

HEALTH RANKINGS

Each year for more than 20 years, America's Health Rankings™, a project of United Health Foundation, has tracked the health of the nation and provided a comprehensive perspective on how the nation—and each state—measures up. America's Health Rankings are based on several kinds of measures, including *determinants* (socioeconomic and behavioral factors and standards of care that underlie health and well-being) and *outcomes* (measures of morbidity, mortality, and other health conditions). For the purposes of this CHA report, North Carolina's ranking is important because it adds a national perspective to these comparisons. The table below shows where NC stood in the 2013 rankings relative to the “best” and “worst” states, and those states ranked on either side of NC. Note that first ranked (Hawaii) is best and 50th ranked (Mississippi) is worst.

**Rank of North Carolina in America's Health Rankings
(2013)**

Location	National Rank (Out of 50) ¹						
	Overall	Determinants	Outcomes	Diabetes	Smoking	Obesity	Infant Mortality
Hawaii	1	2	2	7	3	3	24
Michigan	34	33	38	34	39	40	39
North Carolina	35	34	36	33	33	33	40
Texas	36	36	29	35	20	32	22
Mississippi	50	48	49	49	44	49	50

Source: United Health Foundation, 2013. America's Health Rankings; <http://www.americashealthrankings.org>.

County Health Rankings

The Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute, produces annual health rankings for the counties in all 50 states. In this project, each state's counties are ranked within the state according to health outcomes and the health factors that determine a county's health. The following table presents the 2014 county rankings for Hyde County and its comparator. In 2014 Hyde County was ranked 21st in the state of NC in terms of health outcomes, due mostly to shortened life expectancy, and 68th in terms of health factors, in which category social and economic factors and clinical care contributed most to the lower rank. These parameters will be discussed more fully later in this report.

**County Health Rankings
(2014)**

Location	County Rank (Out of 100) ¹							
	Health Outcomes			Health Factors				
	Length of Life	Quality of Life	Overall Outcomes Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Factors Rank
Hyde County	22	25	21	52	94	73	1	68
Alleghany County	67	58	66	53	85	74	70	77

Source: County Health Rankings and Roadmaps, 2014. University of Wisconsin Population Health Institute; <http://www.countyhealthrankings.org/app/north-carolina/2014/rankings/outcomes/overall>.

MATERNAL AND INFANT HEALTH

Pregnancy Rates

Overall Pregnancy Rate

As is true for NC as a whole, the *overall* pregnancy rate in Hyde County has been falling, decreasing by 20% between 2008 and 2012. Statewide over the same period the overall pregnancy rate fell by 14%. In 2012 the overall pregnancy rate in Hyde County was 64.7 pregnancies per 1,000 women, 10% *lower* than the state rate of 72.1. When stratified by race, it is apparent that between 2010 and 2012 the overall pregnancy rate for white non-Hispanic women in Hyde County rose by 11%. Since the 2012 pregnancy rates for African American non-Hispanic women and Hispanic women in Hyde County both were based on fewer than 10 pregnancies and were unstable, definitive comparisons with stable 2010 data is not possible. However it appears that the overall pregnancy rates among both African American non-Hispanic women and Hispanic women in Hyde County have decreased significantly since 2010 (38).

Teen Pregnancy Rate

The total pregnancy rates among Hyde County teens (ages 15-19) were unstable (due to small numbers of pregnancies) from 2010 through 2012; however, despite this instability, it appears that the total teen pregnancy rate *may* have increased since 2010. Statewide the total pregnancy rate in this age group fell 32% between 2008 and 2012. While racially and ethnically stratified teen pregnancy rates in Hyde County were unstable over the period cited, it appears that 2012 teen pregnancy rates in Hyde County for white non-Hispanic girls and African American non-Hispanic girls *may* have increased from 2010 levels (38).

Pregnancy Risk Factors

High Parity and Short-Interval Births

Although in 2008-12 the frequency of high parity births among Hyde County women under the age of 30 (14.6%) was 12% *lower* than the comparable NC figure, among Hyde County women age 30 or older the frequency of high parity (31.3%) was 46% *higher* than the comparable NC figure (39).

The frequency of short-interval births in Hyde County in 2008-12, although unstable, was 21% *lower* than the comparable NC figure (10.2 vs. 12.9, respectively) (40).

Lack of Early Prenatal Care

Good pre-conception health and early prenatal care can help assure women the healthiest pregnancies possible. The percent of pregnant women in Hyde County who received early prenatal care exceeded the comparable state figure each year from 2006 through 2008, but beginning in 2009 the percentage in Hyde County began to fall. After averaging 86% from 2006 to 2008, the percentage of Hyde County women accessing prenatal care in the first trimester was 79% in 2009, 64% in 2011, and 71% in 2012 (2010 data is missing at the source). Indeed, the comparable figures for the state and Alleghany County also fell over that period (41). It is unclear whether this jurisdiction-wide negative trend is linked to a change in the way the state handles prenatal care data or some other common factor.

Smoking during Pregnancy

Smoking during pregnancy is an unhealthy behavior that may have negative effects on both the mother and the fetus. Smoking can lead to fetal and newborn death, and contribute to low birth weight and pre-term delivery. Smoking during pregnancy data for Hyde County was unstable between 2007 and 2012, due to below-threshold numbers of occurrences. For comparison, the percent of births to mothers who smoked during pregnancy was higher in Hyde's peer, Alleghany County, than in NC as a whole in 2007 through 2012. Statewide, the percent of births to mothers who smoked during pregnancy fell 4% overall between 2007 and 2012 (42).

Birth Outcomes

Low and Very Low Birth Weight Births

Low birth weight ($\leq 2,500$ grams) can result in serious health problems in newborns (e.g., respiratory distress, bleeding in the brain, and heart, intestinal and eye problems), and cause lasting disabilities or even death. The frequency of total low birth-weight births in Hyde County decreased each aggregate period between 2006-10 and 2008-12, falling from 10.0% (above the state average) in 2006-10, to 8.8% in 2007-11 and to 8.6% in 2008-12 (both below the state average). Although racially stratified figures for Hyde County were all unstable, statewide a clear low birth weight birth disparity emerges. Over the period cited above, the frequency of low birth weight births among African American non-Hispanic women was consistently almost double the frequency among white non-Hispanic women (43).

Birth Complications

Data provided by the Hyde County region's three hospitals on inpatient hospitalizations speaks to the frequency of problems connected with infants upon birth. The following table summarizes some of that data for 2012 and 2013. The codes used in this table refer to *diagnosis related groups* (DRGs), payment categories used to classify patients (especially Medicare patients) for the purpose of reimbursing hospitals with a fixed fee regardless of the actual costs incurred.

Of 33 hospitalizations associated with infant birth DRGs among Hyde County mothers at Vidant Beaufort Hospital and The Outer Banks Hospital in 2012 and 2013, 28 (85%) involved "normal" infants. An additional five (15%) involved infants that presented with "significant" problems. None of the birth hospitalizations in this data involved infants that presented with "major" problems. (There were no infant hospitalizations at Vidant Pungo Hospital in the period cited.)

**Inpatient Hospitalizations of Newborn Infants
Among Hyde County Resident Mothers
Vidant Beaufort Hospital and The Outer Banks Hospital
(2012 and 2013)**

DRG Code	Diagnosis	Number of Discharges				Total
		Vidant Beaufort Hospital		Outer Banks Hospital		
		2012	2013	2012	2013	
795	Normal newborn	3	12	5	8	28
793	Full-term neonate with major problems	0	0	0	0	0
794	Neonate with other significant problems	0	0	3	2	5
	Total	3	12	8	10	33

Infant Mortality

Infant mortality is the number of infant (under one year of age) deaths per 1,000 live births. Due to infant deaths numbering fewer than 20 per aggregate period in both Hyde County and its peer, Alleghany County, stable total infant mortality rates were not available for comparison. Statewide, the infant mortality rate among African American non-Hispanic babies for 2008-12 was 14.0, almost twice the overall rate and 2½ times the rate among white non-Hispanic infants (44). It bears noting that the infant mortality rate in NC has been among the 10 worst of the 50 states for the last decade.

LIFE EXPECTANCY AND LEADING CAUSES OF DEATH

Life Expectancy

According to data in the table below, life expectancy overall for persons born in Hyde County in 2010-12 was 1.5 years lower than the comparable state average. Men in Hyde County had a higher and women a lower life expectancy compared to NC data. The life expectancy for African Americans in Hyde County was the same as for that group statewide. Between 1990-92 and 2010-12, life expectancies in Hyde County improved in all categories *except* females.

Life Expectancy at Birth, by Gender and Race

Location	Life Expectancy in Years									
	Person Born in 1990-1992					Person Born in 2010-2012				
	Overall	Male	Female	White	African-American	Overall	Male	Female	White	African-American
Hyde County	72.2	68.4	76.0	74.2	68.4	76.7	77.5	74.6	76.9	75.9
Alleghany County	75.4	69.8	81.7	75.7	N/A	78.6	76.9	80.8	78.7	N/A
State of NC	74.9	71.0	78.7	76.4	69.8	78.2	75.7	80.6	78.7	75.9

Source: NC State Center for Health Statistics, County-level Data, Life Expectancy, State and County Estimates, Life Expectancy: North Carolina 1990-1992 and 2010-2012, State and County; <http://www.schs.state.nc.us/schs/data/lifexpectancy/>.

Leading Causes of Death

The following two tables summarize information on the leading causes of death in Hyde County. The source for these tables is a PowerPoint presentation summarizing secondary data that was prepared by the independent consultant and appears as Appendix 2 of this report.

According to the table below, 2008-12 mortality rates in Hyde County exceeded the comparable rates statewide for 9 of the 15 leading causes of death traditionally tracked by the NC State Center for Health Statistics. Note, however, that many county rates were unstable, as indicated in *blue italic* type.

