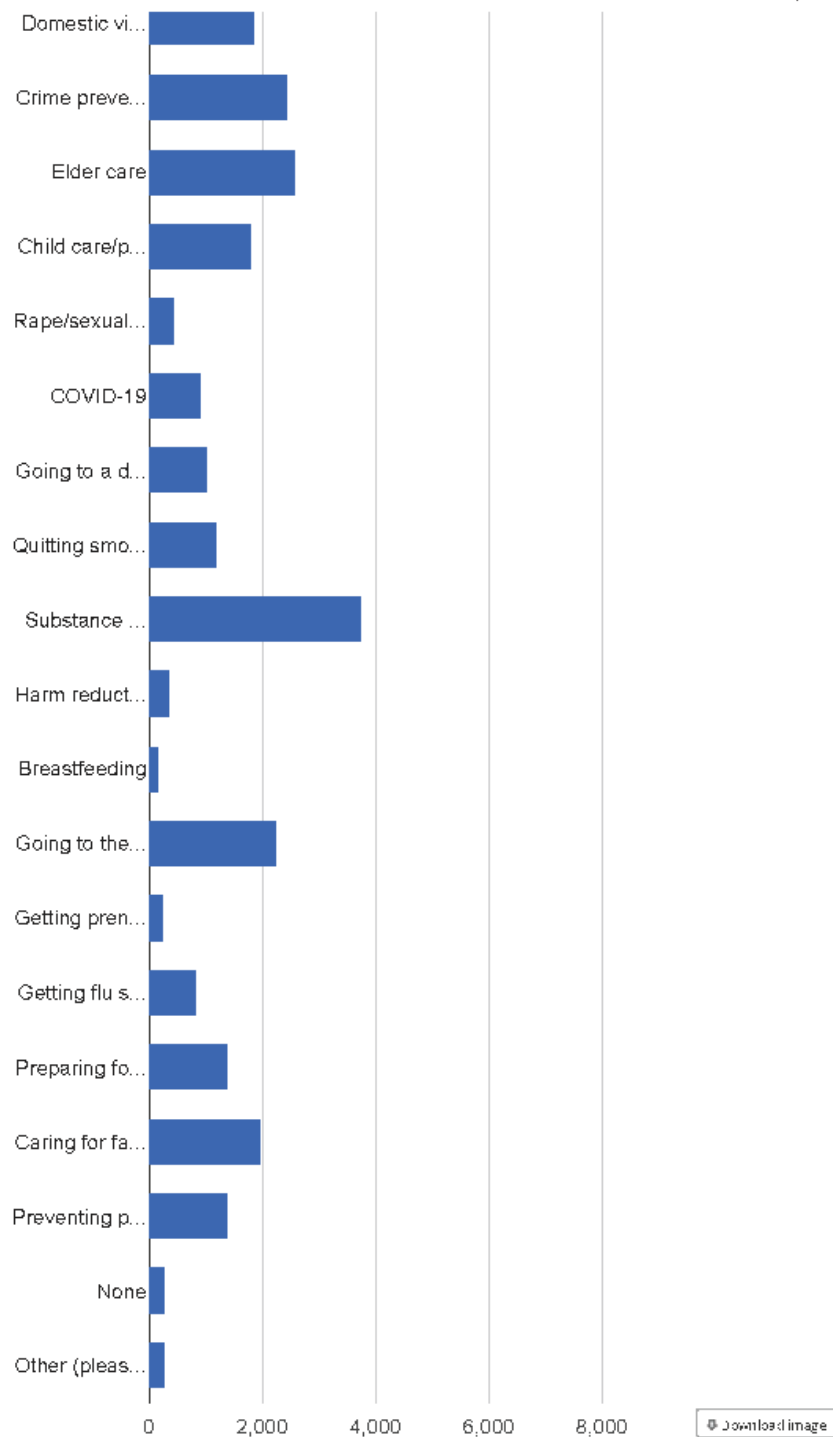
Total Count (N)	Missing*
17	1012 (98.3%)

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

Total Count (N)	Missing*	Unique
1,024	5 (0.5%)	27

Counts/frequency: Eating well/nutrition (208, 20.3%), Using child safety car seats (19, 0.9%), Exercising/fitness (103, 10.1%), Managing weight (111, 10.8%), Using seat belts (6, 0.6%), Suicide prevention (106, 10.4%), Driving safely (168, 16.4%), Mental/Behavioral Health (486, 47.5%), Domestic violence prevention (103, 10.1%), Crime prevention (29, 2.8%), Elder care (234, 22.9%), Child care/parenting (141, 13.8%), Reprosexual abuse prevention (19, 0.9%), COVID 19 (38, 3.7%), Going to a dentist for checkups/preventive care (74, 7.2%), Quitting smoking/tobacco use prevention (90, 8.8%), Substance misuse prevention (430, 42.0%), Harm reduction (14, 1.4%), Breastfeeding (9, 0.9%), Going to the doctor for yearly checkups and screenings (118, 11.5%), Getting prenatal care during pregnancy (9, 0.9%), Getting flu shots and other vaccines (77, 7.5%), Preparing for an emergency/disaster (109, 10.6%), Caring for family members with special needs/d disabilities (149, 14.6%), Preventing pregnancy and sexually transmitted diseases (safe sex) (57, 5.1%), None (26, 2.5%), Other (please specify) (26, 2.8%)





Other *(health_behavior_other)*

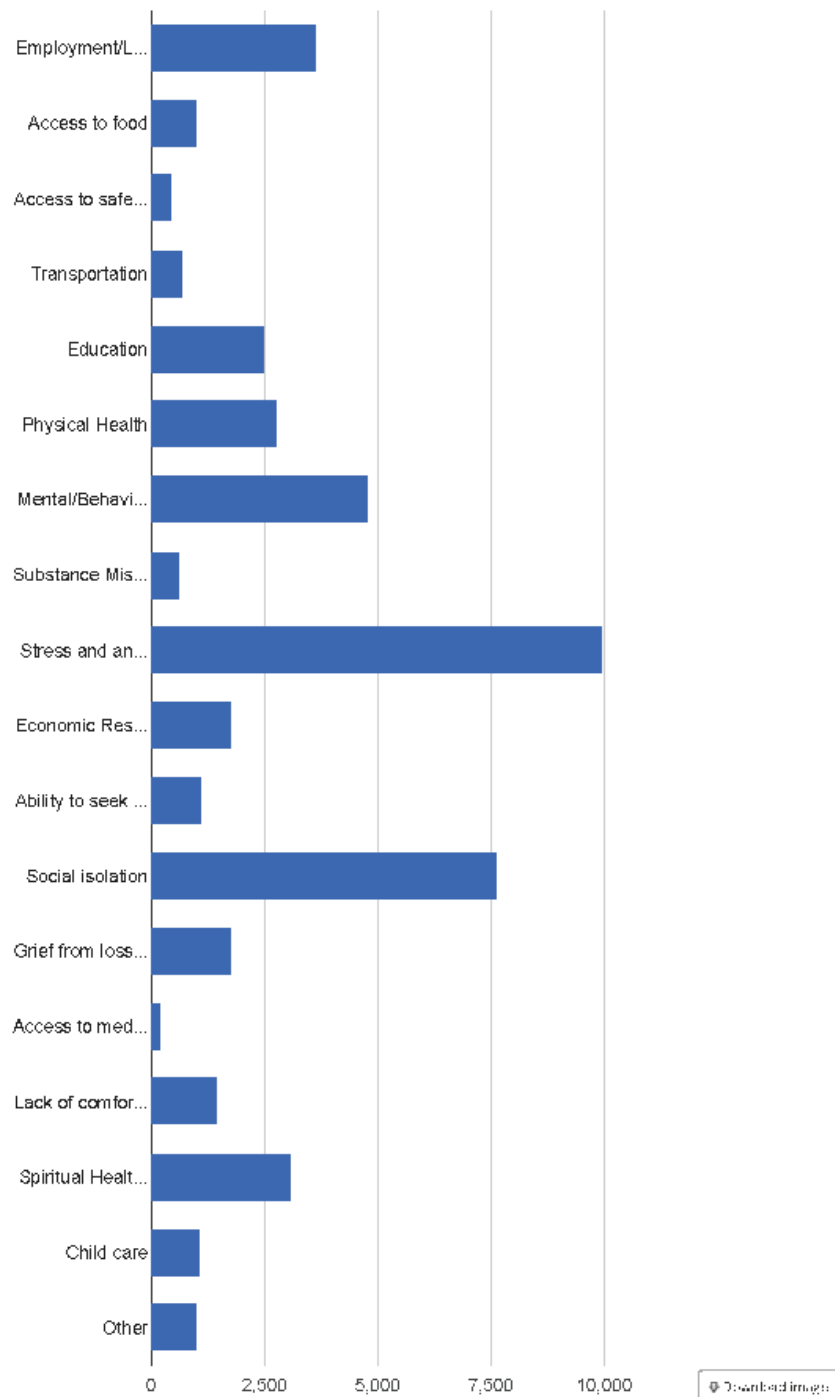
Total Count (N)	Missing*

19	1,010 (98.2%)
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Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(COVID)*

Total Count (N)	Missing*	Unique
1,021	8 (0.8%)	18

Counts/frequency: Employment/Loss of job (135, 13.2%), Access to food (30, 2.9%), Access to safe housing (29, 2.8%), Transportation (29, 2.8%), Location (131, 12.8%), Physical Health (193, 18.9%), Mental/Behavioral Health (332, 32.5%), Substance Misuse (48, 4.7%), Stress and anxiety (544, 53.1%), Economic Resources (63, 6.2%), Ability to seek medical care (109, 10.7%), Social isolation (527, 51.5%), Grief from loss of loved one (58, 5.7%), Access to medical care (10, 1.0%), Lack of comfort in seeking medical care (106, 10.4%), Spiritual Health/Well-being (181, 17.7%), Child care (70, 6.9%), Other (78, 7.6%)



Other (other covid)

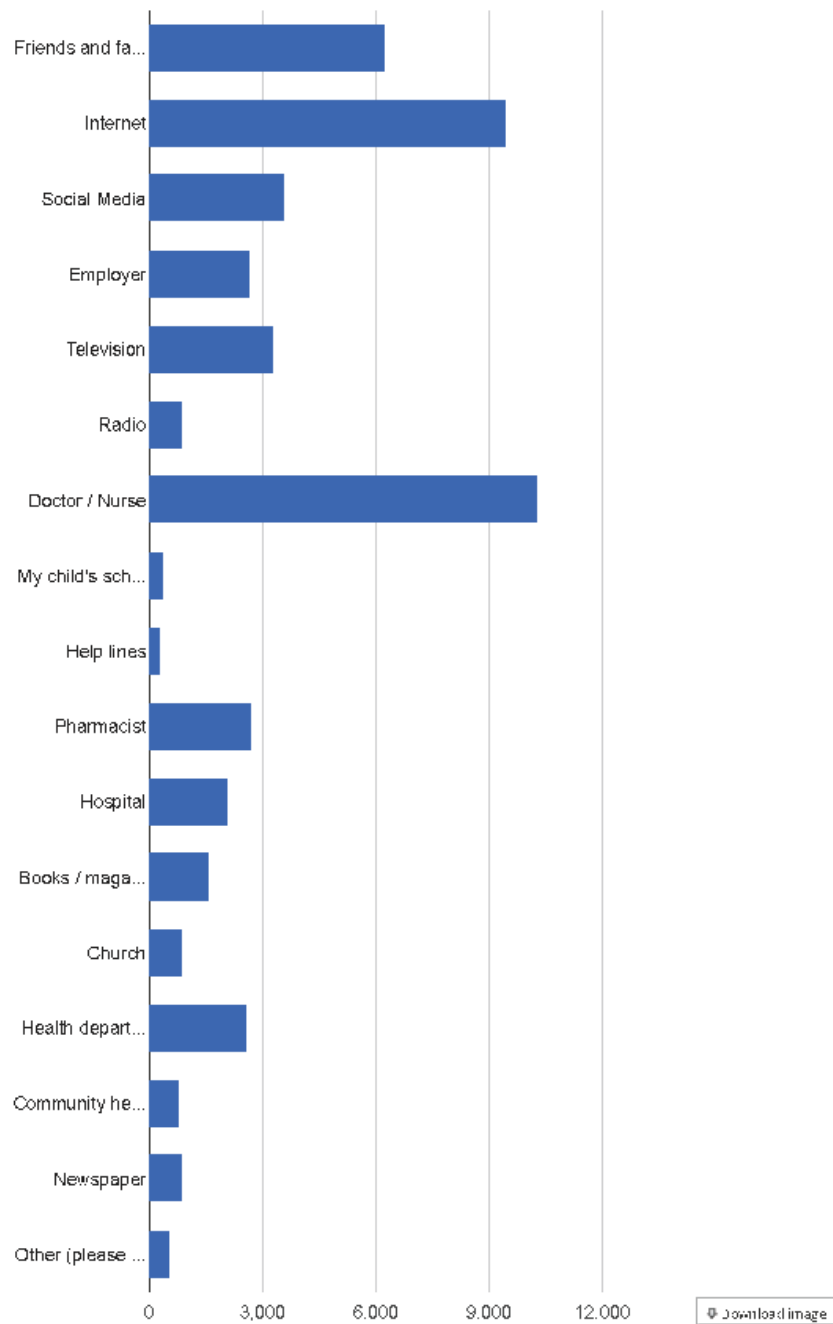
Total Count (N)	Missing*
76	971 (91.4%)

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

(health info)

Total Count (N)	Missing*	Unique
1,025	4 (0.4%)	17

Counts/frequency: Friends and family (384, 37.5%), Internet (623, 60.8%), Social Media (160, 15.6%), Employer (111, 10.8%), Television (102, 10.0%), Radio (35, 3.4%), Doctor / Nurse (671, 65.5%), My child's school (17, 1.7%), Helpline (12, 1.2%), Pharmacist (212, 20.7%), Hospital (109, 10.6%), Books / magazines (112, 10.9%), Church (17, 1.7%), Health department (161, 15.7%), Community health worker (20, 1.9%), Newspaper (57, 5.6%), Other (please specify) (23, 2.2%)



