Camden 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, Vidant 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 appreciate the help of our vital community stakeholders.

Special thanks goes to Amanda Betts 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 Camden County.

Service Area
The service area for this report is defined as the geographical boundary of Camden County, North Carolina. Camden County is located in the northeastern corner of the state and has a total area of 310 square miles, of which 241 square miles is land and 70 square miles is water (22%).

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 Camden 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. The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Over 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
Almost 200 Camden 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 Camden 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>
</tr>
<tr>
<td>Economy</td>
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<tr>
<td>Exercise, Nutrition &amp; Weight</td>
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<tr>
<td>Heart Disease &amp; Stoke</td>
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<tr>
<td>Mental Health &amp; Mental Disorders</td>
</tr>
<tr>
<td>Substance Abuse</td>
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<tr>
<td>Transportation</td>
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</tbody>
</table>

Selected Priority Areas
The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

Conclusion
This report describes the process and findings of a comprehensive health needs assessment for the residents of Camden County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Camden 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 pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Camden County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Camden 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, Sentara Albemarle Medical Center, 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
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.

Healthy Carolinians of the Albemarle (HCOTA), serving Pasquotank, Perquimans, Camden, and Currituck counties, was also an active partner in the development of the CHNA. HCOTA 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

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

Secondary Data Sources & Analysis
The main source of the secondary data used for this assessment is HealthENC.org¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 130 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Camden County’s status, including how Camden 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 Camden 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 multiple indicators.

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/.
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>Access to Health Services</th>
<th>Family Planning*</th>
<th>Prevention &amp; Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Food Safety*</td>
<td>Public Safety</td>
</tr>
<tr>
<td>Children’s Health*</td>
<td>Heart Disease &amp; Stroke</td>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>Immunizations &amp; Infectious Diseases</td>
<td>Social Environment</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Disabilities*</td>
<td>Men’s Health*</td>
<td>Teen &amp; Adolescent Health*</td>
</tr>
<tr>
<td>Economy</td>
<td>Mental Health &amp; Mental Disorders</td>
<td>Transportation</td>
</tr>
<tr>
<td>Education</td>
<td>Mortality Data</td>
<td>Vision*</td>
</tr>
<tr>
<td>Environment</td>
<td>Older Adults &amp; Aging</td>
<td>Wellness &amp; Lifestyle</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>Other Chronic Diseases</td>
<td>Women’s Health</td>
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<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>Oral Health*</td>
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</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, Camden, 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 219 responses were collected from Camden County residents, with a survey completion rate of 86%, resulting in 188 complete responses from Camden 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>Camden County</td>
<td>188</td>
<td>0</td>
<td>188</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 Camden County, what their personal health challenges are, and what the most critical health needs are for Camden County. The survey instrument is available in Appendix B.
Demographics of Survey Respondents
The following charts and graphs illustrate Camden County demographics of the community survey respondents.

Among Camden County survey participants, just over half of respondents were over the age of 50, with the highest concentration of respondents (13.5%) grouped into the 55-59 age group. The majority of respondents were female (72.3%), White (85.4%), spoke English at home (99.5%), and Not Hispanic (95%).

Survey respondents have varying levels of education, with the highest share of respondents (25.4%) having a bachelor’s degree and the next highest share of respondents (20%) having graduated high school (Figure 3).

Figure 3. Education of Community Survey Respondents
As shown in Figure 4, over half of the respondents were employed full-time (59%) and the highest share of respondents (24.9%) had household annual incomes that totaled over $100,000 before taxes. The average household size was 2.9 individuals.

Figure 4. Employment Status of Community Survey Respondents
Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (53.2%), while 15.1% have Medicare and 9.1% have no health insurance of any kind.

Overall, the community survey participant population consisted of white women with varying degrees of education and income level. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

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

**Focus Group Discussions**

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Camden 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 Sentara Albemarle Medical Center to collect primary data for the 2018 CHNA process for Camden 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.

Four focus group discussions were completed within Camden County between July 6, 2018 – July 23, 2018 with a total of 23 individuals. Participants included Senior Citizens and local church members. 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>7/06/2018</td>
<td>Camden Senior Center</td>
<td>Seniors Citizens</td>
<td>6</td>
</tr>
<tr>
<td>7/20/2018</td>
<td>Church in South Mills</td>
<td>Church Member/Senior Citizens</td>
<td>7</td>
</tr>
<tr>
<td>7/23/2018</td>
<td>Church in Sawyers Creek</td>
<td>Church Members</td>
<td>5</td>
</tr>
<tr>
<td>7/23/2018</td>
<td>Church in Sawyers Creek</td>
<td>Church Members</td>
<td>5</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. A deeper analysis of focus group findings is available on HealthENC.org.

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

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

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

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

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

**Prioritization**

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

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

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

About Camden County

Camden County is a narrow, primarily rural county located in the Coastal Plain region of eastern NC. Camden County is adjacent to Pasquotank and Gates counties to the west, Currituck County to the northeast, the Albemarle Sound to the south, and the state of Virginia to the north. Camden County is divided geopolitically into three townships. The county seat is the town of Camden.

Camden County encompasses a land area of 306 square miles, including 65 square miles of waterfront along the Pasquotank and North rivers and the Albemarle Sound. Major highways include US Highway 17, which runs through the county connecting to Wilmington, NC to the south and Norfolk, VA to the north. US Highway 158 runs east to west through the county and connects Camden County to the coast. Both highways provide a connection to US Highway 64, the nearest all four-lane highway, which leads to the Outer Banks going east and Raleigh going west.

Elizabeth City, in neighboring Pasquotank County, is the nearest Greyhound bus line stop. The nearest Amtrak train station is in Norfolk, VA. The Norfolk International Airport is the nearest commercial airport and is approximately 50 miles from Camden County. The next two closest airports are the Newport News/Williamsburg International Airport in Newport News, VA (approximately 72 miles) and the Pitt-Greenville Airport in Greenville, NC (approximately 106 miles).

Camden County was formed in 1777 from the northeastern part of Pasquotank County. The first colonists to the county were Virginians and other northerners who reached the area by journeying down the Pasquotank River. Many of these colonists took notice of the region’s rich soil and recognized the potential for agricultural production. Nearly a third of the county’s land remains farmland, and among the agricultural products to come from this region are cotton, corn, barley, soybeans, and potatoes.

One of the biggest events in Camden County was the construction of the Dismal Swamp Canal, a 22 mile-long canal connecting South Mills and Deep Creek, VA, beginning in 1793 and ending in 1805. The canal is the oldest surviving artificial waterway in the United States. It was first used as a trade route with hundreds of flatboats, passenger ships, and freighters plying its waters. The canal is still enjoyed today as a scenic waterway for pleasure craft. Connecting the Chesapeake Bay to the Albemarle Sound, it is now owned by the federal government and makes up a section of the Intracoastal Waterway.

Residents of Camden County still take pride in their rural population, school system, and county government. The waters of the county are enjoyed annually by boaters, swimmers, naturalists, and fishermen. Also enjoyed by outdoorsmen for hunting, Camden County has the largest turkey population in the state. The Great Dismal Swamp is the most important sanctuary for black bears in the eastern United States as well as a vital breeding ground for songbirds returning from migrations to Central and South America. Visitors to the Great Dismal Swamp can find opportunities there which include hiking, biking, birding, paddling and photography.
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 Camden County, North Carolina.

Population

According to the U.S. Census Bureau’s 2016 population estimates, Camden County has a population of 10,418 (Figure 6). The population of Camden County has increased 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
Figure 7 shows the population density of Camden County compared to other counties in the Health ENC region. Camden County has a population density of 41.5 persons per square mile.

Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)
Age and Gender
Overall, Camden County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 8 shows the Camden County population by age group. The 45-54 age group contains the highest percent of the population at 16.0%, while the 35-44 age group contains the next highest percent of the population at 13.4%.

![Figure 8. Population by Age (U.S. Census Bureau, 2016)](image-url)
People 18 years and older comprise 76.7% of the Camden County population and people 65 years and older comprise 15.4% (Figure 9). These values are similar to the age distribution in North Carolina and Health ENC Counties.

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

Males comprise 50.2% of the population, whereas females comprise 49.8% of the population (Table 5). The median age for males is 41.4 years, whereas the median age for females is 42.3 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>Camden County</td>
<td>50.2%</td>
<td>49.8%</td>
<td>76.2%</td>
<td>14.5%</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 Camden County (8.8 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). Further, birth rates have decreased slightly in all three jurisdictions between 2014 and 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 Camden 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 White population accounts for 82.3% of the total population in Camden County, with the Black or African American population accounting for 12.2% of the total population. The proportion of residents that identify as White is larger in Camden County (82.3%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Camden County has a smaller share of residents that identify as Black or African American (12.2%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.1% of Camden County, which is lower than 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>
<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>Occaneecchi-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, Camden County has a smaller share of residents in the military (2.4%) compared to counties in the Health ENC region (4.0%), but a larger share compared to North Carolina (1.0%). Across the last three time periods, the percent of the population in the military increased in Camden County.
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. Camden County has a veteran population of 16.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Camden County increased between 2009-2013 and 2011-2015 before decreasing in 2012-2016. In contrast, the veteran population of North Carolina and the Health ENC region is decreasing slightly across the four time periods.

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

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

**NC Department of Commerce Tier Designation**

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Camden 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 Camden County ($60,714), which is higher than the median household income in North Carolina ($48,256).

![Figure 14. Median Household Income (American Community Survey, 2012-2016)](chart.png)

- Camden County: $60,714
- North Carolina: $48,256

USD
Camden County has one of the highest median household incomes compared to counties in the Health ENC region, second only to Currituck County. The remaining 31 counties in the Health ENC region have a lower median household income (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)
Within Camden County, zip code 27974 has the lowest median household income ($38,382) while zip code 27976 has the highest median household income ($73,269) (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, 10.4% percent of the population in Camden County lives below the poverty level, which is lower than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

*Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)*
The rate of both children and older adults living below the poverty level is also lower for Camden County when compared to North Carolina and Health ENC counties (Figure 18 and Figure 19). The rate of children living below the poverty level is 18.7% in Camden County compared to 23.9% in North Carolina and 27.6% in Health ENC Counties (Figure 18).

**Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)**

As shown in Figure 19, 2.5% of the population 65 and older in Camden County lives below the poverty level, compared to 9.7% in North Carolina and 11.5% in Health ENC Counties.

**Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**
The percent of disabled people living in poverty in Camden County (24.5%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%) (Figure 20).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)
Housing
The average household size in Camden County is 2.7 people per household, which is greater than the North Carolina value of 2.5 people per household.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Camden County, the median housing costs for homeowners with a mortgage is $1,676. This is higher than the North Carolina value of $1,243 and is the highest value of all counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)
Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Camden County, 13.2% 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)**

![Bar chart showing percentage of households with severe housing problems in Camden County, North Carolina, and Health ENC Counties. Camden County: 13.2%, North Carolina: 16.6%, Health ENC Counties: 17.7%]
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 Camden County, 59.3%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Access to Grocery Stores and Farmers’ Markets

- In 2014, there were no grocery stores listed in Camden County. [https://www.ers.usda.gov/FoodAtlas/](https://www.ers.usda.gov/FoodAtlas/)
- From 2010 to 2015, Camden County households with no car and therefore low access to grocery stores increased from 1.3% to 3.1%.
- From 2010 to 2015 persons in Camden County with low income and low access to grocery stores decreased from 1.0% to 0.9%.
- 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 Camden 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 Camden 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 27974, with an index value of 58.9, has the highest level of socioeconomic need within Camden County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Camden County are provided in
Table 7.