Leading Causes of Death in Hyde County 2008-2012

Age-Adjusted Rates (2008-2012)	No. of Deaths	Hyde Co. Mortality Rate	Rate Difference from NC
1. Total Cancer	73	201.5	+27%
2. Diseases of the Heart	67	181.7	+4%
3. Cerebrovascular Disease	29	78.8	+75%
4. Chronic Lower Respiratory Disease	17	58.5	+26%
5. Diabetes Mellitus	13	44.7	2X
6. All Other Unintentional Injuries	12	41.3	+96%
7. Alzheimer's Disease	10	34.4	+17%
8. Unintentional Motor Vehicle Injuries	6	20.7	+45%
9. Nephritis, Nephrotic Syndrome, Nephrosis	4	13.8	-23%
10. Septicemia	2	6.9	-49%
10. Chronic Liver Disease and Cirrhosis	2	6.9	-26%
12. Suicide	1	3.4	-72%
12. AIDS	1	3.4	+10%
14. Pneumonia and Influenza	0	n/a	n/a
15. Homicide	0	n/a	n/a

Although hampered by numerous suppressed unstable rates, it does appear that males definitively suffer mortality disproportionately compared to females from two causes of death: total cancer (265.0 vs. 171.4, a difference of 55%) and heart disease (219.6 vs. 167.6, a difference of 31%).

Because of below-threshold numbers of deaths during the period, 2008-12 age-adjusted mortality rates among Hyde County minorities are available only for African Americans and for only two causes of death. In Hyde County the total cancer mortality rate among African American non-Hispanics (228.8) was 15% higher than the comparable rate among white non-Hispanics (198.2), and the heart disease mortality rate for African American non-Hispanics (190.8) was 4% higher than the comparable rate for white non-Hispanics (183.8). The overall mortality rate for African American non-Hispanics in Hyde County (953.5) was 19% higher than the overall mortality rate for white non-Hispanics (802.7) (45).

Each age group tends to have its own leading causes of death. Note that for this purpose it is important to use *non-age adjusted* death rates. In the period 2008-12 the leading cause(s) of death in each of the age groups in Hyde County were as follows (46):

- Age Group 00-19: Conditions originating in the perinatal period
- Age Group 20-39: Motor vehicle injuries
- Age Group 40-64: Cancer – all sites
- Age Group 65-84: Cancer – all sites
- Age Group 85+: Diseases of the heart

The next table, also from the consultant's PowerPoint presentation, summarizes mortality rate trends in Hyde County for the 15 leading causes of death. The summary arrow describes the direction of slope of a regression line calculated using the eight rolling five-year aggregate mortality rates in the period from 2001-05 through 2008-12. A downward arrow indicates a negative slope/decreasing rate; an upward arrow indicates a positive slope/increasing rate. Two (or three) upward arrows indicate a rising rate that has doubled (or tripled) since the initial period of the data; two downward arrows indicate a falling rate that has halved since the initial

period of the data. It is apparent from this data that over the period cited mortality rates in Hyde County improved overall for 7 of the 15 leading causes of death, and were comparatively unchanged in one. Unfortunately, rates *increased* overall for seven causes of death: cerebrovascular disease, chronic lower respiratory disease, unintentional non-motor vehicle injuries, Alzheimer’s disease, unintentional motor vehicle injuries, septicemia, and AIDS.

Trends of Change in the Leading Causes of Death in Hyde County

Leading Cause of Death in Hyde County	Overall Trend Direction
1. Total Cancer	▼
2. Diseases of the Heart	▼
3. Cerebrovascular Disease	▲▲
4. Chronic Lower Respiratory Disease	▲
5. Diabetes Mellitus	▼▼
6. All Other Unintentional Injuries	▲
7. Alzheimer’s Disease	▲▲▲
8. Unintentional Motor Vehicle Injuries	▲
9. Nephritis, Nephrotic Syndrome, Nephrosis	▼▼
10. Septicemia	▲
10. Chronic Liver Disease and Cirrhosis	n/c
12. Suicide	▼▼
12. AIDS	▲
14. Pneumonia and Influenza	▼▼
15. Homicide	▼▼

Despite its decreasing mortality rate trend, total cancer was the leading cause of death in Hyde County in the 2008-12 period, and the community ranked cancer among the most significant health problem on the 2014 Hyde County Community Health Needs Assessment Survey (47).

Examining incidence and mortality rate trends for site-specific cancers is helpful in understanding more about the problem of cancer in the community. The following table from the consultant’s PowerPoint presentation summarizes trends in the incidence and mortality rates for four site-specific cancers: lung cancer, prostate cancer, breast cancer, and colorectal cancer. The incidence data covers the period from 1996-2000 through 2007-11 and the mortality rate data covers the period from 2001-05 through 2008-12. (The symbol protocol is the same as that used in the table above.)

Trends of Change in Cancer Incidence and Mortality in Hyde County

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence	▲▲▲
	Mortality	▲
Breast Cancer	Incidence	▲
	Mortality	▼
Prostate Cancer	Incidence	▲
	Mortality	▲
Colorectal Cancer	Incidence	▲
	Mortality	▼

The data above indicate that incidence has risen for all cancers, but especially lung cancer, the incidence rate for which tripled over the period cited. It is difficult to fully interpret incidence data without information about cancer screening activities, since screenings sometimes raise incidence rates by discovering cancer cases that might otherwise go unnoticed for some period of time. A rise in incidence connected to screening is not necessarily a bad thing, since the resulting figure may include numerous cases that were caught early and treated. While screenings for breast, prostate and colorectal cancer are common, there is no routine lung cancer screening mechanism.

The table above also shows that in Hyde County mortality has decreased over time for breast and colorectal cancer; unfortunately, the comparable mortality rate trend for lung cancer and prostate cancer increased over the time period cited.

The rise in lung cancer incidence and mortality is not surprising, since one major cause of lung cancer—smoking—remains a problem in Hyde County. According to data from the 2014 Hyde County Community Health Needs Assessment Survey, 18% of 243 respondents reported that they smoked. According to 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey results, 20.2% of survey respondents statewide reported that they are current smokers.

MORBIDITY AND CHRONIC DISEASE

Diabetes

As noted previously, diabetes was the fifth leading cause of death overall in Hyde County in 2008-12.

Although not racially stratified, data available from the Centers for Disease Control and Prevention (CDC) describes the estimated prevalence of diagnosed diabetes among adults age 18 and older at the county level. According to this data (derived from the BRFSS) the prevalence of adult diabetes in Hyde County increased 4% overall between 2005 and 2010; the comparable figures for Alleghany County and NC were 16% and 8%, respectively. The average 6-year prevalence of diagnosed adult diabetes in Hyde County over that period was 12%; the comparable figures for Alleghany County and NC were 11% and 9%, respectively (48).

For this CHA cycles the Hyde County Community Health Needs Assessment Survey asked respondents whether they had been medically diagnosed with any of a list of diseases, including diabetes (not during pregnancy). The percentage of respondents replying “yes” to a diabetes diagnosis in 2014 was 17% of 199 respondents (49). Survey respondents also identified diabetes as a leading community health problem.

Overweight and Obesity

Overweight and obesity are well-recognized as precursors to many health problems, including diabetes. As it does with diabetes, the CDC describes the estimated prevalence of diagnosed obesity in adults age 18 and older at the county level. According to this data (also derived from the BRFSS) the prevalence of diagnosed obesity in Hyde County increased 5% between 2005 and 2010; the comparable figure for Alleghany County was 2%. (Similar state-level data is not available from the source.) The average 6-year prevalence of diagnosed obesity among adults in Hyde County over that period was 31%; the comparable figure for Alleghany County was 26% (50).

Other data would appear to indicate that overweight and obesity are significant health problems among children in Hyde County. 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 (51).

In 2011, Hyde County school nurses collected BMI data on all seventh-grade students in the system. According to these findings, an average of 50% of the seventh-graders each year were either overweight or obese (52). In addition, youth BMI data for Hyde County students at Mattamuskeet Middle School (n=38) were collected as part of the MATCH program in SY2013-14. According to those results, 47% of those students were overweight or obese, and 11% were deemed "extremely obese" (53).

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" was 27% of 207 respondents (49). Survey respondents also identified obesity as a leading community health problem (47).

Complications from overweight and obesity 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 (49).

Communicable Disease

Sexually transmitted infections (STIs) are the most common communicable diseases in Hyde County. Among STIs, chlamydia is the most prevalent, followed by gonorrhea. According to state data, Hyde County incidence rates for chlamydia were consistently lower than comparable rates for the state overall throughout the period from 2009 through 2012. In 2012 the chlamydia incidence rate in Hyde County was 223.3 new cases per 100,000 population; statewide the rate was 524.1. There were so few cases of gonorrhea annually over the same period that all rates should be considered unstable (54).

Emergency department admissions at the three area hospitals associated with the most common diagnoses of Infectious and Parasitic Diseases (ICD-9 Codes 001-139) in the period 2011-2013 were as follows (55):

- There were a total of 62 ED admissions of Hyde County residents for infectious and parasitic diseases in the period cited.
- Among admissions in this category, by far the most common diagnosis was streptococcal sore throat and scarlet fever, which accounted for 26 of the 62 admissions. The second most frequent ED diagnosis among Hyde County residents was unspecified viral infections (11 cases) followed by intestinal diseases (10 cases).

Mental Health and Substance Abuse

The unit of NC government responsible for overseeing mental health services is the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

In 2001, the NC General Assembly passed the Mental Health System Reform Act, which essentially privatized mental health services by requiring the governmental local management entities (LMEs) to contract with other public or private providers or provider groups to serve area residents in need of mental health services. The local counties and regions no longer directly controlled the provision of services, but instead were responsible for managing provider contracts (56). In 2004 the state Division of Medical Assistance chose to implement the 1915(b)(c) Medicaid Waiver Program as a means to control and budget the costs of Medicaid-funded services. NCDHHS was instructed to implement the 1915(b)(c) Waiver Program statewide by July 1, 2013 (57). The LME/MCO serving Hyde County is East Carolina Behavioral Health (ECBH), which is headquartered in Greenville, NC. Under proposed consolidation ECBH would join the Eastpointe and CoastalCare LMEs in becoming one organization (58).

One goal of mental health reform in NC was to refocus mental health, developmental disabilities and substance abuse care in the community instead of in state mental health facilities. The data below clearly illustrates how utilization of state-level services has diminished.

There was a 62% drop in number of Hyde County persons served by mental health area programs/local management entities between 2007 and 2008. While the figure for Hyde County rebounded by approximately 50% over the next three years, by 2012 it had fallen again to the lowest number in the entire span cited: 61 persons (59).

