



ALBEMARLE REGIONAL HEALTH SERVICES
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2010
Community Health Assessment
Pasquotank County

ALBEMARLE REGIONAL HEALTH SERVICES

Partners in Public Health



A University Health Systems Affiliate



BERTIE MEMORIAL HOSPITAL
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Community Health Assessment funding provided by
Albemarle Regional Health Services,
Albemarle Hospital Foundation,
Chowan Hospital Foundation, and
Bertie Memorial Hospital Foundation

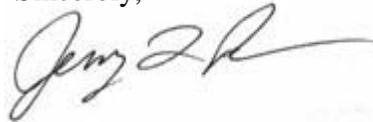
December 1, 2010

Dear Citizens of Pasquotank County:

Our rural network of communities, the diversity of our population, and our continued growth make our county an exciting place to live, work, and learn. These same factors challenge our system of services, which in turn, drive the need for a continuum of programs. The Community Health Assessment allows us to analyze and prioritize our community's needs and strengths with the people of Pasquotank County. With this process, the direction and guidance becomes evident in identifying potential problems that merit focus in order to create healthier communities.

This document provides fundamental steps that will guide us to work together as a community to seek available and needed resources. I would like to personally thank all organizations and individuals that worked together in this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry L. Parks", with a long horizontal flourish extending to the right.

Jerry L. Parks, MPH
Health Director

2010 Pasquotank County Community Health Assessment

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Introduction

Why conduct a Community Health Assessment?

Local public health agencies in North Carolina are required to conduct a Comprehensive Community Health Assessment once every four years. This community health assessment, which describes both a process and a document, is intended to describe the current health status of the community, what has changed since the past assessment in 2006, and what still needs to change to improve the health of the community. The *process* involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and public and professional opinion. The *document* is a summary of all the available evidence and serves as a resource until the next assessment. Together they serve as the basis for prioritizing the community's health needs, and culminate in planning to meet those needs.

In communities where there is an active Healthy Carolinians partnership, the coalition of partners may coordinate the community assessment process with support from the local health department. Healthy Carolinians 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 coalitions are interested members of the public and representatives of the agencies and organizations that serve the health and human service needs of the local community, as well as businesses, churches, schools and civic groups.

Albemarle Regional Health Services, a district health agency, contracted with Mark Smith, PhD. Epidemiologist and Steve Ramsey, both with Guilford County Health Department to assist in collecting and analyzing the primary data for the 2010 Community Health Assessment in all seven counties within its jurisdiction. Through their association with the Public Health Regional Surveillance Team, (PHRST), and NC Public Health Preparedness and Response assisted in the assessment process by coordinating our survey sampling, trained volunteers in the use of GIS handheld units, and helped analyze the survey data. Together, the Albemarle Regional Health Services Assessment Team (ARHSAT), which included representation from each of the three Healthy Carolinians coalitions in the region, developed a multi-phase plan for conducting the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic and health data; (2) a survey phase to solicit information and opinion from the general public; (3) a stakeholder interview phase to gather information and opinion from local community leaders and health and human service agencies; (4) a data synthesis and analysis phase; (5) a period of reporting and discussion among the coalition members; and finally, (6) a prioritization and decision-making phase. Upon completion of this work the ARHSAT will have the tools it will need to develop plans and activities that will improve the health and well-being of the seven counties in the region.

Members of the ARHSAT, health department staff and members of the three Healthy Carolinians coalitions in the region conducted the community survey. Survey participants were asked to provide demographic information about themselves by selecting appropriate responses from lists describing categories of age, gender, race and ethnicity, marital status, education level, employment status, household income, household size, and primary caretaker information. This demographic information was collected in order to assess how well the survey participants represented the general population in each of the participating counties. Other survey items sought participants' opinions on; Quality of Life statements, Community Health, Behavioral and Social Problems, Personal Health, Emergency Preparedness, and Demographic Characteristics. Participants also were asked questions about their personal health and health behaviors. All responses were kept confidential and not linked directly to the respondents in any way.

Secondary Data Methodology

In order to learn about the specific factors affecting the health and quality of life of Albemarle Region residents, as part of their practicum, these students consulted numerous readily available secondary data sources.

For secondary data sources, data on the demographics, economic, and social characteristics of the community sources included:

- Administration for Children and Families
- Annie E. Casey Foundation Kids Count Data Center
- Federal Deposit Insurance Corporation (FDIC), Regional Economic Conditions (RECON)
- NC Child Advocacy Institute
- NC Coalition against Domestic Violence
- NC Court System, Domestic Violence Issues in District Court Civil Cases
- NC Department of Commerce, County Tier Designations
- NC Department of Commerce, Economic Development Network, County Profiles
- NC Department of Crime Control and Public Safety, Governor's Crime Commission Division
- NC Department of Health and Human Services, Division of Social Services
- NC Department of Justice
- NC Department of Juvenile Justice and Delinquency Prevention
- NC Department of Public Instruction Statistical Profiles
- NC Employment Security Commission
- NC Office of Budget and State Management, Log Into North Carolina (LINC) Database
- NC Rural Economic Development Center
- NC State Center for Health Statistics: Pregnancy Risk Assessment Monitoring System (PRAMS) Data
- US Bureau of Economic Analysis
- US Census Bureau, American Fact Finder
- US Census Bureau, State and County Quick Facts
- US Department of Agriculture, Economic Research Service

The primary source of health data for this report was the NC State Center for Health Statistics (NC-SCHS), including:

- Annie E. Casey Foundation
- Behavioral Risk Factor Surveillance System (BRFSS)
- Cancer Registry
- Carolina Medicare Epidemiologic Data
- Cecil G. Sheps Center for Health Services Research
- County Health Data Books
- Health Statistics Pocket Guides
- Highway Safety Research Center
- National Vital Statistics Report
- NC Communicable Disease Information
- NC Comprehensive Assessment for Tracking Community Health (NC-CATCH)
- NC Department of Health and Human Services, Division of Aging and Adult Services
- NC DHHS Oral Health Section
- NC Division of Medical Assistance
- NC Institute of Medicine (IOM)
- NC Resident Race and Sex-Specific Age Adjusted Death Rates, 2004-2008

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- NC Tuberculosis Control
- Vital Statistics

Environmental data were gathered from sources including:

- NC Department of Commerce
- NC Department of Environment and Natural Resources
 - Division of Air Quality
 - Division of Enforcement
 - Division of Environmental Health
 - Division of Waste Management
 - Division of Water Quality
- NC State Laboratory of Public Health
- US Environmental Protection Agency

Other health data sources included:

- National Center for Health Statistics, Healthy People 2010
- Office of Healthy Carolinians
- NC Nutrition and Physical Activity Surveillance System (NC-NPASS)
- NC Child Advocacy Institute

As applicable, Pasquotank County statistics have been compared with state statistics as well as four peer counties. These peer counties were identified by the NC-CATCH system using a two-step process in which 1) possible peer counties are selected based upon age, race and poverty characteristics, and 2) the final peer counties are selected from a group of counties within the same population range as the subject county.

For Pasquotank County, the NC-CATCH system identified Duplin, Nash, and Sampson as peer counties. Therefore, in addition to North Carolina statistics, these four counties were used for comparison throughout some of the assessment process.

ARHSAT analyzed and synthesized all secondary and primary data described above and prepared the final Albemarle Regional Community Health Assessment Reports.

Throughout this report, there will be text written in blue. This is to indicate discussions during the Community Health Assessment Data Presentation/Workgroup to the citizens of the county, Primary Survey Data, or resources available in the county.

Community Health Assessment Acknowledgements

The Community Health Assessment Team included representatives from all three Healthy Carolinians Partnerships in the region: Healthy Carolinians of the Albemarle, Three Rivers Healthy Carolinians, and Gates Partners for Health. Members also included individuals that work to provide health, wellness, and support resources to citizens in the Albemarle District. The Community Health Assessment Team met on the second Friday of each month starting in November 2009 to create a plan for conducting the health assessment and solving any problems encountered.

Amy Underhill

Health Promotion Coordinator/Healthy Carolinians of the Albemarle Chair
Albemarle Regional Health Services

Representative for Currituck, Camden, Pasquotank, and Perquimans Counties

- ◆ Amy Underhill coordinated and organized Community Health Assessment Team meetings as well as managed the funds dedicated to the Community Health Assessment project. As the Chair of Healthy Carolinians of the Albemarle she was responsible for disseminating information about the community

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health assessment process and progress being made to partnership members. Amy organized volunteers to conduct opinion surveys door-to-door and coordinated the data review and priority selection process for Currituck, Camden, Pasquotank and Perquimans Counties.

Ann Roach

Healthy Carolinians of the Albemarle Coordinator

Representative for Currituck, Camden, Pasquotank, and Perquimans Counties

- ◆ Ann Roach coordinated community health assessment efforts in Currituck, Camden, Pasquotank and Perquimans Counties. As the Coordinator of Healthy Carolinians of the Albemarle, Ann publicized the community health assessment and helped to get as much of the community involved as possible. She gathered numerous volunteers to conduct surveys and also helped coordinate the priority selection process for Currituck, Camden, Pasquotank and Perquimans Counties.

Arina Boldt

Director of Marketing and Data Management/Member of Healthy Carolinians of the Albemarle
Albemarle Health

Representative for Currituck, Camden, Pasquotank, and Perquimans Counties

- ◆ Arina Boldt attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. She also helped in the data analysis and priority selection process for the four counties under Healthy Carolinians of the Albemarle.

Ashley H. Stoop

Preparedness Coordinator & Safety Officer

Albemarle Regional Health Services

Representative for all seven counties

- ◆ Ashley Stoop was a major asset to the Community Health Assessment Team and supplied much appreciated experience with the community health assessment process, survey collection using two-stage cluster sampling and use of GIS software and equipment. Through her connections with PHRST teams and other Preparedness Coordinators across the state she arranged for the use of state and neighboring counties' GIS equipment to be used by volunteer survey collectors. She also contributed educational materials regarding emergency preparedness and travel sized bottles of hand sanitizer that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey.

Ashley Mercer

Public Health Education Specialist/Member of Healthy Carolinians of the Albemarle

Albemarle Regional Health Services

Representative for Pasquotank and Perquimans Counties

- ◆ Ashley Mercer attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. She greatly contributed to the collection of opinion surveys in all seven counties. As a member of Healthy Carolinians of the Albemarle she also played an integral part in the data analysis and priority selection process for Perquimans and Pasquotank Counties.

Cathie Williams

Public Health Dental Hygienist/Member Healthy Carolinians of the Albemarle

NC Oral Health Section

North Carolina Public Health

Representative for Camden, Currituck, Pasquotank and Perquimans

- ◆ Cathie Williams attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. She greatly contributed to the collection of opinion

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surveys in Pasquotank and Camden Counties. She donated toothpaste and sugar-free gum that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. As a member of Healthy Carolinians of the Albemarle she also played an integral part in the data analysis and priority selection process for all four counties.

Esther Lassiter

Gates Partners for Health Director

Representative for Gates County

- ◆ Esther Lassiter coordinated community health assessment efforts in Gates County. As the Director of Gates Partners for Health, Esther publicized the community health assessment and helped to get as much of the community involved as possible. She contributed Gates Partners for Health information and prizes that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. She gathered numerous volunteers to conduct surveys door-to-door and finished the survey process in Gates County in two days. She also coordinated the data analysis and priority selection process for Gates County.

Fae Deaton

Spokeswomen for Woman's Heart Health/Member of Healthy Carolinians of the Albemarle

Representative for Currituck, Camden, Pasquotank, and Perquimans Counties

- ◆ Fae Deaton attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. She contributed heart health educational materials that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. As a member of Healthy Carolinians of the Albemarle, she also provided a strong voice to the group during the data analysis and priority selection process for Currituck, Camden, Perquimans and Pasquotank Counties.

Hunter Balltzglier

Wellness Coordinator/Member of Three Rivers Healthy Carolinians

University Health Systems - Chowan and Bertie Memorial Hospitals

Representative for Chowan and Bertie Counties

- ◆ Hunter Balltzglier attended Community Health Assessment Team Meetings and assisted in making decisions concerning the assessment process. He contributed educational materials regarding the services provided through University Health Systems that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. Hunter participated in the opinion survey collection process and provided a strong voice when Three Rivers Healthy Carolinians selected their priority health issues.

Jill Jordan

Health Education Director, Public Information Officer Albemarle Regional Health Services

Representative for all seven counties

- ◆ Jill Jordan attended Community Health Assessment Team Meetings and assisted in making decisions concerning the assessment process. As the Public Information Officer for Albemarle Regional Health Services, Jill also handled all press, including press releases and news articles regarding the Community Health Assessment. She also provided feedback to Three Rivers Healthy Carolinians as they analyzed the data and chose priority health issues for Bertie and Chowan Counties.

Juanita Johnson

Director of Community Case Management/Member of Healthy Carolinians of the Albemarle

Community Care Clinic of Pasquotank County

Albemarle Health

- ◆ Juanita Johnson attended Community Health Assessment Team Meetings and assisted in making decisions concerning the assessment process.

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Kaley Goodwin

Public Health Education Specialist/Member of all three Healthy Carolinians Partnerships

Albemarle Regional Health Services

Representative for all seven counties

- ◆ Kaley Goodwin coordinated and organized Community Health Assessment Team meetings as well as managed the primary and secondary data collection process for all seven counties. She was responsible for collecting opinion survey information door-to-door in each county. She also provided information about the community health assessment process and progress being made during Three Rivers Health Carolinians and Gates Partners for Health meetings.

Lisa Spry

Public Health Education Specialist/Member of Three Rivers Healthy Carolinians

Albemarle Regional Health Services

Representative for Bertie and Chowan Counties

- ◆ Lisa Spry attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. She greatly contributed to the collection of opinion surveys in all seven counties. As a member of Three Rivers Healthy Carolinians she also played an integral part in the data analysis and priority selection process for Chowan and Bertie Counties.

Mary Morris

Family/Consumer Education Agent/Three Rivers Healthy Carolinians Chair

Bertie County Cooperative Extension

Representative for Bertie and Chowan Counties

- ◆ As the Chair of Three Rivers Healthy Carolinians, Mary Morris helped provide updates on the community health assessment process and progress being made to partnership members. Mary volunteered to conduct opinion surveys door-to-door and played an important part in the data analysis and priority selection process for Chowan and Bertie Counties.

Misty Deanes

Clerk to the Board of Commissioners/Member of Three Rivers Healthy Carolinians

Executive Assistant to the County Manager

Representative for Bertie County

- ◆ Misty Deanes worked to recruit volunteers to participate in the opinion survey data collection in Bertie County. She enlisted several individuals to drive door-to-door asking residents to complete the survey.

Misty also worked to publicize the Community Health Assessment and survey data collection to the residents of Bertie County. As an active member of Three Rivers Healthy Carolinians, Misty provided a valued opinion when looking at the data from Bertie County and selecting health priorities.

Nancy Easterday

Director of Patient Access/Care Coordination

Albemarle Health

Representative for Pasquotank County and the surrounding area

- ◆ Nancy Easterday attended Community Health Assessment Team meetings and greatly assisted in making decisions concerning the assessment process. She contributed educational materials regarding the services provided through Albemarle Health which were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. Nancy participated in the opinion survey collection process as well as recruited other volunteers. She also provided a strong voice when selecting priority health issues.

Nancy Morgan

Three Rivers Healthy Carolinians Coordinator

Representative for Bertie and Chowan Counties

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- ◆ Nancy Morgan coordinated community health assessment efforts in Bertie and Chowan Counties. As the Coordinator of Three Rivers Health Carolinians, Nancy publicized the community health assessment and helped to get as much of the community involved as possible. She contributed Three Rivers Health Carolinians information and prizes that were placed in the reusable bags that were distributed to citizens who participated in the opinion survey. She gathered numerous volunteers to conduct surveys door-to-door. She also coordinated the data analysis and priority selection process for Bertie and Chowan Counties.

Rich Olson

City Manager/Member of Healthy Carolinians of the Albemarle

Representative for Pasquotank County

- ◆ Rich Olson attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. His wealth of knowledge in statistics was valuable in deciding the sampling method used to gather opinion survey data as well as analyzing data and choosing priority health issues in Pasquotank County.

Wesley Nixon

Environmental Health Specialist

Albemarle Regional Health Services

Representative for all seven counties

- ◆ Wesley Nixon attended Community Health Assessment meetings and assisted in making decisions concerning the assessment process. Wesley served as the technical advisor for the survey collection process in all seven counties. In this role, he organized and kept track of all GIS/GPS hardware, compiled and saved all of the opinion survey data collected, and served as technical assistance to survey collection volunteers in the field.

Zary Ortiz

Director of Hispanic Service/Member of Healthy Carolinians of the Albemarle

Northeastern Community Development Corporation

Representative for Camden, Currituck, Pasquotank, and Perquimans Counties

- ◆ Zary Ortiz attended Community Health Assessment Team meetings and assisted in making decisions concerning the assessment process. As an active member of Healthy Carolinians of the Albemarle, she also participated in analyzing data and picking the most important health priorities for the Healthy Carolinians Partnership.

Dana Hamill

Public Health Education Specialist/Albemarle Regional Health Services

Representative for all seven counties

- ◆ Assisted with the facilitation and organization of Community Health Assessment Team Leader meetings as well as participated in CHA Call-In meetings, assisted with CHA Data workgroups for Perquimans, Pasquotank, Camden, Chowan, and Bertie Counties. As well as assisted with data analysis and priority selection process for Healthy Carolinians of the Albemarle and Three Rivers Healthy Carolinians.

Survey Collection Volunteers Pasquotank County

Ashley Mercer

Lisa Spry

Bonnie Brown

Kaley Goodwin

Gayle Olson

Amy Underhill

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Tanya Miller

Pamela Etheridge

Jamian Morgan

Ann Roach

James Jackson

Wesley Nixon

Catherine Mercer

Nancy Easterday

Ashley Stoop

In October, key community leaders met to review and analyze the secondary and primary data as well as the stakeholder comments. This meeting took place over the course of three hours and the main purpose was to help the CHA Team to identify the strengths and weaknesses of the county, identify available resources, and identify gaps in resources.

Data Analysis Work Group

Rich Olson Elizabeth City - City Manager

Holly Glenn – Elizabeth City/Pasquotank County Schools

Jerry Newell- EMS Director

Tanya Miller – Albemarle Hospital

Amy Underhill – ARHS

Ann Roach – Healthy Carolinians of the Albemarle

Jerry Oliver Pasquotank County Citizen

James Johnson – Pasquotank County Citizen

Dana Hamill – ARHS

Bobbi White – Elizabeth City/Pasquotank Parks and Recreation

Chapter One

Pasquotank County Community Profile

Pasquotank County Community Profile

Location and Geography

Pasquotank County is located in northeastern North Carolina, in the Coastal Plain region of the state, approximately 25 miles from the Atlantic Ocean. It is characterized by flatlands throughout most of the County. The county contains miles of waterfront along the Little River to the west, the Albemarle Sound to the south, and the Pasquotank River to the east.

The nearest metropolitan area is Norfolk, Virginia, which is located 37 miles to the north. The county is 166 miles east of Raleigh, North Carolina and 214 miles northeast of Wilmington, North Carolina.

Pasquotank County's western border is shared with Perquimans and Gates counties. To the north and east, the county borders Camden County. To the south lies the Albemarle Sound. (Figure 1).

There are six townships in Pasquotank County. Elizabeth City is the most populated township and is also the county seat.¹

The nearest interstate highway is I-95, 30 miles west of the county. US Highway 17 runs through Elizabeth City northeast toward the Outer Banks and southwest toward Wilmington; it joins US 64, which leads to Raleigh going west. US Highway 158 also runs through Elizabeth City; Highway 158 goes south to the Albemarle Sound and the Outer Banks and northwest to Gates County.

The nearest airport offering commercial passenger service is Norfolk Airport, located 45 miles north in Norfolk, Virginia. US Highway 64 provides access to the Raleigh-Durham International Airport located 182 miles to the west. The Elizabeth City-Pasquotank Regional Airport serves commuter recreational and charter fliers and is shared with the US Coast Guard. Norfolk, Virginia is the closest stop on any passenger railway system;² the nearest Greyhound Lines stop is in Elizabeth City, North Carolina.³

The physical area of Pasquotank County is approximately 289 square miles, 227 square miles of which are land and 62 square miles of which are water. The county has 62 miles of paved roads.⁴

The elevation of the county ranges from sea level along the Little and Pasquotank Rivers and Albemarle Sound to 21 feet along a section of US route 158 feet in Lynch's Corner. The climate in Pasquotank County is relatively mild, with an annual mean temperature of around 61.4 degrees. The average annual precipitation is around 48 inches.⁵

Figure 1. County Map



Map Data © Google

Source: <http://publicrecords.onlinesearches.com/maps/map-of-Pasquotank-County-North-Carolina.htm>

History

From the official Pasquotank County⁶ and Elizabeth City⁷ websites:

Pasquotank County's seat is Elizabeth City, a historic village with six National Historic Districts located in the far northeastern corner of North Carolina, about one hour from the Outer Banks. Elizabeth City is also home to the largest US Coast Guard Air Base in the world.

Pasquotank was formed as early as 1668 as a precinct of Albemarle County. Its name is derived from an Indian word pasketanki which meant "where the current of the stream divides or forks." It is in the northeastern section of the State and is bounded by Albemarle Sound and Perquimans, Gates, and Camden counties. The present land area is 226.88 square miles and the 2000 population was 34,897. It is not known when the first courthouse was built, but from 1737 to 1757 the courthouse was at Brook Field. In 1758 it was moved to Belfe's Point. It remained there until 1762 or probably a little later. From 1765 until 1785 the courthouse was in Winfield. In 1784 the Assembly directed that it be moved to Nixonton, and from 1785 to 1800 Nixonton was the county seat. In 1799 Elizabeth (City) Town was named the county seat and on June 6, 1800, the first court was held there. Elizabeth City was first called Redding, which was established in 1793. Redding was changed to Elizabeth Town in 1794, and Elizabeth Town was changed to Elizabeth City in 1801.

Located where the narrows of the Pasquotank River open up and the river begins widening out on its course to the Albemarle Sound, Elizabeth City is the economic and commercial hub of the northeastern North Carolina mainland. Although it was founded in 1793, it did not take on economic importance until the Dismal Swamp Canal was completed in 1805. The Canal linked the sounds and rivers of northeastern North Carolina with the port of Norfolk, allowing area planters and lumber companies a safe and quick method of transporting their goods to market.

Today, the Canal is a means of transportation for thousands of pleasure boaters on the Intracoastal Waterway, and Elizabeth City has become a favorite stop. The town's waterfront has experienced a revitalization that includes new docks and boat facilities, shops, and most recently, the Museum of the Albemarle's new facility. The Museum interprets over 400 years of local history and is a wonderful introduction to the heritage of the region.

The United States Coast Guard operates a training and rescue facility in Elizabeth City that has been the focus of many daring rescues by sea and by air. Rescue teams from the station have been featured in the national spotlight on many occasions, including several daring rescues during the famous "Perfect Storm" of 1991.

Demographics

Population Characteristics

- The 2006-2008 population estimate for Pasquotank County is 40,421 persons, a number 55% lower than the average North Carolina county (Table 1).
- Like the state as a whole, Pasquotank County’s population is increasing. Between 2000 and 2008, the Pasquotank County population increased by 15.8% while the NC County population grew by more than 12% (Table 1).
- The 2006-08 estimate of the median age of Pasquotank County residents was 35.1 years, only slightly older than the median age for the state, 36.8 (Table 1).
- The majority of Pasquotank County residents (57.5%) are white, with minorities making up 42.5% of the population in the 2006-2008 estimate. In NC Latinos represent 2.3% of the total population (Table 1).
- People over the age of 65 make up 12.8% of the Pasquotank County population, compared to 12.1% of the population statewide (Table 1 and 5).
- Children under the age of five make up 7.3% of the Pasquotank population, a rate comparable the proportion of the NC state population under the age of five, 7.0% (Table 1 and 5).

Table 1. General Demographic Characteristics (years as noted)

County	2006 Tier Desig	2006-2008 Census Estimates										
		Total Population (2006-08)	% Pop Change 2000-2008	No. Males	No. Females	Median Age	No. Under 5 Years	No. 65 Years and Older		Race		% Hispanic or Latino, Any Race
								Male	Female	% White	% Other	
Pasquotank	3	40,421	15.8	19,662	20,759	35.1	2,965	2,025	3,155	57.5	42.5	2.3
State Total		9,036,449	12.3	4,423,328	4,613,121	36.8	630,505	455,602	645,836	70.3	29.7	7
NC County Avg.		90,364	na	44,233	46,131	na	6,305	4,556	6,458	n/a	n/a	n/a
Source		a		a	a	a	a	a	a	a	a	a

a - <http://factfinder.census.gov/>

- The population in Pasquotank County has grown every decade since 1980. Updated estimates for the population in 2010 indicate that the rate of growth continues to increase. The percent change from 2000 to 2010 is expected to be 34% higher for Pasquotank County than the state as a whole.

Table 2. Urban/Rural Population Distribution (1980-2000)

County	Percent of Population					
	1980		1990		2000	
	Urban	Rural	Urban	Rural	Urban	Rural
Pasquotank	49.2	50.8	45.5	54.5	54.9	45.1
NC County Avg.	48.0	52.0	50.3	49.7	60.2	39.8
Source	Log Into North Carolina (LINC) database, http://linc.state.nc.us Some percentages were calculated.					

- As with North Carolina as a whole, Pasquotank County recently has become more urban in nature with 45.1% of the population considered to be in rural areas; only 39.8% of North Carolina’s population is considered rural.
- As detailed in Table 3, 57.5% of Pasquotank County residents are white, with minorities making up 42.5% of the population in the 2006- 2008 population estimates.
- Pasquotank County has a higher proportion of African Americans (38.7%) than NC as a whole (21.2%). The proportion of Hispanic residents in the county (2.3%) is considerably lower than in the state as a whole (7.0%).

Table 3. Population Distribution by Race/Ethnicity (2006-2008)

County	Number and Percent												
	Total	White		Black		Native American		Asian		Other		Hispanic Origin	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Pasquotank	40,421	23,222	57.5	15,644	38.7	173	0.4	201	0.5	637	2.9	927	2.3
State Total	9,036,449	6,350,905	n/a	1,917,292	n/a	99,818	n/a	166,560	n/a	360,929	n/a	636,786	n/a
NC County Avg.	90,364	63,509	70.3	19,173	21.2	998	1.1	1,666	1.8	3,609	4.0	6,368	7.0
Source	US Census Bureau, Factfinder, ACS 2006-2008 popestimates, data profiles, data sets, geography, http://factfinder.census.gov												

- In Elizabeth City, 59.6% of the population is African American.
- The largest number and highest percentage of Hispanics reside in Elizabeth City.
- In terms of both numbers (Table 4) and percent (Table 5) the largest age segment of the population in Pasquotank County, as well as North Carolina, is the 5-19-year-old group, representing 20.0% of the Pasquotank County population and 20.2% of the NC population.

- Children under the age of five compose the smallest portion of the population in Pasquotank County and the state, accounting for 7.3% and 7.0% of the respective populations (Table 5)
- Persons age 65 and older compose a similar fraction of the population in Pasquotank County as statewide (12.8 vs. 12.2%) (Table 5).

Table 4. Population Distribution by Age, Number (2006-2008)

County	Total Population	Percent of Total							
		0-4 Years	5-19	20-24	25-34	35-44	45-54	55-64	65+
Pasquotank	40,421	2,951	8,084	3,961	5,174	5,133	5,659	4,285	5,174
State Total/Average	9,036,449	632,551	1,825,363	614,479	1,219,921	1,328,358	1,292,212	1,021,118	1,102,446

Source US Census Bureau, 2006-2008 American Community Survey 3-Year Estimates, http://factfinder.census.gov/home/saff/main.html?_lang=en

Table 5. Population Distribution by Age, Percent (2006-2008)

County	Total Population	Percent of Total							
		0-4 Years	5-19	20-24	25-34	35-44	45-54	55-64	65+
Pasquotank	40,421	7.3	20.0	9.8	12.8	12.7	14.0	10.6	12.8
State Total/Average	9,036,449	7.0	20.2	6.8	13.4	14.8	14.3	11.3	12.2

Source US Census Bureau, 2006-2008 American Community Survey 3-Year Estimates, http://factfinder.census.gov/home/saff/main.html?_lang=en
 Calculated based on calculated US Census figures in the previous table

- The age distribution of the Pasquotank County population differs from the age distribution of state population. Pasquotank County has larger proportions than the state of people aged 15-19, 20-24 and 75+, and a smaller proportion of people aged 5-9, 30-44, and 55-59.

Table 6.
Pasquotank County Demographic Profile by Age and Sex (2006-2008 Estimates)

Age Group	Pasquotank County						North Carolina		
	Total	Number Male	Female	Total	Percent Male	Female	Total	Percent Male	Female
All ages	40421	19662	20759	100.0	100.0	100.0	100.0	100.0	100.0
Under 5	2951	1612	1349	7.3	8.2	6.5	7.0	7.3	6.7
5 to 9	2344	1160	1183	5.8	5.9	5.7	6.6	6.9	6.3
10 to 14	2708	1357	1349	6.7	6.9	6.5	6.7	7.0	6.4
15 to 19	3031.6	1573	1453	7.5	8.0	7.0	6.9	7.3	6.6
20 to 24	3961.3	2163	1806	9.8	11.0	8.7	6.8	7.3	6.3
25 to 29	2708.2	1278	1432	6.7	6.5	6.9	6.7	6.8	6.5
30 to 34	2465.7	1199	1246	6.1	6.1	6.0	6.8	6.9	6.6
35 to 39	2586.9	1337	1225	6.4	6.8	5.9	7.2	7.3	7.1
40 to 44	2546.5	1140	1412	6.3	5.8	6.8	7.5	7.7	7.4
45 to 49	2950.7	1475	1495	7.3	7.5	7.2	7.4	7.4	7.5
50 to 54	2708.2	1258	1432	6.7	6.4	6.9	6.9	6.8	7.0
55 to 59	2101.9	1140	955	5.2	5.8	4.6	6.2	6.0	6.3
60 to 64	2182.7	865	1308	5.4	4.4	6.3	5.1	4.9	5.3
65 to 69	1414.7	570	851	3.5	2.9	4.1	3.7	3.5	3.9
70 to 74	1091.4	570	498	2.7	2.9	2.4	2.9	2.6	3.2
75 to 79	1172.2	413	747	2.9	2.1	3.6	2.4	2.0	2.8
80 to 84	808.4	275	540	2.0	1.4	2.6	1.8	1.4	2.2
85+	687.2	197	498	1.7	1.0	2.4	1.4	0.8	2.0

Source US Census Bureau, American Fact Finder, Data Sets, American Community Survey 2006-2008 3 year estimates, Subject Tables, , Quick Tables, Select areas, S0101 [Age and Sex]. <http://factfinder.census.gov>

Notes *Because the American Community Survey uses estimates there is rounding error to be expected within the dataset above. As many as 20+/- people may be included in this rounding error.

Growth of the Elderly Population

- As demonstrated in the population of Pasquotank County, adults over the age of 60 is increasing and is expected to continue to increase through 2020.
- Though all segments of the elderly population are growing, the segment expected to grow the fastest in by 2020 is the group aged 60-69, which is predicted to grow by 67% over that period, from 7.5% to 12.5% of the total county population.

- The population segment aged 70-74 is predicted to increase by 28% over the period from 2000-2020; the county population in the 75-84 and 85-and-older categories also will grow over the period, but by much smaller amounts (4% and 14%, respectively).

Non-English Speaking Population

North Carolina has seen continuous growth in the number of foreign-born residents, with this segment of the population increasing from 39,382 in 1969 to 430,000 in 2000, an almost 11-fold increase. According to demographers, this official count is likely an underestimate, since many in this population do not participate in the Census. The foreign-born population in a community is one that potentially does not speak English, and is of concern to service providers.

Statewide the greatest proportion of the increase in foreign-born persons is represented by immigrants of Hispanic origin; however, statewide there has also been an influx foreign-born immigrants from Southeast Asia.

According to data in Table 6:

- As of the 2000 Census, there were 794 foreign-born residents in Pasquotank County, making up 2.3% of the total county population (34,897) at that time.
- In 2000, over one third (265) of the Pasquotank County residents who were foreign-born had entered the United States in the preceding five years.
- The percent of increase in the foreign-born population in Pasquotank County between 1995 and 2000 (50%) was less than the percent of increase at the state level over the same period.

Table 7. Growth of Potentially Non-English Speaking Population (1965-2000)

County	Number of Persons by Year of Entry for Foreign- Born Population									% Increase Since 1994
	<1965	1965-1969	1970-1974	1975-1979	1980-1984	1985-1989	1990-1994	1995-2000	Total	
Pasquotank	115	29	103	41	36	114	91	265	794	50.1
State Total	28,217	11,165	14,099	21,721	35,480	50,961	82,454	185,903	430,000	76.2
NC County Average	282	112	141	217	355	510	825	1,859	4,300	76.2

Source US Census Bureau, 2000 Census, http://www2.census.gov/census_2000/datasets/demographic_profile/North_Carolina/2kh37.pdf

- There is a much higher proportion of Hispanics/Latinos under the age of 20 than in the overall county population, with the most marked difference being in those under the age of 5. There is also a higher proportion of Hispanics and between the ages of 40 and 44. There is a significantly lower proportion of Hispanics/Latinos than in the general population in all other age groups, with the greatest difference in the age groups over 65 years of age.

Economic Climate

Income

- According to data in Table 8, in 2005 Pasquotank County residents had a per capita income that was \$7,913 (23.4%) lower than the state average.
- In 2008 the median household income in Pasquotank County was \$3,439 (7.4%) lower than in the average North Carolina County.
- The NC Department of Commerce has recently redesignated Pasquotank County to Tier 2, meaning that it is now considered a more economically distressed county compared to the Tier 3 designation in the 2006 CHA..⁸

Table 8. Income (years as noted)

County	Current Tier Desig 2010	Per Capita Personal Income (2005)	Per Capita Income Difference from State	Median Household Income (2008)	Median Household Income Difference from State
Pasquotank	2	\$25,822	-\$7,913	\$43,135	-\$3,439
NC County Avg.	n/a	\$33,735	n/a	\$46,574	n/a
Source	a	b	calculated	c	calculated

a - NC Department of Commerce, County Tier Designation, <http://www.nccommerce.com/en/BusinessServices/CountyTierDesignations2010>
 b - NC Department of Commerce, Economic Development, County Profiles. <http://edis.commerce.state.nc.us/countyprofiles>

Employment

The following definitions will be useful in understanding data in this section.

