



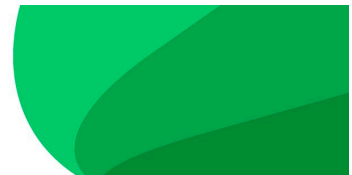
2021-2022 Community

Health Needs Assessment

CURRITUCK COUNTY,
NORTH CAROLINA

 ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

 Health ENC
Working Together for a Healthier Eastern North Carolina





ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Your partnership in the Community Health Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, Vidant Roanoke Chowan Hospital and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Pasquotank
Perquimans

Factors such as the rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and learn, as well as create challenges in our systems of service delivery which drive the need for a continuum of programs. Through the Community Health Assessment process, we are allowed to analyze and prioritize our community's needs and strengths *with* the people of the eight counties.

Camden
Chowan
Currituck

Strategies are implemented to target needs identified in the 2021 Community Health Assessment priority health rankings selection in order to create increased opportunities for healthier outcomes in our communities. Relationships will continue to be formed and strengthened as we join together to address the needs. This document provides data and steps to ensure we empower our communities to seek available and potential resources.

Bertie
Gates
Hertford

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Contact Information

Albemarle Regional Health Services plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county website, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Healthy Carolinians of the Albemarle members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

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Acknowledgements

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

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciate the help of our vital community stakeholders.

Special thanks go to Amy Underhill for proofing/editing this document.

Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2021 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Currituck County, North Carolina.

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

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

The 2021 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

Vision Statement

The Public Health professionals and programs of Albemarle Regional Health Services are dedicated to disease prevention and the promotion of a healthy environment to reduce morbidity, mortality, and disability through quality service, education, and advocacy.

Partnerships/Collaborations

Partners in the 2021 CHNA process for Albemarle Regional Health Services include:

- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen's opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

Regional/Contracted Services

The 2021-2022 Currituck County CHNA was supported by Health ENC (HealthENC.org), a collaborative initiative of health departments and hospitals in eastern North Carolina that provides support for community needs assessments statewide.

Collaborative Process Summary

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team included county residents as well as representatives from various local agencies and organizations from throughout the eight-county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2021 and July 2021 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, and attending presentations. These partners also played an active role in the priority selection process.

Key Findings

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

Table 1. Significant Health Needs

Access to Health Services
Cancer
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Behavioral Health
Substance Abuse

Health Priorities

For Healthy Carolinians of the Albemarle (Camden, Currituck, Pasquotank and Perquimans Counties) health priorities chosen were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

Next Steps

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

Chapter 1 Introduction

Description of County

Currituck County is a small, primarily rural county found at the northern tip of the Outer Banks region of NC. Part of the county is on the mainland while part is located in the northern portion of the Outer Banks. Dare County is adjacent to the southeast, Camden County to the west, Chesapeake and Virginia Beach, VA to the north, and the Atlantic Ocean to the east. The county covers a total of 526 square miles, 262 on land and 264 in water.

Currituck County is divided geopolitically into four townships. The county seat is located in the town of Currituck. US Highway 158 runs through the county east to west, parallel to US Highway 58. NC 168 begins at an intersection with US 158 in Barco, where US 58 continues south towards Nags Head. NC 168 goes north into VA towards Norfolk and I-64. Southward, NC 168 runs down the spine of the Currituck County peninsula and is the gateway to the Outer Banks. I-95, a major north-south corridor, is approximately 100 miles to the west of the county.

The commercial airports nearest to Currituck County are the Norfolk International Airport in Norfolk, VA (approximately 48 miles) and the Newport News/Williamsburg International Airport in Newport News, VA (approximately 75 miles). There is a Greyhound bus stop just 15 miles away in Elizabeth City. The nearest Amtrak train station can be found in Norfolk, VA, 31 miles from the county seat.

Currituck was one of the first areas to be settled in the United States, is an original NC county, and was one of the five original ports in the state. The fertile, rich soil, abundance of nature, and climate is what originally drew settlers to this area. In 1668, a large tract of land known as Carolina was given to eight men. This county was divided into four precincts that same year: Currituck, Pasquotank, Perquimans and Chowan. By the early 1800s Currituck County had become known for its fishing villages and peaceful way of life and by the end of that century the county obtained a reputation as a “sportsman’s paradise” as it attracted wealthy industrialists to its abundance of hunt clubs and wildlife.

The county has much to offer tourists and recreationalists. One highlight is the Currituck County Rural Center, which encourages education, cultural, and recreational enrichment. The center offers horseriding arenas, a playground, stocked fishing ponds, picnic areas, a boardwalk and canoe and kayak launches. The Outer Banks area of the county is rich with great beaches, historic sites, shopping, dining and golfing. The Corolla Wild Horses have run free on Currituck’s Outer Banks for more than 400 years. The Currituck Beach Lighthouse, first lit in the mid-1800s, warned ships hugging the chain of barrier islands along the NC Coast. Currituck’s mainland is full of antique shops, numerous other shopping options, roadside markets, the Historic Currituck Courthouse and Old Currituck Jail. There are six 18-hole golf courses to be enjoyed. There is also the Currituck Banks Coastal Reserve, an example of an undisturbed barrier island with foot and jeep trails available. The county’s climate is ideal for year-round recreation.

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

Overview of Health ENC

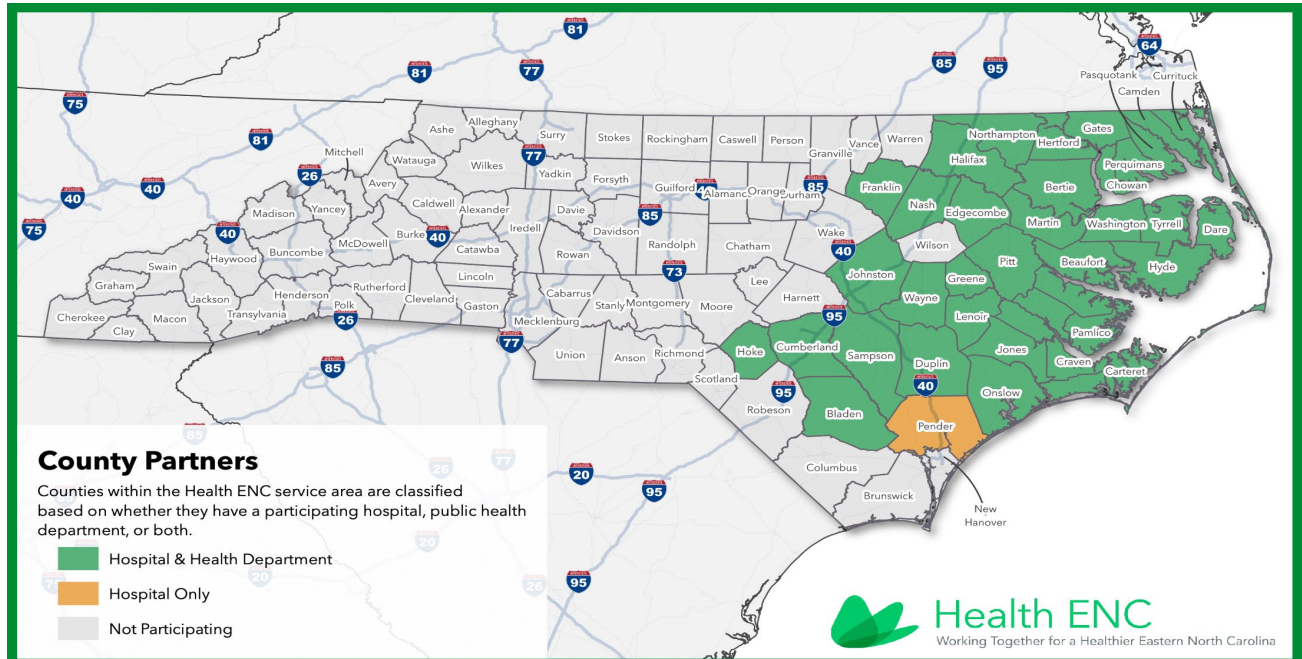
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce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

Overview of Community Health Needs Assessment Process

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

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, 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.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

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

Survey Design:

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

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

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

The Currituck County survey was comprised of 25 unique questions designed to collect information about key health and wellness areas indicated below. Surveys were made available publicly online and in paper

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format at a variety of community stakeholder locations between April 1 and June 30, 2021. Community locations for survey distribution were selected to enrich participation representation by historically underrepresented subgroups including minority populations, low income and elderly residents, and males. A total of 425 survey responses were received across Currituck County.

Key Areas Examined

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

County Responses

- 425 Total English (Total in ENC survey =16,661)
- 0 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

The community health/community health needs assessment should provide a comprehensive source of the best available data to improve the lives of people. With a simple search from a smartphone one can access powerful data from reputable sources. The internet and broad-band connectivity have become essential tools for acquiring information and staying informed.

All data starts with a good data source and paying attention to the data sources is a critical factor in the decisions we make using data. Reputable data sources provide original data or complete transparency about the original source. The data source provides enough information about the data to provide context so that the data may be interpreted. The best data sources are current and reliable. Even if the data lag, and perhaps older than a year or more, data trends are often just as important for decision making as a single data point. Changes in definitions and methodology are documented and easily found with the data.

This assessment relies largely on data that are available from the following sources:

- Healthy North Carolina 2030 (HNC 2030) - <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>
- N.C. State Center for Health Statistics - <https://schs.dph.ncdhhs.gov/>
- U.S. Census Bureau - <https://www.census.gov/>
- County Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/>

Additional data/data sources that were reviewed for this assessment can be found in the Appendices.

Limitations

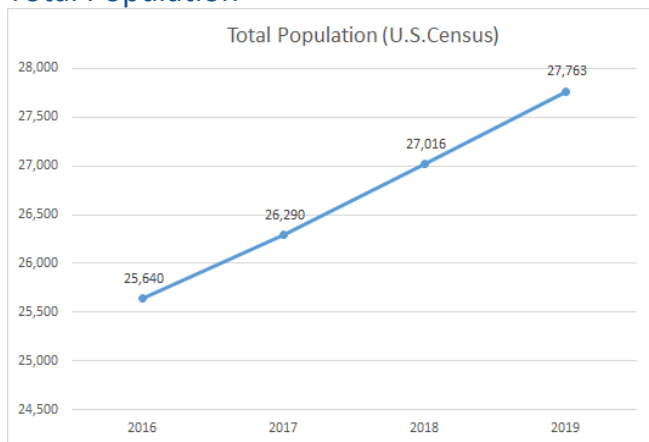
- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.

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- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

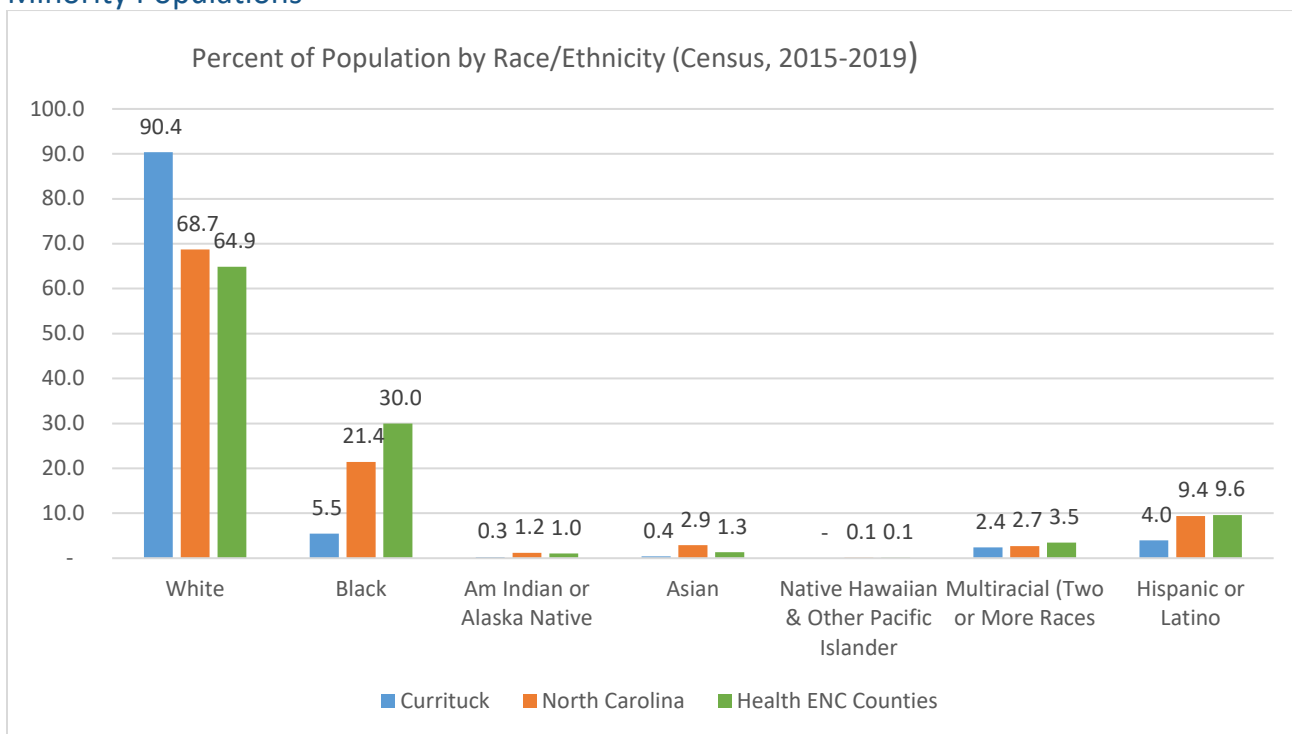
Chapter 2 Demographic Profile

Total Population



- From 2016 to 2019, Currituck County’s population increased by 8.2%.
- In 2019, Currituck County had a population estimate of 27,763.

Minority Populations



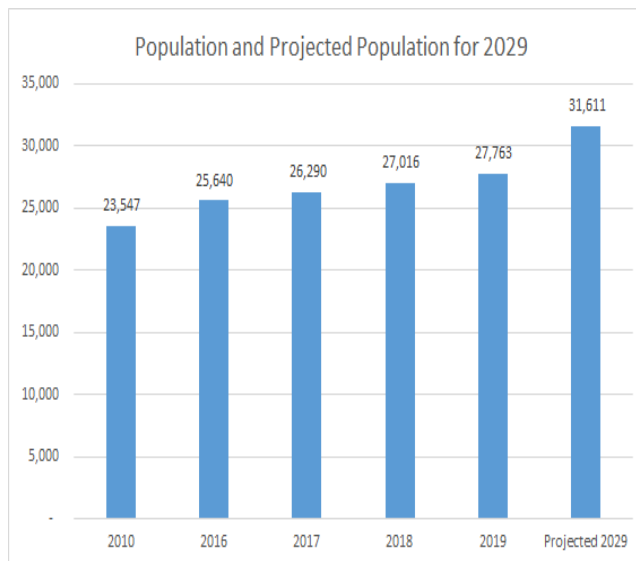
The White population accounts for 90.4% of the total population in Currituck County, with the Black or African American population accounting for 5.5% of the total population. The White population in Currituck County (90.4%) is greater than the White population in North Carolina (68.7%) and slightly higher than the Health ENC counties (64.9%). The Black or African American population in Currituck County (5.5%) is lower than the Black or African American population in North Carolina (21.4%) and lower than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 4.0% of Currituck County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

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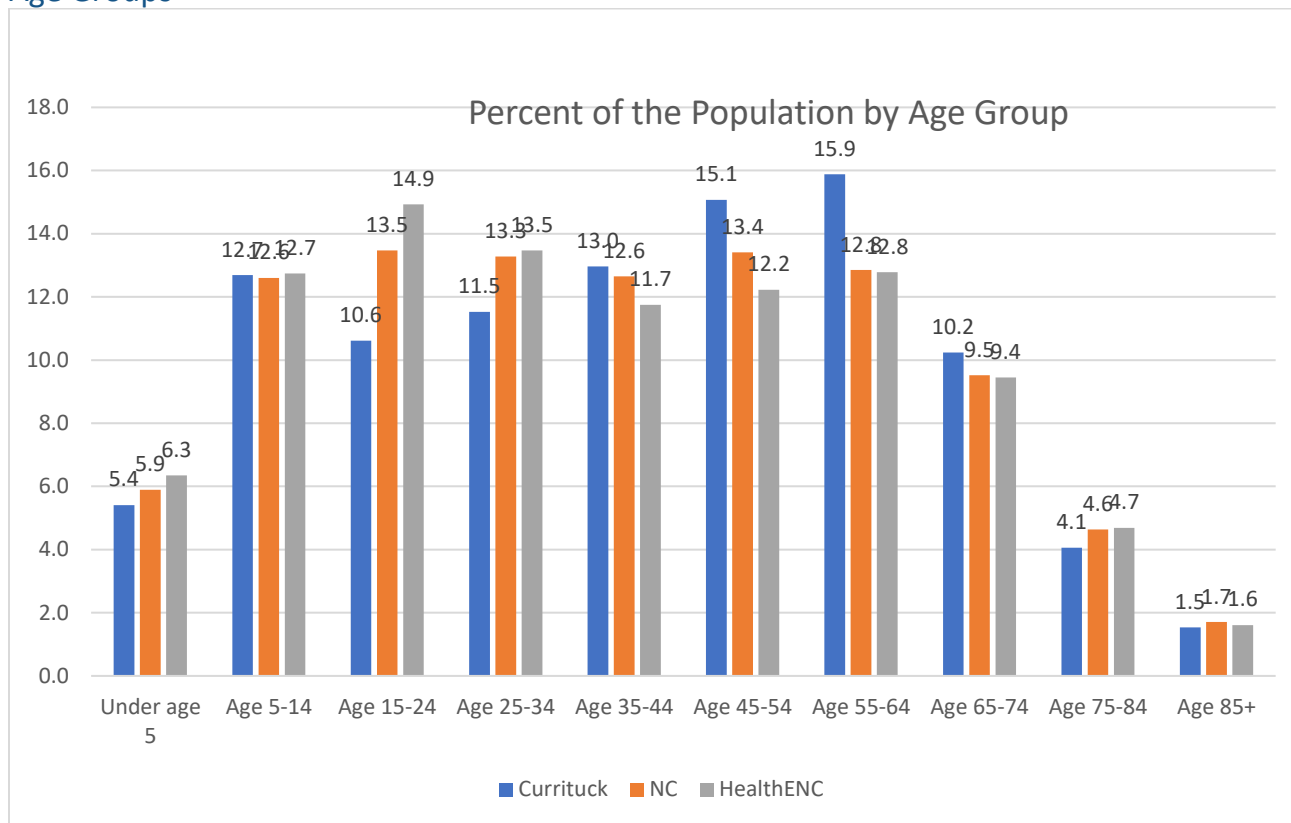
Population Growth

- The projected population growth for Currituck County for 2029 is estimated at 31,611 persons.
- From 2010 to 2019, the total population of Currituck County has decreased by an overall 18%.

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



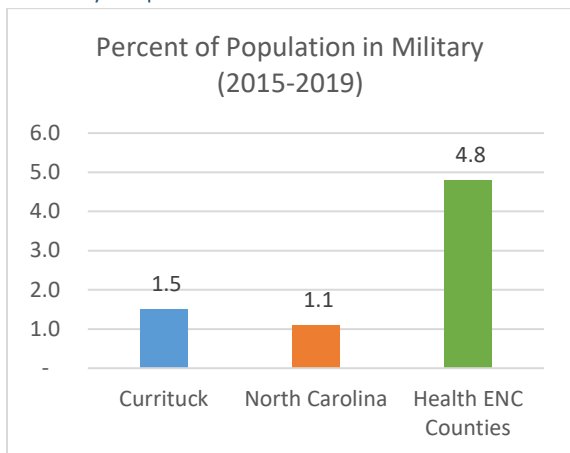
Age Groups



In Currituck County, the percent of people between the ages of 55-64 are higher (15.9%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

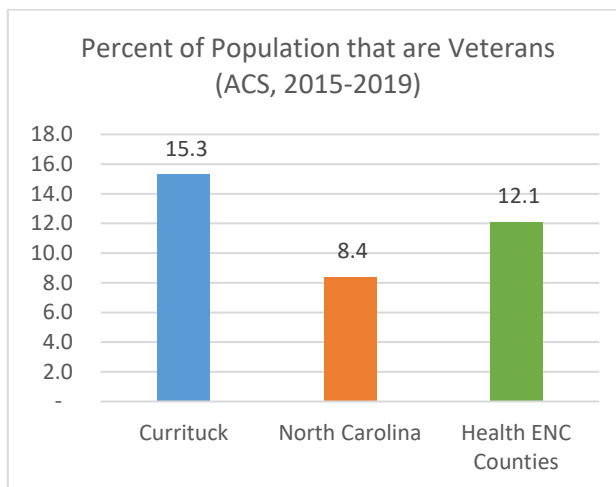
Military Population



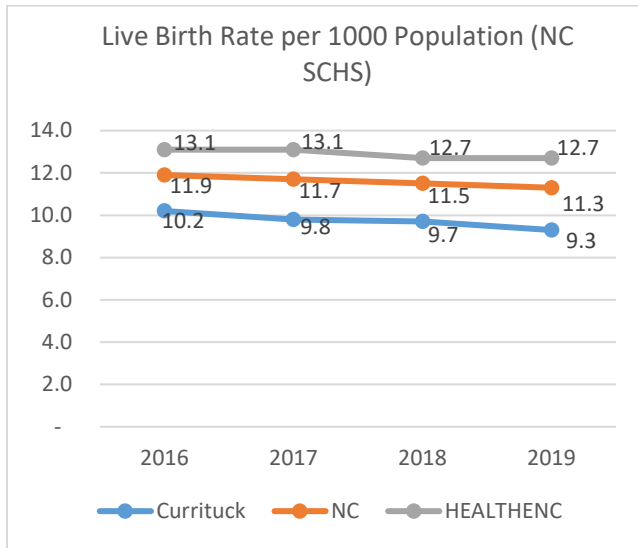
- The percentage of Military Population in Currituck County is 1.5%.
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Currituck County has a larger population than NC and a lower population than Health ENC counties.

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Currituck County has a veteran population of 15.3% in 2012-2016, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



Birth Rates

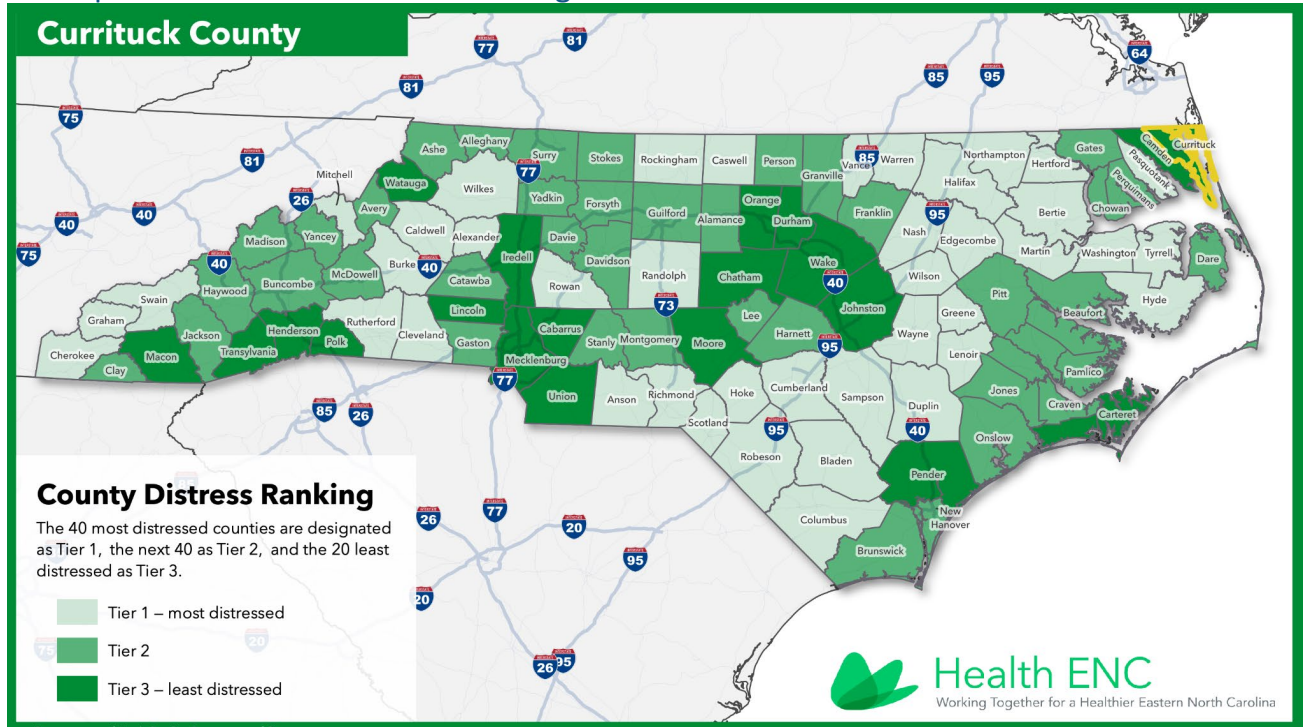


Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration.

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

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation



Currituck County has been assigned a Tier 3 designation for 2021

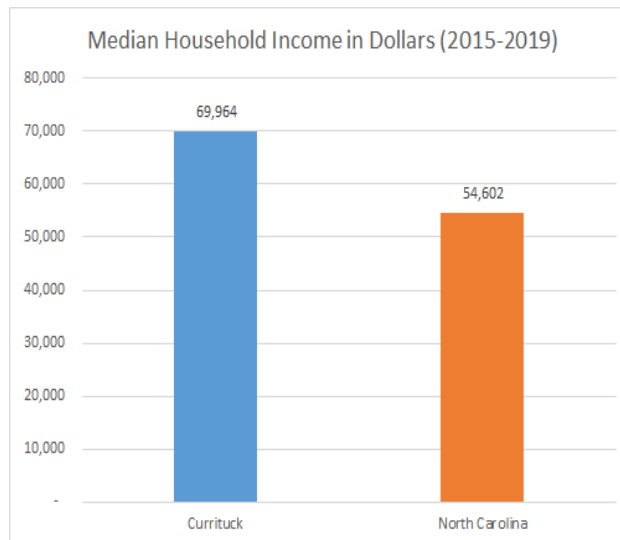
County Tiers are calculated using four factors:

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

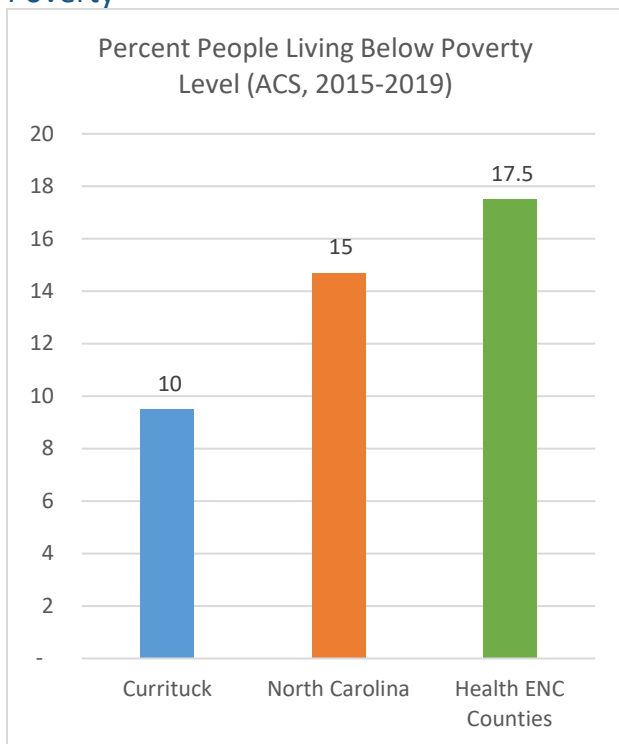
The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Currituck County has been assigned a Tier 3 designation for 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. This figure shows the median household income in Currituck County (\$46,875), which is slightly lower than the median household income in North Carolina (\$54,602).



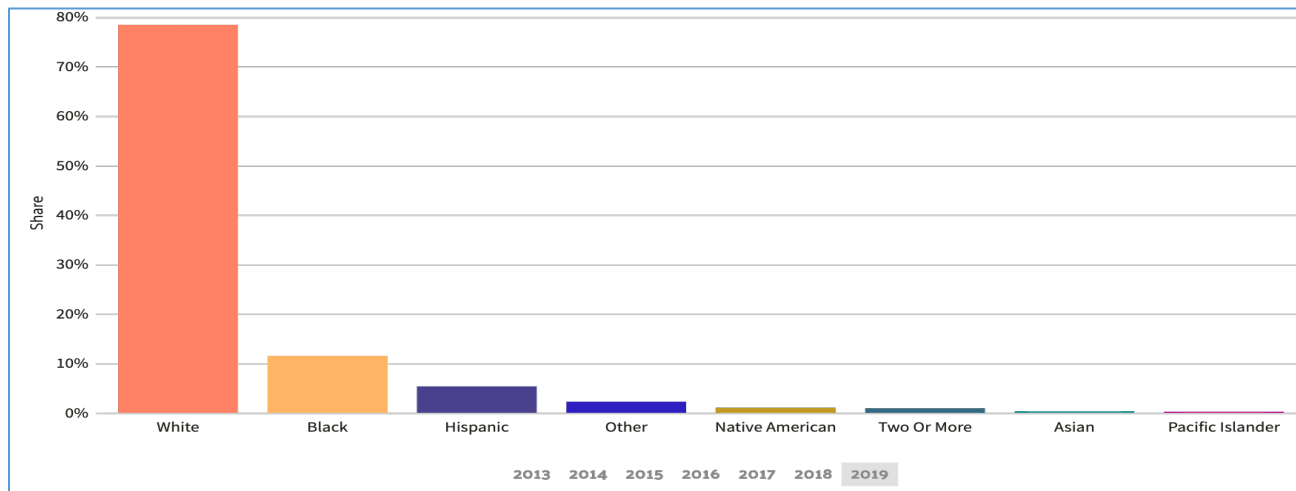
Poverty



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. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

- In Currituck County an estimated 10.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region.

Poverty by Race and Ethnicity



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

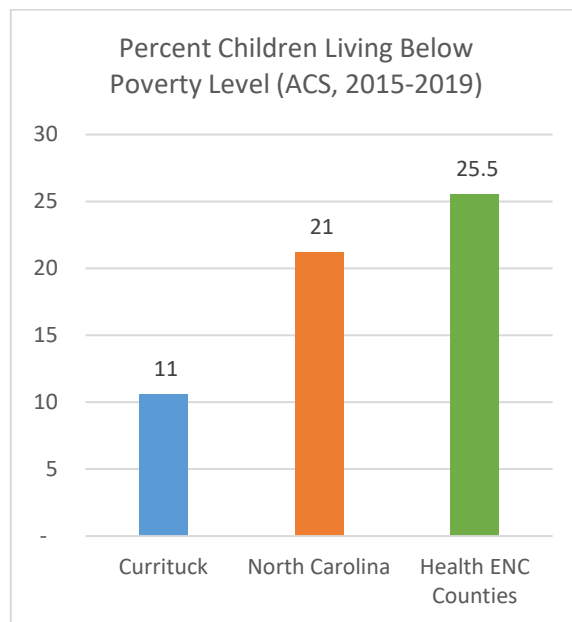
The most common racial or ethnic group living below the poverty line in Currituck County, NC is White, followed by Black and Hispanic.

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

*Data from the Census Bureau ACS 5-year Estimate.

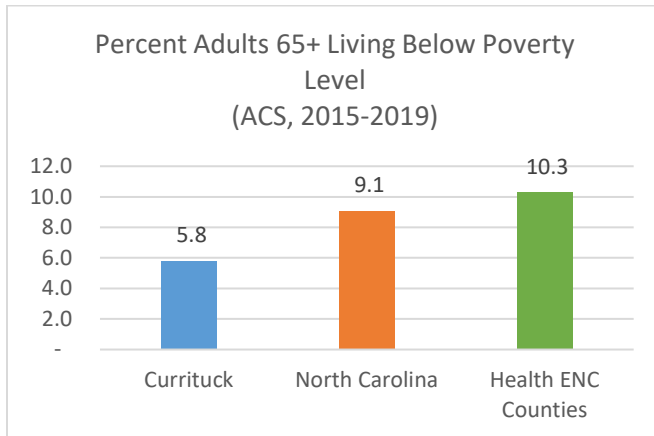
Children in Poverty

- The rate of children living below the poverty level is much lower for Currituck County when compared with N.C. and the Health ENC Counties



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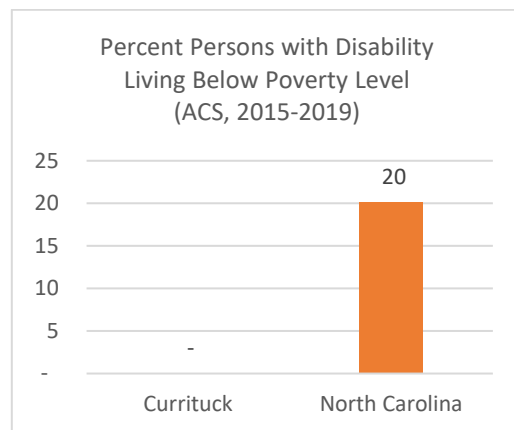
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty is 3.3% lower in Currituck County when compared with NC and the Health ENC counties by 4.5%.