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

MAP LEGEND
greater need →

Zip Code: 27976
Index Value: 35.0
Relative Rank: 1

Zip Code: 27974
Index Value: 58.9
Relative Rank: 3

Zip Code: 27921
Index Value: 45.9
Relative Rank: 2
Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index Value</th>
<th>Relative Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>27974</td>
<td>58.9</td>
<td>3</td>
</tr>
<tr>
<td>27921</td>
<td>45.9</td>
<td>2</td>
</tr>
<tr>
<td>27976</td>
<td>35.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: [http://www.healthenc.org/socioneeds](http://www.healthenc.org/socioneeds)
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 (83.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Camden County is similar to Health ENC Counties and lower than the state value. Only 20.4% of residents 25 and older have a bachelor’s degree or higher in Camden County and 19.9% in the Health ENC counties, compared to 29.0% in North Carolina (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)
In zip code 27974, the high school degree attainment rate is below 70%, which is lower than the other two zip codes in Camden County (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.

Camden County’s high school dropout rate, given as a percent of high school students in Figure 27, was 1.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Camden County’s high school dropout rate increased between 2013-2014 and 2015-2016, before decreasing to its lowest point in the four most recent measurement periods in 2016-2017.

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

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

Camden County’s rate of high school suspension (3.5 suspensions per 100 students) is lower than North Carolina’s rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, Camden County’s values are lower than those in North Carolina and the Health ENC region over the four time periods.

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 Camden 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 two active water systems in Camden County, all of which were Community Water Systems that served an estimated 10,433 people, which is 100% of the 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 two CWS, there were no health violations in the past 10 years. https://www3.epa.gov/enviro/facts/sdwis/search.html

SOLID WASTE
Camden County operates three collection and recycling centers in 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 Camden County is transferred or transported out of the county or out of the state, the largest proportion of which (91%) goes through the Pasquotank County Transfer Station.

RABIES
According to the Epidemiology Section of NC DPH, there was one confirmed cases of rabies in animals in Pasquotank 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, 0% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Camden County, with an estimated 0.2% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Camden County, 90.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>Percent of Working Population 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden County</td>
<td>90.2%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>81.1%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>81.4%</td>
</tr>
</tbody>
</table>
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 Camden County is 98.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The rate has increased over the last three measurement periods.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)
The property crime rate in Camden County (628.7, per 100,000 people) is also lower than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 31 and Figure 32, the violent crime rate in Camden County is increasing since 2014, whereas the property crime rate appears to be decreasing.

**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 Camden County (1.9) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). The 2017 rate in Camden County is also higher than the previous measurement period (0.0% in 2016).

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 Camden County decreased from 2014 to 2016, the rate increased from 1.5 in 2016 to 8.4 in 2017. The 2017 juvenile delinquent rate for Camden County (8.4) 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 Camden County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Camden County has steadily remained at 0.00 per 1,000 population over the past four measurement periods.

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 Camden County has decreased over the past four measurement periods. The 2017 incarceration rate in Camden County (68.1 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 Camden County, 89.7%, is slightly higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). About 10% of the population in Camden County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Camden County has a lower percent of people receiving Medicaid (16.3%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is higher in Camden County (8.3%), 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)**
**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. Camden County and Health ENC counties have the same percent of residents of voting age (76.7%), which is slightly lower than North Carolina (77.3%).

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

<table>
<thead>
<tr>
<th>Percent of Population</th>
<th>Camden County</th>
<th>North Carolina</th>
<th>Health ENC Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>76.7%</td>
<td>77.3%</td>
<td>76.7%</td>
</tr>
<tr>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Camden County was 64.9%, which is lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

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

Secondary Data Scoring Results

Table 8 shows the data scoring results for Camden County by topic area. Topics with higher scores indicate greater need. Heart Disease & Stroke is the poorest performing health topic for Camden County, followed by Transportation, Access to Health Services, Older Adults & Aging, Diabetes and Mental Health & Mental Disorders.

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>2.07</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.01</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.67</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.63</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.60</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.53</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 Camden County. Low income/poverty was the most frequently selected issue and was ranked by 29.7% of survey respondents, followed closely by by Drugs/Substance Abuse (25.8%).

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents
Figure 42 displays the level of agreement among Camden County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to raise children, is a good place to grow old, is a safe place to live and has good parks and recreation facilities. Almost half of survey respondents disagreed (26%) or strongly disagreed (23%) that the county has good health care. Further, 55% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to buy healthy foods in this County.</td>
<td>18%</td>
<td>29%</td>
<td>21%</td>
<td>28%</td>
<td>4%</td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this County.</td>
<td>6%</td>
<td>21%</td>
<td>19%</td>
<td>39%</td>
<td>15%</td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this County.</td>
<td>7%</td>
<td>18%</td>
<td>35%</td>
<td>35%</td>
<td>5%</td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in this County.</td>
<td>4%</td>
<td>15%</td>
<td>32%</td>
<td>37%</td>
<td>11%</td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td>1% (1%)</td>
<td>3% (3%)</td>
<td>32%</td>
<td>34%</td>
<td>15%</td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>15%</td>
<td>40%</td>
<td>27%</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td>2% (2%)</td>
<td>10%</td>
<td>40%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td>2% (2%)</td>
<td>6%</td>
<td>40%</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>There is good healthcare in my County.</td>
<td>23%</td>
<td>26%</td>
<td>24%</td>
<td>22%</td>
<td>5%</td>
</tr>
</tbody>
</table>

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Camden County. Availability of employment was the most frequently selected issue, followed by number of healthcare providers and higher paying employment.

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 Camden County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 14.8% of survey respondents. This was followed by other, eating well/nutrition, going to the doctor for yearly check-ups and screenings and suicide prevention.

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 Camden 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 10 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>12</td>
</tr>
<tr>
<td>Low-Income/Underserved</td>
<td>7</td>
</tr>
<tr>
<td>Social Environment</td>
<td>7</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>6</td>
</tr>
<tr>
<td>Built Environment</td>
<td>6</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 Camden 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?

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

Figure 45. Data Synthesis

Secondary Data

Community Survey

Focus Groups

Exercise, Nutrition & Weight

Economy

Substance Abuse

Access to Health Services

Transportation

Mental Health & Mental Disorders

Diabetes

Heart Disease & Stroke

71
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**

Eight 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>Heart Disease &amp; Stoke*</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders*</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Transportation*</td>
</tr>
</tbody>
</table>

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. The additional topics in ‘Other Significant Health Needs’ includes Exercise, Nutrition & Weight, Economy 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 Camden 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 12. Description of Gauges and Icons used in Secondary Data Scoring

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="verde.png" alt="Green" /></td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td><img src="amarelo.png" alt="Yellow" /></td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td><img src="vermelho.png" alt="Red" /></td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td><img src="sem-simbol.png" alt="Non-Significant" /></td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="significativo.png" alt="Significant" /></td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="neutral.png" alt="Neutral" /></td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Heart Disease & Stroke

Key Issues
- The age-adjusted death rate due to heart disease is a top scoring indicator and is significantly increasing over time
- Stroke, hypertension, hyperlipidemia and atrial fibrillation amongst the Medicare population is higher in Camden County than in North Carolina and the U.S.

Secondary Data
The secondary data scoring results reveal Heart Disease & Stroke as the top need in Camden County with a score of 2.07. 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>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Camden 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>2.35</td>
<td>Stroke: Medicare Population (2015) (percent)</td>
<td>4.4</td>
<td>3.9</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Hypertension: Medicare Population (2015) (percent)</td>
<td>67.4</td>
<td>58</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/ 100,000 population)</td>
<td>204.2</td>
<td>161.3</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>161.5</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Hyperlipidemia: Medicare Population (2015) (percent)</td>
<td>54.9</td>
<td>46.3</td>
<td>44.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Atrial Fibrillation: Medicare Population (2015) (percent)</td>
<td>9.4</td>
<td>7.7</td>
<td>8.1</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
37.2% of survey participant reported being told by a health care professional that they had high blood pressure and 29.9% had been told they have high cholesterol. When asked about challenges to accessing health services
for themselves or a family member, 15.7% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 13.8% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke. Heart Disease and Stroke related topics came up twice in the focus as a primary health concern in the community. One participant brought up cardiovascular disease as a health issue facing the community and another raised high blood pressure.

**Highly Impacted Populations**
Data scoring analysis identified the Medicare population as a group highly impacted within the Heart Disease & Stroke topic area. No specific groups were identified in the primary data sources.
Transportation

Key Issues
- Workers driving alone to work is significantly increasing over time
- Mean travel time to work is higher in Camden County than in North Carolina and the U.S. overall
- Less than 1% of workers commute to work via public transportation which does not meet the Healthy People 2020 Goal of 5.5%

Secondary Data
Transportation was also a high scoring topic area identified in the secondary data analysis, with a score of 2.01. Table 14 highlights indicators of concern. This topics area includes indicators that address peoples commute to work and modes of transportation available in the community. The high scoring indicators in Transportation suggest that travel time to work is not improving over time and access to public transportation or walkable work options is very low or not available.

Table 14. Data Scoring Results for Transportation

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Camden County</th>
<th>North Carolina</th>
<th>U.S. 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>2.70</td>
<td>Workers who Drive Alone to Work (2012-2016) (percent)</td>
<td>90.2</td>
<td>81.1</td>
<td>76.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.45</td>
<td>Workers who Walk to Work (2012-2016) (percent)</td>
<td>0</td>
<td>1.8</td>
<td>2.8</td>
<td>-</td>
<td>-</td>
<td>3.1</td>
<td>-</td>
</tr>
<tr>
<td>2.40</td>
<td>Mean Travel Time to Work (2012-2016) (minutes)</td>
<td>34</td>
<td>24.1</td>
<td>26.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.20</td>
<td>Workers Commuting by Public Transportation (2012-2016) (percent)</td>
<td>0.2</td>
<td>1.1</td>
<td>5.1</td>
<td>5.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.10</td>
<td>Solo Drivers with a Long Commute (2012-2016) (percent)</td>
<td>44.1</td>
<td>31.3</td>
<td>34.7</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**
According to survey results, transportation did not rank as one of the top services individuals in Camden County feel need the most improvement compared to other issues in the community. 1.6% of participants selected transportation as needing the most improvement in their neighborhood. Transportation was brought up six times in the focus group discussions by participants sharing that they found transportation a barrier to traveling long distances to medical appointments and commuting to work. One participant felt that the community would benefit from a county wide transportation system.

**Highly Impacted Populations**
No specific groups were identified in the primary data sources.
Access to Health Services

Key Issues
- The mental health provider rate is a top health issue of concern and is significantly decreasing over time
- The primary care provider rate is much lower in Camden County than in North Carolina and the U.S., however, there is a suggestion in the time trend analysis that this may be increasing

Secondary Data
The Access to Health Services received a data score of 1.67. This category includes indicators that address the health care providers available in the county which impact community members ability to seek care within their geographic area. Poor performing indicators related to the Access to Health Services are displayed in Table 15.

