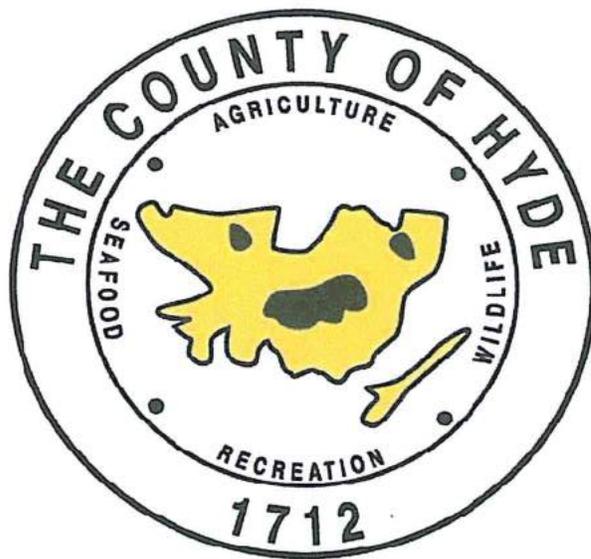


HYDE COUNTY BOARD OF COMMISSIONERS



Hyde County Courthouse Multi-purpose Room

30 Oyster Creek Road, Swan Quarter, NC

and

Ocracoke School Commons Area

120 School House Road, Ocracoke, NC

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: Chairman Barry Swindell
Attachment: No

ITEM TITLE: OPENING

SUMMARY: Call to Order
Opening Prayer
Pledge of Allegiance

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: Chairman Barry Swindell
Attachment: Yes

ITEM TITLE: CONSIDERATION OF AGENDA

SUMMARY: Attached is the proposed Agenda for the July 6, 2015, Regular Meeting of the Hyde County Board of Commissioners.

RECOMMEND: Review, Amend and Approve.

Motion Made By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Motion Seconded By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Vote: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

AGENDA

HYDE COUNTY BOARD OF COMMISSIONERS' MEETING

MONDAY, JULY 6, 2015 – 6:00 PM

CALL TO ORDER

OPENING

CONSIDERATION OF AGENDA

CONSIDERATION OF MINUTES

- 1) June 1, 2015 Regular Meeting Minutes

PUBLIC HEARINGS (none)

INTRODUCTIONS

- 1) Dr. Landon Mason, Executive Director, EIC

EMPLOYEE RECOGNITION

- 1) Years of Service
 - a) Gloria Collins Spencer – 32 years

2) WHEEL OF THANKS

PRESENTATION

- 1) 2014 Community Health Assessment (CHA) Anna Schafer, MPH
- 2) EMS Station Relocation Will Doerfer, MPA

PUBLIC COMMENTS

Public Comments are a time for the public to make comments to the County Commissioners. Comments should be kept to three (3) minutes or less and comments should be directed to the entire Board and not to individual members, the staff or to other members of the public. Comments requesting assistance will typically be referred to the County Manager for follow-up or for Board action

ITEMS OF CONSIDERATION

1) APPOINTMENTS

- a) Ocracoke Occupancy Tax Board Comm. Fletcher
 - b) Designation of Voting Delegate to NCACC Annual Conference Mgr. Rich
 - c) Social Services Board Member Suzanne Johnson
 - d) Hyde Transit Board Members Beverly Paul
- 2) DSS Per Diem Rates Request Suzanne Johnson
- 3) Special Assistant to County Manager Report Will Doerfer, MPA
- 4) ECU Summer Intern – Memorandum of Understanding Kris Noble
- 5) Priority Pass Mgr. Rich
- 6) Dare-Hyde Fire and Electrical Inspections Interlocal Agreement Mgr. Rich
- 7) David’s Trash Mgr. Rich
- 8) Golden LEAF Foundation – Monthly Update Mgr. Rich
- 9) Update on Meeting with Dave Hallac Kris Noble
- 10) Commissioner’s Topics for DiscussionComm. Fletcher
- a) Soundside Beach Access
 - b) Ocean Access for Handicap

BUDGET MATTERS

- a) Cooperative Extension – Copier Lease Agreement

MANAGEMENT REPORTS

The Commissioners and County Manager will share with the public their various activities and ideas for continuous improvement of government services to the citizens. Manager’s calendar included.

PUBLIC COMMENTS

The public is invited to use this time to make comments to the County Commissioners on items discussed during this meeting and/or matters not discussed earlier in the meeting.

CLOSED SESSION (discussion and possible action if required)

ADJOURN

SUPPLEMENTAL INFORMATION

Department Reports

- 1) Tax Department (requires signature)
- 2) Mattamuskeet Senior Center
- 3) Soil & Water Meeting Minutes
- 4) Social Services
- 5) Human Resources
- 6) Health Department
- 7) Inspections

Informational Items

- 1) Dare County new EOC/E911 Center (final renderings)
- 2) Soil & Water Business Plan/Accomplishments for FY2015
- 3) Fred Westervelt Message – Oregon and Hatteras Inlets
- 4) CountyLines – June 2015 “Filling the County Manager Pipeline”
- 5) EDNC Article and Video on Ocracoke School
- 6) June 26, 2015 Hyde Happenings – Serge Gracovetsky
- 7) The Coastland Times (June 30, 2015) – Citizenry urged: write letters to state leaders denouncing ferry tolls
- 8) Sarah Johnson Graduates - REDI
- 9) Parents for Moore letter / Moore County Resolution Requesting the North Carolina General Assembly to Change the Requisite Funding Formula to Increase the Number of Allotted Classroom Teachers’ Positions by Applying the Formula to Individual Schools and Grades Rather Than District-Wide and Fund These Positions by the Current Budgeted Amount

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: Lois Stotesberry, Clerk
Attachment: Yes

ITEM TITLE: CONSIDERATION OF MINUTES

SUMMARY: Attached are the June 1, 2015 Regular Meeting Minutes of the Hyde County Board of Commissioners.

RECOMMEND: Approve.

Motion Made By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Motion Seconded By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Vote: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

1 **Regular Meeting Minutes**

2 **Board of County Commissioners**
3 **Hyde County**

4
5 **Monday, June 1, 2015**

6 Chairman Barry Swindell called the Regular Meeting of the Hyde County Board of Commissioners to
7 order at 6:00pm on Monday, June 1, 2015, in the Hyde County Government Center, Multi-Use Room,
8 and the Ocracoke School Commons Room using electronic conferencing equipment.

9 The following members were present on the mainland: Commissioners Earl Pugh, Jr., Dick Tunnell,
10 Benjamin Simmons and Barry Swindell; Attorney Fred Holscher; County Manager Bill Rich; Clerk to
11 the Board Lois Stotesberry; and, members of the public.

12 The following members were present on Ocracoke: Commissioner John Fletcher, Public Information
13 Officer Sarah Johnson and members of the public.

14 Following opening prayer by Commissioner Tunnell and pledge of allegiance the meeting was called
15 to order.

16 **Agenda:**

17 Chairman Swindell asked for changes to the June 1, 2015 Meeting Agenda.

18 Commissioner Pugh moved to approve the Amended June 1, 2015 Meeting Agenda as presented by the
19 Clerk with Pungo District Hospital Presentation before Public Hearings. Mr. Simmons seconded the
20 motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and
21 Swindell; Nays – None; Absent or not voting – None.

22
23 **Consideration of Minutes:**

24 Commissioner Pugh moved to approve the May 4, 2015 Board of Commissioners Regular Meeting
25 Minutes as presented by the Clerk. Mr. Tunnell seconded the motion. The motion passed on the
26 following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not
27 voting – None.

28
29 Commissioner Pugh moved to approve the May 19, 2015 Special Budget Workshop Meeting Minutes
30 as presented by the Clerk. Mr. Simmons seconded the motion. The motion passed on the following
31 vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting –
32 None.

33 **Presentation:**

34 **Pungo District Hospital**

35 Dr. Charles O. Boyette presented request for Hyde County Board of Commissioners' assistance in
36 acquiring title to the Pungo District Hospital property at 202 East Water Street, Belhaven, NC.

37 Dr. Boyette reported Pungo District Hospital (PDH) opened in 1949 and has provided hospitalization
38 and emergency care to the citizens of Eastern Beaufort County and Hyde County since that time.

1 County Attorney Fred Holscher will research and report his findings to the Board of Commissioners.

2
3 **Public Hearings:**

4
5 **Pamlico Sound Regional Hazard Mitigation Plan**

6 Commissioner Pugh moved to open public hearing on the draft Pamlico Sound Regional Hazard
7 Mitigation Plan. Mr. Fletcher seconded the motion. The motion passed on the following vote: Ayes –
8 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

9
10 Chris Hilbert, Project Manager, Holland Consulting Planners, Inc., presented the draft Pamlico Sound
11 Regional Hazard Mitigation Plan (HMP). Hazard mitigation planning is intended to construct a
12 framework for the prevention and reaction to disasters if and when they may occur. The framework
13 created by this plan will help to instill an ongoing effort to lessen the impact that disasters have on
14 citizens and property throughout the region. The regional hazard mitigation plan involves a five-
15 county region including Beaufort, Carteret, Craven, Hyde and Pamlico Counties and will be adopted
16 by the governing bodies of each in accordance with North Carolina General Statutes. By adopting a
17 Hazard Mitigation Plan the county may apply for Federal Emergency Management Agency (FEMA)
18 funding in the event of a qualifying disaster.

19
20 Chairman Swindell called for comments from the public.

21
22 Hearing no comment, Commissioner Fletcher moved to close public hearing on the draft Pamlico
23 Sound Regional Hazard Mitigation Plan. Mr. Simmons seconded the motion. The motion passed on
24 the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or
25 not voting – None.

26
27 **Hyde County FY2015-2016 Budget**

28 Commissioner Simmons moved to open public hearing on the proposed FY2015-2016 Hyde County
29 Budget. Mr. Pugh seconded the motion. The motion passed on the following vote: Ayes – Fletcher,
30 Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

31
32 Bill Rich, County Manager, presented report on the May 19, 2015 Budget Workshop meeting.

33
34 **Dr. Randolph Latimore, Superintendent MECHS**, requested the school budget be funded out of
35 local revenues as presented by the Hyde County Board of Education on April 6, 2015.

36
37 **Melinda Sutton, Ocracoke**, thanked Manager Rich and Corrinne Gibbs, Finance Officer for locating
38 funding for the remaining \$6,625.00 of the \$13,250.00 county match for the Scenic Byway project.

39
40 **Commissioner Fletcher**, commented report of scabies at Ocracoke Child Care and Ocracoke School
41 has been addressed by Health Director David Howard.

42
43 **Amy Srail Johnson**, questioned the Board's allocation (\$288,000.00) to child care in Hyde County.

44
45 Commissioner Simmons moved to close public hearing on the proposed FY2015-2016 Hyde County
46 Budget. Mr. Pugh seconded the motion. The motion passed on the following vote: Ayes – Fletcher,
47 Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

1 **Presentation:**

2 **JCPC Hyde Funding**

3 Kathy Ballance, Director, presented the JCPC County Funding Plan for Hyde County for Fiscal Year
4 2015-2016. DJJDP is funding \$49,898 to support two programs in FY 2015-2016 (Hyde County
5 Schools – Hyde Counseling Prevention and Intervention & Hyde County Cooperative Extension –
6 Hyde Youth Services Interpersonal Skills and Restitution), which requires a local cash match in the
7 amount of \$4,990 for a total of \$54,888. This is the same amount of local funding approved by the
8 Hyde County Board of Commissioners for FY 2013-2014 and FY 2014-2015.

9 Natalie Wayne, Director, Cooperative Extension, reported 28 students in the Youth Services program
10 and only one student in the court system since 2007.

11 No action required. The local cash match is reflected in the FY2015-2016 Hyde County Budget.

12 **Hyde County Hotline**

13 Kathy Ballance, Director, reported in Fiscal Year 2014-15 July 1 through April 30th Hyde County
14 Hotline provided services to 104 victims of domestic abuse and 74 survivors of sexual victimization.
15 Their ages range from birth to over 65 and include Caucasian, African American and Hispanic
16 individuals. Direct services provided to mainland Hyde County and Ocracoke Island residents include
17 165 shelter nights to residential clients as well as court and hospital accompaniment and legal and
18 medical advocacy, language services, safety planning, transportation, information and referrals, crisis
19 intervention and counseling, therapeutic counseling, a 24 hour crisis line and other related victim
20 services including assistance in filing Crime Victim's Compensation Claims. The communities of
21 Hyde County have supported our efforts and logged over 2,100 hours of volunteer services so far this
22 year. We have provided 37 support groups for victims, 72 educational programs and offered or
23 participated in 83 professional trainings. Hyde County Hotline provides jobs for 10 employees who
24 serve on various Boards and Committees, maintains a thrift shop for outreach and revenue and is
25 overall a valuable resource to many residents of the County.

26
27 Ms. Ballance thanked the Board of Commissioners and Manager Rich for funding received last fiscal
28 year and reported the funds enabled Hotline to provide greatly needed relief to families in Hyde
29 County communities. She asked the Board to consider providing funding for Hotline for FY2015-16.

30 **Employee Recognition:**

31
32 Bill Rich, County Manager, announced Jane Hodges, Permits Technician/Airport Manager is the
33 employee of the month. Mr. Rich commended Ms. Hodges for working with Airport Project Manager
34 Philip Lanier, contractor Ken Clark with Carolina Pavement and NCDOT Aviation Representative
35 Paul Rogers with TRIMAT on the Hyde County Airport Maintenance Project. Ms. Hodges spun the
36 "Wheel of Thanks" and received a \$25.00 Gift Certificate from Williford Auto.
37

38 **Public Comments:**

39
40 Chairman Swindell called for comments from the public.

41 **Barbara Jean Gibbs, Engelhard** – asked the Commissioners to support re-opening Pungo District
42 Hospital and if a meeting date would be set.

1 **Amy Srail, Ocracoke Child Care** – informed the Board she would like to lease the EMS Station
2 property if the Wayne Teeter site is selected.

3
4 **Ordinances:**

5
6 **Hyde County FY2015-2016 Budget Ordinance**

7 Bill Rich, County Manager, reported a date correction (2015) needs to be made on line 2 of the final
8 page of the Budget Ordinance.

9
10 Commissioner Fletcher stated he believes revenues have been over projected and made a motion to
11 strike \$2,000.00 from the Sheriff's canine maintenance budget. The motion died for lack of a second.

12
13 Commissioner Pugh moved to pay the remaining \$6,625.00 county grant match expenditure for the
14 Scenic Byway project from the \$80,000.00 grant match line of the "Hyde County FY2015-2016
15 Budget". Mr. Fletcher seconded the motion. The motion passed on the following vote: Ayes –
16 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

17
18 Commissioner Tunnell moved to adopt "Hyde County FY2015-2016 Budget Ordinance" as amended.
19 Mr. Pugh seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh,
20 Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

21
22 *Clerk's Note: A copy of "Hyde County FY2015-2016 Budget Ordinance" is attached herewith as Exhibit A and
23 incorporated herein by reference.*

24
25 **Hyde County Hurricane Irene Recovery Project Budget Ordinance**

26 Commissioner Pugh moved to adopt "Hyde County Hurricane Irene Recovery Project Budget
27 Ordinance." Mr. Simmons seconded the motion. The motion passed on the following vote: Ayes –
28 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

29
30 *Clerk's Note: A copy of "Hyde County Hurricane Irene Recovery Project Budget Ordinance" is attached herewith as
31 Exhibit B and incorporated herein by reference.*

32
33 **Hyde County Government Center Water Penetration Remediation Project – Project Ordinance
34 2014-05-05 Amended**

35 Commissioner Tunnell moved to adopt "Hyde County Government Center Water Penetration Project –
36 Project Ordinance 2014-05-05 Amended." Mr. Pugh seconded the motion. The motion passed on the
37 following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not
38 voting – None.

39
40 *Clerk's Note: A copy of "Hyde County Government Center Water Penetration Remediation Project – Project
41 Ordinance 2014-05-05 Amended" is attached herewith as Exhibit C and incorporated herein by reference.*

42
43 **Hyde County Public Safety Center Roof Repair Project – Project Ordinance 2014-06-02 Amended**

44 Commissioner Pugh moved to adopt "Hyde County Public Safety Center Roof Repair Project – Project
45 Ordinance 2014-06-02 Amended." Mr. Simmons seconded the motion. The motion passed on the
46 following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not
47 voting – None.

1 *Clerk's Note: A copy of "Hyde County Public Safety Center Roof Repair Project – Project Ordinance 2014-06-02*
2 *Amended" is attached herewith as Exhibit D and incorporated herein by reference.*

3
4 **Hyde County ECB Renovation Project – Project Ordinance 2014-07-02 Amended**

5 Commissioner Pugh moved to adopt "Hyde County ECB Renovation Project – Project Ordinance
6 2014-07-02 Amended." Mr. Fletcher seconded the motion. The motion passed on the following vote:
7 Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

8
9 *Clerk's Note: A copy of "Hyde County ECB Renovation Project – Project Ordinance 2014-07-02 Amended" is*
10 *attached herewith as Exhibit E and incorporated herein by reference.*

11 **Resolutions:**

12 **Resolution Relating To The Budget for Hyde County Fiscal Year 2015-2016**

13 Bill Rich, County Manager presented his objectives regarding items contained within "FY2015-2016
14 Hyde County Budget" and additional expectations and commitments.