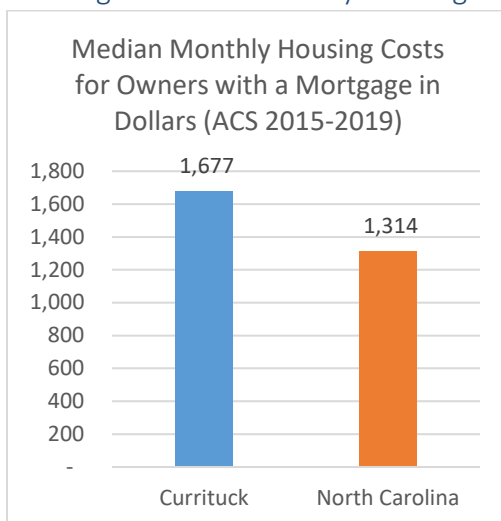
Disabled People in Poverty

The Census American Community Survey does not provide an estimate for the percent of disabled people living in poverty for Currituck County.



Housing

Housing – Median Monthly Housing Costs

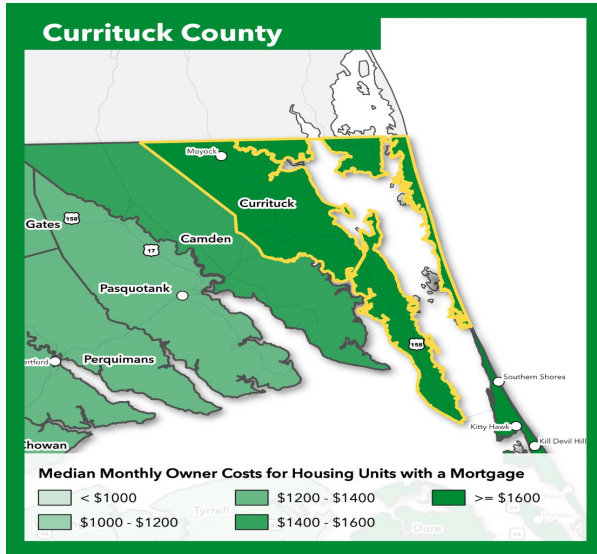


The average household size in Currituck County is 2.51 people per household (owners) and 2.40 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household).

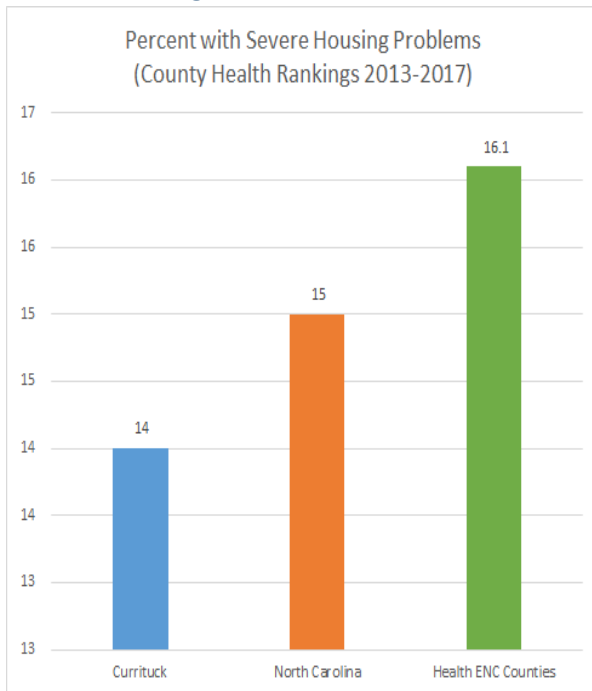
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Currituck County, the median housing costs for homeowners with a mortgage is \$1,677. This is higher than the North Carolina value of \$1,314, and lower than only one county in the Health ENC region.

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Median Monthly Household Costs in Currituck County and Surrounding Counties



Severe Housing Problems



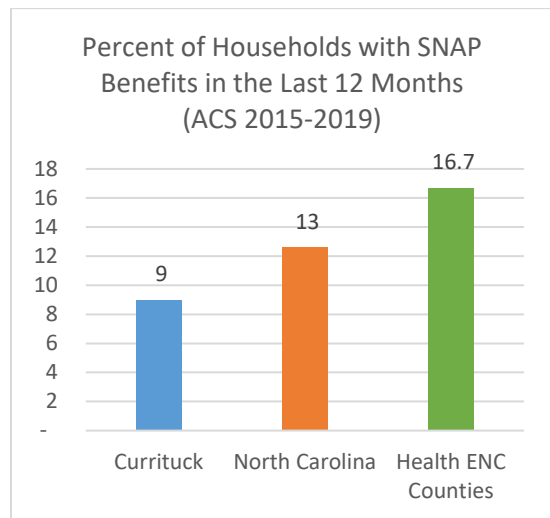
- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
- Slightly more than 14.0% of households in Currituck County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

Food Insecurity

Households with SNAP Benefits

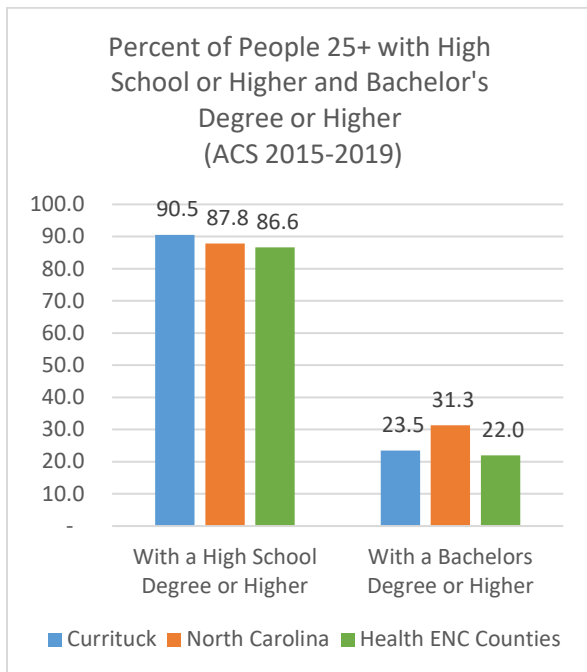
The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious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

- The percent of households with SNAP benefits in Currituck County is 9.0%, which is lower than the state value of 13% and 7.7% lower than the Health ENC County region.



Education

Educational Attainment



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

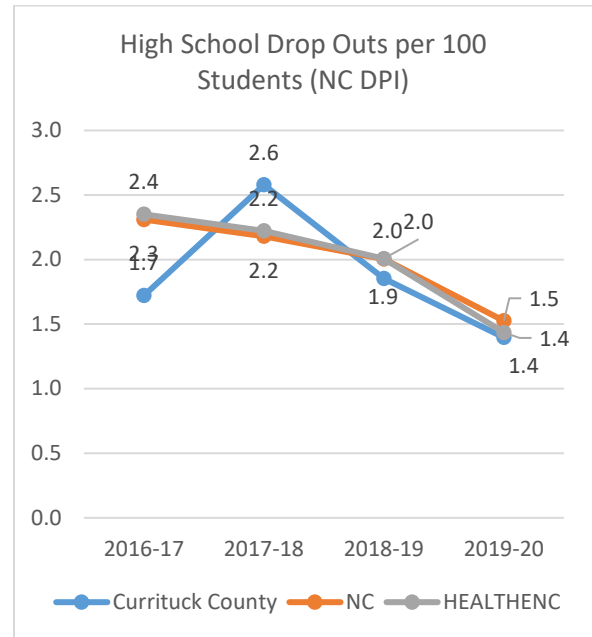
- In Currituck County the percent of residents 25 or older with a high school degree or higher is higher (90.5%) than the state value (87.8%) and the Health ENC region (86.6%).
- Percent with a higher education attainment in Currituck County is lower (23.5%) compared to N.C. (31.3%) but slightly higher than the Health ENC region (22.0%).

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

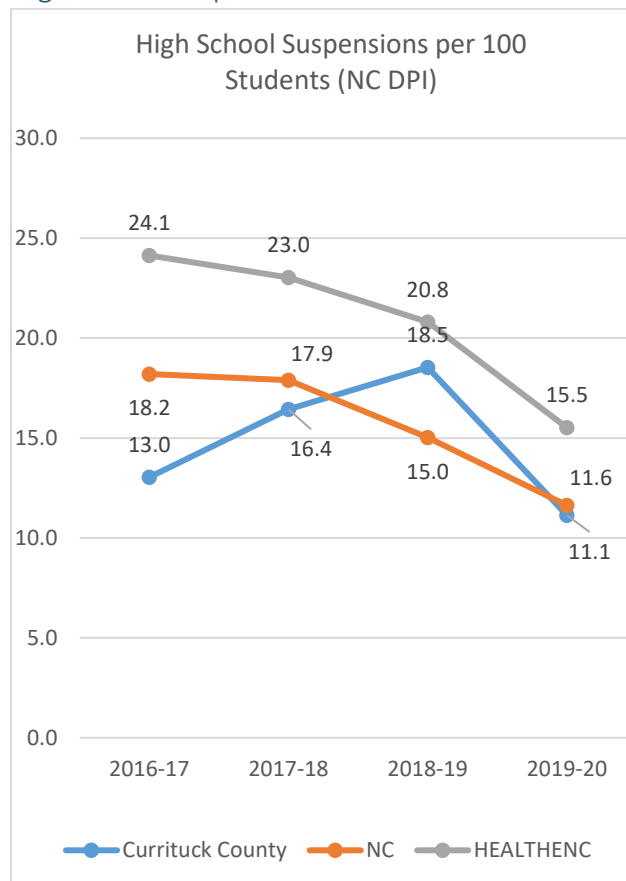
High School Drop Out Rate

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

- Currituck County's high school dropout rate was 1.4% in 2019-2020, which was slightly lower than the rate in North Carolina (1.5%) and same as the Health ENC region (1.4%)
- Currituck County's high school dropout rate has decreased from 1.7% in 2016-2017 to 1.4% in 2019-2020



High School Suspension Rate



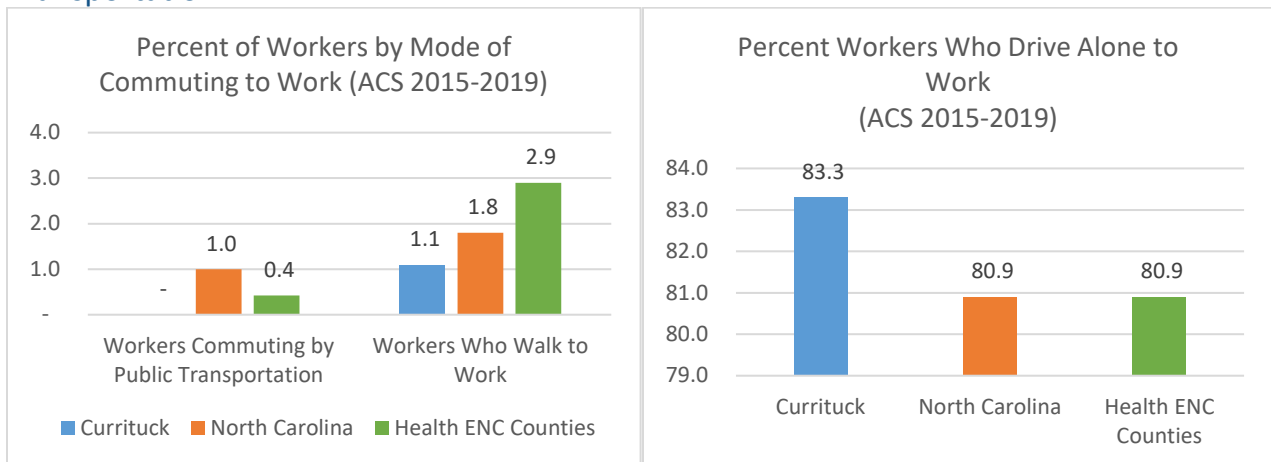
High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential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

Currituck County's rate of high school suspension (11.1 suspensions per 100 students) was marginally lower than North Carolina's rate (11.6) and lower than the Health ENC counties rate (15.5) in 2019-2020.

Across the four periods, high school suspension rates has been declining in the state, Health ENC but has been increasing in the county except for 2020 when is dropped.

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

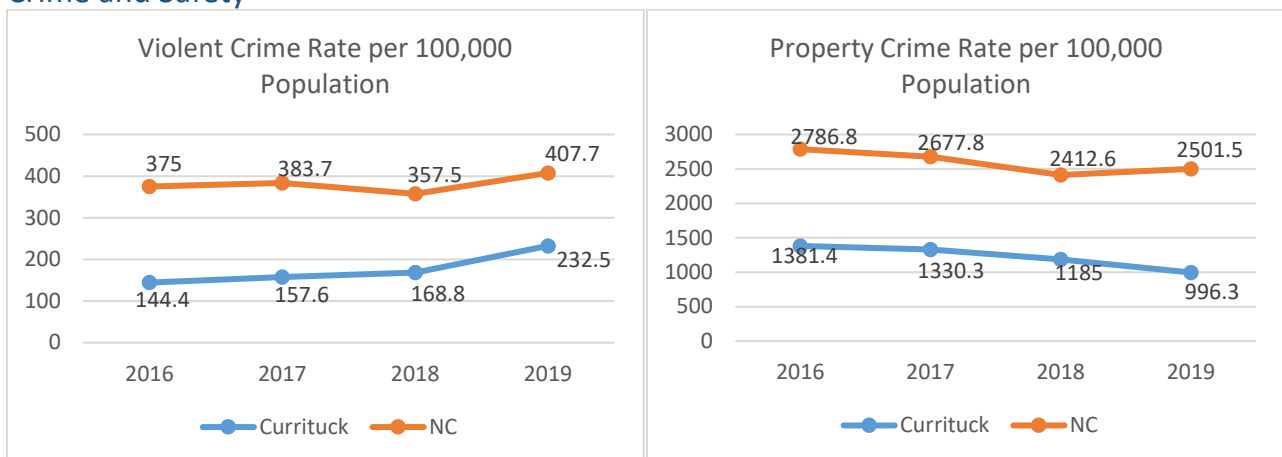
Transportation



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

- In Currituck County, data was missing for the % of residents commute to work by public transportation. Approximately 1.1% of residents walk to work, lower than the state value of 1.8%. An estimated 83.3% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

Crime and Safety

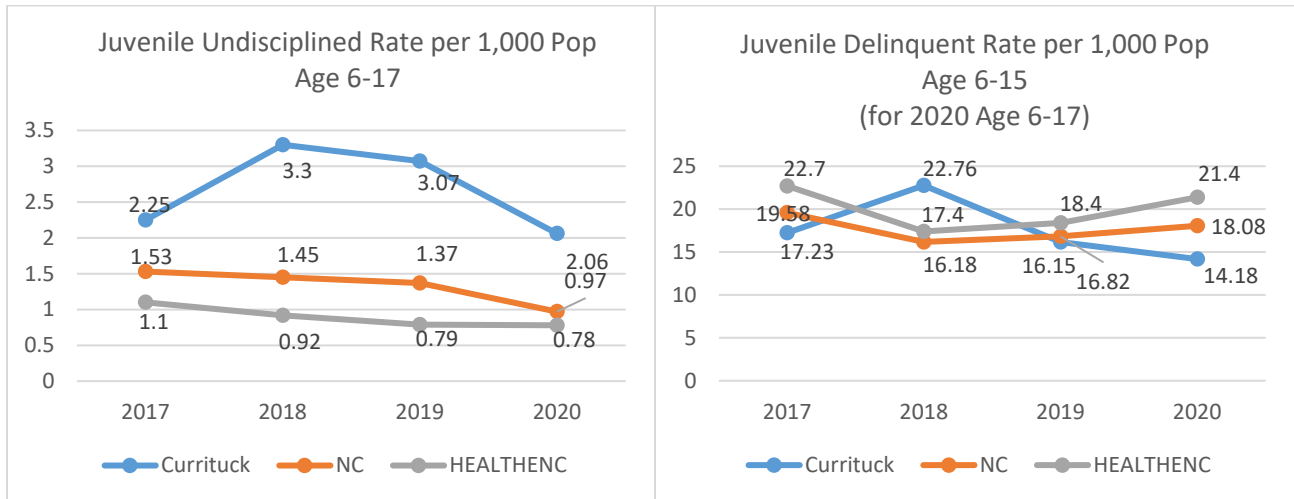


Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape,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

- From 2016 to 2019, the violent crime rate in Currituck County increased from 144.4 to 232.5.
- During the same time period, the property crime rate decreased from 1381.4 to 996.3, but still higher than the N.C. rate.

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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.

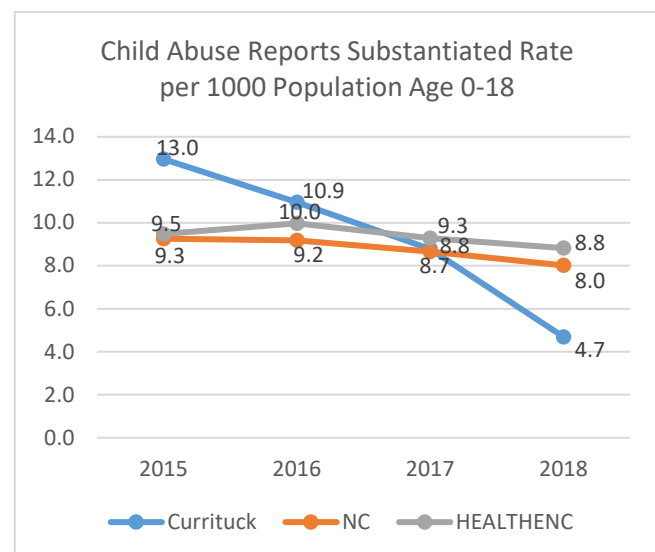
The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Currituck County (2.06) was higher than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Currituck County was lower (14.18) than N.C. (18.08) and the Health ENC region (21.4)

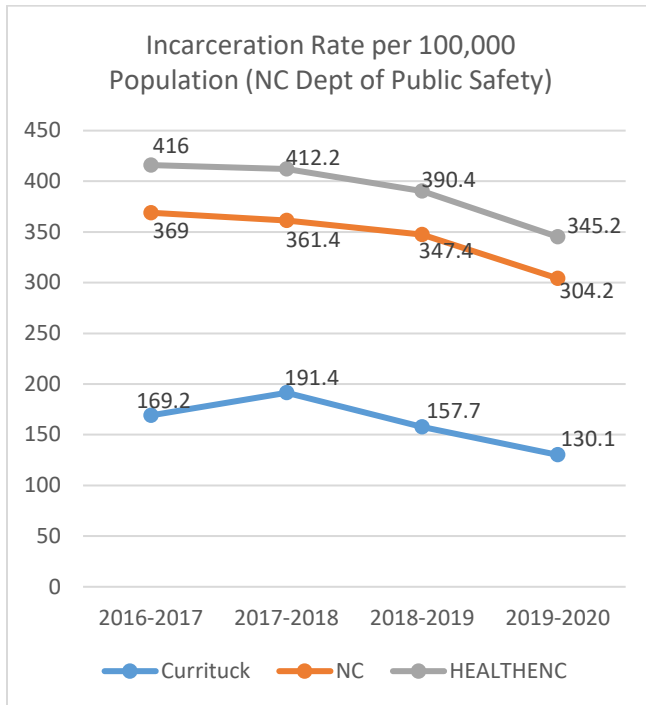
Child Abuse

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

- The 2018 child abuse rate in Currituck County was lower (4.7 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.)



Incarceration



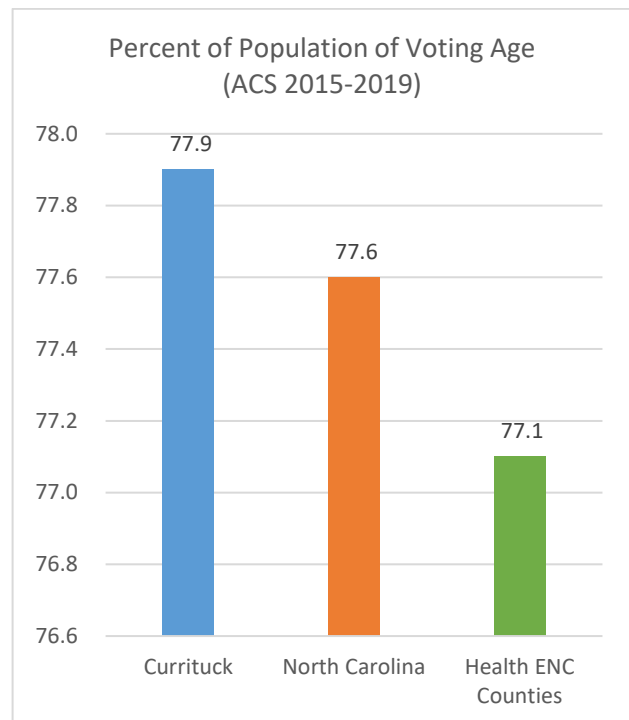
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration,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

- Over the past four measurement periods, the incarceration rate in Currituck County has decreased.
- In 2019-2020, the incarceration rate in Currituck County was lower (130.1 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2).

Civic/Political Engagement

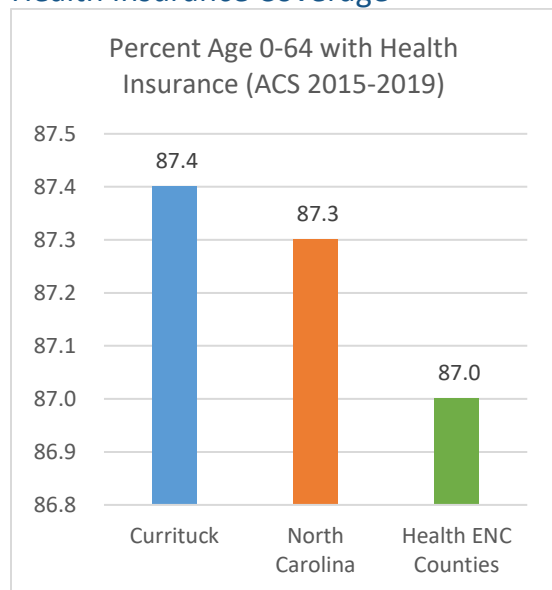
Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities 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.

- Currituck County has a marginally higher percent of residents of voting age (77.9%) than North Carolina (77.6%) and the Health ENC Counties (77.1%)



Chapter 4 Clinical Care Profile

Health Insurance Coverage



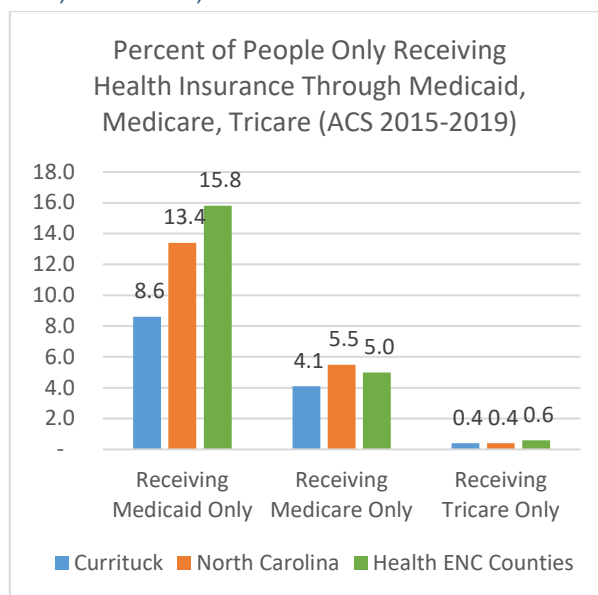
Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced,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

- Almost 14% of the population 0-64 years of age in Currituck County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Currituck County is 87.4%, which was marginally higher than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).

Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

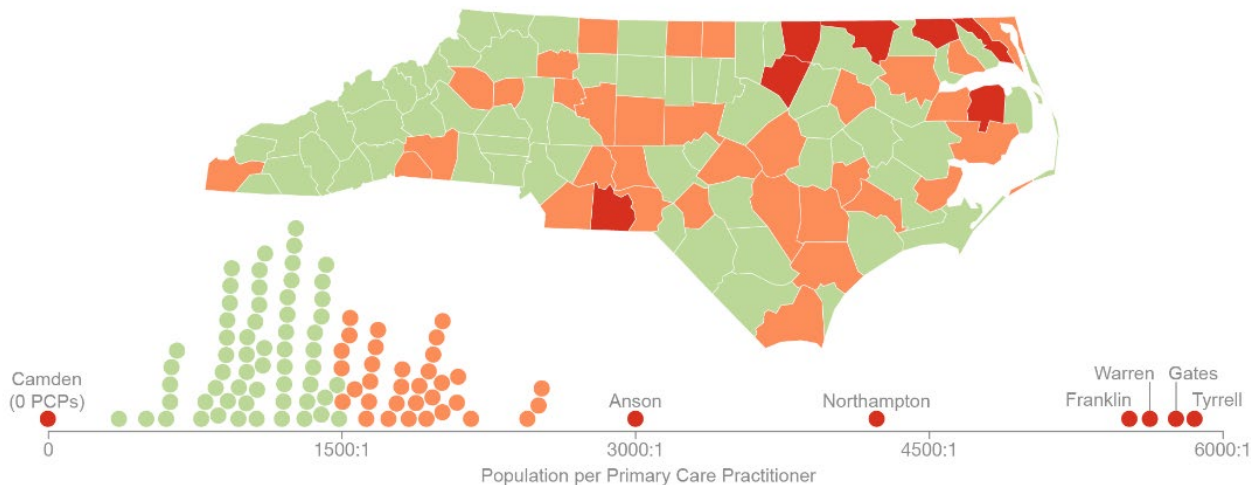
This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In Currituck County, 8.6% of the population report receives health insurance coverage through Medicaid, 4.1% Medicare and 0.4% Tricare.



Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017



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



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

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.

On the map above, green indicates the county is meeting the NC Institute of Medicine’s target ratio of 1 primary care provider to every 1,500 people.

Currituck is orange which does not meet the target ratio of 1 primary care provider to every 1,500 people.

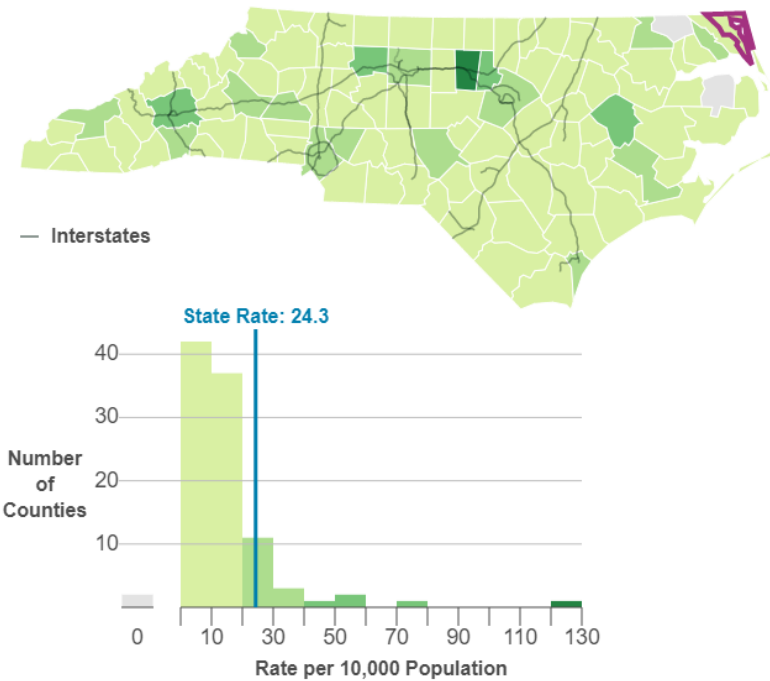
Currently, **60% of NC’s 100 counties meet the NCIOM’s target**. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers.

The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

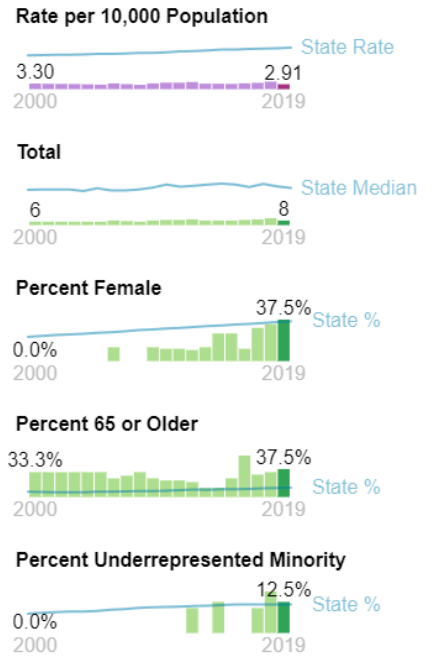
https://nhealthworkforce.unc.edu/blog/primary_care_nc/

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

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



Profession Demographics for Currituck County



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 27, 2021 at <https://nhealthworkforce.unc.edu/interactive/supply/>.

<https://nhealthworkforce.unc.edu/interactive/supply/>

The number of physicians per 10,000 population in Currituck County decreased from 3.30 physicians in 2000 to 2.91 in 2019.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nhealthworkforce.unc.edu/interactive/supply/>.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Currituck County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	63	226.92	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	47	169.29	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Pneumonia and Influenza	13	46.82	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Chronic Liver Disease and Cirrhosis	9	32.42	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Other Unintentional Injuries	8	28.82	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Chronic Lower Respiratory Diseases	7	25.21	6	Alzheimers Disease	4,508	42.98	6	Alzheimers Disease	918	42.45
7	Cerebrovascular Disease	6	21.61	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Septicemia	6	21.61	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Suicide	6	21.61	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Alzheimers Disease	5	18.01	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

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

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

This table shows the leading causes of mortality in Currituck County, North Carolina, and Health ENC Counties in 2019.

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	31	1	Fall - Unintentional	61	1	Fall - Unintentional	1,145
2	MVT - Unintentional	18	2	Poisoning - Unintentional	17	2	Unspecified - Unintentional	627
3	Firearm - Self-Inflicted	15	3	Poisoning - Self-Inflicted; MVT - Unintentional	12	3	Struck By/Against - Unintentional	517
4	Fall - Unintentional	6	4	Struck By/Against - Unintentional; Other Land Transport - Unintentional	4	4	MVT - Unintentional	446
5	Suffocation - Self-Inflicted	3	5	Unspecified - Unintentional	3	5	Natural/Environmental - Unintentional	267
TOTAL		83	TOTAL		118	TOTAL		4,344

MVT – motor vehicle traffic (2016-2019, all ages) Source: <https://www.injuryfreenc.ncdhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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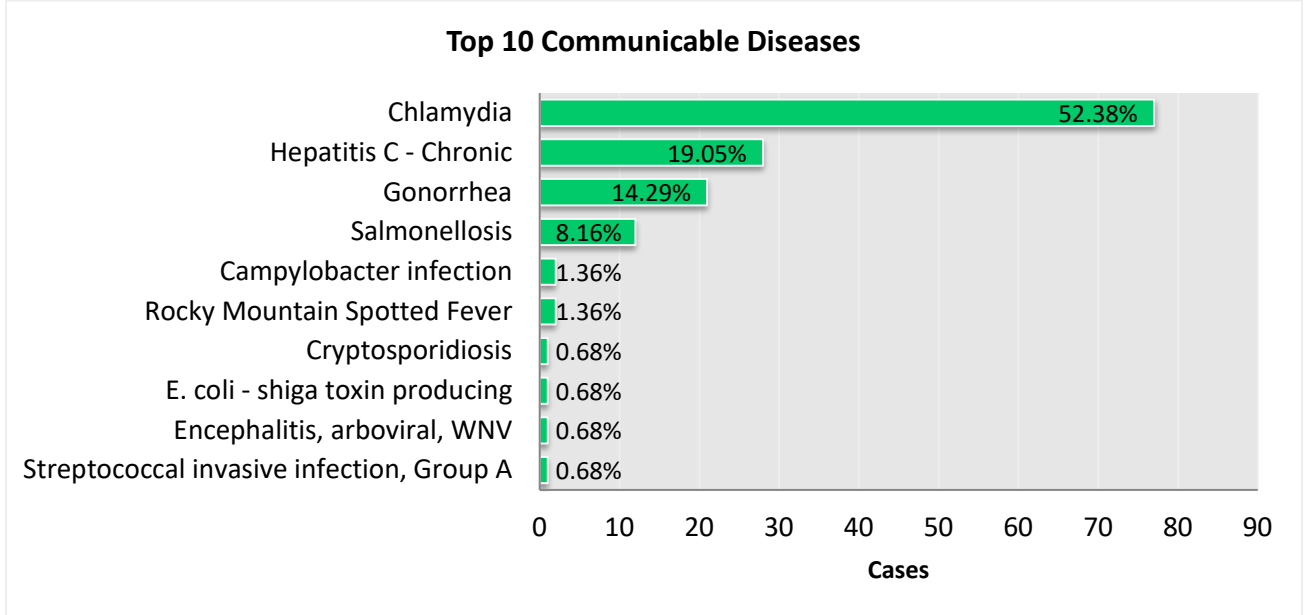
MVT – motor vehicle traffic (2016-2019, all ages) Source: <https://www.injuryfreenc.ncdhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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TOTAL		83	TOTAL		118	TOTAL		4,344

MVT – motor vehicle traffic (2016-2019, all ages) Source: <https://www.injuryfreenc.ncdhs.gov/DataSurveillance/index.htm#genData>

Top Ten Reportable Communicable Diseases



Note: For NC State-wide rates and reported number of cases, refer to <https://public.tableau.com/app/profile/nc.cdb/viz/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>
 Data Source: NCDHHS, (latest available data, 2018).