Since mental health reform of the early 2000s, only the most seriously ill mental health patients statewide qualify for treatment at state psychiatric hospitals. In Hyde County the numbers of persons served annually in NC State Psychiatric Hospitals were small and unstable, ranging from one to nine persons served per year. Statewide the number of persons served fell every year after 2007; in 2012 the total number served was 75% lower than in 2007 (60).

The three area hospitals participating in the Hyde County CHA provided data related to emergency department admissions relative to ICD-9 Codes 290-319, Mental, Behavioral and Neurodevelopmental Disorders for the period 2011 through 2013. Of specific interest in this case are the numbers of admissions for mental health diagnoses in ICD-9 Code categories 296, 298, 300 and 311 (the categories not related to alcohol or drugs) (55).

- In the period cited there were six admissions under ICD-9 Code 296, episodic mood disorders (including bipolar disorder).
- There were 14 admissions under ICD-9 Code 300, anxiety, dissociative and somatoform disorders.
- There were two admissions under ICD-9 Code 311, depressive disorder, not elsewhere classified.

Regarding the numbers of hospital ED admissions for alcohol- and drug-related diagnoses (55):

- From 2011 through 2013 there were two total admissions under ICD-9 Code 291, alcohol-induced mental disorders, and three total admissions under ICD-9 Code 292, Drug-induced mental disorders.
- There also were six total admissions under ICD-9 Code 303, alcohol dependence syndrome, and one admission under ICD-9 Code 304, drug dependence.
- There were 12 total admissions under ICD-9 Code 305, non-dependent use of drugs.

It is noteworthy that almost half of these mental health ED admissions occurred at Vidant Pungo Hospital, which has since closed. It is unknown at this time whether Hyde County residents will turn to the other area hospitals (Vidant Beaufort Hospital and The Outer Banks Hospital) for their emergency mental health care.

In the 2014 Hyde County Community Health Needs Assessment Survey respondents listed mental health concerns among the county's four most frequently identified health problems (47). Furthermore, 29% of 200 respondents reported having been diagnosed with depression or anxiety (49).

On the same survey, respondents ranked substance abuse and treatment highest as the health behavior about which the community needed more information, and 45% of respondents selected alcohol and drug abuse as among the three key community issues influencing quality of life in Hyde County (49).

HEALTH RESOURCES AND NEEDS

Access to and utilization of healthcare is affected by a range of variables including the availability of health insurance coverage, availability of medical and dental professionals, transportation options, cultural expectations and other factors.

HEALTH INSURANCE

In most communities, citizens' utilization of health care services is related to their ability to pay for those services, either directly or through private or government health insurance plans and programs. People without health insurance supports are called "medically indigent", and theirs is often the segment of the population least likely to seek and/or to be able to access necessary health care.

The table below summarizes the population (by age group) without health insurance of any kind for three biennia from 2006-07 through 2010-11. Prior to the advent of the Affordable Care Act the health insurance system in the US was built largely on employer-based insurance coverage, and any significant increase in the number of unemployed people usually led to an increase in the number of uninsured. With the advent of the Affordable Care Act, it is difficult to assess the current scope of the uninsured population, as available data all describes past circumstances which may no longer match reality.

Interestingly, the table below does shows a significant increase in the percent of uninsured people in Hyde County at the start of the national recession in 2008-09, but recovery in the period following that. This phenomenon was repeated in Alleghany County; statewide the pattern of uninsured was more variable. In the 2010-11 period approximately 25% of the Hyde County population between ages 19 and 64 were uninsured, the highest figure among the comparators in that time period.

Percent of Population Without Health Insurance, by Age Group

Location	2006-2007			2008-2009			2010-2011		
	0-18	19-64	0-64	0-18	19-64	0-64	0-18	19-64	0-64
Hyde County	10.8	31.4	25.8	11.0	31.6	26.8	8.5	24.6	20.9
Alleghany County	10.5	25.7	21.4	12.8	26.8	23.2	8.7	21.6	18.2
State of NC	11.3	19.5	19.5	11.5	23.2	19.7	9.4 ¹	23.0 ¹	18.9 ¹

North Carolina Institute of Medicine, NC Health Data, Uninsured Snapshots, Characteristics of Uninsured North Carolinians 2006-2011, <http://www.nciom.org/nc-health-data/uninsured-snapshots/>.
¹ Source: North Carolina Institute of Medicine, NC Health Data, Uninsured Snapshots, Characteristics of Uninsured North Carolinians 2010-2011, <http://www.nciom.org/nc-health-data/uninsured-snapshots/>.

The 2014 Hyde County Community Health Needs Assessment Survey asked participants whether or not they had health insurance at the time of the survey (autumn, 2014). Among the 245 respondents who answered the question, 20 (8%) did not have health insurance of any kind at the time of the survey (49) a figure not even close to the admittedly dated figures in the table above. The smaller proportion of uninsured identified in the survey compared to the 2010-11 data in the table may be due to a number of factors, including uneven distribution of survey participants (the survey was based on a sample that reached high proportions of wealthier and employed residents), and an economy that had improved since 2010-11. It is also possible that the lower survey figure was connected to persons having gained coverage recently through the

Affordable Care Marketplace. It will not be possible to fully assess the scope of lack of health insurance in Hyde County until the new health insurance paradigm initiated by the Affordable Care Act is well established.

In the opposite case from poverty, which is worse among children, the percent of children who are uninsured is *lower* than the percent of adults who are uninsured. The table above contains data showing that the percent of children age 0-18 without health insurance is much lower than the comparable percent for the 19-64 age group, and that the figure for children fell significantly in all jurisdictions shown between 2006-07 and 2010-11. As shown in the table below, enrollment in NC Health Choice (the program that provides insurance to children in low-income families who earn too much to qualify for Medicaid) has increased steadily over time in Alleghany County and statewide, helping insure children who might otherwise “fall through the cracks.” In Hyde County however, the percent of eligible children enrolled in NC Health Choice was more variable, displaying both increases and decreases between 2009 and 2013 but averaging 85.7%. Note that most of the time period represented in the table below occurred coincident with or later than the time period covered by the table above.

Enrollment in NC Health Choice

Location	2009		2010		2011		2012		2013 ¹	
	# Children Eligible	% Eligibles Enrolled								
Hyde County	92	82.6	94	88.3	91	81.3	92	88.0	103	88.3
Alleghany County	216	82.9	213	85.9	230	85.7	226	91.6	231	90.0
State of NC	132,273	82.2	137,800	88.8	146,070	92.2	151,745	95.1	153,312	96.5

Source: NC Division of Medical Assistance, Statistics and Reports, N.C. Health Choice Monthly Enrollment/Exemption Reports, 2009-2013; <http://www.ncdhhs.gov/dm/CA/nchcenroll/index.htm>.

HEALTH CARE RESOURCES

Health Care Providers

Hyde County has very few practicing health care professionals. According to County Health Rankings (cited previously) in 2014 Hyde County was ranked 94th in NC in terms of clinical care—almost the bottom of the range statewide. Further, the ratios of providers to population for major groups of health care professionals in Hyde County were lower than comparable state or national averages for MDs, primary care MDs, dentists and pharmacists in 2009, 2010 and 2011, the three most recent years for which data is available (61). In fact, according to the NC Medical Board, as of March 18, 2014 there were only three licensed physicians in Hyde County, two located in Ocracoke and one located on the mainland in Engelhard (62), and according to the Sheps Center, there were no dentists or pharmacists practicing in Hyde County in 2011 (36). A 2011 listing from the Sheps Center shows that the largest proportions of active health professionals in Hyde County are registered nurses (n=28), licensed practical nurses (n=9), and nurse practitioners (n=4). The only other active health professionals listed in Hyde County at that time were one certified nurse midwife, two physical therapists, one physical therapy assistant, and one occupational therapy assistant (63).

While the citizens likely are aware of the dearth of health professionals in the county, they are not as “unsatisfied” with health care or health care access as might be expected. According to results from the 2014 Hyde County Community Health Needs Assessment Survey, 38% of respondents strongly agreed or agreed with the statement, “There is good healthcare in Hyde

County”; 18% were neutral on the question, but 44% disagreed or strongly disagreed (49). On the same survey, only 7% of respondents cited the number of health care providers as the service issue requiring the most improvement in Hyde County. On the other hand, almost one-third of survey respondents reported they received their health care from a provider *outside* of Hyde County. Those who sought care elsewhere reported doing so because of the positive reputation of the practitioner or of past positive experiences with their distant provider (47%), or because a specialist they needed was not available in Hyde County (27%).

When asked whether they had difficulty accessing needed medical care in the past 12 months, 23% (n=55) of respondents to the 2014 Hyde County Community Health Needs Assessment Surveys answered “yes”. Among those who had problems, the highest proportion (26 of 55 respondents) reported they had difficulty accessing dental care (49). This is not surprising in a county with no practicing dentists. Since there are no dentists in Hyde County, accessing dental care may be a particularly difficult problem for Medicaid enrollees. According to the NC Division of Medical Assistance, there are 12 dental practices in neighboring counties (Beaufort, Martin and Washington counties) that by their own policy *may* accept Medicaid and/or NC Health Choice clients (64). Note that a Medicaid- or Health Choice-friendly policy does not mean that the practice has openings for these clients at any point in time.

To help offset the lack dental services in Hyde County, the Dare County Department of Public Health offers affordable dental care for children through the *Miles of Smiles* Children’s Dental Program. The program operates a completely equipped dental van that visits elementary schools in Dare *and* Hyde Counties. All school-age children are welcome to participate. Routine services include exams, cleanings, fluoride treatment, x-rays, dental sealants, silver and white fillings, steel crowns, custom athletic mouth guards and removal of teeth, limited root canals and space maintainers. The program does not provide braces. In the 2011-12 school year, the Miles of Smiles program served 119 Hyde County school children (65).

The barriers Hyde County survey respondents cited for their difficulty in accessing needed healthcare of all kinds included “no health insurance” as the main barrier, followed by “my insurance didn’t cover what I needed” and “my share of the cost (i.e., deductible or co-pay) was too high” (49).

