2017
Moore County
Community Health
Assessment

Submitted to the North Carolina Department of Health and Human Services Division of Public Health

By the

Moore County Health Department and MooreHealth, Inc.

MooreHealth
A Community Approach To A Healthier Tomorrow

Acknowledgements

The Moore County Health Department and MooreHealth, Inc. would like to extend our sincere appreciation to all those who contributed to the creation of this document. It is our hope that it will be used as a compass for current and future endeavors that help to protect and improve the health status of all Moore County citizens.

With deepest gratitude, we would like to thank the following organizations, in no particular order.

Moore County Cooperative Extension

Moore County GIS

Moore County Information Technology

Moore County Amateur Radio Society

Sandhills Community College

Partners for Children & Families of Moore County

Moore Free Care Clinic

FirstHealth of the Carolinas

Moore County Medical Reserve Corps

Moore County Chamber of Commerce

Moore County Parks and Recreation

Aberdeen Parks and Recreation

Southern Pines Parks and Recreation

Pinehurst Parks and Recreation

Moore County Public Safety

Moore County Sheriff's Department

Moore County Department of Social Services

Moore County Department of Aging

Moore County Veteran's Services

Drug Free Moore County

Moore County Schools

United Way of Moore County

On Target Preparedness

Moore County Government

Table of Contents

2017 CHA Executive Summary.....Pg.4

The Community Health Assessment Process.....Pg. 7

Community Profile of Moore County.....Pg. 10

Geography, Location, Municipalities
Demographics

Quality of Life Factors.....Pg. 17

Socioeconomic Factors
Education
Crime
Recreation & Fitness Opportunities
Transportation
Healthcare
Aging Resources
Environmental Factors

Secondary Health Data.....Pg. 39

Leading Causes of Death
Chronic Disease
Obesity
Maternal & Infant/Child Health
Communicable Disease
Injuries
Mental Health and Substance Abuse

Selected Health Priorities for 2017-2020.....Pg. 76

Appendix.....Pg. 77

A. 2016 Community Health Opinion Survey
B. 2016 Community Health Opinion Survey Results
C. MooreHealth, Inc.
D. Moore County Health Department

2017 Community Health Assessment Executive Summary

INTRODUCTION

Every three years the Moore County Health Department and MooreHealth, Inc. conduct a community health assessment (CHA) to identify factors that affect the health of the county and determine the availability of resources within the community to adequately address these factors. The assessment process involves reviewing health status indicators for the county, as well as additional factors that may affect the health of our citizens including education, socioeconomic issues, and the environment. This summary highlights findings from the 2017 CHA and the selected health priorities for 2017-2020. The full report can be found online at the Moore County Health Department website: moorecountync.gov/health.

REASONS TO CELEBRATE

A Comprehensive Health Care Network

The health care industry sector is the largest employer in Moore County. FirstHealth of the Carolinas, Inc. is a comprehensive health care system serving 15 counties in the Mid-Carolinas. Moore Regional Hospital, located in Pinehurst, serves as the flagship hospital for FirstHealth. Moore County is fortunate to have available health care services representing a wide range of specialties. The health care industry provides a boost to the local economy and contributes to the county's popularity among retirees. Moore County has 34.7 physicians and 11.1 primary care physicians per 10,000 population, both highs among peer counties and both higher than state averages.

Excellent Educational System

Moore County Schools offers a comprehensive curriculum K-12 that includes workforce development, programs for special needs and gifted students and arts education. All three high schools offer a variety of Advanced Placement courses, as well as other academically challenging opportunities for all students. Moore County's 3 high schools consistently met or exceeded the state and national averages for SAT scores for the past 3 years. Moore County's 2015-2016 dropout rate (1.91 per 1,000 students) was also lower than the state average (2.29 per 1,000 students).

Safe Communities

Moore County is a safe place to live and work. Data from 2012-2015 indicates that the Moore County index crime rate was 2,052.7, a low over the past 4 years. Compared to the state and peer counties, Moore County's index crime rate has remained substantially lower from 2012-2015. Similar patterns emerge when data is broken down into specific crimes, including violent, property, murder, rape and assault rates.

Increased Tobacco Free Policies

Over the last several years, Moore County has seen an increase in the number of schools, hospitals and clinics, restaurants, organizations and work-sites that have established tobacco free policies. As of December 5, 2016, the office of Housing and Urban Development (HUD) issued a final rule effective February 3, 2017 stating that each Public Housing Authority (PHA) must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in

public housing, and in PHA administrative office buildings. The smoke-free policy also extends to all outdoor areas up to 25 feet from the public housing and administrative office buildings. Additionally, in 2014, the Moore County Health Department also prohibited the use of e-cigarettes and "vaping" devices in their building and on their grounds. These local efforts help to protect citizens from second hand smoke which has been proven to cause cancer and heart disease in both smokers and nonsmokers.

Recreational Opportunities

Moore County offers a variety of recreational and cultural opportunities for residents of all ages. In addition to golf, for which the area is most well known. There are hiking, bicycling, canoeing, hunting and fishing activities for residents and visitors to enjoy. Equestrian enthusiasts can find an array of riding and equine resources and services. Moore County, Southern Pines, Aberdeen and Pinehurst have parks and recreation departments that provide programs and facilities for residents. Greenway trail systems have been developed in both the Town of Southern Pines and the Village of Pinehurst. All told, more than 15 miles of nature trails are available for hiking, biking, walking, running, and nature observation.

Low Diabetes Mortality Rates Despite Higher Prevalence

Diabetes is the 7th leading cause of death in North Carolina and the 7th leading cause of death in Moore County. According to prevalence data collected by the Professional Research Consultants (PRC) in 2015, 17.6% of adults in Moore County reported that they had been diagnosed with diabetes, a significantly higher number than the state's 9.8% average. For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. The diabetes death rate in Moore County is 13.1 compared to 22.8 at the state level. Moore County's death rate is also lower than all of its peer counties.

Declining Cardiovascular Disease Mortality Rates

Over the past 15 years, heart disease and stroke mortality rates have continued to fall in Moore County. The death rate for cardiovascular disease in 2011-2015 was 175.6 per 100,000 population, significantly lower than the state rate of 221.9 and the if the trend continues, Moore County stands to meet the NC 2020 Health Objective rate of 161.5 per 100,000 population in the coming years. Again, while this data is cause for celebration, heart disease and stroke are the 2nd and 4th leading causes of death in Moore County and are a major cause of premature death and years of potential life lost.

AREAS OF CONCERN

Substance Abuse

The North Carolina Department of Justice reports that since 2012, arrests for driving under the influence (DUI) in Moore County have risen steeply – with the most notable jump being from 192 in 2014 to 616 in 2015. From 2012-2015, Moore County averaged 432 drug related arrests per year, this was the highest average among peer counties. Unintentional deaths by medication and drug poisoning (overdoses) have increased in Moore County since 2013, reaching a high of 11 in 2015. The majority of drug overdose deaths in Moore County, as well as other peer counties, are attributed to prescription opioid medications. According to the 2016 Moore County Community Opinion Survey, 22.1% of respondents said they did not know who to contact if themselves or a friend or family member needed help with a drug/alcohol problem.

An Aging Community

In 2015, nearly a quarter of Moore County's population (24%) was age 65 or older, a number that was much higher than the state average of 15.1%. Population projections for 2015-2030 show the percentage of persons age 65 and older is expected to increase by 25.9%, the highest increase compared to any other age group in Moore County over the period. Chronic disease incidence also tends to increase as age increases, emphasizing the need for programs/initiatives geared toward older adults. Additionally, Alzheimer's is the 3rd leading cause of death in Moore County.

Overweight & Obesity Prevalence

Obesity is of great concern to Moore County because of its direct correlation to increased risk of chronic disease. According to the most recent Professional Research Consultants (PRC) survey, conducted in conjunction with FirstHealth of the Carolinas, Moore County has a higher prevalence of overweight and obese adults when compared to North Carolina's State average. 70.5% of Moore County adults are considered overweight (BMI 25+), higher than the state average of 66.1%. Further, 34.0% of Moore County adults are considered obese (BMI 30+), also higher than the state average of 29.4%.

Motor Vehicle Injury Deaths

Although Moore County's rate for unintentional motor vehicle injury deaths has decreased over the past 15 years, rates have still been consistently higher than the state. Additionally, Moore County (19.2 per 100,000) had the highest unintentional motor vehicle death rate for 2011-2015 among peer counties. Motor vehicle injuries accounted for 1 in every 5 deaths of those ages 20-39 in Moore County from 2011-2015.

Suicide

The suicide rate has increased in Moore County over the past 10 years, rising from 11.7 in 2005 to 15.6 in 2015. Moore County's suicide rate has also been consistently higher than the state over the past 10 years, and the 2015 rate of 15.6 per 100,000 is well below the Healthy NC 2020 target of 8.3 per 100,000. Additionally, according to the 2015 Professional Research Consultants survey only 22.3% of Moore County residents have sought professional help for a mental or emotional problem. Compared to Hoke, Richmond, and Montgomery Counties (the other counties participating in the PRC survey), Moore County's percentage of respondents who said they had sought professional help was statistically the lowest among the 4 counties.

2017-2020 HEALTH PRIORITIES

Obesity
Substance Abuse
Aging Issues

What is a Community Health Assessment?

A community health assessment (CHA) is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. A CHA usually culminates in a report or presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. A CHA can provide the basis for discussion and action.

Why do a Community Health Assessment?

As part of the consolidated agreement between NC health departments and the NC Division of Public Health, local health departments are required to complete a comprehensive community health assessment every four years. The CHA is also required for local health department accreditation through the North Carolina Local Health Department Accreditation Board.

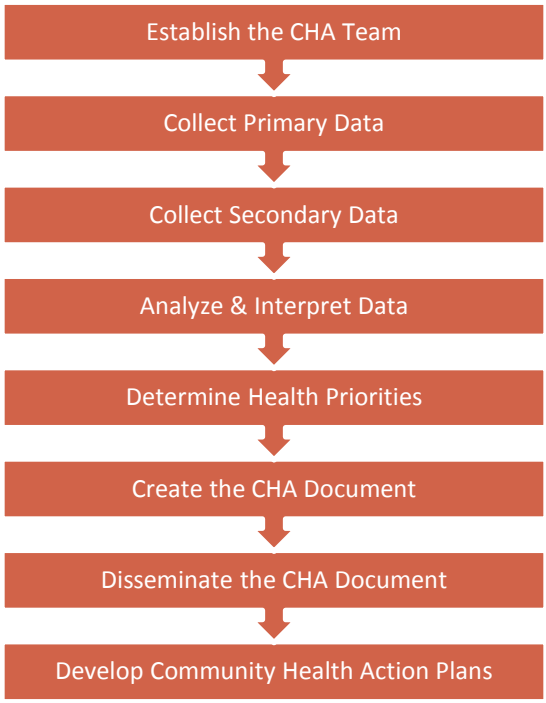
The CHA enables local public health officials and the community an opportunity to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts, public health agencies, community leaders, hospitals, private practitioners, businesses, local citizens and others can begin to answer key questions such as (a) "What are the strengths in our community?" (b)"What health concerns do community members have?", and (c) "What resources are available and what do we need in the community to address these concerns?"

Additionally, new Internal Revenue Service (IRS) mandates effective March, 2012 now require all not-for-profit hospitals to take part in a community health assessment process. With this in mind, the Moore County Health Department willingly changed its own assessment cycle from 4 to 3 years to further streamline collaborative efforts and data sharing between itself and Moore County's hospital system, FirstHealth of the Carolinas.

Overview of the Assessment Process

The Moore County Health Department and MooreHealth, Inc. (formerly Moore County's Healthy Carolinians Partnership) worked collaboratively to complete the Moore County CHA. MooreHealth is a volunteer community organization made up of nearly 20 member agencies that is committed to developing cooperative planning that promotes health and improves the quality-of-life for the residents of Moore County.

Within MooreHealth, Inc., A CHA Steering Committee/team was organized in February 2016. The team met to develop a work plan and timeline, and guided the process throughout the year.



Data Collection and Methodology

This report was generated by utilizing both primary and secondary data sources. Primary data is data that is collected firsthand. Most often, primary data is used to capture a community's voice in the form of opinion surveys, interviews, or with focus groups. Secondary data is data that was originally collected by someone else. Secondary data can be collected by local groups or agencies such as hospitals, schools, or law enforcement. It can also come from state agencies such as the State Center for Health Statistics (SCHS).

Primary Data

Community Health Opinion Survey

Input from the community was obtained through a 48 question community health survey. The survey itself was originally adapted from a sample assessment survey created by the NC Office of Healthy Carolinians. The survey was later refined by the South Central Partnership, a regional grouping of counties that are a part of the NC Public Health Incubator Collaborative. The South Central Partnership is comprised of Anson, Bladen, Cumberland, Harnett, Hoke, Lee, Moore, Montgomery, Randolph, Richmond, Robeson, Sampson and Scotland Counties. South Central Partnership Counties where FirstHealth of the Carolinas had a presence (Moore, Montgomery, Richmond and Hoke) were able to develop a common survey tool, with the general intent being to make county to county data comparisons easier and more relevant. A copy of the final survey tool (English and Spanish) can be found in Appendix A and B of this document.

The Moore County GIS (Geospatial Information System) Department was able to randomly select and map 210 Moore County households to participate in the survey. A sample size of 15-20 households was randomly selected within each zip code region of Moore County. Zip code regions were divided among a total of 15, 2 person survey teams comprised of health department staff, MooreHealth, Inc. Board members, and student volunteers from Sandhills Community College's Allied Health program. The teams administered the survey door-to-door on October 27-29, 2016. The opinion survey event was conducted as a structured exercise under the Incident Command System (ICS). Technical assistance was provided by On Target Preparedness. Completed surveys were input into the CDC's Epi-Info 7 software. Data was tabulated, refined, and analyzed by the CHA Steering Committee. Results of the survey are presented throughout the document and also detailed in Appendix B.

Secondary Data

Secondary data was gathered from a wide range of sources and extensive efforts have been made to cite data sources throughout this document. Major sources of data include the North Carolina State Center for Health Statistics as well as HealthStats for North Carolina. As applicable, Moore County statistics have been compared to state statistics and with peer county statistics.

Peer County Data

While State and national values for health indicators are valuable comparisons, they do not compare similar populations, and thus, much of the variance found in those comparisons could be easily explained by differences in age, race, and poverty level. With this in mind, the State Center for Health Statistics Data Dissemination Unit has developed a "peer" grouping system for each NC County.

HealthStats Peer Counties - Group F: Carteret, Chatham, Haywood, Moore, and Stanly

- Population size: 59,036-88,247
- Indiv. living below poverty: 14.1-16.6%
- Population under 18 years: 19-23%
- Population 65 years and over: 16-23%
- Population density (people/sq. mile): 93-153

Peer counties for Moore County were identified using the same county demographic variables used to create the peer county groups used in the Community Health Status Indicators (CHSI) Project. Data from the 2010 Census and poverty estimates for 2010 were used to determine the groups. Counties were first grouped by size, using the population groupings established by the National Association of County and City Health Officials (NACCHO) for its periodic survey of local health departments. These groups were then split by the percentage of individuals living below the poverty line. When necessary, those groups were further divided based on the age group distribution in the county (the percent of population less than 18 year and/or the percent of population 65 years or older). In some cases, all counties had similar age group distributions, so population density was used to determine the final division. Thusly, each peer group is composed of three or four counties whose demographics, socioeconomics, and total population most closely match the subject county's profile. By this methodology, Moore County is part of the "Group F" peer grouping which also includes Carteret, Chatham, Haywood, and Stanly Counties.

Additional Data

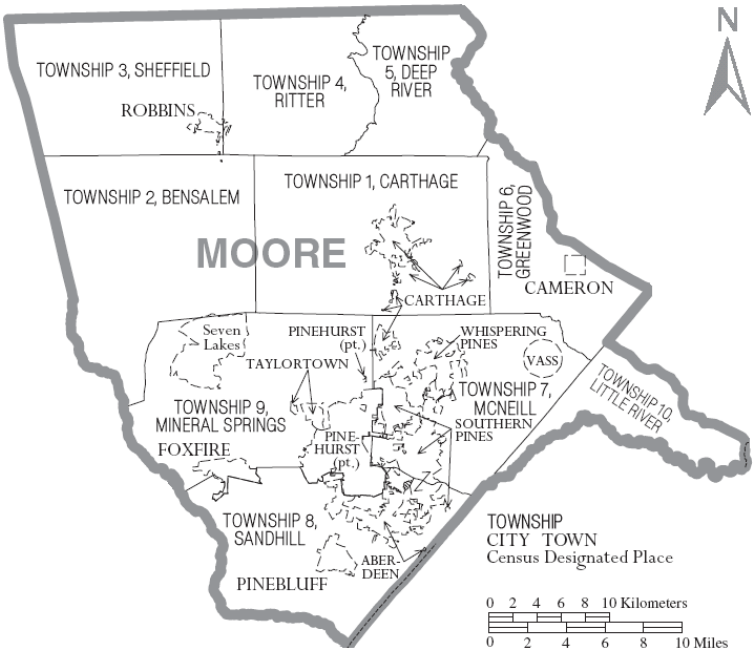
Additional data sources include The US Census Bureau, the Sheps Center for Health Services Research, the North Carolina Department of Health and Human Services, the North Carolina Department of Environmental Health and Natural Resources, and the North Carolina Child Advocacy Institute. Local and state publications and surveys were also used as appropriate. Contacts were made with local agencies and organizations to gather other information and data as needed regarding availability and utilization of services.

Moore County Community Profile

Geography, Location, and Municipalities

Moore County has a land area of 698 square miles and is situated on the border of North Carolina's piedmont and coastal plain regions. Moore County is in the south central region of the State and is bordered by Cumberland, Harnett, Hoke, Scotland, Richmond, Montgomery, Randolph, Chatham, and Lee counties. Commonly referred to as a segment of the Sandhills region, it is approximately a one-hour drive from Raleigh, the state capital.

There are eleven incorporated municipalities in Moore County. Carthage, the county seat, was incorporated in 1796. Other municipalities include Aberdeen, Cameron, Robbins, Taylortown, Vass, the Village of Pinehurst, Pinebluff, Southern Pines, Foxfire Village, and Whispering Pines. There are also ten unincorporated municipalities in Moore County: Eagle Springs, Eastwood, Glendon, High Falls, Jackson Springs, Jugtown, Lakeview, Seven Lakes, West End, and Woodlake.



County Demographics

Population

In 2015, Moore County had an estimated population of 94,352 with a population density of 126.5 persons per square mile. Moore County's population has increased by 6.9% from the time of the 2010 census to July 2015. Comparatively, over the same period (2010-2015), North Carolina's population has increased by 5.3%. By 2020, Moore County's population is projected to reach 100,788, a 12.4% increase since 2010.

Moore County Population by Decade 1990-2030				
1990	**2000**	**2010**	**2020 (Projected)**	**2030 (Projected)**
59,013	74,768	88,247	100,788	111,479

Source: US Census Bureau (1990, 2000, 2010), NC Office of State Budget & Management (Projections)

Gender

In Moore County, 47.8% of the population is male and 52.2% of the population is female. This closely mirrors the state percentages of 48.7% male and 51.3% female. According to the 2010 census, the median age for males in Moore County was 43.2 years while the median age for females was 46.5 years.

Diversity

As the graphic to the right shows, as Moore County's population figures grow, the diversity of its residents is also growing. Moore County's ethnic make-up is predominately white (82.8%) and this has remained consistent over the past 15 years. Moore County's African American population has decreased by 2.6% since 2000 while the Hispanic/Latino population has grown by 2.4% since that time.

Moore Co. Ethnicity	2000	2010	2015
White	80.2%	80.4%	82.7%
African American	15.5%	13.4%	12.9%
Native American	0.7%	0.8%	1.0%
Asian/Pacific Islander	0.5%	1.0%	1.3%
Two or More Races	0.9%	1.7%	2.0%
Hispanic/Latino	4.0%	6.0%	6.4%
Population	74,768	88,247	94,352

Age Distribution

While age distribution percentages for persons under age 5 years and 18 years are fairly consistent with the state, roughly 1/4th of Moore County is age 65 or older, a figure that is nearly 9% higher than that of the state average.

Age Distribution	Moore County	North Carolina
Persons Under 5 Years, percent 2015	5.4%	6.0%
Persons Under 18 Years, percent 2015	21.2%	23.9%
Persons 65 Years and Older, percent 2015	24.0%	15.1%

Source: US Census Bureau

As the graphic below demonstrates, Moore County is seeing a notable increase in the number of people aged 20 to 45 moving to the area. Our communities also continue to attract retirees as well. In 2010, the median age for a Moore County resident was 45. By 2020, that number is expected to increase by 1.6 years. Also of note, population projections for 2015-2030 show the percentage of persons age 65 and

older is expected to increase by 25.9%, the highest increase compared to any other age group in Moore County over the period.

Moore County Population Growth Projections by Age Group (2010-2030)									
Age	**0-9**	**10-19**	**20-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**	**Median Age**
2010 Census	**10,390**	**10,490**	**12,752**	**10,543**	**11,945**	**12,141**	**19,986**	**88,247**	**45.0**
2015 Est.	10,303	11,574	13,767	10,448	11,818	12,723	23,859	94,352	46.0
2020 Proj.	10,855	11,931	15,108	10,699	11,749	13,475	26,971	100,788	46.6
2025 Proj.	11,784	11,831	16,669	11,200	11,714	13,408	29,829	106,435	46.5
2030 Proj.	12,500	12,272	17,636	11,753	11,884	13,239	32,195	111,479	46.3

Source: Office of State Budget and Management, Population Projections and Estimates

Population Growth in Moore County Municipalities

For Moore County's municipalities, Foxfire Village has experienced the most population growth over the period of 2000-2010 (90.3%) followed closely by Cameron (88.7%) and Aberdeen (86.8%). Three municipalities experienced population declines from 2000-2010 – Taylortown, Robbins, and Vass. Overall, Moore County's growth of 18% essentially mirrored that of the state at 18.5%. According to 2015 estimates, Pinehurst is Moore County's most populous township at 16,123.

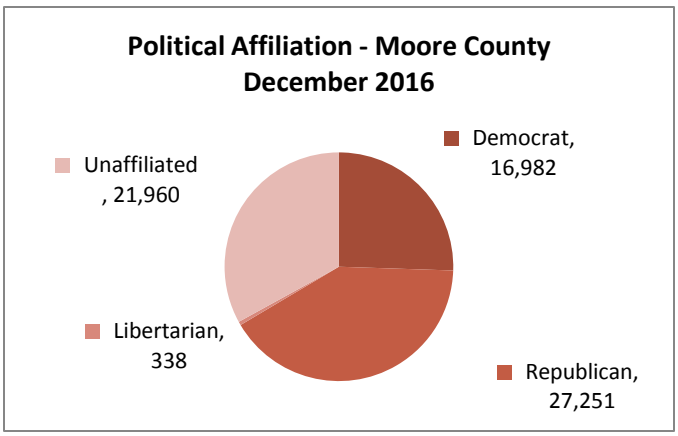
Moore Co. Municipalities – Population Growth 1990-2010 & 2015 Estimate						
Municipality	**1990 Census**	**2000 Census**	**% Change 1990-2000**	**2010 Census**	**% Change 2000-2010**	**July 2015 Estimate**
Aberdeen	2,700	3,400	25.9%	6,350	86.8%	7,360
Cameron	215	151	(-29.8%)	285	88.7%	314
Carthage	976	1,871	91.7%	2,205	17.9%	2,307
Foxfire Village	334	474	41.9%	902	90.3%	1,016
Pinebluff	876	1,109	26.6%	1,337	20.6%	1,421
Pinehurst	5,103	9,706	90.2%	13,124	35.2%	16,123
Robbins	970	1,195	23.2%	1,097	(-8.2%)	1,137
Southern Pines	9,129	10,918	19.6%	12,334	13.0%	13,461
Taylortown	543	845	55.6%	722	(-14.6%)	744
Vass	670	750	11.9%	720	(-4.0%)	755
Whispering Pines	1,243	2,090	68.1%	2,928	40.1%	3,262
Unincorporated Area	36,254	42,260	16.6%	46,243	9.4%	46,592
Total Moore County	**59,013**	**74,768**	**26.7%**	**88,247**	**18.0%**	**94,352**
North Carolina	**6,632,448**	**8,049,313**	**21.4%**	**9,535,483**	**18.5%**	**10,042,802**

Sources: US Census Bureau, Moore County Partners in Progress

Political Environment

As of December 2016, there were 66,531 registered voters in Moore County. 46% of Moore County's registered voters are male and 54% are female. 83% are white, 12.5% are African American, and 1% is Hispanic.

The figure on the right shows Moore County's political affiliation breakdown, of which the majority is Republican, followed by voters who are unaffiliated with any specific party.



Source: Moore County Board of Elections, 2016

Households and Families

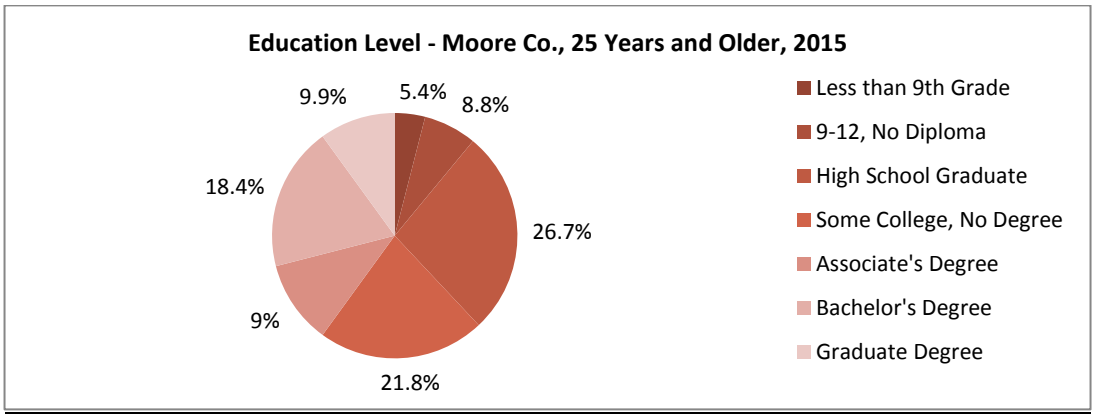
Based on the US Census Bureau's American Community Survey estimates for 2015, there are 37,143 households in Moore County. The average household size is 2.44 people. Of Moore County's households, 53.4% are married-couple families. 26% of households were made up of one or more people under the age of 18, somewhat less than the state average of 32%. 38.5% of households were made up of one or more people 65 years or older, which is 12.4% higher than the state average.

Educational Attainment

According to the US Census Bureau's American Community Survey estimates for 2015, of the Moore County population 25 years and older, roughly 11% do not have a high school diploma or GED equivalent, 89.2% are high school graduates (or equiv.), and 32.6% have earned an bachelor's degree or higher with both figures being higher than those of the state.

Education Level – Residents ≥ 25 Years	Moore County	North Carolina
Percent high school graduate or higher	89.2%	85.8%
Percent bachelor's degree or higher	32.6%	28.4%

Source: American Community Survey, 2015



Source: American Community Survey, 2015

Commerce/Economy

The top three private industry sectors for Moore County were healthcare & social assistance, hospitality, and retail trade. FirstHealth of the Carolinas is Moore County's largest employer with well over 3,000 employees. FirstHealth of the Carolinas is a regional healthcare system that is based in Moore County. FirstHealth's Moore Regional Hospital in Pinehurst is the flagship hospital and is a private, non-profit acute-care facility with 395 licensed beds. It offers a full range of advanced healthcare services and over 90% of the medical staff is board certified.

Tourism/hospitality is the county's 2nd largest private industry sector and is a major contributor to the county economy. Education, manufacturing, and construction are also strong industries in Moore County.

2015 Industry Sectors	Number of Establishments	Avg Empl	% to Total Empl.
Total All Industries	**2,537**	**33,120**	**100%**
Agriculture, Forestry & Fishing	43	215	0.65%
Utilities	4	81	0.24%
Construction	237	1,422	4.29%
Manufacturing	92	1,817	5.49%
Wholesale Trade	110	481	1.45%
Retail Trade	342	4,437	13.0%
Transportation & Warehousing	49	584	1.76%
Information	39	280	0.85%
Finance & Insurance	131	716	2.16%
Real Estate	111	392	1.18%
Professional & Technical Services	288	1,055	3.19%
Management, Admin & Waste Svcs	184	1,702	5.14%
Educational Services	61	2,782	8.40%
Healthcare & Social Assistance	295	8,405	25.38%
Hospitality	253	6,022	18.18%
Other Services & Public Admin.	296	2,691	8.13%

Source: Moore County Partners in Progress

Disability Status

Indicated in the table below, as of 2015, nearly 13,000 Moore County residents are considered disabled (having a physical or mental handicap). When compared to the state, percentages of disabled population are lower in Moore County for individuals over 18 years of age but higher than the state average for those under 18.

