Pender Memorial Hospital

2019-2021

Community Health Needs Assessment

Approved by the Pender Memorial Hospital Board of Trustees in December 2019.

Amended and re-approved by the Board on December 15, 2021.

Pender Memorial Hospital
an affiliate of New Hanover Regional Medical Center

NOVANT HEALTH

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Executive Summary

Pender Memorial Hospital ("PMH") is pleased to present its 2019-2021 Community Health Needs Assessment ("CHNA"). This report provides an overview of the methods and process used to identify and prioritize significant health needs in Pender County.

Service Area

The service area for PMH and this CHNA report is defined as the geographical boundary of Pender County, North Carolina. Pender County is located along the coastal area of the state and has an area of 933 square miles, of which 870 square miles is land and 63 square miles is water. On average, 76% of patients admitted to PMH are from Pender County. The remaining 24% of patients reside in Brunswick, New Hanover, and other surrounding counties.

Methods for Identifying Community Health Needs

Secondary Data

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

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

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Almost 400 Pender County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

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

Summary of Findings

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

Table 1. Significant Health Needs

Access to Health Services
Economy
Exercise, Nutrition & Weight
Mental Health & Mental Disorders
Prevention & Safety
Social Environment
Substance Abuse
Transportation

Selected Priority Areas

Pender Memorial Hospital selected the following Priority Areas:

1. Continued efforts toward improving the general wellness of the community;
2. Collaborative local efforts focused on the mental/behavioral health needs of the community;
3. Increasing access to care for the elderly in our region.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for Pender Memorial Hospital. The prioritization of the identified significant health needs will guide community health improvement efforts of Pender County. Following this process, Pender Memorial Hospital will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Pender Memorial Hospital is pleased to present the 2019-2021 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Pender County, North Carolina.

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

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

The 2019-2021 Pender County Community Health Needs Assessment was developed through a partnership between the Pender Memorial Hospital, Health ENC and Conduent Healthy Communities Institute, withThe Duke Endowment serving as the fiscal sponsor.

About Health ENC

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

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

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

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

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

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

Member Organizations

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

Partner Organizations

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

Hospitals and Health Systems

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

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

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

Steering Committee

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

Health ENC Program Manager

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

Health ENC Steering Committee Members

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

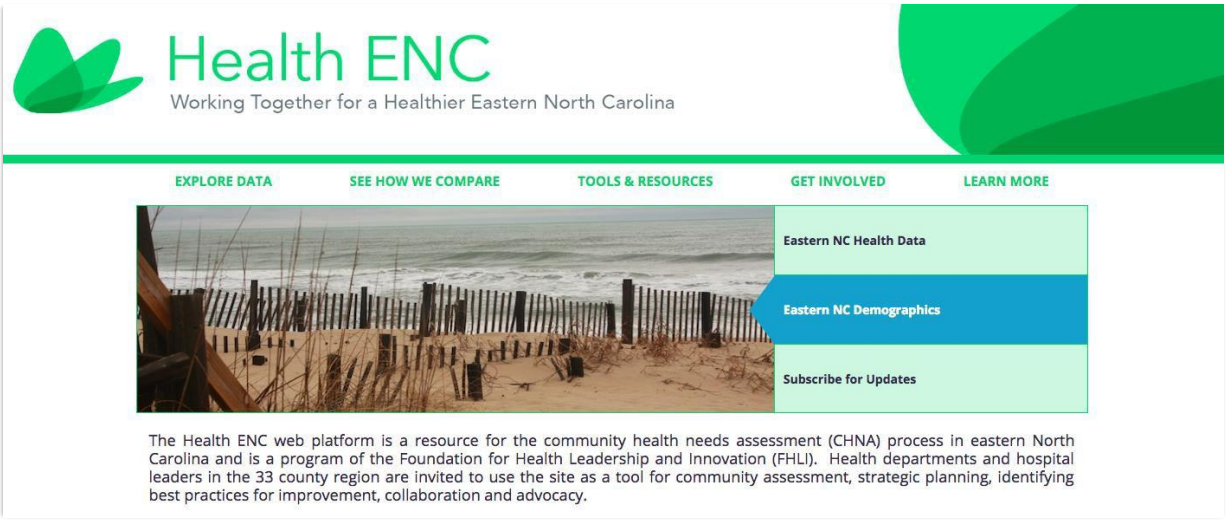
HealthENC.org

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

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

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



The extensive expertise of Health ENC's members and steering committee, as well as Health ENC's data and tools relevant to the regional health needs that incorporate Pender County residents, were relied on heavily in the creation of this report and incorporated throughout to assist in identifying needs and available resources for residents. Data in this report is also incorporated from the Pender County Health Department's 2018 CHNA, conducted in collaboration with Pender Memorial Hospital (as evidenced through Steering Committee participation).

Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

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

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

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

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Pender Memorial Hospital

Pender Memorial Hospital, an affiliate of New Hanover Regional Medical Center, is a critical access hospital in Burgaw, NC. The hospital provides medical care and emergency services to Pender County communities and surrounding counties.

Community Health Team Structure
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Distribution
An electronic copy of this report is available on HealthENC.org.

The public may access this report by visiting www.nhrmc.org/about/community-resources/community-needs-assessment or contacting NHRMC Marketing and Public Relations at (910) 667 – 3400.

A paper copy of this CHNA report is available upon request and without charge: please visit the reception/visitor desk at Pender Memorial Hospital or Novant Health New Hanover Regional Medical Center to request a copy.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016 Community Health Needs Assessment, substance abuse and general wellness were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2014 and 2016 Pender County Community Health Needs Assessments were made available to the public via the hospital's website given above. Community members were invited to submit feedback via in-person sessions, interaction with hospital leaders, and email. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

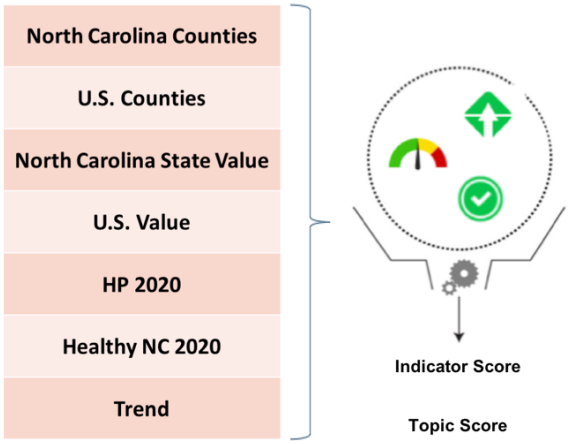
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology,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

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 147 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Pender County's status, including how Pender County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

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

Figure 2. Secondary Data Scoring



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

[1] Health ENC is an online platform that provides access to health, economic and quality of life data, evidence -based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at http://www.healthenc.org/.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

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

Health ENC Region Comparison

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

Primary Data Collection & Analysis

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

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Electronic and paper surveys were available to the residents of Pender County. Links to the electronic surveys in English or Spanish were provided by web address links or QR scan codes. Paper copies were distributed to local business, county agencies, and during the 2018 Blueberry Festival. Social media, print media, and word-of-mouth were tactics used to publicize the CHNA survey.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 416 responses were collected from Pender County residents, with a survey completion rate of 80.8%, resulting in 336 complete responses from Pender County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Pender County	333	3	336

*Based on complete responses

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

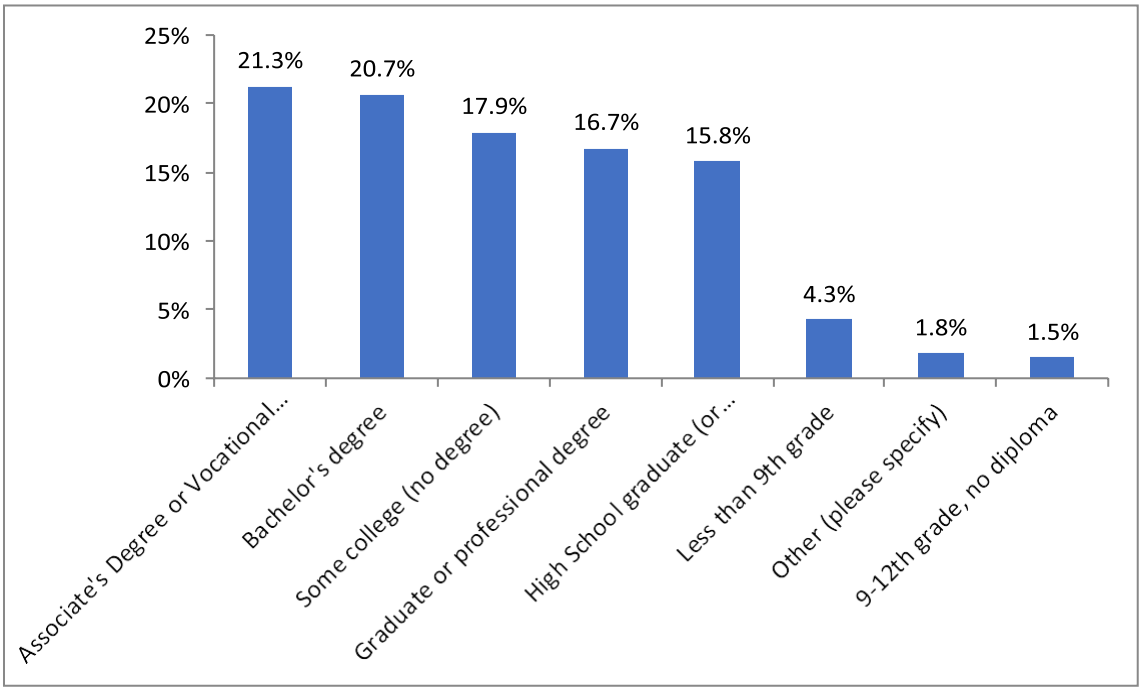
Demographics of Survey Respondents

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

Among Pender County survey participants, 51.2% of respondents were over the age of 50, with the highest concentration of respondents (13.6%) grouped into the 55-59 age group. The majority of respondents were female (84.5%), White (87.7%), spoke English at home (93.3%), and Not Hispanic (90%).

Survey respondents had varying levels of education, with the highest share of respondents (22.3%) having an associate's degree or vocational training and the next highest share of respondents (20.7%) having a bachelor's degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (59.3 %) and the highest share of respondents (26.3 %) had household annual incomes that totaled over $100,000 before taxes. The average household size was 3 individuals.

Figure 4. Employment Status of Community Survey Respondents

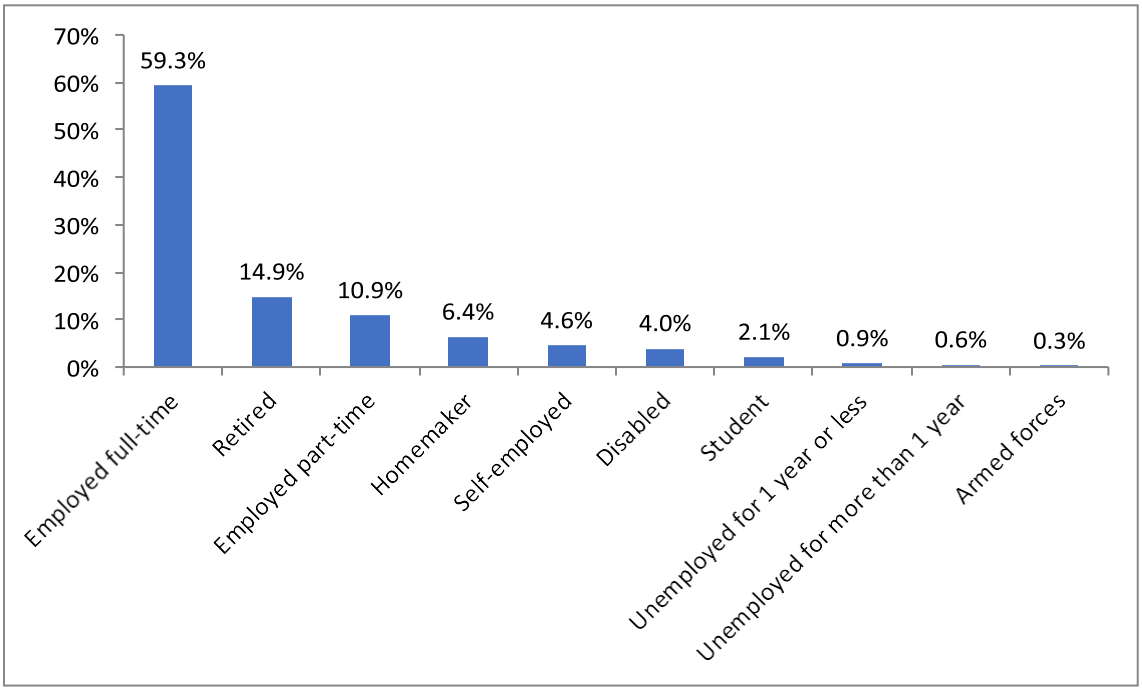
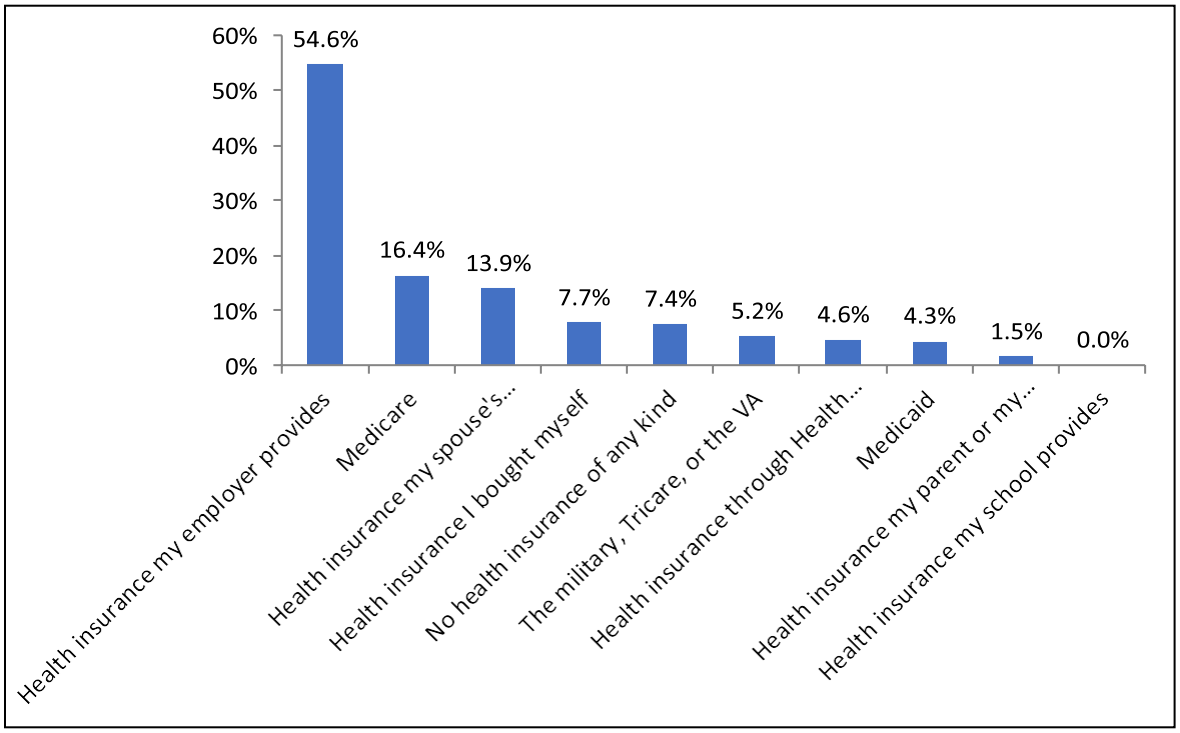


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (54.6%), while 16.4% have Medicare and 7.4% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population was white women with varying levels of education and income. The survey was a convenience sample survey, and thus the results may not representative of the community population as a whole. Prioritized findings were also included from the 2018 Pender County Health Department's Community Health Opinion Survey, conducted in collaboration with Pender Memorial Hospital, which gained participation from individuals more closely representing county demographics as a whole (56% female, 81.9% white, 63.9% with less than an associate's degree in education).

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

Focus Group Discussions

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

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Pender Memorial Hospital elected to hold three focus group sessions at the hospital as an opportunity to obtain more in-depth information from our citizens. While all voices are important, the hospital chose to organize focus groups made up of representatives of the elderly population, community and hospital leaders, hospital staff, and community assistance organizations.

Three focus group discussions were completed within Pender County between June 27, 2018 – July 19, 2018 with a total of 21 individuals. Participants included community members over 65 and hospital leaders and staff. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/27/2018	Pender Memorial Hospital	Ages 65 and Older	3
7/18/2018	Pender Memorial Hospital	Pender Memorial Hospital Board of Trustees	8
7/19/2018	Pender Memorial Hospital	Hospital Staff and Community Assistance Representatives	10

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

Although turnout for the focus groups may have been low for some sessions, results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Pender County is rich with involvement by representatives of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related

areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

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

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

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

Prioritization

In December, 2019 the final data was presented to the Pender Memorial Hospital Board of Trustees. After a review of the findings, the following impact areas were identified:

- Continued efforts toward general wellness of the community;
- Collaborative local efforts focused on the mental/behavioral health needs of the community;
- Increasing access to care for the elderly in our region.

Overview of Pender County

About Pender County

Pender County is located in southeastern North Carolina. There are six municipalities within the county's boundaries: Atkinson, Burgaw (county seat), St. Helena, Surf City, Topsail Beach, and Watha. In addition, there are seven communities: Currie, Hampstead, Maple Hill, Penderlea, Rocky Point, Scotts Hill, and Willard. Given Pender County's climate and recreational opportunities, the near 60,000 county residents experience an influx of vacationers during tourist season.

Pender County is the 5th largest county in North Carolina with 870 square miles and 62 miles of water. Two state natural areas and protected wildlife refuges are located in the county, Holly Shelter Game Land and Angola Bay.

North Carolina categorizes Pender County as a Tier 3 county indicating it is one of the 20 least economically distressed counties in the state. The county is positioned to demonstrate further growth and business opportunity. With the long growing season, the agricultural industry makes up a large part of the economy. Primary crops are blueberries, sweet potatoes, strawberries, tobacco, soybeans, corn, and grapes. Tourism is another large part of the county's economic base and revolves around outdoor recreation, boating, fishing, and beach activities. Finally, there are several corporations that call Pender County home including:

- Wieland (electrical interconnect device manufacturer for the automotive industry)
- W. R. Rayson (disposable paper goods manufacturer)
- Empire Distributors, Inc (wholesale beverage distribution)
- Ultrafoam (maker of polyurethane foam for office furniture)
- FedEx Freight
- Chloride Systems (manufactures emergency lighting systems)
- Acme Smoked Fish (producer of smoked seafood items)

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Pender County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Pender County has a population of 59,090 (Figure 6). The population of Pender County has increased decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

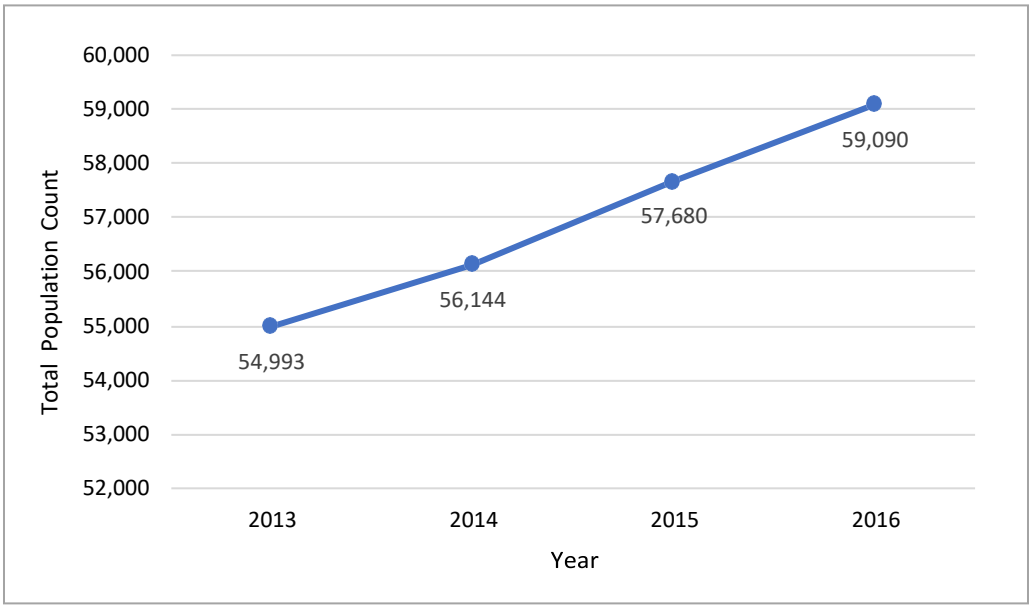
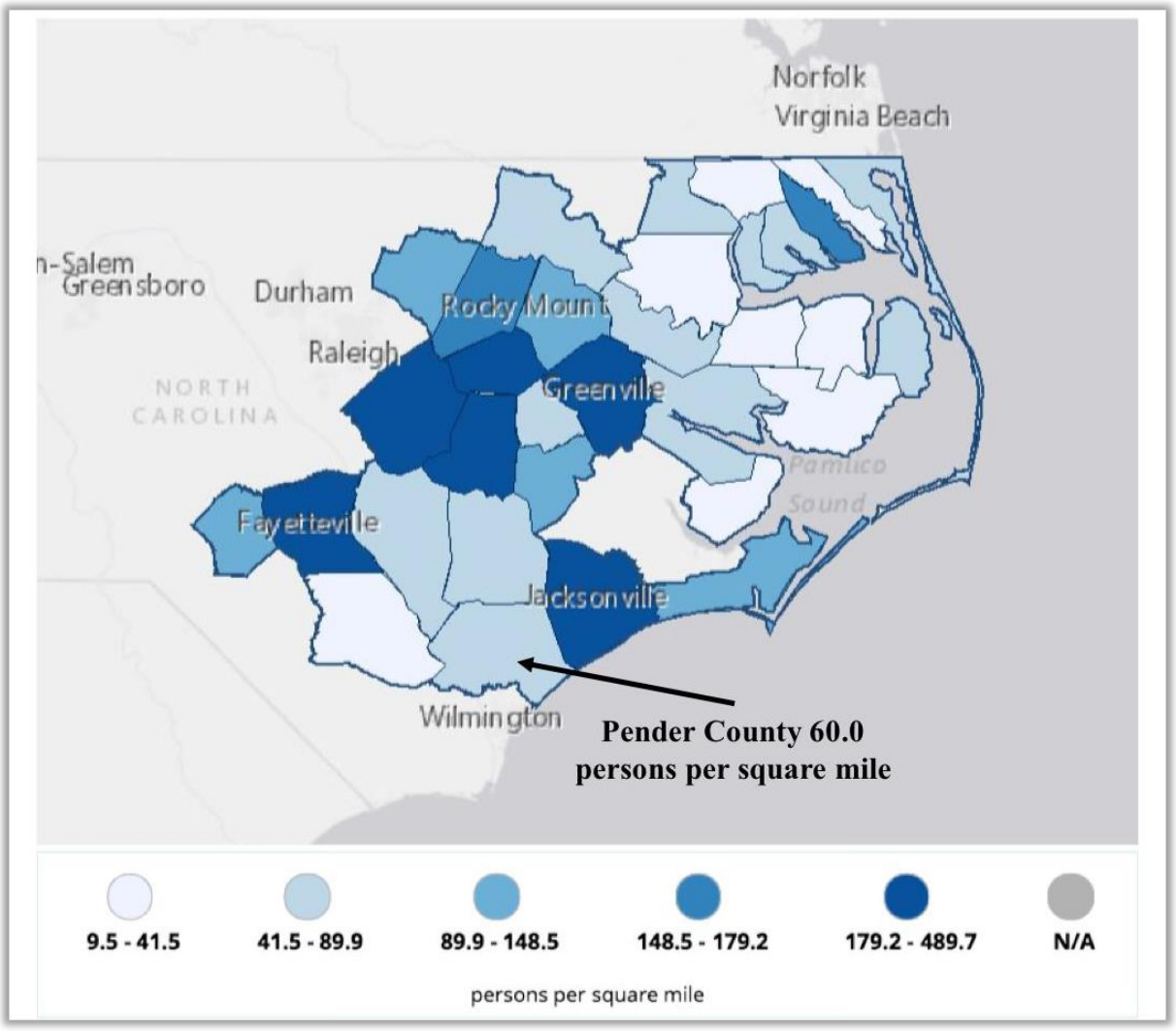


Figure 7 shows the population density of Pender County compared to other counties in the Health ENC region. Pender County has a population density of 60.0 persons per square mile.