15 Commissioner Tunnell moved to adopt "Resolution Relating To The Budget for Hyde County Fiscal
16 Year 2015-2016." Mr. Pugh seconded the motion. The motion passed on the following vote: Ayes –
17 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

18
19 *Clerk's Note: A copy of "Resolution Relating To The Budget for Hyde County Fiscal Year 2015-2016" is attached*
20 *herewith as Exhibit F and incorporated herein by reference.*

21 **Resolution Authorizing County Manager to Reconcile Department Budgets**

22 Bill Rich, County Manager, presented "Resolution Authorizing County Manager to Reconcile
23 Department Budgets". Mr. Rich will reconcile departmental budgets prior to year-end closeout under
24 the following conditions:

- 25
- 26 • transfer amounts between objects of expenditure within a department except salary amount without limitations
 - 27 • transfer amounts up to \$10,000 between departments of the same fund with an official report of such transfers to be
28 made available for approval at the next meeting of the Board of Commissioners
 - 29 • not transfer any amounts between funds nor from contingency within any fund
 - 30 • assign legal costs to departments based upon the legal issue involved

31 Commissioner Pugh moved to adopt "Resolution Authorizing County Manager to Reconcile
32 Department Budgets". Mr. Simmons seconded the motion. The motion passed on the following vote:
33 Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

34 *Clerk's Note: A copy of "Resolution Authorizing County Manager to Reconcile Department Budgets" is attached*
35 *herewith as Exhibit G and incorporated herein by reference.*

36
37 **Resolution Supporting the NC Eastern 4-H Environmental Education Center**

38 Bill Rich, County Manager, presented "Resolution Supporting the NC Eastern 4-H Environmental
39 Education Center". Mr. Rich reported Hyde County has been asked to support a resolution that
40 requests the NC State Legislature restore \$400,000.00 to the 4-H Center budget.

1
2 Commissioner Fletcher moved to adopt “Resolution Supporting the NC Eastern 4-H Environmental
3 Education Center” and to send copies of this resolution to the local State legislative delegation, the
4 President Pro-tem of the NC State Senate, the Speaker of the NC House of Representatives, the Dean
5 of NC State University College of Agriculture and Life Sciences and the Director of the Eastern 4-H
6 Environmental Education Center. Mr. Tunnell seconded the motion. The motion passed on the
7 following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not
8 voting – None.

9 *Clerk’s Note: A copy of “Resolution Supporting the NC Eastern 4-H Environmental Education Center” is attached*
10 *herewith as Exhibit H and incorporated herein by reference.*

11
12 **Resolution: Adoption of the Pamlico Sound Regional Hazard Mitigation Plan**

13 Kris Noble, Planning Director, presented “Resolution: Adoption of the Pamlico Sound Regional
14 Hazard Mitigation Plan”. Ms. Noble reported FEMA has confirmed that they have completed a
15 review of the Pamlico Sound Regional multi-jurisdictional Hazard Mitigation Plan for compliance
16 with the federal hazard mitigation planning requirements contained in 44 CFR 201.6(b)-(d). FEMA
17 has determined that the Pamlico Sound Regional Hazard Mitigation Plan is compliant with federal
18 requirements, subject to formal community adoption. Hyde County is part of the multi-regional plan
19 along with Pamlico, Beaufort, Carteret and Craven counties. Adoption of the plan is necessary so that
20 Hyde County will be covered in case of a FEMA event.

21
22 Commissioner Fletcher moved to adopt “Resolution: Adoption of the Pamlico Sound Regional Hazard
23 Mitigation Plan”. Mr. Pugh seconded the motion. The motion passed on the following vote: Ayes –
24 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

25 *Clerk’s Note: A copy of “Resolution: Adoption of the Pamlico Sound Regional Hazard Mitigation Plan” is attached*
26 *herewith as Exhibit I and incorporated herein by reference.*

27
28 **Proclamation:**

29
30 **Vulnerable Adult and Elder Abuse Awareness Month In The County of Hyde,**

31 **May 8 – June 22, 2015**

32 Bill Rich, County Manager, reported Albemarle Commission Director of Area Agency on Aging
33 Laura Alvarico asks that Hyde County proclaim May 8 – June 22 Elder Abuse Awareness Month in
34 Hyde County and commend its observance to all citizens, asking them to wear purple Elder Abuse
35 Awareness ribbons; and, further proclaim June 15, 2015 “World Elder Abuse Awareness Day and urge
36 all citizens to work together to help protect elder adults from abuse, neglect, and exploitation because
37 it is imperative that we refuse to tolerate the indignity of elder abuse.

38
39 Commissioner Fletcher moved to adopt “Proclamation – Vulnerable Adult and Elder Abuse
40 Awareness Month In The County of Hyde, May 8 – June 22, 2015”. Mr. Pugh seconded the motion.
41 The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell;
42 Nays – None; Absent or not voting – None.

43 *Clerk’s Note: A copy of “Proclamation – “Vulnerable Adult and Elder Abuse Awareness Month In The County of*
44 *Hyde, May 8 – June 22, 2015” is attached herewith as Exhibit J and incorporated herein by reference.*

45
46 **Appointments:**

1
2 **Hyde County Jury Commission**

3 Bill Rich, County Manager, reported in each county there is a jury commission that is made up of a
4 panel of three citizens who serve as jury commissioners, which are appointed positions. The senior
5 resident superior court judge, elected clerk of superior court, and board of county commissioners each
6 appoint one member to serve on the jury commission. The appointee must be a qualified voter in the
7 county where they will serve. The commissioners serve a two year term although they may be re-
8 appointed to an unlimited number of terms. It is the ultimate decision of the official that appointed the
9 commissioner to re-appoint that jury commissioner once his or her term expires. On July 1, 2013, the
10 Hyde County Board of Commissioners re-appointed Doris Weston to serve on the Hyde County Jury
11 Commission for a term of two years ending June 30, 2015.
12

13 Commissioner Fletcher moved to re-appoint Doris Weston to serve on the Hyde County Jury
14 Commission for a term of two years beginning July 1, 2015 and ending June 30, 2017. Mr. Simmons
15 seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell,
16 Simmons and Swindell; Nays – None; Absent or not voting – None.
17

18 **Ocracoke Community Center Board (2 new members):**

19 Commissioner Fletcher reported on April 28, 2015 the Ocracoke Community Center Board voted to
20 request an additional two board members be appointed for a total of seven members.
21

22 Commissioner Fletcher moved to increase the number of Ocracoke Community Center Board members
23 to seven and to appoint Pat Gibbs Austin and Jenny Mason to serve on this Board. Mr. Pugh seconded
24 the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and
25 Swindell; Nays – None; Absent or not voting – None.
26

27 **Hyde County ABC Board Appointment:**

28 Meredith Nicholson, ABC Board Chairman, requested the commissioners appoint local businessman
29 John Giagu of Ocracoke to fill the open seat on the Hyde County ABC Board for a three year term
30 beginning July 1, 2015 and ending June 30, 2018.
31

32 Commissioner Fletcher moved to appoint John Giagu to fill the open seat on the Hyde County ABC
33 Board for a three year term beginning July 1, 2015 and ending June 30, 2018. Mr. Tunnell seconded
34 the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and
35 Swindell; Nays – None; Absent or not voting – None.
36

37 **Hyde County ABC Board Quarterly Financial Report**

38 Meredith Nicholson, ABC Board Chairman, presented the Hyde County ABC Board financial report
39 as of April 30, 2015. She reported sales are up 10% from this time last year; Net Income July 2014 to
40 April 2015 is \$27,064.41; and, the County Loan is being re-paid.
41

42 Chairman Swindell commended Ms. Nicholson and the Board on their progress over the past year.
43

44 No action required.
45

46 **2017 Proposal from Pearson's Appraisal Service for 2017 Revaluation**

47 Linda Basnight, Tax Administrator, presented Pearson's Appraisal Service, Inc., proposal, in
48 accordance with G.S. 105-299, to assist the Hyde County Tax Assessor in conducting a county-wide

1 revaluation of all real estate in Hyde County. The revaluation will begin soon after the 4th of July and
2 takes 12 to 18 months to complete. Ms. Basnight reported they will be doing a walk-around of all
3 property in Hyde County. The revaluation comes into effect January, 2017.
4

5 Commissioner Fletcher moved to accept the proposal for appraisal services of all real estate in Hyde
6 County as negotiated between the Hyde County Tax Assessor and Robert H. Pearson, Jr., Pearson's
7 Appraisal Service, Inc., associated with Hyde County's upcoming 2017 revaluation. Mr. Simmons
8 seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell,
9 Simmons and Swindell; Nays – None; Absent or not voting – None.

10 11 **Response to Budget Workshop Questions**

12 Bill Rich, County Manager, presented departmental responses to budget workshop questions.
13

14 Justin Gibbs, EM Director, explained the County leases seven heart monitors (2 on Ocracoke and 5 on
15 the Mainland) at a cost of \$2,880.16 per month plus additional costs for upgrades. One heart monitor
16 costs approximately \$20,000.00 and its life expectancy is about 5 years. The current purchase price
17 for seven new heart monitors is approximately \$195,000.00. Mr. Gibbs reported final payment of the
18 present lease agreement will be made soon and a renewed lease agreement has been negotiated. The
19 newly negotiated lease agreement is \$3,472.72 per month (includes maintenance) and is within the
20 approved budget.
21

22 Suzanne Johnson, Interim DSS Director, presented statistics for Ocracoke and Mainland Child Care.
23 From July 2014 through April 2015 Ocracoke Child Care provided services for 86 children and
24 received \$54,107.40 and Mainland Hyde County provided services for 78 children and received
25 \$30,199.00, for a combined total purchase of care \$84,306.40.
26

27 No action required.
28

29 **Summer Schedule 2015**

30 Tammy Blake, Human Resources Director, reported Summer Flex-time is a work schedule which
31 allows non-rotating shift employees to work hours that are not within the standard 8:00am to 5:00pm
32 Monday – Friday range, while maintaining a high level of service during the County's peak operating
33 hours. Ms. Blake also reported for the past 4-5 years, it has been the practice of Hyde County to work
34 the summer flex schedule. The employees have inquired as to whether they will be allowed to
35 continue this practice from now until Labor Day. She explained this is a very good way to boost
36 employee morale with no cost to the County budget and asked the Commissioners and County
37 Manager for permission to implement this schedule starting next week through Labor Day.
38

39 Commissioner Pugh moved to approve a Summer Flex-time Schedule for non-rotating shift employees
40 to work from Monday, June 8, 2015 through Labor Day, September 7, 2015. Commissioner Simmons
41 seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell,
42 Simmons and Swindell; Nays – None; Absent or not voting – None.
43

44 **ECU Summer Interns**

45 Kris Noble, Planning Director, reported East Carolina University's Department of Anthropology has
46 offered Hyde County Office of Economic Development the use of one or two summer interns to
47 provide assistance with economic development projects in Hyde County. ECU will provide payment
48 and a stipend for living expenses. Hyde County will offer an office space and assistance in relocation.

1 There is no monetary expense to Hyde County. The interns start work on July 6, 2015 and will
2 complete 300 hours of service.

3
4 Ms. Noble reported the Office of Planning and Economic Development will bring a formal
5 Memorandum of Understanding (MOU) to the Board for approval at its next regularly scheduled
6 meeting on July 6, 2015.

7 8 **DSS Interim Director Position**

9 Bill Rich, County Manager, received notification from the Department of Social Services Board that
10 Director Gloria Spencer has retired. The DSS Board approved Suzanne Johnson, Interim DSS
11 Director, to continue in the position at the same pay rate until a successful candidate for the position is
12 selected; and, requests Board of Commissioner approval.

13
14 Commissioner Fletcher moved to approve Suzanne Johnson to continue in the Interim DSS Director
15 position at the same pay rate until a successful candidate for the position is hired. Commissioner
16 Tunnell seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh,
17 Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

18 19 **FY2015-2016 Auditor Contract**

20 Corrinne Gibbs, Finance Officer, presented the FY2015-2016 Hyde County Auditor Contract for
21 approval by the Board of Commissioners. Thompson, Price, Scott, Adams & Co. won the bid and will
22 perform the audit for \$22,500.00, which is \$1,500.00 less than last fiscal year.

23
24 Commissioner Pugh moved to award the FY2015-2016 Hyde County Auditor Contract to Thompson,
25 Price, Scott, Adams & Company for \$22,500.00. Commissioner Fletcher seconded the motion. The
26 motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays –
27 None; Absent or not voting – None.

28 29 **Solar Discussion**

30 Kris Noble, Planning Director, asked the Board of Commissioners to place a moratorium on solar
31 development until an ordinance and fee schedule can be established in August. Ms. Noble reported
32 materials from a solar field cannot go into the County dump site and must be recycled. Hyde County
33 does not have adequate equipment to handle these materials. She would like to continue research on
34 solar development and return in August to present a solar ordinance and fee schedule.

35
36 Commissioner Pugh moved to place a moratorium on solar development until an ordinance and fee
37 schedule can be established and presented for Board approval in August, 2015. Commissioner
38 Simmons seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh,
39 Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

40 41 **Projects Update**

42 Bill Rich, County Manager, reported ferry and passenger ferry meetings continue; properties have
43 been evaluated and five have been selected to present to the Board for lease (for 3 to 5 years) to
44 relocate the Ocracoke EMS Station; and, legislation to redesign Sales Tax is ongoing.

45
46 No action required.

47 48 **Health Department and DSS Consolidation**

1 Commissioner John Fletcher began discussion about Health and Social Services departments
 2 consolidating. At the January 5, 2015 Board of Commissioners meeting Ms. Jill Moore, UNC School
 3 of Government Associate Professor of Public Law & Government, presented the three options
 4 available under new law (H438) and benefits and key differences of each option for consolidation of
 5 the County Department of Public Health and Department of Social Services.

6
 7 Chairman Swindell stated the consolidation will not work in Hyde County as the departments are
 8 twenty miles apart.

9
 10 Commissioner Pugh stated the Board needs more information before it can proceed with discussion.

11
 12 Commissioner Fletcher moved to poll the Board of Commissioners to see how many want to continue
 13 discussing the possibility of consolidating the Health Department and Department of Social Services.
 14 The motion died for lack of a second.

15
 16 **Budget Revisions:**

17
 18 Bill Rich, County Manager, presented the following departmental budget revisions and amendments
 19 for Board discussion and approval:

20		
21	• BR47-15 – Health – MCD Escrow/WIC – Contract	\$ 1,161.50
22	• BR48-15 – Health – Immunization Action Plan	\$ 125.00
23	• BR49-15 – Home Health – Training	\$ 2,500.00
24	• BR50-15 – Health – PPHR	\$ 575.37
25	• BR51-15 – Health – General (revised)	\$ 400.00
26	• BR52-15 – Health – Salary	\$ 475.00
27	• BR53-15 – Health – Medication Assistance Program	\$ 309.76
28	• Cooperative Extension – Phone/Postage/Supplies	\$ 947.06
29	• DSS – Overpayment	\$35,184.00
30	• Finance – West Quarter Dike – Services and Maintenance	\$10,440.00
31	• Finance – Swan Quarter Dike – Services and Maintenance	\$ 2,000.00
32	• Finance – Occupancy Tax Mainland	\$18,575.00
33		

34 Commissioner Pugh moved to approve Health Department BR47-15 through BR53-15 transfers;
 35 Cooperative Extension transfer; DSS transfer and Finance Department year end transfers as presented.
 36 Commissioner Simmons seconded the motion. The motion passed on the following vote: Ayes –
 37 Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

38
 39 **Management Reports:**

40
 41 **Commissioner Fletcher** – studied the budget.

42
 43 **Commissioner Simmons** – attended two DSS meetings and the Pungo District Hospital meeting with
 44 Chairman Swindell.

1 **Commissioner Pugh** – attended an Ocracoke Passenger Ferry meeting, State of the Region meeting
2 with Manager Rich, Senior Center/Albemarle Commission budget meeting, Solar Farms meeting and
3 the Offshore Oil Drilling meeting Senator Richard Burr’s group.
4

5 **Commissioner Tunnell** – also attended the Offshore Oil Drilling meeting, gave report on the
6 Albemarle Food Bank project in Hyde County, reported there is no beach entry on National Park
7 Service property and thanked Manager Rich for the budget presentation.
8

9 **Chairman Swindell** – attended the Pungo District Hospital meeting with Commissioner Simmons.

