Bertie County

2018 Community Health Needs Assessment
Dear Community Member,

Your partnership in the Community Health Needs Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vident Bertie Hospital, Vident 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.

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 play. These factors also provide challenges in our systems of service delivery which drive the need for a continuum of programs. The Community Health Needs Assessment allows us the opportunity to analyze and prioritize our community's needs and strengths based on vital feedback from citizens of all eight counties.

The priority health rankings selection process identified strategies that can be implemented to target needs that were identified in the 2018 Community Health Needs Assessment. These priorities can help to create increased opportunities for healthier outcomes in our communities. Existing relationships will continue to be nurtured and strengthened as we join together to identify new partners to innovatively address the needs of our community.

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
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 appreciates the help of our vital community stakeholders.

Special thanks goes to Wanda Stallings for proofing/editing this document.
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**Executive Summary**
Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Bertie County.

**Service Area**
The service area for this report is defined as the geographical boundary of Bertie County, North Carolina. Bertie County is a mostly rural county and located within the Inner Banks region. Bertie county has a total area of 741 square miles, of which 699 square miles is land and 42 square miles is water.

**Methods for Identifying Community Health Needs**

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

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

**Primary Data**
The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (6) focus group discussions. Almost 400 Bertie County residents contributed their input on the community’s health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix B for all primary data collection tools used in this assessment.

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

<table>
<thead>
<tr>
<th>Access to Health Services</th>
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</thead>
<tbody>
<tr>
<td>Diabetes</td>
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<tr>
<td>Economy</td>
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<td>Exercise, Nutrition &amp; Weight</td>
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<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
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<tr>
<td>Other Chronic Diseases</td>
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<tr>
<td>Substance Abuse</td>
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</table>

Selected Priority Areas
The prioritization process identified three focus areas: (1) Access to Healthcare/Services (2) Healthy Lifestyles/Chronic Disease Prevention and (3) Substance Use/Misuse.

Conclusion
This report describes the process and findings of a comprehensive health needs assessment for the residents of Bertie County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Bertie 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.
Introduction
Albemarle Regional Health Services and community partners are present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Bertie County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Bertie 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 2018 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Vidant Bertie Hospital, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

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

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

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

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to
address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

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

**Member Organizations**

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

**Partner Organizations**

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

**Hospitals and Health Systems**

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

**Health Departments and Health Districts**

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

**Steering Committee**

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

**Health ENC Program Manager**

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

**Health ENC Steering Committee Members**

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- R. Battle Betts, Jr., MPA – Health Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform

The Health ENC web platform is a resource for the community health needs assessment (CHNA) process in eastern North Carolina and is a program of the Foundation for Health Leadership and Innovation (FHLI). Health departments and hospital leaders in the 33 county region are invited to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.
Consultants
Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

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

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

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

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This document was developed by Albemarle Regional Health Services, in partnership with Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, and Vidant Roanoke Chowan Hospital as part of a local community health needs assessment process.

Three Rivers Healthy Carolinians (TRHC), serving Bertie and Chowan counties, was also an active partner in the development of the CHNA. TRHC is “a network of public-private partnerships across North Carolina that shares the common goal of helping all North Carolinians to be healthy.” The members of local partnerships are representatives of the agencies and organizations that serve the health and human service needs of the local population, as well as representatives from businesses, communities of faith, schools and civic groups.

Community Health Team Structure

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team consisted of 25 members that 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 2018 and July 2018 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, promoting and serving as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for Albemarle Regional Health Services include:
- Albemarle Hospital Foundation
- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Pasquotank County Cooperative Extension
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Town of Hertford
- 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.
Distribution

Three Rivers Healthy Carolinians 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 websites, 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. TRHC 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.

An electronic copy of this report is also available on HealthENC.org.
Methodology

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

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 141 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Bertie County’s status, including how Bertie County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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

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

Health and Quality of Life Topic Areas
Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing

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1 Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at [http://www.healthenc.org/](http://www.healthenc.org/).
multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

<table>
<thead>
<tr>
<th>Table 2. Health and Quality of Life Topic Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
</tr>
<tr>
<td>Cancer</td>
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<tr>
<td>Children’s Health*</td>
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<tr>
<td>County Health Rankings</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Disabilities*</td>
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<tr>
<td>Economy</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Environment</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
</tr>
</tbody>
</table>

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

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

Primary Data Collection & Analysis
To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix B.

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

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

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 410 responses were collected from Bertie County residents, with a survey completion rate of 90.7%, resulting in 372 complete responses from Bertie County. The survey analysis included in this CHNA report is based on complete responses.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>English Survey</th>
<th>Spanish Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health ENC Counties</td>
<td>15,917</td>
<td>441</td>
<td>16,358</td>
</tr>
<tr>
<td>Bertie County</td>
<td>367</td>
<td>5</td>
<td>372</td>
</tr>
</tbody>
</table>

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Bertie County, what their personal health challenges are, and what the most critical health needs are for Bertie County. The survey instrument is available in Appendix B.
Demographics of Survey Respondents

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

Among Bertie County survey participants, 64.2% of respondents were over the age of 50, with the highest concentration of respondents (15.8%) grouped into the 60-64 age group. The majority of respondents were female (76.5%), spoke English at home (98.6%) and Not Hispanic (96%). Half of the survey respondents identified their race as white (50.3%), while the other half identified their race as Black (46.3%).

The majority of survey respondents had completed a high school education or less, with the highest share of respondents (22.5%) having completed less than a 9th grade education and the next highest share of respondents (19.1%) having completed some high school but did not receive a diploma (Figure 3).

![Figure 3. Education of Community Survey Respondents](image-url)
As shown in Figure 4, over half of the respondents were employed full-time (53.6%) and the highest share of respondents (19.2%) had household annual incomes that totaled between $50,000 and $74,999 before taxes. The next highest income group (15.1%) had household incomes that totaled between $15,000 and $24,999. The average household size was 2.6 individuals.

Figure 4. Employment Status of Community Survey Respondents
Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (46.4%), while 22.6% have Medicare and 3.5% have no health insurance of any kind.

**Figure 5. Health Care Coverage of Community Survey Respondents**

<table>
<thead>
<tr>
<th>Source of Health Insurance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My employer provides</td>
<td>46.4%</td>
</tr>
<tr>
<td>My spouse’s employer</td>
<td>22.6%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7.2%</td>
</tr>
<tr>
<td>Health insurance I bought myself</td>
<td>7.2%</td>
</tr>
<tr>
<td>Health insurance of any kind</td>
<td>6.5%</td>
</tr>
<tr>
<td>The military, Tricare, or the VA</td>
<td>3.5%</td>
</tr>
<tr>
<td>Health insurance my school provides</td>
<td>2.8%</td>
</tr>
<tr>
<td>Health insurance my parent or my own provider</td>
<td>1.9%</td>
</tr>
<tr>
<td>No health insurance at all</td>
<td>1.2%</td>
</tr>
<tr>
<td>No health insurance at all</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Overall, the community survey is fairly representative of the community despite the fact that the survey was a convenience sample survey.

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

**Focus Group Discussions**

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

The purpose of the focus groups for Health ENC’s 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.
Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

ARHS partnered with Vidant Bertie Hospital to collect primary data for the 2018 CHNA process for Bertie County. Focus groups were led by trained moderators to learn more about the community’s definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA Leaders Team collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Six focus group discussions were completed within Bertie County between June 14, 2018 – July 27, 2018 with a total of 52 individuals. Participants included spiritual leaders, persons living with diabetes, senior citizens, and migrant farm workers. Table 4 shows the date, location, population type, and number of participants for each focus group.

<table>
<thead>
<tr>
<th>Date Conducted</th>
<th>Focus Group Location</th>
<th>Population Type</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/2018</td>
<td>Heritage House Restaurant Windsor</td>
<td>General Population</td>
<td>12</td>
</tr>
<tr>
<td>6/26/2018</td>
<td>Vidant Bertie Hospital</td>
<td>Chaplains Council</td>
<td>6</td>
</tr>
<tr>
<td>7/09/2018</td>
<td>Bertie Health Department</td>
<td>Diabetes Support Group</td>
<td>9</td>
</tr>
<tr>
<td>7/20/2018</td>
<td>Bertie County Senior Center</td>
<td>Senior Citizens</td>
<td>8</td>
</tr>
<tr>
<td>7/24/2018</td>
<td>Tobacco Camp</td>
<td>Migrant Farm Workers/Latino</td>
<td>10</td>
</tr>
<tr>
<td>7/27/2018</td>
<td>Colerain Nutrition Site</td>
<td>Seniors</td>
<td>7</td>
</tr>
</tbody>
</table>

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

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

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

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

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

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

Prioritization

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 2018 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:

Monday, January 14, 2019:
Roanoke Chowan Community Health Clinic, Ahoskie, NC (Hertford County)

Wednesday, January 16, 2019:
Vidant Bertie Hospital, Windsor, NC (Bertie County)

Friday, January 18, 2019:
Shepard Pruden Library, Edenton, NC (Chowan County)

Monday, February 11, 2019:
Merchants Millpond State Park, Gatesville, NC (Gates County)

Friday, February 15, 2019:
Sentara Albemarle Medical Center (Camden, Currituck, Pasquotank, & Perquimans 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

After reviewing the CHNA presentation for each county, discussion took place among the participants to determine community priority issues relating to the following criteria:

- Magnitude of the Problem: The size or extent of the problem as it relates to your county.
- Consequences of the Problem: How the economic, social, cultural, and political issues within your county might be influenced by addressing this issue.
- Feasibility: Are there enough resources in the county to address this issue and is the community ready to address this issue?
- Duplication: Is this issue already being addressed by other community stakeholders/programs?
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 by placing a colored sticker next to their choices. After the post-presentation results were collected, the health issues were tallied. For Three Rivers Healthy Carolinians (Bertie and Chowan Counties) those were, in no particular order:

- Substance Use/Misuse
- Healthy Lifestyle/Chronic Disease Prevention
- Access to care/services

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

About Bertie County

Bertie County is a mid-sized, primarily rural county located in the Coastal Plain region of eastern NC. The county is adjacent to Bertie County on the north, Chowan County on the east, Washington County on the southeast, Martin County on the southwest, Halifax County on the west, and Northampton County on the northwest. Bertie County is divided geopolitically into nine townships. The county seat of Windsor is the most populated town in the county.

Bertie County encompasses a land area of 741 square miles, including 42 square miles of the Chowan, Roanoke, and Cashie rivers and the Albemarle Sound. Major highways include US 13, US 17, and NC Highways 11, 42, 45, 305, and 308. US 13 and 17 run through the center of the county and provide a direct connection with US 64, which leads east to the Outer Banks (75 miles away) and west to Raleigh (100 miles away). US 17 connects the county to Wilmington, NC in the south; NC 11 connects the county to southern VA to the north and Greenville, NC to the south. The nearest interstate highway is I-95, 50 miles to the west.

The closest major airport, 56 miles from the county center, is Pitt-Greenville Airport in Greenville, NC. Other airports within a 100 mile radius are the Coastal Carolina Regional Airport in New Bern, NC (80 miles), the Norfolk International Airport in Norfolk, VA (88 miles), and the Newport News/Williamsburg International Airport in Newport News, VA (99 miles). Amtrak stations are located in Rocky Mount, NC (48 miles), Wilson, NC (57 miles) and Norfolk, VA (69 miles). Greyhound bus stations are located in Williamston, NC (13 miles) and Edenton, NC (20 miles).

Originally one of the oldest and largest counties in the state of NC, Bertie County once consisted of the present Bertie County, Tyrell County, Edgecombe County, Northampton County and Hertford County. It was divided to its current size and shape by 1780. The rich soil sustained by the rivers flowing along and within the borders of the county made Bertie County ideal for agriculture. The county’s primary crops included cotton, tobacco, peanuts, corn and soybeans. Textile, furniture, and clothing manufacturing plants added to the area’s income. The livestock and poultry farming industries were also major contributors to the agricultural base, and the timber industry has been vital to the area, especially in the Windsor region.

There are multiple activities, attractions and cultural events in the county. With twenty miles of shoreline, the Chowan River provides fishing, boating, sailing and water skiing. The Cashie River, which winds through the county for more than twenty miles, is the home of the San Souci Ferry, one of North Carolina’s last operational two-car ferries. Other area attractions include the Cashie Wetlands Walk, Livermon Park and Mini-Zoo and the Windsor Historic District Walking Tour. Some of the festivals held in Bertie County include Chicken on the Cashie, the Sea and Tee Festival, Fun Day in the Park at Windsor, and the Scotch Hall Preserve golf course, a public 18-hole course designed by Arnold Palmer.
Demographic Profile
The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Bertie County, North Carolina.

Population
According to the U.S. Census Bureau’s 2016 population estimates, Bertie County has a population of 19,854 (Figure 6). The population of Bertie County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
Figure 7 shows the population density of Bertie County compared to other counties in the Health ENC region. Bertie County has a population density of 30.4 persons per square mile.

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

Overall, Bertie County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Bertie County population by age group. The 45-54 age group contains the highest percent of the population at 13.3%, while the 25-34 age group contains the next highest percent of the population at 13.0%.

