

2019 Dare County Community Health Needs Assessment Summary

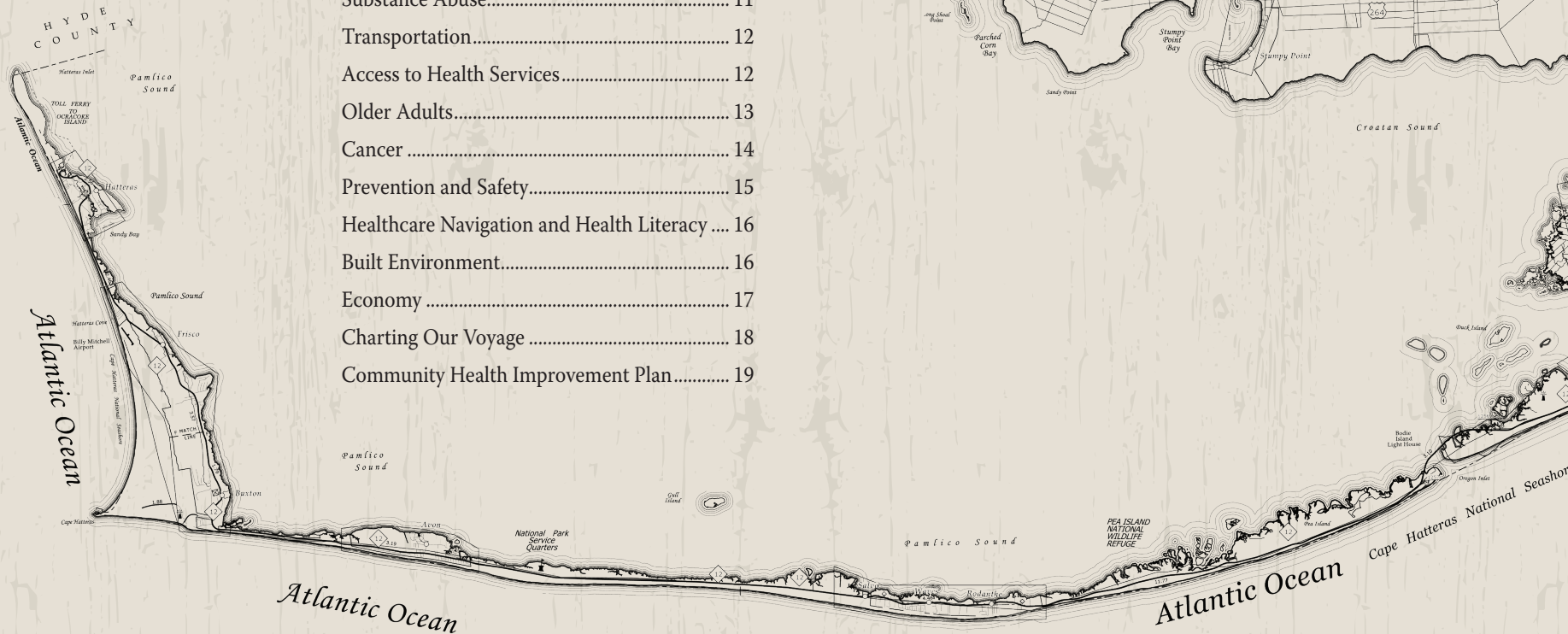
ALL ABOARD
A
Healthy
COMMUNITY!





Contents

Healthy Carolinians of the Outer Banks	4
Planning Our Voyage Using the Community Health Needs Assessment.....	5
Dare County: A great place to drop your anchor!	6
Dare County Demographics	7
2019 Watch List.....	8
2019-2021 Dare County Health Priorities	8
Causes of Death in Dare County.....	9
Mental Health.....	10
Substance Abuse.....	11
Transportation.....	12
Access to Health Services.....	12
Older Adults.....	13
Cancer	14
Prevention and Safety.....	15
Healthcare Navigation and Health Literacy	16
Built Environment.....	16
Economy	17
Charting Our Voyage	18
Community Health Improvement Plan.....	19





ALL ABOARD A Healthy COMMUNITY!

