Pasquotank County

2018 Community Health Needs Assessment
Dear Community Member,

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

The rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and play. These factors also provide challenges in our systems of service delivery which drive the need for a continuum of programs. The Community Health Needs Assessment allows us the opportunity to analyze and prioritize our community’s needs and strengths based on vital feedback from citizens of all eight counties.

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

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

Sincerely yours,

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

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Acknowledgements

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

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

Special thanks goes to Gayle Olson 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 Pasquotank County.

Service Area
The service area for this report is defined as the geographical boundary of Pasquotank County, North Carolina. Pasquotank County is located along the coastal area of the state and has an area of 289 square miles, of which 227 square miles is land and 63 square miles is water.

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

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

Primary Data
The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Almost 500 Pasquotank 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 Pasquotank 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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<tbody>
<tr>
<td>Cancer</td>
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<tr>
<td>Diabetes</td>
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<td>Economy</td>
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<td>Exercise, Nutrition &amp; Weight</td>
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<td>Heart Disease &amp; Stroke</td>
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<tr>
<td>Mental Health &amp; Mental Disorders</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
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<tr>
<td>Substance Abuse</td>
</tr>
</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 Pasquotank County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Pasquotank 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 Pasquotank County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Pasquotank 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
• Cumberland County Health Department
• Dare County Department of Health and Human Services
• Duplin County Health Department
• Edgecombe County Health Department
• Franklin County Health Department
• Greene County Department of Public Health
• Halifax County Public Health System
• Hoke County Health Department
• Hyde County Health Department
• Johnston County Public Health Department
• Lenoir County Health Department
• Martin-Tyrrell-Washington District Health Department
• Nash County Health Department
• Onslow County Health Department
• Pamlico County Health Department
• Pitt County Health Department
• Sampson County Health Department
• Wayne County Health Department
• Wilson County Health Department

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

Health ENC Program Manager
• Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

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

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

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

Visit HealthENC.org to learn more.

*Figure 1. Health ENC Online Data Platform*
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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**Community CHNA Collaborative**

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 websites, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. 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 Pasquotank 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 143 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 Pasquotank County’s status, including how Pasquotank 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 Pasquotank 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.

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

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

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

Health ENC Region Comparison
When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, 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 485 responses were collected from Pasquotank County residents, with a survey completion rate of 88.7%, resulting in 430 complete responses from Pasquotank 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>Pasquotank County</td>
<td>425</td>
<td>5</td>
<td>430</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 Pasquotank County, what their personal health challenges are, and what the most critical health needs are for Pasquotank County. The survey instrument is available in Appendix B.
Demographics of Survey Respondents

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

Among Pasquotank County survey participants, 57.5% of respondents were between the ages of 35 and 59, with the highest concentration of respondents (26%) grouped into the 50-54 and 55-59 age groups. The majority of respondents were female (80.6%), White (70.6%), spoke English at home (97.6%), and Not Hispanic (95.6%).

Survey respondents had varying levels of education, with the highest share of respondents (27.1%) having a bachelor’s degree and the next highest share of respondents (22.6%) having an associate’s degree or vocational training (Figure 3).

Figure 3. Education of Community Survey Respondents
As shown in Figure 4, over three quarters of the respondents were employed full-time (75.6%) and the highest share of respondents (22.9%) had household annual incomes that totaled $50,000 to $74,999 before taxes. The average household size was 2.8 individuals.

**Figure 4. Employment Status of Community Survey Respondents**

![Employment Status Chart]

- Employed full-time: 75.6%
- Retired: 8.8%
- Employed part-time: 7.6%
- Student: 3.1%
- Homemaker: 2.8%
- Disabled: 2.1%
- Self-employed: 1.9%
- Unemployed for more than 1 year: 1.4%
- Unemployed for 1 year or less: 1.2%
- Armed forces: 0.0%
Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (63.6%) or their spouse’s employer (10.9%), while 8.7% have Medicare and 7.3% have no health insurance of any kind.

Overall, the community survey participant population consisted of white, educated women with varying levels of income. 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 Pasquotank 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 2018 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 Pasquotank 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 Pasquotank County between July 24, 2018 – July 26, 2018 with a total of 34 individuals. Participants included members of the community of various ages and backgrounds. 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>7/24/2018</td>
<td>Mt. Carmel Church</td>
<td>African American, Male and Female, All Ages</td>
<td>9</td>
</tr>
<tr>
<td>7/26/2018</td>
<td>PORT</td>
<td>General Population</td>
<td>8</td>
</tr>
<tr>
<td>7/25/2018</td>
<td>Community Care Clinic</td>
<td>General Population</td>
<td>11</td>
</tr>
<tr>
<td>7/26/2018</td>
<td>YMCA</td>
<td>General Population</td>
<td>6</td>
</tr>
</tbody>
</table>

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

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports 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 Pasquotank County is rich with involvement by a 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 although methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

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

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

Prioritization

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2018 CHNA process. The data was presented by ARHS, Sentara, 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 Pasquotank County

About Pasquotank County

Pasquotank County is located in northeast NC and is part of the Coastal Plain region. It is made up primarily of flatlands and contains miles of waterfront with the Little River to the west, the Albemarle Sound to the south, and the Pasquotank River to the east. The county covers 289 square miles, 227 of land and 62 of water.

Elizabeth City is the county seat. Other towns include Nixonton and Weeksville. Norfolk, VA is the nearest metropolitan area, approximately 37 miles to the north. Raleigh, NC is about 166 miles to the west, and Wilmington, NC is 214 miles to the southwest. Adjacent to Pasquotank County are Perquimans County to the southwest, Camden County to the east, and Gates County to the northwest.

US Highway 17 runs through Elizabeth City northeast toward the Outer Banks and southwest toward Wilmington; it joins US 64, which leads west to Raleigh. Also running through the county seat is US Highway 158. This highway runs south to the Albemarle Sound and the Outer Banks and northwest to Gates County. The nearest interstate highway is I-95, approximately 30 miles west of the county. The nearest commercial airport to the county is the Norfolk International Airport in Norfolk, VA, located 53 miles from Elizabeth City. The Newport News/Williamsburg International Airport in Newport News, VA is 80 miles from Elizabeth City, and the Pitt-Greenville Airport, in Greenville, NC, is 97 miles from Elizabeth City. The closest stop for any passenger railway system is in Norfolk, VA. The Greyhound bus line has a stop in Elizabeth City.

Pasquotank County was originally inhabited by the Pasquotank Indians and named for the Algonquian Indian word pasketanki, meaning “where the current divides or forks”. There are two rivers flanking the county, the Pasquotank River and the Little River, which defined transportation centers, provided fish, and made it possible to take the settler’s products directly to Caribbean ports and to the other colonies. The abundance of water also aided the farmers with their crops of tobacco, cotton, wheat and corn.

The first permanent settlers to North Carolina were Virginians, drawn to the region by reports of fertile bottom lands, abundant timber resources, and a favorable climate. By the late 1800s, a new wave of prosperity swept over Pasquotank, with blooded livestock appearing soon after, followed by new crops of soybeans, lespedeza and hybrid corn. Beef production and dairying was added to the hog- and sheep-raising. Machine methods in farming became necessary due to lack of good labor following the depression, and revolutionized the county’s agriculture. Concrete grain elevators are now common sights about the countryside and farming is one of the county’s most profitable activities.

The waterways of Pasquotank County are one of its definitive characteristics. Sitting on the northern portion of the Albemarle Sound and bordered by two rivers, the county is an attractive destination for shipping, boating, fishing, diving and other water-related activities. Elizabeth City has become a favorite stop on the Intracoastal Waterway and combines a vast history, integrated economy, and diversified culture. A revitalization of the town included new docks and boat facilities, shops and a museum which interprets over 400 years of local history. Many changes have been brought to the county over the years, but in basic ways Pasquotank county and its people are still similar to their forefathers and inherited tradition.
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 Pasquotank County, North Carolina.

Population
According to the U.S. Census Bureau’s 2016 population estimates, Pasquotank County has a population of 39,864 (Figure 6). The population of Pasquotank County has increased from 2015 to 2016.

Figure 6. Total Population (U.S. Census Bureau)
Figure 7 shows the population density of Pasquotank County compared to other counties in the Health ENC region. Pasquotank County has a population density of 179.2 persons per square mile, and is denser than most counties in the Health ENC region.

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

Figure 8 shows the Pasquotank County population by age group. The 25-34 age group contains the highest percent of the population at 14.0%, while the 45-54 age group contains the next highest percent of the population at 12.6%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)
People 65 years and older comprise 16.4% of the Pasquotank County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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

Males comprise 48.8% of the population, whereas females comprise 51.2% of the population (Table 5). The median age for males is 36.4 years, whereas the median age for females is 39.9 years. Both are slightly lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

<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>Pasquotank County</td>
<td>48.8%</td>
<td>51.2%</td>
<td>76.7%</td>
<td>14.6%</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 important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Pasquotank County (12.1 live births per 1,000 population in 2016) is similar to the birth rate in North Carolina (12.0) and slightly lower than the birth rate in Health ENC counties (13.1). The birth rate in Pasquotank County has decreased since 2014.

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

The proportion of residents that identify as White is smaller in Pasquotank County (58.6%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Pasquotank County has a larger share of residents that identify as Black or African American (36.8%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 5.1% of Pasquotank County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

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

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

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

Military Population
Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Pasquotank County has a larger share of residents in the military (2.2%) compared to North Carolina (1.0%), but a smaller share of residents in the military than counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Pasquotank County is higher than in North Carolina but lower than the Health ENC region.
**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. Pasquotank County has a veteran population of 12.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

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

NC Department of Commerce Tier Designation
The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Pasquotank 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 Pasquotank County ($45,750), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)
Pasquotank County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)
Within Pasquotank County, zip code 27909 has a median household income of $45,757 (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, 17.4% percent of the population in Pasquotank County lives below the poverty level, which is slightly higher than the rate for North Carolina (16.8% of the population), but lower than the rate for the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)
As shown in Figure 18, the rate of children living below the poverty level is higher for Pasquotank County (25.5%) when compared to North Carolina (23.9%), but lower when compared to Health ENC counties (27.6%).

