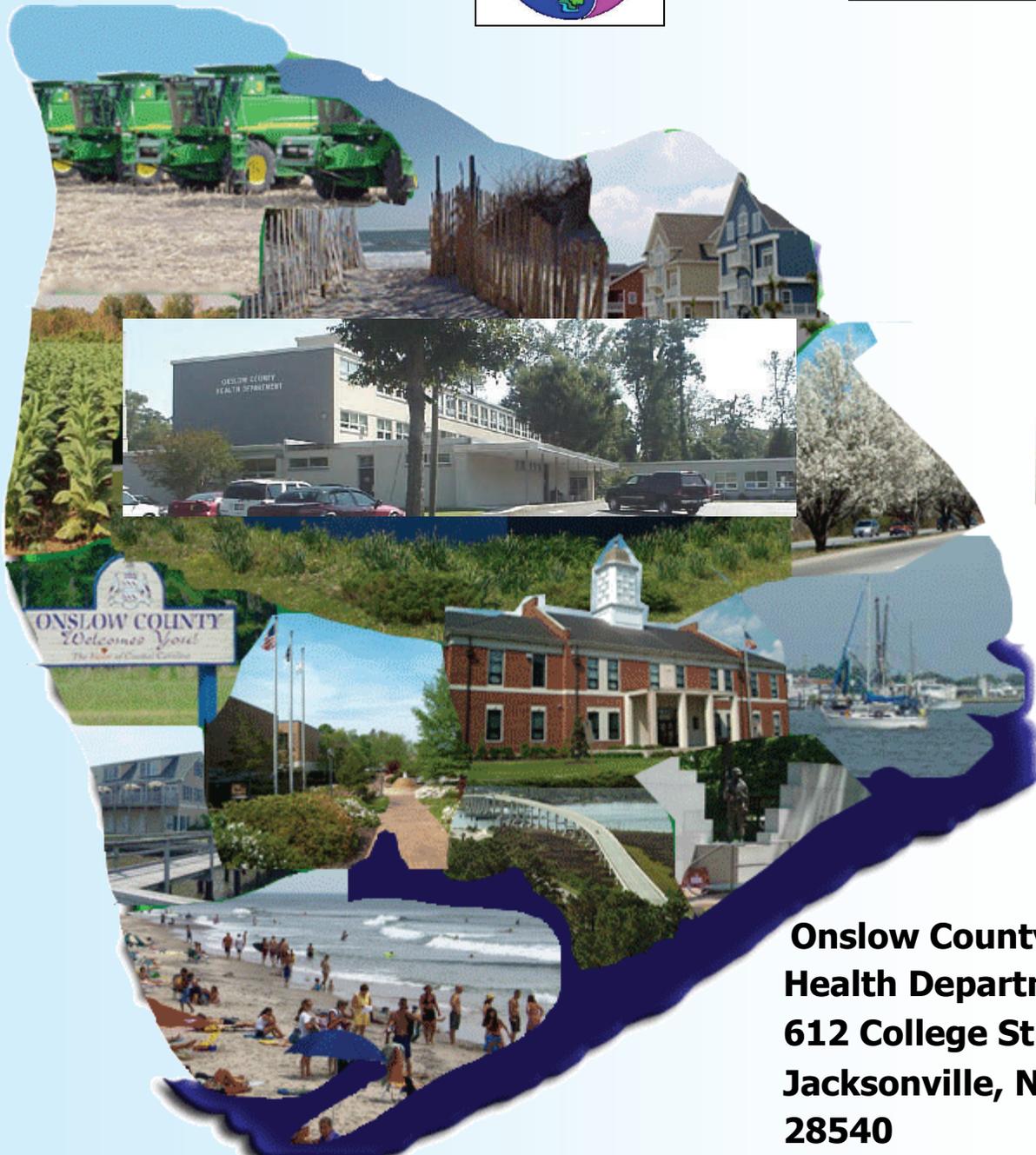


# 2012 Onslow County Community Health Assessment



**Onslow County  
Health Department  
612 College Street  
Jacksonville, NC  
28540**

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## **2012 Onslow County Community Health Assessment Mission & Vision**

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### **Mission**

The mission of the 2012 Onslow County Community Health Assessment is to gain an understanding of the health status and related needs of the community, to analyze changes, to develop health priorities and evidence based approaches to health interventions in order to improve the overall quality of life for citizens.

### **Vision**

The vision of the 2012 Onslow County Community Health Assessment is to empower each citizen to make healthy choices where they live, work, and play.

## **10 Essential Public Health Services & Community Health Assessments**

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Community Health Assessments (CHAs) are at the core of nearly all of the Ten Essential Public Health Services. Specifically, Community Health Assessments achieve the following:

### ***Essential Service 1: Monitor health status to identify and solve community health problems.***

The CHA is one mechanism that can be used to evaluate and monitor health status while identifying health needs and potential solutions.

### ***Essential Service 2: Diagnose and investigate health problems and health hazards in the community.***

Similar to Essential Service 1, the information gained during the CHA process serves as a diagnosis of health problems and hazards within the community.

### ***Essential Service 3: Inform, educate, and empower people about health issues.***

During primary data collection (e.g. health surveys, focus groups, etc.), the community is involved in the evaluation of health status and partnerships are formed. The information gleaned from the CHA is analyzed to form priorities and action plans are developed. The community is informed, educated, and empowered about health issues throughout the entire process with special emphasis in the communication of CHA results and within the action plans for the health priorities.

### ***Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.***

Similar to Essential Service 3, the community is mobilized in partnership during primary data collection for the CHA (identify) and within the action plans for chosen health priorities (solve).

### ***Essential Service 5: Develop policies and plans that support individual and community health efforts.***

The intent of the CHA process is to evaluate health trends within the community and identify health priorities. By doing so, action plans can be developed that incorporate policies, partnerships, and community wide efforts to improve community health.

### ***Essential Service 6: Enforce laws and regulations that protect health and ensure safety.***

While the CHA process does not fall within this Essential Service, it can identify health issues related to improper enforcement or ineffective implementation of laws and regulations.

### ***Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.***

As part of action plans developed as a result of the CHA process, community residents may be linked to needed health services.

***Essential Service 8: Assure competent public and personal health care workforce.***

Workforce challenges are identified during the CHA process, and potential solutions can be included in action plans for chosen health priorities.

***Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.***

As with Essential Service 6, the CHA process does not directly evaluate the effectiveness, accessibility or quality of personal and population based health services; however, the evaluation of health status enables the CHA team and community partners to identify health areas that may need additional health services.

***Essential Service 10: Research for new insights and innovative solutions to health problems.***

As part of the action plans developed for the CHA, health priorities, new insights and innovative solutions may be identified through literature reviews for evidenced-based solutions, benchmarking other agencies, and brainstorming with community partners.

## Evidence-Based Approaches to Selected Priorities

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Several evidence-based approaches are available for incorporation into action plans for the selected health priorities. Approaches, organized by individual priorities, evaluated by *The Guide to Community Preventive Services* (The Community Guide), are as follows:

### 1. Increase the percentage of adults who are neither overweight nor obese.

The Community Guide systematically evaluated many studies of combating childhood and adult obesity to determine the most effective interventions. They reviewed both provider-oriented interventions and interventions in community settings.

#### *Provider-Oriented Interventions*<sup>1</sup>

At this time all of the provider-oriented interventions to combating obesity were found to be *insufficient evidence* by the task force. *Insufficient evidence* simply means the studies do not provide sufficient evidence to determine if the intervention is effective, and more research is needed.

Studies reviewed included interventions on provider education, provider feedback, provider reminders, provider education with a client intervention, multi-component provider interventions, and multi-component provider interventions with client interventions.

#### *Interventions in Community Settings*<sup>2</sup>

The task force also reviewed studies in community settings, determining recommendations on Behavioral Interventions to Reduce Screen Time, Technology Supported Interventions- Multicomponent Coaching or Counseling Interventions: To Reduce Weight and To Maintain Weight Loss, and Worksite Programs. A *recommended* intervention is one that provides strong or sufficient evidence that the intervention is effective. Mass media interventions to reduce screen time and school-based programs were found to be *insufficient evidence* in their effectiveness by the task force.

Behavioral Interventions to Reduce Screen Time may have been single-component or multi-component and often focus on reducing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills. These interventions may include<sup>3</sup>:

- Skill building, tips, goal setting, and reinforcement techniques
- Parent or family support through provision of information on environmental strategies to reduce access to television, video games, and computers
- A "TV turnoff challenge" in which participants are encouraged not to watch TV for a specified number of days.

Mass Media Interventions to Reduce Screen Time, however, was found to be *insufficient evidence* as no studies were found in this subject area.<sup>4</sup>

Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss uses technology and sometimes non-technological components as a mode to facilitate

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<sup>1</sup> Guide to Community Preventive Services. Obesity prevention and control: provider-oriented interventions. [www.thecommunityguide.org/obesity/provider.html](http://www.thecommunityguide.org/obesity/provider.html). Last updated: 06/07/2011.

<sup>2</sup> Guide to Community Preventive Services. Obesity prevention and control: interventions in community settings. [www.thecommunityguide.org/obesity/communitysettings.html](http://www.thecommunityguide.org/obesity/communitysettings.html). Last updated: 09/16/2010.

<sup>3</sup> Guide to Community Preventive Services. Obesity prevention and control: behavioral interventions to reduce screen time. [www.thecommunityguide.org/obesity/behavioral.html](http://www.thecommunityguide.org/obesity/behavioral.html). Last updated: 12/17/2011.

<sup>4</sup> Guide to Community Preventive Services. Obesity prevention and control: mass media interventions to reduce screen time [www.thecommunityguide.org/obesity/massmedia.html](http://www.thecommunityguide.org/obesity/massmedia.html). Last updated: 01/12/2012.

a coach/counselor interaction with an individual or group with the goal of achieving weight-related behaviors or weight-related outcomes.

Technology-supported components may include use of the following <sup>5</sup>:

- Computers (e.g., internet, CD-ROM, e-mail, kiosk, computer program)
- Video conferencing
- Personal digital assistants
- Pagers
- Pedometers with computer interaction
- Computerized telephone system interventions that target physical activity, nutrition, or weight.

Non-technological components may include use of the following:

- In-person counseling
- Manual tracking
- Printed lessons
- Written feedback.

#### Interventions in Specific Settings: Worksite and School-Based Programs

Worksite nutrition and physical activity programs intended to improve diet and/or physical activity behaviors based on strong evidence for reducing weight in employees are recommended by the Task Force. They may include informational and educational strategies, behavioral and social strategies, and policy based strategies. <sup>6</sup>

- Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity. Examples include:
  - Lectures
  - Written materials (provided in print or online)
  - Educational software.
- Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that affect behavior changes. Examples include:
  - Individual or group behavioral counseling
  - Skill-building activities, such as cue control
  - Rewards or reinforcement
  - Inclusion of co-workers or family members to build support systems
- Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
  - Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
  - Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise).
- Policy strategies may also change rules and procedures for employees, such as health insurance benefits or costs or money for health club membership.
- Worksite weight control strategies may occur separately or as part of a comprehensive worksite wellness program that addresses several health issues (e.g., smoking cessation, stress management, cholesterol reduction).

School based programs are programs conducted in the classroom for children and adolescents and are based on improving nutrition and/or physical activity behaviors at home and in the school setting. While particular

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<sup>5</sup> Guide to Community Preventive Services. Obesity prevention and control: Technology-supported multi-component coaching or counseling interventions to reduce weight and maintain weight loss (abbreviated). [www.thecommunityguide.org/obesity/TechnicalCoaching.html](http://www.thecommunityguide.org/obesity/TechnicalCoaching.html). Last updated: 12/17/2011.

<sup>6</sup> Guide to Community Preventive Services. Obesity prevention and control: worksite programs. [www.thecommunityguide.org/obesity/workprograms.html](http://www.thecommunityguide.org/obesity/workprograms.html). Last updated:12/02/2011.

studies reviewed demonstrated improved weight loss, the changes were either small or the measures were varied<sup>7</sup>.

## 2. Tobacco Use

- Decrease the percentage of adults who are current smokers
- Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.

The Community Guide includes systematic reviews of interventions in the following areas: Reducing Tobacco Use Initiation, Increasing Tobacco Use Cessation, Reducing Secondhand Smoke Exposure, Restricting Minors' Access to Tobacco Products, Decreasing Tobacco Use Among Workers.

### *Reducing Tobacco Use Initiation*

Both Increasing the Unit Price of Tobacco Products and Mass Media Campaigns when Combined with Other Interventions were found to be Recommended Interventions in reducing tobacco use initiation.<sup>8</sup>

- Increasing the Unit Price of Tobacco Products:
  - These interventions increase the unit price for tobacco products through municipal, state, or federal legislation that raises the excise tax on these products.
  - Increases in overall cost make the use of tobacco products less appealing to young people who have limited incomes.
- Mass Media Campaigns intended to reduce tobacco initiation:
  - Use brief, recurring messages to inform and motivate individuals to remain tobacco free.
  - Message content is developed through formative research, and messages may be delivered through paid broadcast time and print space, donated time and space (as public service announcements), or a combination of both.
  - Mass media campaigns can be combined with other interventions.

Increasing Tobacco Use Cessation:<sup>9</sup> Recommended Interventions include: Increasing the Unit Price of Tobacco Products, Mass Media Campaigns when Combined with Other Interventions, Mobile Phone-Based Interventions, Provider Reminders when Used Alone, Provider Reminders with Provider Education, Quitline Interventions, Reducing Out-of-Pocket Costs for Evidence-Based Cessation Treatments.

- Mobile Phone-Based Cessation Interventions:
  - Use interactive features to deliver evidence-based information, strategies, and behavioral support directly to tobacco users interested in quitting. Typically, participants receive text messages that support their quit attempt, and the message content changes over the course of the intervention.
  - Content may be developed or adapted for specific populations and communities. Messages may be tailored for individuals based on computer algorithms that match messages to

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<sup>7</sup> Guide to Community Preventive Services. Obesity prevention and control: school-based programs. [www.thecommunityguide.org/obesity/schoolbased.html](http://www.thecommunityguide.org/obesity/schoolbased.html). Last updated: 01/12/2012.

<sup>8</sup> Guide to Community Preventive Services. Reducing Tobacco Use Initiation. <http://www.thecommunityguide.org/tobacco/initiation/index.html> Last updated: 2/07/2011.

<sup>9</sup> Guide to Community Preventive Services. Increasing Tobacco Use Cessation. <http://www.thecommunityguide.org/tobacco/cessation/index.html> Last Updated: 05/17/2012

information provided by the participant. Programs may be automated, and they may include text responses provided on demand to participants encountering urges to smoke.

- Mobile phone-based interventions may be coordinated with additional interventions, such as Internet-based cessation services or provision of medications.
- Provider Reminders When Use Alone:
  - Provider reminder systems for tobacco cessation include efforts to identify clients who use tobacco products and to prompt providers to discuss and/or to advise clients about quitting. Providers may receive these reminders through chart stickers, vital sign stamps, medical record flow sheets, and checklists. Provider reminders are often combined with other approaches.
- Provider Reminder Systems with Provider Education:
  - Are multi-component strategies to increase tobacco use cessation.
  - These strategies include efforts to educate and to prompt providers to identify and intervene with tobacco-using clients as well as to provide additional educational materials.
  - The components of this intervention are a provider reminder system and a provider education program with or without client education materials, such as self-help cessation manuals.
- Quit lines:
  - Use the telephone to provide evidence-based behavioral counseling and support to help tobacco users who want to quit. Counseling is provided by trained cessation specialists who follow standardized protocols that may include several sessions delivered over one or more months.
  - Quitline counseling is widely accessible, convenient to use, and generally provided at no cost to users. Content may be adapted for specific populations and tailored for individual clients. Counseling may be:
    - Reactive (tobacco user or recent quitter initiates contacts), or
    - Proactive (tobacco user or cessation specialist makes initial contact, and the cessation specialist schedules follow-up calls).
- Reducing Tobacco Users' Out-of-Pocket Costs:
  - Involves policy or program changes that make evidence-based treatments, including medication, counseling or both, more affordable. To achieve this, new benefits may be provided, or changes may be made to the level of benefits offered that reduce costs or co-payments.
  - Policy and program changes may be communicated to tobacco users and health care providers to increase awareness, interest in quitting, and use of evidence-based treatments.

Increasing Tobacco Use Cessation:<sup>10</sup> Interventions that are found to be Insufficient in Evidence include: Internet-Based Interventions, Mass Media - Cessation Series, Mass Media - Cessation Contests, Provider Education when Used Alone, Provider Assessment & Feedback.

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<sup>10</sup> Guide to Community Preventive Services. Increasing Tobacco Use Cessation. <http://www.thecommunityguide.org/tobacco/cessation/index.html>  
Last Updated: 05/17/2012

*Reducing Secondhand Smoke Exposure*<sup>11</sup>: Smoking Bans and Restrictions were found to be Recommended, and Community Education to Reduce Exposure at Home was found to be Insufficient Evidence.

- Smoking Bans and Restrictions
  - Smoking bans and restrictions are policies, regulations, and laws that limit smoking in workplaces and other public areas. Smoking bans entirely prohibit smoking in geographically defined areas; smoking restrictions limit smoking to designated areas.

*Restricting Minors' Access to Tobacco Products*<sup>12</sup>: these interventions seek to prevent or reduce the number of young people who begin smoking by making it harder for them to purchase tobacco products.

- Community Mobilization with Additional Interventions-Recommended
- Community Education About Youth Access to Tobacco Products When Used Alone-Insufficient Evidence
- Active Enforcement of Sales Laws Directed at Retailers When Used Alone-Insufficient Evidence
- Retailer Education with Reinforcement and Information on Health Consequences When Used Alone- Insufficient Evidence
- Retailer Education without Reinforcement When Used Alone- Insufficient Evidence
- Laws Directed at Minors' Purchase, Possession, or Use of Tobacco Products When Used Alone-Insufficient Evidence
- Sales Laws Directed at Retailers When Used Alone- Insufficient Evidence
- Community mobilization combined with additional interventions-
  - Stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education.

*Decreasing Tobacco Use Among Workers*<sup>13</sup>: These interventions seek to reduce tobacco use among employees through organizational policies and smoking cessation programs.

- Smoke-Free Policies to Reduce Tobacco Use- Recommended Intervention;
  - Include private-sector rules and public-sector regulations that prohibit smoking in indoor workplaces and designated public areas. Private-sector smoke-free policies may establish a complete ban on tobacco use on worksite property or restrict smoking to designated outdoor locations. Community smoke-free ordinances establish smoke-free standards for all or for designated indoor workplaces and public areas.
- Incentives & Competitions to Increase Smoking Cessation;
  - Incentives & Competitions When Used Alone-Insufficient evidence
  - Incentives & Competitions When Combined with Additional Interventions-Recommended Intervention

The following intervention is related to worksite health promotion and also can be found on the page for Reducing Exposure to Environmental Tobacco Smoke:

- Smoking Bans & Restrictions-Recommended Intervention.

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<sup>11</sup> Guide to Community Preventive Services. Reducing Secondhand Smoke Exposure.

<http://www.thecommunityguide.org/tobacco/environmental/index.html> Last Updated 6/14/2012 .

<sup>12</sup> Guide to Community Preventive Services. Restricting Minor's Access to Tobacco Products.

<http://www.thecommunityguide.org/tobacco/restrictingaccess/index.html>

Last Updated 09/01/2010.

<sup>13</sup> Guide to Community Preventive Services. Decreasing Tobacco Use Among Workers.

<http://www.thecommunityguide.org/tobacco/worksite/index.html> Last Updated 08/31/2010.

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**Appendix C:** Community Health Assessment Survey Results

**Appendix D:** Summary Health and Human Service Providers

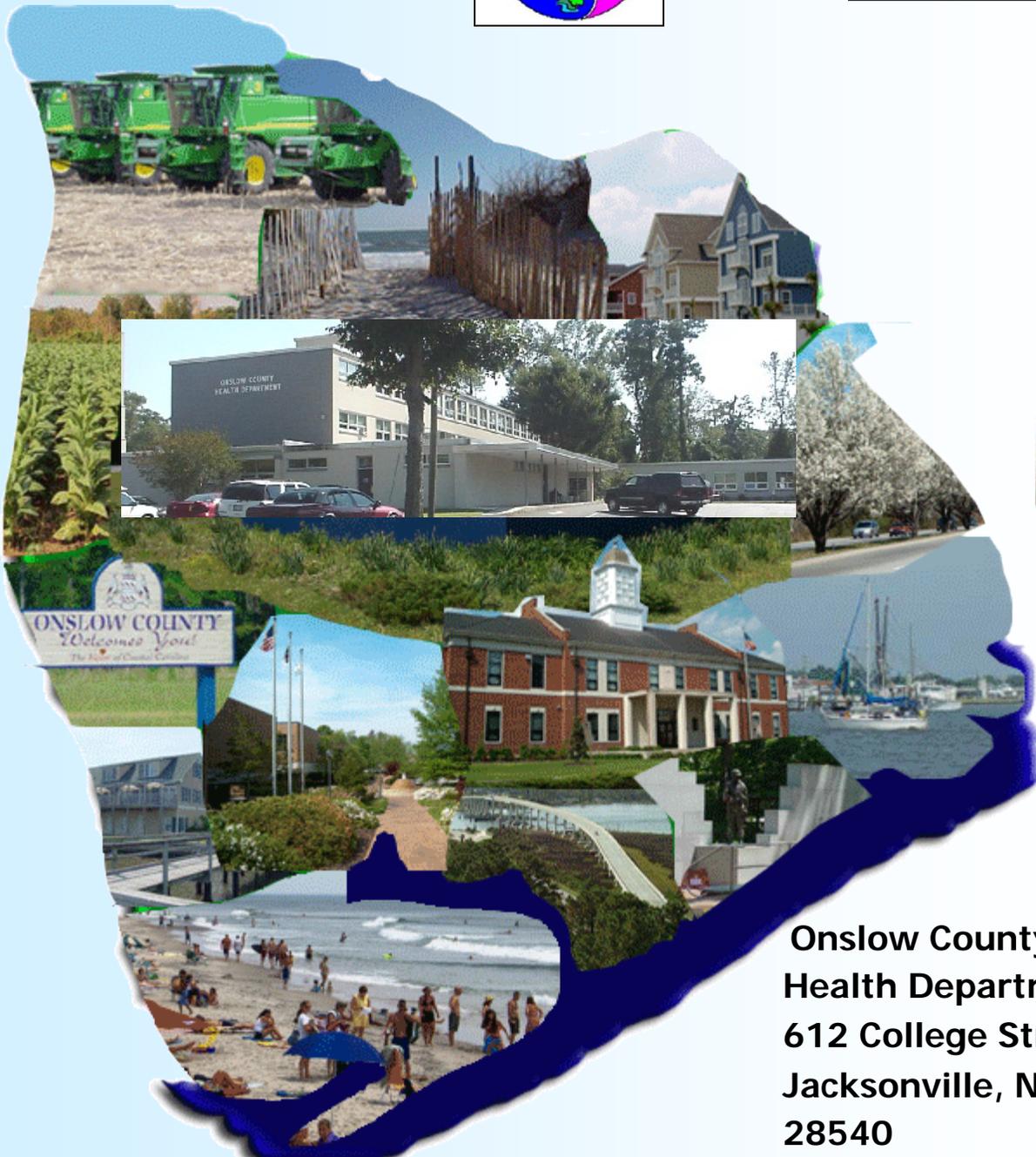
**Appendix E:** Summary of Providers; Physicians, Dentist, Pharmacists

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# 2012 Onslow County Community Health Assessment Summary



**Onslow County  
Health Department  
612 College Street  
Jacksonville, NC  
28540**

# Introduction

The goal of the Community Health Assessment is to identify priority health issues and to develop strategies to build a healthier community

Onslow County is an evolving community with a diverse population, continued growth, and a strong military presence — all factors that make our community an exciting place to live, work, and play. Over the past year, Onslow County Health Department and partner organizations conducted an extensive assessment of the county to evaluate its overall health.

## Why Conduct a Community Health Assessment?

The North Carolina Department of Health and Human Services requires that all local health departments complete a Community Health Assessment every four years. In addition, a State of the County Health Report is completed annually to review key health indications. Such regular assessments allow public health practitioners and officials to monitor trends in the community, effectively set goals, and plan for ways to continue to meet the changing needs of the community and target populations.

Over the past year, members from the Onslow County Health Department and the Community Health Assessment Team have worked together to take a comprehensive approach to assessing our community's health by gathering opinions from citizens and collecting data from local, state, and national resources. The ultimate goal of this process is to improve the overall health of the community's residents.

We accomplish this goal by first understanding the general health of the community and then establishing action plans that later become the community's health priorities. This process is driven by the input of the Onslow County residents combined with the priorities of numerous health human service organizations that work to address the county's health needs.

# Health Defined

## What is Health and How is it Monitored?

Health, is more than just the absence of disease. Health is influenced by an individual's genes, behaviors, and environment. The state of North Carolina has established the Healthy Carolina 2020 objectives with the goal of improving health by promoting healthy lifestyles and preventing unhealthy behaviors. These objectives include goals from the following areas:

- Tobacco Use
- Physical Activity and Nutrition
- Injury and Violence
- Maternal and Infant Health
- Sexually Transmitted Disease and Unintended Pregnancy
- Substance Abuse
- Mental Health
- Oral Health
- Environmental Health
- Infectious Disease and Food borne Illness
- Social Determinants of Health
- Chronic Disease
- Cross-Cutting
  - Increase average life expectancy (years)
  - Increase the percentage of adults reporting good, very good or excellent health
  - Reduce the percentage of non-elderly uninsured individuals
  - Increase the percentage of adults who are neither overweight nor obese



Volunteers made up the majority of the survey team members



Maternal and Infant Health is a Healthy Carolina Goal

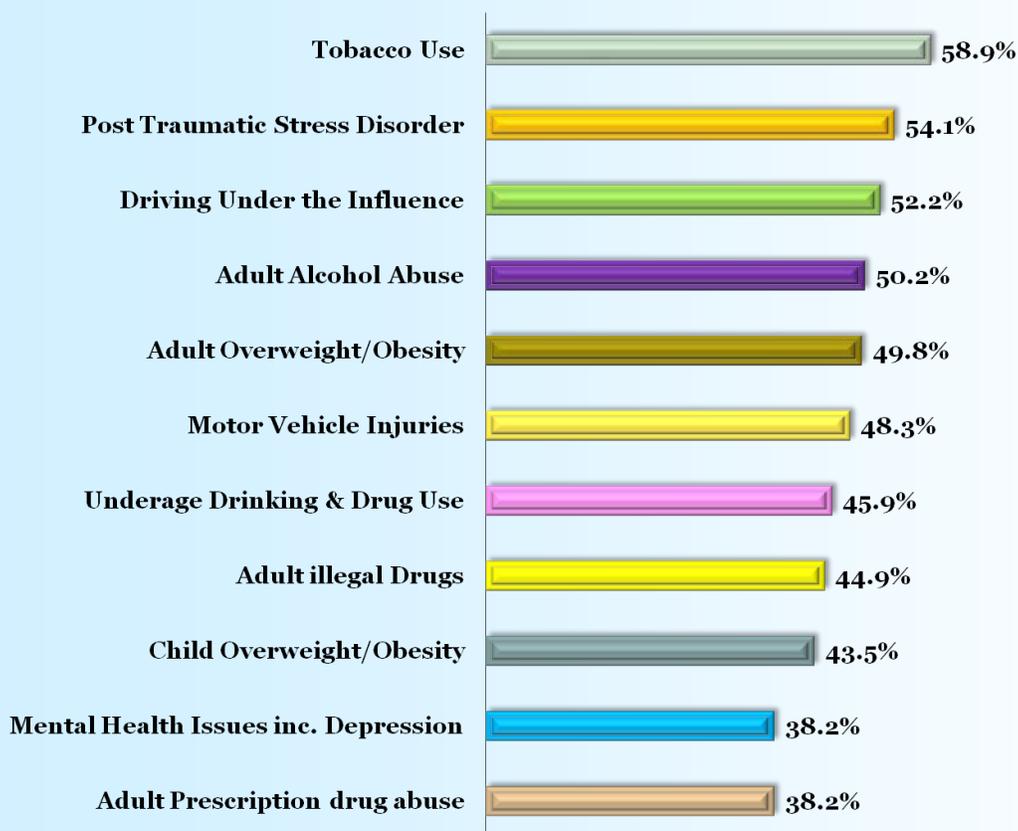


Receiving a flu shot is an example of a healthy behavior

# Community Views

An integral part of the Community Health Assessment process is to identify the community health-related priorities for Onslow County and to generate strategies that will serve as the foundation for community health action plans. This chart reflects the health issues which were identified by Onslow County residents as being the most significant for the community. Many of the residents' health concerns are also shared by local and state health agencies.

## Top 10 Overall Health Issues



*The median age in Onslow County is 26 years , making it the youngest county in the State.*

# Health Issues

## Health Behaviors

Measures of health behaviors, such as tobacco use, obesity, physical inactivity, excessive drinking, car accidents, and sexually transmitted infections, all contribute to the health profile of the local community. Comparing Onslow County's statistics with state and national benchmarks is also useful in evaluating a community's health and determining the seriousness of the behavior.

The following health issues were identified as problematic by local, state, and national benchmarks.

### Tobacco Use

Tobacco use has been on a slow, but steady decline over the last 5 years at both the state and county level. However, Onslow County has a higher percentage of smokers than the state – roughly 1 person out of every 3-4 people in Onslow County smokes.



### Adult Obesity

Almost 1 in 3 adults in Onslow County are overweight or obese. A higher percentage of adults in Onslow County are overweight or obese than in other parts of North Carolina. Obesity is a key factor in the development of diabetes which is increasing in Onslow County.



### Physical Inactivity

One in every 5 adults in Onslow County report no leisure time physical activity. Decreased physical activity is associated with many health problems, such as diabetes, cancer, stroke, high blood pressure, heart disease, and early death.

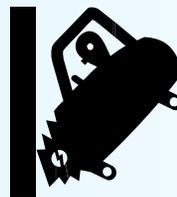


### Excessive Drinking

Almost 1 in 5 Onslow County residents report excessive drinking. Onslow County has a higher rate of excessive drinking than most North Carolina counties. Excessive drinking includes *binge drinking* of 4-5 alcoholic drinks at one time on a monthly basis or *heavy drinking* of 1-2 alcoholic drinks every day.

### Motor Vehicle Crash Deaths:

Last year 241 people died in Motor Vehicle accidents in Onslow County. Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 population which means Onslow County's rate is 22 and is slightly higher than the state average of 19. Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes.



### Sexually Transmitted Infections (STI)

Sexually transmitted diseases are the largest category of reportable communicable diseases in Onslow County. The most common STD reported in Onslow County is Chlamydia – on average, there are over 10 cases of Chlamydia per month. Onslow County experiences much higher rates of STI than other parts of the state, most likely related to our young population who are in their prime reproductive years.

# Health Priorities

## Health Priorities

The final steps in the assessment process are setting priorities and making recommendations for what action plans will be developed and implemented to support community health initiatives. The two health priorities that have been identified and will be the subject of the action plans are tobacco use and adult overweight/obesity. These two were chosen based on several criteria:

- Onslow County scored worse than state percentages in these two categories.
- Healthy Carolina 2020 has objectives for both of these issues:
  - Decrease the percentage of adults who are current smokers.
  - Decrease the percentage of people exposed to secondhand smoke in the workplace.
  - Increase the percentage of adults who are neither overweight nor obese.
- Residents identified tobacco use and adult overweight/obesity as top 10 health issues for the community to address.
- Community specialists also identified these as significant issues within the county.
- Tobacco use and adult overweight/obesity are issues for which the Health Department and its partners have the personnel, resources, and expertise to support programs, policies, and procedures to positively impact these priorities.

## Next Steps

Plan

Identify

Resources

Action

Evaluation

The Health Department and partners will draft Action Plans for each of the health priorities. Each plan will include measurable and achievable goals.

Identify at risk groups based on selected health priorities.

Current community resources and existing programs will be identified to assist with implementation of the Action Plans.

The Action Plans will be implemented through multi-level interventions.

Results will be evaluated at pre-set intervals resulting in a healthier community.





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COUNTY OF ONSLOW

November 26, 2012

Citizens of Onslow County:

Onslow County is a growing and evolving community. Our population diversity, continued growth, increasing urbanization, and military presence make our county an exciting place to live, work, and play. These same factors challenge our system of services and drive the need for evolution and change in our programs to meet our community's needs. The Onslow County Community Health Assessment allows us to compile and analyze accurate, up-to-date information that assists our citizens, leaders, and service providers in planning for our changing needs.

The development of this document was a collaborative effort between numerous agencies in our county that involved direction from community stakeholders, facilitation by Onslow County Health Department, and input from a random sample of citizens that represent our population. The Community Health Assessment team obtained and reviewed data and results from community surveys and various resources available within the state. The final report offers an overview of Onslow County, including demographics, geography, and history. The majority of the document is divided into seven areas: physical health, lifestyle and behavioral issues, mental and behavioral health, education, economics, safety, and environmental health.

The Executive Summary presents an overview of findings from each of the key areas and summarizes areas of strength and concern in our community. The Community Health Assessment team identified the most urgent and encompassing issues expected to be faced by Onslow County over the next four years. These findings and key priorities are being used by leaders and community members from Onslow County to develop action plans that use our community strengths to address identified needs. The action plans invite unity around a common vision of a healthier, safer, and supportive community for all Onslow County residents.

To assure that our community is the best that it can be, we must first have the knowledge of what needs to be done, and secondly, the will for positive change. This document is the knowledge of what we need to do; the residents of Onslow County are the will. Please join us as we move forward in this process of evolution and change.

Respectfully,

George R. O'Daniel  
Health Director

## Special Thanks

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On behalf of the Onslow County Health Department, we are pleased to offer special thanks to the many individuals and organizations that supported the 2012 Onslow County Community Health Assessment by attending meetings, gathering data, providing input, and taking time out from their busy schedules to focus on the needs of the community. Without their support, this process would not have been possible. The Health Department would like to acknowledge the outstanding support provided by the United Way of Onslow County and Onslow CHIP (Community Health Improvement Process).

### Individuals

- Dennis Yeddo, MCCA, Semper Fit Division
- Jessica Howard, MPH, CPH, University of South Florida
- Kristina Nelson, BSPH, University of North Carolina – Greensboro
- Matt Simon, GIS Analyst & Research Associate, UNC Center for Public Health Preparedness
- US Marines of the 8<sup>th</sup> Engineering Services Battalion for enduring and overcoming the unique challenges they were presented with while conducting survey interviews.
- All Onslow County citizens who volunteered their time to participate in the survey.

### Community Health Assessment Committee & Primary Data Collection Organizations

- Access III Carolina Access Medicaid
- Belgrade Community Action Association
- Camp Lejeune Marine Corps Community Services
- Carteret County Health Department
- City of Jacksonville
- CoastalCare
- Coastal Carolina Community College
- Community Care Lower Cape Fear
- Community Prevention Services, Inc.
- Crystal Coast Community Services
- Eastern Carolina Human Services Agency, Inc.
- Jacksonville - Onslow Chamber of Commerce
- Jacksonville Police Department
- Medical Reserve Corps
- NC Cooperative Extension
- NC Oral Health Section
- Onslow CHIP (Community Health Improvement Process)
- Onslow Community Outreach
- Onslow County Cooperative Extension
- Onslow County Department of Health & Human Services – Oral Health Section
- Onslow County Department of Social Services
- Onslow County Department of Youth Services
- Onslow County Health Department
- Onslow County Partnership for Children
- Onslow County Planning Department
- Onslow County Schools
- Onslow County Solid Waste/Landfill

- Onslow County Emergency Management
- Onslow Memorial Hospital
- Public Health Preparedness & Response – Eastern Division
- Town of North Topsail Beach
- United States Marine Corps
- United States Navy
- United Way of Onslow County
- University of North Carolina- Chapel Hill, Team Epi-Aid

#### Media

- Jacksonville Daily News

## Health Statistics Methodology

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

### Health Statistics Definitions

#### Primary data

Data that is collected by staff through survey, phone calls, listening sessions, interviews, etc.

Onslow County performed online provider surveys and door-to-door survey data collection using a two-stage cluster sampling method. For more detailed information on Onslow County's primary data collection methods, please refer to the section entitled "*Primary Data Collection Methodology*".

#### Secondary data

Data which is collected by another organization other than the agency requiring the data. Secondary data may be used to supplement primary data by giving a more complete picture of the information being presented or by allowing comparison with other agencies, entities or areas.

The Community Health Assessment Process utilizes both sources of primary and secondary data as revealed throughout the report.

#### Age-adjustment

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

#### Aggregate Data

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

## Rates

A rate is a measure of the frequency with which an event occurs in a defined population in a defined time (e.g., number of deaths per hundred thousand North Carolinians in one year). It has a time dimension whereas a proportion (e.g., number of North Carolinians with cancer divided by the total population) does not.

## Ratios

The value obtained by dividing one quantity by another is a ratio, for example, the male to female ratio in a workplace. A ratio often compares two rates, for example, comparing death rates for women and men at a given age. The important difference between a rate and a ratio is that for a rate, the numerator is included in the population defined by the denominator (e.g., number of new cases of a disease divided by the total population). This is not necessarily so for a ratio. In a ratio, the numerator and denominator are usually separate and distinct quantities, neither being included in the other (e.g., number of males in an office compared to the number of females).

## Incidence

Incidence = Number of *new* cases in a fixed time period / Number of people at risk. It may be measured as a frequency count, a rate or a proportion. Usually, the period of study is chosen to be one year, in which case we speak of the *annual incidence*. This gives a *proportion*, ranging from 0 to 1, that is useful in communicating the idea of risk: what is the probability that my patient will get this disease within the time-frame? <sup>1</sup>

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

### Incidence

Incidence is calculated according to the following formula:

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

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

## Mortality

Mortality is calculated by dividing the number of deaths due to a specific disease in a given time period by the population size in the same time period. Like incidence, mortality is a *rate*, usually presented as number of

<sup>1</sup> Measures of Disease Occurrence. Updated August 23, 2011. [http://www.med.uottawa.ca/sim/data/Epidemiology\\_rates\\_e.htm](http://www.med.uottawa.ca/sim/data/Epidemiology_rates_e.htm)

deaths per 100,000 residents. Mortality rates are easier to obtain than incidence rates since the underlying (or primary) causes of death are routinely reported on death certificates. However, some error can be associated with cause-of-death classification since it is sometimes difficult to choose an underlying cause of death from potentially many, co-occurring conditions.

### **Mortality**

Mortality is calculated according to the following formula:

Mortality Rate = number of deaths from disease X 100,000 = deaths per 100,000 people Population size

### **Prevalence**

Prevalence, which describes the extent of a problem, refers to the number of existing cases of a disease or health condition in a population at a defined point in time or during a time period/number of people at risk. Prevalence expresses a *proportion*, not a rate.<sup>2</sup> Prevalence is influenced by the incidence and by the duration of the condition and provides a good way to indicate the burden of disease in a population. It is not used extensively in this report.

### **Trends**

Data for multiple years are included in this report wherever possible. Since comparing data on a year-by-year basis can yield very unstable trends due to the often small number of cases and deaths per year in Onslow County, the preferred method for reporting incidence and mortality trend data is long-term trends using the age-adjusted aggregated format. Most data points used in the report are standardized to the projected 2010 US population.

### **Behavioral Risk Factor Surveillance System (BRFSS) Data**

Every year North Carolina residents from across the state participate in a statewide CDC-sponsored Behavioral Risk Factor Surveillance System (BRFSS) survey. Results from the survey can be used to estimate the prevalence of certain conditions, behaviors and diseases.

In 2010 Onslow County residents participated in a BRFSS telephone survey. BRFSS data will be included in this report where appropriate; however, it is important to note that all “diagnostic” type responses are self-reports, and that geographically or demographically stratified results are based on sometimes small sample sizes; therefore, all BRFSS data should be interpreted with caution.

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<sup>2</sup> A Dictionary of Epidemiology. Fifth Edition. Edited by Miquel Porta. 2008.  
<http://jpkc.fudan.edu.cn/picture/article/189/c4/24/81c086374fd8a31d9be7208bbb80/eb7e72b0-3b41-4b6b-8b23-168950e0e794.pdf>

## Primary Data Collection Methodology

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Primary data was collected by using a two-stage cluster sampling scheme employing Geographic Information Systems technology. This technology was originally developed by the World Health Organization with the intent to calculate the prevalence of immunized children in different areas of the world. Many local health departments have been able to successfully use this technology for community health assessments or disaster readiness preparation. In order to understand cluster sampling, which involves dividing the population of interest into geographically distinct groups, usually census blocks or block groups, one must understand the following:<sup>1</sup>

**Census blocks:** the smallest census unit, formed by streets, railroads, streams and other bodies of water, other visible physical and cultural features, and the legal boundaries shown on Census Bureau maps. Census blocks never cross county boundaries.

**Block groups:** clusters of census blocks. Block groups usually include between 200 and 600 housing units (between 600 and 3,000 people, with an ideal size of about 1,500 people).

For primary data collection, a “30 x 7” method was used, which is an example of a *two stage cluster sample*. In a 30 x 7 method, 30 census blocks are randomly selected from all the census blocks in the county (stage 1), and then seven interview sites are randomly selected in each block (stage 2). This methodology allows surveyors to obtain a sample that will ensure those interviewed represent the target population, or Onslow County as a whole.

This method employed the use of Geographic Information Systems technology in which 15 teams of two people each were deployed to designated census blocks where interviews were completed and entered into an electronic PDA, or Trimble©. Once a team completed its allotted surveys, the PDA was returned, and the interviews collected were downloaded into Epi Info™ software provided by the CDC, which tallied all responses. A total of 207 surveys were gathered in Onslow County, only slightly falling short from the goal of 210 surveys, to produce a statistically significant random sample, or a sample that is representative of Onslow County as a whole.

Special thanks are extended to all volunteers who assisted in survey collection to include members from the Onslow County Health Department, United States Marine Corps, United States Navy, UNC-CH Team Epi-Aid, and finally Onslow County citizens, who devoted their time and shared their insight by completing the survey.

Benefits of the “30 x 7” method and use of GIS technology and Epi Info™ software include:

- Attainment of a statistically significant, random sample which can be applied to the Onslow County population as a whole
- Rapid collection of data that was completed within two days
- Elimination of manual entry of survey results, which saves time and eliminates human error
- Basic knowledge provided to an array of community service members related to rapid needs assessment.

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<sup>1</sup> “A Guide to Sampling for Community Health Assessments and other Projects”, <http://nccphp.sph.unc.edu/PHRST5/>

## Primary Data Collection Methodology-Formulas

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### Formulas/2012 Community Health Assessment Results:

#### Success Rate

Also called the completion rate, the success rate is a measure of how close the survey staff was to reaching the goal. For example, if the goal was to complete 210 survey questionnaires and 200 were actually completed, then the success rate would be 200/210 or 95.2%. Success rates below 80% (168 out of 210) result in an unacceptably low number to represent the sampling frame. Efforts should be made to ensure that clusters with a low response are revisited to ensure sufficient numbers.

<u>Number of Completed Interviews</u>	=	<u>IC</u>	Completed Interviews 2012 CHA	207
Survey Goal (30*7)		210	Goal	210
			<b>Success rate</b>	<b>98.6%</b>

#### Cooperation Rate

The cooperation rate is the proportion of housing units where contact was made and an interview was conducted. The denominator includes all completed interviews, incomplete interviews and refusals. Homes where a language barrier prevented the successfully completion of an interview are also included. This is often called the response rate and typically falls between 60-80% for household interviews. Rates below 60% may indicate the potential for bias in the results, but they do not necessarily mean that bias exists.

<u>Number of Completed Interviews</u>	=	<u>IC</u>	Completed Interviews	207
All Homes where contact was made		IC+IR+LB	Contact Made	293
			<b>Cooperation Rate</b>	<b>70.6%</b>

#### Contact Rate

The contact rate is the proportion of housing units where contact was attempted whether or not an interview was successful. The denominator includes all completed interviews, incomplete interviews, refusals and non-responses, including where a home was abandoned or unoccupied. Contact rates are often used as a measure of the amount of effort involved in carrying out the survey.

<u>Number of completed interviews</u>	=	<u>IC</u>		
All homes where contact was attempted		IC+IR+LB+NO+NE		
Completed Interviews	207			
Contact Attempted	593			
<b>Contact Rate</b>	<b>34.9%</b>			

## Chapter 1: Community Profile

Settled in 1713 by European and English settlers, Onslow County was officially formed in 1734 and is one of North Carolina's oldest counties. It is named for the Honorable Arthur Onslow, who was Speaker of the British House of Commons for more than 30 years. When a disastrous hurricane struck in 1752, the county courthouse was relocated from Town Pointe to Wantland's Ferry, which was eventually incorporated in 1842 and re-named Jacksonville after President Andrew Jackson.



County Courthouse, 1920, Photo from Onslow County Website

The county changed dramatically in the early 1940s when the Army's Camp Davis (now closed) was established near Holly Ridge and the decision was made to locate Camp Lejeune in the county on December 15, 1940. Prior to that time, the county was largely a collection of sparsely populated agrarian and maritime communities.



Pelletier House, 1905, Photo from Onslow County Website

Today, Onslow County includes over 700 miles of flat, gently rolling terrain. Its location in the southeastern coastal plain of North Carolina is approximately 120 miles east of Raleigh and 50 miles north of Wilmington. The City of Jacksonville remains the county seat, and the areas surrounding the city constitute the major population centers and growth areas in the county.

The county is home to 182,687 people and includes the incorporated towns of Holly Ridge, Richlands, Swansboro, North Topsail Beach, and part of Surf City as well as the unincorporated Sneads Ferry. Approximately 150,000 acres comprise the U.S. Marine Corps Base Camp Lejeune and more than 45,000 Marines and Sailors are stationed there.

Within a few days the population doubled from 800, and hundreds more workers came to the area to work on defense projects as part of the war effort. Property values escalated according to how close land was to the base. The Riverview hotel, located where the USO now sits, was taken over by the Navy as construction headquarters. The Register of Deeds office stayed open late into the night to accommodate the recording of the deeds of all the property being sold.

Today, Onslow County includes over 700 miles of flat, gently rolling terrain. Its location in the southeastern

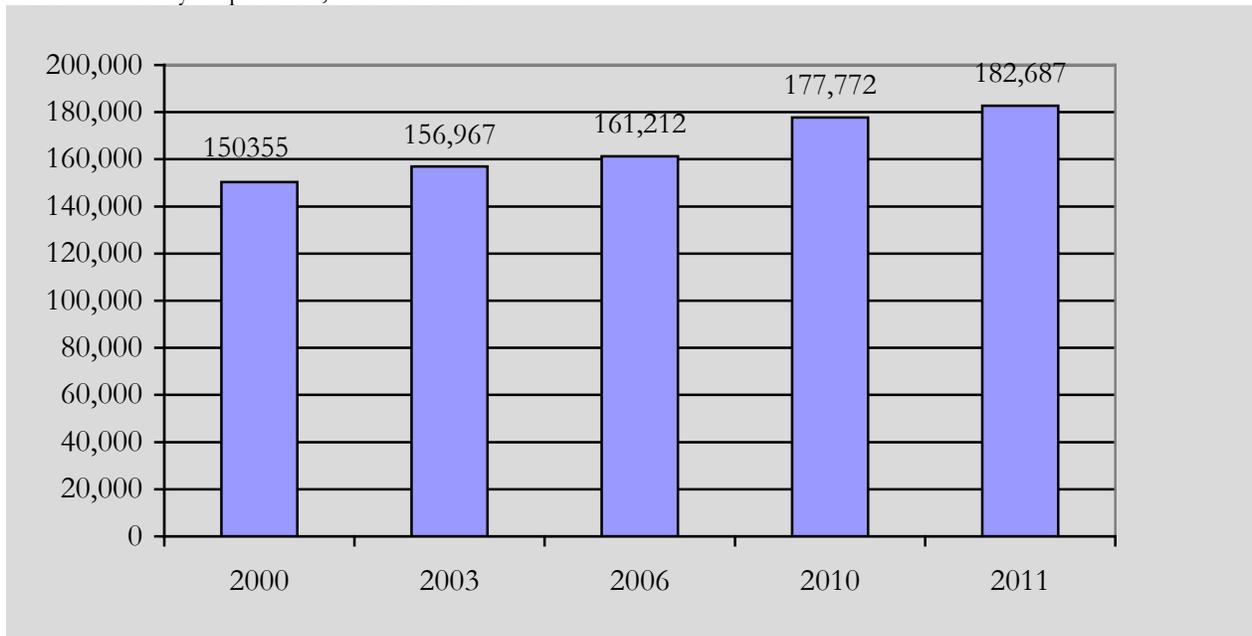


Richlands Hardy Hotel, 1890s, Charles Anderson Farrell Photo from Onslow County Website

## COUNTY DEMOGRAPHIC

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Onslow County has seen a steady rise in population during the past eleven years:  
Onslow County Population, 2002 - 2011<sup>1</sup>

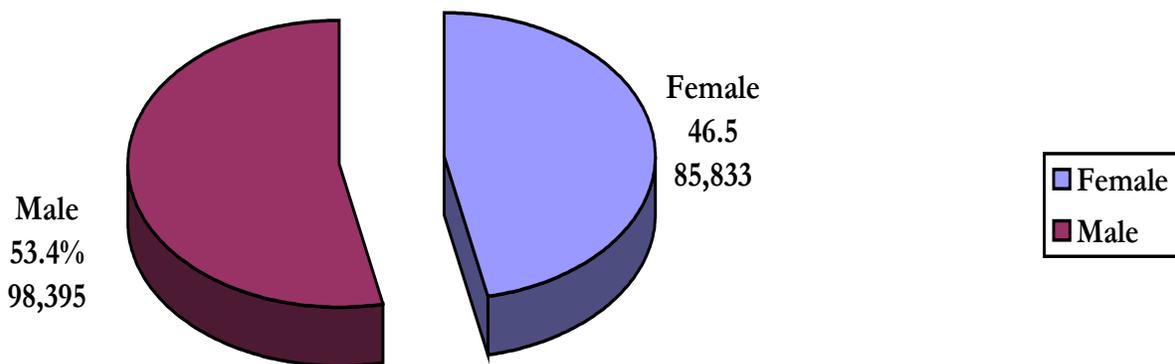


The population Percent Change from 2000-2010 for Onslow County was 18.2% which closely followed the North Carolina state growth rate of 18.5% for the same time period.

## ONSWLOW COUNTY GENDER DISTRIBUTION 2010<sup>2</sup>

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These percentages are similar to previous years as shown in Office of State and Budget and Management statistics.



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<sup>1</sup> U.S. Census Bureau; NC Office of State Budget and Management.

<sup>2</sup> Office of State Budget & Management

## ONSLow COUNTY RACE DISTRIBUTION <sup>3</sup>

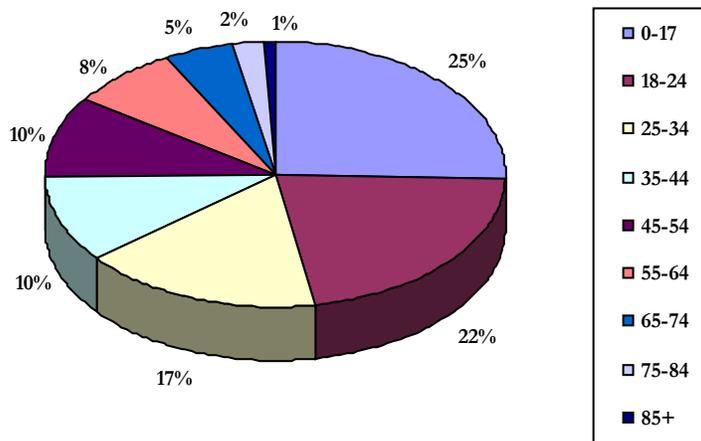
White Non-Hispanic	68.9%
Black African-American	15.0%
Hispanic	10.1%
Bi-racial	3.3%
Asian	1.8%
Indian	0.6%
Islander	.02%
Other	.02%

## ONSLow COUNTY AGE DISTRIBUTION

In July 2011 Onslow County had the youngest median age of all counties in North Carolina with a median age of 26.8 years old. In contrast, the state median age was 37.6 years old. Age distribution was based on Onslow County population of 182,687 and a state population of 9,669,244.

In July 2011, the age distribution of Onslow County was as follows:

Onslow County Age Distribution, July 1, 2011<sup>4</sup>

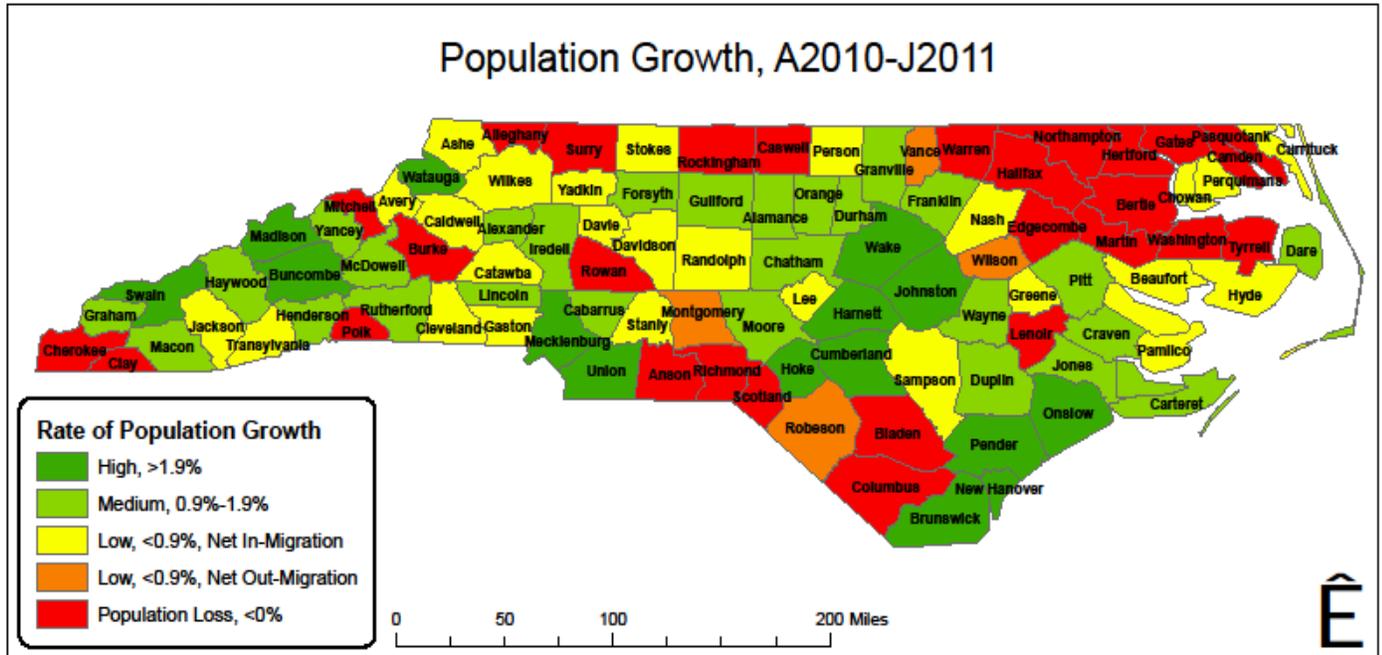


<sup>3</sup> North Carolina Office of State Budget and Management

<sup>4</sup> North Carolina Office of State Budget and Management, Population Estimates and Projections, County Estimates

## COUNTY POPULATION GROWTH 2010-2020<sup>5</sup>

The following is an estimate of projected population growth. The State Demographics branch of the Office of State Budget Management is responsible for producing population estimates and projections. Projections indicate that the population of Onslow County will grow by 22.8 % by July 2020 with a total population of 218,021. This is a growth of 40,249 from the April 2010 population estimate of 177,772.



## MILITARY

Marine Corps Base (MCB) Camp Lejeune, NC is the largest amphibious training base and is home to over 46,000 Marines and Sailors, the largest single concentration of Marines in the world. Camp Lejeune encompasses an estimated 150,000 acres, including the onshore, near shore, and surf areas in and adjacent to the Atlantic Ocean and the New River. The installation includes 11-nautical miles of coastline, 246 square miles of land area with over 101,000 acres of usable training area and 200 square miles of special use airspace.

Additionally, Marine Corps Air Station (MCAS) New River, often included as part of MCB Camp Lejeune and located adjacent to the main base, is home to all flight operations that support ground combat forces located at MCB Camp Lejeune. A large portion of the Onslow County population is affiliated with either MCB Camp Lejeune or MCAS New River.

## Onslow County Population Affiliated with Military Installations 30SEP 2010<sup>6</sup>

	Active Duty	Active Duty Family Members	Civilian Employees
MCB Camp Lejeune	46,634	59,696	5,794
MCAS New River	6,996	8,920	1,080
Totals	53,630	68,616	6,874

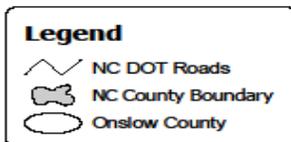
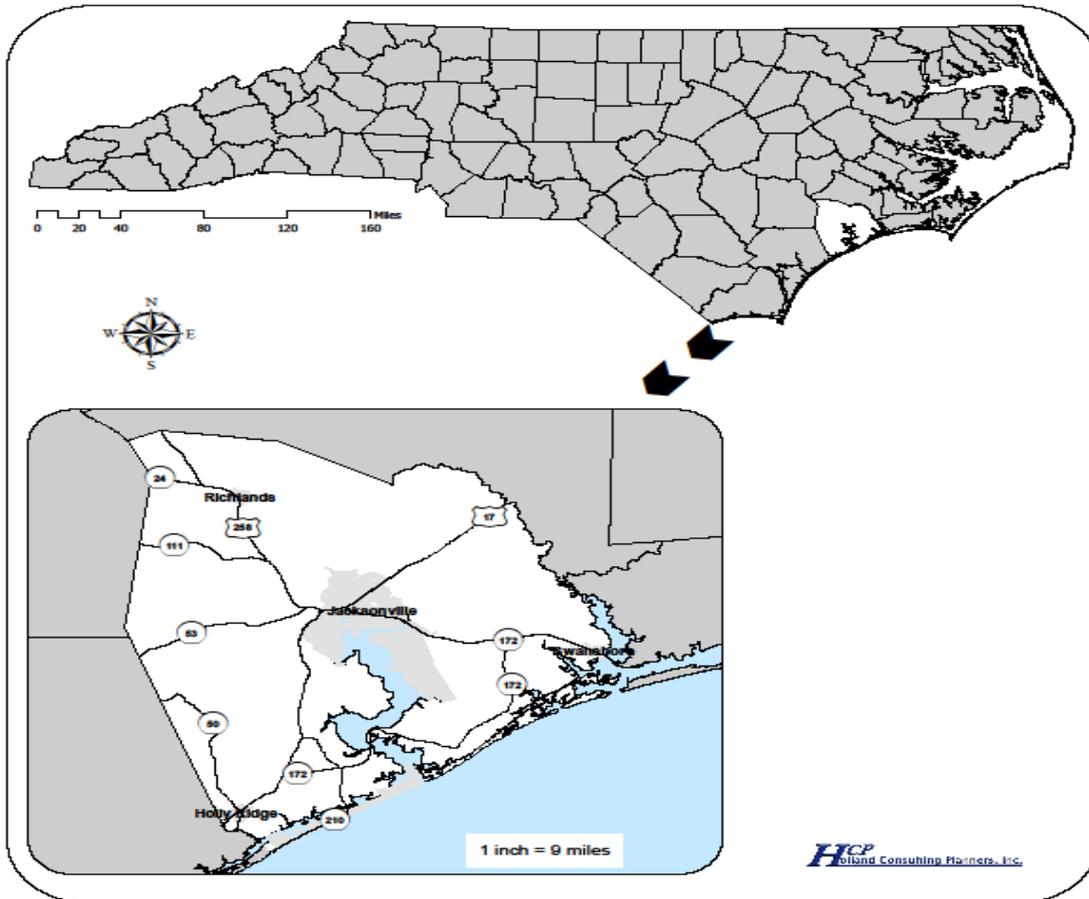
<sup>5</sup> [http://www.osbm.state.nc.us/ncosbm/facts\\_and\\_figures](http://www.osbm.state.nc.us/ncosbm/facts_and_figures)

<sup>6</sup> Marine Corps Liaison for Government and External Relations MCB Camp Lejeune/MCSA New River

## Geography

Onslow County consists of flat, gently rolling terrain that spans 767 square miles. It is located in the southeastern coastal plain of North Carolina approximately 120 miles east of Raleigh and 50 miles north of Wilmington. The primary cities and towns are as follows:

- City of Jacksonville
- Richlands Township
- Town of Surf City (Part)
- North Topsail Beach
- Town of Holly Ridge
- Town of Swansboro



**MAP 1**  
**Onslow County,**  
**North Carolina**  
**Land Use Plan**  
***Regional Location***

Map 1

## City of Jacksonville



Photo from City Data, Jacksonville, NC Website

### Community Characteristics:

A once quiet farming community, Jacksonville is now the commercial hub of Onslow County and has grown into the business, retail, banking, medical, and social center of the county. The city is home to Marine Corps Base Camp Lejeune and Marine Corps Air Station New River.

### Community Contact Information:

Primary Address: City of Jacksonville  
PO Box 128  
Jacksonville, NC 28541

Primary Phone: 910.938.5200

Website: [www.ci.jacksonville.nc.us](http://www.ci.jacksonville.nc.us)

## Town of Richlands



Photo from City of Richlands Website

### Community Characteristics:

Richlands emerged as an agricultural center and became the site of the first graded school, the first public high school and the first library in the county. Today, Richlands is the home of the Onslow County Museum, which features changing exhibits reflecting the history of the area.

### Community Contact Information:

Primary Address: Richlands Township  
302 N. Wilmington Street  
Richlands, NC 28574

Primary Phone: 910.324.3301

Website: [www.richlandsc.gov](http://www.richlandsc.gov)

## Town of Surf City



Photo from Town of Surf City Website

### Community Characteristics:

Named for its coastal location, Surf City was chartered in 1949 and is the largest of the three Island towns on the 26-mile long barrier island known as Topsail Island. Linked to the mainland by a swing bridge, it is situated on highways 210 and 50 and is the only town that spans both Pender and Onslow counties. Governed by a council-manager form of government, the council consists of a mayor and five council members, who appoint the town manager.

Home to the Island's only stop light, Surf City is considered Topsail Island's commercial center and is home to many restaurants, unique shops, and nightclubs. It is the Island's fastest growing town and has seen an increase in the construction of quality homes and the addition of several new businesses, including two boat storage facilities.

### Community Contact Information:

Primary Address: Town of Surf City  
PO Box 2475  
Surf City, NC 28445

Primary Phone: 910.328.4131

Website: [www.townofsurfcity.com](http://www.townofsurfcity.com)

## North Topsail Beach



Photo from North Topsail Beach Website

### **Community Characteristics:**

North Topsail Beach, the northernmost town on the 26-mile barrier island known as Topsail Island, is a residential community with oceanfront resort condominium complexes and rental cottages. With only two restaurants and a pizza shop, North Topsail Beach's residents and visitors depend on neighboring cities for most of their shopping and entertainment.

### **Community Contact Information:**

Primary Address: North Topsail Beach  
2008 Loggerhead Court  
North Topsail Beach, NC 28460

Primary Phone: 910.328.1349

Website: [www.north-topsail-beach.org](http://www.north-topsail-beach.org)

## Town of Swansboro



Photo provided by Town of Swansboro

### **Community Characteristics:**

Known as “The Friendly City by the Sea,” Swansboro is a picturesque village and port located at the mouth of the White Oak River. It is listed on the national register of Historic Places. The town has a rich maritime history which spans Colonial and Civil War eras. Unique shops and original homes have been restored to preserve this history. Bicentennial Park on the waterfront features a statue of local hero, Otway Burns, a privateer and builder of the first steamboat constructed in North Carolina.

### **Community Contact Information:**

Primary Address: Town of Swansboro  
502 Church Street  
Swansboro, NC 28584

Primary Phone: 910.326.4428

Website: [www.swansboro-nc.org](http://www.swansboro-nc.org)

## Town of Holly Ridge



Photo from Town of Holly Ridge Website

### Community Characteristics:

Located on US Highway 17 South, the Town of Holly Ridge is the last town to pass through prior to leaving Onslow County. When Holly Ridge was incorporated in 1941, the population was 28. In 1943, Camp Davis opened, which housed both Army and Navy troops, and the population swelled to 110,000. Today, the population is over 1,100 residents, and the town has an elected Mayor, Town Council, and Town Manager.

### Community Contact Information:

Primary Address: Town of Holly Ridge  
212 N. Dyson Street  
Holly Ridge, NC 28445

Primary Phone: 910.329.7081

Website: [www.townofhollyridge.com](http://www.townofhollyridge.com)

## Marine Corps Base (MCB) Camp Lejeune



Photo from Jacksonville-Onslow Chamber of Commerce Press Kit

### Community Characteristics:

In 2007 The United States Marine Corps announced a five-year plan to increase the nation's total number of active duty Marines to 202,000 by 2011. The five year plan, entitled the "Grow the Force Initiative," had a substantial impact on Marine Corps Base Camp Lejeune, Marine Corps Air Station New River in Onslow County and no less than six other counties in North Carolina's eastern region. The addition of thousands of marines and their families to eastern North Carolina was an economic opportunity for the region.

The impact on Onslow County was significant as approximately 9,900 active duty troops and civil servants were added to Camp Lejeune and MCAS New River over the five-year period. Military experts anticipated that these troops and civil servants brought with them 11,000 dependents, including nearly 3,500 school age children. All of Onslow County was impacted by the increased military personnel as their arrival drove the demand for more schools, restaurants, stores and housing. The need for water and sewer resources as well as county and health services also increased.

In January 2012, the United States Marine Corps announced that it would lose approximately 20,000 troops as part of substantial cuts in the defense budget. As part of the efforts to cut \$487 billion over 10 years, the Department of Defense will cut total spending by 22% from 2010 levels.

Marine Corps leaders have asked for a reduction in force from 202,000 to 186,000 troops. The II Marine Expeditionary Force, headquartered in Camp Lejeune, is expected to lose 7,000 troops in the restructuring, including the Ninth Marine Regiment that was activated in 2007 as part of the Grow the Force Initiative. While no specific timeline for the reduction has been established, previous reductions in force have been gradual through attrition.