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard
<https://NCD3NorthCarolinaDiseaseDataDashboard>

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Currituck	NC
Health Outcomes		
Premature Death	6,900	7600
Low Birthweight	7%	9%
Health Factors		
Health Behaviors		
Adult Smoking	20%	18%
Food environment index	8.3	6.8
Excessive drinking	20%	18%
Teen Births	12	22
Clinical Care		
Uninsured	13%	13%
Primary Care Physicians	3870 to 1	1400 to 1
Mammography Screening	41%	46%
Flu Vaccinations	47.0%	52%
Social & Economic Factors		
High School Completion	91%	88%
Children in Poverty	14.00%	19.00%
Income inequality	3.70%	4.70%
Children in single parent households	20.00%	28.00%
Physical Environment		
Air Pollution - particulate matter	7.0	8.5
Drinking water violations		
Long commute - driving alone	60%	34%

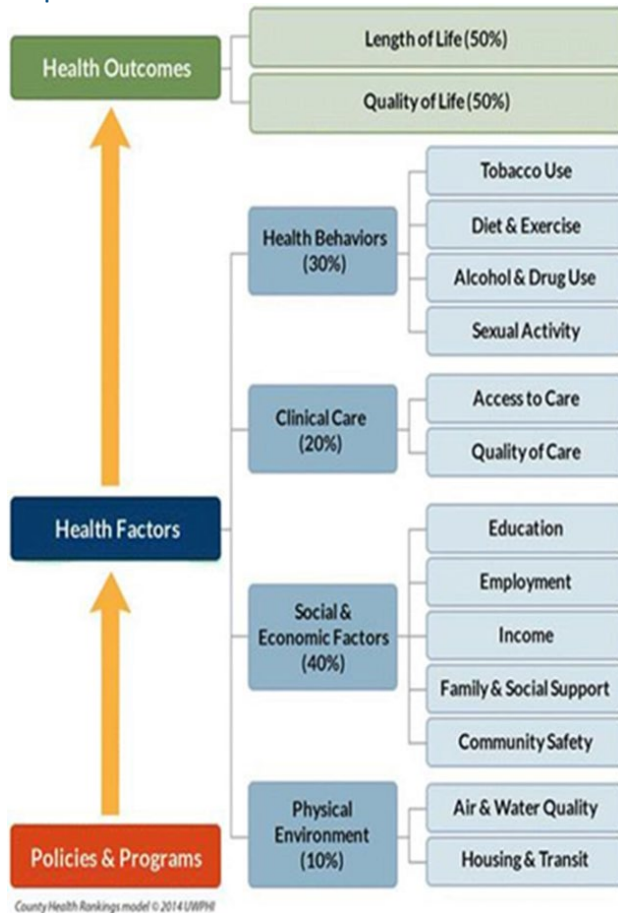
Areas to Explore

Areas of Strength

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

Chapter 7 County Health Ranking Indicators

Population Health Model



The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.

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

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

Chapter 8 Survey Findings

Top 3 issues which have the highest impact on quality of life:

- Low income/Poverty
- Drugs/Alcohol
- Lack of Affordable Housing

Top 3 services that need the most improvement:

- More Affordable/Better Housing
- Positive Teen Activities
- Higher Paying Employment

Survey questions and responses in their entirety are located in Appendix A.

Chapter 9 Inventory of Resources

Fire Departments

Carova Beach Volunteer Fire Department, Inc.

P.O. Box 20, Corolla, NC 27927
2169 Ocean Pearl Rd., Corolla, NC 27927
252-453-8690
Fax: 252-453-8659
<https://www.cbvfandr.com/>

Corolla Fire and Rescue Squad, Inc.

P.O. Box 52, Corolla, NC 27927
827 Whalehead Dr., Corolla, NC 27927
252-453-3242
Fax: 252-453-3082
Website: www.corollafireandrescue.com

Crawford Township Volunteer Fire Department, Inc.

121 Shawboro Rd.
Moyock, NC 27958
252-232-3313
Barco Station: 252-453-2213
Sligo Station: 252-232-3313
Sligo Station Fax: 252-232-3489
Website: <http://crawfordfire.org/>

Knotts Island Volunteer Fire Department, Inc.

P.O. Box 115, Knotts Island, NC 27950
327 Knotts Island Rd, Knotts Island, NC 27950
252-429-3536
Fax: 252-429-3737

Lower Currituck Volunteer Fire Department, Inc.

P.O. Box 207 Grandy, NC 27939
6323 Caratoke Hwy Grandy, NC 27939
Grandy Station: 252-453-2761
Grandy Station Fax: 252-453-4579
Harbinger Station: 252-491-8101
Waterlily Station: 252-453-4675
Website: www.lcvfd.org

Moyock Volunteer Fire Department, Inc.

108 Fire Station Ct., Moyock, NC. 27958

252-435-2281

Fax: 252-435-6450

Website: www.moyockfd.org

Virginia Beach Fire Department – Blackwater Station (serves the community of Gibbs Woods)

Fire/EMS

Currituck County Fire-EMS (CCFEMS)

2795 Caratoke Highway

Currituck, NC 27929

252-232-7746

Fax: 252-232-0015

Hours: Mon-Fri 8am-5pm

Police

Non-Emergency

252-232-2216

Currituck County Sherriff's Office

407 Maple Road, Maple, NC 27956

252-453-8204

Fax: 252-453-2238

Corolla/Carova Office

1123 Ocean Trail, Corolla, NC 27927

252-453-2121

Knotts Island Office

633 Knotts Island Road, Knotts Island, NC 27950

252-429-3827

Detention Center

252-453-2194

Animal Control

252-453-8682

Libraries

Currituck Public Library [Main]

4261 Caratoke Hwy Barco, NC 27917

252-453-8345

<http://library.earlibrary.org/currituck/>

East Albemarle Regional Library

<http://www.earlibrary.org/TLCScripts/interpac.dll?SearchForm&Directions=1&Config=pac>

Moyock Library

126 Campus Drive (off of Tulls Creek Rd)

Moyock, NC 27958

252-435-6419

Corolla Branch

1123 Ocean Trail

P.O. Box 193

Corolla, NC 27927

252-453-0496

Carova Station

Honor Books Available at the Fire Station

Knotts Island and Gibbs Woods

Books Available by Mail

Outreach

Books delivered to Shut-ins and Nursing Home Residents -- First Wednesday of the Month

Day-cares -- Third Tuesday and Wednesday

Parks and Recreation

Community Center/YMCA Building

130 Community Way,

Barco, NC 27917

252-232-3007

Hours: Mon-Fri 8am-5pm

Public Schools

Currituck County Schools

<http://www.currituck.k12.nc.us/Domain/1>

Central Elementary School

504 Shortcut Rd.
Barco, NC 27917
252-453-0010

Currituck County High School

4203 Caratoke Hwy.
Barco, NC 27917
252-453-0014

Currituck County Learning Center

Located at Currituck County High School
252-453-0017 EXT 3003

Currituck County Middle School

4263 Caratoke Hwy.
Barco, NC 27917
252-453-2171

Griggs Elementary School

261 Poplar Branch Rd.
Poplar Branch, NC 27965
252-453-2700

J.P. Knapp Early College

2966 Caratoke Hwy.
Currituck, NC 27929
252-232-3107

Jarvisburg Elementary School

110 Jarvisburg Rd.
Jarvisburg, NC 27947
252-491-2050

Knotts Island Elementary School

Knotts Island, NC 27950
252-722-0770

Moyock Elementary School

255 Tulls Creek Rd.

Moyock, NC 2758
252-435-6521

Moyock Middle School

216 Survey Rd.
Moyock, NC 27958
252-435-2566

Shawboro Elementary School

370 Shawboro Rd.
Moyock, NC 27958
252-232-2237

Private Schools

Jarvisburg Christian Academy

121 Forbes Rd.
Jarvisburg, NC 27947
252-491-8283

Higher Education

Chowan University

One University Dr.
Murfreesboro, NC 27855
Phone: 252-398-6436
Toll-Free: 1-888-4-CHOWAN
Fax: 252-398-1190
Website: <https://www.chowan.edu/>

Martin Community College - Bertie Campus

409 West Granville St.
Windsor, NC 27983
Phone: 252-794-4861
Website: <http://www.martincc.edu/>

Martin Community College - Williamston Campus

1161 Kehukee Park Rd.
Williamston, NC 27892
Phone: 252-792-1521
Fax: 252-792-0826
Website: <http://www.martincc.edu/>

Roanoke Chowan Community College

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

Elizabeth City State University

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

College of the Albemarle - Elizabeth City Campus

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

College of the Albemarle - Dare County Campus

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

College of the Albemarle - Roanoke Island Campus

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

College of the Albemarle - Edenton-Chowan Campus

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

Regional Aviation & Technical Training Center

107 College Way

Barco, NC 27917

Phone: 252-453-3035

Fax: 252-453-3215

Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>

East Carolina University

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

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

Old Dominion University

5115 Hampton Boulevard

Norfolk, VA 23529

757-683-3000

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

College of William and Mary

Williamsburg, VA 23187

757-221-4000

Website: <http://www.wm.edu/index.php>

Norfolk State University

700 Park Avenue

Norfolk, VA 23504

757-823-8600

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

Regent University

1000 Regent University Drive

Virginia Beach, VA 23464

800-373-5504

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

Virginia Wesleyan College

1584 Wesleyan Dr.

Norfolk, VA 23502

757-455-3200

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

Hampton University

Hampton, VA 23668

757-727-5000

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

Eastern Virginia Medical School

P.O. Box 1980

Norfolk, VA 23501

757-446-5600

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

Partnerships to Improve Community Health (PICH)

This project focuses on addressing risk factors for chronic disease with coalitions compiled of representatives from health departments, faith-based institutions, local governments, community colleges, health and human service agencies, and community organizations which will implement strategies to reduce secondhand smoke exposure and improving nutrition.

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

Farmers Markets, Farmstands, and Roadside Stands (12)

<http://healthync.org/healthy-foods/markets-and-stands/#Currituck-County>

Coinjock Creek Mobile Market

194 Maple Rd. Maple, NC 27956

252-267-3332

Accepts: SNAP, EBT

Coinjock Creek Farm and Market

194 Maple Rd.

Maple, NC 27956

252-267-3332

Currituck Farmers Market

130 Community Way, Currituck, NC

Olivia at Cooperative Extension Office

Grandy Greenhouse and Market

6264 Caratoke Hwy.

Grandy, NC 27939

252-452-2658

Home Grown Market

7026 Caratoke Hwy.
Jarvisburg, NC 27947
252-491-2181

Morris Farm Market

3784 Caratoke Hwy.
Barco, NC 27917
252-453-2837

Powells Roadside Market

2138 Caratoke Hwy.
Moyock, NC 27958
252-232-2745

Roberts Ridge Farm

501 N. Indiantown Rd.
Shawboro, NC 27973
252-202-9665

JC Rose Farm

125 Camelia Drive Moyock, NC
Gary Disharoon

Seaside Farm Market

787 Sunset Blvd.
Corolla, NC 27927
252-453-8285

Tarheel Produce

16954 Caratoke Hwy.
Grandy, NC 27939
252-491-8600

Whichard's Farm Market

7464 Caratoke Hwy.
Jarvisburg, NC 27947
252-326-1850
whichardsfarmmarket@gmail.com

Accepts: SNAP, EBT

Albemarle Regional Health Services

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

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

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

Local Health Department

The Currituck County Health Department is part of ARHS, an eight-county regional, accredited Public Health Department headquartered in Elizabeth City, NC. The local health department is located in Currituck at 2795 Caratoke Highway. Comprehensive clinical services include Women's Preventive Health, Adult Health, Communicable Disease programming, Immunizations, School and Community Health Education, Breast and Cervical Cancer Control Program, Diabetes Management, Child Health, WIC, Albemarle Hospice, Albemarle Home Care, Albemarle LifeQuest/Health Promotion, Environmental Health, Preparedness and Response Solid Waste Management Authority, and the Regional Landfill services.

Currituck County Health Department

2795 Caratoke Hwy.
Currituck, NC 27929
252-232-2271

Hospitals

There are no hospitals in either Currituck County or Pamlico County.

Other Hospitals

There are eight hospitals in northeastern NC that serve residents of Currituck County. Of these, only Vidant Medical Center in Greenville offers a Trauma Center (rated for Level I care).

Vidant Bertie Hospital

1403 South King Street
P.O. Box 40

Windsor, NC 27983
252-794-6600

Vidant Chowan Hospital

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

The Outer Banks Hospital, Inc.

4800 S. Croatan Highway
Nags Head, NC 27959
877-359-9179

Vidant Roanoke-Chowan Hospital

500 South Academy Street
P.O. Box 1385
Ahoskie, NC 27910

Martin General Hospital

310 South McCaskey Road
Williamston, NC 27892
252-809-6179

Sentara Albemarle Medical Center

1144 N. Road Street
Elizabeth City, NC 27909
252-384-4122

Vidant Medical Center

2100 Statonsburg Road
P.O. Box 6028
Greenville, NC 27835
252-847-4100

Washington County Hospital

958 US Hwy 64 East
Plymouth, NC 27962
252-793-4135

Medical Services

EMS

Chief, Fire & Emergency Medical Services
2795 Caratoke Highway
Currituck, North Carolina 27929
Phone: 252-232-7746
Fax: 252-232-0015

NC Cooperative Extension

120 Community Way
Barco, NC 27917
252-232-2261
Fax: 252-453-2782
Website: <https://currituck.ces.ncsu.edu/>

Albemarle Hopeline, Inc.

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

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

Mailing address:

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

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

Phone: 252-847-9428

Trillium

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

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

Email: info@trilliumnc.org

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

Trillium Access Point

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

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

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

Quitline NC

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

Telephone Service is available 24/7 toll-free at 1-800-QUIT-NOW (1-800-784-8669)

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

Physicians

Sentara Family & Internal Medicine Physicians

446 Caratoke Hwy

Moyock, NC 27958

252-435-1275

Website: <http://www.sentara.com/hampton-roads-virginia/hospitalslocations/locations/sentara-internal-medicine-physicians/simple-locations/sentara-family-internal-medicine-physicians-moyock.aspx>

Currituck Internal Medicine & Family Practice

534 Caratoke Hwy

Moyock, NC

252-435-6621

Albemarle Family Practice

1141 N. Road St.

252-335-5424

Dentists

Morgan & Morgan: Morgan Jr. Patrick H DDS

153 Worth Guard Rd.
Coinjock, NC 27923
252-453-2181

Currituck Dental: Rimmer Suzanne D DDS

112 Currituck Commercial Dr.
Moyock, NC 27958
252-232-0800

Others

Mane and Tail Therapeutic Horsemanship Academy

6066 Caratoke Highway
Poplar Branch, NC 27965
252-448-1774

Currituck County Joblink Career Center

2793 Caratoke Highway
Currituck, NC 27929
252-232-3083

Work First Family Assistance

2793 Caratoke Highway
Currituck, NC 27929
252-232-3083

Department of Social Services

153 Courthouse Road
Suite 400
Currituck, NC 27929
252-232-3083
Fax: 252-232-2167

Currituck County Senior Center

2793 Caratoke Hwy.
Currituck, NC 27929
252-232-3505

Currituck House Assisted Living

141 Moyock Landing Dr.
Currituck, NC
252-435-1024

Sentara Nursing Center

3907 Caratoke Highway
Barco, NC 27917
252-457-0500

Albemarle Alliance for Children and Families

Mission: To improve children's lives in Bertie, Camden, Currituck, Gates, and Pasquotank Counties.
Goals: To make sure children enter school healthy and ready to learn. To provide programs for young children and caregivers to improve quality of child care and funds child care scholarships and programs designed to support families.

1403 Parkview Drive
Elizabeth City, NC 27909
Phone: 252-333-1233
Fax: 252-333-1201
Email: contact@albemarleacf.org
Website: <http://albemarleacf.org/>

Childcare

Central Elementary Preschool

504 Shortcut Road
Barco, NC 27917
252-453-0010

Currituck County Head Start

494 Short Cut Road
Barco, NC 27917
252-453-4992

Humble Beginnings Child Care Center

268 Caratoke Hwy
Moyock, NC 27958
252-232-1398

Jarvisburg Elementary School: More at Four

110 Jarvisburg Road
Jarvisburg, NC 27947
52

252-491-2050

A Brighter Start Academy, Inc.

113 Gallop Road
Point Harbor, NC 27964
252-491-2040

Farmer in the Dell Preschool

7467 Caratoke Highway
Jarvisburg, NC 27947
252-491-8196

New Beginnings

Moyock, NC 27958
252-232-2051

Tiny Tots Learning Center

Highway 3 Aydlett Road
Poplar Branch, NC 27965
252-453-8218

Griggs Elementary Preschool

Poplar Branch, NC 27965
(252) 453-2700

Chapter 10 Community Prioritization Process

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2021 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Tuesday, November 2, 2021:

Presentation via Zoom for Hertford County

Wednesday, November 10, 2021:

Presentation via Zoom for Gates County

Friday, November 19, 2021:

ECPC Senior Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

Friday, December 2, 2021:

Presentation via Zoom for Bertie and Chowan Counties

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

The community health needs prioritization process involved a synthesis of many sources of secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. After reviewing the CHNA presentation for each county the opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across these sources to create a shortened list of priorities that was representative of the community and could be acted upon as a community collective.

Considerations set forth in the Centers for Disease Control and Prevention's (CDC's) Healthy People 2030 document factors were considered in the development of the CHNA and in the selection of priority needs areas for Pasquotank County. These factors include the following:

- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- High-priority health issues that have a big impact on specific segments of the community,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of SDOH, health disparities, and health equity, and
- Consideration of additional data sources that should be included to inform health priorities.

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues. After the post-presentation results were collected, the health issues were tallied.

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

For Healthy Carolinians of the Albemarle (Camden, Currituck, Pasquotank and Perquimans Counties) those were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

It is important to note that these three priorities have been selected for a diverse four-county coalition, so certain priorities may be more applicable to some counties than to others.

CURRITUCK COUNTY 2021-2022 Community Health Needs Assessment

CHNA References

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

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS 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-DHHS 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 DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
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	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
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	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. 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 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods 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.

APPENDICES

Appendix A Community Survey Tool

Appendix B Healthy North Carolina (HNC 2030) State and Local Data

Appendix C Additional Secondary Data for the Community Health Assessment

Community Health Needs Assessment 2021

PID 1535

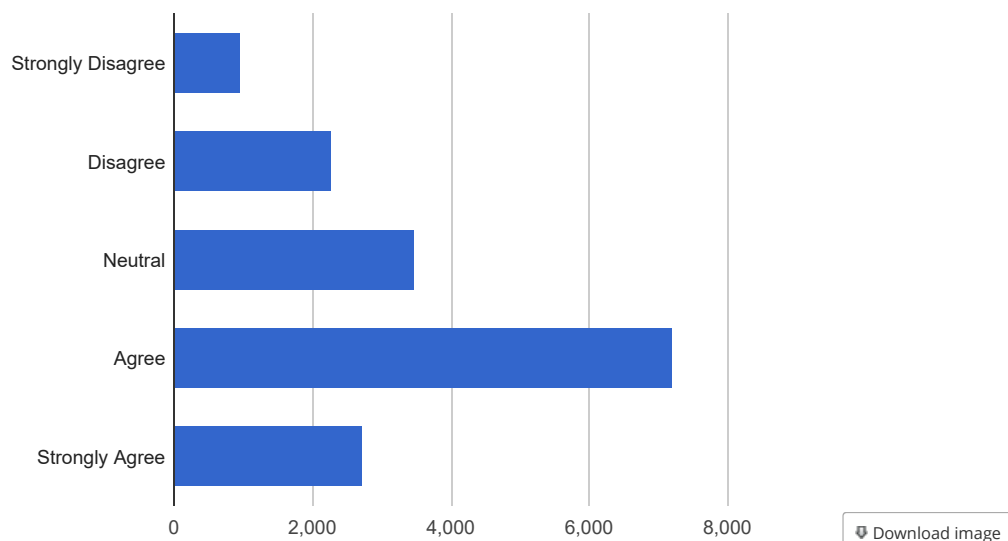
Data Exports, Reports, and Stats

Currituck County

There is good healthcare in my county. *(healthcare)*

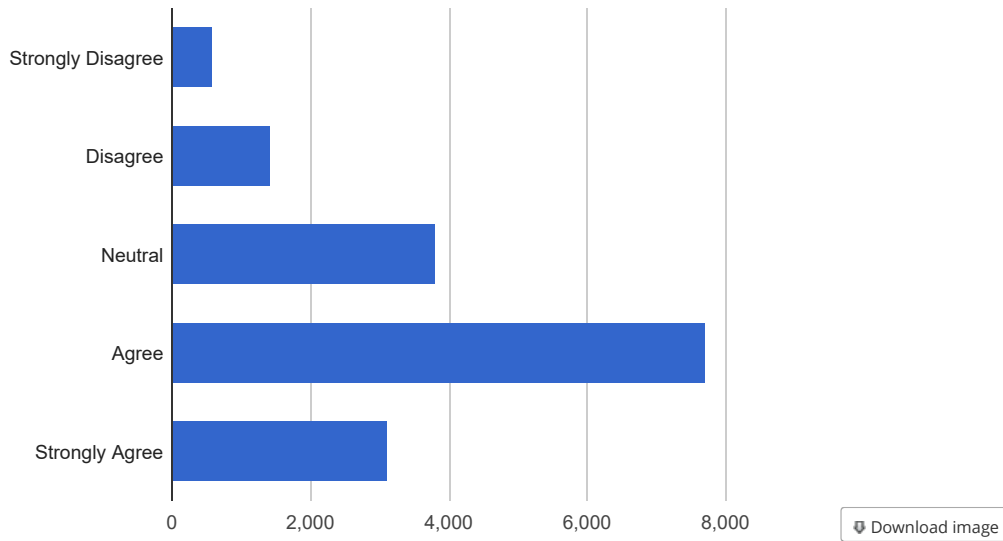
Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

Counts/frequency: Strongly Disagree (79, 18.6%), Disagree (81, 19.1%), Neutral (98, 23.1%), Agree (112, 26.4%), Strongly Agree (54, 12.7%)

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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

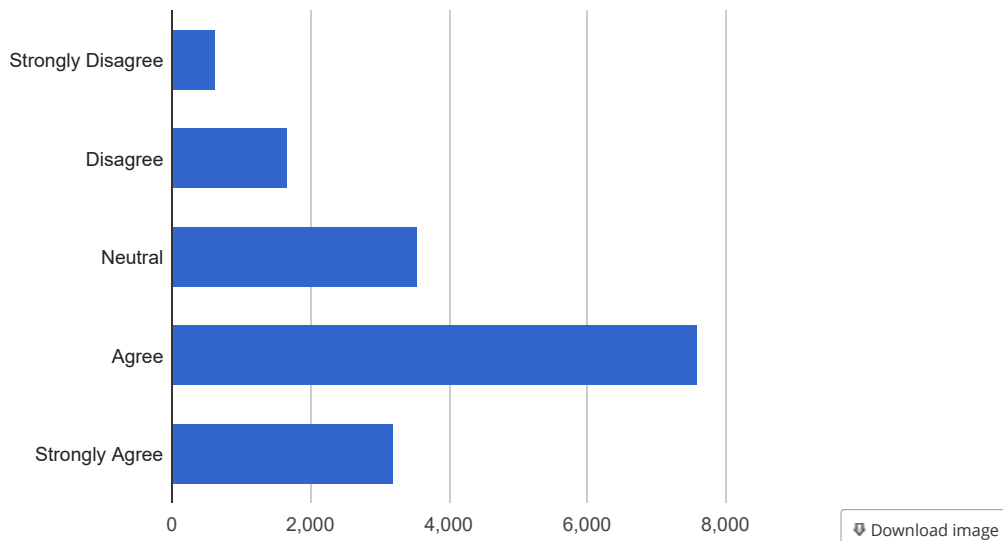
Counts/frequency: Strongly Disagree (17, 4.0%), Disagree (25, 5.9%), Neutral (118, 27.8%), Agree (172, 40.6%), Strongly Agree (92, 21.7%)



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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

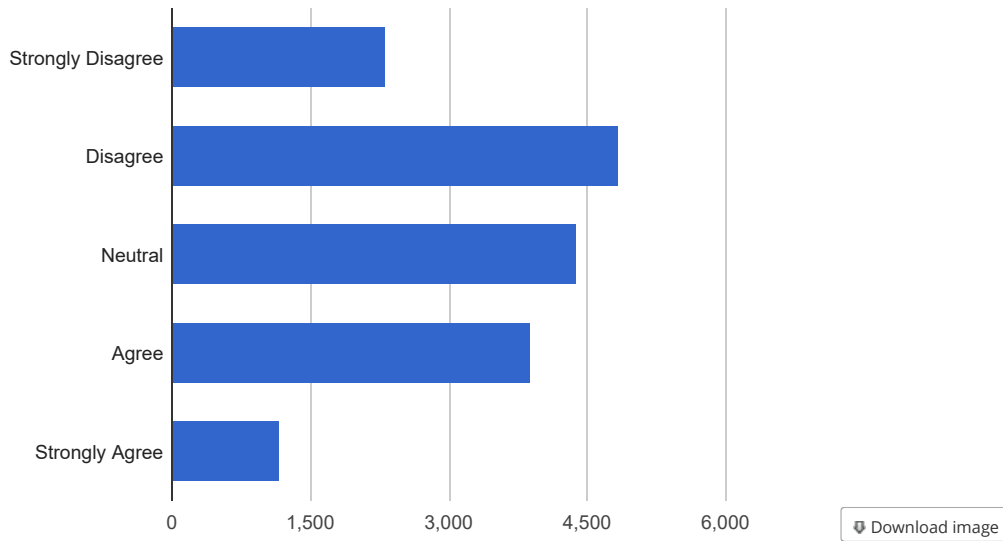
Counts/frequency: Strongly Disagree (26, 6.1%), Disagree (49, 11.6%), Neutral (88, 20.8%), Agree (167, 39.4%), Strongly Agree (94, 22.2%)



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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

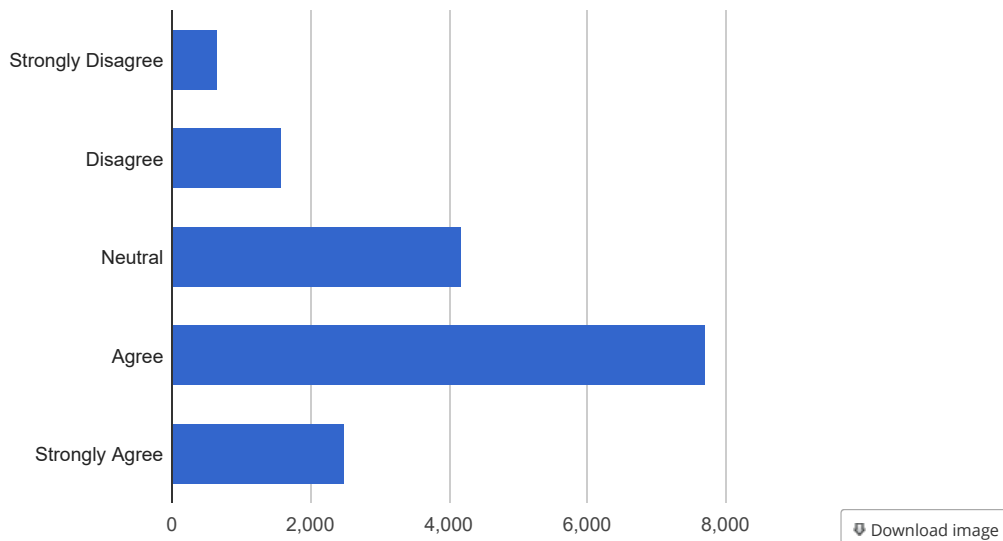
Counts/frequency: Strongly Disagree (40, 9.4%), Disagree (104, 24.5%), Neutral (137, 32.3%), Agree (110, 25.9%), Strongly Agree (33, 7.8%)



This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

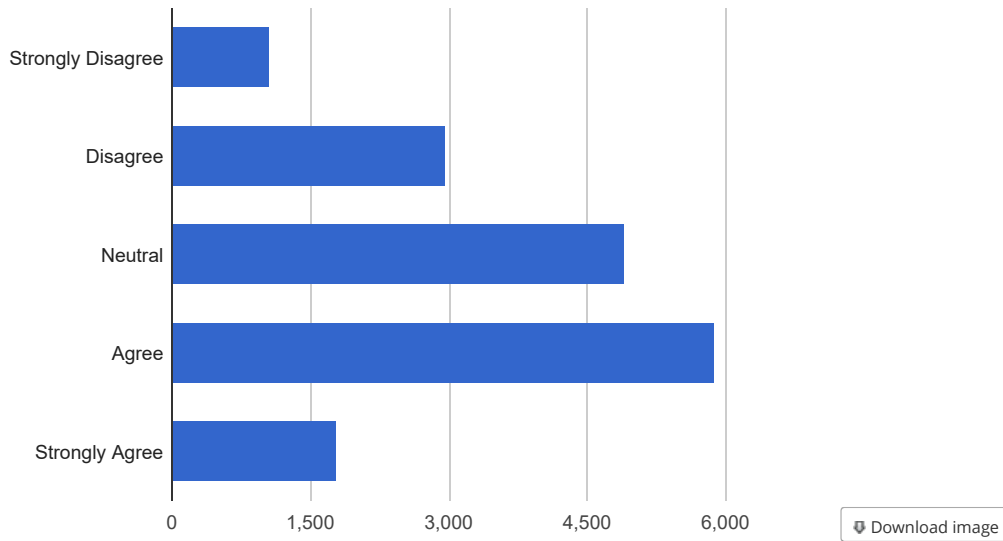
Counts/frequency: Strongly Disagree (5, 1.2%), Disagree (12, 2.8%), Neutral (47, 11.1%), Agree (222, 52.4%), Strongly Agree (138, 32.5%)



There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

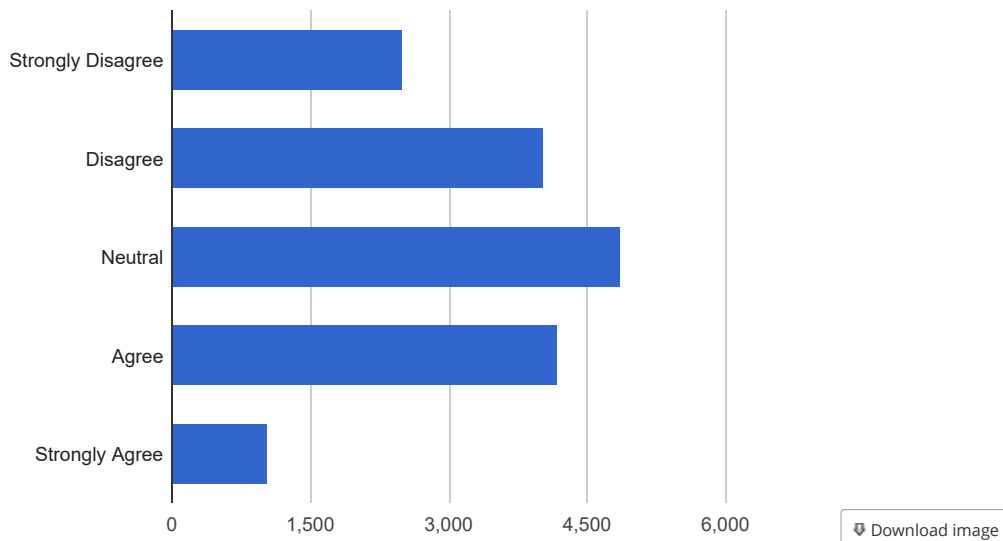
Counts/frequency: Strongly Disagree (15, 3.5%), Disagree (84, 19.8%), Neutral (148, 34.9%), Agree (130, 30.7%), Strongly Agree (47, 11.1%)



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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	5

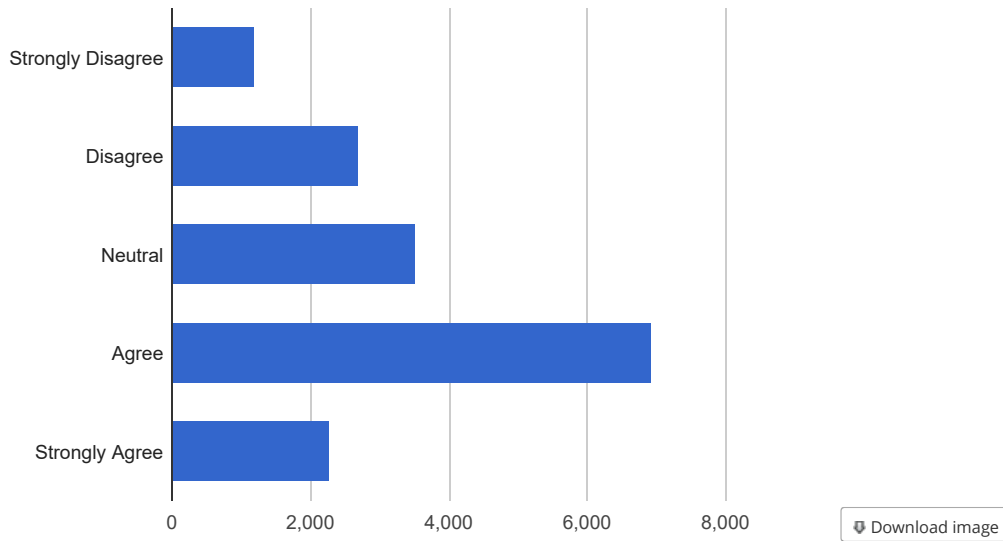
Counts/frequency: Strongly Disagree (125, 29.5%), Disagree (104, 24.5%), Neutral (101, 23.8%), Agree (71, 16.7%), Strongly Agree (23, 5.4%)