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

<table>
<thead>
<tr>
<th></th>
<th>Percent of Population &lt;18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasquotank County</td>
<td>25.5%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>23.9%</td>
</tr>
<tr>
<td>Health ENC Counties</td>
<td>27.6%</td>
</tr>
</tbody>
</table>
As shown in Figure 19, the rate of older adults living below the poverty level is lower in Pasquotank County (9.2%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

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

As shown in Figure 20, the percent of disabled people living in poverty in Pasquotank County (23.5%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

**Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)**
Housing
The average household size in Pasquotank County is 2.6 people per household, which is similar to 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 Pasquotank County, the median housing costs for homeowners with a mortgage is $1,353. This is higher than the North Carolina value of $1,243, and higher than most 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. Countywide, 23.0% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Pasquotank County, 52.7%, is similar to the state value of 52.6% and slightly higher than the Health ENC region value of 51.5%.

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

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

- In 2014, there were six grocery stores listed in Pasquotank County. [https://www.ers.usda.gov/FoodAtlas/](https://www.ers.usda.gov/FoodAtlas/)
- From 2010 to 2015, Pasquotank County households with no car and therefore low access to grocery stores increased from 4.5% to 7.6%.
- From 2010 to 2015 persons in Pasquotank County with low income and low access to grocery stores increased from 9.1% to 12.5%.
- Despite the rural, agrarian nature of much of the ARHS region, there are very few farmers’ markets anywhere in the region. In 2016, The US Department of Agricultural listed the following counties in the ARHS region with having markets:
  - Chowan County: 1
  - Currituck County: 11
  - Hertford County: 1
  - Pasquotank County: 1
SocioNeeds Index
Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

All zip codes, counties and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need), based on how those locations compare to others in the U.S. The 33 counties within the Health ENC region are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Similarly, all zip codes within the Health ENC region are ranked from 1 (low need) to 5 (high need). Zip codes with populations under 300 persons are excluded. As shown in Figure 24, Pasquotank County has an index value of 66.7 and a relative rank of 3.

Table 7 displays the index values and relative ranking of all zip codes in the county. Within Pasquotank County, zip code 27909 has an index value of 74.5 and a relative rank of 4 compared to all zip codes in the Health ENC region.

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

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index Value</th>
<th>Relative Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>27909</td>
<td>74.5</td>
<td>4</td>
</tr>
</tbody>
</table>

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

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

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

Countywide, the percent of residents 25 or older with a high school degree or higher (85.4%) is similar to the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Pasquotank County is lower than both the state value and Health ENC region. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina, the rate drops to 19.9% in the Health ENC region and 18.9% in Pasquotank County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)
Within Pasquotank County, zip code 27909 has a high school degree graduation rate of 85.5% (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.

Pasquotank County’s high school dropout rate, given as a percent of high school students in Figure 27, was 1.6% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Although Pasquotank County’s high school dropout rate is consistently lower than North Carolina’s and the Health ENC region’s rates, it has increased over four time periods since 2013-2014.
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.

As shown in Figure 28, Pasquotank County’s rate of high school suspension (36.3 suspensions per 100 students) is higher than North Carolina’s rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. While the rate of high school suspensions in Pasquotank County decreased over 3 measurement periods, from 2013-2014 to 2015-2016, the rate increased over the most recent measurement period, from 31.1 in 2015-2016 to 36.3 in 2016-2017.

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 Pasquotank 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 four active water systems in Pasquotank County, all of which were Community Water Systems that served an estimated 37,283 people (93% of the county’s population). A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these four CWS, there were no health violations in the past 10 years.
https://www3.epa.gov/enviro/facts/sdwis/search.html

SOLID WASTE
Pasquotank County operates 7 collection and recycling centers in the unincorporated areas of the County which may be used by any citizen of the county to dispose of residential waste and recyclable materials. Most of the solid waste generated in Pasquotank 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 were 15 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, 2.7% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Pasquotank County, with an estimated 0.4% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Pasquotank County, 80.5% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

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

Pasquotank County: 80.5%
North Carolina: 81.1%
Health ENC Counties: 81.4%
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 Pasquotank County is 332.2 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31). While the violent crime rate has increased in the state, the rate has decreased in Pasquotank County from 365.5 in 2013 to 332.2 in 2015.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)
The property crime rate in Pasquotank County (2,873.6 per 100,000 people) is slightly higher than the state value (2,779.7 per 100,000 people) (Figure 32).

**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 Pasquotank County (2.1) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). While the juvenile undisciplined rate in Pasquotank County increased from 2014 to 2016, there was a noticeable drop in the rate from 3.8 in 2016 to 2.1 in 2017.
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 Pasquotank County decreased from 2014 to 2016, the rate increased from 25.0 in 2016 to 28.4 in 2017. The 2017 juvenile delinquent rate for Pasquotank County (28.4) is higher than the rate in 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 Pasquotank County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Pasquotank County has decreased over the past four measurement periods. The 2017 incarceration rate in Pasquotank County (195.3 per 1,000 population) is lower than the rate in 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 Pasquotank County, 88.0%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%).

Figure 37 Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)
Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Pasquotank County has a higher percent of people receiving Medicaid (23.1%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is lower in Pasquotank County (3.9%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is higher in Pasquotank County (5.2%) than in North Carolina (2.1%) but lower than in Health ENC counties (6.6%).

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

People without health insurance are often the segment of the population least likely to seek and/or to be able to access necessary health care. Countywide, 12.0% of residents are uninsured.
**Civic Activity**

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Pasquotank County has a slightly higher percent of residents of voting age (77.8%) than North Carolina (77.3%) and Health ENC counties (76.7%).
Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Pasquotank County was 59.7%, which is lower than the state value (67.7%) and Health ENC region (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 Pasquotank County by topic area. Topics with higher scores indicate greater need. Diabetes is the poorest performing health topic for Pasquotank County, followed by Men’s Health, Cancer, Respiratory Diseases, Mental Health & Mental Disorders and Heart Disease & Stroke.

Table 8. Secondary Data Scoring Results by Topic Area

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>2.15</td>
</tr>
<tr>
<td>Men’s Health</td>
<td>2.12</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.09</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.95</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.94</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.93</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 Pasquotank County. Low income/poverty was the most frequently selected issue and was ranked by 46.5% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected hopelessness, neglect and abuse, domestic violence, elder abuse, child abuse and rape / sexual assault as issues most affecting the quality of life in Pasquotank County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents
Figure 42 displays the level of agreement among Pasquotank County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, has good parks and recreation facilities and is an easy place to buy healthy foods. More than half of survey respondents disagreed (37%) or strongly disagreed (14%) that the county has plenty of economic opportunity.

**Figure 42. Level of Agreement Among Pasquotank 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>10%</td>
<td>15%</td>
<td>20%</td>
<td>45%</td>
<td>10%</td>
</tr>
<tr>
<td>There are good parks and recreation facilities in this...</td>
<td>5%</td>
<td>18%</td>
<td>28%</td>
<td>41%</td>
<td>8%</td>
</tr>
<tr>
<td>There is affordable housing that meets my needs in this...</td>
<td>7%</td>
<td>21%</td>
<td>31%</td>
<td>35%</td>
<td>6%</td>
</tr>
<tr>
<td>There is plenty of help for people during times of need in...</td>
<td>6%</td>
<td>23%</td>
<td>35%</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>This County is a safe place to live.</td>
<td>5%</td>
<td>16%</td>
<td>37%</td>
<td>38%</td>
<td>5%</td>
</tr>
<tr>
<td>There is plenty of economic opportunity in this County.</td>
<td>14%</td>
<td>37%</td>
<td>30%</td>
<td>16%</td>
<td>3%</td>
</tr>
<tr>
<td>This County is a good place to grow old.</td>
<td>3%</td>
<td>10%</td>
<td>24%</td>
<td>47%</td>
<td>16%</td>
</tr>
<tr>
<td>This County is a good place to raise children.</td>
<td>3%</td>
<td>13%</td>
<td>32%</td>
<td>44%</td>
<td>8%</td>
</tr>
<tr>
<td>There is good healthcare in my County.</td>
<td>6%</td>
<td>13%</td>
<td>25%</td>
<td>48%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Pasquotank County. Higher paying employment was the most frequently selected issue, followed by positive teen activities, availability of employment, counseling / mental health / support groups and number of healthcare providers.

**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 Pasquotank County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 27.5% of survey respondents. This was followed by eating well/nutrition, going to the doctor for yearly check-ups and screenings, managing weight and crime prevention.

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

![Graph showing health behaviors ranked by survey respondents]
Focus Group Discussions

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

<table>
<thead>
<tr>
<th>Topic Area (Code)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>23</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>20</td>
</tr>
<tr>
<td>Low-Income/ Underserved</td>
<td>7</td>
</tr>
<tr>
<td>Economy</td>
<td>6</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>6</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 9. Focus Group Results by Topic Area
Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Pasquotank 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 10. Criteria for Identifying the Top Needs from each Data Source

<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.

Across all three data sources, there is strong evidence of need to assess Mental Health and Mental Disorders. 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**
Nine 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>Cancer*</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; Stroke*</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders*</td>
</tr>
<tr>
<td>Respiratory Diseases*</td>
</tr>
<tr>
<td>Substance Abuse</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 Access to Health Services, 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 Pasquotank 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 Dara Scoring

<table>
<thead>
<tr>
<th>Gauge or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Green Icon" /></td>
<td>Green represents the &quot;best&quot; 50th percentile.</td>
</tr>
<tr>
<td><img src="image" alt="Yellow Icon" /></td>
<td>Yellow represents the 50th to 25th quartile</td>
</tr>
<tr>
<td><img src="image" alt="Red Icon" /></td>
<td>Red represents the &quot;worst&quot; quartile.</td>
</tr>
<tr>
<td><img src="image" alt="Green Up" /> <img src="image" alt="Green Down" /></td>
<td>There has been a non-significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image" alt="Green Up" /> <img src="image" alt="Green Down" /> <img src="image" alt="Green Side" /></td>
<td>There has been a significant increase/decrease over time.</td>
</tr>
<tr>
<td><img src="image" alt="Blue" /></td>
<td>There has been neither a statistically significant increase nor decrease over time.</td>
</tr>
</tbody>
</table>
Diabetes

Key Issues
- Diabetes is a major issue within the Medicare Population.
- The age-adjusted death rate due to diabetes is higher in Pasquotank County than in the state and U.S.
- Financial barriers may prohibit community members from seeking treatment or purchasing medications.

