ONSLOW COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

2024 CHNA REPORT

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. Health ENC – a group of stakeholders who help find ways to collaborate and share resources to improve the health of the population in eastern North Carolina – served an integral role in making this comprehensive assessment possible. To provide focused guidance throughout the assessment process, Health ENC convened a smaller decision-making group, which will be referred to as the Steering Committee throughout this CHNA. The Steering Committee would like to extend its gratitude to all the focus group participants, health leaders, and community members who provided information used in the development of this assessment.

The Health ENC CHNA Steering Committee

Name	Title	Organization
Lorrie Basnight	Executive Director	Eastern Area Health Education Center (AHEC)
Amanda Betts	Public Health Education Coordinator	Albemarle Regional Health Services (ARHS)
April Culver	Vice President, External Affairs	UNC Health Johnston
Caroline Doherty	Community Health Consultant	Roanoke Chowan Community Health Center (RCCHC)
Laura Ellis	Health Education	Halifax County Health Department
Sandra McMasters	Community Benefit Project Manager	Sentara Health
Claire Mills	Director	Eastern AHEC
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Rose Ann Simmons	Community Health Improvement	ECU Health
Michelle Wagner	Public Health Educator	Dare County Department of Health & Human Services (DHHS)

Onslow County CHNA Leadership

In addition to the Steering Committee, the Onslow County 2024 CHNA was developed in partnership with representatives from the Onslow County Health Department, Onslow Memorial Hospital, and other local organizations.

Name	Title	Organization
Amy Small	Lead Public Health Educator	Onslow County Health Department
Angie Robles	Manager	Onslow County Youth Services
Annette Daughtry	Community Liaison	Trillium
Caitlin McAllister	Marketing and Communications Specialist	Onslow Memorial Hospital
Christina Fernandez	President	Onslow Hispanic Latino Association
Christopher Foy	Processing Assistant	Onslow County Health Department
Clay Calhoun	Director	Onslow County Senior Services
Danny Ferucci	Director	Onslow United Transit System
Dominique Van Pelt	Public Health Educator	Onslow County Health Department

Heather Duane	Lead Nurse	Onslow County Schools
Fernando Schiefelbein	Board Chair	Consolidated Human Services Board
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Kateisha Jones	Community Liaison Coordinator	Trillium
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In addition, the Health ENC Steering Committee and Onslow County CHNA Leadership would like to thank Kathryn Dail, Director of Community Health Assessment at the NCDHHS Division of Public Health, for her valuable guidance throughout the development of this assessment, as well as Ascendient Healthcare Advisors for directing the CHNA process and producing this report.

TABLE OF CONTENTS

REPORT TABLE AND FIGURES

EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps health leaders evaluate the health and wellness of the community they serve and identify gaps and challenges that should be addressed through new programs, services and policy changes. This report was developed as part of the Health ENC coalition's collaborative, regional 2024 CHNA process. Health ENC – a group of stakeholders who help find ways to collaborate and share resources to improve the health of the population in eastern North Carolina – served an integral role in making this comprehensive assessment possible. The report adheres to North Carolina Local Health Department Accreditation standards, as well as Internal Revenue Service requirements for not-for-profit hospitals.

Vision Statement

Through collaboration between the Health ENC Steering Committee, Onslow County Health Department and Onslow Memorial Hospital, the 2024 CHNA process aspires to create a healthier eastern North Carolina where collaborative action, shared resources, and community engagement converge to eliminate health disparities and build resilient, connected communities that support wellbeing for generations to come.

Onslow County CHNA Leadership

Onslow County opted for a bi-sectoral approach to the leadership of the 2024 CHNA process, which included representatives from Onslow County Health Department and Onslow Memorial Hospital.

Onslow County CHNA Partnerships and Collaborations

The 2024 CHNA process for Onslow County included a variety of different stakeholders who assisted with community engagement activities, provided feedback, and participated in the prioritization process. A summary of the partner organizations who participated in the process is below.

Type of Partner Organization	Number of Partners
Public Health Agency	1
Hospital/Health Care System(s)	1
Healthcare Provider(s)	3
Behavioral Healthcare Provider(s)	1
EMS Provider(s)	1
Community Organizations	5
Educational Institution(s)	1
Other: Government/Public Agencies	5

The Health ENC Steering Committee and Onslow County CHNA Leadership contracted with Ascendient Healthcare Advisors to coordinate the regional CHNA process, including primary and secondary data analysis, relevant trainings for county partners and development of the contents of this report.

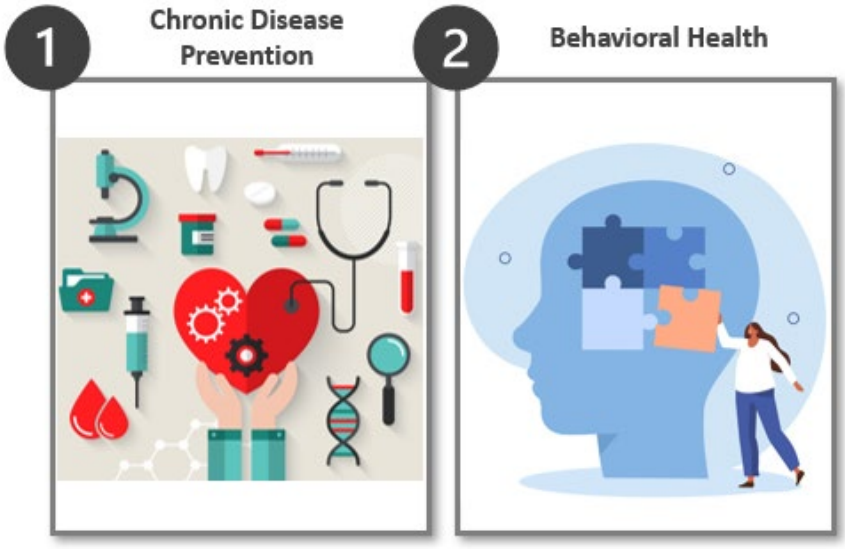
Onslow County CHNA Timeline and Process

The Health ENC 2024 CHNA process for all participating counties, including Onslow County, began in January 2024 with the convening of the Steering Committee and continued throughout the year. The process concluded in December 2024 with the delivery of final CHNA reports. A total of six focus groups were conducted, either virtually or in person, between April 22nd and May 15th, 2024, with community member participation from different backgrounds, age groups and life experiences. The Onslow County Health Department and Onslow Memorial Hospital collaborated to analyze the data and prioritize health needs.

Secondary (existing) data is an important piece of the CHNA process. Key sources included information provided by the Steering Committee and public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and individual health behaviors.

Primary (new) data were collected through focus groups and a web-based survey for community members, and included feedback from 1,144 people who live, work or receive healthcare in Onslow County. Primary data identified behavioral health (specifically mental health), weight/obesity, alcohol/drug addiction, diabetes/high blood sugar, heart disease/high blood pressure, housing/homelessness, and availability/access to healthcare as top needs that impact the health and well-being of people living in Onslow County.

Representatives from Onslow County worked together to identify the priorities the county should focus on over the following three-year period. Leaders evaluated the primary and secondary data collected throughout the process to identify needs based on the size and scope, severity, the ability of hospitals or health departments to make an impact, associated health disparities, and importance to the community. Although it was not possible for every single area of potential need to be identified as a priority, Onslow County selected two top priority health needs (Behavioral and Mental Health, and Chronic Disease Prevention), which are shown here in no particular order:



Onslow County also compiled a Health Resources Inventory, which describes a variety of resources available to help Onslow County residents meet their health and social needs.

Following the completion of this report, health leaders throughout Onslow County will use their findings to collaborate with community organizations and residents to develop effective health strategies, new implementation plans and interventions, and action plans to improve the communities they serve.

INTRODUCTION

Background

To illustrate its commitment to the health and well-being of the community, the Health ENC CHNA Steering Committee has completed this assessment to understand and document the greatest health needs currently faced by residents. Guidance was also provided by local representatives from Onslow County Health Department and Onslow Memorial Hospital. These organizations helped gather the focus group and survey data that are detailed in this report. The CHNA process helps local leaders continuously evaluate how best to improve and promote the health of the community. It builds upon formal collaborations between the Steering Committee and other community partners to proactively identify and respond to the needs of Onslow County residents.

This report was created in compliance with the State of North Carolina's Local Health Department Accreditation (NCLHDA) Board's accreditation standards.[1] The accreditation process allows local health departments to assess how they are meeting national and state-specific standards for public health practice and provides opportunities to address any identified gaps. It also ensures that local health departments can deliver the 10 essential public health services, as described in **Figure 1** below. In its demonstration of data and prioritization of Onslow County's community needs, this report aligns with all NCLHDA standards for accreditation, including the need to:

- Provide evidence of community collaboration in planning and conducting the assessment;
- Reflect the demographic profile of the population and describe socioeconomic, educational, and environmental factors that affect health;
- Assemble and analyze secondary data to describe the health status of the community;
- Collect and analyze primary data to describe the health status of the community;
- Use scientific methods for collecting and analyzing data, including trend data to describe changes in community health status and in factors affecting health;
- Identify population groups at risk for health problems;
- Identify existing and needed health resources;
- Compare selected local data with data from other jurisdictions; and
- Identify leading community health problems.

[1] Source: NCLHDA Health Department Self-Assessment Instrument Interpretation Document 2024.

Figure 1: The 10 Essential Public Health Services

Further, this process complies with Internal Revenue Service (IRS) requirements for not-for-profit hospitals to complete a CHNA every three years to maintain their tax exemption.[2] Specifically, the IRS requires that hospital facilities do the following:

- Define the community it serves;
- Assess the health needs of that community;
- Through the assessment process, take into account input received from people who represent the community's broad interests, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is reviewed and adopted by the hospital facility's authorizing body; and
- Make the CHNA widely available to the public.

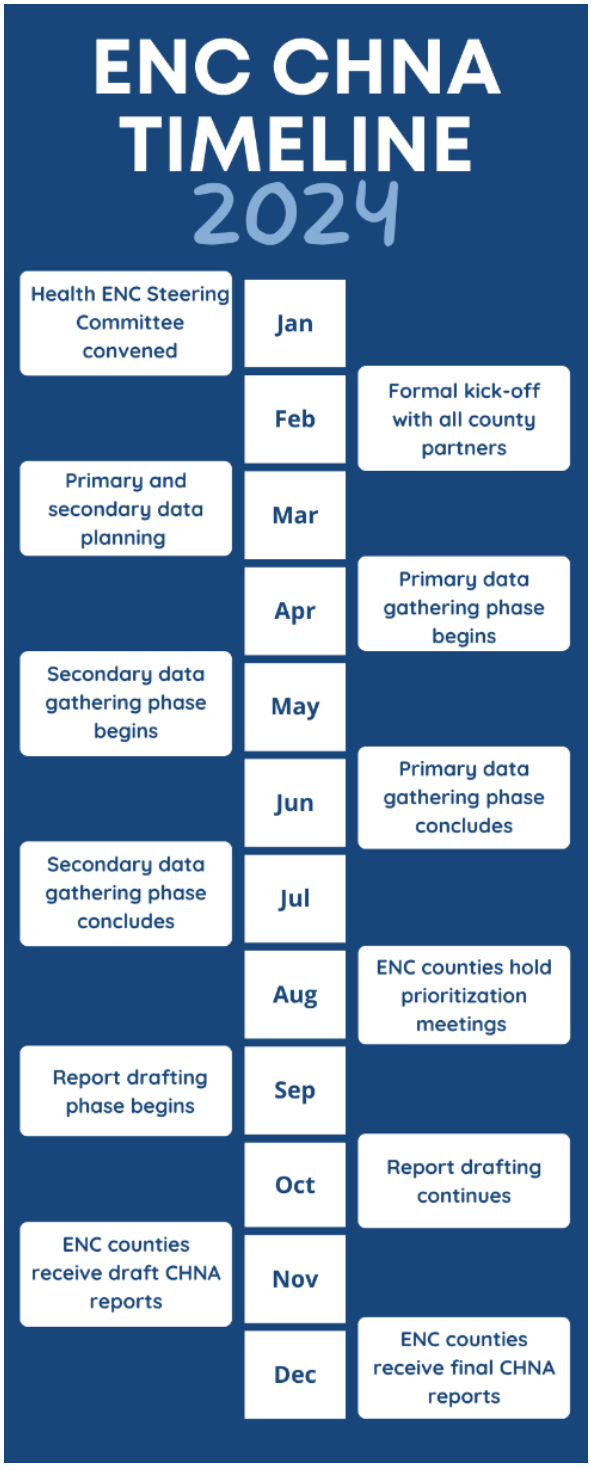
Timeline

The Health ENC 2024 CHNA process for all participating counties, including Onslow County, began in January 2024 with the convening of the Steering Committee and continued throughout the year. The

[2] Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2023). Internal Revenue Service. Retrieved February 13th, 2024 from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

process concluded in December 2024 with the delivery of final CHNA reports. A high-level summary of activities conducted throughout the year can be found in **Figure 2** below.

Figure 2: Health ENC 2024 CHNA Milestones



Process Overview

A significant amount of information has been reviewed during this planning process, and the Steering Committee has been careful to ensure that a variety of sources were used to deliver a truly comprehensive report. Both existing (secondary) data and new (primary) data were collected directly from the community throughout this process. It is also important to note that, although unique to Onslow County, the sources and methodologies used to develop this report comply with the current NCLHDA and IRS requirements for health departments and not-for-profit hospital organizations.

The purpose of this study is to better understand, quantify, and articulate the health needs of Onslow County residents. Key objectives of this CHNA include:

- Identify the health needs of Onslow County residents;
- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges;
- Understand the challenges residents face when trying to maintain and/or improve their health;
- Understand where underserved populations turn for services needed to maintain and/or improve their health;
- Understand what is needed to help residents maintain and/or improve their health; and
- Prioritize the needs of the community and clarify/focus on the highest priorities.

There are twelve phases in the CHNA process, as shown in **Figure 3** below, beginning with pre-planning and assessing organizational capacity and ending with an evaluation of the process. Once the CHNA process is complete, county leaders must develop community health action plans to describe the specific activities they will implement to address the health and social needs identified in the CHNA.

Figure 3: The Community Health Assessment Process[3]

Report Structure

The outline below provides detailed information about each section of the report.

1) *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHNA, including study limitations.

2) *County Profile* – This chapter details the demographic (such as age, gender, and race) and socioeconomic data of Onslow County residents.

3) *Priority Health Need Areas* – This chapter describes each identified priority health need area for Onslow County and summarizes the new and existing data that support these prioritizations. This chapter also describes the impact of health disparities among various sub-groups in Onslow County.

4) *Health Resource Inventory* – This chapter documents existing health resources currently available to the Onslow County community.

[3] Source: NCDHHS Division of Public Health (2024). *North Carolina Community Health Assessment Guidebook.* Accessed April 7th, 2025 from https://schs.dph.ncdhhs.gov/units/ldas/docs/chaguidebook/NC-CHA-GuidebookOnlineRev1.pdf

5) *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss all the data used during the development of this report in detail, including:

1) *State of the County Health Report* – Detailed information about actions taken to address the priority health needs identified in previous CHNAs are presented in **Appendix 1**.

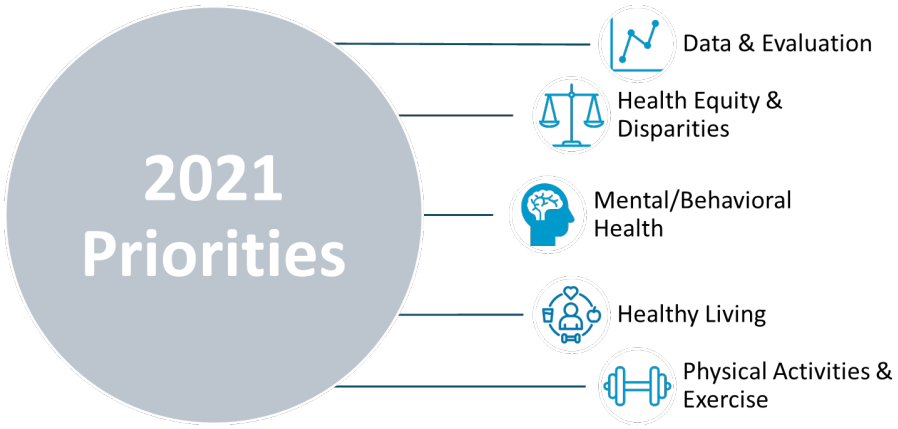
2) *Detailed Summary of Secondary Data Measures and Findings* – Existing data measures and findings used in the prioritization process are presented in **Appendices 2-3.**

3) *Detailed Summary of Primary Findings* – Summaries of new data findings from community member surveys as well as focus groups are presented in **Appendices 4-5.**

Evaluation of Prior CHNA Implementation Strategies

A CHNA is an ongoing process that begins with an evaluation of the previous CHNA. In 2021, Onslow County completed its previous assessment. Associated implementation strategies focused on five priority areas, as listed below:

Figure 4: Onslow County 2021 Priority Need Areas



Local organizations developed goals and implementation plans to address these priority health needs. Below is a summary of Onslow County's most recent CHNA implementation plan.

Onslow County Health Department

It is the mission and purpose of the Onslow County Health Department and Consolidated Human Services to deliver supportive social, economic, protective, and health services that build better lives for individuals and families. The Onslow County Health Department has been accredited by the NCLHDA since 2014. The Health Department is housed in the Consolidated Human Services building on 612 College Street in Jacksonville and consists of full-time, part-time, and contract staff. In addition, the Environmental Services

Division is located at the Onslow County Government Center, while a satellite WIC (Women, Infants, and Children) office is located at Tarawa Terrace, aboard Marine Corps Base Camp Lejeune, to serve eligible military beneficiaries.

Onslow Memorial Hospital

Onslow Memorial Hospital is a 162-bed acute care community hospital that serves the city of Jacksonville and greater Onslow County. The mission of Onslow Memorial Hospital is to provide excellent patient health services in a healing and family-centered environment. The hospital is nationally accredited by The Joint Commission and offers an array of healthcare services, including state-of-the-art diagnostics such as a women's imaging center, cardiac catheterization lab, neurodiagnostic lab, MRI, and CT. Additionally, Onslow Memorial Hospital features a modern labor and delivery suite with a monitoring system, a neonatal intensive care unit (NICU), a newborn nursery, an intensive care unit/coronary care unit, medical and surgical services, and rehabilitation services including physical, occupational, and speech therapy, as well as an emergency department that treats over 50,000 patients annually.

Onslow County leaders chose to focus specifically on four priority areas in their CHIP: Health Equity and Disparities, Mental/Behavioral Health, Healthy Living, and Physical Activity and Exercise. A summary of activities undertaken within these priority areas is provided below.

Previous CHNA Priority: Health Equity and Disparities

- **Food Security:** In 2023, the Onslow County Health Department released the 2022 Food Security Assessment showing local data related to food security in Onslow County; sources included community surveys, focus groups, and other local, state, and national data. The assessment provided nine themes for recommendations to increase food security in the community.
- **QuitlineNC:** 70 individuals were referred to QuitlineNC, a free tobacco cessation service. Further, 12 providers in the community were registered as referral sites.
- **CATCH My Breath Vaping Prevention Program**: As electronic cigarettes gained popularity among youth, health educators began implementing this program throughout youth-centered agencies and schools. From January 2023 to December 2024, 1161 youth completed the program.

Previous CHNA Priority: Mental/Behavioral Health

- **Adverse Childhood Experiences (ACEs):** Since 2021, the Onslow County Health Department has worked with Agency Partners to train the community and to inform individuals and organizations about trauma-informed mindsets and the effects of ACEs into adulthood. Since 2021, 570 individuals have been trained.
- **Overdose Fatality Review:** Community partners review overdose fatalities to recommend areas of intervention and missed connections for drug users that could prevent future overdoses. Since 2021, 55 overdose deaths have been reviewed.

Previous CHNA Priorities: Healthy Living/Physical Activities and Exercise

- **Lifestyle Programs:** Healthy for Life (an evidence-based program from the American Heart Association) has had 260 participants since 2021. The CDC-recognized PreventT2 Diabetes Prevention

Program has had two year-long cohorts with 16 participants each. Participants in the 2022 cohort collectively lost 75 pounds and logged 34,900 minutes of physical activity over the course of a year. Participants in the 2023 cohort collectively lost 98 pounds and logged 27,019 minutes of physical activity over the course of a year. The faith-based nutrition and wellness program, Faithful Families, Thriving Communities, hosted four programs at three different locations. The 72 participants attended at least half of the nine-session series. In addition, individuals participated in physical activities and health education classes.

- **Women's Health:** Onslow Memorial Hospital has conducted 15,225 mammograms since 2021 and has had 223 individuals participate in its "Understanding Breastfeeding" class. Onslow County Health Department tracked WIC utilization which has increased by 1,243 participants since 2021. Additionally, the Health Department made 106 referrals to PEERS Family Development for parent and family programming services.

Additional details about previous implementation plans, as captured in the NCLHDA State of the County Health (SOTCH) report, can be found in **Appendix 1**.

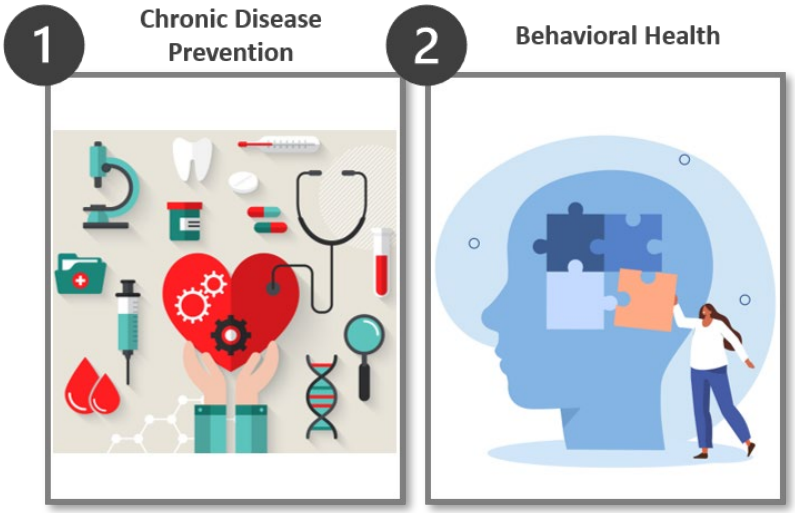
Summary Findings: Onslow County 2024 Priority Health Need Areas

To achieve the study objectives in the 2024 assessment, both new and existing data were collected and reviewed. New data included information from web-based surveys of adults (18+ years) and focus groups; various local organizations, community members, and health service providers within Onslow County participated. Existing data included information regarding demographics, health and healthcare resources, behavioral health, disease trends, and county rankings. The data collection and analysis process began in January 2024 and continued through July 2024.

Throughout Onslow County, significant variations in demographics and health needs exist within the county. At the same time, consistent needs are present across the whole county and serve as the basis for determining priority health needs at the county level. This document will discuss the priority health need areas for Onslow County, as well as how the severity of those needs might vary across subpopulations based on the information obtained and analyzed during this process.

Through the prioritization process, the CHNA Steering Committee identified Onslow County's priority health need areas from a list of over 100 health indicators. Please note that the final priority needs were not ranked in any order of importance and county health leaders will engage in each of the two priority need areas. After looking at all relevant data and feedback from the CHNA Steering Committee, the Onslow County focus areas identified as countywide priorities for the 2024 CHNA are Chronic Disease Prevention and Behavioral Health, as seen in **Figure 5**.

Figure 5: Onslow County 2024 Priority Health Needs[4]



Health, healthcare, and associated community needs are very much interrelated and often impact each other. Although this CHNA process considered these areas separately, their impact on each other should be considered when planning for programs or services to address community needs.

Many health needs are also related to underlying societal and socioeconomic factors. Research has consistently shown that income, education, physical environment, and other demographic and socioeconomic factors affect the health status of individuals and communities. This CHNA acknowledges that link and focuses on identifying and documenting the greatest health needs as they present themselves today. As plans are developed to address these needs, the Committee's goal is to work with other community organizations to address underlying factors that could drive long-term improvements to the county population's health.

For additional discussion of current priority needs and the data that supports those priorities, please see **Chapter 3**.

[4] Note: All graphics in this image were licensed from Adobe Stock.

CHAPTER 1 | METHODOLOGY

Study Design

The process used to assess Onslow County's community needs, challenges, and opportunities included multiple steps. Both new and existing data were used throughout the study to paint a more complete picture of Onslow County's health needs. While the CHNA Steering Committee largely viewed the new and existing data equally, there were situations where one provided clearer evidence of community health needs than the other. In these instances, the health needs identified were discussed based on the most appropriate data gathered. Data analysis, community feedback review, and stakeholder engagement were all used to identify key areas of need.

Specifically, the following data types were collected and analyzed:

New (Primary) Data

Public engagement and feedback were received through a web-based community member survey along with community focus groups and significant input and direction from the CHNA Steering Committee. The Steering Committee worked together to develop the survey questions for the web-based survey, and county leaders were provided with a set of target numbers based on their county population's race, ethnicity, and age distribution to encourage recruitment of a representative sample of the community. Community members were asked to identify the most significant health and social needs in their community, as well as asked questions about topics specific to Onslow County, including access to care, healthy lifestyle, income, maternal and infant health, mental health, sexual health, substance use, and tobacco. Focus group participants were asked a standard set of questions about health and social needs, to identify trends across various groups and to highlight areas of concern for specific populations. In total, the input was gathered from nearly 1,200 Onslow County residents and other stakeholders. This included web survey responses from over 1,100 community members and six focus groups that included over 32 community members and other people who live, work, or receive healthcare in Onslow County.

For more information regarding specific questions asked as part of the focus groups and surveys, please refer to **Appendix 4**.

Existing (Secondary) Data

The primary source for existing data on Onslow County was the North Carolina Data Portal. This website is a joint effort by NCDHHS and the University of Missouri Center for Applied Research and Engagement Systems (CARES), which includes over 120 data indicators focused on demographics, health status and social determinants of health. In addition to information from the North Carolina Data Portal, a variety of other sources were leveraged in this assessment process, including:

- *County Health Rankings*, developed in partnership with Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute

- *The Opportunity Atlas*, developed in partnership by the U.S. Census Bureau, Harvard University, and Brown University
- *Food Access Research Atlas*, published by the U.S. Food and Drug Administration
- *Social Vulnerability Index*, developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR)
- *Environmental Justice Index*, developed by the CDC and the ATSDR
- *American Community Survey*, as collected and published by the U.S. Census Bureau
- Data provided by CHNA Steering Committee members and other affiliated organizations, including previous Community Health Assessments from Onslow County in 2018 and 2021.

For more information regarding data sources and data periods, please refer to **Appendix 2**.

Comparisons

To understand the relevance of existing data collected throughout the process, each measure must be compared to a benchmark, goal, or similar geographic area. In other words, without being able to compare Onslow County to an outside measure, it would be impossible to determine how the county is performing. For this process, each data measure was compared to outside data as available, including the following:

- *County Health Rankings* Top Performers: This is a collaboration between the RWJF and the University of Wisconsin Population Health Institute that ranks counties across the nation by various health factors.
- State of North Carolina: The Steering Committee determined that comparisons with the state of North Carolina were appropriate.

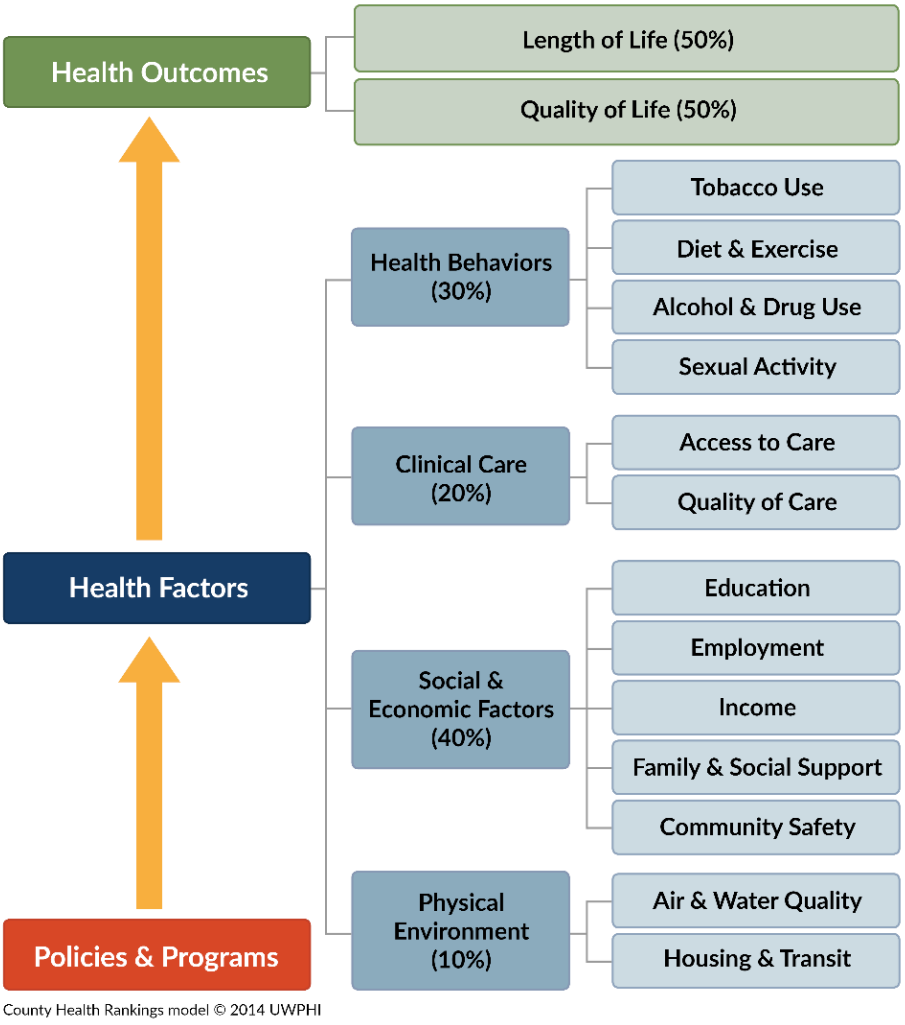
Population Health Framework

This assessment was developed in alignment with the RWJF population health framework, originally developed by the University of Wisconsin's Population Health Institute. Population health focuses on health status and outcomes among a specific group of people, and can be based on geographic location, health diagnoses or common health providers. The population health framework recognizes that the issues that affect health in a community are complex; there are many factors that have the potential to impact health outcomes, including both length and quality of life, within a population. Broadly, these factors include the clinical care available to community members, individual health behaviors, the physical environment, and the social and economic conditions in the community.

Using the population health framework as a guide for the CHNA process helps categorize many individual pieces of data in a way that connects the dots between health status and social drivers of health, in a way that helps local leaders better understand and address the health and well-being of the communities they serve. This understanding is critical in identifying potential interventions to address priority needs in the

community, and to help develop partnerships across sectors that can help drive these interventions forward. **Figure 6** below illustrates the broad categories and sub-categories within the population health framework.

Figure 6: Population Health Framework[5]



[5] Source: University of Wisconsin Population Health Institute (2024). County Health Rankings & Roadmaps. www.countyhealthrankings.org.

Throughout the process, the Steering Committee also considered *Healthy People 2030*'s "Social Determinants of Health and Health Equity." The CDC defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. These factors can include healthcare access and quality, neighborhood and built environment, social and community
context, economic stability, and education access and quality, as outlined in **Figure 7**.

Figure 7: Social Determinants of Health[6]

Recognizing that SDoH have an impact on health disparities and inequities in the community was a key point Onslow County leaders considered throughout the CHNA process. **Figure 8** describes the way various social and economic conditions may affect health and well-being.

Figure 8: SDoH and Health Disparities[7]

[6] Source: CDC (2022). Social Determinants of Health at CDC. Accessed March 7th, 2024, via https://www.cdc.gov/about/sdoh/index.html

[7] Source: Kaiser Family Foundation (2024). Disparities in Health and Health Care: 5 Key Questions and Answers. Accessed December 30, 2024 via https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Prioritization Process Overview and Results

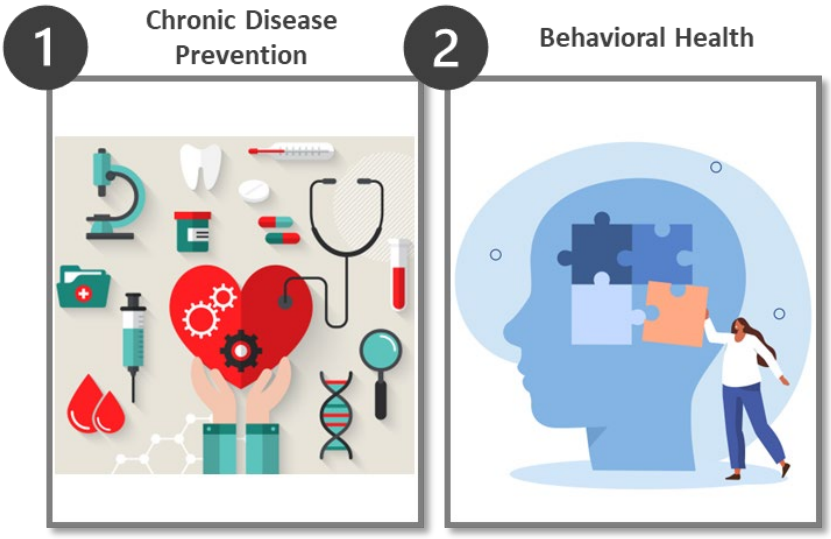
The process of identifying the priority health needs for the 2024 CHNA began with the collection and analysis of hundreds of new and existing data measures. To create more easily discussable categories, all individual data measures were then grouped into six categories and 20 corresponding focus areas based on "common themes" that correspond to the Population Health Model, as seen in **Figure 6**. These focus areas are detailed further in **Appendix 2.**

Since many individual data measures were collected and analyzed to develop these 20 focus areas, it was not reasonable to make each of them a priority. Onslow County leadership considered which focus areas had data measures of high need or worsening performance, priorities from the primary data, and how possible it is for health departments or hospitals to impact the given need to help determine which health needs should be prioritized. Once the primary and secondary data had been grouped into the focus areas detailed in **Appendix 2**, the Onslow County CHNA Steering Committee evaluated and prioritized the health needs of Onslow County while considering the following factors:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Whether possible interventions would be possible and effective;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

The final priority need areas were not ranked in any order of importance, and each will be addressed by county leadership. The following two focus areas (Chronic Disease Prevention: to include Chronic Disease, Physical Health, and Diet/Exercise and Behavioral Health: to include Mental Health, Substance Use, and Tobacco/Vaping) were identified as Onslow County's top priority health needs to be addressed over the next three years, as seen in **Figure 9** below:

Figure 9: Onslow County 2024 Priority Health Needs



Study Limitations

Developing a CHNA is a long and time-consuming process. Because of this, more recent data may have been made available after the collection and analysis timeframe. Existing data typically become available between one and three years after the data is collected. This is a limitation, because the "staleness" of certain data may not depict current trends. For example, the U.S. Census Bureau's American Community Survey is a valuable source of demographic information, however, data for a particular year is not published until late the following year. This means 2022 data on community characteristics, such as languages spoken at home, did not become available until late fall 2023. The Steering Committee tried to account for these limitations by collecting new data, including focus groups and web-based community member surveys. Another limitation of existing data is that, depending on the source, it may have limited demographic information, such as gender, age, race, and ethnicity.

Given the size of Onslow County in both population and geography, this study was limited in its ability to fully capture health disparities and health needs across racial and ethnic groups. Resource limitations meant that county leaders relied on convenience sampling to engage with the community via the web-based survey. This method of survey sampling may fail to capture a truly representative cross-section of the community, resulting in overrepresentation of some demographic groups and underrepresentation of others. This can lead to findings that don't accurately reflect the health needs and perspectives of the entire community, particularly those from underrepresented or marginalized groups. Efforts were made to include diverse community members in survey efforts. Roughly 65% of all respondents were White compared to 62% of the Onslow County population reported as being White. Another 20% of respondents were Black or African American, exceeding the county population reported as being 13%. Nearly 11% of respondents identified as Hispanic, which was slightly less than the reported county population level of 14%. Additionally, the overall positive survey response rate increased the ability of the CHNA Steering Committee to assess health needs and disparities across all community groups, including racial/ethnic minority groups.

In addition, there are existing gaps in information for some population groups. Many available datasets are not able to isolate historically underserved populations, including the uninsured, low-income persons, and/or certain minority groups. Despite the lack of available data, attempts were made to include underserved sub-segments of the greater population through the new data gathered throughout the CHNA process. For example, the Steering Committee focused on Spanish-speaking community members by providing a Spanish-language version of the web-based community survey. Paper surveys were also distributed to reach as much of the community as possible. To increase future survey responses, members of the Steering Committee should consider working directly with partner organizations in the community who can connect directly with populations who are hard to access through traditional outreach methods, including people with disabilities, the uninsured, and disengaged people.

In the future, assessments should make efforts to include other underserved communities whose needs are not specifically discussed here because of data and input limitations during this CHNA cycle. Of note, residents in the disabled, blind, deaf, and hard-of-hearing communities can be a focus of future new data collection methods. Using a primarily web-based survey collection method might have also impacted response rates of community members with no internet access or low technological literacy. Additionally, more input from both patients and providers of SUD services would also be helpful in future assessments.

Finally, parts of this assessment have relied on input from community members and key community health leaders through web-based surveys and focus groups. Since it would be unrealistic to gather input from every single member of the community, the community members who participated have offered their best expertise and understanding on behalf of the entire community. As such, the CHNA Steering Committee has assumed that participating community members accurately and completely represented their fellow residents.

CHAPTER 2 | COUNTY PROFILE

Geography

Onslow County, situated in southeastern North Carolina's Outer Coastal Plain, spans 905 square miles and features over 30 miles of beaches. The county is comprised of seven municipalities: Jacksonville (the county seat), Topsail Beach, Holly Ridge, North Topsail Beach, Richlands, Surf City, and Swansboro. Its landscape is defined by the New River, coastal waters, forests, and agricultural lands. While approximately 35% of residents live in rural areas, the county's geography supports a diverse mix of urban, suburban, and rural communities. This varied natural setting has made Onslow County attractive for military operations, most notably Marine Corps Base Camp Lejeune, which occupies approximately 153,439 acres and includes 14 miles of beach along the Atlantic Ocean. The base is situated adjacent to Jacksonville along the New River as it flows toward Onslow Beach.

Population

Population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies.

Onslow County has a population of 211,839, making up approximately 2% of North Carolina's total population.

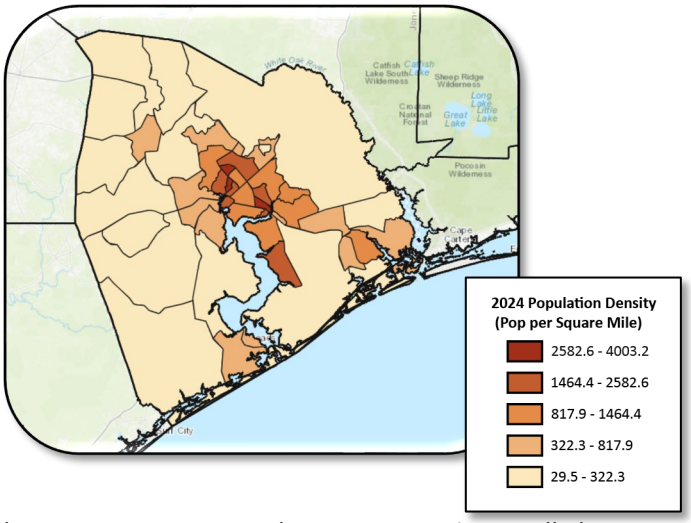
Table 1: Total Population, 2023[8]

	Onslow County	North Carolina	United States
Population	211,839	10,765,678	337,470,185

Onslow County has a population density of 276.6 persons per square mile – higher than the population density of North Carolina (214.7 persons per square mile). Jacksonville is the most densely populated area in the county.