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

Total Count (N)	Missing*	Unique
423	2 (0.5%)	5

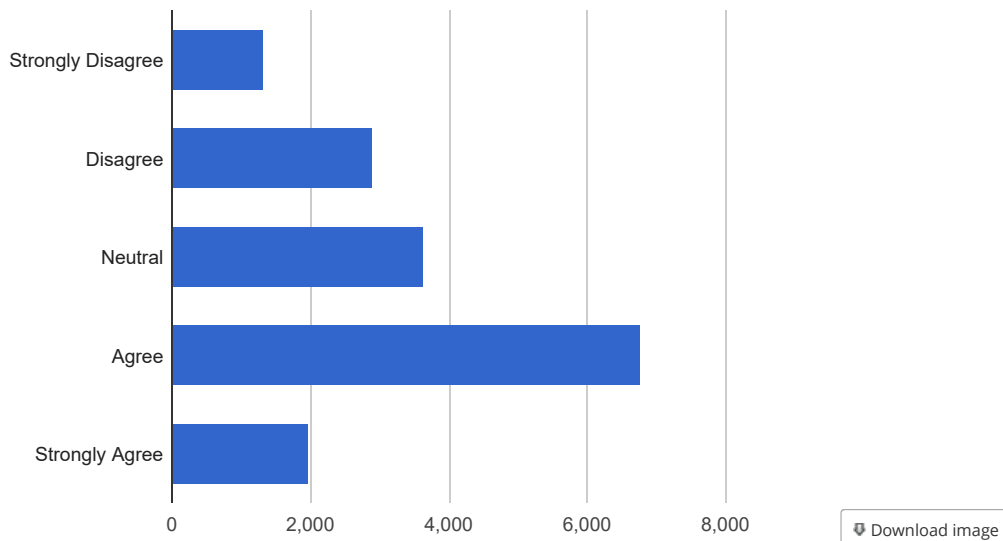
Counts/frequency: Strongly Disagree (30, 7.1%), Disagree (47, 11.1%), Neutral (91, 21.5%), Agree (178, 42.1%), Strongly Agree (77, 18.2%)



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

Total Count (N)	Missing*	Unique
425	0 (0.0%)	5

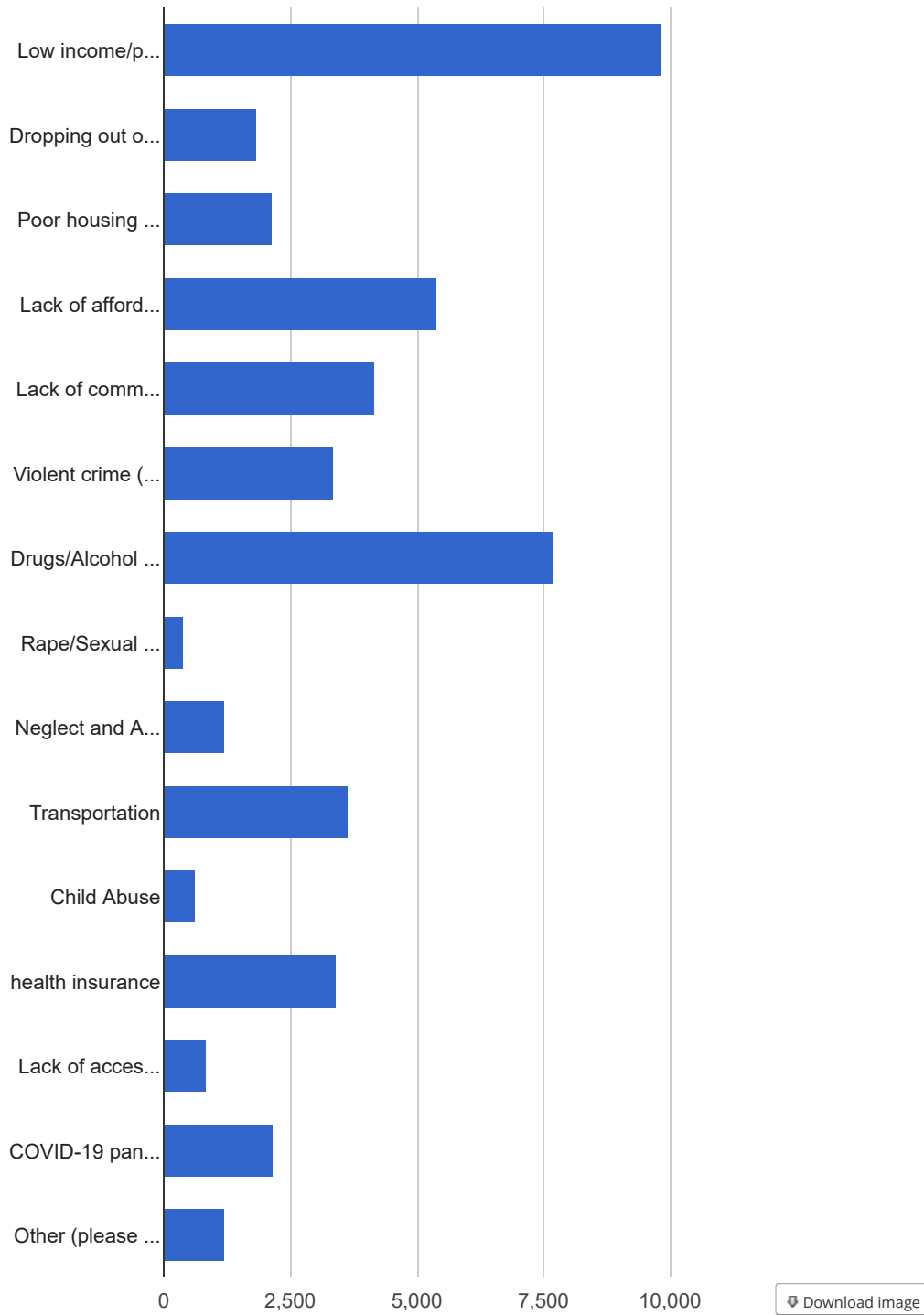
Counts/frequency: Strongly Disagree (32, 7.5%), Disagree (54, 12.7%), Neutral (99, 23.3%), Agree (169, 39.8%), Strongly Agree (71, 16.7%)



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

Total Count (N)	Missing*	Unique
422	3 (0.7%)	15

Counts/frequency: Low income/poverty (132, 31.3%), Dropping out of school (23, 5.5%), Poor housing conditions (29, 6.9%), Lack of affordable housing (253, 60.0%), Lack of community resources (151, 35.8%), Violent crime (murder, assault) Theft (19, 4.5%), Drugs/Alcohol (Substance Use) (171, 40.5%), Rape/Sexual Assault (8, 1.9%), Neglect and Abuse (13, 3.1%), Transportation (179, 42.4%), Child Abuse (10, 2.4%), health insurance (72, 17.1%), Lack of access to enough food (23, 5.5%), COVID-19 pandemic (50, 11.8%), Other (please specify) (70, 16.6%)



[Download image](#)

Other (*topthreeother1*)

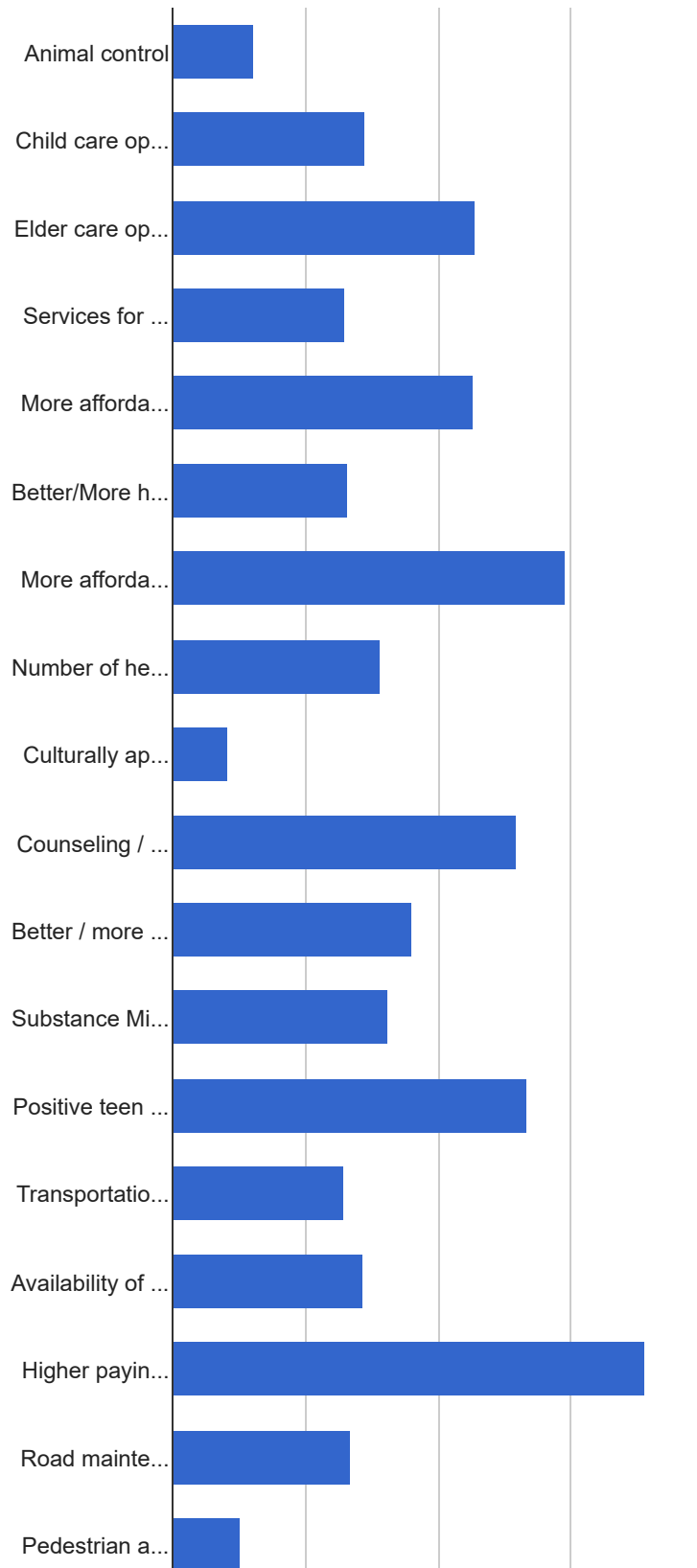
Total Count (N)	Missing*
71	354 (83.3%)

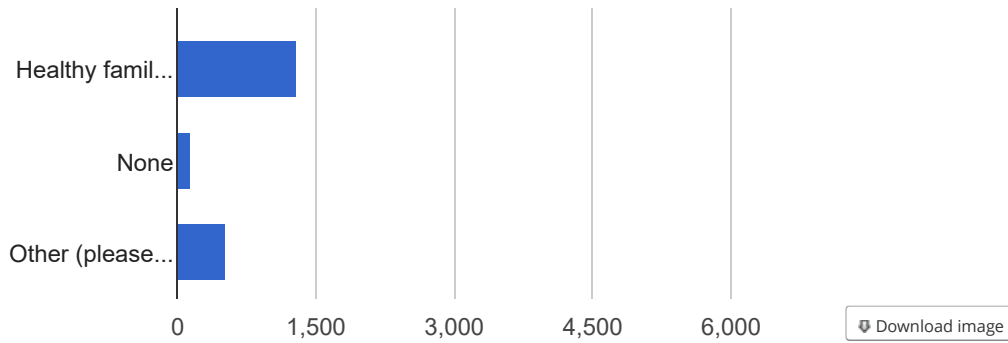
Please select what you feel are the top 3 services that need the most improvement in your community. (*improvements*)

Total Count (N)	Missing*	Unique

424	1 (0.2%)	21
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Counts/frequency: Animal control (15, 3.5%), Child care options (64, 15.1%), Elder care options (79, 18.6%), Services for disabled people (38, 9.0%), More affordable health services (93, 21.9%), Better/More healthy food choices (56, 13.2%), More affordable / better housing (152, 35.8%), Number of healthcare providers (175, 41.3%), Culturally appropriate health services (8, 1.9%), Counseling / mental and behavioral health / support groups (72, 17.0%), Better / more recreational facilities (parks, trails, community centers) (76, 17.9%), Substance Misuse Services/ Recovery Support (37, 8.7%), Positive teen activities (65, 15.3%), Transportation options (78, 18.4%), Availability of employment (36, 8.5%), Higher paying employment (75, 17.7%), Road maintenance (56, 13.2%), Pedestrian and cyclist road safety (44, 10.4%), Healthy family activities (14, 3.3%), None (5, 1.2%), Other (please specify) (13, 3.1%)





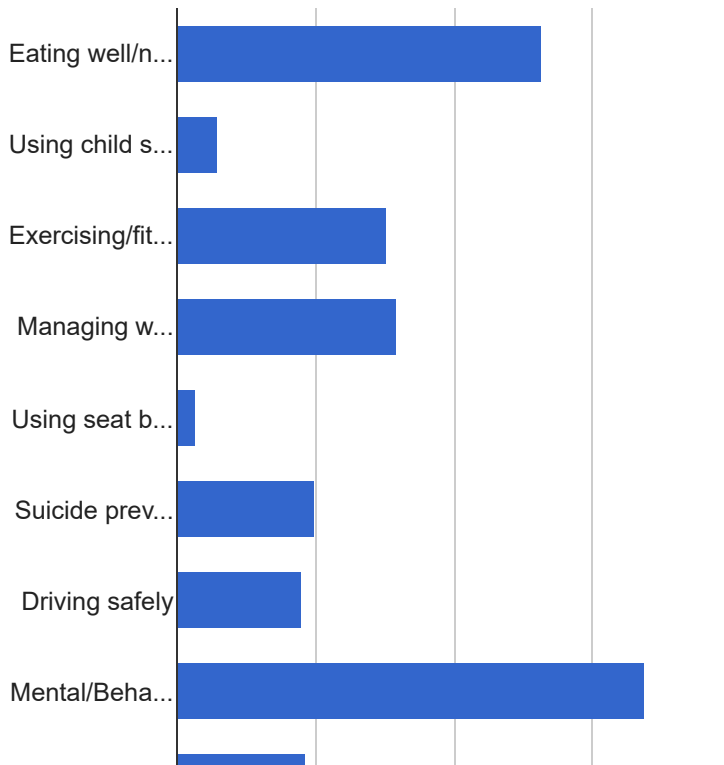
Other (*improvement_other*)

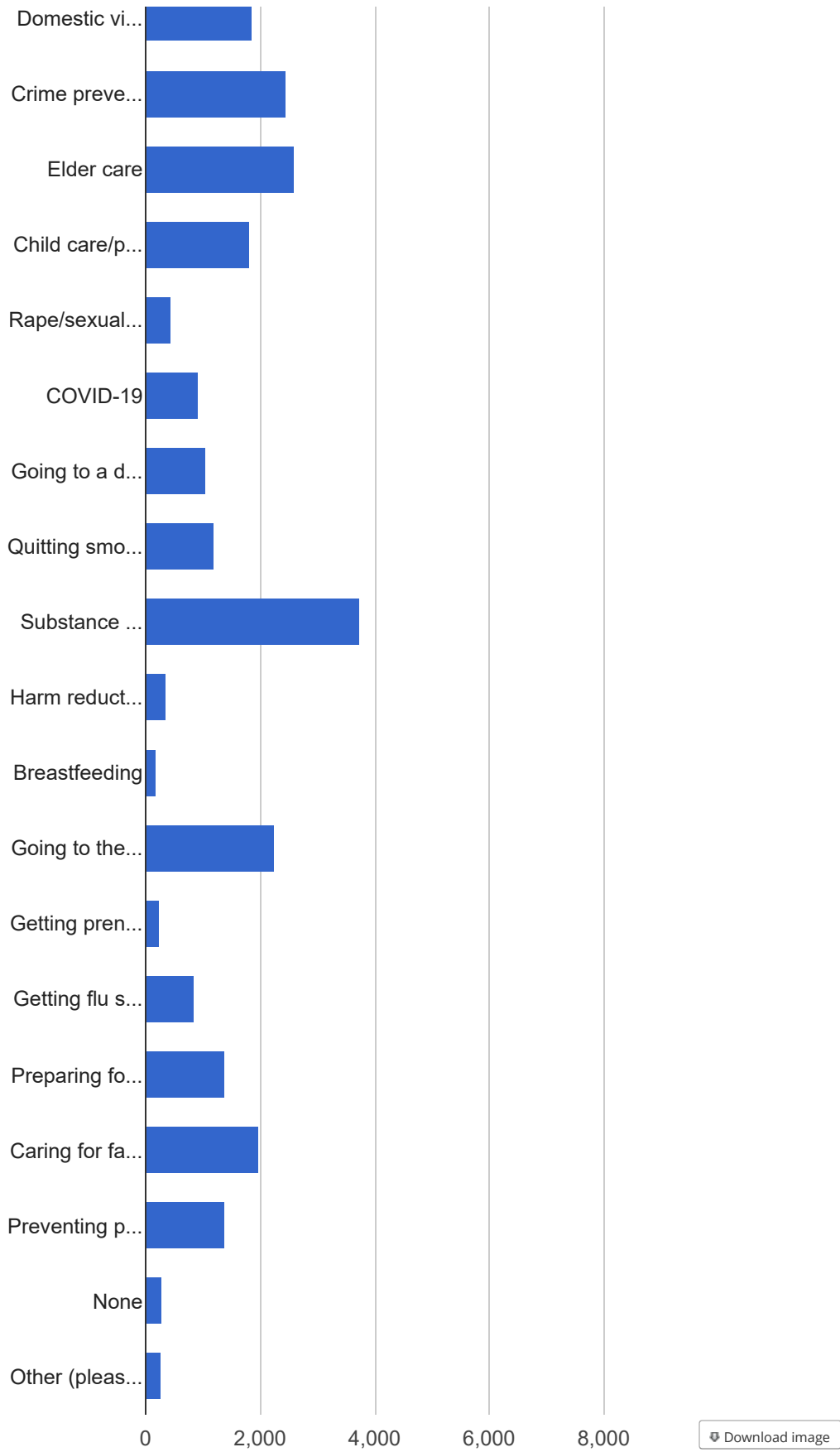
Total Count (N)	Missing*
14	411 (96.7%)

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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	27

Counts/frequency: Eating well/nutrition (98, 23.1%), Using child safety car seats (10, 2.4%), Exercising/fitness (70, 16.5%), Managing weight (63, 14.9%), Using seat belts (5, 1.2%), Suicide prevention (56, 13.2%), Driving safely (76, 17.9%), Mental/Behavioral Health (150, 35.4%), Domestic violence prevention (38, 9.0%), Crime prevention (24, 5.7%), Elder care (93, 21.9%), Child care/parenting (42, 9.9%), Rape/sexual abuse prevention (7, 1.7%), COVID-19 (26, 6.1%), Going to a dentist for check-ups/preventive care (23, 5.4%), Quitting smoking/tobacco use prevention (30, 7.1%), Substance misuse prevention (86, 20.3%), Harm reduction (3, 0.7%), Breastfeeding (4, 0.9%), Going to the doctor for yearly check-ups and screenings (86, 20.3%), Getting prenatal care during pregnancy (2, 0.5%), Getting flu shots and other vaccines (41, 9.7%), Preparing for an emergency/disaster (75, 17.7%), Caring for family members with special needs / disabilities (40, 9.4%), Preventing pregnancy and sexually transmitted diseases (safe sex) (24, 5.7%), None (17, 4.0%), Other (please specify) (9, 2.1%)





[Download image](#)

Other (*heath_behavin_other*)

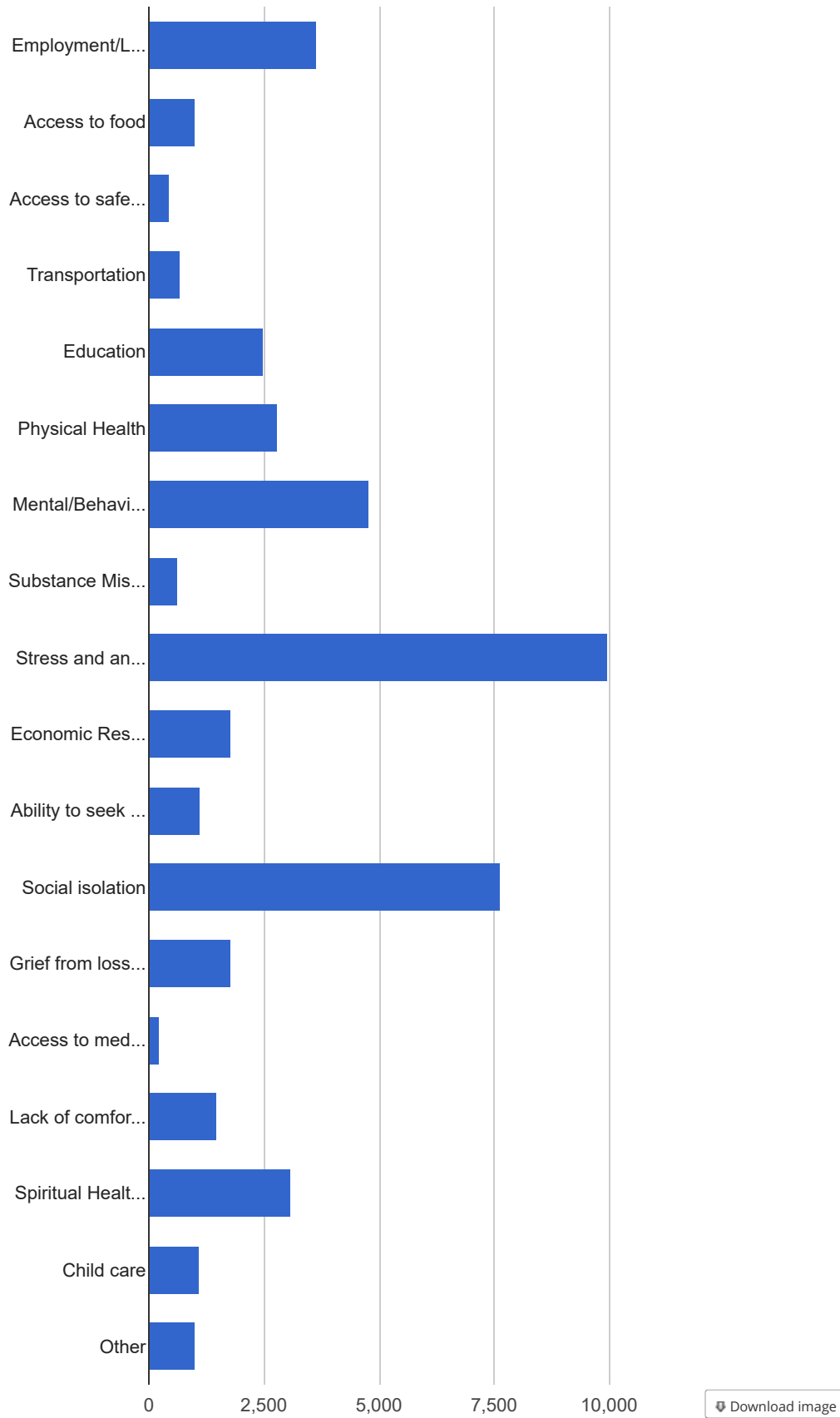
Total Count (N)	Missing*

9	416 (97.9%)
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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
422	3 (0.7%)	17

Counts/frequency: Employment/Loss of Job (76, 18.0%), Access to food (34, 8.1%), Access to safe housing (0, 0.0%), Transportation (17, 4.0%), Education (41, 9.7%), Physical Health (63, 14.9%), Mental/Behavioral Health (103, 24.4%), Substance Misuse (8, 1.9%), Stress and anxiety (256, 60.7%), Economic Resources (34, 8.1%), Ability to seek medical care (53, 12.6%), Social isolation (200, 47.4%), Grief from loss of loved one (26, 6.2%), Access to medication (11, 2.6%), Lack of comfort in seeking medical care (54, 12.8%), Spiritual Health/Well-being (75, 17.8%), Child care (27, 6.4%), Other (29, 6.9%)



[Download image](#)

Other (*other_covid*)

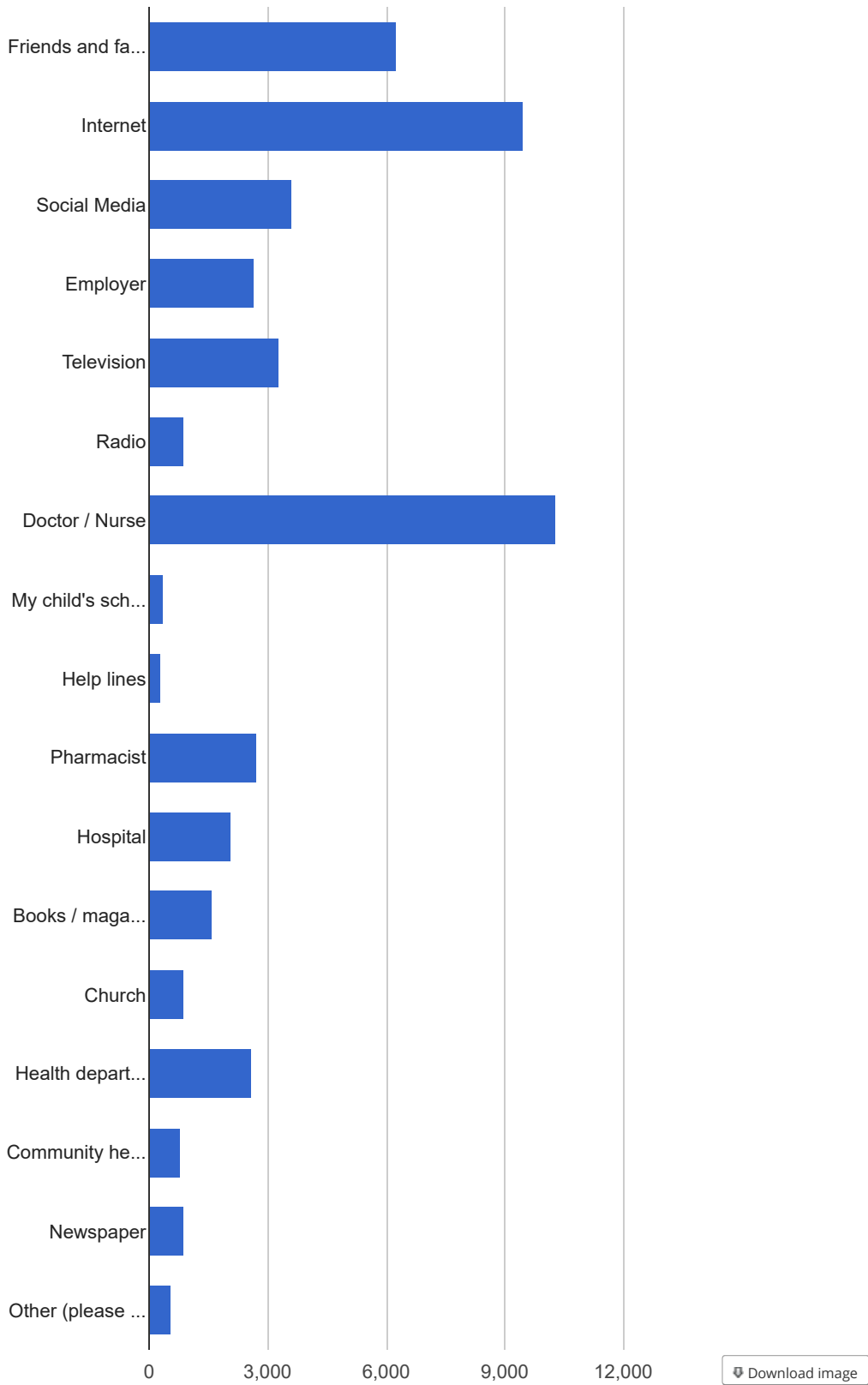
Total Count (N)	Missing*
27	398 (93.6%)

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

(health_info)

Total Count (N)	Missing*	Unique
423	<u>2</u> (0.5%)	17

Counts/frequency: Friends and family (165, 39.0%), Internet (266, 62.9%), Social Media (64, 15.1%), Employer (36, 8.5%), Television (78, 18.4%), Radio (13, 3.1%), Doctor / Nurse (275, 65.0%), My child's school (2, 0.5%), Help lines (5, 1.2%), Pharmacist (75, 17.7%), Hospital (59, 13.9%), Books / magazines (38, 9.0%), Church (9, 2.1%), Health department (64, 15.1%), Community health worker (12, 2.8%), Newspaper (28, 6.6%), Other (please specify) (14, 3.3%)



[Download image](#)

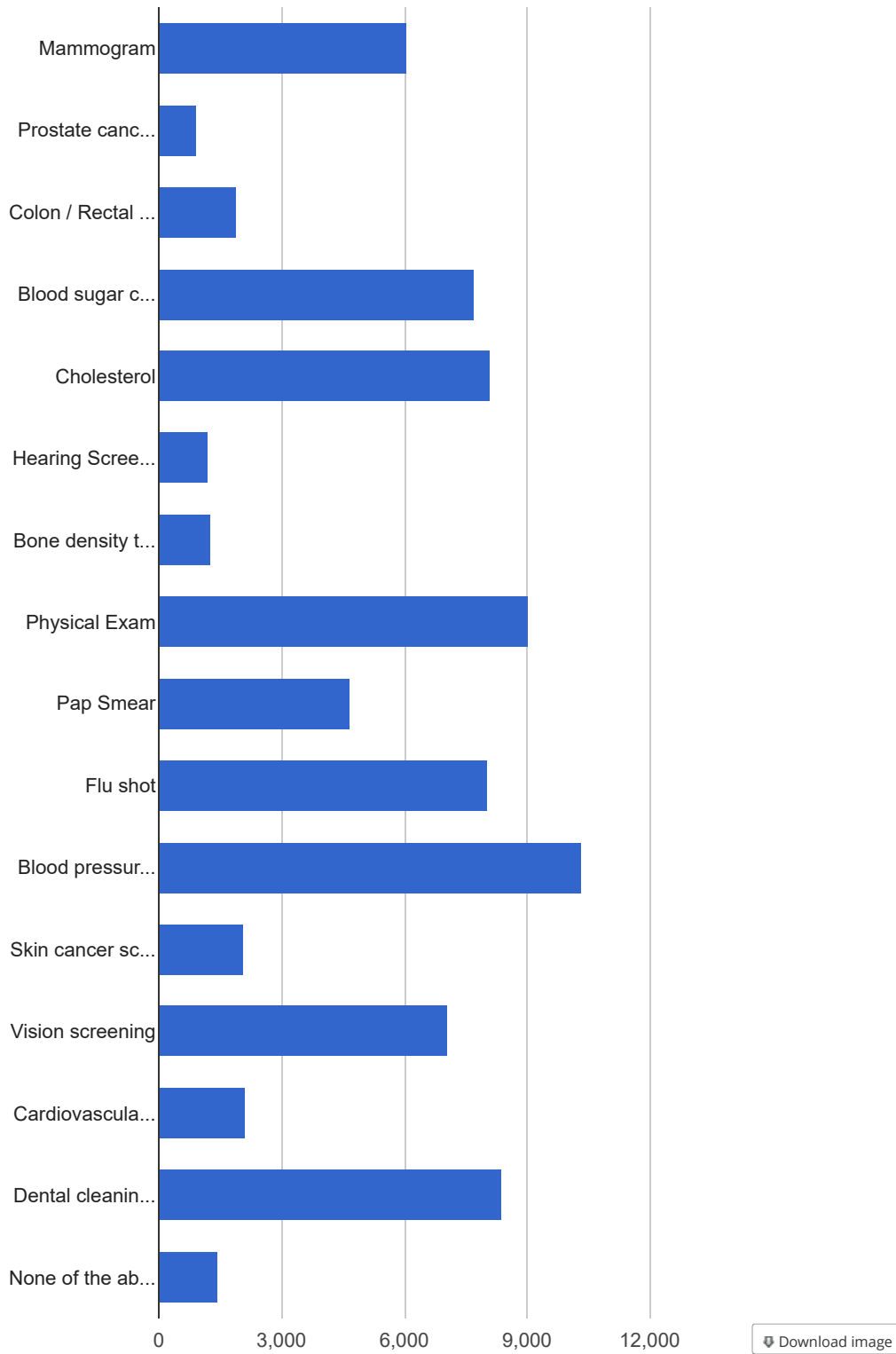
Other (*health_info_other*)