The term *labor force* includes all persons over the age of 16 who, during the week, are employed, unemployed or in the armed services. The term *civilian labor force* excludes the Armed Forces from that equation. Civilians are considered *unemployed* if they are not currently employed but are available for work and have actively looked for a job within the four weeks prior to the date of analysis. Those who have been laid off and are waiting to be called back to their jobs as well as those who will be starting new jobs in the next 30 days are also considered “unemployed”. The *unemployment rate* is calculated by dividing the number of unemployed persons by the number of people in the civilian labor force. *Employment growth* is the rate at which new, non-agricultural jobs are being created.

- Pasquotank County's experienced positive employment growth each year from 2005 to 2007, but experienced negative employment growth in 2008 and 2009 (Table 9).
- Pasquotank County fared much better than the state as a whole in 2007, yet the negative growth fluctuated with respect to the state county average, worse in 2008, better in 2009.

Table 9. Annual Employment Growth (2005-2009)

County	Percent Change from Previous Year				
	2005	2006	2007	2008	2009 Q3
Pasquotank	1.4	2.9	2.3	-3.5	-1.1
NC County Avg.	1.9	3.2	1.3	-0.8	-5.0

Source: FDIC, Regional Economic Conditions (RECON). <http://www2.fdic.gov/recon>

- Health care/social assistance is the largest reported industry in Pasquotank County and in the state of N.C, accounting for 19.0% and 14.8% of the labor force, respectively.
- Retail trade is the second largest reported industry in Pasquotank County, employing 15.6% of the labor force; statewide, health care/social assistance and retail trade are the next largest industries at 11.7% and 11.6%, respectively.
- Primary survey respondents had unfavorable comments when asked if there were plenty of ways to earn a living in Pasquotank County. Work group participants made comments that supported employment concerns. Reasons listed were lack of education and people not willing to work hard for little pay.

Table 10 (following page) lists the major employers in Pasquotank County, two of which employed more than 1,000 people during the period cited, two less than in 2006. Lear Siegler and College of Albemarle have fewer employees than in 2006, while Walmart increased the number of employees.

Table 10. Major Employers in Pasquotank County, Second Quarter 2007

Employer	Industry	Number Employed
State of North Carolina	Public Administration	1000+
Albemarle Hospital	Education and Health Services	1000+
Wal-Mart Associates Inc	Trade, Transportation and Utilities	500-999
Pasquotank County Board of Ed	Education and Health Services	500-999
US Dept of Homeland Security	Public Administration	500-999
College of the Albemarle	Education and Health Services	250-499
Lear Siegler Service Inc	Trade, Transportation and Utilities	250-499
County of Pasquotank	Public Administration	250-499
District Health Dept of Albemarle	Education and Health Services	250-499
City of Elizabeth City	Public Administration	250-499

Source: Employment Security Commission of NC, Labor Market Information, Industry Information: North Carolina's Largest Employers. 25 Largest Employers by County. Scroll through the long document to find the appropriate county. <http://jobs.esc.state.nc.us/lmi/largest/largest.pdf>

Unemployment

- In 2009, an average 1,789 members of the Pasquotank County civilian labor force were unemployed.⁹
- Unemployment rates in Pasquotank County have fluctuated historically, with the lowest unemployment rate (3.7) in 1999 and the highest rate (7.0) in 2008. The 2008 county unemployment rate was 7.0, above the state rate of 6.2 (Table 21). The latest unemployment rate in 2009 was 8.0.

Table 11. Annual Unemployment Rate Trend (1995-2009)

County	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Pasquotank	3.7	3.8	5.1	5.5	5.2	4.6	4.8	5.0	5.0	7.0	8.0
NC County Avg.	3.3	3.6	5.5	6.7	6.5	5.5	5.3	4.7	4.7	6.2	10.6
Source	a	a	a	a	a	a	a	a	a	b	b

a - NC Employment Security Commission, <http://www.ncesc.com/lmi/laborStats/laborStatMain.asp>

b - NC Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis; <http://data.bls.gov/map.servlet.MapToolServlet>

- The indicator, underemployment and lack of well-paying jobs, was listed as one of the top five important community social issues by primary survey respondents.

Poverty

The *poverty rate* is the percent of the population (both individuals and families) whose money income (which includes job earning, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below the threshold established by the Census Bureau.

- The poverty rate in Pasquotank County has been consistently above the comparable state rate since 1980 (Table 12).
- The Pasquotank County poverty rate has fluctuated, but slightly increased from 17.1% in 1980 to 17.3% in 2008.

Table 12. Annual Poverty Rate (1980-2008)

County	1980	1990	1999	2000	2002	2008*
Pasquotank	17.7	19.8	18.4	18.4	16.7	17.3
NC County Average	14.8	13.0	12.3	12.3	12.9	14.6
Source	a	a	b	c	c	c

a - Log Into North Carolina (LINC) database, <http://linc.state.nc.us>

b - US Census Bureau, NC Quick Facts

c - Economic Research Service, US Dept of Agriculture, 2003 County Level Poverty Rates for NC.
<http://www.ers.usda.gov/data/povertyrates> *(latest estimates 2008)

Poverty and Race

- Since 1990, poverty rates in Pasquotank County have been consistently highest among the African American population, though the percent of African Americans in poverty decreased between 1990 and 2000.
- The poverty rate for the White Pasquotank County population also decreased somewhat between 1990 and 2000.
- Statewide, between 1990 and 2000, poverty rates decreased for all populations except "Other".

Children in Poverty

- Since 2001, Pasquotank County has demonstrated higher proportions of persons in poverty under the age of 18, when compared to the state. The county rate indicates that about 1 in 4 children under 18 live in poverty.
- In 2008, 24.4% Pasquotank County residents under the age of 18 lived in poverty, a proportion 23% higher than the comparable state proportion.

- Pasquotank County has had a consistently larger proportion of children under the age of 18 in poverty when compared to the state as a whole.
- Corroborating this evidence for significant child poverty in Pasquotank County is data catalogued by the Annie E. Casey Foundation¹⁰ on the percentage of school children receiving free or reduced school lunches. In 2005, 60% of Pasquotank County school-aged children were enrolled in a free or reduced cost school lunch program; in 2007 that percentage had risen to 63.4%. These county figures compare to the statewide figures of 48% (2005) and 54.8% (2007).

Table 13. Persons in Poverty by Age, Percent (2006-2008)

Percent in Poverty

County	2006			2007			2008		
	All Ages	Ages 0-17	Ages 5-17	All Ages	Ages 0-17	Ages 5-17	All Ages	Ages 0-17	Ages 5-17
Pasquotank	17.7	24.2	22.3	18.2	25.3	25.5	17.3	24.4	22.7
State Total	14.6	20.1	18.3	14.3	19.5	19.5	14.6	19.9	18.2

Source

US Census Bureau, People: Poverty. Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipa/saipa.html>

Food Stamps

- From 2001 through 2009 fewer people in Pasquotank County received food stamps than was average for North Carolina counties (Table 14).
- The number of people receiving food stamps at the county and state level increased overall between 2001 and 2009.

Table 14. Food Stamp Recipients (1995-2009)

County	Average Monthly Number of Food Stamp Recipients								
	2001	2002	2003	2004	2005	2006	2007	2008	2009
Pasquotank	3,520	3,825	3,923	4,829	4,356	4,614	4,675	4,806	5,449
State Total	483,015	555,951	624,167	727,710	787,756	842,363	874,426	924,265	1,077,914
NC County Avg.	4,830	5,560	6,242	7,277	7,878	8,424	8,744	9,243	10,779

Source

Log Into North Carolina (LINC) database, <http://linc.state.nc.us>

- Pasquotank County has had a consistently higher percentage of children (under 18) receiving food stamps than the average NC county. While this number has previously fluctuated, more recently it has increased in both Pasquotank County and the state.

Affordable Housing

According to information from the NC Rural Economic Development Center (based on 2000 US Census data):¹¹

- 26.4% of the Pasquotank County population at the time was living in “unaffordable” housing; this compares to 20.7% statewide. The Census Bureau defines unaffordable housing as housing that costs more than 30% of the total household income.
- Only 0.1% of Pasquotank County housing units, compared to 0.1% statewide, were considered “substandard”, meaning that they were overcrowded (more than one person living in a room) *and* lacking complete indoor plumbing facilities (hot and cold piped water, a flush toilet, and a bath or shower).

There is limited HUD-subsidized housing, public housing or Choice Voucher Section 8-approved housing in the entire Albemarle Region.

- The HUD Homes and Communities web pages and associated links list no single-family HUD-sponsored homes in Pasquotank County or in any of the other six counties of the Albemarle Region.¹²
- There is a HUD Public and Indian Housing Authority located in Pasquotank County, in Elizabeth City. Other HUD PHA offices in the Albemarle Region are in Ahoskie, (Hertford County), Edenton (Chowan County), and Hertford (Perquimans County)¹³
- There are six privately owned HUD-subsidized rental housing properties in Pasquotank County listed on the HUD website: a group home for the mentally disabled (in Elizabeth City); three multi-family apartment complexes, Walker Landing Apartments, Herrington Village and Walnut West Apartments, all of which are located in Elizabeth City; and one apartment facility for the elderly, Virginia Dare Apartments, also located in Elizabeth City.¹⁴
 - 26.6% of survey respondents said they were **SOMETIMES** worried about having enough money to pay the rent of mortgage.
 - 45.1% said they **NEVER** worry about having enough money to pay the rent of mortgage.

Homelessness

According to the Albemarle United Way there are three homeless shelters in the Albemarle Region, all located in Elizabeth City (Pasquotank County).

The state attempts to assess homelessness by periodically sponsoring a point-in-time survey/census. According to the 2005 point-in-time census data submitted on behalf of Pasquotank County, there were fourteen homeless persons (including three families) identified in the county at that time.¹⁵

- Homelessness was listed as one of the top five important community social issues by Community Health Opinion Survey respondents.

Children and Families

Single Parent Families

- The number and percent of homes with single parents increased between 1990 and 2000 in Pasquotank County and the state (Table 30, following page).
- When compared to the state, Pasquotank County has a significantly lower percentage of single parent homes.
- The number of homes with single fathers in Pasquotank County increased during this period, and the state number almost doubled. By 2000, the percentage of homes headed by a single male in Pasquotank County was almost the same as the average NC county.
- The number and percentage of homes with single mothers also increased significantly in Pasquotank County over the period.

Child Care Programs

- Of the children in regulated care in Pasquotank County, 32% received a subsidy in 2005, a rate only half that noted in 2001. The 2005 rate of child care subsidy in the county was slightly lower than the NC county average (Table 15).
- In 2005, 383 Pasquotank County children who had applied for and been declared eligible for subsidized care were not receiving it.
- Between 1999 and 2003 the number of children under the age of five in foster care increased in Pasquotank County but decreased in the average NC county. Unfortunately, more recent available data refers to children between the ages of 0 and 17 and is not comparable.

Table 15. Subsidized Child Care (years as noted)

County	# Children (0-12) Enrolled in Regulated Child Care (2001)	# Children (0-12) Enrolled in Regulated Child Care (2005)	% Children (0-12) in Regulated Child Care Receiving Subsidy (2001)	% Children (0-12) in Regulated Child Care Receiving Subsidy (2005)	# Children (0-12) Eligible for but Not Receiving Child Care Subsidy (2005)	# Children under 5 y.o. in Foster Care (1999)	# Children under 5 y.o. in Foster Care (2003)	# Children under 17 y.o. in Foster Care (2005)
Pasquotank	758	1,703	62	32	383	7	11	39
State Total	211,553	260,252	43	37	37,063	3,648	3,049	9,820
NC County Avg.	2,116	2,603	n/a	n/a	3,706	36	30	98
Source	a	a	a	a	a	b	b	a

a - NC Child Advocacy Institute, Data and Statistics, 2005 Children's Index County Profiles, <http://www.aecf.org/cgi-bin/cliiks.cgi>

b - Frank Porter Graham Early Childhood Development Institute. Early Childhood Needs and Resources Report 2003 http://www.fpg.unc.edu/~NCR_Assessment/pdfs. REFERS TO CHILDREN AGED 0-5.

In September 2000, the NC Division of Child Development issued star rated licenses to all eligible Child Care Centers and Family Child Care Homes. North Carolina's Star Rated License System gives stars to child care programs based on how well they are doing in providing quality child care. Child Care programs receive a rating of one to five stars. A rating of one star means that a child care program meets North Carolina's minimum licensing standards for child care. Programs that choose to voluntarily meet higher standards can apply for a two to five star license. (Note: Religious-sponsored child care programs will continue to operate with a notice of compliance and will not receive a star rating).

In 2005, the way facilities are evaluated was changed in order to give parents better information about a program's quality. The new rule makes a 75% "compliance history" a minimum standard for any licensed facility. Because it is now a minimum requirement, all programs earn their star rating based only on two components that give parents the best indication of quality, staff education, and star program standards. In addition, programs having the two component license can earn a "quality point" for enhanced standards in staff education and program standards. The two components of the star-rated license have a range of one to seven points (1-7). One to three points (1-3) earned on the two component license equals one (1) star received for the facility; four to six (4-6) points equals two (2) stars, seven to nine (7-9) points equals three (3) stars, ten to twelve (10-12) points equals four (4) stars, and thirteen to fifteen (13-15) points equals five (5) stars. For example, a program scoring four (4) points in program standards and four (4) points in education standards and one (1) quality point would have a total of nine (9) points, awarding them with a three (3) star rating under this two component system.

According to the NC Division of Child Development Child Care Facility Search Site¹⁶ there are 66 child care facilities in Pasquotank County that are licensed to operate in North Carolina in the following categories:

- Five Star Center License – 3 facilities
- Five Star Family Child Care Home License – 0 facilities
- Four Star Center License – 1 facility
- Four Star Family Child Care Home License – 4 facilities
- Three Star Center License – 9 facilities
- Three Star Family Child Care Home License – 4 facilities
- One Star Center License – 11 facilities
- One Star Family Child Car Home License – 10 facilities
- Temporary License – 6 facilities
- GS 110-106 – 0 facilities
- Summer Day Camp – 0 facilities

Transportation

Inter-County Public Transportation Authority is intended to provide high quality transportation services to the people who live or visit the five-county service area of Pasquotank, Perquimans, Camden, Chowan, and Currituck counties. ICPTA services provide transportation to the general public to nutrition sites, medical appointments and other locations in order to access services or attend activities related to daily living, while promoting improved quality of life. Out-of-town Medical transportation to Virginia and Greenville are provided on specific days of the week and by appointment only. Mobility options include riders being secured in their wheelchair.

In 2010, among Pasquotank County residents, ICPTA provided 28,562 trips to the elderly and disabled and 20,879 trips were provided to the general public (includes going to work, school, grocery store, etc.)

Education

Educational Attainment and Investment

According to data presented in Table 16

- According to 2008 End of Grade (EOG) Test results, both third and eighth graders in the Elizabeth City/Pasquotank County schools performed at lower rates of proficiency in math and reading than students statewide.
- The 2009 average SAT scores for students in the Elizabeth City/Pasquotank County schools (1369) was 117 points below the NC average (1486).
- In 2008-2009, the rate of acts of school violence in Elizabeth City/Pasquotank County schools (3.5) was 54% lower than the NC system-wide average (7.6).
- The 2007-2008 total-per-pupil expenditure (i.e., per-pupil expenditure from state, federal, and local sources) in the Elizabeth City Pasquotank Public Schools (\$9,297) ranked 42nd among school systems in the state.

Table 16. Educational Attainment of Residents (years as noted)

County	% High School Graduates (2008)	% College Graduates (2008)	Per Pupil Expenditure State, Fed and Local (2007-08)	Per Pupil Expenditure State Ranking (2007-08)	% 3rd Graders Proficient on EOG Math Test (2008)	% 3rd Graders Proficient on EOG Reading Test (2008)	% 8th Graders Proficient on EOG Math Test (2008)	% 8th Graders Proficient on EOG Reading Test (2008)	Average Total SAT Scores (2009)	School Violence: Acts/1,000 Students (2008-09)
Pasquotank *	70.0	n/a	\$9,297	42	66	48	66	49	1369	3.5
NC County Avg.	81.5	24.6	\$8,522	n/a	73	55	68	54	1486	7.6
Source	a	a	b	b	c	c	c	c	c	d

* Elizabeth City/Pasquotank County school system

a - NC Department of Commerce, Economic Development Information Service, <http://cmedis.commerce.state.nc.us/countyprofiles>

b - NC Department of Public Instruction, <http://www.ncpublicschools.org/fbs/stats/StatProfile04.PDF>

c - NC Child Advocacy Institute, CLIKS System, <http://www.aecf.org/cgi-bin/cliks.cgi>

d - <http://www.ncpublicschools.org/docs/schoolimprovement/alternative/reports/2003-04schoolviolence.pdf>

High School Drop-Out Rate

- For the 2008-2009 school year, the high school dropout rate in Elizabeth City Pasquotank Public Schools (2.9) was 33% lower than the average dropout rate statewide (4.3).

Table 17. High School Drop-Out Rate (2003-2009)

County	Drop Out Rate					
	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Pasquotank	5.9	5.5	5.8	5.2	4.3	2.9
NC County Avg.	4.8	4.7	5.0	5.2	5.0	4.3

Source

<http://www.ncpublicschools.org/fbs/stats/>

Schools and School Enrollment

Primary and Secondary Education

- There are 12 public schools in the Elizabeth City Pasquotank Public Schools; nine elementary schools, 2 middle schools, 2 secondary schools, and one combined school.¹⁷ There are no charter schools in the county¹⁸ but there are four private schools, three enrolling students in grades K-12 and one enrolling children in grades 3-9.¹⁹

- During the 2007-2008 school year, 6,341 students were enrolled in Elizabeth City Pasquotank Public Schools.
- Local school enrollment has remained relatively stable since 2004, while public schools on the average in North Carolina have experienced some increased enrollment.
- There was an estimated 396 homeschooled children during the 2009-2010 school year.

Higher Education

- Elizabeth City State University (ECSU) is a four-year state university located in Elizabeth City in Pasquotank County. A constituent institution of The University of North Carolina, ECSU offers baccalaureate programs in the arts and sciences and professional and pre-professional areas, as well as master's degrees in selected disciplines. Originally an institution for African-American students, the university's rich heritage provides a strong background for its increasingly multicultural student body.²⁰
- Mid-Atlantic Christian University is a small (<200 students) private, co-educational four-year college located in Elizabeth City in Pasquotank County offering associate and baccalaureate degrees. MACU is supported by the Fellowship of Churches of Christ and Christian Churches.²¹
- The College of the Albemarle (COA), a regional community college, serves Pasquotank County residents as well as others in the Albemarle region with locations in Elizabeth City, Edenton in Chowan County, and Manteo in Dare County. COA was the first comprehensive community college in the state of North Carolina.²²
- Chowan University is a small (<1,000 students) private, four-year liberal arts university located in Murfreesboro (Hertford County). Chowan University is affiliated with the Southern Baptist Association.²³
- East Carolina University (ECU) is a large, four-year state university that is also a constituent member of the UNC System. ECU was founded in 1907 to alleviate the desperate shortage of teachers in the eastern part of the state. The College of Education has been joined by programs of high distinction in health care and the fine and performing arts. Today the university offers 106 bachelor's degree programs, 71 master's degree programs, 4 specialist degree programs, 1 first-professional MD program, and 16 doctoral programs in professional colleges and schools, the Thomas Harriot College of Arts and Sciences, and the Brody School of Medicine.²⁴ A total of 365 Pasquotank County residents enrolled in ECU as freshmen between 2000 and 2004; another 218 Pasquotank County residents transferred into ECU during the same period.²⁵
- In addition, residents from Pasquotank County also attend institutions of higher education in the southern tier of Virginia and Tidewater Virginia, such as Old

Dominion University, Norfolk State University, and Virginia Wesleyan College in Norfolk, Virginia.

Crime and Safety

Crime Rates

All crime statistics reported below were obtained from the North Carolina State Bureau of Investigation unless otherwise noted. Table 35 shows the rates for “index crime”, which consists of violent crime (murder, rape, robbery, and aggravated assault) plus property crime (burglary, larceny, arson, and motor vehicle theft), in 2002 through 2008. Table 36 shows the actual number of index crimes by type that occurred in Pasquotank County between 1999 and 2008.

- The index crime rate in Pasquotank County increased steadily from 2003 to 2005 and began decreasing during 2006 through 2008 (Table 18). The 2008 index crime rate is 18% lower than the state rate.
- The property crime rate in Pasquotank County has decreased steadily since 2005 and was below the comparable state rate in 2008 (Table 18, following page).

Table 18. Crime Rates (2003-2008)

County	Crimes per 100,000 Population																	
	2003			2004			2005			2006			2007			2008		
	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime	Index Crime	Violent Crime	Property Crime
Pasquotank	4472.9	558.4	3914.5	4594.9	447.4	4147.5	4662.6	446.3	4216.3	4336.7	436.7	3899.9	4027.3	562.5	3464.8	3870.2	593.7	3276.5
NC County Avg.	4675.4	450.3	4225.1	4574.0	446.9	4127.1	4617.9	478.1	4139.7	4649.8	483.0	4166.8	4658.0	480.2	4178.7	4555	474.2	4080.4

Source: North Carolina State Bureau of Investigation, Crime Statistics, Annual Reports. <http://sbi2.jus.state.nc.us/crp/public/Default.htm>

- As detailed in Table 19, the actual number of violent crimes committed in Pasquotank County has risen since 2004. Aggravated assault accounts for the majority of violent crimes in the county, followed by robbery. Rape incidence peaked at 13 in 2008.
- Property crimes committed in Pasquotank County has been declining since 2005. Incidence of burglary and motor vehicle theft have dropped significantly since 2005. Larceny (the theft of property without the use of force) was the most common property crime in most years including 2004.

Table 19. Number of Index Crimes Reported in Pasquotank County (1999-2008)

Type of Crime	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Violent crime	168	178	198	182	200	165	168	170	225	243
<i>Murder</i>	2	1	0	2	3	3	2	8	2	1
<i>Rape</i>	8	6	10	6	11	10	7	12	12	13
<i>Robbery</i>	37	47	31	47	55	43	42	57	52	74
<i>Aggravated assault</i>	121	124	157	127	131	109	117	93	159	155
Property crime	1,133	1,108	1,127	1,337	1,402	1,555	1587	1516	1383	1341
<i>Burglary</i>	354	360	312	359	431	437	479	502	413	379
<i>Larceny</i>	718	697	739	918	910	1036	1000	939	903	919
<i>Motor vehicle theft</i>	61	51	76	60	61	82	108	75	67	43

Source: North Carolina State Bureau of Investigation, Crime Statistics, Uniform Crime Reporting Program. Annual Summary Reports (Available 1999-2008). In an individual year's report, under "Crime Trends - Offenses and Rates per 100,000", Select "County Offenses"

Juvenile Crime

- According to data presented in the following table, the number and rate of children in the juvenile justice system in Pasquotank County has fluctuated over the years but increased slightly from 2006 – 2008 though remaining lower than the state for the same period;
- In the calendar years 2006 - 2008, the average rate of Pasquotank County juveniles found undisciplined was more than the comparable state rate for the same period. The rate of county juveniles found delinquent in the same years was lower than the comparable state rates for the same period;
- In 2006 and 2007, the number of Pasquotank County juveniles detained in a secure facility averaged 29 for the two year period and dropped to only 7 in 2008. The state of NC numbers decreased slightly for the same period;
- Pasquotank County had no commitments to a Youth Development Center for this three-year period.

Domestic Violence

- According to data from the NC Court System²⁶, there were 114 *ex parte* orders issued in Pasquotank County in FY2008 related to domestic violence complaints; these *ex parte* orders resulted in 38 restraining orders upon hearing. These number represent a decrease in original cases from FY2007, when 131 restraining orders and 48 *ex parte* orders were issued.

- No domestic violence homicides occurred in Pasquotank County in the years for which this data is available: 2002, 2003, 2004, and 2005. Two DV homicides occurred in the county in 2006, and none in 2007.²⁷
- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. The system documents physical abuse before, during and after pregnancy among women who are surveyed by phone shortly after giving birth. Although these data are available only on a regional basis, they may be useful in understanding the domestic violence issues in any county within the region. Pasquotank County is part of the large Region IV (Eastern region) of the PRAMS network, data for which is presented in Table 39 (following page). From these data it is apparent that women in this region report these kinds of abuse at slightly higher-than-state rates across all the categories assessed.

Elder Maltreatment

- The Pasquotank County Department of Social Services provided local data on elder abuse.²⁸ According to this data, in FY2005-06 the agency received 91 referrals for elder abuse, neglect or exploitation; of these, 45 were evaluated and ten were eventually substantiated. In previous fiscal years cases were substantiated as follows: 18 of 68 reported in FY2004-05, and 10 of 72 reported in FY2003-04.

Child Maltreatment

- As demonstrated in Table 20, the number of reports of child abuse in Pasquotank County fluctuated between 2000 and 2005, but has decreased overall.
- The *number* of substantiated child abuse cases in Pasquotank County has decreased from 157 in 2000 to 115 in 2005 (Table 40). (A case of child abuse is substantiated if the investigation finds proof that abuse did in fact occur.)

Table 20. Pasquotank County Child Abuse Investigations (2001-2006)

County	2001-02		2002-03		2003-04		2004-05		2005-06	
	Reports Made	Number Substantiated								
Pasquotank	316	57	265	71	267	48	329	142	328	277
State Total	107,218	32,883	107,157	30,016	113,557	24,205	111,581	20,394	111,150	16,753
NC County Avg.	1,072	329	1,072	300	1,136	273	1,116	273	1,111	168

Source: www.ncdhhs.gov NC Department of Health and Human Services, Division of Social Services, Statistics and Reviews, Child Welfare, Central Registry Statistics
 Source: http://ssw.unc.edu/ma/ - choose county, select "point in time" data, choose "number of reports"

- The Pasquotank County child abuse substantiated *rate* fluctuated between 2000 and 2006, but reached a five-year low in 2005.
- The county rates of reports investigated and substantiated were lower than the comparable state rates in each of the most recent periods, although the number of substantiated cases tripled between 2003-04, and almost doubled again in 2005-06.
- No child abuse homicides were recorded in Pasquotank County from 2004-2008.²⁹
- The numbers of Pasquotank County children in DSS custody have fluctuated since 2003, and have declined since 2006 (Table 21).

Table 21. Number of Pasquotank County Children Placed by DSS (2003-2007)

County	2003	2004	2005	2006	2007
Pasquotank	85	75	78	89	71
State Total	15,454	16,139	16,980	17,390	17,017
NC County Avg.	155	161	170	174	170
Source	http://sasweb.unc.edu/cgi-bin/broker				

Environmental Health

The Environmental Health Division of Albemarle Regional Health Services affords services to the community to ensure health and safety while reducing the spread of communicable diseases.

- Sewage Inspection
- Swimming Pool Inspection
- Lead Investigation
- Food & Lodging Inspection
- Management Entity
- Communicable Disease Investigation

Perquimans, Chowan, Gates Landfill

Perquimans, Chowan, and Gates counties formed a partnership in 1989 that operates as a department of the local health department (now ARHS) as the Perquimans-Chowan-Gates (PCG) Landfill Commission. These counties operate a jointly-owned transfer station in Belvidere plus thirteen convenience sites for collecting solid waste, recyclables, and special wastes. The transfer station serves the residential, commercial and industrial sectors of the community. These facilities safely expedite the removal of

solid wastes from the area to the privately owned East Carolina Environmental Landfill in Bertie County. PCG also provides yard waste chipping and an inert debris landfill at its facility. This partnership strives to provide environmentally preferable handling of special wastes such as pesticide containers, waste motor oil, paints, gasoline, used appliances, scrap tires, electronic wastes, antifreeze, and other materials. PCG has operated junk car and abandoned mobile home removal programs with the assistance of state grants.

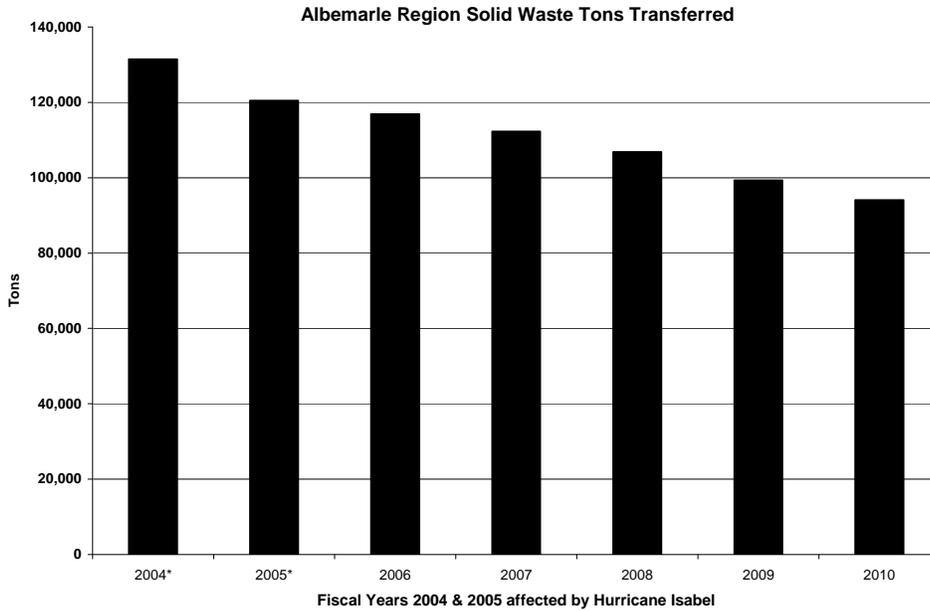
- Primary survey respondents had favorable responses on the quality of air and water in Pasquotank County.

Pasquotank Chowan Gates Convenience Centers Map



Albemarle Regional Solid Waste Management Authority

Albemarle Regional Solid Waste Management Authority is a county-level legal entity serving the counties of Perquimans, Chowan, Gates, Dare, Currituck, Hyde, and Tyrrell. This area has approximately 107,000 permanent residents and several hundred thousand visitors each year. Through a 26-year contract signed in 2009 with Republic Services of NC, the Authority aims to provide cost-effective and efficient solid waste disposal for the region. All municipal wastes and most construction and demolition debris in the region are landfilled in the East Carolina Environmental Landfill in Bertie County. The waste is primarily sent there through the three transfer stations located in Dare, Currituck, and Perquimans Counties. The towns and counties operate their own solid waste collection programs. The Authority conducts centralized solid waste billing, data collection and reporting, educational services, and technical assistance for local programs.



The use of onsite wastewater systems, also known as septic systems, is the most common method of wastewater collection and treatment in the county. ARHS regulates the design, installation, and maintenance of these systems in accordance with The Laws and Rules for Sewage Treatment and Disposal Systems of the North Carolina Department of Environment and Natural Resources, Division of Environmental Health.

On-Site Waste Water Program

Pasquotank	2007	2008	2009
Construction Authorizations - New	142	87	42
Construction Authorizations – Repair	29	26	34
Improvement Permits Denied	0	6	4
Improvement Permits Issued	174	113	54
Other Site Visits	249	248	195

Air Quality

The Air Quality Index (AQI) is a tool used to report levels of ozone, particles and other pollutants in the air to the public. The AQI scale is divided into five color-coded categories, each corresponding to a different level of health concern ranging from green (good) to purple (very unhealthy). Greater AQI values correspond to greater concentrations of air pollution and indicate greater health danger.

The air quality color codes are:

AQI Color Code	Air Quality	AQI Number
Green	Good	0 to 50
Yellow	Moderate	51 to 100
Orange	Unhealthy for Sensitive Groups	101 to 150
Red	Unhealthy	151 to 200
Purple	Very Unhealthy	201 to 300

The AQI color codes are used for both air quality forecasts and for air quality reporting. The forecast, available year-round in the Triad and Charlotte, and April 1 through October 31 in Asheville, Fayetteville, Hickory, and the Triangle, predicts anticipated pollution levels using the AQI color code. Air quality reports give either current pollution levels detected by monitors or air pollution levels that have already occurred, usually during the previous day. For reports of recent air quality levels in many areas of North Carolina, visit the [DAQ ozone and particulate matter monitoring website](#) or call 1-888-AIRWISE (1-888-247-9473).

Pasquotank County does not participate in displaying the Air Quality Index flags. However, the above websites and phone number are resources available for Pasquotank County residents.

Chapter Two Access to Care

Access to Care

Health Care Resources

Access and utilization of healthcare are affected by a range of variables including the availability of medical professionals in a region, insurance coverage, transportation, cultural expectations, and other factors. Compilation of comprehensive health resources data was beyond the scope of this project; nevertheless, some overview-type data were collected and are presented here.

Practitioners

- The proportional availability of physicians, physician extenders and nurses in Pasquotank County have been consistently higher than the state as a whole since 2001, as demonstrated by the lower-than-state-average persons-per-provider ratio data shown in Table 22, until a recent shift in 2007 for primary care physicians and extenders.
- The persons-per-primary care physician ratio decreased from 2001 to 2003, as did the person-per-registered nurse ratio, but indicating that as the county population grew, the county gained physicians and nurses, but this trend is now reversing, and the most recent ratios in 2007 are actually higher than the average for N.C. counties, rather than lower, as they have previously been.
- The Pasquotank County persons-per-dentist has been higher than the comparable ratio for the average NC county during all the available reporting periods.
- According to information from the NC Division of Medical Assistance, there are six dentists in Pasquotank County that accept Medicaid patients.³⁰

The situation has improved in the Albemarle region for children with Medicaid that are in need of dental services. According to a referral list provided by Albemarle Regional Health Services, there are now seven dental practices among the seven Albemarle counties that will accept children with Medicaid (personal communication with ARHS).

- 86.1% of survey respondents receive medical care in Elizabeth City
- 5.2% in Chesapeake, Virginia
- 3.3% in Edenton
- 5.7% in Hertford
- 2.9% in Norfolk, Virginia
- 85.6% of survey respondents visit a Doctors Office when they are sick
- 40.7% visit the Emergency Room
- 27.3 visit an Urgent Care Center

Active Health Care Professionals: Pasquotank County 2000, 2004, 2008 and NC 2008 Table 22.