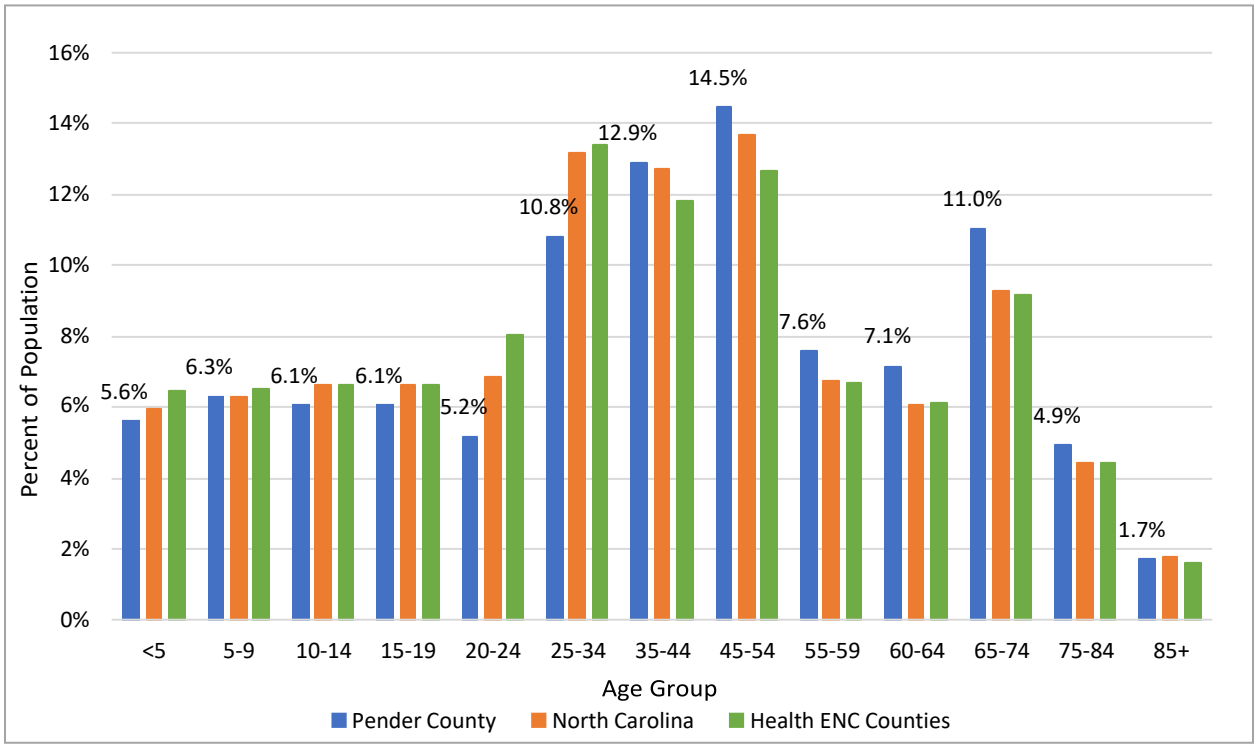
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

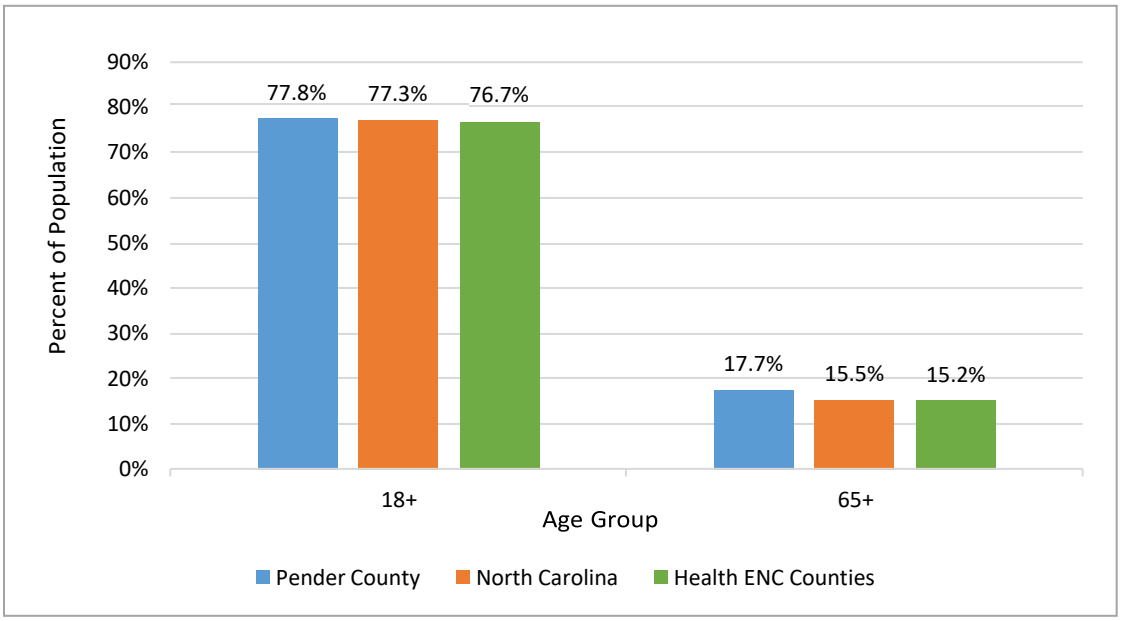
Overall, Pender County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Pender County population by age group. The 45-54 age group contains the highest percent of the population at 14.5%, while the 35-44 age group contains the next highest percent of the population at 12.9%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 17.7% of the Pender County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

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



Males comprise 49.9% of the population, whereas females comprise 50.1% of the population (Table 5). The median age for males is 41.8 years, whereas the median age for females is 43.6 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

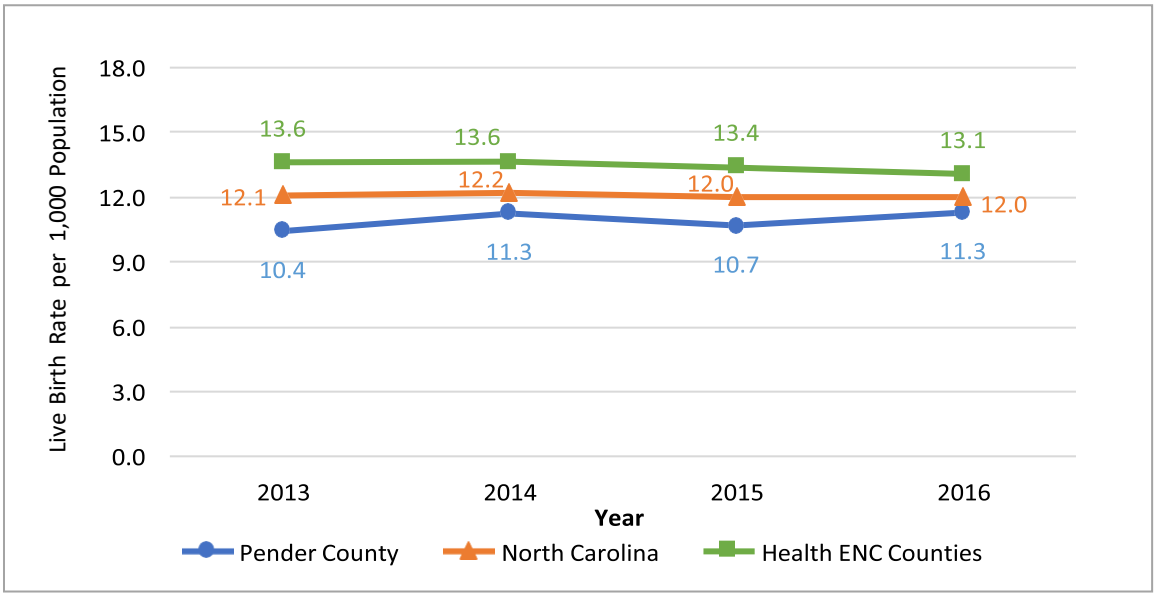
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Pender County	49.9%	50.1%	77.4%	16.6%	78.1%	18.7%	41.8	43.6
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Pender County (11.3 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



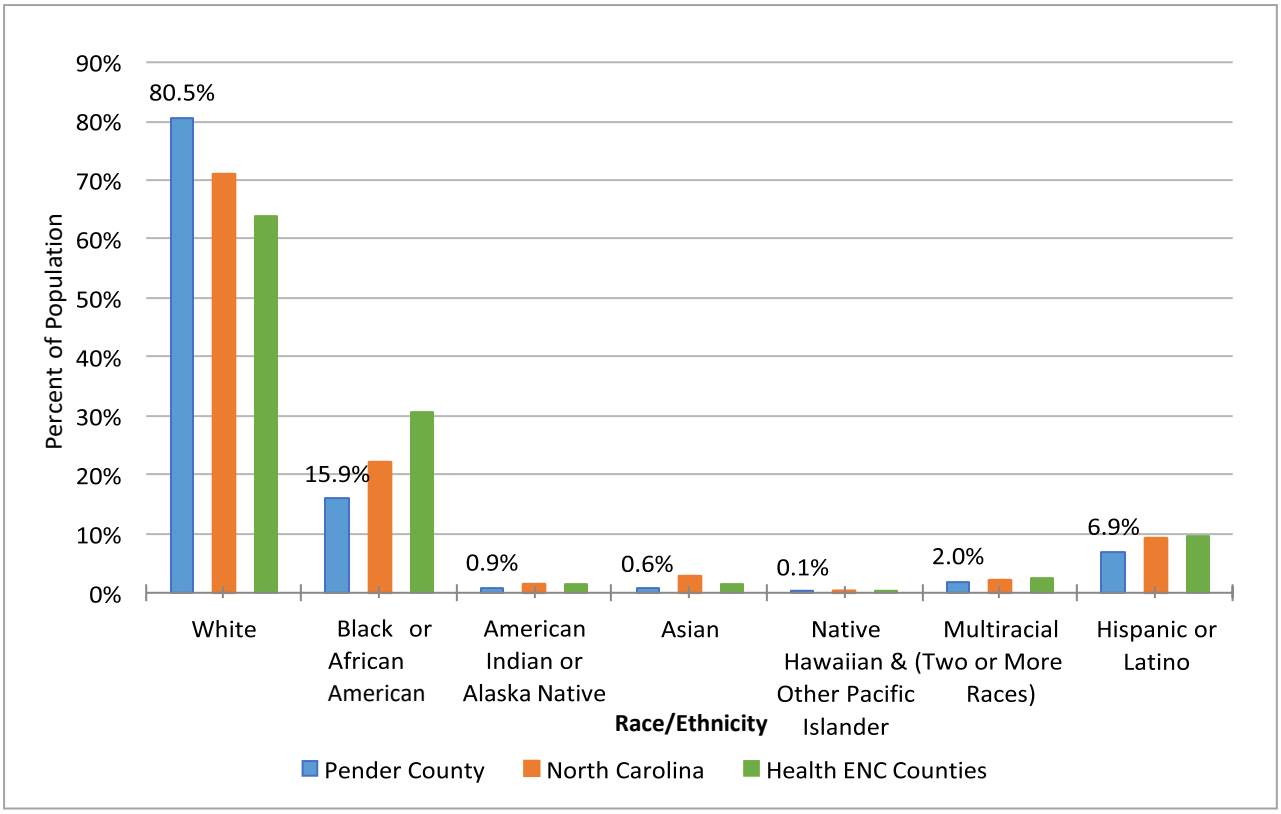
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

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

The White population accounts for 80.5% of the total population in Pender County, with the Black or African American population accounting for 15.9% of the total population. The proportion of residents that identify as White is larger in Pender County (80.5%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Pender County has a smaller share of residents that identify as Black or African American (15.9%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 6.9% of Pender County.

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

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

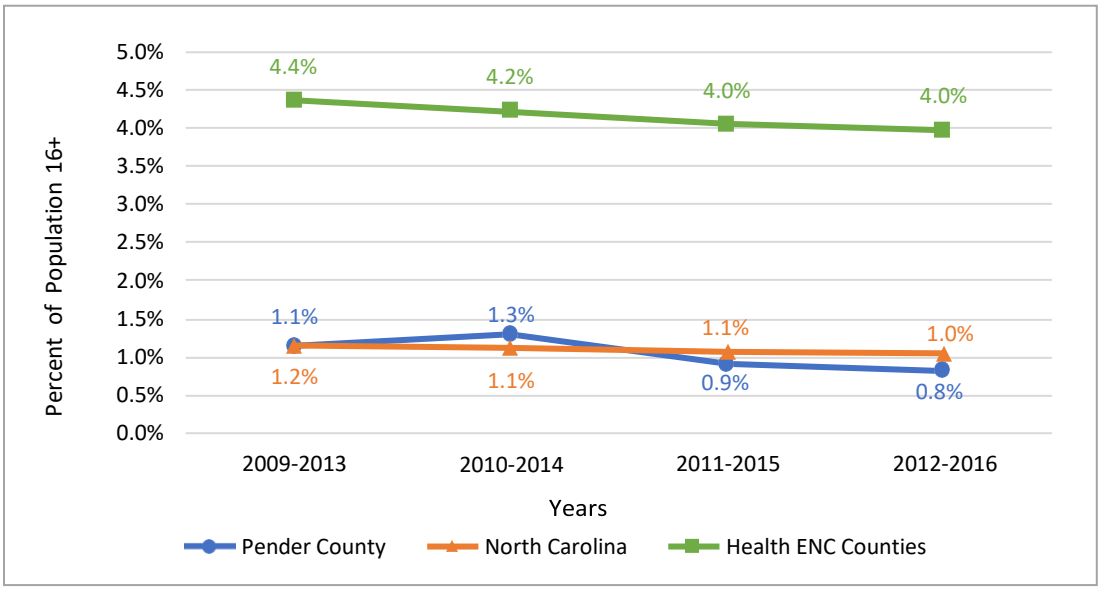
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

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

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Pender County has a smaller share of residents in the military (0.8%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Countywide, the proportion of residents in the military has slightly decreased from 1.3% in 2010-2014 to 0.8% in 2012-2016.

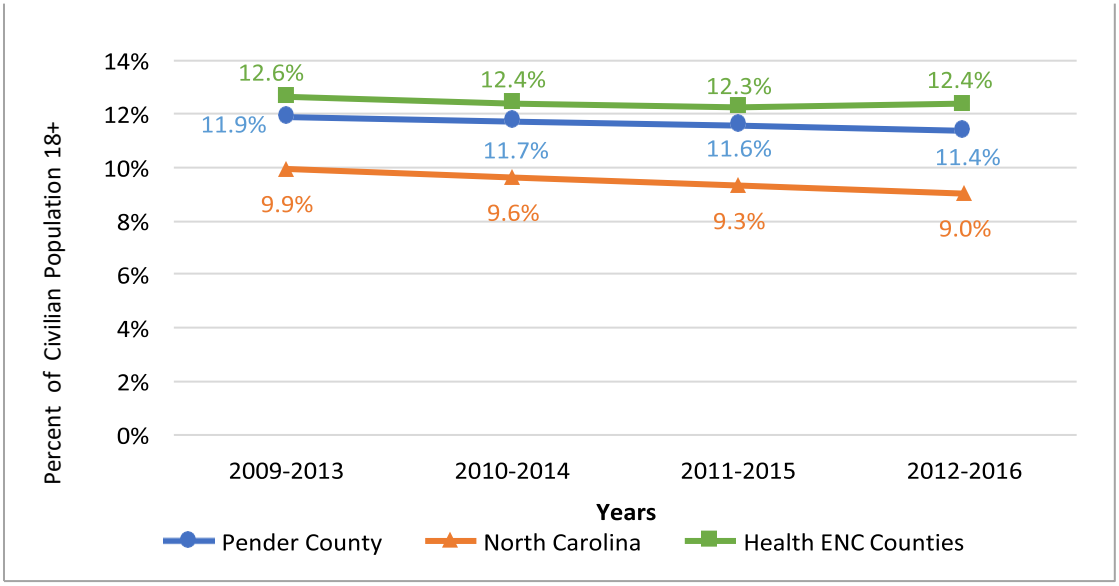
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Pender County has a veteran population of 11.4% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). The veteran population of Pender County, North Carolina, and the Health ENC region is decreasing slightly across four-time periods from 2009-2013 to 2012-2016.

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



Socioeconomic Profile

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

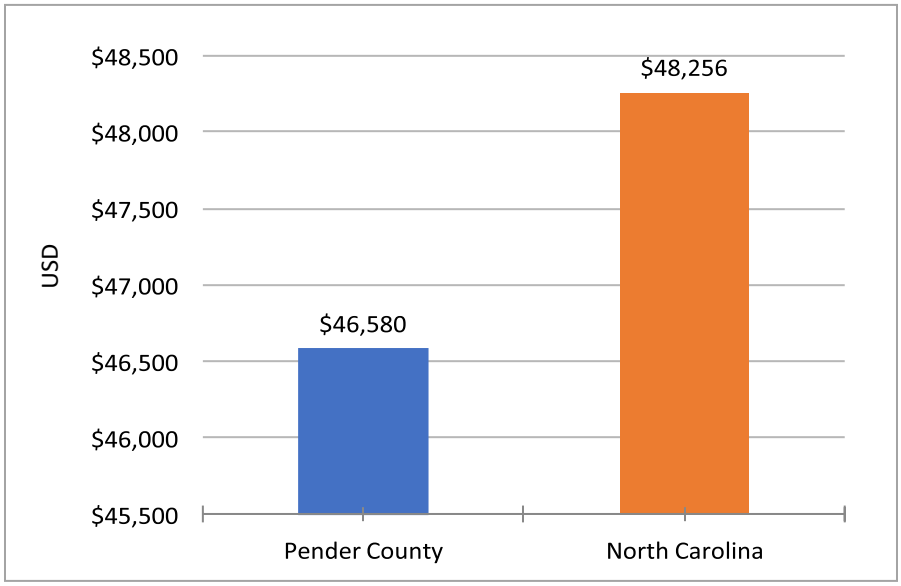
NC Department of Commerce Tier Designation

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

Income

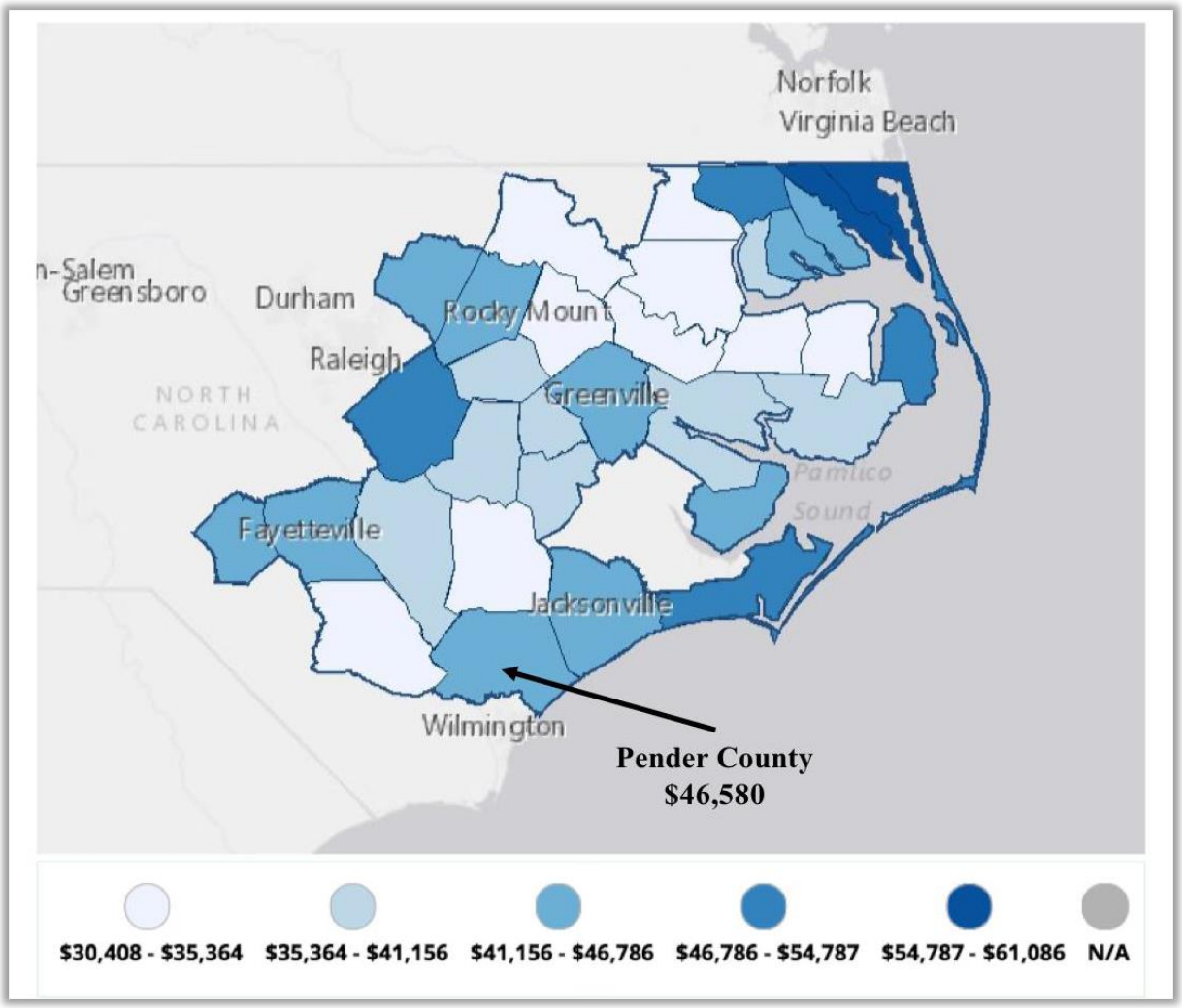
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Pender County ($46,580), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



