



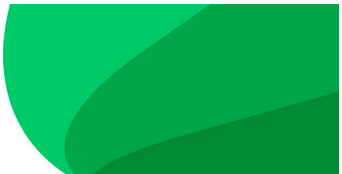
2021-2022 Community

Health Needs Assessment

CAMDEN COUNTY,
NORTH CAROLINA

 ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

 Health ENC
Working Together for a Healthier Eastern North Carolina





ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Your partnership in the Community Health Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, Vidant Roanoke Chowan Hospital and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Pasquotank
Perquimans

Factors such as the rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and learn, as well as create challenges in our systems of service delivery which drive the need for a continuum of programs. Through the Community Health Assessment process, we are allowed to analyze and prioritize our community's needs and strengths *with* the people of the eight counties.

Camden
Chowan
Currituck

Strategies are implemented to target needs identified in the 2021 Community Health Assessment priority health rankings selection in order to create increased opportunities for healthier outcomes in our communities. Relationships will continue to be formed and strengthened as we join together to address the needs. This document provides data and steps to ensure we empower our communities to seek available and potential resources.

Bertie
Gates
Hertford

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Contact Information

Albemarle Regional Health Services plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county website, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Healthy Carolinians of the Albemarle members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

Table of Contents

Contact Information.....2

Acknowledgements.....6

Executive Summary.....7

 Vision Statement.....7

 Partnerships/Collaborations7

 Regional/Contracted Services7

 Collaborative Process Summary7

 Key Findings7

 Health Priorities9

 Next Steps9

Chapter 1 Introduction10

 Description of County 10

 Overview of Health ENC..... 11

 Overview of Community Health Needs Assessment Process 11

 Participating Health ENC Counties..... 12

 Health Data Sources..... 12

 Primary Data – Community Survey 12

 Secondary Data Sources 13

 Limitations 14

Chapter 2 Demographic Profile15

 Total Population..... 15

 Minority Populations 15

 Population Growth..... 16

 Age Groups..... 16

 Military/Veteran Populations 17

 Military Population..... 17

 Veteran Population 17

 Birth Rates..... 18

Chapter 3 Socioeconomic Profile.....19

 NC Department of Commerce Tier Designation 19

 Income 20

 Poverty 20

Poverty by Race and Ethnicity..... 21

Children In poverty..... 21

Older Adults in Poverty 22

Disabled People in Poverty 22

Housing 23

 Median Monthly Housing Costs..... 23

 Median Monthly Household Costs in Camden County and Surrounding Counties 23

 Severe Housing Problems 24

Food Insecurity..... 24

 Households with SNAP Benefits..... 24

Education 25

 Educational Attainment 25

 High School Drop Out Rate 25

 High School Suspension Rate 26

Transportation 26

Crime and Safety..... 27

 Juvenile Crime 27

Child Abuse 28

Incarceration 28

Civic/Political Engagement..... 29

Chapter 4 Clinical Care Profile.....30

 Health Insurance Coverage..... 30

 Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare 30

 Primary Care Practitioners..... 31

Chapter 5 Chronic and Communicable Disease Profile33

 Leading Causes of Death..... 33

 Leading Causes of Injury Death..... 34

 Leading Causes of Hospitalizations..... 34

 Leading Causes of Emergency Department Visits..... 34

 Top Ten Reportable Communicable Diseases 35

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions36

Chapter 7 County Health Ranking Indicators37

 Population Health Model..... 37

Chapter 8 Survey Findings38
Chapter 9 Inventory of Resources39
Chapter 10 Community Prioritization Process.....65
CHNA References68
Appendices to the 2021 Community Health Needs Assessment

Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciate the help of our vital community stakeholders.

Special thanks go to Amanda Betts for proofing/editing this document.

Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2021 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Camden County, North Carolina.

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

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

The 2021 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

Vision Statement

The Public Health professionals and programs of Albemarle Regional Health Services are dedicated to disease prevention and the promotion of a healthy environment to reduce morbidity, mortality, and disability through quality service, education, and advocacy.

Partnerships/Collaborations

Partners in the 2021 CHNA process for Albemarle Regional Health Services include:

- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen's opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

Regional/Contracted Services

The 2021-2022 Camden County CHNA was supported by Health ENC (HealthENC.org), a collaborative initiative of health departments and hospitals in eastern North Carolina that provides support for community needs assessments statewide.

Collaborative Process Summary

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team included county residents as well as representatives from various local agencies and organizations from throughout the eight-county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2021 and July 2021 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, and attending presentations. These partners also played an active role in the priority selection process.

Key Findings

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

Table 1. Significant Health Needs

Access to Health Services
Cancer
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Behavioral Health
Substance Abuse

Health Priorities

For Healthy Carolinians of the Albemarle (Camden, Currituck, Pasquotank and Perquimans Counties) health priorities chosen were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

Next Steps

This report describes the process and findings of a comprehensive health needs assessment for the residents of Camden County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Camden County. Following this process, Albemarle Regional Health Services and community partners will outline how they plan to address the prioritized health needs in their community improvement plans.

Chapter 1 Introduction

Description of County

Camden County is a narrow, primarily rural county located in the Coastal Plain region of eastern NC. Camden County is adjacent to Pasquotank and Gates counties to the west, Currituck County to the northeast, the Albemarle Sound to the south, and the state of Virginia to the north. Camden County is divided geopolitically into three townships. The county seat is the town of Camden.

Camden County encompasses a land area of 306 square miles, including 65 square miles of waterfront along the Pasquotank and North rivers and the Albemarle Sound. Major highways include US Highway 17, which runs through the county connecting to Wilmington, NC to the south and Norfolk, VA to the north. US Highway 158 runs east to west through the county and connects Camden County to the coast. Both highways provide a connection to US Highway 64, the nearest all four-lane highway, which leads to the Outer Banks going east and Raleigh going west.

Elizabeth City, in neighboring Pasquotank County, is the nearest Greyhound bus line stop. The nearest Amtrak train station is in Norfolk, VA. The Norfolk International Airport is the nearest commercial airport and is approximately 50 miles from Camden County. The next two closest airports are the Newport News/Williamsburg International Airport in Newport News, VA (approximately 72 miles) and the Pitt-Greenville Airport in Greenville, NC (approximately 106 miles).

Camden County was formed in 1777 from the northeastern part of Pasquotank County. The first colonists to the county were Virginians and other northerners who reached the area by journeying down the Pasquotank River. Many of these colonists took notice of the region's rich soil and recognized the potential for agricultural production. Nearly a third of the county's land remains farmland, and among the agricultural products to come from this region are cotton, corn, barley, soybeans, and potatoes.

One of the biggest events in Camden County was the construction of the Dismal Swamp Canal, a 22-mile-long canal connecting South Mills and Deep Creek, VA, beginning in 1793 and ending in 1805. The canal is the oldest surviving artificial waterway in the United States. It was first used as a trade route with hundreds of flatboats, passenger ships, and freighters plying its waters. The canal is still enjoyed today as a scenic waterway for pleasure craft. Connecting the Chesapeake Bay to the Albemarle Sound, it is now owned by the federal government and makes up a section of the Intracoastal Waterway.

Residents of Camden County still take pride in their rural population, school system, and county government. The waters of the county are enjoyed annually by boaters, swimmers, naturalists, and fishermen. Also enjoyed by outdoorsmen for hunting, Camden County has the largest turkey population in the state. The Great Dismal Swamp is the most important sanctuary for black bears in the eastern United States as well as a vital breeding ground for songbirds returning from migrations to Central and South America. Visitors to the Great Dismal Swamp can find opportunities there which include hiking, biking, birding, paddling and photography.

Overview of Health ENC

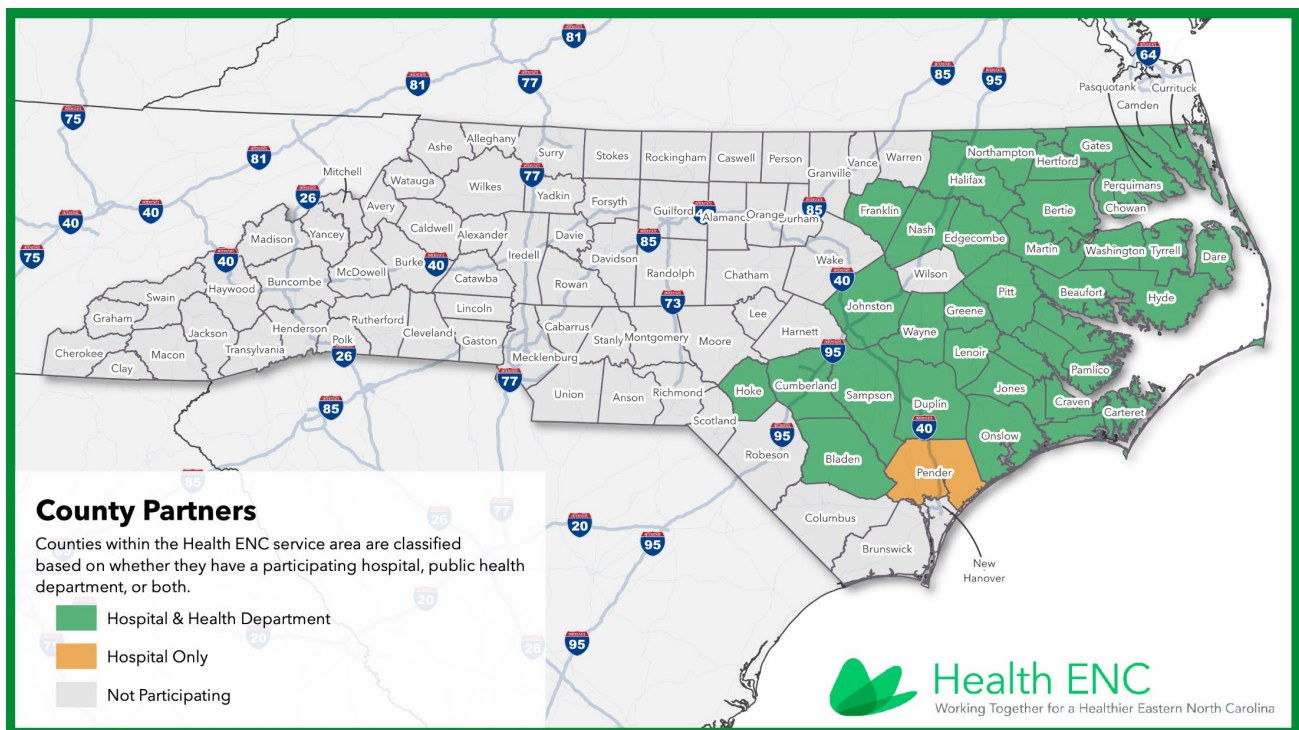
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans,

Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

The Camden County survey was comprised of 25 unique questions designed to collect information about key health and wellness areas indicated below. Surveys were made available publicly online and in paper format at a variety of community stakeholder locations between April 1 and June 30, 2021. Community locations for survey distribution were selected to enrich participation representation by historically underrepresented subgroups including minority populations, low income and elderly residents, and males. A total of 309 survey responses were received across Camden County.

Key Areas Examined

- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses

- 309 Total English (Total in ENC survey =16,661)
- 0 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

The community health/community health needs assessment should provide a comprehensive source of the best available data to improve the lives of people. With a simple search from a smartphone one can access powerful data from reputable sources. The internet and broad-band connectivity have become essential tools for acquiring information and staying informed.

All data starts with a good data source and paying attention to the data sources is a critical factor in the decisions we make using data. Reputable data sources provide original data or complete transparency about the original source. The data source provides enough information about the data to provide context so that the data may be interpreted. The best data sources are current and reliable. Even if the data lag, and perhaps older than a year or more, data trends are often just as important for decision making as a single data point. Changes in definitions and methodology are documented and easily found with the data.

This assessment relies largely on data that are available from the following sources:

- Healthy North Carolina 2030 (HNC 2030) - <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>
- N.C. State Center for Health Statistics - <https://schs.dph.ncdhhs.gov/>
- U.S. Census Bureau - <https://www.census.gov/>
- County Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/>

Additional data/data sources that were reviewed for this assessment can be found in the Appendices.

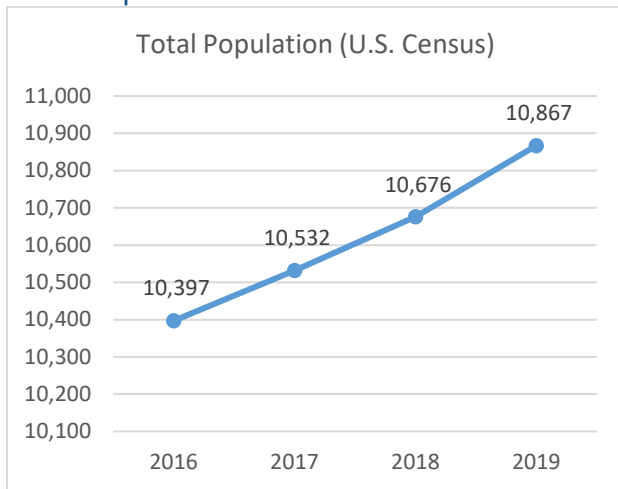
Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.

- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

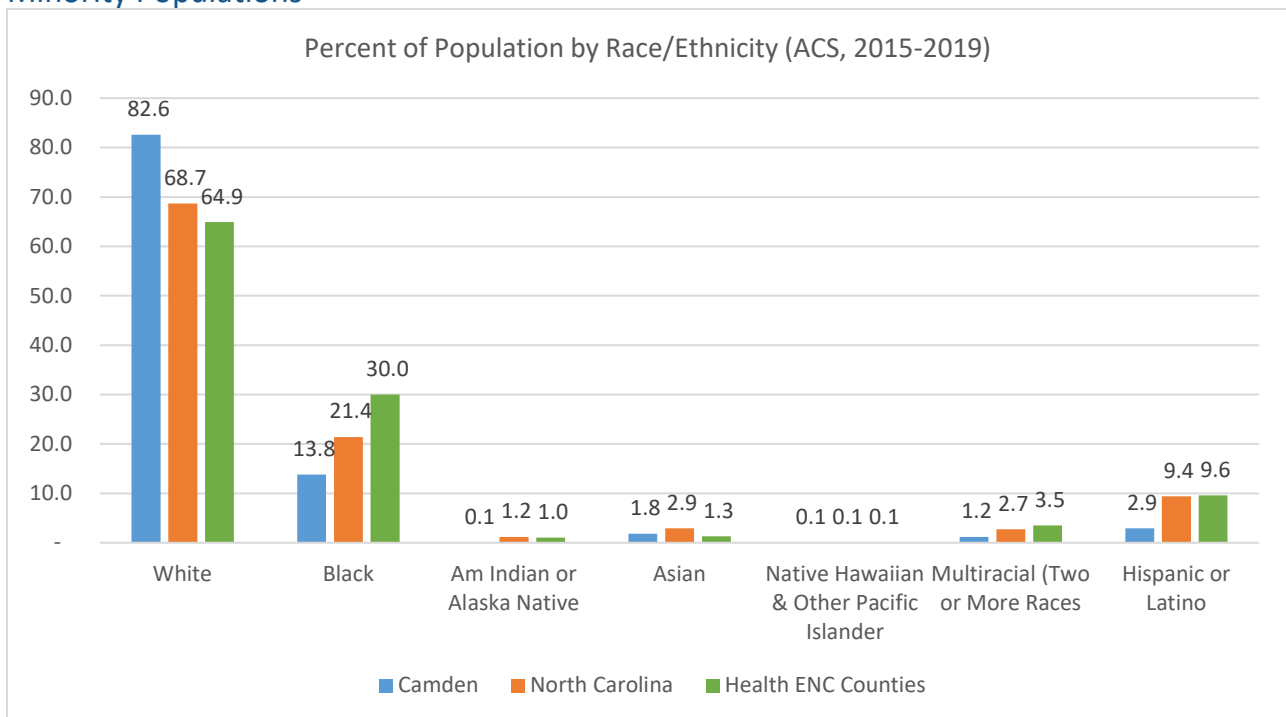
Chapter 2 Demographic Profile

Total Population



- From 2016 to 2019, Camden County’s population increased by 4.5%.
- In 2019, Camden County had a population estimate of 10,867

Minority Populations



In Camden County, the White population accounts for 82.6% of the total population, with the Black or African American population accounting for 13.8% of the total population.

Overall, the White population in Camden County (82.6%) is greater than the White population in North Carolina (68.7%) and higher than the Health ENC counties (64.9%).

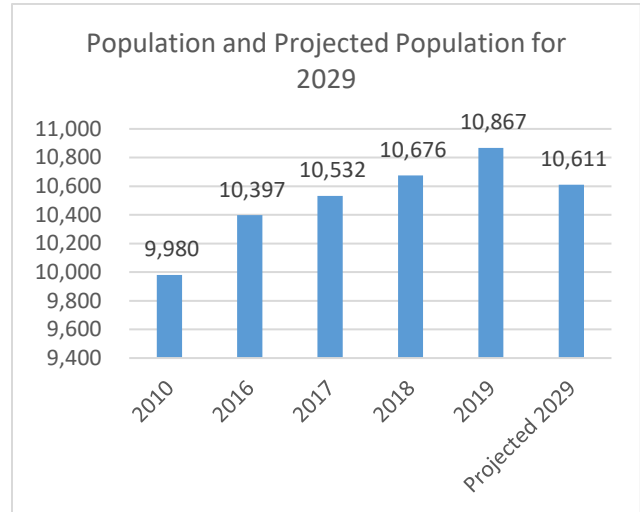
The Black or African American population in Camden County (13.8%) is lower than the Black or African American population in North Carolina (21.4%) and lower than the Health ENC counties (30.0%).

The Hispanic or Latino population comprises 2.9% of Camden County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

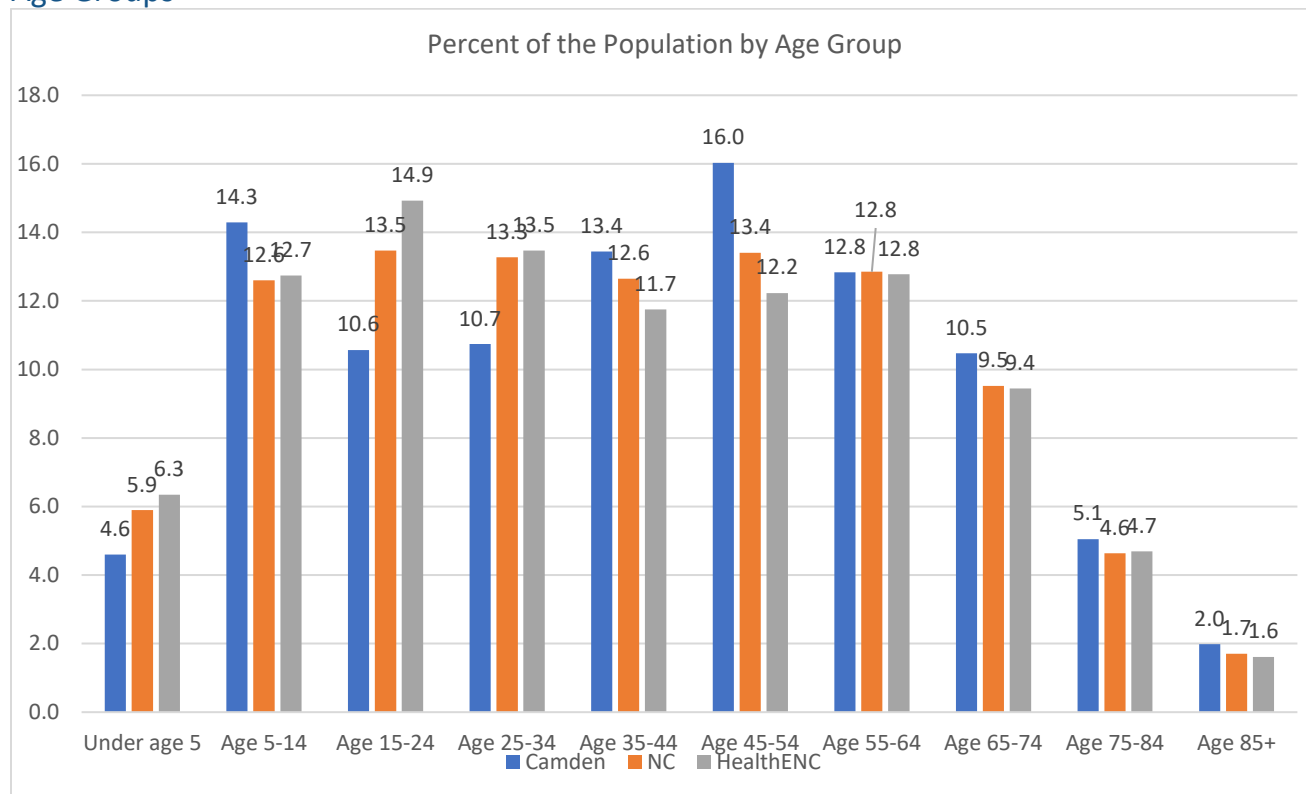
Population Growth

- The projected population for Camden County for 2029 is estimated at 10,611 persons.
- From 2010 to 2019, the total population of Camden County had increased by an overall 9% but is projected to decrease by 2.4% by 2029.

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census



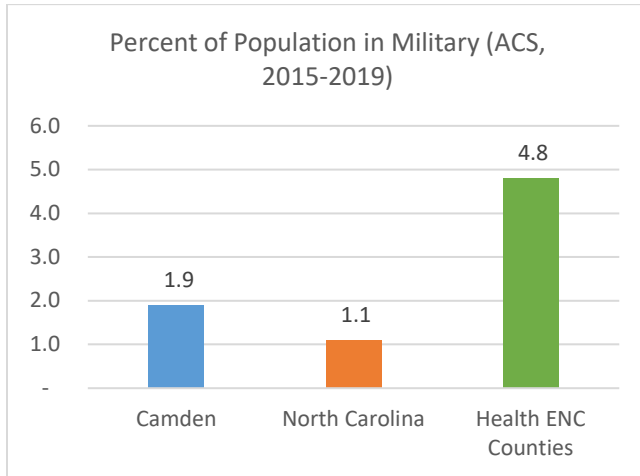
Age Groups



- In Camden County, the percent of people between the ages of 55-64 are higher (16.0%) compared to Health ENC Counties (12.2%) and N.C. (13.4%).

Military/Veteran Populations

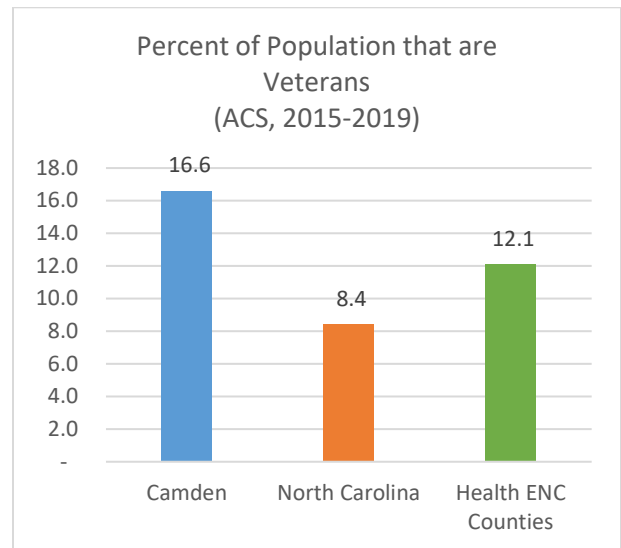
Military Population



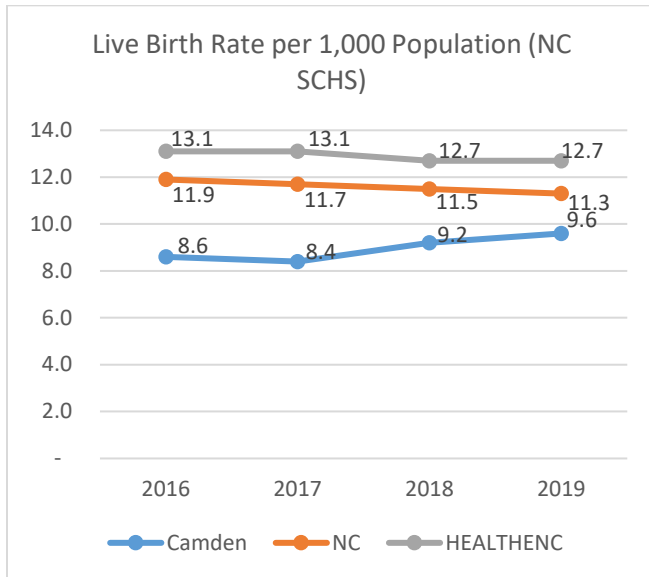
- The percentage of Military Population in Camden County is 1.9%
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Camden County has a larger population than North Carolina, but less than Health ENC counties

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Camden County has a veteran population of 16.6% in 2015-2019, compared to 8.4% in North Carolina and 12.1% in Health ENC counties.



Birth Rates

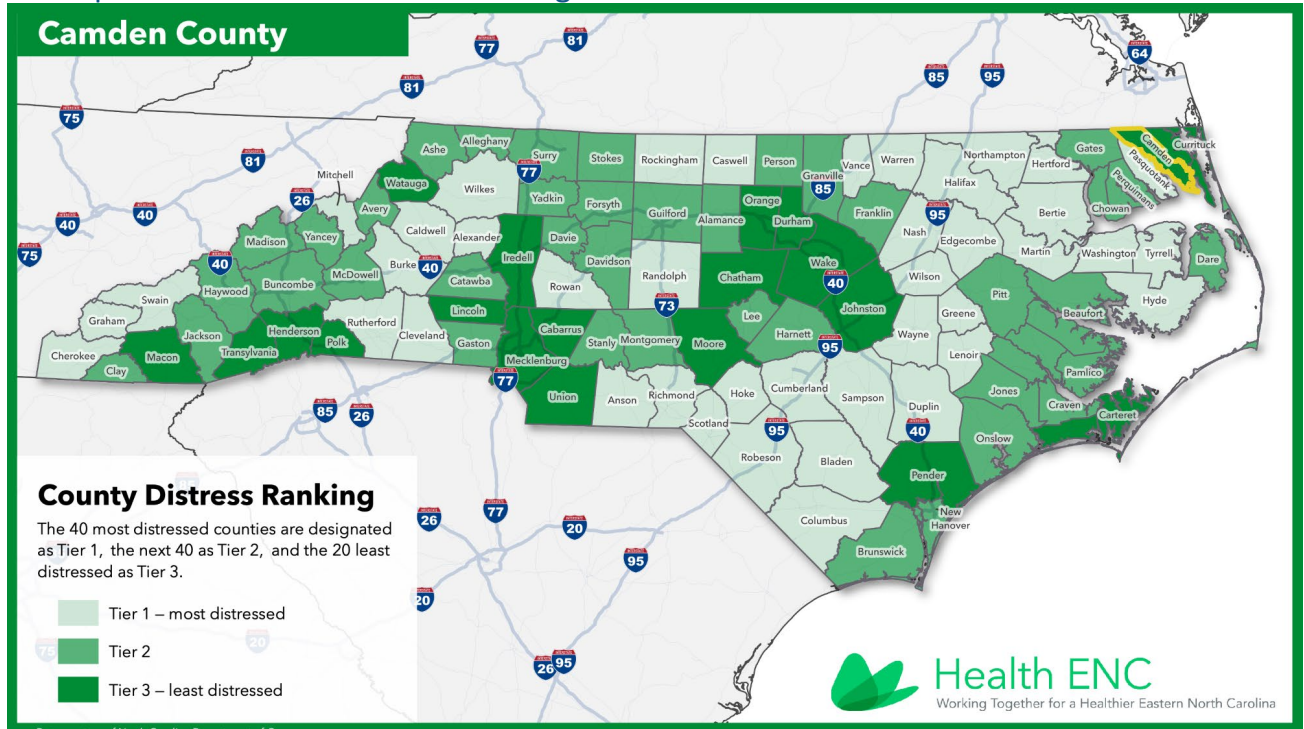


Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration.

This figure illustrates that the birth rate in Camden County has increased compared to the birth rate in North Carolina and the Health ENC Counties.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation



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

Camden County has been assigned a Tier 3 designation for 2021

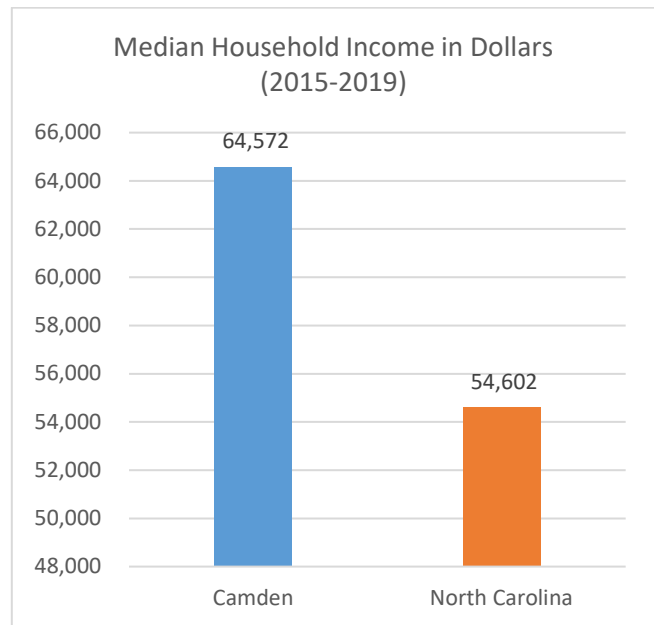
County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

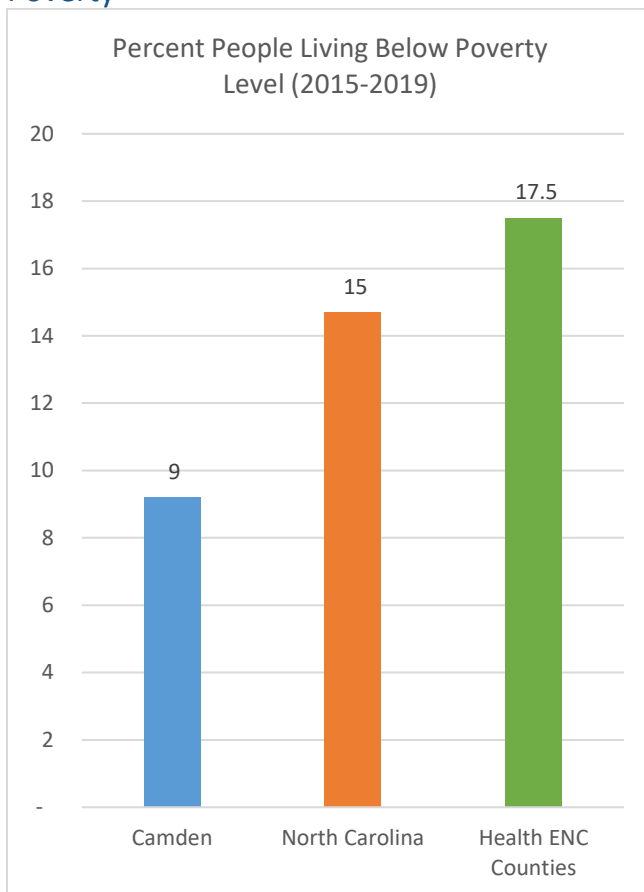
Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Camden County (\$64,572), which is higher than the median household income in North Carolina (\$54,602).

Compared to counties in the Health ENC region Camden County has a very high median household income. In the region, 33 counties have a lower median household income than Camden County; only 1 county in the Health ENC region has a higher median household income.



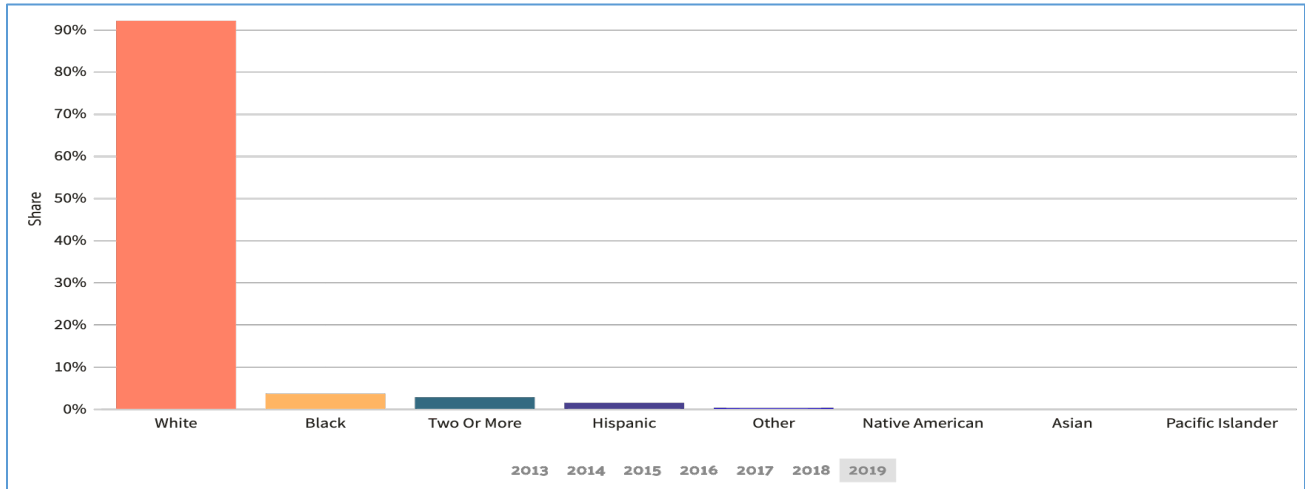
Poverty



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

- In Camden County an estimated 9.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region

Poverty by Race and Ethnicity



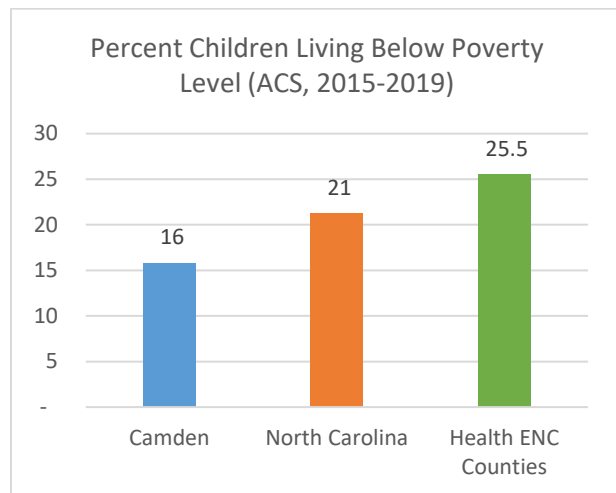
The most common racial or ethnic group living below the poverty line in Camden County, NC is White, followed by Black and Two Or More races.