Total Count (N)	Missing*
15	410 (96.5%)

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
424	<u>1 (0.2%)</u>	16

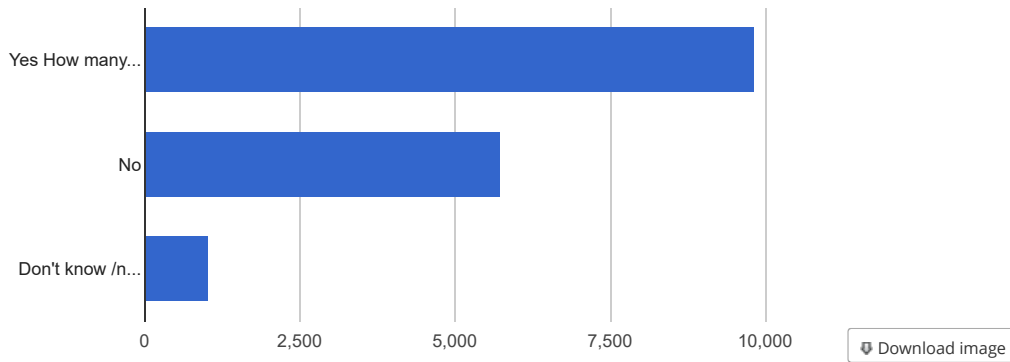
Counts/frequency: Mammogram (151, 35.6%), Prostate cancer screening (24, 5.7%), Colon / Rectal exam (51, 12.0%), Blood sugar check (188, 44.3%), Cholesterol (208, 49.1%), Hearing Screening (52, 12.3%), Bone density test (35, 8.3%), Physical Exam (241, 56.8%), Pap Smear (87, 20.5%), Flu shot (203, 47.9%), Blood pressure check (263, 62.0%), Skin cancer screening (82, 19.3%), Vision screening (193, 45.5%), Cardiovascular screening (56, 13.2%), Dental cleaning / x-rays (236, 55.7%), None of the above (38, 9.0%)



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
423	2 (0.5%)	3

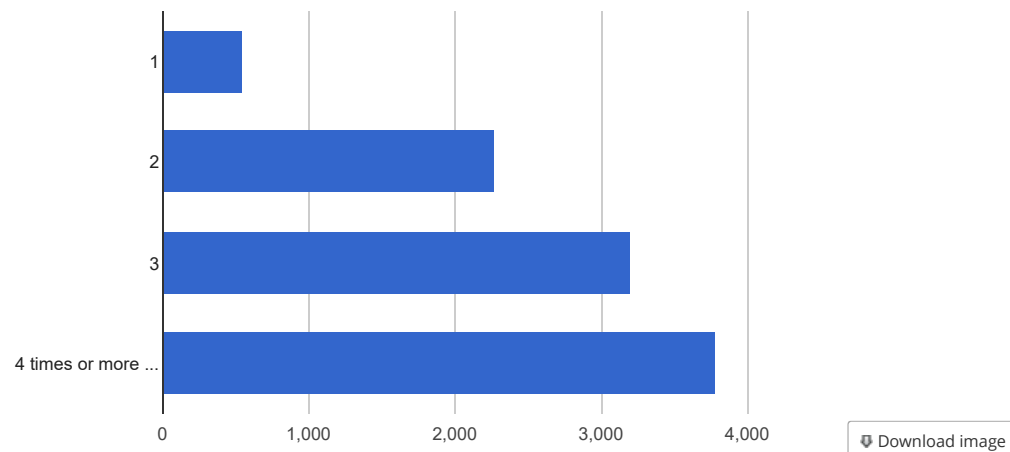
Counts/frequency: Yes How many times per week? (291, 68.8%), No (121, 28.6%), Don't know /not sure (11, 2.6%)



How many times per week? (*exercisetimesweek*)

Total Count (N)	Missing*	Unique
290	135 (31.8%)	4

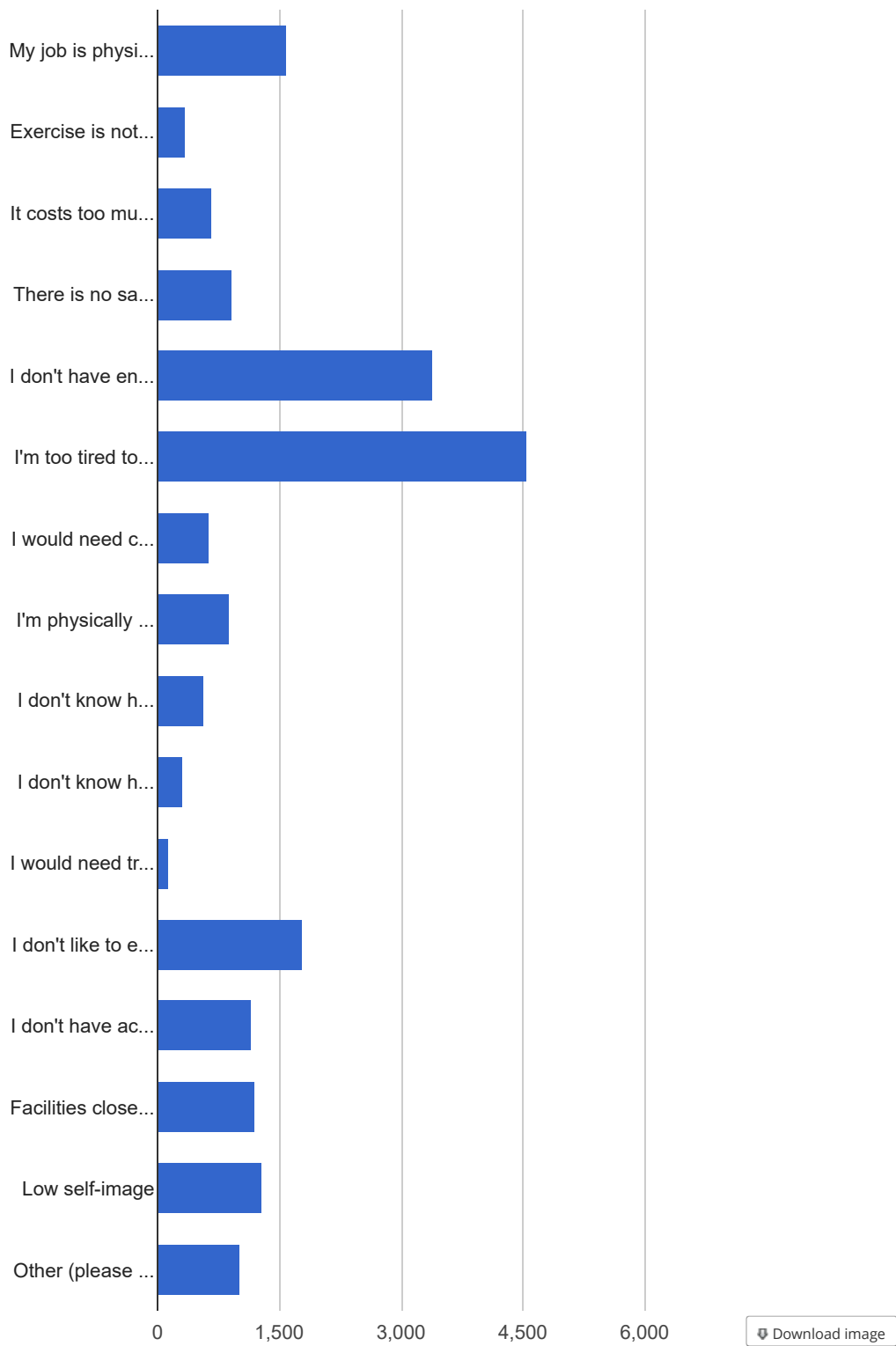
Counts/frequency: 1 (7, 2.4%), 2 (47, 16.2%), 3 (89, 30.7%), 4 times or more per week (147, 50.7%)



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

Total Count (N)	Missing*	Unique
197	228 (53.6%)	16

Counts/frequency: My job is physical or hard labor. (27, 13.7%), Exercise is not important to me. (11, 5.6%), It costs too much to exercise. (9, 4.6%), There is no safe place to exercise. (12, 6.1%), I don't have enough time to exercise. (64, 32.5%), I'm too tired to exercise. (78, 39.6%), I would need child care and I don't have it. (8, 4.1%), I'm physically disabled. (26, 13.2%), I don't know how to find exercise partners. (16, 8.1%), I don't know how to safely (3, 1.5%), I would need transportation and I don't have it. (2, 1.0%), I don't like to exercise. (41, 20.8%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (36, 18.3%), Facilities closed due to COVID 19 (40, 20.3%), Low self-image (19, 9.6%), Other (please specify) (9, 4.6%)



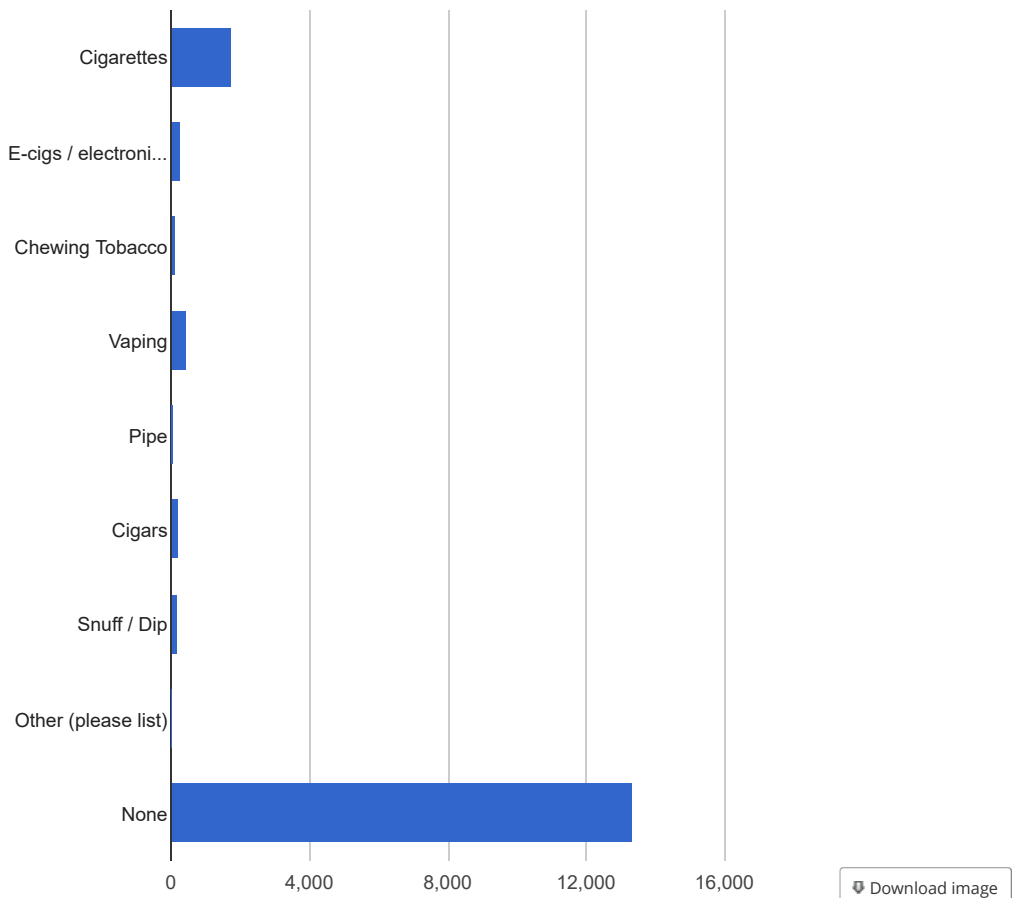
Other (*exercise_other*)

Total Count (N)	Missing*
9	416 (97.9%)

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

Total Count (N)	Missing*	Unique
403	22 (5.2%)	8

Counts/frequency: Cigarettes (36, 8.9%), E-cigs / electronic cigarettes (9, 2.2%), Chewing Tobacco (5, 1.2%), Vaping (8, 2.0%), Pipe (1, 0.2%), Cigars (9, 2.2%), Snuff / Dip (2, 0.5%), Other (please list) (0, 0.0%), None (341, 84.6%)



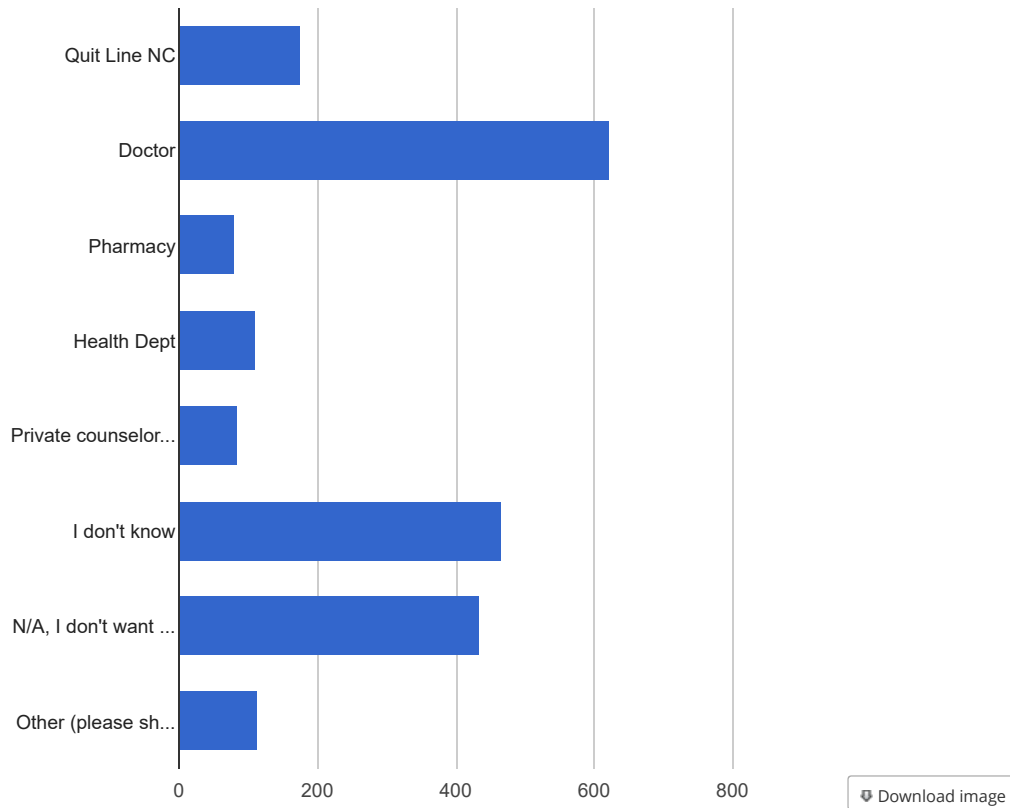
Other (please list) (*other_please_list*)

Total Count (N)	Missing*
0	425 (100.0%)

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

Total Count (N)	Missing*	Unique
61	364 (85.6%)	8

Counts/frequency: Quit Line NC (2, 3.3%), Doctor (19, 31.1%), Pharmacy (2, 3.3%), Health Dept (1, 1.6%), Private counselor / therapist (3, 4.9%), I don't know (13, 21.3%), N/A, I don't want to quit (19, 31.1%), Other (please share more) (2, 3.3%)



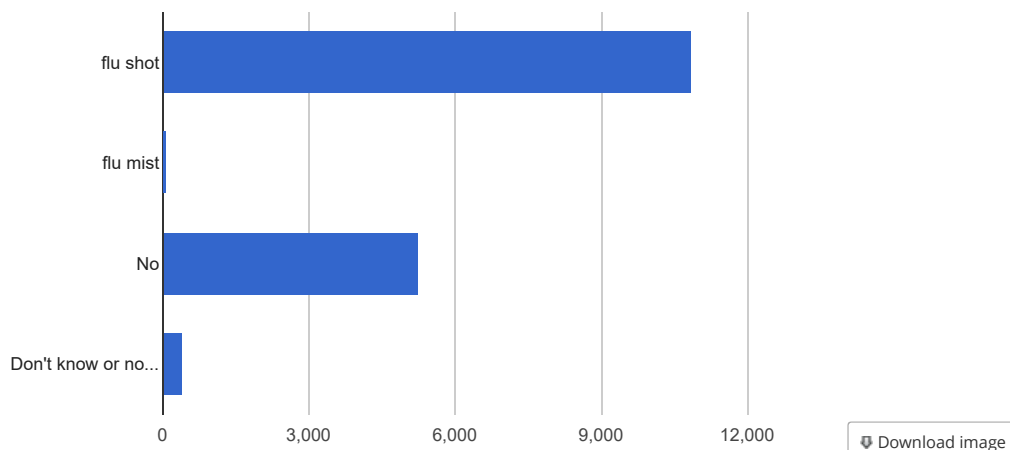
Other: (*quit_other*)

Total Count (N)	Missing*
1	424 (99.8%)

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
425	0 (0.0%)	4

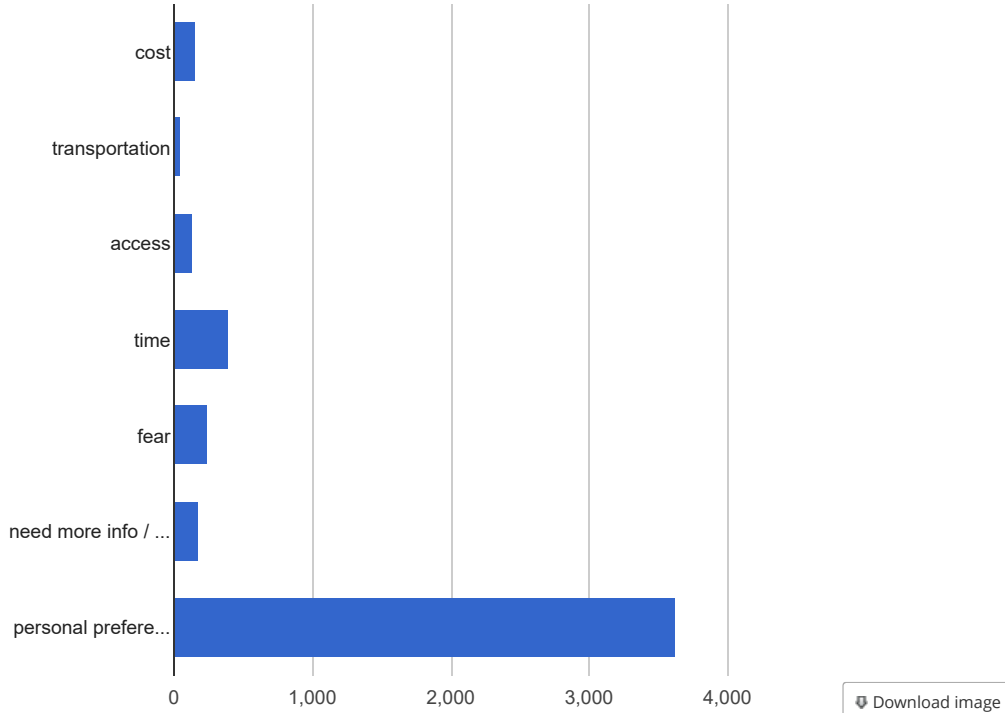
Counts/frequency: flu shot (257, 60.5%), flu mist (1, 0.2%), No (165, 38.8%), Don't know or not sure (2, 0.5%)



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

Total Count (N)	Missing*	Unique
152	273 (64.2%)	7

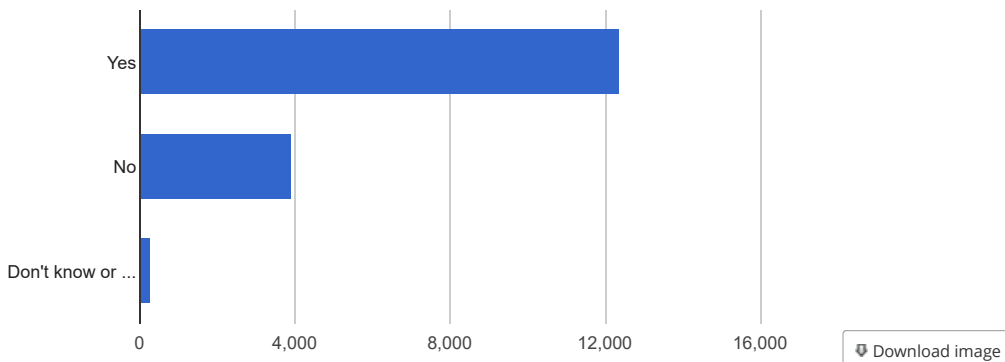
Counts/frequency: cost (2, 1.3%), transportation (1, 0.7%), access (10, 6.6%), time (20, 13.2%), fear (1, 0.7%), need more info / have questions (7, 4.6%), personal preference (111, 73.0%)



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

Total Count (N)	Missing*	Unique
424	1 (0.2%)	2

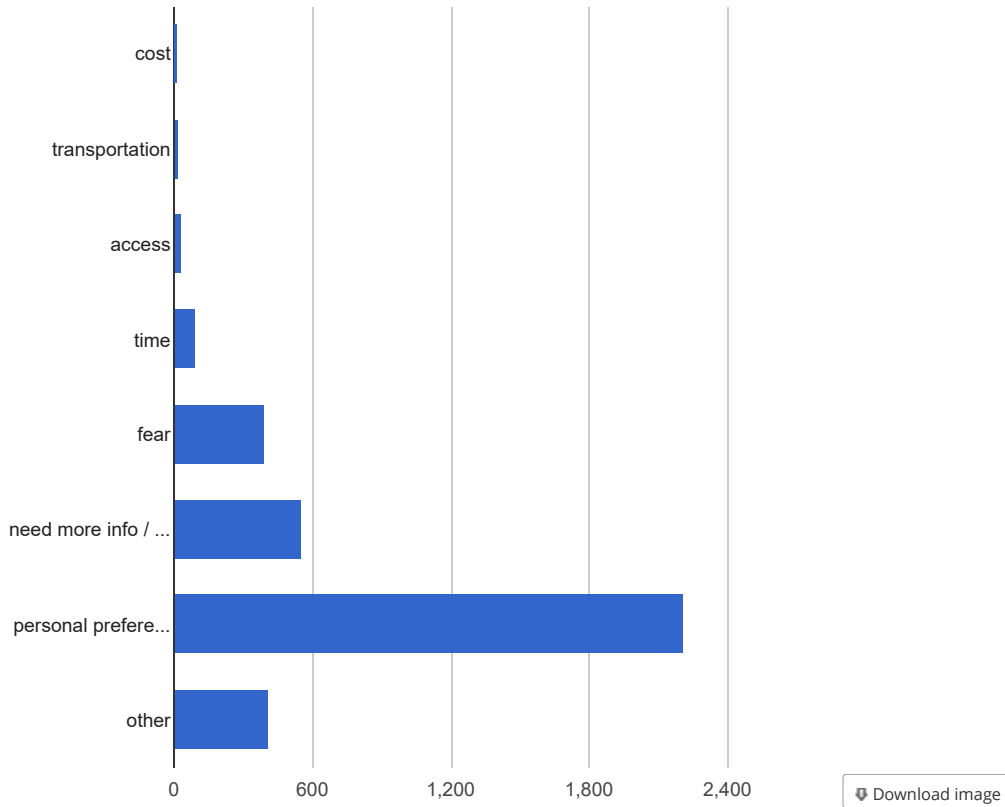
Counts/frequency: Yes (370, 87.3%), No (54, 12.7%), Don't know or not sure (0, 0.0%)



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

Total Count (N)	Missing*	Unique
50	375 (88.2%)	6

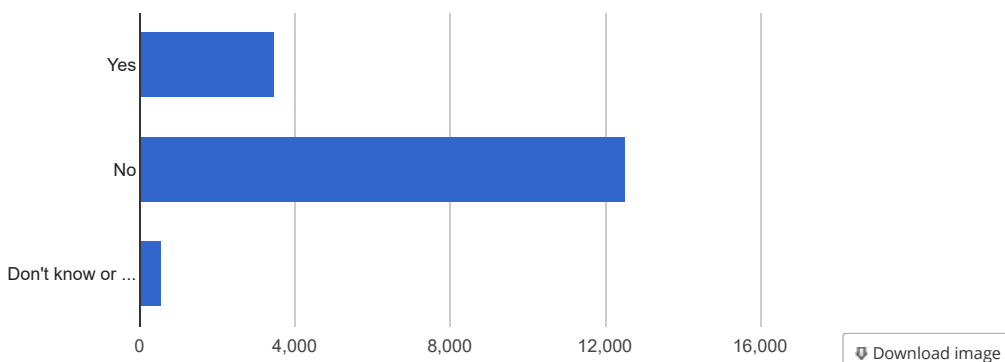
Counts/frequency: cost (0, 0.0%), transportation (0, 0.0%), access (2, 4.0%), time (1, 2.0%), fear (2, 4.0%), need more info / have questions (7, 14.0%), personal preference (30, 60.0%), other (8, 16.0%)



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
424	1 (0.2%)	3

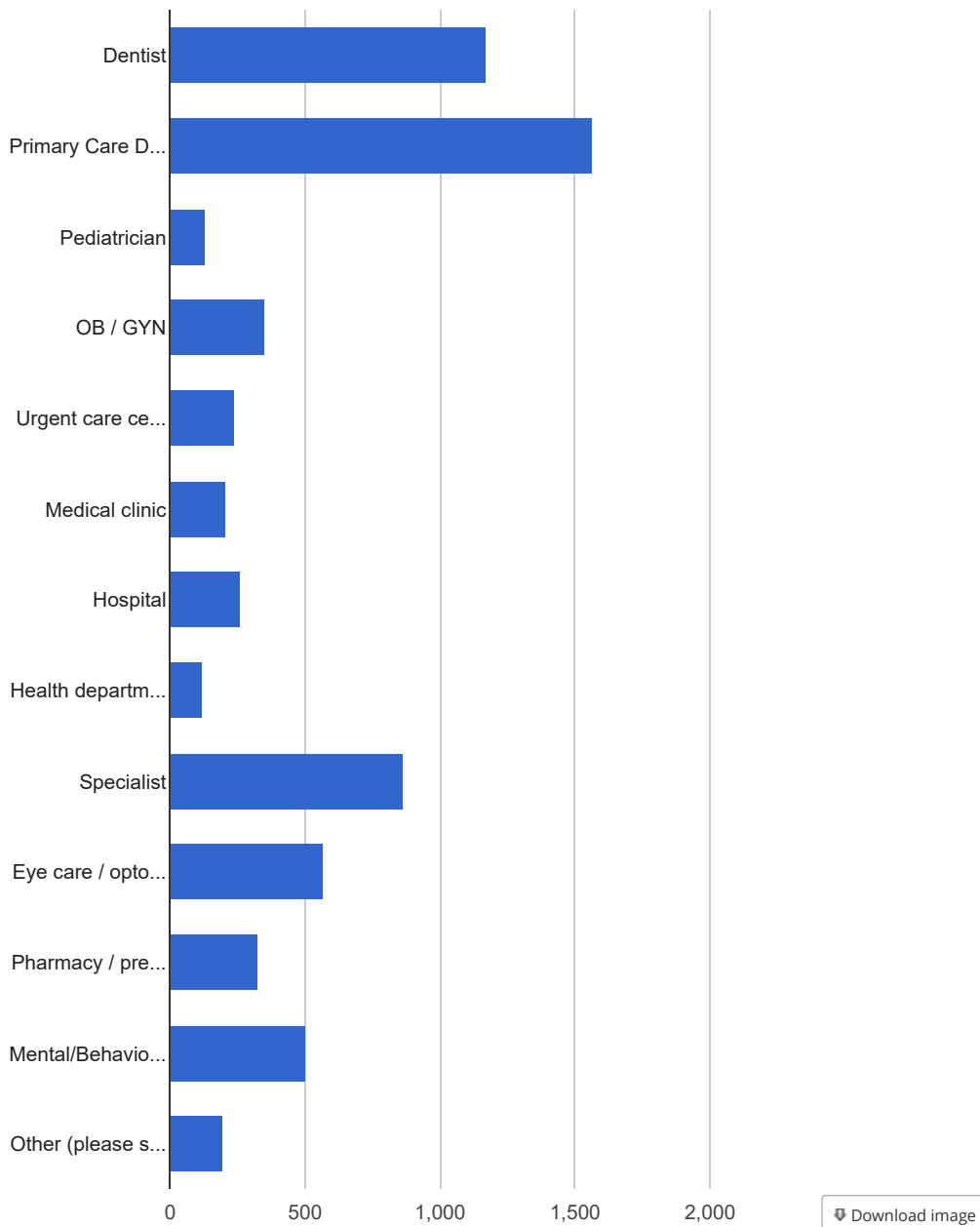
Counts/frequency: Yes (120, 28.3%), No (287, 67.7%), Don't know or not sure (17, 4.0%)



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
113	312 (73.4%)	13

Counts/frequency: Dentist (39, 34.5%), Primary Care Doctor (58, 51.3%), Pediatrician (2, 1.8%), OB / GYN (8, 7.1%), Urgent care center (15, 13.3%), Medical clinic (5, 4.4%), Hospital (9, 8.0%), Health department (1, 0.9%), Specialist (30, 26.5%), Eye care / optometrist / ophthalmologist (20, 17.7%), Pharmacy / prescriptions (12, 10.6%), Mental/Behavioral Health Providers (14, 12.4%), Other (please share more) (13, 11.5%)



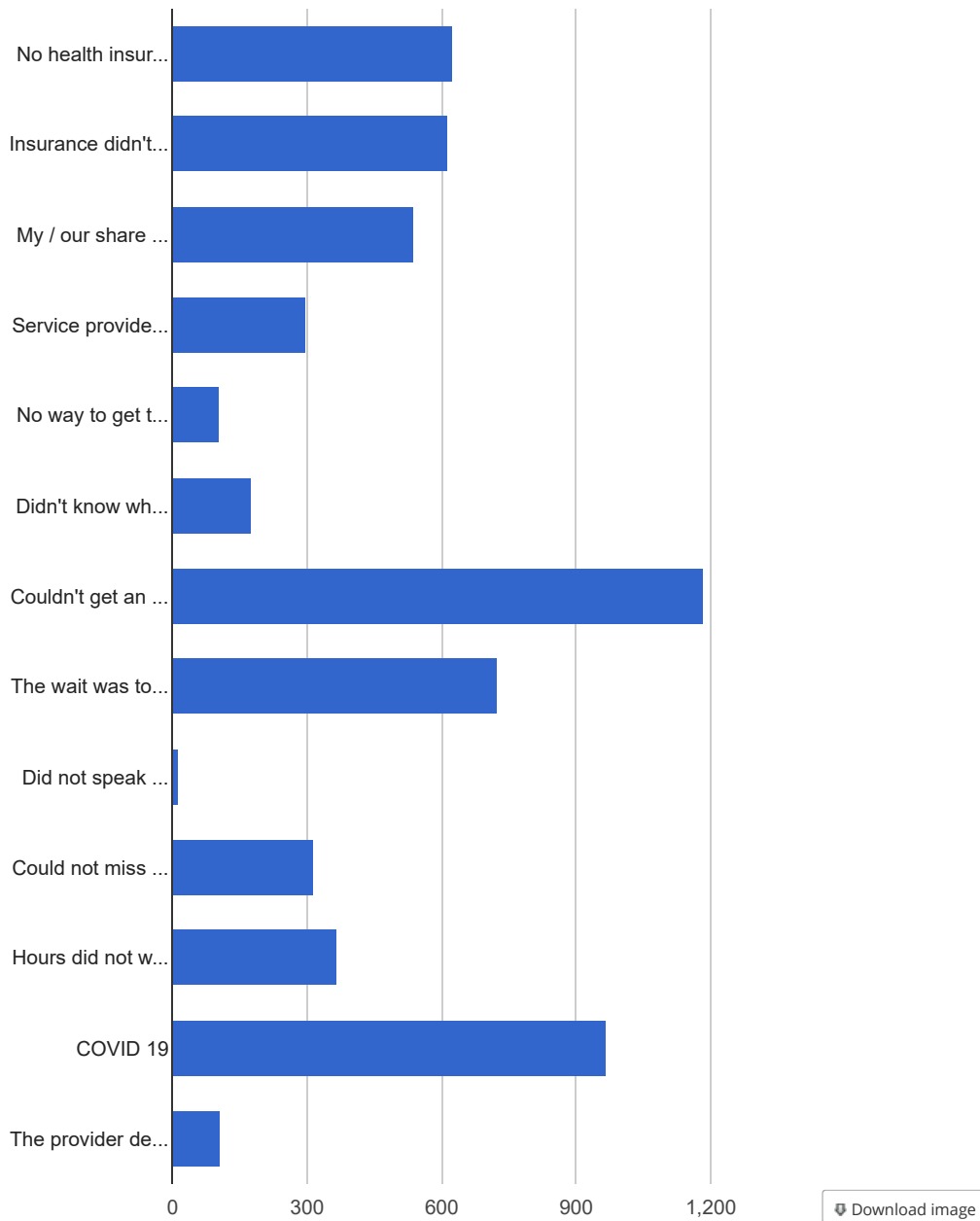
Other (*healthcareprovider_other*)

Total Count (N)	Missing*
14	411 (96.7%)