According to U.S. Census data, Onslow County received \$2.9 billion in federal dollars in 2010. More than \$2.1 billion of that money came from military salaries and projects. The Bureau of Economic Analysis

estimated that 67% of all incomes in Onslow County are earned from military or federal civilian jobs. The only county in North Carolina that receives greater military dollars from salaries than Onslow is Cumberland, where Fort Bragg is located.

Primary Address: MCB Camp Lejeune Public Affairs Office  
PSC Box 20004  
Camp Lejeune, NC 28542

Primary Phone: (910)451-1110

Website: <http://www.lejeune.marines.mil/>

**Marine Corps Air Station (MCAS) New River**



Photo from MCAS New River Website

### **Community Characteristics:**

MCAS New River is the primary United States Marine Corps helicopter base on the East Coast and supports aircrew training for the helicopters operated by Marine Corps aviation units. McCutcheon Field is named in honor of Brigadier General Keith B. McCutcheon, one of the pioneering figures of Marine helicopter aviation.

New River is also the East Coast home of the Marine Corps' variant of the V-22 Osprey, the most innovative and capable rotary winged aircraft in military aviation history. The unmistakable pounding of rotor blades through Onslow County skies serves notice that the future of Marine Corps aviation calls Jacksonville, North Carolina its home.

### **Community Contact Information:**

Primary Address: MCAS New River Public Affairs Office  
PSC Box 210002  
Jacksonville, NC 28545

Primary Phone: 910.449.5432

Website: <http://www.newriver.marines.mil/>

## Chapter 2: Physical Health

A thorough analysis of Onslow County is incomplete without discussion of physical health. This chapter discusses new trends and ongoing physical health issues with special emphasis on conditions that occur in the major life phases: maternal and infant, child, adult, and senior.

### Leading Causes of Death

Leading causes of death are useful health indicators and are often evaluated to target selected populations for public health programs. Analyzing death rates from specific diseases within Onslow County allows us to profile mortality and identify unusual trends.

### Adults

The State of North Carolina Center for Health Statistics collects data on key causes of death for adults, including:

- Heart Disease
- Cerebrovascular Disease
- Cancer
- HIV Disease
- Septicemia
- Diabetes
- Pneumonia and Influenza
- Chronic Lower Respiratory Disease
- Chronic Liver Disease
- Chronic Kidney Disease
- Unintentional Motor Vehicle Deaths
- Other Unintentional Injuries
- Suicide
- Homicide
- Alzheimer's Disease

### 2006-2010 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population Onslow County

Leading Causes of Death <sup>1</sup>			# OF DEATHS	DEATH RATE
AGE GROUP:	RANK	CAUSE OF DEATH:		
TOTAL - ALL AGES	0	TOTAL DEATHS --- ALL CAUSES	4,231	500.9
	1	Cancer - All Sites	996	117.9
	2	Diseases of the heart	894	105.8
	3	Chronic lower respiratory diseases	234	27.7
	4	Cerebrovascular disease	196	23.2
	5	Diabetes mellitus	179	21.2
	6	Other Unintentional injuries	172	20.4
	7	Motor vehicle injuries	154	18.2
	8	Suicide	97	11.5
	9	Septicemia	86	10.2
10	Nephritis, nephrotic syndrome, & nephrosis	83	9.8	

<sup>1</sup> <http://www.schs.state.nc.us/schs/data/databook/>

<b>Leading Causes of Death</b>			<b># OF DEATHS</b>	<b>DEATH RATE</b>
<b>00-19 YEARS</b>	<b>0</b>	<b>TOTAL DEATHS --- ALL CAUSES</b>	209	82.0
	<b>1</b>	<b>Conditions originating in the perinatal period</b>	64	25.1
	<b>2</b>	<b>Congenital anomalies (birth defects)</b>	29	11.4
	<b>3</b>	<b>SIDS</b>	24	9.4
	<b>4</b>	<b>Motor vehicle injuries</b>	22	8.6
	<b>5</b>	<b>Other Unintentional injuries</b>	13	5.1
	<b>6</b>	<b>Homicide</b>	12	4.7
	<b>7</b>	<b>Suicide</b>	8	3.1
	<b>8</b>	<b>Cancer - All Sites</b>	7	2.7
	<b>9</b>	<b>Diseases of the heart</b>	6	2.4
	<b>10</b>	<b>Cerebrovascular disease</b>	1	0.4
		<b>Pneumonia &amp; influenza</b>	1	0.4
		<b>Acute bronchitis &amp; bronchiolitis</b>	1	0.4
<b>20-39 YEARS</b>	<b>0</b>	<b>TOTAL DEATHS --- ALL CAUSES</b>	296	85.5
	<b>1</b>	<b>Motor vehicle injuries</b>	76	21.9
	<b>2</b>	<b>Suicide</b>	52	15.0
	<b>3</b>	<b>Other Unintentional injuries</b>	51	14.7
	<b>4</b>	<b>Cancer - All Sites</b>	22	6.4
	<b>5</b>	<b>Homicide</b>	21	6.1
	<b>6</b>	<b>Diseases of the heart</b>	14	4.0
	<b>7</b>	<b>Diabetes mellitus</b>	5	1.4
	<b>8</b>	<b>Septicemia</b>	4	1.2
	<b>9</b>	<b>HIV disease</b>	3	0.9
		<b>Cerebrovascular disease</b>	3	0.9
		<b>Pneumonia &amp; influenza</b>	3	0.9

40-64 YEARS	Leading Causes of Death <sup>2</sup>		# OF DEATHS	DEATH RATE
	0	TOTAL DEATHS --- ALL CAUSES	1,106	605.8
1	Cancer - All Sites	329	180.2	
2	Diseases of the heart	226	123.8	
3	Other Unintentional injuries	51	27.9	
4	Diabetes mellitus	47	25.7	
	Cerebrovascular disease	47	25.7	
6	Chronic lower respiratory diseases	43	23.6	
7	Motor vehicle injuries	43	23.6	
8	Chronic liver disease & cirrhosis	39	21.4	
9	Suicide	31	17.0	
10	Septicemia	25	13.7	
Leading Causes of Death		# OF DEATHS	DEATH RATE	
65-84 YEARS	0	TOTAL DEATHS --- ALL CAUSES	1,849	3310.2
	1	Cancer - All Sites	547	979.3
	2	Diseases of the heart	405	725.1
	3	Chronic lower respiratory diseases	145	259.6
	4	Diabetes mellitus	107	191.6
	5	Cerebrovascular disease	92	164.7
	6	Nephritis, nephrotic syndrome, & nephrosis	59	105.6
	7	Septicemia	39	69.8
	8	Pneumonia & influenza	33	59.1
	9	Other Unintentional injuries	32	57.3
	10	Alzheimer's disease	25	44.8

<sup>2</sup> <http://www.schs.state.nc.us/schs/data/databook/>

Leading Causes of Death			# OF DEATHS	Death Rate
85+ YEARS	0	TOTAL DEATHS --- ALL CAUSES	771	15395.4
	1	Diseases of the heart	243	4852.2
	2	Cancer - All Sites	91	1817.1
	3	Cerebrovascular disease	53	1058.3
	4	Alzheimer's disease	44	878.6
	5	Chronic lower respiratory diseases	44	878.6
	6	Other Unintentional injuries	25	499.2
	7	Pneumonia & influenza	22	439.3
	8	Diabetes mellitus	20	399.4
	9	Septicemia	18	359.4
	10	Pneumonitis due to solids & liquids	17	339.5

#### UNADJUSTED DEATH RATES PER 100,000 POPULATION 2010 AND 2006-2010<sup>3</sup>

RESIDENCE	2010 DEATHS NUMBER	2010 DEATHS RATE	2006-2010 DEATHS NUMBER	2006-2010 DEATHS RATE
NORTH CAROLINA	78,604	824.3	382,831	830.5
Onslow	856	481.5	4,231	500.9

A comparison of death rates shows the unadjusted death rate (also known as the crude death rate) in Onslow County was lower than North Carolina between 2006 and 2010. This rate is a measure of the number of deaths versus individuals in the population at a specific period in time.

The age-adjusted death rate in 2010 was also analyzed. This rate is standardized and eliminates errors from differences in age make-up when comparing populations. The low unadjusted rate and higher adjusted rate indicate that low mortality in Onslow County is due to favorable age distribution in the population.

Death Rate Comparison, 2006-2010 <sup>4</sup> per 100,000		
	<i>Onslow County</i>	<i>North Carolina</i>
Unadjusted Death Rate	500.9	830.5
Age Adjusted Death Rate	855.8	819.0

<sup>3</sup> ([www.schs.state.nc.us/SCHS/](http://www.schs.state.nc.us/SCHS/))

<sup>4</sup> North Carolina Vital Statistics, Volume II, Leading Causes of Death, <http://www.schs.state.nc.us/SCHS/deaths/lcd/2006/>

Death rates for individual causes of death are summarized in the table below:

<b>Age Adjusted Death Rates for Select Conditions, 2010<sup>5</sup> per 100,000</b>		
	<i>Onslow County</i>	<i>North Carolina</i>
<b>Heart Disease</b>	<b>100.7</b>	<b>179.2</b>
<b>Cerebrovascular Disease</b>	<b>17.4</b>	<b>44.9</b>
<b>Cancer</b>	<b>110.8</b>	<b>188.9</b>
HIV Disease	1.7	3.4
<b>Septicemia</b>	<b>12.4</b>	<b>13.9</b>
<b>Diabetes</b>	<b>22.5</b>	<b>21.4</b>
Pneumonia & Influenza	7.9	17.7
<b>Chronic Lower Respiratory Disease</b>	<b>24.8</b>	<b>47.1</b>
<b>Chronic Liver Disease</b>	<b>5.6</b>	<b>9.8</b>
Chronic Kidney Disease	10.1	19.8
<b>Unintentional Motor Vehicle Injuries</b>	<b>14.6</b>	<b>14.3</b>
Other Unintentional Injuries	21.9	29.0
<b>Suicide</b>	<b>15.2</b>	<b>12.2</b>
Homicide	6.2	5.6
Alzheimer's Disease	11.8	29.5

### **Maternal & Infant Health**

The Maternal and Infant Health sub-chapter focuses on infant mortality, low birth weight, prenatal care, pregnancy outcomes, teen pregnancy, unplanned pregnancies, and special programs. The health of newborns and infants is largely a function of a mother's health at the time of the baby's conception and throughout pregnancy. The goal of maternal and infant health programs is prevention, positive relationships, fulfillment, the opportunity to have a desired child, and alternatively, the ability to avoid unwanted or unsafe pregnancies.

### **Infant Mortality & Related Indicators**

Infant mortality is the measure at which babies under one year of age die in comparison to the number of live births in the area of consideration. Numerous issues impact the health and survivability of babies, both in the womb and after birth. Prematurity and low birth weight, birth defects, and Sudden Infant Death Syndrome (SIDS) are among the leading causes of infant mortality.<sup>6</sup>

### **Healthy North Carolina 2020 Maternal Health Objectives:**

<b>Health Objectives</b>	<b>Current</b>	<b>2020 Target</b>
1. Reduce the infant mortality racial disparity between whites and African Americans	2.45 (2008)	1.92
2. Reduce the infant mortality rate (per 1,000 live births)	8.2 (2008)	6.3
3. Reduce the percentage of women who smoke during pregnancy	10.4% (2008)	6.8%

<sup>5</sup> North Carolina Vital Statistics, Volume II, Leading Causes of Death, <http://www.schs.state.nc.us/SCHS/deaths/lcd/2006/>

<sup>6</sup> Leading Cause of Infant Death [http://www.nchealthystart.org/infant\\_mortality/causes.htm](http://www.nchealthystart.org/infant_mortality/causes.htm)

## Infants & Children

Death rates for individual causes of death in infants and children are as follows:

<b>Child Leading Causes of Death (Unadjusted), Rate per 100,000, 2006-2010<sup>7</sup></b>		
	<i>Onslow County</i>	<i>North Carolina</i>
Birth Defects	<b>11.4</b>	<b>8.9</b>
Perinatal Conditions	25.1	21.0
<b>SIDS</b>	<b>9.4</b>	<b>3.8</b>
Illnesses	69.3	70.4
<b>Motor Vehicle</b>	<b>8.6</b>	<b>8.8</b>
Other Unintentional Injuries	5.1	5.6
<b>Homicide</b>	<b>4.7</b>	<b>3.3</b>
Suicide	3.1	3.3
<b>Cancer – All sites</b>	<b>2.7</b>	<b>2.1</b>
Diseases of the Heart	2.4	1.9
<b>Total Deaths – All Causes</b>	<b>82.0</b>	<b>69.8</b>

## Infant Mortality Rates

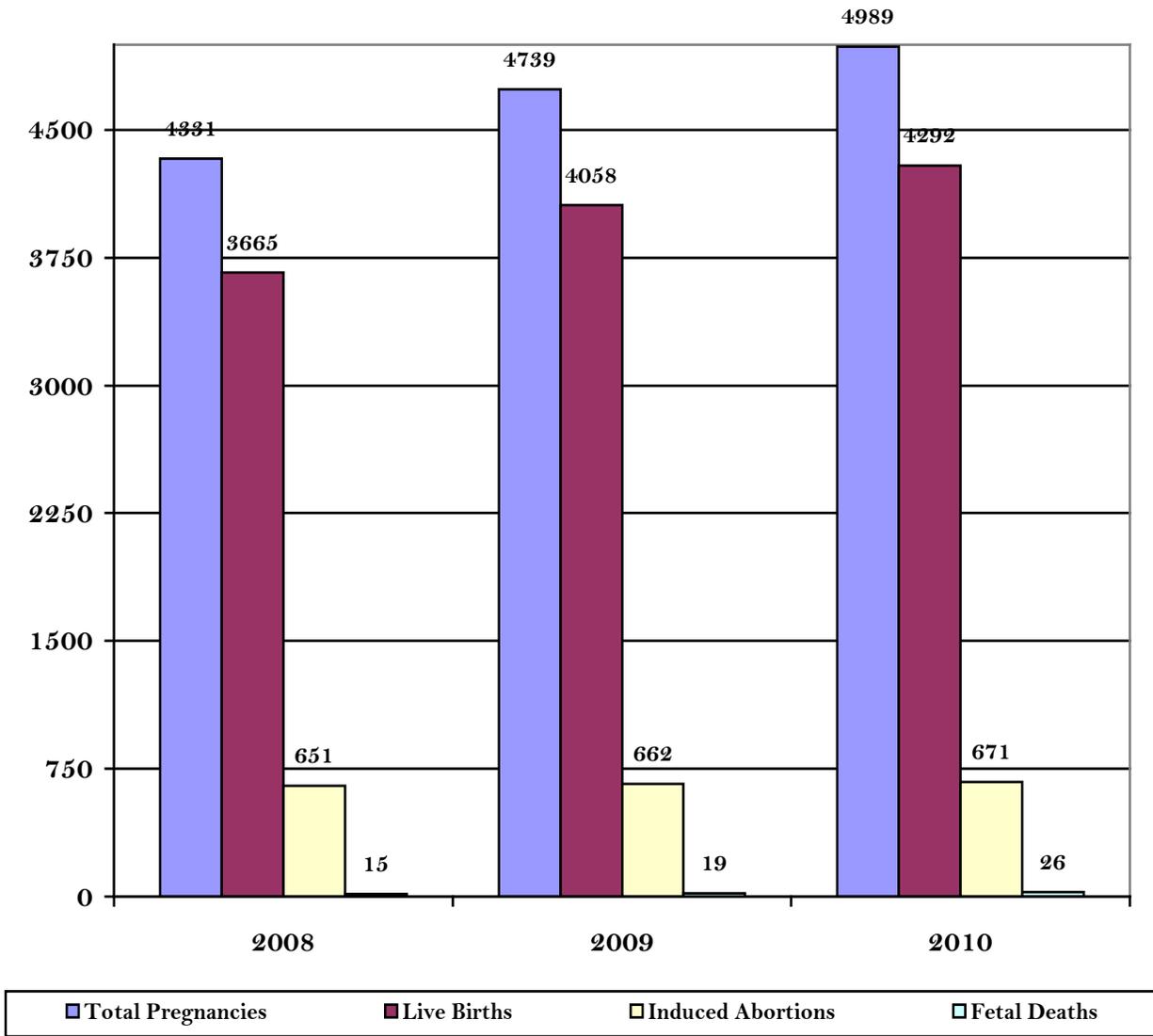
Onslow County infant mortality rates are lower than North Carolina state averages except for postneonatal deaths. Perinatal deaths are all fetal and neonatal deaths combined. Fetal deaths occur prior to complete birth by expulsion or extraction from the mother but do not include deaths from abortion or those that occur during 20-weeks gestation. Neonatal deaths are the death of a live born child less than 28 days of age. Postneonatal deaths are those that occur after 28 days of age but less than one year of age. Infant deaths are defined as the death of a live born infant less than one year of age.

<b>Comparison of Infant Mortality Measures (unadjusted), Rates per 1,000, 2006-2010<sup>8</sup></b>				
<i>Indicator</i>	<i>Onslow County (2006-2010)</i>	<i>North Carolina (2006-2010)</i>	<i>Onslow County 2010</i>	<i>North Carolina 2010</i>
Perinatal Deaths	9.6	11.9	8.1	11.5
Fetal Deaths	5.2	6.6	6.0	6.6
Neonatal Deaths	4.4	5.3	2.1	4.9
Postneonatal Deaths	2.9	2.6	2.3	2.1
All Infant Deaths	7.3	7.9	4.4	7.0

<sup>7</sup> Child Deaths in North Carolina, 2004-2006, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

<sup>8</sup> Child Deaths in North Carolina, 2004-2006, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

Overall, there were 4,989 pregnancies in Onslow County during 2010; 4,739 in 2009; and 4,331 in 2008. The number of births in Onslow County is on the rise from 3,927 in 2004 and 4,176 in 2006. Outcomes were as follows:



Overall, the birth rate within the county indicates a population increase related to live births and is a comparison of live births versus the total population.

Birth Rate per 1,000 (Unadjusted), 2006-2010		
Indicator	Onslow County (2006 – 2010)	North Carolina (2006 – 2010)
Birth Rate	22.8	13.8

In Onslow County during 2006-2010, the birth rate for male babies was 11.8 per 1,000 and was 10.9 per 1,000 for female babies, which indicates a slightly larger increase in the male gender in the population. This has changed from an equal split (10.7 males and 10.0 females) from 2002 through 2006.

Although infant mortality rates and pregnancy outcomes within the county are very good, a review of 2006 through 2010 Vital Statistics data indicates a disparity in fetal and infant deaths for white versus African American births. A review of state level data indicates a similar disparity exists; both are consistent with national level data that indicates racial disparities in the same areas. This disparity has been identified as one of the Healthy North Carolina 2020 Objectives.

<b>Comparison of Infant Mortality By Race (Unadjusted), Rate per 1,000, 2006-2010</b>						
<i>Indicator</i>	<i>Onslow County (2006 – 2010)</i>			<i>North Carolina (2006 – 2010)</i>		
	<i>White</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Black</i>	<i>Hispanic</i>
<b>Perinatal Deaths</b>	<b>7.8</b>	<b>21.7</b>	<b>9.1</b>	<b>8.7</b>	<b>21.9</b>	<b>9.0</b>
Fetal Deaths	4.4	11.6	4.3	4.9	12.0	4.8
<b>Neonatal Deaths</b>	<b>3.4</b>	<b>10.2</b>	<b>4.8</b>	<b>3.8</b>	<b>10.0</b>	<b>4.2</b>
Postneonatal Deaths	2.4	6.9	1.9	2.0	4.8	1.6
<b>All Infant Deaths</b>	<b>5.8</b>	<b>17.0</b>	<b>6.7</b>	<b>5.9</b>	<b>14.7</b>	<b>5.8</b>

### ***Low Birthweight & Related Causes***

Low birthweight is a leading cause of infant mortality and can be caused by a variety of issues, including smoking during pregnancy, improper nutrition, drug and alcohol use during pregnancy, lack of prenatal care, and chronic diseases and other medical conditions. Infants that are considered low birth weight are all live born babies that weigh 2,500 grams or less (5 pounds, 8 ounces or less) at birth regardless of the period of gestation.

<b>Comparison of Low Birthweight &amp; Related Causes, Percent of Live Births, 2006-2010<sup>9</sup></b>			
<i>Indicator</i>	<i>Onslow County (2006-2010)</i>	<i>North Carolina (2006-2010)</i>	<i>Healthy North Carolina Objective</i>
Birthweight 2,500 grams or less	7.7%	9.1%	No Established Target
Mothers that Smoke During Pregnancy	n/a	n/a	6.8%
Receipt of Prenatal Care in 1 <sup>st</sup> Trimester	n/a	n/a	No Established Target

Data obtained from North Carolina Vital Statistics indicates a disparity in low birth weight between white and minority race groups.

<sup>9</sup> North Carolina Selected Vital Statistics, Volume 1, 2006, <http://www.schs.state.nc.us/SCHS/vitalstats/volume1/2006/>

<b>Comparison of Low Birthweight by Race, Percent of Live Births, 2006-2010<sup>10</sup></b>						
<i>Indicator</i>	<i>Onslow County (2006 – 2010)</i>			<i>North Carolina (2006 – 2010)</i>		
	<i>White</i>	<i>Black</i>	<i>Hispanic</i>	<i>White</i>	<i>Black</i>	<i>Hispanic</i>
<b>Birthweight 2500 grams or less</b>	<b>6.6</b>	<b>13.0</b>	<b>7.5</b>	<b>7.7</b>	<b>14.4</b>	<b>6.3</b>

### **Community Perception**

This indicator was not measured in the 2008 Onslow County Community Health Assessment Survey.

### **Birth Spacing**

Birth spacing refers to the amount of time from one child’s birth date to the next child’s birth date. Ideally, researchers agree 2.5 to 3 years between births is best for the well being of both the mother and the new child. When births are spaced at this interval, there is less risk of infant and child death, a lower risk of the baby being born underweight, less risk of health consequences for the mother, and a greater chance of overall success in the pregnancy. Short interval births increase the risk of bleeding during pregnancy, premature rupture of the amniotic sac, and increased risk of maternal death. In community health, an increased percentage of short interval births are an indicator of an unmet need for family planning services.

### **Trends**

Short interval births presented herein are defined as live births with an interval from last delivery to conception of less than six months. These percentages listed are based upon all short interval births compared to all live births, excluding first pregnancies.

<b>Short Interval Births, Percent of Live Births, 2006 - 2010<sup>11</sup></b>			
<i>Indicator</i>	<i>Onslow County (2006 – 2010)</i>	<i>North Carolina (2006 – 2010)</i>	<i>Healthy North Carolina 2020 Objective</i>
Interval <6 Months	13.2%	13.0%	No Established Target

As demonstrated above, Onslow County’s percentage of short interval births is higher than the North Carolina percentage. No data is currently available in Onslow County to evaluate potential racial disparities.

### **Community Perception**

This indicator was not measured in the 2008 Onslow County Community Health Assessment Survey.

### **Unplanned Pregnancies**

An analysis by the National Campaign to Prevent Teen Pregnancy indicates half of all pregnancies in the United States are unwanted.<sup>12</sup> This represents 3 million of the approximately 6.4 million pregnancies each year.

Unwanted pregnancies present important public health and social challenges. Children of unwanted pregnancies are especially vulnerable as women experiencing an unwanted pregnancy are less likely to obtain prenatal care, and as a result, their babies are at an increased risk of being born prematurely or with low birthweight. Additionally, children born from unwanted pregnancies face a range of developmental risks,

<sup>10</sup> North Carolina Selected Vital Statistics, Volume 1, 2006, <http://www.schs.state.nc.us/SCHS/vitalstats/volume1/2006/>

<sup>11</sup> 2008 County Health Data Book, <http://www.schs.state.nc.us/SCHS/data/databook/>

<sup>12</sup> Case Statement, One in Three: The Case for Wanted and Welcome Pregnancies, National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/why-it-matters/pdf/CaseStatement.pdf>

including poor physical and mental health. Finally, a large proportion of children from unwanted pregnancies are born to unmarried women, which is important as single parent households often face more challenges and additional stress than two-parent households.

### Trends

Unplanned pregnancies are not consistently tracked at the state or the county level, and no current data is available regarding unwanted pregnancies. Onslow County is a predominantly young population with a higher rate of marriages when compared to the state; it should be assumed some teen pregnancies were actually planned pregnancies to wed mothers.

<b>North Carolina Pregnancy Risk Assessment Monitoring System Results 2006-2008</b>		
<i>Indicator</i>	<i>Eastern Counties</i>	<i>North Carolina</i>
Not doing anything to keep from getting pregnant	54.8%	56.2%
Didn't mind if got pregnant	70.1%	65.0%
Thought couldn't get pregnant at that time	33.4%	31.5%
Having side effects from birth control method using	10.1%	9.9%
Difficulty getting birth control when needed it	7.4%	8.6%
Thought partner was sterile	11.9%	8.0%
Partner did not want to use anything	17.9%	19.2%
Unspecified reason	10.2%	11.9%

### Community Perception

Of the survey respondents, 34.3% believe teen pregnancy to be a problem in Onslow County.

### Teen Pregnancy

According to the National Campaign to Prevent Teen Pregnancy, early pregnancy and childbearing are closely linked to a host of social issues, including poverty and income disparities, overall child well being, out of wedlock births, and education attainment.<sup>13</sup> Given the social implications and the opportunity to target a host of risky behaviors in teens, reducing teen pregnancy has been both a national and state priority in previous years.

### Trends

As indicated below, the rate of teen pregnancy in Onslow County is higher than that of the state rate. The rate of teen pregnancy has steadily decreased from 126.0 in 1992 - 1996.

<b>Teen Pregnancy (Ages 15 – 19), Rate per 1,000 Female Residents, 2010<sup>14</sup></b>		
<i>Indicator</i>	<i>Onslow County (2010)</i>	<i>North Carolina (2010)</i>
Teen Pregnancy (Ages 15 – 19)	83.5	62.5

A disparity exists between white and minority teens who become pregnant in both Onslow County and North Carolina between 2006 and 2010.

<sup>13</sup> Why it Matters: Linking Teen Pregnancy Prevention to Other Critical Social Issues, National Campaign to Prevent Teen Pregnancy, <http://www.thenationalcampaign.org/why-it-matters/pdf/introduction.pdf>

<sup>14</sup> Reported Pregnancies, 2004 – 2006, NC SCHS, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

<b><i>Pregnancy Rates per 1,000 Population (Unadjusted), Girls 15-17 years, By Race, 2006-2010</i></b>								
<b><i>Indicator</i></b>	<b><i>Onslow County (2006-2010)</i></b>				<b><i>North Carolina (2006-2010)</i></b>			
	<i>White</i>	<i>Black</i>	<i>Non- Hispanic</i>	<i>Hispanic</i>	<i>White</i>	<i>Black</i>	<i>Non- Hispanic</i>	<i>Hispanic</i>
<b>Pregnancy Rate (Girls 15-17)</b>	26.6	42.0	43.2	40.4	19.1	46.6	31.4	75.9

### **Community Perception**

Of the survey respondents, 47.8% indicated unprotected sex is an issue and 34.3% indicated teen pregnancy is an issue in Onslow County.

### **Special Programs - WIC**

Onslow County has a disproportionately high number of Women, Infants, and Children (WIC) program recipients for its population size; as such, we have included a special evaluation and discussion as part of the 2012 Community Health Assessment. The WIC program, also known as the Special Supplemental Nutrition Program, is a federal program administered by the U.S. Department of Agriculture which is designed to provide food to low-income pregnant, post-partum and breastfeeding women, infants, and children up to age five. The program includes a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care.

### **Trends**

As of July 2011, Onslow County Health Department was responsible for a WIC caseload of 7,717 families, which included 4,690 military families and 3,126 civilian families<sup>15</sup>. One-hundred one percent (7816) of the cases on file were receiving assistance at that time. Within Onslow County, there is an increased number of high risk participants in all three categories (pregnant women, infants, and children), and a trend has developed regarding an increase in overweight children over the past few years (please see the Child Health sub-chapter included herein for additional discussion).

### **Community Perception**

This indicator was not measured in the 2012 Onslow County Community Health Assessment Survey.

### **Child Health**

The following section provides information specific to child health and well-being, including childhood obesity, asthma, intentional and unintentional injuries, and receipt of childhood vaccinations.

### **Childhood Obesity**

Childhood obesity remains a significant problem in both Onslow County and the State of North Carolina. The Centers for Disease Control and Prevention (CDC) defines “overweight” as those children whose Body Mass Index (BMI) is equal to or above the 95<sup>th</sup> percentile for their age and gender. Similarly, “at-risk for overweight” children are whose BMI is between the 85<sup>th</sup> percentile and the 94<sup>th</sup> percentile; “underweight” children are those whose BMI is equal to or below the 5<sup>th</sup> percentile.

Studies dating back to the 1960’s indicate obesity in childhood often leads to obesity in adulthood, which leaves children at risk for weight-related problems throughout life. Medical complications of obesity in both adults and children are diverse and include pulmonary and cardiovascular diseases, diabetes, and some cancers.

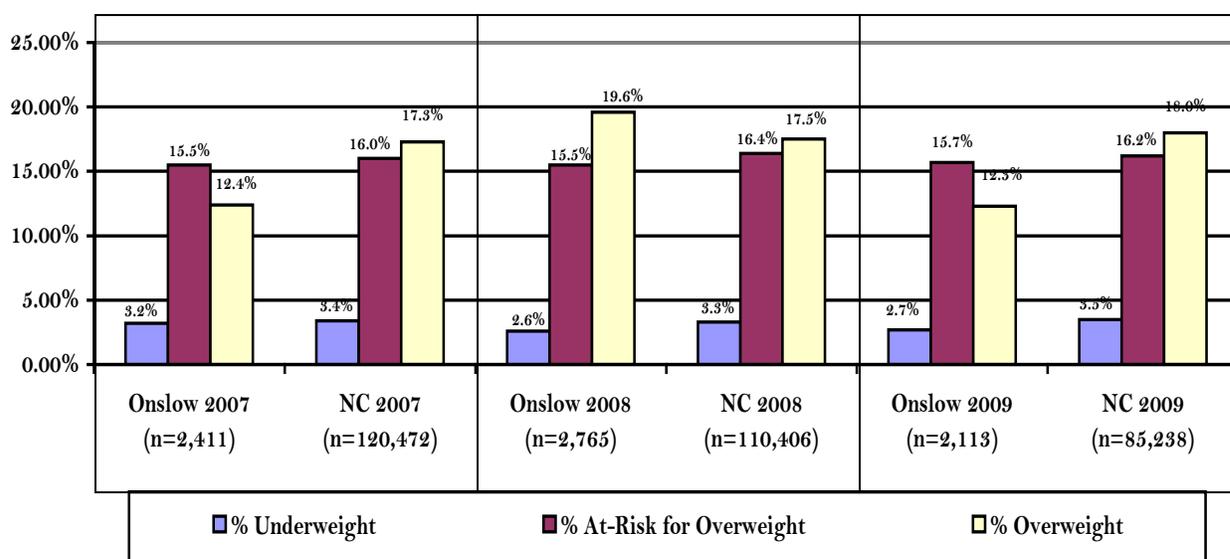
<sup>15</sup> Data provided by Onslow County Health Department, WIC Department

## Trends

Childhood obesity data is scarce for the child population. One source of information is the North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), which gathers height and weight data used to calculate BMI for children that are seen in WIC clinics, child health clinics, and some school based clinics. It should be cautioned this data may not be representative of the whole population.

Health Objectives	Current	2020 Target
Increase the percentage of high school students who are neither overweight or obese	72.0% (2009)	79.2%

### Prevalence of Obesity, Overweight, Healthy Weight, and Underweight in Children 2 through 18 years of age, North Carolina and Onslow County, 2007 – 2009, NC-NPASS<sup>16</sup>



## Community Perception

Forty-three percent of survey participants believe overweight and obese status in children is a problem. Related to obesity is the availability of recreational opportunities, parks and greenways, and quality foods as well as proper nutrition/eating habits and physical activity. Fifty-one percent of respondents believe recreational opportunities within the county are not a problem, and 48% believe the availability of parks, greenways, and sidewalks are not a problem. In addition, 38% of respondents believe eating habits and nutrition are a problem within the county. Seventy six percent of respondents believe regular physical activity and exercise are not a problem; in contrast, 24% believe it is a problem. Finally, 92% of respondents believe the availability of quality foods, including fresh fruits and vegetables, is not a problem within the county. There has been a change in community perception from the 2008 survey in that there has been an increase in the percentage of people who do not believe access to physical activity or healthy food is an issue in Onslow County.

## Asthma

Asthma is a leading chronic illness in children that occurs when the airways are inflamed and there is increased production of mucus. Although not curable, asthma can be controlled. Symptoms include

<sup>16</sup> NC-NPASS, <http://www.eatsmartmovemorenc.com/data/index.html>

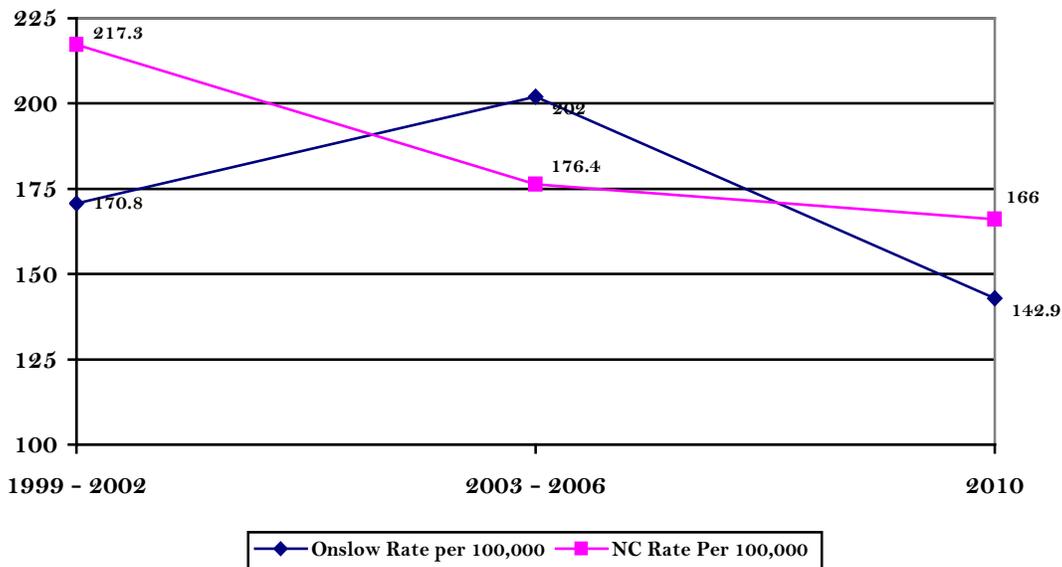
wheezing, shortness of breath, coughing, and chest tightness; attacks occur when the airways are overtaxed and begin to spasm.

Uncontrolled asthma in children impacts a child’s sleep, school attendance, physical activity, and general wellness. Those with asthma and their caretakers must learn their particular “asthma triggers,” which include environmental tobacco smoke (also known as secondhand smoke), dust mites, and outdoor air pollution from industrial emissions and automobile exhaust.

**Trends**

Hospitalizations for asthma of children up to the age of 14 increased steadily from 2002 to 2006, but have since dropped. In contrast, state rates have continued a gradual decline since 1995.

**Asthma Hospitalizations (Unadjusted), Rate per 100,000, Ages 0 – 14, 2000 - 2006<sup>17</sup>**



There is no data readily available to evaluate childhood asthma hospitalizations and rates of disease for potential disparities.

**Community Perception**

Twenty eight percent of survey respondents believe asthma is a problem in Onslow County.

**Intentional and Unintentional Injury**

Ten of the fourteen leading causes of death for children are related to intentional and unintentional injuries, which make this category especially important when considering the overall health of children in the community.

***Intentional Injury***

Intentional injuries are those classified as injuries resulting from purposeful human action, either directed at oneself or others. Two such injuries included in the leading causes of death for children are homicide and

<sup>17</sup> County Level Data, NC SCHS, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

suicide. An additional form of intentional injury is child maltreatment, which includes physical, emotional and sexual abuse, improper care and discipline that may result in injury, and abandonment.

According to the U.S. Department of Health and Human Services Office on Child Abuse and Neglect<sup>18</sup>, there are no known single causes of child maltreatment. Instead, risk factors are categorized into four domains: parent or caregiver factors, family factors, child factors, and environmental factors. As a predominantly young, military community, risk factors that are especially elevated in Onslow County are parental age and lack of social support.

The county rate for homicide is higher than the state rate, and suicide in the county is below the state's rate from 2006-2010:

<b>Intentional Injury in Children (Unadjusted), Death Rate per 1,000, 2006 - 2010<sup>19</sup></b>			
<i>Indicator</i>	<i>Onslow County (2006-2010)</i>	<i>North Carolina (2006-2010)</i>	<i>Healthy Carolinians 2010 Target</i>
Homicide	4.7	3.3	No Established Target
Suicide	3.1	3.3	No Established Target

### ***Unintentional Injury***

Unintentional injuries include accidents and injuries related to motor vehicle accidents, bicycle accidents, fire and flame accidents, drowning, falls, poisoning, and others. There were no Healthy North Carolina 2020 objectives established that related to childhood injury and associated deaths. The data in the following table represents actual number of incidents occurring in Onslow County and is not a ratio or percentage.

<b>Unintentional Injury Leading Causes of Death in Children, Rate per 100,000, 2007 - 2011<sup>20</sup></b>			
<i>Indicator</i>	<i>Onslow County (2007-2011)</i>	<i>Onslow County (2011)</i>	<i>Healthy Carolinians 2010 Target</i>
Perinatal Condition	72	18	No Established Target
Birth Defects	31	8	No Established Target
SIDS	24	4	No Established Target
Illnesses	26	3	No Established Target
Drowning	7	1	No Established Target
Motor Vehicle	6	1	No Established Target
Fire & Flame	1	1	No Established Target
Other Injuries	6	2	No Established Target

### **Immunizations & Vaccine Preventable Disease**

Vaccinations are a key component of infectious disease control programs that were developed to protect individuals from dangerous and sometimes deadly diseases. Examples of vaccine preventable disease include pertussis (also known as “whooping cough”), measles, and diphtheria. Children that are not immunized may contract and transmit vaccine preventable diseases.

Healthy North Carolina established the following 2020 Health Objective related to vaccinations and communicable disease control in children:

<sup>18</sup> DHHS Coordinated Response to Child Abuse and Neglect: The Foundation for Practice, <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.cfm>

<sup>19</sup> Child Deaths in North Carolina, 2004-2006, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

<sup>20</sup> Child Deaths in North Carolina, 2004-2006, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

Objective	Current	2020 Target
Increase the percentage of children aged 19-35 months who receive the recommended vaccines	77.3% (2007)	91.3%

### Trends

Data from the North Carolina Immunization Registry (NCIR) 2011 Immunization Rate Assessment for Children 24 – 35 months of age<sup>21</sup> indicate 90% of children served by the Onslow County Health Department were immunized with the 4:3:1:3:3 series by the age of 24 months, which is slightly higher than the statewide average of 87% by local health departments.

The rate assessment also shows that 44% of children have received the same immunization by the age of 24 months through private providers in the county as compared to the statewide average of 54% for private providers.

It should be cautioned that the number of children with complete immunization records in the NCIR is not at desired levels in Onslow County and throughout the state. More children are fully vaccinated in Onslow County than the numbers reflect as the immunizations given on the military bases are not included in NCIR.

### Community Perception

This indicator was not measured during the 2012 Onslow Community Health Assessment Survey.

### Adult Health

The following section provides information specific to adult health and well-being, including cardiovascular disease, hypertension and stroke, diabetes, cancers, chronic liver disease, chronic lower respiratory disease, and communicable diseases to include sexually transmitted diseases.

### Cardiovascular Disease

Cardiovascular disease is a general term used to describe all diseases of the heart and blood vessels, including heart attack, coronary artery disease, congestive heart failure, congenital heart problems, stroke, and other conditions affecting the heart and blood vessels throughout the body. Cardiovascular disease is the leading cause of death in the United States and second leading cause in North Carolina and Onslow County.

According to the American Heart Association<sup>22</sup>, major risk factors shown to significantly increase the risk of heart or blood vessel disease include age, gender (males are at greater risk), a family history of heart disease, race, cigarette smoking, high blood cholesterol, high blood pressure, physical inactivity, excess weight, and diabetes mellitus.

Healthy North Carolina established a 2020 Health Objective related to cardiovascular disease:

Objective	Current	2020 Target
Reduce the cardiovascular disease mortality rate (per 100,000 population)	256.6 (2008)	161.5

### Trends

Heart disease related death in Onslow County is higher than North Carolina.

Age-Adjusted Heart Disease Death Rates per 100,000, 2006 - 2010 <sup>23</sup>			
Indicator	Onslow County (2006 – 2010)	North Carolina (2006 – 2010)	Healthy North Carolina 2020 Target

<sup>21</sup> NCIR 2005, 2006, 2007 Immunization Rate Assessment for Children 24-35 Mos. Courtesy of Onslow County Health Department

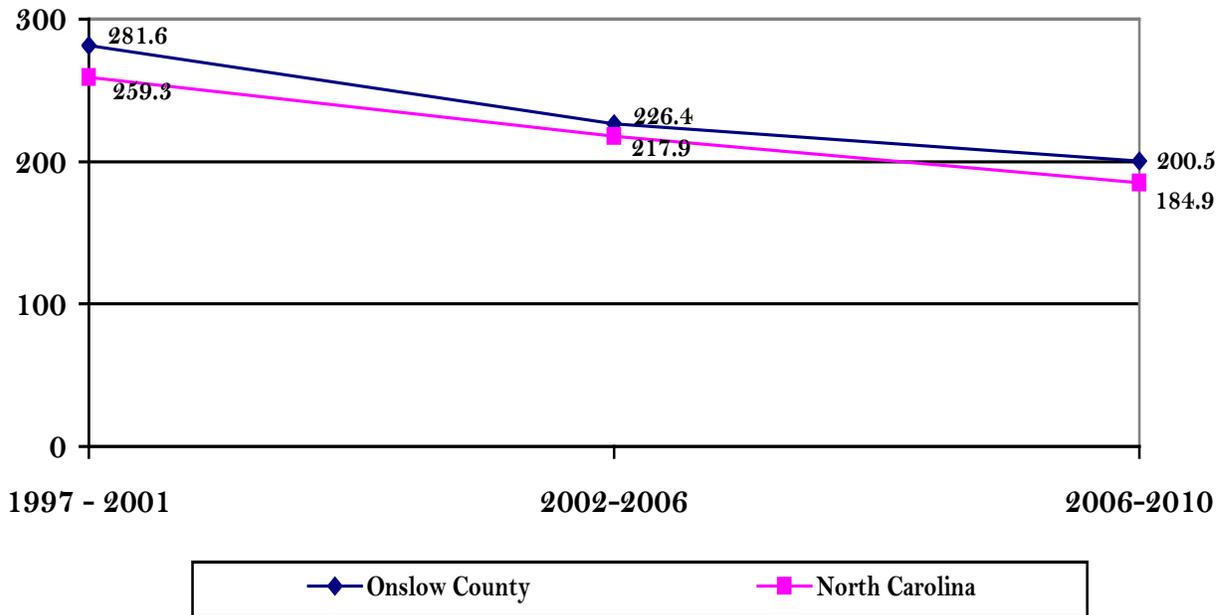
<sup>22</sup> AHA Scientific Position, Risk Factors and CHD, <http://www.americanheart.org/presenter.jhtml?identifier=4726>

<sup>23</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

Age-Adjusted Heart Disease Mortality	200.5	184.9	No established target
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There has been a sharp decline in heart disease related deaths since 1992:

**Age-Adjusted Heart Disease Death Rates per 100,000, 1992 - 2006<sup>24</sup>**



Of 300 Onslow County respondents to the 2010 Behavioral Risk Factor Surveillance System (BRFSS)<sup>25</sup>, 5.5% reported a health professional had told them they had experienced a heart attack. Similarly, 4.7% of 374 Onslow County respondents reported the same during the 2007 survey, as did 3.9% of 296 respondents to the 2005 survey. Likewise, 4.6% of 302 respondents in the 2010 survey reported a health professional told them they had angina or coronary heart disease. Similarly, 5.1% of 372 respondents from Onslow County reported the same during the 2007 survey, as did 3.7% of 395 respondents in the 2005 survey.

When reviewed for trends, self-reported BRFSS data from 2005 through 2010 shows limited disparities between white and minority residents until 2010 where there is a large decrease in cardiovascular disease history in minorities. In addition, there is a steady increase in the percent of whites with a history of any cardiovascular diseases:

Comparison of Heart Disease Indicators and Diagnosis, By Race, 2005 - 2010, BRFSS <sup>26</sup>						
Indicator	Onslow County 2005		Onslow County 2007		Onslow County 2010	
	White	Minority	White	Minority	White	Minority

<sup>24</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

<sup>25</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

<sup>26</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

History of Any Cardiovascular Disease	7.6%	14.2%	9.2%	9.4%	11.8%	2.2%
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### Community Perception

Twenty-seven percent of survey respondents believe heart disease is a problem within the county.

### Hypertension & Stroke

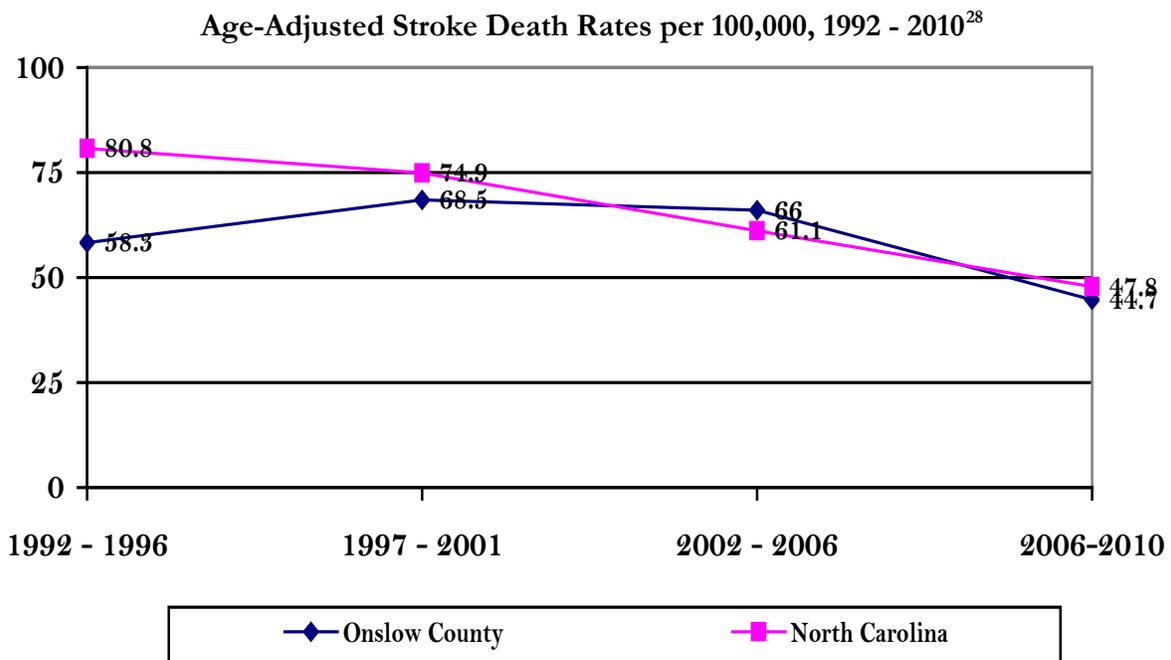
Stroke, the fourth leading cause of death in the United States, is a type of heart disease that results when a blood vessel that carries oxygen and nutrients to the brain bursts or is blocked by a clot. Hypertension develops when blood pressure is chronically elevated. As with other chronic diseases, there are numerous risk factors that include age, race, family history of stroke, cigarette smoking, heavy alcohol consumption, high blood cholesterol levels, drug use, and excess weight.

### Trends

Onslow County is slightly higher than the North Carolina rate and Healthy Carolinians target:

Age-Adjusted Stroke Death Rates per 100,000, 2006 - 2010 <sup>27</sup>			
Indicator	Onslow County (2006 - 2010)	North Carolina (2006 - 2010)	Healthy North Carolina 2010 Objective
Stroke Death Rate	44.7	47.8	No established objective

Stroke death rates have declined since 1992. Between 2006 and 2010, the North Carolina rate was higher than Onslow County:



<sup>27</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

<sup>28</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

## Community Perception

Twenty-seven percent of survey respondents feel that stroke is a physical health issue within the county.

## Diabetes

Diabetes results when the body is unable to produce insulin (Type I Diabetes) or is unable to produce enough insulin/is resistant to the effects of insulin (Type II Diabetes). Without proper use of insulin, the amount of sugar in the body is chronically high and critical body functions are disturbed. Without proper management, diabetes can lead to serious medical complications with the heart, eyes, kidneys, blood vessels, nerves and feet. Healthy North Carolina established one 2020 Health Objective related to diabetes death and disease management:

Objective	Current	2020 Target
Decrease the percentage of adults with diabetes	9.6% (2009)	8.6%

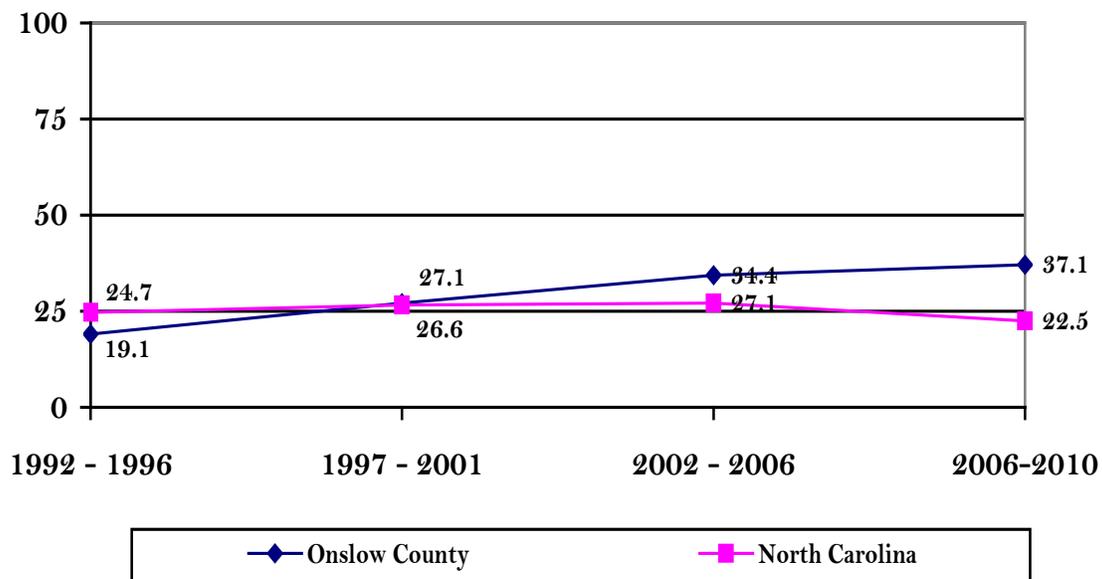
## Trends

As demonstrated below, Onslow County is higher than the North Carolina rate.

Age-Adjusted Diabetes Death Rates per 100,000, 2006-2010 <sup>29</sup>			
Indicator	Onslow County (2006 – 2010)	North Carolina (2006 – 2010)	Healthy North Carolina 2020 Objective
Diabetes Death Rate	37.1	22.5	No objective established

Age-adjusted data obtained from North Carolina State Center for Health Statistics indicates an upward trend in Onslow County while the North Carolina rate decreased between 2006 and 2010:

Age-Adjusted Diabetes Death Rates per 100,000, 1992 - 2010<sup>30</sup>



<sup>29</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

<sup>30</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

Of 302 Onslow County respondents to the 2010 BRFSS survey<sup>31</sup>, 7.2% reported a doctor had ever told them they had diabetes (0.4% during pregnancy). Of 32 of those respondents, 2.1% were told they had diabetes at age 29 or less, 30.7% were told between the ages of 30 and 50, 17.3% were told between the ages of 50 and 60, and 49.5% were told at age 60 or older.

Similarly, 8.8% of 377 Onslow County respondents reported a doctor diagnosis of diabetes during the 2007 survey (0.6% during pregnancy), and 8.0% of 397 respondents reported the same during the 2005 survey (2.5% during pregnancy). BRFSS data from 2010 show no disparity between white (7.1%) and minority (7.5%) residents.

## Community Perception

Thirty three percent of survey respondents believe diabetes is a physical health problem within the county.

## Cancer

Cancer is the growth and spread of abnormal cells. These abnormal cells accumulate and form tumors that may compress, invade, and destroy normal tissue. Cancer has been the second leading cause of death in the United States in 2009 through 2011<sup>32</sup>. It was the leading cause of death in North Carolina in 2009<sup>33</sup>. Different cancers have different risk factors; however, environmental factors including tobacco use, diet, infectious diseases, chemicals, and radiation are common risk factors for most cancers.

Healthy Carolinians established one 2020 Health Objective related to cancer:

Objective	Target
Reduce the colorectal cancer mortality rate (per 100,000 population).	10.1 deaths per 100,000 population

## Trends

Onslow County's death rate for cancer is higher than the North Carolina rate:

Age-Adjusted Cancer Death Rates per 100,000, 2006 - 2010 <sup>34</sup>		
Indicator	Onslow County 2006-2010	North Carolina 2006-2010
Cancer Death Rate (All Cancers)	196.5	183.2

Age-adjusted rates obtained from North Carolina State Center for Health Statistics indicate a downward trend in Onslow County from 214.3 (per 100,000 population) cancer-related deaths in 2002-2006. The data through 2010 is the latest available.

## Colorectal Cancer

Colorectal cancer affects both men and women of all racial and ethnic groups and is most common in individuals over fifty. Other risk factors include a history of polyp growth inside the colon and rectum, a family history or personal history of colorectal cancer, a family or personal history of ulcerative colitis or Crohn's disease, lack of regular physical activity, low fruit and vegetable intake, a low fiber and high fat diet, excess weight, alcohol consumption, and tobacco use.

<sup>31</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

<sup>32</sup> CDC, [http://www.cdc.gov/nchs/data/dvs/LCWK9\\_2009.pdf](http://www.cdc.gov/nchs/data/dvs/LCWK9_2009.pdf)

<sup>33</sup> CDC, [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf)

<sup>34</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

<b>Age-Adjusted Colorectal Cancer Deaths per 100,000, 2006 - 2010<sup>35</sup></b>			
<i>Indicator</i>	<i>Onslow County 2006-2010</i>	<i>North Carolina 2006-2010</i>	<i>Healthy Carolinians 2020 Target</i>
Colorectal Cancer Death Rate	16.8	15.8	10.1

Although the Onslow County rate of deaths related to colorectal cancer is higher than the Healthy Carolinians 2020 target, there has been an overall downward trend from 17.7 deaths per 100,000 population from 2002 - 2006.

### **Lung Cancer**

Lung cancers are cancers that begin in the lungs. While other forms of cancer may spread to the lungs, these are not considered forms of lung cancer. Risk factors for lung cancer include smoking or being around secondhand smoke, environmental factors such as asbestos and radon gas exposures, and a personal or family history of lung cancers. Healthy Carolinians did not establish any 2010 health objectives related to lung cancer.

<b>Age-Adjusted Lung Cancer Deaths per 100,000, 2006 - 2010<sup>36</sup></b>			
<i>Indicator</i>	<i>Onslow County 2006-2010</i>	<i>North Carolina 2009</i>	<i>Healthy Carolinians 2020 Target</i>
Lung Cancer Death Rate	64.8	56.0	No Established Target

There has been a significant downward trend in lung cancer death rates since the rate of 74.3 per 100,000 reported in 2002 – 2006; however, Onslow County still exceeds the North Carolina rate.

### **Breast Cancer**

Risk factors for breast cancer include age, early onset of menstrual periods, late onset of menopause, being older at the birth of the first child, never giving birth, not breastfeeding, a personal or family history of breast cancer, treatment with radiation therapy in the breast/chest area, excess weight, long term use of hormone replacement therapy, changes to breast cancer related genes (BRCA1 or BRCA2), using oral contraceptives, drinking alcohol, and a lack of physical activity.

As indicated below, deaths related to breast cancer in Onslow County were the same as the rate of deaths from breast cancer throughout North Carolina during 2006 through 2010.

<b>Age-Adjusted Breast Cancer Deaths per 100,000 Female, 2006 - 2010<sup>37</sup></b>			
<i>Indicator</i>	<i>Onslow County 2006-2010</i>	<i>North Carolina 2006-2010</i>	<i>Healthy Carolinians 2020 Target</i>
Breast Cancer Death Rate	23.2	23.2	No Established Target

Breast cancer related deaths have remained relatively constant in Onslow County since the 2002 – 2006 data reported 23.8 deaths per 100,000 residents for the four year period.

<sup>35</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

<sup>36</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

<sup>37</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

## Cervical Cancer

All women are at risk for cervical cancer, and it occurs most often in women over 30 years of age. Human papillomavirus (HPV) is a common, sexually transmitted virus that is the main cause of cervical cancer. This cancer is the easiest to prevent in women and is highly curable when found and treated early.

According to State Cancer Profiles, the trends for cervical cancer in Onslow County cannot be reliably determined due to small number of deaths per year<sup>38</sup>.

## Prostate Cancer

Prostate cancer is a common form of cancer in men. Risk factors for prostate cancer include age, a personal or family history of prostate cancer, and race. Other potential risk factors currently under evaluation include the use of herbal supplements, diets high in animal fat or low in fruits and vegetables, naturally occurring male hormones, excess lycopene intake (found in red tomatoes), excess Vitamin E and selenium intake, exposure to environmental agents such as pesticides, physical inactivity, and excess weight.

<b>Age-Adjusted Prostate Cancer Deaths per 100,000 Male, 2006 - 2010<sup>39</sup></b>			
<i>Indicator</i>	<i>Onslow County 2006-2010</i>	<i>North Carolina 2006-2010</i>	<i>Healthy Carolinians 2020 Target</i>
Prostate Cancer Death Rate	26.6	25.6	No Established Target

There was a significant downward trend in prostate cancer deaths from 154.0 reported in the 2006 – 2010 time period to those reflected in the chart above. The death rate per 100,000 residents reflects a similar level to the North Carolina rate.

## Community Perception

Just over 28% percent of survey respondents believe cancer is a major problem within the county. Interestingly, a much higher percentage of respondents indicated behavior and lifestyle issues that operate as risk factors for cancer are of major concern. Percentage of respondents indicating the following are major health issues in Onslow County:

- Adult overweight/obesity: 48.98%
- Regular physical activity/exercise: 23.83%
- Eating habits/nutrition: 37.33%
- Tobacco use: 58.62%
- Adult alcohol abuse: 50.14%

## Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) includes Chronic Obstructive Pulmonary Disorder (COPD), chronic bronchitis, emphysema, and adult asthma. CLRD is the third leading cause of death in both Onslow County and North Carolina. Tobacco smoking is the most important risk factor for CLRD, and according to the Environmental Protection Agency, there is a direct correlation between CLRD and secondhand smoke as well. Other major risk factors include indoor air pollutants (other than tobacco smoke), outdoor air pollutants, allergens, and occupational agents. Possible correlated risk factors include diet and nutrition and a prior history of chronic infectious respiratory diseases.

<sup>38</sup> State Cancer Profiles, <http://statecancerprofiles.cancer.gov/cgi-bin/ratetrendbycancer/rtcancer.pl?057&2&37&37&1&0&1>

<sup>39</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/schs/CCR/mort0610cnty.pdf>

Healthy North Carolina 2020 target related to CLRD is as follows:

Objective	Current	2020 Target
Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	14.6% (2008)	0%

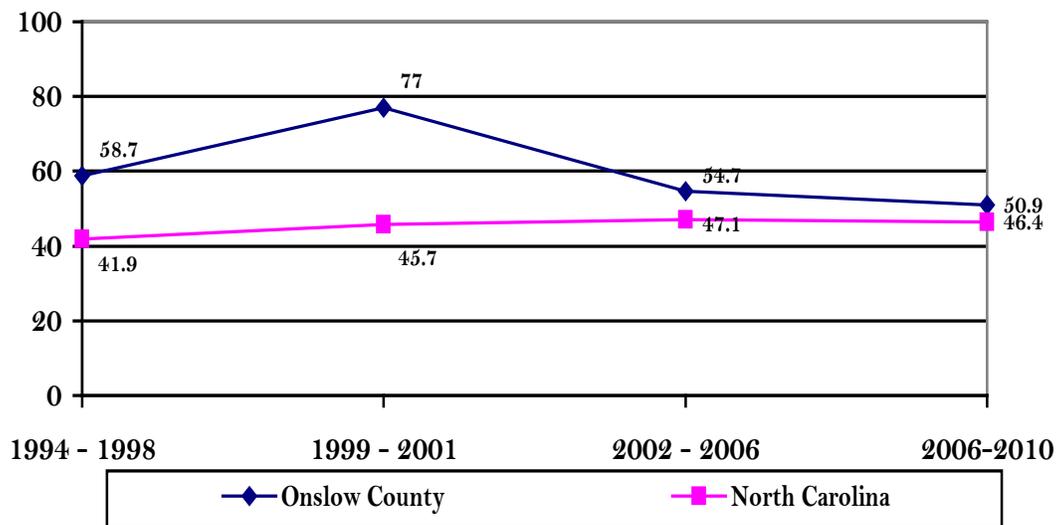
### Trends

The age adjusted death related to CLRD was higher in Onslow County than North Carolina from 2006 – 2010.

Age-Adjusted Chronic Lower Respiratory Disease Death Rates per 100,000 - 2006-2010 <sup>40</sup>			
Indicator	Onslow County (2006 – 2010)	North Carolina (2006 – 2010)	Healthy North Carolina 2020 Objective
Chronic Lower Respiratory Disease Death Rate	50.9	46.4	No established objective

CLRD death rates have started to decrease for both Onslow County and North Carolina:

Age-Adjusted CLRD Death Rates per 100,000, 1994 - 2010<sup>41</sup>



<sup>40</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

<sup>41</sup> NC Vital Statistics, Volume II, Leading Causes of Death, <http://www.schs.state.nc.us/SCHS/data/county.cfm>

BRFSS responses also indicate asthma rates are decreasing:

History of Respiratory Disease Management, BRFSS, 2010 <sup>42</sup>			
Indicator	Onslow County (2010)	North Carolina (2010)	Healthy North Carolina 2020 Objective
Ever been Diagnosed with asthma	16.1%	12.6%	No Established Target
Do you still have asthma	7.6%	7.5%	No Established Target

### Community Perception

Twenty eight percent of survey respondents believe asthma is a problem in Onslow County.

### Communicable Disease

Communicable diseases, also known as infectious diseases, are those that can be passed between individuals through a variety of pathways, including physical contact with infected individuals; transmission through liquids, food, and body fluids; contact with contaminated objects; airborne inhalation; and through bites from infected animals or insects. Various diseases fall within this category, including food borne illnesses, sexually transmitted diseases, influenza, measles, mumps, tetanus, and others. Several infectious diseases are vaccine preventable.

### Trends

Of the common North Carolina reportable diseases, there were reported cases of the following during 2010 - 2012:

#### Food Borne Diseases (Campylobacter, E Coli, Shigella, and Salmonella)<sup>43</sup>

	7/1/10 – 6/30/11	7/1/11-6/30/12	Percent Change
Onslow	123	145	↑18%
North Carolina	3,572	3,782	↑ <1%

#### Tick Borne Diseases (Lyme, Rocky Mountain Spotted Fever, and Ehrlichioses)

	7/1/10 – 6/30/11	7/1/11-6/30/12	Percent Change
Onslow	18*	32*	↑77%
North Carolina	844	1,182	↑ 40%

*\*Stats include confirmed, suspect, and probable cases. This means there has been an exposure but may not have received enough lab testing to actually confirm the case.*

#### Mosquito Borne Diseases (Dengue, Malaria, and Encephalitis (WNV, La Cross, Eastern Equine))

	7/1/10 – 6/30/11	7/1/11-6/30/12	Percent Change
Onslow	5	3	↓40%
North Carolina	86	78	↓ 9%

<sup>42</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

<sup>43</sup> Onslow County Health Department

### Pertussis (Whooping Cough)

	7/1/10 – 6/30/11	7/1/11-6/30/12	Percent Change
<b>Onslow</b>	1	1	unchanged
<b>North Carolina</b>	265	403	↑ 52%

The 2012 Community Health Assessment team also evaluated sexually transmitted diseases.

Sexually Transmitted Disease, New Case Rates per 100,000 (Unadjusted), 2007 – 2011 <sup>44</sup>						
	Onslow 2007	Onslow 2008	Onslow 2009	Onslow 2010	Onslow 2011	NC 2007-2010 Average
Chlamydia	594.1	633.4	624.6	637.9	666.0	444.1
Gonorrhea	123.5	174.9	157.7	167.1	165.4	166.5
Syphilis (Primary & Secondary)	1.2	0.0	1.2	1.1	0.6	4.3
HIV	6.1	6.5	6.4	7.9	7.9	17.7
AIDS	2.4	3.5	2.9	5.6	5.1	9.3

As indicated above, Onslow County has increased the case rate for Chlamydia from 2007 through 2011 and continues to be above the state average. Between 2007 and 2008, there was an increase in the gonorrhea case rate, but more recently it has remained steady and is slightly below the state average. Syphilis, HIV, and AIDS case rates remain below average state rates. Sexually transmitted diseases typically occur in younger populations. Given the median age of residents at 26 years old in Onslow County, it is to be expected that rates of sexually transmitted diseases would be higher than the state. We found similar higher rates of transmission in comparable communities:

Sexually Transmitted Disease New Case Rates per 100,000 (Unadjusted), County Comparison, 2011 <sup>45</sup>			
<i>Indicator</i>	<i>Onslow County (2011)</i>	<i>Cumberland County (2011)</i>	<i>New Hanover County (2011)</i>
Gonorrhea	165.4	463.0	125.8
Chlamydia	666.0	1124.8	571.9
Syphilis (Primary & Secondary)	0.6	5.6	1.0
HIV	7.9	27.1	11.9

### Community Perception

Thirteen percent of survey respondents believe disease outbreaks spread person to person are a problem in Onslow County. Thirty-six percent of respondents believe sexually transmitted diseases are a problem in the county while 20% believe HIV/AIDS are a problem.