The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

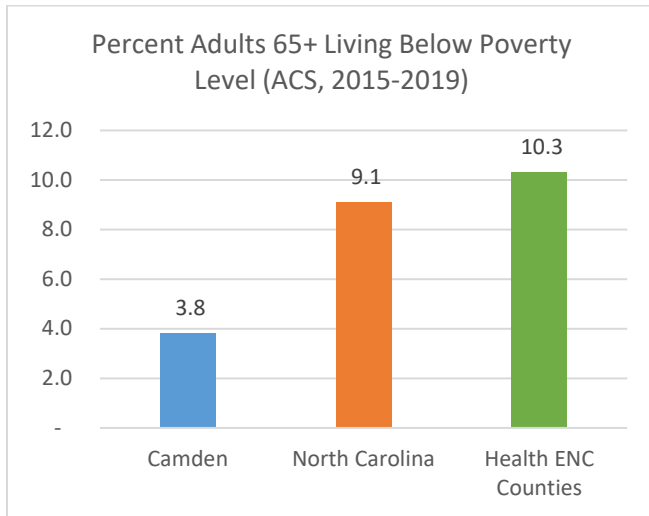
*Data from the [Census Bureau ACS 5-year Estimate](#).

Children in Poverty

The rate of children living below the poverty level is relatively lower for Camden County when compared with N.C. and Health ENC Counties



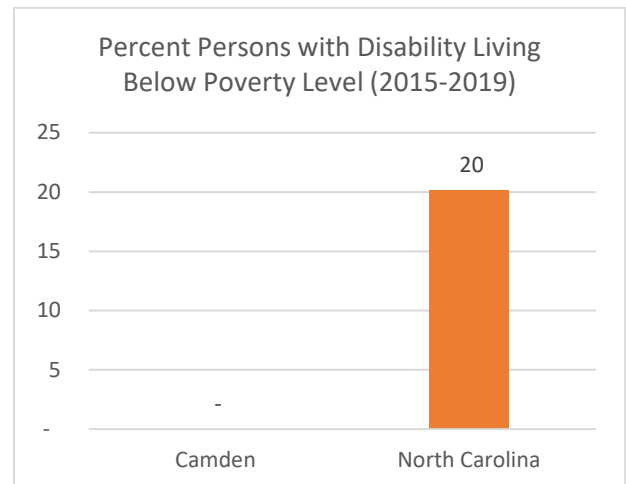
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty is 5.3% higher in Camden County when compared with NC and higher than Health ENC counties by 6.5%

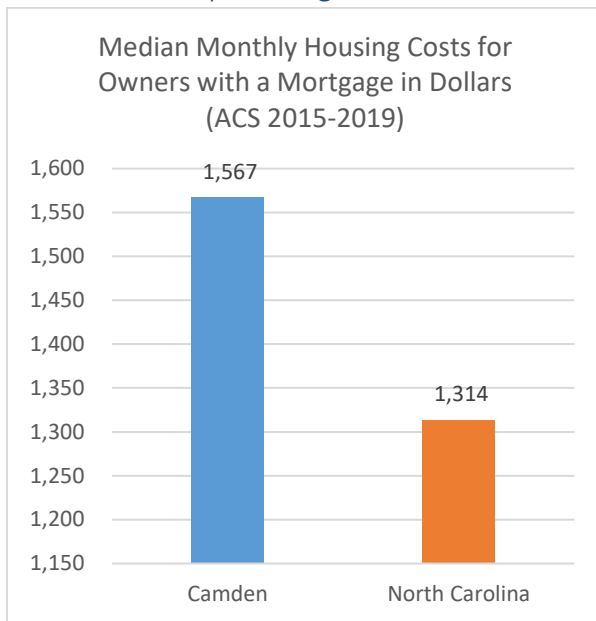
Disabled People in Poverty

The Census American Community Survey does not provide an estimate for the percent of disabled people living in poverty in Camden County.



Housing

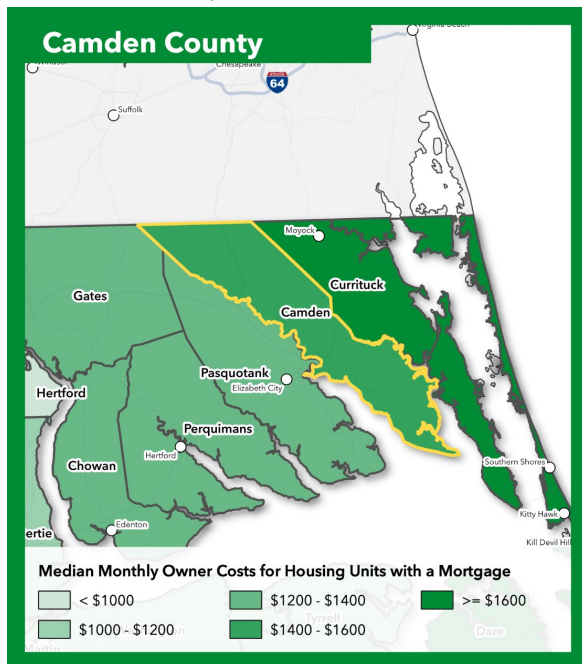
Median Monthly Housing Costs



The average household size in Camden County is 2.7 people per household (owners) and 2.54 people per household (renters), which is slightly higher than the North Carolina value of 2.57 people per household (owners) and renters (2.43 people per household).

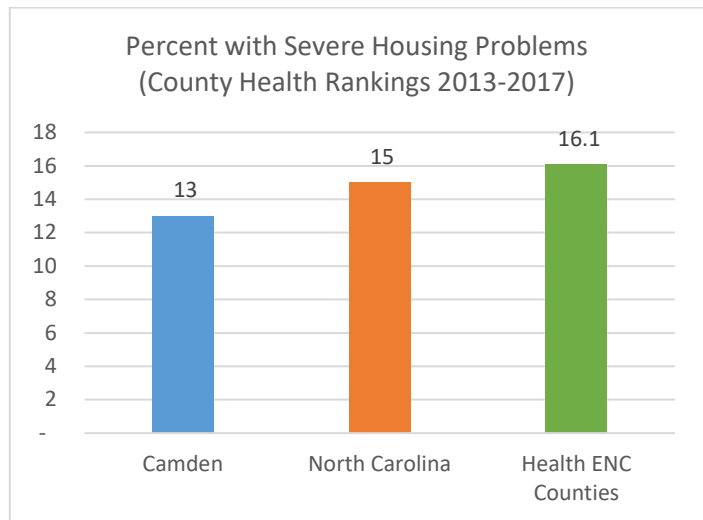
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Camden County, the median housing costs for homeowners with a mortgage is \$1,567. This is higher than the North Carolina value of \$1,314, and lower than 2 counties in the Health ENC region.

Median Monthly Household Costs in Camden County and Surrounding Counties



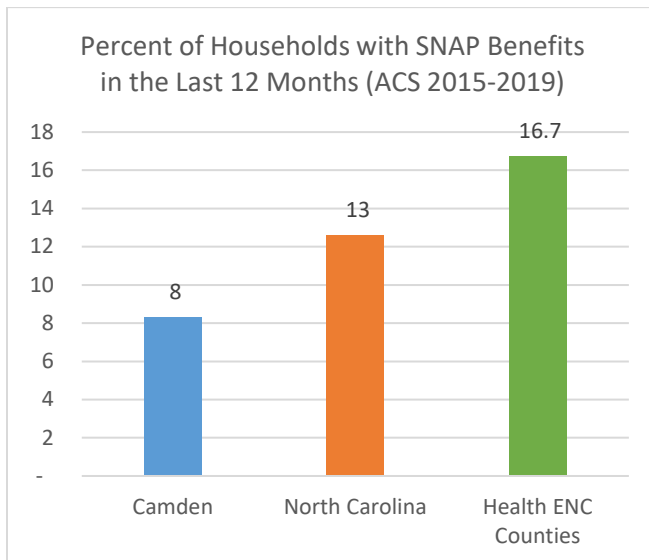
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities
- Slightly more than 13.0% of households in Camden County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



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

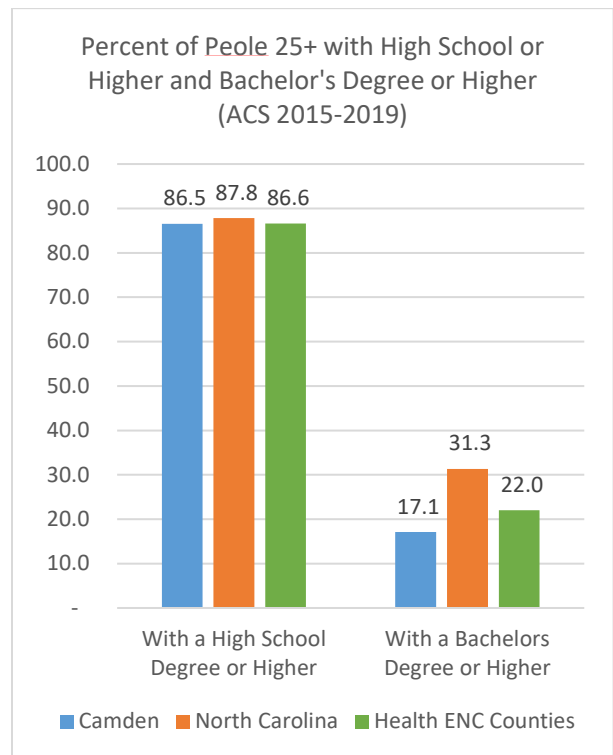
This figure shows the percent of households with children that participate in SNAP. The rate for Camden County, 8%, is relatively lower than the state value of 13.0% and over half of the Health ENC region value of 16.7%.

Education

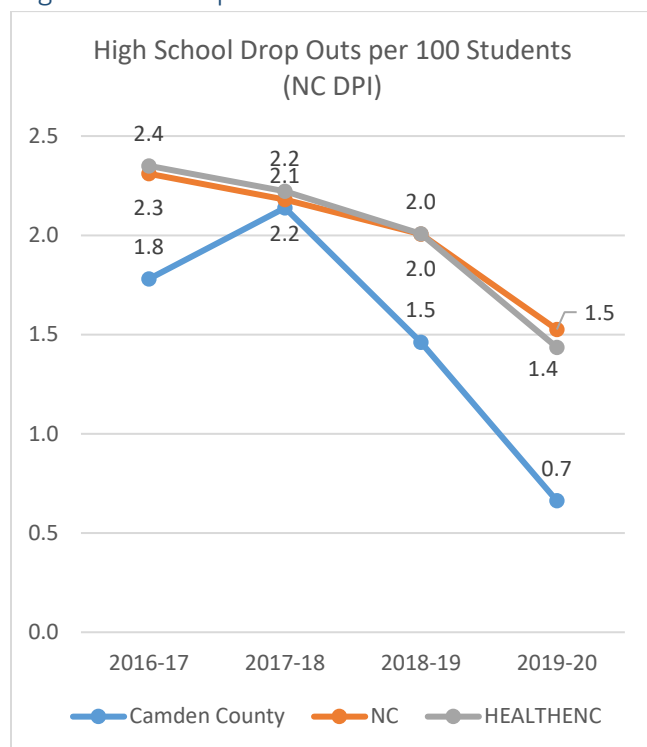
Educational Attainment

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

Countywide, the percent of residents 25 or older with a high school degree or higher (86.5%) is lower than the state value (87.8%) and the Health ENC region (86.6%). Higher educational attainment in Camden County is lower than the state value and the Health ENC region. While 31.3% of residents 25 and older have a bachelor’s degree or higher in North Carolina, only 22% of residents 25 and older have a bachelor’s degree or higher in the Health ENC counties and 17.1% in Camden County.



High School Drop Out Rate



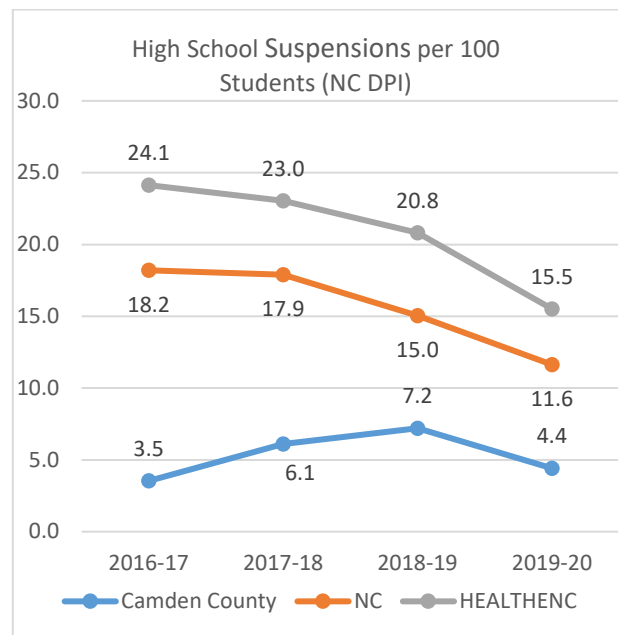
High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing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

- Camden County’s high school dropout rate was 0.7% in 2019-2020, which was lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%)
- Camden County’s high school dropout rate has decreased from 1.8% in 2016-2017 to 0.7% in 2019-2020

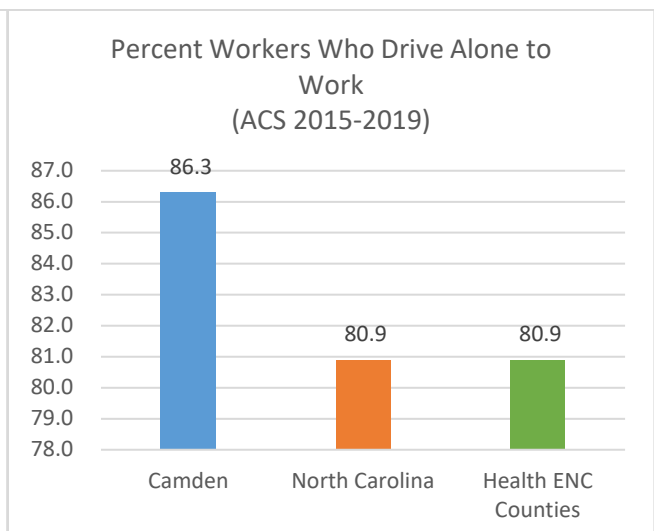
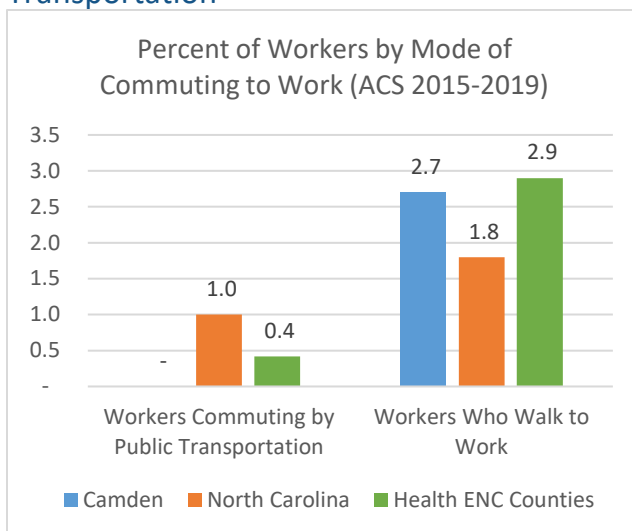
High School Suspension Rate

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

- Camden County’s rate of high school suspension (4.4 per 100 students) is lower than North Carolina’s rate (11.6) and Health ENC counties (15.5) in 2019-2020



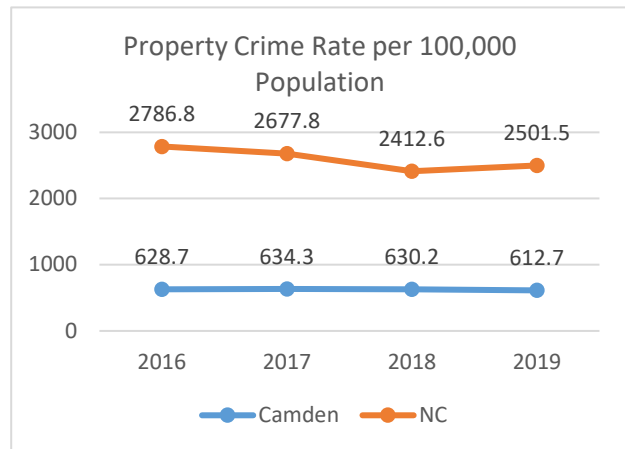
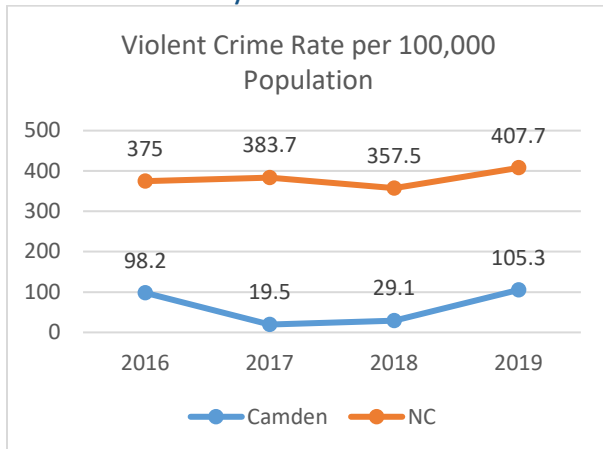
Transportation



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

- In Camden County, an estimated 0% of residents commute to work by public transportation, compared to the state value of 1.0%. Approximately 2.7% of residents walk to work, lower than the state value of 1.8%.
- An estimated 87.3% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

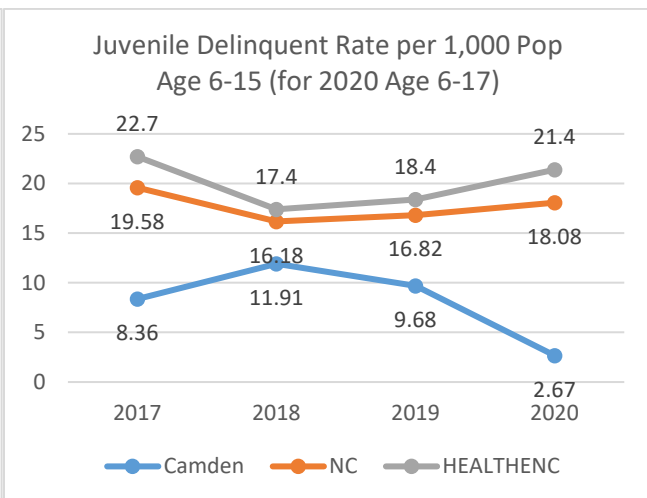
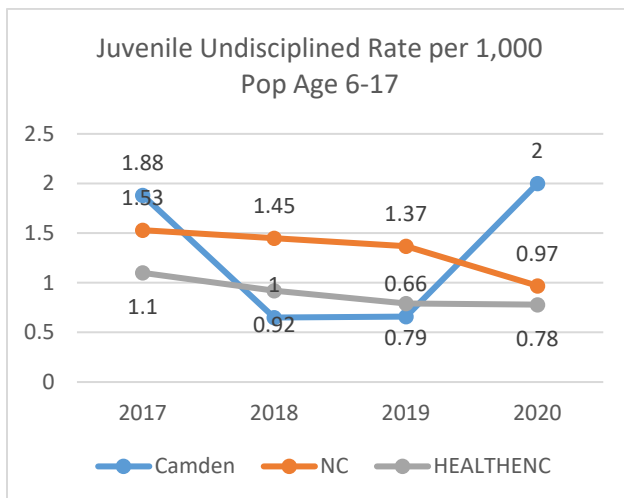
Crime and Safety



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

- From 2016 to 2019, the violent crime rate in Camden County has increased from 98.2 to 105.3.
- During the same time period, the property crime rate has decreased from 628.7 to 612.7, but still below the N.C. rate.

Juvenile Crime

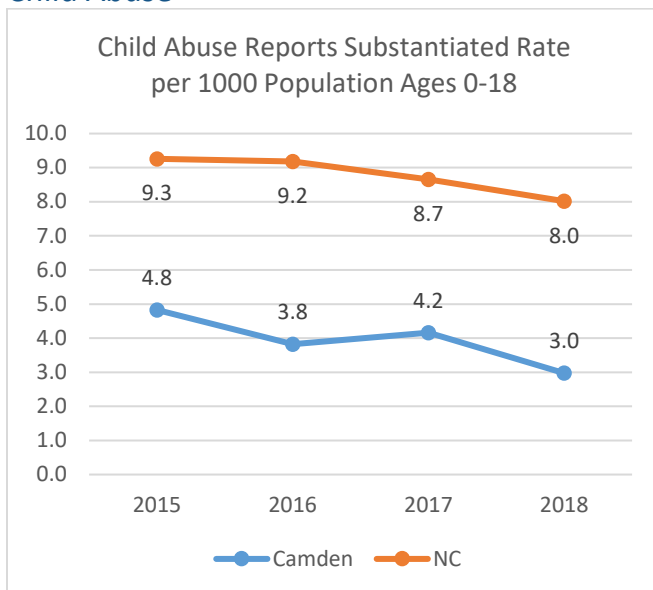


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Camden County (2) was higher than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Camden County was lower (2.67) than N.C. (18.08) and the Health ENC region (21.4)

Child Abuse



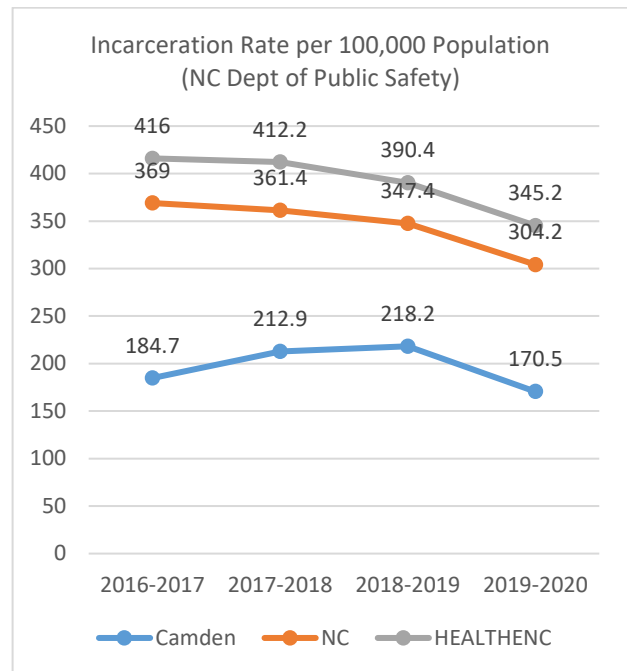
Child abuse includes physical, sexual, and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

The child abuse rate in Camden County has decreased over the past three measurement periods although it went up in 2017 from 3.8 in 2016 to 4.2 in 2017. The 2018 child abuse rate in Camden County (3.0 per 1,000 population) was lower than North Carolina (8.0).

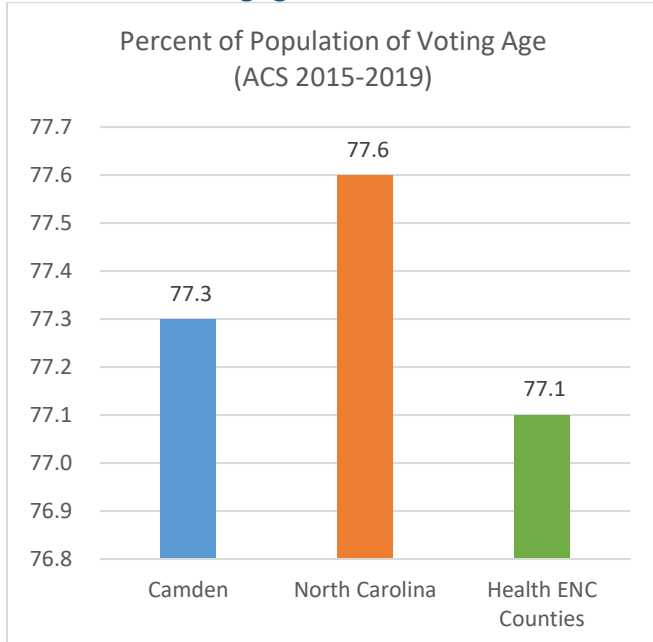
Incarceration

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

- Over the past four measurement periods, the incarceration rate in Camden County has decreased.
- In 2019-2020, the incarceration rate in Camden County was lower (170.5 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)



Civic/Political Engagement



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

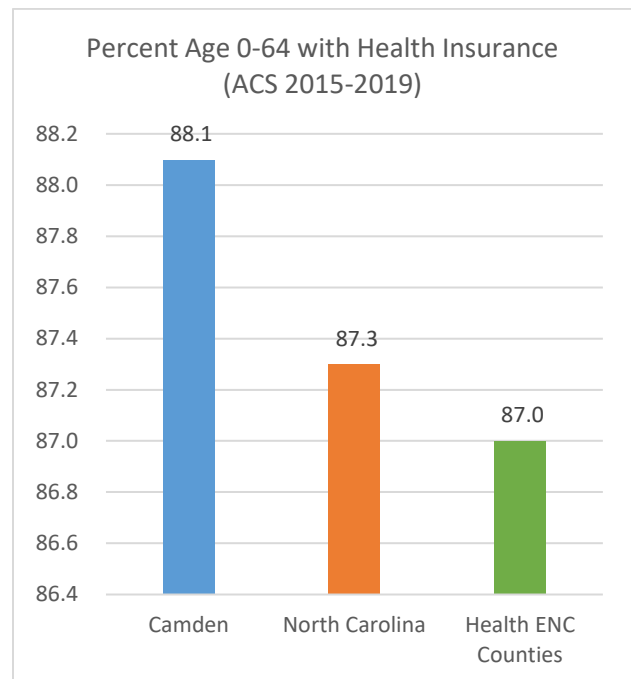
- Camden County has a lower percent of residents of voting age (77.3%) than North Carolina (77.6%) but marginally higher than Health ENC Counties (77.1%)

Chapter 4 Clinical Care Profile

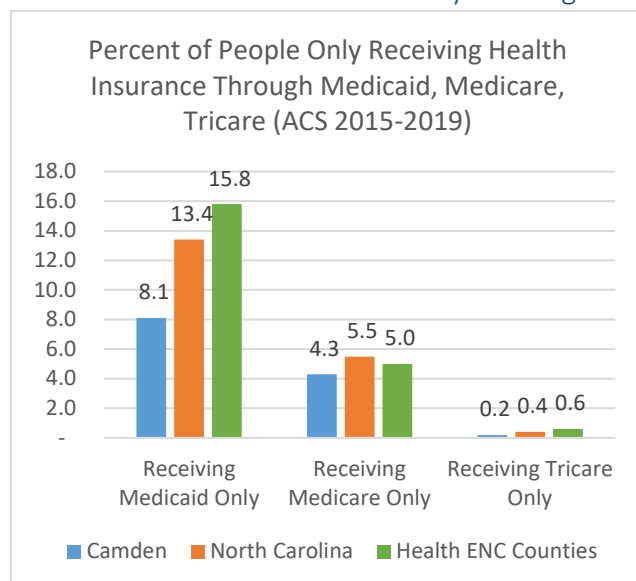
Health Insurance Coverage

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

- Nearly 12% of the population 0-64 years of age in Camden County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Camden County is 88.1%, which is slightly higher than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

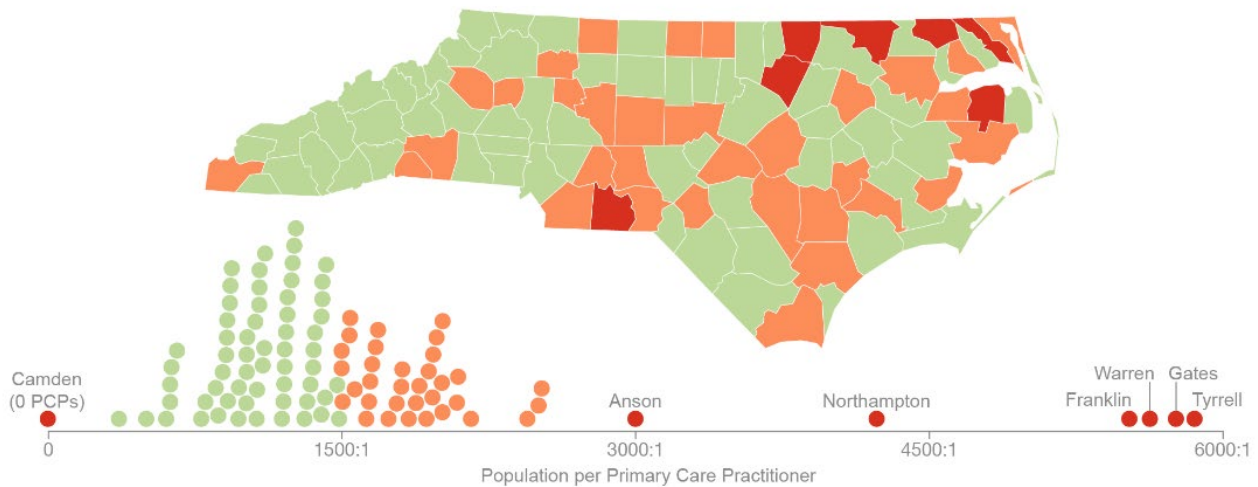


This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In Camden County, 8.1% of the population report receives health insurance coverage through Medicaid, 4.3% Medicare and 0.2% Tricare.

Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management.

**SHEPS HEALTH
WORKFORCE NC**

https://nhealthworkforce.unc.edu/blog/primary_care_nc/

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

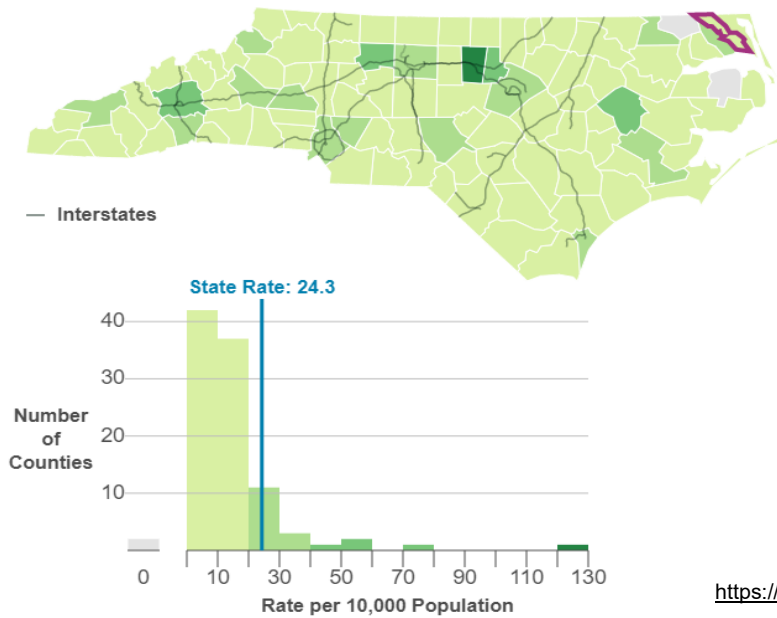
On the map above, Camden County is shaded in red, a color that indicates the county is not meeting the NC Institute of Medicine's (NCIOM) target ratio of 1 primary care provider to every 1,500 people.

Currently, 60% of NC's 100 counties meet the NCIOM's target. As shown in this figure, seven counties were substantially below target: **Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden.** Camden has a population of just over 10,000, and no primary care providers.

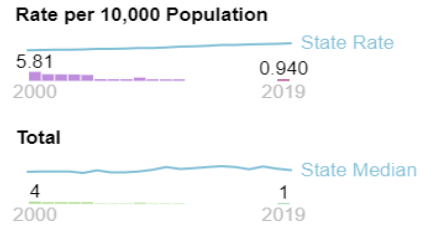
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nhealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Camden County



<https://nhealthworkforce.unc.edu/interactive/supply/>



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 27, 2021 at <https://nhealthworkforce.unc.edu/interactive/supply/>.

As shown in this figure, the number of physicians per 10,000 population in Camden County has decreased from 5.81 physicians in 2000 to less than 1 in 2019.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nhealthworkforce.unc.edu/>.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Camden County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	25	230.05	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	19	174.84	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Other Unintentional Injuries	8	73.62	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Alzheimer's Disease	4	36.81	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Cerebrovascular Disease	4	36.81	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Diabetes Mellitus	4	36.81	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Pneumonia and Influenza	4	36.81	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Essential Primary Hypertension	3	27.61	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Chronic Lower Respiratory Diseases	2	18.4	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Nephritis Nephrotic Syndrome and Nephrosis	2	18.4	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the top 10 leading causes of death or mortality in Camden County, North Carolina, and Health ENC Counties in 2019.

Camden County death rates were higher than N.C. and the Health ENC region for heart disease, but lower for cancer for Health ENC Counties.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 CAMDEN		
Rank	Cause	#
1	Fall - Unintentional	7
2	Poisoning - Unintentional; MVT - Unintentional	6
3	Firearm - Self-Inflicted	5
4	Unspecified - Unintentional	4
5	Suffocation - Self-Inflicted	3
TOTAL		41

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Hospitalizations

Leading Causes of Injury Hospitalization 2016 to 2019 CAMDEN		
Rank	Cause	#
1	Fall - Unintentional	38
2	Poisoning - Self-Inflicted	11
3	Poisoning - Unintentional	9
4	Struck By/Against - Unintentional; MVT - Unintentional	4
5	Unspecified - Unintentional	3
TOTAL		73

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

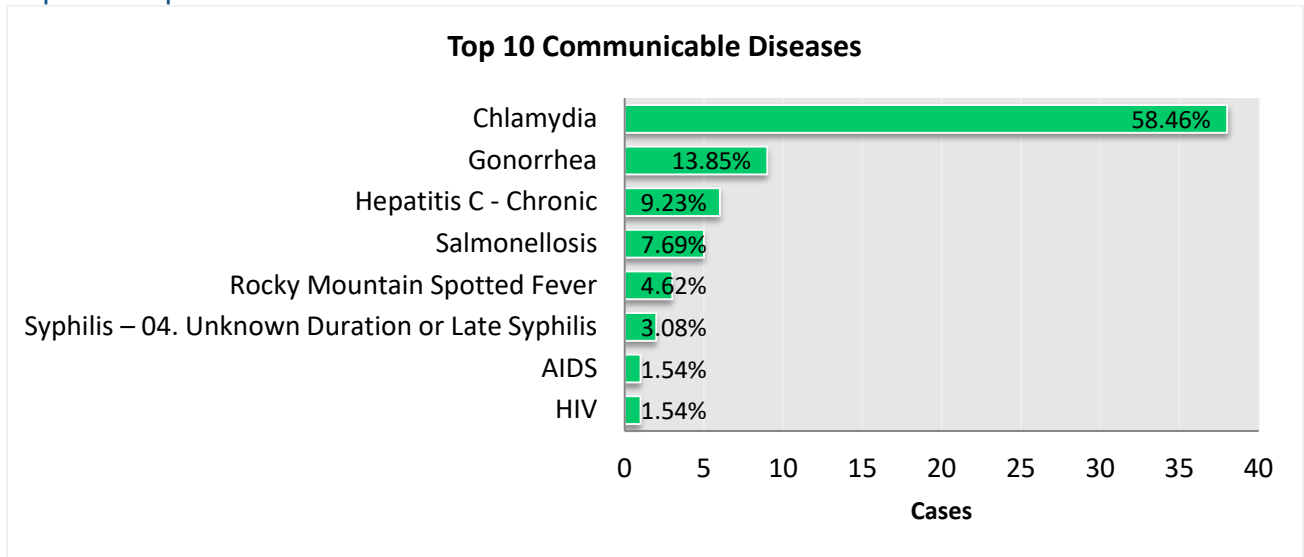
Leading Causes of Emergency Department Visits

Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#
1	Fall - Unintentional	802
2	Struck By/Against - Unintentional	407
3	Unspecified - Unintentional	401
4	MVT - Unintentional	300
5	Natural/Environmental - Unintentional	198
TOTAL		3,066

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Top Ten Reportable Communicable Diseases



Note: For NC State-wide rates and reported number of cases, refer to <https://public.tableau.com/app/profile/nc.cdb/viz/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>
 Data Source: NCDHHS, (latest available data, 2018).

