

PENDER COUNTY COMMUNITY HEALTH ASSESSMENT

2022 REPORT



INTRODUCTION LETTER

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, BSN, MPA
Health and Human Services Director

To Pender County Residents:

"You are a part of Public Health History!" This was a phrase I repeated often to staff and to myself. The Pender County Health Department staff lead the county's response to COVID-19 that evolved into a world-wide pandemic. The last event of such magnitude occurred in 1918 with the Influenza pandemic. Such a response took a toll on staff, but they prevailed. Pandemic or not, public health carries on: *Everyday, Everywhere, Everybody!*

And one public health responsibility includes this presentation of the *2022 Pender County Community Health Assessment Report*. It will serve as the county's blueprint the next four years as we strive to improve the health and well-being of our residents. But we cannot do this work alone. Only through partnerships, stakeholders, and our residents can we hope to make a difference.

Thanks to Pender County Health and Human Services staff, many county government employees, community partners, and our Pender County residents who assisted in this effort. Once again, staff with the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health are to be commended for their consultation and assistance throughout the assessment process and development of the final report.

Building a healthier tomorrow begins today. Join us.

In the Spirit of Public Health,



Carolyn Moser, Director

Pender County Health and Human Services

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230

Fax (910) 259-1258

Dental Center (910) 259-1503

Environmental Health (910) 259-1233

WIC (910) 259-1290

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ACKNOWLEDGMENTS

COMMUNITY HEALTH ASSESSMENT LEADERSHIP TEAM

- Carolyn Moser, Health and Human Services Director, Pender County Health Department (PCHD)
- Shirley Steele, Director of Nursing, PCHD
- Margaret Nemitz, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health
- Lauren Schauer, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health

COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------|
| • Cynthia Avery, Pender County Schools | • Casey LaFleur, RN, PCHD, Communicable Disease Nurse |
| • Ashley Batts, WHNP, PCHD, Women's Health | • Sally Lawson, Veterans Services |
| • Heather Biddix, Novant Health Pender Medical Center | • Kimberly Leonard, Pender County Finance |
| • Kyle Breuer, Surf City Town Manager | • Lakeata Lisane, RN, PCHD, Nurse Supervisor |
| • Jan Dawson, Burgaw Commissioner, PCHD Advisory Board of Health Member | • Abby Modlin, PCHD, Tax Office |
| • Pam Dibiase, PCHD, WIC Director | • Kim Morgan, Coastal Horizons, Director |
| • Mike Dickson, Pender County GIS | • Carolyn Moser, PCHD, HHS Director |
| • Vence Dodge, PCHD, Environmental Health Supervisor | • Donna Murphrey, Pender Adult Services, Inc. |
| • Kira Frawley, PCHD, Preparedness Coordinator | • Frank Perez, PCHD Advisory Board of Health Member |
| • Ruth Glaser, Novant Health Pender Medical Center, President | • Tammy Proctor, Pender County Tourism, Director |
| • Teresa Ham, PCHD, Administrative Support | • Cynthia Rivenbark, NC Cooperative Extension |
| • Eileen Harris, PCHD, Lab Manager | • Mark Seitz, NC Cooperative Extension, Director |
| • Sandy Harris, Pender County Christian Services | • Anahita Shaya, PCHD, Dentist |
| • Erik Harvey, Pender County ITS, Director | • Shirley Steele, RN, PCHD, Nurse Director |
| • Travis Henley, Pender County Planning | • Wes Stewart, Pender County DSS, Director |
| • Cydney Herring, PCHD, Health Educator | • Sarah Taylor, Emergency Management |
| • Pepper Hill, Pender County Christian Services | • Stephanie Todd, PCHD, Health Educator |
| • Jim Hock, Burgaw Police Department, Chief | • Kimberli Trotman, RN, PCHD |
| • Sherry Horrell, Pender County DSS | • Dee Turner, Pender County Parks and Recreation |
| • Samenthia Jones, Pender County Jail, PCHD Advisory Board of Health Member | • Allen Vann, Pender County Manager's Office, Assistant County Manager |
| • Ben Kane, PCHD, Environmental Health Supervisor, Vector Control Program | • Aimee Watson-Green, Pender County DSS, Supervisor |
| • Randolph King, Pender County Sheriff's Office | • Zach White, Pender County Parks and Recreation |

EXECUTIVE SUMMARY

PURPOSE OF THE COMMUNITY HEALTH ASSESSMENT

The community health assessment (CHA) is the foundation of health improvement for a community. Its purpose is to identify the factors that affect the community's health and quality of life and the resources available to address these factors. The Pender County Health Department leads a CHA every four years. The process involves working collaboratively across sectors in a steering committee, collecting and analyzing health data, and setting priorities for health improvement.

By systematically identifying a county's health resources and challenges, county leadership can make strategic choices to prioritize top areas of concern. This report provides data and priorities to support a Community Health Improvement Planning process that outlines action steps and tracks progress on identified issues. This collaborative cycle of steady, incremental progress helps create a healthier community for all.

COLLABORATION AND COMMUNITY ENGAGEMENT



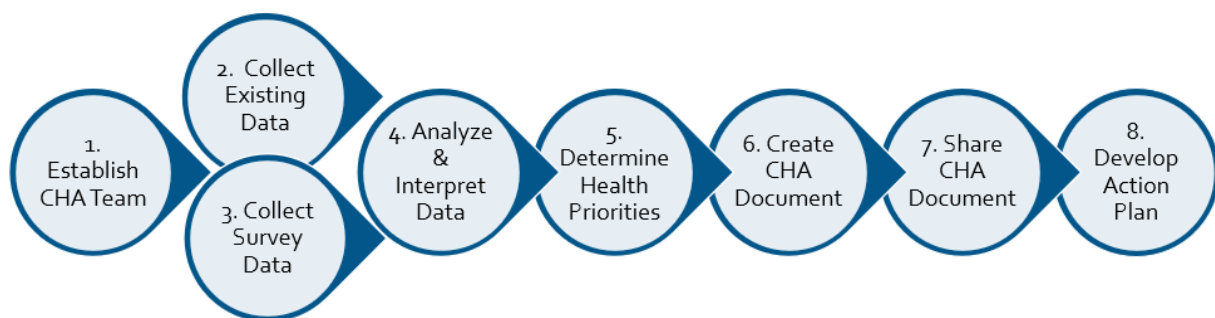
Figure 1: Photo from Steering Committee Meeting

With consultation from the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health, the health department formed a steering committee that represented a myriad of sectors in the community.

County residents were engaged throughout the completion of the Healthy Pender Survey, review of community data, and participation in a community forum. While reviewing community data, community members voted on top priority areas which were discussed in further detail during an open community forum. The steering committee then used this community input to inform the selection of priorities.

PROCESS

Together, the steering committee completed the first five steps of a community health assessment process outlined by the North Carolina Division of Public Health as shown below:



COMPARISONS AND TARGETS

The CHA team collected new primary data from a community survey, and existing secondary data related to socioeconomic and health factors. Secondary data were disaggregated by race and other demographics when available. Pender County data was compared to Carteret and Franklin Counties due to similarities in population characteristics, density, geography, and demographics. Data were also compared to state averages and the Healthy North Carolina 2030 objectives.

PRIORITIES

The steering committee initially reviewed all survey data and existing secondary data, comparing data to peer counties and Healthy North Carolina 2030 indicators. The CHA Team defined 14 topic areas as prioritization options with feedback from community meetings and a community forum. At community meetings, community members reviewed data summaries, followed by an opportunity to vote on their top three priorities. The forum provided an opportunity to discuss data themes in additional detail.

The steering committee met to review feedback from community meetings, forum discussion notes, and complete a voting process to determine Pender County's priority areas for 2023-2026. Final priorities by leadership are:



The next page shows a summary of each of these priority areas.

NEXT STEPS

Once the CHA results are shared throughout the community, the health department will develop community health improvement plans for each of the priority areas to complete the final two steps of the process. Pender County Health Department will lead the effort to develop and track progress on objectives, strategies, and action plans related to each priority. Collaboration with key stakeholders will be important as the activities and strategies are implemented.

PRIORITY SUMMARIES

PRIORITY 1: HEART HEALTH



- Heart attacks and other diseases of the heart are a top cause of death, and rates have increased in Pender County.



- Heart health touches many other health topics of concern including physical activity, nutrition, and possible impacts of COVID.



- Pender County Health Department is well equipped to address heart health in the next few years with existing staff and resources.

PRIORITY 2: SUBSTANCE USE



- Medication and drug overdose deaths have increased - most recently 42.8 deaths per 100,000 residents in 2021, compared to a rate of 28.5 deaths per 100,000 in 2020.



- Alcohol, drugs, and medication misuse was voted as a top issue in the Healthy Pender Survey and in community meetings.



- Funding to address substance use is newly available through opioid settlement funds.

PRIORITY 3: ACCESS TO CARE



- Pender County is a Health Professional Shortage Area, with too few primary care providers to adequately serve the population.



- Access to primary care was ranked second by community meeting votes and by steering committee votes on importance.



- Exciting new partnerships show promise and are positioned to improve access to care in the coming years.

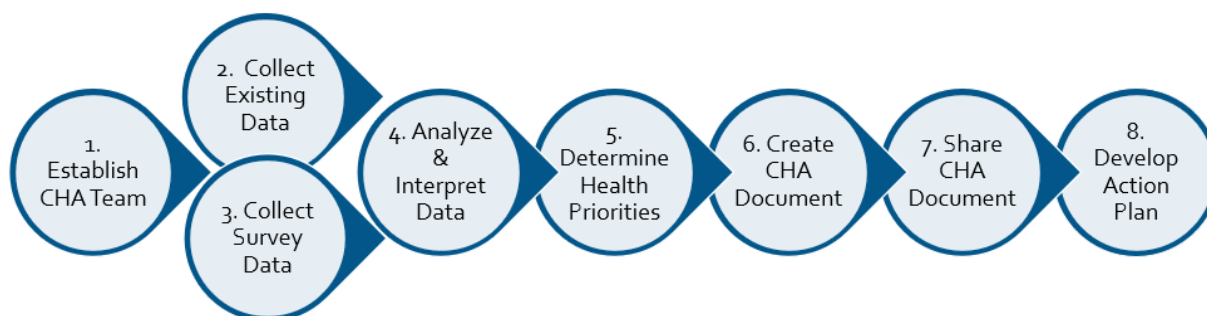
CHAPTER 1: INTRODUCTION

COMMUNITY HEALTH ASSESSMENT (CHA) OVERVIEW

The community health assessment (CHA) process embodies many core functions and services of public health. Assessment is one of the three core functions of public health. Through completion of a CHA, public health demonstrates the foundational capabilities of Community Partnership Development and Assessment and Surveillance. The CHA process provides an opportunity for county agencies and partners to assess the state of the county's health, understand local needs, and make strategic choices about what the county should prioritize in the coming years. This process is followed by an improvement planning process to create action plans and monitor progress aligned with the selected priorities.

In recognition of its value, the CHA is a required element of both the national Public Health Accreditation Board process and the North Carolina Local Health Department Accreditation (NCLHDA) program process. Because NCLHDA is mandated by the North Carolina General Assembly, all local health departments in North Carolina participate in a community health assessment process every three to four years.

The North Carolina Department of Health and Human Services outlines eight standard phases for the community health assessment process. Pender County concurrently completed phases two and three during this cycle to allow secondary data to inform primary data collection.



COLLABORATION

CROSS-SECTOR COLLABORATION

A CHA Leadership Team comprised of Pender County Health Department leadership and North Carolina Institute for Public Health staff worked closely together throughout the CHA process to plan data collection, conduct initial data analysis, plan meetings, and produce deliverables. The steering committee provided critical input and feedback throughout the process by giving advice on data indicators, promoting the survey in the community, sharing insights through the process, reviewing data, and determining priorities. The Steering Committee met a total of six times, primarily in-person, to walk through the initial five CHA phases. These meetings included project kickoff on July 26, data planning on August 23, survey promotion on September 27, data updates on October 25, data review on December 6, and prioritization and report updates on January 31.



Figure 2: Photos from the steering committee kick-off meeting on July 26, 2022. Photos provided by PCHD staff.

COMMUNITY ENGAGEMENT

Community members living in Pender County were engaged throughout the process through completion of the Healthy Pender Survey, review of community data, and participation in a community forum.

SURVEY COMPLETION: Health Educators at Pender County Health Department promoted the survey countywide and collected 1,245 completed surveys from adults living throughout Pender County. To get the word out about the survey, Health Educators visited recreational events, schools, clinics, community meetings, and other public spaces in the county in addition to promoting the opportunity on social media and email platforms. Additional details about the survey instrument, methods, and respondent demographics are highlighted throughout the report, specifically in Chapter 3 in the [Overview of Healthy Pender Survey Results section](#) and Appendix 2.

REVIEW OF DATA: After the steering committee reviewed data takeaways from both survey and secondary data, the Health Educators shared data summary posters throughout the community to allow community members a chance to review and respond to the data. They shared these posters at meetings with community organizations and posted them at the Burgaw and Hampstead Annex health department locations. The voting results are included in the [Prioritization Process Section](#) of Chapter 4.

COMMUNITY FORUM: Community members were invited to attend a Community Forum conversation about health resources and challenges in Pender County. This conversation was facilitated by NCIPH staff and allowed the team to hear more qualitative perspectives behind the quantitative data. The forum was held on January 24, 2023 at the NC Cooperative Extension in Burgaw. In Chapter 4, the [Community Forum Section](#) includes a summary of this discussion.

DATA COLLECTION AND COMPARISONS

The CHA process requires both primary and secondary data collection to assess the health status and needs of the community.

PRIMARY DATA COLLECTION: Primary data refers to new data which is collected directly by the CHA Team. Using primary data provides timely data that is coming directly from community members themselves. The main

source of primary data in this CHA cycle was a convenience-based community health assessment survey, titled the “Healthy Pender Survey,” which was distributed throughout the community with the help of steering committee promotion.

The Healthy Pender Survey consisted of 37 questions and covered topics of physical health, mental health, health behaviors, community opinions, county services, housing, emergency preparedness and communication, and demographics. The full survey instrument is included in Appendix 2. Given the ongoing COVID pandemic and staff restraints, Pender County opted to use a convenience sampling strategy to collect this cycle’s data, whereas in previous years they have employed a two-stage cluster sampling method. The convenience method involved promoting the survey via social media outlets, email listservs, and in-person events. At in-person events, trained staff had both printed surveys and electronic tablets available for individuals to complete the survey. NCIPH provided the leadership team with weekly updates on survey completion data by demographic markers, which enabled the survey team to intentionally reach out to populations with fewer responses to ensure their voices were included in survey results. Full survey results are included in Appendix 2.

Data collection protocol was submitted to the UNC Institutional Review Board (IRB). The Office of Human Research Ethics reviewed the protocol and determined that the submission does not constitute human subjects research as defined under federal regulations and therefore does not require IRB approval.

In order to better understand the health needs and opportunities in Pender County, survey results were stratified based on age and income categories.

SECONDARY DATA COLLECTION: Secondary data refers to data from other sources, including the Centers for Disease Control and Prevention, the United States Census Bureau, and the North Carolina State Center for Health Statistics. During the CHA cycle, over 80 secondary data indicators were collected, analyzed, and reviewed using an online, interactive data dashboard made available at <https://go.unc.edu/PenderDashboard>. These indicators were selected based on input from the steering committee at the start of the assessment, considering the timeliness of data, data quality, and overlap with the Healthy North Carolina 2030 indicators. Secondary data for Pender County were compared to the State of North Carolina and Franklin and Carteret counties as peer comparisons. These counties were selected as peer counties during the 2018 CHA cycle due to similarities in demographics, density, and other characteristics. Data are also compared to the Healthy North Carolina 2030 goals.¹

To compare across regions and across time, the data are often reported as rates, which show the count of an event within a defined population during a specified time interval. This allows comparisons over time, even when the size of the population is changing from year to year. Additionally, since many health conditions are related to age and the different communities may have older or younger populations, an age-adjusted rate is often used. Factoring in the age distribution allows for comparisons of disease burdens across different communities more accurately. Finally, some secondary data are presented as 5-year averages so that events in smaller communities or less frequent events are not distorted by the natural fluctuations of a few people from year to year. For the purposes of this report, 5-year averaged data will be referenced by the final year in the range. For example, the “2019 estimate” of a 5-year average refers to the average of data from 2015-2019. Full date ranges are referenced in figure captions. Alternatively, some secondary data from infrequent events are not aggregated and are suppressed (or withheld) from official reports. Aggregation or suppression is noted where appropriate.

Secondary data is a useful tool for understanding community health at the population level. However, this type of data can be delayed by a few years due to the need to collect, process, and analyze data which can be time and

resource intensive. Efforts were made to collect the most recent data available in Fall 2022, but please be aware of a potential lag between what is happening today in the county and the latest available data. The COVID-19 pandemic has added to this challenge as data collection and reporting activities may have been negatively impacted, resulting in delays and interrupted processes. Secondly, the data presented an estimation of the true value in the population; while efforts are made to collect data using tools such as outreach and sampling, it is not possible to collect data on every single point of interest for every single resident. Citations throughout this document refer to the general source of the data, for example “U.S. Census Bureau, American Community Survey 5-year Data” with the most recent year of data included. The complete list of secondary data sources, including specific data table numbers and all years accessed, can be found in Appendix 8.

COVID CONTEXT

Pender County completed progress on previous priorities all while responding to the ongoing COVID pandemic as a result of the SARS-CoV-2 virus, which the World Health Organization declared as a pandemic on March 11, 2020. On March 13, 2020, the United States declared the COVID pandemic a national emergency and effectively went into lockdown to contain the spread of the virus. In North Carolina, Governor Roy Cooper issued a stay-at-home order on March 27, 2020, due to the rampant spread of COVID-19 in the state. Between March 2020 and February 2023, the COVID pandemic infected over 3.4 million North Carolinians, with at least 18,572 positive cases and 150 deaths confirmed in Pender County.² In addition to the loss of life, the pandemic has impacted long-term health outcomes, healthcare and social service delivery, community cohesion, and the community needs assessment process.

Pender County Health Department staff were directly on the front lines of the COVID response: testing for COVID, coordinating vaccine clinics and events in the community, and providing COVID prevention education.

IMPACTS OF COVID ON PRIMARY DATA COLLECTION

The 2022 CHA was conducted during a period with lower cases of COVID and when stay-at-home orders and mask mandates were no longer in effect. However, the ongoing nature of the pandemic means that COVID still impacted elements of the CHA process.

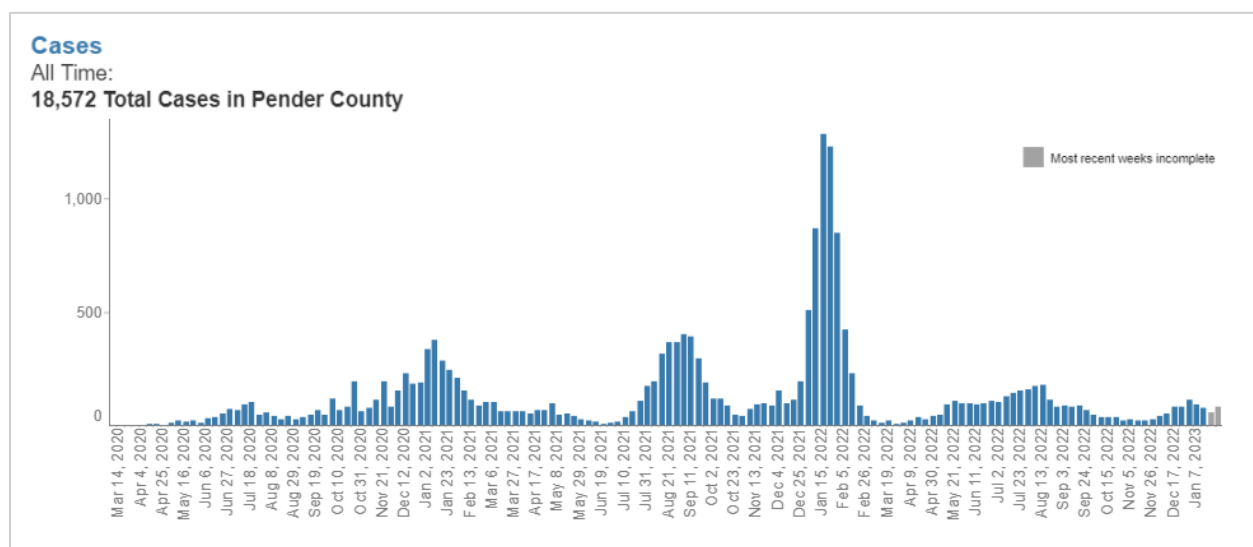


Figure 3: Pender County COVID cases by week. Source: North Carolina Department of Health and Human Services. North Carolina COVID-19 Dashboard.

IMPACTS OF COVID ON SECONDARY DATA AND INTERPRETATION

Data from surveillance systems and national surveys is often available on a delay, so for some measures the most recent data available is for 2017, 2019, or 2021. This is a limitation normally, but especially during COVID as we seek to measure its impact on our communities. Average life expectancy between 2018-2020 will not yet fully reflect the loss of life due to the pandemic. Similarly, data for 2020 and 2021 should be considered within the context of COVID. For example, hospitalization data will not reflect the individuals who needed services but avoided seeking care because of risk of exposure to the virus. Due to these limitations, the data presented in this report will not be wholly comprehensive of all health characteristics within the communities. Rather, the data provides us with a point of reference for tracking social, economic, and health indicators in our community.

CHANGES TO COVID SUPPORT

The COVID national emergency was in effect for the entire length of the CHA process, which has been providing communities across the country with additional support and benefits during the pandemic. These supports have helped ensure coverage for COVID tests, vaccines, and treatment for individuals, as well as increased Medicaid payment rates for hospitals. Under the emergency, people were able to receive emergency allotments including auto-renewing Medicaid enrollment, an extra supplement for Food and Nutrition Services like the SNAP program of at least \$95 extra per month, auto-renewing benefits for Women, Infants, and Children (WIC) services, and a partial suspension of work requirements for able-bodied adults without dependents on Food and Nutrition Services.³ Both primary and secondary data are likely impacted by the presence of these supports in recent years by providing increased insurance and financial stability.

During the assessment cycle, the government announced that emergency allotments would end in March 2023, and that the national emergency is expected to end in May 2023. The conclusion of the emergency benefits will impact healthcare access, financial stability, and food security for many Pender residents.

PROGRESS ON PREVIOUS PRIORITIES

Pender County conducted its previous community health assessment in 2018. During this process, the county adopted Mental Health and Substance Use Disorders, Cancer, and Nutrition and Physical Activity as priorities from 2018-2022. Pender County Health Department coordinated improvement plans and tracked progress in State of the County Health (SOTCH) Reports across the priority areas, which can be read in full at <https://www.pendercountync.gov/hhs/health-human-services/health-department/state-of-the-county-health-report-sotch/>.

CHAPTER 2: COUNTY PROFILE

Pender County is part of North Carolina's Coastal Plains and spans 870 square miles. With its temperate climate, woodlands, beaches, and inland waterways, Pender offers residents and vacationers ample outdoor recreation opportunities almost year-round. Pender has six municipalities: Atkinson, Burgaw (the county seat), St. Helena, Surf City, Topsail Beach, and Watha. There are also seven unincorporated communities: Currie, Hampstead, Maple Hill, Penderlea, Rocky Point, Scotts Hill, and Willard.

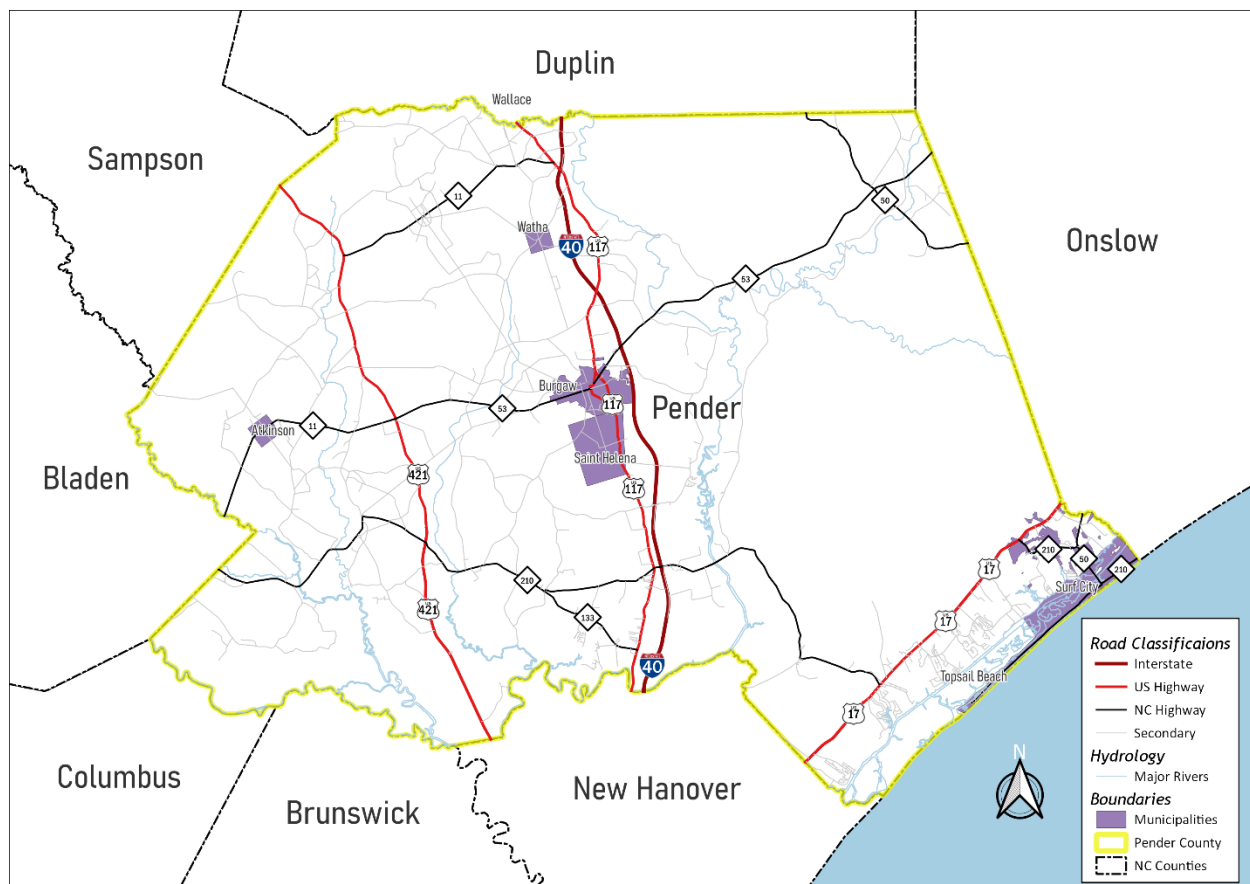


Figure 4: Map of Pender County

HISTORY

Lumbee, Waccamaw, and Burgaw Native Americans lived in the area now known as Pender County before European settlers colonized the area in the 17th century.^{4,5} During the Revolutionary War, the first battle fought in North Carolina occurred in present-day Pender County at Moore's Creek Bridge. The battle was a victory for the Patriots that is credited with ending British rule in North Carolina and preventing the British from gaining control of the South at the beginning of the war.⁶ In the period leading up to the Civil War, the Pender area was home to many plantations and farms, including Sloop Point Plantation, the oldest house in North Carolina. The Pender area supported the Confederacy during the Civil War, sending more than 4,000 troops to battle.⁴ Following the Civil War, the county was formed out of New Hanover County in 1875 and named for the Confederate Army's youngest general, William D. Pender, who died at the Battle of Gettysburg. The county seat was named Burgaw in 1879 after the county's original native inhabitants.⁷

Pender County contributed to early public health in North Carolina through the work of Solomon Sampson Satchwell, a physician and Confederate Army surgeon who established practices in Rocky Point and Burgaw after the war. He had an interest in diseases prevalent in Eastern North Carolina, particularly malaria, and was an early proponent of hygiene therapy and public health. Satchwell was a leader in the creation of the State Board of Health and served as its first president.⁸

GEOGRAPHY

Pender County is a large coastal county in the Cape Fear region of southeastern North Carolina. The 5th largest county in the state by area, Pender has 870 square land miles and 62 square miles of water. Topographically, the county is mostly flat or gently rolling. Pender County includes Topsail Island, one of North Carolina's most popular beaches, as well as miles of intracoastal and inland waterways such as the Cape Fear River.⁹

Pender County has many natural areas to explore. The county is home to two state natural areas and approximately 62,000 acres of protected wildlife refuge through Holly Shelter and Angola Bay Game Lands.¹⁰ The Mountain-to-Sea Trail crosses the county in Segments 14 and 15, including the Cape Fear River region, Burgaw, the Holly Shelter Game Land, Surf City, and Topsail.¹¹

While the county continues to have many rural areas, the urban population has grown in the last decade. In 2010, about two-thirds of Pender County's population was rural, with just over 16,000 people living in urban areas.¹² As of 2020, in Hampstead alone, the urban population grew to over 23,000 people.^{13,14} Population density is highest along the coast in the Hampstead area.

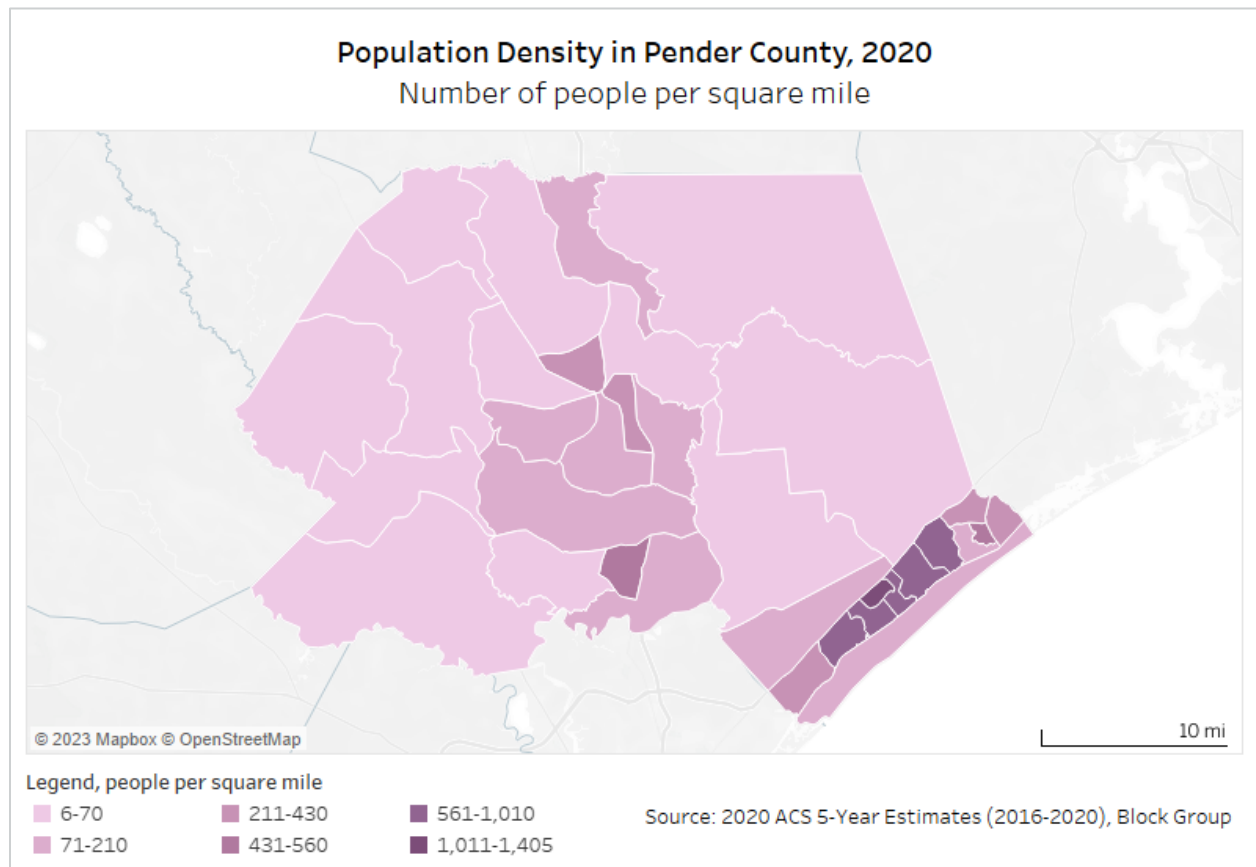


Figure 5: Map showing population density by block group

ECONOMY

As of 2022, some of the top employers in Pender County include Pender County Schools, Pender County Government, Wal-Mart Associates, Inc., and RC Creations, LLC.¹⁵

Agricultural products account for a large part of Pender County's economy. The terrain and soil are ideal for the county's primary food crop, blueberries. Other agricultural products include sweet potatoes, strawberries, tobacco, soybeans, peanuts, corn, and grapes.¹⁶

The North Carolina Department of Commerce assigns County Distress rankings, or tiers, annually. County tiers are calculated using four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita. The 40 most distressed counties are designated as Tier 1, and the 20 least distressed are Tier 3. The 2023 County Tier Designations ranked Pender as a Tier 3 county.¹⁷

DEMOGRAPHICS

The demographics of the people living in Pender County are similar to those of Carteret and Franklin Counties. Throughout this report, Pender County data is compared to Carteret and Franklin Counties as a point of reference due to these counties' similarities.

PENDER COUNTY AND PEER COUNTIES

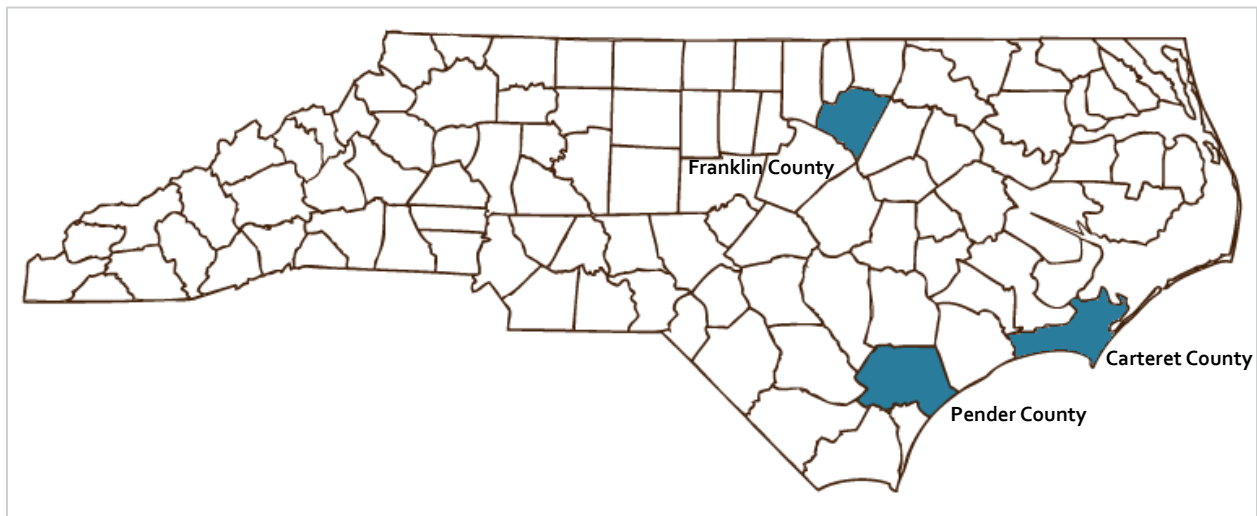


Figure 6: Map showing Pender, Carteret, and Franklin Counties

RACE AND ETHNICITY

Based on the 2020 Decennial Census, nearly three-quarters (73.8%) of the Pender County population is non-Hispanic White, 12.5% is Black or African American, and 8.3% are Hispanic or Latino of any race. Compared to the state overall and peer counties, Pender has less racial and ethnic diversity than Franklin County and the State of North Carolina averages and more racial and ethnic diversity than Carteret County.¹³

Race and Ethnicity Distribution	Pender	Carteret	Franklin	N.C.
White*	73.8%	85.0%	61.7%	60.5%
Black or African American*	12.5%	4.7%	23.0%	20.2%
Hispanic or Latino of Any Race	8.3%	4.6%	10.2%	10.7%
Two or More Races*	4.1%	3.9%	3.7%	3.9%
Asian*	0.5%	0.9%	0.7%	3.3%
Some other Race*	0.4%	0.4%	0.4%	0.4%
American Indian and Alaskan Native	0.3%	0.4%	0.4%	1.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.0%	0.1%

Figure 7: Table of race and ethnicity distribution in Pender and peer counties. * Racial categories are non-Hispanic

Source: U.S. Census Bureau, 2020 Decennial Census: Table P2.