Moore County & NC Disability Status of Noninstitutionalized Civilian Population, 2015				
	Moore Est.	**Moore %**	**NC Est.**	**NC %**
Under 18 Years Old	1,093	5.6%	101,170	4.4%
18-64 Years Old	5,022	10.6%	697,807	11.6%
65 Years & Older	6,596	31.6%	508,329	37.4%
Total Disabled Population	12,911	14.4%	1,307,306	13.5%

Source: American Community Survey, 2015

Life Expectancy

Life Expectancy is the average number of additional years that someone at a given age would be expected to live if he/she were to experience throughout life the age-specific death rates observed in a specified reference period. According to the 2013-2015 Life Expectancies Report issued by the NC State Center for Health Statistics, babies born in Moore County are expected to live an average of 79.8 years; an improvement of 3.3 years since 1990. Moore County females have a higher life expectancy (82.9 years) than their male counterparts (76.7 years). Additionally, whites living in Moore County (80.8 years) have a higher life expectancy than African Americans (74.4 years). Compared to the state and peer county averages (Carteret, Chatham, Haywood, Stanly) Moore County has higher life expectancies in all but one category, African American life expectancy.

Moore County, Peer Counties, and North Carolina Life Expectancy (LE) for Babies < 1, 2013-2015					
	Total LE	**Male LE**	**Female LE**	**White LE**	**Afr. Amer. LE**
Moore County	79.8	76.7	82.9	80.8	74.4
Peer County Avg.	78.9	76.4	81.4	79.3	77.1
North Carolina	78.2	75.7	80.6	78.9	75.9

Source: NC State Center for Health Statistics, 2013-2015

2016 Moore County Community Health Opinion Survey – Key Findings

Community

84.96% of respondents rated Moore County as a "good" or "excellent" place to live.

Demographics

Moore County residents who participated in the survey...

- **68.9% lived in Moore County either 10+ years or their whole life**
- **56.7% were female, 43.3% were male**
- **5.3% were Hispanic, 11.5% were African American, 1.4% were Native American, and 4.8% were Other**
- **29.19% were high school graduates/GED Equiv. and 30.14% held at least a bachelor's degree or higher**
- **37.3% were below the 200% poverty threshold**
- **39.8% were either employed part/full time, 35.4% were retired, and 5.8% were unemployed**
- **86% had internet access or owned a smartphone**
- **57.6% were members of a faith organization**

Age Distribution

Age distribution of Moore County residents who participated in the survey…

Age Range	Percent
18 - 24	5.24%
25 – 34	11.90%
35 – 44	17.14%
45 – 54	11.43%
55 – 64	17.14%
64 – 74	23.81%
75 or older	13.33%

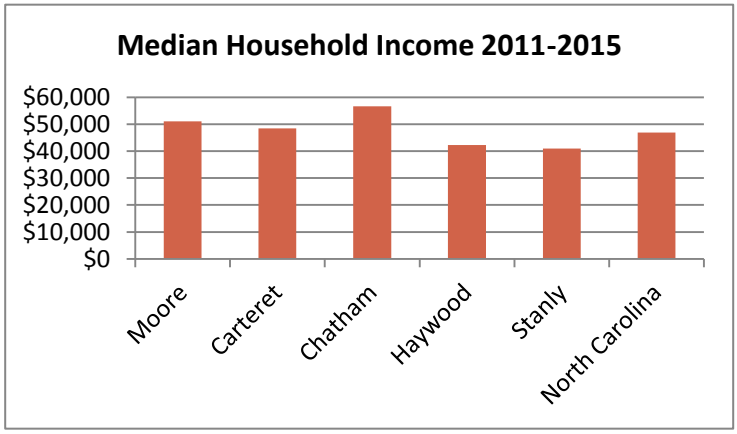
Quality of Life Factors

Socioeconomic Factors
Education
Crime
Recreation and Fitness Opportunities
Transportation
Healthcare
Aging Resources
Environmental Factors

Socioeconomic Factors

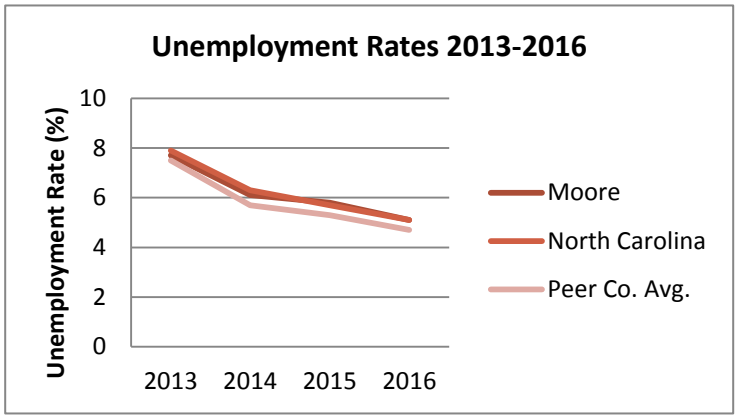
Median Household Income

The US Census Bureau (2011-2015) reports that the median household income for Moore County was $50,998. This is slightly higher than that of the state which averaged $46,868. Haywood and Stanly had median household incomes lower than the state. Chatham County had the highest median household income at $56,642, followed by Moore.



Unemployment

The Bureau of Labor Statistics reports that over the 4 year period from 2013-2016, Moore County's unemployment rate has been fairly consistent with the state rate. Since 2013, Moore County's unemployment rate has been on a decline, dropping from 7.7% in 2013 to 5.1% in 2016. Conversely, the cumulative averages for the 4 peer counties were lower than Moore County for the entire period.



Poverty

The US Census Bureau reports that 13.2% of Moore County's population (2011-2015) is below the poverty level. Comparatively, this is less than the state percentage of 16.4% and among peer counties, only Chatham County has a lower percentage at 11.6%.

Persons (%) Below Poverty Level 2011-2015	
Moore	13.2%
Carteret	13.8%
Chatham	11.6%
Haywood	17.6%
Stanly	17.1%
North Carolina	16.4%

Public Assistance

The US Census Bureau's American Community Survey 2011-2015 indicates that of Moore County's total population; 3.5% receive Supplemental Security income, 0.9% receives some form of public cash income, and 9.2% receive food stamp/Supplemental Nutrition Assistance Program (SNAP) benefits. Compared to the state, Moore County's percentages are lower in all three categories. Of Moore County peers,

Haywood County residents receive the most Supplemental Security income (5.6%), Chatham receives the most public cash assistance (3.0%), and Stanly receives the most food stamp/SNAP benefits (16%).

Percent Population Receiving Public Assistance 2011-2015			
	Supp. Security Income	**Public Cash Income**	**Food Stamps/SNAP**
Moore	3.5%	0.9%	9.2%
Carteret	4.7%	2.4%	13.7%
Chatham	3.1%	3.0%	10.0%
Haywood	5.6%	1.6%	13.7%
Stanly	4.0%	1.9%	16.0%
North Carolina	5.0%	1.9%	14.6%

Source: US Census Bureau, American Community Survey 2011-2015

Free and Reduced Lunch

In the 2015-2016 school year, 44.7% of Moore County school children were enrolled in the Free and Reduced Lunch program. In the figure to the right, according to the NC Department of Public Instruction, Moore County's rate was the lowest among peer counties and also lower than the state rate. To be eligible for free lunch under the National School Lunch Act students must live in households earning at or below 130 percent of the Federal poverty guidelines. To be eligible for reduced price lunch, students must live in households earning at or below 185 percent of the Federal poverty guidelines.

Percent of Children Enrolled in Free or Reduced Lunch, 2015-2016	
Moore	44.7%
Carteret	47.3%
Chatham	53.1%
Haywood	56.3%
Stanly	53.3%
North Carolina	52.5%

Health Insurance Coverage

As demonstrated in the table below, for 2015, Moore County had a higher percentage of residents covered by health insurance (87.8%), and conversely, a lower percentage of residents with no health insurance coverage (12.2%) than any other peer county or when compared to the state average. Moore County (66.3%) was second only to Chatham County (66.5%) for individuals covered by private insurance. Additionally, Moore County (39.1%) was second only to Haywood County (41.9%) for individuals covered by some form of public insurance such as Medicaid or Medicare.

Percent Population W/Insurance Coverage, 2015				
	Covered	**Private Ins.**	**Public Ins.**	**No Coverage**
Moore	87.8%	66.3%	39.1%	12.2%
Carteret	84.8%	65.2%	38.7%	15.2%
Chatham	85.9%	66.5%	36.4%	14.1%
Haywood	85.1%	61.6%	41.9%	14.9%
Stanly	86.5%	64.3%	36.2%	13.5%
North Carolina	85.6%	64.7%	32.6%	14.4%

Source: US Census Bureau, American Community Survey 2015

Education

Moore County currently has 23 public education schools; consisting of 14 elementary, 5 middle, 3 high schools and 1 technical/alternative school. In addition, there are 2 charter schools, 6 private schools, and one community college.

Moore Co. Schools Enrollment, 2016-2017	
Elementary	5,776
Middle	2,866
High	4,150
Total	**12,792**

The Moore County Public School system offers a comprehensive K-12 curriculum that includes workforce development, and programs for special needs, gifted students, and arts education. All three high schools offer Advanced Placement courses, and Pinecrest High School also offers the International Baccalaureate Program.

Moore Co. Schools Ethnicity, 2016-2017	
African American	17%
Hispanic	12%
White	65%
Other	6%

Source: NC Department of Public Instruction

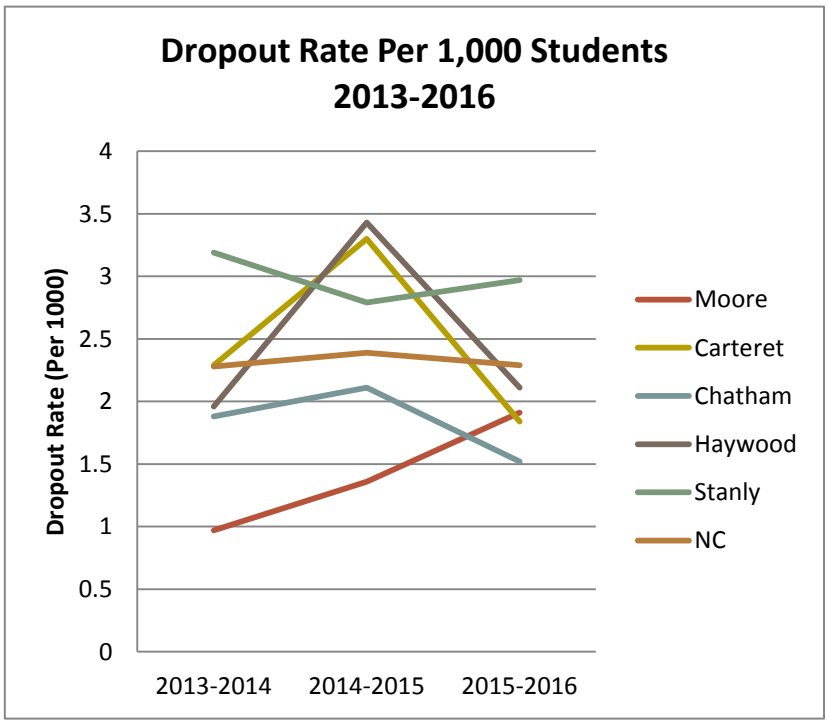
Sandhills Community College (SCC), is a two-year institution of higher education that provides three college transfer degrees including an Associate in Arts, Associate in Science and Associate in Fine Arts. SCC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, and is a member of the North Carolina Community College System. The main campus of SCC is located in Pinehurst. Two satellite campuses are located in Raeford (Hoke Center) and Robbins (Westmoore Center). In addition, St. Andrews College in Laurinburg and the University of North Carolina at Pembroke each have a satellite campus at Sandhills.

Dropout Rate

In 2015-2016, Moore County's dropout rate per 1,000 students was 1.91.

As shown in the chart to the right, although Moore County's dropout rate has risen since 2013, its rate has remained lower than the state average and lower than other peer counties, with the exception of Chatham and Carteret for the 2015-2016 school year.

Haywood County charted the highest dropout rate for all counties of the period at 3.43 during the 2014-2015 school year. Conversely, Moore County charted the lowest rate of the period at .97 for 2013-2014.



Source: NC Department of Public Instruction

SAT Scores

The scholastic aptitude test (SAT) is one of two standardized college admissions tests in the US (the other being the ACT). Widely considered an effective measurement of intellectual potential and college readiness, most colleges and universities use SAT scoring as part of their admission criteria.

SAT Scores 2014-2016			
	2014	2015	2016
Moore	1484	1504	1498
Carteret	1579	1541	1588
Chatham	1448	1412	1476
Haywood	1487	1506	1469
Stanly	1376	1383	1391
North Carolina	1497	1490	1485
United States	1483	1478	1453

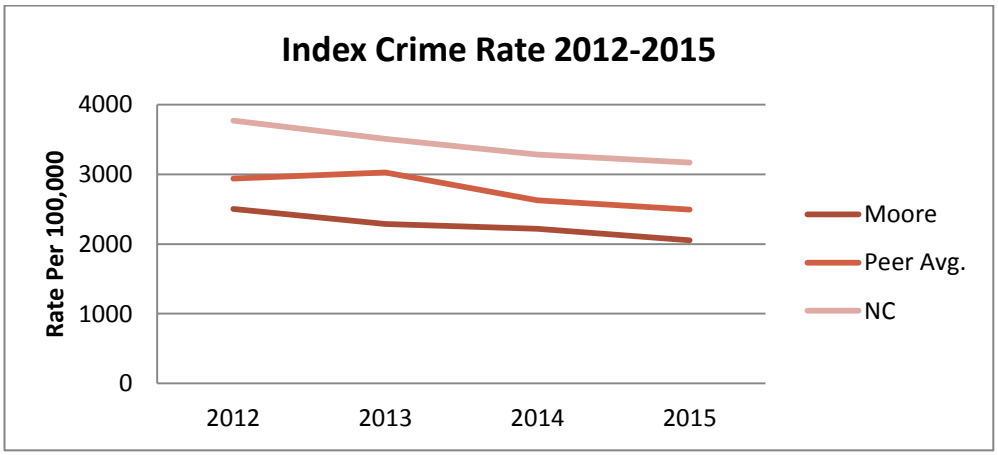
Source: NC Department of Public Instruction

Moore County's 3 high schools consistently met or exceeded the state and national averages (out of maximum score of 2400) for the past 3 years. Additionally, Moore County students scored consistently above Peer County averages, with the exception of Carteret County, which topped all peer counties from 2014-2016.

Crime

Index Crime Rate

Index crime includes the total number of violent crimes and property crimes. In 2015, Moore County's index crime rate was 2,052.7, a low over the past 4 years. Compared to the state and peer counties, Moore County's index crime rate has remained substantially lower from 2012-2015.

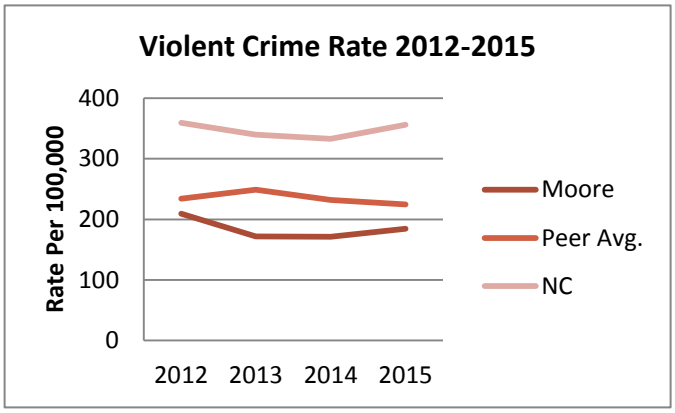


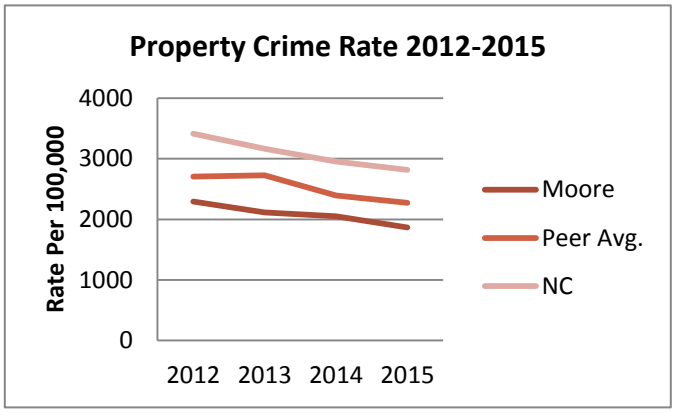
Source: North Carolina State Bureau of Investigation

Violent Crime and Property Crime Rates

Violent Crime includes the offenses of murder, rape, robbery, and aggravated assault. Property Crime includes the offenses of burglary, larceny, and motor vehicle theft.

When broken down individually, Moore County's violent and property crime rates were also consistently lower over the period. In 2015, Moore County's violent crime rate and property crime rates were 184.5 and 1,868.2 (per 100,000), respectively. Moore County rates have remained lower than state and peer counties over the period of 2012-2015.





Source: NC State Bureau of Investigation

Juvenile Crime

Juvenile crime rates are comprised of delinquent offenses committed by children age 6 to 15. Moore County's juvenile crime rate in 2015 was 20.52 per 1,000, a number that was consistent with the state rate, but substantially higher when compared to peer counties.

Moore County's juvenile crime rate was 46% higher than the lowest charting peer county, Carteret at 11.05 per 1000.

Juvenile Crime Rate, Age 6-15, 2015 (Per 1,000)	
Moore	20.52
Carteret	11.05
Chatham	17.46
Haywood	15.78
Stanly	12.55
North Carolina	20.78

Source: NC Department of Juvenile Justice

Driving Under the Influence (DUI)

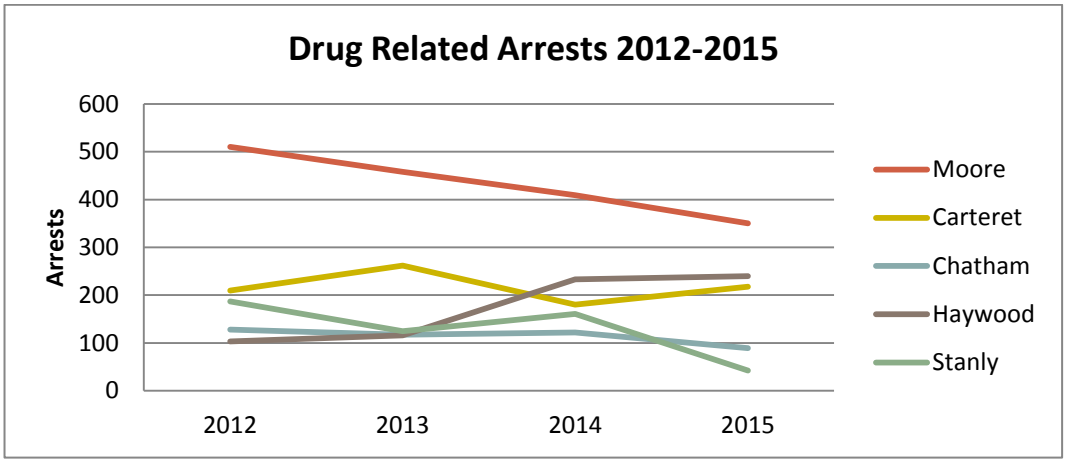
The North Carolina Department of Justice reports that since 2012, arrests for driving under the influence (DUI) in Moore County have risen steeply – with the most notable jump being from 192 in 2014 to 616 in 2015. As shown in the graphic to the right, when compared to peer counties, Moore County's DUI arrests have been consistently higher over the period, with the exception of Carteret County which averaged 446 DUI arrests from 2012-2015. Moore County has averaged 319 DUI arrests from 2012-2015. In 2015, Moore County had more DUI arrests than all 4 peer counties combined (616 vs. 600)

DUI Arrests, 2012-2015				
	2012	**2013**	**2014**	**2015**
Moore	220	249	192	616
Carteret	557	487	426	313
Chatham	143	98	93	59
Haywood	158	115	145	138
Stanly	95	76	69	90

Source: North Carolina Department of Justice

Drugs Related Arrests

The Moore County Sheriff's Department reports that drug related arrests were on a decline from 2012-2015 (reaching a 4 year low of 350 in 2015), however, Moore County drug arrest numbers have been much higher than those of peer counties. Moore County Sheriff's Office data indicates that the most commonly abused drugs are marijuana, cocaine (mostly crack cocaine), and opiate-based pain medication. Heroin use has been resurgent in Moore County in recent years.



Source: NC Department of Justice

As indicated in the above graph, Moore County paced all peer counties in drug arrests from 2012-2015. From 2012-2015, Moore County averaged 432 drug related arrests per year, this was the highest average among peer counties. Chatham County had the lowest average at 114 per year from 2012-2015.

Recreation and Fitness Opportunities

Organized Sports and Recreation

Moore County residents of all ages have several opportunities to take part in organized athletics. Many recreational and athletic services, special events and programs are available for toddlers, youth, adults and senior citizens. The Town of Southern Pines, the Village of Pinehurst, and the Town of Aberdeen all boast their own parks and recreation departments. Sandhills Community College also has a thriving athletic program, offering its student body the chance to participate in several major sports.

Moore County Parks and Recreation

The Moore County Parks and Recreation Department provides leisure services to its residents with a focus on youth, individuals with disabilities and senior citizens. The department offers a variety of athletic programs and special events for youth and adults, including baseball, basketball, cheerleading, dance, flag football, golf lessons, softball, soccer, t-ball and tennis.

Baseball & Softball at Hillcrest Park

Southern Pines Parks and Recreation

Southern Pines has a large Parks and Recreation Department. For children, there are numerous camps (summer, mini, year-round student intersession, spring and winter break, pottery, swim and cheerleading); after school programs; fall cheerleading; and babysitting training. Athletic programs include baseball, dodge ball, softball, t-ball, tennis leagues and lessons, golf lessons, basketball and open gym time for youth and adults.

Aberdeen Parks and Recreation

Throughout the year, the Aberdeen Parks & Recreation Department offers a wide array of youth programs including dance, basketball, baseball, t-ball, kickball, Kindermusik, after school programs and summer camps. The department also hosts adult and senior programs including flag football, chair exercise, art classes, bingo and the Senior Games

Pinehurst Parks and Recreation

The Pinehurst Parks and Recreation Department offers a variety of programs for all ages, from organized athletic leagues to craft/art classes, exercise classes, special events and festivals. Youth athletic programs include swimming lessons, tennis lessons and leagues, baseball camps and leagues, soccer camp and leagues, inline hockey leagues and swim teams. Pinehurst also hosts full- and half-day summer camps.

Sandhills Community College

The Sandhills Community College Flyers are governed by the National Junior College Athletic Association (NJCAA) and compete in Region 10, which includes schools from West Virginia, Virginia, North Carolina, and South Carolina. Sports teams from Sandhills Community College include women's volleyball, men's and women's golf and men's basketball. Student athletes at SCC are held to the highest standard in academics, ethics, and character in order to be a positive reflection of the college and community.

Parks and Playgrounds

The Parks and Recreation Departments of Moore County, Southern Pines, Aberdeen and the Village of Pinehurst manage their own parks.

Moore County Parks and Recreation

Moore County Parks and Recreation has three main parks. Hillcrest Park, the largest, is a great place for sporting events and is widely considered to be the county's recreation hub. Centrally located within the county at the intersection of US 15-501 and Hwy 22 in Carthage, the park is easily accessible for most residents. The park offers a large picnic shelter, playground area, 1.5-mile walking trail, Frisbee golf course, volleyball courts, and four baseball/soccer/softball fields.

Lake Luke Marion Park, also in Carthage, offers fishing. The 3-acre lake features a 50-foot pier and is encircled by an exercise trail. The lake is stocked annually with channel catfish and fish are fed daily from April through September. In the northern end of the county, near Robbins, Davis Park and Community Center hosts regular social activities and has a picnic shelter, walking trail, baseball/softball field, and playground.

Martin Park is a 50 acre dog park in Southern Pines

Southern Pines Parks and Recreation

Southern Pines manages the most park facilities within the county, totaling 8 in all. The largest is Reservoir Park, a 165-acre site, is home to a 95-acre lake. The park has nature trails, hiking trails, fishing, and boating. Downtown Park is located in the heart of downtown Southern Pines, the park boasts 2

playground areas, 4 lighted tennis courts, 2 lighted basketball courts, an open field, and a large covered picnic shelter. Memorial Park, adjacent to US Hwy. 1 in Southern Pines, has 16 competition style horseshoe courts, 4 lighted tennis courts, a lighted basketball court, 2 lighted outdoor racquetball courts, 2 shuffleboard courts, sand volleyball court, playground, picnic areas, and softball/football fields. For area sporting events, the Morganton Road Sports Complex is a favorite spot for locals. The facility has multiple soccer, baseball, and softball fields with plenty of spectator seating and parking. The Southern Pines Pool Park has a public swimming pool (open seasonally), basketball court, and playground.

Aberdeen Parks and Recreation

Aberdeen has one main park and three smaller ones. The main park, Aberdeen Lake Park, is home to the the Recreation Station. The building houses the Aberdeen Parks and Recreation Department and also offers several large rooms that can be used for classes or special events. In addition to the Recreation Station, the park also offers fishing, a 2-mile lake trail, picnic shelter, and a train themed playground. Colonial Heights Park, just off US Hwy 1 in Aberdeen, features a tree house themed playground. The park also has two baseball fields with electronic scoreboards, a sand volleyball court, concession stands, bleachers, and 5 acres of parking; making it a great place for sporting events.

Pinehurst Parks and Recreation

Pinehurst has two main park complexes: Cannon Park and Rassie Wicker Park. Cannon Park is a 15-acre facility with two baseball/softball fields, and a small practice soccer field. The park also has a ¼ mile walking trail and is home to Camelot Playground. Designed for kids of all ages, the playground is modeled after a medieval castle.

Rassie Wicker Park is a state of the art municipal and recreation complex. The Village Hall, the police station and fire station are all located within its perimeter. Park amenities include an inline hockey rink, soccer field, playground and 2.3 miles of paved walking trails. The complex also encompasses the privately funded Village Arboretum, which sits on 35 acres with 2,800 trees and seedlings and walking trails.

Weymouth Woods Sandhills Nature Preserve

Early in the 20th century, the grandfather of James Boyd, a well-known North Carolina author, purchased a large tract of land east of Southern Pines in an effort to save the longleaf pines from logging. He named the estate Weymouth because the pines reminded him of trees in Weymouth, England. In April 1963, Boyd's widow, Katharine, donated 403 acres of land to the state, establishing the first natural area in the North Carolina state parks system. Since then, additional land has been acquired, including a satellite area of 153 acres known as the Boyd Round Timber Tract, which was added in 1977. Located about one mile southeast of Southern Pines, the preserve now covers nearly 900 acres in all.

Weymouth Woods

Today, Weymouth Woods has a visitor center that houses a natural history museum. Although there are no overnight accommodations, camping, or picnicking, the park does offer environmental education and nature programs to the public.

Visitors can also get an up-close look at the 250 to 400 year old longleaf pines while utilizing the park's numerous hiking trails.

Fitness Centers/Health Clubs/Gyms

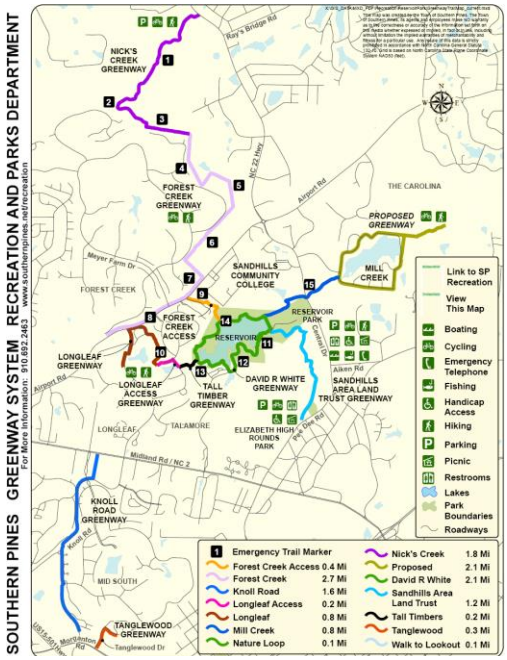
According to the Moore County Chamber of Commerce, as of 2016, there were 10 fitness centers, health clubs, or gyms in Moore County. Services included personal training, Pilates, yoga, strength training, cardiovascular training, children's fitness programs, and Crossfit.