Health Care Facilities

Hospital

There is no hospital physically located in Hyde County. The nearest hospital, Vidant Pungo Hospital, is located in Belhaven in eastern Washington County. This 39-bed hospital/10-bed nursing home closed in April, 2014, after which time the mainland hospital nearest to Hyde County was Vidant Beaufort Hospital, located in the town of Washington in western Beaufort County. Hyde County residents living on Ocracoke Island mostly utilize the services of The Outer Banks Hospital, located in Nags Head in Dare County (a ferry ride and nearly 85 miles of overland travel away from Ocracoke).

The closing of Vidant Pungo Hospital is likely to have considerable effect on access to healthcare for Hyde County residents. Among the three area hospitals cited above, Vidant Pungo Hospital had the largest proportion—54%—of inpatient hospitalizations of Hyde County residents in the period 2012-13. Further, examination of emergency department admissions at the same three hospitals revealed that Vidant Pungo Hospital accounted for over two-thirds of all ED admissions of Hyde County residents in 2012-13 (55).

Health Department

Hyde County Health Department programs accessible to the community include: primary care services, acute and chronic disease prevention and management, preparedness and response to emergent diseases and events, environmental health, home health, in-home aide services, medication assistance, WIC nutrition and supplemental food, and personal health programs, such as family planning and maternal health. Some agency programs, such as home health and the medication assistance program, reach across county lines in order to provide the same quality of care to others.

The health department staff is comprised of a nurse practitioner, health educator, registered nurses, environmental health specialists, pharmacists, physical therapists, occupational therapists, billing clerks, medication technicians, nursing assistants, chore providers and management personnel (66).

Telemedicine

Beginning in 2013, patients of the Hyde County Health Department were able to access medical care five days a week via a "virtual" appointment with a physician in a different location. Each appointment is facilitated by a nurse who is present to carry out the instructions of the physician. Hyde County Telemedicine offers medical care to patients of all ages. The board-certified providers are located at a Family Practice Clinic in Jacksonville, NC (67).

Federally-Qualified Health Center

Currently there is one FQHC in Hyde County: The Ocracoke Health Center, Inc. (68). It has two facilities: Ocracoke Health Center (OHC) on Ocracoke Island, and the Engelhard Medical Center (EMC) on the mainland in Engelhard. Staff at each location offer primary care and other health services on a sliding fee scale based on the patient's income and family size. Both facilities accept Medicare, Medicaid, Blue Cross, Medcost, and Tricare.

OHC partners with Roanoke-Chowan Community Health Center Telehealth Network to provide daily in-home monitoring services to patients diagnosed with cardiovascular disease, heart failure, or diabetes. At the time data was gathered for this report there were ten patients in this program.

OHC refers patients in need of behavioral health services to RHA Health Services, a contracted provider with East Carolina Behavioral Health (ECBH) the Local Management Entity (LME) that the state has designated to manage state-subsidized behavioral health services for low-income residents. RHA Health Services is a designated Critical Access Behavioral Health Agency (CABHA). OHC has a no-payment contract with ECBH to provide mental health and substance abuse counseling services on-site at OHC.

In 2013, OHC in Ocracoke had 1,303 patients, and EHC in Engelhard had 927 patients (69).

Emergency Medical Services

Hyde County EMS, operated by the county government, responds to a variety of calls, including medical conditions but also crimes, fires, false alarms, etc. Medically-related calls represented approximately 77% of EMS response activities over the period 2011-13 (70).

School Health

The local educational authority in Hyde County—Hyde County Schools—employs all school health nursing staff. The most recent (SY2011-12) ratio of school nurses to students in Hyde County schools was 1:575; during the same school year the ratio for the state was 1:1,179. The recommended ratio is 1:750 (71).

Long-Term Care Facilities

As of July, 2014 there were no state-licensed family care homes, no adult care homes/homes for the aged, and only one nursing home in Hyde County, offering 80 beds (72). As was discussed previously, this number of beds may not be adequate for a county whose population over the age of 65 is projected to grow by over 70% in the next 15 years.

Home Care, Home Health and Hospice Services

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. This report prefers to cite only those in-home health and/or home aide services that are licensed by the state of NC. Note that there may be additional providers in Person County that refer to themselves as “home health service (or care) providers” that are *not* licensed by the state and are not named in this report.

As of July, 2014 there was one licensed home care/home health provider in Hyde County: Hydeland Home Care Agency, affiliated with the Hyde County Health Department. In addition, Community Home Care and Hospice, located in Engelhard, was the only entity licensed by the state of NC to provide hospice services in Hyde County (73). The same state source listed two licensed hospice facilities in neighboring Beaufort County: Community Home Care and Hospice in Washington, and Continuum Home Care and Hospice of Beaufort County, also located in Washington (74). Given the projected population growth in Hyde County, it would be prudent to more fully assess the adequacy of these alternatives to institutional care for the elderly and disabled as the county grows.

A majority of respondents to the 2014 Hyde County Community Health Needs Assessment reported that Hyde County is “a good place to grow old”, with 66% agreeing or strongly agreeing with that statement. Further, only 9% of respondents listed elder care, and only 4% specifically cited long-term care among the issues most affecting quality of life in Hyde County. Only 6% of respondents cited elder care options as a community service needing improvement, but 15% of respondents thought the community needed more information about elder care or about caring for family members with special needs or disabilities. Finally, 21% of respondents who were caring for an elderly person (n=38) disagreed or strongly disagreed with the statement, “I can find adequate health care related specifically to the needs of the elderly” (49).

Mental Health Services and Facilities

At the time this report was prepared, the LME for Hyde County was East Carolina Behavioral Health (ECBH), which also functions as a managed care organization (MCO). ECBH serves a total of 19 counties in eastern NC, facilitating mental health services for both children and adults. Services offered include: diagnostic assessment, outpatient therapy, multi-systemic therapy, psychosocial rehabilitation, developmental therapy, intensive in-home services, medication management, substance abuse residential care, day treatment, community respite, group living, supportive living, supportive employment, substance abuse treatment (outpatient

and residential), day activity and vocational program for the developmentally disabled, personal assistance, and targeted case management. (See also the discussion of Mental Health in the Health Data Findings section of this report for an update on the Mental Health system in NC.)

There exists a “master” list of ECBH network providers who offer services throughout the LME’s 19-county service area (75). At the time the list was prepared no network providers or services were physically located in Hyde County itself. There are two state-licensed mental health facilities in the county, one of which provides a supervised living environment for developmentally disabled adults, and the other of which provides day activities for ADAP clients.

It is unclear how the lack of local providers hinders access to and utilization of mental health services by Hyde County residents. It is even unclear whether the public knows of the local LME or how to access it. When respondents to the 2014 Hyde County Community Health Needs Assessment Survey were asked to where they might refer a friend or family member with a mental health or drug/alcohol problem, fully 16% said they didn’t know. (Note that the LME was not specifically named among the referral options on the survey.) While most respondents recommended a physician (38%) or a mental health practitioner in private practice (19%), a significant proportion chose referral answers outside of the network of mental health professionals, such as a member of the clergy (16%), a support group (7%) or a school counselor (2%). The adequacy of mental health services *should* be important to Hyde County citizens, since 29% of survey respondents reported they had been diagnosed with depression, yet mental health was *not* among the issues identified by respondents as most affecting quality of life, nor was it identified as a service area needing the most improvement. However, respondents did rank substance abuse and treatment *highest* as the health behavior about which the community needed more information (49).

Other Healthcare Resources

As of March 3, 2014 there were no NC-licensed hospitals, ambulatory surgical facilities or cardiac rehabilitation facilities in Hyde County (76) nor were there any Medicare-approved dialysis facilities in the county (77). Since diabetes is among the county’s leading health problems, especially in the African American community, and high blood pressure is prevalent according to the 2014 Hyde County Community Health Needs Assessment Survey (cited as a personal diagnosis among 41% of survey respondents) (49), complications from these conditions, including kidney failure, might be expected to become more prevalent as well. The community should investigate the need for kidney dialysis now and in the future and determine the level of service needed.

Recreational Facilities

The physical environment of Hyde County offers many opportunities for outdoor physical recreation associated with its temperate climate and its proximity to the ocean. At the present time there is no governmental Parks and Recreation authority in the county, but there are plans to improve recreational opportunities through the work of a Hyde County Recreation Committee that was formed in 2000. In 2002 the Committee completed a *2002 Parks and Recreation Master Plan* with the help of East Carolina University. The Recreation Committee contributed to the creation of the Ponzer Community Park and the Engelhard Development Corporation’s Recreational Park. Presently, the Committee plans on updating the 2002 Parks and Recreation Master Plan and identifying what recreational assets the county currently has, how those assets can be more efficiently used and where deficits lie (78).

There is a Senior Center that helps meet the recreational needs of the elderly in Hyde County. The Senior Center offers games, activities, wellness initiatives and congregate meals. Exercise equipment available includes a treadmill, stationary bike, and a *NuStep*—a low-impact, recumbent cross trainer. Members of the public are always invited to share a meal or join in Center activities (79).

Local Health Promotion Initiatives

The following list includes some of the prevention and health promotion resources in Hyde County. It is by no means an exhaustive list of everything available in the community. These resources are primarily those with which public health has been directly involved.

Triple P (Positive Parenting Program) – Triple P is a coordinated system of parenting education and support programs that focus on all developmental periods, from infancy to adolescence. Triple P is for every parent – from parents facing everyday challenges with their children to parents facing more moderate to severe behavioral problems. Contact the Health Department to connect with a Triple P provider in Hyde County.

Family Connects – This program offer skilled nursing visits to postpartum women in Hyde County in order to support parents' health and social needs after having a baby, as well as connecting them with community resources. Women of any socio-economic background are seen.

Adult Health/Primary Care/Telemedicine – Acute care, in addition to chronic disease management has been available to patients via Telemedicine since February 2013. Hyde County Health Department was the first and only health department at that time to offer primary care services through telehealth. Services have been available to males and females regardless of payer source. Starting February 2015, the Health Department offers acute and chronic disease management as well as preventive services via on-site Family Nurse Practitioner. Telemedicine will continue as needed, but a shift will likely take place to use telehealth for specialty care.

Buckle Up Kids – Through this program, car seats are provided to WIC or Medicaid clients for \$10 to promote child passenger safety.