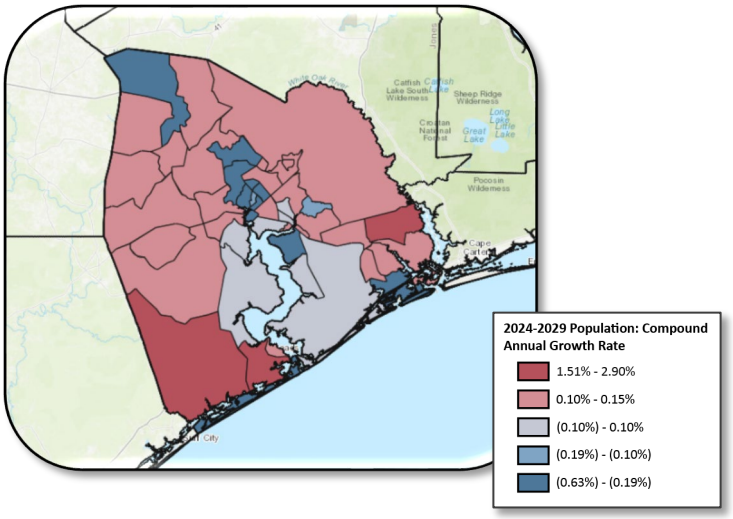
[8] Source: Esri. Throughout this report, maps and demographic estimates (unless otherwise noted) were developed using ArcGIS® software by Esri. ArcGIS® and ArcMap™ are the intellectual property of Esri and are used herein under license. Copyright © Esri. All rights reserved. For more information about Esri® software, please visit www.esri.com.

Figure 10: Onslow County Map: Population Density[8]



In total, the population of Onslow County is projected to grow 0.63% annually between 2024 and 2029. Areas in the southern and eastern parts of the county are expected to experience greater growth.

Figure 11: Onslow County Map: Population Growth[8]



Age and Sex Distribution

Data on age and sex helps health providers understand who lives in the community and informs planning for needed health services. The age distribution of Onslow County skews younger than the state. The county has a higher percentage of children under 15 (21.0% vs. state 17.9%) and a significantly higher proportion of residents ages 15 to 44 (51.6% vs. state 39.3%). Conversely, it has lower percentages of both middle-aged adults ages 45 to 64 (16.7% vs. state 25.1%) and seniors 65 and older (10.7% vs. state 17.7%)

Table 2: Age Distribution, 2023[8]

	Onslow County	North Carolina	United States
Percentage below 15	21.0%	17.9%	18.1%
Percentage between 15 and 44	51.6%	39.3%	39.5%
Percentage between 45 and 64	16.7%	25.1%	24.6%
Percentage 65 and older	10.7%	17.7%	17.8%

Unlike the state, Onslow County has a majority male population, with males comprising 53.4% of residents (vs. state 49.0%) and females making up 46.6% (vs. state 51.0%). This may be attributed to the large military presence in the county.

Table 3: Sex Distribution, 2023[8]

	Onslow County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Female	98,618	46.6%	5,489,419	51.0%	170,118,720	50.4%
Male	113,221	53.4%	5,276,259	49.0%	167,351,465	49.6%

Race and Ethnicity

Data on race and ethnicity help us understand the need for healthcare services as well as cultural factors that can impact how care is delivered. Onslow County's racial composition shows some differences from state averages. Non-Hispanic White residents comprise 65.9% of the population (compared to state 61.2%), while Non-Hispanic Black residents make up 13.7% (vs. state 20.4%). Asian residents comprise 2.5% (vs. state 3.5%), American Indian and Alaska Native residents make up 0.7% (vs. state 1.2%), and Native Hawaiian and Pacific Islander residents represent 0.4% (vs. state 0.1%). Residents of Some Other Race Alone constitute 5.3% (vs. state 6.3%), while those of Two or More Races represent 11.5% (vs. state 7.2%).

Table 4: Racial Distribution, 2023[8]

	Onslow County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Black (Non-Hispanic)	29,029	13.7%	2,199,488	20.4%	42,132,758	12.5%
White (Non-Hispanic)	139,584	65.9%	6,590,161	61.2%	204,562,590	60.6%
Asian	5,382	2.5%	379,374	3.5%	21,088,177	6.2%
AIAN	1,542	0.7%	133,820	1.2%	3,831,126	1.1%
NHPI	892	0.4%	9,214	0.1%	712,229	0.2%
Some Other Race Alone	11,135	5.3%	677, 338	6.3%	29,432,586	8.7%
Two or More Races	24,275	11.5%	776,283	7.2%	35,710,719	10.6%

By ethnicity, 14.3% of Onslow County's population is Hispanic. This is higher than the state average of 11.4%.

Table 5: Ethnic Distribution, 2023[8]

	Onslow County		North Carolina		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
Non-Hispanic	181,608	85.7%	9,465,874	88.6%	271,934,049	80.6%
Hispanic	30,231	14.3%	1,299,804	11.4%	65,536,136	19.4%

The proportion of foreign-born individuals residing in Onslow County is 2.9%, lower than the average for the state (9.0%).

Table 6: Foreign-Born Population, 2022[9]

	Onslow County	North Carolina	United States
Foreign Born	2.9%	9%	13.9%

The diversity of Onslow County is reflected in the languages that residents speak at home. According to the most recent American Community Survey (ACS), approximately 10% of Onslow County residents speak a language other than English at home, compared to around 13% of North Carolina and 22% of U.S. residents. A little over 7% of county residents speak Spanish at home.

Table 7: Language Spoken at Home, 2022[9]

	Onslow County	North Carolina	United States
English Only	90%	87.3%	78%
Spanish	7.3%	7.9%	13.3%
Indo-European Languages	1.1%	2.1%	3.8%
Asian and Pacific Islander Languages	1.4%	1.9%	3.6%
Other Languages	0.5%	0.8%	1.2%

Disability Status[10]

Data on disabilities helps us understand how to create fair and equal opportunities for everyone in the county. In addition, individuals with disabilities may require targeted services and outreach by health and

[9] Source: U.S. Census Bureau. "Selected Social Characteristics in the United States." *American Community Survey, ACS 5-Year and 1-Year Estimates Data Profiles, Table DP02*, 2022, https://data.census.gov. Accessed on April 1, 2024.

[10] Disability status is classified in the ACS according to yes/no responses to questions about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

other service providers. Onslow County's disability rate (15.0%) is slightly higher than the state average of 13.3%.

Table 8: Disability Status, 2022[9]

	Onslow County	North Carolina	United States
Population with a Disability	15%	13.3%	12.9%

Veteran Status

Military veterans often need special services and support, so it is important to collect data about them to be better able to meet their specific needs. With a large military installation located in the county, Onslow's veteran population (22.0%) is significantly higher than the state average (7.8%).

Table 9: Veteran Status, 2022[9]

	Onslow County	North Carolina	United States
Veterans	22%	7.8%	6.2%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying health-related needs. The median household income in Onslow County ($54,821) is lower than the state average ($64,316).

Table 10: Median Household Income, 2023[8]

	Onslow County	North Carolina	United States
Median Household Income	$54,821	$64,316	$72,603

In 2023, approximately 9.4% of Onslow County households were below the federal poverty level (FPL), on par with state and national estimates. Poverty has a significant impact on health. Across the lifespan, people who live in impoverished communities have a higher risk of poor health outcomes, including mental illness, chronic diseases, higher mortality, and lower life expectancy. Poverty is a concern across the lifespan; children who live in poverty are at risk for developmental delays, toxic stress, and poor nutrition, and are likely to live in poverty as adults as well. Unmet social needs, including having low or no income, can also limit people's ability to access healthcare when they need it or to provide for necessities needed to live healthy lives, such as safe housing or healthy food.

Table 11: Percent of Households Below the Federal Poverty Level, 2023[8]

	Onslow County	North Carolina	United States
Percent Below FPL	9.4%	10.1%	9.5%

In 2022, 13% of Onslow County households received Food Stamps/SNAP (Supplemental Nutrition Assistance Program), slightly lower than the state average of 13.4%.

Table 12: Households Receiving Food Stamps/SNAP, 2022[11,12]

	Onslow County	North Carolina	United States
Number of Households Receiving Food Stamps/SNAP	9,499	575,860	16,072,733
Total Number of Households	73,041	4,299,266	129,870,928
Percentage of Households receiving Food Stamps/SNAP	13.0%	13.4%	12.4%

Educational attainment in Onslow County shows mixed patterns compared to state benchmarks. The county has stronger attainment at some levels while lagging in others. Just 2.1% of residents have less than a 9th-grade education, well below the state's 6.0%. A notably higher proportion of residents have some college without a diploma at 28.5%, exceeding the state's 21.1%. The county also shows slightly higher rates of associate's degrees at 10.9% compared to the state's 9.9%. However, the county falls behind in higher education attainment; 16.4% of residents hold bachelor's degrees while the state averages 20.4%, and 7.2% hold graduate or professional degrees compared to the state's 11.6%.

Table 13: Educational Attainment, 2020[13,14]

	Onslow County	North Carolina	United States
Less than 9th Grade	2.1%	6.0%	3.5%
Some High School/No Diploma	5.5%	5.5%	5.3%
High School Diploma	25.0%	21.2%	28.5%
GED/Alternative Credential	4.3%	4.3%	*[15]
Some College/No Diploma	28.5%	21.1%	14.6%
Associate's Degree	10.9%	9.9%	10.5%
Bachelor's Degree	16.4%	20.4%	23.4%
Graduate/Professional Degree	7.2%	11.6%	14.2%

Onslow County's unemployment patterns vary by age group. While youth unemployment (12.0%) is slightly lower than the state average (12.4%), rates for ages 25 to 54 (6.1%) and 55 to 64 (4.5%) are higher

[11] Source (for County): North Carolina Department of Health and Human Services. FNS Cases and Participants (March 2024). https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/fns-caseload-statistics-reports. Note: county household estimate is from Esri (2023).

[12] Source (for North Carolina and United States): U.S. Census Bureau. "Food Stamps/Supplemental Nutrition Assistance Program (SNAP)." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2201*, 2022, https://data.census.gov/table/ACSST1Y2022.S2201?q=s2201&g=010XX00US_040XX00US37&moe=false. Accessed on April 1, 2024.

[13] Source (for County and North Carolina): U.S. Census Bureau. "Educational Attainment for the Population 25 Years and Over." *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B15003*, 2020, https://data.census.gov/table/ACSDT5Y2020.B15003?q=b15003&g=040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

[14] Source (for United States): U.S. Census Bureau. "Educational Attainment in the United States: 2022." Table 1, All Races. https://www.census.gov/data/tables/2022/demo/educational-attainment/cps-detailed-tables.html.

[15] U.S. totals combine GED with High School Diploma

than state averages (4.7% and 3.3% respectively). The overall unemployment rate (6.4%) is higher than the state average (5.1%).

Table 14: Unemployment, 2022[16,17]

	Onslow County	North Carolina	United States
Percentage unemployed ages 16 to 24	12.0%	12.4%	11.0%
Percentage unemployed ages 25 to 54	6.1%	4.7%	3.4%
Percentage unemployed ages 55 to 64	4.5%	3.3%	2.7%
Percentage unemployed ages 65 or more	2.0%	3.0%	2.9%
Total unemployment	6.4%	5.1%	3.9%

Onslow County's overall uninsured rate (10.3%) is lower than the state average (15.0%). The county shows better insurance coverage for those 18 and below (3.9% vs. state 5.2%). However, the uninsured rates for ages 19 to 34 (17.0%) and ages 35 to 64 (14.6%) are both higher than state averages (15.5% and 12.5% respectively).

Table 15: Health Insurance Status, 2022[18]

	Onslow County	North Carolina	United States
Percentage uninsured ages 18 or below	3.9%	5.2%	5.4%
Percentage uninsured ages 19 to 34	17.0%	15.5%	13.6%
Percentage uninsured ages 35 to 64	14.6%	12.5%	9.9%
Total % Uninsured	10.3%	15.0%	12.0%

[16] Source (for County and North Carolina): U.S. Census Bureau. "Employment Status." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2301,* 2022, https://data.census.gov/table/ACSST5Y2022.S2301?q=S2301&g=040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

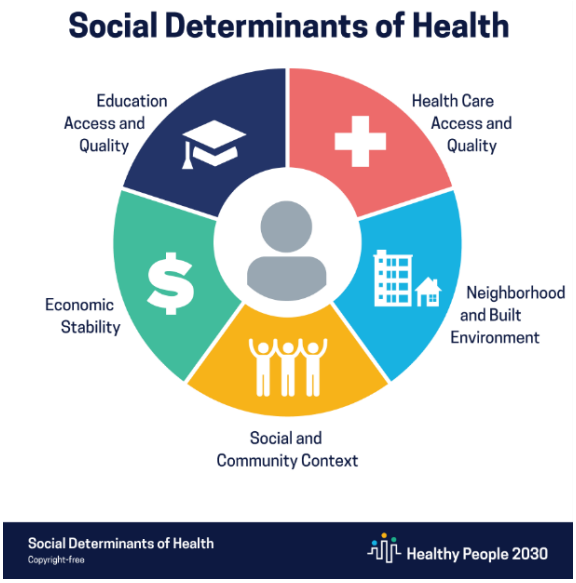
[17] Source (for United States): Federal Reserve Bank of Saint Louis. Federal Reserve Economic Data - FRED (March 2024). https://fred.stlouisfed.org/

[18] Source: U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2701,* 2022, https://data.census.gov/table/ACSST5Y2022.S2701?q=s2701&g=010XX00US_040XX00US37,37$0500000&moe=false. Accessed on April 1, 2024.

Social Determinants of Health

In addition to the considerations noted above, many other factors can positively or negatively influence a person's health. The Steering Committee recognizes this and believes that to portray a complete picture of the county's health status, it first must address the factors that impact community health. The Centers for Disease Control and Prevention (CDC) defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality of life outcomes and risks. According to the CDC's "Social Determinants of Health" from its *Healthy People 2030* public health priorities initiative, factors contributing to an individual's health status can include the following: healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality.

Figure 12: Social Determinants of Health



As seen in **Figure 12**, many of the factors that contribute to health are hard to control or societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

It is widely acknowledged that people with lower income, social status, and levels of education find it harder to access healthcare services compared to people in the community with more resources. This lack of access is a factor that contributes to poor health status. Further, people in communities with fewer resources may also experience high levels of stress, which also contributes to worse health outcomes, particularly related to mental or behavioral health.

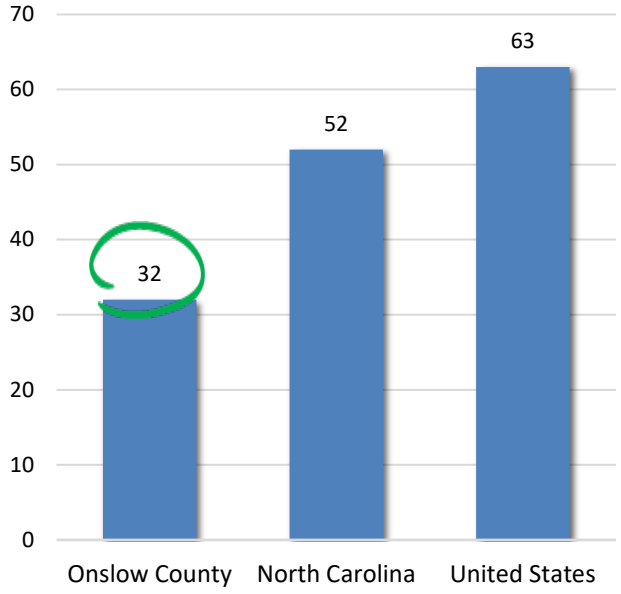
An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below. The CHNA Steering Committee also collected new data via focus groups and surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. This information will be presented in detail later in this report.

<u>Disparities</u>

Recognizing the diversity of Onslow County, as discussed above, the Steering Committee evaluated factors that may contribute to health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English language proficiency.

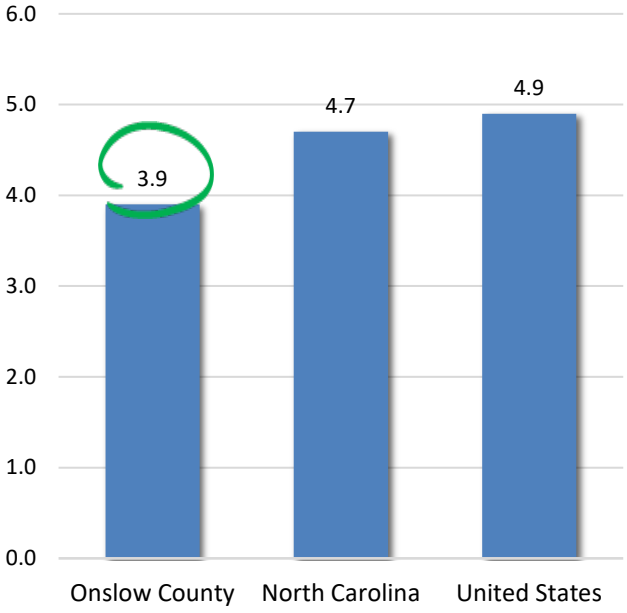
Residential segregation is measured by the index of dissimilarity, a demographic measure ranging from 0 to 100 that represents how evenly two demographic groups are distributed across a county's census tracts. Lower scores represent a higher level of integration. Onslow has significantly lower residential segregation than North Carolina and the U.S., as seen in **Figure 13**.

Figure 13: Residential Segregation[5]



Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, sense of community, and social support. As seen in **Figure 14**, the income inequality ratio in Onslow is notably lower than state and national figures.

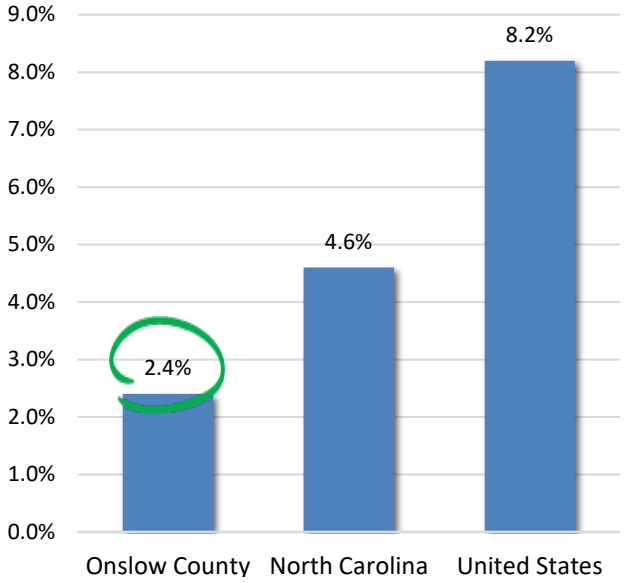
Figure 14: Income Inequality Ratio[5]



People with limited English proficiency (LEP) may face challenges accessing care and resources that fluent English speakers do not. Language barriers may make it hard to access transportation, medical, and social services as well as limit opportunities for education and employment. Importantly, LEP community members may not understand critical public health and safety notifications, such as safety-focused

communications during the COVID-19 pandemic. Fewer people are not fluent in English in Onslow compared to the state and country, as seen in **Figure 15**.

Figure 15: Percent of Population with Limited English Proficiency[9]



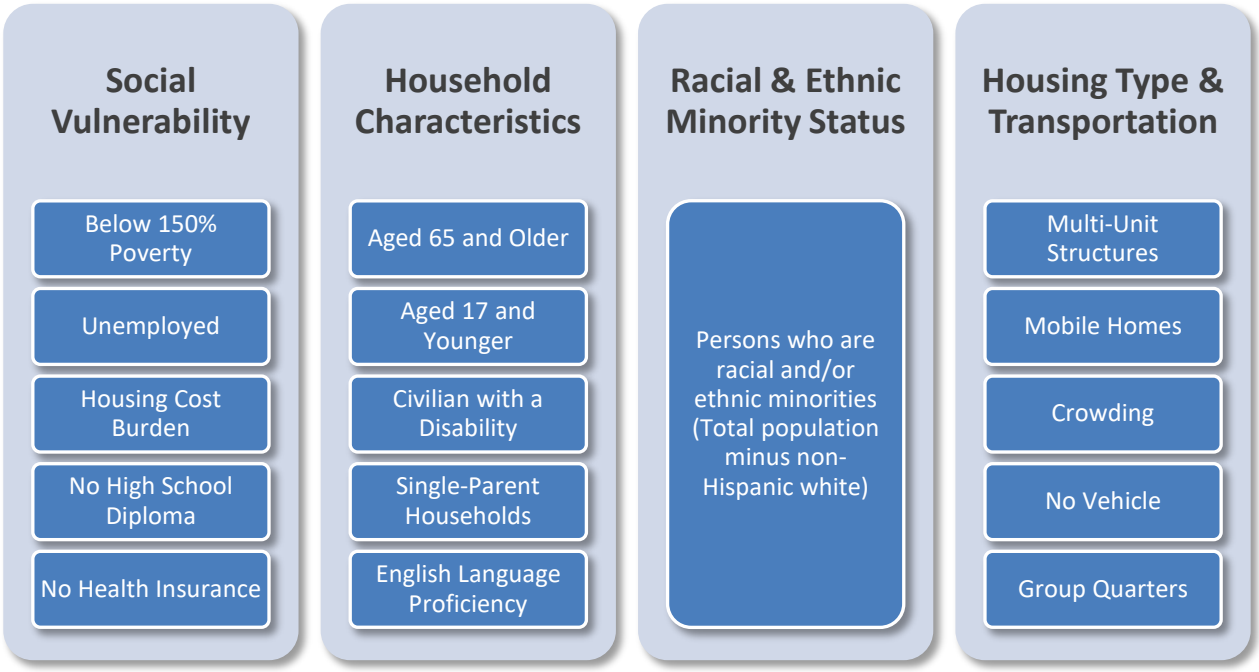
Social Vulnerability Index

One resource that can help show variation and disparities between geographic areas is the Social Vulnerability Index (SVI), which was developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to negative effects communities may experience due to external stresses that impact human health, like natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are at especially high risk during public health emergencies.

The SVI uses 16 U.S. Census variables to help local officials identify communities that may need support before, during, or after a public health emergency.[19] Communities with a higher SVI score are generally at a higher risk for poor health outcomes. Instead of relying on public health data alone, the SVI accounts for underlying economic and structural conditions that affect overall health, including SDoH. SVI scores are calculated at the census tract level and based on U.S. Census variables across four related themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. **Figure 16** outlines the variables used to calculate SVI scores.

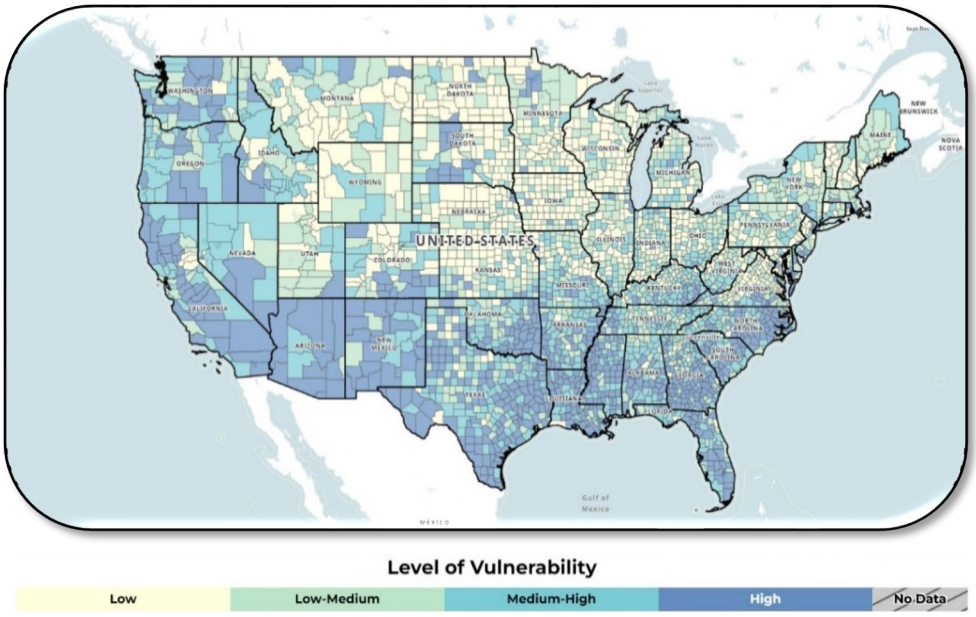
[19] Source: Centers for Disease Control and Prevention (2024). Social Vulnerability Index. https://www.atsdr.cdc.gov/place-health/php/svi/index.html

Figure 16: SVI Variables



The United States SVI by county is shown in **Figure 17**. As shown, a lot of variation exists across the country, and even within individual states.

Figure 17: United States SVI by County, 2022



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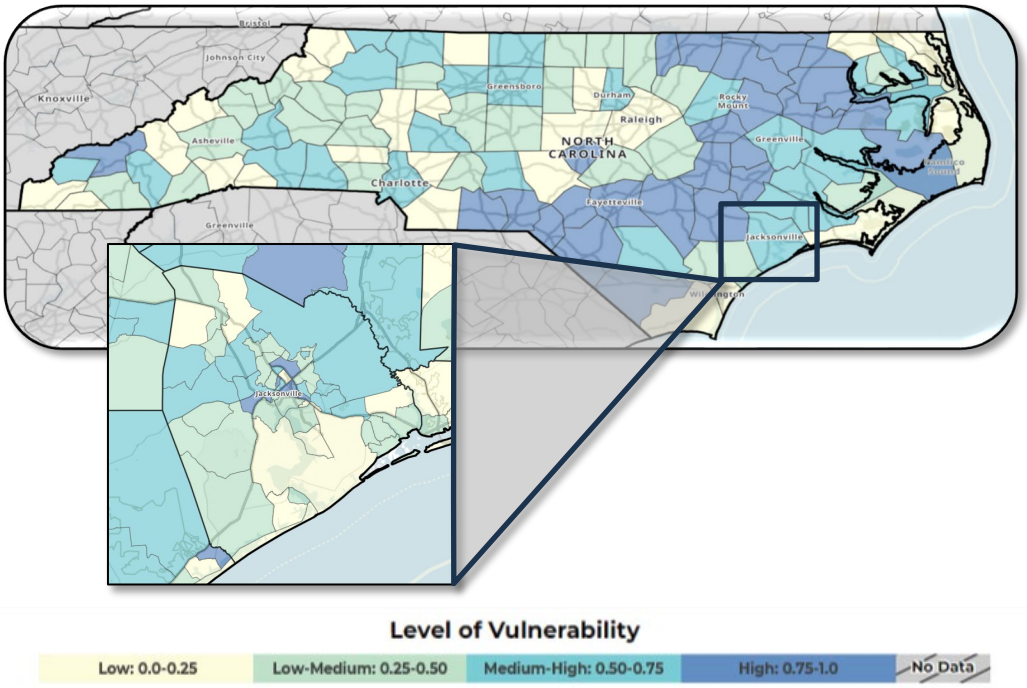
The 2022 SVI scores for Onslow County are shown in **Figure 18** below. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability), and these scores show a relative comparison with other counties

and census tracts in North Carolina. The vulnerability of Onslow County overall is higher than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.57.

Figure 18: Onslow County SVI by Census Tract, 2022



Environmental Justice Index

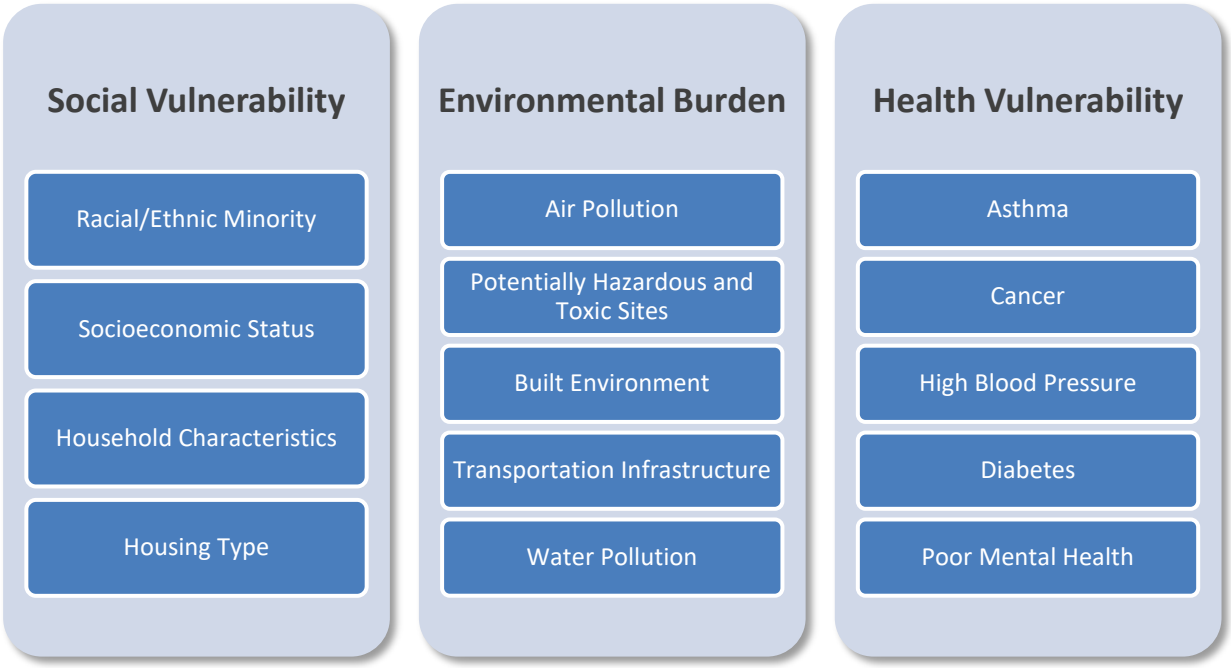
Environmental justice means the just treatment and meaningful involvement of all people, regardless of income, race, color, national origin, Tribal affiliation, or disability, in agency decision-making and other Federal activities that affect human health and the environment. It aims to protect everyone from disproportionate health and environmental risks, address cumulative impacts and systemic barriers, and provide equitable access to a healthy and sustainable environment for all activities and practices.[20]

The CDC/ATSDR Environmental Justice Index (EJI) is a database that ranks the impact of environmental injustice on health. It uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention. The Index scores environmental burden and injustice at the census tract level in the U.S. based on multiple social, environmental, and health factors.

Over time, communities with a higher EJI score are generally shown to experience more severe impacts from environmental burdens than communities in other census tracts. **Figure 19** outlines the variables used to calculate EJI scores.

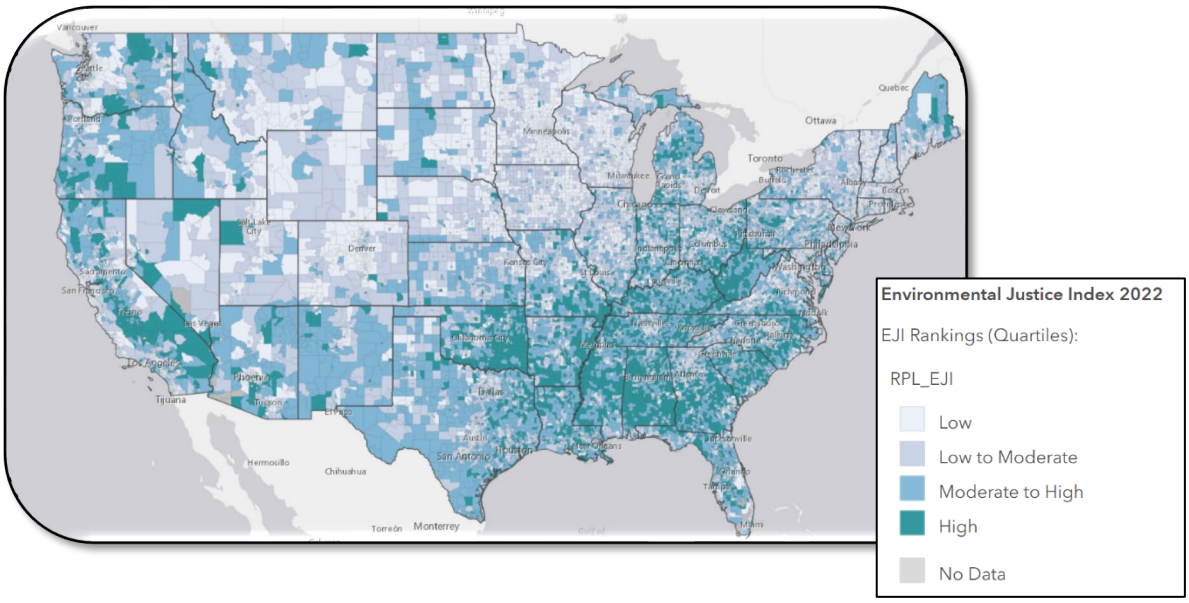
[20] Source: Centers for Disease Control and Prevention (2024). Environmental Justice Index. https://www.atsdr.cdc.gov/place-health/php/eji/index.html#cdc_generic_section_3-eji-tools-and-resources

Figure 19: EJI Variables



The United States EJI by county is shown in **Figure 20** below. As shown, a lot of variation exists across the country, and even within individual states.

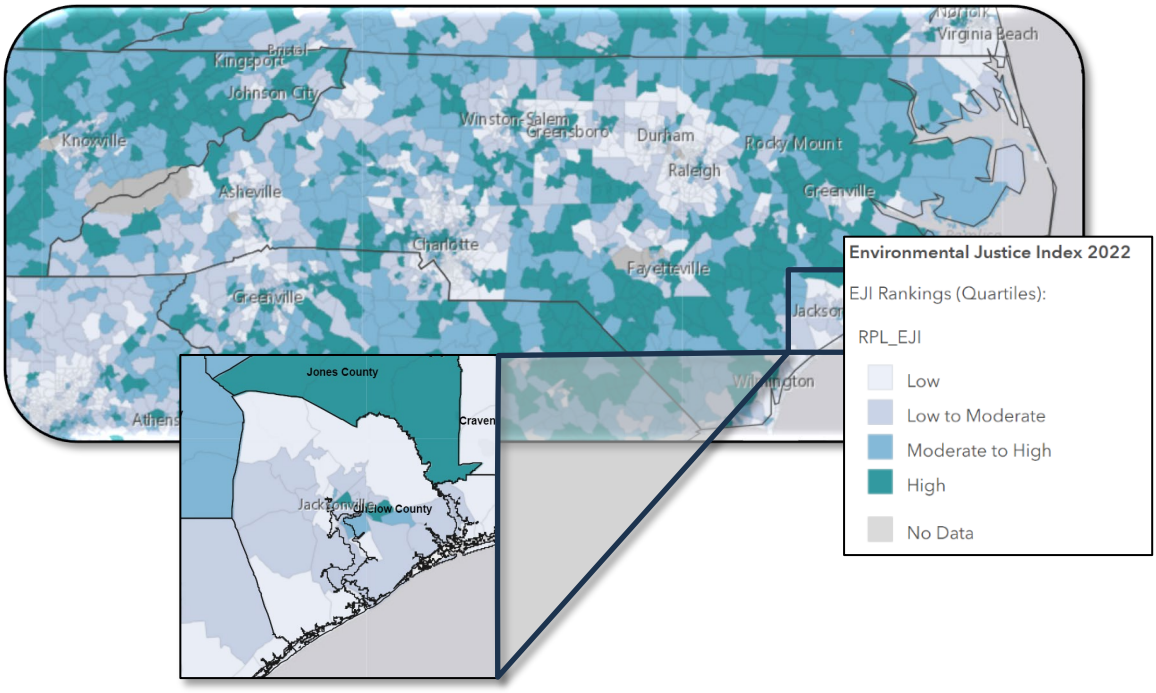
Figure 20: United States EJI by Census Tract, 2022



The 2022 EJI scores for Onslow County are shown in **Figure 21** below. EJI scores use percentile ranking which represents the proportion of census tracts that experience environmental burden relative to other census tracts in North Carolina. The index ranges from 0-1 with higher scores indicating more

environmental burden compared to other census tracts. Levels of environmental burden are variable across the county with the average being 0.36.

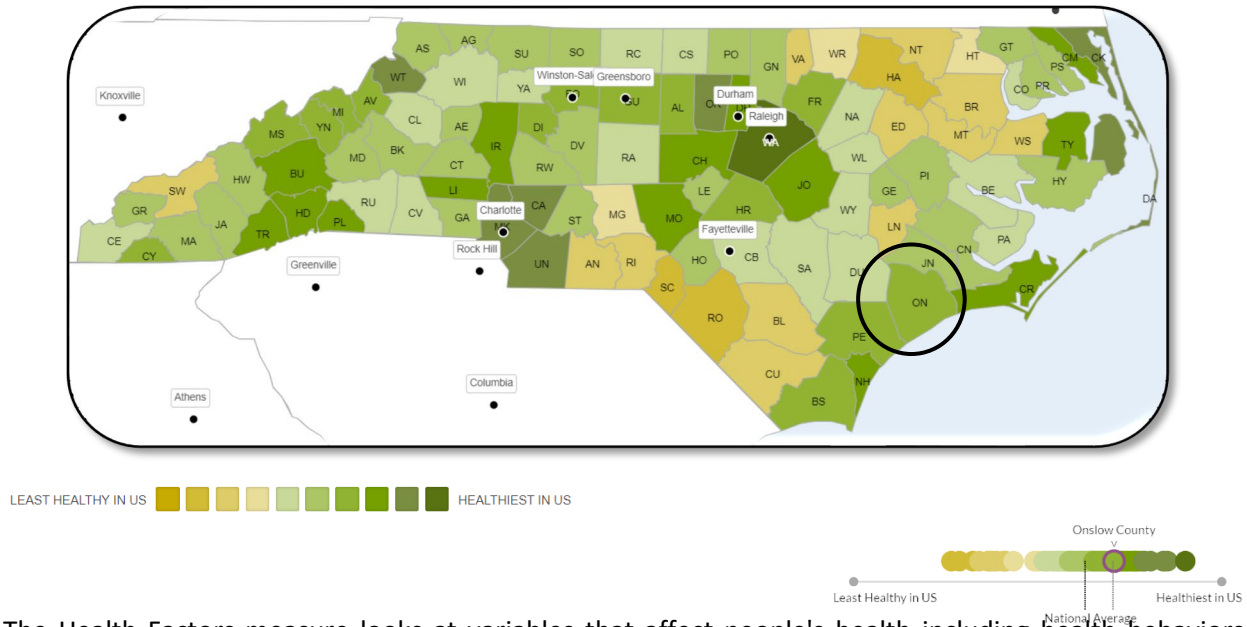
Figure 21: Onslow County EJI by Census Tract, 2022



Health Outcome and Health Factor Rankings

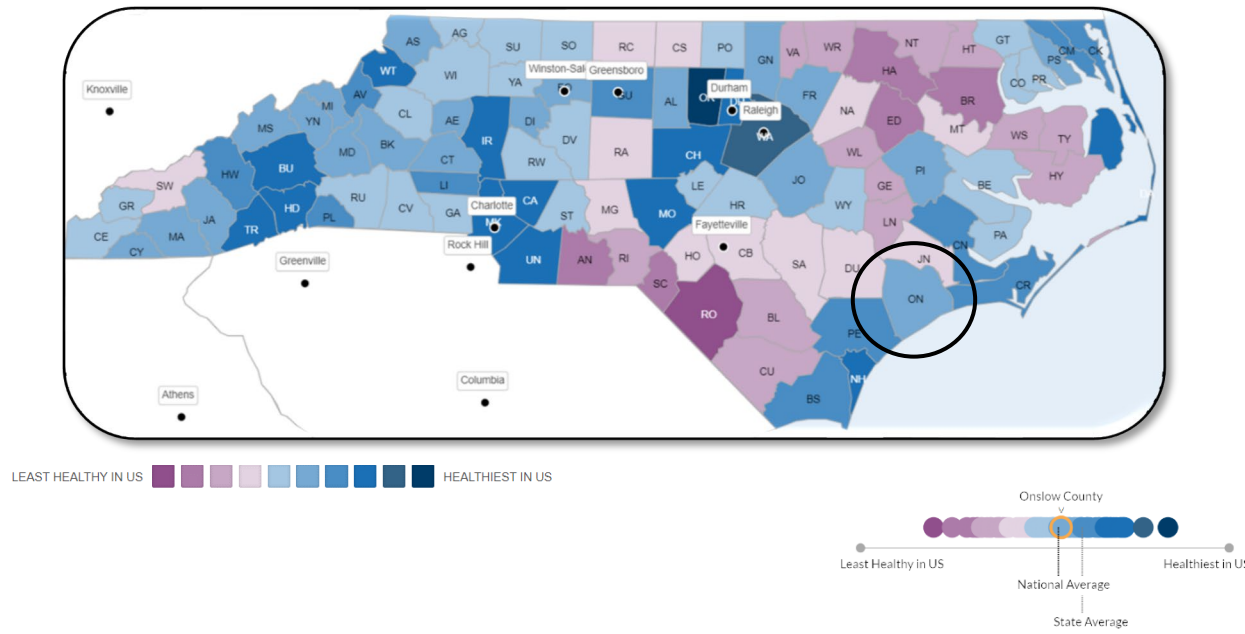
County leaders also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2024. The Health Outcomes measure looks at how long people in a community live and how physically and mentally healthy they are. These categories are discussed further in **Appendices 2** and **3**. Onslow is slightly ahead of the average for the country and on par with the state, which means people there may have average health.