Secondary Data
The secondary data scoring results reveal Diabetes as the top need in Pasquotank County with a score of 2.15. 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, shown in Table 13. Diabetes is a clear area of concern for Pasquotank County based on the two highest scoring indicators within the topic area. The indicator score for Diabetes within the Medicare Population for Pasquotank County is 2.5 with a value of 34.7% of the population in 2015. This is higher than the rate in both North Carolina (28.4% of the population) and the United States (26.5% of the population). Additionally, the age-adjusted death rate due to diabetes for Pasquotank County in 2012-2016 is 23.7 deaths per 100,000 population, which is higher than the rate for North Carolina (23.0 deaths/100,000) the U.S. overall (21.1 deaths/100,000), and is significantly trending upwards.

Table 13. Data Scoring Results for Diabetes

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pasquotank County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</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>
<tr>
<td>2.1</td>
<td>Adults 20+ with Diabetes (2014) (percent)</td>
<td>12.7</td>
<td>11.1</td>
<td>10</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
</tr>
<tr>
<td>2.03</td>
<td>Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/100,000 population)</td>
<td>23.7</td>
<td>23</td>
<td>21.1</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
</tr>
<tr>
<td>1.95</td>
<td>Diabetic Monitoring: Medicare Population (2014) (percent)</td>
<td>85.1</td>
<td>88.8</td>
<td>85.2</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, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 14% of community survey participants reported being told by a medical professional that they has diabetes and 42% had been told that they were overweight or obese.

Diabetes was discussed four times during the focus group discussions. One participant shared that the community prediabetes program should continue. The other felt that diabetes was one of the top health issues in the community.

**Highly Impacted Populations**
Data scoring identified the Medicare population and adults over 20 years old are highly impacted populations. No specific groups were identified in the primary data sources.
Cancer

Key Issues
- Age-adjusted death rate due to cancer is the highest scoring indicator.
- All cancer incidence rates for cancer are higher than the state and U.S values.

Secondary Data
The secondary data analysis identified Cancer as a top quality of life issue and received a data score of 2.09. Some of the highest scoring indicators are listed in Table 14. The age-adjusted death rate due to Cancer in 2010-2014 is higher than in the state and U.S. and does not meet the Healthy People Goal of 161.4 deaths per 100,000 population. Additionally, the colorectal cancer incidence rate for Pasquotank County received an indicator score of 2.3 with 47.8 cases per 100,000 population. This is also higher than the North Carolina (37.7 cases/100,000) and United States (39.8 cases/100,000) values, and does not meet the Healthy People 2020 goal of 39.9 cases/100,000 population.

Table 14. Data Scoring Results for Cancer

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pasquotank County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>Colorectal Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>47.8</td>
<td>37.7</td>
<td>39.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39.9</td>
</tr>
<tr>
<td>2.3</td>
<td>Cancer: Medicare Population (2015) (percent)</td>
<td>8.7</td>
<td>7.7</td>
<td>7.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.95</td>
<td>Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)</td>
<td>56.6</td>
<td>50.7</td>
<td>44.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45.5</td>
</tr>
<tr>
<td>1.85</td>
<td>Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>73.3</td>
<td>70</td>
<td>61.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.55</td>
<td>Age-Adjusted Death Rate due to Cancer (2010-2014) (deaths/ 100,000 population)</td>
<td>199.7</td>
<td>172</td>
<td>166.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>161.4</td>
</tr>
<tr>
<td>Section</td>
<td>Indicator Description</td>
<td>2010-2014 Rate</td>
<td>2015 Rate</td>
<td>2016 Rate</td>
<td>2017 Rate</td>
<td>2018 Rate</td>
<td>Change</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>--------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Prostate Cancer Incidence Rate (2010-2014) (cases/100,000 males)</td>
<td>147.1</td>
<td>125</td>
<td>114.8</td>
<td>114.5</td>
<td>114.2</td>
<td>-0.3</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.15</td>
<td>Bladder Cancer Incidence Rate (2010-2014) (cases/100,000 population)</td>
<td>23.2</td>
<td>20.1</td>
<td>20.5</td>
<td>20.3</td>
<td>20.1</td>
<td>-0.2</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Pancreatic Cancer Incidence Rate (2010-2014) (cases/100,000 population)</td>
<td>12.7</td>
<td>12</td>
<td>12.5</td>
<td>12.4</td>
<td>12.3</td>
<td>-0.2</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer (2010-2014) (deaths/100,000 population)</td>
<td>20.5</td>
<td>14.1</td>
<td>14.8</td>
<td>14.5</td>
<td>14.3</td>
<td>-0.2</td>
<td>10.1 14.5</td>
<td></td>
</tr>
<tr>
<td>2.65</td>
<td>Age-Adjusted Death Rate due to Prostate Cancer (2010-2014) (deaths/100,000 males)</td>
<td>32.1</td>
<td>21.6</td>
<td>20.1</td>
<td>19.9</td>
<td>19.8</td>
<td>-0.3</td>
<td>21.8</td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Oral Cavity and Pharynx Cancer Incidence Rate (2010-2014) (cases/100,000 population)</td>
<td>16.7</td>
<td>12.2</td>
<td>11.5</td>
<td>11.4</td>
<td>11.3</td>
<td>-0.2</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2.65</td>
<td>Age-Adjusted Death Rate due to Breast Cancer (2010-2014) (deaths/100,000 females)</td>
<td>30.7</td>
<td>21.6</td>
<td>21.2</td>
<td>20.9</td>
<td>20.7</td>
<td>-0.2</td>
<td>20.7</td>
<td></td>
</tr>
</tbody>
</table>

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

**Primary Data**

Community Survey participants were asked whether they had been told by a health care provider if they had a number of health conditions and 7% of respondents reported that they had been told they had cancer. Participants were also asked if they had had a number of preventative screenings and 4% reported having a prostate cancer screening, 15% reported having a skin cancer screening, 13% reported having a colon/rectal exam, 42% reported having a pap smear and 44% reported having a mammogram. Cancer was not a topic discussed during the focus group sessions.
Highly Impacted Populations
No specific groups were identified in the primary data sources.
Respiratory Diseases

Key Issues
- The age-adjusted death rates due to both lung cancer and influenza & pneumonia is higher than the state and U.S. values, and fail to meet Healthy People 2020 goals.
- Tuberculosis is more prevalent in Pasquotank County than in the state and U.S. overall.

Secondary Data
Respiratory Diseases received a score of 1.95, making it one of the top needs in Pasquotank County. Some of the most poorly performing indicators related to respiratory diseases are displayed in Table 15. The Pasquotank County Tuberculosis incidence rate received an indicator score of 2.43 with 5 cases per 100,000 population. This was higher than both the North Carolina (2 cases/100,000) and United States (3 cases/100,000) values, and there is a slight trend upwards.

Table 15. Data Scoring Results for Respiratory Diseases

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pasquotank County</th>
<th>North Carolina</th>
<th>U.S.</th>
<th>North Carolina Counties</th>
<th>U.S. Counties</th>
<th>Trend</th>
<th>Healthy NC 2020</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.9</td>
<td>Asthma: Medicare Population (2015) (percent)</td>
<td>8.7</td>
<td>8.4</td>
<td>8.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>1.75</td>
<td>COPD: Medicare Population (2015) (percent)</td>
<td>12.3</td>
<td>11.9</td>
<td>11.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>1.95</td>
<td>Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)</td>
<td>56.6</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)</td>
<td>73.3</td>
<td>70</td>
<td>61.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>1.85</td>
<td>Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)</td>
<td>113.1</td>
<td>90.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

80
Primary Data
16% of survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, <2% selected quitting smoking/tobacco use prevention. 10% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28% reported that they would go to a doctor to get help quitting, 20% reported that they didn’t know where to go and 28% reported that they did not want to quit. 35% 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, 36% of survey respondent reported exposure in the home, 40% were exposed in ‘other’ locations (ex. outside, other people’s homes) and 13% were exposed in the work place. Respiratory Diseases was not a topic discussed during the focus group sessions.

Highly Impacted Populations
No specific groups were identified in the primary data sources.

*See Appendix A for full list of indicators included in each topic area*
Heart Disease & Stroke

Key Issues
- Hyperlipidemia and Hypertension in the Medicare Population is an issue in Pasquotank County.
- The age-adjusted death rate due to heart disease is significantly higher than the North Carolina and Healthy NC 2020 values.

Secondary Data
The secondary data scoring results reveal Heart Disease & Stroke as a top need in Pasquotank County with a score of 1.93. 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 16. The age-adjusted death rate due to heart disease in Pasquotank received an indicator score of 2.4 with 250.6 cases per 100,000 population. This is higher than the North Carolina value (161.3 cases/100,000), and fails to meet the Healthy NC 2020 goal of 161.5 cases/100,000.

Table 16. Data Scoring Results for Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pasquotank 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>2.4</td>
<td>Hyperlipidemia: Medicare Population (2015) (percent)</td>
<td>49.1</td>
<td>46.3</td>
<td>44.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Hypertension: Medicare Population (2015) (percent)</td>
<td>65.9</td>
<td>58</td>
<td>55</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>250.6</td>
<td>161.3</td>
<td>-</td>
<td>161.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.93</td>
<td>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/ 100,000 population)</td>
<td>45.1</td>
<td>43.1</td>
<td>36.9</td>
<td></td>
<td></td>
<td></td>
<td>34.8</td>
</tr>
</tbody>
</table>

*See Appendix A for full list of indicators included in each topic area*
Primary Data
38% of survey participants reported being told by a health care professional that they had high blood pressure and 31% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 14% 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, 29% 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 health concerns came up two times in the focus groups as an issue the community is facing. Addressing high blood pressure was raised as a top area of need in the community.