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Camden 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>2.7</td>
<td>Mental Health Provider Rate (2017) (providers/100,000 population)</td>
<td>38.4</td>
<td>215.5</td>
<td>214.3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Primary Care Provider Rate (2015) (providers/100,000 population)</td>
<td>19.4</td>
<td>70.6</td>
<td>75.5</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
As previously summarized, more than half of community survey respondents have health insurance through an employer (53.2%) followed by Medicare (15.1%). Participants were asked where they most often go to seek medical treatment. Many sought care at a doctor’s office (66.3%) followed by an urgent care center (19.25%). The majority of participants did not report any problems getting the health care they needed in the past 12 months (84.3%). For those who reported having difficulties accessing health care services, the most commonly
reported providers that they had trouble getting services from were a general practitioner (24.1%), other (24.1%) or a dentist (24.1%). The top reasons participants reported not being able to get the necessary health care they needed were they couldn’t get an appointment (28.6%), insurance didn’t cover what they needed (28.6%) or the share of the cost was too high (28.6%). 7.2% of participants reported being able to see the medical provider they needed within Camden County while most sought care in Pasquotank County (70.7%).

Focus Group participants frequently discussed barriers to accessing health services such as having to travel out of the county to for primary care, scheduling appointments with health care providers, affording the costs of health care and lack of transportation to medical centers. Senior citizens were brought up as a group who are unable to access medical services as easily because of financial restrictions and lack of access to transportation.

Highly Impacted Populations
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Access to Health Services topic area indicators. Focus group participants brought up senior citizens as a group unable to access health care services.

“There is no county primary care access. Some health care needs are available in Elizabeth City but many require travel to Virginia”
Mental Health & Mental Disorders

Key Issues

- The age adjusted death rate due to suicide is a top health need in Camden County and is significant increasing over time
- The mental health provider rate is lower in Camden County than in North Carolina and the U.S.
- The age-adjusted death rate due to Alzheimer’s disease is significantly increasing over time

Secondary Data

Mental Health & Mental Disorders received a topic score of 1.53 through the secondary data analysis. Top scoring indicators of concern are displayed in Table 16. The age adjusted death rate due to suicide is 28.2 deaths per 100,000 population which is much higher in Camden County than in North Carolina and the U.S. This is a top area of concern as time trend analysis shows that this rate is significantly increasing over time. The mental health provider rate is significant decreasing over time and is much lower than in the state and U.S. In addition, the age-adjusted death rate due to Alzheimer’s disease 31.5 deaths per 100,000 population and is significantly increasing over time.

Table 16. Data Scoring Results for Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Camden 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>2.78</td>
<td>Age-Adjusted Death Rate due to Suicide (2012-2016) (deaths/ 100,000 population)</td>
<td>28.2</td>
<td>12.9</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td>8.3</td>
<td>10.2</td>
</tr>
<tr>
<td>2.7</td>
<td>Mental Health Provider Rate (2017) (providers/ 100,000 population)</td>
<td>38.4</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.03</td>
<td>Age-Adjusted Death Rate due to Alzheimer’s Disease (2012-2016) (deaths/ 100,000 population)</td>
<td>31.5</td>
<td>31.9</td>
<td>26.6</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
17.6% of survey participants, of those who responded to the question, have been told by a health professional that they have depression, anxiety or post-traumatic stress disorder. When asked what services need the most improvement in the community, counseling /mental health/support groups was the 4th highest ranked choice. 8.8% selected suicide prevention as the health behavior the community needs more information about.

Focus Group participants brought up mental health five times during discussion sessions as a top health issue facing the community. Participants shared their concerns for needing more resources dedicated to mental health in the community such as support groups and suicide prevention. One participant was concerned about an increase in suicide in the community over the past few years.

Highly Impacted Populations
Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within Diabetes topic area indicators. No specific groups were identified in the primary data sources.
Diabetes

Key Issues

- Diabetes amongst the Medicare population in Camden County has not improved nor gotten worse over time, however, is higher in North Carolina and the U.S.
- Adults over 20 with diabetes in Camden County may be increasing over time, although this change is not considered statistically significant it may be a health issue to closely monitor.

Secondary Data
From the secondary data scoring results, Diabetes was identified to be a top need in Camden County with a score of 1.60. There are two specific indicators with high scores that are areas of concern which are highlighted in Table 17.

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Camden 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>1.9</td>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>11.8</td>
<td>11.1</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes: Medicare Population (2015) (percent)</td>
<td>34.7</td>
<td>28.4</td>
<td>26.5</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 respondents rated eating well/nutrition and going to the doctor for yearly checkups and screenings as topics the community needs more information about which may also impact the adult population living with Diabetes. 10.9% of community survey participants reported being told by a medical professional that they have diabetes and 39% had been told that they were overweight or obese. Diabetes was raised by five participants as an issue they see as impacting the community. Two participants discussed the need for access to diabetes support groups. One participant felt that juvenile diabetes was a top health issue in the community.

Highly Impacted Populations
Data scoring analysis identified adults over 20 years old and the Medicare population as groups highly impacted within Diabetes topic area. Young children were identified in the primary data sources as a group impacted by Diabetes in the community.
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 Camden 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 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Camden County</th>
<th></th>
<th></th>
<th></th>
<th>North Carolina</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Health ENC Counties</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Heart Diseases</td>
<td>73</td>
<td>228.4</td>
<td>Cancer</td>
<td>58,187</td>
<td>165.1</td>
<td>Cancer</td>
<td>12,593</td>
<td>177.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>54</td>
<td>143.6</td>
<td>Heart Diseases</td>
<td>54,332</td>
<td>159</td>
<td>Heart Diseases</td>
<td>12,171</td>
<td>178.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Accidental Injuries</td>
<td>18</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Diseases</td>
<td>13</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Influenza and Pneumonia</td>
<td>12</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>11</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Suicide</td>
<td>11</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>10</td>
<td>Unreliable</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>-</td>
<td>-</td>
<td>-</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Septicemia</td>
<td>4,500</td>
<td>13.1</td>
<td>Septicemia</td>
<td>1,033</td>
<td>15.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Economy
Secondary Data
From the secondary data scoring results, the Economy was the 21st most pressing health need in Camden County with a score of 1.24. Top scoring related indicators include: Median Household Gross Rent (2.28), Total Employment Change (2.10) and Mortgaged Owners Median Monthly Household Costs (2.08).

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 Camden 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, availability of employment (17%) was 1st and higher paying employment was 3rd (8.5%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community. Over 50% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

Focus group discussion also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and difficulties with being able to afford health care costs. One participant was concerned about Medicare gaps for those who are unable to afford the costs of prescriptions.

Exercise, Nutrition & Weight
Secondary Data
From the secondary data scoring results, Exercise, Nutrition & Weight was the 8th most pressing health need in Camden County with a score of 1.43. Top scoring related indicators include: Workers who Walk to Work (2.45), Access to Exercise Opportunities (2.40) and Grocery Store Density (2.05).

Primary Data
Among community survey respondents, 43% rated their health is good and 30% rated their health as very good. However, 50% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 42.2% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported primary reasons as not having enough time (33%), being too tired (33%) and their job is physical labor (24%). For those individuals that do exercise, 74% reported exercising or engaging in physical activity at home, while 19% do so at a park followed by a private gym (19%).

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for access and affordable healthy foods in the community. Multiple participants shared concerns for sedentary lifestyles amongst adults and children in the community. Suggestions included providing more services or activities and recreational sites to help families stay physically active in the community. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when shopping or eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and exercise/nutrition were high frequency responses.
**Substance Abuse**

**Secondary Data**
From the secondary data scoring results, Substance Abuse was the 7th most pressing health need in Camden County with a score of 1.52. Top scoring related indicators include: Liquor Store Density (2.30) and Death Rate due to Drug Poisoning (2.10).

**Primary Data**
Community survey participants ranked substance abuse (25.8%) as a top issue affecting quality of life in Camden County. Additionally, 14.8% of community survey respondents reported wanting to learn more about substance abuse prevention.

16% of survey participants reported currently using tobacco products. Of those who reported tobacco product use, 34% would go to a doctor if they wanted to quit and 26% stated that they did not want to quit. 48% 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, 32% were exposed in the home and 33% 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 8% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<2%) in the past 30 days, 80% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, one participant specifically raised prescription drug misuse as an issue they saw needing to be addressed in the community. They specifically discussed increased access to opioid rehabilitation options.
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.

Older Adults & Aging
Older Adults & Aging health ranks as a top need in Camden County as determined by the secondary data scoring results; there are a number of indicators (21) contributing to its topic score of 1.63. The Medicare population is a group specifically impacted by health issues related to heart disease and stroke, cancer, and diabetes. Hyperlipidemia amongst the Medicare population is particularly concerning which received a score of 2.70. Hyperlipidemia amongst the Medicare population in Camden County is 549%, which is higher than the state value and national value. Other indicators of concern with a score of 2.50 are amongst the Medicare population including atrial fibrillation (9.4%), cancer (10.4%) and hypertension (67.4%).

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 Camden County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Group(s) Disparately Affected*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>16-19, Two or More Races</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Asian</td>
</tr>
<tr>
<td>People 25+ with a Bachelor's Degree or Higher</td>
<td>65+</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>Asian, Two or More Races</td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>6-11</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>Asian</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 27974 with an index value of 58.9, has the highest socioeconomic need within Camden County, potentially indicating poorer health outcomes for
its residents. See the SocioNeeds Index® for more details, including a map of Camden 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 Camden County. The assessment was further informed with input from Camden 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, Heart Disease & Stroke, Mental Health & Mental Disorders, Substance Abuse and Transportation. The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

Priority 1: Healthy Lifestyle Behaviors
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 Camden 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 and/or Needed:
Available Resources:
Camden County Senior Center
Camden County Parks and Recreation Programs
Camden County Cooperative Extension
Subdivision Walking Routes/Maps
Dismal Swamp State Park
Albemarle Regional Health Services
Camden County Health Department – Health Educators
Partnerships to Improve Community Health (PICH) Grant
Farmers Markets, Farm stands, and Roadside Stands
Carolina Access
Camden County Schools - School Health
Healthy Carolinians of the Albemarle (HCOTA)
Resources Still Needed:
Weight management programs
Nutrition resources
Fitness options for individuals with limited financial resources
More access to healthy food – currently no grocery stores in county

Priority 2: Access to Healthcare
Health Indicators: Participants in the small group discussions identified the limited availability of healthcare services as a barrier to good health in Camden 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
Sentara Albemarle Medical Center
Resources Still Needed:
Medical Providers
Specialty Providers
Urgent Care Center

**Priority 3: Mental Health/Substance 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:**
ARHS Behavioral Health
Trillium Health Resources
Integrated Family Services – Mobile Crisis
Albemarle Overdose Prevention Coalition
Community Care Plan of Eastern North Carolina
RI International
Family Resource Center
Quitline and ARHS Tobacco Prevention program to address youth substance misuse issues related to tobacco

**Resources Still Needed:**
More local mental health resources, counseling services
Inpatient treatment facilities

Following this process, Camden 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](http://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, Camden 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 Camden County. The possible comparisons are shown in Figure 48 and include a comparison of Camden 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 Camden 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 Camden 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 Camden 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 Camden 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 Camden 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.