**Figure 8. Population by Age (U.S. Census Bureau, 2016)**
People 65 years and older comprise 20.8% of the Bertie County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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

Males comprise 51.1% of the population, whereas females comprise 48.9% of the population (Table 5). The median age for males is 40.9 years, whereas the median age for females is 49.5 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

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

<table>
<thead>
<tr>
<th></th>
<th>Percent of Total Population</th>
<th>Percent of Male Population</th>
<th>Percent of Female Population</th>
<th>Median Age (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>18+</td>
<td>65+</td>
</tr>
<tr>
<td>Bertie County</td>
<td>51.1%</td>
<td>48.9%</td>
<td>82.0%</td>
<td>17.2%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>48.6%</td>
<td>51.4%</td>
<td>76.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>49.2%</td>
<td>50.8%</td>
<td>75.8%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
Birth Rate
Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Bertie County (9.4 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1); however, the birth rate in Bertie County has increased slightly over the past three measurement periods, from 8.2 live births per 1,000 population in 2014 to 9.4 live births per 1,000 population in 2016.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)
Race/Ethnicity
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

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

The proportion of residents that identify as White is smaller in Bertie County (36.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Bertie County has a larger share of residents that identify as Black or African American (61.6%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 2.1% of Bertie County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)
Tribal Distribution of Population
The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

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

<table>
<thead>
<tr>
<th>State Designated Tribal Statistical Area (SDTSA)</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coharie SDTSA</td>
<td>62,160</td>
</tr>
<tr>
<td>Eastern Cherokee Reservation</td>
<td>9,613</td>
</tr>
<tr>
<td>Haliwa-Saponi SDTSA</td>
<td>8,700</td>
</tr>
<tr>
<td>Lumbee SDTSA</td>
<td>502,113</td>
</tr>
<tr>
<td>Meherrin SDTSA</td>
<td>7,782</td>
</tr>
<tr>
<td>Occaneechi-Saponi SDTSA</td>
<td>8,938</td>
</tr>
<tr>
<td>Sappony SDTSA</td>
<td>2,614</td>
</tr>
<tr>
<td>Waccamaw Siouan SDTSA</td>
<td>2,283</td>
</tr>
</tbody>
</table>

Military Population
Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Bertie County has a smaller share of residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the military population has remained relatively consistent in Bertie County, and is lower than in North Carolina and the Health ENC region.

Figure 12. Population in Military / Armed Forces (American Community Survey)
Veteran Population
The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Bertie County has a veteran population of 6.5% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). While the veteran population in Bertie County decreased from 7.2% in 2009-2013 to 6.2% in 2010-2014, the rate has slightly increased over the three most recent measurement periods.

![Figure 13 Veteran Population (American Community Survey, 2012-2016)](image-url)
**Socioeconomic Profile**
Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

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

**Income**
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Bertie County ($31,129), which is lower than the median household income in North Carolina ($48,256).

![Figure 14. Median Household Income (American Community Survey, 2012-2016)](chart.png)
Compared to counties in the Health ENC region, Bertie County has a relatively low median household income; only Bladen County has a lower median household income out of all 33 counties in the Health ENC region (Figure 15).

Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)
Within Bertie County, zip code 27847 has the lowest median household income ($21,915) while zip code 27957 has the highest median household income ($41,465) (Figure 16).

**Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)**
Poverty
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 17, 20.9% percent of the population in Bertie County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)
The rate of children living below the poverty level is also higher for Bertie County (37.7%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%) (Figure 18).

**Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)**
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Bertie County (16.1%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

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

As shown in Figure 20, the percent of disabled people living in poverty in Bertie County (26.5%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)
Housing
The average household size in Bertie County, 2.5 people per household, is the same as the average household size in North Carolina.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Bertie County, the median housing costs for homeowners with a mortgage is $1,040, which is similar to other Health ENC counties.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 21.0% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Bertie County, 33.6%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

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

**Access to Grocery Stores and Farmers’ Markets**

- In 2014, there were six grocery stores listed in Bertie County. [https://www.ers.usda.gov/FoodAtlas/](https://www.ers.usda.gov/FoodAtlas/)
- From 2010 to 2015, Bertie County households with no car and therefore low access to grocery stores decreased from 8.9% to 7.3%.
- From 2010 to 2015 persons in Bertie County with low income and low access to grocery stores decreased from 4.7% to 2.5%.
- Despite the rural, agrarian nature of much of the ARHS region, there are very few farmers’ markets anywhere in the region. In 2016, The US Department of Agricultural listed the following counties in the ARHS region with having markets:
  - Chowan County: 1
  - Currituck County: 11
  - Hertford County: 1
  - Pasquotank County: 1
SocioNeeds Index

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

Zip codes within Bertie County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Bertie County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27849, with an index value of 92.8, has the highest level of socioeconomic need within Bertie County. Zip code 27957, on the other hand, has the lowest level of socioeconomic need within Bertie County, but still has a high index value of 79.0 when compared with the rest of the country. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Bertie County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index Value</th>
<th>Relative Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>27849</td>
<td>92.8</td>
<td>5</td>
</tr>
<tr>
<td>27983</td>
<td>92.3</td>
<td>5</td>
</tr>
<tr>
<td>27872</td>
<td>89.3</td>
<td>4</td>
</tr>
<tr>
<td>27847</td>
<td>89.0</td>
<td>4</td>
</tr>
<tr>
<td>27805</td>
<td>87.7</td>
<td>3</td>
</tr>
<tr>
<td>27924</td>
<td>80.7</td>
<td>2</td>
</tr>
<tr>
<td>27957</td>
<td>79.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: [http://www.healthenc.org/socioneeds](http://www.healthenc.org/socioneeds)

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

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

Countywide, the percent of residents 25 or older with a high school degree or higher (74.8%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Bertie County is also lower than the state value and Health ENC region. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina, the rate drops to 19.9% in the Health ENC region and 11.5% in Bertie County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)
Countywide, the high school degree attainment rate varies, with zip codes 27872 and 27847 having the lowest high school graduation rates of 70.9%. (Figure 26).

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

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

Bertie County’s high school dropout rate, given as a percent of high school students in Figure 27, was 2.1% in 2016-2017, which is slightly lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Further, Bertie County’s high school dropout rate has decreased from 3.3% in 2015-2016 to 2.1% in 2016-2017.
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.

Bertie County’s rate of high school suspension (20.1 suspensions per 100 students) is higher than North Carolina’s rate (18.2) but lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, Bertie County’s rate of high school suspension has mostly decreased over the four most recent measurement periods, while the rates for North Carolina and the Health ENC region have stayed fairly consistent across the same time period.

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

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

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

As of October 10, 2018, SDWIS listed five active water systems in Bertie County, all of which were Community Water Systems that served an estimated 17,292 people (90% of the county’s population). A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these five CWS there were no health violations in the past 10 years.
https://www3.epa.gov/enviro/facts/sdwis/search.html

SOLID WASTE
Bertie County operates 5 collection and recycling centers in the County which may be used by any citizen of the county to dispose of residential waste and recyclable materials. Most of the solid waste generated in Bertie County is sent to East Carolina Environmental Landfill in Bertie County (owned by Republic Services of NC).

RABIES
According to the Epidemiology Section of NC DPH, there were six confirmed cases of rabies in animals in Bertie County between 2008 and 2018. Rabies is not common in the ARHS region, with only 43 cases identified region-wide over the ten year period presented.
http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables
Transportation Profile

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

Countywide, 2.3% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Bertie County, with an estimated 0.7% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Bertie County, 80.0% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

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

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

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

The violent crime rate in Bertie County is 200.0 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). Further, the rate of violent crime in Bertie County has increased from 129.4 in 2015 to 200.0 in 2016.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)
The property crime rate in Bertie County (1,719.7 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Error! Not a valid bookmark self-reference.). The property crime rate has been decreasing over the past four measurement periods.

Figure 32. Property Crime Rate (North Carolina Department of Justice)
Juvenile Crime
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Bertie County (0.0) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1). Further, the rate in Bertie County has consistently remained lower than the rate in North Carolina and Health ENC counties over the past four measurement periods.

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)
Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Bertie County decreased from 2015 to 2016, the rate increased from 9.9 in 2016 to 18.6 in 2017. The 2017 juvenile delinquent rate for Bertie County (18.6) is lower than North Carolina (19.6) and the Health ENC region (22.8).

Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)
Child Abuse
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Bertie County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Bertie County has decreased over the past four measurement periods. The 2017 incarceration rate in Bertie County (122.8 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).
Access to Healthcare, Insurance and Health Resources Information

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

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

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Bertie County has a higher percent of people receiving Medicaid (30.2%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is lower in Bertie County (0.4%), as compared to North Carolina (2.1%) and Health ENC counties (6.6%).

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

People without health insurance are often the segment of the population least likely to seek and/or to be able to access necessary health care. Countywide, 13.0% of residents are uninsured.
Civic Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Bertie County has a higher percent of residents of voting age (82.4%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Bertie County was 64.5%, which is lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).
Findings

Secondary Data Scoring Results
Table 8 shows the data scoring results for Bertie County by topic area. Topics with higher scores indicate greater need. Men’s Health is the poorest performing health topic for Bertie County, followed by Diabetes, Other Chronic Diseases, Access to Health Services, Maternal, Fetal & Infant Health and the Economy.

Table 8. Secondary Data Scoring Results by Topic Area

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s Health</td>
<td>2.08</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.08</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>2.00</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.98</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.93</td>
</tr>
<tr>
<td>Economy</td>
<td>1.90</td>
</tr>
</tbody>
</table>

*See Appendix A for additional details on the indicators within each topic area*
Primary Data

Community Survey
Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Bertie County. Low-Income/Poverty was the most frequently selected and was ranked by 61.8% of survey respondents as the top quality of life issue, followed far behind by Drugs/Substance Abuse (14.8%). Survey respondents ranked all other choices at less than 5%. Less than 1% of survey respondents selected Homelessness, Neglect and Abuse, Violent Crime, Elder Abuse, Child Abuse, Domestic Violence and Rape/Sexual Assault as issues most affecting the quality of life in Bertie County.
Figure 42 displays the level of agreement among Bertie County residents in response to nine statements about their community. Approximately half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old, and there is good healthcare in the county. More than half of survey respondents disagreed (40%) or strongly disagreed (34%) that the county has plenty of economic opportunity.

Figure 42. Level of Agreement Among Bertie County Residents in Response to Nine Statements about their Community
Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Bertie County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities and more affordable health services.

**Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents**
Figure 44 shows a list of health behaviors that were ranked by residents as topics that Bertie County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 17.9% of survey respondents. This was followed by eating well/nutrition (15.7%), going to the doctor for yearly check-ups and screenings (12.6%) and preventing pregnancy and sexually transmitted diseases (6.9%).

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

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

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
<td>32</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>30</td>
</tr>
<tr>
<td>Economy</td>
<td>23</td>
</tr>
<tr>
<td>Environment</td>
<td>19</td>
</tr>
<tr>
<td>Transportation</td>
<td>19</td>
</tr>
</tbody>
</table>

Data Synthesis

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

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

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?
The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.

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

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

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

<table>
<thead>
<tr>
<th>Table 11. Topic Areas Examined In-Depth in this Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services*</td>
</tr>
<tr>
<td>Diabetes*</td>
</tr>
<tr>
<td>Economy*</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health*</td>
</tr>
<tr>
<td>Other Chronic Diseases*</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>

*See Appendix A for additional details on the indicators within each topic area

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

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

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Green Gauge" /></td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Yellow Gauge" /></td>
<td>Yellow represents the 50th to 25th quartile.</td>
</tr>
<tr>
<td><img src="image3.png" alt="Red Gauge" /></td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td><img src="image4.png" alt="Non-Significant" /></td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image5.png" alt="Significant" /></td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image6.png" alt="Neutral" /></td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Diabetes

Key Issues
- Diabetes highly impacts adults over 20 years old and the Medicare population
- The age-adjusted death rate due to diabetes is higher in Bertie County than North Carolina and the U.S.
- Information about nutrition and managing weight is needed in the community

Secondary Data
The secondary data scoring results reveal Diabetes as the top need in Bertie County with an overall score of 2.08. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>2.15</td>
<td>13.2</td>
<td>11.1</td>
<td>10</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)</td>
<td>2.08</td>
<td>60.8</td>
<td>23</td>
<td>21.1</td>
</tr>
<tr>
<td>Diabetes: Medicare Population (2015) (percent)</td>
<td>2.7</td>
<td>34.6</td>
<td>28.4</td>
<td>26.5</td>
</tr>
</tbody>
</table>

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

Diabetes amongst adults and older adults is a clear area of concern for Bertie County based on the two highest scoring indicators within the Diabetes topic area. The indicator score for diabetes amongst the Medicare population is 34.6% in Bertie County and is higher than both the North Carolina (28.6%) and the U.S. overall (26.5%) values in 2015. Bertie County falls in the bottom quartile in comparison to all North Carolina and U.S. counties for diabetes amongst the Medicare population, and there has been a significant increase over time. The indicator score for diabetes amongst adults over 20 years old is 13.2% in Bertie County and is higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Bertie County falls in the second to the bottom quartile in comparison to all North Carolina counties and in the bottom quartile in comparison to all U.S. counties for diabetes amongst adults over 20 years old. The data score for age-adjusted death rate due to diabetes for Bertie County is 2.08 with a value of 60.8 deaths per 100,000 occurring between 2012 and 2016. This is higher than the rate in both North Carolina (23 deaths/100,000 population) and the United States (21.1 deaths/100,000).
**Primary Data**

Results from the community survey indicated that eating well/nutrition (15.7%) and managing weight (5.5%) were ranked as the second and fifth most important health behaviors that people need more information about in Bertie County.

Diabetes was raised by focus groups as an issue in the community. One of the most pressing areas mentioned by participants were barriers/challenges to exercise, nutrition and weight. Participants frequently discussed poor eating habits and not knowing how to eat healthy as primary challenges to achieving health for themselves and in the community. Participants also discussed challenges they experienced accessing health care services, which is explored in detail later in this report, however, an interesting anecdote shared by one participant stood out about a young adult with multiple health conditions including diabetes who struggled to access needed health services.