Highly Impacted Populations
Data scoring indicated that the Medicare population may be a highly impacted population. No specific groups were identified in the primary data sources.
Mental Health & Mental Disorders

Key Issues
- The age-adjusted death rates due to Alzheimer’s and Suicide are both higher in Pasquotank County than in the state or U.S. overall.
- There is a higher prevalence of Alzheimer’s or Dementia in the Medicare Population in Pasquotank County.

Secondary Data
The secondary data analysis identified Mental Health & Mental Disorders as a top quality of life issue and received a data score of 1.94. Some of the highest scoring indicators are listed in Table 17.
Alzheimer’s disease or Dementia prevalence in the Medicare Population for Pasquotank County received the highest indicator score of 2.5 with 11.3%. This value is higher than both the state (9.8%) and the U.S. (9.9%) values. Additionally, the age-adjusted death rate due to suicide for Pasquotank County (13.3 deaths per 100,000 population) is higher than both the state (12.9 deaths/100,000) and the U.S. (13 deaths per 100,000) rates. Pasquotank’s value also fails to meet the Health NC 2020 (8.3 deaths/100,000) or HP 2020 goals (10.2 deaths/100,000).

Table 17. Data Scoring Results for Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicator (Year) (Units)</th>
<th>Pasquotank 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>2.1</td>
<td>Poor Mental Health: Average Number of Days (2016) (days)</td>
<td>4.2</td>
<td>3.9</td>
<td>3.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>Mental Health Provider Rate (2017) (providers/100,000 population)</td>
<td>173.1</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Alzheimer’s Disease or Dementia: Medicare Population (2015) (percent)</td>
<td>11.3</td>
<td>9.8</td>
<td>9.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Data
35% of survey participants who responded to this 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 fourth highest ranked choice. 4.9% of participants selected stress management as a health behavior the community needs more information about.

Focus Group participants brought up mental health seven times during discussions. Participants shared their concerns for needing more resources dedicated to mental health in the community. One participant shared concerns about wait times for seeing a mental health specialist. Another participant recommended have health education classes focused on mental health such as anger management and managing bipolar disorder.

Highly Impacted Populations
No specific groups were identified in the primary data sources.

*See Appendix A for full list of indicators included in each topic area*
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 Pasquotank 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>Pasquotank County</th>
<th>North Carolina</th>
<th>Health ENC Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cause</td>
<td>Deaths</td>
<td>Rate*</td>
</tr>
<tr>
<td>1</td>
<td>Heart Diseases</td>
<td>377</td>
<td>259.9</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>260</td>
<td>178.9</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular Diseases</td>
<td>61</td>
<td>40.3</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>58</td>
<td>39.5</td>
</tr>
<tr>
<td>5</td>
<td>Alzheimer's Disease</td>
<td>45</td>
<td>31.4</td>
</tr>
<tr>
<td>6</td>
<td>Accidental Injuries</td>
<td>42</td>
<td>35.1</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>39</td>
<td>26.8</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and Pneumonia</td>
<td>24</td>
<td>16.4</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>21</td>
<td>17.1</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
<td>18</td>
<td>Unreliable</td>
</tr>
</tbody>
</table>

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

Access to Health Services

Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

A list of all secondary indicators within this topic area is available in Appendix A.

Primary Data
As previously summarized, most of community survey respondents have health insurance through an employer (63.6%) followed by insurance through their spouse’s employer (10.9%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor’s office 68%. The majority of participants did not report any problems getting the health care they needed in the past 12 months (85%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (46%), specialist (29%) and a dentist (29%). The top reasons participants reported not being able to get the necessary health care they needed were not being able to get an appointment (41%), not having health insurance (33%) or insurance didn’t cover what they needed (28%). 86% of participants reported being able to see the medical provider they needed within Pasquotank County while some sought care in the State of Virginia (6%).

Focus Group participants discussed barriers to accessing health services such as transportation issues and not being able to afford co-pays and medications. Some participants were concerned that people had to leave the county or state to seek the medical services that they needed. Participants brought up groups they felt have higher need but are unable to access the services they require such as the uninsured, elderly, individuals on disability and those who may need financial assistance but do not qualify for benefit programs.

Exercise, Nutrition & Weight

Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

A list of all secondary indicators within this topic area is available in Appendix A.
Primary Data
Among community survey respondents, 43% rated their health is good and 34% rated their health as very good. However, 42% 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 33% 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 being too tired to exercise (38%), not having enough time (37%) and not liking exercise (19%). For those individuals that do exercise, 65% reported exercising or engaging in physical activity at home while 24% do so at a private gym followed by a YMCA (19%).

Exercise, Nutrition & Weight was discussed in all focus groups. One of the top themes discussed within this topic was the participants belief that healthy food was not affordable. One participant described the need to intervene early with influencing healthy habits and suggested offering education in school on how to cook and eat healthy. Other suggestions included providing more services or activities to help families stay physically active in the community, promoting healthy eating education and exercise classes at local churches and offering healthy food choices through food banks. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when 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 nutrition were high frequency responses.

Economy
Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

A list of all secondary indicators within this topic area is available in Appendix A.

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 Pasquotank 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 a high share of responses, higher paying employment (28.1%) was the top selection and availability of employment was third (10.2%). When asked to expand on services that could be improved the need for more economic activity in the community and support for those who are struggling with the cost of living.
Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and health care costs. One participant suggested promoting job training and employment support opportunities to help those struggling to find work.

Substance Abuse

Secondary Data
From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

A list of all secondary indicators within this topic area is available in Appendix A.

Primary Data
Community survey participants ranked substance abuse (23.4%) as a top issue affecting quality of life in Pasquotank County. Additionally, 27.6% of community survey respondents reported wanting to learn more about substance abuse prevention.

10% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28% reported that they would go to a doctor to get help quitting, 20% reported that they didn’t know where to go and 28% reported that they did not want to quit. 35% 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, 36% of survey respondent reported exposure in the home, 40% were exposed in ‘other’ locations (ex. outside, other people’s homes) and 13% were exposed in the work place. Most participants (73%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 10% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 99% 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 (<1%) in the past 30 days, 83% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, one participant felt drug use is increasing and needs to be addressed in the community. Two participants mentioned that there is a lack of substance abuse treatment and behavioral health services in the community so that people do not have to travel outside of the county.
A Closer Look at Highly Impacted Populations

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

Men’s Health

Men’s health ranks as a top need in Pasquotank County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 2.12. Death rates due to prostate cancer are of particular concern. The age-adjusted death rate due to prostate cancer in Pasquotank County is 32.1 deaths/100,000 males and the Prostate Cancer incidence rate is 147.1 cases /100,000 males, both of which are higher than the state value and national value. Pasquotank County also fails to meet the Healthy People 2020 target of 21.8 deaths/100,000 males for prostate cancer deaths.

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

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>Prostate Cancer Incidence Rate</td>
<td>Black</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>Black or African American, Two or More Races</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>Black or African American, Other</td>
</tr>
<tr>
<td>People Living Below Poverty Level</td>
<td>18-24, 6-11, &lt;6, Black or African American</td>
</tr>
<tr>
<td>People 25+ with a High School Degree or Higher</td>
<td>65+, Black or African American, Hispanic or Latino</td>
</tr>
<tr>
<td>All Cancer Incidence Rate</td>
<td>Male</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>People 65+ Living Below Poverty Level</td>
<td>Black or African American</td>
</tr>
</tbody>
</table>

*See HealthENC.org for indicator values for population subgroups
Geographic Disparities
Geographic disparities are identified using the SocioNeeds Index®. Zip code 27909, with an index value of 74.5, has the highest socioeconomic need within Pasquotank County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Pasquotank 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 Pasquotank County. The assessment was further informed with input from Pasquotank County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified 9 significant health needs: Access to Health Services, Cancer, Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Mental Health & Mental Disorders, Respiratory, Diseases and Substance Abuse. 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 Paquotank County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.

Population At Risk: The Poor, Uninsured

Health Resources Available/Needed:

Available Resources:
Albemarle Family YMCA
Elizabeth City Parks and Recreation; group fitness/yoga classes
Gyms/ Private Recreational Facilities
Partnerships to Improve Community Health (PICH) Grant
Farmers Markets and Roadside Stands
Pasquotank County NC Cooperative Extension
Pasquotank County Senior Center
Albemarle Regional Health Services
Physician offices
Healthy Carolinians of the Albemarle (HCOTA)
Walking Trails

Resources Still Needed:
Weight management programs
More nutrition resources
More fitness options for individuals with limited financial resources

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 Pasquotank 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
NextCare Urgent Care
Gateway Community Health Center, Inc.
Community Care Clinic of Pasquotank County
Internal Medicine of Elizabeth City
Sentara Family Medicine
Sentara Internal Medicine
Albemarle Family Practice
Northeastern Ob-Gyn
Intercounty Public Transit Authority

**Resources Still Needed:**
Specialty Providers
More local health care providers – many of the available facilities are not accepting new patients at the time of this report

**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
Elizabeth City Treatment Center
Albemarle Overdose Prevention Coalition
Trillium Health Resources
Albemarle Counseling Center
Integrated Family Services – Mobile Crisis
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

Following this process, Pasquotank 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, Pasquotank 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 Pasquotank County. The possible comparisons are shown in Figure 48 and include a comparison of Pasquotank 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 Pasquotank 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 Pasquotank 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 Pasquotank 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 Pasquotank County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North
Carolina 2020. Healthy People 2020\textsuperscript{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\textsuperscript{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 Pasquotank County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90\% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend’s direction and its statistical significance.