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

**Table 20. Topic Scores for Camden County**

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>2.07</td>
</tr>
<tr>
<td>Transportation</td>
<td>2.01</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.67</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.63</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.60</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.53</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.52</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.43</td>
</tr>
<tr>
<td>Education</td>
<td>1.41</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.41</td>
</tr>
<tr>
<td>Environment</td>
<td>1.39</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.39</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.37</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.35</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.33</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.31</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.27</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.24</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.22</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.22</td>
</tr>
<tr>
<td>Economy</td>
<td>1.20</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.12</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>0.93</td>
</tr>
<tr>
<td>Public Safety</td>
<td>0.84</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. Camden County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on 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>CAMDEN 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>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>38.4</td>
<td>215.5</td>
<td>214.3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.30</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>19.4</td>
<td>70.6</td>
<td>75.5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.43</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.03</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>89.7</td>
<td>87.8</td>
<td>100.0</td>
<td>92.0</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.90</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>46.4</td>
<td>49.0</td>
<td>49.9</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>10.4</td>
<td>7.7</td>
<td>7.8</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.30</td>
<td>Prostate Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 males</td>
<td>161.9</td>
<td>125.0</td>
<td>114.8</td>
<td>6</td>
<td></td>
<td></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.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>CHILDREN'S HEALTH</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>1.40</td>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>20.1</td>
<td>20.9</td>
<td>17.9</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.05</td>
<td>Children with Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</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.
### Health Rankings

<table>
<thead>
<tr>
<th>Score</th>
<th>County Health Rankings</th>
<th>Measurement Period</th>
<th>Units</th>
<th>Camden 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>1.43</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.43</td>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Health Behaviors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Mortality Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
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</tbody>
</table>

### Diabetes

<table>
<thead>
<tr>
<th>Score</th>
<th>Diabetes</th>
<th>Measurement Period</th>
<th>Units</th>
<th>Camden 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>2.40</td>
<td>Diabetes: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>34.7</td>
<td>28.4</td>
<td>26.5</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1.90</td>
<td>Adults 20+ with Diabetes</td>
<td>2014</td>
<td>percent</td>
<td>11.8</td>
<td>11.1</td>
<td>10.0</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.05</td>
<td>Diabetic Monitoring: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>89.4</td>
<td>88.8</td>
<td>85.2</td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>1.03</td>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>20.4</td>
<td>23.0</td>
<td>21.1</td>
<td></td>
<td></td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

### Disabilities

<table>
<thead>
<tr>
<th>Score</th>
<th>Disabilities</th>
<th>Measurement Period</th>
<th>Units</th>
<th>Camden 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>
</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>CAMDEN 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>1.30</td>
<td>Households with Supplemental Security Income</td>
<td>2012-2016</td>
<td>percent</td>
<td>4.9</td>
<td>5.0</td>
<td>5.4</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>0.83</td>
<td>Persons with Disability Living in Poverty (5-year)</td>
<td>2012-2016</td>
<td>percent</td>
<td>24.5</td>
<td>29.0</td>
<td>27.6</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SCORE ECONOMY</strong></td>
<td><strong>MEASUREMENT PERIOD</strong></td>
<td><strong>UNITS</strong></td>
<td><strong>CAMDEN COUNTY</strong></td>
<td><strong>NORTH CAROLINA</strong></td>
<td><strong>U.S.</strong></td>
<td><strong>HP2020</strong></td>
<td><strong>HEALTHY NC 2020</strong></td>
<td><strong>HIGH DISPARITY</strong>*</td>
<td><strong>SOURCE</strong></td>
</tr>
<tr>
<td>2.28</td>
<td>Median Household Gross Rent</td>
<td>2012-2016</td>
<td>dollars</td>
<td>1136</td>
<td>816</td>
<td>949</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Total Employment Change</td>
<td>2014-2015</td>
<td>percent</td>
<td>1.0</td>
<td>3.1</td>
<td>2.5</td>
<td></td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>2.08</td>
<td>Mortgaged Owners Median Monthly Household Costs</td>
<td>2012-2016</td>
<td>dollars</td>
<td>1676</td>
<td>1243</td>
<td>1491</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>Households with Cash Public Assistance Income</td>
<td>2012-2016</td>
<td>percent</td>
<td>2.6</td>
<td>1.9</td>
<td>2.7</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>Renters Spending 30% or More of Household Income on Rent</td>
<td>2012-2016</td>
<td>percent</td>
<td>46.6</td>
<td>49.4</td>
<td>47.3</td>
<td></td>
<td>36.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>SNAP Certified Stores</td>
<td>2016</td>
<td>stores/ 1,000 population</td>
<td>0.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</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.
<table>
<thead>
<tr>
<th>Key</th>
<th>Category</th>
<th>Subcategory</th>
<th>Year</th>
<th>Measure</th>
<th>2012</th>
<th>2016</th>
<th>2018</th>
<th>2019</th>
<th>Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.65</td>
<td>Female Population 16+ in Civilian Labor Force</td>
<td></td>
<td>2012-2016</td>
<td>percent</td>
<td>56.5</td>
<td>57.4</td>
<td>58.3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.53</td>
<td>Median Monthly Owner Costs for Households without a Mortgage</td>
<td></td>
<td>2012-2016</td>
<td>dollars</td>
<td>386</td>
<td>376</td>
<td>462</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.45</td>
<td>Population 16+ in Civilian Labor Force</td>
<td></td>
<td>2012-2016</td>
<td>percent</td>
<td>60.7</td>
<td>61.5</td>
<td>63.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.40</td>
<td>Child Food Insecurity Rate</td>
<td></td>
<td>2016</td>
<td>percent</td>
<td>20.1</td>
<td>20.9</td>
<td>17.9</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>1.40</td>
<td>Per Capita Income</td>
<td></td>
<td>2012-2016</td>
<td>dollars</td>
<td>26420</td>
<td>26779</td>
<td>29829</td>
<td>Asian, Two or More Races</td>
<td>1</td>
</tr>
<tr>
<td>1.30</td>
<td>Households with Supplemental Security Income</td>
<td></td>
<td>2012-2016</td>
<td>percent</td>
<td>4.9</td>
<td>5.0</td>
<td>5.4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.28</td>
<td>Social and Economic Factors Ranking</td>
<td></td>
<td>2018</td>
<td>ranking</td>
<td>6</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1.05</td>
<td>Children Living Below Poverty Level</td>
<td></td>
<td>2012-2016</td>
<td>percent</td>
<td>18.7</td>
<td>23.9</td>
<td>21.2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.05</td>
<td>Families Living Below Poverty Level</td>
<td></td>
<td>2012-2016</td>
<td>percent</td>
<td>8.6</td>
<td>12.4</td>
<td>11.0</td>
<td>1</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.*
<table>
<thead>
<tr>
<th>Disparity</th>
<th>Measure</th>
<th>Time Period</th>
<th>Unit(s)</th>
<th>Low Value</th>
<th>Medium Value</th>
<th>High Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.65</td>
<td>Median Household Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>60714</td>
<td>48256</td>
<td>55322</td>
<td>Asian 1</td>
</tr>
<tr>
<td>0.70</td>
<td>People Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>12.8</td>
<td>27.3</td>
<td>23.6</td>
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<td>0.70</td>
<td>Homeownership</td>
<td>2012-2016</td>
<td>percent</td>
<td>73.9</td>
<td>55.5</td>
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<td>0.75</td>
<td>Unemployed Workers in Civilian Labor Force</td>
<td>April 2018</td>
<td>percent</td>
<td>3.5</td>
<td>3.7</td>
<td>3.7</td>
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<tr>
<td>0.75</td>
<td>People Living Below Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>10.4</td>
<td>16.8</td>
<td>15.1</td>
<td>12.5 6-11 1</td>
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<tr>
<td>0.80</td>
<td>Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>12.1</td>
<td>15.4</td>
<td>12.9</td>
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<td>0.83</td>
<td>Persons with Disability Living in Poverty (5-year)</td>
<td>2012-2016</td>
<td>percent</td>
<td>24.5</td>
<td>29.0</td>
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<tr>
<td>0.85</td>
<td>People Living 200% Above Poverty Level</td>
<td>2012-2016</td>
<td>percent</td>
<td>72.2</td>
<td>62.3</td>
<td>66.4</td>
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<td>0.93</td>
<td>Median Housing Unit Value</td>
<td>2012-2016</td>
<td>dollars</td>
<td>216600</td>
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<td>Low-Income and Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>0.9</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.
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>1.90</td>
<td>People 25+ with a High School Degree or Higher</td>
<td>2012-2016</td>
<td>percent</td>
<td>83.2</td>
<td>86.3</td>
<td>87.0</td>
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<td>People 25+ with a Bachelor’s Degree or Higher</td>
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<td>percent</td>
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<td>29.0</td>
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<td>1.65</td>
<td>High School Graduation</td>
<td>2016-2017</td>
<td>percent</td>
<td>85.4</td>
<td>86.5</td>
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<td>1.40</td>
<td>8th Grade Students Proficient in Math</td>
<td>2016-2017</td>
<td>percent</td>
<td>45.6</td>
<td>45.8</td>
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<td>1.25</td>
<td>4th Grade Students Proficient in Math</td>
<td>2016-2017</td>
<td>percent</td>
<td>58.9</td>
<td>58.6</td>
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<tr>
<td>1.15</td>
<td>4th Grade Students Proficient in Reading</td>
<td>2016-2017</td>
<td>percent</td>
<td>74.7</td>
<td>57.7</td>
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<td>12</td>
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<tr>
<td>1.15</td>
<td>8th Grade Students Proficient in Reading</td>
<td>2016-2017</td>
<td>percent</td>
<td>62.4</td>
<td>53.7</td>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>2.40</td>
<td>Access to Exercise Opportunities</td>
<td>2018</td>
<td>percent</td>
<td>38.1</td>
<td>76.1</td>
<td>83.1</td>
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<td>2.30</td>
<td>Liquor Store Density</td>
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<td>stores/ 100,000 population</td>
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<td>5.8</td>
<td>10.5</td>
<td>19</td>
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<tr>
<td>2.05</td>
<td>Grocery Store Density</td>
<td>2014</td>
<td>stores/ 1,000 population</td>
<td>0.0</td>
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<td></td>
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<tr>
<td>1.85</td>
<td>SNAP Certified Stores</td>
<td>2016</td>
<td>stores/ 1,000 population</td>
<td>0.6</td>
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<tr>
<td>1.80</td>
<td>Farmers Market Density</td>
<td>2016</td>
<td>markets/ 1,000 population</td>
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<td>1.80</td>
<td>Recreation and Fitness Facilities</td>
<td>2014</td>
<td>facilities/ 1,000 population</td>
<td>0.0</td>
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<td></td>
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<tr>
<td>1.50</td>
<td>Households with No Car and Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>3.1</td>
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<tr>
<td>1.43</td>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>31</td>
<td></td>
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<tr>
<td>1.25</td>
<td>Houses Built Prior to 1950</td>
<td>2012-2016</td>
<td>percent</td>
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<td>9.1</td>
<td>18.2</td>
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<tr>
<td>1.05</td>
<td>Children with Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>1.1</td>
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<table>
<thead>
<tr>
<th>Score</th>
<th>ENVIRONMENTAL &amp; OCCUPATIONAL HEALTH</th>
<th>MEASUREMENT PERIOD</th>
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<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>1.60</td>
<td>Asthma: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>8.4</td>
<td>8.4</td>
<td>8.2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>1.43</td>
<td>Physical Environment Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>3</td>
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<tr>
<td>1.20</td>
<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
<td>2014</td>
<td>hospitalizations/ 10,000 population</td>
<td>77.4</td>
<td>90.9</td>
<td>9</td>
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<table>
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<tr>
<th>Score</th>
<th>EXERCISE, NUTRITION, &amp; WEIGHT</th>
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<th>U.S.</th>
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<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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<tr>
<td>2.45</td>
<td>Workers who Walk to Work</td>
<td>2012-2016</td>
<td>percent</td>
<td>0.0</td>
<td>1.8</td>
<td>2.8</td>
<td>3.1</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.
| 2.40 | Access to Exercise Opportunities | 2018 | percent | 38.1 | 76.1 | 83.1 | 3 |
| 2.05 | Grocery Store Density | 2014 | stores/ 1,000 population | 0.0 | |
| 1.85 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 0.6 | |
| 1.80 | Farmers Market Density | 2016 | markets/ 1,000 population | 0.0 | |
| 1.80 | Recreation and Fitness Facilities | 2014 | facilities/ 1,000 population | 0.0 | |
| 1.60 | Adults 20+ who are Obese | 2014 | percent | 31.1 | 29.6 | 28.0 | 30.5 | 3 |
| 1.50 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 3.1 | 20 |
| 1.40 | Child Food Insecurity Rate | 2016 | percent | 20.1 | 20.9 | 17.9 | 4 |
| 1.28 | Health Behaviors Ranking | 2018 | ranking | 11 | 3 |
| 1.05 | Children with Low Access to a Grocery Store | 2015 | percent | 1.1 | 20 |
| 1.05 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 0.9 | 20 |