“A friend has a {# years old} year old son who had Juvenile Diabetes, and he is clinically/legally blind now, plus he has many other health issues. There are basically no health care services available to him aside from Services for the Blind.”

*Focus Group Participant*

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**Highly Impacted Populations**

The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Bertie County community.
Other Chronic Diseases

Key Issues
- There is a statistically significant increase in Chronic Kidney Disease and Rheumatoid Arthritis or Osteoarthritis amongst the Medicare population
- Chronic Kidney Disease is an issue that the community is concerned about
- Older adults in the Medicare population and farm workers are highly impacted by chronic conditions

Secondary Data
Other Chronic Diseases is a high scoring topic, with a score of 2.00. Table 14 highlights indicators of concern.

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Chronic Kidney Disease: Medicare Population (2015) (percent)</td>
<td>23.8</td>
<td>19</td>
<td>18.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2015) (percent)</td>
<td>33.5</td>
<td>29.1</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Similar to the Diabetes section, Bertie County’s Medicare population is also at a higher risk for specific Other Chronic Diseases when compared to other North Carolina and U.S. Counties. The indicator for Chronic Kidney Disease amongst the Medicare population is 23.8% in 2015 which is higher than the value in North Carolina (19%) and the U.S. overall (18.1%). Bertie County falls in the bottom quartile when compared to other North Carolina and U.S. Counties and there has been a statistically significant increase over time. Additionally, the indicator for Rheumatoid Arthritis or Osteoarthritis amongst the Medicare population is 33.5% in 2015 which is higher than the value in North Carolina (29.1%) and the U.S. Overall (30%). Bertie County falls in the bottom quartile when compared to other North Carolina and U.S. Counties, there has also been a statistically significant increase over time.
Primary Data

Other Chronic Diseases did not show up as a top need in the Community Survey or the Focus Group discussion, however, Other Chronic Diseases was mentioned frequently in the Focus Group discussions. Other Chronic Diseases were mentioned 16 times across all the Focus Groups and specifically Chronic Kidney Disease was identified as a primary health issue in the community by all six participants in Focus Group 2. The discussion surrounding chronic illness involved barriers to getting healthy and what some steps organizations in the community could take to improve health. Participants identified cost of care as a primary deterrent to accessing services, needing more health resources, improved transportation to health services and more opportunities to learn about health information/resources.

Focus Group participants shared ongoing chronic health issues that they struggled with but may have not sought treatment for or received health services for. Focus Group 5 consisted of farm workers who described issues that affected their daily life such as chronic headaches, chronic stomach aches, eye irritation, stress and ongoing fatigue or aches/pains related to work. While the concerns raised in Focus Group 5 may or may not fall into clinically diagnosed Other Chronic Diseases categories, it is a group that may not necessarily seek treatment for various reasons and is worth highlighting. Barriers to seeking treatment will be addressed further in Access to Health Services.

Highly Impacted Populations

The data scoring analysis shows that the Medicare population are highly impacted by Chronic Kidney Disease and Rheumatoid Arthritis or Osteoarthritis in the Bertie County community. Another group that may be of interest and at risk for Other Chronic Diseases is the farm workers in Bertie County based on direct community input.

“The main causes of the chronic health issues are failure to exercise and eat properly, plus many people simply don’t have the financial resources to seek health care and buy nutritious foods.”

-Focus Group Participant
Access to Health Services

Key Issues
- Primary care provider, mental health provider and non-physician primary care provider rates are lower in Bertie County than in North Carolina and the United States.

Secondary Data
The Access to Health Services topic received a data score of 1.98. This category includes health care provider rates, health insurance coverage, clinical care ranking and preventable hospital stays. The indicators related to Access to Health Care Services is displayed in Table 15. The Access to Health Services indicators address both health care quality and the ability for community members to access health care providers. Bertie County has a low number of medical providers per 100,000 residents. Access to primary care providers, mental health providers and non-physician primary care providers (which includes nurse practitioners, physician assistants and clinical nurse specialists) is worse in Bertie County than in North Carolina and the United States. Overall access to providers in the county has not significantly changed over time though there is some indication of a decreasing trend for mental health and primary care providers.

Table 15. Data Scoring Results for Access to Health Services

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>Mental Health Provider Rate (2017) (providers/100,000 population)</td>
<td>40.3</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.5</td>
<td>Primary Care Provider Rate (2015) (providers/100,000 population)</td>
<td>24.8</td>
<td>70.6</td>
<td>75.5</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.3</td>
<td>Dentist Rate (2016) (dentists/100,000 population)</td>
<td>10.1</td>
<td>54.7</td>
<td>67.4</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.1</td>
<td>Non-Physician Primary Care Provider Rate (2017) (providers/100,000 population)</td>
<td>60.4</td>
<td>102.5</td>
<td>81.2</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*See Appendix A for full list of indicators included in each topic area
Primary Data

Community survey participants were asked to rank the most pressing health issues in their community and according to those findings lack of or inadequate health insurance ranked as the sixth most important health issue in Bertie County (3.3%). 13% of survey respondents reported having an issue getting the health care that they needed. Of those who reported having an issue, 43% had trouble getting health care from a dentist followed by a general practitioner (26%). 26% responded that the issue they had was that insurance didn’t cover what they needed and 26% couldn’t get an appointment. Less than half of respondents (44%), saw most of their medical providers in Bertie County while 24% sought care in Hertford County.

Focus group discussion participants specifically noted the role of lack of providers and providers’ after-hours availability as a major area of concern. When community survey respondents were asked about health topics they would like to learn more about, individuals reported: how to afford insurance, where to find information and access to birth control, how to obtain dental services without insurance, and how to find primary care providers who accept Medicare. These sentiments were echoed in focus group discussions with participants lamenting the fact that Medicare requires so much paperwork through the State and so few providers accept Medicare. Due to these factors, obtaining care and paying for the cost of care greatly worries Bertie County community members. Further, it was discussed that there is a lack of providers, especially specialists for low-income or uninsured community members, which leads to health issues not being addressed.) Additional barriers to care that participants shared included finding dental and vision care providers and affording co-pays, transportation to facilities within county and having to travel outside the county for specialty care.

“Money keeps people from going to the doctor. Co-pays are high. The uninsured can’t afford the care.”
-Focus Group Participant

Highly Impacted Populations

Focus group participants raised senior citizens as a group that is highly impacted by barriers related to accessing health care services.
Maternal, Fetal & Infant Health

Key Issues
- Babies with low birth weight and very low birth weight are higher in Bertie County than in North Carolina and the U.S.
- Bertie County does not meet the Healthy North Carolina 2020 or the Healthy People 2020 goals for Infant mortality

Secondary Data
Maternal, Fetal & Infant Health received an overall topic score of 1.93. High scoring indicators of concern are displayed in Table 16. The highest scoring indicators are related to Low Birth Weight Babies in Bertie County. 12.4% of babies are born at a low birth weight in Bertie County and 2.8% are born at a very low birth weight, both of which are higher than the value in North Carolina and in the U.S. Bertie County does not meet the Healthy People 2020 goals for either Low Birth Weight (7.8%) or Very Low Birth Weight (1.4%). In addition, Bertie County does not meet the Healthy North Carolina 2020 goal for Infant mortality (6.3 deaths per 1,000 live births) or the Healthy People 2020 Goal (6 deaths per 1,000 live births).

Table 16. Data Scoring Results for Maternal, Fetal & Infant Health

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.95</td>
<td>Infant Mortality Rate (2012-2016) (deaths/1,000 live births)</td>
<td>15.8</td>
<td>7.2</td>
<td>-</td>
<td>-</td>
<td></td>
<td>⬆️</td>
<td>6.3</td>
<td>6</td>
</tr>
<tr>
<td>2.43</td>
<td>Babies with Very Low Birth Weight (2012-2016) (percent)</td>
<td>2.8</td>
<td>1.7</td>
<td>1.4</td>
<td>-</td>
<td></td>
<td>⬆️</td>
<td>1.4</td>
<td>-</td>
</tr>
<tr>
<td>2.43</td>
<td>Babies with Low Birth Weight (2012-2016) (percent)</td>
<td>12.4</td>
<td>9</td>
<td>8.1</td>
<td>-</td>
<td></td>
<td>⬆️</td>
<td>7.8</td>
<td>-</td>
</tr>
</tbody>
</table>

*See Appendix A for full list of indicators included in each topic area*
**Primary Data**

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected by 0% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care was not raised as an issue in the community. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the third highest ranking service needing improvement in the community (8.7%) and preventing pregnancy/sexually transmitted diseases was selected as the fourth highest ranking health behavior than people in the community need more information about.

**Highly Impacted Populations**

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

Key Issues

- Children, young children, adults over 65 are groups that are highly impacted by poverty in the community
- Food insecurity is higher in Bertie County than in North Carolina and the U.S.
- Students eligible for free school lunch is significantly increasing over time

Secondary Data

From the secondary data scoring results, Economy was identified to be a top need in Bertie County, with a score of 1.90. Specific indicators of concern are highlighted in Table 17. The indicators included within this topic are related to the work force, income, poverty, home ownership and food insecurity. There are many high scoring indicators within this topic area and specific groups are identified as being particularly vulnerable: 37.7% of children, 46.3% of young children and 16.1% of people over the age of 65 live below poverty level in the county. 22.7% of people in the county are food insecure which is higher than North Carolina (15.4%) and in the U.S. (12.9%). In addition, 25.2% of children are food insecure which is also higher than North Carolina (20.9%) and in the U.S. (17.9%). 98.6% of students are eligible for the free school lunch program and based on the time trend analysis this indicator is significantly increasing over time.

Table 17. Data Scoring Results for Economy

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>Households with Supplemental Security Income (2012-2016) (percent)</td>
<td>10.2</td>
<td>5</td>
<td>5.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Female Population 16+ in Civilian Labor Force (2012-2016) (percent)</td>
<td>46.8</td>
<td>57.4</td>
<td>58.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Population 16+ in Civilian Labor Force (2012-2016) (percent)</td>
<td>48.4</td>
<td>61.5</td>
<td>63.1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Students Eligible for the Free Lunch Program (2015-2016) (percent)</td>
<td>98.6</td>
<td>52.6</td>
<td>42.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Category</td>
<td>Values</td>
<td>Graphs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People Living 200% Above Poverty Level</td>
<td>47.5, 62.3, 66.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Household Income</td>
<td>31129, 48256, 55322</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Insecurity Rate</td>
<td>22.7, 15.4, 12.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed Workers in Civilian Labor Force</td>
<td>5, 3.7, 3.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>20.9, 16.8, 15.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>17244, 26779, 29829</td>
<td>12.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families Living Below Poverty Level</td>
<td>15, 12.4, 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People 65+ Living Below Poverty Level</td>
<td>16.1, 9.7, 9.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Food Insecurity Rate</td>
<td>25.2, 20.9, 17.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Housing Problems</td>
<td>21, 16.6, 18.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Living Below Poverty Level</td>
<td>37.7, 23.9, 21.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Data
Community survey participants were asked to rank the issues most negatively impacting their community’s quality of life. According to the data, both poverty and the economy were the top issues in Bertie County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (23.1%) and availability of employment (19%). Over 70% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

Focus group participants touched on key economic needs in the community including lack of economic development and a need to expand programs county-wide such as Meals on Wheel to help vulnerable community members.

Highly Impacted Populations
Secondary data scoring identified multiple indicators suggesting that women and children as groups that are highly impacted by issues within the Economy topic area.

“Programs like Meals on Wheels need to be expanded county-wide.”
-Focus Group Participant
Mortality

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
<th>Cause</th>
<th>Deaths</th>
<th>Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Diseases</td>
<td>152</td>
<td>165.4</td>
<td>Cancer</td>
<td>58,187</td>
<td>165.1</td>
<td>Cancer</td>
<td>12,593</td>
<td>177.5</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>146</td>
<td>161.4</td>
<td>Heart Diseases</td>
<td>54,332</td>
<td>159</td>
<td>Heart Diseases</td>
<td>12,171</td>
<td>178.8</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes</td>
<td>66</td>
<td>69.9</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>15,555</td>
<td>45.1</td>
<td>Cerebrovascular Diseases</td>
<td>3,247</td>
<td>48.5</td>
</tr>
<tr>
<td>4</td>
<td>Accidental Injuries</td>
<td>42</td>
<td>63.2</td>
<td>Accidental Injuries</td>
<td>15,024</td>
<td>48.2</td>
<td>Accidental Injuries</td>
<td>3,136</td>
<td>50.1</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>38</td>
<td>39.8</td>
<td>Cerebrovascular Diseases</td>
<td>14,675</td>
<td>43.6</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>3,098</td>
<td>44.9</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>37</td>
<td>36.7</td>
<td>Alzheimer’s Disease</td>
<td>11,202</td>
<td>34.2</td>
<td>Diabetes</td>
<td>2,088</td>
<td>29.9</td>
</tr>
<tr>
<td>7</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>34</td>
<td>36.8</td>
<td>Diabetes</td>
<td>8,244</td>
<td>23.6</td>
<td>Alzheimer's Disease</td>
<td>1,751</td>
<td>27.3</td>
</tr>
<tr>
<td>8</td>
<td>Hypertension</td>
<td>25</td>
<td>26.2</td>
<td>Influenza and Pneumonia</td>
<td>5,885</td>
<td>17.5</td>
<td>Influenza and Pneumonia</td>
<td>1,148</td>
<td>17.2</td>
</tr>
<tr>
<td>9</td>
<td>Septicemia</td>
<td>14</td>
<td>Unreliable</td>
<td>Kidney Diseases</td>
<td>5,614</td>
<td>16.5</td>
<td>Kidney Diseases</td>
<td>1,140</td>
<td>16.8</td>
</tr>
<tr>
<td>10</td>
<td>Homicide</td>
<td>11</td>
<td>Unreliable</td>
<td>Septicemia</td>
<td>4,500</td>
<td>13.1</td>
<td>Septicemia</td>
<td>1,033</td>
<td>15.1</td>
</tr>
</tbody>
</table>

*Age-adjusted death rate per 100,000 population*
Other Significant Health Needs

Education

Secondary Data
From the secondary data scoring results, Education was the 10th most pressing health need in Bertie County with a score of 1.78. High scoring indicators within this topic area include: People 25+ with a Bachelor’s Degree or Higher (2.30), People 25+ with a High School Degree or Higher (2.30), 8th Grade Students Proficient in Math (1.85), 8th Grade Students Proficient in Reading (1.85) and High School Graduation (1.75).