Figure 53. Trend Over Time

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

\textsuperscript{2} For more information on Healthy People 2020, see https://www.healthypeople.gov/
\textsuperscript{3} For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/
greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

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

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

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

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

<table>
<thead>
<tr>
<th>Health and Quality of Life Topics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>2.15</td>
</tr>
<tr>
<td>Men's Health</td>
<td>2.12</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.09</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1.95</td>
</tr>
<tr>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.94</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>1.93</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.88</td>
</tr>
<tr>
<td>Mortality Data</td>
<td>1.87</td>
</tr>
<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.83</td>
</tr>
<tr>
<td>Economy</td>
<td>1.81</td>
</tr>
<tr>
<td>Education</td>
<td>1.81</td>
</tr>
<tr>
<td>Older Adults &amp; Aging</td>
<td>1.77</td>
</tr>
<tr>
<td>Women's Health</td>
<td>1.75</td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.74</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.73</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health</td>
<td>1.73</td>
</tr>
<tr>
<td>Environment</td>
<td>1.69</td>
</tr>
<tr>
<td>Wellness &amp; Lifestyle</td>
<td>1.65</td>
</tr>
<tr>
<td>Maternal, Fetal &amp; Infant Health</td>
<td>1.64</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.52</td>
</tr>
<tr>
<td>Other Chronic Diseases</td>
<td>1.50</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.48</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>1.48</td>
</tr>
<tr>
<td>Immunizations &amp; Infectious Diseases</td>
<td>1.44</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>1.22</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. Pasquotank County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

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

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACCESS TO HEALTH SERVICES</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PASQUOTANK 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>1.90</td>
<td>Mental Health Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>173.1</td>
<td>215.5</td>
<td>214.3</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.70</td>
<td>Dentist Rate</td>
<td>2016</td>
<td>dentists/ 100,000 population</td>
<td>47.7</td>
<td>54.7</td>
<td>67.4</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.43</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.38</td>
<td>Persons with Health Insurance</td>
<td>2016</td>
<td>percent</td>
<td>88.0</td>
<td>87.8</td>
<td>100.0</td>
<td>92.0</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>1.20</td>
<td>Preventable Hospital Stays: Medicare Population</td>
<td>2014</td>
<td>discharges/ 1,000 Medicare enrollees</td>
<td>48.4</td>
<td>49.0</td>
<td>49.9</td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>0.65</td>
<td>Primary Care Provider Rate</td>
<td>2015</td>
<td>providers/ 100,000 population</td>
<td>77.8</td>
<td>70.6</td>
<td>75.5</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>0.30</td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2017</td>
<td>providers/ 100,000 population</td>
<td>125.4</td>
<td>102.5</td>
<td>81.2</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>CANCER</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PASQUOTANK 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>3.00</td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>20.5</td>
<td>14.1</td>
<td>14.8</td>
<td>14.5</td>
<td>10.1</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.65</td>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 females</td>
<td>30.7</td>
<td>21.6</td>
<td>21.2</td>
<td>20.7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.65</td>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 males</td>
<td>32.1</td>
<td>21.6</td>
<td>20.1</td>
<td>21.8</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.55</td>
<td>Age-Adjusted Death Rate due to Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>199.7</td>
<td>172.0</td>
<td>166.1</td>
<td>161.4</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.40</td>
<td>Oral Cavity and Pharynx Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>16.7</td>
<td>12.2</td>
<td>11.5</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.30</td>
<td>Cancer: Medicare Population</td>
<td>2015</td>
<td>percent</td>
<td>8.7</td>
<td>7.7</td>
<td>7.8</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2.30</td>
<td>Colorectal Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>47.8</td>
<td>37.7</td>
<td>39.8</td>
<td>39.9</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.15</td>
<td>Bladder Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>23.2</td>
<td>20.1</td>
<td>20.5</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2.10</td>
<td>Pancreatic Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>12.7</td>
<td>12.0</td>
<td>12.5</td>
<td></td>
<td></td>
<td></td>
<td>7</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>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PASQUOTANK COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.10</td>
<td>Prostate Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 males</td>
<td>147.1</td>
<td>125.0</td>
<td>114.8</td>
<td>Black</td>
<td>7</td>
</tr>
<tr>
<td>1.95</td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>56.6</td>
<td>50.7</td>
<td>44.7</td>
<td>45.5</td>
<td>7</td>
</tr>
<tr>
<td>1.85</td>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>73.3</td>
<td>70.0</td>
<td>61.2</td>
<td>7</td>
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</tr>
<tr>
<td>1.75</td>
<td>Breast Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 females</td>
<td>128.1</td>
<td>129.4</td>
<td>123.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td>All Cancer Incidence Rate</td>
<td>2010-2014</td>
<td>cases/ 100,000 population</td>
<td>461.1</td>
<td>457.0</td>
<td>443.6</td>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>1.30</td>
<td>Age-Adjusted Death Rate due to Pancreatic Cancer</td>
<td>2010-2014</td>
<td>deaths/ 100,000 population</td>
<td>10.7</td>
<td>10.8</td>
<td>10.9</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>0.85</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>71.6</td>
<td>67.9</td>
<td>63.1</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PASQUOTANK COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.80</td>
<td>Children with Low Access to a Grocery Store</td>
<td>2015</td>
<td>percent</td>
<td>5.9</td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>1.50</td>
<td>Child Food Insecurity Rate</td>
<td>2016</td>
<td>percent</td>
<td>22.5</td>
<td>20.9</td>
<td>17.9</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCORE</th>
<th>MEASUREMENT PERIOD</th>
<th>UNITS</th>
<th>PASQUOTANK COUNTY</th>
<th>NORTH CAROLINA</th>
<th>U.S.</th>
<th>HP2020</th>
<th>HEALTHY NC 2020</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.58</td>
<td>Health Behaviors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.58</td>
<td>Social and Economic Factors Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.43</td>
<td>Clinical Care Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.43</td>
<td>Morbidity Ranking</td>
<td>2018</td>
<td>ranking</td>
<td>51</td>
<td></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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*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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<td>percent</td>
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<td>1.95</td>
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<td>percent</td>
<td>37.9</td>
<td>53.7</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.
### Table 1: Environmental and Occupational Health Indicators

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<tr>
<td>2.10</td>
<td>Access to Exercise Opportunities</td>
<td>2018</td>
<td>percent</td>
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<td>76.1</td>
<td>83.1</td>
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<tr>
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### Table 2: Exercise, Nutrition, and Weight Indicators

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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>15.4</td>
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<td>Access to Exercise Opportunities</td>
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<td>percent</td>
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<td>76.1</td>
<td>83.1</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.
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.
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>Mean Travel Time to Work</td>
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<td>People Living Below Poverty Level</td>
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<td>Median Household Gross Rent</td>
<td>2012-2016</td>
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<td>86.3</td>
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<td>1243</td>
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### High Disparity

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

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<td>Persons with Health Insurance</td>
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<td>Linguistic Isolation</td>
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### Score: Substance Abuse

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<td>Adults who Smoke</td>
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<td>percent</td>
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<td>17.9</td>
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<td>1.20</td>
<td>Adults who Drink Excessively</td>
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<td>percent</td>
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<td>0.70</td>
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### Score: Teen & Adolescent Health

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### Score: Transportation

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<td>Domestic Violence Deaths</td>
<td>2016</td>
<td>number</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>0.85</td>
<td>Mammography Screening: Medicare Population</td>
<td>2014</td>
<td>percent</td>
<td>71.6</td>
<td>67.9</td>
<td>63.1</td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>
Sources
Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

<table>
<thead>
<tr>
<th>Number Key</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>2</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>3</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>4</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>5</td>
<td>Feeding America</td>
</tr>
<tr>
<td>6</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>7</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>8</td>
<td>National Center for Education Statistics</td>
</tr>
<tr>
<td>9</td>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</td>
</tr>
<tr>
<td>10</td>
<td>North Carolina Department of Health and Human Services</td>
</tr>
<tr>
<td>11</td>
<td>North Carolina Department of Health and Human Services, Communicable Disease Branch</td>
</tr>
<tr>
<td>12</td>
<td>North Carolina Department of Justice</td>
</tr>
<tr>
<td>13</td>
<td>North Carolina Department of Public Instruction</td>
</tr>
<tr>
<td>14</td>
<td>North Carolina Department of Public Safety</td>
</tr>
<tr>
<td>15</td>
<td>North Carolina State Board of Elections</td>
</tr>
<tr>
<td>16</td>
<td>North Carolina State Center for Health Statistics</td>
</tr>
<tr>
<td>17</td>
<td>North Carolina State Center for Health Statistics, Vital Statistics</td>
</tr>
<tr>
<td>18</td>
<td>Small Area Health Insurance Estimates</td>
</tr>
<tr>
<td>19</td>
<td>The Dartmouth Atlas of Health Care</td>
</tr>
<tr>
<td>20</td>
<td>U.S. Bureau of Labor Statistics</td>
</tr>
<tr>
<td>21</td>
<td>U.S. Census - County Business Patterns</td>
</tr>
<tr>
<td>22</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
English Survey

Eastern North Carolina Community Health Survey 2018

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

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

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

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

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

- □ Pollution (air, water, land)
- □ Dropping out of school
- □ Low income/poverty
- □ Homelessness
- □ Lack of/inadequate health insurance
- □ Hopelessness
- □ Discrimination/racism
- □ Lack of community support
- □ Drugs (Substance Abuse)
- □ Domestic violence (murder, assault)
- □ Violent crime
- □ Theft
- □ Rape/sexual assault
- □ Neglect and abuse
- □ Elder abuse
- □ Child abuse

□ Other (please specify)
5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- [ ] Animal control
- [ ] Child care options
- [ ] Elder care options
- [ ] Services for disabled people
- [ ] More affordable health services
- [ ] Better/ more healthy food choices
- [ ] More affordable/better housing
- [ ] Number of health care providers
- [ ] Culturally appropriate health services
- [ ] Positive teen activities
- [ ] Transportation options
- [ ] Availability of employment
- [ ] Higher paying employment
- [ ] Road maintenance
- [ ] Road safety
- [ ] None
- [ ] Other (please specify)
PART 3: Health Information

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

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

- [ ] Eating well/nutrition
- [ ] 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)
- [ ] Other (please specify)
7. Where do you get most of your health-related information? *(Please choose only one.)*

- [ ] Friends and family
- [ ] Doctor/nurse
- [ ] Pharmacist
- [ ] Church
- [ ] Internet
- [ ] My child’s school
- [ ] Hospital
- [ ] Health department
- [ ] Employer
- [ ] Help lines
- [ ] Books/magazines
- [ ] Other (please specify)
8. What health topic(s)/ disease(s) would you like to learn more about?