10
11 Commissioner Fletcher recommended the Board call a special meeting to discuss the Pungo District
12 Hospital project request for funding by Hyde County.
13

14 Chairman Swindell moved to direct County Attorney Fred Holscher to proceed with research on
15 documentation, legality and funding requests of Dr. Boyette and supporters for re-opening Pungo
16 District Hospital and report his findings at the next regularly scheduled Hyde County Board of
17 Commissioners meeting on July 6, 2015. Commissioner Simmons seconded the motion. The motion
18 passed on the following vote: Ayes – Fletcher, Pugh, Simmons and Swindell; Nays – Tunnell; Absent
19 or not voting – None.
20

21 **Manager Rich** – presented project updates earlier in the meeting. Mr. Rich’s May, 2015 calendar is
22 available in the meeting packet materials.
23

24 **Public Comments:**

25
26 Chairman Swindell called for comments from the public.
27

28 **Samuel Gray, Sladesville** – asked will the commissioners be responsible for voting for citizens on the
29 request for Pungo District Hospital funding.
30

31 **Chairman Swindell** explained the commissioners are elected by citizens to represent them.
32

33 **Barbara Jean Gibbs, Engelhard** – asked that Attorney Holscher have an open mind when he looks
34 into the Pungo District Hospital request for funding.
35

36 **Commissioner Simmons** – stated the Commissioners are responsible for the citizens of Hyde County.
37

38 There being no further comments from the public, Chairman Swindell continued the meeting.
39

40 **Closed Session** (none)
41

42 **Adjourn:**

43
44 Commissioner Pugh moved to adjourn the meeting. Mr. Fletcher seconded the motion. The motion
45 passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None;
46 Absent or not voting – None.
47

1 The meeting adjourned at 8:40p.m.

2

3 Respectfully submitted:

4

SEAL

5 Minutes approved on the 6th day of July, 2015.

6

7

8 _____
9 Lois Stotesberry, CMC, NCCCC
10 Clerk, Hyde County Board of Commissioners

8 _____
9 Barry Swindell
10 Chair, Hyde County Board of Commissioners

11 Attachments:

12

13 Exhibit A: *“Hyde County FY2015-2016 Budget Ordinance”*

14

15 Exhibit B: *“Hyde County Hurricane Irene Recovery Project Budget Ordinance”*

16

17 Exhibit C: *“Hyde County Government Center Water Penetration Remediation Project –
18 Project Ordinance 2014-05-05 Amended”*

19

20 Exhibit D: *“Hyde County Public Safety Center Roof Repair Project –
21 Project Ordinance 2014-06-02 Amended”*

22

23 Exhibit E: *“Hyde County ECB Renovation Project –
24 Project Ordinance 2014-07-02 Amended”*

25

26 Exhibit F: *“Resolution Relating To The Budget for Hyde County Fiscal Year 2015-2016”*

27

28 Exhibit G: *“Resolution Authorizing County Manager to Reconcile Department Budgets”*

29

30 Exhibit H: *“Resolution Supporting the NC Eastern 4-H Environmental Education Center”*

31

32 Exhibit I: *“Resolution: Adoption of the Pamlico Sound Regional Hazard Mitigation Plan”*

33

34 Exhibit J: *“Proclamation – “Vulnerable Adult and Elder Abuse Awareness Month In The County of Hyde,
35 May 8 – June 22, 2015”*

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: County Manager, Bill Rich
Attachment: Yes

ITEM TITLE: INTRODUCTION – DR. LANDON B. MASON, EXECUTIVE DIRECTOR, EIC



Dr. Landon B. Mason is the newest Executive Director of the Economic Improvement Council in Edenton, NC. Reared in Surry, Virginia, Dr. Mason is a veteran of the United States Army, where he served in Germany, Georgia and Alaska. During his eight years in the military, he received various awards, citations, certificates and degrees. He has a background in Management Development, Leadership Development and Concern for Community and Family Development. A graduate of Troy State University, Alabama; Norfolk State University and Virginia Union University in Virginia, Dr. Mason received his Master of pastoral counseling and Doctorate of Ministry degree. *(Biography from NC Community Action Newsletter, August 2014)*

RECOMMEND: Welcome.

Motion Made By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Motion Seconded By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Vote: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Weatherization

The services of the Weatherization Assistance Program reduce energy costs by improving the energy efficiency of the home. In fact, these services reduce the average annual energy costs by \$300 per home.

Through the Weatherization Assistance Program, trained technicians evaluate the needs of each home by conducting an energy audit. They suggest the energy efficiency methods that are the most appropriate and cost-effective for the home, making it warm in the winter, cool in the summer and safe all year long.

When the energy audit is complete, a technician will meet with the family to explain how the work will be done. The technician will also inform the family of ways to conserve energy.

Typical Services:

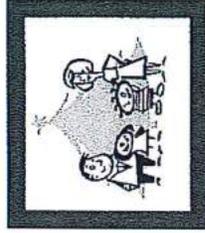
- Performing tune-ups and repairs to heating and cooling systems
- Improving health and safety conditions by addressing carbon monoxide levels and combustion safety
- Sealing major air leaks
- Installing a smart thermostat
- Insulating floors and attics
- Replacing existing lighting with energy efficient bulbs
- And more!!!

Families with incomes below 200% of the Federal Poverty Level or households with at least one member receiving cash assistance payments under SSI or TANF are eligible for weatherization services.

A Beacon of Light

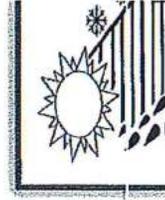
“The Economic Improvement Council, Inc. endeavors to be a beacon light in the communities it serves. It is pleased to partner with other agencies and entities in the communities in order to provide the best possible services to its clientele.”

The Executive Director

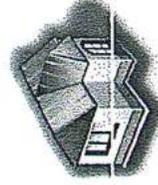


Community
Services Block
Grant

Head Start

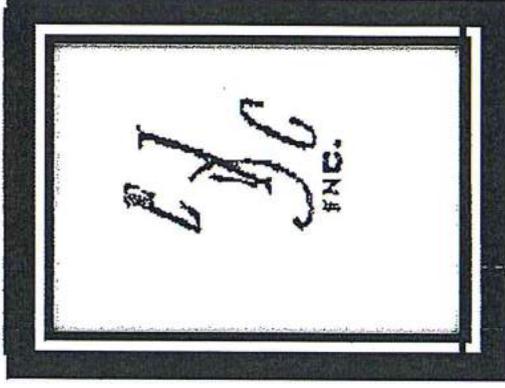


Weatherization



Section 8

“Equal Opportunity Employer”



Economic Improvement Council, Inc.

712 Virginia Road
P.O. Box 549
Edenton, NC 27932
(252) 482-4458
(252) 482-0328 fax

www.eiccaa.com

Serving the following counties:

Camden
Chowan
Currituck
Dare
Gates
Hyde
Pasquotank
Perquimans
Tyrrell
Washington

It is the mission of the Economic Improvement Council, Inc. to provide the economic, physical, and social well-being of its clients by providing quality services to help them become self-sufficient.

Economic Improvement Council, Inc. Services:

CSBG

Community Services Block Grant Family Self-Sufficiency

Family Self-Sufficiency (FSS) is a type of assistance designed to empower people to take control of their lives by becoming independent and productive members of their community. This goal is achieved by collaborating and coordinating with other public and private agencies that assist families in securing employment, attaining educational/vocational training, budgeting available income, obtaining suitable housing and increasing stronger work ethics.

Individuals needing assistance in becoming more self-sufficient should contact the Economic Improvement Council, Inc. office in their community:

Camden EIC Center 117 NC Hwy 343 PO Box 276 Camden, NC 27921 (252) 338-7720	Chowan EIC Center 712 Virginia Road PO Box 549 Edenton, NC 27932 (252) 482-4458
Currituck EIC Center 2826 Caratoke Highway PO Box 189 Currituck, NC 27929 (252) 232-2882	Dare EIC Center 723 Sir Walter Raleigh Street PO Box 686 Manteo, NC 27954 (252) 473-3149
Gates EIC Center 252 Highway 37 S PO Box 568 Gatesville, NC 27938 (252) 357-0555	Hyde EIC Center 1430 Main Street O.A. Peay (County Office Bldg.) Swanquarter, NC 27885 (252) 926-4476
Pasquotank EIC Center 104 W. Ehringhaus Street PO Box 1263 Elizabeth City, NC 27909 (252) 335-4616	Perquimans EIC Center 220 Winfall Boulevard Winfall, NC 27985 PO Box 386 Hertford, NC 27944
Tyrrell EIC Center 109 L.A. Kesler Drive PO Box 641 Columbia, NC 27925 (252) 796-3711	Washington EIC Center 383 Highway 64 PO Box 541 Plymouth, NC 27962 (252) 793-3142

Head Start

Head Start provides children ages 3-5 with a comprehensive preschool experience and works with their families in meeting needs.

Program Services:

Early Childhood Development: Provides comprehensive classroom experiences.

Family Engagement: Integrative families involvement.

Transition: Smoothly transitions children into the public schools.

Health: Provides screenings, medical and dental services.

Nutrition: Provides nutritious meals and snacks to children.

Disabilities: Provides services to children with disabilities.

Mental Health: Addresses the emotional needs of children, staff, and the families.

Transportation: provides bus transportation in most counties.

Centers

Chowan PO Box 784 Edenton, NC 27932 (252) 482-8230 (252) 482-0843	Currituck 494 Shortcut Rd Barco, NC 27917 (252) 453-4992 (252) 453-2934
Dare PO Box 508 Manteo, NC 27954 (252) 473-5246	Gates Gatesville Elem. School Gatesville, NC 27938 (252) 357-1672
Hyde 33480 US Hwy 264 Engelhard, NC 27824 (252) 925-1902	Pasquotank/Camden PO Box 1893 Elizabeth City, NC 27909 (252) 335-7698
Pasquotank/Lois Johnson PO Box 1893 Elizabeth City, NC 27909 (252) 331-1980	Pasquotank North 116 Corporate Drives Elizabeth City, NC 27909 (252) 331-1790
Perquimans PO Box 231 Winfall, NC 27985 (252) 426-5949	Tyrrell PO Box 648 Columbia, NC 27948 (252) 766-3323
Washington PO Box 844 Plymouth, NC 27962 (252) 791-0665	

Section 8 Housing

The Section 8 Housing Choice Voucher program is designed to assist low income families.

To receive assistance, families must complete an application, be screened for eligibility factors such as income, criminal background, and past history with HUD funded housing programs. Eligible families are placed on a waiting list. As funding is available, assistance is offered to applicants at the top of the waiting list who are able to find homes that will meet the HUD safety and sanitary guidelines. Homes are inspected by inspectors at initial leasing, then at least once annually. Subsidy payments are based on family income, HUD established fair market rent, family size, and the actual gross rent. The rental assistance payments are mailed directly to the owner of the rental property.

Underneath the Section 8 umbrella also exists the Family Self Sufficiency Program. Family Self Sufficiency is a type of assistance designed to empower people to take control of their lives by becoming independent and productive members of their community. Use of housing as a stabilizing force permits families to invest in other efforts that are necessary to achieve self-sufficiency.

In order to qualify, an individual assessment will be done for each family deciding to enroll; the family and the FSS Coordinator will sign a "Contract of Participation." A plan will be made with goals and objectives that the family will achieve over a period of time. Services may include: childcare, parenting skills, job training, financial support, etc.

Satellite Center
Elizabeth City Office
104 W Ehringhaus Street
PO Box 1263
Elizabeth City, NC 27909
(252) 335-5493

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: County Manager, Bill Rich
Attachment: Yes

ITEM TITLE: EMPLOYEE RECOGNITION – GLORIA COLLINS-SPENCER

SUMMARY: Gloria Collins-Spencer began working as a Hyde County Social Work Trainee on November 22, 1982. In 1984 Gloria was promoted to Social Worker I and in 1985 to Social Worker II. She became Acting Department of Social Services Director in 1987 and in 1989 she was promoted to Director.

RECOMMEND: Congratulations.

Motion Made By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Motion Seconded By: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Vote: ___ Barry Swindell
___ Earl Pugh, Jr.
___ Dick Tunnell
___ Ben Simmons
___ John Fletcher

Congratulations

THIS CERTIFICATE IS TO COMMEND

GLORIA COLLINS SPENCER

FOR

32 YEARS OF SERVICE

AWARDED THIS 6TH DAY OF JULY, 2015

BARRY SWINDELL, CHAIRMAN
HYDE COUNTY BOARD OF COMMISSIONERS

BILL RICH, COUNTY MANAGER

**Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET**

Meeting Date: July 6, 2015
Presenter: Anna Schafer
Attachment: Yes

ITEM TITLE: 2014 COMMUNITY HEALTH ASSESSMENT (CHA)

SUMMARY: Brief overview of the 2014 Community Health Assessment process and leading causes of death

RECOMMEND: APPROVAL OF 2014 COMMUNITY HEALTH ASSESSMENT

Motion Made By: Barry Swindell
 Earl Pugh, Jr.
 Dick Tunnell
 Ben Simmons
 John Fletcher

Motion Seconded By: Barry Swindell
 Earl Pugh, Jr.
 Dick Tunnell
 Ben Simmons
 John Fletcher

Vote: Barry Swindell
 Earl Pugh, Jr.
 Dick Tunnell
 Ben Simmons
 John Fletcher

2014 HYDE COUNTY COMMUNITY HEALTH ASSESSMENT

Hyde County Health Department, Vidant
Beaufort Hospital, The Outer Banks
Hospital and Hyde Partners for Health

*Report to
NCDPH*

*March 1,
2015*

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ACKNOWLEDGMENTS

The Community Health Assessment (CHA) process requires much work and dedication from those who are committed to identifying and solving health problems within our communities to improve the quality of life for our residents. The first phase of this process is forming a CHA Leadership Team-Hyde Partners for Health. It is essential that the CHA Team involve people who have significant influence in the county, as well as the people who are most affected by health problems. People from throughout the county must be mobilized during this process, therefore a broad representation of county residents, agencies, and organizations were invited to be a part of this team.

Community Health Assessment Funding Provided by The Outer Banks Hospital, Hyde County Health Department, and Vidant Beaufort Hospital

CHA Team Member	Organization	Contributions	Committee assignments	In-kind Financial Contribution
Mike Adams	Davis Ventures Youth and Rec. Center	Representative	Advise in planning and implementation	Administrative time and travel
Cheryl Ballance	Engelhard Medical and Ocracoke Health Center	Stakeholder	Advise in planning and implementation	Engelhard Medical and Ocracoke Health Center time
Kathy Ballance	Hyde County Hotline, Inc. Sexual Assault & Domestic Violence	Stakeholder	Advise in planning and implementation	Hyde County Hotline Time
Guire Cahoon	Hyde County Sheriffs Department	Stakeholder	Advise in planning and implementation	Hyde County Sheriffs Department time
Jamie T. Carter	Engelhard Medical and Ocracoke Health Center	Representative	Collect and provide data	Engelhard Medical and Ocracoke Health Center time
Rita Clayton	Hydeland Homecare	Stakeholder	Advise in planning and implementation	Hydeland Homecare time
Roni Collier	Hyde County Health Department Environmental Health	Representative	Advise in planning and implementation	Hyde County Health Department time
Christine Davis	Project DIRECT Legacy for Men & Their Families	Stakeholder	Collect, provide data, advise in planning, and implementation	Personal time
Tim Eason	ECU Center for Survey Research	Researcher	Analyze and compile data	Funded by Vidant Beaufort Community Benefits
Laura Edwards	Center for Healthy North Carolina	Representative	Inform group of 2020 Objectives and action plan requirements	Center for Healthy North Carolina time
Corinne Gibbs	Hyde County Government Finance Department	Stakeholder	Collect and provide data	Hyde County Government time

Luana Gibbs	Hyde County Health Department	Stakeholder	Collect, provide data, advise in planning, and implementation	Hyde County Health Department time
Justin Gibbs	Hyde County Government Emergency Management	Stakeholder	Collect and provide data	Hyde County Government time
Jane Hodges	Hyde County Government	Representative	Collect and provide data	Hyde County Government time
Shelisa Howard-Martinez	Care Share Health Alliance	Regional Technical Consultant	Facilitate Prioritization	Administrative time and travel
Suzanne Johnson	Hyde County Department of Social Services	Stakeholder	Collect and provide data	Hyde County Department of Social Services time
Janet Joyner	Vidant Medical Group Behavioral Health	Representative	Advise in planning and implementation	Vidant Medical Group Behavioral Health time
Mandee Lancaster	ECU Center for Survey Research	Researcher, Advisor	Analyze and compile data	Funded by Vidant Beaufort Community Benefits
Dr. Randolph Latimore	Hyde County Schools	Stakeholder	Collect and provide data; advise in planning and implementation	Hyde County Schools time
Jennifer Lewis	Vidant Medical Group	Stakeholder	Advise in planning and implementation	Vidant time and travel
Tracy Lewis	Hyde County Hotline, Inc. Sexual Assault & Domestic Violence	Stakeholder	Advise in planning and implementation	Hyde County Hotline Time
Leah Mayo	ARHS Active Routes to School	Stakeholder	Advise in planning and implementation	Region 9 Community Transformation Grant/Active Routes to School time and travel
Linda McCabe	Hyde County Department of Social Services	Representative	Collect and provide data	Hyde County Department of Social Services
Stacey Midgett	Hyde County Cooperative Extension	Stakeholder	Advise in planning and implementation	Hyde County Cooperative Extension time
Lou Montana-Rhodes	Vidant Medical Group	Stakeholder	Advise in planning and implementation	Vidant time and travel
Amy Montgomery	The Outer Banks Hospital	Stakeholder	Collect, provide data, advise in planning, and implementation	The Outer Banks Hospital time and travel
Fiona Moyer	ECU Center for Survey Research	Researcher	Analyze and compile data	aFunded by Vidant Beaufort Community Benefits
Kelley Newman	Hyde County Health Department	Stakeholder	Collect and provide data	Hyde County Health Department time
Michelle Newman	Cross Creek Health Care	Stakeholder	Advise in planning and implementation	Cross Creek Health Care time

Beverly Paul	Hyde County Transit	Stakeholder	Advise in planning and implementation	Hyde County Transit time
Sheila Pfaender	Public Health Independent Consultant	Researcher, Advisor	Collect, provide data, advise in planning, and implementation	Administrative time and travel
Justin Raines	ECU Center for Survey Research	Researcher	Analyze and compile data	Funded by Vidant Beaufort Community Benefits
Eve Richardson	Hyde County Hotline, Inc. Sexual Assault & Domestic Violence	Representative	Collect and provide data	Hyde County Hotline, Inc. Sexual Assault & Domestic Violence time
Anthony Roper	Hyde County Recreation Commission, NCDOT and Hyde County Minister's Council for Education	Stakeholder	Advise in planning and implementation	Personal time and travel
Mattie Roper	Hyde County Department of Social Services	Representative	Collect and provide data	Hyde County Department of Social Services time
Melissa Roupe	Vidant Medical Group	Stakeholder	Collect, provide data, advise in planning, and implementation	Vidant Medical Group time and travel
Jeff Shovelin	Vidant Medical Group	Representative	Collect and provide data	Vidant Medical Group time
Melissa Sadler	Hyde County Health Department	Stakeholder	Collect, provide data, advise in planning, and implementation	Hyde County Health Department time
Chris Salerno	Engelhard Medical and Ocracoke Health Center	Stakeholder	Advise in planning and implementation	Engelhard Medical and Ocracoke Health Center time
Anna Schafer	Hyde County Health Department	Stakeholder	Advise in planning and implementation	Hyde County Health Department time
Pam Shadle	Vidant Beaufort	Stakeholder	Advise in planning and implementation	Vidant Beaufort time and travel
Chinita Vaughan	East Carolina Behavioral Health	Stakeholder	Collect and provide data	East Carolina Behavioral Health time
Katie Vitiello	ECU Center for Survey Research	Researcher	Analyze and compile data	Funded by Vidant Beaufort Community Benefits
Hugh Watson	Hyde County Health Department	Stakeholder	Collect, provide data, advise in planning, and implementation	Hyde County Health Department time
Stephanie Watson	Hydeland Homecare	Representative	Collect and provide data	Hydeland Homecare
Geraldine Weatherly	Cross Creek Health Care	Stakeholder	Advise in planning and implementation	Cross Creek Health Care time
Tracy Webster	East Carolina Behavioral Health	Stakeholder	Collect and provide data	East Carolina Behavioral Health time
Lisa Woolard	Beaufort/Hyde Partnership for Children	Stakeholder	Advise in planning and implementation	Administrative time and travel

EXECUTIVE SUMMARY

INTRODUCTION

This Community Health Assessment document is the work of a local partnership among the Hyde County Health Department (HCHD), Vidant Beaufort Hospital (VBH), the Outer Banks Hospital (OBH), and the community's Healthy Carolinians coalition, Hyde Partners for Health (HPH). This team's work, assisted by both an independent public health consultant and the Center for Survey Research at East Carolina University, culminated in a comprehensive CHA report (available on the Hyde County Health Department website, <http://hydehealth.com/healtheducation.htm>) that was excerpted to create this report.