Primary Data
Education was discussed twelve times in the focus group discussions. All discussion focused on participants wanting to attend English as a Second Language (ESL) program. One participant raised that health care education is needed in the community.

Substance Abuse

Secondary Data
From the secondary data scoring results, Substance Abuse had a topic score of 1.26 and was the 25th most pressing health need in Bertie County. High scoring indicators within this topic area include: Adults who Smoke (2.25).

Primary Data
Community survey participants ranked substance abuse (14.8%) as a top issue affecting quality of life in Greene County. Additionally, 17.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

14% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 29% would go to a doctor if they wanted to quit, 25% did not know where they would go and 24% stated that they did not want to quit. 43% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 42% were exposed in the home and 27% selected ‘other’, mostly adding that they had been exposed in other people’s homes or outside. Most participants (79%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 6% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 95% reported no illegal drug use and 97% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (5%) in the past 30 days, 92% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, substance use was two times as an issue participants see as a problem that needs to be addressed in the community. One participant raised alcohol abuse as an issue in the community and another raised illegal drugs as an issue.
A Closer Look at Highly Impacted Populations

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

Men’s Health
Men’s health ranks as a top need in Bertie County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 2.08. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Bertie County is 28.4 deaths/100,000 males, which is higher than the state value and national value. Bertie County also fails to meet the Healthy People 2020 target of 21.8 deaths/100,000 males for prostate cancer deaths. The Prostate Cancer Incidence Rate is 133.6 cases per 100,000 males which is also higher than the state and U.S. incidence rates. In addition, Bertie County does not meet the Healthy North Carolina 2020 goal of 79.5 years for male life expectancy.

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

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Group(s) Disparately Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Incidence Rate</td>
<td>Male</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>Black or African American</td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>6-11, &lt;6</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>American Indian or Alaska Native, Asian, Black or African American, Two or More Races</td>
</tr>
<tr>
<td>Young Children Living Below Poverty Level</td>
<td>Black or African American</td>
</tr>
<tr>
<td>People 25+ with a Bachelor’s Degree or Higher</td>
<td>Male, Hispanic or Latino</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Male, Hispanic or Latino</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>Native Hawaiian or Other Pacific Islander, Other, Two or More Races, White, non-Hispanic</td>
</tr>
</tbody>
</table>

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

**Geographic Disparities**

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27849, with an index value of 92.8, has the highest socioeconomic need within Bertie County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Bertie County zip codes and index values.
Conclusion
The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Bertie County. The assessment was further informed with input from Bertie County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified seven significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Maternal, Fetal & Infant Health, Other Chronic Diseases and Substance Abuse. The prioritization process identified three focus areas: (1) Healthy Lifestyles/Chronic Disease Prevention (2) Access to care/services and (3) Substance Use/Misuse.

Priority 1: Healthy Lifestyle/Chronic Disease Prevention
Health Indicators: Cardiovascular disease (including heart disease and stroke), diabetes, and respiratory diseases (such as COPD and asthma) are all long-term, or chronic, conditions that limit quality of life, require medical management and treatment, and are among the leading causes of death in Chowan County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.
Population At Risk: The Poor, Uninsured
Health Resources Available/Needed:
Available Resources:
Albemarle Regional Health Services
Bertie County Health Department - Health Education, Bertie Diabetes Support Group
Vidant Medical Center
Vidant Bertie Hospital
Vidant Diabetes Care Program
Heart and Vascular Care
Stroke Care
Bertie County YMCA
Bertie County Rural Health Association
Three Rivers Healthy Carolinians
NC Cooperative Extension - Weight management program
Farmers Markets and Roadside Stands
Bertie County Parks & Recreational Facilities
Livermon Park & Mini-Zoo
Cashie Wetlands Walk
Cashie Golf and Country Club
Quit Line NC - 1-800-784-8669 (tobacco cessation)

Resources Still Needed:
General Practice physicians
Pediatrics services
Urgent Care Center
More resources for dental care
More mental health services
Local health education/chronic disease management programs
Priority 2: Access to Care/Services
Health Indicators: Participants in the small group discussions identified the limited availability of healthcare services as a barrier to good health in Bertie County. With the small number of providers making scheduling difficult, respondents cited increasing wait times and travel barriers. Respondents reported struggling with the high cost of insurance, medications and doctor visits.
Population At Risk: Uninsured, Those with limited transportation options.
Health Resources Available/Needed:
Available Resources:
Albemarle Regional Health Services
Vidant Bertie Hospital
Vidant Family Medicine (located in the hospital)
RCCHC
Bertie County Rural Health
Resources Still Needed:
Free-standing Urgent Care Center
More local health care providers

Priority 3: Substance Use/Misuse
Health Indicators: While some data is available pertaining to utilization of services pertaining to substance misuse, there is not much data describing the prevalence of individual diagnoses. During the focus group discussions, substance abuse prevention was the most frequently selected issue.
Population At Risk: The Poor, Uninsured, Elderly, Youth
Health Resources Available/Needed:
Available Resources:
Trillium Health Resources
Integrated Family Services – Mobile Crisis
Community Care Plan of Eastern North Carolina
RI International
North Eastern Counseling Services
Family Resource Center
Inpatient Behavioral Health unit located in nearby Ahoskie (Hertford County)
Resources Still Needed:
More local mental health/substance abuse resources

Following this process, Bertie County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to www.arhs-nc.org.
Appendix A. Secondary Data Scoring

Overview

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

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

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

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

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

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

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

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

Comparison to North Carolina Value and U.S. Value

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

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Bertie County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina
Healthy People 2020\(^2\) goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. Healthy North Carolina 2020\(^3\) objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor’s Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

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

![Figure 53. Trend Over Time](image)

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

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

**Topic Scoring**
Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

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\(^2\) For more information on Healthy People 2020, see [https://www.healthypeople.gov/](https://www.healthypeople.gov/)

\(^3\) For more Information on Healthy North Carolina 2020, see: [https://publichealth.nc.gov/hnc2020/](https://publichealth.nc.gov/hnc2020/)
greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

**Age, Gender and Race/Ethnicity Disparities**

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

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

### Table 20. Topic Scores for Bertie County

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>2.11</td>
</tr>
<tr>
<td>Men's Health</td>
<td>2.08</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.08</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>2.00</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.98</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.93</td>
</tr>
<tr>
<td>Economy</td>
<td>1.90</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.80</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.79</td>
</tr>
<tr>
<td>Education</td>
<td>1.78</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.74</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.73</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.70</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.67</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.67</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.64</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.63</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.61</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.59</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.58</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.58</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.49</td>
</tr>
<tr>
<td>Environment</td>
<td>1.48</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.29</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.26</td>
</tr>
</tbody>
</table>
### Indicator Scoring Table

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

#### Table 21. Indicator Scores by Topic Area

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACCESS TO HEALTH SERVICES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>BERTIE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.50</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>40.3</td>
<td>215.5</td>
<td>214.3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.50</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>24.8</td>
<td>70.6</td>
<td>75.5</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>2.30</td>
<td>Dentist Rate</td>
<td>2016</td>
<td>dentists/ 100,000 population</td>
<td>10.1</td>
<td>54.7</td>
<td>67.4</td>
<td>3</td>
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<tr>
<td>2.10</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>60.4</td>
<td>102.5</td>
<td>81.2</td>
<td>3</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1.68</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>87.2</td>
<td>87.8</td>
<td>100.0</td>
<td>92.0</td>
<td>16</td>
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</tr>
<tr>
<td>1.43</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>50.0</td>
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<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.35</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>53.4</td>
<td>49.0</td>
<td>49.9</td>
<td></td>
<td>17</td>
<td></td>
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<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>BERTIE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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</thead>
<tbody>
<tr>
<td>2.70</td>
<td>Pancreatic Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>14.6</td>
<td>12.0</td>
<td>12.5</td>
<td></td>
<td>6</td>
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<tr>
<td>2.50</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>148.8</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
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<td></td>
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<tr>
<td>2.50</td>
<td>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>8.7</td>
<td>7.7</td>
<td>7.8</td>
<td></td>
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<tr>
<td>2.50</td>
<td>Oral Cavity and Pharynx Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>15.4</td>
<td>12.2</td>
<td>11.5</td>
<td></td>
<td>6</td>
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<tr>
<td>2.45</td>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>2008-2012</td>
<td>deaths/ 100,000 males</td>
<td>28.4</td>
<td>23.5</td>
<td>19.6</td>
<td>21.8</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.35</td>
<td>Age-Adjusted Death Rate due to Pancreatic Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>12.3</td>
<td>10.8</td>
<td>10.9</td>
<td></td>
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<tr>
<td>1.95</td>
<td>Prostate Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 males</td>
<td>133.6</td>
<td>125.0</td>
<td>114.8</td>
<td></td>
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<tr>
<td>1.55</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>15.2</td>
<td>14.1</td>
<td>14.8</td>
<td>14.5</td>
<td>10.1</td>
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<tr>
<td>1.50</td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>49.1</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
### SCORE CHILDREN'S HEALTH

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>25.2</td>
<td>20.9</td>
<td>17.9</td>
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<td></td>
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<td>4</td>
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<tr>
<td>Children with Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>1.0</td>
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<td></td>
<td></td>
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### SCORE COUNTY HEALTH RANKINGS

<table>
<thead>
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<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
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<tbody>
<tr>
<td>Health Behaviors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>82.0</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>90.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Mortality Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>85.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
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<tr>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>50.0</td>
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<tr>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>30.0</td>
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### SCORE DIABETES

<table>
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<tr>
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<th>Period</th>
<th>Units</th>
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<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>34.6</td>
<td>28.4</td>
<td>26.5</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Adults 20+ with Diabetes</td>
<td>2014</td>
<td>percent</td>
<td>13.2</td>
<td>11.1</td>
<td>10.0</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>60.8</td>
<td>23.0</td>
<td>21.1</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Diabetic Monitoring: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>87.9</td>
<td>88.8</td>
<td>85.2</td>
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### SCORE DISABILITIES

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Period</th>
<th>Units</th>
<th>Bertie County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>HP2020</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>34.6</td>
<td>28.4</td>
<td>26.5</td>
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<tr>
<td>Adults 20+ with Diabetes</td>
<td>2014</td>
<td>percent</td>
<td>13.2</td>
<td>11.1</td>
<td>10.0</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>60.8</td>
<td>23.0</td>
<td>21.1</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Diabetic Monitoring: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>87.9</td>
<td>88.8</td>
<td>85.2</td>
<td></td>
<td></td>
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<td>17</td>
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</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>ECONOMY</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>BERTIE COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.70</td>
<td>Students Eligible for the Free Lunch Program</td>
<td>2015-2016</td>
<td>percent</td>
<td>98.6</td>
<td>52.6</td>
<td>42.6</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.50</td>
<td>Female Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>46.8</td>
<td>57.4</td>
<td>58.3</td>
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<td>1</td>
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<tr>
<td>2.50</td>
<td>Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>48.4</td>
<td>61.5</td>
<td>63.1</td>
<td>1</td>
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<tr>
<td>2.40</td>
<td>People Living 200% Above Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>47.5</td>
<td>62.3</td>
<td>66.4</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>2.40</td>
<td>Severe Housing Problems</td>
<td>2010-2014</td>
<td>percent</td>
<td>21.0</td>
<td>16.6</td>
<td>18.8</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
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<tr>
<td>2.30</td>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>25.2</td>
<td>20.9</td>
<td>17.9</td>
<td>4</td>
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<td>2.30</td>
<td>Children Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>37.7</td>
<td>23.9</td>
<td>21.2</td>
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<td>Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>22.7</td>
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<td>12.9</td>
<td>4</td>
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<tr>
<td>2.30</td>
<td>Households with Supplemental Security Income</td>
<td>2012-2016</td>
<td>percent</td>
<td>10.2</td>
<td>5.0</td>
<td>5.4</td>
<td>1</td>
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<tr>
<td>2.30</td>
<td>Median Household Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>31129</td>
<td>48256</td>
<td>55322</td>
<td>Black or African American</td>
<td>1</td>
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<td>2.30</td>
<td>People 65+ Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>16.1</td>
<td>9.7</td>
<td>9.3</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
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<td>2.30</td>
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
**High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.**

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<td>4th Grade Students Proficient in Reading</td>
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<td>percent</td>
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<td>students/ teacher</td>
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<td>1.25</td>
<td>4th Grade Students Proficient in Math</td>
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<td>percent</td>
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<th>Healthy NC 2020</th>
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<td>Access to Exercise Opportunities</td>
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1. High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
| 1.28 | Age-Adjusted Death Rate due to Suicide | 2012-2016 | deaths/ 100,000 population | 11.0 | 12.9 | 13.0 | 10.2 | 8.3 | 15 |
| 0.70 | Depression: Medicare Population | 2015 | percent | 13.6 | 17.5 | 16.7 | | | 2 |

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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Measure</th>
<th>Period</th>
<th>Units</th>
<th>Berte County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.10</td>
<td>Frequent Physical Distress</td>
<td>2016</td>
<td>percent</td>
<td>13.8</td>
<td>11.3</td>
<td>15.0</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>78.5</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>Life Expectancy for Males</td>
<td>2014</td>
<td>years</td>
<td>72.7</td>
<td>75.4</td>
<td>76.7</td>
<td>79.5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>1.73</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>90.0</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Score | Measurement Period | Units                        | Berte County | North Carolina | U.S. | Healthy NC 2020 | High Disparity* | Source |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.50</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>148.8</td>
<td>129.4</td>
<td>123.5</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>2.05</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>78.5</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>5</td>
</tr>
<tr>
<td>1.45</td>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 females</td>
<td>21.7</td>
<td>21.6</td>
<td>21.2</td>
<td>20.7</td>
<td>6</td>
</tr>
<tr>
<td>0.30</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>75.5</td>
<td>67.9</td>
<td>63.1</td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
Sources
Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

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

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

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)
Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

1. Where do you currently live?

ZIP/Postal Code
2. What county do you live in?