9. Do you provide care for an elderly relative at your residence or at another residence? (Choose only one.)

☐ Yes
☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes
☐ No (if No, skip to question #12)

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene  ☐ Diabetes  ☐ Drug abuse
☐ Nutrition  ☐ management  ☐ Reckless driving/speeding
☐ Eating disorders  ☐ Tobacco  ☐ Mental health issues
☐ Fitness/Exercise  ☐ STDs (Sexually Transmitted Diseases)  ☐ Sexual intercourse
☐ Asthma  ☐ management  ☐ Suicide prevention
☐  Alcohol

☐ 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  ☐ None of the above
☐ 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
- 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

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
- 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

(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
☐ Other (please specify)

☐ Worksite/Employer
☐ School Facility/Grounds
☐ Home
☐ Place of Worship

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
☐ I don't like to exercise.
☐ Exercise is not important to me.
☐ It costs too much to exercise.
☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
☐ There is no safe place to exercise.
☐ I don't have enough time to exercise.
☐ I would need transportation and I don't have it.
☐ I would need child care and I don't have it.
☐ I'm too tired to exercise.
☐ I don't know how to find exercise partners.
☐ 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)

☐ Health Department

☐ I don’t know

☐ Not applicable; I don’t want to quit

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

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

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

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

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

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

☐ Yes
☐ No (if No, skip to question #38)
☐ Don’t know/not sure

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

☐ Dentist
☐ General practitioner
☐ Eye care/optometrist/ophthalmologist
☐ Pharmacy/prescriptions
☐ Pediatrician
☐ OB/GYN
☐ Health department
☐ Hospital
☐ Urgent Care Center
☐ Medical Clinic
☐ Specialist
☐ Other (please specify)

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

☐ No health insurance.
☐ Insurance didn’t cover what I/we needed.
☐ My/our share of the cost (deductible/co-pay) was too high.
☐ Doctor would not take my/our insurance or Medicaid.
☐ Hospital would not take my/our insurance.
☐ Pharmacy would not take my/our insurance or Medicaid.
☐ Dentist would not take my/our insurance or Medicaid.
☐ No way to get there.
☐ Didn’t know where to go.
☐ Couldn’t get an appointment.
☐ The wait was too long.
☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.
38. In what county are most of the medical providers you visit located? *(Choose only one.)*

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martin
- Moore
- Nash
- New
- Hanover
- Pamlico
- Perquimans
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- The State of Virginia

Other (please specify)
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)

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

- ☐ Yes  *(if Yes, skip to question #46)*
- ☐ No
- ☐ Don’t know/not sure

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

- ☐ Lack of transportation
- ☐ Lack of trust in public officials
- ☐ Concern about leaving property behind
- ☐ Concern about personal safety
- ☐ Concern about family safety
- ☐ Concern about leaving pets
- ☐ Concern about traffic jams and inability to get out
- ☐ Health problems (could not be moved)
- ☐ Don’t know/not sure

☐ Other (please specify)
Part 7: Demographic Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- [ ] Less than $10,000
- [ ] $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.
Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

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

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

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

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

**PARTE 1: Calidad de vida**

*Primero, cuéntanos un poco sobre usted:*

3. **¿Dónde vive actualmente?**

   Código postal
4. ¿En qué condado vive?

☐ Beaufort  ☐ Franklin  ☐ Onslow
☐ Bertie    ☐ Gates     ☐ Pamlico
☐ Bladen    ☐ Greene    ☐ Pasquotank
☐ Camden    ☐ Halifax   ☐ Pender
☐ Carteret  ☐ Hertford  ☐ Perquimans
☐ Chowan    ☐ Hoke      ☐ Pitt
☐ Cumberland ☐ Hyde      ☐ Sampson
☐ Currituck ☐ Johnston  ☐ Tyrrell
☐ Dare      ☐ Lenoir    ☐ Washington
☐ Duplin    ☐ Martin    ☐ Wayne
☐ Edgecombe ☐ Nash      ☐ Wilson
3. Piense en el condado en el que vive. Por favor diganos 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>
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<tr>
<td>Este condado es un buen lugar para criar niños.</td>
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<tr>
<td>Este condado es un buen lugar para envejecer.</td>
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<tr>
<td>Hay buenas oportunidades económicas en este condado.</td>
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<tr>
<td>Este condado es un lugar seguro para vivir.</td>
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<tr>
<td>Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.</td>
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<tr>
<td>Hay viviendas accesibles que satisfacen mis necesidades en este condado.</td>
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<tr>
<td>Hay buenos parques e instalaciones de recreación en este condado.</td>
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<tr>
<td>Es fácil adquirir comidas saludables en este condado.</td>
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</tbody>
</table>
PARTE 2: Mejora de la comunidad

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

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

| □ Contaminación (aire, agua, tierra) | □ Discriminación / racismo | □ Violencia doméstica |
| □ Abandono de la escuela | □ Falta de apoyo de la comunidad | □ Delito violento (asesinato, asalto) |
| □ Bajos ingresos / pobreza | □ Drogas (Abuso de sustancias) | □ Robo |
| □ Falta de hogar | □ Descuido y abuso | □ Violación / agresión sexual |
| □ Falta de un seguro de salud adecuado | □ Maltrato a personas mayores | |
| □ Desesperación | □ Abuso infantil | |
| □ Otros (especificar) | | |
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
- □ Opciones de cuidado infantil
- □ Opciones de cuidado para ancianos
- □ Servicios para personas con discapacidad
- □ Servicios de salud más accesibles
- □ Mejores y más opciones de alimentos saludables
- □ Más accesibilidad / mejores viviendas
- □ Otros (especificar)

□ Número de proveedores de atención médica
□ Servicios de salud apropiados de acuerdo a su cultura
□ Consejería / salud mental / grupos de apoyo
□ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
□ Actividades familiares saludables
□ Actidades positivas para adolescentes
□ Opciones de transporte
□ Disponibilidad de empleo
□ Empleos mejor pagados
□ Mantenimiento de carreteras
□ Carreteras seguras
□ Ninguna

□ 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*

<table>
<thead>
<tr>
<th>Opción</th>
<th>Comer bien / nutrición</th>
<th>Usar asientos de seguridad para niños</th>
<th>Usar cinturones de seguridad</th>
<th>Conducir cuidadosamente</th>
<th>Dejar de fumar / prevención del uso de tabaco</th>
<th>Cuidado de niños / crianza</th>
<th>Cuidado de ancianos</th>
<th>Cuidado de miembros de familia con necesidades especiales o discapacidades</th>
<th>Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)</th>
<th>Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)</th>
<th>Prevención del suicidio</th>
<th>Manejo del estrés</th>
<th>Control de la ira/enojo</th>
<th>Prevención de violencia doméstica</th>
<th>Prevención del crimen</th>
<th>Violación / prevención de abuso sexual</th>
<th>Ninguna</th>
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<tr>
<td>Comer bien / nutrición</td>
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<td>Ejercicio</td>
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<td>Manejo del peso</td>
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<tr>
<td>Ir a un dentista para chequeos / cuidado preventivo</td>
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<tr>
<td>Ir al médico para chequeos y exámenes anuales</td>
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<td>Obtener cuidado prenatal durante el embarazo</td>
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<td>Recibir vacunas contra la gripe y otras vacunas</td>
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<tr>
<td>Prepararse para una emergencia / desastre</td>
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</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
- [ ] Hospital
- [ ] Departamento de salud
- [ ] Empleador
- [ ] Líneas telefónicas de ayuda
- [ ] La escuela de mi hijo
- [ ] Libros / revistas
- [ ] Otros (especificar)

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


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

- [ ] Sí
- [ ] No

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

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

<table>
<thead>
<tr>
<th>Opción</th>
<th>Opción</th>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Higiene dental</td>
<td>☐ Manejo de la diabetes</td>
<td>☐ Abuso de drogas</td>
</tr>
<tr>
<td>☐ Nutrición</td>
<td>☐ Tabaco</td>
<td>☐ Manejo imprudente/exceso de velocidad</td>
</tr>
<tr>
<td>☐ Trastornos de la alimentación</td>
<td>☐ ETS</td>
<td>☐ Problemas de salud mental</td>
</tr>
<tr>
<td>☐ Ejercicios</td>
<td>☐ (enfermedades de transmisión sexual)</td>
<td>☐ Prevención del suicidio</td>
</tr>
<tr>
<td>☐ Manejo del asma</td>
<td>☐ Relación sexual</td>
<td></td>
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<tr>
<td></td>
<td>☐ Alcohol</td>
<td></td>
</tr>
<tr>
<td>☐ Otros (especificar)</td>
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</tbody>
</table>
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>Enfermedad</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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<td></td>
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<tr>
<td>Alta presión sanguínea</td>
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<tr>
<td>Colesterol alto</td>
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<tr>
<td>Diabetes (no durante el embarazo)</td>
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<tr>
<td>Osteoporosis</td>
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<tr>
<td>Sobrepeso / obesidad</td>
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<tr>
<td>Angina / enfermedad cardíaca</td>
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<tr>
<td>Cáncer</td>
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</table>
14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que correspondan).

- [ ] Mamografía
- [ ] Examen de cáncer de próstata
- [ ] Examen de colon / recto
- [ ] Control de azúcar en la sangre
- [ ] Examen de colesterol
- [ ] Examen de audición (escucha)
- [ ] Prueba de densidad de los huesos
- [ ] Examen físico
- [ ] Prueba de Papanicolaou
- [ ] Vacuna contra la gripe
- [ ] Prueba de Papanicolaou
- [ ] Limpieza dental /
- [ ] Evaluación cardiovascular (el corazón)
- [ ] Pruebas de cáncer de piel
- [ ] 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

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. (Elía solo una).

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

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elía 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
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12
- [ ] 13
- [ ] 14
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- [ ] 16
- [ ] 17
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27
- [ ] 28
- [ ] 29
- [ ] 30
- [ ] 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
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
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- [ ] 22
- [ ] 23
- [ ] 24
- [ ] 25
- [ ] 26
- [ ] 27
- [ ] 28
- [ ] 29
- [ ] 30
- [ ] 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).