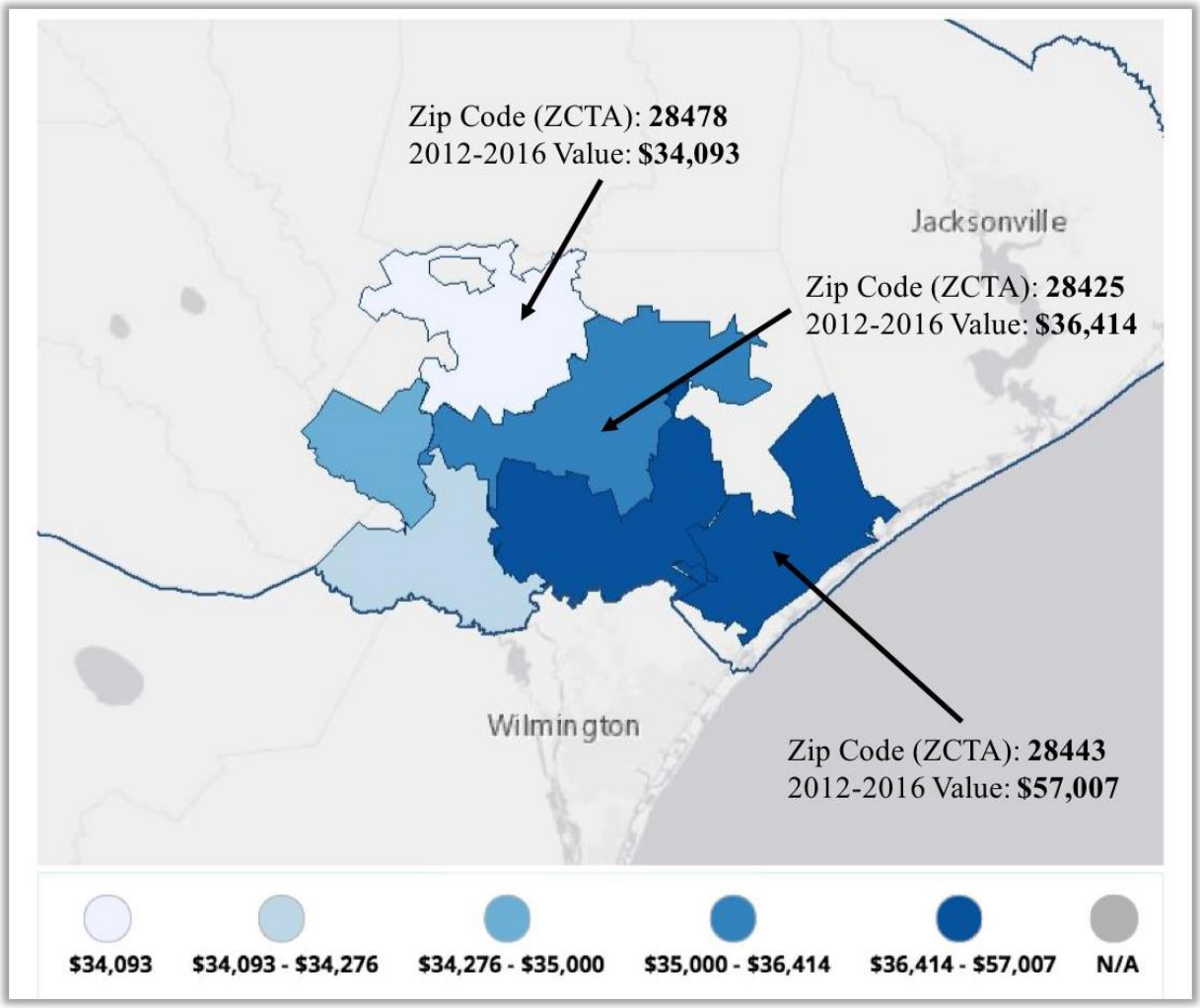
Pender County has a higher median household income than most counties in the Health ENC region. (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)



Within Pender County, zip code 28478 has the lowest median household income ($34,093) while zip code 28443 has the highest median household income ($57,007) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

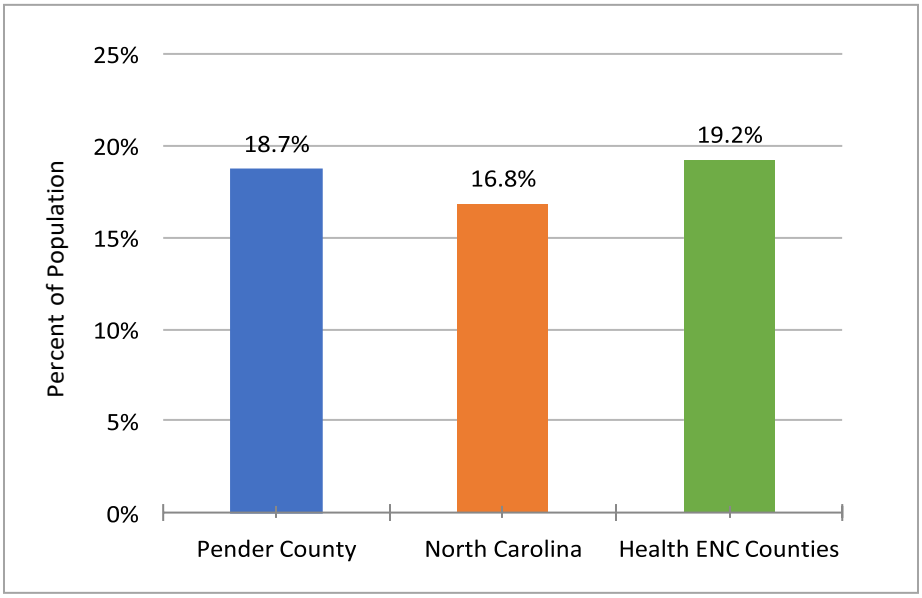


Poverty

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

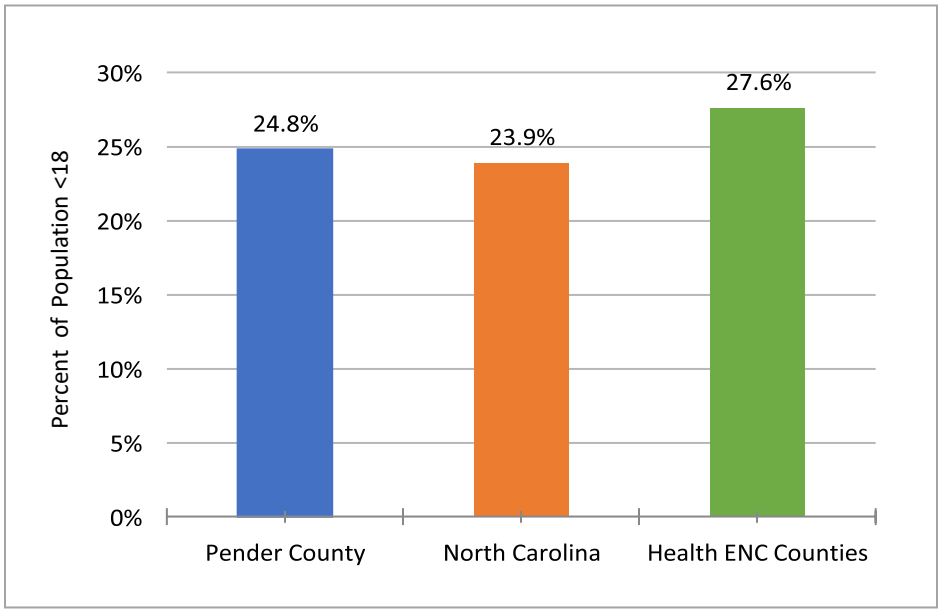
As seen in Figure 17, 18.7% percent of the population in Pender County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) but lower than the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



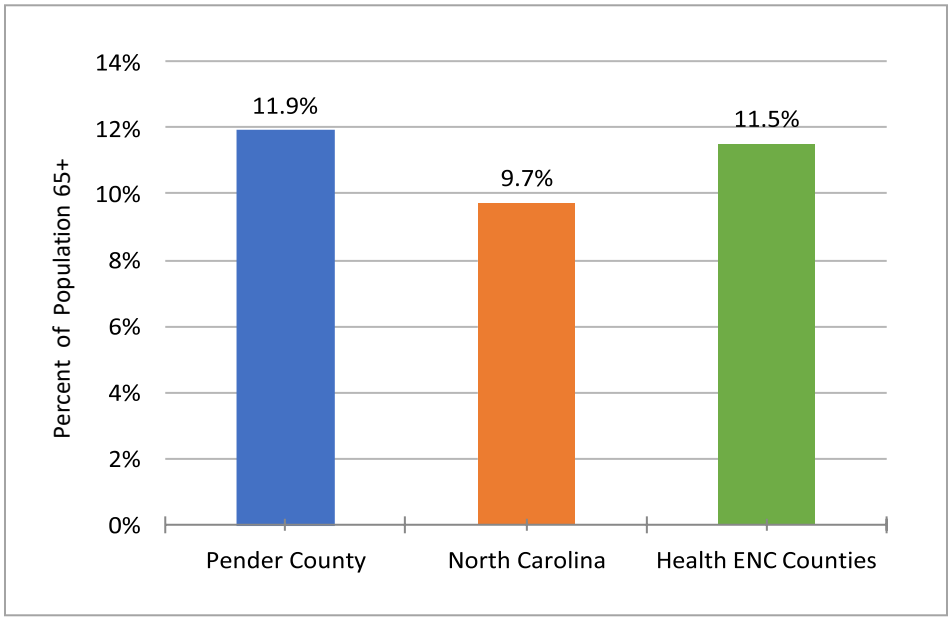
As shown in Figure 18, the rate of children living below the poverty level is also higher in Pender County (24.8%) than in North Carolina (23.9%), but lower than Health ENC counties (27.6%).

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



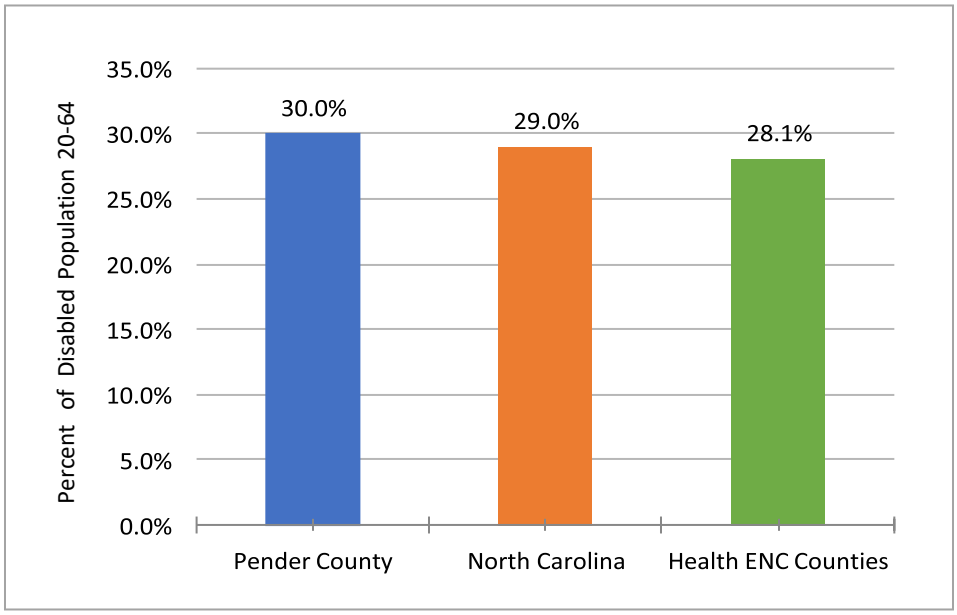
As shown in Figure 19, the rate of older adults living below the poverty level is higher in Pender County (11.9%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

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



As shown in Figure 20, the percent of disabled people living in poverty in Pender County (30.0%) is higher than the rate in North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

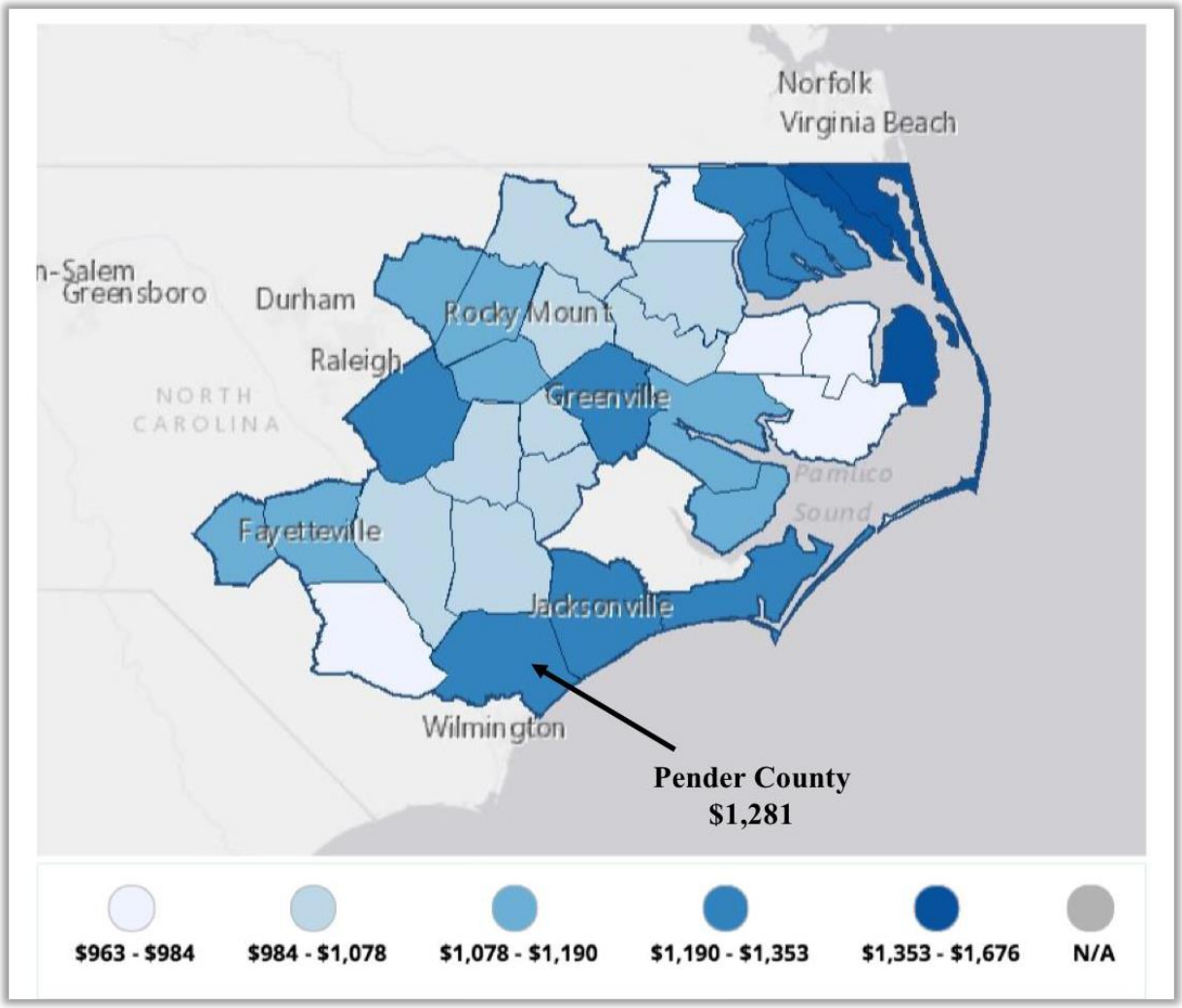


Housing

The average household size in Pender County is 2.7 people per household, which is higher than the North Carolina value of 2.5 people per household.

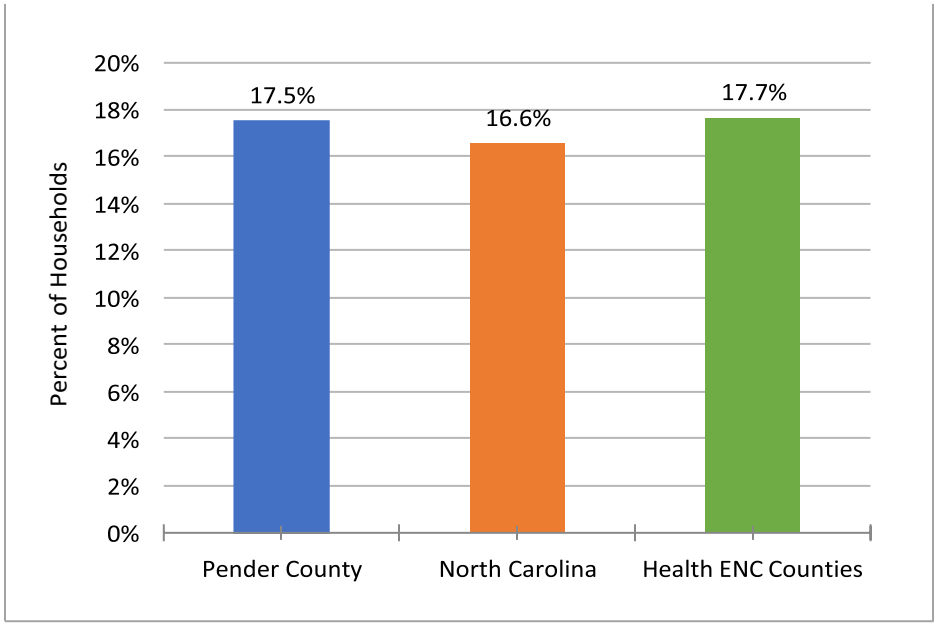
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Pender County, the median housing costs for homeowners with a mortgage is $1,281. This is higher than the North Carolina value of $1,243, and higher than most of the counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide 17.5% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

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

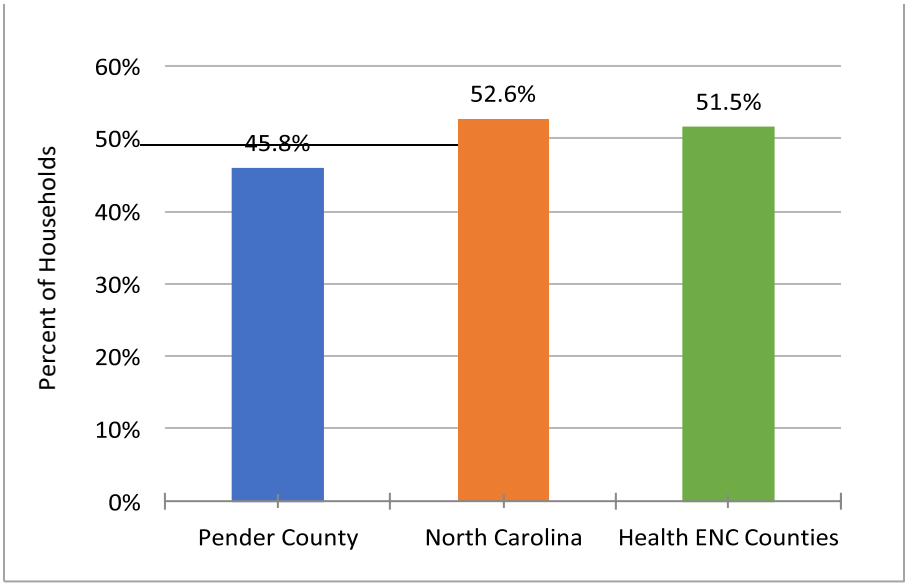


Food Insecurity

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Pender County, 45.8%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

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



SocioNeeds Index

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

Zip codes within Pender County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Pender County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 28478, with an index value of 87.6, has the highest level of socioeconomic need within Pender County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Pender County are provided in Table 7.

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

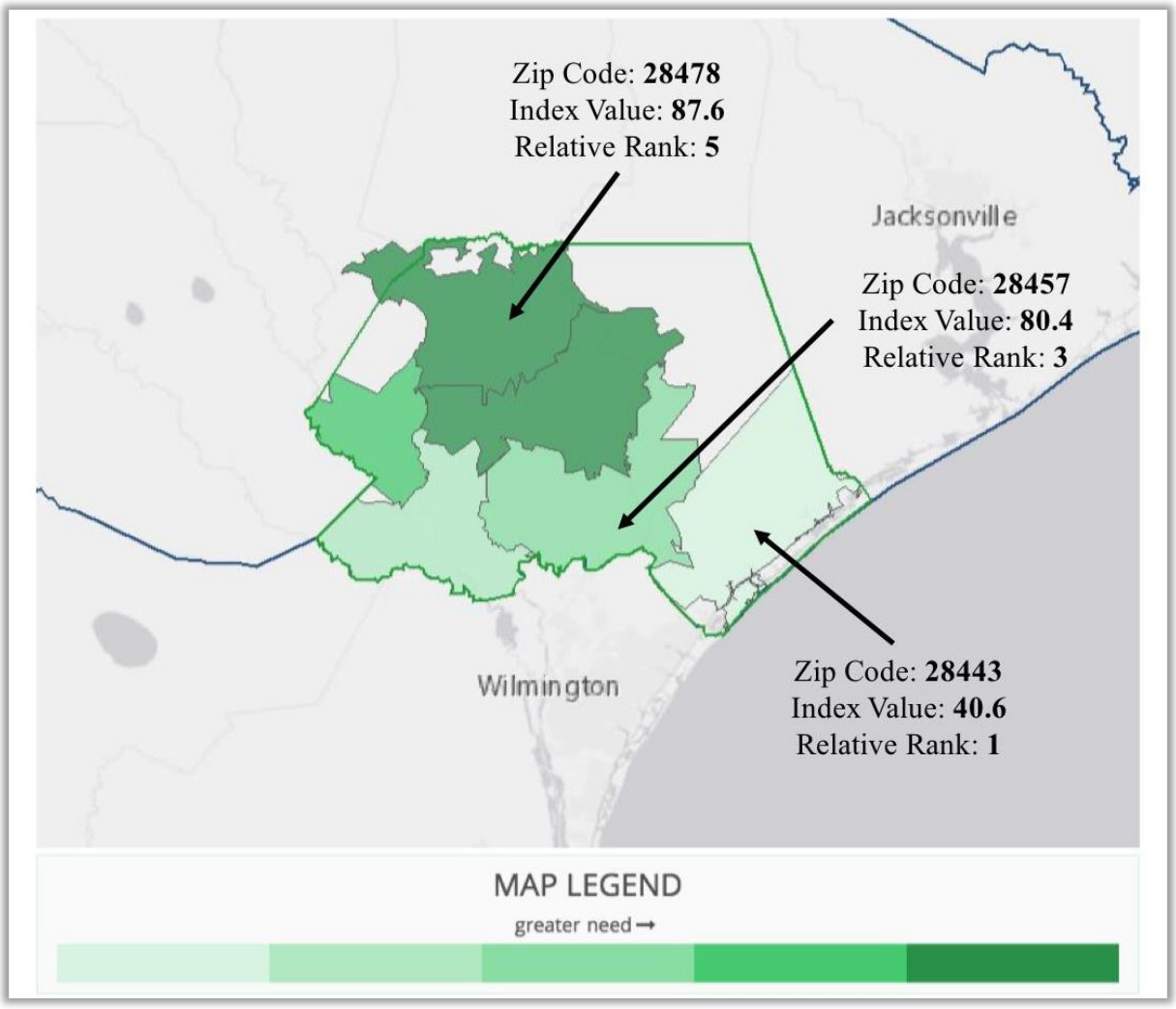


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28478	87.6	5
28425	85.6	5
28421	81.4	4
28457	80.4	3
28435	79.6	2
28443	40.6	1