AGE AND SEX DISTRIBUTION

Pender has similar distributions of age and sex as North Carolina averages. Pender has an estimated 22.2% of the population under the age of 18 as of 2019, and just over half of the population is 44 years or younger. This age distribution is similar to Franklin and North Carolina, and younger than that of Carteret.¹⁸

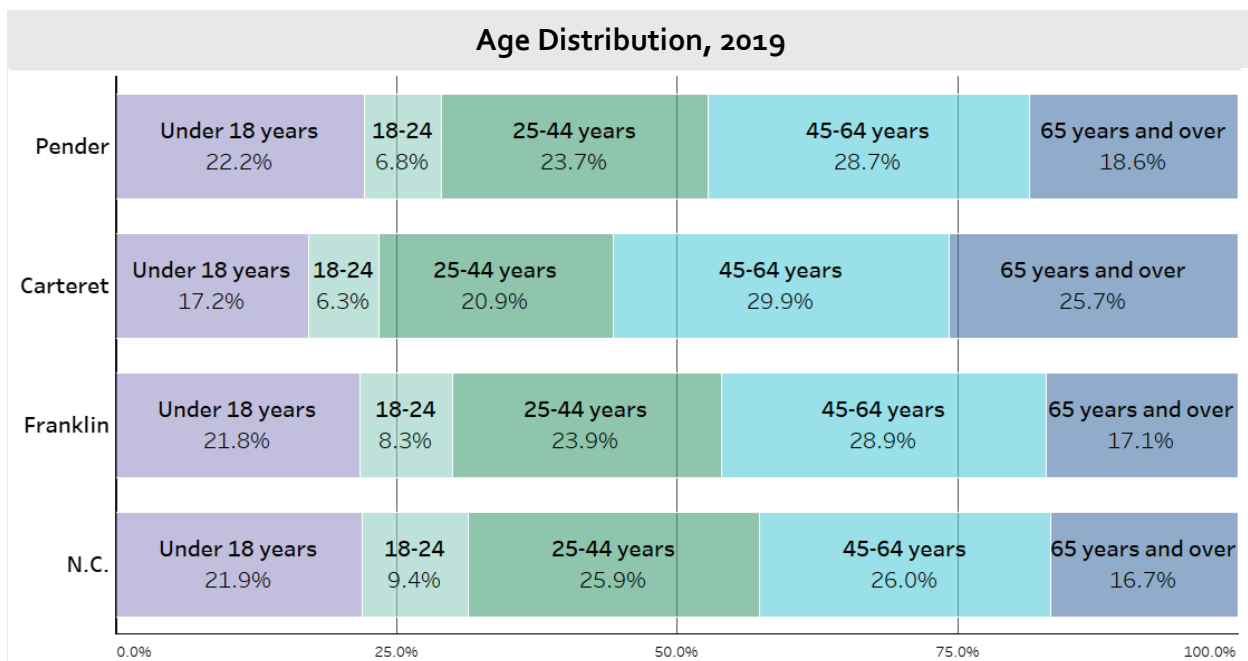


Figure 8: Stacked bar chart of age distribution in Pender and peer counties. Source: U.S. Census Bureau, Population Estimates Program, 2019

POPULATION SIZE AND GROWTH

Pender County's has an estimated population size of 62,815 as of 2021, at least 5,000 people fewer than Carteret or Franklin County.¹⁸ Pender's population density is 69 persons per square mile, substantially less than that of Carteret (134) and Franklin (139).¹³ While the population size is lower than peers right now, Pender County's population is growing. Pender is expected to match or exceed Carteret County's population size in the next 30 years.¹⁹ The area around Hampstead has especially seen growth in recent years, with some areas seeing more than a 60% growth in population size between the 2015 and 2020 5-year estimated populations.²⁰ The elderly population in Pender is expected to increase at a similar rate to the state and Franklin County.¹⁹

Population growth is more likely a result of people moving into the county rather than due to new births, as birth rates are either stable or declining in Pender County, similar to trends in peer counties and the state.²¹

Veterans make up more than 10% of the Pender County population, which is higher than Franklin and North Carolina overall, yet lower than Carteret. In Pender, 44.7% of the veteran population is 65 years or older.²⁰

LIFE EXPECTANCY

Life expectancy in Pender County matches that of the state, including disparities between race and gender. White people are expected to live 5 years longer than African American people, and females are expected to live 6 years longer than males.²²

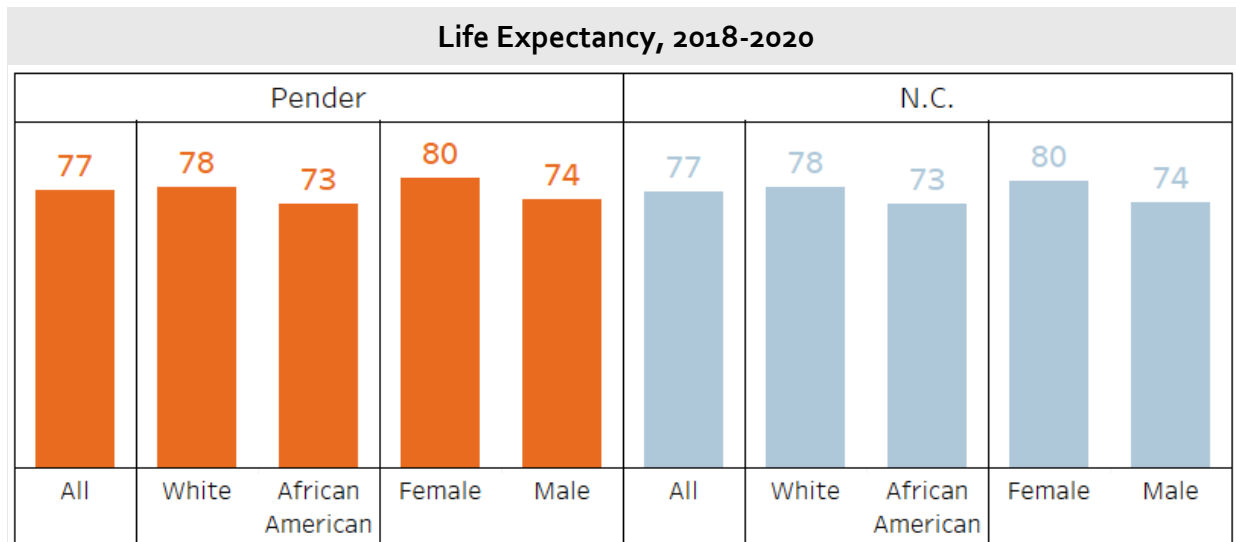


Figure 9: Bar chart of life expectancy in Pender County and the State of North Carolina. Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 2018-2020

CHAPTER 3: ASSESSMENT FINDINGS

Assessment findings summarize the key takeaways across all data reviewed in the CHA process. This chapter includes data from primary survey data collection and secondary existing data sources. Throughout the chapter, state and peer county data are shown as reference points to provide additional context. Survey and secondary data tables are included in Appendix 2 and Appendix 9, respectively.

The [Data Collection and Comparison](#) section outlines the collection methods and important reminders when reviewing the data contained in Chapter 3. As the steering committee, Healthy Pender Survey respondents, and Community Forum attendees noted, the life experiences of people on the eastern versus western side of the county vary significantly. These differences can be better understood by looking at more specific census data, which are shown through maps in the following chapter.

"Rural areas of Pender County are often overlooked when it comes to improving or offering services. We often have to travel a distance to reap the benefits." – Healthy Pender Survey respondent

COMPARISONS TO HEALTHY NORTH CAROLINA 2030

In 2019, public health partners across the state of North Carolina came together to determine a set of 21 health indicators to guide efforts to improve the health and well-being of North Carolinians between 2020-2030. A report from the North Carolina Institute of Medicine outlines these indicators along with desired results and 2030 target measures. This report has been adopted as a guiding document for public health efforts across the state.¹

Pender County is close to meeting or exceeding 3 Healthy North Carolina 2030 indicators: overall infant mortality rate, short-term suspension rate, and HIV diagnosis rate. For the remaining 16 indicators, there is still work to be done to achieve the 2030 targets. Looking at trend data, Pender is seeing movement in a positive direction for indicators such as poverty and incarceration, not much change in housing problems or insurance, and trends in the negative direction for third-grade reading proficiency and drug overdose deaths. A table comparing Pender County's most recent data on the Healthy North Carolina 2030 indicators can be found in Appendix 1, and these data are referenced throughout the Assessment Findings chapter.

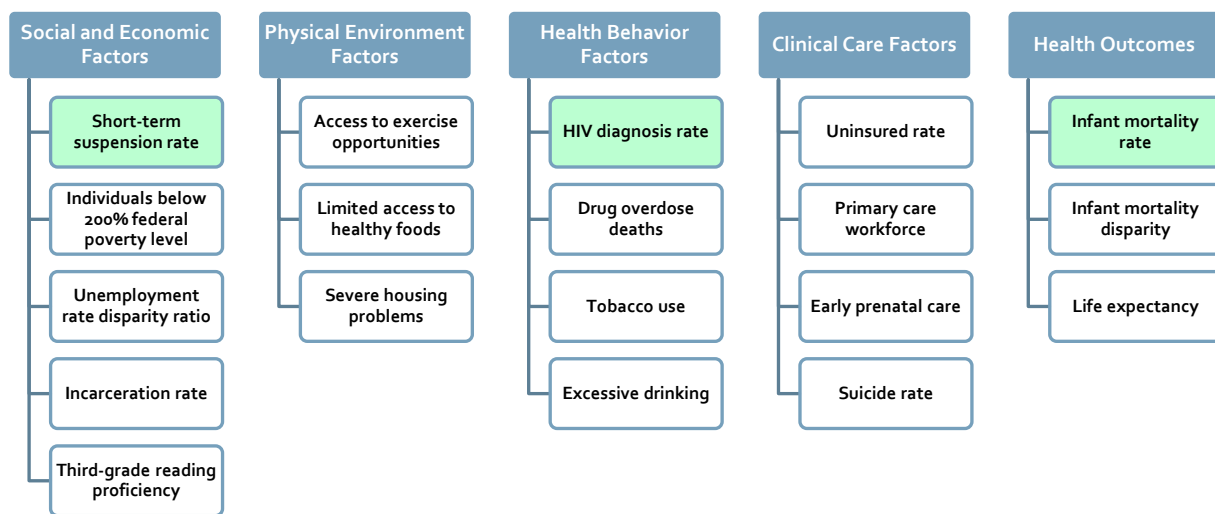


Figure 10: List of Healthy North Carolina 2030 Indicators, with indicators that Pender is meeting or exceeding highlighted in green

OVERVIEW OF HEALTHY PENDER SURVEY RESULTS

The Healthy Pender survey was open to all interested adults living in Pender County from September 15 to November 9, 2022. The survey received 1, 245 eligible responses.

About one third of respondents lived in zip code 28443, where Hampstead is located. Adults ages 25-44 were over-represented in survey responses, and young adults ages 18-24 were under-represented. Children under 18 years old were ineligible to complete the survey; therefore, they are not represented in the survey results. Over 30% of respondent households have at least one child less than 5 years old at home, and 60% have at least one child between the ages of 5-12 at home. Women were over-represented in survey respondents, with just over 70% of respondents identifying as women.

Survey respondents closely matched the racial demographics of the community according to 2020 census data, with 73.1% of respondents identifying as White, 16.3% identifying as Black or African American, and 7.7% identifying as Hispanic, Latino, or Spanish origin.

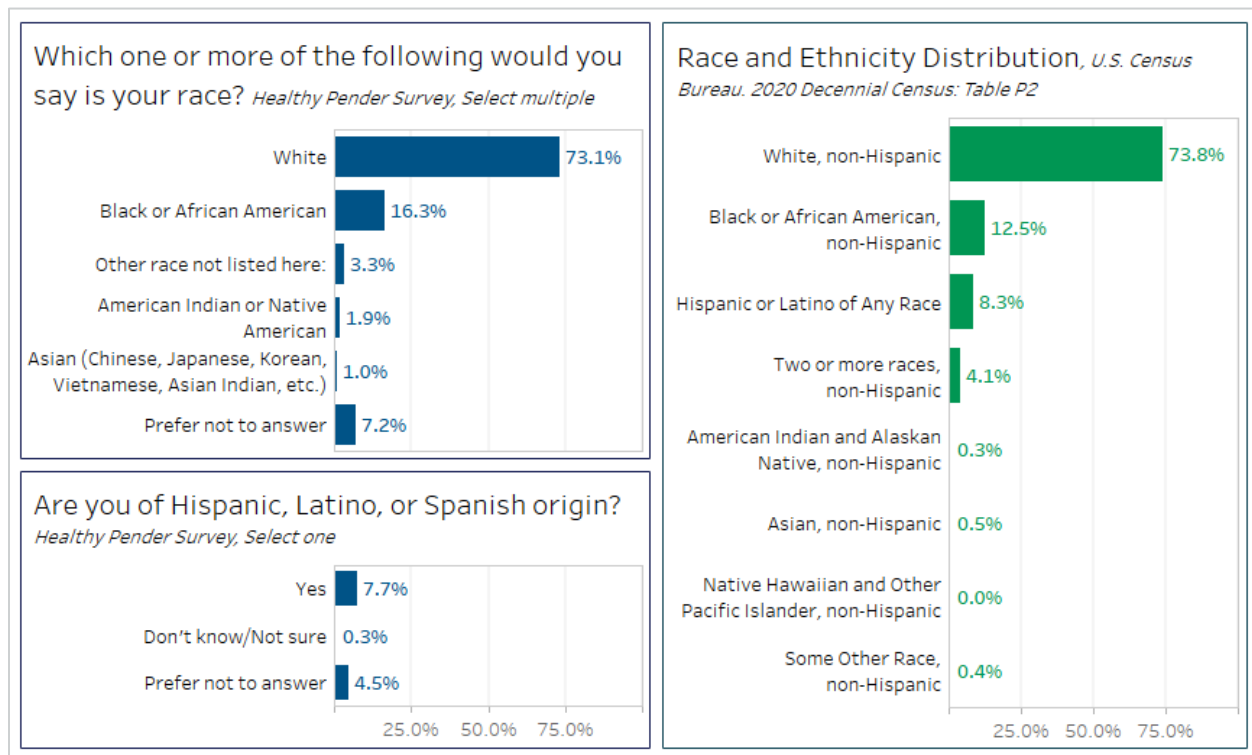


Figure 11: Healthy Pender Survey respondents' race and ethnicity (left) compared to county racial demographics (right)

When looking at educational attainment, the percentage of survey respondents with a college or graduate degree (35.3%) was higher than the percentage with these degrees in the county overall (29.0%). Additionally, households with incomes below \$35,000 were underrepresented among respondents who chose to provide this information in the survey.

Survey respondents were asked which issues most affect the quality of life in Pender County and could select up to three issues. Alcohol, drugs, or medication misuse was the most frequently selected issue (35.0%), followed by low income/poverty (26.6%), lack of affordable housing (26.0%), and road infrastructure/traffic (26.0%). People with household incomes over \$75,000 selected road infrastructure/traffic more frequently. Older adults and

people with incomes under \$35,000 more frequently selected crime rates as an issue impacting quality of life, and respondents aged 18-39 more frequently selected lack of childcare compared to other groups.

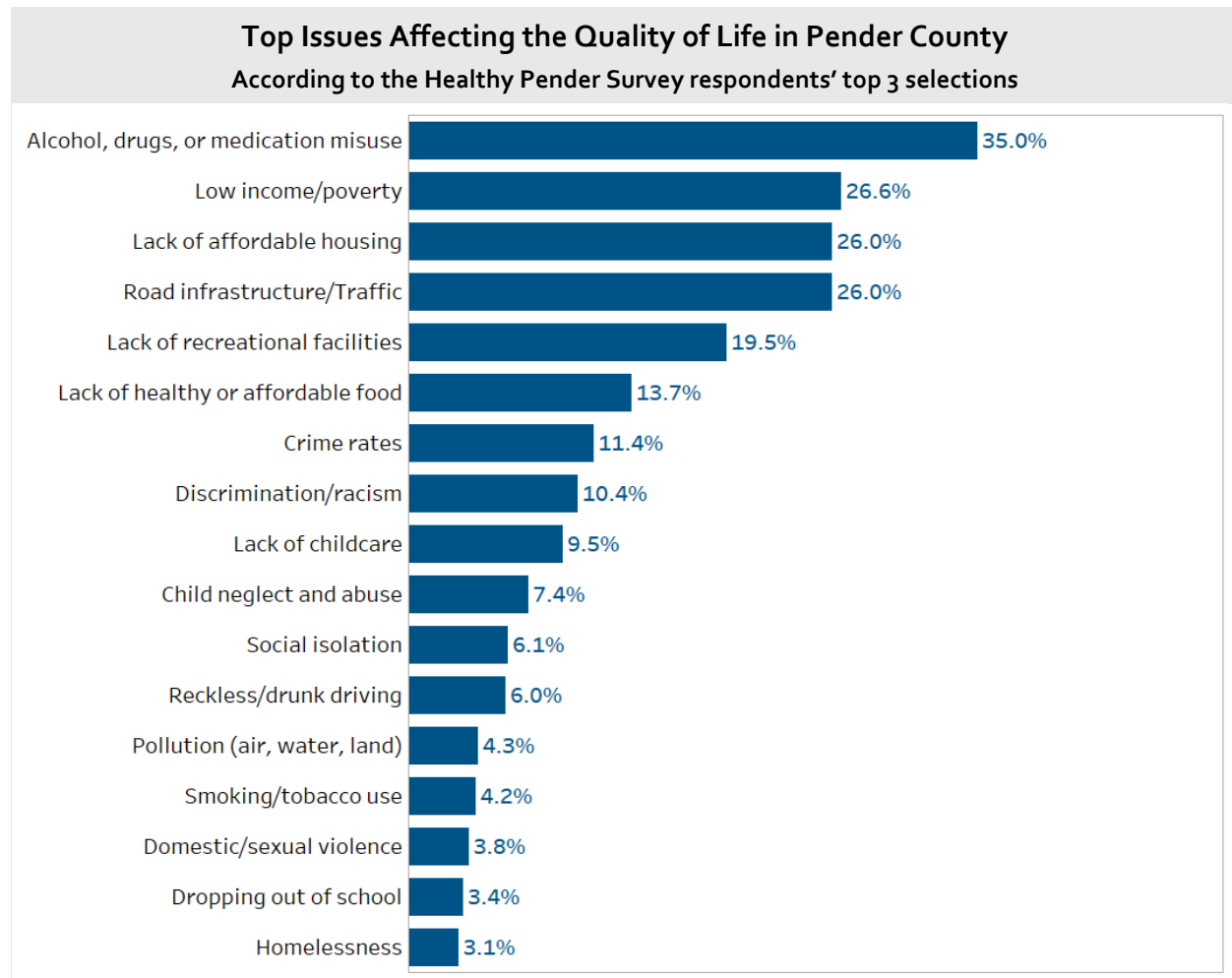


Figure 12: Top issues affecting quality of life in Pender County according to all Healthy Pender Survey respondents

Survey respondents were asked about community services that they have used in the past year. Respondents reported using parks and recreation centers (37.7%) and the health department clinic (36.3%) more than other resources listed. When asked which services they were aware of, respondents were most aware of recreational opportunities, dental services, and senior services. Finally, when asked how important these services were to them and their families, respondents ranked recreation opportunities and senior services as the most important.

The survey also included a free response question: "Is there one thing you would like to share with us that you think would make Pender County or your community a healthier place to live?" Respondent quotes that demonstrate themes across responses are incorporated throughout assessment findings. Many comments addressed multiple topics, with the most prevalent themes of expanding recreational opportunities, improving food access, and addressing population growth. Other topics included social and economic resources, transportation, water quality, youth engagement, safety, mental health, education, housing, and equality.

"The over development and lack of green space is concerning..."
– Healthy Pender Survey respondent

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include economic factors, social factors, and physical environments. Each of these areas contributes towards how well and how long we live, and they encourage us to improve our community's health and well-being by addressing the sources or "root causes" of many health outcomes.²³

Health equity is defined by the Centers for Disease Control and Prevention as *"the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."*²⁴ Health equity relates to all social determinants of health and health outcomes. In order to eliminate preventable health disparities, an important step is understanding where and why these disparities exist. Some of these disparities are referenced throughout the rest of Chapter 3. These data can then help inform subsequent action items in order to advance health equity.

EDUCATION

Improving education access and attainment can improve the overall health and well-being of a community through increasing health literacy, expanding employment opportunities, increasing income, and providing social support. "Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive." -County Health Rankings²⁵

EDUCATIONAL ATTAINMENT

Comparing the 2015 estimate and 2020 estimate of the 5-year average, the percentage of Pender County adults ages 25 and older with a bachelor's degree increased from 14.0% to 19.0%. A high school diploma or equivalent is the highest level of education for 27.5% of Pender County adults. 11.3% have less than a high school diploma, and 9.7% have a graduate or professional degree in Pender. Pender County's educational attainment overall is similar to that of the state and peer counties.^{26,27}

Pender County has a strong public school system. Pender County Schools had 9,819 students initially enrolled in the 2020-2021 school year and had 28 students drop out, with a drop-out rate of 0.92 per 100 students.^{28,29} Pender County Schools had 93.2% of eligible students graduate in 2020-2021.³⁰ Franklin and Carteret, in comparison, have smaller public school systems with around 8,000 students enrolled, higher drop-out rates, both greater than 2 drop-outs per 100 students, and lower graduation rates.

High School Graduation	Pender	Carteret	Franklin	N.C.
All Students	93%	84%	82%	87%
Male	91%	81%	75%	84%
Female	95%	89%	89%	90%
White	95%	87%	87%	90%
Black	92%	72%	76%	84%
Two or More Races	88%	72%	90%	85%
Hispanic	86%	80%	74%	82%

Figure 13: Table of high school graduation rates from school year 2020-2021. Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

Improving third-grade reading proficiency is a Healthy North Carolina 2030 indicator, with a goal of 80% or more of third-grade students reading at a third-grade reading level or higher. In the 2020-2021 school year, just 44.7% of Pender County third graders were able to read at or above the third-grade reading level, down from 58.7% in the 2018-2019 school year. Pender County's reading proficiency trend is similar to that of the state average, which also saw a recent decline.³⁰ A report from the North Carolina Department of Public Instruction connects the decline in reading proficiency in the 2020-2021 school year to impacts that COVID-19 had on school instruction.³¹

Given Pender County's growth, Pender County Schools have struggled to maintain appropriate facilities for the student body, which was mentioned in meeting discussions and Healthy Pender Survey responses.

What's already happening: In November 2022, Pender County voters approved a \$178 million bond meant to cover a new elementary and middle school plus additional renovations across other Pender County schools.³² Pender County Schools is in a two-year professional learning process to increase literacy proficiency using Science of Reading practices.³³

SCHOOL DISCIPLINE

The short-term suspension rate is another Healthy North Carolina 2030 social and economic indicator. Suspending students often inhibits academic achievements, which can lead to subsequent involvement with the justice system.¹ Pender County Schools has already exceeded the HNC 2030 target with just 0.75 suspensions per 10 students; however, the suspension rates experienced among Black students (1.8), male students (1.1), and economically disadvantaged students (1.1) are much higher and remain above the HNC 2030 goal.³⁰

COMMUNITY COHESION AND SAFETY

Community cohesion and safety data help describe Pender County residents' connection to their community. *"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated."* -County Health Rankings²⁵

LINGUISTIC ISOLATION AND SEGREGATION

8.6% of households in Pender County have household members that speak a language other than English, including 6.3% Spanish-speaking households. Of those households, 91.4% are a limited English-speaking household. A limited English-speaking household is one where all household members 14 years and older have at least some difficulty speaking English. 14.3% of households speaking Spanish are considered limited English-speaking households. The percentage of Spanish-speaking households that are limited English-speaking has decreased in Pender from 2016-2020.²⁷

CIVIC PARTICIPATION

As of 2022, Pender County has 47,836 registered voters. In Pender, 77.2% of registered voters are White and 12.4% of registered voters are Black. This is fairly similar to the overall county demographics (73.8% White and 12.5% Black), yet only 2.5% of registered voters identify as Hispanic or Latino. In 2020, 76.0% of people registered to vote in Pender County voted in the election, compared to 49.3% who voted in 2022, a non-presidential election year.³⁴

SOCIAL VULNERABILITY

Social vulnerability is a collective measure of factors that increase individuals' and families' ability to recover from times of crisis (or from a natural disaster, as was the original intent). This is a relative measure comparing all NC counties (or tracts) to identify the resiliency of communities.

Compared to all North Carolina counties, Pender is ranked in the top one-third of counties that demonstrate ability to recover from times of crises. This is indicated by a low social vulnerability score. Counties with higher social vulnerability scores are less resilient during times of adversity.

Social vulnerability is broken into four categories: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. Across all four themes, Pender is in the top 40% of North Carolina counties as of 2020.³⁵

CRIME RATES

While property crime (including burglary, larceny, and motor vehicle theft) rates have decreased in the state and peer counties in recent years, the Pender crime rate started lower and has remained more consistent. Violent crime (including murder, rape, robbery, and aggravated assault) rates are lower in Pender and peer counties compared to the state average.³⁶

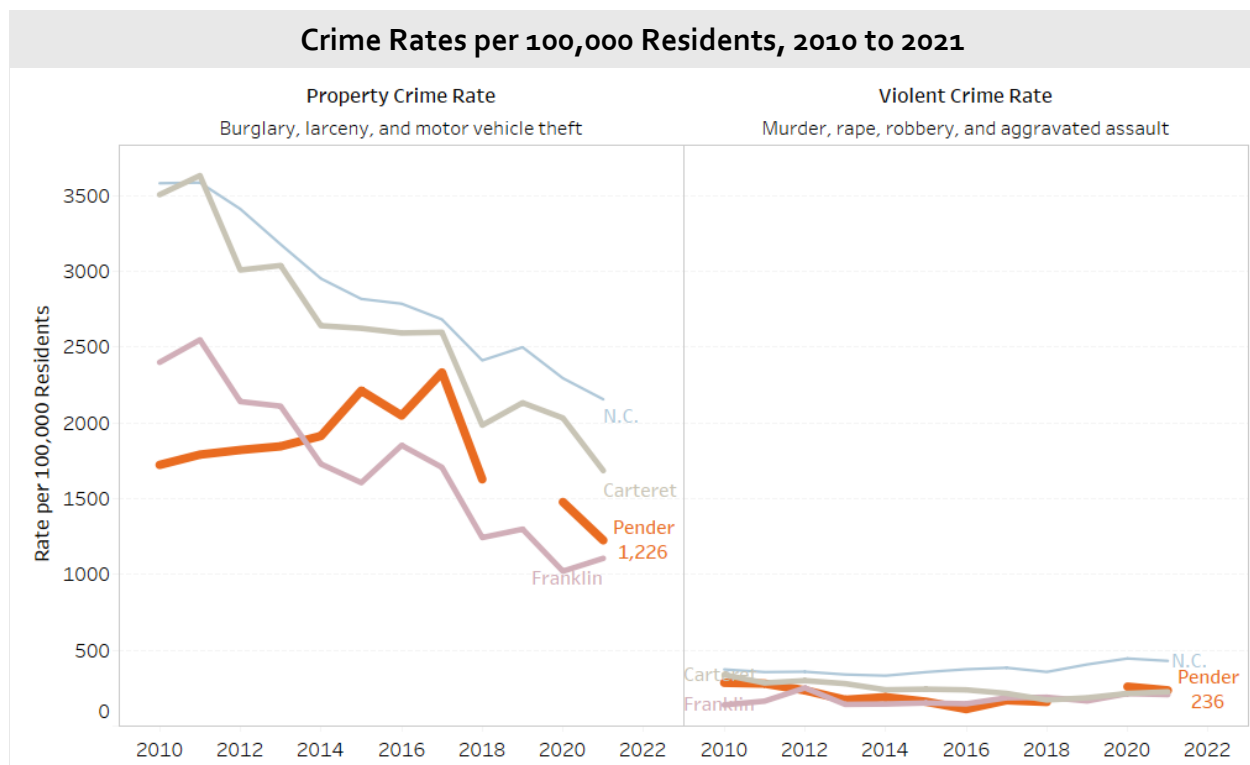


Figure 14: Trend lines showing property and violent crime rates per 100,000 residents between 2010-2021. Source: NC State Bureau of Investigation, NC Uniform Crime Reporting Program

ECONOMIC OPPORTUNITY

Economic opportunities influence health outcomes. Employment opportunities and income influence decisions around housing, education, childcare, nutrition, healthcare, and social activities which all independently function as determinants of health. Health insurance coverage and access to other health benefits are also often tied to employment.²⁵

EMPLOYMENT AND INCOME

In 2021, 4.2% of Pender County labor force participants were unemployed, with unemployment trends following that of state and peer counties.³⁷ More than half of workers in Pender County work outside of the county itself, with an estimated 42.0% working within the county.²⁷ Within Pender, the county provides many jobs, with the school system and government listed as top employers.

Between 2016-2020, the average median household income in Pender County was \$60,044. During that same period, per capita income (income per person) in Pender was \$30,666. Pender County's median household income increased 34% and per capita income increased 30% since 2011-2015 averages;²⁷ however, these increases are offset by inflation, which was estimated to be around 10% across the country between 2015 to 2020 according to the U.S. Bureau of Labor Statistics.³⁸ Median household income is lower on the western side of the county, with highest incomes along the coast.

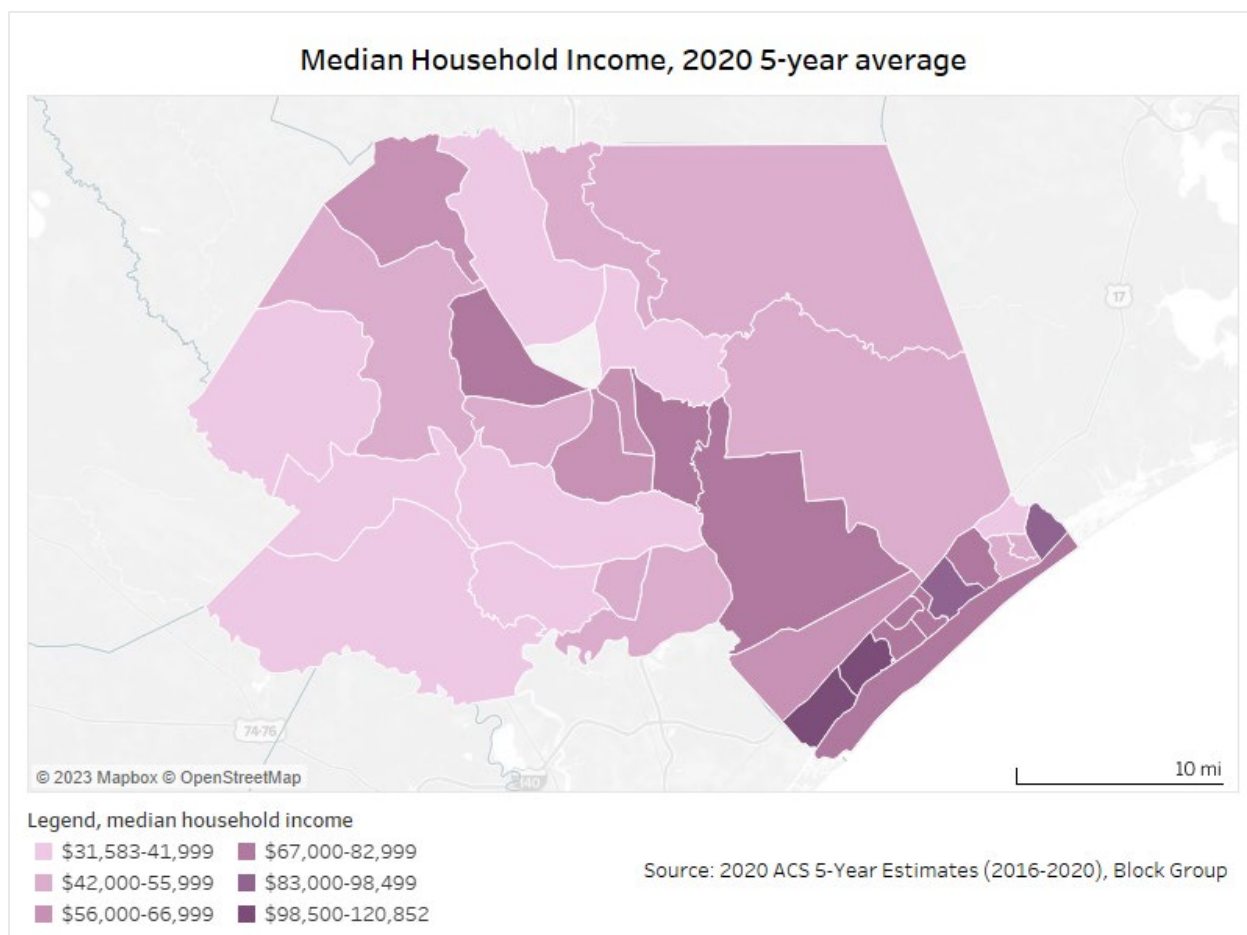


Figure 15: Map of median household income by block group, 2020 5-year estimate. Source: American Community Survey

According to a living wage calculator from the Massachusetts Institute of Technology, the living wage for one adult with no children in Pender County is \$15.84 an hour. In a household with two working adults and one child, the living wage increases to \$17.53. For a household with one working adult and one child, the living wage is just over \$30 an hour. This tool calculates a living wage based on full-time work of 2080 hours per year and estimated cost of living amounts based on market rates for food, childcare, health insurance, housing, transportation, and other basic necessities.³⁹

Income inequality measures how income is distributed across a population. Residents in the top 20% for incomes earn 4.6 times more than residents in the bottom 20% for incomes. Pender County income inequality is slightly higher than Carteret and Franklin counties.²⁷

POVERTY

The social and economic context creates conditions such that 14.0% of the population lives below the poverty level in Pender County, higher than Carteret (9.2%) and Franklin (11.4%) and equal to the state. Overall, 29.2% of the population lives below 200 percent of the poverty level, which is lower than Franklin (33.5%) and the state (33.0%) and similar to Carteret (27.6%).²⁷ 20% of children under 5 years old live under the poverty level. While Pender County has similar poverty levels compared to Franklin County, Pender has greater variance by racial and ethnic categories. In Pender, 36.5% of Hispanic or Latino origin residents live in poverty compared to 9.1% of White, non-Hispanic residents.²⁷ Poverty levels also vary across different regions of the county.