Dare County is the eastern most county in North Carolina and covers an area of 1,563 square miles, of which less than one-third is land. Dare County is surrounded by the beauty and bounty of the Atlantic Ocean, and the Pamlico, Croatan, and Albemarle Sounds. From Duck to Hatteras Village, including all the towns in between, Dare County is a great place to drop an anchor and live, work, and play!

For the 2019 Community Health Needs Assessment (CHNA), Dare County participated in a regional CHNA process, called 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 process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation, coordinated a 2019 regional CHNA in 33 counties of eastern North Carolina.



Under the umbrella of Healthy Carolinians of the Outer Banks, The Outer Banks Hospital, Dare County Department of Health & Human Services, and Vidant Health system worked collaboratively with Health ENC to conduct the 2019 Dare County Community Health Needs Assessment.

Healthy Carolinians of the Outer Banks (HCOB) is a multi-disciplinary partnership of health and human service agencies that assist in completing the community health assessment every three years.

Since 2001, HCOB and the CHNA process in Dare County has helped us establish many programs and projects our residents benefit from, such as:

- Port Health to provide mental health treatment and curb the harmful effects of substance use disorders.
- The Community Care Clinic of Dare to increase access to healthcare.
- Larger milepost markers to decrease motor vehicle injuries.
- Dare Respite Care to provide volunteer respite services for friends and family members care for aging and/or ill loved ones.
- The Outer Banks Hospital becoming the first Dementia Friendly Hospital in North Carolina.

Planning Our Voyage Using the Community Health Needs Assessment

A healthy community doesn't just happen. Assessment and education are necessary to identify and remedy areas of concern. Every now and then we lift the anchor and set sail, testing the waters to make sure we are on a true course. Just as the tides and the weather affect the sea, factors continuously change on land, affecting the health of our community and the people who live here. We test the waters and assess these changes every three years by conducting a Community Health Needs Assessment (CHNA). Moreover, being a part of the Regional CHNA allows us to learn about our neighbors' voyages, so we can better map our own. This process allows us to focus on the things that will help residents enjoy better health, longevity, and quality of life.



Dare County: A great place to drop your anchor!

The bounty of our community is everywhere as far as the eye can see. We asked our residents, and they agree. On many counts, Dare County is a great place to live. Survey participants were asked if they agreed or disagreed with the following statements.

52%
AGREED

Dare County is a good place to grow old.

23%
DISAGREED

82%
AGREED

Dare County is a safe place to live.

2%
DISAGREED

72%
AGREED

Dare County is a good place to raise children.

6%
DISAGREED

57%
AGREED

Dare County has plenty of help for those during times of need.

17%
DISAGREED

50%
AGREED

Dare County has good healthcare.

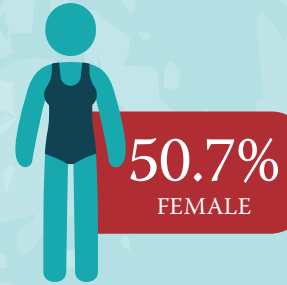
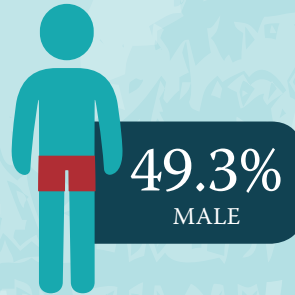
26%
DISAGREED

17%
AGREED

There is plenty of economic opportunity in Dare County.

57%
DISAGREED

Dare County Demographics



Population By Race

94.1%
White

2.7%
Black

1.8%
Multi Racial

0.8%
Asian

0.5%
American Indian or Alaskan Native

7.1% of residents are of Hispanic or Latino Ethnicity

Average Age

	Dare County	NC
Males	45.5	37.2
Females	47.4	40.1

Overall, Dare County residents are older when compared to North Carolina and the Health ENC region.