TEDI Bear Children's Advocacy – Hyde County Health Department contracts with this provider, who offers child abuse support through therapy, to children and parents. Prevention programs and parent education is available.

Smoking Cessation - This counseling program is designed to assist tobacco users in cessation. This program uses the 5A approach, which includes Asking, Assessing, Advising, Assisting, and Arranging. Pharmacotherapy requires a referral to provider.

Chronic Disease and Diabetes Self-Management – The Project DIRECT Legacy for Men offers free classes are open to all men and women with long-term conditions, including diabetes, high blood pressure, arthritis and others. These classes aim to help those who are managing a chronic condition through education regarding fitness, nutrition, medication management, communication with health care providers, and goal setting. Contact the Health Department to learn more about class scheduling.

NC 211 - The first step in finding help is knowing who to call. 2-1-1 was created to connect people to community health and human service resources. A call to NC 2-1-1 is free, confidential, and available all day, every day and in any language.

COMMUNITY CONCERNS SUMMARY

The 2014 Hyde County Community Health Needs Assessment primary data collection process solicited respondents' opinions about community health problems, unhealthy behaviors and non-health related issues. The East Carolina University (ECU) Center for Survey Research conducted the primary data collection exercise. The complete Executive Summary of the primary data collection process appears appended to this document (Appendix 3).

The data collection process 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. The survey link also was posted on various websites (e.g., Hyde County Government website) to broaden its accessibility. Every effort was made to ensure that participants in the primary data process reflected the population of the county. The Center for Survey Research examined the demographic composition of the survey sample and applied "data weighting" where necessary to compensate for discrepancies between the demographic profiles of the sample and county populations. Data weighting procedures were necessary only for the demographic variables of gender and age, as all other demographic variables were representative of the county. Data for the sample included in this report reflects this weighting.

The survey was made available to the community for a total of 12 weeks. Following data collection, responses received from the online and paper surveys were combined to create an overall sample of 245 responses.

In addition to the survey, five focus groups were conducted to obtain supplementary information from county residents regarding their opinions about health and quality of life. The focus groups were held in the mainland communities of Ponzer, Swan Quarter, Fairfield, and Engelhard; an additional focus group was conducted on Ocracoke Island. 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.

Several key survey and focus group results relative to specific personal health problems and opinions about health and unhealthy behaviors have already been integrated into other parts of this report. The discussion that follows focuses primarily on survey and focus group findings related to community concerns rather than personal health concerns.

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

The survey and focus group instruments asked a series of specific questions regarding the quality of life in Hyde County. When asked to describe the best aspects of life in the Hyde County community, focus group 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."

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

discrepancy between focus group members who reported the presence of a supportive community and survey respondents 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 focus group participants (most of whom were college educated, long-time residents of the county) reported a desire to participate in or create community programs (e.g., local gyms, community parks), but noted a lack of available financial resources. In sum, respondents highlighted the benefits provided by other community members and an overall sense of unity, as well as the restrictions associated with obviously limited economic resources.

When asked to select specific *health issues* that impacted the quality of life in Hyde County, participants most frequently chose alcohol and drug abuse (45%), cancer (28%) and chronic diseases (i.e., heart disease, diabetes, obesity; 14%).

Survey respondents were asked to select specific health behaviors that they believe *other* community members need more information about. Approximately one-third of participants (30%) identified eating well/nutrition as an essential topic. Further, nearly half of participants (44%) who currently care for a child (approximately 26% 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%), exercising/fitness (27%), and managing weight (23%) 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%), over 80% of survey respondents noted that their last check-up with a doctor was less than a year ago.

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. Notably, these responses parallel some of the respondents' more commonly self-reported diagnosed health conditions. For example, approximately 18% of the survey sample reported having been diagnosed with diabetes and 11% reported having been diagnosed with heart disease/angina.

Focus group members were asked to identify various factors that acted as *barriers* to a healthy lifestyle. Barriers cited 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.

The healthy living barrier "inadequate monetary resources" was attributed by respondents primarily to unemployment and low income. (Recall that job availability and poverty were listed as two of the top five factors influencing quality of life in the Hyde County community.)

Access to affordable health care was recognized as one of the top five issues affecting quality of life in Hyde County. Many survey participants indicated that they lacked sufficient health insurance. Approximately 22% of the survey sample reported having trouble receiving the health care they needed within the past year. Within this group of individuals, 38% reported that a complete lack of insurance was the barrier to care, whereas 27% were limited by an inadequate amount of coverage.

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.

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. While not specifically mentioned by survey or focus group respondents, surely the lack of a dentist in Hyde County must contribute to dental care access difficulty.

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). This response may reflect more than a judgment on "quality" of health care, incorporating also feelings about the adequacy of providers (in short supply, as noted elsewhere in this report) and the cost of 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. These opinions regarding a lack of transportation were also represented in the survey results. For example, only 52% of the community members agreed with the statement "There are sufficient transportation services in Hyde County".

Finally, approximately 18% 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% of respondents do not currently own a smoke or carbon monoxide detector. Furthermore, a third of participants (33%) also do not possess an emergency supply kit. Finally, nearly half of survey respondents (46%) reported that they do not know who to call for transportation, in order to get to a local shelter during a large-scale disaster. The issue of preparedness is of great significance in Hyde County, since as an Outer Banks and coastal county it is frequently subject to hurricanes and flooding.

COMMUNITY PRIORITIES

PRIORITY SELECTION PROCESS

This section describes the process implemented by Hyde County's Community Health Assessment (CHA) Team to establish health priorities for the county for the next three years (2014-2017).

The CHA Stakeholder Group and Leadership Team went through 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. The following "preliminary priority" list was created:

1. *Unintentional injury/substance abuse/mental health*
2. *Chronic disease prevention & management: obesity, education, nutrition, cancer*
3. *Access to care: transportation, emergency, preventative care, infant mortality/ pre-natal care*

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. This list included:

1. *Chronic Diseases: prevention and management*
 - *Cerebrovascular & cardiovascular disease*
 - *Diabetes*
 - *Cancer*
 - *Alzheimer's Disease*
 - *Physical activity & nutrition*
 - *Screenings*
 - *Access to care*
 - *Youth*
2. *Access to care: including dental and mental*
 - *Depression/ anxiety*
 - *Youth*
3. *Substance abuse: alcohol, tobacco, illicit drugs*
 - *Youth*
4. *Unintentional injury*

Because this meeting yielded such a broad list of priorities, there was a need to create a shorter, more specific list of priorities for action planning purposes. 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 it turned out, the issues that the Stakeholders felt were in most need of attention were also, in their opinion, the issues that were

most feasible to change. The top five issues that were identified by the CHA Stakeholder Group were 1) Physical Activity & Nutrition, 2) Cardiovascular Disease, 3) Diabetes Mellitus, 4) Access to Primary Care, and 5) Substance Abuse. After reviewing this information, the Leadership Team came to the consensus that, because physical activity and nutrition are the basis for preventing cardiovascular disease and diabetes (as well as other chronic conditions), these issues should be grouped into one priority. Therefore, the following were established as Hyde County's health priorities for the next three year period (2014-2017):

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

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 - 37 NC Department of Environment and Natural Resources, Division of Waste Management, Solid Waste Section. Solid Waste Management Annual Reports, FY2012-2013; County Waste Disposal Report Fiscal Year 2012-2013.
http://portal.ncdenr.org/web/wm/sw/swmar?p_p_id=110_INSTANCE_V4fV&p_p_lifecycle=0&p_p_state=maximized&p_p_mode=view&p_p_col_id=column-3&p_p_col_count=1&110_INSTANCE_V4fV_struts_action=%2Fdocument_library_display%2Fview&110_INSTANCE_V4fV_folderId=15429422.
 - 38 NC Center for Health Statistics, County-level Data, County Health Data Books (2010-2014). Pregnancy and Live Births. Pregnancy, Fertility, & Abortion Rates per 1,000 Population, by Race, by Age; <http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 39 NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Pregnancy and Births, 2007-2011 Number At Risk NC Live Births due to High Parity by County of Residence; <http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 40 NC State Center for Health Statistics, County-level Data, County Health Data Book (2013), Pregnancy and Births, 2007-2011 NC Live Births by County of Residence, Number with Interval from Last Delivery to Conception of Six Months or Less;
<http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 41 NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), North Carolina Residents (2006, 2007, -2008, 2009, 2010, 2011 and 2012) (geographies as noted): Table 6 (and others): County Resident Births by Month Prenatal Care Began, All Women;
<http://www.schs.state.nc.us/schs/births/babybook/>.
 - 42 NC State Center for Health Statistics, Vital Statistics, Volume 1 (2006, 2007, -2008, 2009, 2010, 2011 and 2012): Population, Births, Deaths, Marriages, Divorces, (geography as noted), Mother Smoked; <http://www.schs.state.nc.us/schs/data/vitalstats.cfm>.
 - 43 NC State Center for Health Statistics, County-level Data, County Health Data Books (2012, 2013, 2014), Pregnancy and Births, Low and Very Low Weight Births;
<http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 44 NC Center for Health Statistics, County-level Data, County Health Data Books (2012-2014), Mortality, Infant Death Rates per 1,000 Live Births;
<http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 45 NC State Center for Health Statistics, County Health Data Book (2014), Mortality, 2008-2012 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County;
<http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 46 NC State Center for Health Statistics, County Health Data Book (2014), Mortality, Death Counts and Crude Death Rates per 100,000 for Leading Causes of Death, by Age Groups, NC, 2008-2012; <http://www.schs.state.nc.us/SCHS/data/databook/>.
 - 47 East Carolina University Center for Survey Research. 2014 Hyde County Community Health Needs Assessment, Primary Data Executive Summary, December 15, 2014. Communicated via email from Anna Schaffer, Health Educator, Hyde County Health Department, to Sheila Pfaender, Public Health Consultant, December 16, 2014.
 - 48 Centers for Disease Control and Prevention, Diabetes Data and Trends, County Level Estimates of Diagnosed Diabetes - of Adults in North Carolina, 2006-2011;
<http://apps.nccd.cdc.gov/ddtstrs/default.aspx>.