FirstHealth of the Carolinas has two Centers for Health & Fitness located in Moore County – one in Southern Pines and the other in Pinehurst. Both center's programs are medically based and under the supervision of a medical doctor. In addition, the center's personal trainers and fitness coaches have college degrees in the fitness field as well as national certifications. Southern Pines is an adult facility offering innovative group exercise, an aquatic center, swimming lessons, educational lectures on a variety of health and wellness topics plus on-site massage and acupuncture services.

With more than 63,000 square feet, the FirstHealth Center for Health & Fitness in Pinehurst serves as its flagship facility. It offers the region's largest free-weight area, innovative group exercise, an aquatic center, swimming lessons, children's programs, nutrition services and on-site spa services at Firstspa.

Greenway Trails

A greenway is a linear corridor, on land or water, with protected status and public access that can be used to preserve open space, provide a natural respite in urban areas, and offer opportunities for recreation. In Moore County, both the Town of Southern Pines and the Village of Pinehurst have developed greenway trail systems. Today in Moore County, more than 15 miles of nature trails are available for hiking, biking, walking, running, and nature observation.



A map of the Southern Pines Greenway System. To download, visit www.southernpines.net/recreation

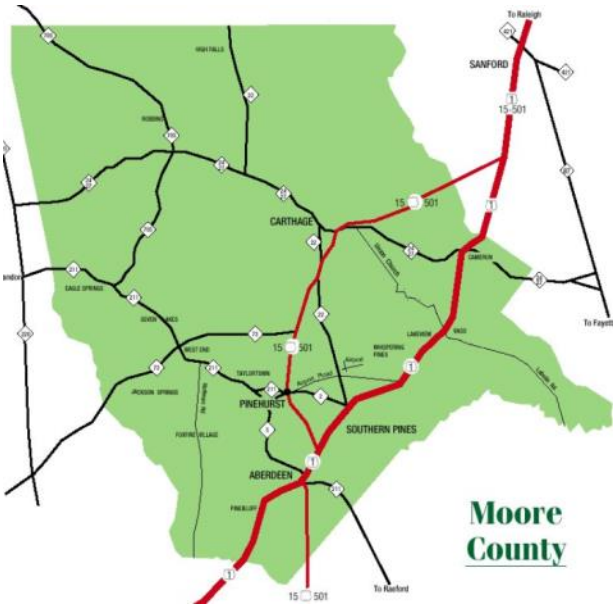
At 2.1 miles, the Reservoir Park Trail is one of the longest completed segments of the greenway. It meanders around the park and lake and even features exercise "stations" located periodically along the trail where residents can work on strength, balance, and flexibility.

As part of the its 2003 Comprehensive Long Range Plan, the Village of Pinehurst aimed to develop a greenway trail system to help maintain open spaces in the community, to connect those communities to the historic downtown village area and to promote healthy living for its residents. Today, Pinehurst's greenway system now spans over 5.8 miles. The greenway's focal point is the historic village, with trails radiating outward in nearly all directions.

Transportation

Highways

Moore County can be reached directly by U.S. Highways 1 and 15-501 and NC Highways 24/27, 211, and 73. Smaller Moore County highways include 705, 22, 2, and 5. Interstates 95, 85, and 40 are all readily accessible in less than one hour.



According to the US Census Bureau's American Community Survey for 2015, the average travel time to work for Moore County residents is 23.9 minutes. This is consistent with North Carolina's statewide average of 24.1 minutes.

Air Travel

The Moore County Airport is located just outside of Carthage, near the Whispering Pines community. The facility itself covers 500 acres and has one runway which stretches to approximately 5,503 feet. Although the airport no longer offers commercial flights, it is still used for general aviation and offers a full range of services for private aircraft, as well as for passengers and pilots. Other airports outside of Moore County that are accessible within one to two hours are the Piedmont Triad International Airport, Raleigh-Durham International, Fayetteville Regional Airport and Charlotte-Douglas International Airport.

Rail

Passenger rail transport in Moore County is provided by Amtrak. The Southern Pines Amtrak Station is located in the heart of downtown Southern Pines and offers daily service on the Silver Star rail line which runs from New York, NY to Miami, FL. The closest connecting rail stations are located in Cary, NC (to the north) and Hamlet, NC (to the south). Ridership figures at the Southern Pines station reached 7,567 passengers in 2015.

Moore County Transportation Services

Moore County Transportation Services (MCTS) provides county-wide transportation services on an advanced reservation basis to older adults, persons with disabilities, limited general public individuals, and human service agencies. Limited out-of-county transport services are also available. Some MCTS vehicles are equipped with special accessibility features. MCTS drivers are trained in first aid, CPR, defensive driving and in other safety-related areas.

Moore County Transportation Services (MCTS) vehicle.

Healthcare

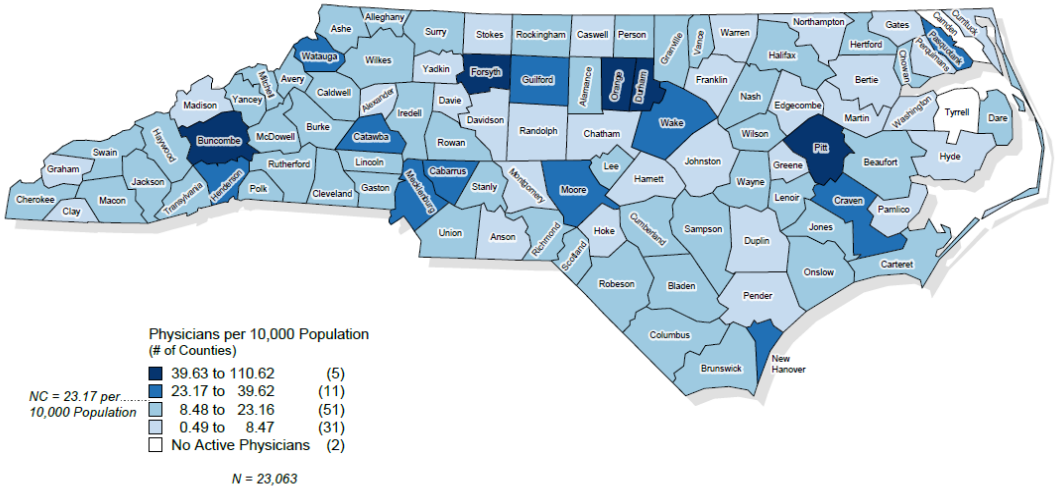
Healthcare Providers

Moore County is very fortunate to have excellent medical resources available to serve the citizens of Moore County and surrounding counties. The Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions 2014 Data Book reports the following information for the number of health professionals in Moore County.

Health Care Professionals	Number in Moore County, 2014
Physicians	
Total Physicians (Non Federal)	323
Primary Care Physicians	103
Family Practice	10
General Practice	3
Internal Medicine	34
OB/GYN	12
Pediatrics	17
Other Specialties	220
Federal Physicians	5
Dentists and Dental Hygienists	
Dentists	65
Dental Hygienists	67
Nurses	
Registered Nurses	1,437
Nurse Practitioners	51
Certified Nurse Midwives	0
Licensed Practical Nurses	319
Other Health Professionals	
Chiropractors	14
Occupational Therapists	36
Occupational Therapy Assistants	18
Optometrists	14
Pharmacists	98
Physical Therapists	89
Physical Therapist Assistants	38
Physician Assistants	83
Podiatrists	5
Practicing Psychologists	16
Psychological Associates	7
Respiratory Therapists	73

Source: Cecil G. Sheps Center for Health Services Research

Physicians per 10,000 Population
North Carolina, 2014



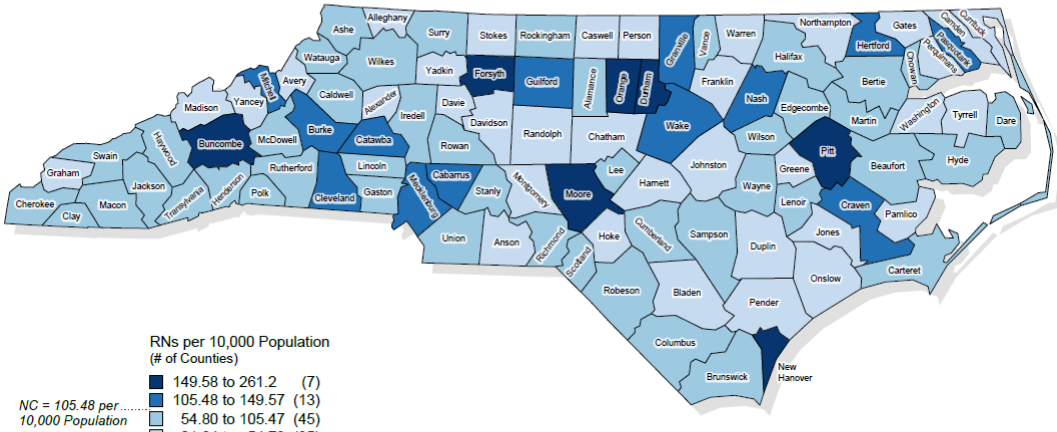
Physicians per 10,000 Population
(# of Counties)

	39.63 to 110.62	(5)
NC = 23.17 per 10,000 Population	23.17 to 39.62	(11)
	8.48 to 23.16	(51)
	0.49 to 8.47	(31)
	No Active Physicians	(2)

N = 23,063

Note: Data include active, instate, nonfederal, non-resident-in-training MDs and DOs licensed in North Carolina as of October 31, 2014.
Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2014.
Produced by: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Registered Nurses per 10,000 Population
North Carolina, 2014



RNs per 10,000 Population
(# of Counties)

	149.58 to 261.2	(7)
NC = 105.48 per 10,000 Population	105.48 to 149.57	(13)
	54.80 to 105.47	(45)
	21.94 to 54.79	(35)
	No Active RNs	(0)

N = 104,996

Note: Data include active, instate RNs licensed in North Carolina as of October 31, 2014.
Source: North Carolina Health Professions Data System, with data derived from the North Carolina Board of Nursing, 2014.
Produced by: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

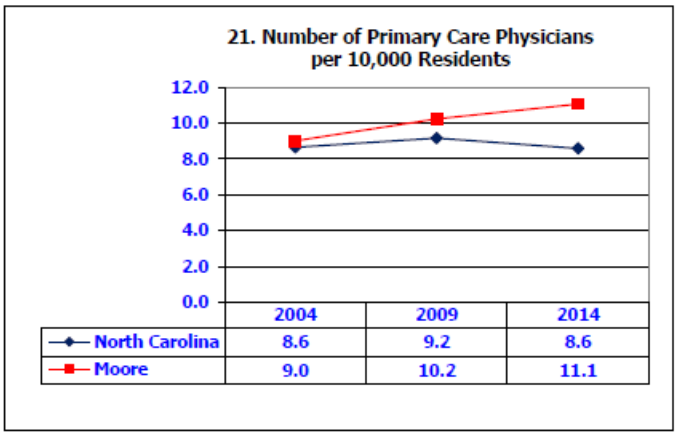
Source: Cecil G. Sheps Center for Health Services Research

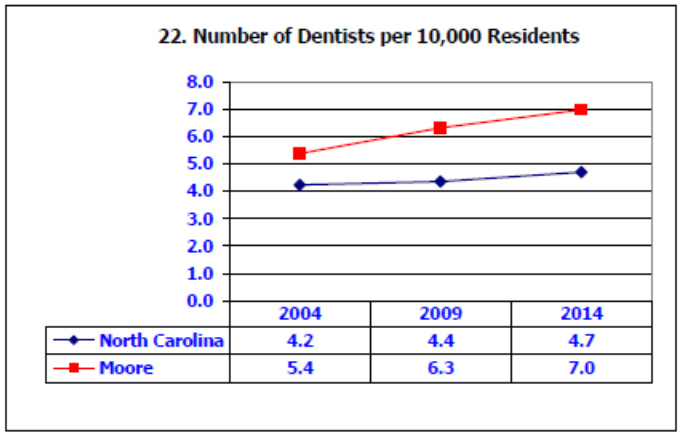
As demonstrated in the maps above, ratios (per 10,000) for Moore County physicians and registered nurses are considered high in relation to the state and other counties. The table below shows that as of 2014, the ratio of physicians and primary care physicians per 10,000 population for Moore County was 34.7 and 11.1, respectively, and well above state and peer county ratios.

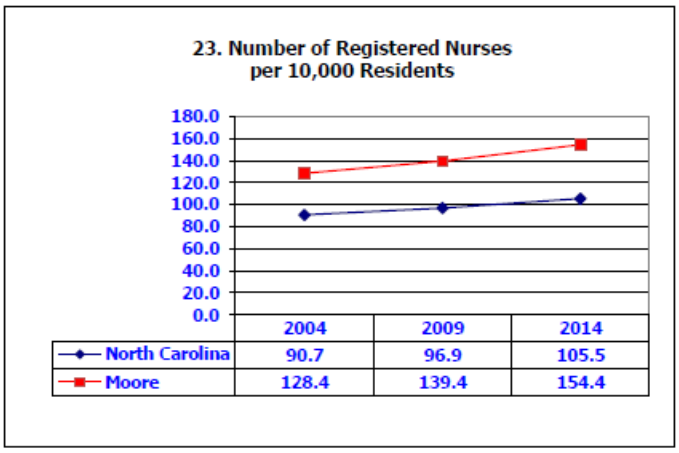
Physician and Primary Care Physcian Ratios Per 10,000 Population, 2014		
	Physicians	**Primary Care Physicians**
Moore	34.7	11.1
Carteret	15.7	6.8
Chatham	5.5	3.5
Haywood	15.4	7.2
Stanly	12.6	6.1
North Carolina	23.2	8.6

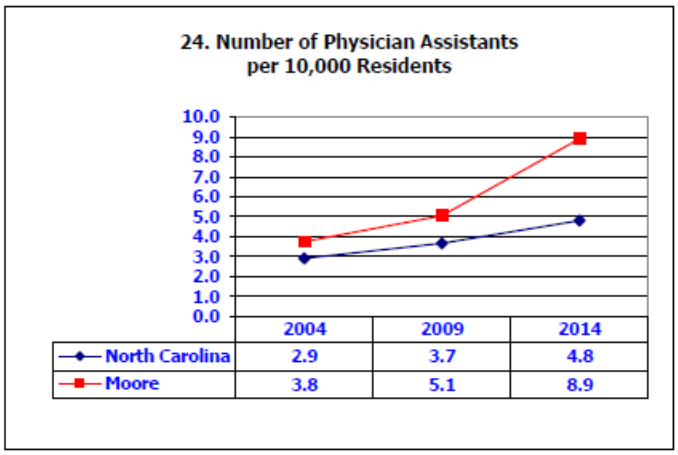
Source: Cecil G. Sheps Center for Health Services Research

As indicated in the graphs below, trend data since 2004 shows that Moore County has had consistently higher ratios (per 10,000 pop.) of primary care physicians, dentists, registered nurses, and physician assistants when compared to the state.









Source: NC State Center for Health Statistics

Healthcare Resources

FirstHealth of the Carolinas, Inc.

FirstHealth of the Carolinas is a private, non-governmental, not-for-profit health care network located in Pinehurst, N.C. The system serves 15 counties in the mid-Carolinas and is licensed for four hospitals with a total of 582 beds, plus the Reid Heart Center, a rehabilitation center, three sleep disorders centers, three dental clinics, eight family care centers, six fitness centers, four charitable foundations, a Hospice program, home health services, convenient care services and an insurance plan. Critical care transport, EMS and medical transport services are also offered. Medical services include all major medical and surgical specialties and numerous subspecialties, including open-heart and valve surgery, bariatric weight-loss surgery, neurosurgery and neonatology are provided. All hospitals hold all major accreditations.

Moore County Health Department

Moore County Health Department oversees an array of essential programs and services to control communicable diseases, prevent and monitor environmental hazards, and educate and inform citizens on a variety of health behaviors to improve and protect health.

The Clinical/Community Health Division programs offered include immunization including childhood immunizations and foreign travel; maternity/prenatal care; women's health; family planning; communicable disease; Pregnancy Care Management (PCM), Care Coordination for Children (CC4C); the WIC program (Women, Infants, and Children) nutrition program; and health education and health promotion activities. Some services are free, however most services charge a fee. Many clinical services use a sliding fee scale based on income and family size. Appointments are required for some services.

FirstHealth Medication Assistance Program

The FirstHealth Medication Assistance Program helps patients obtain medications from pharmaceutical companies. These medicines are for chronic diseases including asthma, chronic bronchitis, congestive heart failure, COPD, diabetes, emphysema, high blood pressure and high cholesterol. Any patient who is uninsured and doesn't have prescription drug coverage or a Medicare Prescription drug plan, but meets financial qualifications established by the individual pharmaceutical companies is eligible for the program. All services are free of charge.

School Health Program

Through a partnership with Moore County Schools and the North Carolina Department of Health and Human Services, the FirstHealth School Health Program provides school-based nurses to 23 schools in Moore County. The program has received both state and national recognition as a best practice standard as it contributes to the academic success and advancement of the well being and the lifelong achievement of the school-aged child. In 2016, Moore County had a total of 9 school nurses – which translates to 1 nurse for every 1,421 students in the Moore County School System.

Moore Free and Charitable Clinic

The Moore Free and Charitable Clinic was established to help those in the community who have no other place to turn for health services. Moore Free and Charitable Clinic is a private, volunteer-based, non-profit organization that provides primary care services for a sliding scale fee for service to adults who meet certain eligibility guidelines. The clinic opened in 2004 and was initially housed in a few small rooms provided in the Moore County Health Department. In 2009, the clinic moved to its new 3,000 square-foot

facility in Southern Pines. Today the clinic serves approximately 950 active patients. In 2014, the value of the services provided was estimated to be $6.9 million.

To be eligible for Clinic services patients must be a resident of Moore County, must not have any public or private health insurance coverage, and must have verified income equal to or less than 200% of federal poverty levels. U.S. citizenship or documentation is not required to receive health care services at the Moore Free Care Clinic.

The Moore Free Care Clinic moved to its new 3,000 sq. ft. facility in Southern Pines in 2009. Originally, the clinic occupied just 600 sq. ft. at the Moore Co. Health Department.

Community Care of the Sandhills
Community Care of the Sandhills (CCS) is one of 14 networks participating in the Community Care of North Carolina (CCNC) program. CCS is a local non-profit network serving more than 74,000 North Carolina Medicaid enrollees in Harnett, Hoke, Lee, Montgomery, Moore, Richmond, and Scotland counties. The network is comprised of 4,000 primary care physicians in 1,877 practices.

Community Care of the Sandhills is working with its partners in a number of initiatives recognized nationally as future components of healthcare, not only for the Medicaid population but Medicare and private insurers as well. The Patient Centered Medical Home initiative is designed to restructure medical practices allowing physicians to maximize their time and training to meet a growing volume of patients. Teaming with state and federal agencies, CCS is working to implement electronic medical records in its practices and to promote the development of a regional health information exchange allowing patient information to follow the patient throughout the network. Through its web-based Provider Portal, physicians can access basic information on any NC Medicaid patient minimizing duplication of services. Through its Pregnancy Medical Home and Coordinated Care for Children programs, CCS is assisting obstetricians in high risk pregnancies and pediatricians for children with special needs.

Sandhills Center
The Sandhills Center is a 9-county Local Management Entity (LME) serving the citizens of Moore, Montgomery, Hoke, Anson, Richmond, Randolph, Lee, Guilford, and Harnett Counties. Sandhills Center serves a large rural area and is responsible for the oversight and management of the delivery of mental health, developmental disabilities and substance abuse services. Sandhills Center is one of the largest LMEs in the State and serves the largest geographic area of any LME. Their goal is to help clients lead lives of dignity and independence, in the community of their choice, and insure that access to care is available in a timely manner.

Oral Health
Privately practicing dentists are the greatest resource for the delivery of dental treatment services to individual patients. The majority of Moore County dentist offices are located in/around Moore County's three largest towns (Southern Pines, Pinehurst and Aberdeen). All three towns are located in the southern end of the county, thus leaving a large geographical area of the county underserved and with limited access to dental care. In 2014, the Sheps Center for Health Services Research reported that Moore County

had 65 dentists and 67 dental hygienists in county. As demonstrated in the graph to the right, Moore County has more dentists per 10,000 population (7.0) than the state (4.7) all peer counties except Carteret (7.2).

Dentists Per 10,000 Population, 2014	
Moore	7.0
Carteret	7.2
Chatham	1.9
Haywood	4.2
Stanly	2.1
NC	4.7

Source: Sheps Center for Health Services Research

FirstHealth Dental Care Center located in Southern Pines, is designated as a "safety net" dental care program. This center is operated by FirstHealth of the Carolinas and helps meet the primary oral health needs of underserved children. FirstHealth also has centers in Montgomery and Hoke Counties. Since 1998, the FirstHealth Dental Care Centers have provided dental care to more than 28,000 underserved children. Services provided at the FirstHealth Dental Care Centers include preventive dental sealants, cleanings and exams, white and silver fillings, extractions and spacers. The dentists and staff at the FirstHealth Dental Care Centers provide care for children from birth to 21 years who receive Medicaid, Health Choice or are uninsured and qualify by income level.

Dental Public Health

Moore County Health Department currently has a Public Health Dental Hygienist on staff. Public Health Dental Hygienists help to provide counties with dental assessments and screening, referral and follow-up, oral surveys, health education, health promotion, promotion and monitoring of water fluoridation, and dental sealants. The aim of these services is to reduce preventable oral diseases including tooth decay, periodontal disease and oral cancer, and reduce the effects of accidents and injuries.

Aging Resources

Considering that Moore County has a high population of adults age 65 and older (24% - the state average is 15.1%), resources for older adults are very important.

Moore County Department of Aging

The Moore County Department of Aging was created in 1984 to provide services that promote the well-being of older adults. The agency serves those 60 years of age and over. Among the services offered are transportation for medical and general activities (shopping, nutrition, human service needs), in-home aide services (lvls. 1-3), caregiver support, and Medicare counseling. Other programs include home improvements/repair, group exercise/fitness, and nutrition programs, including both congregate and home-delivered meals.

Moore County Senior Enrichment Center

The Moore County Senior Enrichment Center, located in West End, not only serves as the headquarters for the Moore County Department of Aging, its also a place where older Moore County residents (50+) can go for recreation, fellowship, and a wealth of other activities. The center has a grand ballroom - which is used for group activities, fairs, and other events, a fitness center, and an indoor walking track. The center also hosts education sessions for seniors throughout the year. Topics include nutrition, safety, resources for older

The Moore County Senior Enrichment Center

adults, and other issues that are important to seniors.

Moore County Aging Advisory Council
The Moore County Aging Advisory Council advises the Moore County Aging Director on planning activities as they relate to older persons in the County, advises the Director on implementation of service programs and activities as they relate to older persons in the County and acts as an advocacy group on all matters concerning the elderly population in Moore County.

Home Care, Home Health Care, and Hospice Care
Home care is non-medical care to assist functionally impaired older adults, and/or their families with essential home management and personal care and/or supervision to enable the older adult to remain at home as long as possible. As of 2016, there were 8 agencies in Moore County who provided home care services.

Home health care is prescribed by a physician and given in the home to a person in need of medical care. Services may include skilled nursing services, therapy services (physical therapy, occupational therapy and speech therapy), medical social services, health promotion services, and home health aide services. As of 2016, there were 5 agencies in Moore County who provided home health care services. Additionally, (as of 2016) there were 4 agencies in Moore County who offered hospice care (end-of-life care for the terminally ill).

Housing/Retirement Communities/Assisted Living Communities/Nursing Homes
A residential community that offers a continuum of care-from independent living and assisted-living, to nursing home care is commonly known as a retirement community. In retirement communities, individuals are offered an independent living lifestyle with the security of knowing supportive and health care services are available if needed. As of 2016, Moore County had 11 unique retirement communities.

An assisted living residence is any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. As of 2016, in Moore County there were 8 assisted living communities.

Fox Hollow Assisted Living Community

A skilled nursing facility is a nursing home that provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicaid or Medicare programs. As of 2016, Moore County had 6 nursing homes.

Additionally, as of 2016, Moore County had 3 subsidized housing communities specifically designated for adults age 62 and older. Subsidized housing is a housing program for people with low-income. Generally, residents pay 30 percent of their adjusted monthly income for rent.

Environmental Factors

Moore County Health Department - Environmental Health Division

The main objective of the Environmental Health Division is to promote and protect public health through the enforcement of local and state public health and environmental health laws, rules, and regulations for the citizens of Moore County. The Division includes:

- Food/Lodging and Institutional Sanitation Section
- Waste Water and Ground Water Section

The Moore County Environmental Health office, located at 1042 Carriage Oaks Drive in Carthage, NC.

Moore County Environmental Health Specialists enforce these rules and regulations, and are required to be authorized by the North Carolina Division of Environmental Health and registered by the North Carolina State Board of Sanitarian Examiners. The Division is responsible for state mandated sanitation inspections on a basis determined by the state legislation. These services are available to citizens, contractors, real estate professionals, food service managers, owners, developers, lodging, day care owners, school system administrators, public swimming pool operators, medical facilities, tattoo artist, and other interested parties in Moore County.

The Food/Lodging/Institutional Section is responsible for food service plan reviews, permitting, and/or inspections of restaurants, food stands, temporary food establishments, mobile food units, school cafeterias, meat markets, day cares, hospitals, rest/nursing homes, schools, local confinement facilities, residential care homes, motels, bed and breakfast homes/inns, public swimming pools/spas, lead investigations (children's lead law), summer camps, food-borne illness investigations, and general complaints regarding food service establishments. This section also provides educational opportunities in conjunction with the Moore County Cooperative Extension Office in Serve-Safe food handling classes.

The Waste Water and Ground Water Section is responsible for the on-site sewage and private well programs that evaluate land to determine suitability for an on-site ground absorption sewage disposal (septic tank) and/or private water supply well. Septic permits and private well permits are issued after such site and soil evaluations are performed and the site meets applicable conditions. The Section also provides private well water sampling. The water quality program oversees the construction, repair, and abandonment of private water supplies.

Air Quality

The Air Quality Index (AQI) is an index for reporting daily air quality. It measures how clean or polluted the air is. To calculate AQI, the Environmental Protection Agency (EPA) tracks five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution, carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, the EPA has established national air quality standards to protect public health.

The AQI runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy for certain sensitive groups of people, then for everyone as AQI values get higher. Air quality is measured by monitors that record the concentrations of the major pollutants at more than a thousand locations across the country. These raw measurements are then converted into AQI values using standard formulas developed by EPA.

Moore County is part of the NC Division of Air Quality's Fayetteville Region and the closest monitoring site is located in Candor, NC (Montgomery County).

Moore County is part of the NCDAQ's Fayetteville region.

The table below shows AQI data from the Candor monitoring site for the previous four years. For 2013-2016, on days when AQI was recorded, air quality was "good" for 82.5% of the period, "moderate" for 17.5%, and was never considered "unhealthy" for any one day during the measured four year period.

Fayetteville Region Air Quality Index (Monitoring Site – Candor, NC), 2013-2016					
		Number of Days When Air Quality Was...			
Year	**# Days with AQI**	**Good**	**Moderate**	**Unhealthy for Sensitive Groups**	**Unhealthy**
2013	361	307	54	0	0
2014	365	267	98	0	0
2015	362	306	56	0	0
2016	304	268	36	0	0
TOTAL	**1,392**	**1,148 (82.5%)**	**244 (17.5%)**	**0 (0%)**	**0 (0%)**

Source: Environmental Protection Agency, AirData

Smoking/Tobacco Regulations

Moore County citizens are progressively gaining more protection from secondhand smoke. Several of Moore County's major institutions and businesses have adopted smoking/tobacco policies in recent years.

• **100% Tobacco Free Schools:** Moore County's Tobacco Free School Policy prohibits all tobacco use everywhere on campus and at school-sponsored events, at all times.

• **FirstHealth of the Carolinas:** Beginning July 4, 2004, FirstHealth of the Carolinas implemented a tobacco free campus policy. The policy prohibits the use of tobacco products of any kind on any FirstHealth campus, which includes Moore Regional Hospital and all other FirstHealth property.