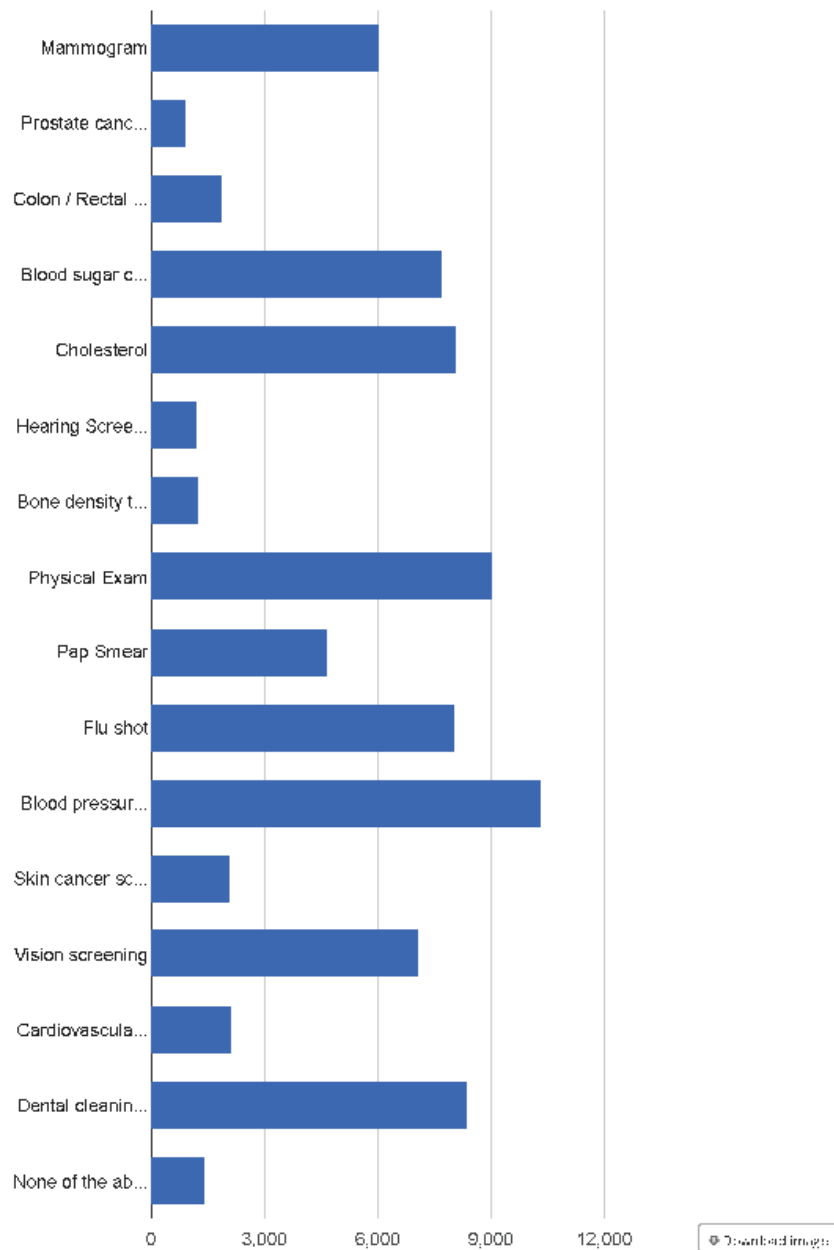
Other (health info other)

Total Count (N)	Missing*
36	211/26,251

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

Total Count (N)	Missing*	Unique
1,025	4 (0.4%)	16

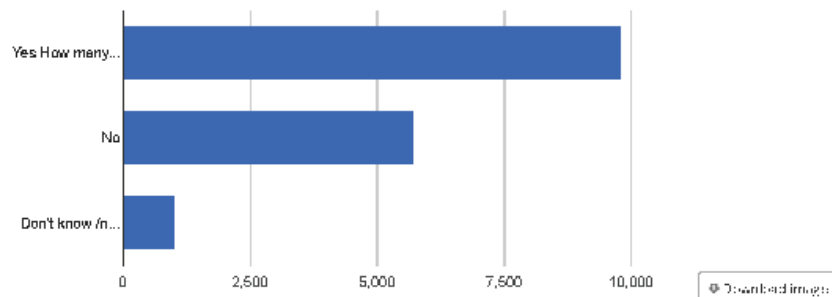
Counts/frequency: Mammogram (363, 37.4%), Prostate cancer screening (76, 7.6%), Colon / Rectal exam (137, 13.4%), Blood sugar check (474, 46.2%), Cholesterol (536, 52.3%), Hearing screening (100, 9.8%), Bone density test (85, 8.3%), Physical Exam (579, 56.5%), Pap Smear (294, 28.7%), Flu shot (567, 55.3%), Blood pressure check (963, 94.7%), Skin cancer screening (286, 27.9%), Vision screening (496, 48.4%), Cardiovascular screening (175, 17.1%), Dental cleaning / x-rays (630, 62.3%), None of the above (15, 1.5%)



During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
1,028	1 (0.1%)	3

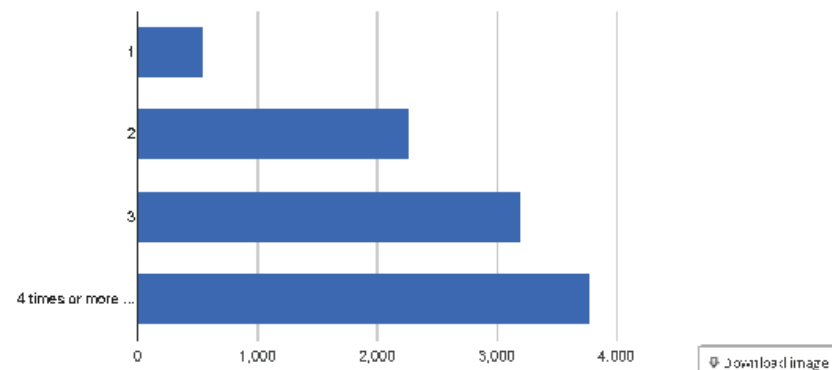
Counts/frequency: Yes/How many times per week? 1746, 72.6%, No 1224, 21.8%, Don't know/not sure 158, 5.6%



How many times per week? *(exercise times/week)*

Total Count (N)	Missing*	Unique
743	284 (27.6%)	4

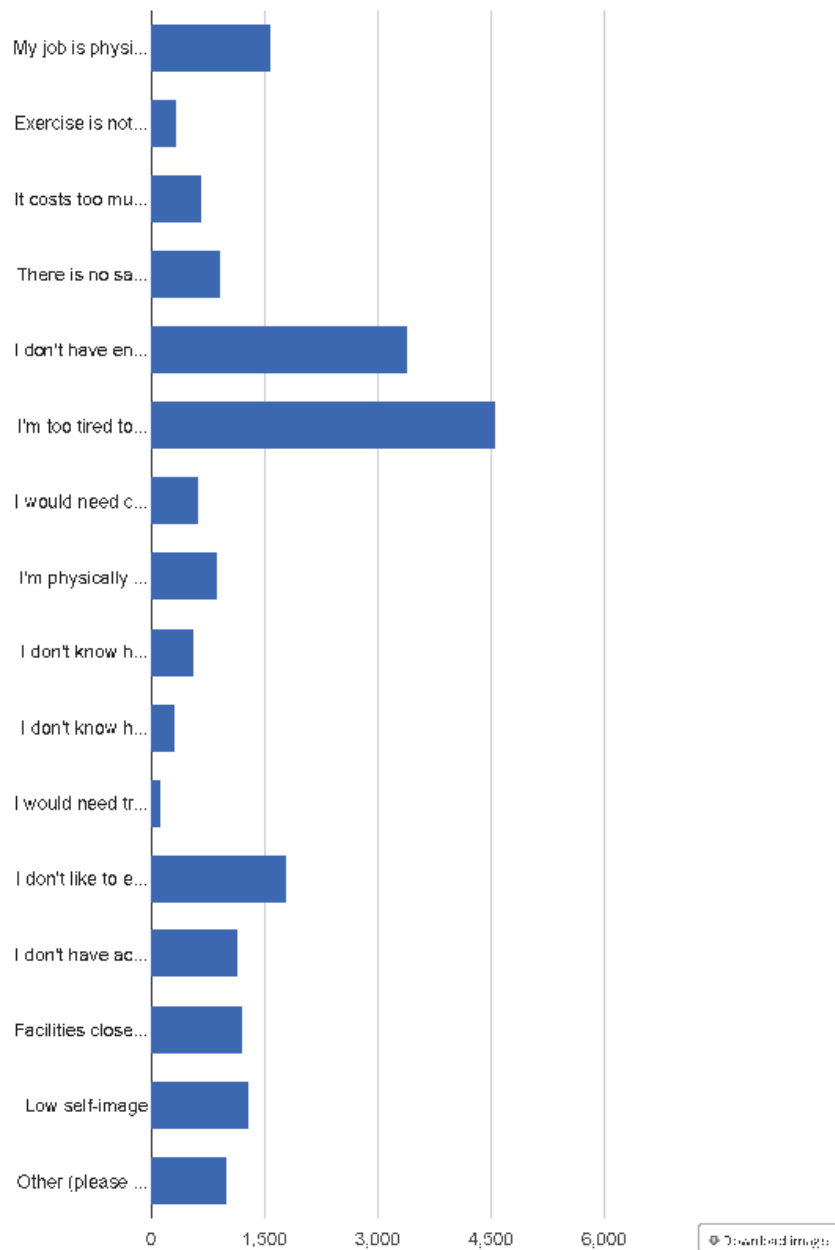
Counts/frequency: 1 (22, 3.0%), 2 (113, 15.2%), 3 (221, 29.7%), 4 times or more per week (387, 52.2%)



If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? *(no exercise)*

Total Count (N)	Missing*	Unique
176	371 (33.5%)	16

Counts/frequency: My job is physical or too demanding (70, 14.6%), Exercise is not important to me (18, 3.5%), It costs too much to exercise (56, 7.5%), There is no safe place to exercise (14, 2.9%), I don't have enough time to exercise (162, 33.9%), I'm too tired to exercise (233, 46.7%), I would need child care and I don't have it (20, 4.2%), I'm physically disabled (33, 6.9%), I don't know how to exercise properly (23, 4.8%), I don't know how to safely (13, 2.7%), I would need transportation and I don't have it (7, 0.4%), I don't like to exercise (64, 17.6%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track (13, 6.0%), Facilities closed due to COVID-19 (67, 14.0%), Low self-motivation (55, 11.7%), Other (please specify) (61, 12.5%)



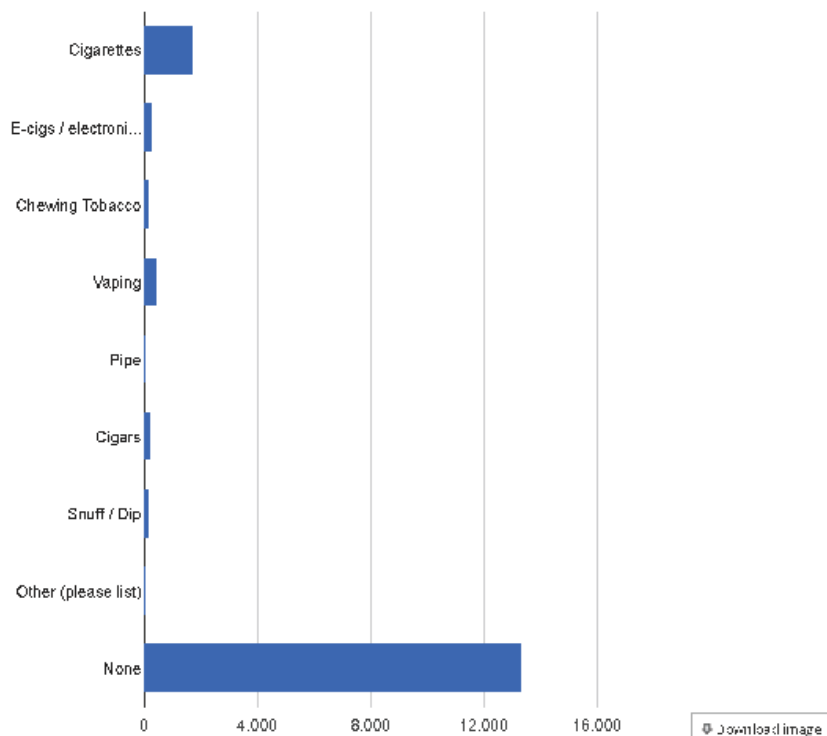
Other (exercise_other)

Total Count (N)	Missing*
76	971 (91.4%)

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

Total Count (N)	Missing*	Unique
997	37 (3.0%)	6

Counts/frequency: Cigarettes (74, 7.5%), E-cigs / electronic cigarettes (9, 0.9%), Chewing Tobacco (2, 0.2%), Vaping (14, 1.4%), Pipe (3, 0.3%), Cigars (10, 1.0%), Snuff / Dip (5, 0.8%), Other (please list) (0, 0.0%), None (887, 88.9%)