HYDE COUNTY AND ITS PEOPLE

Hyde County is a coastal county located in eastern NC with parts of the jurisdiction on both the mainland and the Outer Banks. It has a small population (less than 6,000 residents), whose employment opportunities are primarily in public administration, agriculture, fishing, forestry, and hunting. It is rather isolated, with no commercial air or rail services, and no Interstate highways. The county has 250 miles of paved roads but no four-lane highways. In fact, no Hyde County residents live within 10 miles of a four-lane highway. Once the center of a significant timber "boom", the county has lost this economic driver, and now relies largely on its natural resources (seacoast and wildlife refuges) to attract visitors.

A particularly noteworthy aspect of the Hyde County population is its age. The median age in the county is 41.2 years, nearly four years "older" than the population for NC as a whole. The county population of citizens over the age of 65 is projected to grow by 71% by 2030. It will be critical for the community to monitor the growth of this population to address its needs, since this segment of the population tends to consume health and human services at high rates.

As elsewhere in NC, unemployment in Hyde County accelerated between 2008 and 2009, with the onset of the nation-wide economic recession. While lower than in NC as a whole for most of the period since 2008, unemployment in Hyde County continued to increase from 2008 through the most recent rate (2012) even as it fell in NC. In 2012 the unemployment rate in Hyde County surpassed the comparable rate for NC.

Despite an improving national economy, poverty remains significant in Hyde County, especially among African Americans and children. The overall poverty rate in Hyde County in 2008-12 was 23.3%, almost 40% higher than in NC as a whole. However, the poverty rate among African Americans in the county in the same period was 54.8%, more than twice the overall rate and five times the rate among whites. Among Hyde County children under the age of five the poverty rate for the same period was 47.8%, twice the overall poverty rate for the county.

Poverty can diminish all aspects of quality of life including health. The population in poverty is even more at risk for poor health outcomes if its members do not have health insurance. In 2010-11 20.9% of the Hyde County population between ages 0-64 lacked health insurance of any kind. Children ages 0-18 fared considerably better, with only 8.5% uninsured, due largely to growing success in enrolling eligible Hyde County children in NC Health Choice.

HEALTH IN HYDE COUNTY

Life expectancy in Hyde County has improved overall: overall life expectancy was 76.7 years in 2010-12, compared to 72.2 years in 1990-92. There was significant improvement in the African American community, where despite continued disparate poverty and poor health outcomes life expectancy improved from 68.4.8 years in 1990-92 to 75.9 years in 2010-12. Surprisingly, life expectancy for Hyde County females decreased over the same period, from 76.0 years to 74.6 years.

Comparison of Hyde County health data over the past several years identified that overall mortality rates in the county have decreased for several leading causes of death but increased for others. Since the 2001-05 aggregate period, overall mortality rates have *decreased* in Hyde County for cancer, heart disease, diabetes, kidney disease, suicide, pneumonia/influenza, and homicide. Comparable mortality rates in Hyde County have *increased* for chronic lower respiratory disease, unintentional non-motor vehicle injuries, unintentional motor vehicle injuries, septicemia, AIDS, and especially cerebrovascular disease and Alzheimer's disease. Although comparable rate data for minorities is limited due to below threshold numbers of deaths, 2008-12 age-adjusted mortality rates among African Americans were 15% higher than among whites for total cancer and 4% higher for heart disease. The overall mortality rate for African American non-Hispanics in Hyde County was 19% higher than the overall mortality rate for white non-Hispanics.

Recent (2008-12) Hyde County mortality rates for several leading causes of death exceeded comparable rates for NC as a whole. Among these causes of death were cancer, heart disease, cerebrovascular disease, chronic lower respiratory disease, Alzheimer's disease, unintentional motor vehicle injuries, and AIDS.

Among the lifestyle factors contributing to chronic disease prevalence and mortality, overweight and obesity are perhaps the most important. According to the CDC the prevalence of diagnosed adult obesity in Hyde County in 2010 was 31%, and had averaged 31% from 2005 through 2010.

Other data would appear to indicate that overweight and obesity are significant health problems among children in Hyde County as well. According to relatively recent data from the NC Nutrition and Physical Activity Surveillance System (NC-NPASS) an average of 31% of 2-4 year-olds in the system were overweight or obese in 2010, 2011 and 2012. According to 2011 BMI data on all seventh-grade students in the Hyde County school system, an average of 50% of the seventh-graders each year were either overweight or obese. In addition, SY2013-14 BMI data for students at Mattamuskeet Middle School showed that 47% were overweight or obese, and that 11% were "extremely obese".

The 2014 Hyde County Community Health Needs Assessment Survey asked respondents whether they had been medically diagnosed with any of a list of health conditions, including overweight/obesity. The percentage of respondents replying "yes" to a diagnosis of "overweight/obesity" in 2014 was 27% of 207 respondents. Survey respondents also identified obesity as a leading community health problem.

Complications from overweight and obesity also often include high cholesterol and high blood pressure. Each of these conditions is prevalent in the Hyde County community, as indicated by results of the 2014 Hyde County Community Health Needs Assessment Survey. In the survey,

41% of 213 respondents reported they had been diagnosed with high blood pressure, and 34% of 205 respondents reported a diagnosis of high cholesterol.

Despite a decreasing mortality trend, total cancer was the leading cause of death in Hyde County in the 2008-12 period, and the respondents ranked cancer among the most significant health problems on the 2014 Hyde County Community Health Needs Assessment Survey.

Between 2001-05 and 2008-12 cancer mortality rates in Hyde County decreased for breast cancer and colorectal cancer, but increased for lung cancer and prostate cancer. Since 2000, Hyde County incidence rates have increased for all four major site specific cancers; it is noteworthy that the county incidence rate for lung cancer has tripled between 1996-2000 and 2007-11.

Total pregnancy rates among Hyde County teens (ages 15-19) were unstable from 2010 through 2012; however, despite this instability, it appears that the total teen pregnancy rate may have increased significantly since 2010. The frequency of total low birth weight births in Hyde County has decreased overall since 2006-10; however, although admittedly unstable, the frequencies of low birth weight births among African American and Hispanic women consistently have been almost double the frequency among white women. The percent of pregnant women who received early prenatal care has been falling recently in Hyde County, as it has elsewhere in NC, for reasons that are unclear. Infant mortality rates for the county are not available due to small numbers of infant deaths.

POPULATIONS AT RISK

Taken together, the demographic, sociodemographic and health data point to certain Hyde County populations at risk for poor health outcomes:

- **People without a medical home:** low medical provider ratios and utilization of area hospital emergency departments for health care are indicators that many in Hyde County do not have a stable medical home. This problem will be exacerbated with the closure of Vidant Pungo Hospital.
- **The growing elderly population:** there is an apparent lack of nursing home and assisted living housing options for the elderly as they reach the point they can no longer care for themselves.
- **Uninsured or underinsured Hyde County residents:** these populations have difficulty accessing health care.
- **Males:** men suffer mortality and morbidity at higher rates than females.
- **People without reliable transportation:** the elderly and poor, especially, have limited transportation options to access the limited health care in large, predominately rural Hyde County.
- **Minority populations:** this population group suffers the consequences of poverty and limited health care access at the highest rates.

COMMUNITY PRIORITIES

The Hyde County CHA Stakeholder Group and Leadership Team undertook three phases of prioritization. The first phase involved creating a preliminary list of priorities based on the secondary data. This list was created in order to identify the health concerns that the group needed to pay special attention to when reviewing the primary data. In creating this list, the

group took into consideration the magnitude of the problem (examination of the data), as well as the feasibility of addressing the problem (community resources and assets) and the impact that could be made by addressing the problem in Hyde County.

Prior to the second priority setting process, the CHA Stakeholder Group and Leadership Team examined the similarities and differences between the primary and secondary data. Using the same selection criteria as the preliminary priority setting process, the group created a new, yet very broad list of priorities, necessitating a third process to reduce the priorities list.

This was achieved by creating and distributing a survey via Survey Monkey which asked CHA Stakeholders to rank identified priorities according to 1) magnitude/importance of health issue and 2) feasibility/impact of addressing the health issue. Once responses were collected, the CHA Leadership Team examined the ranked health issues. As a result of this multi-step process Hyde County's health priorities for the next three year period (2014-17) are:

- 1) *Physical Activity/Nutrition (Chronic Disease Prevention)***
- 2) *Access to Primary Care***
- 3) *Substance Abuse***

INTRODUCTION

BACKGROUND

Local public health agencies in North Carolina (NC) are required to conduct a Comprehensive Community Health Assessment (CHA) at least once every four years. The CHA is required of public health departments in the consolidated agreement between the NC Division of Public Health (NCDPH) and the local public health agency. Furthermore, a CHA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1). As part of the US Affordable Care Act of 2011, non-profit hospitals are also now required to conduct a community health (needs) assessment at least every three years. Recognizing that duplicate assessment efforts are a poor use of community resources, LHDs and non-profit hospitals across the state are developing models for collaboratively conducting the community health assessment process. This report is the culmination of such a partnership between the Hyde County Health Department (HCHD), Vidant Beaufort Hospital (VBH), and the Outer Banks Hospital (OBH).

In communities where there is an active Healthy Carolinians coalition, the CHA partnership also usually includes that entity. The members of local coalitions are representatives of the agencies and organizations that serve the health and human service needs of the local population, as well as representatives from businesses, communities of faith, schools and civic groups. In Hyde County, the local Healthy Carolinians coalition is Hyde Partners for Health (HPH).

The community health assessment, which is both a process and a document, investigates and describes the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community. The *process* involves the collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, environmental data, and professional and public opinion. The *document* is a summary of all the available evidence and is a useful data resource until the next assessment. The completed CHA serves as the basis for prioritizing the community's health needs, and culminates in planning to meet those needs.

The HCHD contracted with Sheila S. Pfaender, Public Health Consultant, to assist in collecting and analyzing secondary data. HCHD also contracted with the Center for Survey Research at East Carolina University for assistance in collecting and analyzing primary data gathered via a survey and focus groups.

The Hyde County CHA team developed a multi-phase plan for conducting the assessment. The phases included: (1) a research phase to identify, collect and review demographic, socioeconomic, health and environmental data; (2) a data synthesis and analysis phase; (3) a period of data reporting and discussion among the project partners; (4) a community input phase to elicit opinion and ideas regarding the assessment outcomes among community stakeholders; and (5) a prioritization and decision-making phase.

The team's work culminated in a comprehensive CHA report that was excerpted to create this report. The comprehensive CHA document is available on the Hyde County Health Department website, <http://hydehealth.com/healtheducation.htm>.

TEAM SELECTION PROCESS

The Community Health Assessment Stakeholder Group was formed by inviting a wide variety of community partners to participate in the process. Because the population of Hyde County is so small and the community agencies are limited, it was the goal to select and invite all agencies that take an interest in the health of the county and certainly those whose missions and services pertain to community health and wellness. Some of these individuals were selected because of their agency affiliation, but most every person/agency represented in the group has been engaged in some form of collaboration with the health department in past years. The CHA Stakeholder group was formed in order to serve in both an advisory and working capacity throughout the process. The Health Director and Health Educator made contact with identified partners, provided information about the CHA process, and extended an invitation to the initial team meeting in May 2014.

In addition to the CHA Stakeholder Group, a smaller group, the CHA Leadership Team, was formed in order to facilitate some of the more specific work related to primary data collection, as well as to serve in an advisory capacity. This group was comprised of the Health Director, Health Educator, Director and Assistant Director of the East Carolina University Center for Survey Research (ECU CSR), and a representative from Vidant Beaufort Hospital. This group met on a regular basis throughout the entire Community Health Assessment process.

TEAM OPERATIONAL PROCESS

The CHA Stakeholder Group first came together in May 2014 for the first in-person introduction to the CHA process and to review the secondary data report created by our Public Health Consultant, Sheila Pfaender. Additionally, during this meeting, the group created a list of "preliminary priorities". Shelisa Howard-Martinez from Care Share Health Alliance assisted the group in this process. The entire prioritization process will be discussed in more depth later in this report.

In August 2014, the CHA Leadership Team met to form primary data collection tools, including community input survey and focus group scripts, which were later sent out to the Stakeholder Group for review. Once these instruments were finalized, the CHA Stakeholder Group met to discuss specific strategies for engaging community members in the primary data collection process. Members of the group were also asked to distribute the survey to clients served in their agencies, as well as to their staff. Members of the CHA Leadership Team distributed surveys, as well as slips to the online survey, and invited community members to participate in focus groups in five townships in Hyde County. Ultimately, 245 paper and online surveys were completed by Hyde County residents and each focus group yielded no less than eight participants per township.

In January 2015, the CHA Stakeholder Group came back together in order to 1) examine the primary data results, 2) review the secondary data results in comparison to the primary data results, 3) examine the Healthy North Carolina 2020 Objectives, 4) review action planning requirement changes since the 2011 CHA, and 5) establish priorities based on both the primary and secondary data results. Shelisa Howard-Martinez returned to assist the group in priority setting, and Laura Edwards from the Center for Healthy North Carolina assisted the group in reviewing the Healthy NC 2020 Objectives and action planning requirements.

In addition to attending the formal meetings throughout the 2014 Community Health Assessment process, the CHA Stakeholder Group provided input and support via email and phone contact with the Public Health Educator. Additionally, these Stakeholders played an active role in their daily work by distributing and collecting surveys, identifying potential focus group participants, and creating awareness about the Community Health Assessment process. Both the CHA Stakeholder Group and the CHA Leadership Team will continue to be involved in the dissemination of the final report and the creation of a community action plan.

KEY PARTNERSHIPS

Collaboration between Hyde County Health Department, Vidant Medical Group, East Carolina University, the Public Health Consultant, and local partners made this assessment possible. Many partners spent numerous hours attending team meetings, collecting local data, promoting and distributing the community health survey, and assisting the Health Educator in various ways. Additional partners, who were unable to serve on the team, contributed to the process through providing data and assisting with survey distributions. A collective list of the key partners in the 2014 CHA process in Hyde County includes:

- Davis Ventures Youth and Recreation Center
- Engelhard Medical and Ocracoke Health Center
- Hyde County Hotline, Inc.
- Hyde County Sheriff's Department
- Hydeland Homecare
- Center for Healthy North Carolina
- Hyde County Government
- Care Share Health Alliance
- Hyde County Department of Social Services
- Hyde County Schools
- ARHS Active Routes to School
- Hyde County Cooperative Extension
- The Outer Banks Hospital
- Hyde County Transit
- Hyde County Recreation Commission
- East Carolina Behavioral Health
- Beaufort/Hyde Partnership for Children
- Cross Creek Health Care
- Project DIRECT Legacy for Men & Their Families

COUNTY DESCRIPTION

GEOGRAPHY

Hyde County is a coastal NC county perched on the eastern edge of NC with an aquatic boundary that includes the Atlantic Ocean, the Pamlico Sound, and the Pungo, Alligator, and Long Shoal Rivers. The largest part of the county is on the mainland; it is accessible by road and ferry, or by private aircraft. The smaller part of the county—remote Ocracoke Island—lies twenty miles across the Pamlico Sound and is reachable only by water or air.