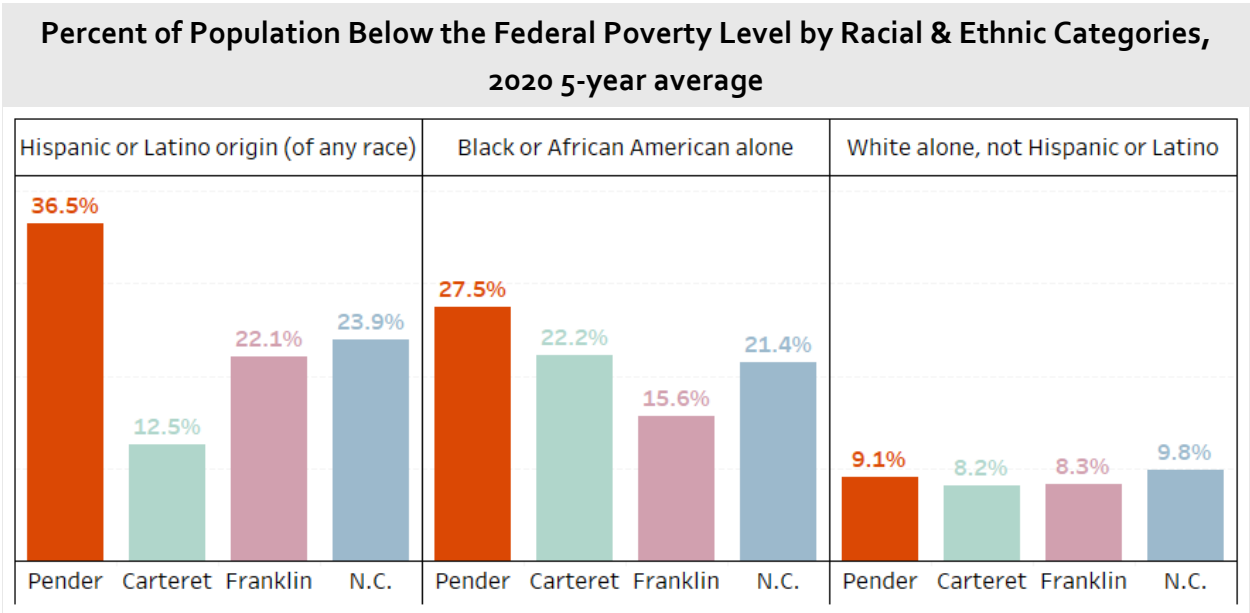


Figure 16: Bar chart of poverty status (100% FPL) in the past 12 months by select race/ethnicity in Pender and peer counties, 2020 5-year averages. Source: American Community Survey Table S1701

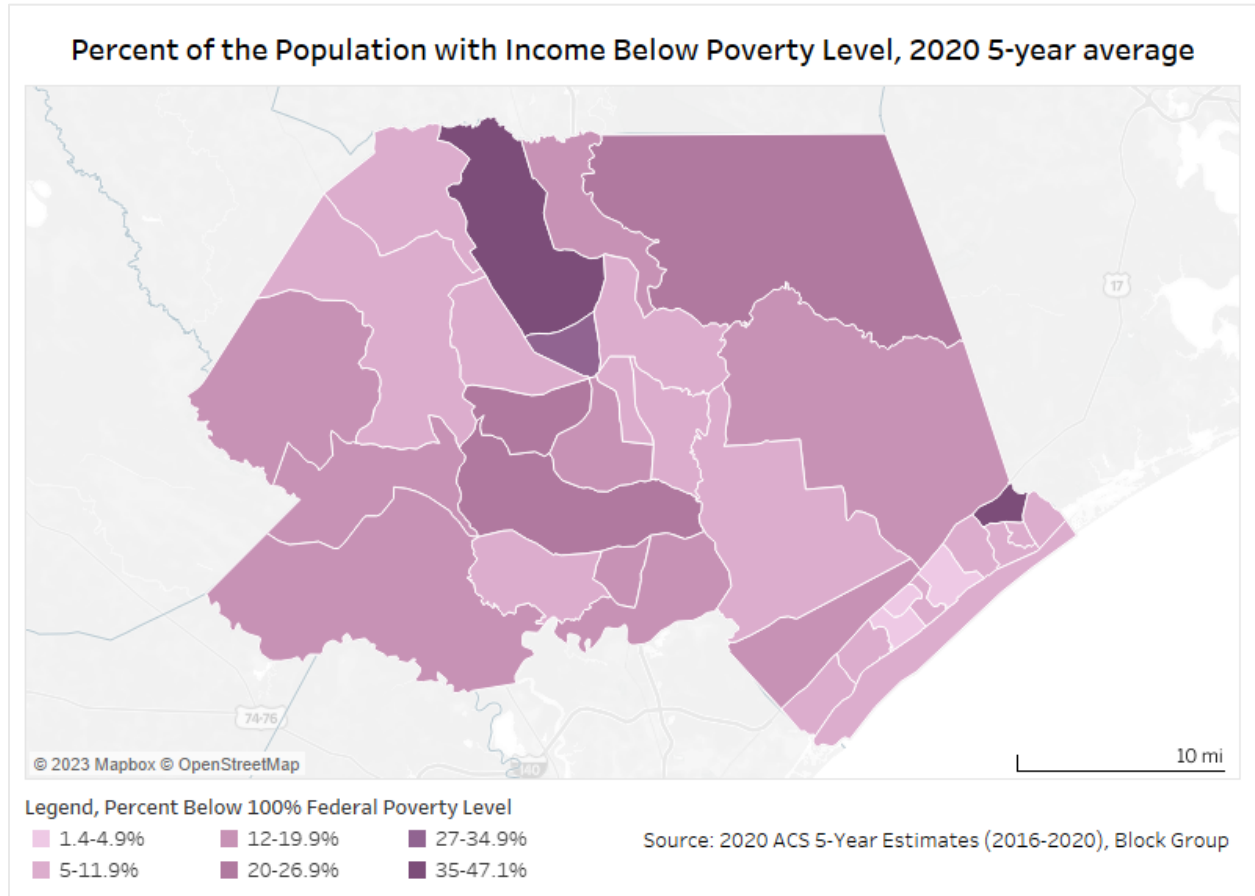


Figure 17: Map showing percent of the population with income below the poverty level (100% FPL), 2020. Source: American Community Survey, 5-year averages

HOUSING

Housing impacts health in many direct and indirect ways. The quality and safety of our homes impacts our exposure to toxins like lead and allergens like mold and dust that can negatively impact our physical health. Where we live also influences our availability of and proximity to resources. Housing stability is important as a psychological protective factor. Housing instability and homelessness can create many adverse health impacts including psychological distress, increased alcohol use, and suicide.²³

HOUSING DENSITY

Given Pender County's smaller population size to peer counties, it is not surprising that Pender County has fewer households than peer counties, with an estimated 22,812 households between 2016-2020.²⁷ However, Pender County does have similar or higher people per household compared to peer counties and the state. In recent years, Pender County has consistently had an average of 2.7 people per household, slightly higher than the state estimate of 2.5.²⁷ An estimated 28.3% of households consisted of one person living alone in Pender County, with 12.4% of those ages 65 and older living alone.²⁷

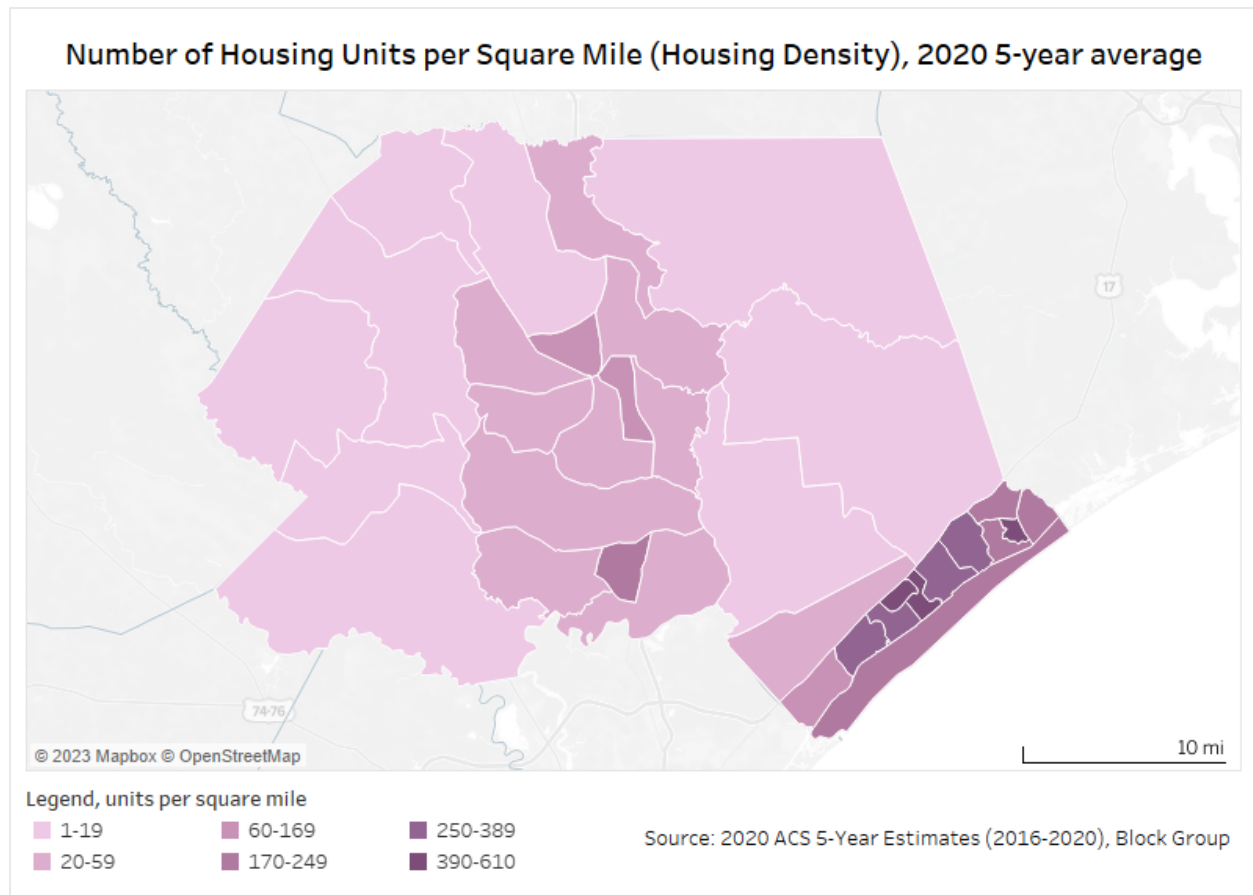


Figure 18: Map of housing unit density by census block group. Source: American Community Survey, 2020 5-year averages

Pender County has lower housing occupancy than the state and Franklin County, and more than Carteret County. 77.2% of Pender's housing units are occupied compared to 86.0% across the state.²⁷

About 80.6% of housing units are owner-occupied in Pender, with the other 19.4% renter-occupied. Compared to peers and the state, Pender County has a higher percentage of owner-occupied housing units. Areas near Burgaw have a higher percentage of renter-occupied units.²⁷

HOUSING COST AND HOMELESSNESS

Housing costs have increased in Pender County. Comparing the 2015 estimate and 2020 estimate of the 5-year average, mortgage costs increased from \$1,223 to \$1,473 and rental costs increased from \$818 to \$907.²⁰ During the data walk, steering committee members commented that housing costs have continued to increase since 2020, especially noting increases in rental costs. As of the 2020 5-year estimate, 28.1% of households paying mortgages and 52.2% of households paying rent are considered housing cost burdened in Pender County, meaning they spend 30% or more of their income on housing costs.²⁰

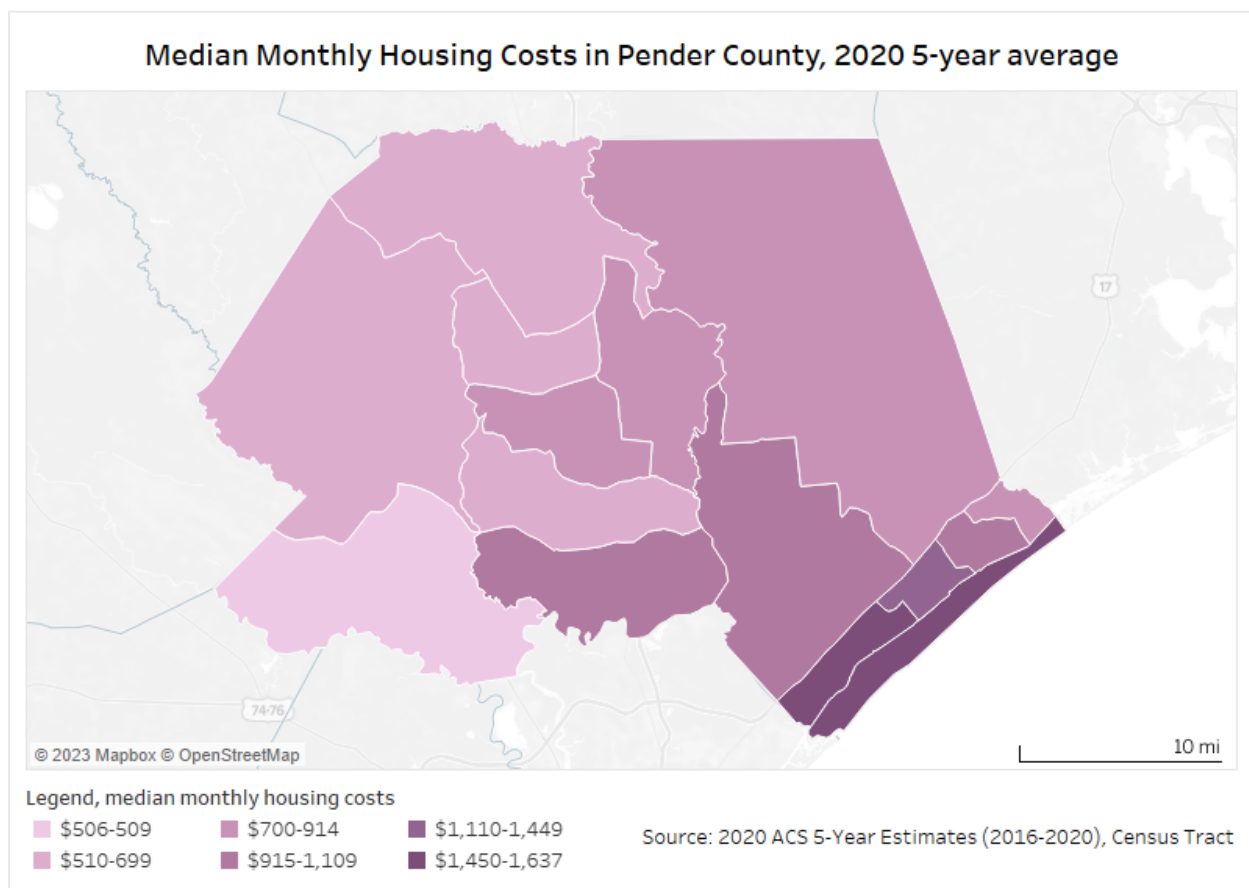


Figure 19: Map of median monthly housing costs by census tracts. Source: American Community Survey, 2020 5-year averages

Both steering committee and community forum members discussed the lack of available, affordable housing options, citing that there are no openings for Section 8 housing given the limited stock and long waiting lists. A number of survey respondents mentioned housing as the one thing that would make Pender a healthier place to live.

"Make it easier to get help/find low-rent houses."
 – Healthy Pender Survey respondent

As of the 2013-2018 5-year average, 16.1% of Pender households had at least one of four conditions defined as "severe housing problems" by the U.S. Department of Housing and Urban Development (HUD). These problems include incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%.⁴⁰

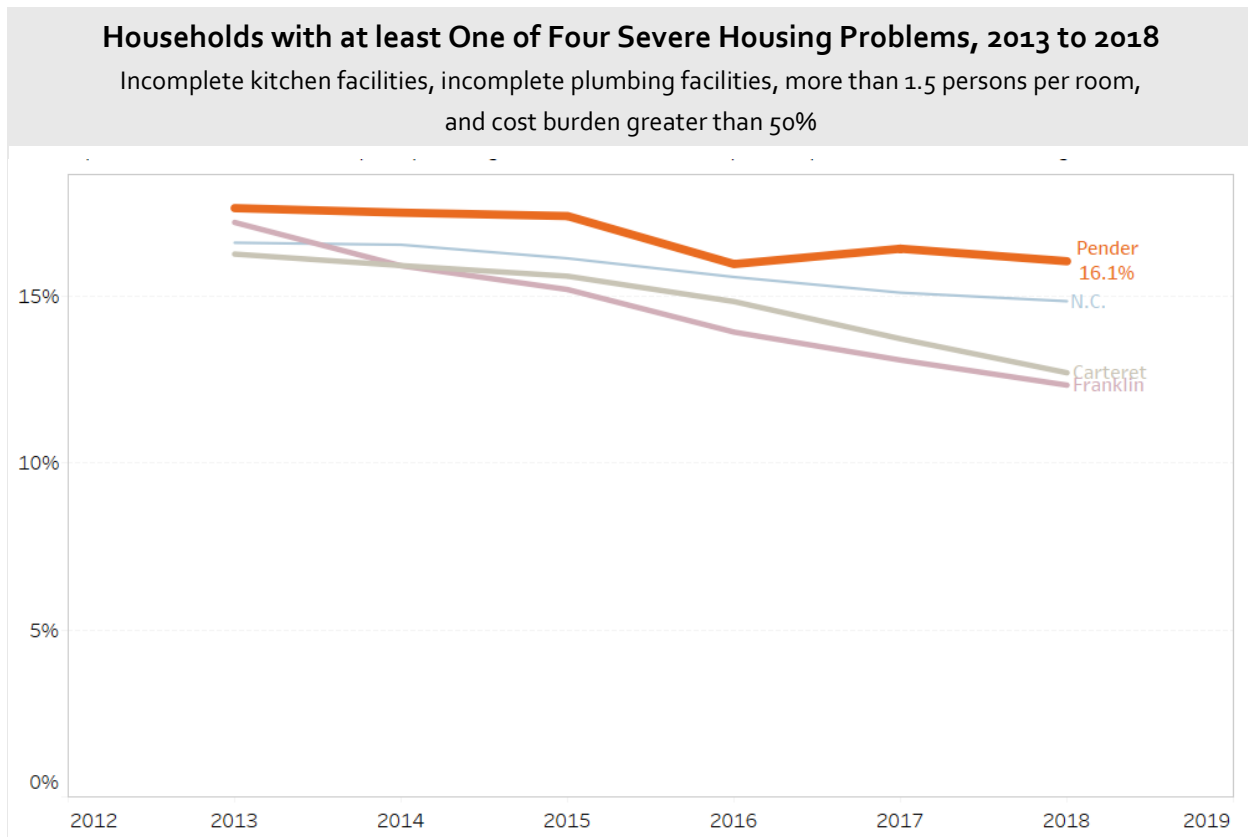


Figure 20: Line chart of households with at least one of four severe housing problems. Source: U.S. Department of Housing and Urban Development (HUD), 2013-2018

Pender County is included in the Cape Fear Homeless Continuum of Care, serving the City of Wilmington, Brunswick, New Hanover, and Pender Counties.⁴¹ The annual point-in-time count for people experiencing homelessness in this combined region was 301 people, with a calculated rate of 7.01 people per 100,000 residents. When stratified by race, the point-in-time homelessness rate was estimated as 25.9 per 100,000 among Black or African American residents compared to 5.7 per 100,000 among White residents.⁴² The point-in-time count is an estimate of all people living in shelters or transitional housing facilities or in unsheltered locations on a single night in January. It does not include people “doubled up” with family or friends or living in a hotel/motel. As such, this data point is generally recognized as an undercount of the true number of people experiencing homelessness.

NEIGHBORHOOD AND ENVIRONMENT

Similar to how housing impacts proximity to resources, the neighborhood and environment around us can protect and harm our health in many ways. Infrastructure like roads, public transportation and internet services influence how easily accessible the services around us are. The quality of the air we breathe and water we drink can impact many different health outcomes. Finally, the built environment around the community such as sidewalks, parks, grocery stores, and restaurants influence our access to physical activity and healthy foods.

In Pender County, an estimated 82.4% of households had an internet subscription between 2016-2020, which has slowly increased from 72.4% between 2013-2017. Internet coverage is similar to Franklin County and North Carolina overall, and lower than that of Carteret County with 87.5% coverage.²⁷

Public transportation is limited in Pender County, and it can be difficult for residents to access services like Uber. Between 2016-2020, 81.0% of workers ages 16 and older drove alone to work, with 9.7% carpooling and 7.5% working from home.²⁷

What's already happening: Wave Transit, a public transportation service in the region, launched a rideshare platform called RideMICRO in October 2021. This platform, funded by a North Carolina Department of Transportation grant and the state, allows residents to pay approximately \$2 for curb-to-curb service across Pender, Brunswick, and New Hanover counties.⁴³ Currently RideMICRO is available on the eastern side of Pender County.

AIR AND WATER

Concerns over water quality came up during steering committee discussions, Healthy Pender Survey responses, and the Community Forum.

"Water quality is awful. Have to spend a lot of money to access clean water, on top of the cost of paying for dirty water." – Healthy Pender Survey respondent

Pender County is contained within the Cape Fear River Basin, which has become an area of focus for water quality following the identification of the manufactured chemical GenX and other per-/poly-fluoroalkyl substances (PFAS) in the water system, in large part due to Chemours Fayetteville Works' production. PFAS chemicals like GenX do not break down easily and can build up in the human body, presenting a variety of potential health effects including cancers, cholesterol diseases, impacts on reproductive health, and others.⁴⁴ In June 2022, the EPA announced a final health advisory for GenX chemicals as 10 parts per trillion (ppt).⁴⁵ The North Carolina Department of Environmental Quality (DEQ) requires that Chemours expands their off-site assessment and offer private drinking water well tests to residents in impacted areas, providing alternate water when needed. Chemours must also operationalize a project that will address the current flow of the facility's contaminated, untreated water directly into the Cape Fear River by March 15, 2023.⁴⁶

Pender County Utilities also receives some of its water from the Cape Fear River. In their 2021 Annual Water Quality Report, Pender County Utilities & Solid Waste shared that their water sources had a moderate susceptibility rating overall and an average GenX quantity of 7.06 ppt, with a range between 4.61 and 12.50.⁴⁷

Air pollution data was not specifically available for Pender County through the Environmental Protection Agency's Air Data; however, the region generally maintains low air pollutant levels.⁴⁸

What's already happening: During the writing of this report, DEQ was holding local information sessions to promote well water testing services and inform the community about PFAS contamination.⁴⁹

ACCESS TO PHYSICAL ACTIVITY

When asked to share ideas to make the community a healthier place to live, many Healthy Pender Survey respondents shared ideas about recreational opportunities like pools, sidewalks, and trails. 69.4% of survey respondents engaged in physical activity at least three times each week, defined as having an elevated heart rate for at least 10 minutes. Respondents most commonly exercise at home (63.3%) and in their neighborhood (35.8%). Barriers to physical activity include not having enough time and lacking motivation.

"We need a community pool so we can exercise in it, teach kids how to swim, and have fun in it. We also need safe walking places in the western part of the county." – Healthy Pender Survey respondent

What's already happening: The town of Burgaw has been making progress on more accessible sidewalks and expanding sidewalk and path access in the downtown area through an ADA Transition Plan and a Courthouse Avenue Streetscape.⁵⁰ Pender County Parks and Recreation have received two \$500,000 grants to expand opportunities in Burgaw and Hampstead.⁵¹

ACCESS TO HEALTHY FOOD

Access to healthy food relates to both economic and built environment opportunities. People must be able to afford adequate food and have access to healthy food options through establishments like grocery stores, food banks, and restaurants.

Pender County's food insecurity rate as of 2019 is 13.2%, which is consistent with the state average, slightly higher than Franklin County (12.6%) and slightly lower than Carteret County (14.2%). In Pender, 5.7% of the population is both low-income and has poor access to a grocery store.⁵² In Pender County Schools, 45.6% of students were enrolled in free or reduced-price lunch during the 2018-2019 school year, lower than Carteret and Franklin. Considering that poverty rates are similar in Pender and Franklin counties, more students may be eligible for free or reduced-price lunch in Pender than are enrolled.⁵³

Many Healthy Pender Survey participants shared that more food options would make Pender County a healthier place to live, including specific references to healthier restaurant choices and improved access to fresh foods. Just over a third (35.7%) of survey respondents report eating the recommended 2 cups of fruit and 3 cups of vegetables every day. For those that are not able to meet these recommendations, respondents' top barriers were convenience – taking too much time to shop for and prepare fruits and vegetables. Finding and preparing fruits and vegetables did not seem to be a concern – cited by less than 2% of respondents.

"Would love to see more healthy farm to table food options. We have too many fast-food places" - Healthy Pender Survey respondent

About one in ten (11.1%) survey respondents skipped or cut the size of a meal due to costs within the last 12 months. For survey respondents making less than \$35,000 in household income, that percentage nearly doubled – 20.6% had cut the size of a meal or skipped a meal because there wasn't enough money for food.

What's already happening: Organizations such as Pender Christian Services work to provide food for Pender County residents in need. In 2023, they plan to prioritize the provision of fresh fruits and vegetables. Recently, they have partnered with DoorDash through Project DASH to deliver charitable food items and increase access.⁵⁴

HEALTH ACCESS AND OUTCOMES

Healthcare serves an important role in preventing illness and providing diagnosis and treatment. Access to care directly impacts health outcomes through both preventative health services and timely diagnoses.

45.3% of survey respondents described their overall physical health as very good or excellent, while 13.8% of respondents reported their physical health as fair or poor. Respondents making less than \$35,000 in household income reported poorer physical health.

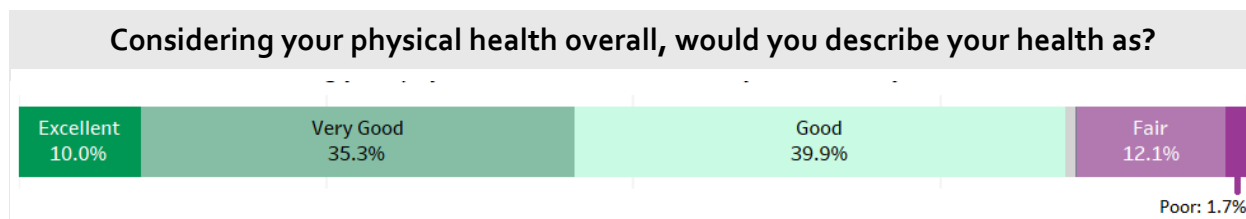


Figure 21: Healthy Pender Survey 2022 responses to physical health status

ACCESS TO CARE

Access to care includes the availability of high-quality care and community members' ability to take advantage of that care. A community's access to healthcare can be challenged by barriers such as lack of health insurance, high cost of care, few providers, and limited transportation to healthcare facilities. Among Healthy Pender Survey respondents, 15.4% reported trouble getting the healthcare they needed personally or for a family member in the past 12 months. Out of that 15.4%, the most common problems were related to having a hard time finding satisfactory service, followed by insurance limitations. When asked specifically about problems receiving dental care, cost and insurance were the most common concerns.

INSURANCE

In Pender County, 12.6% of the population under 65 years old are uninsured. This number has decreased from 21.5% in 2010 and is similar to state and peer county percentages; however, it remains higher than the Healthy North Carolina 2030 target of 8% or less. Among children, 6.2% of children under 19 years are uninsured, compared to 5.3% in the state overall.⁵⁵ Pender County has 15,868 people enrolled in Medicaid as of 2021. Programs with the highest enrollment are Infants and Children, Family Planning, and Temporary Assistance for Needy Families (TANF).⁵⁶

Of Healthy Pender Survey respondents, 11.4% did not have any kind of healthcare coverage.

PROVIDERS

In the Healthy Pender Survey, 69.2% of respondents reported going to the doctor's office most often when they were sick, with 13.1% going to an urgent care center. 18.7% of younger adults most often go to urgent care.

Pender County is a Health Professional Shortage Area as defined by the US Health Resources & Services Administration.⁵⁷ As of 2019, Pender County has a primary care provider ratio of 1 to 2,009, meaning that there is one full-time equivalent primary care clinician for every 2,009 residents.⁵⁸ The recommended ratio is at least one clinician per every 1,500 residents, indicating a moderate provider shortage in the area.¹ Full-time equivalent primary care clinicians include physicians, nurse practitioners, physician assistants, and certified nurse midwives. Looking specifically at physician capacity, in 2021 there was an estimated 21 total physicians in the county at a rate of 3.25 per 10,000 residents, much lower than the state rate of 27.7 per 10,000.⁵⁹

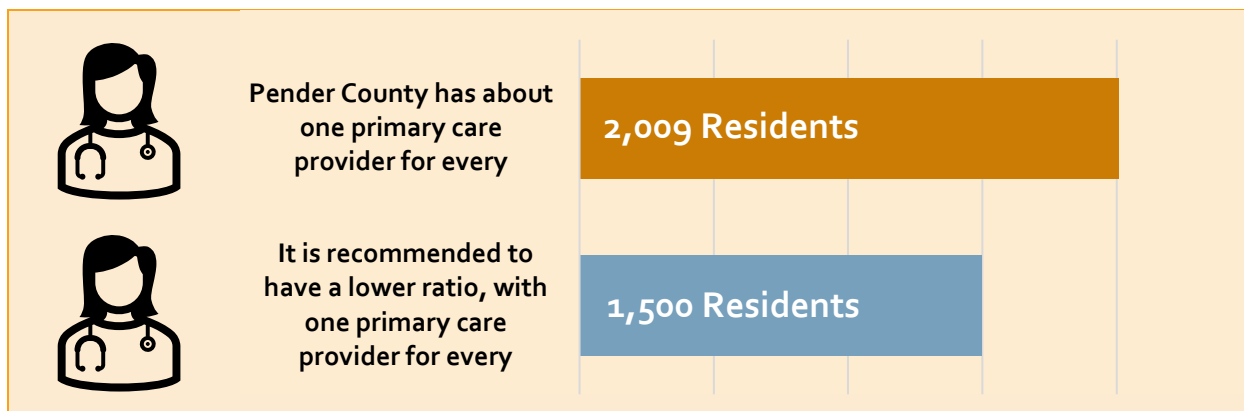


Figure 22: Infographic showing Pender County's primary care provider ratio compared to the Healthy North Carolina 2030 goal.
Source: Cecil G. Sheps Center for Health Services Research, 2019, Received via Data Request

When comparing access to care to North Carolina averages and peer counties, Pender County is most similar to Franklin County and has less access than Carteret and the state averages.

In discussion with the steering committee, these data felt like they may overestimate the availability of providers in Pender County, describing how the shortage of healthcare professional seems to be worsening. The steering committee, Healthy Pender Survey respondents, and Community Forum members described difficulties receiving specialty care.

"More services available at Pender Memorial Hospital, not having to go to Wilmington hospital." – Healthy Pender Survey respondent

Not only does Pender have fewer healthcare providers than recommended, but the county also has fewer beds in general hospitals and nursing facilities than peer counties and the state overall.⁶⁰

What's already happening: Members of the steering committee noted the availability of telehealth services at the schools through Pender Alliance for Total Health (PATH; www.pathhealth.org), and an upcoming rural family medicine track at Black River Health Services in Pender County. Planning is currently underway, with an implementation date of July 2024. They hope this program will attract more providers to the area.⁶¹

DISEASE, ILLNESS, AND INJURY

Pender County has a mortality rate of 813.4 per 100,000 residents, which is slightly higher than that of Carteret (774.7), Franklin (797.2), and North Carolina overall (793.7). While top causes of death follow similar patterns, Pender County has higher mortality rates from cerebrovascular disease and other ischemic heart disease.²¹

Top Causes of Death by Type: Mortality Rate per 100,000 Residents, 2020 5-year average				
	Pender	Carteret	Franklin	N.C.
Total Cancer	160.2	168.5	165.9	154.6
Trachea, Bronchus, and Lung Cancer	44.2	49.2	46.6	40.1
Breast Cancer	19.4	17.5	21.7	20.1
Prostate Cancer	21.5	14.6	17.1	19.5
Pancreatic Cancer	11.2	12.6	11.2	10.9
Colon, Rectal, and Anal Cancer	10.9	16.4	11.6	12.9
Diseases of Heart	158.8	157.4	164.5	156.1
Acute Myocardial Infarction	18.8	23.7	21.0	26.1
Other Ischemic Heart Disease	67.6	60.1	62.9	57.0
Cerebrovascular Disease	54.2	40.4	49.1	42.7
All Other Unintentional Injuries	44.0	61.3	42.6	43.2
Chronic Lower Respiratory Diseases	37.4	43.6	44.3	42.5
Alzheimer's Disease	26.9	23.4	29.6	37.4
Unintentional Motor Vehicle Injuries	24.4	11.3	24.6	15.1
Diabetes Mellitus	23.6	20.5	20.6	24.5
Suicide	22.6	23.1	14.2	13.4
Nephritis, Nephrotic Syndrome, and Nephrosis	17.1	13.1	14.4	16.4
Septicemia	15.4	11.2	11.6	12.5
Pneumonia and Influenza	13.8	13.7	11.6	15.7
Chronic Liver Disease and Cirrhosis	8.2	15.9	9.3	11.1
COVID-19 Mortality	8.1	4.8	10.4	12.8

Figure 23: Table with bar charts of top causes of death by type for Pender and peer counties. Source: NC DHHS North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 2020 5-year average

Mortality rates are higher among African Americans and males in Pender County. The all-cause mortality rate for African Americans is higher at 994.2 deaths per 100,000 residents than the overall mortality rate in the county (813.4 deaths per 100,000 residents). The all-cause mortality rate for males is 958.1 deaths per 100,000 residents compared to 682.8 deaths per 100,000 for females.²¹

CANCER

Both cancer mortality and cancer incidence are similar in Pender County as it is in peer counties and the state. Total cancer mortality rates are higher for males than females. Between 2016-2020, trachea, bronchus, and lung

cancers have the highest mortality of cancer types. Female breast cancer has a higher incidence (154.6 diagnoses per 100,000 residents), followed by prostate cancer (19.2 per 100,000) and then lung and bronchus cancers (60.5 per 100,000).²¹

DISEASES OF THE HEART

Heart attack deaths have increased across the United States since 2020.⁶² Diseases of the heart, as included in data reported by the North Carolina State Center for Health Statistics, include acute heart attack and coronary artery diseases.²¹ The mortality rate for heart disease between 2016-2020 was estimated at 158.8 deaths per 100,000 residents in Pender County. As noted in the graph below, the rate for deaths from heart disease has slightly risen since 2015 5-year estimates, while deaths from cancer have declined.