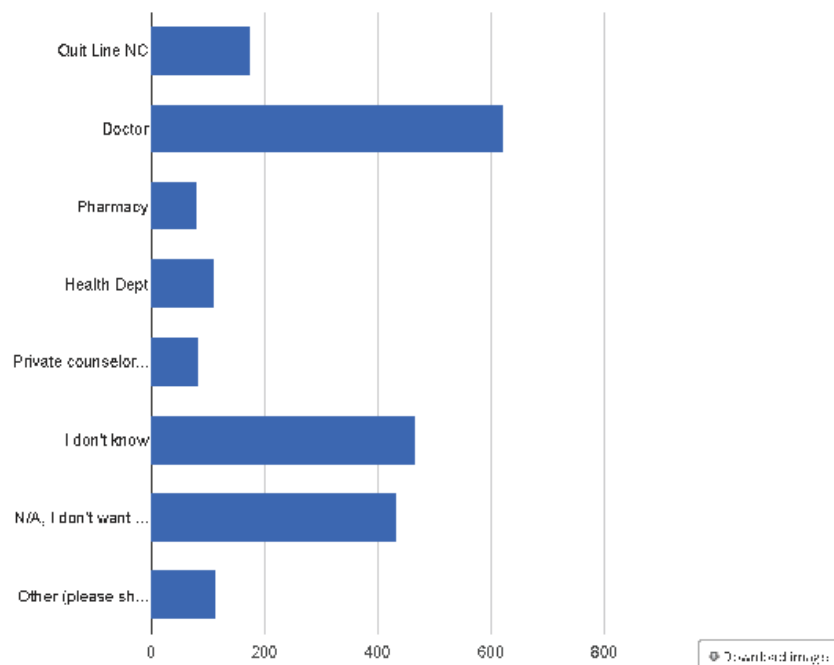
Other (please list) *(other_please_list)*

Total Count (N)	Missing*
0	1029 (100.0%)

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

Total Count (N)	Missing*	Unique
73	976 (92.9%)	8

Counts/frequency: Quitline NC (1, 1.5%), Doctor (15, 20.5%), Pharmacy (4, 5.5%), Health Dept (2, 2.7%), Private counselor / therapist (2, 2.7%), I don't know (21, 28.8%), N/A, I don't want to quit (21, 28.8%), Other (please specify rare) (4, 5.5%)



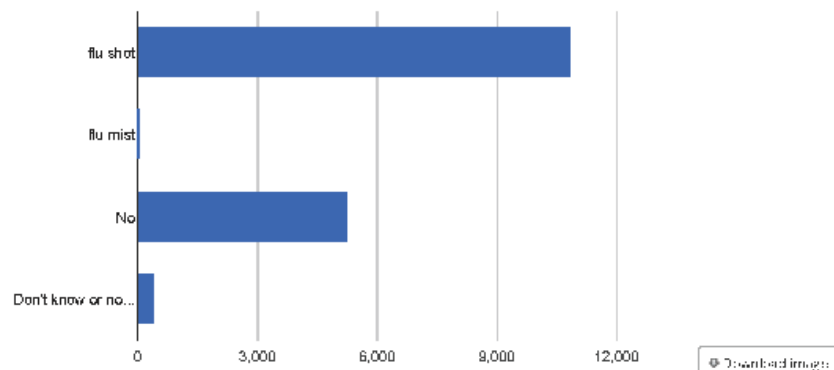
Other: *{quit_other}*

Total Count (N)	Missing*
2	1027 (59.6%)

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

Total Count (N)	Missing*	Unique
1,028	1 (0.1%)	4

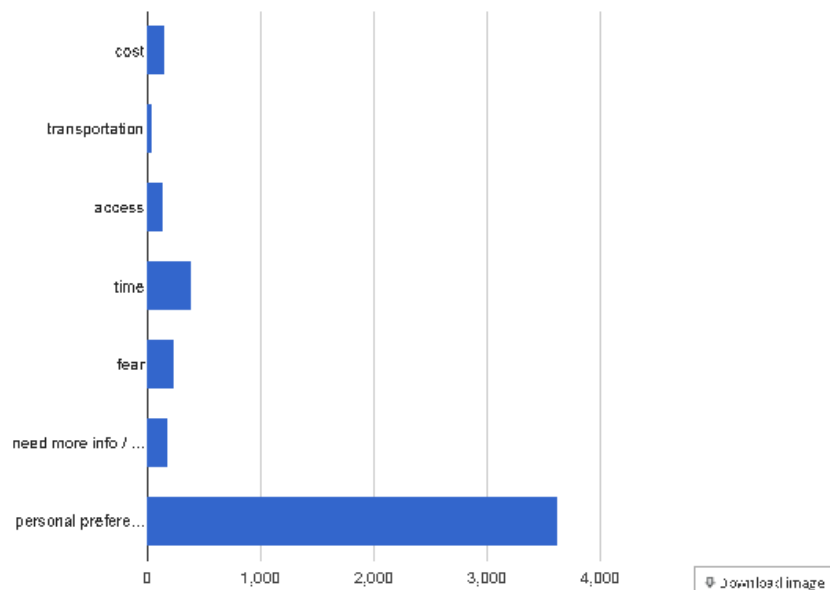
Counts/frequency: *flu shot* (916, 87.7%), *flu mist* (12, 0.2%), *No* (320, 31.1%), *Don't know or not sure* (10, 1.0%)



If you did not get your flu vaccine, why not? Please check any barriers. *{flu_barriers}*

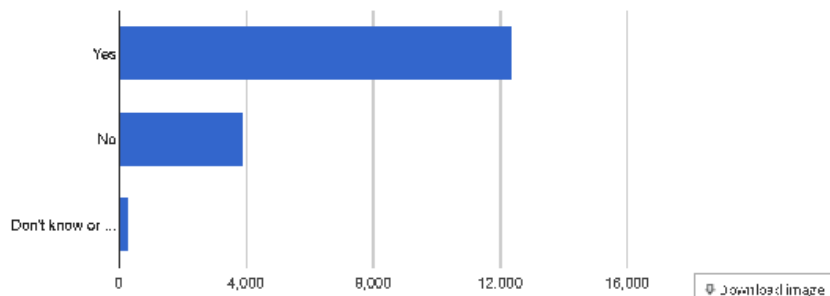
Total Count (N)	Missing*	Unique
292	232 (71.6%)	6

Counts/frequency: cost (7, 2.4%), transportation (0, 0.0%), access (10, 3.4%), time (33, 11.3%), fear (5, 1.0%), need more info / ... (13, 4.5%), no reason at all (26, 7.4%)

**Have you had a COVID-19 vaccine?** *{covidshot}*

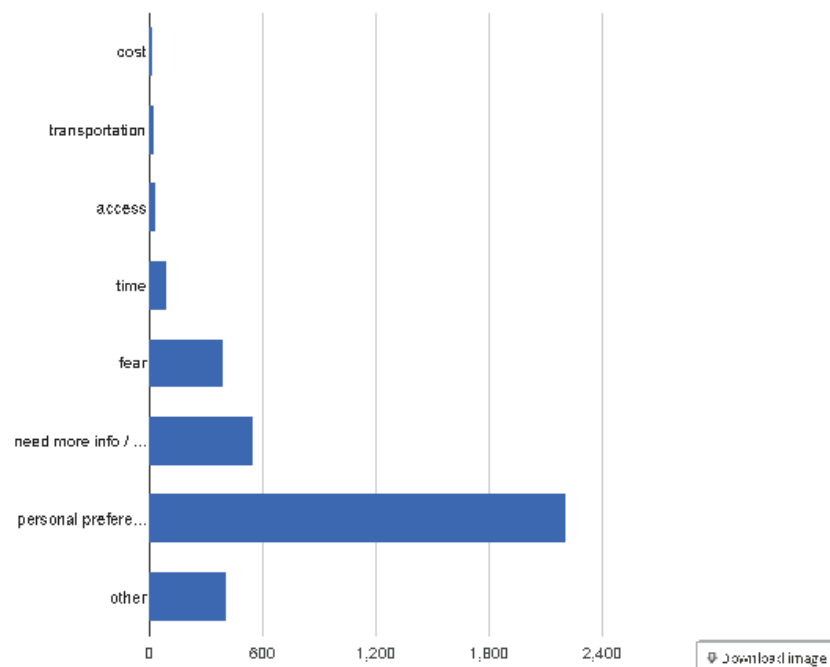
Total Count (N)	Missing*	Unique
1,027	2 (0.2%)	3

Counts/frequency: Yes (889, 86.6%), No (117, 11.4%), Don't know or unsure (21, 2.0%)

**If you did not get your COVID-19 vaccine, why not? Please check any barriers.** *{covidvcsbgi}*

Total Count (N)	Missing*	Unique
110	91 (81.3%)	6

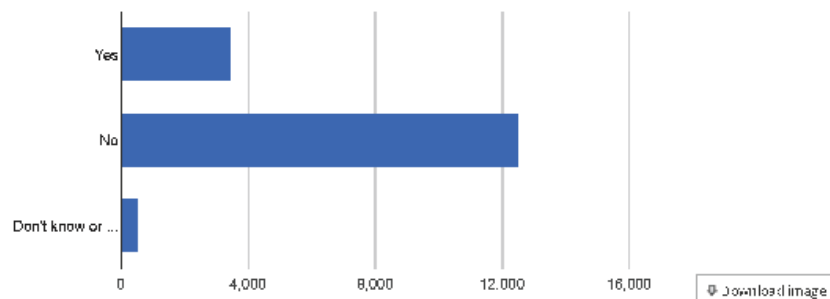
Counts/frequency: cost (1, 0.9%), transportation (0, 0.0%), access (0, 0.0%), time (2, 1.8%), fear (9, 8.2%), need more info / have questions (20, 18.2%), personal preference (67, 60.0%), other (11, 10.0%)



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

Total Count (N)	Missing*	Unique
1,027	2 (0.2%)	3

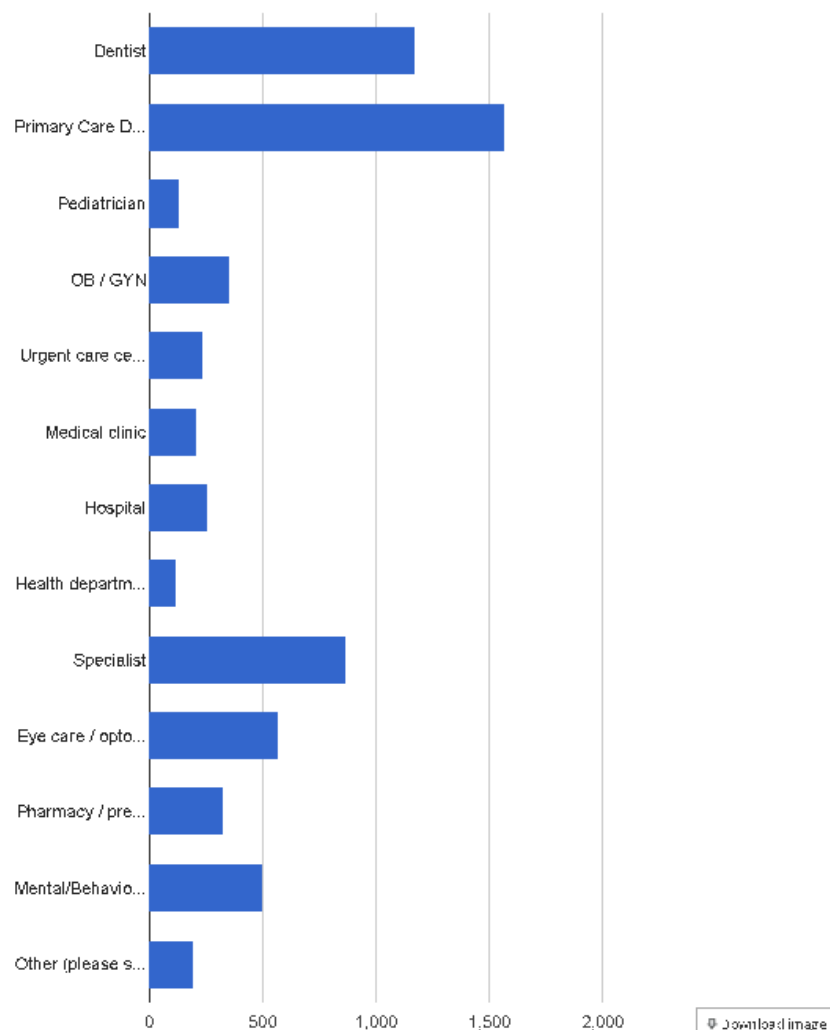
Counts/frequency: Yes (277, 27.0%), No (711, 69.2%), Don't know or not sure (39, 3.8%)



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

Total Count (N)	Missing*	Unique
271	278 (73.7%)	12

Counts/frequency: Dentist (74, 27.3%), Primary Care Doctor (147, 54.2%), Pediatrician (8, 3.0%), OB / GYN (41, 15.1%), Urgent care center (11, 4.1%), Medical clinic (8, 3.0%), Hospital (15, 5.2%), Health department (0, 0.0%), Specialist (101, 37.3%), Eye care / optometrist / ophthalmologist (27, 10.0%), Pharmacy / prescriptions (13, 4.8%), Mental/Behavioral Health Providers (37, 13.7%), Other (please share more) (16, 5.9%)