- [ ] Marihuana
- [ ] 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
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- [ ] 26
- [ ] 27
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- [ ] 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
- [ ] Parque
- [ ] Centro de Recreación Pública
- [ ] Gimnasio privado
- [ ] Otros (especificar)
- [ ] Sitio de trabajo / Empleador
- [ ] Terrenos escolares / instalaciones
- [ ] Casa
- [ ] Iglesia

Como su respuesta fue Si a la pregunta 23 *(actividad física / ejercicio)*, salte a la pregunta 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.
Necesito transporte y no lo tengo.  
Estoy demasiado cansado para hacer ejercicio.  
Estoy físicamente deshabilitado.  
No lo sé.  
Otros (especificar)
27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

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

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

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)

☐ Departamento de salud

☐ Doctor

☐ No lo sé

☐ Farmacia

☐ No aplica; No quiero renunciar

☐ Consejero / terapeuta privado

☐ Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray “FluMist”? (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
- [ ] Departamento de salud
- [ ] 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 el 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
☐ Ginecologo
☐ Departamento de salud
☐ Hospital
☐ Centro de atención urgente
☐ Clínica Médica
☐ Especialista

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

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

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

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

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

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

- [ ] Consejero o terapeuta privado
- [ ] Grupo de apoyo
- [ ] Consejero de la escuela
- [ ] Otros (especificar)

- [ ] No sé
- [ ] Doctor
- [ ] Pastor o funcionario religioso

**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
☐ Radio
☐ Internet
☐ Línea de teléfono en casa
☐ Teléfono celular
☐ Medios impresos (periódico)
☐ Otros (especificar)

☐ Sitio de red social
☐ Vecinos
☐ Familia
☐ Mensaje de texto (sistema de alerta de emergencia)
☐ No sé / no estoy seguro

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

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

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

<table>
<thead>
<tr>
<th>Opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falta de transporte</td>
</tr>
<tr>
<td>La falta de confianza en los funcionarios públicos</td>
</tr>
<tr>
<td>Preocupación por dejar atrás la propiedad</td>
</tr>
<tr>
<td>Preocupación por la seguridad personal</td>
</tr>
<tr>
<td>Preocupación por la seguridad familiar</td>
</tr>
<tr>
<td>Preocupación por dejar mascotas</td>
</tr>
<tr>
<td>Preocupación por los atascos de tráfico y la imposibilidad de salir</td>
</tr>
<tr>
<td>Problemas de salud (no se pudieron mover)</td>
</tr>
<tr>
<td>No sé / no estoy seguro</td>
</tr>
<tr>
<td>Otros (especificar)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Otros (especificar)</th>
</tr>
</thead>
</table>
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? (Elía solo uno)

<table>
<thead>
<tr>
<th>Opción</th>
<th>Rango de edad</th>
</tr>
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<tbody>
<tr>
<td>☐</td>
<td>15-19</td>
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<td>70-74</td>
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<td>75-79</td>
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<td>☐</td>
<td>80-84</td>
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<tr>
<td>☐</td>
<td>85 o más</td>
</tr>
</tbody>
</table>

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

☐ Masculino
☐ Femenino
☐ Transgénero
☐ Género no conforme
☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elía 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)

☐ Empleado de tiempo completo
☐ Empleado a tiempo parcial
☐ Fuerzas Armadas
☐ Discapacitado
☐ Retirado
☐ Estudiante

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


☐ Ama de casa  ☐ Desempleado 1  ☐ Desempleado por más de 1 año

☐ Trabajadores por cuenta propia año o menos año


cuenta propia
56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

☐ Sí

☐ No

☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, 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

Elizabeth City Chamber of Commerce Extensive

Pasquotank County Government Directory of Services
Lists of live links to services provided by the county. Portal: http://www.co.pasquotank.nc.us/

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

Albemarle 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. Currently catalogs 33 regional resources. Portal: http://search.ncarts.org/localarts_search.php

Elizabeth City, NC Fire Department
https://www.cityofec.com/index.asp?SEC=5E2C5950-2C00-4F29-BB2E-DE3C7D214960&Type=B_BASIC
Fire Station 1 South Gate Station
902 Halstead Blvd. Elizabeth City, NC 27909
252-335-5398

Fire Station 2
410 Harney Street, Elizabeth City, NC 27909
252-333-1045

Elizabeth City Fire Department
Elizabeth City Fire Department - Station 1
Elizabeth City Fire Department - Station 2
Pasquotank Nixonton Volunteer Fire Department
Pasquotank Providence Volunteer Fire Department
Pasquotank Newland Volunteer Fire Department
Weeksville Volunteer Fire Department
Weeksville Volunteer Fire Department - Station 2

Pasquotank-Camden Emergency Medical Service
1144 N. Road St.
P.O. Box 469, Elizabeth City, NC 27907
252-335-1524
Fax: 252-335-2560
Website: https://www.pasquotankcamdenems.com/

Pasquotank County Sheriff’s Office
200 East Colonial Ave.
Elizabeth City, NC 27909
252-338-2191
Fax: 252-338-1667
Website: https://www.pasquotankcountync.org/sheriff

Elizabeth City Police Department
302 E. Colonial Ave.
Elizabeth City, NC 27909
252-335-4321
Fax: 252-338-0128
Website: http://www.cityofec.com/index.asp?SEC=5B9153FA-8605-4CBB-AFA0-BAB1260CB448&Type=B_BASIC
**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/](http://healthync.org/)

**Farmers Markets, Farm Stands, and Roadside Stands (6)**
Website: [http://healthync.org/healthy-foods/markets-and-stands/#Pasquotank-County](http://healthync.org/healthy-foods/markets-and-stands/#Pasquotank-County)

**Bright’s Delight Produce**
1156 Us Hwy 17 South
Elizabeth City, NC 27909
252-338-6421

**Downtown Waterfront Market**
Public Transportation in Pasquotank County
Public transportation in Pasquotank County is provided by the Inter-County Public Transportation Authority (ICPTA), operated by Albemarle Regional Health Services, which serves the five-county area of Camden, Chowan, Currituck, Pasquotank and Perquimans counties.
https://icpta.net/

Childcare
Website: https://childcarecenter.us/north_carolina/27909_childcare
Central Elementary ASEP
1059 US 17 HWY South
Elizabeth City, NC 27909
(980) 343-5567

Emmanuel Baptist Church Day Care Center
109 Chadburn Avenue
Elizabeth City, NC 27909
252-335-1617

JC Sawyer Elementary ASEP
1007 Park Street
Elizabeth City, NC 27909

Pasquotank Elementary ASEP
1407 Peartree Road
Elizabeth City, NC 27909

Sheep Harney Elementary ASEP
200 W. Elizabeth Street
Elizabeth City, NC 27909

Sheep Harney Elementary Pre-K
285 Elvin Drive
Elizabeth City, NC 27909

Weeksville Elementary ASEP
1170 Salem Church Road
Elizabeth City, NC 27909

ALC Albemarle Learning Center
1400 North Road Street
Elizabeth City, NC 27909
252-335-5229
https://www.albemarlelearningcenter.com/
Creative Kids Childcare Center
116 Corporate Drive
Elizabeth City, NC 27909
252-333-1021

Girls Incorporated of the Albemarle
304 S. Road Street
Elizabeth City, NC 27909
252-335-7346

Jackie’s Tender Loving Care
311 C South Hughes Boulevard
Elizabeth City, NC 27909
252-338-5683

Northside Elementary ASEP
1062 Northside Road
Elizabeth City, NC 27909

PW Moore Elementary ASEP
606 Roanoke Avenue
Elizabeth City, NC 27909

Rehoboth Learning Academy
1000 Maple St.
Elizabeth City, NC 27909
252-331-2811

Dot’s Angels
702 Beech Street
Elizabeth City, NC 27909
252-331-3126

EDU Care Learning Center, INC.
217 Bray Street
Tender Years Child Care Center
1092 Us 17 South
Elizabeth City, NC
252-335-5833

ALBEMARLE PRESCHOOL AND CHILD CARE CENTER
U S 17 South, Elizabeth City NC
(252) 338-6496

BRIGHT BEGINNINGS ACADEMY INC. I
818 Walker Avenue, Elizabeth City NC
(252) 335-9471

BRIGHT BEGINNINGS ACADEMY INC. II
900 Walker Avenue, Elizabeth City NC
(252) 335-9471

CATHEDRAL KIDDIE CAMPUS
612 W Elizabeth Street, Elizabeth City NC
(252) 335-0994

DING DONG SCHOOL
1107 Carolina Avenue, Elizabeth City NC
(252) 335-1351

E.I.C. PASQUOTANK LOIS JOHNSON CENTER
501 Bank Street, Elizabeth City NC
(252) 331-1980

ELIZABETH CITY STATE UNIVERSITY-LAB SCHOOL
1704 Weeksville Road, Elizabeth City NC
(252) 335-3374

GRACE MONTESSORI ACADEMY, INC.
104 Commercial Blvd, Elizabeth City NC
(252) 621-1777

KIDS-N-PLAY
504 Albemarle Street, Elizabeth City NC
(252) 338-8180

**MOTHER GOOSE DAYCARE & PRESCHOOL**
1109 Herrington Road, Elizabeth City NC
(252) 337-7144

**PASQUOTANK HEAD START**
409 Bank St, Elizabeth City NC
(252) 335-7698

**JUDY'S CHILD CARE**
208 Walnut Street, Elizabeth City NC
(252) 331-1040

**YOUNG ONES DAY CARE**
906 West Church Street, Elizabeth City NC
(252) 335-7577

**Public Schools**

**Central Elementary School**
1059 U.S. Hwy 17 South
Elizabeth City, NC 27909
252-335-4305
Fax: 252-337-6601
Website: [http://www.edline.net/pages/Central_E_S](http://www.edline.net/pages/Central_E_S)

**Elizabeth City Middle School**
1066 Northside Road
Elizabeth City, NC 27909
252-335-2974
Fax: 252-335-1751
Website: [http://www.edline.net/pages/Elizabeth_City_Middle_School](http://www.edline.net/pages/Elizabeth_City_Middle_School)

**H.L. Trigg Community School**
1004 Parkview Drive
Elizabeth City, NC 27909
252-335-1765
Fax: 252-337-6740
Website: http://www.edline.net/pages/H__L__Trigg_Community_School

J.C. Sawyer Elementary School
1007 Park Street
Elizabeth City, NC 27909
252-338-1012
Fax: 252-338-2388
Website: http://www.edline.net/pages/JCS