-
- 49 East Carolina University Center for Survey Research. 2014 Hyde County Community Health Needs Assessment, Raw Primary Data Report. Communicated via email from Anna Schaffer, Health Educator, Hyde County Health Department, to Sheila Pfaender, Public Health Consultant, December 8, 2014,
 - 50 Centers for Disease Control and Prevention, Obesity Data and Trends, County Level Estimates of Diagnosed Obesity - of Adults in North Carolina, 2006-2011; <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>.
 - 51 Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), NC-NPASS Data (2007-2012), counties and age groups as noted; <http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>.
 - 52 Personal communication from Amber McCann, Hyde County Schools to Elizabeth Mumm, Public Health Educator, Hyde County Health Department; February 20, 2014.
 - 53 Personal communication from Amber McCann, Hyde County Schools to Elizabeth Mumm, Public Health Educator, Hyde County Health Department; February 20, 2014.
 - 54 NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. Facts and Figures, Annual Reports. North Carolina 2012 HIV/STD Surveillance Report, Table 8; <http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.pdf>.
 - 55 2014 Hyde County Community Health Assessment, Secondary Data Report.
 - 56 Gray, Allison. Reforming mental health reform: the history of mental health reform in North Carolina. North Carolina Insight Special Report, March 2009; <http://www.nccppr.org/drupal/content/insightissue/88/the-history-of-mental-health-reform>.
 - 57 Mental Health Reform in North Carolina. Wikipedia: http://en.wikipedia.org/wiki/Mental_health_reform_in_North_Carolina.
 - 58 "State Managed Care Organizations to Consolidate". North Carolina Health News, December 12, 2013; <http://www.northcarolinahealthnews.org/2013/12/20/state-managed-care-organizations-to-consolidate/>.
 - 59 Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 519); http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.
 - 60 Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health (Data Item 519); http://data.osbm.state.nc/pls/linc/dyn_linc_main.show.
 - 61 Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions Data Books, Table 14 (2008, 2009, 2010, 2011); <http://www.shepscenter.unc.edu/hp/publications.htm>.
 - 62 NC Medical Board, Licensee Search; <http://wwwapps.ncmedboard.org/Clients/NCBOM/Public/LicenseeInformationSearch.aspx>.
 - 63 Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Publications. 2011 North Carolina Health Professions Databook; http://www.shepscenter.unc.edu/hp/publications/2011_HPDS_DataBook.pdf.
 - 64 NC Division of Medical Assistance, Medicaid, Find a Doctor, NC Medicaid and NC Health Choice Dental Provider Lists; <http://www.ncdhhs.gov/dma/dental/dentalprov.htm>.
 - 65 Personal communication from Annette Swindell, Administrative Assistant, Hyde County Health Department, to Elizabeth Mumm, Public Health Educator, Hyde County Health Department; February 21, 2014.
 - 66 Hyde County Health Department website; <http://www.hydehealth.com/aboutus.htm>.
 - 67 "A New Way to See a Doctor, Close to Home". Hyde County Health Department patient brochure. Provided via personal communication from Elizabeth Mumm, Public Health Educator, Hyde County Health Department, to Sheila Pfaender, Public Health Consultant.
 - 68 US Health Resources and Services Administration website: Find a Health Center (Search by State or County). http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1.

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- 69 Personal communication from Jamie Tunnell Carter, Office Manager, Ocracoke Health Center, to Elizabeth Mumm, Public Health Educator, Hyde County Health Department; February 27, 2014.
 - 70 Personal communication from Justin Gibbs, Emergency Services Director, County of Hyde, to Elizabeth Mumm, Public Health Educator, Hyde County Health Department; February 19, 2014.
 - 71 NC DHHS, DPH, Women's and Children's Health, Facts & Figures, Data Reports and Publications. Annual School Health Services Reports, End-of-Year-Reports.
<http://www.ncdhhs.gov/dph/wch/stats>.
 - 72 NC Department of Health and Human Services, Division of Health Services Regulation (DHSR), Licensed Facilities, Adult Care Homes, Family Care Homes, Nursing Facilities (by County); <http://www.ncdhhs.gov/dhsr/reports.htm>.
 - 73 NC Department of Health and Human Services, Division of Health Services Regulation (DHSR), Licensed Facilities, Home Care Only, Home Care with Hospice, Home Health Only, and Home Health with Hospice Facilities (by County);
<http://www.ncdhhs.gov/dhsr/reports.htm>.
 - 74 NC Department of Health and Human Services, Division of Health Services Regulation (DHSR), Licensed Facilities, Hospice Facilities (by County);
<http://www.ncdhhs.gov/dhsr/reports.htm>.
 - 75 East Carolina Behavioral Health Provider Network Directory, September 2012
 - 76 NC Department of Health and Human Services, Division of Health Services Regulation (DHSR), Licensed Facilities; <http://www.ncdhhs.gov/dhsr/reports.htm>.
 - 77 Dialysis Facility Compare, <http://www.Medicare.gov/Dialysis/Include/DataSection/Questions>.
 - 78 Welcome to Hyde County, Planning and Economic Development, Spring 2013 Report: Recreation Committee;
http://www.hydecountync.gov/departments/hyde_county_recreation_committee.php.
 - 79 Welcome to Hyde County, Departments, Senior Center;
http://www.hydecountync.gov/departments/senior_center.php.

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

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

ITEM TITLE: Ocracoke Island EMS Site Relocation

SUMMARY: PowerPoint presentation with pictures and terms of multiple options for relocation of EMS sites on Ocracoke Island.

RECOMMEND: REVIEW AND DISCUSS THEN DETERMINE NEXT STEPS.

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

Ocracoke Island EMS Site Location



Background

- Current EMS Site
 - Located behind Health Department
 - No Covered Parking
 - Two story house on a shared lot
 - Limited onsite parking
 - Potential for driveway conflict issues
 - Health Department experiencing Federally mandated expansion which requires their occupying the current EMS building

December Deadline

- December 2015 deadline to vacate the current EMS building
 - Site selection
 - Contract procurement
 - Improvements/modifications
 - Move in
 - Develop and Implement Long-Term solution

Site Selection

- Considerations:
 - Move in Readiness
 - Cost and terms of Lease
 - No less than 3 year lease
 - Potential to become long-term solution
 - Sleeping Quarters for Personnel
 - Parking facility for Ambulances

790&804 Irvin Garrish Highway

- Owner:
 - Sandra O'Neal
- Tax Value:
 - \$725,451
- Terms:
 - 10 year lease at \$2,500/month fixed
 - County responsible for insurance and maintenance and tax value on improvements made by County
 - Owner responsible for current/base tax rate
 - Right to renew for 2nd 10 year lease at \$3,000/month
 - First right of refusal for the space currently occupied by the automatic ice/water distribution machine

790&804 Irvin Garrish Highway

Terms (cont'd)

- Includes:
 - 790 Irvin Garrish Highway (2-story home)
 - 804 Irvin Garrish Highway (old restaurant)
 - 35 Beach Road (singlewide mobile home)
 - Currently occupied by tenant paying \$500/month rent
 - If lease signed, that rent would come to County at \$500/month as long as a tenant occupied singlewide (would offset County lease payment to \$2,000/month)
- Excludes:
 - 800 Irvin Garrish Highway (Fish House)
 - Automated Ice/Water machine

790&804 Irvin Garrish Highway

Pros

- Large lot with plenty of space for shelter/housing
- Living quarters onsite
- Public/private partnership
- Excellent long-term solution, possible short-term solution
- Close proximity to Ocracoke VFD
- Back street access to Beach Drive
- Room for future expansion
- Living quarters habitable and in fair condition

Cons

- Restaurant needs to be torn down at County expense
- Would require building a shelter for ambulances
- Mostly between zero and 2 feet elevation

790&804 Irvin Garrish Highway

Pros Continued

- Living quarters elevation is greater than 2 feet but less than 4 feet

790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



790&804 Irvin Garrish Highway



270 Back Road

- Owner:
 - Bertha O'Neal
- Tax Value:
 - \$384,709
- Terms:
 - 3 years at \$2,000/month plus tax, maintenance, and insurance
 - Purchase at any time during lease with owner financing
 - Purchase price: \$1,000,000
 - Willing to redraw property lines to include house and garage on single lot and sell for \$600,000

270 Back Road

Pros	Cons
<ul style="list-style-type: none">• Large lot with plenty of space• Lease price extremely reasonable• Living quarters onsite• Option to purchase• Would not have to purchase the property• Good short-term fix and potentially long-term fix with grants and partners• Sheltered parking for vehicles• Current owner eager to sell to County	<ul style="list-style-type: none">• Potentially prohibitive purchase price<ul style="list-style-type: none">- 55000 square feet could potentially be developed into 10 lots for a residential developer• Would require some work up front to convert garage from living space to parking space

270 Back Road

Pros Continued

- Directly across from school and existing Health Department
- Centrally located
- Large enough lot for future County growth
- Can be divided into two lots
- Minimal flood risk-sits at or above 2 feet elevation
- New air conditioning system recently installed

270 Back Road



270 Back Road



270 Back Road



270 Back Road



270 Back Road



216 British Cemetery Road

- Owners:
 - Carl and Mary Teeter
- Tax Value
 - \$443,055
- Terms
 - Purchase Price: \$350,000
 - Lease Price: \$2,000/month

216 British Cemetery Road

Pros

- Large Lot with plenty of room to build shelter for ambulances
- Residence currently occupied, few improvements needed to make habitable for EMS personnel
- Lease or purchase
- Less expensive purchase price
- Possible long-term solution
- New heat and air unit recently installed

Cons

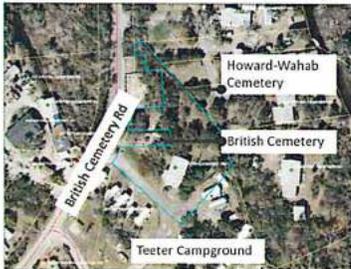
- Would require significant site work for buildings
- Entire lot elevation is greater than zero but less than 2 feet