<sup>44</sup> NC General Communicable Disease Control Branch, HIV/STD Prevention & Care, <http://www.epi.state.nc.us/epi/hiv/>

<sup>45</sup> NC General Communicable Disease Control Branch, HIV/STD Prevention & Care, <http://www.epi.state.nc.us/epi/hiv/>

## Senior Health

As with the rest of the country, North Carolina enjoys a growing number of older adults. In Onslow County, the senior population has increased from 9,499 seniors in 2000 to 13,659 in 2011.

As age increases, however, so does the risk and likelihood of disease. According to the Centers for Disease Control, chronic diseases exact a particularly heavy toll on older adults in terms of both health and economics. Chronic diseases affecting older populations can equate to diminished quality of life, the risk of further disease and disability, and greatly increased health care costs. However, much of the illness, disability, and death associated with chronic disease are avoidable or manageable by abstaining from tobacco use, enjoying regular physical activity, eating healthy, using early detection measures for disease, and proactively managing existing conditions. In addition to disease management and maintaining an overall state of well-being, there are a variety of other issues important to senior health, including care giving, financial concerns, adequate medical care coverage, affordable and safe assisted living facilities, community resources to assist with independent living tasks as needed, and finally, end of life issues.

### Trends

Limited data is available to evaluate the health of our senior community. While Alzheimer's disease is not specific to senior adults, it does have a higher prevalence in older adults and is one indicator of health in the senior population. The rate of age-adjusted Alzheimer's deaths has increased in both Onslow County and North Carolina in the past four years.

<b>Age-Adjusted Alzheimer's Death Rate per 100,000, 2006 - 2010<sup>46</sup></b>			
<i>Indicator</i>	<i>Onslow County (2006-2010)</i>	<i>North Carolina (2006-2010)</i>	<i>Healthy North Carolina 2020 Objective</i>
Age-Adjusted Alzheimer's Death Rate	19.6	28.5	No established objective

To evaluate other health concerns for senior adults within our community, we looked at information included in the 2010 BRFSS survey. The percentage of persons positive for a disability has decreased in both Onslow County (49.3% - 2007) and North Carolina (44.0% - 2007). However the use of special equipment has increased in Onslow County (12.6% - 2007) and decreased in North Carolina (14.0% - 2007).

<b>Senior Health Concerns, BRFSS, 2010<sup>47</sup></b>			
<i>Indicator</i>	<i>Onslow County (2010)</i>	<i>North Carolina (2010)</i>	<i>Healthy North Carolina 2020 Objective</i>
Positive for Disability (Ages 45+)	45.1%	32.9%	No established objective
Use of Special Equipment (Ages 45+)	14.7%	8.6%	No established objective

Finally, according to estimates from the 2011 American Community Survey conducted by the U.S. Census Bureau, 8.0% of Onslow County's senior population is currently living below poverty level<sup>48</sup>. This percentage has decreased from 11.2% in 2006. The same estimates have 12.9% percent of seniors living below poverty level in the state.

<sup>46</sup> NC SCHS Onslow County Key Health Indicators, <http://www.schs.state.nc.us/SCHS/data/trends/pdf/>

<sup>47</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

<sup>48</sup> American Fact Finder, U.S. Census Bureau,

## Community Perception

Fifteen percent of survey respondents believe available elder care is not a problem. Similarly, 18% of respondents believe affordable elder care is not a problem.

## Dental Health

Proper dental health is important to overall health. Many diseases and conditions can affect oral health and vice versa. Poor oral hygiene is the main cause of gum disease and dental decay. Similarly, diets high in sugar and fat and tobacco use can have negative effects on overall oral health.

Healthy North Carolina established several 2020 Objectives related to dental health:

Objective	Current	2020 Target
Increase the percentage of children aged 1 – 5 years enrolled in Medicaid who received any dental service during the previous 12 months	46.9% (2008)	56.4%
Decrease the average number of decayed, missing, or filled teeth removed due to tooth decay or gum disease	1.5 (2008-09)	1.1
Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	47.8% (2008)	38.4%

## Trends

Trend data for both adults and children is as follows:

### Children

Overall, the dental health of children in Onslow County is excellent:

Child Dental Health Indicators, 2009-2010 <sup>49</sup>			
Indicator	Onslow County	North Carolina	Healthy North Carolina 2020 Objective
Percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months	45.0%	48.6%	56.4%
Average number of decayed, missing, or filled teeth among kindergartners	1.03	1.50	1.1
Proportion of Kindergarteners Screened for Oral Health	96%	74%	No established objective

<sup>49</sup> Courtesy of Onslow County Public Health Dental Hygienist, NC Oral Health Section, NC Division of Public Health, July 2010

## Adults

There is limited information within Onslow County to evaluate the overall dental health of adult residents.

Adult Dental Health Indicators, BRFSS, 2010 <sup>50</sup>			
<i>Indicator</i>	<i>Onslow County (2010)</i>	<i>North Carolina (2010)</i>	<i>Healthy North Carolina 2020 Objective</i>
Adults that Visited Dentist In Past Year	74.6%	68.4%	No established objective
Adults that have Lost 6+ Teeth due to Disease or Decay	7.1%	12.0%	38.4%

## Community Perception

Sixty-two percent of survey respondents reported having dental insurance while 80.3% reported going to the dentist one or more times in a year. Seven percent of survey respondents believe access to a dentist is a problem. Nine percent of respondents believe access to doctors/dentists accepting Medicaid/Medicare is a problem. Twenty-seven percent of respondents felt locating a doctor/dentist in the community that accepts uninsured patients was a problem. Finally, the majority of respondents, 78%, believe locating a culturally competent doctor or dentist within the community presents no problem.

## Summary and Analysis

Overall, physical health within Onslow County is very good in all major phases of life. There are several key areas of strength and celebration and many resources within the county that include:

- **Maternal & Infant Health**
  - Neonatal and infant mortality rates in Onslow County are lower than national and the state of North Carolina.
  - The proportion of babies born with low birthweight in Onslow County is lower than the State of North Carolina rate.
  - The teen pregnancy rate for the 15-19 age range has decreased substantially since 1992.
  - There are numerous Maternal and Infant support programs within the county, including Baby Love, Banking for Babies, Lamaze, parenting education, breastfeeding information, developmental assessment, well baby check-ups, post-partum newborn home visits, family planning services, and other maternal and infant health services.
- **Child Health**
  - The percentage of children within Onslow County that are overweight or at-risk remains lower than state averages.
  - Asthma rates have decreased and are now below the State of North Carolina rate.
- **Adult Health**
  - There has been a consistent downward trend in mortality related to heart disease and stroke within Onslow County.
  - Rates of new HIV and AIDS infections remain low within Onslow County.
  - There are several programs in Onslow County that focus on chronic disease management:
    - Health Watch, located at Onslow County Health Department, is an American Diabetes Association accredited Diabetes Self Management program which has

<sup>50</sup> BRFSS, Onslow County, 2006, <http://www.schs.state.nc.us/SCHS/brfss/2006/onsl/topics.html>

been serving clients with chronic diseases in Onslow County and surrounding areas since 2002.

- Onslow Memorial Hospital has a program that focuses on stroke prevention and education.
- Onslow CHIP is a non-profit organization that supports community initiatives for chronic disease screening, education, and prevention.
- ***Senior Health***
  - The Onslow County Senior Services Center is a certified Senior Center of Excellence that provides extensive resources, including support groups, an adult daycare, caregiver referrals, information, meals, transportation, and a variety of activities and other services.
  - Onslow County is also home to Friends of the Aging, a local non-profit foundation focused on helping elderly residents remain independent through assistance, nutrition, medical equipment, and other services.
- ***Dental Health***
  - The majority of Kindergarteners and Fifth Graders have been screened for oral health

Although we offer numerous areas of strength and many resources within the county, we are not without areas for improvement. Some include:

- ***Maternal & Infant Health***
  - There is a racial disparity for infant mortality and low birth weight rates, which is consistent with disparities at the state level.
- ***Adult Health***
  - Onslow ranks higher than North Carolina for several chronic disease age-adjusted death rates, including cancer, chronic lower respiratory diseases, and diabetes.
  - Age-adjusted diabetes death rates have increased steadily since 1992.
  - Onslow has had persistently high rates of Chlamydia for the past four years.

## **Summary of Disparities**

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The following section addresses disparities regarding infant mortality rates, teen pregnancy rate, cardiovascular disease and diabetes.

### **Infant Mortality and Pregnancy Outcomes**

Although infant mortality rates and pregnancy outcomes within the county are very good, a review of 2006 through 2010 Vital Statistics data indicates a disparity in fetal and infant deaths for white versus African American births. A review of state level data indicates a similar disparity exists; both are consistent with national level data that indicates racial disparities in the same areas. This disparity has been identified as one of the Healthy North Carolina 2020 Objectives.

Data obtained from North Carolina Vital Statistics indicates a disparity in low birth weight between white and minority race groups.

### **Teen Pregnancy Rate**

A disparity exists between white and minority teens who become pregnant in both Onslow County and North Carolina between 2006 and 2010.

### **Cardiovascular Disease**

When reviewed for trends, self-reported BRFSS data from 2005 through 2010 shows limited disparities between white and minority residents until 2010 where there is a large decrease in cardiovascular disease history in minorities. In addition, there is a steady increase in the percent of whites with a history of any cardiovascular diseases.

### **Diabetes**

BRFSS data from 2010 show no disparity between white (7.1%) and minority (7.5%) residents even though diabetes death rates continue to rise in Onslow County.

Any topics discussed in the Community Health Assessment that identify health risks or issues that are typically associated with the young or military populations may not necessarily be considered disparities since this community is heavily weighted toward these populations

## Chapter 3: Adult Lifestyle & Behavioral Health

This chapter focuses on physical activity, tobacco use, proper nutrition, alcohol use, and sexual behavior. As discussed in *Chapter 2: Physical Health*, many chronic disease conditions develop and are exacerbated by lifestyle and behavior issues.

### Physical Activity

According to the Surgeon General<sup>1</sup>, individuals can substantially improve their health and quality of life by including moderate amounts of physical activity in their daily lives. Regular activity prevents or delays the development of high blood pressure and has significant benefit to the heart and lungs. Healthy Carolinians established one 2020 Health Objective related to physical activity in adults:

Objective	Current	Target
Increase the percentage of adults getting the recommended amount of physical activity	46.4% (2009)	60.6% (2020)

### Trends

Physical activity recommendations include moderate intensity aerobic activity for five hours (300 minutes) each week and two or more days of muscle strengthening activities.

Physical Activity Indicators, BRFSS, 2005 – 2007 vs. 2010 <sup>2</sup>			
Physical Activity in Past 30 Days	(2005 – 2007)	(2010)	NC 2020 Target
Onslow County	77.2%	74.0%	No Established Target
North Carolina	75.4%	74.3%	No Established Target

Over the past three years, the percentage of respondents that reported being physically active the past 30 days declined for both Onslow County and North Carolina in 2010, compared to 2005-2007 rates.

There appeared to be a slight disparity by sex in 2010 in respondents that were physically active in the past 30 days. North Carolina males reported being more active than Onslow County males while Onslow County females reported more activity than North Carolina females.

Physical Activity the Past 30 Days, BRFSS, 2010 <sup>3</sup>		
Respondent Type	Onslow County	North Carolina
<i>Male</i>	74.3%	77.7%
<i>Female</i>	73.7%	71.0%

### Community Perception

Of the survey respondents, 28% believe that regular physical activity and exercise is not a problem in the county. However, this percentage has decreased from 37% in 2008.

### Nutrition & Diet<sup>4</sup>

Similar to regular physical activity, healthy eating habits throughout life provide the foundation for health and well being. According to the North Carolina Institute of Medicine, good nutrition is essential to good health and healthy weight. Fruits and vegetables are nutritious foods that have been shown to guard against many

<sup>1</sup> Physical Activity & Health, Centers for Disease Control & Prevention, <http://www.cdc.gov/nccdphp/sgr/sgr.htm>

<sup>2</sup> BRFSS, <http://www.schs.state.nc.us/schs/brfss/2010/index.html>

<sup>3</sup> BRFSS, <http://publichealth.nc.gov/hnc2020/objectives.htm>

<sup>4</sup> Nutrition, North Carolina, <http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

chronic diseases, including cardiovascular disease, diabetes, and some cancers. Approximately 20 – 40% of all deaths from heart disease and over 40% of deaths from cancer (lung, colon, rectum, breast, and prostate) are associated with the typically American high fat, low fiber diet. Additionally, many other health problems are associated with overweight and obesity, such as respiratory problems, diabetes, cancer, heart disease, and liver disease.

North Carolina established the following 2020 Health Objectives related to nutrition and proper diet in adults:

<b>Objective</b>	<b>Current</b>	<b>Target</b>
Increase the percentage of adults who consume five or more servings of fruits and vegetables	20.6% (2009)	29.3% (2020)

### Trends

A greater percentage of Onslow County respondents to the 2005-2007 BRFSS survey reported eating five or more servings of fruit and vegetables each day than they did in 2009<sup>5</sup>. However, the percentages are below the 2020 Healthy North Carolina objective. Additionally, in 2011, the BRFSS question was changed to collect the percentage of adults who consumed 5+ servings of fruits, vegetables, or beans per day. Eastern North Carolina reports 11.9% of respondents consuming 5+ servings of fruits, vegetables, or beans per day compared to 13.7% for North Carolina<sup>6</sup>. This continues to emphasize a decrease in the consumption of fruits and vegetables.

<b>Percentage of Adults that Eat 5+ Servings of Fruits &amp; Vegetables, 2005-2007 &amp; 2009</b>			
<b>Adults Eating 5+ Servings of Fruit &amp; Vegetables Per Day</b>	<b>2005-2007</b>	<b>2009</b>	<b>NC 2020 Target</b>
<b>Onslow County</b>	24.1%	19.7%	29.3%
<b>North Carolina</b>	21.9%	20.6%	29.3%

BRFSS data from 2005 through 2009 shows a lessening disparity between white and minority residents regarding consumption of five or more servings of fruits and vegetables per day. However, minority respondents demonstrated an increase in consumption whereas white respondents decreased intake significantly.

<b>Consumption of Five or More Servings of Fruits &amp; Vegetables, Onslow County, By Race, 2005 &amp; 2009, BRFSS</b>		
<b>Respondent Type</b>	<b>2005</b>	<b>2009</b>
White Respondents	29.9%	19.5%
Minority Respondents	14.2%	20.6%

The percentage of individuals that meet physical activity and nutrition guidelines is decreasing, and analysis of 2010 responses to the BRFSS survey indicates that 61% of Onslow County residents are overweight or obese based on Body Mass Index calculations. These two issues, coupled with the fact that 43.9% of Onslow County residents surveyed consider eating habits as a major lifestyle health concern, represent a need to acknowledge and address this issue as a community.

<sup>5</sup> 2009 BRFSS Survey Results, [http://www.schs.state.nc.us/schs/brfss/2009/onsl/\\_FV5SRV.html](http://www.schs.state.nc.us/schs/brfss/2009/onsl/_FV5SRV.html)

<sup>6</sup> 2011 BRFSS Survey Results, [http://www.schs.state.nc.us/schs/brfss/2011/east/DAILY\\_5.html](http://www.schs.state.nc.us/schs/brfss/2011/east/DAILY_5.html)

## Tobacco Use

According to the Centers for Disease Control and Prevention<sup>7</sup>, smoking harms nearly every organ in the body and contributes to many diseases in addition to affecting the health of smokers in general. Additionally, smoking typically exposes others to secondhand smoke, which has proven to be equally harmful. Significant evidence links smoking to multiple forms of cancer, heart disease, stroke, and several respiratory diseases. More deaths are caused each year by smoking and other tobacco use than by all deaths from HIV/AIDS, illegal drug use, motor vehicle injuries, suicides, and murders combined.

Healthy North Carolina 2020 Health Objectives related to tobacco use in adults are the following:

	Objective	NC Current	2020 Target
1.	Decrease the percentage of adults who are current smokers	20.3% (2009)	13.0%
2.	Decrease the percentage of high school students reporting current use of any tobacco product	25.8% (2009)	15.0%
3.	Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	14.6% (2008)	0%

## Trends

As indicated below, Onslow County has a higher percentage of smokers when compared to North Carolina percentages and Healthy North Carolina 2020 Targets.

Percentage of Self-Reported Current Smoker, 2005 – 2007 and 2010 <sup>8</sup>		
<i>Current Smoker</i>	<i>2007</i>	<i>2010</i>
<b>Onslow County</b>	26.4%	29.7%
<b>North Carolina</b>	22.9%	19.8%

Although Onslow County self-reported smoking rates remain higher than state averages and Healthy North Carolina targets, overall smoking rates in North Carolina have continued to decline steadily since 2001 when 25.7% of respondents to the yearly BRFSS survey reported current status as a smoker. Even though smoking rates have increased in Onslow County from 2007 (26.4%) to 2010 (29.7%), the rates have decreased from 2001 (34.3%).

Self Reported Current Smoker, Onslow County, By Race, 2005 – 2010, BRFSS <sup>9</sup>			
<i>Respondent Type</i>	<i>2005</i>	<i>2007</i>	<i>2010</i>
White Respondents	32.1%	25.1%	37.5%
Minority Respondents	15.6%	30.1%	8.3%

<sup>7</sup> Health Effects of Cigarette Smoking, CDC, [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/health\\_effects.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/health_effects.htm)

<sup>8</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

<sup>9</sup> BRFSS, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

When reviewed for trends, self-reported BRFSS data from 2005 through 2010 shows significant racial or gender disparities in status as a current smoker.

<b>Self Reported Current Smoker, Onslow County, By Gender, 2005 – 2010, BRFSS</b>			
<i>Respondent Type</i>	<i>2005</i>	<i>2007</i>	<i>2010</i>
Male Respondents	32.3%	25.4%	31.7%
Female Respondents	25.3%	27.2%	27.4%

### Community Perception

Tobacco use was rated by the community as the number one most important lifestyle health issue during the 2012 Onslow Community Health Assessment and was selected as the most important issue for the community to address in the lifestyle category. Fifty-four percent of respondents believe that tobacco is a major problem.

### Alcohol Use

Excessive alcohol use is the third leading lifestyle-related cause of death in the United States and can include binge drinking, heavy drinking, or both.<sup>10</sup> Immediate health risks of excessive alcohol use are unintentional injury, violence, risky behaviors, and alcohol poisoning. Long term health risks include cardiovascular issues, social problems, liver diseases, and some cancers. Healthy North Carolina established the following 2020 Health Objectives related to alcohol use:

<b>Objective</b>		<b>Target</b>
1	Reduce the percentage of high school students who had alcohol on one or more of the past 30 days	26.4%
2	Reduce the percentage of traffic crashes that are alcohol-related	4.7%

### Trends

In 2009, one in three high school students in North Carolina reported having at least one drink of alcohol in the past 30 days. In 2011, 34% of high school students reported having at least one drink of alcohol on at least one day as compared to 39% of students in the United States. The percent of high school students reporting drinking has remained constant over a three year period. Youth are more likely to drink in larger quantities and to engage in binge drinking than adults.

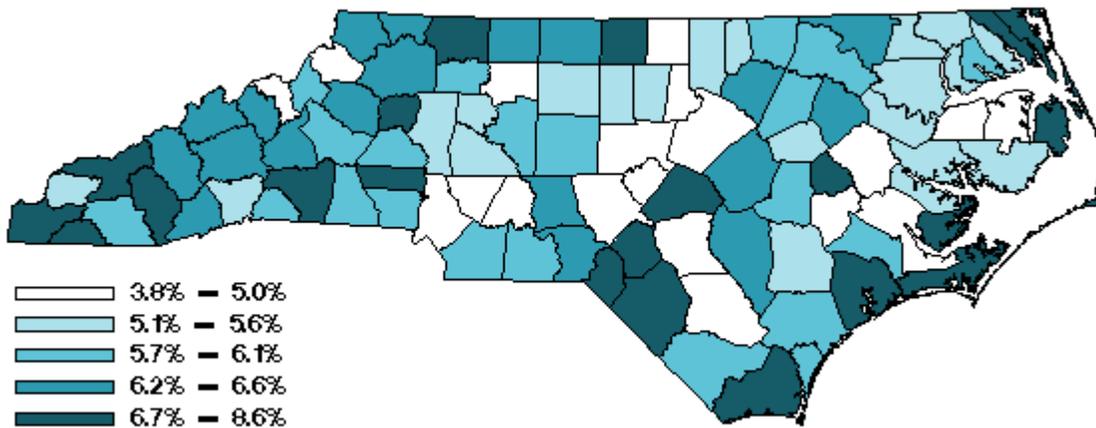
<b>Percentage of Self-Reported Drinking and Driving, BRFSS, 2008 and 2010</b>		
<b>The number of times drove when had perhaps too much to drink in the past 30 days</b>	<b>2008</b>	<b>2010</b>
Onslow County	1.4%	1.4%
North Carolina	3.1%	2.6%

The number of people who drink and drive has decreased in North Carolina but remained steady in Onslow County. As evidenced in the following maps Onslow County has one of the higher percent of alcohol involved accidents, 7.3% compared to the state at 5.3%.

<sup>10</sup> General Information on Alcohol Use and Health, CDC, [http://www.cdc.gov/alcohol/quickstats/general\\_info.htm](http://www.cdc.gov/alcohol/quickstats/general_info.htm)

## Crashes that Involved Alcohol, 2007-2011<sup>11</sup>

	Total Crashes	Alcohol Involved Crashes	Percent Alcohol Involved
Onslow Co.	19,344	1,406	7.3%
<a href="#">Statewide</a>	1,070,442	56,548	5.3%



Percentage of Population of Self-Reported Binge Drinking 2008 and 2010		
<i>Binge Drinking</i>	2008	2010
Onslow County	75.9%	83.3%
North Carolina	87.1%	89.0%

### Trend

Heavy drinking is defined as more than two drinks per day for males and more than one drink per day for females. Binge drinking is defined as five or more drinks for males and four or more drinks for females on any one occasion.

Percentage of Self-Reported Heavy Drinking 2008 and 2010		
<i>Heavy Drinking</i>	2008	2010
Onslow County	96.7%	96.5%
North Carolina	96.1%	96.5%

The number of adults 18 years and over that self-report binge drinking in Onslow County has increased significantly with a slight increase in North Carolina. However, the Onslow County percentage continues to be below the state percentage. The number of adults self-reporting heavy drinking has not changed at either the county or state level.

Percentage of Self-Reported Binge Drinking, Onslow County, by Gender, 2008 and 2010		
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<sup>11</sup>[http://www.hsrc.unc.edu/ncac/county\\_veh.cfm](http://www.hsrc.unc.edu/ncac/county_veh.cfm)

<i>Respondent Type</i>	<i>2008</i>	<i>2010</i>
Male Respondents	65.0%	73.6%
Female Respondents	86.3%	93.7%

When reviewed for trends, BRFSS data from 2008 and 2010 show a disparity between male and female respondents; however, there was an increase in the percentage of males that reported binge drinking.

Percentage of Self-Reported Binge Drinking, Onslow County, by Race, 2008 and 2010		
<i>Respondent Type</i>	<i>2008</i>	<i>2010</i>
White Respondents	74.5%	79.1%
Minority Respondents	82.0%	95.3%

When reviewed for trends, BRFSS data from 2008 and 2010 show a disparity between white and minority respondents regarding binge drinking. In addition, there was a large increase in the number of minority respondents who reported binge drinking from 2008 to 2010.

Percentage of Self-Reported Binge Drinking, Onslow County, by Age 2008 and 2010		
<i>Respondent Type</i>	<i>2008</i>	<i>2010</i>
18 – 44 years	67.1%	80.6%
45+ years	89.5%	87.1%

When reviewed for trends, BRFSS data from 2008 and 2010 show a significant increase in the number of people 18 – 44 years of age who self report binge drinking.

## Community Perception

Driving Under the Influence was considered the third most important overall health issue in the community during the survey. Fifty-two percent of respondents believe that it is a major problem. Adult Alcohol Abuse was considered the fourth most important overall health issue. Fifty percent of respondents believe that it is a major problem.

## Sexual Behavior

While sex can be beneficial to overall wellness and relationships, it can also be dangerous to one's health. Several sexual behaviors are considered unhealthy, including unprotected sex outside of a monogamous relationship and without prior testing for sexually transmitted disease, and sex with multiple partners in short periods of time. The leading health risks related to sex are sexually transmitted disease infection and cervical cancer in women related to viral infection.

## Trends

The 2010 BRFSS survey evaluated sexual behavior in Onslow County. Of 182 respondents that answered questions, 83.6% reported sexual intercourse with one partner (79.8% in 2006), 1.5% reported intercourse with two partners (0.0% in 2006), 0.2% reported intercourse with three partners (6.6% in 2006), 3.4% reported intercourse with four or more partners (6.2% in 2006), and 11.4% reported no intercourse (7.3% in 2006). The percentage of individuals indicating intercourse with more than one partner is decreasing while the percentage of individuals reporting no intercourse is increasing.

Chlamydia cases continue to increase in Onslow County which is a concern even though fewer people are reporting sexual intercourse or intercourse with multiple partners. Please see "Chapter 2: Physical Health" for an additional discussion of sexually transmitted diseases within the county.

## Community Perception

Of the top three lifestyle health concerns, 47.8% of survey respondents believe that unprotected sex is a problem within the community.

## Strengths & Resources

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The county offers several strengths and areas of celebration related to lifestyle and behavioral issues, including:

- Several cities/townships and major employers in Onslow County have worked to implement policies restricting tobacco use, thereby limiting exposure to secondhand smoke:
  - Onslow County Schools implemented tobacco free campuses (2004).
  - Onslow County Health Department and Department of Social Services extended their policy of tobacco free buildings to include a fifty-foot barrier around the premises in order to eliminate secondhand smoke contamination to employees and clients while promoting healthy behaviors (2008).
  - Onslow Memorial Hospital implemented a smoke free campus to eliminate secondhand smoke exposure (2008).
  - The City of Jacksonville and North Topsail Beach both have formal smoking policies that restrict tobacco use on city and township property.
  - The towns of Swansboro, Holly Ridge, and Richlands have informal smoking policies that restrict tobacco use on municipality grounds and in buildings
- The \$4.1 million, Phase I Rails to Trails Greenway project in the City of Jacksonville was completed and offers 5.2-miles of converted railways for biking, walking, running, and other physical activity and recreational opportunities (2008).
- City of Jacksonville continues to work on the augmentation and expansion of bike and pedestrian paths
- Several major employers in Onslow County have worked to implement workplace wellness programs that encourage wellness in the work setting with a focus on fitness, nutrition, and preventative screenings.
- Onslow County School Health Advisory Council has adopted nutrition and weight management as a top priority.
- Tobacco use, although higher than North Carolina percentages, has decreased over the past seven years, according to self-reported data from BRFSS.
- Physical activity and proper nutritional intake remains high within the county according to self-reported BRFSS data.
- The Healthy Youth Act Law passed requiring all NC public schools to offer abstinence-based, comprehensive sex education to 7<sup>th</sup> through 9<sup>th</sup> graders.

Although the county offers several areas of strength, we are not without areas of concern related to lifestyle issues and health behaviors:

- The county continues to have high rates of alcohol use, heavy drinking, and binge drinking.
- There are few community recreation centers or YMCA-like facilities that provide low cost opportunities to engage in structured, indoor physical activity. There are several privately owned gyms within the county that provide such environments, but many residents are unable to afford monthly fees.
- The county living environment, distance between communities, and lack of consistent sidewalks make it difficult to maneuver within the county without driving. Unless a resident lives within the City of Jacksonville, it is difficult to walk or utilize the public transit system, which limits physical activity as part of residents' daily routines.
- There are few smoking cessation programs, apart from the NC Quitline, on-base programs for military personnel and their family members, and one dedicated certified counselor who kindly offers his services to businesses and individuals on an as needed basis.

## Chapter 4: Economic Health

The Economic Health chapter focuses on poverty levels, housing, income, transportation, employment, the uninsured and affordable child care.

### Income & Families in Poverty

According to U.S. Census Bureau information, the percentage of people below the poverty level in the past 12 months for the United States is 15.9 % with a margin of error of +/- 0.1, which is about the same as the overall poverty level for Onslow County - 15.3%. The percentage of people below the poverty level for North Carolina for the past 12 months is 17.9%.

#### Healthy North Carolina 2020 Objective

Decrease the percentage of individuals living in poverty from 16.9 % (2009) to 2020 objective of 12.5%.

Economic Indicators, Onslow County poverty levels 2010 <sup>1</sup>			
Poverty levels	Total Estimated population	Below Poverty Level Estimate	Percent Below Poverty Level
Population for whom poverty status is determined	163,243	24,930	15.3%
Age			
Under 18	44,967	9,701	21.6%
Families with Related Children <18 Below Poverty Level	44,804	9,538	21.3%
18 to 64 years	104,604	13,984	13.4%
Male	80,454	10,767	13.4%
Female	82,789	14,163	17.1%
Race			
White	123,224	14,937	12.1%
Black or African American	27,174	7,726	28.4%
White alone, not Hispanic or Latino	110,958	14,116	12.7%

### Housing Data Onslow County, State & County comparison 2011<sup>2</sup>

Source U.S. Census Bureau: State and County *QuickFacts*. Data derived from Population Estimates, State and County Housing Unit Estimates, Last Revised: 18-Sep-2012

Subject	Onslow County Housing Survey 2011	
	<i>Onslow County</i>	<i>North Carolina</i>
<b><i>Housing</i></b>		
Total Housing Units	70,366	4,362,740
Homeownership rate, 2006 -2010	56.6%	68.1%
Housing units in Multi-units structures 2006-2010	12.3%	16.9%
Median value of owner-occupied housing unites 2006-2010	\$137,400	\$149,100
Household, 2006-2010	55,633	3,626,179
Persons per household, 2006-2010	2.66	2.49

<sup>1</sup> U.S. Census Bureau American FactFinder 2011 American Survey

<sup>2</sup> U.S. Census Bureau American <http://quickfacts.census.gov/qfd/states/37/37133.html>

## Median Household Income Statistics

The 2010 Estimated Median Family Income for Onslow County was \$48,380, a 32.1% increase over the median family income reported in the 2000 Census.<sup>3</sup>

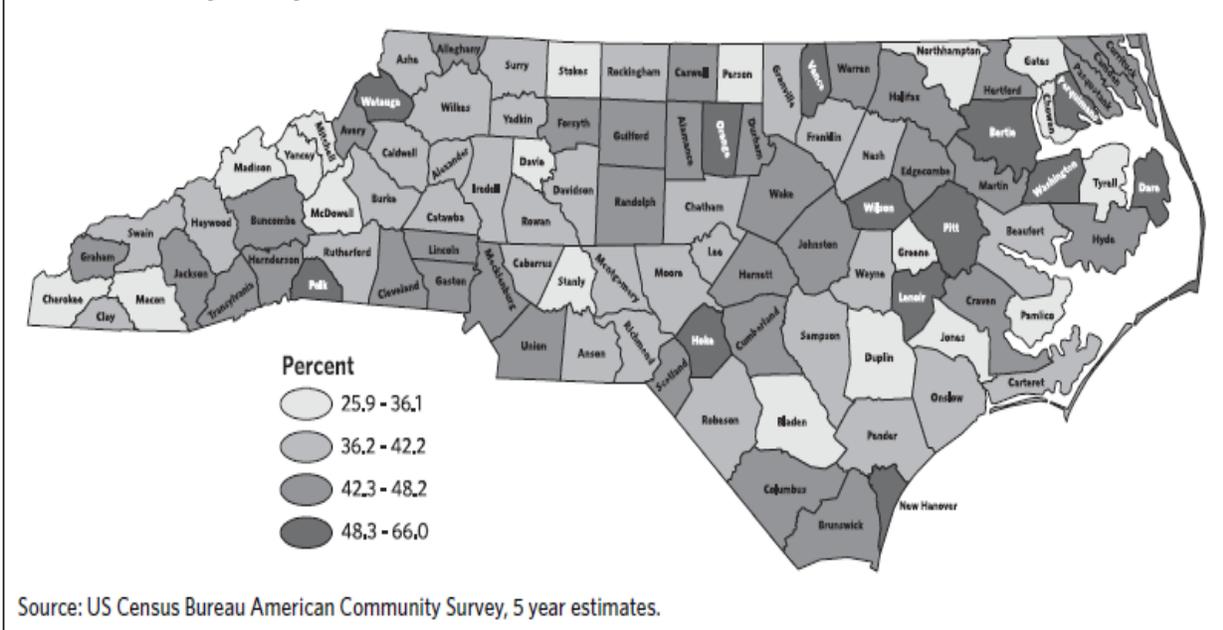
Median Household Income, Onslow County versus North Carolina <sup>4</sup>		
<i>Median Household past 12 months (inflation-adjusted)</i>	<i>Onslow County</i>	<i>North Carolina</i>
Median Household Income	\$45,573	\$43,916
Median Householder under 25 years	\$35,814	\$22,236
Householder 25 to 44 years	\$49,598	\$46,861
Householder 45 to 64	\$48,784	\$52,345
Householder 65 years and over	\$34,856	\$32,936
Median nonfamily household Income	\$22,594	\$30,915

## Rental Housing

Currently the residents of Onslow County are spending approximately 36.2% to 42.2 % of their income on rental housing.

Healthy North Carolina 2020 Objective
Decrease the percentage of people spending more than 30% of their income on rental housing.

**FIGURE 3.**  
North Carolina Percentage of Population Spending more than 30% of their Income on Rental Housing in the Last 12 Months by County, 2006-2010

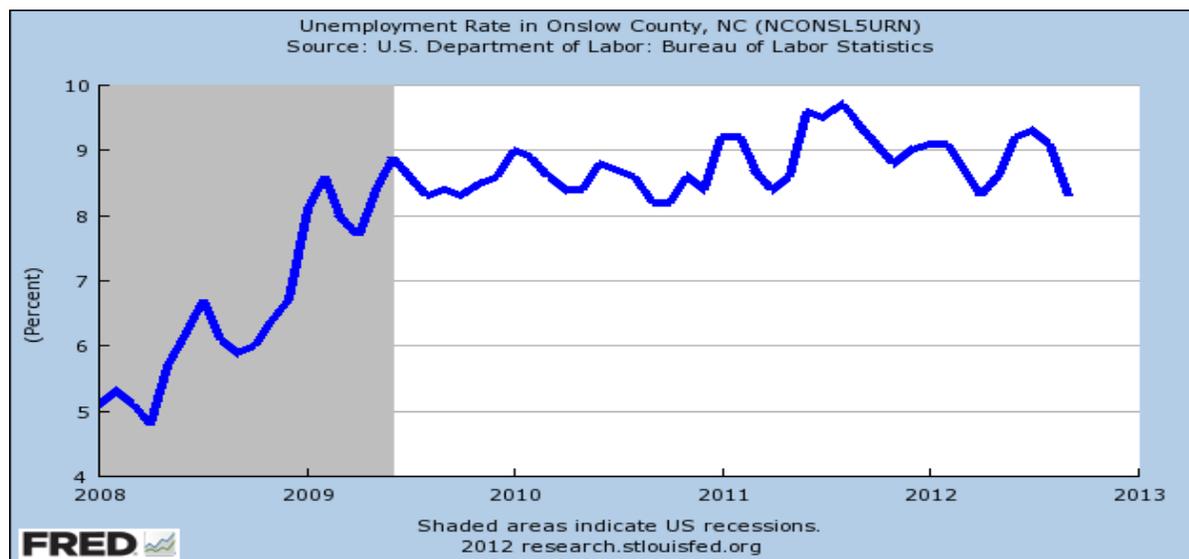


<sup>3</sup> <http://accessnc.commerce.state.nc.us/docs/countyProfile/NC/37133.pdf>

<sup>4</sup> U.S. Census Bureau American Fact Finder 2011 American Survey

## Unemployment Rate in Onslow County<sup>5</sup>

The unemployment rate remains one of the most comprehensive measures of economic health in a community. According to the United States Federal Reserve in November 2012 the unemployment rate in Onslow County was 8.3 %. Historically the unemployment rate in Onslow County averaged 5.4365 % since inception reaching a record high of 9.7000 % and a record low of 2.9000 %. This page includes a historical data chart for the unemployment rate from 2008 to 2012 in Onslow County. <sup>6</sup>



## Transportation

Public transportation has the opportunity to improve health through limiting traffic congestion and associated traffic accidents, assuring better access to essential medical services, and providing individual empowerment through personal freedom, choice, and mobility; thus, public transportation enhances access to opportunity, enabling economic prosperity and protecting our communities and the natural environment from the impact of vehicle emissions.<sup>7</sup>

## Trends

Onslow County is served by two U.S. highways: U.S. 17 and U.S. 258, which are both four-lane highways. In addition, the county is served by N.C. 24 (four-lanes), NC 50, NC 53, NC 172, and NC 210. The nearest interstate, I-40, is 35 miles away; the second closest interstate, I-95, is 78 miles away. The nearest port facilities are in Wilmington (53 miles) and Morehead City (45 miles).

The county offers commercial air service through Albert J. Ellis Airport (OAJ), which is thirteen miles northwest of Jacksonville. The airport includes a 7,100 foot lighted runway with an instrument landing system and full parallel taxiway. Onslow is also served by Greyhound Bus Line for out-of-county travel. In-county, non-emergency travel to human services agencies, doctors appointments and other venues is offered by the non-profit organization Onslow United Transit System (OUTS). OUTS provides non-emergency transportation services to the general public through the Demand Response or Dial-a-Ride Program and to human services agency clients through contract services. OUTS provides transportation for medical appointments, employment transportation and general purpose transportation.

In addition, the City of Jacksonville has the Jacksonville Transit, which is a bus service with two fixed routes.

<sup>5</sup> <http://www.tradingeconomics.com/united-states/unemployment-rate-in-onslow-county-nc-percent-m-nsa-fed-data.html>

<sup>6</sup> <http://research.stlouisfed.org/fred2/series/NCONSL5URN?rid=116&soid=22>

<sup>7</sup> The Route to Better Personal Health, PublicTransportation.com, [http://www.publictransportation.com/reports/asp/better\\_health.asp](http://www.publictransportation.com/reports/asp/better_health.asp)

## **Employment**

Employment has always affected health in positive and negative ways. Employment or lack of employment opportunities is the single most important factor influencing the economy.

## **Onslow County Employers**<sup>8</sup>

Onslow County Board of Education is the largest employer within the county for civilian personnel. When military personnel are included, the Department of Defense is the largest employer.

Major Employers in Onslow County	Rank	Employment Range
Department of Defense	1	1,000+
Onslow County Board of Education	2	1,000+
Camp Lejeune Marine Corps Community Services	3	1,000+
Onslow Memorial Hospital	4	1,000+
Onslow County	5	1,000+
Wal-Mart Associates, Inc.	6	500-999
Coastal Carolina Community College	7	500-999
Convergys Customer Management Group	8	500-999
City of Jacksonville	9	500-999
Food Lion LLC	10	500-999
Coastal Enterprises of Jacksonville	11	250-499
McDonalds Restaurants of NC	12	250-499
PRC	13	250-499
Lowe's Home Centers, Inc.	14	250-499
Stanadyne Corporation	15	250-499
Marine Federal Credit Union, Inc.	16	250-499
New River Marine Corps Community Services	17	250-499
Service Source Employment Services	18	100-249
Principle Long Term Care, Inc.	19	100-249
Wendy's Old Fashioned Hamburgers	20	100-249

## **Health Insurance Coverage**

The U.S. Census Bureau reported for 2011 approximately 11.7% of Onslow County residents were uninsured, which is below the North Carolina State percentage of 16.3 % uninsured.

The U.S. Census Bureau reported that 48.6 million people were uninsured in 2011 down from 50 million the year before. For the first time in four years, the number of Americans without health insurance decreased. The percentage of uninsured people also ticked lower, edging down to 15.7% from 16.3%. However, for the fifth consecutive year, the percentage of people covered by government health insurance increased up to 32.2% from 31.2% in 2010.

<sup>8</sup> NC Employment Security Commission: [www.ncesec.com](http://www.ncesec.com)

People covered by Medicaid increased to 16.5% from 15.8%, and Medicare coverage edged higher to 15.2% from 14.6%.<sup>9</sup>

Number of Uninsured	Onslow County, North Carolina 2011 <sup>10</sup>		
	Total	Number Uninsured	Percent Uninsured
	Estimate	Estimate	Estimate
Total civilian population	148,406	17,388	11.7%
<b>AGE</b>			
Under 18 years	45,169	2,179	4.8%
18 to 64 years	89,565	15,209	17.0%
65 years and older	13,672	0	0.0%
<b>SEX</b>			
Male	66,381	10,110	15.2%
Female	82,025	7,278	8.9%

### **Child Care Costs**

The Onslow County Partnership for Children (OCPC) provides referrals to families regarding available child care options and provides consumer education information to families about child care and child development. OCPC also coordinates training opportunities for child care providers and operates a Resource Center that makes age appropriate toys, books and materials available to parents and child care providers. The program is administered by OCPC and funded by Smart Start, the NC Division of Child Development, and program income.

OCPC assists eligible families with the cost of child care services. Since Onslow County does not have a waiting list for child care subsidy services, funds have been used since 2008 to provide enhanced payments to high quality child care facilities with the goal of addressing the gap between the cost of providing high quality child care and the subsidy rate paid to child care facilities per eligible child. The program is administered by the Onslow County Department of Social Services and funded by Smart Start.

### **Availability of Doctors**

The Cecil G. Sheps Center for Health Services Research, Data Available, NC Health Professions Data System for state and county profiles reports the following ratios for physicians to citizens of Onslow County.<sup>11</sup>

Access to Care	Rates based on 2010 population data
Physicians per 10,000 population	8.5
Primary Care Physicians per 10,000 Population	4.4

### **Practitioners**

The person per provider ratio is commonly used to describe the availability of medical providers in a community. The person per provider ratio (PPR) is calculated by dividing the total population by the number of providers of a certain type practicing in the county. According to the Department of Health and Human Services, the recommended ratio of people per provider is 2,000:1. For an area to have what can be officially considered a shortage of physicians, that ratio needs to be at least 3,000:1.

<sup>9</sup> NEW YORK (CNN Money), <http://money.cnn.com/2012/09/12/news/economy/census-bureau-health-insurance/index.html>

<sup>10</sup> U.S. Census Bureau American Fact Finder 2011 American Survey

<sup>11</sup> <http://www.shepscenter.unc.edu/hp/stco.htm>.

## **Practitioners in Onslow County** <sup>12</sup>

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The following is a list of health practitioners for Onslow County which also includes the military bases.

Category of Practitioner	Number
Non-Federal Physicians	151
Primary Care Physicians	78
Family Practice	25
General Practice	2
Internal medicine	17
Obstetrics/Gynecology	18
Pediatrics	16
Other Specialties	73
Federal Physicians*	66
Dentists	57
Dental Hygienists	139
Registered Nurses	946
Nurse Practitioners	41
Certified Nurse Midwives	9
Licensed Practical Nurses	230
Practicing Psychologists	25
Psychological Associates	18
Respiratory Therapists	34

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<sup>12</sup> Onslow County Health Department

## Chapter 5: Mental & Behavioral Health

Mental health is an important component of overall health, and it is important to ensure that the necessary preventive and treatment services are available to residents. The Mental and Behavioral Health chapter focuses on adult and child mental health as well as special populations.

### Adult Mental & Behavioral Health

The term “mental health” refers to a diverse list of specific mental health disorders, which makes it difficult to generalize and provide risk factors. It is currently thought that development of behavioral and mental health disorders is attributable to interplay between the environment and genetic factors. Some disorders, such as post traumatic stress disorder, can be traced more directly to traumatic events, and others, like schizophrenia, seem to have more of a genetic cause. Healthy Carolinians established the following 2020 Health Objectives related to mental health:

Healthy North Carolina 2020 Objectives	Current	2020 Target
Reduce the suicide rate (per 100,000 population)	12.4 (2008)	8.3
Decrease the average number of poor mental health days among adults in the past 30 days	3.4 (2008)	2.8
Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)	92.0 (2008)	82.8

### Behavioral Healthcare Centers

#### Brynn Marr Hospital

Since 1982 Brynn Marr Hospital has specialized in behavioral health services for children, adolescents, adults and senior adults thorough a comprehensive, integrated system of inpatient treatment programs and residential programs. The hospital provides behavioral health services for those who suffer from a mental illness, chemical dependency or development disabilities.

There are many forms of treatment offered while at Brynn Marr, including individual and family therapy, group counseling and activates therapies.

Brynn Marr Hospital is located at 192 Village Drive, Jacksonville, NC. Contact the admissions department for help in determining if the facility can provide the appropriate level of care or for help in locating other local resources.

Brynn Marr Hospital Survey	
Number of beds	100
Number of physicians	7
Number of staff physicians	1
Number of support staff (nurses etc)	140 Direct Care Staff – RN/LPN – MHW – SW
Number of patients per physician	Varies – 20 to 30
Number of annual admissions	1686
(Continued) Brynn Marr Hospital Survey	
# of admissions from last 4 years (2007 to 2011)	6507
# of outpatients annually	N/A
# of ER visits annually	N/A
Bilingual services y/n?	Will provide translator
Patient satisfaction survey results	Overall mean score of 4.39 out of 5

## Current Services offered at Brynn Marr Hospital

- Adult Inpatient Psychiatric and Addiction Services
- Child/Adolescent Inpatient Psychiatric Services
- Adult Inpatient Detox
- Adolescent Residential Services

### CoastalCare

CoastalCare, formerly known as Onslow Carteret Behavioral Healthcare Services, is a Local Management Entity and contracts with a network of private providers to deliver services that treat mental health, substance use, and developmental or other intellectual disabilities. CoastalCare provides services to residents of five counties: Onslow, Carteret, Brunswick, Pender, and New Hanover. The Onslow County location is at 165 Center Street in Jacksonville, NC. CoastalCare offers immediate assistance to the public 24 hours a day, 7 days a week through its Call Center. Referrals can be made by the individual, family members, friends, the school system, physicians, and other community agencies. During the call a clinician will provide immediate assistance by linking the individual with appropriate treatment, if deemed necessary. For crisis situations, a mobile crisis clinician can be dispatched to the individual in his/her community and emergency walk-in services are available at 215 Memorial Drive in Jacksonville, NC. Beginning January 1, 2013 as a Medicaid Waiver Site, CoastalCare will assume and manage Medicaid funding for behavioral healthcare services along with the state dollar service funds.

### Poor Mental Health Days

The poor mental health days measure is a companion measure to the poor physical health days reported in the County Health Rankings. The estimates are based on responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” We present the average number of days the county’s adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 U.S. population.

This measure was calculated by the National Center for Health Statistics (NCHS) using data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. NCHS used seven years of data to generate more stable estimates of poor mental health days.

Morbidity	Onslow County	Error Margin	National Benchmark	North Carolina
Poor mental health days	3.8	3.4-4.2	2.3	3.4

The Healthy Carolinians 2020 objectives for poor mental health was not met by Onslow County, which is still ranked higher at 3.8 and is slightly above the overall state ranking of 3.4.

Healthy North Carolina 2020 Objectives	Current	2020 Target
Decrease the average number of poor mental health days among adults in the past 30 days	3.4 (2008)	2.8

## **Community Perception**

Respondents of the 2012 Onslow Community Health Assessment Survey (38%) believe that mental health is a major problem in the community; similarly, 38% believe that it is somewhat of a problem. In contrast, 11% believe that mental health is not a problem.

## **Post Traumatic Stress Disorder (PTSD)<sup>1</sup>**

PTSD is a potentially debilitating anxiety disorder triggered by exposure to a traumatic experience, such as an interpersonal event like physical or sexual assault, exposure to a disaster or accidents, combat or witnessing a traumatic event. There are three main clusters of symptoms: firstly, those related to re-experiencing the event; secondly, those related to avoidance and arousal; and thirdly, the distress and impairment caused by the first two symptom clusters.

PTSD can occur at any age. It can follow a natural disaster, such as a flood or fire, or events such as:

- Assault
- Domestic abuse
- Prison stay
- Rape
- Terrorism
- War

For example, the terrorist attacks of September 11, 2001 may have caused PTSD in some people who were involved, in people who saw the disaster, and in people who lost relatives and friends. Veterans returning home from a war often have PTSD.

The cause of PTSD is unknown. Psychological, genetic, physical, and social factors are involved. PTSD changes the body's response to stress. It affects the stress hormones and chemicals that carry information between the nerves (neurotransmitters). It is not known why traumatic events cause PTSD in some people but not others. Having a history of trauma may increase the risk for getting PTSD after a recent traumatic event.

## **Community Perception**

Fifty four percent of survey respondents believe that PTSD is a major problem in the community; similarly, 24% believe that it is somewhat of a problem and 8.7% believe that it is not a problem.

## **Adult Suicide**

Age-adjusted suicide death rates within the county during 2006 through 2010 are to some extent higher than state rates and Healthy Carolinians 2020 targets:

<b>Age-Adjusted Suicide Comparison, Rate per 100,00 (2002-2006) <sup>2</sup></b>			
<b>Indicator</b>	<b>Onslow County (2006 – 2010)</b>	<b>North Carolina (2006 – 2010)</b>	<b>Healthy Carolinians 2020Target</b>
Suicide	12.1	11.7	8.3

## **Community Perception**

Twenty- nine point five percent of respondents believe that suicide is a major problem, 25% believed suicide is somewhat of a problem and 20% believe is not a problem.

<sup>1</sup> <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001923/>

<sup>2</sup> <http://www.schs.state.nc.us/schs/deaths/lcd/2010/suicide.html>

## Child Suicide

Suicide death rates for children in Onslow County between 2002 and 2006 were below state rates for the same period. The age range for Child Suicide is infant to 17 years old.

Children's Suicide Deaths 2006-2010 <sup>4</sup>			
Indicator	Onslow County	North Carolina (2006 – 2010)	Healthy Carolinians 2010 Target
Child Suicide 2006-2010	5	129	No Established Target
Child Suicide 2010	2	23	No Established Target

## Community Perception

Child related mental health was not specifically addressed in the 2012 Onslow Community Health Survey. However, respondents (38%) believe that mental health is a major problem in the community; similarly, 38% believe that it is somewhat of a problem. In contrast, 11% believe that mental health is not a problem.

## Visits to the Emergency Departments Regarding Mental Health

There is no data currently available to evaluate this Healthy North Carolina 2020 objective in Onslow County.

Healthy North Carolina 2020 Objectives	Current	2020 Target
Reduce the rate of mental health-related visits to emergency departments (per 100,000 population)	92.0 (2008)	82.8

## Mental & Behavioral Health of Special Populations

Even though the average age of an Onslow County resident is 26 years old, the county has a number of senior citizens and a large number of military personnel in the community. Both represent special populations within the county in regard to mental and behavioral health.

## Senior Citizens

### The Onslow County Senior Center

The Senior Center is an excellent resource for our senior citizens and provides a wide array of services and activities to meet the needs of the community. The goal is to make all services accessible throughout the county to all qualified residents. The center provides referrals for treatment and counseling as well as opportunities for interaction and recreation that will help counteract isolation. Four nutrition sites, where seniors can receive meals as well as take part in classes and other social activities, are available. In-home and social work services help to provide for the needs of the home bound in the community.

There are many reasons why depression may occur in older adults, including genetics, chronic disease, loneliness and others. There are even more reasons why it may go undiagnosed, including different signs of the illnesses such as only being tired and irritable. Mood changes can also be caused by medicines taken to treat arthritis, high blood pressure, and heart disease. There is currently no data available to determine the full magnitude of depression or other mental and behavioral health issues within our senior population.

<sup>4</sup> <http://www.schs.state.nc.us/schs/deaths/child/CFbyCO2010.pdf>

## **Military Members**

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Increasing incidence of suicide among Operation Iraqi Freedom veterans is an emerging public health issue, as is traumatic brain injury (TBI)<sup>5</sup>, post-traumatic stress disorder (PTSD), and stress on our military families due to increased military operations tempos and multiple deployments. TBI has been termed by news media as the “signature wound” of Iraq and appears to occur in a greater number of wounded than in previous military conflicts. Kevlar helmets and body armor provide better ballistic protection to vital organs and increase survivability; however, helmets cannot completely protect the head, face and neck from injury. Exposure to a blast may result in TBI, and the full magnitude of TBI among military members is unknown at this time. The initial injury may include loss of consciousness, memory loss, tinnitus, perforated eardrums, headache, and blurred vision in addition to internal injury caused by penetrating objects. Longer term effects of TBI may include headaches, sleep disturbances, attention deficit, memory loss, language impairment, delayed reaction time in problem solving, mood changes, depression, anxiety, impulsiveness, and emotional outbursts.

## **Community Perception**

The 2012 Onslow Community Health Survey reported that many respondents (38%) believe that mental health is a major problem in the community; similarly, 38% believe that it is somewhat of a problem. In contrast, 11% believe that mental health is not a problem.

## **Summary and Analysis**

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Due to a lack of data at both the local and state levels, it is challenging to determine the true status of mental and behavioral health in the community.

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<sup>5</sup> Okie, S, *Traumatic Brain Injury in the War Zone*, The New England Journal of Medicine, 352(20):2043-2048

## Chapter 6: Environmental Health

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The Environmental Health chapter examines how Onslow County residents affect their environment and how it, in turn, affects their lives and health. Air quality, water quality, waste management, land use, and coastal conservation are all important elements of the county's environmental health.

Healthy Carolinians established two Environmental Health Objectives to be met by 2020:

Objectives	2020 Target
Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm.	100.0%
Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS).	95.0%

The Jacksonville Metropolitan Statistical Area (MSA) is the monitoring station that would measure air quality markers in Onslow County, but this station does not currently operate any monitoring sites. Information about the county's water supply is explained below.

### Outdoor Air Quality

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This section covers ambient (outdoor) air quality as identified by The Clean Air Act of 1990 and the National Ambient Air Quality Standards (NAAQS) established by the U.S. Environmental Protection Agency under The Clean Air Act. There are two types of air quality standards: primary standards that set the limit to protect public health and secondary standards that set limits to protect public welfare. Six types of pollutants (known as "criteria pollutants") are measured: carbon monoxide, lead, nitrogen dioxide, particulate matter, ozone, and sulfur dioxide.

Poor air quality can severely impact the health of the lungs as well as overall health. Lung tissues are easily damaged by pollutants in the air, resulting in an increased risk for allergies, asthma, bronchitis, lung cancer, and other temporary and chronic respiratory disorders and diseases. Several populations may have increased sensitivity to poor air quality, including children, senior adults, and those diagnosed with asthma, emphysema, chronic obstructive pulmonary disease, or other respiratory disorders.

### Trends

One measure of daily air quality is the Air Quality Index (AQI) monitored by the U.S. Environmental Protection Agency for all criteria pollutants combined and for each individually. An AQI value of 100 generally corresponds to the national air quality standard and any value less than 100 is considered satisfactory.

In addition to AQI measurements, each of the six criteria pollutants is monitored to determine overall air quality and the corresponding health impact.

The Jacksonville MSA consists of Onslow County. The principal city is Jacksonville. The NC-DAQ currently does not operate any monitoring sites in the Jacksonville MSA. The Jacksonville particle-monitoring site was shut down on December 31, 2007 because the measured concentrations were less than 80 % of the National Ambient Air Quality Standards.<sup>1</sup>

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<sup>1</sup> MCB Camp Lejeune EMD Annual Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.htm>

“Changes to the **lead monitoring network** requirements in 2010 did not affect the Jacksonville MSA. Although the MSA does not have an NCore monitoring site, it had a permitted facility located within its bounds that emitted 0.5 tons or more per year of lead in 2009. However, lead emissions at Camp Lejeune in 2010 were below the 0.5 ton threshold. The EPA concurred that actual emissions from Camp Lejeune were less than 0.5 tons and did not require monitoring at the fence line of the facility.”<sup>2</sup>

“Changes to the **ozone monitoring requirements** could affect the Jacksonville MSA if the EPA decides to require monitoring in urban areas without design values. Its population is above the threshold for requiring population exposure monitoring in urban areas but monitoring is not required because it does not have an ozone design value. Currently, the NC-DAQ does not monitor for ozone in Jacksonville because the ozone levels measured by the Castle Hayne monitor in New Hanover County indicate that the ozone concentrations on the coast are currently around 85 % of the NAAQS. The Jacksonville MSA would not be affected by rural ozone monitoring requirements because there are no Class I areas in the MSA.”

“The Jacksonville MSA is not impacted by the 2010 nitrogen dioxide monitoring requirements. It is too small to require area-wide monitors and does not have any roadways with average annual daily traffic above the threshold for near roadway monitoring. The Jacksonville MSA is also not impacted by the 2010 sulfur dioxide monitoring requirements because there are no large sources of sulfur dioxide in the MSA and the population is not large enough to require a monitor. This MSA will also not be impacted by the proposed changes to the carbon dioxide monitoring requirements because the population is too small.”<sup>3</sup>

### **Community Perception**

Twenty-eight and a half percent of survey respondents indicated that Air Pollution is a top environmental issue that needs to be addressed in the community.

### **Water Quality**

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Like other areas in the state, water in the county is available by private wells and through public water service, which is managed off-base by the Onslow Water and Sewer Authority (ONWASA) as of January 2007<sup>4</sup> and on-base by Marine Corps Base Camp Lejeune. The Onslow County water source managed and treated by ONWASA is groundwater that is primarily from 15 wells that draw water from the Black Creek Aquifer. The water provided in the Hubert and Dixon/Holly Ridge area is supplied by water drawn from 15 wells connected to the Castle Hayne Aquifer. MCB Camp Lejeune is served by five water districts that draw from 66 wells, excluding ONWASA wells that serve the Rifle Range district of MCB Camp Lejeune.<sup>5</sup> Water in the remaining four districts (Courthouse Bay, Hadnot Point, Holcomb Boulevard, and New River) is drawn from the Castle Hayne Aquifer.

### **Trends**

Finally, radioactive contaminants can be naturally occurring or may result from oil and gas production or mining activities. There are various ways that groundwater and drinking water may become contaminated. Organic chemical contaminants, such as petroleum products, typically contaminate drinking water sources through storm water runoff or improper wastewater discharges. Pesticides and herbicides come from agricultural or residential activities. Microbial contaminants, like viruses and bacteria, may come from wastewater treatment plants, improperly functioning septic systems, agricultural livestock operations, and

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<sup>2</sup> MCB Camp Lejeune EMD Annual Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.htm>

<sup>3</sup> 2012 Annual Monitoring Network Plan for the North Carolina Division of Air Quality: Wilmington Monitoring Region

<sup>4</sup> 2012 Annual Monitoring Network Plan for the North Carolina Division of Air Quality: Wilmington Monitoring Region

<sup>5</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports,

<http://www.lejeune.usmc.mil/emd/reports/annualreports.htm><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

wildlife. Water treatment facilities monitor for more than 150 contaminants in accordance with federal and state laws.

ONWASA monitors the water supply for all regulated contaminants, including microbiological, inorganic, and disinfection by-products. In 2011, ONWASA received no violations. Of note in 2011:<sup>6</sup>

- Out of 100 sites tested monthly, only 1 site (out of 1,200) tested positive for coliform bacteria.
- No detection of Nitrates or Nitrites in 17 sources sampled.
- Sampled 68 sites for disinfection by-products with no violations.
- Sampled for asbestos, which is done every 9 years; the level was five times lower than the maximum contaminant level.
- Sampled 200 homes per year for lead and copper; no violations reported.

In 2009 and 2010 <sup>7</sup>, ONWASA also report no violations. In 2010, four of 1,200 sites reported a positive coliform test and one site exceeded the safe lead levels.

Water at MCB Camp Lejeune faces special risk of contamination from compounds found in explosives, such as nitroaromatics, nitramines, nitrate esters, and perchlorate. Although there are no regulations that mandate monitoring, Camp Lejeune instituted a monitoring program for these compounds in finished water in 2004 and in raw ground water in 2011.

Additionally, Marine Corps Installations East and Camp Lejeune sampled raw groundwater in March 2011 and finished water monthly through March 2011 for Volatile Organic Contaminants (VOCs) and Synthetic Organic Contaminants (SOCs), including herbicides. This sampling was done voluntarily above what is required by current regulations. The Courthouse Bay Water Treatment Plant and associated groundwater supply wells were removed from service April 28, 2011, and drinking water was subsequently supplied by the Hadnot Point Water Treatment System.

According to annual quality reports, MCB Camp Lejeune utilizes SWAP (Source Water Assessment Program) to evaluate wells. <sup>8</sup>

The table summarizes water testing reports from Camp Lejeune and MCAS New River from January to December 2011, the most recent data available.

Water Treatment System <sup>9</sup>	Contaminants from Munitions Present?	VOCs or SOCs Below Maximum Contaminant Level?	Water Meets EPA/ State Health Standards?	Water Source	# of Wells	SWAP Results			
						Not Rated	Low	Moderate	High
Courthouse Bay	No	Yes	Yes	Castle Hayne Aquifer	7	0	4	2	1
Hadnot Point	Trace of 1 contaminant	Yes	Yes	Castle Hayne Aquifer	22	1	9	10	2

<sup>6</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.htm><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

<sup>7</sup> ONWASA, Water Quality Report, 2009-2011, <http://www.onwasa.com/index.aspx?NID=143>

<sup>8</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.htm><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

<sup>9</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.htm><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

Holcomb Boulevard	Trace of 1 contaminant	Yes	Yes	Castle Hayne Aquifer	21	0	6	10	5
(Continued) Water Treatment System <sup>10</sup>	Contaminants from Munitions Present?	VOCs or SOCs Below Maximum Contaminant Level?	Water Meets EPA/ State Health Standards?	Water Source	# of Wells	SWAP Results			
						Not Rated	Low	Moderate	High
Rifle Range Distribution	No	Yes	Yes	ONWASA Hubert and Dixon Wells	20	9	6	4	1
MCAS New River	Trace of 1 contaminant	Yes	*Yes	Castle Hayne Aquifer	5	0	1	4	0

\*Coliform Bacteria violation; Boil Water Advisory issued July 20, 2011; rescinded July 21, 2011 based on re-sampling.

In September and October of 2012, 12 pounds of mercury were found in the Hadnot Point Water Treatment Plant. Since mercury cannot dissolve in water, no drinking water was contaminated. The plant was completely cleaned while off line for several weeks.

The City of Jacksonville draws its water from two aquifers located near Richlands, NC. Fifteen wells from the Gum Branch field draw their water from the Upper and Middle Cretaceous Sand Aquifers. This water only requires chlorine for disinfection. The second source of water consists of 20 wells in the Castle Hayne Aquifer.

The City of Jacksonville water supply had no Maximum Contaminant Level violations for 2011. Some contaminants are not monitored annually since their levels are not expected to vary widely. “Synthetic Organic Compounds and unregulated SOC contaminants were sampled in 2011, and results of those analyses were all below detection limits. Volatile Organic Compounds were sampled in 2010.” <sup>11</sup> The following wells had a Low Susceptibility Rating to Potential Contaminant Sources, or SWAP:

- Wells 3, 4, and 5 from 258 Plant
- Wells 12, 13, 17, 18 from Gum Branch Plant.

These wells had a moderate susceptibility rating:

- Wells 1 and 2 from the 258 Plant.
- Wells 6 and 7.
- Wells 11, 14, 15, 16 from the Gum Branch Plant.
- Chaney’s Creek 1 and 2.
- Commons North 1 and 2.
- Commons South 1 and 2.
- Business Park 1 and 2. <sup>12</sup>

<sup>10</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.html><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

<sup>11</sup> MCB Camp Lejeune Environmental Management Division Annual Water Quality Reports, <http://www.lejeune.usmc.mil/emd/reports/annualreports.html><http://www.lejeune.marines.mil/OfficesStaff/EnvironmentalMgmt/AnnualReports.aspx>

<sup>12</sup> 2011 Annual City of Jacksonville Drinking Water Quality Report, City of Jacksonville, June 2012.

Water systems are monitored by the Public Water Supply Section of the Division of Water Resources, which is part of the North Carolina Division of Environment and Natural Resources. Guidance comes from the Environmental Protection Agency.

### Community Perception

Forty-seven percent of survey respondents see drinking water quality as one of the top three environmental issues in Onslow County.

### Waste Management

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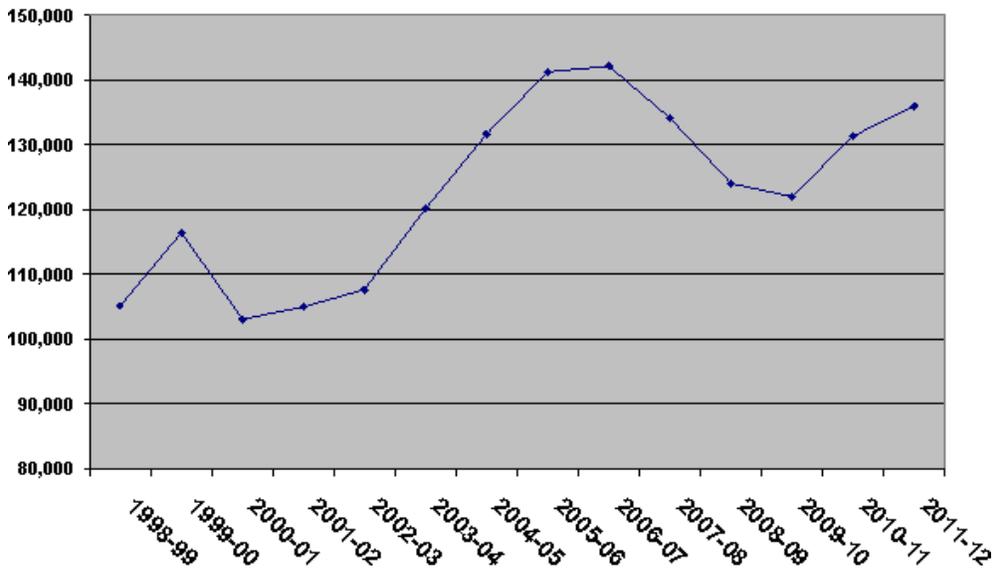
This section covers waste management, including landfills, recycling, and waste composition.