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

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

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is good healthcare in my County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in this County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
PART 2: Community Improvement

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

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

- [ ] Pollution (air, water, land)
- [ ] Dropping out of school
- [ ] Low income/poverty
- [ ] Homelessness
- [ ] Lack of/inadequate health insurance
- [ ] Hopelessness
- [ ] Discrimination/racism
- [ ] Lack of community support
- [ ] Drugs (Substance Abuse)
- [ ] Domestic violence
- [ ] Violent crime (murder, assault)
- [ ] Theft
- [ ] Rape/sexual assault
- [ ] Neglect and abuse
- [ ] Elder abuse
- [ ] Child abuse
- [ ] Other (please specify)
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

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

Other (please specify):
PART 3: Health Information

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

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

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

- [ ] Friends and family
- [ ] Doctor/nurse
- [ ] Pharmacist
- [ ] Church
- [ ] Internet
- [ ] My child’s school
- [ ] Hospital
- [ ] Health department
- [ ] Employer
- [ ] Help lines
- [ ] Books/magazines

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

9. Do you provide care for an elderly relative at your residence or at another residence? (Choose only one.)
   - Yes
   - No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) (Choose only one.)
   - Yes
   - No (if No, skip to question #12)

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)
   - Dental hygiene
   - Nutrition
   - Eating disorders
   - Fitness/Exercise
   - Asthma management
   - Diabetes management
   - Tobacco
   - STDs (Sexually Transmitted Diseases)
   - Sexual intercourse
   - Alcohol
   - Drug abuse
   - Reckless driving/speeding
   - Mental health issues
   - Suicide prevention
   - Other (please specify)
PART 4: Personal Health

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

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

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Don’t know/not sure

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression or anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (not during pregnancy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina/heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Which of the following preventive services have you had in the past 12 months? *(Check all that apply.)*

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

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

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

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

- Yes
- No
- Don’t know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.
Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27
- [ ] 28
- [ ] 29
- [ ] 30
- [ ] Don’t know / not sure

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

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

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27
- [ ] 28
- [ ] 29
- [ ] 30
- [ ] Don’t know / not sure

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

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

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

[ ] 0  [ ] 4  [ ] 8  [ ] 12  [ ] 16  [ ] 20  [ ] 24  [ ] 28  
[ ] 1  [ ] 5  [ ] 9  [ ] 13  [ ] 17  [ ] 21  [ ] 25  [ ] 29  
[ ] 2  [ ] 6  [ ] 10  [ ] 14  [ ] 18  [ ] 22  [ ] 26  [ ] 30  
[ ] 3  [ ] 7  [ ] 11  [ ] 15  [ ] 19  [ ] 23  [ ] 27  
[ ] Don’t know / not sure
21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐ Yes

☐ No  *(if No, skip to question #23)*

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

☐ Yes

☐ No

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

☐ Yes

☐ No  *(if No, skip to question #26)*

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

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?
25. Where do you go to exercise or engage in physical activity? *(Check all that apply.)*

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

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

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

- [ ] My job is physical or hard labor
- [ ] Exercise is not important to me.
- [ ] I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.
- [ ] I don’t have enough time to exercise.
- [ ] I would need child care and I don’t have it.
- [ ] I don’t know how to find exercise partners.
- [ ] I don’t like to exercise.
- [ ] It costs too much to exercise.
- [ ] There is no safe place to exercise.
- [ ] I would need transportation and I don’t have it.
- [ ] I’m too tired to exercise.
- [ ] I’m physically disabled.
- [ ] I don’t know
Other (please specify)
27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

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

- Number of Cups of Fruit
- Number of Cups of Vegetables
- Number of Cups of 100% Fruit Juice

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

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

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

- Home
- Workplace
- Hospitals
- Restaurants
- School
- I am not exposed to secondhand smoke.
- Other (please specify)
30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

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

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

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

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

☐ Yes, flu shot
☐ Yes, flu spray
☐ Yes, both
☐ No
☐ Don’t know/not sure
Part 5: Access to Care/Family Health

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

☐ Doctor’s office
☐ Health department
☐ Hospital
☐ Other (please specify)

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

☐ Health insurance my employer provides
☐ Health insurance my spouse’s employer provides
☐ Health insurance my school provides
☐ Health insurance my parent or my parent’s employer provides
☐ Health insurance I bought myself
☐ Health insurance through Health Insurance Marketplace (Obamacare)
☐ The military, Tricare, or the VA
☐ Medicaid
☐ Medicare
☐ No health insurance of any kind
35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (*Choose only one.*)

☐ Yes

☐ No  *(if No, skip to question #38)*

☐ Don’t know/not sure

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

☐ Dentist

☐ General practitioner

☐ Eye care/ optometrist/ ophthalmologist

☐ Pharmacy/ prescriptions

☐ Pediatrician

☐ OB/GYN

☐ Health department

☐ Hospital

☐ Urgent Care Center

☐ Medical Clinic

☐ Specialist

☐ Other (please specify)

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

☐ No health insurance.

☐ Insurance didn’t cover what I/we needed.
My/our share of the cost (deductible/co-pay) was too high.

Doctor would not take my/our insurance or Medicaid.

Hospital would not take my/our insurance.

Pharmacy would not take my/our insurance or Medicaid.

Dentist would not take my/our insurance or Medicaid.

No way to get there.

Didn't know where to go.

 Couldn't get an appointment.

The wait was too long.

The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.
38. In what county are most of the medical providers you visit located? (Choose only one.)

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Bertie
- Duplin
- Other (please specify)

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

☐ Yes
☐ No
☐ Don’t know/not sure

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

☐ Private counselor or therapist
☐ Support group (e.g., AA, Al-Anon)
☐ School counselor
☐ Other (please specify)

☐ Don’t know
☐ Doctor
☐ Pastor/Minister/Clergy
Part 6: Emergency Preparedness

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

- [ ] Yes, smoke detectors only
- [ ] Yes, both
- [ ] Don’t know/not sure
- [ ] Yes, carbon monoxide detectors only
- [ ] No

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

- [ ] Yes
- [ ] No
- [ ] Don’t know/not sure

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


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

- [ ] Television
- [ ] Radio
- [ ] Internet
- [ ] Telephone (landline)
- [ ] Cell Phone
- [ ] Print media (ex: newspaper)
- [ ] Social networking site
- [ ] Neighbors
- [ ] Family
- [ ] Text message (emergency alert system)
- [ ] Don’t know/not sure
44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one.)

☐ Yes  (if Yes, skip to question #46)

☐ No

☐ Don’t know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don’t know/not sure

☐ Other (please specify)
Part 7: Demographic Questions

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

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

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

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

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Gender non-conforming
- [ ] Other

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

- [ ] I am not of Hispanic, Latino or Spanish origin
- [ ] Mexican, Mexican American, or Chicano
- [ ] Puerto Rican
- [ ] Cuban or Cuban American
- [ ] Other Hispanic or Latino (please specify)
49. What is your race? *(Choose only one).*

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

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

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

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

- [ ] Never married/single
- [ ] Married
- [ ] Unmarried partner
- [ ] Divorced
- [ ] Widowed
- [ ] Separated
Other (please specify)
52. Select the highest level of education you have achieved. (Choose only one.)

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

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

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

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

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

☐ Employed full-time  ☐ Armed forces
☐ Employed part-time  ☐ Disabled
☐ Retired  ☐ Student
☐ Homemaker

☐ Self-employed

☐ Unemployed for 1 year or less

☐ Unemployed for more than 1 year
56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)

☐ Yes
☐ No
☐ Don’t know/not sure

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

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.
Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

3. ¿Dónde vive actualmente?

Código postal
4. ¿En qué condado vive?

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

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

<table>
<thead>
<tr>
<th>Declaración</th>
<th>Muy en desacuerdo</th>
<th>En desacuerdo</th>
<th>Neutral</th>
<th>De acuerdo</th>
<th>Muy de acuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay una buena atención médica en mi condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para criar niños.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un buen lugar para envejecer.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenas oportunidades económicas en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Este condado es un lugar seguro para vivir.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay viviendas accesibles que satisfacen mis necesidades en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hay buenos parques e instalaciones de recreación en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Es fácil adquirir comidas saludables en este condado.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
PARTE 2: Mejora de la comunidad

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

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

- [ ] Contaminación (aire, agua, tierra)
- [ ] Abandono de la escuela
- [ ] Bajos ingresos / pobreza
- [ ] Falta de hogar
- [ ] Falta de un seguro de salud adecuado
- [ ] Desesperación
- [ ] Otros (especificar)

- [ ] Discriminación / racismo
- [ ] Falta de apoyo de la comunidad
- [ ] Drogas (Abuso de sustancias)
- [ ] Descuido y abuso
- [ ] Maltrato a personas mayores
- [ ] Abuso infantil

- [ ] Violencia doméstica
- [ ] Delito violento (asesinato, asalto)
- [ ] Robo
- [ ] Violación / agresión sexual
5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? *(Por favor elija solo uno)*

<table>
<thead>
<tr>
<th>Opción</th>
<th>Opción</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Animal</td>
<td>Número de proveedores de atención médica</td>
<td>Actividades positivas para adolescentes</td>
</tr>
<tr>
<td>Opciones de cuidado infantil</td>
<td>Opciones de cuidado para ancianos</td>
<td>Opciones de transporte</td>
</tr>
<tr>
<td>Opciones de cuidado para ancianos</td>
<td>Servicios de salud apropiados de acuerdo a su cultura</td>
<td>Disponibilidad de empleo</td>
</tr>
<tr>
<td>Servicios para personas con discapacidad</td>
<td>Consejería / salud mental / grupos de apoyo</td>
<td>Empleos mejor pagados</td>
</tr>
<tr>
<td>Servicios de salud más accesibles</td>
<td>Mejores y más instalaciones recreativas</td>
<td>Mantenimiento de carreteras</td>
</tr>
<tr>
<td>Mejores y más opciones de alimentos saludables</td>
<td>Mejores y más instalaciones recreativas</td>
<td>Carreteras seguras</td>
</tr>
<tr>
<td>Más accesibilidad / mejores vivienda</td>
<td>Actividades familiares saludables</td>
<td>Ninguna</td>
</tr>
<tr>
<td>Otros (especificar)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

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

| Opción                                            | Comer bien / nutrición | Usar asientos de seguridad para niños | Transmisión sexual (sexo seguro) | Usar cinturones de seguridad | Preventión del abuso de sustancias (por ejemplo, drogas y alcohol) | Conducir cuidadosamente | Preventión del suicidio | Manejo del estrés | Cuidado de niños / crianza | Control de la ira/enojo | Cuidado de ancianos | Cuidado de miembros de familia con necesidades especiales o discapacidades | Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro) | Prepararse para una emergencia / desastre | Ninguna |
|--------------------------------------------------|-------------------------|--------------------------------------|---------------------------------|-------------------------------|-----------------------------------------------------------------|-------------------------|------------------------|----------------|---------------------------|---------------------|---------------------|-----------------------------------------------------------------------------|---------------------------------------------------------|----------------|
| Comer bien / nutrición                           |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Ejercicio                                        |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Manejo del peso                                   |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Ir a un dentista para chequeos / cuidado preventivo |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Ir al médico para cheques y exámenes anuales      |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Obtener cuidado prenatal durante el embarazo      |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Recibir vacunas contra la gripe y otras vacunas   |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
| Prepararse para una emergencia / desastre         |                         |                                      |                                 |                               |                                                                |                         |                        |                |                          |                     |                     |                                                                             |                                                         |                |
Otros (especificar)
7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

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

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


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

- [ ] Sí
- [ ] No

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

- [ ] Sí
- [ ] No  *(Si su respuesta es No, salte a la pregunta número 12)*
11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? (Seleccione todas las opciones que corresponden).

- [ ] Higiene dental
- [ ] Manejo de la diabetes
- [ ] Abuso de drogas
- [ ] Nutrición
- [ ] Manejo de la diabetes
- [ ] Manejo imprudente / exceso de velocidad
- [ ] Trastornos de la alimentación
- [ ] Tabaco (enfermedades de transmisión sexual)
- [ ] Problemas de salud mental
- [ ] Ejercicios
- [ ] ETS (transmisión sexual)
- [ ] Prevención del suicidio
- [ ] Manejo del asma
- [ ] Relación sexual
- [ ] Alcohol
- [ ] Otros (especificar)
**PARTE 4: Salud personal**

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

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

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

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

<table>
<thead>
<tr>
<th>Condición</th>
<th>Sí</th>
<th>No</th>
<th>No lo sé</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asma</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depresión o ansiedad</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alta presión sanguínea</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colesterol alto</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (no durante el embarazo)</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sobrepeso / obesidad</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina / enfermedad cardíaca</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cáncer</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? 
(Seleccione todas las opciones que corresponden).