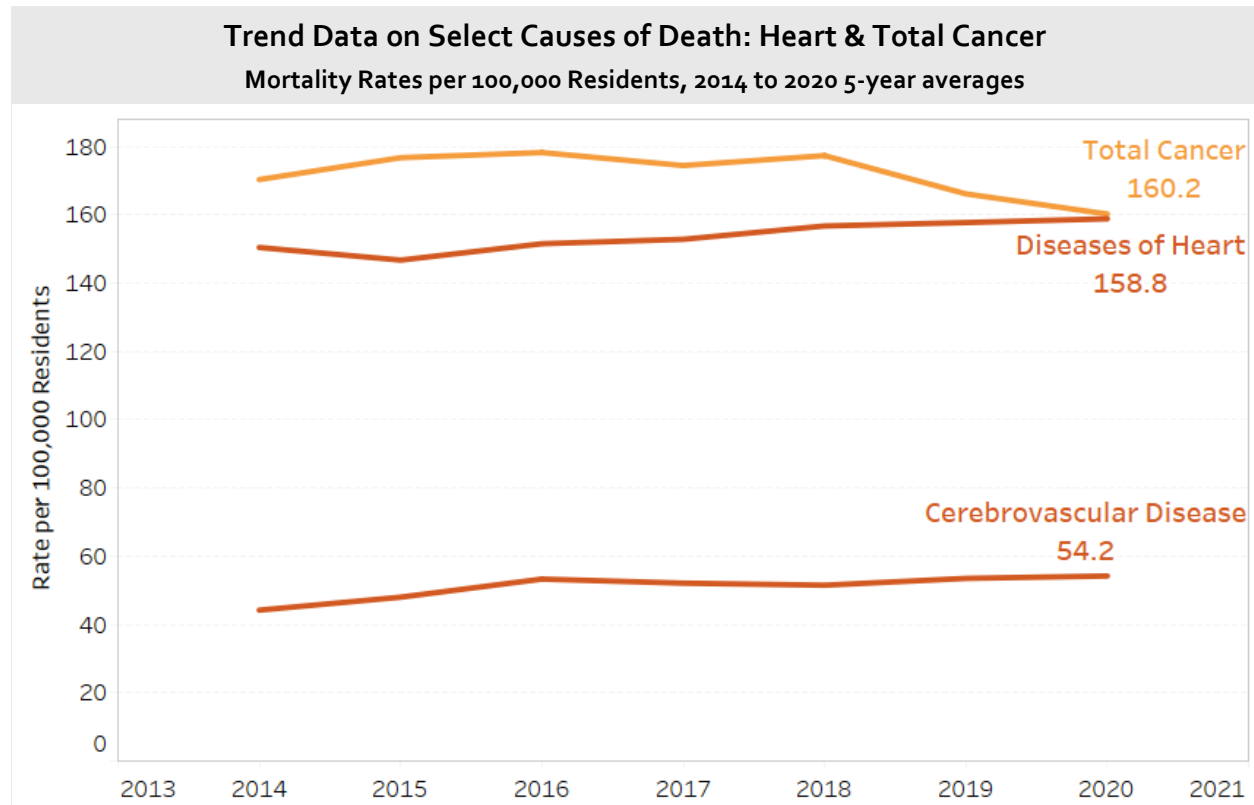


Figure 24: Trend data on select causes of death in Pender County. Source: NC DHHS North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 2014-2020 5-year averages

OTHER CHRONIC CONDITIONS

We can get a sense of how other chronic conditions are impacting the community by looking at data made available through the Medicare program. Among Medicare recipients, more than half have high blood pressure, which is referred to as hypertension (63.8%) and high cholesterol, which is referred to as hyperlipidemia (57.4%) in Pender County, and about a quarter or more have arthritis (32.9%), diabetes (29.5%), ischemic heart disease (25.6%), or chronic kidney disease (24.6%) as of 2018. Between 2013 and 2018, the prevalence of arthritis and chronic kidney disease increased in this population, while other conditions remained stable. Pender County's Medicare population has a higher prevalence of hyperlipidemia (57.4%) compared to the state (48.8%), Franklin (48.6%), and Carteret (44.3%).⁶⁴

INFECTIOUS DISEASE

COVID-19 has impacted the health of communities in many ways since 2020. As of January 2023, Pender County has slightly lower percentages of people who have received COVID vaccines as compared to peer counties. 52% of people in Pender County had completed the initial vaccine series.²

Chlamydia is one of the most common infectious diseases across the U.S. In Pender County, the rate for newly diagnosed Chlamydia was 321.6 per 100,000 residents in 2020. Pender County's rates for other STIs and STDs are below the North Carolina rate.⁶⁵

What's already happening: Steering committee and Community Forum attendees praised the county's COVID vaccine efforts. Pender County Health Department maintains a Communicable Disease Control Program that works to prevent the spread of communicable diseases, such as tuberculosis and sexually transmitted diseases through a range of services.⁶⁶

MENTAL HEALTH AND SUBSTANCE USE

"Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood." – Centers for Disease Control and Prevention⁶⁷

When it comes to overall health, mental health and physical health are equally important. This section covers both mental health and substance use, two related but distinct topics. Both are shaped by the social and structural determinants of health, and both are often stigmatized, making it challenging to identify, discuss, and improve outcomes.

MENTAL HEALTH

Mental health can vary over time, depending on a wide range of factors. A person's mental health could be impacted when the demands placed on them exceeds their resources and coping abilities.⁶⁷ For example, someone may experience poor mental health if they are experiencing economic hardship or working long hours.

Healthy Pender Survey respondents rated their mental health similarly to their physical health, with 54.7% reporting their overall mental health as very good or excellent and 15.7% reporting fair or poor mental health. However, respondents making \$35,000 or less in household income and respondents ages 18-39 reported poorer overall mental health.

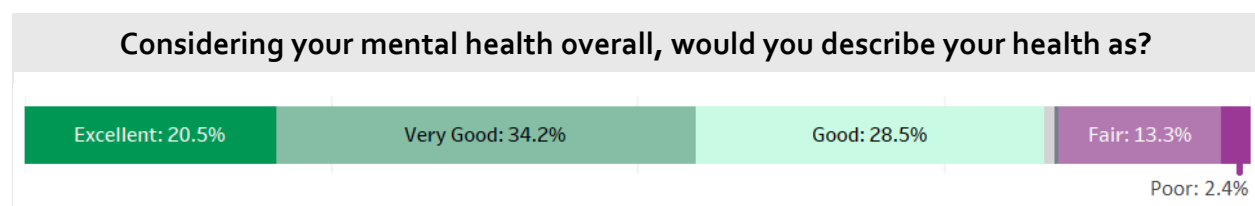


Figure 25: Healthy Pender Survey 2022 responses to mental health status

The prevalence of depression among Medicare recipients, limited to individuals 65 and older, in Pender has steadily increased from 15.2% in 2013 to 21.2% in 2018, surpassing the 2018 depression prevalence of peer counties (Franklin: 18.8%, Carteret: 18%) and the state (19.3%).⁶⁴

Across all Healthy Pender Survey respondents, 15.9% experienced mental health symptoms that kept them from doing daily activities within the last 6 months. Of those, about two-thirds (65.6%) received treatment for depression, anxiety, or other mental health concerns. Respondents most commonly sought treatment from a primary care provider followed by a mental health counselor. A handful of survey respondents called for more and improved mental health care access as the one thing that would make Pender County a healthier place to live.

*"Adding mental health services that are accessible to the uninsured community.
The county is in need of additional providers..."*
– Healthy Pender Survey respondent

Local Management Entities/Managed Care Organizations (LME/MCOs) manage care for NC Medicaid beneficiaries, including services related to mental health, developmental disabilities, or substance use disorders. For Pender and many neighboring counties, Trillium Health Resources is the LME/MCO managing this care. Between 2016-2020, the rate of persons served by Trillium's mental health programs in Pender County fell below peer and state trends.⁶⁸ The most recent data in 2020 show 203.9 persons per 10,000 in Pender were served in an area mental health program, compared to 329.7 per 10,000 across the state.⁶⁸ In 2016, the rate of persons served in NC alcohol drug and treatment centers (2.8 per 10,000) and in state mental health development centers (1.2 per 10,000) was similar to or slighter lower than that of peer and state trends.⁶⁹

Across all survey respondents, 7.5% reported a problem getting the care they needed personally or for a family member from a mental health provider. About half (48.0%) of survey respondents did not need to seek care from a substance use treatment center within the last 6 months, and of those who did, the large majority (90.9%) did not have a problem receiving care. For those that did have an issue receiving care either from a mental health or substance use treatment center, 23.6% had trouble with insurance covering what they needed. For those with a household income less than \$35,000, about half (47.1%) did not have insurance coverage for what they needed.

The rate of suicide can reflect the limited availability of access to comprehensive, high-quality healthcare. Reducing the rate of suicide to 11.1 per 100,000 is a Healthy North Carolina 2030 indicator aimed at improving both access to and treatment for mental health needs. Between 2016-2020, the 5-year rate of suicide in Pender was 22.6 per 100,000, compared to a state rate of 13.4 per 100,000.²¹

What's already happening: Coastal Horizons provides mental health services in the community and in schools in collaboration with Pender Alliance for Total Health (PATH). Pender County Schools employs counselors, school nurses, and social workers.⁷⁰

SUBSTANCE USE

In 2021, North Carolina updated the Opioid Action Plan to become the Opioid and Substance Use Action Plan (OSUAP) 3.0, broadening the focus to polysubstance use and centering equity and lived experiences.⁷¹ The plan has four priority areas to address the epidemic: center equity and lived experiences, prevent future addiction, reduce harm, and connect to care.⁷¹

Historically, prescription opioids have been a driver of overdoses in North Carolina.⁷² However, overdoses due to illicit drugs, like heroin or fentanyl, are on the rise. Between 2017 and 2018, Pender experienced a steep decline (342.0 visits per 100,000 to 167.4 visits per 100,000) in emergency department visits due to medication or drug overdose. This rate has increased since 2018, a trend that peer counties and the state mirrored from 2019-2020.⁷³

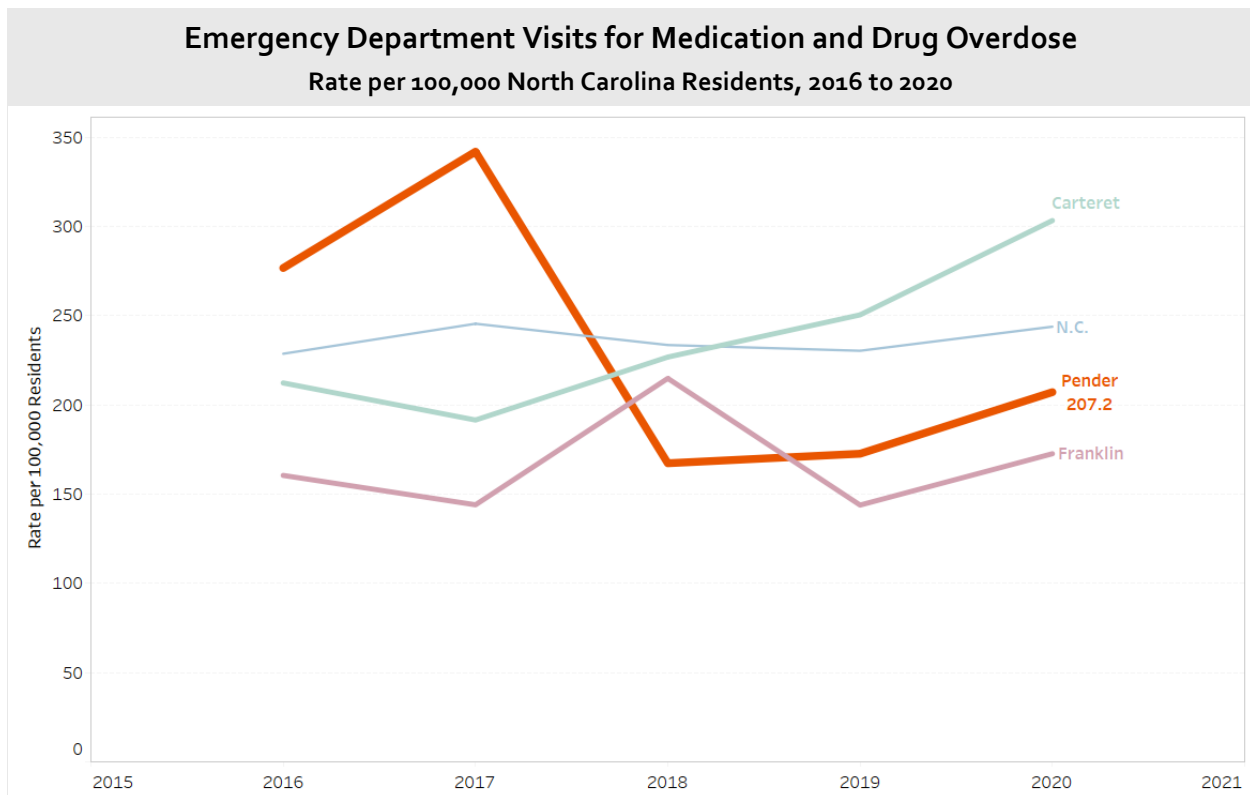


Figure 26: Trendlines of emergency department visits for medication/drug overdose. Source: Analysis by NC DPH, Injury and Violence Prevention with data from NC DETECT, 2016-2020

In recent years, medication and drug poisoning deaths have risen, following a pattern seen across the state. In 2019, Pender County had 14 medication and drug overdose deaths, with a rate of 22.2 deaths per 100,000. In 2020, Pender had 18 overdose deaths with a rate of 28.5 per 100,000. In 2021, there were 27 deaths with a rate of 42.8 per 100,000.^{71,74} Since 2014 in Pender County, heroin and fentanyl have been involved in more overdose deaths than any other substances.⁷⁴

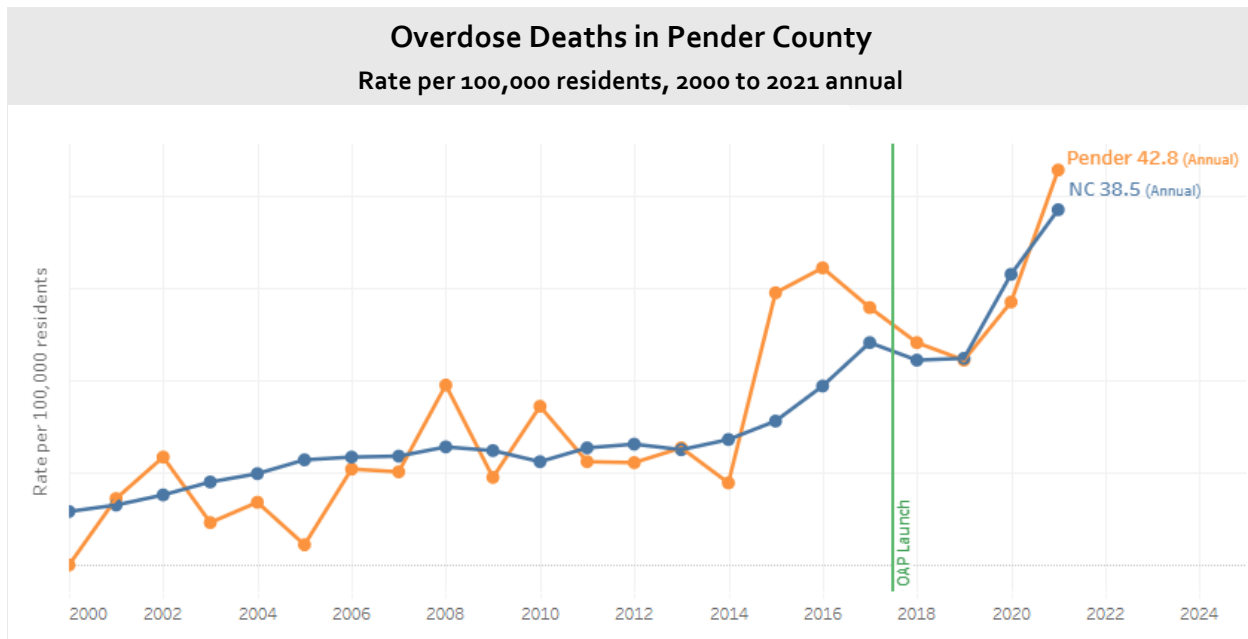


Figure 27: Trendlines of drug overdose deaths in Pender County and North Carolina from 2000-2021.

Data and image source: NC DHHS Opioid and Substance Use Action Plan Data Dashboard

In an effort to center equity and lived experience, OSUAP 3.0 tracks progress on counties that have partnered with community-based organizations (CBOs) serving historically marginalized populations (HMP) and the extent to which people with lived experience of substance use are involved in both planning and implementing overdose prevention and harm reduction programs. Pender County has indicated some level of partnership with CBOs serving marginalized populations and people with lived experience of substance use.⁷¹

REPRODUCTIVE AND CHILD HEALTH

Reproductive and child health data describe the care and outcomes for pregnant women and their children, which can serve as a proxy indicator for broader health systems.

FERTILITY, PREGNANCY, AND PRENATAL CARE

Pender County has had stable pregnancy and abortion rates between 2015-2020, with 68.0 pregnancies per 1,000 females ages 15-44 and 7.7 abortions per 1,000 females ages 15-44, similar to the state and peers.⁷¹

In 2020, Pender saw a decrease in the county's teen pregnancy rate down to 15.6 pregnancies per 1,000 females ages 15-19.⁷⁵

Many people in Pender County use the women's health clinic at the Pender County Health Department for prenatal and postnatal care. Steering committee and community forum participants spoke favorably of this resource while highlighting the lack of additional OB/GYN services in the county.

63.5% of Pender County's births received prenatal care in the first trimester, which is lower than the Healthy North Carolina target of 80% and Carteret (74.9%) and North Carolina (67.5%). Steering committee members and community forum attendees both noted the lack of OB/GYN services in the county. Most Pender County residents receive later-term care and give birth in neighboring New Hanover County. Prenatal smoking in Pender County happened in 9% of births as of 2020.⁷⁶

BIRTH OUTCOMES

Since Pender County does not have delivery resources, the prenatal clinic partners with Novant in Wilmington for birthing. Some families in Pender County opt for at-home births.

Pender County's preterm births were 10.4% in 2019, similar to that of the state and peer counties. Looking at trend data, Pender saw an increase to 14.0% in 2016-2017 that has since leveled back down. Disparities in preterm births by race show that Black and Non-Hispanic mothers are more likely to experience preterm birth.⁷⁶ The percentage of low birth weights is most recently 8.8% of births as of the 2020 5-year average, similar to Franklin and the state. However, the percentage of births with low birth weight among Non-Hispanic Black/African American births has increased in Pender in recent years up to 18.1%, indicating a racial disparity.²¹

Infant mortality is an indicator that can reflect the health of the broader community and future generations, and it also serves as a proxy indicator for health disparities. The United States consistently has large racial disparities in infant mortality, especially between Black and White births.⁷⁷

The overall infant mortality in Pender was 3.4 per 1,000 live births in 2020, which is lower than the HNC 2030 target of 6.8 per 1,000 live births. Pender County's infant mortality has decreased in recent years; however infant mortality is higher among Black and Hispanic births than White births.

The Black/White disparity ratio between infant mortality rates is another specific indicator identified in Healthy North Carolina 2030. In Pender County, the disparity ratio is 7.1 as of the 2020 5-year average, and in recent years it appears that this gap is increasing.⁷⁸ While the specific rates in Pender County involve small numbers and therefore need to be interpreted with caution, the magnitude of the disparity ratio across years still raises concern.

CHILD HEALTH

The overall child mortality rate in Pender is 56.2 per 100,000 resident children ages 0-17 as of the 2020 5-year average. The top causes of mortality are perinatal conditions (18.9 per 100,000), illnesses (10.9 per 100,000), and birth defects (7.7 per 100,000).⁷⁴

The rate of children in foster care under Department of Social Services custody decreased between fiscal years 2018-2019 and 2020-2021, dropping down to 9.7 per 1,000 children. The number of children entering child welfare custody under 18 years old is lower at 2.8 per 1,000 children in fiscal year 2020-2021.⁷⁹

In Pender, the large majority of investigated abuse and neglect reports were classified as "services not recommended" or lower.⁷⁹ Looking specifically at substantiated child neglect and abuse, counts increased in 2020, surpassing Franklin's count despite Pender having an overall smaller population size. This increase was reflected across race, ethnicity, age, and sex categories.⁷⁹

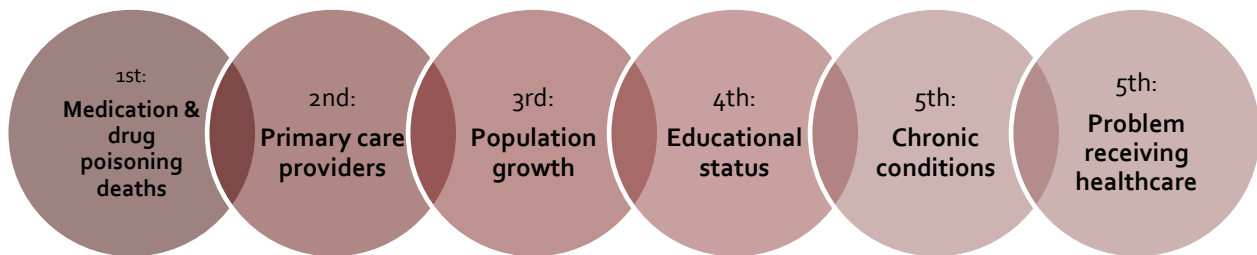
CHAPTER 4: COMMUNITY PRIORITIES AND RESOURCES

PRIORITIZATION PROCESS

The steering committee initially reviewed the Healthy Pender Survey and secondary data in December 2022, with summary sheets for different data topics. Committee members provided feedback and additional context on the data, which led to revisions to the data summary sheets.

COMMUNITY MEETINGS

Revised data summary sheets were displayed during five community meetings in addition to being posted at both Health Department locations. As community members reviewed data summary sheets, they were asked to vote on the top three topics they would like to see addressed in Pender County. From the votes captured, medication and drug poisoning deaths, primary care providers, population growth, and education status received the most votes, with chronic conditions and problem receiving healthcare tied for the fifth-most votes. See Appendix 4 for all voting results.



COMMUNITY FORUM

Community members who participated in the Healthy Pender Survey and who voted in the community meetings were invited to attend the Pender County Community Forum on Tuesday, January 24 to discuss health resources and challenges in Pender County. The forum was held at the NC Cooperative Extension in Burgaw, NC. See Appendix 5 for the flyer invitation and Appendix 6 for a more detailed summary of the discussion. The community members who participated represented a range of generations, county geographies, and length of residency in the county.

The goal of the community forum was to have an open and honest discussion to gain insight on opinions, perspectives, and lived experiences of residents in the area. However, these experiences cannot be generalized to the Pender County population in general.

COMMUNITY FORUM HIGHLIGHTS

- *Pender Strengths*: safe, nice people, natural resources, sense of community, great organizations, ideal location
- *Barriers to Health*: lack of funding, school overcrowding, overdevelopment, lack of access to specialty care
- *Topics to Address*: mental health services and access, appropriate community planning for population growth/crowding, primary care providers, housing to income burden, food insecurity, bridging eastern and western sides of the county

PRIORITY VOTING

During the January 31 meeting, the steering committee participated in a voting process with a modified list of 14 priority options based on data summaries, community voting, and community forum comments. These included:

- Access to healthcare
- Access to healthy food
- Affordable housing
- Chronic disease
- Education
- Employment & income
- Infectious disease
- Mental health
- Physical activity opportunities
- Population growth
- Reproductive health
- Substance use
- Transportation
- Water quality

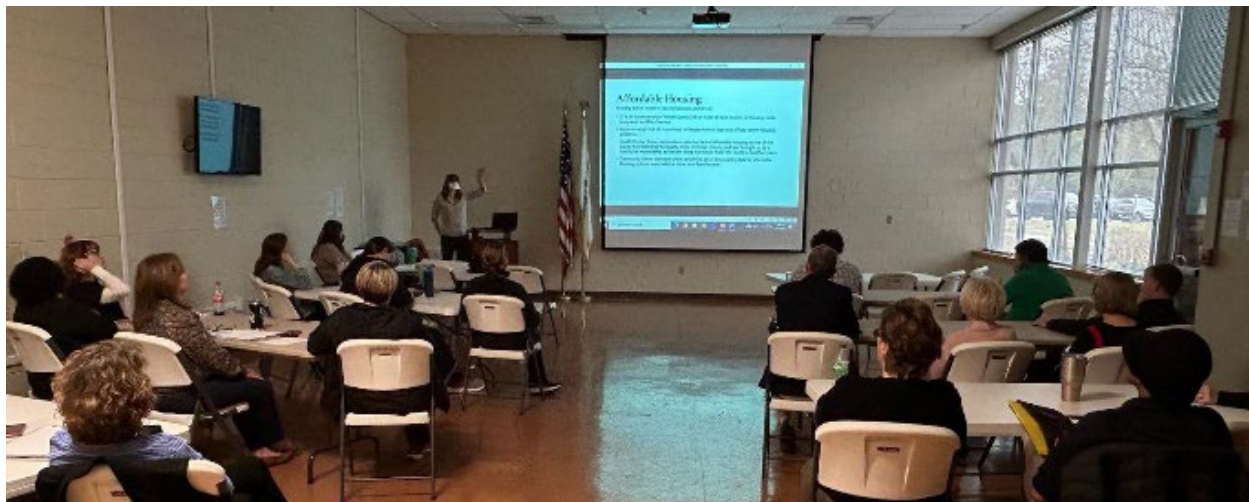
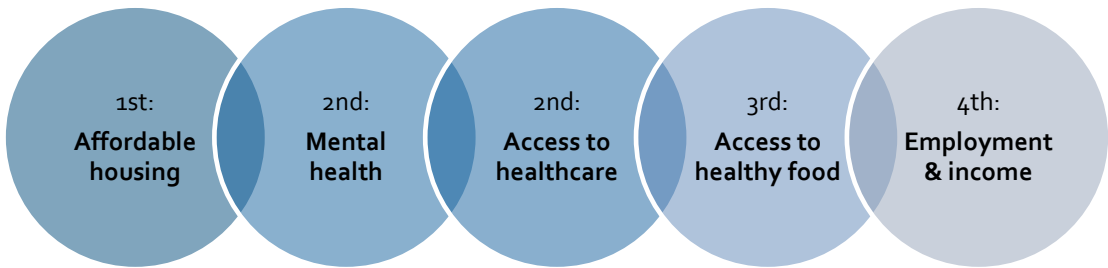
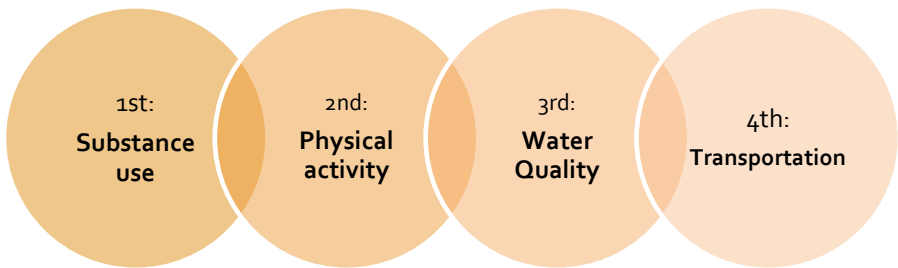


Figure 28: Photos from the January Steering Committee meeting. Photo on left shows presentation of data summaries, photo on right shows participants voting on top priorities. Photos provided by CHA Leadership Team

Members voted on the top three most important and most feasible areas based on the data. Categories receiving the most votes by importance included:



Categories receiving the most votes by feasibility included:



The CHA Leadership Team then reviewed data and votes before meeting to finalize priorities. In deciding which priorities to focus on between 2023-2026, Pender County Leadership considered assessment data and steering committee votes, complemented with progress on and lessons learned from the previous priorities and context on the momentum to improve the health needs of Pender County through the Community Health Improvement Plan. For topics like water quality and physical activity opportunities, county utilities, and parks and recreation services are leading promising efforts to address these concerns.

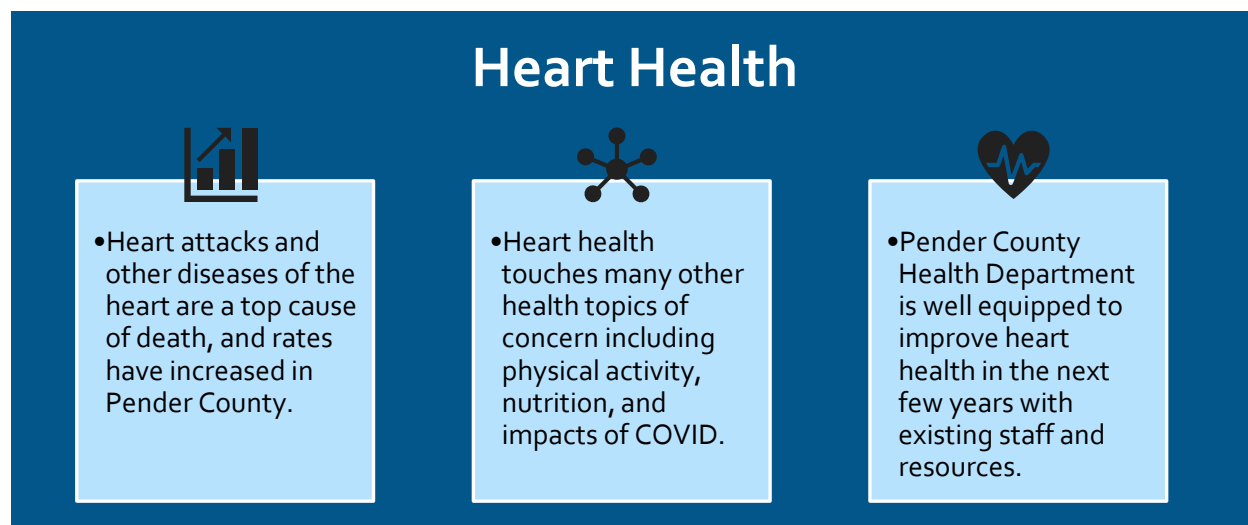
SELECTED PRIORITIES

The following three priorities were selected, described in additional detail below:



PRIORITY 1: HEART HEALTH

Leadership decided to focus on heart health. While this was not a specific category initially, the team felt that this was an area with both high importance and feasibility, especially considering a recent rise in cardiac arrests in the county. This priority area encompasses and helps address many other items that have come up throughout the assessment cycle, including physical activity opportunities and access to healthy food, yet is specific enough that the health department feels it can appropriately lead efforts with others. Partners like Pender Parks and Recreation are addressing physical activity opportunities. Rather than focusing on physical activity or healthy food as previous cycles have, prioritizing heart health will define a clear lane for the improvement planning process to focus its efforts in a way that complements existing resources.



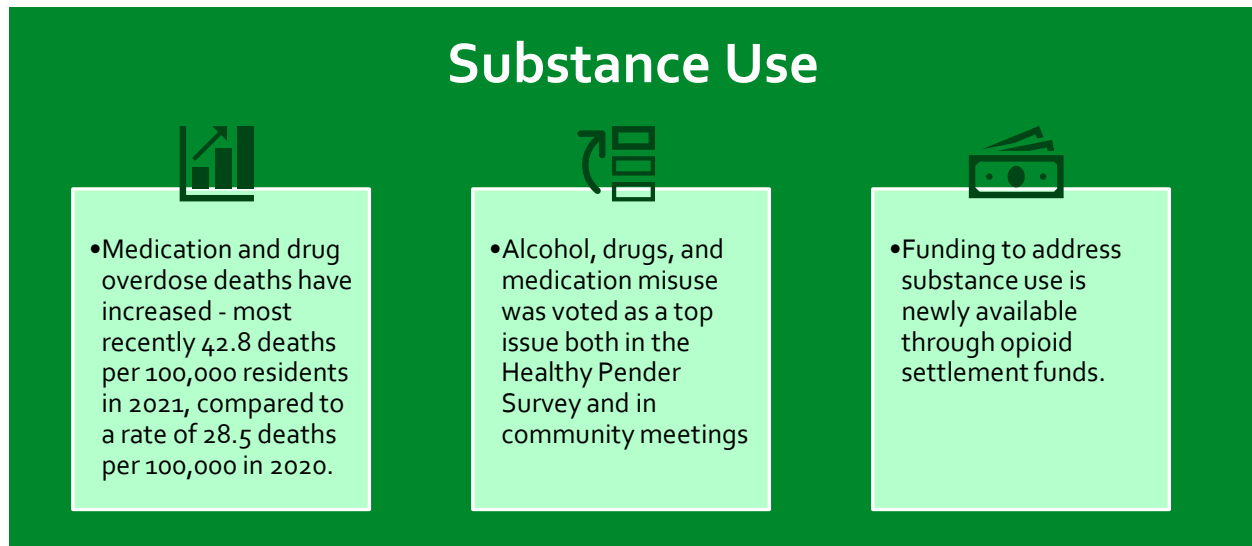
This priority area was selected in large part due to concerning data trends. The official mortality data that is available through 2020 shows that diseases of the heart mortality was already increasing, and local death certificate data indicates that it has continued to rise since 2020.

Heart health matters for everyone; however, some populations are at increased risk of heart health concerns. Older populations experience higher rates of heart disease and heart attacks. Experience of financial instability and chronic stress can also increase risks of heart disease.¹

Pender County has various resources related to heart health. The health department provides chronic disease self-management programs and free blood pressure checks at health department sites and community locations. They also partner with Parks and Recreation to provide healthy walking opportunities. There are also programs available to address other risk factors, such as free smoking cessation programs. For more community resources, please see Appendix 10.

PRIORITY 2: SUBSTANCE USE

Mental health and substance use disorders were previously combined as one priority area; however, the team felt that this priority was too broad to adequately address. To set Pender County up for clearer action items, the group decided to prioritize just substance use in this next cycle, as it felt like a more feasible area to make progress on especially given current funding available through opioid settlements. With a focus on substance use specifically, Pender County hopes to see related impacts on mental health as well.



As described in [Assessment Findings](#), the rate of medication and drug poisoning deaths of all intents is 42.8 deaths per 100,000 residents as of 2021, a rate that has increased in Pender County as it has across the state in recent years.⁷¹ Heroin and/or fentanyl are the substances contributing the most to these deaths compared to other types of substances.⁷⁴

Across the state, death rates are higher among the White population compared to Black and Hispanic populations; however, 2020 showed rates increasing faster in American Indian/Alaska Native, Black, and Hispanic populations than in the non-Hispanic White population.⁷¹

Pender County has a number of organizations providing substance use related counseling and treatment, including Coastal Horizons, Little Gerald, Superior Innovative Services, Port Health, and Shoreline Family Practice. Drop boxes are located in Surf City Police Department, Pender County Sheriff's Office, Novant Health Pender Medical Center, and Rocky Point Pavilion. For more details on available community resources, see Appendix 10.

Funding is available to support projects in addressing substance use. In North Carolina, 85% of opioid settlement funds are being directed to counties and municipalities. Opioid settlement funding was scheduled to begin county distribution in 2022 and is set to continue for 18 years.⁸⁰

Looking at the local actions outlined in the State Opioid and Substance Use Action Plan may be a helpful starting place to think about opportunities to address this health priority. Some recommendations include engaging people with experience of substance use, distributing drug test strips, and having a Sobriety Treatment and Recovery Teams program and other community response programs to support families.⁷¹

PRIORITY 3: ACCESS TO CARE

Access to care is a topic that has come up across many of the previous CHA cycles and is a critical area to address to improve the health of Pender County residents. While this priority was rated less feasible, leadership felt that there are enough resources in place to make a difference in this priority area in the coming years. There is momentum through partners and programs like Black River Health Services.



Common barriers to care include lack of health insurance, high cost of care, too few providers, and limited transportation to healthcare facilities. As noted previously in assessment findings, Pender County is a Health Professional Shortage Area as defined by the US Health Resources & Services Administration.⁵⁷ As of 2019, Pender County has a primary care provider ratio of 1 to 2,009, meaning that there is one full-time equivalent primary care clinician for every 2,009 residents, compared to a rate of 1 to 935 across the state.⁵⁸ The steering committee reported that even these numbers overestimate the availability of providers in the county. Additionally, the steering committee, Healthy Pender Survey respondents, and Community Forum members described difficulties receiving specialty care.

There are several programs in Pender County that seek to increase access to care. The health department provides a full array of clinical services. Immunizations and WIC services are also available at the Hampstead Annex. Novant Health Pender Medical Center offers financial assistance through Charity Care and Black River Health Services has a medical access program (MAP) to reduce the financial impact of medical visits. Other services in the county include mobile dental services and Pender Adult Services' medication assistance program. There are also new initiatives to address access to care, such as the development of a new rural family medicine track at Black River Health Services slated to begin in July 2024 in partnership with SEAHEC, UNC, Novant Health New Hanover Regional Medical Center, and Novant Health Pender Medical Center. For additional information on available community resources, see Appendix 10.