• **Smoke Free County Government:** As of January 1, 2008, the Moore County Government adopted the Smoke Free County Government Policy, making all Moore County governmental property smoke free. The policy applies to parking lots, grounds, vehicles and inside/outside all county owned/leased facilities. In 2011, the Moore County Health Department expounded upon the county policy by enacting a policy for the general public that prohibits tobacco use within 50 feet of its facility. In 2014, the Moore County Health Department also prohibited the use of e-cigarettes and "vaping" devices.

• **Smoke Free Restaurants & Bars:** As of January 2, 2010, nearly all restaurants and bars in North Carolina, and many lodging establishments, are smoke-free, thanks to N.C. General Statute 130A-497, otherwise known as North Carolina's Smoke-Free Restaurants and Bars Law. Additionally, the Moore County Environmental Health Division began an award program in 2010 (Moore Healthy Dining) that recognizes Moore County restaurants that provide clean/safe environments, offer healthy food choices and don't allowing smoking on their premises (including outdoors).

• **Smoke Free Public Housing:** As of December 5, 2016, the office of Housing and Urban Development (HUD) issued a final rule effective February 3, 2017 stating that each Public Housing Authority (PHA) must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy also extends to all outdoor areas up to 25 feet from the public housing and administrative office buildings.

• **Village of Pinehurst:** In the summer of 2012, the Village of Pinehurst banned tobacco use at virtually all of its outdoor recreational facilities. This included all parks, playgrounds, athletic fields, and greenway trails. The lone exception to the ban was the Pinehurst Harness Track.

Water Quality

The following table displays a listing of public water systems in Moore County along with the number of health-based violations for each system during the period from 2013-2016. To warrant a health-based violation, either the water was not treated properly or the amount of contaminant must have exceeded safety standards set for the MCL. These statistics are based on violations reported by the state to the EPA Safe Drinking Water Information System. As the table shows, overall, Moore County drinking water is very safe. Of the 13 "small" (serving 501-3,300) to "large" (serving 10,001- 100,000) public water systems in Moore County, 9 (69.2%) had no violations over the span of 2013-2016. The systems with the most violations over the period were the Town of Carthage (27) and Woodlake Water & Sewer (5). Moore

County Public Utilities of Vass and the Robbins Water System were the only other systems with violations, each receiving just one for the period.

Water System Name	Population Served	Primary Water Source Type	# of Health Viol. 13'-16'
Town of Aberdeen	8967	Groundwater	0
Town of Carthage	2850	Surface water	27
East Moore Water District	5200	Purch. Surface Water	0
Town of Foxfire Village	1355	Groundwater	0
Moore Co. Public Utilities - Pinehurst	19368	Purch. Surface Water	0
Moore Co. Public Utilities – Seven Lakes	6405	Purch. Surface Water	0
Moore Co. Public Utilities - Vass	1327	Purch. Surface Water	1
Town of Pinebluff	2207	Groundwater	0
Robbins Water System	1565	Purch. Surface Water	1
Town of Southern Pines	13225	Surface Water	0
Town of Taylortown	945	Groundwater	0
Whisp. Pines Development	3910	Purch. Surface Water	0
Woodlake Water & Sewer	1889	Purch. Surface Water	5

Source: Environmental Protection Agency, Safe Drinking Water Information System (SDWIS)

Childhood Blood Lead

Blood lead level is a measure of lead in the blood. It is often measured in micrograms of lead per deciliter of blood (µg/dL). As indicated by the graph below, in 2014, of the 1,049 children tested in Moore County, only 1.4% had blood lead levels greater than or equal to 5 µg/dL. This number was nearly even with the state average (1.3%) and 3rd highest among peer counties.

Childhood (age 1-2 years) Blood Lead Levels, 2014					
	Target Pop.	**# Tested**	**% Tested**	**Lead ≥ 5**	**% ≥ 5**
Moore	1,951	1,049	53.8%	15	**1.4%**
Carteret	1,262	858	68%	15	**1.7%**
Chatham	1,212	580	47.9%	5	**0.9%**
Haywood	1,096	705	64.3%	6	**0.9%**
Stanly	1,267	1,059	83.6%	28	**2.6%**
NC	238,750	122,481	51.3%	1,643	**1.3%**

Source: NC Office of Children's Environmental Health

2016 Moore County Community Health Opinion Survey – Key Findings

Community Issues

The top 5 community-wide issues that Moore County residents identified as having the largest impact on the quality of life in Moore County were...

1. **Low Income/Poverty**
2. **Affordability of Health Services**
3. **Lack of/or Inadequate Health Insurance**
4. **Unemployment**
5. **Lack of Recreational Facilities**

Health Insurance

- **10.53% of survey respondents did not have health insurance.**
- **44.97% have private insurance.**
- **Of those who said they did have health insurance, the main concerns they had with their coverage were high deductables, high prescription costs, and high co-pays.**

Healthcare

- **Only 9.05% of respondents said they had trouble getting the health care they needed at some point in the past year.**
- **13.46% said they had trouble filling a medically necessary prescription at some point in the past year.**
- **Survey respondents said the 3 main barriers to getting the necessary health care and/or prescriptions were not having insurance, that insurance would not cover what was needed, and that their share of the cost (co-pay/deductable) was too high.**

Health Information

The top 3 places where most Moore County residents said they get their health related information...

1. **Doctor/Nurse/Pharmacist**
2. **Internet**
3. **Friends and Family**

Poverty and Unemployment

37.31% of survey participants' annual household income was below the 200% poverty threshold and 5.83% of participants said they were currently unemployed.

Secondary Health Data

Leading Causes of Death

Leading Causes of Death

The NC State Center for Health Statistics lists the following as the top 10 leading causes of death in Moore County and in North Carolina for all ages for 2011-2015.

Moore, All Ages 2011-2015		
RANK	CAUSE OF DEATH:	RATE
1	Cancer - All sites	265.1
2	Diseases of the heart	232.2
3	Alzheimer's disease	88.9
4	Cerebrovascular disease	68.5
5	Chronic lower respiratory diseases	63.9
6	Other unintentional injury	30.7
7	Diabetes Mellitus	22.5
8	Pneumonia & influenza	22.0
9	Nephritis, nephrotic syndrome, & nephrosis	20.5
10	Motor Vehicle Injuries	18.3

North Carolina, All Ages 2011-2015		
RANK	CAUSE OF DEATH:	RATE
1	Cancer - All Sites	190.6
2	Diseases of the heart	178.9
3	Chronic lower respiratory diseases	50.3
4	Cerebrovascular disease	46.4
5	Alzheimer's disease	31.7
6	Other unintentional injury	31.5
7	Diabetes mellitus	25.4
8	Pneumonia & Influenza	19.2
9	Nephritis, nephrotic syndrome, & nephrosis	17.8
10	Septicemia	14.3

Source: NC State Center for Health Statistics, Rates unadjusted, per 100,000 population

The top 2 leading causes of death in Moore County mirror those of the state, those being cancer and heart disease, respectively. For Moore County, Alzheimer's disease occupies the 3rd spot, while only reaching 5th in the state. Eight out of the top ten 2011-2015 leading causes of death in Moore County have higher rates than the state (cancer, heart disease, stroke, Alzheimer's, chronic lower respiratory disease, pheumonia/influenza, kidney disease, and motor vehicle injury). Most notably, Moore County's Alzheimer's disease death rate is almost 3 times higher (2.8x) than the state.

Compared to peer counties, Moore County's rates for heart disease (265.1), Alzheimer's (88.9) and stroke (68.5) are the highest among the 5 peers.

Unadjusted Death Rates, 2011-2015, Per 100,000 Population (Moore, Peer Counties, State)				
County/State	Cancer	Heart Disease	Alzheimer's	Stroke
Moore	265.1	232.2	88.9	68.5
Carteret	263.2	260.0	28.4	50.7
Chatham	222.7	188.0	32.3	61.7
Haywood	262.3	317.7	34.1	66.2
Stanly	233.4	286.0	42.6	53.1
North Carolina	190.6	178.9	31.7	46.4

Source: NC State Center for Health Statistics

Leading Causes of Death by Gender

Death rates differ for Males and Females in Moore County. For all deaths in 2011-2015, the male death rate is 814.0 (per 100,000) and the female death rate is 556.2 (per 100,000). The death rate for males in Moore County is 32% higher than the rate for females.

The top 5 leading causes of death for males and females are virtually the same with the exception of the 4th and 5th spots. The 4th and 5th leading causes of death for males in Moore County are respiratory disease and unintentional injury, respectively. The 4th and 5th leading causes of death for females in Moore County are stroke and respiratory disease, respectively. Also of note, males in Moore County have higher death rates for cancer, heart disease, and respiratory disease but females have higher death rates for Alzheimer's disease and stroke.

Moore County Leading Causes of Death by Gender, 2011-2015					
Rank	**Male**	**Rate***	**Rank**	**Female**	**Rate***
1	Cancer	189.1	**1**	Cancer	132.4
2	Heart Disease	172.6	**2**	Heart Disease	90.6
3	Alzheimer's Disease	39.3	**3**	Alzheimer's Disease	44.8
4	Respiratory Disease	37.6	**4**	Stroke	37.8
5	Unintentional Injuries**	33.1	**5**	Respiratory Disease	33.8

Source: NC State Center for Health Statistics

**Rates per 100,000*

***Does not include unintentional motor vehicle injuries*

Leading Causes of Death by Race

In Moore County, minority death rates exceed those for whites for all 4 leading causes of death in 2011-2015.

As the table to the right demonstrates, minorities living in Moore County are more likely than whites to die from the top leading causes of death. The largest racial disparity is for stroke (cerebrovascular disease), where the minority death rate is 35.9% higher than the death rate for whites.

Moore County Death Rates, Age-Adjusted Whites Vs. Minorities (per 100,000) 2011-2015			
	Whites	**Minorities**	**% Higher For Minor.**
Cause of Death:	**Rate**	**Rate**	
Cancer	151.1	228.4	**33.8%**
Heart Disease	126.6	156.4	**19%**
Alzheimer's disease	42.5	46.3	**8.2%**
Cerebrovascular Disease	34.3	53.5	**35.9%**

Source: NC State Center for Health Statistics

Leading Causes of Death by Age

The chart below shows the leading causes of death for each age group (2011-2015) with the far right column for all persons, regardless of age. Color-coded cells assist in seeing how a given disease ranks across the range of ages. Causes shown in white are unique and not repeated from the leading causes for all ages in the far right column.

As the chart indicates, in Moore County, the leading causes of death for residents aged 0-39 are conditions originating in the perinatal period, motor vehicle injuries, other unintentional injuries, suicide, and

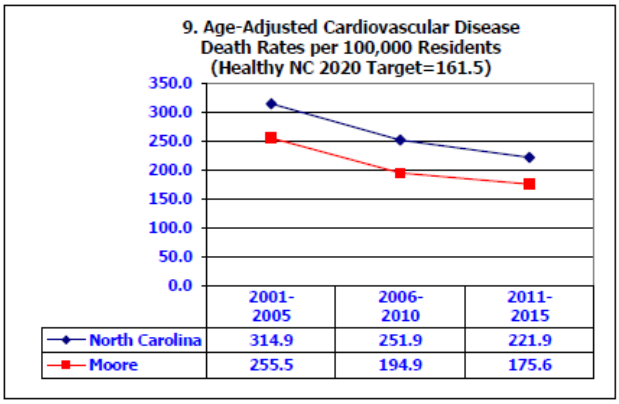
homicide. Cancer, followed by heart disease, are the two leading causes of death for those ages 40-84. Heart disease, followed by Alzheimer's disease are the two leading causes of death for those age 85 and older.

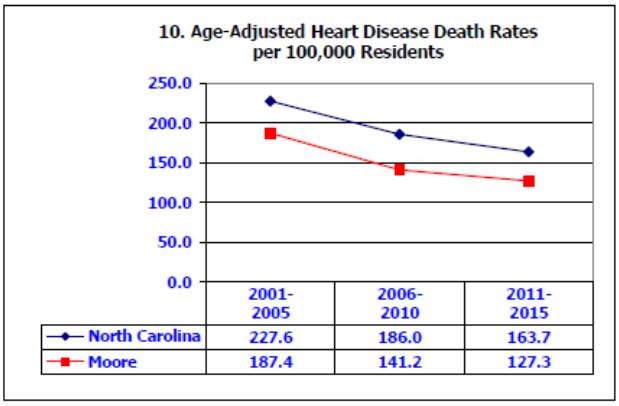
Leading Causes of Death by Age, Moore County, 2011-2015, Unadjusted, Per 100,000					
Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+
1	Conditions originating in the perinatal period	Motor vehicle injuries	Cancer	Cancer	Heart disease
2	*	Other unintentional injuries	Heart disease	Heart disease	Alzheimer's
3	*	Suicide	Other unintentional injuries	Chronic lower respiratory disease	Cancer
4	*	Homicide	Chronic lower respiratory disease	Alzheimer's	Cerebrovascular disease
5	*	*	Motor vehicle injuries	Cerebrovascular disease	Chronic lower respiratory disease
6	*	*	Chronic liver disease & cirrhosis	Diabetes mellitus	Pneumonia & influenza
7	*	*	Suicide	Nephritis, nephrotic syndrome, & nephrosis	Other unintentional injuries
8	*	*	Diabetes mellitus	Pneumonia & influenza	Nephritis, nephrotic syndrome, & nephrosis
9	*	*	Cerebrovascular disease	Parkinson's disease	Parkinson's disease
10	*	*	*	Septicemia	Septicemia

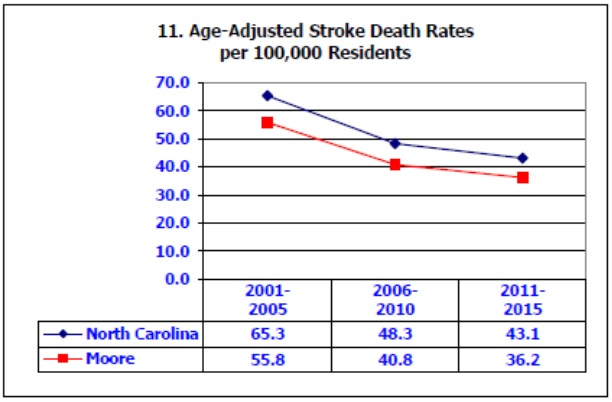
Source: NC State Center for Health Statistics
**20 or fewer deaths occurred; therefore these causes are not ranked.*

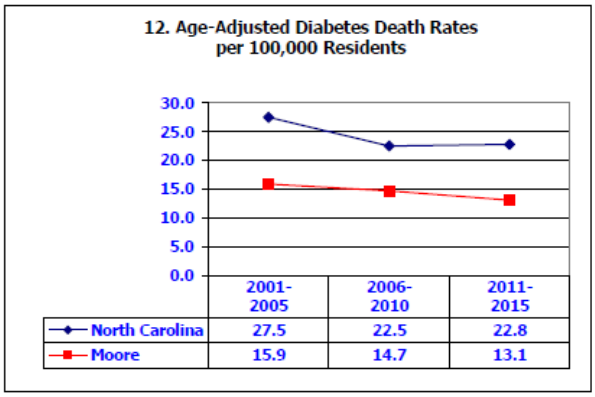
Statewide and County Trends in Key Health Indicators – Death Rates

For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years. That trend data is shown below for heart disease, stroke, and diabetes death rates.









Source: NC State Center for Health Statistics

Secondary Health Data

Chronic Disease

Chronic Disease

Cancer, heart disease, stroke, and chronic lung disease are leading causes of death in North Carolina and Moore County. Many chronic diseases can be prevented or controlled by leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well), and access to high quality affordable health care.

Cancer

Cancer is the leading cause of death in North Carolina and the leading cause of death in Moore County. Cancer is a group of more than 100 different diseases, but all are characterized by the uncontrolled growth of and spread of abnormal cells. Cancer risk increases with age and varies by gender and race. As the average age of a population increases, the incidence of cancer tends to increase as well. Death from cancers can be reduced if the cancer is diagnosed at an early stage and treated. A person's risk can be reduced by adopting a healthy lifestyle that includes avoiding tobacco use, maintaining optimal weight, increasing physical activity, and avoiding sun exposure.

2009-2013 Age Adj. Cancer Incidence Rates by County for Selected Sites (Rates/100,000 Population)

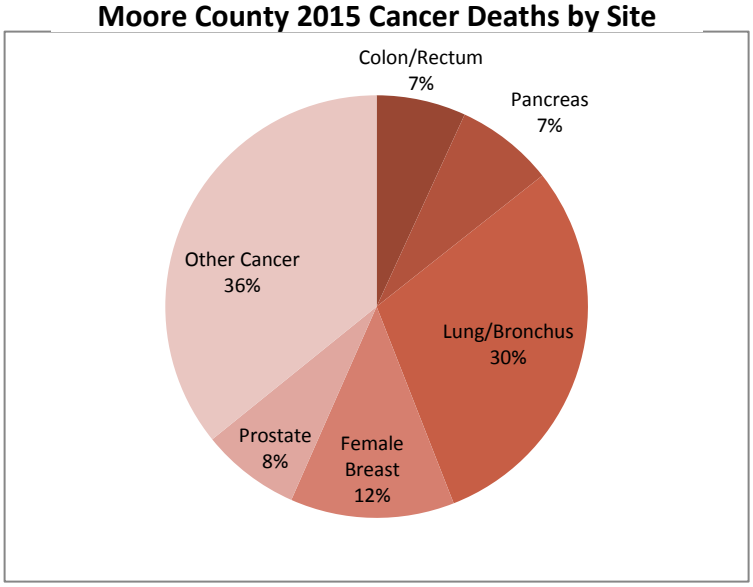
County/State	Colon/Rectum	Lung/Bronchus	Breast	Prostate	All Cancers
Moore	34.4	74.1	165.1	136.2	517.9
North Carolina	38.5	70.9	157.9	130.6	483.4

Source: NC Central Cancer Registry

As indicated in the table above, Moore County cancer incidence rates are higher than State rates for all sites except colon/rectal cancers. Moore County's incidence rate of 517.9 per 100,000 for all cancers is also significantly higher than that of the State (483.4 per 100,000).

Generally, most cancer deaths occur at 5 sites: colon/rectum, pancreas, lung/bronchus, female breast, and prostate. The figure on the right demonstrates the percentage breakdown of Moore County cancer deaths by site in 2015. The majority of Moore County's cancer deaths occurred in the lung/bronchus and at

Moore County 2015 Cancer Deaths by Site



Source: NC Central Cancer Registry

other sites.

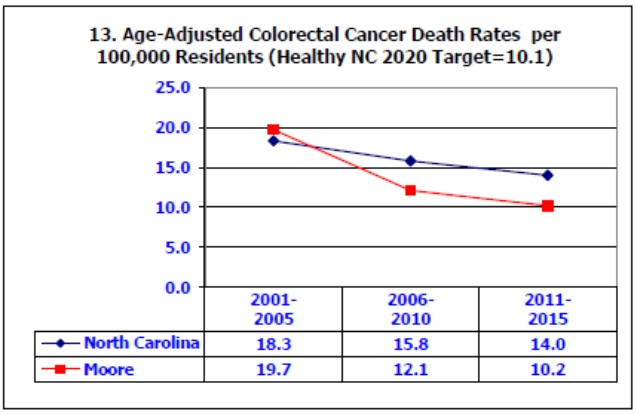
As the table below shows, when compared to the state, Moore County has a lower death rate for all cancers (157.5), and also individually for colon/rectum, lung/bronchus, female breast and prostate. Among peer counties, Moore County had the 2nd lowest colon/rectum cancer death rate (10.3) and 2nd lowest lung cancer death rate (44.7).

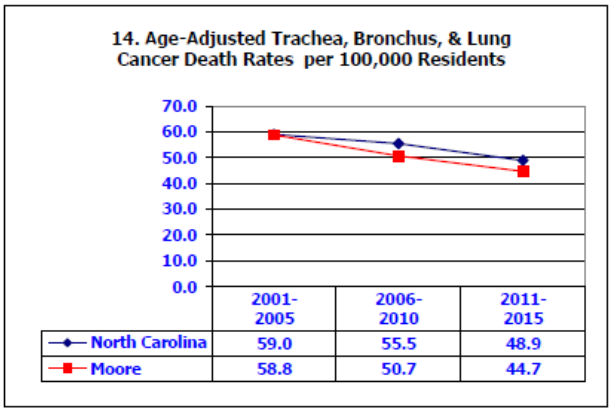
Cancer Mortality Rates by Site, 2011-2015, Peer Counties and State (Per 100,000)					
	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Moore	10.3	44.7	18.9	18.4	157.5
Carteret	14.6	49.8	15.2	19.1	172.2
Chatham	10.4	36.1	14.1	19.3	134.3
Haywood	9.9	47.3	13.9	24.2	159.3
Stanly	15.7	56.0	21.9	12.8	180.5
North Carolina	14.2	48.9	21.3	20.5	169.1

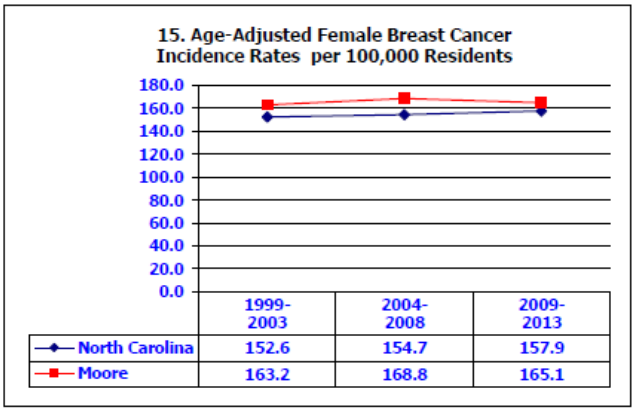
Source: NC Central Cancer Registry

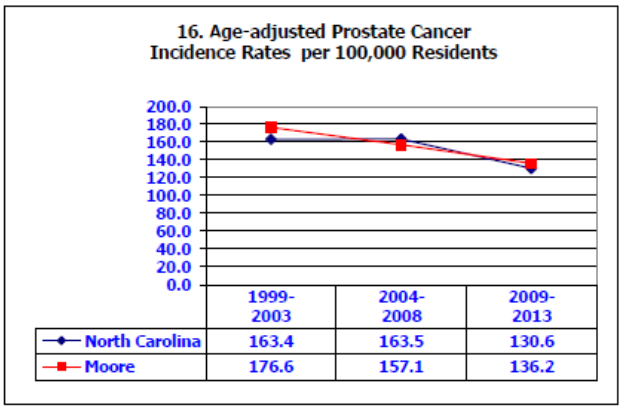
Statewide and County Trends in Key Health Indicators – Cancer Incidence and Death Rates

For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years. That trend data is shown below for cancer incidence and death rates.









Source: NC State Center for Health Statistics

Heart Disease and Stroke

Heart disease and stroke are major contributors to premature death and years of potential life lost. In both the state and Moore County, heart disease is the second leading cause of death – accounting for roughly 1 in 5 of all deaths in Moore County. Stroke is the 4th leading cause of death in Moore County and also 4th leading cause in state. North Carolina is part of what is commonly referred to as the "stroke belt", an area in the Southeastern portion of the United States that historically has the highest stroke death rates

There are also considerable gaps with regard to gender and race when it comes to heart disease and stroke in Moore County. In Moore County, males (death rate – 172.6) are more likely to die from heart disease than females (death rate – 90.6) whereas females (death rate – 37.8) are more likely than males (death rate – 33.4) to die from stroke. Minorities living in Moore County are 19% more likely to die from heart disease than whites and 35.9% more likely to die from stroke than whites.

Diabetes

Diabetes is a metabolic disorder caused by the inability of the pancreas to produce enough insulin to control blood sugar. If not diagnosed and appropriately monitored, diabetes can cause serious health complications such as heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the 7th leading cause of death in North Carolina and the 7th leading cause of death in Moore County.

Diabetes Death Rates, 2011-2015 (Age-Adjusted, Per 100,000)	
Moore	13.1
Carteret	16.4
Chatham	19.2
Haywood	14.4
Stanly	22.6
North Carolina	22.8

Source: NC State Center for Health Statistics

According to prevalence data collected by the Professional Research Consultants (PRC) in 2015, 17.6% of adults in Moore County reported that they had been diagnosed with diabetes, a significantly higher number than the state's 9.8%. For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. As indicated in the above table, the diabetes death rate in Moore County is 13.1 compared to 22.8 at the state level. Moore County's death rate is also lower than all of its peers.

A large gender gap exists in Moore County with regard to diabetes death rates. With a death rate of 18.7 for males and a death rate of 8.7 for females, males are more than twice more likely to die from diabetes than their female counterparts. As far as race/ethnicity, in Moore County diabetes is serious threat for African Americans in particular. The NC State Center for Health Statistics reports that in 2015, the death rate for diabetes for African Americans in Moore County was 28.0 – a number that is higher than state totals (22.8) and 60% higher than that of whites living in Moore County.

Asthma

Asthma is a disease of the lungs that often leads to repeated episodes of wheezing, chest tightness, breathlessness, and early morning or nighttime coughing. While asthma impacts all North Carolinians, African Americans, Native Americans, women, the elderly, and children are among the groups that are

most affected. As the table below demonstrates, for Moore County in 2013 there were 68 hospitalizations due to asthma. Although Moore County's rate (74.2) was lower than the state average (91.6), it was 2nd highest among peer counties – second only to Haywood County (74.3). Moore County also had the 2nd highest rate for children age 0-14 (86.3), again second only to Haywood County (133.1).

2013 Asthma Hospitalizations, (Per 100,000)				
County/State	**Total #**	**Total Rate**	**# Age 0-14**	**Rate Age 0-14**
Moore	68	74.2	14	86.3
Carteret	21	30.7	5	47.8
Chatham	18	26.9	7	60.9
Haywood	44	74.3	12	133.1
Stanly	34	56.1	9	82.0
North Carolina	9021	91.6	2841	148.9

Source: NC State Center for Health Statistics

2016 Moore County Community Health Opinion Survey – Key Findings

Health Problems

The top 5 health issues that Moore County residents identified as having the largest impact on the community as a whole...

1. **Aging Issues**
2. **Cancer**
3. **Heart Disease**
4. **High Blood Pressure**
5. **Obesity/Overweight**

Unhealthy Behaviors

The top 5 unhealthy behaviors that Moore County residents identified as having the largest impact on the community as a whole...

1. Illegal Drug Abuse
2. Alcohol Abuse
3. Prescription Drug Abuse
4. Smoking/Tobacco Use
T5. Drunk Driving
T5. Reckless/Distracted Driving

Smoking/Tobacco

- **20% of survey participants were current smokers.**
- **4.85% were current users of other tobacco products.**
- **36.6% of current smokers/tobacco users said they did not want to quit.**
- **78% of survey participants said that they were not exposed to secondhand smoke at all.**
- **Of those who were exposed to secondhand smoke, the majority (14%) said that they were exposed at home.**
- **5.3% said that they were exposed to secondhand smoke in the workplace.**

Chronic Health Conditions

Percentage of Moore County residents who said they have been told by a health professional that they had the following condition at some point in their life...

- **Asthma – 17.7%**
- **Depression or Anxiety Disorder – 24.26%**
- **High Blood Pressure – 58.1%**
- **High Cholesterol – 50%**
- **Diabetes (not during preg.) – 14%**
- **Osteoporosis – 8.1%**
- **Overweight/Obesity – 36%**

Secondary Health Data

Obesity

Obesity

Adult Obesity

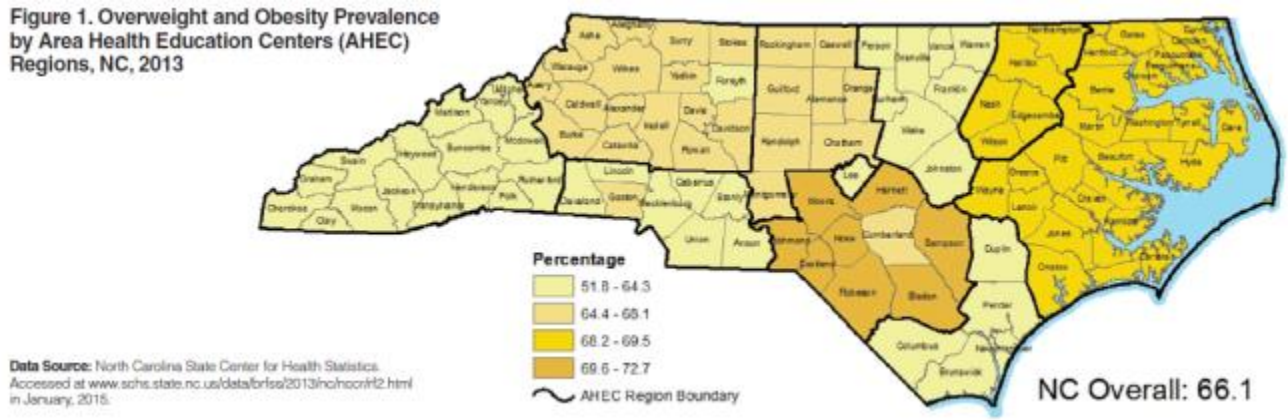
According to the most recent Professional Research Consultants (PRC) survey, conducted in conjunction with FirstHealth of the Carolinas and indicated in the table below, Moore County has a higher prevalence of overweight and obese adults when compared to North Carolina's State average.