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

Total Count (N)	Missing*	Unique
117	308 (72.5%)	11

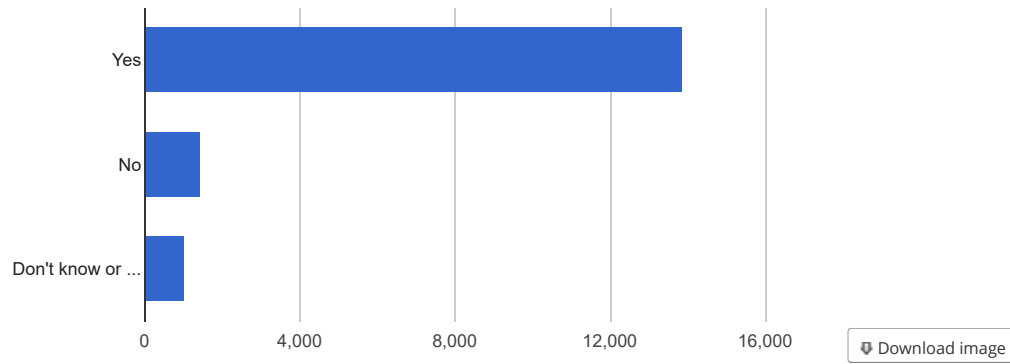
Counts/frequency: No health insurance (12, 10.3%), Insurance didn't cover what I / we needed. (10, 8.5%), My / our share of the cost (deductible / co-pay) was too high. (11, 9.4%), Service provider would not take my / our insurance or Medicaid. (10, 8.5%), No way to get there. (2, 1.7%), Didn't know where to go (11, 9.4%), Couldn't get an appointment (56, 47.9%), The wait was too long (33, 28.2%), Did not speak my language (0, 0.0%), Could not miss work to go (7, 6.0%), Hours did not work with my availability (13, 11.1%), COVID 19 (35, 29.9%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (0, 0.0%)



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
423	2 (0.5%)	3

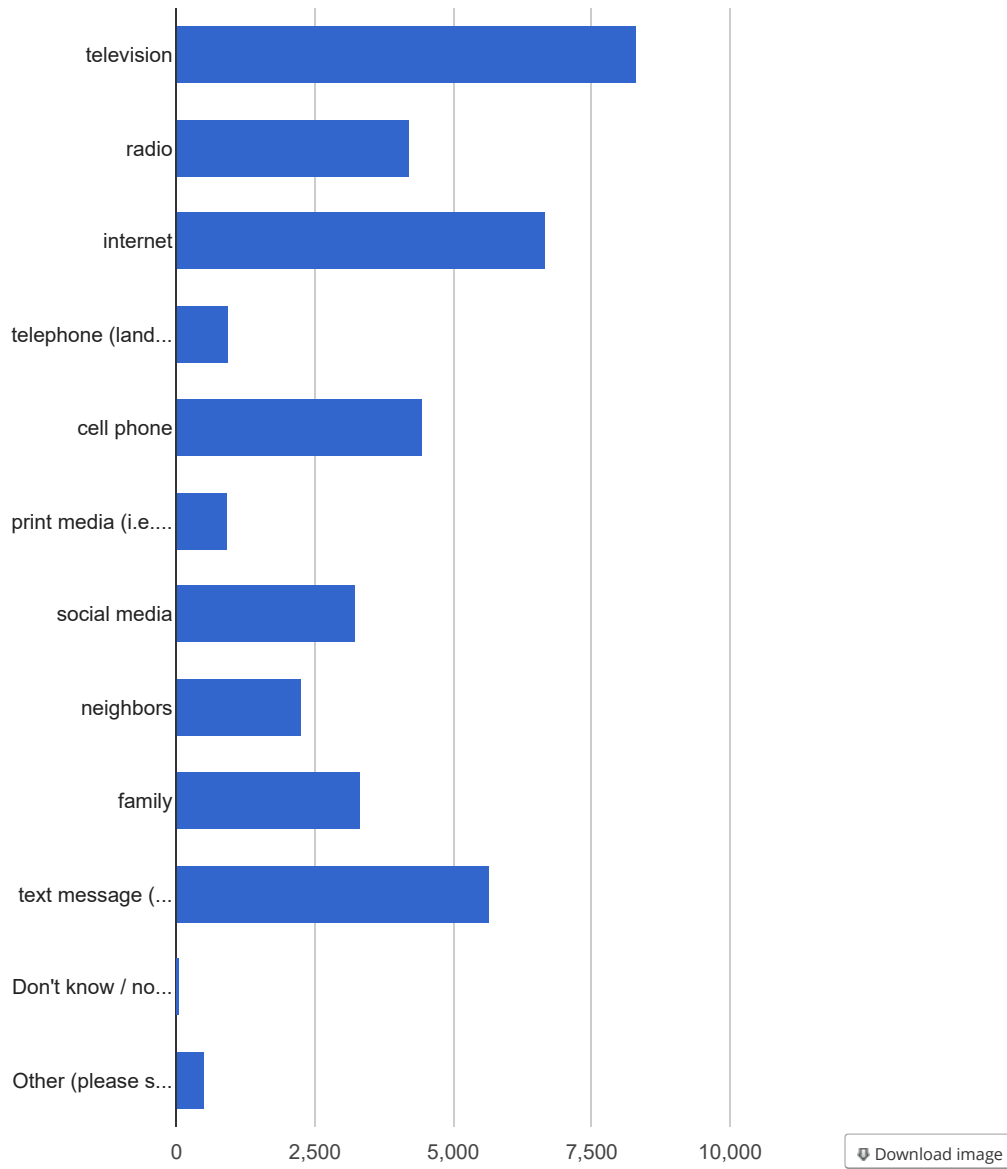
Counts/frequency: Yes (355, 83.9%), No (35, 8.3%), Don't know or not sure (33, 7.8%)



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

Total Count (N)	Missing*	Unique
353	72 (16.9%)	12

Counts/frequency: television (191, 54.1%), radio (90, 25.5%), internet (195, 55.2%), telephone (landline) (15, 4.2%), cell phone (116, 32.9%), print media (i.e.. newspaper) (17, 4.8%), social media (70, 19.8%), neighbors (80, 22.7%), family (76, 21.5%), text message (emergency alert system) (163, 46.2%), Don't know / not sure (5, 1.4%), Other (please specify) (21, 5.9%)



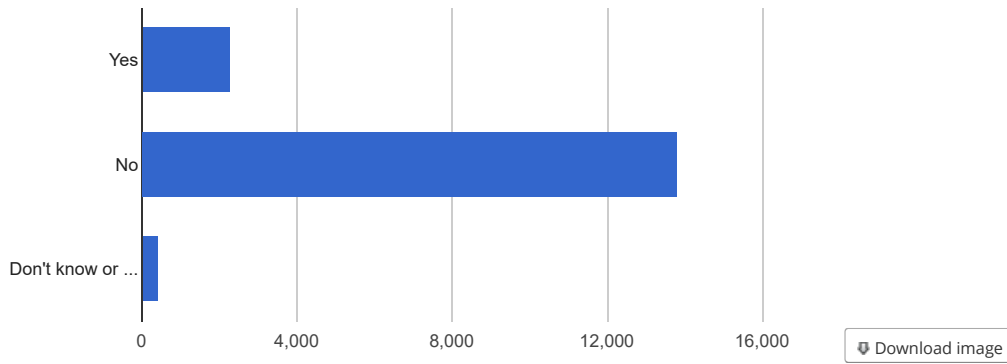
Other (*natural_disaster_other*)

Total Count (N)	Missing*
21	404 (95.1%)

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
424	1 (0.2%)	3

Counts/frequency: Yes (36, 8.5%), No (384, 90.6%), Don't know or not sure (4, 0.9%)



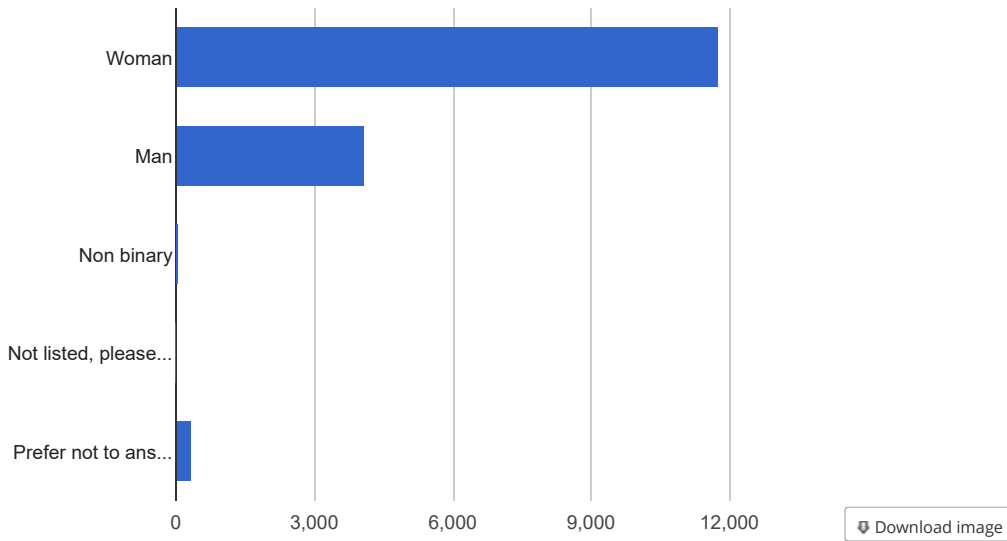
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
75	350 (82.4%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
421	4 (0.9%)	4

Counts/frequency: **Woman** (297, 70.5%), **Man** (116, 27.6%), **Non binary** (1, 0.2%), **Not listed, please share more:** _____ (0, 0.0%), **Prefer not to answer** (7, 1.7%)



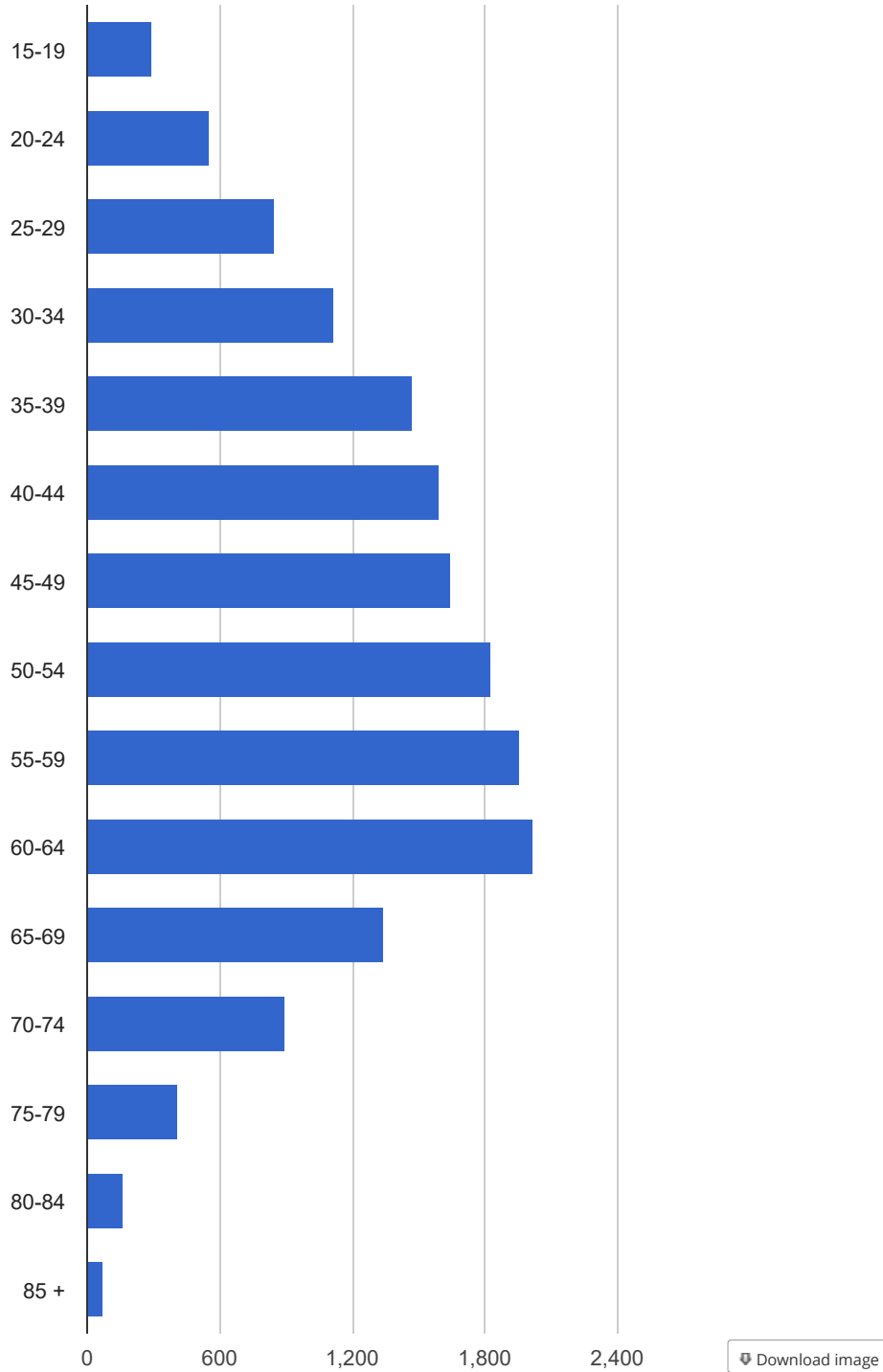
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	425 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
422	3 (0.7%)	15

Counts/frequency: 15-19 (12, 2.8%), 20-24 (14, 3.3%), 25-29 (18, 4.3%), 30-34 (13, 3.1%), 35-39 (29, 6.9%), 40-44 (34, 8.1%), 45-49 (38, 9.0%), 50-54 (27, 6.4%), 55-59 (50, 11.8%), 60-64 (61, 14.5%), 65-69 (56, 13.3%), 70-74 (51, 12.1%), 75-79 (9, 2.1%), 80-84 (8, 1.9%), 85 + (2, 0.5%)

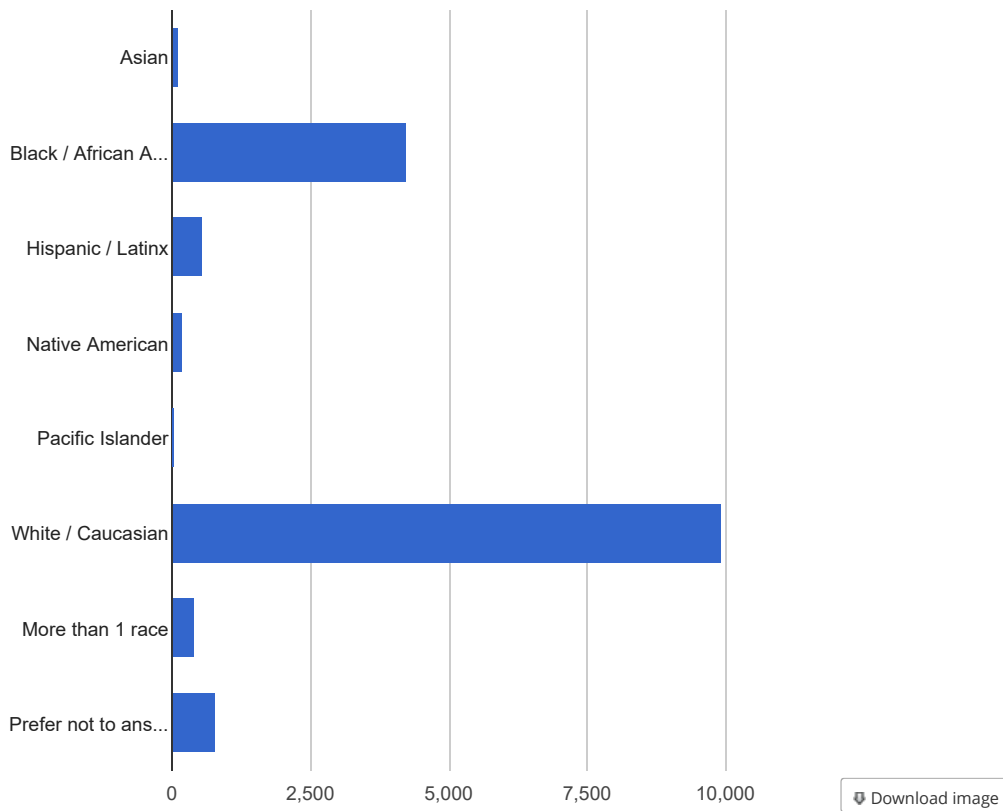


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How do you describe your race/ethnicity? (*raceethnicity*)

Total Count (N)	Missing*	Unique
421	4 (0.9%)	8

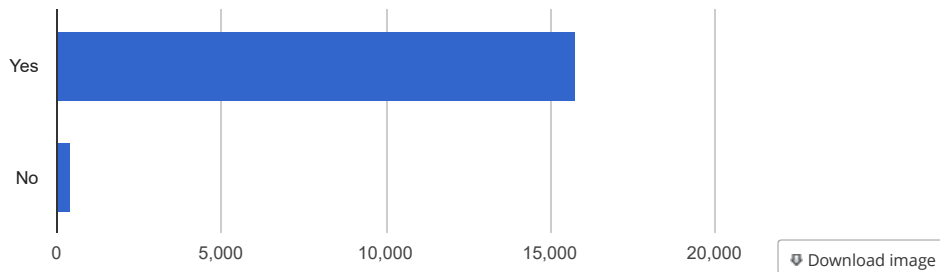
Counts/frequency: Asian (3, 0.7%), Black / African American (18, 4.3%), Hispanic / Latinx (9, 2.1%), Native American (4, 1.0%), Pacific Islander (1, 0.2%), White / Caucasian (362, 86.0%), More than 1 race (12, 2.9%), Prefer not to answer (12, 2.9%)



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

Total Count (N)	Missing*	Unique
422	3 (0.7%)	2

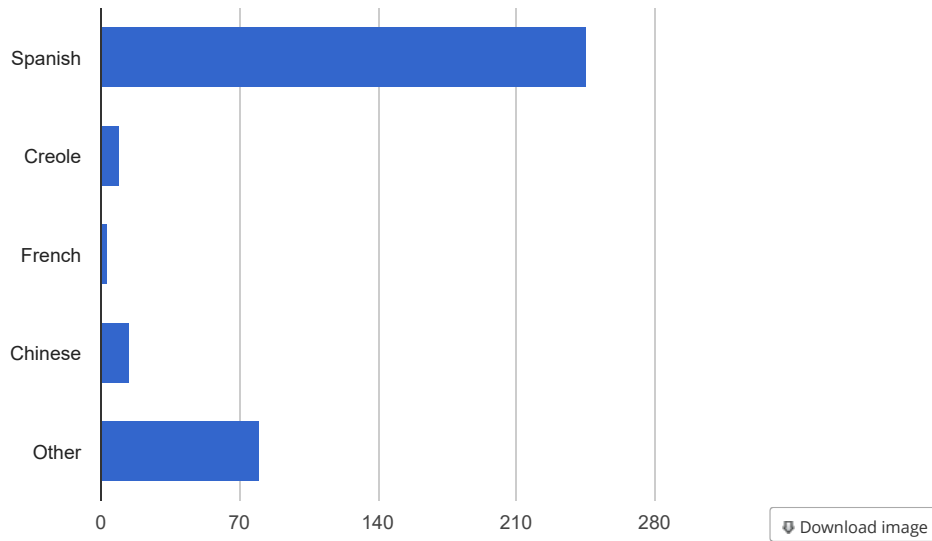
Counts/frequency: Yes (415, 98.3%), No (7, 1.7%)



If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
6	419 (98.6%)	3

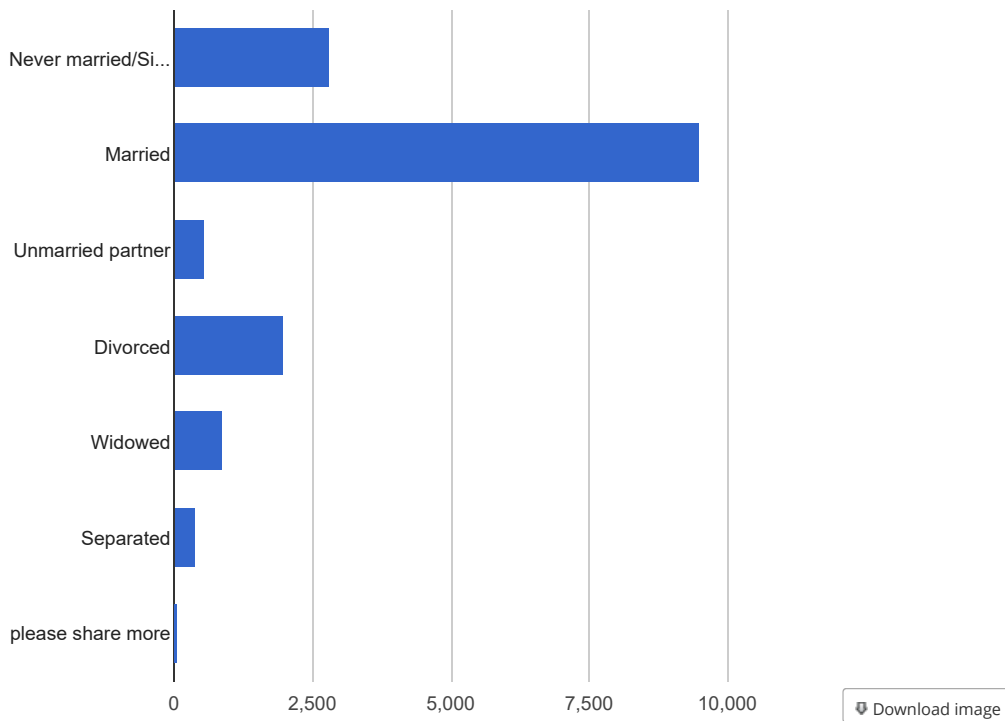
Counts/frequency: Spanish (1, 16.7%), Creole (0, 0.0%), French (0, 0.0%), Chinese (1, 16.7%), Other (4, 66.7%)



What is your marital status? (*marriagestatus*)

Total Count (N)	Missing*	Unique
422	3 (0.7%)	6

Counts/frequency: Never married/Single (60, 14.2%), Married (280, 66.4%), Unmarried partner (15, 3.6%), Divorced (38, 9.0%), Widowed (22, 5.2%), Separated (7, 1.7%), please share more (0, 0.0%)



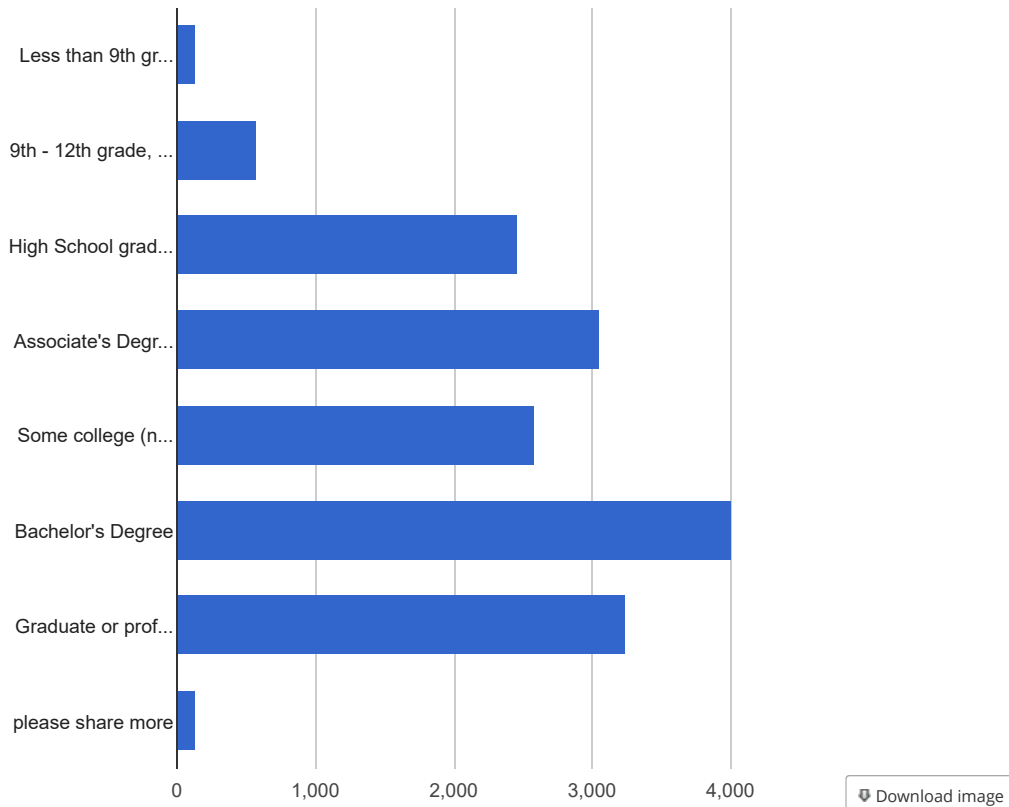
please share more. (*marital_other*)

Total Count (N)	Missing*
0	425 (100.0%)

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

Total Count (N)	Missing*	Unique
422	3 (0.7%)	8

Counts/frequency: [Less than 9th grade \(3, 0.7%\)](#), [9th - 12th grade, no diploma \(13, 3.1%\)](#), [High School graduate \(or GED/equivalent\) \(55, 13.0%\)](#), [Associate's Degree or Vocational Training \(67, 15.9%\)](#), [Some college \(no degree\) \(63, 14.9%\)](#), [Bachelor's Degree \(114, 27.0%\)](#), [Graduate or professional degree \(105, 24.9%\)](#), [please share more \(2, 0.5%\)](#)



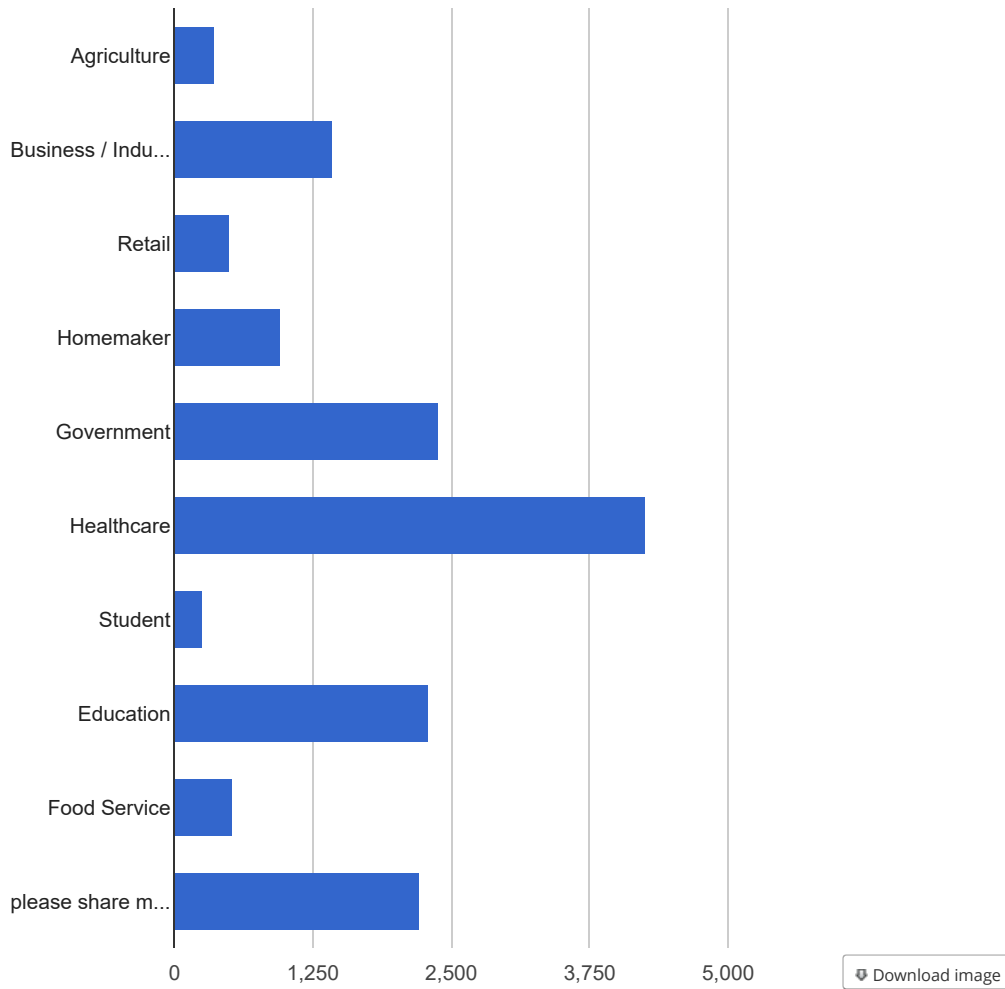
Please share more *(please_share_more)*

Total Count (N)	Missing*
2	423 (99.5%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
390	35 (8.2%)	10

Counts/frequency: [Agriculture \(8, 2.1%\)](#), [Business / Industry \(61, 15.6%\)](#), [Retail \(14, 3.6%\)](#), [Homemaker \(40, 10.3%\)](#), [Government \(37, 9.5%\)](#), [Healthcare \(56, 14.4%\)](#), [Student \(11, 2.8%\)](#), [Education \(35, 9.0%\)](#), [Food Service \(14, 3.6%\)](#), [please share more \(114, 29.2%\)](#)



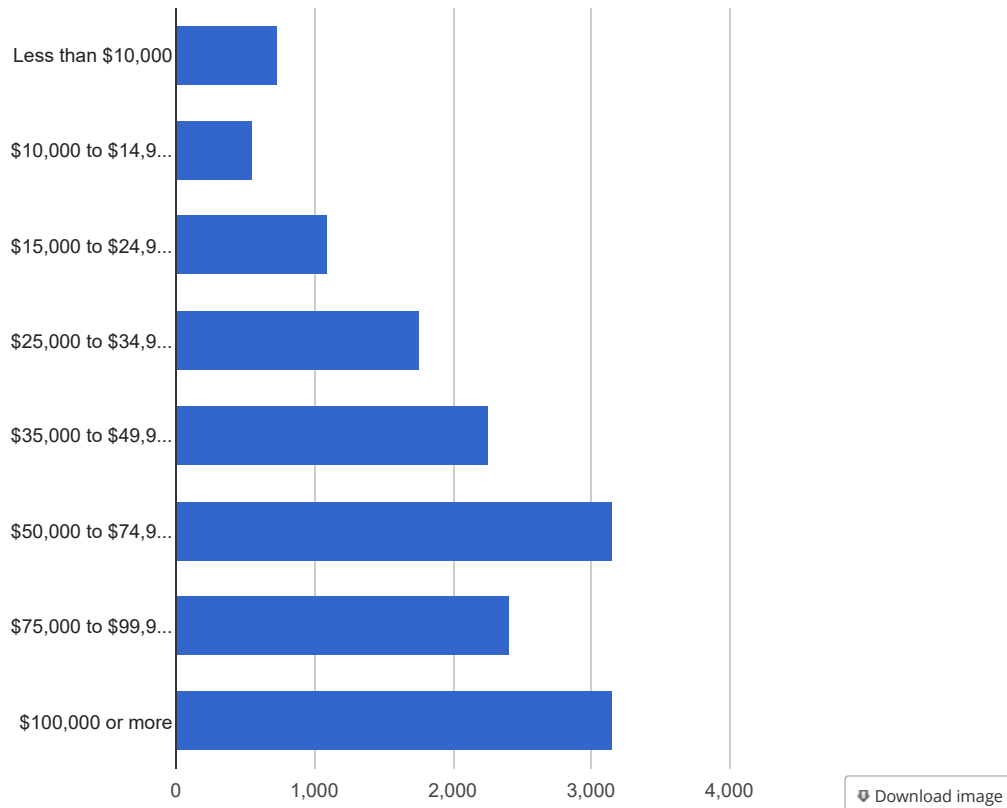
Please share more (*job_other*)

Total Count (N)	Missing*
111	314 (73.9%)

What is your total household income? (*income*)