*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>GOVERNMENT &amp; POLITICS</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>1.70</td>
<td>Voter Turnout: Presidential Election</td>
<td>2016</td>
<td>percent</td>
<td>64.9</td>
<td>67.7</td>
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<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>SCORE</th>
<th>HEART DISEASE &amp; STROKE</th>
<th>MEASUREMENT PERIOD</th>
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<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>2.70</td>
<td>Hyperlipidemia: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>54.9</td>
<td>46.3</td>
<td>44.6</td>
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<tr>
<td>2.50</td>
<td>Atrial Fibrillation: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>9.4</td>
<td>7.7</td>
<td>8.1</td>
<td></td>
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<td>2</td>
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<tr>
<td>2.50</td>
<td>Hypertension: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>67.4</td>
<td>58.0</td>
<td>55.0</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.
| 2.40 | Age-Adjusted Death Rate due to Heart Disease | 2012-2016 | deaths/ 100,000 population | 204.2 | 161.3 | 161.5 | 15 |
| 2.35 | Stroke: Medicare Population | 2015 | percent | 4.4 | 3.9 | 4.0 | 2 |
| 1.85 | Ischemic Heart Disease: Medicare Population | 2015 | percent | 26.4 | 24.0 | 26.5 | 2 |
| 1.60 | Heart Failure: Medicare Population | 2015 | percent | 13.2 | 12.5 | 13.5 | 2 |
| 0.68 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | 2012-2016 | deaths/ 100,000 population | 33.1 | 43.1 | 36.9 | 34.8 | 15 |

**IMMUNIZATIONS & INFECTIOUS DISEASES**

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<tr>
<th>SCORE</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
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<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>2.43</td>
<td>Age-Adjusted Death Rate due to Influenza and Pneumonia</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>23.7</td>
<td>17.8</td>
<td>14.8</td>
<td>13.5</td>
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<tr>
<td>2.05</td>
<td>AIDS Diagnosis Rate</td>
<td>2016</td>
<td>cases/ 100,000 population</td>
<td>11.4</td>
<td>7.0</td>
<td>7.0</td>
<td>10</td>
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<td></td>
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<tr>
<td>1.15</td>
<td>HIV Diagnosis Rate</td>
<td>2014-2016</td>
<td>cases/ 100,000 population</td>
<td>7.7</td>
<td>16.1</td>
<td>22.2</td>
<td>10</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.
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<th>HEALTHY NC 2020</th>
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<tr>
<td>0.73</td>
<td>Chlamydia Incidence Rate</td>
<td>2016</td>
<td>cases/ 100,000 population</td>
<td>220.8</td>
<td>572.4</td>
<td>497.3</td>
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<td>0.73</td>
<td>Gonorrhea Incidence Rate</td>
<td>2016</td>
<td>cases/ 100,000 population</td>
<td>38.4</td>
<td>194.4</td>
<td>145.8</td>
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<tr>
<td>0.68</td>
<td>Age-Adjusted Death Rate due to HIV</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>0.0</td>
<td>2.2</td>
<td>2.0</td>
<td>3.3</td>
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<td>0.60</td>
<td>Syphilis Incidence Rate</td>
<td>2016</td>
<td>cases/ 100,000 population</td>
<td>0.0</td>
<td>10.8</td>
<td>8.7</td>
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<td>0.58</td>
<td>Tuberculosis Incidence Rate</td>
<td>2014</td>
<td>cases/ 100,000 population</td>
<td>0.0</td>
<td>2.0</td>
<td>3.0</td>
<td>1.0</td>
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<td>2.03</td>
<td>Preterm Births</td>
<td>2016</td>
<td>percent</td>
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<td>10.4</td>
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<tr>
<td>0.83</td>
<td>Babies with Very Low Birth Weight</td>
<td>2012-2016</td>
<td>percent</td>
<td>1.3</td>
<td>1.7</td>
<td>1.4</td>
<td>1.4</td>
<td>14</td>
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<tr>
<td>0.68</td>
<td>Babies with Low Birth Weight</td>
<td>2012-2016</td>
<td>percent</td>
<td>7.2</td>
<td>9.0</td>
<td>8.1</td>
<td>7.8</td>
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<table>
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<th>MENTAL HEALTH &amp; MENTAL DISORDERS</th>
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<tbody>
<tr>
<td>2.30</td>
<td>Prostate Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 males</td>
<td>161.9</td>
<td>125.0</td>
<td>114.8</td>
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<tr>
<td>1.00</td>
<td>Life Expectancy for Males</td>
<td>2014</td>
<td>years</td>
<td>76.9</td>
<td>75.4</td>
<td>76.7</td>
<td>79.5</td>
<td>5</td>
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<th>Healthy NC 2020</th>
<th>High Disparity*</th>
<th>Source</th>
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<tbody>
<tr>
<td>2.70</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>38.4</td>
<td>215.5</td>
<td>214.3</td>
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<tr>
<td>2.03</td>
<td>Age-Adjusted Death Rate due to Alzheimer’s Disease</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>31.5</td>
<td>31.9</td>
<td>26.6</td>
<td>15</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.
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<td>deaths/ 100,000 population</td>
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<td>23.0</td>
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<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>33.1</td>
<td>43.1</td>
<td>36.9</td>
<td>34.8</td>
<td>15</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.
| 0.68 | Age-Adjusted Death Rate due to HIV | 2012-2016 | deaths/ 100,000 population | 0.0 | 2.2 | 2.0 | 3.3 | 15 |
| 0.63 | Age-Adjusted Death Rate due to Homicide | 2012-2016 | deaths/ 100,000 population | 2.3 | 6.2 | 5.5 | 5.5 | 6.7 | 15 |
| 0.50 | Premature Death | 2014-2016 | years/ 100,000 population | 5420.2 | 7281.1 | 6658.1 | 3 |
| 0.45 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 0.0 | 31.4 | 29.3 | 4.7 | 3 |
| 0.35 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 34.5 | 50.7 | 44.7 | 45.5 | 6 |

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<tr>
<th>SCORE</th>
<th>OLDER ADULTS &amp; AGING</th>
<th>MEASUREMENT PERIOD</th>
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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<td>Atrial Fibrillation: Medicare Population</td>
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<td>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>10.4</td>
<td>7.7</td>
<td>7.8</td>
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<tr>
<td>2.50</td>
<td>Hypertension: Medicare Population</td>
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<td>55.0</td>
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<td>Stroke: Medicare Population</td>
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<td>percent</td>
<td>4.4</td>
<td>3.9</td>
<td>4.0</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.
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<th>2012 Value</th>
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<td>percent</td>
<td>20.7</td>
<td>19.0</td>
<td>18.1</td>
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<tr>
<td>2.20</td>
<td>COPD: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>13.2</td>
<td>11.9</td>
<td>11.2</td>
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<td>2.03</td>
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<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>31.5</td>
<td>31.9</td>
<td>26.6</td>
<td>15</td>
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<td>1.85</td>
<td>Ischemic Heart Disease: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>26.4</td>
<td>24.0</td>
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<td>Alzheimer's Disease or Dementia: Medicare Population</td>
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<td>percent</td>
<td>9.2</td>
<td>9.8</td>
<td>9.9</td>
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<tr>
<td>1.60</td>
<td>Asthma: Medicare Population</td>
<td>2015</td>
<td>percent</td>
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<td>1.35</td>
<td>Rheumatoid Arthritis or Osteoarthritis: Medicare Population</td>
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<td>percent</td>
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<td>29.1</td>
<td>30.0</td>
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<td>1.05</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.*
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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
<th>SOURCE</th>
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<td>2.20</td>
<td>Chronic Kidney Disease: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>20.7</td>
<td>19.0</td>
<td>18.1</td>
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<td>Rheumatoid Arthritis or Osteoarthritis: Medicare Population</td>
<td>2015</td>
<td>percent</td>
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<td>29.1</td>
<td>30.0</td>
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<td>0.50</td>
<td>Osteoporosis: Medicare Population</td>
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<td>percent</td>
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<td>5.4</td>
<td>6.0</td>
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<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>HIGH DISPARITY*</th>
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<td>2.10</td>
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<td>2006-2012</td>
<td>deaths/ 100,000 population</td>
<td>14.6</td>
<td>12.5</td>
<td>12.4</td>
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<tr>
<td>1.33</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>33.0</td>
<td>31.9</td>
<td>41.4</td>
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<tr>
<td>1.15</td>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
<td>2012-2016</td>
<td>deaths/ 100,000 population</td>
<td>10.1</td>
<td>14.1</td>
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<td>0.65</td>
<td>Severe Housing Problems</td>
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<td>16.6</td>
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<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
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<td>deaths/ 100,000 population</td>
<td>10.1</td>
<td>14.1</td>
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<tr>
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<td>COPD: Medicare Population</td>
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<td>percent</td>
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<td>11.9</td>
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<td>Asthma: Medicare Population</td>
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<td>Median Household Gross Rent</td>
<td>2012-2016</td>
<td>dollars</td>
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<td>949</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.
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<td>Mortgaged Owners Median Monthly Household Costs</td>
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<td>People 25+ with a Bachelor’s Degree or Higher</td>
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<td>percent</td>
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<td>percent</td>
<td>56.5</td>
<td>57.4</td>
<td>58.3</td>
</tr>
<tr>
<td>1.60</td>
<td>Social Associations</td>
<td>2015</td>
<td>membership associations/10,000 population</td>
<td>10.7</td>
<td>11.5</td>
<td>9.3</td>
</tr>
<tr>
<td>1.53</td>
<td>Median Monthly Owner Costs for Households without a Mortgage</td>
<td>2012-2016</td>
<td>dollars</td>
<td>386</td>
<td>376</td>
<td>462</td>
</tr>
<tr>
<td>1.45</td>
<td>Population 16+ in Civilian Labor Force</td>
<td>2012-2016</td>
<td>percent</td>
<td>60.7</td>
<td>61.5</td>
<td>63.1</td>
</tr>
<tr>
<td>1.40</td>
<td>Per Capita Income</td>
<td>2012-2016</td>
<td>dollars</td>
<td>26420</td>
<td>26779</td>
<td>29829</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.*
| 1.28 | Social and Economic Factors Ranking | 2018 | ranking | 6 |
| 1.05 | Children Living Below Poverty Level | 2012-2016 | percent | 18.7 | 23.9 | 21.2 |
| 1.05 | Linguistic Isolation | 2012-2016 | percent | 1.1 | 2.5 | 4.5 |
| 1.03 | Persons with Health Insurance | 2016 | percent | 89.7 | 87.8 | 100.0 | 92.0 |
| 1.00 | Single-Parent Households | 2012-2016 | percent | 30.6 | 35.7 | 33.6 |
| 0.93 | Median Housing Unit Value | 2012-2016 | dollars | 216600 | 157100 | 184700 |
| 0.75 | People Living Below Poverty Level | 2012-2016 | percent | 10.4 | 16.8 | 15.1 | 12.5 |
| 0.70 | Homeownership | 2012-2016 | percent | 73.9 | 55.5 | 55.9 |
| 0.70 | Young Children Living Below Poverty Level | 2012-2016 | percent | 12.8 | 27.3 | 23.6 |
| 0.65 | Median Household Income | 2012-2016 | dollars | 60714 | 48256 | 55322 |
| 0.50 | People 65+ Living Alone | 2012-2016 | percent | 21.5 | 26.8 | 26.4 |