Source: http://www.healthenc.org/socioneeds

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

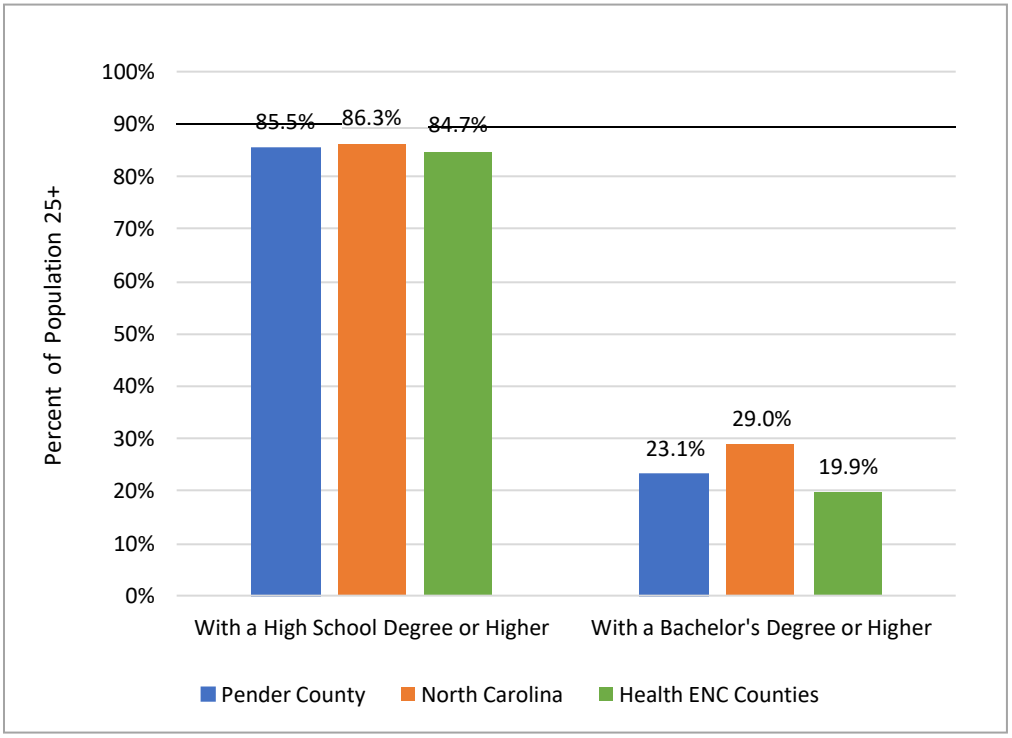
Educational Profile

Educational Attainment

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

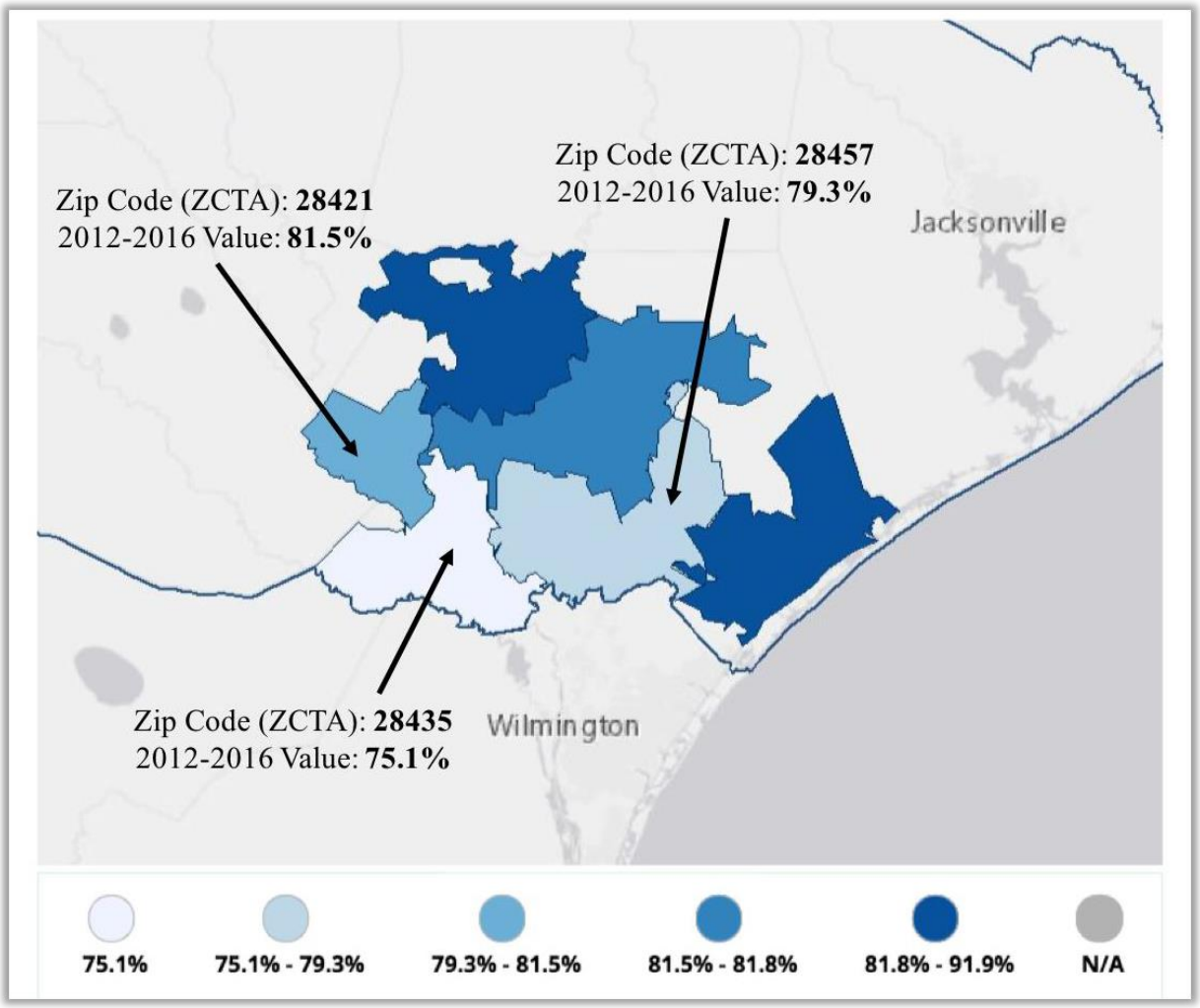
Countywide, the percent of residents 25 or older with a high school degree or higher (85.5%) is lower than the state value (86.3%) but slightly higher than the Health ENC region (84.7%) (Figure 25). Similarly, higher educational attainment in Pender County is lower than the state value but higher than the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 23.1% in Pender County and 19.9% in Health ENC counties (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Countywide, the high school degree attainment rate varies. For example, in zip code 28435, the high school degree attainment rate is 75.1% (Figure 26).

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

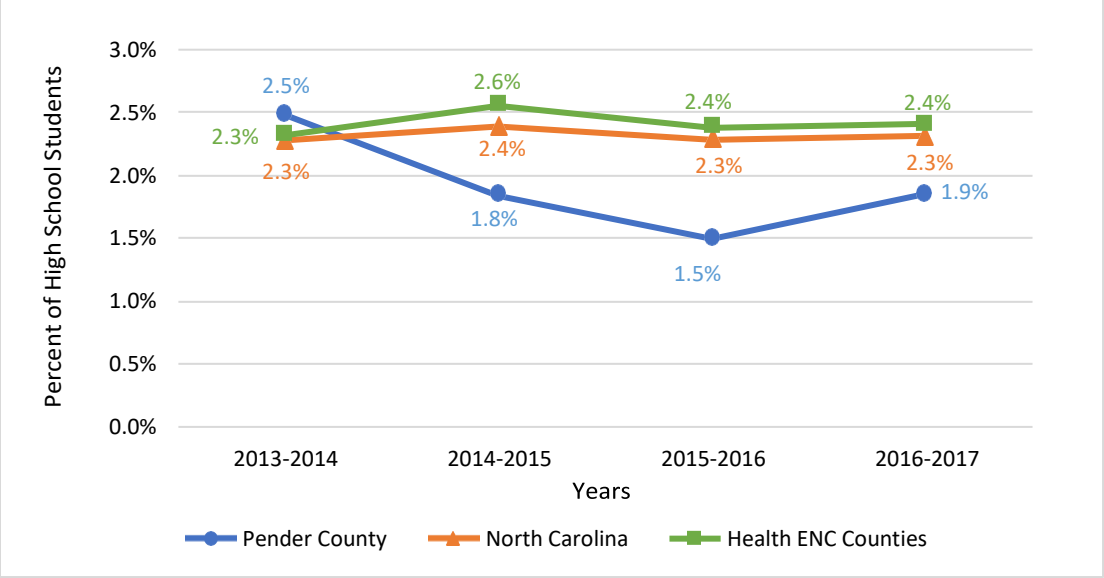


High School Dropouts

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

Pender County's high school dropout rate, given as a percent of high school students in Figure 27, is 1.9% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%).

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

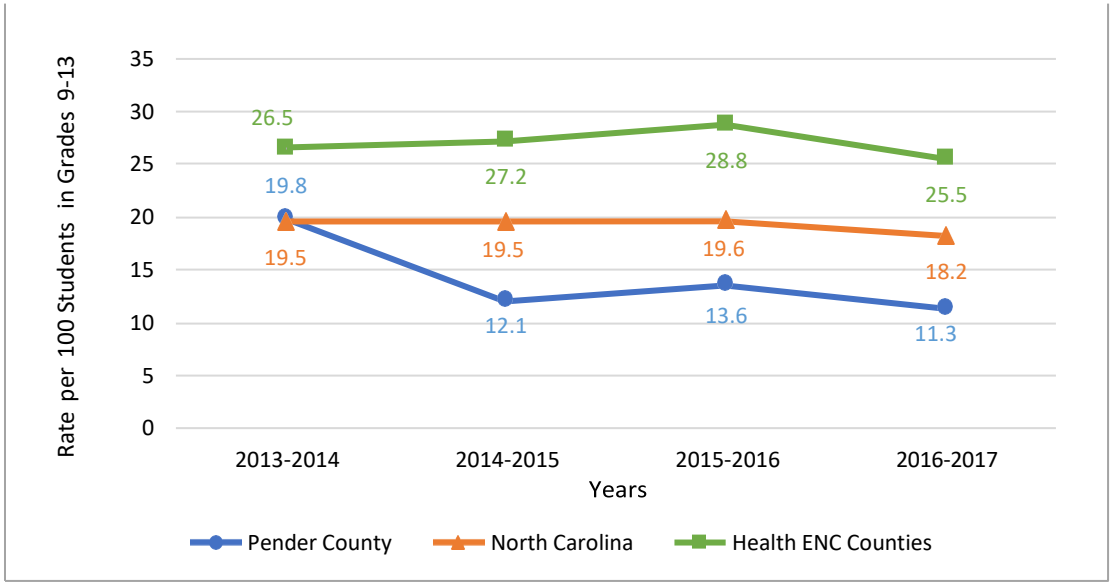


High School Suspension Rate

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

Pender County's rate of high school suspension (11.3 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017 (Figure 28).

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



Transportation Profile

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

Countywide, 1.1% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Pender County, with an estimated 0.2% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Pender County, 80.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in the Health ENC region (Figure 30).

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

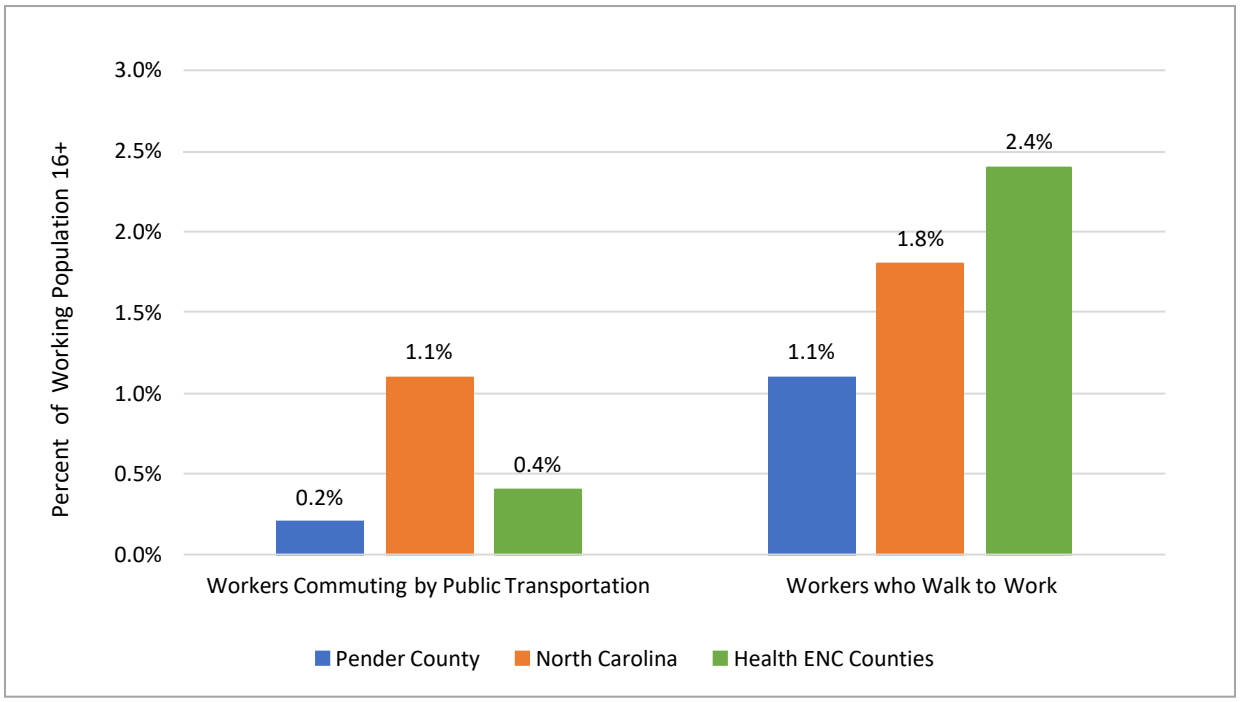
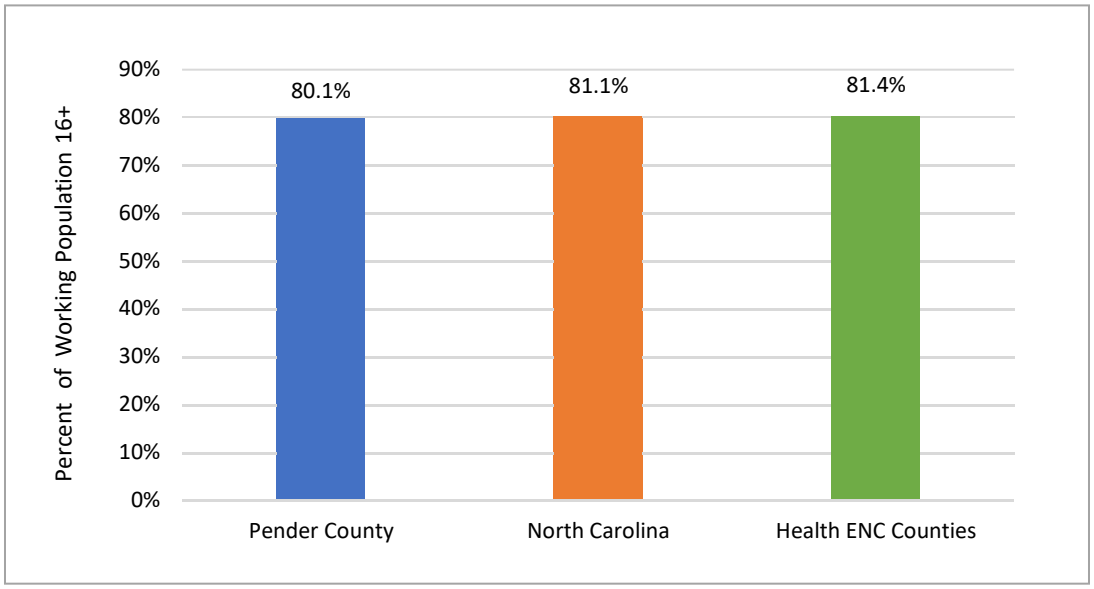


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



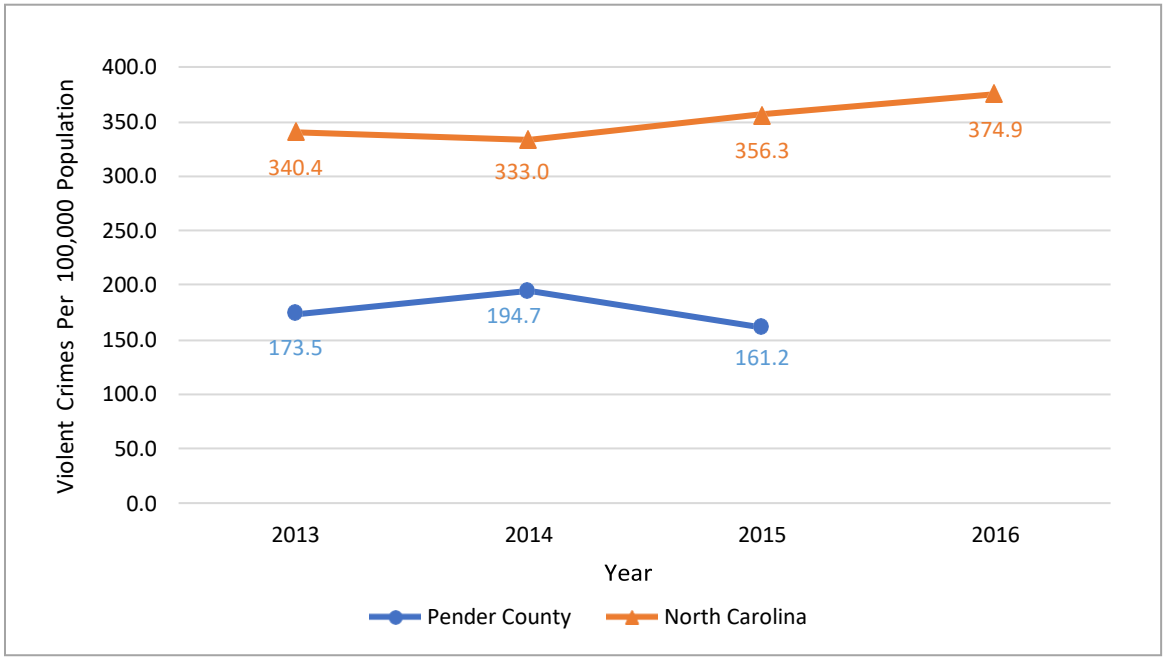
Crime and Safety

Violent Crime and Property Crime

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

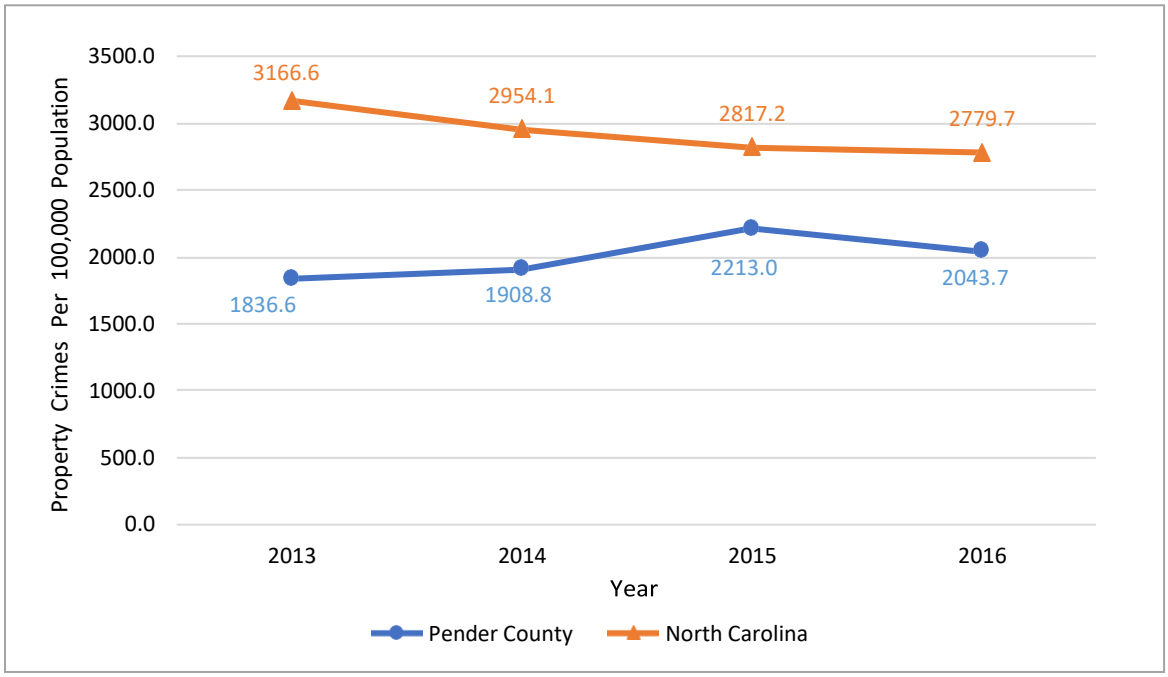
The violent crime rate in Pender County is 161.2 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31).

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Pender County (2,043.7 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). While the state's property crime rate has decreased over the past four measurement periods, the property crime rate in Pender County has increased from 2013 to 2015, with a slight decrease from 2015 to 2016.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Pender County (0.2) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

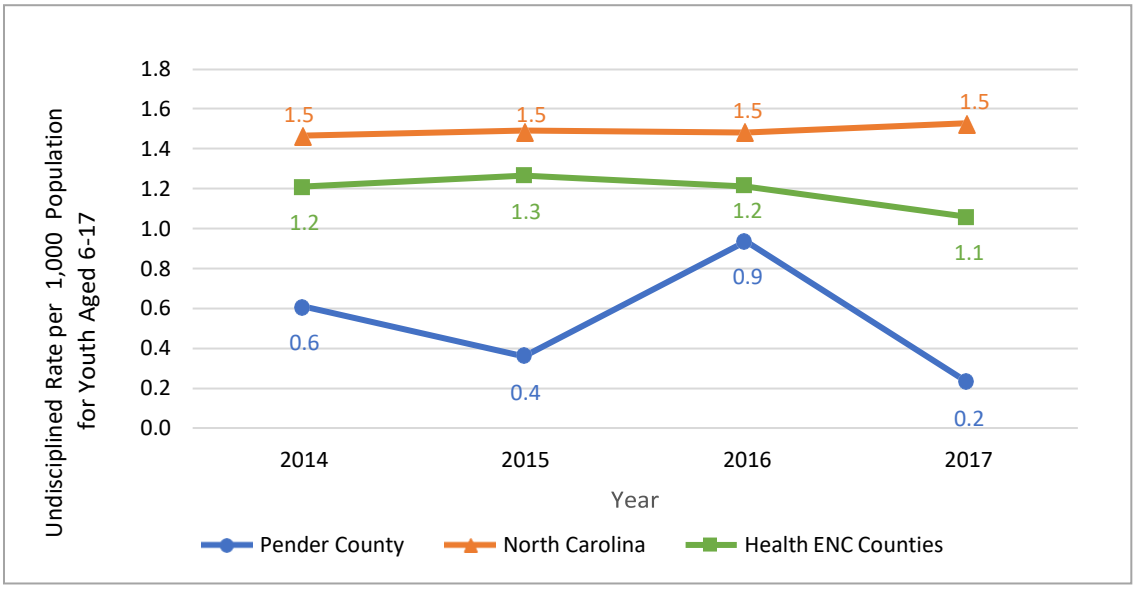
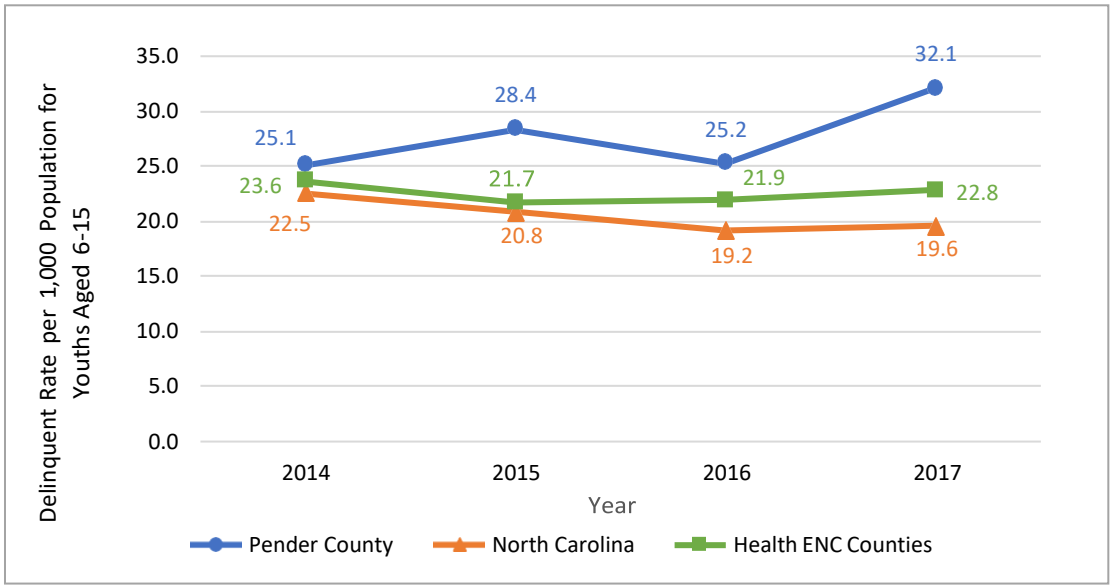


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Pender County (32.1) is higher than the rate in North Carolina (19.6) and the Health ENC region (22.8). Further, the juvenile crime rate in Pender County increased from 25.2 in 2016 to 32.1 in 2017.