Total Count (N)	Missing*	Unique
382	43 (10.1%)	8

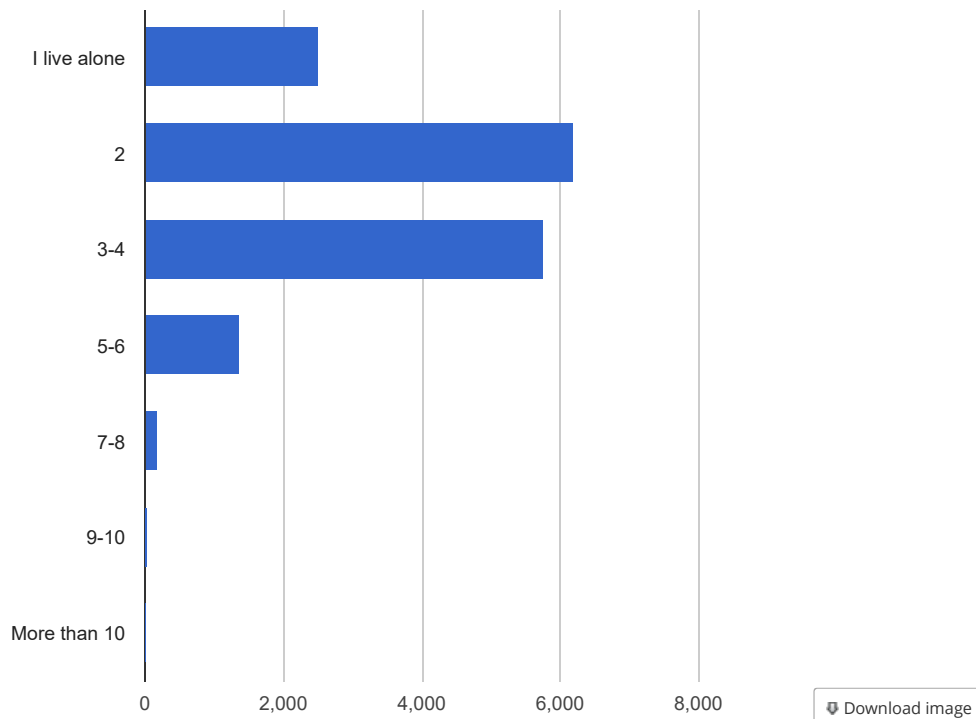
Counts/frequency: Less than \$10,000 (7, 1.8%), \$10,000 to \$14,999 (13, 3.4%), \$15,000 to \$24,999 (21, 5.5%), \$25,000 to \$34,999 (25, 6.5%), \$35,000 to \$49,999 (30, 7.9%), \$50,000 to \$74,999 (81, 21.2%), \$75,000 to \$99,999 (70, 18.3%), \$100,000 or more (135, 35.3%)



How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
420	5 (1.2%)	5

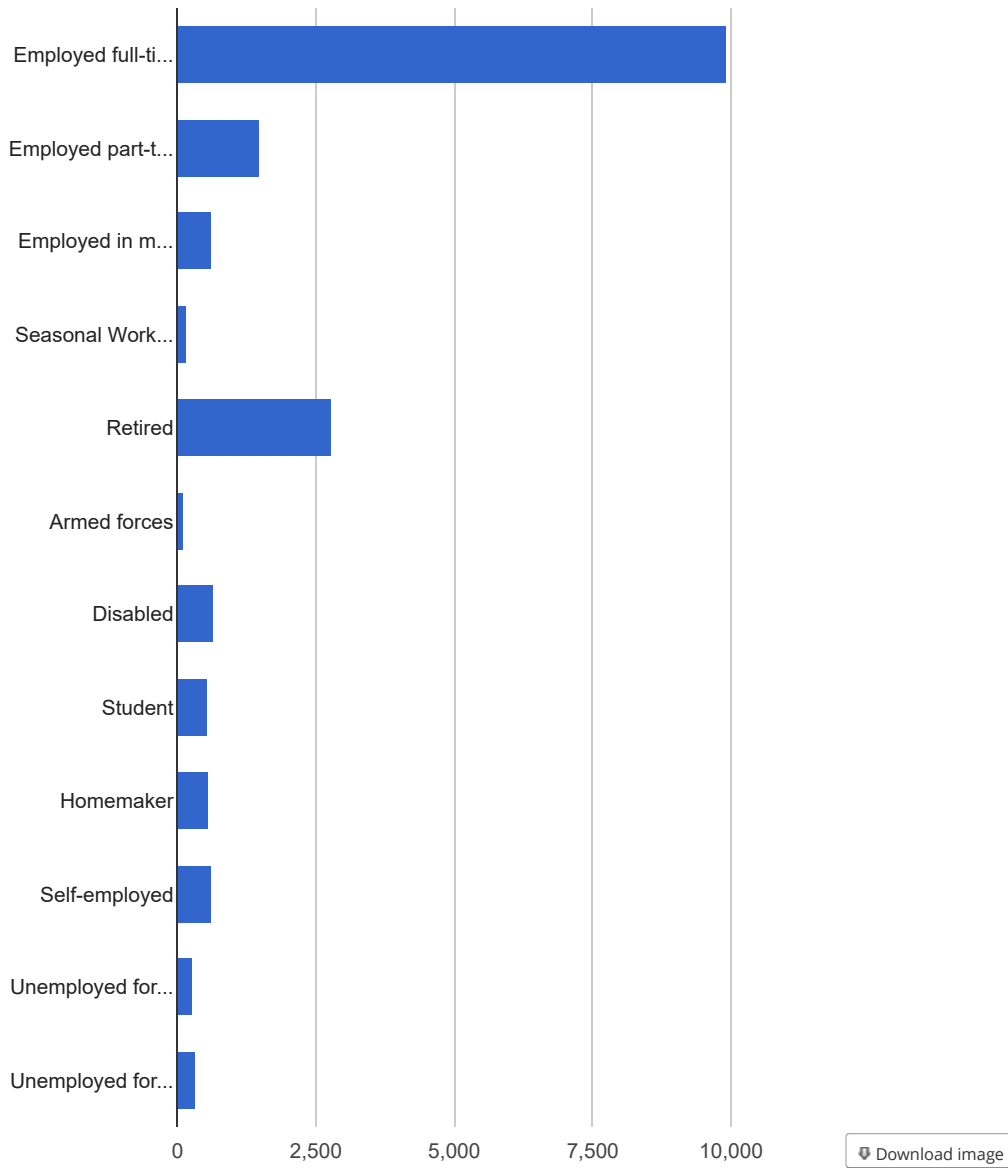
Counts/frequency: **1** live alone (58, 13.8%), **2** (191, 45.5%), **3-4** (130, 31.0%), **5-6** (37, 8.8%), **7-8** (4, 1.0%), **9-10** (0, 0.0%), **More than 10** (0, 0.0%)



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

Total Count (N)	Missing*	Unique
420	5 (1.2%)	12

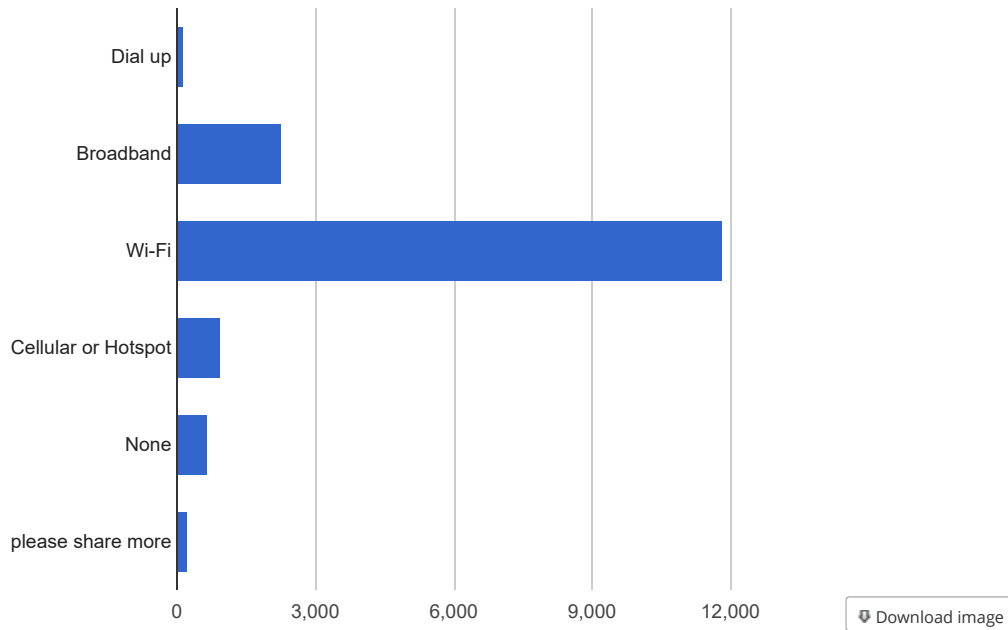
Counts/frequency: Employed full-time (180, 42.9%), Employed part-time (35, 8.3%), Employed in multiple jobs (17, 4.0%), Seasonal Worker/Temporary (8, 1.9%), Retired (141, 33.6%), Armed forces (2, 0.5%), Disabled (15, 3.6%), Student (13, 3.1%), Homemaker (22, 5.2%), Self-employed (31, 7.4%), Unemployed for 1 year or less (3, 0.7%), Unemployed for more than 1 year (7, 1.7%)



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

Total Count (N)	Missing*	Unique
421	4 (0.9%)	6

Counts/frequency: Dial up (3, 0.7%), Broadband (81, 19.2%), Wi-Fi (293, 69.6%), Cellular or Hotspot (27, 6.4%), None (13, 3.1%), please share more (4, 1.0%)



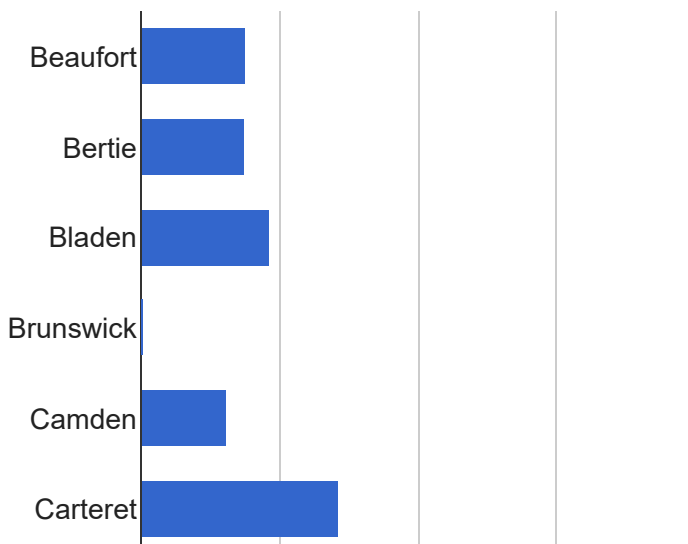
Other (*internet_or_wifi_other*)

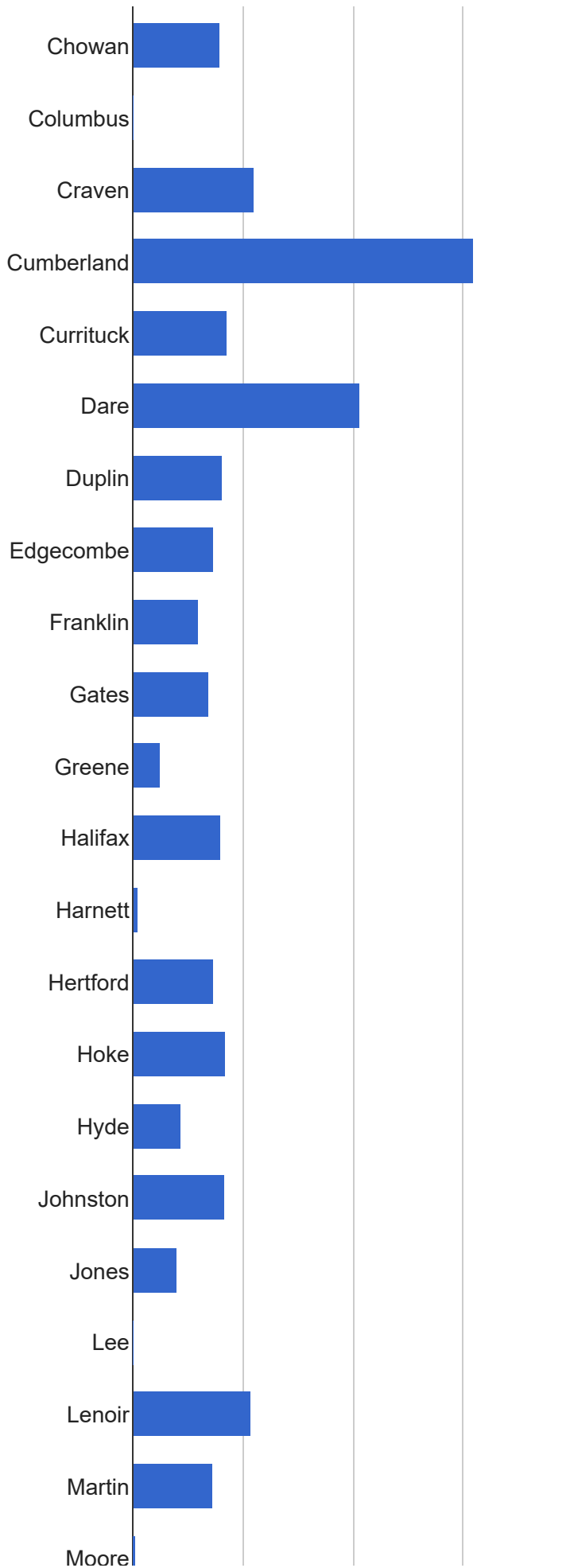
Total Count (N)	Missing*
4	421 (99.1%)

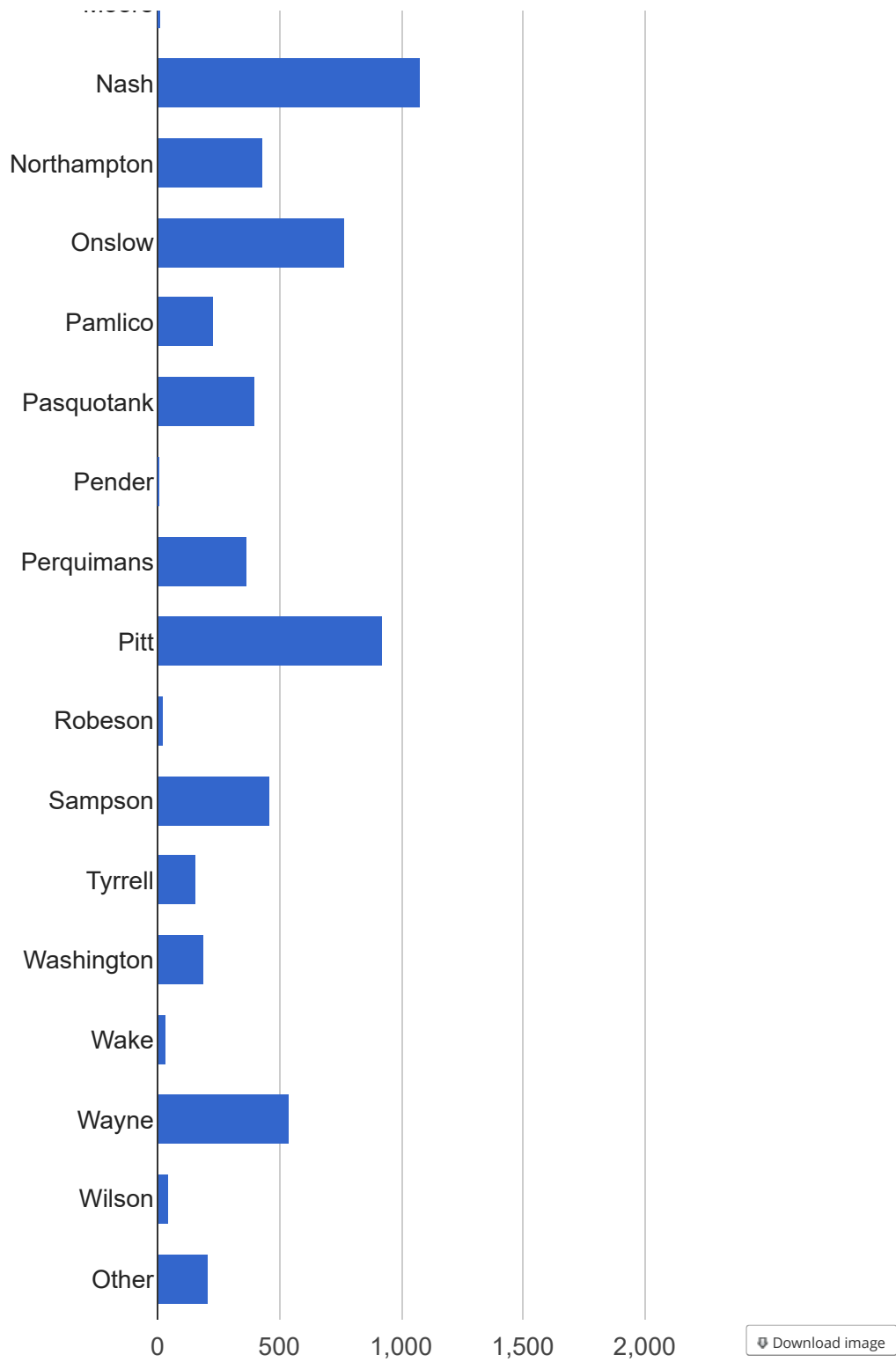
Which county do you live in? (*county*)

Total Count (N)	Missing*	Unique
425	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%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (425, 100.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)







Other (*county_other*)

Total Count (N)	Missing*
0	425 (100.0%)

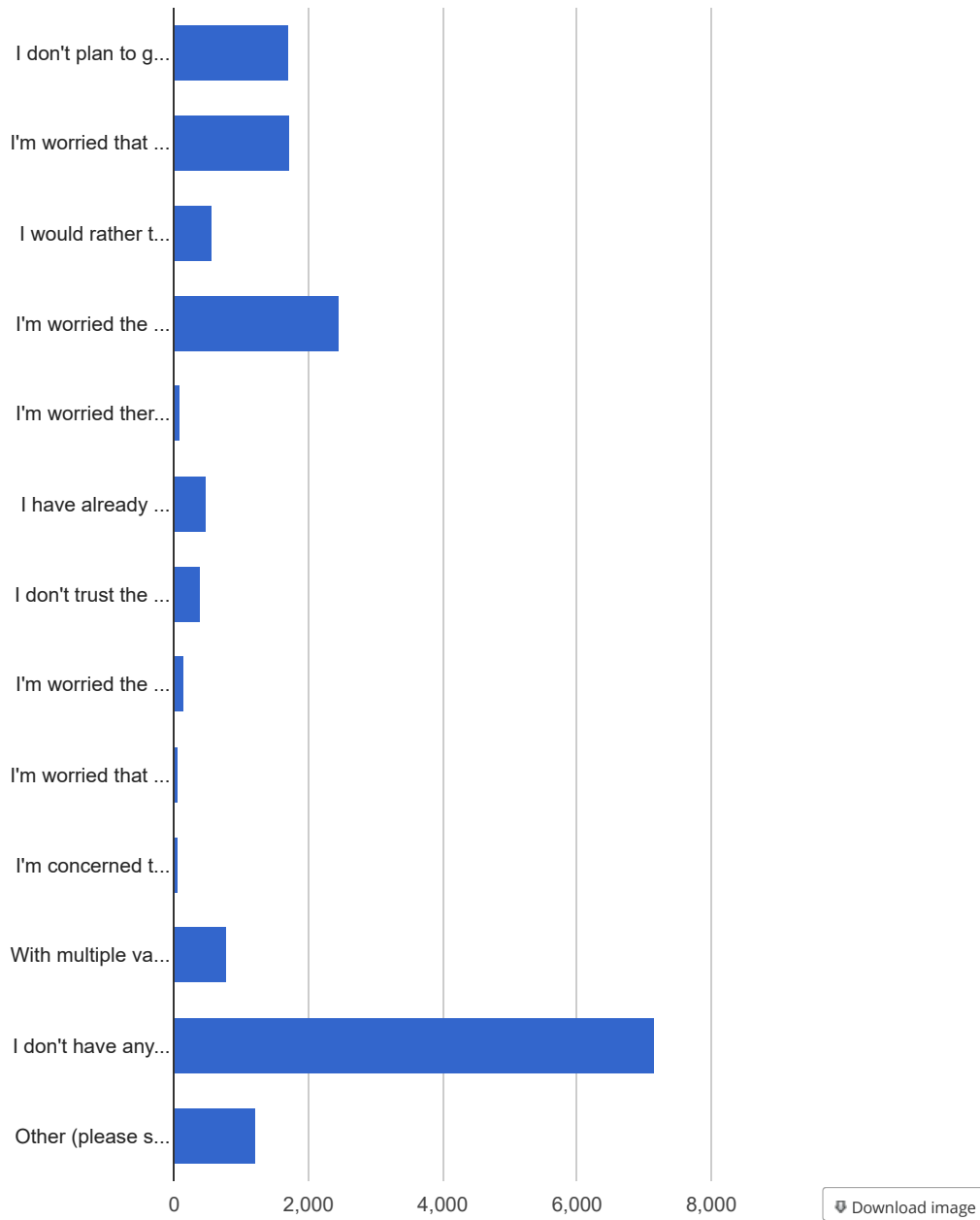
What is your 5 digit zip code? (*zip_code*)

Total Count (N)	Missing*
243	182 (42.8%)

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

Total Count (N)	Missing*	Unique
272	153 (36.0%)	13

Counts/frequency: I don't plan to get a vaccine. (26, 9.6%), I'm worried that the COVID-19 vaccine isn't safe. (23, 8.5%), I would rather take the risk of getting sick with COVID-19. (10, 3.7%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (38, 14.0%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (2, 0.7%), I have already had COVID-19 so I don't believe a vaccine is necessary. (4, 1.5%), I don't trust the distribution process of the COVID-19 vaccine. (7, 2.6%), I'm worried the COVID-19 vaccine has not been distributed fairly. (4, 1.5%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (1, 0.4%), I'm concerned that I won't have time to get the COVID-19 vaccine. (2, 0.7%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (11, 4.0%), I don't have any concerns about getting the COVID-19 vaccine. (191, 70.2%), Other (please specify) (26, 9.6%)



[Download image](#)

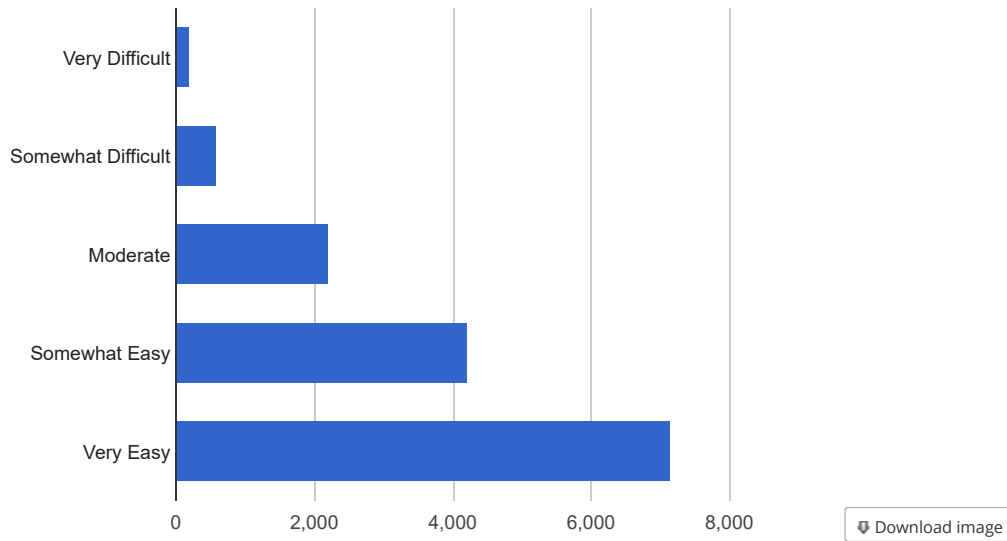
Other (*covid_concerns_other*)

Total Count (N)	Missing*
27	398 (93.6%)

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

Total Count (N)	Missing*	Unique
327	98 (23.1%)	5

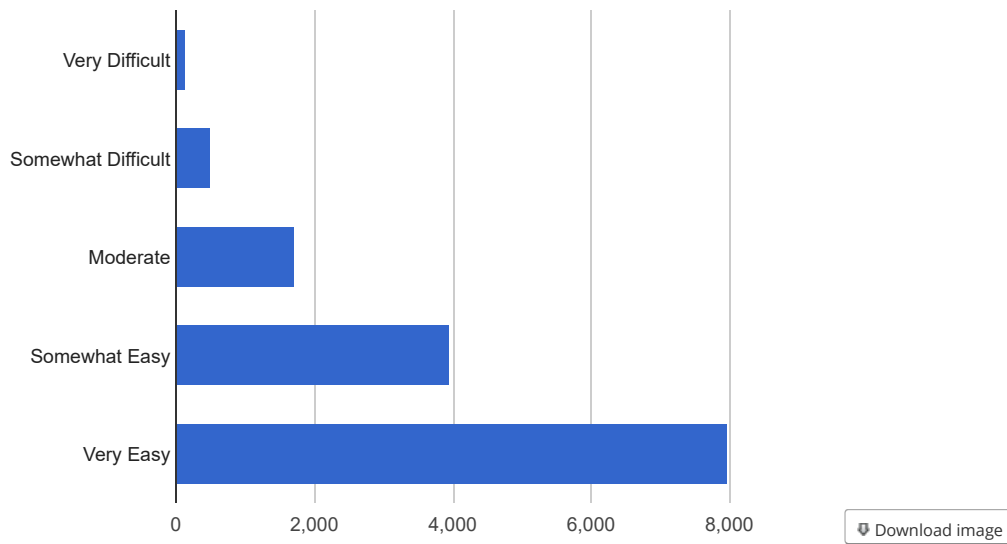
Counts/frequency: **Very Difficult** (4, 1.2%), **Somewhat Difficult** (13, 4.0%), **Moderate** (46, 14.1%), **Somewhat Easy** (99, 30.3%), **Very Easy** (165, 50.5%)



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

Total Count (N)	Missing*	Unique
322	103 (24.2%)	5

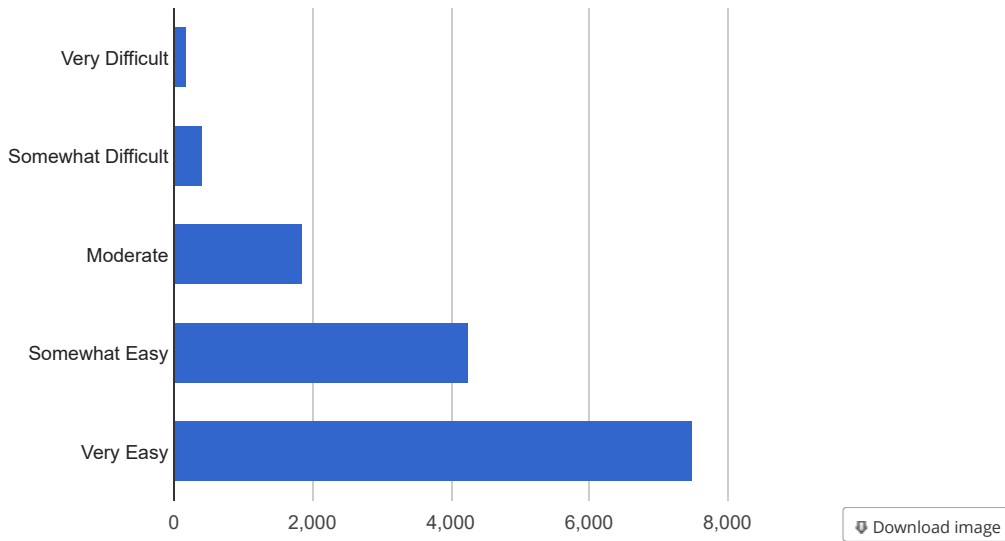
Counts/frequency: Very Difficult (4, 1.2%), Somewhat Difficult (27, 8.4%), Moderate (28, 8.7%), Somewhat Easy (102, 31.7%), Very Easy (161, 50.0%)



Understand information about what to do if you think you have COVID-19? (*covidunderstand*)

Total Count (N)	Missing*	Unique
322	103 (24.2%)	5

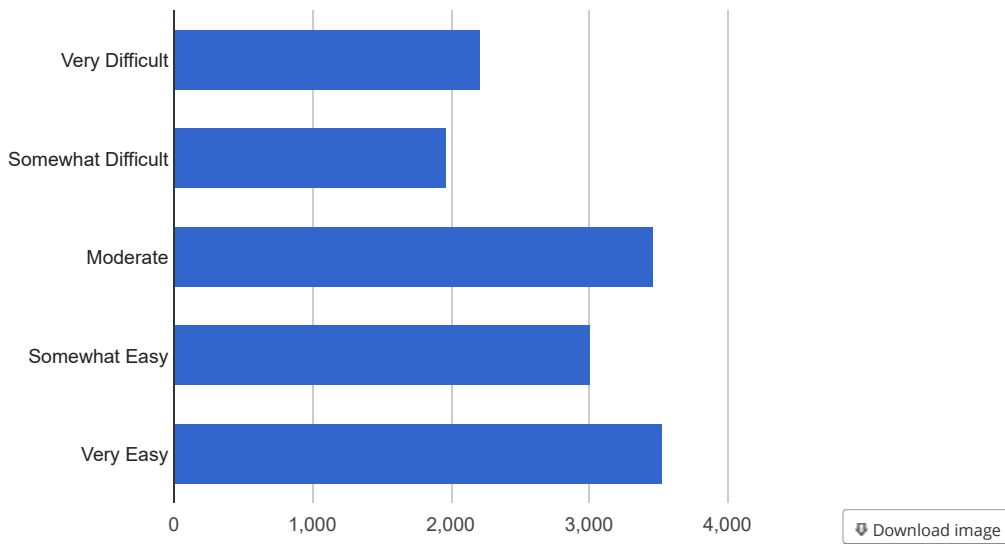
Counts/frequency: Very Difficult (6, 1.9%), Somewhat Difficult (9, 2.8%), Moderate (38, 11.8%), Somewhat Easy (108, 33.5%), Very Easy (161, 50.0%)



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

Total Count (N)	Missing*	Unique
322	103 (24.2%)	5

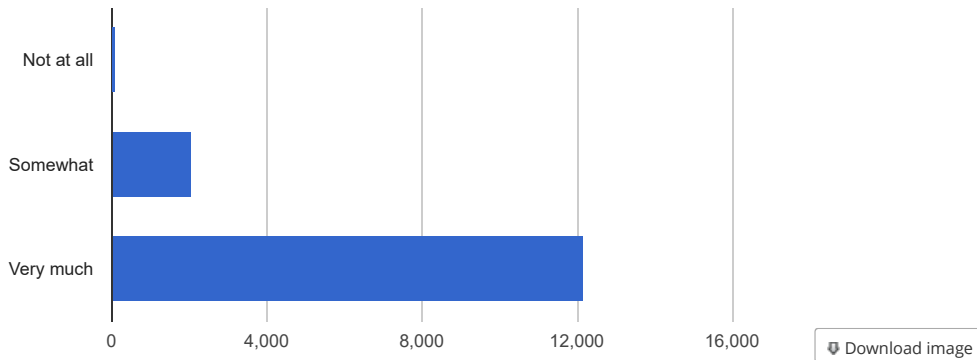
Counts/frequency: Very Difficult (43, 13.4%), Somewhat Difficult (45, 14.0%), Moderate (75, 23.3%), Somewhat Easy (77, 23.9%), Very Easy (82, 25.5%)



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

Total Count (N)	Missing*	Unique
329	96 (22.6%)	2

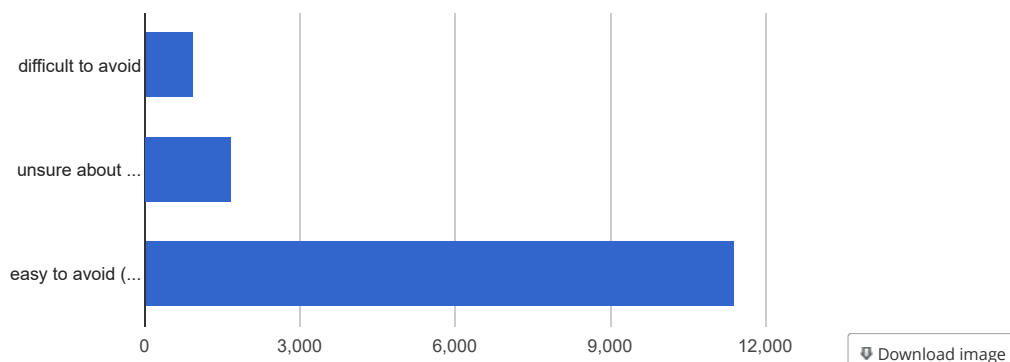
Counts/frequency: Not at all (0, 0.0%), Somewhat (32, 9.7%), Very much (297, 90.3%)



For me avoiding an infection with COVID-19 in the current situation is... (*covidavoid*)

Total Count (N)	Missing*	Unique
326	99 (23.3%)	3

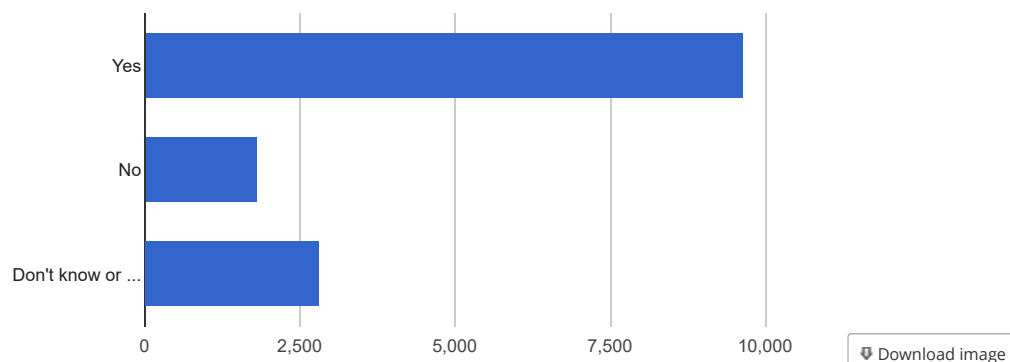
Counts/frequency: difficult to avoid (12, 3.7%), unsure about how to avoid (33, 10.1%), easy to avoid (I have no problem) (281, 86.2%)