Figure 22: State Health Outcomes Rating Map[5]



The Health Factors measure looks at variables that affect people's health including health behaviors, clinical care, social & economic factors, and the physical environment they live in. More details about these indicators can be found in **Appendices 2** and **3**. Onslow is on par with the average for the country and falls slightly behind the state.

Figure 23: State Health Factors Rating Map[5]



CHAPTER 3 | PRIORITY NEED AREAS

This chapter describes each of the two priority areas in more detail and discusses the data that supports each priority. The information in this section includes context and national perspective, secondary data findings, and primary data findings (including the community member survey and focus groups). As previously described in **Chapter 1: Methodology**, secondary data was primarily sourced using the North Carolina Data Portal. For additional descriptive information on data sources and methodology, please see **Appendix 2**.

As mentioned previously, these priority needs areas are not listed in any hierarchical order of importance and all will be addressed by the Onslow County leaders in health improvement plans guided by this CHNA. As noted in Chapter 1, county health leadership considered the following factors when determining the priority needs reported in this assessment:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Estimated feasability and effectiveness of possible interventions;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

PRIORITY NEED: BEHAVIORAL AND MENTAL HEALTH

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[21] Mental health is defined as an emotional, psychological, and social state of well-being. Mental health impacts every stage of life and affects how one can handle their relationships, daily stressors, and health behaviors.[22] After evaluating data from a variety of sources including surveys and focus groups conducted throughout the assessment process, the Steering Committee identified behavioral health, including both mental health and substance use, to be an area of urgent need within Onslow County.

Mental illnesses are common in the United States: in 2021, an estimated 57.8 million U.S. adults – nearly one in five – were living with a mental illness.[23] There is a risk for developing a mental illness across the lifespan, with over one in five children and adults in the U.S. reported to have a mental illness, and nearly

[21] Source: American Medical Association (2022). *What is behavioral health?* Retrieved September 13th, 2023, from https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.
[22] Source: CDC. (2024). About mental health. Retrieved October 1, 2024, from: https://www.cdc.gov/mentalhealth/learn/index.htm
[23] Source: National Institute of Mental Health (2023). *Mental Illness*. Retrieved September 13th, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness.

one in twenty-five adults currently coping with a serious mental illness (SMI) such as major depression, schizophrenia or bipolar disorder. [24]

Mental illness can occur due to multiple different factors, such as genetics, drug and/or alcohol usage, isolation, adverse childhood experiences, and chronic health conditions. Additionally, mental illness can act like other chronic health conditions, in that it can worsen or improve depending on the environment. Mental health services have evolved in the past five years, especially during the COVID-19 pandemic. However, accessing mental health care services can be challenging. According to the National Institute of Mental Health, less than half (47.2%) of adults with a common mental illness received any mental health services in 2021. Those who had an SMI were more likely (65.4%) to have received mental health services that same year.[25] While access to telehealth mental health services has increased, those living in rural areas may still find it difficult to access care. This is a particular concern among those who are low-income or experiencing homelessness, two groups at high risk for developing an acute or chronic mental health condition. As of 2023, over seven million people in the U.S. who reported having a mental illness lived in a rural area.[26]

Mental illness is a prevalent concern in North Carolina, with nearly 1.5 million adults reported to have a mental health condition in 2023. Additionally, that same year, 1 in 7 individuals who were identified as homeless also were living with an SMI. Access to mental health care in North Carolina is changing, however, it is still unavailable to many. Specifically, over 452,000 individuals did not seek care in 2023, with 44.8% citing cost as the main reason. Additionally, those in live in North Carolina are seven times more likely to be pushed out of the network of their behavioral health providers, than a primary care provider, furthering cost as a cause for stopping treatment. [27]

Substance use disorders (SUDs) are one of the fastest-rising categories of behavioral health disorders. According to the American Psychiatric Association, SUDs are a complex condition in which there is uncontrolled use of a substance (such as alcohol or drugs), despite harmful consequences.[28] SUDs often occur in conjunction with other mental illnesses. In 2023, 16 million (46.9%) young adults aged 18-25 reported having either a SUD or Acute Mental Illness (AMI) in the past year. In that same year, 17.1% (48.5 million) of all U.S. adults were reported as having an SUD.[29] These trends have been increasing in recent years. According to the National Center for Drug Abuse Statistics, in 2018 (3.7%) of all adults aged 18 and older (9.2 million) had both an AMI and at least one SUD.[30] By 2021, this had increased to 13.5% of U.S. adults, with the highest incidence among Multiracial adults.

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[24] Source: CDC. (2024). Mental health. Retrieved October 1, 2024, from https://www.cdc.gov/mentalhealth/learn/index.htm

[25] Source: National Institute of Mental Health. (2023). Mental Illness. Retrieved October 1, 2024, from https://www.nimh.nih.gov/health/statistics/mental-illness

[26] RHI Hub. (2023). Rural mental health. Retrieved October 1, 2024, from: https://www.ruralhealthinfo.org/topics/mental-health

[27] Source: NAMI (2023). *Mental Health in North Carolina.* Retrieved October 10, 2024, from https://www.nami.org/wp-content/uploads/2023/07/NorthCarolinaStateFactSheet.pdf

[28] Source: American Psychiatric Association (2024). *Addiction and Substance Use Disorders*. Retrieved January 16, 2024, from https://www.psychiatry.org/patients-families/addiction-substance-use-disorders.

[29] Source: SAMHSA (2024). *Highlights from the 2023 National Survey on Drug Use and Health*. Retrieved October 10th, 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.

[30] Source: National Center for Drug Abuse Statistics (2023). *Drug Abuse Statistics*. Retrieved January 8th, 2024, from https://drugabusestatistics.org/.

There are multiple common forms of SUD, such as alcohol use, cocaine use, cannabis use, opioid use, and methamphetamine use disorders. An individual living with one SUD can also be coping with another at the same time, such as co-occurring use of alcohol and cannabis.[31] Treatment SUDs generally cannot follow a cookie-cutter approach, as each person receiving treatment will have different withdrawal and coping needs. Treatment is typically provided through various therapies, inpatient admissions, and forms of medication-assisted treatment such as methadone. Opioid overdoses are one of the most common types of deaths related to SUDs and can be preventable and treatable if caught in time. Multiple efforts have been coordinated within the past two years to incorporate the storage of overdose-reversing medications such as Naloxone in public facilities such as federal facilities, and over the counter, as was approved in 2023 by the FDA. This is critical, as in 2022, the number of opioid overdoses nationwide surpassed 81,051 – a 63% increase in overdoses since 2019.[32]

Substance use disorders have also had an impact in North Carolina. Over 36,000 overdose deaths occurred in the state between 2000 and 2022 – an average of more than 1,600 deaths each year.[33] Multiple programs have been developed in North Carolina to combat substance use disorder, notably surrounding opioid usage, which has led to an increase in access and usage of Medication Assisted Treatment (MAT) and methadone clinics within the state. Additionally, North Carolina launched the Opioid and Substance Use Action Plan, which involved the development of multiple interventions, dashboards, and educational materials to help support counties and organizations in reducing not only overdose deaths, but the incidence of SUDs as well.

The pandemic impacted public mental health and well-being in many ways. Community members continue to grapple with the pandemic-related effects of isolation and loneliness, financial instability, long-term health impacts and grief, all of which are drivers for developing a substance use disorder. In addition, both drug overdose and suicide deaths have sharply increased over the past several years – often disproportionately impacting younger people and communities of color.[34]

Access to services that address mental health and substance use is an ongoing challenge across the U.S. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2021, less than half (47.2%) of U.S. adults who reported having a mental illness utilized any type of mental health services, including inpatient, outpatient or telehealth services or prescription drug therapies. Demand for mental health services, particularly anxiety and depression treatment, remains high across the nation, while the prevalence of stress- and trauma-related disorders, along with substance use disorders, continues to grow. The American Psychological Association reports that the percentage of psychologists in the U.S. seeing more patients than they did before the pandemic increased from 15% in 2020 to 38% in

[31] Source: Cleveland Clinic. (2024). Substance Use Disorder (SUD). Retrieved October 1, 2024, from https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud

[32] Source: KFF. (2023). Saunders, H., Rudowitz, R. (2023). Will the availability of Over-The-Counter Narcan increase access? Retrieved October 1, 2024 from https://www.kff.org/policy-watch/will-availability-of-over-the-counter-narcan-increase-access/

[33] Source: NCDHHS. (2022). *Overdose epidemic.* Retrieved October 3, 2024 from: https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic#:~:text=Combating%20North%20Carolina's%20Opioid%20Crisis,is%20devastating%20families%20and%20communities.

[34] Source: Panchal, N., Saunders H., Rudowitz, R. and Cox, C. (2023). The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. Retrieved from https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use.

2021 to 43% in 2022. Further, 60% of psychologists reported having no openings for new patients and 38% maintained a waitlist for their services.

Secondary Data Findings

Mental and behavioral health emerged as a significant concern for Onslow County based on several key indicators. The county's performance on multiple mental health and substance use metrics showed concerning trends compared to state and national averages, indicating a high need in this area.
Onslow County faces significant challenges in terms of mental health provider availability. The rate of mental health providers per 100,000 population in Onslow County (150.6) is lower than both the state (155.7) and national (178.7) averages. Additionally, the rate of substance abuse providers (13.2 per 100,000 population) is substantially lower than both the state (25.0) and national (27.9) averages. The county also has a notably lower rate of buprenorphine providers (8.6 per 100,000 population) compared to state (15.2) and national (15.5) figures, suggesting potential barriers to accessing medication-assisted treatment for substance use disorders.

Table 16: Mental Health Provider Rates

Indicator	Onslow County	North Carolina	United States
Substance Abuse Providers (Rate per 100,000 Population)	13.2	25.0	27.9
Buprenorphine Providers (Rate per 100,000 Population)	8.6	15.2	15.5
Mental Health Providers (Rate per 100,000 Population)	150.6	155.7	178.7

Deaths of despair, which include deaths from suicide, drug overdose, and alcohol-related causes, show mixed trends in the county. The county has a significantly lower crude death rate for alcohol-involved crashes (2.2 per 100,000 population) compared to both state (2.9) and national (2.3) averages. However, there are notable disparities in suicide rates, with Onslow County's rate (21.0 per 100,000 population) being significantly higher than both state (14.0) and national (14.5) averages.

Table 17: Mental Health Indicators

Indicator	Onslow County	North Carolina	United States
Deaths of Despair (Crude Rate per 100,000 Population)	62.5	58.7	55.9
Suicide (Crude Rate per 100,000 Population)	21.0	14.0	14.5
Average Number of Poor Mental Health Days (per Month)	4.8	4.6	4.9

Nearly one-quarter (22%) of Onslow County’s population are military veterans, and a large Marine military installation – Camp Lejeune – is located in the City of Jacksonville within the county. Mental health among

military service members and veterans is an increasingly common topic of concern and highlights a need for military-specific mental health resources both nationally and in Onslow County. While specific data regarding suicide among active duty servicemembers or veterans in Onslow County was not available, the overall veteran suicide rate in North Carolina between 2018 and 2022 was 50.2 per 100,000 residents – nearly twice the national average of 33.9[35] in 2022. Additionally, the suicide rate for veterans ages 18 to 34 years of age in North Carolina was 118 deaths per 100,000 for the same period. This rate was over six times higher than those in the same age range who were not affiliated with the military.[36]

Secondary data for Onslow County indicates a concerning trend in substance use behaviors. Twenty percent of adults report excessive drinking compared to 18% at both state and national levels. However, in terms of treatment metrics, the county has a lower rate of emergency department utilization for opioid use disorders (36 per 100,000 beneficiaries) compared to both state (43) and national (41) averages. The county's opioid overdose death rate (25.6 per 100,000 population) remains slightly higher than the state average (25.1).

Table 18: Substance Use Indicators

Indicator	Onslow County	North Carolina	United States
Percentage of Adults Reporting Excessive Drinking	20%	18%	18%
Opioid Use Disorder Emergency Department Utilization (Rate per 100,000 Beneficiaries)	36	43	41
Alcohol-Involved Crash Deaths, Annual (Rate per 100,000 Population)	2.2	2.9	2.3
Opioid Overdose Death Rate (Crude Rate per 100,000 Population)	25.6	25.1	N/A

Onslow County also has a rate of tobacco use that is higher than the state average. Over one-fifth (17.6%) of adults currently smoke, slightly higher than 15% of currently smoking adults in North Carolina, as indicated in the table below.

Table 19: Tobacco Use Indicator

Indicator	Onslow County	North Carolina	United States
Adults Reporting Currently Smoking	17.6%	15.0%	N/A

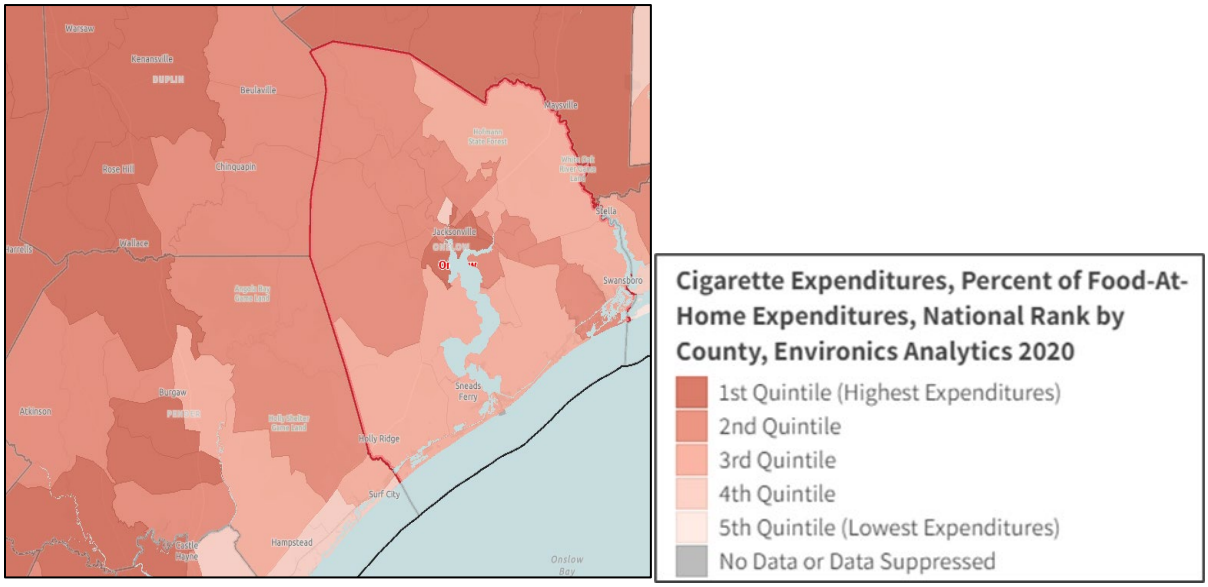
Although Onslow County ranks among the lowest quintile for cigarette spending overall, it's important to note that spending is significantly higher in the central and northwestern parts of the county, where the

[35] Source: Uniformed Services University. 2024. *Suicide in the Military.* Retrieved November 12th, 2024 from: https://deploymentpsych.org/disorders/suicide-main#:~:text=According%20to%20the%20calendar%20year,100%2C000%20for%20the%20National%20Guard

[36] Source: North Carolina Department of Health and Human Services.2024. *Veteran Suicide in North Carolina, 2018-2022.* Retrieved on November 12th, 2024 from: https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/VDRS/VeteranSuicide_2018_2022.pdf

population is densest. As shown in **Figure 24** below, the regions of Onslow County that fall below the second quintile have the lowest population density and include areas designated for federal use, as well as protected lands such as Hofmann Forest.

Figure 24: Cigarette Expenditures in Onslow County



These data suggest that while Onslow County performs well in some areas of behavioral health, significant challenges remain. The combination of higher rates of poor mental health days, excessive drinking, and suicide, coupled with lower provider availability across multiple specialties, indicates a critical need for increased focus on mental health and substance use prevention and treatment services in the county. The disparity between treatment needs and provider availability is particularly concerning and may require targeted interventions to expand access to care.

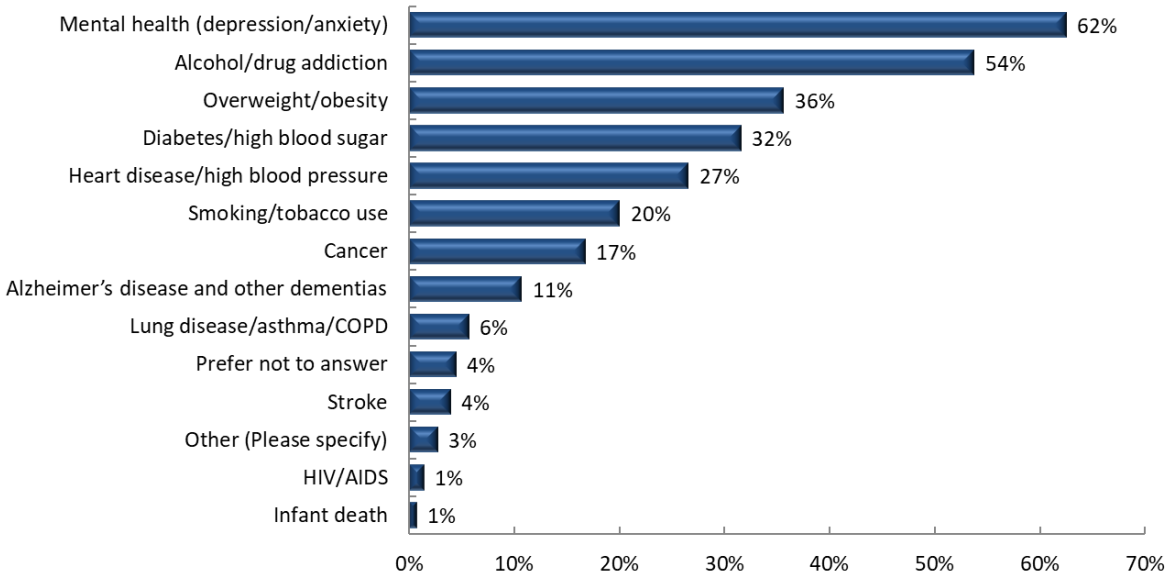
For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

Onslow County residents highlighted different aspects of mental health as areas of community concern through the web-based survey. When asked to identify the most important community health needs, mental health emerged as the top health concern, identified by 62% of all respondents. Alcohol and substance use was the second highest-ranked health problem, with over half (54%) selecting it as a problem. Smoking and tobacco use were selected by 20% of all respondents. Those between the ages of 25 and 44 were the age group most likely to select mental health as a top need (76%). Furthermore, nearly all (91%) respondents who identified as “non-binary/other gender” selected mental health as a top health concern, compared to female respondents (64%) and male respondents (56%).

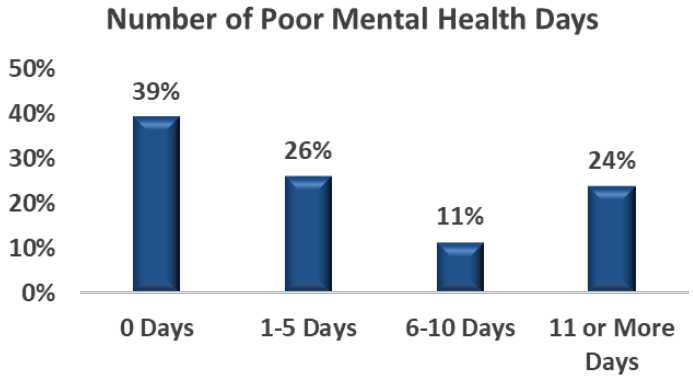
Figure 25: What are the three most important health problems that affect the health of your community? Please select up to three.

(N=1,141)



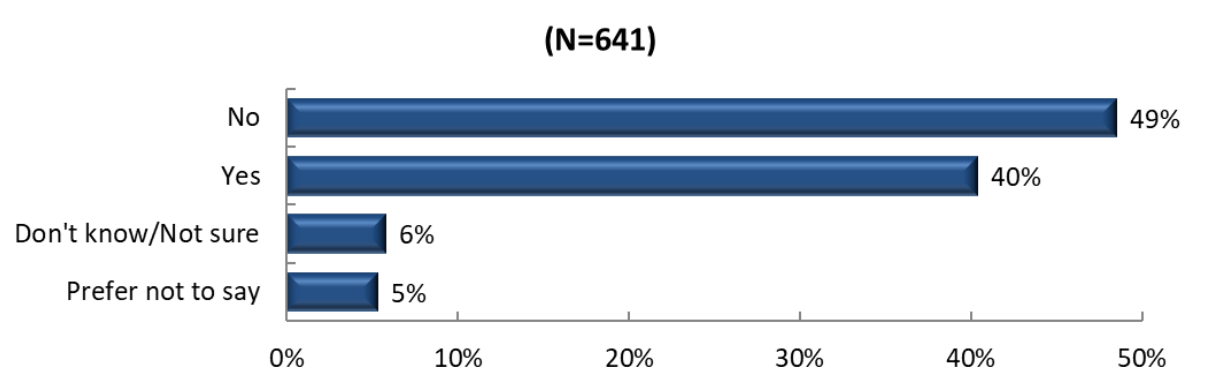
When respondents were asked about their own mental health, 61% of respondents indicated they had one or more poor mental health days in the past 30 days, with an average of seven poor mental health days across these respondents. Concerningly, nearly one-quarter (24%) of survey respondents indicated that they had 11 or more poor mental health days in the prior month.

Figure 26: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (N=1,059)



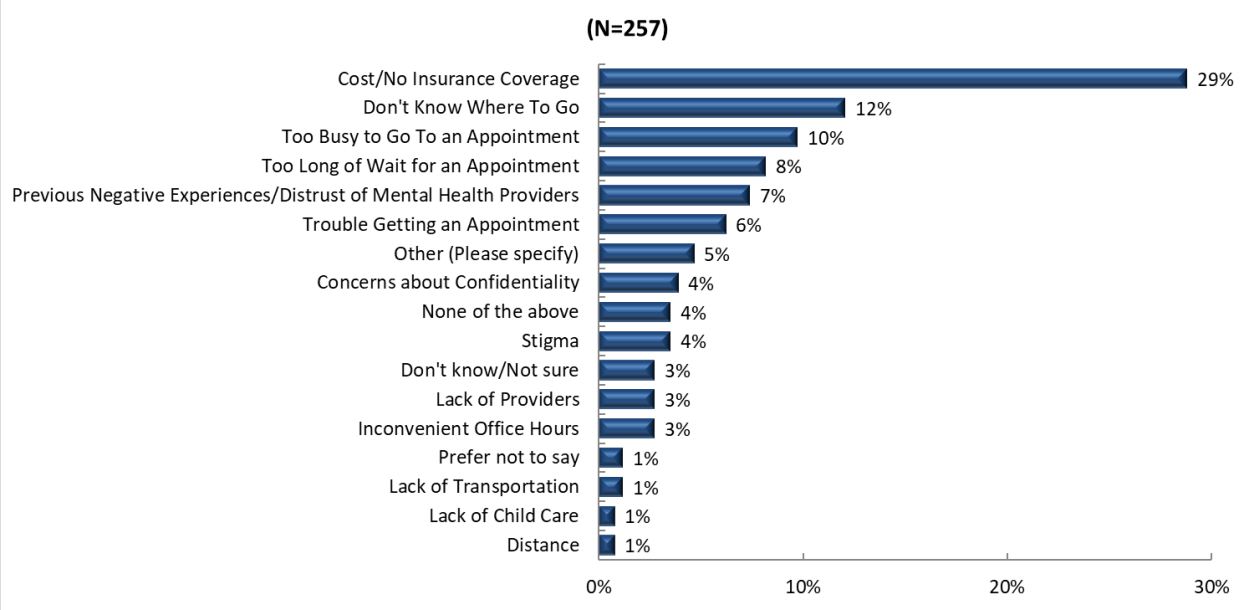
Community member respondents who indicated they experienced at least one poor mental health day in the previous month were also asked if there was a time in the past 12 months when they needed mental healthcare or counseling but did not get it at that time. More than one-third (40%) of these respondents answered yes.

Figure 27: Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?



The top responses for why this group did not receive care included cost (29%), a lack of knowledge of where to go (12%) and being too busy to go to an appointment (10%), suggesting a need for lower cost services and better awareness of available resources to improve access to needed mental healthcare.

Figure 28: What was the main reason you did not get mental health care or counseling?

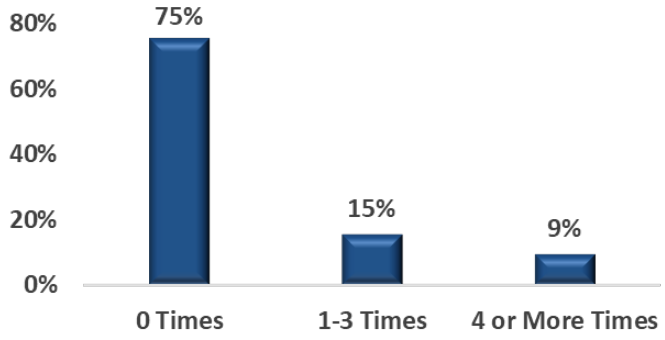


Despite Onslow County residents who responded to the survey selecting alcohol and substance use as the second highest-ranked health issue, many community survey respondents had positive responses to more targeted questions about substance use. However, concerns were identified regarding behaviors surrounding alcohol use, prescription drug misuse, and secondary impact from other individuals living with a substance use disorder.

Respondents were asked to identify the number of times they consumed enough drinks to meet the definition of “binge drinking” on a single occasion. Two-thirds (75%) reported that they did not consume an excessive amount (4 drinks for females and 5 drinks for males) on any occasion in the past 30 days.

However, nearly one-quarter (24%) of respondents identified that they had consumed more than that threshold one or more times in the past month.

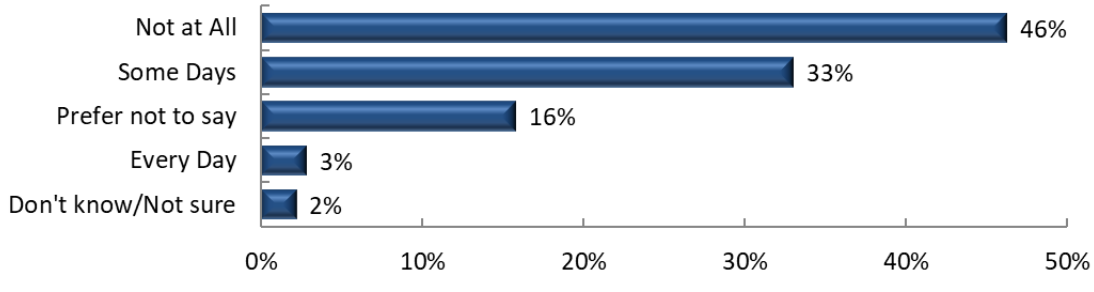
Figure 29: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion? (N=1,111)



Additionally, when community members were further asked how often they consume any alcohol, nearly half (45%) of respondents reported that they do not drink at all, and 36% of respondents stated that they did drink at least some days.

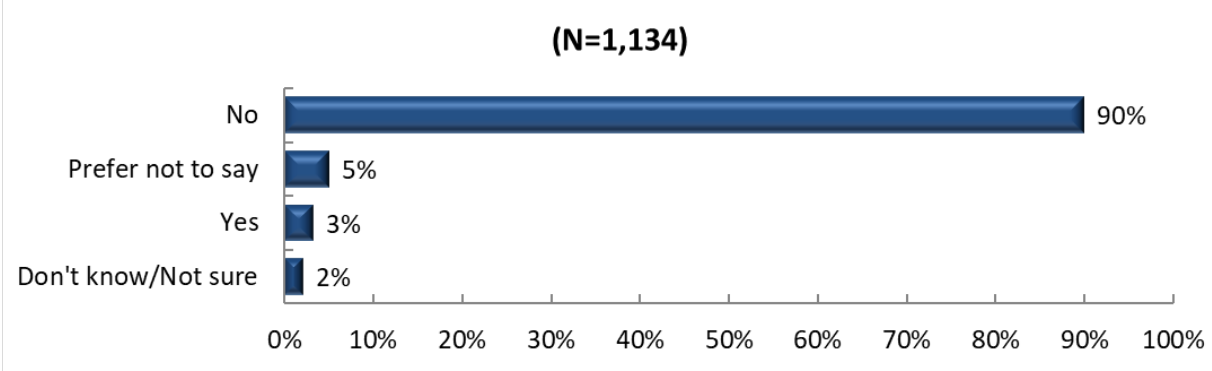
Figure 30: How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

(N=1,109)



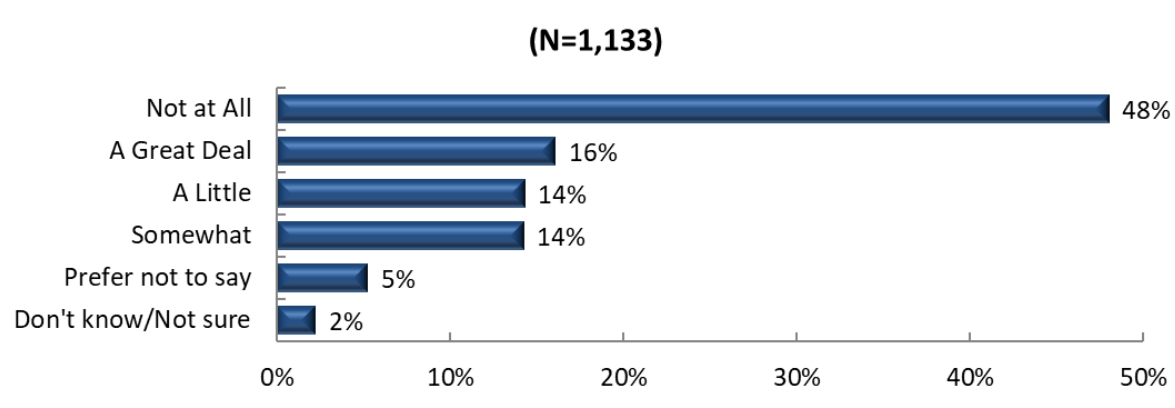
Just three percent of survey participants reported that they or a member of their household had misused any prescription medications in the prior year.

Figure 31: In the past year, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?



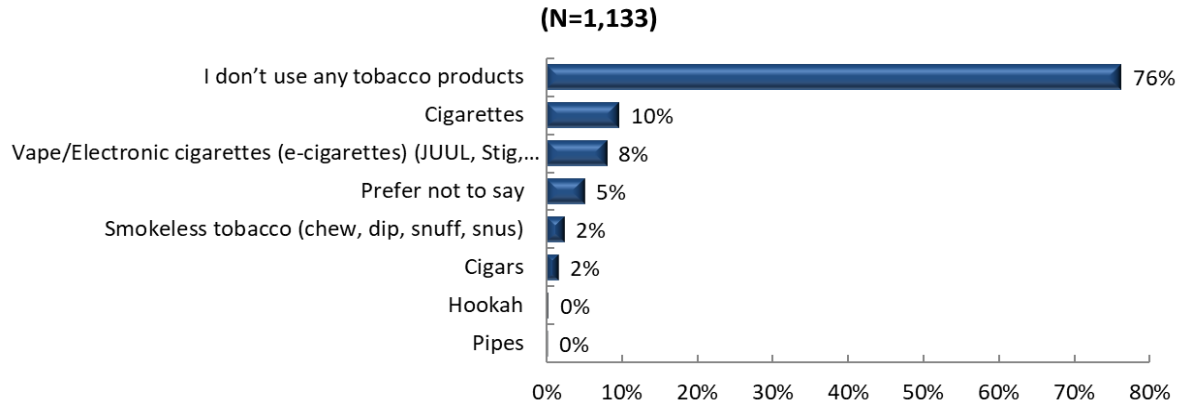
While responses to many substance use-related survey questions were positive, 44% of respondents indicated that their life has been negatively impacted by their own or someone else's substance use. Furthermore, nearly one in ten noted that their life has been impacted in this way a great deal.

Figure 32: To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs?



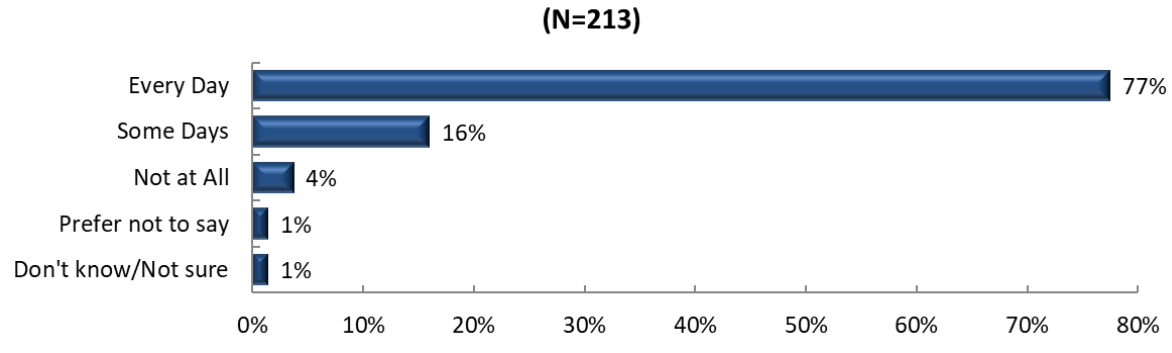
Onslow County residents who responded to the community web survey were also asked about their tobacco usage. As indicated in **Figure 3.2** above, tobacco use was identified as a top health problem by one in five survey respondents. Respondents were initially asked whether they currently used any tobacco or nicotine products. While over two-thirds (76%) said they did not, 22% stated using some form of tobacco product, with cigarettes the most common response among this group.

Figure 33: Do you currently use any of the following tobacco or nicotine products? (Select all that apply.)



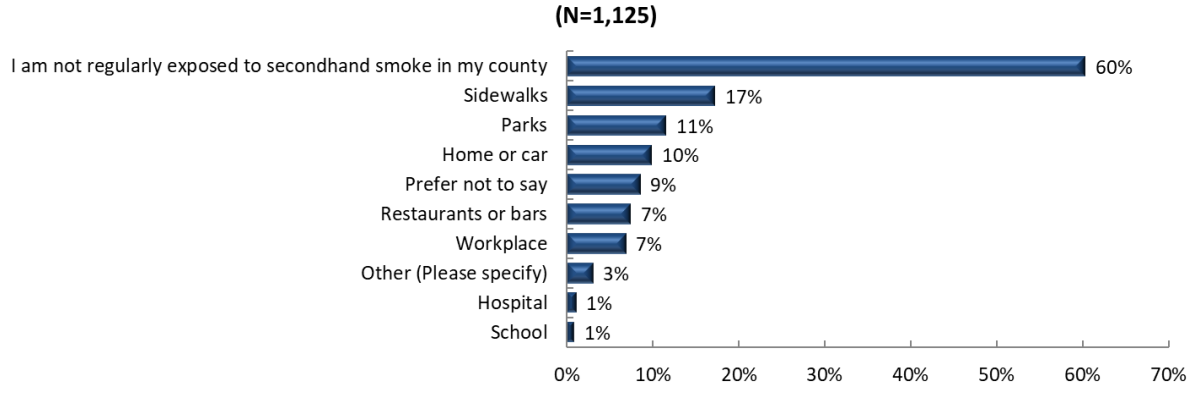
Respondents who identified using some form of tobacco or nicotine product were then asked how often they used the product. Over two-thirds (77%) of these individuals stated daily use of nicotine and tobacco, and only 16% stated using these products some days.

Figure 34: How often do you use any kind of tobacco or nicotine product, including smokeless products, chewing tobacco, dip, snuff, snus, electronic cigarettes, or vapes?



Finally, participants in the survey were asked about their exposure to secondhand smoke in Onslow County. While over half (60%) stated not being regularly exposed to smoke, nearly one-fifth (17%) stated being exposed on the sidewalks, and one in ten (10%) indicated that they were often exposed in their home or car.

Figure 35: Are you regularly exposed to secondhand smoke in any of these locations in Onslow County? (Select all that apply.)



For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Focus group participants across Onslow County consistently identified mental and behavioral health as a significant concern in their community. They highlighted several challenges, including anxiety and depression, high levels of stress among new immigrants, a perception that involuntary commitments to mental health facilities are happening more often, and isolation – particularly among military spouses. Participants emphasized the limited availability of mental health providers in the county and noted a lack of local treatment facilities for substance use disorders. The way mental health intersects with other health issues was frequently discussed, with participants noting how stress and mental health challenges often contribute to or make physical health conditions worse. Stigma, the high cost of care, and insurance coverage challenges were identified as major barriers to accessing mental health services in Onslow County. The need for more bilingual mental health providers and culturally appropriate services was emphasized, particularly for the Hispanic/Latino community.

For a more detailed description of focus group findings, see **Appendix 5**.

PRIORITY NEED: CHRONIC DISEASE PREVENTION

Context and National Perspective

As society has changed and people live longer, chronic health conditions have become more common than communicable diseases like typhoid and cholera. As defined by the World Health Organization (WHO), chronic diseases are those with a long duration, that are influenced by a combination of genetic, environmental, psychological, or behavioral factors.[37] Chronic health conditions are extremely common

Source: North Carolina Department of Health and Human Services.2024. *Veteran Suicide in North Carolina, 2018-2022.* Retrieved on November 12th, 2024 from: https://injuryfreenc.

in the United States, with 6 in 10 Americans living with at least one chronic disease, such as diabetes, obesity, cancer, hypertension, or heart disease.[38]

Chronic diseases are the leading cause of death and disability in the United States.[37] According to the WHO, chronic health conditions kill 41 million people globally each year and are responsible for 7 in 10 deaths in the U.S. annually.[37] The number of individuals living with a chronic health condition is expected to increase as the U.S. population continues to age. The population over the age of 50 is expected to increase by 61% to 221.1 million people by 2050.[39] Among those 221 million, nearly two-thirds (142.7 million people) are expected to have at least one chronic health condition, with approximately 15 million people living with multiple chronic health conditions.[39]

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells that can result in death if not treated. While the risk of dying from cancer has declined significantly over the past 30 years, it remains the second most common cause of death in the U.S. Incidence of new cancer cases has continued to rise, with 2 million new cases expected to be identified in 2024.[40] This trend is largely affected by the aging and growth of the population and by a rise in diagnoses of 6 of the 10 most common cancers—breast, prostate, endometrial, pancreatic, kidney, and melanoma. Some research has attributed this rise to the impact of the obesity epidemic. [40] Cigarette smoking is another significant risk factor for cancer and is responsible for about 20% of all cancers and 30% of cancer deaths in the U.S. each year.[41]

The CDC recommends four ways to prevent chronic conditions and maintain good physical health. Recommended healthy behaviors include stopping or refraining from smoking, eating low-fat whole food diets, exercising moderately for at least 150 minutes a week, and limiting or refraining from consuming alcohol.[42] Annual physicals with a primary care provider are also necessary to help prevent or treat chronic health conditions. Yearly screenings can allow providers to identify any warning signs for developing conditions and enable patients to correct or develop healthy behaviors to avoid developing a physical health condition. A CDC study noted that one-third of visits to health centers in 2020 were for preventive care.[43] For those living with chronic conditions, the CDC recommends some general steps people can take to manage their diseases. These include taking medications as prescribed by a provider, self-monitoring symptoms as needed (such as conducting home blood sugar checks), and regularly seeing a provider for check-ups.