NC counties adjacent to Hyde include Tyrrell County to the north, Dare County to the northeast, Carteret County to the southwest, Beaufort County to the west, and Washington County to the northwest. Hyde County has a total area of 1,424 square miles, of which 613 (43%) is land and 811 (57%) is water, including Lake Mattamuskeet, a large inland lake. The nearest Interstate highway is I-95, approximately 140 miles west of the county. The county has 250 miles of paved roads but no four-lane highways. In fact, no Hyde County residents live within 10 miles of a four-lane highway. The nearest metropolitan area is Washington, NC, located 61 miles to the west. The county is divided into five townships: Currituck, Fairfield, Lake Landing, Ocracoke, and Swan Quarter (the county seat).

The nearest airport offering commercial passenger service is Pitt-Greenville airport, 77 miles west in Greenville NC. US Highway 64 provides access to the Raleigh-Durham International Airport located 185 miles to the west. An airport in Manteo NC (Dare County) serves commuter and recreational fliers. Hyde County has a small airport in Engelhard with a 4,700 foot runway and the National Park Service operates a small airport on Ocracoke; both are utilized by private air traffic and for emergencies. Rocky Mount, NC is the closest stop on any passenger railway system; the nearest Greyhound Lines stop is Edenton, NC.

HISTORY

Mainland Hyde County

Europeans landed on mainland Hyde County in 1585, near Wysocking Bay, where they discovered an Algonquian Indian village named "Pomeiooc". This settlement was located somewhere between what is now Middletown and the great lake the Indians called "Paquippe" and is currently known as Lake Mattamuskeet. Although many Indian artifacts have been found in the vicinity, archaeologists have yet to unearth Pomeiooc.

During the seventeenth and eighteenth centuries, Hyde County's rich soils, plentiful wildlife, and abundant fisheries appealed to settlers from Virginia, Maryland, and New England. Eventually intense conflicts arose in Hyde County and elsewhere in eastern NC between the Indians and settlers, and resulted in the Tuscarora War of 1711. Following the war, surviving Algonquians were deeded the Mattamuskeet Reservation along the southeastern shore of the lake. By 1761, the Mattamuskeet Indians had sold their interest in the reservation and moved away or married non-Indians.

The nineteenth century was a period of prosperity for Mainland farmers whose crops were shipped throughout the South. The Civil War brought great unrest to the Mainland as Union soldiers raided farms and battles erupted near Swan Quarter, Fairfield, Nebraska, Sladesville, and Germantown.

From the 1870s to the 1930s, mainland Hyde County was the center of a timber boom. Thriving communities such as Makleyville, Hydeland, and Rotersville were built near the mills that sawed Atlantic white-cedar or "juniper", bald cypress, and loblolly pine. As the virgin timber disappeared in the middle of the twentieth century so too did most of the settlements.

Meanwhile in the early twentieth century, Lake Mattamuskeet caught the attention of three entrepreneurial corporations who each took their turn at attempting to drain and farm portions of the fertile lakebed. The third try, in 1926, was successful and about a third of the lake was kept drained and farmed for five years. The Mattamuskeet Pumping Station pumped the water from the lake to Pamlico Sound and was the largest pumping plant in the world at that time. The cost of the drainage venture quickly outweighed the profit and the pumps were shut down. In 1934 the lake and pumping station were sold to the Federal Government and the Mattamuskeet Migratory Bird Refuge was established and later named the Mattamuskeet National Wildlife Refuge. During the 1930s, a Civilian Conservation Corps camp was built nearby and the Corpsmen worked on several refuge projects including the conversion of the pumping station into a first-rate accommodation known then and now as the Mattamuskeet Lodge.

The Mattamuskeet Lodge served sportsmen and tourists alike in grand style from 1937 through the 1950s and 1960s when Lake Mattamuskeet was revered as the Canada goose hunting capital of the world. As the wintering goose population declined in the late 1960s and 1970s, so did revenue, and by 1974 the Lodge had closed. In 1980 it was added to the Register of Historic Places and today is the focus of many groups working together to see its grandeur as a Hyde County landmark preserved for the 21st century.

Today, Mainlanders plow the fields and fish the Pamlico Sound much as the Mainlanders of yesteryear. Many trace their roots to the early settlers, soldiers, loggers, lake farmers, and hunting guides (1).

DATA COLLECTION PROCESS

All secondary data referred to in the present document were derived, unless otherwise specifically noted, from the consultant's comprehensive report, *2014 Hyde County Community Health Assessment: Secondary Data Report*, which is available on the Hyde County Health Department website, <http://hydehealth.com/healtheducation.htm>). The consultant's secondary data collection process is described below. The primary data referenced in this report was excerpted from the *2014 Hyde County Community Health Needs Assessment Primary Data Executive Summary* as well as raw data from community survey and focus group results prepared by the Center for Survey Research at East Carolina University. A description of the primary data collection methodology is described in the Community Concerns Summary section of this report.

In order to learn about the specific factors affecting the health and quality of life of Hyde County residents, the consultant tapped numerous readily available secondary data sources. For data on Hyde County demographic, economic and social characteristics sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; NC Division of Aging and Adult Services; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; NC Division of Health Services Regulation; and the Cecil B. Sheps Center for Health Services Research. Local sources for socioeconomic data included: the Hyde County Department of Social Services, Hyde County Public Schools, and other Hyde County agencies and organizations. The author has made every effort to obtain the most current data available at the time her report was prepared (October 2013 through April 2014).

The primary source of health data for the Hyde County CHA report was the NC State Center for Health Statistics, including County Health Data Books, Vital Statistics, and Cancer Registry. Other health data sources included: US Centers for Disease Control and Prevention; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; and NCDPH Nutrition Services Branch, among other *public domain* sources. Through the current CHA partnership with area hospitals, the consultant accessed de-identified hospital utilization data (e.g., emergency department visits, in-patient hospitalizations, and surgeries) that contributed greatly to the understanding of health issues in Hyde County. Other important local health data sources included HCHD, the Ocracoke Health Center, and Hyde County EMS.

Because in any community health assessment it is instructive to relate local data to similar data in other jurisdictions, Hyde County data is compared to like data describing the state of NC as a whole, as well as to data from Alleghany County, NC, a state-approved "peer" county. Where appropriate, trend data has been used to show changes in indicators over time, at least since the previous assessment three years ago, but sometimes further back than that.

Environmental data were gathered from public domain sources including: US Environmental Protection Agency and the NC Department of Environment and Natural Resources Divisions of Air Quality and Waste Management.

It should be noted that as is typical in all time-limited activities such as community health assessment, all secondary data were mined at points in time in the recent past, and may not represent present conditions. Numbers, entity names, program titles, etc. that appear in the consultant's report may no longer be current.

DEMOGRAPHIC, ECONOMIC AND SOCIODEMOGRAPHIC DATA FINDINGS

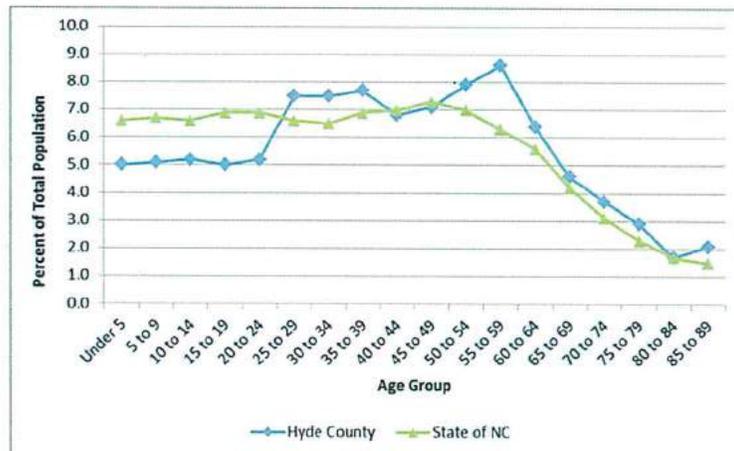
DEMOGRAPHICS

According to the 2010 US Census, the population of Hyde County was 5,810, more than half of whom (56%) were males. Racial and ethnic diversity in Hyde County is greater than that of NC as a whole. Locally, 64% of county residents were white, 32% were African American, and 7% were Hispanic/Latino of any race (the comparable percentages for NC are 69% white, 22% African American, and 8% Hispanic/Latino (2).

Age Groups

Perhaps the most noteworthy aspect of the Hyde County population is its age. The median age in the county is 41.2 years, nearly four years “older” than the population for NC as a whole. Furthermore, the graph of population distributions for Hyde County and NC shown below demonstrates how the Hyde County population has higher percentages of “older” residents, and lower percentages of “younger” residents than NC as a whole, except in the 25-39 year-old age group (3). Anecdotally, the population “bulge” for this age group is explained as due to employment opportunities in the local fishing, hunting and agricultural industries.

Population Distribution, by Age Group



Source: US Census Bureau, American FactFinder, 2010 Census, 2010 Demographic Profile Data, Summary File DP-1, Profile of General Population and Housing Characteristics: 2010 (Geographies as noted); <http://factfinder2.census.gov>.

The larger-than-NC average proportions of older residents should be of concern to the county, since this is a population group that tends to utilize health and human services at higher rates than younger age groups.

Exacerbating current concern about older segments of the population is projected growth in the population over the age of 65. According to US Census Bureau figures, the overall population of Hyde County is expected to grow by approximately 9% between 2010 and 2030 (4). Apparently much of this growth will occur among older population groups. According to figures from the NC Office of State Budget and Management, the population of persons age 65 and

older in Hyde County is projected to grow from 875 at the time of the 2010 US Census to 1,495 by 2030, an increase of 71%. More specifically, between 2010 and 2030 the Hyde County population age 65-74 is projected to grow by 53%, the population age 75-84 by 111%, and the population over age 85 by 52% (5). The growth of this age group certainly is due in part to increased life expectancy (see the health data section of this report); it is possible that retirees also immigrate to the area, but demonstration of that phenomenon is beyond the scope of this report.

One concern in meeting the future—and perhaps even the current needs—of its elderly population is the relative dearth of beds in long-term care facilities in Hyde County. As of the March, 2014 listing of NC-licensed long-term beds by the NC Division of Health Services Regulation, there were no Adult Care Home/Homes for the Aged beds, no Family Care Home beds, and only 80 beds in Nursing Homes and Homes for the Aged that can provide skilled nursing (6). If the current number of long-term beds does not change, the ratio of beds to population over the age of 65 will decrease from 1:11 to 1:19.

An alternative to institutional care preferred by many disabled and senior citizens is to remain at home and use community in-home health and/or home aide services. As of March, 2014, there was one NC-licensed home care/home health service in Hyde County, Hydeland Home Care Agency, a unit of the Hyde County Health Department serving Hyde, Beaufort and Washington Counties (7). The fact of the growing elderly population in Hyde County points to a necessary investigation of the adequacy of current resources for this population group, and of new facilities and services that might be necessary to meet future needs.

ECONOMICS

The NC Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns a Tier Designation, where the 40 most distressed counties are Tier 1, the next 40 are Tier 2, and the 20 least distressed are Tier 3. In 2014, Hyde County and its peer Alleghany County both were assigned Tier 1 Designation (8).

Income

Regardless of income category designation, incomes in Hyde County were below comparable state figures in 2011-12. Projected 2012 *per capita* personal income in Hyde County was \$18,291, \$5,664 lower than the comparable state average, and the projected 2012 median household income in the county was \$33,768, \$10,148 lower than the comparable state average. Estimated 2011 median family income in Hyde County was \$42,121, \$10,799 lower than the comparable state average (9). These differences are due partly to the proportion of low-wage earning persons in Hyde County (see below).

Employment

In 2012 the employment sector in Hyde County that employed the largest percentage of the workforce (26%) was Public Administration, with an average annual wage of \$33,363, a relatively high figure. The Agriculture, Forestry, Fishing and Hunting sector (average annual wage of \$28,099) accounted for the second largest percentage of the Hyde County workforce, at 16%, followed by Accommodation and Food Services (average annual wage of \$18,229) at 15%. No other sector accounted for even 10% of the total workforce in Hyde County.

While health insurance and other benefits are likely to accrue to workers in the Public Administration sector, the other two leading employment sectors include many self-employed or part-time workers who do not have health benefits. In 2012 for all employment sectors the average annual wage per worker in Hyde County was \$28,485, \$19,623 (or 41%) less than the average annual wage per worker statewide (10).

As elsewhere in NC, unemployment in Hyde County accelerated between 2008 and 2009, with the onset of the nation-wide economic recession. While lower than in Alleghany County and NC as a whole for most of the period since 2008, unemployment in Hyde County continued to increase from 2008 through 2012 even as it fell in Alleghany County and NC. In 2012 the unemployment rate in Hyde County (10.9) surpassed the comparable rates for NC (9.5) and Alleghany County (10.6) (11).

Poverty

The annual poverty rate in Hyde County does not strictly follow the trend that would be expected on the basis of the county's unemployment figures. In Hyde County and the state of NC, the poverty rate fell each decade from 1970 through 2000, but rose between 2000 and 2006-10 and again between 2006-10 and 2007-11. While the poverty rate statewide rose further in 2008-12, in Hyde County it declined in that period. In Hyde County, the overall annual poverty rate peaked at 25.1% in the aggregate period 2007-11 and fell to 23.3% in the subsequent 2008-12 period, the "heart" of the recession. Meanwhile, statewide the comparable rates were 16.1% in 2007-11 and 16.8% in 2008-12. In Alleghany County, where unemployment was higher, the poverty rate was 22.6% in 2007-11 and 20.9 in 2008-12 (12).

African Americans in all three jurisdictions endured poverty at *much* higher rates than their white counterparts. Throughout the periods 2006-10, 2007-11 and 2008-12, the poverty rate among blacks in Hyde County was four to six *times* the comparable rate for whites (13).

Another group that suffers disproportionately from poverty is children. Youth under the age of 18, and especially those under the age of 5, have higher poverty rates than the overall population in all three comparator jurisdictions. In the 2008-12 period in Hyde County, the proportion of related children under age 18 living at or below the 100% poverty level stood at 31.9%, and the proportion of children under age 5 living under the same circumstances was 47.8%. In the same period the comparable overall poverty rate in the total population in Hyde County was 23.3% (14).

Poverty can diminish all aspects of quality of life including health. The population in poverty is even more at risk for poor health outcomes if its members do not have health insurance. The uninsured population in Hyde County will be discussed fully in the Health Resources section of this report.

SOCIODEMOGRAPHICS

Housing

Housing is often the largest expense for a household. A benchmark sometimes used to comparing housing expense among communities is to cite the proportion of household units spending 30% or more of total household income on housing. In 2008-12, 50% of rental units and 33% of mortgaged units in Hyde County were paying 30% or more on housing, the same as

comparable figures statewide. The percentage of renter occupied housing units in Hyde County spending 30% or more of household income on housing increased by 71% between 2005-09 and 2008-12, while the percent of mortgaged housing units meeting or exceeding the same threshold decreased by 22% over the same period (15).

According to other US Census housing data, there was a significantly higher estimated proportion (39%) of vacant housing units in Hyde County than in NC as a whole (15%) during 2008-12. Of the estimated total occupied housing units in Hyde County, 73% were owner-occupied, and 27% were renter-occupied. In Hyde County, approximately 24% of all housing units were classified as mobile homes, a figure 75% higher than the NC average. In the period 2008-12, the estimated median monthly mortgage cost in Hyde County (\$895) was 30% lower than the state average, and the estimated gross monthly rent in Hyde County (\$614) was 19% lower than the state average (16).

Affordable Housing

According to information from the NC Rural Economic Development Center based on 2006-10 US Census data estimates, 34% of housing in Hyde County was classified as "unaffordable", compared to 33% in Alleghany County and 32% statewide (17). This data is at least partially reflective of the population living in households that pay more than 30% of the household income for housing costs.

Homelessness

According to current (March, 2014) data from the NC Housing Coalition, there is at the present time no homeless shelter in Hyde County (18).

While the NC Coalition to End Homelessness assists local jurisdictions in conducting an annual "point-in-time" survey of homeless persons every autumn, Hyde County has not conducted such a survey in at least the last five years (19).

Education

Higher Education

There are no two- or four-year colleges in Hyde County. The nearest community colleges are in Beaufort County and Martin County.

Primary and Secondary Education

There are three public schools in the Hyde County school district (20); there are no private schools in the county (21).

Educational Attainment

As of 2008-12 US Census Bureau estimates, Hyde County had lower percentages than NC as a whole of both high school graduates (77.1% vs. 84.5% respectively), and residents with a bachelor's degree or higher (13.2% vs. 26.8% respectively) (22).

According to SY2011-12 End of Grade (EOG) Test results, third graders in Hyde County public schools demonstrated grade-appropriate proficiency in reading at a higher percentage than students statewide (72.5% vs. 68.8%), but their math proficiency percentage was lower than the state average (70.0% vs. 82.8%). Higher proportions of eighth graders in Hyde County

demonstrated grade-level proficiency in both reading (77.8% vs. 71.1%) and math (>95% vs. 85.2%) than students statewide (23). In SY2011-12 the average total SAT score for students in the Hyde County schools (953) was below the average total SAT score for students statewide (997) (23).

High School Drop-out Rate

The high school drop-out rate in Hyde County fluctuated dramatically over the period covering SY2004-05 through SY2011-12, due partly to the relatively small number of students in the system. Over that period the high school drop-out rate ranged from a low of 0.50 in SY2004-05 to a high of 6.95 in SY2009-01. The local drop-out rate in SY2011-12 was 2.33 (24).

