

Jones
County
Community
Health
Assessment

2015



Prepared by Jones County Health Department
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Forward

Jones County is a rural, agricultural area, located in eastern North Carolina. With its county seat in Trenton, Jones County consists of three municipalities (Pollocksville, Maysville, and Trenton) and one township (Comfort). Along with Onslow County, Jones County has the largest forest laboratory in the nation, Hoffman Forest, covering 78,000 acres. Hoffman Forest, combined with the Croatan National Forest, covers 65% of the land in Jones County making it a destination for outdoorsmen and an excellent environment for a rich variety of wildlife.

Our method for surveying the population was completed using two systems. The first was through a statistically significant sample of households that were randomly selected to receive surveys via the mail, called a two-stage cluster sampling. The second was a web-based convenience sampling. The information contained in this report is vitally important to the local human service providers and the medical community. The Community Health Assessment validates issues within our community and sheds light on misconceptions. This is a tool that will help steer our program development for years to come.

Copies of the Community Health Assessment will be made available through the local libraries and schools, as well as our department's waiting area and website. We would be happy to present the contents of this report in our community; if interested in a presentation, please call 252-448-9111. We would like to thank all of our community partners who assisted us with the completion of this document.

Thanks to all Jones County residents, both for your awareness of the community's health strengths and needs and for your willingness to share your thoughts, opinions, and experiences with the Jones County Community Health Assessment Team.

Sincerely,

Wesley P. Smith
Jones County Health Director

Acknowledgements

This assessment would not have been possible without the help of many individuals within our community of Jones County, as well as our neighbors in Craven and Pamlico Counties. The Jones County Health Department would like to thank the following individuals and groups for their assistance during the course of this assessment:

- The Community Health Assessment Project Facilitators who were responsible for coordinating and leading the CHA process.
- The Advisory Group and community member agencies for their dedication and guidance in making this assessment a collaborative effort to collect local data in an effort to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to the residents of Jones, Craven and Pamlico Counties.
- The Community Health Assessment Work group which had a broad representation of Jones, Craven, and Pamlico County residents and representatives from strategic agencies and organizations who committed time and effort necessary to make the assessment a success. The CHA work group contained agency representatives of Craven, Pamlico and Jones County. The work group team consisted of
 - o John Eddie, Jones County Board of Health,
 - o Lisa Davis, Jones County Health Department,
 - o Angelica Hall, Jones County,
 - o Shirin Scotten, Coastal Coalition for Substance Abuse Prevention,
 - o Rachel Ward, Craven Smart Start,
 - o Shanae Godley, Public Health Preparedness and Response Eastern Regional Office,
 - o Erin Morgan, Jones County Cooperative Extension Office,
 - o Amy Bryant, ECBH
 - o Kelly Beasley, Craven County Cooperative Extension Office,
 - o Belinda Barnhill, Craven Community College,
 - o Caroline Jones, Craven Community College,
 - o Tonya Cedars, Eastern Carolina Council on Government,
 - o Kim Grissom, Craven County Senior Services,
 - o Becky Johnston, Pamlico Community Health Center,
 - o Violet Ollison, Pamlico County Health Department,
 - o Richard Baldwin, Pamlico Partnership for Children,
 - o Susan Husson, Interfaith Refugee Ministry,
 - o Lisa Mayo, Craven County Health Department,
 - o Denise Powell, New Bern Police Department,
 - o Debbie Hodges, Craven County Schools,
 - o Jennifer East, Craven County Schools,
 - o Adrienne Payton, Twin Rivers YMCA,
 - o Debi Grzeslo, Department of Health and Human Services (Department?),
 - o Eileen Bress, Monarch,
 - o Eddie Games, Craven County Recreation Department,
 - o Tamera Jones, Pamlico County Health Department,
 - o Megan McGarvey, CarolinaEast Health Systems,

- o Jennifer Blackmon, Craven County Health Department,
 - o Debra Yarbrough, Environmental Health - Craven County Health Department,
 - o Elizabeth Junak, Craven County Health Department, and
 - o Amy Crompton, Jones County Health Department,
- .
- The data collection could not have been done without the assistance of the Craven County Information Technology Department, specifically Dennis Holton Director Information Technology; Don Wainwright, Dan Seitz and Robbie Evans for survey sampling instrument design and data management, Sol Wuensh, GIS Application Developer, and Ike Canady, Jones County GIS Coordinator for assistance with survey sampling and GIS mapping;

Purpose

The NC Department of Health and Human Services requires Local Health Departments to conduct a Community Health Assessment (CHA) every four years. Community health assessments are used to identify priority health issues and to plan interventions to build healthier communities with the ultimate goal of improving the health of our community.

A State-of-the-County's Health (SOTCH) Report is required for local health departments during each of the interim years. The SOTCH updates leaders, partners and community on the progress towards the public health goals identified in the CHA.

The CHA is required of public health departments in the consolidated agreement between the NC Division of Public Health and local public health departments. Furthermore, it is also required for local public health department accreditation through the NC Local Health Department Accreditation Board.

The Affordable Care Act requires all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) which is similar to, though not identical, to the Community Health Assessment (CHA) that each North Carolina health department is currently required to conduct. The North Carolina Division of Public Health has allowed counties to sync with local hospitals for a three year cycle in order to avoid duplication of efforts and to pool resources.

There are 8 phases in the CHA process:

1. Establish a community health needs assessment team
2. Collect primary data
3. Collect secondary data
4. Analyze and interpret county data
5. Determine health priorities
6. Create the CHA document
7. Disseminate CHA document
8. Develop community health action plans

Executive Summary

The Community Health Assessment advisory team held their first meeting on February 14, 2014. The decision was made between Craven, Pamlico and Jones County Health Departments and the CarolinaEast Health System to form a partnership in which we would gather information from each community that would be used by each county's health department to complete their own Community Health Assessment. CarolinaEast would use the three documents to complete the CHNA. Using the same survey questionnaire would allow all to identify common issues and leverage existing resources to coordinate initiatives and avoid duplicate efforts.

The advisory team met monthly to provide feedback to the CHA process, review statistics, survey data and other forms of information about the county. It was decided to create a digital common basic questionnaire that could be used by each county with a portion of the assessment that would address each specific county. Filters would be used to extract the information. They also provided support for data collection and ensured community engagement.

The advisory team consisted of Amy Crompton of Jones County Health Department Elizabeth Junak, Jennifer Blackmon and Debra Yarbrough from the Craven County Health Department, Tamara Jones from Pamlico County Health Department, and Megan McGarvey from CarolinaEast Health systems.

The Community Health Assessment Steering Committee was formed in March 2014 and consisted of 25 dedicated community members and representatives from various agencies throughout Craven, Pamlico and Jones County. It consisted of representatives from the following groups:

- County and City government
- Educational Institutes
- Faith-based organizations including refugee ministry
- Health care providers
- Public service providers
- Oral health
- Substance abuse prevention
- Mental Health

The steering committee had its first meeting on March 27, 2014 at CarolinaEast Health Systems auditorium. An orientation was provided to the community partners. The orientation included the concept and purpose of the Community Health Assessment, steps to a successful CHA, a proposed time line, and the CHA / State of The County Health Report cycle. The orientation was provided by the advisory team.

The steering committee developed a survey questionnaire over the course of five months using the Healthy Carolinians template as a guide. The tool explored the Healthy North Carolina 2020 focus areas which included tobacco, physical activity, nutrition, injury, STD/unintended pregnancy, maternal/infant health, substance abuse, mental health, infectious disease/foodborne illnesses, oral health, social determinants of health, environmental health, chronic disease and cross cutting. We added several questions to address local issues.

We chose to utilize three methodologies to collect the surveys.

- The survey was placed on the Jones County **Website** using Survey Monkey and promoted throughout the county for voluntary completion.
 - 101 participants completed the survey between July and December 2014.
 - A blast fax and email was sent out to all County and CarolinaEast Medical System employees encouraging them to fill out the survey online.
 - It was determined that the low number of responses was not representative of the whole county population.
- The **direct mail** surveys were sent out to random households identified using GIS mapping. Many of the direct mailed surveys were not returned to the Health Department so we decided to randomly survey residents of Jones County during jury selections at the Jones County courthouse and at the Jones County Heritage day festival. Once all surveys were completed they were entered into the online survey tool so that all surveys would be processed through the same system.

Assessment Document and Process

The CHA report was created over the course of six months and is based on both primary and secondary data sources. The report was created by community partners with various backgrounds. The secondary data was gathered from many sources and are cited throughout the document and the appendices. The process included members of the community in every phase in an effort to identify true needs of Jones County.

Focus groups met to analyze and interpret the data. The groups focused on data changes, trends and emerging issues. Data was compared to previous years and peer counties. Clay, Gates, Madison, Mitchell and Swain counties were chosen as peer counties because of their similarity in population.

Discussions were held to determine what the data meant to the community. Once all of this data was carefully analyzed the groups chose the top three health priorities for our community to target over the next three years:

- Substance Abuse
- Weight Management/Exercise/Fitness/Nutrition
- Behavioral/Mental Health

What's Next?

This document will be shared with the community. It will be publicized on the Jones County Health Department website and available at the local libraries and schools. It will also be sent to the Division of Public Health.

Community Health Action Plans will be created using evidence-based interventions and Healthy North Carolina 2020 objectives. These plans will address priority health issues.

During the two interim years between community health assessments, the health department will create a State-of-the-County Health (SOTCH) Report. The report will track the priority issues that were identified in the CHA, identify emerging issues and highlight new initiatives. The report will also include a review of major morbidity and mortality data for the county, a review of the health

concerns selected as priorities, progress made in the last year on these priorities, a review of any changes in the data that guided the selection of these priorities, other changes in our county that affect health concerns (such as economic and/or political changes, new funds or grants available to address health problems), new and emerging issues that affect health status and ways community members can get involved with ongoing efforts.

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Community Profile

Historical Information

When European settlers first began to arrive in what is now Jones County, the natives were Tuscarora Indians. These Indians had earlier migrated from the area now known as New York and Pennsylvania, where they were part of the league of Iroquois Indians. Jones and Craven Counties were settled about 1710 by German Palatines and by the Swiss who were led by Baron Christopher de Graffenried. These people suffered many hardships during their first years in the new land. Soon, they were caught in the midst of Cary's Rebellion and the Tuscarora War. Homes were burned, crops were destroyed and people were killed. Baron returned to Europe a broken man, and the settlements ceased to exist as distinct communities leaving settlers scattered along the Trent River. The river was named after the Trent River in England. Many of the settlers had to push further up the Trent River to find new land while the majority of these settlers built homes in the backwoods of Craven County which is now Jones County.

It was on January 19, 1779, that Craven County was divided into two distinct counties and Jones County came into existence. Later in 1779 a portion of Carteret County was also annexed to Jones County. In 1788 a portion of Dobbs County and Carteret County were also annexed to Jones County.

Jones County takes its name from one of the most distinguished and influential Anti-Federalists in the colonies, an aristocratic radical named Willie Jones (whose first name was pronounced "Wylie"). He was responsible for North Carolina's refusal to join the Union for a year after its formation. In 1860 the county was considered one of the wealthiest in the nation with its wealth primarily in land and slaves. Plantations were large, a fact that has limited the development of the area to the present day. Following the end of the Civil War many changes occurred, one of which was a decline in available manpower and the consequential development of a system which introduced tenant farming. Another change was that many Whites and some African Americans left the area for the North or the Midwest. At the same time wagon trains of African Americans from the Durham/Chapel Hill area moved farther east into Jones and surrounding counties, as the land was cheap and known to be good for growing cotton, corn and other farm produce. These moves brought many changes to Jones County that continued throughout the Reconstruction Period. Many believe that the Jones County area has yet to make a full economic recovery from the Civil War's effects.

Pollocksville is recorded as being settled the earliest, by Colonel Pollock, though it was not until 1849 that the town was incorporated. The town of Trenton was selected as the new county seat, and it was here that a courthouse, prison and stocks were located. Comfort was reportedly settled in 1791 and Maysville in 1890. One account of how Comfort came to be named was that on April 22, 1791, while making a trip through the South, George Washington, stopped at "Shines" an inn to spend the night. On rising the next morning, he was asked how he slept and he remarked I slept in Comfort. Then the name Comfort was attached to the community

Geographical Information

Jones County is a rural, agricultural area, located in the eastern part of North Carolina. The county is located in southeastern North Carolina, ten miles from the Atlantic Ocean, eighty-five miles east-southeast of Raleigh, forty-five miles from the Port of Morehead City and seventy miles from the Port of Wilmington. Jones County is bounded on the north and east by Craven

County, on the south by Carteret and Onslow counties and on the west by Lenoir and Duplin Counties. In area, Jones County is fifty miles in length and its breadth or width is fifteen miles making it a total land area of 472 square miles. Jones County is ranked as the 50th county in size in the state. The Trent River flows through the county causing one to suggest that every farm in the county drains into the Trent River. Historically the river was the primary means of transportation and commerce. However, the southern boundary with Onslow County is formed by the White Oak River. Much of the County is contained in the Great Dover Swamp in the north, White Oak Pocosin in the south central portion and Lake Pocosin to the east. The areas are fertile, but to date have been of somewhat limited usage. They do provide excellent forest lands and excellent environments for a rich variety of wildlife. Jones County has been a leading provider of lumber and has become well known among outdoorsmen. Jones County, along with Onslow County, contains the largest forest laboratory in the nation, Hoffman Forest. The 78,000 acre laboratory which covers the White Oak Pocosin was established in 1934 by the N.C. Forest Foundation and is used as a forestry laboratory by students of N.C. State University. Another large part of the county makes up a part of the Croatan National Forest. Formed in 1932 from parts of Jones, Carteret and Craven Counties, it consists of 294,610 acres. These forest areas make up 65% of Jones County.

Four Townships exist within Jones County. These communities include Trenton (the county seat), Maysville (the largest town), Pollocksville (the oldest town), and Comfort (the most rural of the communities). Jones County lies in close proximity to two major military installations, Camp Lejeune (the largest Marine Corps base in the world) and Cherry Point (one of the largest air bases in the United States). These installations serve as employment for many of the county residents. Today, the county's five major roads provide the best means of travel within the county. The major roads include US Highways 17, 70 and 258 and state Highways 41 and 58

Average Annual Temperature	54° F
Average High Temperature	72° F
Average Low Temperature	49° F
Average Annual Precipitation	66"

Environmental Rankings

The 2014 Health rankings ranked Jones County as 2nd out of 100 counties in North Carolina for physical environment. This is the second year that Jones County was ranked second and is up from the 2012 ranking of 69 out of 100. The physical environment measures change each year, and in 2014 included:

- Air pollution – particulate matter in micrograms per cubic meter (PM2.5)
- Drinking water violations
- Severe housing problems
- Driving alone to work
- Long Commute – driving alone

Health Factor	Jones County	NC
Air pollution – particulate matter	11.8	12.3
Drinking water violations	0%	2%
Severe housing problems	11%	16%
Driving alone to work	73%	81%
Long Commute – driving alone	15%	30%

Demographic Information

According to the US Census Bureau the 2013 population of Jones County is estimated to be 10,215. The population has increased 1% since the 2010 census. Jones County is

considered to be 100% rural with no major metropolitan areas. It is comprised of three incorporated towns (Pollocksville, Maysville and Trenton) that are surrounded by other unincorporated areas where the majority of the county population lives Trenton is the county seat. The population for these cities and towns can be broken down as follows:

Maysville	1019	9.98%
Pollocksville	311	3.04%
Trenton	287	2.81%
Unincorporated Jones County	8598	84.17%

Jones County has 4838 housing units with 4167 households. There are on average 2.4 persons per household and the average home ownership rate is 75%.

The following table outlines the Jones County population by age:

Age	Percent
Under 19	24.1%
20-24	5.8%
25-34	10.2%
35-49	18.9%
50-64	23.8%
65 & over	17.3%

Source: US Census 2013

The following table outlines the racial composition of Jones County:

Race	Percent
White	64.6
African American	33.5
Hispanic or Latino (of any race)	3.9
Asian	0.6
American Indian/Alaskan Native	1.3
Hawaiian/Pacific Islander	0.1
Some Other Race	2.1

Health Insurance

Rate of Non-Elderly Uninsured

Year	Percentage	
	Jones County	Peer Average
2014	21%	19.5%
2013	22%	20.6%
2012	21%	20%
2011	21%	23.6%

Source: County Health Rankings and Roadmaps
Peer Counties: Clay, Gates, Madison, Mitchell, Swain

This rate has been stable from 2011-2014 in Jones County. Along with changes to the health insurance system that guarantee access coverage to everyone regardless of pre-existing health conditions, the Affordable Care Act includes a requirement that most Americans obtain health insurance by 2014 or pay a tax penalty. Health insurance itself does not ensure access to care however uninsured individuals are less likely to receive preventive and diagnostic health care services and in turn are diagnosed at a late stage of the disease. There are other factors such as whether the provider accepts the individual's insurance, lack of transportation, long waits to get an appointment, inability to pay the high deductible or copay for receiving treatment.

Education

The education system in Jones County includes elementary, secondary, and post-secondary schools. The county offers only public school options. The public school system is comprised of 6 schools serving 1,169 students. There are 4 elementary schools, one middle school, and one traditional high school. The school system offers special programs for gifted students as well as students with emotional or mental handicaps. There are two full time school nurses who cover all schools. Jones County Public Schools offer free breakfast and lunch to all students who attend. The 2014 graduation cohort rate for Jones County was 83.8%. The graduation rate for the state of NC was 83.9% which is the highest recorded in the state's history while the national graduation rate reported in 2012 was 80%. Unfortunately certain groups of students such as special education, low-income and minority students continue to lag behind. Lenoir Community College has a campus located in Trenton. This campus also serves as an early college for students at Jones Senior High School to take classes early.

Health Factors / Clinical Care Services

County Health Ranking Data (Mobilizing Action Toward Community Health)

2014 Snapshot of Clinical Care Health Factors.

Jones County was ranked 71st out of the 100 counties in North Carolina and exceeded the North Carolina average in Preventable Hospital stays, Diabetic Screening, and Mammography Screening.

MATCH Jones County	Jones Value	NC Value	Top US Performers
Clinical Care NC County Rank: #30 Healthiest			
Uninsured Adults	21%	19%	11%
Primary care providers ratio	1,670:1	1,462:1	1,051:1
Preventable hospital stays rate per 1,000 Medicare enrollees	50	60	46
Diabetic screening	90%	88%	71%
Mammography screening	71%	68%	71%

Source URL: <http://www.countyhealthrankings.org/north-carolina/jones>

Existing Health Care Resources

Below you will find a listing and brief description of most of those faculties.

Jones County Health Department

The Jones County Health Department provides the following health care services for adults:

- Communicable Disease detection and surveillance
- Family Planning Clinic
- Immunizations
- Breast and Cervical Cancer Control Program
- Foodborne illness investigations

Complete child health services to children from birth to age 18 include:

- Immunizations
- Child Coordination 4 Children birth to age five who are at risk for developmental problems or have special needs
- WIC is a supplemental food and nutrition education program for pregnant and postpartum women, infants, and children to five years.

Physician Practices

There is a shortage of medical providers as there are three physician practices in Jones County. One practice serves as general practice serving both adults and children. The second is a pediatric primary care provider and the third is an internal medicine provider under the umbrella of CarolinaEast Medical Center. The lack of providers inside the county forces residents to go outside

of the county for medical creating transportation and access challenges for the residents of Jones County.

MERCI Clinic

The MERCI Clinic located in New Bern is a nonprofit community clinic staffed primarily by volunteers, who provide free healthcare services for adults of Craven, Pamlico and Jones counties that are medically uninsured and whose income is less than 200% of poverty level.

Pharmacies

Jones County is home to 3 pharmacies and 2 pharmacists. Jones County has a strong supply of pharmacist to meet the demand for pharmaceutical services in the county. These pharmacies dispense medications, include clinical services, review medications for safety and efficacy, and provide drug information.

Mental Health

Jones County is served by Eastern Carolina Behavioral Health Services which is the regional Local Mental Health Managing Entity/Managed Care Organization (LME/MCO) for nineteen counties. They are responsible for referral and coordination of behavioral health services and have contracts with many local mental health practitioners to provide services to Medicaid and care for those without insurance or inability to pay clients. Although people with private insurance coverage are not eligible for routine services funded by State or Federal dollars, ECBH does respond to all behavioral health crisis calls.

ECBH has an access to care number: 1.877.685.2415, this number connects callers with their Access Call Center. Their trained staff provides triage, screening, and referrals to a wide range of mental health, substance use, intellectual and developmental disability providers throughout the ECBH area. They help ensure people get into services in a timely manner with the most clinically appropriate treatment and supports available.

Although there are many Psychiatrists, Psychologists, and licensed therapists in surrounding counties that serve the residents of Jones County there are none that are physically located in the county. Those clients who have no insurance continue to have difficulty finding practitioners willing to provide services. Some providers have chosen not provide services to Medicaid clients. There is also a deficit of practitioners who provide services to children.

Health Indicators

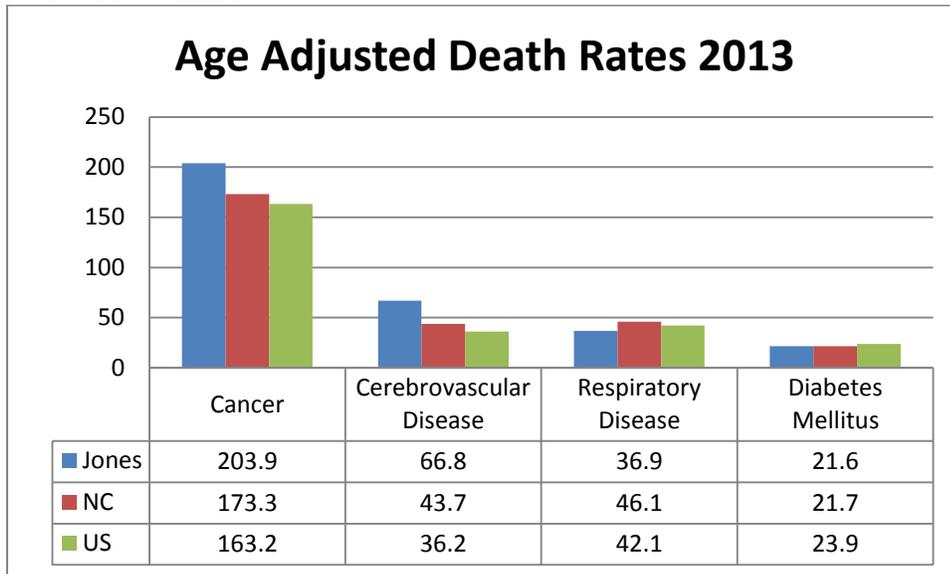
Deaths

The 2013 age adjusted death rate for Jones County is 878 per 100,000 persons, which is higher than the NC state rate of 790.9 per 100,000 persons. Heart disease is currently the leading cause of death in Jones County. Below is a list of the 2013 leading causes of death for Jones County

Leading Causes of Death

The top 10 leading causes of death for Jones County are:

1. Disease of Heart
2. Cancer
3. Cerebrovascular Disease
4. Chronic Lower Respiratory Disease
5. Diabetes Mellitus
6. Unintentional Motor vehicle injuries
7. Pneumonia and Influenza
6. Septicemia
8. Nephritis
9. Unintentional Injuries
10. Chronic Liver Disease



Source: North Carolina State Center for Health Statistics

Trends, Five Leading Causes of Death in Jones County, Rate, by Year 2010-2013 per 100,000

Jones Rank	Cause	2010	2011	2012	2013
1	Heart Disease	246.2	251.2	219.9	203.9
2	Cancer	181.7	200.6	181.9	203.6
3	Cerebrovascular Disease	57.8	62.7	66.1	66.8
4	Respiratory Disease	44.2	44.7	42.4	36.9
5	Diabetes Mellitus	24.4	26.2	18.5	21.6

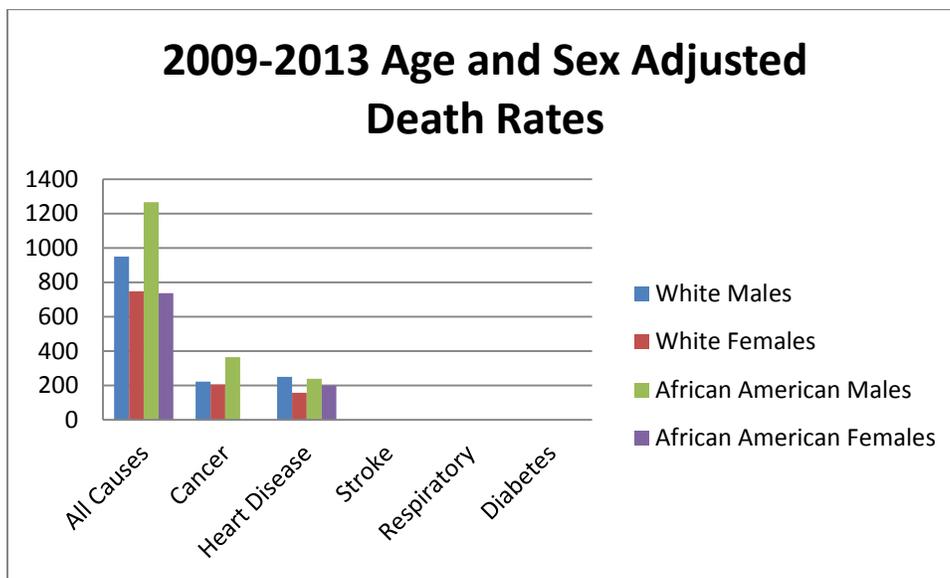
Source: North Carolina State Center for Health Statistics

All leading causes of death with the exception of chronic respiratory diseases have higher rates in the minority versus the white population. Health disparities between the white and minority populations is a public health concern of the utmost importance at the local, state and national levels. Closing this gap is one of the Healthy People 2020 goals. Below is a table illustrating these disparities in Jones County from 2009-2013 per 100,000 persons. Due to low numbers many rates are not available for Jones County.