Physicians	2000	2004	2008	NC 2008
Total Physicians	96	96	92	19,542
Primary Care Physicians	37	36	32	8,347
<i>Family Practice</i>	8	8	5	2,684
<i>General Practice</i>	1	0	2	122
<i>Internal Medicine</i>	11	10	12	2,922
<i>Obstetrics/Gynecology</i>	7	7	7	1,026
<i>Pediatrics</i>	10	11	6	1,593
Other Specialty	59	60	60	11,149
Physicians per 10,000 Population	27.5	26.2	22.3	21.2
Primary Care Physicians per 10,000 Population	10.6	9.8	7.8	9.0
Dentists and Dental Hygienists	2000	2004	2008	NC 2008
Dentists	11	13	14	3,987
Dental Hygienists	8	8	11	4,963
Dentists per 10,000 Population	3.7	3.5	3.4	4.3
Nurses	2000	2004	2008	NC 2008
Registered Nurses	431	466	423	87,743
Nurse Practitioners	7	13	12	3,150
Certified Nurse Midwives	4	3	4	225
Licensed Practical Nurses	134	139	155	17,888
Registered Nurses per 10,000 Population	123.5	127.0	102.7	95.1
Other Health Professionals	2000	2004	2008	NC 2008
Chiropractors	4	4	3	1,317
Optometrists	4	4	5	983
Pharmacists	26	32	34	8,578
Physical Therapists	15	18	23	4,643
Physical Therapy Assistants	15	17	14	2,182
Podiatrists	1	1	2	278
Psychologists	7	8	11	1,844
Psychological Associates	4	2	1	896
Physician Assistants	5	13	16	3,228
Source: 2008 UNC Sheps Center for Health Services Research http://www.shepscenter.unc.edu/hp/profiles.htm				

Hospitals and Health Centers

Albemarle Hospital

Albemarle Hospital or Albemarle Health as recently named, located in Elizabeth City, NC in Pasquotank County, is a regional, not-for-profit, 182-bed community hospital serving not only Pasquotank County, but also six other counties and a total of more than 130,000 people. Albemarle Health, a University Health Systems affiliate, is northeast North Carolina's health and wellness provider. With a staff of over 900 employees including more than 100 physicians representing 30 medical specialties, the hospital provides a complete range of care, including inpatient hospitalization; advanced surgery; a rehabilitation program; a diagnostic center; same-day ambulatory surgery; urgent and emergency care; and a regional oncology center; as well as a wide array of community education and support groups.

The Albemarle Hospital Foundation is supported by hospital employees, physicians, and volunteers in efforts to develop and fund community outreach programs such as the Community Care Clinics, which serve the region's indigent, underinsured, and uninsured residents.³¹

Bertie Memorial Hospital

Bertie Memorial Hospital is a non-profit, six-bed facility, located in Windsor, NC, and is an affiliate of University Health Systems of Eastern North Carolina. The hospital provides surgical, 24-hour emergency and diagnostic services, specialty clinics and primary care clinics (family medicine and internal medicine). Through its outpatient therapy services unit, the hospital provides physical, speech and occupational therapy. The hospital also includes a home healthcare agency (University Health Systems Home Health of Cashie), and has a telemedicine link with the Brody School of Medicine at East Carolina University in Greenville, NC. The hospital's primary care physician practice operates the Cashie Medical Center, which provides medical care for children and adults.³²

Chesapeake General Hospital

Chesapeake Hospital, located in Chesapeake, VA, is an affiliate of the Chesapeake Regional Medical Center. It serves as a major health resource for southeastern Virginia and northeastern North Carolina residents including those in Pasquotank County. Its staff includes nearly 300 physicians representing all major specialties and 310 all-private beds. Services include cancer services, cardiac care, home health, hospice, community outreach, diabetes services, nutrition counseling, obstetrical services, orthopedic services, outpatient surgery and diagnostics, and women's services.³³

Chowan Hospital

Chowan Hospital is a modern health facility located in Edenton, NC (Chowan County) providing services and programs to 45,000 people in four counties. Its partnership with the University Health Systems of Eastern North Carolina gives the patients access to state-of-the-art service from an academic medical center located one-hour drive away. The hospital offers a wide range of services and healthcare specialties provided by a

medical staff that includes practitioners in primary care, pediatrics, internal medicine and surgery. Additionally, there is a telemedicine link with the Brody School of Medicine at East Carolina University. Special medical and surgical services at Chowan Hospital include intensive care, a surgical center, an emergency department, a labor and delivery suite and bone density screening. The hospital offers outpatient clinics in behavioral health, cardiology (including pediatric cardiology), gastroenterology, oncology, pain management and other medical specialties. The hospital also provides physical, speech and occupational therapy in hospital, outpatient and home settings.

Affiliated with Chowan Hospital is the Chowan Hospital Foundation, a non-profit corporation formed in 1992 whose mission is to provide leadership and resources for the enhancement of the health care status of residents in Chowan County and neighboring counties. Through partnership with the community, The Foundation offers services such as free monthly cancer support groups, education and health detection classes. In April 2008, digital mammography became a reality at Chowan Hospital thanks to fundraising efforts by The Chowan Regional Hospital Foundation.

Outer Banks Hospital

The Outer Banks Hospital is a full service critical access hospital located in Nags Head, NC (Dare County). It is one of the newest hospitals in eastern North Carolina, opening its doors in March 2002. The Outer Banks Hospital, a 21 bed facility, offers a wide range of inpatient and outpatient services. A hospitalist is available for inpatient admissions and consultation with specialists. The Emergency Department is staffed with board certified physicians in emergency medicine and a trauma trained RN staff, equipped to handle the busy summer tourist season. Two operating rooms are equipped for general surgery and a third designated for Cesarean section deliveries. More than 400 babies are born at the Outer Banks Hospital each year.

The Outer Banks Hospital is a partnership between University Health Systems of Eastern Carolina and Chesapeake Regional Medical Center. Hospital services include extensive cardiology services such as stress testing and 24 hour holter monitoring and orthopedic services which include rehabilitative therapy. Additional services include physical therapy, respiratory therapy, speech therapy, laboratory, blood bank and radiology. The Outer Banks Hospital keeps a commitment to the community with services such as health fairs, seminars, screenings and distribution of educational materials.³⁴

Roanoke-Chowan Hospital

Roanoke-Chowan Hospital is a modern 114-bed, not-for-profit hospital located in Ahoskie, NC (Hertford County). The hospital provides health services to about 39,000 residents in a four county area. Roanoke-Chowan Hospital is an affiliate of the University Health Systems of Eastern North Carolina which allows it to offer a wide range of services. The physicians at Roanoke-Chowan are board certified in their specialties and develop a close relationship with the local citizens of Ahoskie. Volunteers, ranging in age from young people to retirees, are also an integral part of the health care team at Roanoke-Chowan Hospital. Physicians, staff and volunteers all deliver high-quality, compassionate care to the patients and their families.

Hospital services at Roanoke-Chowan include behavioral health which is provided for adults at the Northside Behavioral Health Service, an inpatient mental health facility. Inpatient and outpatient services are provided for pediatric patients at Roanoke-Chowan Hospital, with more advanced diagnosis and treatment available at The Children's Hospital at Pitt County Memorial Hospital in Greenville, NC. The Emergency Department at Roanoke-Chowan provides 24 hour emergency care and the service of EastCare, an emergency transport service with air and ground vehicles. Rehabilitative therapy, woman's health and wellness programs are just some of the various hospital services provided at Roanoke-Chowan.³⁵

Tertiary and Critical Care Facilities

Tertiary care is specialized consultative care usually provided on referral from primary or secondary medical care personnel. It is offered by specialists working in centers that have the staff, equipment and other facilities for special investigation and treatment. The nearest tertiary care facility in NC accessible to Pasquotank County residents is Sentara in Norfolk, VA. Pitt County Memorial Hospital is a 745-bed hospital and academic medical center located in Greenville, NC, approximately 90 minutes south of Pasquotank County and is a tertiary facility for the county residents. Pitt County Hospital is the flagship hospital for University Health Systems of Eastern Carolina and serves as the teaching hospital for the Brody School of Medicine at East Carolina University. Pitt County Hospital is a Level I Trauma Center and critical care services include an eight-bed neurosurgery intensive care center and an eight-bed trauma intensive care center. Other services include an outpatient trauma clinic and burn clinic.³⁶

Sentara Norfolk General Hospital is located in southeast Virginia in Norfolk, VA, approximately 60 miles to the north of Pasquotank County. It is a 543-bed facility and also a Level I Trauma Center and burn trauma unit. Critically ill patients from Pasquotank and surrounding counties are able to use the service of Sentara's Nightingale Regional Air Ambulance.³⁷ This service provides rapid transport of the critically ill or injured patient from an accident scene or from a community hospital. Critically ill or injured children or critically ill newborns are referred to the Children's Hospital of the King's Daughters (CHKD) also located in Norfolk, Virginia. This facility has a pediatric intensive care unit and a neonatal intensive care unit. Children and newborns can be transported to CHKD from the community hospitals by way of air or ground transportation.³⁸

Community Care Clinic

The Albemarle Hospital Foundations runs Community Care Clinics in Camden, Chowan, Currituck, Gates, Pasquotank, and Perquimans counties. The Foundation, established in 2003, allows each clinic site to offer prescriptions, financial assistance for prescriptions, and free primary care to the medically indigent, uninsured, and underinsured in the Albemarle region. The Albemarle Hospital Foundation targets minorities and the growing Hispanic population, as well as those populations' increasing healthy care needs in the area of chronic disease (especially high cholesterol, high blood pressure, obesity, and diabetes). Community Care Clinics also run specialized preventive care outreach programs, targeting the Hispanic and African American populations.

Pasquotank County's Community Care Clinic is located at 918 Greenleaf Street in Elizabeth City. Its patient assistance program is held Monday thru Thursday, from 9 AM

until 3 PM. Pharmacy days are Tuesdays and Thursdays from 10 AM until 4 PM, although previously filled medications can be picked up throughout the week. Primary care services are available Monday through Thursday from 9 AM to 3 PM. Primary care services are by appointment only; there are no drop-in services. Patients must qualify based on income status, and must not be enrolled in insurance, Medicaid or Medicare.³⁹

Local Health Department

The Pasquotank County Health Department, located at 711 Roanoke Avenue in Elizabeth City, houses administrative departments of Albemarle Regional Health Services (ARHS), a seven-county regional, North Carolina-accredited Public Health Department. Comprehensive services include Women's Preventive Health, Adult Health, Communicable Diseases programming, Immunizations, School and Community Health Education, Breast and Cervical Cancer Control program, Diabetes Management, Child Health, WIC, Public Health Preparedness and Response, Albemarle Hospice, Albemarle Home Care, Teen Tobacco (prevention), Health Education and Promotion, Environmental Health, Solid Waste Management Authority, the Regional Landfill services, and Maternal Health clinics, prenatal educational classes including childbirth preparation and parenting.

Satellite offices of Albemarle Regional Health Services in Elizabeth City include Albemarle Home Care, Albemarle Hospice, InterCounty Public Transportation Authority, Maintenance Department, Environmental Health, Billing, DayBreak Adult Day Health Care Center, Children's Developmental Services Agency, and the Regional Recycling program.⁴⁰

Long-Term Care Facilities

- According to the North Carolina Division of Health Service Regulation, there are two nursing homes in Pasquotank County. These nursing homes provide 266 beds to Pasquotank County residents; a number smaller than in the average NC county. The number of long-term beds in the county has not changed since 1999. The number of beds in the state has increased only slightly over the same period (Table 23).
- According to the NC Division of Aging and Adult Services⁴¹ as of 2010, there are no family care homes but three adult care homes in Pasquotank County, with the potential to serve a total of 396 residents.

Table 23. Number of Beds in Long-Term Care Facilities (2005-2010)

County	Nursing Homes					2010	
	2005	2006	2007	2008	2009	Family Care Homes	Adult Care Homes
Pasquotank	266	266	266	266	266	0	3
State Total	43,987	44,248	44,210	44,234	44,315	654	682
NC County Avg	440	442	442	442	443	7	7
	a	a	a	a	a	b	b

a - Log into North Carolina (LINC) database. [Http://inc.state.nc.us](http://inc.state.nc.us)
 b - NC DHHS, Division of Aging and Adult Services, <http://www.ncdhhs.gov/dhsr/data/ahlist.pdf>,
<http://www.ncdhhs.gov/dhsr/data/fchlist.pdf>

Nursing Homes

Nursing homes are facilities that provide nursing or convalescent care for three or more persons unrelated to the licensee. A nursing home provides long term care of chronic conditions or short term convalescent or rehabilitative care of remedial ailments, for which medical and nursing care are indicated. All nursing homes must be licensed in accordance with NC law by the NC Division of Facility Services Licensure Section. Nursing homes in Pasquotank County include:

- Guardian Care of Elizabeth City – licensed for 120 residents; provides skilled nursing , physical, occupational, and speech therapy services
- W.R. Winslow Memorial Home, Inc. (Elizabeth City) – licensed for 146 residents; all beds Medicare/Medicaid certified; provides skilled nursing, physical, occupational and speech therapy services

Adult Care Homes

Adult care homes are residences for aged and disabled adults who may require 24-hour supervision and assistance with personal care needs. People in adult care homes typically need a place to live, some help with personal care (such as dressing, grooming and keeping up with medications), and some limited supervision. Medical care may be provided on occasion but is not routinely needed. These facilities, which are also sometimes called *domiciliary homes*, *rest homes*, or *family care homes*, vary in capacity from two to 100. Adult care homes differ from nursing homes in the level of care and qualifications of staff. Adult care homes are licensed by the state Division of Facility Services (Group Care Section) under State regulations and are monitored by Adult Home Specialists within county departments of social services. Facilities that violate licensure rules can be subject to sanctions, including fines.

Here are some examples of facilities in Pasquotank County:

- Carolina House of Elizabeth City (Elizabeth City) – 76 beds; provides 24-hour care; has a special care unit to serve Alzheimer's patients
- Heritage Care of Elizabeth City (Elizabeth City) – 60 beds; provides assisted living services; physical, occupational and speech therapy services contracted on-site; provides transportation to medical appointments
- Waterbrooke of Elizabeth City (Elizabeth City) – 130 beds; provides assisted living services

Adult Day Care/Health Centers

Adult day care provides an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical and emotional well-being. Also included in the service, when supported by funding from the Division of Aging and Adult Services, are no-cost medical examinations required for admission to the program. Nutritional meals and snacks, as appropriate, are also expected. Providers of adult day care must meet North Carolina State Standards for Certification, which are administrative rules set by the Social Services Commission. These standards are enforced by the office of the Adult Day Care Consultant within the State Division of Aging and Adult Services. Routine monitoring of compliance is performed by Adult Day Care Coordinators located at county departments of social services. Costs to consumers vary, and there is limited funding for adult day health care from state and federal sources. Day Break in Elizabeth City is the only adult day health care provider currently in the region.

Mental Health Services and Facilities

In January 2009, Albemarle Mental Health Center (AMHC) was under the watchcare of the Department of Health and Human Services and in July 2009 East Carolina Behavioral Health, another local management entity (LME) within the state, temporarily resumed management of the 10 counties that were covered by AMHC: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell and Washington counties. Prior to this, East Carolina Behavioral Health (ECBH) was already providing LME management services for nine other counties in the state.⁴²

Similarly to AMHC, East Carolina Behavioral Health is a LME that manages mental health, development disabilities, and substance abuse services (MH/DD/SAS). They do not provide any direct services but manage both accreditation of providers and referrals to appropriate services through a centralized 24 hour access line. The mission of East Carolina Behavioral Health is to provide high quality, person and family centered services with a recovery based system that is flexible, accessible, and respects freedom of choice. Thus, they not only connect individuals to resources within their communities but also monitor provider entities for compliance and service excellence.⁴³

Management by East Carolina Behavioral Health has sustained and even improved services within the three divisions of mental health, developmental disabilities, and substance abuse in Pasquotank County. The following services are offered: outpatient

services, emergency services, consultation and education services, community support, inpatient services, and forensic services. Day treatment services and multi-system therapy were also recently added to the services available to Pasquotank residents.⁵³ Some of these services are provided in-house, and others are provided through referrals to appropriate facilities, providers, etc. Many of these services are available within the county, but not all; for example, there are currently no inpatient hospital beds within Pasquotank County specifically for mental health or substance abuse.⁴⁴

➤ It is important to note that mental health issues and service availability are important community issues highlighted during the work groups, CHA presentation, and data results. At this time, Healthy Carolinians of the Albemarle partnership decided mental health resources are sufficient in the community and it will not be a priority focus area for HCOTA. It was decided that mental health services and resources need more recognition and the East Carolina Behavioral Health should be made aware of these findings so they may provide more awareness to the public.

➤ See Appendix A for a complete list of Health Resources in Pasquotank County.

Medical Insurance

Medically Indigent Population

In most communities, citizens' access to and utilization of health care services are related to the ability to pay for those services, either directly or through private or government health insurances plans/programs.

- In Pasquotank County, the percentage of the total population that is uninsured fluctuated over the period between 1997 and 2005, and was consistently higher than the comparable state percentage (Table 24 following page).
- The percent of the population without health insurance was highest in in the county in 2005 and in the state in 2003.

Table 24. Percent of Population without Health Insurance (1997-2005)

County	1997	1998	1999	2000	2001	2002	2003	2004	2005	State Rank 2003	State Rank 2004
Pasquotank	18.8	17.4	20.2	17.8	19.9	20.7	19.9	20.3	21.1	38.0	60.0
NC County Avg.	16.9	15.8	16.3	15.6	17.7	19.0	19.4	17.5	18.6	n/a	n/a
Source	a	a	a	a	b	b	b	b	c	b	b

a - NC State Center for Health Statistics. County Health Databooks. <http://www.schs.state.nc.us/SCHS/data/databook/>

b - Sheps Center for Health Services Research, Publications. County Level Estimates of the Uninsured:1999-2000, 2002 and 2003 Updates. <http://www.shepscenter.unc.edu/>

c - NC Catch. <http://www.ncpublichealthcatch.com/ReportPortal/design/view.aspx>

The most current data available related to the uninsured in North Carolina was for the year 2005.

- In 2003, the proportion of uninsured children (under the age of 18) in Pasquotank County was slightly higher than the proportion of uninsured children in the state as a whole. Since that time the proportion of uninsured children in the county has increased slightly overall, while the comparable state proportion has decreased (Table 25, following page).
- In Pasquotank County, the percentage of adults aged 18-64 without health insurance remained relatively stable between 2003 and 2005.

Table 25. Percent of Population without Health Insurance, by Age (2003-2005)

County	2003			2004			2005		
	Total	Under 18	18-64	Total	Under 18	18-64	Total	Under 18	18-64
Pasquotank	19.9	11.7	23.2	20.3	12.5	23.4	21.1	12.1	24.6
NC County Avg.	19.4	n/a	n/a	17.5	n/a	n/a	17.2	n/a	n/a

Source - Sheps Center for Health Services Research, Publications.

County Level Estimates of the Uninsured:1999-2000, 2002, 2003, 2004 and 2005 Updates. <http://www.shepscenter.unc.edu/>

- 14.5% of survey respondents did not have health insurance in the last year.

Medicaid

- The number of Pasquotank County residents has grown from 2005 to 2008 while the percentage of Medicaid eligible county residents has decreased.
- When compared to the NC county averages, a greater percent of Pasquotank County residents were eligible for Medicaid in every year.
- Pasquotank County spent more per capita on Medicaid than the average NC county. However, the Pasquotank County per capita expenditure has decreased for the past two years, narrowing the gap for FY 2007 and 2008. In 2008 the difference between state per capita expenditure and Pasquotank County was 11%.

North Carolina Health Choice

As has been established with previously cited data, children in Pasquotank County are disproportionately burdened by poverty and its consequences. One of these consequences is limited access to health care due to inability to pay. Enrollment in Medicaid or NC Health Choice for Children can help them access needed services. Families not eligible for Medicaid but whose income is not sufficient to afford rising health insurance premiums may be able to receive free or reduced-price comprehensive health care for their children through the North Carolina Health Choice for Children

(NCHC) program. This plan, which took effect in October 1998, includes the same benefits as the State Health Plan, plus vision, hearing and dental benefits (following the same guidelines as Medicaid). Children enrolled in NCHC are eligible for benefits including sick visits, check-ups, hospital care, counseling, prescriptions, dental care, eye exams and glasses, hearing exams and hearing aids and more.

- Both the number and percent of Pasquotank County children enrolled in Medicaid grew between 2000 and 2004, as did the number and percent of county children enrolled in NC Health Choice (Table 26).
- The percent of Pasquotank County children enrolled in Medicaid increased 11% between 2000 and 2004; at the state level the rate of increase was 18%.
- The percent of Pasquotank County children enrolled in NC Health Choice increased by 33% over the period cited, while at the state level the increase was 50%.
- The percent of Pasquotank County children enrolled in Medicaid receiving preventive care in 2007 was 83.2%
- 2007 data for NC Health Choice shows a slight decrease in the percentage of children enrolled of just under 1%.⁵³

Table 26. Children Enrolled in Medicaid and NC Health Choice (2000, 2004)

County	2000				2004			
	# Children Enrolled in Medicaid	% Children Enrolled in Medicaid	# Children Enrolled in Health Choice	% Children Enrolled in Health Choice	# Children Enrolled in Medicaid	% Children Enrolled in Medicaid	# Children Enrolled in Health Choice	% Children Enrolled in Health Choice
Pasquotank	3,172	37	502	6	3,662	41	669	8
State Total	559,025	28	70,636	4	674,963	33	121,836	6
NC County Avg.	5,590	n/a	706	n/a	6,750	n/a	1,218	n/a

Source NC Child Advocacy Institute, State and Local Data, CLIKS System; <http://www.aecf.org/cgi-bin/cliiks.cgi>

Community Care of North Carolina: ACCESS, ACCESS II and ACCESS III

Carolina ACCESS

Carolina ACCESS, implemented in 1991, is North Carolina’s Primary Care Case Management (PCCM) Program for Medicaid recipients. It serves as the foundation managed care program for Medicaid recipients and brings a system of coordinated care to the Medicaid program by linking each eligible recipient with a primary care provider (PCP) who has agreed to provide or arrange for healthcare services for each enrollee. Primary care providers bill fee-for-service and are reimbursed based on the Medicaid fee schedule; they also receive a small monetary incentive per member per month for coordinating the care of program participants enrolled with their practice. By improving

access to primary care and encouraging a stable doctor-patient relationship, the program helps to promote continuity of care, while reducing inappropriate health service utilization and controlling costs.

- As of August 2005, there were 785,153 Medicaid recipients enrolled in Carolina ACCESS statewide, which represents 74% of all Medicaid recipients eligible to participate.⁴⁵
- As of July 2006, there were 4,707 Medicaid recipients in Pasquotank County enrolled in Carolina ACCESS or ACCESS II, which represents 78% of all Medicaid recipients in the County eligible to participate.⁴⁶
- According to data provided by the state⁵⁷ there were, as of August, 2006, 14 medical providers in Pasquotank County participating in Carolina ACCESS programs: nine in ACCESS I and five in ACCESS II. All of these providers are located in Elizabeth City.

Carolina ACCESS II and ACCESS III

ACCESS II and III are enhanced primary care programs initiated in 1998 to work with local providers and networks to manage the Medicaid population with processes that impact both the quality and cost of healthcare. ACCESS II includes local networks comprised of Medicaid providers such as primary care providers, hospitals, health departments, departments of social services, and other community providers who have agreed to work together to develop the care management systems and supports that are needed to manage enrollee care. In addition to a primary care provider, ACCESS II and III enrollees have care managers who assist in developing, implementing, and evaluating enhanced managed care strategies at each demonstration site. Providers in ACCESS II and III receive a small monetary incentive per member per month; the demonstration sites are paid a similar small per member per month care management fee. ACCESS II includes 10 integrated networks; ACCESS III includes countywide partnerships in three counties.

- Pasquotank County residents participate in ACCESS II.

Hospital Emergency Department Utilization by Medicaid Patients

- Information not available for Albemarle Hospital at the time of this report.

Medicare/Medicaid Dual Eligibility

- The number and percentage of dually eligible Medicare/Medicaid beneficiaries in Pasquotank County remained relatively stable in each age group between 1999 and 2001, with an overall increase in the under-65 group and overall decreases in the remaining groups.

Pasquotank Community Health Assessment 2010

- In 2001 the percentage of dually eligible beneficiaries under the age of 65 was higher in the county than in the average NC county. For all other age groups, the percentages of dually eligible beneficiaries were lower in Pasquotank County than in the average county in the state.
 - 17.5% of survey respondents have no health insurance coverage
 - 35% have Medicare
 - 16.3% have Medicaid
 - 28.8% provided by their employer
 - 17.5% provided by their spouse's employer
 - 11.3% purchased their own

Chapter Three Health Statistics

Health Statistics

Methodology

Routinely collected mortality and morbidity surveillance data and behavior survey data can be used to describe the health status of Pasquotank County residents. These data, which are readily available in the public domain, typically use standardized definitions, thus allowing comparisons among county, state and national figures. There is, however, some error associated with each of these data sources. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases.

Understanding Health Statistics

Age-adjustment

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

Aggregate Data

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

Incidence

Incidence is the population-based *rate* at which new cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given time period by the population size during that time period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000.

Incidence

Incidence is calculated according to the following formula:

$$\text{Incidence} = \frac{\text{number of new cases of disease}}{\text{population size}} \times 100,000 = \text{cases per 100,000 people}$$

The incidence rates for certain diseases, such as cancer, are simple to obtain, since data are routinely collected by the North Carolina Central Cancer Registry. However, other conditions, such as diabetes or heart disease, are not normally reported to central data-collecting agencies. It is therefore difficult to measure burden of disease within a community, and incidence is often estimated by consulting hospital records. Utilization records show the number of residents within a county who use hospital, in-patient services for given diseases during a specific time period. Typically, these data underestimate the true incidence of the given disease in the population, since individuals who are diagnosed outside of the hospital, in-patient setting are not captured by the measure.

Mortality

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

Mortality

Mortality is calculated according to the following formula:

$$\text{Mortality Rate} = \frac{\text{number of deaths from disease}}{\text{population size}} \times 100,000 = \text{deaths per 100,000 people}$$

Prevalence

Prevalence, which describes the extent of a problem, refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a time period. Prevalence expresses a *proportion*, not a rate. It is not used extensively in this report.

Trends

Data for multiple years is included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases and deaths per year in Pasquotank County, the preferred method for reporting incidence and mortality trend data is long-term trends using the age-adjusted aggregated format. Most data points used in the report are standardized to the 2000 US population.

Leading Causes of Death

Table 27 shows the leading causes of death in Pasquotank County, listed in descending order based on combined mortality data for the years 2004 through 2008. Figures in **boldface** type indicate causes of death for which the Pasquotank County rate exceeds the comparable rate for the state as a whole.

Table 27. Age-Adjusted Mortality Rates for the Leading Causes of Death in Pasquotank County, North Carolina and the United States (2004-2008)

Cause of Death	Pasquotank County		North Carolina	United States
	Number	Rate	Rate	Rate
1. Heart Disease	466	206.2	202.2	240.8
2. Total Cancer	417	186.6	192.2	193.5
3. Cerebrovascular Disease	110	49.1	54.4	56.2
4. Chronic Lower Respiratory Disease	97	43.6	47.8	43.5
5. Pneumonia and Influenza	82	34.9	20.3	22.6
6. Unintentional Non-Motor Vehicle Injury	48	23.2	28.4	25.4
7. Diabetes	48	22.2	25.2	36.9
8. Alzheimer's Disease	47	19.8	28.7	n/a
9. Kidney Disease	27	11.7	18.8	15.7
10. Unintentional Motor Vehicle Injury	23	11.2	18.6	n/a
11. Suicide	22	11.1	11.9	n/a
12. Chronic Liver Disease and Cirrhosis	22	5.6	9.1	9.4
13. Septicemia	12	9.6	14.2	4.9
14. Homicide	12	6.1	7.2	10.9
15. HIV/AIDS	9	4.4	4.4	6.1
Total Deaths All Causes (some causes not listed)	1,798	802.9	861.4	845.3

Source

a a a b

a - NC State Center for Health Statistics, County-level Data. County Health Databook. 2010 County Health Data Book. 2004-2008 Race-Sex-Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook/>

b - National Center for Health Statistics. Information Showcase. Health, United States, 2005. Complete Report. Table 29: Age-adjusted death rates for selected causes of death. <http://www.cdc.gov/nchs/data/hus/hus05.pdf>

State and National Mortality Rate Comparisons

Pasquotank County has improved from the 2006 CHA when rates were higher than both North Carolina and the United States for HIV/AIDS, Diabetes, Pneumonia, Total Cancer, and Chronic lower respiratory disease. Pneumonia continues to be a leading cause of mortality in Pasquotank County. While septicemia rates are low in comparison with other chronic diseases, the rates for both Pasquotank County and North Carolina are much greater than the national rate. However, the rate of septicemia for Pasquotank county is 30% lower than the rate reported from 2000-2004 in the previous CHA.

Compared to North Carolina, Pasquotank County has **higher** age-adjusted mortality rates for:

- **Pneumonia/influenza** – by **72%**
- **Heart disease** – by **2%**

Compared to the national mortality rates available, Pasquotank County has **higher** age-adjusted mortality rates for:

- **Septicemia** – by **96%**
- **Pneumonia** – by **54%**
- **Chronic lower respiratory disease** – by **0.2%**

Gender Disparities in Mortality

The mortality data cited in this section were obtained from the North Carolina State Center for Health Statistics except as noted and represent the period from 2004-2008. For all deaths combined, Pasquotank County females have a 12% higher mortality rate than males.

*In comparing rates – including mortality rates – it is important to consider the base number of events on which each rate was calculated. When the number of events is small, the rate calculated from that number may be unstable and neither a reliable measure nor a valid predictor. Because many of the counties in the Albemarle Region are small, the numbers of events in a particular population group are often small. This report will **not** analyze disparities for any cause of death for which there were five or fewer aggregate deaths during the period in question for any of the stratified groups being examined. For example, it would appear from a comparison of NC SCHS data on gender differences in suicide mortality in Pasquotank County that the mortality rate for males (11.4) is almost five times the rate for females (2.5). However, while there were 10 suicide deaths among men during the period cited, there were only two among women, which is below the threshold for meaningful comparison. Hence the apparent gender disparity may be unstable and will not be presented as fact.*

Following the protocol discussed above there are nevertheless apparent valid gender differences in mortality in Pasquotank County.

Compared to the mortality rates for Pasquotank County females, the mortality rates among Pasquotank County **males are higher** for:

- **Motor Vehicle Unintentional Injuries-** by **494%**
- **AIDS-** by **245%**
- **Trachea, Bronchus, Lung-** by **107%**
- **Chronic Lower Respiratory Disease-** by **100%**
- **Unintentional Non-Motor Vehicle Injury-** by **91%**
- **Suicide-** by **89.9%**
- **Homicide-** by **78.6%**
- **Heart Disease:** by **69.7%**
- **Septicemia-** by **50.6%**
- **Nephritis, Nephrosis, & Nephrotic Syndrome-** by **42.5%**
- **Total Cancer-** by **41%**
- **Pneumonia and Influenza-** by **25%**
- **Colon, Rectum, and Anus-** by **10 %**
- **Cardiovascular Disease-** by **6.7%**

Compared to mortality rates for Pasquotank County males, the mortality rates among Pasquotank County **females are higher** for:

- **Alzheimer's Disease-** by **109.6%**
- **Chronic Liver Disease and Cirrhosis-** by **23.9%**
- **Diabetes Mellitus-** by **10.9%**

Racial Disparities in Mortality

Racial disparities in mortality are discussed in detail in the descriptions of specific diseases and health conditions in the sections that follow. Note that because the numbers of deaths in the minority population due to certain causes are quite small, the caveat set forth in the previous section on gender disparities in mortality will be applied: mortality rates will *not* be analyzed for racial disparities for any cause of death for which there were five or fewer aggregate white or minority deaths during the period in question.

For all causes of death, the age-adjusted mortality rate among Pasquotank County minorities for the period from 2004 through 2008 (792.0) was very similar to the overall age-adjusted mortality rate for whites (804.1).

Following the above guidelines, for the period from 2004 through 2008, mortality rates in Pasquotank County were **higher among minorities than among whites** for:

- **Prostate cancer** – by **34%**
- **Kidney diseases** – by **90%**
- **Diabetes** – by **25%**
- **Cerebrovascular disease** – by **50%**
- **Heart disease** – by **22%**

- **Homicide** – by **229%**
- **AIDS** – by **110%**

Conversely, mortality rates in Pasquotank County were **higher among whites than among minorities** for:

- **All cancer** – by **14%**
- **Colon, rectum, and anus cancer** – by **43%**
- **Chronic lower respiratory disease** – by **102%**
- **Unintentional non-motor vehicle injuries** – by **36%**
- **Pneumonia and influenza** – by **20%**
- **Lung cancer** – by **37%**

Heart Disease and Stroke

Heart disease and cerebrovascular disease (stroke) are both diseases of the circulatory system. While heart disease is any disease that diminishes or interrupts blood supply to the heart, stroke is an interruption in blood supply to the brain. The most common cause of both of these diseases is a narrowing or blockage of arteries that supply the heart and brain, respectively.⁴⁷

Heart Disease and Stroke Incidence

Hospital utilization data provided by the NC-SCHS for Table 28 give some indication of the burden of heart disease in Pasquotank County. Between 2004 and 2008, the hospital discharge rates for all circulatory diseases, as well as heart disease and cerebrovascular disease individually, declined overall, with the exception of 2006 when all rates increased.

Heart disease and cerebrovascular disease account for more hospitalizations than any other health condition. Consequently, costs due to these two conditions were greater than for any other, together accounting for over \$10.5 million in hospital charges in Pasquotank County in 2008. Overall, costs for cardiovascular and circulatory diseases account for approximately 20% of the overall costs for all conditions in Pasquotank County.⁴⁸

It should be noted that the usefulness of this information is limited in that it does not include people who may have cardiovascular or cerebrovascular conditions but have *not* sought medical care or been hospitalized. The category represented in Table 28 includes not only diagnoses of heart disease and cerebrovascular disease, but other diseases of cardiovascular and circulatory systems as well. Therefore, the sum of the rates for heart disease and cerebrovascular disease will not add up to the total discharge rates for all cardiovascular and circulatory diseases.

Table 28. Pasquotank County Hospital Discharges per 1,000 Persons (2004-2008)

Condition	2004	2005	2006	2007	2008
Cardiovascular and Circulatory Diseases	20.2	17.3	18.9	17.5	15.4
Heart Disease	12.5	11.7	13.2	12.0	10.6
Cerebrovascular Disease	4.2	3.2	3.3	2.9	2.4

Source: North Carolina State Center for Health Statistics, County Health Databooks 2010. Inpatient Hospital Utilization and Charges by Principal Diagnosis, and County of Residence, NC 2008. Available at: <http://www.schs.state.nc.us/SCHS/data/databook/>.

Heart Disease Mortality

Heart disease and stroke are the first and third leading causes of death among Pasquotank County residents. For the 2004-2008 time period, 466 Pasquotank County residents died of heart disease and 110 died of stroke (Table 27, cited previously).