CRIME AND SAFETY

Community Crime Rates

While the NC State Bureau of Investigation (SBI) tracks numbers and rates of index crimes, violent crimes and property crimes at the county level over time, data for Hyde County have been mostly incomplete or totally missing at that source for the past decade.

Besides index crime, other criminal activities occur in Hyde County. As of January 13, 2014 there were 10 registered sex offenders living in Hyde County (25). According to the NC Governor’s Crime Commission, there were no gangs in Hyde County in 2013 (26). Finally, according to the NC State Bureau of Investigation, there were two methamphetamine drug lab busts in the county during the period from 2005 through 2013, none of them recent (27).

The Hyde County Sheriff’s Department provided the CHA team data on drug charges processed from 2011 through 2013. Note the following definitions used in the table below: Schedule II drug – cocaine and opiate-based pain medications; Schedule IV drug – other prescription medications; and Schedule VI drug – marijuana. The largest number of drug charges over the period cited (68) occurred in 2012. Without drug charge rates it is difficult to put these in an accurate population perspective, but according to results from the 2014 Hyde County Community Health Needs Assessment Survey, 45% of respondents cited alcohol and drug abuse as an important community problem (28).

Drug Charges in Hyde County (2011-2013)

Charge	Number		
	2011	2012	2013
Schedule II Drug			
<i>Possession</i>	2	9	4
<i>Possession with intent to sell or deliver</i>	5	21	10
Schedule IV Drug			
<i>Possession</i>	9	2	1
<i>Possession with intent to sell or deliver</i>	0	2	1
Schedule VI Drug			
<i>Possession</i>	0	19	22
<i>Possession with intent to sell or deliver</i>	3	14	6

Source: Personal communication from Josh Hopkins, Hyde County Sheriff’s Department, to Elizabeth Mumm, Public Health Educator, Hyde County Health Department, February 27, 2014.

Juvenile Crime

The following definitions will be useful in understanding the subsequent data and discussion.

Complaint: A formal allegation that a juvenile committed an offense, which will be reviewed by a counselor who decides whether to approve or not approve the complaint. If approved, it will be heard in juvenile court.

Undisciplined: Describes a juvenile between the ages of six and 16, who is unlawfully absent from school, or regularly disobedient and beyond disciplinary control of parent/guardian, or is regularly found where it is unlawful for juveniles to be, or has run away from home for more than 24 hours. It also includes 16-17 year olds who have done any of the above except being absent from school.

Delinquent: Describes a juvenile between the ages of six and not yet 16 who commits an offense that would be a crime under state or local law if committed by an adult.

The number of complaints for *undisciplined* youth in Hyde County decreased from five to zero between 2011 and 2012. Over the same period the number of complaints of *delinquent* youth in the county increased from zero to eight (29). It is not clear whether or not this reversal in the nature of complaints reflects a basic change in the perception of youth behaviors or actual behavioral changes.

Sexual Assault and Domestic Violence

According to data from the Domestic Violence Commission of the NC Council for Women on the number of individuals who filed complaints of sexual assault from FY2004-05 through FY2011-12, the annual number of complaints varied from year to year in Hyde County, its peer county and the state of NC over the period covered but appeared to have increased dramatically in Hyde County (by 150%) and Alleghany County (by 49%) between FY2010-11 and FY2011-12 (30). This increase is not surprising, since it is not unusual for complaints of sexual assault to increase when social stresses increase, as they did during the national economic recession, the effect of which was relatively worse in many rural counties in NC.

The same source catalogs data on complaints of domestic violence. The annual number of complaints varied without a clear pattern in all three jurisdictions over the period covered but appeared to have increased dramatically in Hyde County between FY2009-10 (80 complaints) and FY2010-11 (123 complaints) and again the following year (142 complaints) (31).

Child Maltreatment

The responsibility for identifying and reporting cases of child abuse, neglect and exploitation falls to the child protective services program within a county's department of social services. Generally speaking, such a unit will have sufficient staff to handle intake of all reports. However, an agency's ability to investigate and monitor reported cases may vary from year to year, depending on the number of properly trained staff available to it; hence, follow-up on reports may vary independently of the number of reports.

The total number of findings of child abuse, neglect or dependency in Hyde County fluctuated without a clear pattern from FY2004-05 through 2012-13. Over that period, the highest numbers of findings were 20 in FY2005-06 and 17 in FY2010-11, and the lowest number was one in 2012-13. The average number of reports of child abuse, neglect or dependency per year throughout the period cited was nine.

The total number of *substantiated* findings of abuse and neglect, abuse only, and neglect only covered annually by the reports cited above ranged from a low of zero in FY 2008-09 and FY2012-13 to a high of six in FY2004-05, and averaged two per year (32).

Adult Maltreatment

Adults who are elderly, frail, or mentally challenged are also subject to abuse, neglect and exploitation. County DSS Adult Protective Services units screen, investigate and evaluate reports of what may broadly be referred to as adult maltreatment.

According to adult protective services data for 2009 and 2011 summarized from surveys returned by counties to the NC division of Aging and Adult Services, it would appear that fewer than 10 cases of adult maltreatment were "screened in" (i.e., deemed appropriate for further service) in Hyde County in either year reported (33).

ENVIRONMENTAL DATA FINDINGS

AIR QUALITY

Nationally, outdoor air quality monitoring is the responsibility of the Environmental Protection Agency (EPA). In NC, the agency responsible for monitoring air quality is the Division of Air Quality (DAQ) in the NC Department of Environment and Natural Resources (NCDENR).

The impact of air pollutants in the environment is described on the basis of emissions, exposure, and health risks. A useful measure that combines these three parameters is the EPA's *Air Quality Index (AQI)*. The EPA monitors and catalogues AQI measurements at the county level, but not in all counties. According to the EPA, air quality was measured in Hyde County on 46 days in 2013. Of these days, 44 had "good" air quality and two had "moderate" air quality. On each of the monitored days small particulate matter (PM_{2.5}) was present at the level of pollutant (34).

WATER QUALITY

Drinking Water Systems

The EPA is responsible for monitoring the safety of drinking water and water system violations of the federal Safe Drinking Water Act (SDWA). The EPA's Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations, as reported to EPA by the states. These regulations establish maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers (35).

As of February 10, 2014, SDWIS listed three active water systems in Hyde County. Two were *community water systems* that together served 5,997 people. A community water system is one that serves at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This category includes municipalities, subdivisions and mobile home parks.

In addition to two community water systems, there is also one *transient, non-community water system* in Hyde County, located at the Hatteras Ferry South Dock operated by the NC Department of Transportation. Water systems in this category are those that do not consistently serve the same people and include rest stops, campgrounds and gas stations.

The EPA also records in SDWIS violations of drinking water standards reported to it by states. It records violations as either *health-based* (contaminants exceeding safety standards or water not properly treated) or *monitoring- or reporting-based* (system failed to complete all samples or sample in a timely manner, or had another non-health related violation). There were no health violations cited for the water systems in Hyde County over the period cited (35).

SOLID WASTE

Solid Waste Disposal

The solid waste disposal trend in Hyde County is moving in the *wrong* direction. In FY2012-13, Hyde County managed 4,908 tons of municipal solid waste (MSW) for a rate of 0.86 tons per capita. This tonnage represented an *increase* of 72% from the per capita rate (0.50 tons per capita) for FY1991-92 (the period customarily used for the base rate). During the same 2012-13 period the overall state per capita solid waste management rate was 12% *less* than the FY1991-92 base per capita rate (36).

All of Hyde County's solid waste of record is transferred to or transported directly to landfills *outside* the county (37).

HEALTH DATA FINDINGS

USING HEALTH DATA

Routinely collected surveillance data can be used to describe—and compare—the health status of communities. These data, which are readily available in the public domain, typically use standardized definitions. Some of the important terms used in this section of the report are defined or explained below, excerpted from the consultant’s comprehensive CHA report:

- **Mortality rate** – The mortality rate, or the rate of death, is calculated by dividing the number of deaths in a target population in a given time period due to a specific cause by the total number of persons in the target population in the same period. Mortality rate typically is described as number of deaths per 100,000 persons.
- **Age-adjustment** - Many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because as a population ages, its collective risk of death increases. At any one time some communities have higher proportions of “younger” people, and others have a higher proportion of “older” people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data, a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data.
- **Aggregate data** – Aggregation of data combines annual data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data consisting of relatively few cases or deaths. It is particularly important to aggregate data for smaller jurisdictions like Hyde County. Aggregating annual counts over a five year period before calculating a rate is a method commonly used by the NC State Center for Health Statistics (NCSCHS). Sometimes even aggregating data is not sufficient, so the NCSCHS recommends that all rates based on fewer than 20 events—whether covering an aggregate period or not—be considered “unstable”, and interpreted only with caution.
- **Morbidity** - Morbidity as used in this report refers generally to the presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) among the living population. Morbidity data usually is presented as a percentage or a count, but not a rate.
- **Prevalence** – Prevalence refers to the number of *existing* cases of a disease or health condition in a population at a defined point in time or during a defined period. Prevalence is usually expressed as a *proportion*, not a rate.
- **Incidence** - Incidence is the population-based *rate* at which *new* cases of a disease occur and are diagnosed. It is calculated by dividing the number of newly diagnosed cases of a disease or condition during a given period by the population size during that period. Typically, the resultant value is multiplied by 100,000 and is expressed as cases per 100,000; sometimes the multiplier is a smaller number, such as 10,000.
- **Pregnancy rate** – The pregnancy rate is the number of pregnancies per 1,000 women of target reproductive age. In this report, the target ages are “all women of reproductive age” (15-44 years) and “teen women” (15-19 years).

Hyde County Community Health Needs Assessment

Primary Data Executive Summary

East Carolina University
Center for Survey Research

12/15/2014

Acknowledgements

This report is the result of the collaborative effort between the Hyde County Health Department, Vidant Health, East Carolina University's Center for Survey Research, and a Stakeholder Group consisting of engaged community members within Hyde County. A list of the primary members of the collaborative Leadership Team is listed below.

Leadership Team

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Stakeholders

The above-mentioned individuals would also like to show their appreciation for all of the individuals who participated in the research project by completing the Hyde County Community Health Needs Assessment Survey or by attending a focus group session. Your participation was instrumental to the mission of the project and provided the collaborative team with vital information.

Purpose and Method

The focus of this project was to collect public opinions from community members in Hyde County regarding their health and quality of life. The input collected from the project is intended to help improve the major health and community issues in the county. The following executive summary details the results of the primary data collection effort consisting of a county-wide survey and various focus groups.

Specifically, the project methodology included a paper and online survey and focus groups. The Stakeholder Group, consisting of engaged community members selected by the Leadership Team, distributed paper surveys and slips containing the online survey link to participants in key county locations. Additionally, the survey link was posted on various websites (e.g., Hyde County's Government website) to make the survey accessible to Hyde County residents.

Both forms of the survey were made available to the community for a total of 12 weeks. Following data collection, responses received from the online and paper surveys were subsequently combined to create an overall sample of responses. In sum, responses received from the online and paper surveys resulted in a total of 245 participants.

In addition to the survey, five focus groups were also conducted to obtain supplementary information from county residents regarding their feelings toward health and quality of life. The focus groups were held in Ponzer, Swan Quarter, Fairfield, Engelhard, and Ocracoke. Following the focus group, participants' responses were analyzed and categorized into main points and key direct quotes. A total of 44 Hyde County residents participated in the focus groups.

Study Limitations

One potential limitation to all public opinion research is error derived from not receiving responses from all individuals within a given population. The only approach to eliminate this error is to increase the size of the sample, which is often not a feasible solution for many studies. Fortunately, several solutions exist that help to reduce the level of bias caused by sampling error. One such solution used in the current study is population calibration or "data weighting".

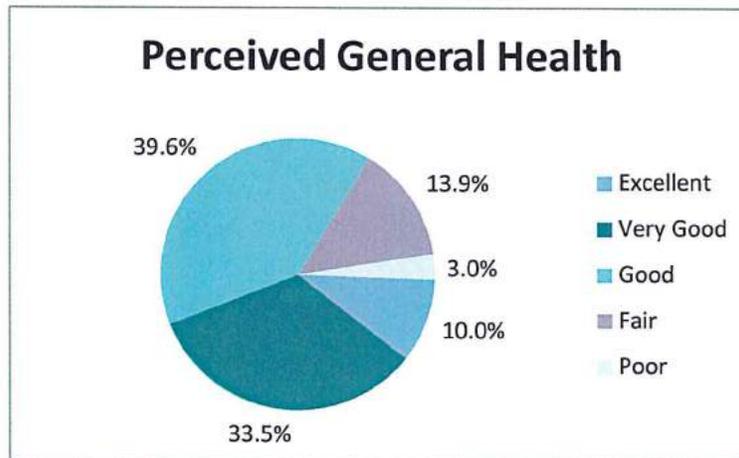
Data weighting is conducted in order to compensate for discrepancies between the sample of random survey respondents and the demographic profile of the entire county. In the current study, weighting procedures were only necessary for the demographic variables of gender and age, as all other demographic variables were representative of the county. In sum, the weighting process helps to equalize the opinions of underrepresented or overrepresented survey participants. All data for the sample included in the report reflects weighted survey data based on the demographics of Hyde County.

Survey Results Overview

The following Results Overview details key findings derived from participants' survey responses. A copy of the survey instrument can be found in the Appendix (see Appendix A). Analysis of the survey demographics indicated that the sample consisted primarily of White men with at least a high school education and an annual household income of greater than \$35,000.

When asked to describe their general health, the majority of participants were generally optimistic, stating that they felt they were in good (40 percent) or very good (34 percent) health. Additionally, only 17 percent of the sample said that their health was either fair or poor (see Chart 1).

Chart 1.



Participants were asked to report any health conditions they have been diagnosed with by a health professional, such as a doctor or nurse. The three most frequently reported health conditions were high blood pressure (41 percent), high cholesterol (34 percent), and depression or anxiety (29 percent).

Next, participants were asked to select three key issues that influenced the quality of life in Hyde County. Participants most frequently selected job availability (50 percent), alcohol and drug abuse (45 percent), and poverty/low income (29 percent) as the main issues impacting life in the county. Additionally, cancer was selected by 28 percent of participants, highlighting the chronic health condition as a close fourth in the list of top issues impacting quality of life.

Finally, survey respondents indicated their preferred methods of communication with Hyde County regarding upcoming health related events. The top three methods of communication were television (41 percent), email (39 percent), and Facebook (39 percent). Although two of the most frequently selected methods were internet based, it is important to note that approximately 18 percent of the community members stated that they did not have access to the internet.

Survey Sample Characteristics

Overall, 245 residents of Hyde County from various county locations (see Table 1) completed the online or paper copy surveys. To better represent the demographics of Hyde County, survey data was weighted using the demographic variables of age and gender. The remaining demographic variables (e.g., race, education, household income) were not used for data weighting, as they were representative of the demographic profile of Hyde County.

The survey sample contains 56 percent males and 44 percent females. Overall, 64 percent of the participants are Caucasian, followed by 32 percent who are African American. In regard to age, approximately 7 percent of the sample is contained in each of the age categories from 25 to 59 (e.g. 25-29, 30-34, etc.). Additionally, approximately 10 percent of the sample is under the age of 25 and 15 percent is over the age of 65. The majority of participants reported achieving either a high school diploma or some college education without a degree (58 percent). Ten percent of the survey respondents reported less than a 9th grade education. Finally, the annual household income for the majority of the community members was between \$25,000 and \$74,999 (63 percent). An additional 18 percent of the sample reported an annual household income less than \$15,000.

Table 1.

Locations where survey respondents live		
	Percent	Freq (N)
Ocracoke	25.9%	64
Swan Quarter	21.4%	52
Fairfield	15.7%	38
Lake Landing	7.6%	19
Currituck	7.6%	19
Not Listed	21.8%	53

Focus Group Sample Characteristics

Overall, 44 residents of Hyde County participated in the five focus groups. Most of the focus group participants reported living in Swan Quarter (25 percent), Ocracoke (23 percent), or Engelhard (18 percent). No more than 10 percent of the participants reported living in any other areas of the county. The majority of focus group participants defined their household as a couple with children (36 percent), a couple without children (27 percent), or retired with no children at home (23 percent). Furthermore, over 65 percent of the participants had lived in Hyde County for more than 20 years.

In regard to the demographic characteristics of the community members who contributed to the focus groups, the majority of participants were women (82 percent), White (77 percent), and between the ages of 40 and 64 (50 percent). In addition, most participants indicated having at least some college education (88 percent), with a large portion (30 percent) holding a graduate or professional degree. While reported income varied, the majority of participants (57 percent) reported a total household income greater than \$50,000. Finally, key quotes derived from the focus groups have been included throughout this executive summary and a complete focus group script can be found in the Appendix (see Appendix B).

Living in this Community

Community members were asked a series of questions regarding the quality of life in Hyde County. Specifically, when asked to describe the best aspects of life in the Hyde County community, participants indicated that it was a welcoming environment. For example, focus group participants stated that Hyde County “is a very friendly place to live,” and that “there are so many people that will step in to help if something needs to be done.” Additionally, participants felt that Hyde County and its proximity to the water provided a slow-paced and relaxed lifestyle. Finally, Hyde County was perceived to have relatively low rates of crime and the majority of survey participants (87 percent) agreed that Hyde County was a safe place to live.