Age-Adjusted Death Rates 2009-2013 per 100,000

	Whites		African American		American Indian		Other Races, non-Hispanic		Hispanic		Overall
	M	F	M	F	M	F	M	F	M	F	
All Causes	949.2	749.0	1,265.6	737.9	N/A		N/A		N/A		878.0
Cancer	222.2	206.7	365.8	N/A	N/A		N/A		N/A		203.6
Heart Disease	251.0	158.6	239.6	199.4	N/A		N/A		N/A		203.9
Stroke	N/A		N/A		N/A		N/A		N/A		66.8
Respiratory Diseases	N/A		N/A		N/A		N/A		N/A		36.9
Diabetes	N/A		N/A		N/A		N/A		N/A		21.6

Source: N.C. Department of Health and Human Services



Source: N.C. Department of Health and Human Services

In order to determine how Jones County compares to the NC 2020 Target Objectives, the table below includes the latest available data for objectives related to the top 10 leading causes of death in Jones County. Not all causes have a corresponding 2020 objective.

Current Rates of Mortality in Jones County and NC vs. NC 2020 Targets

Objective	Jones (Year)	NC (Year)	NC 2020 Target
Reduce the pneumonia and influenza mortality rate (per 100,000 population)	17.3 (2013)	17.9 (2013)	13.5
Reduce the cardiovascular disease mortality rate (per	164.8 (2013)	170.0	161.5

100,000 population)		(2009-2013)	
Reduce the colorectal cancer mortality rate (per 100,000 population)	13.0 (2013)	14.5 (2009-2013)	10.1

Source: North Carolina State Center for Health Statistics

Cancer

Cancer is the second leading cause of death in Jones County and the first in North Carolina. It is the second leading cause of death for the United States. Cancer is expected to surpass Heart Disease as the leading cause of death nationally by the year 2015. The majority of cancer deaths occur in four sites: lung, colon, female breast, and prostate. The chart to the right illustrates the leading causes of cancer death in Jones County by site and the table compares cancer death rates in Jones County to the state rates and the rates of our peer counties.

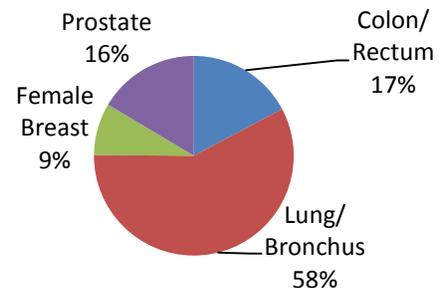
Cancer Death Comparing Jones County to NC and Peer Counties

Year	Age Adjusted Cancer Death Rates		
	Jones County	Peer Avg.	NC
2009	168.8	192.1	188.8
2010	246.2	188.4	183.1
2011	251.2	187.96	179.7
2012	218.7	181.9	175.9
2013	203.9	174.51	173.3

Source: State Center for Health Statistics
Peer Counties Clay, Gates, Madison, Mitchell and Swain

In 2010, cancer cases were reported for Jones County residents. These numbers are expected to increase as the population ages. These numbers have continued to increase over the last five years.

2009-2013 Cancer Moratlity Rates for selected sites (age adjusted)



According to the Center for Disease Control the leading causes of cancer deaths for men versus women are as follows:

Leading Causes of Cancer Deaths 2013			
Men		Women	
Lung	34	Lung	33
Prostate	12	Breast	15
Colon	6	Colon	4

Source: North Carolina State Center for Health Statistics / CDC

Although cancer deaths have declined for both whites and African Americans/Blacks in the U.S., African Americans/Blacks continue to suffer the greatest burden for each of the most common types of cancer (National Cancer Institute). American white women have a higher incidence rate for breast cancer, although African American/Black women are most likely to die from the disease and African American/Black men have the highest incidence rate for prostate cancer in the U.S. and are more than twice as likely as white men to die of the disease (National Cancer Institute).

North Carolina 2011 Cancer Incidence Mortality by Race

	Incidence		Mortality	
	White	Minority	White	Minority
Lung	69.4	63.4	52.4	51.4
Prostate	123.8	195.5	17.9	46.5
Breast	84.5	91.4	11.4	15.9
Colon	36.2	43.7	12.7	19.8

Source: North Carolina State Center for Health Statistics

It is generally recognized that a majority of cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. The prospect for disease control and reducing the number of cancer deaths rests with prevention and early detection (American Cancer Society).

Heart Disease

For many years heart disease remained the leading cause of death in Jones County, North Carolina and nationally. Within the last two years heart disease has fallen to the number two cause of death state wide, but it has remained the leading cause of death in Jones County. The table below displays data showing the heart disease deaths per 100,000 persons over the last five years for Jones County, North Carolina and a group of peer counties of similar population to Jones. The age adjusted rates indicate we are making improvements to our numbers of heart disease related deaths, however further work is needed to ensure continued progress.

Indicator Raw Values				Age Adjusted		
Year	Jones County	Peer Avg.	Rate	Jones County	Peer	State
2009	27	44.4	17,133	245.7	201.2	194.7
2010	36	44.2	17,090	246.2	175.9	184.9
2011	33	40.8	16,959	251.2	209.2	179.3
2012	26	37	17,291	219.9	202.9	174.4
2013	28	41	17,812	203.9	202.8	170.0

Source: NC State Center for Health Statistics / Peer Counties: Clay, Gates, Madison, Mitchell and Swain

Respiratory Diseases

In 2008 – 2012, chronic lower respiratory diseases were the fourth leading cause of death in Jones County. During 2013, Jones County had a rate of per 1,000 inpatient hospital utilization for respiratory diseases, costing a total of \$2,344,221 and averaging \$20,209 per case. Jones County is below the average rates in our four peer counties overall as well as the three sub-categories of

respiratory diseases (pneumonia/influenza, COPD (excluding Asthma), and Asthma. We are at or above the state rates.

	Jones		Peer County Averages		State	
	Cases	Rate	Cases	Rate	Cases	Rate
Respiratory Diseases	116	11.4	139.6	7.62	92873	9.4
Pneumonia / Influenza	38	3.7	69.2	4.54	30164	3.1
COPD (excluding Asthma)	19	1.9	39.4	2.68	18886	1.9
Asthma	9	0.9	10	0.68	9021	0.9

Source: Inpatient Hospital Utilization and Charges by Principal Diagnosis, and County of Residence, NC 2013
<http://www.schs.state.nc.us/data/databook/>

Live Births

The Jones County live birth rate for 2013 is 9.4 per 1,000 women is low when compared to 12.6 Per 1,000 women for the state of NC and 13 Per 1,000 women nationally.

Low Birth Weight

In Jones County our rate of low birth weight babies is slightly lower than the state rate; however, both county and state rates exceed the national low birth weight rate of 1.4. Of additional concern is the disparity of low birth weight babies between the white and minority populations. The following table compares the percentage of births considered to be low birth weight of Jones County and North Carolina.

2013 Low Birth Weight (Rate)

	White	Minority	Total
Jones County	7.6	11.1	8.3
North Carolina	7.3	13.4	8.8

Source: NC State Center for Health Statistics & Center for Disease Control

Infant Mortality

According to the Public Health Division of the North Carolina Department of Health and Human Services North Carolina's Infant Mortality Rate for 2013 was 7.0 per 1,000 live births. The Infant Mortality Rate tied 2010 as the lowest in North Carolina's history.

Although the 2013 African American non-Hispanic infant mortality rate of 12.5 per 1,000 births is the lowest in the state's history, the rate for Jones County is 37.0 well above the state rate. A racial disparity still remains, with the African American non-Hispanic populations having an infant mortality rate more than 2 times higher than the White non-Hispanic population.

Infant Mortality per 1,000 live births

	Year	White Rate	Minority Rate	Total Rate	Disparity Ratio
Jones County	2013	0.0	37.0	10.4	17.5
	2012	0.0	0.0	0.0	0.0
	2011	0.0	78.9	33.9	
	2010	0.0	83.3	20.2	
	2009	13.5	45.5	20.8	
North Carolina	2013	5.5	12.5	7.0	2.52
	2012	5.5	13.9	7.4	2.50
	2011	5.5	12.9	7.2	
	2010	5.3	12.7	7.0	
	2009	5.4	14.1	7.9	

Source: NC State Center for Health Statistics

Objective	Jones 2013	NC 2013	NC 2020 Target
Reduce the infant mortality racial disparity between Whites and Africa Americans.	17.5	2.27	1.92
Reduce the infant mortality rate (Per 1,000 live births)	10.4	7.0	6.3

Diabetes

Diabetes is a disease marked by high blood glucose levels, resulting from deficient insulin production, impaired insulin action, or both. Diabetes can lead to serious complications and premature death. People with diabetes, working together with a support network and their health care providers, can take steps to control diabetes and lower the risk of complications. A combination of diet, physical activity, or/and medications to help lower blood glucose levels is the foundation of diabetes treatment and management. Even though diabetes can be controlled and managed, adopting healthy lifestyle behaviors may help prevent or delay the onset of the disease.

Diagnosed Diabetes Prevalence

County	2009	2010	2011	2012
Jones Number	1115	1175	1265	1232
Peer County Avg. Number	927.8	1375	1426.2	1454.2
Jones %	0.15	0.15	0.16	0.15
Peer County %	0.12	0.12	0.13	0.13

Source: Center for Disease Control

Disparities in Diabetes Eastern North Carolina Residents, 2011 and 2013

		Yes	Yes	No	
		2011	2013	2011	2013
Gender	Male	11.3	11.4	87.7	86.6
	Female	12.0	12.0	85.3	83.9
Race	White	10.4	11.1	87.2	86.6
	African American	14.8	13.4	84.3	81.7
	Other	12.9	9.9	87.9	84.3
Age	18-34	***	***	1,275	97.0
	35-54	9.2	7.9	88.8	88.5
	55-64	21.5	21.4	77.3	72.8
	65-74	29.9	28.8	67.1	69.2
	75+	24.9	24.1	72.7	72.0
Education Level	High School or less	19.4	16.1	79.6	78.4
	H.S. or GED	11.1	11.1	87.1	85.5
	Some Post HS	9.8	11.8	88.2	86.2
	College Graduate	7.8	8.9	89.4	88.6

Regarding diabetes, over the last three years there have been some changes in the disparities among different groups in Eastern North Carolina (See table to left). In 2011, the rate of diabetes among those with a high school education or less, was almost double the rate of those with a college education (16.1% vs 8.9%); while the rate of diabetes among African Americans continues to be the highest (13.4% vs 11.1%), (13.4% vs 9.9%).

Source: Center for Disease Control

Healthy NC 2020 Objective

Healthy NC 2020 Objective	Jones(Year)	NC (Year)	2020 Target
Decrease the percentage of adults with diabetes.	10.8% (2011)	9.4 (2010)	8.6%

Obesity

North Carolina now has the 25th highest adult obesity rate in the nation, according to The State of Obesity: Better Policies for a Healthier America. In Eastern North Carolina, two thirds of all adults 69.3% reported they are overweight or obese (2013 BRFSS). Obesity is alarming because it may increase the risk for health problems, including some chronic diseases, and it is associated with excess morbidity and mortality. Four of the ten leading causes of death in the United States are related to obesity, including coronary heart disease, type II diabetes, stroke, and several forms of cancer. Obesity can also increase the severity of disease associated with hypertension, arthritis and other musculoskeletal problems. (North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics). In 2011-2012, the prevalence of obesity in the United States was one-third of adults at 34.9% and 17% of children. The prevalence of obesity among adults and children remains high and therefore public health efforts and surveillance is important.

Adults who have a body mass index greater than 25.00 (Overweight or Obese)		
Year	Eastern NC	NC
2013	69.3%	66.1%
2012	67.8%	65.8%
2011	68.4	65.1
2010	70.2%	65.3%
2009	69.6%	65.4%

Source: NC State Center for Health Statistics

Healthy NC 2020 Objective

Healthy NC 2020 Objective	Jones (Year)	NC (Year)	2020 Target
Increase the percentage of adults who are neither overweight nor obese	30.7% (2013)	33.9% (2013)	38.1%

Source: Healthy North Carolina 2020: A Better State of Health

Smoking

Tobacco use continues to be the single leading cause of preventable illness and death in the United States. Smoking harms nearly every organ of the body and causes many diseases. According to the 2013 Behavioral Risk Factor Surveillance Survey, 20.9% of respondents in Eastern NC (ages 18+) reported they currently smoke compared to 20.2% for NC. Across the nation in 2014, the prevalence of cigarette smoking among adults ranged from 11.8% to 29.0%. North Carolina ranked 29th among the states for cigarette smoking and 36th for smokeless tobacco use. (Behavioral Risk Factor Surveillance System 2011)

Adults who Currently Smoke		
Year	Eastern NC	NC
2013	20.9%	20.2%
2012	22.2%	20.9%
2011	23.9%	21.8%
2010	20.8%	19.8%

Source: Behavioral Risk Factor Surveillance System

Sexually Transmitted Infection Cases

The numbers of Sexually Transmitted Infections (STI) cases in Jones County have fluctuated over the last three years. Chlamydia continues to be our most prevalent STI and gonorrhea cases are declining. The chart below shows the number of STI cases for Jones County over the last three years.

Year	2010-2011	2011-2012	2012-2013
Chlamydia	28	52	27
Gonorrhea	10	9	6

Source: NC Dept. of Public Health, Communicable Disease Branch

Substance Abuse

From 1999 to 2012, deaths involving opioid pain medications such as methadone, oxycodone, and hydrocodone increased by over 400% in North Carolina (Department of Health and Human Services). Prior to suspending Adult Primary Care services we were beginning to see increases in the number of patients with substance dependence and abuse issues. Access to outpatient treatment for substance abuse is difficult as there are no providers located within the county and limited providers in surrounding counties. There are support groups available in the county such as Al-Anon and Alcoholics Anonymous in surrounding counties.

Unintentional poisoning has escalated over the last four years. The unintentional poisoning related to medication more than doubled from 2011 until 2013. Unintentional deaths are not limited to North Carolina. Rates are increasing nationally. According to the CDC 9 out of 10 poisoning deaths are caused by drugs.

Substance Abuse Prevention

Pride surveys were conducted in 2013 to assess youth perception and use of alcohol and prescription drugs. Pride Surveys were completed in Craven, Jones, Carteret, Onslow and Pamlico County Schools. Pride Surveys are a helpful resource which assists local schools in measuring the number of students who participate in alcohol, tobacco and other drug use. Additionally, Pride Surveys can measure behavior on many crucial issues that can affect learning: family, discipline, safety, activities, gangs, and more. (NC Centers for Prevention Resources)

% of 9-12th Graders Reporting 30-Day Drug Use By County In Pride Surveys 2013

Location	Cigarettes	Alcohol	Marijuana	Prescriptions
Carteret	20.8	32.4	23.7	8.4
Craven	14.6	28.0	17.3	7.9
Jones	7.8	6.3	4.6	3.0
Pamlico	27.5	36.3	17.5	8.8

The following graph shows trends in the prevalence of alcohol use among high school students in North Carolina over four year period, using data from the U.S. Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System. This graph shows that percentages for alcohol use among high school students have remained relatively consistent in North Carolina, although in 2013 the percentage was higher than previous years.

Objective	NC 2009	NC 2011	NC 2013	NC 2020 Target
Reduce the percentage of High School Students who had alcohol on one or more of the past 30 days.	37%	34.2%	38%	26.4%

Health Priorities

All of the information in this report was presented to the Community Health Assessment Task Force, and the Jones County System of Care Collaborative in a Power Point presentation. Based on the information presented they were asked to choose the top three health concerns they felt should be addressed for the next three to four years by both the Health Department and our community partners.

The results are as follows:

1. Substance Abuse
2. Weight Management/Exercise/Fitness/Nutrition
3. Behavioral / Mental Health

Other issues that were not selected but will be addressed with existing Health Department initiatives are:

1. Chronic and Lifestyle Disease
2. Communicable Disease Prevention
3. Adolescent Sexual Health/Pregnancy Prevention
4. Tobacco Use Prevention
5. HIV and Sexually Transmitted Infections

Health Disparities and Challenges:

Health disparities refer to the unequal distribution of health, illness, disease, suffering and death by social status, where social status includes race/ethnicity, sex/gender, socioeconomic status, geographical region, and other factors. Health in Eastern North Carolina is significantly poorer than health in the rest of North Carolina according to ECU Center for Health Disparities. Rates and outcomes of diseases are poorer for the economically disadvantaged, rural populations and minorities.

Populations at Risk

Minorities:

For just about every health indicator mentioned in this report the statistics for the minority population are higher than those for the white population. There are many reasons for these results; higher numbers of minorities living at or below poverty level, cultural factors and access to health care are just a few. The Jones County Health Department and its partners continue to be dedicated to closing the gap. The health department offers access to those who are unable to pay due to income, we provide interpreter services for those who are not English proficient and we also consider cultural sensitivity an important part of our customer service. We have a strong relationship with our African American Churches and hope to expand the numbers of health promotion/health education activities offered to their memberships.

Uninsured/Underinsured:

With the current state of the economy, the cost of health care, the cost of health insurance and unemployment at very high levels the numbers of uninsured in Jones County will continue to grow over the next four years. Access to health care for this population is limited. Many are denied access due to an inability to pay a medical bill in full. Often a diagnosis is made too late; therefore, resulting in a poor prognosis. We are able to access care through the MERCI free clinic located in New Bern; however they are a nonprofit organization that depends upon donations and grant monies for survival. While some progress has been made to increase access to care for this population the need is still great and there is more work to be completed.

Summary

The community assessment process was a great collaboration of work by the Health Department, CarolinaEast Medical Center, Craven and Pamlico County Health Department and many of our community partners. The surveys also served as an excellent exercise to improve our skills with the incident command process. The use of GIS technology to randomly select and identify households for our door to door surveys has proved itself a very valuable tool.

Although we have shown improvements in some areas there are others that will need continued work. Our rates of obesity continue to rise both at the local level and nationally. Cancer continues to be our leading cause of death with little change in our rates over the last five years.

We completed both an on-line survey and a door to door survey this year to ask our residents what they felt were the most important health issues we should be addressing. All survey results and all of our county health data was presented to our community health assessment task force and to our other stakeholders. Once all of this data was carefully analyzed the groups chose the following three health issues to for our community to target over the next three years:

- Substance Abuse
- Weight Management/Exercise/Fitness/Nutrition
- Behavioral / Mental Health

Now the real work begins. Many meetings will take place over the next few months with our community partners to formulate action plans to address each of our target areas. Each year in December the Health Department will put together a State-of-the-County Report to let our citizens know where we are with our health data and what progress we have made toward our action plans. In 2017 we will once again complete the full assessment and will continue to work with our community stakeholders in an effort to make Jones a healthier place to live.

Through strong community partnerships a strategic plan will be formulated based on these issues and an effort will be made to address each priority with at least one initiative in the next three years. The issues identified in this report will serve as a guide for the future course of Jones County Health Department and our community partners.

A special thanks goes out to all of those groups and individuals whose team efforts made this document a successful report

References

1. Harriet, Julia Pollock. (1987) History and Genealogy of Jones County, NC. Julia Pollock Harriet in cooperation with Owen G. Dunn Company.
2. Behavioral Risk Factor Surveillance System (BRFSS); 2010; <http://www.cdc.gov/brfss>
3. National Center for Health Statistics; <http://www.cdc.gov/nchc>
4. National Health and Nutrition Examination Survey; <http://www.cdc.gov/nchs/nhanes.htm>
5. NC Department of Commerce; <http://www.commerce.state.nc.us>
6. NC Employment Security Commission; <http://www.esc.state.nc.us>
7. NC office of State Planning; <http://www.ospl.state.nc.us>
8. NC State Center for Health Statistics; <http://www.schs.state.nc.us>
9. NC State Bureau of Investigation; <http://sbi.jus.state.nc.us>
10. UNC Sheps Center for Health Services Research; www.shepscenter.unc.edu
11. US Census Bureau; <http://quickfacts.census.gov/qfd/states/37/37049.html>

List of Appendices

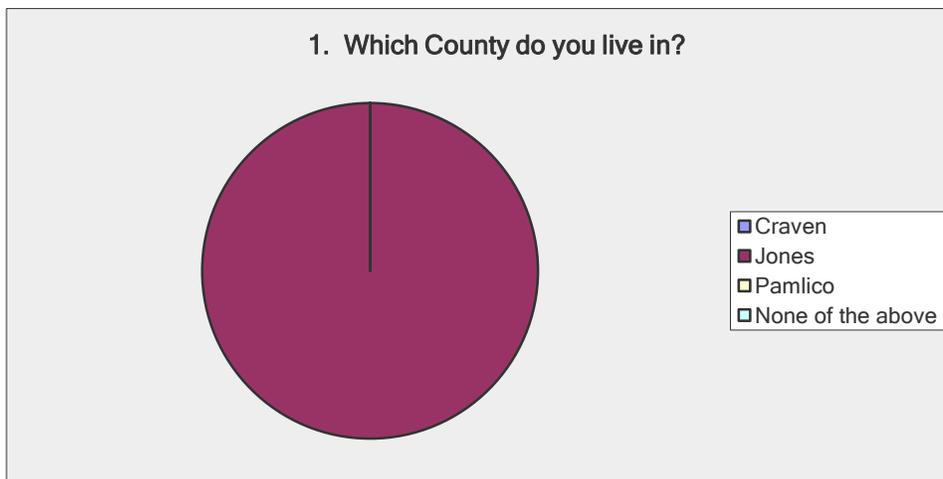
- A. Primary Health Data
- B. Community Health Assessment Team Members/Steering Committee

Appendix A

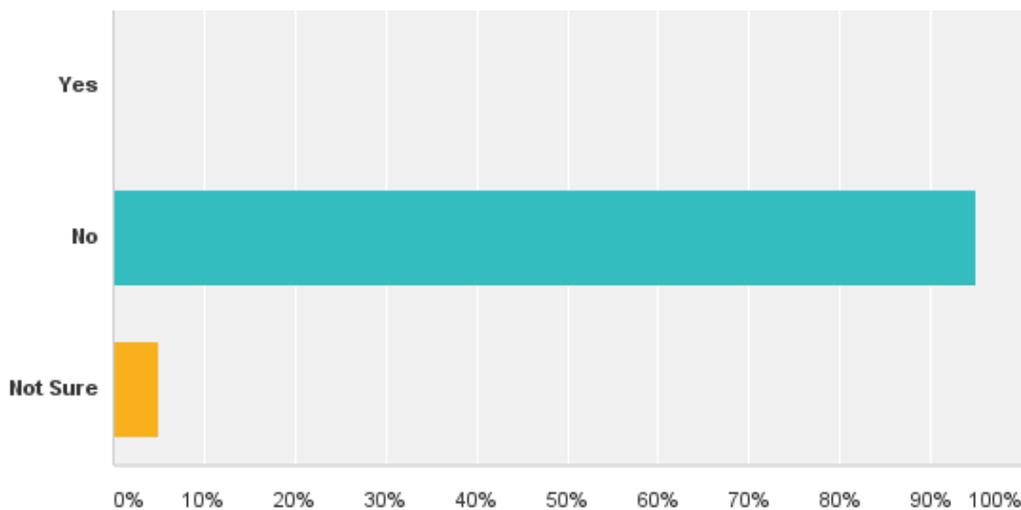
Primary Health Data

The community survey process was completed by randomly selecting 210 households across Jones County using GIS technology providing us with 90% confidence and an error margin of 5.7%. Survey monkey was used to compile the results. Below are this survey's results. Due to low return on surveys additional surveying was done at the Jones County Heritage Day Festival and during Jury Pool days at Jones County Court house. Question number one was used as a filter to pull Jones County Data.