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

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

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

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

- Sí
No
No sé / no estoy seguro
17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

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

□ 0  □ 4  □ 8  □ 12  □ 16  □ 20  □ 24  □ 28  □ 1  □ 5  □ 9  □ 13  □ 17  □ 21  □ 25  □ 29  □ 2  □ 6  □ 10  □ 14  □ 18  □ 22  □ 26  □ 30  □ 3  □ 7  □ 11  □ 15  □ 19  □ 23  □ 27  □ No sé / no estoy seguro

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

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

□ 0  □ 4  □ 8  □ 12  □ 16  □ 20  □ 24  □ 28  □ 1  □ 5  □ 9  □ 13  □ 17  □ 21  □ 25  □ 29  □ 2  □ 6  □ 10  □ 14  □ 18  □ 22  □ 26  □ 30  □ 3  □ 7  □ 11  □ 15  □ 19  □ 23  □ 27  □ No sé / no estoy seguro

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

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

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

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

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

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

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

☐ Sí
☐ No
23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

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

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?
25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *(Marque todas las que corresponden).*

- [ ] YMCA
- [ ] Parque
- [ ] Centro de Recreación Pública
- [ ] Gimnasio privado
- [ ] Otros (especificar)

Sitio de trabajo / Empleador
- [ ] Terrenos escolares / instalaciones
- [ ] Casa
- [ ] Iglesia

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

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

- [ ] Mi trabajo es trabajo físico o trabajo duro
- [ ] El ejercicio no es importante para mí.
- [ ] No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- [ ] No tengo suficiente tiempo para hacer ejercicio.
- [ ] Necesitaría cuidado de niños y no lo tengo.
- [ ] No sé cómo encontrar compañeros de ejercicio.
- [ ] No me gusta hacer ejercicio
- [ ] Me cuesta mucho hacer ejercicio.
- [ ] No hay un lugar seguro para hacer ejercicio.
Necesito transporte y no lo tengo.
Estoy demasiado cansado para hacer ejercicio.
Estoy físicamente deshabilitado.
No lo sé.
Otros (especificar)
27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

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

<table>
<thead>
<tr>
<th>Cantidad de tazas de fruta</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Número de tazas de verduras</td>
<td></td>
</tr>
<tr>
<td>Cantidad de tazas de jugo de fruta 100%</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

- [ ] Casa
- [ ] Lugar de trabajo
- [ ] Hospitales
- [ ] Restaurantes
- [ ] Colegio
- [ ] No estoy expuesto al humo de segunda mano.
- [ ] Otros (especificar)
30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) *(Eliga solo una).*

☐ Sí

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

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

☐ QUITLINE NC (ayuda por teléfono)

☐ Departamento de salud

☐ Doctor

☐ No lo sé

☐ Farmacia

☐ No aplica; No quiero renunciar

☐ Consejero / terapeuta privado

☐ Otros (especificar)

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

☐ Sí, vacuna contra la gripe

☐ Sí, FluMist
Si ambos
No
No sé / no estoy seguro
33. ¿A dónde va más a menudo cuando está enfermo? *(Elija solo uno)*

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

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

- [ ] Seguro de salud que mi empleador proporciona
- [ ] Seguro de salud que proporciona el empleador de mi cónyuge
- [ ] Seguro de salud que mi escuela proporciona
- [ ] Seguro de salud que proporciona mi padre o el empleador de mis padres
- [ ] Seguro de salud que compré
- [ ] Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- [ ] Seguro Militar, Tricare o él VA
- [ ] Seguro de enfermedad
- [ ] Seguro médico del estado
- [ ] Sin plan de salud de ningún tipo
35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- [ ] Sí
- [ ] No (Si su respuesta es No, salte a la pregunta número 38)
- [ ] No sé / no estoy seguro

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

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

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

- [ ] No tiene seguro medico
- [ ] El seguro no cubría lo que necesitaba
El costo del deducible del seguro era demasiado alto.
El doctor no aceptaba el seguro ni el Medicaid.
El hospital no aceptaba el seguro.
La farmacia no aceptaba el seguro ni el Medicaid.
El dentista no aceptaba el seguro ni el Medicaid.
No tengo ninguna manera de llegar allí.
No sabía a dónde ir.
No pude conseguir una cita.
La espera fue demasiado larga.
El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.
38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

- [ ] Beaufort
- [ ] Bertie
- [ ] Bladen
- [ ] Brunswick
- [ ] Camden
- [ ] Carteret
- [ ] Chowan
- [ ] Columbus
- [ ] Craven
- [ ] Cumberland
- [ ] Currituck
- [ ] Bertie
- [ ] Duplin
- [ ] Otros (especificar)

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

☐ Sí

☐ No

☐ No sé / no estoy seguro

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

☐ Consejero o terapeuta privado

☐ No sé

☐ Grupo de apoyo

☐ Doctor

☐ Consejero de la escuela

☐ Pastor o funcionario religioso

☐ Otros (especificar)

PARTE 6: Preparación para emergencias

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

☐ Sí, solo detectores de humo

☐ Sí ambos

☐ No sé / no estoy seguro

☐ Sí, solo detectores de monóxido de carbono

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

☐ Sí
☐ No
☐ No sé / no estoy seguro

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

☐ 

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

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

☐ Otros (especificar)

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

☐ Sí  (Si su respuesta es Sí, salte a la pregunta número 46)
No

No sé / no estoy seguro
45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? (Marque solo uno)

- [ ] Falta de transporte
- [ ] La falta de confianza en los funcionarios públicos
- [ ] Preocupación por dejar atrás la propiedad
- [ ] Preocupación por la seguridad personal
- [ ] Preocupación por la seguridad familiar
- [ ] Preocupación por dejar mascotas
- [ ] Preocupación por los atascos de tráfico y la imposibilidad de salir
- [ ] Problemas de salud (no se pudieron mover)
- [ ] No sé / no estoy seguro
- [ ] Otros (especificar)
PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? (Elija solo uno)

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

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

[ ] Masculino
[ ] Femenino
[ ] Transgénero
[ ] Género no conforme
[ ] Otro

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

[ ] No soy de origen hispano, latino o español
[ ] Mexicano, mexicoamericano o chicano
[ ] Puertorriqueño
[ ] Cubano o cubano americano
[ ] Otro - hispano o latino (por favor especifique)
49. ¿Cuál es su raza? *(Elija solo uno)*

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

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

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

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

- Nunca casado / soltero
- Casado
- Pareja- soltera
- Divorciado
- Viudo
☐ Separado
☐ Otros (especificar)
52. Seleccione el nivel más alto de educación que ha alcanzado. (*Elija solo uno*)

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

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

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

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

- [ ]

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

- [ ] Empleado de tiempo completo
- [ ] Empleado a tiempo parcial
- [ ] Fuerzas Armadas
- [ ] Discapacitado
- [ ] Retirado
- [ ] Estudiante
<table>
<thead>
<tr>
<th>Opción</th>
<th>Estado del Empleado</th>
<th>Duración</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ama de casa</td>
<td>Desempleado 1</td>
<td>Desempleado por más de 1</td>
</tr>
<tr>
<td>Trabajadores por cuenta propia</td>
<td>año o menos año</td>
<td>año</td>
</tr>
</tbody>
</table>
56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

- [ ] Sí
- [ ] No
- [ ] No sé / no estoy seguro

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

¡Gracias por su tiempo y participación!

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

Participants’ Resident County(ies):
Focus Group Name / Number:
Date Conducted:
Location:
Start Time:
End Time:
Number of Participants:
Population Type (if applicable):
Moderator Name:
Moderator Email:
Note Taker Name:
Note Taker Email:

Core Questions

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

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

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

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

5. What could be done to solve these problems?
   *Prompt: What could be done to make your community healthier? Additional services or changes to existing services?*
6. Is there any group not receiving enough health care? If so, what group? And why?

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

Additional Questions

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

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

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

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

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

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

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

1.

2.

3.
Appendix C. Community Resources

Community Services and Organizations
Law Enforcement - There are three municipalities in Bertie County that have their own police departments: Aulander, Windsor, and Lewiston-Woodville. The rest of the county is covered by the Bertie County Sheriff's Office, headquartered in Windsor.

Bertie County Sheriff’s Office
PO Box 157
104 Dundee St
Windsor, NC 27983
Phone: (252) 794-5330
Availability: Office Hours: 8:30am-5:00pm
Exceptions: Holidays and Inclement Weather
http://www.co.bertie.nc.us/departments/sheriff/sheriff.html

The Bertie County, NC fire department directory includes 12 fire departments and fire stations
Source: Fire Department Directory, North Carolina, Bertie County; http://www.firedpartment.net/directory/north-carolina/bertie-county

Fire Departments
Aulander Municipal Volunteer Fire Department
124 E Main ST
PO Box 100
Aulander, NC 27805
Phone: (252) 345-3541

Colerain Volunteer Fire Department
101 Winton ST
PO Box 247
Colerain, NC 27924
Phone: (252) 356-1033
Fax: (252) 356-2124

Perrytown Fire Department
850 Perry Town Rd.
Colerain, NC 27924
Trap Fire Department
213 Valentine Farm Rd
Colerain, NC 27924

Kelford Fire Department
613 Harrells Siding Rd.
Kelford, NC 27847

Lewiston Woodville Volunteer Fire Department
103 W Church ST
PO Box 395
Lewiston Woodville, NC 27849
Phone: (252) 348-2658
Fax: (252) 348-2608

Merry Hill Midway Volunteer Fire Department
109 NC 45 N
Merry Hill, NC 27957
Phone: (252) 482-3656

Powellsville Volunteer Fire Department
106 Curtis ST
Powellsville, NC 27967

Roxobel Volunteer Fire Department
204 S Main ST
Roxobel, NC 27872
Phone: (252) 344-7791

Blue Jay Volunteer Fire Department
1351 Indian Wood RD
Windsor, NC 27983

Windsor Fire Department
501 N King ST
Windsor, NC 27983
Phone: (252) 794-3437
Askewville Volunteer Fire Department
105 Askewville S Railroad ST
Windsor, NC 27983
Phone: (252) 794-2553

Mailing Address
Askewville Volunteer Fire Department
117 W Askewville ST #52
Windsor, NC 27983

Public Libraries
There are three public libraries that serve the people of Bertie County:
Lawrence Memorial Public Library
204 Dundee St
Windsor, NC 27983
Phone: 252-794-2244
Fax: 252-794-1546

Hours of Operation:
Mon, Tues, Wed, Fri 10:00 am - 6:00 pm
Thursday 10:00 am - 8:00 pm
Saturday 9:00 am - 12:00 pm

Sallie Harrell Jenkins Memorial Library
302 Broad St
Aulander, NC 27805
Phone: 252-345-4461

Albemarle Regional Library
303 Tryon St
Winton, NC 27986
Phone: 252-358-7832
Website: http://www.albemarle-regional.lib.nc.us/

The Bertie County Council on Aging serves all Bertie County senior citizens, age 60 and older. Council programs serve between 400 and 500 seniors and their family caregivers during a typical year.

Council on Aging
103 West School Street
Council on Aging programs include:

- Congregate nutrition provides a noontime meal Monday through Friday at three sites in the county: Windsor, Aulander, and Colerain. Each participant age 60 and older is asked to contribute $1.00 toward the cost of a meal.

- Home delivered meals, or “Meals on Wheels” provides a lunchtime meal to home-bound seniors on Monday through Friday. There are two delivery routes in the county, one in Windsor and one in Aulander. Meals-to-go are available for pick-up, but not delivery, in Colerain. Each participant age 60 and older is asked to contribute $1.00 toward the cost of a meal.

- Transportation for seniors from all areas of the county is provided to the Windsor nutrition site, the Department of Social Services, the Health Department, grocery stores, drug stores, the post office and other county sites on a pre-scheduled basis through a contract with the Choanoke Public Transportation Authority. Each participant is asked to contribute $1.00 to help subsidize the service.

- In-home respite care via certified nursing assistants is provided to relieve primary, unpaid caregivers. Space is limited and many families are on a waiting list. Each family is asked to contribute $1.00 per hour toward the cost of the service.

- The Senior Center, located in Windsor, provides activities for seniors and information on services available to them. S.H.I.I.P (Senior’s Health Insurance Information Program) trains seniors to peer counsel in their community concerning Medicare, Medicare Supplements and long term care. AARP Tax Aide is available during February, March, and April to assist in state and federal income tax returns for seniors 60 and older with low to middle incomes.

- The Senior Center also plans and administers day field trips. Wellness, Exercise and Arts and Crafts classes and programs are offered at sites in Windsor and Colerain. Windsor conducts two classes Monday, Wednesday, and Friday. Colerain holds classes on Tuesdays and Thursdays. Arts and crafts classes are held throughout the fall, winter, and spring.

- Health Services, such as flu shots and blood pressure checks, are provided by the health department at nutrition sites.

- Library Services available to seniors include a large-print library and periodic visits from a Bookmobile.

Other Community Services and Organizations
It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides instead links to on-line or telephone resources that provide information on community organizations and services available to Bertie County residents. These particular community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and because they cover a range of community resources.