Northeastern High School
963 Oak Stump Rd.
Elizabeth City, NC 27909
252-335-2932
Fax: 252-335-1005
Website: http://www.edline.net/pages/Northeastern_High_School

Northside Elementary School
1062 Northside Rd.
Elizabeth City, NC 27909
252-335-2033
Fax: 252-331-1332
Website: http://www.edline.net/pages/Northside_E_S

P.W. Moore Elementary School
606 Roanoke Ave.
Elizabeth City, NC 27909
252-338-5000
Fax: 252-338-6554
Website: http://www.edline.net/pages/PWMoore_ES

Pasquotank County High
1064 Northside Rd.
Elizabeth City, NC 27909
252-337-6880
Fax: 252-337-6890
Website: [http://www.edline.net/pages/PCHS](http://www.edline.net/pages/PCHS)

**Pasquotank Elementary School**
1407 Peartree Rd.
Elizabeth City, NC 27909
252-335-4205
Fax: 252-335-4966
Website: [http://www.edline.net/pages/Pasquotank_ES](http://www.edline.net/pages/Pasquotank_ES)

**River Road Middle School**
1701 River Rd.
Elizabeth City, NC 27909
252-333-1454
Fax: 252-331-1339
Website: [http://www.edline.net/pages/River_Road_Middle_School](http://www.edline.net/pages/River_Road_Middle_School)

**Sheep-Harney Elementary School**
200 W. Elizabeth St.
Elizabeth City, NC 27909
252-335-4303
Fax: 252-335-4738
Website: [http://www.edline.net/pages/Sheep-Harney_ES](http://www.edline.net/pages/Sheep-Harney_ES)

**Weeksville Elementary School**
1170 Salem Church Rd.
Elizabeth City, NC 27909
252-330-2606
Fax: 252-330-5700
Website: [http://www.edline.net/pages/Weeksville_ES](http://www.edline.net/pages/Weeksville_ES)

**Private Schools**

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

Elizabeth City Seventh-Day Adventist School
117 US Highway 17 South
Elizabeth City, NC 27909
252-335-0343

Foreshadow Academy
1456 Weeksville Rd.
Elizabeth City, NC 27909
252-330-4130
http://foreshadowacademy.com/

School Works (Methodist)
911 Park St.
Elizabeth City, NC 27909
252-334-9852

St. Stephen Missionary Baptist Church Child Care
513 W. Cypress St.
Elizabeth City, NC 27909
252-835-5003

Victory Christian School
684 Old Hertford Hwy
Elizabeth City, NC 27909
252-264-2011

New Life Academy
1958 N. Road St.
Elizabeth City, NC 27909
252-335-5812

Higher Education
Chowan University
One University Place  
Murfreesboro, NC 27855  
Phone: 252-398-6500  
Toll-Free: 1-888-4-CHOWAN  
Fax: 252-398-1190  
Website: https://www.chowan.edu/

**Martin Community College - Bertie Campus**  
409 Granville St.  
Windsor, NC 27983  
Phone: 252-794-4861  
Website: http://www.martincc.edu/

**Martin Community College - Williamston Campus**  
1161 Kehukee Park Rd.  
Williamston, NC 27892  
Phone: 252-792-1521  
Fax: 252-792-0826  
Website: http://www.martincc.edu/

**Mid-Atlantic Christian University**  
715 N. Poindexter St.  
Elizabeth City, NC 27909  
252-334-2070  
Website: http://www.macuniversity.edu/

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

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

College of the Albemarle - Elizabeth City Campus
1208 N. Road St
PO Box 2327
Elizabeth City, NC 27909
Phone: 252-335-0821
Fax: 252-335-2011
Website: http://www.albemarle.edu

College of the Albemarle - Dare County Campus
132 Russell Twiford Road
Manteo, NC 27954
Phone: 252-473-2264
Fax: 252-473-5497
Website: https://www.albemarle.edu/for-the-community/locations/dare-county-campus/

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

College of the Albemarle - Edenton-Chowan Campus
800 N. Oakum St
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-482-7999
Website: http://www.albemarle.edu/about-coa/edenton-chowan-campus

Regional Aviation & Technical Training Center
107 College Way
Barco, NC 27917
Phone: 252-453-3035
Fax: 252-453-3215
Website: https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/
Albemarle Hopeline, Inc.
Phone: 252-338-5338
24-hour crisis line: 252-338-3011
Fax: 252-338-2952
Mailing address: PO Box 2064, Elizabeth City, NC 27906-2064
Website: www.albemarlehopeline.org

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 (36).
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.

Pasquotank County Health Department
711 Roanoke Avenue
Elizabeth City, NC 27909
252-338-4400
Website: http://www.arhs-nc.org

Community Care of Eastern North Carolina (CCPEC)/ Carolina ACCESS
Phone: 252-847-9428
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/

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.
Quitline NC
Free, confidential, one-on-one support, nicotine replacement therapy - patch, gum and lozenge - is now available for every person who enrolls. Telephone Service is available 24/7 toll-free at 1-800-QUIT-NOW (1-800-784-8669)
https://www.quitlinenc.com/

YouthBuild River City Community Development Corporation
303 West Ehringhaus Street
Elizabeth City, NC 27909
252-331-6312

Migrant and Seasonal Farmworker Program – Gateway Community Health Centers
510 S. Martin Luther King Dr.
Elizabeth City, NC 27909
252-384-2651

Albemarle Resource Center
400 East Elizabeth Street
Elizabeth City, NC 27909
252-333-1202

Food Bank of the Albemarle
109 Tidewater Way
Elizabeth City, NC 27909
252-335-4035
https://afoodbank.org/

New Beginnings Homeless Shelter
112 Herrington Road
Elizabeth City, NC 27909
252-334-9801

Albemarle Pregnancy Resource Center
Community Care Clinic of Pasquotank County
918 Greenleaf Street
Elizabeth City, NC 27909
252-384-4733

Elizabeth City Housing Authority
440 Hariot Drive
Elizabeth City, NC 27909
252-335-5411

River City Community Development Corporation
501 E. Main
Elizabeth City, NC 27909
252-331-2925

Port Human Services Elizabeth City Outpatient Clinic
1141 N. Road St.
Suite L
Elizabeth City, NC 27909
252-335-0803

Guardian Ad Litem
1305 – D McPherson St.
Elizabeth City, NC 27909
252-331-4755

Pasquotank County Veterans Service Office
NC Division of VA
1023 US 17 South, Suite 2
Elizabeth City, NC 27909
252-331-4741

**Albemarle Teen Challenge**
504 East Elizabeth Street, Suite 7
Elizabeth City, NC 27909
252-338-8263

**Kids First, Inc.**
**Child Abuse Treatment Center**
808 West Ehringhaus Street
Elizabeth City, NC 27909
252-338-5658

**Girls Incorporated of the Albemarle**
304 South Road Street
Elizabeth City, NC 27909
252-335-7346

**Elizabeth City-Pasquotank County Senior Center**
200 East Ward Street
Elizabeth City, NC 27909
252-337-6661

**Kindred Transitional Care and Rehabilitation**
901 Halstead Blvd.
Elizabeth City, NC 27909
252-338-0137

**Brookdale**
401 Hastings Lane
Elizabeth City, NC 27909
252-558-1070

**Heritage Care**
100 Timmerman Drive
Elizabeth City, NC 27909
252-338-2816

**W.R. Winslow Memorial Home**
1075 US Highway 17 South
Elizabeth City, NC 27909
252-338-3975

**Brian Center Health & Rehab**
1300 Don Juan Road
Hertford, NC 27944
252-426-5391

**Sentara Nursing Center**
3907 Caratoke Highway
Barco, NC 27917

**Sentara Home Care Services**
300 E Church St.
Elizabeth City, NC 27909
252-331-1203

**Dentists**
**Alison L. Boone, DDS**
905 Halstead Blvd. #4
252-331-2050

**Complete Dental Care**
407 S. Road St.
252-335-0548

**Robert T. Gillam PA**
508 E. Main St #322
252-335-4545

Wuertz Karen M, DDS
408 E. Colonial Ave.
252-335-4341

Morris & Taylor Ltd
416 E. Colonial Ave.
252-338-0143

Dr. Jason A Banks
103 Tanglewood Pkwy S.
252-331-2304

Dr. Johnny E. Haynes, DDS
303 E. Main St. #7
252-338-8995

Dandar Regis A, DDS
217 S. Poindexter St.
252-335-4421

Turner Harold L, DDS
215 N. McMorrine St.
252-335-2801

Pearson P Z DDS
1141 N. Rd St.
252-335-9303

Blanchard Periodontics
200 N. Water St.
252-335-4332
Carolina Coast Pediatric Dentistry
416 E. Colonial Ave
843-790-9299

Dr. Lee B. Kreger, DDS
1161 N. Road St.
252-737-7250

Van Belois H J DDS
416 E. Colonial Ave.
252-338-8077

Dr. Bald and Associates
1221 Carolina Ave.
252-338-8077

Coastal Endodontics
200 N. Water St.
252-331-5777

Physicians
Albemarle Health Physician Directory
Albemarle Health provides on its website a list, searchable by name or specialty, of the more than 100 physicians on its staff representing nearly 30 specialties. Search results are returned in a printable format. Portal: http://www.albemarlehealth.org/find-a-physician/

Roanoke Primary Care
902 Roanoke Ave.
Elizabeth City, NC 27909
252-384-0154

Albemarle Family Practice
1141 N. Road St.
Elizabeth City, NC 27909
252-335-5424
Sentara Pediatric Physicians
1141 N. Road St.
Elizabeth City, NC 27909
252-384-2590

Sentara Family & Internal Medicine Physicians
1507 N. Road St. Suite 2
Elizabeth City, NC 27909
252-333-1149

Comprehensive Rehabilitation
135 E. Rich Blvd
Elizabeth City, NC 27909
252-333-1277

Community Family Practice
107 Medical Dr.
Elizabeth City, NC 27909
252-335-0503

Northeastern Family Medicine
206 S. Rd St.
Elizabeth City, NC 27909
252-335-2355

Sentara Orthopedic & Sports Medicine Specialists
1134 N. Road St.
Elizabeth City, NC 27909
252-384-2360