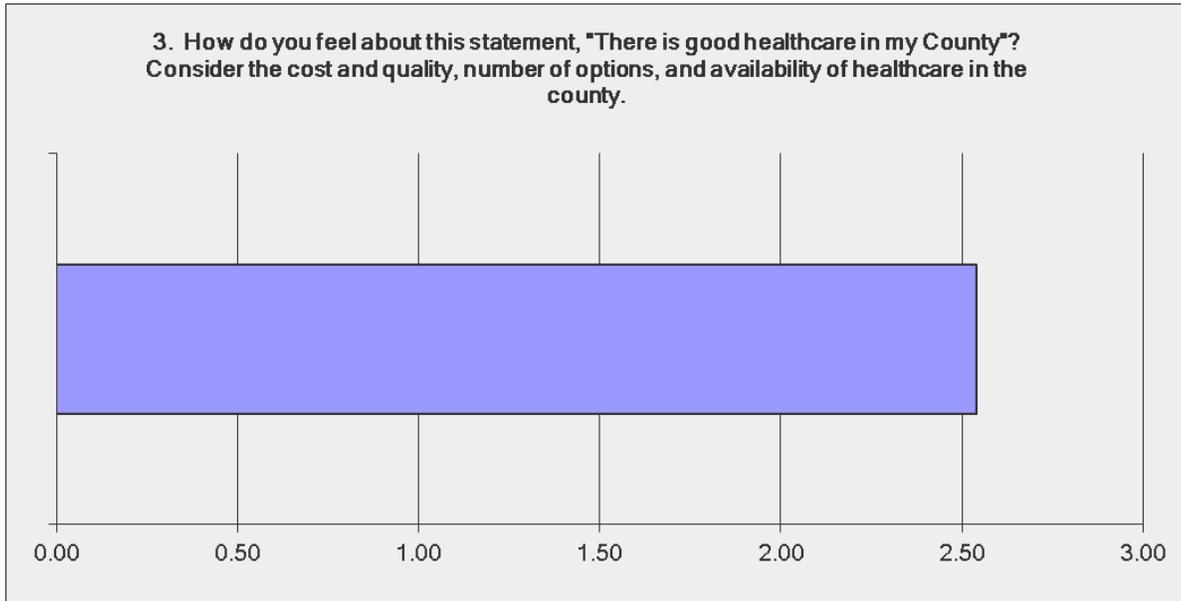
1. Which County do you live in?



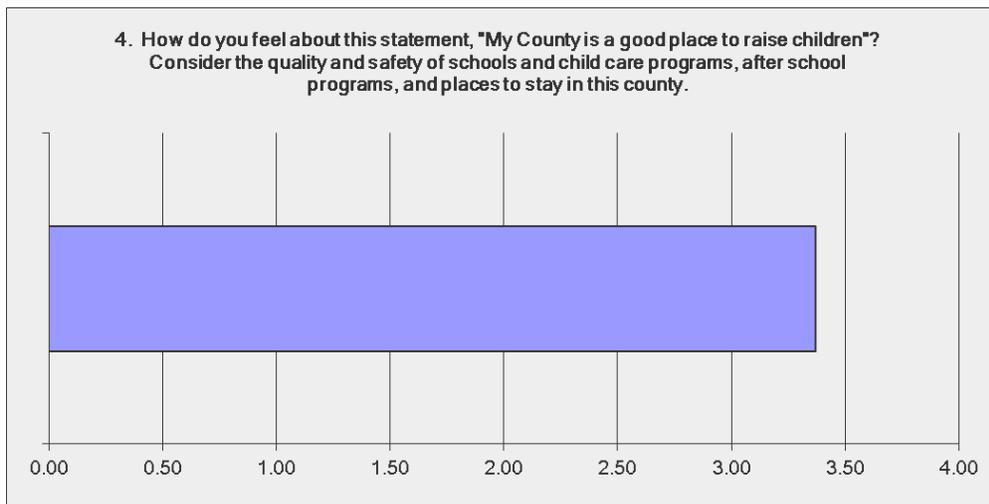
2. Have you participated in this year's survey already?



3. How do you feel about this statement, "There is good healthcare in my County"? Consider the cost and quality, number of options, and availability of healthcare in the county. Answers were rated on a scale of 1-4.

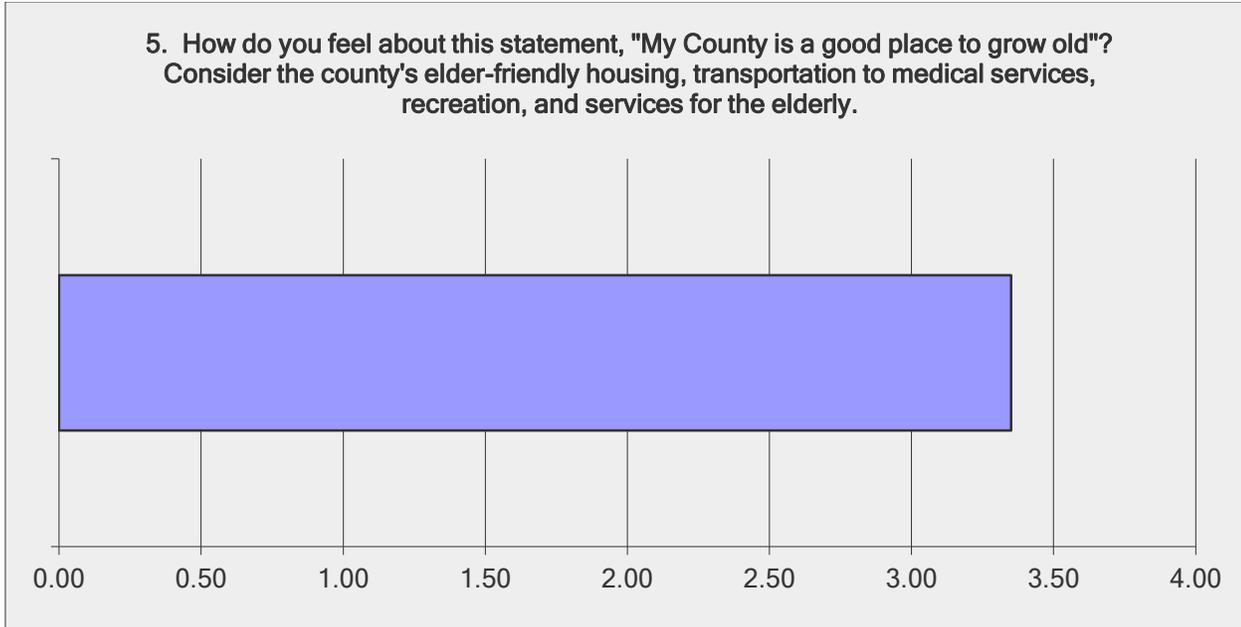


4. How do you feel about this statement, "My County is a good place to raise children"? Consider the quality and safety of schools and child care programs, after school programs, and places to stay in this county. Answers were rated on a scale of 1-4.



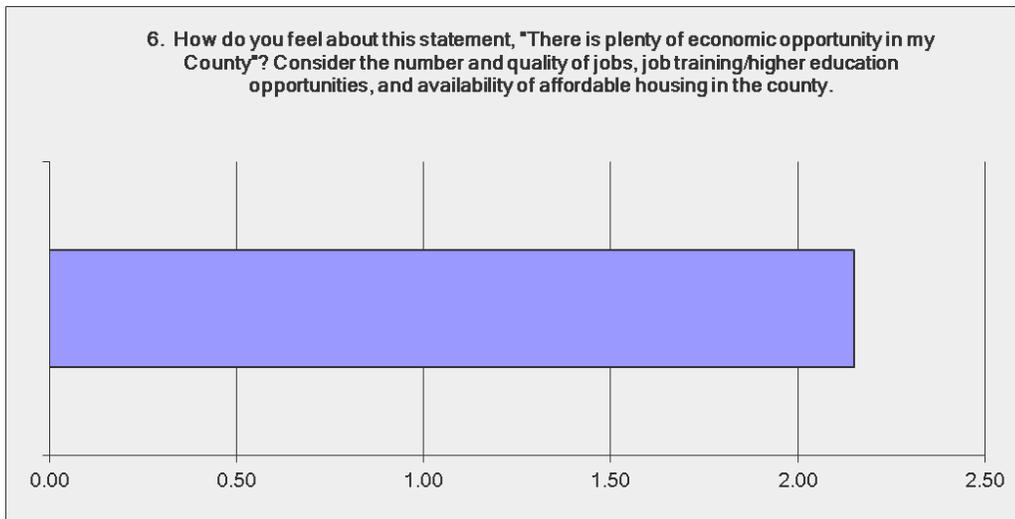
5. How do you feel about this statement, "My County is a good place to grow old"? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.

Answers were rated on a scale of 1-4.

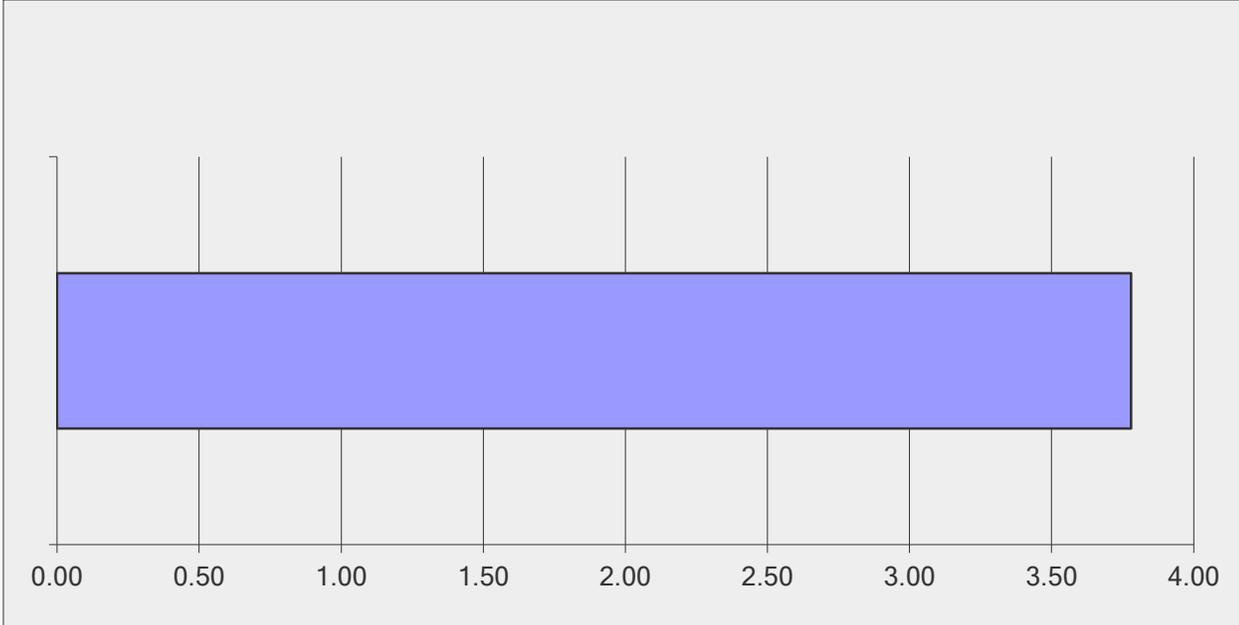


6. How do you feel about this statement, "There is plenty of economic opportunity in my County"? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.

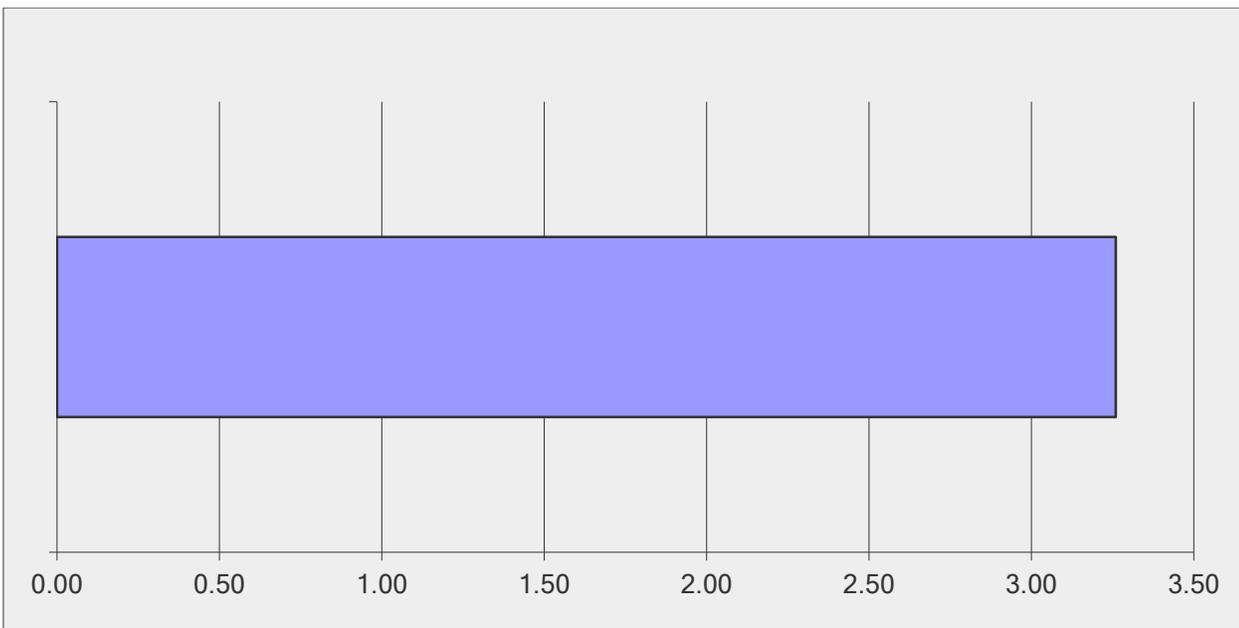
Answers were rated on a scale of 1-4.



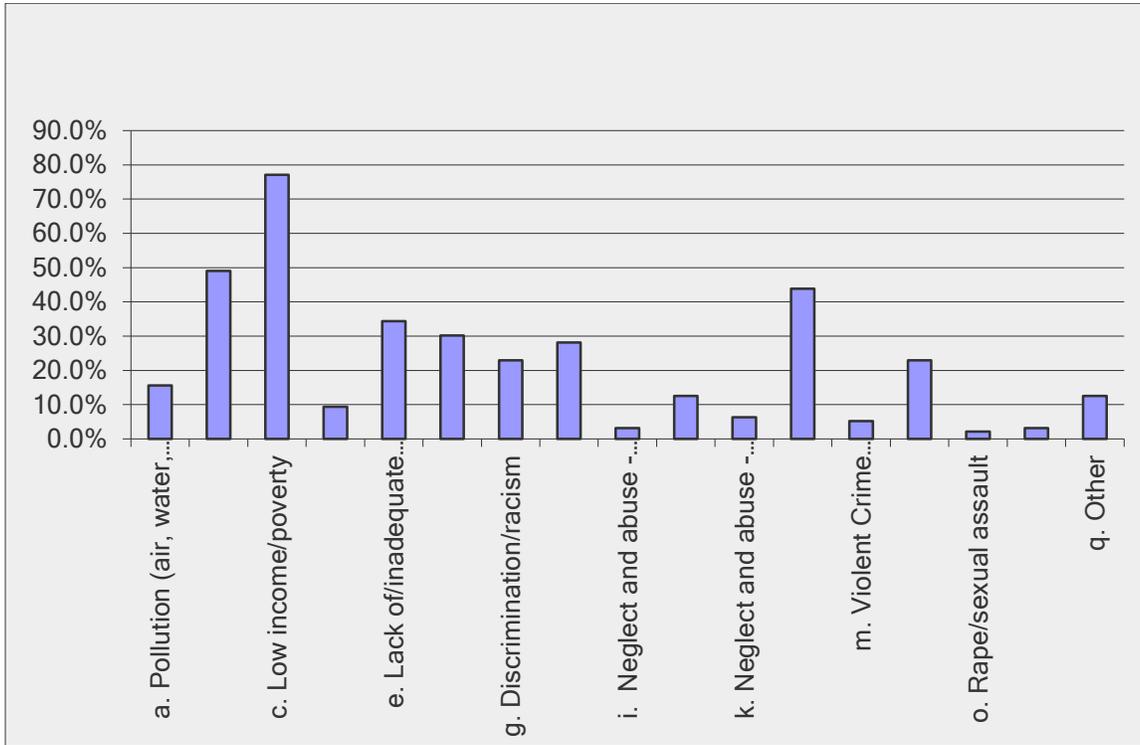
7. How do you feel about this statement, "My County is a safe place to live"? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks and shopping centers in the county.



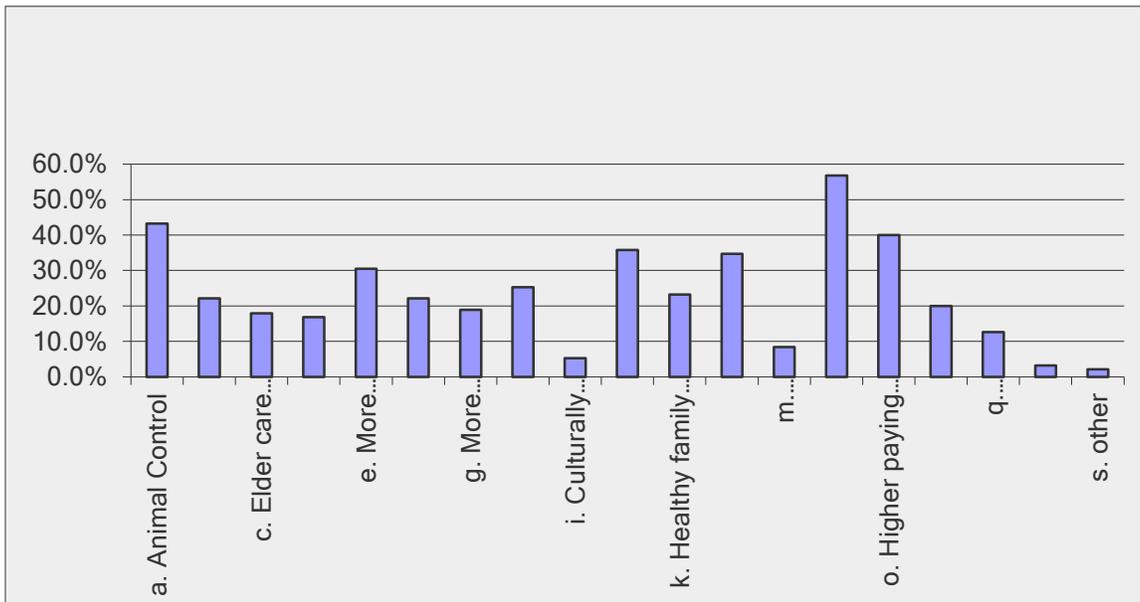
8. How do you feel about this statement, "There is plenty of help for people during times of need in My County"? Consider social support in this county; neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.



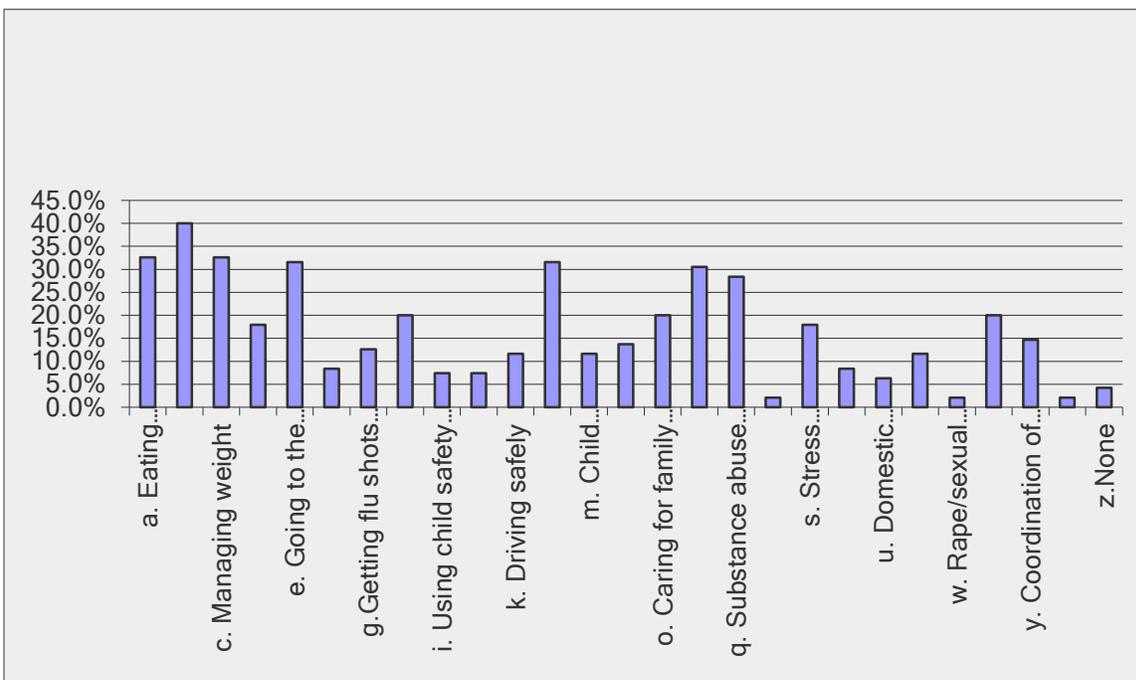
9. In your opinion, which five (5) issues most affect the quality of life in your County of residence? You may choose up to five (5) responses.