<table>
<thead>
<tr>
<th>SCORE</th>
<th>SUBSTANCE ABUSE</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>2.30</td>
<td>Liquor Store Density</td>
<td>2015</td>
<td>stores/ 100,000 population</td>
<td>19.4</td>
<td>5.8</td>
<td>10.5</td>
<td>Asian</td>
<td>6-11</td>
<td></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.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>TRANSPORTATION</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>Workers who Drive Alone to Work</td>
<td>2012-2016</td>
<td>percent</td>
<td>90.2</td>
<td>81.1</td>
<td>76.4</td>
<td>16-19, Two or More Races</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.45</td>
<td>Workers who Walk to Work</td>
<td>2012-2016</td>
<td>percent</td>
<td>0.0</td>
<td>1.8</td>
<td>2.8</td>
<td>3.1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td>Mean Travel Time to Work</td>
<td>2012-2016</td>
<td>minutes</td>
<td>34.0</td>
<td>24.1</td>
<td>26.1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.20</td>
<td>Workers Commuting by Public Transportation</td>
<td>2012-2016</td>
<td>percent</td>
<td>0.2</td>
<td>1.1</td>
<td>5.1</td>
<td>5.5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Solo Drivers with a Long Commute</td>
<td>2012-2016</td>
<td>percent</td>
<td>44.1</td>
<td>31.3</td>
<td>34.7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td>Households with No Car and Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>3.1</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></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.
<table>
<thead>
<tr>
<th>SCORE</th>
<th>WELLNESS &amp; LIFESTYLE</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>0.70</td>
<td>Households without a Vehicle</td>
<td>2012-2016</td>
<td>percent</td>
<td>2.8</td>
<td>6.3</td>
<td>9.0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>WOMEN'S HEALTH</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>CAMDEN 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>1.85</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>132.8</td>
<td>129.4</td>
<td>123.5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.05</td>
<td>Life Expectancy for Females</td>
<td>2014</td>
<td>years</td>
<td>81.1</td>
<td>80.2</td>
<td>81.5</td>
<td>79.5</td>
<td>5</td>
<td></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.
| Mammography Screening: Medicare Population | 2014 | percent | 71.2 | 67.9 | 63.1 | 17 |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.*
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>
<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>
</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
- [ ] Bertie
- [ ] Bladen
- [ ] Camden
- [ ] Carteret
- [ ] Chowan
- [ ] Cumberland
- [ ] Currituck
- [ ] Dare
- [ ] Duplin
- [ ] Edgecombe
- [ ] Franklin
- [ ] Gates
- [ ] Greene
- [ ] Halifax
- [ ] Hertford
- [ ] Hoke
- [ ] Hyde
- [ ] Johnston
- [ ] Lenoir
- [ ] Martin
- [ ] Nash
- [ ] Onslow
- [ ] Pamlico
- [ ] Pasquotank
- [ ] Pender
- [ ] Perquimans
- [ ] Pitt
- [ ] Sampson
- [ ] Tyrrell
- [ ] Washington
- [ ] Wayne
- [ ] Wilson
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
- Discrimination/racism
- Lack of community support
- Drugs (Substance Abuse)
- Hopelessness
- Domestic violence (murder, assault)
- Violent crime
- Theft
- Rape/sexual assault
- Neglect and abuse
- Elder abuse
- Child abuse
- Other (please specify)

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

- Number of health care providers
- Culturally appropriate health services
- Counseling/ mental health/ support groups
- Better/ more recreational facilities (parks, trails, community centers)
- Healthy family activities
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
☐ Using child safety car seats
☐ Substance abuse prevention (ex: drugs and alcohol)

☐ Exercising/ fitness
☐ Using seat belts
☐ Suicide prevention

☐ Managing weight
☐ Driving safely
☐ Stress management

☐ Going to a dentist for check-ups/ preventive care
☐ Quitting smoking/tobacco use prevention
☐ Anger management

☐ Going to the doctor for yearly check-ups and screenings
☐ Child care/ parenting
☐ Domestic violence prevention

☐ Getting prenatal care during pregnancy
☐ Elder care
☐ Crime prevention

☐ Getting flu shots and other vaccines
☐ Caring for family members with special needs/ disabilities
☐ Rape/ sexual abuse prevention

☐ Preparing for an emergency/disaster
☐ Preventing pregnancy and sexually transmitted disease (safe sex)
☐ None

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

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and family</td>
<td>☐</td>
</tr>
<tr>
<td>Doctor/nurse</td>
<td>☐</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>☐</td>
</tr>
<tr>
<td>Church</td>
<td>☐</td>
</tr>
<tr>
<td>Internet</td>
<td>☐</td>
</tr>
<tr>
<td>My child’s school</td>
<td>☐</td>
</tr>
<tr>
<td>Hospital</td>
<td>☐</td>
</tr>
<tr>
<td>Health department</td>
<td>☐</td>
</tr>
<tr>
<td>Employer</td>
<td>☐</td>
</tr>
<tr>
<td>Help lines</td>
<td>☐</td>
</tr>
<tr>
<td>Books/magazines</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Other (please specify):

[Blank space for input]
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
☐ Diabetes management
☐ Tobacco
☐ STDs (Sexually Transmitted Diseases)
☐ Asthma management
☐ Sexual intercourse
☐ Alcohol
☐ Drug abuse management
☐ 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>Condition</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  ☐ Dental cleaning/X-rays
☐ Blood sugar check  ☐ Flu shot  ☐ None of the above
☐ Cholesterol check  ☐ Blood pressure screening
☐ Hearing screening  ☐ Skin cancer 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
☐ Doctor
☐ Pharmacy
☐ 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
- [ ] Medical clinic
- [ ] Health department
- [ ] Urgent care center
- [ ] 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
- [ ] Dare
- [ ] Duplin

- [ ] Martin
- [ ] Edgecombe
- [ ] Franklin
- [ ] Gates
- [ ] Granville
- [ ] Greene
- [ ] Halifax
- [ ] Harnett
- [ ] Hertford
- [ ] Hyde
- [ ] Johnston
- [ ] Jones
- [ ] Lenoir

- [ ] Pitt
- [ ] Moore
- [ ] Nash
- [ ] New
- [ ] Hanover
- [ ] Tyrrell
- [ ] Northampton
- [ ] Onslow
- [ ] Pamlico
- [ ] Pasquotank
- [ ] Pender
- [ ] Perquimans

- [ ] Richmond
- [ ] Robeson
- [ ] Sampson
- [ ] Scotland
- [ ] Wake
- [ ] Wayne
- [ ] Wilson
- [ ] The State of
- [ ] Washington
- [ ] Virginia

- [ ] 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
- [ ] Other (please specify)

- [ ] Concern about leaving pets
- [ ] Concern about traffic jams and inability to get out
- [ ] Health problems (could not be moved)
- [ ] Don’t know/not sure
Part 7: Demographic Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

☐ Employed full-time
☐ Employed part-time
☐ Retired
☐ Armed forces
☐ Disabled
☐ Student
☐ Homemaker
☐ Self-employed
☐ Unemployed for 1 year or less
☐ Unemployed for more than 1 year
56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)

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

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

Thank you for your time and participation!

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

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

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

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

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

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

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PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

3. ¿Dónde vive actualmente?

Código postal  

---

156
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
- Dare
- 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)

<table>
<thead>
<tr>
<th>Problema</th>
<th>Contaminación (aire, agua, tierra)</th>
<th>Discriminación / racismo</th>
<th>Violencia doméstica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandono de la escuela</td>
<td></td>
<td></td>
<td>Delito violento</td>
</tr>
<tr>
<td>Bajos ingresos / pobreza</td>
<td></td>
<td>Drogas (Abuso de sustancias)</td>
<td>Robo</td>
</tr>
<tr>
<td>Falta de hogar</td>
<td></td>
<td>Descuido y abuso</td>
<td>Violación / agresión sexual</td>
</tr>
<tr>
<td>Falta de un seguro de salud adecuado</td>
<td></td>
<td>Maltrato a personas mayores</td>
<td></td>
</tr>
<tr>
<td>Desesperación</td>
<td></td>
<td>Abuso infantil</td>
<td></td>
</tr>
<tr>
<td>Otros (especificar)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- Control Animal
- Número de proveedores de atención médica
- Actividades positivas para adolescentes
- Opciones de cuidado infantil
- Servicios de salud apropiados de acuerdo a su cultura
- Opciones de cuidado para ancianos
- Consejería / salud mental / grupos de apoyo
- Servicios para personas con discapacidad
- Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- Servicios de salud más accesibles
- Mejores y más opciones de alimentos saludables
- Servicios para personas con discapacidad
- Más accesibilidad / mejores viviendas
- Otros (especificar)
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)*

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

- [ ] Sí
- [ ] No

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

- [ ] Sí
- [ ] No

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

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

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

☐ Otros (especificar)
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></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>
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<tr>
<td>Alta presión sanguínea</td>
<td></td>
<td></td>
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</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>
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<tr>
<td>Osteoporosis</td>
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<td></td>
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<tr>
<td>Sobrepeso / obesidad</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Angina / enfermedad cardíaca</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cáncer</td>
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</tbody>
</table>
14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