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard <https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in Camden County in 2018 are shown above. Comparisons to the state rate can be found by following the link in the slide.

Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Camden	NC
Health Outcomes		
Premature Death	5,500	7,600
Low Birthweight	7%	9%
Health Factors		
Health Behaviors		
Adult Smoking	20%	18%
Adult Obesity	36%	32%
Food environment index	8%	6.8%
Physical Inactivity		23%
Access to Exercise Opportunities	37%	74%
Teen Births	10%	22
Clinical Care		
Uninsured		13%
Primary Care Physicians	5,360 to 1	1,400 to 1
Preventable hospital stays	5,162	4,539
Mammography Screening	50%	46%
Social & Economic Factors		
Children in Poverty	9.00%	19.00%
Income inequality	3.70%	4.70%
Violent crime	63.0	351.0
Physical Environment		
Air Pollution - particulate matter	6.9	8.5

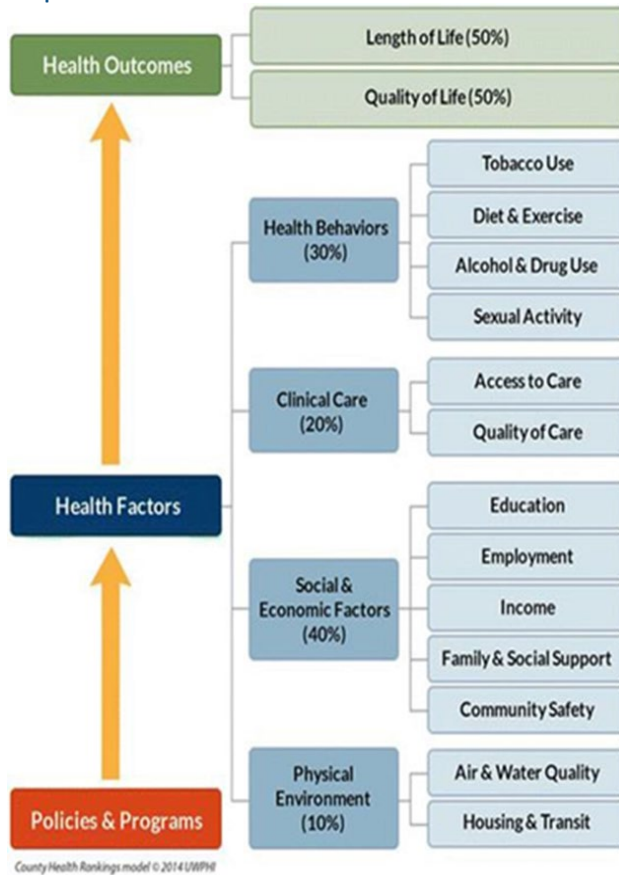
Areas to Explore

Areas of Strength

Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Chapter 7 County Health Ranking Indicators

Population Health Model



The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Chapter 8 Survey Findings

Top 3 issues which have the highest impact on quality of life:

- Low income/Poverty
- Drugs/Alcohol
- Lack of Affordable Housing

Top 3 services that need the most improvement:

- More Affordable/Better Housing
- Positive Teen Activities
- Higher Paying Employment

Chapter 9 Inventory of Resources

Camden County Sheriff's Office

117 North NC 343

Camden, NC 27921

Phone: 252-338-5046

Fax: 252-335-4300

Fire Departments

<http://www.firedepartment.net/directory/north-carolina/camden-county>

South Camden Fire Department

117 NC Highway 343 N

PO Box 327

Camden, NC 27921

Phone: (252) 338-3722

Fax: (252) 338-3722

South Mills Volunteer Fire Department

105 Halstead ST

South Mills, NC 27976

Phone: (252) 771-2772

Public Libraries

There are two public libraries that serves the people of Camden County:

Camden County Library

104 Investor's Way Units CDEF

Camden, NC 27921

252-331-2543

Fax: 252-331-2196

Email: camdenlibrarian@earlibrary.org

Pasquotank-Camden Public Library

100 E Colonial Ave, Elizabeth City, NC 27909

Phone: (252) 335-2473

Website: <http://library.earlibrary.org/pasquotank/>

Camden County Senior Center

117 Nc Highway 343 N, Camden, NC 27921

252-338-6363

<http://www.camdencountync.gov/departments/senior-center>

Other Community Services and Organizations

Camden County Community Resource Directories and Guides Camden County Government Directory of Services Alphabetical list of live links to services provided by the county. Portal:

<http://www.camdencountync.gov/>

Social Services

PO Box 70

117 NC Hwy 343 North

Camden, NC 27921

Phone: 252-331-4787

NC Cooperative Extension**Camden County Center**

120 NC Hwy 343 N

Camden, NC 27921

Phone: 252-331-7630

Fax: 252-338-0277

Website: <https://camden.ces.ncsu.edu/>

Albemarle Smart Start Partnership Community Resource Guide

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.

1403 Parkview Drive

Elizabeth City, NC 27909

Phone: 252-333-1233

Fax: 252-333-1201

Email: contact@albemarleacf.org

Website: <http://albemarleacf.org/>

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

[Learn more and get involved.](#)

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region’s families, communities and companies in a globally competitive world.

North Carolina Arts Council the NC Arts Council

Maintains a resource list of cultural, arts, and civic organizations that is searchable by county.

Portal: http://search.ncarts.org/localarts_search.php

Public Schools**Camden High School**

103 US Hwy 158 West

Camden, NC 27921

Phone: 252-338-0114

Email: webmaster@camden.k12.nc.us

Website: <http://cchs.ccsnc.org/>

Camden Intermediate

123 Noblitt Drive

Camden, NC 27921

Phone: 252-335-7808

Fax: 252-335-4327

Email: webmaster@camden.k12.nc.us

Website: <http://cis.ccsnc.org/>

Camden Middle

248 Scotland Road

Camden, NC 27921

Phone: 252-338-3349

Fax: 252-331-2253

Email: webmaster@camden.k12.nc.us

Website: <http://cms.ccsnc.org/>

CamTech High School

103A US Hwy 158 West

Camden, NC 27921

Phone: 252-335-7219

Email: webmaster@camden.k12.nc.us

Website: <http://cths.ccsnc.org/>

Grandy Primary

175 North Hwy 343

Camden, NC 2791

Phone: 252-331-4838

Fax: 252-338-5449

Email: webmaster@camden.k12.nc.us

Website: <http://gps.ccsnc.org/>

Private Schools**New Life Academy**

1958 N. Road Street

Elizabeth City, NC 27909

Phone: 252-335-5812

Website: <http://www.newlifeacademyec.com/>

Victory Christian School

684 Old Hertford Hwy

Elizabeth City, NC 27909

Phone: 252-264-2011 or 252-264-2468

Email: info@victorybaptistministries.com

Website: <http://www.victorybaptistministries.com/about-our-school.html>

Albemarle School

1210 US Hwy 17 South

Elizabeth City, NC 27909

Phone: 252-338-0883

Website: <http://thealbemarleschool.org/>

Higher Education

Chowan University

One University Dr.

Murfreesboro, NC 27855

Phone: 252-398-6436

Toll-Free: 1-888-4-CHOWAN

Fax: 252-398-1190

Website: <https://www.chowan.edu/>

Martin Community College - Bertie Campus

409 West Granville St.

Windsor, NC 27983

Phone: 252-794-4861

Website: <http://www.martincc.edu/>

Martin Community College - Williamston Campus

1161 Kehukee Park Rd.

Williamston, NC 27892

Phone: 252-792-1521

Fax: 252-792-0826

Website: <http://www.martincc.edu/>

Roanoke Chowan Community College

109 Community College Rd.

Ahoskie, NC 27910

Phone: 252-862-1200

Website: <https://www.roanokechowan.edu/>

College of the Albemarle - Elizabeth City Campus

1208 N. Road St

PO Box 2327

Elizabeth City, NC 27909

Phone: 252-335-0821

Fax: 252-335-2011

Website: <https://www.albemarle.edu/>

College of the Albemarle - Dare County Campus

132 Russell Twiford Road

Manteo, NC 27954

Phone: 252-473-2264

Fax: 252-473-5497

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Roanoke Island Campus

205 Highway 64 S.

Manteo, NC 27954

Fax: 252-473-6002

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

College of the Albemarle - Edenton-Chowan Campus

800 N. Oakum St

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-482-7999

Website: <https://www.albemarle.edu/for-the-community/locations/edenton-chowan-campus/>

Regional Aviation & Technical Training Center

107 College Way

Barco, NC 27917

Phone: 252-453-3035

Fax: 252-453-3215

Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>

East Carolina University

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

Website: <http://www.ecu.edu/>

Albemarle Hopeline, Inc.

Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through four satellite offices (Chowan, Currituck, Gates and Perquimans counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.

Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Displaced Homemaker Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

Mailing address:

PO Box 2064

Elizabeth City, NC 27906

Phone: 252-338-5338

24-hour crisis line: 252-338-3011

Fax: 252-338-2952

Website: www.albemarlehopeline.org

Non-Profit

Wheels For Wishes

Nonprofit car donation program that helps charities such as local chapters of Make-A-Wish.

Phone: 1-855-922-9474

Website: <http://eastnc.wheelsforwishes.org/>

Northeastern SPCA

102 Enterprise Dr.

Elizabeth City, NC 27909

Phone: 252-338-5222

Hours: Closed Tuesdays / Wed to Fri 11-6 pm / Sat to Mon 11-3:30 pm

Website: <http://spcaofnenc.org/>

Kids First Inc.

Evaluation and treatment services for children who have been abused or neglected.

1825 West City Drive, Suites A&B

Elizabeth City, NC 27909

Phone: (252) 338-5658

Fax: (252) 338-0879

Website: <http://www.kidsfirstinc.org/>

Other Points of Interest**Elizabeth City/Pasquotank County Economic Development Commission**

405 East Main Street, Suite 4

Elizabeth City, NC 27909

Phone: 252-338-0169

Toll-Free: 1-888-338-1678

Fax: 252-338-0160

Email: info@elizabethcitypasquotankedc.com

Website: <http://elizabethcitypasquotankedc.com/>

Elizabeth City Chamber of Commerce

502 East Ehringhaus Street

Elizabeth City, NC 27909

Phone: 252-335-4365

Fax: 252-335-5732

Email: dayna@elizabethcitychamber.org

Website: <http://www.elizabethcitychamber.org/>

North Carolina Highway Historical Marker Program

<http://www.ncmarkers.com/Home.aspx>

Battle of South Mills

Confederates repelled Union Army in 1862, prevented demolition of Dismal Swamp Canal locks.

NC 343 southeast of South Mills

Camden, NC

Dismal Swamp Canal

Connects Albemarle Sound with Chesapeake Bay.

1243 (Old NC 343) at South Mills

Camden, NC

Other Results listed at <http://www.ncmarkers.com/search.aspx>

Camden County Heritage Museum

The museum is housed in the former Camden County jail. It is well preserved, documents the history of Camden County, and local methods of incarceration in the early 1990s.

117 North NC Hwy 343

Camden, NC 27976

Mailing Address:

2356 Hwy 17 N

Camden, NC 27976

Phone: 252-771-8333

Toll-Free: 877-771-8333

Email: dscwelcome@camdencountync.gov

Parks and Recreation Department

Develops recreation programs, resources, special events, coordinating the expansion of Community Park including walking trails, regulation high school track, picnic shelter, playground, and parking areas.

117 North NC 343

PO Box 190

Camden, NC 27921

Phone: 252-338-1919

Subdivision Walking Maps

<http://www.camdencountync.gov/departments/parks-recreation/subdivision-walking-maps>

Camden County Activities and Programs

<http://www.camdencountync.gov/departments/parks-recreation/athletics>

Dismal Swamp State Park

2294 US 17 North

South Mills, NC 27976

Phone: 252-771-6593

Email: dismal.swamp@ncparks.gov

Website: <http://www.ncparks.gov/dismal-swamp-state-park>

Dismal Swamp Canal Welcome Center

US Hwy 17N

South Mills, NC 27976

Open Daily 9am-5pm

Website: www.dismalswampwelcomecenter.com

Camden County Dismal Swamp 2016 Brochure: <http://dismalswampwelcomecenter.com/wp-content/uploads/2013/07/CamdenBrochure2016pdf.pdf>

Camden Community Park

175 N Carolina Hwy 343 S

Camden, NC 27921

Facebook Page: <https://www.facebook.com/pages/Camden-Community-Park/150236095039528>

Farmers Markets, Farmstands, and Roadside Stands (4)

Bray's Farmstand

442 East Hwy 158

Camden, NC 27921

Phone: 252-338-0240

Poor Boys

US Hwy 158

Camden, NC 27921

252-335-1335

Huck's Produce

NC 343 N 783

Camden, NC

Phone: 252-312-6487

William's Strawberries

1383 North 343

Camden, NC

Franklin Williams Phone: 252-771-2647

Hospital

There is no hospital in Camden County.

Hospitals in Surrounding Areas

Bertie County - Vidant Bertie Hospital

1403 South King Street

PO Box

Windsor, NC 27983

Phone: 252-794-6600

Website: <https://www.vidanthealth.com/bertie/>

Vidant Family Medicine – Windsor

Located at the Vidant Bertie Hospital

Phone: 252-794-6775

Chowan County - Vidant Chowan Hospital

211 Virginia Road

P.O. Box 629

Edenton, NC 27932

252-482-8451

Website: <https://www.vidanthealth.com/chowan/>

Vidant Pediatrics - Edenton

203 Earnhardt Drive

Edenton, NC 27932

252-482-7407

Vidant Family Medicine - Edenton

201 Virginia Road

Edenton, NC 27932

252-482-2116

Vidant Internal Medicine & Cardiology - Edenton

105 Mark Drive

Edenton, NC 27932

252-482-3047

Vidant Women's Care - Edenton

203-A Earnhardt Drive
Edenton, NC 27932
252-482-2134

Vidant General Surgery - Edenton

203-B Earnhardt Drive
Edenton, NC 27932
252-482-5868

Dare County - The Outer Banks Hospital, Inc.

4800 S. Croatan Hwy

Nags Head, NC 27959

Phone: 877-359-9179

Website: <https://www.theouterbankshospital.com/>

Cancer Care

4810 South Croatan Hwy, Suite 220

Nags Head, NC 27959

Hertford County - Vidant Roanoke-Chowan Hospital

500 South Academy Street

PO Box 1385

Ahoskie, NC 27910

Phone: 252-209-3000

Website: <https://www.vidanthealth.com/roanokechowan/>

Martin County - Martin General Hospital

310 S. McCaskey Rd., Williamston, NC 27892

Phone: 252-809-6300

Website: <http://www.martingeneral.com/Martin-General-Hospital/Home.aspx>

Pasquotank County – Sentara Albemarle Medical Hospital

1144 N. Road Street

Elizabeth City, NC 27909

Phone: 252-335-0531

Website: <http://www.sentara.com/albemarle-north-carolina/hospitalslocations/locations/new-sentara-albemarle-medical-center.aspx>

Pitt County - Vidant Medical Center

2100 Statonsburg Rd

PO Box 6028

Greenville, NC 27835

Phone: 252-847-4100

Website: <https://www.vidanthealth.com/medicalcenter/services.aspx>

Washington County - Washington County Hospital

958 US Hwy 64 East

Plymouth, NC 27962

Phone: 252-793-4135

Website: <http://wchonline.com/Home.aspx>

Residents of Camden County also seek medical services in southeastern VA, primarily in the area referred to as the Tidewater Region.

Visit <http://www.theagapecenter.com/Hospitals/Virginia.htm> for a list of hospitals in Virginia.

Pasquotank-Camden Emergency Medical Service

Located in Sentara Albemarle Medical Center

1144 -C North Road Street

Elizabeth City, NC 27909

Phone: 252-335-1524

Website: <http://www.pasquotankcamdenems.com/>

Public Health Department:**Albemarle Regional Health Services**

Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 70 years of service to the Albemarle Region.

The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children's developmental services, Public Health preparedness and response, public information, and interpreter assistance.

Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

Camden County Health Department

The Health Department offers clinical services such as adult health, child health, immunizations, general communicable disease, sexually transmitted disease, women's preventive health, and maternal health. Other services are Women, Infants and Children (WIC), Diabetes Care, Health Education and Health Promotion, Environmental Health Services, Public Health Preparedness and Response, Inter-County Public Transportation Authority (ICPTA), and Children's Developmental Services Agency.

160 U.S. 158, Building B

Camden, NC 27921

Phone: 252-338-4460

Website: <http://www.arhs-nc.org>

Federally-Qualified Health Centers (FQHC)

The US Health Resources and Services Administration (HRSA) lists no FQHC in Camden County. However, HRSA lists FQHC in Albemarle Region of NC.

Gateway Community Health Center – Tyner Clinic

Located in the Northern Chowan Community Center

2869 Virginia Rd, Tyner, NC 27980

Phone: 252-221-2171

This clinic provides primary care to patients 18 years old and up. Services include sick visits, wellness and preventative visits, chronic disease management, health education, and laboratory testing. Staff includes a full time Adult Nurse Practitioner, a Registered Nurse, and support personnel.

Gateway Community Health Center of Gatesville

501 Main St, Gatesville, NC 27938

Phone: 252-357-1226

This clinic provides primary and minor emergency care for patients of all ages, including babies and children. Services include sick visits, wellness and preventative visits, chronic disease management, health education, stitches, X-rays, and laboratory and EKG testing. Staff includes a full time Family Practitioner medical doctor, a Family Nurse Practitioner, nurses, and support personnel

Colerain Primary Care

109 W River St, Colerain, NC 27924

Phone: 252-356-2404

Website: <http://rcchc.org/colerain-primary-care.html>

Adolescent Care Clinic

This clinic provides primary care to students 10 to 19 years old and school faculty. Services include sick visits, wellness and preventative visits, chronic disease management, sports physicals, mental health counseling, health education, and laboratory testing. Staff includes a halftime Family Nurse Practitioner, a Registered Nurse, and a Licensed Practical Nurse.

88 US-158

Gatesville, NC 27938

Phone: 252-357-1244

Open during the school year only

Monday-Friday 8am-4:30pm

Fees: Based on sliding scale

Migrant and Seasonal Farm Worker Program

Nuestra Casa de la Comunidad Hispana

This center provides assistance and health programming focused on the local farm worker and Hispanic communities. Services include medical field clinics with a bilingual Case Manager, Outreach Worker and Registered Nurse/Family Nurse Practitioner providing health assessments and immunizations as well as HIV testing and TB skin testing; assistance in accessing existing health resources from both public agencies and private organizations; case management; interpretation services; advocacy; health education; and a tutoring program for grades K-5.

510 S. Martin Luther King Dr.

Elizabeth City, NC 27909

Phone: 252-384-2651

Hours: Afternoons at various sites in the Elizabeth City area

Fees: Based on a sliding scale

Community Care of Eastern North Carolina (CCPEC)/ Carolina ACCESS

Phone: 252-847-9428

<https://www.accesseast.org/ae-contact-us/>

Trillium

Manages Medicaid for mental health, substance use/abuse, and intellectual/development disability services in a 27-county area. Trillium has a network of agencies with licensed therapists to offer services and support to people in need within their community.

Crisis Care & Service Enrollment: 1-877-685-2415

Email: info@trilliumnc.org

Website: <http://www.trilliumhealthresources.org/>

Trillium Access Point

Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.

Available in English and Spanish, provides local referral information, and includes learning and resource section.

Website: <http://www.trilliumhealthresources.org/en/Community-Partnerships/Trillium-Initiatives/Access-Point/>

Long-Term Care Facilities**Needham Adult Care Home**

916 N Sandy Hook Rd

Shawboro, NC 27973

Phone: 252-336-2700

Dentists

Dr. Francis A. Bald & Associates

Physicians-Oral Surgeons

1221 Carolina Avenue Suite 4

Elizabeth City, NC 27909

Phone: 252-338-8077

Fax: 252-335-1024

Regis Dandar

217 S. Poindexter St

Elizabeth City, NC 27909

Phone: 252-335-4421

Fax: 252-264-5465

Morgan Family Dentistry

153 Worth Guard Rd

Coinjock, NC 27923

Phone: 252-453-2181

Fax: 252-453-2325

10-A Juniper Trail

Kitty Hawk, NC 27949

Phone: 252-261-2358

Website: <http://www.morganfamilydentistrync.com/>

Currituck Dental Clinic

Located in the parking lot of Mt. Zion Methodist Church in Grandy, NC on Highway 158. Patients are seen by appointment.

Tuesday and Thursday 9am-5pm

Phone: 252-599-7776

https://www.freeclinics.com/det/nc-currituck_free_dental_clinic

Facebook: <https://www.facebook.com/Community-Dental-Clinic-359483430752852/>

Elizabeth City Dental

Robert T. Gillam, III, D.D.S.

508 E. Main St. Suite 322

Elizabeth City, NC 27909

Phone: 252-679-2929

Fax: 252-335-4842

Website: www.elizabethcitydental.com

Dental Transformations

Dentist and Sleep Specialist

408 E. Colonial Avenue

Elizabeth City, NC 27909

Phone: 252-335-4341

Website: <http://www.dentaltransformations.com/dental/about/KarenWuertzDDS.html>

Complete Dental Care: Jones Jr Clifford B DDS

407 S Road St

Elizabeth City, NC 27909

Phone: 252-335-0548

Griffin Jr. Lloyd E DDS

207 E. Church St.

Elizabeth City, NC 27909

Phone: 252-335-7534

Other Camden County Healthcare Practitioners/Practices

Chesapeake Regional Primary Care

100 Plank Bridge Rd Suite B

Camden, NC 27921

Phone: 252-331-1829

Michelle Creech, Speech-Language Pathology

152 Country Club Rd

Camden, NC 27921

Phone: 252-335-7808

Delaine Tanis, Speech-Language Pathology

207 Billetts Bridge Rd

Camden, NC 27921

Phone: 252-336-9957

Fax: 252-337-7928

Martha Goodman, Counseling

111 Sunset Ave #A

Camden, NC 27921

Phone: 252-336-2457

Lynn Olsefski, Social Work

1321 1st St W

Ahoskie, NC 27910

Phone: 252-209-8932

Fax: 252-209-8933

Other Albemarle Resources**East Carolina Behavioral Health**

1708 E. Arlington Blvd

Greenville, NC 27858

Phone: 252-695-6400

Fax: 252-215-6881

24-hour Access/Crisis Number: 877-685-2415

Albemarle Pregnancy Resource Center and Clinic

201 E. Ehringhaus St.

Elizabeth City, NC 27909

Phone: 252-338-1655

Monday through Thursday 9am-4pm

Website: <http://albemarleprc.org/>

Other Health Services**Albemarle Smart Start Partnership Community Resource Guide**

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.

1403 Parkview Drive

Elizabeth City, NC 27909

Phone: 252-333-1233

Fax: 252-333-1201

Email: contact@albemarleacf.org

Website: <http://albemarleacf.org/>

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

[Learn more and get involved.](#)

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region’s families, communities and companies in a globally competitive world.

Child Care Centers

www.childcarecenter.us

Camden County Childcare Referral Agency:

Albemarle Smart Start Partnership

Precious Gifts Educational Center, LLC

149 US Hwy 158 W.

Camden, NC 27921

Phone: 252-337-7434

Camden Co. NC Pre-Kindergarten Program

175 Hwy 343 North

Camden, NC 27921

Phone: 252-335-0831

Home Day Care

Cradle to Crayons Learning Center

Otters Place

South Mills, NC 27976

Phone: 757-759-5078

Kay's Child Care

Chantily Rd.

Camden, NC 27921

Phone: 252-338-9503

Camden County Schools: After School Daycare

Download the PDF version of the After School Daycare documents at:

<http://ccsnc.org/departments/school-daycare/>

NC Licensed Mental Health Facilities

Life, Inc.

258 Wickham Rd

Shiloh, NC 27974

Phone: 252-336-4142

The Scott House

Life, Inc.

801 Second Street; Elizabeth City, NC 27909

(252)338-1304

Chapter 10 Community Prioritization Process

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2021 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Tuesday, November 2, 2021:

Presentation via Zoom for Hertford County

Wednesday, November 10, 2021:

Presentation via Zoom for Gates County

Friday, November 19, 2021:

ECPC Senior Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

Friday, December 2, 2021:

Presentation via Zoom for Bertie and Chowan Counties

In addition to Community Members, Community Agencies in attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

The community health needs prioritization process involved a synthesis of many sources of secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. After reviewing the CHNA presentation for each county the opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across these sources to create a shortened list of priorities that was representative of the community and could be acted upon as a community collective.

Considerations set forth in the Centers for Disease Control and Prevention's (CDC's) Healthy People 2030 document factors were considered in the development of the CHNA and in the selection of priority needs areas for Pasquotank County. These factors include the following:

- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- High-priority health issues that have a big impact on specific segments of the community,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of SDOH, health disparities, and health equity, and
- Consideration of additional data sources that should be included to inform health priorities.

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues. After the post-presentation results were collected, the health issues were tallied.

For Healthy Carolinians of the Albemarle (Camden, Currituck, Pasquotank and Perquimans Counties) those were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

It is important to note that these three priorities have been selected for a diverse four-county coalition, so certain priorities may be more applicable to some counties than to others.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

APPENDICES

Appendix A Community Survey Tool

Appendix B Healthy North Carolina (HNC 2030) State and Local Data

Appendix C Additional Secondary Data for the Community Health Assessment

Community Health Needs Assessment 2021

PID 1535

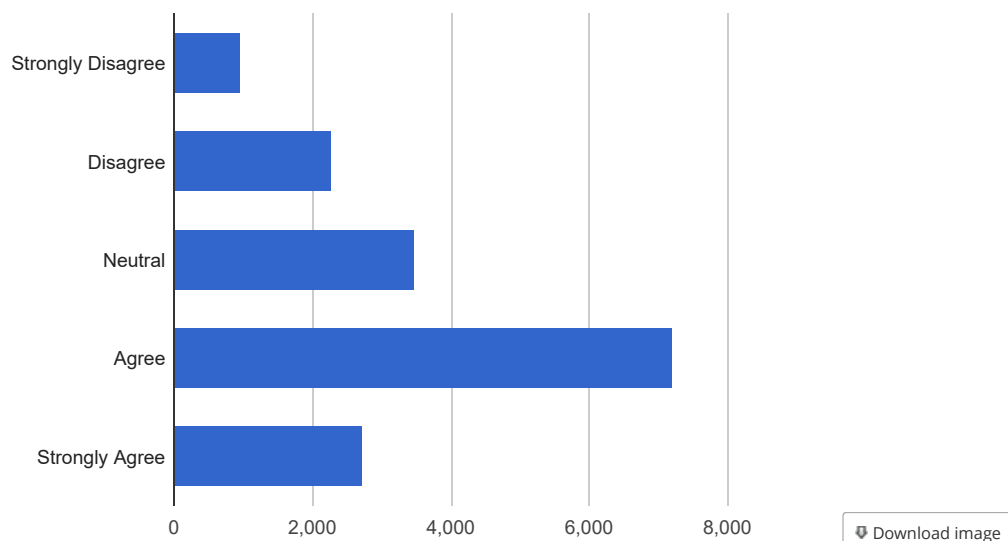
Data Exports, Reports, and Stats

Camden County

There is good healthcare in my county. *(healthcare)*

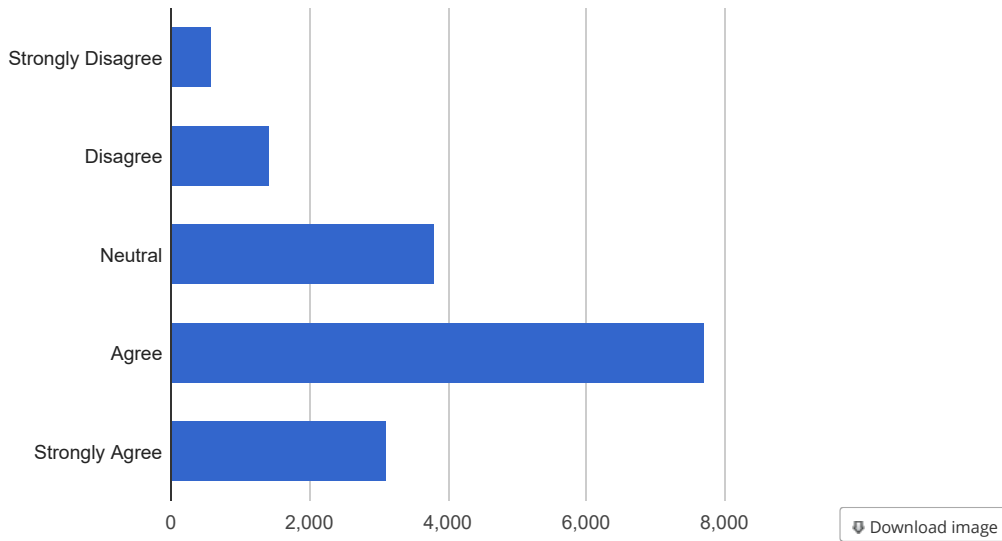
Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

Counts/frequency: Strongly Disagree (19, 6.1%), Disagree (58, 18.8%), Neutral (68, 22.0%), Agree (125, 40.5%), Strongly Agree (39, 12.6%)

This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

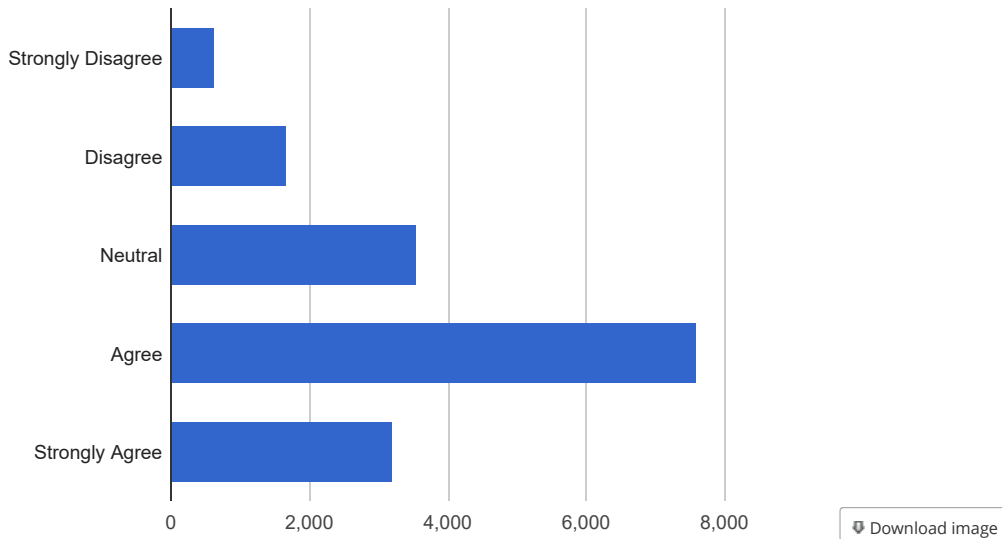
Counts/frequency: Strongly Disagree (1, 0.3%), Disagree (6, 1.9%), Neutral (26, 8.4%), Agree (122, 39.5%), Strongly Agree (154, 49.8%)



This county is a good place to grow old. (*grow_old*)

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

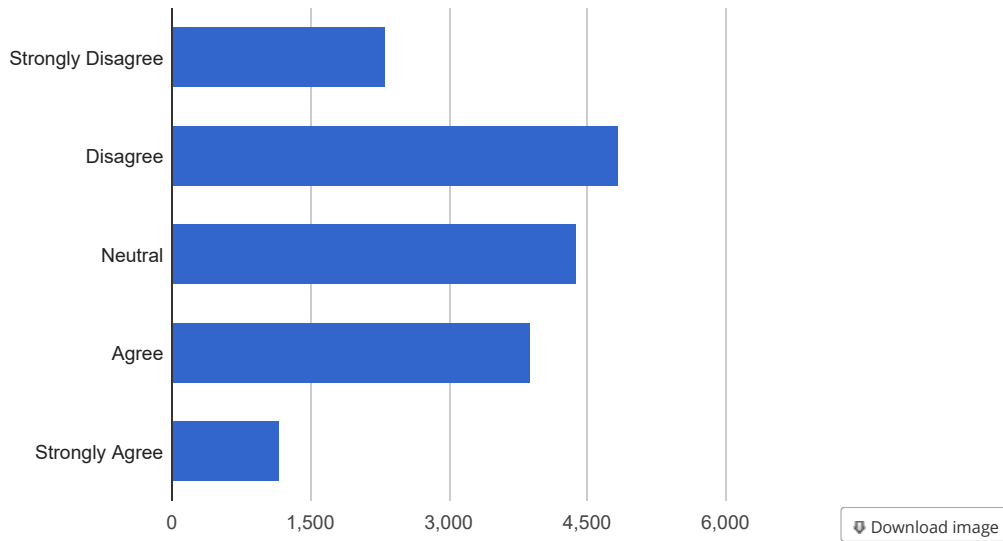
Counts/frequency: Strongly Disagree (2, 0.6%), Disagree (12, 3.9%), Neutral (49, 15.9%), Agree (129, 41.7%), Strongly Agree (117, 37.9%)



There is plenty of economic opportunity in this county. (*econ_opp*)

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

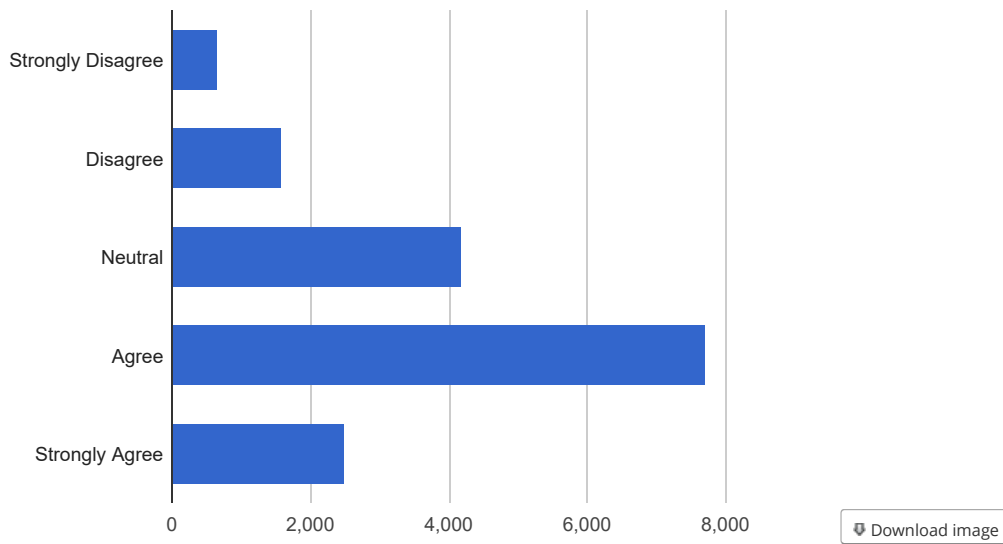
Counts/frequency: Strongly Disagree (34, 11.0%), Disagree (110, 35.6%), Neutral (86, 27.8%), Agree (63, 20.4%), Strongly Agree (16, 5.2%)