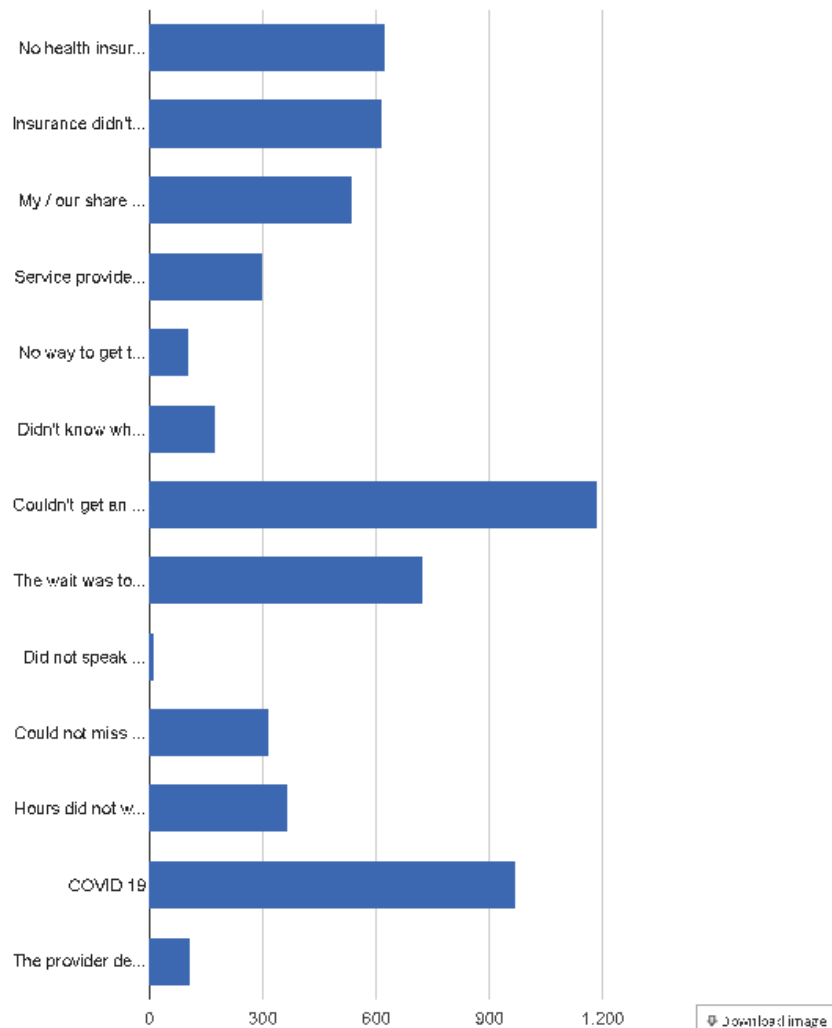
Other (healthcareprovider: other)

Total Count (N)	Missing*
14	1015 (98.6%)

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

Total Count (N)	Missing*	Unique
263	166 (62.7%)	12

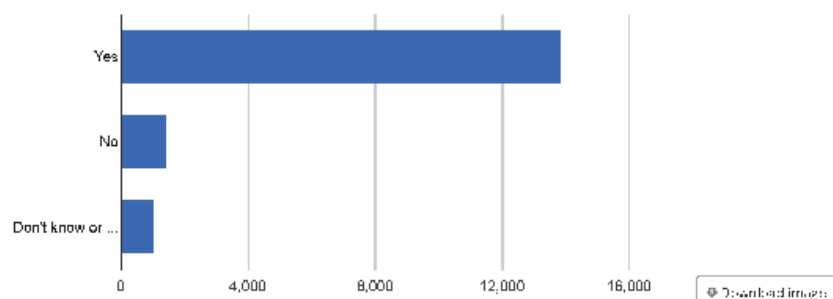
Counts/frequency: No health insurance (16, 6.1%), Insurance didn't cover what I / we needed. (38, 14.4%), My / our share of the cost (deductible / co-pay) was too high. (38, 14.4%), Service provider would not take my / our insurance or Medicaid. (35, 13.3%), No way to get there. (4, 1.5%), Didn't know where to go (13, 4.9%), Couldn't get an appointment (148, 56.2%), The wait was too long. (72, 27.4%), Did not speak my language (0, 0.0%), Could not miss work to go (23, 8.7%), Hours did not work with my availability (31, 11.8%), COVID 19 (72, 27.4%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (5, 1.9%)



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

Total Count (N)	Missing*	Unique
1,017	12 (1.2%)	3

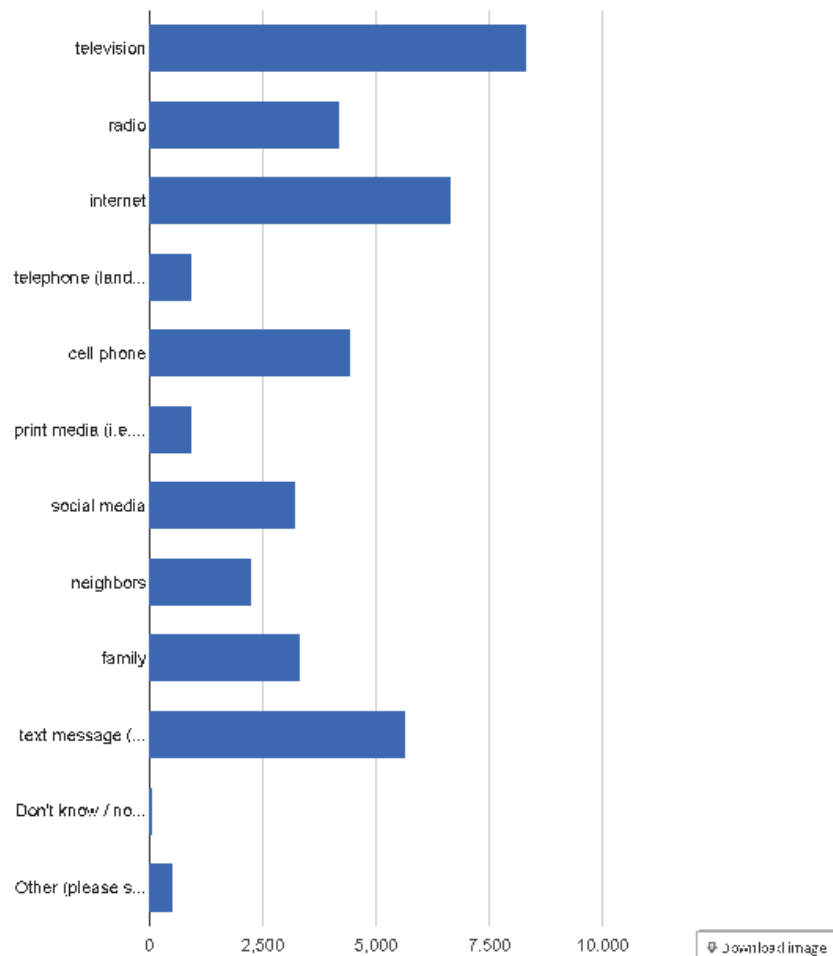
Counts/frequency: Yes (917, 93.1%), No (36, 3.7%), Don't know or not sure (32, 3.1%)



If so, where do you get your information to stay safe? (optional/anonymous)

Total Count (N)	Missing*	Unique
936	90 (9.7%)	12

Counts/frequency: television (336, 35.8%), radio (220, 23.4%), internet (177, 18.8%), telephone (and/or) (55, 5.7%), cell phone (52, 5.4%), print media (and newspaper) (58, 6.2%), social media (168, 17.9%), religious (140, 14.9%), family (113, 12.0%), text message (emergency alert system) (173, 18.4%), Don't know/refuse (7, 0.7%), Other (nurse society) (23, 2.4%)



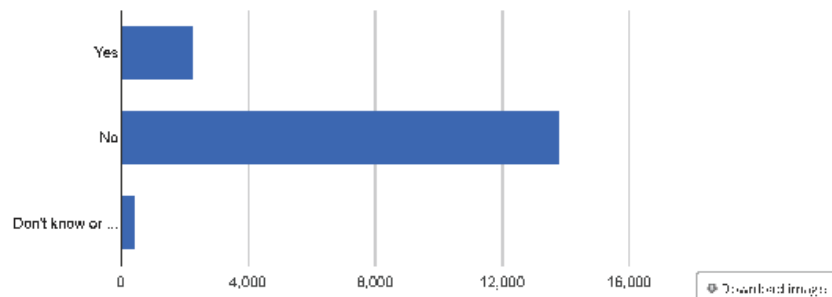
Other (natural disaster other)

Total Count (N)	Missing*
23	1006 (97.8%)

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

Total Count (N)	Missing*	Unique
1,026	3 (0.3%)	3

Counts/frequency: Yes (80, 7.8%), No (920, 90.6%), Don't know or not sure (16, 1.6%)



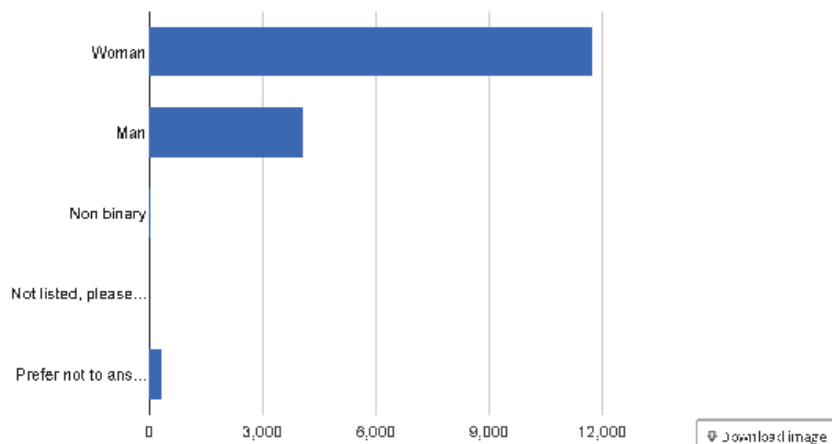
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
173	554 (53.0%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
1,009	20 (1.9%)	5

Counts/frequency: Woman (721, 71.5%), Man (275, 27.5%), Non binary (1, 0.1%), Not listed, please share more (2, 0.2%), Prefer not to answer (10, 1.0%)



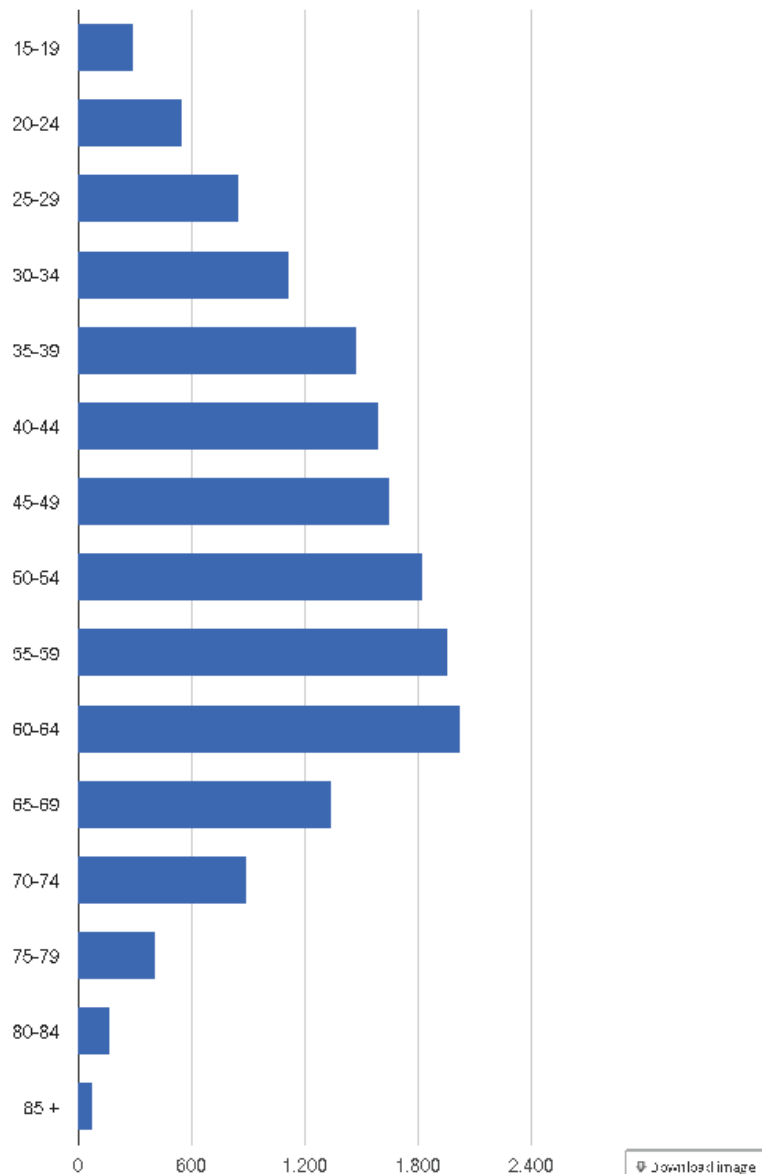
Please share more. *(gender other)*

Total Count (N)	Missing*
0	1029 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
1,000	23 (2.2%)	15

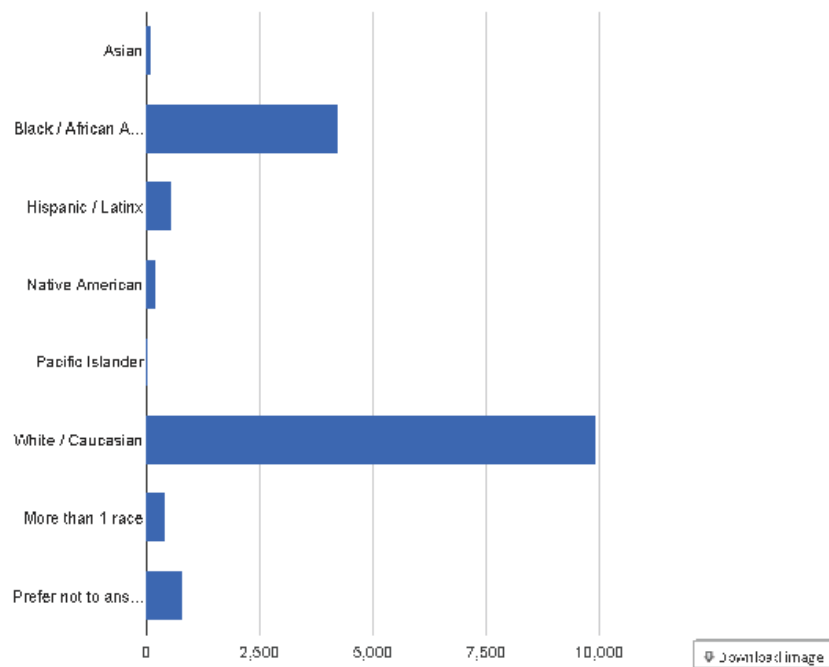
Counts/frequency: 15-19 (3, 0.3%), 20-24 (16, 1.6%), 25-29 (36, 3.6%), 30-34 (113, 11.3%), 35-39 (61, 6.1%), 40-44 (93, 9.2%), 45-49 (77, 7.7%), 50-54 (112, 11.1%), 55-59 (133, 13.1%), 60-64 (179, 17.5%), 65-69 (100, 9.9%), 70-74 (99, 9.8%), 75-79 (52, 5.2%), 80-84 (20, 2.0%), 85+ (1, 0.1%)