- [ ] Mamografía
- [ ] Prueba de densidad de los huesos
- [ ] Examen de cáncer de próstata
- [ ] Examen de colon / recto
- [ ] Control de azúcar en la sangre
- [ ] Examen de Colesterol
- [ ] Prueba de Papanicolaou
- [ ] Vacuna contra la gripe
- [ ] Prueba de la vista
- [ ] Evaluación cardiovascular (el corazón)
- [ ] Limpieza dental / radiografías
- [ ] Ninguna de las anteriores

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

- [ ] 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
- [ ] 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
- [ ] 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  ☐ Sitio de trabajo / Empleador
☐ Parque  ☐ Terrenos escolares / instalaciones
☐ Centro de Recreación Pública  ☐ Casa
☐ Gimnasio privado  ☐ Iglesia
☐ Otros (especificar)

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta número 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.
<table>
<thead>
<tr>
<th></th>
<th>Necesito transporte y no lo tengo.</th>
<th></th>
<th>Estoy físicamente deshabilitado.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estoy demasiado cansado para hacer ejercicio.</td>
<td></td>
<td>No lo sé.</td>
</tr>
<tr>
<td></td>
<td>Otros (especificar)</td>
<td></td>
<td></td>
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</tbody>
</table>

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</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td>Número de tazas de verduras</td>
</tr>
<tr>
<td>Cantidad de tazas de jugo de fruta 100%</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 numero 30)
☐ No sé / no estoy seguro (Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)

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

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

- [ ] Sí
- [ ] No  (*Si su respuesta es No, salte a la pregunta número 32*)

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

- [ ] QUITLINE NC (ayuda por teléfono)
- [ ] Doctor
- [ ] Farmacia
- [ ] Consejero / terapeuta privado
- [ ] Departamento de salud
- [ ] No lo sé
- [ ] No aplica; No quiero renunciar
- [ ] 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”? (*Elija solo una*).

- [ ] Sí, vacuna contra la gripe
- [ ] Sí, FluMist
Si ambos

No

No sé / no estoy seguro
PARTE 5: Acceso a la atención / Salud familiar

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

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

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

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

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

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

☐ Dentista
☐ Médico general
☐ Cuidado de los ojos / optometrista / oftalmólogo
☐ Farmacia / recetas médicas
☐ Otros (especificar)

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

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<thead>
<tr>
<th></th>
<th>Beaufort</th>
<th>Edgecombe</th>
<th>Martin</th>
<th>Pitt</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bertie</td>
<td>Franklin</td>
<td>Moore</td>
<td>Richmond</td>
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<tr>
<td></td>
<td>Bladen</td>
<td>Gates</td>
<td>Nash</td>
<td>Robeson</td>
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<td></td>
<td>Brunswick</td>
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<td>New</td>
<td>Sampson</td>
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<td>Camden</td>
<td>Granville</td>
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<td>Carteret</td>
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<td>Tyrrell</td>
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<td>Chowan</td>
<td>Halifax</td>
<td>Northampton</td>
<td>Vance</td>
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<td></td>
<td>Columbus</td>
<td>Harnett</td>
<td>Onslow</td>
<td>Wake</td>
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<td>Craven</td>
<td>Hertford</td>
<td>Pamlico</td>
<td>Warren</td>
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<td>Hoke</td>
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<td>Washington</td>
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<td></td>
<td>Cumberland</td>
<td>Hyde</td>
<td>Pasquotank</td>
<td>Wayne</td>
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<td></td>
<td>Currituck</td>
<td>Johnston</td>
<td>Pender</td>
<td>Wilson</td>
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<td></td>
<td>Dare</td>
<td>Jones</td>
<td></td>
<td>El Estado de Virginia</td>
</tr>
<tr>
<td></td>
<td>Duplin</td>
<td>Lenoir</td>
<td>Perquimans</td>
<td>Virginia</td>
</tr>
</tbody>
</table>

**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
- [ ] Grupo de apoyo
- [ ] Consejero de la escuela
- [ ] No sé
- [ ] Doctor
- [ ] 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, sólo detectores de monóxido de carbono
- [ ] No
42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

☐ Sí

☐ No

☐ No sé / no estoy seguro

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

☐

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

☐ Televisión

☐ Sitio de red social

☐ Radio

☐ Vecinos

☐ Internet

☐ Familia

☐ Línea de teléfono en casa

☐ Mensaje de texto (sistema de alerta de emergencia)

☐ Teléfono celular

☐ Medios impresos (periódico)

☐ 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 numero 46)
☐ No
☐ No sé / no estoy seguro
45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? (Marque solo uno)

- [ ] Falta de transporte
- [ ] La falta de confianza en los funcionarios públicos
- [ ] Preocupación por dejar atrás la propiedad
- [ ] Preocupación por la seguridad personal
- [ ] Preocupación por la seguridad familiar
- [ ] 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
☐ Ama de casa  ☐ Desempleado 1  ☐ Desempleado por más de 1 año
☐ Trabajadores por cuenta propia  año o menos  año
56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

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

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

¡Gracias por su tiempo y participación!

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

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

Core Questions

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

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

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

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

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

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

Additional Questions

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

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

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

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

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

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

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

1.

2.

3.
Appendix C. Community Resources

Camden County Sheriff’s Office
117 North NC 343
Camden, NC 27921
Phone: 252-338-5046
Fax: 252-335-4300

Fire Departments
http://www.firedpartment.net/directory/north-carolina/camden-county

South Camden Fire Department
117 NC Highway 343 N
PO Box 327
Camden, NC 27921
Phone: (252) 338-3722
Fax: (252) 338-3722

South Mills Volunteer Fire Department
105 Halstead ST
South Mills, NC 27976
Phone: (252) 771-2772

Public Libraries
There are two public libraries that serves the people of Camden County:

Camden County Library
104 Investor’s Way Units CDEF
Camden, NC 27921
252-331-2543
Fax: 252-331-2196
Email: camdenlibrarian@earlibrary.org

Pasquotank-Camden Public Library
100 E Colonial Ave, Elizabeth City, NC 27909
Phone: (252) 335-2473
Website: [http://library.earlibrary.org/pasquotank/](http://library.earlibrary.org/pasquotank/)

**Camden County Senior Center**
117 Nc Highway 343 N, Camden, NC 27921
252-338-6363

**Other Community Services and Organizations**
Camden County Community Resource Directories and Guides

**Social Services**
PO Box 70
117 NC Hwy 343 North
Camden, NC 27921
Phone: 252-331-4787

**NC Cooperative Extension**
**Camden County Center**
120 NC Hwy 343 N
Camden, NC 27921
Phone: 252-331-7630
Fax: 252-338-0277
Website: [https://camden.ces.ncsu.edu/](https://camden.ces.ncsu.edu/)

**Albemarle Smart Start Partnership Community Resource Guide**

**Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.**
1403 Parkview Drive
Elizabeth City, NC 27909
Phone: 252-333-1233
Fax: 252-333-1201
Email: contact@albemarleacf.org
Website: http://albemarleacf.org/

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

Learn more and get involved.

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region’s families, communities and companies in a globally competitive world.

North Carolina Arts Council the NC Arts Council
Maintains a resource list of cultural, arts, and civic organizations that is searchable by county. Portal: http://search.ncarts.org/localarts_search.php

Public Schools
Camden High School
103 US Hwy 158 West
Camden, NC 27921
Phone: 252-338-0114
Email: webmaster@camden.k12.nc.us
Website: http://cchs.ccsnc.org/

Camden Intermediate
123 Noblitt Drive
Camden, NC 27921
Phone: 252-335-7808
Fax: 252-335-4327
Email: webmaster@camden.k12.nc.us
Website: http://cis.ccsnc.org/

Camden Middle
248 Scotland Road
Camden, NC 27921
Phone: 252-338-3349
Fax: 252-331-2253
Email: webmaster@camden.k12.nc.us
Website: http://cms.ccsnc.org/
CamTech High School
103A US Hwy 158 West
Camden, NC 27921
Phone: 252-335-7219
Email: webmaster@camden.k12.nc.us
Website: http://cths.ccsnc.org/

Grandy Primary
175 North Hwy 343
Camden, NC 2791
Phone: 252-331-4838
Fax: 252-338-5449
Email: webmaster@camden.k12.nc.us
Website: http://gps.ccsnc.org/

Private Schools
New Life Academy
1958 N. Road Street
Elizabeth City, NC 27909
Phone: 252-335-5812
Website: http://www.newlifeacademyec.com/

Victory Christian School
684 Old Hertford Hwy
Elizabeth City, NC 27909
Phone: 252-264-2011 or 252-264-2468
Email: info@victorybaptistministries.com
Website: http://www.victorybaptistministries.com/about-our-school.html

Albemarle School
1210 US Hwy 17 South
Elizabeth City, NC 27909
Phone: 252-338-0883
Website: http://thealbemarleschool.org/

Higher Education
Phone: 252-473-2264
Fax: 252-473-5497
Website: https://www.albemarle.edu/for-the-community/locations/dare-county-campus/

**College of the Albemarle - Roanoke Island Campus**
205 Highway 64 S.
Manteo, NC 27954
Fax: 252-473-6002
Website: https://www.albemarle.edu/for-the-community/locations/dare-county-campus/

**College of the Albemarle - Edenton-Chowan Campus**
800 N. Oakum St
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-482-7999
Website: https://www.albemarle.edu/for-the-community/locations/edenton-chowan-campus/

**Regional Aviation & Technical Training Center**
107 College Way
Barco, NC 27917
Phone: 252-453-3035
Fax: 252-453-3215
Website: https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/

**East Carolina University**
East Fifth Street
Greenville, NC 27858
Phone: 252-328-6131
Website: http://www.ecu.edu/

**Albemarle Hopeline, Inc.**
Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through four satellite offices (Chowan, Currituck, Gates and Perquimans counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.
Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Displaced Homemaker Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

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

Hopeline’s Clothesline Thrift Store
923 Halstead Blvd
Elizabeth City, NC
Phone: 252-338-3107

Non-Profit
Wheels For Wishes
Nonprofit car donation program that helps charities such as local chapters of Make-A-Wish.
Phone: 1-855-922-9474
Website: http://eastnc.wheelsforwishes.org/

Northeastern SPCA
102 Enterprise Dr.
Elizabeth City, NC 27909
Phone: 252-338-5222
Hours: Closed Tuesdays / Wed to Fri 11-6 pm / Sat to Mon 11-3:30 pm
Website: http://spcaofnenc.org/

Kids First Inc.
Evaluation and treatment services for children who have been abused or neglected.
Battle of South Mills
Confederates repelled Union Army in 1862, prevented demolition of Dismal Swamp Canal locks.

NC 343 southeast of South Mills
Camden, NC

Dismal Swamp Canal
Connects Albemarle Sound with Chesapeake Bay.
1243 (Old NC 343) at South Mills
Camden, NC
Other Results listed at http://www.ncmarkers.com/search.aspx

Camden County Heritage Museum
The museum is housed in the former Camden County jail. It is well preserved, documents the history of Camden County, and local methods of incarceration in the early 1990s.