**Bertie County Community Resource Directories and Guides**

**Bertie County Schools**
P.O. Box 10, 715 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-6000
Fax: 252-794-9727

**Public Schools**
[https://www.bertie.k12.nc.us/](https://www.bertie.k12.nc.us/)

**Askewville Pre-K**
121 East Askewville St.
Windsor, NC 27983
Phone 252-794-2260
Fax: 252-794-2428

**Aulander Elementary**
252 NC Highway 305
Aulander, NC 27805
Phone: 252-345-3211
Fax: 252-345-0066

**Bertie Early College**
819 Governor’s Road
Windsor, NC 27983
Phone: 252-794-21150
Fax: 252-794-2151

**Bertie High School**
716 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-3034
Fax: 252-794-8102

**Bertie Middle School**
625 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-2143
Fax: 252-794-4024

**Bertie STEM High School**
716 US Highway 13 North
Windsor, NC 27983
Phone: 252-794-3034
Fax: 252-794-8102

**Colerain Elementary School**
202 North Academy Street
Colerain, NC 27924
Phone: 252-356-4714
Fax: 252-356-4522

**West Bertie Elementary School**
3734 Governor’s Road
Kelford, NC 27847
Phone: 252-344-7621
Fax: 252-344-2828

**Windsor Elementary School**
104 Cooper Hill Road
Windsor, NC 27983
Phone: 252-794-5221
Fax: 252-794-5218

**Private Schools**
**Bethel Assembly Christian Academy**
105 Askewville Bryant St.
Windsor, NC 27983
Phone: 252-794-4034
Heritage Collegiate Leadership Academy
118-B County Farm Rd.
Windsor, NC 27983
Phone: 252-794-0597

Lawrence Academy
148 Avoca Farm Road
Merry Hill, NC 27957
Phone: 252-482-4748
Fax: 252-482-2215

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/

**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: http://www.albemarle.edu/about-coa/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/
Windsor/ Bertie County Area Churches

All God's Children United Methodist 252-345-3181
Ashland Missionary Baptist Church 252-356-4391 or 252-752-2235
Askewville Assembly of God 252-794-2409
Askewville Bethel Assembly of God, Inc. 252-794-3830
Aulander Baptist Church 252-345-3931 or 252-345-7729
Aulander First Baptist Church 252-345-0523
Beacon of Light Baptist 252-587-3538
Beautiful Zion Baptist 252-348-3164 or 252-395-2952
Bethany Baptist Church 252-356-4894 or 252-356-4550
Capeharts Baptist Church 252-482-4338
Catholic Community of Bertie County 252-794-5086
Cashie Baptist Church 252-794-2107
CBK Connections 252-209 4660
Cedar Landing Missionary Baptist Church 252-794-2248
Center Grove Baptist Church 252-794-4282
Charity Temple of Holiness 252-345-1004
City Praise 252-732-6883
Choose Life Now Outreach 252-794-0777
Church of God for All People 252-348-2673
Colerain Baptist 252-356-4742
Colerain United Methodist Church 252-345-1077
Connaritsa Baptist Church 252-345-0506 or 252-345-7821
Conoconary Baptist Church 252-345-2175
Crossroad Rescue Mission 252-794-2247 or 252-794-9624
Ebenezer Assembly of God 252-794-4609 or 252-794-4643
Edgewood Baptist Church 252-794-1962 or 252-794-2839
Elm Grove Baptist Church 252-345-0859
Emmanuel Full Gospel 252-482-2141
<table>
<thead>
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<th>Church Name</th>
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</thead>
<tbody>
<tr>
<td>Eveninglight Church of God</td>
<td>252-794-5023</td>
</tr>
<tr>
<td>First Baptist Missionary Church of Colerain</td>
<td>252-356-4277</td>
</tr>
<tr>
<td>First Baptist Church of Kelford</td>
<td>252-344-2610</td>
</tr>
<tr>
<td>First Baptist Church of Lewiston Woodville, Inc.</td>
<td>252-348-2777</td>
</tr>
<tr>
<td>First Baptist Missionary Church of Powellsville</td>
<td>252-332-8330</td>
</tr>
<tr>
<td>Free Temple Ministries, Inc.</td>
<td>252-794-9453</td>
</tr>
<tr>
<td>Grace Episcopal Church</td>
<td>252-348-2746</td>
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<tr>
<td>Greater Bazemore Temple</td>
<td>252-794-9467</td>
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<tr>
<td>Greater Wynnns Grove Baptist Church</td>
<td>252-356-2371</td>
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<tr>
<td>Green Cross</td>
<td>252-794-1832</td>
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<tr>
<td>Holly Grove</td>
<td>252-794-3861</td>
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<tr>
<td>Indian Woods Missionary Baptist Church</td>
<td>252-794-9173</td>
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<tr>
<td>Kelford Baptist Church</td>
<td>252-344-2022 or 252-344-7221</td>
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<tr>
<td>Kingdom Hall Jehovah Witness</td>
<td>252-794-9983</td>
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<tr>
<td>Lawrence Baptist Church</td>
<td>252-345-3979</td>
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<tr>
<td>Lewiston Assembly of God</td>
<td>252-348-2781</td>
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<tr>
<td>Life Changing Ministries</td>
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<tr>
<td>Luella Baptist</td>
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<tr>
<td>Mars Hill Baptist Church</td>
<td>252-356-2488 or 252-356-2217</td>
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<tr>
<td>Merry Hill Baptist Church</td>
<td>252-482-3875</td>
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<tr>
<td>Metropolitan Interdenominational Church of God</td>
<td>252-345-1160 or 252-345-1310</td>
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<tr>
<td>Millennium Penecostal Holiness Baptist</td>
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<td>Mills Branch Missionary Baptist</td>
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<td>Mount Arie Apostolic Faith Holiness Church</td>
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<td>Mount Herman Missionary Baptist Church</td>
<td>252-794-3508 or 252-795-5486</td>
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<tr>
<td>Mount Olive Missionary Baptist Church</td>
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<tr>
<td>My Sister House Ministries inc.</td>
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<tr>
<td>New Beginning Christian Center</td>
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<td>New Lighthouse Baptist Church</td>
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<td>New Holly Grove</td>
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<td>Perrytown Assembly of God</td>
<td>252-356-4755</td>
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<tr>
<td>Peterson Chapel Baptist Church</td>
<td>252-482-8394 or 252-325-5062</td>
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<tr>
<td>Peterson Grove Missionary Baptist Church</td>
<td>252-794-1596</td>
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<tr>
<td>Piney Wood Chapel</td>
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<tr>
<td>Pleasant Grove Baptist Church</td>
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<tr>
<td>Pleasant Oak Missionary</td>
<td>252-794-1620</td>
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<td>Potter’s House Christian Fellowship</td>
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<td>Powellsville Baptist Church</td>
<td>252-332-5418</td>
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<tr>
<td>Powellsville United Methodist Church</td>
<td>252-332-3459</td>
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<td>Power House Ministries</td>
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<td>Real Life Ministries</td>
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<td>Republican Baptist Church</td>
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<td>Rhema Word Deliverance</td>
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<td>Ross Baptist Church</td>
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<td>Sandy Run Baptist Church</td>
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<td>Siloam Baptist Church</td>
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<td>Speller’s Chapel Church of Christ</td>
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<td>St. Francis Missionary Baptist Church</td>
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<tr>
<td>St. James Church of Christ Disciples of Christ</td>
<td>252-794-2267 or 252-794-2673</td>
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<td>St. John Second Baptist</td>
<td>252-332-6900</td>
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<td>St. Lukes Holiness Church</td>
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<td>St. Marks Baptist</td>
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<td>St. Marks Episcopal Church</td>
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<td>St. Matthews Baptist</td>
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<td>Tabernacle Church of Deliverance</td>
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<td>United Outreach Ministries</td>
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<td>Victory Temple Church of God in Christ</td>
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<tr>
<td>Wakelon Baptist Church</td>
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<tr>
<td>Weeping Mary</td>
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<td>Windsor Assembly of God Church of God in Christ</td>
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<td>Windsor Pentecostal Holiness Church</td>
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<td>Woodville Plain Missionary Baptist</td>
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World Harvest Christian Center 252-794-2102
Zion Bethlehem Missionary Baptist 252-794-2969
Zion Grove Baptist 252-345-4531
Zion Hill Missionary Baptist Church 252-356-4990

Clubs and Civic Organizations
Bertie County Arts Council
Phone: 252-794-9762

Windsor Lions Club
Heritage House Restaurant
1303 S King St.
Windsor, NC 27983
Phone: 252-794-4167
1st & 3rd Thursday at 6:30pm

Windsor Rotary Club
The Town House Restaurant
Hwy 13/17 Bypass
Windsor, NC 27983
Phone: 252-794-3011
Thursdays at 12 noon until 1pm

Bertie County Government Directory of Services
Alphabetical list of links to services provided by the county. Portal: http://www.co.bertie.nc.us/

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

Albemarle Smart Start Partnership
715 Highway 13 North
Windsor, N.C. 27983
Phone: 252-794-8190
Toll-Free: 800-262-8314
Fax: (252) 333-1201
Bertie County Childcare Centers
Source: https://childcarecenter.us/

Askewville Pre-School
121 Askewville Rd
Windsor, NC 27983
Phone: 252-794-2260

West Bertie Elementary School Pre K
Kelford, NC 27847
Phone: 252-344-7621

Colerain Elementary School Pre-K
202 North Academy St.
Colerain, NC 27924
Phone: 252-356-4714

Windsor Head Start
104 Cooper Hill Road
Windsor, NC 27983
Phone: 252-794-5519
Email: windsorhs@nc-cada.org

West Bertie Head Start
3734-B Governors Rd.
Kelford, NC 27847
Phone: 252-344-2433
Email: wbertiehs@nc-cada.org

Windsor Christian Child Development Center
Provide care for infants through 12 years old.

191 Cooper Hill Rd
PO Box 623
Windsor, NC 27983
Phone: 252-794-6500
Email: director@wccdc.info
Website: http://www.christianchildcare.info/

**Afterschool B.E.L.L.S.**
106 Queen St.
Windsor, NC 27983
Phone: 252-794-9709

**Charity’s Educational Center**
1834 NC-305
Aulander, NC 27805
Phone: 252-345-1004

**Greatest Harvest Day Care Inc**
1301 NC-561 West
Aulander, NC 27805
Phone: 252-345-1411

**Kiddie World Child Development Center**
548 US Hwy 13 and 17 S
Windsor, NC 27983
Phone: 252-794-3967

**Millennium Christian Daycare Inc**
301 Millennium Rd.
Aulander, NC 27805
Phone: 252-345-8121

**Rehoboth II**
126 Hwy 42
Powellsville, NC 27910
Phone: 252-332-2176

**South Aulander Child Development Center**
2455 NC Hwy 305
Aulander, NC 27805
Phone: 252-345-1161
Windsor Jumping Jacks Child Care Center
310 W Granville St. #A
Windsor, NC 27983
Phone: 252-794-3337

Home Daycare and Group Home Child Care in Bertie County
Source: https://childcarecenter.us/

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>KIDDIE’S HAPPY HOME CARE</td>
<td>Pineywood Road</td>
<td>(252) 348-2287</td>
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<td></td>
<td>Lewiston Woodville, NC 27849</td>
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<tr>
<td>LOVING ARMS FAMILY CHILD CARE HOME</td>
<td>B Bond Lane</td>
<td>(252) 794-9774</td>
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<td>Windsor, NC 27983</td>
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<tr>
<td>MOORE’S CHILD CARE HOME</td>
<td>643 B Moore Road</td>
<td>(252) 344-9361</td>
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<tr>
<td>WEE CARE FAMILY CHILD CARE HOME</td>
<td>Cedar Landing Road</td>
<td>(252) 794-9594</td>
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<td>Windsor, NC 27983</td>
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<td>ANN LASSITER DAY CARE HOME</td>
<td>Bruce Farmer Road</td>
<td>(252) 345-1348</td>
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<td>CHRISTIE’S DAY CARE HOME</td>
<td>N King Street</td>
<td>(252) 794-4061</td>
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<tr>
<td>LEIGH’S DAY CARE</td>
<td>Pocosin Road</td>
<td>(252) 794-4826</td>
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<tr>
<td>PAM’S DAY CARE</td>
<td>Pocosin Road</td>
<td>(252) 794-4601</td>
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Roanoke Chowan Services for Abused Families with Emergencies (SAFE)
Roanoke Chowan S.A.F.E. is a non-profit organization, founded in 1984, that provides direct services, support, education and public awareness to victims of domestic/family violence and sexual assault in the counties of Hertford, Gates, Bertie and Northampton. SAFE provides the following services: 24 hour crisis line, emergency shelter, food, clothing, court advocacy, crisis intervention, transportation, assistance in filing victim’s compensation forms, referrals, and more considering the circumstances. The goal of the agency is to enable clients to live violence-free and to become self-sufficient. SAFE does not charge for its services.

PO Box 98
Ahoskie, NC 27910
Telephone & Crisis Line: 252-332-1933
Fax: 252-332-2450
Website: www.roanoke-chowansafe.webs.com

Social Services:
110 Jasper Bazemore Ave
PO Box 627
Windsor, NC 27983
Phone: 252-794-5320
Fax: 252-794-5344

To Report Abuse, Neglect, or Exploitation of Children or the Elderly after hours, call 252-794-5330

Community Care of Eastern North Carolina (CCPEC)/ Carolina ACCESS
Phone: 252-847-9428
https://www.accesseast.org/ae-contact-us/

Bertie County Emergency Services
PO Box 530
106 Dundee St
Windsor, NC 27983
Phone: 252-794-5302
Fax: 252-794-5327
Inclement Weather Hotline: 252-794-5345

Office Hours: 8:30am-5:00pm
Exceptions: Holidays and Inclement Weather

Askewville Rescue Squad
PO Box 88
511 White Oak Rd.
Windsor, NC 27983

Bertie County Rescue Squad
PO Box 74
208 Granville St.
Windsor, NC 27983

Colerain Rescue Squad
Public Health Department:
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.