The most recent data (aggregated for the years 2004-2008) show that the county mortality rate due to heart disease (209.4) is higher than the regional rate (206.9) and lower than the state rate (210.7) (Table 29).

Table 29. Heart Disease Mortality (2004-2008)

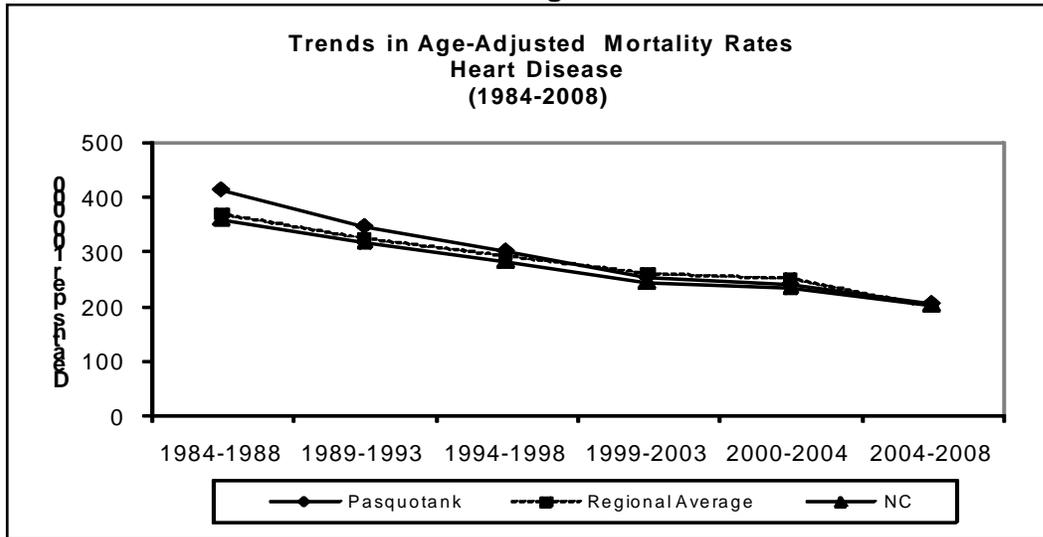
County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	466	209.4	164	299.8	144	151.5	66	236.2	92	193.1
Albemarle Average	242	206.9	92	3,276.5	69	142.3	40	324.8	41	177.9
State Total	88,563	210.7	35,265	258.0	34,219	106.5	9,430	303.6	9,649	198.1
NC County Avg.	886	233.9	353	285.2	342	180.2	94	334.5	96	221.0

Source

NC State Center for Health Statistics, 2006 County Health Databook. <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

- The Healthy Carolinians 2010 goal is to reduce the heart disease mortality rate to 219.8 per 100,000.⁴⁹ Pasquotank County currently exceeds the target rate by 10%. Nationally, the mortality rate due to heart disease is 232.3,⁵⁰ which is 4 % lower than the mortality rate among Pasquotank County residents, 7% lower than the rate for the Albemarle Region, and less than 1% lower than the rate statewide.
- The Healthy People 2010 goal is to reduce mortality due to heart disease to 166 per 100,000.⁵¹ Pasquotank County currently exceeds this national goal goal by 45%.

Figure 2



Stroke Mortality

- The county mortality rate for stroke (49.1) is lower than the comparable rate in the state as a whole (54.4).
- The Healthy Carolinians 2010 goal was to reduce the mortality rate due to stroke to 61 deaths per 100,000 population.⁶⁶

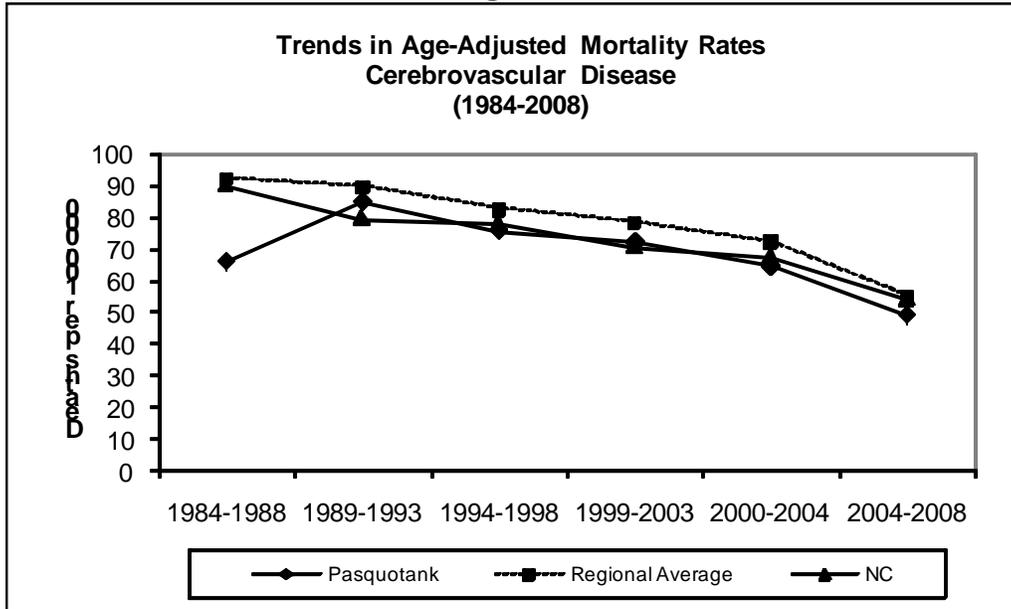
Table 30. Cerebrovascular Disease Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	110	49.1	18	35.3	45	45.8	24	86.7	23	48.9
Albemarle Average	60	n/a	13	n/a	22	n/a	11	n/a	14	n/a
State Total	23,158	54.4	6,763	50.9	10,688	48.9	2,432	78.5	3,275	65.7
NC County Avg.	232	n/a	68	n/a	107	n/a	24	n/a	33	n/a

Source

NC State Center for Health Statistics, 2008 County Health Databook. <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Figure 3



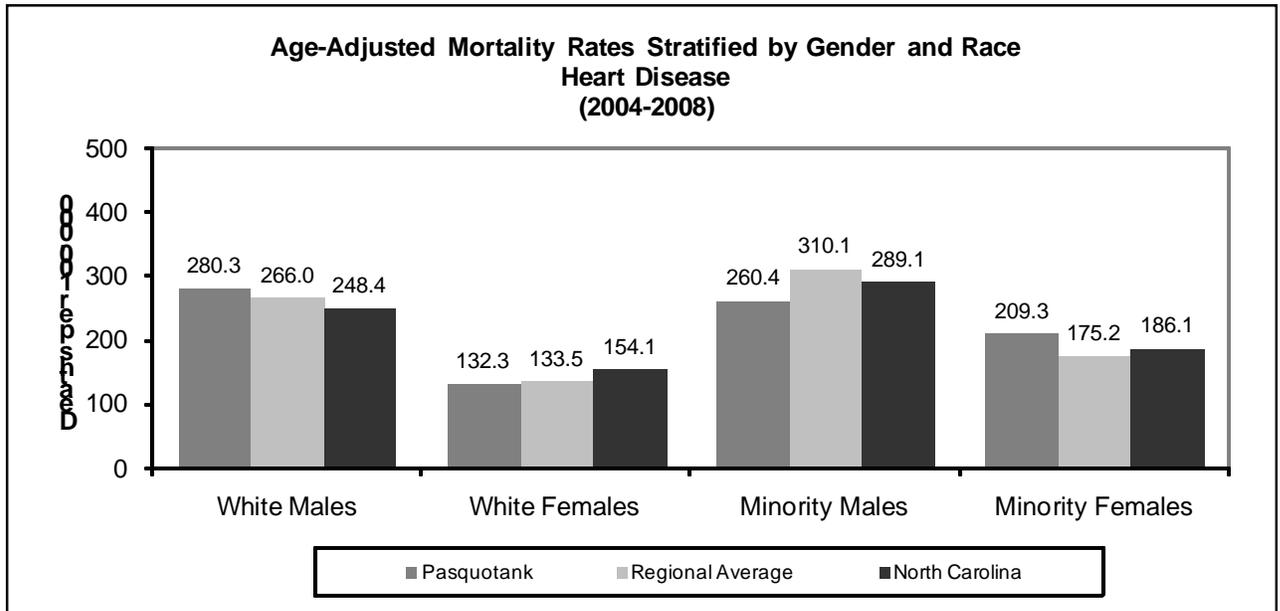
Source: NC Center for Health Statistics. North Carolina Vital Statistics, Volume 2, Leading Causes of Death (various years)
<http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>
<http://www.schs.state.nc.us/SCHS/deaths/lcd/2008/cerebrovascular.html>

- Between 1984 and 2008, the mortality rate due to stroke in Pasquotank County decreased as did the comparable regional and state rates (Figure 3).

Gender and Racial Disparities in Heart Disease and Stroke Mortality

Figure 4 compares age adjusted mortality rates due to heart disease, aggregated between 2004-2008 among white males, minority males, white females, and minority females.

Figure 4



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2006 County Health Data Book. Mortality. 2004-2008 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook>.

- In Pasquotank County, white males have a heart disease mortality rate nearly the same, if slightly higher, as the rate for minority males (280.3 vs. 260.4). However, minority females in the county have a 77% higher heart disease mortality rate than white females (209.3 vs. 132.3) (Figure 4).
- Gender disparities in heart disease mortality exist among both whites and minorities in Pasquotank County, though the disparity among whites is greater. The mortality rate among minority males is 51 % higher than the rate among minority females. The mortality rate due to heart disease among white males is 47% higher than the rate among white females. The mortality rates due to heart disease among white males and minority females in Pasquotank County are higher than the comparable rates at the regional and state level (Figure 4).
- In Pasquotank County, the cerebrovascular disease mortality rate among minority males is 41% higher than the rate among white males, and the rate among white females is 3% higher than the rate among minority females. The cerebrovascular disease mortality rate among white females is 41% higher than the rate among white males, but the rate among minority females is 29% lower than the rate among minority males.

Risk Factors for Heart Disease and Stroke¹⁰⁶

- Age (65 or older for heart disease, 55 or older for stroke)
 - Gender (male)
 - Heredity/family history
 - Race (especially African American)
 - Tobacco use
 - High cholesterol
 - High blood pressure
 - Physical inactivity
 - Obesity/overweight
 - Diabetes
 - Stress
 - Alcohol abuse
- Of the Community Health Opinion Survey respondents, 46.6% have been told by a health care professional that they have high blood pressure and 30.1% have high cholesterol.
- Of those surveyed, heart disease was listed as one of the top five health issues in Pasquotank County.

Programs and Resources

- Pasquotank Cooperative Extension offers programs to the community that address risk factors for heart disease and stroke.
- Healthy Carolinians of the Albemarle has implemented an eight-week church based wellness program called “Albemarle We Can!” The focus of the program is weight loss, heart disease, stroke and diabetes education. HCOTA also sponsored a training session for the community and churches using the American Heart Association “Search your Heart” curriculum.
- Albemarle Hospital and Albemarle Regional Health Services offers community health screenings throughout the county during the year. Screenings measure cholesterol, blood pressure, blood glucose, BMI, and provide education.
- Healthy Carolinians of the Albemarle and partners promote Heart Health Month and Stroke Awareness Month to the community through presentations, fliers, PSAs, and educational materials.

Cancer

Total Cancer

Cancer is the group of diseases characterized by the uncontrollable growth and spread of abnormal body cells. If the disease remains unchecked, it can result in death.⁵² Cancers of all kinds are sometimes grouped together in a parameter called “total

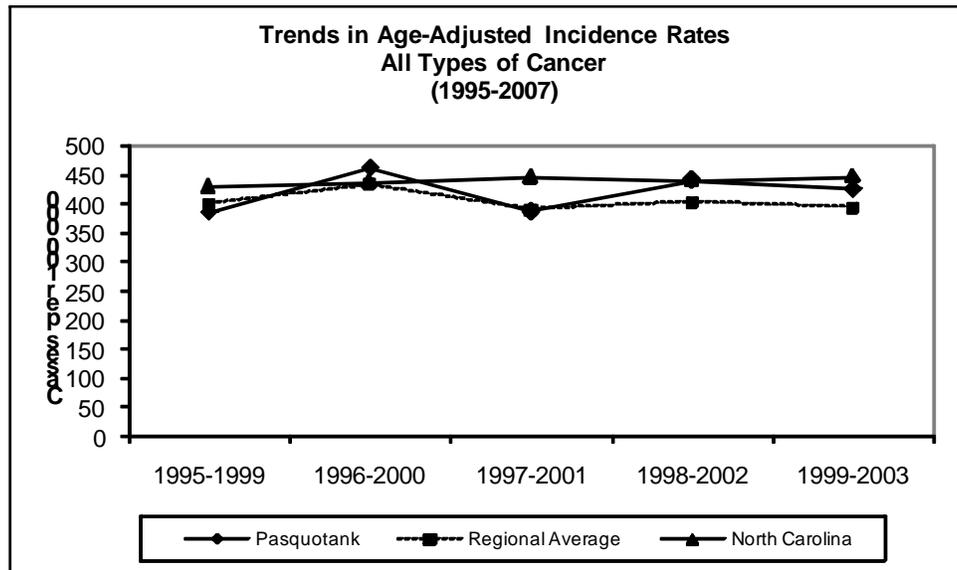
cancer”. Total cancer was the second leading cause of death in Pasquotank County for the period from 2000-2008. In 2004, in Pasquotank County hospital charges associated with cancer diagnoses totaled nearly \$5 million [\$4,983,765].⁵³

Cancer incidence and mortality data for Pasquotank County were obtained from the North Carolina Cancer Registry, which collects data on newly diagnosed cases from North Carolina clinics and hospitals, as well as on North Carolina residents whose cancers were diagnosed at medical facilities in bordering states.

Total Cancer Incidence

- There were 979 newly diagnosed cases of all cancers combined in Pasquotank County between 2003 and 2007. Table 63 shows this total and the resultant age-adjusted total cancer incidence rates for the period, as well as individual incidence rates for colorectal, lung, breast, and prostate cancers. The incidence rate for all cancers during the period cited in Pasquotank County (484.5) was above the average rate for the Albemarle Region (469.2) but below the rate in the average NC county (487.0).
- As shown in Figure 5, the total cancer incidence rate in Pasquotank County has fluctuated above and below the regional and state rates throughout the reporting period. In recent years, the county rate has increased.

Figure 5



Source: NCState Center for Health Statistics. Cancer. Annual Reports: NC Cancer Incidence Rates 2000-2007. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate). Available at: <http://www.schs.state.nc.us/SCHS/CCR/reports.html>.

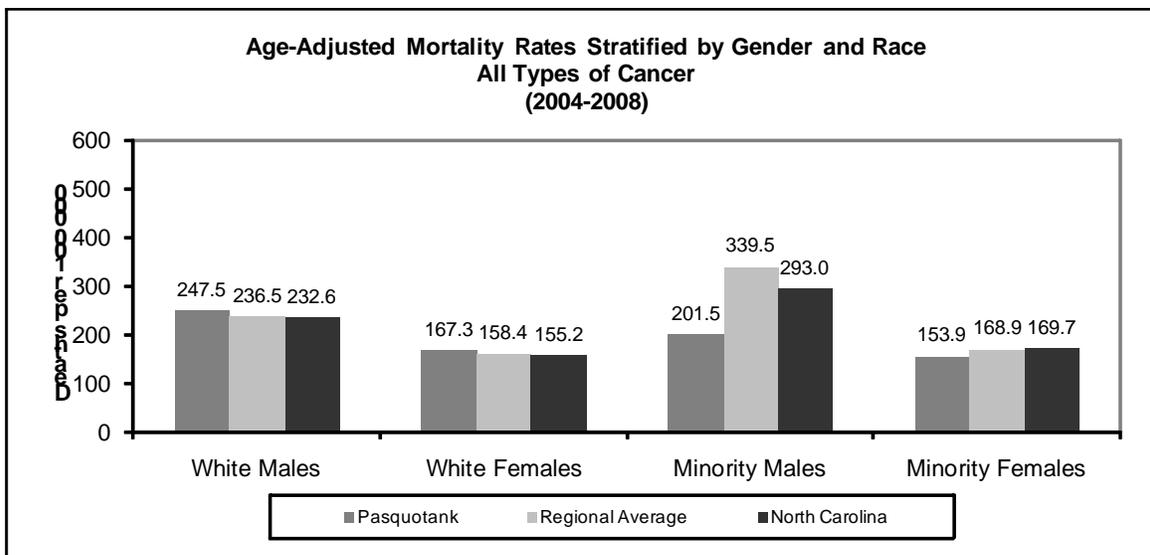
Total Cancer Mortality

- Cancer of all types was the second leading cause of death among Pasquotank County residents in the period from 2004 through 2008, resulting in 417 deaths. The mortality rate for all cancers in the county for that period was 186.8 deaths per 100,000, below the regional rate of 202.6 and the state rate of 192.5.
- The Healthy Carolinans 2010 goal for total cancer is a mortality rate of 166.2 per 100,000,⁶⁶ a target currently exceeded by 20.6% in Pasquotank County. The national mortality rate for all types of cancer was 185.8 per 100,000 in 2004, with cancer ranking as the second leading cause of death.⁶⁷ For 2004-2008, Pasquotank County, the Albemarle region, and North Carolina exceeded the national rate.⁵⁴
- Since 1993, the overall cancer mortality rate for Pasquotank County has decreased to slightly below the regional rate, and during the period 2004-2008 it fell below the state rate. There actually has been only modest change in the total cancer mortality rate at any level over the past 25 years.

Gender and Racial Disparities in Total Cancer Mortality

Figure 6 compares stratified age-adjusted mortality rates due to all types of cancer in Pasquotank County. The data represent aggregate deaths between 2004 and 2008 among white males, minority males, white females, and minority females.

Figure 6



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2010 County Health Data Book. Mortality. 2004-2008 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook> .

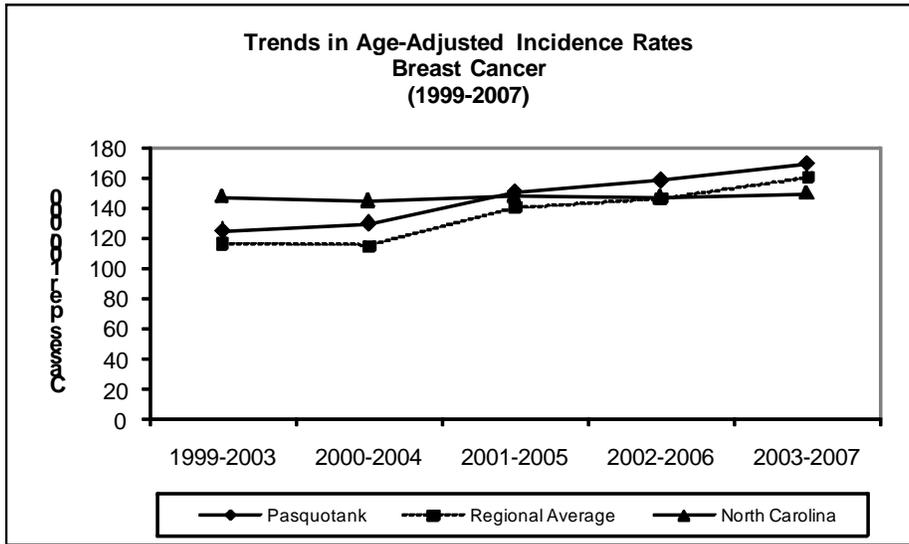
- Compared to rates in 2000–2004, minority males in Pasquotank County had a 13% higher rate of death due to cancer than white males, in 2004–2008 white males had a 19% higher rate of death due to cancer than minority males. The inverse was also true for females. In 2000-2004 minority females had a 12% higher death rate than white females; in 2004–2008 white females had a 8% higher rate than minority females.
- Relay for Life is a fun-filled overnight event designed to celebrate survivorship and raise money for research and programs of your American Cancer Society. During the event, teams of people gather at schools, fairgrounds, or parks and take turns walking or running laps. Each team tries to keep at least one team member on the track at all times. Many Pasquotank County citizens participate and donate their time in the Relay for Life event each year. This has become an annual event in May which honors cancer survivors, and is a memorial for those who have lost the battle. Relay for Life generates funds for research that have helped in the prevention, early diagnosis, and cures for cancer.

Breast Cancer

Breast Cancer Incidence

Between 2003 and 2007, the female breast cancer rate in Pasquotank County was 168.8 per 100,000. This is an increase over the previous assessment, which showed that the incidence rate between 1999 and 2003 was 124.8 per 100,000.⁵⁵ State and regional incidence rates have also increased (Figure 7). The national breast cancer rate has trended in the opposite direction, with an incidence rate of 129.9 per 100,000 in 2002; and 119.6 in 2005, the most recent year for which national data is available.⁵⁶

Figure 7



Source: NCState Center for Health Statistics. Cancer. Annual Reports: NC Cancer Incidence Rates 2003-2007. Cancer Incidence Rates for All Counties by Specific Site.

Breast Cancer Mortality

- Between 2004 and 2008, 33 people died of breast cancer in Pasquotank County, which was the same number that died between 2000 and 2004. Although the number stayed the same, the rate went down from 30.3 per 100,000 to 27.6 per 100,000. During this time, 15 people died on average in the counties of the Albemarle Region and 62 died in the average NC county, representing age-adjusted mortality rates of 23.9 and 24.3 respectively (Table 31). For comparison, the national age-adjusted mortality rate was 23.5 per 100,000 in 2006.⁷⁴

Table 31. Breast Cancer Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	33	27.6	0	0.0	20	26.4	0	0.0	13	27.9
Albemarle Average	15	23.9	0	0.0	8	19.1	0	0.4	7	30.9
State Total	6,247	24.3	40	0.3	4,589	22.8	14	0.4	1,658	31.3
NC County Avg.	62	24.3	0	0.3	46	22.8	0	0.4	17	31.3

Source: NC State Center for Health Statistics, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

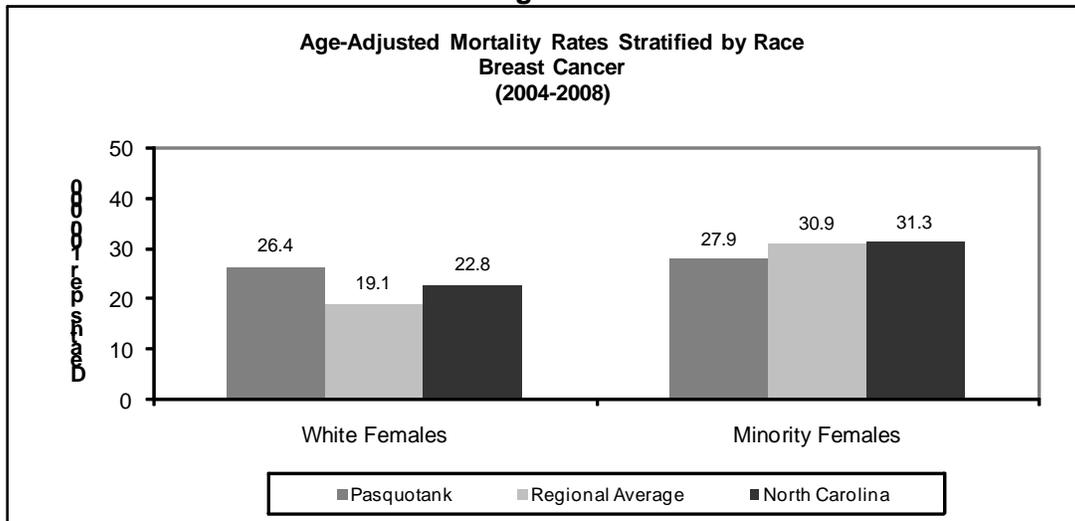
- The Healthy Carolinians 2010 goal for breast cancer is a mortality rate of 22.6 per 100,000.⁵⁷
- Since 1979, the breast cancer mortality rate in Pasquotank County has decreased overall, but not at the same rate as the region or the state (Figure 19, following page).

Breast Cancer Deaths per 100,000 Population		
RESIDENCE		2007
North Carolina		25.3
<i>Pasquotank</i>		<i>25.6</i>
PEER Co.	Duplin	28.2
	Nash	32.7
	Sampson	32.9

Racial Disparities in Breast Cancer Mortality

- Figure 8 compares 2004-2008 aggregate age-adjusted breast cancer mortality rates for white females and minority females in Pasquotank County, the Albemarle region, and North Carolina. (It should be noted that, while rare, breast cancer does occur in males, although no Pasquotank County males died of breast cancer in the cited period.)
- In Pasquotank County the breast cancer mortality rate among minority females was 5.7% higher than the rate among white females. This disparity is much more pronounced (37.3% difference) at the state level.

Figure 8



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2004-2008 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook>.

Breast Cancer Risk Factors

Risk factors for breast cancer include:⁵⁸

- A personal or family history of breast cancer
 - Treatment with radiation therapy in the breast or chest
 - A long menstrual history (menstrual periods that started early and ended late in life)
 - Obesity after menopause
 - Recent use of oral contraceptives or postmenopausal estrogens and progestins
 - Not having children or having a first child after age 30
 - Consumption of alcoholic beverages
 - Lack of regular exercise
- 37.5% of Community Health Opinion Survey respondents get their annual mammogram. 17.4% had their last mammogram within the last year. Of those respondents who did not get a mammogram, only .4% said it was due to cost.

Programs and Services

- Albemarle Regional Health Services offers the Breast and Cervical Control Program The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible women in North Carolina.
- Albemarle Regional Health Services received grant money from Albemarle Hospital Foundation to offer mammograms and pap tests to women under age 49 who are underinsured or who have no health insurance.

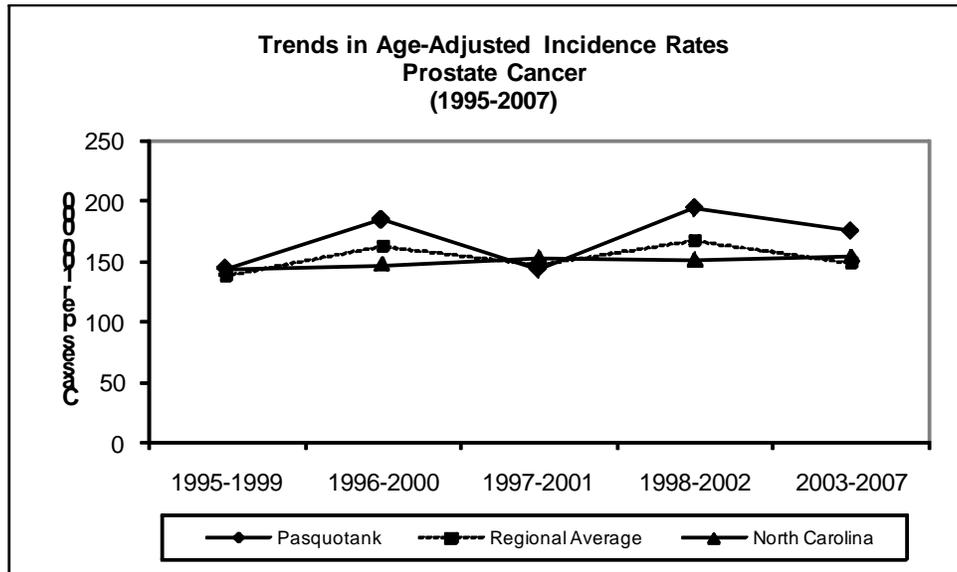
Prostate Cancer

Prostate Cancer Incidence

According to the CDC, prostate cancer is the most common cancer in American males,⁵⁹ with 203,415 men diagnosed in 2006. In that year, African American males were more likely than men of any other race to die of prostate cancer.⁶⁰ Until 1998, prostate cancer had the highest age-adjusted incidence rate of any cancer in Pasquotank County, the Albemarle region, and NC. Since that reporting period, incidence rates have significantly decreased at the county, regional, and state level (Figure 9).

During the most recent reporting period, 2004-2008, there were 150 new cases of prostate cancer diagnosed in the county, a slight decrease from the 155 diagnosed in the 1999-2003 period. However, the amount spent on treatment for prostate cancer in the county has increased by \$20,000 to a total of \$286,424.⁶¹

Figure 9



Source: NCState Center for Health Statistics. Cancer. Annual Reports: NC Cancer Incidence Rates 2003-2007. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate). Available at: <http://www.schs.state.nc.us/SCHS/CCR/reports.html>.

Prostate Cancer Mortality

Nationally, prostate cancer has the second highest mortality rate among the ten most common forms of cancer.⁶²

From 2004 through 2008, 21 men in Pasquotank County died of prostate cancer (Table 32), a decrease from the 31 men who died from 2000 through 2004. Pasquotank County has a death rate about equal to the state rate (27.2 per 100,000 and 27.3 per 100,000, respectively), and much lower than the regional average of 32.9 per 100,000. The last assessment found that Pasquotank County had a mortality rate much higher than the state and regional averages.

Table 32. Prostate Cancer Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	21	27.2	12	24.3	0	0	9	32.6	0	0
Albemarle Average	14	32.9	6	21.2	0	0.0	7	60.8	0	0.0
State Total	4,314	27.3	2,855	21.8	0	0.0	1,459	56.3	0	0.0
NC County Avg.	43	27.3	29	21.8	0	0.0	15	56.3	0	0.0

Source: NC State Center for Health Statistics, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

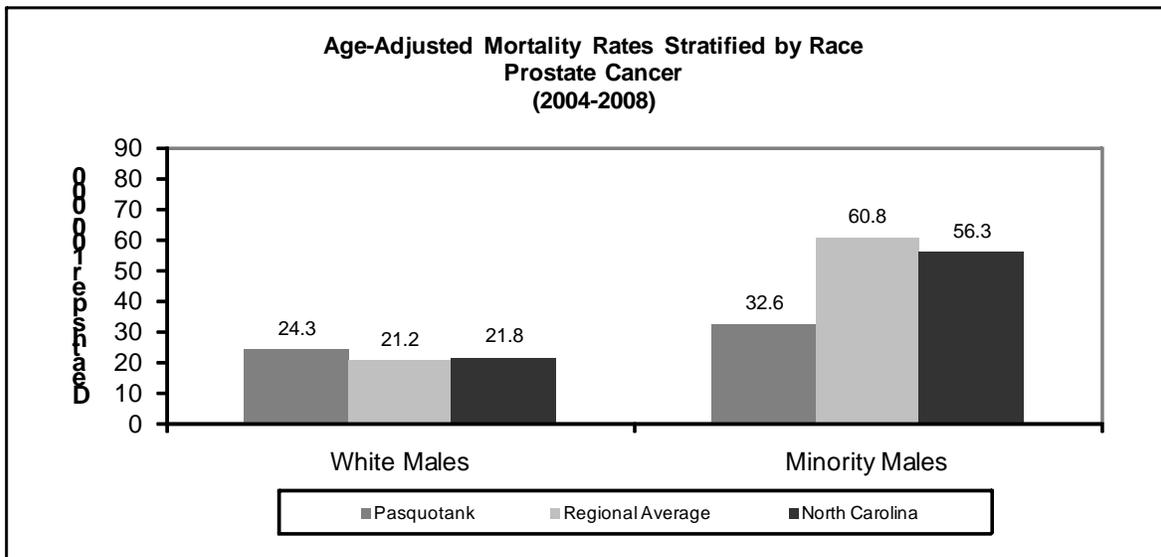
- Pasquotank County's rate of death due to prostate cancer is 27.2 deaths per 100,000. This surpasses the Healthy People 2010 prostate cancer goal of 28.8 deaths per 100,000 males.

- Since 1979, the prostate cancer mortality rate in the county, region and state all have decreased overall.

Racial Disparities in Prostate Cancer Mortality

Figure 10 compares 2004-2008 aggregate age-adjusted prostate cancer mortality rates for white males and minority males in the county, the Albemarle region, and North Carolina. In Pasquotank County the prostate cancer mortality rate among minority males was 34% higher than the rate among white males. In the Albemarle region the difference is much more pronounced: 187%. At the state level the difference is 158%.

Figure 10



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2008 County Health Data Book. Mortality. 2000-2004 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook>.

Prostate Cancer Risk Factors

Risk factors for prostate cancer include:⁶³

- Increasing age
- Familial history
- Race

Suspected risk factors include:

- High fat consumption
- Environmental factors such as pesticides
- Hormone levels

- 17.9% of Community Health Opinion Survey respondents get their annual prostate exam.

Programs and Resources

- Albemarle Hospital offers a monthly American Cancer Society Man to Man Prostate Cancer support group.

Colon and Rectal Cancer

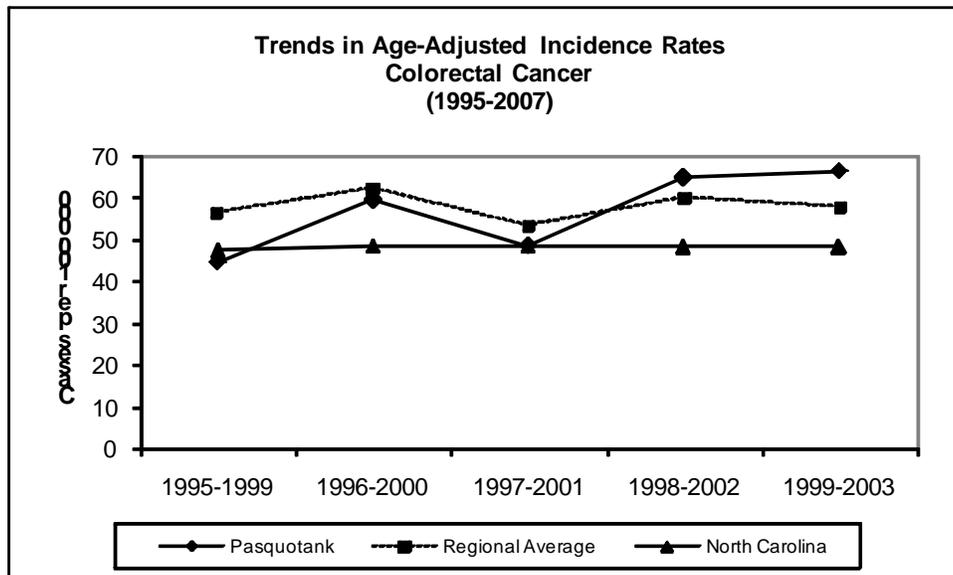
Colorectal Cancer Incidence

Colorectal cancer is one of the most commonly diagnosed cancers in the United States. In 2006, approximately 70,270 men and 68,857 women were diagnosed with colorectal cancer in the US. For men, colorectal cancer is the third most common cancer. For women, colorectal cancer is the second most common cancer among Asian/Pacific Islanders and Hispanic women, and the third most common cancer among White, African American, and American Indian/Alaska Native women. African American people have the highest incidence rate of colorectal cancer, followed by White people, Hispanic, Asian/Pacific Islander and American Indian/Alaska Native people.⁶⁴

The rate of getting colorectal cancer varies by state. The 2002 -2006 data show the number of cases in North Carolina was 48.4 per 100,000 people. The 2003 – 2007 colorectal incidence rate in North Carolina was slightly lower at 47.4 per 100,000.