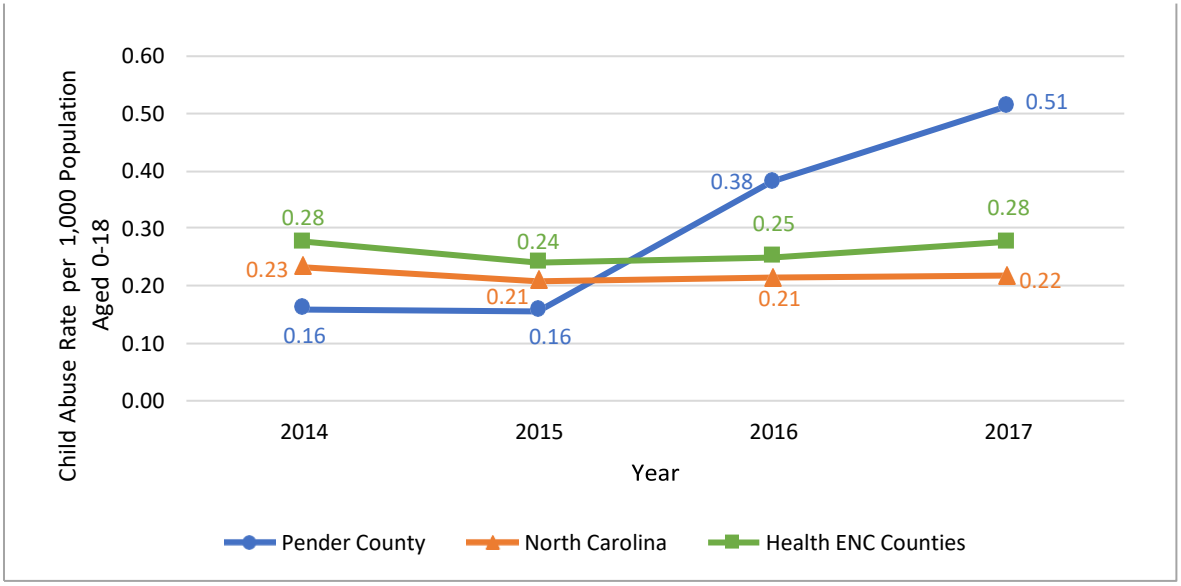
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Pender County has increased since 2014. The 2017 child abuse rate in Pender County (0.51 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28).

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

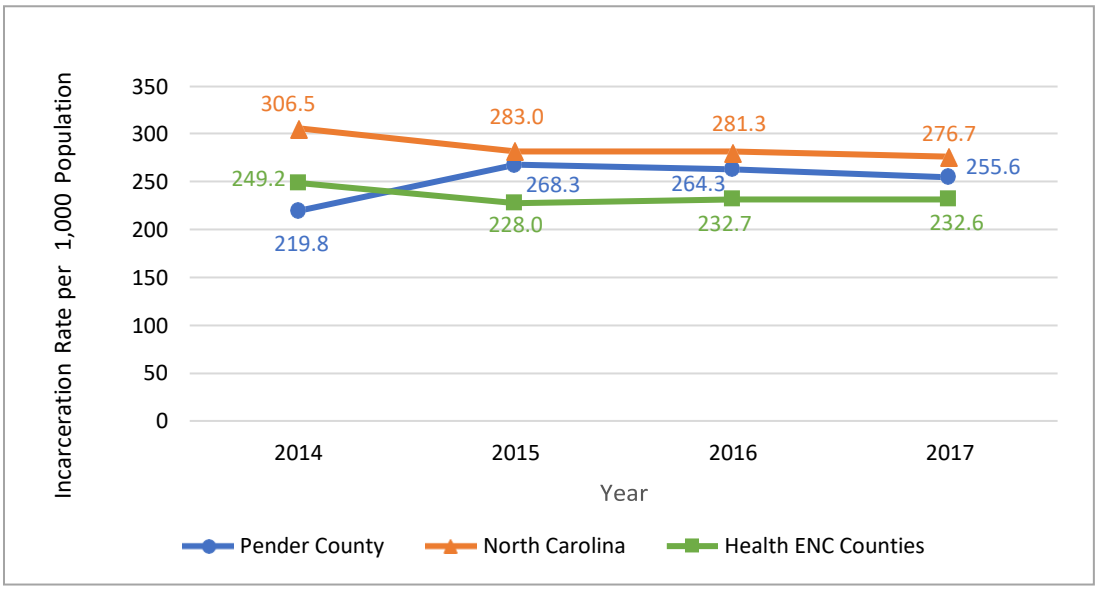


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Pender County (255.6 per 1,000 population) is lower than the rate in North Carolina (276.7) but higher than the rate in the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Pender County, 86.6%, is slightly lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 13.4% of residents are uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

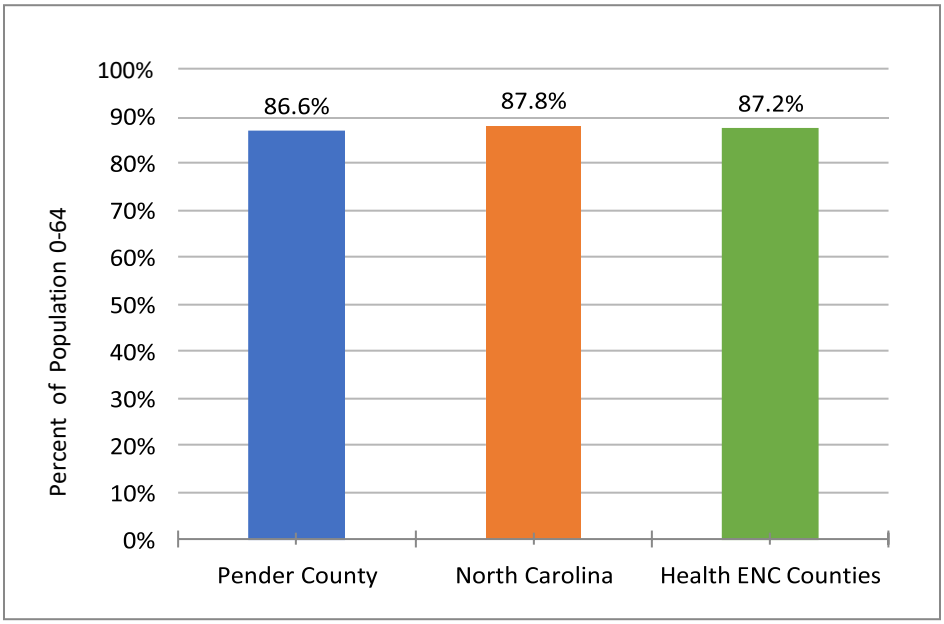
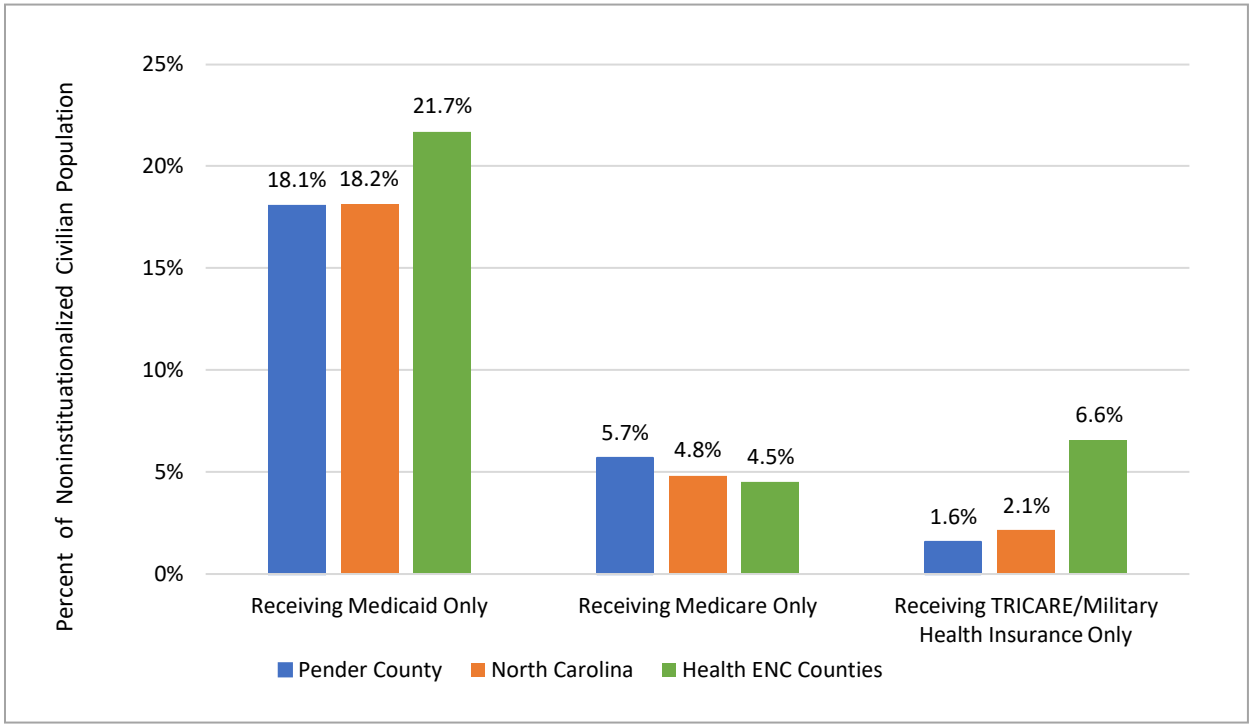


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Pender County has a similar percent of people receiving Medicaid (18.1%) as North Carolina (18.2%), but a lower percent when compared to other Health ENC counties (21.7%). The percent of people receiving military health insurance is higher in Pender County (5.7%) as compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Pender County (1.6%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

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



Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Pender County has similar percent of residents of voting age (77.8%) as North Carolina (77.3%) and Health ENC counties (76.7%).

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

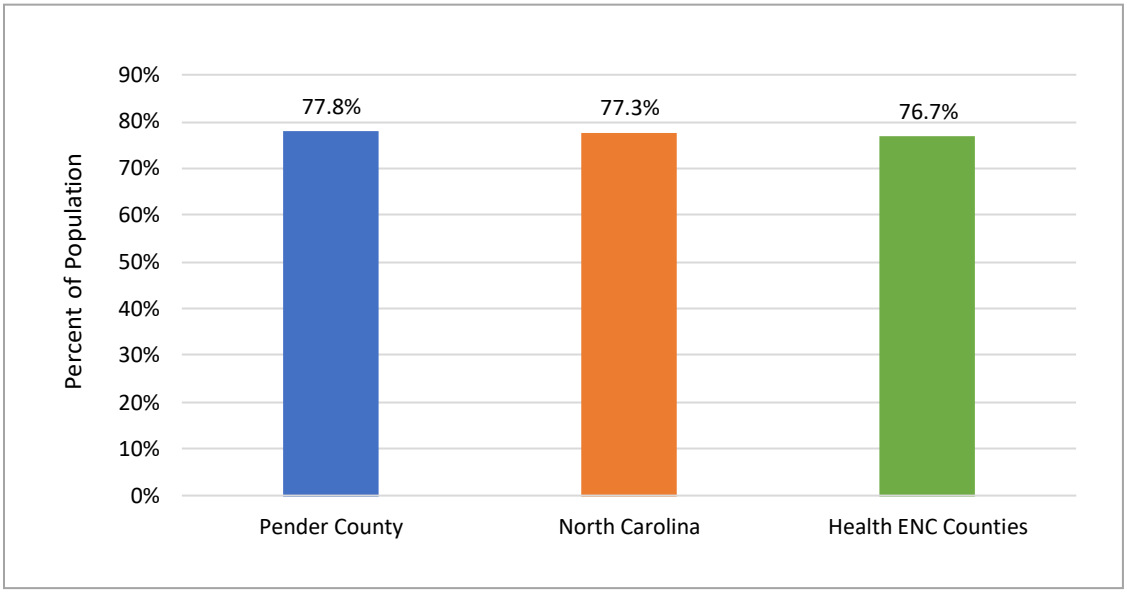
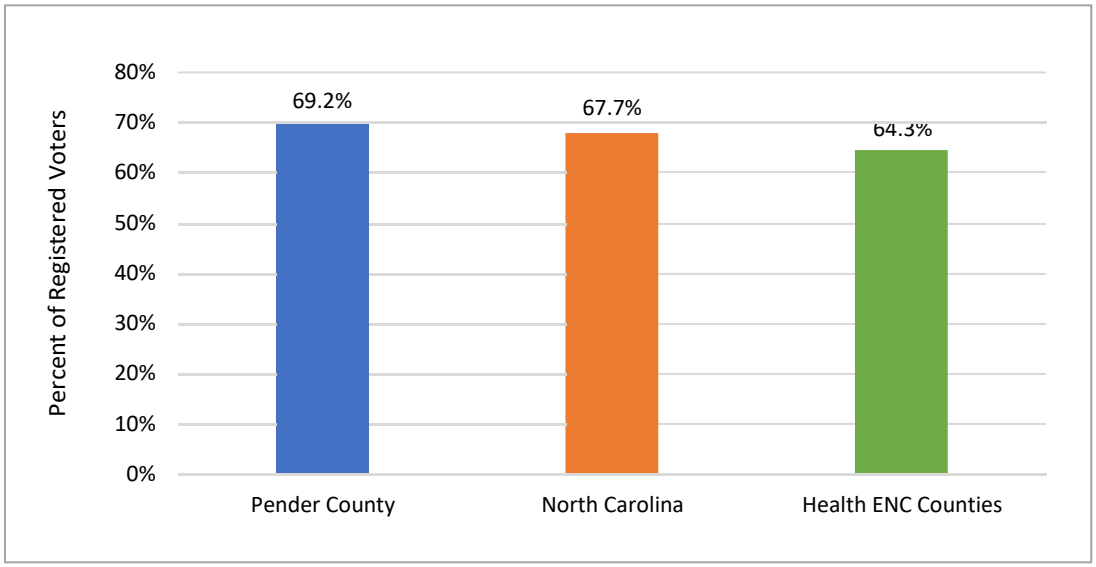


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Pender County was 69.2%, which is slightly higher than the state value (67.7%) and the regional value (64.3%).

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



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Pender County by topic area. Topics with higher scores indicate greater need. Prevention & Safety is the poorest performing health topic for Pender County, followed by Transportation, Access to Health Services, Mental Health & Mental Disorders, Women's Health and Substance Abuse.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Prevention & Safety	1.95
Transportation	1.89
Access to Health Services	1.84
Mental Health & Mental Disorders	1.67
Women's Health	1.66
Substance Abuse	1.63

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

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Pender County. Low income/poverty was the most frequently selected issue and was ranked by 39.5% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected homelessness, violent crime, domestic violence, rape / sexual assault, neglect and abuse, elder abuse and child abuse as issues most affecting the quality of life in Pender County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

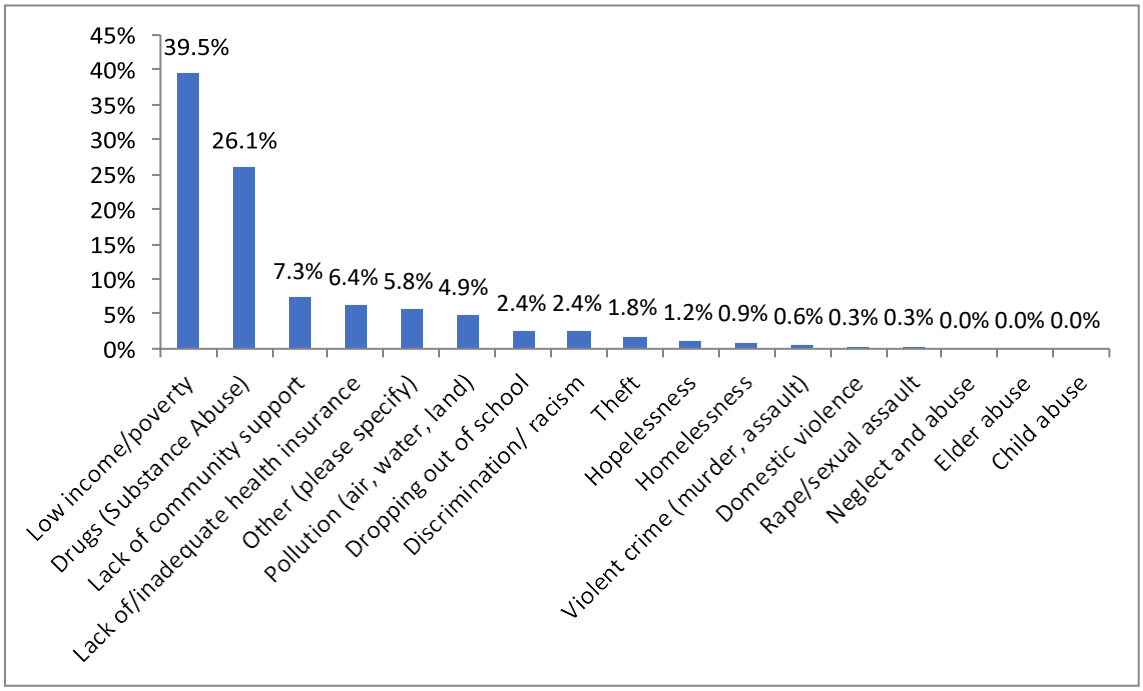


Figure 42 displays the level of agreement among Pender County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to raise children, is a good place to grow old, is a safe place to live, there is affordable housing and is an easy place to buy healthy foods. Almost half of survey respondents disagreed (35%) or strongly disagreed (13%) that the county has plenty of economic opportunity.

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

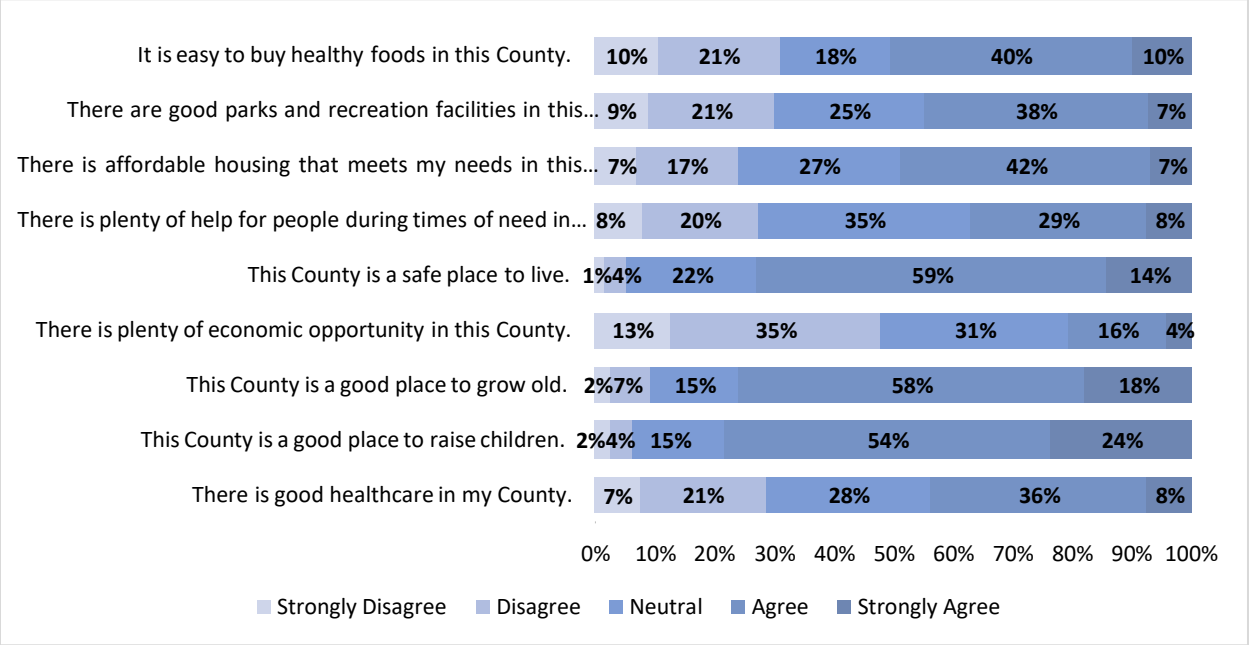


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Pender County. Higher paying employment was the most frequently selected issue, followed availability of employment, positive teen activities, road maintenance and better/more recreation facilities.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