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

Total Count (N)	Missing*	Unique
1,000	22 (2.1%)	8

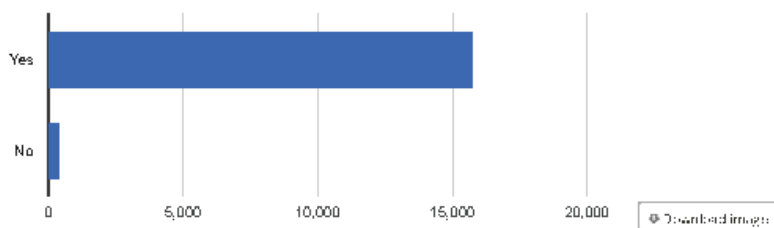
Counts/frequency: Asian (2, 0.2%), Black / African American (11, 1.6%), Hispanic / Latinx (24, 2.4%), Native American (2, 0.2%), Pacific Islander (1, 0.1%), White / Caucasian (1020, 91.4%), More than 1 race (13, 1.2%), Prefer not to answer (26, 2.6%)



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

Total Count (N)	Missing*	Unique
1,002	277 (2.6%)	2

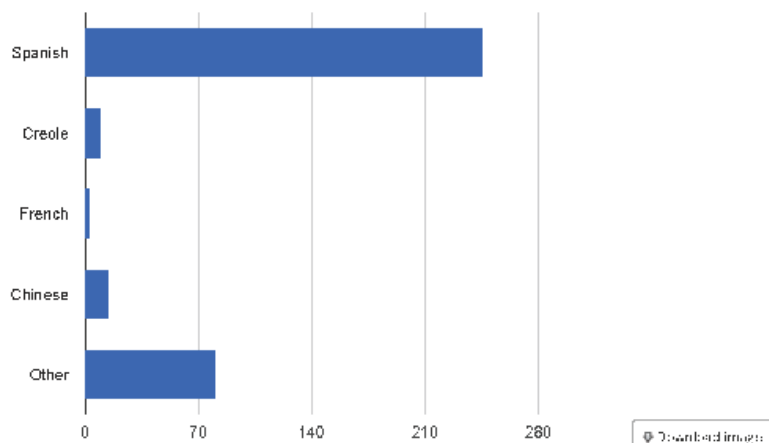
Counts/frequency: Yes (987, 98.5%), No (15, 1.5%)



If no, please share which primary language *(language)*

Total Count (N)	Missing*	Unique
15	1014 (98.5%)	5

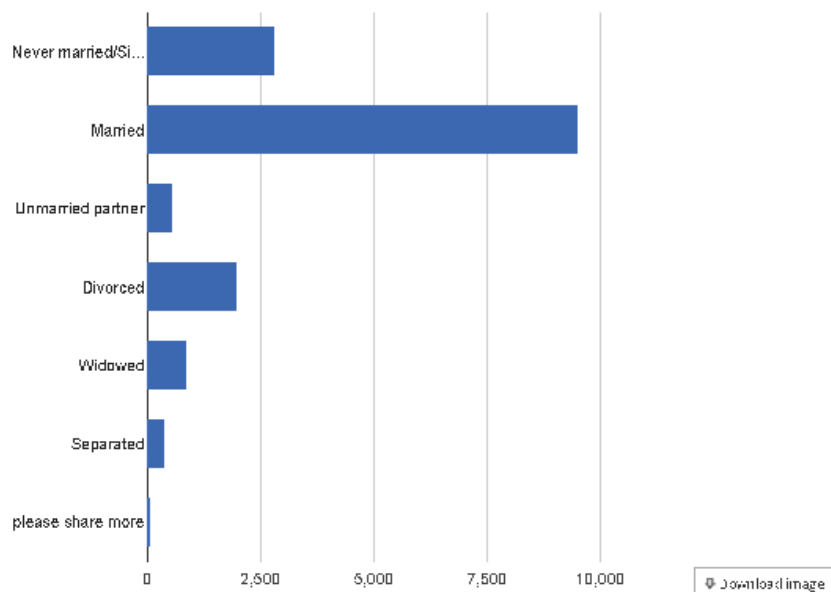
Counts/frequency: Spanish (12, 80.0%), Chinese (0, 0.0%), French (0, 0.0%), Chinese (1, 6.7%), Other (2, 13.3%)



What is your marital status? (marriagestatus)

Total Count (N)	Missing*	Unique
1,000	23 (2.2%)	7

Counts/frequency: Never married/single (100, 9.9%), Married (662, 66.1%), Unmarried partner (38, 3.8%), Divorced (124, 12.3%), Widowed (62, 6.2%), Separated (14, 1.4%), please share more (3, 0.3%)



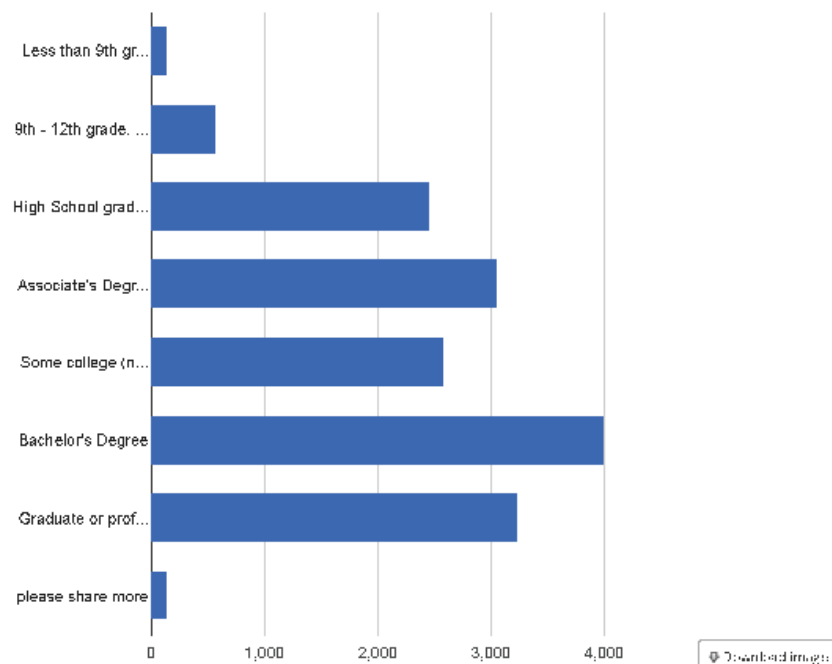
please share more. (marital other)

Total Count (N)	Missing*
3	1026 (99.7%)

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

Total Count (N)	Missing*	Unique
1,015	11 (1.1%)	8

Counts/frequency: Less than 9th grade (3, 0.3%), 9th - 12th grade (9, 0.9%), High School graduate (or GED/equivalent) (76, 7.5%), Associate's Degree or Vocational Training (117, 11.7%), Some college (noting in) (166, 16.4%), Bachelor's Degree (316, 31.1%), Graduate or professional degree (371, 36.6%), please share more (7, 0.7%)



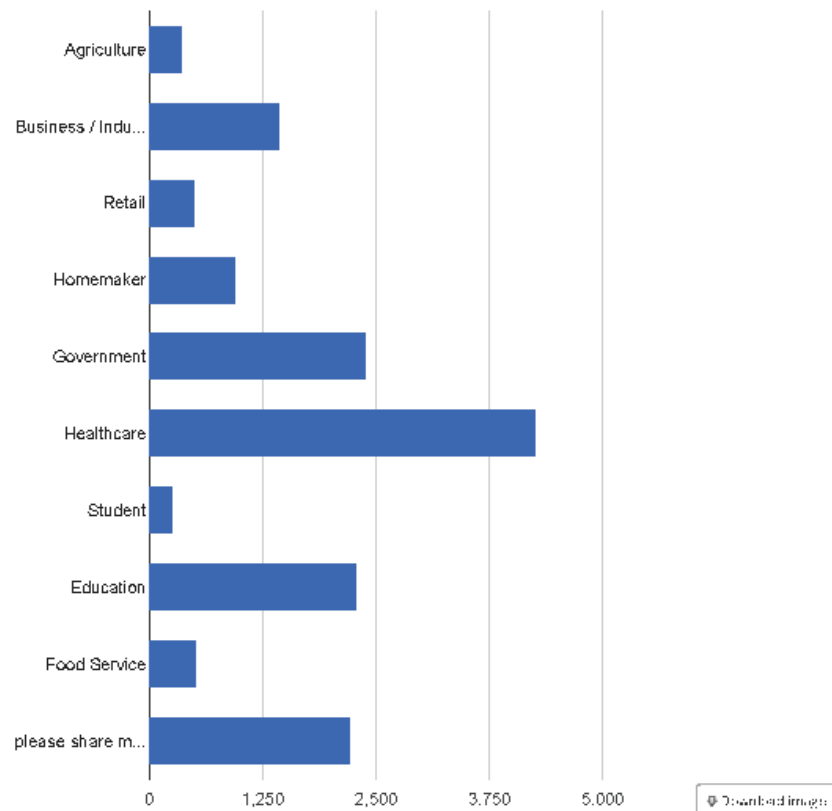
Please share more *(please share more)*

Total Count (N)	Missing*
7	1022 (99.3%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
906	91 (9.0%)	10

Counts/frequency: Agriculture (1, 0.1%), Business / Industry (95, 10.1%), Retail (24, 2.6%), Homemaker (38, 4.1%), Government (118, 12.9%), Healthcare (141, 15.1%), Student (1, 0.1%), Educator (286, 30.9%), Food service (11, 3.0%), please share more (201, 21.5%)



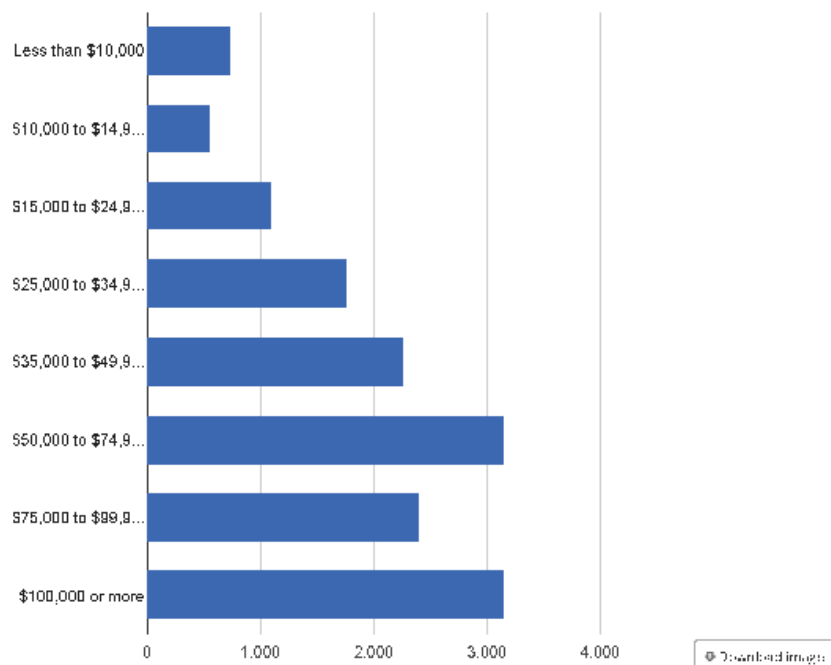
Please share more *(job other)*

Total Count (N)	Missing*
190	539 (51.5%)

What is your total household income? *(income)*

Total Count (N)	Missing*	Unique
140	81 (78.6%)	8

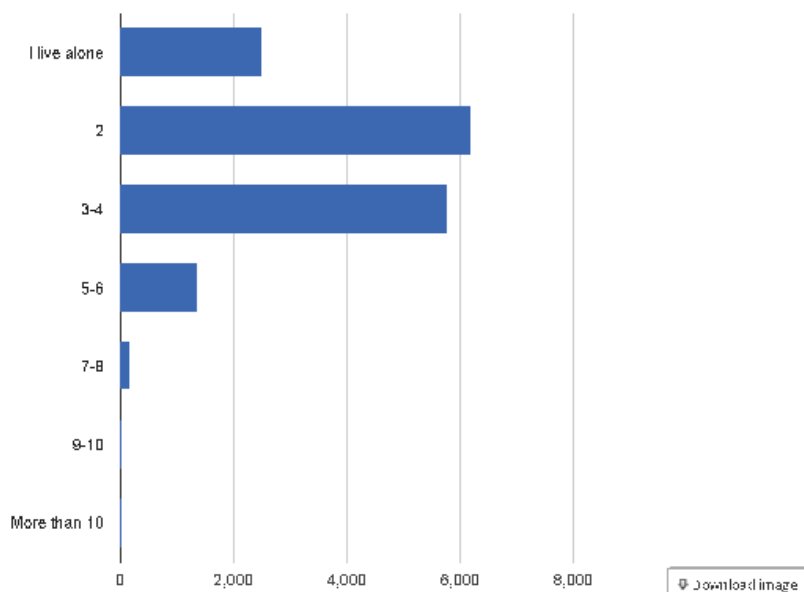
Counts/frequency: Less than \$10,000 (12, 13%), \$10,000 to \$14,999 (13, 14%), \$15,000 to \$24,999 (36, 38%), \$25,000 to \$34,999 (64, 68%), \$35,000 to \$49,999 (116, 127%), \$50,000 to \$74,999 (245, 26.1%), \$75,000 to \$99,999 (177, 18.8%), \$100,000 or more (277, 29.5%)