CHAPTER 5: NEXT STEPS

Pender County's 2022 CHA is shared with the community and stakeholders through print and online platforms. Current and previous CHAs are found on the Pender County Health Department's website at <https://www.pendercountync.gov/hhs/health-human-services/health-department/community-health-assessment-cha/>

The health department will develop community health improvement plans for each of the priority areas to complete the final two steps of the process. Pender County Health Department will lead the effort to develop and track progress on objectives, strategies, and action plans related to each priority. Collaboration with key stakeholders will be important as the activities and strategies are implemented.

In the interim years before the next CHA cycle, the health department will release State of the County Health (SOTCH) reports outlining the progress made on each priority, detailing new initiatives, and identifying any emerging issues that may impact the county's health. These reports are posted on Pender County Health Department's website at <https://www.pendercountync.gov/hhs/health-human-services/health-department/state-of-the-county-health-report-sotch/>

Pender County Health Department thanks everyone who shared information and contributed to the 2022 CHA process. The hope is that this report serves as a resource for community partners across the county, whether preparing for a grant application, understanding current data, or planning a new community activity. It is only through strong partnerships that we can work to build a healthier tomorrow.

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APPENDICES

The following appendices provide additional data and reference materials used throughout the CHA process.

APPENDIX 1: PROGRESS ON HEALTHY NORTH CAROLINA 2030 INDICATORS

The following table outlines the Healthy North Carolina (HNC) 2030 indicators that are available on a county level, the 2030 target, and the most recently available data for Pender County and North Carolina. When reliable trend data are available, the direction of the trend is noted in italicized text.

The table is color coded according to the following:

- Green: Pender is exceeding the HNC 2030 target
- Orange: Pender is meeting the HNC 2030 target
- Pink: Pender is not yet meeting the HNC 2030 target
- Dark Pink: Pender is not yet meeting the HNC 2030 target and recent data is trending in a negative direction

Indicators not included in table due to lack of local data:

Adverse childhood experiences (ACEs) and sugar-sweetened beverage consumption

Table notations:

* Data for marked indicators pulled and calculated by Cape Fear Collective, available on the Healthy Communities NC Dashboard: <https://healthycommunitiesnc.org/profile/geo/pender-county>

† Data reflect small numbers and therefore should be interpreted with caution.

‡ Data reflect rankings across the state rather than state data, as statewide data either are not available or are not equivalent comparisons

HNC INDICATOR	2030 TARGET	PENDER	NC
SOCIAL AND ECONOMIC FACTORS			
Individuals below 200% federal poverty level ²⁰	27% or lower	29.2% (2020 5-year avg.), + <i>declining in recent years</i>	33.0% (2020 5-year avg.)
Unemployment rate disparity ratio ⁸¹	1.7 or lower between white and other races	Black:White ratio: 2.6 Hispanic:White ratio: 2.6 (2021 5-year avg)	Black:White ratio: 1.9 Hispanic:White ratio: 1.3 (2021 5-year avg)
Short-term suspension rate ³⁰	0.80 per 10 students or lower	0.75 per 10 overall (2019-2020); <i>Higher among Black (1.76), male (1.12), and economically disadvantaged (1.07) students</i>	0.97 per 10 overall (2019-2020); <i>Higher among Black (2.14), male (1.39), and economically disadvantaged (1.59) students</i>
Incarceration rate ⁷¹	150 per 100,000 people or lower	218.8 per 100,000 (2021), + <i>declining in recent years</i>	282.5 per 100,000 (2021)
Third-grade reading proficiency ³⁰	80.0% or higher based on level 3+ EOG exams,	44.7% (2020-2021), - <i>declining in recent years</i>	45.1 (2020-2021)
PHYSICAL ENVIRONMENT FACTORS			
Access to exercise opportunities ^{82*}	92% or higher	60.2% (2019)	Ranked 58 th in the state [‡]
Limited access to healthy foods ^{82*}	5% or lower	88 th in the state for Food Hardship Index	Ranked 88 th in the state [‡]
Severe housing problems ⁴⁰	14% or lower	16.1% (2014-2018) <i>Stable in recent years</i>	14.9% (2014-2018)
HEALTH BEHAVIOR FACTORS			
Drug overdose deaths ⁷¹	18.0 per 100,000 people or lower	42.8 per 100,000 (2021) - <i>Increasing in recent years</i>	38.5 per 100,000 (2021)
Tobacco use ^{82*}	9.0% (youth), 15.0% (adults) or lower	18.6% in adults (2019)	Ranked 74 th in the state [‡]
Excessive drinking ^{82*}	12% or lower	15.4% (2019)	Ranked 20 th in the state [‡]
HIV diagnosis rate ⁶⁵	6.0 per 100,000 or lower	6.4 per 100,000 (2019-2021 avg)	14.5 per 100,000 (2019-2021 avg)
Teen Birth Rate ^{83/84}	10.0 per 1,000 people	15.2 per 1,000 females ages 15-19	17.3 per 1,000 females ages 15-19
CLINICAL CARE FACTORS			
Uninsured rate ⁵⁵	8% or lower	12.6% (2020) <i>Stable in recent years</i>	12.9% (2020)
Primary care workforce ⁵⁸	1:1,500 or 25% decrease	1:2,009 (2019)	1:935 (2019)
Early prenatal care ⁷⁶	80.0% or higher	63.5% (2019)	67.5% (2019)
Suicide rate ²¹	11.1 per 100,000 people or lower	22.6 per 100,000 (2020 5-year avg)	13.4 per 100,000 (2020 5-year avg)
HEALTH OUTCOMES			
Infant mortality rate ⁸⁵	6.0 per 1,000 live births	3.4 per 1,000 (2020) [†]	6.9 per 1,000 (2020)
Infant mortality disparity ⁷⁸	Black/white disparity ratio: 1.5 or lower	7.1 (2020 5-year avg) [†]	2.59 (2020 5-year avg)
Life expectancy ²²	82 years or higher	77 years (2018-2020 3-year avg)	77 years (2018-2020 3-year avg)

APPENDIX 2: COMMUNITY HEALTH OPINION SURVEY INSTRUMENT WITH RESPONSES



Pender County 2022

Healthy Pender Survey

Pender County Health Department and partner organizations are conducting a survey to learn more about the health and topics of concern among the residents living in Pender County. We will use the results of this survey to help address major community health issues in our county.

This survey is completely voluntary, and it should take about 10-15 minutes to complete. Your answers will be completely confidential and the information you give us will not be linked to you in any way.

CONSENT, ELIGIBILITY, AND PARTICIPATION

1309 potential respondents started the eligibility section of the survey.

Eligibility Questions	Yes	No	Missing
Would you like to participate?	1264	12	33
We are only surveying adults 18 and older. Are you 18 years old or older?	1276	4	29
Do you live in Pender County?	1262	16	31

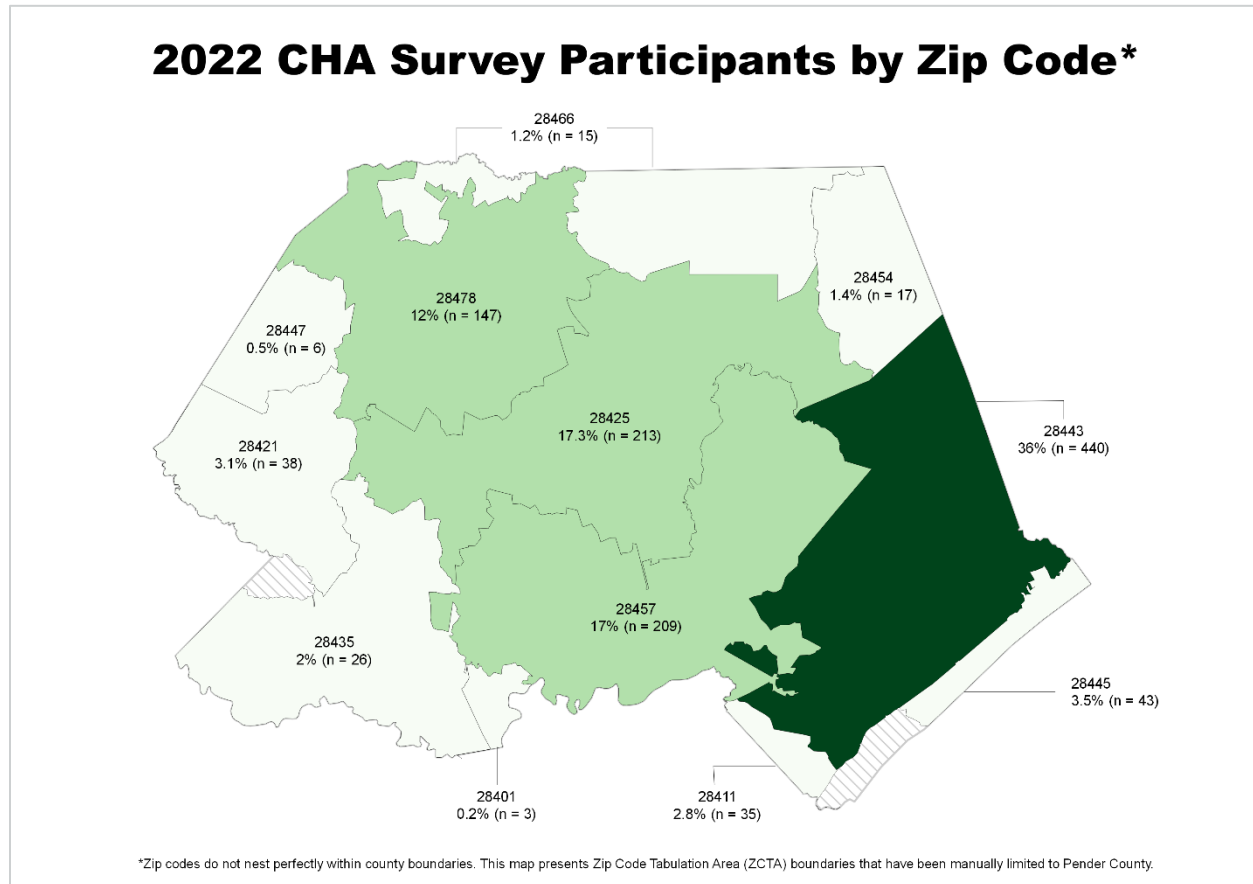
If respondents answered “no” to any of the following questions, the survey ended at that time with the following messages

- At this time, we are only speaking to residents 18 and older. Thank you for your time and have a great day.
- At this time, we are only speaking to residents 18 and older residing in Pender County. Thank you for your time and have a great day.

Based on the responses across the three questions, there were 1,245 eligible survey participants who met each of the requirements.

What is your Zip Code where you currently live? You may enter 99999 if you do not know your zip code.

About one third of respondents lived in zip code 28443, where Hampstead is located.



SECTION 1: PHYSICAL HEALTH

1. Considering your physical health overall, would you describe your health as...

Response	Percent (%)	Count (n)
Good	39.9%	481
Very Good	35.3%	425
Fair	12.1%	146
Excellent	10.0%	120
Poor	1.7%	21
Prefer not to answer	0.8%	10
Don't know/Not sure	0.2%	2

2. Where do you go most often when sick?

Response	Percent (%)	Count (n)
Doctor's Office	69.2%	832
Urgent Care Center	13.1%	158

Emergency Room	3.9%	47
Community Clinic	3.9%	47
Other (specify):	3.7%	44
Health Department	3.7%	45
Prefer not to answer	1.3%	16
Don't know/Not sure	0.7%	9
Hospital Clinic	0.4%	5

3. In the past 12 months, did you have a problem getting the healthcare you needed for you personally or for a family member from any healthcare provider?

Response	Percent (%)	Count (n)
No	82.1%	986
Yes	15.4%	185
Don't know/Not sure	1.6%	19
Prefer not to answer	0.9%	11

3a. What were the problems that prevented you or your family member from getting the necessary health care? Select all that apply. (Answer if "yes" to #3)

Response	Percent (%)	Count (n)
Not enough providers offer the service	34.1%	59
Unhappy with doctor/service provided	22.5%	39
Service was not available in Pender County	21.4%	37
Other (specify):	19.1%	33
Doctor would not take my/our insurance or Medicaid	16.2%	28
Insurance didn't cover what I/we needed	17.3%	30
No health insurance	15.0%	26
Office hours were not convenient	15.6%	27
Share of the cost (deductible/co-pay) was too high	12.7%	22
Didn't know where to go	4.0%	7
Don't know/Not sure	1.7%	3
Did not have transportation	1.7%	3
Prefer not to answer	1.2%	2

4. Do you have any kind of healthcare coverage, such as private insurance, Medicare, Medicaid, or Indian Health Service?

Response	Percent (%)	Count (n)
Yes	86.5%	1,049
No	11.4%	138
Prefer not to answer	1.2%	14
Don't know/Not sure	1.0%	12

5. How long has it been since you last visited a dentist or a dental clinic for a routine check up?

Response	Percent (%)	Count (n)
Within the past year (anytime less than 12 months ago)	64.4%	780
Within the past 2 years (More than 1 year ago but less than 2 years ago)	13.9%	169
Within the past 5 years (More than 2 years but less than 5 years ago)	8.8%	107
5 or more years ago	8.7%	106
Don't know/Not sure	3.1%	38
Prefer not to answer	1.0%	12
Within the past year (anytime less than 12 months ago)	64.4%	780

5a. Did any of the following problems prevent you from receiving dental care in the past year? Select all that apply. (Answer if #5 response is "within the past two years", "within the past 5 years," "5 or more years ago," "Don't know/Not Sure," or "Prefer not to answer")

Response	Percent (%)	Count (n)
Cost was too high	34.3%	138
No dental insurance	26.4%	106
None of the above - I did not experience any problems	18.7%	75
Concern about COVID-19 exposure	13.7%	55
Didn't want to go (fear/nervousness/dislike)	11.9%	48
Other:	6.5%	26
Didn't know where to go	6.0%	24
Could not take time off work	5.5%	22
Didn't have transportation	3.5%	14
Don't know/Not sure	3.7%	15
Dental office was not accepting new patients	3.5%	14
Prefer not to answer	3.7%	15
Unhappy with doctor/service provided	1.7%	7
Office hours were not convenient	2.0%	8
Difficulty finding a dentist that speaks my language	1.2%	5

SECTION 2: MENTAL HEALTH**6. Considering your mental health overall, would you describe your health as...**

Response	Percent (%)	Count (n)
Very Good	34.2%	413
Good	28.5%	344
Excellent	20.5%	248
Fair	13.3%	161
Poor	2.4%	29
Prefer not to answer	0.8%	10
Don't know/Not sure	0.2%	3

7. In the last 6 months have you experienced any mental health symptoms that kept you from doing your daily activities in any way?

Response	Percent (%)	Count (n)
No	79.5%	960
Yes	15.9%	192
Don't know/Not sure	2.2%	27
Prefer not to answer	2.4%	29

7a. Did you receive treatment for depression, anxiety, or other mental health concerns? If so, from where?
(Answer if "yes" to #7)

Response	Percent (%)	Count (n)
From primary care provider (PCP)	37.0%	70
Did not receive treatment	33.3%	63
Mental health counselor	20.1%	38
Mental health agency	4.8%	9
Other:	3.7%	7
Prefer not to answer	1.1%	2
Don't know/Not sure	0.0%	0

8. In the last 6 months did you have a problem getting the care you needed for you personally or for a family member from a mental health provider?

Response	Percent (%)	Count (n)
No, I did not have a problem	51.6%	613
No, I did not need to seek care	36.2%	430
Yes	7.5%	89
Prefer not to answer	3.2%	38
Don't know/Not sure	1.6%	19

9. In the last 6 months did you have a problem getting the care you needed for you personally or for a family member from a substance use treatment center?

Response	Percent (%)	Count (n)
No, I did not need to seek care	48.0%	576
No, I did not have a problem	47.2%	566
Prefer not to answer	2.1%	25
Don't know/Not sure	1.3%	15
Yes	1.4%	17

10. What were the problems that prevented you or your family member from getting the necessary mental health care or substance use treatment? Select all that apply. (Answer if "yes" to #8 or #9)

Response	Percent (%)	Count (n)
Other (specify):	47.2%	42
Insurance didn't cover what I/we needed	23.6%	21
Office hours were not convenient	15.7%	14

Didn't know where to go	19.1%	17
No health insurance	14.6%	13
Share of the cost (deductible/co-pay) was too high	14.6%	13
Didn't have transportation	5.6%	5
Don't know/Not sure	2.2%	2
Prefer not to answer	2.2%	2

SECTION 3: HEALTH BEHAVIORS

11. Do you currently use any kind of tobacco or nicotine product, including smokeless products or vapes, on a daily basis?

Response	Percent (%)	Count (n)
No	83.3%	991
Yes	15.1%	180
Prefer not to answer	1.6%	19

12. In a typical week, do you engage in physical activity at least 3 times each week? Physical activity is defined as having an elevated heart rate for at least 10 minutes.

Response	Percent (%)	Count (n)
Yes	69.4%	826
No	29.5%	351
Prefer not to answer	1.2%	14

13. When you are active, where do you engage in exercise or physical activities? Select all that apply.

Response	Percent (%)	Count (n)
Home	63.3%	749
Neighborhood	35.8%	423
Public rec center, parks, or trails	23.5%	278
Work	20.7%	245
Beach	21.7%	257
Private gym/pool	19.4%	230
I don't exercise	7.6%	90
Other (specify):	4.8%	57
Malls	3.7%	44
Prefer not to answer	1.4%	16
Don't know/Not sure	0.3%	3

14. If you skip physical activity or do it less often than you want, what are some of the reasons? Select all that apply.

Response	Percent (%)	Count (n)
I don't have enough time to exercise	32.9%	366
Lack of motivation	27.8%	309

Does not apply - I get regular exercise	24.7%	274
I don't like to exercise	12.7%	141
I have a disability that makes exercise challenging	8.9%	99
Lack of access to facilities (sidewalks, facilities, pool, green spaces, gym, etc.)	9.0%	100
Lack of childcare	7.7%	86
It costs too much to exercise (equipment, shoes, gym)	5.2%	58
Other (specify):	4.3%	48
Prefer not to answer	4.6%	51
There is no safe place to exercise	2.4%	27
I don't need to exercise	2.3%	25
Don't know/Not sure	1.3%	14
Lack of transportation	1.0%	11

15. Nutrition experts recommend adults eat 2 cups of fruit and 3 cups of vegetables every day. If there are times you don't have the recommended serving, what are the reasons? Choose all that apply.

Response	Percent (%)	Count (n)
Does not apply - I always eat enough fruits and vegetables	35.7%	412
Convenience- it takes too much time to shop for and prepare fruits and vegetables when I am busy	24.5%	283
Fruits and vegetables cost too much	20.3%	234
There are a lot of other, less healthy and more affordable, food options offered around me	9.3%	107
I wasn't aware of the recommended serving size	6.9%	80
It's hard to find fruits and vegetables when you eat outside the home	5.9%	68
Don't know/Not sure	4.7%	54
Fruits and vegetables don't fill me up	4.6%	53
Other (specify):	4.0%	46
Nobody else in my family would eat them	3.5%	40
Prefer not to answer	4.2%	49
Fruits and vegetables don't taste good	2.9%	34
There aren't places in my neighborhood to buy these foods	1.6%	19
I don't know how to prepare fruits and vegetables	1.3%	15

16. Thinking about breakfast, lunch and dinner, how many times in a typical week do you eat meals that were not prepared at home, like from restaurants, cafeterias, or fast food?

Response	Percent (%)	Count (n)
Once a week or less	45.7%	540
2-3 times a week	32.1%	379
More than 3 times a week	13.1%	155
Never	7.7%	91
Prefer not to answer	1.4%	17

17. In the last 12 months, did you or others in your household ever cut the size of a meal or skip meals because there wasn't enough money for food?

Response	Percent (%)	Count (n)
No	87.1%	1,031
Yes	11.1%	131
Prefer not to answer	1.5%	18
Don't know/Not sure	0.3%	4

SECTION 4: COMMUNITY OPINIONS

18. In your opinion, which THREE issues most affects the quality of life in Pender County? Select up to 3.

Response	Percent (%)	Count (n)
Alcohol, drugs, or medication misuse	35.0%	410
Low income/poverty	26.6%	312
Lack of affordable housing	26.0%	305
Road infrastructure/Traffic	26.0%	305
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	19.5%	229
Lack of healthy food choices or affordable healthy food	13.7%	161
Crime rates	11.4%	134
Discrimination/racism	10.4%	122
Lack of childcare	9.5%	111
Don't know/Not sure	9.9%	116
Child neglect and abuse	7.4%	87
Social isolation	6.1%	72
Motor vehicle injuries including bicyclists and pedestrians	5.7%	67
Reckless/drunken driving	6.0%	70
Other (specify):	5.8%	68
More security for children in neighborhoods	5.0%	59
Smoking/tobacco use	4.2%	49
Pollution (air, water, land)	4.3%	50
Domestic/sexual violence	3.8%	44
Homelessness	3.1%	36
Dropping out of school	3.4%	40
Prefer not to answer	2.9%	34

19. Is there one thing you would like to share with us that you think would make Pender County or your community a healthier place to live? Text entry

Theme	Summary of Responses	Example Quote
Access to Care	<ul style="list-style-type: none"> Affordable health care Patient interaction More sites or mobile options More providers, especially for preventative care and specialty services 	"More services available at Pender Memorial Hospital, not having to go to Wilmington hospital."

	<ul style="list-style-type: none"> • Keeping Pender Memorial Hospital open and expanding services • Proactive mask-wearing in healthcare settings to protect vulnerable residents • HIV support group 	
County Services	<ul style="list-style-type: none"> • More resources on west side of the county • More consideration of rural areas 	"More options in the Burgaw Willard area please stop putting everything on the east side of the county (Hampstead, Surf city, Scott's hill)"
Economic	<ul style="list-style-type: none"> • Higher salary jobs • More funding from the state • Lower cost of living 	"More businesses with high paying jobs..."
Education	<ul style="list-style-type: none"> • School building renovation • More schools (concern about overcrowding) • More & better health education 	"More schools please- schools overcrowded..."
Equity	<ul style="list-style-type: none"> • Education on racial discrimination • Cultural competency education for government employees • Equal treatment for everyone 	"Treat everyone fair in all areas, if they are taxpayer treat them like one."
Food	<ul style="list-style-type: none"> • More health restaurant options • Cooking classes on tasty, affordable and healthy meals • Better fruit and vegetable options • More grocery store options • Reduce food costs • More farmers markets 	"Would love to see more healthy farm to table food options. We have too many fast food places"
Growth	<ul style="list-style-type: none"> • Infrastructure planning • Regulating the development of new housing • Overcrowding • Dedicate land to green space alongside development • Consider community amenities and scaling up to meet need 	"I think that more planning for infrastructure is paramount if Pender County is to succeed. At this time there is more focus on putting up housing, but without a plan for where these new residents will go to school, receive medical care, or any of the thousand tiny other services that are required to live..."
Housing	<ul style="list-style-type: none"> • Affordable housing • Housing options for older adults • More temporary/transitional shelter 	"Make it easier to get help/ find low-rent houses. Not everyone has the courage or they feel they would be blamed for things, not in their control."
Infrastructure	<ul style="list-style-type: none"> • Fewer power outages • Cellular phone service across the county • High speed internet access across the county 	"We need high speed internet. Many families do not have this access."
Mental Health	<ul style="list-style-type: none"> • Mental health training for law enforcement • Services for rural areas • More mental health providers • Services for youth 	"Adding mental health Services that are accessible to the uninsured community. The county is in need of additional providers..."

Older Adults	<ul style="list-style-type: none"> • More services for older adults • Outreach facility in every community 	"Assist and offer more services to elderly and disabled"
Recreation	<ul style="list-style-type: none"> • More community pools • More hiking, biking, walking trails/paths and green space • Community recreation centers • Activities for youth & teens, including after school programs • More activities for youth with special needs • More public parks • More affordable access to beach (parking) • Affordable gym/fitness center membership 	"More community spaces/activities in Burgaw and west Pender Co. Would love a community pool and/or splash pad. Somewhere to take kids on hot days."
Safety	<ul style="list-style-type: none"> • Community watch • More police presence in rural areas • Security cameras at parks • More speed limit signs on back roads • More streetlights in walking areas • Safe schools 	"More safe public space"
Social	<ul style="list-style-type: none"> • More community get-togethers and social activities • Support for single mothers 	"More social activities... bringing everyone together and involvement/organization from community on helping one another."
Substance Use	<ul style="list-style-type: none"> • Treatment facility (in addition to detox unit) • Affordable alcohol and drug rehab 	"Affordable help for alcohol drug rehab. Places to go for help run by people who truly understand their Condition."
Transportation & Accessibility	<ul style="list-style-type: none"> • Road repair and infrastructure • More sidewalks across the county • Less traffic, particularly on US 17 • More roads on east side of county • Public transportation across Pender • More bus options 	"Sidewalks! We need all communities to build sidewalks so people can go out with their families and get healthy without worrying about traffic."
Water	<ul style="list-style-type: none"> • Better water quality • Address contaminated water- remove GenX from drinking water 	"Water quality is awful. have to spend a lot of money to access clean water, on top of the cost of paying for dirty water."
Youth	<ul style="list-style-type: none"> • More after school activities • More affordable childcare • Address underage vaping • More programs for students/young adults with Autism 	"I wish there was more activities for our young children/youth to keep them active especially when school is out or maybe after school."

SECTION 5: COUNTY SERVICES

20. Have you used any of the following services within the past year? Select all services you have used.

Response	Percent (%)	Count (n)
Health Department Clinic	36.3%	419
Parks and Recreation Centers	37.7%	435
None of the above	29.8%	344
Social Services	12.2%	141
WIC Services	7.0%	81
Trillium Health Resources	3.0%	35
Housing Authority	1.8%	21
Other (specify):	1.7%	20
Don't know/Not sure	1.6%	18
Prefer not to answer	1.7%	20

21. Are you AWARE of the following programs and services? Select all services that you are aware of.

Response	Percent (%)	Count (n)
Recreation opportunities such as parks, activity centers and public pools	51.2%	569
Mobile dental services offered at public schools	46.4%	516
Senior services and programs offered in Burgaw and Hampstead	38.0%	423
Dental services offered at the Health Department's main clinic	30.8%	342
Free or low-cost primary care (or medical home)	24.8%	276
None of the above	18.5%	206
Mobile crisis services for residents with mental health or substance use disorder needs	16.3%	181
Prefer not to answer	5.0%	56

22. How IMPORTANT are the following programs and services to you and your family? Select all services that are important to you.

Response Option:	Extremely Important		Very important		Moderately important		Slightly important		Not at all important		Don't know/ Not sure/N/A	
	%	n	%	n	%	n	%	n	%	n	%	n
Free or low-cost primary care (or medical homes)	27.9%	311	22.8%	254	12.6%	140	8.9%	99	17.7%	197	10.1%	113
Mobile dental services offered at public schools	20.0%	220	18.9%	207	15.1%	166	9.3%	102	28.2%	310	8.5%	93
Mobile crisis services for residents with mental health or substance use disorder needs	25.8%	283	22.8%	250	14.5%	159	9.1%	100	19.0%	208	8.8%	96
Recreation opportunities such	42.7%	480	32.1%	361	13.6%	153	4.9%	55	3.4%	38	3.3%	37

as parks, activity centers and public pools												
Senior services and programs offered in Burgaw and Hampstead	30.0%	333	25.5%	283	16.3%	181	7.2%	80	13.0%	144	8.0%	89

SECTION 6: HOUSING

23. Do you have any of the following housing issues or concerns? Select all that apply.

Response	Percent (%)	Count (n)
None of the above	53.6%	607
Concerns about your water	24.5%	277
Difficulty paying utilities	10.7%	121
Pest problems	8.8%	100
Unable to pay rent	6.5%	74
Fear of losing your house	4.6%	52
Structural safety issues	3.3%	37
Prefer not to answer	4.2%	47
Don't know/Not sure	1.9%	22
Unreliable heat source	1.6%	18
Other (specify):	2.0%	23

24. Does your household have working smoke and carbon monoxide detectors?

Response	Percent (%)	Count (n)
Yes, both	59.5%	689
Yes, smoke detectors only	29.5%	342
No	7.0%	81
Prefer not to answer	2.4%	28
Don't know/Not sure	1.5%	17
Yes, carbon monoxide detectors only	0.1%	1

SECTION 7: EMERGENCY PREPAREDNESS AND COMMUNICATION

25. Does your household have an emergency plan and/or a basic emergency supply kit? These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.

Response	Percent (%)	Count (n)
Yes, we have both	59.4%	681
No, we have neither	19.8%	227
Yes, emergency plan only	9.2%	106

Yes, supply kit only	6.4%	73
Don't know/Not sure	2.4%	27
Prefer not to answer	2.8%	32

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

Response	Percent (%)	Count (n)
Yes	67.9%	782
Don't know/Not sure	20.3%	234
No	9.5%	109
Prefer not to answer	2.3%	27

27. What would be the main reason you might not evacuate if asked to do so?

Response	Percent (%)	Count (n)
No reason, I would definitely evacuate no matter what	22.7%	253
Concern about leaving property behind	15.2%	170
Severity of storm is low	12.6%	141
Concern about leaving pets	10.0%	111
I have prepared my home for emergencies and feel it will remain the safest place to be	7.0%	78
Not having the resources to leave (money, place to go, etc.)	6.5%	73
Concern about traffic jams and inability to get out	5.7%	63
Don't know/Not sure	4.1%	46
Concern about family safety	3.9%	43
Other (specify):	3.9%	44
Concern about personal safety	2.1%	23
Prefer not to answer	3.4%	38
Lack of trust in public officials	1.3%	14
Health problems (could not be moved)	0.6%	7
Lack of transportation	0.4%	5
Homeowners' insurance reasons	0.3%	3
Response efforts	0.3%	3

28. Is there anyone living in your home who would require special assistance during an emergency?

Response	Percent (%)	Count (n)
No	88.0%	1,018
Yes	7.4%	86
Don't know/Not sure	2.2%	26
Prefer not to answer	2.3%	27

28a. If yes, what assistance would be required?

Summary of written responses	Count (n)
<ul style="list-style-type: none"> - Transportation and mobility needs <ul style="list-style-type: none"> o Wheelchair access, assistance walking, vehicle/driving needs - Medication and management of chronic conditions (type 1 diabetes, dementia, stroke, kidney failure, cystic fibrosis, heart issues, seizures, COPD,) <ul style="list-style-type: none"> o Delivery of medication, oxygen, dialysis o Access to special medical equipment - Assistance with caring for family members - Visual aid assistance - Access to electricity (breathing machines, air conditioning, feeding pump, suction device) - Financial assistance 	59 written responses

29. What would be your main way(s) of getting information from authorities in a large-scale disaster or emergency? Select all that apply.

Response	Percent (%)	Count (n)
Text Messages (ex: emergency alerts)	59.4%	681
Internet	56.3%	645
Television	52.7%	604
Social media (ex: Twitter, Facebook)	47.5%	544
Phone Call	45.0%	516
Radio	41.1%	471
Pender County Emergency Management	35.6%	408
Word of mouth (Friends, Family, Neighbors)	34.8%	399
911	28.0%	321
Relative in law enforcement, emergency services, or public safety	12.5%	143
Print media (ex: newspaper)	6.2%	71
211	3.1%	35
Don't know/Not sure	1.0%	11
Prefer not to answer	1.9%	22
Other (specify):	0.6%	7

30. Do you know about the county's emergency alert system program called Code Red?

Response	Percent (%)	Count (n)
No	47.0%	539
Yes	44.9%	515
Don't know/Not sure	6.5%	75
Prefer not to answer	1.7%	19

SECTION 8: DEMOGRAPHICS

Finally, we want to hear a bit about who you are. We want to make sure we are hearing from everyone in your community. As a reminder, everything you share with us will remain confidential and anonymous.

31. What is your age?

Response	Percent (%)	Count (n)
18 to 24 years	2.9%	32
25 to 44 years	41.5%	454
45 to 64 years	33.1%	362
65 years and older	22.3%	244
Under 18	0.2%	2

32. Which of the following best describes your gender?

Response	Percent (%)	Count (n)
Woman	71.5%	822
Man	25.7%	296
Prefer not to answer	2.4%	28
Self-identify:	0.3%	4

33. Are you of Hispanic, Latino, or Spanish origin?

Response	Percent (%)	Count (n)
No	87.4%	1,003
Yes	7.7%	88
Prefer not to answer	4.5%	52
Don't know/Not sure	0.3%	4

34. Which one or more of the following would you say is your race? Select all that apply.

Response	Percent (%)	Count (n)
White	73.1%	829
Black or African American	16.3%	185
Prefer not to answer	7.2%	82
Other race not listed here:	3.3%	37
American Indian or Native American	1.9%	22
Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, etc.)	1.0%	11
Native Hawaiian or other Pacific Islander	0.4%	5

35. What is the highest grade or year of school you completed?

Response	Percent (%)	Count (n)
Bachelor's degree	21.7%	248
Some college (no degree)	19.4%	221
High school graduate (or GED/equivalent)	16.2%	185
Associate's Degree or Vocational Training	17.1%	195
Graduate or professional degree	13.6%	155

9-12th grade, no diploma	4.5%	51
Less than 9th grade	2.1%	24
Prefer not to answer	5.4%	62

36. What was your total household income last year, before taxes?

Response	Percent (%)	Count (n)
Less than \$10,000	3.0%	34
\$10,000 - \$14,999	2.7%	31
\$15,000 to \$24,999	5.5%	63
\$25,000 to \$34,999	5.6%	64
\$35,000 to \$49,999	11.9%	136
\$50,000 - \$74,999	16.7%	191
\$75,000 to \$99,999	11.9%	136
\$100,000 or more	24.5%	280
Don't know/Not sure	2.9%	33
Prefer not to answer	15.3%	175

37. Including yourself, how many people in the following age groups live in your household? Please choose an answer for each age group.

Response Option	None		1		2		3		Prefer not to answer	
	%	n	%	n	%	n	%	n	%	n
Less than 5 years	59.3%	350	25.1%	148	6.9%	41	3.1%	18	5.6%	33
5 to 12 years	34.0%	249	38.1%	279	19.9%	146	3.8%	28	4.2%	31
13 to 17 years	53.8%	309	27.9%	160	10.8%	62	1.4%	8	6.1%	35
18 to 54 years	14.3%	125	20.7%	181	51.6%	452	10.0%	88	3.4%	30
55 years and older	31.9%	229	27.7%	199	33.3%	239	1.9%	14	5.2%	37

CLOSING

Thank you for completing the Healthy Pender Survey.

As a follow-up to the Healthy Pender Survey, community members are invited to participate in the process of selecting health priorities for their community and future health-related surveys.

If you are interested, please use the following page to write your email address so that we may contact you in the future about community health priorities.

Please detach the "Interest in Future Opportunities" page from the survey packet before returning both to a designated person or location.

Paper surveys can be turned in at Pender County Health Department locations until October 31, 2022.

Pender County Health Department
803 South Waler Street
Burgaw, NC 28425

Hampstead Annex
15060 US Hwy 17
Hampstead, NC 28443

INTEREST IN FUTURE OPPORTUNITIES

Write your email address here if you are interested in participating in the process of selecting health priorities for their community and future health-related surveys. Please note that future communications may come from a UNC email address (...@unc.edu).