This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

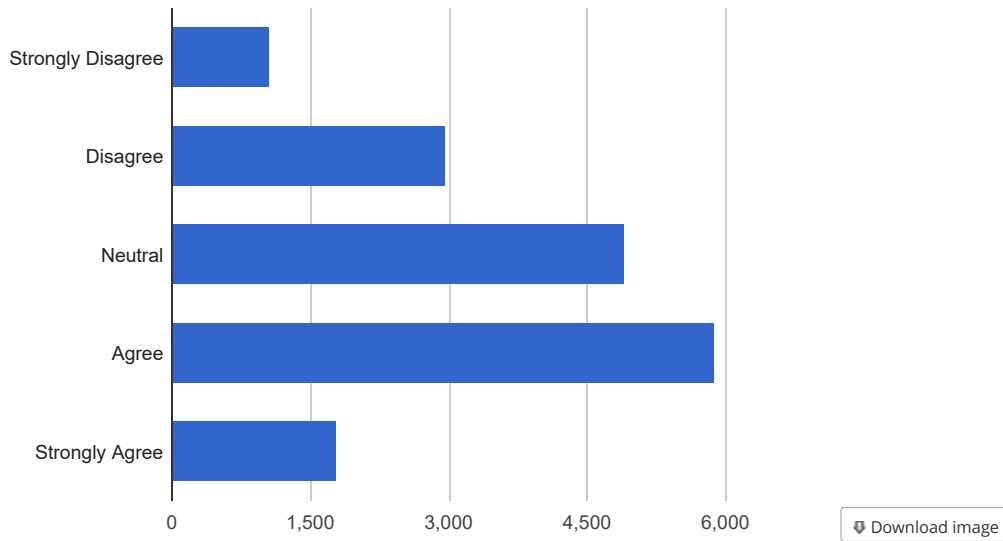
Counts/frequency: Strongly Disagree (2, 0.6%), Disagree (6, 1.9%), Neutral (32, 10.4%), Agree (142, 46.0%), Strongly Agree (127, 41.1%)



There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

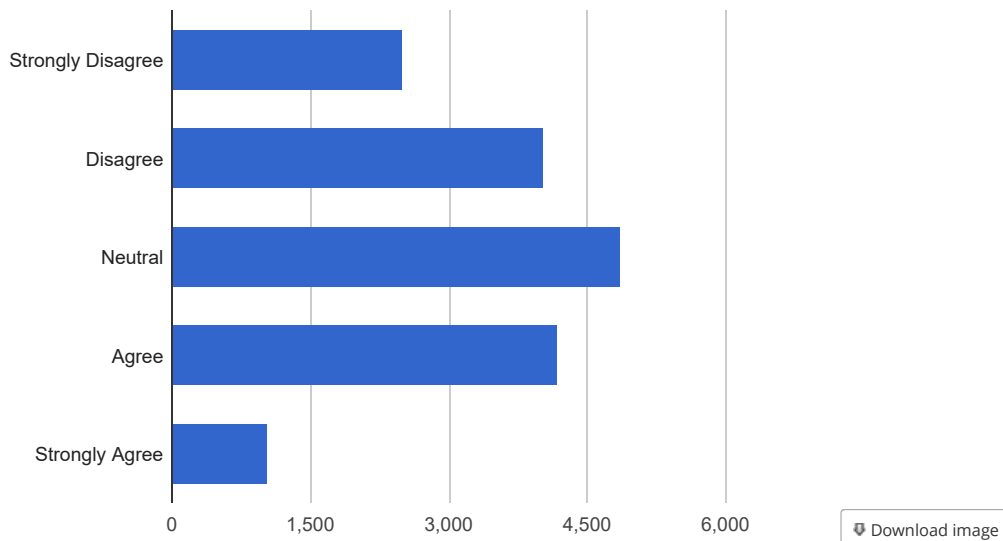
Counts/frequency: Strongly Disagree (6, 1.9%), Disagree (39, 12.6%), Neutral (102, 33.0%), Agree (119, 38.5%), Strongly Agree (43, 13.9%)



There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

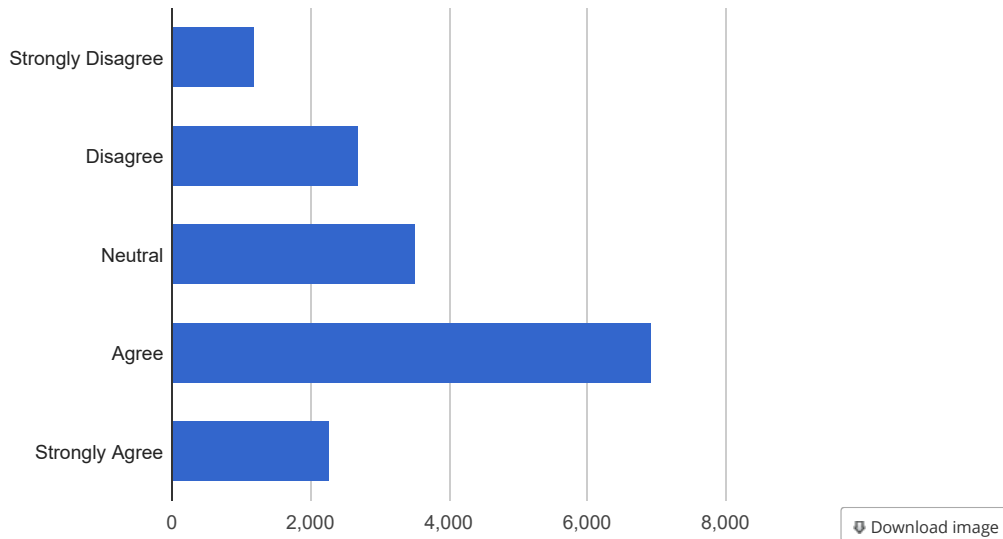
Counts/frequency: Strongly Disagree (30, 9.7%), Disagree (65, 21.0%), Neutral (103, 33.3%), Agree (83, 26.9%), Strongly Agree (28, 9.1%)



There are good parks and recreation facilities in this county. *(parks)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

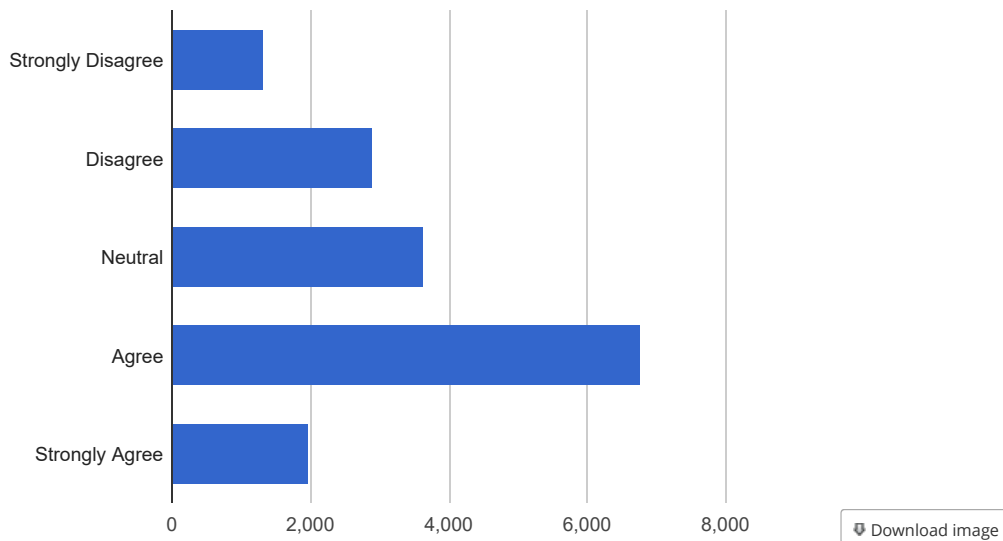
Counts/frequency: Strongly Disagree (15, 4.9%), Disagree (63, 20.4%), Neutral (84, 27.2%), Agree (107, 34.6%), Strongly Agree (40, 12.9%)



It is easy to buy healthy foods in this county. *(healthyfood)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	5

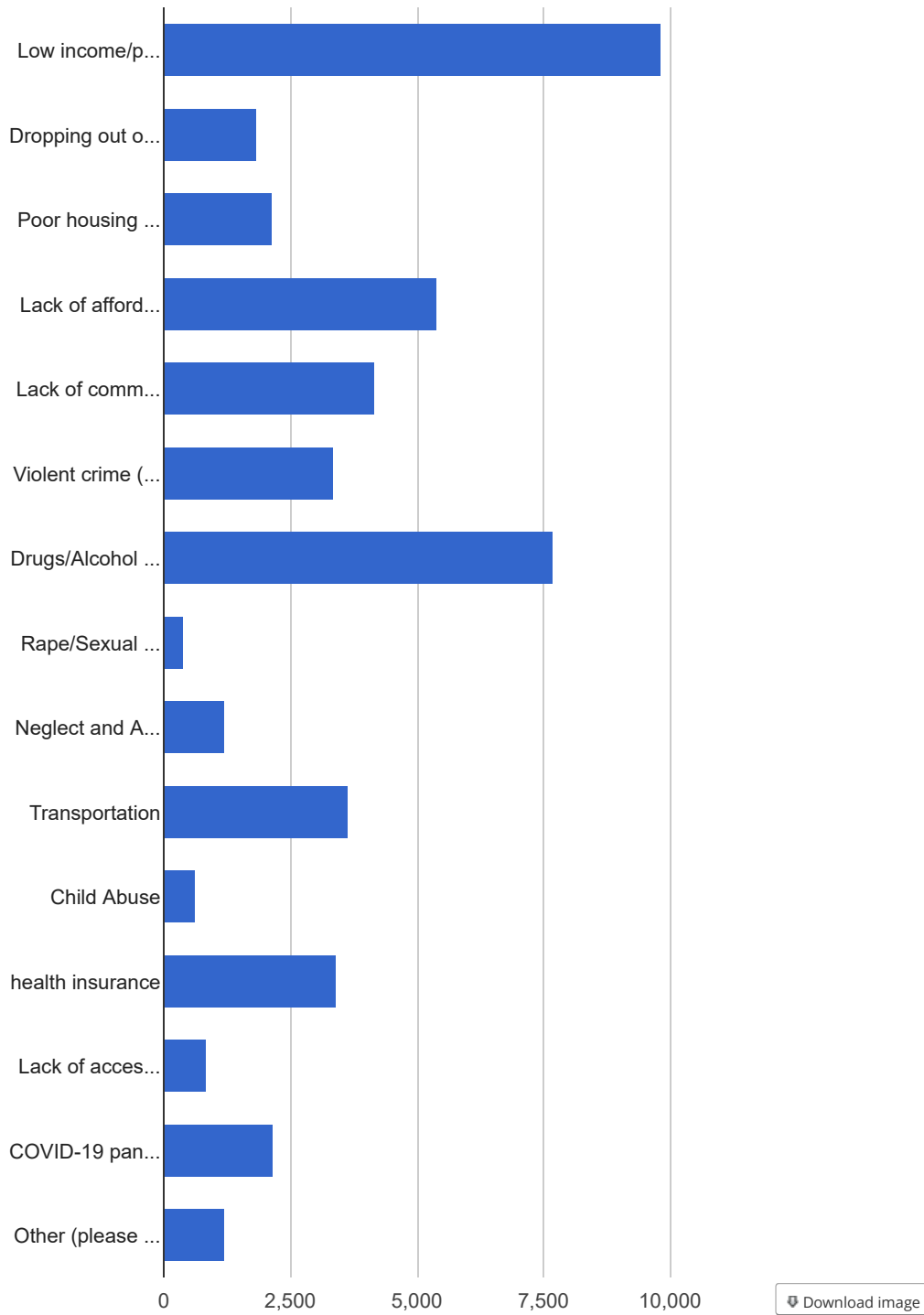
Counts/frequency: Strongly Disagree (40, 12.9%), Disagree (87, 28.2%), Neutral (64, 20.7%), Agree (97, 31.4%), Strongly Agree (21, 6.8%)



Please select the top 3 issues which have the highest impact on quality of life in this county. *(topissues)*

Total Count (N)	Missing*	Unique
308	1 (0.3%)	15

Counts/frequency: Low income/poverty (123, 39.9%), Dropping out of school (20, 6.5%), Poor housing conditions (13, 4.2%), Lack of affordable housing (123, 39.9%), Lack of community resources (127, 41.2%), Violent crime (murder, assault) Theft (15, 4.9%), Drugs/Alcohol (Substance Use) (115, 37.3%), Rape/Sexual Assault (4, 1.3%), Neglect and Abuse (10, 3.2%), Transportation (94, 30.5%), Child Abuse (10, 3.2%), health insurance (70, 22.7%), Lack of access to enough food (59, 19.2%), COVID-19 pandemic (28, 9.1%), Other (please specify) (38, 12.3%)



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Other (*topthreeother1*)

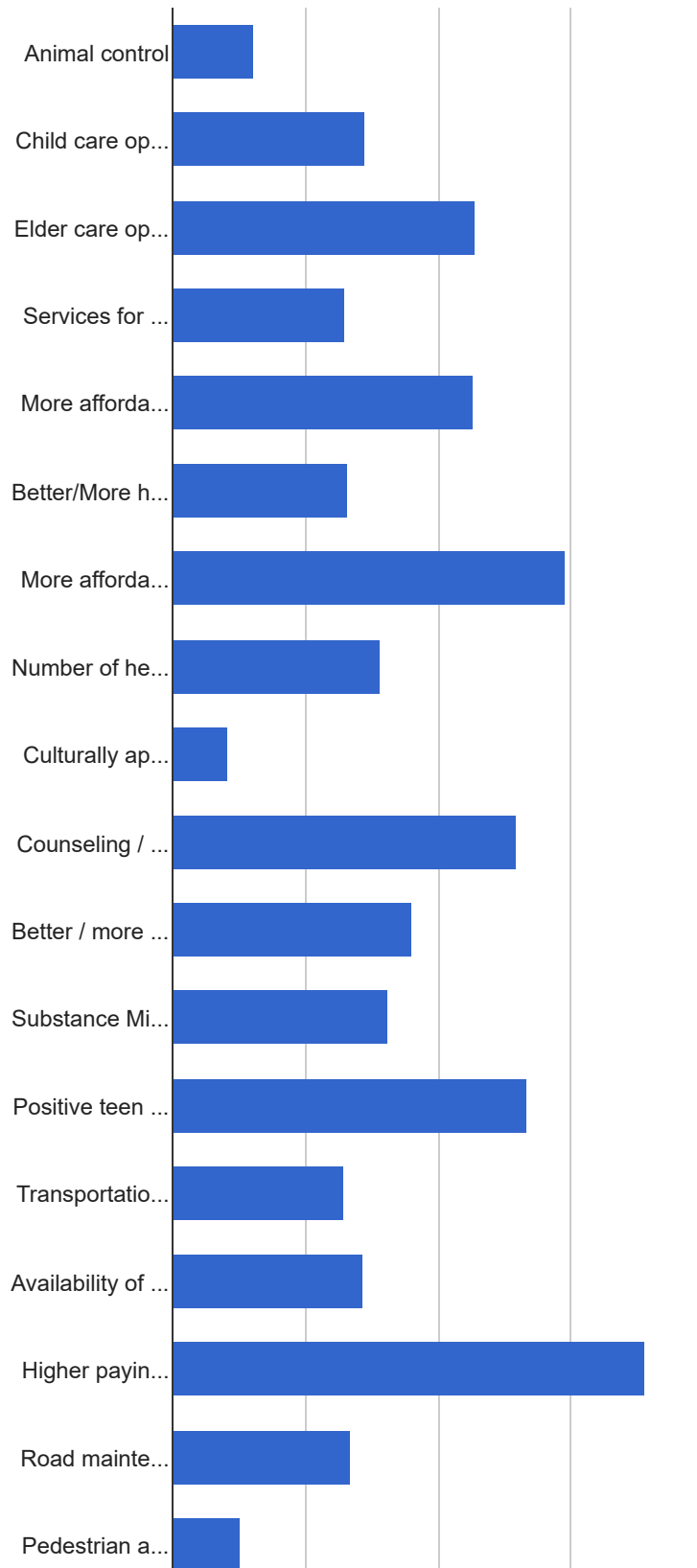
Total Count (N)	Missing*
35	274 (88.7%)

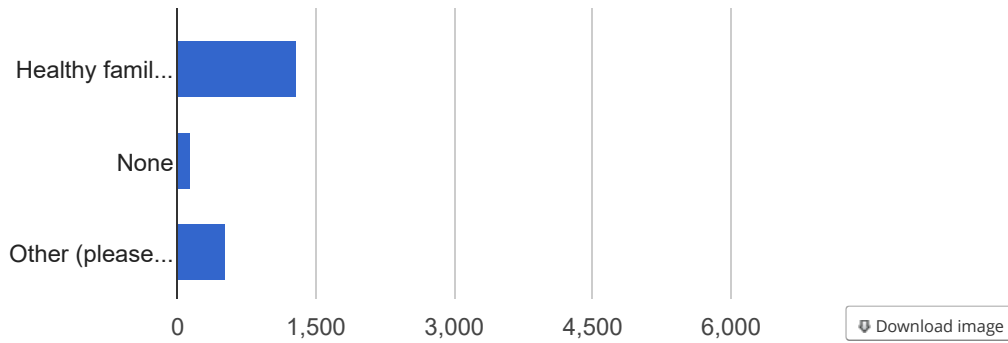
Please select what you feel are the top 3 services that need the most improvement in your community. (*improvements*)

Total Count (N)	Missing*	Unique

307	2 (0.6%)	21
-----	--------------------------	----

Counts/frequency: Animal control (12, 3.9%), Child care options (49, 16.0%), Elder care options (50, 16.3%), Services for disabled people (32, 10.4%), More affordable health services (57, 18.6%), Better/More healthy food choices (75, 24.4%), More affordable / better housing (63, 20.5%), Number of healthcare providers (81, 26.4%), Culturally appropriate health services (6, 2.0%), Counseling / mental and behavioral health / support groups (63, 20.5%), Better / more recreational facilities (parks, trails, community centers) (84, 27.4%), Substance Misuse Services/ Recovery Support (27, 8.8%), Positive teen activities (73, 23.8%), Transportation options (23, 7.5%), Availability of employment (55, 17.9%), Higher paying employment (56, 18.2%), Road maintenance (26, 8.5%), Pedestrian and cyclist road safety (14, 4.6%), Healthy family activities (29, 9.4%), None (4, 1.3%), Other (please specify) (15, 4.9%)





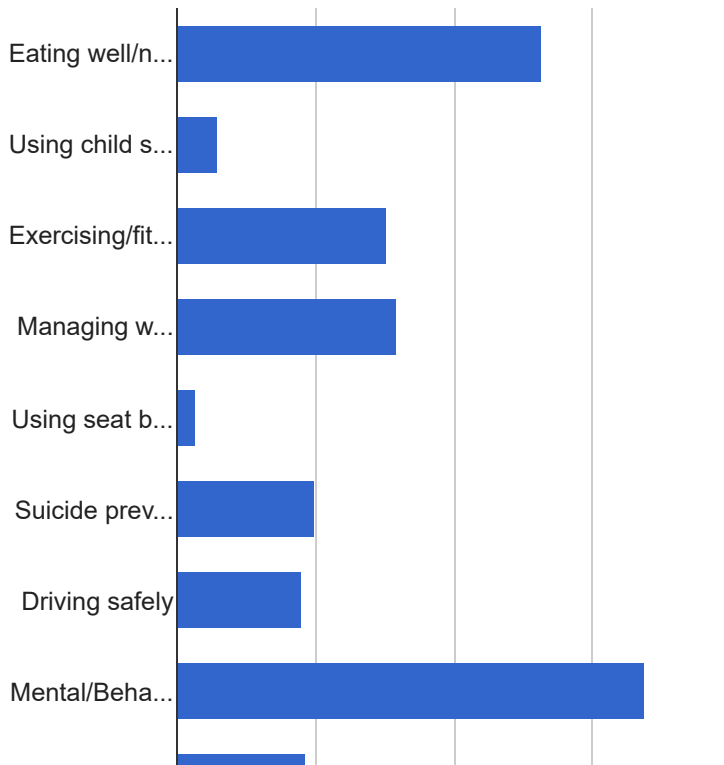
Other (*improvement_other*)

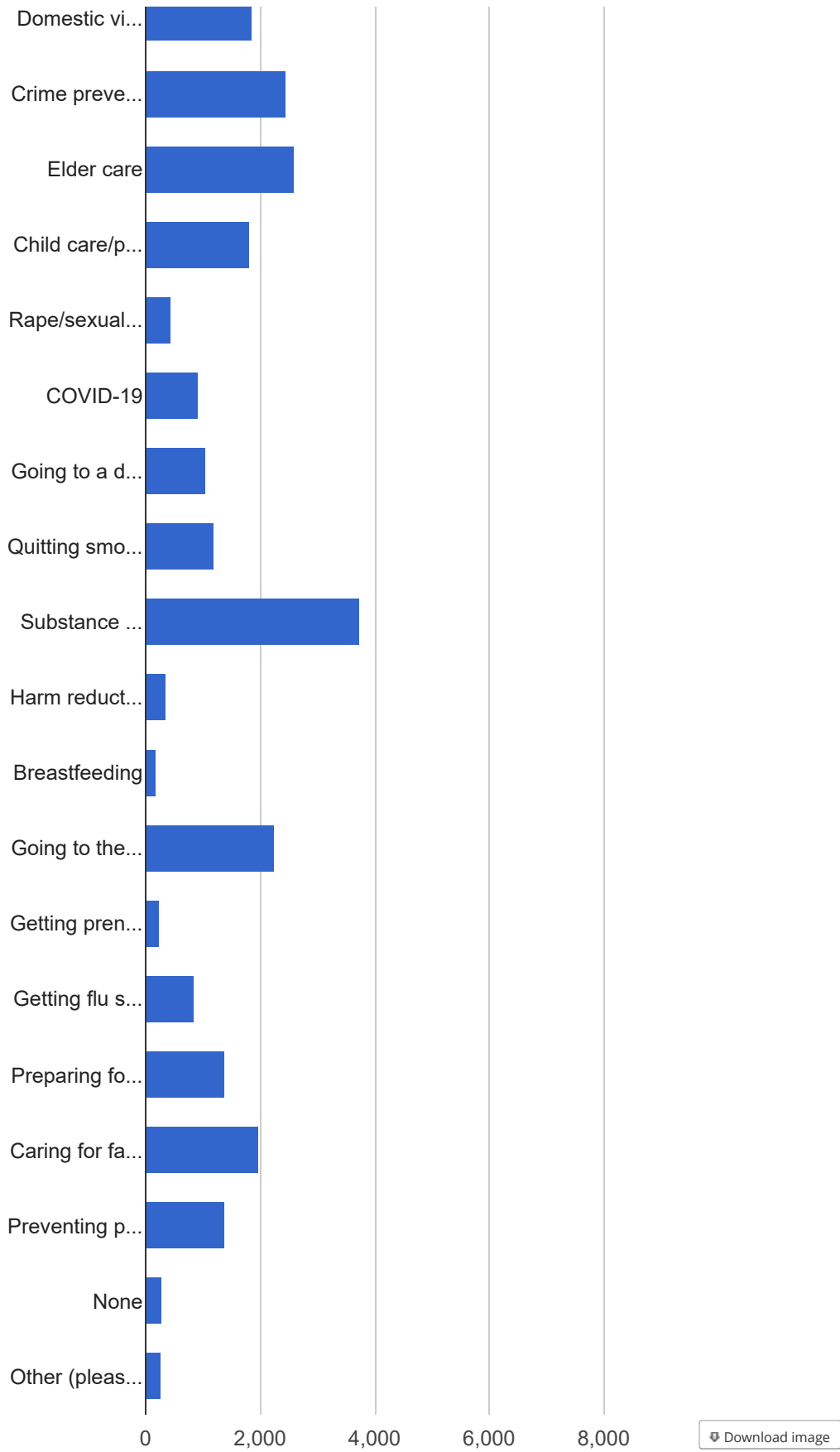
Total Count (N)	Missing*
13	296 (95.8%)

Please select the top 3 health behaviors that you feel people in your community need more information about. (*health_behavin*)

Total Count (N)	Missing*	Unique
308	1 (0.3%)	26

Counts/frequency: Eating well/nutrition (93, 30.2%), Using child safety car seats (13, 4.2%), Exercising/fitness (78, 25.3%), Managing weight (71, 23.1%), Using seat belts (3, 1.0%), Suicide prevention (55, 17.9%), Driving safely (38, 12.3%), Mental/Behavioral Health (121, 39.3%), Domestic violence prevention (29, 9.4%), Crime prevention (20, 6.5%), Elder care (51, 16.6%), Child care/parenting (23, 7.5%), Rape/sexual abuse prevention (8, 2.6%), COVID-19 (9, 2.9%), Going to a dentist for check-ups/preventive care (20, 6.5%), Quitting smoking/tobacco use prevention (30, 9.7%), Substance misuse prevention (70, 22.7%), Harm reduction (2, 0.6%), Breastfeeding (1, 0.3%), Going to the doctor for yearly check-ups and screenings (34, 11.0%), Getting prenatal care during pregnancy (0, 0.0%), Getting flu shots and other vaccines (11, 3.6%), Preparing for an emergency/disaster (29, 9.4%), Caring for family members with special needs / disabilities (43, 14.0%), Preventing pregnancy and sexually transmitted diseases (safe sex) (5, 1.6%), None (13, 4.2%), Other (please specify) (7, 2.3%)





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Other (*heath_behavin_other*)

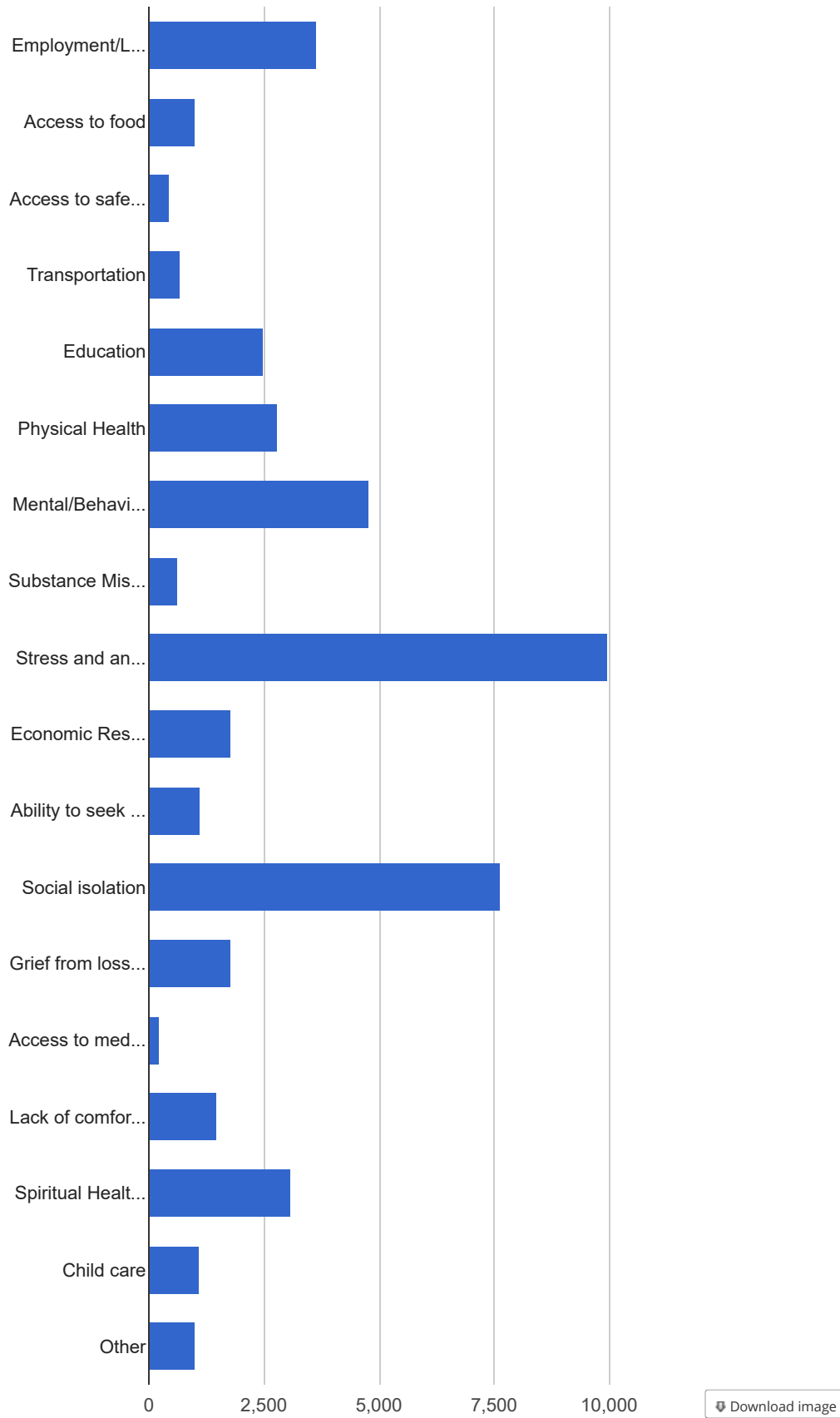
Total Count (N)	Missing*

7	302 (97.7%)
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Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing*	Unique
306	3 (1.0%)	18

Counts/frequency: **Employment/Loss of Job** (55, 18.0%), **Access to food** (22, 7.2%), **Access to safe housing** (1, 0.3%), **Transportation** (2, 0.7%), **Education** (83, 27.1%), **Physical Health** (53, 17.3%), **Mental/Behavioral Health** (77, 25.2%), **Substance Misuse** (8, 2.6%), **Stress and anxiety** (190, 62.1%), **Economic Resources** (32, 10.5%), **Ability to seek medical care** (16, 5.2%), **Social isolation** (147, 48.0%), **Grief from loss of loved one** (33, 10.8%), **Access to medication** (1, 0.3%), **Lack of comfort in seeking medical care** (19, 6.2%), **Spiritual Health/Well-being** (53, 17.3%), **Child care** (36, 11.8%), **Other** (20, 6.5%)



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Other (*other_covid*)

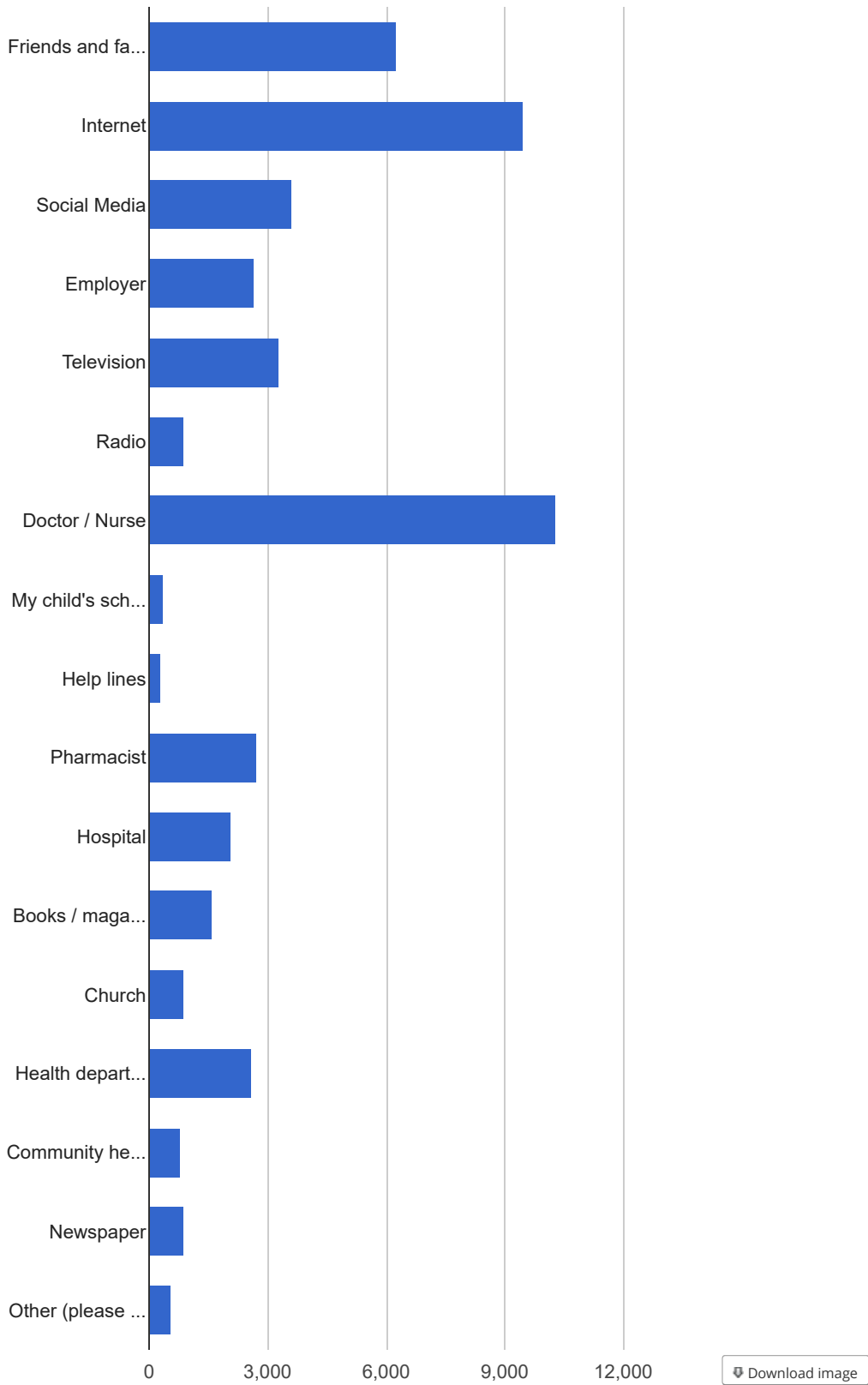
Total Count (N)	Missing*
16	293 (94.8%)

Where do you get most of your health-related information? (Please check all that apply)

(health_info)