However, when asked to respond to the following statement, “There is plenty of help for people during times of need,” only half of survey participants indicated agreement. This reveals a potential discrepancy between focus group members who reported the presence of a supportive community and those who felt there were insufficient resources for those in need. Perhaps this uncovers a difference between the amount of community-level support available and systems-level support, such as government funding and economic opportunity. For example, multiple participants reported a desire to participate in or create community programs (e.g., local gyms, community parks), but are unable to afford them due to a lack of financial support. In sum, respondents highlighted the benefits provided by other community members and an overall sense of unity, as well as the restrictions associated with limited economic resources.

Healthy Behaviors

Community members were asked to report on a series of questions regarding their participation in healthy behaviors. Specifically, when asked how many days per week they engage in at least 30 minutes of physical activity, approximately one third of the survey respondents (38 percent) reported that they exercise 2 to 3 days out of the week. Additionally, 11 percent of the sample stated that they exercise every day of the week.

When asked where they typically go to exercise, survey participants reported exercising in their homes (48 percent) and on sidewalks/roads in their neighborhood (27 percent). Additionally, 14 percent of the sample reported exercising in other locations, such as at local schools or as part of

their job. Focus group responses were similar to those collected in the survey, as participants often stated that they use their neighborhood sidewalks and roads for exercise activities such as “walking” and “biking.” Furthermore, some explanation was provided for certain exercise locations, as one participant stated that they often exercise at home because “the local gym is open for a limited number of hours.”

Participants were also asked to answer questions regarding their eating habits, such as daily fruit and vegetable consumption. Specifically, there were asked how many servings of fruits and vegetables they consume in an average day, with options ranging from “none” to “7.” On average, participants reported consuming 3 servings of fruits per day and 4 servings of vegetables. Focus group participants also discussed their healthy eating habits, stating that they often consume the “fresh produce” and “seafood” that is available in the area.

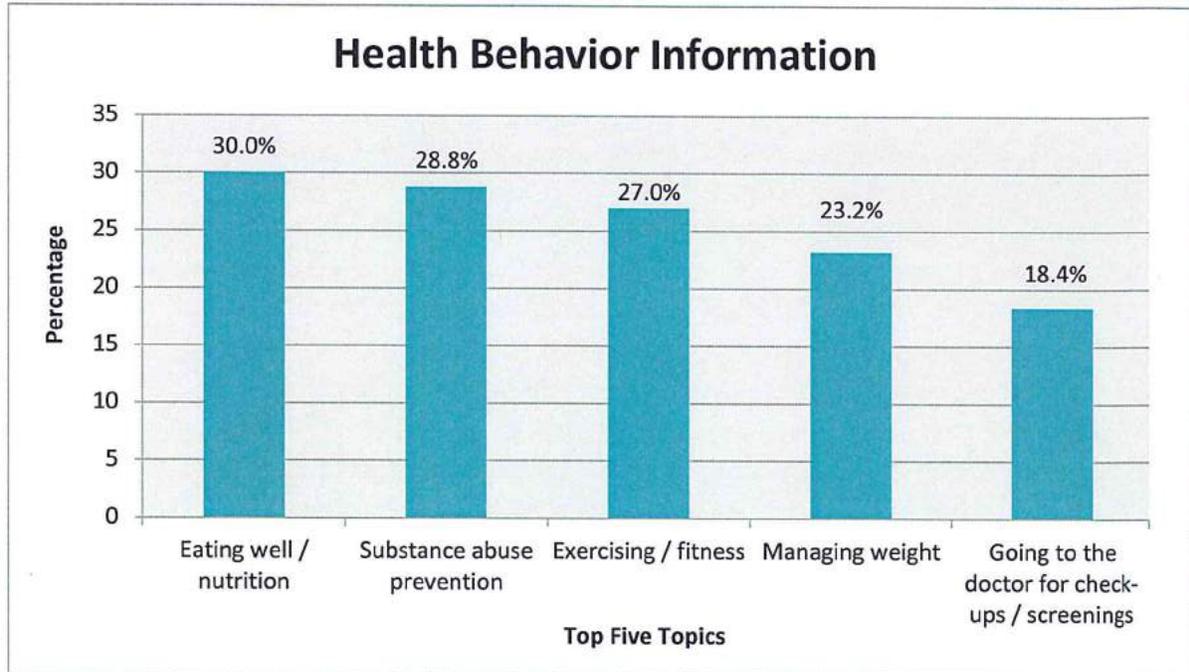
Health Information

Focus group participants and survey respondents were asked to identify sources from which they receive most of their health-related information. According to survey participants, the two most commonly utilized sources of such information are doctors/nurses (51 percent) and the Internet (46 percent). Approximately 20 percent of participants also revealed that friends and family are a noteworthy source of health-related information.

In contrast, focus group responses suggest that the most common method to obtain health-related information is through word-of-mouth via schools, churches, and neighborhoods. One focus group participant stated that “around here (Hyde County), word-of-mouth is the most common.” Word-of-mouth was also indicated as a source of health information by survey participants, by selecting “other” and specifying the form of communication. Additional methods used to spread information include television, social media, and message boards located in local businesses or offices.

Respondents who completed the survey were also asked to select specific health behaviors that they believe other community members need more information about (see Graph 1). Approximately one-third of participants (30 percent) identified eating well/nutrition as an essential topic. Further, nearly half of participants (44 percent) who currently care for a child (approximately 26 percent of the entire sample) also recognized this topic as an issue they would like their child to learn more about. Substance abuse and prevention (29 percent), exercising/fitness (27 percent), and managing weight (23 percent) were also frequently selected topics. Finally, although going to the doctor for check-ups and screenings was also one of the most frequently selected topics requiring more information (19 percent), over 80 percent of survey respondents noted that their last check-up with a doctor was less than a year ago.

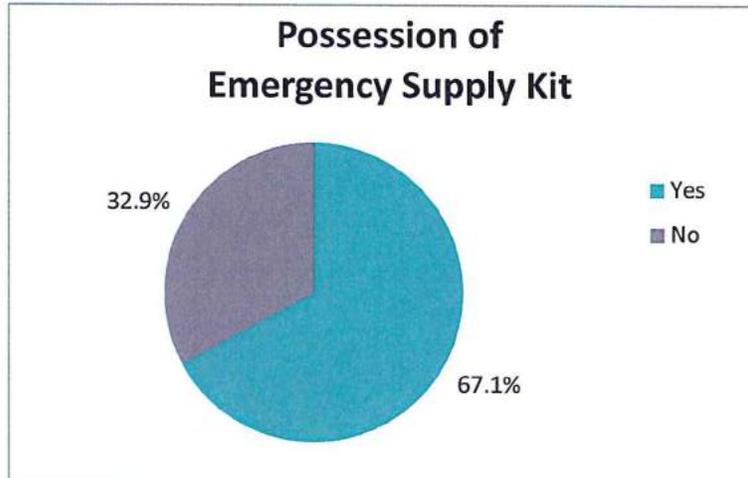
Graph 1.



Similarly, survey respondents were asked to answer a free-response question about health topics they personally would like to learn more about. The two most commonly reported topics were diabetes and heart disease, with ten respondents reporting each of the chronic health conditions. Other frequently reported topics included cancer (8), arthritis (5), and stroke (4). Notably, these responses parallel some of the more commonly reported diagnosed health conditions. For example, approximately 18 percent of the survey sample reported having been diagnosed with diabetes and 11 percent reported having been diagnosed with heart disease/angina.

Finally, approximately 18 percent of survey participants viewed emergency preparedness as a key health and well-being issue that required additional education. This topic was also supported by responses to questions directly targeting the emergency preparedness status of community members. For example, over 10 percent of respondents do not currently own a smoke or carbon monoxide detector. Furthermore, a third of participants (33 percent) also do not possess an emergency supply kit (see Chart 2). However, of those who do possess an emergency kit, the most commonly reported response was that their supply kit would support them for approximately 7 days. Finally, nearly half of community members (46 percent) reported that they do not know who to call for transportation, in order to get to a local shelter during a large-scale disaster.

Chart 2.



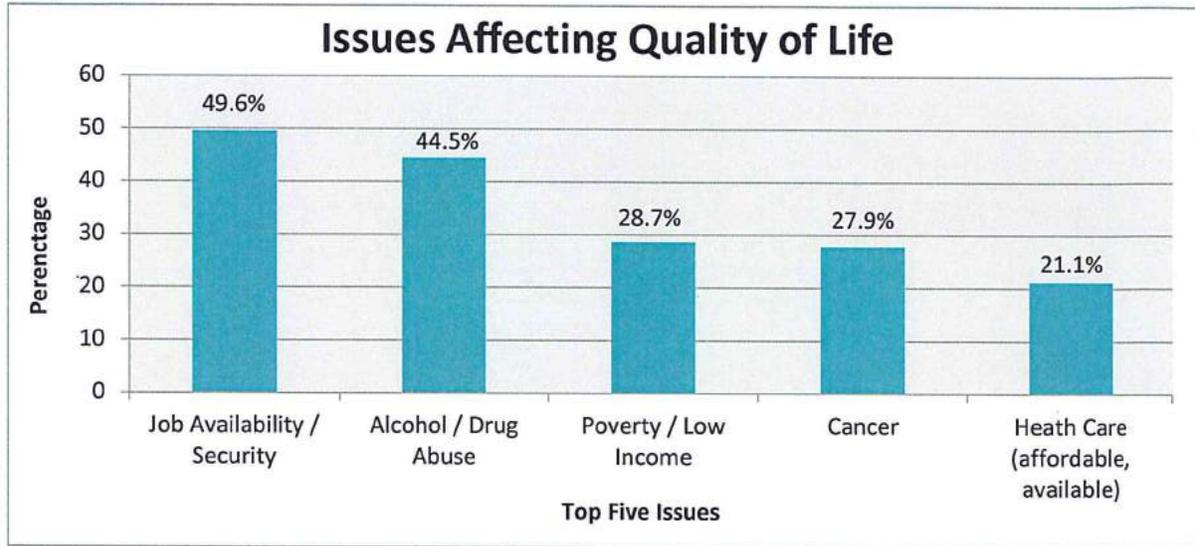
Health Problems

Next, focus group participants were asked to discuss health problems that affect the Hyde County community. The most frequently reported health problems included diabetes, heart disease, obesity, and mental health concerns. Cancer and chronic body aches were also reported by focus group participants, with one participant stating, "We have had more than our fair share of cancer."

According to survey results, depression/anxiety (29 percent) and obesity (27 percent) are the two most commonly reported health conditions affecting the Hyde County community. Moreover, diabetes (17 percent) and chronic body aches (14 percent) were other frequently reported health issues. Similarly, when asked to select issues that impacted the quality of life in Hyde County, participants frequently reported that alcohol and drug abuse (45 percent), cancer (28 percent) and chronic diseases (i.e., heart disease, diabetes, obesity; 14 percent) influenced life in Hyde County (see Graph 2).

Despite alcohol and drug abuse being listed as one of the top issues impacting quality of life in Hyde County, survey participants reported low levels of personal drug and alcohol use, with nearly 75 percent of participants reported having no more than two drinks per week. Additionally, only 4 percent reported misusing prescription drugs. In turn, results revealed a discrepancy between survey participants' personal reports of substance use/abuse and the perceived prevalence of such behavior in the general population.

Graph 2.



Causes of the Health Problems

In response to the question, “What are some causes of these health problems,” focus group participants identified multiple origins. The most consistently identified causes were a lack of exercise and poor eating habits. For example, one participant stated that Hyde County residents “have a lot of fast food in their diets.” Constant stress was also recognized as a cause to various health problems. Participants elaborated that this stress was due to financial burdens and the lack of job opportunities in the area. Lastly, the use of pesticides and chemicals was identified as a cause of some health conditions, such as cancer, with one participant stating that “a lot of people in this county think that the chemicals that are used (on crops) make them ill and cause cancer.”

Some of the causes identified in the focus groups were supported by the survey data. For example, in support of participants who viewed lack of exercise and poor eating habits as primary causes of health problems, 21 percent of survey respondents stated that they do not engage in exercise and almost 25 percent reported that they eat fast food more than two days a week. Although the survey did not specifically address the price of or access to healthy food, these combined results may reflect a need for healthier and more affordable food choices in the community, as well as more education regarding healthy behaviors such as exercise.

Finally, although not stated explicitly as a cause, the survey data revealed relatively large portions of participants who reported tobacco use and exposure to secondhand smoke. Specifically, 18 percent of participants reported that they smoke cigarettes, and an even greater percentage (28 percent) reported being frequently exposed to secondhand smoke. If taken collectively with participants’ concerns regarding cancer, smoking could be a potential cause needing further investigation in the community.

Barriers to Health

Focus group members were asked to identify various factors that acted as barriers to a healthy lifestyle. Such barriers included time, money, a lack of health insurance, and limited access to healthy foods. For example, one focus group participant stated that “it is costly to incorporate healthy foods into your diet.” Additionally, some community members reported that food preparation (i.e., knowing how to cook certain foods) was a barrier to healthy eating. Although focus group members reported difficulty finding affordable healthy foods, survey participants reported consuming an adequate number of fruits and vegetables. Therefore, results may indicate an increased desire to afford and consume more home-cooked healthy foods.

A potential cause of the aforementioned barrier is inadequate monetary resources attributed to unemployment and low income. Job availability and poverty were listed as two of the top five factors influencing quality of life in the Hyde County community. Furthermore, participants indicated that they lacked sufficient health insurance, which may be associated with one’s employment status. Approximately 22 percent of the survey sample reported having trouble receiving the health care they needed within the past year. Within this group of individuals, 38 percent reported that a complete lack of insurance was the barrier to care, whereas 27 percent were limited by an inadequate amount of coverage.

Within the group of survey participants who reported an inability to receive adequate care, the most frequently reported type of care was dental (47 percent). Additionally, 45 percent of all participants indicated that they have not received a dental exam in the past three years. A contributing factor to this result may be a lack of dental insurance, as 50 percent of participants reported a lack of such coverage.

Finally, survey participants who reported that they do not exercise were asked to identify reasons for their lack of physical activity. Community members attributed their lack of exercise to barriers such as tiredness (55 percent), health conditions (39 percent), and time-related issues (29 percent). Focus group members also reported the desire to engage in more physical exercise, however, they indicated the limited hours and staff at the local gym as a barrier.

Health Care

Access to affordable health care was recognized as one of the top five issues affecting quality of life in Hyde County. Furthermore, when discussing access to health care, focus group participants consistently listed children and the elderly as groups who do not receive adequate care. Community members in the focus groups also expressed that the uninsured, the Hispanic/Latino population, and individuals who suffer from mental health issues are other groups of people who do not receive proper health care.

Transportation was frequently discussed by the focus group participants as a barrier to receiving health care. Specifically, they expressed how the lack of transportation mostly affected the ability of children and the elderly to access health care. Furthermore, these feelings towards a lack of transportation were also represented in the survey results. For example, only 52 percent of the community members agreed with the statement “There are sufficient transportation services in Hyde County”.

Additionally, when survey respondents were asked to report their level of agreement with the statement “There is good healthcare in Hyde County”, a larger portion of participants indicated disagreement (44 percent) than those who indicated agreement (38 percent).

Solutions to Health Problems

Members of the community were asked to propose solutions for the health problems that impact Hyde County. Focus groups participants responded to this question with a variety of responses. For example, participants proposed the use of various methods for delivering health information, as well as introducing healthier food options to the community. Furthermore, participants expressed a need for more education in their community with regard to health and exercise practices. Specifically, participants stated that, “if people understand, they might exercise more.” Additional solutions included increasing the availability of financial support, jobs, and various other resources in the community.

When asked to select the top three issues that most affect the quality of life in Hyde County, survey participants repeatedly identified cancer, affordable and available health care, job availability or security, poverty or low income, chronic disease, and substance abuse as top issues. In turn, multiple solutions were proposed to address the aforementioned issues. Furthermore, some of the proposed solutions applied to multiple issues. Such solutions included increasing the affordability and availability of health screening tools, health care, and quality education. Furthermore, bringing more financial prosperity and jobs into the community was also consistently proposed.

Finally, some of the proposed solutions were specific to certain problems in Hyde County. Among the solutions for cancer and chronic disease, participants suggested decreasing the use of chemicals and pesticides and increasing both the availability and affordability of healthy food choices. Specific to substance abuse, participants recommended increased monitoring and punishment of substance-related offenses, as well as increased availability of support services and alternative healthier activities. The solutions that were specific to job availability/security and poverty/low income consistently supported the creation of additional job opportunities and assistance provided by the local and state governments.

Conclusion

The purpose of the following study was to collect data that would inform policy aimed at positively impacting the health and quality of life in Hyde County. Through the use of a multi-method approach, including paper and online surveys, as well as various focus groups, the data collection effort was successful in receiving the opinions of community members. Furthermore, by using an engaged Leadership Team and a carefully selected Stakeholder Group, the data collected accurately represented a diverse group of community members across all areas of the County.

Overall, results indicate that community members feel safe and well connected in Hyde County. Individuals stated that they confide in and rely on the help of others during times of need and also recognize the limitations of the current status of economic opportunities within the County. Consequently, results indirectly revealed a general sense of readiness and need, in regard to the economic growth of the community.

Regarding health and well-being, community members report relatively high levels of health and healthy behaviors. Specific areas of success include the use of local sidewalks and roads for daily exercise and local agriculture for access to healthy and affordable fruits and vegetables. In contrast, specific areas of improvement include health education, financial resources that support a healthy lifestyle, and the prevention and management of chronic diseases such as diabetes, obesity, and heart disease.