Adult (≥ 18) BMI Weight Status: Healthy Weight, Overweight, Obese—Percent, 2015 *			
County/State	**Healthy Weight (BMI = 18.5-24.9)**	**Overweight (BMI = 25+)**	**Obese (BMI = 30+)**
Moore	26.9%	70.5%	34.0%
North Carolina	32.2%	66.1%	29.4%

Source: Professional Research Consultants (PRC) Survey, FirstHealth of the Carolinas, 2015

**Self reported BMI*

As figure 1 below shows, Moore county is part of a south-central region of counties which includes Richmond, Scotland, Hoke, Robeson, Bladen, Sampson, and Harnett that have a significantly higher percentage of overweight/obese adults when compared to other regions and counties across the state.



Overweight/Obesity Status Among Lower Income Children

In the table below, the North Carolina Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS) indicates that Moore County has a higher percentage of overweight young children when compared to the state average and all peer counties. Moore County had the 2nd highest percentage of Obese children (14%), second only to Haywood County (15.7%).

North Carolina BMI for Age Status in Children 2 through 4 years of age by Health Department Agency			
County/State	**Healthy Weight** **>=5th to < 85th percentile**	**Overweight** **>=85th to < 95th percentile**	**Obese** **>=95th percentile**
Moore	65.8%	18.0%	14.0%
Carteret	68.2%	16.9%	12.7%
Haywood	68.5%	13.4%	15.7%
Stanly	70.6%	12.1%	13.7%
North Carolina	66.1.%	15.5%	14.2%

Source: North Carolina-Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS) , 2014 (Data Unavailable for Chatham)

NC-PedNESS data consists of children ages 2 through 4 which are reflective of the population at 185% of the federal poverty level. The majority of the children ages 2 through 4 included in the 2014 NC-PedNESS data are from the Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program.

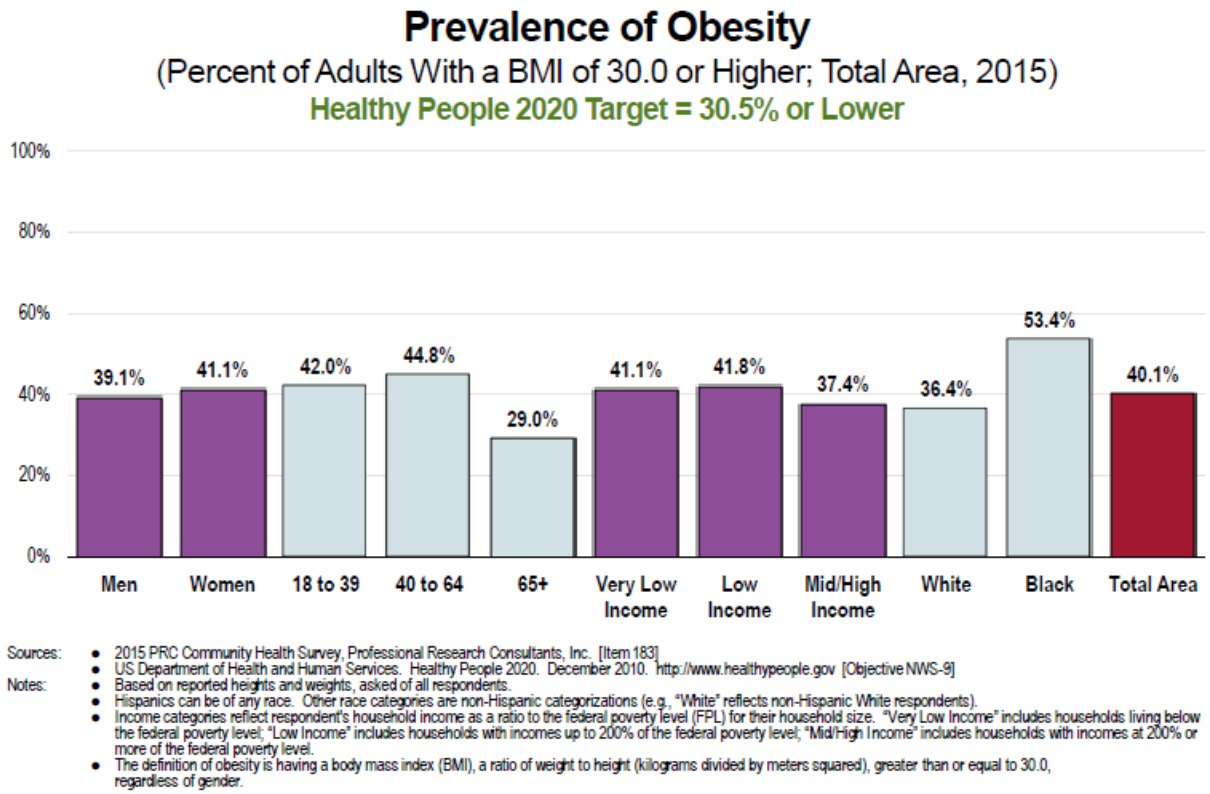
Lifestyle Factors on Obesity – Diet and Physical Activity

The two key factors in maintaining a healthy body weight are a eating a healthy, balanced diet and getting plenty of exercise. The 2015 Professional Research Consultants (PRC) survey shows that with regard to diet, a considerable number of Moore County residents aren't eating enough fruits and vegetables. Additionally, the PRC survey also found that a significant number of Moore County residents aren't physically active.

- **Only 16.3% of respondents consume 3 or more servings of fresh, frozen, or canned fruit per day.**
- **52.5% lead sedentary lifestyles (get less than 30 minutes of physical activity each day).**
- **Only 10.2% of respondents said that they have access/utilize a recreation or fitness center.**

Obesity Based on Age, Income, Sex, and Race

The graphic below from the 2011 Professional Research Consultants (PRC) survey shows the prevalence of obesity among adults as it relates to age, income, sex, and race. The survey includes data from a 4 county region that includes Moore, Montgomery, Richmond, and Hoke counties. As the graph indicates, obesity is notably more prevalent among females, those age 40-64, among lower income respondents, and for black respondents.



Source: 2015 Professional Research Consultants Survey

2016 Moore County Community Health Opinion Survey – Key Findings

Physical Activity

- **24.9% of Moore County residents said that they do not engage in any form of exercise that lasts at least 30 minutes in a typical week.**
- **The majority of those who do engage in physical activity (49%) usually do so 3-4 times a week.**
- **The majority of survey participants who exercise (65.6%) said that they exercise at home.**
- **29.9% go to a gym/fitness center and 13.3% go to a park to engage in physical activity.**
- **Of those who said that they don't engage in physical activity, the top 3 barriers (respectively) were not enough time, that they are physically disabled, or that they have a job that is very physical/hard labor.**

Screen Time

64.3% of survey respondents said that they watch TV, play video games, or use the computer for recreation between 2-5 hours a day – 14.3% said 6 or more hours a day.

Farmer's Markets

47.5% of Moore County residents said that they have utilized a local farmer's market.

Maternal and Infant/Child Health

Live Birth Rates

The NC State Center for Health Statistics reports that Moore County had 4,999 births from 2011-2015, more than any of its peer counties over the period. Moore County's total birth rate of 10.9 was less than the state average (12.2) and tied with Stanly County for highest rate among its 4 peers. Moore Counties birth rates among ethnicities were lower than state rates with the exception of "other" races (includes American Indian, Asian, Pacific Islander, Etc.). In Moore County over the period, Hispanics had the highest birth rate compared to other ethnicities at 15.3.

Live Births and Birth Rates, 2011-2015 (Per 1,000)										
	Total		White		Black		Other		Hispanic	
	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate
Moore	4,999	**10.9**	4,462	**10.4**	3,496	**9.7**	823	**13.3**	143	**15.3**
Carteret	3,087	**9.0**	2,851	**8.7**	2,594	**8.7**	184	**8.3**	73	**11.5**
Chatham	3,132	**9.3**	2,252	**7.6**	1,826	**7.5**	357	**8.1**	69	**10.7**
Haywood	2,825	**9.5**	2,654	**9.3**	2,568	**9.2**	43	**10.5**	43	**14.6**
Stanly	3,302	**10.9**	3,093	**10.6**	2,473	**9.9**	501	**14.4**	119	**17.2**
North Carolina	600,927	**12.2**	511,391	**11.4**	335,127	**10.4**	143,455	**13.3**	32,809	**16.9**

Source: NC State Center for Health Statistics

Prenatal Care

Getting early and consistent prenatal care is one of the most important aspects of delivering a healthy baby. For 2015 in Moore County, 708 women (66.9%) started prenatal care in their first trimester. This number was lower than the state percentage (67.8%) and lower than all 4 peer counties. Broken down by race, Moore County had lows compared to the state and peer counties for whites, African Americans, and other non-hispanic races.

Number and Percent of Women Receiving Prenatal Care in the First Trimester, 2015										
County/State	Total		Whites		African American		Other		Hispanic	
	#	%	#	%	#	%	#	%	#	%
Moore	708	**66.9**	531	**71.6**	94	**52.2**	20	**58.8**	63	**61.8**
Carteret	477	**77.9**	419	**79.8**	24	**66.7**	5	**45.5**	29	**72.5**
Chatham	476	**71.6**	329	**80.0**	54	**73.0**	12	**70.6**	81	**49.7**
Haywood	488	**81.7**	459	**83.8**	6	**50.0**	3	**60.0**	20	**62.5**
Stanly	480	**70.8**	364	**73.7**	72	**61.5**	13	**65.0**	31	**66.0**
North Carolina	81,887	**67.8**	50,009	**74.6**	16,985	**59.0**	3,502	**66.0**	10,373	**57.4**

Source: NC State Center for Health Statistics

Low Birthweight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. About 1 in every 12 babies in the United States is born with low birthweight. Some low birthweight babies are healthy, but being low birthweight can cause serious health problems for some babies. In Moore County, for 2015, 8.3% of babies born were low birthweight. Moore County percentages for low birthweight were either consistent with or lower than the state, with exception for the "other" racial category.

Number and Percent of Low Birthweight (<2,500 grams) by Race, 2015											
		Total		White		Black		Other		Hispanic	
Residence	BW	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	**Low**	11,119	**9.2**	5043	**7.5**	4,171	**13.5**	459	**8.7**	1,261	**7.0**
Carteret	**Low**	43	**7.1**	36	**6.8**	4	**11.1**	1	**9.1**	2	**5.0**
Chatham	**Low**	54	**8.2**	29	**7.0**	8	**10.8**	2	**11.8**	15	**9.2**
Haywood	**Low**	57	**9.5**	52	**9.5**	2	**16.6**	1	**20.0**	2	**6.3**
Moore	**Low**	90	**8.3**	56	**7.5**	24	**13.4**	4	**11.8**	6	**5.9**
Stanly	**Low**	68	**10.0**	49	**9.9**	16	**13.7**	1	**5.0**	2	**4.3**

Source: NC State Center for Health Statistics

High Parity Births

Parity is defined as the number of times a woman has given birth (includes multiples at once) regardless of whether the child/children was born alive or was stillborn. High parity births (usually with mothers 30 and older) can be associated with negative birth outcomes. It can also be an indicator for a need of family planning services if the mother is under 30. Compared to the state, Moore County had a lower high parity birth percentage for mothers under 30 but a higher percentage for mothers 30 and over.

High Parity Births and Percentage 2011-2015

	Mother Under 30		Mother 30 and Over	
	#	%	#	%
North Carolina	54,135	14.7	51,035	22.0
Moore	412	14.3	490	23.0
Carteret	253	13.4	220	18.3
Chatham	232	14.5	375	24.4
Haywood	256	12.9	165	19.5
Stanly	329	14.0	185	19.6

Source: NC State Center for Health Statistics

Short Birth Intervals

Most researchers agree that when births are spaced between 2 1/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for a mother's health. In the table to the right, a short interval is defined as an interval of 6 months from the last delivery to conception. From 2011-2015, Moore County had the second highest short birth interval percentage (13.0) among peer counties, behind only Stanly County (15.0).

Short Interval Births 2011-2015		
Residence	**Short Interval Births**	**Percent**
North Carolina	48,244	12.1
Carteret	264	12.8
Chatham	232	10.6
Haywood	218	12.5
Moore	431	13.0
Stanly	334	15.0

Source: NC State Center for Health Statistics

Mothers Who Smoke

Smoking during pregnancy affects both a mother and a baby's health before, during, and after the baby is born. The nicotine (the addictive substance in cigarettes), carbon monoxide, and numerous other poisons inhaled from a cigarette are carried through a mother's bloodstream and go directly to the baby.

Smoking while pregnant will increase the chances of miscarriage and stillbirth, increase the risk that a baby is born prematurely and/or born with low birth weight, and will increase a baby's risk

Mothers Who Smoked During Pregnancy 2011-2015		
Residence	**#**	**Percent**
North Carolina	61,321	10.2
Carteret	560	18.1
Chatham	230	7.3
Haywood	542	19.2
Moore	603	12.1
Stanly	500	15.1

Source: NC State Center for Health Statistics

of developing respiratory (lung) problems. The more cigarettes a mother smokes per day, the greater the baby's chances of developing these and other health problems. There is no "safe" level of smoking while pregnant.

The table to the right shows the number and percent of births from 2011-2015 where the mother smoked during the pregnancy. Moore County (12.1%) had the second lowest overall percentage compared to peer counties (Chatham – 7.3%) but had a higher percentage than the state (10.2%).

Haywood County had the highest percentage of mothers who smoked during pregnancy at 19.2%.

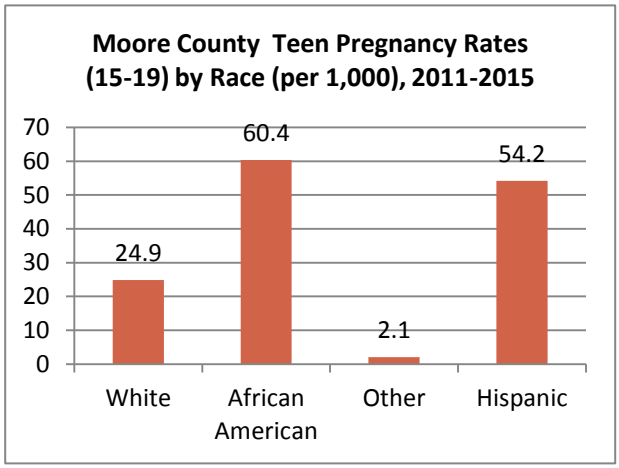
Teen Pregnancy

From 2011-2015, Moore County's total teen pregnancy rate was 14.4 (per 1,000). Compared to the state (17.4), Moore County's rate was considerably lower. For peer counties, Stanly had the highest rate at 16.5 and Carteret had the lowest at 13.1. Moore County had the second lowest rate among peer counties.

Pregnancy Rates Per 1,000 Population for Girls 15-17 by Race, 2011-2015										
	Total	**Rate**	**White**	**Rate**	**Af. Am.**	**Rate**	**Other**	**Rate**	**Hispanic**	**Rate**
North Carolina	16,283	**17.4**	5,935	**10.9**	6,419	**26.3**	578	**14.2**	3,289	**31.3**
Carteret	73	**13.1**	59	**12.4**	9	*	0	*	5	*
Chatham	83	**15.2**	35	**10.1**	10	*	0	*	37	**37.3**
Haywood	75	**14.8**	68	**14.7**	3	*	0	*	4	*
Moore	117	**14.4**	58	**10.1**	42	**28.8**	0	*	17	*
Stanly	93	**16.5**	53	**12.2**	25	**32.8**	3	*	12	*

*Source: NC State Center for Health Statistics,*fewer than 20 cases, unstable and unreported*

As the graph to the right shows, racial disparities exist in Moore County for teen pregnancy rates in the 15-19 age range. In Moore County, Hispanics and African Americans have higher rates of teen pregnancy than whites. African American teen girls are almost two and a half times as likely as white teen girls to become pregnant. Hispanic teen girls are a little more than twice as likely. Similar norms are present at the state and peer county level.



Source: NC State Center for Health Statistics

Infant and Child Deaths

Infant Mortality

Infant mortality is the death of a baby within its first year of life. Infant mortality is thought to be a social problem with medical consequences and is often considered a measure of the general health of a community. In Moore County, 5 babies died in 2011-2015 for every 1,000 born alive.

Infant Mortality Rates (per 1,000) 2011-2015										
	TOTAL DEATHS	TOTAL DEATH RATE	WHITE DEATHS	WHITE DEATH RATE	AF. AM. DEATHS	AF. AM. DEATH RATE	OTHER DEATHS	OTHER DEATH RATE	HISPANIC DEATHS	HISPANIC DEATH RATE
North Carolina	4,325	**7.2**	1,834	5.5	1,851	12.9	194	5.9	446	5.0
Carteret	22	**7.1**	17	*	2	*	0	*	3	*
Chatham	30	**9.6**	15	*	5	*	0	*	10	*
Haywood	17	*	15	*	1	*	1	*	0	*
Moore	25	**5.0**	11	*	8	*	2	*	4	*
Stanly	22	**6.7**	10	*	12	*	0	*	0	*

*Source: NC State Center for Health Statistics, * fewer than 20 cases, unstable and unreported*

As indicated by the table above, compared to peer counties, Moore County had the second lowest infant death rate over the period. Chatham County had the highest infant death rate at 9.6.

Child Deaths

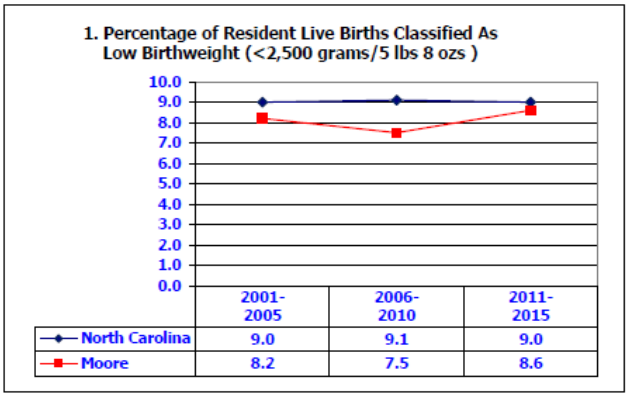
Child deaths are categorized as deaths by anyone under the age of 18. As demonstrated in the table below, for Moore County from 2011-2015, there were 35 child deaths, which was the highest number of deaths of the 5 peer counties. However, Moore County's 0-17 death rate was significantly lower than the state rate (57.8) and had the lowest rate among peer counties.

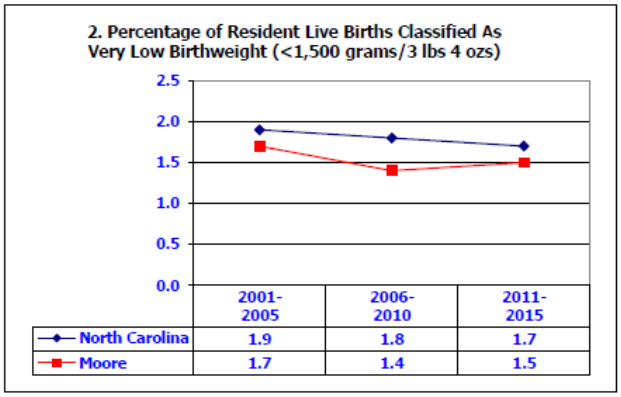
UNADJUSTED CHILD DEATH (0-17) RATES PER 100,000 POPULATION, 2011-2015		
COUNTY	**DEATHS 0-17**	**DEATH RATE 0-17**
North Carolina	6,601	**57.8**
Moore	35	**35.9**
Carteret	30	**47.4**
Chatham	34	**49.1**
Haywood	25	**45.2**
Stanly	31	**46.6**

Source: NC State Center for Health Statistics.

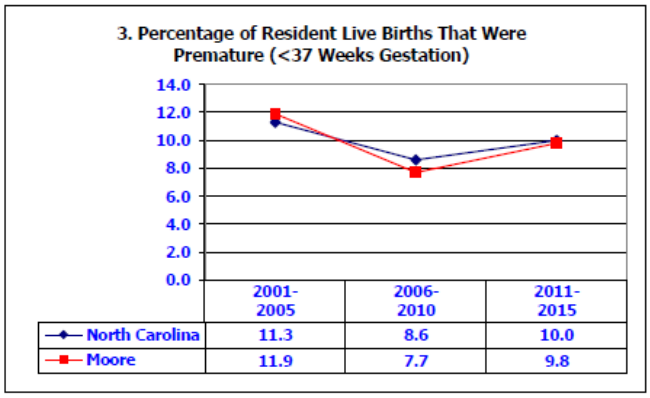
North Carolina Statewide and County Trends in Key Health Indicators – Pregnancy and Infant/child Health and Mortality

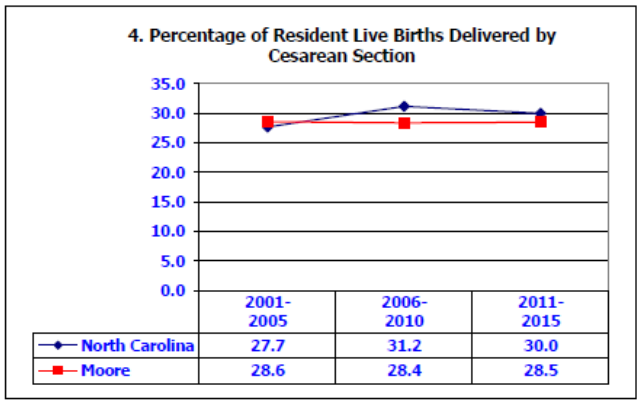
For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years.

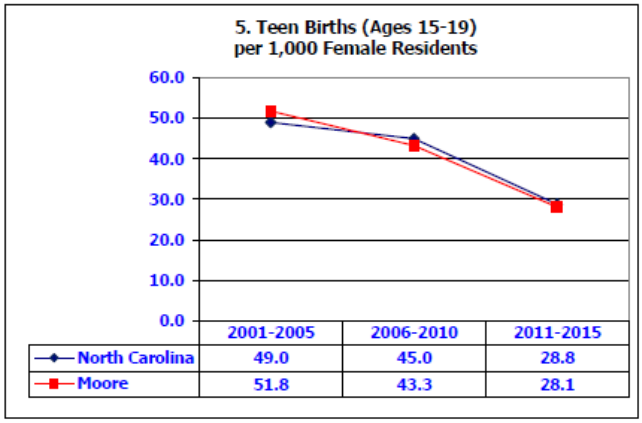


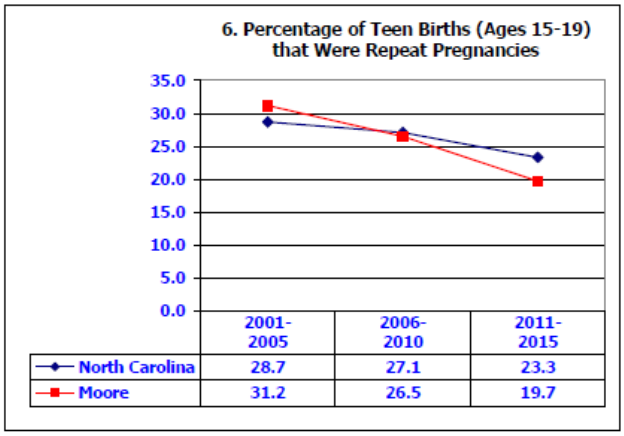


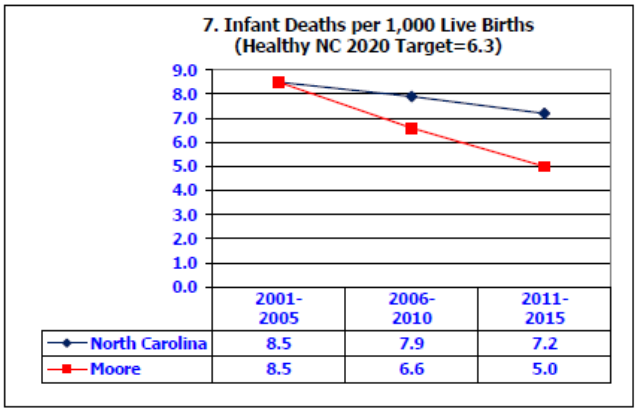
Source: NC State Center for Health Statistics

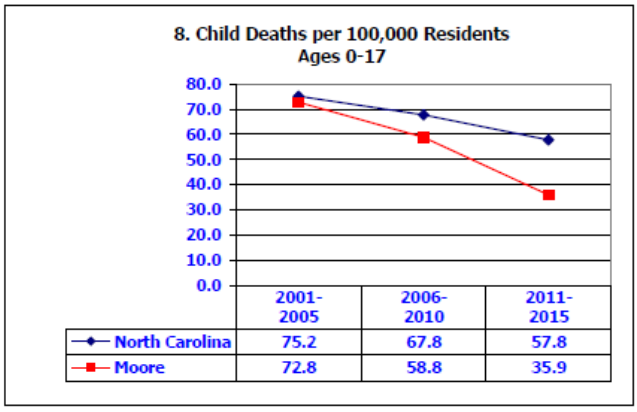












Source: NC State Center for Health Statistics

Secondary Health Data

Communicable Diseases

Communicable Disease

A communicable disease is an infectious disease transmissible (as from person to person or animal to person) by direct or indirect contact with an affected individual. The table to the right shows the top 10 communicable diseases in North Carolina based on average number of cases per year from 2011-2015.

NC Comm. Disease, Avg. Cases Per Year, 2011-2015		
RANK	DISEASE	CASES
1	Salmonellosis	**2708**
2	Campylobacter Infection	**1135**
3	Spotted Fever Rickettsiosis	**517**
4	Shigellosis	**341**
5	Streptococcal infection Group A, Invasive	**232**
6	Lyme disease	**175**
7	Cryptosporidiosis	**174**
8	Haemophilus influenzae	**156**
9	Legionellosis	**133**
10	Ehrlichiosis	**127**

Source: NC DHHS Commicable Disease Branch

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. Controlling vaccine-preventable diseases (VPDs) requires the consistent, concerted and coordinated efforts of public health agencies and healthcare providers to rapidly identify and report suspected cases, and swiftly implement control measures. Although many VPDs are at or near record low levels, with the notable exception of pertussis, maintaining high immunization rates is still critical to prevent reemergence, as has been seen nationally with recent increases in pertussis, measles, and mumps cases.

The table below shows the number of VPDs reported in NC from 2010-2015.

Number of Cases of VPDs Reported in North Carolina, 2010-2015								
Disease	*2010*	*2011*	*2012*	*2013*	*2014*	*Five-year average*	*2015*	*Significant Change**
Diphtheria	0	0	0	0	0	0	0	--
Haemophilus influenzae, invasive disease	115	92	102	140	141	118	167	⇧
Hepatitis A	45	29	38	42	43	39	38	--
Measles	1	1	0	22	1	5	0	--
Meningococcal invasive disease	13	16	8	9	10	11	5	--
Mumps	11	9	2	4	2	6	4	--
Pertussis	289	206	626	625	785	506	345	--
Pneumococcal meningitis	32	24	39	35	35	35	34	--
Polio	0	0	0	0	0	0	0	--
Rubella	0	1	0	0	0	0	0	--
Congenital rubella syndrome	0	0	0	0	0	0	0	--
Tetanus	1	0	0	0	0	0	3	⇧

** ⇧ = significant increase (≥ 2 standard deviations above average) ⇩ = significant decrease (≥ 2 standard deviations below average) -- = no significant change*

Source: NC DHHS Communicable Disease Branch

Two diseases increased significantly compared to the average of the previous five years (2010-2014): Haemophilus influenzae invasive disease and tetanus. Only one case of invasive H. influenzae was attributable to type b, the only type that is covered by the vaccine. The number of pertussis cases dropped substantially when compared to the previous three years; 345 pertussis cases were reported, the lowest since 2011. No cases of diphtheria, measles, polio, rubella, or congenital rubella syndrome were reported.

Pertussis (Whooping Cough)

As demonstrated in the table to the right, for 2015 in Moore County, pertussis was virtually non existent—there was only one confirmed case in all of 2015.