10.7% Veteran Population
(compared to ENC 12.4%, NC 9.0%)

Birth Rate



Education



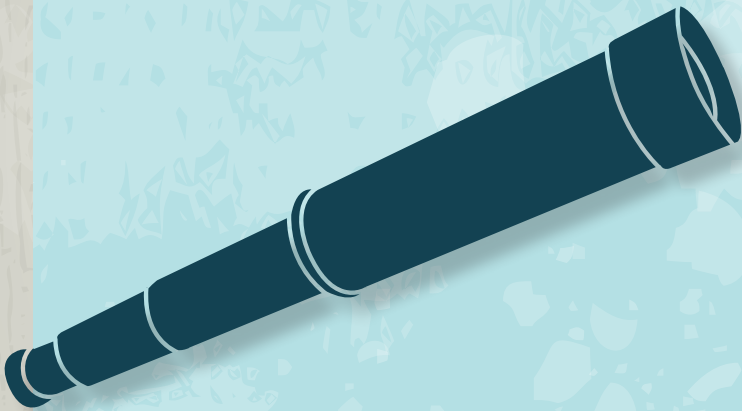
92.5% High School Degree or Higher (compared to 86.3% NC, 84.7% ENC)

29.0% Bachelor's Degree or Higher (compared to 29.0% NC, 19.9% ENC)

1.7% High School Dropout Rate (compared 2.3% NC, 2.4% ENC)

2019 Watch List

Based on the data collected through the CHNA process, the HCOB Partnership determined that ten items should be put on our 2019 Watch List for prioritization. Members of the community and HCOB participated in a prioritization process, in which these were ranked from the most pressing issue to the least.



2019-2021 Dare County Health Priorities

After carefully looking at the current status of community programs and services related to these items, the HCOB selected the health priorities they believed needed the most attention.

- Mental Health
- Substance Abuse
- Transportation

On the pages that follow, you will find information that maps out the current status of the watch list items, what health priorities will become the focus of 2019-2021, and the voyage planned to sail to improved health outcomes.

Causes of Death in Dare County

It is important to examine the causes of death in Dare County. Comparing rates over years also allow us to better understand trends in our community. Dare County is trending in a positive direction when it comes to heart disease, unintentional injuries, and pneumonia/influenza related deaths. Since the last CHNA, Dare County has had increases in cancer, stroke, Alzheimer's disease, suicide, chronic liver disease and kidney disease related deaths. Cancer is now the leading cause of death both in Dare County and North Carolina, with heart disease coming in as the second leading cause of death.

<i>Causes of Death</i>	Rate 2010-2014	Rate 2013-2017
1. Cancer	156.7	168.1
2. Heart Diseases	174.0	153.2
3. Unintentional Injuries	39.0	39.0
4. COPD/Chronic Lower Respiratory Diseases	42.0	38.3
5. Stroke	28.2	35.0
6. Pneumonia/Influenza	59.8	34.1
7. Alzheimer's Disease	22.1	24.5
8. Suicide	16.8	19.6
9. Chronic Liver Diseases	13.1	17.7
10. Kidney Diseases	11.4	15.7

Dare County, Cause of Death Rank by Descending Overall, Age-Adjusted Rate (2010-2014; 2013-2017) Source: North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: <http://www.schs.state.nc.us/data/databook>





Mental Health

Mental Health was ranked as the top issue affecting quality of life among focus group participants.

Death by Suicide

85% increase since last health assessment
Dare County rate 19.6 and 8th leading cause of death
NC 13.3 and 11th leading cause of death

2nd leading cause of death among 20-39 year olds (NC-3rd)
4th leading cause of death among 40-64 year olds (NC-8th)

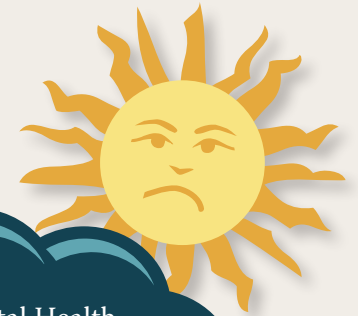
Treatment Opportunities

CHNA indicated a need for inpatient and outpatient care for both mental health & substance abuse

156 Mental Health providers per 100,000 (compared to 216 NC, 214 US)

Addressing stigma and the lack of community education and knowledge surrounding mental health disorders is an opportunity that was identified in the CHNA process

Need for counseling and support groups was ranked #3 for services needing the most improvement amongst community survey participants.



1 Mental Health provider for every 640 residents (compared to 490 NC)

Poor Mental Health Reports

11.3%
reported mental distress
(compared to 12.3% NC, 15.0% US)

3.7
average poor mental health days
(compared to 3.9 NC, 3.8 US)

12.4%
of medicare beneficiaries treated for depression
(compared to 17.5% NC, 16.7% US)

19.2%
of community survey participants reported poor mental health, that kept them from normal activities, within the last 30 days



Substance Abuse

Substance Abuse was ranked as the #1 most pressing health issue in Dare County.