How many people live in your household? *(household member)*

Total Count (N)	Missing*	Unique
1,011	18 (1.7%)	5

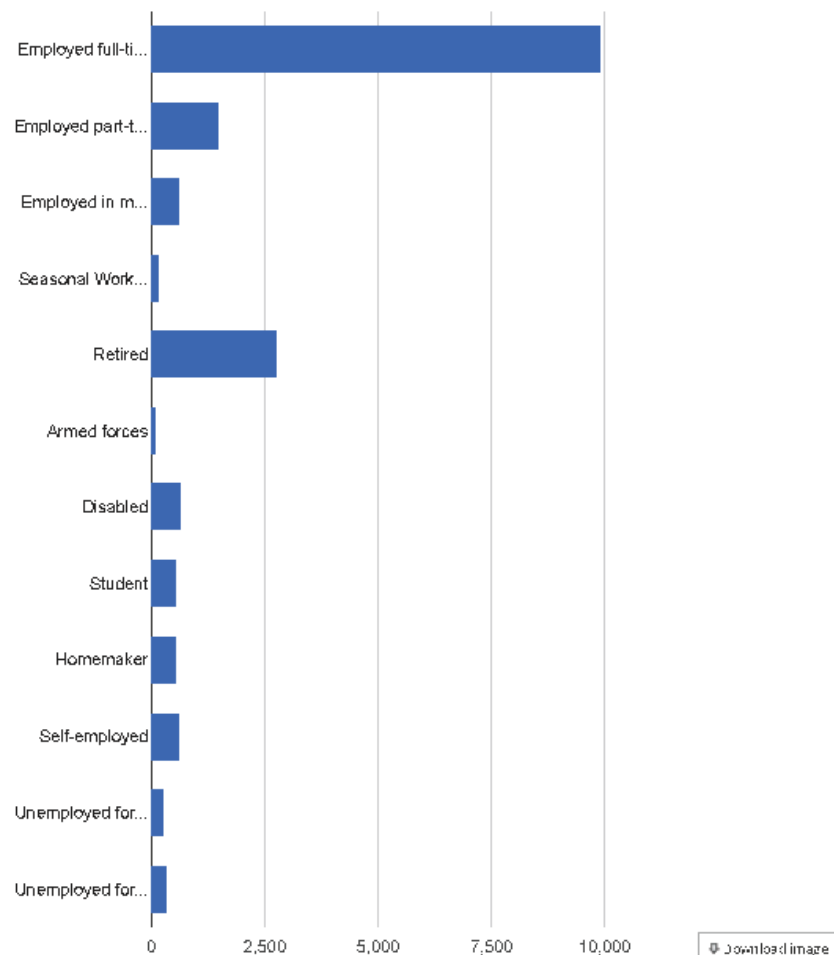
Counts/frequency: 1 live alone (164, 16.2%), 2 (179, 17.4%), 3-4 (307, 30.4%), 5-6 (36, 3.5%), 7-8 (3, 0.3%), 9-10 (0, 0.0%), More than 10 (0, 0.0%)



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

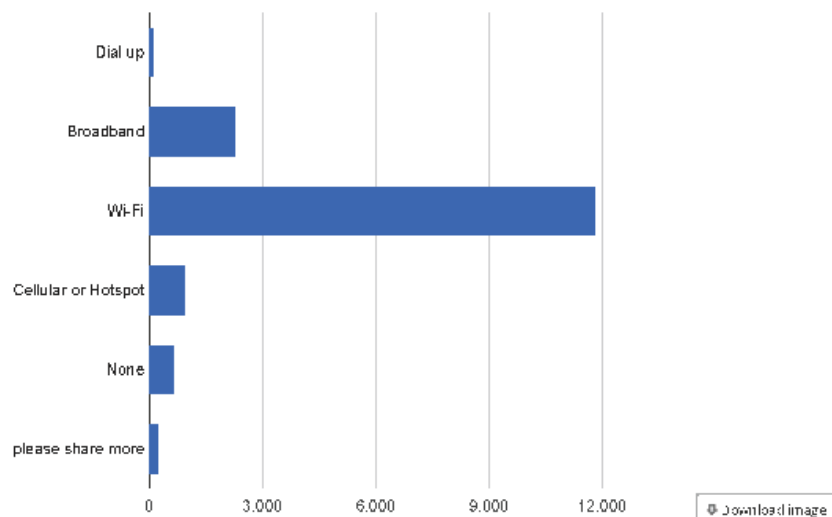
Total Count (N)	Missing*	Unique
1,010	19 (1.8%)	12

Counts/frequency: Employed full-time (791, 78.7%), Employed part-time (83, 8.4%), Employed in multiple jobs (71, 7.4%), Seasonal Worker/Temporary (20, 2.0%), Retired (209, 20.6%), Armed forces (3, 0.3%), Disabled (15, 1.8%), Student (14, 1.4%), Homemaker (22, 2.2%), Self-employed (39, 3.8%), Unemployed for 1 year or less (5, 0.8%), Unemployed for more than 1 year (7, 0.7%)

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

Total Count (N)	Missing*	Unique
1,004	25 (2.4%)	5

Counts/frequency: Dial-up (3, 0.3%), Broadband (143, 14.2%), Wi-Fi (826, 82.3%), Cellular Hotspot (17, 1.7%), None (12, 1.2%), please share more (1, 0.1%)



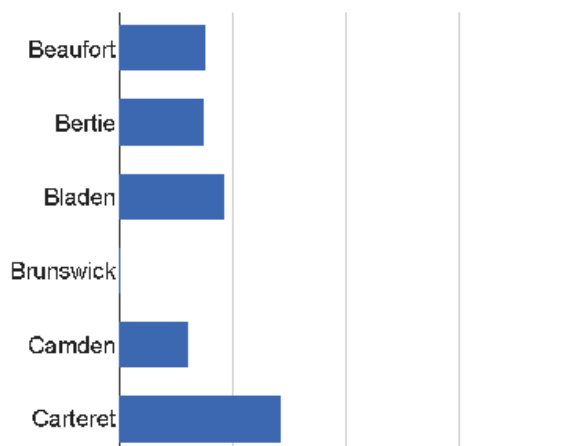
Other (internet or wifi other)

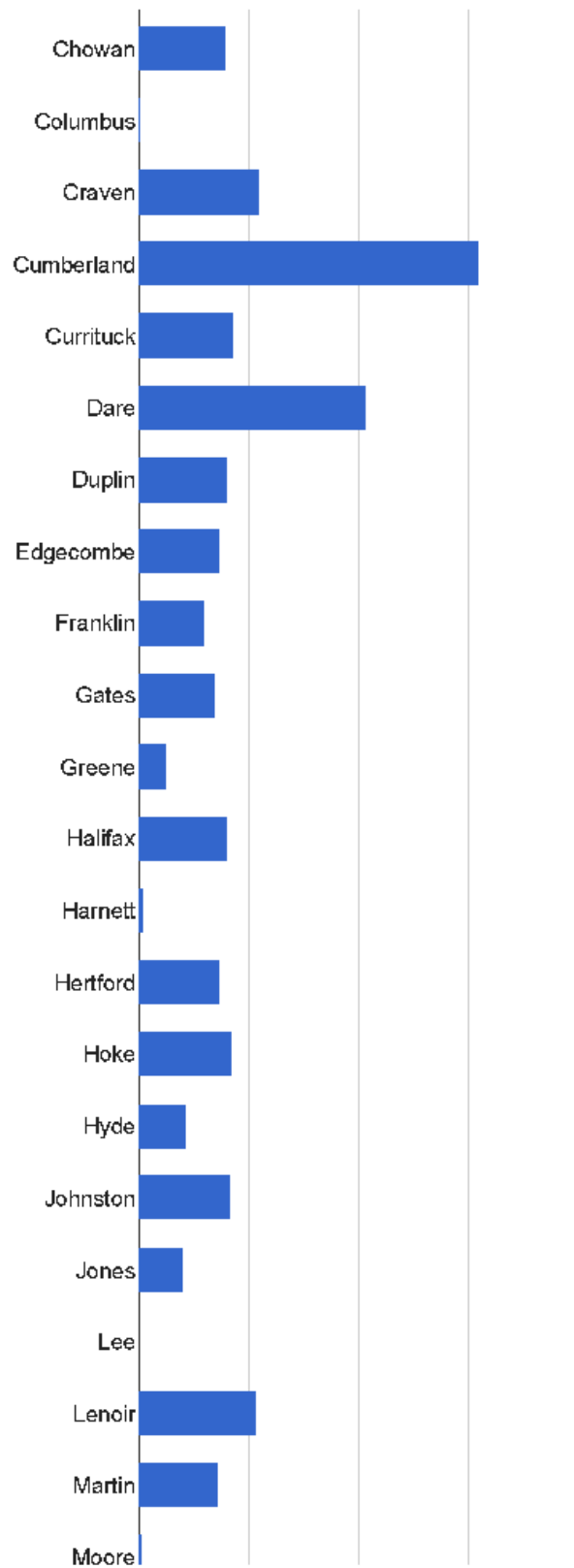
Total Count (N)	Missing*
1	1028 (99.9%)

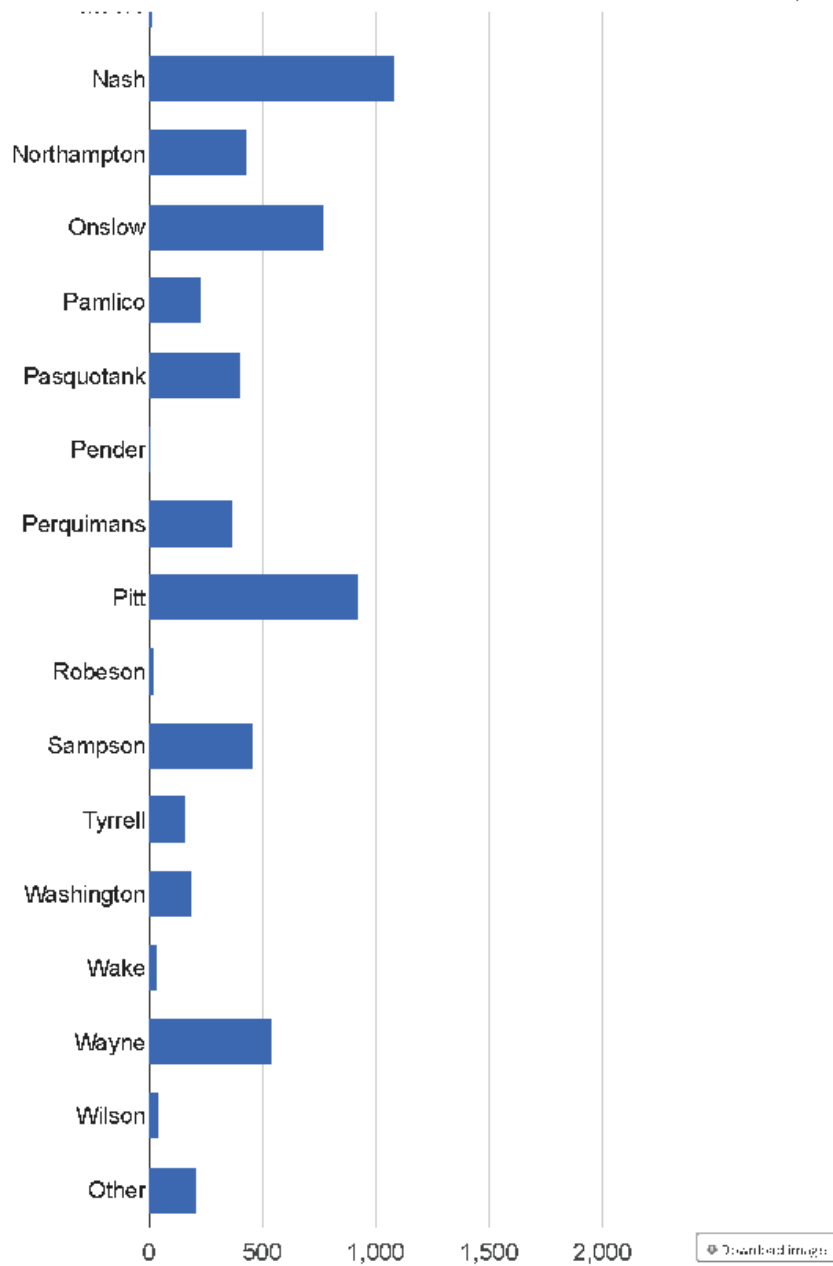
Which county do you live in? (county)

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Currituck (0, 0.0%), Dare (1029, 100.0%), Davidson (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harrell (0, 0.0%), Henderson (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Perdue (0, 0.0%), Person (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Randolph (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilcox (0, 0.0%), Other (0, 0.0%)







Other (count of other)

Total Count (N)	Missing*
0	1025 (100.0%)