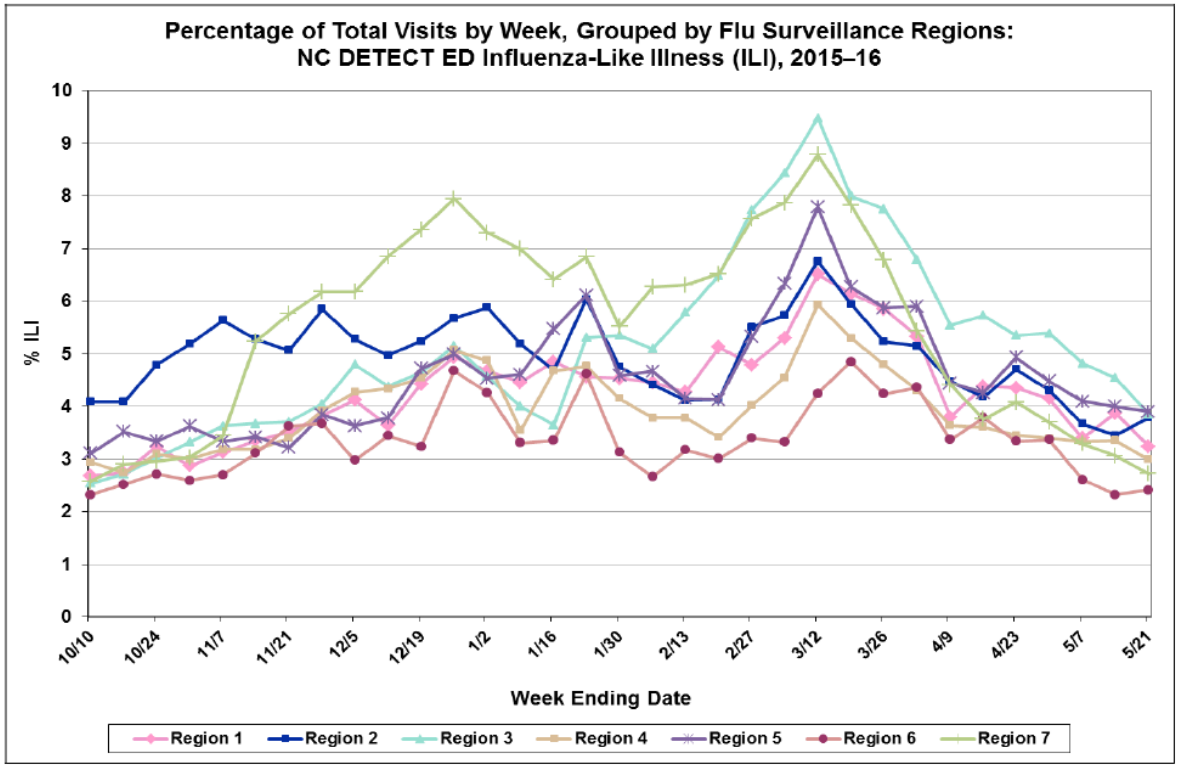
The same applied to peer counties in 2015, with no county charting more than 3 confirmed cases. Chatham and Haywood Counties had no pertussis cases in 2015.

2015 Pertussis Incidence, (Per 100,000)		
County/State	**Total #**	**Rate**
Moore	1	**1.1**
Carteret	3	**4.3**
Chatham	0	**0.0**
Haywood	0	**0.0**
Stanly	1	**1.6**
North Carolina	345	**3.5**

Source: NC DHHS Communicable Disease Branch

Influenza (Flu)

The table below shows the percentage of influenza-like illness (ILI) visits to the emergency department for the 7 NC flu surveillance regions during the 2015-2016 flu season. Moore County is part of region 3 which also includes Montgomery, Richmond, Scotland, Robeson, Hoke, Lee, Harnett, Cumberland, Bladen, Johnston, Sampson, and Wayne Counties.



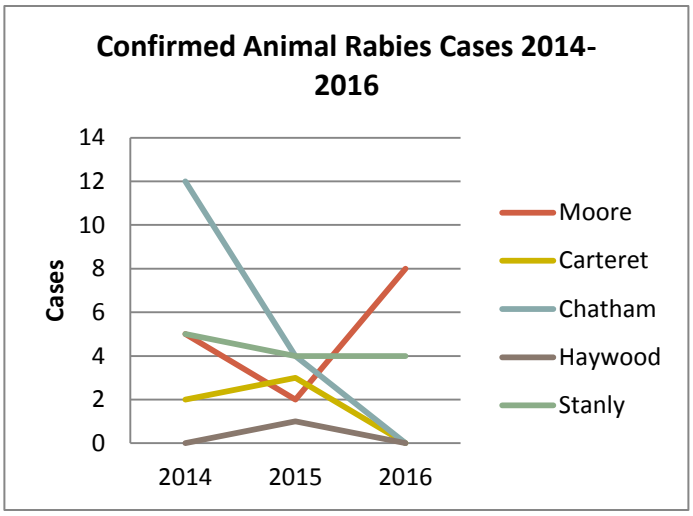
Source: NC DHHS Communicable Disease Branch

ED visits for flu peaked around mid March in 2015-2016 and Region 3 actually charted the highest percentage for the period at the time.

Rabies

The graph to the right shows the number of confirmed animal rabies cases among peer counties. Moore County has had 15 rabies cases since 2014, the second highest number of the three year period for peer counties, behind only Chatham (16). Moore County has averaged 5 cases per year for the period.

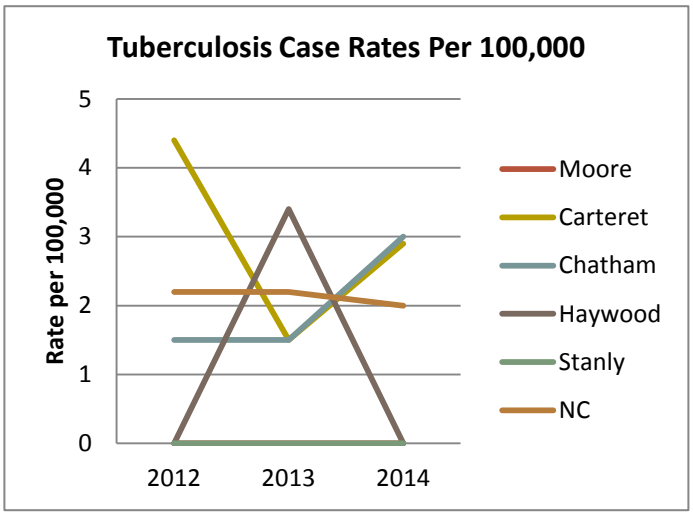
Haywood County has only had one confirmed rabies case since 2014. Chatham County charted a high of 12 cases in 2014 but dropped to zero for 2016.



Source: NC Office of Veterinary Public Health

Tuberculosis (TB)

While tuberculosis in the United States decreased from 3.8 to 3.0 per 100,000 between 2009 and 2014, the North Carolina rate went from 2.7 to 2, a 26% decline. North Carolina reported 195 tuberculosis cases in 2014. Since 1980, TB cases in North Carolina have decreased by approximately four percent per year. As a result, the total number of cases in 2014 is only 18 percent of the total number of cases reported in 1980 (195 cases compared to 1066 cases).



Source: NC DHHS Communicable Disease Branch

In 2014, 42% of all cases were located in five counties: Mecklenburg (22), Wake (16), Guilford (20), Robeson (13) and Durham (11). The case rate was higher than the state rate in all of these counties except Wake which was actually lower than the state case rate. There were 51 counties in N.C. with no reported TB cases in 2014. The graph above shows the tuberculosis case rates per 100,000 population for Moore County, its peer counties and the state. Moore County did not have any TB cases from 2012 to 2014.

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) are infections that can be transmitted through sexual contact with an infected individual. These are also termed sexually transmitted infections (STIs) or venereal diseases (VD). STDs can be transmitted during vaginal or other types of sexual intercourse including oral and anal sex. NC law requires reporting for HIV/AIDS, Chlamydia, gonorrhea, and syphilis.

HIV/AIDS

HIV disease case reports represent persons who have a confirmed diagnosis with human immunodeficiency virus (HIV). This category represents all new diagnoses of HIV regardless of the stage of the disease. AIDS (acquired immunodeficiency syndrome) case reports represent only persons with HIV infection who have progressed to this later, more life threatening stage of the disease.

The three-year (2013-2015) average rate of diagnosed HIV disease in North Carolina was 13.4 per 100,000 population. The top five counties with highest rates were Edgecombe (30.4), Bertie (27.9), Mecklenburg (27.5), Cumberland (23.8), and Durham County (22.1).

HIV Cases/Ranks NC 2013-2015 (per 100,000)		
County/State	**3 Yr. Avg. Rate (2013-2015)**	**Rank**
North Carolina	13.4	--
Moore	9.3	**37th**
Stanly	6.0	**62nd**
Carteret	5.8	**63rd**
Chatham	4.3	**76th**
Haywood	2.8	**87th**

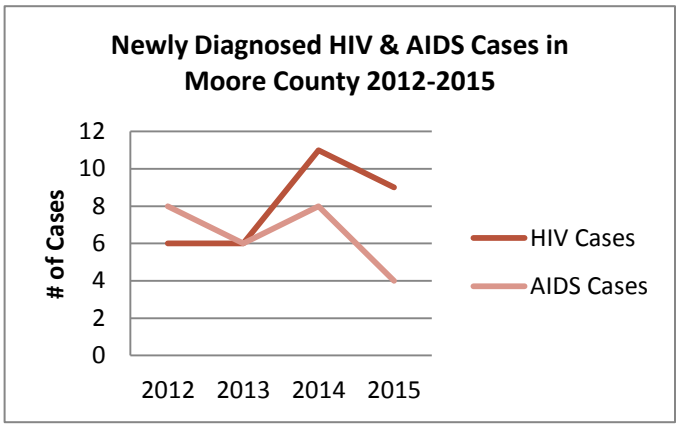
According to the 2015 North Carolina HIV/STD Surveillance Report, Moore County ranks 37th in the state (of 100 counties – with 1 having the highest rate and 100 having the lowest) for HIV disease cases with an average rate of 9.3 for the years 2013-2015, lower than the state rate of 13.4 but highest among peers. Moore County ranks 38th in the state for AIDS cases with an average rate for the years 2013-2015 of 6.5, lower than the state rate of 7.7 but 2nd highest among peers.

AIDS Cases/Ranks NC 2013-2015 (per 100,000)		
County/State	**3 Yr. Avg. Rate (2013-2015)**	**Rank**
North Carolina	7.7	--
Stanly	9.9	**16th**
Moore	6.5	**41st**
Chatham	5.8	**51st**
Carteret	4.9	**85th**
Haywood	1.7	**75th**

Source: NC-DHHS, DPH, Communicable Disease Branch

As of December 2015, there were 68 persons/cases living with AIDS and 133 with HIV residing in Moore County.

The graph on the right shows the trends for HIV and AIDS cases in Moore County from 2012-2015.

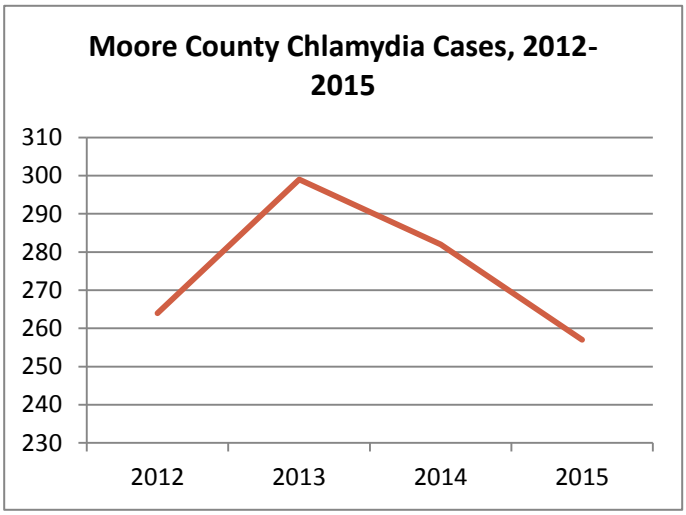


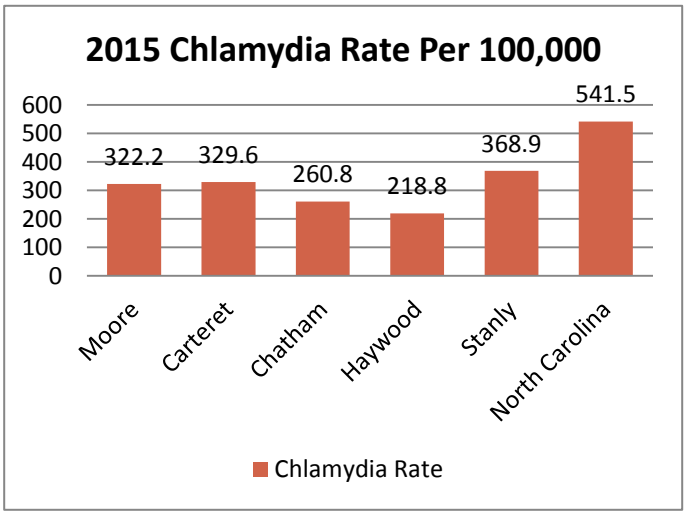
Source: NC-DHHS, DPH, Communicable Disease Branch

Chlamydia

Chlamydia is the most prevalent STD in Moore County. In 2015, there were 304 confirmed cases. As indicated in the graphs below, chlamydia cases in Moore County have trended downward since 2013. Moore County also (322.2) has a lower rate in 2015 than the state (541.5) but is 3rd highest among peers behind Stanly (368.9) and Carteret (329.6).

Chlamydia case reports represent persons who have a laboratory-confirmed chlamydial infection. It is important to note that chlamydial infection is often asymptomatic in both males and females, and most cases are detected through screening.

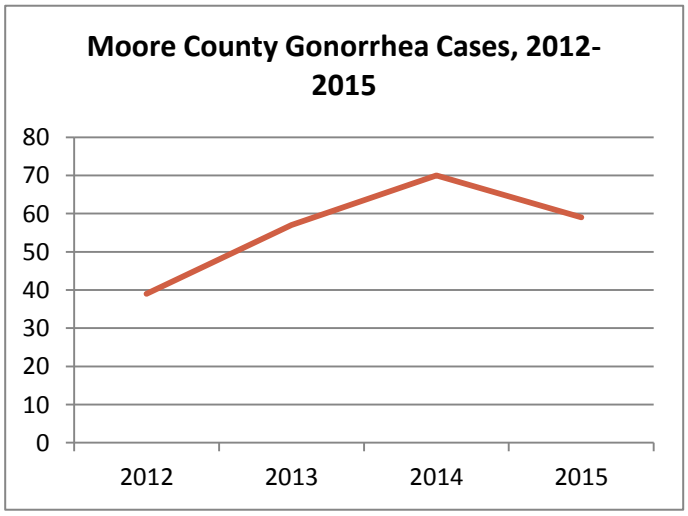


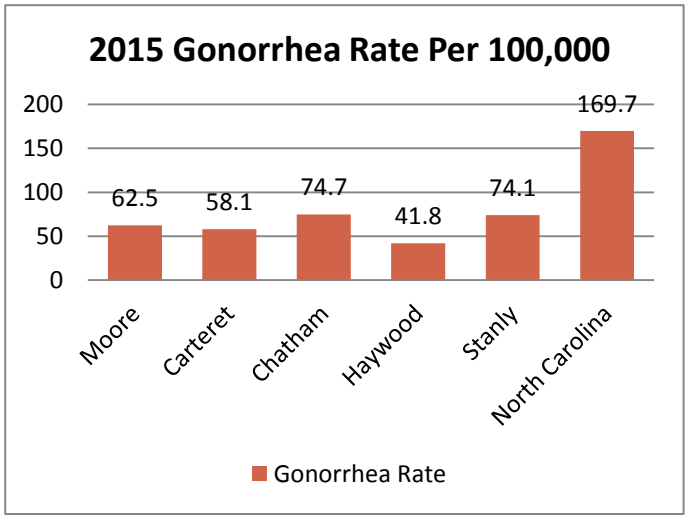


Source: NC-DHHS, DPH, Communicable Disease Branch

Gonorrhea

Gonorrhea case reports represent persons who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. In 2015 in Moore County, there were 59 confirmed cases of gonorrhea.





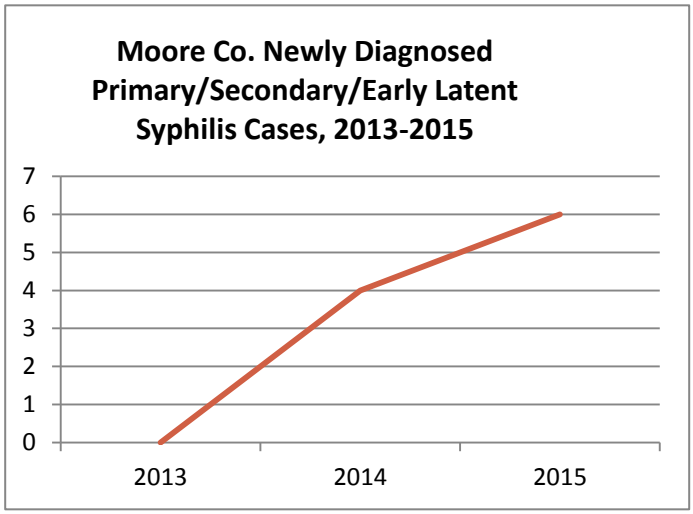
Source: NC-DHHS, DPH, Communicable Disease Branch

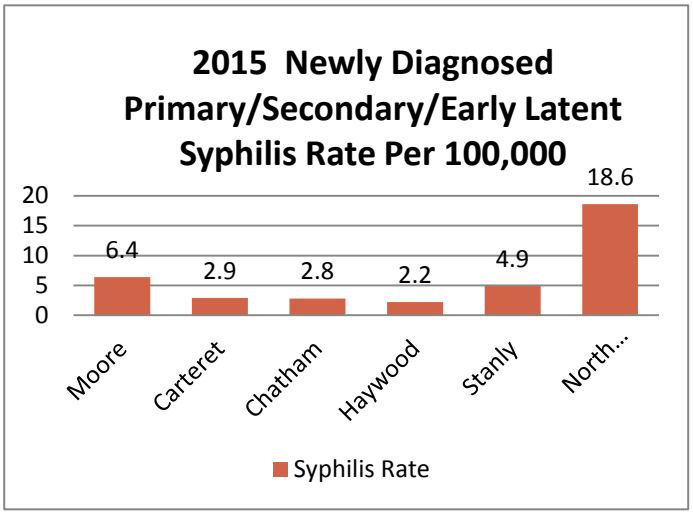
Gonorrhea cases in Moore County have experienced a slight decline since 2014, after rising from 39 cases in 2012 to 70 in 2014. Moore County and the rest of its peers are all lower than the state (169.7) with regard to 2015 rates per 100,000. Among peers, Moore County has the 3rd highest rate (62.5) behind Chatham (74.7) and Stanly (74.1).

Syphilis

Syphilis cases are reported by stage of infection, which is determined through a combination of laboratory testing and patient interviews. Primary and secondary syphilis have very specific symptoms associated with them, so misclassification of these stages is highly unlikely.

There were no syphilis cases in Moore County in 2013, but that number rose to 6 in 2015. North Carolina's primary/secondary/early latent syphilis rate of 18.6 per 100,000 is significantly higher than Moore County's and all of its peers. However, Moore County ranked highest among peer counties in 2015.





Source: NC-DHHS, DPH, Communicable Disease Branch

Age, Race, Sex, and Behavior Characteristics Regarding STDs

Although county –level data is unavailable pertaining to specific characteristics for those individuals who have confirmed sexually transmitted diseases; state-level data from the 2015 North Carolina HIV/STD Surveillance Report reveals the following:

- People between 20 and 29 years old had the highest rates of newly diagnosed HIV in 2015. These comprised 40.0% of the newly diagnosed population.

- Among race/ethnicity and gender groups, Black/African Americans represented 63.8% of all adult/adolescent HIV infections, with a rate of 47.0 per 100,000 adult/adolescent population. The highest rate (80.3 per 100,000) was among adult/adolescent, Black/African American men

- For adults and adolescents newly diagnosed with HIV in 2015, men who have sex with men (MSM) was the principal risk factor indicated in 65.6% of total cases; heterosexual transmission risk in 28.9%; injection drug use (IDU) in 2.4%, and MSM/IDU in 3.1%.

- The highest rates of newly diagnosed early syphilis occurred in people between 20 to 24 years old (59.5 per 100,000 population, respectively) and 25 to 29 years old (61.4 per 100,000 population, respectively). These cases comprised 45% of the total early syphilis cases in 2015

- Among gonorrhea reports in women in 2015, the highest rates occurred in 20 to 24 year olds, followed by 15 to 19 year olds (949.6 and 662.7 per 100,000 population, respectively). The 15 to 24 year olds comprised 31.5% of the total reported gonorrhea cases in 2015.

-In 2015, Black/African American men and women had the highest gonorrhea rates (385.2 and 460.1 per 100,000 population, respectively) and comprised 54.6% of total gonorrhea cases.

- Among chlamydia reports in women in 2015, the highest rates occurred in 20 to 24 year olds, followed by 15 to 19 year olds (4,752.7 and 3,735.1 per 100,000 population, respectively). Overall, the 15 to 24 year olds comprised 67.7% of the total chlamydia cases in 2015.

- In 2015, Black/African American men and women had the highest chlamydia rates (1,269.4 and 541.4 per 100,000 population, respectively) and comprised 37.8% of the total chlamydia cases.

Secondary Health Data

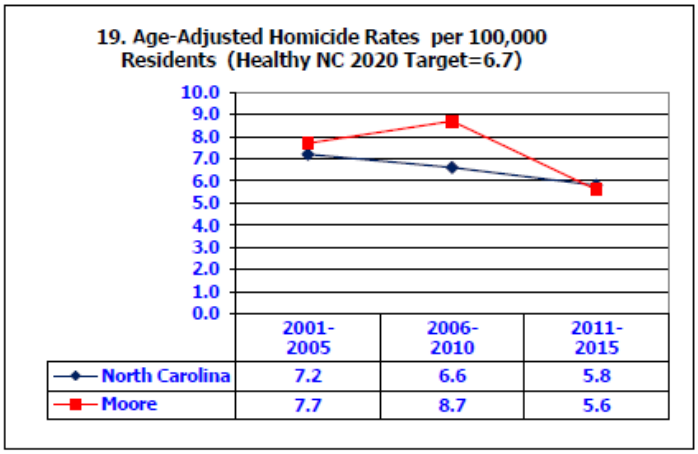
Intentional and Unintentional Injury

Intentional Injury

Homicide

Death rates due to homicide have been on a steady decline at the state-level since 2001. Moore County rates reached a 10 year low in 2015 and were lower than the state rate of 5.8 per 100,000.

2011-2015 Homicide Rate (Per 100,000)	
County/State	Rate
Moore	5.6
Carteret	2.6
Chatham	4.0
Haywood	3.9
Stanly	4.4
North Carolina	5.8



Source: NC State Center for Health Statistics

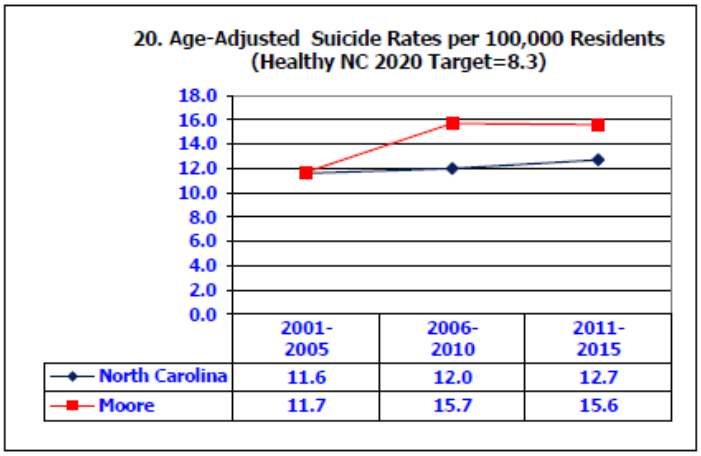
Compared to peer counties, Moore County had the highest homicide rate per 100,000 from 2011-2015.

Suicide

The suicide rate for Moore County has been consistently higher than the state over the past 10 years. Over the past 5 years, the suicide rate in Moore County has been stable.

Compared to peer counties, Moore County had the 3rd highest suicide rate per 100,000 from 2011-2015 – behind Stanly (18.6) and Carteret (17.7) Counties.

2011-2015 Suicide Rate (Per 100,000)	
County/State	Rate
Moore	15.6
Carteret	17.7
Chatham	12.6
Haywood	14.3
Stanly	18.6
North Carolina	12.7



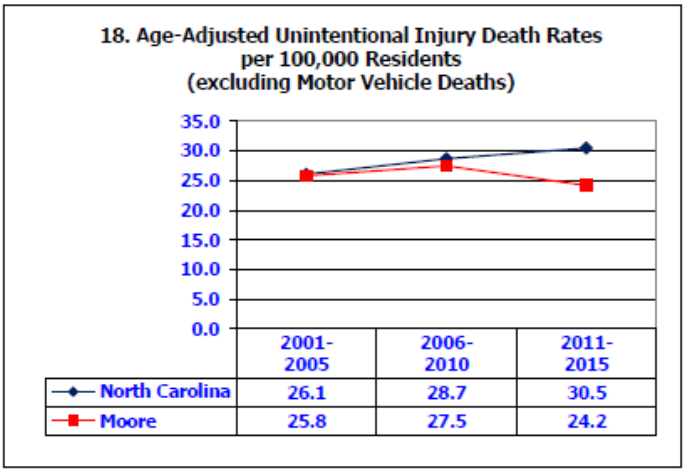
Source: NC State Center for Health Statistics

Unintentional Injury

Unintentional Injury Death Rates

Moore County's age-adjusted unintentional injury death rate dropped from 27.5 in 2010 to 24.5 in 2015 and had been lower than the state rate over the past 10 years. Compared to peer counties, only Chatham County (19.5) had a lower unintentional injury death rate per 100,000 from 2011-2015 than Moore County (24.2). Haywood County charted the highest rate from 2011-2015 at 41.6 per 100,000.

2011-2015 Unintentional Injury Death Rate (Per 100,000)	
County/State	Rate
Moore	24.2
Carteret	39.1
Chatham	19.5
Haywood	41.6
Stanly	31.9
North Carolina	30.5

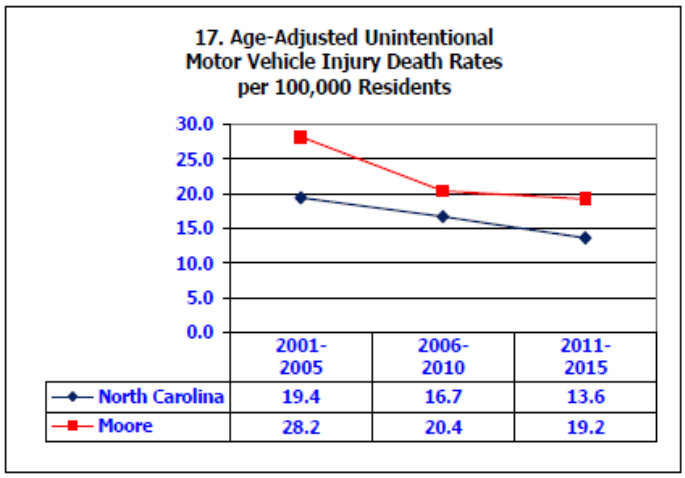


Source: NC State Center for Health Statistics

Unintentional Motor Vehicle Injury Death Rates

Although Moore County's rate for unintentional motor vehicle injury deaths has decreased over the past 15 years, rates have still been consistently higher than the state. Additionally, Moore County (19.2) had the highest unintentional motor vehicle death rate for 2011-2015 among peer counties.