Health Behaviors and Adults in Dare County



18.2% DRINK EXCESSIVELY
(NC 16.7%, US 18%)



16.5% SMOKE
(NC 17.9%, US 17%)



Dare County's **LIQUOR STORE DENSITY** is **28** stores per 100,000 population



19.7 death rate due to **DRUG POISONING**
(NC 16.2, US 16.9)



10.5% alcohol impaired **DRIVING DEATHS**
(NC 31.4%, US 29.3%)

Community Survey Respondents and Substance Abuse

32.4%

engaged in excessive drinking 1 or more times in the past 30 days

8.2%

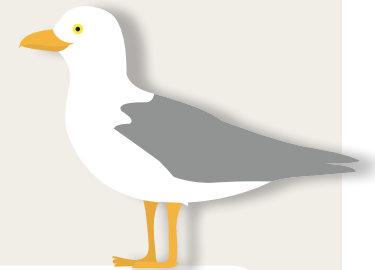
reported currently using tobacco products; Of those 22.3% reported being unaware of resources available to help with quitting

34.4%

reported exposure to second-hand smoke in the past year

62%

reported being exposed to second-hand smoke in their own home or other familiar places



Survey respondents also expressed concerns with the shortage of alcohol and drug counselors to help with treatment



Transportation

Dare County's only transportation system is open Monday-Friday. Out of county transportation for medical appointments is available on Tuesdays and Thursdays. A two-day notice for services is required to assure service.



3.4% of households have no car
(NC 6.3%, US 9%)



2% of households have no car and low access to grocery stores

Geographical Barriers

Dare County is 1,563 square miles with less than 1/3 of those miles being land. We are made up of:

- Bodie Island
- Roanoke Island
- Hatteras Island
- Mainland Dare County

Not all townships in Dare County have sidewalks, impacting resident's ability to travel by foot throughout their community.



Worker Transportation

0% of workforce commutes by public transportation
(NC 1.1%, US 5.1%)

1.6% walk to work
(NC 1.8%, US 2.8%)

79.8% drive alone to work
(NC 81.1%, US 76.4%)

18.9% drive alone and have a long commute
(NC 31.1%, US 34.7%)

19.4 minutes average travel time to work
(NC 24.1, US 26.1)

SOUTH



Access to Health Services

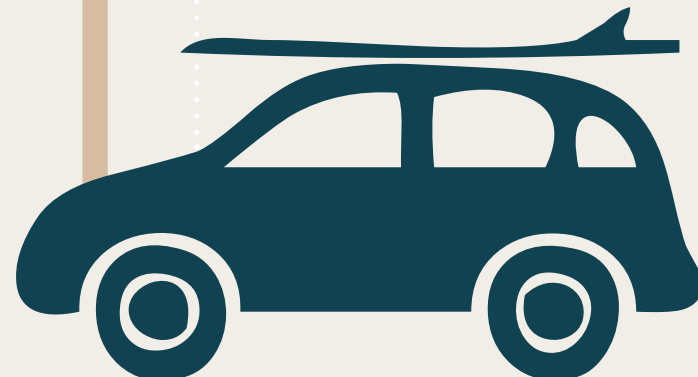
87.1% have health insurance (compared 87.8% NC) which has increased over time

50% AGREED
Dare County has good health care

RANKED 31 (out of 100) for Clinical Care in Health Rankings

Residents to Providers Ratio

	Dare County	NC
Mental Health	640:1	490:1
Primary Care	1700:1	1420:1
Non-physician Primary Care	1284:1	975:1
Dentists	1560:1	1830:1





Older Adults

52%

AGREED

Dare County is a good place to grow old



Rapidly Growing Aging Population

31.8% 45-64 years

20.2% 65+ years (NC 15.5%, US 15.2%)



Older Adults At-Risk

26.2% 65+ Living Alone (NC 26.8%, US 26.4%)