As the population in North Carolina and the individual counties continues to collectively age, the prevalence of chronic disease grows. In fact, eight out of the top 10 leading causes of death in North

dph.ncdhhs.gov/DataSurveillance/VDRS/VeteranSuicide_2018_2022.pdf
n and Health Promotion. Retrieved September 10th, 2024, from: https://www.cdc.gov/chronic-disease/about/index.html .
[39] Source: Ansah, J.P. & Chiu, T.C., (2022). Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. *Frontiers in Public Health*. Retrieved September 10th, 2024, from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9881650/.
[40] Source: American Cancer Society (ACS) (2024). *ACS Fast & Figures 2024*. Retrieved September 10th, 2024, from https://www.cancer.org/research/acs-research-news/facts-and-figures-2024.html.
[41] ACS (2020). *Health Risks of Smoking Tobacco.* Retrieved September 10th , 2024 from https://www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html
[42] Source: CDC (2024). *Preventing chronic diseases: What you can do now*. Retrieved September 10th, 2024 from https://www.cdc.gov/chronic-disease/prevention/index.html
[43] Source: CDC (2022). *Characteristics of visits to health centers: United States, 2020*. Retrieved September 10th, 2024, from https://www.cdc.gov/nchs/products/databriefs/db438.htm.

Carolina are related to a chronic health condition[44], accounting for at least two-thirds (50,000) of all annual deaths.[45] Additionally, the population of North Carolina is largely rural, which hinders access to clinical care for these conditions. Finding ways to utilize existing resources to help community members learn about and manage their chronic health conditions is key to improving health outcomes in these areas.

There are many factors involved in an individual's overall physical health status, such as disease prevention, timely access to primary and preventive healthcare, exercise, and maintaining a healthy diet. Living a healthy lifestyle is not a one-size-fits-all approach, and many individuals choose to incorporate different healthy behaviors at different times, slowly building more and more healthy habits. The CDC recommends multiple healthy behaviors that can be integrated into healthier living, such as getting enough sleep, moving more, and sitting less, limiting alcohol intake, and eating healthy food. Sleep needs can vary from person to person; however, the CDC recommends that an adult gets at least 7 hours of regular sleep. Another healthy behavior that can be incorporated is movement, starting at least 20 minutes a day with some light activity, such as walking or dancing. [46]

Another form of healthy living and disease prevention is taking a proactive role in preventative health care, which can often start with one's diet. According to experts, losing just 5-10 % of one's current weight can lower the risk for multiple chronic conditions such as diabetes, arthritis, cancer, and high blood pressure. When speaking with a primary doctor, or a nutritionist about creating a healthy diet, it is important to have some information prepared, such as food allergies, health goals, the types of medication taken, and any other health concerns that one may have. When considering a diet for weight loss, ensuring that the diet is both filling and matches a daily activity level is key. When implementing a new diet, there are a few recommendations for success. First, eating when hungry and stopping when full is key, and choosing to eat filling foods that one might enjoy, such as one's favorite vegetables, fruit, or lean protein. Secondly, seasoning the food with different herbs and spices, and reducing the amount of salt and sugar in a recipe if possible. Finally, drinking enough water throughout the day helps with digestion and other body functions.[47]

When considering healthy living in rural communities, research has shown that just one in four adults in rural areas are consistently performing at least four healthy behaviors.[48] Rural areas often have fewer or less diverse grocery stores, with many relying on smaller general stores, which may not always have fresh produce and meat. Additionally, these areas may also not have safe places to walk or exercise, such as sidewalks, recreation centers, or parks.

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[44] Source: CDC (2022). *North Carolina.* Retrieved October 3, 2024, from https://www.cdc.gov/nchs/pressroom/states/northcarolina/nc.htm

[45] Source: NCDHHS. (2023). *Chronic disease and injury.* Retrieved October 3, 2024, from https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury#:~:text=Chronic%20diseases%20and%20injuries%20are,of%20death%20in%20North%20Carolina.

[46] Source: Centers for Disease Control and Prevention. (2023). *Taking care of your body.* Retrieved October 3, 2024 from: https://www.cdc.gov/howrightnow/taking-care/index.html

[47] Source: U.S. Department of Veterans Affairs. (2023). *Healthy living overview.* Retrieved October 10th, 2024 from https://www.prevention.va.gov/Healthy_Living/index.asp

[48] Source: CDC (n.d.) *Health behaviors in rural America.* Retrieved October 3, 2024 from https://www.cdc.gov/rural-health/php/public-health-strategy/public-health-considerations-for-health-behaviors-in-rural-america.html#:~:text=People%20living%20in%20rural%20areas,and%20getting%20regular%20health%20screenings.

In North Carolina, over half (52%) of adults do not get at least two and a half hours of moderate exercise per week, and over 70% don't meet weekly muscle-strengthening recommendations. However, 84% of adults eat at least one vegetable a day, and over 60% eat fruit at least once a day.[49] North Carolina's Department of Health and Human Services has implemented several workshops and classes that individuals can take to learn healthy habits, such as Living Healthy workshops. Additionally, several nonprofits have implemented programs to help individuals learn healthy behaviors, and North Carolina also has an extensive WIC program, as well as the NCCARE360 network, which seeks to connect individuals with all necessary resources for living a healthier life.

Secondary Data Findings

Chronic disease emerged as a significant concern for Onslow County based on several key indicators. The county's performance on multiple chronic disease-related metrics was worse than state and national averages, indicating a high need in this area.

Onslow County faces higher prevalence rates for several chronic conditions compared to state and national benchmarks. The percentage of adults with diagnosed diabetes (10.3%) is higher than both the state (9.0%) and national (8.9%) averages. Similarly, the prevalence of hypertension among adults in Onslow County (32.6%) is higher than both state (32.1%) and national (29.6%) averages. The county also shows elevated rates of coronary heart disease, with 5.9% of adults having received this diagnosis compared to 5.5% state and 5.2% national averages. Additionally, 3.1% of adults report having experienced a stroke, equal to the state average (3.1%) but higher than the national average (2.8%). Kidney disease affects 3.0% of adults in the county, slightly higher than both state (2.9%) and national (2.7%) averages.

Table 20: Chronic Disease Indicators

Indicator	Onslow County	North Carolina	United States
Adults (Age 18+) with Asthma	9.6%	9.8%	9.7%
Adults (Age 20+) with Diagnosed Diabetes	10.3%	9.0%	8.9%
Adults (Age 18+) Ever Diagnosed with Coronary Heart Disease	5.9%	5.5%	5.2%
Adults (Age 18+) with Hypertension	32.6%	32.1%	29.6%
Adults (Age 18+) with Kidney Disease	3.0%	2.9%	2.7%
Adults (Age 18+) Ever Having a Stroke	3.1%	3.1%	2.8%
Adults with BMI > 30.0 (Obese)	32.2%	29.7%	30.1%
Cancer Incidence (Rate per 100,000 Population)	540.4	464.4	442.3

[49] Source: Eat Smart Move More North Carolina. (2017). *The roles of nutrition and physical activity in Chronic Disease in North Carolina.* Retrieved October 23, 2024 from https://www.communityclinicalconnections.com/wp-content/themes/cccph/assets/downloads/2024/07/factsheets/Physical/CCCPHB_FactSheet_HealthyEating-0724.pdf

Obesity, a significant risk factor for multiple chronic conditions, affects 32.2% of adults in Onslow County, higher than both state (29.7%) and national (30.1%) averages. However, the county has lower rates of some other chronic conditions, with 9.6% of adults reporting asthma (compared to 9.8% state, 9.7% national), and 30.8% reporting high cholesterol (compared to 31.4% state, 31.0% national). Cancer incidence in Onslow County (540.4 per 100,000 population) is significantly higher than both state (464.4) and national (442.3) averages. This elevated cancer rate is particularly concerning given the county's healthcare access challenges.

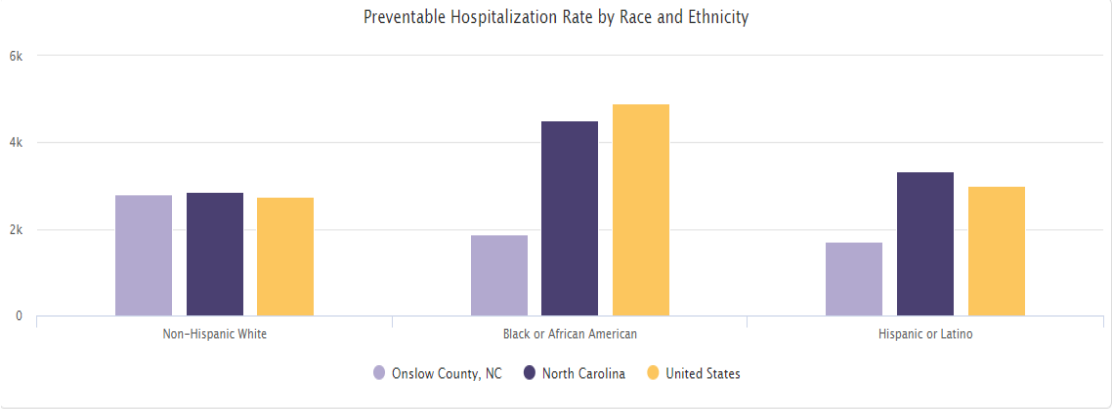
Secondary data for Onslow County indicates higher than average hospitalization rates for chronic conditions. Cardiovascular disease hospitalizations (13.5 per 1,000 population) are notably higher than state (11.7) and national (10.4) averages. Similarly, ischemic stroke hospitalizations (10.2 per 1,000 population) exceed both state (9.5) and national (8.0) averages. While the county has a lower rate of emergency room visits (496 per 1,000 population) compared to state (563) and national (535) averages, this may not fully reflect access to preventive and maintenance care for chronic conditions.

Table 21: Chronic Disease Hospitalization

Indicator	Onslow County	North Carolina	United States
Emergency Room Visits (Rate per 1,000 Population)	496	563	535
Cardiovascular Disease Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	13.5	11.7	10.4
Ischemic Stroke Hospitalizations (Rate per 1,000 Medicare Beneficiaries)	10.2	9.5	8.0

Among Medicare beneficiaries, the rate of preventable hospitalizations shows disparities by race, with White beneficiaries experiencing a higher rate (2,804 per 100,000) compared to Black beneficiaries (1,885 per 100,000). Notably, preventable hospitalization rates for Black/African American and Hispanic/Latino Onslow residents are much lower than the rates at the state or national level.

Figure 36: Preventable Hospitalization Rates by Race/Ethnicity



Access to care for chronic conditions shows significant challenges. The rate of primary care providers (86.5 per 100,000 population) is substantially lower than both state (101.1) and national (112.4) averages.

Table 22: Healthcare Provider Rates

Indicator	Onslow County	North Carolina	United States
Dental Providers (Rate per 100,000 Population)	68.4	31.5	39.1
Primary Care Providers (Rate per 100,000 Population)	86.5	101.1	112.4

There are many risk factors for chronic disease that are cause for concern in Onslow County. The percentage of adults who are physically inactive (22.9%) is higher than the state average (21.6%). Just 56% of the county's population has access to exercise opportunities, significantly lower than both state (73%) and national (84%) averages. When examining the built environment, the county's walkability index score (6) is lower than both state (7) and national (10) averages. The county also has fewer recreation and fitness facility establishments (8.3 per 100,000 population) compared to state (13.1) and national (14.7) averages.

Table 23: Physical Activity Indicators

Indicator	Onslow County	North Carolina	United States
Recreation and Fitness Facility Establishments, (Rate per 100,000 Population)	8.3	13.1	14.7
Walkability Index Score	6	7	10
% Physically Inactive	22.9	21.6	-
Percentage of Population with Access to Exercise Opportunities	56%	73%	84%

The food environment presents additional challenges. The county has a higher rate of fast-food restaurants (81.6 per 100,000 population) compared to the state average (77.4), though lower than the national average (96.2). The county has a lower rate of grocery stores (12.7 per 100,000 population) compared to both state (18.7) and national (23.4) averages. Food insecurity affects 13% of the overall population and 17% of children, higher than state (11% and 15% respectively) and national (10% and 13% respectively) averages. Additionally, 37% of the low-income population has low food access, significantly higher than state (21%) and national (19%) averages.

Table 24: Food Security Indicators

Indicator	Onslow County	North Carolina	United States
Food Insecurity Rate	13%	11%	10%
Child Food Insecurity Rate	17%	15%	13%
Percent Low Income Population with Low Food Access	37%	21%	19%
Food Environment - Fast Food Restaurants Establishments (Rate per 100,000 Population)	81.6	77.4	96.2
Food Environment - Grocery Stores Establishments (Rate per 100,000 Population)	12.7	18.7	23.4

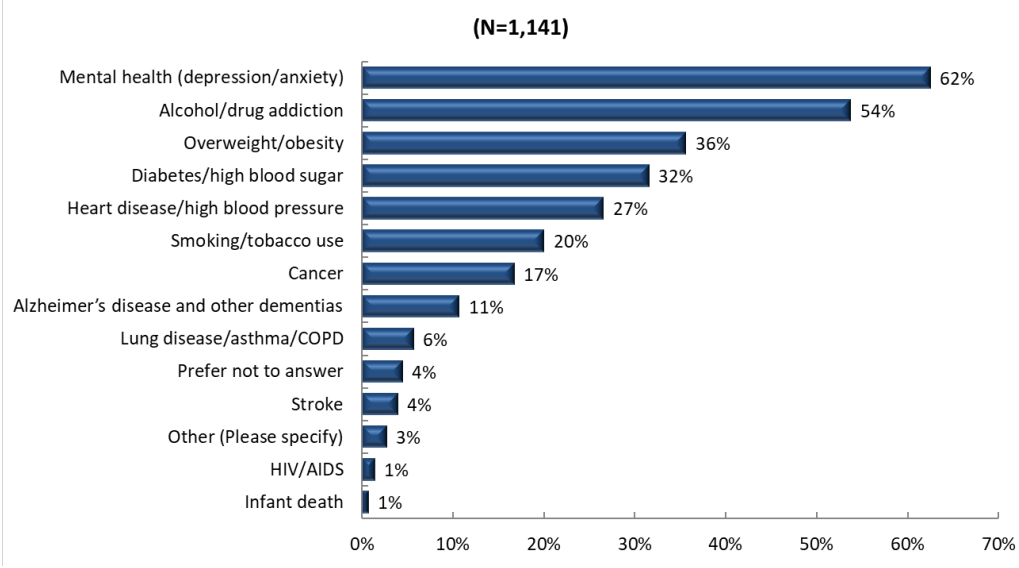
These data suggest that Onslow County faces significant challenges related to chronic disease prevention and management. The combination of higher prevalence rates for multiple chronic conditions, elevated hospitalization rates, limited access to healthcare providers, and environmental factors that may contribute to poor health outcomes indicates a critical need to focus on chronic disease prevention and treatment services in the county.

For additional detail on secondary data findings, see **Appendix 3**.

Primary Data Findings – Community Member Web Survey

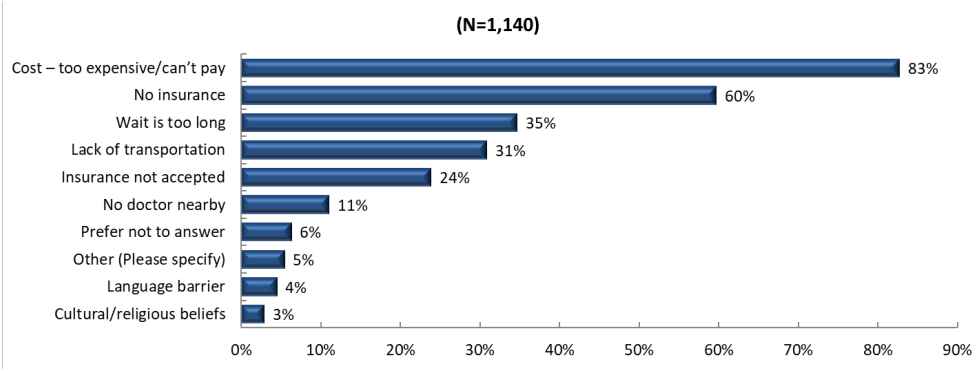
Onslow County residents who responded to the community web member survey were asked various questions about their chronic health conditions and overall physical health. When asked to identify the most important health problems in their communities, over one-third (36%) of respondents indicated that obesity was an issue. Heart disease was also selected by 27% of all respondents. Disparities were also noted when results were reviewed by participant demographics. Those over the age of 65 were most likely to select diabetes (44%), and heart disease (34%) as top health issues. However, those between the ages of 25 and 44 were most likely (40%) to indicate obesity as a concern. Additionally, Black/African American respondents were most likely (47%) to cite diabetes as a top concern, compared to just 26% of White respondents.

Figure 37: What are the three most important health problems that affect the health of your community? Please select up to three.



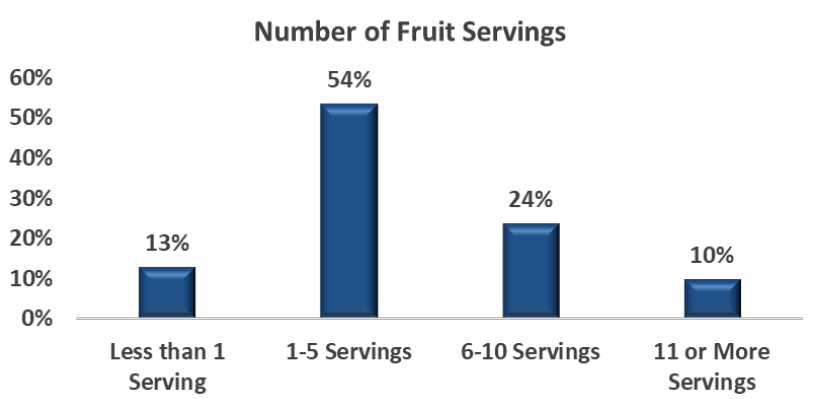
Respondents were also asked about top barriers to care in their communities. Nearly all (83%) of respondents indicated that cost was the top barrier to receiving care. However, over half (60%) cited a lack of insurance as a concern, and over one third (35%) stated that wait times were too long.

Figure 38: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



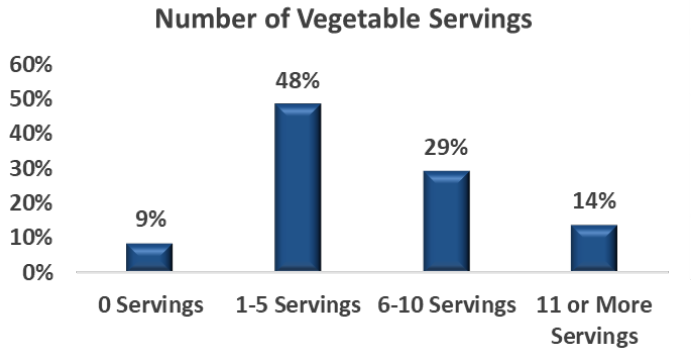
Respondents were asked about their physical health and related health behaviors. Onslow respondents were asked about the servings of fruit they had eaten in the past week. While one-in-ten respondents (13%) reported less than one serving in the past week, 88% had eaten at least one serving of fruit in the past week and one-third (34%) cited having at least six servings of fruit in the past seven days.

Figure 39: Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries)
(N=1,085)



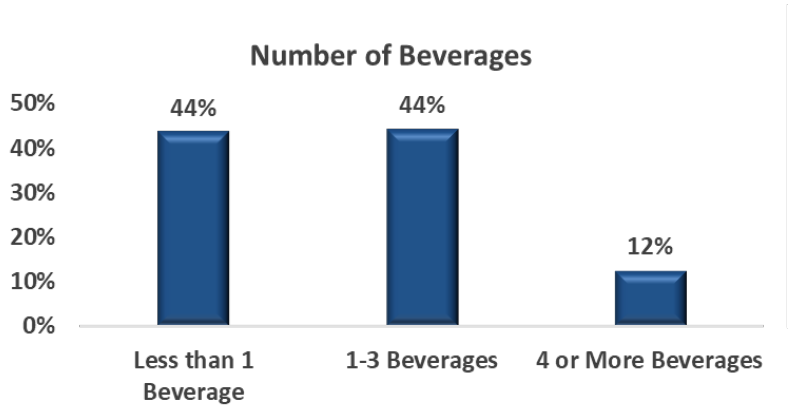
Community web respondents were also asked about their vegetable servings. Nearly all (91%) of respondents indicated that they had eaten at least one serving of vegetables in the past week, and over half (53%) of respondents reported having at least six servings.

Figure 40: On average, how many servings of vegetables did you eat, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini)
(N=1,083)



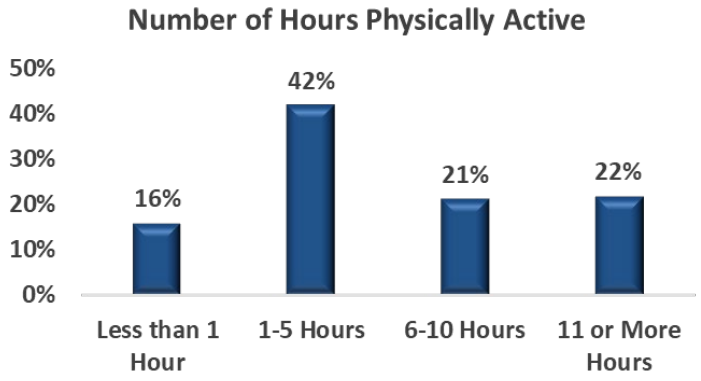
Responses were also largely positive when community members were asked about their consumption of sugar sweetened beverages. Nearly half (44%) of respondents indicated that they had less than one sugary beverage per day, and 44% reported drinking between one to three beverages daily.

Figure 41: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day? (N=1,085)



Finally, respondents to the survey were asked how many hours per week they spent being physically active outside of their job. Nearly all, (85%) of respondents stated that they were active for at least one hour per week, and 43% indicated being active for at least six hours per week.

Figure 42: During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job? (N=1,084)



For additional detail on survey findings, see **Appendix 5**.

Primary Data Findings – Focus Groups

Focus group participants identified chronic disease as a pressing concern, particularly noting the prevalence of conditions such as diabetes, high blood pressure, obesity, and heart disease in their community. They highlighted several barriers to managing chronic conditions, including limited access to healthy foods, with participants describing food deserts and "food swamps" throughout the county. The lack of affordable local exercise opportunities was frequently mentioned, with participants citing few inexpensive gyms and limited access to safe walking paths or recreational facilities. The relationship

between chronic disease and mental health was noted, with participants describing how stress and mental health challenges often impact people's ability to manage their physical health conditions. The cost of medications and lack of specialty care providers in the county were identified as significant barriers to managing chronic conditions, with participants noting that residents may need to travel outside the county for specialized care. Focus group participants emphasized a need for more prevention-focused programs and community health education, particularly about nutrition and making healthy lifestyle choices.

For a more detailed description of focus group findings, see **Appendix 5**.

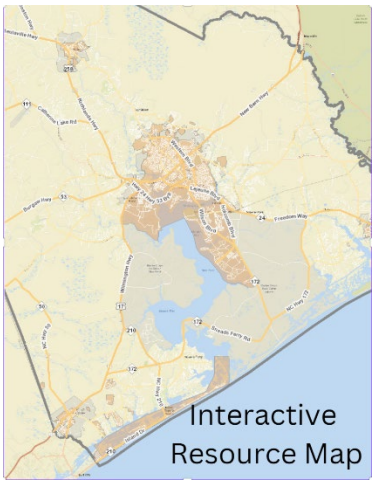
CHAPTER 4 | HEALTH RESOURCE INVENTORY

NCLHDA requirements for local health departments and IRS requirements for nonprofit hospitals require the CHNA report to include a description of the resources available within a county to address the significant health needs identified in the assessment. This section includes information about accessing resources that connect residents to local organizations in Onslow County that provide resources to address general community health needs, as well as the county's 2024 priority need areas: Behavioral Health and Chronic Disease Prevention.

Health Resources

The Onslow County Health Department ensures residents have continuous access to up-to-date community resources by maintaining the Onslow County Community Resource Guide and Interactive Resource Map. The guide and resource map are regularly updated by the Onslow County Health Department Community Relations Team and serve as inventories of health resources, including institutions, organizations, government agencies, faith-based groups, and service organizations that support the well-being of Onslow County residents.

The Onslow County Community Resource Guide and Interactive Resource Map can be accessed digitally via the Onslow County Health Department Website. The Community Resource Guide is also distributed annually to shareholders who are encouraged to share it within the community.



The Onslow County Community Resource Guide and Interactive Resource Map can be accessed by visiting or, if accessing digitally, clicking the link below:

https://www.onslowcountync.gov/1760/Community-Resources

Resource Gaps

To identify resource gaps as perceived by residents of Onslow County, primary data was collected through focus groups conducted in-person or virtually through a web-based Community Member survey. This data collection took place between April 22 and May 15, 2024. The focus groups included representatives from key community leaders, non-profit partners, patients, and residents, with 32 participants contributing their responses.

The following resource gaps were identified based on the six focus groups' input:

- **Employment and income** - Participants identified employment and income as a significant issue due to rising living expenses, the high cost of childcare, and the prevalence of low-wage jobs;

- **Healthcare** - Participants highlighted problems such as a shortage of bilingual staff and translators, high costs of care and medications, a lack of specialty providers, and inadequate insurance coverage;

- **Food insecurity** - Community food deserts, "food swamps," and the high cost of healthy food were prominent concerns;

- **Mental health** - Particularly anxiety, depression, and stress among new immigrants. Concerns over the increased number of involuntary commitments and feelings of isolation among military spouses were also raised; and

- **Transportation** - Concerns included limited transportation options. Dependence on friends and family for rides, were seen as a barrier to accessing essential services, including employment, healthcare, and education.

In-depth findings from community member surveys and focus groups are presented in **Appendices 4-5.**

CHAPTER 5 | NEXT STEPS

The CHNA findings are used to develop effective community health improvement strategies to address the priority needs identified throughout the process. The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. Health leaders in Onslow County will leverage information from this CHNA to develop implementation and action plans for their local community, while also working together with other community partners to ensure the priority need areas are being addressed in the most efficient and effective way. Onslow County leaders recognize that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

APPENDIX 1 | STATE OF THE COUNTY HEALTH REPORT

Results-Based Accountability Framework

To meet North Carolina accreditation requirements, LHDs are required to track progress on their implementation plans by publishing an annual State of the County Health Report (SOTCH). The SOTCH is guided by the Clear Impact Results-Based Accountability™[50] (RBA) Framework and demonstrates that the LHD is tracking priority issues identified in the community health (needs) assessment process, identifying emerging issues, and implementing any relevant new initiatives to address community concerns.

RBA provides a disciplined way of thinking about – and acting upon – complex social issues, with the goal of improving the lives of all members of the community. The framework is organized to recognize two distinct types of accountability: population and performance. Population accountability refers to the well-being of entire populations, and RBA recognizes that it is challenging, if not impossible, to hold individual organizations accountable for solving systemic problems. Conversely, performance accountability recognizes that individual organizations are accountable for the outcomes and impact of their programs, policies and practices as they relate to their client populations.

In the CHIP process, RBA asks three key questions: how much did we do, how well did we do it, and is anyone better off? To more effectively answer these questions, and develop measurable strategies to address community health concerns, North Carolina LHDs use a software called Clear Impact Scorecard to develop their SOTCH and track progress against their goals. Clear Impact Scorecard is performance management and reporting software used by non-profit and government agencies to efficiently and effectively explain the impact of their work. The scorecard mirrors RBA and links results with indicators and programs with performance measures. Onslow County's most recent SOTCH is presented on the following pages.

[50] Clear Impact (2022). *Results-Based Accountability™: A Framework to Help Communities Get From Talk to Action.* Retrieved from: https://clearimpact.com/wp-content/uploads/2022/02/Clear-Impact-Results-Based-Accountability-Brochure-2022.pdf. Note: Clear Impact has exclusive and worldwide rights to use Results-Based Accountability™ (RBA), including all of proprietary and intellectual property rights represented by RBA. RBA intellectual property is free for use (with attribution) by government and nonprofit or voluntary sector organizations, as well as small consulting firms representing the interests of these organizations.

State of the County Health Report

HNC 2030 Scorecard: Onslow County 2021-2024

Onslow County Health Department (OCHD) and Onslow Memorial Hospital (OMH) are excited to share the **Healthy NC 2030 Scorecard for Onslow County.**

Healthy NC 2030 Scorecard for Onslow County

In 2021, OCHD and OMH conducted a Community Health Needs Assessment (CHNA) and identified five priorities to address areas of concern within our community. This Community Health Improvement Scorecard describes the work being completed by OCHD, OMH, and community partners to help address the five priorities identified in the 2021 CHNA.

For each priority, this Scorecard includes:

- ***Results Statements*** (a description of where we would like to be)
- ***Indicators*** (local or Healthy NC 2030 indicators)
- ***Programs*** (activities or strategies chosen to address priority areas)
- ***Performance Measures*** (measures that show how programs are making an impact)

Instructions: Click anywhere on the Scorecard to learn more about programs and partners working collaboratively to improve the health of Onslow County. The letters below represent key components of the Scorecard.

CH **Community Health Assessment (CHA):** Local health departments are required to complete a health assessment at least every 48 months.

R **Result:** Concise three-part statement that defines a condition of well-being for an entire population.

I **Indicator:** How to quantify the achievement of a result.

P **Program:** Evidence-informed implementation.

PM **Performance Measure**: How to quantify the impact and effort of a program.

PY **Policy:** A course of action that has been adopted or proposed by a government, business, or individual.

ST **Strategy:** A plan of action designed to impact a performance measure or indicator.

CO **Coalition**: A group of individuals from different organizations that agree to work together to impact a result.

TF **Task Force:** A temporary group of individuals from different organizations that agree to work together to impact a result.

A **Activity**: Any behavior or action that is not a program, policy, strategy, etc.

CC **Clinical Care:** Anything related to the direct medical treatment or testing of patients.

S **State of the County Health Report (SOTCH):** Annual report that is completed every year that a CHA is not completed.

Use the + icon to expand items and the paper icon to read more. This Scorecard is not intended to be a complete list of all programs and partners who are working on these issues in Onslow County.

Community Health Assessments

	Time Period	Current Actual Value	Current Trend	Baseline % Change
Community Health Assessment 2021-2024				

Mental and Behavioral Health

	Time Period	Current Actual Value	Current Trend	Baseline % Change
All people in Onslow County have access and awareness of substance use prevention and mental/behavioral health resources available in the community.				
NCDPH HNC2030 Adverse Childhood Experiences (ACEs): Percent of children in NC (Total) with 2 or more ACEs	2022	18.5%	↗ 3	-22% ↘
NCDPH HNC2030 Percent of Adults Using Tobacco in North Carolina (Total)	2022	21.6%	↗ 1	-10% ↘
NCDPH HNC2030 Excessive Drinking: Percent of adults (Total) Reporting Binge or Heavy Drinking in North Carolina	2021	16.7%	↗ 1	14% ↗
NCDPH HNC2030 Drug Overdose Death Rate in North Carolina: Drug Poisoning Deaths (Total) per 100,000 population	2022	42.1	↗ 4	205% ↗
NCDPH HNC2030 Suicide Rate (TOTAL) in North Carolina (per 100,000)	2022	14.4	↗ 1	11% ↗
Child Protective Cases Assessed by Onslow County DSS	2022	1,610	→ 0	0% →
Substance Use Emergency Department Visits in Onslow County	2023	5,591	↘ 2	-51% ↘
Adverse Childhood Experiences (ACEs) Training	Time Period	Current Actual Value	Current Trend	Baseline % Change
how well Percent of training participants with increased knowledge on ACEs (pre/post test).	Q4 2024	100%	→ 2	0% →
How Much Number of participants trained in Adverse Childhood Experiences.	Q4 2024	3	↘ 2	-91% ↘
Prevention Specialist Referrals	Time Period	Current Actual Value	Current Trend	Baseline % Change
Overdose Fatality Review (OFR)	Time Period	Current Actual Value	Current Trend	Baseline % Change
Operation Medicine Drop	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number (in pounds) of drugs collected.	Nov 2024	24.80	↘ 1	-73% ↘
Mental Health/Substance Use Disorder Screening and Referral	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of OMH Emergency Department patients with a diagnosis code related to mental health.	2024	1,324	↘ 2	10% ↗
How Much Number of OMH Emergency Department patients with a diagnosis code related to a substance use disorder.	2024	3,400	↘ 3	532% ↗

Health Equity and Health Disparities

All people in Onslow County have resources and health care services to achieve equitable health outcomes.	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Percent of Adults Using Tobacco in North Carolina (Total)	2022	21.6%	↗ 1	-10% ↘
NCDPH HNC2030 Percent of High School Youth Using Tobacco in North Carolina (Total)	2019	27.3%	↘ 1	-1% ↘
NCDPH HNC2030 Percent of Middle School Youth Using Tobacco in North Carolina (Total)	2019	10.4%	↘ 2	-10% ↘
County Health Ranking Map - Limited Access to Healthy Foods	–	–	–	–
RWJ County Health Rankings, Mammography Screening & Flu Vaccinations Rankings	–	–	–	–

QuitlineNC	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of individuals referred to QuitlineNC by healthcare providers and community partners.	Oct 2024	2	→ 1	100% ↗
How Much Number of providers and partners who refer patients to QuitlineNC.	Q4 2024	12	→ 3	100% ↗

Catch My Breath	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of Participants Who Have Completed Catch My Breath Trainings.	Nov 2024	9	↘ 1	-44% ↘

Food Security Assessment	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of Community Surveys Received	Mar 2023	102	↘ 1	73% ↗
How Much Number of Focus Group Participants	Mar 2023	12	↘ 1	-48% ↘

Preventative Screenings	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of social media posts that OCHD publishes to announce prevention screenings in the community.	Q4 2024	8	↗ 2	300% ↗
How Much Number of social media posts that OMH publishes to announce prevention screenings in the community.	2024	23	↗ 2	156% ↗

Health Disparities Data Dashboard	Time Period	Current Actual Value	Current Trend	Baseline % Change
Sepsis Diagnosis by Birth Sex (M)	Q2 2023	594	↗ 1	4% ↗
Sepsis Diagnosis by Birth Sex (F)	Q2 2023	1,054	↘ 1	-4% ↘
Heart Failure Diagnosis by Birth Sex (M)	Q2 2023	594	↗ 1	4% ↗
Heart Failure Diagnosis by Birth Sex (F)	Q2 2023	1,054	↘ 1	-4% ↘
Dashboard shared and discussion held on improvement opportunities during at least two CHAT meetings during year 2 of the CHIP.	–	–	–	–

Healthy Living

All people in Onslow County have access and increased awareness of community resources needed to ensure healthy living.	Time Period	Current Actual Value	Current Trend	Baseline % Change
NCDPH HNC2030 Teen Birth Rate: Number of births in NC per 1,000 population (Total) to females aged 15-19	2023	14.8	↘ 8	-37% ↘
NCDPH HNC2030 Life Expectancy (Total) in North Carolina: Average number of years of life remaining for people who have attained a given age.	2022	76.2	↗ 1	-2% ↘

Healthy for Life	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of Healthy For Life Participants	Nov 2024	7	↘ 1	40% ↗
How Much Number of participants indicating increased confidence in making healthier behavior changes (pre/post-tests).	Nov 2024	7	↘ 1	17% ↗

Faithful Families	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of Participants in the Faithful Families Program That Went to 50% or More of the Sessions.	Q4 2024	10	↘ 2	-44% ↘
how well Percentage of participants indicating increased regular physical activity (pre/post-tests).	Q3 2024	55%	↗ 1	45% ↗

Breastfeeding Friendly Designations	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of businesses and organizations submitting applications for breastfeeding friendly designation.	Sep 2024	0	↘ 1	-100% ↘
How Much Number of businesses and organizations to obtain breastfeeding friendly designation award.	HY1 2024	0	↘ 2	-100% ↘

Women's and Children's Health Services	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of OCHD referrals to PEERS Family Development.	May 2024	7	↗ 1	-36% ↘
how well WIC Participation Numbers	Jul 2024	6,747	↗ 1	-9% ↘
how well Percent of engagements with the social media post regarding Women's & Children's Services	Q1 2025	4%	↗ 1	264% ↗

Julie's Pink Warrior Project	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of women who received screening mammograms	2024	1,538	↘ 1	13882% ↗

Understanding Breastfeeding Class	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of participants in class	2024	5	↘ 3	-85% ↘

Physical Activity and Exercise

All people in Onslow County have access to and awareness of affordable opportunities to increase physical activity.	Time Period	Current Actual Value	Current Trend	Baseline % Change
HNC2030 County Health Ranking Map - Access to Exercise Opportunities	–	–	–	–
CHR County Health Rankings – Adult Obesity	–	–	–	–
SCHS Age-Adjusted Diabetes Death Rates per 100,000 residents	–	–	–	–

Diabetes Prevention Program	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of participants that average 150 minutes of physical activity a week.	Oct 2024	0	→ 1	-100% ↘
How Much Number of Participants Enrolled in the Diabetes Prevention Program Annually.	2024	4	↘ 1	-43% ↘

Physical Activity Opportunities	Time Period	Current Actual Value	Current Trend	Baseline % Change
how well Percentage of engagements that the social media physical activity posts receive.	Nov 2024	2%	↘ 2	53% ↗
How Much Number of participants in physical activity programs presented by the health department.	Nov 2024	16	↘ 1	220% ↗

Health Education at Community Events	Time Period	Current Actual Value	Current Trend	Baseline % Change
How Much Number of participants receiving education.	2024	700	↘ 1	-97% ↘

SOTCH Reports

2022 SOTCH Report	Time Period	Current Actual Value	Current Trend	Baseline % Change

2023 SOTCH Report	Time Period	Current Actual Value	Current Trend	Baseline % Change

APPENDIX 2 | SECONDARY DATA METHODOLOGY AND SOURCES

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to Social Determinants of Health.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for Onslow County, its performance on each data measure was compared to targets/benchmarks. If Onslow County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

Additionally, data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Table 25: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Primary Care Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.	Centers for Medicare and Medicaid Services (CMS) – National Plan and Provider Enumeration System (NPPES). Data accessed via the North Carolina Data Portal, June 2024.	2024
Mental Health Providers (per 100,000 population)	Number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health.	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Addiction/Substance Abuse Providers (per 100,000 population)	Number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services and a valid National Provider Identifier (NPI).	CMS –NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Buprenorphine Providers (per 100,000 population)	Number of providers authorized to treat opioid dependency with buprenorphine. Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Qualified physicians are required to acquire and maintain certifications to legally dispense or prescribe opioid dependency medications.	US Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration. Data accessed via the North Carolina Data Portal, June 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
Dental Health Providers (per 100,000)	Number of oral health providers with a CMS National Provider Identifier (NPI). Providers included are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty.	CMS – NPPES. Data accessed via the North Carolina Data Portal, June 2024.	2024
Health Professional Shortage Areas - Dental Care	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HSPA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	U.S. Census Bureau, American Community Survey (ACS). Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Federally Qualified Health Centers (FQHCs)	Number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.	U.S. DHHS, CMS, Provider of Services File. Data accessed via the North Carolina Data Portal, June 2024.	2023
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Uninsured Population (SAHIE)	Percentage of adults under age 65 without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status. The lack of health insurance is considered a *key driver* of health status.	U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE). Data accessed via the North Carolina Data Portal, June 2024.	2022

Table 26: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	Federal Communications Commission (FCC) FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	Percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 100 MBPS or more and upload speeds of 20 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.	FCC FABRIC Data. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2023
Households with No Computer	Percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet, or other portable wireless computer, and some other type of computer, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Households with No or Slow Internet	Percentage of households who either use dial-up as their only way of internet connection or have internet access but don't pay for the service, or have no internet access in their home, based on the 2018-2022 American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Liquor Stores	Number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
Adverse Childhood Experiences (ACEs)	Percentage of children in North Carolina (total) with two or more ACEs. ACEs are potentially traumatic events that occur in childhood (0-17 years), including experiencing violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as substance abuse problems, mental health problems, instability due to parental separation, and instability due to household members being in jail or prison. Other traumatic experiences that impact health and well-being may include not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination. ACEs can have lasting effects on health and well-being in childhood and life opportunities well into adulthood, for example, education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, teen pregnancy, suicide, and a range of chronic diseases including cancer, diabetes, and heart disease.	Clear Impact Healthy North Carolina (HNC) 2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table 27: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical inactivity (percent of adults that report no leisure time physical activity)	Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. The method for calculating Physical Inactivity changed. Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which	Behavioral Risk Factor Surveillance System. Data accessed via Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute County Health Rankings & Roadmaps, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Physical Inactivity is created using statistical modeling.		
Community Design - Walkability Index Score	The National Walkability Index (2021) is a nationwide index score developed by the Environmental Protection Agency (EPA) that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit from the Smart Location Database. The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more walkable the community is.	EPA – Smart Location Database. Data accessed via the North Carolina Data Portal, June 2024.	2021
Access to Exercise Opportunities	Percentage of individuals in the county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. The numerator is the 2020 total population living in census blocks with adequate access to at least one location for physical activity (adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area) and the denominator is the 2020 resident county population. This indicator is used in the 2024 County Health Rankings.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & U.S. Census Tigerline Files. Data accessed via the North Carolina Data Portal, June 2024.	2023
Recreation and Fitness Facility Access (per 100,000 population)	Number of establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports. Access to recreation and fitness facilities	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	encourages physical activity and other healthy behaviors.		
Sugar-Sweetened Beverage (SSB) Consumption Among Adults	Percentage of total adults reporting consumption of one or more SSBs per day.	Clear Impact. HNC2030 Scorecard, 2021-2024. Data accessed June 2024.	2022

Table 28: Education

Measure	Description	Data Source	Most Recent Data Year(s)
Population with Limited English Proficiency	Percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
High School Graduation Rate	Percentage of high school students who graduate within four years. The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a "cohort" of first-time 9th graders in a particular school year and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another county, or pass away.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
No High School Diploma	Percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is linked to positive health outcomes.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Student Math Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level on the Math portion of state-specific standardized tests.	U.S. Department of Education, EDFacts. Additional data analysis by CARES. Data accessed via the North Carolina Data Portal, June 2024.	2020-2021
Student Reading Proficiency (4th Grade)	Percentage of 4th grade students testing below the "proficient" level on the English Language Arts portion of state-specific standardized tests.	US Department of Education, EDFacts. Additional data analysis by CARES. Data accessed	2020-2021

Measure	Description	Data Source	Most Recent Data Year(s)
		via the North Carolina Data Portal, June 2024.	
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
School Funding Adequacy – Spending per Pupil	Actual spending per pupil among public school districts.	School Finance Indicators Database. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table 29: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate (percent of population age 16+ but unemployed)	Percentage of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Department of Labor, Bureau of Labor Statistics. Data accessed via the North Carolina Data Portal, June 2024.	2024
Average Annual Unemployment Rate, 2013-2023	Average yearly percentage across the given time period of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted) that is unemployed but seeking work. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2024

Table 30: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Climate and Health – Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have	Federal Emergency Management Agency (FEMA), National Flood	2011

Measure	Description	Data Source	Most Recent Data Year(s)
	1% annual chance of coastal or riverine flooding.	Hazard Layer. Data accessed via the North Carolina Data Portal, June 2024.	
Air and Water Quality – Drinking Water Safety	Number of drinking water violations recorded in a two-year period. Health-based violations include incidents where either the amount of contaminant exceeded the maximum contaminant level (MCL) safety standard, or where water was not treated properly. In cases where a water system serves multiple counties and has a violation, each county served by the system is given a violation.	EPA. Data accessed via the North Carolina Data Portal, June 2024.	2023

Table 31: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Childcare Cost Burden	Childcare costs for a median-income household with two children as a percentage of household income. Data are included as part of the 2024 County Health Rankings.	The Living Wage Calculator, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2023
Young People Not in School and Not Working	Percentage of youth ages 16-19 who are not currently enrolled in school and who are not employed.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Table 32: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity Rate	Estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.	Feeding America. Data accessed via the North Carolina Data Portal, June 2024.	2021
Food Insecure Children	Estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of	Feeding America. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	limited or uncertain access to adequate food.		
Low-Income and Low Food Access	Percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.	U.S. Department of Agriculture (USDA), Economic Research Service, USDA – Food Access Research Atlas. 2019. Data accessed via the North Carolina Data Portal, June 2024.	2019
Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019
Food Environment - Fast Food Restaurants (per 100,000 population)	Number of fast-food restaurants per 100,000 population. The prevalence of fast-food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022
Food Environment - Grocery Stores (per 100,000 population)	Number of grocery establishments per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. Healthy dietary behaviors are supported by access to healthy	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	foods, and grocery stores are a major provider of these foods.		