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

Total Count (N)	Missing*	Unique
325	100 (23.5%)	3

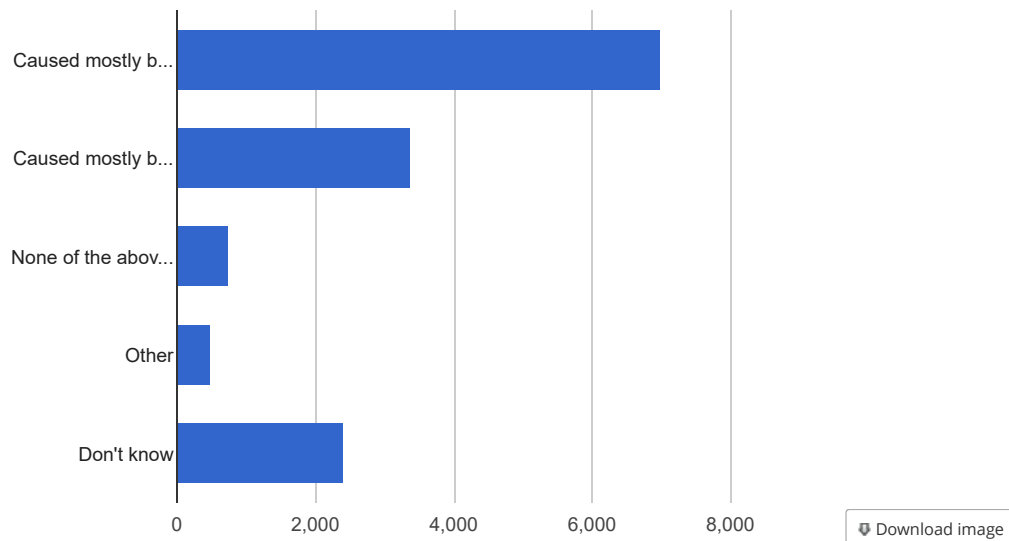
Counts/frequency: Yes (233, 71.7%), No (37, 11.4%), Don't know or unsure (55, 16.9%)



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

Total Count (N)	Missing*	Unique
314	111 (26.1%)	5

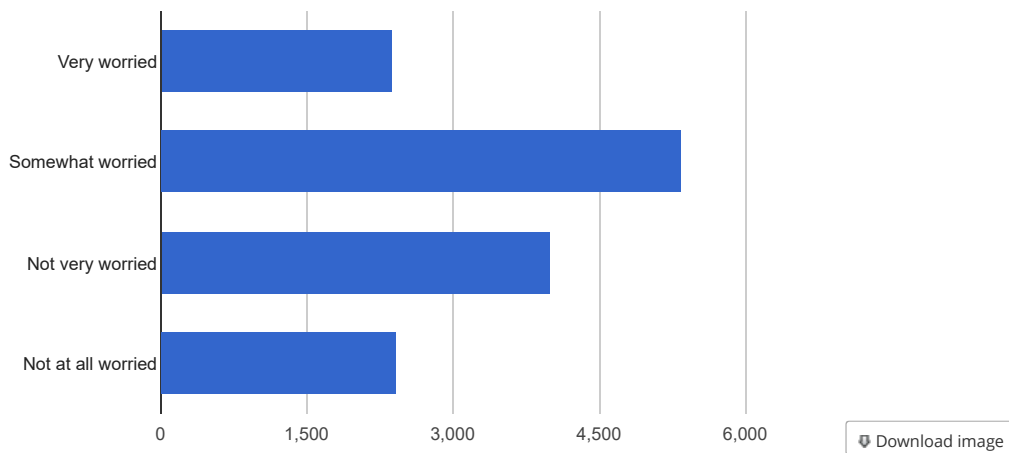
Counts/frequency: Caused mostly by human activities (185, 58.9%), Caused mostly by natural changes in the environment (76, 24.2%), None of the above because global warming isn't happening (14, 4.5%), Other (8, 2.5%), Don't know (31, 9.9%)



How worried are you about global warming? (*warmingworried*)

Total Count (N)	Missing*	Unique
323	102 (24.0%)	4

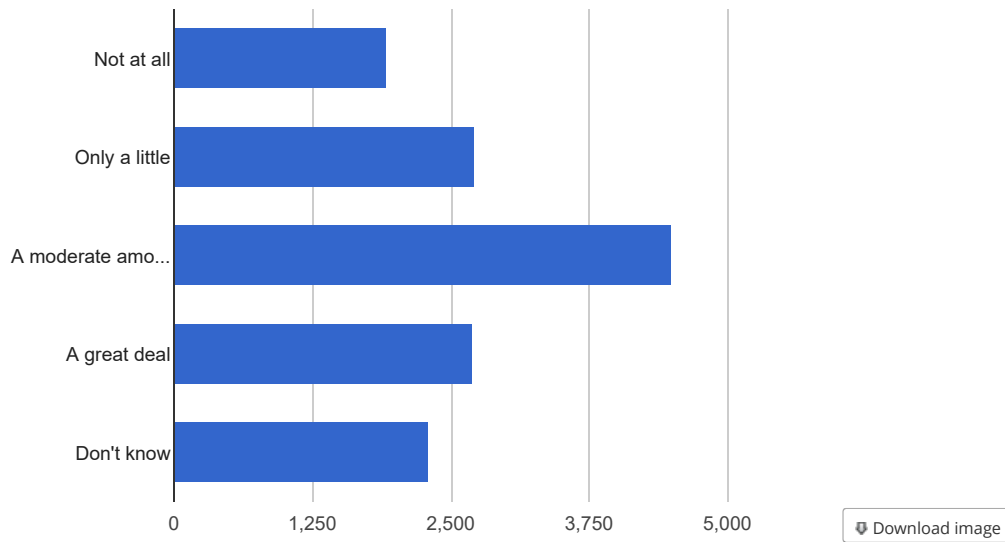
Counts/frequency: Very worried (72, 22.3%), Somewhat worried (110, 34.1%), Not very worried (92, 28.5%), Not at all worried (49, 15.2%)



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

Total Count (N)	Missing*	Unique
324	101 (23.8%)	5

Counts/frequency: Not at all (52, 16.0%), Only a little (71, 21.9%), A moderate amount (101, 31.2%), A great deal (68, 21.0%), Don't know (32, 9.9%)

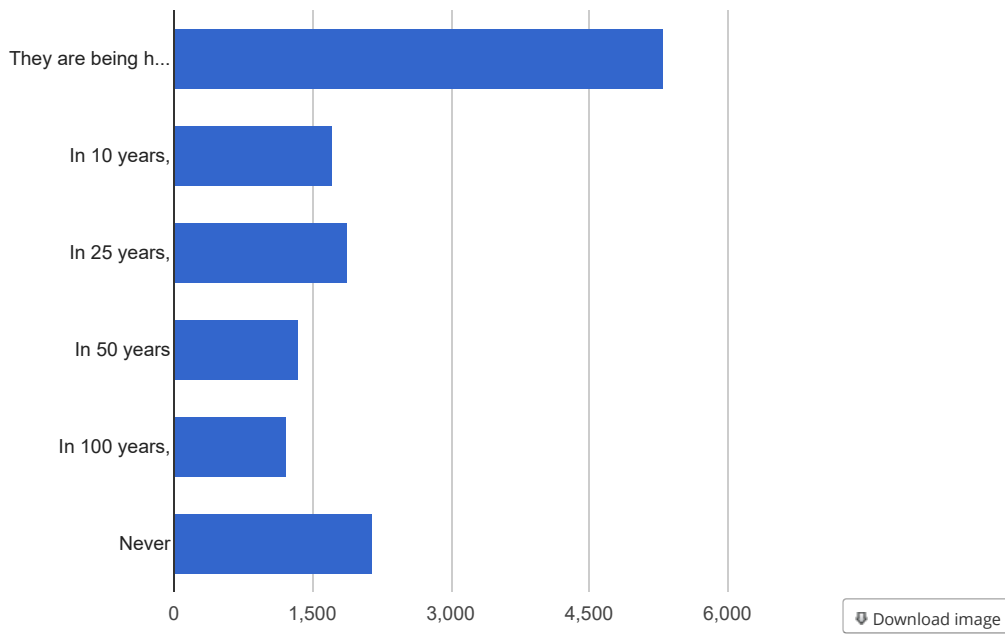


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing*	Unique
317	108 (25.4%)	6

Counts/frequency: They are being harmed right now, (133, 42.0%), In 10 years, (35, 11.0%), In 25 years, (43, 13.6%), In 50 years (24, 7.6%), In 100 years, (33, 10.4%), Never (49, 15.5%)

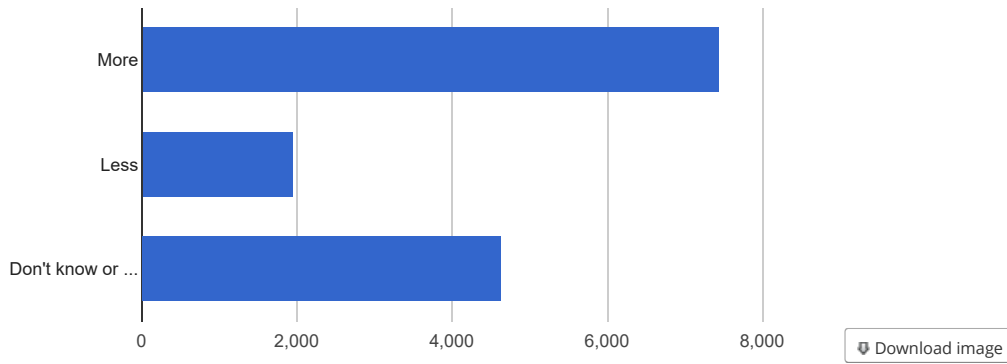


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing*	Unique
322	103 (24.2%)	3

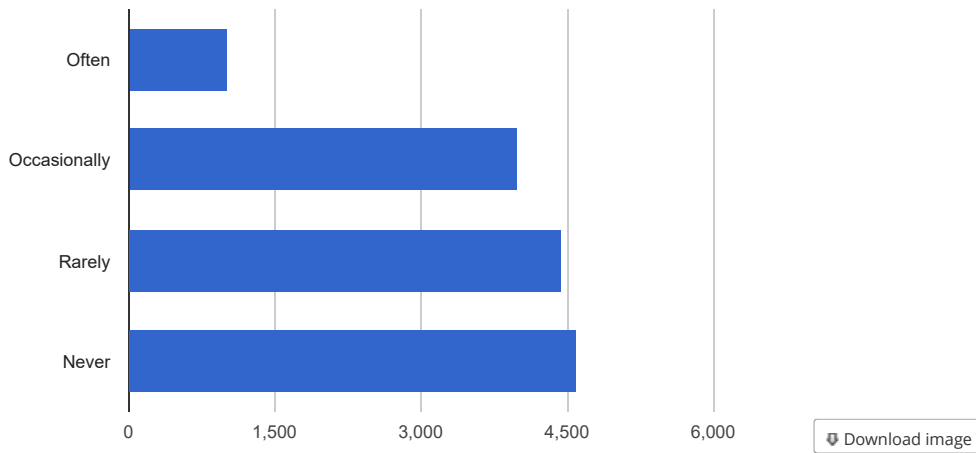
Counts/frequency: More (176, 54.7%), Less (51, 15.8%), Don't know or not sure (95, 29.5%)



How often do you discuss global warming with your friends and family? (*warmingfriends*)

Total Count (N)	Missing*	Unique
322	103 (24.2%)	4

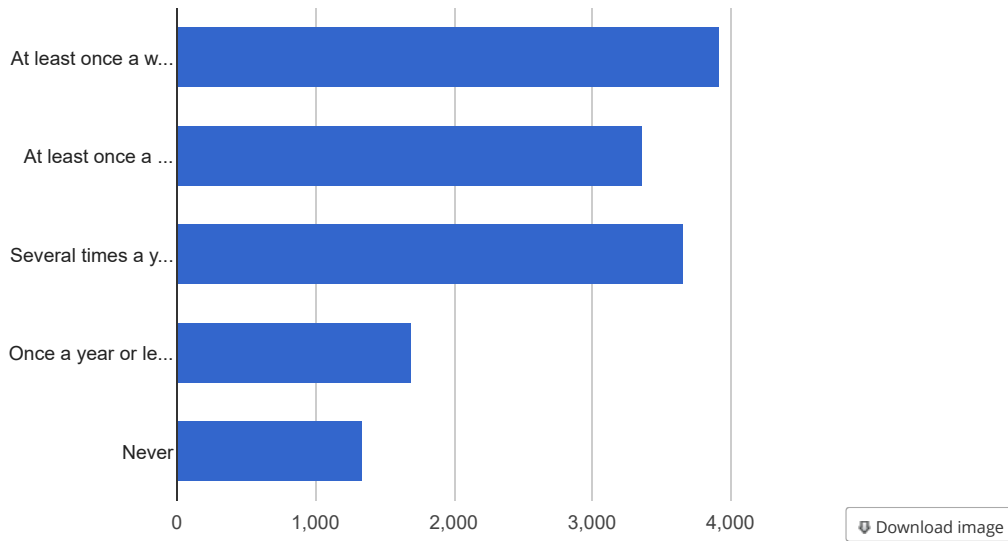
Counts/frequency: Often (37, 11.5%), Occasionally (106, 32.9%), Rarely (106, 32.9%), Never (73, 22.7%)



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

Total Count (N)	Missing*	Unique
319	106 (24.9%)	5

Counts/frequency: At least once a week (127, 39.8%), At least once a month (79, 24.8%), Several times a year (71, 22.3%), Once a year or less often (28, 8.8%), Never (14, 4.4%)



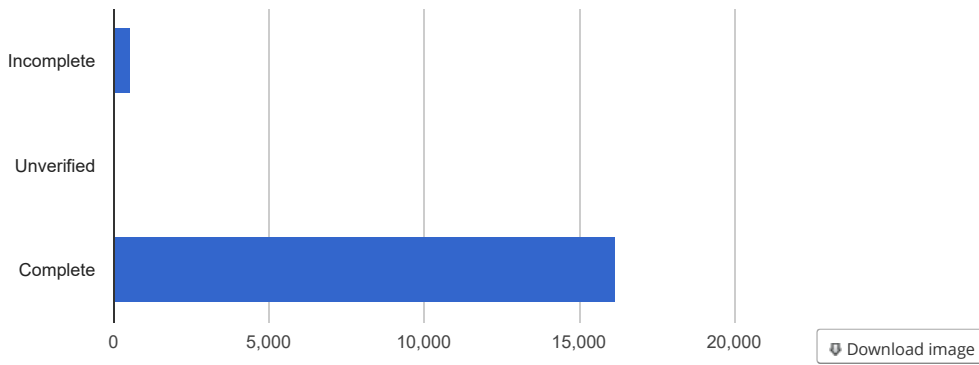
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
28	397 (93.4%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
425	0 (0.0%)	2

Counts/frequency: **Incomplete** (19, 4.5%), **Unverified** (0, 0.0%), **Complete** (406, 95.5%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Currituck 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	107 (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	ACE's 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 100,000 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Currituck 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	55% (2019)	74% (2019)	92.0%
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	3% (2015)	7% (2015)	5.0%
Food Insecurity**			11% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	14% (2013-2017)	15% (2013-2017)	14.0%

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).

Health Behaviors					
Health Indicator	Desired Result	Definition	Currituck 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)	48.60 (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) HS: 27.3% (2019)	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	4.1 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	6.2 (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.

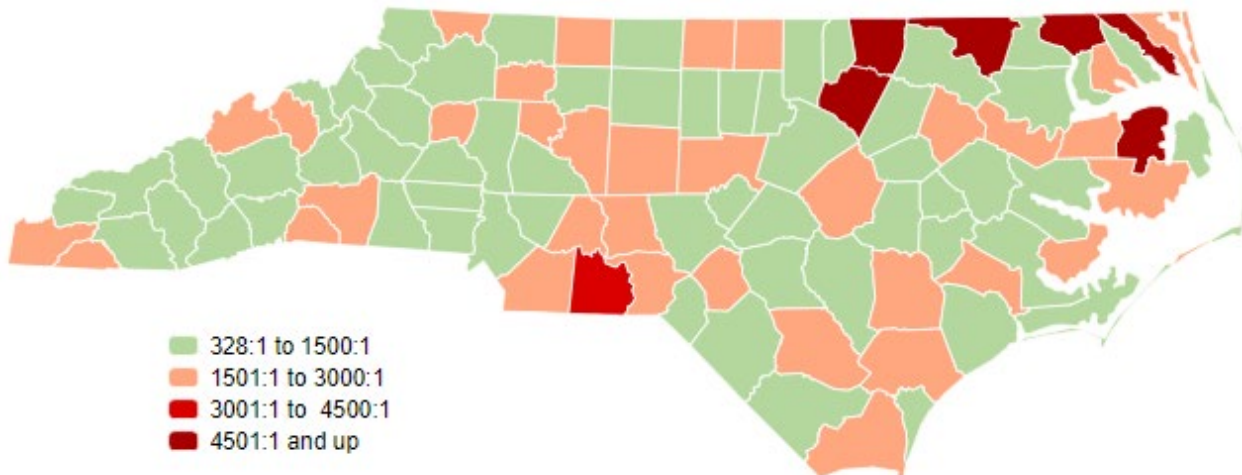
Health Outcomes					
Health Indicator	Desired Result	Definition	Currituck County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	0.0 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	28.44 (2016-2020)	2.59 (2016-2020)	Black/White 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	78.1 (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.ncdhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Currituck 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 health care services during the first trimester of pregnancy	84.5% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	16.5 (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 C

County Data Tables (Spring 2021)

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Table 1. Population Estimate, Currituck County, North Carolina, and United States (2019)					
Currituck County		North Carolina		United States	
27,763		10,488,084		328,329,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	17.9%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau, Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/currituckcountynorthcarolina/PST045219					

Table 2. Age Distribution, Currituck County and North Carolina (2019)		
Age Group	Currituck County (%)	North Carolina (%)
Persons under 5 years	5.6%	5.8%
Persons under 18 years	21.9%	21.9%
Persons 65 years and over	16.4%	16.7%
Source: U.S. Census Bureau, Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/currituckcountynorthcarolina/PST045219		

Table 3. Age Distribution by Age Group, Currituck County (2015-2019)		
Age Group	Estimate	Percent
Total population	26,363	
Under 5 years	1,426	5.4%
5 to 9 years	1,826	6.9%
10 to 14 years	1,519	5.8%
15 to 19 years	1,597	6.1%
20 to 24 years	1,200	4.6%
25 to 34 years	3,039	11.5%
35 to 44 years	3,417	13.0%
45 to 54 years	3,974	15.1%
55 to 59 years	2,116	8.0%
60 to 64 years	2,072	7.9%
65 to 74 years	2,700	10.2%
75 to 84 years	1,071	4.1%
85 years and over	406	1.5%
Median age (years)	42.8	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37053&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Currituck County and North Carolina (2019)

Gender	Currituck (Percent)	North Carolina (Percent)
Female	50.2%	50.8%
Male	49.8%	49.2%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

<https://www.census.gov/quickfacts/fact/table/currituckcountynorthcarolina/PST045219>

Table 5. Veterans, Currituck County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	3,102	15.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2101

<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37053&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true>

Table 6. Race/Ethnicity, Currituck County and North Carolina (2015-2019)

Race	Currituck County		North Carolina	
	Number	Percent	Number	Percent
White	23,822	90.4%	7,049,919	68.7%
Black or African American	1,461	5.5%	2,200,761	21.4%
American Indian and Alaska Native	87	0.3%	123,952	1.2%
Asian	114	0.4%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	6	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	1,048	4.0%	962,665	9.4%
Some other race	249	0.9%	316,763	3.1%
Two or more races	624	2.4%	273,276	2.7%
Total	26,363		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05

<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37053&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 7. Hispanic or Latino Origin and Race, Currituck 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
Currituck	87.2%	5.5%	0.3%	0.4%	0.0%	0.4%	2.1%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37053&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Currituck County (2015-2019)

All households	10,522	
Limited English-speaking households	33 ± 36	0.3%
Households Speaking:		
	Number	Percent
Spanish	557 (± 131)	5.3%
Other Indo-European languages	77 (± 45)	0.7%
Asian and Pacific Island languages	47 (± 34)	0.4%
Other languages	0 (± 23)	0.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37053&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Currituck County and North Carolina (2015-2019)

	Currituck County	North Carolina
High School Graduate or Higher	90.5%	87.8%
Less than 9 th Grade	2.5%	4.5%
High School, No Diploma	7.0%	7.7%
High School Graduate or Equivalency	28.8%	25.7%
Some College, No Degree	27.3%	21.2%
Associate degree	10.9%	9.7%
Bachelor's Degree	17.9%	20.0%
Graduate or Professional Degree	5.5%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
<https://data.census.gov/cedsci/table?q=currituck%20county%20north%20carolina%20educational%20attainment&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

Table 10. SAT scores for Currituck County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Currituck County	1,087	1,093	1,072	1,007
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Currituck>

Table 11. ACT Scores for Currituck County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Currituck County	60.5%	64.7%	64.4%	57.5%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Currituck>

Table 12. Income per Household in the Past 12 Months (in 2019 Inflation-Adjusted Dollars) (2015-2019)

Income Level	Currituck County	North Carolina
Below \$10,000	4.3%	6.4%
\$10,000-\$14,999	2.4%	5.0%
\$15,000-\$24,999	8.1%	10.3%
\$25,000-\$34,999	7.4%	10.3%
\$35,000-\$49,999	11.1%	13.9%
\$50,000-\$74,999	19.9%	18.0%
\$75,000-\$99,999	17.1%	12.4%
\$100,000-\$149,999	19.6%	13.1%
\$150,000-\$199,999	5.4%	5.1%
\$200,000 or more	4.7%	5.4%
Median household income	\$69,964	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
<https://data.census.gov/cedsci/table?q=currituck%20county%20north%20carolina%20income%20&tid=ACSST5Y2019.S1901&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Currituck 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
Currituck County	8.6%	11.2%	11.5%	9.4%	5.8%	5.8%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701
<https://data.census.gov/cedsci/table?q=S1701&g=0500000US37053&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Currituck County (2015-2019)

Label	Estimate
Total:	12,776
Car, truck, or van:	11,958
Drove alone	10,638
Carpooled:	1,320
In 2-person carpool	1,081
In 3-person carpool	120
In 4-person carpool	86
In 5- or 6-person carpool	0
In 7-or-more-person carpool	33
Public transportation (excluding taxicab):	5
Bus	0
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	5
Taxicab	0
Motorcycle	6
Bicycle	28
Walked	143
Other means	91
Worked from home	545

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: B08301
<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37053&tid=ACSST5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Currituck County (2015-2019)		
	Currituck County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	5,673	5,673
Less than \$50,000	147	2.6%
\$50,000 to \$99,999	276	4.9%
\$100,000 to \$299,999	3,003	52.9%
\$300,000 to \$499,999	1,966	34.7%
\$500,000 to \$749,999	233	4.1%
\$750,000 to \$999,999	33	0.6%
\$1,000,000 or more	15	0.3%
Median (dollars)	\$274,100	\$274,100
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	787	13.9%
Second mortgage only	100	1.8%
Home equity loan only	687	12.1%
Both second mortgage and home equity loan	32	0.6%
No second mortgage and no home equity loan	4,854	85.6%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	82	1.4%
\$10,000 to \$24,999	258	4.5%
\$25,000 to \$34,999	332	5.9%
\$35,000 to \$49,999	448	7.9%
\$50,000 to \$74,999	1,162	20.5%
\$75,000 to \$99,999	1,182	20.8%
\$100,000 to \$149,999	1,420	25.0%
\$150,000 or more	789	13.9%
Median household income (dollars)	\$86,693	\$86,693
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=S2506&g=0500000US37053&tid=ACSST5Y2019.S2506&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage, Currituck County (2015-2019)

	Currituck County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units with a Mortgage	2,953	2,953
Less than \$50,000	434	14.7%
\$50,000 to \$99,999	322	10.9%
\$100,000 to \$199,999	723	24.5%
\$200,000 to \$299,999	644	21.8%
\$300,000 to \$499,999	639	21.6%
\$500,000 to \$749,999	161	5.5%
\$750,000 to 999,999	20	0.7%
\$1,000,000 or more	10	0.3%
Median (dollars)	\$199,700	\$199,700
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	123	4.2%
\$10,000 to \$24,999	492	16.7%
\$25,000 to \$34,999	282	9.5%
\$35,000 to \$49,999	345	11.7%
\$50,000 to \$74,999	748	25.3%
\$75,000 to \$99,999	279	9.4%
\$100,000 to \$149,999	439	14.9%
\$150,000 or more	245	8.3%
Median household income (dollars)	\$54,159	\$54,159

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2507

<https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37053&tid=ACSSST5Y2019.S2507&moe=false&hidePreview=true>

Table 17. Live Births, Currituck 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
Currituck	263	9.7	232	9.7	13	8.1	10	9.3
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Currituck.html>**Table 18. Live Births by Sex, Currituck 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	140	5.2	126	5.3	8	5.0	4	3.7
Females	123	4.5	106	4.4	5	3.1	6	5.6

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Currituck.html>**Table 19. Low Birth Weight, Currituck County and North Carolina (2014-2018)**

County of Residence	Birth Weight	Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
		Births	%	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
Currituck County	Low	11	8.5	104	8.4	81	7.1	22	31.4	1	3.2	7	12.3
	Very Low	17	1.3	17	1.4	10	0.9	7	10.0	0	0.0	0	0.0

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>**Table 20. Fetal Death Rates per 1,000 Deliveries, Currituck 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
Currituck	5	*	4	*	0	*	0	*	1	*

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Currituck 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
Currituck County	48	32.7	121	75.0	128	160.5	81	97.0	682	443.3

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

Table 22. Neonatal (<28 Days) Death Rates per 1,000 Live Births, Currituck County and North Carolina (2014-2018)

	Total neonate 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
Currituck County	6	*	1	*	2	*	1	*	2	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

Table 23. Age-Adjusted Death Rates, Currituck County (2014-2018)

Residence=Currituck

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	1,026	815.3	94	1,094.3	1	N/A	8	N/A	10	N/A	576	880.5	563	752.0	1,139	818.5
Diseases of Heart	264	210.6	25	300.7	0	N/A	0	N/A	1	N/A	156	245.6	134	176.8	290	209.2
Acute Myocardial Infarction	64	53.7	1	N/A	0	N/A	0	N/A	0	N/A	32	52.3	33	45.8	65	48.8
Other Ischemic Heart Disease	119	88.9	14	N/A	0	N/A	0	N/A	1	N/A	77	119.5	57	70.5	134	92.6
Cerebrovascular Disease	35	30.7	4	N/A	0	N/A	0	N/A	0	N/A	10	N/A	29	40.0	39	31.0
Cancer	229	156.4	19	N/A	0	N/A	2	N/A	1	N/A	142	181.0	109	131.9	251	156.0
Colon, Rectum, and Anus	12	N/A	2	N/A	0	N/A	1	N/A	0	N/A	4	N/A	11	N/A	15	N/A
Pancreas	15	N/A	3	N/A	0	N/A	0	N/A	0	N/A	10	N/A	8	N/A	18	N/A
Trachea, Bronchus, and Lung	82	52.7	4	N/A	0	N/A	0	N/A	1	N/A	48	58.9	39	46.1	87	52.1
Breast	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	7	N/A	7	N/A
Prostate	11	N/A	2	N/A	0	N/A	0	N/A	0	N/A	13	N/A	0	N/A	13	N/A
Diabetes Mellitus	19	N/A	3	N/A	0	N/A	0	N/A	1	N/A	13	N/A	10	N/A	23	15.1
Pneumonia and Influenza	85	75.7	12	N/A	0	N/A	0	N/A	0	N/A	35	64.5	62	86.5	97	76.5
Chronic Lower Respiratory Diseases	62	47.7	1	N/A	0	N/A	0	N/A	0	N/A	33	52.7	30	38.1	63	44.1
Chronic Liver Disease and Cirrhosis	12	N/A	0	N/A	0	N/A	1	N/A	0	N/A	7	N/A	6	N/A	13	N/A
Septicemia	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A	10	N/A	8	N/A	18	N/A
Nephritis, Nephrotic Syndrome, and Nephrosis	11	N/A	2	N/A	0	N/A	0	N/A	0	N/A	9	N/A	4	N/A	13	N/A
Unintentional Motor Vehicle Injuries	12	N/A	1	N/A	0	N/A	1	N/A	0	N/A	8	N/A	6	N/A	14	N/A
All Other Unintentional Injuries	44	41.7	2	N/A	0	N/A	0	N/A	2	N/A	32	54.9	16	N/A	48	40.1
Suicide	27	21.4	0	N/A	0	N/A	0	N/A	1	N/A	18	N/A	10	N/A	28	20.1
Homicide	1	N/A	2	N/A	1	N/A	0	N/A	0	N/A	3	N/A	1	N/A	4	N/A
Alzheimer's disease	27	25.9	0	N/A	0	N/A	0	N/A	1	N/A	11	N/A	17	N/A	28	24.1
Acquired Immune Deficiency Syndrome	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Currituck County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	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
Currituck County	25	11	8	3	5	3	0	0	0	0	0	0

Source: N.C. State Center for Health Statistics.

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Currituck 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
Currituck	9	33.2	48	37.2	40.1
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Currituck 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
Currituck	3	11.1	14	10.9	10.5
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Currituck 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
Currituck County	168.8				1,185		

Source: N.C. Bureau of Investigation

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

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Currituck County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Currituck County	29	22.00	23.40

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. 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

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	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

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 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	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

Image 2. 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

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

Image 3. 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

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

Image 4. All ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Currituck County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	31	1	Fall - Unintentional	61	1	Fall - Unintentional	1,145
2	MVT - Unintentional	18	2	Poisoning - Unintentional	17	2	Unspecified - Unintentional	627
3	Firearm - Self-Inflicted	15	3	Poisoning - Self-Inflicted; MVT - Unintentional	12	3	Struck By/Against - Unintentional	517
4	Fall - Unintentional	6	4	Struck By/Against - Unintentional; Other Land Transport - Unintentional	4	4	MVT - Unintentional	446
5	Suffocation - Self-Inflicted	3	5	Unspecified - Unintentional	3	5	Natural/Environmental - Unintentional	267
TOTAL		83	TOTAL		118	TOTAL		4,344

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Currituck County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Suffocation - Unintentional; MVT - Unintentional	1	1	Other Land Transport - Unintentional	*	1	Fall - Unintentional	201
2		0	2		0	2	Struck By/Against - Unintentional	121
3		0	3		0	3	Unspecified - Unintentional	83
4		0	4		0	4	Natural/Environmental - Unintentional	59
5		0	5		0	5	Other Specified/Classifiable - Unintentional; Cut/Pierce - Unintentional	35
TOTAL		2	TOTAL		*	TOTAL		700

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Currituck County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	11	1	Poisoning - Self-Inflicted; MVT - Unintentional	3	1	Unspecified - Unintentional	209
2	Firearm - Self-Inflicted	5	2	Other Land Transport - Unintentional; Fall - Unintentional	2	2	MVT - Unintentional	190
3	MVT - Unintentional	3	3	Unspecified - Self-Inflicted; Struck By/Against - Unintentional; Poisoning - Unintentional; Natural/Environmental - Unintentional	1	3	Fall - Unintentional	186
4	Firearm - Assault	2	4		0	4	Struck By/Against - Unintentional	182
5	Natural/Environmental - Unintentional	1	5		0	5	Natural/Environmental - Unintentional	75
TOTAL		22	TOTAL		13	TOTAL		1,303

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Currituck County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	20	1	Fall - Unintentional	15	1	Fall - Unintentional	388
2	MVT - Unintentional	8	2	Poisoning - Unintentional	10	2	Unspecified - Unintentional	267
3	Firearm - Self-Inflicted	7	3	Poisoning - Self-Inflicted	7	3	MVT - Unintentional	175
4	Suffocation - Self-Inflicted	3	4	MVT - Unintentional	4	4	Struck By/Against - Unintentional	167
5	Poisoning - Self-Inflicted	2	5	Unspecified - Unintentional; Overexertion - Unintentional	2	5	Natural/Environmental - Unintentional; Cut/Pierce - Unintentional	100
TOTAL		44	TOTAL		41	TOTAL		1,625

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Currituck County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CURRITUCK			Leading Causes of Injury Hospitalization 2016 to 2019 CURRITUCK			Leading Causes of Injury ED Visits 2016 to 2019 CURRITUCK		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	6	1	Fall - Unintentional	44	1	Fall - Unintentional	370
2	Fall - Unintentional	5	2	Poisoning - Unintentional	6	2	Unspecified - Unintentional	68
3	Firearm - Self-Inflicted	3	3	MVT - Unintentional	5	3	MVT - Unintentional	48
4	Suffocation - Unintentional	1	4	Struck By/Against - Unintentional; Poisoning - Self-Inflicted	2	4	Struck By/Against - Unintentional	47
5		0	5	Unspecified - Unintentional; Pedal Cyclist Other - Unintentional	1	5	Natural/Environmental - Unintentional	33
TOTAL		15	TOTAL		63	TOTAL		716

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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