4.2% 65+ Living in Poverty

5.0% 65+ Low Access to Grocery Stores



Leading Causes of Death

65-84 Years

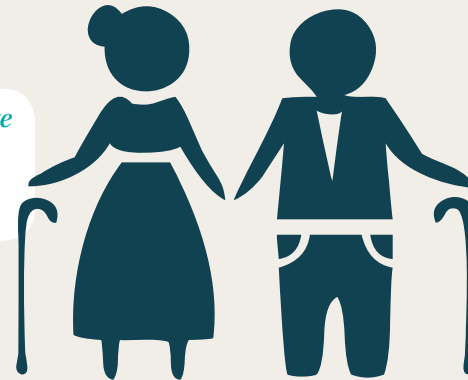
1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Disease

85+ Years

1. Heart Disease
2. Cancer
3. Alzheimer's/Dementia

57%
decrease in
influenza
related deaths

1.5% of deaths in Dare County attributed to Alzheimer's/Disease



Medicare Beneficiaries Treated, Percent

	Dare County	NC	US
Cancer	8.5%	7.7%	7.8%
Irregular Heart Rate	8.5%	7.7%	8.1%
Mammograms	67.2%	67.9%	63.1%

When compared to North Carolina and the US, Dare County has lower incidents of medicare beneficiaries being treated for high blood pressure, osteoporosis, Alzheimer's and dementia, stroke, COPD, depression, rheumatoid arthritis, asthma, kidney disease, heart failure, diabetes, and coronary artery disease.



Cancer

Cancer Incidence Rates (per 100,000)

430.1 All Cancer (NC 457, US 443.6)



Cancer incidence rate for men is 14% higher than the rate for the overall population

14.3
Oral Cavity and Pharynx Cancer
(NC 12.2, US 11.5)

68.7
Lung and Bronchus Cancer
(NC 70, US 61.2)

12.2
Pancreatic Cancer
(NC 12, US 12.5)

13.5
Ovarian Cancer
(cases per 100,000 females)
(NC 10.9, US 11.4)

20.1
Bladder Cancer
(20.1 NC, 20.5 US)

116.3
Breast Cancer
(129.4 NC, 123.5 US)

7
Liver and Bile Duct Cancer
(7.7 NC, 7.8 US)

113.4
Prostate Cancer
(125 NC, 114.8 US)

35.7
Colorectal Cancer
(37.7 NC, 39.8 US)

Among medicare beneficiaries, 8.5 had been treated for cancer in 2015 (NC 7.7, US 7.8)



Focus group and community survey respondents reported that transportation was a burden that impacts access to cancer treatment.

Age Adjusted Death Rates

159.8 All Cancer (NC 172, US 166.1)

45.5 Lung & Bronchus Cancer (NC 50.7, US 44.7)

11.1 Pancreatic Cancer (NC 10.8, US 10.9)

24.8 Prostate Cancer (21.6 NC, 20.1 US)

21.9 Breast Cancer (21.6 NC, 21.2 US)

10.6 Colorectal Cancer (14.1 NC, 14.8 US)



Prevention and Safety

Substance Abuse

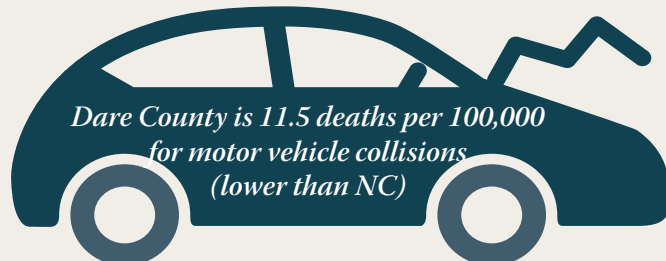
Drug overdose deaths are the leading cause of concern

- Unintentional poisonings is 19.4 deaths per 100,000 and the rate is higher than both the North Carolina and national rates
- Dare County does not meet the Healthy North Carolina 2020 target of 9.9 deaths per 100,000 population

Drugs and substance abuse affect the quality of life in Dare County.

Lack of knowledge about addiction prevention and preventative services leads to difficulties when needing treatment

- Lack of available providers or counselors in Dare County to educate and help prevent substance abuse becoming a chronic condition
- 12% of survey participants would like to see education about addiction prevention and knowledge of what early drug abuse looks like



Dare County is 35.1 deaths per 100,000 for unintentional injuries (higher than NC but lower than US rates)



17.2%

of Dare County households

report at least one of four housing problems:

overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. This is a higher percentage for North Carolina rate and Dare County falls within the second worst quartile when compared to other North Carolina counties and the poorest quartile in comparison with all US counties.