Table 33: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Renter Costs – Average Gross Rent	Average gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent provides information on the monthly housing cost expenses for renters. When the data is used in conjunction with income data, the information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels, and to provide assistance to agencies in determining policies on fair rent.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing Cost Burden, Severe (50%)	Percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Housing & Urban Development (HUD)-Assisted Housing Units (per 10,000 households)	Number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).	U.S. Department of HUD. Data accessed via the North Carolina Data Portal, June 2024.	2017-2021
Substandard Housing, Severe	Percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2011-2015

Measure	Description	Data Source	Most Recent Data Year(s)
	facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.		
Homeless Children and Youth	Number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.	US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020. Data accessed via the North Carolina Data Portal, June 2024.	2019-2020

Table 34: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Median Family Income	Median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members ages 15 and older.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." Data are	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	acquired from the 2018-2022 ACS and are used in the 2024 County Health Rankings.		
Population Below 100% Federal Poverty Level (FPL)	Percentage of population living in households with income below the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Population Below 200% FPL	Percentage of population living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Children Below 200% FPL	Percentage of children living in households with income below 200% of the FPL. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Population Receiving SNAP (SAIPE)	Average percentage of the population receiving SNAP benefits during the month of June during the most recent report year. The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food.	U.S. Census Bureau, Small Area Income and Poverty Estimates. Data accessed via the North Carolina Data Portal, June 2024.	2021
Children Eligible for Free/Reduced Price Lunch	Percentage of public-school students eligible for the free or reduced-price lunch program in the latest report year. Free or reduced-price lunches are served to qualifying students in families with income between 185 percent (free lunch) and or 130 percent (reduced price) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).	National Center for Education Statistics (NCES) – Common Core of Data. Data accessed via the North Carolina Data Portal, June 2024.	2022-2023

Table 35: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Premature Death (years of potential life lost before age 75 per 100,000 population age-adjusted)	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021
Life expectancy	Average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2019-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2019-2021

Table 36: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Births with no or late prenatal care	Percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This	CDC – National Vital Statistics System (NVSS). CDC WONDER. CDC, Wide-Ranging Online Data for Epidemiologic Research. Data accessed	2017-2019

Measure	Description	Data Source	Most Recent Data Year(s)
	indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	via the North Carolina Data Portal, June 2024.	
Low birthweight (percent of live births with birthweight < 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of births in a county during the same time.	National Center for Health Statistics – Natality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2016-2022
Infant Mortality	Number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2015-2021) and are used for the 2024 County Health Rankings.	National Center for Health Statistics – Natality and Mortality Files. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2015-2021

Table 37: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor Mental Health Days	Average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data are included as part of the 2024 County Health Rankings.	CDC, Behavioral Risk Factor Surveillance System (BRFSS). Data accessed via the North Carolina Data Portal, June 2024.	2021
Deaths of Despair (Suicide and Drug/Alcohol Poisoning) (per 100,000 population)	Average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Suicide (per 100,000 population)	Five-year average rate of death due to intentional self-harm (suicide) per	CDC – NVSS. Data accessed via the North	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	100,000 population from 2018 to 2022. Figures are reported as crude rates. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.	Carolina Data Portal, June 2024.	

Table 38: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor or fair health (percent of adults reporting fair or poor health age-adjusted)	Percentage of adults in a county who consider themselves to be in poor or fair health. This measure is based on responses to the BRFSS question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of respondents who rated their health "fair" or "poor." Poor or Fair Health is age-adjusted. Poor or Fair Health estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
Asthma Prevalence (Adult)	Percentage of adults ages 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Heart Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
High Blood Pressure (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
High Cholesterol (Adult)	Percentage of adults ages 18 and older who report having been told by a doctor, nurse, or other health	CDC, BRFSS. Data accessed via the North	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	professional that they had high cholesterol.	Carolina Data Portal, June 2024.	
Diabetes Prevalence (Adult)	Percentage of adults ages 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Kidney Disease (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021
Stroke (Adult)	Percentage of adults ages 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Obesity	Percentage of adults ages 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their BMI was 30 or greater. BMI (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.	CDC, National Center for Chronic Disease Prevention and Health Promotion. Data accessed via the North Carolina Data Portal, June 2024.	2021
Poor Dental Health – Teeth Loss	Percentage of adults ages 18 and older who report having lost all their natural teeth because of tooth decay or gum disease.	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2022
Cancer Incidence – All Sites (per 100,000 population)	Age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).	State Cancer Profiles. Data accessed via the North Carolina Data Portal, June 2024.	2016-2020
Emergency Room (ER) Visits (per 100,000 Medicare beneficiaries)	Rate of ER visits among Medicare beneficiaries aged 65 and older (per 100,000 beneficiaries). This indicator is relevant because ER visits are "high intensity" services that can burden on both health care systems and patients. High rates of ER visits "may	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	indicate poor care management, inadequate access to care or poor patient choices, resulting in ER visits that could be prevented".		
Hospitalizations – heart disease (per 1,000 Medicare beneficiaries)	Hospitalization rate for coronary heart disease among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020
Hospitalizations – Stroke (per 1,000 Medicare beneficiaries)	Hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 and older for hospital stays occurring between 2018 and 2020.	CDC – Atlas of Heart Disease and Stroke. Data accessed via the North Carolina Data Portal, June 2024.	2018-2020

Table 39: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Seasonal Influenza Vaccine	Percentage of adults ages 18 and older who reported receiving an influenza vaccination in the past 12 months. These data are derived from responses to the 2019 BRFSS.	CDC – FluVaxView. Data accessed via the North Carolina Data Portal, June 2024.	2019
Hospitalizations – Preventable Conditions (per 100,000 Medicare beneficiaries)	Preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The rate is presented per 100,000 beneficiaries.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021
Readmissions – All Cause (Medicare Population)	Rate of 30-day hospital readmissions among Medicare beneficiaries ages 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason,	CMS – Geographic Variation Public Use File. Data accessed via the North Carolina Data Portal, June 2024.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	however, readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer period have more to do with other complicating illnesses, patients' behavior, or care provided to patients after hospital discharge.		

Table 40: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Incarceration Rate	Percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census as estimated by Opportunity Atlas data.	Opportunity Insights. Data accessed via the North Carolina Data Portal, June 2024.	2018
Juvenile Arrest Rate (per 1,000 juveniles)	Rate of delinquency cases per 1,000 juveniles. Data are acquired from the 2021 Easy Access to State and County Juvenile Court Case Counts (EZACO) and are used in the 2024 County Health Rankings.	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Data accessed via the North Carolina Data Portal, June 2024.	2021
Violent Crime (per 100,000 people)	Annual rate of reported violent crimes per 100,000 people during the three years of 2015-2017. Violent crime includes homicide, rape, robbery, and aggravated assault.	Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Data accessed via the North Carolina Data Portal, June 2024.	2015-2017
Mortality – Firearm (per 100,000 population)	Five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates for the period of 2018 to 2022. This indicator is relevant because firearm deaths are preventable and are a cause of premature death.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Mortality – Poisoning (per 100,000 population)	Five-year average rate of death due to poisoning (including drug overdose) per 100,000 population.	CDC – National Vital Statistics System. Data accessed via the North	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Figures are reported as crude rates for the period of 2018 to 2022. Rates are re-summarized for report areas from county-level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.	Carolina Data Portal, June 2024.	

Table 41: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Sexually transmitted infections (chlamydia rate per 100,000 population)	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021
HIV Incidence (rate per 100,000 population)	Incidence rate of HIV infection or infection classified as state 3 (AIDS) per 100,000 population. Incidence refers to the number of confirmed diagnoses during a given period, in this case January 1st and December 31st of the latest reporting year.	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Data accessed via the North Carolina Data Portal, June 2024.	2022
Teen Births (per 1,000 female population age 15-19)	Seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2016-2022) and are used for the 2024 County Health Rankings.	CDC – National Vital Statistics System. Data accessed via the North Carolina Data Portal, June 2024.	2016-2022

Table 42: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive Drinking – Heavy Alcohol Consumption	Percentage of adults that self-report excessive drinking in the last 30 days. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking	CDC, BRFSS. Data accessed via the North Carolina Data Portal, June 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same period. Alcohol use is a behavioral health issue that is also a risk factor for several negative health outcomes, including physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. Several evidence-based interventions may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.		
Mortality - Motor Vehicle Crash – Alcohol-Involved (annual rate per 100,000 population)	Crude rate of persons killed in motor vehicle crashes involving alcohol as an annual rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Motor vehicle crash deaths are preventable and are a leading cause of death among young persons.	U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Opioid Use Disorder (per 100,000 Medicare beneficiaries)	Rate of emergency department utilization for opioid use and opioid use disorder among the Medicare population. Figures are reported as age-adjusted to the year 2000 standard. Rates are re-summarized for report areas from county-level data, only where data is available. This indicator is relevant because mental health and substance use is an indicator of poor health.	CMS, Mapping Medicare Disparities Tool. Data accessed via the North Carolina Data Portal, June 2024.	2021
Mortality – Opioid Overdose (per 100,000 population)	Five-year average rate of death due to opioid drug overdose per 100,000 population. Figures are reported as crude rates for the period of 2018 to 2022. Rates are re-summarized for report areas from county-level data, only where data is available. This	CDC – NVSS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.		

Table 43: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Adult smoking	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Adult Smoking estimates are created using statistical modeling.	Behavioral Risk Factor Surveillance System. Data accessed via RWJF & UWPHI County Health Rankings & Roadmaps, June 2024.	2021

Table 44: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Households with No Motor Vehicle	Percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Commuter Travel Patterns - Public Transportation	Percentage of the population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.	U.S. Census Bureau, ACS. Data accessed via the North Carolina Data Portal, June 2024.	2018-2022
Community Design – Distance to Public Transit	Proportion of the population living within 0.5 miles of a GTFS (General Transit Feed Specification) or fixed-guideway transit stop. Transit data is available from over 200 transit agencies across the United States, as well as all existing fixed-guideway transit services in the U.S. This includes rail, streetcars, ferries, trolleys, and some bus rapid transit systems.	EPA – Smart Location Database. Data accessed via the North Carolina Data Portal, June 2024.	2021

APPENDIX 3 | SECONDARY DATA COMPARISONS

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Onslow County compares to North Carolina and the national benchmark. If both statewide North Carolina and national data were available, North Carolina data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Onslow County Description
	Low	Represents measures in which Onslow County scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
	Medium	Represents measures in which Onslow County scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
	High	Represents measures in which Onslow County scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see the methodology section of this report for more information on assigning need levels to the secondary data.

Please note that to categorize each metric in this manner and identify the priority level, the Onslow County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Onslow Co Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level

For example, for the % Limited Access to Healthy Foods metric, the following calculation was completed:

(14.5-7.5)/(7.5) x 100% = 93.3% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population with limited access to healthy foods in Onslow County is 93.3 percent worse (or, in this case, higher) than the percentage of the population with limited access to healthy foods in the state of North Carolina.

Detailed Focus Area Benchmarks

Table 45: Access to Care

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Primary Care Providers Ratio	112.4	101.1	86.5	2024	High
Mental Health Providers Ratio	178.7	155.7	150.6	2024	Medium
Addiction/Substance Abuse Providers Ratio	27.9	25.0	13.2	2024	High
Buprenorphine Providers Ratio	15.5	15.2	8.6	2023	High
Dental Health Providers Ratio	39.1	31.5	68.3	2024	Low
% Living in Health Professional Shortage Areas (HPSAs) – Dental Care	17.8%	34.0%	33.5%	2018-2022	Medium
Federally Qualified Health Centers (FQHCs)	3.5	4.1	1.0	2023	High
% Receiving Medicaid	22.3%	20.2%	22.4%	2018-2022	High
% Uninsured	10.2%	12.5%	10.7%	2022	Low

Table 46: Built Environment

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Broadband Access (Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS)	93.8%	93.6%	98.2%	2023	Low
Broadband Access (Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS)	91.2%	90.4%	97.9%	2023	Low
Households with No Computer	6.1%	6.9%	3.2%	2018-2022	Low

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Households with No or Slow Internet	11.7%	13.0%	8.7%	2018-2022	Low
Liquor Stores	13.3	6.2	3.9	2022	Low
Adverse Childhood Experiences (ACEs)	N/A	N/A	18.5%	2022	N/A

Table 47: Diet and Exercise

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Physically Inactive	N/A	21.6%	22.9%	2021	High
Walkability Index Score	10	7	6	2021	High
% With Access to Exercise Opportunities	84.1%	73.0%	56.0%	2023	High
Recreation and Fitness Facility Access	14.8	13.1	8.3	2022	High
Sugar-Sweetened Beverage (SSB) Consumption	N/A	N/A	Suppressed	2022	N/A

Table 48: Education

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Limited English Proficiency	8.2%	4.6%	2.4%	2018-2022	Low
High School Graduation Rate	81.1%	87.6%	90.0%	2020-2021	Medium
% With No High School Diploma	10.9%	10.6%	8.0%	2018-2022	Low
Student Math Proficiency	63.9%	65.8%	64.3%	2020-2021	Medium
Student Reading Proficiency	60.1%	59.5%	56.1%	2020-2021	Low
School Funding Adequacy	N/A	-$4,742	-$2,754	2021	Low
School Funding Adequacy –	N/A	$10,655	$10,233	2021	Medium

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Spending per pupil					

Table 49: Employment

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Unemployment Rate	3.9%	3.7%	3.8%	2024	Medium
Average Annual Unemployment Rate, 2013-2023	3.6%	3.5%	4.0%	2024	High

Table 50: Environmental Quality

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Flood Vulnerability	6.5%	4.9%	6.7%	2011	High
Drinking Water Safety	16,107	194	6	2023	Low

Table 51: Family, Community and Social Support

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Children Cost Burden	28.8%	27.0%	28.0%	2023	Medium
% Young People Not in School or Working	6.9%	7.5%	7.7%	2018-2022	Medium

Table 52: Food Security

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Food Insecure	10.3%	11.4%	13.4%	2021	High
% Food Insecure Children	13.3%	15.3%	16.8%	2021	High
% Low-Income and with Low Food Access	19.4%	21.3%	36.9%	2019	High
% Limited Access to Healthy Foods	N/A	7.5%	14.5%	2019	High
Fast Food Restaurants	96.2	77.4	81.6	2022	High
Grocery Stores	23.4	18.7	12.7	2022	High

Table 53: Housing and Homelessness

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Renter Costs – Average Gross Rent	$1,366	$1,090	$1,090	2018-2022	Medium
% Severe Housing Cost Burden	14.1%	12.2%	13.5%	2018-2022	High
Assisted Housing Units	413.9	319.2	181.3	2017-2021	Low
% Severe Substandard Housing	18.5%	16.1%	16.3%	2011-2015	Medium
% Homeless Children	2.8%	1.9%	1.1%	2019-2020	Low

Table 54: Income

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Median Family Income	$92,646	$82,890	$67,237	2018-2022	High
Gender Pay Gap	81.0%	83.0%	102.0%	2018-2022	Low
% Living Below 100% FPL	12.5%	13.3%	12.8%	2022	Medium
% Living Below 200% FPL	28.8%	31.6%	36.0%	2018-2022	High
% Children Living Below 200% FPL	37.2%	41.1%	44.1%	2018-2022	High
% Receiving SNAP	12.4%	15.7%	11.7%	2021	High
Children Eligible for Free/Reduced Price Lunch	51.7%	50.8%	36.5%	2022-2023	Low

Table 55: Length of Life

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Years of Potential Life Lost Rate	N/A	8,853	9,607	2019-2021	High
Premature Age-Adjusted Mortality	N/A	420	518	2019-2021	High
Life Expectancy	77.6	76.6	75.0	2019-2021	Medium

Table 56: Maternal and Infant Health

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Births with Late or No Prenatal Care	6.1%	6.9%	9.1%	2019	Low
Low Birthweight	N/A	9.4%	7.0%	2016-2022	Low
Infant Mortality Rate	5.7	7.0	5.0	2015-2021	Low

Table 57: Mental Health

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Poor Mental Health Days	4.9	4.6	4.8	2021	Medium
Deaths of Despair Rate	55.9	58.7	62.5	2018-2022	High
Suicide Death Rate	14.5	14.0	21.0	2018-2022	High

Table 58: Physical Health

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Poor or Fair Health	N/A	14.4%	15.5%	2021	High
% Adults with Asthma	9.7%	9.8%	9.6%	2022	Medium
% Adults with Heart Disease	5.2%	5.5%	5.9%	2022	High
% Adults with High Blood Pressure	29.6%	32.1%	32.6%	2021	Medium
% Adults with High Cholesterol	31.0%	31.4%	30.8%	2021	Medium
Diabetes Prevalence	8.9%	9.0%	10.3%	2021	High
% Adults with Kidney Disease	2.7%	2.9%	3.0%	2021	Medium
% Stroke	2.8%	3.1%	3.1%	2022	Medium
Obesity	30.1%	29.7%	32.2%	2021	High
% Teeth Loss	13.9%	12.0%	12.6%	2022	Medium
Cancer Incidence Rate	442.3	464.4	540.4	2016-2020	High
Emergency Room Visits	535	563	496	2022	Low

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Heart Disease Hospitalization Rate	10.4	11.7	13.5	2018-2020	High
Stroke Hospitalization Rate	8.0	9.5	10.2	2018-2020	High

Table 59: Quality of Care

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Children/adults vaccinated annually against seasonal influenza	44.5%	45.6%	42.2%	2021	High
Preventable Hospital Rate	2,752	2,957	2,697	2021	Low
Readmissions Rate	18.1%	17.6%	16.4%	2022	Low

Table 60: Safety

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Incarceration Rate	1.3%	1.5%	1.4%	2018	Low
Juvenile Arrest Rate	13.8	16.0	20.0	2021	High
Violent Crime	416.0	365.7	206.8	2015-2017	Low
Firearm Death Rate	13.4	15.5	16.8	2018-2022	High
Poisoning Death Rate	28.5	31.5	32.0	2018-2022	Medium

Table 61: Sexual Health

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
Chlamydia Rate	495.0	603.3	877.0	2021	High
HIV Incidence Rate	12.7	15.5	10.1	2022	Low
Teen Births	16.6	18.2	37.8	2016-2022	High

Table 62: Substance Use Disorders

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Excessive Drinking	18.1%	18.2%	20.4%	2021	High
% Driving Deaths with Alcohol	2.3	2.9	2.2	2018-2022	Low
Opioid Use Disorder Rate	41.0	43.0	36.0	2021	Low
Opioid Drug Overdose Deaths	N/A	25.1	25.6	2018-2022	Medium

Table 63: Tobacco Use

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Smokers	14.5%	15.0%	17.6%	2021	High

Table 64: Transportation Options and Transit

Measure	National Benchmark	North Carolina Benchmark	Onslow County Data	Most Recent Data Year	Onslow County Need
% Households with No Motor Vehicle	8.3%	5.4%	3.8%	2018-2022	Low
% Public Transit	3.8%	0.8%	0.1%	2018-2022	High
% Living Near Public Transit	34.8%	10.9%	0.0%	2021	High

APPENDIX 4 | PRIMARY DATA METHODOLOGY AND SOURCES

Primary data were collected through focus groups, which were conducted in-person or in a virtual format and a web-based Community Member survey.

Methodologies

The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

Focus Groups

The following six focus groups were conducted virtually or in person between April 22nd and May 15th, 2024. These groups included representation from key leaders, non-profit partners, patients, and community members, with over 32 participants providing responses.

- Onslow County Health Department (3 groups)
- Virtual
- Onslow County Senior Services
- Onslow County Public Library

Input was gathered on the following topics:

- Community health concerns
- Social and environmental concerns that may impact health
- Access to care
- Other topics of concern for Onslow County

The majority (78.1%) of participants identified as female, and the group was predominantly White (68.8%) and non-Hispanic/Latino (68.8%). Participants represented a wide range of ages, with the majority of participants (78.1%) under the age of 65.

The focus group discussion guide questions are below:

FACILITATOR INTRODUCTION:

"Thank you for being a part of today's focus group! My name is [NAME] and I'm here on behalf of Onslow County. We are conducting a community health needs assessment to find out more about some of the health and social issues facing residents in Onslow County. The results of this focus group will be used to help health leaders throughout Onslow County develop programs and services to address some of the issues we'll be talking about today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. We would also like to

ask you to fill out this demographic form, so we can understand a little bit more about who is participating in this focus group."

PARTICIPANT INTRODUCTIONS

1. Please tell us your first name, how long you've lived in Onslow County and something you like about living here.

HEALTH AND WELLNESS

2. What are some of the issues that keep residents in Onslow County from living healthy lives?
3. What are the most serious health problems facing people who live in Onslow County?
    a. Are there particular groups of people (i.e., race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?
    b. Are there particular areas in the county that are more affected by these problems than others?
4. Thinking about the health problems you described, what do you think could be done to address these issues?

SOCIAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for people living in Onslow County?
    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.
6. Thinking about the social and environmental issues you described, how do you think these issues could be addressed?

ACCESS TO CARE

7. What are some reasons people in Onslow County do not get health care when they need it? How can these issues be addressed?
8. What do you think about the health-related services that are available in your community, including medical care, dental care and behavioral health care?

a. Are there enough locations providing these types of care for people who need it?

b. Can you find medical, dental or behavioral health care within a reasonable timeframe when you need it?

c. Are your experiences with providers (doctors, dentists, nurses, therapists, emergency personnel, etc.) more positive or negative, and why?

SUGGESTIONS

9. What are some of the strengths or community assets in Onslow County that can help residents live healthier lives?

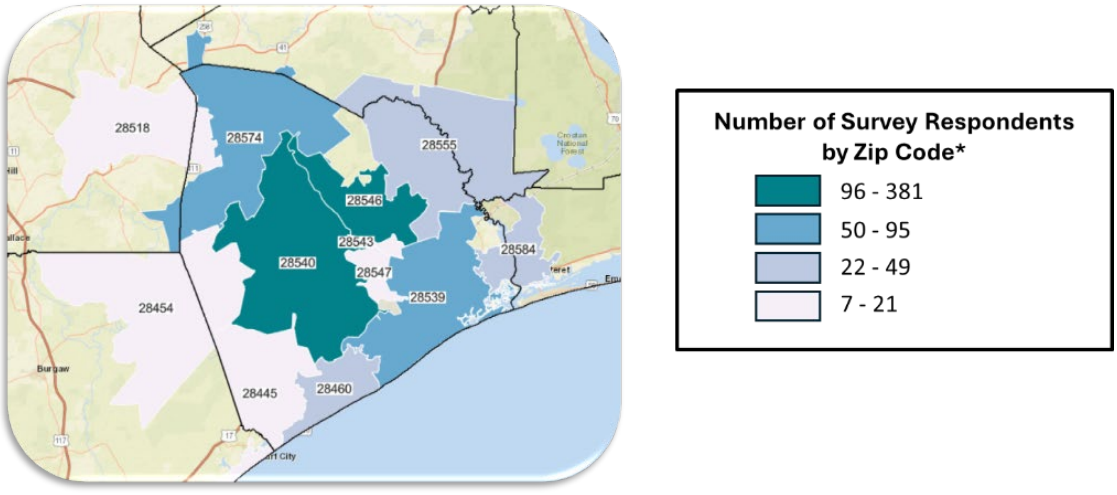
10. What do you think local health leaders should do to improve health and quality of life in Onslow County? What do you want local health leaders to know?

11. What actions can residents take to help improve the health of the community?

Community Member Web Survey

A total of 1,144 surveys were completed by individuals living, working or receiving healthcare in the Onslow County community. The survey was available in both English and Spanish, and approximately 1% were completed in Spanish. Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the county. The map below provides additional information on survey respondents' ZIP code of residence.

Figure 43: Respondent Zip Code of Residence[51]



[51] Zip codes with fewer than five respondents were not displayed for privacy reasons.

In general, survey questions focused on:

- Community health problems and concerns
- Community social/environmental problems and concerns
- Specific topics of interest to Onslow County:
    - Access to care
    - Healthy lifestyle
    - Income
    - Maternal and infant health
    - Mental health
    - Sexual health
    - Substance use
    - Tobacco

The key findings from the Community Survey are detailed below:

- Mental health (e.g., depression and anxiety), alcohol/drug addiction, and weight/obesity were identified as the top 3 health problems affecting the community. About one third of respondents also identified diabetes/high blood sugar and heart disease/high blood pressure as important health problems.
- Cost, not having insurance, and long wait times were the top three barriers to receiving health care identified by the community.
- Housing, availability and access to doctor's offices, and insurance were identified as the top three most important social or environmental problems that affect the health of the community. Childcare, poverty, and lack of job opportunities were also identified by almost one in five respondents.

Information describing the respondents to the Community Member Survey are displayed below:

Figure 44: Respondents by Age Group

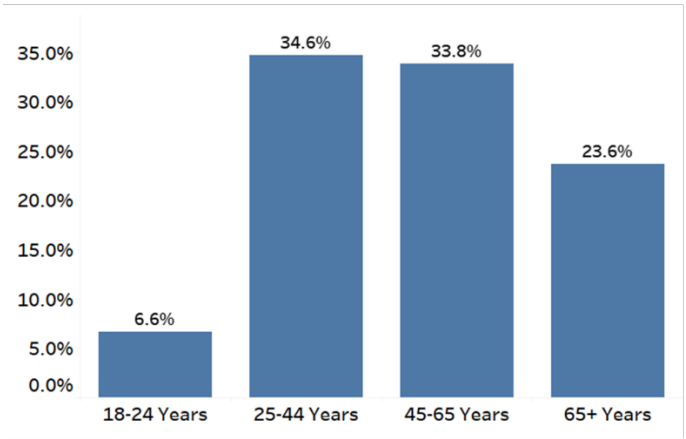


Figure 45: Respondents by Gender

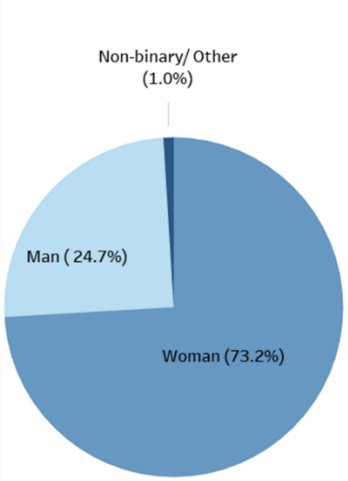


Figure 46: Respondents by Race

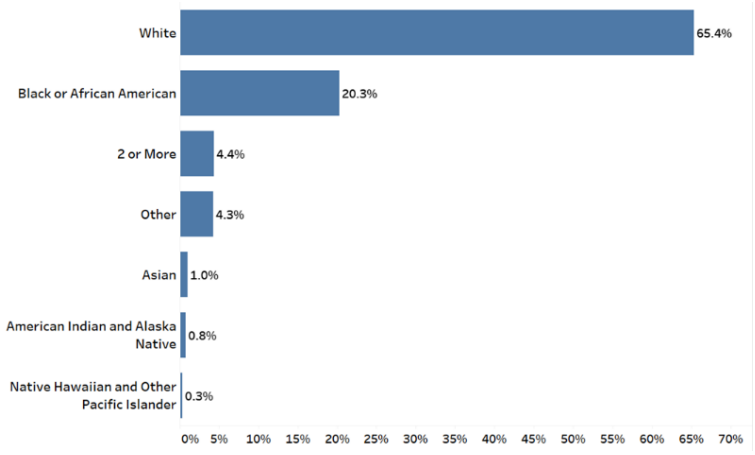
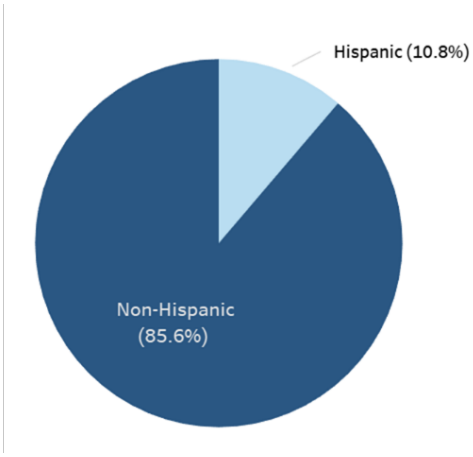


Figure 47: Respondents by Ethnicity



The questions administered via the Community Member Survey instrument are below. The survey instrument was also available in Spanish, and a copy of the Spanish language survey instrument is available on request.

Dear Community Member,

We invite you to participate in your county's Community Health Needs Survey.

Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in your county. This is not a research survey. It will take less than 10 minutes to complete.

Instructions: You must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated.

For questions about this survey, contact Ascendient Healthcare Advisors: emilymccallum@ascendient.com

Thank you for your time and participation!

Topic: Demographics

1. What is the zip code where you currently live? _____

2. What is your age group?

   □ 18-24
   □ 25-44
   □ 45-65
   □ 65+
   □ Don't know/ Not sure
   □ Prefer not to say

3. Which of the following best describes your gender? *Select all that apply:*

   □ Man
   □ Woman
   □ Non-binary, genderqueer, or gender nonconforming
   □ Additional gender category: _____
   □ Prefer not to say

4. How would you describe your race? *Select all that apply:*

   □ American Indian and Alaska Native
   □ Asian
   □ Black or African American
   □ Native Hawaiian and Other Pacific Islander
   □ White
   □ Another race: _____
   □ Don't know/Not sure
   □ Prefer not to say

5. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country? [52]

   □ Yes
   □ No
   □ Don't know/Not sure
   □ Prefer not to say

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

   □ Less than 9th grade
   □ 9-12th grade, no diploma
   □ High school graduate (or GED/equivalent)
   □ Some college (no degree)
   □ Associate degree or vocational training
   □ Bachelor's degree
   □ Graduate or professional degree
   □ Don't know/Not sure
   □ Prefer not to say

7. Which language is most often spoken in your home? *Select one:*

   □ English
   □ Spanish
   □ Other, please specify: _____
   □ Don't know/Not sure
   □ Prefer not to say

[52] The U.S. Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

8. For employment, are you currently...*Select all that apply:*

□ Employed full-time (40+ hours per week)
□ Employed part-time (under 40 hours per week)
□ Retired
□ Student
□ Armed forces/military
□ Self-employed
□ Homemaker
□ Temporarily unable to work due to illness or injury
□ Unemployed for less than one year
□ Unemployed for more than one year
□ Permanently unable to work
□ Prefer not to answer

9. Which category best describes your yearly household income before taxes? Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

□ Less than $15,000
□ $15,000 - $24,999
□ $25,000 - $34,999
□ $35,000 - $49,999
□ $50,000 - $74,999
□ $75,000 - $99,999
□ $100,000 - $149,999
□ $150,000 - $199,999
□ $200,000 or more
□ Prefer not to say

Topic: Community Health Opinion Questions

10. What are the **three** most important health problems that affect the health of your community? *Please select up to three:*

□ Alcohol/drug addiction
Alzheimer's disease and other dementias
□ Mental health (depression/anxiety)
□ Cancer
□ Diabetes/high blood sugar
□ Heart disease/high blood pressure
□ HIV/AIDS
□ Infant death
□ Lung disease/asthma/COPD
□ Stroke
□ Smoking/tobacco use
□ Overweight/obesity
□ Other (please specify): _____
□ Prefer not to answer

11. What are the **three** most important social or environmental problems that affect the health of your community? *Please select up to three:*

□ Availability/access to doctor's office
□ Availability/access to insurance
□ Child abuse/neglect
□ Age Discrimination
□ Ability Discrimination
□ Gender Discrimination
□ Racial Discrimination
□ Domestic violence
□ Housing/homelessness
□ Lack of affordable childcare
□ Lack of job opportunities
□ Limited access to healthy foods
□ Limited places to exercise
□ Neighborhood safety/violence
□ Limited opportunities for social connection
□ Poverty
□ Limited/poor educational opportunities
□ Transportation problems
□ Environmental justice
□ Other (please specify): _____
□ Prefer not to answer

12. What are the **three** most important reasons people in your community do not get health care? *Please select up to three:*

□ Cost – too expensive/can't pay
□ Wait is too long
□ No health insurance
□ No doctor nearby
□ Lack of transportation
□ Insurance not accepted
□ Language barriers
□ Cultural/religious beliefs
□ Other (please specify): _____
□ Prefer not to answer

Topic: Access to Care

13. DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

□ Yes
□ No
□ Don't know
□ Prefer not to answer

14. Where do you USUALLY go when you are sick or need advice about your health? *Select all that apply:*

□ Doctor's office, clinic or health center
□ Urgent care or minute clinic
□ Hospital emergency room
□ Some other place [please specify]:
□ Don't go to one place most often
□ Don't know
□ Prefer not to answer

15. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? *Select all that apply:*

□ Didn't have transportation
□ You live in a rural area where distance to the health care provider is too far
□ You were nervous about seeing a health care provider
□ Couldn't get time off work
□ Couldn't get childcare
□ You provide care to an adult and could not leave him/her
□ Couldn't afford the copay
□ Your deductible was too high/could not afford the deductible
□ You had to pay out of pocket for some or all the visit/procedure
□ I did not delay care for any reason
□ Other *(please specify)*:
□ Prefer not to answer

16. DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? *Select all that apply:*

□ Prescription medicines
□ Mental health care or counseling
□ Emergency care
□ Dental care (including checkups)
□ Eyeglasses
□ To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
□ To see a specialist
□ Follow-up care
□ None of the above
□ Prefer not to answer

17. If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

□ Very worried
□ Somewhat worried
□ Not at all worried
□ Don't know
□ Prefer not to answer

18. How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer. 1 = Strongly disagree; 2 = somewhat disagree; 3 = neither agree nor disagree; 4 = somewhat agree; 5 = strongly agree

	1	2	3	4	5	Don't know	Prefer not to say
a. I have access to the resources I need to access telehealth (internet, smartphone, tablet, computer, etc.)	☐	☐	☐	☐	☐	☐	☐
b. I have used telehealth to access care from my doctor or other provider in the past	☐	☐	☐	☐	☐	☐	☐
c. I am open to using telehealth to access medical care in the future	☐	☐	☐	☐	☐	☐	☐
d. I am comfortable using a phone, tablet or computer to communicate with my doctor or other provider	☐	☐	☐	☐	☐	☐	☐
e. I am comfortable using an online patient portal (i.e., MyChart, My CarolinaEast Care, myOMH, etc.) to communicate with my doctor or other provider	☐	☐	☐	☐	☐	☐	☐

Topic: Diet & Exercise

1. Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries.)

   □ Number of servings: _____

2. On average, how many servings of vegetables did you eat, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini.)

   □ Number of servings: _____

3. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day?

   □ Number of drinks: _____

4. During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job?

   □ Number of hours: _____

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

   □ Beach
   □ Home
   □ Malls
   □ Neighborhood
   □ Private gym/pool
   □ Public recreation center
   □ Outdoor parks or trails
   □ Work
   □ Other (please specify): _____
   □ I don't exercise
   □ Don't know
   □ Prefer not to answer

Topic: Income

6. How often do you have someone you can rely on to help with the following items, as needed? 1 = Always; 2 = Usually; 3 = Sometimes; 4 = Rarely; 5 = Never

	1	2	3	4	5	Prefer not to say
a. Food	□	□	□	□	□	□
b. Transportation	□	□	□	□	□	□
c. Childcare	□	□	□	□	□	□
d. Other support	□	□	□	□	□	□

7. In the past year, did you have any of the following assistance needs NOT met? *Select all that apply.*

□ Access and safety modifications to your home (ex. ramp, handrail)
□ Clothing for yourself and your family
□ Critical house repairs
□ Food for yourself and your family
□ Household goods (furniture, a stove or refrigerator)
□ Medical or adaptive equipment not covered by Medicaid or private insurance
□ None of the above
□ Don't know/Not sure
□ Prefer not to say

Topic: Maternal and Infant Health

The following section asks questions about maternal and infant health in your county.

8. Have you given birth in the past year?

□ Yes
□ No
□ Not applicable
□ Prefer not to say

[If you answered 'Yes' to Question 1, please proceed to Question 2. All other responses, please proceed to the next topic.]

9. Thinking back to your most recent pregnancy, did you need to travel outside the county you live in to find prenatal care or to give birth?