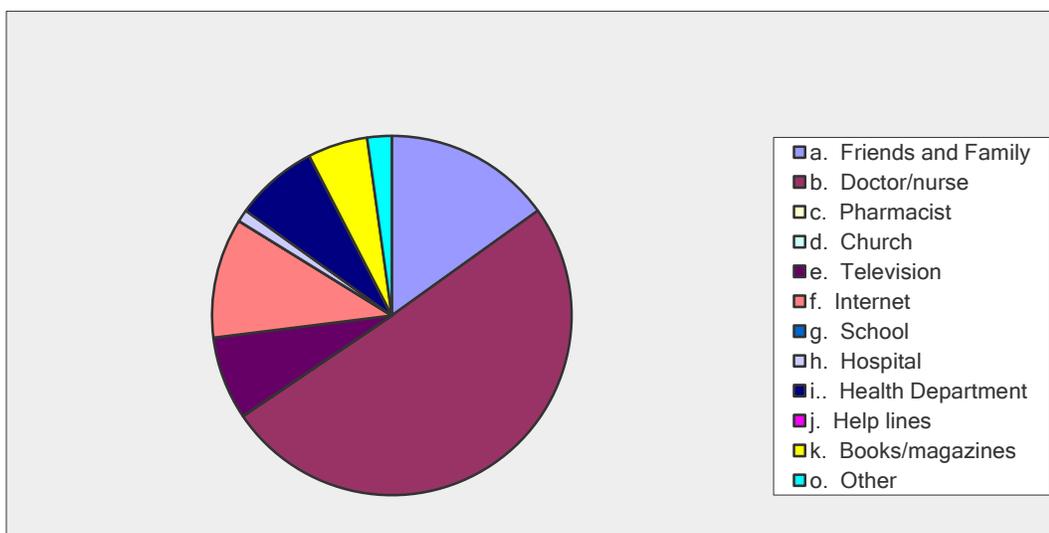
10. In your opinion, which are the top five (5) service needs for improvement in your neighborhood or community? You may choose up to five (5) responses.



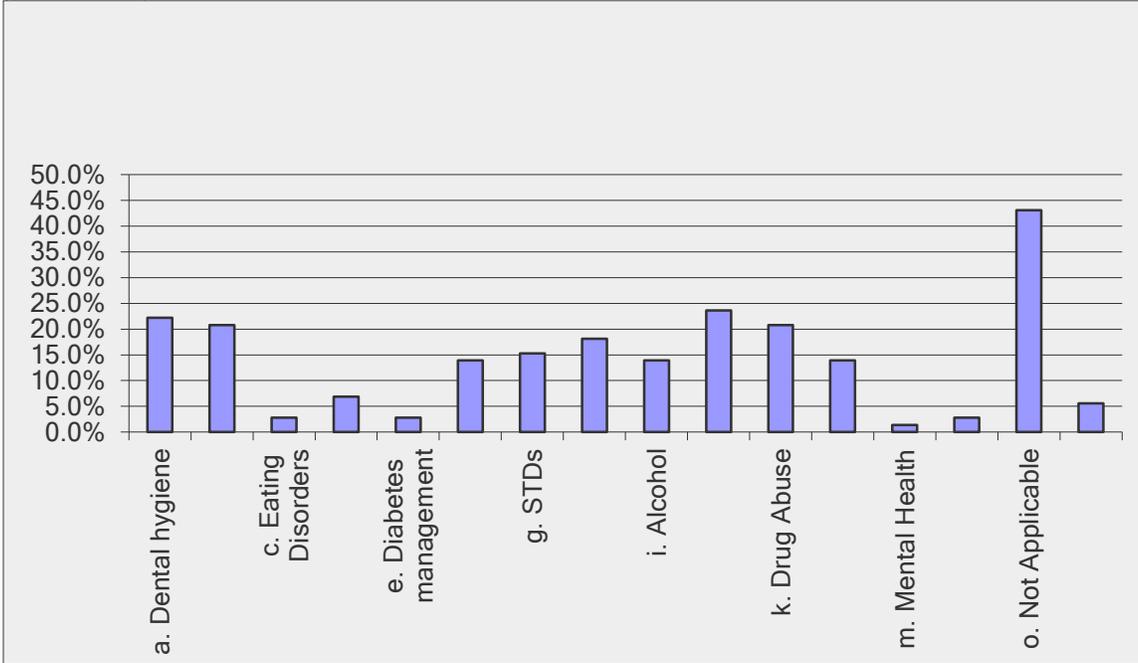
11. In your opinion, which are the top five (5) behaviors do people in your own community need more information about? You may choose up to five (5) responses.



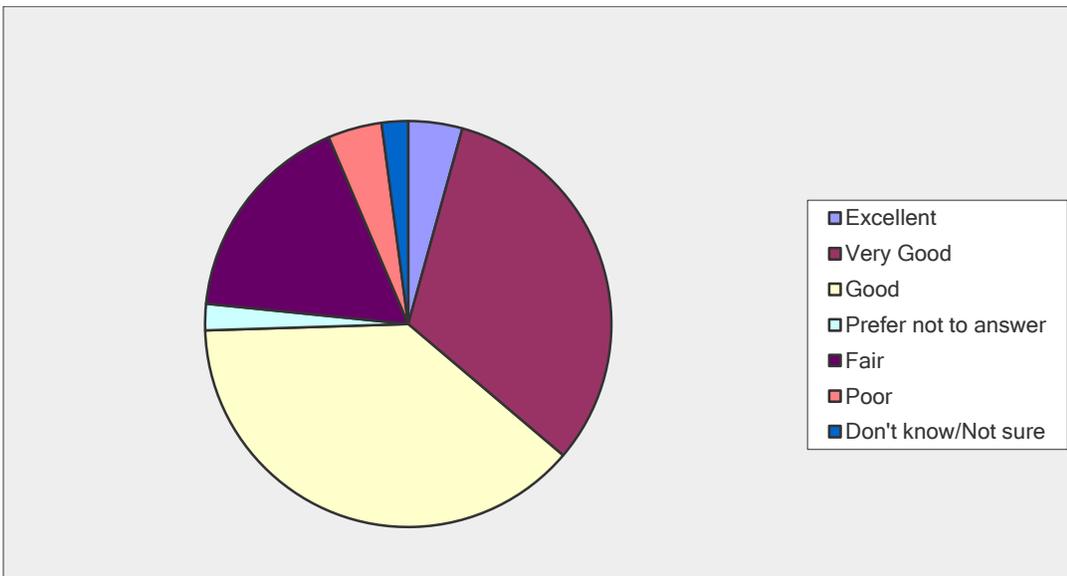
12. Where do you get most of your health-related information? Please choose only one.



13. If you have a child under 18 living in your home, which of the following health topics do you think your child/children need(s) more information about:? Please check all that apply.

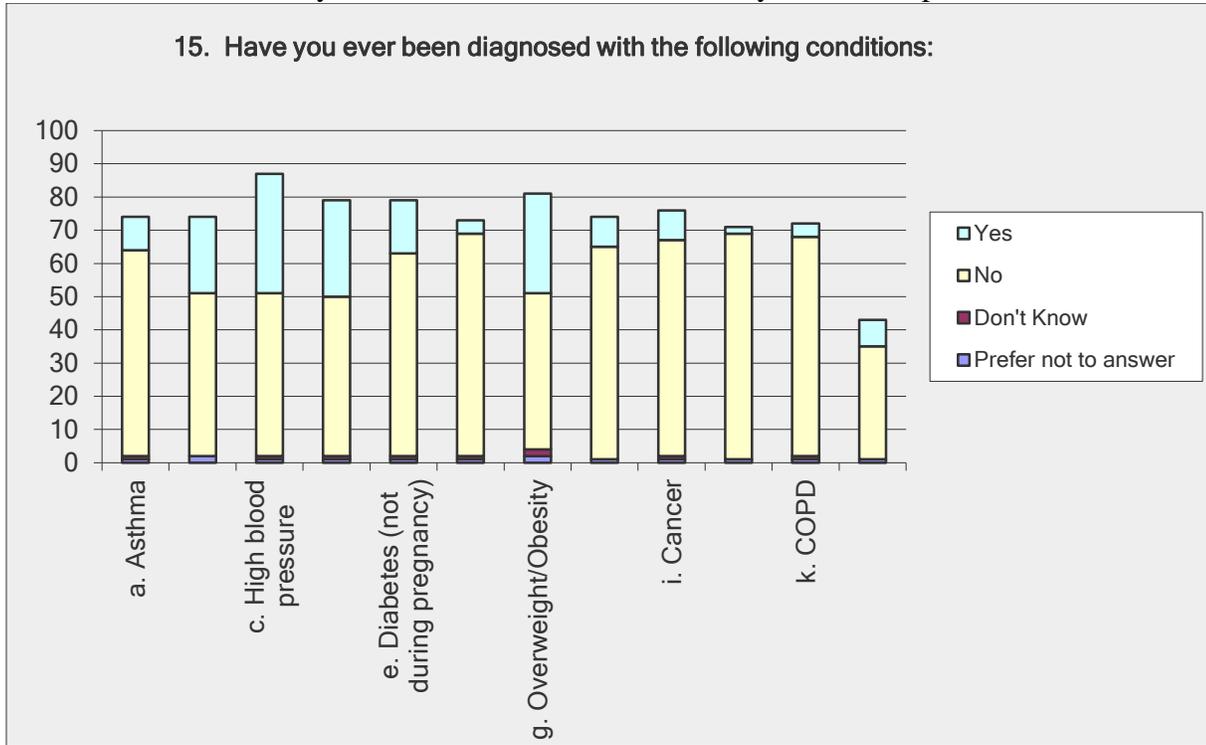


14. Would you say that, in general, your health is....

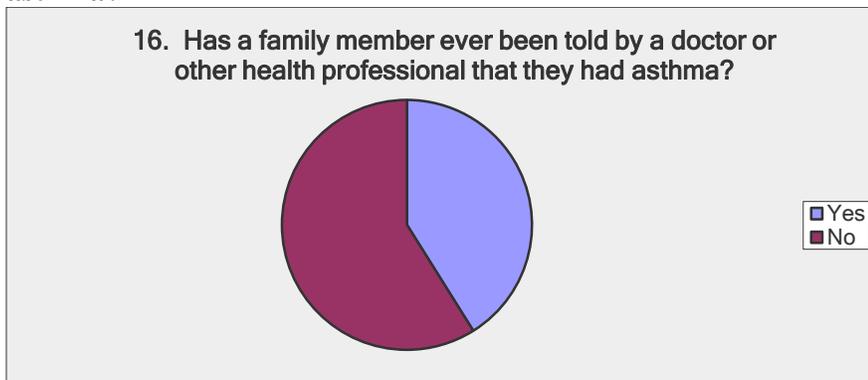


15. Have you ever been diagnosed with the following conditions?

Out of 101 surveyed, the numbers below answered yes to each option.

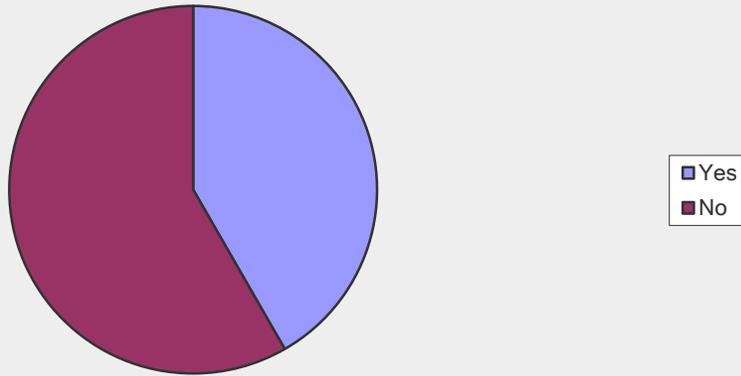


16. Has a family member ever been told by a doctor or other health professional that they had asthma?



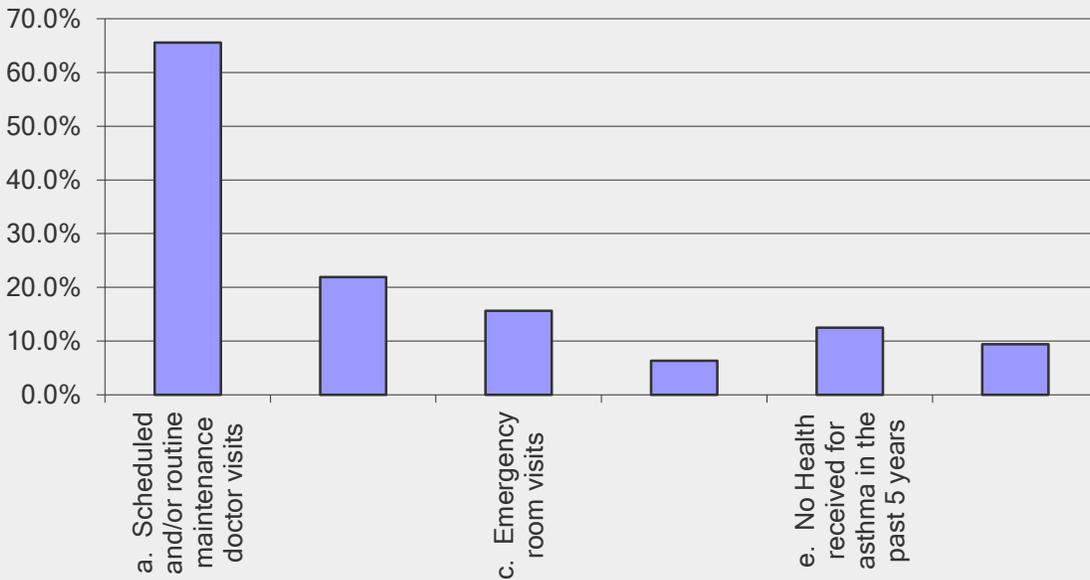
17. Do you or your family member still have asthma? If no, skip to question 20.

17. Do you or your family member still have asthma? If no, skip to question 20.

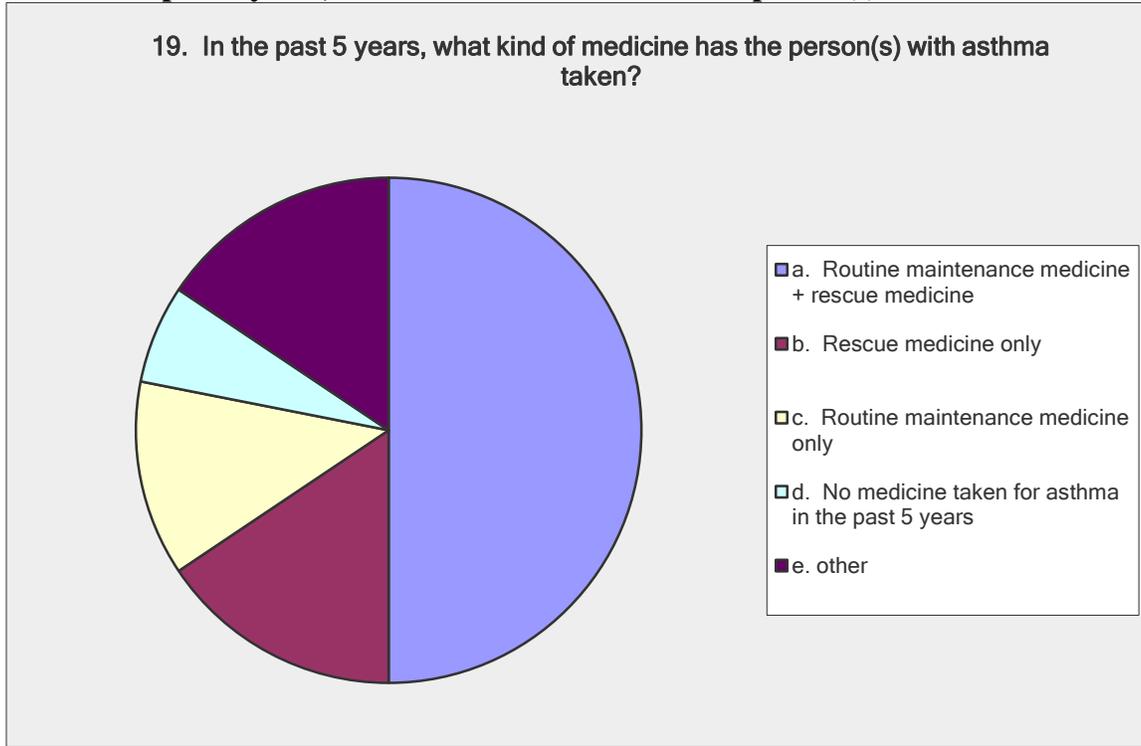


18. In the past 5 years, what kind of healthcare has the person(s) with asthma received (check all that apply) ?

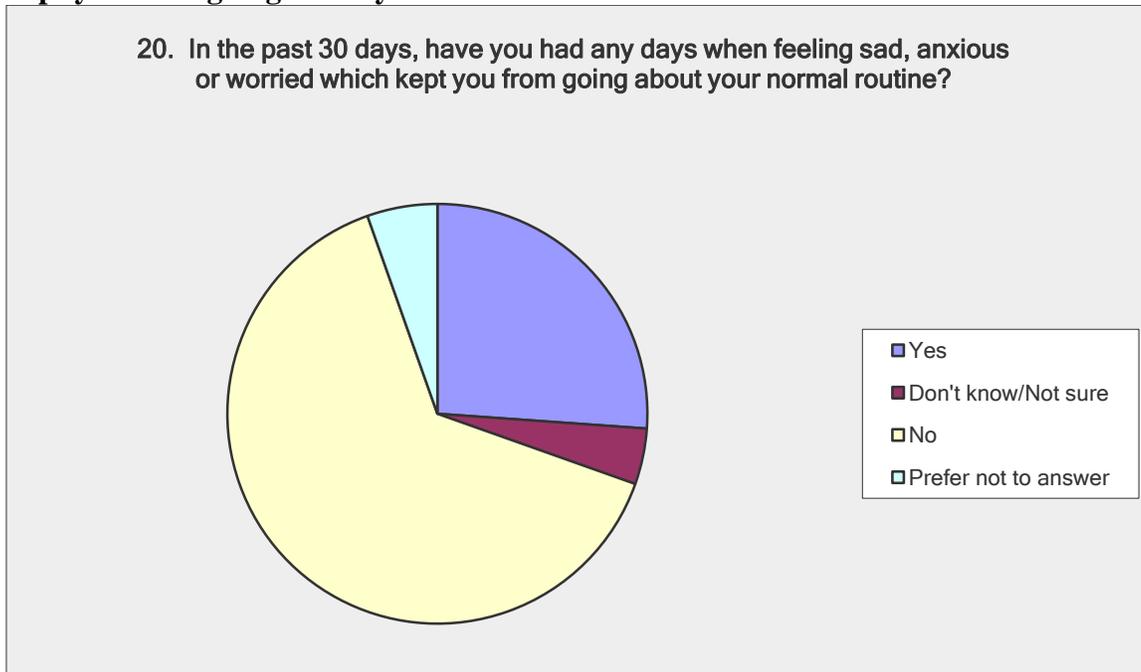
18. In the past 5 years, what kind of healthcare has the person(s) with asthma received (check all that apply) ?



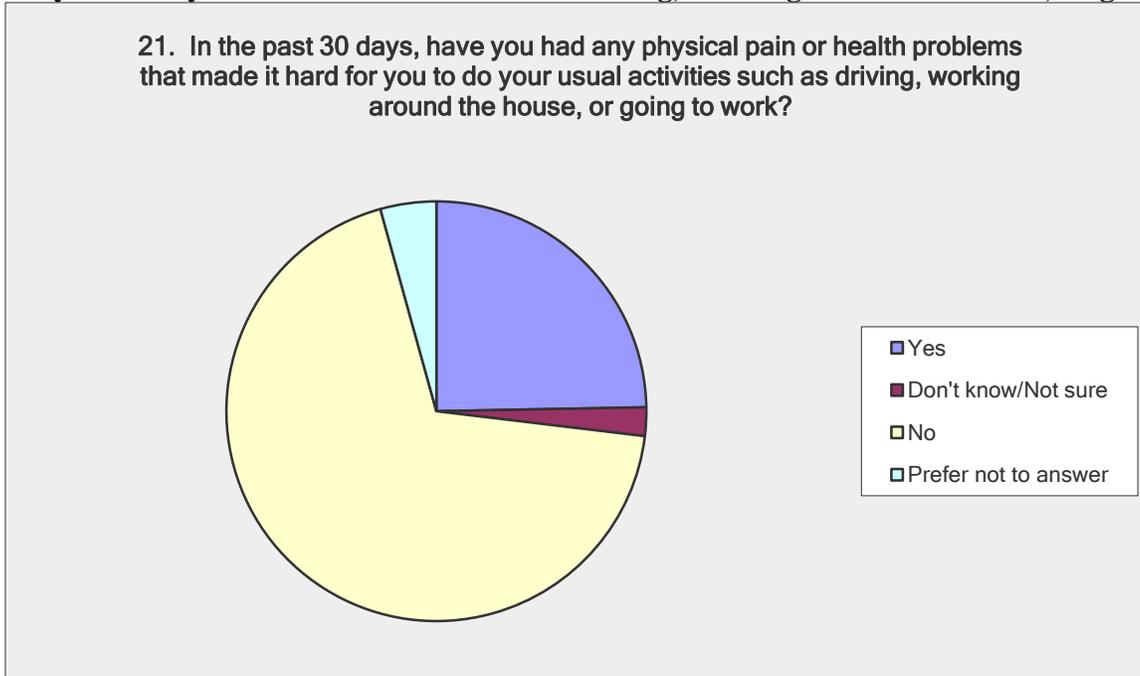
19. In the past 5 years, what kind of medicine has the person(s) with asthma taken?



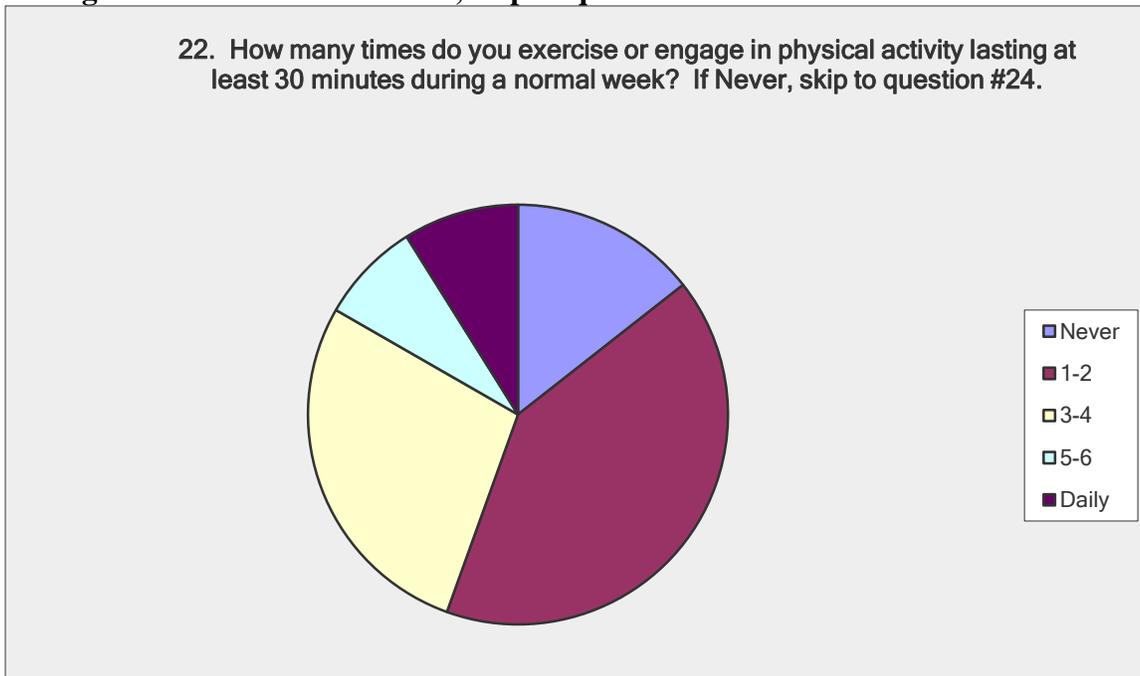
20. In the past 30 days, have you had any days when feeling sad, anxious or worried which kept you from going about your normal routine?