Total Count (N)	Missing*	Unique
306	<u>3</u> (1.0%)	17

Counts/frequency: Friends and family (128, 41.8%), Internet (182, 59.5%), Social Media (82, 26.8%), Employer (32, 10.5%), Television (34, 11.1%), Radio (7, 2.3%), Doctor / Nurse (203, 66.3%), My child's school (9, 2.9%), Help lines (1, 0.3%), Pharmacist (30, 9.8%), Hospital (38, 12.4%), Books / magazines (29, 9.5%), Church (11, 3.6%), Health department (34, 11.1%), Community health worker (10, 3.3%), Newspaper (6, 2.0%), Other (please specify) (7, 2.3%)



[Download image](#)

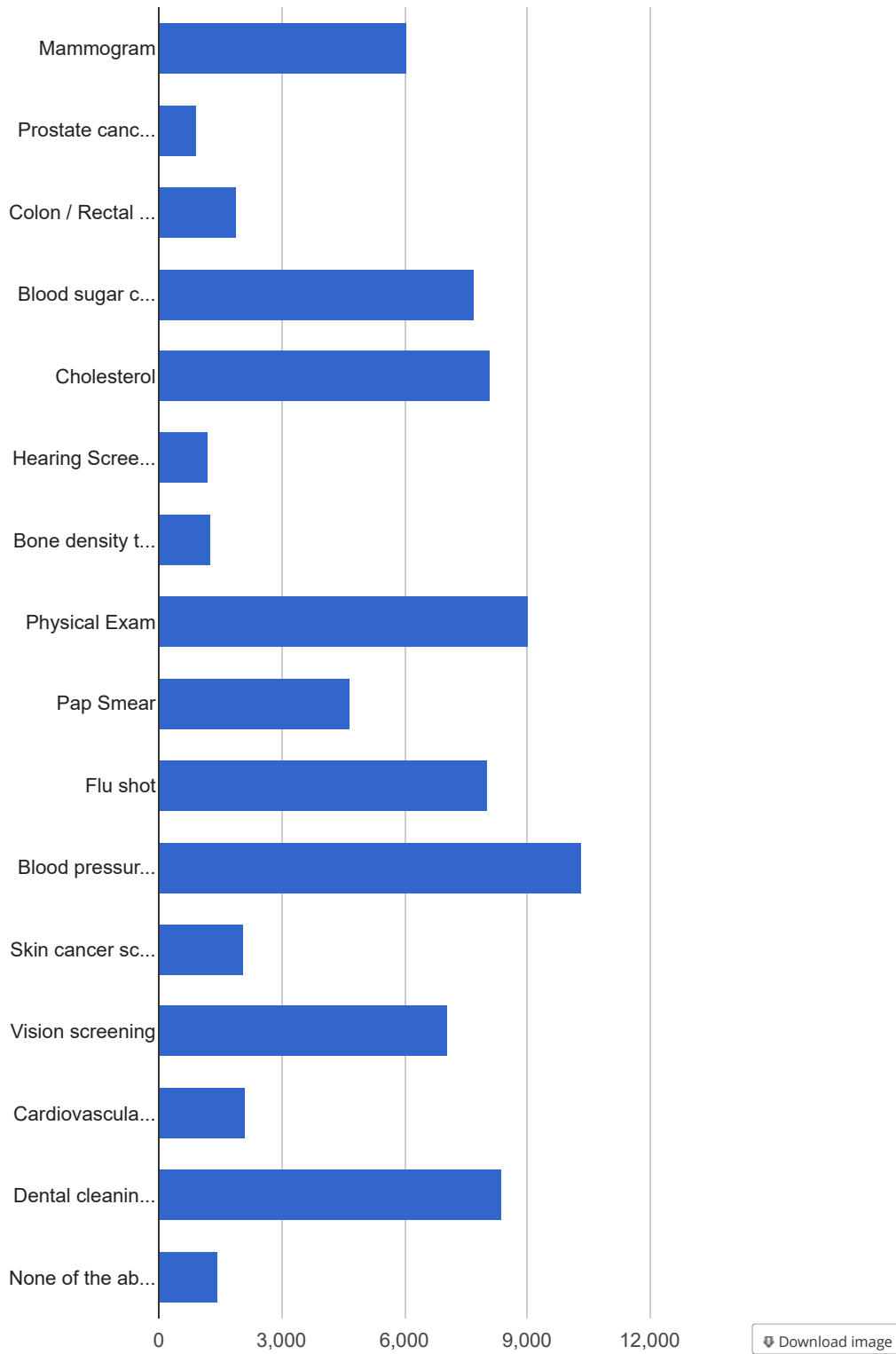
Other (*health_info_other*)

Total Count (N)	Missing*
7	302 (97.7%)

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

Total Count (N)	Missing*	Unique
307	<u>2(0.6%)</u>	16

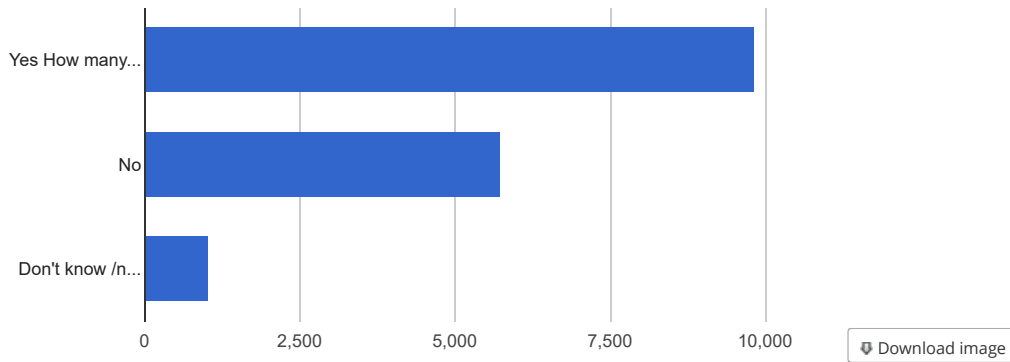
Counts/frequency: Mammogram (119, 38.8%), Prostate cancer screening (11, 3.6%), Colon / Rectal exam (37, 12.1%), Blood sugar check (155, 50.5%), Cholesterol (170, 55.4%), Hearing Screening (22, 7.2%), Bone density test (16, 5.2%), Physical Exam (193, 62.9%), Pap Smear (82, 26.7%), Flu shot (147, 47.9%), Blood pressure check (212, 69.1%), Skin cancer screening (41, 13.4%), Vision screening (135, 44.0%), Cardiovascular screening (39, 12.7%), Dental cleaning / x-rays (161, 52.4%), None of the above (22, 7.2%)



During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	3

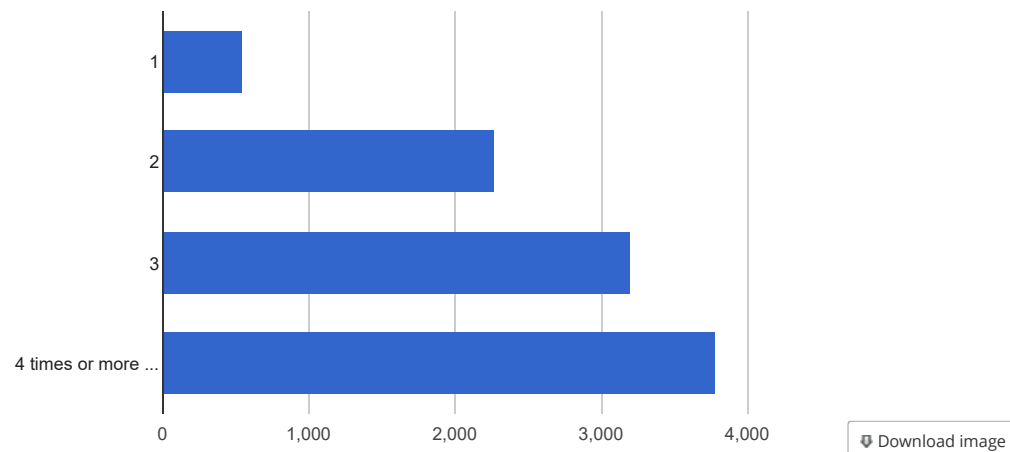
Counts/frequency: Yes How many times per week? (194, 62.8%), No (96, 31.1%), Don't know /not sure (19, 6.1%)



How many times per week? (*exercisetimesweek*)

Total Count (N)	Missing*	Unique
194	115 (37.2%)	4

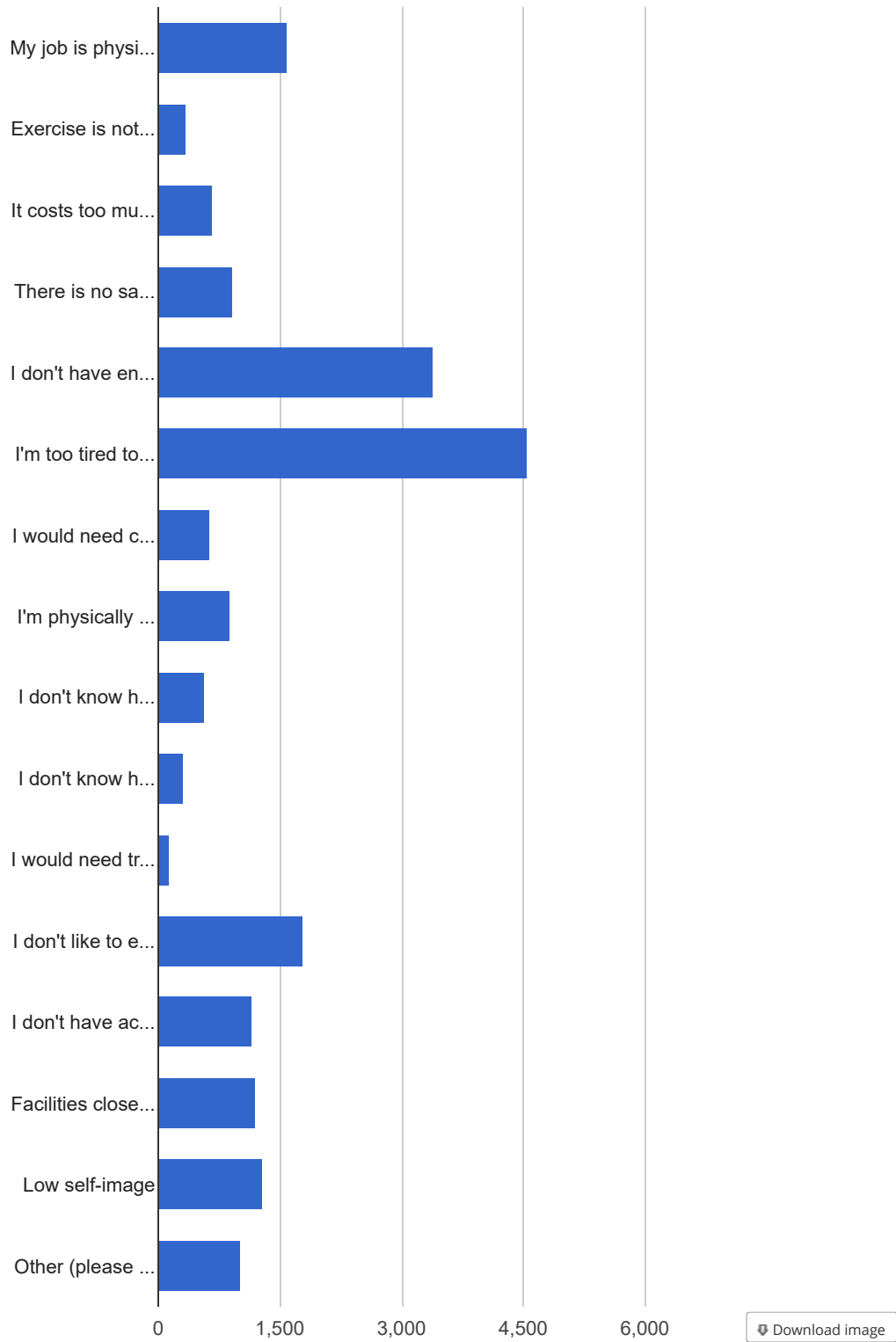
Counts/frequency: 1 (15, 7.7%), 2 (41, 21.1%), 3 (63, 32.5%), 4 times or more per week (75, 38.7%)



If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) (*notexercise*)

Total Count (N)	Missing*	Unique
179	130 (42.1%)	16

Counts/frequency: My job is physical or hard labor. (30, 16.8%), Exercise is not important to me. (5, 2.8%), It costs too much to exercise. (9, 5.0%), There is no safe place to exercise. (28, 15.6%), I don't have enough time to exercise. (56, 31.3%), I'm too tired to exercise. (83, 46.4%), I would need child care and I don't have it. (8, 4.5%), I'm physically disabled. (22, 12.3%), I don't know how to find exercise partners. (9, 5.0%), I don't know how to safely (5, 2.8%), I would need transportation and I don't have it. (2, 1.1%), I don't like to exercise. (32, 17.9%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (18, 10.1%), Facilities closed due to COVID 19 (21, 11.7%), Low self-image (21, 11.7%), Other (please specify) (15, 8.4%)



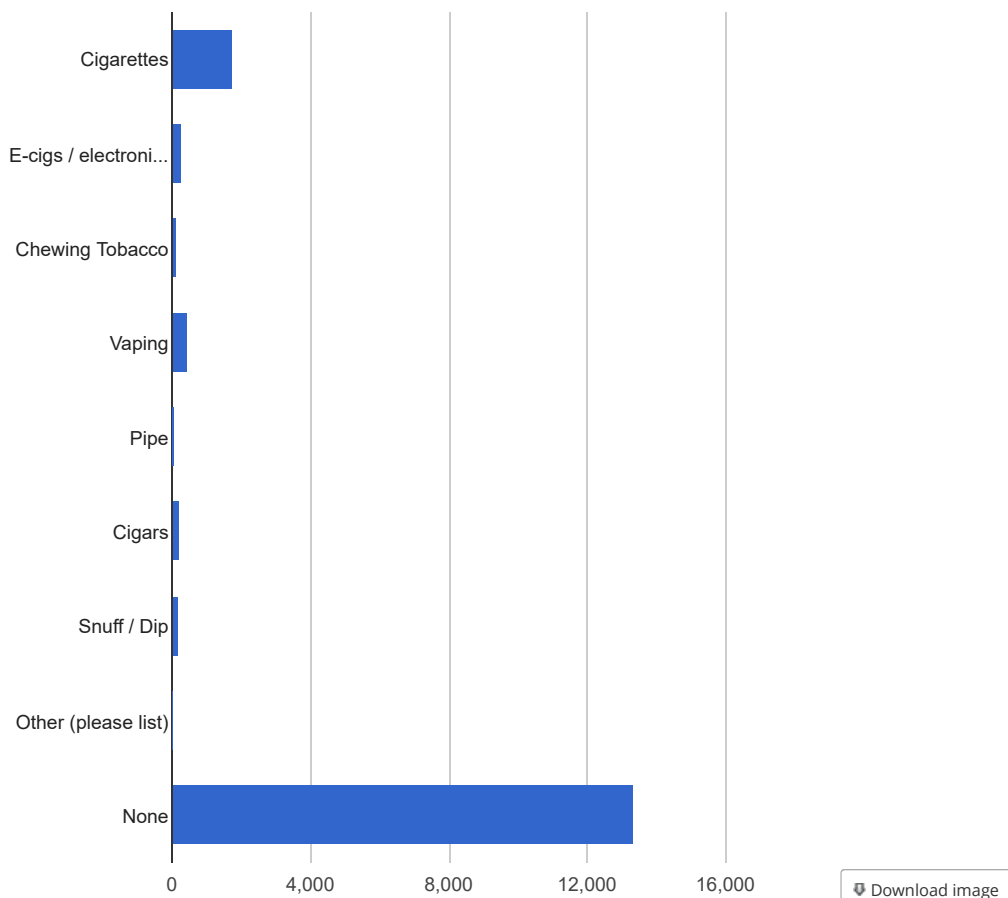
Other (*exercise_other*)

Total Count (N)	Missing*
13	296 (95.8%)

Please select any tobacco product you currently use, (*please_select_any_tobacco*)

Total Count (N)	Missing*	Unique
299	10 (3.2%)	8

Counts/frequency: Cigarettes (36, 12.0%), E-cigs / electronic cigarettes (4, 1.3%), Chewing Tobacco (1, 0.3%), Vaping (8, 2.7%), Pipe (0, 0.0%), Cigars (3, 1.0%), Snuff / Dip (4, 1.3%), Other (please list) (3, 1.0%), None (249, 83.3%)



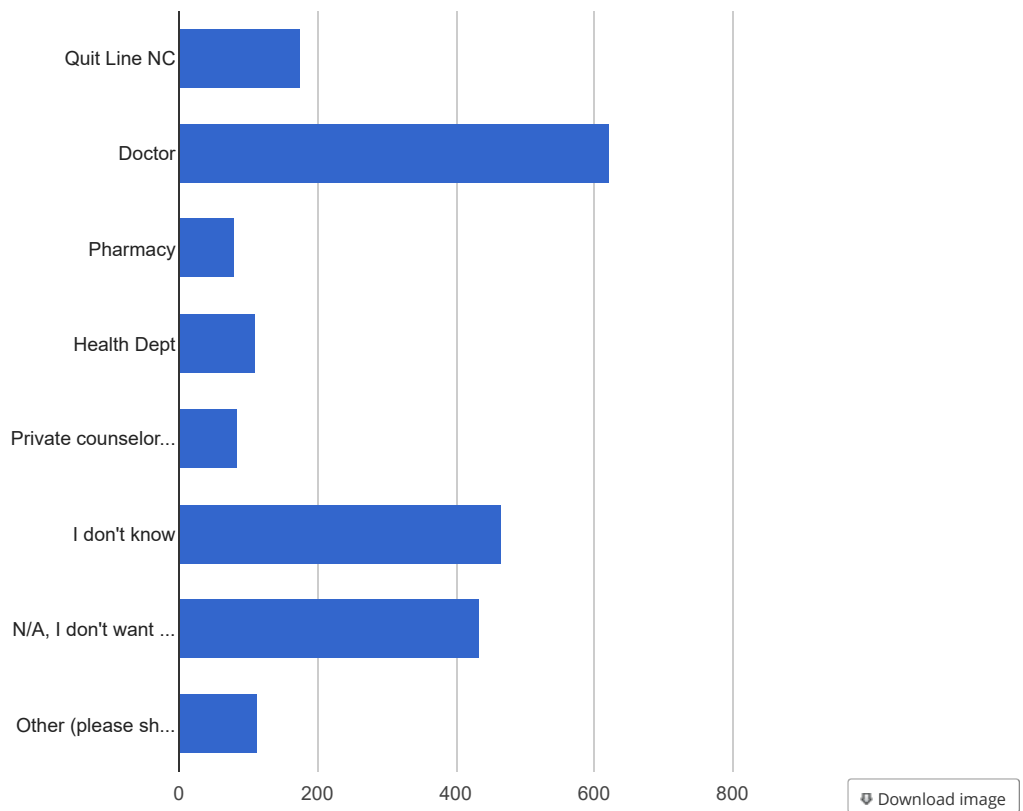
Other (please list) (*other_please_list*)

Total Count (N)	Missing*
3	306 (99.0%)

Where would you go for help if you wanted to quit? (*quit*)

Total Count (N)	Missing*	Unique
50	259 (83.8%)	6

Counts/frequency: Quit Line NC (4, 8.0%), Doctor (19, 38.0%), Pharmacy (0, 0.0%), Health Dept (0, 0.0%), Private counselor / therapist (3, 6.0%), I don't know (7, 14.0%), N/A, I don't want to quit (11, 22.0%), Other (please share more) (6, 12.0%)



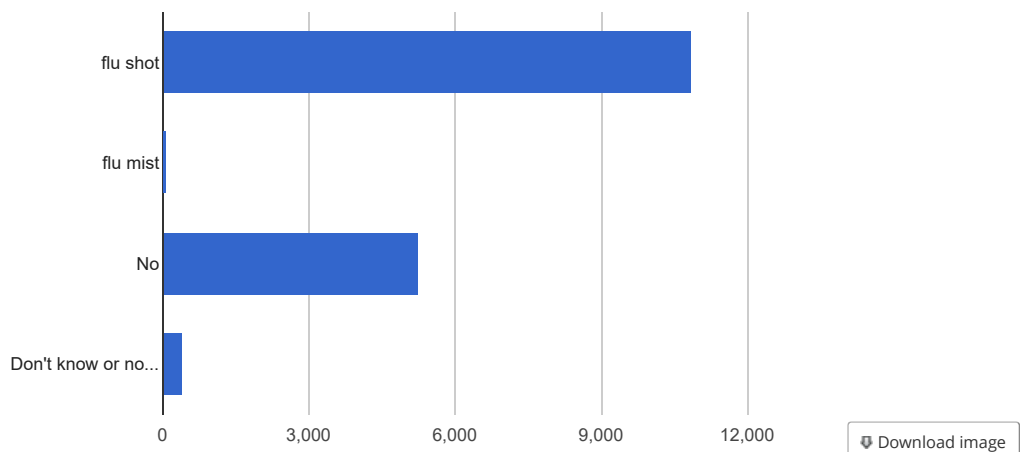
Other: (*quit_other*)

Total Count (N)	Missing*
5	304 (98.4%)

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one) (*flu*)

Total Count (N)	Missing*	Unique
309	0 (0.0%)	4

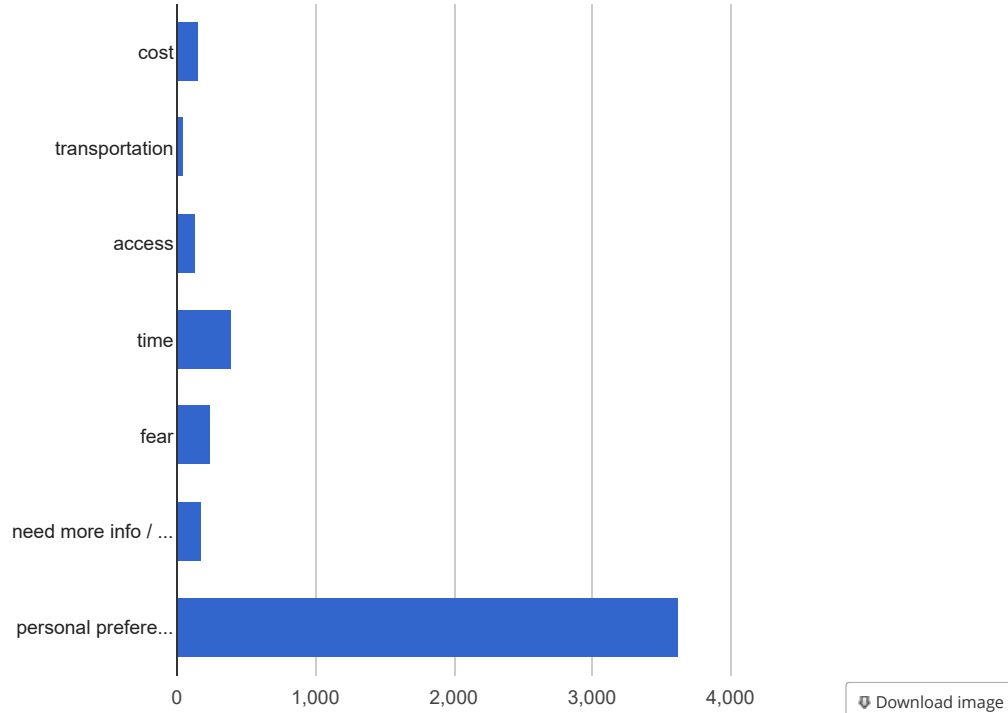
Counts/frequency: flu shot (193, 62.5%), flu mist (2, 0.6%), No (109, 35.3%), Don't know or not sure (5, 1.6%)



If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*

Total Count (N)	Missing*	Unique
102	207 (67.0%)	6

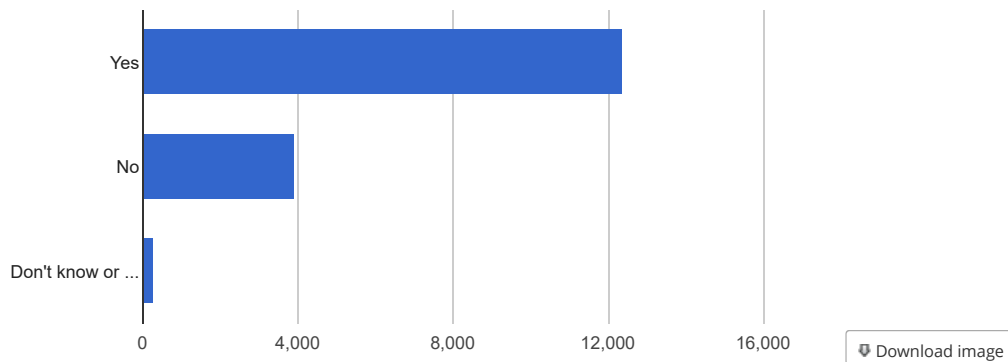
Counts/frequency: **cost** (2, 2.0%), **transportation** (0, 0.0%), **access** (6, 5.9%), **time** (6, 5.9%), **fear** (2, 2.0%), **need more info / have questions** (3, 2.9%), **personal preference** (83, 81.4%)



Have you had a COVID-19 vaccine? *(covidshot)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	3

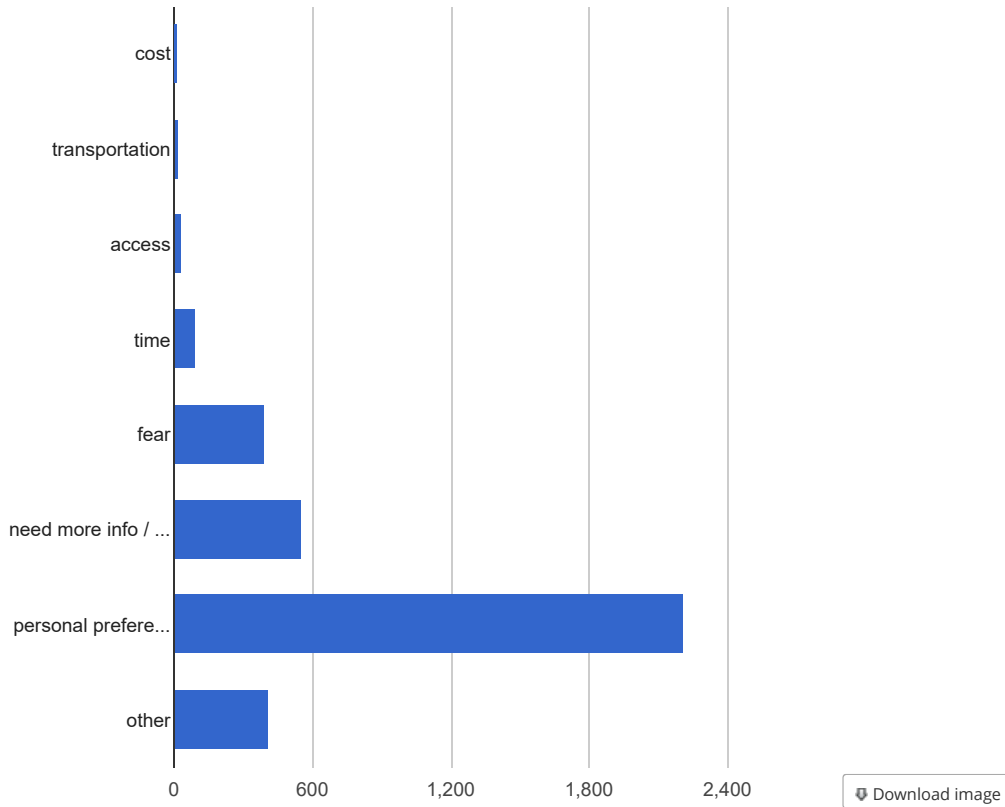
Counts/frequency: **Yes** (251, 81.2%), **No** (55, 17.8%), **Don't know or not sure** (3, 1.0%)



If you did not get your COVID-19 vaccine, why not? Please check any barriers. *(covidyesskip)*

Total Count (N)	Missing*	Unique
53	256 (82.8%)	6

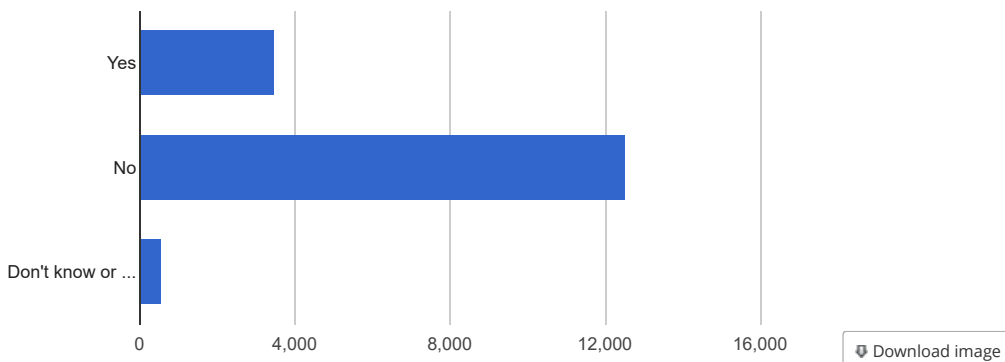
Counts/frequency: cost (1, 1.9%), transportation (0, 0.0%), access (1, 1.9%), time (0, 0.0%), fear (2, 3.8%), need more info / have questions (8, 15.1%), personal preference (33, 62.3%), other (8, 15.1%)



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? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	3

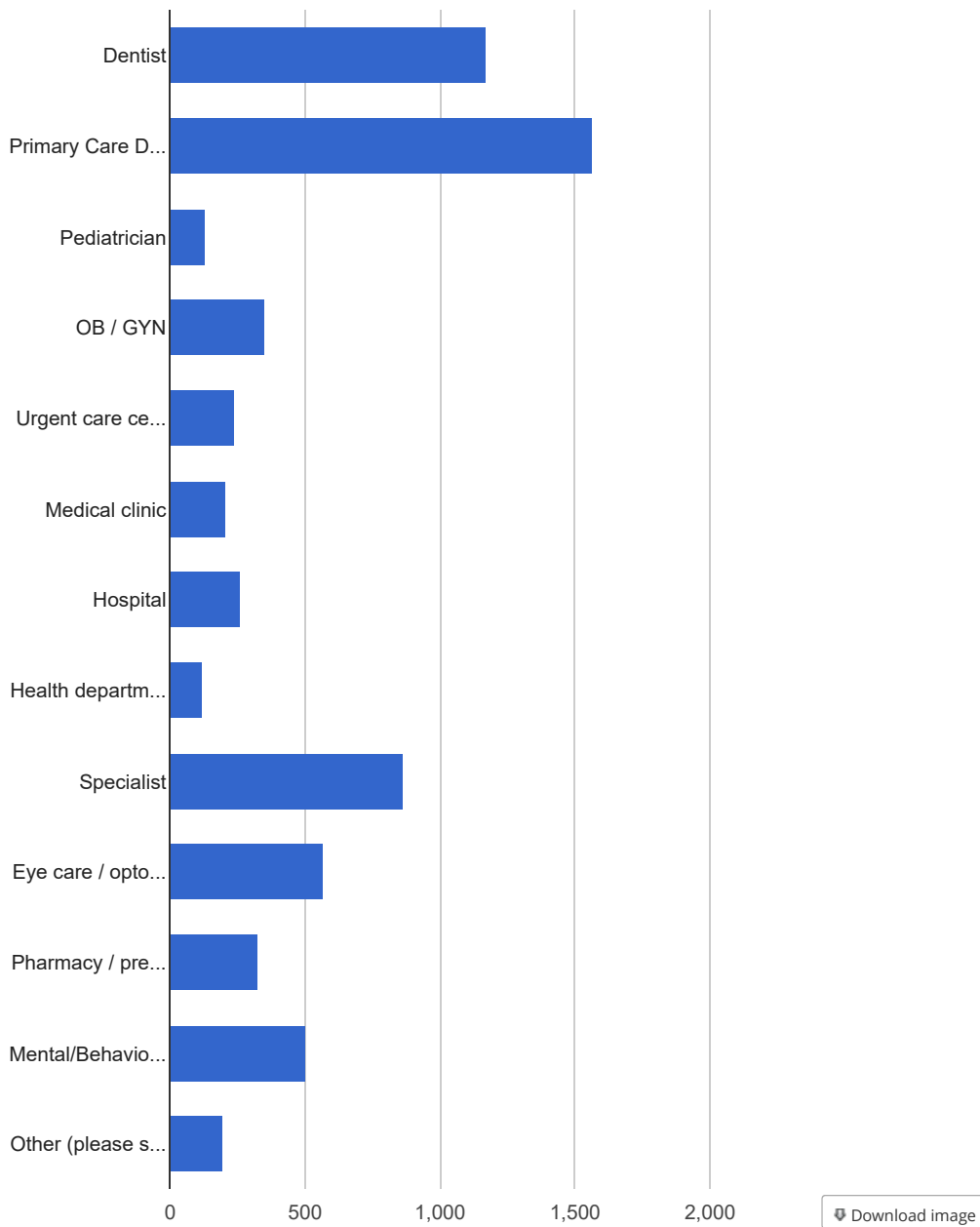
Counts/frequency: Yes (72, 23.3%), No (231, 74.8%), Don't know or not sure (6, 1.9%)



If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
71	238 (77.0%)	12

Counts/frequency: Dentist (27, 38.0%), Primary Care Doctor (34, 47.9%), Pediatrician (6, 8.5%), OB / GYN (11, 15.5%), Urgent care center (6, 8.5%), Medical clinic (1, 1.4%), Hospital (6, 8.5%), Health department (0, 0.0%), Specialist (27, 38.0%), Eye care / optometrist / ophthalmologist (8, 11.3%), Pharmacy / prescriptions (7, 9.9%), Mental/Behavioral Health Providers (8, 11.3%), Other (please share more) (7, 9.9%)