   □ Yes, I traveled less than 30 minutes
   □ Yes, I traveled more than 30 minutes
   □ No
   □ Don't know
   □ Prefer not to say

10. Thinking back to your most recent pregnancy, did you receive any prenatal care?

    □ Yes
    □ No
    □ Don’t know
    □ Prefer not to say

    [If you answered ‘Yes’ to Question 3, please proceed to Question 4. All other responses, please proceed to Question 5.]

11. During any of your prenatal care visits, did a healthcare provider do any of the following things:

	Yes	No	Don't Know	Prefer not to say
a. Talk to me about how much weight I should gain during pregnancy.	□	□	□	□
b. Talk to me about doing tests to screen for birth defects or diseases that run in my family.	□	□	□	□
c. Talk to me about what to do if I feel depressed or anxious during my pregnancy or after the baby is born.	□	□	□	□
d. Ask me if I planned to breastfeed my new baby.	□	□	□	□
e. Ask me if I planned to use birth control after my baby was born.	□	□	□	□
f. Ask me if I was taking any prescription medication.	□	□	□	□
g. Ask me if I smoked cigarettes or used any other tobacco products (vapes, smokeless tobacco).	□	□	□	□
h. Ask me if I was drinking alcohol.	□	□	□	□
i. Ask me if someone was hurting me emotionally or physically.	□	□	□	□
j. Ask me if I was using illegal drugs.	□	□	□	□
k. Ask me if I was using marijuana.	□	□	□	□
l. Ask me if I wanted to be tested for HIV.	□	□	□	□

12. Thinking about your most recent birth, was this infant born more than three weeks before your due date?

□ Yes
□ No
□ Don't know
□ Prefer not to say

13. Thinking about your most recent birth, was this infant ever breastfed?

□ Yes
□ No
□ Don't know
□ Prefer not to say

Topic: Mental Health

14. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

    □ Number of days: _____

15. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

    □ Yes
    □ No
    □ Don't know
    □ Prefer not to say

16. If you answered 'Yes' to the previous question, what was the MAIN reason you did not get mental health care or counseling?

    □ Cost/No insurance coverage
    □ Distance
    □ Don't know where to go
    □ Concerns about confidentiality
    □ Inconvenient office hours
    □ Lack of childcare
    □ Lack of providers
    □ Lack of transportation
    □ Previous negative experiences/Distrust of mental health providers
    □ Stigma
    □ Too busy to go to an appointment
    □ Too long of wait for an appointment
    □ Trouble getting an appointment
    □ Other *(please specify)*:
    □ None of the above
    □ Don't know/Not sure
    □ Prefer not to say

17. Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

    □ Yes
    □ No
    □ Prefer not to say

Topic: Sexual Health

18. In the county you live in, how concerned are you about the following things? 1 = Very concerned; 2 = Somewhat concerned; 3 = Not very concerned; 4 = Not concerned at all

	1	2	3	4	Don't know	Prefer not to say
a. Sexual violence, such as rape or sexual assault	□	□	□	□	□	□
b. Sexual health issues such as HIV or STDs	□	□	□	□	□	□
c. Teen pregnancy	□	□	□	□	□	□

19. Where do you think **most** young people in your county are receiving education about sexual health? *Please select one:*

□ TV shows and movies
□ The internet
□ Magazines
□ Sex education classes
□ They do not receive education about sexual health
□ Other (please specify):
□ Don't know
□ Prefer not to say

Topic: Substance Use Disorders

20. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?

□ Number of drinks: _____

21. How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

□ Every Day
□ Some Days
□ Not at all
□ Don't know/not sure
□ Prefer not to say

22. In the past year, have you or a member of your household intentionally misused any form of prescription drugs (e.g., used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

□ Yes
□ No
□ Don't know/not sure
□ Prefer not to say

23. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:
□ A Great Deal
□ Somewhat
□ A Little
□ Not at All
□ Don't know/Not sure
□ Prefer not to say

Topic: Tobacco Use

24. Do you currently use any of the following tobacco or nicotine products? *Select all that apply:*

□ Cigarettes
□ Vape/Electronic cigarettes (e-cigarettes) (JUUL, Stig, Puff Bars, Blue, etc.)
□ Smokeless tobacco (chew, dip, snuff, snus)
□ Cigars
□ Pipes
□ Hookah
□ I don't use any tobacco products
□ Prefer not to say

25. If you indicated that you use any of the products listed in Question 1, how often do you use any kind of tobacco or nicotine product, including smokeless products, chewing tobacco, dip, snuff, snus, electronic cigarettes, or vapes?

□ Every Day
□ Some Days
□ Not at All
□ Don't know/Not sure
□ Prefer not to say

26. Are you regularly exposed to secondhand smoke in any of these locations in your county? *Select all that apply:*

□ Home or car
□ Workplace
□ Parks
□ Restaurants or bars
□ School
□ Sidewalks
□ Hospital
□ Other, please specify: _____
□ I am not regularly exposed to secondhand smoke in my county
□ Prefer not to say

APPENDIX 5 | DETAILED PRIMARY DATA FINDINGS

Focus Groups

Key findings from the focus groups are summarized below.

Focus Group General Findings

Six focus groups were conducted in Onslow County, with a total of 32 community members participating. The majority of participants (78.1%) identified as female, and the group was predominantly white (68.8%) and non-Hispanic/Latino (68.8%). Participants represented a wide range of ages, with the majority (78.1%) under the age of 65.

All six focus groups identified several common health concerns and barriers to care. The first barrier was employment and Income: Participants noted the increasing cost of living, high cost of childcare, and prevalence of low-paying jobs in the county. Secondly, participants identified food Access and Security, specifically food deserts and "food swamps", along with the high cost of healthy food. Healthcare Access and Quality was identified, citing concerns including a lack of bilingual staff and translators, high cost of care and prescriptions, lack of specialty providers, and insurance coverage challenges. The fourth concern noted was mental Health, specifically with issues such as anxiety, depression, stress among new immigrants, increasing involuntary commitments, and isolation among military spouses. Finally, participants brought up transportation and Transit, stating a lack of transportation options and reliance on friends and family for rides.

Focus Group 1 Unique Insights: Spanish Language – Onslow County Health Department

Focus group one included four participants. All participants identified as female, and all participants identified as Hispanic. All participants were over the age of 18, with the majority (3) being over the age of 40. This group identified additional concerns related to education, health equity, and physical health. They noted a lack of awareness and education about existing resources and services. The Hispanic/Latino community was identified as having worse health outcomes and experiencing discrimination. Chronic conditions such as diabetes and high blood pressure were also highlighted.

Participants suggested offering focus groups later in the day with childcare, inviting diverse populations to participate, forming partnerships with Latino advocacy groups, and advertising health department services on social media.

Focus Group 2 Unique Insights: Key Informants – Onslow County Health Department

Focus group two included 9 participants, with 8 identifying as female. The majority (8) identified as white, and all reported being non-Hispanic. All participants were over the age of 30. Key informants who partner with the health department identified several barriers to care. The first was the built environment stating that a lack of sidewalks made it unsafe to walk in the community. Second was housing and homelessness, specifically poor-quality housing and high costs driven by military presence. Substance Use was noted, with the high levels of substance use and lack of treatment facilities. Finally, participants identified sexual Health the high rates of teen pregnancy, and limited family planning education.

Suggestions to key leaders included prioritizing people, making the best use of available funding, community outreach, and repurposing schools for additional programs and services.

Focus Group 3 Unique Insights: Faith-Based Community – Onslow County Health Department

Focus group three included four participants, with an even split between females and males. Two participants reported being African American, and two as White. Most group members preferred not to answer if they were Hispanic. All participants were over the age of 40. This group highlighted concerns about education, environmental quality, health literacy, housing and homelessness, and substance use. They noted poor water quality on the military base and the need for providers to ensure information is given to patients in a way that is easily understood.

Recommendations included fostering collaboration between for-profits and non-profits, understanding the unique needs of the military population, and improving communication about existing programs.

Focus Group 4 Unique Insights: Young Adults – Virtual

Focus group four included five participants, with most identifying as female. Most of the participants identified as white, and the majority also identified as non-Hispanic. All participants were over the age of 18. Young adults identified issues with the built environment, lack of social support, health disparities (especially for the Hispanic/Latino community), lack of affordable housing, maternal and infant health concerns, and chronic physical health conditions.

They suggested that local leaders should experience a day in the life of an everyday citizen in different areas of the county and assess school cafeteria food for better options.

Focus Group 5 Unique Insights: Civic Organizations – Onslow County Public Library

Focus group five included four participants, with the majority identifying as female. three of the participants identified as white, and three group members identified as non-Hispanic. All participants were over the age of 18. Members of local civic organizations highlighted concerns about diet and exercise, housing and homelessness, maternal and infant health, physical health, substance use, and tobacco use. They noted the need for more inexpensive gyms, healthier food options, and the proliferation of vape shops near schools.

Suggestions included offering more holistic care, considering all social determinants of health, providing mobile services, and implementing a 24-hour nurse hotline.

Focus Group 6 Unique Insights: Aging Population – Onslow County Senior Services

Focus group six included six participants, with the majority of the group identifying as female. Five of the participants identified as white. All six group members reported being non-Hispanic. All participants were over the age of 50. The aging population focus group emphasized concerns related to education, particularly the need for better resources for student's post-high school graduation and low levels of digital/technological literacy in the population.

Their recommendations included providing lower prices for healthy food options, education on healthy habits for students (including budgeting and money management) and educating parents and students about the long-term impact of unhealthy diet and lifestyle choices.

Community Member Web Survey

Charts detailing key findings from the Community Member Survey are displayed below:

Topic: Additional Demographic Information

Figure 48: What is the highest grade or year of school you completed?

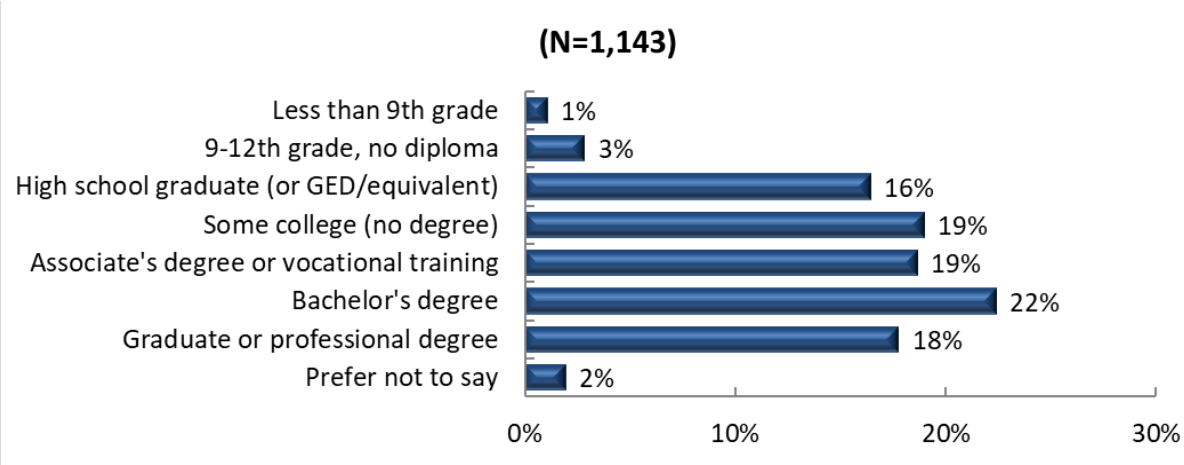
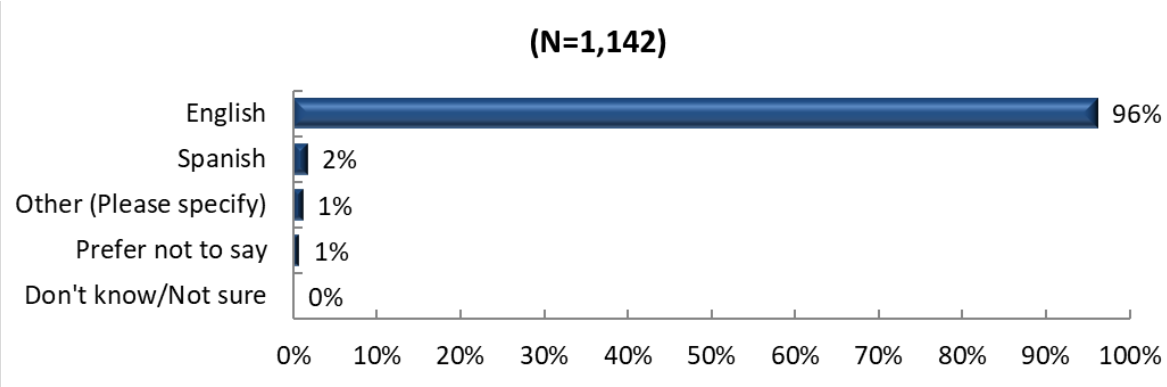


Figure 49: Which language is most often spoken in your home? (Choose one)



Other (please specify):

- "Arobic/French"
- "creole"
- "English and ASL"
- "English and Macedonian"
- "English and Spanish" (5 responses)
- "French"
- "French, creole"
- "German and English"
- "Taglog"

Figure 50: For employment, are you currently... (Select all that apply.)

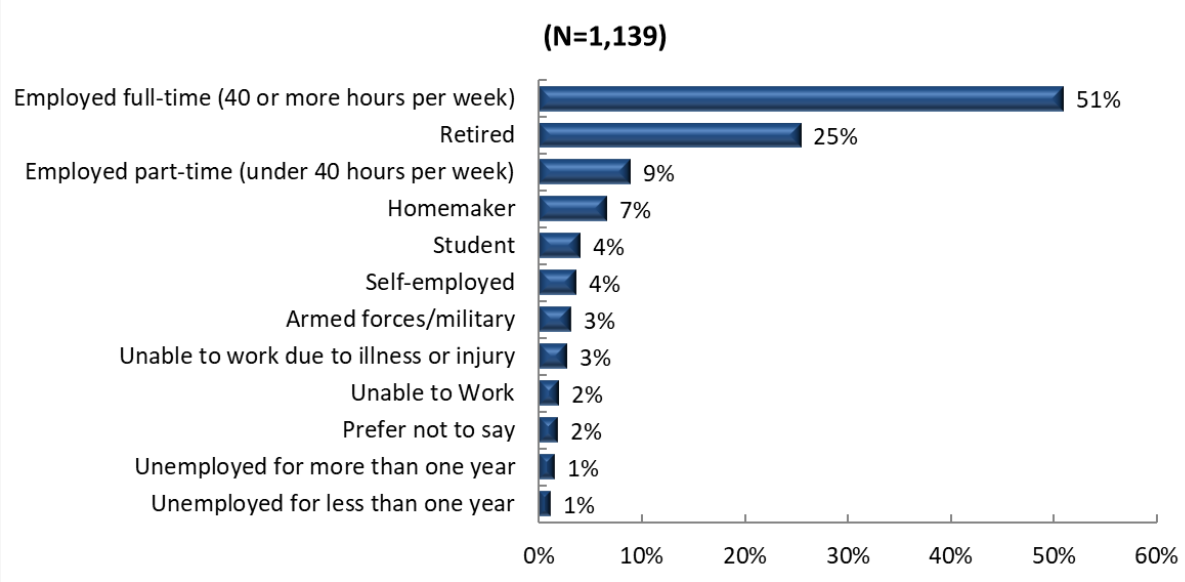
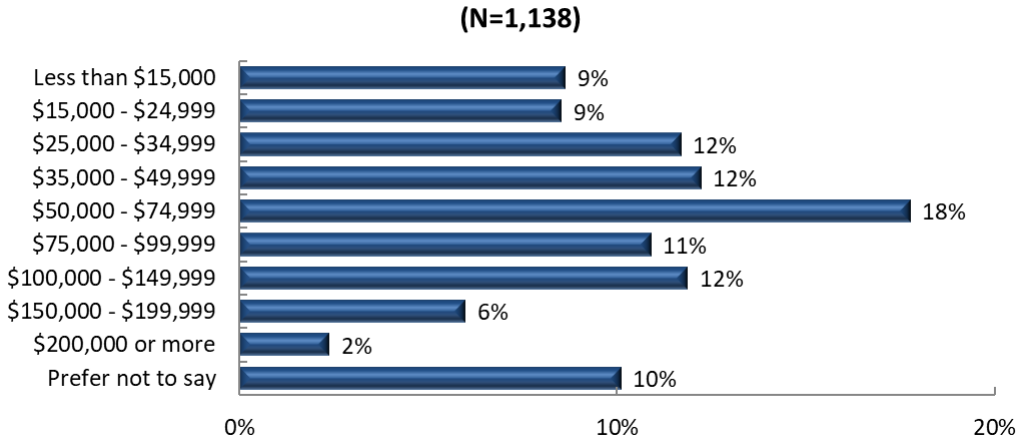


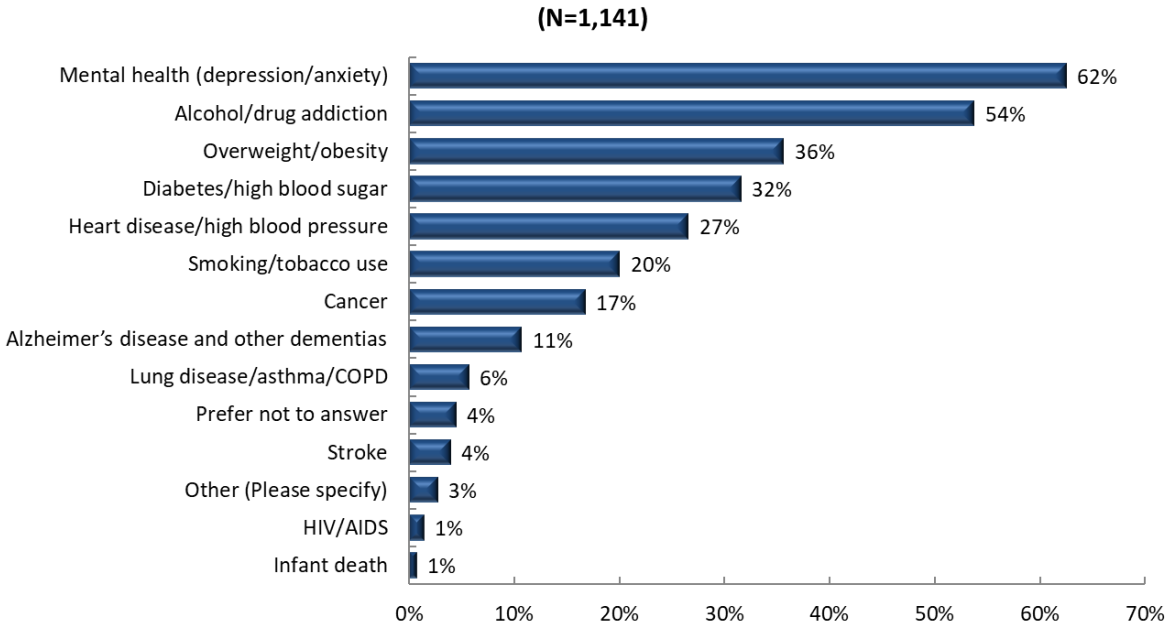
Figure 51: Which category best describes your yearly household income before taxes?

Do not give the dollar amount, just give the category. Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.



Topic: Health Conditions, Social Determinants of Health, and Barriers to Care

Figure 52: What are the three most important health problems that affect the health of your community? Please select up to three.



Other (please specify):

- "abuse/injury"
- "addiction- vaping, smoking"
- "all of the above"
- "Autisuim"
- "Blood clots and schizophrenia autism adhd"
- "Copd"
- "Elderly in home care"
- "Gender dysphoria"
- "High blood pressure"
- "High Chlestrol"
- "High school vaping"
- "Lack of Breastfeeding"
- "Multiple Scrocias"
- "Nerves"
- "Not enough access to onslow memorial hospital er.ive been 2 times and couldn't even see a doctor. Left after 6 hours."
- "PAD"
- "Parkinson's"
- "PCOS"
- "post covid syndrome"
- "PTSD"
- "Sanitary of residential Trash and commercial dumpster"
- "Severe dizziness"
- "STIs"
- "Teen Pregnancy"
- "thyroid"

Figure 53: What are the three most important health problems that affect the health of your community? Please select up to three. (by age)

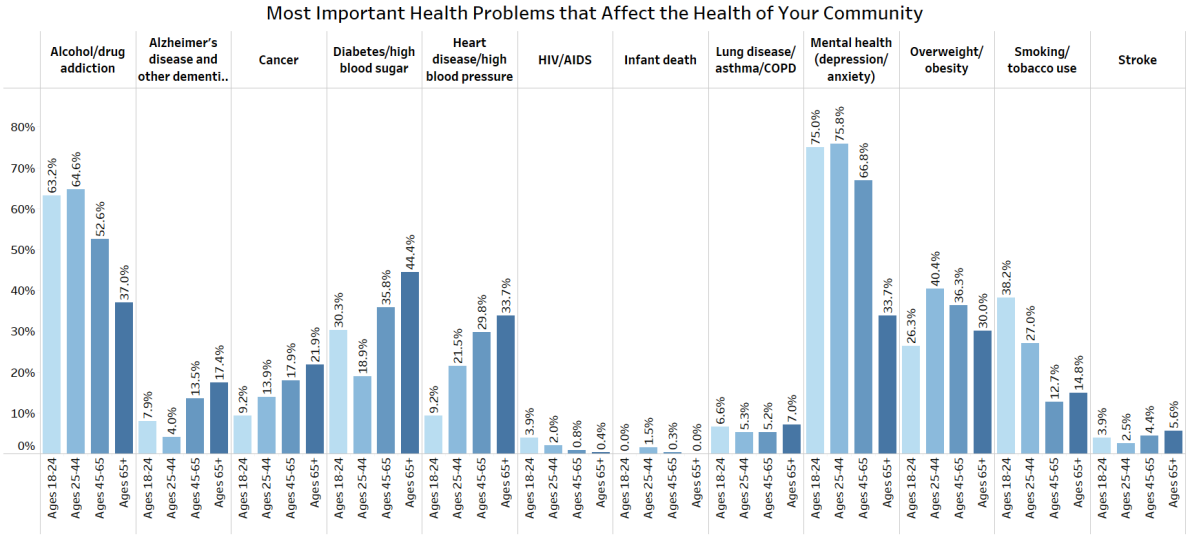


Figure 54: What are the three most important health problems that affect the health of your community? Please select up to three. (by gender)

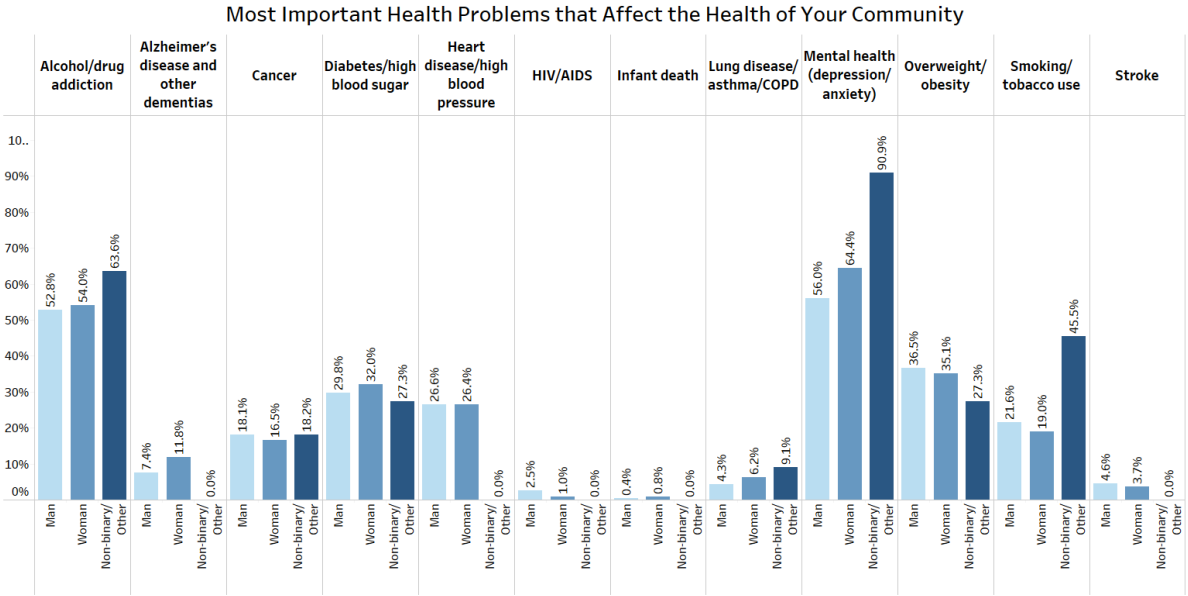


Figure 55: What are the three most important health problems that affect the health of your community? Please select up to three. (by race)

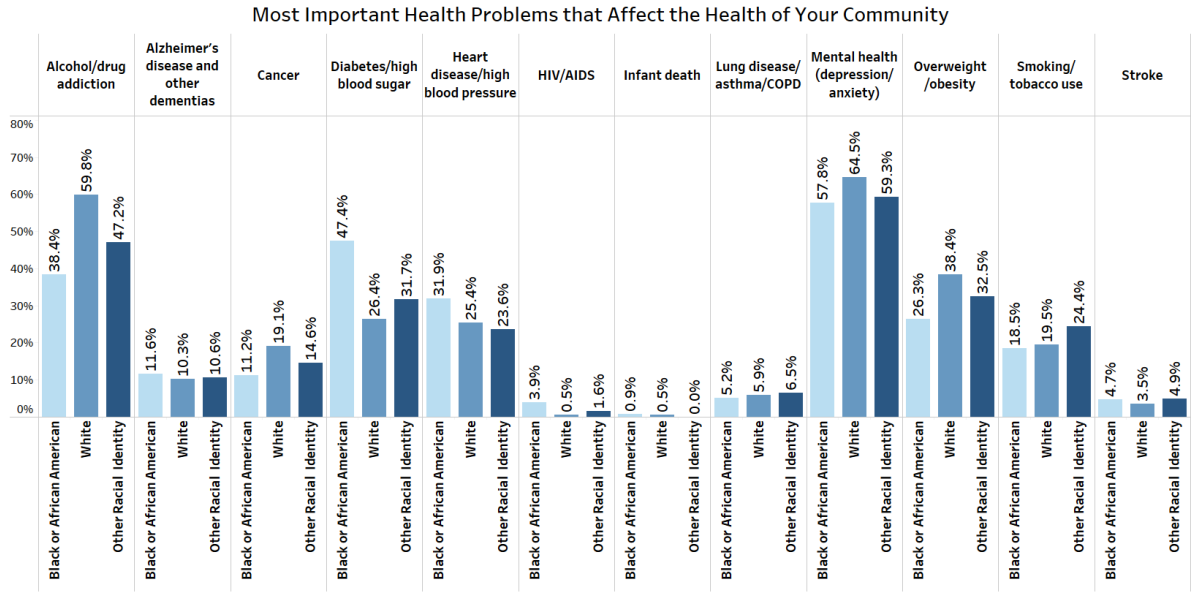


Figure 56: What are the three most important health problems that affect the health of your community? Please select up to three. (by ethnicity)

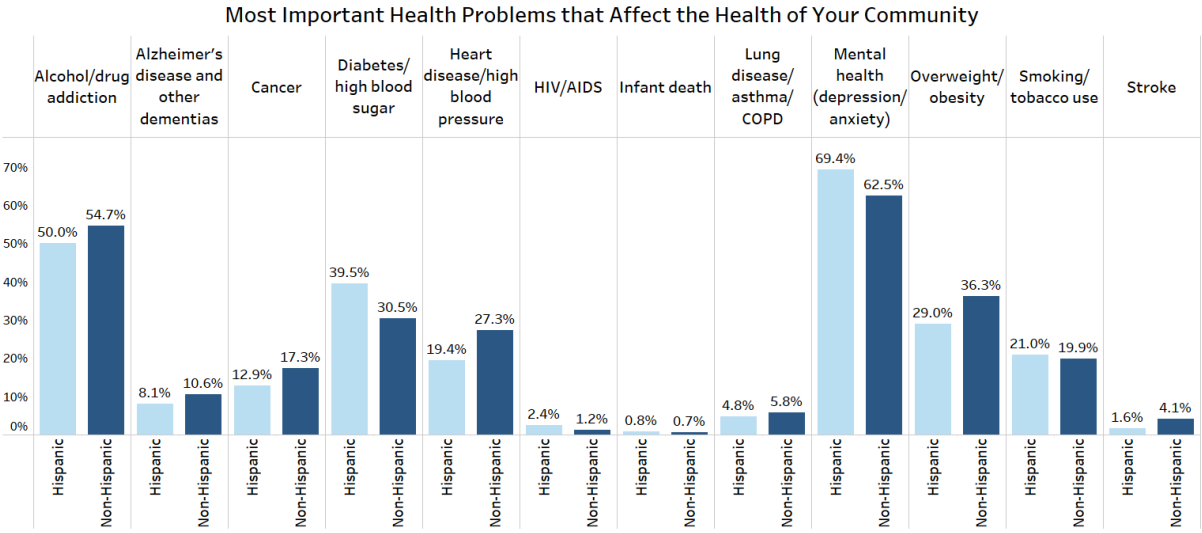
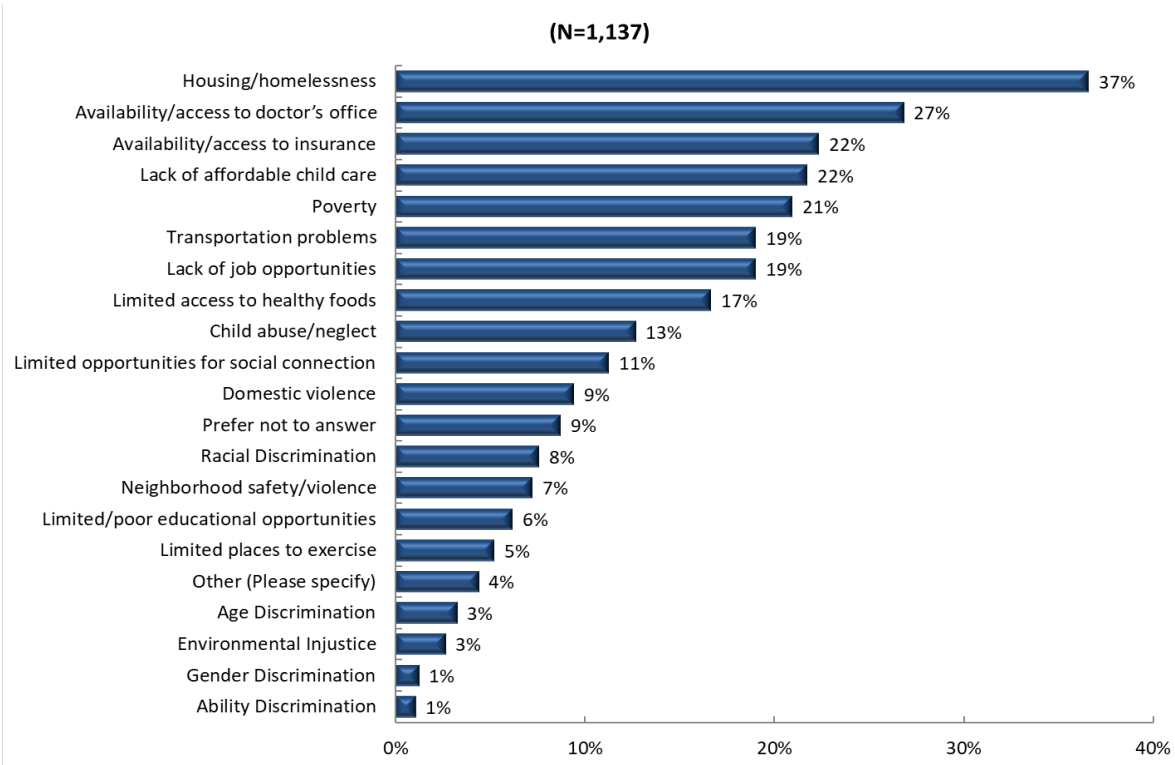


Figure 57: What are the three most important social or environmental problems that affect the health of your community? Please select up to three.



Other (please specify):

- "abundantes gatos y perros sueltos"
- "Access to healthcare testing"
- "Accessibility to play"
- "Addiction stigma"
- "Affordable housing"
- "Affordable housing and homelessness"
- "Alcohol and drug abuse"
- "All of the above"
- "Children aging out of the system"
- "Consultas médicas caras, personas sin hogar, pobreza,"
- "Cost of Living"
- "Disability transportation allowing you to take your power wheelchair to and from appointments or necessary activities"
- "Dr prices too high won't go cause too much money"
- "Drug problems"
- "Drug Use"
- "Entitlements"
- "Environmental Justice"
- "EXCESSIVE UTILITY BILLS"
- "Fatherless homes"
- "Fentanyl overdoses"
- "Help with bills for single moms"
- "Hospital"
- "Inability to pay for healthy food"
- "Insufficient funding for EMS"
- "Insurance actually covering needed patient care"
- "Lack of access mental health/substance abuse patients. Too many fall through the cracks"
- "Lack of availability of mental health/ substabce abuse"
- "Lack of competent skilled nursing facilities"
- "Lack of Spanish speaking people to help the immigrants"

- "Lack of substance use treatment"
- "Low paying jobs."
- "Military"
- "More specialist needed"
- "Need places for enjoyment that do not depend on the water/ocean. Like dinner theater"
- "No sidewalks"
- "Not making enough to support a life we all had. Before the cost of living is up and head of household take action to due unlawful activities to make sure the support there family."
- "Not sure"
- "Political ok"
- "Quality mental health/ addiction center access"
- "Safety nets that do not empower people to better themselves and work for what they need"
- "Social justice and racial discrimination"
- "somwhat limited vision for community growth and flourishing"
- "Substance abuse/addiction"
- "Too much development not enough forests... too many social programs not making people government dependent.... too much gender and racial pandering"
- "Walkability/ cyclability"
- "YOUTH ACTIVITIES, EDUCATION, RECREATION, LIBRARY"

Figure 58: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by age)

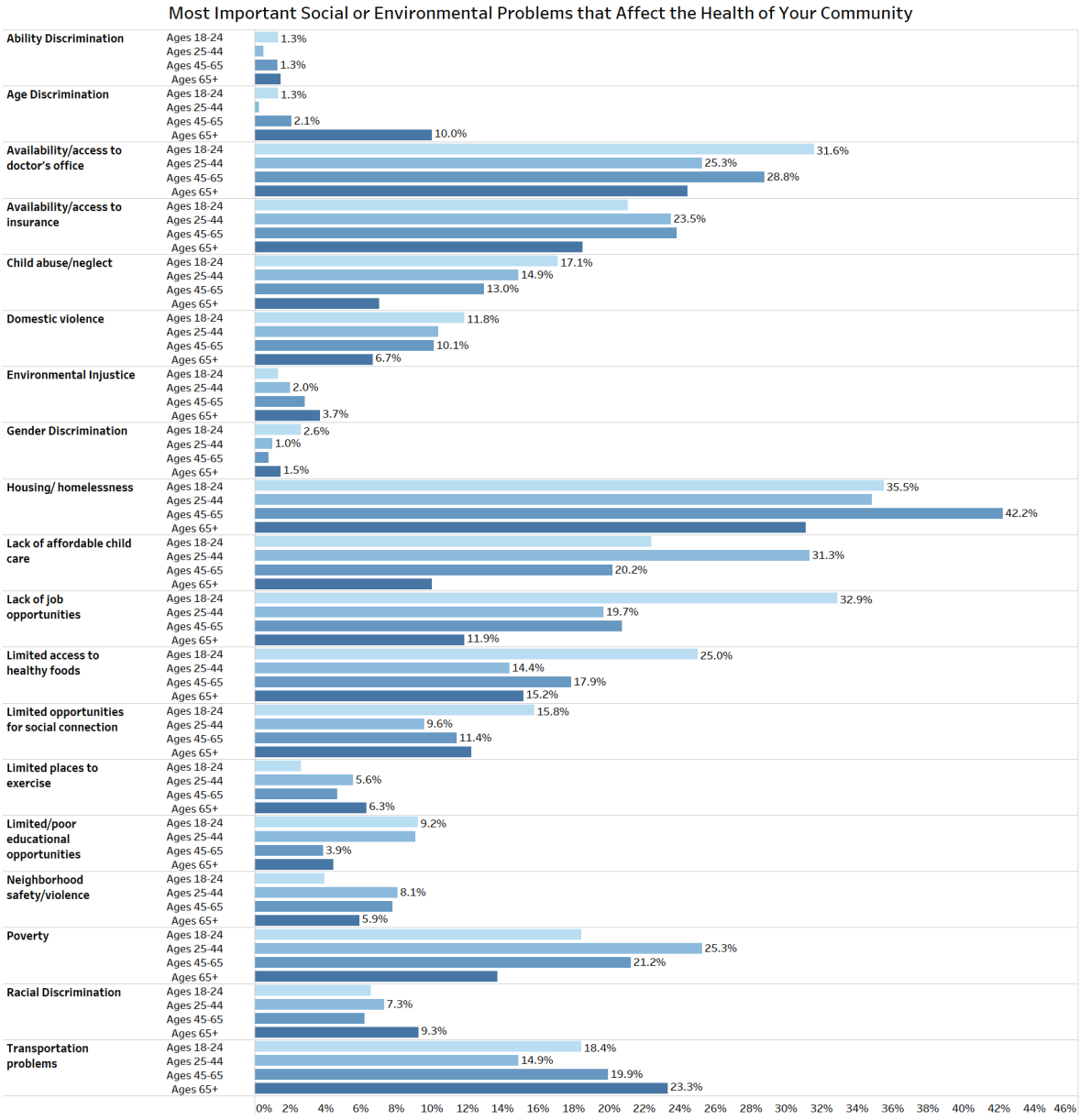


Figure 59: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by gender)

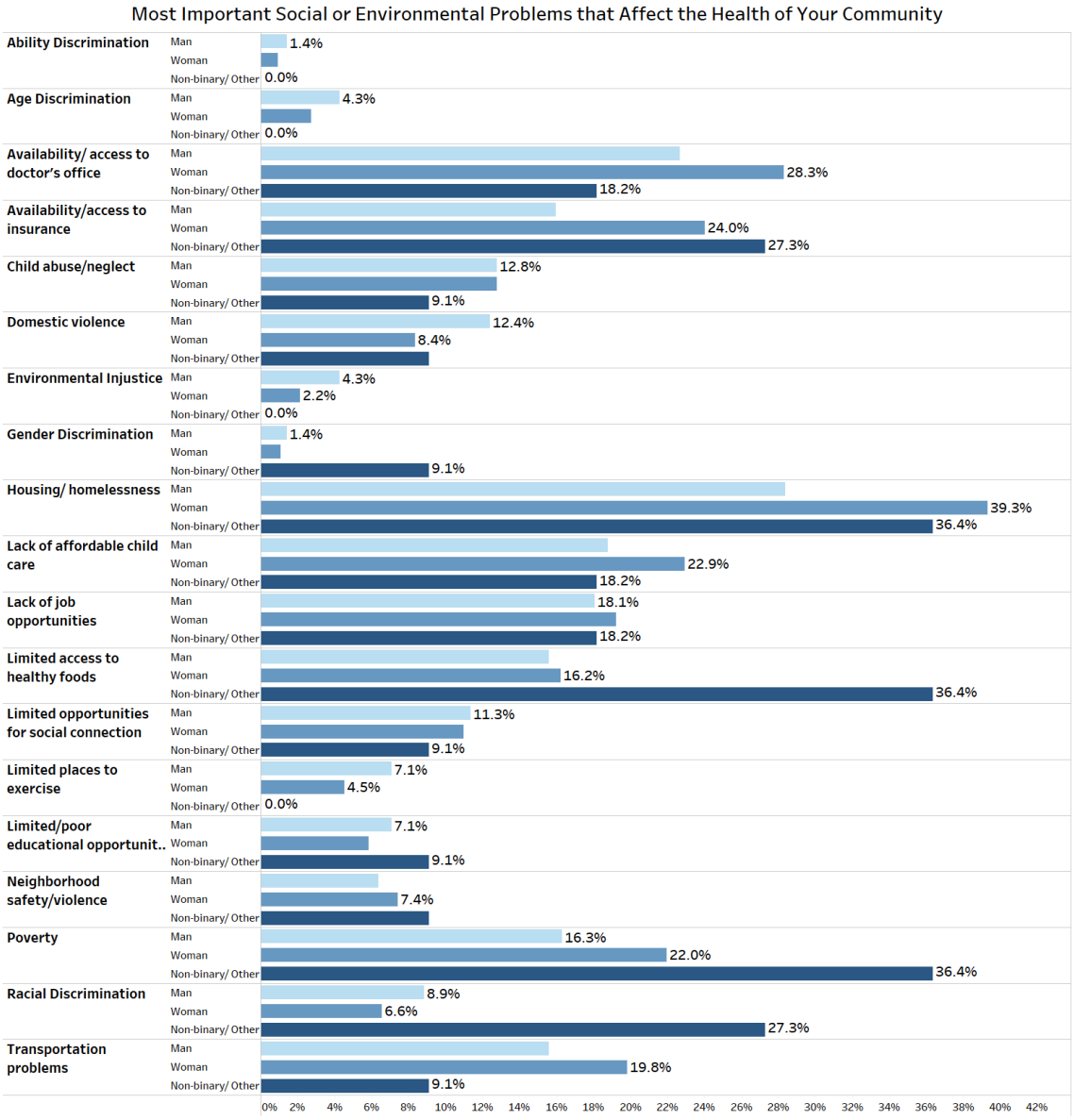


Figure 60: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by race)