216 British Cemetery Road

Pros Continued

- 3 bedrooms and 2 baths for EMS personnel

216 British Cemetery Road



216 British Cemetery Road



216 British Cemetery Road



216 British Cemetery Road



216 British Cemetery Road



216 British Cemetery Road



216 British Cemetery Road



45 Trent Road

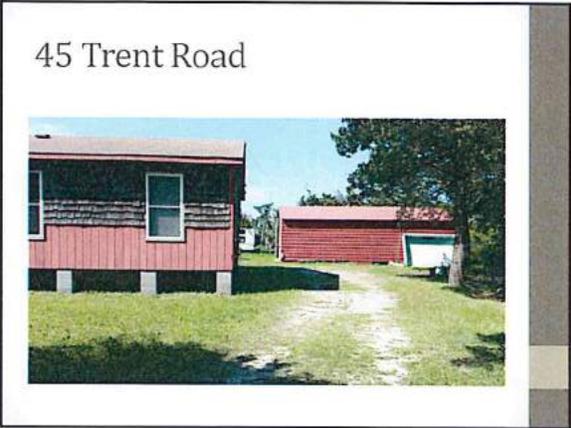
- Owner:
 - Frank D. Teeter, Jr.
- Tax Value:
 - \$356,283
- Terms:
 - Commitment letter from the County and \$100,000 down
 - Owner financing
 - Total purchase price \$300,000
 - Willing to consider leasing, but would need additional information from County

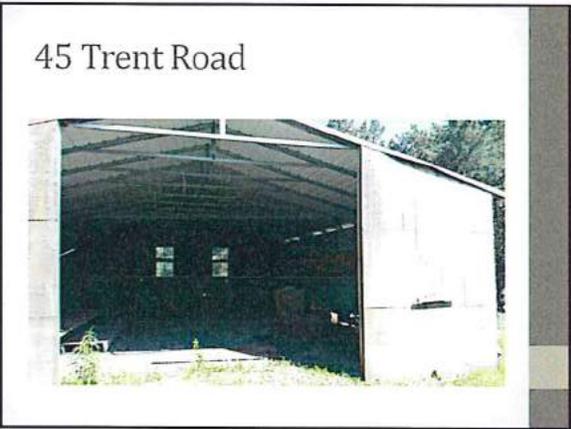
45 Trent Road

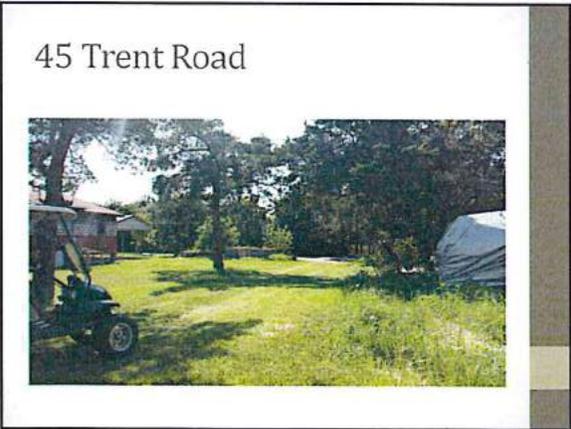
- | Pros | Cons |
|---|---|
| <ul style="list-style-type: none">• Large corner lot• Existing cover options for vehicles• Potential short-term and long-term fix• Good value for asking price | <ul style="list-style-type: none">• Current inspection shows some electrical, plumbing and septic issues• Extensive repair and up-fit required• Potential flooding issues• Less interested in leasing due to personal financial components |

45 Trent Road









45 Trent Road



Conclusion

- Four possibilities to choose from
 - Each property is currently available for purchase or lease
 - Each property location works (some better than others)
 - Each property is large enough to shelter ambulances

Questions



Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET

Meeting Date: July 6, 2015
Presenter: Citizens
Attachment: No

ITEM TITLE: PUBLIC COMMENTS

SUMMARY: Citizens are afforded an opportunity at this time to comment on issues they feel may be of importance to the Commissioners and to their fellow citizens.

Comments should be kept to (3) minutes and directed to the entire Board, not just one individual Commissioner, staff member or to a member of the audience.

Time for one person cannot be used by another person.

Comments that reflect the need for additional assistance will be directed to the County Manager or referred to a future meeting agenda.

RECOMMEND: Receive comments.

Hyde County Board of Commissioners
AGENDA ITEM SUMMARY SHEET

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

ITEM TITLE: Ocracoke Occupancy Tax Board

SUMMARY: On July 7, 2014 the Hyde County Board of Commissioners appointed Trudy Austin to serve a one-year term on the Ocracoke Occupancy Tax Board and set staggered three-year terms for the five-member board.

Appointments and Term Lengths - 2014		
<u>One Year Term</u> 2014 - 2015	<u>Two Year Term</u> 2014 - 2016	<u>Three Year Term</u> 2014-2017
Trudy Austin	Frank Brown	Marlene Gaskins Matthews
	Clayton Gaskill	David Styron

Three Year Terms		
2015 - 2018	2016 - 2019	2017 - 2020

RECOMMEND: Appointment.

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

seats, request has been made to allow students living within a distance of seventy miles from Elizabeth City to pay in-state tuition rates to attend Elizabeth City State University.

Commissioner Tunnell moved to adopt "Resolution Encouraging A Pilot Program To Increase Student Enrollment At Elizabeth City State University By The UNC Board Of Governors And/Or The North Carolina General Assembly." Mr. Fletcher seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

Clerk's Note: A copy of "Resolution Encouraging A Pilot Program To Increase Student Enrollment At Elizabeth City State University By The UNC Board Of Governors And/Or The North Carolina General Assembly" is attached herewith as Exhibit C and incorporated herein by reference.

Letter of Resolution of Support of Farm Technology

Manager Rich reported on the need to support encouraging the administration to begin approving the backlog of products to protect American corn and soybeans. Hyde County supports representing farmers and consumers in our state by expressing to the Administration our wish that the U.S. Department of Agriculture (USDA) and Environmental Protection Agency (EPA) complete the approval process for new technologies to combat herbicide resistance.

Commissioner Pugh moved to adopt "Letter of Resolution of Support of Farm Technology." Mr. Fletcher seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Pugh, Tunnell, Simmons and Swindell; Nays – None; Absent or not voting – None.

Clerk's Note: A copy of "Letter of Resolution of Support of Farm Technology" is attached herewith as Exhibit D and incorporated herein by reference.

Appointments:

Ocracoke Occupancy Tax Board

Commissioner Fletcher proposed removal of Martha Garrish and Wayne Clark from the Ocracoke Occupancy Tax Board. Mr. Fletcher recommended setting staggered three (3) year terms for the five-member board.

Commissioner Fletcher moved to appoint Marlene Gaskins Matthews and David Styron to serve on the Ocracoke Occupancy Tax Board and to set staggered three (3) year terms. Mr. Tunnell seconded the motion. The motion passed on the following vote: Ayes – Fletcher, Tunnell and Swindell; Nays – Pugh and Simmons; Absent or not voting – None.

Appointments and term lengths are as follows:

<u>One Year Term</u>	<u>Two Year Term</u>	<u>Three Year Term</u>
Trudy Austin	Frank Brown Clayton Gaskill	Marlene Gaskins Matthews David Styron

Northeast Workforce Development Board

Manager Rich reported that at its regularly scheduled meeting on June 2, 2014, no nominations to serve on the Northeast Workforce Development Board were made and no nominees were announced on July 7. Mr. Rich will reach out to Ocracoke citizens and appointments will be made at its next regularly scheduled meeting on August 4, 2014.

Albemarle Commission Area Agency On Aging Ombudsman Program

Manager Rich reported Nursing Home Community Advisory Committee members serve as advocates for the residents of long term care. The Albemarle Commission Area Agency on Aging Ombudsman Program has requested one new appointment and four reappointments to the Nursing Home Community Advisory Committee.

Commissioner Swindell moved to appoint Karen Meekins and re-appoint Frances House, Linda Flowers, Judy Harris, and Isabelle Holmes to serve on the Nursing Home Community Advisory

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

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

ITEM TITLE: DESIGNATION OF VOTING DELEGATE
TO NCACC ANNUAL CONFERENCE

SUMMARY: The 108th NCACC Annual Conference will be held in Pitt County, NC on August 20 - 23, 2015. Hyde County has been asked to elect a Designated Voting Delegate to represent the County at this conference.

RECOMMEND: Appoint voting delegate.

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

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

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



Designation of Voting Delegate to NCACC Annual Conference

I, _____, hereby certify that I am the duly designated voting delegate for _____ County at the 108th Annual Conference of the North Carolina Association of County Commissioners to be held in Pitt County, N.C., on August 20-23, 2015.

Signed: _____

Title: _____

Article VI, Section 2 of our Constitution provides:

“On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its county commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office or an appointed position in the county whose vote is being cast and who is formally designated by the board of county commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues.”

Please return this form to Sheila Sammons by: **Friday, August 7, 2015:**

NCACC
215 N. Dawson St.
Raleigh, NC 27603
Fax: (919) 719-1172
sheila.sammons@ncacc.org
(p) (919) 715-4365

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

Meeting Date: July 6, 2015
Presenter: Suzanne Johnson, Interim DSS Director
Attachment: Yes

ITEM TITLE: APPOINTMENT – DSS BOARD MEMBER

SUMMARY: Ms. Johnson reported the Hyde County Department of Social Services third/fifth board member terms expired on June 30, 2015.

The Board requests re-appointment of Minnie Farrow.

RECOMMEND: Appoint.

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

Lois Stotesberry

From: Suzanne Johnson <SJohnson@hydecourtync.gov>
Sent: Wednesday, June 24, 2015 2:49 PM
To: lstotesberry@hydecourtync.gov
Subject: FW: [DSS.County.Directors] 3rd or 5th Member Serving on the DSS Board
Attachments: 3&5 Member FORM.docm; Untitled attachment 00013.txt

From: Green, Angela [<mailto:angela.green@dhhs.nc.gov>]
Sent: Wednesday, June 24, 2015 1:58 PM
To: DHHS.DSS.County.Directors
Subject: [DSS.County.Directors] 3rd or 5th Member Serving on the DSS Board

Dear Directors,

Please be reminded that third/fifth DSS board member terms will expire June 30, 2015. Once your member has been appointed/reappointed, please complete the attached form and forward to me so that I may update your file.