Despite the several health concerns noted by the community, a variety of promising solutions were recommended. For example, it is suggested that communication of health-related topics increase via word-of-mouth, as well as more technologically advanced methods such as social media and community emails. Additionally, interest was displayed for outreach programs to educate community members and reduce the prevalence of alcohol and drug abuse, dental clinics to provide necessary care for the large portion of individuals who lack adequate health insurance, and smoking cessation programs to reduce the number of individuals who smoke and are exposed to secondhand smoke. Finally, an overarching solution for many of the health problems identified for Hyde County is to bring jobs and economic opportunity to the area, which may subsequently increase the number of individuals with health insurance and accelerate the demand for health providers to relocate to the area.

Appendix A

Survey Instrument



Hyde County Community Health Needs Assessment

We are conducting a survey to learn about the health and quality of life in Hyde County. The results of the survey will be used to help improve the major health and community issues in our county. Your participation is completely voluntary and all survey responses will remain anonymous. Thank you for your participation.

Completed surveys may be turned into the Hyde County Health Department, Government Center, or Post Office, as well as the BHM Regional Library.

In order to participate, you must be at least 16 years old and live in Hyde County.

Are you at least 16 years old and live in Hyde County?

- Yes
- No

Please select the area of Hyde County in which you live.

If the area in which you live is not listed, please select "not listed".

- Currituck
- Fairfield
- Lake Landing
- Ocracoke
- Swan Quarter
- Not listed

Part 1: Quality of Life Statements

Please indicate your level of agreement with the following statements about Hyde County.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There is good healthcare	<input type="radio"/>				
It is a good place to grow old	<input type="radio"/>				
It is a good place to raise children	<input type="radio"/>				
There is plenty of economic opportunity	<input type="radio"/>				
It is a safe place to live	<input type="radio"/>				
There is plenty of help for people during times of need	<input type="radio"/>				
There is good air and water quality	<input type="radio"/>				
Housing that meets my needs is available	<input type="radio"/>				
There are sufficient transportation services	<input type="radio"/>				

Part 2: Community Improvement

Please look at the following list of community issues. In your opinion, which are the top **THREE** issues that most affect the quality of life in Hyde County?

- | | |
|--|--|
| <input type="checkbox"/> Alcohol / drug abuse | <input type="checkbox"/> Infectious diseases (e.g., hepatitis, meningitis, TB) |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Job availability / security |
| <input type="checkbox"/> Asthma and other respiratory disorders | <input type="checkbox"/> Lack of community support |
| <input type="checkbox"/> Bio-terrorism | <input type="checkbox"/> Lack of parenting skills |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of / inadequate health insurance |
| <input type="checkbox"/> Child care (safe, affordable, available) | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Childhood obesity | <input type="checkbox"/> Long term care |
| <input type="checkbox"/> Chronic diseases (e.g., heart disease, diabetes, obesity) | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Crime (e.g., theft, murder, assault) | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Discrimination / racism | <input type="checkbox"/> Poverty / low income |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Prenatal health |
| <input type="checkbox"/> Education (K-12) / dropout rate | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Elder care (safe, affordable, available) | <input type="checkbox"/> Recreation opportunities |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Secondhand smoke |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Health care (affordable, available) | <input type="checkbox"/> School violence |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Services for the disabled |
| <input type="checkbox"/> Infant health | <input type="checkbox"/> Teenage pregnancy |

Please suggest any possible solutions you believe can address the top three issues you selected above.

Community Issue	Solution to Community Issue
1	
2	
3	

In your opinion, which **ONE** of the following services needs the most improvement in your neighborhood or community?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Animal control <input type="radio"/> Availability of employment <input type="radio"/> Better / more healthy food choices <input type="radio"/> Better / more recreational facilities (parks, trails, community centers) <input type="radio"/> Child care options <input type="radio"/> Counseling / mental health / support groups <input type="radio"/> Culturally appropriate health services <input type="radio"/> Elder care options <input type="radio"/> Healthy family activities <input type="radio"/> Higher paying employment | <ul style="list-style-type: none"> <input type="radio"/> More affordable / better housing <input type="radio"/> More affordable health services <input type="radio"/> Number of health care providers <input type="radio"/> Parent education <input type="radio"/> Positive teen activities <input type="radio"/> Road maintenance / safety <input type="radio"/> Services for disabled people <input type="radio"/> STD / HIV testing <input type="radio"/> Transportation options <input type="radio"/> Other (please specify) _____ <input type="radio"/> None |
|--|--|

Part 3: Health Information

In your opinion, which **THREE** health behaviors do people in your own community need more information about?

- | | |
|--|--|
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Going to the doctor for check-ups / screenings |
| <input type="checkbox"/> Caring for family members with special needs / disabilities | <input type="checkbox"/> Managing weight |
| <input type="checkbox"/> Child care / parenting | <input type="checkbox"/> Preparing for an emergency / disaster |
| <input type="checkbox"/> Crime prevention | <input type="checkbox"/> Practicing safe sex (preventing unplanned pregnancy and sexually transmitted disease) |
| <input type="checkbox"/> Domestic violence prevention | <input type="checkbox"/> Quitting smoking / tobacco use prevention |
| <input type="checkbox"/> Driving safely (using seat belts, texting while driving) | <input type="checkbox"/> Rape / sexual assault prevention |
| <input type="checkbox"/> Eating well / nutrition | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Elder care | <input type="checkbox"/> Substance abuse prevention / treatment |
| <input type="checkbox"/> Exercising / fitness | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Getting flu shots and other vaccines | <input type="checkbox"/> Using child safety seats |
| <input type="checkbox"/> Getting prenatal care during pregnancy | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Going to a dentist for check-ups / preventive care | <input type="checkbox"/> None |

From which **TWO** sources do you get most of your health-related information?

- | | |
|---|---|
| <input type="checkbox"/> Books / magazines | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Church | <input type="checkbox"/> My child's school |
| <input type="checkbox"/> Doctor / nurse | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Help lines | <input type="checkbox"/> TV |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other (please specify) _____ |

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

Part 4: Personal Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

	Yes	No	Not Sure
Angina / heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic body aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD or emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (not during pregnancy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness (other than depression or anxiety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight / obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease (e.g., gonorrhea, chlamydia, syphilis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickle cell anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you undergone any preventive screenings for the following conditions in the last 3 years?

	Yes	No	Not Sure
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD or emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes - blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illness (other than depression or anxiety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickle cell anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD / HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis - skin test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if you participate in any of the following.

	Yes	No	Not Sure	Not Applicable
Wash your hands before eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fast food less than 2 times per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get 7 or more hours of sleep each night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice safe sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use sunscreen outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routinely wear a seat belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find time to relax daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly get STD / HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get an annual flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, have you worried about your basic needs (e.g., food, water, electricity, plumbing)?

- Yes No Not sure

In the past month, have there been any days when feeling sad or worried kept you from going about your normal business?

- Yes No Not sure

How many days do you exercise or engage in physical activity (at least 30 minutes) during a normal week?

- 0 days 4 days
 1 day 5 days
 2 days 6 days
 3 days 7 days

If "0 days" was selected, please answer question A. For all other answers, please answer question B.

A. What are the reasons you do not exercise or engage in physical activity for at least a half hour during a normal week? Please choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> Too costly |
| <input type="checkbox"/> Exercise is not important to me | <input type="checkbox"/> A health condition limits my physical activity |
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> There is no safe place to exercise |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Too tired |
| <input type="checkbox"/> I don't like to exercise | <input type="checkbox"/> Other (please specify) _____ |

B. Where do you go to exercise or engage in physical activity? Please choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Sidewalks / roads in your own neighborhood |
| <input type="checkbox"/> Park | <input type="checkbox"/> Walking trails |
| <input type="checkbox"/> Private gym | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Public recreation center | |

Not counting juice, how many servings of fruit do you consume in an average day? (e.g., one apple is equal to one serving)

- | | |
|----------------------------------|----------------------------------|
| <input type="radio"/> None | <input type="radio"/> 5 servings |
| <input type="radio"/> 1 serving | <input type="radio"/> 6 servings |
| <input type="radio"/> 2 servings | <input type="radio"/> 7 servings |
| <input type="radio"/> 3 servings | <input type="radio"/> Not sure |
| <input type="radio"/> 4 servings | |

Not counting potatoes and salad, how many servings of vegetables do you consume in an average day? (e.g., 12 baby carrots equal one serving)

- None
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 servings
- 6 servings
- 7 servings
- Not sure

Please indicate how frequently you consume alcohol.

- I do not consume alcohol
- Less than 1 - 2 alcoholic drinks per week
- Consume 1 - 2 alcoholic drinks per week
- Consume 1 - 2 alcoholic drinks per day
- Consume 3 or more alcoholic drinks per day

Please indicate your status on the following items regarding tobacco use / exposure.

	Yes	No
Do you smoke?	<input type="radio"/>	<input type="radio"/>
Do you chew tobacco?	<input type="radio"/>	<input type="radio"/>
Are you frequently exposed to secondhand smoke?	<input type="radio"/>	<input type="radio"/>

If “Yes” was selected for questions “Do you smoke?” or “Do you chew tobacco?”, please answer the following questions. If “No” was selected, please proceed to the next question (“Based on the following definition, do you believe you abuse prescription drugs?”).

Please indicate your status on the following items.

	Yes	No	Not Sure
Do you want to stop using tobacco products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tried to stop in the last year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tried medication to stop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you attend smoking cessation classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where would you go for help if you wanted to quit using tobacco products?

- | | |
|--|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Quitline NC |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Health department | <input type="checkbox"/> I don't want to quit |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Private counselor/therapist | |

Based on the following definition, do you believe you abuse prescription drugs?

Prescription drug abuse is the use of a prescription medication in a way not intended by the prescribing doctor, such as for the feelings you get from the drug or using a prescription drug that you were not specifically prescribed to take.

- Yes No Not sure

Part 5: Access to Care/Family Health

Where do you go most often when you are sick? Please choose all that apply.

- Doctor's office
- Health Department
- Hospital Emergency Department
- Urgent Care Center
- Other (please specify) _____

Is your primary health care provider outside of Hyde County?

- Yes
 No

If "Yes" was selected, please answer the following question. If "No" was selected, please proceed to the next question ("When was your last visit to a doctor?").

Please indicate the reasons why your primary health provider is located outside of Hyde County. Please choose all that apply.

- Specialty not available in Hyde County
- Cannot get appointment in Hyde County
- Positive experience / history with provider outside of Hyde County
- Positive reputation of provider outside of Hyde County
- Other (please specify) _____

When was your last visit to a doctor?

- Less than 1 year ago
- 1 - 2 years ago
- 2 - 3 years ago
- 3 or more years ago

Do you currently have any of the following forms of health insurance or health care coverage? Please choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Health insurance my employer provides | <input type="checkbox"/> Health insurance through Health Insurance Marketplace / Affordable Care Act |
| <input type="checkbox"/> Health insurance my spouse's employer provides | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Health insurance my school provides | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Health insurance my parent or my parent's employer provides | <input type="checkbox"/> Veteran's Administration benefits |
| <input type="checkbox"/> Health insurance I bought myself | <input type="checkbox"/> Other (please specify) _____ |
| | <input type="checkbox"/> No health insurance plan of any kind |

Do you have dental health insurance?

- Yes No Not sure

In the past 12 months, did you or a family member have a problem getting health care needed from any type of health care provider, dentist, pharmacy or other facility?

- Yes
- No

If "Yes" was selected, please answer the following two questions. If "No" was selected, please proceed to the next question ("If a friend or family member...?").

What type of provider or facility did you or a family member have trouble getting health care from? Please choose all that apply and write in any that are not listed.

- | | |
|---|--|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Eye care / optometrist / ophthalmologist | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Specialist (please specify) _____ |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Specialist (please specify) _____ |

Which of the following health topics do you think your child needs more information about? Please choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol / drug abuse | <input type="checkbox"/> Nutrition / healthy eating |
| <input type="checkbox"/> Asthma management | <input type="checkbox"/> Reckless driving / speeding / texting |
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Sexual intercourse / STDs |
| <input type="checkbox"/> Diabetes management | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Exercise / physical fitness | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Other (please specify) _____ |

Part 6: Emergency Preparedness

Does your household have either of the following items? Please choose all that apply.

- Smoke detectors
- Carbon monoxide detectors
- Neither

Does your household have a basic emergency supply kit?

An emergency supply kit includes items such as water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, and blankets.

- Yes
- No

If “Yes” was selected, please answer the following question. If “No” was selected, please proceed to the next question (“What would be the primary...?”).

How many days could these supplies support your household?

Write in the number of days _____

What would be the primary way that you would get information from authorities in a large-scale disaster or emergency?

- | | |
|---|---|
| <input type="radio"/> Emergency alert system (text, email, phone) | <input type="radio"/> Print media (e.g., newspaper) |
| <input type="radio"/> Television | <input type="radio"/> Social media |
| <input type="radio"/> Radio | <input type="radio"/> Neighbors |
| <input type="radio"/> Internet | <input type="radio"/> Other (please specify) _____ |

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

- Yes No Not sure

If “No” or “Not sure” is selected, please answer the following question. If “Yes” is selected, please proceed to the next question (“Do you know where to call for help...?”).

What would be the primary reason you might not evacuate if asked to do so?

- | | |
|---|---|
| <input type="radio"/> Lack of transportation | <input type="radio"/> Concern about leaving pets |
| <input type="radio"/> Lack of trust in public officials | <input type="radio"/> Concern about traffic jams and inability to get out |
| <input type="radio"/> Concern about leaving property behind | <input type="radio"/> Health problems / physical disability |
| <input type="radio"/> Concern about personal safety | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> Concern about family safety | |

Do you know where to call for help to get transportation to a shelter during a large-scale disaster or emergency?

- Yes
 No

Part 7: Demographic Questions

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

What is your gender?

- Male
 Female

What is your age?

- | | |
|--------------------------------------|---|
| <input type="radio"/> 15 to 19 years | <input type="radio"/> 55 to 59 years |
| <input type="radio"/> 20 to 24 years | <input type="radio"/> 60 to 64 years |
| <input type="radio"/> 25 to 29 years | <input type="radio"/> 65 to 69 years |
| <input type="radio"/> 30 to 34 years | <input type="radio"/> 70 to 74 years |
| <input type="radio"/> 35 to 39 years | <input type="radio"/> 75 to 79 years |
| <input type="radio"/> 40 to 44 years | <input type="radio"/> 80 to 84 years |
| <input type="radio"/> 45 to 49 years | <input type="radio"/> 85 years or older |
| <input type="radio"/> 50 to 54 years | |

Are you Hispanic or Latino?

- Yes
- No

What is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other

Do you speak a language other than English at home?

- Yes (please specify) _____
- No

What is your marital status?

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

What is the highest level of education you have completed?

- Less than 9th grade
- 9th to 12th grade, no diploma
- High school graduate (GED / equivalent)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

What is your combined annual household income?

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

How many people does this income support?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 or more people

What is your employment status? Please choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Unemployed for 1 year or less |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Unemployed for more than 1 year |

Do you have access to the Internet?

- Yes
- No

Please select your home zip code.

If your zip code is not listed, please select "Not listed" and specify your home zip code.

- | | |
|-----------------------------|---|
| <input type="radio"/> 27810 | <input type="radio"/> 27875 |
| <input type="radio"/> 27824 | <input type="radio"/> 27885 |
| <input type="radio"/> 27826 | <input type="radio"/> 27960 |
| <input type="radio"/> 27860 | <input type="radio"/> Not listed (please specify) _____ |

What are the best ways to communicate upcoming Hyde County health related events to you? Please choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Radio | <input type="checkbox"/> County of Hyde website |
| <input type="checkbox"/> Church bulletin | <input type="checkbox"/> Hyde County Health Department website |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> TV |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Other (please specify) _____ |

Please provide any additional comments.

Thank you for your participation!

Appendix B

Focus Group Script

Date: _____

Topic: **Hyde County Health Needs**

INTRO: Hello. My name is XXXXX and I am the moderator for today's group discussion. Our purpose today is to talk about health related topics in Hyde County.

AGENDA: Tonight, you will be participating in a group discussion. This is a free flowing discussion and there are no wrong answers. I'm looking for different points of view.

MODERATOR INFO: I work for East Carolina University's Center for Survey Research in Greenville, NC and I'm working on this project as a research consultant to help learn the needs of the county.

ACKNOWLEDGE: I want to thank you for coming in this evening and for fitting this session into your schedule.

DISCLOSURES:

1. Facility Setting: Mention observers and taping.
2. The session is being taped so I can write an accurate report – not of who said what, but “what was said”.

PERMISSIONS: At any time you can excuse yourself to go to the restroom or to get more food or beverages. I ask that only one person should be up or out at a time.

GUIDELINES:

1. Please talk one at a time.
2. Talk in a voice as loud as mine.
3. Avoid side conversations with your neighbors.
4. Work for equal “air time” so that no one talks too little or too much.
5. Allow for different points of view. There are no wrong answers.
6. Say what you believe, whether or not anyone else agrees with you.
7. Only one person up or out of the room at one time.

SELF INTROS: Please introduce yourself to the group and tell us:

Name

Area of the County where you live

Occupation

FOCUS GROUP QUESTIONS:

1. What do you think is the best thing about living in this community?
2. What do people in this community do to stay healthy?
 - a. How do people get information about health?
3. What are the serious health problems in your community?
 - a. What are some causes of these problems?
4. What keeps people in your community from being healthy?
5. What could be done to solve these problems?
6. Is there any group not receiving enough health care? If so, why?
7. Is there anything else you would like to add, or you think would be helpful for us to know?

Thank you very much for your participation in today's discussion! We really appreciate you taking the time to come and offer your opinions!

Please take the online survey and spread the word about the survey to others in your community!