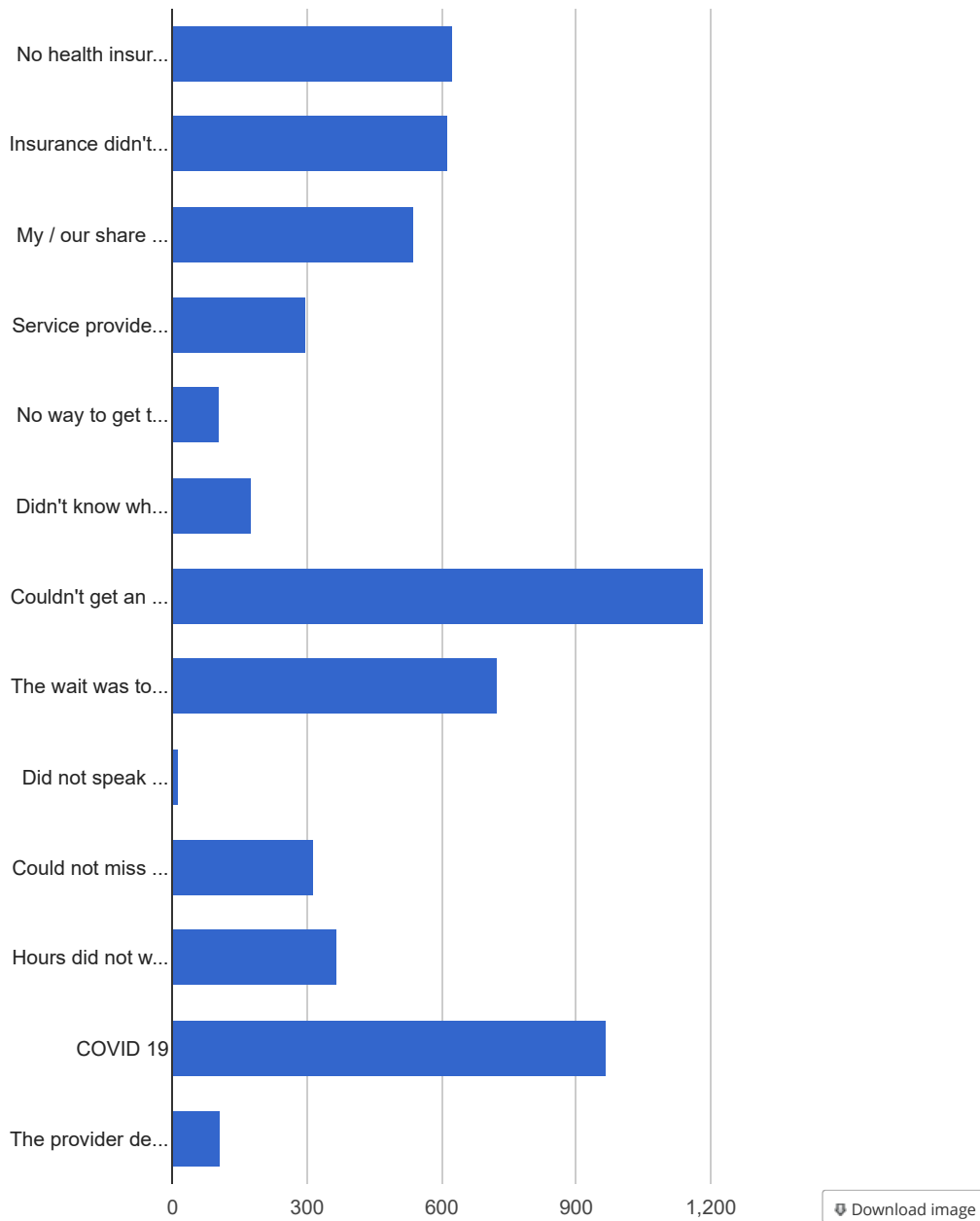
Other (*healthcareprovider_other*)

Total Count (N)	Missing*
6	303 (98.1%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) (*healthcarewhichproblems*)

Total Count (N)	Missing*	Unique
74	235 (76.1%)	12

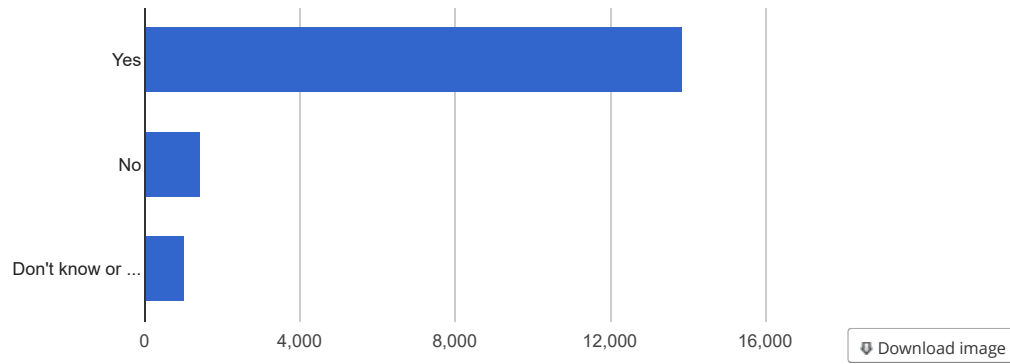
Counts/frequency: No health insurance (8, 10.8%), Insurance didn't cover what I / we needed. (14, 18.9%), My / our share of the cost (deductible / co-pay) was too high. (13, 17.6%), Service provider would not take my / our insurance or Medicaid. (8, 10.8%), No way to get there. (2, 2.7%), Didn't know where to go (5, 6.8%), Couldn't get an appointment (35, 47.3%), The wait was too long (19, 25.7%), Did not speak my language (0, 0.0%), Could not miss work to go (7, 9.5%), Hours did not work with my availability (10, 13.5%), COVID 19 (20, 27.0%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (1, 1.4%)



In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? *(naturaldisasteraccess)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	3

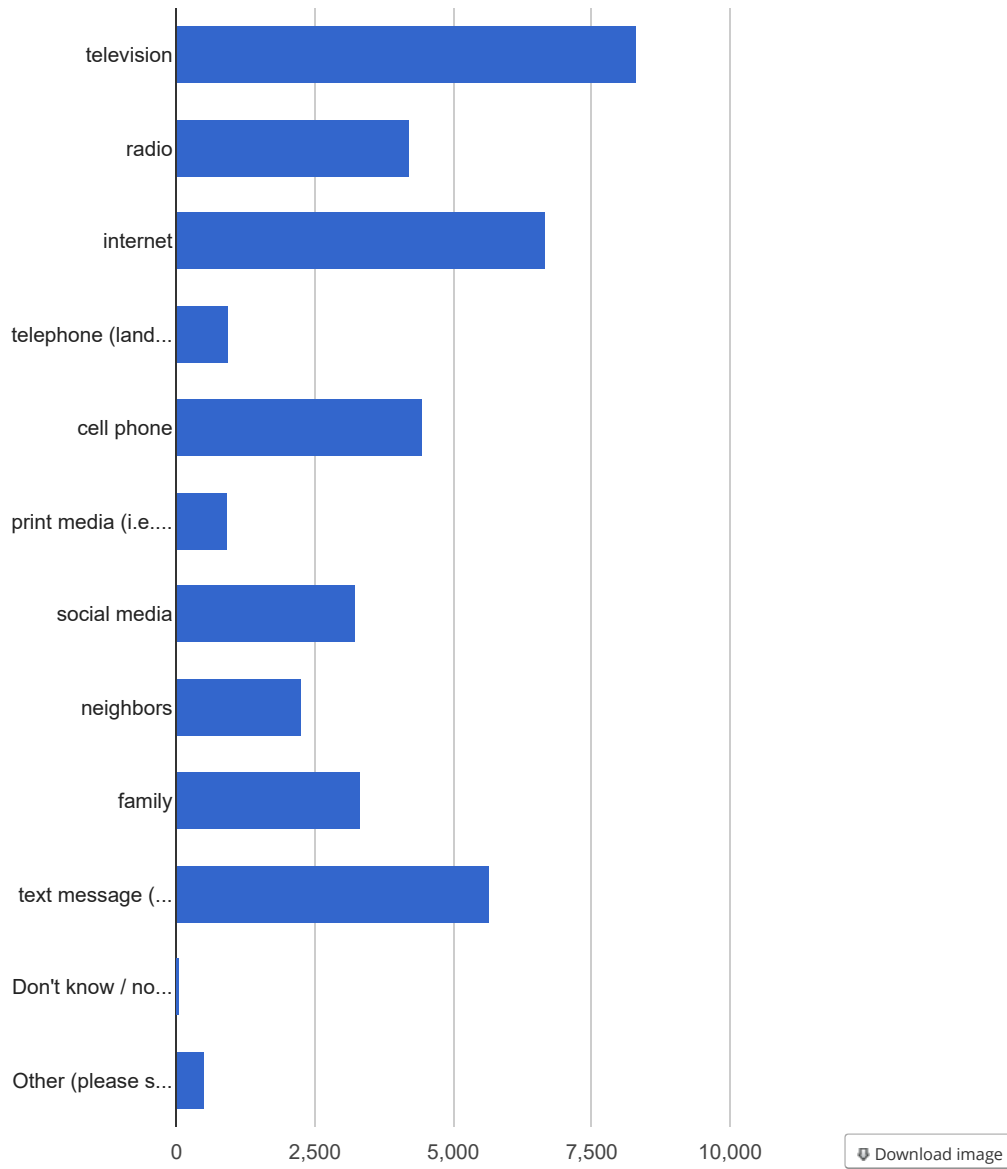
Counts/frequency: Yes (268, 86.7%), No (23, 7.4%), Don't know or not sure (18, 5.8%)



If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
262	47 (15.2%)	11

Counts/frequency: television (177, 67.6%), radio (89, 34.0%), internet (156, 59.5%), telephone (landline) (14, 5.3%), cell phone (83, 31.7%), print media (i.e.. newspaper) (14, 5.3%), social media (81, 30.9%), neighbors (50, 19.1%), family (70, 26.7%), text message (emergency alert system) (91, 34.7%), Don't know / not sure (0, 0.0%), Other (please specify) (7, 2.7%)



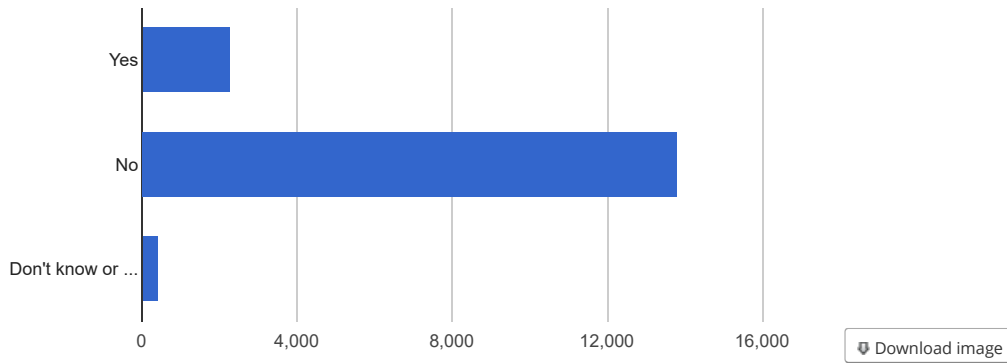
Other (*natural_disaster_other*)

Total Count (N)	Missing*
7	302 (97.7%)

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) (*foodworried*)

Total Count (N)	Missing*	Unique
309	0 (0.0%)	3

Counts/frequency: Yes (28, 9.1%), No (276, 89.3%), Don't know or not sure (5, 1.6%)



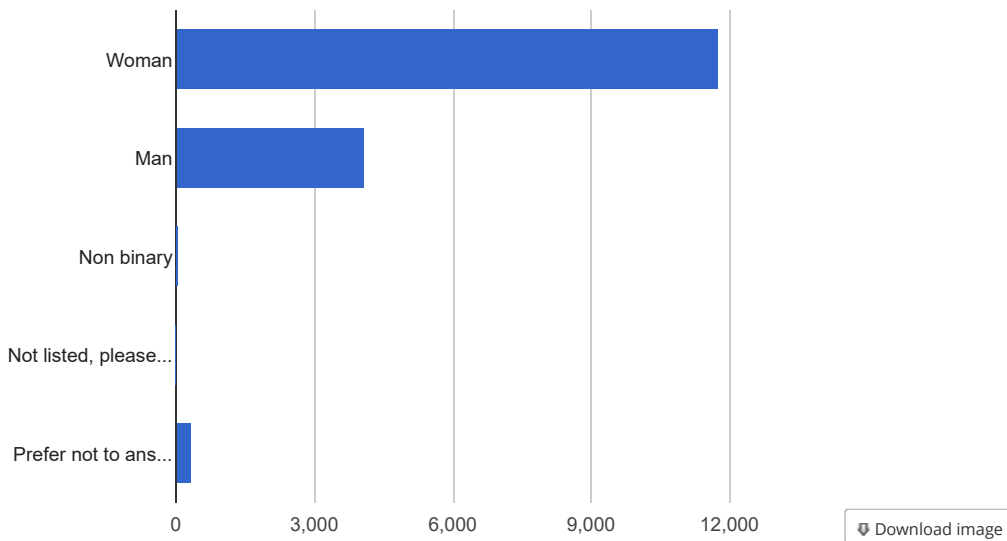
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
51	258 (83.5%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
308	1 (0.3%)	4

Counts/frequency: **Woman** (217, 70.5%), **Man** (83, 26.9%), **Non binary** (2, 0.6%), **Not listed, please share more:** _____ (0, 0.0%), **Prefer not to answer** (6, 1.9%)



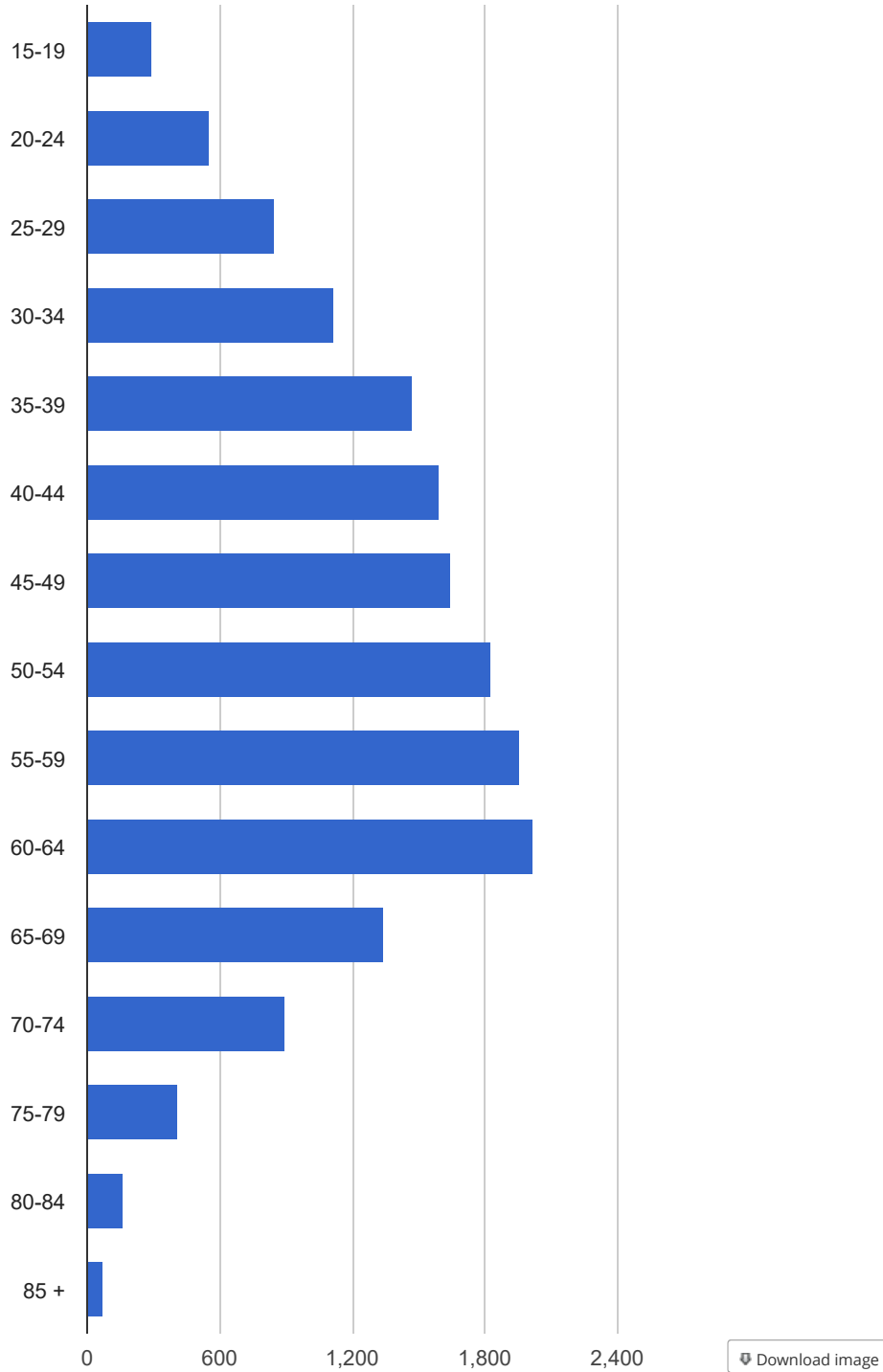
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	309 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
308	1 (0.3%)	14

Counts/frequency: 15-19 (9, 2.9%), 20-24 (8, 2.6%), 25-29 (5, 1.6%), 30-34 (10, 3.2%), 35-39 (31, 10.1%), 40-44 (41, 13.3%), 45-49 (50, 16.2%), 50-54 (38, 12.3%), 55-59 (34, 11.0%), 60-64 (36, 11.7%), 65-69 (22, 7.1%), 70-74 (16, 5.2%), 75-79 (7, 2.3%), 80-84 (0, 0.0%), 85 + (1, 0.3%)

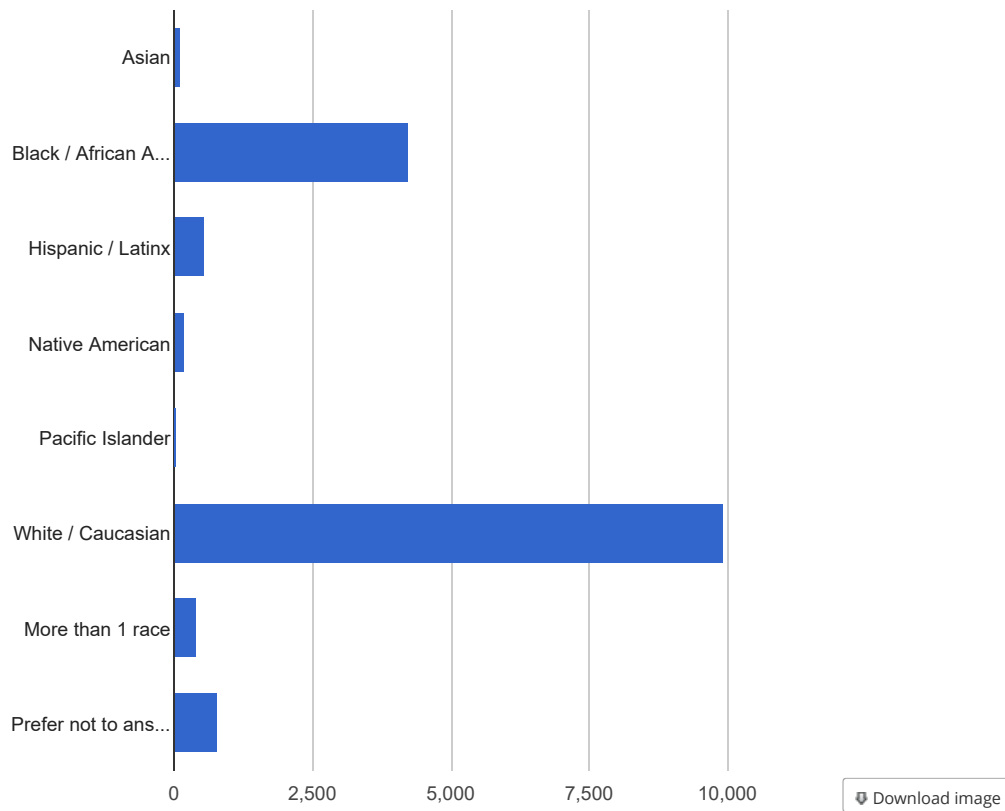


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How do you describe your race/ethnicity? (*raceethnicity*)

Total Count (N)	Missing*	Unique
307	2 (0.6%)	6

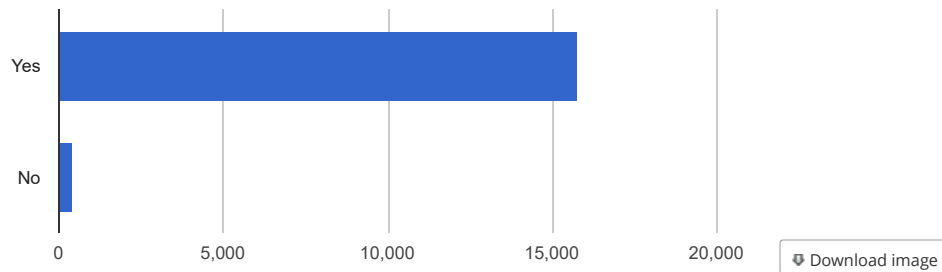
Counts/frequency: Asian (0, 0.0%), Black / African American (26, 8.5%), Hispanic / Latinx (7, 2.3%), Native American (0, 0.0%), Pacific Islander (1, 0.3%), White / Caucasian (252, 82.1%), More than 1 race (7, 2.3%), Prefer not to answer (14, 4.6%)



Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
308	1 (0.3%)	2

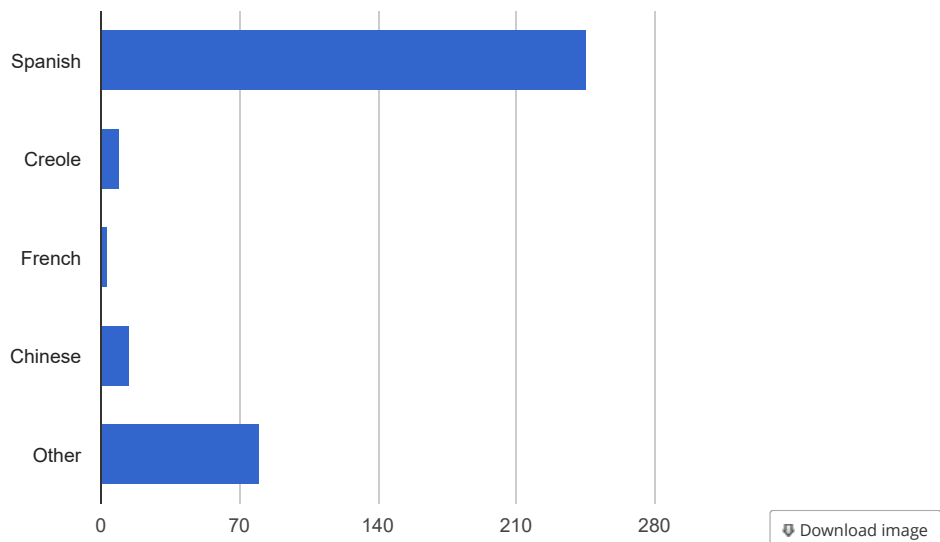
Counts/frequency: Yes (307, 99.7%), No (1, 0.3%)



If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
1	308 (99.7%)	1

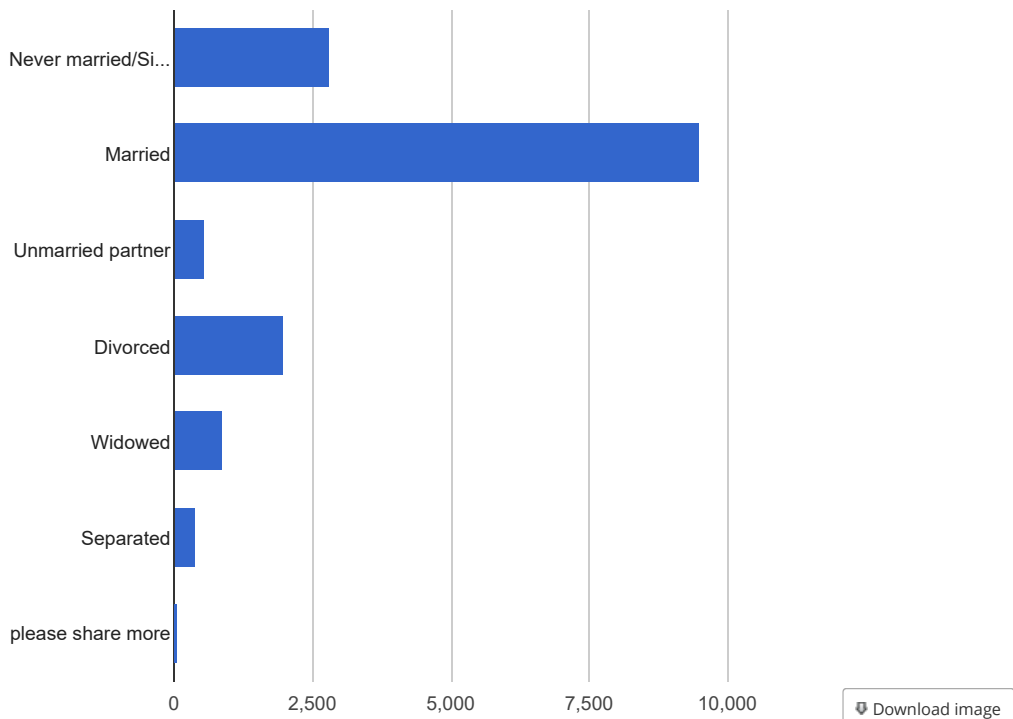
Counts/frequency: Spanish (1, 100.0%), Creole (0, 0.0%), French (0, 0.0%), Chinese (0, 0.0%), Other (0, 0.0%)



What is your marital status? (*marriagestatus*)

Total Count (N)	Missing*	Unique
305	4 (1.3%)	6

Counts/frequency: Never married/Single (27, 8.9%), Married (223, 73.1%), Unmarried partner (8, 2.6%), Divorced (21, 6.9%), Widowed (21, 6.9%), Separated (5, 1.6%), please share more (0, 0.0%)



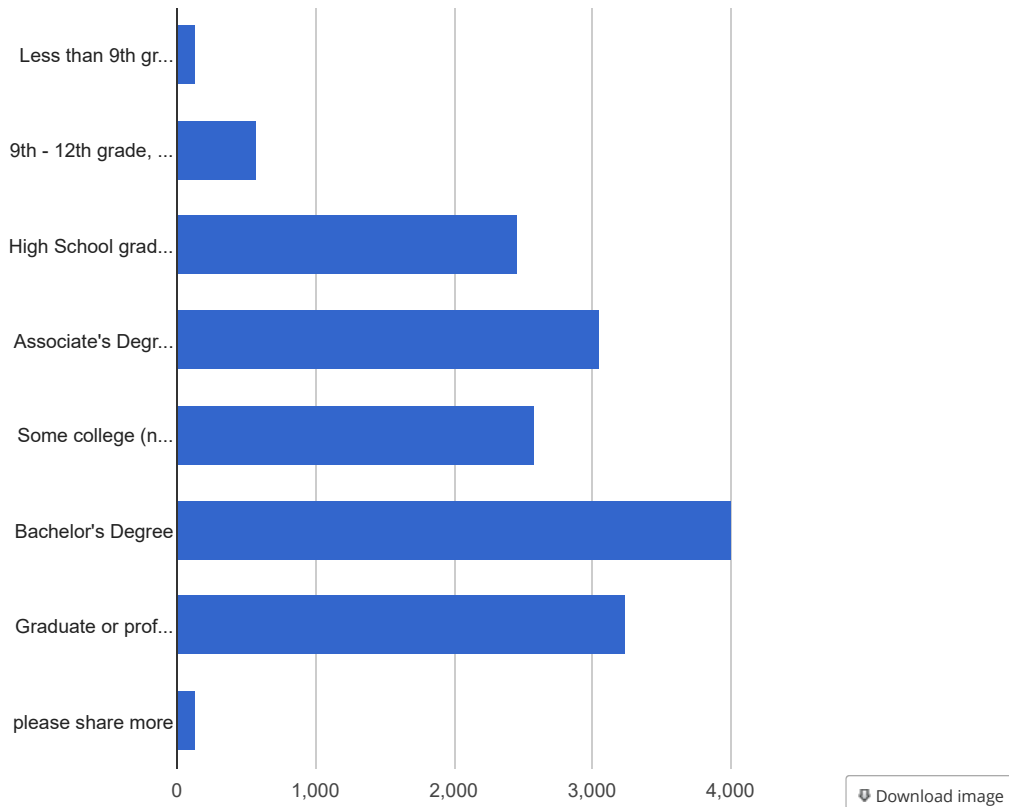
please share more. (*marital_other*)

Total Count (N)	Missing*
0	309 (100.0%)

What is the highest level of education you have completed? *(education)*

Total Count (N)	Missing*	Unique
306	3 (1.0%)	8

Counts/frequency: Less than 9th grade (2, 0.7%), 9th - 12th grade, no diploma (7, 2.3%), High School graduate (or GED/equivalent) (53, 17.3%), Associate's Degree or Vocational Training (66, 21.6%), Some college (no degree) (54, 17.6%), Bachelor's Degree (77, 25.2%), Graduate or professional degree (43, 14.1%), please share more (4, 1.3%)



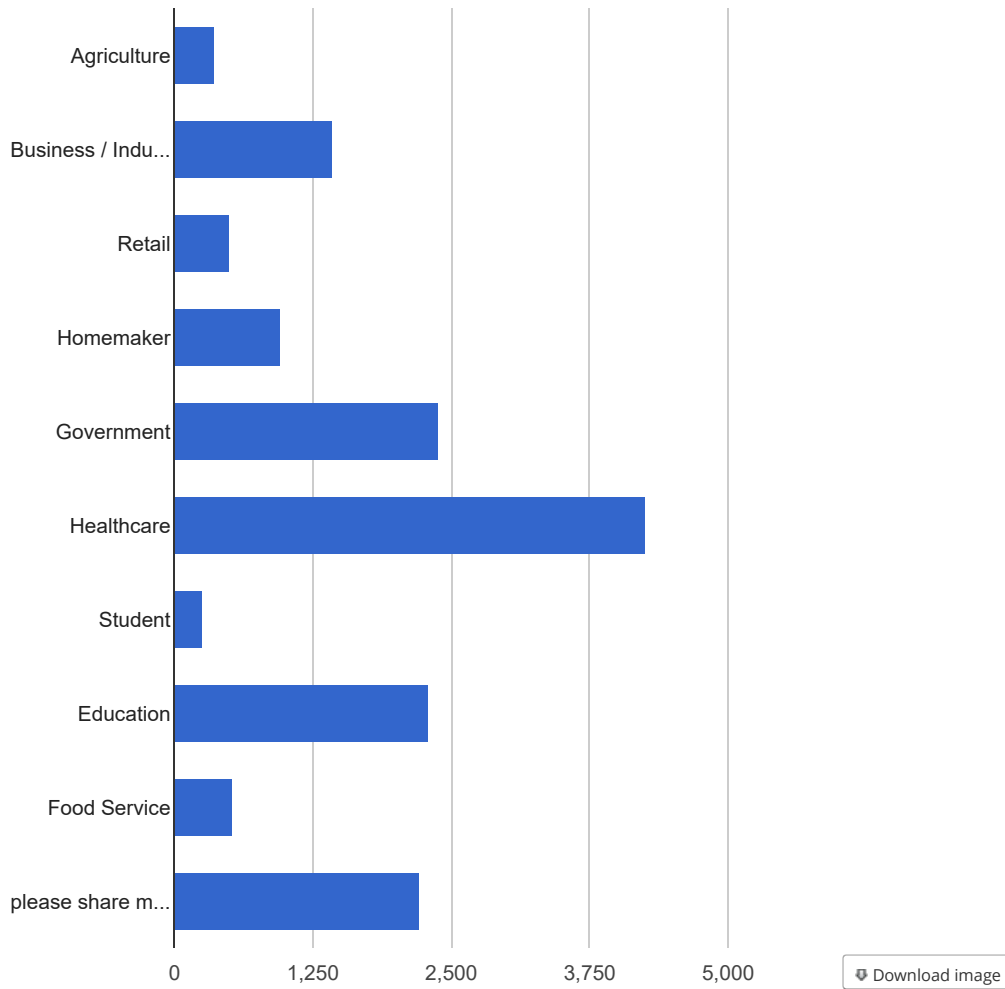
Please share more *(please_share_more)*

Total Count (N)	Missing*
4	305 (98.7%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
295	14 (4.5%)	10

Counts/frequency: Agriculture (6, 2.0%), Business / Industry (27, 9.2%), Retail (4, 1.4%), Homemaker (38, 12.9%), Government (42, 14.2%), Healthcare (67, 22.7%), Student (8, 2.7%), Education (42, 14.2%), Food Service (11, 3.7%), please share more (50, 16.9%)



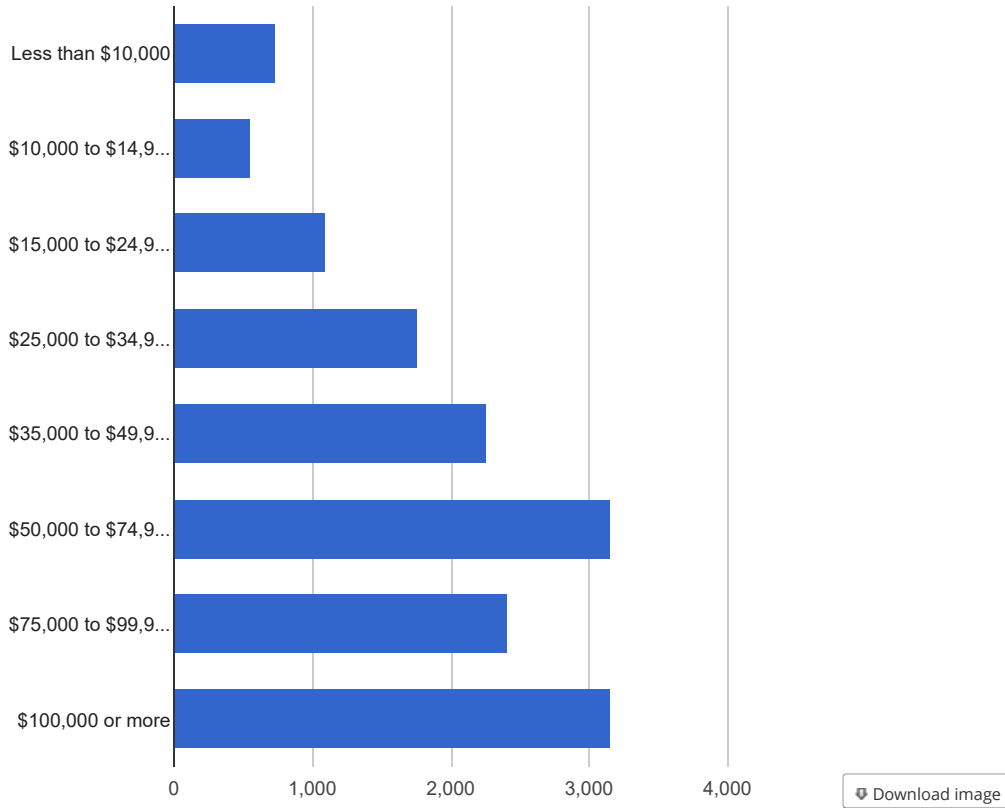
Please share more (*job_other*)

Total Count (N)	Missing*
46	263 (85.1%)

What is your total household income? (*income*)