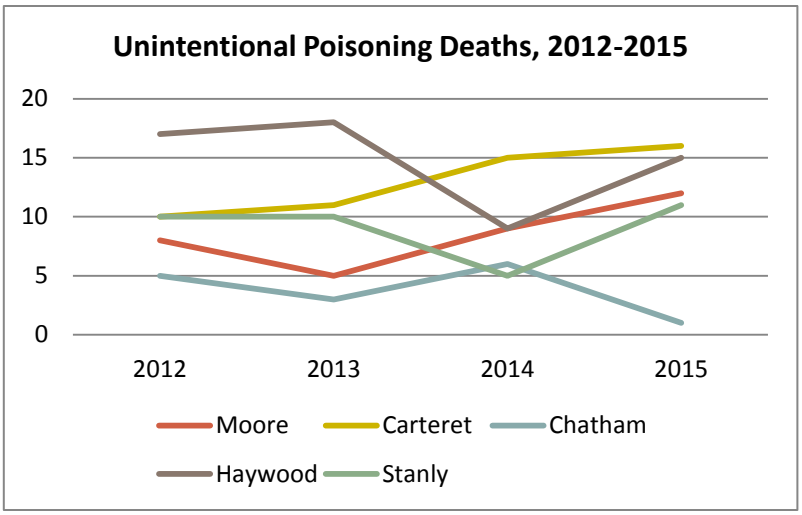
2011-2015 Unintentional Motor Vehicle Injury Death Rate (Per 100,000)	
County/State	Rate
Moore	19.2
Carteret	10.0
Chatham	15.0
Haywood	12.5
Stanly	16.8
North Carolina	13.6



Source: NC State Center for Health Statistics

Unintentional Poisonings

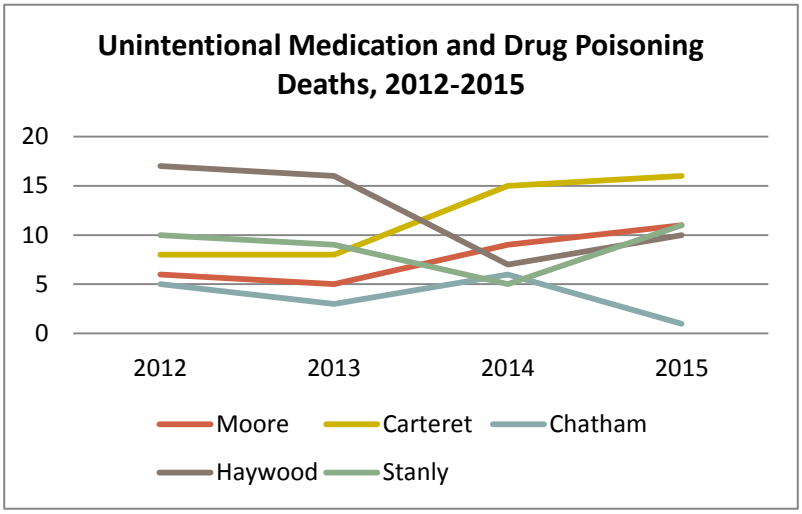
Moore County's unintentional poisoning deaths have risen since 2013 was higher than the state rate. In 2015, Moore County ranked 3rd among peer counties, charting 12 deaths. Chatham County had only one unintentional poisoning death in 2015.



Source: NC DHHS Injury & Violence Prevention Branch

Unintentional Medication & Drug Poisoning Deaths (Overdose)

Unintentional deaths by medication and drug poisoning (overdoses) have increased in Moore County since 2013, reaching a high of 11 in 2015. Compared to peer counties, Moore County ranks 3rd, tied with Stanly County (11) for overdose deaths in 2015. The majority of drug overdose deaths in Moore County, as well as other peer counties, are attributed to prescription opioid medications.

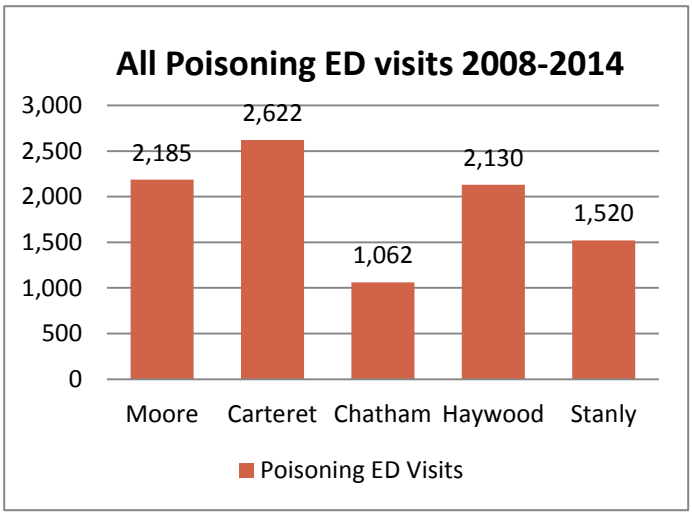


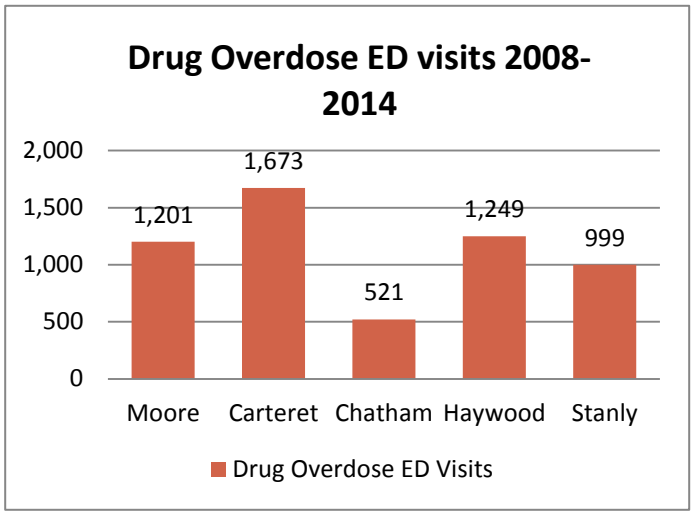
Source: NC DHHS Injury & Violence Prevention Branch

Emergency Department (ED) Visits For Poisoning and Drug Overdose

As shown in the charts below, from 2008-2014 Moore County had a total of 2,185 emergency department visits due to poisoning and 1,201 emergency department visits due to drug overdose. This translates to, on average, 312 poisoning ED visits and 172 drug overdose ED visits per year for Moore County.

Compared to peer counties, Moore County had the second highest poisoning ED visit total (2,185) and third highest drug overdose ED visit total (1,205).





Source: NC DETECT

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.

Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in 2015, there were an estimated 43.4 million adults aged 18 or older in the United States with a mental illness within the past year. This number represented 17.9% of all U.S. adults.

The 2015 Professional Research Consultants (PRC) survey asked respondents in Moore County to think back over the past 30 days to days when their mental health was not good – days that included stress, depression, and problems with emotions. The survey reported that just over 1 in 6 (18.7%) Moore County residents experienced 3 or more poor mental health days in the past month. Additionally, the PRC survey found that even more respondents (36.8%) felt worried, tense, or anxious for 3 days or more in the past month. The PRC survey also revealed that roughly 1 in 4 (23.8%) Moore County residents had experienced symptoms of chronic depression at some point in their lives (defined as having two or more years in their lives when they felt depressed or sad on most days).

According to the PRC survey, only 22.3% of Moore County residents have sought professional help for a mental or emotional problem. Compared to Hoke, Richmond, and Montgomery Counties (the other counties participating in the PRC survey), Moore County's percentage of respondents who said they had sought professional help was statistically the lowest among the 4 counties. This demonstrates a possible gap between illness and treatment. Additionally, only 2.8% of respondents have ever sought help for a drug or alcohol problem.

Demographically, the PRC survey revealed that women, adults age 18-39, lower-income residents, and African Americans are more likely to experience 3 or more days of poor mental health or symptoms of chronic depression.

<u>Sandhills Center</u>

Sandhills Center is one of 23 Local Management Entities (LMEs) of the NC Department of Health and Human Services. The mission of Sandhills Center Local Management Entity is to develop, manage, and assure that persons in need have access to quality mental health, developmental disabilities and

substance abuse services. It is locally governed by a Board of Directors composed of County Commissioners designated by each participating county and their appointees. The Sandhills Center LME is comprised of 9 counties (Moore, Montgomery, Hoke, Anson, Richmond, Randolph, Lee, Guilford, and Harnett).

One of the main responsibilities of the Sandhills Center is to provide the public with access to screening, triage, and referral for mental health services 24 hours per day, seven days per week via a "help line" (1-800-256-2452). It is normally the first point of contact between Sandhills Center and persons in need of assistance related to mental illness, developmental disabilities or addictions. Calls to the help line are answered by licensed clinicians. Callers may ask questions and explain their situation. Each call is immediately assessed in terms of its nature and urgency. Questions are answered, and callers are offered appointments from a list of community based, publicly-funded providers of services - emergency to routine - for men, women, and children.

Sandhills Center also contracts with private providers to provide services. Services available through private providers contracted by Sandhills Center include:

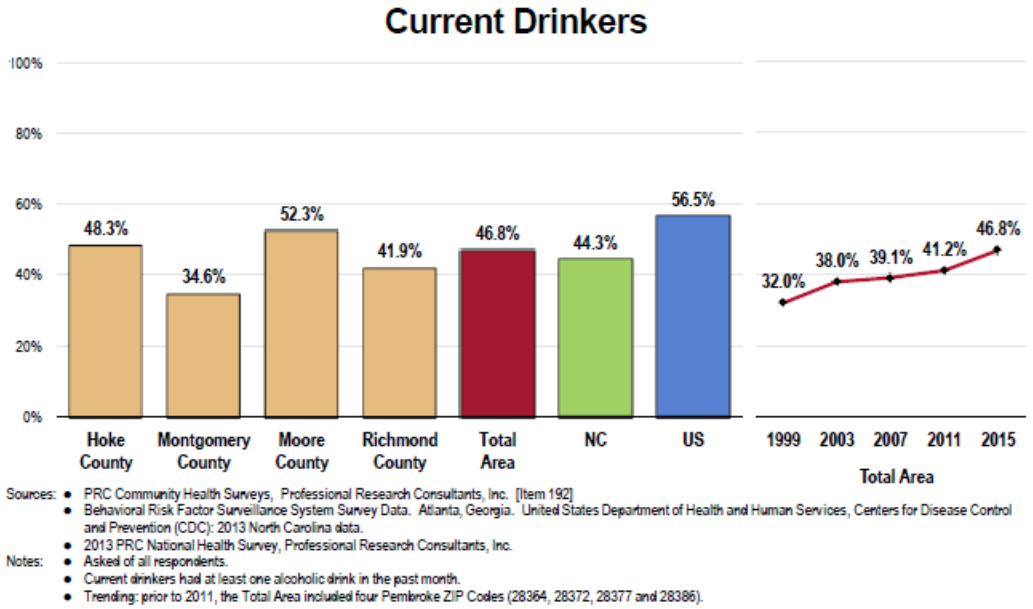
- Mental health assessment
- Substance abuse assessment
- Psychiatry
- Job training
- Behavioral counseling
- Geriatric specialties
- Crisis management
- Family advocacy
- Day and residential treatment for youth

Substance Abuse

Drug abuse is a serious problem that impacts families and communities across the nation. It affects a wide range of individuals – from people as young as middle school age to those of retirement age.

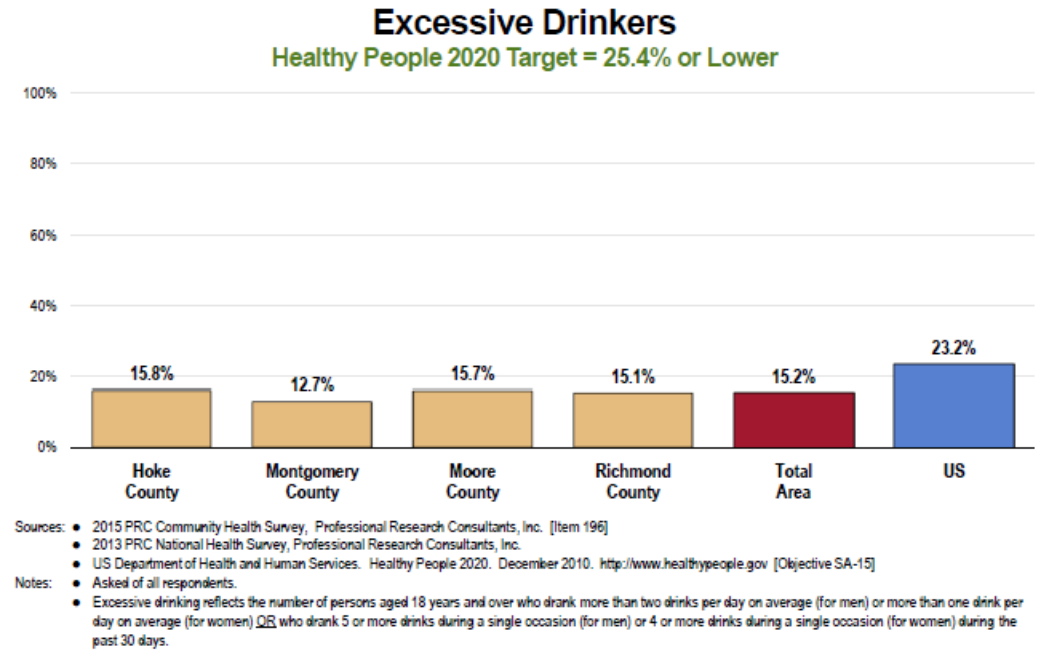
Alcohol

In Moore County, according to the 2015 Professional Research Consultants (PRC) survey, 52.3% of Moore County respondents are current drinkers (had consumed 1 at least one alcoholic beverage in the past 30 days). Comparatively, Moore County's percentage was higher than the state's and also higher than the average of 3 other counties (Montgomery, Richmond, and Hoke) who participated in the survey, as demonstrated by the graph below.



Source: 2015 Professional Research Consultants Survey

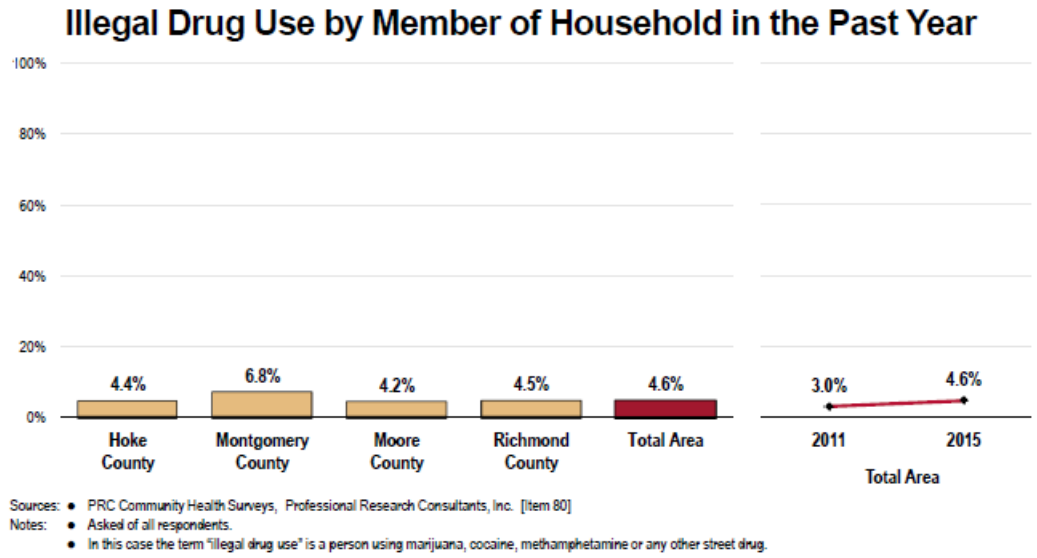
Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month. The 2015 PRC survey found that 15.7% of Moore County respondents had participated in excessive drinking in the past month. Moore County had the 2nd highest percentage of excessive drinking of the 4 counties participating in the survey, as demonstrated in the graph below.



Source: 2015 Professional Research Consultants Survey

Illegal Drug Use

Illegal drug use includes the use of such street drugs as marijuana, cocaine, methamphetamine, etc. The 2015 PRC survey indicates that 4.2% of Moore County respondents report that they or a member of their household had used illegal drugs in the past year. It is important to keep in mind, as self-reported measures – and because these indicators reflect potentially illegal behavior –it is reasonable to expect that survey responses might be underreported, and that actual illicit drug use in the community are likely higher.

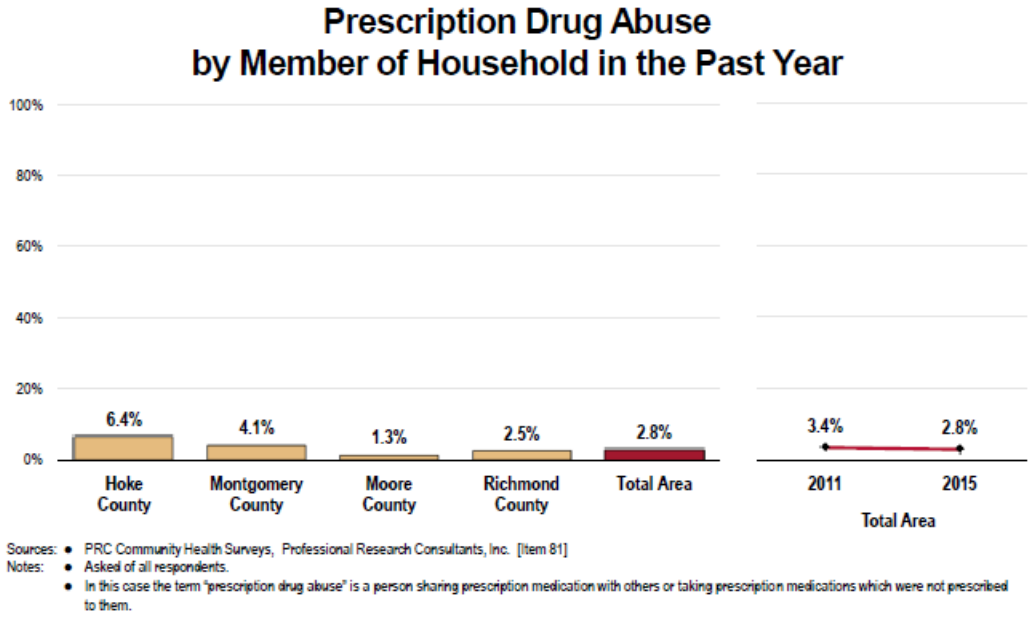


Source: 2015 Professional Research Consultants Survey

Prescription Drug Abuse

Prescription drug abuse includes sharing prescription medications with others or taking prescription medications that were not originally prescribed to an individual by a doctor. The 2015 PRC survey shows that 1.3% of Moore County respondents reported that they or a member or their household had abused prescription drugs in the past year. As with illegal drugs, it is important to remember that prescription drug abuse might be under-reported. Demonstrated in the graph below, Moore County's percentage of those reporting prescription drug abuse was slightly lower than the average of 3 other counties participating in the survey.

An important consideration to make is that much of the drug abuse seen in Moore County is actually prescription drug abuse. According to information reported by the Moore County Sheriff's Office, the most commonly abused prescription drugs are opiates, which include Percoccet, Lorcet, Oxycontin and Methadone. Other common drugs are central nervous system depressants including Xanax and Valium. Illegal prescription sale or use comes in many forms and may range from stealing a single pill from the medicine cabinet of a family member to forging prescriptions. "Doctor shopping" for multiple prescriptions for personal use or sale is a growing trend that is a problem for both law enforcement and healthcare providers.



Source: 2015 Professional Research Consultants Survey

2016 Moore County Community Health Opinion Survey – Key Findings

Mental Health/Substance Abuse Treatment

- **When participants were asked where they would tell a friend of family member to go or call if they had a mental health or substance abuse problem, most (32.7%) said they would tell them to see/talk to a private counselor or therapist.**
- **24.5% said they would tell them to contact their doctor.**
- **22.1% said they did not know who to tell them to contact.**

Quitting Smoking/Tobacco

34.2% of respondents said they would go to a doctor for help if they wanted to quit smoking or using tobacco. However, the majority (36.6%) said that they didn't want to quit.

Children and High Risk Behaviors

77.6% of parents surveyed said that they did not believe their child/children were engaging in any form of risky behavior. Of those parents who did say their child/children was engaging in risky behavior, the top 3 answers were sexual activity, distracted driving or speeding, and skipping school; respectively. 10.2% of parents surveyed didn't know if their child/children were engaging in risky behavior.

Health Information for Children

Parents were asked which health problems/issues they thought their child/children needed more information about. The top 5 answers were...

1. Internet Safety
2. Sexual Activity/Teen Pregnancy/Birth Control
T3. Alcohol, Dating Violence
4. Bullying
T5. Distracted Driving, Speeding, Tobacco, STDs, and Drug Abuse

Selected Health Priorities

On November 21st, 2016, preliminary data was reviewed and discussed by the MooreHealth, Inc. Board. Robert Wittmann, MPH, Moore County Health Director and Secretary to the Moore County Board of Health attended the meeting as a Board of Health representative. Other non-MooreHealth Board community representatives also attended the meeting to provide input.

Moore County's Selected Health Priorities for 2017-2020:

1. Obesity
2. Substance Abuse
3. Aging Issues

In each priority area, health disparities will be addressed. This is because for many health status measures, the rates are worse for minority populations compared to white populations. This holds true for Moore County, as well as North Carolina and the United States.

Continuation of 2014 Priorities:

All three priority health issues from 2014 (obesity, substance abuse, and aging) will be continued. After discussion, the group felt that there was still much work left to be done within each priority area.

The justification for the priority areas selected include:

1. Data documents problems that need to be addressed.
2. The Community Opinion Survey documents awareness of concerns in the selected areas.
3. There is demonstrated and continued need for work on all three 2014 priority areas.
4. There are current (and future) resources and opportunities available to impact the problem.

Next Steps:

In the Spring of 2017, the MooreHealth, Inc. Board will meet and determine the leadership and membership of 3 separate sub-committees who will be charged with addressing each of the selected priority areas (obesity, substance abuse, and aging issues). By the summer of 2017, the sub-committees will develop action plans that will guide the work to address the health priorities over the next three years.

Appendix

A.) 2016 Community Opinion Survey
B.) 2016 Community Opinion Survey Results
C.) MooreHealth, Inc.
D.) Moore County Health Department

APPENDIX A

2016 Moore County Community Health Opinion Survey

Hello, I am _____ and this is _____ representing Moore County Health Department. (Show badges.) We are here to ask you to participate in a health opinion survey for our county. You were one of the addresses selected at random. The purpose of this survey is to learn more about the health and quality of life in Moore County, North Carolina. The Moore County Health Department, MooreHealth Inc., and Moore County United Way will use the results of this survey to help develop plans for addressing the major health and community issues in Moore County. All the information you give us will be completely confidential and will not be linked to you in any way.

This survey is completely voluntary. It should take around 10-15 minutes to complete. If you have already completed this survey, or if you don't live in Moore County, please tell me now.

Would you be willing to participate?

Moore County

Community Health Survey

PART 1: Community Problems and Issues

1. **Thinking about your community, what kind of place is it to live?**
   _____ Excellent ____ Good ____Fair ____Poor

2. **These next questions are about health problems that have the largest impact on the community as a whole. Please look at this list of health problems. (*Give the person the sheet of health problems.)* I would like for you to pick the most important health problems in this county. You can choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider one of the most important, please let me know and I will add it in. I can also read these out loud as you think about them. (*Read health problems if they prefer to have them read.)***

___ Aging problems (Alzheimer's, arthritis, hearing or vision loss, etc.)
___ Asthma
___ Birth defects
___ Cancer
What kind? _____
___ Adult dental health
___ Child dental health
___ Diabetes
___ Gun-related injuries
___ Heart disease/heart attacks
___ High blood pressure
___ Autism

___ Infant death
___ Infectious/Contagious diseases (TB, salmonella, pneumonia, flu, etc.)
___ Kidney disease
___ Liver disease
___ Mental health (depression, schizophrenia, suicide etc.)
___ Motor vehicle accidents
___ Neurological disorders (Multiple Sclerosis, muscular dystrophy, A.L.S.)

___ Other injuries (drowning, choking, home or work related)
___ Obesity/overweight
___ Lung disease (emphysema, etc.)
___ Sexually transmitted diseases (STDs)
___ HIV/AIDS
___ Stroke
___ Teenage pregnancy
___ Other _____

Unhealthy Behaviors

3. **These next questions are about unhealthy behaviors that some individuals do that have the largest impact on the community as a whole. Please look at this list of unhealthy behaviors. *(Give person the sheet of unhealthy behaviors.)* Pick top unhealthy behaviors in this county. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior that you consider one of the most important, please let me know and I will add it in. I can also read these out loud as you think about them. *(Read health problems if they prefer to have them read.)***

___ Alcohol abuse
___ Illegal drug abuse
___ Prescription drug abuse
___ Having unsafe sex
___ Lack of exercise
___ Not getting immunizations ("shots") to prevent disease
___ Not using child safety seat

___ Not using seat belts
___ Not going to a dentist for preventive check-ups / care
___ Not going to the doctor for yearly check-ups & screenings
___ Not getting prenatal (pregnancy) care
___ Reckless/Distracted riving

___ Not washing hands
___ Poor eating habits
___ Drunk driving
___ Smoking/tobacco use
___ Suicide
___ Violent behavior
____ Other: _____

Community Issues

4. **These next questions are about community-wide issues that have the largest impact on the overall quality of life in Moore County. Please look at this list of community issues.** ***(Give person the sheet of community issues.)*** **Pick the community issues that have the greatest effect on quality of life in this county. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a community problem you consider one of the most important, please let me know and I will add it in. I can also read these out loud as you think about them.** ***(Read health problems if they prefer to have them read.)***

___ Animal control issues
___ Availability of child care
___ Affordability of health services
___ Availability of healthy food choices
___ Bioterrorism
___ Dropping out of school
___ Homelessness
___ Inadequate/unaffordable housing
___ Lack of/inadequate health insurance
___ Lack of culturally appropriate health services.
___ Lack of health care providers
What kind? _____
___ Lack of recreational facilities (parks, trails, community centers, etc.)
___ Lack of law enforcement
___ Literacy
___ Secondhand smoke
___ Work safety

___ Availability of healthy family activities
___ Availability of positive teen activities
___ Neglect and abuse (Specify type)
___ Elder abuse
___ Child abuse
___ Pollution (air, water, land)
___ Low income/poverty
___ Racism
___ Lack of transportation options
___ Unemployment
___ Unsafe, un-maintained roads
___ Unhealthy/unsafe home conditions
___ Violent crime (murder, assault, etc.)
___ Rape/sexual assault
___ Domestic Violence
___ Gang issues
___ Youth crime
Other: _____

PART 2: Personal Health

Now I am going to ask you some questions about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

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

____ Friends and family
____ Doctor/nurse/pharmacist
____ Internet
____ Health Department
____ Television
____ Hospital
____ Help lines (telephone)
____ Books/magazines
____ Free Care Clinic
____ Social media (twitter, facebook)
____ School
____ Church
____ Newspaper
____ Other _____

6. Where do you go <u>most often</u> when you are sick or need advice about your health? ***(DO NOT read the options. Mark only the one they say. If they cannot think of one, read:*** **Here are some possibilities.** ***Read responses.*** **Choose the one that you usually go to.)**

_____ Doctor's office/medical clinic
_____ Health department
_____ Hospital/Emergency Room
_____ Other: _____
_____ Veterans Administration Clinic
_____ Urgent Care Center
_____ Free Care Clinic

7. Are you covered by a health insurance plan? ____ Yes ____ No

If yes, what type of coverage do you have?

_____ *Medicare (includes supplemental policy)*
_____ *Private insurance (Ex: BCBS, Aetna, Cigna, etc…)*
_____ *Other*
____ *Medicaid*
____ *Tricare/VA*

If yes, are there any concerns you have about your health care coverage?