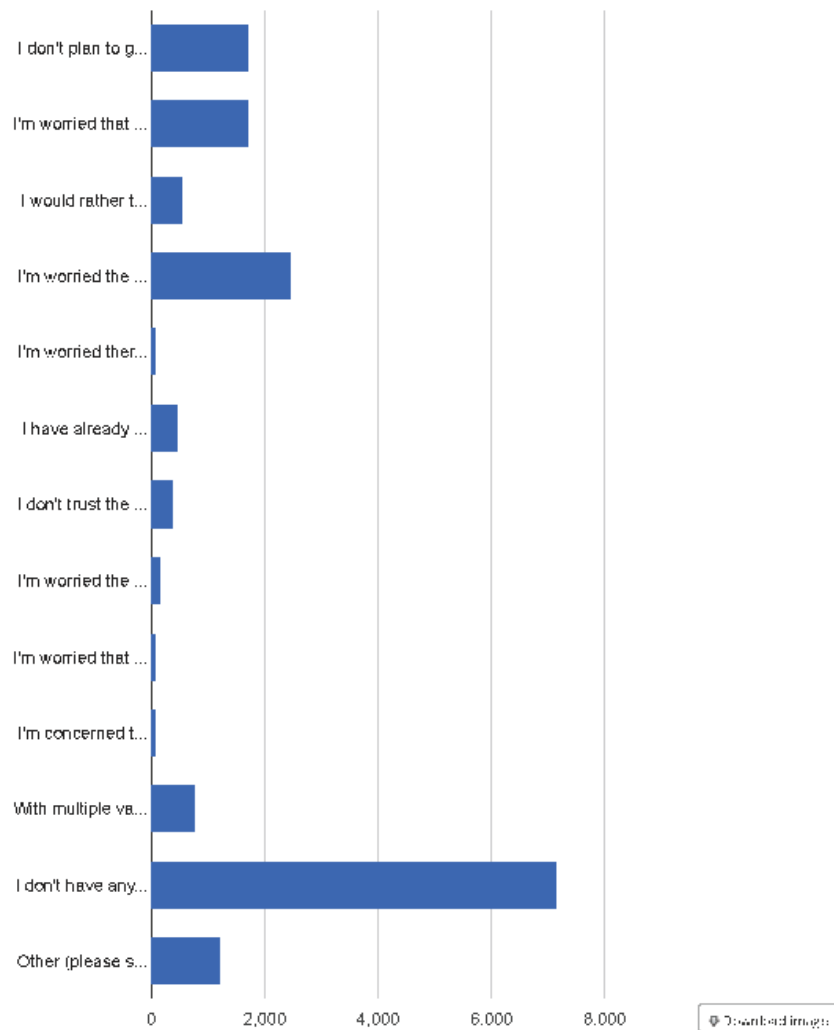
What is your 5 digit zip code? (zip_code)

Total Count (N)	Missing *
744	285 (27.7%)

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?
(Please select all that apply) *(COVID concerns)*

Total Count (N)	Missing *	Unique
826	207 (19.7%)	12

Counts/frequency: I don't want to get a vaccine. (67, 7.5%), I'm worried that the COVID-19 vaccine isn't safe. (71, 8.6%), I would rather take the risk of getting sick with COVID-19. (35, 4.2%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (107, 13.0%), I'm worried there may be a risk associated with receiving the COVID-19 vaccine. (4, 0.5%), I have already had COVID-19 so I don't believe a vaccine is necessary. (19, 2.3%), I don't trust the distribution process of the COVID-19 vaccine. (12, 1.5%), I'm worried the COVID-19 vaccine has not been distributed fairly. (5, 1.0%), I'm worried that the location of the COVID-19 vaccine will be difficult to have to. (4, 0.5%), I'm concerned that I won't have time to get the COVID-19 vaccine. (4, 0.5%), With multiple vaccines becoming available, I'm worried about knowing which one is best for me. (26, 3.1%), I don't have any concerns about getting the COVID-19 vaccine. (166, 20.0%), Other (please specify) (72, 8.7%)



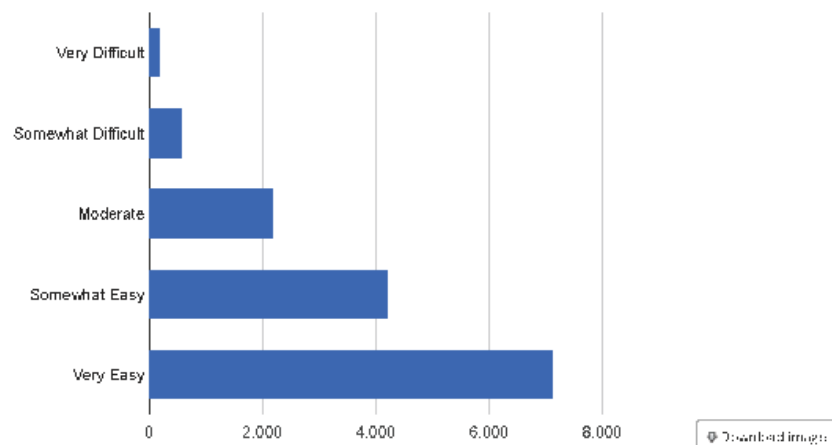
Other (covid_concerns_other)

Total Count (N)	Missing*
179	910 (50.8%)

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

Total Count (N)	Missing*	Unique
169	60 (35.5%)	5

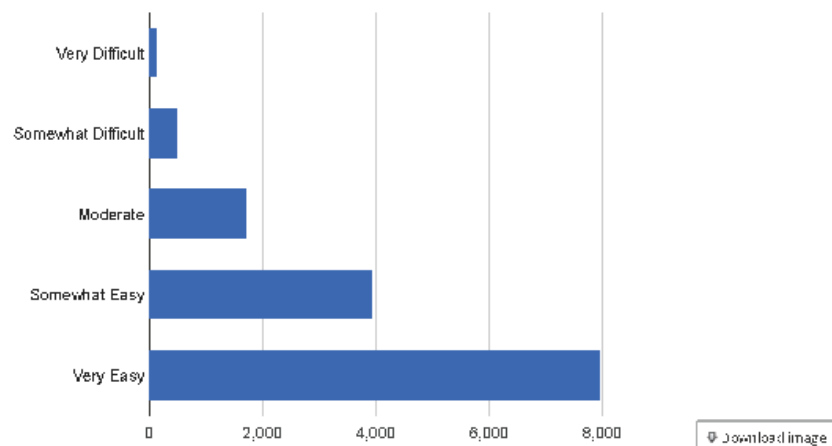
Counts/frequency: **Very Difficult** (9, 0.0%), **Somewhat Difficult** (23, 2.4%), **Moderate** (114, 10.7%), **Somewhat Easy** (284, 29.3%), **Very Easy** (541, 56.7%)



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

Total Count (N)	Missing*	Unique
917	12 (1.0%)	5

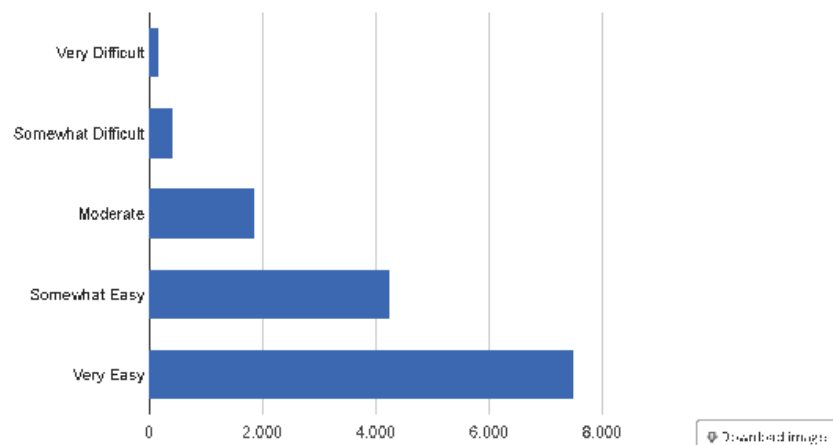
Counts/frequency: **Very Difficult** (1, 0.1%), **Somewhat Difficult** (14, 1.4%), **Moderate** (75, 7.8%), **Somewhat Easy** (242, 25.3%), **Very Easy** (632, 65.4%)



Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
1157	22 (1.0%)	5

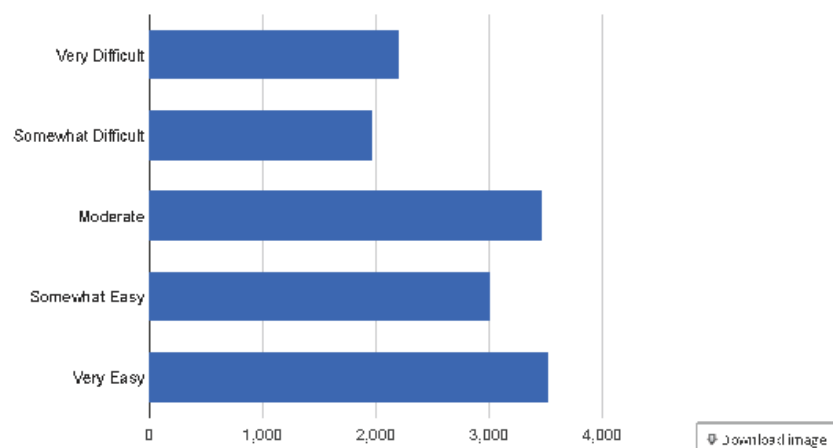
Counts/frequency: **Very Difficult** (5, 0.5%), **Somewhat Difficult** (19, 2.0%), **Moderate** (92, 9.6%), **Somewhat Easy** (293, 30.6%), **Very Easy** (548, 57.3%)



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

Total Count (N)	Missing*	Unique
917	17 (6.7%)	5

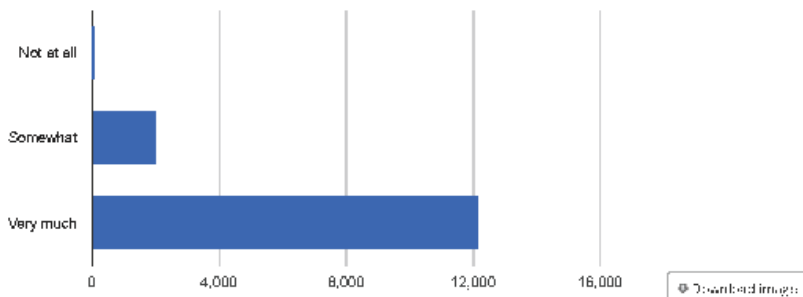
Counts/frequency: Very Difficult (130, 13.2%), Somewhat Difficult (115, 12.1%), Moderate (220, 22.1%), Somewhat Easy (219, 22.8%), Very Easy (277, 28.8%)



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

Total Count (N)	Missing*	Unique
1165	64 (5.2%)	3

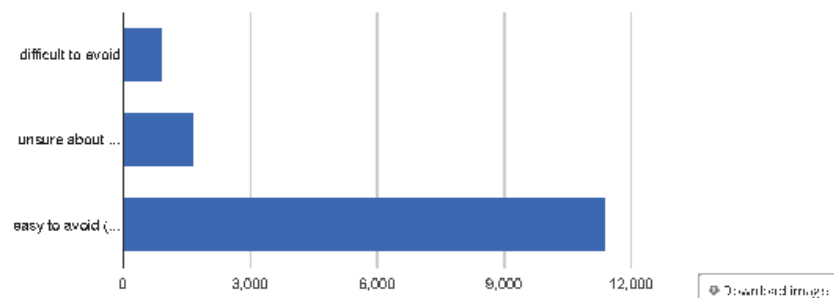
Counts/frequency: Not at all (4, 0.4%), Somewhat (193, 16.6%), Very much (1058, 89.9%)



For me avoiding an infection with COVID-19 in the current situation is... *(avoid)*

Total Count (N)	Missing*	Unique
911	118 (12.9%)	3

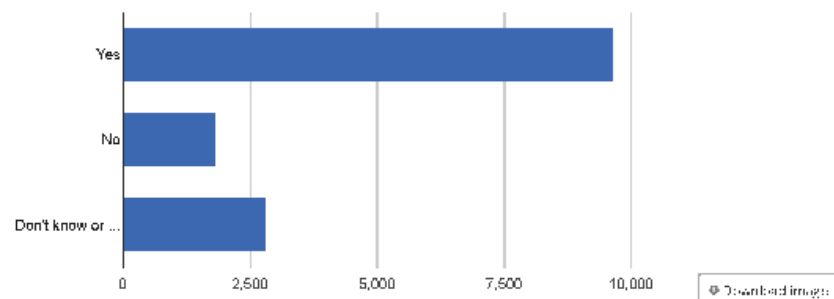
Counts/frequency: *difficult to avoid* (64, 6.7%), *unsure about how to avoid* (84, 8.7%), *easy to avoid (I have no idea)* (813, 84.6%)



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

Total Count (N)	Missing*	Unique
976	73 (7.1%)	3

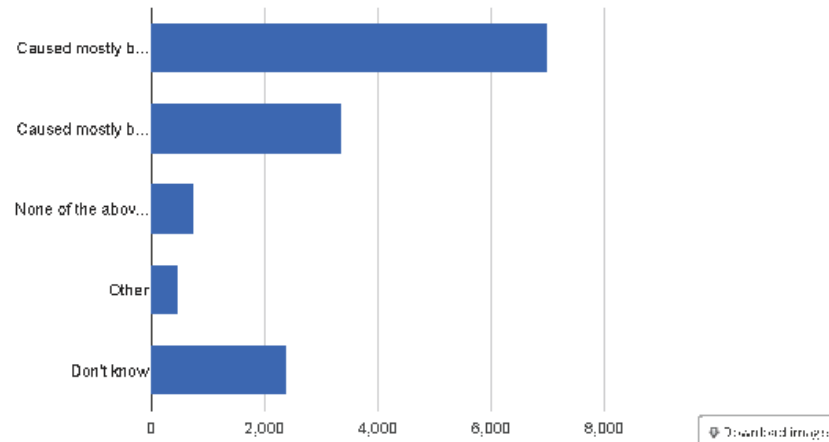
Counts/frequency: *Yes* (737, 77.1%), *No* (91, 9.3%), *Don't know or unsure* (128, 13.4%)