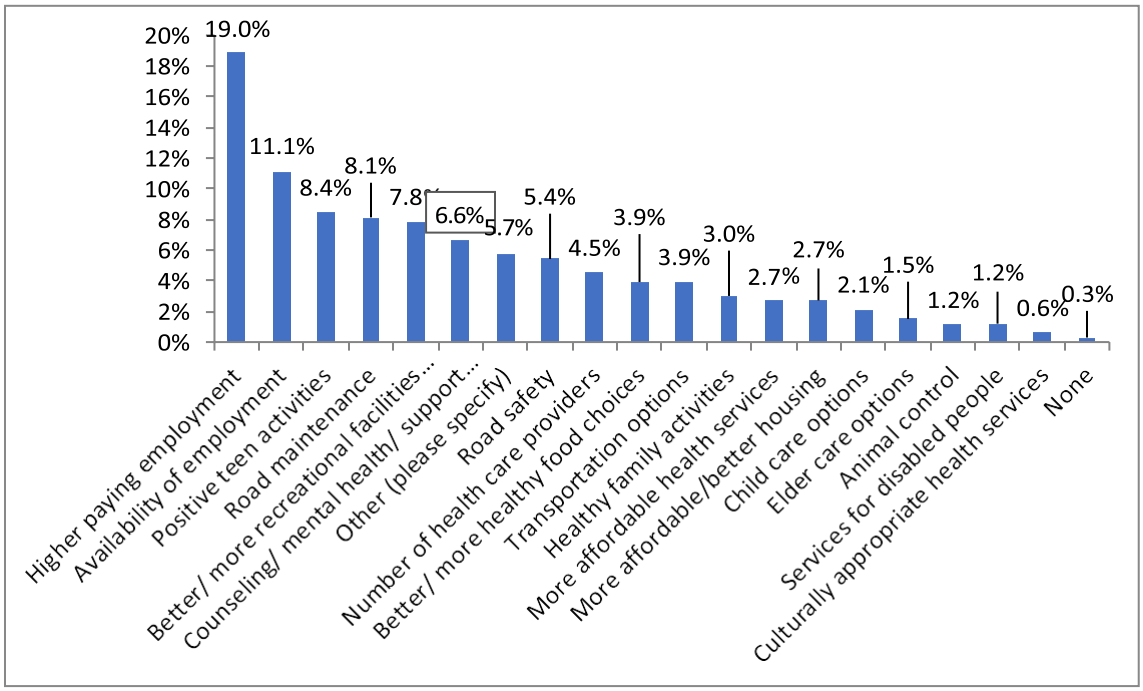
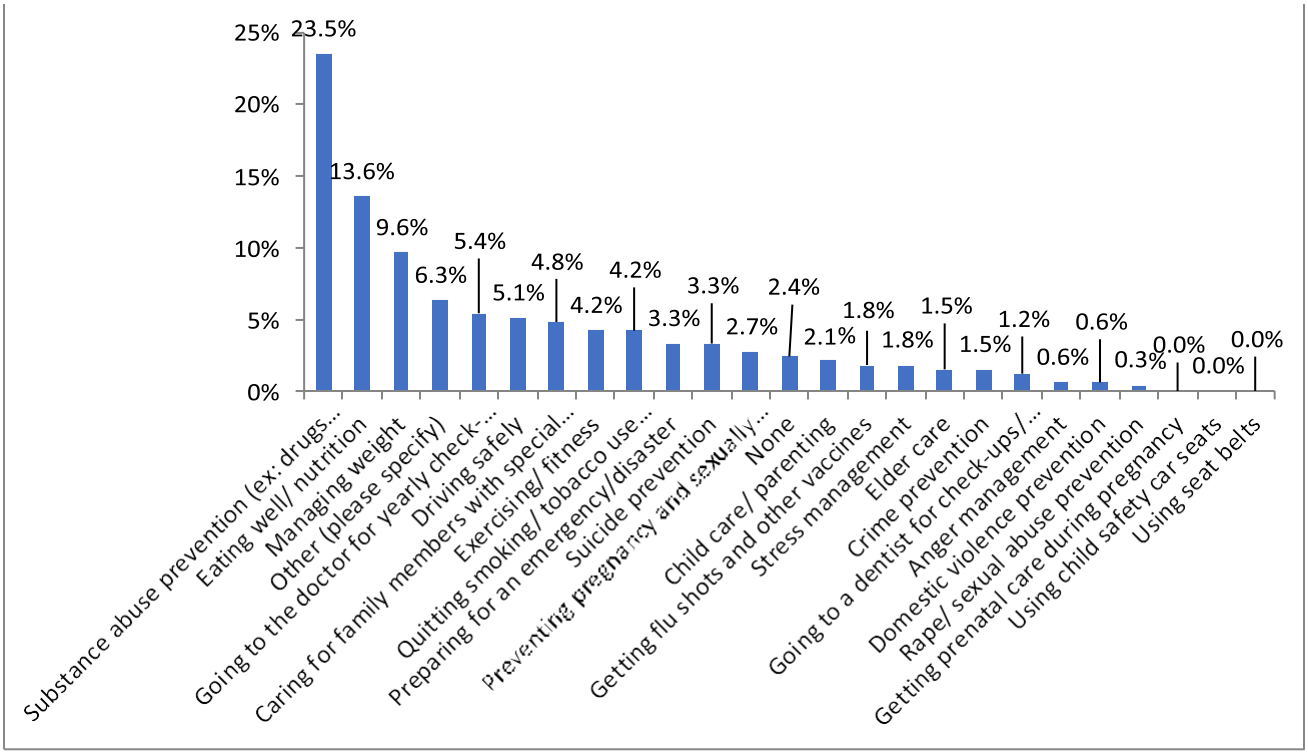


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Pender County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 23.5% of survey respondents. This was followed by other, eating well/nutrition and managing weight.

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



Focus Group Discussions

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

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	38
Exercise, Nutrition, & Weight	27
Economy	17

Built Environment	17
Mental Health & Mental Disorders	11
Substance Abuse	10

Data Synthesis

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

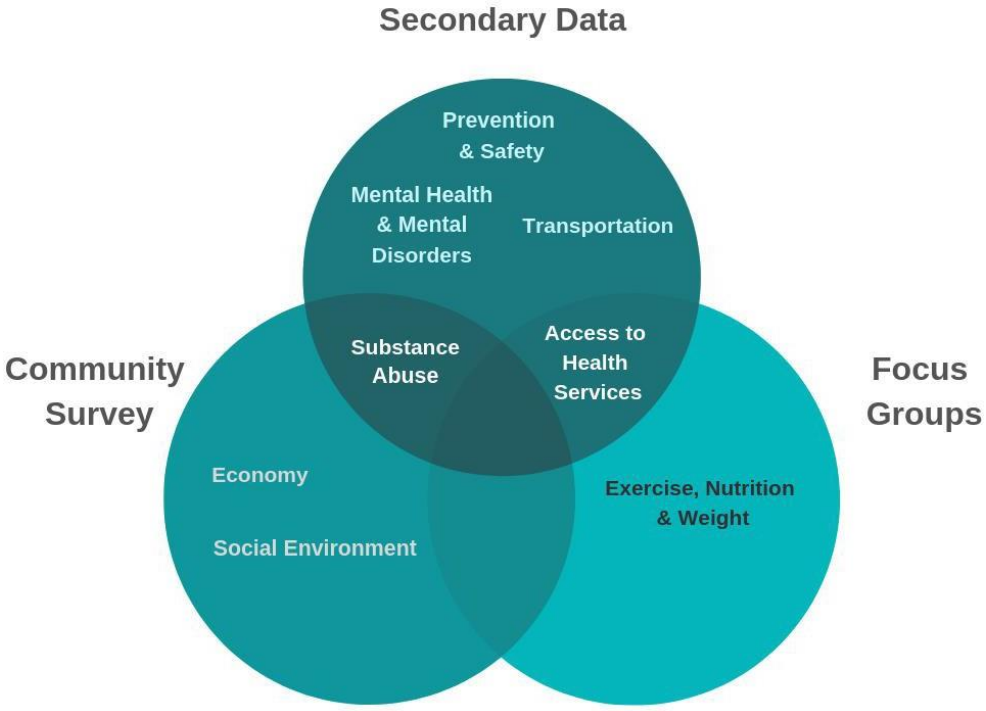
Table 10. Criteria for Identifying the Top Needs from each Data Source

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

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

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

Figure 45. Data Synthesis



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

Topic Areas Examined in This Report

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

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services*
Economy
Exercise, Nutrition & Weight
Mental Health & Mental Disorders*
Prevention & Safety*
Social Environment
Substance Abuse*

Transportation*

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

Navigation Within Each Topic

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

Table 12. Description of Gauges and Icons used in Secondary Dara Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Prevention & Safety

Key Issues

- The age-adjusted death rate due to firearms in Pender County does not meet Healthy People 2020 objectives
- The age-adjusted death rate due to unintentional poisonings in Pender County does not meet the Healthy NC 2020 target
- The death rate due to drug poisoning in Pender County is in the worst quartile compared to other North Carolina counties

Secondary Data

The secondary data scoring results reveal Prevention & Safety as the top need in Pender County with a score of 1.95. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in, shown in Table 13.

Table 13. Data Scoring Results for Prevention and Safety

Score	Indicator (Year) (Units)	Pender County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.9	Severe Housing Problems (2010-2014) (percent)	17.5	16.6	18.8				-	-
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	23.8	14.1	-				-	-
2.35	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	23.7	16.2	16.9				-	-
2.35	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	15.3	12.7	11				-	9.3
2.35	Age-Adjusted Death Rate due to Unintentional Poisonings (2014-2016)	22.6	15.4	9.9					

(deaths/ 100,000 population)

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

The secondary data shows that the death rate due to drug poisoning, the death rate due to firearms, and the death rate due to unintentional poisonings are concerning indicators for Pender County. Pender County has not met the HP 2020 target value of 9.3 deaths/100,000 population for the age-adjusted death rate due to firearms (15.3 deaths/100,000 population). Healthy North Carolina 2020 has set a target value of 9.9 deaths/100,000 population for the death rate due to unintentional poisonings. Pender County has much room for improvement in this particular area as the latest data for the county has a rate of 22.6 deaths/100,000 population.

Primary Data

According to survey results, Prevention & Safety did not rank high as one of the top quality of life topics individuals in Pender County felt effected their lives. Less than 2% selected safety related topics overall as top issues in the community, such as domestic violence. 55% of participants shared that they strongly agreed or agreed that Pender County has affordable housing that meets their needs while, over 70% strongly agreed or agreed that Pender County is a safe place to live.

Focus group discussion did not focus on safety more though a couple participants raised concerns for the elderly such falling in the home without being able to alert for help and heat exposure during certain times of year.

Highly Impacted Populations

The elderly were identified in the primary data sources as potentially being a highly impacted population.

Transportation

Key Issues

- Public transportation is used by a very small proportion of the Pender County population
- The mean travel time to work for residents of Pender County shows significant improvement over time
- Nearly half of commuters in Pender County drive alone and have a long commute

Secondary Data

The secondary data scoring results reveal Transportation as a secondary data need in Pender County with a score of 1.89. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in, shown in Table 14.

Table 14. Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Pender County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.2	Workers Commuting by Public Transportation (2012-2016) (percent)	0.2	1.1	5.1				-	5.5
1.95	Mean Travel Time to Work (2012-2016) (minutes)	28	24.1	26.1				-	-
2.7	Solo Drivers with a Long Commute (2012-2016) (percent)	47.8	31.3	34.7				-	-
2.3	Workers who Walk to Work (2012-2016) (percent)	1.1	1.8	2.8				-	3.1

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

Transportation is clearly an area for improvement in Pender County. Almost 50% of commuters in Pender County drive alone and have a long commute, compared to only approximately a third of commuters for the state overall. Additionally, the proportion of solo drivers with a long commute is getting significantly worse over time. This data is supported by the low number of workers who walk to work (1.1%) and the very low numbers of workers commuting by public transportation (0.2%). Neither of these metrics meet the respective HP 2020 targets (3.1% and 5.5%, respectively).

Primary Data

According to survey results, transportation did not rank as one of the top services individuals in Pender County feel need the most improvement compared to other issues in the community. 3.9% of participants selected transportation as needing the most improvement in their neighborhood.

Transportation was brought up multiple times in the focus group discussions sharing that they found accessing transportation difficult in particular for completing necessary errands, such as grocery shopping, or resources such as indoor pools. Many participants described community members having difficulties traveling to medical appointments. One participant expressed concerns for veterans having to travel long distances to seek medical care in Fayetteville.

> "I have to go to Wilmington to the cancer center. It used to be every week but now it it's only once a month. When you don't drive, it's next to impossible. I have to go see a {retina specialist} in Wilmington every few weeks. My children have to drive me to Wilmington."
>
> -Focus Group Participant

Highly Impacted Populations

The elderly and veterans were identified in the primary data sources as potentially being a highly impacted population.

Access to Health Services

Key Issues

- There is a lack of primary care providers in Pender County
- The number of dentists in Pender County is significantly increasing over time
- There is a gap in services for non-physician primary care providers and mental health care providers

Secondary Data

The secondary data scoring results reveal Access to Health Services as a significant need in Pender County with a score of 1.84. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in, shown in Table 15.

Table 15. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Pender County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Primary Care Provider Rate (2015) (providers/ 100,000 population)	31.2	70.6	75.5			
2.35	Mental Health Provider Rate (2017) (providers/ 100,000 population)	69.4	215.5	214.3			
2.25	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	40.6	102.5	81.2			
1.65	Dentist Rate (2016) (dentists/ 100,000 population)	38.9	54.7	67.4			

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

It is evident from the secondary data that there is a gap in provides services in Pender County. Pender County is in the worst quartile of all North Carolina counties for the availability of primary care providers (31.2 providers/100,000 population compared to 70.6 providers/100,000 population) and for the availability of mental health providers (69.4 providers/100,000 population compared to 215.5 providers/100,000 population). While the availability of dentists in Pender County is still less compared

to the state value and the national average, the dentist rate has significantly increased over time, thus indicating improvement in access.

Primary Data

As previously summarized, the majority of the community survey respondents have health insurance through an employer (54.6%) followed by Medicare (16.4%). Participants were asked where they most often go to seek medical treatment, most sought care at a doctor's office (74%). The majority of the participants did not report any problems getting the health care they needed in the past 12 months (86%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a specialist (28%), dentist (26%), general practitioner (26%) or pharmacy (23%). The top reasons participants reported not being able to get the necessary health care they needed were having no health insurance (38%), insurance didn't cover what they needed (31%) or they couldn't get an appointment (27%). 33% of participants reported being able to see the medical provider they needed within Pender County while many sought care in other places such as New Hanover County (60%).

Focus Group participants discussed financial barriers to accessing health services specifically with being able to find providers that accept their insurance plan. One participant shared that people in the community struggle with navigating the Medicare and Medicaid system and another raised concerns for those who may benefit from these programs but do not currently qualify. A couple participants felt that the community could benefit from resources such as urgent care, free clinics and more financial assistance programs.

Highly Impacted Populations

Primary data sources identified veterans, young adults that age out of their parent's insurance and are unemployed and the elderly on fixed incomes as groups that may be highly impacted in the community.

Mental Health & Mental Disorders

Key Issues

- Suicide is a major issue for Pender County
- The availability of mental health care providers is poor in Pender County
- Pender County residents experience, on average, four poor mental health days out of the last 30 days

Secondary Data

The secondary data scoring results reveal Mental Health and Mental Disorders as a top health issue in Pender County with a score of 1.67. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in, shown in Table 16

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

Score	Indicator (Year) (Units)	Pender County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.8	Poor Mental Health: Average Number of Days (2016) (days)	4	3.9	3.8				2.8	-
2.35	Mental Health Provider Rate (2017) (providers/ 100,000 population)	69.4	215.5	214.3				-	-
2.78	Age-Adjusted Death Rate due to Suicide (2012-2016) (deaths/ 100,000 population)	19.3	12.9	13				8.3	10.2

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

Suicide is a clear top issue for Pender County. The age-adjusted death rate due to suicide for Pender County is 19.3 deaths/100,000 population. This suicide rate is higher compared to the state of North Carolina overall (12.9 deaths/100,000 population), it is higher than the United States average (13.0 deaths/100,000 population), it has not met current targets for North Carolina (8.3 deaths/100,000 population) nor Healthy People 2020 (10.2 deaths/100,000 population), and finally, the death rate due to suicide for Pender County is significantly increasing over time. Based on all of this information, suicide is a priority issue for action.

Primary Data

41% of survey participants who responded to this question have been told by a health professional that they have depression, anxiety or post-traumatic stress disorder. When asked what services need the most improvement in the community, counseling /mental health/support groups was the sixth highest ranked choice. 3.3% selected suicide prevention as the health behavior the community needs more information about.

Focus Group participants brought up mental health ten times during discussions. Participants shared their concerns for needing more resources dedicated to mental health in the community. Multiple participants felt that depression is an unaddressed health issue in the community. One participant felt that the community would benefit from having support groups available locally for people dealing with a variety of mental health issues.

> "Some of the things I have noticed for any age group is the lack of support groups, lack of funding for any interventions."
>
> -Focus Group Participant

Substance Abuse

Key Issues

- The percent of alcohol-impaired driving deaths in Pender County is significantly improving over time
- The death rate due to drug poisoning is higher in Pender County compared to the state overall and the United States value

Secondary Data

The secondary data scoring results reveal Substance Abuse as a need in Pender County with a score of 1.63. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in, shown in Table 17.

Table 17. Data Scoring Results for Substance Abuse

Score	Indicator (Year) (Units)	Pender County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.8	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	33.8	31.4	29.3				4.7	-
2.35	Death Rate due to Drug Poisoning (2014-2016) (deaths/ 100,000 population)	23.7	16.2	16.9				-	-

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

The death rate due to drug poisoning is of critical concern in Pender County. Pender County has approximately 23.7 deaths/100,000 population due to drug poisoning, and this is higher than the North Carolina value of 16.2 deaths/100,000 population and higher than the United States value of 16.9 deaths/100,000 population. Finally, in Pender County, approximately 33.8% of motor vehicle crash deaths involved alcohol, but this value has significantly decreased over time. Pender County, however, has not met the Healthy NC 2020 target of 4.7% of driving deaths involving alcohol.

Primary Data

Community survey participants ranked substance abuse (26.1%) as a top issue affecting quality of life in Pender County. Additionally, 23.5% of community survey respondents reported wanting to learn more about substance abuse prevention.

14% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 28% would go to a doctor if they wanted to quit, 23% did not know where they would go for help and 16% stated that they did not want to quit. 40% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 35% were exposed in the home and 35% selected 'other', mostly adding that they had been exposed in other people 's homes and 16% had been exposed at the work place. Most participants (75%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 10% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 97% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<1%) in the past 30 days, 92% reported marijuana use.

Substance abuse was raised eleven times in the focus group sessions as an issue in the community. Participants raised tobacco use, opioids and alcohol as the top priorities that need to be addressed within this topic area. One participant felt that you adults dealing with mental health and substance addiction were a high need population.

Highly Impacted Populations

Young adults were identified in the primary data sources as a group that may potentially be highly impacted.

Mortality

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

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Pender County			North Carolina			Health ENC Counties		
Rank	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***
1	Cancer	416	187.4	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	317	148.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	113	56.9	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	105	60.8	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Chronic Lower Respiratory Diseases	92	41.9	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Kidney Diseases	48	22.5	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	43	22.1	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Diabetes	39	17.3	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Suicide	38	21.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Septicemia	37	17.5	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.51 and was the 12th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.30) and Access to Exercise Opportunities (2.10).

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

Primary Data

Among community survey respondents, 45% rated their health is good and 34% rated their health as very good. However, 50% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (37%), high cholesterol (38%) and diabetes (13%). Additionally, data from the community survey participants show that 42% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported being too tired to exercise (41%), not having enough time (35%) and not liking exercise (26%). For those individuals that do exercise, 61% reported exercising or engaging in physical activity at home while 29% do so 'at a private gym followed by an 'other' location (22%) such as outside walking in their neighborhood.

"I would like to have walking groups that meet at a certain time and place to walk together. It wouldn't cost anything."
-Focus Group Participant

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. One participant shared concerns with young children staying active and described the need to intervene early with influencing healthy habits. Suggestions included providing more services or activities to help families stay physically active in the community. They shared that they struggled with not being able to afford healthy food options and fitness facilities. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and nutrition were high frequency responses.

Economy

Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.80 and was the 14th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.25) and People 65+ Loving Below Poverty Level (2.00).

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

Primary Data

Community survey participants were asked to rank the issues most negativelyimpacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Pender County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. Higher paying employment (19%) and availability of employment (11.1%) had

the highest share of responses. When asked to expand on services that could be improved the need for more affordable child care options and lower health care costs.

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and delays in seeking health care due to costs. Multiple participants raised lack of employment opportunities and limited skills/job training opportunities in the community for people to improve their chances of getting higher paying jobs. One participant raised concerns for single parent households having difficulty making ends meet. Another participant brought up older individuals living only on social security not being able to pay for medical treatment and the cost of daily living.

> "We have some really financially challenged people in the community. They only live on social security. They have lived in poverty a long time or poverty is their circumstance now because they don't have resources."
> -Focus Group Participant

Social Environment

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.52 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.25), Mean Travel Time to Work (1.95), People 25+ with a High School degree or Higher (1.95) and Median Household Gross Rent (1.88).

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

Primary Data

Among community survey respondents, positive teen activities were ranked third and better or more recreational facilities was ranked fifth of the services needing improvement in the community. 30% of survey participants disagreed or strongly disagreed that there are good parks and recreation facilities in the community. 7.3% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and 28% disagreed or strongly disagreed that there is help for people during times of need in the county.

Focus group participants did not discuss social environment as a need or concern extensively during the sessions. Some participants felt that there needed to be more programming for children and teens. A few participants shared that they felt there has been an erosion of community connectedness over time, partially due to increased use of devices and social media.

A Closer Look at Highly Impacted Populations

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

Women's Health

Women's health ranks as a top need in Pender County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 1.66. The ovarian cancer incidence rate is of particular concern. The ovarian cancer incidence rate in Pender County is 16.4 cases/100,000 female and the Breast Cancer incidence rate is 126.5 cases/ 100,000 females, both of which are higher than the national value. The Ovarian Cancer incidence rate is higher than the state value while the Breast Cancer rate is lower than the state value. Pender County meets the Healthy People 2020 target of 79.5 years for life expectancy for females.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Pender County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

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

Health Indicator	Group(s) Disparately Affected*
People Living Below Poverty Level	18-24, 6-11, Black or African American, Hispanic or Latino, Other, Two or More Races
People 65+ Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
People 25+ with a High School Degree or Higher	65+, Black or African American, Hispanic or Latino, Other, Two or More Races
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
People 25+ with a Bachelor's Degree or Higher	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races
Children Living Below Poverty Level	Black or African American, Other

Families Living Below Poverty Level	Black or African American, Hispanic or Latino
Young Children Living Below Poverty Level	Other
Workers who Drive Alone to Work	Native Hawaiian or Other Pacific Islander
Median Household Income	Black or African American, Hispanic or Latino
Prostate Cancer Incidence Rate	Black or African American

**See HealthENC.org for indicator values for population subgroups*

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28478, with an index value of 87.6, has the highest socioeconomic need within Pender County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Pender County zip codes and index values.

Resources to Address Significant Identified Needs

Access to Health Services	YMCA Mt. Calvary Center for Leadership Development
Economy	Step Up Wilmington
Exercise, Nutrition & Weight	YMCA Food Bank of Eastern and Central North Carolina NourishNC Feast Down East Cape Fear Food Council Vigilant Hope Catholic Charities First Fruit Ministries
Mental Health & Mental Disorders	Coastal Horizons Center RHA Health Services A Helping Hand of Wilmington Physicians Alliance for Mental Health Recovery International PORT Health Wilmington Treatment Center MedNorth Vigilant Hope Wilmington Recovery The TIDES New Hanover Resiliency Task Force Communities in School Cape Fear Smart Start of New Hanover County Carousel Center Cape Fear Collective One Christian Network
Prevention & Safety	Wilmington Police Department New Hanover County Sheriff's Department District Attorney's office for New Hanover/Pender counties

	Chief District Court for New Hanover/Pender counties Sokoto House New Hanover County Schools Wilmington Housing Authority UNCW
Social Environment	Pender Adult Services
Substance Abuse	Coastal Horizons Center RHA Health Services A Helping Hand of Wilmington Physicians Alliance for Mental Health Recovery International PORT Health Wilmington Treatment Center MedNorth Vigilant Hope Wilmington Recovery The TIDES
Transportation	Pender Adult Services

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Pender County. The assessment was further informed with input from Pender County residents through a community survey and focus group discussions that included participants from broad interests of the community. Data was synthesized with input from the 2018 Pender County Health Department's Health Opinion Survey and community forum, which identified Nutrition and Physical Activity, Mental Health and Substance Use Disorders, and Cancer Education and Prevention as prioritized health needs. The data synthesis process identified eight significant health needs: Access to Health Services, Economy, Exercise, Nutrition & Weight, Mental Health & Mental Disorders, Prevention & Safety, Social Environment, Substance Abuse and Transportation. The prioritization process identified three focus areas: (1) continued efforts towards improving the general wellness of the community (2) collaborative local efforts focused on the mental/behavioral health needs of the community (3) increasing access to care for the elderly in our region. Following this process, Pender County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send yourfeedback and comments to 910-300-4004.