In Pasquotank County from 2002 – 2006, the incidence rate was 55.9 per 100,00 people. As with the state, this rate lowered from 2003 – 2007 to 53.4 per 100,000. The incidence rate for the Albemarle region changed only slightly with the most recent data showing the incidence from 2003 – 2007 was 57.8 per 100,000.⁶⁵

Figure 11



Source: NCState Center for Health Statistics. Cancer. Annual Reports: NC Cancer Incidence Rates 1999-2003. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate). :

Colorectal Cancer Mortality

Colorectal cancer is the third leading cause of cancer-related mortality in men and women in the United States. Up to the age of 50, men and women are equal in mortality rates, but after 50 years of age, men are more vulnerable to the cancer. In 2009, it was estimated that over 49,000 deaths would occur from colorectal cancer which would account for almost 9% of cancer deaths. Fortunately, the mortality rates have declined over the past two decades for both men and women which reflects on early detection and improved treatment.⁶⁶

Data from 2004-2008 show that the total number of colorectal cancer deaths in North Carolina was 7,627 with a mortality rate of 17.3 per 100,000 people. The rate of mortality in Pasquotank County was less than the state average at 14.1 per 100,000. The Albemarle Region showed a mortality rate higher than the state average at 19.2 per 100,000 (Table 33).

Table 33. Colorectal Cancer Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	31	14.1	9	14.7	15	17.7	4	17.2	3	6.5
Albemarle Average	20	19.2	6	18.7	6	13.4	3	32.0	4	24.4
State Total	7,627	n/a	2,932	n/a	2,798	n/a	917	n/a	980	n/a
NC County Avg.	76	17.3	29	19.4	27	13.5	9	27.0	9	19.4

Source: NC State Center for Health Statistics, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

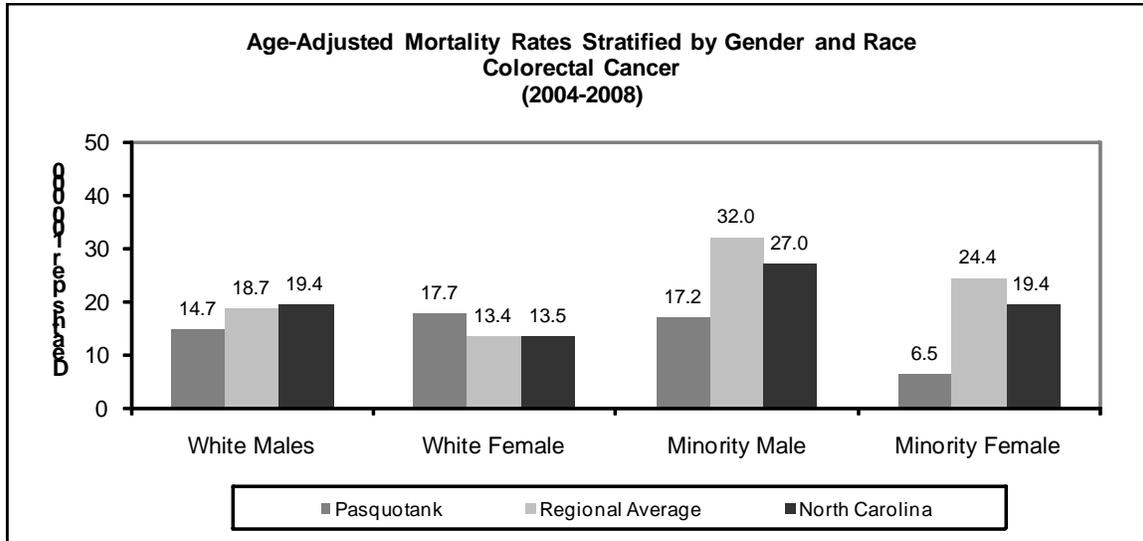
- Of the four major cancer types, colorectal cancer had the lowest national mortality rate: 19.1 per 100,000 in 2003.⁶⁷ The current mortality rate for Pasquotank County is lower than the 2003 national mortality rate. Current mortality rates for the Albemarle region are just above the national mortality rate while the rate for North Carolina is slightly below.
- The Healthy Carolinians 2010 target rate for colorectal mortality is 16.4 deaths per 100,000,⁶⁸ a rate Pasquotank County currently exceeds by 15% (28).

Gender and Racial Disparities in Colorectal Cancer Mortality

- Figure 12, (following page), compares sex-race colorectal cancer mortality rates for the period 2004-2008. Looking at the state data, the mortality rate for minority males was the highest at 27.0 per 100,000. In Pasquotank County, the mortality rate of colorectal cancer for minority males was higher than for white males. For minority females, the rate for colorectal mortality was lower compared to whiter females in Pasquotank County. Across the Albemarle region, the mortality rate

again for minority males was the highest of all groups compared at 32.0 per 100,000 people. This rate was higher than the state average rate and the rate for Pasquotank County. The second highest rate in the Albemarle region was for minority female (24.4) which also was higher than the state and Pasquotank County rate.

Figure 12



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2006 County Health Data Book. Mortality. 2000-2004 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook>.

Colorectal Cancer Risk Factors⁶⁹

Risk factors for colorectal cancer include factors that one cannot change and those that can be changed by lifestyle changes. Major risk factors that cannot be changed include age, personal history of polyps, inflammatory bowel disease and family history of colorectal cancer. The chances of colorectal cancer increase markedly after age 50, with 90% of those diagnosed being older than 50 years of age. A personal history of colorectal polyps increases one's risk of colorectal cancer, especially if the polyps are large in size. Inflammatory Bowel Disease (IBD) which includes Ulcerative Colitis and Crohn's disease increases the risk of colorectal cancer. Additionally, family history plays a big role. As many as 1 in 5 people who are diagnosed with colorectal cancer has other family members afflicted.

Certain lifestyle – related factors include diet, physical activity, obesity, smoking and heavy alcohol use. Those who have a diet high in red meats and processed meats have a higher risk. Those who have a diet high in vegetables and fruits have a decreased risk of developing colorectal cancer. Also, those who are not physically active have a greater risk of developing colorectal cancer. Obesity increases the risk of developing and dying from colorectal cancer, especially in men. Other lifestyle factors include longterm smoking and heavy alcohol use.

- Of the Community Health Opinion Survey respondents, 40% have had a colonoscopy.

Programs and Resources

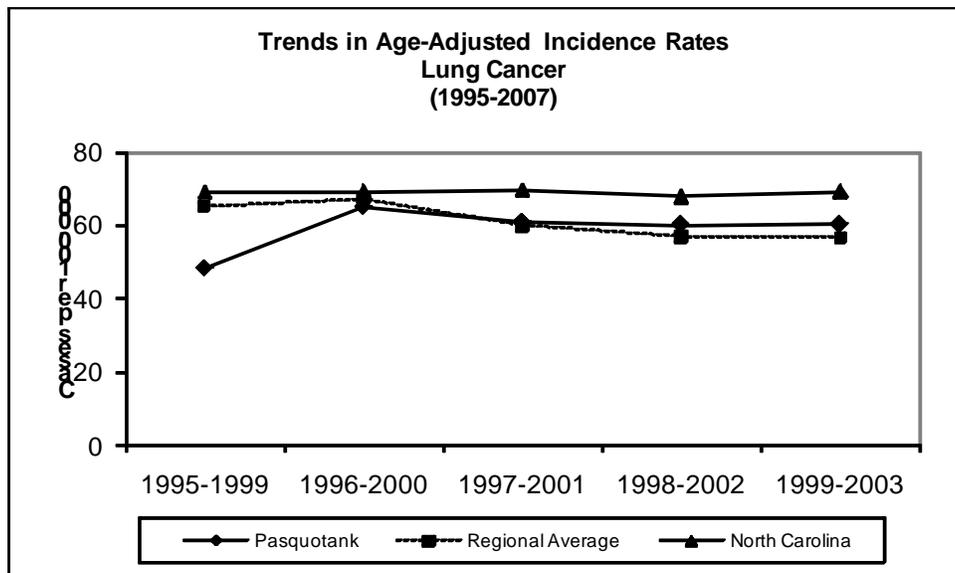
- Community Care Clinic offers a program Project ACCESS which assists underinsured/uninsured patients with colonoscopies and prostate exams.

Lung Cancer Incidence

In 2006, according to the Centers for Disease Control, 106,374 men were diagnosed with lung cancer and 90,080 women were diagnosed with lung cancer. Among men in the US, lung cancer is the second most common cancer among White, African American, Asian/Pacific Islanders, and American Indian/Alaska Native men. Among Hispanic men, it is the third most common cancer. Among women, lung cancer is the second most common cancer among White, African American, American Indian/Alaska Native. Among Hispanic and Asian/Pacific Islander women, it is the third most common.⁷⁰

Between 2003 – 2007, 140 new cases of lung and bronchus cancer were diagnosed in Pasquotank County. The incidence in Pasquotank County from 2003 – 2007 was 68.4 per 100,000 people. This was an increase over the incidence from 2002 – 2006 which was 59.6 per 100,000 people. These numbers for Pasquotank County are below the North Carolina State average of 75.0 per 100,000 people from 2002 – 2006 and 75.8 per 100,000 from 2003 – 2007. The regional averages for each time span were above the averages for Pasquotank county but below the state average.⁷¹

Figure 13



Source: NCState Center for Health Statistics. Cancer. Annual Reports: NC Cancer Incidence Rates 1995-2007. Cancer Incidence Rates for All Counties by Specific Site (by five-year aggregate). Available at: <http://www.schs.state.nc.us/SCHS/CCR/reports.html>.

Lung Cancer

Lung Cancer Mortality

Worldwide, lung cancer is the most common cancer death with an estimated 1.18 million deaths per year. The highest rates are in Europe and North America. In the year 2009, it was estimated that almost 160,000 people would die from lung cancer in the United States.⁷²

Table 34 shows the data for North Carolina, the Albemarle Region and Pasquotank County. From 2004 – 2008 the overall rate of death per 100,000 people in North Carolina was 59.1 per 100,000. The rates for the Albemarle Region and Pasquotank County were slightly higher with rates of 60.8 and 64.0 respectively.

Table 34. Lung Cancer Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	142	64.0	62	101.6	44	52.5	23	71.3	13	28.6
Albemarle Average	69	60.8	29	84.4	21	55.9	13	97.3	5	22.4
State Total	26,325	n/a	12,507	n/a	9,108	n/a	3,035	n/a	1,675	n/a
NC County Avg.	263	59.1	125	80.2	91	44.9	30	88.7	16	33.2

Source: NC State Center for Health Statistics, <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

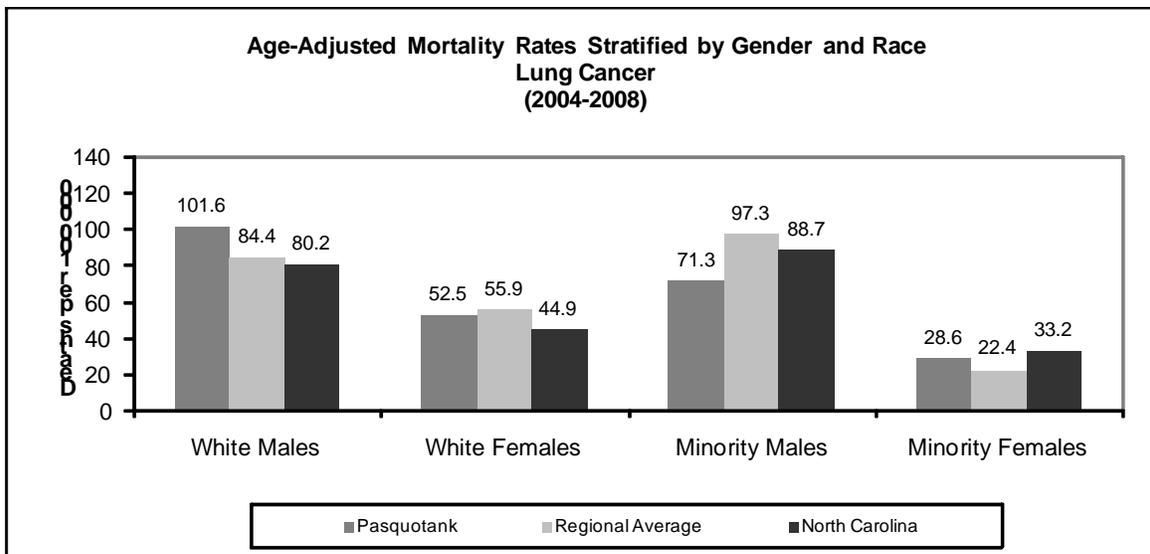
- Nationally, lung cancer is the leading cause of death from cancer with a mortality rate of 54.1 per 100,000 in 2003.⁷³ Pasquotank County's current lung cancer mortality rate exceeds the national rate by 5%. The Healthy People 2010 goal is to reduce the lung cancer mortality rate to 44.9 per 100,000.⁷⁴ The current lung cancer mortality rate in Pasquotank County exceeds the national target rate by 26%.
- Between 1983 and 1988 the lung cancer mortality rate in Pasquotank County increased dramatically. Since that time it has decreased below the regional and state rates, but still remains higher than the rate at the beginning of the overall period cited. The regional and state rates have experienced a net increase over the same period.

Gender and Racial Disparities in Lung Cancer Mortality

The sex-age stratified aggregate age-adjusted mortality rates due to lung cancer for the period 2004 – 2008 are shown on Figure 14. In Pasquotank County, the lung cancer mortality rate among white males and white females was higher than the minority counterpart. Comparing males and females showed that both white males and minority males had a higher mortality rate than their female counterparts. In the Albemarle Region, minority males had a higher rate of mortality compared to white males. White females in the Albemarle Region, like Pasquotank County, had a higher rate than minority females. In the state of North Carolina, minority males had the highest mortality rate followed by white males, white females and finally minority females.

Comparing Pasquotank County to the entire state of North Carolina, the mortality rates for white males and white females were higher than the state average. For minority males and minority females, though, the Pasquotank County mortality rate was lower than the state average.

Figure 14



Source: NC State Center for Health Statistics. County-level Data. County Health Data Books. 2006 County Health Data Book. Mortality. 2000-2004 Race-Sex Specific Age-Adjusted Rates by County. <http://www.schs.state.nc.us/SCHS/data/databook>.

Lung Cancer Risk Factors

By far the most prominent risk factor for lung cancer is tobacco smoking. As high as 80% of lung cancers are thought to be a result of smoking. This risk increases as the number of years one smokes increases and as the number of packs per day increases. Exposure of nonsmokers to smoke (environmental tobacco smoke) puts them at increase risk of lung cancer.

Exposure to asbestos is also a risk factor as is exposure to some organic chemicals and radon, which is a radioactive gas produced by the natural breakdown of uranium. Occupational workers exposed to arsenic, vinyl chloride, nickel chromates and coal products are also at an increased risk of lung cancer. Additionally, air pollution is a risk factor for lung cancer along with recurring lung tissue inflammation which may occur with tuberculosis and some types of pneumonia. All these risk factors in themselves are significantly less than tobacco smoking.

Family history can play a role in lung cancer. People who have a brother, sister or parent with lung cancer have a slightly increased risk of developing lung cancer themselves.⁷⁵

- Of the Community Health Opinion survey respondents, 20.3% reportedly smoked.

Chronic Lower Respiratory Disease

According to the National Institutes of Health (NIH), Chronic Obstructive Pulmonary Disease (COPD) is a group of lung diseases involving limited airflow, airway inflammation and the destruction of lung tissue.⁷⁶ Around 1999 the NC State Center for Health Statistics started classifying COPD within the broader heading of chronic lower respiratory disease (CLRD), which was not used as a separate category previously. It can be assumed that COPD rates from pre-1999 can be compared to CLRD rates after 1999. Hospital charges for treating Pasquotank County residents with CLRD totaled almost \$2.8 million in 2008.⁷⁷

COPD/CLRD Mortality

- COPD/CLRD was the fourth leading cause of death in Pasquotank County for the period 2004-2008. For the most current aggregate time period (2004-2008), the overall COPD/CLRD mortality rate in Pasquotank County (43.6) was just slightly higher than the regional rate and lower than the state rate (Table 35).

Table 35. Chronic Lower Respiratory Disease Mortality, including COPD (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	97	43.6	40	73.6	36	41.7	13	47	8	16.3
Albemarle Average	119	40.6	42	54.4	50	43.8	16	52.0	11	17.1
State Total	20,522	47.8	8,590	61.1	9,577	46.0	1,352	46.5	1,003	20.3
NC County Avg.	205	48.0	86	61.0	96	46.0	14	47.0	10	20.0

Source: NC State Center for Health Statistics, 2010 County Health Databook. <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

- In 2006, the national mortality rate for CLRD was 41.6 per 100,000,⁷⁸ a rate slightly exceeded in Pasquotank County.

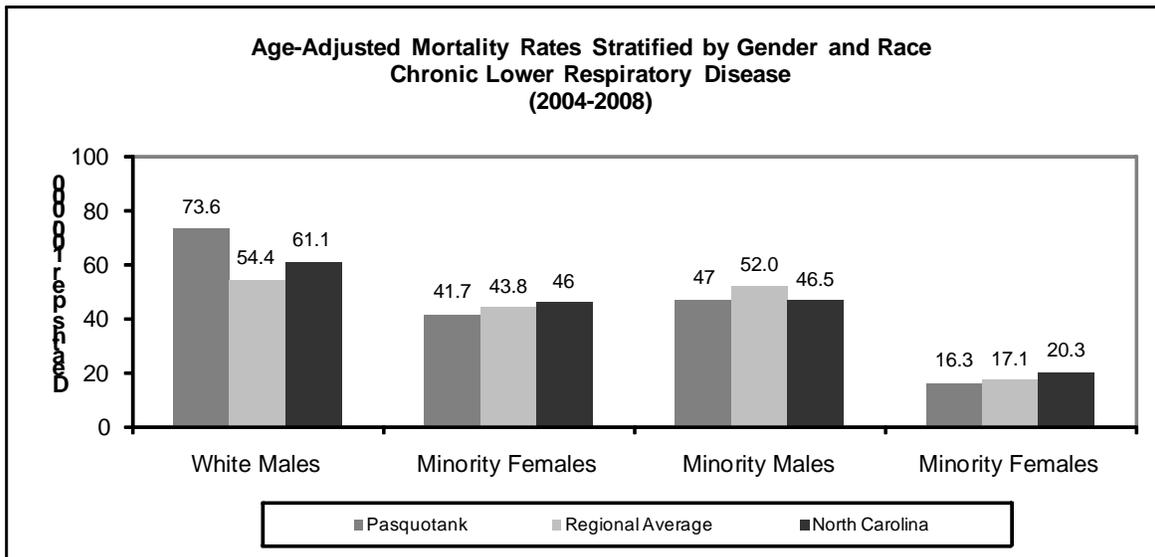
Gender and Racial Disparities in COPD/CLRD Mortality

Figure 15 plots the data from Table 35 in order to highlight racial and gender disparities.

In Pasquotank County, the mortality rate for white men (73.6) was higher than the rate for white women (41.7), and the mortality rate among minority males (47.0) was higher than the rate among minority females (16.3). Statewide, the mortality rate for white men was higher than the rate for white women, and the mortality among minority males was over three times the rate among minority women. In the Albemarle Region, the rates for both white and minority males exceed the rates for the opposite gender.

In Pasquotank County, the COPD/CLRD mortality rate among white males was higher than the rate among minority males, and the rate among white females was higher than the rate among minority females. At the state level, the mortality rate was higher among white males than among minority males, and higher among white females than minority females. The same trend – rates among whites exceeding rates among minorities – is noted across the Albemarle Region.

Figure 15



Source: N.C. Center for Health Statistics, 2010 County Health Data Book, www.schs.state.nc.us/SCHS/healthstats/databook/.

COPD/CLRD Risk Factors

- The leading cause of COPD/CLRD is smoking, which leads to emphysema and chronic bronchitis, the two most common forms of COPD/CLRD. Other risk factors include environmental pollutants and passive smoking (exposure to secondhand smoke).⁹⁵

Pneumonia and Influenza

Pneumonia and influenza are diseases of the lungs. Influenza (the “flu”) is a contagious infection of the throat, mouth and lungs caused by an airborne virus. Pneumonia is an inflammation of the lungs caused by either bacteria or viruses. Bacterial pneumonia is the most common and serious form of pneumonia, and among individuals with suppressed immune systems it may follow influenza or the common cold.⁹⁸ Pneumonia/influenza was the fifth leading cause of death in Pasquotank County in the period 2004-2008, and hospital charges in 2008 totaled over \$2.4 million.⁹⁶

Pneumonia and Influenza Mortality

- In the 2004-2008 reporting period, the overall pneumonia/influenza mortality rate in Pasquotank County, 34.9, was higher than the regional rate and higher than the rate in the state as a whole (Table 36).

Table 36. Pneumonia/Influenza Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	82	34.9	23	42.7	30	27.4	9	32.9	20	39.1
Albemarle Average	30.6	25.6	10.4	32.9	12	22	3.3	37.7	4.9	16.2
State Total	8,599	20.3	3,053	23.9	4,091	18.6	657	23.3	798	15.9
NC County Avg.	86	20	30.5	24	40.9	19	6.6	23	8	16

Source: NC State Center for Health Statistics, 2010 County Health Databook. <http://www.schs.state.n.c.us/SCHS/healthstats/databook/>

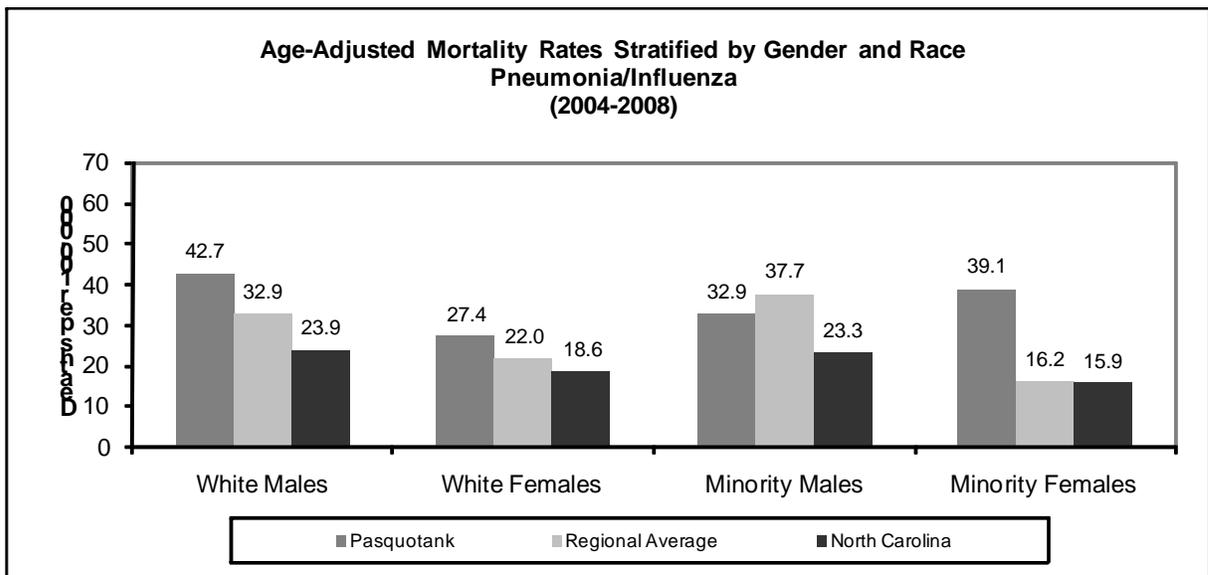
- Despite an upward surge during the years of 1994-1998, the pneumonia/influenza rates have been steadily declining since 1984 at all levels represented by Figure 32 - the state of N.C, the Albemarle region, and Pasquotank County. Rates at the county and regional level have consistently been higher than those of the state, represented most recently by the 2004-2008 statistics.

Gender and Racial Disparities in Pneumonia/Influenza Mortality

Figure 19 (following page) plots the data from Table 36. In Pasquotank County, the Albemarle Region and the state, the pneumonia/influenza mortality rate for white males is higher than the rate for white women. The pneumonia/influenza rates for minority males are higher than the rates for minority females at the Albemarle region and state levels, but not in the county, where the rate for minority females exceeds the rate for minority males.

- In Pasquotank County, the mortality rate among white males was higher than the rate among minority males, and the rate among white females was lower than the rate among minority females. In the Albemarle Region, the rate for white females exceeded the rate for minority females, but the rate for minority males was higher than the rate for white males. At the state level, the mortality rate among white men was slightly above the rate among minority men. Statewide, the mortality rate among white women exceeded the rate among minority women.

Figure 16



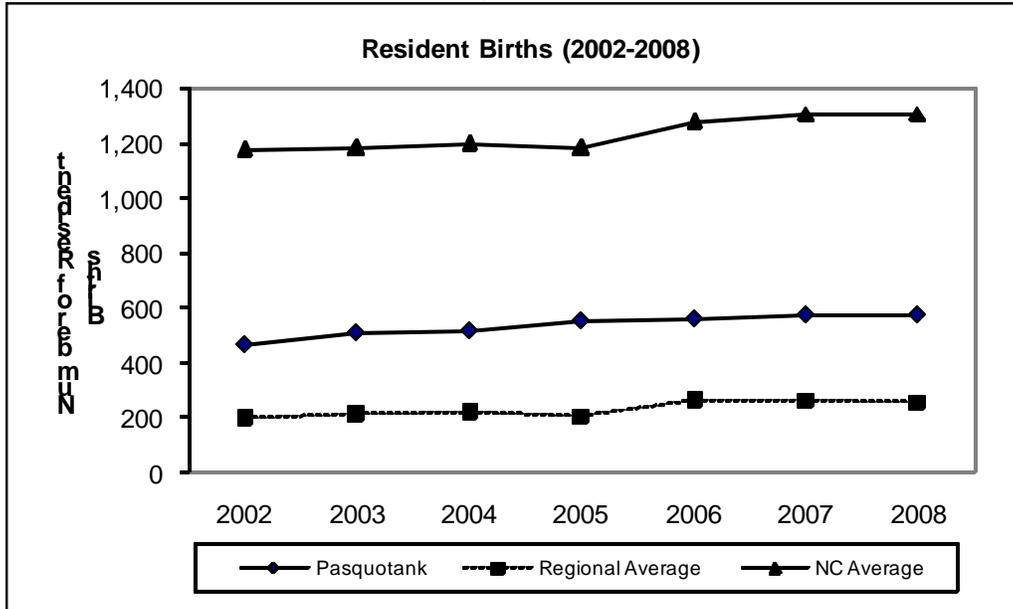
Source: N.C. Center for Health Statistics, 2010 County Health Data Book, www.schs.state.nc.us/SCHS/healthstats/databook/

Maternal and Child Health

Adult and Teen Pregnancy and Birth Rates

- Figure 17 plots the Pasquotank County, Albemarle region, and NC county averages for the annual number of live births from 2002 through 2008. The average number of live births per county statewide increased slightly between 2005 and 2008 and remained fairly stable and significantly higher than the comparable figures for Pasquotank County and the Albemarle Region throughout the remainder of the reporting period. The number of births in the county and region have remained stable since 2002.

Figure 17



Source: NC State Center for Health Statistics. Health Data. County-level Data. Basic Automated Birth Yearbook (Babybook); 2002-2008, Pasquotank County. <http://www.schs.state.nc.us/SCHS/data/county.cfm>.

- In Pasquotank County, between 2005-2007, 41.2% of all live births occurred among minority mothers; of the Pasquotank County live births among girls ages 15-19, 57.6% occurred among minority mothers. These local percentages are both well above the regional and state averages. Note, however, that the minority population in Pasquotank County represents a much higher proportion of the population than in the region or statewide.
- In 2006, Pasquotank County had a 8% higher percentage of births to Medicaid mothers than the state (56.3% vs. 51.8%) and a 2% lower percentage than the region (56.3% vs. 57.3).
- In 2006, Pasquotank County had 17% more births to Health Department mothers, but had a similar percentage of births to WIC mothers than the NC county average.

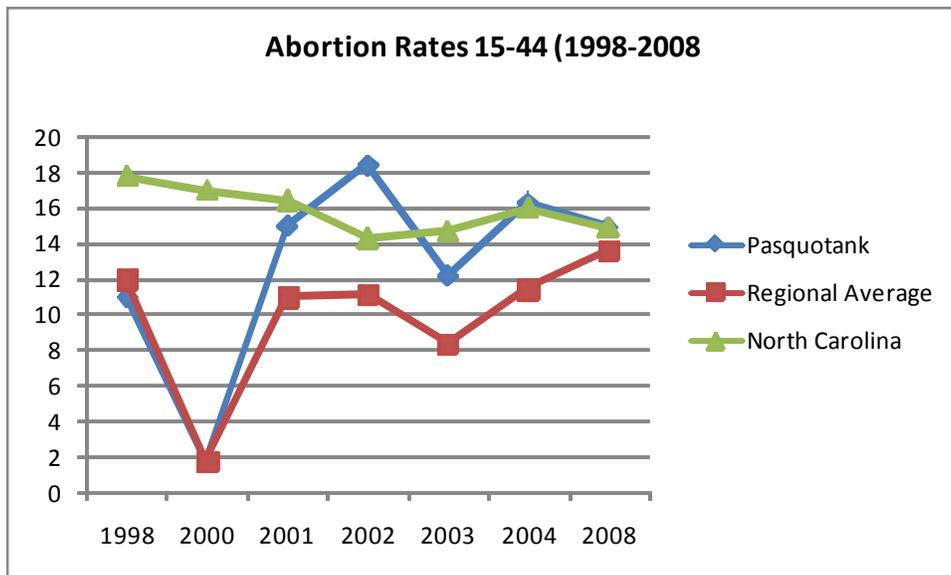
Adolescent Pregnancies and Births

- Because of very small numbers of pregnancies, a pregnancy *rate* for adolescents 10-14 years of age has not been calculated for Pasquotank County.
- During the five year period from 2004 through 2008, there was a total of 9 pregnancies among 10-14 year-olds in Pasquotank County, with the highest number (three) occurring in 2004.⁷⁹

Abortion

- For women between the ages of 15 and 44, the most recently calculated abortion rate in Pasquotank County was 14.9; which is the same as the overall state abortion rate of 14.9 both slightly above the regional rate of 13.6.⁸⁰
- According to the data plotted in Figure 18, the annual abortion rate for Pasquotank County women ages 15-44 has fluctuated since 1998 and has decreased slightly since 2004. The comparable regional abortion rate has followed a similar trend at a lower level and the statewide abortion rate has been more stable and, with one exception, has been consistently above the Pasquotank County and regional rates.

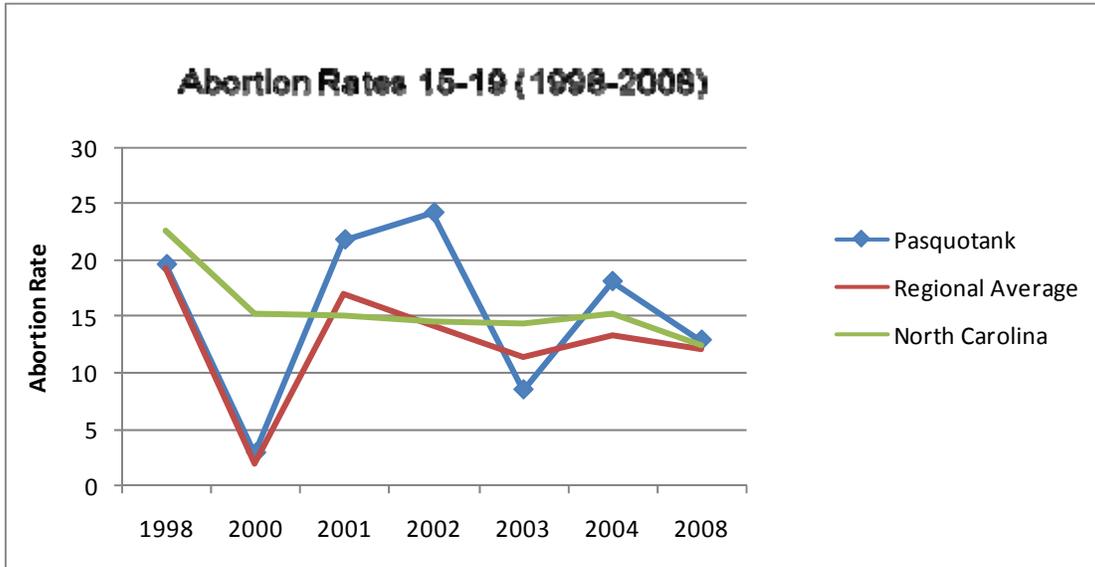
Figure 18



Source: State Center for Health Statistics. County Health Data Books 1999-2010. Pregnancy, Fertility and Abortion Rates per 1,000 Population. Females 15-44. <http://www.schs.state.nc.us/SCHS/data/databook/>.

- For teenagers between the ages of 15 and 19, the 2008 abortion rate in Pasquotank County was 12.9, slightly higher than the statewide and regional teen abortion rates.⁶³
- Between 1998 and 2008, the teen abortion rates in the Albemarle region and especially in Pasquotank County fluctuated above and below the average state teen abortion rate (Figure 19, following page), perhaps because of varying small numbers of events. In 2008, the last period cited, the teen abortion rate decreased in the county, region, and state.

Figure 19



Pregnancy Risk Factors

- The percentage of high parity births among women aged <30 in Pasquotank county from 2004-2008 was higher than the comparable state rate (Table 37). However, both state and county percentages decreased from the 2006 CHA assessment data from 2000-2004. According to NC-SCHS, a birth is high parity if the mother is younger than 18 when she has had one or more births, or aged 18 or 19 and has had two or more births, or is 20-24 and has had four or more births, etc.
- The percentage of high parity births among Pasquotank County women age 30 and older was also higher than the state rate. Both state and county rates increased from the previous CHA; Pasquotank county's rate increased 9.3% from the 2000-2004 data.

- The percentage of short interval births (less than six months between pregnancies) increased from the 2006 CHA but was lower in Pasquotank County compared to the state as a whole (Table 37).
- Between 2004 and 2008, approximately 10.6% of babies born in Pasquotank County were born to mothers who smoke, a rate lower than the state (Table 27). However, Pasquotank County only decreased 2% from the percentage birth to mothers who smoked between 2000-2004 reported in the previous CHA.