Thanks,
Angela

Angela R. Green
NC Department of Health and Human Services
Executive Assistant to Wayne Black, Director
and Jack Rogers, Deputy Director
NC Division of Social Services
Staff to the Social Services Commission
820 S. Boylan Avenue
2401 Mail Service Center
Raleigh, NC 27699-2401
Telephone: (919) 527-6338
Fax: (919) 334-1018
angela.green@dhhs.nc.gov
www.ncdhhs.gov/dss

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

THIRD OR FIFTH
MEMBER SERVING ON THE
_____ COUNTY
BOARD OF SOCIAL SERVICES

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reappointment: _____ Yes _____ No

If Reappointment, Date of Original Appointment: _____

County Commissioner: _____ Yes _____ No

Ethic Background: _____

Gender: _____

Term Expires: _____

PLEASE RETURN THIS FORM
BY MAIL

North Carolina Division of Social Services
Attention: Angela Green
2401 Mail Service Center
Raleigh, North Carolina 27699-2401
Courier Number: 56-20-25

BY EMAIL: Angela.Green@dhhs.nc.gov

BY FAX: (919) 334-1018

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

Meeting Date: July 6, 2015
Presenter: Beverly Paul, Director
Attachment: No

ITEM TITLE: HYDE COUNTY TRANSIT BOARD APPOINTMENTS

SUMMARY: Hyde County Transit would like the Board to appoint Phillip Holloway from Northeast Workforce Solutions and David Howard from the Hyde County Health Department to the Hyde County Transit Board of Directors.

RECOMMEND: Appoint.

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

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

Meeting Date: July 6, 2015
Presenter: Suzanne Johnson, Interim DSS Director
Attachment: Yes

ITEM TITLE: REQUEST INCREASE IN DSS BOARD PER DIEM RATES

SUMMARY: The Hyde County Department of Social Services Board requests:

1. DSS Board meeting rate increase to \$50.00
2. Mileage reimbursement for mileage to meetings in the county
3. Approval of per diem rates for motel, meals and mileage when attending out of county meetings

Hyde County Per Diem Rates

Mileage	\$ 0.575
Breakfast	\$ 7.75
Lunch	\$10.10
Dinner	\$17.30

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



HYDE COUNTY
Department of Social Services
POST OFFICE BOX 220
SWAN QUARTER, NC 27885

DIRECTOR

TELEPHONE
252-926-4199

June 29, 2015

Mr. Barry Swindell, Chairman
Hyde County Board of Commissioners
P. O. Box 188
Swan Quarter, NC 27885

Dear Mr. Swindell:

On behalf of the Hyde County Department of Social Services Board, I am submitting the request for the following:

1. The rate for Social Services Board Meeting increase from \$25.00 to \$50.00.
2. Reimburse Board Members mileage to meeting in county.
3. Requesting approval for motel, meals and mileage for attending out of the county meetings.

The above items were approved by all Social Services Board members in attendance at the June 24, 2015 Board Meeting.

Respectfully submitted,

Suzanne Johnson
Interim Director

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

Meeting Date: July 6, 2015
Presenter: Special Assistant Will Doerfer
Attachment: Yes

ITEM TITLE: REPORT

SUMMARY: Special Assistant to the County Manager, Will Doerfer will present report on projects he began during the month of June.

RECOMMEND: Receive report.

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

Will Doerfer
Special Assistant County Manager
NCACC/ICMA Local Government Management Fellow
Monthly Report for June 2015:

- HR/New Employee paperwork
- Board of Commissioners Meeting
- Discuss future projects with Department Heads
- EMS Site relocation project
- Hurricane Preparedness
- Background on soil issues/salt water intrusion
- Meeting to discuss future of gypsum use with Mack Gibbs and Tim Cathey
- FEMA Training
- Ocracoke Island!
 - Ferry Meeting
 - EMS Site Relocation
 - Health Department and Community Meeting
- Met with Bill and Justin to go over EMS Site Relocation presentation
- NC Marine Resources Fund Grant research
- Hurricane Preparedness and Debris/Monitoring options
- Interview with department heads regarding Hurricane Irene
- Meeting with National Parks Service Executives on Ocracoke Island
- Visited Hyde, Seek and Discover
- Visited EMS Station, Senior Center, and Transit Center

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

Meeting Date: July 6, 2015
Presenter: Kris Cahoon Noble
Attachment: Yes-(2) MOU's

ITEM TITLE: ECU State Employees Credit Union Internship

SUMMARY: Attached are (2) Memorandums of Understanding for the two summer interns who will be providing assistance to the Office of Planning and Economic Development with two economic development projects. The two projects are:

- (1) Developing an business and industry survey for existing Hyde County businesses
- (2) Developing a survey to identify desired course offerings in Hyde County provided by Beaufort County Community College.

RECOMMEND: APPROVE MEMORANDUMS OF UNDERSTANDING

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

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

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

Memorandum of Understanding

Between the ECU State Employees' Credit Union Internship program and the Hyde County Office of Planning and Economic Development

Supervisors:

Hyde County:

Kristen C. Noble, Planning and Economic Development Director, Hyde County

Bill Rich, County Manager, Hyde County

ECU SECU internship program:

Sharon Paynter (Director, Public Service and Community Relations at ECU),

Christine Avenarius (ECU Department of Anthropology)

The SECU intern contributes to the identification of outreach class needs among Hyde County residents and communicates requests to the Beaufort Community College administration.

Project Background:

Hyde County and Beaufort County Community College are working together to offer courses at the Hyde Business Center located in Engelhard. The intern works with Hyde County staff and Beaufort County Community College staff to identify current course offerings and collect information from Hyde County businesses and local residents to identify the distribution of interests in existing courses and needs for additional course offerings.

Detailed tasks of the SECU Intern:

- 1) Intern meets with staff members of Beaufort County Community College to learn about current course offerings, details of course content, schedule and teachers. Intern inquires about new trends in course offerings and suggestions for Hyde County residents.
- 2) Intern meets with members of the Hyde County office for economic planning and development to identify a list of Hyde County businesses with potential needs for staff development. Intern compiles a list of potential interview partners among business owners in Hyde County based on a purposive sampling strategy.
- 3) In cooperation with the Hyde County office of county management and the academic advisor, Dr. Avenarius, the intern determines a sampling strategy to reach local Hyde County residents from different age groups. This subset of local residents should include both men and women, employed and unemployed.
- 4) In cooperation with the academic advisor, Dr. Avenarius, the intern designs a semi-structured interview guideline that asks open-ended questions about the participation in existing courses offered by BCCC, knowledge about existing courses, knowledge needs to improve the

economic success of a specific business and/or the employability of individuals, knowledge needs to improve the natural hazard preparedness of specific businesses, and interests in specific topics of instruction.

- 5) Intern contacts selected business owners, employees and other local residents and conducts semi-structured interviews with each business representative and individual Hyde County residents about course enrollment, knowledge and expertise needs and anticipated knowledge/expertise needs to facilitate sustainable development, including requests for course times and online presence of course offerings.
- 6) Intern analyzes the collected data in cooperation with the academic advisor, Dr. Avenarius, identifying reoccurring patterns of needs and quantifying the topic interests and current participation rates.
- 7) Intern writes a report representing results of the study and presents findings to staff members of the Beaufort County Community College and the Hyde County Office of Planning and Economic Development. The report is expected to facilitate a suitable set of course offerings by BCCC instructors at the Hyde Business Center in Engelhard and the potential development of additional courses and/or redesign of existing courses.

Memorandum of Understanding

Between the ECU State Employees' Credit Union Internship program and the Hyde County Office of Planning and Economic Development

Supervisors:

Hyde County:

Kristen C. Noble, Planning and Economic Development Director, Hyde County

Bill Rich, County Manager, Hyde County

ECU SECU internship program:

Sharon Paynter (Director, Public Service and Community Relations at ECU),

Christine Avenarius (ECU Department of Anthropology)

The SECU intern contributes to the completion of a business inventory for Hyde County

Project Background:

In an effort to know more about existing businesses and industries in Hyde County, the Office of Economic Development and Planning would like to complete an Existing Business Inventory. The intern works with the Hyde County Planner to develop a data collection instrument that verifies existing information about local businesses and industries and identifies additional businesses in the county. The goal is to have a comprehensive list of existing businesses on the mainland and the island of Ocracoke along with information about business type, number of part-time and full-time employees, annual sales/revenues, current information needs to increase economic and environmental sustainability and anticipated resource needs to further future development.

Detailed tasks of the SECU Intern:

- 1) Intern familiarizes himself with the existing **business directory** and verifies the continuous operation of listed businesses via email and/or phone call.
- 2) Intern obtains a list of recently registered and/or newly registered businesses from the Hyde County Chamber of Commerce and identifies the contact information for the business owner and/or business representative.
- 3) Intern drives to all communities in Hyde County, including Currituck township (Ponzer, Scranton, etc.) Swan Quarter township, Fairfield township, Lake Landing township (Engelhard) and Ocracoke township. Intern takes notes of business signs and conducts informal interviews with local residents to learn about existing businesses and new businesses formations in each area. Intern compares the locally collected information with the lists of businesses available at the Hyde County Office of Planning and Economic Development and adds businesses that are not yet listed.

- 4) In cooperation with the academic advisor, Dr. Avenarius, the intern designs a semi-structured interview guideline that asks open-ended and closed questions about the type of business, the services or products offered, the number of employees, revenues, information needs and wishes for future services provided by the office of the county manager.
- 5) Intern contacts each business representative on the comprehensively compiled lists and collects the following information:
 - Type of business, self identified by business representative
 - Services and/or products offered
 - Geographic range of business engagement (locally, regionally, national/ globally)
 - Number of part time employees and time periods of employment
 - Number of full time employees
 - Annual sales/revenues
 - Knowledge about existing services of the county managers office
 - Plans for natural hazard preparedness/ emergency preparedness
 - Needs in terms of financial services information (to ensure economic sustainability)
 - Needs to ensure environmental sustainability of the business/industry
 - Wish list for services provided by county manager offices
 - Resource needs/ information needs to facilitate future economic growth
- 6) Intern enters the information into a database and conducts quantitative and qualitative analysis of the data in cooperation with Kristen Noble and Christine Avenarius.
- 7) Intern writes a report representing information about types of businesses in Hyde County, size of businesses in terms of revenues and employees, needs of businesses and level of preparedness for natural hazards and economic growth.