Total Count (N)	Missing*	Unique
287	22 (7.1%)	8

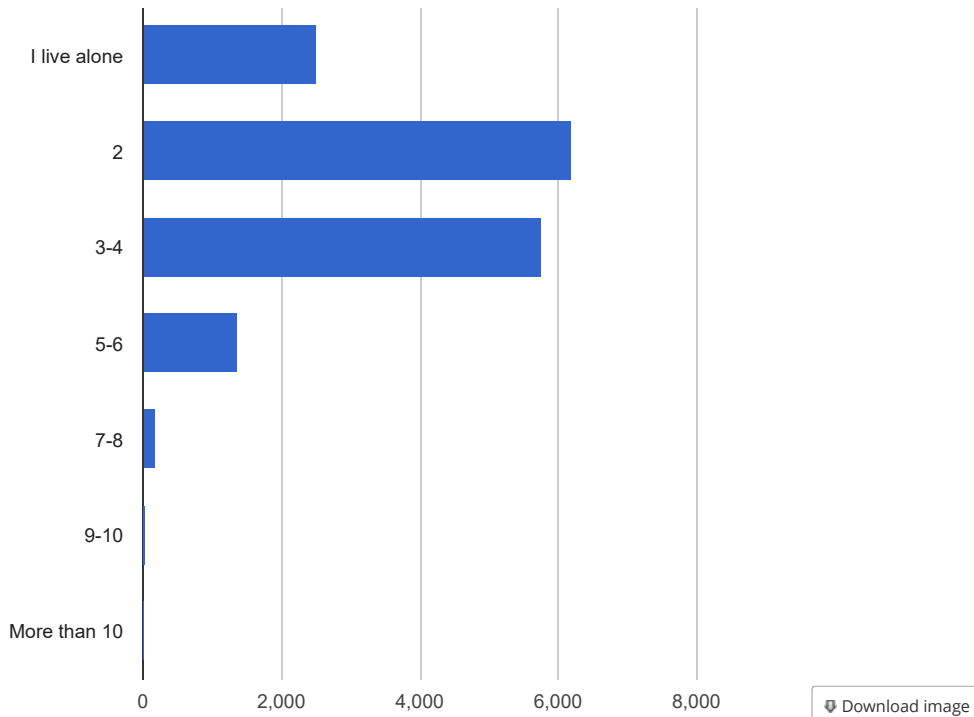
Counts/frequency: Less than \$10,000 (6, 2.1%), \$10,000 to \$14,999 (9, 3.1%), \$15,000 to \$24,999 (11, 3.8%), \$25,000 to \$34,999 (25, 8.7%), \$35,000 to \$49,999 (28, 9.8%), \$50,000 to \$74,999 (68, 23.7%), \$75,000 to \$99,999 (62, 21.6%), \$100,000 or more (78, 27.2%)



How many people live in your household? (*householdnumber*)

Total Count (N)	Missing*	Unique
305	4 (1.3%)	6

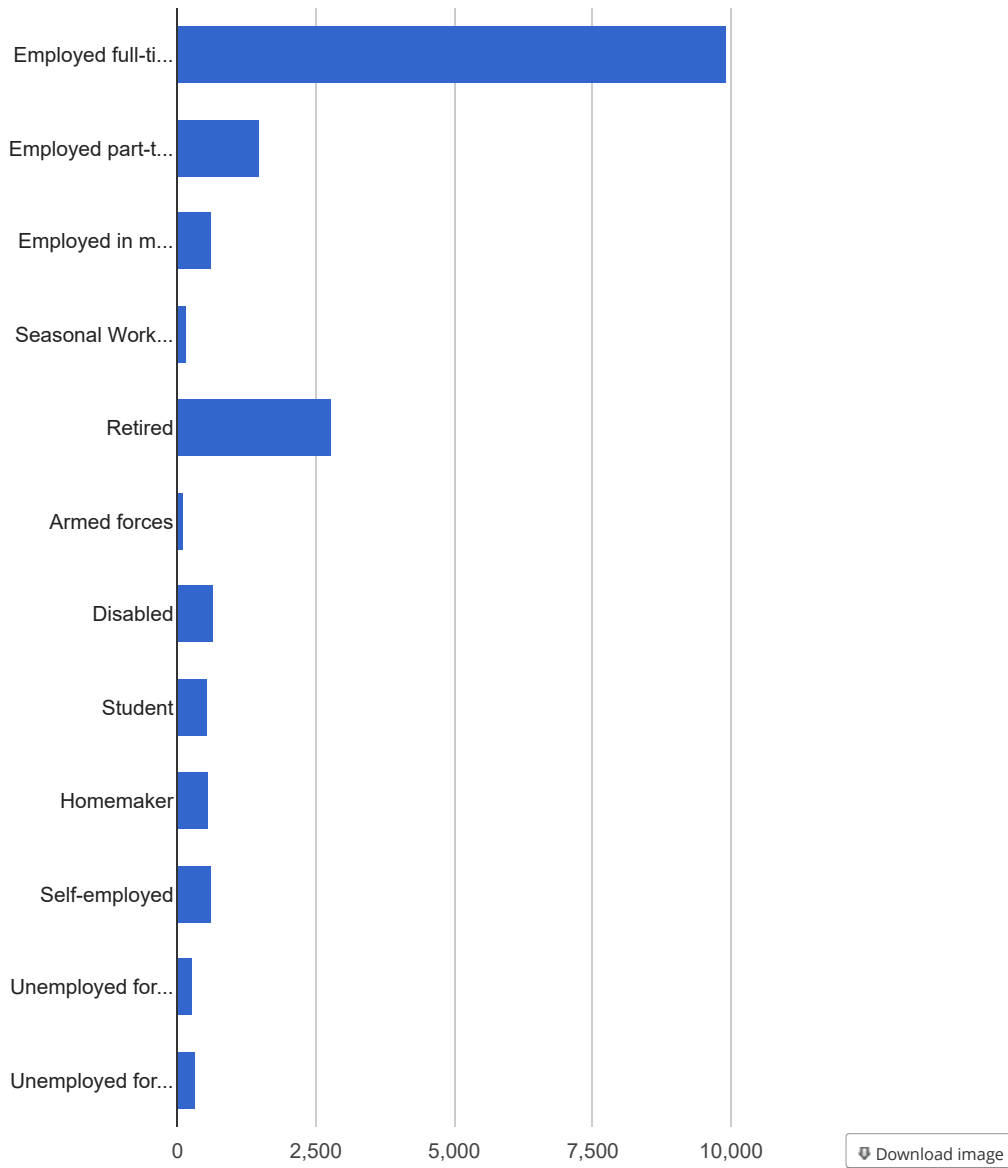
Counts/frequency: **I live alone** (34, 11.1%), **2** (90, 29.5%), **3-4** (136, 44.6%), **5-6** (42, 13.8%), **7-8** (2, 0.7%), **9-10** (1, 0.3%), **More than 10** (0, 0.0%)



What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing*	Unique
304	5 (1.6%)	12

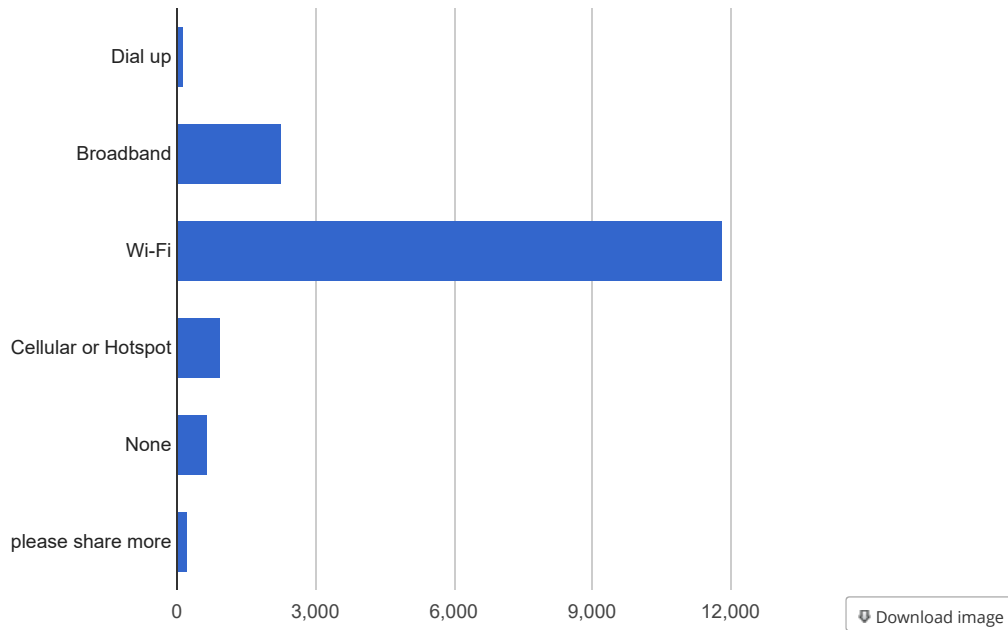
Counts/frequency: Employed full-time (157, 51.6%), Employed part-time (25, 8.2%), Employed in multiple jobs (8, 2.6%), Seasonal Worker/Temporary (3, 1.0%), Retired (66, 21.7%), Armed forces (5, 1.6%), Disabled (18, 5.9%), Student (10, 3.3%), Homemaker (29, 9.5%), Self-employed (10, 3.3%), Unemployed for 1 year or less (4, 1.3%), Unemployed for more than 1 year (4, 1.3%)



What type of internet access do you have at your home? *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
307	2 (0.6%)	6

Counts/frequency: Dial up (5, 1.6%), Broadband (56, 18.2%), Wi-Fi (218, 71.0%), Cellular or Hotspot (10, 3.3%), None (12, 3.9%), please share more (6, 2.0%)



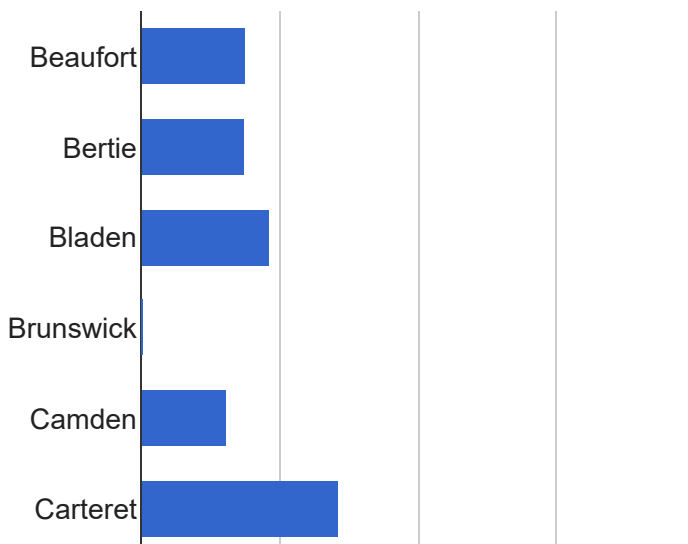
Other (*internet_or_wifi_other*)

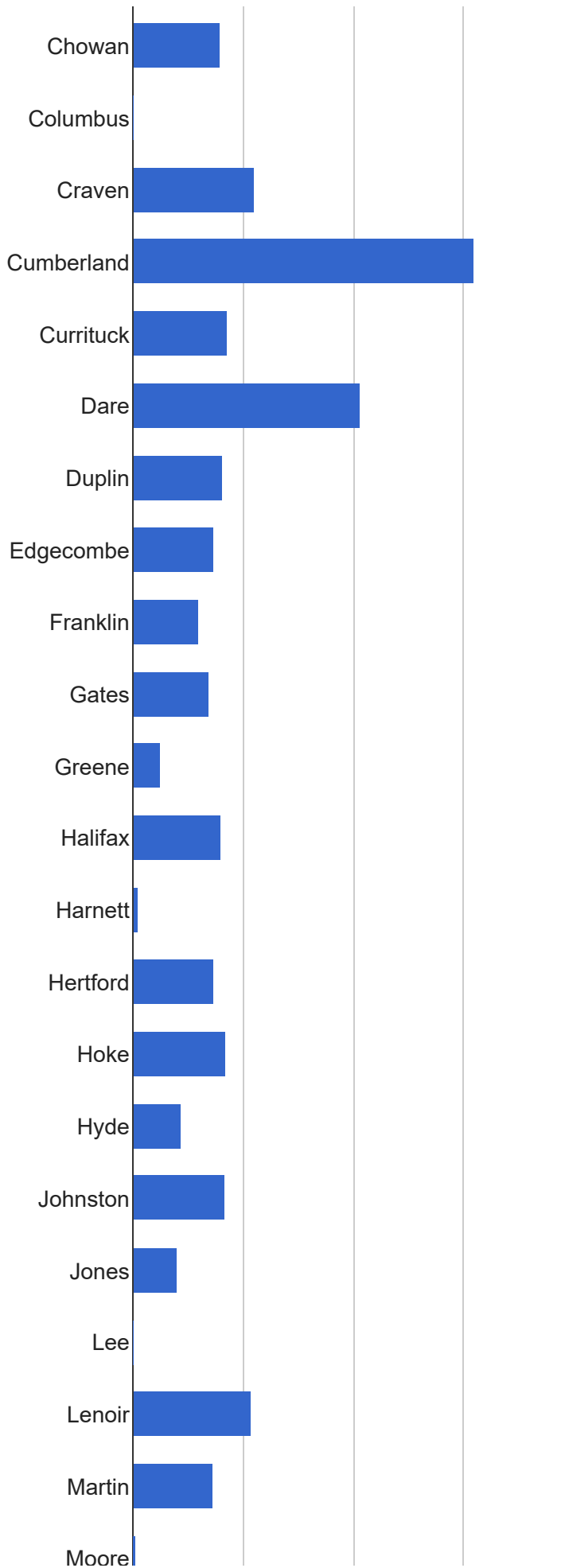
Total Count (N)	Missing*
6	303 (98.1%)

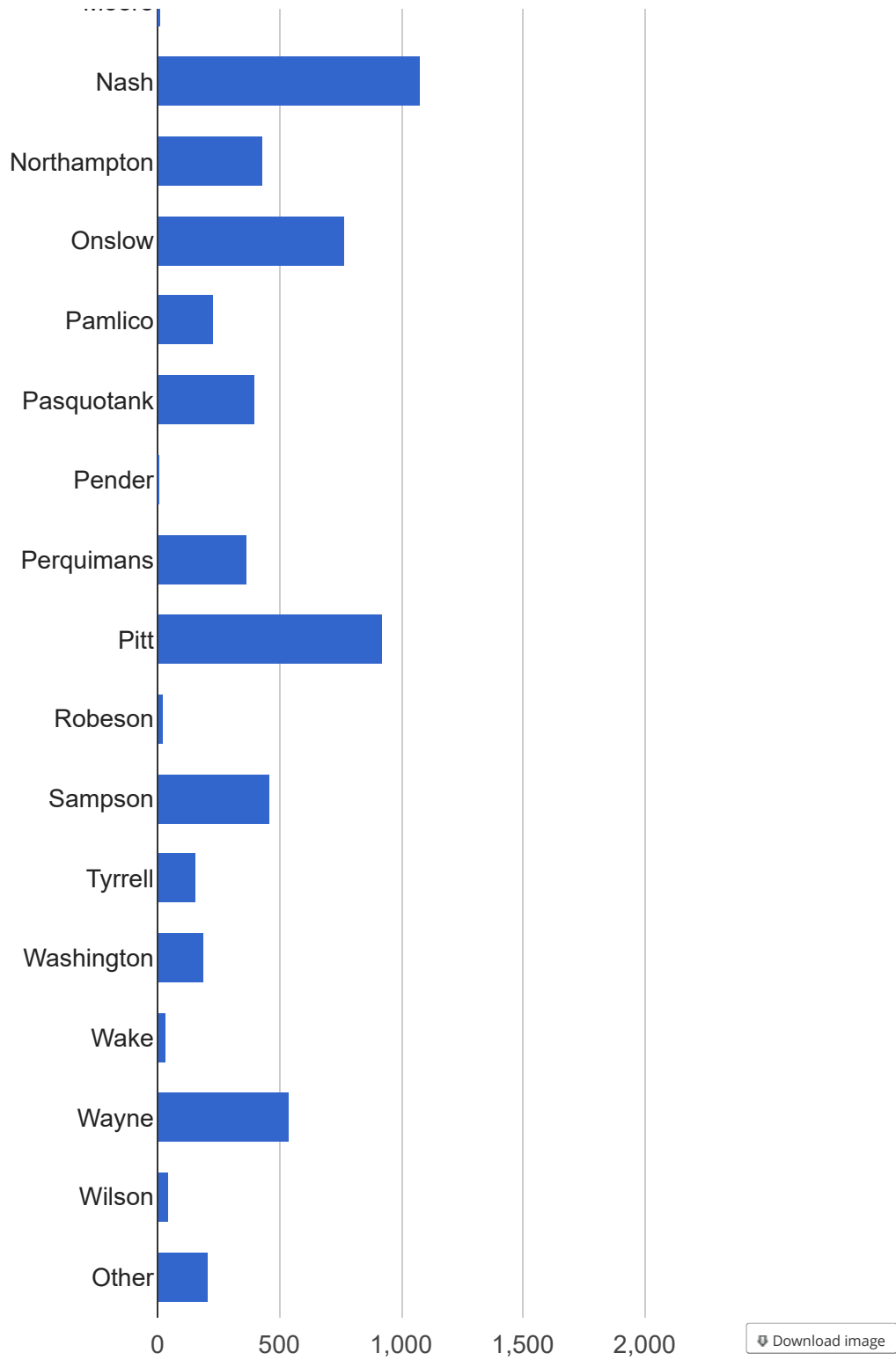
Which county do you live in? (*county*)

Total Count (N)	Missing*	Unique
309	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (309, 100.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)







Other (county_other)

Total Count (N)	Missing*
0	309 (100.0%)

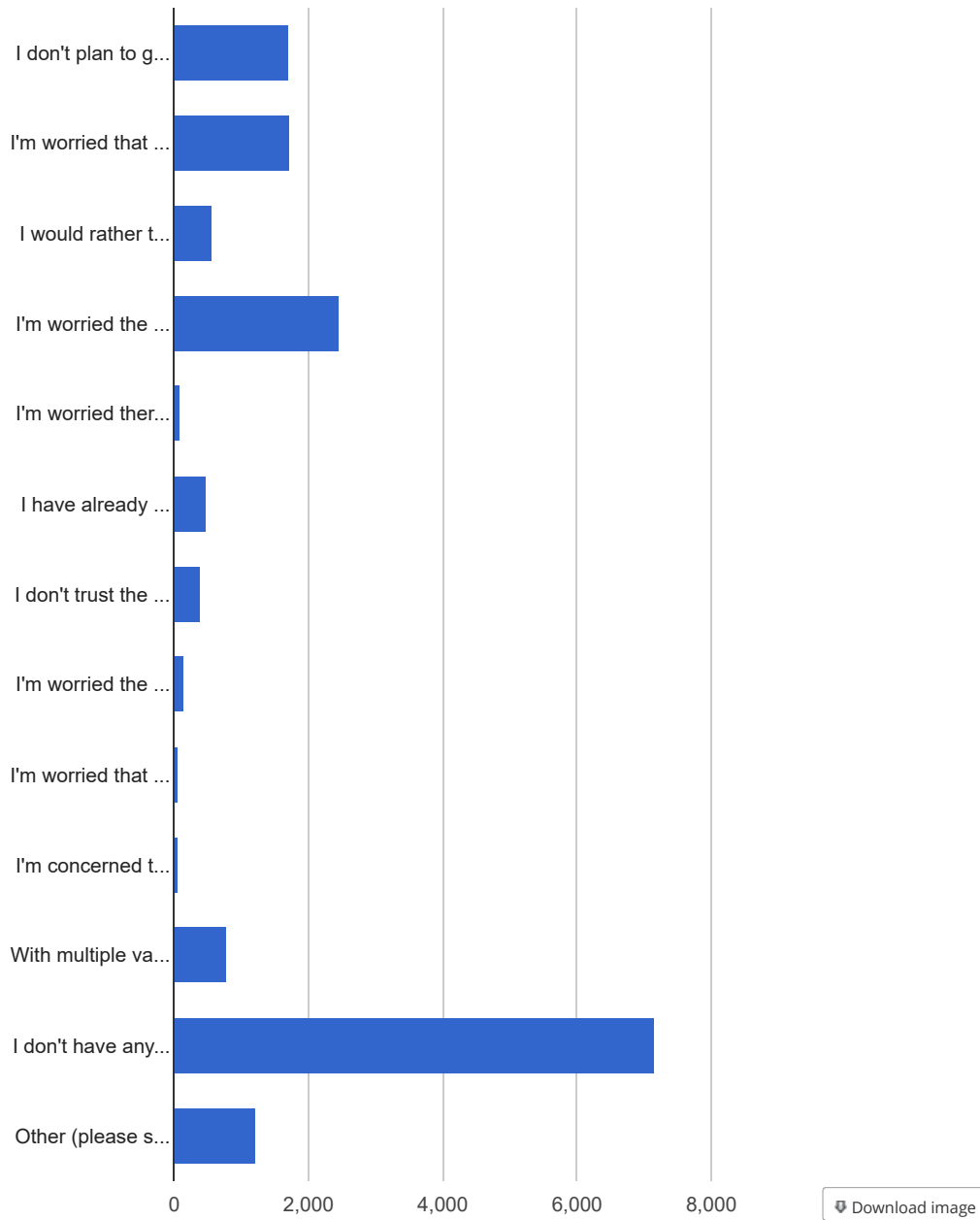
What is your 5 digit zip code? (zip_code)

Total Count (N)	Missing*
175	134 (43.4%)

**Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?
(Please select all that apply)** *(covidconcerns)*

Total Count (N)	Missing*	Unique
237	72 (23.3%)	11

Counts/frequency: I don't plan to get a vaccine. (23, 9.7%), I'm worried that the COVID-19 vaccine isn't safe. (25, 10.5%), I would rather take the risk of getting sick with COVID-19. (9, 3.8%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (40, 16.9%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (0, 0.0%), I have already had COVID-19 so I don't believe a vaccine is necessary. (8, 3.4%), I don't trust the distribution process of the COVID-19 vaccine. (5, 2.1%), I'm worried the COVID-19 vaccine has not been distributed fairly. (3, 1.3%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (2, 0.8%), I'm concerned that I won't have time to get the COVID-19 vaccine. (0, 0.0%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (17, 7.2%), I don't have any concerns about getting the COVID-19 vaccine. (145, 61.2%), Other (please specify) (21, 8.9%)



[Download image](#)

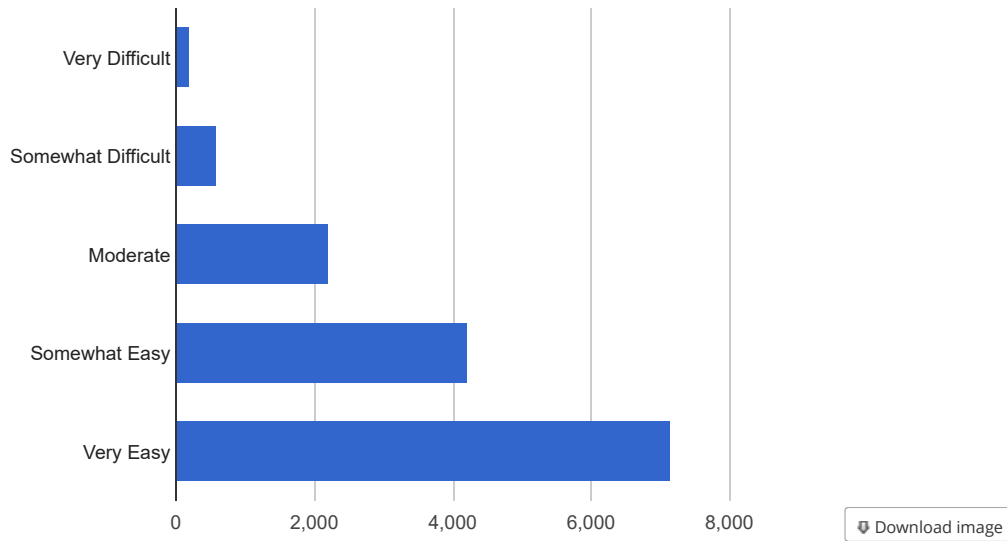
Other (*covid_concerns_other*)

Total Count (N)	Missing*
21	288 (93.2%)

Find the information you need related to COVID-19? (*covideasy*)

Total Count (N)	Missing*	Unique
259	50 (16.2%)	5

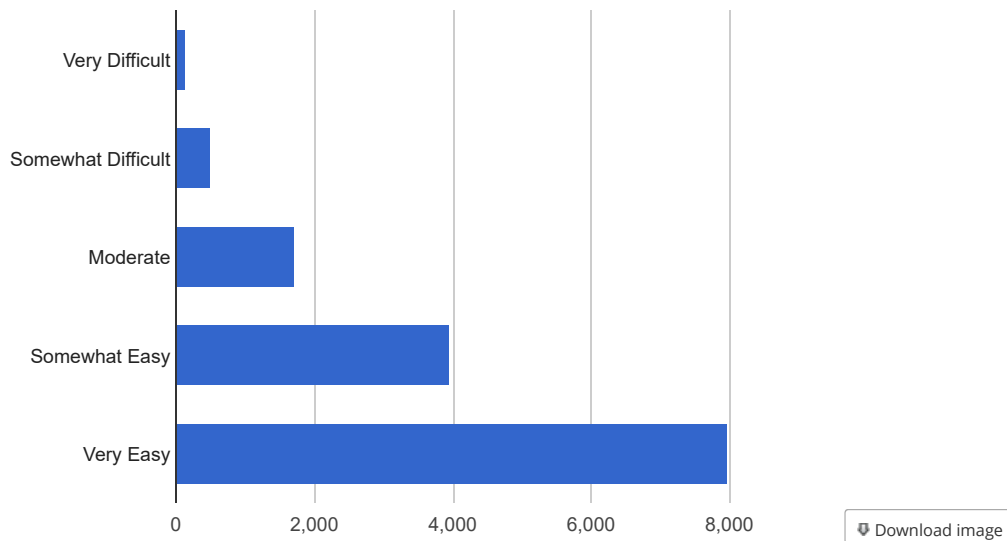
Counts/frequency: **Very Difficult** (7, 2.7%), **Somewhat Difficult** (16, 6.2%), **Moderate** (41, 15.8%), **Somewhat Easy** (75, 29.0%), **Very Easy** (120, 46.3%)



Find out where to go to get a COVID-19 vaccine? (*covidwhere*)

Total Count (N)	Missing*	Unique
257	52 (16.8%)	5

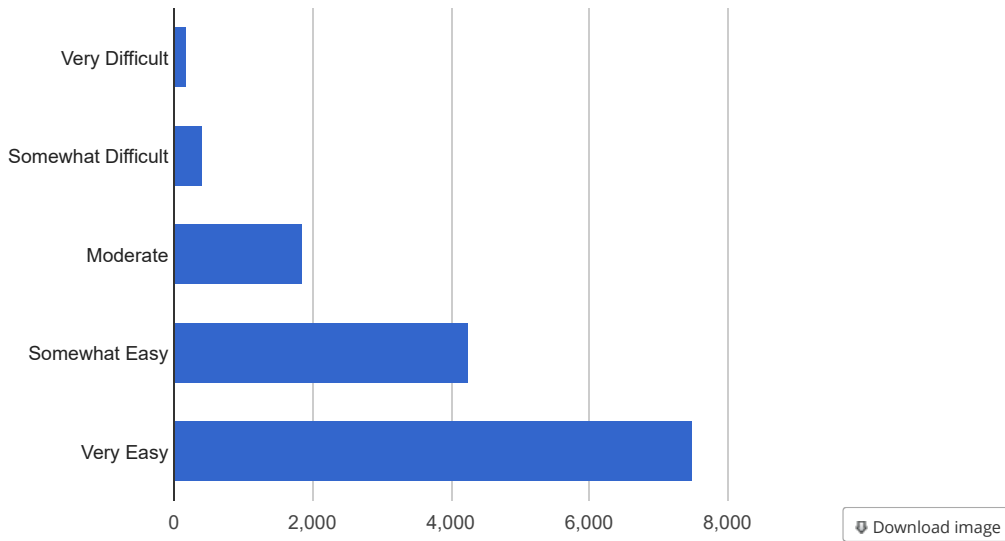
Counts/frequency: *Very Difficult* (4, 1.6%), *Somewhat Difficult* (15, 5.8%), *Moderate* (37, 14.4%), *Somewhat Easy* (76, 29.6%), *Very Easy* (125, 48.6%)



Understand information about what to do if you think you have COVID-19? (*covidunderstand*)

Total Count (N)	Missing*	Unique
256	53 (17.2%)	5

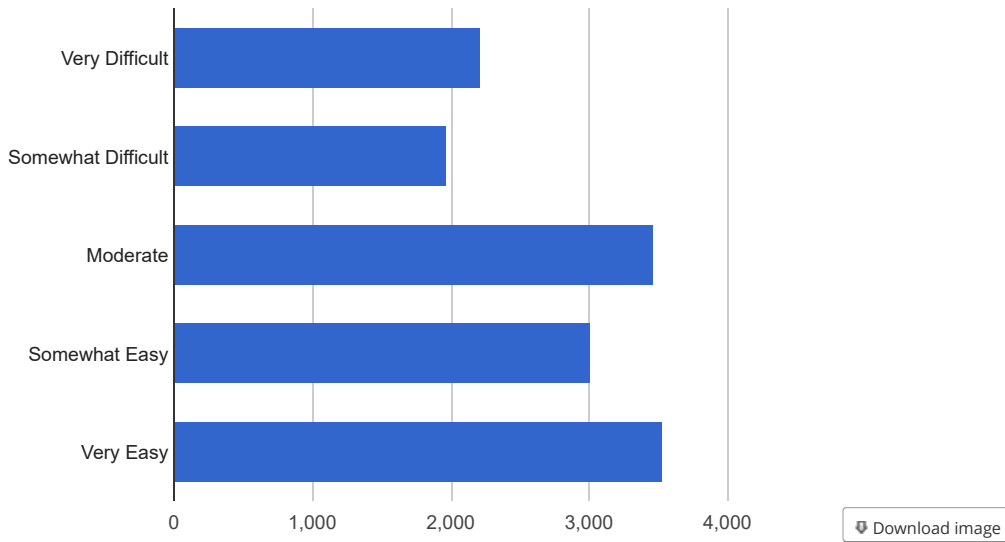
Counts/frequency: *Very Difficult* (5, 2.0%), *Somewhat Difficult* (11, 4.3%), *Moderate* (32, 12.5%), *Somewhat Easy* (87, 34.0%), *Very Easy* (121, 47.3%)



Trust if the information about COVID-19 in the media is reliable? (covidtrust)

Total Count (N)	Missing*	Unique
257	52 (16.8%)	5

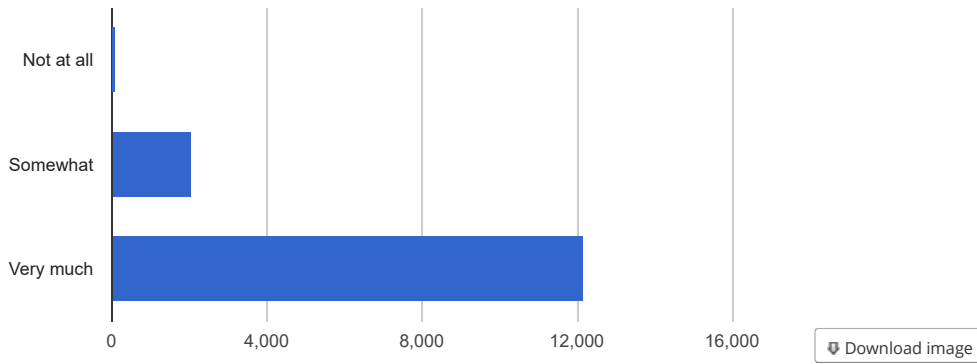
Counts/frequency: Very Difficult (60, 23.3%), Somewhat Difficult (45, 17.5%), Moderate (63, 24.5%), Somewhat Easy (49, 19.1%), Very Easy (40, 15.6%)



I know how to protect myself from coronavirus. (covidprotect)

Total Count (N)	Missing*	Unique
257	52 (16.8%)	3

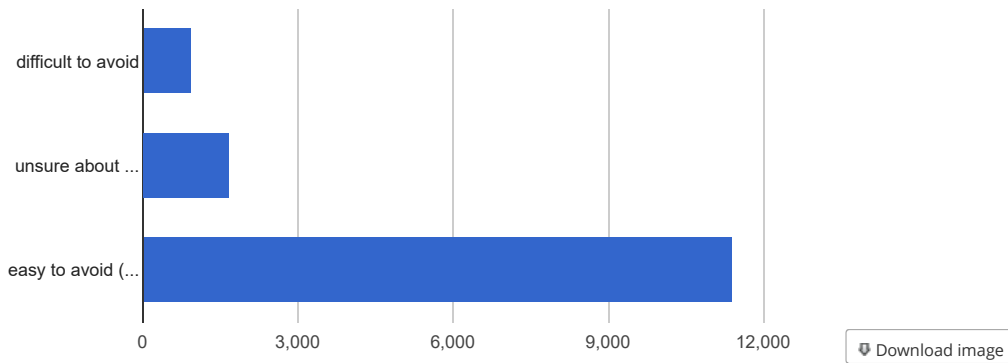
Counts/frequency: Not at all (2, 0.8%), Somewhat (33, 12.8%), Very much (222, 86.4%)



For me avoiding an infection with COVID-19 in the current situation is... (*covidavoid*)

Total Count (N)	Missing*	Unique
255	54 (17.5%)	3

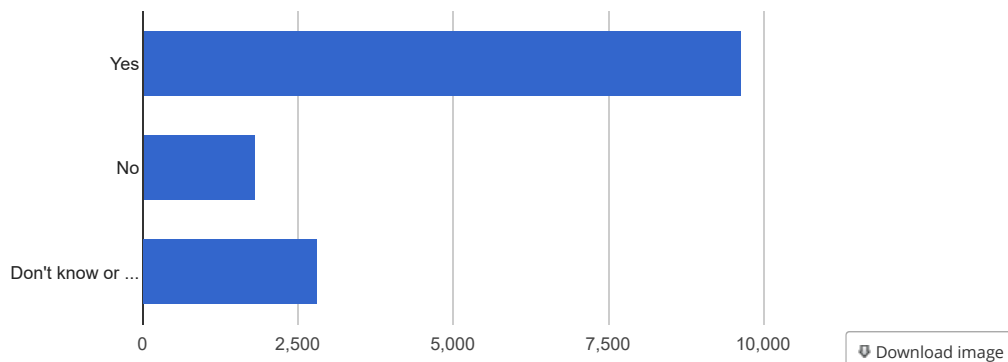
Counts/frequency: difficult to avoid (12, 4.7%), unsure about how to avoid (23, 9.0%), easy to avoid (I have no problem) (220, 86.3%)



Do you think that global warming is happening? (*warmingyesno*)