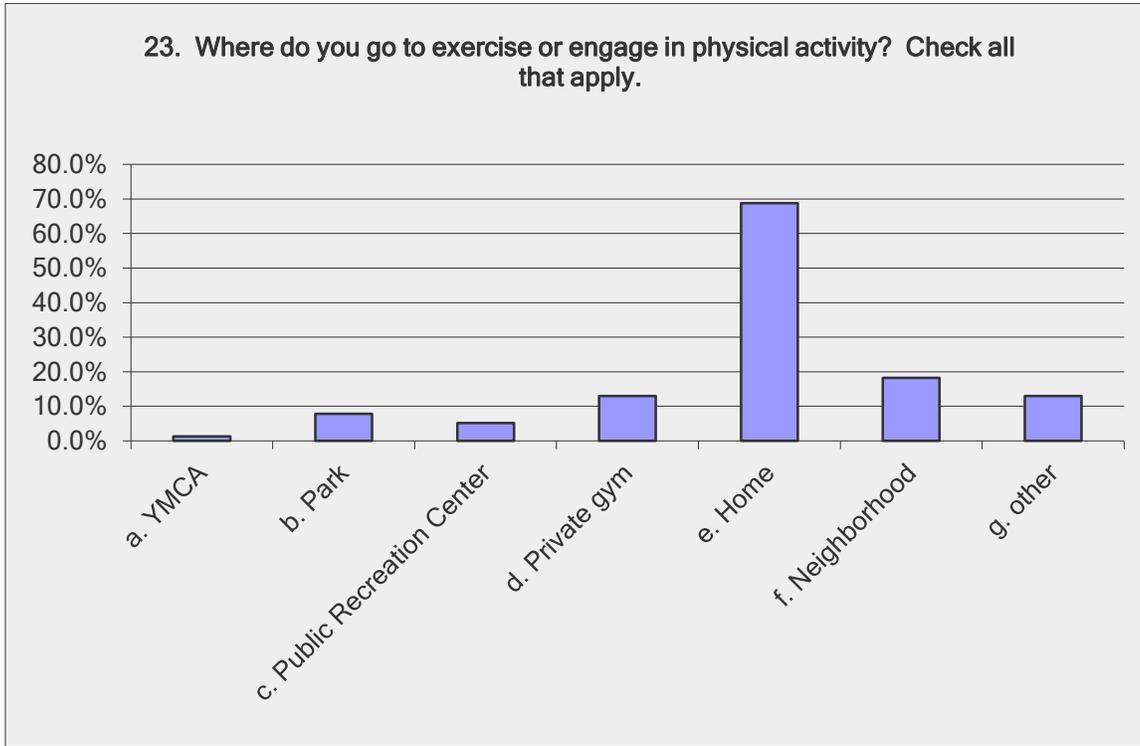
21. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?



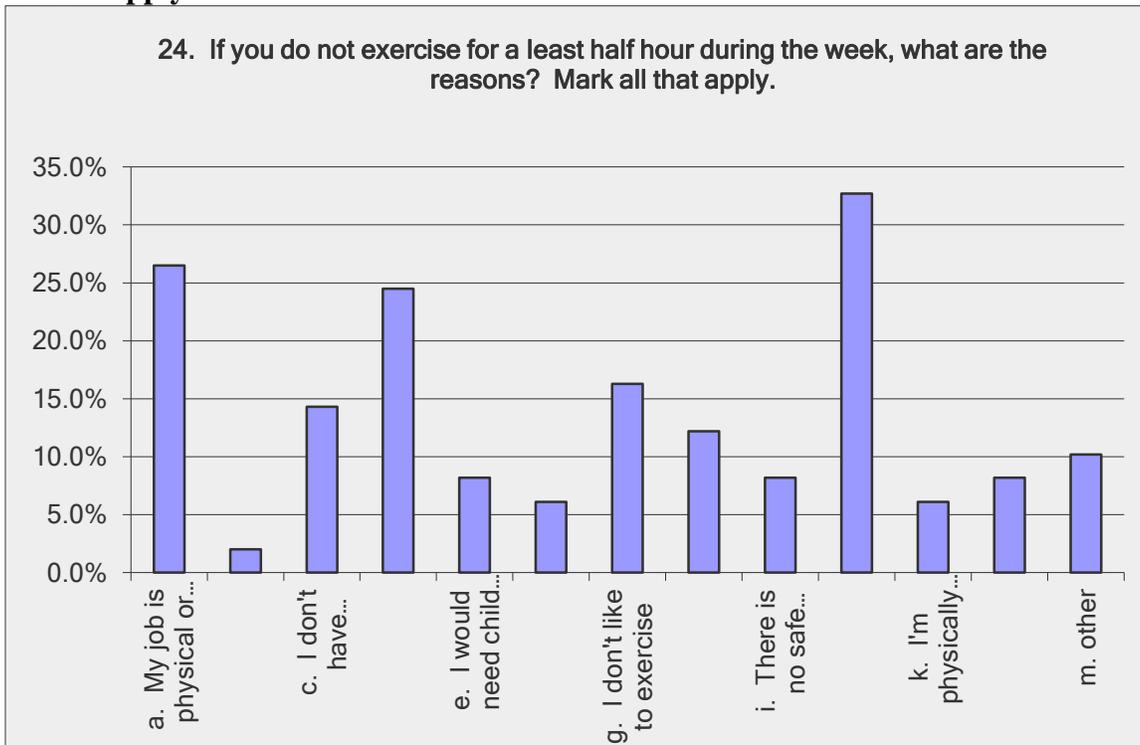
22. How many times do you exercise or engage in physical activity lasting at least 30 minutes during a normal week? If never, skip to question #24.



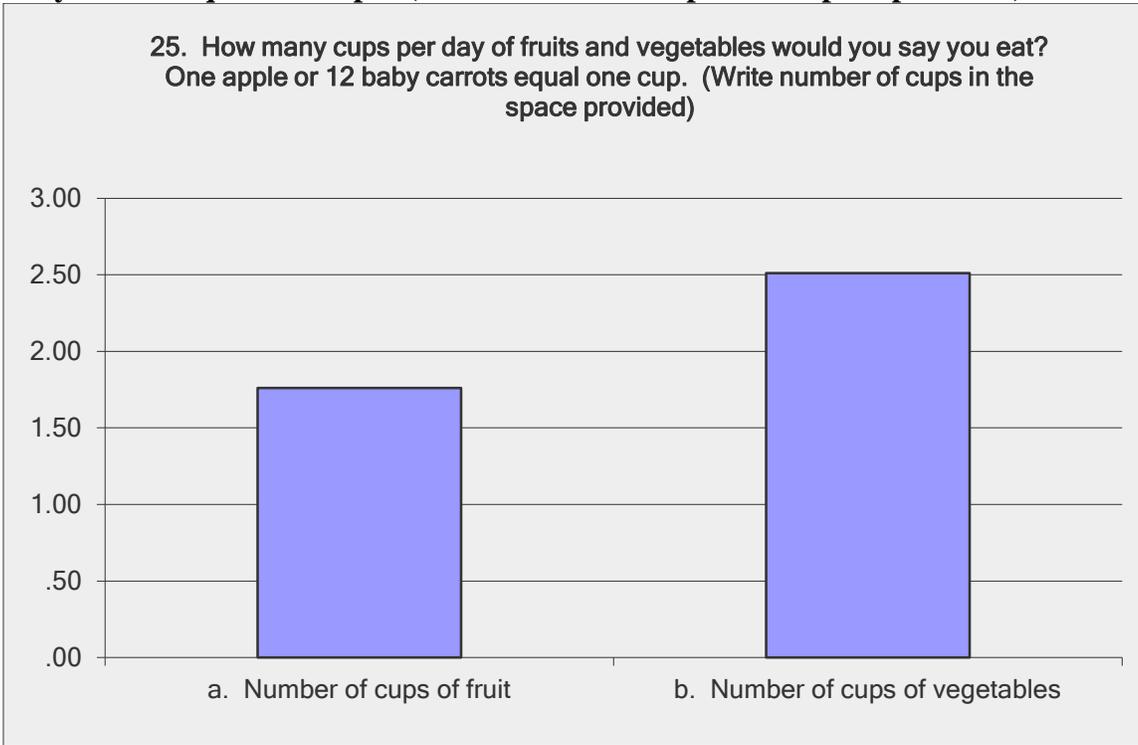
23. Where do you go to exercise or engage in physical activity? Check all that apply.



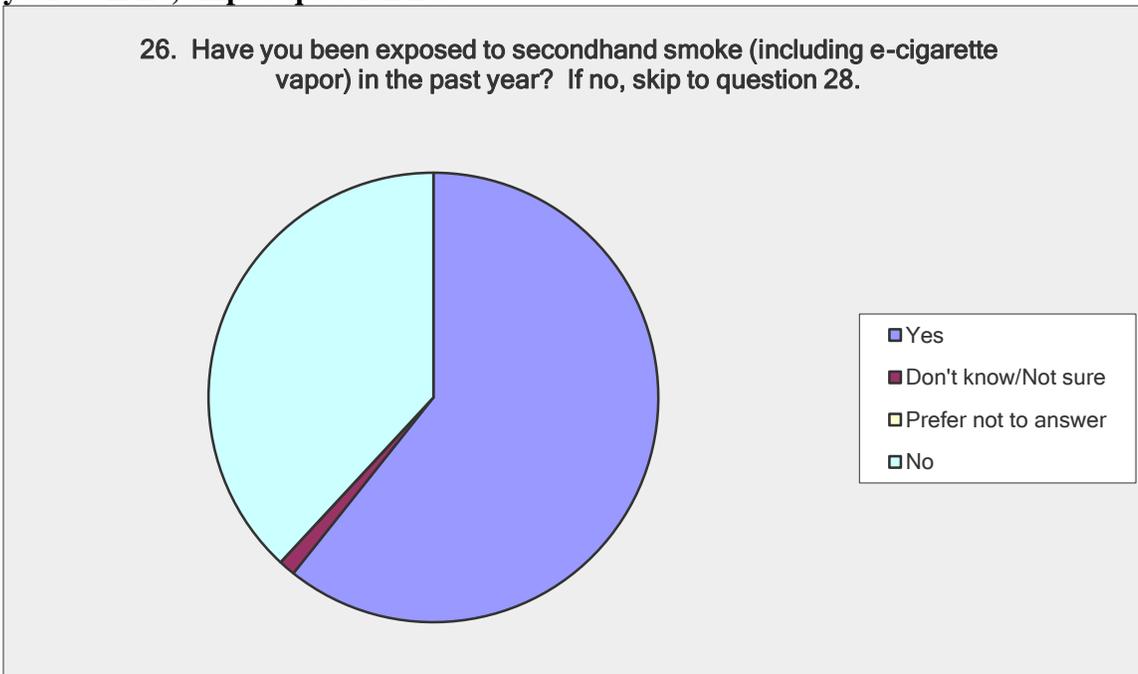
24. If you do not exercise for a least half hour during the week, what are the reasons? Mark all that apply.



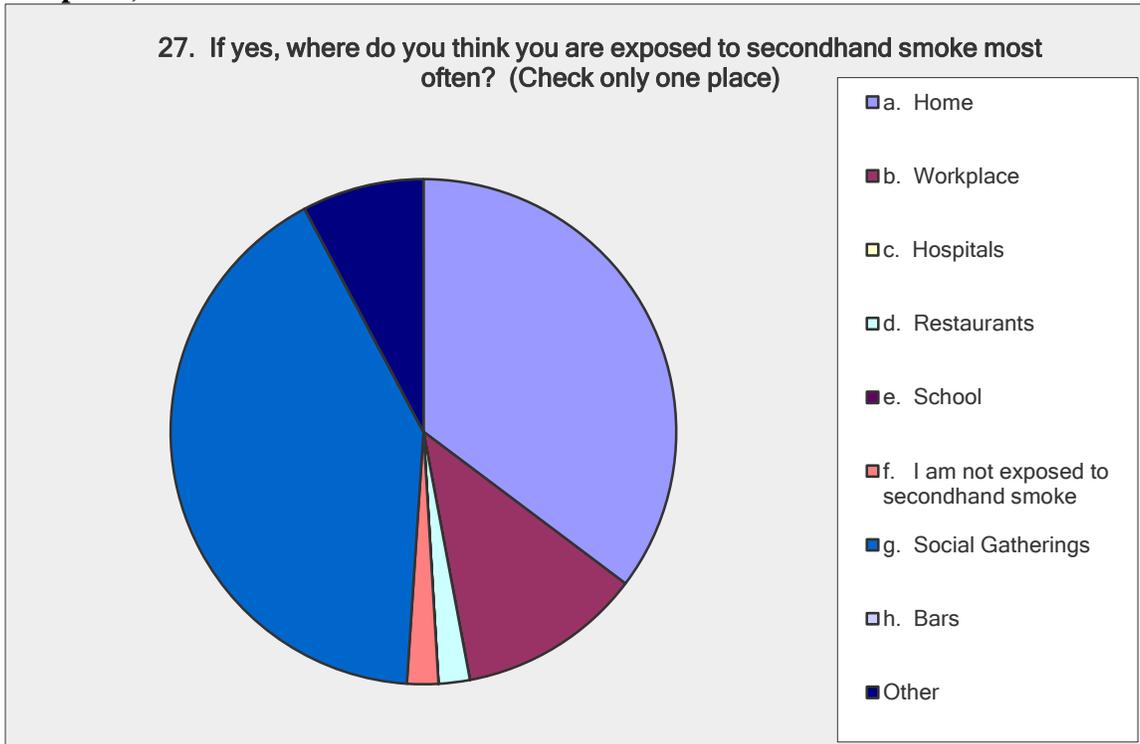
25. How many cups per day of fruits and vegetables would you say you eat? One apple or 12 baby carrots equal one cup. (Write number of cups in the space provided)



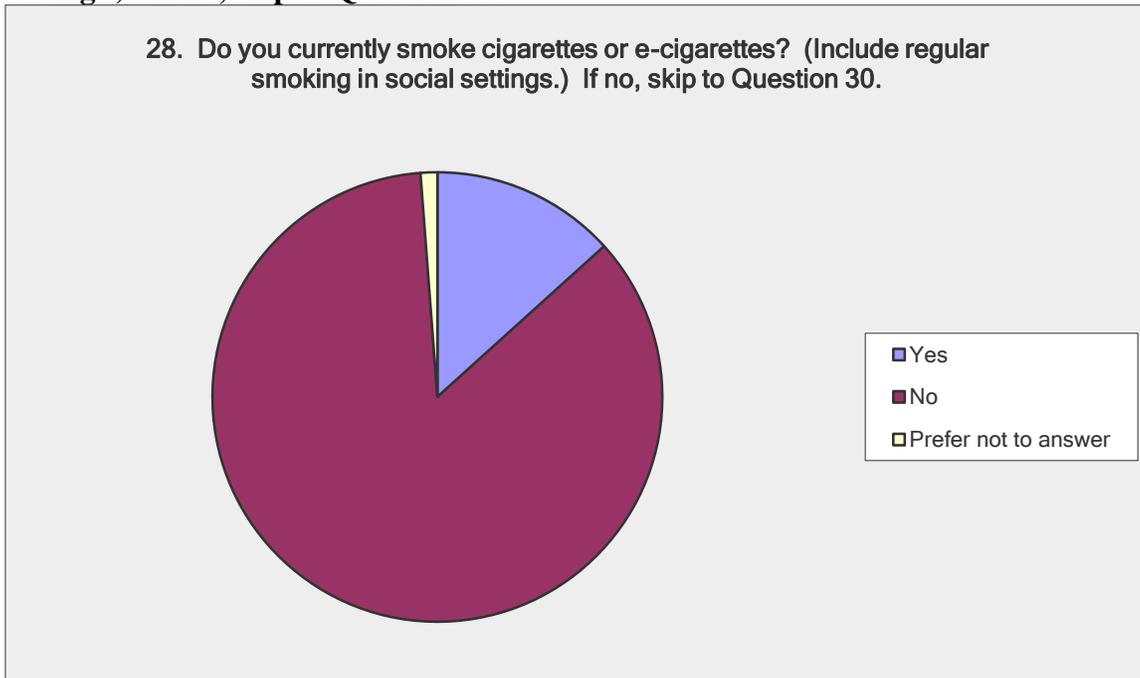
26. Have you been exposed to secondhand smoke (including e-cigarette vapor) in the past year? If no, skip to question 28.



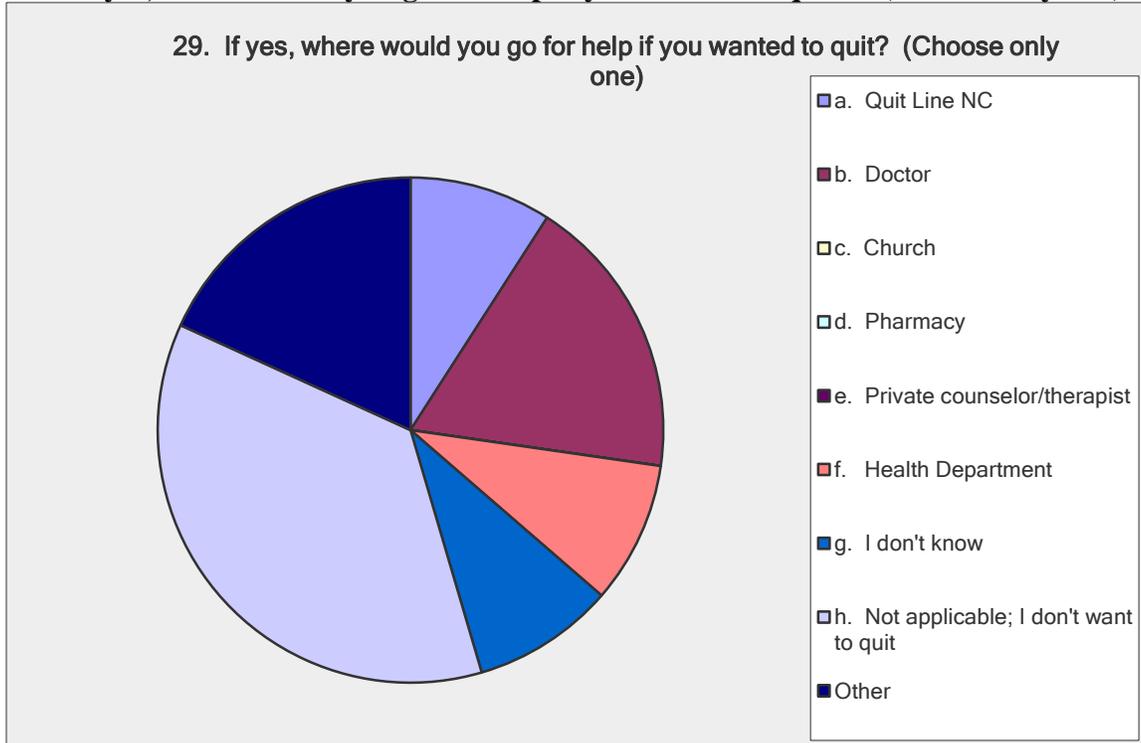
27. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one place)



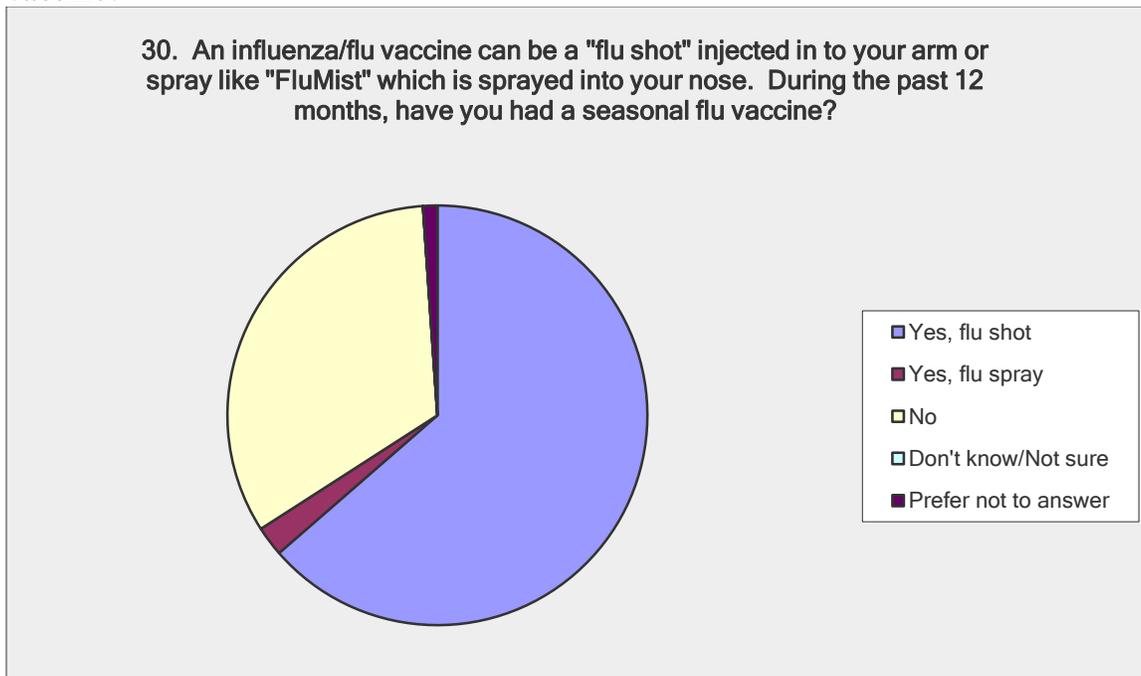
28. Do you currently smoke cigarettes or e-cigarettes? (Include regular smoking in social settings.) If no, skip to Question 30.