#### Trends

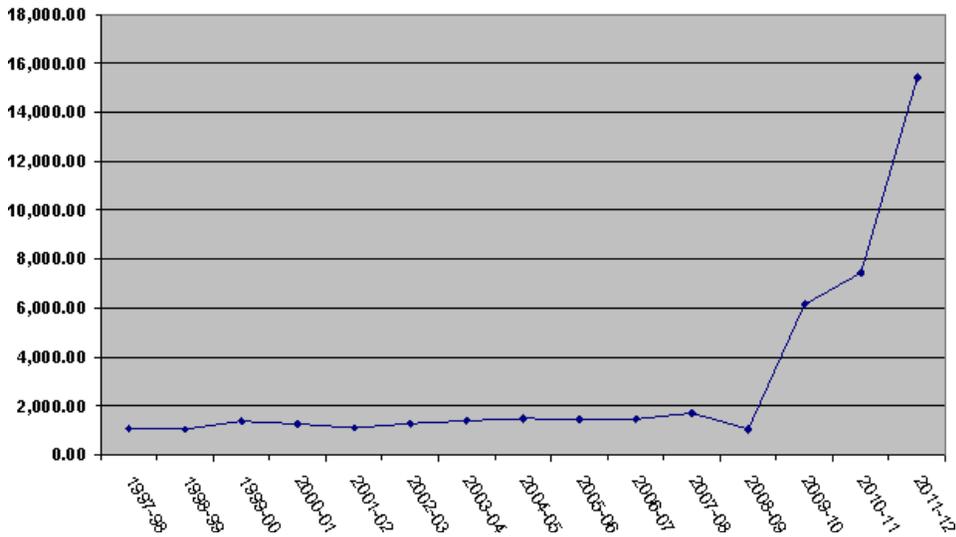
Information in the waste management section was provided by the Onslow County Solid Waste Department from its county solid waste plan.

Trends within Onslow County for wastewater and solid waste management are as follows: The number of tons of waste disposed of in the Onslow County landfill increase steadily since 2008, the year of the last Community Health Assessment, and the amount recycling has jumped noticeably in the same time period.

**Tons Disposed of in Onslow County Landfill**



## Tons Recycled in Onslow County (not including municipalities)



### Estimate of Residential Waste Composition

Material	State Estimate (%)	Estimated 80,476.2 Tons Disposed
Paper	31%	25,300.092
Cardboard	6%	4,896.792
Plastics	10%	8,161.32
Yard Waste	5%	4,080.66
Organic	19%	15,506.508
Textiles	4%	3,264.528
Glass	8%	6,529.056
Aluminum	1%	816.132
Ferrous Metal	6%	4,896.792
Non-ferrous Metal	1%	816.132
Miscellaneous	9%	7,345.188
Total	100%	81,613.2

Ten convenience centers and a private hauler serve as the primary source of Onslow County’s recycling program. The convenience centers all have collection programs for Tires, White Goods and Metals, Electronics, Antifreeze, Cooking Oil, Motor Oil, Lead-Acid and Dry Cell Batteries, Commingled Recyclables (Paper, Plastic, Glass, Metals, and Cardboard). The landfill recycle station also offers Pallet recycling, Carpet recycling, Fluorescent Bulb recycling, Concrete, Asphalt, and Brick recycling, in addition to the recycling programs that are also offered at the convenience center sites.

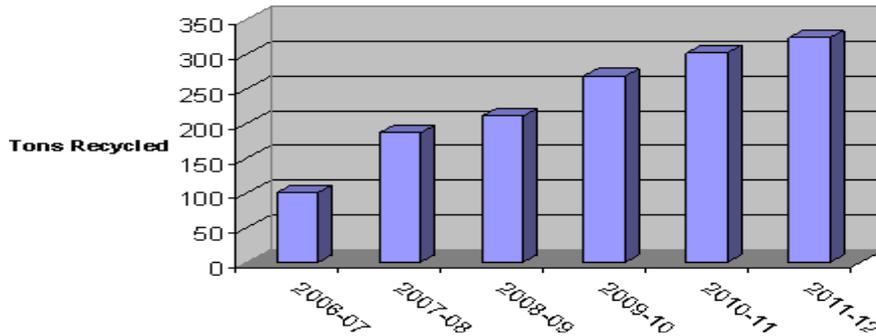
The county established the Material Recovery Facility (MRF) at the landfill in January 2002. The MRF was leased to Coastal Enterprises, and Sonoco Recycling now leases the MRF since November 2011. Sonoco Recycling has expanded the types of materials as well as the quantity of materials it will accept. Sonoco

Recycling started making significant upgrades to the MRF, including building structure and equipment upgrades, in 2012.

### Onslow County School Recycling

Keep Onslow Beautiful School Recycling Program has now expanded to all Onslow County schools.

#### Onslow County School Recycling



After receiving a permit for a Subtitle D Landfill, Onslow County opened a Subtitle D Landfill in January 1998 and is currently operating this same landfill. The Onslow County Subtitle D Landfill site has the capacity to accept solid waste at the rate it is being generated at present until FY 2020. All municipalities dispose of their solid waste at the Onslow County Subtitle D Landfill. In 2011, the Solid Waste Department completed a partial closure of the South side of the Subtitle D landfill. In 2012, the department completed a request for proposals (RFP) process in order to seek possibilities to capture and use landfill gas for energy.

Camp Lejeune operates its own waste management facilities.

### Community Perception

Only 16.51 percent of survey respondents thought that trash disposal was a major problem in the county.

### Wastewater Treatment

ONWASA currently manages six wastewater facilities, the Richland Facility, the Springdale Acres Facility, the Holly Ridge Facility, the Kenwood Facility, the Swansboro Facility, and the Hickory Grove Facility. This report contains a description and snap shot of the monthly activities of each plant and the collection system serving the facility.

Onslow County Wastewater Treatment Plants <sup>13</sup>				
Name of Facility	Design Capacity	2010 Average Flow/% of Permitted Design Flow	Gallons Treated in 2010	Violations
Hickory Grove	22,500 gal/day	0.013 mgd	4,818,000	Sampling: Jan, Feb, March, April, May, June, July, Aug, Sept, Dec
Holly Ridge	0.260 mgd	0.129 mgd/49.6%	46,911,010	No violations
Kenwood	0.049 mgd	0.039 mgd/79.5%	14,427,544	Exceeded BOD limits in Sept and Oct
Richlands	0.250 mgd	0.170 mgd/68.2%	62,042,823	Excessive average daily effluent flow in Jan and Feb; exceeded BOD in Sept
Continued Onslow County Wastewater Treatment Plants <sup>14</sup>				
Springdale Acres	0.050 mgd	0.098 mgd/196%	36,777,814	Several BOD and permitted daily limit of enterococci
Swansboro	0.600 mgd	0.266 mgd/44.3%	97,035,050	Fecal cloriform in Aug and Sept; flow limit exceeded in Jan, Feb, Aug, Sept, and Oct
mgd=million gallons per day		BOD=Biochemical Oxygen Demand		

The MCB Camp Lejeune Advanced Wastewater Treatment Plant services the base.

### Community Perception

Those who felt that wastewater treatment is a major problem for Onslow County comprise 19.72% of residents.

### Land Use

Land use and community master planning impact health through a variety of means, including access to recreational areas, convenient access to healthy foods, and general well being.

### Trends

“The Onslow County Comprehensive Plan (CAMA Core Land Use Plan) was adopted by the Board of Commissioners in October 2009 and certified by the Coastal Resources Commission in January 2010. The Comprehensive Plan is an update to both the 1997 CAMA Land Use Plan and the 2003 Citizens’ Comprehensive Plan. In essence, it is a comprehensive plan that satisfies the State of North Carolina’s CAMA requirements.

The Comprehensive Plan is a guide for desired future land use and development in Onslow County. It is not an ordinance. The Plan contains two main sections: an analysis of existing and emerging conditions and a plan for the future. The analysis of existing and emerging conditions consists of Onslow County data. Issues such as population, housing, transportation, water and sewer, etc. are discussed in this section. The plan for the future discusses how Onslow County should ideally grow and develop over the next 20 years. Future demands, policy implementing actions, and land use management topics are among the items detailed here.”

<sup>15</sup>

“Camp Lejeune’s participation in Onslow County planning efforts, combined with involvement and support of the regional Onslow Bight Conservation Forum natural resources management initiatives, are contributing to Camp Lejeune’s presence beyond the base fence line. This will help ensure compatible land use in the region, and help minimize current and future environmental restrictions on the military mission.

Today, Camp Lejeune encompasses 142,852 acres (Figure 2-4). It is the largest single concentration of Marines anywhere in the world, and is the largest Marine Corps amphibious

<sup>13</sup>Onwasa, <http://www.onwasa.com/DocumentCenter/Home/View/755>

<sup>14</sup>Onwasa, <http://www.onwasa.com/DocumentCenter/Home/View/755>

<sup>15</sup> Onslow Planning Department website, <http://www.onslowcountync.gov/departmentsflexible.aspx?pageid=22302>

training base in the world. Camp Lejeune is the home base for the 2nd Marine Division, 2nd Marine Logistics Group, II Marine Expeditionary Force, and U.S. Naval Hospital, Camp Lejeune and geographically encompasses the onshore, near shore, and surf areas in and adjacent to the Atlantic Ocean, the New River, and the complex’s boundaries. Camp Lejeune provides some of the finest military schools, including the USMC School of Infantry, which trains more than 18,000 Marines annually. The Range and Training Complex includes:

- 11 nm of coastline, including 1.4 nm of amphibious landing beach, 1.6 nm of recreational beach and 4 nm of buffer/impact area beach.
- 246 square miles of land area with over 98,000 acres of usable training area.”<sup>16</sup>

### Community Perception

Only 18.28% of survey responses indicate that residents consider it a major problem to find or use parks, greenways, and sidewalks. Finding fresh fruits and vegetables is a major problem for only 8.67% of respondents.

### Food Safety

Food safety is vital to maintaining health, especially in public health. Food borne diseases result from improper processing, preparation, and storage of food. The ingestion of pathogens can cause severe illness and death, as can ingestion of natural and manufactured chemicals used during food processing and storage. There are 250 known food borne pathogens that can cause gastrointestinal disease, reactive arthritis, neurological damage, respiratory distress, renal disease, and others.

### Healthy Carolinians established the following 2020 Health Objective:

Healthy Carolinians Objective	2020 Target
Decrease the average number of critical violations per restaurant/food stand.	5.5

### Trends

During the 2011/2012 fiscal year, Onslow County maintained 100% inspection of all food and lodging facilities in accordance with the 2020 Health Objective established by Healthy Carolinians. There is no data currently available to measure effectiveness in decreasing the proportion of critical item violations. According to the Onslow County Environmental Health Division, the majority of inspection grades within the county are “A”, and there have been no permits revoked in recent years for failure to maintain the minimum sanitation score of 70%.

### Community Perception

Fifty-two percent of survey respondents believe that food safety is not a problem within Onslow County; 21% believe that it is a moderate problem, and 13% believe that it is a severe problem.

### Coastal Conservation

North Carolina coastal communities face a variety of issues related to coastal conservation, including pollution of water bodies related to storm water runoff and beach erosion. As discussed above, there are various ways that groundwater and waterways can become contaminated with organic, inorganic, and microbial contaminants. Ultimately, the health of our waterways impacts individual health, groundwater security, and recreational opportunities.

<sup>16</sup> Camp Lejeune Final Integrated Natural Resources Management Plan, <http://www.lejeune.usmc.mil/emd/INRMP%20MAY06/Chap%202%20April%2006%20GH.pdf>

## Trends

Like many coastal communities in North Carolina, Onslow County is home to several water bodies that are polluted. In addition to pollution, coastal land areas face significant erosion concerns.

“Camp Lejeune also encompasses 16,650 acres of the New River and 1,720 acres of the Intracoastal Waterway. Approximately 17 miles of the river is found within the boundaries of Camp Lejeune. Navigable creeks and waters adjacent to or within the boundaries of the Base (including the New River) are generally subject to the public trust rights of the State of North Carolina. Additionally, navigable waters in the New River watershed and the Intracoastal Waterway falls under the jurisdiction of the US Army, Corps of Engineers.”<sup>17</sup>

## Community Perception

Residents are keenly aware of the issues affecting coastal areas and waterways as indicated by the 46.75% who cited cleanliness of rivers, streams, and oceans as a top environmental issue for the community.

## Summary and Analysis

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Overall, Onslow County continues to limit environmental impact on health and offers several strengths and areas of celebration:

- Excellent ambient air quality
- Adequate access to waste disposal for both wastewater and municipal solid waste
- 100% compliance for inspections of food and lodging establishments and a high average inspection grade throughout the county
- Clean drinking water and limited violations from plants serving the majority of the community
- Proactive monitoring of Volatile Organic Compounds and Explosive Constituents in the MCB Camp Lejeune water supply
- Well staffed and experienced Environmental Health Division within the Onslow County Health Department
- A \$1.135 million grant for “Septic System Database, Repair, & Information Program” that includes 1) a component for low interest loans and grants for repair of septic systems by county residents that meet certain income guidelines, 2) rebates for septic system pumping for all residents, 3) an education component for citizens who get their septic system repair under the program, and 4) the making of many paper septic system permits electronically retrievable

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<sup>17</sup> Camp Lejeune Final Integrated Natural Resources Management Plan,  
<http://www.lejeune.usmc.mil/emd/INRMP%20MAY06/Chap%202%20April%2006%20GH.pdf>

## Chapter 7: Education

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The Education chapter focuses on early childhood, K-12 public education, educational attainment, SAT results, high school graduation, private education, and adult education.

### Early Child Education

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According to the 2010 Census, Onslow County maintains a substantial child population ages, 0-17, totaling 44,938, which accounts for 25% of the total county population (US 2010 Census). Almost half of those children, 21,174, are military dependents (SLO Report September 2011). As an indication of the county's young population, 34% (16,991) of Onslow County children range in age from 0-5 (US Census 2010). A large percentage of households in Onslow County, 41.6%, have children under 18, compared to 33.3% of households statewide (US Census, 2010). However, only 27.2% (16,352 of 60,092) of Onslow County households have married couples with children (US Census, 2010). Therefore, Onslow County children are raised in a variety of living situations. These situations include children living with mother in unmarried households, children living with father in unmarried households, children living with grandparent(s), children living with other relatives, children living with non-relatives, and children living in the household.

It is also important to note that 21% of all children in Onslow County live in poverty, an increase from recent years (Kids Count Data Center 2009). The federal poverty guidelines indicate a family of four must make no more than \$22,350.00 to qualify. These guidelines, coupled with the high incidence of low wages, may suggest that many more children live in families who are considered "working poor." During the 2009-2010 school year almost half (45.3%) of Onslow County Schools students received free or reduced lunch through their food program (Kids Count Data Center). Moreover, 54% of the children in regulated child care are subsidized by the Onslow County Department of Social Services (NC Department of Child Development, 2005). This need will grow as Onslow County continues to have a lower median family income level than the state, \$41,161.00 vs. \$48,200.00 (Kids Count Data Center 2009).

### Stresses of Poverty in Young Children<sup>1</sup>

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The stresses of poverty, such as crowded conditions, financial worry, and lack of adequate child care, lead to impaired learning ability in children from impoverished backgrounds, according to a theory by a researcher funded by the National Institutes of Health. The theory is based on several years of studies matching stress hormone levels to behavioral and school readiness test results in young children from impoverished backgrounds. Further, the theory holds finding ways to reduce stress in the home and school environment could improve children's well being and allow them to be more successful academically.

### Child Care

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According to the November Child Care Data Snapshot, Onslow County currently has 4,900 children in regulated child care facilities (November 2011). As of September 2011, there were 116 licensed child care facilities in Onslow County, excluding after-school, pre-school, and military base programs. In recent years, North Carolina implemented a rating system to ensure quality child care in both centers and homes. In Fiscal Year (FY) 2010-2011, 68% of children are in 4-5 star rated facilities, which has more than doubled since the rating system originated in FY 2004-2005. In FY10-11 Onslow County's average child care star rating was 3.75, which surpasses the averages from all previous years. Onslow County has a variety of programs and support services to continually improve the child care system, including referral services, technical assistance and child care provider education. Through these combined services, 124 businesses, a workforce of 864 individuals, and nearly 5,000 children and families are being served in Onslow County (Onslow County Partnership for Children 2011).

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<sup>1</sup> U.S. Department of Health & Human Services NIH News 28AUG2012

The Onslow County Schools and the Onslow County Partnership for Children also administer pre-kindergarten programs through Head Start, Title I and North Carolina Pre-Kindergarten funding. Over 500 pre-school children are currently enrolled in NC Pre-K and an additional 450 children in the Onslow County Schools Pre-K programs (Onslow County Partnership for Children and Onslow County Schools 2011). Therefore, Onslow County offers a variety of high quality, early child care and pre-kindergarten options for children.

### Education & Child Care

During the last year Onslow County has seen positive growth in regulated child care for infants through age 12 as reflected in the data provided by Onslow County partnership for children:

Onslow County Child Care <sup>2</sup>					
DCD Regulated for children birth to 12					
Month	# Facilities	# Slots	# Enrolled	Capacity	# Staff
July '11	125	5,202	4,602	88.5%	862
July '12	147	6,944	5,672	81.7%	1,211

### Child Care on Military bases

For Military members and their dependents the U.S. Marine Corps offers a selection of child care centers on board Camp Lejeune Marine Corps Base (MCB) and New River Air Station.

Camp Lejeune Daycare Statistics					
Month	# Facilities	# Slots	# Enrolled	Capacity	# Staff
June ' 12	29	1,098	838	78.85%	265
New River Air Station Daycare Statistics					
Month	# Facilities	# Slots	# Enrolled	Capacity	# Staff
June ' 12	8	280	254	67.75%	76

### Educational Attainment

Educational attainment refers to the highest level of education that an individual has completed. For Onslow County residents the education attainment is:<sup>3</sup>

At Least High School Graduate .... 76,394..... 88.1% of population.

At Least Bachelor`s Degree .....15,345..... 17.7% of population.

<sup>2</sup> Source: Onslow County Partnership for Children Updated 8/22/12

<sup>3</sup> <http://accessnc.commerce.state.nc.us/docs/countyProfile/NC/37133.pdf>

## Public Education

There are 35 public schools in Onslow County that instruct over 24,000 students per year. Student enrollment for Onslow County schools has slowly increased over the last five years from 22,787 students in the 2006-2007 school years, to its current enrollment of 24,090 students.

Onslow County Student Numbers (2012-2011) <sup>4</sup>				
Onslow County Schools			Base (DOD) Schools	
	# of schools	# of students	# of schools	# of students
Elementary	20	12,197	5	2,151
Middle	8	5,565	1	531
High	7	6,328	1	456
Total	35	24,090	7	3,138

## SAT Results

The latest SAT scores show more than how students are performing on the college entrance exam. The numbers also show that an increasing number of students from high schools across the region are choosing to take the test. Scores on the SAT Reasoning Test are a measure of the student's ability. This standardized test assesses critical reading and mathematical and writing abilities.

**Total test scores of Onslow County students were slightly below national and state averages in 2011.**

Average SAT Scores for Onslow County Schools <sup>5</sup>					
2010 M+C	2010 M+CR+W	2011 M+C	2011 M+CR+W	2012 M+C	2012 M+CR+W
999	1464	976	1464	974	1426
%Tested 58.1	%Tested 58.1	%Tested 61.3	%Tested 61.3	%Tested 63.0	%Tested 63.0

## Lunch Programs

Onslow County has had a steady enrollment in the free and reduced lunch program during the past four years.

Percent of Students enrolled in Free and Reduced Lunch (Percent) <sup>6</sup>			
2007-2008	2008-2009	2009-2010	2010-2011
41.2%	43.2%	45.3%	43.4%

<sup>4</sup> Source: Onslow County Schools, Department of Defense Schools. Updated 5/10/12

<sup>5</sup> <http://www.ncpublicschools.org/docs/accountability/reporting/sat/2012/satreport2012.pdf>

<sup>6</sup> Action for Children of North Carolina

## The High School Dropout Rate for Onslow County

The high school dropout rate for Onslow County School System along with other regional counties has been on the decline for the past several years.

Local Educational Agency	2009-10 DO Counts	2010-11 DO Counts	% Change	2009-10 DO Rates	2010-11 DO Rates <sup>7</sup>
Brunswick County	161	136	-15.5%	4.19	3.5
Duplin County	103	87	-15.5%	4.14	3.52
New Hanover County	385	295	-23.4%	4.91	3.83
Onslow County	215	191	-11.2%	3.15	2.84
Pender County	95	83	-12.6%	3.57	3.16

## High School Graduation Rate <sup>8</sup>

Onslow County has reduced its dropout rate significantly with the help of a plan that focuses on freshman. The current graduation rate for Onslow County is 79.6 percent. The average graduation rate is about 70 percent for the surrounding counties, which is reflected below.

Brunswick County: 74.8 percent

Columbus County: 69.7 percent

Duplin County: 71.9 percent

New Hanover County 70.9 percent

**Onslow County: 79.6 percent**

Pender County: 69.3 percent

### Healthy North Carolina 2020 Objectives

Increase the four-year high school graduation rate from 71.8 % (2008-09) to the 2020 Target Objective of 94.6%

## Private Education <sup>9</sup>

Onslow County offers several private school options. There are no charter schools in Onslow County. Thirteen private schools are available within Onslow County. In addition to public and private schools, Onslow County has an active home school program.

<sup>7</sup> <http://www.starnewsonline.com/article/20120202/ARTICLES/120209931?p=3&tc=pg>

<sup>8</sup> <http://coastal.news14.com/content/637527/educators-working-to-keep-students-from-dropping-out>

<sup>9</sup> [http://www.privateschoolreview.com/county\\_private\\_schools/stateid/NC/county/37133](http://www.privateschoolreview.com/county_private_schools/stateid/NC/county/37133)

## Current Private Schools in Onslow County Kindergarten through High School.

Onslow County Private Schools North Carolina <sup>10</sup>		
<i>School</i>	<i>Students</i>	<i>Grades</i>
Fact Day Treatment School	14	5-11
Fellowship Christian Academy	35	K-12
Grace Baptist School	28	K-12
Jacksonville Christian Academy	205	PK-12
Living Water Christian School	205	PK-12
Village Academy	31	4-12
Infant Of Prague Catholic School	174	K-9
Montessori Children's School	125	NS-6
Shiloh Institute Of Learning	20	K-5
St Anne's Parish Day School	180	NS-3
Born Again Christian Academy	11	2-9

### Adult Education

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Similar to early childhood and K-12, college education provides advancement opportunities to enhance math, reading, writing, science, and social skills in addition to the development of new skills, such as business, nursing, and dental hygiene. Additionally, vocational schools allow students to develop technical skills for specific trades. Extensive research indicates that a college education directly correlates to higher earnings potential, greater opportunities for advancement, and increased employability, all of which have the potential to improve health. Healthy Carolinians did not establish 2020 Health Objectives related to adult education.

### Trends in Adult Education

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Onslow County has a variety of college and adult learning programs, including those offered through Coastal Carolina Community College (CCCC), an extension program through University of North Carolina - Wilmington, and on-base programs offered by Campbell University and others. Coastal Carolina offers traditional community college programs as well as continuing education, trades, business and industry services and adult learning programs.

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<sup>10</sup> [http://www.privateschoolreview.com/county\\_private\\_schools/stateid/NC/county/37133](http://www.privateschoolreview.com/county_private_schools/stateid/NC/county/37133)

## Chapter 8: Safety

The Safety chapter focuses on intentional and unintentional injuries related to crime, illegal drug use, non-alcohol related motor vehicle accidents, drinking and driving, domestic violence, workplace injury, and disaster preparedness.

### Violence & Crime

Studies have explored the relationship between crime and public health and have found that they may have similar roots (e.g. economic causes, behavioral issues, etc.). Importantly, violent crime is an act against an individual or group that often includes bodily harm.

#### Healthy Carolinians established several violence related health objectives for 2020:

Objective	Target
Reduce the homicide rate (per 100,000 population).	6.7 homicides per 100,000 population
Reduce the suicide rate (per 100,000 population).	8.3 suicides per 100,000 population

### Trends

As evidenced in the chart below <sup>1</sup> Onslow County's crime rates have decreased from peaks earlier in the decade in all categories—murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft:

County	Offense Category	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
	Murder	7	4		4	8	11	10	11	9	4
	Rape	63	22	7	55	65	65	59	94	62	66
	Robbery	88	27	27	68	114	120	143	100	100	62
	Agg. Assault	199	134	78	271	369	387	385	350	311	292
	Burglary	1,156	318	207	960	1,369	1,608	1,662	1,975	1,495	1,517
	Larceny	2,505	889	765	2,203	3,206	3,368	3,874	3,836	3,719	3,613
	MV Theft	377	106	55	248	336	346	342	247	237	272
<b>Total</b>		<b>4,395</b>	<b>1,500</b>	<b>1,139</b>	<b>3,809</b>	<b>5,467</b>	<b>5,905</b>	<b>6,475</b>	<b>6,613</b>	<b>5,933</b>	<b>5,826</b>

Residents have cause to be concerned about property crime as Onslow County had the following number of crimes per 100,000 population<sup>2</sup> :

Year	Crime Per 100,000
2011	3,356.7
2010	3,572.0
2009	4,108.0

However, rates have been steadily declining over the last three year period.

In 2006-2010, Onslow County had fewer homicides than the Healthy Carolinians 2020 target rate. However, in the suicide rate, Onslow County exceeded the target rates substantially except in the 0-19 age group.

<sup>1</sup> North Carolina Department of Justice, <http://crimereporting.ncdoj.gov/Reports.aspx>

<sup>2</sup> North Carolina Department of Justice, <http://crimereporting.ncdoj.gov/Reports.aspx>

Onslow County Homicide and Suicide Total Number and Rate per 100,000, 2006-2010 <sup>3</sup>					
Age	Homicide		Suicide		Notes
	Total #	Rate	Total #	Rate	
All			97	11.5	Age groups not represented or numbers not present on this chart reflect that homicide/suicide was not a top 10 cause of death.
0-19	12	4.7	8	3.1	
20-39	21	6.1	52	15.0	
40-64			31	17.0	
Healthy Carolinians 2020 Target		6.7		8.3	

### Community Perception

Just over 29% of respondents reported suicide and suicidal thoughts as a major concern for Onslow County. However, 27.13% felt that suicide is one of the top three mental and behavioral health issues facing the county. When asked to choose the top safety issues in the community, the percentage of respondents who felt that these issues are of major concern is as follows:

Gang Activity, 12.87%

Property Crime, 20.95%

Violent Crime, 11.29%

Sexual Assault/Rape, 13.62%

### Illegal Drug Use

Illegal drug use may lead to a number of problems, including individual health, social issues, physical dependence, and psychological addiction. Various studies report that illegal drug use is associated with other high risk behaviors, which in turn, may lead to safety concerns within the community. Drug use can affect the central nervous system, other body systems, or a combination of systems. Central nervous system effects include changes in mood and levels of awareness, perceptions, and sensations. Healthy Carolinians established one 2020 Health Objective related to illegal drug use:

Objective	Target
Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days.	6.6%

### Trends

Juvenile and adult arrests for drug offenses for 2010 – 2011 are listed in the following chart. For most juvenile categories, the number of arrests decreased in each category. However, in all but three categories, the number of adult arrests increased.

<sup>3</sup> North Carolina State Center for Health Statistics, <http://www.schs.state.nc.us/schs/data/databook/>

Juvenile and Adult Arrests for Drug Offenses, Onslow County, 2010-2011 <sup>4</sup>						
Offense	Juveniles (<18) 2010	Juveniles (<18) 2011	Adults (18+) 2010	Adults (18+) 2011	Total Arrests 2010	Total Arrests 2011
Sale/Manufacturing of Opium or Cocaine	1	0	80	84	81	84
Sale/Manufacturing of Marijuana	9	4	31	58	4	62
Sale/Manufacturing of Synthetic Narcotics	3	0	4	3	7	3
Sale/Manufacturing of Other Dangerous Drugs	3	0	22	20	2	20
Possession - Opium or Cocaine	2	0	76	79	78	79
Possession - Marijuana	32	27	276	358	308	385
Possession - Synthetic Narcotics	0	3	2	11	2	14
Possession - Other Dangerous Drugs	4	9	38	114	4	123
<b>Total Drug Arrests</b>	<b>65</b>	<b>60</b>	<b>820</b>	<b>881</b>	<b>885</b>	<b>941</b>

### Community Perception

According to survey respondents, 45.37% reported adult drug abuse as a problem in Onslow County with 39.02% indicating that adult prescription drug abuse is a major issue. Forty-seven percent felt that underage drinking and drug use is a significant problem in the county. Not surprising based on drug use being seen as a problem in the county, 42.61% of respondents felt that alcohol and drug use should be considered a top health issue for Onslow County. Interestingly, only 17.31% indicated that alcohol and drug treatment should be considered a top issue.

### Motor Vehicle Safety (Non-Alcohol Related)

In the United States, someone dies in a motor vehicle accident every 12 minutes. <sup>5</sup> Healthy Carolinians did not establish any non-alcohol-related motor vehicle safety related health objectives for 2020.

### Trends

The following chart lists Onslow County Crash data. <sup>6</sup> Even though there are a significant number of motor vehicle accidents in Onslow County, all categories listed—property damage only crashes, non-fatal crashes, and fatal crashes—decreased from 2009 to 2011.

<sup>4</sup> North Carolina Department of Justice, <http://crimereporting.ncdoj.gov/Reports.aspx>

<sup>5</sup> NIH, Motor Vehicle Safety, <http://www.nlm.nih.gov/medlineplus/motorvehiclesafety.html#cat1>

<sup>6</sup> North Carolina Alcohol Facts, <http://www.hsrb.unc.edu/ncaf/crashes.cfm>

## Reportable Crashes

	2009	2011	Statewide 2011
Property Damage Only Crashes	2,735	2,666	139,404
Non-Fatal Crashes	1,315	1,219	67,983
Fatal Crashes	28	19	1,122
Total Crashes	4,078	3,904	208,509

## Community Perception

Forty-eight percent of respondents reported that motor vehicle injuries are a major problem for Onslow County. A person not wearing seat belts was seen as a major issue in the county for 22.33% of those taking the survey while 23.10% of the residents viewed traffic safety as a top concern for the community.

## Alcohol Related Offenses

Excess alcohol consumption impairs both mental and motor function performance, which may result in a wide range of accidents and injuries. Alcohol impaired drivers are at increased risk for motor vehicle accidents, which is a great concern.

Healthy Carolinians established a health objective for 2010 related to alcohol related safety:

Objective	Target
Reduce the percentage of traffic crashes that are alcohol-related.	4.7%

## Trends

The number of property damage only crashes, non-fatal crashes, and fatal crashes related to alcohol as well as the total percentage of alcohol-related crashes declined from 2009 to 2011 in Onslow County. The percentage of fatal crashes declined significantly between the two years with this type of crash now well below the state percentage. However, the percentage of non-fatal crashes has not only increased, but it continues to exceed the state percentage.

## Onslow County Crash Data <sup>7</sup>

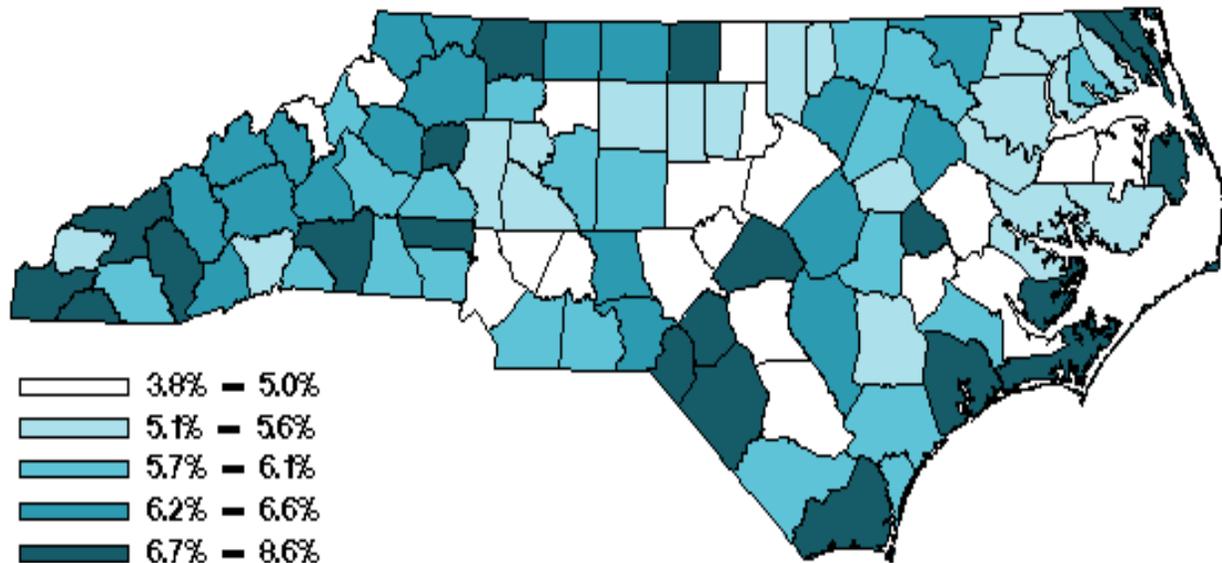
	2009	2011	Statewide 2011
<b>Alcohol Related Crashes</b>			
Property Damage Only Crashes	153	133	4,845
Non-Fatal Crashes	146	138	5,497
Fatal Crashes	11	2	366
Total Crashes	310	273	10,708

<sup>7</sup> North Carolina Alcohol Facts, <http://www.hsnc.unc.edu/ncaf/crashes.cfm>

Percent Alcohol Related	2009	2011	Statewide 2011
Non-Fatal Crashes	11.1%	11.3%	8.1%
Fatal Crashes	39.3%	10.5%	32.6%
Total Crashes	7.6%	7.0%	5.1%

A comparison across the state of percentages of all crashes that involved alcohol is as follows:

Percentage of All Crashes that Involved Alcohol, 2007-2011 <sup>8</sup>



### Community Perception

Over half of survey respondents (50.14%) believe that adult alcohol abuse is a major problem within the county, and almost as many (47.08%) say that underage drinking and drug use is a significant issue. An even higher percentage (53.83) felt that driving under the influence is a major health issue. Alcohol and drug use were identified as a top priority on which to focus for 42.61% of respondents.

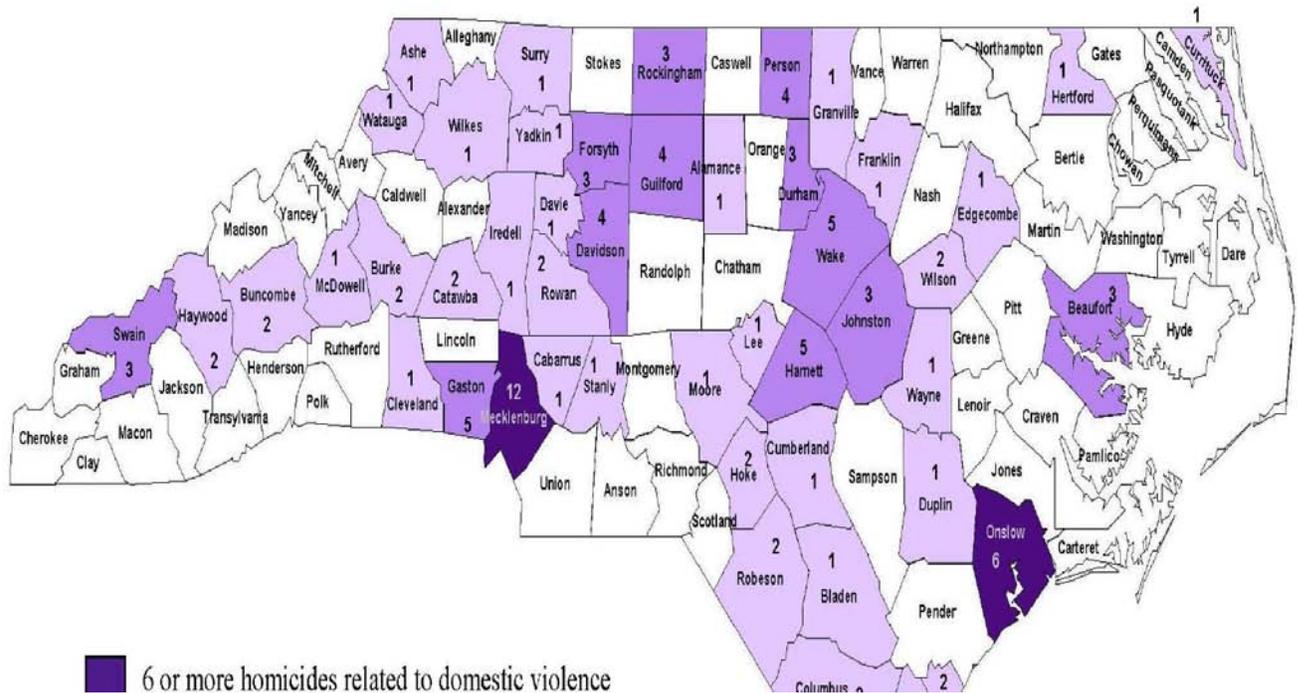
### Domestic Violence

Domestic violence, also known as intimate violence, domestic abuse, or spousal abuse, is violence against a family members, partner or ex-partner. It is not limited to physical violence and can also include sexual abuse, emotional abuse, intimidation, economic deprivation, verbal abuse, and violent threats. Healthy Carolinians did not establish health objectives for 2020 related to intimate violence.

<sup>8</sup> North Carolina Alcohol Facts, [http://www.hsrx.unc.edu/ncaf/county\\_veh.cfm?nm=CALDWELL&id=14](http://www.hsrx.unc.edu/ncaf/county_veh.cfm?nm=CALDWELL&id=14)

## Trends

Domestic violence deaths increased between 2008 and 2010, with two deaths in 2008, three in 2009, and six in 2010.<sup>9</sup> The following chart shows state homicides related to domestic violence. Unfortunately, Onslow County was one of two counties with six or more homicides related to domestic violence in 2010 as shown in the map below.



## Community Perception

Of those surveyed, 23.68% thought that family violence and abuse of children are major problems in Onslow County.

## Work-related Injuries

Healthy Carolinians established one 2020 objective related to the workplace:

Objective	Target
Reduce the mortality rate from work-related injuries (per 100,000 population).	3.5

County statistics are not available for this objective since this data is reported by state, not county.

<sup>9</sup> Domestic Violence Homicides—2010, <http://www.ncdoj.gov/getdoc/b27bc5df-b85b-42e0-810a-dbd78aad2b1/2011-Final-DV-Homicide-Report.aspx>

## **Community Perception**

Only 12.42% of survey respondents felt that work-related injuries were a major health issue in the county.

## **Disaster Preparedness**

With around 180,000 residents and two military installations, Onslow County must be prepared to respond to both natural and man-made disasters. The Onslow County Health Department has been tasked with developing, maintaining, training, and exercising plans related to public health emergencies. These include Mass Prophylaxis, Crisis Communication, Continuity of Operations, and Pan Flu plans. The success of these plans depends in large part on a prepared workforce and effective partnerships established with local, regional, and state partners. Healthy Carolinians did not establish 2020 Health Objectives related to disaster preparedness.

## **Trends**

Onslow County is ready to handle a broad array of disasters and emergencies that range from weather-related events to a terrorist attack. To meet these challenges, the county provides ongoing training and exercise opportunities and regularly updates plans to reflect what has been learned through training and exercising. Various organizations and agencies within the county commit time and resources to planning for, responding to, recovering from, and mitigating disaster events in order to protect the lives, property, and environment of Onslow County residents.

The county disaster preparedness program is multi-organizational and has a focus on public health emergencies, including hurricanes, disease outbreaks, and acts of terrorism. Many organizations in the county support disaster preparedness programs, including Onslow County Emergency Services, Onslow County Health Department, Onslow Memorial Hospital, Naval Hospital, American Red Cross, civilian and military fire and police personnel, and other government departments, businesses and non-profit organizations. One entity that assists in coordinating both civilian and military assets within the county is the Military Civilian Task Force for Emergency Response (MCTFER). Formed in 1998 as a result of a near fatal helicopter crash, MCTFER brings together local, state, and federal emergency services to ensure a coordinated response to major incidents that occur in the county.

In 2011, the seven Public Health Regional Surveillance Teams (PHRST) were restructured into four Regional Offices serving public health agencies in North Carolina. As a result of this restructuring, Onslow County went from being part of the seven county PHRST 2 to being part of the 33 county Eastern Region Office (ERO). In addition to Onslow County, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Gates, Greene, Hertford, Hoke, Hyde, Jones, Lenoir, Martin, New Hanover, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Tyrrell, Washington, and Wayne Counties are members of the ERO. Funding for Regional Offices continues to be through a grant from the Centers for Disease control and prevention.

ERO is housed with other regional assets in Winterville, NC. The Regional Office mission parallels that of the PHRST: work with regional counties to strengthen public health infrastructure within the region in order to better detect, identify, investigate, and control infectious disease outbreaks and illness and injury related to Chemical, Biological, Radiological, and Nuclear attacks/events. ERO's approach includes planning, education, investigation, and surveillance.

The American Red Cross/Onslow County and Camp Lejeune Chapters, located in the City of Jacksonville and on Camp Lejeune, also serve as an important resource for disaster preparedness within the county. The Camp Lejeune Chapter provides emergency messaging services for military members and their families. The Onslow County Chapter provides health and safety training and disaster services, such as shelters, food distribution, and housing coordination.

Onslow County received a 99.5 out of 100 possible points on the state's grading of its Strategic National Stockpile (SNS) plan in 2012. The SNS program allows for the rapid dissemination of large supplies of medication and medical supplies in the event of a public health emergency.

### **Community Perception**

According to survey respondents, both individual residents and emergency response agencies are prepared for disasters in Onslow County as demonstrated by the following results from the Community Health Assessment survey:

- 95% indicated information about emergency preparedness is not a major problem.
- Just fewer than 8% see disaster preparedness as a top safety issue in the community.
- Only about 5% view 911 Emergency Services as a top safety issue in the community.
- Over 93% of county residents have a working smoke detector (52.8%) or both a smoke detector and carbon monoxide detector (40.55%) in their homes.
- 80% of families have an emergency supply kit.
- Over 73% of residents would comply with a mandatory evacuation.

The top two reasons that residents would not evacuate are concern about leaving pets and concern about leaving property behind. Onslow County has addressed the concern about pets by establishing a pet shelter, which is co-located with an established emergency shelter. Around 21% cited concern about family safety, concern about traffic jams and inability to get out, and lack of a place to go as a top reason not to evacuate. Between 10-20% cited lack of transportation, lack of money, concern about personal safety, and lack of trust in public officials as a top reason not to evacuate. Almost 95% would evacuate in a personal vehicle, and if a personal vehicle is not available, almost 13% of residents would ride with a family member or friend. Over half would go to a family member's house if evacuated; a third would go to a friend's house or hotel.

During a disaster, most residents get information from TV, radio, and internet or email, in that order. Between 10% and 25% use social networking sites, neighbors/word of mouth, text messaging, or phone notification from the county as a primary source of information. Fewer than 10% utilize print media and citizens phone bank for emergency information.

Based on the survey results, emergency agencies may want to focus on the following issues:

- Ensuring the appropriate transportation options are available for the 20.5% who indicated that they would take a taxi, public transportation, or an ambulance or walk if they need to evacuate.
- Ensuring that emergency messages are broadcast through a variety of media, including social networking sites and text messages.

### **Summary and Analysis**

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Overall, safety within Onslow County is good and there are several key areas of strength that include:

- Declining property crime rates.
- Homicide rate below the Healthy Carolinians 2020 objective.
- Unintentional motor vehicle crash deaths and non-fatal motor vehicle injuries are lower than the state of North Carolina rate.
- Decreasing number of arrests for juveniles for possessing or selling illegal drugs.
- Declining number of motor vehicle crashes, including those involving alcohol.
- Very strong disaster preparedness and solid partnerships in place.
- Two chapters of the American Red Cross to provide services to community residents in time of disaster.
- A well recognized disaster preparedness program.
- Support from the Public Health Preparedness and Response Eastern Region Office to provide

planning, education, training, and surveillance of potential nuclear, biological, and chemical incidents and attacks within the county

- The Military Civilian Task Force for Emergency Response to coordinate both military and civilian assets for a full, coordinated response to major events
- A large percentage of the population with emergency kits.

Although we offer several areas of celebration, we are not without areas of concern, which include:

- A suicide rate higher than Healthy Carolinians 2020 targets.
- A growing number of adults being arrested for illegal drug sale and possession.
- A higher percentage of non-fatal alcohol-related crashes compared to the state of North Carolina.
- An increase in the number of domestic violence homicides.

## Chapter 9: Community Priorities

An integral part of the Community Health Assessment process is to identify the community's health-related priorities and to generate strategies that will serve as the foundation for community health action plans. This chapter describes the process used to select the priority focus areas, the priority areas selected by the community, and the next steps in developing the county's Community Health Action Plans.

### Prioritization Process

The community assessment process often uncovers a range of community concerns. While each is important, the availability of resources and interest in the community limits the number of issues that can be addressed at a given time. Both the community survey data and secondary data collected were used to inform the prioritization process. Several areas were considered in the selection of community health priorities, including:

- Recognition by the community that the issue is in fact a concern
- The availability of relevant secondary data that demonstrates that the issue is a concern
- An evaluation of implications if the issue is not addressed
- Current availability of resources within the community to address the concern
- Availability of effective evidence based strategies that can be incorporated into Community Health Action Plans
- The ability to make an impact by addressing the concern.

### Health Priorities

An integral part of the Community Health Assessment process is to identify the Community health-related priorities for Onslow County and to generate strategies that will serve as the foundation for community health action plans. Two of the top priorities were tobacco use and adult obesity.

**Adult obesity:** The adult obesity measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>. Onslow County rates 30% of the adult population as overweight or obese.<sup>1</sup> Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions, such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.

Healthy North Carolina 2020 objective

Healthy North Carolina objectives <sup>2</sup>		
Objective	Current	2020 Target
Increase the percentage of Adults who are neither overweight nor obese.	(2009) 34.6%	38.1%

**Tobacco use:** (Smoking) Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in a lifetime. Onslow County has a ranking of 27%, which is above the state average of 22% of the population that smoke.<sup>3</sup> The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. Cigarette smoking is the leading cause of preventable death.

<sup>1</sup> <http://www.countyhealthrankings.org/#app/north-carolina/2012/onslow/county/1/overall>

<sup>2</sup> <http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

<sup>3</sup> <http://www.countyhealthrankings.org/#app/north-carolina/2012/onslow/county/1/overall>

## Healthy North Carolina 2020 objectives

Healthy North Carolina objectives <sup>4</sup>		
Objective	Current	2020 Target
Decrease the percentage of adults who are current smokers.	(2009) 20.3%	13.0%
Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.	(2008) 14.6%	0%

## Next Steps

The ultimate goal of the Community Health Assessment process is that the information learned is widely shared and utilized to influence strategic planning across the community. The Onslow County Health Department developed a Communication Plan to disseminate information and has conducted several briefings to assure broad dissemination of this report. Recent events include:

CHA Information Sessions Conducted to Date		
Date	Audience	Number Present
6/27/12	CHA Advisory Board	42
8/7/12	External EPI Team Meeting	28
9/11/12	Board of Health	20
9/17/12	Onslow CHIP Board of Directors	20
9/21/12	Health Department Personal Family Health Program Staff	42
9/26/12	American Diabetes Association Advisory Board	21
10/11/12	Community Conversation (Town Forum) w/ United Way	15

Additional briefings, including several open to the public are currently scheduled with more to come to ensure wide dissemination. Municipal and county government representatives, health and human service agencies and boards, business leaders, economic development committees, the Jacksonville-Onslow Chamber of Commerce, the faith community, civic groups, and community groups will be among those targeted. It is our hope that all of these entities will actively seek and find ways to utilize their programs, services and resources to address the identified needs as is appropriate to their stated missions. The Community Health Assessment will be available for all to read on the Onslow County Health Department website [www.onslowcountync.gov/health](http://www.onslowcountync.gov/health).

## Action Plans

Onslow County Health Department in conjunction with local partners will develop committees to determine further actions to initiate as a result of this report. By June 2013, the committees will develop Community Health Action Plans detailing the strategies to be carried out to address the priority issues.

A detailed action plan will be drafted for each priority issue, which will include specific, measurable, achievable, realistic, plans. The local target population will be identified which are experiencing disparities related to the objective. It will be determined what interventions are already addressing the issue in the community. Community partners will be involved in determining the Lead Agency role and the time frame of the interventions. Additionally, roles and responsibilities will be assigned to partner agencies and Action Plans will be implemented.

The partnerships will continue to engage in ongoing evaluation while encouraging collaboration between agencies and community groups to achieve the best possible health outcomes.

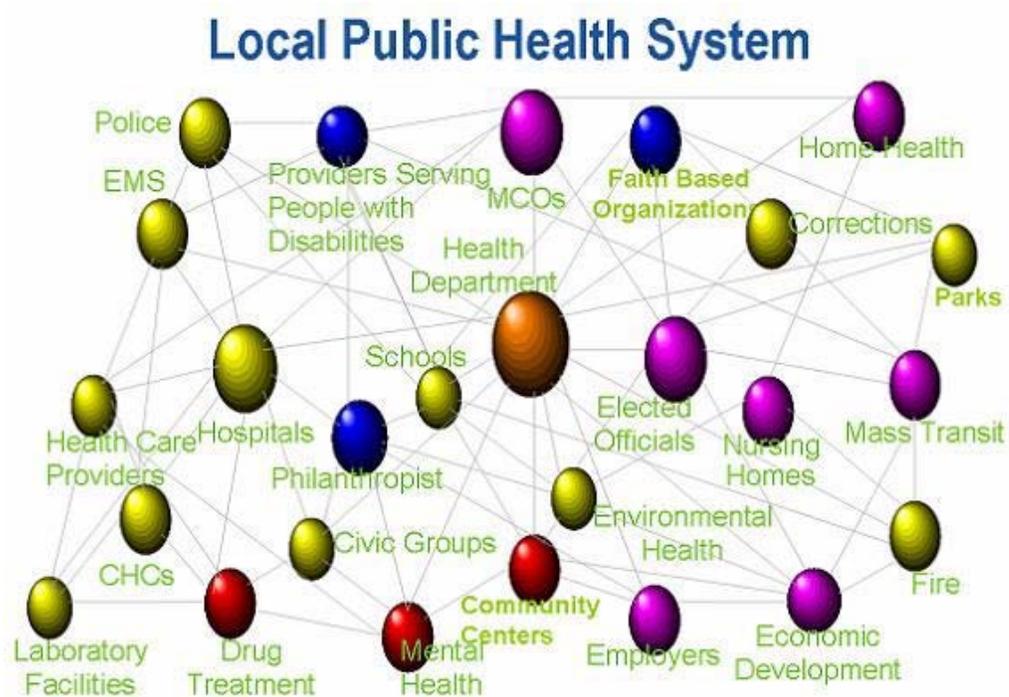
<sup>4</sup> <http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

## Chapter 10: Health Resource Inventory

Community health, while often thought of as addressed by the public health department or hospitals, actually involves numerous public agencies and private organizations. A broad network of agencies must work in partnership in order to meet the community's diverse health needs. An example of the local public health system network is shown in the figure below, in which over twenty-five agencies collaborate in order to form a multi-connected network of agencies that effectively addresses the health of the community.

Onslow County, North Carolina city and county departments alone account for over 20 different services that affect our community's health.

Figure 1. <sup>1</sup>



<sup>1</sup> Local Public Health System image. <http://www.arlingtonva.us/departments/HumanServices/PublicHealth/mapp/page59017.aspx>

## **Health Care Resources**

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

For more detailed information on Onslow County health and human service providers and resources, please refer to [www.nc211.org](http://www.nc211.org), or if in the Onslow area, dial 211.<sup>2</sup>

United Way's 2-1-1 is a community service information line that links people to health and human services in our community. People can call 2-1-1 to find out where to get help or give help, and it is available 24 hours a day, 7 days a week.

2-1-1 is free and easy to use, and, the service is confidential and professional; calls are answered by trained referral specialists. Anyone can call 2-1-1, regardless of the language they speak.

2-1-1's community resource database includes hundreds of local programs, and it is also searchable online at [www.nc211.org](http://www.nc211.org). Services include housing, food, medicine, transportation, support groups, money management, legal assistance, counseling, health care, recreation, child care referral, volunteer opportunities, and much more. Those calling from outside the area can call toll-free (888) 892-1162.

## **Health Care Professionals**

- Table 1 on the following page shows the distribution of health care professionals in Onslow County according to specialty area.
- As of 2010, there was representation in Onslow County for every major category of health care provider.

## **Practitioners**

The person per provider ratio is commonly used to describe the availability of medical providers in a community. The person per provider ratio (PPR) is calculated by dividing the total population by the number of providers of a certain type practicing in the county. According to the Department of Health and Human Services, the recommended ratio of people per provider is 2,000:1. For an area to have what can be officially considered a shortage of physicians, that ratio needs to be at least 3,000:1.

Licensed Medical Practitioners in Onslow County (2010).<sup>3</sup>

<b>Category of Practitioner</b>	<b>Number</b>
• Non-Federal Physicians	151
• Primary Care Physicians	78
• Family Practice	25
• General Practice	2
• Internal medicine	17
• Obstetrics/Gynecology	18
• Pediatrics	16
• Other Specialties	73
• Federal Physicians*	66

<sup>2</sup> The United Way of Onslow County. NC211. <http://www.uwonslow.org/211>

<sup>3</sup> Cecil G. Sheps Center for Health Services Research, Data Available, NC Health Professions Data System, Download Data, State and County Profiles. Choose the year and then the county. Available for 2010. <http://www.shepscenter.unc.edu/hp/stco.htm>

Continued	
• Dentists	57
• Dental Hygienists	139
• Registered Nurses	946
• Nurse Practitioners	41
• Certified Nurse Midwives	9
• Licensed Practical Nurses	230
• Chiropractors	12
• Occupational Therapists	26
• Occupational Therapy Assistants	15
• Optometrists	16
• Pharmacists	77
• Physical Therapists	63
• Physical Therapy Assistants	21
• Physician Assistants	42
• Podiatrists	3
• Practicing Psychologists	25
• Psychological Associates	18
• Respiratory Therapists	34

Access to Care	Rates based on 2010 population data
Physicians per 10,000 population	8.5
Primary Care Physicians per 10,000 Population	4.4

# Health Facilities Inventory

## Hospitals

*The Resource Inventory Survey* was distributed to each of the county hospitals. The participating hospitals were asked to provide a brief description of their hospital, including the number of beds, available services, and any other pertinent information about the hospital. The three major health care providers serving Onslow County are Onslow Memorial Hospital, Camp Lejeune Naval Hospital and Brynn Marr Hospital.

### 1. Onslow Memorial Hospital

Onslow Memorial Hospital (OMH), originally founded in 1944, stands as a 162-bed acute care, community hospital. <sup>4</sup>

Survey Questions	Hospital Survey
<b>Accreditations.</b>	Yes
<b># of beds</b>	162
<b># of physicians</b>	203
<b># support staff (nurses etc)</b>	1096
<b># of annual discharges from the last 4 years (2007 to 2011)</b>	
(Continued) Survey Questions	Hospital Survey
<b>2007</b>	9,820
<b>2008</b>	9,538
<b>2009</b>	9,096
<b>2010</b>	10,094
<b>2011</b>	10,639
<b># of outpatients annually</b>	138,000
<b># of ER visits annually</b>	62,666
<b>Bilingual Services y/n?</b>	Real-time video translation of all languages
<b>Patient Satisfaction survey results</b>	70 <sup>th</sup> percentile

Please see the following page for a list of services.

<sup>4</sup> Onslow Memorial Hospital. About Our Hospital. <http://www.onslow.org/default/index.cfm/our-hospital/about-our-hospital/>

**Hospital services include:**

- Neurology
- Nursery and Pediatrics
- Nursing Services
- Patient Service Navigator
- Pharmacy Services
- Radiation Oncology
- Radiology Services
- Rehabilitation Services
- Respiratory Therapy
- Sleep Disorders Lab
- Stroke Awareness
- Surgical Services
- Transport Services
- Welcome Waggers (Professional Therapy Dog)
- Women's Imaging Center

Onslow Memorial Hospital additionally offers online services on their **O'healthy** website for healthcare news and medical information, Facebook and Twitter pages and **Momtalk** interactive mom blogs.

**Location:**

317 Western Boulevard Jacksonville, NC 28546  
Main number (910) 577-2345

## 2. Naval Hospital Camp Lejeune

**Services <sup>5</sup>:**

- Family Medicine
- Immunizations and Vaccines
- Maternal Child Infant Nursing
- Multi-Service Ward
- OB/GYN
- Safe Harbor
- Deployment Health Center
- Pediatrics
- Pharmacy
- Radiology
- Available Classes
- NHCL Public Health Department

**Location:**

100 Brewster Blvd Jacksonville, NC 28547  
Main number 910-450-4300 (Quarter Deck)

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<sup>5</sup> Naval Hospital Camp Lejeune. <http://www.med.navy.mil/sites/nhcl/Pages/default.aspx>

### 3. Brynn Marr Hospital

Brynn Marr Hospital utilizes a team approach to treatment and recovery in a safe, least restrictive, and nurturing clinical environment. The team strives to provide individualized client-centered strategies that are founded on strength-based methods for preparing and empowering each individual to heal and participate in his or her personal and community activities in a purposeful and meaningful manner.

Brynn Marr Hospital first opened its doors in 1983 and provided mental health services for adults and adolescents. Originally built to accommodate 76 beds, the hospital recently completed a 12-bed PRTF expansion in 2003 and, more recently, completed a renovation and 12-bed Adult Acute addition. Brynn Marr Hospital is currently licensed for 54 Acute Psychiatric Substance Abuse, and Detox beds, as well as 46 residential beds. <sup>6</sup>

Brynn Marr is an affiliate of the Jason Foundation and is a member of The Child and Family Services Association of North Carolina.

Questions	Hospital Survey
• <b>Accreditations</b>	The Joint Commission
• <b># of beds</b>	100
• <b># of physicians</b>	7
• <b># staff physicians</b>	1
• <b># support staff (nurses, etc.)</b>	140 Direct Care Staff – RN/LPN – MHW – SW
• <b># patients per physician</b>	Varies – 20 to 30
• <b># of annual admissions- 2011</b>	1686
• <b># of admissions from last 4 years (2007 to 2011)</b>	6507
• <b>Bilingual Services y/n?</b>	Will provide translator
• <b>Patient Satisfaction survey results</b>	Overall Mean score of 4.39 out of 5

**Services:**

- Adult Inpatient Psychiatric and Addiction Services
- Child/Adolescent Inpatient Psychiatric Services
- Adult Inpatient Detox
- Adolescent Residential Services

**Location:**

192 Village Drive Jacksonville, NC, 28546  
 Main number Admissions (800) 822-9507 or  
 (910) 577-1400

<sup>6</sup> Brynn Marr Hospital. About Us. <http://www.brynnmarr.org/mission.php>. Last updated: 2012.

## **Local Health Department**

### **Onslow County Health Department**

The community is the Health Department's "patient," says George O'Daniel, Health Director. "Our mission is to provide comprehensive public health services that protect, promote, and preserve the health of all Onslow County citizens."

#### **Health Department services include:**

##### **Child Health Services:**

- Physical exams for children birth to 18, daycare and kindergarten.
- Care management services for at risk birth to five year olds.
- Home visits to new moms and their babies.
- Shots for infants and children.
- Teen Health Clinic--confidential physicals, pregnancy tests, and birth control.



##### **Adult Health Services:**

- GYN physicals and mammogram referral.
- Nutrition counseling for weight loss and chronic diseases.
- Communicable disease clinic for TB, STDs, HIV.
- Pregnancy tests, prenatal care, and pregnancy care management.
- Female physical examinations and birth control.
- Immunizations and flu shots.



##### **Educational Classes:**

- Lamaze prepared childbirth classes
- Parenting classes
- Breastfeeding classes
- Diabetes, chronic disease, and weight loss classes

##### **Environmental Health Services:**

- Protect human health through protection of the environment by ensuring Onslow County facilities are clean, water is pure, and environment is safe.
- Permit and/or inspect septic systems, drinking water wells, restaurants, motels, tattoo artists, public swimming pools, child care centers, and schools.
- Enforce laws related to meth labs, lead poisoning, and smoking.

##### **Women, Infants, and Children's (WIC) Nutrition Program:**

- Provides healthy foods, breastfeeding support, and nutrition education to pregnant and breastfeeding women and infants/children less than 5 years of age.

For more information visit [www.onslowcountync.gov/health](http://www.onslowcountync.gov/health), call 910-347-2154, or follow on Twitter at OCHHealthDept.

##### **Located at:**

612 College Street  
Jacksonville, NC 28540  
PH: 910-347-2154  
FX: 910-347-7941

##### **Hours of Operation**

Monday 8:00 am - 5:00 pm  
Tuesday 8:00 am - 5:00 pm  
Wednesday 8:00 am - 5:00 pm  
Thursday 8:00 am - 8:00 pm  
Friday 8:00 am - 5:00 pm

## **Community Health Centers and Clinics**

### **1. Caring Community Clinic**

1 Dewitt Street  
Jacksonville, NC 28540  
(910) 346-6149

Caring Community clinic is an immediate care facility offering short term care, and a dental clinic that is open by appointment only.

#### **Mission**

Our mission is to improve the health and well being of those in Onslow County who are uninsured and have income at or below 200% of the poverty level. We will emphasize short-term care through the services of qualified professional medical volunteers. We will promote long-term care arrangements.

#### **Services**

We offer the following services at our clinic:

- Primary Medical Care
- Dental Care
- Licensed Pharmacy

#### **Eligibility Requirements**

You must meet the following criteria to be eligible for services:

- Clients must be uninsured
- Clients must live in same county as the clinic
- Federal Poverty Level of 200

#### **Other Requirements**

Client must be between the ages of 18-64.

#### **Hours of Service**

Monday-Thursday            8:00 AM to 5:00 PM

#### **Clinic Fees**

- No Fees

#### **How to Become a Client**

Call 910-346-6149 on Monday's from 1:00-3:00 PM to make an appointment for that week.

### **2. Goshen Medical**

Goshen Medical is a family practice clinic for those who are between the ages of 2-99 years old. Scheduling is 7 days out for new patients but if very sick, will try to squeeze in. There are no immunizations offered at this center. They do accept those who are uninsured on a sliding fee scale, but they do not slide to \$0 (minimum \$25).

1200 Hargett St.  
Jacksonville, NC 28540  
(910) 219-0319

Hours of operation 8 am-5 pm Monday-Friday (closed 12 noon-1 pm for lunch)

## **Carolinas Poison Control**

800-222-1222

## **Maternal and Child Health**

### **WIC, Onslow County Health Department**

612 College Street  
Jacksonville, NC  
28540  
Main: (910) 347-2154

[www.onslowcountync.gov/health](http://www.onslowcountync.gov/health)

Provides supplemental nutritious foods; nutrition counseling and education; breastfeeding promotion and support and health referrals.

Provider Eligibility: Serves women who are pregnant, breastfeeding or have just had a baby. Children ages birth through five years old are also served. Must meet WIC income requirements and have a health risk.

### **WIC, Marine Corps Base Camp Lejeune**

2455 Tarawa Blvd  
Tarawa Terrace  
Jacksonville, NC  
910-353-0022

## **Breastfeeding**

### **La Leche League Jacksonville**

Meetings: 1st Thursday at 10:00am  
3rd Thursday at 5:30pm  
Meetings are informal and are open to the public  
Location: Lutheran Church of Our Savior  
1115 Lejeune Blvd  
Leaders: Abby, Mary, Michelle,  
Shannon call: 910-378-9877  
llofjacksonvillenc@gmail.com

### **Onslow County Health Department**

612 College Street  
Jacksonville, NC  
28540

Main: (910) 347-2154

### **Onslow Memorial Hospital**

1701 Country Club Road Jacksonville, NC  
28546

Main number: (910) 577-2345

### **Naval Hospital Camp Lejeune**

100 Brewster Blvd Jacksonville, NC 28547  
910-450-4300 (Quarter Deck)

## **OB/GYN**

### **Women's HealthCare Associates**

245 Memorial Drive  
Jacksonville  
(910) 353-4333

### **Crist Clinic for Women Obstetrics & Gynecology**

250 Memorial Drive  
Jacksonville, NC 28546  
(910) 353-2115.

### **Jacksonville OB/GYN**

291 Huff Drive  
Jacksonville  
(910) 577-4255

### **Onslow Memorial Hospital**

1701 Country Club Road Jacksonville, NC 28546  
Main number: (910) 577-2345

### **Abounding Love Doula Service**

Jacksonville  
(727) 687-0144

### **Naval Hospital Camp Lejeune**

100 Brewster Blvd Jacksonville, NC 28547  
910-450-4300 (Quarter Deck)

## **Mental Health Services**

Below are a broad range of mental health services for ages 0 to adult, including prevention services, programs for those at-risk, and for those in need of evaluation, treatment, or recovery. Services may be in a family, individual or group setting. Included are some descriptions of programs when available.

**1. CoastalCare**  
165 Center Street  
Jacksonville, NC 28546  
<http://www.secmh.org/index.php>

**Access Care and Crisis  
Services 24 Hours a Day, 7  
Days a Week**  
1-866-875-175

**Customer Services**  
(for questions, concerns,  
complaints and/or  
compliments)  
Monday through Friday  
8 a.m. to 5 p.m.  
1-855-250-1539

**CoastalCare** (formerly known as Onslow Carteret Behavioral Healthcare Services)

A local management entity that plans, develops, implements and monitors services and is responsible for the management and oversight of the public's community system for mental health, developmental disabilities and substance abuse services.

For resources about mental health, developmental disabilities, and substance abuse in addition to examples of self-assessment resources, which can help you determine if you need to seek treatment, use the below link from the main website: <http://www.secmh.org/index.php?content=consumers&catid=112&desc=Clinical>  
**Information Resources**

### **2. Martin Pediatrics & Counseling Center**

25 Dewitt Street  
Suite 2  
Jacksonville, NC 28540  
(910) 938-2220

### **3. Brynn Marr Hospital (See above under Hospitals)**

192 Village Drive  
Jacksonville, NC 28546  
(910) 577 - 1400

### **4. Pride in North Carolina, Inc**

3080 Henderson Drive  
Jacksonville, NC 28546  
910-938-9833  
[www.pridenc.com](http://www.pridenc.com)

Provides residential/community services for mental health clients. Must have some type of mental health or physical diagnosis. Individuals can make contact by phone, email or website for more information and an application.