Total Count (N)	Missing*	Unique
254	55 (17.8%)	3

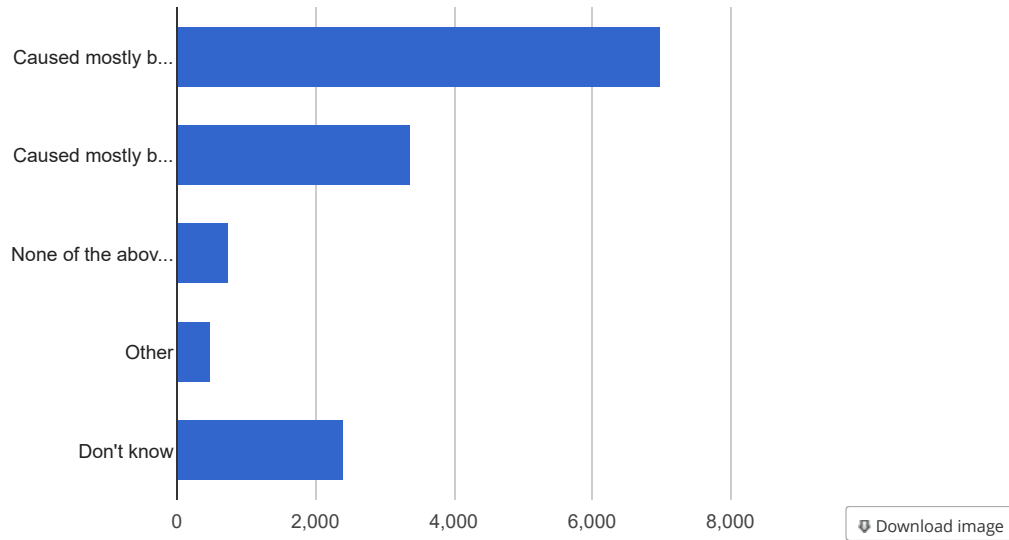
Counts/frequency: Yes (155, 61.0%), No (39, 15.4%), Don't know or unsure (60, 23.6%)



Assuming global warming is happening, do you think it is... ? (*warmingdoyouthink*)

Total Count (N)	Missing*	Unique
251	58 (18.8%)	5

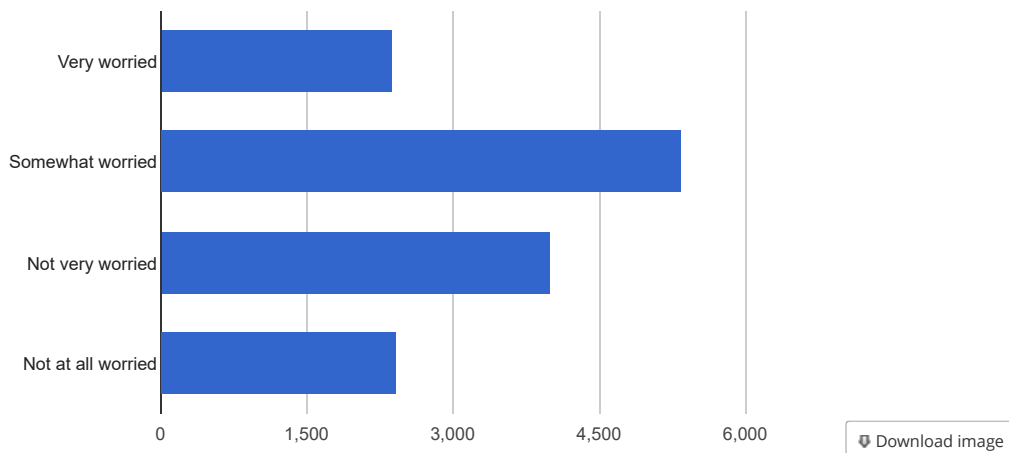
Counts/frequency: Caused mostly by human activities (105, 41.8%), Caused mostly by natural changes in the environment (80, 31.9%), None of the above because global warming isn't happening (14, 5.6%), Other (9, 3.6%), Don't know (43, 17.1%)



How worried are you about global warming? (*warmingworried*)

Total Count (N)	Missing*	Unique
252	57 (18.4%)	4

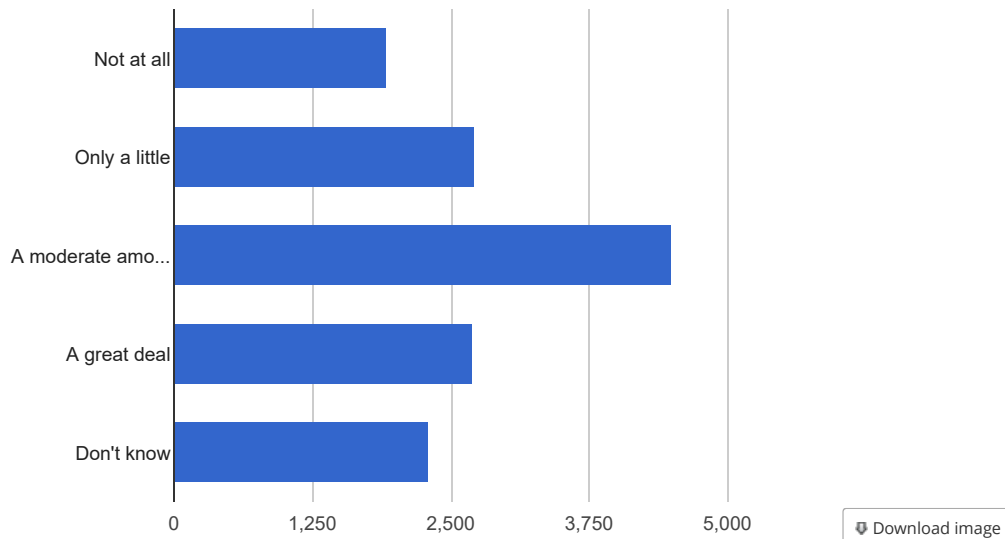
Counts/frequency: Very worried (28, 11.1%), Somewhat worried (86, 34.1%), Not very worried (82, 32.5%), Not at all worried (56, 22.2%)



How much do you think global warming will harm you personally? (*warmingharm*)

Total Count (N)	Missing*	Unique
251	58 (18.8%)	5

Counts/frequency: Not at all (47, 18.7%), Only a little (61, 24.3%), A moderate amount (83, 33.1%), A great deal (30, 12.0%), Don't know (30, 12.0%)

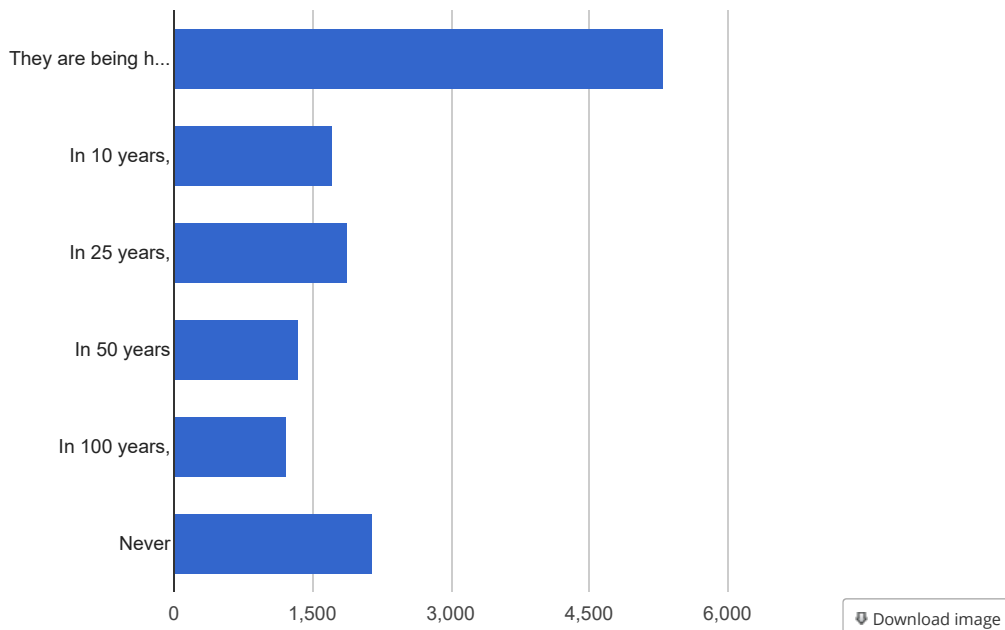


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing*	Unique
241	68 (22.0%)	6

Counts/frequency: They are being harmed right now, (69, 28.6%), In 10 years, (23, 9.5%), In 25 years, (32, 13.3%), In 50 years (43, 17.8%), In 100 years, (29, 12.0%), Never (45, 18.7%)

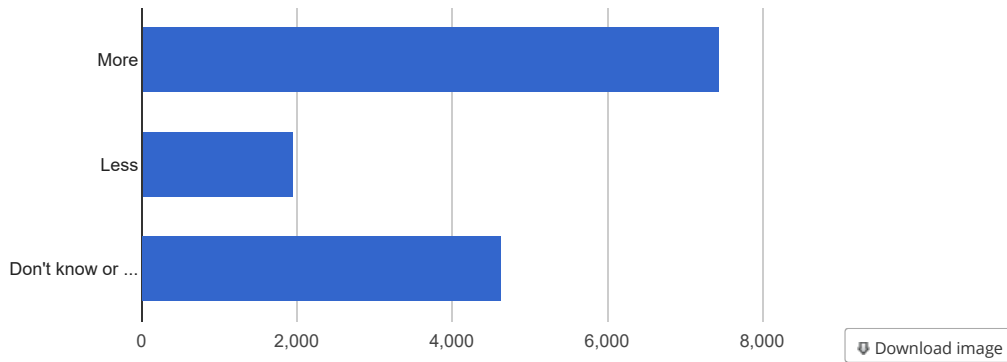


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing*	Unique
249	60 (19.4%)	3

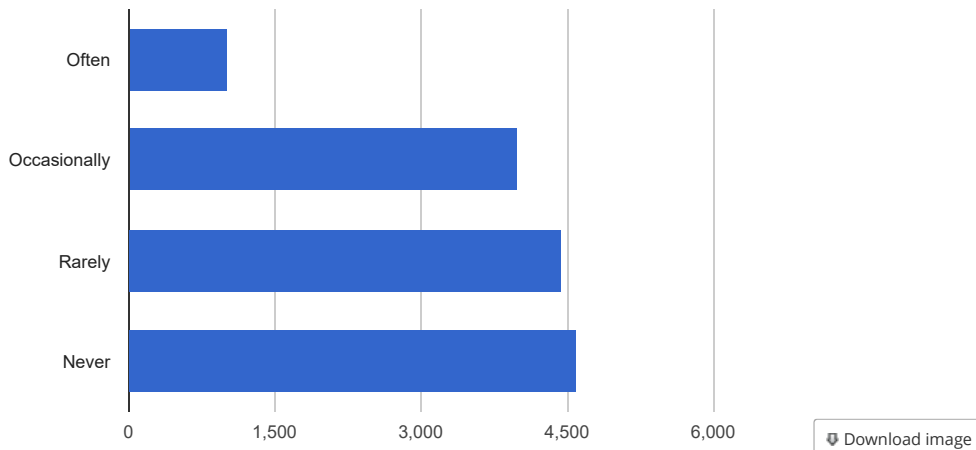
Counts/frequency: More (94, 37.8%), Less (60, 24.1%), Don't know or not sure (95, 38.2%)



How often do you discuss global warming with your friends and family? (*warmingfriends*)

Total Count (N)	Missing*	Unique
250	59 (19.1%)	4

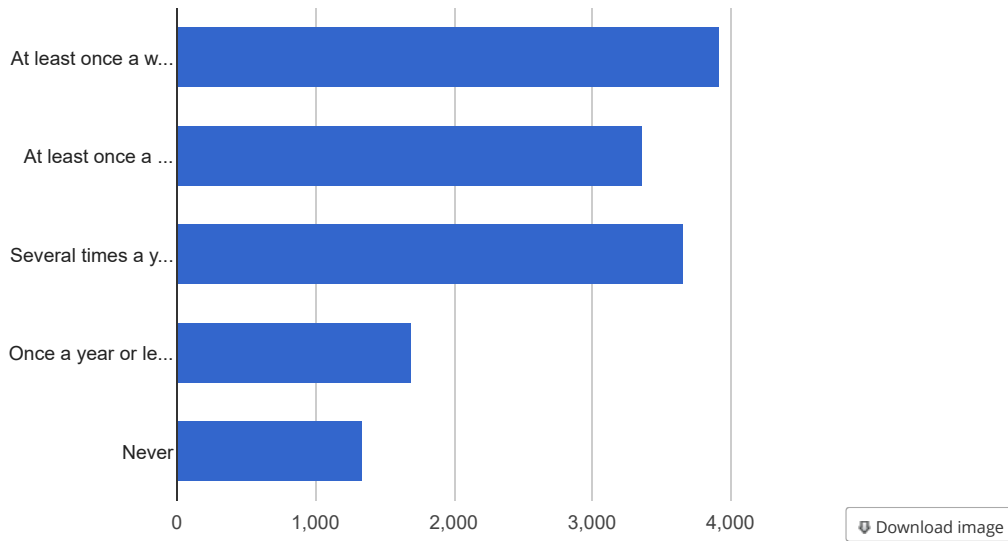
Counts/frequency: Often (12, 4.8%), Occasionally (52, 20.8%), Rarely (88, 35.2%), Never (98, 39.2%)



How often do you hear about global warming in the media? (*warmingmedia*)

Total Count (N)	Missing*	Unique
251	58 (18.8%)	5

Counts/frequency: At least once a week (78, 31.1%), At least once a month (64, 25.5%), Several times a year (69, 27.5%), Once a year or less often (21, 8.4%), Never (19, 7.6%)



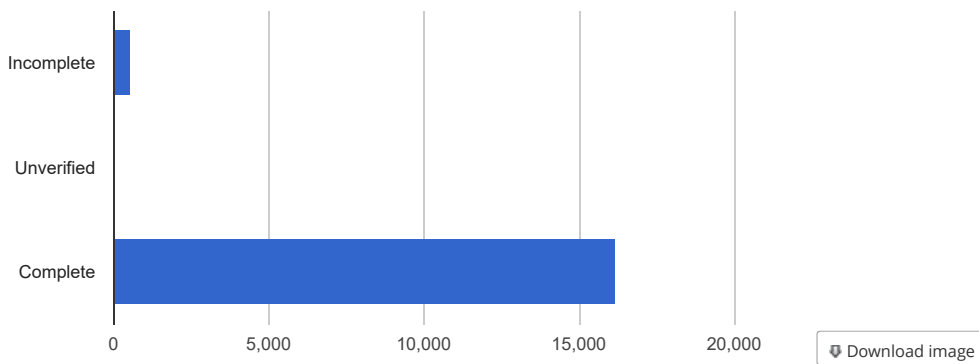
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
16	293 (94.8%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
309	0 (0.0%)	2

Counts/frequency: **Incomplete** (4, 1.3%), **Unverified** (0, 0.0%), **Complete** (305, 98.7%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Camden County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	39 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Camden County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	37% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	1% (2015)	7% (2015)	5.0%
Food Insecurity**			12% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	13% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:

* The U.S. Department of Agriculture last updated this measure in 2015.

** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Camden County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	25.00 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019) HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	17.3% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	39.5% (2020)	(2020)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	0.0 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	5.6 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

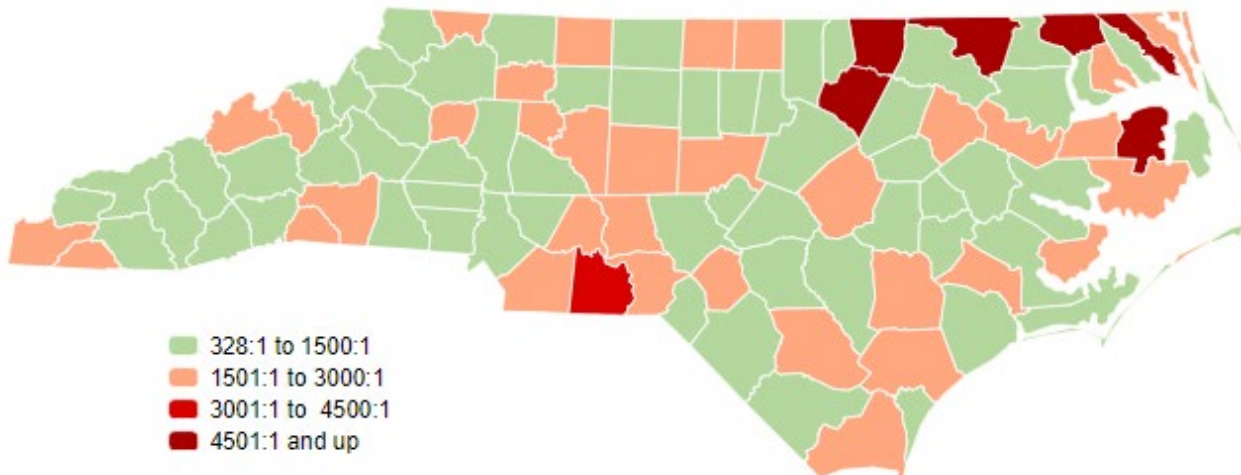
Health Outcomes					
Health Indicator	Desired Result	Definition	Camden County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	0.0 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	0.0 (2016-2020)	(2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	79.4 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Camden County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	88.7% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	N/A (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 provider to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



Appendix C

County Data Tables (Spring 2021)

Table 1. Population Estimate, Camden County, North Carolina, and United States (2019).....	3
Table 2. Age Distribution, Camden County and North Carolina (2019).....	3
Table 3. Age Distribution by Age Group, Camden County (2015-2019)	3
Table 4. Population Distribution by Gender, Camden County and North Carolina (2019)	4
Table 5. Veterans, Camden County (2015-2019).....	4
Table 6. Race/Ethnicity, Camden County and North Carolina (2015-2019).....	4
Table 7. Hispanic or Latino Origin and Race, Camden County and North Carolina (2015-2019)	5
Table 8. Limited English-Speaking Households, Camden County (2015-2019)	5
Table 9. Educational Attainment Population 25+ years, Camden County and North Carolina (2015-2019).....	5
Table 10. SAT scores for Camden County Public Schools with State and National Scores (2016- 2019).....	6
Table 11. ACT Scores for Camden County Public Schools and North Carolina (2016-2019)	6
Table 12. Income per Household in the Past 12 Months (in 2019 Inflation-Adjusted Dollars), Camden County and North Carolina (2015-2019).....	6
Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Camden County and North Carolina (2015-2019)	7
Table 14. Means of Transportation to Work by Age, Camden County (2015-2019).....	7
Table 15. Financial Characteristics for Housing Units with a Mortgage in Camden County (2015- 2019).....	8
Table 16. Financial Characteristics for Housing Units without a Mortgage, Camden County (2015-2019).....	9
Table 17. Live Births, Camden County and North Carolina (2018).....	10
Table 18. Live Births by Sex, Camden County (2018).....	10
Table 19. Low Birth Weight, Camden County and North Carolina (2014-2018)	10
Table 20. Fetal Death Rates per 1,000 Deliveries, Camden County and North Carolina (2014- 2018).....	11
Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Camden County and North Carolina (2012-2016).....	11
Table 22. Neonatal (<28 Days) Death Rates per 1,000 Live Births, Camden County and North Carolina (2014-2018).....	11
Table 23. Age-Adjusted Death Rates, Camden County (2014-2018)	12

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Camden County (2018-2020).....	13
Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Camden County and North Carolina (2018) and (2014-2018)	13
Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Camden County and North Carolina (2018) and (2014-2018)	13
Table 27. Crime Rate per 100,000 persons, Camden County and North Carolina (2018)	13
Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Camden County and North Carolina (2015-2019).....	14
Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019).....	14
Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019).....	14
Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable).....	15
Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases	15
Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)	16
Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019)	17
Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019).	17
Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019).	17
Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019)	18
Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, Camden County (2016-2019).....	18
References.....	19

Table 1. Population Estimate, Camden County, North Carolina, and United States (2019)					
Camden County		North Carolina		United States	
10,867		10,488,084		328,329,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	8.9%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/camdencountynorthcarolina/PST045219					

Table 2. Age Distribution, Camden County and North Carolina (2019)		
Age Group	Camden County (%)	North Carolina (%)
Persons under 5 years	5.0%	5.8%
Persons under 18 years	22.6%	21.9%
Persons 65 years and over	16.9%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/camdencountynorthcarolina/PST045219		

Table 3. Age Distribution by Age Group, Camden County (2015-2019)		
Age Group	Estimate	Percent
Total population	10,551	100%
Under 5 years	485	4.6%
5 to 9 years	632	6.0%
10 to 14 years	876	8.3%
15 to 19 years	642	6.1%
20 to 24 years	473	4.5%
25 to 34 years	1,133	10.7%
35 to 44 years	1,418	13.4%
45 to 54 years	1,691	16.0%
55 to 59 years	689	6.5%
60 to 64 years	665	6.3%
65 to 74 years	1,105	10.5%
75 to 84 years	533	5.1%
85 years and over	209	2.0%
Median age (years)	41.0	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37029&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Gender	Camden (Percent)	North Carolina (Percent)
Female	50.1%	50.8%
Male	49.9%	49.2%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).
<https://www.census.gov/quickfacts/fact/table/camdencountynorthcarolina/PST045219>

	Number	Percent of population 18 years and older
Veterans	1,332	16.6%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate
 Table ID: S2101
<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37029&tid=ACSS15Y2019.S2101&moe=false&hidePreview=true>

Race	Camden County		North Carolina	
	Number	Percent	Number	Percent
White	8,718	82.6%	7,049,919	68.7%
Black or African American	1,460	13.2%	2,200,761	21.4%
American Indian and Alaska Native	12	0.1%	123,952	1.2%
Asian	189	1.8%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	13	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	308	2.9%	962,665	9.4%
Some other race	28	0.3%	316,763	3.1%
Two or more races	131	1.2%	273,276	2.7%
Total	10,551		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
 Table ID: DP05
<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37029&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 7. Hispanic or Latino Origin and Race, Camden County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Camden County	80.5%	13.8%	0.0%	1.8%	0.1%	0.0%	0.9%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
<https://data.census.gov/cedsci/table?q=DP05&g=0500000US37029&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Camden County (2015-2019)

All households	3,933	100%
Limited English-speaking households	10 ± 18	0.3%
Households Speaking:		
	Number	Percent
Spanish	175 (± 80)	4.4%
Other Indo-European languages	66 (± 54)	1.7%
Asian and Pacific Island languages	35 (± 36)	0.9%
Other languages	23 (± 28)	0.6%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37029&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Camden County and North Carolina (2015-2019)

	Camden County	North Carolina
High School Graduate or Higher	86.5%	87.8%
Less than 9 th Grade	6.1%	4.5%
High School, No Diploma	7.4%	7.7%
High School Graduate or Equivalency	29.4%	25.7%
Some College, No Degree	24.9%	21.2%
Associate degree	15.1%	9.7%
Bachelor's Degree	11.7%	20.0%
Graduate or Professional Degree	5.4%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
<https://data.census.gov/cedsci/table?q=Camden%20county%20north%20carolina%20educational%20attainment&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

Table 10. SAT scores for Camden County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Camden County	1,102	1,065	1,115	1,002
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Camden>

Table 11. ACT Scores for Camden County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Camden County	64.9%	72.9%	72.9%	77.4%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Camden>

Table 12. Income per Household in the Past 12 Months (in 2019 Inflation-Adjusted Dollars), Camden County and North Carolina (2015-2019)

Income Level	Camden County	North Carolina
Below \$10,000	4.2%	6.4%
\$10,000-\$14,999	2.9%	5.0%
\$15,000-\$24,999	6.4%	10.3%
\$25,000-\$34,999	13.7%	10.3%
\$35,000-\$49,999	14.2%	13.9%
\$50,000-\$74,999	15.4%	18.0%
\$75,000-\$99,999	21.2%	12.4%
\$100,000-\$149,999	13.4%	13.1%
\$150,000-\$199,999	6.9%	5.1%
\$200,000 or more	1.8%	5.4%
Median household income	\$64,572	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
<https://data.census.gov/cedsci/table?q=S1901&g=0500000US37029&tid=ACSST5Y2019.S1901&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Camden County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Camden County	7.0%	18.1%	7.5%	8.6%	3.6%	3.8%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701
<https://data.census.gov/cedsci/table?q=S1701&g=0500000US37029&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Camden County (2015-2019)

Label	Estimate
Total:	4,591
Car, truck, or van:	4,301
Drove alone	3,963
Carpooled:	338
In 2-person carpool	277
In 3-person carpool	21
In 4-person carpool	13
In 5- or 6-person carpool	2
In 7-or-more-person carpool	25
Public transportation (excluding taxicab):	2
Bus	2
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	0
Motorcycle	0
Bicycle	0
Walked	126
Other means	53
Worked from home	109

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: B08301

<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37029&tid=ACSST5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Camden County (2015-2019)

	Camden County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	2,185	2,185
Less than \$50,000	90	4.1%
\$50,000 to \$99,999	79	3.6%
\$100,000 to \$299,999	1,607	73.5%
\$300,000 to \$499,999	357	16.3%
\$500,000 to \$749,999	41	1.9%
\$750,000 to \$999,999	11	0.5%
\$1,000,000 or more	0	0.0%
Median (dollars)	\$224,900	\$224,900
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	181	8.3%
Second mortgage only	21	1.0%
Home equity loan only	160	7.3%
Both second mortgage and home equity loan	21	1.0%
No second mortgage and no home equity loan	1,983	90.8%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	0	0.0%
\$10,000 to \$24,999	100	4.6%
\$25,000 to \$34,999	206	9.4%
\$35,000 to \$49,999	221	10.1%
\$50,000 to \$74,999	338	15.5%
\$75,000 to \$99,999	638	29.2%
\$100,000 to \$149,999	406	18.6%
\$150,000 or more	276	12.6%
Median household income (dollars)	\$87,835	\$87,835
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=S2506&g=0500000US37029&tid=ACST5Y2019.S2506&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage, Camden County (2015-2019)

	Camden County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units with a Mortgage	1,036	1,036
Less than \$50,000	166	16.0%
\$50,000 to \$99,999	148	14.3%
\$100,000 to \$199,999	324	31.3%
\$200,000 to \$299,999	264	25.5%
\$300,000 to \$499,999	126	12.2%
\$500,000 to \$749,999	8	0.8%
\$750,000 to 999,999	0	0.0%
\$1,000,000 or more	0	0.0%
Median (dollars)	\$164,200	\$164,200
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	22	2.1%
\$10,000 to \$24,999	178	17.2%
\$25,000 to \$34,999	191	18.4%
\$35,000 to \$49,999	174	16.8%
\$50,000 to \$74,999	162	15.6%
\$75,000 to \$99,999	180	17.4%
\$100,000 to \$149,999	99	9.6%
\$150,000 or more	30	2.9%
Median household income (dollars)	\$46,507	\$46,507

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2507

<https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37029&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true>

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Camden	98	9.2	87	10.0	8	5.9	2	6.3
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics.
<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Camden.html>

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	50	4.7	45	5.1	3	2.2	1	3.2
Females	48	4.5	42	4.8	5	3.7	1	3.2

Source: N.C. State Center for Health Statistics.
<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Camden.html>

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Weight	Births	%	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Camden County	Low	27	5.8	27	6.0	22	5.5	3	7.7	2	15.4	0	0.0
	Very Low	3	0.6	3	0.7	2	0.5	1	2.6	0	0.0	0	0.0

Source: N.C. State Center for Health Statistics.
<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

Table 20. Fetal Death Rates per 1,000 Deliveries, Camden County and North Carolina (2014-2018)

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Camden	1	*	1	*	0	*	0	*	0	*

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Camden County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Camden County	18	30.6	41	65.4	52	154.8	40	130.6	279	450.8

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

Table 22. Neonatal (<28 Days) Death Rates per 1,000 Live Births, Camden County and North Carolina (2014-2018)

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. non-Hispanic neonatal deaths	Af. Am. non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Camden County	0	*	0	*	0	*	0	*	0	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

Table 23. Age-Adjusted Death Rates, Camden County (2014-2018)

Residence=Camden

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	358	723.0	74	891.4	0	N/A	4	N/A	2	N/A	247	923.4	191	580.3	438	736.0
Diseases of Heart	89	181.2	28	340.6	0	N/A	1	N/A	1	N/A	73	288.7	46	136.0	119	201.7
Acute Myocardial Infarction	24	48.0	10	N/A	0	N/A	0	N/A	0	N/A	22	80.7	12	N/A	34	56.7
Other Ischemic Heart Disease	29	57.6	7	N/A	0	N/A	1	N/A	0	N/A	27	105.5	10	N/A	37	62.6
Cerebrovascular Disease	20	39.2	4	N/A	0	N/A	0	N/A	0	N/A	11	N/A	13	N/A	24	39.3
Cancer	76	143.8	13	N/A	0	N/A	0	N/A	0	N/A	57	196.1	32	91.9	89	139.6
Colon, Rectum, and Anus	5	N/A	1	N/A	0	N/A	0	N/A	0	N/A	3	N/A	3	N/A	6	N/A
Pancreas	2	N/A	1	N/A	0	N/A	0	N/A	0	N/A	2	N/A	1	N/A	3	N/A
Trachea, Bronchus, and Lung	23	42.4	5	N/A	0	N/A	0	N/A	0	N/A	20	66.8	8	N/A	28	43.2
Breast	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	4	N/A	4	N/A
Prostate	10	N/A	2	N/A	0	N/A	0	N/A	0	N/A	12	N/A	0	N/A	12	N/A
Diabetes Mellitus	9	N/A	4	N/A	0	N/A	0	N/A	0	N/A	7	N/A	6	N/A	13	N/A
Pneumonia and Influenza	13	N/A	6	N/A	0	N/A	0	N/A	0	N/A	6	N/A	13	N/A	19	N/A
Chronic Lower Respiratory Diseases	16	N/A	0	N/A	0	N/A	0	N/A	0	N/A	5	N/A	11	N/A	16	N/A
Chronic Liver Disease and Cirrhosis	6	N/A	0	N/A	0	N/A	0	N/A	0	N/A	4	N/A	2	N/A	6	N/A
Septicemia	8	N/A	0	N/A	0	N/A	0	N/A	0	N/A	3	N/A	5	N/A	8	N/A
Nephritis, Nephrotic Syndrome, and Nephrosis	9	N/A	1	N/A	0	N/A	0	N/A	0	N/A	7	N/A	3	N/A	10	N/A
Unintentional Motor Vehicle Injuries	4	N/A	3	N/A	0	N/A	0	N/A	0	N/A	4	N/A	3	N/A	7	N/A
All Other Unintentional Injuries	17	N/A	0	N/A	0	N/A	3	N/A	0	N/A	10	N/A	10	N/A	20	36.3
Suicide	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A	12	N/A	6	N/A	18	N/A
Homicide	2	N/A	1	N/A	0	N/A	0	N/A	0	N/A	2	N/A	1	N/A	3	N/A
Alzheimer's disease	18	N/A	2	N/A	0	N/A	0	N/A	0	N/A	6	N/A	14	N/A	20	37.6
Acquired Immune Deficiency Syndrome	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Camden County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Camden	5	10	5	2	3	1	0	0	0	0	0	0

Source: N.C. Division of Health and Human Services Communicable Disease Branch

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Camden County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Camden	1	9.3	20	38.3	36.3
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Camden County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Camden	2	18.7	7	13.4	10.2
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Camden County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Camden County	29.1				630.2		

Source: N.C. Bureau of Investigation.

‘-‘ indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Camden County and North Carolina (2015-2019)			
County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Camden County	9	17.06	17.20

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)				
Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)				
Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics.

https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CAMDEN			Leading Causes of Injury Hospitalization 2016 to 2019 CAMDEN			Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	7	1	Fall - Unintentional	38	1	Fall - Unintentional	802
2	Poisoning - Unintentional; MVT - Unintentional	6	2	Poisoning - Self-Inflicted	11	2	Struck By/Against - Unintentional	407
3	Firearm - Self-Inflicted	5	3	Poisoning - Unintentional	9	3	Unspecified - Unintentional	401
4	Unspecified - Unintentional	4	4	Struck By/Against - Unintentional; MVT - Unintentional	4	4	MVT - Unintentional	300
5	Suffocation - Self-Inflicted	3	5	Unspecified - Unintentional	3	5	Natural/Environmental - Unintentional	198
TOTAL		41	TOTAL		73	TOTAL		3,066

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Leading Causes of Injury Death 2016 to 2019 CAMDEN			Leading Causes of Injury Hospitalization CAMDEN			Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Suffocation - Self-Inflicted	1	1		0	1	Fall - Unintentional	182
2		0	2		0	2	Struck By/Against - Unintentional	139
3		0	3		0	3	Unspecified - Unintentional	65
4		0	4		0	4	Natural/Environmental - Unintentional	45
5		0	5		0	5	Other Specified/Classifiable - Unintentional	37
TOTAL		1	TOTAL		0	TOTAL		627

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CAMDEN			Leading Causes of Injury Hospitalization 2016 to 2019 CAMDEN			Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	2	1	Poisoning - Self-Inflicted	*	1	Unspecified - Unintentional	131
2	Unspecified - Assault; Poisoning - Self-Inflicted; Firearm - Self-Inflicted; Firearm - Assault; Drowning/Submersion - Self-Inflicted; Cut/Pierce - Assault	1	2	Poisoning - Unintentional	*	2	MVT - Unintentional	129
3		0	3	MVT - Unintentional	*	3	Struck By/Against - Unintentional	119
4		0	4	Unspecified - Unintentional; Cut/Pierce - Self-Inflicted	*	4	Fall - Unintentional	115
5		0	5		0	5	Cut/Pierce - Unintentional	66
TOTAL		8	TOTAL		9	TOTAL		836

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Camden County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CAMDEN			Leading Causes of Injury Hospitalization 2016 to 2019 CAMDEN			Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional; MVT - Unintentional	4	1	Poisoning - Self-Inflicted; Fall - Unintentional	6	1	Fall - Unintentional	235
2	Firearm - Self-Inflicted	3	2	Poisoning - Unintentional	5	2	Unspecified - Unintentional	149
3	Suffocation - Self-Inflicted	2	3	Struck By/Against - Unintentional; Other Specified/Classifiable - Unintentional; MVT - Unintentional	2	3	MVT - Unintentional	129
4	Poisoning - Self-Inflicted; Other Specified/NEC - Self-Inflicted; Fire/Burn - Unintentional; Drowning/Submersion - Unintentional	1	4	Pedal Cyclist Other - Unintentional; Other Transport - Unintentional	1	4	Struck By/Against - Unintentional	99
5		0	5		0	5	Natural/Environmental - Unintentional	84
TOTAL		17	TOTAL		24	TOTAL		1,052

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, Camden County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CAMDEN			Leading Causes of Injury Hospitalization 2016 to 2019 CAMDEN			Leading Causes of Injury ED Visits 2016 to 2019 CAMDEN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	7	1	Fall - Unintentional	32	1	Fall - Unintentional	270
2	Unspecified - Unintentional	4	2	Unspecified - Unintentional; Struck By/Against - Unintentional	2	2	Unspecified - Unintentional	56
3	MVT - Unintentional	2	3	Poisoning - Unintentional; Poisoning - Self-Inflicted; Fire/Burn - Unintentional	1	3	Struck By/Against - Unintentional	50
4	Suffocation - Unintentional; Firearm - Self-Inflicted	1	4		0	4	Cut/Pierce - Unintentional	26
5		0	5		0	5	Natural/Environmental - Unintentional	22
TOTAL		15	TOTAL		40	TOTAL		551

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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