Healthcare Navigation and Health Literacy

How Survey Respondents Receive Health Information

44.9% from a doctor or nurse

32.1% from the internet

Health Education Opportunities

Nearly 45% of survey respondents reported there were health topics they wanted to learn more about, with the highest ranking of those topics including:

- Holistic options to chronic diseases
- Nutrition
- Weight Loss



Built Environment

*Dare County ranked #3 in NC for physical environment
in the County Health Rankings*



Those with low access to grocery stores:

5% people 65+

6.1% children - poorest performing quartile compared to other NC counties

2% households with no car

7.4% low income



17.2% Severe Housing Problems

Density per 1,000 population

Farmers Markets 0.06

Grocery Stores 0.5

Fast Food Restaurants 1.8

Liquor Stores 1.8

Recreation and Fitness Facilities 0.1

Built In Physical Activity Opportunities

Dare County has many public parks and facilities that residents and visitors have access to. Dare County boasts a total of 19 county parks and/or recreation facilities, 3 national parks, and 1 state park. These locations are spread throughout the islands and mainland.

Hatteras Island

5 county recreation locations

1 national park

North Beaches

5 county recreation locations

1 national park

1 state park

Roanoke Island

9 county recreation locations

1 national park



Economy

57%

of survey respondents felt there was not a lot of economic opportunity in Dare County

\$54,787

Median Household Income



Housing

75% of survey respondents felt Dare County did not have affordable housing options

29.6% Own a home (compared to more than 55% in NC and US)

\$1,050 Average rent (NC \$816, US \$949)

\$1,652 Average mortgage (NC \$1,243, US \$1,491)

17% Report severe housing problems (overcrowding, high costs, lack of kitchen or plumbing facilities)

Poverty

Those living in poverty in Dare County:

8.2%
of people

8.4%
of children

4.2%
of adults 65+

28.7%
of disabled individuals

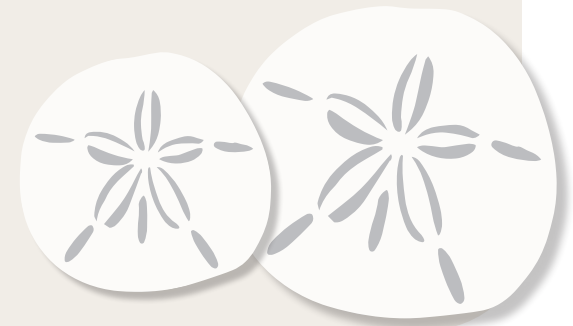
32.4%
of students are eligible for Free Lunch Program

Top 5 Employers in Dare County

- Dare County Schools
- County of Dare
- The Outer Banks Hospital & Medical Group
- NC Department of Transportation
- Food Lion

Top Ten Industries in Dare County

Industry	% of Workforce	Median Income
Hospitality	15.3%	\$28,500
Retail	14.2%	\$30,900
Construction	9.3%	\$35,900
Real Estate	8.6%	\$41,200
Healthcare	6.8%	\$44,800
Other Services	6.3%	\$38,200
Government	5.1%	\$41,100
Professional	5.1%	\$61,800
Education	4.9%	\$40,200
Manufacturing	4.6%	\$40,000



Charting Our Voyage

The HCOB has elected to continue task forces, establish new ones, and ask additional community partners to become members of our crew. We encourage you to become a part of the journey to improved outcomes by joining a task force today.

HCOB Task Forces

HCOB's **Dementia & Alzheimer's Task Force** is continuing to address any dementia and alzheimer's concerns for the members of the community. To join the task force, please contact Dianne Denny at 252.480.9508 or obxdementiataskforce@gmail.com.

HCOB's **Breaking Through Task Force** is continuing to increase communication and address stigma related to mental health. To join the task force, please contact Kelly Nettnin at 252.475.5036 or kelly.nettnin@darenc.com.

HCOB is establishing a **Transportation Task Force** that will begin to work on transportation issues that impact all residents and create barriers to receiving health care. To join the task force, please contact Brandi Rheubottom at 252.475.5636 or brandiw@hwhi.com.