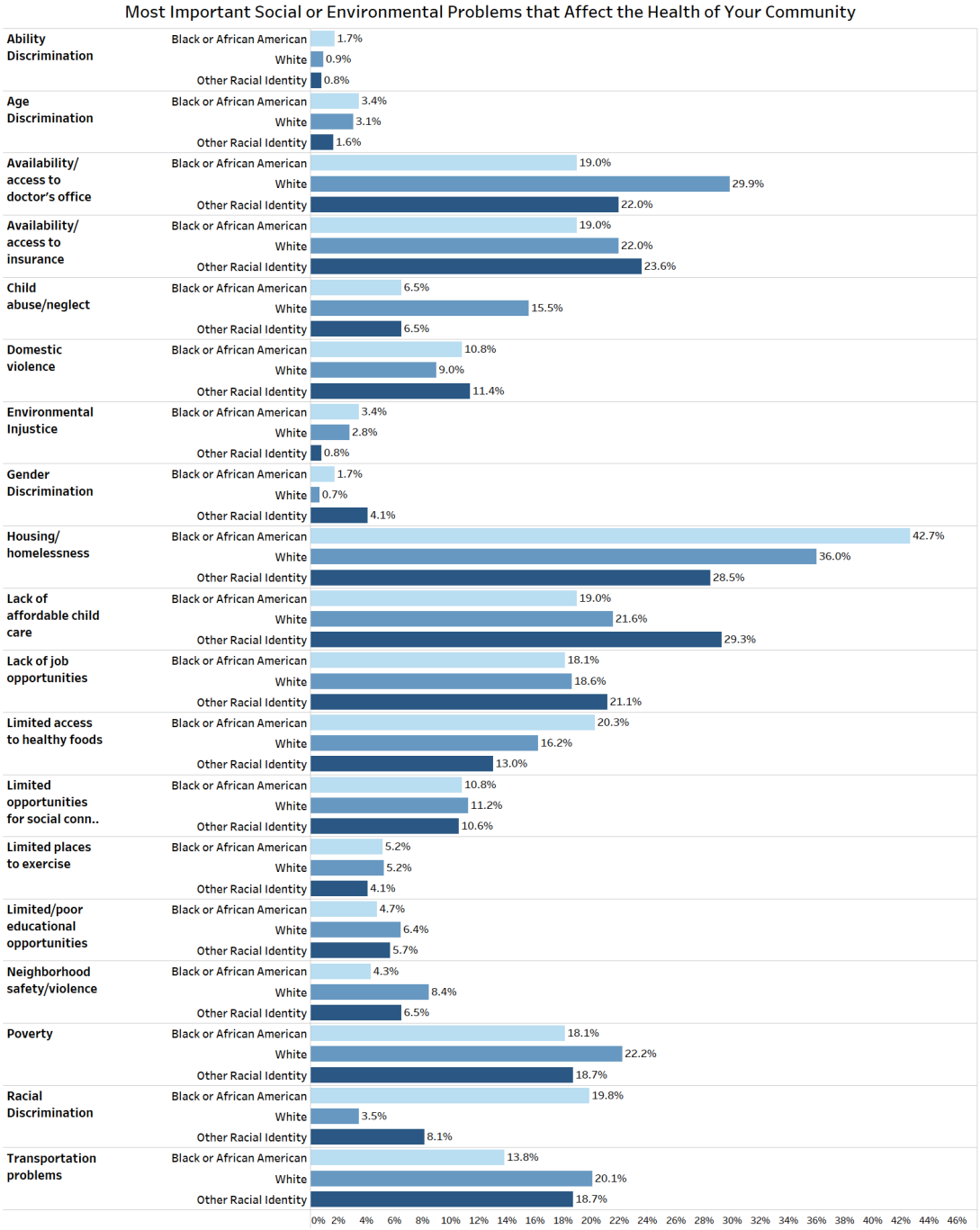


Figure 61: What are the three most important social or environmental problems that affect the health of your community? Please select up to three. (by ethnicity)

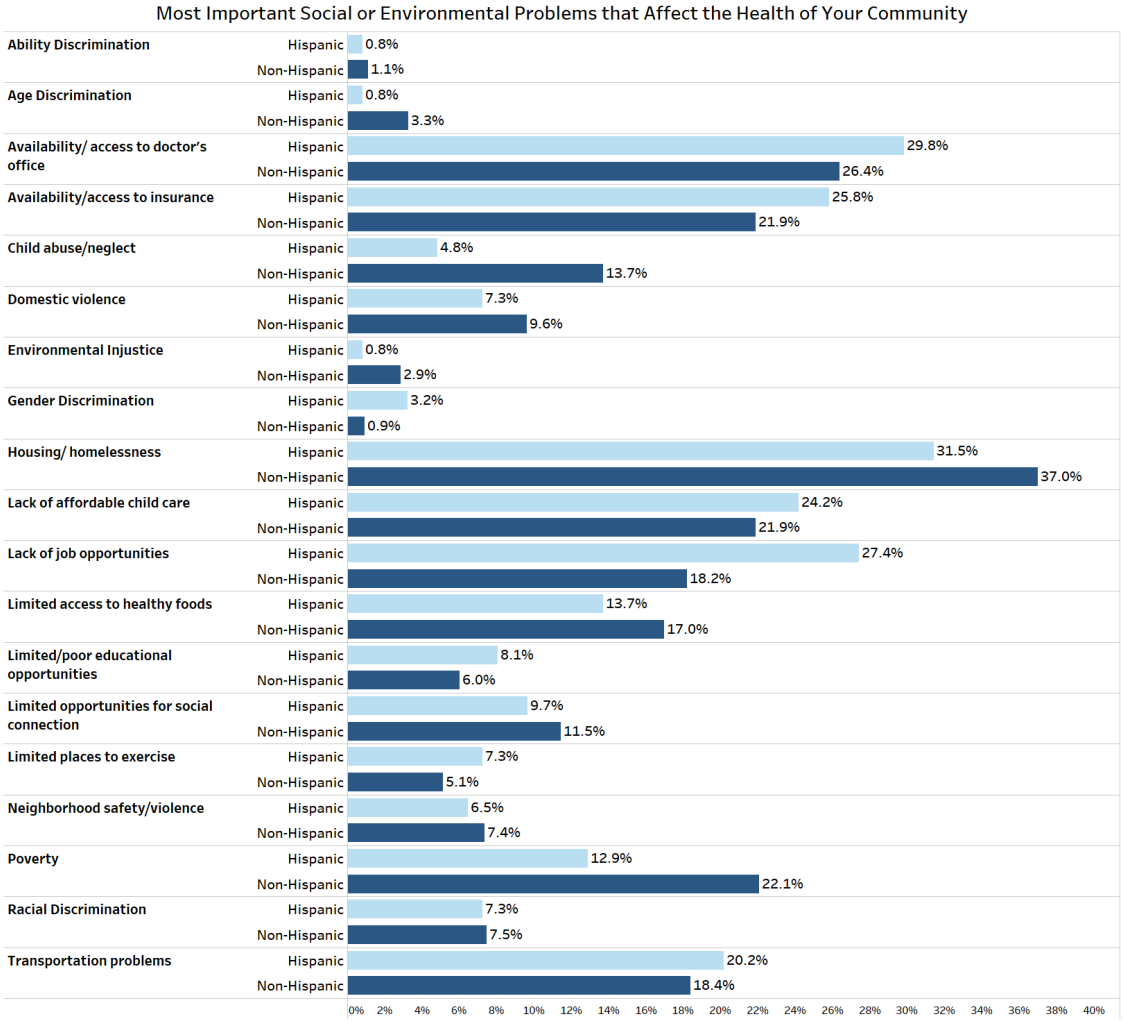
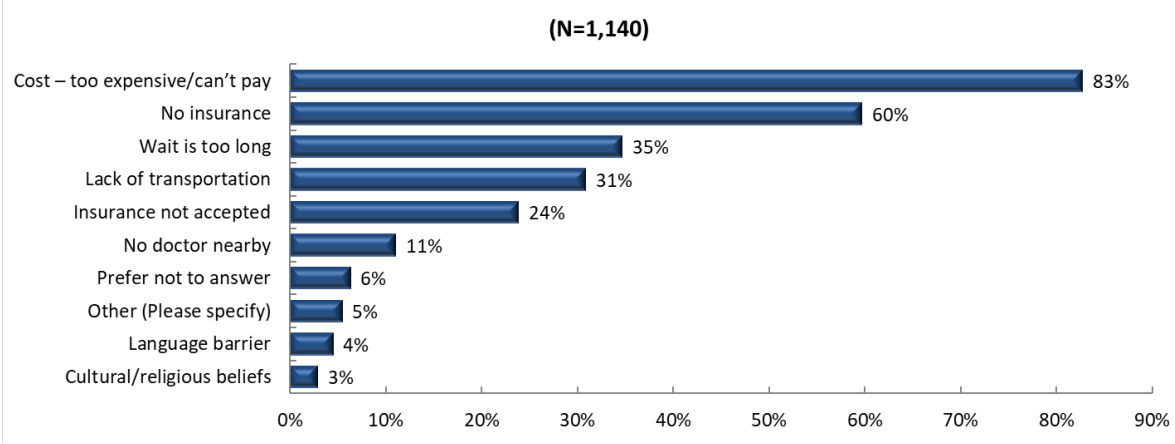


Figure 62: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three.



Other (please specify):

- "All of the above"
- "Because you go by your standers , when I was a single mom myself and children as I tried for any help, it was always you make too by a $1.00 and just sent us a way. And as a single parent you have no outreach for any one who teeter the scale with getting help. All we get is a slap in the face."
- "Being able to trust older doctors."
- "Cultural and religious beliefs/lifestyle norms"
- "Difficulty getting referrals from military"
- "Do not trust doctors"
- "Doctors don't listen thoroughly. making false notes on portal. they copy and paste from patient portal"
- "Dr's Offices not taking new patients or can't be reached by phone to make appointments, they do t return messages left on their answering service, can't maintain one simple monthly prescription, always end up at the off8ce begging to get the script filled and this time was discharged after asking yet again the 18 or 20th month in a row. Is totally part of this regiins SOP, all JCMC cares about is your copay and insurance, signs posted about being disrespect and being discharged as I was Wednesday and I'll be contacting legal assistance since the6 made that decision as I'm the bad person frustrated with this monthly game and ritual they practice excessively with vigor. N.C. leaders must take the initiative to stop ty8s as well S the insurance company's having the power to over rule your Dr's orders. Call me [redacted] hope this gets to our honorable governor.
- "Even if you have health insurance, most have high deductibles"
- "Everyone gets health care"
- "Farmers care about crops and flocks so they only go when it is urgent"
- "fear"
- "Fear of judgement"
- "Government needs to stay out of health care"
- "Have to work"
- "homelessness" (3 responses)
- "Hospital"
- "How they treated"
- "importance"
- "Inconvenience, ineffective care"
- "Knowledge deficit"

- "Lack of availability not enough doctors as area has been growing so choices are still limited."
- "Lack of education regarding importance of regular health care visits"
- "Lack of information"
- "Lack of information for resources"
- "Lack of interest in the community"
- "Lack of knowledge about health issues"
- "Lack of trust in healthcare"
- "Lack of understanding of need for health for prevention of issues"
- "Lack of understanding that the emergency room is just for emergencies"
- "Limitations insurance places on what care you can receive."
- "Mental health not seeking treatment/substance abuse not seeking treatment"
- "Mental health stigma in the military"
- "No child care"
- "No homeopathy medicine alternative"
- "No local testing facilities and the cost of gas is expensive and people have to chose between eating and getting the care/testing they need"
- "No Medicaid insurance for people my age"
- "No problem"
- "non-compliant"
- "Not enough doctors"
- "Not responsible"
- "Not wanting to know"
- "People don't trust the doctors/hospitals. I have to travel to Greenville for pediatric cancer treatments."
- "Poor care"
- "Poor parenting"
- "Poorly managed practices, very poor communication with patients, orders not getting to the facilities that provide testing, treatment. Patients not getting calls, information in a timely manner."
- "Racial injustice"
- "Refusal to work/ Safety nets that do not empower people to better themselves and work for what they need"
- "Stigmatism/fear of going to the doctor"
- "Too high co pays"
- "Treated poorly"
- "Trust issues and or lack of African American doctors"
- "Unable to find medical care thats right for me"
- "Uncertain about doctor/patient relationship"

Figure 63: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by age)

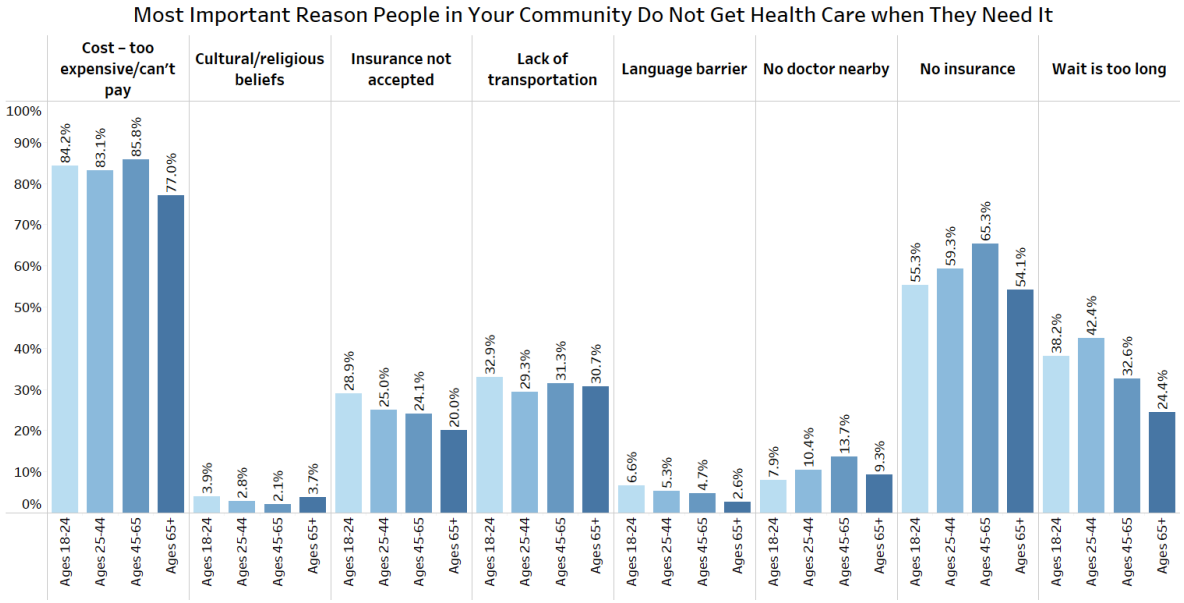


Figure 64: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by gender)

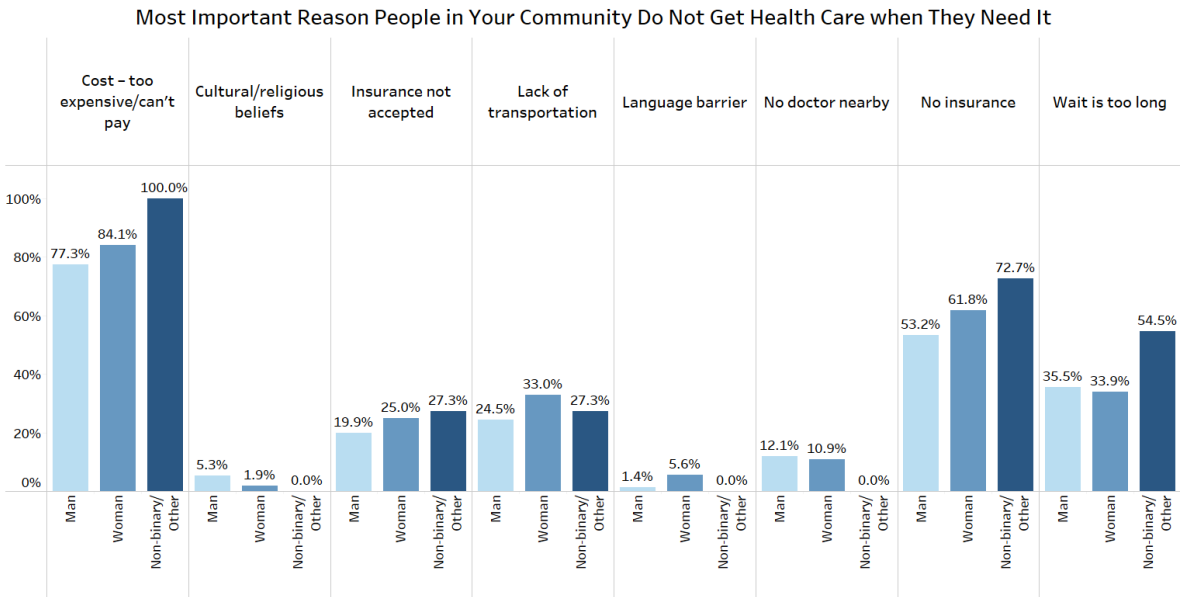


Figure 65: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by race)

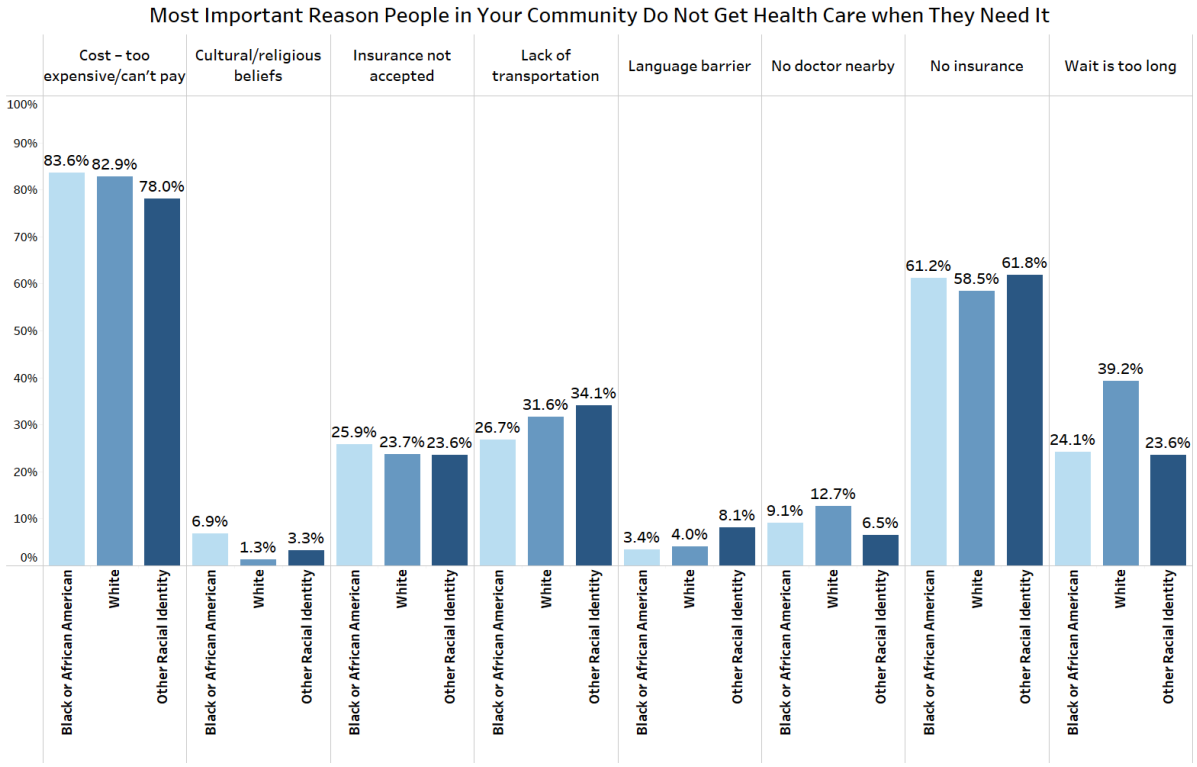
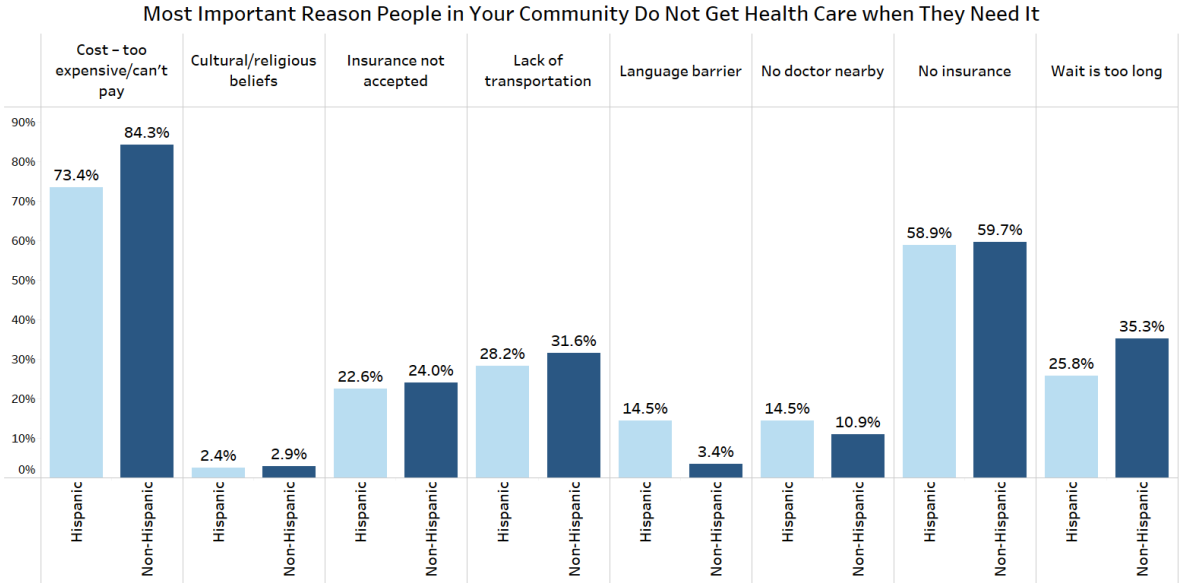


Figure 66: What are the three most important reasons people in your community do not get health care when they need it? Please select up to three. (by ethnicity)



Topic: Access to Care

Figure 67: DURING THE PAST 12 MONTHS, were you told by a health care provider or doctor's office that they did not accept your health care coverage?

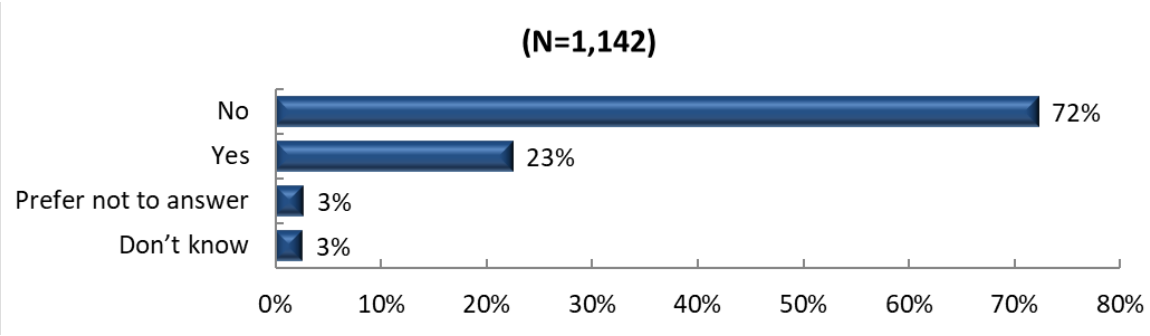
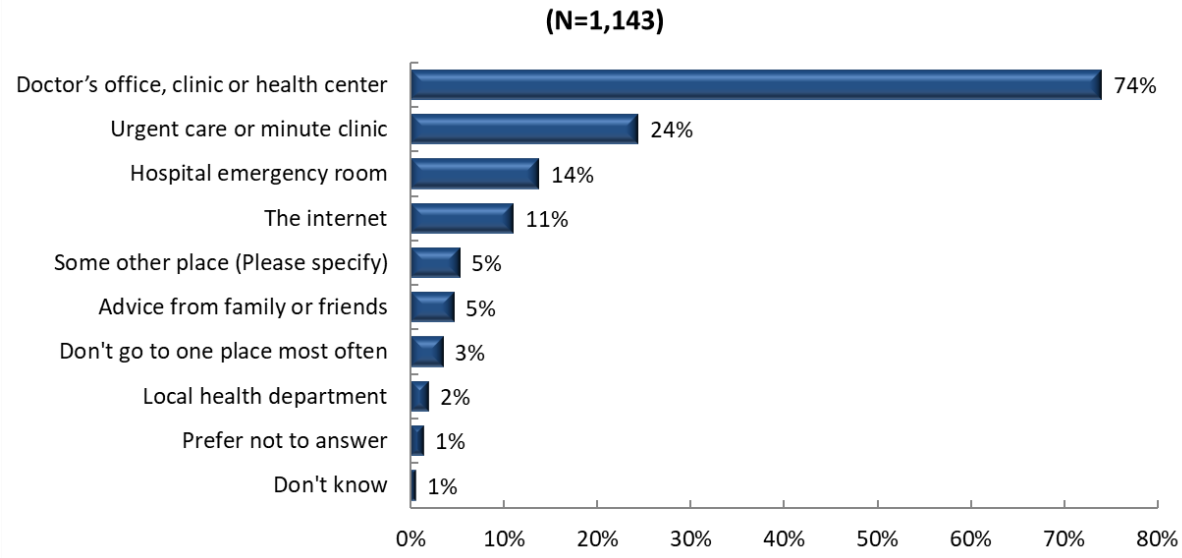


Figure 68: Where do you USUALLY go when you are sick or need advice about your health?

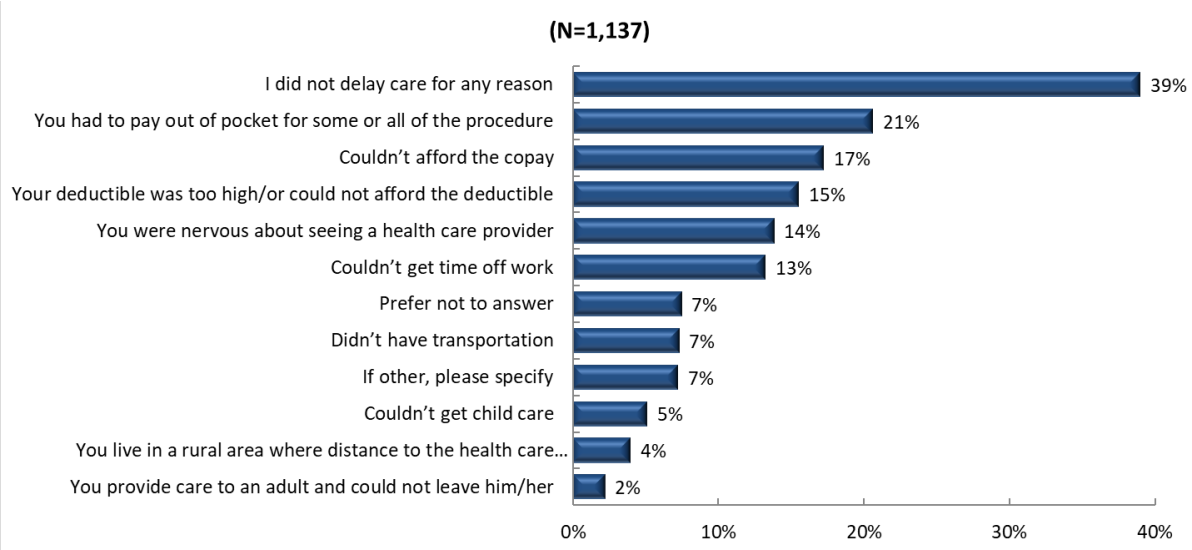


Other (please specify):

- "911"
- "CBOC"
- "Chain of command"
- "Church"
- "Deal with it"
- "don't go"
- "Don't trust local doctors, it's all about money"
- "Duke-transplant patient"
- "Family doctor in Surf City, NC"
- "Free community clinic"
- "friends / internet"
- "I don't go"
- "I don't go anywhere, I suffer through it, no insurance"
- "I don't go because I cannot afford it"
- "I don't go normally"
- "I have Medicare"
- "I just hope I don't die"

- "I listen to my body and do what has worked in the past."
- "JCMC Swansboro"
- "Military Health Facility"
- "My husband and I are retired Marines, we get our medical care through VA Medical Center"
- "Naval Hospital at Camp LeJeune" (5 responses)
- "Ńo one, currently in the medical field."
- "nowhere"
- "OBGYN and dermatologist"
- "Online Cleveland Clinic"
- "Poison Control"
- "prayer"
- "Raleigh"
- "Rely MD" (2 responses)
- "Self Medicate at home"
- "stay home"
- "Tele doc" / “tele health” (4 responses)
- "TeleDoc and other Licensed/Educated Health Professionals"
- "Telehealth then urgent care if needed"
- "Telehealth thru employment"
- "VA" (10 responses) / "VA Area Clinic" / "VA CBOC Jacksonville"/ "VA Clinic" / "VA Clinic on Camp Lejeune"
- "YouTube"

Figure 69: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?



Other (please specify):

- "Appointment 6 months out"
- "Appointment Availability"
- "Appointments not available"
- "Can’t get myself together Ava get there in time"
- "Can't afford the cost of missing work/care"
- "Can't afford to take time off work"
- "Caregiver taking me due to work"
- "cost"
- "Could not afford copay or deductible because children are more important"
- "COULDN'T AFFORD TO TAKE OFF TO GO TO THE DR"
- "couldn't get an appointment"
- "didn't need any"

- "Difficultly getting an appointment that worked with my work schedule."
- "Doctors don’t lesson anymore, but take your money"
- "dr didn't understand the condition & delayed referral to specialist"
- "Due to insurance rules"
- "ex-husband violated court order and kicked me off insurance"
- "Had to wait 6 months to be seen by the only available doctor in the area for my particular issue"
- "I don't have insurance and can't afford to see a doctor"
- "I feel discriminated based on my race"
- "I had to travel to OMH for an echo and then pay a big fee for it to be done at the hospital instead of the doctor's office like it has been done in the past."
- "I provide care to my disabled child and do not, and will not, leave her alone. I'm a divorced single parent."
- "I wait until medical issues "pile up" because I cannot afford an out-of-pocket payment for every individual item and co-pay can add up when I have to go 8 times for 8 separate things when I could bring those 8 concerns to a doctor once and only pay the co-pay one time."
- "I work hard to provide for my needs and therefore have insurance and no reason to delay care"
- "I’m just feel too busy sometimes and it’s easy to push it off"
- "Issues with insurance"
- "Just not severe enough."
- "Lack of care/attention"
- "Lack of close by QUALITY specialists"
- "Lack of knowledge on providers in area"
- "Medications unavailable at pharmacy"
- "Mental health and health care is terrible in onslow county"
- "Military care is subpar."
- "Moved, wait times for a doctor were to long"
- "My insurance wouldn't authorize the care my physician recommended.."
- "n/a"
- "Needed referral to access insurance"
- "Never happened"
- "no"
- "No appointments"
- "no aseguranza"
- "No doctor available"
- "No insurance" (3 responses)
- "No money, no insurance"
- "no openings for months"
- "No optometry appointments for 6-8 months"
- "No problem"
- "no speciality doctors in the area, have to travel 1+ hours away"
- "No tengo seguro médico"
- "no time"
- "Obtaining insurance authorization"
- "Provider didn’t have quick appointment. It was scheduled too far out, not worth the wait."
- "Schedule was busy"
- "Specialist are not in my area/Not able to be seen by specialist on base"
- "Switched doctors twice in last two years due to lack of sufficient care. Hopefully have found one that is helpful."
- "takes too much time out of my day"
- "Think it will go away"
- "too hard to find a doctor/urgent care that will accept walk in"
- "uninsured because cannot afford insurance"
- "WAIT TIME TOO LONG"
- "Wait to be seen is several hours long"
- "wait to long to see a doctor"
- "Waiting on a referral from a doctor"
- "waiting too long for an an appointment"

- "Yes, insurance company refused t9 pay for what the doctor ordered in May 2023 until I went through 2 unneeded procedures they mandated and sent me the bill for both, $1900. After the Unaffordable b.s. they cover, and best the denied the 2nd procedure they mandated dragging out the clock so F/Y was over by the time I had my procedure mid Nov that doctor prescribed in May. Is criminal how they've been allowed by the left to have
- see a medical professional."

this dictatorship level total authority and thwn when questioned about my charges blamed me f9r selection of the platinum coverage plan they sold my large company. How the co-pays this, and then receive numerous you may owe bills weeks later which are actually bills, contrary to them graciously spitting in Ines face with "You May Owe" in that tiny #3 font bottom right page u receive weeks later, each and every time you

Figure 70: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

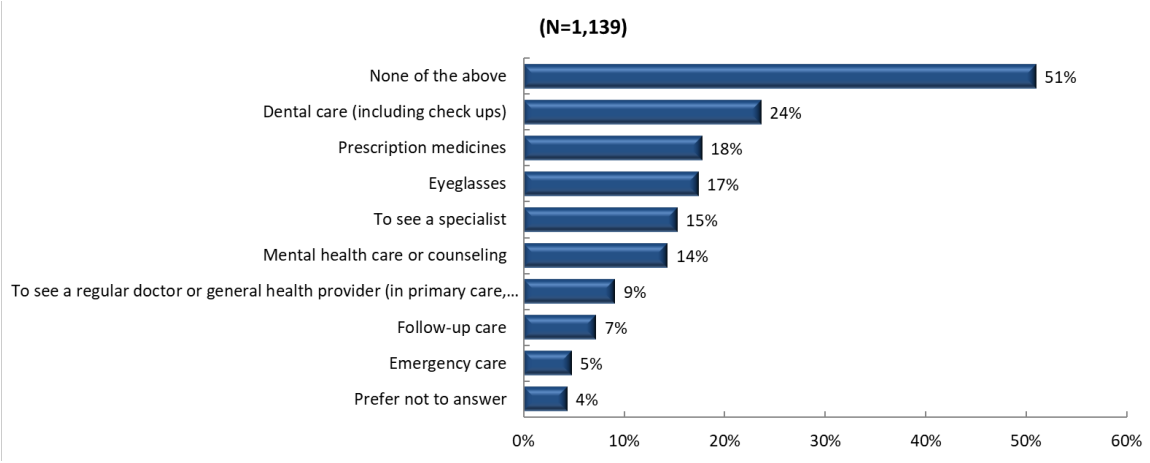


Figure 71: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

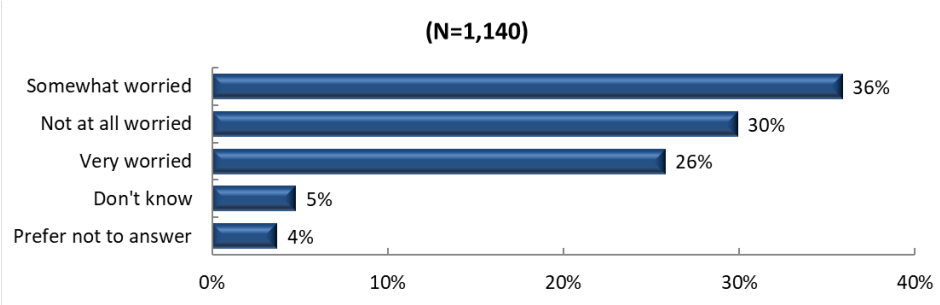
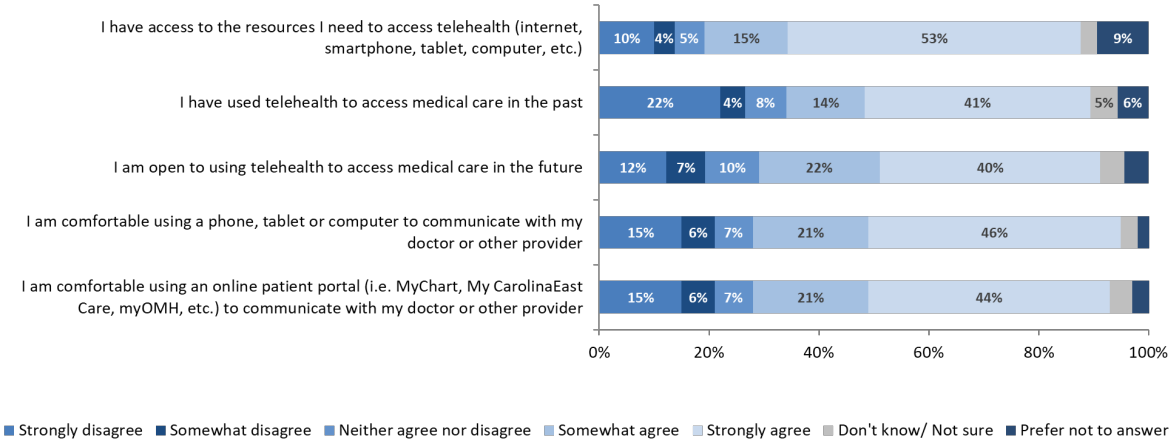


Figure 72: How much do you agree or disagree with the following statements about telehealth? Telehealth means connecting virtually with a medical provider using a smartphone, tablet or computer. (N = 1,134)

Rated on a scale from 1 to 5 with 1 being "strongly disagree" and 5 being "strongly agree"

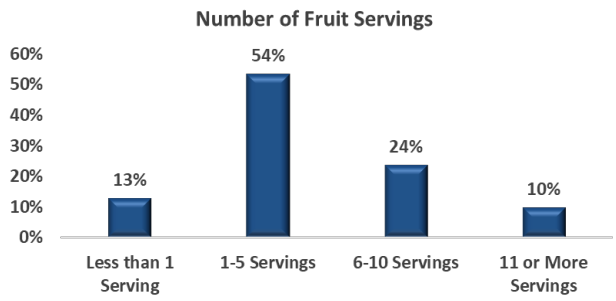
Average score: 3.81



Topic: Healthy Lifestyle (Diet and Exercise)

Figure 73: Think about the food you ate during the past week. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries)

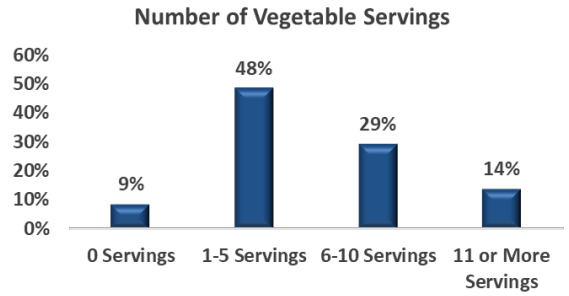
(N=1,085)



Measure	Value
Mean (Standard Deviation)	5 (6)
Median	4
Mode	3
Minimum-Maximum	0-77

Figure 74: On average, how many servings of vegetables did you eat, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini)

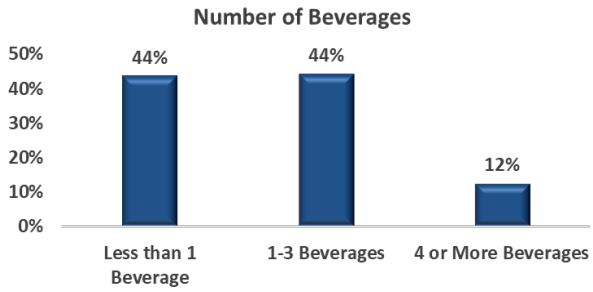
(N=1,083)



Measure	Value
Mean (Standard Deviation)	6 (6)
Median	5
Mode	3
Minimum-Maximum	0-77

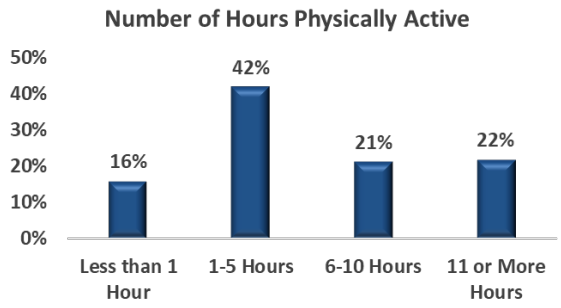
Figure 75: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink each day?