Appendix A. Impact Since Prior CHNA

COUNTY RESPONSIBILITY

Hospital Requirement: The IRS requirements state that hospitals must evaluate the impact of the actions taken to address the significant health needs from the previous CHNA report. A suggested template is provided below, with an example on the following page. Counties may wish to refer to the CHNA Guide (section: Assess / Evaluate Progress to Date) for further guidance.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Substance Abuse	Collaborate with local, regional, and state initiatives to combat opioid epidemic.	Yes	• Representation on the Pender County Health Department committee focused on local efforts to educate Pender County residents about opioids and substances of abuse. • Participation in the Community Partners Coalition (CPC). This coalition of community stakeholders directed task forces aimed at prevention, infrastructure and support within the community for those on the recovery journey, and public education regarding pain and multiple methods of treatment. • Member of the North Carolina Healthcare Associations Coalition for Model Opioid Practices in Health Systems. A product of this participation was the Opioid Diversion Toolkit.
	Medication Disposal	Yes	Pender Memorial Hospital participates in the DEA National Drug Take Back days held in April and October. In 2017, the hospital was the first non-law enforcement location to provide a permanent medication disposal receptacle for the public. To date, Pender Memorial Hospital has collected over 400 pounds of expired, unwanted, or discontinued medication.
General Wellness	Farmers' Market	Yes	Held on the second Tuesday of each month (May through October), Pender Memorial Hospital hosts a farmers' market open to the public to support local growers and residents seeking fresh foods. Through this market, Pender Memorial Hospital also donates fresh fruits and vegetables to local food pantries.
	Employee Fitness Initiatives	Yes	Recognizing that our employees are also members of our communities, Pender Memorial Hospital, with assistance from New Hanover Regional

			Medical Center, has opened an employee fitness center on the hospital's campus. The gym is available to employees 24-hours a day every day. Exercise options range from strength training to cardio to a start/end point for runs and walks through town.

Appendix B. Secondary Data Scoring

Overview

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

Comparison Score

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

Indicator Score

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

Topic Score

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

Figure 46. Secondary Data Scoring

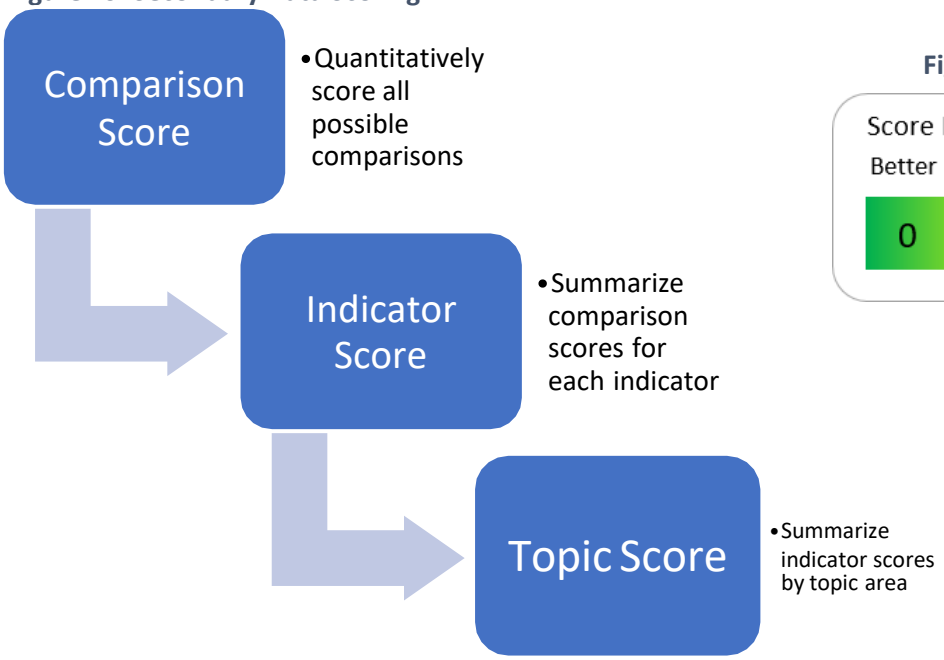
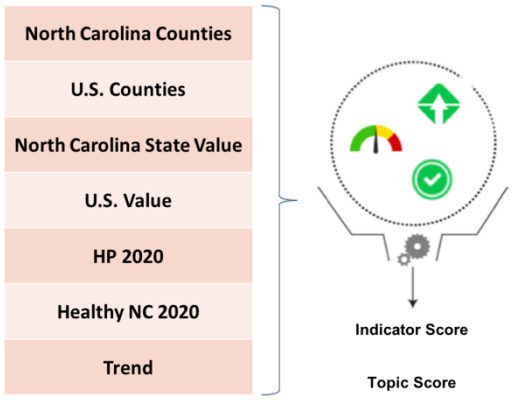


Figure 47. Score Range

Comparison Scores

Figure 48. Comparisons used in Secondary

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



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

Figure 49. Compare to Distribution Indicator

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

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

Figure 50. Distribution of County Values

Comparison to North Carolina Value and U.S. Value

Figure 51. Comparison to Single Value

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

Figure 52. Comparison to Target Value

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Pender County compares to a target value. Two targetvalues are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020[2] goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020[3] objectives provide a common set of health indicators that the state can work to improve.The North Carolina Institute of Medicine, in collaboration with the Governor'sTask Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of

Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Trend Over Time

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

Figure 53. Trend Over Time

Missing Values

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

Indicator Scoring

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

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

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

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

[3] For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/

Topic Scoring Table

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

Table 20. Topic Scores for Pender County

Health and Quality of Life Topics	Score
Prevention & Safety	1.95
Transportation	1.89
Access to Health Services	1.84
Mental Health & Mental Disorders	1.67
Women's Health	1.66
Substance Abuse	1.63
Children's Health	1.63
Mortality Data	1.58
Maternal, Fetal & Infant Health	1.56
Heart Disease & Stroke	1.54
Social Environment	1.52
Exercise, Nutrition, & Weight	1.51
County Health Rankings	1.51
Economy	1.50
Environment	1.50
Environmental & Occupational Health	1.49
Public Safety	1.47
Men's Health	1.45
Diabetes	1.43
Cancer	1.43
Wellness & Lifestyle	1.38
Education	1.37
Older Adults & Aging	1.35
Respiratory Diseases	1.34
Other Chronic Diseases	1.08
Immunizations & Infectious Diseases	1.03

Indicator Scoring Table

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

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Primary Care Provider Rate	2015	providers/ 100,000 population	31.2	70.6	75.5				4
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	69.4	215.5	214.3				4
2.25	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	40.6	102.5	81.2				4
1.65	Dentist Rate	2016	dentists/ 100,000 population	38.9	54.7	67.4				4
1.63	Persons with Health Insurance	2016	percent	86.6	87.8		100.0	92.0		18
1.58	Clinical Care Ranking	2018		58						4
0.90	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	45.8	49.0	49.9				19

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	29.0	21.6	20.1	21.8			7
2.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	16.4	10.9	11.4				7
2.18	Childhood Cancer Incidence Rate	2009-2013	cases/ 100,000 population 0-19	25.3	16.3	17.4				7
1.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.4	10.8	10.9				7
1.85	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	22.3	20.1	20.5				7
1.80	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	71.8	70.0	61.2				7
1.80	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.8	12.0	12.5				7
1.75	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	126.5	129.4	123.5				7

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

1.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.7	50.7	44.7	45.5			7
1.45	Mammography Screening: Medicare Population	2014	percent	66.6	67.9	63.1				19
1.30	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.5	172.0	166.1	161.4			7
1.25	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8				3
1.20	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.9	14.1	14.8	14.5	10.1		7
1.20	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	446.5	457.0	443.6				7
1.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.3	21.6	21.2	20.7			7
0.65	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	99.7	125.0	114.8			Black	7
0.50	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	5.8	7.7	7.8				7
0.30	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	34.3	37.7	39.8	39.9			7
0.30	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	10.1	12.2	11.5				7

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.18	Childhood Cancer Incidence Rate	2009-2013	cases/ 100,000 population 0-19	25.3	16.3	17.4				7
1.50	Child Food Insecurity Rate	2016	percent	21.4	20.9	17.9				5
1.20	Children with Low Access to a Grocery Store	2015	percent	1.5						22

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018		80						4
1.58	Clinical Care Ranking	2018		58						4
1.43	Health Behaviors Ranking	2018		32						4
1.43	Morbidity Ranking	2018		29						4
1.43	Mortality Ranking	2018		28						4
1.43	Social and Economic Factors Ranking	2018		28						4

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

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Diabetes: Medicare Population	2015	percent	30.8	28.4	26.5				3
1.95	Adults 20+ with Diabetes	2014	percent	12.3	11.1	10.0				4
1.25	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2				19
0.53	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	17.0	23.0	21.1				17

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	30.0	29.0	27.6				1
0.65	Households with Supplemental Security Income	2012-2016	percent	4.2	5.0	5.4				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	People Living Below Poverty Level	2012-2016	percent	18.7	16.8	15.1		12.5	18-24, 6-11, Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.00	People 65+ Living Below Poverty Level	2012-2016	percent	11.9	9.7	9.3			Black or African American, Hispanic or Latino, Other	1
1.90	Severe Housing Problems	2010-2014	percent	17.5	16.6	18.8				4
1.88	Median Household Gross Rent	2012-2016	dollars	834	816	949				1
1.85	Per Capita Income	2012-2016	dollars	24031	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.75	Female Population 16+ in Civilian Labor Force	2012-2016	percent	53.8	57.4	58.3				1
1.75	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1				1

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

1.73	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	30.0	29.0	27.6			1
1.70	Children Living Below Poverty Level	2012-2016	percent	24.8	23.9	21.2		Black or African American, Other	1
1.70	Families Living Below Poverty Level	2012-2016	percent	13.1	12.4	11.0		Black or African American, Hispanic or Latino	1
1.58	Median Housing Unit Value	2012-2016	dollars	160300	157100	184700			1
1.58	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1281	1243	1491			1
1.55	Young Children Living Below Poverty Level	2012-2016	percent	26.4	27.3	23.6		Other	1
1.50	Child Food Insecurity Rate	2016	percent	21.4	20.9	17.9			5
1.45	Homeownership	2012-2016	percent	58.3	55.5	55.9			1
1.43	Social and Economic Factors Ranking	2018		28					4
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9					22
1.35	Food Insecurity Rate	2016	percent	14.5	15.4	12.9			5
1.35	Median Household Income	2012-2016	dollars	46580	48256	55322		Black or African American, Hispanic or Latino	1
1.35	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.8	3.7	3.7			20
1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	382	376	462			1
1.25	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	42.7	49.4	47.3	36.1		1
1.25	Students Eligible for the Free Lunch Program	2015-2016	percent	45.8	52.6	42.6			8
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2					22
1.20	People Living 200% Above Poverty Level	2012-2016	percent	62.6	62.3	66.4			1
1.15	Households with Cash Public Assistance Income	2012-2016	percent	1.8	1.9	2.7			1
1.05	Total Employment Change	2014-2015	percent	3.4	3.1	2.5			21
0.65	Households with Supplemental Security Income	2012-2016	percent	4.2	5.0	5.4			1

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

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	People 25+ with a High School Degree or Higher	2012-2016	percent	85.5	86.3	87.0			65+, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	23.1	29.0	30.3			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.70	Student-to-Teacher Ratio	2015-2016	students/ teacher	16.1	15.6	17.7				8
1.25	4th Grade Students Proficient in Reading	2016-2017	percent	63.0	57.7					13
1.25	High School Graduation	2016-2017	percent	89.3	86.5		87.0	94.6		13
1.10	8th Grade Students Proficient in Reading	2016-2017	percent	59.0	53.7					13
0.95	4th Grade Students Proficient in Math	2016-2017	percent	66.6	58.6					13
0.95	8th Grade Students Proficient in Math	2016-2017	percent	51.3	45.8					13

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Drinking Water Violations	FY 2013-14	percent	17.4	4.0			5.0		4
2.10	Access to Exercise Opportunities	2018	percent	59.1	76.1	83.1				4
1.90	Severe Housing Problems	2010-2014	percent	17.5	16.6	18.8				4
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5.0						22
1.73	Physical Environment Ranking	2018		80						4
1.55	Grocery Store Density	2014	stores/ 1,000 population	0.2						22
1.50	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						22
1.50	Liquor Store Density	2015	stores/ 100,000 population	10.4	5.8	10.5				21

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

1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						22
1.20	Children with Low Access to a Grocery Store	2015	percent	1.5						22
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2						22
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.0						22
1.20	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.11						22
0.95	Food Environment Index	2018		7.7	6.4	7.7				4
0.60	Houses Built Prior to 1950	2012-2016	percent	7.0	9.1	18.2				1

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Physical Environment Ranking	2018		80						4
1.45	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2				3
1.30	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	80.0	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Workers who Walkto Work	2012-2016	percent	1.1	1.8	2.8	3.1			1
2.10	Access to Exercise Opportunities	2018	percent	59.1	76.1	83.1				4
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5.0						22
1.65	Adults 20+ who are Obese	2014	percent	30.7	29.6	28.0	30.5			4
1.55	Grocery Store Density	2014	stores/ 1,000 population	0.2						22
1.50	Adults 20+ who are Sedentary	2014	percent	25.4	24.3	23.0	32.6			4
1.50	Child Food Insecurity Rate	2016	percent	21.4	20.9	17.9				5
1.50	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						22
1.43	Health Behaviors Ranking	2018		32						4
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	0.9						22
1.35	Food Insecurity Rate	2016	percent	14.5	15.4	12.9				5

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

1.20	Children with Low Access to a Grocery Store	2015	percent	1.5						22
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	3.2						22
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.0						22
1.20	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.11						22
0.95	Food Environment Index	2018		7.7	6.4	7.7				4

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
0.60	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	12.0	15.7		36.2			17

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.25	Voter Turnout: Presidential Election	2016	percent	69.2	67.7					15

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	53.3	43.1	36.9	34.8			17
2.30	Hyperlipidemia: Medicare Population	2015	percent	54.6	46.3	44.6				3
2.00	Hypertension: Medicare Population	2015	percent	63.0	58.0	55.0				3
1.45	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	151.5	161.3			161.5		17
1.20	Heart Failure: Medicare Population	2015	percent	12.8	12.5	13.5				3
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.3	24.0	26.5				3
1.10	Atrial Fibrillation: Medicare Population	2015	percent	7.5	7.7	8.1				3
0.65	Stroke: Medicare Population	2015	percent	3.4	3.9	4.0				3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

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

1.65	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	13.0	16.1			22.2		11
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.8	2.0	3.0	1.0			11
1.10	AIDS Diagnosis Rate	2016	cases/ 100,000 population	2.0	7.0					11
1.08	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	121.8	194.4	145.8				11
1.05	Syphilis Incidence Rate	2016	cases/ 100,000 population	3.5	10.8	8.7				9
0.98	Chlamydia Incidence Rate	2016	cases/ 100,000 population	335.1	572.4	497.3				11
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.4	2.2	2.0	3.3			17
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.5	17.8	14.8		13.5		17

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Preterm Births	2016	percent	14.0	10.4	9.8	9.4			16
1.78	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.8	7.2	6.0	6.0	6.3		17
1.68	Babies with Low Birth Weight	2012-2016	percent	8.6	9.0	8.1	7.8			16
1.43	Babies with Very Low Birth Weight	2012-2016	percent	1.5	1.7	1.4	1.4			16
0.60	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	12.0	15.7		36.2			17

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	29.0	21.6	20.1	21.8			7
1.15	Life Expectancy for Males	2014	years	76.2	75.4	76.7		79.5		6
0.65	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	99.7	125.0	114.8			Black	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	19.3	12.9	13.0	10.2	8.3		17
2.35	Mental Health Provider Rate	2017	providers/ 100,000 population	69.4	215.5	214.3				4
1.80	Poor Mental Health: Average Number of Days	2016	days	4.0	3.9	3.8		2.8		4

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1.30	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.0	9.8	9.9				3
1.30	Depression: Medicare Population	2015	percent	15.8	17.5	16.7				3
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	17.1	31.9	26.6				17
1.05	Frequent Mental Distress	2016	percent	12.3	12.3	15.0				4

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	19.3	12.9	13.0	10.2	8.3		17
2.55	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	29.0	21.6	20.1	21.8			7
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	53.3	43.1	36.9	34.8			17
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.3	12.7	11.0	9.3			2
2.35	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	22.6	15.1	15.4		9.9		2
2.35	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	23.7	16.2	16.9				4
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	23.8	14.1					17
1.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.4	10.8	10.9				7
1.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	33.8	31.4	29.3		4.7		4
1.78	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.8	7.2	6.0	6.0	6.3		17
1.45	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	151.5	161.3			161.5		17
1.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.7	50.7	44.7	45.5			7
1.43	Mortality Ranking	2018		28						4
1.40	Premature Death	2014-2016	years/ 100,000 population	7289.9	7281.1	6658.1				4
1.30	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.5	172.0	166.1	161.4			7
1.23	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.5	31.9	41.4	36.4			17
1.20	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	13.9	14.1	14.8	14.5	10.1		7

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1.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.3	21.6	21.2	20.7			7
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	17.1	31.9	26.6				17
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.4	2.2	2.0	3.3			17
0.63	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	3.1	6.2	5.5	5.5	6.7		17
0.53	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	17.0	23.0	21.1				17
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.5	17.8	14.8		13.5		17

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Hyperlipidemia: Medicare Population	2015	percent	54.6	46.3	44.6				3
2.00	Diabetes: Medicare Population	2015	percent	30.8	28.4	26.5				3
2.00	Hypertension: Medicare Population	2015	percent	63.0	58.0	55.0				3
2.00	People 65+ Living Below Poverty Level	2012-2016	percent	11.9	9.7	9.3			Black or African American, Hispanic or Latino, Other	1
1.75	COPD: Medicare Population	2015	percent	12.0	11.9	11.2				3
1.45	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2				3
1.45	Chronic Kidney Disease: Medicare Population	2015	percent	17.2	19.0	18.1				3
1.45	Mammography Screening: Medicare Population	2014	percent	66.6	67.9	63.1				19
1.30	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.0	9.8	9.9				3
1.30	Depression: Medicare Population	2015	percent	15.8	17.5	16.7				3
1.25	Cancer: Medicare Population	2015	percent	7.2	7.7	7.8				3
1.25	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2				19
1.20	Heart Failure: Medicare Population	2015	percent	12.8	12.5	13.5				3
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.3	24.0	26.5				3
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.0						22

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

1.20	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.2	29.1	30.0				3
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	17.1	31.9	26.6				17
1.10	Atrial Fibrillation: Medicare Population	2015	percent	7.5	7.7	8.1				3
0.65	Stroke: Medicare Population	2015	percent	3.4	3.9	4.0				3
0.60	Osteoporosis: Medicare Population	2015	percent	4.2	5.4	6.0				3
0.50	People 65+ Living Alone	2012-2016	percent	21.8	26.8	26.4				1

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.65	Dentist Rate	2016	dentists/ 100,000 population	38.9	54.7	67.4				4
0.30	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	10.1	12.2	11.5				7

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.45	Chronic Kidney Disease: Medicare Population	2015	percent	17.2	19.0	18.1				3
1.20	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	28.2	29.1	30.0				3
0.60	Osteoporosis: Medicare Population	2015	percent	4.2	5.4	6.0				3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.3	12.7	11.0	9.3			2
2.35	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	22.6	15.1	15.4		9.9		2
2.35	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	23.7	16.2	16.9				4
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	23.8	14.1					17
1.90	Severe Housing Problems	2010-2014	percent	17.5	16.6	18.8				4
1.40	Domestic Violence Deaths	2016	deaths	0						14

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

1.23	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.5	31.9	41.4	36.4			17

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.3	12.7	11.0	9.3			2
2.05	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	23.8	14.1					17
1.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	33.8	31.4	29.3		4.7		4
1.40	Domestic Violence Deaths	2016	deaths	0						14
1.30	Property Crime Rate	2016	crimes/ 100,000 population	2043.7	2779.7					12
0.73	Violent Crime Rate	2016	crimes/ 100,000 population	112.4	374.9	386.3				12
0.63	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	3.1	6.2	5.5	5.5	6.7		17

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	71.8	70.0	61.2				7
1.75	COPD: Medicare Population	2015	percent	12.0	11.9	11.2				3
1.45	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	49.7	50.7	44.7	45.5			7
1.45	Asthma: Medicare Population	2015	percent	7.9	8.4	8.2				3
1.30	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	80.0	90.9					10
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.8	2.0	3.0	1.0			11
0.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	12.5	17.8	14.8		13.5		17

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	People Living Below Poverty Level	2012-2016	percent	18.7	16.8	15.1		12.5	18-24, 6-11, Black or African American, Hispanic or Latino, Other, Two or More Races	1

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

1.95	Mean Travel Time to Work	2012-2016	minutes	28.0	24.1	26.1				1
1.95	People 25+ with a High School Degree or Higher	2012-2016	percent	85.5	86.3	87.0			65+, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.88	Median Household Gross Rent	2012-2016	dollars	834	816	949				1
1.85	Per Capita Income	2012-2016	dollars	24031	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	23.1	29.0	30.3			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.75	Female Population 16+ in Civilian Labor Force	2012-2016	percent	53.8	57.4	58.3				1
1.75	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1				1
1.70	Children Living Below Poverty Level	2012-2016	percent	24.8	23.9	21.2			Black or African American, Other	1
1.63	Persons with Health Insurance	2016	percent	86.6	87.8		100.0	92.0		18
1.60	Social Associations	2015	membership associations/ 10,000 population	10.9	11.5	9.3				4
1.58	Median Housing Unit Value	2012-2016	dollars	160300	157100	184700				1
1.58	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1281	1243	1491				1
1.55	Young Children Living Below Poverty Level	2012-2016	percent	26.4	27.3	23.6			Other	1
1.45	Homeownership	2012-2016	percent	58.3	55.5	55.9				1
1.43	Social and Economic Factors Ranking	2018		28						4
1.35	Median Household Income	2012-2016	dollars	46580	48256	55322			Black or African American, Hispanic or Latino	1

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

1.33	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	382	376	462				1
1.25	Voter Turnout: Presidential Election	2016	percent	69.2	67.7					15
1.20	Linguistic Isolation	2012-2016	percent	1.6	2.5	4.5				1
1.05	Total Employment Change	2014-2015	percent	3.4	3.1	2.5				21
0.60	Single-Parent Households	2012-2016	percent	31.6	35.7	33.6				1
0.50	People 65+ Living Alone	2012-2016	percent	21.8	26.8	26.4				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	23.7	16.2	16.9				4
1.80	Alcohol-Impaired Driving Deaths	2012-2016	percent	33.8	31.4	29.3		4.7		4
1.50	Adults who Smoke	2016	percent	17.3	17.9	17.0	12.0	13.0		4
1.50	Liquor Store Density	2015	stores/ 100,000 population	10.4	5.8	10.5				21
1.43	Health Behaviors Ranking	2018		32						4
1.20	Adults who Drink Excessively	2016	percent	16.4	16.7	18.0	25.4			4