_____ *High deductibles*
_____ *High co-pays*
_____ *High prescription costs*
_____ *Other* _____

8. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

____ Yes ____ No (*now skip to question #10*)

9. If you did have a problem or you were to have a problem, please indicate on the list below your challenges. You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in. ***(Read Problems.)***

a. ___ I didn't have health insurance.

b. ___ My insurance wouldn't pay for what I needed.

c. ___ My share of the cost (deductible/co-pay) was too high.

d. ___ Doctor would not take my insurance or Medicaid.

e. ___ I could not afford the cost.

f. ___ I didn't have a way to get there.

g. ___ I didn't know where to go.

h. ___ I couldn't get an appointment.

i. ___ Other: _____

10. Please identify which county you seek routine health care in most often?

a. ___ Moore

b. ___ Montgomery

c. ___ Richmond

d. ___ Randolph

e. ___ Stanly

f. ___ Scotland

g. ___ Cumberland

h. ___ Hoke

i. ___ Other: _____

11. In the past 12 months, did you have a problem filling a medically necessary prescription?

____ Yes ____ No (*now skip to question #13*)

12. Since you said "yes", which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in. (*Read Problems.)*

a. ___ I didn't have health insurance.

b. ___ My insurance didn't cover what I needed.

c. ___ My share of the cost (deductible/co-pay) was too high.

d. ___ Pharmacy would not take my insurance or Medicaid.

e. ___ I didn't have a way to get there.

f. ___ I didn't know where to go.

g. ___ Other: _____

13. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to? ***(DO NOT read the options. Mark only the ones they say. If they can't think of anyone…*** **Here are some possibilities. You can choose as many as you want**. ***Read responses.*** **Which do you think you would choose?)**

a.____ Private counselor or therapist

b.____ Support group (e.g., AA. Al-Anon)

c.____ School counselor

d.____ Don't know

e.____ Doctor

f.____ Minister/religious official

g.____ Other: _____

14. During a normal week, do you engage in any exercise activity (other than work) that lasts at least a half an hour?

____ Yes ____ No (*now skip to question #17*)

15. Since you said yes, how many times would you say you engage in this activity during a normal week?

a. ____ 1 to 2 times/week
b. ____ 3 to 4 times/week
c. ____ 5 to 6 times/week
d. ____ 7 or more times/week

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

a.____ Park

b.____ Public Recreation Center

c.____ School

d.____ Gym/Fitness Center

e.____ Greenway trails

f.____ Home

g. ____ Senior Center

h.____ Church

i. ____ Other: _____

17. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to. ***(DO NOT read the options. Mark only the ones they say. This is to test their knowledge. If they really can't think of one, then mark I don't know.)***

a.____ My job is physical or hard labor

b.____ Exercise is not important to me.

c.____ I don't have access to a facility that has the things I need, like a pool, golf course, or a track or no safe place to exercise.

d.____ I don't have enough time to exercise.

e.____ I don't like to exercise.

f.____ It costs too much to exercise (equipment, shoes, gym costs)

g.____ I'm too tired to exercise.

h. ____ I'm physically disabled.

i. ____ Other: _____

18. How many hours per day do you watch TV, play video games, or use the computer, tablet, or a smart phone for recreation?

____ 0-1 hour ____ 2-3 hours ____ 4-5 hours ____ 6+ hours

19. Do you utilize any local farmer's markets?
____ Yes *(now skip to #21)* ____ No *(go to #20)*

20. If no, why would you not utilize a local farmer's market?
___ Inconvenient ___ Too expensive ___ Rather shop elsewhere

___ Market hours don't meet my needs ___ Don't eat fruits and vegetables

___ Location is inconvenient/transportation is an issue ___ Don't have items/variety I'm looking for

___ Not aware of markets in my area/where they are located

___ Other _____

21. Are you exposed to secondhand smoke in any of the following places *(Check all that apply)?*

a.____ Home

b.____ Workplace

c.____ Church

d.____ Automobile

e.____ Other: _____

f.____ I am not exposed to secondhand smoke.

22. Do you currently smoke? ____Yes ____ No
Do you currently use other tobacco products? _____ Yes _____No
(If no to both, skip to question #24)

23. If yes, where would you go for help if you wanted to quit?
(DO NOT read the options. Mark all that apply. Mark only the ones they say.) (This is to test their knowledge.)

a.____ Quit Now NC

b.____ Doctor

c.____ Church

d.____ Pharmacy

e.____ Private counselor/therapist

f.____ Health Department

g.____ Hospital

h.____ Other: _____

i.____ Not applicable; I don't want to quit

24. Have you ever been told by a <u>doctor, nurse, or other health professional</u> that you have any of the conditions I am about to read?

a. Asthma ____ Yes ____ No

b. Depression or anxiety disorder ____ Yes ____ No

c. High blood pressure ____ Yes ____ No

d. High cholesterol ____ Yes ____ No

e. Diabetes (not during pregnancy) ____ Yes ____ No

f. Osteoporosis ____ Yes ____ No

g. Overweight/Obesity ____ Yes ____ No

25. Do you have children between the ages of 9 and 19?

____ Yes *(now go to question #26)* ____ No *(now skip to question #30)*

26. Would you be interested in allowing your child to walk to school if there was a safe route?

_____ Yes ____ No

27. Do you think your child is engaging in any of the following high risk behaviors I am about to read? (*Please answer yes or no after each behavior. Read the list and check all that apply.)*

a.___ Alcohol Use e.___ Eating Disorders h.___ Drug Abuse

b.___ Tobacco Use f.___ Sexual activity i.___ Distracted driving/speeding

c.___ Gangs g.___ Criminal activities j.___ Skipping school

k. ___ Don't know

l.___ I don't think my child is engaging in any high risk behaviors.

(If you get questions about other risky behaviors: We are aware that there are other risky behaviors. For the purposes of this survey, however, we are only requesting information about these 9 behaviors or none at all.)

28. Are you comfortable talking to your child about the risky behaviors we just asked about?

____ Yes ____ No

29. Do you think your child or children need more information about the following problems: ***(Read list. Allow time for a yes or no following each item. Check all that apply.)***

a.___ Alcohol e.___ Eating Disorders i.___ Distracted driving/speeding

b.___ Tobacco f.___ Sexual activity/teen pregnancy j.___ Mental health issues/suicide

c.___ HIV g.___ STDs k.___Internet safety

d.___ Birth Control h. ___ Drug Abuse l.___ Dating violence

m.___ Bullying n.___ Other

Part 3. Emergency Preparedness

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

Yes, smoke detectors only___ Yes, carbon monoxide detectors only___

Yes, both ____ No ___

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

___ Television ___ Print Media (ex: Newspaper) ___ Social Networking Site

___ Neighbors ___ Don't know/Not Sure ___ Other _____

___ Radio ___ Text Message (Emergency Alert System)

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

____ Yes *(now skip to #34)* ____ No *(go to #33)*

33. What would be the main reason you might not evacuate if asked to do so? (Check one)

___ Concern about personal family/family safety ___ Inability to get out of home or area

___ Lack of trust ___ Health problems (could not be moved)

___ Not wanting to leave home or property ___ Lack of transportation

___ Concern about leaving pets ___ Don't know/Not sure

___ Other _____

34. Does your household have a Family Emergency Plan? (This would be a plan that includes ways to get to safe locations for relevant emergencies, communication during an emergency, staying safe during an emergency, establishing a meeting place if you had to leave your home during an emergency, etc.)

_____Yes _____No

35. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for? (This would be an emergency kit that has been prepared ahead of time. A kit usually can contain a supply of food, water, a flashlight, batteries, a weather radio, first aid kit, along with any other basic supplies needed during an emergency).

___ No ____ 3 days ____ 1 week ____2 weeks ____ More than 2 weeks

---

Part 4. Demographic Questions

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

36. How long have you lived in this county?

_____ less than one year _____ 1 – 5 years _____ 6 – 10 years
_____ more than 10 years _____ my whole life

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

_____ 18 - 24 _____ 35 - 44 _____ 55 - 64 ____75 or older

_____ 25 - 34 _____ 45 - 54 _____ 64 – 74

38. Are you Male or Female? ***(In most cases, this question can be answered by the interviewer without asking.)***

_____Male _____Female

39. Are you of Hispanic origin?

_____Yes _____ No

40. What is your race?

Ask the question by reading the categories. If the person is of more than one race or one not written here, check "other" and write in his or her answer.)

_____ Black or African American _____ American Indian or Alaskan Native

_____ Asian or Pacific Islander _____ White

_____ Other: _____

41. A. Do you speak a language other than English at home?

___Yes ___No

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

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

_____ Some high school, no diploma

_____ High school diploma or GED

_____ Associate's Degree or Vocational Training

_____ Some college (no degree)

_____ Bachelor's degree

_____ Graduate or professional degree

_____ Other: _____

43. How many people live in your household? _____

44. (Based on answer to question # 43, ask the individual if their annual household income is either above or below the threshold level dollar amount that corresponds with the family size answer they gave in question #43. Place an "X" indicating if income is "above" or is "at or below" the threshold.)

____ Income is above threshold _____ Income is at or below threshold

Family size	200% FPL Threshold Level
1	$23,540
2	$31,860
3	$40,180
4	$48,500
5	$56,820
6	$65,140
7	$73,460
8	$81,780

45. What is your employment status? I will read a list of choices. Let me know which ones apply to you. ***(Read choices. Check all that apply.)***

a._____ Employed full-time

b._____ Employed part-time

c._____ Retired

d._____ Military

e._____ Unemployed

f._____ Disabled

g._____ Student

h._____ Homemaker/Stay at Home Parent

i._____ Self-employed

46. Do you have access to the Internet or own a smart phone?
____ Yes ____ No

47. What is your zip code? (Write only the first 5 digits.) _____

48. Are you a member of a faith organization? ____ Yes ____ No

2016 Moore County Community Health Assessment Survey: Results

Q1 Thinking about your community, what kind of place is it to live?

Answered: 206 Skipped: 4

Answer Choices	Responses	
Excellent	51.46%	106
Good	33.50%	69
Fair	12.14%	25
Poor	2.91%	6
Total		**206**

Q2 Pick the most important health problems in this county. You can choose up to 5

Answered: 200 Skipped: 10

Answer Choices	Responses	
Aging problems	50.50%	101
Cancer	46.00%	92
Heart disease/heart attacks	39.50%	79
High blood pressure	39.50%	79
Obesity/overweight	32.50%	65
Diabetes	28.00%	56
Mental health	25.50%	51
Motor vehicle accidents	23.50%	47
Stroke	15.00%	30
Lung disease	9.50%	19
Asthma	8.00%	16
Infectious/Contagious disease	7.50%	15
Autism	6.50%	13
Sexually transmitted diseases (STDs)	6.00%	12
Teenage pregnancy	6.00%	12
Adult dental health	5.50%	11
Child dental health	5.00%	10
Gun-related injuries	4.50%	9
Neurological disorders	4.50%	9
Other injuries	4.50%	9

Kidney disease	2.50%	5
Other (please specify)	2.50%	5
Birth defects	2.00%	4
Infant death	2.00%	4
Liver disease	2.00%	4
HIV/AIDS	1.50%	3
Total Respondents: 200		

Q3 If Cancer...What Kind?

Answered: 7 Skipped: 203

Q4 Pick top unhealthy behaviors in this county. Please choose up to 5.

Answered: 195 Skipped: 15

Answer Choices	Responses	
Illegal drug abuse	60.51%	118
Alcohol abuse	55.38%	108
Prescription drug abuse	45.64%	89
Smoking/tobacco use	34.87%	68
Reckless/Distracted riving	33.33%	65
Drunk driving	33.33%	65
Lack of exercise	29.23%	57
Poor eating habits	24.10%	47
Not going to the doctor for yearly check-ups & screenings	19.49%	38
Having unsafe sex	12.31%	24
Violent behavior	10.77%	21
Not washing hands	9.74%	19
Not using seat belts	9.23%	18
Not going to a dentist for preventive check-ups / care	9.23%	18
Not getting immunizations to prevent disease	7.69%	15
Suicide	4.62%	9
Not using child safety seats	3.59%	7
Other (please specify)	2.05%	4
Not getting prenatal (pregnancy) care	1.03%	2
Total Respondents: 195		

Q5 Pick the community issues that have the greatest effect on quality of life in this county. Please choose up to 5.

Answered: 193 Skipped: 17

Answer Choices	Responses	
Low income/poverty	33.16%	64
Affordability of health services	26.42%	51
Lack of/inadequate health insurance	25.39%	49
Unemployment	24.35%	47
Lack of recreational facilities	20.73%	40
Dropping out of school	20.21%	39
Animal control issues	19.69%	38
Availability of positive teen activities	17.62%	34
Lack of transportation options	17.10%	33
Domestic Violence	13.99%	27
Homelessness	13.47%	26
Inadequate/unaffordable housing	13.47%	26
Literacy	11.92%	23
Availability of healthy family activities	11.40%	22
Racism	10.88%	21
Violent crime (murder, assault, etc.)	10.88%	21
Availability of child care	9.84%	19
Elder abuse	9.84%	19
Secondhand smoke	9.33%	18
Pollution (air, water, land)	9.33%	18
Availability of healthy food choices	8.29%	16
Unhealthy/unsafe home conditions	8.29%	16
Youth crime	8.29%	16
Child abuse	7.77%	15
Lack of law enforcement	7.25%	14
Unsafe, un-maintained roads	7.25%	14
Lack of health care providers	5.18%	10
Other (please specify)	4.15%	8
Gang issues	3.63%	7

Lack of culturally appropriate health services.	1.55%	3
Rape/sexual assault	1.55%	3
Bioterrorism	0.52%	1
Work safety	0.52%	1
Total Respondents: 193		

Q6 If lack of health care providers...what kind?

Answered: 1 Skipped: 209

Q7 Where do you get most of your health-related information? Please choose only one.

Answered: 209 Skipped: 1

Answer Choices	Responses	
Doctor/nurse/pharmacist	52.63%	110
Internet	20.57%	43
Friends and Family	12.44%	26
Hospital	3.83%	8
Books/magazines	1.91%	4
Health Department	1.91%	4
Television	1.44%	3
Other (please specify)	1.44%	3
School	0.96%	2
Newspaper	0.96%	2
Free Care Clinic	0.96%	2
Social media (twitter, facebook)	0.96%	2
Help lines (telephone)	0.00%	0
Church	0.00%	0
Total		**209**

Q8 Where do you go most often when you are sick or need advice about your health?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Doctor's office/medical clinic	75.48%	157

Veterans Administration Clinic	1.92%	4
Health department	0.48%	1
Urgent Care Center	7.69%	16
Hospital/Emergency Room	9.62%	20
Free Care Clinic	2.88%	6
Other (please specify)	1.92%	4
Total		**208**

Q9 Are you covered by a health insurance plan?

Answered: 209 Skipped: 1

Answer Choices	Responses	
Yes	89.47%	187
No	10.53%	22
Total		**209**

Q10 If yes, what type of coverage do you have?

Answered: 189 Skipped: 21

Answer Choices	Responses	
Private insurance (Ex: BCBS, Aetna, Cigna, etc…)	44.97%	85
Medicare (includes supplemental policy)	38.10%	72
Tricare/VA	8.47%	16
Medicaid	6.35%	12
Other (please specify)	2.12%	4
Total		**189**

Q11 If yes, are there any concerns you have about your health care coverage?

Answered: 80 Skipped: 130

Answer Choices	Responses	
High deductibles	68.75%	55
High co-pays	42.50%	34
High prescription costs	38.75%	31
Other (please specify)	16.25%	13
Total Respondents: 80		

Q12 In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

Answered: 210 Skipped: 0

Answer Choices	Responses	
Yes	9.05%	19
No	90.95%	191
Total		210

Q13 If you did have a problem or you were to have a problem, please indicate on the list below your challenges. You can choose as many of these as you need to.

Answered: 16 Skipped: 194

Answer Choices	Responses	
I didn't have health insurance.	31.25%	5
My insurance wouldn't pay for what I needed.	12.50%	2
My share of the cost (deductible/co-pay) was too high.	25.00%	4
Doctor would not take my insurance or Medicaid.	6.25%	1
I could not afford the cost.	12.50%	2
I didn't have a way to get there.	6.25%	1
I didn't know where to go.	6.25%	1
I couldn't get an appointment.	6.25%	1
Other (please specify)	18.75%	3
Total Respondents: 16		

Q14 Please identify which county you seek routine health care in most often?

Answered: 210 Skipped: 0

Answer Choices	Responses	
Moore	85.71%	180
Montgomery	1.43%	3
Richmond	0.48%	1
Randolph	3.81%	8
Stanly	0.00%	0

Scotland	0.00%	0
Cumberland	4.29%	9
Hoke	0.00%	0
Other (please specify)	4.29%	9
Total		**210**

Q15 In the past 12 months, did you have a problem filling a medically necessary prescription?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Yes	13.46%	28
No	86.54%	180
Total		**208**

Q16 Since you said "yes", which of these problems did you have?

Answered: 29 Skipped: 181

Answer Choices	Responses	
I didn't have health insurance.	13.79%	4
My insurance didn't cover what I needed.	27.59%	8
My share of the cost (deductible/co-pay) was too high.	34.48%	10
Pharmacy would not take my insurance or Medicaid.	6.90%	2
I didn't have a way to get there	0.00%	0
I didn't know where to go	0.00%	0
Other (please specify)	20.69%	6
Total Respondents: 29		

Q17 If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Private counselor or therapist	32.69%	68
Doctor	24.52%	51

Don't know	22.12%	46
Minister/religious official	13.94%	29
Support group (e.g., AA. Al-Anon)	11.54%	24
Other (please specify)	7.21%	15
School counselor	3.37%	7
Total Respondents: 208		

Q18 During a normal week, do you engage in any exercise activity (other than work) that lasts at least a half an hour?

Answered: 209 Skipped: 1

Answer Choices	Responses	
Yes	75.12%	157
No	24.88%	52
Total		**209**

Q19 Since you said yes, how many times would you say you engage in this activity during a normal week?

Answered: 157 Skipped: 53

Answer Choices	Responses	
1 to 2 times/week	17.83%	28
3 to 4 times/week	49.04%	77
5 to 6 times/week	17.83%	28
7 or more times/week	15.29%	24
Total		**157**

Q20 Where do you go to exercise or engage in physical activity? Check all that apply.

Answered: 157 Skipped: 53

Answer Choices	Responses	
Home	65.61%	103
Gym/Fitness Center	29.94%	47
Park	13.38%	21
Other (please specify)	10.19%	16
Greenway trails	5.73%	9
Senior Center	4.46%	7

Public Recreation Center	3.18%	5
School	1.27%	2
Church	1.27%	2
Total Respondents: 157		

Q21 Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week?

Answered: 50 Skipped: 160

Answer Choices	Responses	
I don't have enough time to exercise	26.00%	13
I'm physically disabled.	22.00%	11
My job is physical or hard labor	18.00%	9
I don't like to exercise.	16.00%	8
Other (please specify)	12.00%	6
Exercise is not important to me	8.00%	4
I'm too tired to exercise.	6.00%	3
It costs too much to exercise	0.00%	0
I don't have access to a facility that has the things I need or a track or no safe place to exercise.	0.00%	0
Total Respondents: 50		

Q22 How many hours per day do you watch TV, play video games, or use the computer, tablet, or a smart phone for recreation?

Answered: 210 Skipped: 0

Answer Choices	Responses	
0-1 hour	21.43%	45
2-3 hours	40.00%	84
4-5 hours	24.29%	51
6+ hours	14.29%	30
Total		**210**

Q23 Do you utilize any local farmer's markets?

Answered: 209 Skipped: 1

Answer Choices	Responses

Yes	47.85%	100
No	52.15%	109
Total		**209**

Q24 If no, why would you not utilize a local farmer's market?

Answered: 108 Skipped: 102

Answer Choices	Responses	
Inconvenient	24.07%	26
Other (please specify)	18.52%	20
Market hours don't meet my needs	17.59%	19
Location is inconvenient/transportation is an issue	17.59%	19
Not aware of markets in my area/where they are located	12.96%	14
Rather shop elsewhere	9.26%	10
Don't eat fruits and vegetables	5.56%	6
Too expensive	4.63%	5
Don't have items/variety I'm looking for	2.78%	3
Total Respondents: 108		

Q25 Are you exposed to secondhand smoke in any of the following places (Check all that apply)?

Answered: 206 Skipped: 4

Answer Choices	Responses	
I am not exposed to secondhand smoke	78.16%	161
Home	14.08%	29
Workplace	5.34%	11
Other (please specify)	4.37%	9
Automobile	3.40%	7
Church	0.00%	0
Total Respondents: 206		

Q26 Do you currently smoke?

Answered: 209 Skipped: 1

Answer Choices	Responses	
Yes	20.10%	42

No	79.90%	167
Total		**209**

Q27 Do you currently use other tobacco products?

Answered: 206 Skipped: 4

Answer Choices	Responses	
Yes	4.85%	10
No	95.15%	196
Total		**206**

Q28 If yes, where would you go for help if you wanted to quit?

Answered: 41 Skipped: 169

Answer Choices	Responses	
Not applicable; I don't want to quit	36.59%	15
Doctor	34.15%	14
Other (please specify)	14.63%	6
Hospital	9.76%	4
Quit Now NC	4.88%	2
Health Department	4.88%	2
Pharmac	4.88%	2
Church	0.00%	0
Private counselor/therapist	0.00%	0
Total Respondents: 41		

Q29 Have you ever been told by a doctor, nurse, or other health professional that you have any of the conditions?

Answered: 136 Skipped: 74

Answer Choices	Responses	
High blood pressure	58.09%	79
High cholesterol	50.00%	68
Overweight/Obesity	36.03%	49
Depression or anxiety disorder	24.26%	33
Asthma	17.65%	24

Diabetes (not during pregnancy)	13.97%	19
Osteoporosis	8.09%	11
Total Respondents: 136		

Q30 Do you have children between the ages of 9 and 19?

Answered: 206 Skipped: 4

Answer Choices	Responses	
Yes	23.79%	49
No	76.21%	157
Total		**206**

Q31 Would you be interested in allowing your child to walk to school if there was a safe route?

Answered: 51 Skipped: 159

Answer Choices	Responses	
Yes	47.06%	24
No	52.94%	27
Total		**51**

Q32 Do you think your child is engaging in any of the following high risk behaviors I am about to read?

Answered: 49 Skipped: 161

Answer Choices	Responses	
I don't think my child is engaging in any high risk behaviors.	77.55%	38
Sexual activity	12.24%	6
Distracted driving/speeding	10.20%	5
Don't know	10.20%	5
Skipping school	8.16%	4
Alcohol Use	4.08%	2
Tobacco Use	4.08%	2
Drug Abuse	2.04%	1
Gangs	2.04%	1
Criminal activities	2.04%	1
Eating Disorders	0.00%	0

Total Respondents: 49	

Q33 Are you comfortable talking to your child about the risky behaviors we just asked about?

Answered: 49 Skipped: 161

Answer Choices	Responses	
Yes	93.88%	46
No	6.12%	3
Total		49

Q34 Do you think your child or children need more information about the following problems:

Answered: 34 Skipped: 176

Answer Choices	Responses	
Internet safety	76.47%	26
Sexual activity/teen pregnancy	55.88%	19
Alcohol	47.06%	16
Dating violence	47.06%	16
Bullying	44.12%	15
Distracted driving/speeding	41.18%	14
Tobacco	41.18%	14
STDs	41.18%	14
Birth Control	41.18%	14
Drug Abuse	41.18%	14
Mental health issues/suicide	35.29%	12
HIV	35.29%	12
Eating Disorders	23.53%	8
Other (please specify)	2.94%	1
Total Respondents: 34		

Q35 Does your household have working smoke and carbon monoxide detectors?

Answered: 210 Skipped: 0

Answer Choices	Responses

Yes, smoke detectors only	38.57%	81
Yes, carbon monoxide detectors only	0.48%	1
Yes, both	52.86%	111
No	8.10%	17
Total		**210**

Q36 What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check one)

Answered: 207 Skipped: 3

Answer Choices	Responses	
Television	43.48%	90
Print Media (ex: Newspaper)	2.42%	5
Social Networking Site	4.35%	9
Neighbors	7.73%	16
Don't know/Not Sure	1.45%	3
Radio	2.90%	6
Text Message (Emergency Alert System)	31.40%	65
Other (please specify)	6.28%	13
Total		**207**

Q37 If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Yes	87.02%	181
No	12.98%	27
Total		**208**

Q38 What would be the main reason you might not evacuate if asked to do so? (Check one)

Answered: 28 Skipped: 182

Answer Choices	Responses	
Concern about personal family/family safety	7.14%	2
Inability to get out of home or area	0.00%	0
Lack of trust	7.14%	2
Health problems (could not be moved)	0.00%	0
Not wanting to leave home or property	42.86%	12
Lack of transportation	0.00%	0
Concern about leaving pets	14.29%	4
Don't know/Not sure	17.86%	5
Other (please specify)	10.71%	3
Total		**28**

Q39 Does your household have a Family Emergency Plan?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Yes	51.92%	108
No	48.08%	100
Total		**208**

Q40 Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for?

Answered: 209 Skipped: 1

Answer Choices	Responses	
No	44.98%	94
3 days	19.62%	41
1 week	18.18%	38
2 weeks	9.57%	20
More than 2 weeks	7.66%	16
Total		**209**

Q41 How long have you lived in this county?

Answered: 209 Skipped: 1

Answer Choices	Responses	
my whole life	34.93%	73

more than 10 years	**33.97%**	71
1 – 5 years	**16.75%**	35
6 – 10 years	**10.53%**	22
less than one year	**3.83%**	8
Total		**209**

Q42 How old are you? (Mark age category.)

Answered: 210 Skipped: 0

Answer Choices	Responses	
18 - 24	**5.24%**	11
25 - 34	**11.90%**	25
35 - 44	**17.14%**	36
45 - 54	**11.43%**	24
55 - 64	**17.14%**	36
64 – 74	**23.81%**	50
75 or older	**13.33%**	28
Total		**210**

Q43 Are you Male or Female?

Answered: 210 Skipped: 0

Answer Choices	Responses	
Male	**43.33%**	91
Female	**56.67%**	119
Total		**210**

Q44 Are you of Hispanic origin?

Answered: 208 Skipped: 2

Answer Choices	Responses	
Yes	**5.29%**	11
No	**94.71%**	197
Total		**208**

Q45 What is your race?

Answered: 209 Skipped: 1

Answer Choices	Responses

Black or African American	11.48%	24
American Indian or Alaskan Native	1.44%	3
Asian or Pacific Islander	0.00%	0
White	82.30%	172
Other	4.78%	10
Total		**209**

Q46 Do you speak a language other than English at home?

Answered: 210 Skipped: 0

Answer Choices	Responses	
Yes	6.19%	13
No	93.81%	197
Total		**210**

Q47 If another language...which?

Answered: 13 Skipped: 197

Q48 What is the highest level of school, college or vocational training that you have finished? (Read choices. Mark only one.)

Answered: 209 Skipped: 1

Answer Choices	Responses	
Some high school, no diploma	9.09%	19
High school diploma or GED	29.19%	61
Associate's Degree or Vocational Training	17.22%	36
Some college (no degree)	14.35%	30
Bachelor's degree	15.79%	33
Graduate or professional degree	12.44%	26
Other (please specify)	1.91%	4
Total		**209**

Q49 Income above or below 200% poverty threshhold?

Answered: 201 Skipped: 9

Answer Choices	Responses

Above	62.69%	126
Below	37.31%	75
Total		**201**

Q50 What is your employment status?

Answered: 206 Skipped: 4

Answer Choices	Responses	
Employed full-time	26.70%	55
Disabled	2.43%	5
Employed part-time	13.11%	27
Student	1.46%	3
Retired	35.44%	73
Homemaker/Stay at Home Parent	5.83%	12
Military	1.94%	4
Self-employed	7.28%	15
Unemployed	5.83%	12
Total		**206**

Q51 Do you have access to the Internet or own a smart phone?

Answered: 204 Skipped: 6

Answer Choices	Responses	
Yes	85.78%	175
No	14.22%	29
Total		**204**

Q52 What is your zip code?

Answered: 205 Skipped: 5

Q53 Are you a member of a faith organization?

Answered: 205 Skipped: 5

Answer Choices	Responses	
Yes	57.56%	118
No	42.44%	87
Total		**205**

APPENDIX C

Organizational History:
MooreHealth, Inc. is a non-profit organization consisting of organizations, agencies and community individuals who are interested in improving the health of the citizens of Moore County. MooreHealth was originally certifed as a Healthy Carolinians partnership in 1995. MooreHealth, Inc. achieved 501c3 not-for-profit status in 1997. The organization was recognized for outstanding achievements in 1995 through the receipt of the Thad B.Wester Award for Community Excellence.

Mission Statement:
MooreHealth will collaboratively assess needs, raise awareness and identify resources to address them.

Core Purpose:
To promote health and quality of life. Over the past decade MooreHealth has concentrated on a variety of health issues to include sewer and water assistance, access to care, aging issues and housing issues.

In 2016-2017, MooreHealth conducted a Community Health Assessment and developed action plans around three focus areas to include:
• Obesity
• Substance Abuse
• Aging Issues

For more information or to learn how you can become involved in MooreHealth, Inc., Contact:
FirstHealth of the Carolinas
Community Health Services
(910) 715-1925

Moore County Health Department

Values:

Accountability
Responsibility
Equity
Commitment
Integrity
Professionalism
Excellence

A RECIPE for Moore.

Mission: **To protect and promote health through prevention and control of disease and injury.**

Vision: **Be recognized as a leader in the state in assuring healthy residents and a healthy environment through innovation and collaboration.**

The Moore County Health Department has been providing services to the citizens of Moore County since 1928. The health department currently employs a staff of 49 professionals, representing a wide variety of health related disciplines. Programs and services include community health assessment, health promotion, communicable disease, epidemiology, personal health/clinical services, and environmental health.

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Environmental Health
(910) 947-6283

www.moorecountync.gov/health