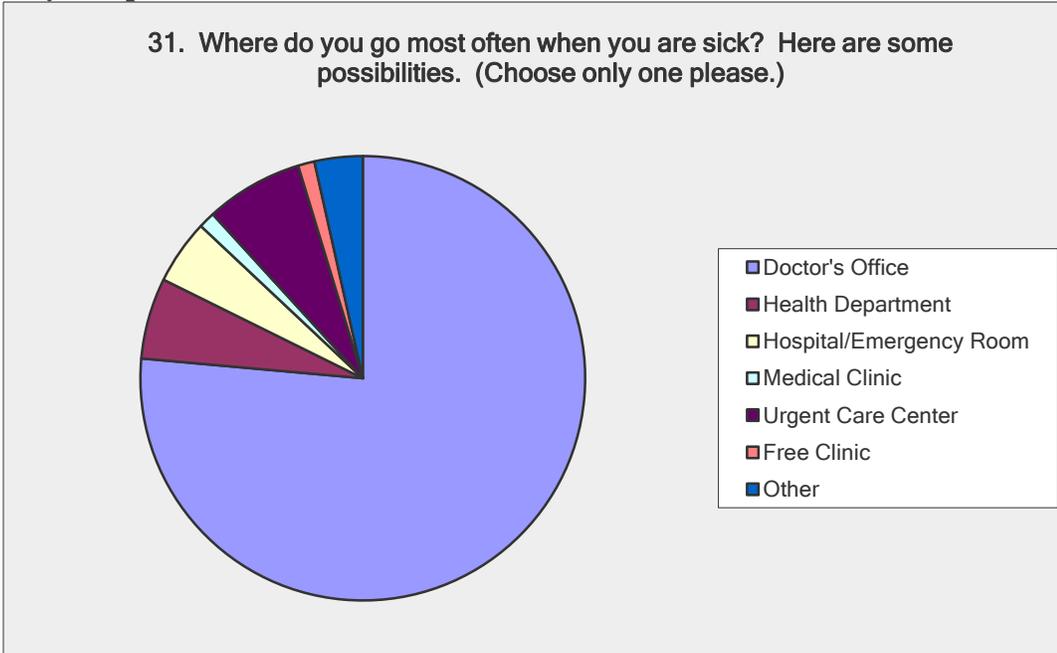
29. If yes, where would you go for help if you wanted to quit? (Choose only one)



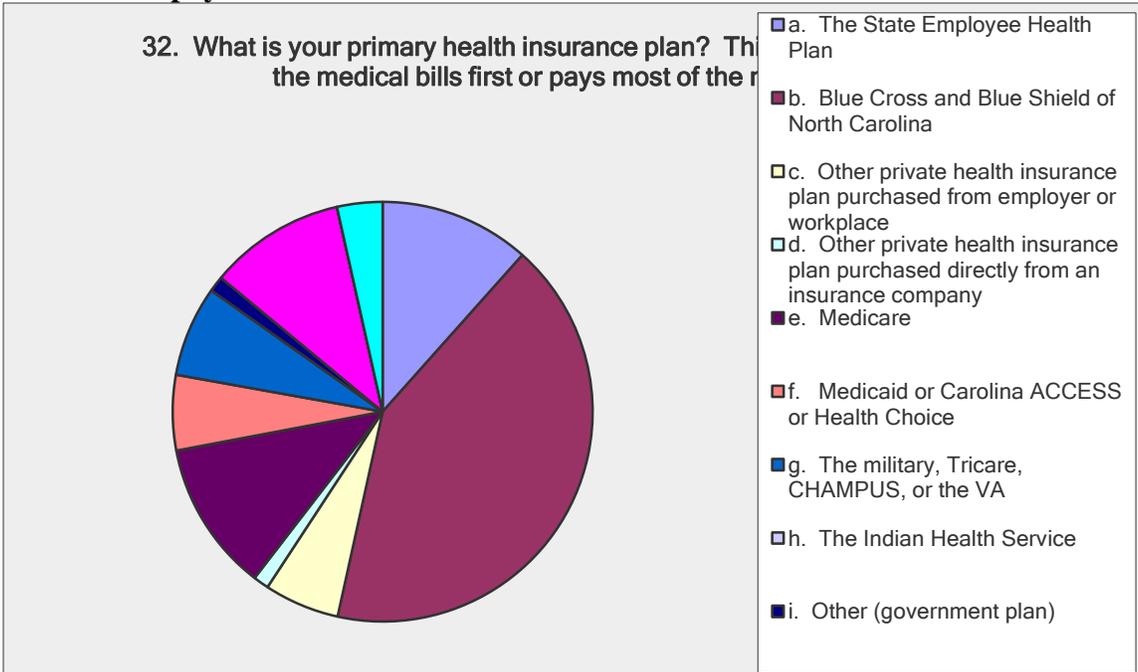
30. An influenza/flu vaccine can be a "flu shot" injected in to your arm or spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?



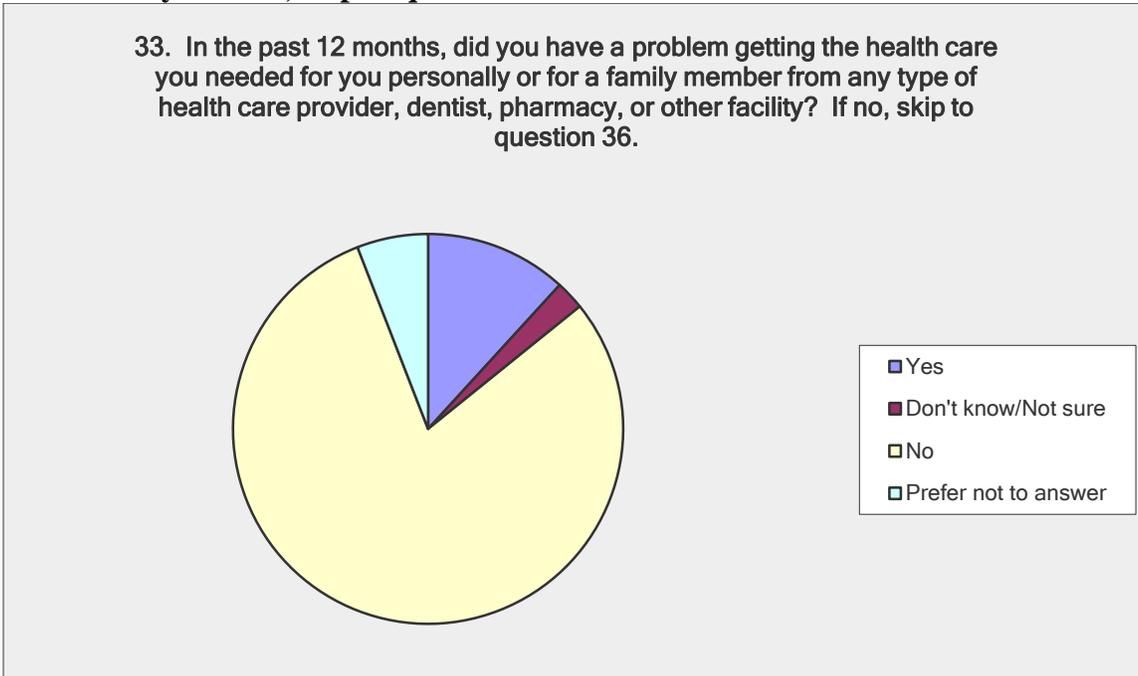
31. Where do you go most often when you are sick? Here are some possibilities. (Choose only one please.)



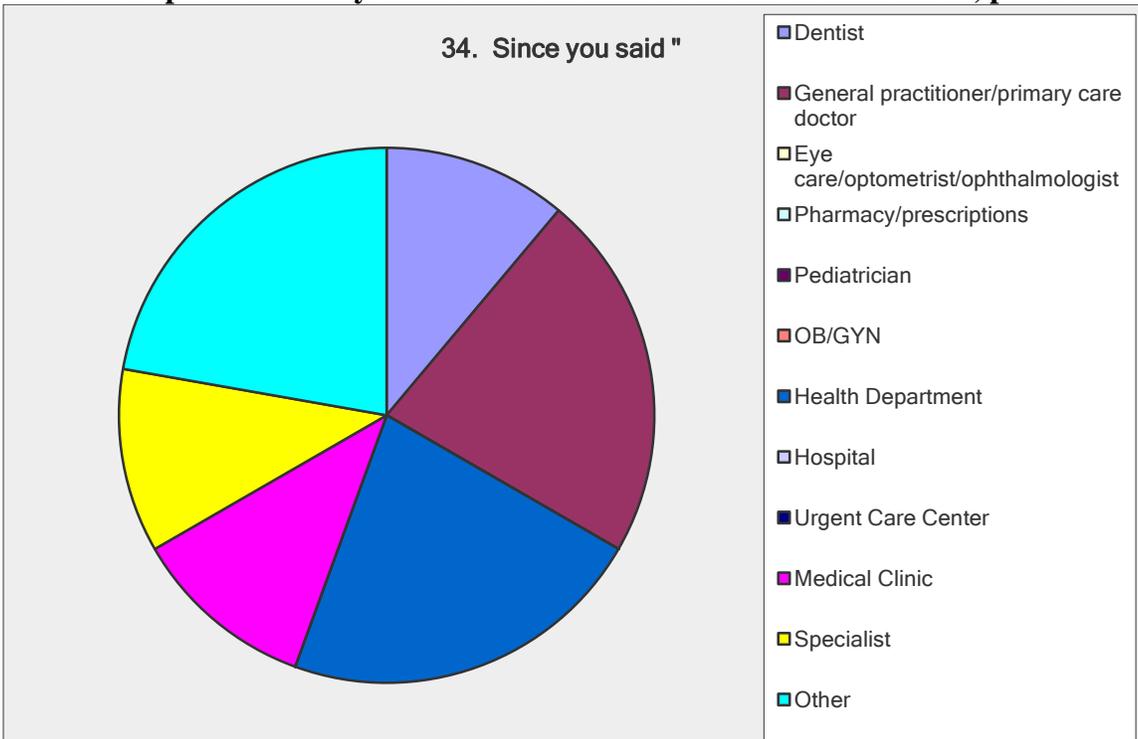
32. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?



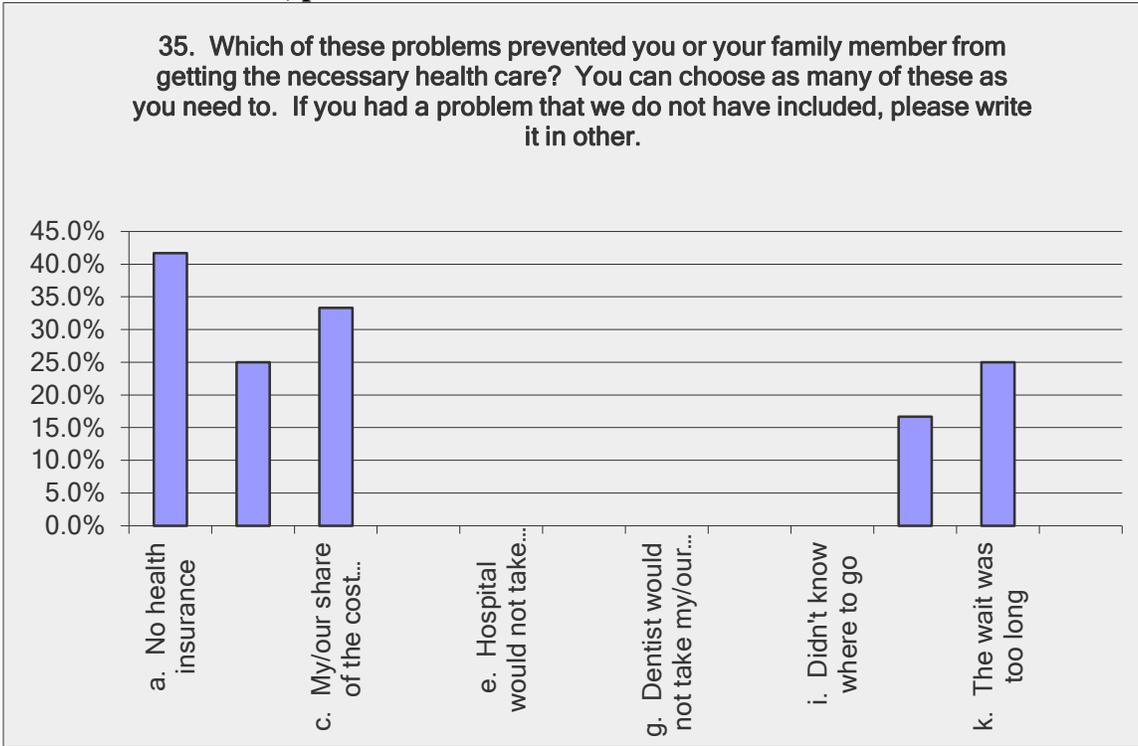
33. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? If no, skip to question 36.



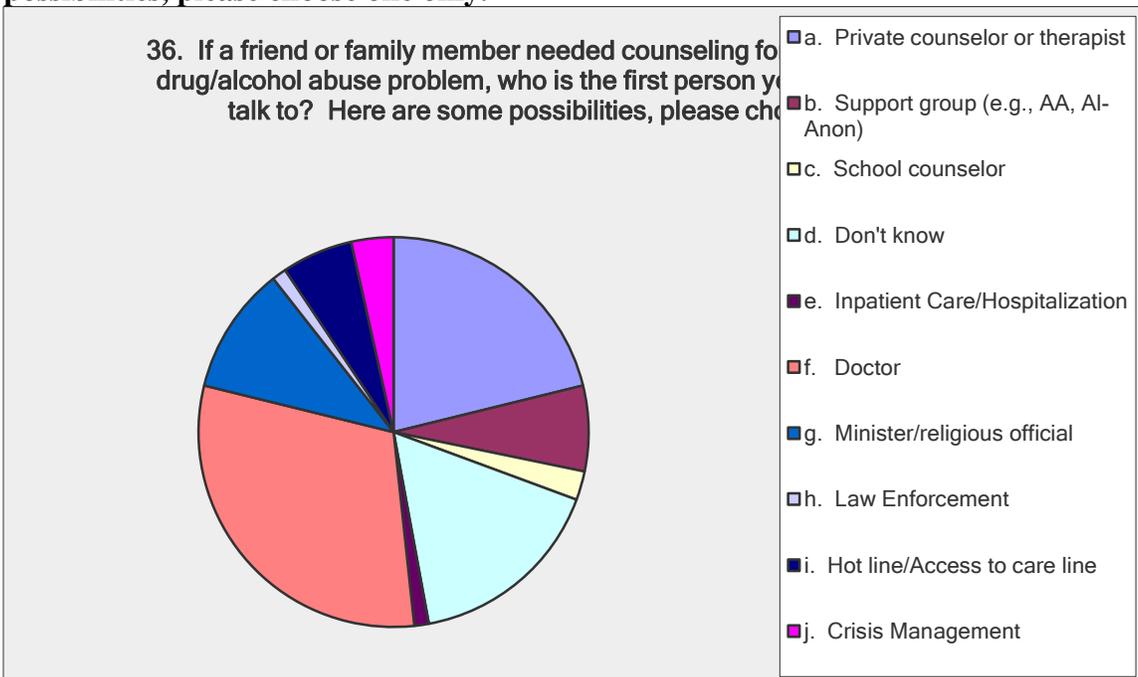
34. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you tried to see but we do not have listed here, please write it in.



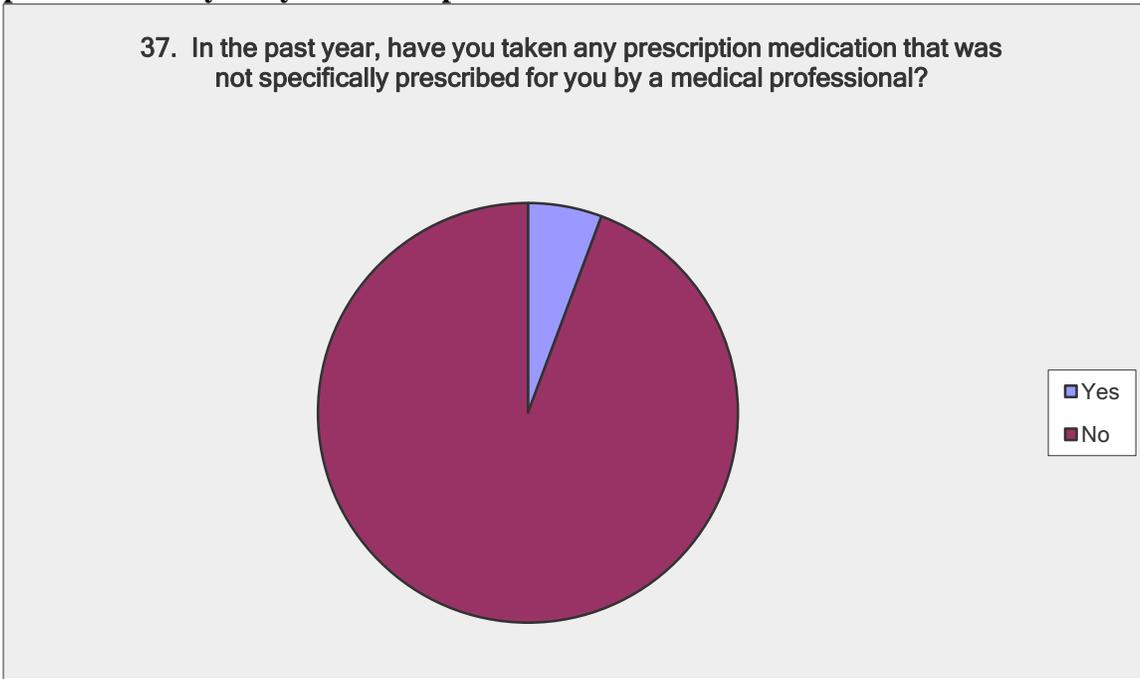
35. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have included, please write it in other.



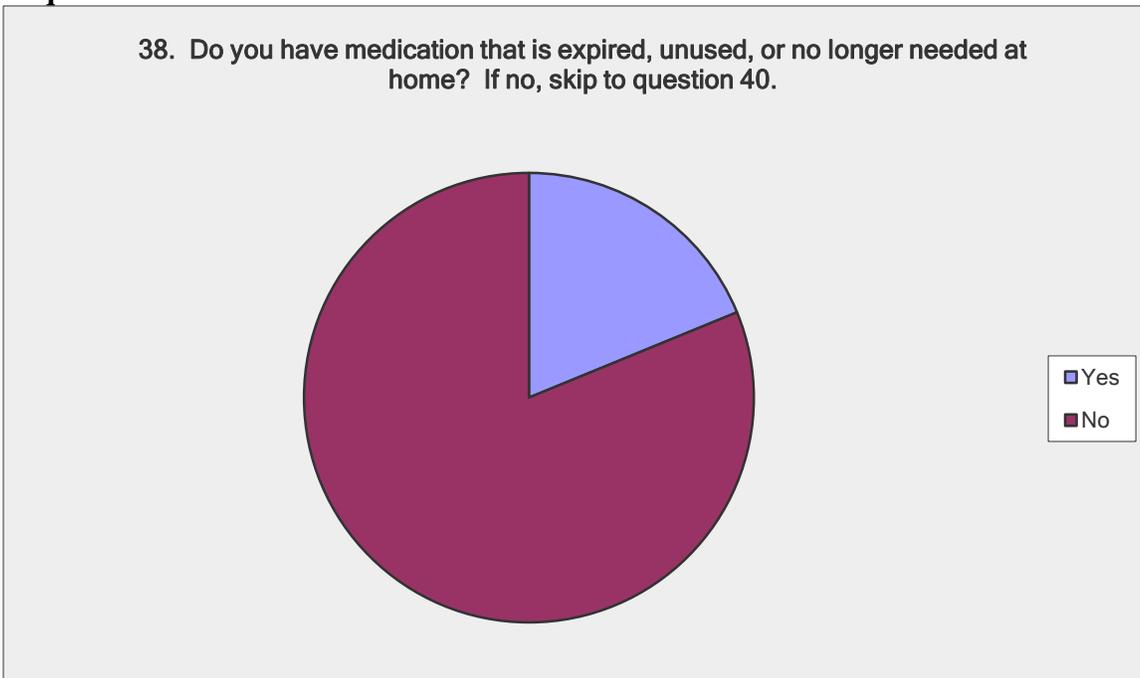
36. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? Here are some possibilities, please choose one only.



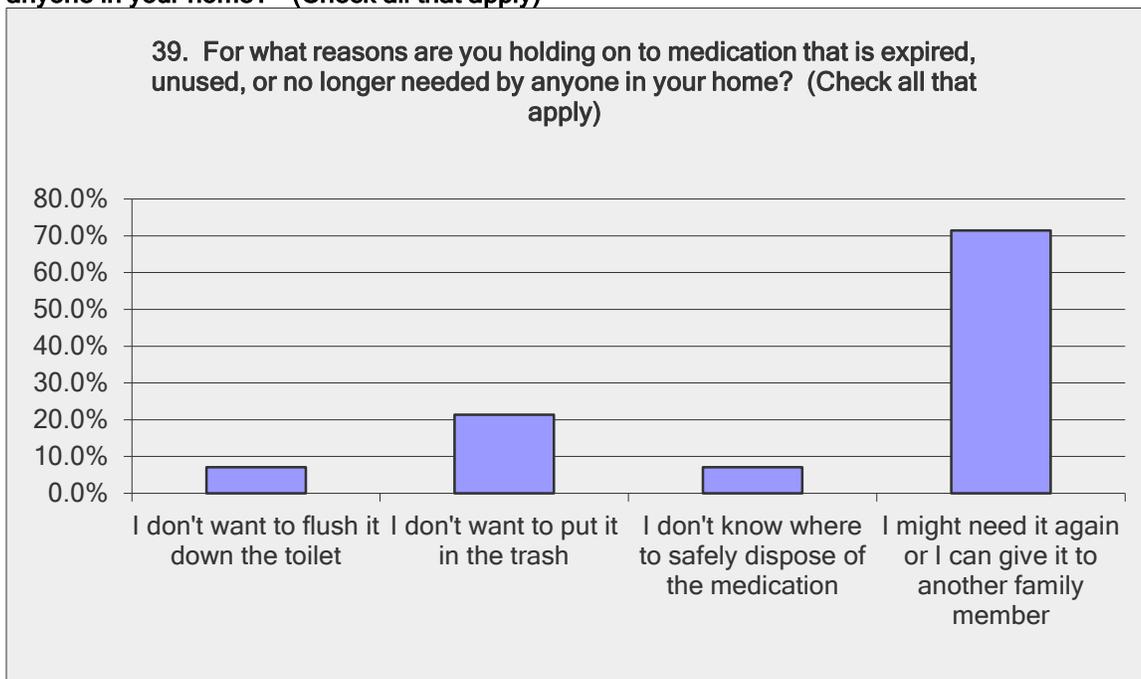
37. In the past year, have you taken any prescription medication that was not specifically prescribed for you by a medical professional?



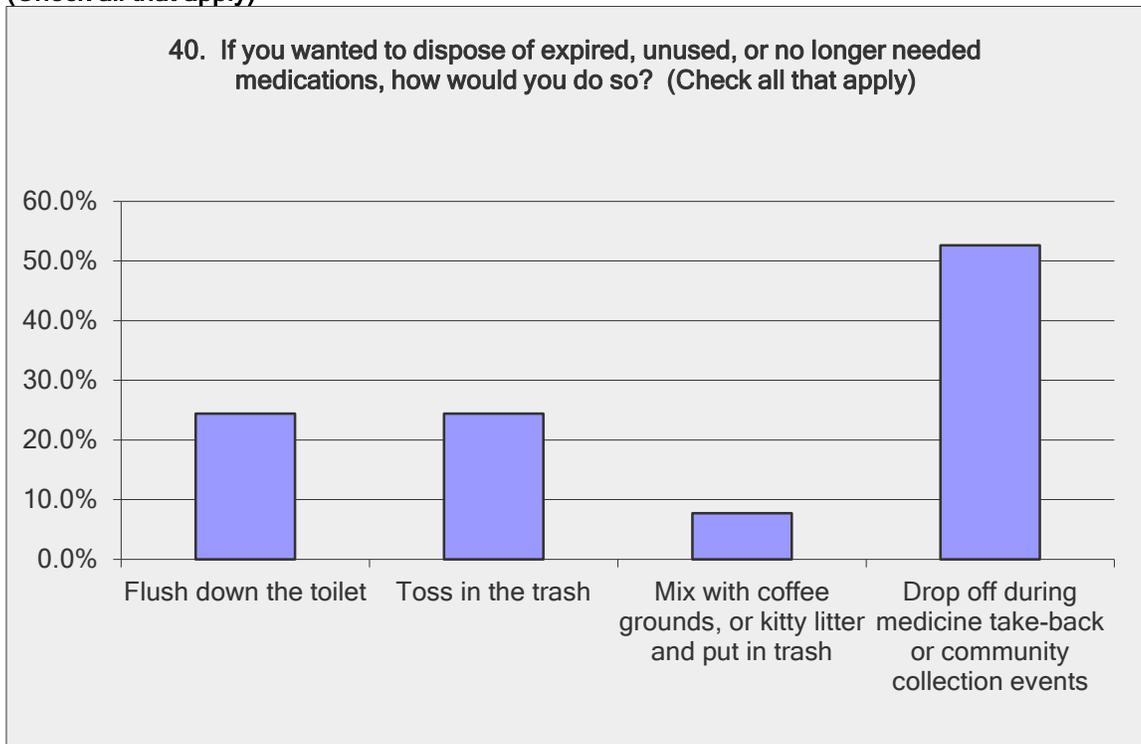
38. Do you have medication that is expired, unused, or no longer needed at home? If no, skip to question 40.