(N=1,085)



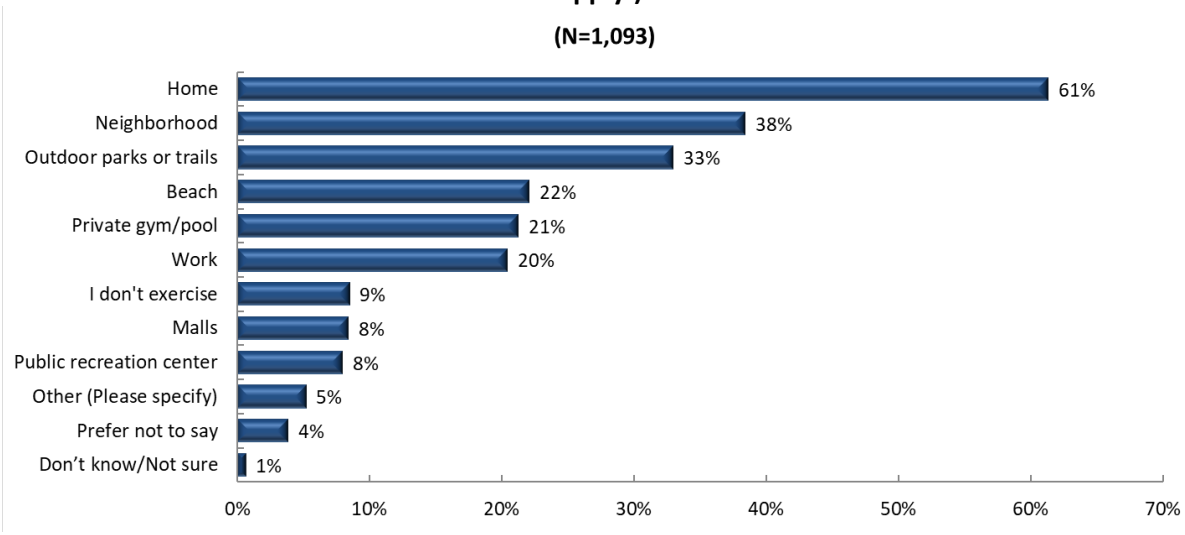
Measure	Value
Mean (Standard Deviation)	2 (4)
Median	1
Mode	0
Minimum-Maximum	0-71

Figure 76: During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job? (N=1,084)



Measure	Value
Mean (Standard Deviation)	9 (14)
Median	5
Mode	0
Minimum-Maximum	0-100

Figure 77: When you are active, where do you engage in exercise or physical activities? (Select all that apply.)



Other (please specify):

- "Bowling League"
- "Camp Lejeune"
- "Can't do anything physical due to chronic pain and health issues"
- "Church"
- "Community"
- "Dance classes at local condo complex"
- "Garden"
- "Gardening"
- "Gardening"
- "Golds gym"
- "golf" (3 responses)
- "ground/pasture work"
- "Gym" (3 responses)
- "kayaking and fishing"
- "lacrosse field"
- "Local High School Tennis courts"
- "My exercise comes from carrying my disabled child. She lost her ability to walk 3 years ago due to complications from cancer, brain tumor removal surgery."
- "my garden at home"
- "Onslow County Senior Center"
- "Outside"
- "P/T"
- "Park"
- "Playing with my kids and doing things together"
- "pool"
- "school"
- "Senior center" (9 responses)
- "Senior services" (2 responses)
- "shopping"
- "Softball fields"
- "stores"
- "therapy"
- "trails and parks"
- "walk" (2 responses)
- "walk around farm land at home"
- "Walk around the house"
- "walking"
- "Walking around ware houses and playing with our dogs"
- "Work with horses"
- "working with horses"
- "yard and garden"
- "yard work"
- "zoom classes"

Topic: Income

Figure 78: How often do you have someone you can rely on to help with the following items, as needed?

On a scale from 1 to 5 with 1 being "Never" and "5" being "Always"

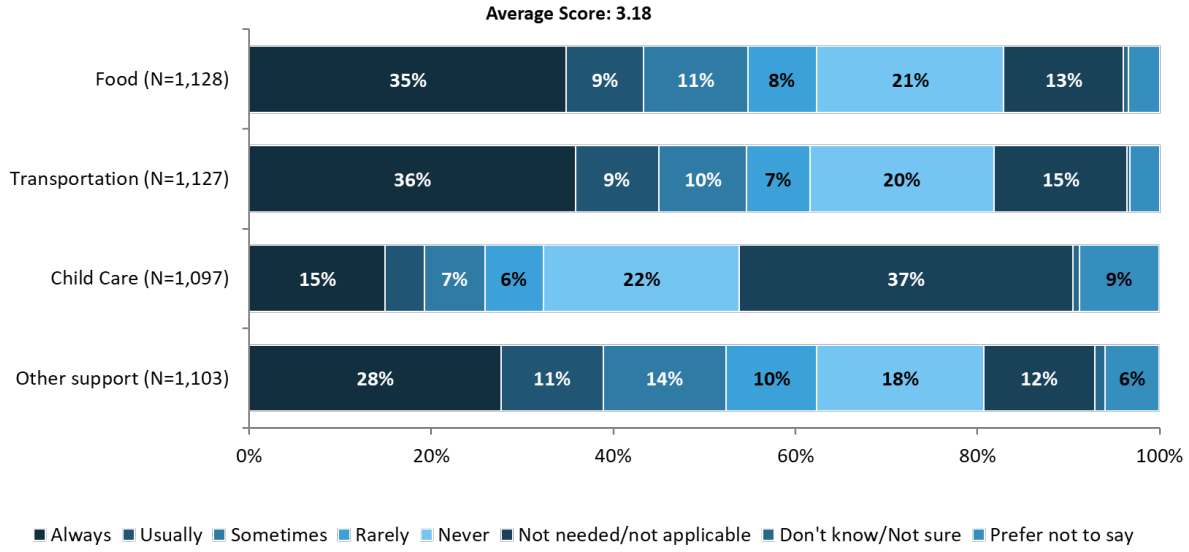
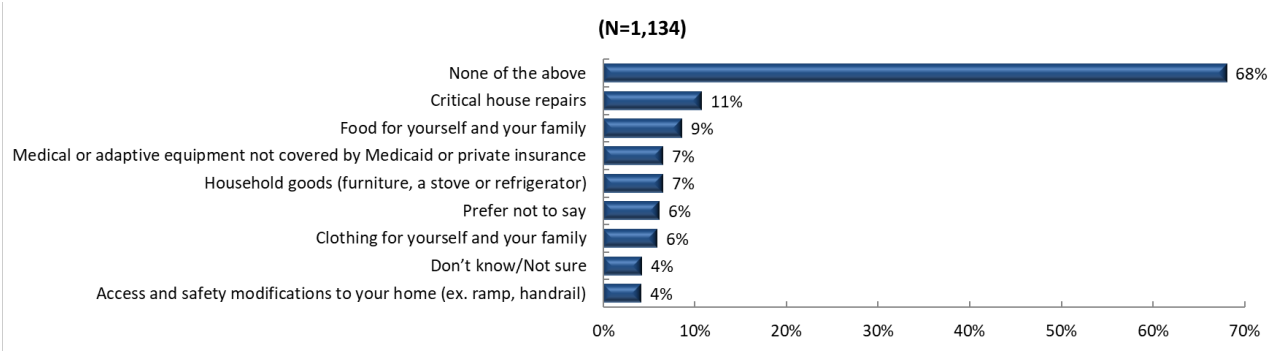
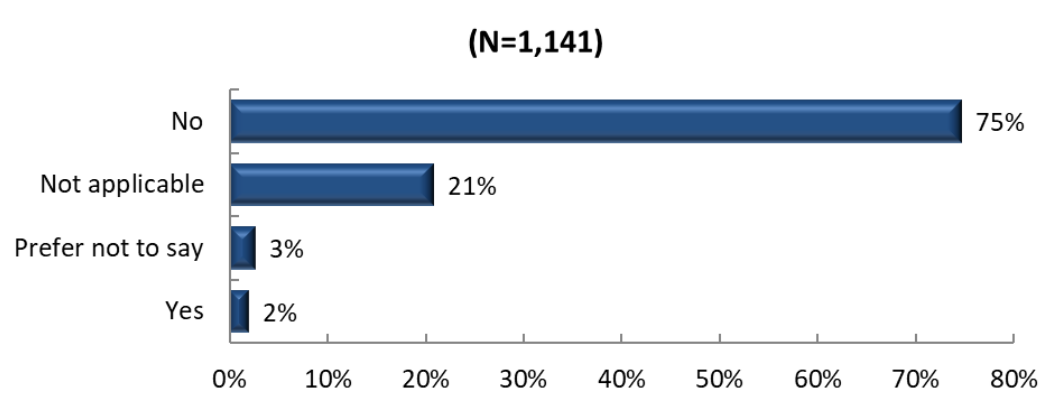


Figure 79: In the past year, did you have any of the following assistance needs NOT met? (Select all that apply.)



Topic: Maternal and Infant Health

Figure 80: Have you given birth in the past year?



Only participants who indicated that they have given birth in the past year were asked the remaining questions in this section.

Figure 81: Thinking back to your most recent pregnancy, did you need to travel outside of Onslow County to find prenatal care or to give birth?

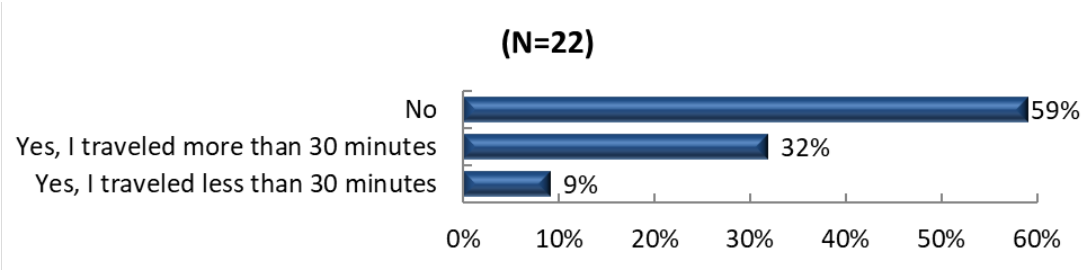


Figure 82: Thinking back to your most recent pregnancy, did you receive any prenatal care?

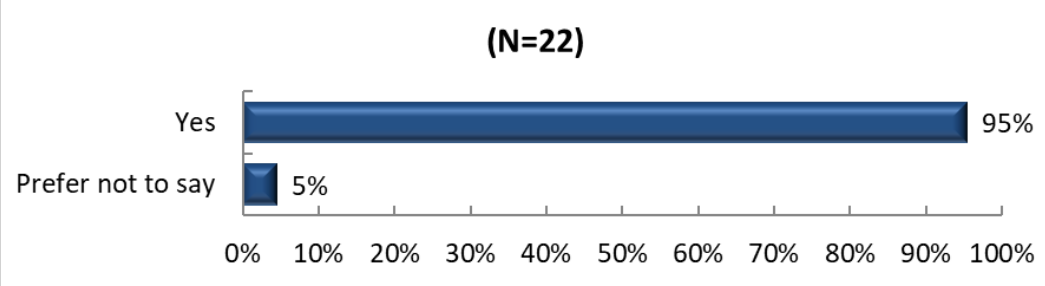


Figure 83: During any of your prenatal care visits, did a healthcare provider do any of the following things?

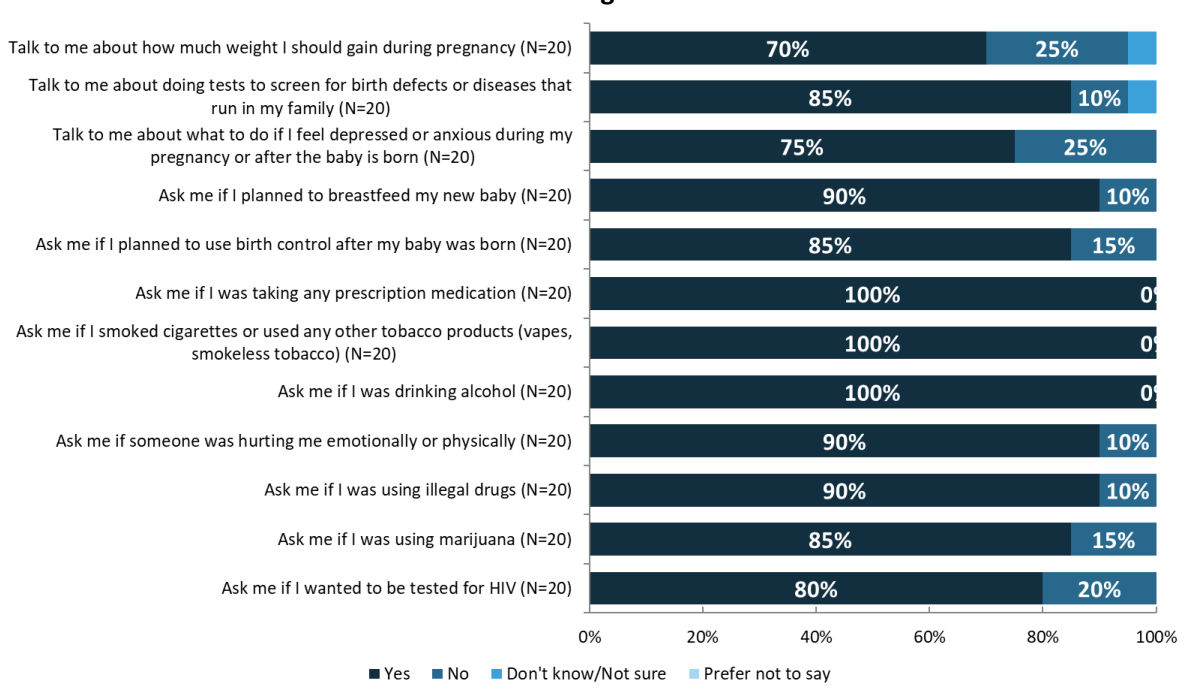


Figure 84: Thinking about your most recent birth, was this infant born more than three weeks before your due date?

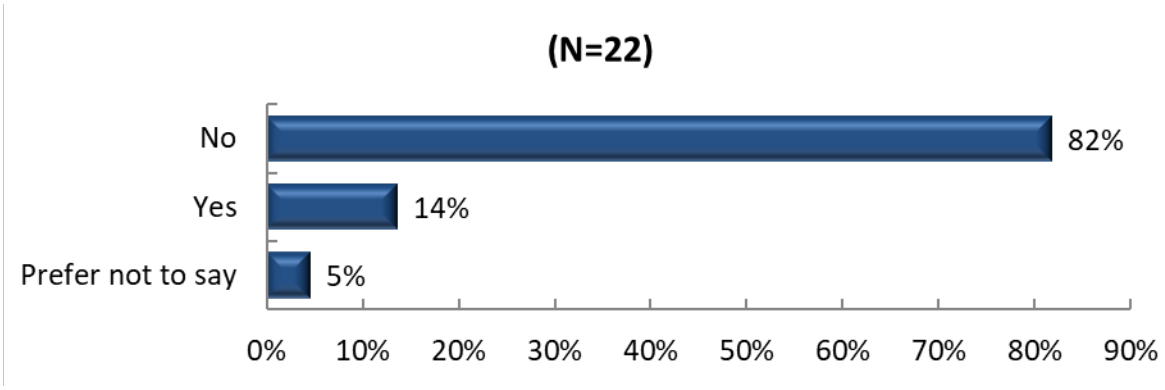
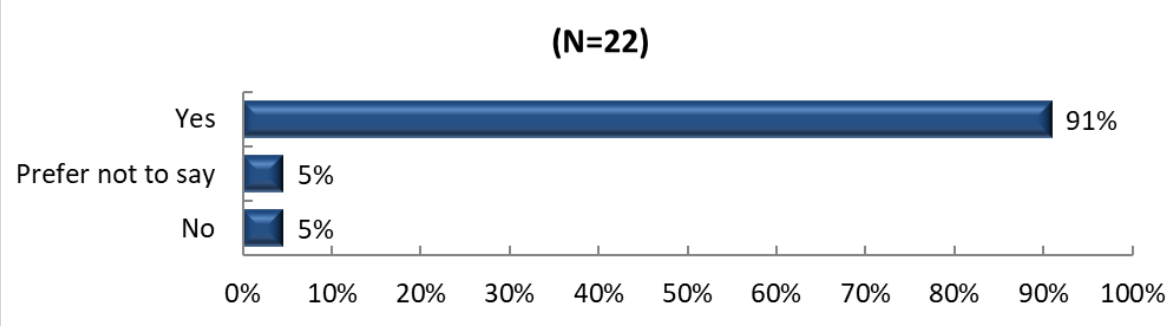


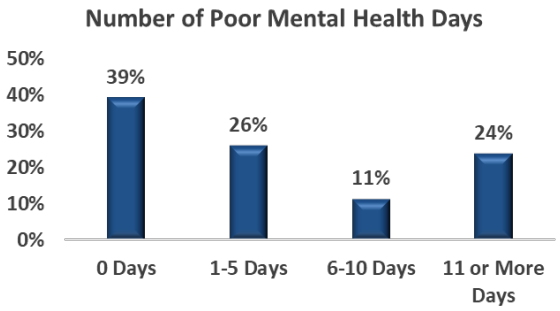
Figure 85: Thinking about your most recent birth, was this infant ever breastfed?



Topic: Mental Health

Figure 86: Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

(N=1,059)



Measure	Value
Mean	7 (9)
Median	3
Mode	0
Minimum-Maximum	0-30

Figure 87: Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

Note: only participants who indicated experiencing one or more poor mental health days in previous question were asked the current question

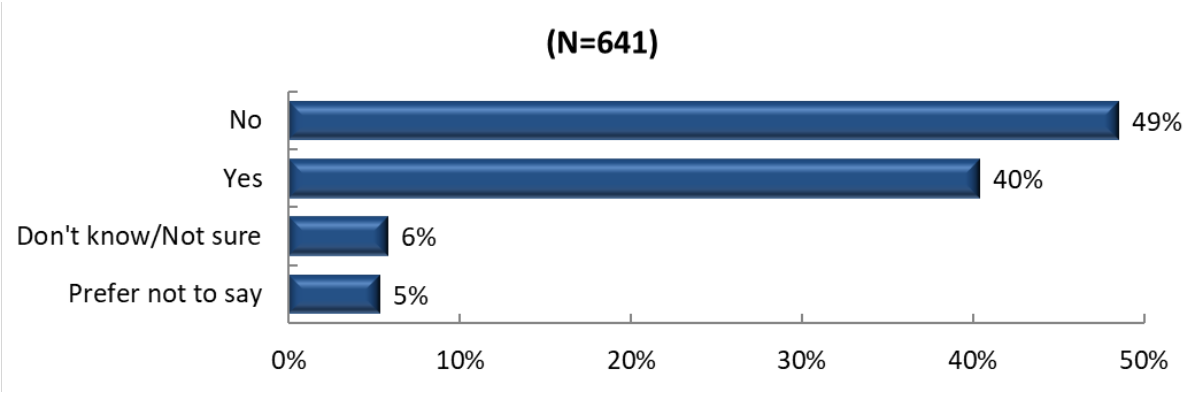
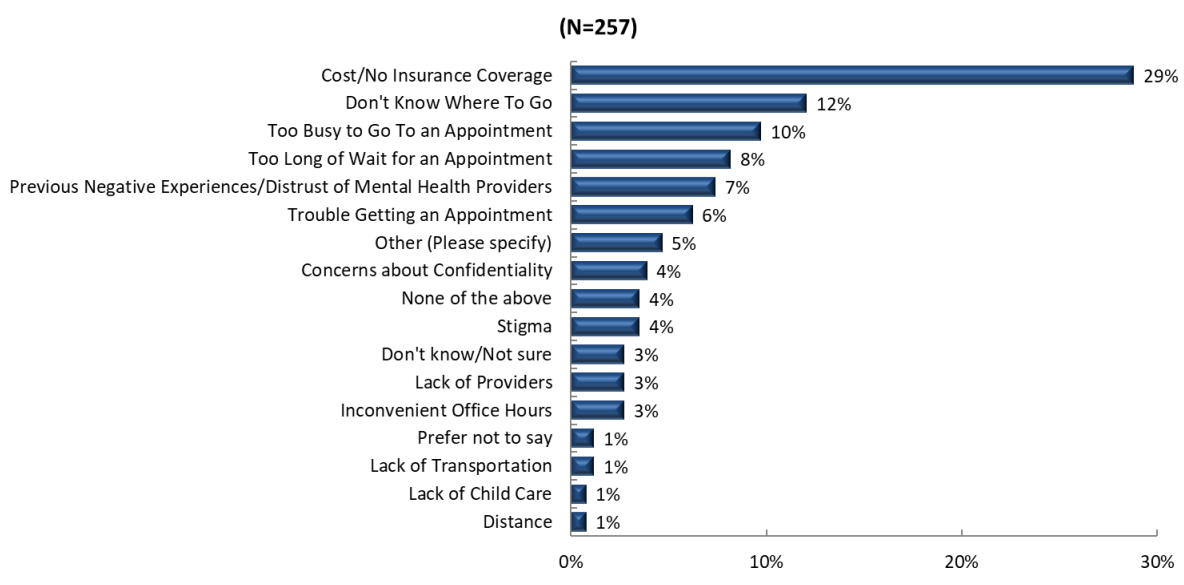


Figure 88: What was the MAIN reason you did not get mental health care or counseling?

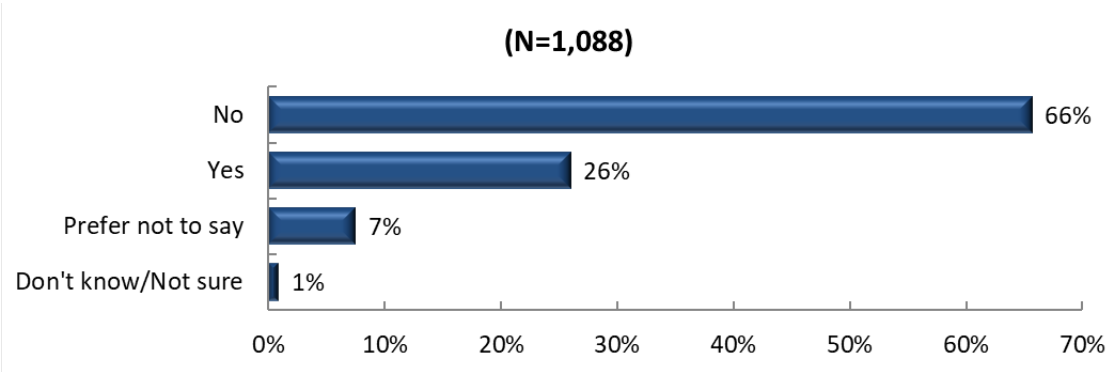
Note: only participants who responded "yes" to previous question were asked the current question



Other (please specify):

- "Car Trouble and lack of money for my copay"
- "Co-pay too expensive"
- "didn't have sufficent need"
- "Handling on my own"
- "homeless"
- "Hoping it would just go away"
- "Keeping appointment on line"
- "Lack of Spanish speaking providers"
- "No insurance coverage, inconvenient office hours, lack of providers, distance, STIGMA!!"
- "Pride"
- "VA discharged me from MH"

Figure 89: Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?



Topic: Sexual Health

Figure 90: In the county you live in, how concerned are you about the following things? (N=1,126)
Rated on a scale from 1 to 4 with 1 being "Not concerned at all" and 5 being "Very concerned"
Average Score = 2.57

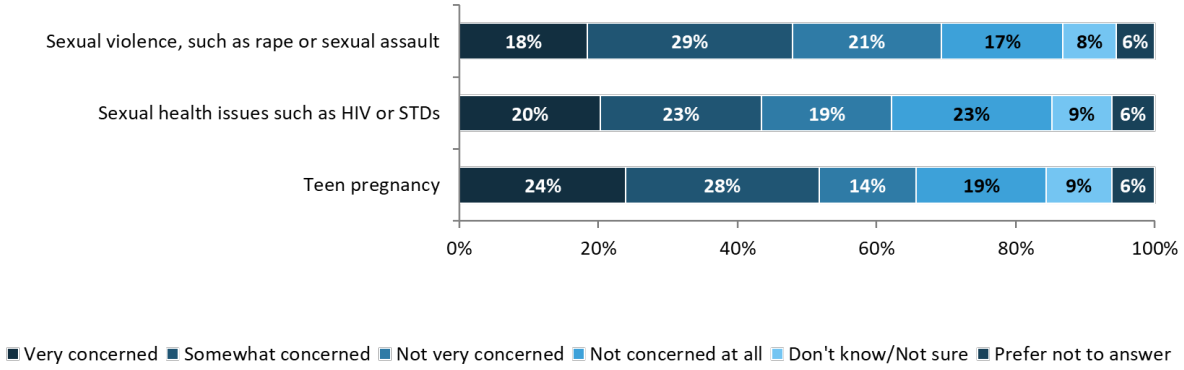
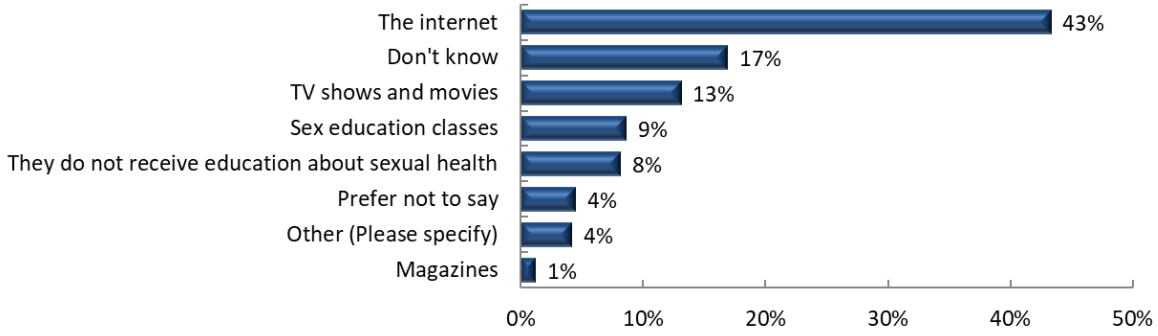


Figure 91: Where do you think most young people in your county are receiving education about sexual health? (Select one.)

(N=1,136)



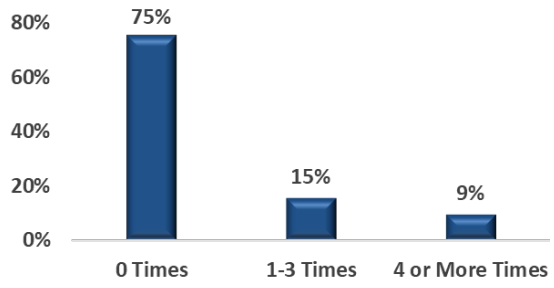
Other (please specify):

- "All of the above"
- "Behind the school gym"
- "Books"
- "DHHS"
- "Doctors office"
- "Don't know any young people"
- "Escuela"
- "Everywhere" (2 responses)
- "family and friends" (2 responses)
- "Friends" (10 responses)
- "Groomers"
- "Health Department" (2 responses)
- "Health departments and community outreach programs"
- "not at all"
- "parents" (2 responses)
- "parents talking to them about it"
- "Peers" / "peers at school" / "other young people" (5 resposnes
- "School"
- "School"
- "School and shouldn't be it should be parents"
- "Social media" (4 responses)
- "social media, society, tv, internet"
- "TicTok, Instagram, YouTube"
- "Trying sex with out information"

Topic: Substance Use

Figure 92: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (females)/ 5 (males) or more drinks on an occasion?

(N=1,111)



Measure	Value
Mean	1 (4)
Median	0
Mode	0
Minimum-Maximum	0-30

Figure 93: How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

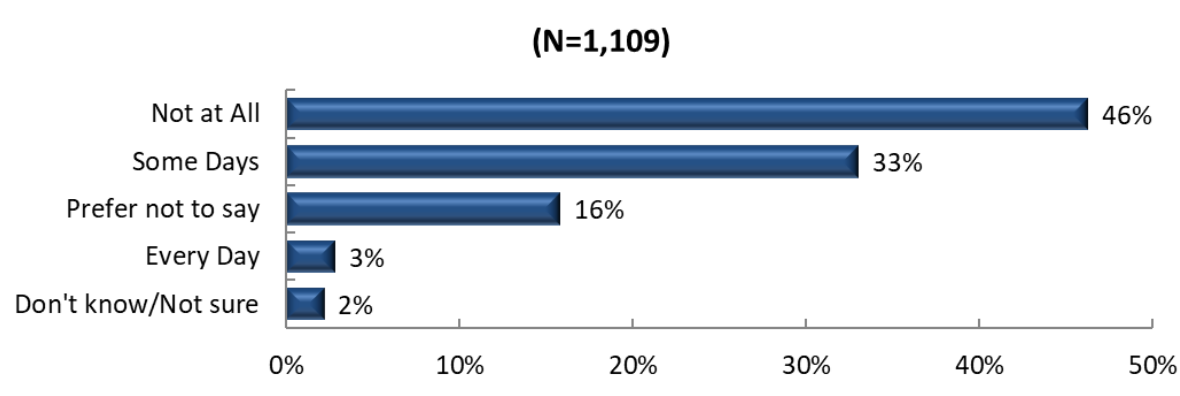


Figure 94: In the past year, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

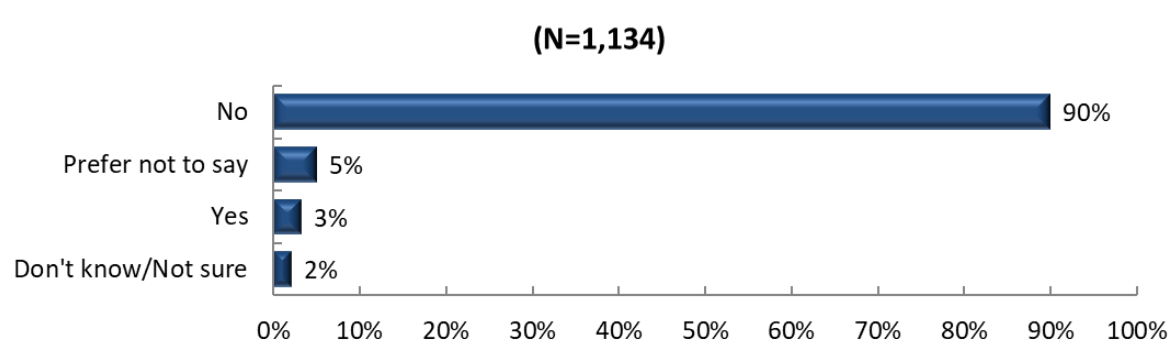
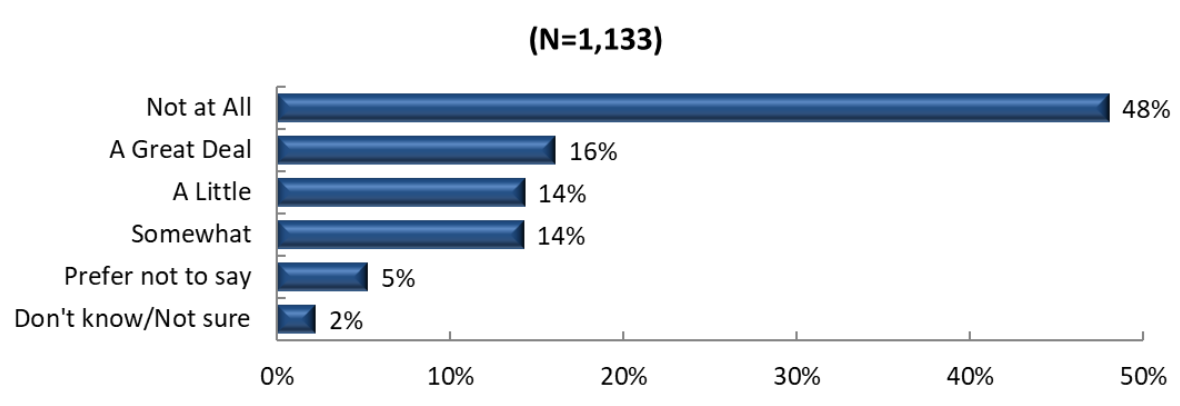


Figure 95: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs?



Topic: Tobacco Use

Figure 96: Do you currently use any of the following tobacco or nicotine products? (Select all that apply.)

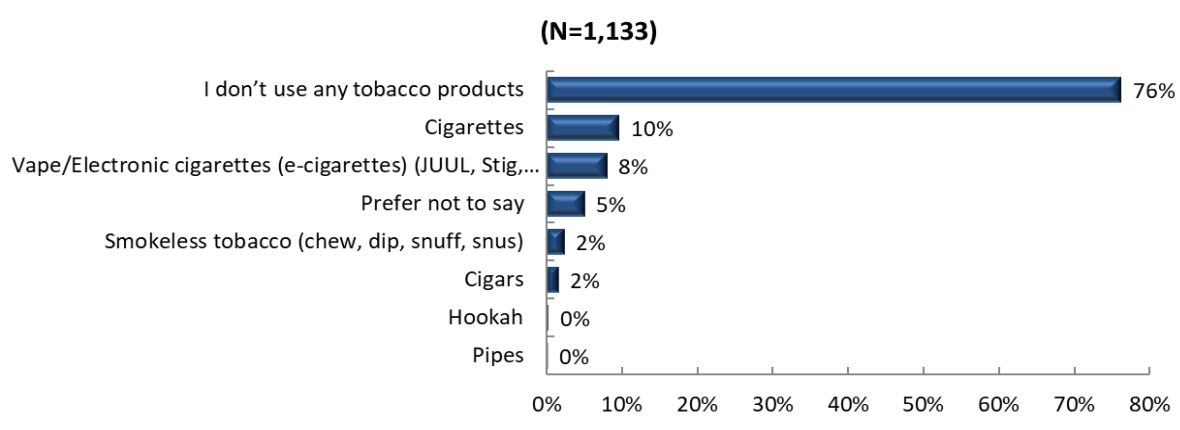


Figure 97: How often do you use any kind of tobacco or nicotine product, including smokeless products, chewing tobacco, dip, snuff, snus, electronic cigarettes, or vapes?

Note: only participants who indicated use of tobacco or nicotine products in the previous question were asked the current question

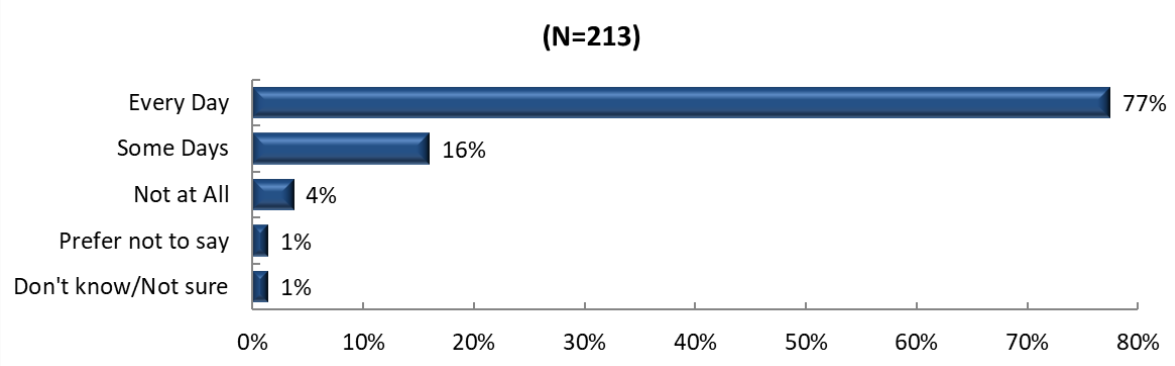
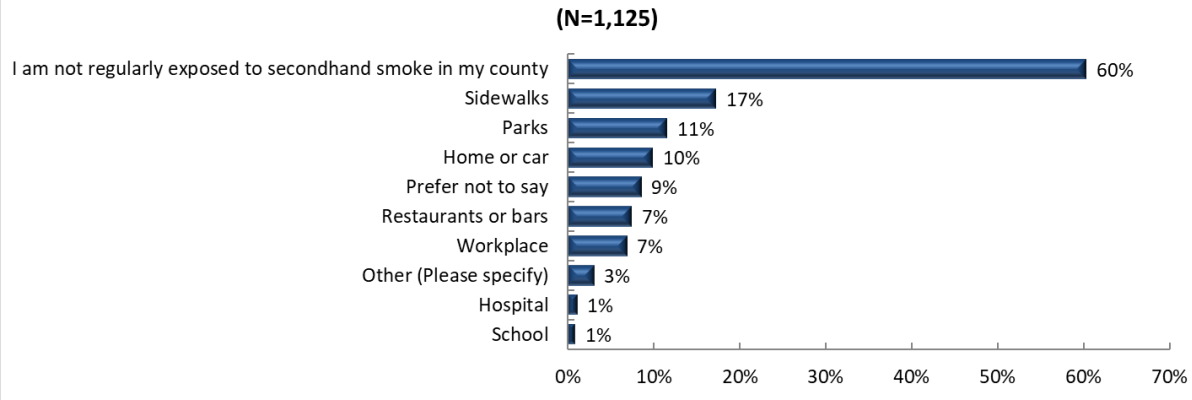


Figure 98: Are you regularly exposed to secondhand smoke in any of these locations in Onslow County? (Select all that apply.)



Other (please specify):

- "beach" (2 responses)
- "bus stops"
- "Driving, outside of stores"
- "Every now and them teenagers vape at public places"
- "family's homes"
- "friend house" (2 responses)
- "Friends"
- "GOING IN AND OUT OF STORES AND IN THE STANDS AT EVENTS"
- "Grocery Stores"
- "grocery stores, beach"
- "I have to go into people's home and work with them smoking."
- "I meet with people in their homes and some smoke"
- "I'm never around it"

- "In front of stores"
- "Literally everywhere! At a stoplight, in a parking lot, outside the entrance of EVERY. SINGLE. BUSINESS. and inside many of them even those that are supposed to be smoke free"
- "Mall"
- "My family"
- "None"
- "outdoors"
- "OUTSIDE ANYWHERE"
- "Outside public spaces"
- "parking lots, open public areas"
- "Public Places" (3 responses)
- "relatives' homes"
- "when walking into stores where people smoke by doors"

APPENDIX 6 | SUMMARY OF DATA FINDINGS ACROSS SOURCES

Primary and Secondary data findings are summarized in full by the table below.[53]

Priority Area	Secondary Data	Community Survey	Focus Groups
Behavioral Health: Mental Health	✓	✓	✓
Behavioral Health: Substance Use	✓	✓	
Built Environment			
Community Safety			
Diet & Exercise	✓		
Education			
Employment & Income	✓		✓
Environmental Quality	✓		
Family, Community & Social Support			
Food Access & Security	✓		✓
Healthcare: Access & Quality	✓	✓	✓
Health Equity & Literacy			
Housing & Homelessness		✓	
Length of Life	✓		
Maternal & Infant Health	✓		
Physical Health (Chronic Diseases, Cancer, Obesity)	✓	✓	
Sexual Health	✓		
Tobacco Use	✓		
Transportation & Transit	✓		✓

[53] Survey results captured here reflect major findings from the Community Health Opinion Survey questions. Red boxes indicate categories identified as high need consistently across data sources.