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
0.60	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	12.0	15.7		36.2			17

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Solo Drivers with a Long Commute	2012-2016	percent	47.8	31.3	34.7				4
2.30	Workers who Walkto Work	2012-2016	percent	1.1	1.8	2.8	3.1			1
2.20	Workers Commuting by Public Transportation	2012-2016	percent	0.2	1.1	5.1	5.5			1
1.95	Mean Travel Time to Work	2012-2016	minutes	28.0	24.1	26.1				1
1.80	Households with No Car and Low Access to a Grocery Store	2015	percent	5.0						22
1.45	Workers who Drive Alone to Work	2012-2016	percent	80.1	81.1	76.4			Native Hawaiian or Other Pacific Islander	1

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

0.80	Households without a Vehicle	2012-2016	percent	5.1	6.3	9.0				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.70	Life Expectancy for Females	2014	years	80.1	80.2	81.5		79.5		6
1.65	Self-Reported General Health Assessment: Poor or Fair	2016	percent	17.1	17.6	16.0		9.9		4
1.50	Poor Physical Health: Average Number of Days	2016	days	3.8	3.6	3.7				4
1.43	Morbidity Ranking	2018		29						4
1.20	Frequent Physical Distress	2016	percent	11.7	11.3	15.0				4
1.15	Life Expectancy for Males	2014	years	76.2	75.4	76.7		79.5		6
1.05	Insufficient Sleep	2016	percent	32.4	33.8	38.0				4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	PENDER COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	16.4	10.9	11.4				7
1.75	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	126.5	129.4	123.5				7
1.70	Life Expectancy for Females	2014	years	80.1	80.2	81.5		79.5		6
1.45	Mammography Screening: Medicare Population	2014	percent	66.6	67.9	63.1				19
1.40	Domestic Violence Deaths	2016	number	0						14
1.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.3	21.6	21.2	20.7			7

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

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

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

Appendix C: Community Resources

Access to Health Services	YMCA Mt. Calvary Center for Leadership Development
Economy	Step Up Wilmington
Exercise, Nutrition & Weight	YMCA Food Bank of Eastern and Central North Carolina NourishNC Feast Down East Cape Fear Food Council Vigilant Hope Catholic Charities First Fruit Ministries
Mental Health & Mental Disorders	Coastal Horizons Center RHA Health Services A Helping Hand of Wilmington Physicians Alliance for Mental Health Recovery International PORT Health Wilmington Treatment Center MedNorth Vigilant Hope Wilmington Recovery The TIDES New Hanover Resiliency Task Force Communities in School Cape Fear Smart Start of New Hanover County Carousel Center Cape Fear Collective One Christian Network
Prevention & Safety	Wilmington Police Department New Hanover County Sheriff's Department District Attorney's office for New Hanover/Pender counties Chief District Court for New Hanover/Pender counties Sokoto House New Hanover County Schools Wilmington Housing Authority UNCW
Social Environment	Pender Adult Services
Substance Abuse	Coastal Horizons Center RHA Health Services A Helping Hand of Wilmington Physicians Alliance for Mental Health Recovery International

	PORT Health Wilmington Treatment Center MedNorth Vigilant Hope Wilmington Recovery The TIDES
Transportation	Pender Adult Services

Appendix D. Primary Data

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

- English Survey
- Spanish Survey
- Focus Group Questions

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

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

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

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

Part 1: Quality of Life

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

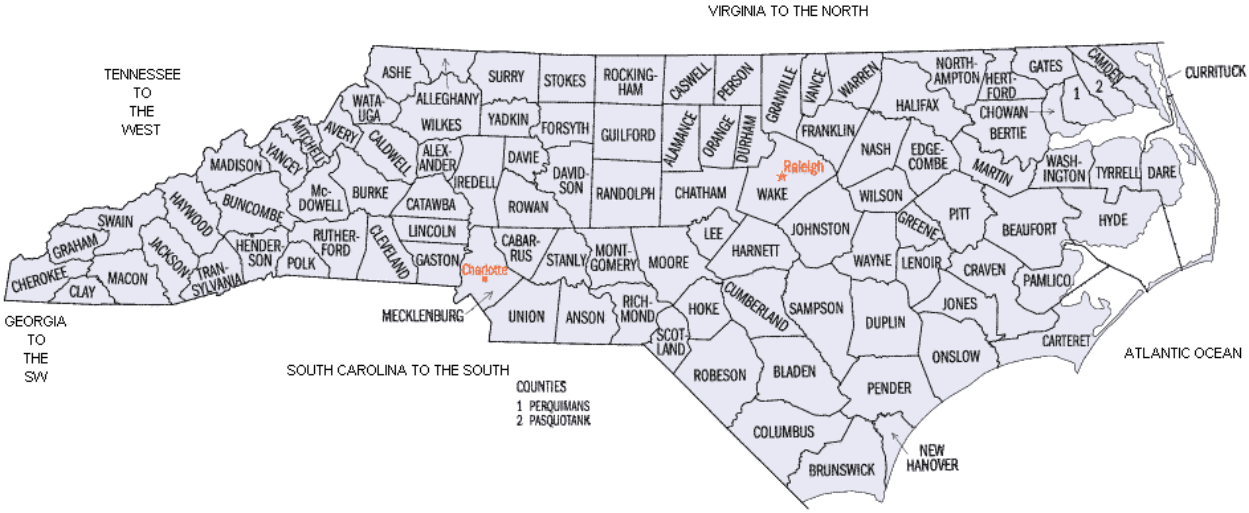
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

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

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

PART 2: Community Improvement

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

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

- ☐ Pollution (air, water, land)
- ☐ Dropping out of school
- ☐ Low income/poverty
- ☐ Homelessness
- ☐ Lack of/inadequate health insurance
- ☐ Hopelessness
- ☐ Other (please specify)

- ☐ Discrimination/ racism
- ☐ Lack of community support
- ☐ Drugs (Substance Abuse)
- ☐ Neglect and abuse
- ☐ Elder abuse
- ☐ Child abuse

- ☐ Domestic violence
- ☐ Violent crime (murder, assault)
- ☐ Theft
- ☐ Rape/sexual assault

5. In your opinion, which <u>one</u> of the following services needs the most improvement in your neighborhood or community? *(Please choose only one.)*

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

PART 3: Health Information

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

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

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

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

☐ Friends and family	☐ Internet	☐ Employer
☐ Doctor/nurse	☐ My child's school	☐ Help lines
☐ Pharmacist	☐ Hospital	☐ Books/magazines
☐ Church	☐ Health department	
☐ Other (please specify)		

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

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

- ☐ Yes
- ☐ No

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

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

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

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

PART 4: Personal Health

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

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

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

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

14. Which of the following preventive services have you had in the past 12 months? ***(Check all that apply.)***

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

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

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

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

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

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

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

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

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don't know / not sure

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #23)***

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

☐ Yes

☐ No

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

☐ Yes

☐ No ***(if No, skip to question #26)***

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

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

☐

25. Where do you go to exercise or engage in physical activity? ***(Check all that apply.)***

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

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

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

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

☐ Other (please specify)

27. <u>Not</u> counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

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

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

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

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

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

- ☐ Home
- ☐ Workplace
- ☐ Hospitals
- ☐ Restaurants
- ☐ School
- ☐ I am not exposed to secondhand smoke.
- ☐ Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) ***(Choose only one.)***

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

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

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

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

- ☐ Yes, flu shot

- [ ] Yes, flu spray
- [ ] Yes, both
- [ ] No
- [ ] Don't know/not sure

Part 5: Access to Care/Family Health

33. Where do you go <u>most often</u> when you are sick? *(Choose only one.)*

- ☐ Doctor's office
- ☐ Medical clinic
- ☐ Health department
- ☐ Urgent care center
- ☐ Hospital
- ☐ Other (please specify)

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

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? *(Choose only one.)*

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

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

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

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

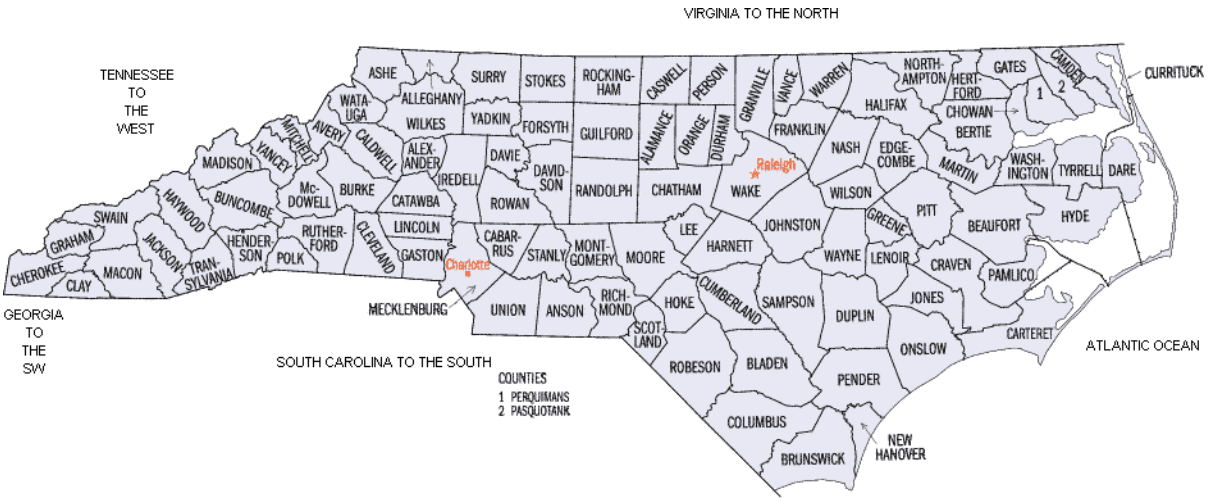
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- [ ] My/our share of the cost (deductible/co-pay) was too high.
- [ ] Doctor would not take my/our insurance or Medicaid.
- [ ] Hospital would not take my/our insurance.
- [ ] Pharmacy would not take my/our insurance or Medicaid.
- [ ] Dentist would not take my/our insurance or Medicaid.
- [ ] No way to get there.
- [ ] Didn't know where to go.
- [ ] Couldn't get an appointment.
- [ ] The wait was too long.
- [ ] The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? *(Choose only one.)*

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

North Carolina County Map


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
ASHE
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
2
1
HALIFAX
CHOWAN
BERTIE
WATA-UGA
ALLEGHANY
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
WASH-INGTON
TYRRELL
DARE
MITCHELL
AVERY
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
WAKE
Raleigh
WILSON
MARTIN
MADISON
YANCEY
IREDELL
ROWAN
BURKE
Mc-DOWELL
CATAWBA
BUNCOMBE
HAYWOOD
SWAIN
GRAHAM
LINCOLN
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
LEE
HARNETT
JOHNSTON
GREENE
PITT
BEAUFORT
HYDE
RUTHER-FORD
CLEVELAND
GASTON
Charlotte
HENDER-SON
POLK
JACKSON
TRAN-SYLVANIA
CHEROKEE
CLAY
MACON
WAYNE
LENOIR
CRAVEN
PAMLICO
MECKLENBURG
UNION
ANSON
RICH-MOND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
SCOT-LAND
ROBESON
BLADEN
ONSLOW
CARTERET
PENDER
COLUMBUS
BRUNSWICK
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK

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

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

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

- ☐ Private counselor or therapist
- ☐ Support group (e.g., AA. Al-Anon)
- ☐ School counselor
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Doctor
- ☐ Pastor/Minister/Clergy

Part 6: Emergency Preparedness

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

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

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

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

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

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

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Telephone (landline)
- ☐ Cell Phone
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Family
- ☐ Text message (emergency alert system)
- ☐ Don't know/not sure

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? ***(Check only one.)***

☐ Yes ***(if Yes, skip to question #46)***

☐ No

☐ Don't know/not sure

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

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

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

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

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

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

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

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

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? *(Choose only one).*

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

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

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

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

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐ Other (please specify)

52. Select the highest level of education you have achieved. ***(Choose only one.)***

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

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

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

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

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

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

☐ Homemaker

☐ Self-employed

☐ Unemployed for 1 year or less

☐ Unemployed for more than 1 year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? ***(Choose only one.)***

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

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

Thank you for your time and participation!

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

Spanish Survey

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

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

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

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

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

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

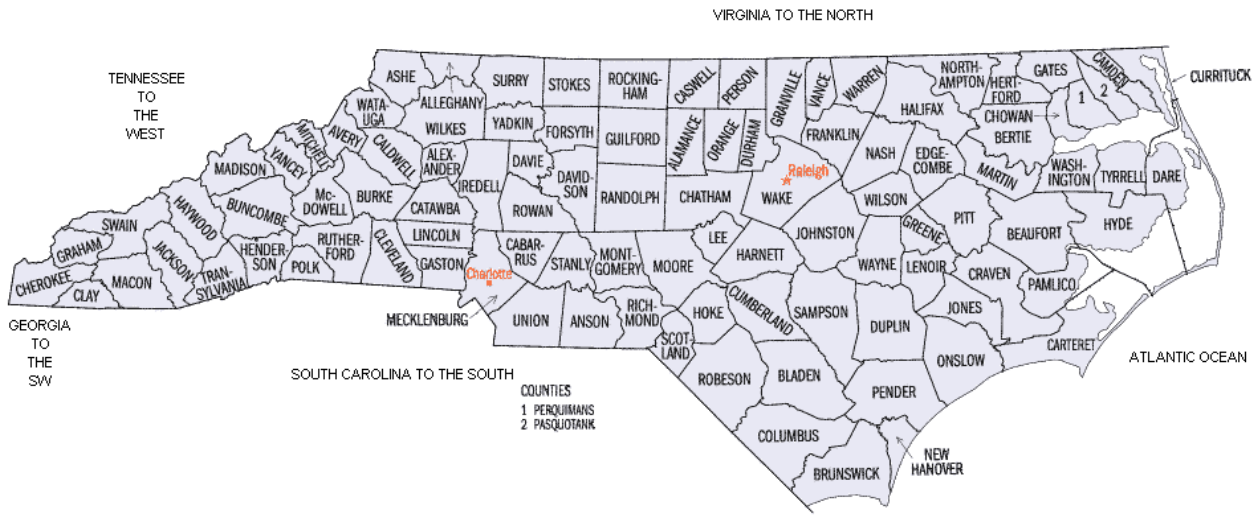
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

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

Mapa del condado de Carolina del Norte



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

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños.	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado.	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado.	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado.	☐	☐	☐	☐	☐

PARTE 2: Mejora de la comunidad

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

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

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

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

- ☐ Violencia doméstica
- ☐ Delito violento (asesinato, asalto)
- ☐ Robo
- ☐ Violación / agresión sexual

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? ***(Por favor elija solo uno)***

- ☐ Control Animal
- ☐ Opciones de cuidado infantil
- ☐ Opciones de cuidado para ancianos
- ☐ Servicios para personas con discapacidad
- ☐ Servicios de salud más accesibles
- ☐ Mejores y más opciones de alimentos saludables
- ☐ Más accesibilidad / mejores vivienda
- ☐ Otros (especificar)
- ☐ Número de proveedores de atención médica
- ☐ Servicios de salud apropiados de acuerdo a su cultura
- ☐ Consejería / salud mental / grupos de apoyo
- ☐ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- ☐ Actividades familiares saludables
- ☐ Actividades positivas para adolescentes
- ☐ Opciones de transporte
- ☐ Disponibilidad de empleo
- ☐ Empleos mejor pagados
- ☐ Mantenimiento de carreteras
- ☐ Carreteras seguras
- ☐ Ninguna

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

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

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

7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

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

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

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

- ☐ Sí
- ☐ No

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

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 12)***

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? ***(Seleccione todas las opciones que corresponden).***

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

PARTE 4: Salud personal

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

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

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

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

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? *(Seleccione todas las opciones que corresponden).*

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

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

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

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

- ☐ Sí

☐ No

☐ No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

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

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

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

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

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

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

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

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

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

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

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

☐ Sí

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

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

☐ Sí

☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? *(Elija solo una).*

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 26)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)***

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *(Marque todas las que corresponden).*

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

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

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

- ☐ Mi trabajo es trabajo físico o trabajo duro
- ☐ El ejercicio no es importante para mí.
- ☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- ☐ No tengo suficiente tiempo para hacer ejercicio.
- ☐ Necesitaría cuidado de niños y no lo tengo.
- ☐ No sé cómo encontrar compañeros de ejercicio.
- ☐ No me gusta hacer ejercicio
- ☐ Me cuesta mucho hacer ejercicio.
- ☐ No hay un lugar seguro para hacer ejercicio.
- ☐ Necesito transporte y no lo tengo.

☐ Estoy demasiado cansado para hacer ejercicio.

☐ Estoy físicamente deshabilitado.

☐ No lo sé.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

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

Cantidad de tazas de fruta	
Número de tazas de verduras	
Cantidad de tazas de jugo de fruta 100%	

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

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 30)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)***

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

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) *(Elija solo una).*

☐ Sí

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

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

☐ QUITLINE NC (ayuda por teléfono)

☐ Doctor

☐ Farmacia

☐ Consejero / terapeuta privado

☐ Otros (especificar)

☐ Departamento de salud

☐ No lo sé

☐ No aplica; No quiero renunciar

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

☐ Sí, vacuna contra la gripe

☐ Sí, FluMist

☐ Si ambos

☐ No

☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

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

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

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

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o él VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? ***(Elija solo uno)***

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

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

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

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

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

☐ El costo del deducible del seguro era demasiado alto

☐ El doctor no aceptaba el seguro ni el Medicaid.

☐ El hospital no aceptaba el seguro.

☐ La farmacia no aceptaba el seguro ni el Medicaid.

☐ El dentista no aceptaba el seguro ni el Medicaid.

☐ No tengo ninguna manera de llegar allí.

☐ No sabía a dónde ir.

☐ No pude conseguir una cita.

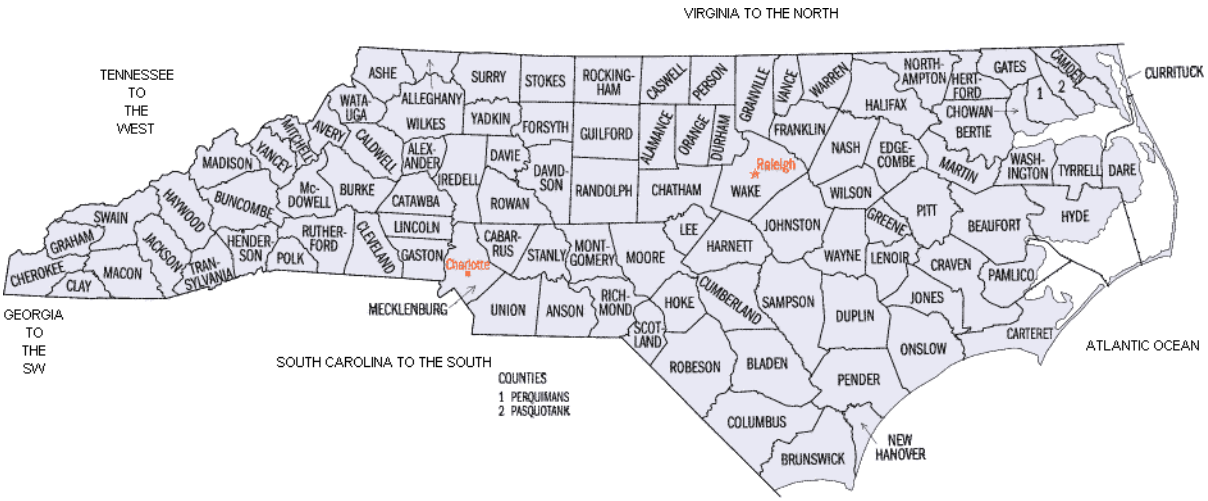
☐ La espera fue demasiado larga.

☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o trangenero.

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

- ☐ Beaufort
- ☐ Bertie
- ☐ Bladen
- ☐ Brunswick
- ☐ Camden
- ☐ Carteret
- ☐ Chowan
- ☐ Columbus
- ☐ Craven
- ☐ Cumberland
- ☐ Currituck
- ☐ Dare
- ☐ Duplin
- ☐ Edgecombe
- ☐ Franklin
- ☐ Gates
- ☐ Granville
- ☐ Greene
- ☐ Halifax
- ☐ Harnett
- ☐ Hertford
- ☐ Hoke
- ☐ Hyde
- ☐ Johnston
- ☐ Jones
- ☐ Lenoir
- ☐ Martin
- ☐ Moore
- ☐ Nash
- ☐ New Hanover
- ☐ Northampton
- ☐ Onslow
- ☐ Pamlico
- ☐ Pasquotank
- ☐ Pender
- ☐ Perquimans
- ☐ Pitt
- ☐ Richmond
- ☐ Robeson
- ☐ Sampson
- ☐ Scotland
- ☐ Tyrrell
- ☐ Vance
- ☐ Wake
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Wilson
- ☐ El Estado de Virginia
- ☐ Otros (especificar)

Mapa del condado de Carolina del Norte


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
ASHE
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
2
1
HALIFAX
CHOWAN
BERTIE
WATA-UGA
ALLEGHANY
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
WASH-INGTON
TYRRELL
DARE
MITCHELL
AVERY
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
WAKE
Raleigh
WILSON
MARTIN
MADISON
YANCEY
IREDELL
ROWAN
BURKE
Mc-DOWELL
CATAWBA
LINCOLN
GASTON
CLEVELAND
RUTHER-FORD
POLK
HENDER-SON
BUNCOMBE
HAYWOOD
SWAIN
GRAHAM
JACKSON
TRAN-SYLVANIA
CHEROKEE
CLAY
MACON
Charlotte
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
LEE
HARNETT
JOHNSTON
GREENE
PITT
BEAUFORT
HYDE
WAYNE
LENOIR
CRAVEN
PAMLICO
MECKLENBURG
UNION
ANSON
RICH-MOND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
CARTERET
SCOT-LAND
ROBESON
BLADEN
ONSLOW
PENDER
COLUMBUS
BRUNSWICK
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK

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

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

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

- ☐ Consejero o terapeuta privado
- ☐ Grupo de apoyo
- ☐ Consejero de la escuela
- ☐ No sé
- ☐ Doctor
- ☐ Pastor o funcionario religioso
- ☐ Otros (especificar)

PARTE 6: Preparación para emergencias

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

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

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

☐ Sí

☐ No

☐ No sé / no estoy seguro

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

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

☐ Televisión

☐ Radio

☐ Internet

☐ Línea de teléfono en casa

☐ Teléfono celular

☐ Medios impresos (periódico)

☐ Otros (especificar)

☐ Sitio de red social

☐ Vecinos

☐ Familia

☐ Mensaje de texto (sistema de alerta de emergencia)

☐ No sé / no estoy seguro

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

☐ Sí ***(Si su respuesta es Sí, salte a la pregunta numero 46)***

☐ No

☐ No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? ***(Marque solo uno)***

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

PARTE 7: Preguntas demográficas

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

46. ¿Qué edad tiene? *(Elija solo uno)*

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

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

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

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

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? ***(Elija solo uno)***

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

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

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

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

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo
- ☐ Separado

☐ Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. ***(Elija solo uno)***

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

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

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

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

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

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

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

☐ Trabajadores por cuenta propia

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

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

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

¡Gracias por su tiempo y participación!

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

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

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

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

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

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

5. What could be done to solve these problems?
Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. **Is there any group not receiving enough health care? If so, what group? And why?**

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

Additional Questions

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

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

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

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

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

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

Key Themes

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

1.

2.

3.