Your Email Address: _____

APPENDIX 3: DATA SUMMARY SHEETS

Demographic Summary

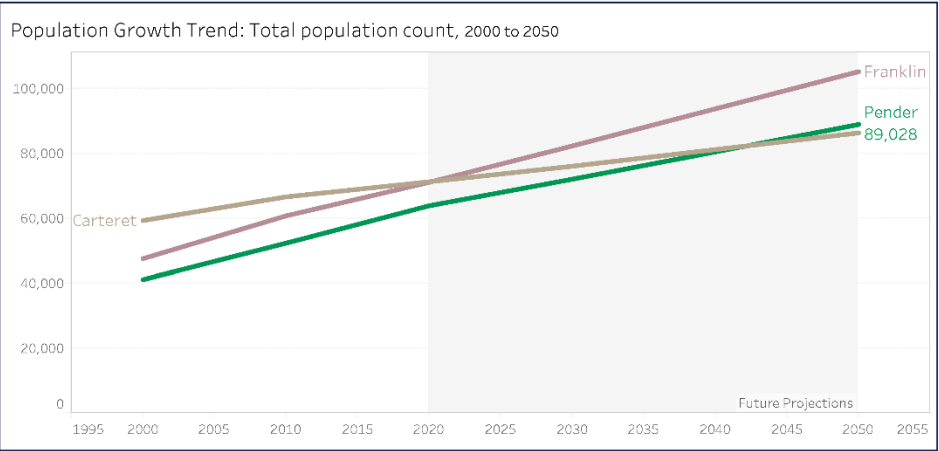
Demographic data help describe the context of Pender County and compare it to its peers. This page presents a summary of key points from across all data considered:

- Basic Demographics: race & ethnicity, sex, age, household language, educational attainment, life expectancy
- Size & Growth: population count & density, urban & rural status, population growth, immigration, births
- Other Context: veteran status, household parent details

In 2010, just over 16,000 people in Pender County lived in urban areas. We know the urban population is growing in Pender County - in Hampstead alone, the urban population grew to over 23,000 people in 2020, based on newly released data from the US Census Bureau.

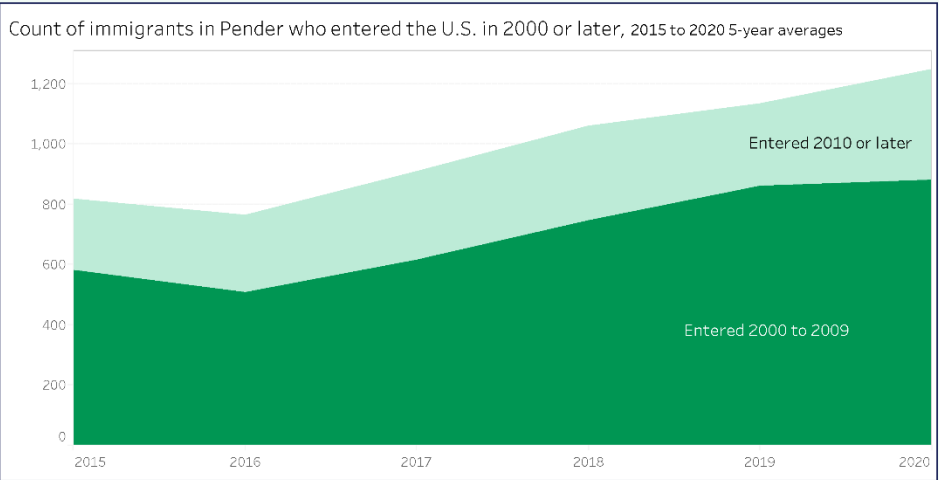
Source: U.S. Census Bureau. 2010 & 2020 Decennial Census: Percent urban and rural in 2010 by State and County, 2020 Census qualifying urban areas

Pender has grown steadily since 2000 and growth is forecasted to continue through 2050. By 2050, it's expected that Pender's population outnumbers Carteret.



Source: NC Office of State Budget and Management, County Population Projections

Pender County saw a growth in immigrant communities entering the United States between 2000-2009 and in recent years.

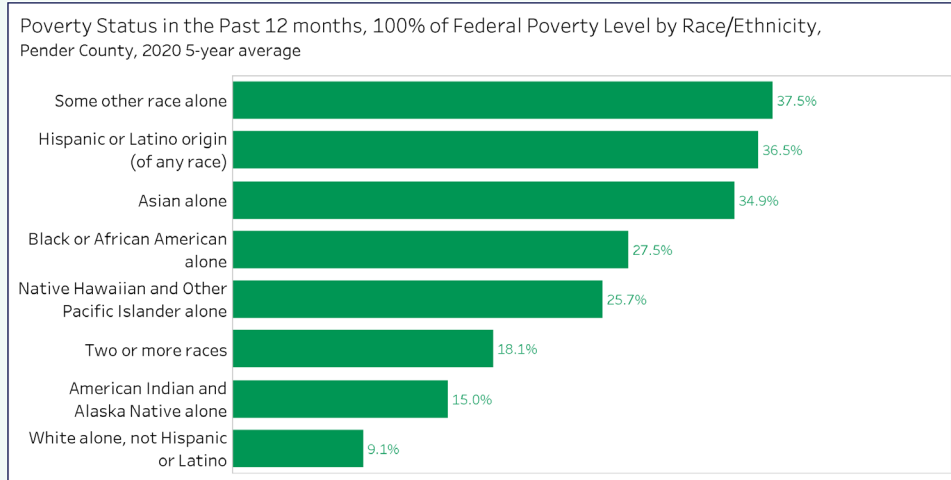


Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005

Economic Opportunity Summary

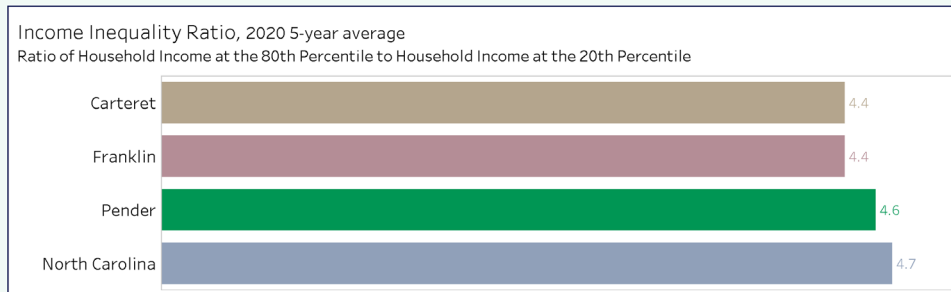
Economic opportunity data describe the economic context of Pender County. This page presents a summary of key points from across all data considered: employment, income, poverty, and food security.

About 30% of Pender County lives below the 200% federal poverty level, with 14% below the 100% federal poverty level. 36.5% of Hispanic or Latino origin residents live below the 100% federal poverty level compared to 9.1% of White residents.



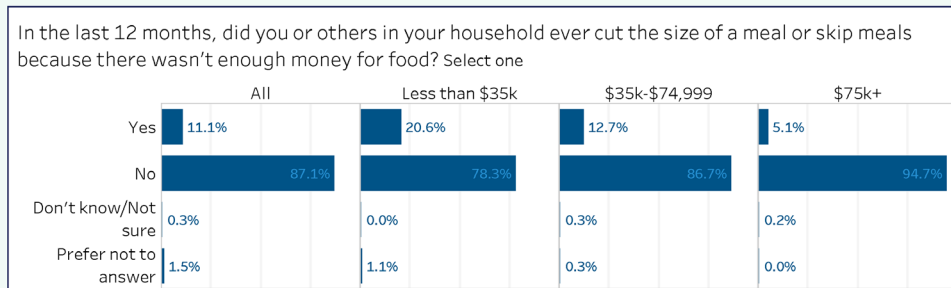
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

The top 20% of income earners are paid nearly five times that of the bottom 20% of income earners. Pender County's income inequality ratio is slightly higher than that of peer counties.



Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080

Health Pender Survey Results: 11% of respondents skipped or cut the size of a meal due to costs. This percentage nearly doubles for respondents making less than \$35,000 in household income.



Source: Healthy Pender Survey Results, 2022

Housing Summary

Housing data help the state of housing in Pender County, including cost, homelessness, density, and trends. This page presents a summary of key points from across all data considered:

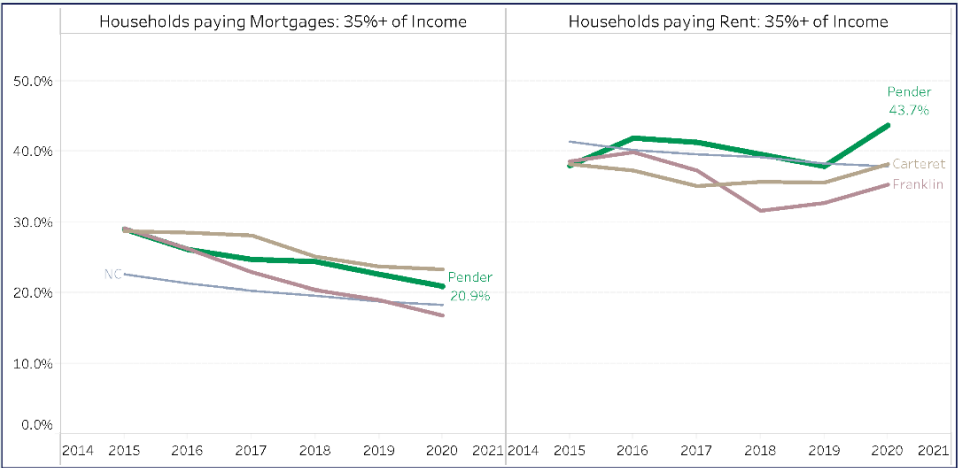
Housing cost & homelessness: median monthly housing costs, household cost to income percent, people experiencing homelessness point-in-time
Housing density & trends: average persons per household, total households, housing trend, householders age 65+ living alone, householders living alone, severe housing problems

As of 2020, 80% of Pender housing units are owner-occupied.

Owner-occupied 80.6%	Renter-occupied 19.4%
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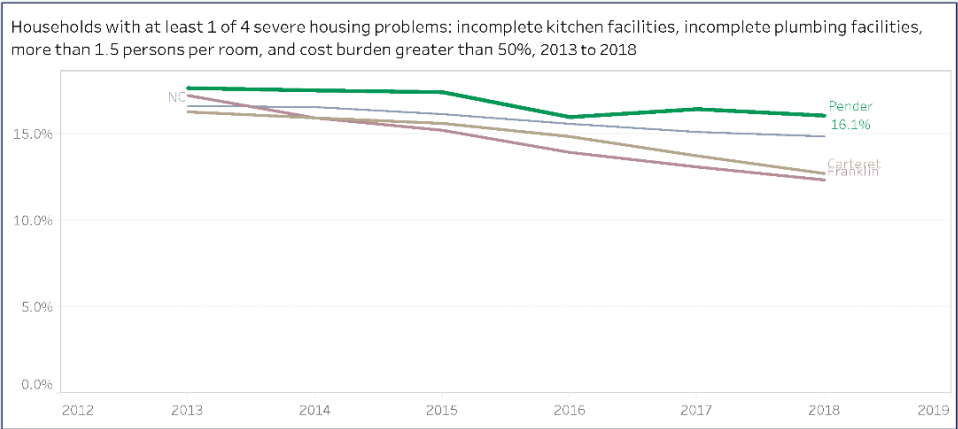
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

21% of homeowners spend 35% or more of income on housing costs, compared to 44% of renters.



Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Approximately 16% of households in Pender County have at least one of four severe housing problems. This is a higher percentage than peer counties and the state, with peer counties seeing more of a decrease in recent years.



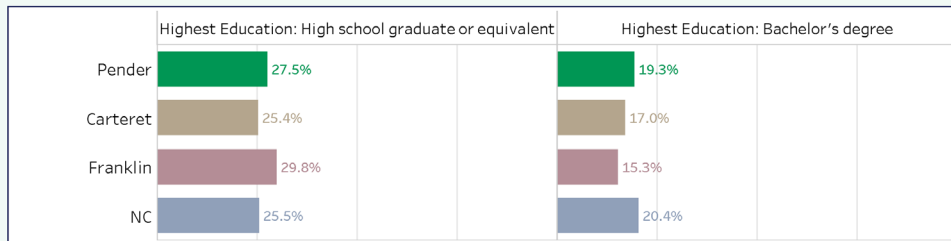
Source: U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data

Lifelong Development Summary

Lifelong development data describe education and school performance in Pender County. This page presents a summary of key points from across all data considered:

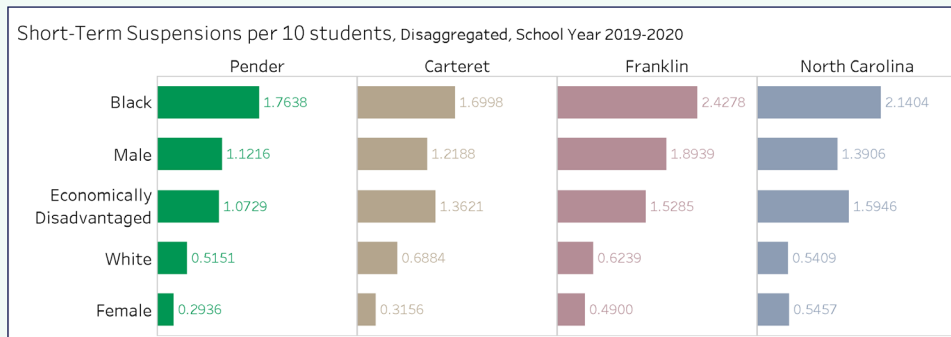
Educational attainment, school enrollment and drop out trends, short term suspension rates, end of grade test results - 3rd grade reading level, and high school graduation rate

Pender has a higher percentage of residents with only a high school diploma or equivalent when compared to the state and is in between peer counties. However, the education level of residents in the county is increasing, as shown by the increase in individuals with a Bachelor's degree. This increase from 14% in 2015 to 19% in 2020 is a higher trend than what was seen in NC and peers.



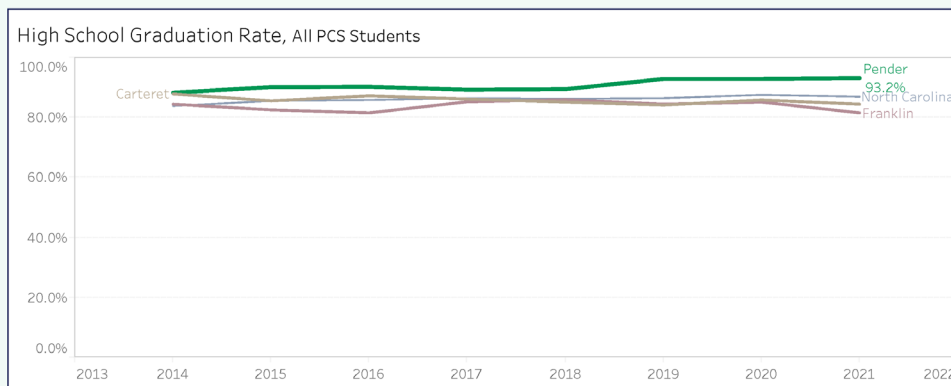
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501

Short-term suspensions in Pender County are lower than or similar to peer and state trends, and across the board, suspensions have decreased in recent years. However, there are significant disparities. The short-term suspension rate among Black students, male students, and economically disadvantaged students remains higher.



Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Researcher dataset uploaded 7/7/2022

Pender County Schools have graduation rates similar or higher than the state and peer counties, averaging 93.2% across all students in for the 2020-2021 school year.



Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Researcher dataset uploaded 7/7/2022

Community Cohesion & Safety Summary

Community cohesion and safety data help describe Pender County residents’ connection to their community. This page shows a summary of key points across all data considered:

Linguistic isolation, crime data, registered voters, percent of registered voters who voted, social vulnerability index, and incarceration

About 8% of households in Pender County have household members that speak a language other than English. Of those households, about 91% of households are a limited English-speaking household. A limited English-speaking household is one where all household members 14 years and older have at least some difficulty with English.

Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

Compared to all NC counties, Pender has relatively low social vulnerability. Roughly two-thirds of NC counties have higher social vulnerability than Pender. Social vulnerability is a collective measure of factors that increase individuals and families’ ability to recover from times of crisis (or a natural disaster, as was its original intent). This is a relative measure comparing all NC counties (or tracts) to identify resiliency of communities.

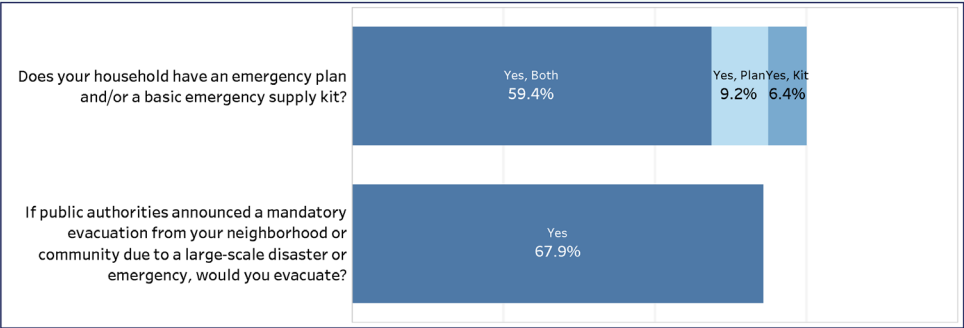
Themes that contribute to Pender’s low social vulnerability ranking include household characteristics and socioeconomic factors that have improved over time.

Racial and ethnic minority status and housing and transportation factors that have gotten worse over time.

Pender County Social Vulnerability Index 2018				
Overall percentile summary ranking	Percentile ranking for household composition/disability theme summary	Percentile ranking for socioeconomic theme summary	Percentile ranking for housing type/transportation theme summary	Percentile ranking for minority status/language theme summary
0.32	0.18	0.32	0.37	0.42

Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry: Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database.
https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed August 2022

Healthy Pender Survey Results: When it comes to emergency preparedness, around two-thirds of respondents have an emergency plan, have a basic emergency kit, and would evacuate if asked to do so. The most common way respondents hear about large-scale disasters or emergencies is through text messages.



Source: Healthy Pender Survey Results, 2022

Access to Care Summary

Access to Care data describe the provision of health care and related services in Pender County. This page presents a summary of key points from across all data considered:

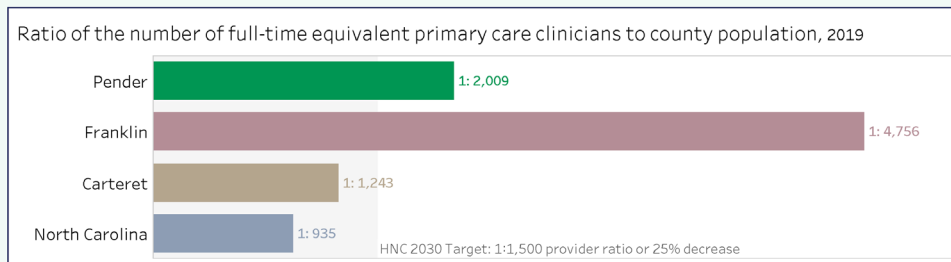
Insurance & Providers: uninsurance, Medicaid enrollment, healthcare providers, Medicaid dental providers

Facilities: nursing & adult care facilities

Hospital: preventable hospitalizations for Medicare enrollees, beds in general hospitals, emergency department visits, short-term acute care hospital discharges

Pender County is considered a Health Professional Shortage Area according to the US Health Resources & Services Administration. According to available data, Pender County has an estimated one full-time equivalent primary care clinician per 2,009 residents as of 2019, which does not meet the Healthy North Carolina 2030 Goal of 1:1,500.

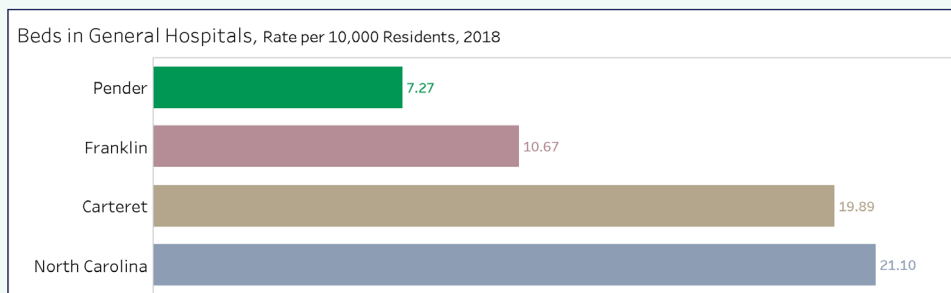
Full-time equivalent primary care clinicians includes physicians, nurse practitioners, physician assistants, and certified nurse midwives; provider location defined by primary practice location on licensure information.



Source: Data request provided by Sheps Health Workforce NC according to the Healthy North Carolina 2030 target.

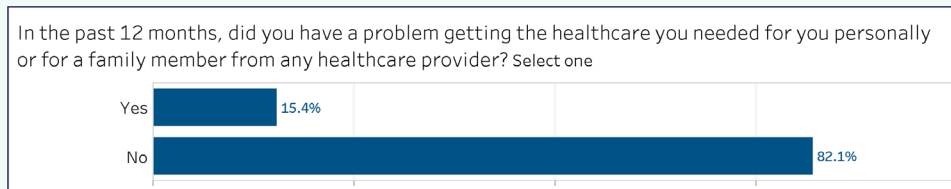
In 2021, there was an estimated 21 total physicians in the county at a rate of 3.25 per 10,000 residents, much lower than the state rate of 27.7 per 10,000. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created December 19, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Pender County has a limited hospital size; therefore, residents are likely leaving the county for hospital services. Children, those insured by Medicare and Medicaid, and Black/African American folks are more likely to seek care at Pender Memorial.



Source: Log Into North Carolina (LINC), population denominator from North Carolina Office of State Budget and Management

Healthy Pender Survey Results: 15% of respondents had a problem receiving healthcare that they or a family member needed. The most common reported barriers to care included not enough providers offer the service, dissatisfaction with service, and insurance limitations.



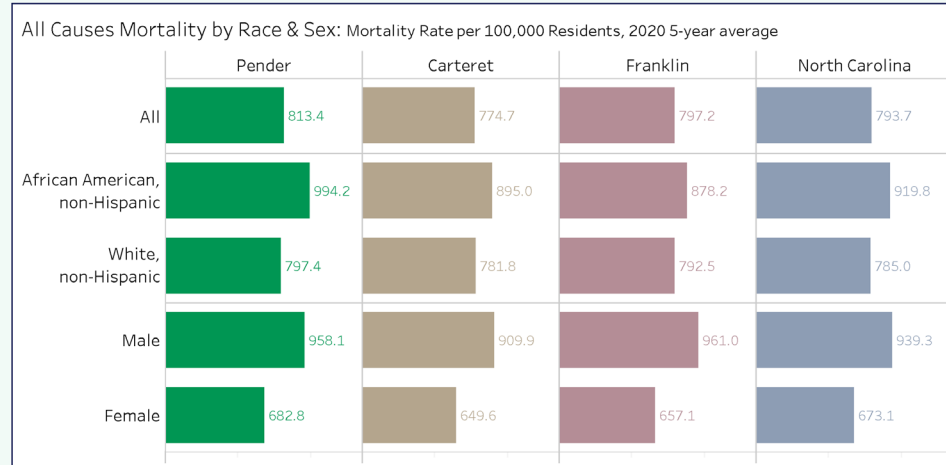
Source: Healthy Pender Survey Results, 2022

Disease, Illness, & Injury Summary

Disease, illness, and injury data help describe health outcome data. This page presents a summary of key points from across all data considered:

Death rates, cancer incidence by type, chronic conditions, COVID-19 vaccinations, and STD diagnoses.

Pender County's overall mortality rate of 813.4 per 100,000 residents is slightly higher than that of the state, Carteret, and Franklin. Mortality rates are higher among African American and male residents than White and female residents.



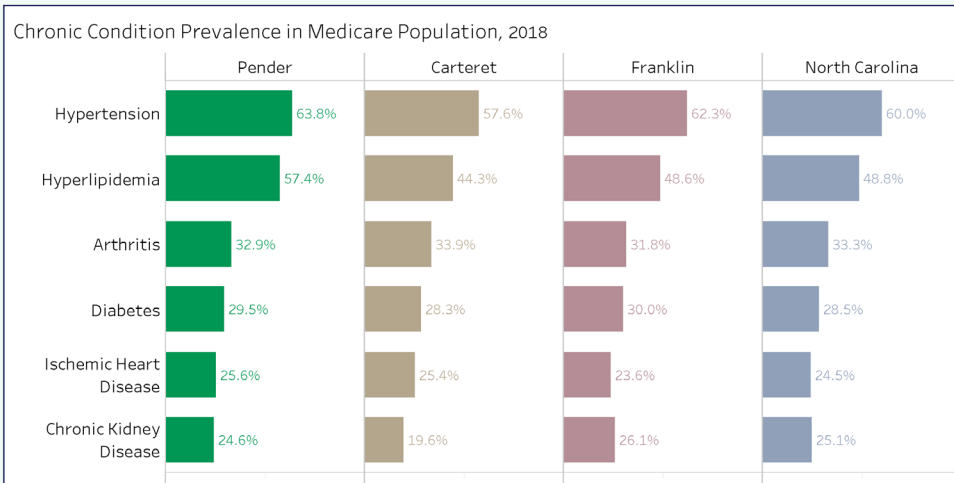
Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

The leading causes of death in Pender are:

- Motor vehicle injuries for ages 0-19 (18.7 deaths per 100,000)
- Other unintentional injuries for ages 20-39 (69.5 deaths per 100,000), and
- Cancers and disease of the heart for ages 40 and older.

Source: North Carolina State Center for Health Statistics County Health Data Book: Table CD11A, Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups, 5-year data

More than half of the Medicare population has hypertension and hyperlipidemia in Pender, and a quarter or more have arthritis, diabetes, ischemic heart disease, and chronic kidney disease.



Source: Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW)

Reproductive & Child Health Summary

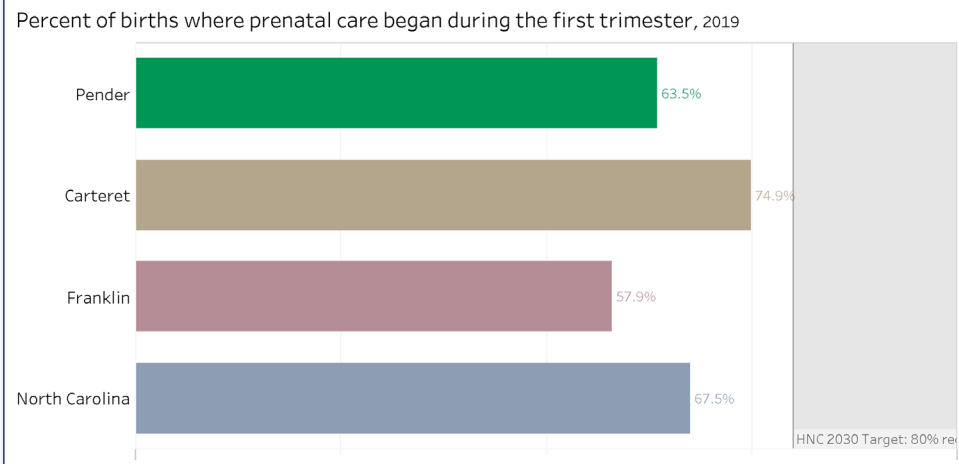
Reproductive and child health data help describe Pender County health care and outcomes for pregnant people and children in Pender County, which can serve as proxy indicators for broader health systems. This page presents a summary of key points from across all data considered:

Pregnancy: pregnancy, teen pregnancy, abortion, prenatal care, prenatal smoking

Birth outcomes: preterm births, low birth weight, infant mortality

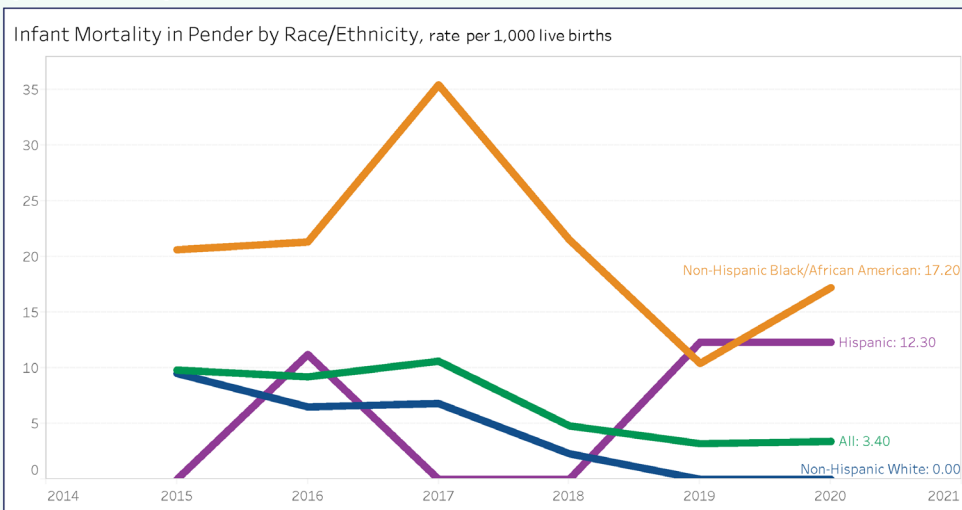
Child health: child mortality, foster care, child neglect and abuse summary, substantiated child neglect and abuse

Pender County has limited OBGYN services. The percent of births where prenatal care began in the first trimester is 63.5% in Pender, compared to the Healthy North Carolina 2030 target of 80%.



Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

The overall infant mortality rate in Pender was 3.4 per 1,000 live births in 2020, which is lower than the Healthy North Carolina (HNC) target of 6.8. The Black/White disparity ratio comparing infant mortality (used in HNC 2030) is consistently over 2, meaning that the rate of infant mortality for Black births has been at least 2 times the rate for White births since 2015, and that gap is increasing.



Source: North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

Mental Health & Substance Use Summary

These data describe mental health, substance use treatment, and related health outcomes in Pender County. This page presents a summary of key points from across all data considered:

Overdose Deaths: all intent medication & drug poisoning deaths, % of overdose deaths involving illicit opioid

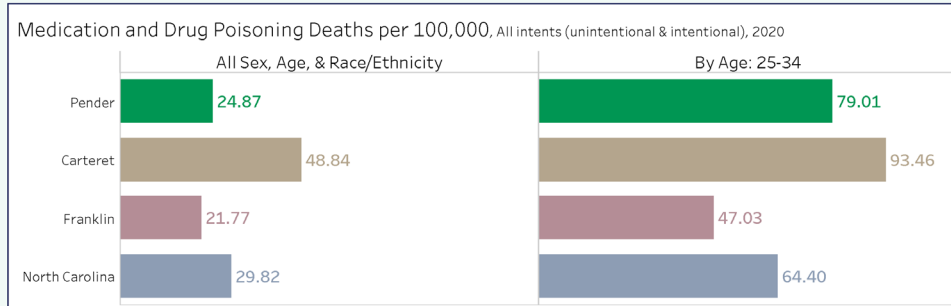
Overdose ED visits: all intent emergency department visits for poisoning and medication/drug overdose

Facilities: persons served in area mental health programs, persons served in NC alcohol and drug treatment centers, persons served in state mental health development centers

Mental Health: conditions in Medicare populations

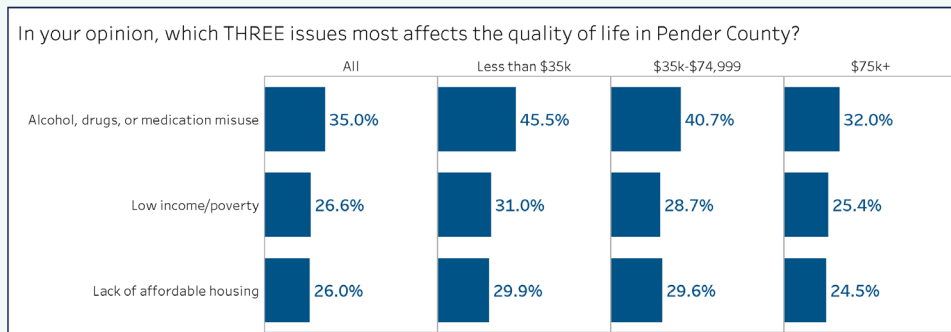
Medication and drug poisoning deaths have stayed consistent in Pender in recent years, most recently at 24.9 deaths per 100,000 residents. In Pender, the rate of total medication and drug poisoning deaths of all intents is 24.9 deaths per 100,000 population. The rate among young adults ages 25-34 is 79 per 100,000 population.

Heroin and/or Fentanyl are the substances contributing the most to these deaths in Pender since 2014.



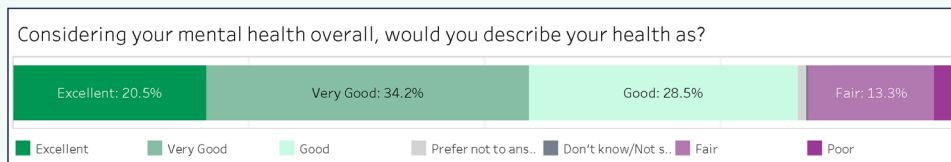
Source: NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations and sex groups are from the North Carolina Office of State Budget and Management.

Healthy Pender Survey Results: Alcohol, drugs, or medication misuse was the most frequently selected issue impacting the quality of life in Pender County.



Source: Healthy Pender Survey Results, 2022

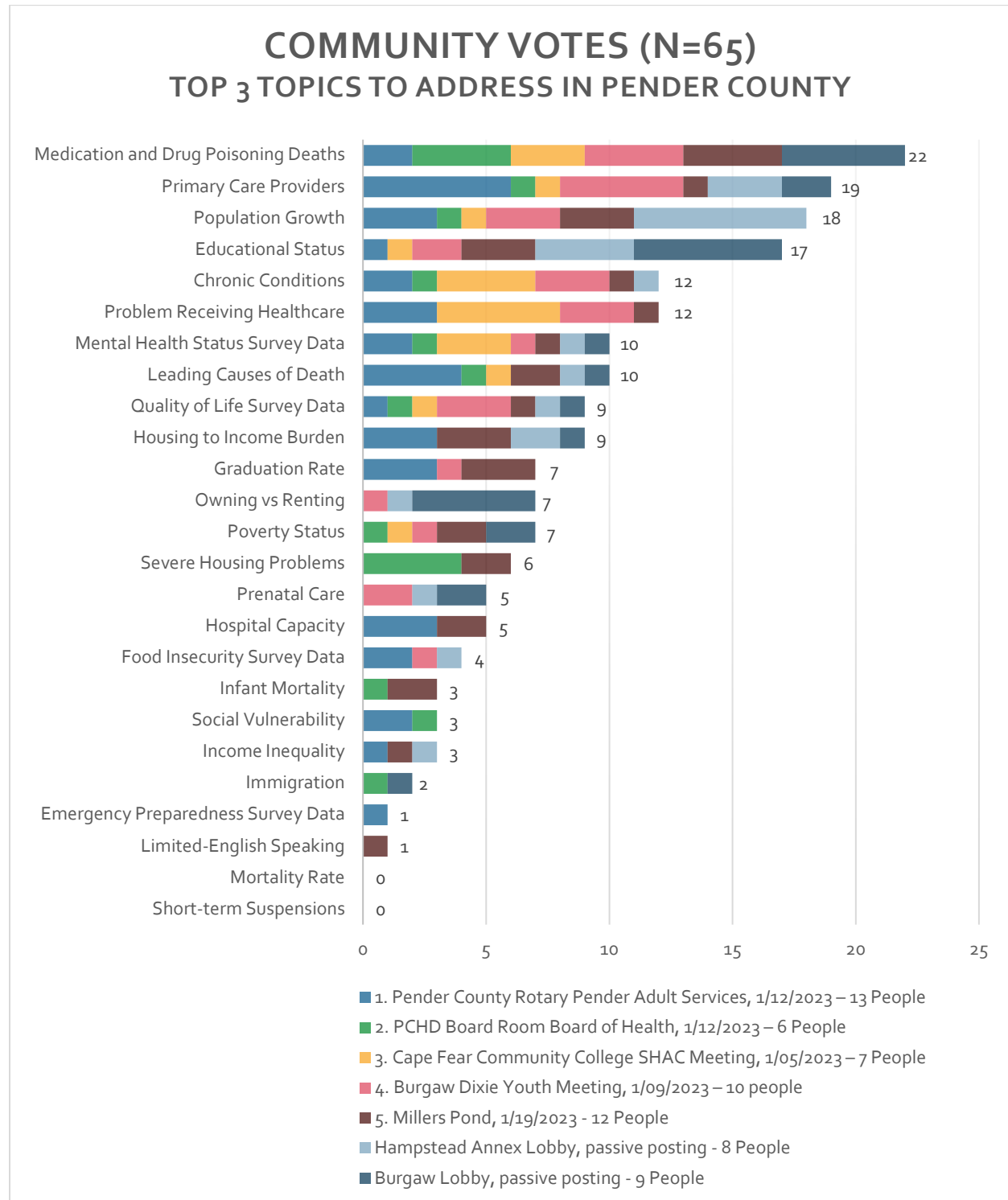
Healthy Pender Survey Results: 55% of survey respondents report their overall mental health as very good or excellent, with 15% reporting fair or poor mental health. 16% of respondents experience mental health symptoms that impact daily activities.