Table 37. High Risk Births (2000-2008)

	High Parity Births				Short Interval Births		Births to Mothers who Smoke	
	Mothers Under 30		Mothers 30 and Older		Number	Percent	Number	Percent
	Number	Percent	Number	Percent				
Pasquotank	401	19.2	157	22.5	213	11.5	295	10.6
State Total	74,440	18.0	43,711	20.0	53,431	12.7	72,513	11.5
Source	a	a	a	a	b	b	c	c

a - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Data Book. 2004-2008 Number At Risk NC Live Births due to High Parity by County of Residence. <http://www.schs.state.nc.us/SCHS/data/databook/>

b - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Databook. 2004-2008 NC Live Births by County of Residence; Number with Interval from Last Delivery to Conception of Six Months or Less. <http://www.schs.state.nc.us/SCHS/data/databook/>

c - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Databook. Birth's to Mothers Who Smoke, 2004-2008. [Http://www.schs.state.nc.us/SCHS/ data/databook](http://www.schs.state.nc.us/SCHS/data/databook)

- Almost 80% of pregnant women in Pasquotank County received prenatal care in the first trimester in 2000-2004. That proportion was lower than state rate of 83.5%.
- A lower percentage of African American women received prenatal care in the first trimester in Pasquotank County than in North Carolina as a whole (71.3% vs. 75.5%). The percentage of African American Pasquotank County women who received prenatal care in the first trimester was 8.1% lower than the comparable percentage for Pasquotank County women overall.
- The percentage of babies born to Pasquotank County mothers who smoked decreased overall since 1994 and has fallen below the comparable figures for the region and state as a whole.

Pregnancy Outcomes

Low Birth Weight and Very Low Birth Weight

- Over the period from 2004 through 2008, the total percentage of low birth weight births (below 2500 grams or 5.5 pounds) was higher in Pasquotank County than in North Carolina as whole (10.7% vs. 9.0%). The percentage of minority low birth weight babies was also higher in the county than statewide (Table 38).
- Over the same period, the total percentage of very low birth weight births (below 1500 grams or 3.3 pounds) was also higher in the county than the state. The total percentage of very low birth weight black babies was very similar in the county as it was for the state as a whole.

Table 38. Number and Percent of Low and Very Low Birth Weight Births by Race (2004-2008)

	Low Birth Weight (<2500 grams) Births						Very Low Weight (<1500 grams) Births			
	Total		White		Minority		Total		Black	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Pasquotank	297	10.7	123	7.5	174	15.3	62	2.2	40	3.7
State Total	57,823	9.1	33,941	7.4	23,882	13.6	11,649	1.8	5,198	3.5
Source	a	a	a	a	a	a	b	b	c	c

a - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Data Book. Low Birth Weight Births by Race, 2004-2008. <http://www.schs.state.nc.us/SCHS/data/databook/>

b - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Data Book. Low (<2500 grams) and Very Low (<1500 grams) Weight Births, 2004-2008. <http://www.schs.state.nc.us/SCHS/data/databook/>

c - NC State Center for Health Statistics. County-level Data. County Health Databooks. 2010 County Health Data Book. Low (<2500 grams) and Very Low (<1500 grams) Weight Black Births, 2004-2008. <http://www.schs.state.nc.us/SCHS/data/databook/>

- Since 2002, the percentage of low weight births has decreased in the Albemarle region and increased in Pasquotank County while the percentages in the state remained relatively stable.

Infant Mortality

- For the aggregate period from 2003 through 2007, the total Pasquotank County infant mortality rate of 7.7 was 9% lower than the statewide infant mortality rates of 8.5. However, for this same time period, Pasquotank County's infant mortality rate was 24% lower than that of the Albemarle region (Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, and Perquimans, 10.1).

Communicable Disease

Health professionals are required to report cases of certain communicable diseases to the North Carolina Department of Health and Human Services through their local health department. Table 39 present Pasquotank County, Albemarle Region average and North Carolina average data for several important infectious diseases subject to this requirement.

Reportable Communicable Diseases

In the period from 2000-2005, the number of cases of Hepatitis A and B, tuberculosis and whooping cough were all lower in Pasquotank County than the average number of cases at the regional or state levels. Pasquotank County had more than twice the number of cases of salmonellosis than the regional average, but the number of cases was much less than the statewide average. (Table 39).

Table 39. Communicable Disease Incidence (2000-2005)

County	Hepatitis A		Hepatitis B		Salmonellosis		Tuberculosis		Whooping Cough	
	Cases	Incidence	Cases	Incidence	Cases	Incidence	Cases	Incidence	Cases	Incidence
Pasquotank	0	0	3		26		8	0.4	3	
Albemarle Average	1		21		11		37	0.4	6	
State Total	920	n/a	1,222	n/a	8,985	n/a	1,893	n/a	655	n/a
NC County Avg.	9	0.1	12	0.5	90		19	0.4	7	
	a	a	a	a	a	a	b	c	b	c

Source

a- <http://www.epi.state.nc.us/epi/gcdc/pdf/CDbyCountybyYear2000-2005.pdf>

Sexually Transmitted Diseases

Tables 40 and 41 lists incidence rates and cases for the most prevalent STDs in Pasquotank County as well as HIV/AIDS, with all compared to the NC state rate and cases for the five year period of 2005-2009.

Chlamydia

- Table 40 lists the 2005-2009 incidence rate for Chlamydia in Pasquotank County, Rates have continuously been above the state rate for the last four years. There were a total 980 cases of Chlamydia in Pasquotank County from 2005-2009.

Table 40.N.C. STD Rate and County Comparison

RESIDENCE	Chlamydia					Gonorrhea					All Syphilis				
	2005 Rate	2006 Rate	2007 Rate	2008 Rate	2009 Rate	2005 Rate	2006 Rate	2007 Rate	2008 Rate	2009 Rate	2005 Rate	2006 Rate	2007 Rate	2008 Rate	2009 Rate
North Carolina	360	380	338.6	410.8	474.2	174	195.7	184.3	162.8	160.6	5.6	6.8	6.3	5.5	10.2
<i>Pasquotank</i>	<i>484.2</i>	<i>451</i>	<i>376.1</i>	<i>501.1</i>	<i>627.6</i>	<i>348.1</i>	<i>276.2</i>	<i>270.4</i>	<i>282.2</i>	<i>333.2</i>	<i>0</i>	<i>2.5</i>	<i>0</i>	<i>0</i>	<i>2.4</i>

Gonorrhea

- According to Table 40, the 2005-2009 Pasquotank County rates for gonorrhea were higher than the state rate.
- The Healthy Carolinians 2010 goal for gonorrhea is 191 cases per 100,000.¹⁰⁸ The Healthy People 2010 target is approximately 19 cases per 100,000.¹¹⁰ Gonorrhea incidence in Pasquotank County is well above both goals.

Chlamydia rate per 100,000 Population		
RESIDENCE		2007
North Carolina		345.6
<i>Pasquotank</i>		<i>386.5</i>
PEER Co.	Duplin	394.0
	Nash	469.1
	Sampson	275.3

Syphilis

- Primary and secondary syphilis are the communicable stages of the disease and as such are the cases that are reported. One new case of syphilis was reported in Pasquotank County for the period 2005-2009, for a local overall incidence rate of 0.5. The regional incidence rate was 0.7 per 100,000.

HIV/AIDS Incidence

- Between 1996 and 2009, the incidence of HIV/AIDS in the Albemarle region and the state have changed very little, though the regional incidence has decreased slightly and the state incidence rate has increased slightly. The HIV incidence rate in Pasquotank County has increased during this time and its current incidence rate is above the target rate of approximately 1.5 new cases per 10,000 set by Healthy Carolinians.¹⁰⁸

Table 41. N.C. HIV Disease Cases and County Comparison, 2005-2009

RESIDENCE	2005 Cases	2006 Cases	2007 Cases	2008 Cases	2009 Cases	2005 Rate	2006 Rate	2007 Rate	2008 Rate	2009 Rate
North Carolina	1600	1642	1807	1782	1710	18.5	18.6	20.0	19.3	18.5
<i>Pasquotank</i>	<i>3</i>	<i>9</i>	<i>6</i>	<i>8</i>	<i>1</i>	<i>7.9</i>	<i>22.8</i>	<i>14.7</i>	<i>19.5</i>	<i>2.4</i>

HIV/AIDS Mortality

As presented in Table 42, 9 deaths in Pasquotank County were attributable to HIV/AIDS during the period 2004-2008. The resulting HIV/AIDS mortality rate in Pasquotank County was 41% higher than the regional rate and 26% higher than the state rate. However, the numbers of HIV/AIDS deaths in the county and region are low and the resulting rates should be interpreted with extreme caution.

Table 42. HIV/AIDS Mortality (2004-2008)

County	Overall Rate		White Males		White Females		Minority Males		Minority Females	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Pasquotank	9	4.4	0	0.0	0	0.0	7	17.6	2	4.9
Albemarle Average	4	3.6	0	0.6	0	1.3	2	9.0	1	5.3
State Total	1,982	n/a	357	n/a	74	n/a	1,013	n/a	538	n/a
NC County Avg.	20	4.0	4	0.3	1	1.0	10	13.3	5	5.1

Source

NC State Center for Health Statistics, 2010 County Health Databook. <http://www.schs.state.nc.us/SCHS/healthstats/databook/>

Oral Health

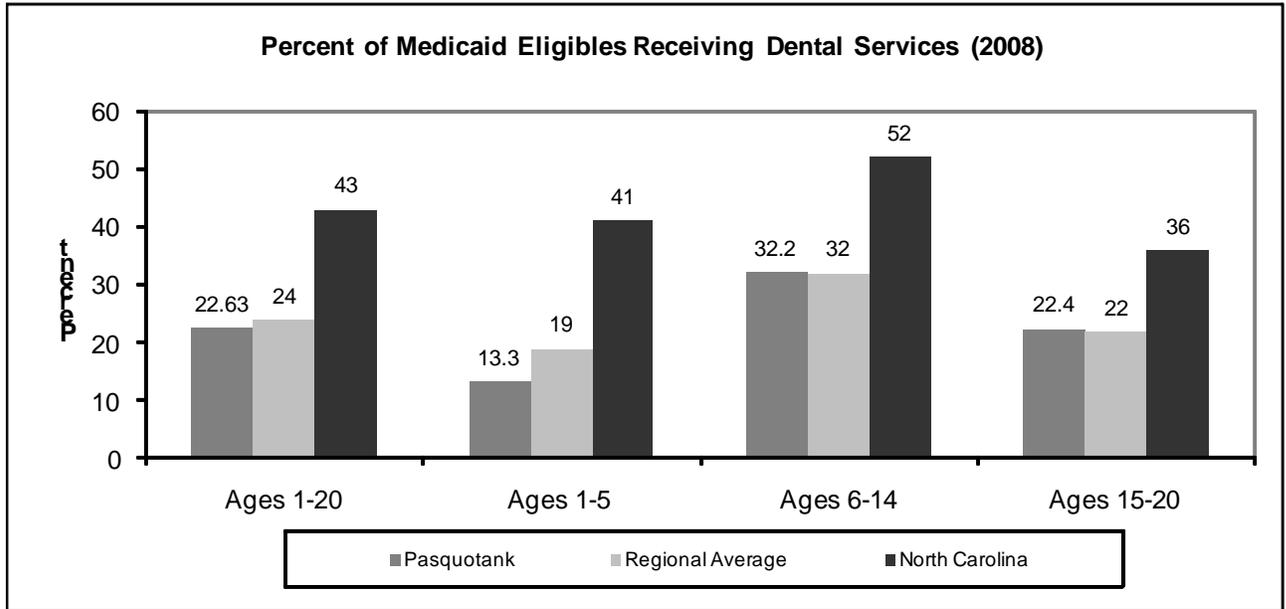
Child Oral Health

The Oral Health Section of the North Carolina Division of Public Health periodically coordinates a dental assessment screening for kindergarten and fifth-grade schoolchildren. Dental hygienists use a standardized technique to measure the prevalence of decayed and filled teeth among these children.

- A higher proportion of kindergarteners and fifth graders were screened in Pasquotank County and the Albemarle region.
- Pasquotank County kindergarteners had a higher percentage of being cavity free, a higher prevalence of untreated decay, and by small margins, a lower average number of decayed, missing and filled teeth per child (DMFT) and lower average number of decayed teeth (DT) per child.
- Pasquotank County fifth graders had a higher percentage of being cavity free, the same prevalence of untreated decay, the same percentage of children with sealants, a lower average number of decayed, missing and filled teeth per child (DMFT), and the same average of decayed teeth (DT) per child.

Compared to North Carolina averages, a smaller percentage of Pasquotank County and Albemarle Region Medicaid eligible youth of all ages received dental services in 2008-2009 (Figure 20).

Figure 20



Source: NC Department of Health and Human Services, Division of Public Health, NC Oral Health Section 2008-2009
http://www.communityhealth.dhhs.state.nc.us/dental/assess_2.htm

% of Kindergarteners with Untreated Tooth Decay	
2007	
RESIDENCE	
North Carolina	
18.0	
<i>Pasquotank</i>	
<i>23.0</i>	
PEER Co.	Duplin
	Nash
	Sampson
	29.0
	N/A
	32.9

Adult Oral Health

Pasquotank County residents are surveyed about their dental health status and dental health behaviors in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of the nine-county North East Region II sample. However, the small number of participants (n=479 in 2004 and 510 in 2005) across the sample of which the county is a part yields data too limited to interpolate reliably to a single county, so it is not presented here.

Adult dental health issues were assayed in the 2006 Pasquotank County Community Health Survey, and those results are presented in Chapter Three of this report.

- Of the Community Health Opinion Survey respondents, 35.3% had visited their dentist for a routine well check-up in the last 12 months.

Resources and Programs

- Dental Health screening, education, and treatment are offered to children birth through grade 12 through Albemarle Regional Health Services. Referrals for children’s dental services are received from school and medical professionals.
- Dare County sponsored Missions of Mercy Dental Clinic in October 2010. 236 local volunteers contributed approximately 2100 hours affording dental services to 752 patients from across the region including Pasquotank County residents.

Mental Health and Substance Abuse

Table 43 presents data on utilization of mental health, developmental disability and substance abuse services (MH/DD/SAS) by Pasquotank County residents.

- The number of Pasquotank County residents served by state developmental centers increased between 2004 and 2009 as did the number served by substance abuse treatment centers.
- The number of people served in state psychiatric hospitals decreased drastically in Pasquotank County, the Albemarle Region, and at the state level over the same time period.
- The number of people served by MH/DD/SAS management entity/area programs has decreased overall since 2005 at the county, local, and regional level.

Table 43. Mental Health, Developmental Disability, Substance Abuse Service Utilization (years as noted)

County	Number of Persons Served									
	Mental Retardation Centers		Alcohol and Drug Abuse Treatment Centers		State Psychiatric Hospitals		Area Programs			
	2004-2005	2008-2009	2004-2005	2008-2009	2004-2005	2008-2009	2005-2006	2006-2007	2007-2008	2008-2009
Pasquotank	14	16	35	72	119	34	1,603	1,614	1,693	1,560
Albemarle Average	6	5	22	27	54	14	821	819	612	632
State Total	2,172	1,404	3,732	4,812	18,435	9,643	322,397	315,338	306,907	309,153
NC County Avg.	22	14	37	48	184	96	3,224	3,153	3,069	3,092
Source	a	a	a	a	a	a	a	a	a	a

a - NC DHHS, Division of Mental Health, Publications, Statistical Reports. <http://www.dhhs.state.nc.us/mhddsas/manuals>

- While the data presented in Table 44 are dated, they present interesting historical information on hospitalizations of Pasquotank County residents for mental disorders and substance abuse. For the period in question (1996-1998), lower *numbers* of Pasquotank County residents were hospitalized for either problem compared the average NC county. These numbers compute to hospital utilization *rates*, however, that were considerably higher in Pasquotank than in the average NC county. During the three-year aggregate period 1996-1998, 2,391 Pasquotank County residents were hospitalized for mental health disorders and 928 were hospitalized for alcohol and drug abuse.

Table 44. Hospitalizations for Mental Disorders and Substance Abuse (1996-1998)

County	Per 10,000 Population			
	Hospitalizations for Mental Disorders		Hospitalizations for Alcohol/Drug Abuse	
	Number	Rate	Number	Rate
Pasquotank	2,391	232.0	928	90.0
Albemarle Average	1,017	196.7	440	87.9
State Total	581,222	n/a	281,708	n/a
NC County Avg.	5,812	260.4	2,817	126.3
Source	NC State Center for Health Statistics, 1999 County Health Databook			

- More recent data, provided by Albemarle Hospital, tracks emergency department utilization by patients with substance abuse diagnoses for the period from October 1, 2009 through September 30, 2010 (64). These data represent *principal* diagnoses (not admitting diagnoses) and included alcohol and substance abuse, suicidal ideations, and other mental health problems.
 - Of the Community Health Opinion Survey respondents, 41.7% did not know where to refer a family member or friend who needs counseling for a mental health issue, substance abuse problem, or a developmental disability.

Obesity

Adult Obesity

Pasquotank County residents are surveyed about their height, weight and eating behaviors in the state's annual Behavioral Risk Factor Surveillance System (BRFSS) Survey, as part of the nine-county North East Region II sample. However, the small number of participants (n=479 in 2004 and 510 in 2005) across the sample of which the county is a part yields data too limited to interpolate reliable to a single county, so it is not presented here.

Adult dietary and exercise behaviors and diagnoses of overweight and obesity were assayed in the 2010 Pasquotank County Community Health Survey.

Of the respondents surveyed:

- 17.6% of respondents do not engage in any physical activity.
- 39% of respondents engage in physical activity at least 2-3 times a week.
- 56.3% eat 1-5 servings of fruit in an average week.
- 26.3% eat 6-10 servings of vegetables in an average week.
- 43.1% have been told by a medical provider that they are overweight/obese.
- Unhealthy eating and lack of exercise were listed as two of the top unhealthy behaviors in Pasquotank County by survey respondents.

Resources and Programs

- Albemarle Regional Health Services' Health Promotion program staff works with faith communities, worksites, and schools to promote environmental change and policies to afford community members healthy eating and physical activity opportunities.
- Pasquotank County Cooperative Extension offers various weight loss/weight management programs including Eat Smart Move More Weigh Less to the community.
- There are six Farmers' Markets in the county selling local fruits and vegetables.
- Pasquotank County recently completed construction of the River Road Sports Complex in the fall of 2009. This complex was a joint effort of the City and County Recreation Departments. It features five lighted soccer fields, two of which are suitable for youth football. A playground, picnic shelter, and walking trail complete the complex. The fields are hybrid bermuda and will provide an excellent playing surface. The American Youth Soccer Organization will begin playing their matches here in Spring 2010.
- In conjunction with Healthy Carolinians of the Albemarle and the Fitness and Nutrition Council, a Walking Communities program was added to the county website that provides GIS mapping of neighborhood walking distances and parks and trail distances in the county.
- During the work groups and stakeholder interviews, more recreational opportunities were cited as needed in Pasquotank County. Several comments focused on the need to construct more biking trails and sidewalks in the county.

Childhood Obesity

The North Carolina Healthy Weight Initiative, using the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), collects height and weight measurements from children seen in North Carolina Division of Public Health-sponsored WIC and Child Health Clinics, as well as some school-based Health Centers.⁸¹ This data is used to calculate Body Mass Indices (BMI) in order to gain some insight into the prevalence of childhood obesity.

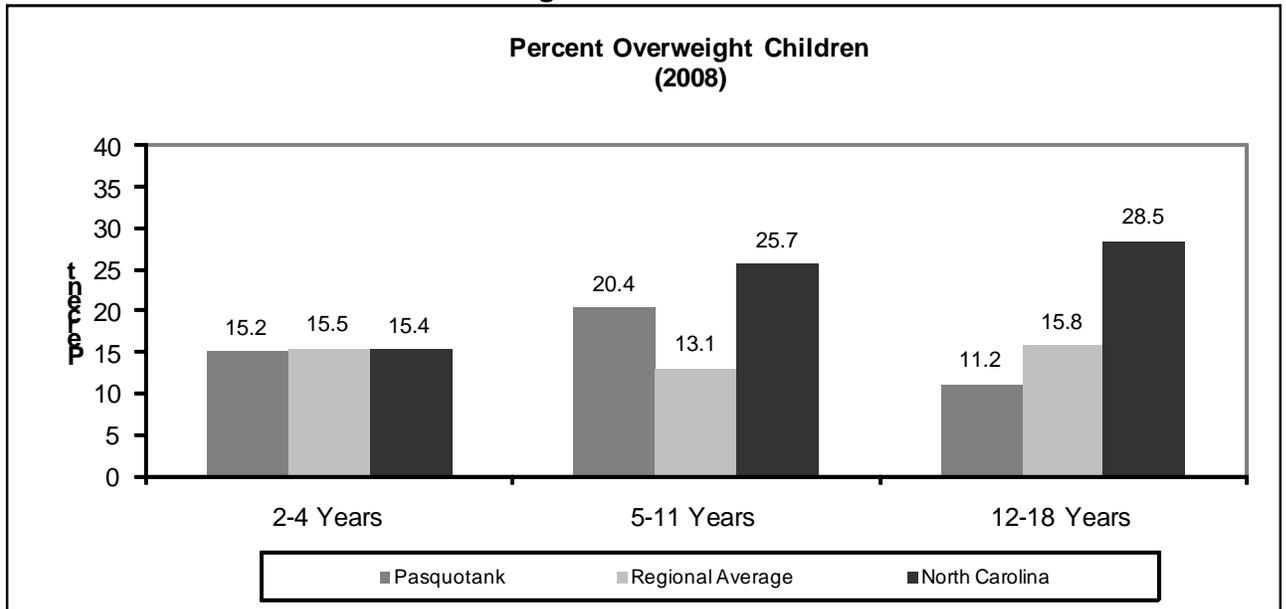
$$\text{BMI} = (\text{weight in kilograms}) / (\text{height in meters})^2$$

Children with BMIs equal to the 95th percentile or above are considered obese, while children with BMIs that are between the 85th and 94th percentiles are considered overweight. Caution should be exercised when using these data, since the survey sample is relatively small, especially in some age groups, and may not be representative of the countywide population of children. For example, the 2005 Pasquotank County sample was composed of 590 2-4 year-olds, 369 5-11 year-olds, and 209 12-18 year-olds.¹¹³ Across the nation, 16% of children aged 6-11 and 12-19 are considered overweight or obese.¹⁰⁹

According to NC-NPASS data for children who are overweight (Figure 21):

- Pasquotank County has a slightly lower percentage of overweight 2-4 year-olds than the Albemarle region and the state as a whole.
- Pasquotank County has a significantly higher percentage of 5-11 year-olds who are overweight than the region and the state as a whole.
- Pasquotank County has a slightly higher percentage of 12-18 year-olds who are overweight than the state but the same percentage as the region.

Figure 21

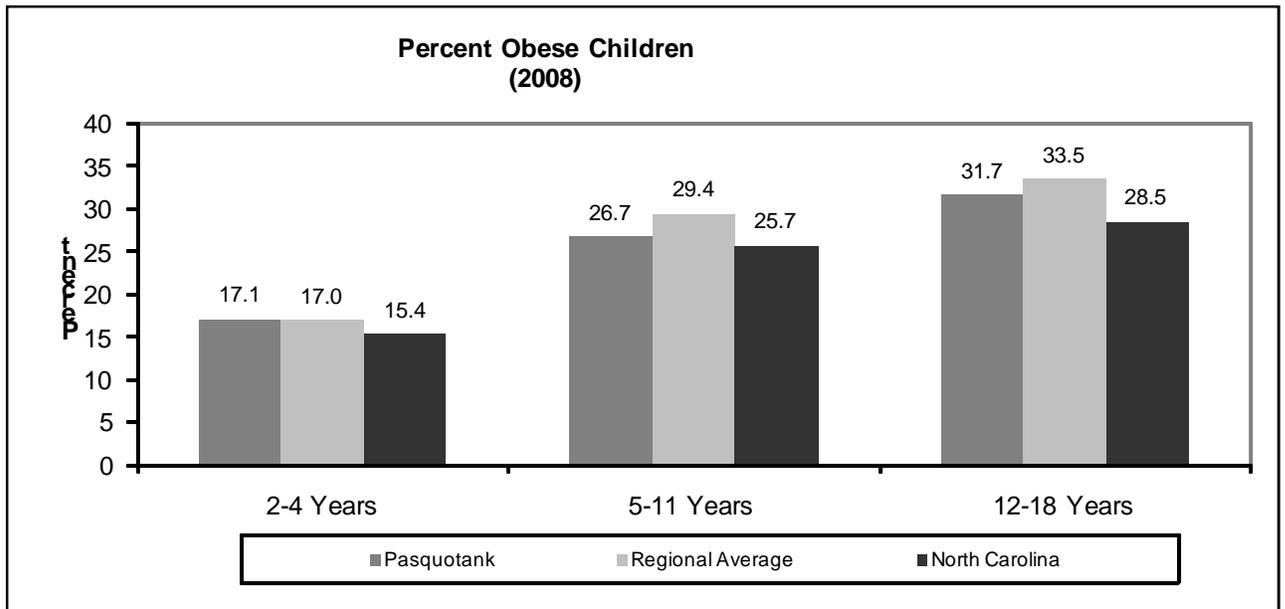


North Carolina Healthy Weight Initiative. Eat Smart Move More. Data. NC NPASS. <http://www.eatsmartmovemorenc.com/data.htm>.

According to NC-NPASS data for children who are *obese* (Figure 22):

- Pasquotank County has a higher proportion of obese 2-4 year-olds than the state as a whole, but almost equal to that of the Albemarle region.
- Pasquotank County has a lower proportion of obese 5-11 year-olds than the region, but a higher proportion than the state as a whole.
- Pasquotank County has a lower proportion of obese 12-18 year-olds than the Albemarle region, but a higher proportion of obese 12-18 year olds than the state as a whole.

Figure 22



North Carolina Healthy Weight Initiative. Eat Smart Move More. Data. NC NPASS.
<http://www.eatsmartmovemorenc.com/data.htm>.

Asthma

One way the burden of asthma in a community can be assessed is by reviewing hospital records. According to hospital records from 2008 that tally information about patients from Pasquotank County regardless of the location of their hospitalization are found in (Table 45).

- The total hospitalization rate due to asthma (including children and adults) in 2008 in Pasquotank County (150.0) was higher than the average rate across the Albemarle Region (123.0) and that at the state level (115.4). The recent county rate was also higher than the Healthy Carolinians goal of 118.¹⁰⁸

- For children age 0-14, the Pasquotank County asthma hospitalization rate of 242.7 is also significantly higher than the regional rate of 128.2 and the state rate of 151.9. The Pasquotank County asthma hospitalization rate for children is higher than the Healthy People 2010 target of 173.¹¹⁰

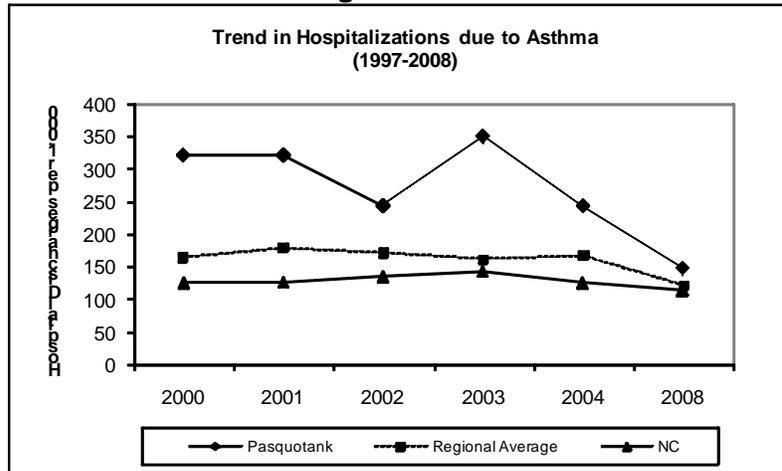
Table 45. Asthma Hospitalization Rates (2008)

County	Asthma Hospitalizations Per 100,000 (2008 Hospital Discharge Reports)			
	Total		Ages 0-14 Years	
	Number	Rate	Number	Rate
Pasquotank	62	150.0	19	242.7
Albemarle Average	25	123.0	5	128.2
State Total	10,644	n/a	2,778	n/a
NC County Avg.	106	115.4	28	151.9

Source: NC State Center for Health Statistics, 2010 County Health Databook.
<http://www.schs.state.nc.us/SCHS/healthstats/databook/>

- From 1997 to 2004, the Pasquotank County total hospitalization rate due to asthma has decreased more dramatically than either the regional or the statewide rates (Figure 23). This trend has continued from 2004 to 2008; however, the trend for the state, regional, and county level had more or less equilibrated by the end of this time period.

Figure 23



Resources and Programs

- The Albemarle Pediatric Asthma Coalition plays an active role in reducing the asthma epidemic in the region. The Coalition members have standardized the use of the Asthma Action Plan for pre-school children and school-aged children. APAC has provided Asthma Education and Case management services for

Pasquotank Community Health Assessment 2010

families who have a child living with asthma. Targeted Public Awareness campaigns have included billboards, promotional signs and banners, and pinwheel displays. Public proclamations for Asthma Awareness Month and World Asthma Day have been accomplished in the region.

Chapter Four Community Health Survey and Stakeholder Interviews

Primary Data Methodology

Primary data interview locations were randomly selected using a modified two-stage cluster sampling methodology. The survey methodology is an adaptation of the Rapid Needs Assessment (RNA) developed by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) for surveying populations after natural disasters. The WHO/CDC RNA approach was modified to utilize mobile GIS software, handheld computers and GPS receivers. For the Albemarle Community Health Assessment, the assessment area includes seven counties and estimates need to be reported for each county so a stratified two-stage cluster sampling method was employed. Statistical power analysis suggested that 80 surveys per county would yield acceptable precision of estimates. Census blocks were selected as the type of geographic cluster for the first stage of the two-stage sample. To ensure sufficient households for second stage sampling, only census blocks with at least ten households were included in the sampling frame. The sample was selected utilizing a Survey Sampling Tool extension to the ESRI ArcView GIS software and developed by the NC Office of Public Health Preparedness and the Guilford County Department of Public Health. The sample selected included 4 households in each of 20 census blocks in each of seven counties, for a total of 560 surveys.

To complete data collection in the field, survey teams generally consisting of two persons: one to read the survey questions and one to enter the responses into a handheld computer. Survey teams were comprised of health department staff and volunteers recruited from each of the seven assessment counties. Survey protocol followed procedures established for RNAs and Community Health Assessments whereby surveys were conducted during work hours and early evening hours. When target households resulted in refusals or not-at-homes, survey teams proceeded on to the next household on their route and within the designated survey cluster.

A training session was provided for survey teams on March 15, 2010, and the surveys were conducted over several weeks. Survey data were analyzed using the CDC's statistical analysis software Epi-Info version 3.5.1 using the complex sample frequencies analysis procedure, which produces frequencies and means weighted based on census block population size. Representatives of the ARHSAT entered survey responses into a handheld computer for data entry and analysis with the Epi-Info software package. When appropriate, responses were stratified by the age, gender, race, education and income of the respondents. 560 surveys were analyzed.

March through May of 2010, a Masters degree candidate from the UNC Gillings School of Global Public Health conducted twelve telephone interviews with community leaders in Pasquotank County. The interviewees, who were selected for participation by the coordinator and members of Healthy Carolinians of the Albemarle, received a letter preceding the phone calls inviting them to participate in the community survey. To emphasize the importance of the invitation, the letter was signed by both the coordinator and chair of the Healthy Carolinians of the Albemarle. The interviewer contacted fourteen community leaders and twelve participated in the interviews.

The respondents were asked to describe the services provided by their agencies, the populations they served, barriers that community members faced when attempting to access those services, and what the agencies did to help their clients access their

services. Respondents were also asked general opinion-type questions about Pasquotank County as a whole. These questions were about services that were needed in the area and about the county's strengths and the challenges it was facing. At the end of the interview, respondents were read eight statements about Pasquotank County and asked whether they agreed or disagreed with each statement. The complete interview script appears in the Appendix B of this document.

Interview data was initially recorded in narrative form in Microsoft Word. Themes in the data were identified and representative quotes were drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as names or organizational affiliations would *not* be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

2010 COMMUNITY HEALTH SURVEY



ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Pasquotank County

Hello, I am _____ and this is _____ representing the Pasquotank County Health Department. (*Show badges.*) You are being asked to participate in a health survey for our county because your address was randomly selected. The purpose of this survey is to learn more about the health and quality of life in Pasquotank County, North Carolina. The Pasquotank County Health Department, Healthy Carolinians of the Albemarle and Albemarle Health will use the results of this survey to help develop plans for addressing the major health and community issues in Pasquotank County. All the information you give us will be completely confidential and will not be linked to you in any way.

The survey is completely voluntary. All of your answers are confidential. It should take no longer than 30 minutes to complete. If you don't live here at this house, please tell me now.

Would you be willing to participate?

If they want to confirm this survey is legitimate, please ask them to call the Health Department.

- *Pasquotank Health Dept. → 252-338-4400.*

Additionally, the numbers for the local law enforcement are provided here:

- *Pasquotank County Sheriff's Office → 252-338-2191*

The purpose of this survey is to learn more about health and quality of life in the Albemarle Region of North Carolina. The local health departments of Albemarle Regional Health Services, Albemarle Hospital, Bertie Memorial and Chowan Hospitals-University Health Systems, Gates Partners for Health, Healthy Carolinians of the Albemarle and Three Rivers Healthy Carolinians will use the results of this survey and other information to help develop plans for addressing the health problems of the region and its seven constituent counties: Pasquotank, Perquimans, Camden, Chowan, Currituck, Bertie and Gates. Thank you for taking the time to complete this Community Health Survey. **If you have already completed this survey, or if you don't live in Pasquotank County, please STOP here.**

Your answers on this survey will not be linked to you in any way.

PART 1: Quality of Life Statements

The first part of this survey is about the quality of life in Pasquotank County. After I read the statement, please tell me whether you strongly disagree, disagree, agree or strongly agree with it.