### **5. Parents as Teachers, PEERS Family Development Center**

151 Chaney Avenue  
Jackosnville, Nc  
(910) 938-5447

Provides home visits from professionals who follow the Parent as Teachers International Curriculum for children ages prenatal to kindergarten. These visits provide families with education on child development, developmental screenings, group meetings and incentive items.

Families must have a child prenatal to kindergarten ages.

## **6. Partners for Inclusion, Onslow County Partnership for Children**

Onslow County Partnership for Children  
900 Dennis Road  
Jacksonville, NC  
(910) 938-0336

[www.onslowkids.org](http://www.onslowkids.org)

Early childhood mental health intervention aimed at maintaining children in licensed child care facilities that present challenges in their physical, social or emotional development. Licensed mental health professionals will visit on-site to the child care facility (ages birth-5) for consultation, screenings, referrals, family consultation and training.

This is available for any parent with concern. Inquire at your child's child care facility or call the Onslow County Partnership for Children.

## **7. Carobell, Inc**

### ***Adult Day Vocational Program***

198 Cinnamon Drive  
Hubert, NC  
(910) 326-7600

[www.carobell.org](http://www.carobell.org)

A long term program that offers a structured environment where an individual can receive basic job skills training. Individuals are challenged to develop their physical, mental and social skills and capabilities.

Provider Eligibility: Mental retardation/other developmental disability or physical disability with moderate to severe level of care needs. Age requirement is 21 years or older.

Based upon family income and sliding fee scale.

### ***Residential Services***

Clients in the residential facilities receive the following services: medical/nursing, psychological, dietary, physical therapy, speech therapy, occupational therapy, adaptive physical and recreational activities, advocacy, education, day program/vocational training, community integration.

Provider Eligibility: Individuals diagnosed with severe/profound medical and developmental disabilities with MR-2 and doctor's signature verifying level of care needed. Infant to adults are accepted.

Accepts Medicaid.

### **Saturday Camp**

Provides a structured and fun learning environment for campers designed to meet the needs of individuals with cognitive and intellectual disabilities from age five to adult. Campers are provided with activities, such as therapeutic aquatics, self-esteem building, relaxation and problem-solving skills. Field trips are also a part of the day's activities. Provider Eligibility: Individuals with developmental disabilities ages five to adults.

### **Summer Camp**

Provides ages five to adults with a cognitive or intellectual disability the opportunity to participate in outdoor, indoor and field trip activities. This is held during the months of June - August which consist of eight one-week sessions. Provider Eligibility: Individuals with developmental disabilities ages five to adults.

Additional services are targeted case management, MR/DD Provider for Personal Care Services, Developmental Therapy, and Military Respite (see Active Duty Military Mental Health Resources).

## **8. Mental Health Association in NC**

920 Gum Branch Road  
Jacksonville, Nc  
910-455-9342  
[www.mha.nc.org](http://www.mha.nc.org)

## **Mental Health Services for Active Duty**

### **1. Counseling Services, MCCA Camp Lejeune**

[www.mccslejeune.com](http://www.mccslejeune.com)

Marine Corps Base Camp Lejeune  
MCCA-M&FS-Community Counseling Center  
Bldg, 798 Brewster Blvd.  
Camp Lejeune, NC  
Primary: 910-451-2864

Provides mental health services to the active duty and retired member and their families. Factors affecting interpersonal violence, child abuse and neglect are addressed through the implementation of the Marine Corps Family Advocacy Program. Services include safety, accountability and changing the environment that fosters family violence. Marines, Sailors and their families are supported in examining general counseling issues, including Individual /Personal Problems, Marital/Family Problems, Step Family issues, Parenting/Single Parenting, Separation/Divorce, Anger/Emotional Management, Child Behavior Problems, Stress Management, Sexual Abuse, challenges of Adolescence, Pre/Post Deployment Issues and Combat Operational Stress.

Eligibility: Active duty service members, spouses and their dependents.

### **2. Educational and Developmental Intervention Services**

Berkeley Manor Medical Annex  
5400 Florida Ave  
Camp Lejeune, NC  
Main: (910) 450-4127

Provides developmental evaluation and early intervention services to active duty military children who live in base housing and are under three years of age, have suspected developmental delays or medical conditions that may impact development, and would be eligible to attend Camp Lejeune Dependent Schools if they were older.

Must live in base housing and have a child who has special needs or needs to be evaluated for areas of concern.

All services are free.

[www.med.navy.mil/sites/nhcl/classes/pages/edisreferral.aspx](http://www.med.navy.mil/sites/nhcl/classes/pages/edisreferral.aspx)

### **3. Exceptional Family Member Program, Marine Corps Air Station New River**

Marine Corps Air Station New River  
[www.mccsnr.com](http://www.mccsnr.com)  
Bldg AS 213 Bancroft St  
McCutcheon Field  
Jacksonville, NC  
910-449-5251

Education, information, and support services for family members with exceptional medical, psychological, developmental or educational needs. The goal of EFMP is to assist military families in managing the dual demands of a Marine Corps career and the special needs of a family member. An exceptional family member includes a family member who possesses a diagnosed physical, intellectual or

emotional need that requires specialized medical or educational services. Enrollment in the EFMP program is designed to assist the sponsor with assignment to a duty station where appropriate services necessary to support the family member(s) are available. Installation EFMP Specialists are available to assist sponsors and their family members with the enrollment process, resource, referral, and support before, during and after Permanent Duty Station transitions. Specialists also serve as advocates for EFMP families to ensure access to vital medical, educational and community services. 40 hours/month free child care is now available for exceptional children of Marines!

Eligibility: Active duty members who have a dependent with exceptional or special needs.

This program is a mandatory enrollment program for all active duty personnel with family members with special needs. Please call number listed for more information.

#### **4. Treatment and Intervention**

Marine Corps Air Station New River

Bldg. AS 90 Curtis Rd

McCutcheon Field

Primary: 910-449-5252

Monday - Friday, 8:00 a.m. - 4:30 p.m.

Suicide Hotline: 800-273-8255

[www.mccsnr.com](http://www.mccsnr.com)

Provides licensed counselors and therapists who offer the following services:

- Family Service Center Counseling - Short term therapy for individuals, couples, and families.
- Family Advocacy Counseling - Assistance for individuals and families who are at risk for, or who have already had an incident of domestic violence, child abuse/neglect or sexual assault.
- Substance Abuse Counseling Center - Provides alcohol screening, assessment and counseling, case management referral, training and aftercare.

Other services include marriage preparation workshops, prevention and relationship enhancement courses, AA meetings and stress management courses.

Eligibility: Active duty members and their dependents.

#### **5. Carobell, Inc**

##### ***Military Respite Program***

198 Cinnamon Drive

Hubert, NC

(910) 326-7600

[www.carobell.org](http://www.carobell.org)

Provides periodic relief to military families or primary caregivers of children who have an exceptional need as determined by EFMP (Exceptional Family Member Program) (USMC).

Provider eligibility: Military families who have children or siblings enrolled in the EFMP.

#### **6. Military One Source/Militaryonesource.com**

Available 24/7 by phone, online and face-to-face; *provides mental health counseling*, counseling on money matters, deployment support, smooth moves, child care resources and referrals, special needs, spouse employment concerns, and translation services; services provided by a master's level consultant trained to offer confidential support and practical solutions. Military OneSource online features hundreds of free articles, CDs, booklets, and audio clips, plus financial calculators to help military personnel and their dependents with budgeting and investing. May sign up for newsletter, join discussion boards, attend Webinars, and find installation and community resources. Serves Active Duty, Guard, Reserve and their families at no cost.

1-800-342-9647

## **Emergency Services**

The Department of Emergency Services was created to enhance emergency response to, planning for and recovery from major emergencies that may occur in Onslow County.

Consolidated under one department is the E-911 Communications Center, Emergency Management Office, Emergency Medical Services, and the Fire Rescue Services. The Emergency Services Department coordinates with seven volunteer rescue squads, 20 volunteer fire departments, the Medical Reserve Corps (MRC) and provides Community Emergency Response Team (CERT) training.

These agencies work together to provide the citizens of Onslow County with complete and unified emergency service during a major incident, weather emergency or other unforeseen threat to life and property.

### **Location:**

1180 Commons Drive North

Jacksonville, NC 28546

**Phone:** (910) 347-4270

**Fax:** (910) 455-6767

### **Hours of Operation for Administration**

Monday ~ Friday - 8:00 AM to 5:00 PM

Saturday, Sunday & Holidays – Closed

## **Nursing or Adult Care Homes**

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

### **1. Britthaven Of Onslow**

1839 Onslow Dr Extension

Jacksonville, North Carolina 28540

(910) 455-3610

Initial Date of Certification:	02/01/71
Type of Ownership:	For profit - Corporation
Participates in Medicare:	Yes
Participates in Medicaid:	Yes
Multi-Nursing Home (chain) Ownership:	Yes
Continuing Care Retirement Community:	No
Resident Councils Only:	Yes
Quality Indicator Survey:	No

### **2. Britthaven Of Jacksonville**

225 White St

Jacksonville, North Carolina 28546

(910) 353-7222

Initial Date of Certification:	11/25/81
Type of Ownership:	For profit - Corporation
Participates in Medicare:	Yes

Participates in Medicare:	Yes
Multi-Nursing Home (chain) Ownership:	Yes
Continuing Care Retirement Community:	No
Resident Councils Only:	No
Quality Indicator Survey:	No

### 3. Carolina Rivers Nursing and Rehab Center

1839 Onslow Drive Extension  
 Jacksonville, NC 28540  
 (910) 455-3610

Most Recently Reported Health Inspection	July 26, 2012
Most Recently Reported Fire Inspection	August 23, 2012
Last Local-Nursing-Homes.Com Data Update	October 29, 2012
Sprinkler Status	Fully Sprinklered
Providers	Medicare and Medicaid
Type Of Ownership	For Profit - Corporation
Councils Available	Both
Owner Has Multiple Homes	Yes
Located In A Hospital	No
Continuing Care Retirement Community	No
Special Focus Facility	No

### Veterans Nursing Home

Currently for Veterans there is not a nursing home in Onslow County. The nearest veterans nursing home is in Fayetteville, North Carolina.

The North Carolina Division of Veterans Affairs offers a full-service, skilled nursing facility for veterans. The nursing home is located in Fayetteville at 214 Cochran Ave.

### Home Health Care

#### **Continuum Home Care & Hospice**

3391 Henderson Drive  
 Extension  
 Jacksonville, NC 28546  
 (910)989-2682

#### **Home Health and Hospice – Onslow County**

4024 Richlands Highway  
 Jacksonville, NC 28540  
 (910) 577-6660

#### **Maxim Home Care**

825 Gum Branch Square  
 Suite 109  
 Jacksonville, NC 28540  
 (910) 355-2757

#### **Quality Home Staffing**

3671 New Bern Hwy  
 Jacksonville, NC 28546  
 (910)346-1094

#### **Liberty Home Care**

1700 Country Club Road  
 Jacksonville, NC 28546  
 1-800-800-0614

#### **Community Alternatives Program for Disabled Adults, Onslow County Senior Services**

4024 Richlands Highway  
 Jacksonville, NC 28540  
 (910) 577-6660

## **Health Promotion & Prevention Programs**

### **Onslow County Health Department**

612 College St.  
Jacksonville, NC 28540  
PH: 910-347-2154  
FX: 910-347-7941

### **Onslow Memorial Hospital**

317 Western Boulevard  
Jacksonville, NC 28546  
(910) 577-2345

### **Cooperative Extension**

4024 Richlands Hwy.  
Jacksonville, NC 28540

## **Recreational Facilities and Fitness Centers**

### **1. Onslow County Parks and Recreation**

The mission of the Onslow County Parks and Recreation Department is to enhance the quality of life of the citizens by offering a variety of both active and passive activities. This is accomplished through recreation programs, district parks, beach access facilities and an active partnership with the community.

1244 Onslow Pines Road  
Jacksonville, NC 28540  
PH: 910-347-5332  
FX: 910-347-4492  
<http://www.onslowcountync.gov/Parks/>

### **2. Jacksonville City Parks and Recreation**

The City of Jacksonville is very happy to be able to offer a variety of activity parks, baseball fields, tennis courts, recreation facilities and parks available for use and, in most cases, available to be reserved for your special event or extracurricular needs. Please visit the different pages available on the webpage to see everything we have to offer!

<http://www.ci.jacksonville.nc.us/Residents/Parks---Recreation/Parks---Facilities.aspx>

## **Substance Abuse / Prevention**

### **1. Community Prevention Services, INC**

#### **• Adolescent Substance Abuse Prevention**

399 Johnson Blvd.  
Jacksonville, NC 28540  
(910) 353-0972

Works with youth up to 18 years of age to prevent them from becoming addicted to substances

## 2. Alcoholics Anonymous Meetings

- **Open Meetings-** Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership.
  - **Sunrise Group** (open discussion)-8:00 am daily --St. Anne's Church-711 Henderson Dr Jacksonville
  - **12 & 12 @ 12 Group-** (open discussion)-12:00pm Monday through Saturday--612 New Bridge Street Jacksonville(910)455-3666
  - **KIB Group-** (open big book)-8pm Sunday-215 Memorial Drive Jacksonville
  - **KIB Group-**(open discussion)-8pm Monday through Thursday and Saturday-215 Memorial Drive Jacksonville
  - **KIB Group-**(Open Step Study)-8pm Friday 215 Memorial Drive Jacksonville
- **Closed Meetings-Attended only by those with a desire to stop drinking**
- **Primary Purpose Group-**(closed big book)- 6:00 pm Sunday Onslow Mem. Hospital EDU Bldg Board Room OCHA 317 Western Blvd Jacksonville
  - **Women in Sobriety-** (closed step study) -7:00 pm Monday -Northwoods Methodist Church 1528 Gum Branch Road Jacksonville
  - **Old Timers Serenity Group-** (Closed discussion) 8:00 pm Thursday Northwoods Methodist Church 1528 Gum Branch Road Jacksonville

## 3. Al-Anon Meetings-For Families of Alcoholics- (910) 509- 2380

- a. **7:00 pm Monday-**Sneads Ferry Presbyterian Church 776 Hwy 210 Sneads Ferry (910) 327-2600
- **8:00 pm Tuesday** Swansboro United Methodist Church 665 W Corbett Ave Swansboro
- **8:00 pm Wednesday and Saturday-**215 Memorial Drive Jacksonville

## 4. Alcohol and Drug Counseling for Adults

- **CoastalCare-**165 Center Street Jacksonville (910) 459-4815
- **Healing Hearts Therapeutic Services** (910) 347-1694
- **CDTEG-**230 New Bridge Street Jacksonville (910) 347-4477
- **RHA** 215 Memorial Drive Jacksonville (910) 353-5115

## 5. Narcotics Anonymous Meetings-

### Open Meetings

- **New Way of Life Group** (Open discussion) -Saturdays at 12:00 pm Northwoods United Methodist Church 1528 Gum Branch Road Jacksonville
- **Survivalists Group-** 8:00 pm Tuesday 215 Memorial Drive Jacksonville -Non Smoking Group
- **Freedom Journey Group** (open discussion) 8:00 pm Friday 215 Memorial Drive Jacksonville
- **Survivalists Group Candlelight** (Open discussion) 10:00 pm Saturday 215 Memorial Drive Jacksonville Non Smoking
- **Freedom Journey Group** (open discussion) 8:00 pm Sunday 215 Memorial Drive Jacksonville

### Closed Meetings

- **Survivalists Group** (Closed discussion) 8:00 pm Monday 215 Memorial Drive Jacksonville Non Smoking

## 6. Tobacco Issues-Youth and Adults

- **Smoking Cessation Classes**-Community Prevention Services, Inc. 399 Johnson Boulevard Jacksonville (910) 353-0972-does not provide patches, gum, etc. **These are smoking cessation classes for those who truly desire to quit smoking.**

## Dental Services

### 1. Public Health Dental Hygienist Serving Onslow County & Onslow County Schools North Carolina Oral Health Section

C/O Parkwood Elementary  
2900 Northwoods Drive  
Jacksonville, NC 28540  
(910) 330-6363

### 2. Caring Community Clinic

1 Dewitt Street  
Jacksonville, NC 28540  
(910) 346-6149

Caring Community clinic is an immediate care facility offering short term care, and a dental clinic that is open by appointment only.

## Disability Services

### **Carobell, Inc**

198 Cinnamon Drive  
Hubert, NC 28539  
(910) 326-7600

### **Miracle Meadows Therapeutic Riding**

147 Catino Farms Lane  
Jacksonville, NC 28546  
(910)389-9726

### **Coastal Enterprises of Jacksonville, Inc.**

2715 Commerce Road  
Jacksonville, NC 28546  
910-455-2131

### **Vocational Rehabilitation**

110 Branchwood Drive Suite B  
Jacksonville, NC 28546  
(910)455-1445

## **Adult and Family Services Unit, Department of Social Services**

1255 Hargett Street  
Jacksonville, NC  
910-989-0230

[www.onslowcountync.gov/socialservices/adultfamilyserv.aspx](http://www.onslowcountync.gov/socialservices/adultfamilyserv.aspx)

Provides a portal of entry for individuals seeking services who are 18 years of age and older, are disabled and who may or may not be receiving income (i.e.; SSI, SSA, or Veterans, benefits).

Services include:

Adult Protective Services

At Risk Case Management (housing, food, health services)

Adult Care Home Monitoring

Guardianship

Adult Care Home Placement

Elderly and Disabled Transportation Assistance Program (EDTAP)  
Housing and Home Improvement  
Special Assistance In-Home  
Services for the Blind  
Representative Payee

### **Early Head Start**

103 North Plain Drive  
Jacksonville, NC  
910-938-0068

Provides child development and family support services to low income families with infants and toddlers ages birth to three and pregnant women.

Eligibility requirements: Meet federal poverty guidelines or child diagnosed with a disability.

### **Meals on Wheels**

4024 Richlands Hwy  
Jacksonville, NC  
910-989-3013

Meals are provided in the home of eligible persons who are homebound due to illness or incapacitating disability.

### **Exceptional Family Members Program, MCCS Camp Lejeune**

Bldg. 40, 798 Brewster Blvd  
Camp Lejeune, NC  
910-451-4394

Provides support for military families with dependents that have a disability or sickness. The goal of EFMP is to assist military families in managing the dual demands of a Marine Corps career and the special needs of a family member. An exceptional family member includes a family member who possesses a diagnosed physical, intellectual or emotional need that requires specialized medical or educational services. Enrollment in the EFMP program is designed to assist the sponsor with assignment to a duty station where appropriate services necessary to support the family member(s) are available. Installation EFMP Specialists are available to assist sponsors and their family members with the enrollment process, resource, referral, and support before, during and after Permanent Duty Station transitions. Specialists also serve as advocates for EFMP families to ensure access to vital medical, educational and community services. EFMP also has a lending library of materials related to disabilities for a family's use.

### **Adult Protective Services, Adult and Family Services Unit**

1255 Hargett Street  
Jacksonville, NC  
910-989-0230

Receives and evaluates reports of abuse, neglect and exploitation of incapacitated adults. Serves disabled adults 18 years of age or older.

## **Inventory of Health-Related Supportive Services**

### **Medical Assistance**

#### **NC Health Choice**

1255 Hargett Street  
Jacksonville, NC 28546  
(910) 455-4145

## **Medical and Health Transportation**

### **OUTS-Jacksonville Transit**

P.O. Box 1548  
605 New Bridge St.  
Jacksonville, NC 28541  
Office Hours M-F 8-5pm  
(910) 346-2998

Two main programs- a Jacksonville city bus for those who live and travel within the Jacksonville city limits (\$1.25 rider fee each ride) and an OUTS van for those outside Jacksonville city limits. Please call for eligibility requirements.

## **Chamber of Commerce**

### **Jacksonville Onslow Chamber of Commerce NC**

1099 Gum Branch Road  
Jacksonville, NC 28540  
(910) 347-3141  
<http://www.jacksonvilleonline.org/>

## **Media**

### **G10 TV**

G10TV is a cooperative venture serving Jacksonville - Onslow 24 hours a day on Time Warner Cable (TWC). The City of Jacksonville operates G10 and provides production assistance to Onslow.

### **Jacksonville Daily News**

Jacksonville Daily Newspaper  
<http://www.jdnews.com/>

## **Food Resources-Please refer to NC211.org for full list of providers**

### **Onslow Community Outreach**

Main Phone Number: 910-455-5733  
Soup Kitchen: 910-347-3227

### **Salvation Army**

403 Center St.  
Jacksonville, NC  
910-346-8800  
Offers food pantry, thrift store and benevolent services to eligible individuals of Onslow County.

## **Housing Resources Please refer to NC211.org for full list of providers**

### **ECHSA**

246 Georgetown Rd  
Jacksonville, NC  
(910) 347-2151  
(910) 347-1237  
Provides housing services to families that are living at/below poverty in Onslow county. WIC (Women, Infant and Children) program is administered in this office for Duplin County.

## **Senior Programs**

### **Onslow County Senior Services**

4024 Richlands Hwy  
Jacksonville, NC 28540  
PH: 910-455-2747  
FX: 910-455-0781

### **Lion's Club**

(910) 346-4852  
Free Vision and hearing Screenings for ages 60 and up.

## **Clothing Resources / Thrift Stores**

### **Goodwill**

1113 Western Blvd  
Jacksonville, NC 28540  
(910)455-2025

### **Infant of Prague Thrift Store**

933 Lejeune Blvd  
Jacksonville, NC 28540  
(910)937-1543

### **Finders Keepers**

(Onslow Women's Shelter)  
1209 A Hargett St.  
Jacksonville, NC 28540  
(910)346-1611

### **Salvation Army**

403 Center Street  
Jacksonville, NC 28546  
(910) 346-8800

### **Hem of His Garment II**

724 West Corbett Ave  
PO Box 597  
Swansboro, NC 28584  
(910) 326-1811

### **Second Chance Mission of Hope**

309 Court Street  
Jacksonville, NC 28540  
(910) 455-7111

## **Educational Resources**

### **Coastal Carolina**

#### **Community College**

444 Western Blvd  
Jacksonville, NC 28546  
(910) 455-1221

### **Onslow County Schools**

200 Broadhurst Road  
Jacksonville, NC 28540  
(910) 455-2211

### **Onslow County**

#### **Partnership for Children**

Jacksonville: Monday-Friday 8 am - 5 pm and by appointment  
Swansboro & Richlands:  
Closed Monday, Open Tuesday-Friday 9 am-12 pm and 1-5 pm, and by appointment.

### **Agape Leadership**

#### **Development**

#### **(Homeschooling organization)**

(910)347-4890

### **Head Start, Onslow County**

440 College St.  
Jacksonville, NC 28540  
(910)455-5530

## **ChildCare Providers**

Contact *The Onslow County Partnership for Children Resource and Referral* for the most current data on child care providers.

-Fiscal year 2012-2012- there are 42 centers with an enrolment of 4,580 (capacity of 5,566- includes school age)

-Enrollment numbers for centers as of June 2012: Infants=186, 1's=367, 2's=372, 3's=467, 4's=656, 5's=565

-There are 70 family child care homes with an enrollment of 308 (capacity of 514)

-Including DCD regulated school age care; there are 5,566 child care slots available. (DCD enrollment Report as posted on SmartNEt 2012)<sup>7</sup>

## **Hispanic Resources**

### **Hispanic Resource Center of Onslow County**

Frank or James De Leon  
204 Henderson Drive  
Jacksonville, NC 28540  
(910) 938-7811

## **Parenting**

### **PEERS Family Development Center**

151 Chaney Avenue  
Jacksonville, NC 28540  
(910) 333-9725

### **Young Moms Connect**

#### **Onslow Co. Partnership for Children**

301 Northwest Drive  
Jacksonville, NC 28546  
(910) 938-0336

## **Law Enforcement Agencies**

### **Jacksonville City Police Department**

206 Marine Boulevard  
Jacksonville  
(910) 455-4000

### **Onslow County Sheriff's**

#### **Department/Detention Center**

717 Court Street - Jacksonville, NC 28540  
(910) 455-3113 - (910) 455-0048 (fax)

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<sup>7</sup> 2012-2013 Onslow County Partnership for Children  
Community Assessment

## **Advocacy Services**

### **Guardian Ad Litem Program**

604 College Street  
Jacksonville, NC 28540  
(910) 346-5335

### **Mayor's Committee for Persons with Disabilities**

(910)938-5224

### **Nursing Home / Adult Care Community Advisory Committee**

(910) 577-4321

### **Onslow CHIP**

1 DeWitt Street  
Jacksonville, NC 28540  
(910) 355-CHIP (2447)

### **Onslow County Partnership for Children**

301 Northwest Drive  
Jacksonville, NC 28546  
(910) 938-0336

### **Sickle Cell Disease Assoc. Of America, Inc.**

#### **Eastern North Carolina Chapter**

PO Box 5253  
Jacksonville, NC 28540  
(910) 346-2510

## **Onslow County Veterans Services**

### **Veterans Services**

521 Mill Avenue  
Jacksonville, NC 28540  
PH: 910-347-3309  
FX: 910-938-3440

### **USO – United Services Organization**

9 Tallman Street  
Jacksonville, NC 28540  
(910) 455-3411

## **Economic Development/County Assets**

### **BOLD of Jacksonville**

<http://www.boldofjacksonville.com/>

### **Keep Onslow Beautiful**

**(910) 330-3140**

## **Shelters**

### **Onslow Community Outreach**

Main Phone Number: 910-455-5733  
Homeless Shelter: 910-347-3227

### **Salvation Army**

535 Bell Fork Road  
Jacksonville, NC 28540  
(910)346-8800

### **Second Chance Mission of Hope**

309 Court Street  
Jacksonville, NC 28540  
(910)455-6264

### **Youth Services**

(Provides temporary shelter care services, 365 days a year for court and law involved youth as an alternative to the streets, secure detention, and youth development centers.)  
220 Broadhurst Road  
Jacksonville, NC 28540  
(910)455-1202

## **Support Groups**

### **Alzheimer's Support Group**

Onslow County Senior Services  
4022 Richlands Highway  
Jacksonville, NC  
(910) 455-2747

## **Youth Programs**

### **Juvenile Justice and Delinquency Prevention**

614 College Street  
Jacksonville, NC 28540  
(910) 347-2191

### **Lions Club**

910-346-4852

### **Coastal Carolina Horse Sense, Inc**

1325 Kellum Loop Road  
Jacksonville, NC 28546  
(910) 455-5557

### **Youth Services – Onslow County**

P.O. Box 885, 220 Georgetown Road, Suite 200  
Jacksonville, North Carolina 28540  
Phone: (910) 455-1202  
Fax: (910) 938-1566  
4- H

### **Cooperative Extension**

4024 Richlands HWY  
Jacksonville, NC 28540  
(910)455-5873

### **Boy Scouts of America**

#### **East Carolina Council**

PO Box 1698

## **Citizen Associations**

### **The United Way of Onslow County**

8 Ruth Street  
Jacksonville, NC 28540  
Phone: (910) 347-2646  
Fax: (910) 347-1655

### **Compassionate Friends**

Northwoods Methodist Church,  
1528 Gum Branch Rd  
Jacksonville, NC 28546  
Sue (910) 455-3397  
or (910) 358-2650

Kinston, NC 28503

(252) 522-1521

### **Boys & Girls Club**

PO Box 146  
Jacksonville, NC 28541  
(910) 455-9003

### **Girl Scouts Council of Coastal Carolina, Inc.**

108 E. Lockhaven Drive  
Goldsboro, NC 27533  
(919)432-6123, 800-284-4475

### **Juvenile Justice & Delinquency Prevention**

614 College Street  
Jacksonville, NC 28540  
(910) 347-2191

### **Special Olympics Onslow County**

1335 Western Blvd. PMB #19  
Jacksonville, NC 28546  
(910) 265-1756

### **Parks and Recreation Department, Onslow County (Summer Only)**

1244 Onslow Pines Road Jacksonville, NC 28540  
(910) 347-5332

### **Veterans of Foreign Wars (VFW)**

1450 Piney Green  
Jacksonville, NC 28546

**Onslow Women's Health Fund**

**Onslow CHIP**

Virtual office-

241 New River Drive

Jacksonville, NC 28540

<http://www.onslowchip.org/home>

Please contact via email box found on website



**Onslow County Health Department**  
612 College Street, Jacksonville NC 28540  
phone: (910) 347-2154  
fax: (910) 347-7941



## 2012 Onslow County Community Health Opinion Survey

***Read the following section to each potential participant:***

***Hello, I am \_\_\_\_\_ and this is \_\_\_\_\_ representing Onslow County Health Department, Onslow Community Health Improvement Process (CHIP), and The United Way of Onslow County. (Show badges.) We are conducting a survey of our county to learn more about the health and quality of life in Onslow County. We will use the results of this survey to help address the major health and community issues in our county.***

***Your address was one of many randomly selected from our county. The survey is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.***

1. Do you presently live at this address? \_\_\_ Yes or \_\_\_ No  
If yes, please continue answering the survey.  
If no, STOP. You do not need to complete this survey.

2. Where do you go most often when you are sick? ( Please choose only one.)

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor's office                 | <input type="checkbox"/> Medical Clinic         |
| <input type="checkbox"/> Health department               | <input type="checkbox"/> Urgent Care Center     |
| <input type="checkbox"/> Hospital                        | <input type="checkbox"/> Emergency Room         |
| <input type="checkbox"/> Military or Other VA Healthcare | <input type="checkbox"/> Mental Health Provider |
| <input type="checkbox"/> Don't seek care                 |   |

3. Where do you get your healthcare information? (Please choose all that apply.)

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Family Doctor                           | <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Pharmacist                              | <input type="checkbox"/> Church            | <input type="checkbox"/> School   |
| <input type="checkbox"/> Help Lines                              | <input type="checkbox"/> Insurance         | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Publications-Books/newspapers/magazines | <input type="checkbox"/> Health Department |                                   |
| <input type="checkbox"/> Base/ Military                          |  |                                   |

**4.** In the past 12 months, have you attended any organized health promotion activities, such as health fairs, health screenings, or seminars, either through your work, hospital, church or community organizations?

Yes or  No

**5.** Do you have health insurance? If no skip to question 7.

Yes or  No

**6.** What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? (*Please choose only one.*)

- Tricare, CHAMPUS, or the VA
- Health insurance through employer/spouse's employer
- Health insurance I bought for myself
- Medicare
- Medicaid/NC Health Choice

**7.** Do you have dental insurance?

Yes or  No

**8.** How many times do you go to a dentist in a year?

- 0
- 1
- 2
- > 2

**9.** How many people are in your household? \_\_\_\_\_

**10.** Is your total household income less than or more than \$XX, XXX?

Less than \$XX,XXX  More than \$XX,XXX

**11.** How would you rate your own health? Please choose only one of the following:

- Poor
- Fair
- Good
- Very Good
- Excellent

**12. In your opinion, are the following health issues a problem in Onslow county? (Circle one answer for each.) Not a Problem; Somewhat of a problem; Major Problem; I Don't Know**

**Not a Problem:** No action is needed on the issue

**Somewhat of a problem:** The existing level of action on the issue should continue

**Major Problem:** Additional attention and immediate resources are needed on the issue

	<b>Not a Problem</b>	<b>Somewhat of a problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Heart disease/ High Blood Pressure	1	2	3	88
Cancer	1	2	3	88
Stroke	1	2	2	88
Lung disease (e.g. emphysema)	1	2	3	88
Asthma	1	2	3	88
Diabetes	1	2	3	88
Unintentional injuries i.e. falling	1	2	3	88
Motor vehicle injuries	1	2	3	88
Alzheimer's disease	1	2	3	88
Pneumonia and influenza	1	2	3	88
Suicide and Suicidal Thoughts	1	2	3	88
HIV/AIDS	1	2	3	88
Dental problems	1	2	3	88
Infant deaths	1	2	3	88
Mental health issues including depression and anxiety	1	2	3	88
Post Traumatic Stress Disorder	1	2	3	88
Overweight/ Obesity in adults	1	2	3	88
Overweight/ Obesity in children	1	2	3	88
Sexually transmitted diseases	1	2	3	88
Teen pregnancy	1	2	3	88
Disease outbreaks, passed person to person	1	2	3	88
Regular physical activity or exercise	1	2	3	88
Eating habits/ nutrition	1	2	3	88
Tobacco use (smoking, chewing, or dipping)	1	2	3	88
Adult Alcohol abuse	1	2	3	88
Adult Illegal drug use	1	2	3	88
Adult prescription drug abuse	1	2	3	88
Not wearing a seatbelt	1	2	3	88
Driving under the influence	1	2	3	88
Smoking during pregnancy	1	2	3	88
Unintended pregnancy	1	2	3	88

	Not a Problem	Somewhat of a problem	Major Problem	I Don't Know
Underage drinking and drug use	1	2	3	88
Work related injuries	1	2	3	88
Homelessness	1	2	3	88
Family violence/abuse of children or adults	1	2	3	88

**13. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)**  
**Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

	Not a Problem	Somewhat of a Problem	A Major Problem	I Don't Know
Education and job training for adults	1	2	3	88
Job opportunities	1	2	3	88
Public transportation	1	2	3	88
Recreation opportunities	1	2	3	88
Parks, greenways, sidewalks, & bike paths	1	2	3	88
Access to a doctor	1	2	3	88
Access to a specialist	1	2	3	88
Access to a dentist	1	2	3	88
Access to mental health care	1	2	3	88
Access to prescription medications	1	2	3	88
Doctors/ dentists who accept Medicaid/ Medicare	1	2	3	88
Doctors/ dentists who see people without insurance	1	2	3	88
Affordable housing	1	2	3	88
Utilities assistance	1	2	3	88
Food assistance	1	2	3	88
Available fresh fruits and vegetables	1	2	3	88
Affordable child care	1	2	3	88
Available child care	1	2	3	88
Affordable elder care	1	2	3	88
Available elder care	1	2	3	88
Doctors/ dentists who speak my language & understand my culture	1	2	3	88
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)	1	2	3	88
Access to childhood vaccinations	1	2	3	88

	Not a Problem	Somewhat of a Problem	A Major Problem	I Don't Know
Access to flu/pneumonia vaccinations	1	2	3	88
Access to alcohol/ drug counseling and support	1	2	3	88
Access to alcohol/drug treatment centers/programs	1	2	3	88
Access to STD testing/counseling	1	2	3	88
Access to affordable gyms/rec. centers	1	2	3	88
Access to smoking cessation products and resources	1	2	3	88
Access to sexual/domestic violence counseling	1	2	3	88
Access to recreational programs	1	2	3	88
Access to quality after school programs for young children	1	2	3	88
Access to after school programs for teens	1	2	3	88
Availability of financial management/credit counseling services	1	2	3	88

14. Of the topics below, please choose the top 3 **health** issues for your community to address.

- Wearing a seatbelt/using a carseat
- Tobacco use
- Exercise
- Unprotected sex
- Eating Habits/Nutrition
- Areas to walk and play
- Available quality foods
- Smoke-Free public areas

15. Of the topics below, please choose the top 3 **mental and behavioral health** issues for your community to address.

- Domestic Assault Counseling
- Sexual Assault Counseling
- Child Sexual Abuse Counseling
- Depression
- Suicide
- Alcohol/ Drug Use
- Alcohol/ Drug Treatment
- Post Traumatic Stress Disorder

16. Of the topics below, please choose the top 3 **environmental** issues for your community to address.

- Food Safety
- Air Pollution
- Lead Poisoning
- Litter
- Drinking Water Quality
- Cleanliness and Protection of rivers, streams, and ocean
- Recycling
- Wastewater (Sewage) Disposal
- Trash Disposal
- Noise pollution

17. Of the topics below, please choose the top 3 **safety** issues for your community to address.

- Driving under the influence
- Stray animals
- Illegal drug use
- Gang Activity
- Property crime
- Violent crime
- Child Abuse/Domestic violence
- Sexual Assault/Rape
- Internet safety
- Disaster Preparedness (hurricanes, hazardous materials incident)
- 911 Emergency Services (fire, police, EMS)
- Traffic safety
- Inappropriate use of prescription medications
- Bullying

18. Of the topics below, please choose the top 3 **economic** issues for your community to address.

- Job opportunities
- Public transportation
- Affordable housing
- Business or Industry development
- Homelessness
- Food, Housing, & Utility Assistance

19. Of the topics below, please choose the top 3 **education** issues for your community to address.

- School dropout rate
- Children prepared for kindergarten
- Highschool students prepared for higher education or employment
- Overcrowded schools
- Summer programs for children
- Technical job training for adults
- Affordable higher education for adults
- Available continuing education and learning opportunities for adults
- Adult literacy

20. Does your household have working smoke and carbon monoxide detectors?  
(Mark only one.)

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

21. Does your family have a minimum of 3 days worth of basic emergency supplies? (Supplies include drinking water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- Yes or  No

22. How do you get information about a disaster or emergency during the event? (*Please choose **all** that apply.*)

- Television
- Internet/email
- Social networking site (ex: Facebook)
- Text message or phone notification
- Phone notification from county gov't
- Radio
- Print media (ex: newspaper)
- Neighbors/ Word of Mouth
- Phone Bank

23. If public authorities announced a mandatory evacuation from your neighborhood or community due to a life-threatening disaster or emergency, would you evacuate?

- Yes
- Don't know/ Not sure
- No

24. Choose 3 reasons you would **NOT** evacuate if asked to do so.

- Lack of transportation
- Lack of trust in public officials
- Concern about leaving property behind
- Concern about personal safety
- Concern about family safety
- Concern about leaving pets
- Concern about traffic jams and inability to get out
- Health problems (could not be moved)
- Lack of money
- Lack of a place to go

25. If there is an emergency where you had to evacuate, how would you get there? (*Please choose **all** that apply.*)

- Personal vehicle
- Family member/friend's vehicle
- Taxi
- Public Transportation
- Walk
- EMS/ambulance

26. If you do evacuate, where would you go? (*Please choose **all** that apply.*)

- Friend's home
- Shelter
- Stay in car/camp/rest area
- Family member's home
- Hotel

27. What is your marital status?

- Single/Never Married
- Separated
- Widowed
- Divorced
- Married

28. In what community, town, or city in Onslow County do you live? \_\_\_\_\_

- Camp Lejeune
- Jacksonville
- Piney Green
- Half Moon
- Maple Hill
- Sneads Ferry
- Holly Ridge
- Midway Park
- Swansboro
- Hubert
- North Topsail

29. What year were you born?

30. Are you?  Male or  Female

31. What is your race? *(Please choose only one.)*

Asian/Pacific Islander     Native American  
 Black/African American     White/Caucasian     Other race

32. a. Are you of Hispanic, Latino or Spanish origin?

Yes     No

b. If yes, are you:

Mexican, Mexican American, or Chicano     Puerto Rican

Cuban     Other Hispanic or Latino (please specify)

33. What is the highest level of education you have completed? *(Please choose only one)*

Did not graduate from high school     Associate degree from college  
 High school graduate or GED     Four year degree from college (Bachelor's degree)  
 Some college     More than a Bachelor's degree

34. Do you speak a language other than English at home?

Yes or  No

35. Do you work or go to school in Onslow County?

Yes or  No

36. What is your employment status? *(Please choose only one.)*

Employed full-time     Disabled     Retired  
 Employed part-time     Student     Self –Employed  
 Out of work more than 1 year     Out of work for less than 1 year  
 Homemaker     Unable to work

37. How long have you lived in Onslow County?

Less than 1 year     6-10 years  
 1-5 years     10+ years

38. Do you live here because of the military? If, so please check why: *(Please choose only one.)*

Active duty     Retired  
 Dependent of active duty     Dependent of retired  
 Civilian working on base     Do not live here because of the military

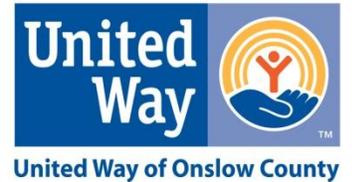
**39.** Do you have access to the internet at your residence?

\_\_\_ Yes or \_\_\_ No

**40.** Do you have access to a landline telephone at your residence?

\_\_\_ Yes or \_\_\_ No

*Thank you for your participation!*



**Onslow County Health Department**  
612 College Street, Jacksonville NC 28540  
phone: (910) 347-2154  
fax: (910) 347-7941

## Encuesta de Evaluación de Salud Comunitaria Condado de Onslow 2012

*Lea la siguiente sección a cada uno de los participantes:*

*Hola, Yo soy \_\_\_\_\_ y esta es \_\_\_\_\_ representando a el Departamento de Salud del Condado de Onslow, Onslow Community Health Improvement Process (CHIP) y The United Way del Condado de Onslow. (Muestre su Identificación.) Estamos conduciendo una encuesta en nuestro Condado para aprender más acerca de la salud y la calidad de vida del Condado de Onslow. Vamos a usar los resultados de esta encuesta como recurso para ayudar a resolver los problemas de salud y comunitarios en nuestro Condado.*

*Su dirección fue una de las muchas seleccionadas al azar por nuestro Condado. La encuesta es totalmente voluntaria, y no debe tomar más de 20 minutos en completarla. Su respuesta será totalmente confidencial. La información que usted nos provee no va ser vinculada con usted.*

1. ¿Usted vive actualmente en esta dirección? \_\_\_ Si o \_\_\_ No  
Si su respuesta es SI. Por favor, continúe contestando la encuesta  
Si no, **PARE** no necesita completar la encuesta.

2. ¿A donde usted asiste con más frecuencia si se enferma? Escoja una respuesta.

<input type="checkbox"/> Oficina de Doctor	<input type="checkbox"/> Clínica medica
<input type="checkbox"/> Departamento de Salud	<input type="checkbox"/> Centro de Urgencia
<input type="checkbox"/> Hospital	<input type="checkbox"/> Sala de Emergencia Hospital
<input type="checkbox"/> Militar u otro Servicio de VA	<input type="checkbox"/> Proveedor de Salud Mental
<input type="checkbox"/> No busca ayuda médica	

3. ¿De dónde usted recibe la mayor parte de su información de salud? (Escoja todas las que apliquen)

<input type="checkbox"/> Doctor de Cabecera	<input type="checkbox"/> Amigos/Parientes	<input type="checkbox"/> Hospital
<input type="checkbox"/> Farmacéutico	<input type="checkbox"/> Iglesia	<input type="checkbox"/> Escuela



**12. En su opinión, las siguientes enfermedades son un problema de salud en el Condado de Onslow? (Por favor, circule una respuesta para cada una). No es problema, Es un poco de problema, Problema mayor, No sabe.**

**No es problema:** No es necesario tomar acción

**Algo de Problema:** El nivel de acción que existe hacia el problema debe continuar.

**Problema Mayor:** Atención adicional y recursos inmediatos son necesarios para el problema.

	No Problema	Algo de problema	Problema Mayor	No sabe
Enfermedades del corazón/ presión alta	1	2	3	88
Cáncer	1	2	3	88
Ataques cardíacos	1	2	3	88
Enfermedades de los pulmones (enfisema)	1	2	3	88
Asma	1	2	3	88
Diabetes	1	2	3	88
Heridas un intencionales ( Caídas)	1	2		88
Heridas de accidentes de carro	1	2	3	88
Enfermedad de Alzheimer	1	2	3	88
Neumonía e influenza	1	2	3	88
Suicidio o pensamiento de suicidarse	1	2	3	88
VIH/SIDA	1	2	3	88
Problemas dentales	1	2	3	88
Muerte Infantil	1	2	3	88
Problemas de salud mental incluyendo depresión y ansiedad	1	2	3	88
Desorden de estrés post traumático	1	2	3	88
Sobre peso / obesidad en adultos	1	2	3	88
Sobre peso / obesidad en niños	1	2	3	88
Enfermedades transmitidas sexualmente	1	2	3	88
Adolescentes embarazadas	1	2	3	88
Brotos de enfermedades contagiadas de persona a persona	1	2	3	88
Actividades físicas regulares o ejercicio	1	2	3	88
Hábitos de Alimentación / Nutrición	1	2	3	88
Uso de Tabaco (Fumar, masticar o absorber)	1	2	3	88
Abuso de alcohol en adultos	1	2	3	88
Abuso del uso de drogas en adultos	1	2	3	88
Abuso de uso de medicamentos en adultos	1	2	3	88
No utilizar el cinturón de seguridad	1	2	3	88
Manejar bajo la influencia del alcohol	1	2	3	88

Fumar durante el embarazo	1	2	3	88
Embarazos no planeados	1	2	3	88
Uso de alcohol y drogas en menores	1	2	3	88
Accidentes relacionados con el trabajo	1	2	3	88
Indigentes o carencia de vivienda	1	2	3	88
Violencia familiar / abuso de niños o adultos	1	2	3	88

**13. ¿En su opinión, es un problema para usted utilizar o encontrar lo siguiente?**  
(Circule una respuesta para cada pregunta) **No es Problema, Un poco de problema, Problema mayor, No sabe.**

	No es Problema	Un poco de Problema	Problema Mayor	No Sabe
Educación y entrenamiento de trabajo para adultos	1	2	3	88
Oportunidades de Trabajo	1	2	3	88
Transporte Publico	1	2	3	88
Oportunidades recreacionales	1	2	3	88
Parques, Áreas verdes, Aceras y caminos para Bicicleta	1	2	3	88
Acceso a un Doctor	1	2	3	88
Acceso a un Especialista	1	2	3	88
Acceso a un Dentista	1	2	3	88
Acceso a cuidado de salud mental	1	2	3	88
Acceso a medicamentos recetados	1	2	3	88
Doctores/ dentistas que acepten Medicaid/ Medicare	1	2	3	88
Doctores/ dentistas que atiendan pacientes sin seguro medico	1	2	3	88
Viviendas económicas	1	2	3	88
Asistencia para utilidades	1	2	3	88
Asistencia para comprar alimentos	1	2	3	88
Disponibilidad de frutas y vegetales frescos	1	2	3	88
Guarderías económicas	1	2	3	88
Guarderías disponible	1	2	3	88
Cuidado para ancianos de bajo costo	1	2	3	88
Cuidado para ancianos disponibles	1	2	3	88
Doctores/ dentistas que hablen mi idioma y entiendan mi cultura	1	2	3	88
Información acerca de preparaciones de emergencia ( preparación para desastres naturales tales como huracanes y brotes de enfermedades como la influenza pandemica)	1	2	3	88
Acceso para vacunas de niños	1	2	3	88

Acceso a la vacunas del flu y neumonía para niños	1	2	3	88
Acceso de apoyo de consejería de alcohol / drogas	1	2	3	88
Acceso a programas de tratamiento para alcohol / drogas	1	2	3	88
Acceso a exámenes de enfermedades venéreas y consejería	1	2	3	88
Acceso a gimnasios y centros recreativos económicos	1	2	3	88
Acceso de productos y recursos para el cese de tabaco	1	2	3	88
Acceso de consejería para la violencia domestica sexual	1	2	3	88
Acceso a programas recreacionales	1	2	3	88
Acceso de programas de calidad para cuidado de niños menores después de la escuela	1	2	3	88
Acceso a programas después de la escuela para adolescentes	1	2	3	88
Disponibilidad de manejo financiero / servicio de consejería de crédito	1	2	3	88

**14.** De los temas en la parte de abajo, por favor clasifique los 3 mayores problemas de **salud** que su comunidad debe abordar.

- Utilizar cinturón de seguridad /utilizar silla de carro
- Uso de tabaco
- Ejercicio
- Tener relaciones sin utilizar protección
- Hábitos de alimentación/Nutrición
- Áreas para caminar y jugar
- Alimentos de calidad disponibles
- Áreas públicas de no fumar

**15.** De los temas en la parte de abajo, por favor clasifique los 3 **mayores problemas mentales y problemas de comportamiento de salud** que su comunidad debe abordar.

- Consejería para agresión domestica
- Consejería para asaltos sexuales
- Consejería para abuso sexual infantil
- Depresión
- Suicidio
- Uso de Alcohol/ Drogas
- Tratamiento para el Alcohol/ Drogas

\_\_\_ Post Traumáticos Desordenes de Estrés

**16.** De los temas en la parte de abajo, por favor clasifique los 3 mayores problemas del medio ambiente que su comunidad debe abordar.

- \_\_\_ Seguridad en las comidas
- \_\_\_ Contaminación ambiental
- \_\_\_ Plomo toxico
- \_\_\_ Basura
- \_\_\_ Agua potable de calidad
- \_\_\_ Limpieza y protección de ríos, arroyos y océano
- \_\_\_ Reciclaje
- \_\_\_ Residuos de aguas (Alcantarillado) Desechos
- \_\_\_ Desechos de basura
- \_\_\_ Contaminación del Ruido

**17.** De los temas de la parte de abajo por favor clasifique los 3 mayores problemas de **seguridad** que su comunidad debe abarcar.

- \_\_\_ Manejar bajo la influencia del alcohol
- \_\_\_ Animales de la calle
- \_\_\_ Uso de droga Ilegal
- \_\_\_ Actividades de pandillas
- \_\_\_ Promotores de crimen
- \_\_\_ Crimen violentos
- \_\_\_ Abuso infantil/Violencia domestica
- \_\_\_ Asalto sexual/Violación
- \_\_\_ Internet seguro
- \_\_\_ Preparamiento para desastres (Huracanes, materiales peligrosos, incidente)
- \_\_\_ Servicio de Emergencia 911 (bomberos, policía, EMS)
- \_\_\_ Seguridad del tráfico
- \_\_\_ Uso inapropiado de medicamentos prescritos
- \_\_\_ Intimidadores

**18.** De los temas en la parte de abajo por favor clasifique los 3 mayores problemas **económicos** que su comunidad debe abordar.

- \_\_\_ Oportunidades de trabajo
- \_\_\_ Transporte publico
- \_\_\_ Viviendas económicas
- \_\_\_ Desarrollo de negocios e Industria
- \_\_\_ Indigencia
- \_\_\_ Asistencia para Alimentos, Vivienda, Utilidades

**19.** De los temas en la parte de abajo por favor clasifique los 3 mayores problemas de educación que su comunidad debe abordar.

- Tarifas para programas después de la escuela
- Niños preparados para jardín infantil
- Estudiantes de Secundaria que estén preparados para educación avanzada o trabajos
- Escuelas Sobrepobladas
- Programas de verano para niños
- Entrenamiento de trabajos técnicos para adultos
- Educación superior más económica para los adultos
- Disponibilidad de oportunidades de continuidad educativa y aprendizaje
- Alfabetización adulta

**20.** ¿Tiene su casa detectores de humo y monóxido de carbono?  
(*Marque solo una respuesta.*)

- Si, detectores de humo solamente
- Si, Solo detectores de monóxido de carbono
- Si, Ambos
- No
- No sabe / No está seguro

**21.** ¿Tiene su familia por lo menos 3 días validos de suplementos básicos de emergencia? (Los suplementos incluyen: Agua para tomar, alimentos no perecederos, medicamentos necesarios, suplementos de primeros auxilios, linterna, baterías, abridor de lata manual, cobijas, etc.)

- Si o  No

**22.** ¿Cómo obtiene usted información acerca de los desastres o durante un evento de emergencia? (Por favor escoja todas las que apliquen.)

- Televisión
- Radio
- Mensaje de Internet
- Periódico
- Chat social (Ej: Facebook)
- Por lo que le dicen los vecinos
- Mensajes de texto o notificación tel.
- Teléfono
- Notificación telefónica por el condado

**23.** ¿Si las autoridades públicas anuncian una evacuación mandataria de su vecindario o comunidad debido a una amenaza de desastre o emergencia, usted evacuaría?

- Si  No  No sabe / No está segur

**24.** Clasifique las 3 mayores razones por la cual usted no evacuaría si fuera necesario.

- Falta de transporte
- Falta de confianza a las autoridades públicas
- Preocupación por dejar sus propiedades atrás
- Preocupación por su seguridad personal
- Preocupación por la seguridad de su familia
- Preocupación por dejar a sus mascotas
- Preocupación por el tráfico y la inhabilidad de poder salir
- Problemas de salud (que no pueda moverse)
- Falta de dinero
- Falta de un lugar a donde poder ir

**25.** ¿Si hay una emergencia en la cual usted tiene que evacuar, como llegaría a otro lugar?

- Vehículo personal
- Vehículo de un familiar / amigo
- Taxi
- Transporte publico
- Caminando
- Ambulancia / EMS

**26.** ¿Si llegara a evacuar, a donde iría? (por favor escoja todas las que apliquen para usted).

- Casa de una amistad
- Refugio
- Se quedaría en un área de descanso para carros
- Casa de un familiar
- Hotel

**27.** ¿Cuál es su estado civil?

- Soltero / Nunca casado/a
- Separado/a
- Viudo/a
- Divorciado/a
- Casado/a

**28.** ¿En qué comunidad, pueblo, o ciudad del Condado de Onslow vive?

\_\_\_\_\_

**29.** ¿En qué año nació? \_\_\_\_\_

**30.** ¿Es usted de? Sexo Masculino \_\_\_\_\_ o Sexo Femenino \_\_\_\_\_

**31.** a. ¿Es usted de origen Hispano, Latino o de origen Español?

Si  No (Si contesta no sáltese la pregunta 32)

b. Si contesta Si, es usted \_\_\_\_\_ Mexicano, México Americano, o Chicano  
\_\_\_\_\_ Puertorriqueño \_\_\_\_\_ Cubano \_\_\_\_\_ Otro origen Hispano o Latino (por favor especifique) \_\_\_\_\_

32. ¿Cuál es su raza?

Asiático/Isla del Pacifico     Nativo Americano     Otra etnicidad  
 Negro/Americano Africano     Blanco/Caucásico     Hispano/Latino

33. ¿Cuál es el nivel más alto de educación que usted ha completado? (*marque uno*)

No se graduó de la Secundaria     Diploma de Asociado de la Universidad  
 Diploma de Secundaria o GED     Diploma de 4 años de Universidad  
 Años de Universidad     Mas que un Diploma de Licenciatura

34. ¿Usted habla otro idioma además de Ingles en su casa?

Si o  No

35. ¿Usted trabaja o va a la escuela en el Condado de Onslow?

Si o  No

36. ¿Cuál es su estatus de empleo? (por favor, escoja solo una)

Empleado tiempo completo     Deshabilitado     Retirado  
 Empleado medio tiempo     Estudiante     Empleado de salario  
 Trabaja por sí solo     No ha trabajado por más de un año  
 No ha trabajado menos de un año     Ama de casa     No puede trabajar

37. ¿Cuántos años tiene viviendo en el Condado de Onslow?

Menos de 1 año     6-10 años  
 1-5 años     10+ años

38. ¿Vive aquí por causa del Militar? Si, Si especifique cual:

Esta Activo en la Milicia     Retirado  
 Dependiente de un Militar     Dependiente de un Retirado  
 Civil o Trabaja en la Base

39. ¿Usted tiene acceso al Internet en su casa?

Si o  No

40. ¿Usted tiene teléfono en su casa?

Si o  No

*Gracias por su participación!*

## **Appendix C: Community Health Assessment Survey Results**

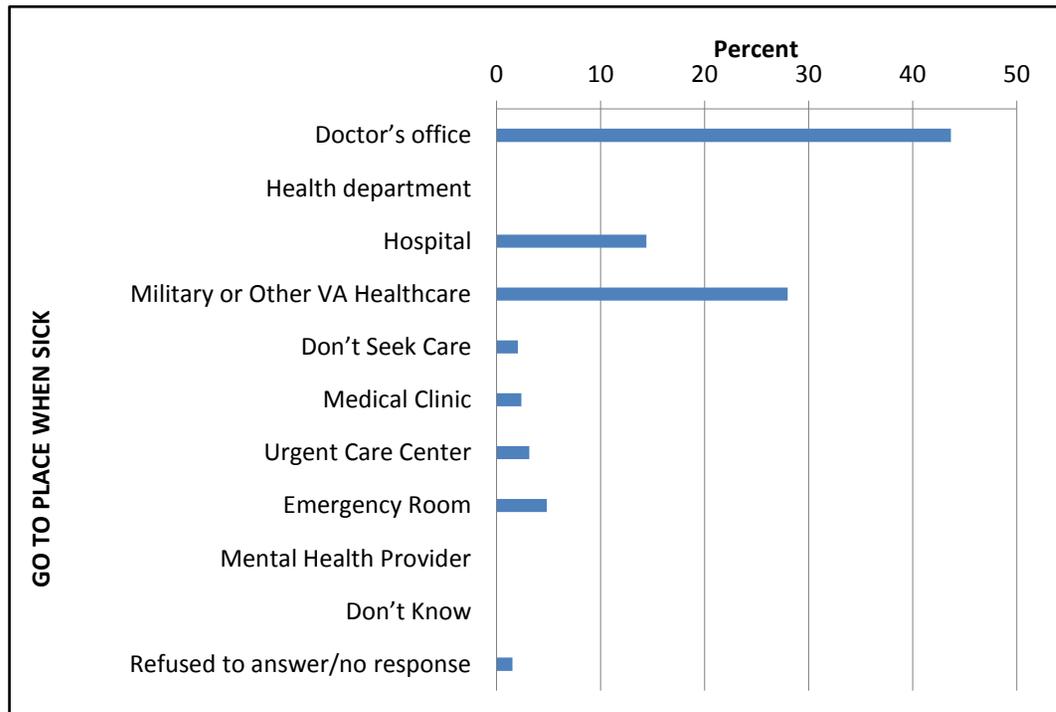
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A vital part of the Community Health Assessment process is to identify the community's health-related priorities by conducting a door-to-door survey of residents. In March 2012, 207 Onslow county residents were interviewed using a 40 question survey. The results of the survey form the basis of the Community Health Assessment report and drive action plans. The complete results are recorded in this appendix, which lists all responses in both tables and graphs form. Weighted percentages were used to support information in the main body of this report.

Onslow County 2012 Community Health Assessment

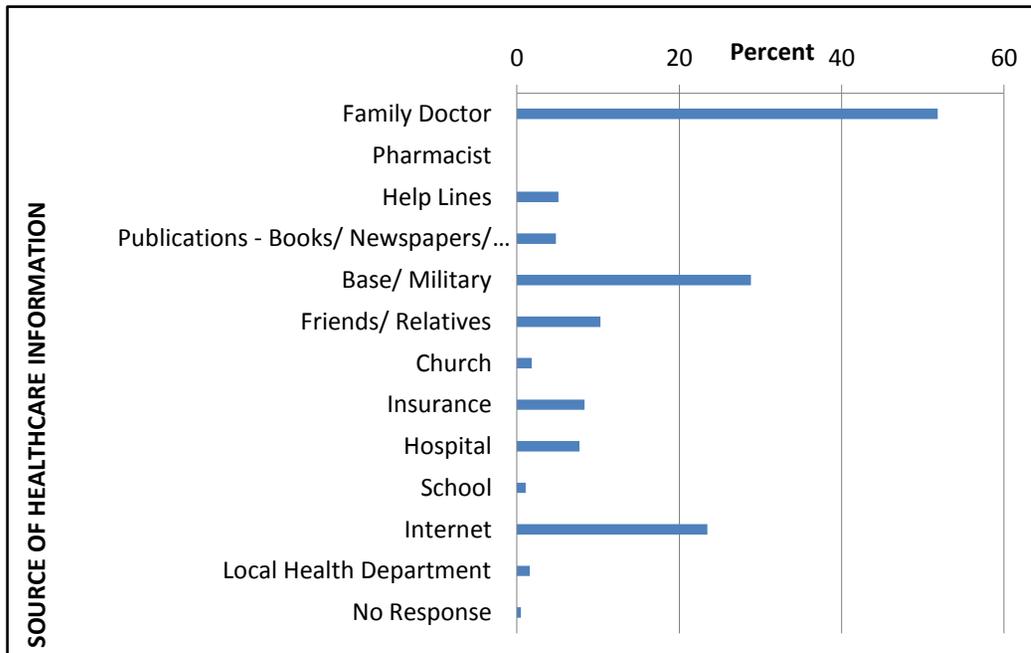
2. Where do you go most often when you are sick? ( Please *choose only one.*)

Answer choices	Unweighted		Weighted	
	n	%	n	%
1 Doctor's office	90	43.48	24319.37	43.67
2 Health department	0	0	0	0
3 Hospital	31	14.98	8021.22	14.40
4 Military or Other VA Healthcare	58	28.02	15578.41	27.98
5 Don't Seek Care	4	1.93	1136.42	2.04
6 Medical Clinic	5	2.42	1325.82	2.38
7 Urgent Care Center	6	2.90	1751.98	3.15
8 Emergency Room	10	4.83	2699	4.85
9 Mental Health Provider	0	0	0	0
88 Don't Know	0	0	0	0
99 Refused to answer/no response	3	1.45	852.3143	1.53
	207	100.00	55684.53	100.00



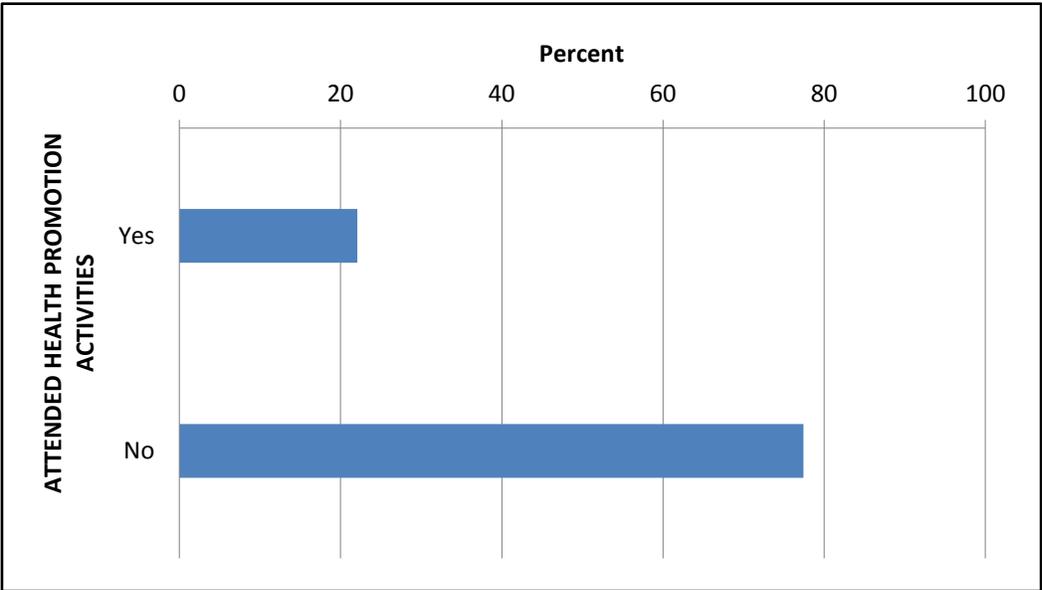
**3 Where do you get your Healthcare information – (health info = hi)**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	upper CI
1 Family Doctor	106	51.21	28867.41	51.84	51.42	52.26
2 Pharmacist	0	0	0	0	0	0
3 Help Lines	10	4.83	2852.89	5.12	4.94	5.30
4 Publications - Books/ Newspapers,	10	4.83	2675.32	4.80	4.63	5.00
5 Base/ Military	62	29.95	16056.65	28.84	28.46	29.22
6 Friends/ Relatives	20	9.66	5729.45	10.29	10.04	10.54
7 Church	4	1.93	1032.25	1.85	1.74	1.96
8 Insurance	16	7.73	4652.22	8.35	8.13	8.57
9 Hospital	16	7.73	4289.98	7.70	7.48	7.92
10 School	2	0.97	615.56	1.11	1.02	1.20
11 Internet	47	22.71	13071.19	23.47	23.12	23.82
12 Local Health Department	3	1.45	899.67	1.62	1.51	1.73
13 No Response	1	0.48	284.10	0.51	0.45	0.57



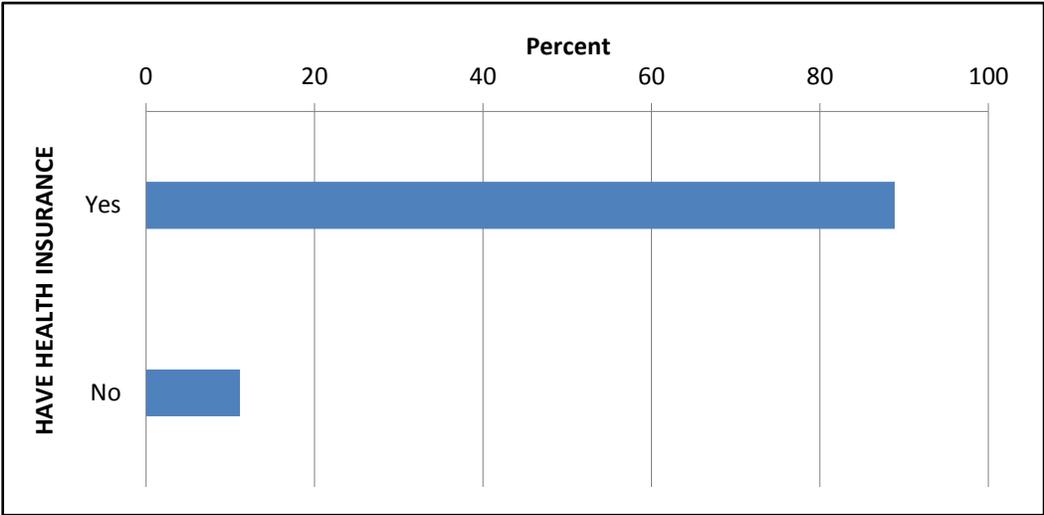
4 In the past 12 months, have you attended any organized health promotion activities, such as health fairs, health screenings, or seminars, either through your work, hospital, church or community organizations?