Source: Healthy Pender Survey Results, 2022

APPENDIX 4: COMMUNITY MEETING VOTING RESULTS

Pender County Health Department's Health Educators brought data summary sheets to seven community meetings and locations in January 2022 in order to receive input on priorities. In total, they received votes from 65 people, with each person able to vote on three different data points. The votes were distributed as follows:



APPENDIX 5: COMMUNITY FORUM INVITATION

**We want to hear
Your voice!**

**PENDER COUNTY
COMMUNITY FORUM**

You are invited to join a conversation about
health resources and challenges in Pender County



Tuesday, January 24
12:00 - 1:30 PM

Burgaw Cooperative
Extension Building
801 S. Walker St
Burgaw, NC 28425

FOOD PROVIDED

WHILE SUPPLIES LAST

APPENDIX 6: COMMUNITY FORUM DISCUSSION SUMMARY

The community forum involved eight community members, with perspectives ranging across generations, county geographies, and years lived in the county. The discussion was guided by the following questions.

What's the best thing about living in the area? Participants described Pender as quiet, safe, and full of kind people. They described its ideal location, with mild weather and access to natural resources like reserves, woods, and the ocean – all of which provide great activities for youth. The area feels community based with the help of resources like the senior center and Meals on Wheels, rather than being overwhelmed by stores and businesses.

What additional elements of an ideal healthy community do you currently see in Pender? What is helping people be healthy here? Participants saw strengths in agencies like Parks and Recreation, 4H, and VA services. Participants highlighted how the parks do a great job of communicating and involving residents in planning. Participants learned about services through newspaper, Facebook, PCHD, and the county's tourism website.

What barriers to an ideal healthy community currently exist in Pender County?

- **Finances:** Services like the senior center lack the financial commitment needed to fully operate and must rely on grants and donations. These services could benefit from more concrete financial support.
- **Education:** Participants wanted to see more of an investment in school resources, especially considering the increase in students and overcrowding in schools. They shared concerns about the future of Topsail Middle School. Discussion about the school systems in Pender County pointed to differences between the east and west side of the county, with the east having more access to tax resources.
- **Transportation:** Surf City was noted for having more sidewalks and resources than other parts of the county. Car traffic along Highway 17 was a concern as they wait for the Hampstead bypass completion. People walking and biking along Highway 17 poses safety issues. When sidewalks are built in new development areas, they often don't connect to other areas. Participants appreciated Burgaw installing sidewalk ramps and adding more walk-friendly spaces, but that progress has yet to span to areas such as Rocky Point.
- **Lack of specialty health services:** Participants described long wait times for private providers and at the ED North in Scotts Hill in order to be triaged and transferred to Wilmington for needed care. They specifically mentioned a lack of OB/GYN care and sufficient mental health services compared to surrounding areas. The eastern part of the county has more access than western and central areas.

Thinking back over 5 years – what change or new developments have had the biggest impact on your life?

Participants highlighted the County's COVID-19 response, praising the health department and Black River Rural Health Center's efforts. The Care Act helped provide county services and senior center funding. Participants described demographic shifts, with Pender shifting from being primarily a retiree community to having more young families. With more children, the current "golf cart communities" pose some safety concerns.

What are your initial thoughts on the community meeting voting results? What do you agree/disagree with?

Participants were surprised to see that medication and drug poisoning deaths received the most votes. When asked what they would vote on, participants mentioned mental health services and access, population growth/crowding, primary care providers, housing to income burden, food insecurity, and community planning.

If you had a magic wand and could bring a resource to your community or strengthen an existing resource, what would you bring or strengthen? Participants shared the following desires:

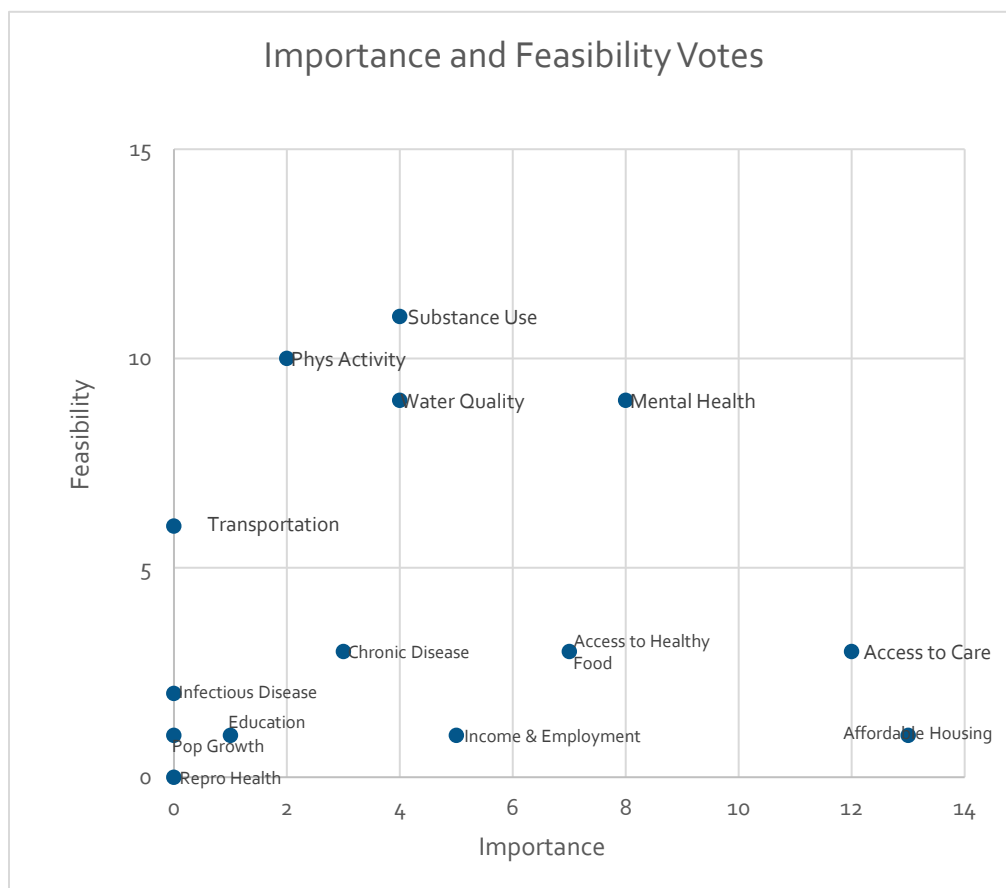
- | | |
|-------------------------------------------------|--------------------------------------------------|
| - Improving affordable housing/living | - Strengthening partnership between Pender |
| - Creating safer school buildings | Christian Services and Uber Eats |
| - Addressing water and sewage infrastructure | - Enhancing mental health services, specifically |
| - Including community input in county decisions | emergency services. |

APPENDIX 7: STEERING COMMITTEE PRIORITIZATION RESULTS

Each member distributed three votes based on which topics were most important based on the data, and another three votes based on which topics were most feasible. Votes were distributed as follow:

	Mental Health (MH)	Access to healthcare (ATC)	Substance use (SU)	Affordable housing (AH)	Water quality (WQ)	Physical activity (PA)	Access to healthy food (AHF)
Importance	12	12	4	13	4	2	7
Feasibility	3	3	11	1	9	10	3
Combined	15	15	15	14	13	12	10

	Chronic disease (CD)	Transportation (Tran.)	Employment & income (E&I)	Education (Edu)	Infectious disease (ID)	Population growth (PG)	Reproductive health (RH)
Importance	3	0	5	1	0	0	0
Feasibility	3	6	1	1	2	1	0
Combined	6	6	6	2	2	1	0



APPENDIX 8: DATA SOURCES

DEMOGRAPHICS

Indicator	Source	Years
Age Distribution	U.S. Census Bureau, Population Estimates Program, 2019, Link	2019
Educational attainment: Highest degree or level of school completed for population 25 years and older	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501, Link	2016-2020 5-year estimates
Percentage of language spoken at home	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002, Link	2016-2020 5-year estimates
Race and Ethnicity Distribution	U.S. Census Bureau. 2020 Decennial Census: Table P2, Link	2020
Sex Distribution	U.S. Census Bureau, Population Estimates Program, 2019, Link	2019
Life Expectancy at Birth	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Link	2018-2020
Population density, persons per square mile	U.S. Census Bureau. 2010 and 2020 Decennial Census., Link	2010-2020 by decade
Total Population Counts	U.S. Census Bureau. 2020 Decennial Census: Table P2, Link	2010-2020 by decade
	U.S. Census Bureau, Population Estimates Program, 2021, Link	2021 estimate
Population Growth Trend	NC Office of State Budget and Management, County/State Population Projections, Link	2000-2050 by decade
North Carolina Resident Live Birth Rates per 1,000 Population	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book, Link	2012-2020 5-year estimates
Immigration: Number of people in region arriving in the United States	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005, Link	2016-2020 5-year estimates
Urban and Rural Status: Percentage of the total population of the county represented by the urban population	U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County, Link	2010
Household Parent Details: Percentage of households with own children of the householder under 18 years	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101, Link	2016-2020 5-year estimates
Veteran Status: Percentage of persons 18 years or older who have served, but are not currently serving, in the U.S. Army, Air Force, Marine Corps, or Coast Guard	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101, Link	2012-2020 5-year estimates
County Health Rankings, 2022	County Health Rankings & Roadmaps 2022, University of Wisconsin Population Health Institute, Link	2022

ECONOMIC OPPORTUNITY

Indicator	Source	Years
Poverty status in the past 12 months: Percentage of population in poverty in the past 12 months	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701, Link	2012-2020 5-year estimates
Families Below Poverty Level: Percentage of families in poverty in the past 12 months	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1702, Link	2012-2020 5-year estimates
Unemployment Rate	North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average., Link	2017-2021
Income: Per capita income in dollars & Median household income in dollars	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03, Link	2016-2020 5-year estimates
Income Inequality: Ratio of Household Income at the 80th Percentile to Household Income at the 20th Percentile	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080, Link	2012-2020 5-year estimates
Food Insecurity Rate: Percentage of inhabitants who are food insecure	Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020. Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America., Link	2018-2019
Percentage of Students Enrolled in Free and Reduced Lunch	The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021, Link	2015-2020 School year trends
Low-Income and Low Access to a Grocery Store: Low income population count beyond 1 mile for urban areas or 10 miles for rural areas from supermarket	U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021, Link	2019

HOUSING AND NEIGHBORHOOD

Indicator	Source	Years
Total number of households	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101, Link	2012-2020 5-year estimates
Average number of persons per household		
Percentage of householders living alone		
Percentage of householders 65 years and over living alone		
Percentage of housing units that are occupied & vacant	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04, Link	

Percentage of housing units that are owner-occupied & renter-occupied		2016-2020 5-year estimates
Median Monthly Housing Costs <i>With mortgage & paying rent</i>		
Household Cost to Income Percent <i>With mortgage & paying rent; spending 30-34.9 percent of income & 35.0 percent or more on costs</i>		
People Experiencing Homelessness Point-in-Time	NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management, Link	2017-2021
Severe Housing Problems: Households with at least 1 of 4 severe housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%	U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data, Link	2010-2018 5-year estimates
Percentage of households with an internet subscription	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801, Link	2013-2020 5-year estimates
Transportation to work: Means of transportation to work for total population of workers 16 years and older	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006, Link	2016-2020 5-year estimates

LIFELONG DEVELOPMENT

Indicator	Source	Years
High School Graduation Rate	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2020-2021 School year
End of Grade Test Results - 3rd Grade Reading Level	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2015-2021 School year trends
Short-Term Suspensions per 10 students	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2020-2021 School year
Drop-Out Trend	North Carolina Department of Public Instruction. Consolidated Data Report, 2019-2020 and 2020-2021, Link	2016-2021 School year trends
School Enrollment Trend	North Carolina Department of Public Instruction, Statistical Profile, Link	2016-2021 School year trends

COMMUNITY COHESION AND SAFETY

Indicator	Source	Years
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Social Vulnerability Index Social vulnerability percentile ranking comparing counties within the state with higher percentiles indicating higher social vulnerability	Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database., Accessed January 2022, Link .	2020
Registered Voters	North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded March 2023, Link	2017-2022
Percent of Registered Voters who Voted		
Linguistic Isolation: Percentage of households that are limited English speaking	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002, Link	2016-2020 5-year estimates
Incarcerated Individuals	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present, Link	2016-2020
Index Crime Rate	North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program, Link	2017-2021
Property Crime Rate		
Violent Crime Rate		

ACCESS TO CARE

Indicator	Source	Years
Percentage of Population Uninsured	U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE), Link	2020
Medicaid Enrollment by Program Aid Category	North Carolina Medicaid Division of Health Benefits. Population counts from North Carolina Office of State Budget and Management, Link	2021
Dental Providers Receiving Medicaid Payments	NC Medicaid Division of Health Benefits, Payments to Providers Dashboard, Link	FY 2020-2021
Healthcare Workforce Providers per 10,000 population	North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Link	2020
Beds in General Hospitals	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2014-2018
Nursing Facility Beds	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2013-2017
Adult Care Facilities	North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021, Link	2021
Licensed Mental Health Facilities	North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021, Link	2021

Emergency Department Visits	North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Link	2016-2020
Preventable Hospitalizations for Medicare Enrollees: <i>Discharges for Medicare beneficiaries hospitalized for conditions for which preventative or outpatient care or early intervention could prevent per 100,000 Medicare beneficiaries</i>	Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health, Link	2016-2020

DISEASE, ILLNESS, AND INJURY

Indicator	Source	Years
Age-Adjusted Death Rates Including mortality from: <i>All Causes; Acquired Immune Deficiency Syndrome; Acute Myocardial Infarction; Alzheimer's Disease; Total Cancer; Breast Cancer; Colon, Rectum, and Anus Cancer; Pancreatic Cancer; Prostate Cancer; Trachea, Bronchus, and Lung Cancer; Cerebrovascular Disease; Chronic Liver Disease and Cirrhosis; Chronic Lower Respiratory Diseases; COVID-19; Diabetes Mellitus; Diseases of Heart; Homicide; Infant Mortality; Nephritis, Nephrotic Syndrome, and Nephrosis; Other Ischemic Heart Disease; Pneumonia and Influenza; Septicemia; Suicide; Unintentional Motor Vehicle Injuries; All Other Unintentional Injuries</i>	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data, Link	2016-2020 5-year estimates
Cancer Incidence: All Sites, Cervix Uteri, Colon/Rectum, Female Breast, Lung Bronchus, Melanoma, Prostate	North Carolina State Center for Health Statistics County Health Data Book, Cancer Incidence Rates (Age-Adjusted to the 2000 US Census), 5-year data, Link	2016-2020 5-year estimates
Chronic Conditions in Medicare Population Prevalence of chronic conditions in Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW), Link	2018
Diagnosed Diabetes Percentage of adults aged 20+ years with diagnosed diabetes	US Diabetes Surveillance System. Centers for Disease Control and Prevention's National Health Interview Survey (NHIS), Link	2015-2019
COVID-19 Vaccination	NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 7/27/2022, Link	1/30/2023
Newly Reported Chronic Hepatitis C by Year of Report	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report, Link	2016-2020
Newly Diagnosed Chlamydia by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report, Link	2016-2020
Newly Diagnosed Gonorrhea by Year of Diagnosis		

REPRODUCTIVE AND CHILD HEALTH

Indicator	Source	Years
Abortion, rates per 1,000 population	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book, 5-year data, Link	2012-2020 5-year estimates
Pregnancy, rates per 1,000 population		
Teen Pregnancy	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Reported Pregnancies, Link	2016-2020
Prenatal Care	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2015-2019
Prenatal Smoking	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2016-2020
Low Birth Weight (<2500 g)	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity, 5-year data, Link	2012-2020 5-year estimates
Preterm Births	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2015-2019
Infant Mortality	North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data, Link	2016-2020
Child Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Child Deaths, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators, Link	2016-2020 5-year estimates
Foster Care: Children in foster care under DSS custody (under 18)	University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, Link	2016-2021 FY trends
Children Entering Child Welfare Custody (under 18)		
Child Neglect and Abuse Summary		FY 2020-2021

MENTAL HEALTH AND SUBSTANCE USE

Indicator	Source	Years
Persons Served in Area Mental Health Programs	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2016-2020
Persons Served in NC Alcohol and Drug Treatment Centers	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2012-2016
Persons Served in State Mental Health Development Centers		
Emergency department visits for medication/drug overdose, all intents, NC residents	The North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT). Data found on County-Level Overdose Data Tables Dashboard published by Injury Epidemiology, Surveillance, and Informatic Unit last updated 5/23/2022, Link	2016-2020
Emergency department visits for poisoning, all intents, NC residents		

	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management, <i>Data request</i>	
Percentage of overdose deaths involving illicit opioid	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present, Link	2016-2020
Total Medication and Drug Poisoning Deaths, All Intents, North Carolina Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years, <i>Data Request</i>	2016-2020
Total Poisoning Deaths, All Intents, North Carolina Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years, <i>Data Request</i>	2016-2020

APPENDIX 9: DATA TABLES

DEMOGRAPHICS

AGE DISTRIBUTION, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 18 years	14,002	22%	11,936	17%	15,161	22%	2,300,715	22%
18 to 24 years	4,295	7%	4,362	6%	5,779	8%	990,587	9%
25 to 44 years	14,973	24%	14,533	21%	16,644	24%	2,719,496	26%
45 to 64 years	18,074	29%	20,775	30%	20,166	29%	2,726,192	26%
65 years and over	11,716	19%	17,867	26%	11,935	17%	1,751,094	17%

U.S. Census Bureau, Population Estimates Program, 2019

EDUCATIONAL ATTAINMENT AMONG POPULATIONS AGE 25+, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Less than 9th grade	1,465	3%	1,141	2%	2,637	6%	301,823	4%
9th to 12th grade, no diploma	3,429	8%	3,005	6%	3,752	8%	513,393	7%
High school graduate (includes equivalency)	11,979	28%	13,361	25%	14,137	30%	1,806,403	25%
Some college, no degree	9,745	22%	14,036	27%	11,765	25%	1,500,016	21%
Associate's degree	4,314	10%	6,108	12%	5,148	11%	701,248	10%
Bachelor's degree	8,390	19%	8,961	17%	7,271	15%	1,448,972	20%
Graduate or professional degree	4,226	10%	6,075	12%	2,775	6%	824,918	12%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501

HOUSEHOLD LANGUAGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
English Only	20,843	91%	27,722	92%	23,782	92%	3,560,803	88%
Spanish	1,442	6%	1,126	4%	1,572	6%	274,393	7%
Indo-European languages	348	2%	834	3%	204	1%	93,400	2%
Asian and Pacific Island languages	129	1%	277	1%	110	0%	74,408	2%
Other languages	50	0%	101	0%	61	0%	28,588	1%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

RACE AND ETHNICITY DISTRIBUTION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, non-Hispanic	44,418	74%	57,538	85%	42,285	62%	6,312,148	60%
Black or African American, non-Hispanic	7,544	13%	3,208	5%	15,785	23%	2,107,526	20%
American Indian and Alaskan Native, non-Hispanic	195	0%	252	0%	259	0%	100,886	1%
Asian, non-Hispanic	319	1%	584	1%	452	1%	340,059	3%
Native Hawaiian and Other Pacific Islander, non-Hispanic	23	0%	63	0%	17	0%	6,980	0%
Some Other Race, non-Hispanic	243	0%	252	0%	277	0%	46,340	0%
Two or more races, non-Hispanic	2,479	4%	2,670	4%	2,536	4%	406,853	4%
Hispanic or Latino of Any Race	4,982	8%	3,119	5%	6,962	10%	1,118,596	11%

U.S. Census Bureau. 2020 Decennial Census: Table P2

SEX DISTRIBUTION, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Male	31,400	50%	34,024	49%	34,516	50%	5,100,264	49%
Female	31,660	50%	35,449	51%	35,169	50%	5,387,820	51%

U.S. Census Bureau, Population Estimates Program, 2019

LIFE EXPECTANCY, 2018-2020

Category	Pender	Carteret	Franklin	North Carolina
Overall	77.2	77.1	77.3	76.6
Male	74.4	74.7	74.6	73.7
Female	80.2	79.7	80.1	79.5
White	78.0	77.4	78.2	77.9
African American	73.2	74.3	75.7	73.4

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

POPULATION DENSITY, 2010 & 2020

Year	Pender	Carteret	Franklin
2020	69.2	133.7	139.5
2010	60.0	131.3	123.3

U.S. Census Bureau. U.S. 2020 Decennial Census

TOTAL POPULATION SIZE, 2010 & 2020 COUNT, 2021 ESTIMATE

Year	Pender	Carteret	Franklin	North Carolina
2021*	62,815	68,541	71,703	10,551,162
2020	60,203	67,686	68,573	10,439,388
2010	52,217	66,469	60,619	9,535,483

U.S. Census Bureau. 2010 & 2020 Decennial Census: Table P2,

U.S. Census Bureau, Population Estimates Program, 2021

*2021 reflects an estimate of the population size

POPULATION GROWTH TREND, 2000-2050

Year	Pender	Carteret	Franklin	North Carolina
2050	89,028	86,439	105,359	13,967,473
2040	80,591	81,302	93,888	12,821,708
2030	72,153	76,159	82,418	11,677,603
2020	63,949	71,352	71,196	10,587,440
2010	52,415	66,700	60,835	9,574,323
2000	41,206	59,386	47,636	8,081,986

NC Office of State Budget and Management

POPULATION GROWTH TREND AMONG ELDERLY POPULATIONS AGE 65+, 2000-2050

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2050	20,391	23%	25,291	29%	24,882	24%	3,001,806	21%
2040	18,477	23%	23,791	29%	22,277	24%	2,732,013	21%
2030	16,053	22%	22,312	29%	18,301	22%	2,356,021	20%
2020	12,105	19%	18,310	26%	12,707	18%	1,789,988	17%
2010	7,972	15%	12,768	19%	7,752	13%	1,243,908	13%
2000	5,786	14%	10,213	17%	5,211	11%	969,723	12%

NC Office of State Budget and Management, County/State Population Projections

LIVE BIRTH RATE PER 1,000 POPULATION, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	10.2	7.5	10.7	11.5
2012-2016	10.9	8.8	10.9	12.1

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book

LIVE BIRTH RATES PER 1,000 POPULATION BY RACE/ETHNICITY, 2016-2020

Category	Pender	Carteret	Franklin	North Carolina
White, Non-Hispanic	9.4	7.2	9.7	9.7
Black, Non-Hispanic	9.6	7.5	10.7	12.5
Other, Non-Hispanic	12.1	7.2	16.2	15.4
Hispanic	19.0	14.1	16.7	18.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book

IMMIGRATION, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Entered 2010 or later	364	387	943	249,403
Entered 2000 to 2009	884	531	1,030	272,281
Entered 1990 to 1999	525	590	1,099	221,389
Entered before 1990	1,117	1,195	1,111	218,970

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005

URBAN AND RURAL STATUS, 2010

Category	Pender		Carteret		Franklin	
	#	%	#	%	#	%
Urban population	16,315	31%	44,798	67%	8,900	15%
Rural population	35,902	69%	21,671	33%	51,719	85%

U.S. Census Bureau. U.S. 2010 Decennial Census

HOUSEHOLD PARENT DETAILS, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Total households	5,865	26%	6,331	21%	7,293	28%	1,084,168	27%
Married-couple family household	4,242	36%	4,550	29%	4,951	35%	722,573	37%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Male family household without spouse	511	48%	456	47%	624	54%	86,923	48%
Female family household without spouse	1,112	51%	1,325	49%	1,718	47%	274,672	53%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

VETERAN STATUS, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	5,402	11%	7,844	14%	4,008	8%	654,365	8%
2012-2016	4,930	11%	8,074	15%	3,764	8%	683,221	9%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101

VETERAN STATUS BY AGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Ages 18-34	476	9%	421	5%	379	10%	65,593	10%
Ages 35-54	1,386	26%	1,740	22%	1,148	29%	167,532	26%
Ages 55-64	1,126	21%	1,270	16%	745	19%	123,412	19%
Ages 65-74	1,357	25%	2,437	31%	979	24%	164,783	25%
Ages 75+	1,057	20%	1,976	25%	757	19%	133,045	20%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101

COUNTY HEALTH RANKINGS, 2022

Category	Pender	Carteret	Franklin
Overall Factors Rank	23	18	43
Overall Outcomes Rank	29	28	35
Clinical Care Rank	30	23	50
Quality of Life Rank	22	6	36
Social & Economic Factors Rank	22	9	29
Health Behavior Rank	22	20	41
Length of Life Rank	35	49	36
Physical Environment Rank	28	54	98

North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average.

ECONOMIC OPPORTUNITY**POVERTY STATUS IN PAST 12 MONTHS BELOW 200% OF THE POVERTY LEVEL, 5-YEAR AVERAGES**

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	17,669	29%	18,743	28%	22,271	34%	3,331,937	33%
2012-2016	20,623	37%	20,997	31%	25,365	41%	3,649,420	38%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	8,493	14%	6,260	9%	7,592	11%	1,411,939	14%
2012-2016	10,304	19%	8,869	13%	9,967	16%	1,631,704	17%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL BY AGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 18 years	2,599	19%	1,350	11%	2,682	18%	452,423	20%
Under 5 years	682	20%	348	13%	757	20%	131,206	22%
65 years and over	753	7%	893	5%	786	7%	152,020	9%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White alone	4,649	10%	5,130	8%	3,941	9%	742,056	11%
Black or African American alone	2,291	28%	702	22%	2,433	16%	456,894	21%
American Indian and Alaska Native alone	22	15%	18	9%	119	18%	28,165	24%
Asian alone	112	35%	54	7%	40	13%	30,354	10%
Native Hawaiian and Other Pacific Islander alone	19	26%	--	0%	--	0%	1,516	23%
Some other race alone	1,125	38%	--	1%	363	17%	82,109	25%
Two or more races	275	18%	351	14%	696	23%	70,845	19%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic or Latino origin (of any race)	1,641	36%	366	12%	1,286	22%	230,691	24%
White alone, not Hispanic or Latino	4,155	9%	4,828	8%	3,503	8%	622,712	10%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

FAMILIES BELOW POVERTY LEVEL, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	9%	6%	8%	10%
2012-2016	13%	10%	12%	12%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1702

UNEMPLOYMENT RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	4%	4%	5%	5%
2020	7%	6%	7%	7%
2019	4%	4%	4%	4%
2018	4%	4%	4%	4%
2017	5%	4%	5%	4%

North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average.

INCOME, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Median Household Income	\$60,044	\$57,871	\$58,172	\$56,642
Per Capita Income	\$30,666	\$34,038	\$27,588	\$31,993
Difference between County and State Median Household Income	\$3,402	\$1,229	\$1,530	--
Difference between County and State Per Capita Income	-\$1,327	\$2,045	-\$4,405	--

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03

INCOME INEQUALITY, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	4.6	4.4	4.4	4.7
2012-2016	4.9	4.5	4.5	4.8

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080

FOOD INSECURITY RATE, 2018-2019

Year	Pender	Carteret	Franklin	North Carolina
2019	13%	14%	13%	14%
2018	14%	14%	14%	14%

Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.

PERCENTAGE OF STUDENTS ENROLLED IN FREE AND REDUCED LUNCH, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
2019-2020	46%	73%	59%	58%
2018-2019	59%	55%	62%	59%
2017-2018	52%	43%	71%	59%
2016-2017	55%	46%	72%	60%
2015-2016	57%	47%	56%	52%

The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021.

LOW-INCOME AND LOW ACCESS TO A GROCERY STORE, 2019

Year	Pender		Carteret		Franklin	
	#	%	#	%	#	%
2019	2,978	6%	5,119	8%	1,315	2%

U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021

HOUSING AND NEIGHBORHOOD**TOTAL HOUSEHOLDS, 5-YEAR AVERAGES**

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	22,812	30,060	25,729	4,031,592
2012-2016	20,534	29,563	23,719	3,815,392

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSEHOLDERS LIVING ALONE, OVERALL, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	28%	31%	23%	29%
2012-2016	28%	30%	27%	28%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSEHOLDERS AGE 65+ LIVING ALONE, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	12%	16%	10%	11%
2012-2016	10%	14%	12%	10%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

AVERAGE PERSONS PER HOUSEHOLD, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	2.7	2.3	2.6	2.5
2012-2016	2.7	2.3	2.6	2.5

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSING UNITS THAT ARE OCCUPIED AND VACANT, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Occupied housing units	22,812	77%	30,060	59%	25,729	88%	4,031,592	86%
Vacant housing units	6,749	23%	20,535	41%	3,408	12%	655,530	14%
Owner-occupied units	18,390	81%	21,537	72%	18,838	73%	2,649,849	66%
Renter-occupied units	4,422	19%	8,523	28%	6,891	27%	1,381,743	34%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

MEDIAN MONTHLY HOUSING COSTS, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Median Monthly Housing Costs Mortgage Units	\$1,473	\$1,455	\$1,253	\$1,328
Median Monthly Housing Costs Rental Units	\$907	\$921	\$855	\$932

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

HOUSEHOLD COST TO INCOME PERCENT, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Household Cost to Income 30.0 to 34.9 Percent Mortgage	797	7%	1,007	9%	602	5%	98,468	6%
Household Cost to Income 35.0 Percent or more Mortgage	2,326	21%	2,770	23%	1,951	17%	301,562	18%
Household Cost to Income 30.0 to 34.9 Percent Rental	328	9%	580	8%	362	6%	112,345	9%
Household Cost to Income 35.0 Percent or more Rental	1,679	44%	2,796	38%	2,044	35%	477,922	38%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

PEOPLE EXPERIENCING HOMELESSNESS POINT-IN-TIME PER 10,000 POPULATION, 2017-2021

Year	Cape Fear CoC*		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2021	301	7.01	--	0.00	--	0.43	7,249	6.88
2020	350	8.26	23	3.40	--	0.73	9,280	8.87
2019	431	10.30	--	--	--	--	9,314	8.97
2018	333	8.05	77	11.34	--	1.22	9,268	9.01
2017	322	7.93	91	13.41	--	1.39	8,962	8.80

NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management

* The Cape Fear Homeless Continuum of Care encompasses the city of Wilmington, Brunswick, New Hanover and Pender Counties.

PEOPLE EXPERIENCING HOMELESS POINT-IN-TIME BY RACE AND ETHNICITY PER 10,000 POPULATION, 2020

Category	Cape Fear CoC*		North Carolina	
	#	Rate	#	Rate
White	200	5.68	4,060	5.56
Black or African American	125	25.92	4,757	21.52
Asian or Pacific Islander	--	3.68	50	1.35
American Indian and Alaskan Native	--	3.02	93	5.34
Some other race or Multiracial	22	14.92	320	8.11

NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management

* The Cape Fear Homeless Continuum of Care encompasses the city of Wilmington, Brunswick, New Hanover and Pender Counties.

SEVERE HOUSING PROBLEMS, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2014-2018	3,495	16%	3,775	13%	3,055	12%	582,270	15%
2010-2014	3,530	18%	4,675	16%	3,725	16%	619,445	17%

U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data

HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	18,804	82%	26,299	88%	21,142	82%	3,374,563	84%
2013-2017	15,148	72%	24,055	80%	17,589	72%	2,959,479	76%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801

TRANSPORTATION TO WORK, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Drove Alone	22,132	81%	25,769	84%	25,520	84%	3,831,343	79%
Carpooled	2,661	10%	2,211	7%	2,580	8%	432,543	9%
Used Public Transportation	125	0%	93	0%	82	0%	46,628	1%
Bicycle	--	0%	194	1%	20	0%	8,019	0%
Walked	199	1%	312	1%	308	1%	84,397	2%
Taxicab, motorcycle, or other means	152	1%	461	2%	256	1%	55,839	1%
Worked from home	2,042	7%	1,571	5%	1,712	6%	370,874	8%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006

LIFELONG DEVELOPMENT

HIGH SCHOOL GRADUATION RATE, SCHOOL YEAR 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
All	93%	84%	82%	87%
Male	91%	81%	75%	84%
Female	95%	89%	89%	90%
White	95%	87%	87%	90%
Black	92%	72%	76%	84%
Two or More Races	88%	72%	90%	85%
Hispanic	86%	80%	74%	82%
Economically Disadvantaged	90%	74%	76%	80%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

END OF GRADE TEST RESULTS, 3RD GRADE READING LEVEL, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
School Year 2020-2021	45%	61%	28%	45%
School Year 2018-2019	59%	66%	50%	57%
School Year 2017-2018	54%	66%	47%	56%
School Year 2016-2017	64%	67%	50%	58%
School Year 2015-2016	58%	69%	56%	58%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

SHORT-TERM SUSPENSIONS PER 10 STUDENTS, SCHOOL YEAR 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
Overall	0.24	0.28	0.07	0.98
Male	0.36	0.43	0.10	0.19
Female	0.11	0.11	0.04	0.07
White	0.20	0.26	0.06	0.12
Black	0.53	0.62	0.08	0.19
Two or More Races	0.35	0.38	0.07	0.19
Hispanic	0.15	0.26	0.08	0.08
Economically Disadvantaged	0.35	0.45	0.08	0.19

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021

DROP-OUTS PER 100 STUDENTS, SCHOOL YEAR TREND

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
School Year 2020-2021	28	0.92	63	2.36	58	2.13	9,147	1.94
School Year 2019-2020	50	1.61	28	1.08	--	0.04	7,194	1.53
School Year 2018-2019	49	1.58	27	1.04	--	0.11	9,512	2.01
School Year 2017-2018	47	1.48	76	2.70	84	2.99	10,523	2.18
School Year 2016-2017	56	1.85	72	2.54	91	3.23	11,097	2.31

North Carolina Department of Public Instruction. Consolidated Data Report, 2019-2020 and 2020-2021

SCHOOL ENROLLMENT, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
School Year 2020-2021	9,819	8,089	8,187	1,429,275
School Year 2019-2020	9,822	8,242	8,279	1,458,814
School Year 2018-2019	--	--	--	1,469,266
School Year 2017-2018	9,535	8,536	8,442	1,480,016
School Year 2016-2017	9,572	8,535	8,591	1,486,448

North Carolina Department of Public Instruction, Statistical Profile

COMMUNITY COHESION AND SAFETY**SOCIAL VULNERABILITY INDEX, 2020**

Category	Pender	Carteret	Franklin
Overall summary ranking	0.31	0.06	0.46
Socioeconomic status ranking	0.27	0.11	0.29
Household characteristics ranking	0.20	0.07	0.42
Racial & ethnic minority status ranking	0.39	0.21	0.57
Housing type and transportation ranking	0.37	0.28	0.66

Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed January 2022

REGISTERED VOTERS, 2018-2022

Year	Pender	Carteret	Franklin	North Carolina
2022	47,896	54,720	50,611	7,422,396
2021	45,116	52,321	47,619	7,165,214
2020	45,057	52,335	47,749	7,378,587
2019	40,100	50,920	42,465	6,777,657
2018	41,830	53,141	44,917	7,095,102

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY RACE, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White	36,978	77%	47,217	86%	32,103	63%	4,820,870	65%
Black or African American	5,952	12%	2,205	4%	11,934	24%	1,507,359	20%
Asian	179	0%	265	0%	253	0%	116,174	2%
American Indian or Alaska Native	120	0%	98	0%	143	0%	54,509	1%
Other	1,016	2%	547	1%	1,253	2%	235,714	3%
Two or More Races	163	0%	135	0%	208	0%	42,768	1%
Undesignated	3,484	7%	4,243	8%	4,713	9%	644,393	9%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY ETHNICITY, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic or Latino	1,180	2%	634	1%	1,586	3%	264,233	4%
Not Hispanic Latino	34,190	71%	41,973	77%	34,459	68%	5,224,631	70%
Undesignated	12,526	26%	12,113	22%	14,566	29%	1,933,532	26%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY SEX, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Female	23,459	49%	26,849	49%	24,385	48%	3,712,087	50%
Male	21,166	44%	23,693	43%	21,364	42%	3,159,461	43%
Undesignated	3,271	7%	4,178	8%	4,862	10%	550,848	7%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY AGE, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Age 18-25	5,101	11%	4,585	9%	5,701	12%	946,058	13%
Age 26-40	9,610	21%	9,023	17%	10,695	22%	1,747,088	24%
Age 41-65	19,670	44%	22,295	43%	20,658	43%	2,898,134	40%
Age Over 66	10,735	24%	16,418	31%	10,565	22%	1,573,934	22%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

PERCENT OF REGISTERED VOTERS WHO VOTED TOTAL, 2018-2022

Year	Pender	Carteret	Franklin	North Carolina
2022	49%	59%	55%	51%
2021	2%	11%	3%	5%
2020	76%	82%	79%	75%
2019	4%	9%	2%	7%
2018	51%	54%	57%	53%

North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded March 2023.