HCOB is establishing an **Access to Healthcare Workgroup** that will begin to investigate access issues and potential solutions to these problems. To join the task force, please contact Ronnie Sloan at 252.449.4515 or ronnie.sloan@theobh.com.

HCOB is providing oversight for the reestablished **Adult Collaborative on Mental Health and Substance Abuse**. To join the task force, please email Gail Hutchison at 252.475.9198 or gail.hutchison@darenc.com.

Saving Lives Task Force will continue to be invited to Partnership meetings and provide updates. To join the task force, please contact Roxana Ballinger at 252.475.5619 or roxana.ballinger@darenc.com.



Community Health Improvement Plan

Good Health is a Journey

We are confident in our direction with the HCOB Partnership at the ship's helm. HCOB has the shared responsibility to address health priorities identified in the CHNA process. Dare County is fortunate enough to have an incredible crew of community members and organizations dedicated to achieving optimal health outcomes for all of our residents.

Many organizations and task forces create their own Community Health Improvement Plans to address Health Priorities with multiple contributing agencies. The benefit to this process is it prevents one organization from carrying all the weight, as it can seem like a daunting task. Because good health is a journey, over the next three years part of our charted course may change; but here are a few strategies that are starting to come to fruition:

- **Breaking Through Task Force** has received funding for a public awareness campaign that will focus on reducing the stigma associated with seeking help for behavioral health issues.
- The **Children and Youth Partnership** is creating a mindfulness-based, well-being program at Manteo Middle School and will be developing programs for other Dare County Schools, which will include training educators, parents and community members.
- The **Saving Lives Task Force** is working on creating a Substance Abuse Action Plan that will include objectives and strategies that align with North Carolina's Opioid Action Plan.
- The **Adult Collaborative on Mental Health and Substance Abuse** is establishing a comprehensive inventory of all services available to Dare County residents. A gaps and needs assessment will follow to determine what initiatives and objectives the group will address.



Every Spring, we will provide updates on these and other strategies being used to address Dare County's leading health priorities through the issue of the State of the County Health Report. We encourage you to get involved and onboard! Join a task force today or call 252.475.5079 to learn how you can become a part of the journey to improved health outcomes.

Acknowledgements

This report is the culmination of a tremendous effort by the members of Healthy Carolinians of the Outer Banks Partnership (HCOB), whose dedicated focus on and support for the health and well-being of the residents of Dare County is indeed remarkable:

Healthy Carolinians of the Outer Banks Executive Committee Members

Brandi Rheubottom, HCOB Chair
Dianne Denny, HCOB Vice Chair
Sheila Davies, Dare County Health & Human Services Director
Ronnie Sloan, Outer Banks Hospital President
Amy Montgomery, The Outer Banks Hospital

Community Health Assessment Coordinators

Kelly Nettin, Dare County Health & Human Services
Jennifer Schwartzberg, The Outer Banks Hospital

HCOB Coordinator

Laura Willingham, Dare County Health & Human Services

Healthy Carolinians of the Outer Banks Members

Jennifer Albanese, Interfaith Community Outreach Inc.
Timothy Baker, Retired from Centers for Disease Control
Roxana Ballinger, Dare County Health & Human Services
Dr. Christina Bowen, The Outer Banks Hospital Center for
Healthy Living
Karen Brown, Outer Banks Chamber of Commerce
Jennie Collins, Dare County Emergency Medical Services
Denise de Pedro, The Outer Banks Hospital
John Farrelly, Dare County Schools
Gail Hutchison, Dare County Sherriffs Office

Janet Jarrett, Albemarle Hospital Foundation
Lyn Jenkins, Albemarle Project Access Sentara
Tess Judge, Community Member and OBH Board Member
Chuck Lycett, Dare County Health & Human Services
Patty McKenna, Outer Banks Community Collaborative
Tami Montiel, Community Care Clinic of Dare
Chandler Price, Hotline
Tim Sherarin, Dare County Health & Human Services Board
Gail Sonesso, GEM Adult Day Services
Rebecca Woods, Dare County Health & Human Services

Support of this document was also provided by many other entities. The Partnership greatly appreciates the help of our vital community stakeholders.