Three Rivers Healthy Carolinians
202 W. Hicks Street
PO Box 808
Edenton, NC 27932
252-482-1199
Website: http://www.arhs-nc.org/services/health/healthy-communities/carolinians/trhc/

Bertie County Health Department
102 Rhodes Ave.
Windsor, NC 27983
Phone: 252-794-5322

Bertie County Rural Health Associates
104 Rhodes Ave
PO Box 628
Windsor, NC 27983
252-794-2117
252-794-3042
Vidant Bertie Hospital
1403 South King Street
PO Box
Windsor, NC 27983
Phone: 252-794-6600

Vidant Bertie Hospital offers many different services such as behavioral & mental health, children’s services, diagnostic imaging, emergency services, family medicine, heart and vascular care, home health, hospice care, mammography, orthopedics, pain management, radiology, rehabilitation, specialty services, stroke care, surgical services, wellness & prevention, women’s care, and wound care.

Vidant Bertie Hospital offers a variety of events, support groups, and classes. For instance: breastfeeding support groups, sibling class, childbirth class, cancer services support groups, diabetes support groups, Vidant rehabilitation support groups, new grief support groups, and others.

Cashie Medical Center (Located in Vidant Bertie Hospital)
PO Box 509
1403 S. King St
Windsor, NC 27983
252-794-6775

Vidant Family Medicine – Windsor (Located in Vidant Bertie Hospital)
1403 S King St.
PO Box 509
Windsor, NC 27983
252-794-6775

NC Cooperative Extension – Bertie County
204 South Queen St.
PO Box 280
Windsor, NC 27983

Monday through Friday: 8am-5pm
Website: https://bertie.ces.ncsu.edu/

Dentist Offices
Wayne Atkisson Pa
402 Sterlingworth St.
Windsor, NC 27983
Albemarle Dental Associates
103 Mark Dr
Edenton, NC 27932
Phone: 252-482-5131
Website: http://www.albemarledental.com/

Marshburn David Pa
1025 Hamsway Dr.
Williamston, NC 27892
Phone: 252-792-7011

Other Resources
http://healthync.org/assets/media/1395797188-ChronicDiseaseManagementResourceDirectory.pdf

Eat Smart Move More Weigh Less
A weight management course offered every February in Bertie County.
Contact: Mary Morris, Bertie County Extension Agency
Phone: 252-794-5319
Website: http://www.eatsmartmovemorenc.com/

Community Care Plan of Eastern Carolina (CCPEC)
Hypertension Self-Management Program, Living Healthy with Chronic Disease, and Living Healthy with Diabetes
2410 Stantonsburg Road
Greenville, NC 27835
Contact: Janet Tillman
Phone: 252-916-7168
Email: janet.tillman@vidanthealth.com

Tobacco Cessation
QuitlineNC
NC Dept. of Health and Human Services
Phone: 1-800-QUIT-NOW or 1-800-784-8669
Website: https://www.quitlinenc.com/

Federally-Qualified Health Centers
Colerain Primary Care (Roanoke-Chowan Community Health Center)
109 W River St.
Colerain, NC 27924
Phone: 252-356-2404

Lewiston Community Health Center
307 S. Main St.
Lewiston-Woodville, NC 27849
Phone: 252-348-2545

Adult Care Facilities
https://www2.ncdhhs.gov/dhsr/acls/star/results.asp
https://www2.ncdhhs.gov/dhsr/data/ahlist.pdf

A Sharpe Haven
222 Connarista Road
Kelford, NC 27847

Cherry’s Family Care Home #3
106 Harmon Street
Aulander, NC 27805

Hawthorn House
1025 Highway 45 North
Merry Hill, NC 27957

Help Center
340 School Road
Windsor, NC 27983

Moore’s Family Care
154 Hwy NC 42
Powellsville, NC 27967

Pathways
743 Charles Taylor Road  
Aulander, NC 27805

Pathways II  
812 Charles Taylor Road  
Aulander, NC 27805

Pathways III  
1215 Charles Taylor Road  
Aulander, NC 27805

Pathways IV  
410 Commerce Street  
Aulander, NC 27805

Virginia's Place  
1517 Governor’s Road  
Windsor, NC 27983  
Phone: 252-348-2007  
Fax: 252-348-2050

Windsor House  
336 South Rhodes Avenue  
Windsor, NC 27983-9611  
(252)794-9333  
Fax: (252)794-5178

Winston Gardens  
205 Watson Street  
Windsor, NC 27983  
(252)484-1048  
Fax: (252)484-1096

Nursing Homes/Homes For the Aged  
Brian Center Health and Rehabilitation - Windsor  
1306 S King St.  
Windsor, NC 27983  
252-794-5146
Three Rivers Health and Rehabilitation
1403 Conner Dr.
Windsor, NC 27983
252-794-4441
http://www.libertyhealthcareandrehab.com/threerivers/

Alternatives to Institutional Care
Eastern Home Health Care
820 US Highway 13 and 17 S
Windsor, NC 27983
252-794-1888

Home Life Care Inc.
10006 N. King St.
Windsor, NC 27983
Phone: 252-794-5999
Fax: 252-794-8566
Email: info@homelifeicareinc.com
http://www.homelifeicareinc.com/locations.htm

New Destiny Home Care Inc.
913 US Hwy 13 and 17 S
Windsor, NC 27983
252-794-2368

Positive Step Inc. - Home Care Agency
102 E. Granville St.
Windsor, NC 27983
252-794-2561

Quality Home Staffing, Inc.
PO Box 490
228 US 13 South Bypass, Suite 1
Windsor, NC 27983
252-794-4227
Fax: 252-794-4419
www.qualityhomestaffing.com
Sure Care Health Services, Inc.
3804 Governors Road
Kelford, NC 27847
252-344-9381

Vidant Home Health and Hospice
304 W. Granville St.
Windsor, NC 27983
252-794-2622

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/

Mental Health Facilities

Bertie Camden
Solid Foundation Facilities, Inc.
301 West Camden Street
Windsor, NC 27983
252-794-6544

Bertie County Day Reporting Center
128 East Granville Street
Windsor, NC 27983
252-794-2533

Cherry’s group Home #1
Alphonso Cherry
108 Harmon Street
Aulander, NC 27805
252-345-1353
Corday Place
222 Ward Road
Windsor, NC 27983
252-794-2066

Dameron Home
612 Blount Street
Windsor, NC 27983
252-794-5234

Deacon's Dan's Place
222-C Ward Road
Windsor, NC 27983
252-794-9486

East Creek
222-B Ward Road
Windsor, NC 27983
252-794-3392

Farmwood
220 Ward Road
Windsor, NC 27983
252-794-4743

Hillcrest Place
110 Hillcrest Drive
Windsor, NC 27983
252-794-4526

Kasheena House
138 Connaritsa Road
Kelford, NC 27847
252-348-3400

Mary Gladys
450 US 13-17 South
Windsor, NC 27983
252-794-2386

Rachel's House Day Treatment
1212 Charles Street
Windsor, NC 27983
252-794-8503

Residential Loving Care #2 Inc.
106 Orange Lane
Windsor, NC 27983
252-794-2044

Uplift Academy
416 Ghent Street
Windsor, NC 27983
252-794-3832

Visions In View, Inc.
2041 US 17 North
Merry Hill, NC 27957
252-482-2782

West Creek
220-B Ward Road
Windsor, NC 27983
252-794-4610

Windsor House
340 School Road
Windsor, NC 27983
252-794-5234

Windsor Psychosocial Rehabilitation
117 E. Granville Street
Windsor, NC 27983
252-794-1500

Xavier House
814 Governors Road  
Windsor, NC 27983  
252-794-5234

**Other Healthcare Resources**

HealthSteps  
PO Box 629  
Edenton, NC 27932  
252-482-8451

**Reclamation Family Services: Counseling and Mental Health**

306 Winston Lane  
Windsor, NC 27983  
252-794-3556

**Dialysis Centers**

BMA of Windsor  
1421 B South Kind St  
Windsor, NC 27983  
252-794-5041

DaVita Edenton Dialysis  
312 Medical Arts Dr.  
Edenton, NC 27932  
1-800-424-6589  
Fax: 252-482-0863  
Reference #: 3907  

Elizabeth City Dialysis  
1840 W City Dr.  
Elizabeth City, NC 27909  
866-544-6741 ext. 2908

**Farmers Markets and Roadside Stands**

Website: [http://healthync.org/](http://healthync.org/)
Windsor Super Farmers Market
112 W Water St.
Windsor, NC 27983
Phone: 252-794-2001
Open May through September

Perry’s Produce
Corner of NC 45 and HWY 17
Merry Hill, NC
Phone: 252-287-0441
May - October

Edenton Farmers Market
730 N. Granville St
Edenton, NC
Phone: 252-209-4792

W.R. Bunch Produce Stand 1
2833 Rocky Hock Rd
Edenton, NC 27932
Phone: 252-221-4594
May - September

W.R. Bunch Produce Stand 2
359 Yeopim Rd and 32 South
Edenton, NC 27932
Phone: 252-221-4594
May – September

Winborne & Son Farms
3442 Rocky Hock Road
Edenton, NC 27932
Phone: 252-333-6181
July 1 - Oct 31, Mon-Sun 8am-6pm

Hare Family Farm (formerly Olan Path) CSA
147 Mexico Rd
Edenton, NC 27932
Phone: 252-370-0890

**Pigs Plus Farm**
November – January
311 Evans-Bass Rd
Edenton, NC 27932

**Triple B. Farms**
Corner of Ryland Rd. and Sign Pine Rd.
Tyner, NC 27980
Phone: 252-221-4223

**CC's Produce**
2349 Virginia Rd.
Edenton, NC 27932
Phone: 252-333-0766
July – Thanksgiving

**Griffin’s Collard Stand**
1800 W. Queen St.
Edenton, NC 27932

**Martin County Farmers Market**
4001 W. Main Street Ext
Williamston, NC 27892
Opens in June

**Recreational Facilities**
**Bertie County Parks & Recreation**
PO Box 530
101 W. School St.
Windsor, NC 27983
Phone: 252-794-5363
Fax: 252-794-5362
Website: [http://www.co.bertie.nc.us/departments/rec/rec.html](http://www.co.bertie.nc.us/departments/rec/rec.html)
Hours: 8:30am-5:00pm
Exceptions: Holidays & Inclement weather
Walking Trails, Senior Citizens Activity Calendar, Senior Bowling Trips, Senior Exercise Class, Spade Tournament, Soccer Registration

**Livermon Park & Mini-Zoo**
Animals, picnic pavilions, playground equipment, Cashie Wetland Walk, canoes, paddles, and life vests

102 N. York Street
Windsor, NC 27983
252-794-5553
Email: livermonpark@gmail.com
Website: [http://www.windsorbertiechamber.com/16.html](http://www.windsorbertiechamber.com/16.html)

Summer Hours:
Monday-Friday 8am-8pm
Saturday-Sunday 9am-8pm
Winter Hours:
Monday-Sunday 9am-5pm

**Historic Hope Plantation**
Restored home of former NC governor and offers insights into late 18th and 19th century rural life in eastern NC.

132 Hope House Road
Windsor, NC 27983
252-794-3140
Website: [http://www.hopeplantation.org/](http://www.hopeplantation.org/)

**Roanoke Cashie River Center**
112 West Water Street
Windsor NC, 27983
252-794-2001
Fax: 252-794-5202
Email: pfs@beachlink.com
Facebook: [https://www.facebook.com/Roanoke-Cashie-River-Center-165881840104344/?fref=ts&ref=br_tf](https://www.facebook.com/Roanoke-Cashie-River-Center-165881840104344/?fref=ts&ref=br_tf)

**Cashie Wetlands Walk**
Boardwalk in natural wetland environment, observation deck, and canoes available

101 York St.
River Rambling Educational Boat Tours
Take a ride on the Cashie River while learning about the history and habitats of the surrounding area. Offered by the Roanoke Cashie River Center. Call for reservations. River Rambling runs April through October.

Neal Moye
Roanoke Cashie River Center
112 W. Water St.
Windsor, NC 27983
252-794-2001

Sans Souci Ferry
Woodward Rd & Sans Souci Rd at the Cash
Windsor, NC 27983
252-794-4277
Fax: 252-794-5070

Roanoke River National Wildlife Refuge
114 W Water St.
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

Davis Ballpark
Windsor, NC 27983

Windsor Recreational Park
103 N. York St.
Windsor, NC 27983
252-794-5553

Windsor Municipal Park
128 N. King St.
Windsor, NC 27983
252-794-2331

**Bertie County Arts Council**
124 S. King St.
Windsor, NC 27983
252-794-9402
Facebook Page: [https://www.facebook.com/BertieCountyArtsCouncil/](https://www.facebook.com/BertieCountyArtsCouncil/)

**YMCA**
1102 N. King St.
Windsor, NC 27983
252-794-9622

**Cashie Golf & Country Club**
132 Country Club Rd.
Windsor, NC 27983
252-794-4942

**Bertie County Soil & Water**
106 Dundee St. #211
Windsor, NC 27983
252-794-5350

**Bertie County Animal Control**
106 Dundee St.
Windsor, NC 27983
252-794-5340
Website: [http://www.co.bertie.nc.us/](http://www.co.bertie.nc.us/)

**Bertie County Humane Society**
217 County Farm Road
Windsor, NC 27983
252-325-3647
Website: [http://bertiecountyhumanesociety.org/](http://bertiecountyhumanesociety.org/)