Quality of Life Statements	Strongly Disagree	Disagree	Agree	Strongly Agree
Question 1 There is a good health care system in Pasquotank County. (Think about health care options, access, cost, availability, quality, etc.)	8.8%	15.0%	<u>70.0%</u>	6.3%
Question 2 Pasquotank County is a good place to raise children. (Think about the availability and quality of schools, child care, after school programs, places to play, etc.)	3.8%	12.5%	<u>67.5%</u>	16.3%
Question 3 Pasquotank County is a good place to grow old. (Think about elder-friendly housing, access/ways to get to medical services, elder day care, social support for the elderly living alone, meals on wheels, etc.)	6.3%	10.0%	<u>62.5%</u>	20.0%
Question 4 There are plenty of ways to earn a living in Pasquotank County. (Think about job options and quality of jobs, job training/higher education opportunities, etc.)	27.5%	<u>51.3%</u>	20.0%	0%
Question 5 Pasquotank County is a safe place to live. (Think about safety at home, in the workplace, in schools, at playgrounds, parks, shopping centers, etc.)	2.5%	15.0%	<u>77.5%</u>	5.0%
Question 6 There is plenty of support for individuals and families during times of stress and need in Pasquotank County. (Examples include neighbors, support groups, faith community outreach, agencies, organizations, etc.)	5.0%	27.5%	<u>61.3%</u>	5.0%
Question 7 Pasquotank County has clean air.	1.3%	3.8%	<u>90.0%</u>	5.0%
Question 8 Pasquotank County has clean water.	11.3%	26.3%	<u>55.0%</u>	7.5%

PART 2: Community Health, Behavioral, and Social Problems

The next three questions will ask your opinion about the most important health, behavioral and social problems, and community issues in Pasquotank County.

Question 9

Using this list, please tell us the five (5) most important health problems in Pasquotank County.

(Problems that you think have the greatest overall effect on health in the community.)

- 30.0% Cancer**
- 23.8% Diabetes**
- 17.5% Heart Disease**
- 15.0% Teenage Pregnancy**
- 15.0% Obesity/Overweight**

Question 10

Using this list, please tell us the five (5) most important “unhealthy behaviors” in Pasquotank County. (Unhealthy behaviors that you think have the greatest overall effect on health and safety in the community.)

- 36.3% Alcohol Abuse**
- 33.8% Drug Abuse**
- 16.3% Lack of exercise**
- 13.8% Smoking/tobacco use**
- 17.5% Unhealthy eating habits**

Question 11

Using this list, please tell us the five (5) most important “community social issues” in Pasquotank County. (Social issues that you think have the greatest overall effect on the quality of life in the community.)

- 20.0% Homelessness**
- 17.5% Lack of affordable health insurance/health care**
- 13.8% Lack of recreational facilities**
- 12.5% Underemployment/lack of well-paying jobs**
- 7.5% Inadequate/unaffordable housing**

PART 3: Community Service Problems and Issues

Now I am going to ask you: In the past 12 months have you needed any of these specific community services but had difficulty finding or using the service? I will name several, so if you did not need this service, tell me that and we'll skip to the next one.

Question 12

Tell me if you needed this service in the past 12 months.

IF NO, SKIP TO NEXT SERVICE

If YES, tell me whether you had one of the following problems with this service: (if you had no problem with this service, please tell me so)

Adult day care/respite care

5.2% Lack of information

0% Cost

0% Service not available

0% Language/Cultural barriers

0% Lack of transportation

6.9% No problem with this service

87.9% Did not need this service

Assistance with housing costs/subsidized housing

0% Lack of information

0.9% Cost

1.7% Service not available

0% Language/Cultural barrier

0% Lack of transportation

1.8% No problem with this service

94.7% Did not need this service

Assistance with food costs/food stamps

5.7% Lack of information

0.5% Cost

1.6% Service not available

0.6% Language/Cultural barrier

0% Lack of transportation

10.6% No problem with this service

81.0% Did not need this service

Health Promotion/Wellness programs

0% Lack of information

1.2% Cost

1.0% Service not available

0% Language/Cultural barrier

0% Lack of transportation

0.8% No problem with this service

96.2% Did not need this service

Medical case management for an ongoing health problem

0.3% Lack of information

4.9% Cost

1.6% Service not available

0% Language/Cultural barrier

0% Lack of transportation

22.9% No problem with this service

69.9% Did not need this service

Legal services

1.2% Lack of information

4.9% Cost

0% Service not available

1.2% Language/Cultural barrier

0% Lack of transportation

13.0% No problem with this service

78.9% Did not need this service

Emergency medical care

0.4% Lack of information

1.6% Cost

1.7% Service not available

0% Language/Cultural barrier

0% Lack of transportation

38.6% No problem with this service

57.4% Did not need this service

Hospital care

0.9% Lack of information
5.5% Cost
1.2% Service not available
0% Language/Cultural barrier

0% Lack of transportation
50.2% No problem with this service
39.8% Did not need this service

Pregnancy care

0% Lack of information
0% Cost
0.1% Service not available
0% Language/Cultural barrier

0% Lack of transportation
7.5% No problem with this service
92.4% Did not need this service

Enrolling in Medicaid or Medicare

5.7% Lack of information
0.1% Cost
8.6% Service not available
0.6% Language/Cultural barrier

0% Lack of transportation
28.7% No problem with this service
56.2% Did not need this service

Mental health care or counseling

0% Lack of information
0% Cost
2.0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
12.6% No problem with this service
84.8% Did not need this service

Drug or alcohol treatment program

0.4% Lack of information
0% Cost
0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
2.3% No problem with this service
96.8% Did not need this service

Rehabilitation from an injury or permanent disability

0% Lack of information
0.8% Cost
1.2% Service not available
0% Language/Cultural barrier

0% Lack of transportation
25.3% No problem with this service
72.3% Did not need this service

Home health care

0.3% Lack of information
0.6% Cost
0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
27.3% No problem with this service
71.4% Did not need this service

Nutrition service

4.8% Lack of information
0% Cost
0.2% Service not available
0% Language/Cultural barrier

0% Lack of transportation
3.4% No problem with this service
90.6% Did not need this service

Purchasing medical equipment

0% Lack of information
0.8% Cost
0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
21.6% No problem with this service
77.6% Did not need this service

Getting prescription medications

0% Lack of information
4.6% Cost
0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
65.7% No problem with this service
28.9% Did not need this service

Smoking cessation

1.2% Lack of information
0% Cost
0% Service not available
0% Language/Cultural barrier

0% Lack of transportation
8.1% No problem with this service
90.6% Did not need this service

Dental care

4.8% Lack of information
2.1% Cost
6.7% Service not available
0% Language/Cultural barrier

0% Lack of transportation
49.1% No problem with this service
36.9% Did not need this service

PART 4: Personal Health

The following questions ask about your own personal health. Remember, this survey will not be linked to you in any way.

Question 13

How would you rate your own personal health?

13.2% Excellent 28.9% Very Good 28.8% Good 20.8% Fair 3.9% Poor

Question 14

Do you currently have any of the following kinds of health insurance or health care coverage? (Pick all the answers that apply.)

28.8% Health insurance *my* employer provides
17.5% Health insurance *my spouse's* employer provides
1.3% Health insurance *my school* provides
3.8% Health insurance *my parent or my parent's* employer provider
11.3% Health insurance I bought for myself
16.3% Medicaid

35.0% Medicare
3.8% Veteran's Administration benefits
___ Other: _____
17.5% I currently do not have any kind of health insurance or health care coverage

Question 15

During the past 12 months, was there any time that you did not have any health insurance or health care coverage?

14.5% Yes ___ No

Question 16

What type of medical provider(s) do you visit when you are sick?

(Pick all the answers that apply.)

<u>85.6%</u> Doctor's office	<u>0%</u> Company nurse
<u>3.2%</u> Health department	<u>0%</u> Community or Rural Health Center
<u>7.2%</u> Hospital clinic	<u>27.3%</u> Urgent Care Center
<u>40.7%</u> Hospital emergency room	
<u>0%</u> Student Health Services	

Question 17

In what cities are the medical providers you visit located?

(Pick all the answers that apply.)

<u>0%</u> Ahoskie	<u>0%</u> Franklin	<u>0%</u> Suffolk
<u>5.2%</u> Chesapeake	<u>0%</u> Gatesville	<u>1.0%</u> Virginia Beach
<u>0.5%</u> Dare County	<u>0.2%</u> Greenville	<u>0%</u> Williamston
<u>3.3%</u> Edenton	<u>5.7%</u> Hertford	<u>0.4%</u> Windsor
<u>86.1%</u> Elizabeth City	<u>2.9%</u> Norfolk	

Question 18

Where do you usually get advice on your health?

(Pick all the answers that apply.)

<u>72.7%</u> Doctor's office	<u>17.8%</u> Urgent Care Center
<u>0.4%</u> Health department	<u>44.3%</u> Family
<u>3.8%</u> Hospital clinic	<u>20.9%</u> Friends
<u>11.4%</u> Hospital emergency room	<u>16.0%</u> Media (television, news, radio, magazine)
<u>0.8%</u> Student Health Services	<u>20.4%</u> internet or other computer-based info
<u>1.3%</u> Company nurse	
<u>1.0%</u> Community or Rural Health Center	

Question 19

About how long has it been since you last visited a doctor for a routine (“well”) medical checkup? Do not include times you visited the doctor because you were sick or pregnant.

- 53.4% Within the past 12 months
- 36.7% 1-2 years ago
- 2.2% 3-5 years ago
- 0.5% More than 5 years ago
- 0.9% I have never had a routine or “well” medical checkup.

Question 20

About how long has it been since you last visited a dentist for a routine (“well”) dental checkup? Do not include times you visited the dentist because of a toothache or other emergency.

- 35.3% Within the past 12 months
- 46.4% 1-2 years ago
- 10.0% 3-5 years ago
- 6.3% More than 5 years ago
- 0.6% I have never had a routine or “well” dental checkup.

Question 21

If one of your friends or family members needed counseling for a mental health, substance abuse, or developmental disability problem, whom would you suggest they go see?

- 10.1% Children’s Developmental Services Agency/Developmental Evaluation Center
- 21.7% Counselor or therapist in private practice
- 16.7% Doctor
- 1.3% Emergency Room
- 10.1% Employee Assistance Program
- 26.5% Local Mental Health Facility
- 19.5% Minister/pastor
- 9.5% School counselor
- 6.7% Vocational Rehabilitation/Independent Living
- 43.7% I don’t know

Question 22

How would you describe your day-to-day level of stress?

- 22.4% High
- 38.0% Moderate
- 38.9% Low

Question 23

In the past 12 months, how often would you say you were worried or stressed about having enough money to pay your rent/mortgage?

9.5% Always 4.7% Usually 26.6% Sometimes 9.4% Rarely **45.1%** Never

Question 24

On how many of the past 7 days did you drink alcohol of any kind? (Beer, Wine, Spirits)

<u>16.4%</u> 1 day	<u>0%</u> 6 days
<u>6.5%</u> 2 days	<u>0%</u> 7 days
<u>7.6%</u> 3 days	<u>30.8%</u> I didn't drink alcohol on any of the past 7 days
<u>0%</u> 4 days	<u>37.6%</u> I never drink alcohol
<u>0%</u> 5 days	

Question 25

During that same 7-day period, how many times did you have five (5) or more alcoholic drinks (Beer, Wine, Spirits) in a single day?

<u>96.7%</u> 0 times	<u>0%</u> 4 times
<u>1.9%</u> 1 time	<u>0.6%</u> 5 times
<u>0.8%</u> 2 times	<u>0%</u> 6 times
<u>0%</u> 3 times	<u>0%</u> 7 times

Question 26

Do you smoke cigarettes?

20.3% Yes
60.3% I have never smoked cigarettes
19.3% I used to smoke but have quit

Question 27

How many cigarettes do you smoke per day?

(Please check only one (1) answer.)

85.4% Doesn't smoke
5.4% Less than half a pack per day
7.3% Between half a pack and one (1) pack per day
0.8% More than one (1) pack a day
0.6% Two (2) packs a day
0% Three (3) packs a day

Question 28

Are you regularly exposed to second-hand smoke from others who smoke?

26.8% Yes 73.6% No

Question 29

If you answered “yes” to the question 28, where are you regularly exposed to secondhand smoke? (*Pick all answers that apply.*)

0% In restaurants 14.4% At home 7.2% At work 2.9% In the car

Question 30

How often do you currently use smokeless tobacco (chewing tobacco, snuff, Snus®, “dip”)?

17.6% None
2.8% Less than once per week
3.9% Once per week
39.0% 2-3 times per week
5.0% 4-6 times per week
30.6% Daily

Question 31

During the past 7 days, other than your regular job, how often did you engage in physical activity for at least a half-an-hour?

17.6% None
2.8% Less than once a week
3.9% Once a week
39.0% 2-3 times a week
5.0% 4-6 times a week
30.6% Daily

Question 32

If you answered “none” to question 31, why don’t you engage in physical activity?

0% My job is physical or hard labor
0.4% I don’t have enough time for physical activity
1.9% I’m too tired for physical activity
2.2% I have a health condition that limits my physical activity
1.4% I don’t have a place to exercise
3.5% Weather limits my physical activity
0.4% Physical activity costs too much (equipment, shoes, gym expense)
7.5% Physical activity is not important to me

Question 33

Not counting juice, how often do you eat fruit in an average week?

- 7.5% None
- 56.3%** 1-5 servings
- 26.3% 6-10 servings
- 8.8% 11-15 servings
- 1.3% More than 15 servings

Question 34

Not counting potatoes and salad, how often do you eat vegetables in an average week?

- 1.3% None
- 42.5% 1-5 servings
- 47.5%** 6-10 servings
- 7.5% 11-15 servings
- 1.3% More than 15 servings

Question 35

Are grocery stores in or near your neighborhood?

- 92.0%** Yes
- _____ No

Question 36

Are fresh fruits and vegetables readily available at nearby grocery stores?

- 84.1%** Yes
- _____ No

Question 37

On average, about how many meals a week do you eat out?

- 25.0% None
- 73.8%** 1-5 times
- 1.3% 6-10 times
- 0% More than 10 times

Question 38

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

- 29.9% Asthma
- 8.9% Depression
- 10.6% Diabetes

46.6% High blood pressure

30.1% High cholesterol

7.3% Mental Illness

43.1% Overweight/obesity

MEN'S HEALTH QUESTIONS. Answer the following two questions only if you are a man age 40 or older. If you are a man, but younger than age 40, skip to question 46. If you are a woman, skip to question 41.

Question 39

Do you get an annual prostate exam?

17.9% Yes

_____ No, why not?

I. 0.95% Lack of Information

II. 1.9% Cost

III. 1.2% Service Not Available

IV. 0% Language or Cultural Barrier

V. 0% Lack of Transportation

VI. 0.8% Instructed by a health professional that an annual prostate exam was not necessary

Question 40

How long has it been since your last prostate exam?

10.7% Within the past 12 months

7.6% 1-2 years ago

0.8% 3-5 years ago

0% More than 5 years ago

0% I don't know/don't remember

2.2% I have never had a prostate exam

WOMEN'S HEALTH QUESTIONS. Answer the following four (4) questions only if you are a woman. If you are a man, skip to question 45.

Question 41

If you are age 40 or older, do you get a mammogram every 1-2 years?

37.5% Yes _____ N/A because I'm under age 40

_____ No, why not?

I. 0.6% Lack of Information

II. 0.4% Cost

III. 0.5% Service Not Available

IV. 0% Language or Cultural Barrier

- V. 0.6% Lack of Transportation
- VI. 0.4% Instructed by a health professional that a mammogram every 1-2 years was not necessary

Question 42

How long has it been since your last mammogram?

- 17.4% Within the past 12 months
- 14.1% 1-2 years ago
- 0% 3-5 years ago
- 1.2% More than 5 years ago
- 0% I don't know/don't remember
- 0% I have never had a mammogram

Question 43

Do you get a Pap test at least every 1-3 years?

- 60.4% Yes
- _____ No, Why?
 - I. 1.4% Lack of Information
 - II. 6.3% Cost
 - III. 0% Service Not Available
 - IV. 0% Language or Cultural Barrier
 - V. 0.6% Lack of Transportation
 - VI. 6.6% Instructed by a health professional that a pap test every 1-3 years was not necessary .

Question 44

How long has it been since your last Pap test?

- 20.1% Within the past 12 months
- 32.8% 1-2 years ago
- 13.7% 3-5 years ago
- 7.0% More than 5 years ago
- 0.2% I don't know/don't remember
- 0% I have never had a pap test

Question 45

FOR MEN AND WOMEN: If you are a man or woman age 50 or older, have you ever had a test or exam for colon cancer?

- 40.0% Yes
- _____ No
- _____ N/A because I'm under age 50

PART 5: Adolescent (age 9-17) Behavior.

Answer the following three (3) questions only if you are the parent or guardian of a child aged 9-17. If you are not the parent or guardian of a child in this age range, skip to question 49.

Question 46

Do you think your child is engaging in any of the following high-risk behaviors?

(Check all answers that apply.)

<u>0%</u> Alcohol	<u>0%</u> Gang violence
<u>0%</u> Drugs	<u>0.6%</u> Reckless driving/speeding
<u>0%</u> Sex	<u>0.5%</u> Eating disorder (e.g. anorexia or bulimia)
<u>1.0%</u> Tobacco	<u>23.0%</u> My child is not engaging in any high risk behaviors.

Question 47

Are you comfortable talking to your child about the above behaviors?

25.6% Yes No

Question 48

Do you or your child need more information about any of the following issues?

(Check all answers that apply.)

<u>0%</u> Alcohol	<u>1.2%</u> Reckless driving/speeding
<u>0%</u> Drugs	<u>0%</u> Eating disorder (e.g. anorexia or bulimia)
<u>0.9%</u> Sex	<u>0%</u> Mental health issues (e.g. depression, anxiety)
<u>0%</u> Tobacco	<u>6.3%</u> Fitness/nutrition
<u>0%</u> STDs	<u> </u> Other: _____
<u>0%</u> HIV	<u>14.8%</u> My child does not need information about any of the above.
<u>0%</u> Gangs	

PART 6: Emergency Preparedness

The next three questions ask about how prepared you and your household are for an emergency.

Question 49

Does your household have working smoke and carbon monoxide detectors?

(Check only one)

<u>61.6%</u> Yes, smoke detectors only	<u>0%</u> Yes, carbon monoxide detectors only
<u>31.3%</u> Yes, both	<u>6.8%</u> No

Question 50

Does your household have a Family Emergency Plan?

43.1% Yes 56.1% No

Question 51

Does your household have a basic emergency supply kit? If yes, how many days do you have a supply for?

52.8% No 17.9% 3 days 12.1% 1 Week 10.3% 2 weeks 0.9% More than 2 weeks

Question 52

Did you get your H1N1 Flu vaccine?

29.5% Yes, why?

14.0% Feel I am at risk, or a household member is at risk

0.9% I know someone who has been sick

7.9% My doctor recommended it

7.8% I always get the flu vaccine

69.9% No, why not?

1.6% I couldn't afford it

9.8% It was not available

16.4% I feel the vaccine is not safe

7.5% My physician does not recommend its use

9.3% H1N1 is not serious enough or I am not at risk

0.7% Prefer to wait and get vaccine later

0% The type available is not suitable for my age or medical condition

21.6% I never get vaccinated against flu

2.0% It was not convenient

PART 7: Demographics

Please answer this next set of questions so we can see how different types of people feel about local health issues.

Question 53

Do you work or go to school outside Pasquotank County?

78.6% Yes

21.4% No

Question 54

How old are you?

1.25% 18-24

5.0% 25-29

5.0% 30-34

11.5% 35-39

8.8% 40-44

5.0% 45-49

10.0% 50-54

5.0% 55-59

10.0% 60-64

5.0% 65-69

15.0% 70-74

10.0% 75 or older

Question 55

What is your sex? 32.5% Male **66.2%** Female

Question 56

What is your race or ethnicity?

<u>38.8%</u> African American/Black	<u>0%</u> Native American
<u>1.3%</u> Asian/Pacific Islander	<u>56.3%</u> White/Caucasian
<u>1.3%</u> Hispanic/Latino	<u>2.5%</u> Other

Question 57

What is your marital status?

<u>60.6%</u> Married	<u>1.2%</u> Separated	<u>21.7%</u> Never married
<u>10.9%</u> Widowed	<u>4.3%</u> Divorced	_____ Other:

Question 58

What is the highest education level you have completed?

(Check only one (1) answer.)

<u>4.6%</u> Less than high school
<u>31.4%</u> High school diploma or GED
<u>10.5%</u> Associate's Degree
<u>26.4%</u> Some college but no degree
<u>25.2%</u> College degree (Bachelor's degree)
<u>0.5%</u> Graduate degree (Masters or Doctoral degree)

Question 59

What is your employment status?

(Check all answers that apply.)

<u>19.2%</u> Employed full-time	<u>3.0%</u> Disabled; unable to work
<u>12.8%</u> Employed part-time	<u>9.2%</u> Student
<u>14.6%</u> Unemployed	<u>8.3%</u> Homemaker
<u>38.6%</u> Retired	

Question 60

What was your total household income last year, before taxes? (This is the total income, before taxes, earned by all people over the age of 15 living in your house.)

<u>9.6%</u> Less than \$20,000
<u>9.2%</u> \$20,000 to \$29,999
<u>27.6%</u> \$30,000 to \$49,999
<u>13.0%</u> \$50,000 to \$74,999
<u>12.3%</u> \$75,000 to \$100,000

2.0% Over \$100,000
26.3% No Answer

Question 61

How many individuals make up your household?

<u>14.8%</u> 1 person	<u>6.0%</u> 6 people
<u>20.5%</u> 2 people	<u>0%</u> 7 people
<u>28.1%</u> 3 people	<u>0%</u> 8 people
<u>21.9%</u> 4 people	<u>0%</u> 9 people
<u>2.5%</u> 5 people	

Question 62

Are you the primary caregiver for any of the following?

(Check all answers that apply.)

<u>2.3%</u> Disabled child (under age 18)	<u>0%</u> Foster child (under age 18)
<u>8.2%</u> Disabled adult (age 18 or older)	<u>0.2%</u> Grandchild (under age 18)
<u>13.0%</u> Senior adult (age 65 or older)	

THE END!

Stakeholder Interview Comments

Interview Participants

Interviewees worked or volunteered for the following kinds of agencies or organizations (some subjects had multiple affiliations or worked for the same agency):

- Business organizations
- Health care service providers
- Non-profit organizations
- Educational institution
- Municipal government

Interview Results

Available Services

Business development. The Chamber of Commerce provides representation for area businesses, economic development and networking for local business owners in Pasquotank County. The focus is on small businesses.

Community outreach and health education. Health-care providers in the county conduct outreach to the community, including the faith-based community, and operate several different programs including injury prevention and emergency food provisions. The non-profit organizations in the area provide information and education on a variety of health topics including nutrition, families and parenting, and childbirth. A 24-hour telephone crisis hotline for victims of domestic violence is also available. CPR training, first aid training, and shelter for the homeless are offered to county residents through public and private organizations.

Educational services. The Elizabeth City – Pasquotank Public Schools provides education for school-aged children.

Municipal county services. Police, public works, parks and recreation, water/sewer, and utilities are some of the services available to county residents.

Health-care services. Albemarle Hospital serves Pasquotank County as well as the surrounding region.

Outreach to farmers. Educational organizations provide services to farmers as well as act as horticulture, agricultural, and nutrition resources.

Programs for youth and families. There are educational preparation programs for children as well as services for children with special needs and their families.

Unmet Service Needs

Mental health & addiction services. The most commonly cited unmet need was for mental health services and programs. Addiction and alcohol abuse were also cited as concerns in need of more services.

We need a day treatment facility for mental health. Hopefully it's coming next year. We need stronger mental health services.

Mental Health is a deplorable situation. Our organization sees that a lot and we have requests that are above the scope of our mission and resources.

Transportation. It was noted that residents outside of city limits may have trouble accessing available programs and services due to unmet transportation needs.

Expanded transportation is needed. This is hard in a rural community. Cabs are very expensive because of the distance someone would have to go.

Recreation & youth programs. There is a need for recreational programs for youth and adults alike.

We need more programs for teens to come to after school to stay out of trouble.

Recreational opportunities are needed like parks and bike trails.

Homeless shelters. It was acknowledged that local organizations including churches are helping homeless people in the county. Still there are many more homeless people in Pasquotank County in need of shelter.

There is a new homeless coalition that is working with area hotels to shelter people but there is no long-term transitional housing resource.

The closest homeless shelters are in Greenville, NC and Norfolk, VA.

Access to existing services. Some residents may not be aware of the existing services and programs they are eligible to utilize. Publicizing these services would increase awareness of their existence.

The more we can work together to have county residents informed of what services are available to them the better.

Many things are available but we need to get the information out as to what is available.

Current services and programs can be improved. They are not at the level they need to be at.

Dental services. County children and adults alike need access to dental care.

We need a dental outreach program. Not enough people have access to a dentist.

The concerns expressed above were the most commonly noted unmet needs. Other unmet services noted by community stakeholders included programs for child injury prevention, heart disease risk, diabetes, and improvement of the local schools.

Client Populations Served

The population served by the interviewees varied. More than half of the respondents' organizations provided services to all members of the community. One organization served all children aged pre-kindergarten through high school. A third of organizations served primarily residents of lower-income, with some services provided to all income levels.

Overall, there has been a general increase in the population of Pasquotank County. The most common changes in client population were an increase in the number of Hispanic clients served and an increase in the number of people needing services due to changes in the economy. Because of the economic downturn and large number of unemployed residents, some Pasquotank County organizations are serving people who have never needed their services before.

Barriers to Service Access

Transportation. The most commonly cited barrier to service access was transportation. It was noted that the rural makeup of the county contributed to the difficulty in providing public transportation. One community outreach organization that was previously able to provide transportation for those accessing its services is no longer able to due to funding.

There is a lack of public transportation. People are reliant on taxis or the goodwill of family and friends.

Lack of awareness of services offered. Two interviewees noted that some residents eligible for certain services may not know what services are being offered.

We need outreach to let people know they (the services) are available.

Other barriers mentioned by interviewees included not being able to afford services and childcare.

Overcoming Access Barriers

Financial assistance. Scholarships are provided for parks & recreational programs. Residents can receive help paying utility bills if needed. One organization tries to be conscious of the cost of its programs and keep fees as low as possible compared to other organizations offering the same service.

Intpretation services. Agencies that felt their clients faced a language barrier worked to address these issues by having Spanish Language intrepretors and bilingual staff available. One agency provides a sign language intrepreter and a social worker for the blind.

Transportation. Some organizations provide transportation services for their clients. One agency works to bring its emergency food relief and preventative healthcare screening services to isolated community members using a mobile unit.

Community Strengths

Agencies, organizations, and residents work well together. The most commonly mentioned strength of Pasquotank County was that the agencies and service providers in the county worked well together. The citizens of Pasquotank County were noted as being warm, caring and supportive of organizations in the community working to help residents.

Collaboration between community partners, agencies, schools, and law enforcement. We all work together very well.

This is a terrifically generous community. People are willing to step up to the plate to support programs and services.

The residents. There is a sense of community and ownership here.

Location. The second most frequently cited strength was Pasquotank County's location. While a rural county, it is not too far from the metropolitan communities of Norfolk, VA and Hampton Roads / Tidewater. The dismal swamps and nearby Outer Banks are popular vacation spots. Residents thought the rural lifestye provided a good quality of life.

Other strengths mentioned included: four higher education institutions, the Coast Guard base, the hospital in Elizabeth City, good infrastructure, and low taxes.

Community Challenges

Lack of financial resources. Half of the community stakeholders cited a lack of financial resources as the number one challenge facing the community. Many residents are living below the poverty line. The current economic climate across the country has created tough times everywhere and residents in Pasquotank County are concerned about finding ways to create jobs and fund needed community services.

People are just trying to survive due to economic situations.

We are trying to do more with less due to the economic landscape.

This is a growing county and we need money to support infrastructure and other needs a growing county has.

Many other community challenges were expressed by residents. Several of the challenges mirrored the list of unmet community needs and services including: the lack of a strong mental health system, the lack of recreational opportunities for children and adults, and the need for a leader of a collaborative effort of local agencies for childhood injury prevention.

Additional community challenges included a lack of continuity in services provided by county and city government, high utility costs, county growth, and needed improvements to the county water system.

Customers are having trouble paying [utility] bills that are \$300-\$900/month.

New families move to town and the taxes are not enough to cover the cost of educating their children.

We need long-term sustainable services. Some people don't believe the need is as great as it is. You never know what's going on behind closed doors and how great someone else's needs may be.

Community Health Problems

Lifestyle related diseases. Nearly every respondent cited obesity and diabetes as the most important problems in Pasquotank County. Related to these concerns residents cited lack of proper nutrition and a need for education about healthy diets. Heart Disease was also commonly cited. It was noted that some racial groups have genetic factors which influence health.

We need to educate people with obesity and about how obesity has a direct link to other chronic diseases like heart disease and stroke. We need to target ways to get education out.

Childhood obesity from lack of education and understanding of a good diet. There is a real lack of understanding of fruits, vegetables, and exercise.

The local diet is high in fat and deep fried. This used to be okay when people were working outside all day.

Access to healthcare. In addition to access to healthcare services, health education is needed for a variety of health topics.

We need quality child healthcare so people don't think their only option is to go to the emergency room.

Kidney disease, teen pregnancy, cancer, asthma, allergies, domestic abuse, and a need for dental care were also cited as important health concerns in Pasquotank County.

We need a dental program for children and adults. Good hygiene is important for quality of life. Preventative dental resources could improve quality of life.

Causes of lifestyle related diseases. Lack of physical activity and unhealthy diet were noted as causes of obesity and diabetes. Heart disease was noted as being caused by obesity. Socio-economic issues contribute to choices made about what foods to eat. Education for parents about what foods to feed their children could help kids who are overweight or at risk for becoming overweight. Lifestyles have changed. Some jobs such as those in agriculture do not require as much physical labor due to the mechanization of farming practices. Education was most commonly thought to be the best method for helping to solve these health problems.

That's how they were brought up- eating fried foods and snacking.

Some people don't have education. The cheapest food is the healthiest.

Kids watch way too much TV and eat high fat / high sugar foods. Kids don't go out and play like they used to.

Some people have a mindset that 'it won't happen to me'. They don't realize the risk due to lack of education and awareness.

The local diet is high in fat and deep fried. This used to be okay when people were working outside all day.

Other causes of health problems and concerns. Interviewees thought a lack of education, poverty, and the current economic environment contributed to health problems.

Generational poverty. We look at others and ask why they're not helping themselves before asking for a handout. They may not have the education or skill set needed to work.

There are additional stressors in the community and the financial climate adds to these stressors.

How to solve health problems and concerns. Education was listed most frequently as a way to begin solving the health problems of obesity, diabetes, and other lifestyle related diseases. Interviewees thought both health education and encouraging residents to complete high school would provide people with the knowledge needed to overcome specific health concerns. It was noted that some churches in the community are already working to provide health education for the community.

Other suggestions included "ideological healthcare," more financial resources, better leadership, healthier menu items at local restaurants, Michelle Obama's program, and hospital outreach. It was acknowledged that it is hard to change people's behaviors.

We need education and awareness for the community. It will help but it won't solve it.

Education is the key. Having resources and materials to inform people about resources would help. Letting people know public transportation is available for doctor's visits could help.

We need to increase knowledge. Alternative food places and alternative food items at fast food places would help. We need quality programs and more organized activities that are free or affordable for kids. We are working now with nurses and the schools.

Quality of Life

Interviewees were asked whether they agreed or disagreed with statements about the county as a whole.

There is a good health care system in Pasquotank County.

66% Agree. 33% Disagree.

Two people expressed concerns for uninsured residents.

Our hospital is excellent but we have a huge mental healthcare crisis. If you can't afford to pay you're up a creek. We're not seeing the stopgaps we need to ensure everyone has access to health care.

Some hospital services have made it become more of a referral place, not a treatment place. For example, a helicopter is sent for a car accident because the local hospital won't treat them. The helicopter takes them to another hospital.

There are healthcare workers in the community that are doing good things but if there was a better health care system there wouldn't be so many needs. It is better than it used to be.

Pasquotank County is a good place to raise children.

83% Agree. 17% Disagree.

Pasquotank County has a very poor school system. This raises questions as to whether this is a good place to raise a child. The entire K-12 system needs an overhaul.

We need youth activities. The school system is of poor quality.

I wouldn't have stayed here if it weren't.

Pasquotank County is a good place to grow old.

92% Agree. 8% Disagree.

Two respondents cited a lack of assisted living facilities in the county.

There is access in the metro area (Tidewater) [for elder services] not necessarily in our neighborhood.

Any place is a good place to grow old. We can get away from the hustle and bustle of life.

There are plenty of ways to earn a living in Pasquotank County.

25% Agree. 75% Disagree.

Nearly all respondents cited a lack of jobs in the county.

It's very limited. We're an agricultural community. Some people have to go up north to work.

The major industry here is agriculture. There are many opportunities for the crops to not come in. Now agriculture is mechanical so not as many workers are needed.

This is not true for most places right now. There are no manufacturing or construction jobs. Now the farms are commercialized factory farms that don't need as many employees.

There are not. There is an effort to try to bring in aviation industry jobs. It would help the young people.

Pasquotank County is a safe place to live.

100% Agree.

Two respondents indicated the county was safer compared to larger cities or other places. Another person felt the sheriff's department was good while another felt safe in his/her home.

There is plenty of support for individuals and families during times of stress and need in Pasquotank County.

42% Agree. 58% Disagree.

Most of the safety net is all privately run, nonprofits for example. As long as the nonprofits are healthy it's okay.

There are many ways the county could better support people in times of need.

Some things are improving but we need more.

There is some support but not plenty of support. The Red Cross is there for extreme emergencies but you have difficulties if you're in a certain income range. Then there's no help.

The collapse of the mental health system in NC. It is hard enough for medical providers to navigate the mental health care system. I can't imagine what it's like for consumers.

Pasquotank County has clean air.

100% Agree.

Two respondents cited the swamps as contributors to poor air quality.

Pasquotank County has clean water.

92% Agree. 8% Disagree.

A few respondents felt the water in the county is hard. Other respondents noted the new reverse osmosis plant the county is preparing for.

Some people say the city water is bad.

There is lots of misconception due to the river. People think it's dirty but it is from the tannins of the Cyprus trees; it's not dirty.

It's clean but hard. A reverse osmosis plant is going to be put in.

Chapter Five

Acting on Community Health Assessment Results

What do Pasquotank County citizens say about the health of their community?