LINGUISTIC ISOLATION, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Spanish	206	14%	94	8%	371	24%	59,532	22%
Indo-European languages	24	7%	--	1%	12	6%	9,187	10%
Asian and Pacific Island languages	27	21%	43	16%	34	31%	14,449	19%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

INCARCERATED INDIVIDUALS, 2016-2020

Year	Pender	Carteret	Franklin
2020	234.7	296.5	189.4
2019	260.1	367.0	218.1
2018	291.2	340.9	225.0
2017	293.6	362.9	249.4
2016	306.3	329.5	227.2

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.

INDEX CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	1,461.9	1,912.1	1,314.6	2,586.4
2020	1,738.6	2,248.3	1,236.5	2,741.2
2019	--	2,319.9	1,465.3	2,906.3
2018	1,788.0	2,157.6	1,434.1	2,770.1
2017	2,503.8	2,814.4	1,894.1	3,068.2

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

PROPERTY CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	1,226.0	1,685.6	1,106.9	2,156.1
2020	1,478.4	2,032.8	1,022.0	2,295.1
2019	--	2,133.1	1,299.3	2,499.6
2018	1,628.5	1,985.3	1,243.9	2,412.6
2017	2,333.2	2,598.5	1,707.4	2,683.4

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

VIOLENT CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	235.9	226.4	207.7	430.2
2020	260.2	215.5	214.5	446.1
2019	--	186.8	166.0	406.8
2018	159.6	172.3	190.2	357.5
2017	170.6	215.9	186.8	384.8

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

ACCESS TO CARE**UNINSURED BY AGE, 2020**

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 65 years	6,379	12%	5,923	12%	8,342	15%	1,078,903	13%
18 to 64 years	5,539	15%	5,342	14%	7,343	17%	964,697	16%
40 to 64 years	2,580	12%	2,846	12%	3,306	14%	441,299	13%
50 to 64 years	1,472	11%	1,654	10%	1,849	12%	233,754	12%
Under 19 years	909	6%	639	5%	1,084	7%	125,097	5%
21 to 64 years	5,251	15%	5,091	14%	6,956	17%	914,008	16%

U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)

UNINSURED BY INCOME POVERTY RATIO, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
<= 200% of Poverty	3,005	21%	2,724	20%	4,307	24%	570,857	22%
<= 250% of Poverty	3,743	20%	3,396	19%	5,275	23%	694,671	20%
<= 138% of Poverty	2,022	22%	1,748	20%	2,899	26%	382,813	22%
<= 400% of Poverty	5,091	16%	4,750	16%	6,981	19%	914,123	17%
138% to 400% of Poverty	3,069	14%	3,002	14%	4,082	16%	531,310	15%

U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)

MEDICAID ENROLLMENT BY PROGRAM AID CATEGORY, 2021

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Aged	900	1%	1,011	2%	1,026	1%	154,047	1%
Blind	--	0%	--	0%	--	0%	1,606	0%
Disabled	1,810	3%	1,859	3%	2,026	3%	327,672	3%
Temporary Assistance for Needy Families (TANF) under 21	2,921	5%	2,104	3%	2,976	4%	520,868	5%
TANF (AFDC) 21 and Over	1,932	3%	1,448	2%	1,882	3%	315,043	3%
Foster Children	166	0%	231	0%	199	0%	30,579	0%
Pregnant Women	106	0%	106	0%	153	0%	20,692	0%
Family Planning	2,995	5%	3,027	4%	2,694	4%	393,524	4%
Infants and Children	3,047	5%	2,328	3%	3,510	5%	508,947	5%
MCHIP (Medicaid-Children's Health Insurance Program)	1,163	2%	1,017	2%	1,459	2%	199,335	2%
Qualified Medicare Beneficiaries (MQB-Q)	60	0%	96	0%	85	0%	10,208	0%
Specified Low Income Medicare Beneficiaries (MQB-B)	314	1%	341	1%	381	1%	51,607	0%
Qualified Individuals (MQB-E)	179	0%	194	0%	193	0%	26,491	0%
Breast and Cervical Cancer Medicaid (BCC)	--	0%	--	0%	--	--	940	0%
Documented Immigrants	66	0%	31	0%	107	0%	35,074	0%
Undocumented Immigrants	54	0%	20	0%	56	0%	9,776	0%
COVID 19	150	0%	296	0%	32	0%	18,081	0%
Total Medicaid Enrollment	15,868	26%	14,123	21%	16,787	24%	2,624,690	25%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Health Choice (Children's Health Insurance Program (CHIP))	701	1%	567	1%	897	1%	103,645	1%

North Carolina Medicaid Division of Health Benefits. Population counts from North Carolina Office of State Budget and Management

DENTAL PROVIDERS RECEIVING MEDICAID PAYMENTS PER 10,000 POPULATION, FY 2020-2021

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
FY 2021	21	3.44	18	2.67	12	1.70	2,585	2.45
FY 2020	22	3.65	15	2.22	12	1.74	2,639	2.52

NC Medicaid Division of Health Benefits, Payments to Providers Dashboard

HEALTHCARE WORKFORCE PROVIDERS PER 10,000 POPULATION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
Dental Hygienist	6.66		8.65		4.42		6.02	
Nurse Practitioner	2.79		6.42		2.14		8.12	
Optometrist	0.62		0.98		0.28		1.16	
Pharmacist	9.14		14.24		6.27		10.76	
Psychologist	1.08		1.40		0.00		2.13	
Registered Nurse	34.69		84.73		28.20		101.08	
Dentist	4.34		4.89		1.99		5.25	

North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

BEDS IN GENERAL HOSPITALS PER 10,000 POPULATION, 2014-2018

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2018	43	7.27	135	19.89	70	10.67	21,698	21.10
2017	43	7.39	135	19.90	70	10.84	21,444	21.06
2016	43	7.53	135	19.91	70	11.02	21,632	21.46
2015	43	7.68	135	19.85	70	11.18	21,370	21.44
2014	43	7.83	135	19.82	70	11.30	20,919	21.17

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

NURSING FACILITY BEDS PER 10,000 POPULATION, 2013-2017

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2017	210	36.09	424	62.49	258	39.97	44,650	43.85
2016	210	36.79	424	62.53	258	40.61	44,228	43.88
2015	210	37.51	424	62.34	258	41.19	43,857	43.99
2014	210	38.23	424	62.25	258	41.64	43,955	44.48
2013	210	38.77	424	62.17	258	41.86	43,606	44.47

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

ADULT CARE FACILITIES PER 10,000 POPULATION, 2021

Pender	Carteret	Franklin	North Carolina
0.33	0.45	0.28	0.49

North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021

LICENSED MENTAL HEALTH FACILITIES PER 10,000 POPULATION, 2021

Pender		Carteret		Franklin		North Carolina	
#	Rate	#	Rate	#	Rate	#	Rate
12	1.96	--	1.34	14	1.99	3,156	3.00

North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021

EMERGENCY DEPARTMENT VISITS, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	15,120	31,462	7,743	3,622,564
2019	16,238	33,087	--	4,285,539
2018	15,040	32,569	--	4,296,869
2017	16,436	32,010	--	4,373,661
2016	16,802	31,397	--	4,353,885

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY RACE/ETHNICITY, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Caucasian	7,760	51%	26,231	83%	3,042	39%	1,939,875	54%
African American	5,641	37%	3,406	11%	4,243	55%	1,310,626	36%
American Indian	22	0%	34	0%	24	0%	50,515	1%
Asian/Pacific Islander	15	0%	156	0%	60	1%	29,215	1%
Other Race	1,545	10%	1,598	5%	103	1%	221,425	6%
Unavailable Race	137	1%	37	0%	271	4%	70,908	2%
Hispanic	1,609	11%	--	--	313	4%	271,314	7%
Non-Hispanic	13,411	89%	31,425	100%	6,968	90%	3,266,634	90%
Unknown Ethnicity	100	1%	37	0%	462	6%	84,616	2%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY AGE, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Less than 1 year	246	2%	368	1%	58	1%	65,837	2%
1 - 17 years	2,600	17%	3,310	10%	1,198	16%	540,740	15%
18 - 44 years	5,650	37%	11,817	38%	3,403	44%	1,529,213	42%
45 - 64 years	3,719	25%	8,204	26%	1,866	24%	873,445	24%
65 - 84 years	2,470	16%	6,462	20%	1,040	13%	513,614	14%
85 or more years	435	3%	1,301	4%	178	2%	99,715	3%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY PAYER, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Commercial/HMO	2,740	18%	8,030	26%	2,065	27%	1,271,754	35%
Medicaid	4,171	28%	5,856	19%	2,032	26%	883,049	24%
Medicare	3,808	25%	7,168	23%	903	12%	509,051	14%
Other government	276	2%	3,101	10%	128	2%	120,651	3%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Uninsured	3,767	25%	6,002	19%	2,455	32%	789,801	22%
Other Payer	129	1%	152	0%	160	2%	41,650	1%
Unknown Payer	229	1%	1,153	4%	--	--	6,608	0%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	2,695	2,433	3,011	3,146
2019	3,266	3,699	4,468	4,096
2018	4,662	4,664	4,801	4,539
2017	4,868	3,775	5,179	4,758
2016	4,327	3,957	5,274	4,702

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES BY AGE, 2020

Category	Pender	Carteret	Franklin	North Carolina
<65 years	3,569	3,114	5,286	4,644
65-74 years	1,423	1,176	1,547	1,850
75-84 years	3,072	3,257	3,870	3,641
85+ years	6,529	5,440	5,008	6,101

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES BY RACE/ETHNICITY, 2020

Category	Pender	Carteret	Franklin	North Carolina
White	2,574	2,372	2,538	2,798
Black	3,466	4,288	4,643	4,773

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

DISEASE, ILLNESS, AND INJURY**AGE-ADJUSTED DEATH RATES BY SEX FOR PENDER COUNTY RESIDENTS PER 100,000
POPULATION, 2016-2020 5-YEAR AVERAGE**

Category	Overall		Male		Female	
	#	Rate	#	Rate	#	Rate
All Causes	3,099	813.4	1,665	958.1	1,434	682.8
Diseases of Heart	616	158.8	320	180.3	296	137.0
Acute Myocardial Infarction	78	18.8	52	27.9	26	11.4
Other Ischemic Heart Disease	270	67.6	150	81.6	120	54.7
Cerebrovascular Disease	201	54.2	100	62.7	101	46.9
Cancer	662	160.2	369	196.2	293	133.8
Colon, Rectum, and Anus	42	10.9	20	11.1	22	10.8
Pancreas	45	11.2	21	10.8	24	11.5
Trachea, Bronchus, and Lung	191	44.2	111	55.4	80	34.9
Breast	44	19.4	0	--	44	19.4
Prostate	35	21.5	35	21.5	0	--
Diabetes Mellitus	97	23.6	61	31.8	36	16.0
Pneumonia and Influenza	56	13.8	24	12.6	32	14.8
Chronic Lower Respiratory Diseases	156	37.4	81	44.0	75	32.9
Chronic Liver Disease and Cirrhosis	34	8.2	22	10.8	12	--
Septicemia	63	15.4	34	18.4	29	12.9
Nephritis, Nephrotic Syndrome, and Nephrosis	68	17.1	39	22.1	29	13.3
Unintentional Motor Vehicle Injuries	72	24.4	53	34.2	19	--
All Other Unintentional Injuries	137	44.0	94	62.9	43	24.8
Suicide	67	22.6	49	31.9	18	--
Homicide	15	--	11	--	--	--
Alzheimer's disease	96	26.9	36	24.8	60	28.4
COVID-19	31	8.1	18	--	13	--

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

AGE-ADJUSTED DEATH RATES BY RACE/ETHNICITY FOR PENDER COUNTY RESIDENTS PER 100,000 POPULATION, 2016-2020 5-YEAR AVERAGE

Category	Overall		White, Non-Hispanic		African-American, Non-Hispanic	
	#	Rate	#	Rate	#	Rate
All Causes	3,099	813.4	2,429	797.4	614	994.2
Diseases of Heart	616	158.8	473	153.6	134	203.0
Acute Myocardial Infarction	78	18.8	61	18.6	16	--
Other Ischemic Heart Disease	270	67.6	209	65.2	56	86.7
Cerebrovascular Disease	201	54.2	154	51.4	41	65.7
Cancer	662	160.2	544	163.2	113	174.6
Colon, Rectum, and Anus	42	10.9	32	9.9	10	--
Pancreas	45	11.2	35	10.7	10	--
Trachea, Bronchus, and Lung	191	44.2	167	47.5	24	35.7
Breast	44	19.4	32	17.0	10	--
Prostate	35	21.5	31	24.2	--	--
Diabetes Mellitus	97	23.6	72	21.4	24	39.3
Pneumonia and Influenza	56	13.8	43	13.0	13	--
Chronic Lower Respiratory Diseases	156	37.4	137	41.1	19	--
Chronic Liver Disease and Cirrhosis	34	8.2	30	8.7	--	--
Septicemia	63	15.4	52	16.3	11	--
Nephritis, Nephrotic Syndrome, and Nephrosis	68	17.1	47	14.6	20	30.9
Unintentional Motor Vehicle Injuries	72	24.4	36	15.3	26	57.7
All Other Unintentional Injuries	137	44.0	121	49.8	13	--
Suicide	67	22.6	63	27.8	--	--
Homicide	15	--	--	--	--	--
Alzheimer's disease	96	26.9	79	27.7	17	--
COVID-19	31	8.1	20	6.6	--	--

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

CANCER INCIDENCE PER 100,000 POPULATION, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female Breast	316	154.6	473	169.6	345	147.6	54,123	162.8
Prostate	252	119.2	270	83.4	278	122.5	37,361	118.0
Lung Bronchus	278	60.5	473	75.2	305	66.5	40,297	60.8
Colon/Rectum	123	30.2	212	38.5	155	36.1	21,095	33.9
Melanoma	88	21.7	185	34.2	73	16.8	15,409	25.1
Cervix Uteri	10	--	15	--	10	--	1,896	6.7
All Sites	1,886	452.9	2,706	467.1	2,022	453.2	295,701	464.3

North Carolina State Center for Health Statistics County Health Data Book, Cancer Incidence Rates (Age-Adjusted to the 2000 US Census), 5-year data

CHRONIC CONDITIONS IN MEDICARE POPULATIONS, 2018

Category	Pender	Carteret	Franklin	North Carolina
Alcohol Abuse Prevalence	2%	2%	2%	2%
Alzheimer's Disease/Dementia Prevalence	10%	9%	10%	10%
Arthritis Prevalence	33%	34%	32%	33%
Asthma Prevalence	4%	3%	4%	5%
Atrial Fibrillation Prevalence	8%	9%	8%	8%
Autism Spectrum Disorders Prevalence	0%	--	0%	0%
Cancer Prevalence	8%	8%	8%	8%
Chronic Kidney Disease Prevalence	25%	20%	26%	25%
COPD Prevalence	13%	13%	11%	12%
Depression Prevalence	21%	18%	19%	19%
Diabetes Prevalence	30%	28%	30%	29%
Drug Abuse/Substance Abuse Prevalence	5%	4%	4%	4%
HIV/AIDS Prevalence	0%	0%	0%	0%
Heart Failure Prevalence	13%	13%	13%	13%
Hepatitis Prevalence	1%	0%	1%	1%
Hyperlipidemia Prevalence	57%	44%	49%	49%
Hypertension Prevalence	64%	58%	62%	60%
Ischemic Heart Disease Prevalence	26%	25%	24%	25%

Category	Pender	Carteret	Franklin	North Carolina
Osteoporosis Prevalence	5%	5%	5%	6%
Schizophrenia/Other Psychotic Disorders Prevalence	2%	2%	3%	3%
Stroke Prevalence	4%	3%	4%	4%

Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW)

DIAGNOSED DIABETES, 2015-2019

Year	Pender		Carteret		Franklin	
	#	%	#	%	#	%
2019	4,864	8%	6,580	9%	6,976	11%
2018	4,894	9%	7,821	11%	5,669	10%
2017	5,756	10%	5,656	8%	4,194	7%
2016	5,866	11%	5,629	8%	4,279	7%
2015	5,090	10%	5,181	7%	5,441	10%

US Diabetes Surveillance System. Centers for Disease Control and Prevention's National Health Interview Survey (NHIS)

COVID-19 VACCINATION, 2023

Category	Pender		Carteret		Franklin	
	#	%	#	%	#	%
People Vaccinated with at Least One Dose	34,870	55%	48,663	70%	40,444	58%
People Vaccinated with Initial Series Complete	32,605	52%	45,235	65%	37,990	55%
People Vaccinated with at Least One Booster/Additional Dose	17,235	27%	25,285	36%	21,739	31%

NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 7/27/2022

NEWLY REPORTED CHRONIC HEPATITIS C BY YEAR OF REPORT PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	64	99.0	103	148.1	46	64.0	12,313	116.2
2019	61	96.8	136	195.6	75	107.5	19,747	188.0
2018	73	117.5	112	161.0	99	146.4	18,288	176.0
2017	106	174.4	134	194.2	74	111.8	19,238	187.2
2016	36	61.2	43	62.4	15	23.2	5,079	50.0

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.

NEWLY DIAGNOSED CHLAMYDIA BY YEAR OF DIAGNOSIS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	208	321.6	207	297.6	299	416.1	64,342	607.0
2019	207	328.3	248	356.8	342	490.1	71,391	679.8
2018	205	330.0	241	346.5	347	513.0	66,716	642.0
2017	225	370.1	225	326.0	330	498.7	62,974	612.8
2016	198	336.6	194	281.7	271	419.0	58,164	572.4

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.

NEWLY DIAGNOSED GONORRHEA BY YEAR OF DIAGNOSIS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	62	95.9	53	76.2	152	211.5	28,014	264.3
2019	53	84.1	43	61.9	169	242.2	26,705	254.3
2018	58	93.4	39	56.1	154	227.7	23,539	226.5
2017	46	75.7	41	59.4	127	191.9	22,731	221.2
2016	72	122.4	44	63.9	68	105.1	19,597	192.8

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.

REPRODUCTIVE AND CHILD HEALTH

ABORTION PER 1,000 FEMALES AGES 15-44, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016-2020	403	7.7	363	7.0	589	10.0	117,318	11.5
2012-2016	381	7.8	368	6.8	621	11.1	107,836	10.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Abortion Rates per 1,000 Population, 5-year data

ABORTION PER 1,000 FEMALES AGES 15-44 BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
White, Non-Hispanic	235	6.0	286	6.5	209	5.8	36,925	6.1
African American, Non-Hispanic	114	14.6	30	9.0	281	17.1	54,291	21.6
Hispanic	37	8.0	26	9.2	73	12.4	14,429	12.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Abortion Rates per 1,000 Population, 5-year data

PREGNANCY PER 1,000 FEMALES AGES 15-44, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016-2020	3,567	68.0	2,990	57.5	4,232	71.6	716,534	70.2
2012-2016	3,467	71.0	3,384	62.4	4,065	72.4	713,288	71.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Pregnancy Rates per 1,000 Population, 5-year data

PREGNANCY PER 1,000 FEMALES AGES 15-44 BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
White, Non-Hispanic	2,466	62.9	2,494	56.4	2,337	65.0	360,620	60.0
African American, Non-Hispanic	572	73.3	187	56.1	1,233	75.2	199,507	79.2
Other, Non-Hispanic	48	57.2	57	36.3	71	86.7	41,408	73.4
Hispanic	468	101.4	239	84.2	568	96.6	108,660	97.3

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Pregnancy Rates per 1,000 Population, 5-year data

TEEN PREGNANCY PER 1,000 FEMALES AGES 15-19, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	28	15.6	31	19.1	62	29.4	7,749	22.9
2019	43	24.2	31	18.6	51	24.1	8,130	24.0
2018	38	21.2	27	15.7	41	19.6	8,255	24.6
2017	44	24.2	34	19.8	46	22.0	8,849	26.7
2016	52	29.8	29	16.6	53	26.0	9,255	28.1

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Reported Pregnancies

PRENATAL CARE, 2015-2019

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2019	396	63%	390	75%	446	58%	80,125	67%
2018	427	69%	388	77%	423	61%	80,865	68%
2017	460	70%	460	81%	454	63%	82,428	69%
2016	416	64%	425	78%	408	60%	83,319	69%
2015	405	66%	477	78%	431	59%	81,887	68%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRENATAL CARE BY RACE, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, Non-Hispanic	288	66%	345	78%	291	65%	47,105	74%
African American, Non-Hispanic	57	59%	16	64%	94	50%	17,688	61%
Hispanic	48	59%	23	53%	52	42%	10,676	56%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRENATAL SMOKING, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2020	54	9%	57	12%	43	6%	7,923	7%
2019	63	10%	65	12%	52	7%	8,991	8%
2018	56	9%	80	16%	60	9%	9,938	8%
2017	69	10%	69	12%	49	7%	10,399	9%
2016	75	12%	87	16%	66	10%	10,776	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

LOW BIRTH WEIGHT (<2500 G), 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	276	9%	195	7%	347	10%	55,697	9%
2012-2016	263	9%	227	8%	296	9%	54,208	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity, 5-year data

LOW BIRTH WEIGHT (<2500 G) BY RACE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Overall	257	9%	175	7%	314	10%	48,694	10%
White, Non-Hispanic	171	8%	151	7%	164	8%	24,268	7%
Black, Non-Hispanic	82	18%	22	14%	142	15%	21,003	15%
Other, Non-Hispanic	--	9%	--	4%	--	12%	3,423	10%
Hispanic	19	4%	20	9%	33	7%	7,003	7%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity, 5-year data

PRETERM BIRTHS, 2015-2019

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2019	65	10%	43	8%	77	10%	12,642	11%
2018	71	11%	38	8%	77	11%	12,345	10%
2017	92	14%	54	10%	79	11%	12,580	10%
2016	91	14%	53	10%	77	11%	12,549	10%
2015	72	12%	66	11%	73	10%	12,309	10%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRETERM BIRTHS BY RACE/ETHNICITY, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, Non-Hispanic	42	10%	39	9%	33	7%	6,061	10%
African American, Non-Hispanic	16	17%	--	4%	30	16%	4,132	14%
Other, Non-Hispanic	--	30%	--	12%	--	7%	648	9%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic	--	5%	--	5%	13	11%	1,801	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

INFANT MORTALITY PER 1,000 LIVE BIRTHS, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	3.4	8.4	10.6	6.9
2019	3.2	1.9	5.2	6.8
2018	4.8	8.0	7.2	6.8
2017	10.6	5.3	5.6	7.1
2016	9.2	7.3	5.9	7.2

North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

INFANT MORTALITY BY RACE PER 1,000 LIVE BIRTHS BY RACE/ETHNICITY, 2020

Category	Pender	Carteret	Franklin	North Carolina
White, Non-Hispanic	0.0	5.1	11.5	4.8
African American, Non-Hispanic	17.2	35.7	15.2	12.8
Hispanic	12.3	23.3	0.0	5.8

North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

CHILD MORTALITY PER 100,000 CHILDREN AGES 0-17, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Total	40	58.2	35	57.8	44	58.8	6,472	56.2
Birth Defects	--	5.8	--	8.3	--	6.7	882	7.7
Perinatal Conditions	11	16.0	--	11.6	17	22.7	2,179	18.9
SIDS	--	0.0	--	0.0	--	0.0	36	0.3
Illnesses	--	13.1	--	14.9	--	8.0	1,252	10.9
Motor Vehicle	--	7.3	--	1.7	--	12.0	441	3.8
Drowning	--	0.0	--	1.7	--	1.3	123	1.1
Poisoning	--	0.0	--	1.7	--	0.0	46	0.4

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Suffocation/Choking/Strangulation	--	0.0	--	3.3	--	0.0	154	1.3
Other Injuries	--	2.9	--	1.7	--	0.0	135	1.2
Homicide	--	2.9	--	0.0	--	2.7	305	2.6
Suicide	--	2.9	--	8.3	--	1.3	232	2.0
Other Causes	--	7.3	--	5.0	--	4.0	687	6.0

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Child Deaths, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators.

CHILDREN IN FOSTER CARE UNDER DSS CUSTODY (UNDER 18) PER 1,000, FY TRENDS

Year	Pender		Carteret		Franklin	
	#	Rate	#	Rate	#	Rate
FY 2020-2021	75	4.82	103	8.00	87	5.06
FY 2019-2020	99	6.48	114	8.64	92	5.43
FY 2018-2019	119	7.93	128	9.53	104	6.29
FY 2017-2018	111	7.46	129	9.52	85	5.17
FY 2016-2017	90	6.27	102	7.50	95	5.88

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022

CHILDREN ENTERING CHILD WELFARE CUSTODY (UNDER 18) PER 1,000, FY TRENDS

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
FY 2020-2021	22	1.41	38	2.95	31	1.80	4,544	1.75
FY 2019-2020	31	2.03	32	2.43	30	1.77	4,636	1.78
FY 2018-2019	33	2.20	45	3.35	40	2.42	4,986	1.92
FY 2017-2018	47	3.16	35	2.58	16	0.97	5,015	1.94
FY 2016-2017	30	2.09	57	4.19	29	1.79	5,517	2.14

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022

CHILD NEGLECT AND ABUSE SUMMARY, FY 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
Abuse and Neglect	11	--	16	1,315
Neglect	18	20	168	5,167
Abuse	--	17	--	819
Services Needed	60	147	54	12,191
Services Provided, No Longer Needed	173	--	--	3,665
Services Recommended	140	350	204	34,112
Services Not Recommended	305	136	81	39,619
Unsubstantiated	84	58	92	14,822

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022.

MENTAL HEALTH AND SUBSTANCE USE

PERSONS SERVED IN AREA MENTAL HEALTH PROGRAMS PER 10,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	1,230	203.90	1,652	244.48	1,419	205.93	344,738	329.68
2019	1,066	178.74	1,661	244.78	1,507	223.59	345,190	332.50
2018	1,023	172.94	1,538	226.58	1,476	225.00	336,401	327.10
2017	848	145.74	1,410	207.80	1,241	192.24	321,511	315.78
2016	851	149.08	1,251	184.49	1,263	198.78	347,060	344.29

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

PERSONS SERVED IN NC ALCOHOL AND DRUG TREATMENT CENTERS PER 10,000, 2012-2016

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016	16	2.80	22	3.24	28	4.41	3,505	3.48
2015	27	4.82	22	3.23	34	5.43	3,698	3.71
2014	25	4.55	31	4.55	29	4.68	4,049	4.10
2013	21	3.88	25	3.67	77	12.49	4,343	4.43

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2012	22	4.12	42	6.20	44	7.20	4,265	4.39

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

PERSONS SERVED IN STATE MENTAL HEALTH DEVELOPMENT CENTERS PER 10,000, 2012-2016

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016	--	1.23	12	1.77	16	2.52	1,160	1.15
2015	--	1.61	11	1.62	17	2.71	1,245	1.25
2014	--	1.64	12	1.76	17	2.744	1,282	1.30
2013	--	1.66	14	2.05	20	3.25	1,331	1.36
2012	--	0.56	--	0.44	19	3.11	1,340	1.38

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

EMERGENCY DEPARTMENT VISITS FOR MEDICATION/DRUG OVERDOSE, ALL INTENTS, NC RESIDENTS PER 100,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	125	207.21	205	303.38	119	172.69	25,505	243.91
2019	103	172.70	170	250.53	97	143.92	23,920	230.41
2018	99	167.36	154	226.88	141	214.93	24,027	233.63
2017	199	342.00	130	191.59	93	144.07	25,002	245.56
2016	158	276.79	144	212.37	102	160.54	23,058	228.74

Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management

EMERGENCY DEPARTMENT VISITS FOR POISONING, ALL INTENTS, NC RESIDENTS PER 100,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	239	396.19	272	402.54	168	243.80	35,132	335.98
2019	204	342.05	235	346.32	185	274.48	38,011	366.14

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2018	201	339.79	242	356.52	203	309.44	38,793	377.20
2017	356	611.82	184	271.17	142	219.97	39,577	388.72
2016	318	557.09	249	367.22	161	253.40	38,004	377.01

Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management

PERCENTAGE OF OVERDOSE DEATHS INVOLVING ILLICIT OPIOID, 2016-2020

Year	Pender	Carteret	Franklin
2020	93%	92%	67%
2019	57%	71%	73%
2018	53%	60%	82%
2017	82%	52%	67%
2016	53%	55%	33%

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

TOTAL MEDICATION AND DRUG POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	15	24.87	33	48.84	15	21.77	3,118	29.82
2019	14	23.47	21	30.95	22	32.64	2,352	22.66
2018	15	25.36	25	36.83	22	33.54	2,301	22.37
2017	17	29.22	21	30.95	12	18.59	2,474	24.30
2016	19	33.29	20	29.50	12	18.89	1,965	19.49

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL MEDICATION AND DRUG POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS BY SEX AND RACE/ETHNICITY PER 100,000 POPULATION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female	--	6.61	11	32.32	--	14.51	1,008	18.73
Male	13	43.21	22	65.59	10	29.02	2,110	41.58
White, non-Hispanic	13	29.27	29	50.40	12	28.38	2,292	36.31
Black or African American, non-Hispanic	--	26.51	--	124.69	--	19.01	586	27.81

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	18	29.84	35	51.79	21	30.48	3,261	31.19
2019	15	25.15	22	32.42	22	32.64	2,479	23.88
2018	15	25.36	27	39.78	22	33.54	2,431	23.64
2017	17	29.22	21	30.95	13	20.14	2,600	25.54
2016	20	35.04	23	33.92	12	18.89	2,103	20.86

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS BY SEX AND RACE/ETHNICITY PER 100,000 POPULATION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female	--	6.61	11	32.32	--	17.41	1,045	19.42

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Male	16	53.17	24	71.55	15	43.54	2,216	43.67
White, non-Hispanic	15	33.77	31	53.88	18	42.57	2,397	37.97
Black or African American, non-Hispanic	--	26.51	--	124.69	--	19.01	606	28.75

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

APPENDIX 10: COMMUNITY RESOURCES

The following tables provide an overview of community resources related to each of the selected priority areas.

Substance Use		
Resource	Locations	Services
Coastal Horizons	Burgaw/Rocky Point	<ul style="list-style-type: none"> • Substance Use & Mental Health • Crisis Intervention • Community Based Family Services • Mental Health Awareness Training • Horizons Health • Justice Services • Veteran Services
Little Gerald	Burgaw	<ul style="list-style-type: none"> • B3 Respite for Children and Adults • Child & Adolescent Day Treatment • Clinical Comprehensive Assessments • Intensive In-Home Services • Peer Support Services (Individual & Group) • Substance Abuse Comprehensive Outpatient Therapy • Supported Employment • Transitional Living
Superior Innovative Service	Hampstead	<ul style="list-style-type: none"> • Home Care <ul style="list-style-type: none"> ○ Depression and Anxiety Therapy ○ Play Therapy for Children ○ Family Counseling ○ Parenting Support ○ Grief Counseling ○ Stress Management ○ Addiction & Recovery
Port Health	Burgaw	<ul style="list-style-type: none"> • Adult Services <ul style="list-style-type: none"> ○ Counseling & Mental Health Treatment ○ Alcohol & Substance Use Treatment • Youth Services <ul style="list-style-type: none"> ○ Outpatient Services ○ Prevention ○ PORT Residential
Take Back Events	County Wide	<ul style="list-style-type: none"> • Safe Medication Disposal
Shoreline Family Practice	Hampstead	<ul style="list-style-type: none"> • Addiction Medicine • Treatment with Suboxone • Treatment for Alcohol Dependence
Medication Drop Boxes	Surf City Police Department Pender County Sheriff's Office Novant Health Pender Medical Center Rocky Point Pavilion	<ul style="list-style-type: none"> • Safe Medication Disposal
Reproductive Life Planning Class (RLP)	Department of Social Services, Burgaw	<ul style="list-style-type: none"> • Education class for Reproductive Life Planning and Neonatal Abstinence Syndrome

Access to Care		
Resource	Locations	Services
Charity Care	Novant Health Pender Medical Center	Financial Assistance Services
Mobile Dental	Pender County Schools	Dental services at Pender County schools and for community members.
BCCCP Program	Pender County Health Department, Burgaw	Mammography and Cervical Cancer Screening.
Black River Medical Access Program (MAP)	Black River Health Services	Program designed to reduce the financial impact of a trip to the doctor. If an individual qualifies, they will have access to the full-spectrum primary care, treatments, and prescriptions to stay healthy.
Pender Adult Services Medication Assistance Program	Pender Adult Services, Burgaw	Assistance in finding and applying for pharmaceutical company prescription assistance programs for low income, uninsured patients who cannot afford them.
Online Appointment Scheduling	Pender County Health Department, Burgaw	Patients can make appointments through the patient portal.
Remote Visits	Online	Patients can attend telehealth appointments.
Immunization clinics in community	County Wide	Immunizations offered at various sites across the county.
Hampstead Annex	Hampstead	<ul style="list-style-type: none"> • Immunizations • WIC Services

Heart Health		
Resource	Locations	Services
Community Blood Pressure Checks	Community Events & Health Department	<ul style="list-style-type: none"> • Free blood pressure checks for community members
Fitness Fusion Gym	Pender Adult Services, Burgaw	<ul style="list-style-type: none"> • Gym equipment • Fitness Classes
Health Department and Parks & Rec Partner for Healthy Walks	County Wide	<ul style="list-style-type: none"> • Healthy walking opportunities for community members
NC Quitline	Online	<ul style="list-style-type: none"> • Free cessation services <ul style="list-style-type: none"> ◦ Telephone coaching • Web coaching
Matter of Balance Program	County Wide	<ul style="list-style-type: none"> • An educational 8-session program offered through PCHD that is designed to reduce the fear of falling and increase activity levels among older adults.
Chronic Disease Self-Management Program	County Wide	<ul style="list-style-type: none"> • A six-week educational workshop for adults offered through PCHD that focuses on disease management skills including decision making, problem solving, and action planning.