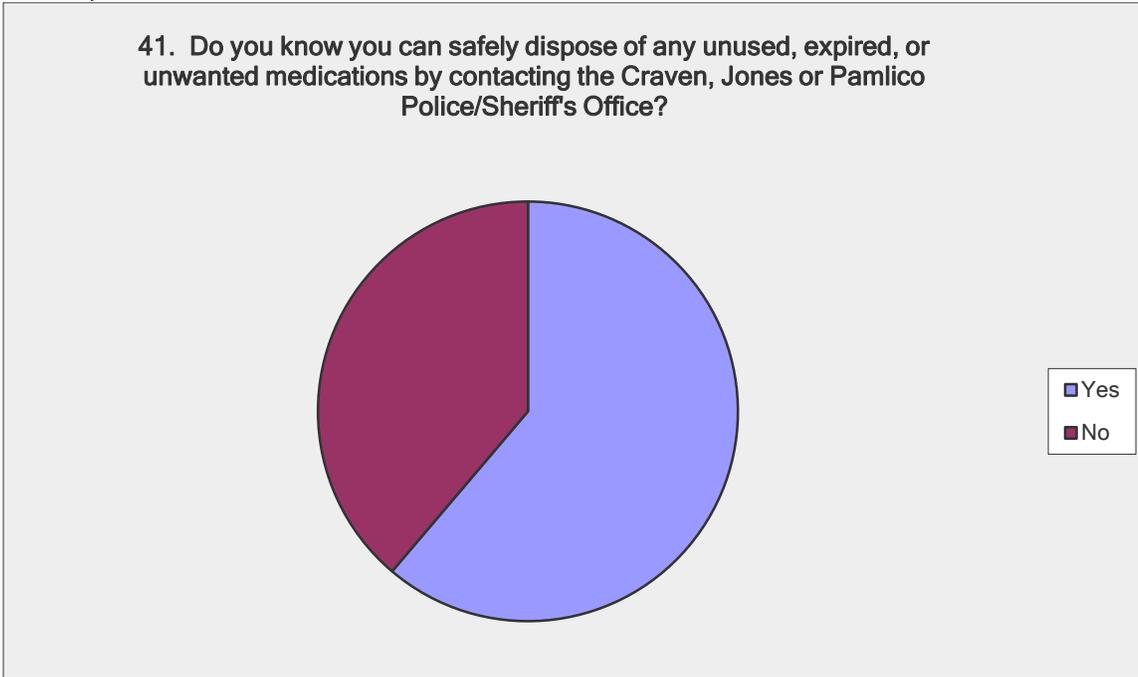
39. For what reasons are you holding on to medication that is expired, unused, or no longer needed by anyone in your home? (Check all that apply)



40. If you wanted to dispose of expired, unused, or no longer needed medications, how would you do so? (Check all that apply)



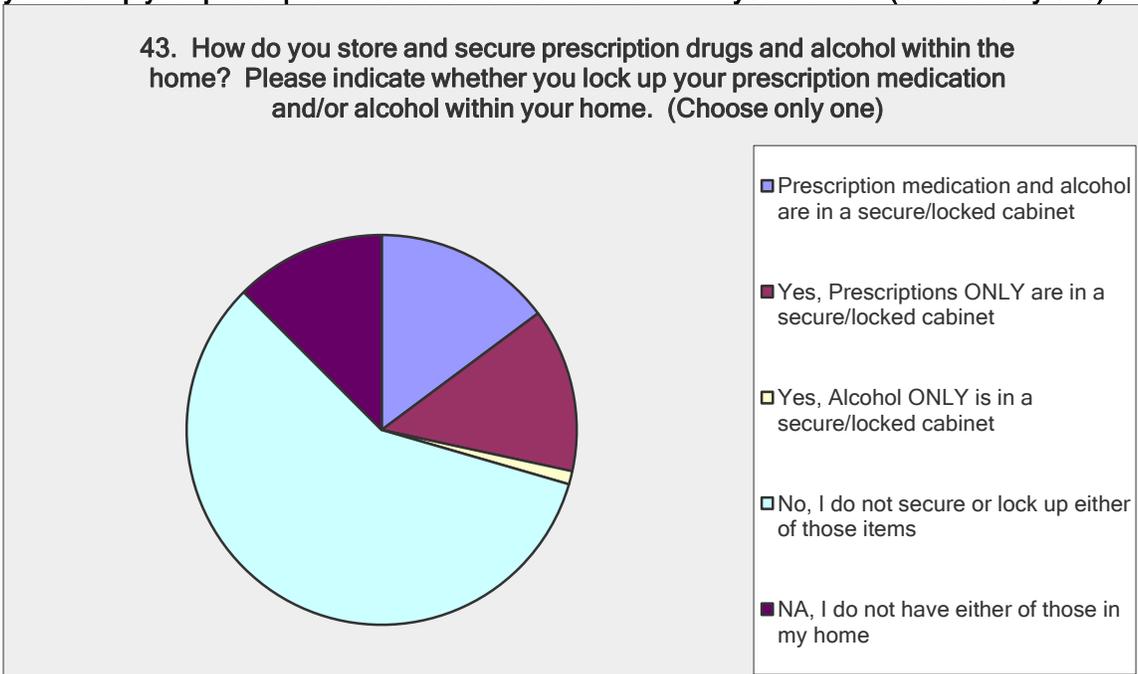
41. Do you know you can safely dispose of any unused, expired, or unwanted medications by contacting the Craven, Jones or Pamlico Police/Sheriff's Office?



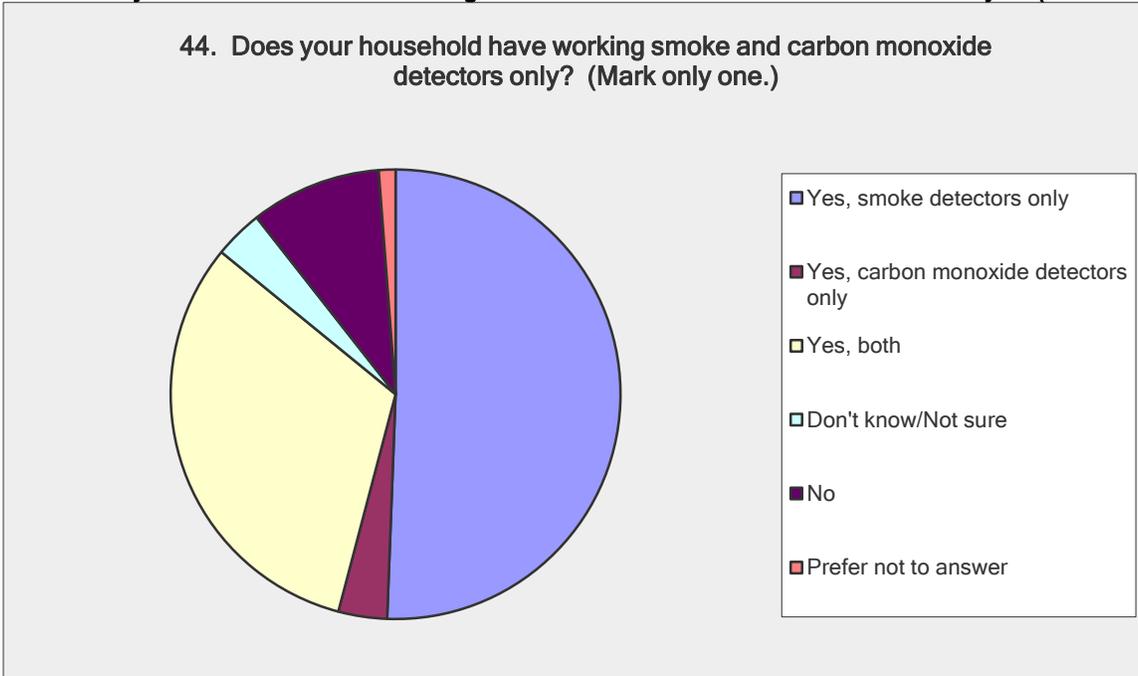
42. At what age do you think it is "OK" for a youth to drink/experiment with alcohol?

Average age response was 27.4

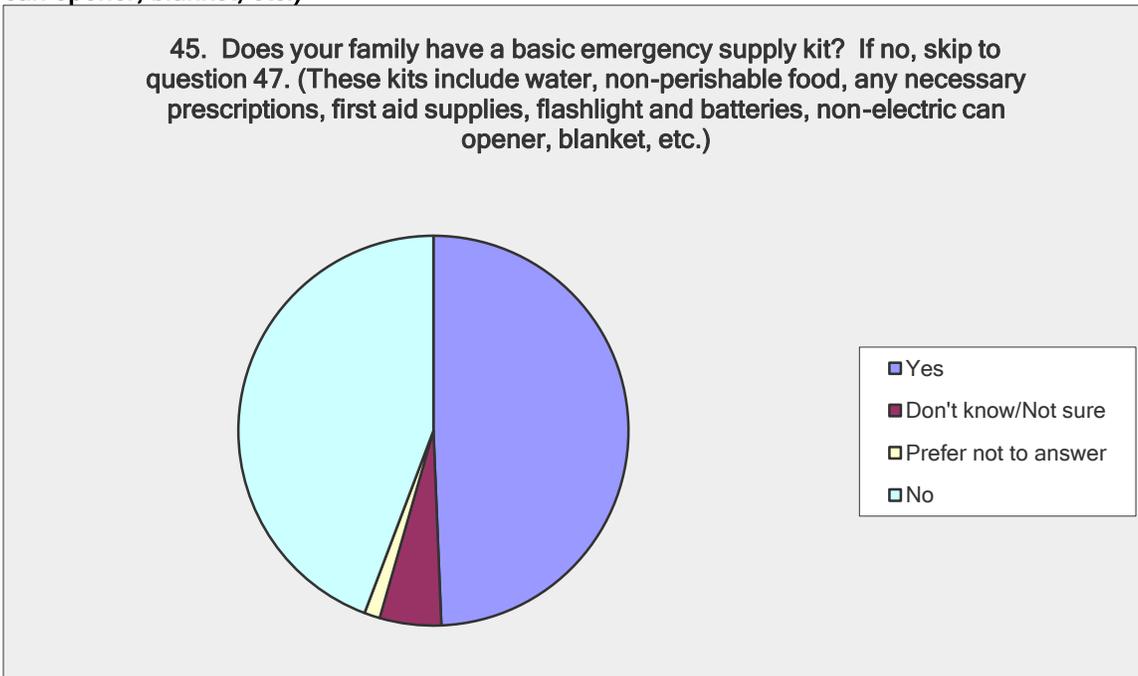
43. How do you store and secure prescription drugs and alcohol within the home? Please indicate whether you lock up your prescription medication and/or alcohol within your home. (Choose only one)



44. Does your household have working smoke and carbon monoxide detectors only? (Mark only one.)



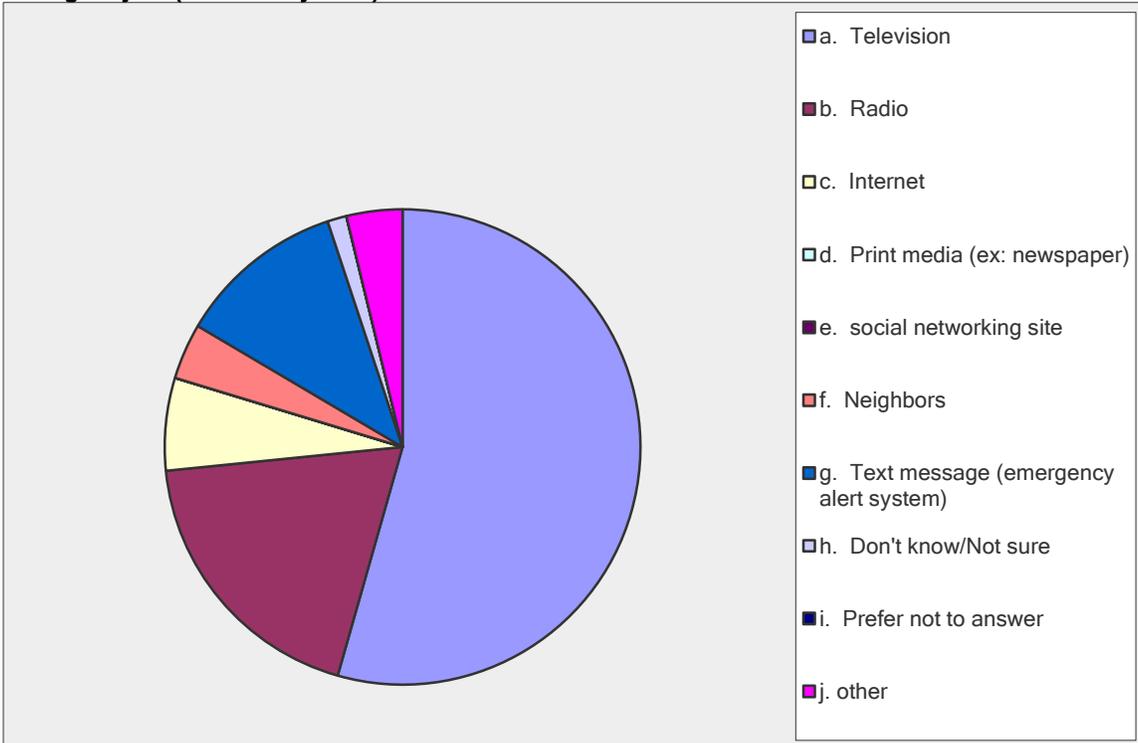
45. Does your family have a basic emergency supply kit? If no, skip to question 47. (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)



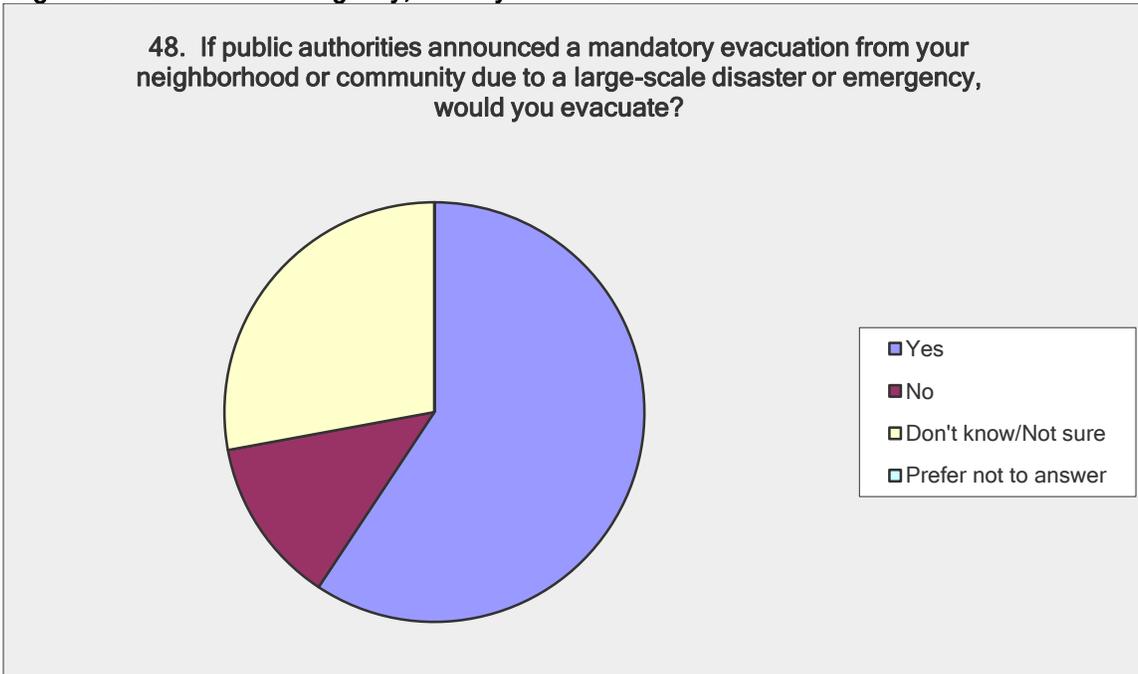
46. If yes, how many days do you have supplies for?

Average days reported: 9.25

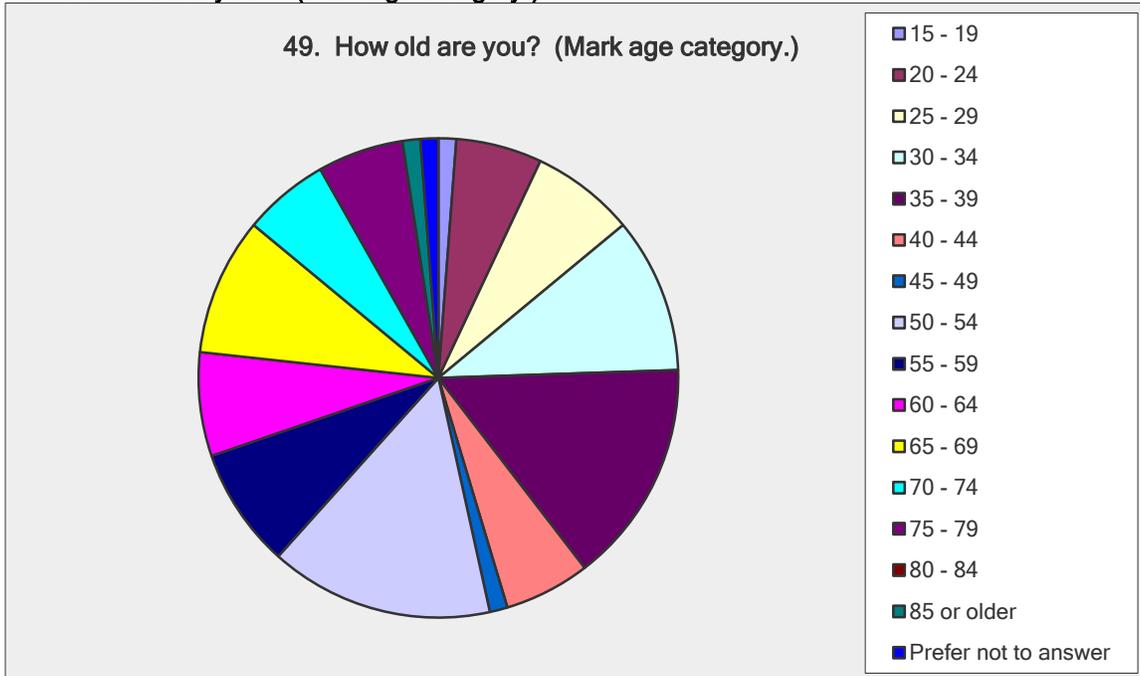
47. What would be your main ways of getting information from authorities in a large-scale disaster or emergency? (Check only one.)



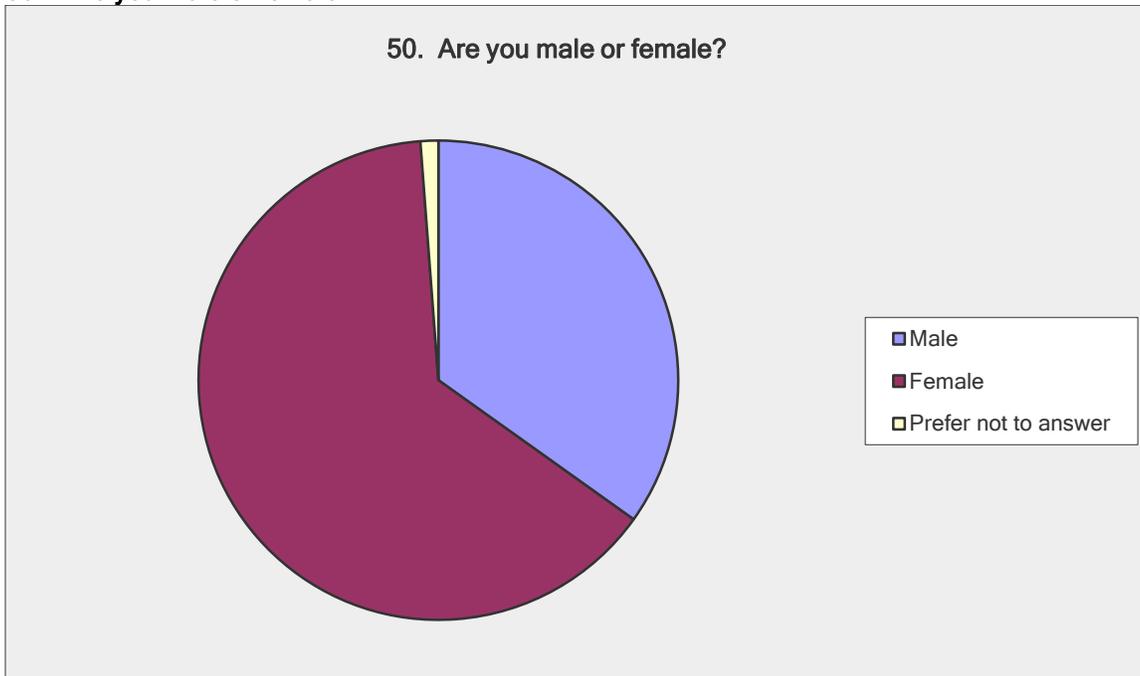
48. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?



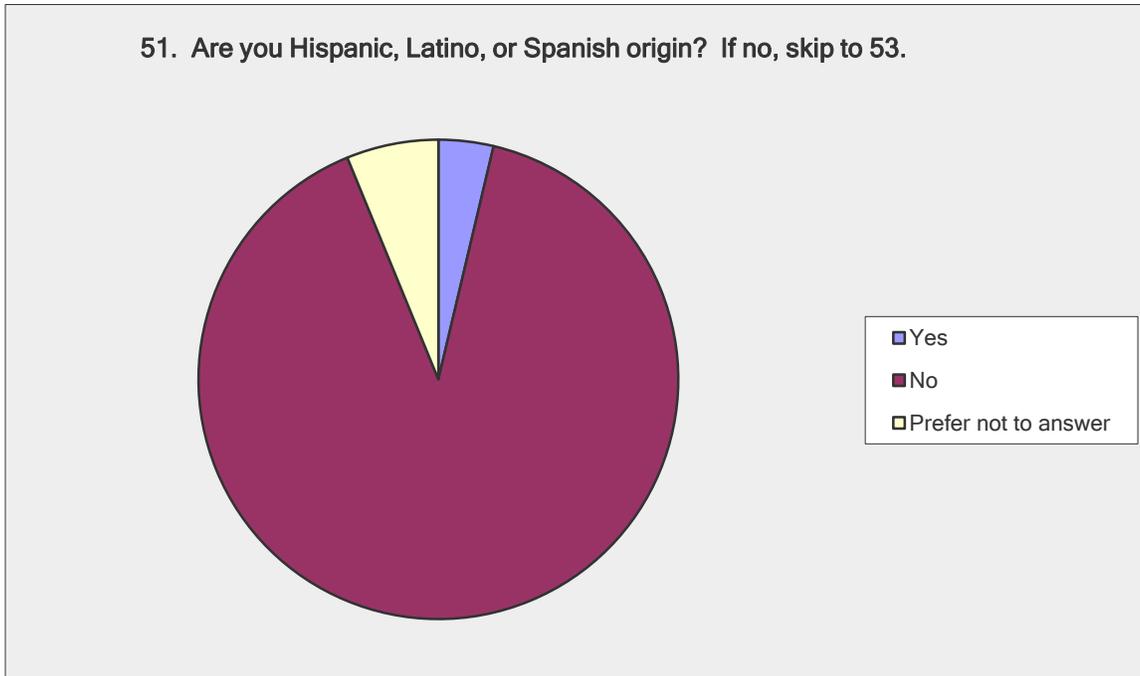
49. How old are you? (Mark age category.)