117 North NC Hwy 343
Camden, NC 27976

Mailing Address:
2356 Hwy 17 N
Camden, NC 27976
Phone: 252-771-8333
Toll-Free: 877-771-8333
Email: dscwelcome@camdencountync.gov

Parks and Recreation Department
Develops recreation programs, resources, special events, coordinating the expansion of Community Park including walking trails, regulation high school track, picnic shelter, playground, and parking areas.

117 North NC 343
PO Box 190
Camden, NC 27921
Phone: 252-338-1919

Subdivision Walking Maps
http://www.camdencountync.gov/departments/parks-recreation/subdivision-walking-maps

Camden County Activities and Programs
http://www.camdencountync.gov/departments/parks-recreation/athletics

Dismal Swamp State Park
2294 US 17 North
South Mills, NC 27976
Phone: 252-771-6593
Email: dismal.swamp@ncparks.gov
Website: http://www.ncparks.gov/dismal-swamp-state-park

Dismal Swamp Canal Welcome Center
US Hwy 17N
South Mills, NC 27976

Open Daily 9am-5pm
Website: www.dismalswampwelcomecenter.com

Camden Community Park
175 N Carolina Hwy 343 S
Camden, NC 27921
Facebook Page: https://www.facebook.com_pages/Camden-Community-Park/150236095039528

Partnerships to Improve Community Health (PICH)
This project focuses on addressing risk factors for chronic disease with coalitions compiled of representatives from health departments, faith-based institutions, local governments, community colleges, health and human service agencies, and community organizations which will implement strategies to reduce secondhand smoke exposure and improving nutrition
Website: http://healthync.org/

Farmers Markets, Farmstands, and Roadside Stands (4)
Bray’s Farmstand
442 East Hwy 158
Camden, NC 27921
Phone: 252-338-0240

Poor Boys
US Hwy 158
Camden, NC 27921
252-335-1335

**Huck’s Produce**
NC 343 N 783
Camden, NC
Phone: 252-312-6487

**William’s Strawberries**
1383 North 343
Camden, NC
Franklin Williams Phone: 252-771-2647

**Hospital**
There is no hospital in either Camden County or Pamlico County.

**Hospitals in Surrounding Areas**

**Bertie County - Vidant Bertie Hospital**
1403 South King Street
PO Box
Windsor, NC 27983
Phone: 252-794-6600
Website: [https://www.vidanthealth.com/bertie/](https://www.vidanthealth.com/bertie/)

**Vidant Family Medicine – Windsor**
Located at the Vidant Bertie Hospital
Phone: 252-794-6775

**Chowan County - Vidant Chowan Hospital**
211 Virginia Road
P.O. Box 629
Edenton, NC 27932
252-482-8451
Website: [https://www.vidanthealth.com/chowan/](https://www.vidanthealth.com/chowan/)
Vidant Pediatrics - Edenton
203 Earnhardt Drive
Edenton, NC 27932
252-482-7407

Vidant Family Medicine - Edenton
201 Virginia Road
Edenton, NC 27932
252-482-2116

Vidant Internal Medicine & Cardiology - Edenton
105 Mark Drive
Edenton, NC 27932
252-482-3047

Vidant Women's Care - Edenton
203-A Earnhardt Drive
Edenton, NC 27932
252-482-2134

Vidant General Surgery - Edenton
203-B Earnhard Drive
Edenton, NC 27932
252-482-5868

Dare County - The Outer Banks Hospital, Inc.
4800 S. Croatan Hwy
Nags Head, NC 27959
Phone: 877-359-9179
Website: https://www.theouterbankshospital.com/

Cancer Care
4810 South Croatan Hwy, Suite 220
Nags Head, NC 27959
Residents of Camden County also seek medical services in southeastern VA, primarily in the area referred to as the Tidewater Region.


**Pasquotank-Camden Emergency Medical Service**
Located in Sentara Albemarle Medical Center
1144 -C North Road Street
Elizabeth City, NC 27909
Phone: 252-335-1524
Website: http://www.pasquotankcamdenems.com/

Public Health Department:
Albemarle Regional Health Services
Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 70 years of service to the Albemarle Region. The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women’s preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children’s developmental services, Public Health preparedness and response, public information, and interpreter assistance. Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

Camden County Health Department
The Health Department offers clinical services such as adult health, child health, immunizations, general communicable disease, sexually transmitted disease, women’s preventive health, and maternal health. Other services are Women, Infants and Children (WIC), Diabetes Care, Health Education and Health Promotion, Environmental Health Services, Public Health Preparedness and Response, Inter-County Public Transportation Authority (ICPTA), and Children’s Developmental Services Agency.

160 U.S. 158, Building B
Camden, NC 27921
Phone: 252-338-4460
Website: http://www.arhs-nc.org

Federally-Qualified Health Centers (FQHC)
The US Health Resources and Services Administration (HRSA) lists no FQHC in Camden County. However, HRSA lists FQHC in Albemarle Region of NC.

Gateway Community Health Center – Tyner Clinic
Located in the Northern Chowan Community Center
2869 Virginia Rd, Tyner, NC 27980
This clinic provides primary care to patients 18 years old and up. Services include sick visits, wellness and preventative visits, chronic disease management, health education, and laboratory testing. Staff includes a full time Adult Nurse Practitioner, a Registered Nurse, and support personnel.

Gateway Community Health Center of Gatesville
501 Main St, Gatesville, NC 27938
Phone: 252-357-1226
This clinic provides primary and minor emergency care for patients of all ages, including babies and children. Services include sick visits, wellness and preventative visits, chronic disease management, health education, stitches, X-rays, and laboratory and EKG testing. Staff includes a full time Family Practitioner medical doctor, a Family Nurse Practitioner, nurses, and support personnel.

Colerain Primary Care
109 W River St, Colerain, NC 27924
Phone: 252-356-2404
Website: http://rcchc.org/colerain-primary-care.html

Adolescent Care Clinic
This clinic provides primary care to students 10 to 19 years old and school faculty. Services include sick visits, wellness and preventative visits, chronic disease management, sports physicals, mental health counseling, health education, and laboratory testing. Staff includes a halftime Family Nurse Practitioner, a Registered Nurse, and a Licensed Practical Nurse.

88 US-158
Gatesville, NC 27938
Phone: 252-357-1244
Open during the school year only
Monday-Friday 8am-4:30pm
Fees: Based on sliding scale

Migrant and Seasonal Farm Worker Program
Nuestra Casa de la Comunidad Hispana

This center provides assistance and health programing focused on the local farm worker and Hispanic communities. Services include medical field clinics with a bilingual Case Manager, Outreach Worker and Registered Nurse/Family Nurse Practitioner providing health assessments and
immunizations as well as HIV testing and TB skin testing; assistance in accessing existing health resources from both public agencies and private organizations; case management; interpretation services; advocacy; health education; and a tutoring program for grades K-5.

510 S. Martin Luther King Dr.
Elizabeth City, NC 27909
Phone: 252-384-2651
Hours: Afternoons at various sites in the Elizabeth City area
Fees: Based on a sliding scale

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

**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/](http://www.trilliumhealthresources.org/)

**Trillium Access Point**
Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.
Available in English and Spanish, provides local referral information, and includes learning and resource section.


**Long-Term Care Facilities**
**Needham Adult Care Home**
916 N Sandy Hook Rd
Shawboro, NC 27973
Phone: 252-336-2700

**Dentists**
Dr. Francis A. Bald & Associates
Physicians-Oral Surgeons
1221 Carolina Avenue Suite 4
Elizabeth City, NC 27909
Phone: 252-338-8077
Fax: 252-335-1024

Regis Dandar
217 S. Poindexter St
Elizabeth City, NC 27909
Phone: 252-335-4421
Fax: 252-264-5465

Morgan Family Dentistry
153 Worth Guard Rd
Coinjock, NC 27923
Phone: 252-453-2181
Fax: 252-453-2325

10-A Juniper Trail
Kitty Hawk, NC 27949
Phone: 252-261-2358
Website: http://www.morganfamilydentistrync.com/

Currituck Dental Clinic
Located in the parking lot of Mt. Zion Methodist Church in Grandy, NC on Highway 158. Patients are seen by appointment.
Tuesday and Thursday 9am-5pm
Phone: 252-599-7776
https://www.freeclinics.com/det/nc-currituck_free_dental_clinic
Facebook: https://www.facebook.com/Community-Dental-Clinic-359483430752852/

Elizabeth City Dental
Robert T. Gillam, III, D.D.S.
508 E. Main St. Suite 322
Elizabeth City, NC 27909
Phone: 252-679-2929
Fax: 252-335-4842
Website: www.elizabethcitydental.com

Dental Transformations
Dentist and Sleep Specialist
408 E. Colonial Avenue
Elizabeth City, NC 27909
Phone: 252-335-4341
Website: http://www.dentaltransformations.com/dental/about/KarenWuertzDDS.html

Complete Dental Care: Jones Jr Clifford B DDS
407 S Road St
Elizabeth City, NC 27909
Phone: 252-335-0548

Griffin Jr. Lloyd E DDS
207 E. Church St.
Elizabeth City, NC 27909
Phone: 252-335-7534

Other Camden County Healthcare Practitioners/Practices
Partial list of healthcare practitioners and practices in Camden County that are not affiliated with one of the region’s hospitals.
Albemarle Family Practice
160 US Hwy 158 E
Camden, NC 27921
Phone: 252-334-9527

Michelle Creech, Speech-Language Pathology
152 Country Club Rd
Camden, NC 27921
Phone: 252-335-7808

Delaine Tanis, Speech-Language Pathology
207 Billetts Bridge Rd
Martha Goodman, Counseling
111 Sunset Ave #A
Camden, NC 27921
Phone: 252-336-2457

Lynn Olsefski, Social Work
1321 1st St W
Ahoskie, NC 27910
Phone: 252-209-8932
Fax: 252-209-8933

Other Albemarle Resources
East Carolina Behavioral Health
1708 E. Arlington Blvd
Greenville, NC 27858
Phone: 252-695-6400
Fax: 252-215-6881
24-hour Access/Crisis Number: 877-685-2415

Albemarle Pregnancy Resource Center and Clinic
201 E. Ehringhaus St.
Elizabeth City, NC 27909
Phone: 252-338-1655
Monday through Thursday 9am-4pm
Website: http://albemarleprc.org/

Other Health Services
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.

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Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.  
Learn more and get involved.

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Child Care Centers

www.childcarecenter.us
Camden County Childcare Referral Agency:  
Albemarle Smart Start Partnership

Precious Gifts Educational Center, LLC  
149 US Hwy 158 W.  
Camden, NC 27921  
Phone: 252-337-7434

Camden Co. NC Pre-Kindergarten Program  
175 Hwy 343 North  
Camden, NC 27921  
Phone: 252-335-0831

Home Day Care  
Cradle to Crayons Learning Center  
Otters Place  
South Mills, NC 27976  
Phone: 757-759-5078

Kay's Child Care  
Chantily Rd.
Camden, NC 27921
Phone: 252-338-9503

**Camden County Schools: After School Daycare**
Download the PDF version of the After School Daycare documents at:

**NC Licensed Mental Health Facilities**
**Life, Inc.**
258 Wickham Rd
Shiloh, NC 27974
Phone: 252-336-4142

**The Scott House**
**Life, Inc.**
801 Second Street; Elizabeth City, NC 27909
(252)338-1304