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	47	22.71	12294.63	22.08	21.73	22.43
2 No	159	76.81	43105.80	77.41	77.06	77.76
88 Don't Know	1	0.48	284.10	0.51	0.45	0.57
99 Refused to answer	0	0	0	0	0	0



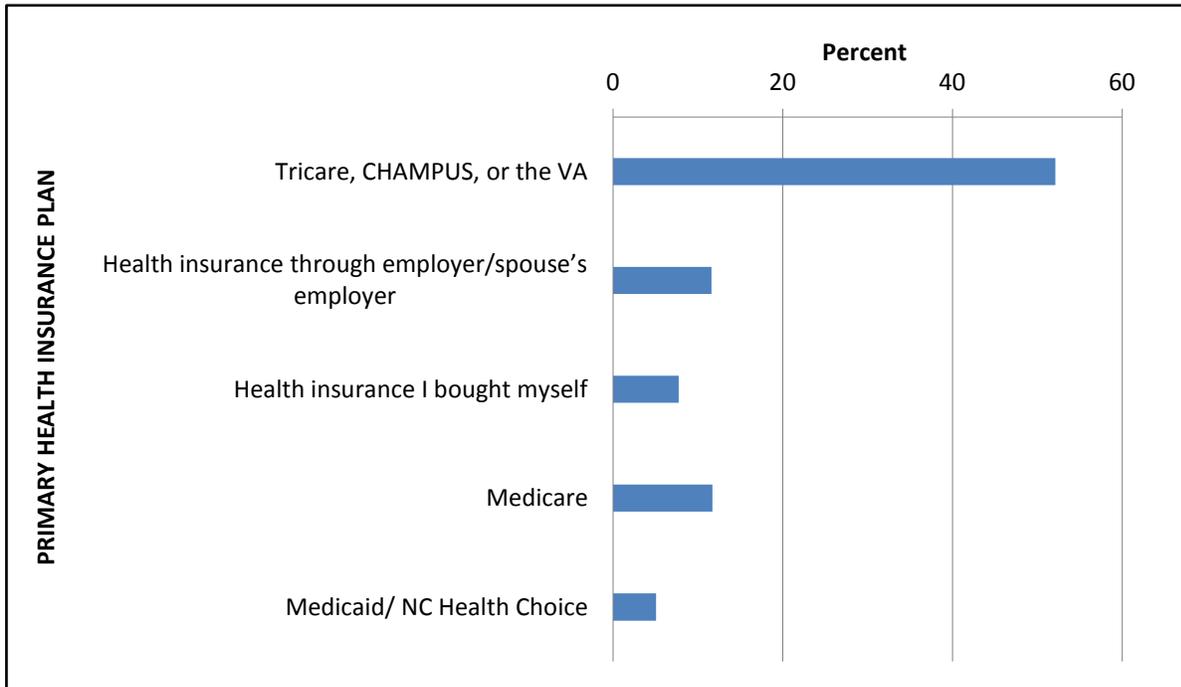
5 Do you have health insurance

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Yes	186	89.86	49481.58	88.86	88.60	89.12	
2 No	21	10.14	6202.95	11.14	10.88	11.40	
88 Don't Know	0	0	0				
99 Refused to answer	0	0	0				



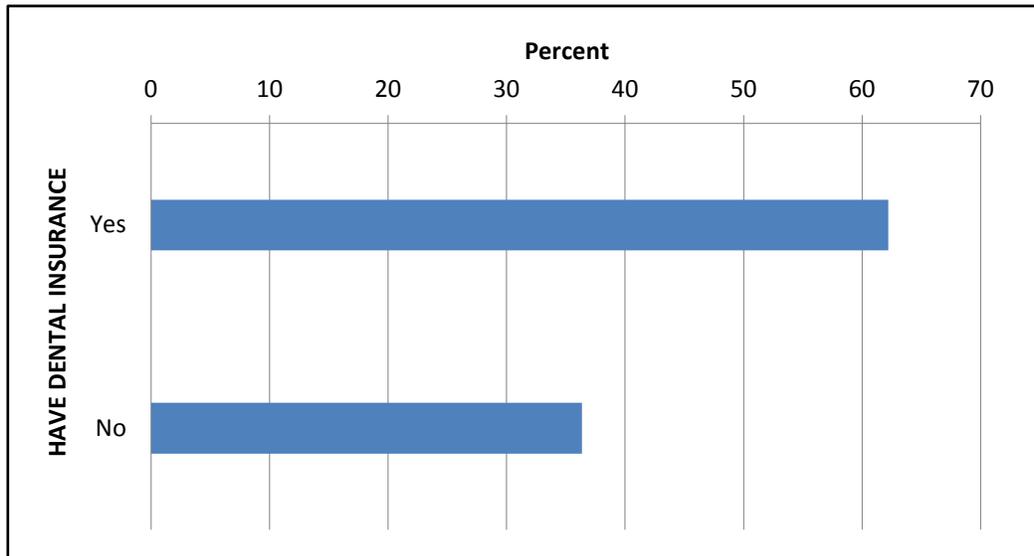
6 What is your primary health insurance plan?

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Tricare, CHAMPUS, or the VA	112	54.11	29035.51	52.14	51.73	52.56
2 Health insurance through employer/spouse's employer	23	11.11	6477.59	11.63	11.37	11.90
3 Health insurance I bought myself	16	7.73	4318.39	7.76	7.53	7.98
4 Medicare	24	11.59	6524.93	11.72	11.45	11.99
5 Medicaid/ NC Health Choice	10	4.83	2841.05	5.10	4.92	5.29
88 Don't Know	1	0.48	284.10	0.51		
99 Refused to answer	21	10.15	6202.95	11.14		



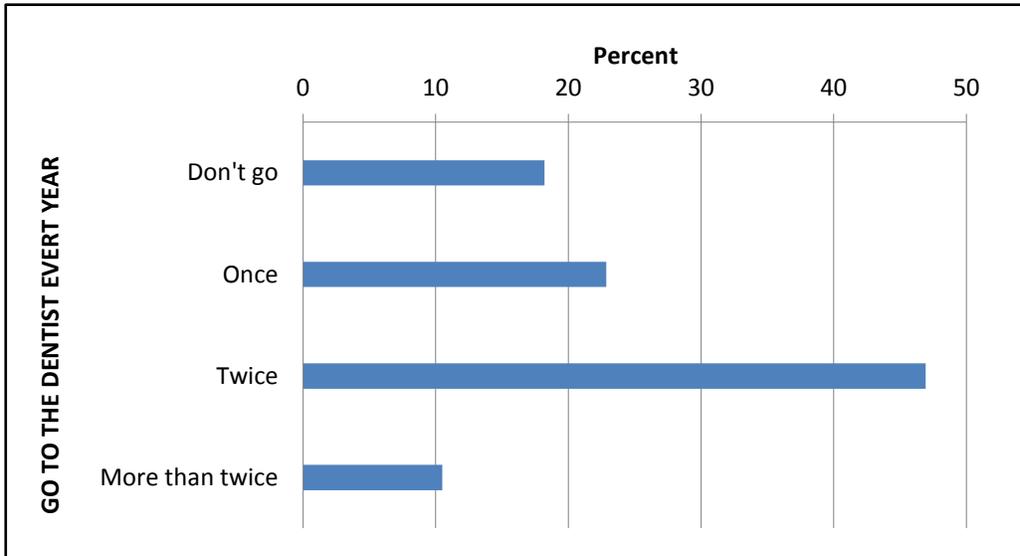
7 Do you have dental insurance

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	134	64.73	34641.84	62.21	61.81	62.61
2 No	71	34.30	20247.20	36.36	35.96	36.76
88 Don't Know	1	0.48	132.58	0.24		
99 Refused to answer	1	0.48	662.91	1.19		



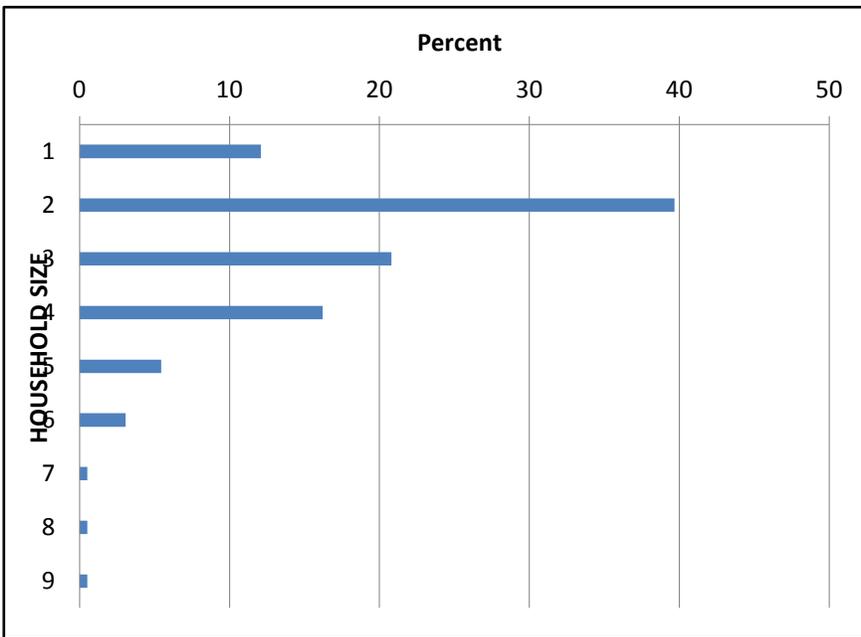
**8 How many times do you go to a dentist in a year**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
10 Don't go	34	16.43	10133.07	18.20	17.88	18.52
11 Once	48	23.19	12725.53	22.85	22.50	23.20
12 Twice	99	47.83	26130.54	46.93	46.51	47.34
13 More than twice	23	11.11	5843.09	10.49	10.24	10.75
88 Don't know	1	0.48	284.10	0.51		
99 Refused to answer	2	0.96	568.21	1.02		



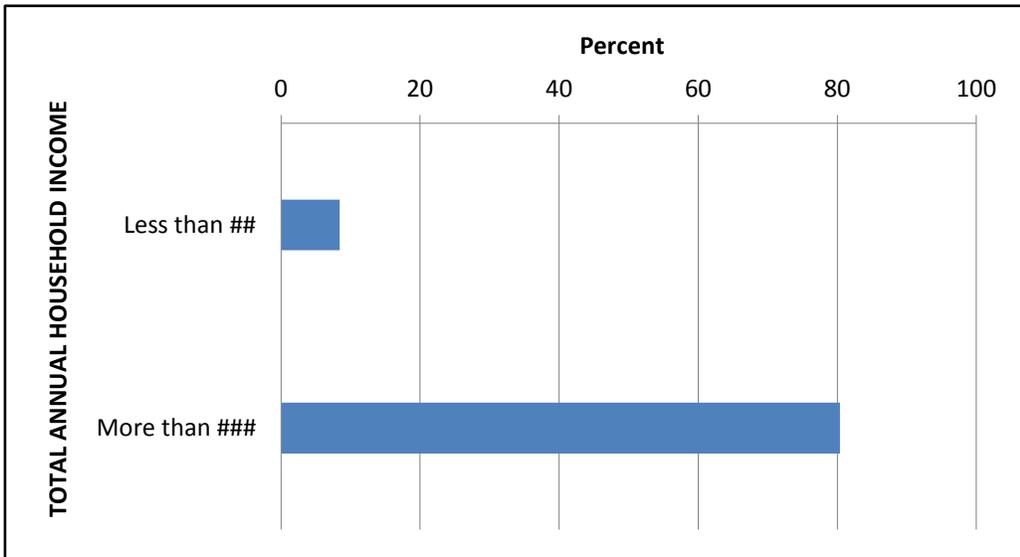
9 What is your household size?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1	24	11.59	6735.65	12.10	11.83	12.37	
2	83	40.10	22096.25	39.68	39.27	40.09	
3	43	20.77	11574.90	20.79	20.45	21.13	
4	36	17.39	9027.43	16.21	15.91	16.52	
5	11	5.31	3030.45	5.44	5.26	5.63	
6	6	2.90	1704.63	3.06	2.92	3.21	
7	1	0.48	284.10	0.51	0.45	0.57	
8	1	0.48	284.10	0.51	0.45	0.57	
9	1	0.48	284.10	0.51	0.45	0.57	
88 Don't know	0	0	0	0			
99 Refused to answer	1	0.48	662.91	1.19			



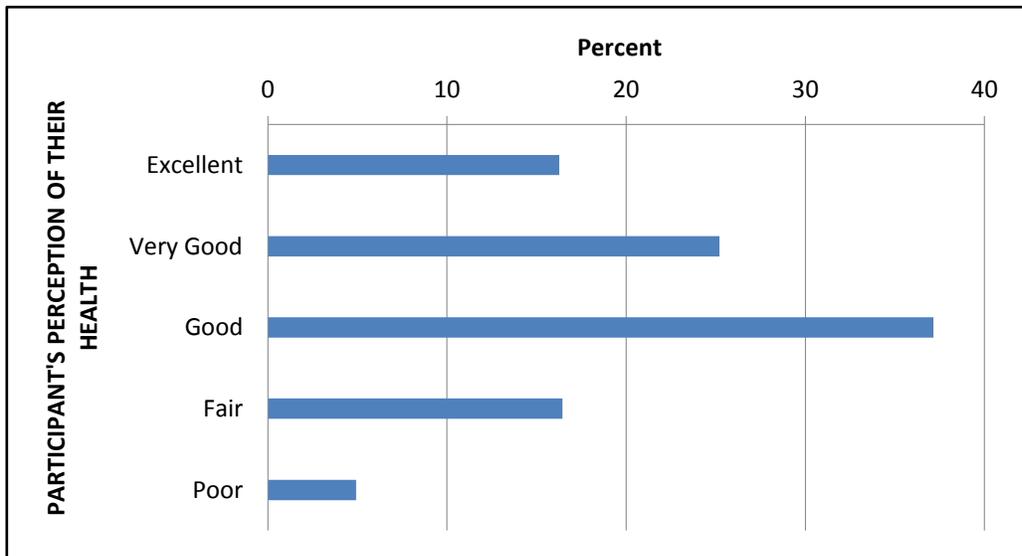
**10** Is your total household income less than or more than ## (number from HHS poverty guidelines table 2012)

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Less than ##	17	8.21	4687.73	8.42	8.19	8.65	
2 More than ###	167	80.68	44765.44	80.39	80.06	80.72	
88 Don't know	7	3.38	2367.54	4.25			
99 Refused to answer	16	7.73	3863.82	6.94			



**11 In general your health is...**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Excellent	32	15.46	9055.84	16.26	15.96	16.57
2 Very Good	52	25.12	14037.14	25.21	24.85	25.57
3 Good	79	38.16	20687.56	37.15	36.75	37.55
4 Fair	34	16.43	9157.64	16.45	16.14	16.76
5 Poor	10	4.83	2746.35	4.93	1.75	5.12
88 Don't know	0	0	0	0	0	0
99 Refused to answer	0	0	0	0	0	0



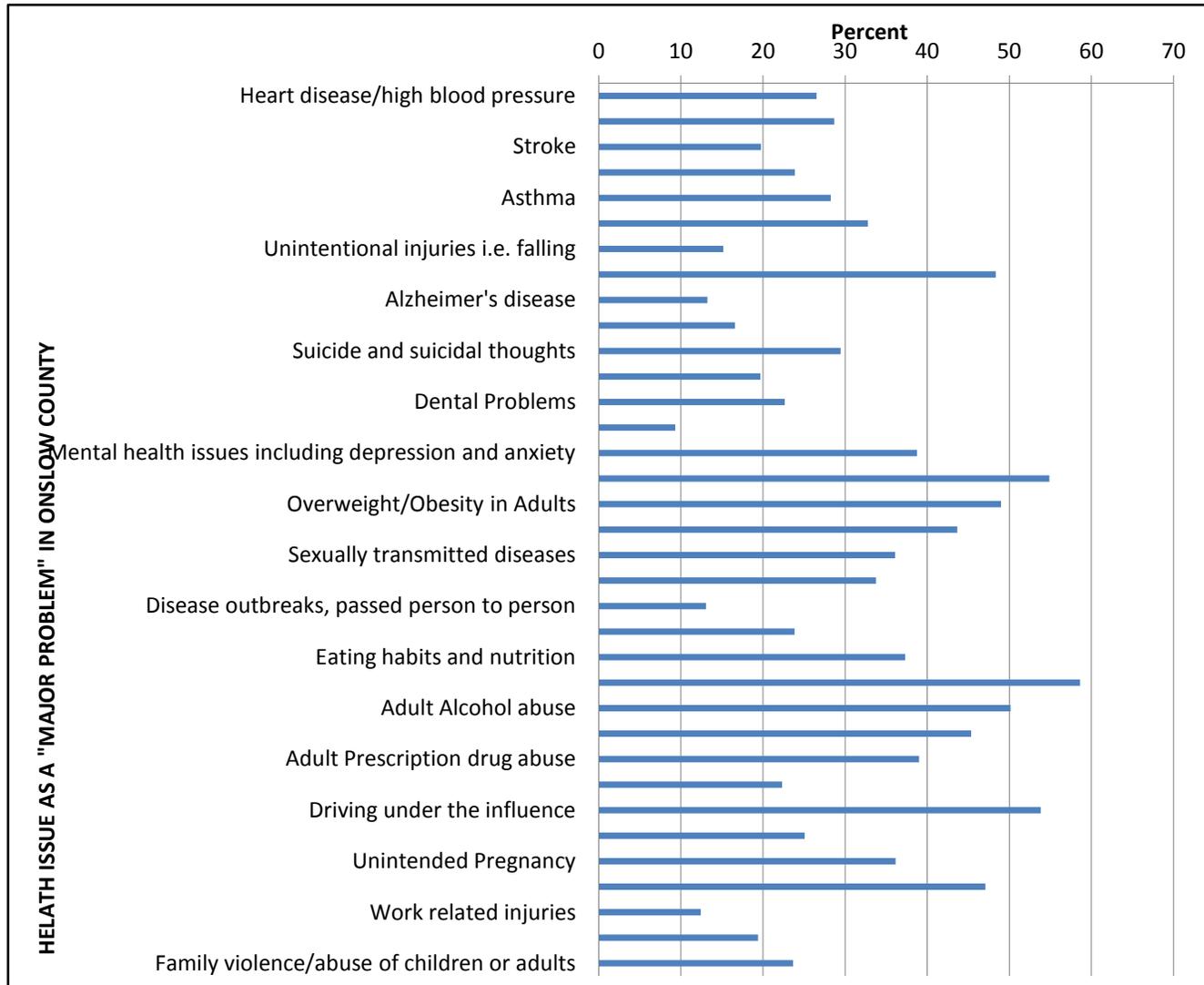
**12 In your opinion, are the following health issues a problem in Onslow county? (Circle one answer for each.) Not a Problem; Somewhat of a problem;**

Major Problem; I Don't Know

**Note: The numbers indicate the participants that identified a given problem as a 'major problem'**

<i>Answer Choices</i>	Unweighted Health Prol%	Weighted Health prot %	95% CI			Somewhat No problem		
			lower CI	Upper CI	n	n		
Heart disease/high blood pressure	55	26.57	14773.45	26.53	26.16	26.90	69	25
Cancer	58	28.02	15978.52	28.69	28.32	29.07	56	36
Stroke	42	20.39	11004.32	19.76	19.43	20.10	53	41
Lung disease	50	24.15	13291.37	23.87	23.52	24.23	55	46
Asthma	57	27.54	15725.20	28.24	27.87	28.62	65	40
Diabetes	69	33.33	18241.89	32.76	32.37	33.15	68	27
Unintentional injuries i.e. falling	32	15.46	8454.48	15.18	14.89	15.48	74	55
Motor vehicle injuries	100	48.31	26916.56	48.34	47.92	48.75	56	25
Alzheimer's disease	28	13.53	7367.78	13.23	12.95	13.51	60	45
Pneumonia and Influenza	35	16.91	9226.30	16.57	16.26	16.88	73	44
Suicide and suicidal thoughts	61	29.47	16402.31	29.46	29.08	29.84	53	42
HIV/AIDS	43	20.77	10966.44	19.69	19.36	20.03	40	47
Dental Problems	48	23.19	12611.88	22.65	22.30	23.00	61	44
Infant deaths	21	10.14	5192.01	9.32	9.08	9.57	51	56
Mental health issues including dep	79	38.16	21587.23	38.77	38.36	39.17	79	23
Post traumatic stress disorder	112	54.11	30555.47	54.87	54.46	55.29	51	18
Overweight/Obesity in Adults	103	49.76	27274.06	48.98	48.56	49.40	61	19
Overweight/Obesity in Children	90	43.48	24324.10	43.68	43.27	44.10	55	31
Sexually transmitted diseases	78	37.68	20095.68	36.09	35.69	36.49	45	25
Teen pregnancy	71	34.30	18791.16	33.75	33.35	34.14	61	24
Disease outbreaks, passed person	28	13.53	7263.61	13.04	12.77	13.33	58	47
Regular physical activity or exercis	49	23.67	13267.69	23.83	23.47	24.18	76	55
Eating habits and nutrition	78	37.68	20787.00	37.33	36.93	37.73	68	33
Tobacco use (smoking, chewing, c	122	58.94	32641.27	58.62	58.21	59.03	49	20
Adult Alcohol abuse	104	50.24	27918.02	50.14	49.72	50.55	62	18
Adult Drug abuse	93	44.93	25266.38	45.37	44.96	45.79	51	26
Adult Prescription drug abuse	79	38.16	21729.28	39.02	38.62	39.43	61	30
Not wearing a seatbelt	48	23.19	12436.69	22.33	21.99	22.68	64	60
Driving under the influence	108	52.17	29973.05	53.83	53.41	54.24	46	28
Smoking during pregnancy	52	25.12	13973.22	25.09	24.73	25.46	66	27

Unintended Pregnancy	73	35.27	20126.45	36.14	35.74	36.54	58	23
Underage drinking and drug use	95	45.89	26215.77	47.08	46.66	47.49	60	22
Work related injuries	27	13.04	6915.58	12.42	12.15	12.70	84	40
Homelessness	40	19.32	10807.82	19.41	19.08	19.74	67	51
Family violence/abuse of children	48	23.19	13187.20	23.68	23.33	24.58	68	40

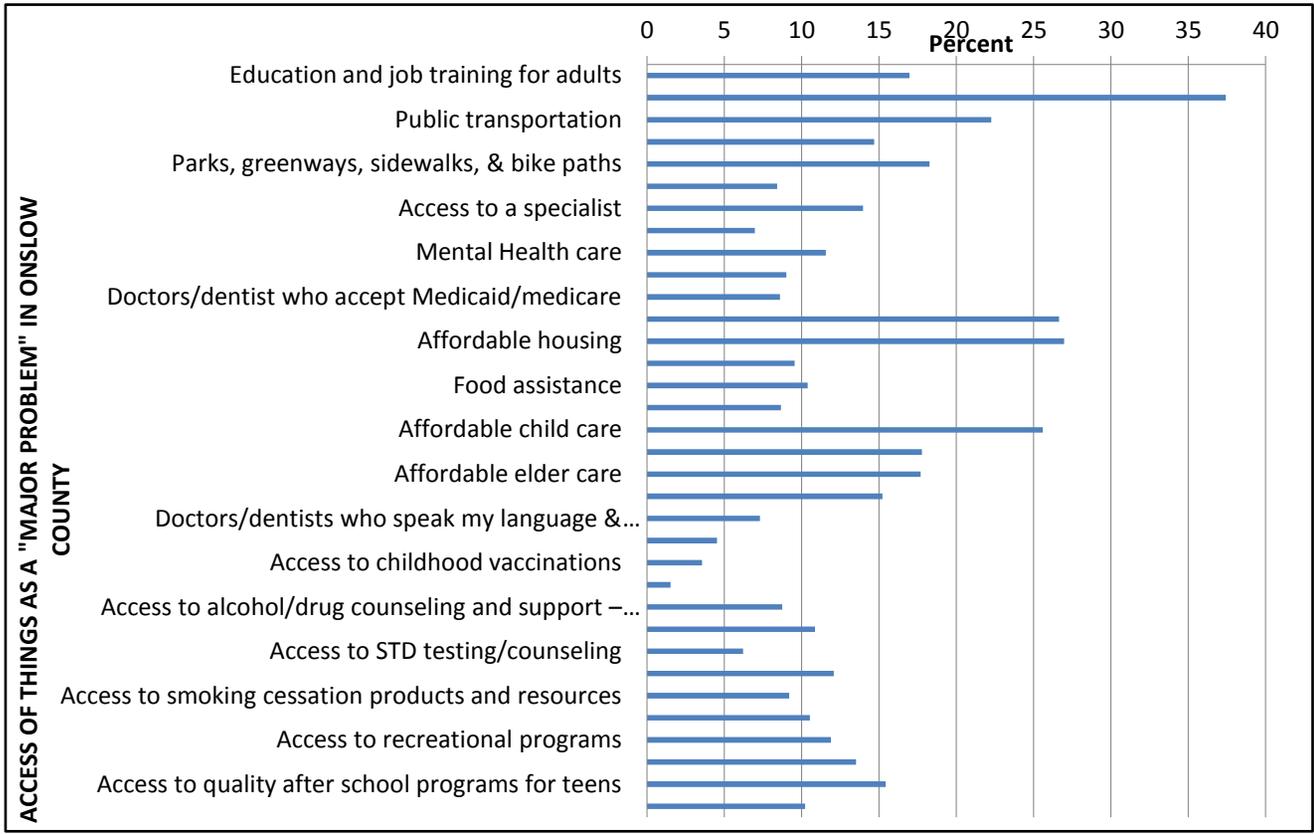


**13** Is it a problem for you to find or use the following? AAccess questions

**Note: The numbers indicate the participants that identified a given problem as a 'major problem'**

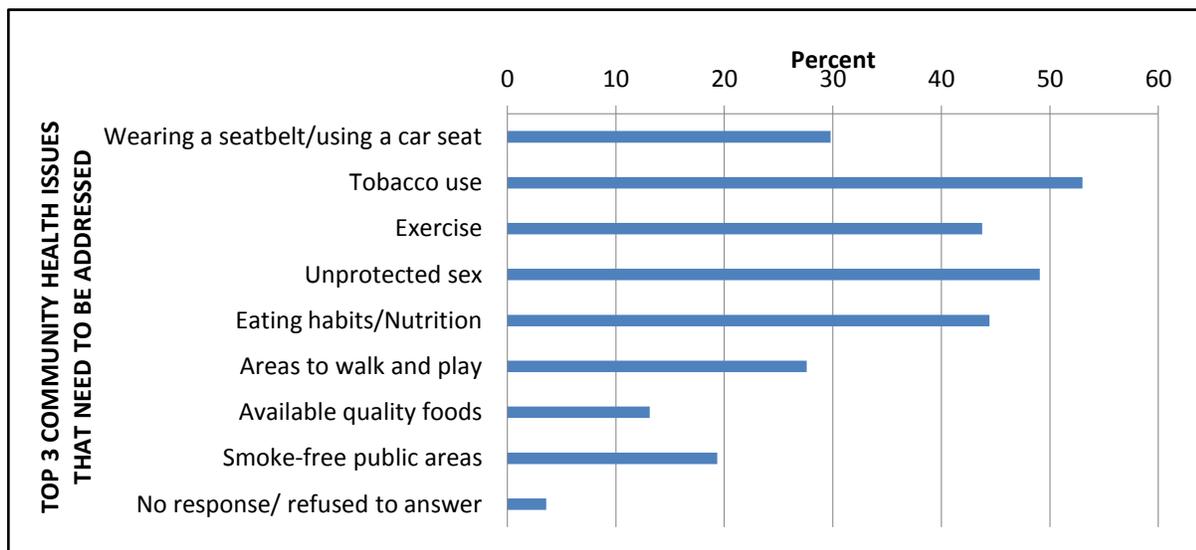
Answer Choices	Unweighted		Weighted		95% CI		Somewhat & No problem	
	n	%	n	%	lower CI	Upper CI	n	n
Education and job training for	33	15.94	9451.22	16.97	16.66	17.29	60	74
Job opportunities	74	35.75	20841.45	37.43	37.03	37.83	64	51
Public transportation	45	21.74	12398.81	22.27	21.92	22.61	57	77
Recreation opportunities	29	14.01	8182.22	14.69	14.40	14.99	60	98
Parks, greenways, sidewalks, &	36	17.39	10180.42	18.28	17.96	18.61	53	103
Access to a doctor	15	7.25	4687.73	8.42	8.19	8.65	42	132
Access to a specialist	26	12.56	7777.37	13.97	13.68	14.26	57	101
Access to a dentist	14	6.76	3882.77	6.97	6.76	7.19	42	130
Mental Health care	23	11.11	6439.71	11.56	11.30	11.83	42	103
Access to prescription medicat	18	8.70	5019.18	9.01	8.78	9.25	32	135
Doctors/dentist who accept M	18	8.70	4794.27	8.61	8.38	8.85	27	95
Doctors who see people witho	51	24.64	14832.64	26.64	26.27	27.01	32	45
Affordable housing	53	25.60	15022.04	26.98	26.61	27.35	58	69
Utilities assistance	21	10.14	5317.49	9.55	9.31	9.80	48	73
Food assistance	21	10.14	5788.63	10.40	10.14	10.65	42	87
Available fresh fruits and vege	17	8.21	4829.78	8.67	8.44	8.91	39	132
Affordable child care	49	23.67	14257.32	25.60	25.24	25.97	30	70
Available child care	35	16.91	9896.32	17.77	17.46	18.09	36	81
Affordable elder care	34	16.43	9848.97	17.69	17.37	18.01	32	44
Available elder care	29	14.01	8475.79	15.22	14.92	15.52	31	53
Doctors/dentists who speak m	14	6.76	4062.70	7.30	7.08	7.51	35	78
Information about emergency	9	4.35	2521.43	4.53	4.36	4.70	46	126
Access to childhood vaccinatio	7	3.38	1988.73	3.57	3.42	3.73	18	140
Access to flu/pneumonia vacci	3	1.45	852.31	1.53	1.43	1.64	22	169
Access to alcohol/drug counse	18	8.70	4867.66	8.74	8.51	8.98	32	98
Access to alcohol/drug treatm	22	10.63	6051.43	10.87	10.61	11.13	42	82
Access to STD testing/counseli	12	5.80	3456.61	6.21	6.01	6.41	32	94
Access to affordable gyms/rec.	24	11.59	6723.81	12.07	11.80	12.35	48	104
Access to smoking cessation pi	19	9.18	5116.25	9.19	8.95	9.43	30	96
Access to sexual/domestic viol	21	10.14	5871.50	10.54	10.29	10.80	39	85

Access to recreational program	22	10.63	6629.11	11.90	11.64	12.18	36	110
Access to quality after school p	28	13.53	7528.78	13.52	13.24	13.81	45	64
Access to quality after school p	32	15.46	8594.17	15.43	15.13	15.74	44	49
Availability of financial manage	20	9.66	5693.93	10.23	9.97	10.48	33	78



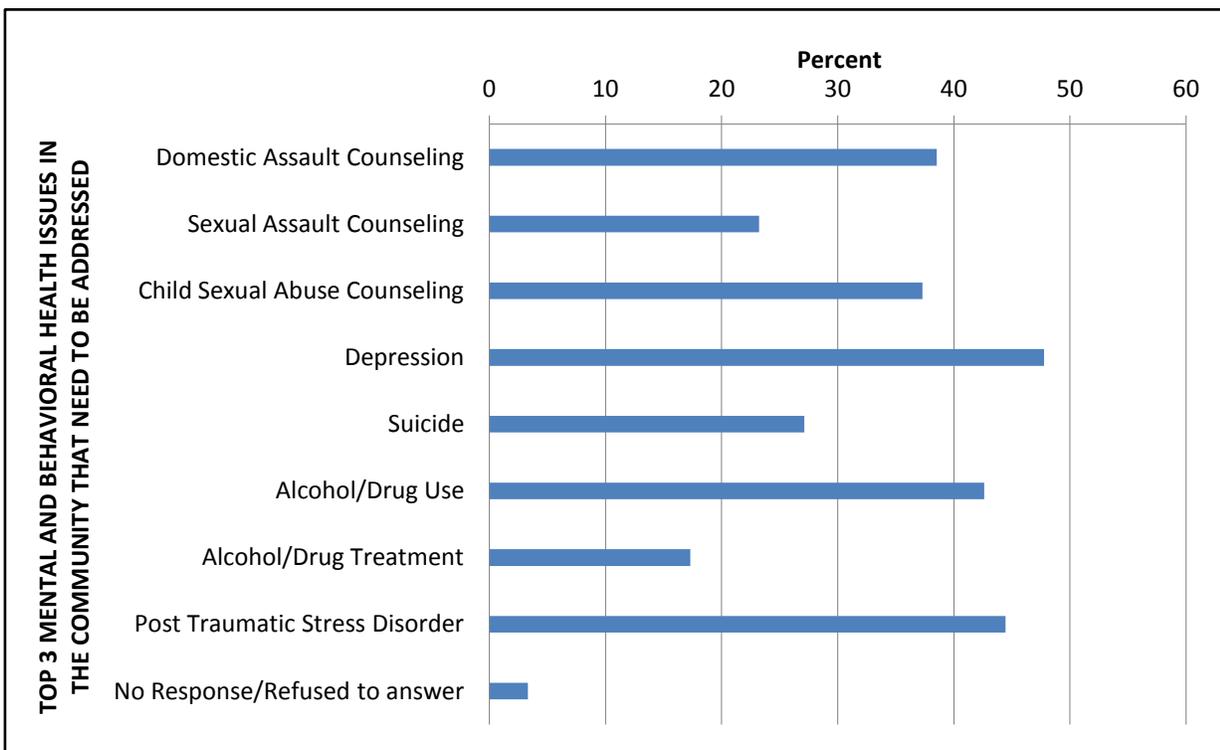
14 Of the topics below, please choose the top 3 health issues for your community to address.

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Wearing a seatbelt/using a car seat	62	29.95	16589.35	29.79	29.41	30.17
Tobacco use	112	54.11	29520.85	53.01	52.60	53.43
Exercise	90	43.48	24366.72	43.76	43.35	44.17
Unprotected sex	99	47.83	27319.04	49.06	48.64	49.48
Eating habits/Nutrition	91	43.96	24743.16	44.43	44.02	44.85
Areas to walk and play	59	28.50	15367.70	27.60	27.23	27.97
Available quality foods	26	12.56	7303.86	13.12	12.84	13.40
Smoke-free public area	40	19.32	10762.84	19.33	19.00	19.66
No response/ refused to answer	7	3.38	1988.73	3.57	3.42	3.73



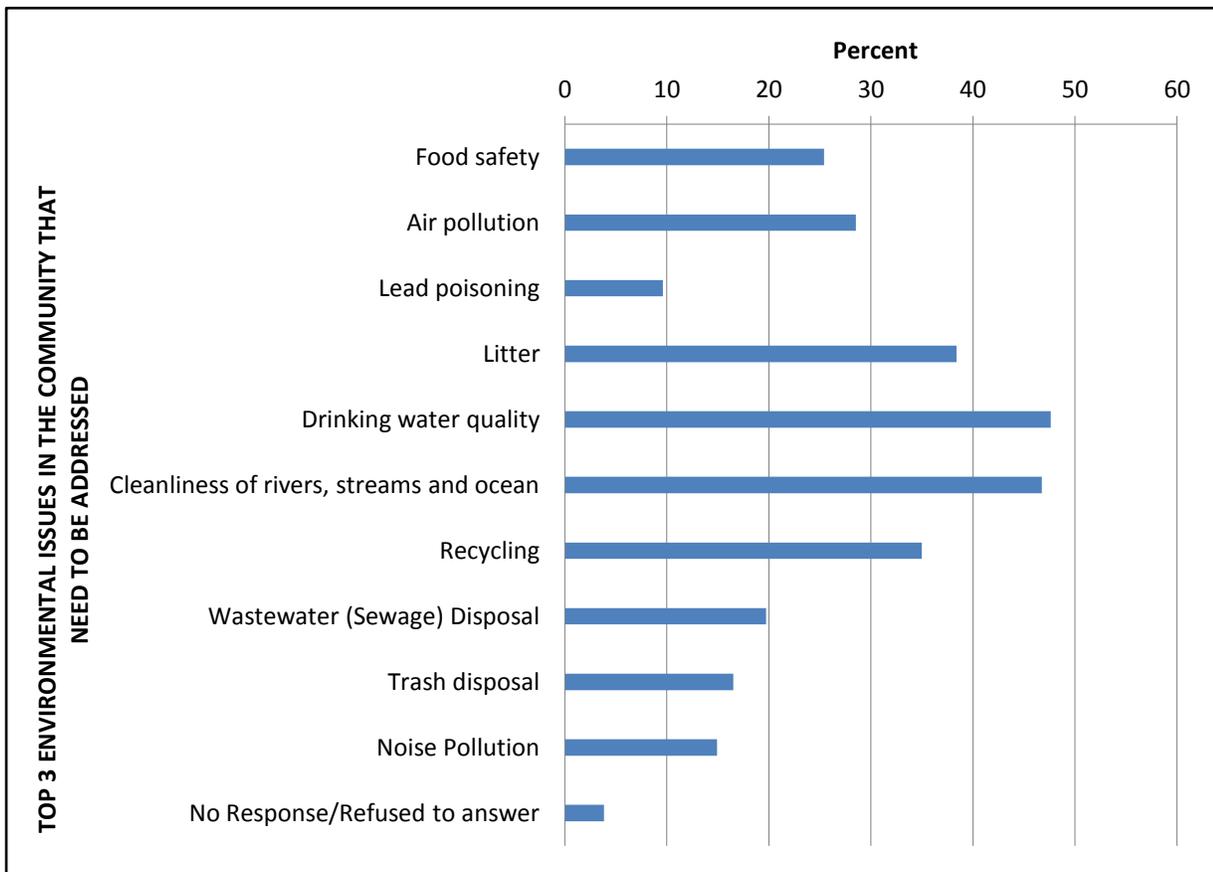
15 Of the topics below, please choose the top 3 mental and behavioral health issues for your community to address.

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Domestic Assault Counseling	80	38.65	21449.91	38.52	38.11	38.93
Sexual Assault Counseling	49	23.67	12931.50	23.22	22.87	23.58
Child Sexual Abuse Counseling	72	34.78	20772.79	37.30	36.90	37.71
Depression	100	48.31	26604.04	47.78	47.36	48.19
Suicide	57	27.54	15104.90	27.13	26.76	27.50
Alcohol/Drug Use	88	42.51	23725.11	42.61	42.20	43.02
Alcohol/Drug Treatment	35	16.91	9640.62	17.31	17.00	17.63
Post Traumatic Stress Disorder	91	43.96	24759.73	44.46	44.05	44.88
No Response/Refused to answer	8	3.86	1846.68	3.32	3.17	3.47



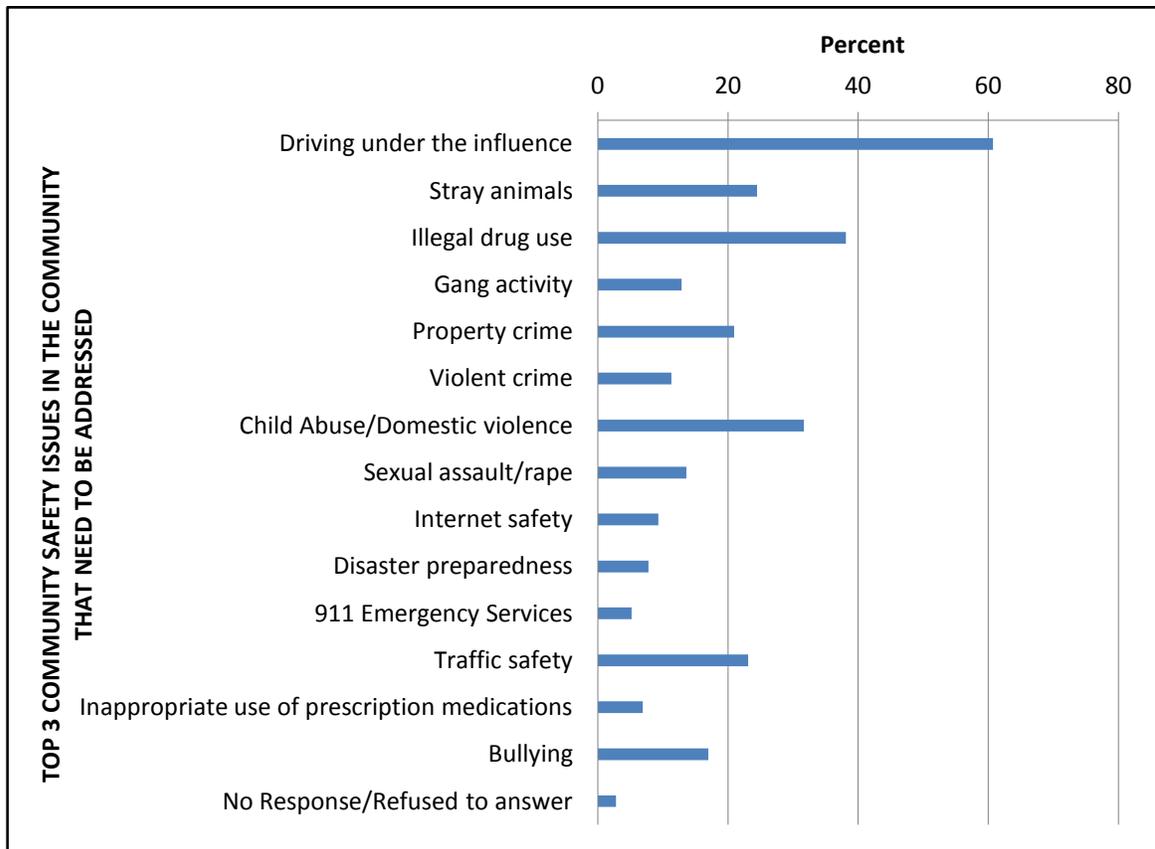
16 Of the topics below, please choose the top 3 environmental issues for your community to address.

Answer Choices	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
Food safety	50	24.15	14143.68	25.40	25.04	25.76	
Air pollution	61	29.47	15879.09	28.52	28.14	28.89	
Lead poisoning	19	9.18	5353.01	9.61	9.37	9.86	
Litter	75	36.23	21376.52	38.39	37.98	38.79	
Drinking water quality	100	48.31	26523.55	47.63	47.22	48.05	
Cleanliness of rivers, str	97	46.86	26031.10	46.75	46.33	47.16	
Recycling	70	33.82	19487.22	35.00	34.60	35.39	
Wastewater (Sewage) Disposal	43	20.77	10983.02	19.72	19.39	20.06	
Trash disposal	36	17.39	9193.16	16.51	16.20	16.82	
Noise Pollution	29	14.01	8300.59	14.91	14.61	15.20	
No Response/Refused to answer	9	4.35	2130.79	3.83	3.67	3.99	



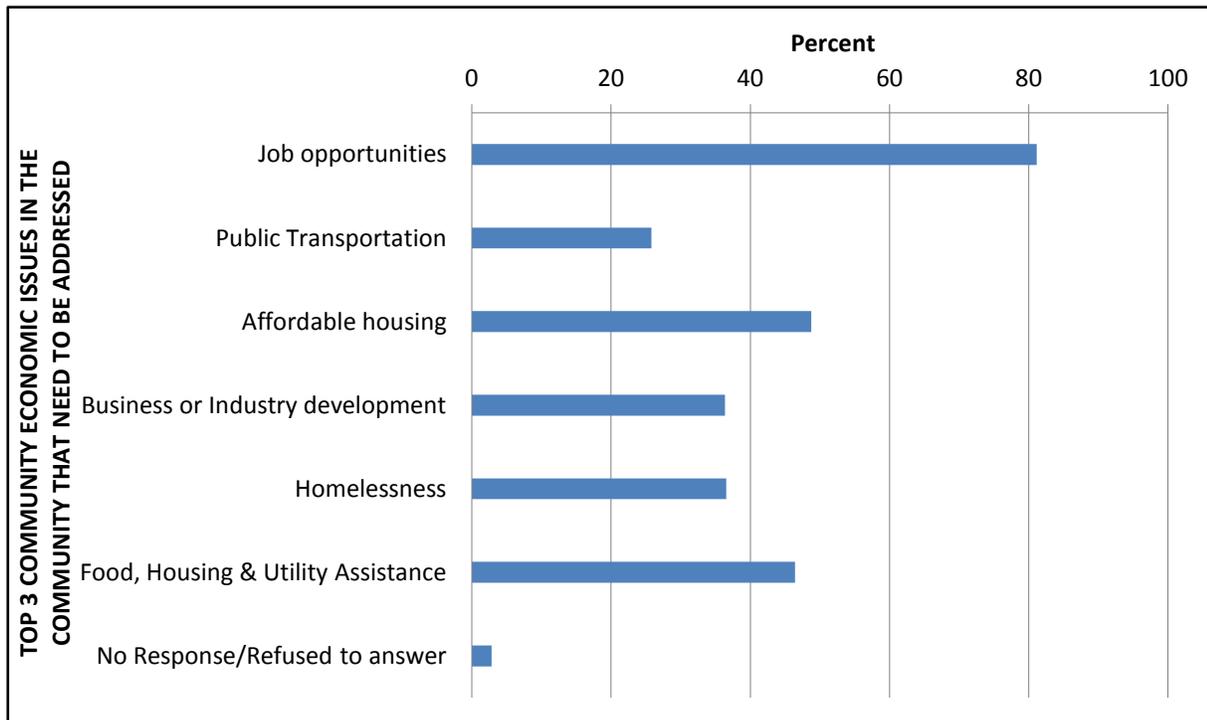
17 Of the topics below, please choose the top 3 safety issues for your community to address.

Answer Choices	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
Driving under the influence	125	60.39	338	10.83	60.72	60.31	61.12
Stray animals	52	25.12	136	25.19	24.47	24.11	24.83
Illegal drug use	80	38.65	212	39.20	38.14	37.74	38.55
Gang activity	27	13.04	71	16.91	12.87	12.60	13.15
Property crime	44	21.26	116	27.24	20.95	20.62	21.29
Violent crime	23	11.11	62	18.19	11.29	11.03	11.56
Child Abuse/Domestic viol	63	30.43	176	21.60	31.65	31.26	32.03
Sexual assault/rape	26	12.56	75	15.60	13.62	13.34	13.91
Internet safety	19	9.18	51	17.44	9.29	9.05	9.54
Disaster preparedness	15	7.25	43	20.76	7.76	7.54	7.98
911 Emergency Services	11	5.31	28	7.56	5.17	4.98	5.35
Traffic safety	49	23.67	128	26.21	23.10	22.75	23.46
Inappropriate use of presc	14	6.76	38	17.25	6.91	6.70	7.12
Bullying	34	16.43	94	15.59	16.98	16.67	17.29
No Response/Refused to a	6	2.90	15	6.58	2.81	2.67	2.95



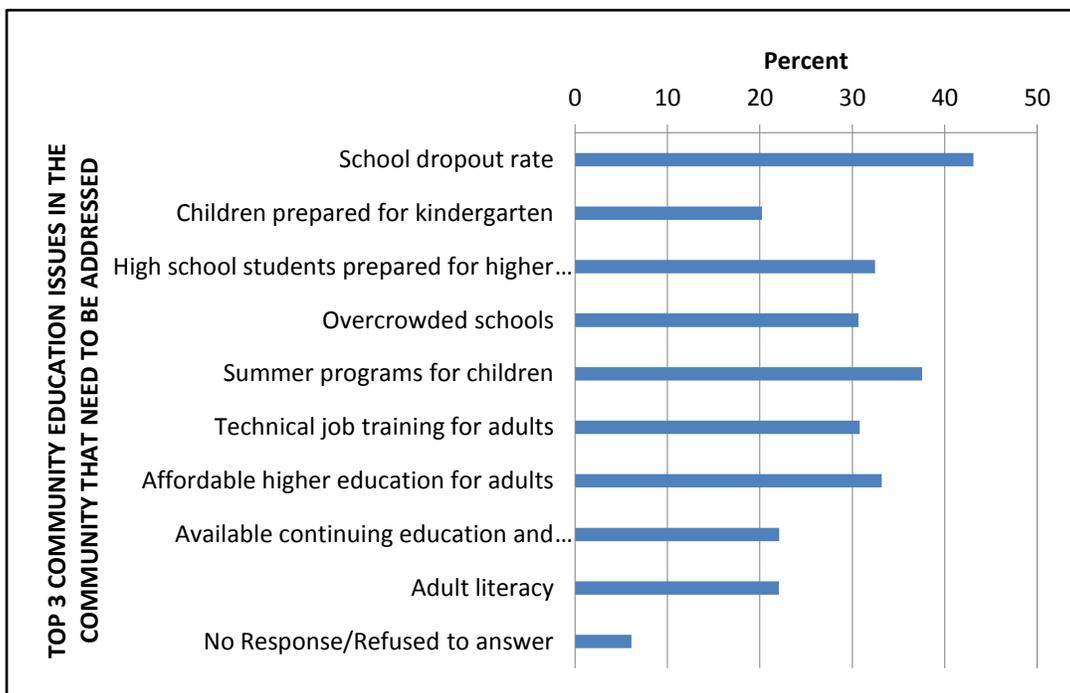
18 Of the topics below, please choose the top 3 economic issues for your community to address.

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Job opportunities	167	80.68	45191.60	81.16	80.83	81.48
Public Transportation	51	24.64	14366.23	25.80	25.44	26.17
Affordable housing	101	48.79	27155.68	48.77	48.35	49.18
Business or Industry deve	75	36.23	20332.99	36.34	35.93	36.73
Homelessness	79	38.16	20351.37	36.55	36.15	36.95
Food, Housing & Utility A:	93	44.93	25844.06	46.41	46.00	46.83
No Response/Refused to	6	2.90	1562.58	2.81	2.67	2.95



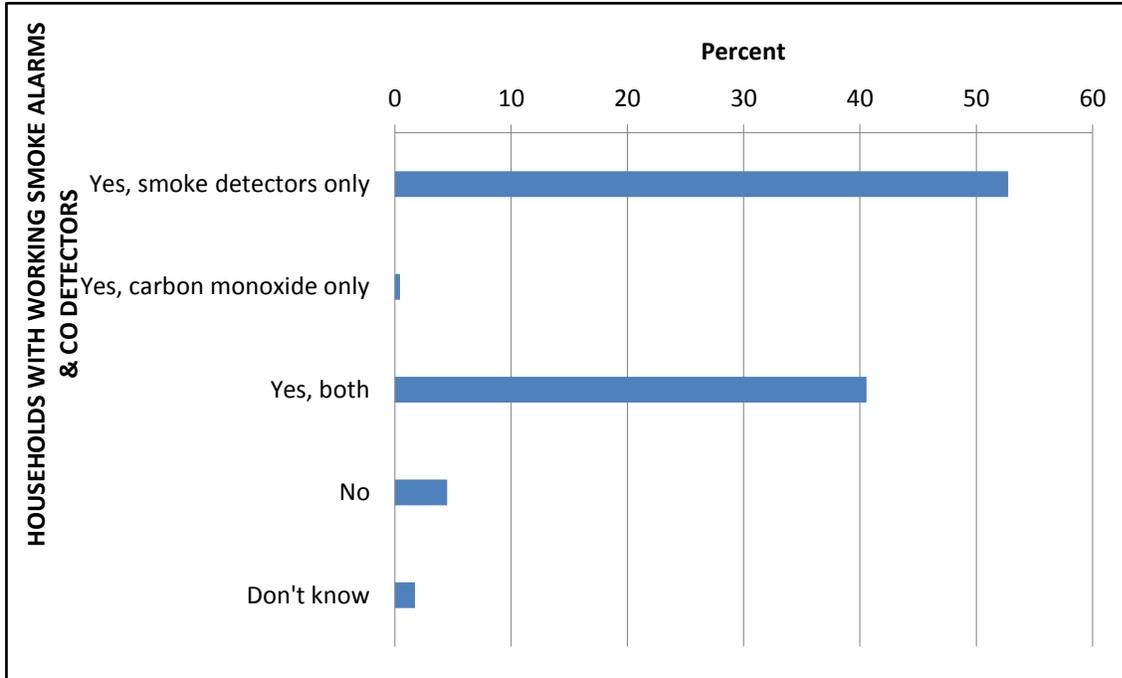
19 Of the topics below, please choose the top 3 education issues for your community to address.

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
School dropout rate	87	42.03	24002.12	43.10	42.69	43.52
Children prepared for kindergarten	40	19.32	11262.39	20.23	19.89	20.56
High school students prepared for higher education	67	32.37	18080.90	32.47	32.08	32.86
Overcrowded schools	64	30.92	17067.59	30.65	30.27	31.03
Summer programs for children	73	35.27	20910.11	37.55	37.15	37.96
Technical job training for adults	64	30.92	17152.83	30.80	30.42	31.19
Affordable higher education for adults	70	33.82	18481.01	33.19	32.80	33.58
Available continuing education and training	43	20.77	12287.53	22.07	21.72	22.41
Adult literacy	44	21.26	12278.06	22.05	21.71	22.40
No Response/Refused to answer	15	7.25	3399.78	6.11	5.91	6.31



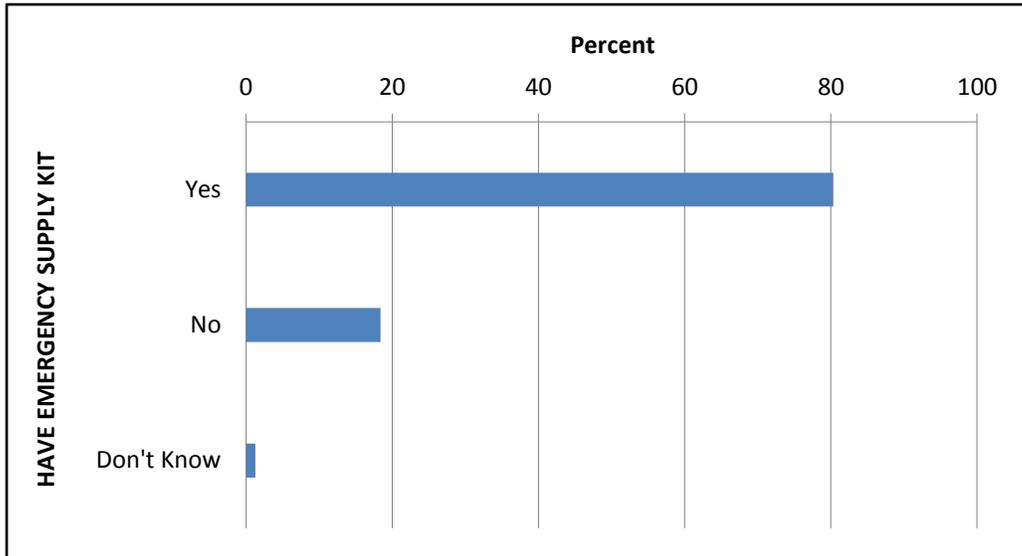
**20** Does your household have working smoke and carbon monoxide detectors?

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes, smoke detectors only	107	51.69	29378.80	52.76	52.34	53.17
2 Yes, carbon monoxide only	1	0.48	248.59	0.45	0.39	0.51
3 Yes, both	86	41.55	22581.59	40.55	40.14	40.96
4 No	8	3.86	2509.59	4.51	4.34	4.68
88 Don't know	5	2.42	965.96	1.73	1.63	1.85
99 Refused to answer						



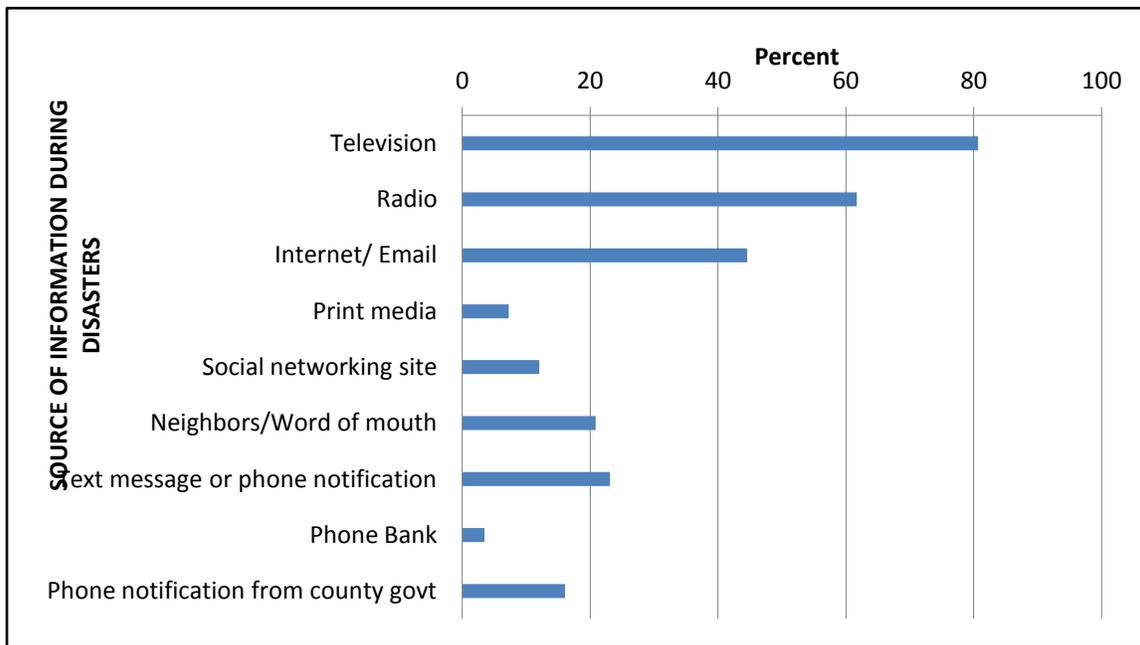
**21 Family have an emergency supply kit**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	166	80.19	44734.66	80.34	80.00	80.66
2 No	38	18.36	10249.08	18.41	18.09	18.73
88 Don't Know	3	1.45	700.79	1.26	1.17	1.35
99 Refused to answer						



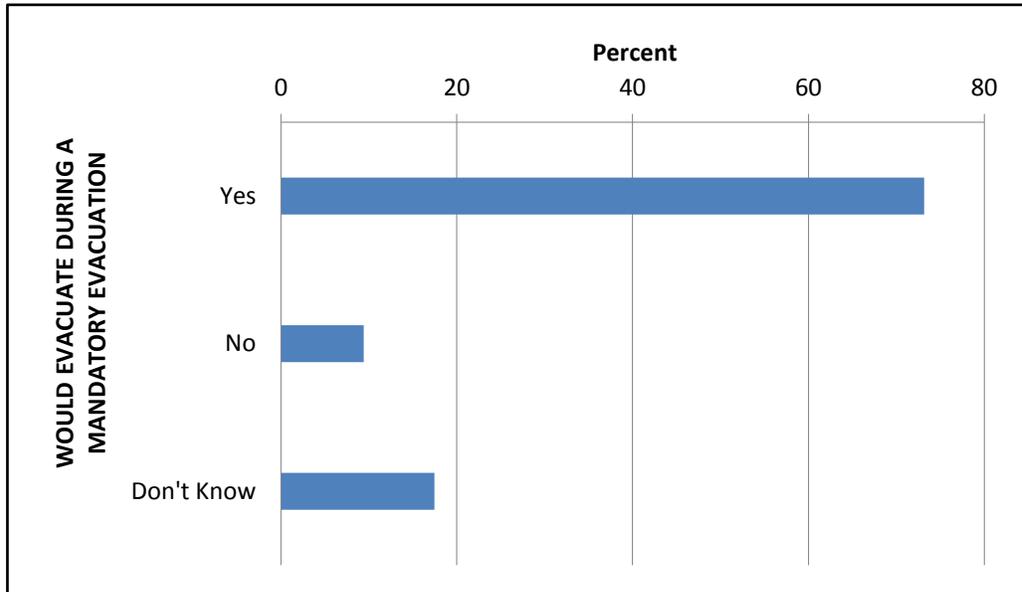
**22 Main source of information from authorities in a disaster**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
Television	168	81.16	44945.37	80.71	80.38	81.04	
Radio	128	61.84	34360.10	61.70	61.30	62.11	
Internet/ Email	91	43.96	24821.29	44.57	44.16	44.99	
Print media	16	7.73	4055.60	7.28	7.07	7.50	
Social networking site	26	12.56	6719.08	12.07	11.80	12.34	
Neighbors/Word of mouth	44	21.26	11634.09	20.89	20.56	21.23	
Text message or phone	48	23.19	12881.78	23.13	22.78	23.49	
Phone Bank	7	3.38	1953.22	3.51	3.36	3.66	
Phone notification from	32	15.46	8961.14	16.09	15.79	16.40	
Refused to answer/no r	0	0	0				



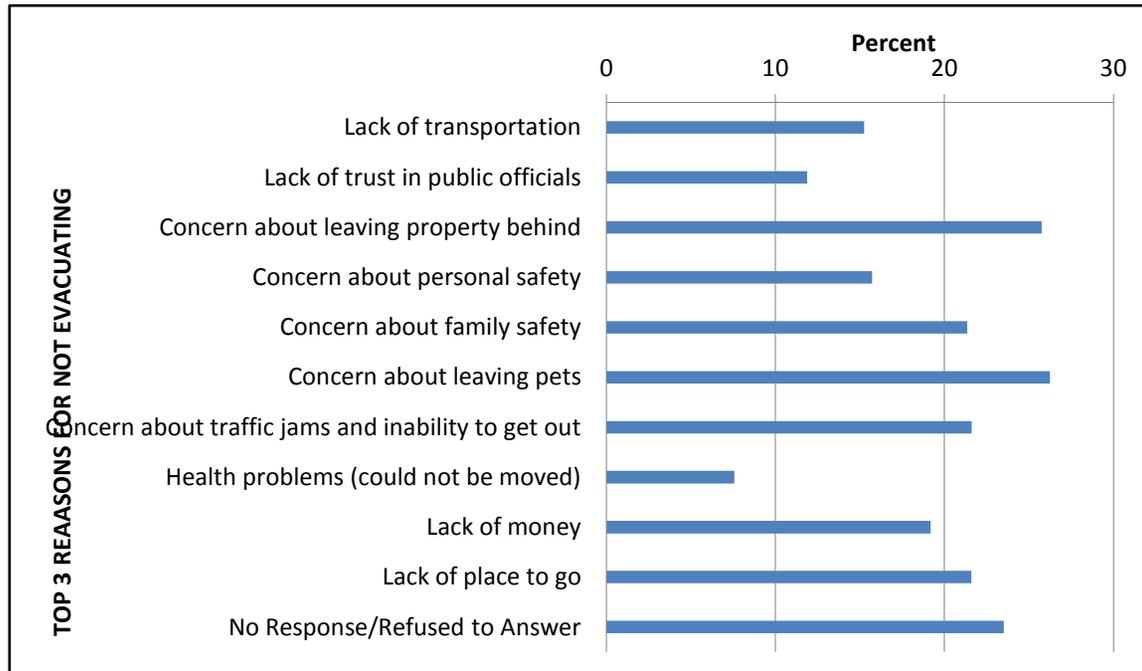
**23** Would you evacuate during a mandatory evacuation

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	151	72.95	40735.89	73.15	72.78	73.52
2 No	19	9.18	5232.26	9.40	9.16	9.64
88 Don't Know	37	17.87	9716.38	17.45	17.13	17.77
99 Refused to answer						



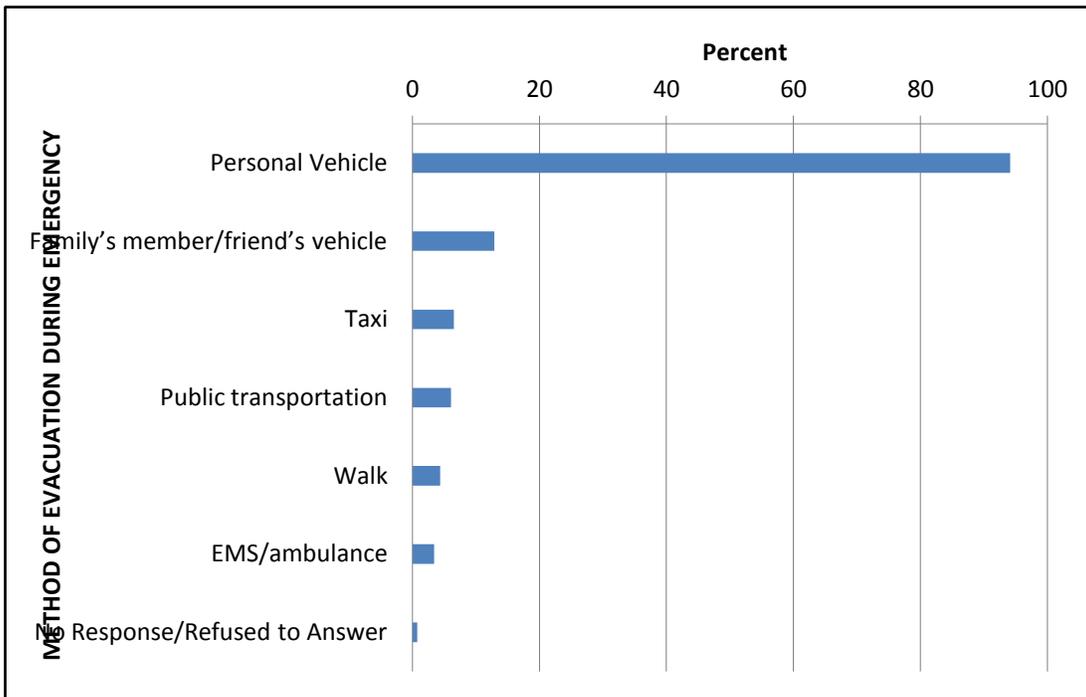
**24** Choose TOP 3 reasons you would NOT evacuate if asked to do so.