Top community responses for the following categories:

The 5 most important “health problems”:

- Cancer
- Diabetes
- Heart Disease
- Teen Pregnancy
- Obesity

Actual Leading Causes of Death:

- *Heart Disease
- *Cancer
- *Cerebrovascular Disease
- *Chronic Lower Respiratory
- * Pneumonia/Influenza

The 5 most important “unhealthy behaviors”:

- Alcohol Abuse
- Drug Abuse
- Lack of Exercise
- Smoking
- Unhealthy eating

The 5 most important “community social issues”:

- Homelessness
- Lack of affordable health care/insurance
- Lack of recreational facilities
- Underemployment/lack of well paying jobs
- Inadequate/unaffordable housing

Priorities Selection

On October 15, 2010, the Healthy Carolinians of the Albemarle Partnership met to identify the leading community health problems for Perquimans, Pasquotank, Camden, and Currituck Counties. Data gathered from the community surveys, stakeholder interviews, secondary data and work group comments were presented and discussed.

In attendance were: Pamela Hurdle, Cathie Williams, Pamela Etheridge, Tanya Miller, Catholene Cole, John Lamberson, Rich Olson, Deb Conran, Ann Roach, Stacy Fulcher(in for Yvonne Mullen), Fae Deaton, Arina Boldt, Hattie Sharpe, Zary Ortiz, Susan Barco, Ashley Mercer, Mary Walker, Dana Hamill, and Amy Underhill.

An overview was given highlighting each of the Healthy Carolinians of the Albemarle counties, Pasquotank, Perquimans, Currituck, and Camden. Strengths and weaknesses from the secondary data and information from the primary survey results, Stakeholder interviews, and Data Analysis Workgroups were compared to the secondary data. After the data presentation, participants were divided into groups according to the county they represented. The groups worked to identify 5-10 problems as service gaps and/or

education/awareness issues for the counties using problem worksheets. The problems identified by the counties were as follows:

Priority Areas:

- Heart Disease
- Diabetes – Even though it was not listed in the Leading Causes of death nor does the county rate exceed the state rate, HCOTA chose to keep this disease as an area of focus.
- Obesity
- Smoking-Tobacco use
- High blood pressure
- Cancer
- Cerebrovascular Disease
- Mental Health

The following priority areas were identified for Pasquotank County:

1. Obesity-lack of physical activity and poor eating habits.
2. Chronic Disease-including heart disease, cancer, high blood pressure, CVD, diabetes, and smoking.
3. Educational resources sharing regarding services and programs in the four counties represented in the HCOTA Partnership.

It is important to note that mental health issues and service availability are an important community issues highlighted during the presentation and data results. At this time, the partnership decided mental health resources are sufficient in the community and it will not be a priority focus area for HCOTA. It was decided that mental health services and resources need more recognition and the East Carolina Behavioral Health should be made aware of these findings so they may provide more awareness to the public.

Next Steps

The next step Healthy Carolinians of the Albemarle plans to take is the development of the Community Action Plans which are due in June 2011. The Action Plans will reflect the priority health issues, strategies, and steps to implement change along with our target populations, and resource networking with the various community partners. This is a critical component that the partnership must take in selecting activities that are reasonable and relatively easy to implement and align with the 2020 Healthy People Objectives in Pasquotank, Perquimans, Camden, and Currituck Counties. Healthy Carolinians of the Albemarle Partnership members will utilize the information gathered during the community assessment process and the prioritization process to clearly define our community's health priorities, actions, and expected results. Healthy Carolinians of the Albemarle will meet on January 21, 2011 to begin this process.

Partnership meetings will take place the third Friday each month throughout this process and through the completion of the recertification process. All partnership members as well as chairpersons from the two HCOTA subcommittees, Albemarle Fitness and Nutrition Council and Action to Benefit Chronic Disease will be involved in completing new or revised action plans based on the prioritization of health needs. The completed action plans will include a description of each health issue/problem and will specify the proposed actions and community organizations that will provide and coordinate the intervention activities. The action plans will be developed after carefully considering all the factors that cause and perpetuate the problem they address. The plans will also identify how progress towards the outcome will be measured.

Dissemination Plan

Healthy Carolinians of the Albemarle plans to disseminate the Community Health Assessment information through presentations to county and city governments, local civic groups, faith organizations, and business leaders. HCOTA will make flyers available to participants of the community health survey highlighting key issues for that population. With the help of Albemarle Regional Health Services, there are plans to make the document available on the ARHS website as well as working with other agencies 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. Copies of the assessment will be placed in the local public libraries, as well as in the libraries of Elizabeth City State University, College of the Albemarle, and Mid-Atlantic Christian University. HCOTA members will have copies of the assessment at their disposal to use in the community.

Chapter Six References

Pasquotank Community Health Assessment 2010

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Chapter Seven Appendices

Appendix A

Pasquotank County Health Services Inventory

Acupuncture

Albemarle Acupuncture
100 Medical Dr
Elizabeth City, NC 27909
252-337-7975

Elizabeth City Chiropractic & Acupuncture Clinic
900 Wilson St
Elizabeth City, NC 27909
252-338-4137

Adult Care

Carolina Living
1079 S. US Highway 17
Elizabeth City, NC 27909
252-335-5635

Carolina House
401 Hastings Lane
Elizabeth City, NC 27909
252-333-1171

Day Break Adult Day Healthcare
1407 Parkview Dr
Elizabeth City, NC 27909
252-338-4375

Guardian Care
901 Halstead Boulevard
Elizabeth City, NC 27909
252-338-0137

Heritage Care of Elizabeth City
901 Halstead Boulevard
Elizabeth City, NC 27909
252-338-0137

Waterbrooke of Elizabeth City
143 Rosedale Drive
Elizabeth City, NC 27909
252-331-2149

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

Allergy & Asthma

Albemarle Allergy & Asthma PC
Timothy A Todd, MD
615 S. Huges Blvd Unit C
Elizabeth City, NC 27909
252-338-0373

Albemarle Ear Nose & Throat Asthma & Allergy Associates
Margaret R Donohoe, MD
1134 N. Road St Bldg 3
Elizabeth City, NC 27909
252-335-2923

Albemarle Pediatrics Asthma Coalition
711 Roanoke Ave
Elizabeth City, NC 27909
252-338-4400

Atlantic Pulmonary Associates
111-A Medical Dr
Elizabeth City, NC 27909
252-331-1506

Albemarle Pulmonary Medicine Associates
1507 N Road St Suite 1
Elizabeth City, NC 27909
252-338-6167

Anesthesiology

Anesthesia Services of Albemarle PLLC
1144 N Road St
Elizabeth City, NC 27909
252-384-4002

Audiologists

Beltone Auditory Associates, LLC
918 Halstead Blvd
Elizabeth City, NC 27909
252-337-7500

Cardiovascular Disease-Cardiology (Heart)

Eastern Carolina Cardiovascular
1134 N Road St Bldg 9
Elizabeth City, NC 27909 252-331-1100

Child Health Services

Children's Developmental Services Agency
1417 Parkview Dr
Elizabeth City, NC 27909
252-338-4044

Coastal Pediatrics
1141 N Road St Suite M
Elizabeth City, NC 27909
252-338-2155

Kids First Child Advocacy Agency
1851 W Eringhaus St
Elizabeth City, NC 27909
252-338-5658

Chiropractors

Albemarle Chiropractic
808 W Eringhaus St
Elizabeth City, NC 27909
252-338-3206

Elizabeth City Chiropractic & Acupuncture Clinic
900 Wilson St
Elizabeth City, NC 27909
252-338-4137

Optimum Wellness and Rehab Center
706 W. Eringhaus St
Elizabeth City, 27909
252-335-2225

Pro Health Chiropractic
400 S. Road St
Elizabeth City, NC 27909
252-335-1577

Clinics

Community Care Clinics
918 Greenleaf Street
Elizabeth City, NC 27909
252-384-4733

First Choice Urgent Care
615 S Hughes Blvd
Elizabeth City, NC 27909
252-338-3111

Gambro Healthcare
208 Hastings Ln
Elizabeth City, NC 27909
252-338-2217

Cooperative Extension

Pasquotank Cooperative Extension
1209 McPherson St
Elizabeth City, NC 27909
252-338-3954
252-338-6442

Making healthy choices isn't always easy. North Carolina Cooperative Extension's educators help people sort fact from fad, providing research-based programs that promote a lifetime of good health.

Counselors-Human Relations

Addison Counseling Services
508 E Main St Suite 200
Elizabeth City, NC 27909
252-335-4372

Albemarle Counseling Group
1141 N Road St
Elizabeth City, NC 27909
252-335-2018

Albemarle Psychological Services
E Church St
Elizabeth City, NC 27909
252-338-8821

Grace Counseling Services
1241-B Road Street
Elizabeth City, NC 27909
252-340-5778

Holly Wilson M Ed NCC LPC CFC Counseling Services
1241B N Road St
Elizabeth City, NC 27909
252-335-5346

Kids's First Inc.
808 W Eringhaus St
Elizabeth City, NC 27909
252-338-5658

Pathways Counseling Center
508 E Main St
Elizabeth City, NC 27909 252-338-5334

Dental Care

Bald & Van Belois
F A Bald, DDS
416 E. Colonial Ave
Elizabeth City, NC 27909
252-338-8077

Public Health Dental Hygienist
Oral Health Section of North Carolina Public Health

Provides oral health assessments, education and referrals for targeted school age children in Chowan, Camden, Currituck, Pasquotank, and Perquimans. Also provides oral health education services upon request for all age groups.

Charles E. Mahaffey, DDS
508 E Main Street
Elizabeth City, NC 27909
252-337-9778

Clifford B Jones III, DDS
407 South Road Street
Elizabeth City, NC 27909
252-335-0548

Coastal Endodontics
Thomas Buttke, DDS
200 N Water Street
Elizabeth City, NC 27909
252-331-5777

Complete Dental Care
Clifford B. Jones Jr., DDS
407 S Road Street
Elizabeth City, NC 27909
252-335-2106

Harold L Turner, DDS
215 N McMorrine Street
Elizabeth City, NC 27909
252-335-2801

Jason A Banks, DDS
03-K Tanglewood Pkwy
Elizabeth City, NC 27909
252-331-2304
www.banksdentistry.com

John E Haynes, DDS
303 E Main Street, # 7
Elizabeth City, NC 27909
252-338-8995

Karen M Weurtz, DDS
408 E Colonial Avenue
Elizabeth City, NC 27909
252-335-4341

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

Morris & Taylor Limited
Morris Glenwood, DDS
Gary E. Taylor, DDS
416 E Colonial Avenue
Elizabeth City, NC 27909
252-338-0143
<http://www.str8ners.com>

Pamela Z Pearson, DDS
1141J N Road Street
Elizabeth City, NC 27909
252-335-5302

Regis A Dandar, DDS
217 S Poindexter Street
Elizabeth City, NC 27909
252-335-4421

Robert T Pilliam, DDS, PA
508 E Main Street, # 322
Elizabeth City, NC 27909
252-335-4545
<http://www.4braces.com>

Scott C Blanchard Inc.
Scott C Blanchard, DDS
200 N Water Street, # 1B
Elizabeth City, NC 27909
252-335-4332
<http://www.obxperioimplant.com>

Dermatology

Eastern Dermatology and Pathology
504 E Elizabeth St
Elizabeth City, NC 27909
252-331-1780

McDonald Dermatology
1134 N Road St Suite 2
Elizabeth City, NC 27909
252-331-5869

Developmental Disabilities

Benjamin House Community Services
1221 Carolina Ave
Elizabeth City, NC 27909
252-331-7731

Dietitians

Nutrition Pair, LLC
Elizabeth City, NC 27909
252-335-9355

Drug Abuse and Addiction Information & Treatment

Reditest
201 Mill St
Elizabeth City, NC 27909
252-338-9039

Emergency Medicine

Emergency Medicine Physicians
1144 N Road St
Elizabeth City, NC 27909
252-384-4833

Endocrinology Thyroid & Diabetic Care

Diabetes, Thyroid & Endocrinology Center PLLC
1121 N Road St Suite A
Elizabeth City, NC 27909
252-335-5128

Family Practice

Albemarle Family Practice
1141 N Road St, Suite G
Elizabeth City, NC 27909
252-335-5424

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

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

Gastroenterology (Digestive Disorders)

Albemarle Gastroenterology Associates
405 Hastings Ln
Elizabeth City, NC 27909
252-335-5588

Gastroenterology & Hepatology
1134 N Road St Bldg 8
Elizabeth City, NC 27909
252-335-4619

Geriatrics

Albemarle Pulmonary Medicine Associates PA
1507 N Road St Suite 1
Elizabeth City, NC 27909
252-338-6167

Health & Diet Food Products-Retail

General Nutrition Center
1409 W Eringhaus St
Elizabeth City, NC 27909
252-338-5228

Health Department

Albemarle Regional Health Services
103 ARPDC St
Hertford, NC 27944
252-426-2100
FAX 252-426-2104

Albemarle Regional Health Services is the seven-county regional Public Health agency that serves 132,978 residents in rural, northeastern North Carolina. For over 69 years, the communities of the Albemarle region have been the recipients of quality Public Health services. The Public Health professionals and programs of Albemarle Regional Health Services are dedicated to disease prevention and the promotion of a healthy environment to reduce morbidity, mortality, and disability through quality service, education, and advocacy. Funding for Health Department programs is derived from County, State, Federal, and special grants. Foreign language assistance is available for individuals who do not speak English. Below is a general list of programs and services:

Clinical Services

- ◆ Adult Health Clinic- Comprehensive physical assessments and clinical services are provided for all adults in an effort to detect and prevent chronic diseases, which may cause disability or premature mortality.

- ◆ Child Health Clinic- Primary child health services are provided in an effort to detect problems so appropriate interventions can begin as early as possible.
- ◆ Immunizations- Immunizations are provided to children and adults in an effort to prevent communicable diseases such as polio, pertussis, tetanus, mumps, measles, rubella, diphtheria, and hepatitis. Adult immunizations include the annual influenza and pneumonia campaign, in addition to all recommended adult immunizations.
- ◆ Communicable Disease Program- provides detection and surveillance for diseases which are transmitted person to person or are considered to be a health threat to individuals and the public.
- ◆ Family Planning- helps women and men maintain optimal reproductive health and assists families in determining the number, timing, and spacing of their children.
- ◆ Maternal Health- Maternal Health Care services are provided in an effort to reduce infant mortality and ensure all pregnant women receive the highest level of health care. High Risk Perinatal Clinic was established to improve the pregnancy outcomes of women with pregnancy complications.
- ◆ Breast and Cervical Cancer Control Program (BCCCP) - provides access to screening services for financially and medically eligible women.

Additional Programs

- ◆ WIC Women Infant and Children Program- Nutritional support program for infants, children and pregnant, postpartum and breastfeeding women.
- ◆ Sexually Transmitted Diseases Clinic- STD and HIV diagnosis, treatment, and counseling are available on a walk-in-basis. There are no fees associated with STD services.
- ◆ Public Health Preparedness and Response- work is focused on the communities in order to keep the public safe and prepared for any disaster. This is achieved by coordinating with local emergency management partners, response agencies, and medical partners. ARHS focuses specifically on Public Health related disaster and emergency events, including but not limited to, pandemics, disease outbreaks, bioterrorism, and natural disasters.
- ◆ Albemarle Regional Diabetes Care Program- offers individualized counseling, nutrition education, and disease management.
- ◆ Interpretive Assistance- Interpretive services are available to ARHS clients to enhance communication during direct service delivery.

Environmental Health

Albemarle Environmental Management Systems affords the community services to ensure health and safety while reducing the spread of communicable diseases.

- ◆ Sewage inspection
- ◆ Swimming Pool Inspection
- ◆ Communicable Disease Investigation
- ◆ Food & Lodging Inspection
- ◆ Management Entity
- ◆ Lead Investigation

Hearing Aids

Affordable Hearing Aids Center
508 E Main St Suite 206
Elizabeth City, NC 27909
252-338-0300

Beltone Auditory Associates, LLC
918 Halstead Blvd
Elizabeth City, NC 27909
252-337-7500

Carolina Hearing and Balance Clinic
110 Medical Dr
Elizabeth City, NC 27909
252-338-1950
252-338-1154

Home Health & Hospice

Albemarle Home Care
311 Cedar Street
Elizabeth City, NC 27909
252-338-4066
FAX 252-338-4069
Toll Free 1-800-478-0477

Community Homecare & Hospice
1601 N Road St
Elizabeth City, NC 27909
252-335-4594

Companion Sitter Services
605 W Eringhaus St
Elizabeth City, NC 27944
252-338-5768

Health Services Personnel
905 Halstead Blvd Unit 1
Elizabeth City, NC 27909
252-331-5888

Home Life Care Inc.
407 S Griffin St
Elizabeth City, NC 27909
252-338-7773

Interim Healthcare
1023 US 17 Hwy S
Elizabeth City, NC 27909
252-338-7665

Lincare Inc.
1831 Weeksville Rd
Elizabeth City, NC 27909
252-335-7814

Pinnacle Home Care
907 W Eringhaus St
Elizabeth City, NC 27909
252-338-1553

Quality Home Staffing
425-C McArthur Dr
Elizabeth City, NC 27909
252-337-6124
www.sentara.com/homecare

ResCare Home Care
905 Halstead Blvd Unit 15
Elizabeth City, NC 27909
252-331-2708
www.ResCareHomeCare.com

Sentara Home Care Services
107 S Water St
Elizabeth City, NC 27909
252-331-1203
www.sentara.com/homecare

Hospital

Albemarle Hospital
1114 N Road St
P.O Box 1587
Elizabeth City, NC 27909
252-384-4665

Internal Medicine

Albemarle Medical Associates
1507 N Road St Suite 3
Elizabeth City, NC 27909
252-335-2963

River City Medical Center
1507 N Road St
Elizabeth City, NC 27909
252-333-1149

Stewart Cleaves Manning, MD PA
111-B Medical Dr
Elizabeth City, NC 27909
252-338-2144

Steven Manuli, MD
100 Medical Dr
Elizabeth City, NC 27909
252-338-5138

Massage Therapists

Body Mind Connection
104 W Main St
Elizabeth City, NC 27909
252-338-5099

David Jordan Therapeutic Massage
216 N Martin Luther King Jr Dr
Elizabeth City, NC 27909
252-207-5264

Riverside Day Spa & Wellness
1201 N Road St
Elizabeth City, NC 27909
252-335-2440

Mental Health Services

Albemarle Behavioral Medicine
410 E Main St
Elizabeth City, NC 27909
252-338-0121

Albemarle Counseling Group
1141 N Road St
Elizabeth City, NC 27909
252-335-2018

Albemarle Psychological Services
E Church St
Elizabeth City, NC 27909
252-338-8821

Alcohol Anonymous
Call 252-338-1849 or 1-800-350-2538 for meeting
schedules and contact information, or visit
www.aanc32.org

Benjamin House Community Services
1221 Carolina Ave
Elizabeth City, NC 27909
252-331-7731

Central State of Carolinas Inc
1400 Parkview Dr
Elizabeth City, NC 27909
252-337-6200

Innovative Programming Associates
1023 S Hwy 17 Suite 1
Elizabeth City, NC 27909
252-338-9005

Mobile Crisis Team
Integrated Family Services PLLC
1-866-437-1821
24 hours a day/ 7 days a week
www.integratedfamilyservices.net

The Mobile Crisis Team helps people in crisis who have: Mental Health Issues, Developmental Disabilities, and Substance Abuse Issues.

Port Human Services
305 East Main Street
Elizabeth City, NC 27909
252-335-0803
FAX 252-413-0932
Crisis Hotline: 866-488-PORT (7678)
www.porthumanservices.org

Port Human Services is a private, non-profit organization that provides a full continuum of substance abuse and mental health services to the citizens of Eastern North Carolina.

Midwives

Coastal Women's Clinic Ltd
112 Medical Dr
Elizabeth City, NC 27909
252-338-2151

Northeastern OB/GYN
1141 N Road St
Elizabeth City, NC 27909
252-338-0101

Women's First OB/GYN PLLC
504 E Elizabeth St Suite 5
Elizabeth City, NC 27909
252-338-9080

Nephrology (Kidneys)

Albemarle Nephrology Associates
206 Hastings Ln
Elizabeth City, NC 27909
252-338-1083

Stewart Manning, MD
111 Medical Dr
Elizabeth City, NC 27909
252-338-2144

Neurology

Albemarle Neurology Associates
1121 N Road St
Elizabeth City, NC 27909
252-384-4925

Neurosurgery

Q. A Thai Neurosurgery Center
105 N Road St
Elizabeth City, NC 27909
252-335-2242

Obstetrics & Gynecology

Coastal Women's Clinic
112 Medical Dr
Elizabeth City, NC 27909
252-338-2151

Northeastern OB/GYN
1141 N Road St
Elizabeth City, NC 27909
252-338-2151
After hours: 252-384-4639

Women's First OB/GYN PLLC
504 E Elizabeth St Suite 5
Elizabeth City, NC 27909
252-338-9080

Occupational Therapy

Coastal Rehabilitation Inc.
101 Medical Dr
Elizabeth City, NC 27909
252-338-2114

Therapy House
208 Hastings Ln
Elizabeth City, NC 27909
252-334-9800

Oncology

Albemarle Health's Regional Oncology Center
1144A N Road St
Elizabeth City, NC 27909
252-384-4122

Virginia Oncology Associates
1503B N Road St
Elizabeth City, NC 27909
252-331-2044

Ophthalmology

Albemarle Eye Center PLLC
1503 N Road St
Elizabeth City, NC 27909
252-335-5446
1-800-755-7535

Coastal Eye Center
1855 West City Dr
Elizabeth City, NC 27909
252-338-3909

Hampton Roads Retina Center
504 E Elizabeth St Suite 4
Elizabeth City, NC 27909
252-384-0929
1-877-738-4626

Mitrev Eye Center
504 E Elizabeth St Suite 4
Elizabeth City, NC 27909
1-866-775-8411

Orthopedics (Bone & Joint)

Advanced Orthopedics and Sports Medicine
1134 N Road St Suite 7
Elizabeth City, NC 27909
252-338-3993

Karl W. Hubbard, MD
1140 N Road St
Elizabeth City, NC 27909
252-331-7000

Pain Management

Albemarle Chiropractic Offices
808 W Eringhaus St
Elizabeth City, NC 27909
252-338-3206

Quoc-Anh Thai, MD
100 Medical Dr
Elizabeth City, NC 27909
252-337-7957

Pathology

Pathology Associates of Eastern North Carolina
110 Medical Dr
Elizabeth City, NC 27909
252-338-8100

Pharmacies

CVS Pharmacy
101 W Eringhaus St
Elizabeth City, NC 27909
252-338-3933

ECSU Drug Information Center
101 East Eringhaus St.
Elizabeth City, NC 27909
252-335-8745

Answers questions about the side effects and drug interactions of prescription medications. Free general health consultations are also available with a pharmacist

Overman & Stevenson Pharmacists
512 E Main St
Elizabeth City, NC 27909
252-335-5401

Tarheel Pharmacy
902 Roanoke Ave
Elizabeth City, NC 27909
252-384-1000

Todd's Northside Pharmacy Inc.
1141 N Road St
Elizabeth City, NC 27909
252-331-1333

Todd's Pharmacy Inc
207 S Poindexter St
Elizabeth City, NC 27909
252-335-2901

Walgreen's Drug Store
1700 W. Eringhaus St
Elizabeth City, NC 27909
252-331-1201

Wal-Mart
101 Tanglewood Dr
Elizabeth City, NC 27909
252-338-2354

Physical Therapy

Coastal Rehabilitation
101 Medical Dr
Elizabeth City, NC 27909
252-338-2114

Comprehensive Rehabilitation & Pain Specialist, P.C.
110 Medical Dr
Elizabeth City, NC 27909
252-333-1277
Healthsouth Physical Therapy
615 S Hughes Blvd
Elizabeth City, NC 27909
252-335-2087

Wilson Physical Therapy Service Inc
806 W Eringhaus St
Elizabeth City, NC 27909
252-338-4099

WR Winslow Memorial Home Inc
Out-Patient Rehabilitation Services
1075 US 17 Hwy S
252-338-3975

Plastic Surgery

Regenesis Center
1503 N Road St
Elizabeth City, NC 27909
252-335-5446

Podiatrists (Foot & Ankle)

Richard C King, MD
1121 N Road St
Elizabeth City, NC 27909
252-338-2111

Psychiatry/Psychologists

Albemarle Behavioral Medicine
410 E Main St
Elizabeth City, NC 27909
252-338-0121

Albemarle Psychological Services
E Church St
Elizabeth City, NC 27909
252-338-8821

East Carolina University Psychiatric Clinic
110 Medical Dr
Elizabeth City, NC 27909
252-335-1131

Rosenke, Dorothy Psy D
Richard Allen McClintock, PHD
1141 N Road St Ste B
Elizabeth City, NC 27909
252-335-2018

Pulmonary Diseases (Lungs)

Albemarle Pulmonary Medicine Associates PA
1507 N Road St Suite 1
Elizabeth City, NC 27909
252-338-6167

Atlantic Pulmonary Associates PA
111-A Medical Dr
Elizabeth City, NC 27909
252-331-1506
After Hours: 252-335-0531

Radiology

Tarheel Medicine & Associates
102 Medical Dr
Elizabeth City, NC 27909
252-338-4117

Rheumatology

Tarheel Internal Medicine
102 Medical Dr
Elizabeth City, NC 27909
252-338-4117

Speech & Language Pathologists

Albemarle Hospital-Speech Therapy
1144 N Road St
Elizabeth City, NC 27909
252-384-4398

Albemarle Speech and Language Center LLC
208 Hastings Ln
Elizabeth City, NC 27909 252-338-8288

Sports Medicine

Advanced Orthopedics & Sports Medicine
Elizabeth City, NC 27909
252-338-3993

Comprehensive Rehabilitation & Pain Specialists, P.C.
110 Medical Dr
Elizabeth City, NC 27909
252-333-1277

HealthSouth Sports Medicine & Rehabilitation
615 S Hughes Blvd
Elizabeth City, NC 27909
252-335-2087

Orthopedics & Sports Medicine
Elizabeth City, NC 27909
252-331-7000

Support Services

~Food Pantries~

Albemarle Resource Center
400 E. Elizabeth St
Elizabeth City, NC 27909
252-335-9771

Church of God Prophecy
788 Trinkaloe Rd
Elizabeth City, NC 27909
252-331-7608

Food Bank of the Albemarle Food Pantry
109 Tidewater Dr.
Elizabeth City, NC 27909
252-335-4035
Call for hours of operation

Foreshadow Academy
1456 Weeksville Road
Elizabeth City, NC 27909-8430
252-330-4130

New Beginnings Soup Kitchen
112 Herrington Rd.
Elizabeth City, NC 27909
252-334-9801

Newbegun United Methodist Church
2119 Nixonton Road
Elizabeth City, North Carolina 27909
252 334-9916

Samuel Chapel Baptist Church
1146 Trinkaloe Rd
Elizabeth City, NC 27909
252-338-8795

St. Stephens Soup Kitchen
606 Harney St
Elizabeth City, NC 27909
252-338-6825

Winnie Wood Child Development Center
104 Commercial Blvd
Elizabeth City, NC 27909
252-335-0313

~Housing Assistance~
Economic Improvement Council (Main Office)
P.O Box 549
Edenton, NC 27932
252-482-4459
Pasquotank County call: 252-335-5493

Elizabeth City Housing Authority
442 Harriot Drive
Elizabeth City, NC 27909
252-333-1401

~In Case of a Crisis~
Albemarle Crisis Pregnancy Center
420 North Hughes Blvd
Elizabeth City, NC 27909
252-338-1655

Albemarle Smart Start
1403 Parkview Dr
Elizabeth City, NC 27909
252-333-1233
FAX 252-333-1201
Email: assp@albemarlessp.org

Albemarle HopeLine
P.O Box 2064
Elizabeth City, NC 27909
Office: 252-338-5338 OR 252-338-1646

Advocacy Office: 252-338-2701
24-Hour Crisis Line: 252-338-3011

Salvation Army
602 N. Hughes Blvd
Elizabeth City, NC 27909
252-338-4129

The American Red Cross
905 Halstead Blvd.
Elizabeth City, NC
252-338-2185

~Shelters~

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

Tabernacle of Faith Shelter
515 S. Road St
Elizabeth City, NC 27909
252-331-1397

~Social Services~

Pasquotank County Department of Social Services
709 Roanoke Ave
Elizabeth City, NC 27909
252-338-2126 OR
252-331-1604

Surgery-General

Carolina Surgical Care
1138 N Road St
Elizabeth City, NC 27909
252-335-4890

Surgery-Urology

Coastal Urology Associates PA
400 S Road St Suite D-1
Elizabeth City, NC 27909
252-331-2388

Weight Control Services

Weight Loss Forever
1857 W Eringhaus St
Elizabeth City, NC 27909
252-331-2387

**ARHS Community Health Assessment
Community Leader Telephone Interviews**

Interview Protocol

Pasquotank County

Appendix B

Pre-Interview Phase

Introductory Phone Call

Say: “Hello, my name is _____ and I’m working for the UNC School of Public Health on a health assessment project with the local health departments of Albemarle Regional Health Services and their community health partners throughout the region. The goals of the project are to learn more about health and quality of life – and to identify the special strengths and challenges – in each county of the region.

We have just completed a broad community survey and currently are in the process of interviewing people like you who lead organizations that serve the needs of people in each county. A short time ago you should have received a letter from the Pasquotank County sponsors of this project inviting you to participate in one of these interviews. I hope you have had a chance to read the letter and think about how you can help the community by participating. Would you be willing to participate in an interview?”

[NOTE: *At this point the subject may want more information about the interview. You may tell the subject that the interview will take approximately a half-hour to complete and will include questions about what his or her agency or organization does and who it serves, as well as opinion-type questions about the strengths and challenges of healthcare and other resources in the community.]*

If their answer is **NO**: thank them for their time and tell them that the final results of the project will be made available to the public around the end of the year. [Of course if your invitation is by email, you will not wait for a yes or no answer; you will assume the answer will be “YES” and move on in your message as in the following paragraph.]

If their answer is **YES**: assure them that the interview will take place at their convenience. They may suggest using the present time; if not, ask on what date and at what time it would be convenient to

call them back for the interview. If to this point the subject has not asked for more information about the activity, please now provide the information from the **NOTE** above. Be sure to get correct phone information (i.e., do not assume that the number on the roster is the number they will want to use for the interview) and try to accommodate their timing needs. This *may*

require you to call them back in the evening or on a weekend. If they offer you choices or other kinds of flexibility, you may then schedule the call to your convenience. Thank them for agreeing to participate and tell them you look forward to talking with them on: [repeat the day/time of the interview].

Introductory Email

Write: “Dear [proper name/title of prospective participant],

My name is _____ and I’m working for the UNC School of Public Health on a health assessment project with the local health departments of Albemarle Regional Health Services and their community health partners throughout the region. The goals of the project are to learn more about health and quality of life – and to identify the special strengths and challenges – in each county of the region.

We have just completed a broad community survey and currently are in the process of interviewing people like you who lead organizations that serve the needs of people in each county. A short time ago you should have received a letter from the Pasquotank County sponsors of this project inviting you to participate in one of these interviews. I hope you have had a chance to read the letter and have decided to participate.

The interview will take approximately a half-hour to complete and will include questions about what your agency or organization does and who it serves, as well as personal opinion-type questions about the strengths of and challenges to health and healthcare in Pasquotank County.

I want to be sure that the interview can take place on a day and at a time that is convenient for you. Will you please reply to this message with a brief note suggesting some days -- and times on those days -- when it would be convenient for me to call you for the interview? Please also provide the phone number you would like me to use for the call. [It is permissible for the interviewer to suggest some possible time slots in the name of efficiency, but the suggestion should be in the form of a question (e.g., “Would it be convenient for me to call you on.....”, rather than “I’d like to call you on.....)].

If you would like additional information, please feel free to contact me at the address above.

Thank you sincerely for your participation in this project. Your input will be very helpful in the effort to identify health issues, services and service gaps in Pasquotank County. I look forward to hearing from you!

[Sign name]

Interview Phase: Call Protocol; Interview Guide

Say: "Hello, my name is _____ and we spoke [or exchanged email messages] a short time ago about your participation in a telephone interview about health and quality of life in Pasquotank County. This is the time you suggested that I call to conduct that interview. Is this still a convenient time for you?"

If the answer is **NO**, apologize for the inconvenience and ask them to suggest a day and time to which to reschedule the interview. It is possible that the subject may have changed his/her mind about participating. If the subject declines to reschedule, thank them for their time and tell them that, should they be interested, the results of the project will be made public around the end of the year.

If the answer is **YES**, say:

"Thank you again for agreeing to participate in this interview. Our conversation will take approximately 30 minutes to complete, but I don't want you to feel rushed. Please feel free to take as much time as you need it to say what you want to say."

"What we discuss will be kept confidential. Nothing you say will have your name or organization attached, and the responses we gather in interviews will be combined and then summarized. It is possible that we may use some quotes from the interviews, but they will be modified as necessary so that neither the person who said them nor his/her organization can be identified."

"Are you ready? Let's begin."

A. The first questions are about your agency or organization and its clients:

- 1) What services does your agency provide for county residents?
- 2) Please describe county residents who *currently* are most likely to use your services (age, gender, race, income level, etc.).
- 3) In the *past 5 years* have there been any *changes* in the composition of the people who use your services? If yes, please describe.
- 4) What do you think are the barriers residents encounter in accessing your services?
- 5) What does your agency do to try to meet the special needs of people who use your services (e.g., language/cultural issues, cost, transportation, etc.)?
- 6) Is there anything else you'd like to tell me about your organization?

B. The following open-ended questions also relate to Pasquotank County as a whole.

- 1) What services/programs are needed now that are not currently available?
- 2) Overall, what would you consider to be Pasquotank County's greatest strengths?
- 3) What do you feel are the major challenges Pasquotank County is facing?
- 4) Looking *specifically at health*: what do you think are the most important health problems/health concerns in Pasquotank County?
- 5) What factors do you believe are causing these health problems or concerns?
- 6) What do you think could be done to solve or overcome these health problems or concerns?

C. Did you participate in the recent Pasquotank County Community Health Survey?

NOTE to interviewer: If NO, please ask subject to answer the following questions (Section D) which were on the survey; if YES, conclude with the last question (Section E):

D. The next questions are about Pasquotank County as a whole. Please tell me if you *agree or disagree* with the following statements about Pasquotank County [prompt for details, especially for very strong positive or negative responses]:

- 1) There is a good health care system in Pasquotank County.
- 2) Pasquotank County is a good place to raise children.
- 3) Pasquotank County is a good place to grow old.
- 4) There are plenty of ways to earn a living in Pasquotank County.
- 5) Pasquotank County is a safe place to live.
- 6) There is plenty of support for individuals and families during times of stress and need in Pasquotank County.
- 7) Pasquotank County has clean air.
- 8) Pasquotank County has clean water.

E. That concludes the formal interview. Are there any other thoughts you'd like to share?

Thank you for your time!