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

Total Count (N)	Missing*	Unique
939	90 (9.7%)	5

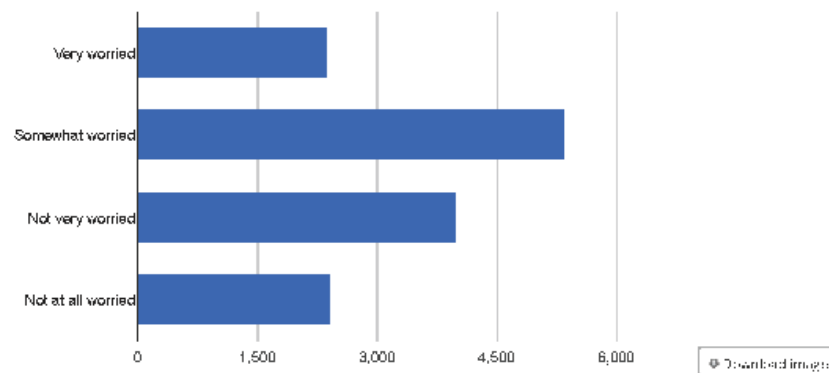
Counts/frequency: Caused mostly by human activities (607, 64.6%), Caused mostly by natural changes in the environment (182, 19.4%), None of the above because global warming isn't happening (59, 6.3%), Other (31, 3.3%), Don't know (80, 8.5%)



How worried are you about global warming? (warmingworried)

Total Count (N)	Missing*	Unique
912	87 (9.5%)	4

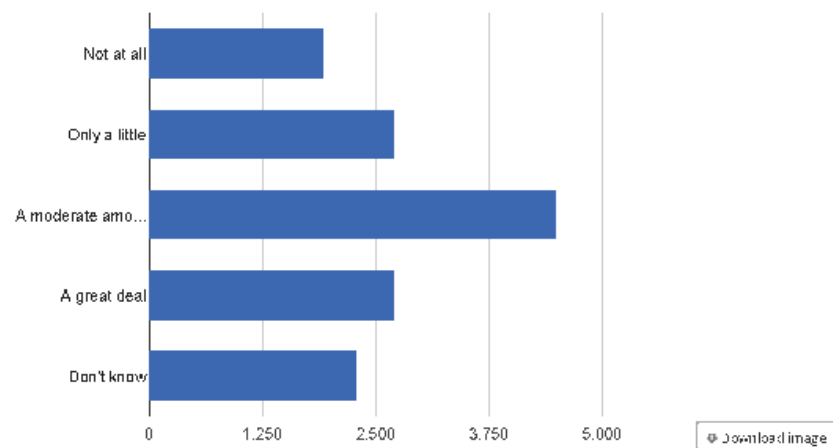
Counts/frequency: Very worried (282, 30.9%), Somewhat worried (345, 37.6%), Not very worried (205, 21.8%), Not at all worried (110, 11.7%)



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

Total Count (N)	Missing*	Unique
950	79 (8.3%)	5

Counts/frequency: Not at all (121, 12.7%), Only a little (191, 20.1%), A moderate amount (322, 33.9%), A great deal (235, 24.7%), Don't know (81, 8.5%)

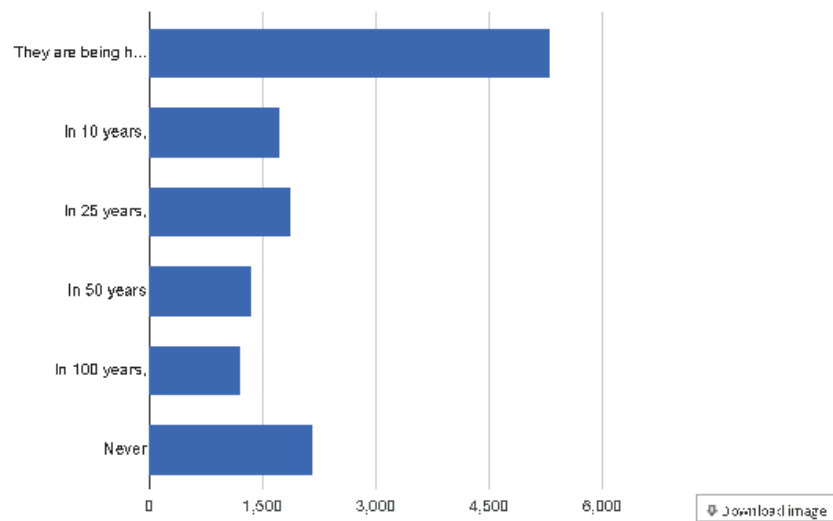


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing*	Unique
920	100 (10.9%)	6

Counts/frequency: They are being harmed right now, (136, 47.6%), In 10 years, (103, 11.4%), In 25 years, (120, 13.0%), In 50 years, (65, 9.7%), In 100 years, (77, 8.4%), Never (93, 10.3%)

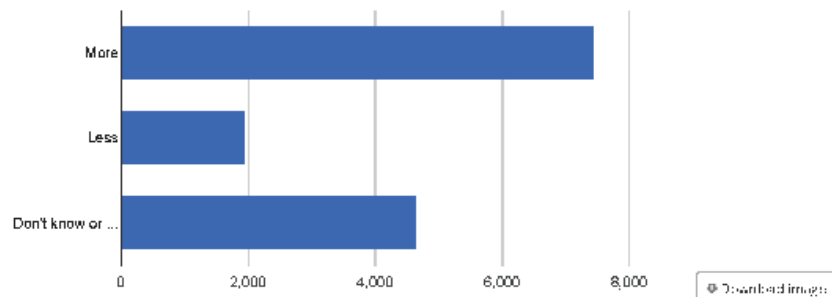


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing*	Unique
937	92 (9.9%)	3

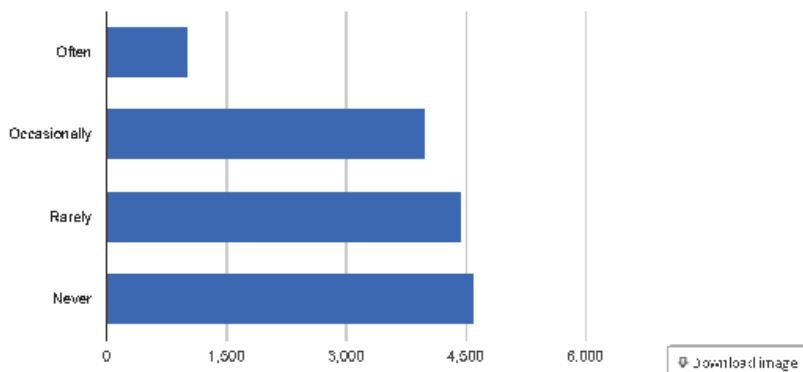
Counts/frequency: More (>90, 63.0%), Less (120, 13.8%), Don't know or not sure (118, 20.3%)



How often do you discuss global warming with your friends and family? *{warmthofriends}*

Total Count (N)	Missing*	Unique
917	87 (9.5%)	4

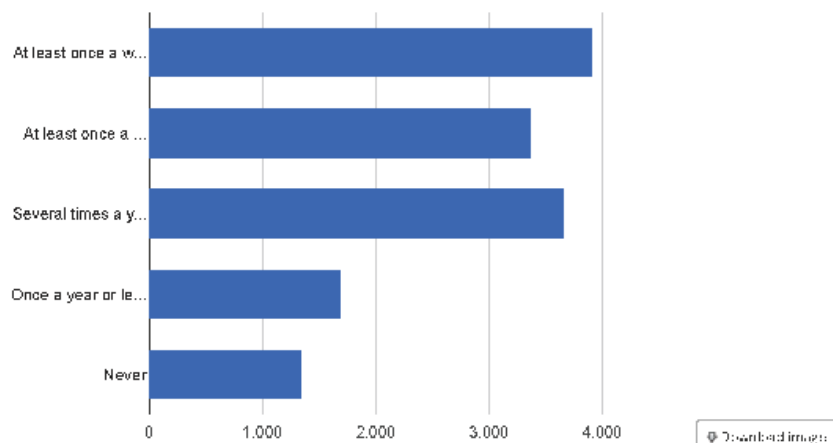
Counts/frequency: **Often** (179, 19.7%), **Occasionally** (379, 41.2%), **Rarely** (254, 27.0%), **Never** (180, 19.1%)



How often do you hear about global warming in the media? *{warmingmedia}*

Total Count (N)	Missing*	Unique
929	100 (9.2%)	5

Counts/frequency: **At least once a week** (402, 43.3%), **At least once a month** (263, 28.3%), **Several times a year** (182, 19.6%), **Once a year or less often** (145, 4.8%), **Never** (17, 4.0%)



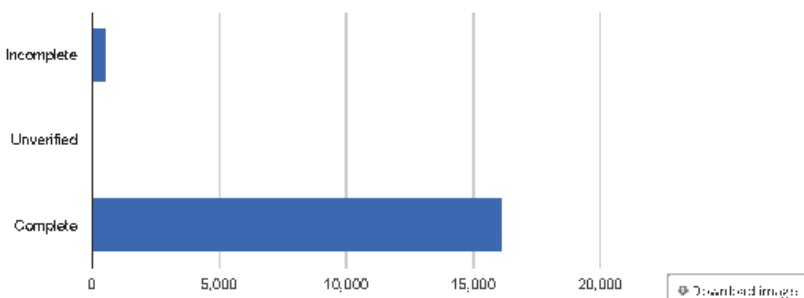
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
69	96.0 (91.3%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
1,029	0 (0.0%)	2

Counts/frequency: *Incomplete* (19, 1.8%), *Unverified* (0, 0.0%), *Complete* (1010, 98.2%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix 91. Tools for Prioritization of Watch List

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

Prioritization Worksheet for Community Members

Community: Prioritization Form

* Required

1. Your Name: (not required)

2. Degree of Awareness: How mindful or informed are you regarding these priorities?
(1 is highest priority 5 is lowest) *

Check all that apply.

	1	2	3	4	5
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults & Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Degree of Concern: How worried are you about these health issues? (1 is highest priority 5 is lowest) *

Check all that apply.

	1	2	3	4	5
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults & Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

5. Email: (not required - but if you provided additional information or suggestions above, please consider leaving contact info)

Thank you for providing your feedback.

Prioritization Worksheet for HCOB Partnership Members

HCOB Partnership: Prioritization Form

* Required

1. Your Name: *

2. Organization: *

3. Email: *

4. Magnitude of the Problem: How big is the problem? (1 is highest priority 5 is lowest)

*

Check all that apply.

	1	2	3	4	5
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults & Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Feasibility of Correcting: Is addressing the problem possible? (1 is highest priority 5 is lowest) ***

Check all that apply.

	1	2	3	4	5
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults & Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Severity of the Problem: How serious will the problem become if we do nothing? (1 is highest priority 5 is lowest) ***

Check all that apply.

	1	2	3	4	5
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults & Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Google Forms

Part Six: References

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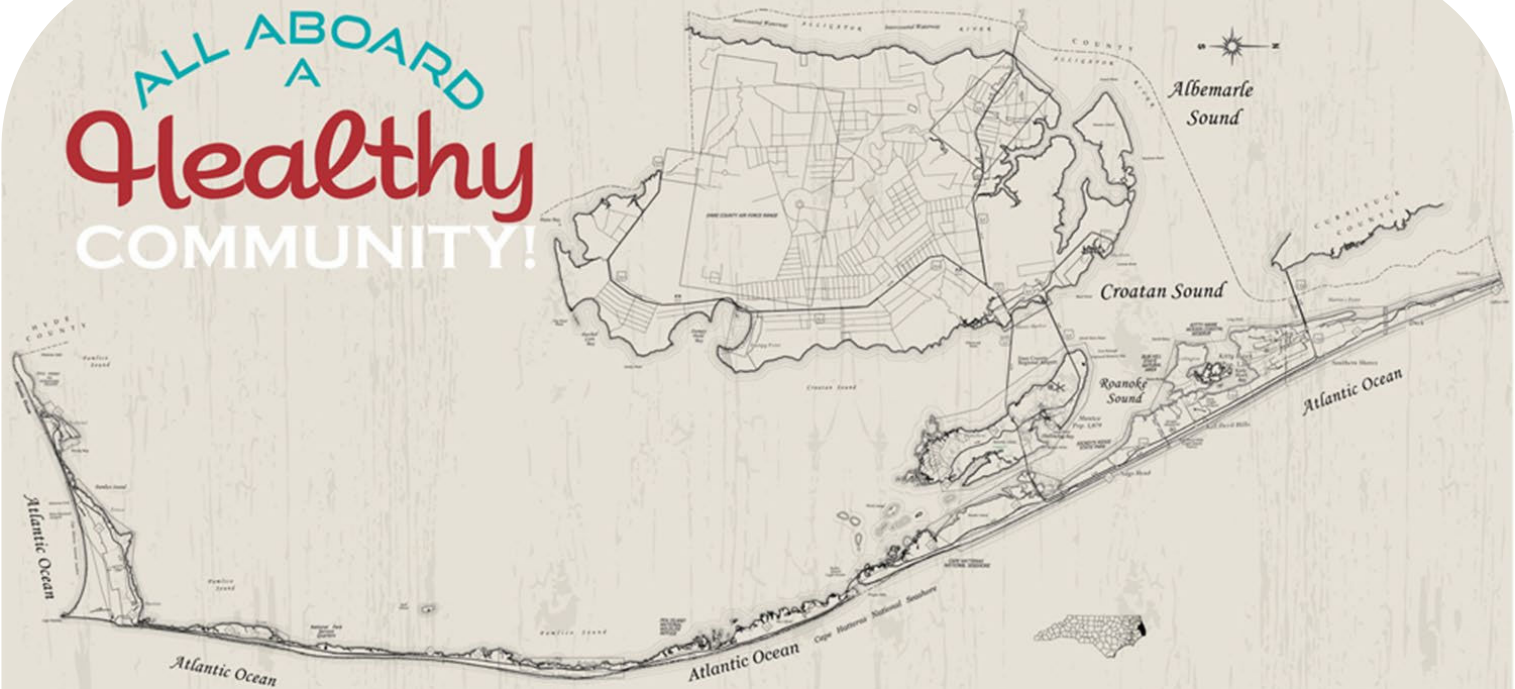
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