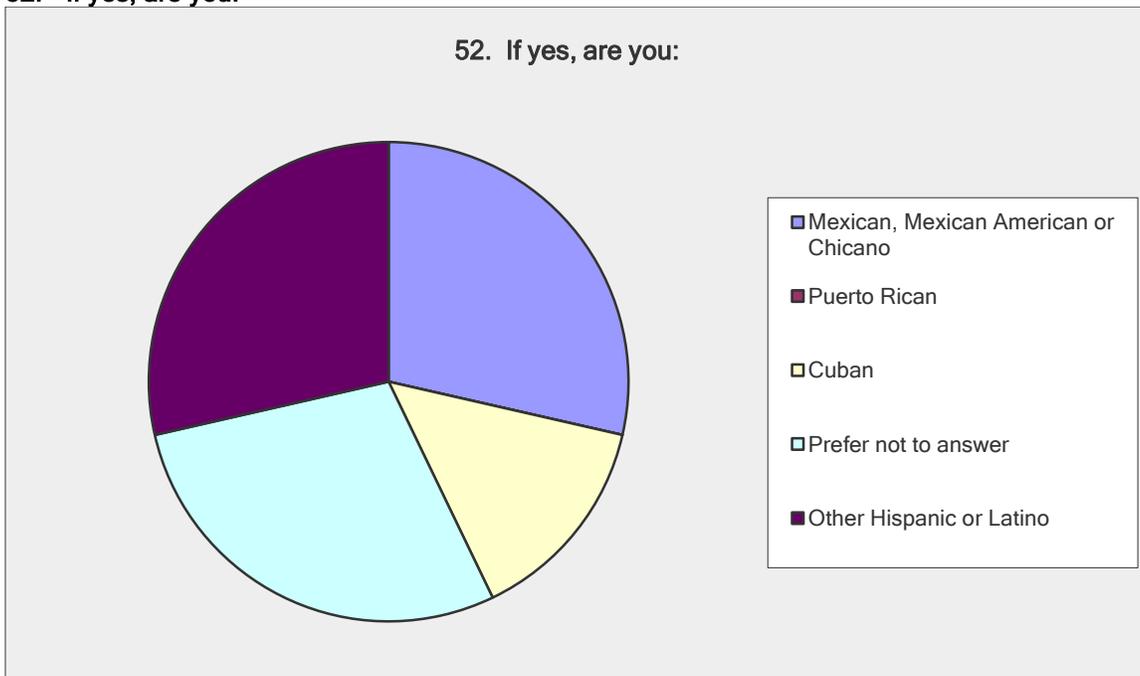
50. Are you male or female?



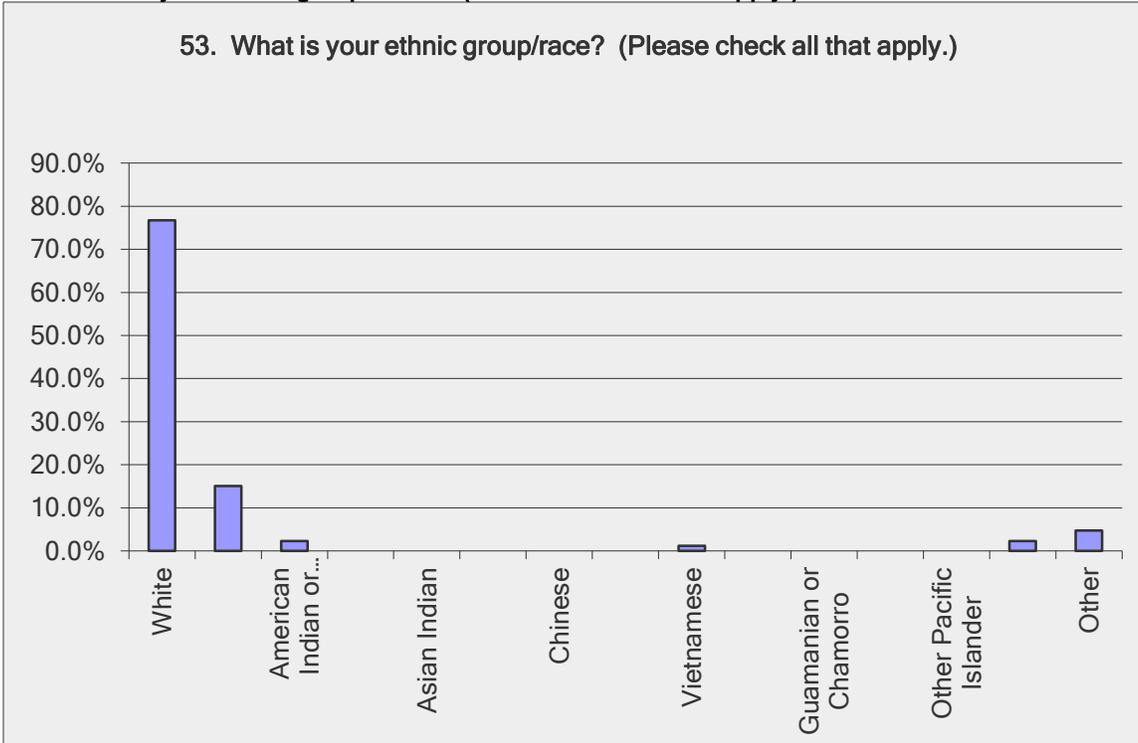
51. Are you Hispanic, Latino, or Spanish origin? If no, skip to 53.



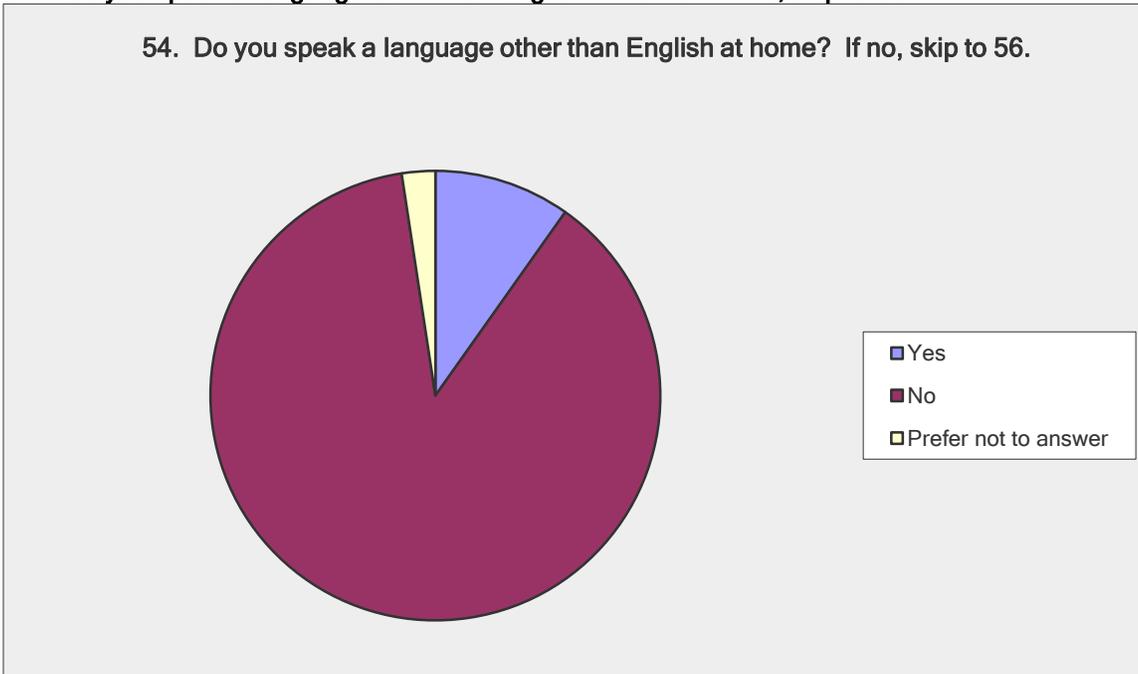
52. If yes, are you:



53. What is your ethnic group/race? (Please check all that apply.)



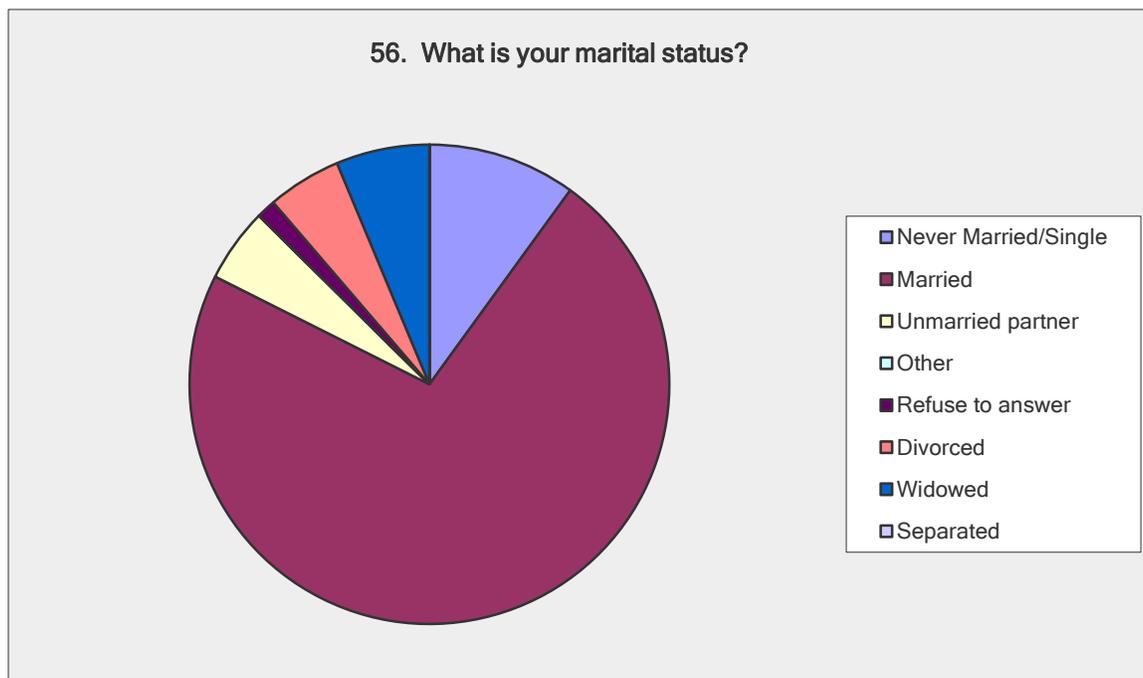
54. Do you speak a language other than English at home? If no, skip to 56.



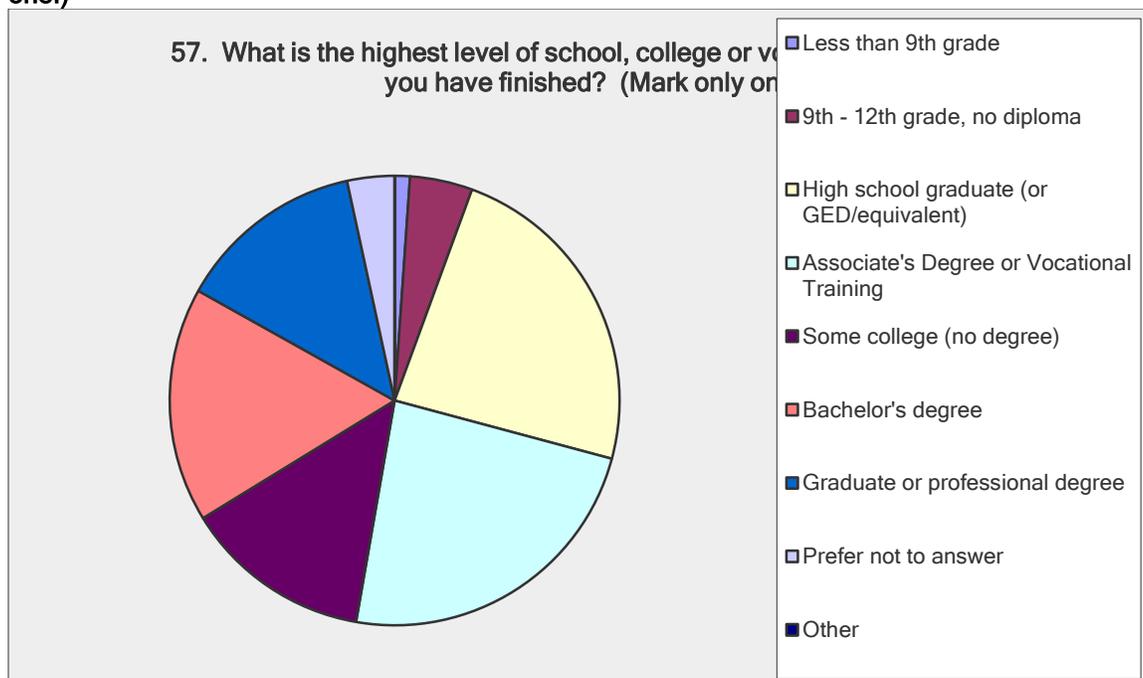
55. If yes, what language do you speak at home?

Only 6 participants answered this question all reported Spanish

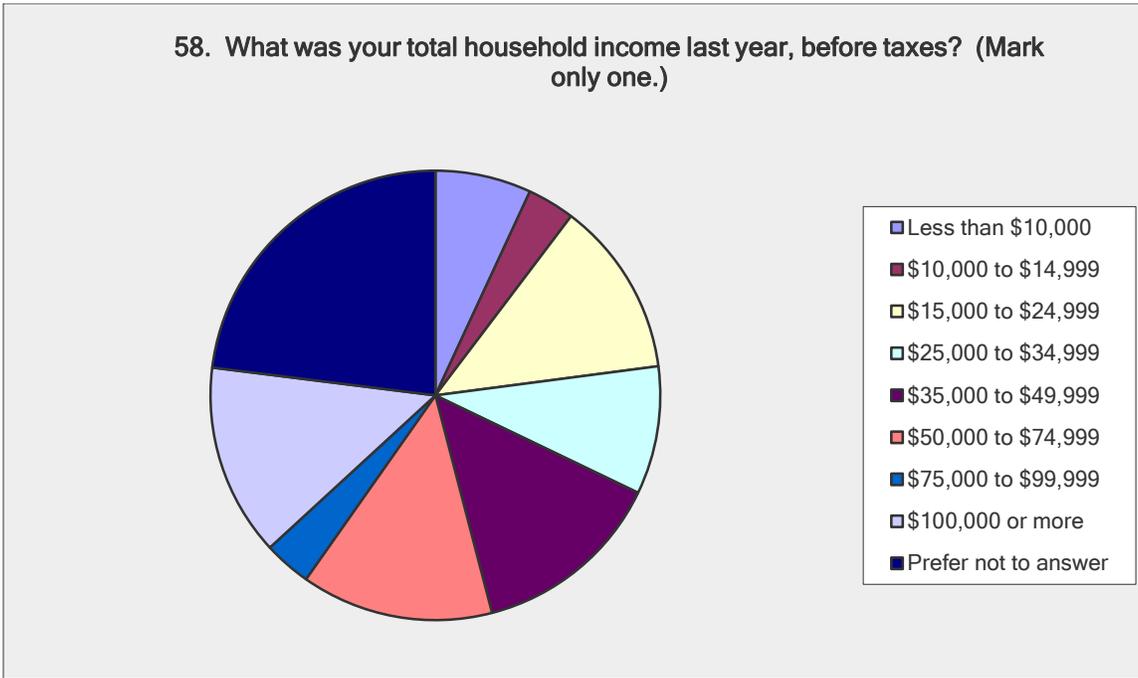
56. What is your marital status?



57. What is the highest level of school, college or vocational training that you have finished? (Mark only one.)



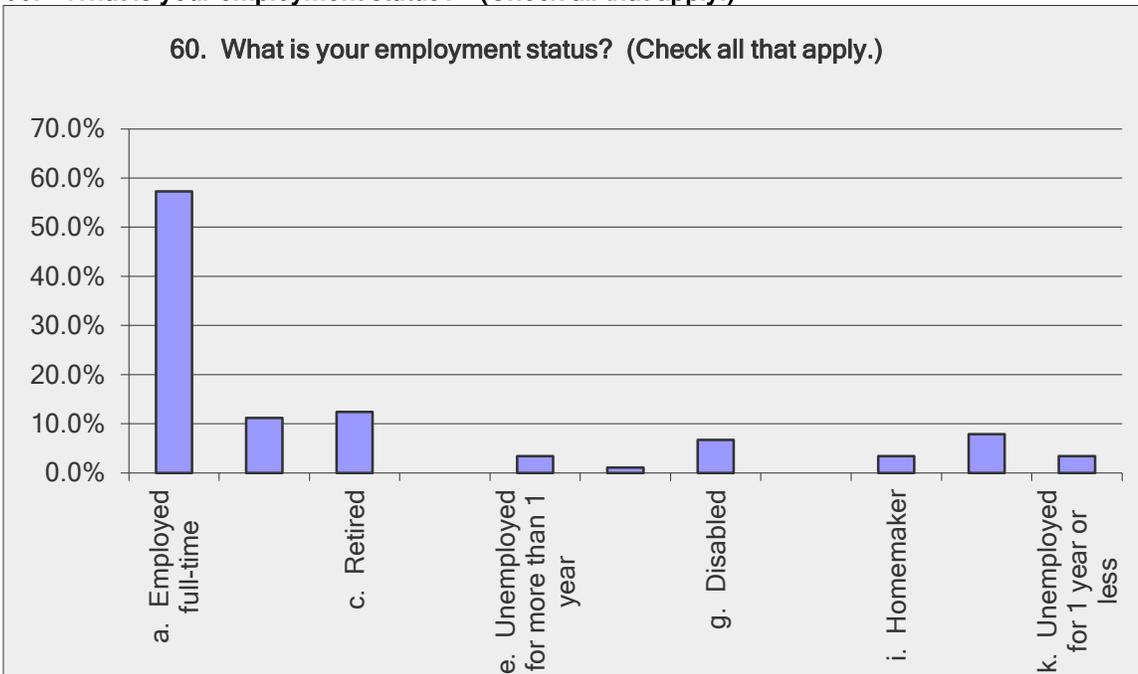
58. What was your total household income last year, before taxes? (Mark only one.)



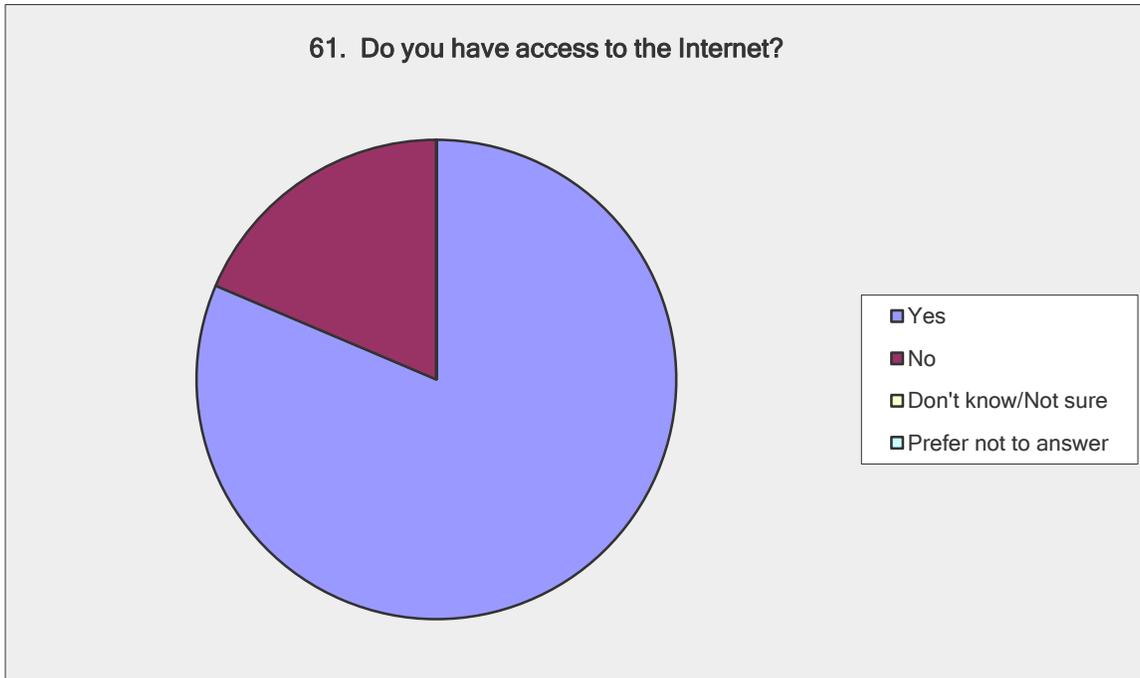
59. How many people does this income support? (If you are asked about child support: If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

The average reported was 2.81

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



61. Do you have access to the Internet?



Appendix B

Jones County Community Health Assessment Steering Committee		
Community Partners		
Name		Agency/Organization
Rachel	Ward	Smart Start
Kelly	Beasley	Cooperative Extension Office
Barnhill	Belinda	Craven Community College
Tonya	Cedars	Eastern Carolina Council on Government
Caroline	Jones	Craven Community College
Kim	Grissom	Craven County Senior Services
Shanae	Godley	Public Health Preparedness and Response Eastern Regional Office
Tyler	Harris	USMC
Susan	Husson	Interfaith (Refugee)
Lisa	Davis	Jones County Health Department
Sol	Wuensch	GIS Application Developer
Denise	Powell	Law Enforcement
Debbie	Hodges	Craven County Schools
Jennifer	East	Craven County Schools
Adrienne	Payton	YMCA
Debi	Grzeslo	DHHS
Eileen	Bress	Monarch
Stacy	Engel	Havelock CERT TEAM
Gary	Novak	River Bend CERT TEAM
Shirin	Scottten	CCSAP
Dawn	Gibson	Easter Seals
Richard	Baldwin	Pamlico Partnership for Children
Eddie	Games	Craven County Rec.
Megan	McGarvey	CarolinaEast Health Systems
Violet	Ollison	Pamlico County Health Department
Amy	Bryant	ECBH
Tamera	Jones	Pamlico County Health Department
Erin	Morgan	Jones County Cooperative Extension Office
John	Eddie	Jones County Board of Health
Becky	Johnston	Pamlico Community Health Center
Brittany	Bradford	East Carolina University Nursing Student
Kim	Wilson	East Carolina University Nursing Student
Meg	Sassorossi	East Carolina University Nursing Student
Mariah	Chavis	East Carolina University Nursing Student
Jessica	Thompkins	East Carolina University Nursing Student
Sarah	Wilcox	East Carolina University Nursing Student
Mayo	Lisa	Craven County Health Department
Debra	Yarbourgh	Craven County Health Department

Jennifer	Blackmon	Craven County Health Department
Elizabeth	Junak	Craven County Health Department
Jones County Staff		
Amy	Crompton	Jones County Health Department
Lisa	Davis	Jones County Health Department