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Lack of transportation	33	15.94	8490.00	15.25	14.95	15.55
Lack of trust in public officials	25	12.08	6612.54	11.87	11.61	12.15
Concern about leaving property behind	53	25.60	14344.92	25.76	25.40	26.13
Concern about personal safety	33	15.94	8745.69	15.71	15.40	16.01
Concern about family safety	45	21.74	11880.31	21.34	21.00	21.68
Concern about leaving pets	52	25.12	14617.19	26.25	25.89	26.62
Concern about traffic jams and inability to get out	42	20.29	12031.84	21.61	21.27	21.95
Health problems (could not be moved)	14	6.76	4216.59	7.57	7.35	7.79
Lack of money	39	18.84	10677.60	19.18	18.85	19.50
Lack of place to go	41	19.81	12029.47	21.60	21.26	21.95
No Response/Refused to Answer	50	24.15	13092.49	23.51	23.16	23.87



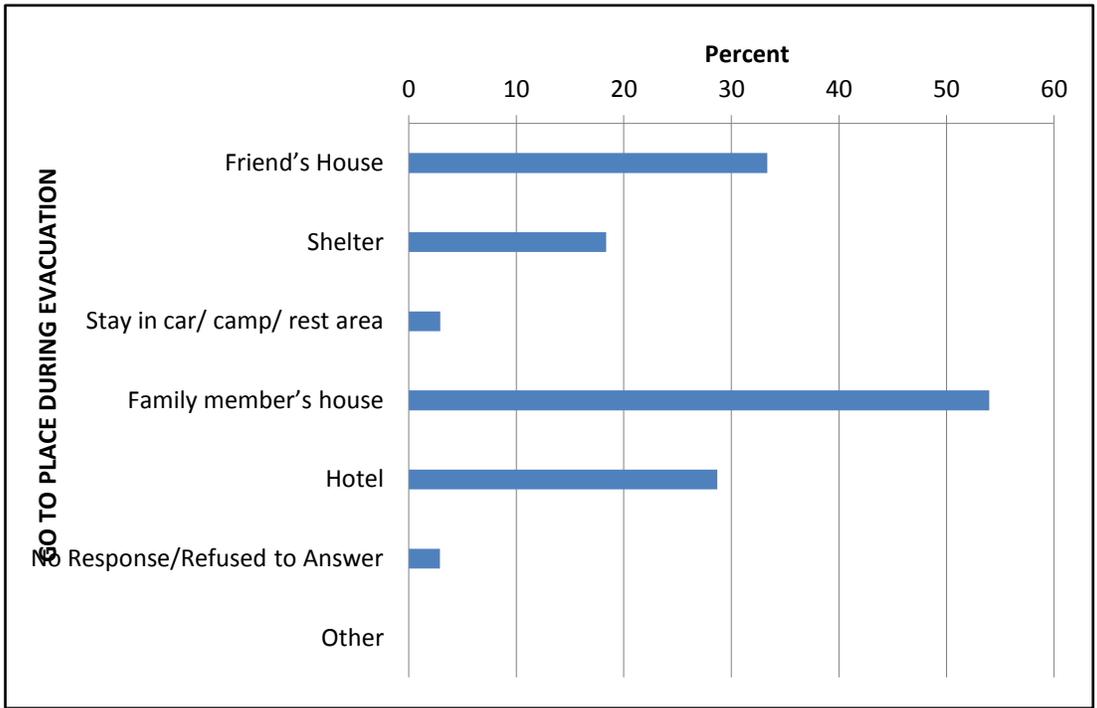
**25** If there is an emergency where you had to evacuate, how would you get there?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Personal Vehicle	195	94.20	52417.33	94.13	93.93	94.33
Family's member/frier	28	13.53	7185.48	12.90	12.63	13.19
Taxi	14	6.76	3638.91	6.53	6.33	6.74
Public transportation	13	6.28	3366.64	6.05	5.85	6.25
Walk	10	4.83	2431.46	4.37	4.20	4.54
EMS/ambulance	8	3.86	1898.77	3.41	3.26	3.56
No Response/Refused	2	0.97	426.16	0.77	0.70	0.84



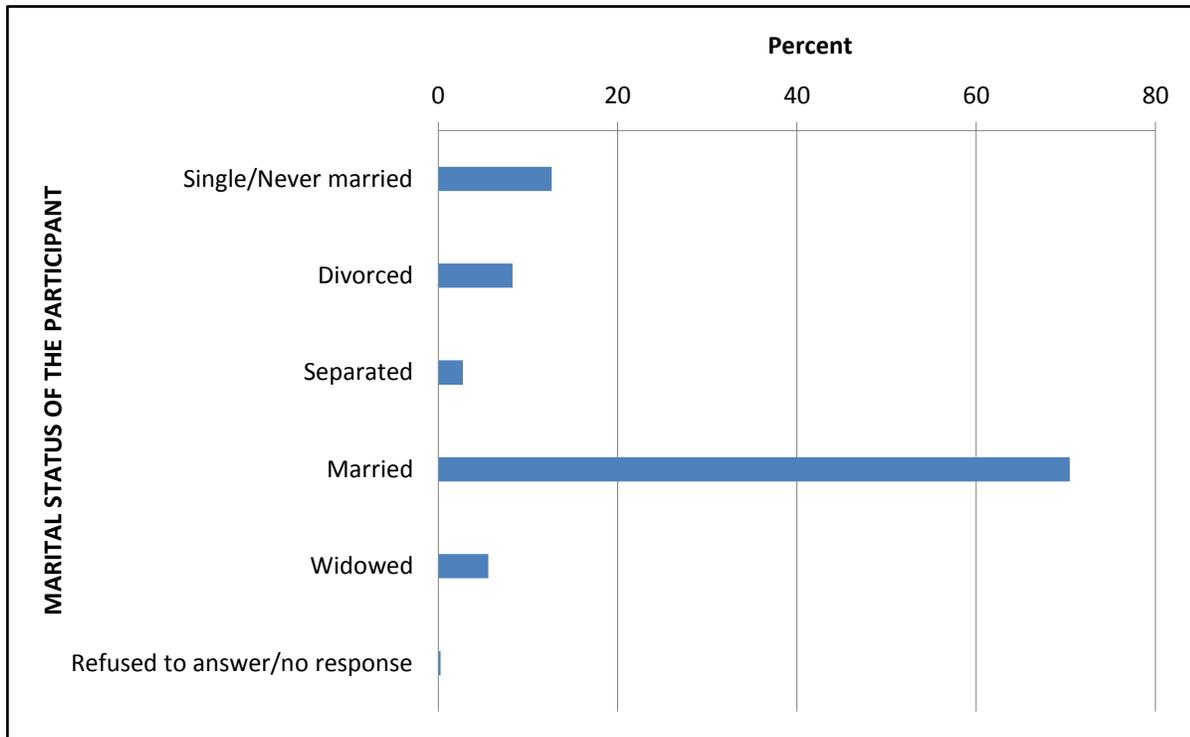
**26** If you do evacuate, where would you go?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
Friend's House	72	34.78	18559.14	33.33	32.94	33.72
Shelter	39	18.84	10223.04	18.36	18.04	18.68
Stay in car/ camp/ rest	7	3.38	1633.60	2.93	2.79	3.08
Family member's hous	112	54.11	30053.55	53.97	53.56	54.39
Hotel	56	27.05	15976.16	28.69	28.32	29.07
No Response/Refused	6	2.90	1609.93	2.89	2.75	3.03
Other	0	0	0	0	0	0



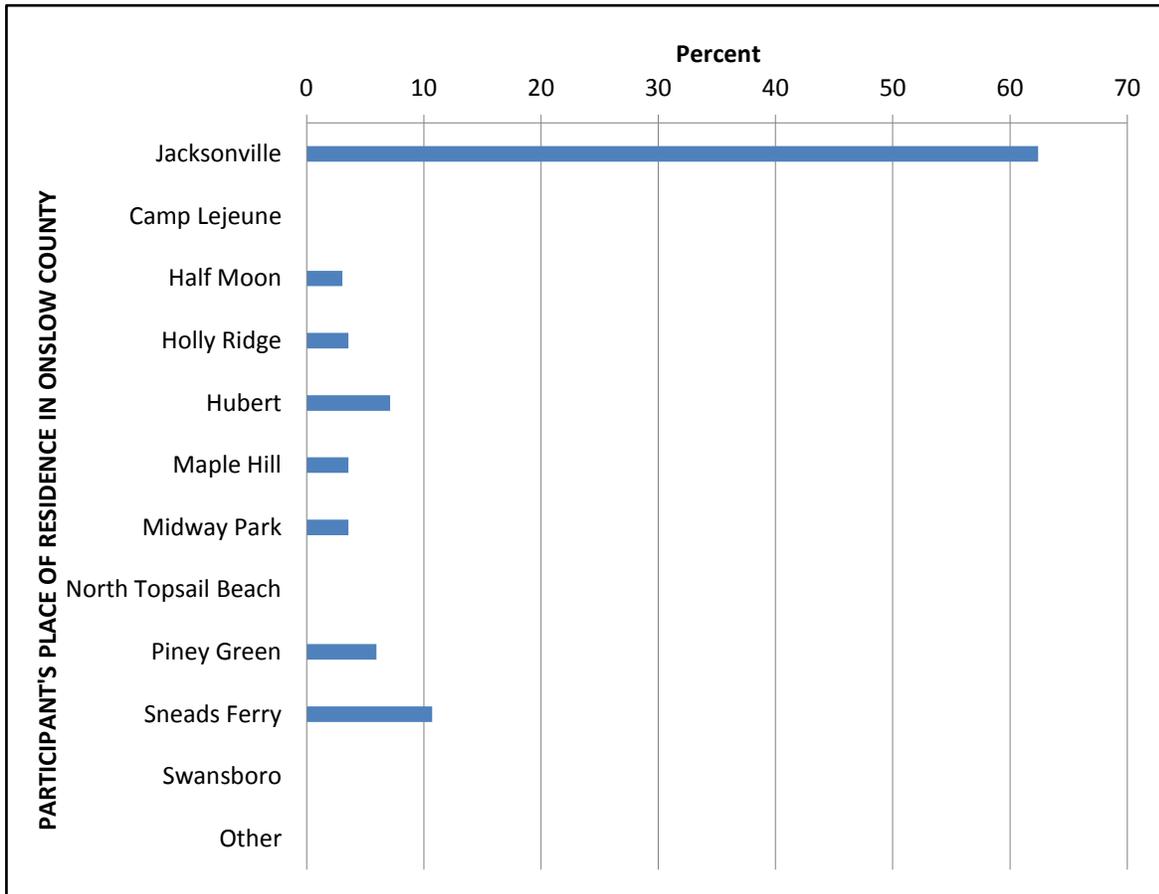
**27** What is your marital status

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Single/Never married	26	12.56	7057.00	12.67	12.40	12.95
2 Divorced	17	8.21	4621.44	8.30	8.07	8.53
3 Separated	6	2.90	1527.06	2.74	2.61	2.88
4 Married	145	70.05	39220.66	70.43	70.05	70.81
5 Widowed	12	5.80	3115.68	5.60	5.41	5.79
99 Refused to answer/no	1	0.48	142.05	0.26	0.22	0.30



**28** In what community, town or city in Onslow County do you live?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Jacksonville	132	63.77	34755.48	62.41	62.01	62.82	
2 Camp Lejeune	0	0	0				
3 Half Moon	6	2.90	1704.63	3.06	2.92	3.21	
4 Holly Ridge	3	1.45	1988.73	3.57	3.42	3.73	
5 Hubert	14	6.76	3977.46	7.14	6.93	7.36	
6 Maple Hill	7	3.38	1988.73	3.57	3.42	3.73	
7 Midway Park	7	3.38	1988.73	3.57	3.42	3.73	
8 North Topsail Beach	0	0	0				
9 Piney Green	17	8.21	3314.55	5.95	5.76	6.15	
10 Sneads Ferry	21	10.14	5966.20	10.71	10.46	10.97	
11 Swansboro	0	0	0				
12 Other	0	0	0				
99 Refused to Answer	0	0	0				



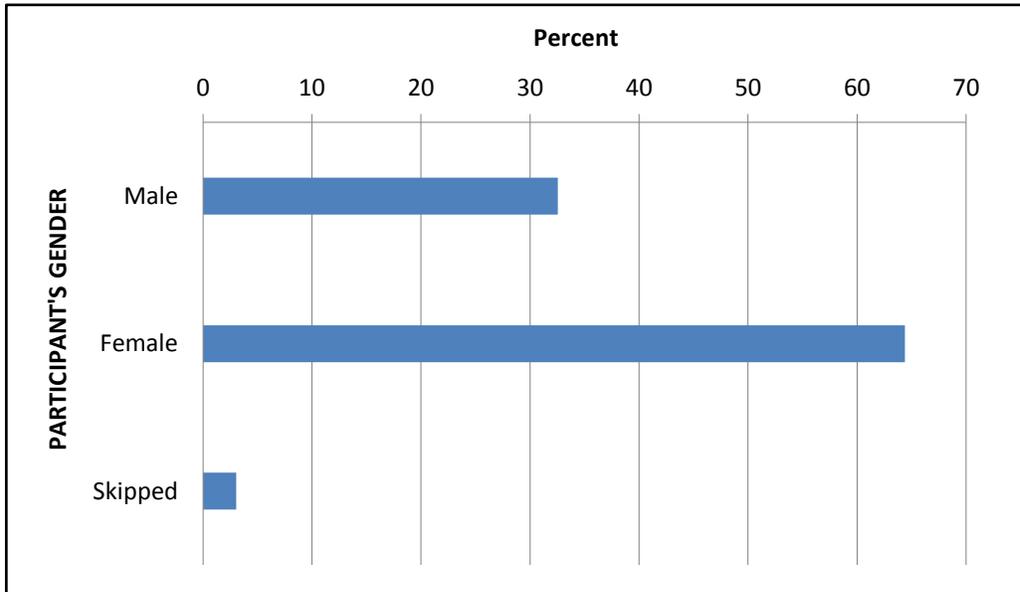
**29** Year of Birth                      Recoded as age; where age= 2012- Year of birth (>0)

	<b>Age (in years)</b>	
<b>N</b>	205	
<b>Mean</b>	42.66	<b>S.E.</b> 1.24
<b>Median</b>	41	
<b>Mode</b>	23	
<b>Std Dev</b>	17.77	
<b>Min</b>	18	
<b>Max</b>	90	
<b>Missing</b>	2	

**\*Please refer to the SAS graph sent as a separate attachment**

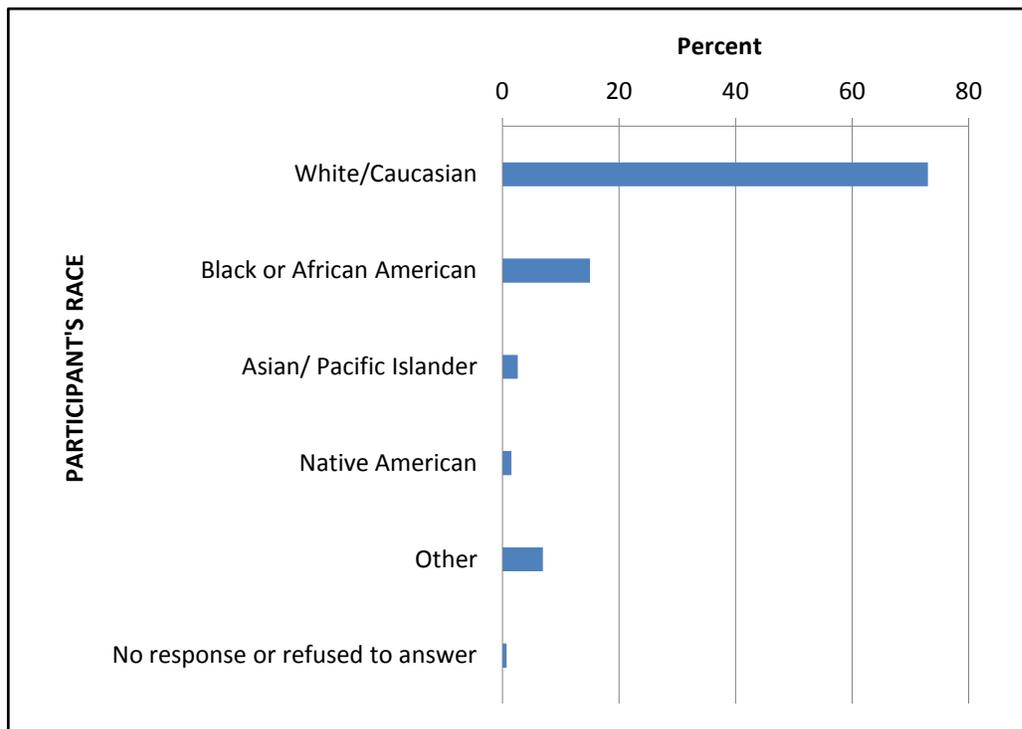
### 30 Gender

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Male		72	34.78	18130.62	32.56	32.17	32.95
2 Female		129	63.32	35849.29	64.38	63.98	64.78
Skipped		6	2.90	1704.63	3.06		



**31 What is your race**

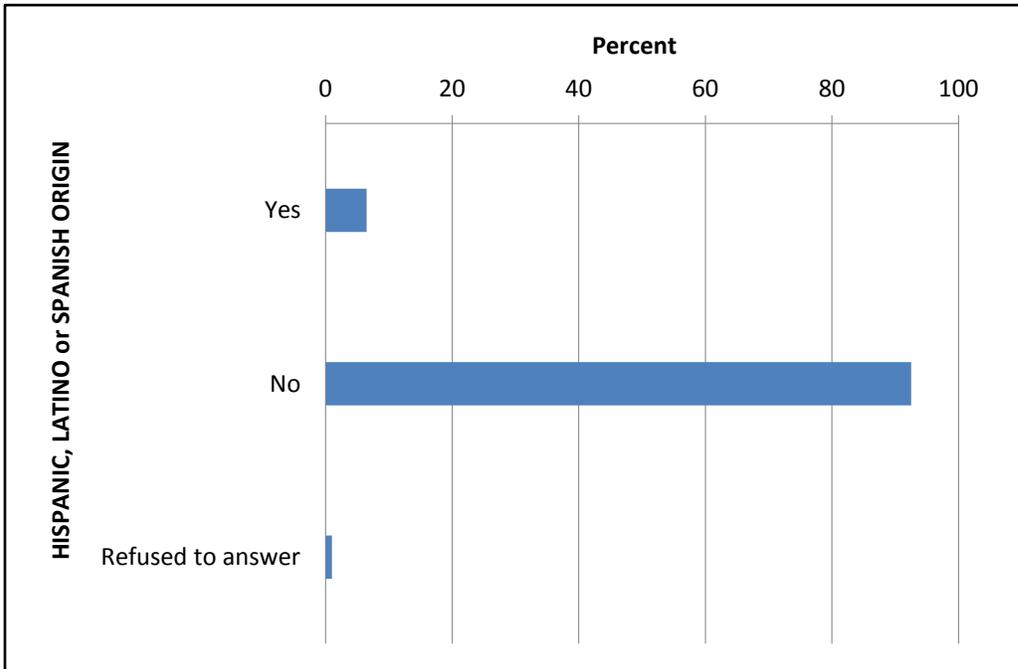
<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 White/Caucasian	148	71.50	40664.86	73.03	72.66	73.39
2 Black or African American	33	15.94	8388.19	15.06	14.77	15.36
3 Asian/ Pacific Islander	6	2.90	1458.40	2.62	2.49	2.76
4 Native American	3	1.45	852.31	1.53	1.43	1.64
77 Other	15	7.25	3894.60	6.99	6.78	7.21
99 No response or refused to answer	2	0.97	426.16	0.76		
0 No response or refused to answer						



32a

Are you Hispanic, Latino, or Spanish origin?

Answer Choices	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Yes	14	6.76	3610.50	6.48	6.28	6.69	
2 No	191	92.27	51505.83	92.50	92.27	92.71	
99 Refused to answer	2	0.97	568.21	1.01			
88 Don't Know	0	0	0	0			

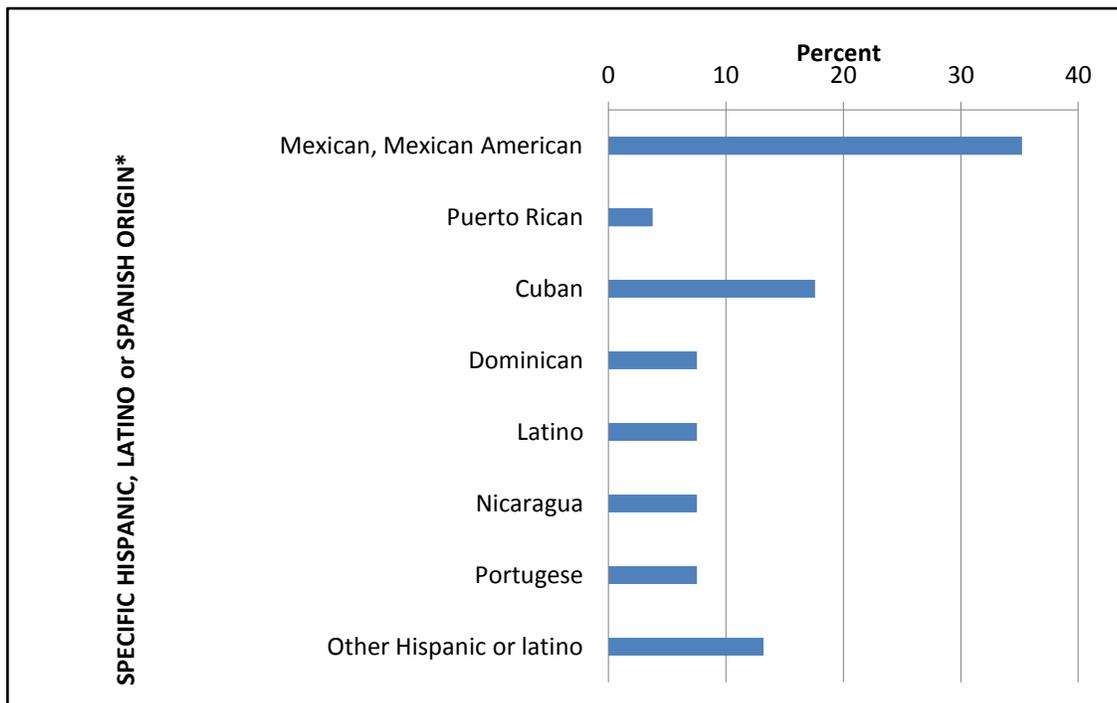


**32b** If 32a=Yes (Hispanic), then you are...

Answer Choices	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Mexican, Mexican Amē	5	2.42	1325.82	2.38	2.26	2.51
2 Puerto Rican	1	0.48	142.05	0.26	0.22	0.30
3 Cuban	2	0.97	662.91	1.19	1.10	1.28
77 Other Hispanic or latin	6	2.90	1633.60	2.93	2.79	3.08
99 No Response/Refused	193	93.24	51960.15	93.31		
			55724.53			

**32c** Other Hispanic

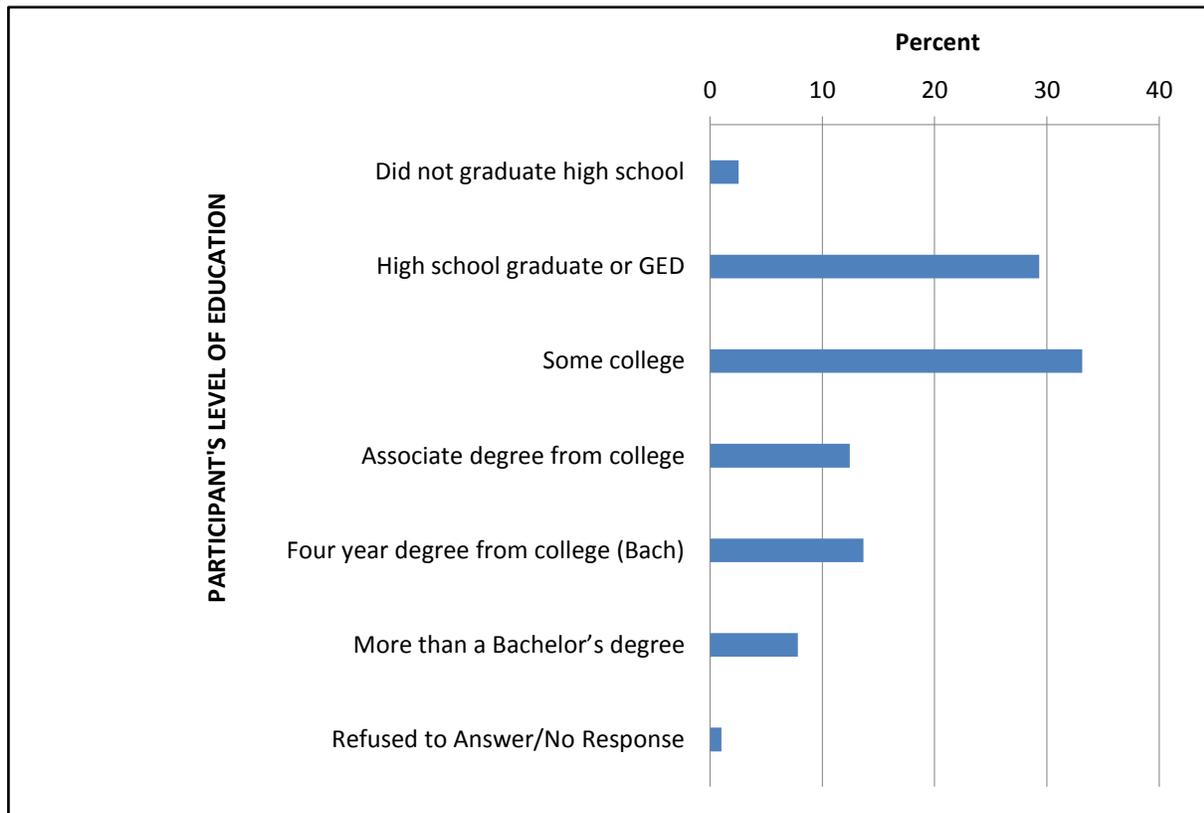
Dominican	1		284.10	
Latino	1		284.10	
Nicaragua	1		284.10	
Portugese	1		284.10	
Mexican, Mexican Amē	5	35.71	1325.82	35.22
Puerto Rican	1	7.14	142.05	3.77
Cuban	2	14.29	662.91	17.61
Dominican	1	7.14	284.10	7.55
Latino	1	7.14	284.10	7.55
Nicaragua	1	7.14	284.10	7.55
Portugese	1	7.14	284.10	7.55
Other Hispanic or latin	2	14.29	497.20	13.21
	14	100.00	3764.38	100.00



\*This graph represents 14 participants that mentioned that they were of Hispanic origin

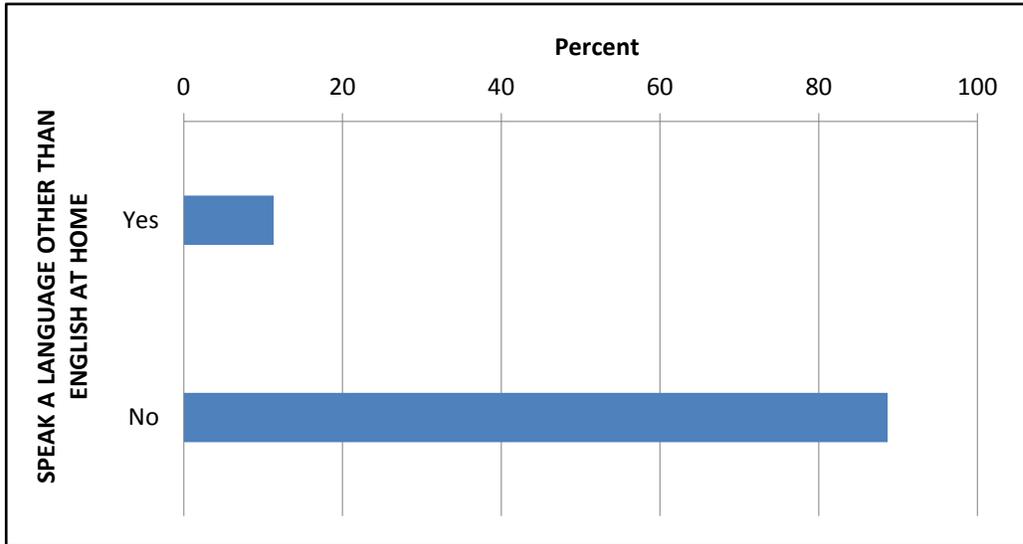
**33 Highest level of education completed**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Did not graduate high school	6	2.90	1420.52	2.55	2.42	2.69
2 High school graduate	58	28.02	16331.29	29.33	28.95	29.71
3 Some college	71	34.30	18462.07	33.15	32.76	33.55
4 Associate degree	26	12.56	6927.42	12.44	12.17	12.72
5 Four year degree	30	14.49	7618.74	13.68	13.40	13.97
6 More than a Bach	14	6.76	4356.27	7.82	7.60	8.05
99 Refused to Answer	2	0.97	568.21	1.01		



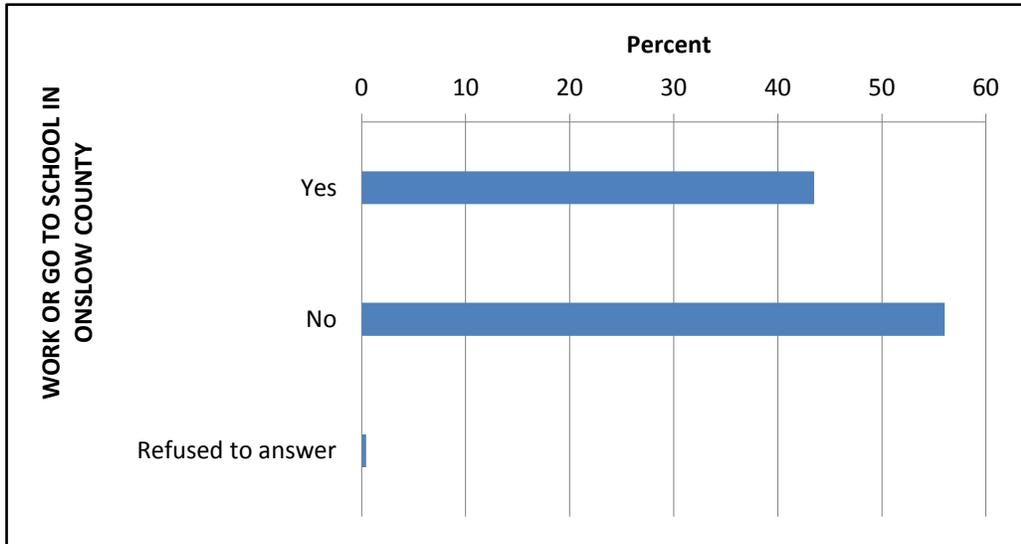
**34** Do you speak a language other than English at home?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Yes		25	12.08	6302.39	11.32	11.06	11.58
2 No	182	87.92	49382.14	88.68	88.42	88.94	
99 Refused to answer							



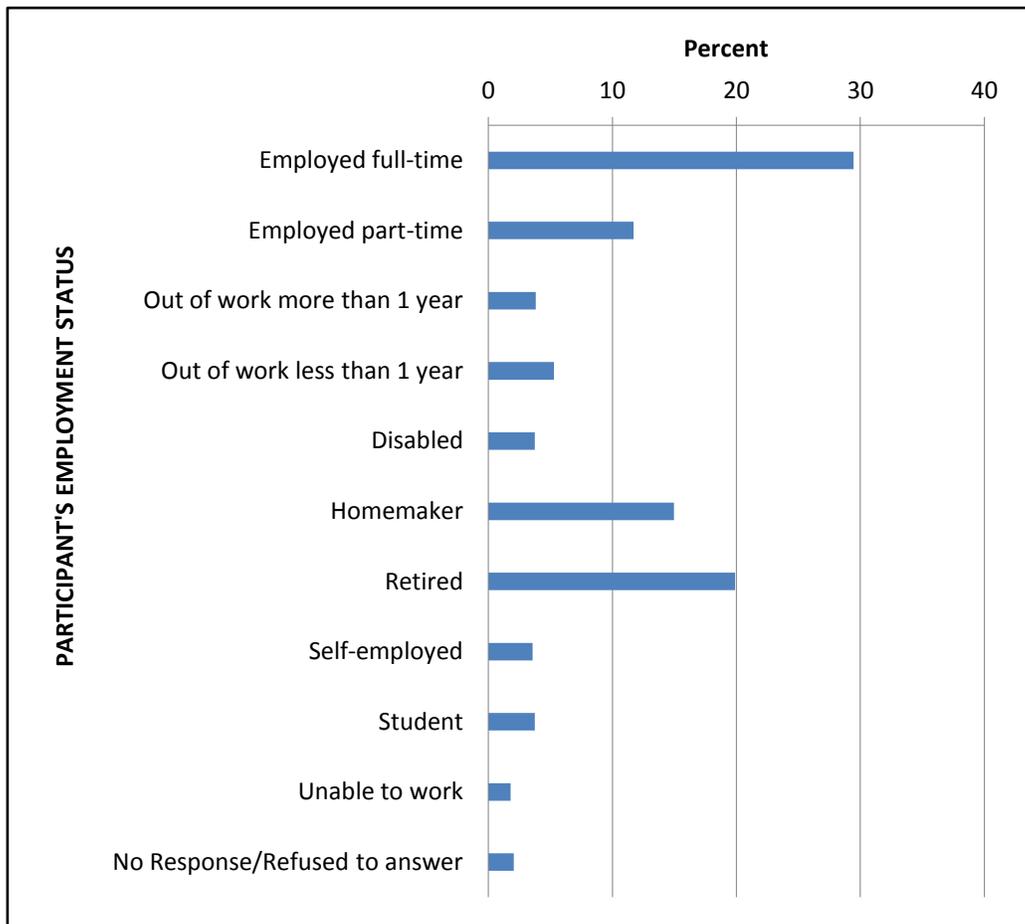
**35 Do you work or go to school in Onslow County**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	92	44.44	24229.40	43.51	43.10	43.92
2 No	114	55.07	31206.54	56.04	55.63	56.45
99 Refused to answer	1	0.48	248.59	0.45		



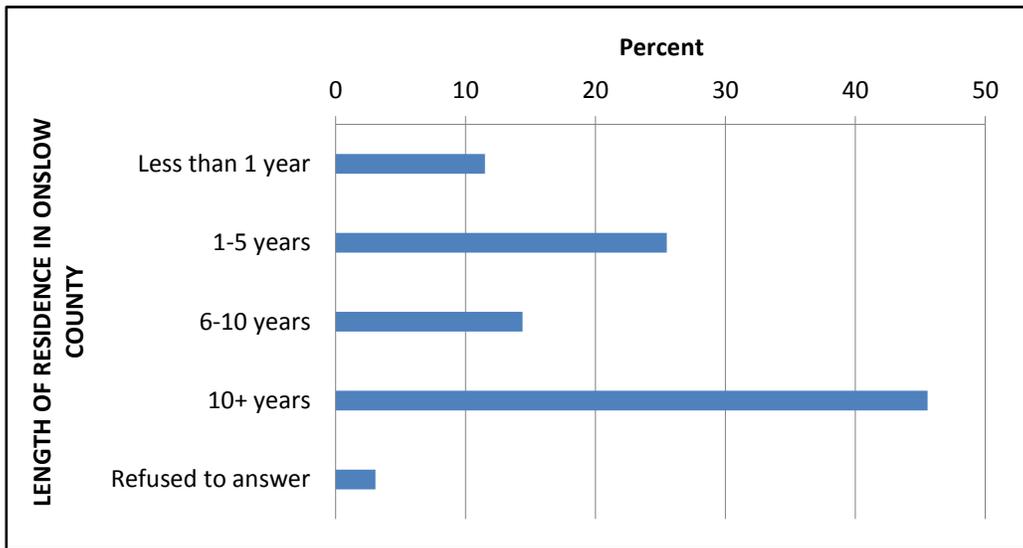
**36 What is your employment status**

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Employed full-time	66	31.88	16404.68	29.46	29.08	29.84	
2 Employed part-time	23	11.11	6515.47	11.70	11.43	11.97	
3 Out of work more than 1 year	8	3.86	2121.32	3.81	3.65	3.97	
4 Out of work less than 1 year	11	5.31	2938.12	5.28	5.09	5.47	
5 Disabled	6	2.90	2083.43	3.74	3.59	3.90	
6 Homemaker	30	14.49	8336.11	14.97	14.68	15.27	
7 Retired	41	19.81	11082.45	19.90	19.57	20.24	
8 Self-employed	7	3.38	1988.73	3.57	3.42	3.73	
9 Student	7	3.38	2083.43	3.74	3.59	3.90	
10 Unable to work	4	1.94	994.37	1.79	1.68	1.90	
99 No Response/Refused	4	1.94	1136.42	2.04			



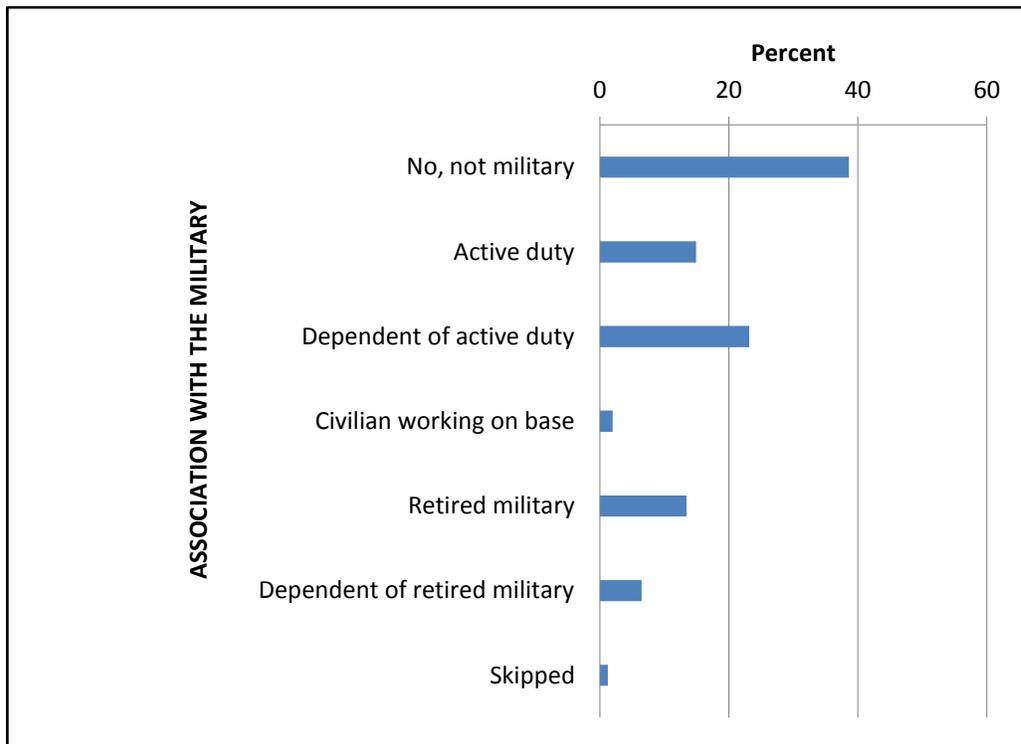
**37** How long have you lived in Onslow county?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Less than 1 year	23	11.11	6404.19	11.50	11.24	11.77
2 1-5 years	56	27.05	14200.50	25.50	25.14	25.87
3 6-10 years	30	14.49	8009.39	14.38	14.09	14.68
4 10+ years	92	44.44	25365.82	45.55	45.14	45.97
99 Refused to answer	6	2.90	1704.63	3.06		



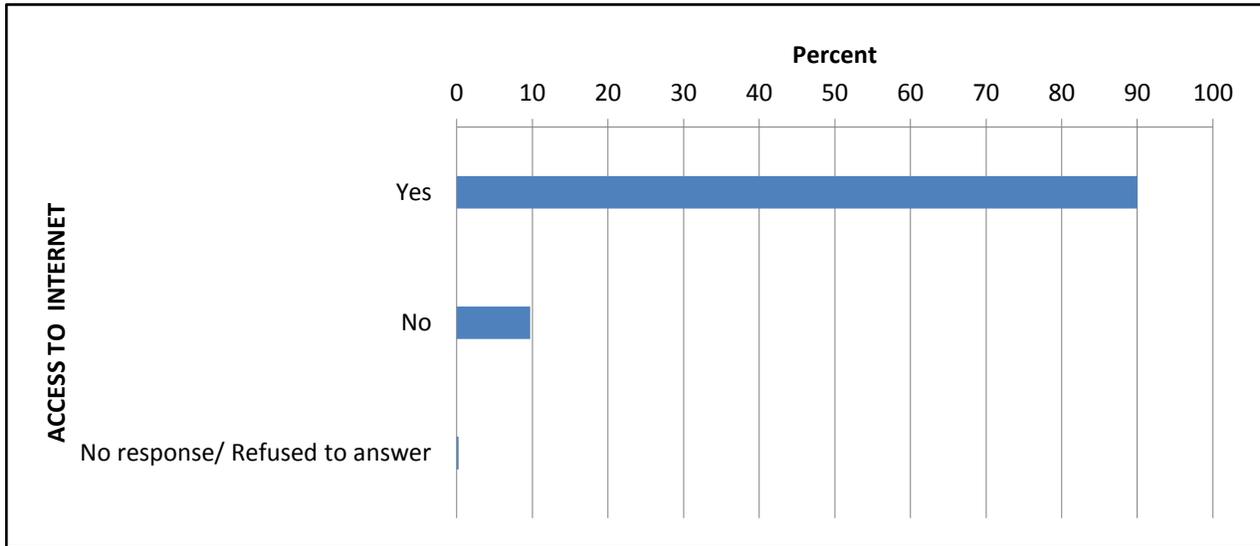
**38** Do you live here because of the military? If so check why.

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 No, not military	76	36.71	215	16.2	38.64	38.23	39.05
2 Active duty	34	16.43	83	19.53	14.94	14.65	15.24
3 Dependent of active d	48	23.19	129	00.72	23.17	22.82	23.52
4 Civilian working on base	5	2.42	11	26.95	2.02	1.91	2.14
5 Retired military	28	13.53	74	93.26	13.46	13.17	13.74
6 Dependent of retired r	13	6.28	36	27.07	6.51	6.31	6.72
Skipped	3	1.45	7	00.79	1.26		



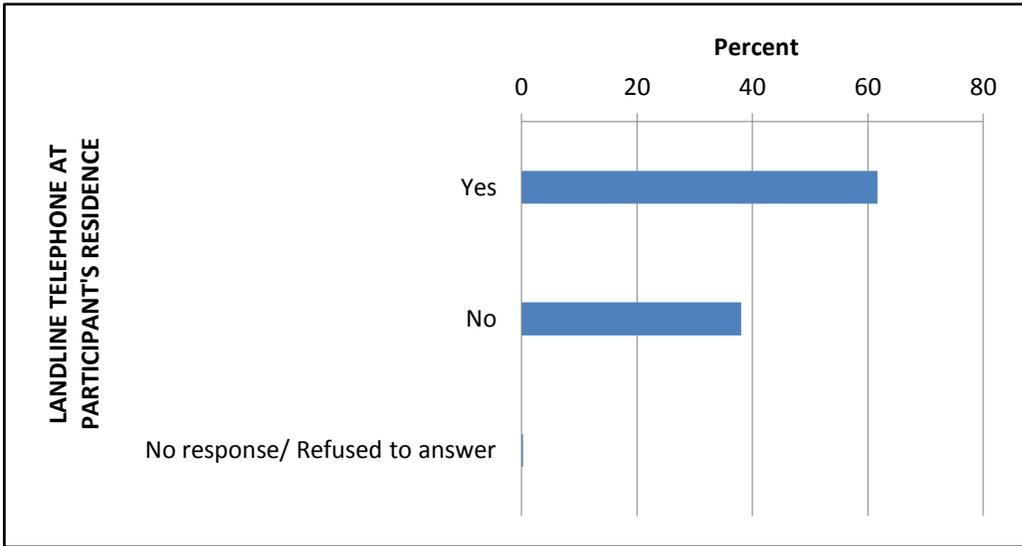
**39** Do you have access to the internet?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI		
	n	%	n	%	lower CI	Upper CI	
1 Yes	185	89.37	50125.55	90.02	89.76	90.26	
2 No	21	10.14	5416.93	9.73	9.48	9.98	
99 No response/ Refused	1	0.48	142.05	0.26			



**40** Do you have access to a landline telephone at your residence?

<i>Answer Choices</i>	Unweighted		Weighted		95% CI	
	n	%	n	%	lower CI	Upper CI
1 Yes	127	61.35	34343.53	61.68	61.27	62.08
2 No	79	38.16	21198.95	38.07	37.67	38.47
99 No response/ Refused	1	0.48	142.05	0.26		





**Onslow County  
Health Department**



### Constant Contact Survey Results

**Survey Name:** Health and Human Service Providers

**Response Status:** Partial & Completed

**Filter:** None

1/9/2012 6:31 PM EST

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Heart disease/ High Blood Pressure	[Bar chart showing distribution]				75	2.8
Cancer	[Bar chart showing distribution]				75	2.7
Stroke	[Bar chart showing distribution]				75	2.9
Lung disease (e.g. emphysema)	[Bar chart showing distribution]				75	2.7
Asthma	[Bar chart showing distribution]				75	2.8
Diabetes	[Bar chart showing distribution]				75	2.9
Unintentional injuries i.e. falling	[Bar chart showing distribution]				75	2.6
Motor vehicle injuries	[Bar chart showing distribution]				75	2.7
Alzheimer's disease	[Bar chart showing distribution]				75	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Pneumonia and influenza					75	2.5
Suicide and suicidal thoughts					75	2.9
HIV/AIDS					75	2.8
Dental problems					75	2.7
Infant deaths					75	2.9
Mental health issues including depression and anxiety					75	2.8
Post Traumatic Stress Disorder					75	2.9
Overweight/Obesity in adults					75	2.9
Overweight/Obesity in children					75	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Sexually transmitted disease					75	2.9
Teen pregnancy					75	2.6
Disease outbreaks, passed person to person					75	2.6
Regular physical activity or exercise					75	2.6
Eating habits/ nutrition					75	2.8
Tobacco use (smoking, chewing, or dipping)					75	2.7
Adult Alcohol abuse					75	2.8
Adult Illegal drug use					75	2.9
Adult prescription drug abuse					75	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Not wearing a seatbelt					75	2.5
Driving under the influence					75	2.8
Smoking during pregnancy					75	2.7
Unintended pregnancy					75	2.8
Underage drinking and drug use					75	2.9
Work related injuries					75	2.6
Homelessness					75	2.8
Family violence/abuse of children or adults					75	2.7

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Education and job training for adults					68	2.2
Job opportunities					68	2.5
Public transportation					68	2.6
Recreation opportunities					68	2.3
Parks, greenways, sidewalks, & bike paths					68	2.1
Access to a doctor					68	2.0
Access to a specialist					68	2.3
Access to a dentist					68	1.8
Access to mental health care					68	2.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to prescription medications		68			68	1.9
Doctors/ dentists who accept Medicaid/ Medicare			68		68	2.8
Doctors/ dentists who see people without insurance			68		68	3.0
Affordable housing			68		68	2.6
Utilities assistance			68		68	2.9
Food assistance			68		68	2.7
Available fresh fruits and vegetables		68			68	2.1
Affordable child care			68		68	2.9
Available child care			68		68	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Affordable elder care					66	3.3
Available elder care					66	3.3
Doctors/ dentists who speak my language & understand my culture					66	2.2
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)					66	1.7
Access to childhood vaccinations					66	1.9
Access to flu/pneumonia vaccinations					66	1.5
Access to alcohol/drug counseling and support					66	2.6
Access to alcohol/drug treatment centers/programs					66	2.8
Access to STD testing/counseling					66	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a problem, 2 = Somewhat of a problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to affordable gyms/rec centers					67	2.2
Access to smoking cessation products and resources					67	2.5
Access to sexual/domestic violence counseling					67	2.8
Access to recreational programs					67	2.3
Access to quality after school programs for young children					67	2.9
Access to after school programs for teens					67	3.0
Availability of financial management/credit counseling services					67	2.9

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

Of the topics below, please select the top 3 health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat			6	8.9 %
Tobacco use			28	41.7 %
Exercise			51	76.1 %
Unprotected sex			22	32.8 %
Eating habits/nutrition			49	73.1 %
Areas to walk and play			24	35.8 %
Available quality foods			15	22.3 %
Smoke-free public areas			6	8.9 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

\* Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Domestic Assault Counseling			18	26.8 %
Sexual Assault Counseling			6	8.9 %
Child Sexual Abuse Counseling			17	25.3 %
Depression			39	58.2 %
Suicide			26	38.8 %
Alcohol/ Drug Use			30	44.7 %
Alcohol/ Drug Treatment			22	32.8 %
Post Traumatic Stress Disorder			38	56.7 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

\* Of the topics below, please select the top 3 environmental issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Food safety			19	28.3 %
Air pollution			12	17.9 %
Lead poisoning			5	7.4 %
Litter			23	34.3 %
Drinking water quality			32	47.7 %
Cleanliness and protection of rivers, streams, and ocean			37	55.2 %
Recycling			30	44.7 %
Wastewater (sewage) disposal			17	25.3 %
Trash disposal			13	19.4 %
Noise pollution			10	14.9 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

\* Of the topics below, please select the top 3 safety issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Driving under the influence			37	55.2 %
Stray animals			8	11.9 %
Illegal drug use			24	35.8 %
Gang Activity			12	17.9 %
Property crime			10	14.9 %
Violent crime			6	8.9 %
Child Abuse/Domestic violence			29	43.2 %
Sexual Assault/Rape			6	8.9 %
Internet safety			5	7.4 %
Disaster Preparedness (hurricanes, hazardous materials incident)			8	11.9 %
911 Emergency Services (fire, police, EMS)			4	5.9 %
Traffic safety			17	25.3 %
Inappropriate use of prescription medications			21	31.3 %
Bullying			10	14.9 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

\* Of the topics below, please select the top 3 economic issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Job opportunities			48	71.6 %
Public transportation			26	38.8 %
Affordable housing			38	56.7 %
Business or Industry development			29	43.2 %
Homelessness			29	43.2 %
Food, Housing, & Utility Assistance			20	29.8 %
Poorly prepared workforce			9	13.4 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

\* Of the topics below, please select the top 3 education issues for your community to address

Answer	0%	100%	Number of Response(s)	Response Ratio
School dropout rate			23	34.3 %
Children prepared for kindergarten			6	8.9 %
Highschool students prepared for higher education or employment			36	53.7 %
Overcrowded schools			27	40.2 %
Summer programs for children			19	28.3 %
Technical job training for adults			29	43.2 %
Affordable higher education for adults			28	41.7 %
Available continuing education and learning opportunities for adults			23	34.3 %
Adult literacy			9	13.4 %
<b>Totals</b>			<b>67</b>	<b>100%</b>

Please provide your agency's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.

Answers	Number of Response(s)
Company Name	20
Email Address	18

## Constant Contact Survey Results

**Survey Name:** Health and Human Service Providers

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:31:50 PM

**1. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue. **Somewhat of a Problem:** The existing level of action on the issue should continue. **Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Heart disease/ High Blood Pressure	0 0%	19 25%	52 69%	4 5%
Cancer	0 0%	32 43%	36 48%	7 9%
Stroke	0 0%	17 23%	46 61%	12 16%
Lung disease (e.g. emphysema)	1 1%	29 39%	35 47%	10 13%
Asthma	1 1%	25 33%	39 52%	10 13%
Diabetes	0 0%	14 19%	56 75%	5 7%
Unintentional injuries i.e. falling	4 5%	41 55%	8 11%	22 29%
Motor vehicle injuries	0 0%	32 43%	35 47%	8 11%
Alzheimer's disease	5 7%	29 39%	16 21%	25 33%

**2. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Pneumonia and influenza	6 8%	40 53%	16 21%	13 17%
Suicide and suicidal thoughts	1 1%	24 32%	34 45%	16 21%
HIV/AIDS	5 7%	34 45%	7 9%	29 39%
Dental problems	4 5%	30 40%	29 39%	12 16%
Infant deaths	6 8%	27 36%	12 16%	30 40%
Mental health issues including depression and anxiety	0 0%	17 23%	53 71%	5 7%
Post Traumatic Stress Disorder	1 1%	11 15%	56 75%	7 9%
Overweight/Obesity in adults	1 1%	9 12%	64 85%	1 1%
Overweight/Obesity in children	1 1%	16 21%	57 76%	1 1%

**3. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Sexually transmitted disease	0 0%	30 40%	22 29%	23 31%

Teen pregnancy	1 1%	34 45%	32 43%	8 11%
Disease outbreaks, passed person to person	7 9%	33 44%	16 21%	19 25%
Regular physical activity or exercise	3 4%	27 36%	39 52%	6 8%
Eating habits/ nutrition	1 1%	19 25%	51 68%	4 5%
Tobacco use (smoking, chewing, or dipping)	1 1%	22 29%	49 65%	3 4%
Adult Alcohol abuse	0 0%	22 29%	46 61%	7 9%
Adult Illegal drug use	1 1%	20 27%	41 55%	13 17%
Adult prescription drug abuse	2 3%	19 25%	43 57%	11 15%

**4. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Not wearing a seatbelt	12 16%	34 45%	6 8%	23 31%
Driving under the influence	3 4%	19 25%	43 57%	10 13%
Smoking during pregnancy	3 4%	32 43%	23 31%	17 23%
Unintended pregnancy	2 3%	29 39%	23 31%	21 28%
Underage drinking and drug use	1 1%	20 27%	42 56%	12 16%
Work related injuries	7	41	4	23

work related injuries	9%	55%	5%	31%
Homelessness	2	28	28	17
	3%	37%	37%	23%
Family violence/abuse of children or adults	3	24	40	8
	4%	32%	53%	11%

**5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Education and job training for adults	16 24%	29 43%	13 19%	10 15%
Job opportunities	7 10%	25 37%	33 49%	3 4%
Public transportation	9 13%	21 31%	29 43%	9 13%
Recreation opportunities	14 21%	25 37%	25 37%	4 6%
Parks, greenways, sidewalks, & bike paths	21 31%	21 31%	21 31%	5 7%
Access to a doctor	23 34%	22 32%	20 29%	3 4%
Access to a specialist	14 21%	21 31%	29 43%	4 6%
Access to a dentist	30 44%	23 34%	11 16%	4 6%
Access to mental health care	12 18%	16 24%	35 51%	5 7%

**6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to prescription medications	32 47%	18 26%	9 13%	9 13%
Doctors/ dentists who accept Medicaid/ Medicare	10 15%	18 26%	15 22%	25 37%
Doctors/ dentists who see people without insurance	4 6%	15 22%	26 38%	23 34%
Affordable housing	8 12%	21 31%	29 43%	10 15%
Utilities assistance	4 6%	21 31%	24 35%	19 28%
Food assistance	4 6%	29 43%	17 25%	18 26%
Available fresh fruits and vegetables	23 34%	22 32%	18 26%	5 7%
Affordable child care	5 7%	19 28%	24 35%	20 29%
Available child care	7 10%	20 29%	20 29%	21 31%

**7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Affordable elder care	0 0%	11 17%	25 38%	30 45%

Available elder care	1 2%	11 17%	24 36%	30 45%
Doctors/ dentists who speak my language & understand my culture	28 42%	14 21%	5 8%	19 29%
Information about emergency preparedness (preparing for natural disasters such as	33 50%	22 33%	6 9%	5 8%
Access to childhood vaccinations	35 53%	13 20%	6 9%	12 18%
Access to flu/pneumonia vaccinations	45 68%	14 21%	5 8%	2 3%
Access to alcohol/drug counseling and support	13 20%	17 26%	18 27%	18 27%
Access to alcohol/drug treatment centers/programs	8 12%	18 27%	22 33%	18 27%
Access to STD testing/counseling	14 21%	13 20%	11 17%	28 42%

**8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a problem</b>	<b>Somewhat of a problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to affordable gyms/rec centers	16 24%	28 42%	15 22%	8 12%
Access to smoking cessation products and resources	19 28%	19 28%	8 12%	21 31%
Access to sexual/domestic violence counseling	11 16%	18 27%	10 15%	28 42%
Access to recreational programs	16 24%	26 39%	17 25%	8 12%
Access to quality after school programs for young children	7 10%	19 28%	16 24%	25 37%
Access to after school programs for teens	0	21	22	24

Access to after school programs for teens	0%	31%	33%	36%
Availability of financial management/credit counseling services	6	21	15	25
	9%	31%	22%	37%

9. Of the topics below, please select the top 3 health issues for your community to address.

	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat	6	8.9%
Tobacco use	28	41.7%
Exercise	51	76.1%
Unprotected sex	22	32.8%
Eating habits/nutrition	49	73.1%
Areas to walk and play	24	35.8%
Available quality foods	15	22.3%
Smoke-free public areas	6	8.9%
<b>Total</b>	<b>67</b>	<b>100%</b>

10. Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

	Number of Response(s)	Response Ratio
Domestic Assault Counseling	18	26.8%
Sexual Assault Counseling	6	8.9%
Child Sexual Abuse Counseling	17	25.3%
Depression	39	58.2%
Suicide	26	38.8%
Alcohol/ Drug Use	30	44.7%

Alcohol/ Drug Treatment	22	32.8%
Post Traumatic Stress Disorder	38	56.7%
<b>Total</b>	67	100%

11. Of the topics below, please select the top 3 environmental issues for your community to address.

	Number of Response(s)	Response Ratio
Food safety	19	28.3%
Air pollution	12	17.9%
Lead poisoning	5	7.4%
Litter	23	34.3%
Drinking water quality	32	47.7%
Cleanliness and protection of rivers, streams, and ocean	37	55.2%
Recycling	30	44.7%
Wastewater (sewage) disposal	17	25.3%
Trash disposal	13	19.4%
Noise pollution	10	14.9%
<b>Total</b>	67	100%

12. Of the topics below, please select the top 3 safety issues for your community to address.

	Number of Response(s)	Response Ratio
Driving under the influence	37	55.2%
Stray animals	8	11.9%
Illegal drug use	24	35.8%
Gang Activity	12	17.9%

Property crime	10	14.9%
Violent crime	6	8.9%
Child Abuse/Domestic violence	29	43.2%
Sexual Assault/Rape	6	8.9%
Internet safety	5	7.4%
Disaster Preparedness (hurricanes, hazardous materials incident)	8	11.9%
911 Emergency Services (fire, police, EMS)	4	5.9%
Traffic safety	17	25.3%
Inappropriate use of prescription medications	21	31.3%
Bullying	10	14.9%
<b>Total</b>	<b>67</b>	<b>100%</b>

13. Of the topics below, please select the top 3 economic issues for your community to address.

	Number of Response(s)	Response Ratio
Job opportunities	48	71.6%
Public transportation	26	38.8%
Affordable housing	38	56.7%
Business or Industry development	29	43.2%
Homelessness	29	43.2%
Food, Housing, & Utility Assistance	20	29.8%
Poorly prepared workforce	9	13.4%
<b>Total</b>	<b>67</b>	<b>100%</b>

14. Of the topics below, please select the top 3 education issues for your community to address

	Number of Response(s)	Response Ratio
School dropout rate	23	34.3%
Children prepared for kindergarten	6	8.9%
Highschool students prepared for higher education or employment	36	53.7%
Overcrowded schools	27	40.2%
Summer programs for children	19	28.3%
Technical job training for adults	29	43.2%
Affordable higher education for adults	28	41.7%
Available continuing education and learning opportunities for adults	23	34.3%
Adult literacy	9	13.4%
<b>Total</b>	<b>67</b>	<b>100%</b>

**15. Please provide your agency's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.**

Company Name	20
Email Address	18

## Constant Contact Survey Results

**Survey Name:** Health and Human Service Providers

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:31:50 PM

<b>1. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>2. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>3. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>4. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>15. Please provide your agency's name and email if you would like to receive the final 2012</b>		
Company Name:	Onslow County Schools- Pres	
Email Address:	Janie.Marshburn@onslow.k12.nc.us	
Company Name:	PEERS Family Development	
Email Address:	heidi_baur@onslowcountync.gov	
Company Name:	Eastern Carolina Human Services	
Email Address:	dhillechsa@earthlink.net	
Company Name:	Sickle Cell Disease Association of America	
Email Address:	sickle@bizec.rr.com	
Company Name:	Child Advocacy Center of Onslow County	
Email Address:	kathleen.holbrook@onslowk12.org	
Company Name:	Onslow County Parks and Recreation	
Email Address:	carol_trott@onslowcountync.gov	
Company Name:	Onslow County Partnership for Economic Development	

Email Address:	connie.phillips@onslowkids.o
Company Name:	Boys & Girls CLub
Email Address:	jjmarks54@hotmail.com
Company Name:	Onslow Memorial Hospital
Company Name:	Onslow Memorial Hospital
Email Address:	jeannette.orr@onslow.org
Company Name:	OMH
Email Address:	palomotavane@yahoo.com
Company Name:	OMH
Email Address:	betsy.baker@onslow.org
Company Name:	Onslow Memorial Hospital
Email Address:	nancy.schueren@onslow.org
Company Name:	omh
Company Name:	onslow memorial hospital
Company Name:	Onslow Memorial Hospital
Email Address:	sam.west@onslow.org
Email Address:	simba_xxy@yahoo.com
Company Name:	OMH
Email Address:	susanrolmstead@gmail.com
Company Name:	Onslow Memorial Hospital
Email Address:	pjtm7363@yahoo.com
Company Name:	Onslow Memorial Hospital
Email Address:	lene.greaney@gmail.com
Company Name:	OMH
Email Address:	omh@onslow.org

## Constant Contact Survey Results

**Survey Name:** Copy of Physician

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:32:48 PM

**1. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue. **Somewhat of a Problem:** The existing level of action on the issue should continue. **Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Heart disease/ High Blood Pressure	1 20%	1 20%	3 60%	0 0%
Cancer	1 20%	1 20%	3 60%	0 0%
Stroke	1 20%	1 20%	2 40%	1 20%
Lung disease (e.g. emphysema)	1 20%	0 0%	3 60%	1 20%
Asthma	1 20%	1 20%	1 20%	2 40%
Diabetes	1 20%	1 20%	3 60%	0 0%
Unintentional injuries i.e. falling	2 40%	1 20%	0 0%	2 40%
Motor vehicle injuries	2 40%	2 40%	0 0%	1 20%
Alzheimer's disease	1 20%	2 40%	1 20%	1 20%

**2. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Pneumonia and influenza	1 20%	2 40%	1 20%	1 20%
Suicide and suicidal thoughts	2 40%	1 20%	1 20%	1 20%
HIV/AIDS	1 20%	2 40%	0 0%	2 40%
Dental problems	1 20%	1 20%	1 20%	2 40%
Infant deaths	2 40%	1 20%	0 0%	2 40%
Mental health issues including depression and anxiety	1 20%	0 0%	3 60%	1 20%
Post Traumatic Stress Disorder	1 20%	2 40%	2 40%	0 0%
Overweight/Obesity in adults	1 20%	0 0%	4 80%	0 0%
Overweight/Obesity in children	1 20%	0 0%	4 80%	0 0%

**3. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Sexually transmitted disease	1 20%	1 20%	1 20%	2 40%

Teen pregnancy	1 20%	1 20%	2 40%	1 20%
Disease outbreaks, passed person to person	1 20%	1 20%	1 20%	2 40%
Regular physical activity or exercise	1 20%	0 0%	4 80%	0 0%
Eating habits/ nutrition	1 20%	0 0%	4 80%	0 0%
Tobacco use (smoking, chewing, or dipping)	1 20%	0 0%	4 80%	0 0%
Adult Alcohol abuse	1 20%	1 20%	2 40%	1 20%
Adult Illegal drug use	1 20%	1 20%	2 40%	1 20%
Adult prescription drug abuse	1 20%	1 20%	3 60%	0 0%

**4. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Not wearing a seatbelt	1 20%	1 20%	1 20%	2 40%
Driving under the influence	1 20%	0 0%	2 40%	2 40%
Smoking during pregnancy	1 20%	1 20%	3 60%	0 0%
Unintended pregnancy	1 20%	1 20%	2 40%	1 20%
Underage drinking and drug use	1 20%	0 0%	2 40%	2 40%
Work related injuries	1	2	1	1

work related injuries	20%	40%	20%	20%
Homelessness	1 20%	2 40%	0 0%	2 40%
Family violence/abuse of children or adults	1 20%	2 40%	0 0%	2 40%

**5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Education and job training for adults	2 50%	0 0%	2 50%	0 0%
Job opportunities	1 25%	2 50%	1 25%	0 0%
Public transportation	1 25%	2 50%	1 25%	0 0%
Recreation opportunities	2 50%	2 50%	0 0%	0 0%
Parks, greenways, sidewalks, & bike paths	3 75%	1 25%	0 0%	0 0%
Access to a doctor	2 50%	1 25%	1 25%	0 0%
Access to a specialist	2 50%	1 25%	1 25%	0 0%
Access to a dentist	2 50%	0 0%	2 50%	0 0%
Access to mental health care	2 50%	0 0%	2 50%	0 0%

**6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to prescription medications	2 50%	1 25%	1 25%	0 0%
Doctors/ dentists who accept Medicaid/ Medicare	2 50%	1 25%	1 25%	0 0%
Doctors/ dentists who see people without insurance	1 25%	0 0%	2 50%	1 25%
Affordable housing	0 0%	2 50%	0 0%	2 50%
Utilities assistance	0 0%	1 25%	0 0%	3 75%
Food assistance	0 0%	1 25%	0 0%	3 75%
Available fresh fruits and vegetables	3 75%	1 25%	0 0%	0 0%
Affordable child care	0 0%	0 0%	1 25%	3 75%
Available child care	0 0%	0 0%	1 25%	3 75%

**7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Affordable elder care	0 0%	0 0%	1 25%	3 75%

Available elder care	0 0%	0 0%	1 25%	3 75%
Doctors/ dentists who speak my language & understand my culture	3 75%	1 25%	0 0%	0 0%
Information about emergency preparedness (preparing for natural disasters such as	3 75%	1 25%	0 0%	0 0%
Access to childhood vaccinations	2 50%	0 0%	0 0%	2 50%
Access to flu/pneumonia vaccinations	4 100%	0 0%	0 0%	0 0%
Access to alcohol/drug counseling and support	1 25%	0 0%	1 25%	2 50%
Access to alcohol/drug treatment centers/programs	1 25%	0 0%	1 25%	2 50%
Access to STD testing/counseling	1 25%	1 25%	0 0%	2 50%

**8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a problem</b>	<b>Somewhat of a problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to affordable gyms/rec centers	2 50%	1 25%	0 0%	1 25%
Access to smoking cessation products and resources	1 25%	1 25%	1 25%	1 25%
Access to sexual/domestic violence counseling	0 0%	1 25%	0 0%	3 75%
Access to recreational programs	3 75%	1 25%	0 0%	0 0%
Access to quality after school programs for young children	0 0%	0 0%	1 25%	3 75%
Access to after school programs for teens	0	0	2	2

Access to after school programs for teens	0%	0%	50%	50%
Availability of financial management/credit counseling services	0	1	0	3
	0%	25%	0%	75%

9. Of the topics below, please select the top 3 health issues for your community to address.

	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat	0	0.0%
Tobacco use	4	100.0%
Exercise	4	100.0%
Unprotected sex	0	0.0%
Eating habits/nutrition	4	100.0%
Areas to walk and play	0	0.0%
Available quality foods	0	0.0%
Smoke-free public areas	0	0.0%
<b>Total</b>	<b>4</b>	<b>100%</b>

10. Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

	Number of Response(s)	Response Ratio
Domestic Assault Counseling	0	0.0%
Sexual Assault Counseling	0	0.0%
Child Sexual Abuse Counseling	0	0.0%
Depression	4	100.0%
Suicide	0	0.0%
Alcohol/ Drug Use	2	50.0%

Alcohol/ Drug Treatment	4	100.0%
Post Traumatic Stress Disorder	2	50.0%
<b>Total</b>	4	100%

11. Of the topics below, please select the top 3 environmental issues for your community to address.

	Number of Response(s)	Response Ratio
Food safety	0	0.0%
Air pollution	1	25.0%
Lead poisoning	0	0.0%
Litter	1	25.0%
Drinking water quality	2	50.0%
Cleanliness and protection of rivers, streams, and ocean	3	75.0%
Recycling	2	50.0%
Wastewater (sewage) disposal	2	50.0%
Trash disposal	1	25.0%
Noise pollution	0	0.0%
<b>Total</b>	4	100%

12. Of the topics below, please select the top 3 safety issues for your community to address.

	Number of Response(s)	Response Ratio
Driving under the influence	1	25.0%
Stray animals	0	0.0%
Illegal drug use	3	75.0%
Gang Activity	0	0.0%

Property crime	0	0.0%
Violent crime	1	25.0%
Child Abuse/Domestic violence	0	0.0%
Sexual Assault/Rape	0	0.0%
Internet safety	1	25.0%
Disaster Preparedness (hurricanes, hazardous materials incident)	0	0.0%
911 Emergency Services (fire, police, EMS)	0	0.0%
Traffic safety	0	0.0%
Inappropriate use of prescription medications	4	100.0%
Bullying	2	50.0%
<b>Total</b>	<b>4</b>	<b>100%</b>

13. Of the topics below, please select the top 3 economic issues for your community to address.

	Number of Response(s)	Response Ratio
Job opportunities	2	50.0%
Public transportation	3	75.0%
Affordable housing	1	25.0%
Business or Industry development	1	25.0%
Homelessness	2	50.0%
Food, Housing, & Utility Assistance	0	0.0%
Poorly prepared workforce	3	75.0%
<b>Total</b>	<b>4</b>	<b>100%</b>

14. Of the topics below, please select the top 3 education issues for your community to address

	Number of Response(s)	Response Ratio
School dropout rate	1	25.0%
Children prepared for kindergarten	0	0.0%
Highschool students prepared for higher education or employment	3	75.0%
Overcrowded schools	1	25.0%
Summer programs for children	0	0.0%
Technical job training for adults	3	75.0%
Affordable higher education for adults	1	25.0%
Available continuing education and learning opportunities for adults	3	75.0%
Adult literacy	0	0.0%
<b>Total</b>	<b>4</b>	<b>100%</b>

**15. Please provide your practice/clinic's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.**

Company Name	2
Email Address	2

## Constant Contact Survey Results

**Survey Name:** Copy of Physician

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:32:48 PM

<b>1. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>2. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>3. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>4. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>15. Please provide your practice/clinic's name and email if you would like to receive the final 2012</b>		
Company Name:	The Womens Clinic	
Email Address:	nnissenbaum@ec.rr.com	

Company Name:

SMOC

Email Address:

nageshj@hotmai.com



**Onslow County  
Health Department**



### Constant Contact Survey Results

**Survey Name:** Copy of Physician

**Response Status:** Partial & Completed

**Filter:** None

1/9/2012 6:32 PM EST

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Heart disease/ High Blood Pressure	[Bar chart showing 5 responses in category 2]				5	2.4
Cancer	[Bar chart showing 5 responses in category 2]				5	2.4
Stroke	[Bar chart showing 5 responses in category 3]				5	2.6
Lung disease (e.g. emphysema)	[Bar chart showing 5 responses in category 3]				5	2.8
Asthma	[Bar chart showing 5 responses in category 3]				5	2.8
Diabetes	[Bar chart showing 5 responses in category 2]				5	2.4
Unintentional injuries i.e. falling	[Bar chart showing 5 responses in category 2]				5	2.4
Motor vehicle injuries	[Bar chart showing 5 responses in category 2]				5	2.0
Alzheimer's disease	[Bar chart showing 5 responses in category 2]				5	2.4

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Pneumonia and influenza					5	2.4
Suicide and suicidal thoughts					5	2.2
HIV/AIDS					5	2.6
Dental problems					5	2.8
Infant deaths					5	2.4
Mental health issues including depression and anxiety					5	2.8
Post Traumatic Stress Disorder					5	2.2
Overweight/Obesity in adults					5	2.6
Overweight/Obesity in children					5	2.6

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

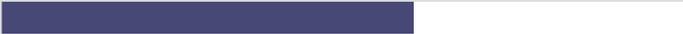
Answer	1	2	3	4	Number of Response(s)	Rating Score*
Sexually transmitted disease					5	2.8
Teen pregnancy					5	2.6
Disease outbreaks, passed person to person					5	2.8
Regular physical activity or exercise					5	2.6
Eating habits/ nutrition					5	2.6
Tobacco use (smoking, chewing, or dipping)					5	2.6
Adult Alcohol abuse					5	2.6
Adult Illegal drug use					5	2.6
Adult prescription drug abuse					5	2.4

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Not wearing a seatbelt					5	2.8
Driving under the influence					5	3.0
Smoking during pregnancy					5	2.4
Unintended pregnancy					5	2.6
Underage drinking and drug use					5	3.0
Work related injuries					5	2.4
Homelessness					5	2.6
Family violence/abuse of children or adults					5	2.6

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

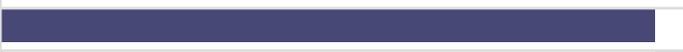
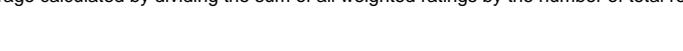
Answer	1	2	3	4	Number of Response(s)	Rating Score*
Education and job training for adults					4	2.0
Job opportunities					4	2.0
Public transportation					4	2.0
Recreation opportunities					4	1.5
Parks, greenways, sidewalks, & bike paths					4	1.2
Access to a doctor					4	1.8
Access to a specialist					4	1.8
Access to a dentist					4	2.0
Access to mental health care					4	2.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to prescription medications					4	1.8
Doctors/ dentists who accept Medicaid/ Medicare					4	1.8
Doctors/ dentists who see people without insurance					4	2.8
Affordable housing					4	3.0
Utilities assistance					4	3.5
Food assistance					4	3.5
Available fresh fruits and vegetables					4	1.2
Affordable child care					4	3.8
Available child care					4	3.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Affordable elder care					4	3.8
Available elder care					4	3.8
Doctors/ dentists who speak my language & understand my culture					4	1.2
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)					4	1.2
Access to childhood vaccinations					4	2.5
Access to flu/pneumonia vaccinations					4	1.0
Access to alcohol/drug counseling and support					4	3.0
Access to alcohol/drug treatment centers/programs					4	3.0
Access to STD testing/counseling					4	2.8

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a problem, 2 = Somewhat of a problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to affordable gyms/rec centers		4			4	2.0
Access to smoking cessation products and resources		3			4	2.5
Access to sexual/domestic violence counseling		2	1		4	3.5
Access to recreational programs	1				4	1.2
Access to quality after school programs for young children		3	1		4	3.8
Access to after school programs for teens		2	2		4	3.5
Availability of financial management/credit counseling services		2	2		4	3.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

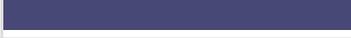
Of the topics below, please select the top 3 health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat			0	0.0 %
Tobacco use		4	4	100.0 %
Exercise		4	4	100.0 %
Unprotected sex			0	0.0 %
Eating habits/nutrition		4	4	100.0 %
Areas to walk and play			0	0.0 %
Available quality foods			0	0.0 %
Smoke-free public areas			0	0.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

\* Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Domestic Assault Counseling			0	0.0 %
Sexual Assault Counseling			0	0.0 %
Child Sexual Abuse Counseling			0	0.0 %
Depression			4	100.0 %
Suicide			0	0.0 %
Alcohol/ Drug Use			2	50.0 %
Alcohol/ Drug Treatment			4	100.0 %
Post Traumatic Stress Disorder			2	50.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

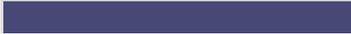
\* Of the topics below, please select the top 3 environmental issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Food safety			0	0.0 %
Air pollution			1	25.0 %
Lead poisoning			0	0.0 %
Litter			1	25.0 %
Drinking water quality			2	50.0 %
Cleanliness and protection of rivers, streams, and ocean			3	75.0 %
Recycling			2	50.0 %
Wastewater (sewage) disposal			2	50.0 %
Trash disposal			1	25.0 %
Noise pollution			0	0.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

\* Of the topics below, please select the top 3 safety issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Driving under the influence			1	25.0 %
Stray animals			0	0.0 %
Illegal drug use			3	75.0 %
Gang Activity			0	0.0 %
Property crime			0	0.0 %
Violent crime			1	25.0 %
Child Abuse/Domestic violence			0	0.0 %
Sexual Assault/Rape			0	0.0 %
Internet safety			1	25.0 %
Disaster Preparedness (hurricanes, hazardous materials incident)			0	0.0 %
911 Emergency Services (fire, police, EMS)			0	0.0 %
Traffic safety			0	0.0 %
Inappropriate use of prescription medications			4	100.0 %
Bullying			2	50.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

\* Of the topics below, please select the top 3 economic issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Job opportunities			2	50.0 %
Public transportation			3	75.0 %
Affordable housing			1	25.0 %
Business or Industry development			1	25.0 %
Homelessness			2	50.0 %
Food, Housing, & Utility Assistance			0	0.0 %
Poorly prepared workforce			3	75.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

\* Of the topics below, please select the top 3 education issues for your community to address

Answer	0%	100%	Number of Response(s)	Response Ratio
School dropout rate			1	25.0 %
Children prepared for kindergarten			0	0.0 %
Highschool students prepared for higher education or employment			3	75.0 %
Overcrowded schools			1	25.0 %
Summer programs for children			0	0.0 %
Technical job training for adults			3	75.0 %
Affordable higher education for adults			1	25.0 %
Available continuing education and learning opportunities for adults			3	75.0 %
Adult literacy			0	0.0 %
<b>Totals</b>			<b>4</b>	<b>100%</b>

Please provide your practice/clinic's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.

Answers	Number of Response(s)
Company Name	2
Email Address	2

## Constant Contact Survey Results

**Survey Name:** Dentist

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:32:46 PM

**1. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue. **Somewhat of a Problem:** The existing level of action on the issue should continue. **Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Heart disease/ High Blood Pressure	1 17%	3 50%	2 33%	0 0%
Cancer	1 17%	3 50%	1 17%	1 17%
Stroke	1 17%	1 17%	2 33%	2 33%
Lung disease (e.g. emphysema)	1 17%	1 17%	3 50%	1 17%
Asthma	1 17%	2 33%	2 33%	1 17%
Diabetes	1 17%	2 33%	3 50%	0 0%
Unintentional injuries i.e. falling	2 33%	1 17%	0 0%	3 50%
Motor vehicle injuries	1 17%	1 17%	1 17%	3 50%
Alzheimer's disease	1 17%	0 0%	1 17%	4 67%

**2. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Pneumonia and influenza	1 17%	3 50%	0 0%	2 33%
Suicide and suicidal thoughts	1 17%	1 17%	1 17%	3 50%
HIV/AIDS	1 17%	2 33%	0 0%	3 50%
Dental problems	1 17%	1 17%	4 67%	0 0%
Infant deaths	1 17%	2 33%	0 0%	3 50%
Mental health issues including depression and anxiety	1 17%	0 0%	4 67%	1 17%
Post Traumatic Stress Disorder	1 17%	0 0%	3 50%	2 33%
Overweight/Obesity in adults	1 17%	1 17%	4 67%	0 0%
Overweight/Obesity in children	1 17%	1 17%	4 67%	0 0%

**3. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Sexually transmitted disease	1 17%	1 17%	1 17%	3 50%

Teen pregnancy	1 17%	1 17%	3 50%	1 17%
Disease outbreaks, passed person to person	2 33%	1 17%	0 0%	3 50%
Regular physical activity or exercise	1 17%	1 17%	3 50%	1 17%
Eating habits/ nutrition	1 17%	1 17%	4 67%	0 0%
Tobacco use (smoking, chewing, or dipping)	1 17%	1 17%	4 67%	0 0%
Adult Alcohol abuse	1 17%	3 50%	1 17%	1 17%
Adult Illegal drug use	1 17%	2 33%	2 33%	1 17%
Adult prescription drug abuse	1 17%	3 50%	2 33%	0 0%

**4. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Not wearing a seatbelt	1 17%	1 17%	0 0%	4 67%
Driving under the influence	1 17%	0 0%	1 17%	4 67%
Smoking during pregnancy	1 17%	2 33%	2 33%	1 17%
Unintended pregnancy	1 17%	2 33%	1 17%	2 33%
Underage drinking and drug use	1 17%	2 33%	2 33%	1 17%
Work related injuries	1	1	0	4

work related injuries	17%	17%	0%	67%
Homelessness	1 17%	2 33%	0 0%	3 50%
Family violence/abuse of children or adults	1 17%	1 17%	1 17%	3 50%

**5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Education and job training for adults	1 20%	3 60%	0 0%	1 20%
Job opportunities	0 0%	2 40%	3 60%	0 0%
Public transportation	1 20%	1 20%	2 40%	1 20%
Recreation opportunities	1 20%	2 40%	1 20%	1 20%
Parks, greenways, sidewalks, & bike paths	0 0%	4 80%	0 0%	1 20%
Access to a doctor	2 40%	3 60%	0 0%	0 0%
Access to a specialist	0 0%	4 80%	0 0%	1 20%
Access to a dentist	2 40%	3 60%	0 0%	0 0%
Access to mental health care	0 0%	2 40%	0 0%	3 60%

**6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to prescription medications	1 20%	2 40%	0 0%	2 40%
Doctors/ dentists who accept Medicaid/ Medicare	1 20%	2 40%	2 40%	0 0%
Doctors/ dentists who see people without insurance	1 20%	3 60%	1 20%	0 0%
Affordable housing	0 0%	1 20%	1 20%	3 60%
Utilities assistance	0 0%	1 20%	1 20%	3 60%
Food assistance	0 0%	1 20%	1 20%	3 60%
Available fresh fruits and vegetables	2 40%	1 20%	1 20%	1 20%
Affordable child care	0 0%	1 20%	1 20%	3 60%
Available child care	0 0%	1 20%	0 0%	4 80%

**7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Affordable elder care	0 0%	0 0%	1 20%	4 80%

Available elder care	0 0%	0 0%	1 20%	4 80%
Doctors/ dentists who speak my language & understand my culture	2 40%	2 40%	1 20%	0 0%
Information about emergency preparedness (preparing for natural disasters such as	3 60%	2 40%	0 0%	0 0%
Access to childhood vaccinations	3 60%	1 20%	0 0%	1 20%
Access to flu/pneumonia vaccinations	4 80%	1 20%	0 0%	0 0%
Access to alcohol/drug counseling and support	0 0%	2 40%	0 0%	3 60%
Access to alcohol/drug treatment centers/programs	0 0%	1 20%	1 20%	3 60%
Access to STD testing/counseling	0 0%	1 20%	0 0%	4 80%

**8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a problem</b>	<b>Somewhat of a problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to affordable gyms/rec centers	0 0%	3 60%	1 20%	1 20%
Access to smoking cessation products and resources	0 0%	3 60%	1 20%	1 20%
Access to sexual/domestic violence counseling	0 0%	1 20%	0 0%	4 80%
Access to recreational programs	0 0%	2 40%	0 0%	3 60%
Access to quality after school programs for young children	0 0%	1 20%	1 20%	3 60%
Access to after school programs for teens	0	1	1	3

Access to after school programs for teens	0%	20%	20%	60%
Availability of financial management/credit counseling services	0	2	0	3
	0%	40%	0%	60%

9. Of the topics below, please select the top 3 health issues for your community to address.

	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat	1	20.0%
Tobacco use	3	60.0%
Exercise	4	80.0%
Unprotected sex	2	40.0%
Eating habits/nutrition	5	100.0%
Areas to walk and play	0	0.0%
Available quality foods	0	0.0%
Smoke-free public areas	0	0.0%
<b>Total</b>	<b>5</b>	<b>100%</b>

10. Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

	Number of Response(s)	Response Ratio
Domestic Assault Counseling	4	80.0%
Sexual Assault Counseling	0	0.0%
Child Sexual Abuse Counseling	0	0.0%
Depression	3	60.0%
Suicide	0	0.0%
Alcohol/ Drug Use	4	80.0%

Alcohol/ Drug Treatment	1	20.0%
Post Traumatic Stress Disorder	3	60.0%
<b>Total</b>	5	100%

11. Of the topics below, please select the top 3 environmental issues for your community to address.

	Number of Response(s)	Response Ratio
Food safety	2	40.0%
Air pollution	0	0.0%
Lead poisoning	0	0.0%
Litter	3	60.0%
Drinking water quality	1	20.0%
Cleanliness and protection of rivers, streams, and ocean	3	60.0%
Recycling	3	60.0%
Wastewater (sewage) disposal	1	20.0%
Trash disposal	0	0.0%
Noise pollution	2	40.0%
<b>Total</b>	5	100%

12. Of the topics below, please select the top 3 safety issues for your community to address.

	Number of Response(s)	Response Ratio
Driving under the influence	2	40.0%
Stray animals	1	20.0%
Illegal drug use	2	40.0%
Gang Activity	1	20.0%

Property crime	1	20.0%
Violent crime	1	20.0%
Child Abuse/Domestic violence	0	0.0%
Sexual Assault/Rape	0	0.0%
Internet safety	2	40.0%
Disaster Preparedness (hurricanes, hazardous materials incident)	0	0.0%
911 Emergency Services (fire, police, EMS)	0	0.0%
Traffic safety	2	40.0%
Inappropriate use of prescription medications	2	40.0%
Bullying	1	20.0%
<b>Total</b>	<b>5</b>	<b>100%</b>

13. Of the topics below, please select the top 3 economic issues for your community to address.

	Number of Response(s)	Response Ratio
Job opportunities	5	100.0%
Public transportation	2	40.0%
Affordable housing	1	20.0%
Business or Industry development	3	60.0%
Homelessness	1	20.0%
Food, Housing, & Utility Assistance	0	0.0%
Poorly prepared workforce	3	60.0%
<b>Total</b>	<b>5</b>	<b>100%</b>

14. Of the topics below, please select the top 3 education issues for your community to address

	Number of Response(s)	Response Ratio
School dropout rate	2	40.0%
Children prepared for kindergarten	0	0.0%
Highschool students prepared for higher education or employment	3	60.0%
Overcrowded schools	1	20.0%
Summer programs for children	1	20.0%
Technical job training for adults	4	80.0%
Affordable higher education for adults	1	20.0%
Available continuing education and learning opportunities for adults	1	20.0%
Adult literacy	2	40.0%
<b>Total</b>	<b>5</b>	<b>100%</b>

**15. Please provide your practice/clinic's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.**

Company Name	3
Email Address	3

## Constant Contact Survey Results

**Survey Name:** Dentist

**Response Status:** Partial & Completed

**Filter:** None

Jan 09, 2012 6:32:46 PM

<b>1. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>2. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>3. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>4. In your opinion, are the following health issues a problem in Onslow County? (Select one)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>15. Please provide your practice/clinic's name and email if you would like to receive the final 2012</b>		
Company Name:	Anderson & Slack PA	
Email Address:	appointments@bizec.rr.com	

Company Name:	Thomas W. Bell, Jr., D.D.S. a
Email Address:	tombeldds@yahoo.com

Company Name:	Complete Dental Care
Email Address:	jkm257@nyu.edu



### Constant Contact Survey Results

**Survey Name:** Dentist

**Response Status:** Partial & Completed

**Filter:** None

1/9/2012 6:31 PM EST

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Heart disease/ High Blood Pressure					6	2.2
Cancer					6	2.3
Stroke					6	2.8
Lung disease (e.g. emphysema)					6	2.7
Asthma					6	2.5
Diabetes					6	2.3
Unintentional injuries i.e. falling					6	2.7
Motor vehicle injuries					6	3.0
Alzheimer's disease					6	3.3

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Pneumonia and influenza					6	2.5
Suicide and suicidal thoughts					6	3.0
HIV/AIDS					6	2.8
Dental problems					6	2.5
Infant deaths					6	2.8
Mental health issues including depression and anxiety					6	2.8
Post Traumatic Stress Disorder					6	3.0
Overweight/Obesity in adults					6	2.5
Overweight/Obesity in children					6	2.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Sexually transmitted disease			6		6	3.0
Teen pregnancy			3		6	2.7
Disease outbreaks, passed person to person			3		6	2.7
Regular physical activity or exercise			3		6	2.7
Eating habits/ nutrition			2.5		6	2.5
Tobacco use (smoking, chewing, or dipping)			2.5		6	2.5
Adult Alcohol abuse			2.3		6	2.3
Adult Illegal drug use			2.5		6	2.5
Adult prescription drug abuse			2.2		6	2.2

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Not wearing a seatbelt					6	3.2
Driving under the influence					6	3.3
Smoking during pregnancy					6	2.5
Unintended pregnancy					6	2.7
Underage drinking and drug use					6	2.5
Work related injuries					6	3.2
Homelessness					6	2.8
Family violence/abuse of children or adults					6	3.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Education and job training for adults					5	2.2
Job opportunities					5	2.6
Public transportation					5	2.6
Recreation opportunities					5	2.4
Parks, greenways, sidewalks, & bike paths					5	2.4
Access to a doctor					5	1.6
Access to a specialist					5	2.4
Access to a dentist					5	1.6
Access to mental health care					5	3.2

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to prescription medications		████████████████████			5	2.6
Doctors/ dentists who accept Medicaid/ Medicare		████████████████			5	2.2
Doctors/ dentists who see people without insurance		██████████████			5	2.0
Affordable housing		████████████████████			5	3.4
Utilities assistance		████████████████████			5	3.4
Food assistance		████████████████████			5	3.4
Available fresh fruits and vegetables		██████████████			5	2.2
Affordable child care		████████████████████			5	3.4
Available child care		████████████████████			5	3.6

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Affordable elder care					5	3.8
Available elder care					5	3.8
Doctors/ dentists who speak my language & understand my culture					5	1.8
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)					5	1.4
Access to childhood vaccinations					5	1.8
Access to flu/pneumonia vaccinations					5	1.2
Access to alcohol/drug counseling and support					5	3.2
Access to alcohol/drug treatment centers/programs					5	3.4
Access to STD testing/counseling					5	3.6

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a problem, 2 = Somewhat of a problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to affordable gyms/rec centers		████████████████████			5	2.6
Access to smoking cessation products and resources		████████████████████			5	2.6
Access to sexual/domestic violence counseling		██			5	3.6
Access to recreational programs		██			5	3.2
Access to quality after school programs for young children		██			5	3.4
Access to after school programs for teens		██			5	3.4
Availability of financial management/credit counseling services		██			5	3.2

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

Of the topics below, please select the top 3 health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat	██████████		1	20.0 %
Tobacco use	████████████████████		3	60.0 %
Exercise	██		4	80.0 %
Unprotected sex	██████████		2	40.0 %
Eating habits/nutrition	██		5	100.0 %
Areas to walk and play			0	0.0 %
Available quality foods			0	0.0 %
Smoke-free public areas			0	0.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

\* Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Domestic Assault Counseling			4	80.0 %
Sexual Assault Counseling			0	0.0 %
Child Sexual Abuse Counseling			0	0.0 %
Depression			3	60.0 %
Suicide			0	0.0 %
Alcohol/ Drug Use			4	80.0 %
Alcohol/ Drug Treatment			1	20.0 %
Post Traumatic Stress Disorder			3	60.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

\* Of the topics below, please select the top 3 environmental issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Food safety			2	40.0 %
Air pollution			0	0.0 %
Lead poisoning			0	0.0 %
Litter			3	60.0 %
Drinking water quality			1	20.0 %
Cleanliness and protection of rivers, streams, and ocean			3	60.0 %
Recycling			3	60.0 %
Wastewater (sewage) disposal			1	20.0 %
Trash disposal			0	0.0 %
Noise pollution			2	40.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

\* Of the topics below, please select the top 3 safety issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Driving under the influence			2	40.0 %
Stray animals			1	20.0 %
Illegal drug use			2	40.0 %
Gang Activity			1	20.0 %
Property crime			1	20.0 %
Violent crime			1	20.0 %
Child Abuse/Domestic violence			0	0.0 %
Sexual Assault/Rape			0	0.0 %
Internet safety			2	40.0 %
Disaster Preparedness (hurricanes, hazardous materials incident)			0	0.0 %
911 Emergency Services (fire, police, EMS)			0	0.0 %
Traffic safety			2	40.0 %
Inappropriate use of prescription medications			2	40.0 %
Bullying			1	20.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

\* Of the topics below, please select the top 3 economic issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Job opportunities			5	100.0 %
Public transportation			2	40.0 %
Affordable housing			1	20.0 %
Business or Industry development			3	60.0 %
Homelessness			1	20.0 %
Food, Housing, & Utility Assistance			0	0.0 %
Poorly prepared workforce			3	60.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

\* Of the topics below, please select the top 3 education issues for your community to address

Answer	0%	100%	Number of Response(s)	Response Ratio
School dropout rate			2	40.0 %
Children prepared for kindergarten			0	0.0 %
Highschool students prepared for higher education or employment			3	60.0 %
Overcrowded schools			1	20.0 %
Summer programs for children			1	20.0 %
Technical job training for adults			4	80.0 %
Affordable higher education for adults			1	20.0 %
Available continuing education and learning opportunities for adults			1	20.0 %
Adult literacy			2	40.0 %
<b>Totals</b>			<b>5</b>	<b>100%</b>

Please provide your practice/clinic's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.

Answers	Number of Response(s)
Company Name	3
Email Address	3

## Constant Contact Survey Results

**Survey Name:** Pharmacists

**Response Status:** Partial & Completed

**Filter:** None

Jan 02, 2012 3:46:59 PM

1. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know  
 Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Heart disease/ High Blood Pressure	1 50%	0 0%	1 50%	0 0%
Cancer	1 50%	0 0%	1 50%	0 0%
Stroke	1 50%	1 50%	0 0%	0 0%
Lung disease (e.g. emphysema)	1 50%	0 0%	1 50%	0 0%
Asthma	1 50%	0 0%	1 50%	0 0%
Diabetes	1 50%	0 0%	1 50%	0 0%
Unintentional injuries i.e. falling	1 50%	1 50%	0 0%	0 0%
Motor vehicle injuries	1 50%	1 50%	0 0%	0 0%
Alzheimer's disease	1 50%	1 50%	0 0%	0 0%

**2. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Pneumonia and influenza	1 50%	1 50%	0 0%	0 0%
Suicide and suicidal thoughts	1 50%	1 50%	0 0%	0 0%
HIV/AIDS	1 50%	1 50%	0 0%	0 0%
Dental problems	1 50%	1 50%	0 0%	0 0%
Infant deaths	1 50%	1 50%	0 0%	0 0%
Mental health issues including depression and anxiety	1 50%	0 0%	1 50%	0 0%
Post Traumatic Stress Disorder	1 50%	0 0%	1 50%	0 0%
Overweight/Obesity in adults	1 50%	1 50%	0 0%	0 0%
Overweight/Obesity in children	1 50%	1 50%	0 0%	0 0%

**3. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem:** No action is needed on the issue.**Somewhat of a Problem:** The existing level of action on the issue should continue.**Major Problem:** Additional attention and immediate resources are needed on the issue.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Sexually transmitted disease	1 50%	1 50%	0 0%	0 0%

Teen pregnancy	1 50%	1 50%	0 0%	0 0%
Disease outbreaks, passed person to person	1 50%	1 50%	0 0%	0 0%
Regular physical activity or exercise	1 50%	1 50%	0 0%	0 0%
Eating habits/ nutrition	1 50%	1 50%	0 0%	0 0%
Tobacco use (smoking, chewing, or dipping)	1 50%	0 0%	1 50%	0 0%
Adult Alcohol abuse	1 50%	0 0%	1 50%	0 0%
Adult Illegal drug use	1 50%	1 50%	0 0%	0 0%
Adult prescription drug abuse	1 50%	0 0%	1 50%	0 0%

**4. In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know**  
**Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Not wearing a seatbelt	1 50%	1 50%	0 0%	0 0%
Driving under the influence	1 50%	1 50%	0 0%	0 0%
Smoking during pregnancy	1 50%	1 50%	0 0%	0 0%
Unintended pregnancy	1 50%	1 50%	0 0%	0 0%
Underage drinking and drug use	1 50%	1 50%	0 0%	0 0%
Work related injuries	1	1	0	0

work related injuries	50%	50%	0%	0%
	1	1	0	0
Homelessness	50%	50%	0%	0%
	1	1	0	0
Family violence/abuse of children or adults	50%	50%	0%	0%

**5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a Problem	Somewhat of a Problem	Major Problem	I Don't Know
Education and job training for adults	0 0%	0 0%	0 0%	1 100%
Job opportunities	0 0%	0 0%	0 0%	1 100%
Public transportation	0 0%	1 100%	0 0%	0 0%
Recreation opportunities	0 0%	1 100%	0 0%	0 0%
Parks, greenways, sidewalks, & bike paths	0 0%	1 100%	0 0%	0 0%
Access to a doctor	0 0%	1 100%	0 0%	0 0%
Access to a specialist	0 0%	1 100%	0 0%	0 0%
Access to a dentist	0 0%	1 100%	0 0%	0 0%
Access to mental health care	0 0%	1 100%	0 0%	0 0%

**6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Access to prescription medications	0 0%	1 100%	0 0%	0 0%
Doctors/ dentists who accept Medicaid/ Medicare	0 0%	1 100%	0 0%	0 0%
Doctors/ dentists who see people without insurance	0 0%	1 100%	0 0%	0 0%
Affordable housing	0 0%	0 0%	0 0%	1 100%
Utilities assistance	0 0%	0 0%	0 0%	1 100%
Food assistance	0 0%	0 0%	0 0%	1 100%
Available fresh fruits and vegetables	0 0%	0 0%	0 0%	1 100%
Affordable child care	0 0%	0 0%	0 0%	1 100%
Available child care	0 0%	0 0%	0 0%	1 100%

**7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>Major Problem</b>	<b>I Don't Know</b>
Affordable elder care	0 0%	0 0%	0 0%	1 100%

Available elder care	0 0%	0 0%	0 0%	1 100%
Doctors/ dentists who speak my language & understand my culture	0 0%	0 0%	0 0%	1 100%
Information about emergency preparedness (preparing for natural disasters such as	0 0%	1 100%	0 0%	0 0%
Access to childhood vaccinations	0 0%	0 0%	0 0%	1 100%
Access to flu/pneumonia vaccinations	1 100%	0 0%	0 0%	0 0%
Access to alcohol/drug counseling and support	0 0%	0 0%	0 0%	1 100%
Access to alcohol/drug treatment centers/programs	0 0%	0 0%	0 0%	1 100%
Access to STD testing/counseling	0 0%	0 0%	0 0%	1 100%

**8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Not a problem	Somewhat of a problem	Major Problem	I Don't Know
Access to affordable gyms/rec centers	0 0%	0 0%	0 0%	1 100%
Access to smoking cessation products and resources	0 0%	0 0%	0 0%	1 100%
Access to sexual/domestic violence counseling	0 0%	0 0%	0 0%	1 100%
Access to recreational programs	0 0%	0 0%	0 0%	1 100%
Access to quality after school programs for young children	0 0%	0 0%	0 0%	1 100%
Access to after school programs for teens	0	0	0	1

Access to after school programs for teens	0%	0%	0%	100%
Availability of financial management/credit counseling services	0	0	0	1
	0%	0%	0%	100%

9. Of the topics below, please select the top 3 health issues for your community to address.

	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat	0	0.0%
Tobacco use	1	100.0%
Exercise	0	0.0%
Unprotected sex	1	100.0%
Eating habits/nutrition	1	100.0%
Areas to walk and play	0	0.0%
Available quality foods	0	0.0%
Smoke-free public areas	0	0.0%
<b>Total</b>	<b>1</b>	<b>100%</b>

10. Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

	Number of Response(s)	Response Ratio
Domestic Assault Counseling	0	0.0%
Sexual Assault Counseling	0	0.0%
Child Sexual Abuse Counseling	0	0.0%
Depression	0	0.0%
Suicide	0	0.0%
Alcohol/ Drug Use	1	100.0%

Alcohol/ Drug Treatment	1	100.0%
Post Traumatic Stress Disorder	1	100.0%
<b>Total</b>	1	100%

11. Of the topics below, please select the top 3 environmental issues for your community to address.

	Number of Response(s)	Response Ratio
Food safety	0	0.0%
Air pollution	0	0.0%
Lead poisoning	0	0.0%
Litter	1	100.0%
Drinking water quality	1	100.0%
Cleanliness and protection of rivers, streams, and ocean	0	0.0%
Recycling	1	100.0%
Wastewater (sewage) disposal	0	0.0%
Trash disposal	0	0.0%
Noise pollution	0	0.0%
<b>Total</b>	1	100%

12. Of the topics below, please select the top 3 safety issues for your community to address.

	Number of Response(s)	Response Ratio
Driving under the influence	0	0.0%
Stray animals	0	0.0%
Illegal drug use	1	100.0%
Gang Activity	0	0.0%

Property crime	0	0.0%
Violent crime	0	0.0%
Child Abuse/Domestic violence	0	0.0%
Sexual Assault/Rape	0	0.0%
Internet safety	0	0.0%
Disaster Preparedness (hurricanes, hazardous materials incident)	0	0.0%
911 Emergency Services (fire, police, EMS)	0	0.0%
Traffic safety	1	100.0%
Inappropriate use of prescription medications	1	100.0%
Bullying	0	0.0%
<b>Total</b>	<b>1</b>	<b>100%</b>

13. Of the topics below, please select the top 3 economic issues for your community to address.

	Number of Response(s)	Response Ratio
Job opportunities	1	100.0%
Public transportation	0	0.0%
Affordable housing	1	100.0%
Business or Industry development	1	100.0%
Homelessness	0	0.0%
Food, Housing, & Utility Assistance	0	0.0%
Poorly prepared workforce	0	0.0%
<b>Total</b>	<b>1</b>	<b>100%</b>

14. Of the topics below, please select the top 3 education issues for your community to address

	Number of Response(s)	Response Ratio
School dropout rate	0	0.0%
Children prepared for kindergarten	0	0.0%
Highschool students prepared for higher education or employment	1	100.0%
Overcrowded schools	1	100.0%
Summer programs for children	0	0.0%
Technical job training for adults	1	100.0%
Affordable higher education for adults	0	0.0%
Available continuing education and learning opportunities for adults	0	0.0%
Adult literacy	0	0.0%
<b>Total</b>	<b>1</b>	<b>100%</b>

**15. Please provide your pharmacy's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.**

Company Name	0
Email Address	0

## Constant Contact Survey Results

**Survey Name:** Pharmacists

**Response Status:** Partial & Completed

**Filter:** None

Jan 02, 2012 3:46:59 PM

<b>1. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>2. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>3. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>4. In your opinion, are the following health issues a problem in Onslow County? (Select one</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>5. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>6. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>7. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>8. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)</b>	<b>Answer</b>	<b>Respondent</b>
	[No Responses]	
<b>15. Please provide your pharmacy's name and email if you would like to receive the final 2012</b>		
	[No Responses]	



### Constant Contact Survey Results

**Survey Name:** Pharmacists

**Response Status:** Partial & Completed

**Filter:** None

1/2/2012 3:53 PM EST

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

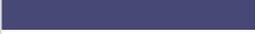
Answer	1	2	3	4	Number of Response(s)	Rating Score*
Heart disease/ High Blood Pressure		2			2	2.0
Cancer		2			2	2.0
Stroke		1.5			2	1.5
Lung disease (e.g. emphysema)		2			2	2.0
Asthma		2			2	2.0
Diabetes		2			2	2.0
Unintentional injuries i.e. falling		1.5			2	1.5
Motor vehicle injuries		1.5			2	1.5
Alzheimer's disease		1.5			2	1.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

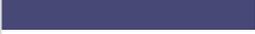
Answer	1	2	3	4	Number of Response(s)	Rating Score*
Pneumonia and influenza					2	1.5
Suicide and suicidal thoughts					2	1.5
HIV/AIDS					2	1.5
Dental problems					2	1.5
Infant deaths					2	1.5
Mental health issues including depression and anxiety					2	2.0
Post Traumatic Stress Disorder					2	2.0
Overweight/Obesity in adults					2	1.5
Overweight/Obesity in children					2	1.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for \* each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Sexually transmitted disease					2	1.5
Teen pregnancy					2	1.5
Disease outbreaks, passed person to person					2	1.5
Regular physical activity or exercise					2	1.5
Eating habits/ nutrition					2	1.5
Tobacco use (smoking, chewing, or dipping)					2	2.0
Adult Alcohol abuse					2	2.0
Adult Illegal drug use					2	1.5
Adult prescription drug abuse					2	2.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, are the following health issues a problem in Onslow County? (Select one answer for each) Not a Problem; Somewhat of a Problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue. Somewhat of a Problem: The existing level of action on the issue should continue. Major Problem: Additional attention and immediate resources are needed on the issue.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Not wearing a seatbelt					2	1.5
Driving under the influence					2	1.5
Smoking during pregnancy					2	1.5
Unintended pregnancy					2	1.5
Underage drinking and drug use					2	1.5
Work related injuries					2	1.5
Homelessness					2	1.5
Family violence/abuse of children or adults					2	1.5

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Education and job training for adults					1	4.0
Job opportunities					1	4.0
Public transportation					1	2.0
Recreation opportunities					1	2.0
Parks, greenways, sidewalks, & bike paths					1	2.0
Access to a doctor					1	2.0
Access to a specialist					1	2.0
Access to a dentist					1	2.0
Access to mental health care					1	2.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.



In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know.

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to prescription medications					1	2.0
Doctors/ dentists who accept Medicaid/ Medicare					1	2.0
Doctors/ dentists who see people without insurance					1	2.0
Affordable housing					1	4.0
Utilities assistance					1	4.0
Food assistance					1	4.0
Available fresh fruits and vegetables					1	4.0
Affordable child care					1	4.0
Available child care					1	4.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a Problem, 2 = Somewhat of a Problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Affordable elder care					1	4.0
Available elder care					1	4.0
Doctors/ dentists who speak my language & understand my culture					1	4.0
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)					1	2.0
Access to childhood vaccinations					1	4.0
Access to flu/pneumonia vaccinations					1	1.0
Access to alcohol/drug counseling and support					1	4.0
Access to alcohol/drug treatment centers/programs					1	4.0
Access to STD testing/counseling					1	4.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

\*

In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.) Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

1 = Not a problem, 2 = Somewhat of a problem, 3 = Major Problem, 4 = I Don't Know

Answer	1	2	3	4	Number of Response(s)	Rating Score*
Access to affordable gyms/rec centers					1	4.0
Access to smoking cessation products and resources					1	4.0
Access to sexual/domestic violence counseling					1	4.0
Access to recreational programs					1	4.0
Access to quality after school programs for young children					1	4.0
Access to after school programs for teens					1	4.0
Availability of financial management/credit counseling services					1	4.0

\*The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

Of the topics below, please select the top 3 health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Wearing a seatbelt/using a car seat			0	0.0 %
Tobacco use			1	100.0 %
Exercise			0	0.0 %
Unprotected sex			1	100.0 %
Eating habits/nutrition			1	100.0 %
Areas to walk and play			0	0.0 %
Available quality foods			0	0.0 %
Smoke-free public areas			0	0.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

\* Of the topics below, please select the top 3 mental and behavioral health issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Domestic Assault Counseling			0	0.0 %
Sexual Assault Counseling			0	0.0 %
Child Sexual Abuse Counseling			0	0.0 %
Depression			0	0.0 %
Suicide			0	0.0 %
Alcohol/ Drug Use			1	100.0 %
Alcohol/ Drug Treatment			1	100.0 %
Post Traumatic Stress Disorder			1	100.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

\* Of the topics below, please select the top 3 environmental issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Food safety			0	0.0 %
Air pollution			0	0.0 %
Lead poisoning			0	0.0 %
Litter			1	100.0 %
Drinking water quality			1	100.0 %
Cleanliness and protection of rivers, streams, and ocean			0	0.0 %
Recycling			1	100.0 %
Wastewater (sewage) disposal			0	0.0 %
Trash disposal			0	0.0 %
Noise pollution			0	0.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

\* Of the topics below, please select the top 3 safety issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Driving under the influence			0	0.0 %
Stray animals			0	0.0 %
Illegal drug use			1	100.0 %
Gang Activity			0	0.0 %
Property crime			0	0.0 %
Violent crime			0	0.0 %
Child Abuse/Domestic violence			0	0.0 %
Sexual Assault/Rape			0	0.0 %
Internet safety			0	0.0 %
Disaster Preparedness (hurricanes, hazardous materials incident)			0	0.0 %
911 Emergency Services (fire, police, EMS)			0	0.0 %
Traffic safety			1	100.0 %
Inappropriate use of prescription medications			1	100.0 %
Bullying			0	0.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

\* Of the topics below, please select the top 3 economic issues for your community to address.

Answer	0%	100%	Number of Response(s)	Response Ratio
Job opportunities			1	100.0 %
Public transportation			0	0.0 %
Affordable housing			1	100.0 %
Business or Industry development			1	100.0 %
Homelessness			0	0.0 %
Food, Housing, & Utility Assistance			0	0.0 %
Poorly prepared workforce			0	0.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

\* Of the topics below, please select the top 3 education issues for your community to address

Answer	0%	100%	Number of Response(s)	Response Ratio
School dropout rate			0	0.0 %
Children prepared for kindergarten			0	0.0 %
Highschool students prepared for higher education or employment			1	100.0 %
Overcrowded schools			1	100.0 %
Summer programs for children			0	0.0 %
Technical job training for adults			1	100.0 %
Affordable higher education for adults			0	0.0 %
Available continuing education and learning opportunities for adults			0	0.0 %
Adult literacy			0	0.0 %
<b>Totals</b>			<b>1</b>	<b>100%</b>

Please provide your pharmacy's name and email if you would like to receive the final 2012 Community Health Assessment once it's completed.

Answers	Number of Response(s)
Company Name	0
Email Address	0

## Appendix F: Summary of Resources

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Numerous resources were used to obtain local, state, and national data for evaluation of health indicators during the 2012 Onslow Community Health Assessment. A summary of resources is as follows:

Guide to Community Preventive Services. Obesity prevention and control: provider-oriented interventions. [www.thecommunityguide.org/obesity/provider.html](http://www.thecommunityguide.org/obesity/provider.html). Last updated: 06/07/2011.

Guide to Community Preventive Services. Obesity prevention and control: interventions in community settings. [www.thecommunityguide.org/obesity/communitysettings.html](http://www.thecommunityguide.org/obesity/communitysettings.html). Last updated: 09/16/ 2010.

Guide to Community Preventive Services. Obesity prevention and control: behavioral interventions to reduce screen time. [www.thecommunityguide.org/obesity/behaviorial.html](http://www.thecommunityguide.org/obesity/behaviorial.html). Last updated: 12/17/2011.

Guide to Community Preventive Services. Obesity prevention and control: mass media interventions to reduce screen time. [www.thecommunityguide.org/obesity/massmedia.html](http://www.thecommunityguide.org/obesity/massmedia.html). Last updated: 01/12/2012.

Guide to Community Preventive Services. Obesity prevention and control: Technology-supported multicomponent coaching or counseling interventions to reduce weight and maintain weight loss (abbreviated). [www.thecommunityguide.org/obesity/TechnicalCoaching.html](http://www.thecommunityguide.org/obesity/TechnicalCoaching.html). Last updated: 12/17/2011.

Guide to Community Preventive Services. Obesity prevention and control: worksite programs. [www.thecommunityguide.org/obesity/workprograms.html](http://www.thecommunityguide.org/obesity/workprograms.html). Last updated: 12/02/2011.

Guide to Community Preventive Services. Obesity prevention and control: school-based programs. [www.thecommunityguide.org/obesity/schoolbased.html](http://www.thecommunityguide.org/obesity/schoolbased.html). Last updated: 01/12/2012.

Onslow Memorial Hospital. About Our Hospital. <http://www.onslow.org/default/index.cfm/our-hospital/about-our-hospital/>  
Last updated: 2012.

Camp Lejeune Naval Hospital. <http://www.med.navy.mil/sites/nhcl/Pages/default.aspx>

Brynn Marr Hospital. About Us. <http://www.brynmarr.org/mission.php>. Last updated: 2012.

Brynn Marr Hospital. Programs. <http://www.brynmarr.org/adult-services.php> Last updated: 2012.

Cecil G. Sheps Center for Health Services Research. 2010 Active Health Professionals. [http://www.shepscenter.unc.edu/hp/2010/county/133\\_2010.pdf](http://www.shepscenter.unc.edu/hp/2010/county/133_2010.pdf). Last updated: 2011.

Onslow County Health Department. <http://www.onslowcountync.gov/Health/>. Last updated: 2011.

# Community Health Resource Guide

# Quick Reference Numbers

## Fire, Police, EMS

### 911

<p>Onslow County Department of Social Services Emergency Phone: (910)455-3113</p>			
<p>Economic Services Phone: (910)455-4145 Day Care Assistance Emergency Assistance Medicaid Work First Family Assistance</p>	<p>Child Support Information Food &amp; Nutritional Services Work First Employment Services</p>	<p>Human Services Phone: (910)989-0230 Adoption Child Abuse / Neglect Foster Care PEERS</p>	<p>Adult &amp; Family Services Child Protective Services Services for the Blind</p>
<p>Onslow – Carteret Behavioral Health Services (910) 219-8000 Crisis Line 910-219-3611</p>		<p>Brynn Marr Hospital (Behavioral Services) (910) 577-1400</p>	
<p>Carolinias Poison Control 800-222-1222</p>		<p>National Suicide Prevention Hotline 800-273-8255</p>	
<p>Onslow County Magistrate’s Office (910) 455-6988</p>		<p>Onslow County Youth Services (910) 455-1202</p>	
<p>Onslow Memorial Hospital (910) 577-2345 Emergency Room (910) 577-2240</p>		<p>United Way Dial 211 Onslow County Office (910) 347-2646</p>	
<p>Onslow Women’s Center (Domestic/Sexual Abuse) (910) 347-4000 (also after hours Crisis Line)</p>		<p>Onslow Community Outreach Main Phone Number: 910-455-5733 Soup Kitchen: 910-347-3227 Homeless Shelter: 910-347-3227 Caring Community Clinic: 910-577-2295</p>	

## Resources on Camp Lejeune / New River Air Station

Exceptional Family Member Program Camp Lejeune (910) 451-9372	New River (910) 449-5247	Brewster Child Development Center (Bldg 631) Hours of Operation Mon-Fri 0545 - 1800
Community Counseling Center Bld. 797 Brewster Blvd. Camp Lejeune, NC 28542 (910) 451-2864		Marine and Family Services, New River Bldg AS 90 PSC Box 21001 MCAS New River (910) 449-6110
Camp Lejeune Dependent Schools Office of the Assistant Superintendent 855 Stone Street Camp Lejeune, NC 28547 (910) 451-2461		Armed Services YMCA, Camp Lejeune TT 2469 Tarawa Terrace, NC 28543 (910) 450 - 0497
Educational and Developmental Intervention Service (EDIS) 5400 Florida St Camp Lejeune, NC 28547 (910) 450-4127		Marine Corps Community Services Camp Lejeune PSC Box 20004 Camp Lejeune, NC 28542 (910) 449-9766
Naval Hospital – Camp Lejeune 100 Brewster Blvd Camp Lejeune, NC 28547 (910) 451-3079		New Parent Support Program Building 4012 B 3 <sup>rd</sup> Street Midway Park, NC 28544 (910) 449-9501
USO – United Services Organization 9 Tallman Street Jacksonville, NC 28540 (910) 455-3411		Navy-Marine Corps Relief Society Camp Lejeune 400 McHugh Boulevard Camp Lejeune, NC 28547-2519 (910) 451-5346

## Resources Outside Onslow County

Healthy Carolinians (Health and Safety Issues) Division of Public Health 5505 Six Forks Road, 3rd Floor Suite B Raleigh, NC 27609 Phone: (919) 707-5155	National Alliance on Mental Illness 309 W Millbrook Rd Ste 121 Raleigh, NC 27609-4394 (800)451-9682 (919)788-0801
Kinston Community Health / Dental Services 324 North Queen Street Kinston, NC (252)522-9202	New Hanover Community Health/Dental 925 North 4 <sup>th</sup> Street Wilmington, NC 28401 (910) 343-0270
North Carolina Assistive Technology Program 3340 Jaeckle Drive, Suite 201 Wilmington, NC 28403 910-251-7078	Pender County Health Dept-Dental clinic 803 S. Walker St. Burgaw NC 28425 910 259-1503
Wilmington Community Dental 1611 Greenfield Street Wilmington NC 910 342-9210	St Mary's 412 Ann Street Wilmington NC 910 763-8163

## Advocacy Services

Guardian Ad Litem Program 604 College Street Jacksonville, NC 28540 (910) 346-5335	Mayor's Committee for Persons with Disabilities (910)938-5224
Nursing Home / Adult Care Community Advisory Committee (910) 577-4321	Onslow CHIP 1 DeWitt Street Jacksonville, NC 28540 (910) 355-CHIP (2447)
Onslow County Partnership for Children 301 Northwest Drive Jacksonville, NC 28546 (910) 938-0336	Sickle Cell Disease Assoc. Of America, Inc. Eastern North Carolina Chapter PO Box 5253 Jacksonville, NC 28540 (910) 346-2510

## Child Care / After School Care / Child Care Resources

PEERS Family Development Center 151 Chaney Avenue Jacksonville, NC 28540 (910) 333-9725	Onslow County Partnership for Children 301 Northwest Drive Jacksonville, NC 28546 (910) 938-0336
Jacksonville Recreation and Parks Department 100 Recreation Lane Jacksonville, NC 28540 (910) 938-5312	NC Cooperative Extension Onslow County Onslow County Multipurpose Complex 4024 Richlands HWY Jacksonville, NC 28540 (910)455-5873

## Clothing Resources / Thrift Stores

Goodwill 1113 Western Blvd Jacksonville, NC 28540 (910)455-2025	Finders Keepers (Onslow Women's Shelter) 1209 A Hargett St. Jacksonville, NC 28540 (910)346-1611
Hem of His Garment II 724 West Corbett Ave PO Box 597 Swansboro, NC 28584 (910) 326-1811	Infant of Prague Thrift Store 933 Lejeune Blvd Jacksonville, NC 28540 (910)937-1543
Salvation Army 403 Center Street Jacksonville, NC 28546 (910) 346-8800	Second Chance Mission of Hope 309 Court Street Jacksonville, NC 28540 (910) 455-7111

## Dental Services

Public Health Dental Hygienist Serving Onslow County & Onslow County Schools North Carolina Oral Health Section C/O Parkwood Elementary 2900 Northwoods Drive Jacksonville, NC 28540 (910) 330-6363	
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## Disability Services

Carobell, Inc 198 Cinnamon Drive Hubert, NC 28539 (910) 326-7600	Coastal Enterprises of Jacksonville, Inc. 2715 Commerce Road Jacksonville, NC 28546 910-455-2131
Miracle Meadows Therapeutic Riding 147 Catino Farms Lane Jacksonville, NC 28546 (910)389-9726	Vocational Rehabilitation 110 Branchwood Drive Suite B Jacksonville, NC 28546 (910)455-1445

## Educational Resources

Coastal Carolina Community College 444 Western Blvd Jacksonville, NC 28546 (910) 455-1221	Agape Leadership Development (Homeschooling organization) (910)347-4890
Onslow County Schools 200 Broadhurst Road Jacksonville, NC 28540 (910) 455-2211	Head Start, Onslow County 440 College St. Jacksonville, NC 28540 (910)455-5530

## Food Resources

Onslow Community Outreach Main Phone Number: 910-455-5733 Soup Kitchen: 910-347-3227	
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## Health Resources

Carining Community Clinic 1 Dewitt Street Jacksonville, NC 28540 (910) 346- 6149	Onslow County Health Department 12 College Street Jacksonville, NC 28540 (910) 347-2154
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# Hispanic Resources

<p>Hispanic Resource Center of Onslow County          Frank or James De Leon          204 Henderson Drive          Jacksonville, NC 28540          (910) 938-7811</p>	
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# Home Health Care

<p>Continuum Home Care &amp; Hospice          3391 Henderson Drive Extension          Jacksonville, NC 28546          (910)989-2682</p>	<p>Home Health and Hospice – Onslow County          4024 Richlands Highway          Jacksonville, NC 28540          (910) 577-6660</p>
<p>Maxim Home Care          825 Gum Branch Square          Suite 109          Jacksonville, NC 28540          (910) 355-2757</p>	<p>Quality Home Staffing          3671 New Bern Hwy          Jacksonville, NC 28546          (910)346-1094</p>
<p>Liberty Home Care          1700 Country Club Road          Jacksonville, NC 28546          1-800-800-0614</p>	

# Medical Assistance

<p>NC Health Choice          1255 Hargett Street          Jacksonville, NC 28546          (910) 455-4145</p>	
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# Mental Health Services

<p>Onslow Carteret Behavioral Healthcare Services          165 Center Street          Jacksonville, NC 28546          (910) 219-3611</p>	<p>Martin Pediatrics &amp; Counseling Center          25 Dewitt Street          Suite 2          Jacksonville, NC 28540          (910) 938-2220</p>
<p>Brynn Marr Hospital          192 Village Drive          Jacksonville, NC 28546          (910) 577 - 1400</p>	<p>Onslow Carteret Behavioral Healthcare          165 Center Street          Jacksonville, NC 28546          (910) 219 - 3611</p>

# Substance Abuse / Prevention

<p>Community Prevention Services, INC          399 Johnson Blvd.          Jacksonville, NC 28540          (910) 353-0972</p>	<p>Alcoholics Anonymous          612 New Bridge St.          Jacksonville, NC 28540          (910)455-3666</p>
<p>Al-Anon          (910) 509- 2380</p>	<p>Tobacco Awareness Program          910-353-0972</p>

# Parenting

<p>PEERS Family Development Center          151 Chaney Avenue          Jacksonville, NC 28540          (910) 333-9725</p>	<p>Young Moms Connect          Onslow Co. Partnership for Children          301 Northwest Drive          Jacksonville, NC 28546          (910) 938-0336</p>
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# Senior Programs

<p>Onslow County Senior Services          4022 Richlands Highway          Jacksonville, NC          (910) 455-2747</p>	<p>Lion's Club          (910) 346-4852          Free Vision and Hearing screenings for ages 60 and up</p>
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# Services of Onslow County

<p>Animal Control          242 Georgetown Road          Jacksonville, NC 28540          (910) 455-0182</p>	<p>Environmental Health – Onslow County          604 College Street          Jacksonville, NC 28540          (910) 938-5851</p>		
<p>Farm Services Agency – Onslow County          4026 Richlands Highway          Jacksonville, NC 28540          (910) 455-4164, Extension 2</p>	<p style="text-align: center;">Onslow County Farmer's Market</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">                 4024 Hwy 258                  Jacksonville, NC 28542                  (910)455-5873             </td> <td style="text-align: center; width: 50%;">                 1108 Western Blvd.                  Jacksonville, NC 28542                  (910)455-5873             </td> </tr> </table>	4024 Hwy 258 Jacksonville, NC 28542 (910)455-5873	1108 Western Blvd. Jacksonville, NC 28542 (910)455-5873
4024 Hwy 258 Jacksonville, NC 28542 (910)455-5873	1108 Western Blvd. Jacksonville, NC 28542 (910)455-5873		

# Emergency Services

**If you have a true emergency, please call  
911**

Onslow County Emergency Medical Services (EMS) / Homeland Security / Fire Marshal  
 1180 Commons Drive North  
 Jacksonville, NC 28546  
 \*Non Emergency\* (910) 347- 4270

# Shelters

<p>Onslow Community Outreach  Main Phone Number: 910-455-5733  Homeless Shelter: 910-347-3227</p>	<p>Second Chance Mission of Hope  309 Court Street  Jacksonville, NC 28540  (910)455-6264</p>
<p>Salvation Army  535 Bell Fork Road  Jacksonville, NC 28540  (910)346-8800</p>	<p>Youth Services  (Provides temporary shelter care services, 365 days a year for court and law involved youth as an alternative to the streets, secure detention, and youth development centers. )  220 Broadhurst Road  Jacksonville, NC 28540  (910)455-1202</p>

# Support Groups

<p>Alzheimer's Support Group  Onslow County Senior Services  4022 Richlands Highway  Jacksonville, NC  (910) 455-2747</p>	<p>Compassionate Friends  Northwoods Methodist Church,  1528 Gum Branch Rd  Jacksonville, NC 28546  Sue (910) 455-3397  or (910) 358-2650</p>
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# Youth Programs

<p>Juvenile Justice and Delinquency Prevention  614 College Street  Jacksonville, NC 28540  (910) 347-2191</p>	<p>Lions Club  910-346-4852</p>
<p>Coastal Carolina Horse Sense, Inc  1325 Kellum Loop Road  Jacksonville, NC 28546  (910) 455-5557</p>	<p>Youth Services – Onslow County  P.O. Box 885, 220 Georgetown Road, Suite 200  Jacksonville, North Carolina 28540  Phone: (910) 455-1202  Fax: (910) 938-1566</p>
<p>4- H  Cooperative Extension  4024 Richlands HWY  Jacksonville, NC 28540  (910)455-5873</p>	<p>Boy Scouts of America  East Carolina Council  PO Box 1698  Kinston, NC 28503  (252) 522-1521</p>
<p>Boys &amp; Girls Club  PO Box 146  Jacksonville, NC 28541  (910) 455-9003</p>	<p>Girl Scouts Council of Coastal Carolina, Inc.  108 E. Lockhaven Drive  Goldsboro, NC 27533  (919)432-6123, 800-284-4475</p>
<p>Juvenile Justice &amp; Delinquency Prevention  614 College Street  Jacksonville, NC 28540  (910) 347-2191</p>	<p>Special Olympics Onslow County  1335 Western Blvd. PMB #19  Jacksonville, NC 28546  (910) 265-1756</p>
<p>Parks and Recreation Department, Onslow County (Summer Only)  1244 Onslow Pines Road Jacksonville, NC 28540  (910) 347-5332</p>	

## Participants in the 2012 Community Health Assessment Process

Name	Organization	Role
Sarah Cavaliere	Community member at large	Committee member
Cherie Bedford	Crystal Coast Community Services	Committee member
Katherine Pullicino	Onslow County Behavioral Health Services	Committee member
Carin Faulkner	North Topsail Beach	Committee member
Matt Stuart	Onslow County Planning	Committee member Secondary data collection
Marie Brodie	Camp Lejeune	Committee member Secondary data collection
Dennis Yeddo	Marine Corps Community Service	Committee member Surveyor
Lt Devon Ryan	Jacksonville Police Department	Committee member Secondary data collection
Kelli Glynn	Community Prevention Services	Committee member Secondary data collection
Jon Harrison	Onslow County Environmental Health	Secondary data collection
Mary Christian	Onslow County Health Department	Secondary data collection Surveyor
Renita Logan	Coastal Carolina Community College	Committee member
Lisa Rider	Onslow County Solid Waste Department	Committee member Secondary data collection
Mark Munger	Camp Lejeune MCCS	Committee member Secondary data collection
Craig Wagner	United Way Onslow County	Partner Committee member Surveyor Secondary data collection
Melissa St. Clair	Onslow County Community Health Improvement Process (CHIP)	Partner Committee member
Million Heir-Williams	Chamber of Commerce	Committee member

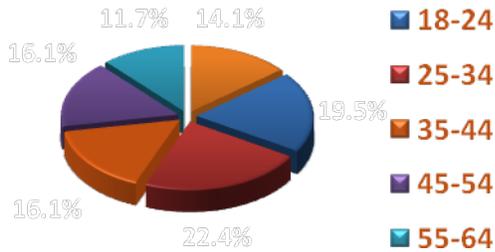
Pamela Brown	Preparedness Coordinator/PIO	Committee member Secondary data collection Surveyor CHA writer
Jo Malfitano	Onslow Memorial Hospital	Committee member Secondary data collection
Candy Scott	Onslow County Partnership for Children	Committee member Secondary data collection Surveyor
Linda Swarts	Department of Health and Human Services Dental Hygienist for Onslow County	Secondary data collection Surveyor
Cyndi Schachter	Onslow County DSS	Committee member Secondary data
Richard Woodruff	City of Jacksonville – City Manager	Committee member
Jessica Howard	Community member at large	Committee member Surveyor Secondary data collection CHA writer
Kristina Nelson	UNCG student volunteer	Surveyor Analyzed survey data
Lynn Lewis	Onslow Community Outreach	Committee member
Jeff Sieber	Onslow County Health Department	Secondary data collection CHA writer
Sue Talbert	Onslow County Health Department	Secondary data collection Surveyor CHA writer
Various survey volunteers	Marines – Camp Lejeune	Surveyor
Matt Simone	UNC Chapel Hill	Put survey into trembles Analyzed survey data and provided results
Jim Madson	PHP & R ERO	Provided trembles for survey Committee member
Larry Kent	Onslow County Farmer’s Market	Committee member

		Secondary data collection
Anthony Medlin	Johnson Drug	Committee member
George Murphy	Belgrade Community volunteer	Committee member
Angie Robles	Youth Services	Committee member Surveyor
Robin Seitz	Cooperative Extension	Committee member Secondary data collection
Kathy Richards	Community Care Lower Cape Fear	Committee member Surveyor
Linda Graham	ECHSA Section "8" Housing	Committee member

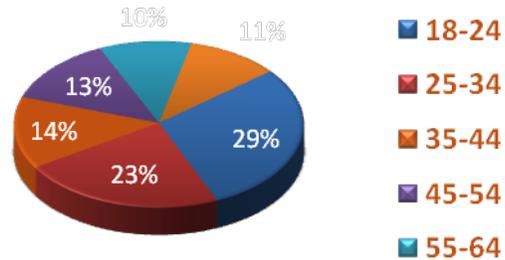
# Demographics of Survey Respondents to County

## Age Distribution

**2012 CHA Participants Age Distribution**



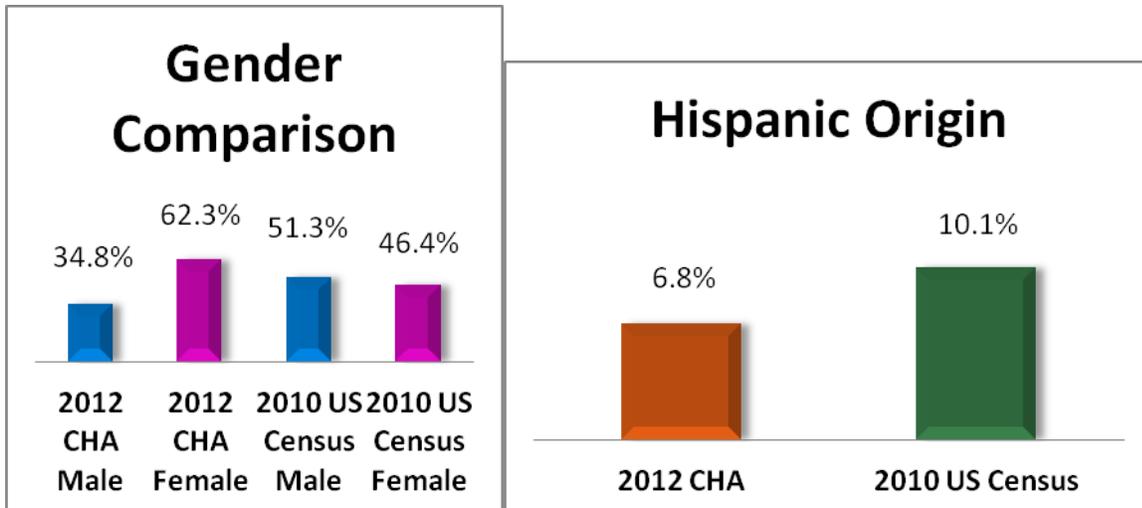
**Onslow County Age Distribution - July 1, 2011**



Source: Office of State Budget & Management

The median age of CHA participants was 41 years while Onslow County median age is 26 years. The median age of Onslow County includes the Camp Lejeune population. Over half of the population falls in the 0 – 34 year age range indicating an overall young community. North Carolina’s median age is 37 years.

## Gender Distribution



Of the respondent interviewed for the CHA 34.8% were male and 62.3% were female. However, the county gender make up is 51.3% male to 46.4% female, indicating more women were interviewed than men. In addition, 6.8% of respondents were of Hispanic origin compared to the county at 10.1%

**Racial Distribution**

	CHA Respondents	Onslow County US Census
White	71.6%	74.0%
African American	15.9%	15.6%
Asian	2.9%	1.9%
Native American	1.4%	0.7%
Other	7.2%	4.7%
Refused to Answer	1.0%	No Data

As seen in the chart above, a lower percent of white residents were interviewed than live in the county while African Americans respondents were an appropriate representation of current residents. A larger percent of Asian, Native American, and Other respondents were interviewed than actually live in the county. One percent of people refused to answer the question.

There are several concerns that need to be addressed with the statistics. The surveys were conducted during the weekday between the hours of 9:00 am and 7:00 pm. Even though the surveyors worked until 7:00pm in an attempt to reach people after work, it appears that many of the younger population was missed due to working, military related travel, or possibly just out. In addition, more females were surveyed indicative of reaching non-working or retired women. We were not given permission to survey people who lived on base which is primarily a younger population. Less Hispanics were surveyed than hoped but is not surprising due to the distrust of anything government.

It is unclear how a higher percentage of Asian, Native American, and Other respondents were surveyed.

**Lessons Learned**

- The surveys need to be conducted during the weekday and on one weekend day to provide more opportunity to reach a variety of people.
- Work with the military to achieve permission to survey people who live on the bases.
- Provide more bilingual surveyors to reach the Hispanic population
- Emphasize with surveyors the importance of identifying respondent’s race and ensure they are documenting correctly on the tremble.